CALL TO ORDER

Chairperson Anthony called the January 24, 2017 Regular Meeting of the Ingham County Board of Commissioners to order at 6:30 p.m.

Members Present at Roll Call: Anthony, Case-Neyaert, Celentino, Crenshaw, Grebner, Hope, Koenig, Maiville, McGrain, Nolan, Schafer, Sebolt and Tennis

Members Absent: Banas

A quorum was present.

PLEDGE OF ALLEGIANCE

Chairperson Anthony asked Ingham County Sheriff Scott Wriggelsworth to lead the Board in the Pledge of Allegiance.

TIME FOR MEDITATION

Chairperson Anthony asked those present to remain standing for a moment of silence or prayer.

APPROVAL OF THE MINUTES

Commissioner McGrain moved to approve the minutes of the December 13, 2016 and January 3, 2017 meetings. Commissioner Maiville supported the motion.

The minutes were amended to change “Canvasser Anthony” to “Commissioner Anthony”.

This was considered a friendly amendment.

The motion to approve the minutes, as amended, carried unanimously. Absent: Commissioner Banas.

ADDITIONS TO THE AGENDA

Chairperson Anthony stated that without objection, a substitute resolution would be added for Agenda Item 9.

Chairperson Anthony stated that there was a substitute attachment for Agenda Item 14.

Chairperson Anthony stated that the Consideration and Allowance of Claims would be added to the agenda after Commissioner Announcements.
FOIA APPEAL

Chairperson Anthony stated that there was a recommendation from the FOIA Appeals Review Board, and asked Commissioner Maiville to present the recommendation.

Commissioner Maiville stated that a quorum was not present at the FOIA Appeals Review Board, but the members present discussed the appeal and based on a review of the items exempted from FOIA appeals, they recommended upholding the denial. He further stated that the information requested was clearly in line with the list of items exempted from FOIA requests.

Chairperson Anthony asked whether Steven R. Harry was present.

Chairperson Anthony stated that no person identified himself as Mr. Harry.

Commissioner Maiville moved to approve the denial of appeal. Commissioner Crenshaw supported the motion. The motion carried unanimously. Absent: Commissioner Banas.

PETITIONS AND COMMUNICATIONS

A LETTER DATED DECEMBER 13, 2016 FROM THE DEPARTMENT OF ENVIRONMENTAL QUALITY REGARDING THE AIR QUALITY DIVISION’S PENDING NEW SOURCE REVIEW APPLICATION REPORT. Chairperson Anthony accepted the letter and placed it on file.

A LETTER DATED JANUARY 10, 2017 FROM THE DEPARTMENT OF ENVIRONMENTAL QUALITY REGARDING THE AIR QUALITY DIVISION’S PENDING NEW SOURCE REVIEW APPLICATION REPORT. Chairperson Anthony accepted the letter and placed it on file.

A LETTER FROM THE CITY OF LANSING REGARDING A NOTICE OF PUBLIC HEARING ON THE ESTABLISHMENT OF AN OBSOLETE PROPERTY REHABILITATION DISTRICT. Chairperson Anthony referred the letter to the Finance Committee.

A LETTER FROM THE CITY OF LANSING REGARDING A NOTICE OF PUBLIC HEARING ON THE APPROVAL OF AN OBSOLETE PROPERTY REHABILITATION CERTIFICATE. Chairperson Anthony referred the letter to the Finance Committee.

LIMITED PUBLIC COMMENT

Michelle Belosker, Ingham County Conservation District Executive Director, thanked the Board for their continued support, and announced several free training sessions on invasive species that were available for County officials.

Todd Cadesle addressed the board regarding issues with CATA services being provided in Williamston and the difficulties it created for him when he used CATA to commute to his job at Kroger in Okemos.

Chairperson Anthony recommended addressing Commissioner Grebner, CATA liaison, regarding the issue.

Richard Smith announced his support of Mr. Cadesle’s concerns with CATA.
Scott Wriggelsworth, Ingham County Sheriff, thanked the Board and introduced himself.

Andy Bouck, Undersheriff, thanked the Board and introduced himself.

**CLARIFICATION/INFORMATION PROVIDED BY COMMITTEE CHAIR**

None.

**CONSIDERATION OF CONSENT AGENDA**

Commissioner Maiville moved to adopt a consent agenda consisting of all action items. Commissioner Case Naeyaert supported the motion.

The motion carried unanimously. Absent: Commissioner Banas.

Those agenda items that were on the consent agenda were adopted by unanimous roll call vote. Absent: Commissioner Banas.
JANUARY 24, 2017 REGULAR MEETING

ADOPTED- JANUARY 24, 2017
AGENDA ITEM NO. 3

Introduced by the County Services Committee of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION RECOGNIZING BLACK HISTORY/CULTURAL DIVERSITY MONTH IN INGHAM COUNTY

RESOLUTION # 17 – 001

WHEREAS, each February “National African American History Month” also known as “Black History Month” is observed to celebrate and honor the many achievements and contributions made by African Americans to our economic, cultural, spiritual, and political development; and

WHEREAS, in 1915, Dr. Carter Godwin Woodson founded the Association for the Study of Negro Life and History and through that Association, he began pressing for the establishment of Negro History Week as a way to bring national attention to the accomplishments of African Americans; and

WHEREAS, Dr. Woodson’s dream became a reality in 1926, he chose the second week of February for the observance because of its proximity to the birthdays of Abraham Lincoln and Frederick Douglass, two individuals whom Dr. Woodson felt had dramatically affected the lives of African Americans; and

WHEREAS, in the early 1970’s the event was called Black History Week, and in 1976, the Association succeeded in expanding the observance, which then became Black History Month; and

WHEREAS, the United States is a diverse nation comprised of citizens from various ethnic groups and cultures; and

WHEREAS, it is important to promote a greater awareness of the history and culture of all ethnic groups across our country.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners hereby recognizes the month of February, 2017 as “Black History/Cultural Diversity Month” in Ingham County.

COUNTY SERVICES:  Yeas: Celentino, Crenshaw, Grebner, Nolan, Maiville
   Nays: None   Absent: Kocning, Sebolt   Approved 1/17/2017

Adopted as part of a consent agenda.
Introduced by the County Services Committee of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION MAKING AN APPOINTMENT TO THE
FARMLAND AND OPEN SPACE PRESERVATION BOARD

RESOLUTION # 17 – 002

WHEREAS, a vacancy exists on the Farmland and Open Space Preservation Board; and

WHEREAS, the County Services Committee interviewed applicants interested in serving on this Board.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners hereby appoints

Todd Eldred, 2777 Ingalls, Leslie, MI 49251

as a township representative to the Farmland and Open Space Preservation Board for a term expiring February 8, 2019.

COUNTY SERVICES: Yeas: Celentino, Crenshaw, Grebner, Nolan, Maiville
Nays: None Absent: Koenig, Sebolt Approved 1/17/2017

Adopted as part of a consent agenda.
JANUARY 24, 2017 REGULAR MEETING

ADOPTED - JANUARY 24, 2017
AGENDA ITEM NO. 5

Introduced by the County Services Committee of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION HONORING WINSTON O’NEAL

RESOLUTION # 17 – 003

WHEREAS, Winston O’Neal joined Phi Beta Sigma Fraternity, Incorporated on May 18, 1979, and has served his fraternity with great distinction; and

WHEREAS, Winston, a founding member of Central Michigan University’s Lambda Gamma Chapter, has served in the capacities of President, Vice-President, Chairman of Membership Intake, and Treasurer; and

WHEREAS, additionally Winston assisted with the founding of the University of Detroit, Rho Nu Chapter; and

WHEREAS, after graduating from college and returning to his hometown of Detroit, Michigan, Winston continued as an active member with XI Beta Sigma; and

WHEREAS, under the direction and tutelage of the Honorable Carl J. Turner, Ruben Vaughn, Robert Wolf and Wade K. Davis, he served as Chairman of the Sigma Week, Sigma Beta Club Director, Director of Collegiate Affairs and Alumni Advisor; and

WHEREAS, appointed by Curtis Clingman, Charles Talbert, and Arnold Beckwith from 1988 to 1998, Winston was the longest serving State Director for Michigan, he was then elected to the position of Regional Director for the Great Lakes Region of Phi Beta Sigma Fraternity, in April 1998 where he served two terms; and

WHEREAS, as Regional Director, Winston served as a member of the General Board for Phi Beta Sigma Fraternity, Incorporated and developed the model membership campaign entitled “Mission Possible” that is currently being used by the International team and he, along with his Board, increased the Great Lakes regional membership from 400 to 1000 financial members; and

WHEREAS, during this time the Great Lakes Regional Board developed and established the fraternity’s first Alumni Advisers Institute and Membership Recruitment Kits developed under the Great Lakes Board Theme Recruitment, Retention and Reactivation; and

WHEREAS, on March 28, 2002, Winston along with 10 other members organized and founded the Nu Alpha Sigma Chapter where he currently serves as Chapter President, in addition he is a Proud Life Member (1425) of Phi Beta Sigma Fraternity, Inc.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners hereby honors Winston O’Neal for his numerous contributions and wishes him continued success in the years to come.

COUNTY SERVICES: Yeas: Celentino, Crenshaw, Grebner, Nolan, Mauville
JANUARY 24, 2017 REGULAR MEETING

Nays: None  Absent: Koenig, Sebolt  Approved 1/17/2017

Adopted as part of a consent agenda.
JANUARY 24, 2017 REGULAR MEETING

ADOPTED - JANUARY 24, 2017
AGENDA ITEM NO. 6

Introduced by the County Services Committee of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO APPROVE THE SPECIAL AND ROUTINE PERMITS
FOR THE INGHAM COUNTY ROAD DEPARTMENT

RESOLUTION # 17 – 004

WHEREAS, as of July 23, 2013, the Ingham County Department of Transportation and Roads became the Ingham County Road Department per Resolution #13-289; and

WHEREAS, the Ingham County Road Commission periodically approved Special and Routine permits as part of the their roles and responsibilities; and

WHEREAS, this is now the responsibility of the Board of Commissioners to approve these permits as necessary.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners approves the attached list of Special and Routine Permits dated January 5, 2017 as submitted.

COUNTY SERVICES: Yeas: Celentino, Crenshaw, Grebner, Nolan, Maiville
Nays: None Absent: Koenig, Sebolt Approved 1/17/2017

Adopted as part of a consent agenda.
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Introduced by the County Services and Finance Committees of:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO APPROVE A PROFESSIONAL ENGINEERING SERVICES CONTRACT
FOR THE KERNS ROAD SALT STORAGE SITE CLOSURE PROJECT
WITH ENVIROSOLUTIONS, INC.

RESOLUTION # 17 – 005

WHEREAS, the former Ingham County Road Commission, now Ingham County Road Department (ICRD) stored deicing materials within the Kerns Road site many decades ago; and

WHEREAS, hazardous substances, including sodium and chloride were released on the property due to the storage of deicing salt resulting in environmental contamination; and

WHEREAS, response activities have been taken to remove most of the contamination by removing the underground brine collection tank, capturing and disposing of impacted groundwater, and allowing natural processes to attenuate sodium and chloride concentrations; and

WHEREAS, recent legislation and rule changes have renewed our desire to reconstitute the site closure effort, pursuant to the relevant portions of MCL 324.20114 and Michigan Department of Environmental Quality rules; and

WHEREAS, the Purchasing Department solicited proposals from qualified and experienced environmental consulting firms to provide environmental services for the Kerns Road Salt Storage Site Closure Project and received four (4) proposals; and

WHEREAS, Road Department and Purchasing Department staff reviewed the proposals for adherence to county purchasing requirements, proposed scope of work, similar project experience, and overall value to the county; and

WHEREAS, the Road Department recommends that the Board of Commissioners retain the low proposer, Envirosolutions, Inc. of Westland, Michigan, to provide the requested professional services.

THEREFORE, BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes entering into a professional services contract with Envirosolutions, Inc., 38115 Abruzzi Drive, Westland, Michigan, based on its Kerns Road Salt Storage Site Closure Project Professional Engineering Services Proposal dated November 16, 2016, with an actual bid of $13,049.98, for the not-to-exceed fee of $20,000.00.

BE IT FURTHER RESOLVED, that the Chairperson of the Ingham County Board of Commissioners is hereby authorized to sign any necessary contract documents, on behalf of the County, after approved as to form by the County Attorney.
COUNTY SERVICES:  Yeas: Celentino, Crenshaw, Grebner, Nolan, Koenig, Maiville
               Nays: None   Absent: Sebolt   Approved 1/17/2017

FINANCE:  Yeas: Grebner, McGrain, Tennis, Hope, Anthony, Schafer, Case Naeyaert
           Nays: None   Absent: None   Approved 1/18/2017

Adopted as part of a consent agenda.
WHEREAS, the Ingham County Road Department (ICRD) received a State of Michigan, Transportation Economic Development Fund, Category A grant to reconstruct Cedar Street from College Road to Legion Drive; and

WHEREAS, the road work is needed to address severely deteriorated concrete pavement, improve property access, and to accommodate traffic generated as a result of Dart Container Corporation's facility expansion project; and

WHEREAS, the project will be undertaken pursuant to a contract between Ingham County, on behalf of the Road Department, and the responsible low bidder; and

WHEREAS, the County in turn, must enter into an associated second party agreement with the State of Michigan/MDOT, consistent with the requirements for the Transportation Economic Development Fund, Category A grant requirements; and

WHEREAS, the Road Department and Dart Container Corporation agree that Dart Container Corporation will administer construction of the project, and be responsible for $483,300 of the project's local match costs, by way of a third party agreement; and

WHEREAS, the project is a State-Aid Highway project, and as such, Dart Container Corporation has agreed to comply with all applicable and appropriate ICRD, MDOT, AASHTO design standards, and to fully administer construction of the project, complying with all ICRD and MDOT construction requirements; and

WHEREAS, the estimated (rounded) project costs are as follows:

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<th>Description</th>
<th>Amount</th>
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<td>Local (Soft) Match Amount:</td>
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</table>
Total Match Contribution: $546,500

WHEREAS, all of the amounts listed above have been “rounded” to the nearest $100 because the low responsible bid was based on a summation of estimated work quantities multiplied by the bidder’s unit price for dozens of pay items that comprises the project work. That is the nature of unit price contracts, which is the standard of the road construction industry. Actual project costs can only be determined after construction has been completed and mutually agreed upon by ICRD and the contractor. The second party agreement between MDOT and Ingham County, when sent for execution, will illustrate rounded amounts. The same “rounding” of amounts approach should be employed when considering the Ingham County and Dart Container Corporation third party agreement.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes entering into a first party (construction) contract with Rieth-Riley Construction Co., Inc., Mason, Michigan to effect reconstruction of Cedar Street from College Road to Legion Drive for a total estimated cost of $2,026,200, to be paid for using $1,750,000 in State of Michigan, Transportation Economic Development Fund, Category A funding, $213,000 of Dart Container Corporation local (hard) match, and $63,200 of local (hard) match from the Road Department.

BE IT FURTHER RESOLVED, that the Ingham County Board of Commissioners authorizes entering into a second party agreement with State of Michigan/MDOT to secure the $1,750,000 in State of Michigan, Transportation Economic Development Fund, Category A funds, to define our (Requesting Agency) responsibilities, and to administer the construction contract on MDOT’s behalf.

BE IT FURTHER RESOLVED, that the Ingham County Board of Commissioners authorizes entering into a third party agreement with Dart Container Corporation to undertake administration of the construction contract, per Ingham County and the State of Michigan/MDOT requirements, provide soft match (Early Preliminary Engineering, Preliminary Engineering, Construction Engineering) estimated to total $270,300, and provide the $213,000 of hard match to fund the project. Said match requirements are to be met utilizing $483,300 pledged by Dart Container Corporation.

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

COUNTY SERVICES: Yeas: Celentino, Crenshaw, Grebner, Nolan, Maiville
Nays: None  Absent: Koenig, Sebolt  Approved 1/17/2017

FINANCE: Yeas: Grebner, McGrain, Tennis, Hope, Anthony, Schaefer, Case Naeyaert
Nays: None  Absent: None  Approved 1/18/2017

Adopted as part of a consent agenda.
Introduced by the County Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO AUTHORIZE A SERVICE CONTRACT WITH
BENTLEY SYSTEMS, INCORPORATED

RESOLUTION # 17 – 007

WHEREAS, the Road Department uses the two Bentley Systems products to generate digital road and bridge construction plans and facilitate construction staking for our contractors; and

WHEREAS, using sophisticated software, such as Bentley Systems products, is the only efficient way to generate road and bridge plans for the road and bridge construction industry; and

WHEREAS, the authorization requested amounts to a renewal of last year’s service contract and the costs are 6% more than last years’ service contract; and

WHEREAS, Bentley Systems, Incorporated is the sole source for this service; and

WHEREAS, the Road Department, Director of Engineering recommends that the Board of Commissioners authorize a contract with Bentley Systems, Incorporated.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes an agreement with Bentley Systems, Incorporated, 685 Stockton Drive, Exton, Pennsylvania, based on its Renewal Advice document dated January 4, 2017, for road design (GEOPAK) and graphics (MicroStation) software license and technical support.

BE IT FURTHER RESOLVED, that the agreement shall be in affect from February 17, 2017 through February 17, 2018.

BE IT FURTHER RESOLVED, that for the term of this agreement, the Bentley GEOPAK software license and technical support fees shall be $4,510.00 for two seats and the Bentley MicroStation software license and technical support fees shall be $3,884.40 for five seats.

BE IT FURTHER RESOLVED, that the Ingham County Board of Commissioners authorizes the Purchasing Department to issue a Purchase Order in an amount not to exceed $8,394.40 to Bentley Systems, Incorporated for the purchase of the Bentley road design (GEOPAK) and graphics (MicroStation) software license and technical support.

BE IT FURTHER RESOLVED, that the Board Chairperson is hereby authorized to sign any necessary documents after approval as to form the County Attorney.
COUNTY SERVICES: Yea: Celentino, Crenshaw, Grebner, Nolan, Maiville
Nays: None   Absent: Koenig, Scbolt   Approved 1/17/2017

FINANCE: Yea: Grebner, McGrain, Tennis, Hope, Anthony, Schafer, Case Naeyaert
Nays: None   Absent: None   Approved 1/18/2017

Adopted as part of a consent agenda.
Introduced by the County Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION AUTHORIZING A LETTER OF UNDERSTANDING BETWEEN COUNTY OF INGHAM (Employer) AND OPEIU LOCAL #512 (Union) REGARDING INITIAL RECLASSIFICATION OR PROMOTION SALARY STEP FOR THE INGHAM COUNTY ROAD DEPARTMENT

RESOLUTION # 17 – 008

WHEREAS, the COUNTY OF INGHAM, (the “Employer”) and the OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION, TECHNICAL CLERICAL UNIT (OPEIU or the “Union”) have agreed to a collective bargaining agreement from January 1, 2016, through December 31, 2017 (the “CBA”); and

WHEREAS, per resolution 15-220, adopted June 9, 2015, the Employer authorized reclassifying one Engineering Technician I position (OPEIU Grade 3) to one Engineering Technician II position (OPEIU Grade 5) for the Ingham County Road Department; and

WHEREAS, Article 15—Vacancy/Posting, of the previous, 2014-2015 CBA, in place at the time of the above mentioned reclassification was silent on the initial salary step placement in positions into which existing employees may be promoted; and

WHEREAS, Article 15—Vacancy/Posting, Section 2.D., of the current, 2016-2017 CBA provides in pertinent part that Employees promoted to a position will be compensated at a step minimally equal to their current rate of pay; and

WHEREAS, the above mentioned, new Engineering Technician II position (OPEIU Grade 5) position was posted per Article 15—Vacancy/Posting, of the previous, 2014-2015 CBA, and the then incumbent in the previous Engineering Technician I position (OPEIU Grade 3) has hired or promoted into the new Engineering Technician II position (OPEIU Grade 5) position to be effective at the start of a payroll period on June 29, 2015; and

WHEREAS, the above mentioned incumbent was due a step increase in the previous Engineering Technician I position, OPEIU Grade 3, from step 2 (then $39,409 per year) to step 3 (then $43,637 per year) on June 17, 2015, but was never given this step increase as he was promoted to the Engineering Technician II position (OPEIU Grade 5) in the next full pay period on June 29, 2015; and

WHEREAS, the above mentioned incumbent was placed at step 1 (then $45,097 per year) of the new Engineering Technician II position, OPEIU Grade 5, an increase of 3.34% over the previous Engineering Technician I position, OPEIU Grade 3, step 3 (then $43,637 per year) at which he should have been at the date of this promotion; and
WHEREAS, per resolution 12-324, adopted October 9, 2012, the Employer authorized reclassifying two Finance Clerk positions in the OPEIU, among several other non-OPEIU positions then reclassified in the Road Department, with the provision in the second “Resolved” paragraph that the salaries of the reclassified incumbents were authorized to be placed in a step in the reclassified grade that provided at least a 5% increase from their pay step that existed on the effective date of reclassification; and

WHEREAS, the Employer and the Union agree "Current annual wage" is defined as the salary paid to the employee on the date immediately prior to the date of reclassification or promotion and that employees who are reclassified or promoted within their career field within the OPEIU bargaining unit to a new or different pay grade shall receive an increase of a minimum of five percent (5%) to a maximum of ten percent (10%) more than the above-stated current annual wage, except in the event that step one of the new salary grade is ten percent (10%) above the current annual wage said employee shall be placed in step one of the new salary grade.

THEREFORE BE IT RESOLVED, the Ingham County Board of Commissioners agrees to the following:

1. "Current annual wage" is defined as the salary paid to the employee on the date immediately prior to the date of reclassification or promotion.

2. Employees who are reclassified or promoted within their career field within the OPEIU bargaining unit to a new or different pay grade shall receive an increase of a minimum of five percent (5%) to a maximum of ten percent (10%) more than the above-stated current annual wage, except in the event that step one of the new salary grade is ten percent (10%) above the current annual wage said employee shall be placed in step one of the new salary grade.

3. To recognize the above mentioned incumbent’s step increase in his previous Engineering Technician I position, OPEIU Grade 3, from step 2 (then $39,409 per year) to step 3 (then $43,637 per year) as existing prior to his promotion to the new Engineering Technician II position (OPEIU Grade 5) position.

4. To place the above mentioned incumbent’s salary in the new Engineering Technician II position (OPEIU Grade 5) position at step 2 (then $47,654) to have been effective at the start of the payroll period on June 29, 2015 and adjust the above mentioned incumbent’s salary and subsequent salary step increases accordingly.

5. All other aspects of the CBA will remain unchanged.

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

COUNTY SERVICES: Yeas: Celentino, Crenshaw, Grebner, Nolan, Maiville
Nays: None  Absent: Koenig, Sebolt  Approved 1/17/2017

FINANCE: Yeas: Grebner, McGrain, Tennis, Hope, Anthony, Schafer, Case Naeyraert
Nays: None  Absent: None  Approved 1/18/2017
Adopted as part of a consent agenda.
LETTER OF UNDERSTANDING BETWEEN
COUNTY OF INGHAM (Employer)
AND
OPEIU LOCAL #512 (Union)

WHEREAS, the COUNTY OF INGHAM, (the “Employer”) and the OFFICE
AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION, TECHNICAL
CLERICAL UNIT (OPEIU or the “Union”) have agreed to a collective bargaining agreement
from January 1, 2016, through December 31, 2017 (the “CBA”);

WHEREAS, Per resolution 15-220, adopted June 9, 2015, the Employer
authorized reclassifying one Engineering Technician I position (OPEIU Grade 3) to one
Engineering Technician II position (OPEIU Grade 5);

WHEREAS, Article 15—Vacancy/Posting, of the previous, 2014-2015 CBA, in
place at the time of the above mentioned reclassification was silent on the initial salary
step placement in positions into which existing employees may be promoted;

WHEREAS, Article 15—Vacancy/Posting, Section 2.D., of the current, 2016-
2017 CBA provides in pertinent part that Employees promoted to a position will be
compensated at a step minimally equal to their current rate of pay;

WHEREAS, The above mentioned, new Engineering Technician II position
(OPEIU Grade 5) position was posted per Article 15—Vacancy/Posting, of the previous,
2014-2015 CBA, and the then incumbent in the previous Engineering Technician I
position (OPEIU Grade 3) has hired or promoted into the new Engineering Technician II
position (OPEIU Grade 5) position to be effective at the start of a payroll period on
June 29, 2015;

WHEREAS, The above mentioned incumbent was due a step increase in the
previous Engineering Technician I position, OPEIU Grade 3, from step 2 (then $39,409
per year) to step 3 (then $43,637 per year) on June 17, 2015, but was never given this
step increase as he was promoted to the Engineering Technician II position (OPEIU Grade
5) in the next full pay period on June 29, 2015;

WHEREAS, The above mentioned incumbent was placed at step 1 (then $45,097
per year) of the new Engineering Technician II position, OPEIU Grade 5, an increase of
3.4% over the previous Engineering Technician I position, OPEIU Grade 3, step 3 (then
$43,637 per year) at which he should have been at the date of this promotion;

WHEREAS, Per resolution 12-324, adopted October 9, 2012, the Employer
authorized reclassifying two Finance Clerk positions in the OPEIU, among several other
non-OPEIU positions then reclassified in the Road Department, with the provision in the
second “Resolved” paragraph that the salaries of the reclassified incumbents were
authorized to be placed in a step in the reclassified grade that provided at least a 5% increase from their pay step that existed on the effective date of reclassification;
WHEREAS, the Employer and the Union agree "Current annual wage" is defined as the salary paid to the employee on the date immediately prior to the date of reclassification or promotion and that employees who are reclassified or promoted within their career field within the OPEIU bargaining unit to a new or different pay grade shall receive an increase of a minimum of five percent (5%) to a maximum of ten percent (10%) more than the above-stated current annual wage, except in the event that step one of the new salary grade is ten percent (10%) above the current annual wage said employee shall be placed in step one of the new salary grade.

NOW, THEREFORE, IT IS HEREBY AGREED UPON between the parties as follows:

1. "Current annual wage" is defined as the salary paid to the employee on the date immediately prior to the date of reclassification or promotion.

2. Employees who are reclassified or promoted within their career field within the OPEIU bargaining unit to a new or different pay grade shall receive an increase of a minimum of five percent (5%) to a maximum of ten percent (10%) more than the above-stated current annual wage, except in the event that step one of the new salary grade is ten percent (10%) above the current annual wage said employee shall be placed in step one of the new salary grade.

3. To recognize the above mentioned incumbent’s step increase in his previous Engineering Technician I position, OPEIU Grade 3, from step 2 (then $39,409 per year) to step 3 (then $43,637 per year) as existing prior to his promotion to the new Engineering Technician II position (OPEIU Grade 5) position.

4. To place the above mentioned incumbent’s salary in the new Engineering Technician II position (OPEIU Grade 5) position at step 2 (then $47,654) to have been effective at the start of the payroll period on June 29, 2015 and adjust the above mentioned incumbent’s salary and subsequent salary step increases accordingly.

5. All other aspects of the CBA will remain unchanged.

COUNTY OF INGHAM

Sarah Anthony, Chairperson  Date
Board of Commissioners

William Conklin  Date
Managing Director – Road Department

UNION REPRESENTATIVE

Mark J. Swanson  Date
Chief Steward, OPEIU Local #512

APPROVED AS TO FORM FOR COUNTY OF INGHAM: COHL, STOKER & TOSKEY, P.C.

Martha D. Nordfjord, Esq.
JANUARY 24, 2017 REGULAR MEETING

ADOPTED - JANUARY 24, 2017
AGENDA ITEM NO. 11

Introduced by the County Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO AUTHORIZE A MEMORANDUM OF UNDERSTANDING WITH THE CITY OF MASON REGARDING RAYNER PARK

RESOLUTION # 17 – 009

WHEREAS, on November 28, 2016, the City acquired Rayner Park from the County for public park purposes; and

WHEREAS, in its conveyance of Rayner Park to the City, the County reserved an easement over the premises for vehicle parking purposes in conjunction with the annual Ingham County Fair; and

WHEREAS, the reserved parking use by the County includes all appropriate areas for parking, including but not limited to gravel areas and grass fields, allowing for the parking of approximately 584 vehicles, together with ingress and egress, and any fencing erected on the premises shall not interfere with vehicle ingress and egress for parking; and

WHEREAS, the City desires that the County be responsible for repairing changes to the ground surface caused by the vehicle parking for the County Fair; and

WHEREAS, the parties are agreeable to entering this Memorandum of Understanding that will address the County’s responsibilities toward Rayner Park under its reserved easement for Fair parking.

THEREFORE BE IT RESOLVED, the Ingham County Board of Commissioners approves a memorandum of understanding with the City of Mason addressing the County’s responsibilities toward Rayner Park under its reserved easement for Fair parking, by repairing changes to the ground surface caused by the vehicle parking for the County Fair.

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.

COUNTY SERVICES: Yeas: Celentino, Crenshaw, Grebner, Nolan, Maiville  
               Nays: None   Absent: Koenig, Sebolt   Approved 1/17/2017

FINANCE: Yeas: Grebner, McGrain, Tennis, Hope, Anthony, Schafer, Case Naeyaert  
           Nays: None   Absent: None   Approved 1/18/2017

Adopted as part of a consent agenda.
JANUARY 24, 2017 REGULAR MEETING

ADOPTED - JANUARY 24, 2017
AGENDA ITEM NO. 12

Introduced by the County Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION AUTHORIZING AN AGREEMENT WITH
THE INGHAM CONSERVATION DISTRICT

RESOLUTION # 17 – 010

WHEREAS, Conservation Districts were established in response to the “Dust Bowl” to improve farming practices and be protective of the environment; and

WHEREAS, the Ingham Conservation District was established in 1946; and

WHEREAS, the role of Conservation Districts has expanded to be protective of all natural resources including soil, water, wildlife, etc.; and

WHEREAS, Ingham Conservation District made a budget request to provide operational funding in support of education and outreach, conservation oriented events, vehicle and property maintenance and office support; and

WHEREAS, the 2017 Ingham County budget includes $8,354 for the Ingham Conservation District.

THEREFORE BE IT RESOLVED, the Ingham County Board of Commissioners authorizes an agreement with the Ingham Conservation District to provide operational funding in support of education and outreach, conservation oriented events, vehicle and property maintenance and office support.

BE IT FURTHER RESOLVED, this agreement shall be for the period of January 1, 2017 through December 31, 2017 in an amount not to exceed $8,354.

BE IT FURTHER RESOLVED, 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.

COUNTY SERVICES: Yeas: Celentino, Crenshaw, Grebner, Nolan, Maiville
Nays: None  Absent: Koenig, Sebolt  Approved 1/17/2017

FINANCE: Yeas: Grebner, McGrain, Tennis, Hope, Anthony, Schafer, Case Naeyaert
Nays: None  Absent: None  Approved 1/18/2017

Adopted as part of a consent agenda.
Thank you for supporting the work of the Ingham Conservation District (ICD). In 2017 the ICD will use the $8,354.00 in operational funding from the Ingham County Board of Commissioners to support ICD staff and operations, natural resource education, outreach materials and conservation oriented events. The following narrative and table detail how funds will be divided between these purposes.

Staff Support
$5,354.00 is budgeted for support of staff. ICD staff will manage existing projects and pursue and develop new projects and programs beneficial to the environmental and economic health of Ingham County. Please reference the ICD Annual Plan of Work for a list of current programs and new programs being pursued for 2017.

Educational/Outreach Materials and Events
$1,000.00 is earmarked for education and outreach activities. Funding will provide printed outreach materials as well as supplies for ICD events. Events planned for 2017 to date include the ICD Annual Meeting, a spring Garlic Mustard Pull, a county-wide Tire Recycling Event, a Forest and Farm Stewardship Education Day for landowners, a Native Shrub Planting with local youth and our spring and fall Volunteer Stream Monitoring.

Vehicle and Property Maintenance
$1,000.00 is budgeted for maintenance activities. This amount will support the ICD’s 200 acre publically accessible green space, trail system, vehicles and buildings.

Office Support
$1,000.00 is budgeted for general office support. Funds will be used to support office operations and purchase supplies.

If you have questions about the ICD’s activities and service to Ingham County please contact the ICD Executive Director, Michelle Boloskur, at (517) 676-2290 or visit the newly updated ICD website at www.inghamconservation.com.

| Ingham County Operations Funding for the Ingham Conservation District in 2017 |
|---------------------------------|------------------|
| Item                            | County Funds Allocated |
| Staff Support                   | $5,354.00          |
| Educational and Outreach        | $1,000.00          |
| Vehicle and Property Maintenance| $1,000.00          |
| Office Support                  | $1,000.00          |
| Total Funding Amount            | $8,354.00          |
JANUARY 24, 2017 REGULAR MEETING

ADOPTED - JANUARY 24, 2017
AGENDA ITEM NO. 13

Introduced by the Human Services Committee of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO APPROVE THE HEALTH DEPARTMENT’S STRATEGIC PLAN FOR 2017-2019

RESOLUTION # 17 – 011

WHEREAS, under the direction of the Health Officer, the leadership team recognizes the need to have a strategic plan in place to inform and guide their activities for the foreseeable future; and

WHEREAS, the department desires to submit its application to the Public Health Accreditation Board (PHAB) to become nationally accredited and one of the three pre-requisites for the PHAB application is a department-specific strategic plan approved by its governing body; and

WHEREAS, in July of 2016, the Ingham County Health Department embarked on its strategic planning process; and

WHEREAS, the strategic plan is the result of multiple in-person planning sessions and surveys in which more than 90 percent of ICHD employees shared their experiences, opinions and expertise to shape and inform this plan; and

WHEREAS, a draft of the Strategic Plan was made available for public comment from December 1st-December 31st, 2016 and was supported by the Board of Health in its January 3rd, 2017 meeting; and

WHEREAS, the plan identified five strategic directions, updated the department’s core values, and crafted a new mission and vision:

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

Core Values:

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

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

Respect for Others

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JANUARY 24, 2017 REGULAR MEETING

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

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

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

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

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

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

THEREFORE BE IT RESOLVED, the Ingham County Board of Commissioners approves the attached Strategic Plan for the Health Department for 2017-2019.

HUMAN SERVICES: Yeas: Tennis, Sebolt, Nolan, McGrain, Anthony, Case Naeyaert
Nays: None   Absent: Banas Approved 1/23/2017

Adopted as part of a consent agenda.
Dear employees, county commissioners and community members:

A strategic plan is an opportunity. It allows us to reexamine and set priorities, focus our energy and resources, and strengthen operations. This strategic plan builds upon the strengths of the Ingham County Health Department (ICHD) and its many programs, health centers and employees. It is a plan to move forward together in service to the county.

Like many opportunities, the Ingham County Health Department’s strategic plan is beget by change. Over the past three years, there have been transitions among ICHD’s leadership team, changes in facilities and more focus on the new national local public health accreditation program. The time was apt for strategic planning this year.

Our strategic plan is the result of multiple in-person planning sessions and surveys. More than 90 percent of ICHD employees shared their experiences, opinions and expertise to shape and inform this plan. I am proud of the work ICHD employees contributed to the process. We have identified five strategic directions, refined our core values and crafted a new vision.

I look forward to implementing this plan. Together, we will position the Ingham County Health Department as a model, 21st century local health department. I am pleased to present the Ingham County Health Department’s 2017-2019 Strategic Plan and appreciate your partnership in moving Ingham County towards better health.

Sincerely,

Linda S. Vail
Ingham County Health Officer
Ingham County Health Department

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

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

**Core Values:**

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

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

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

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

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

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

**Strategic Directions:**
- Communication
- Culture and Vision
- Funding
- Information Technology
- Workforce Development
Background

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

The Strategic Planning Process

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

- Annual Reports (2013, 2014 and 2015)
- ICHD Mission/Vision and Values
- ICHD Activity Indicators
- ICHD Performance Measures
- Controller’s Annual Request
- CHIP Core Groups
- Ingham County Health Center’s Homeless Needs Assessment
- Ingham County Strategic Plan (2016 Working Draft)

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

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

Also, it should be noted that the Community Health Center Network is included in the strategic planning process, but also has a requirement to conduct a strategic planning process with its board of directors as required by the federal government. To address the primary care needs of the medically underserved residents of Ingham County, ICHD formed the Community Health Care Services unit in the 1970s. This unit is home to the Igham Community Health Centers (ICHIC), which operate nine primary care centers in locations throughout the City of Lansing. ICHD was the first public-entity administered FQHC in the state. ICHC services are designed
and coordinated to serve the area’s most vulnerable populations. It also stands as a testimony to the Health Department and the community’s commitment to improve health, reduce health disparities, and address a multitude of significant health and social issues, including access to quality health care. (Source: Performance Measures for the Health Department)
Table 1: Weaknesses, Opportunities and Threats (SWOT)

<table>
<thead>
<tr>
<th>STRENGTHS</th>
<th>WEAKNESSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>-Ability to work quickly in crisis</td>
<td>-Bureaucracy</td>
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<tr>
<td>-Administrative support</td>
<td>-Changes in funders</td>
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<tr>
<td>-An array of funding sources</td>
<td>-CHIC turnover</td>
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<tr>
<td>-Collaboration and teamwork</td>
<td>-Communication</td>
</tr>
<tr>
<td>-Communication between departments</td>
<td>-Data systems</td>
</tr>
<tr>
<td>-Community partners</td>
<td>-Employee centered vs. client focus</td>
</tr>
<tr>
<td>-Compassion</td>
<td>-Frontline staff are experiencing culture change with a lot of administrative turnover</td>
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<tr>
<td>-Comprehensive programming and services</td>
<td>-H.R.</td>
</tr>
<tr>
<td>-Creativity</td>
<td>-L.T.</td>
</tr>
<tr>
<td>-Culture</td>
<td>-Infrastructure</td>
</tr>
<tr>
<td>-Diverse programs</td>
<td>-Lack of accountability</td>
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<tr>
<td>-Diverse programs enable cooperation among themselves</td>
<td>-Lack of assessment into policy procedure and function</td>
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<tr>
<td>-Diverse skill sets</td>
<td>-Lack of career ladder</td>
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<tr>
<td>-Diversity in expertise, health equity, and social justice</td>
<td>-Lack of comprehensive training</td>
</tr>
<tr>
<td>-Diversity of disciplines</td>
<td>-Lack of funding</td>
</tr>
<tr>
<td>-Education level</td>
<td>-Lack of public health passion</td>
</tr>
<tr>
<td>-Employee willingness to serve a diverse community</td>
<td>-Lack of universal communicating tool - HER</td>
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<tr>
<td>-Forward-looking</td>
<td>-Marketing</td>
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<tr>
<td>-Forward thinking</td>
<td>-Multiple locations</td>
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<tr>
<td>-FQHC is part of health department</td>
<td>-Political environment</td>
</tr>
<tr>
<td>-Good reputation community and state</td>
<td>-Priorities change</td>
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<tr>
<td>-Great staff</td>
<td>-Productivity</td>
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<td>-Innovative</td>
<td>-QI</td>
</tr>
<tr>
<td>-Integrity</td>
<td>-Readiness of change</td>
</tr>
<tr>
<td>-Invested</td>
<td>-Rewarding good employees and reprimanding bad</td>
</tr>
<tr>
<td>-Location</td>
<td>-Sanitary code is old</td>
</tr>
<tr>
<td>-Looking at best outcomes</td>
<td>-Separation of public health and health services</td>
</tr>
<tr>
<td>-Mission driven</td>
<td>-Size of staff</td>
</tr>
<tr>
<td>-Motivated</td>
<td>-Stagnant employee skill level</td>
</tr>
<tr>
<td>-Resources</td>
<td>-Technology</td>
</tr>
<tr>
<td>-Staff</td>
<td>-Turnover</td>
</tr>
<tr>
<td>-Staff involved in decision-making</td>
<td>-Universal referral tool system</td>
</tr>
<tr>
<td>-Strong billing department</td>
<td>-Vaccine rates in 19-36m and adults</td>
</tr>
<tr>
<td>-Strong leaders</td>
<td></td>
</tr>
<tr>
<td>-Strong leadership</td>
<td></td>
</tr>
<tr>
<td>-Support of commissioners</td>
<td></td>
</tr>
<tr>
<td>-Understanding of community we serve</td>
<td></td>
</tr>
<tr>
<td>-Willingness of staff</td>
<td></td>
</tr>
<tr>
<td>-Workforce longevity</td>
<td></td>
</tr>
<tr>
<td>-Workforce skills</td>
<td></td>
</tr>
<tr>
<td>OPPORTUNITIES</td>
<td>THREATS</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>- Awareness of public health</td>
<td>- Budgetary constraints federal state and local</td>
</tr>
<tr>
<td>- Change in payment structure</td>
<td>- Changes regarding funding</td>
</tr>
<tr>
<td>- Collaboration with outside agencies</td>
<td>- Changes in auditing requirements</td>
</tr>
<tr>
<td>- Collaborate health department services to other departments</td>
<td>- Changes in payment system</td>
</tr>
<tr>
<td>- Community collaboration</td>
<td>- Changes in political leaders</td>
</tr>
<tr>
<td>- Community partners</td>
<td>- Changes on grant reporting requirements</td>
</tr>
<tr>
<td>- Credible presence</td>
<td>- Choice of service provider</td>
</tr>
<tr>
<td>- Facilities contributing to perceptions</td>
<td>- Create threat for me to effectively do my job</td>
</tr>
<tr>
<td>- Federal funding</td>
<td>- Decreased state funding and program support</td>
</tr>
<tr>
<td>- Feedback from people served</td>
<td>- Demographics</td>
</tr>
<tr>
<td>- Greater awareness of social injustices</td>
<td>- Demographics with retirement and recruitment</td>
</tr>
<tr>
<td>- Increase training towards health equity and social justice</td>
<td>- Describing work</td>
</tr>
<tr>
<td>- Integrating PHS and CHC</td>
<td>- Different reporting requirements at different agencies</td>
</tr>
<tr>
<td>- Location (capitol, state departments, and MSU)</td>
<td>- Different services contributing to perceptions</td>
</tr>
<tr>
<td>- Maintain and expand services</td>
<td>- Federal funding</td>
</tr>
<tr>
<td>- MI State</td>
<td>- Fewer E.H. specific programs</td>
</tr>
<tr>
<td>- Neutral convener</td>
<td>- Fewer qualified applicants</td>
</tr>
<tr>
<td>- Opportunities for recognition (accreditation)</td>
<td>- Funding</td>
</tr>
<tr>
<td>- Required registration</td>
<td>- Implicit biases</td>
</tr>
<tr>
<td>- Stronger internal collaborations</td>
<td>- IT (external systems)</td>
</tr>
<tr>
<td>- Supportive board</td>
<td>- Lack of affordable rent (housing)</td>
</tr>
<tr>
<td>- Various environmental crises have created higher public awareness</td>
<td>- Lack of awareness and branding of what public health is</td>
</tr>
<tr>
<td>- Work in colleges and universities</td>
<td>- Lack of funding</td>
</tr>
<tr>
<td>- Work in schools</td>
<td>- Lack of providers</td>
</tr>
<tr>
<td>- Work with other partners in community to enhance the community</td>
<td>- Lack of public health knowledge of county administration</td>
</tr>
<tr>
<td></td>
<td>- National narrative of exclusion</td>
</tr>
<tr>
<td></td>
<td>- Payment reform</td>
</tr>
<tr>
<td></td>
<td>- Political environment</td>
</tr>
<tr>
<td></td>
<td>- Poor certification or accreditation review</td>
</tr>
<tr>
<td></td>
<td>- Price on prevention</td>
</tr>
<tr>
<td></td>
<td>- Public perception</td>
</tr>
<tr>
<td></td>
<td>- Reimbursement</td>
</tr>
<tr>
<td></td>
<td>- Required registration</td>
</tr>
<tr>
<td></td>
<td>- Staff layoffs</td>
</tr>
<tr>
<td></td>
<td>- Stigma of public health as a last resort</td>
</tr>
</tbody>
</table>
Alignment with Ingham County Health Department Plans

Connection to the Healthy! Capital Counties Health Improvement Plan

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

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

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

Connection to Quality Improvement, Workforce Development and Performance Management

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

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

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

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

The front-line staff of the department were provided the opportunity to attend 1 of the 2-hour sessions to provide their input into the strategic planning process. A community café model was used to gather the staff ideas on potential strategies for the objectives with the agency’s supervisory and administrative staff members serving as table hosts. A few weeks after the meetings, the staff were asked to prioritize the strategies to assist the leadership team with the timelines of the plan through an online Survey Monkey process. The meetings were held on July 18 and 26, 2016. A total of 234 front-line staff members attended the sessions. (see sign-in sheets in Appendix A). A total of 204 surveys were returned and 76.1% of the respondents identified as non-supervisory staff, 16.1% as supervisory staff and 7.7% indicated they were an ICHD administrator. The Survey Monkey results were distributed to staff in November, 2016 and are available upon request.

External Trends and Events that Impact Our Work

As evidenced in the SWOT analysis, the ICHD has multiple factors that potentially impact our work. Changing in funding, billing and payment reform are on-going and budgetary constraints at all levels of government is a trend continuing well into the foreseeable future.

At the time of the strategic plan development, the presidential campaign was still underway, but the outcome of the election could certainly impact our work as the new administration will have new, yet unknown priorities that could affect public health and the work we do as well as the services we provide.

The demographics in Ingham County are changing and it has placed a large burden on our agency to increase the level of interpretation services available to migrant and immigrant populations who are coming to the health department for service.

Additionally, the demographics within the agency will impact our work as many of our health department employees will be retiring and finding new qualified candidates will be a recruitment challenge. If we cannot attract competent employees who reflect the population we serve, the impact on our ability to provide services will be diminished.

Strategic Plan Outline

The plan outlined on the following pages, is displayed in a table format to assist the reader and users in easing readability. The tables indicate the Strategic Direction highlighted in dark blue, the Objectives are highlighted in light blue and the column titles for the strategies are shaded in yellow. Each strategy includes the identified champion(s), and the metric/measure to be used to monitor progress. The designated champion will determine the metric/measure to be used to monitor progress. Each strategy also references alignment with both the 10 essential public health services and the 12 PHAB domains to illustrate alignment with national priorities. We are proud to recognize that all 10 of the essential services and all 12 of the domains are tied into the
JANUARY 24, 2017 REGULAR MEETING

plan. For reference, the 10 Essential Public Health Services and the 12 PHAB Domains (V. 1.5) are included at the end of the report.
### Strategic Direction 1: Communications both internally and externally will be improved and enhanced to assure timely transmission and feedback of messages.

Objective 1.1: By March 31, 2017, the Ingham County Health Department will determine its baseline employee satisfaction rate related to internal communications and will improve the score each year by a minimum of 5%.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Champion(s)</th>
<th>Metric Measure</th>
<th>Essential Service(s)</th>
<th>PIHAB Domain(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTERNAL COMMUNICATION</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Promotion of the “What If” suggestion generator to be able to receive input and feedback from front-line staff by March 2017.</td>
<td>What If Committee</td>
<td></td>
<td>8</td>
<td>8,9</td>
</tr>
<tr>
<td>2. Provide a centralized “Communication Area” that has paper copies of the newsletter and upcoming events by June 2017.</td>
<td>Communication Committee</td>
<td>Communication Area created in break room.</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>3. Review the employee satisfaction survey to measure satisfaction with internal and external communication to determine the baseline measure and create goals and objectives by March 2017.</td>
<td>Communication Committee</td>
<td>Baseline and benchmark scores are determined; goals and objectives established</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>4. Redesign the monthly newsletters across the health department that includes success stories, training opportunities, new staff and upcoming changes in policies and</td>
<td>Communication Committee</td>
<td></td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>Procedure</td>
<td>Committee</td>
<td>Start</td>
<td>End</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>----------------------------</td>
<td>-------</td>
<td>-------</td>
<td></td>
</tr>
<tr>
<td>5. Host an all-staff yearly meeting to highlight accomplishments and promote our vision by December 2018.</td>
<td>Communication Committee</td>
<td>8</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>6. Creation of a photo directory of staff to improve name recognition and position within agency by December 2017.</td>
<td>Communication Committee</td>
<td>8</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>7. Establish and disseminate the rotation schedule of locations for of Brown Bag meetings by January 31, 2017</td>
<td>Communication Committee</td>
<td>8</td>
<td>11</td>
<td></td>
</tr>
</tbody>
</table>

**EXTERNAL COMMUNICATION**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Committee</th>
<th>Start</th>
<th>End</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Conduct a client survey to receive suggestions on how to enhance the website so it shares comprehensive information about all programs and services, and is easy to navigate by December 2017 and to develop a plan to implement enhancements in 2018 and 2019.</td>
<td>Website Sub-committee</td>
<td>7, 9</td>
<td>9</td>
</tr>
<tr>
<td>2. Creation of at least 3 community</td>
<td></td>
<td>3</td>
<td>2, 3, 7</td>
</tr>
<tr>
<td></td>
<td>Communication Committee</td>
<td>Health Communication Specialist</td>
<td>3</td>
</tr>
<tr>
<td>---</td>
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<td>---</td>
<td>---</td>
</tr>
<tr>
<td>3.</td>
<td>Develop and publish an annual agency marketing/communication plan that includes free public service announcements, radio and TV interview opportunities, newspaper articles, and social media/website by December of each year for the following year.</td>
<td>Communication Committee</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Sustain and review agreements with partners to create and share messaging about services and emerging issues on an annual basis.</td>
<td>Communication Committee</td>
<td>3,4</td>
</tr>
<tr>
<td>5.</td>
<td>Document the process and options available to front-line staff to provide input into community messaging efforts by December 2017.</td>
<td>Communication Committee</td>
<td>8</td>
</tr>
<tr>
<td>6.</td>
<td>Document the process to seek input into community messaging efforts from target populations by December 2017.</td>
<td>Health Communication Specialist</td>
<td>3</td>
</tr>
<tr>
<td>7.</td>
<td>Seek out opportunities to share agency service information with</td>
<td>Communication Committee</td>
<td>3,7</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>---</td>
<td>---</td>
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<td>---</td>
</tr>
<tr>
<td><strong>non-traditional partners (places of worship, small businesses, hair salons/barber shops, etc.) by December 2018.</strong></td>
<td>Communication Committee</td>
<td>3,9</td>
<td>3</td>
</tr>
<tr>
<td><strong>8. Continue the creation of an annual report that is distributed to Ingham County residents via the agency website to showcase services by July of each year.</strong></td>
<td>Communication Committee</td>
<td>3,7</td>
<td>3,7</td>
</tr>
<tr>
<td><strong>9. Provide an annual open house for health department activities by December 2019.</strong></td>
<td>CHIP HealthCare Workgroups</td>
<td>3,7,9</td>
<td>3,4,9</td>
</tr>
<tr>
<td><strong>10. Partner with providers to develop a set of client education and communication tools on quality healthcare and follow up on using the tools. (CHIP: Access to Quality Healthcare Priority Area)</strong></td>
<td>Environmental Health Division And Communications Committee</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td><strong>11. Create messaging on the website and social media to educate about public health laws and regulations in the County.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>12.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>13.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Strategic Direction 2: The Ingham County Health Department will recognize and acknowledge the diverse culture of our community and will honor that culture in our interactions with the people we serve and with each other.

#### Objective 2.1: By December 31, 2019 we will create an office environment that reflects the diversity of the people we serve.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Champion(s)</th>
<th>Metric/Measure</th>
<th>Essential Service(s)</th>
<th>PHAB Domain(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Development and distribution of user-friendly maps of health department locations.</td>
<td>Communication Committee</td>
<td></td>
<td>7</td>
<td>3.7</td>
</tr>
<tr>
<td>2. Assure the pictures in main areas to reflect community we serve on regular rotation</td>
<td>Communication Committee</td>
<td></td>
<td>7, 9</td>
<td>3.7,11</td>
</tr>
<tr>
<td>3. Sustain the practice and environment of allowing a client’s support system to participate in appointments.</td>
<td>Community Health Centers</td>
<td></td>
<td>5, 9</td>
<td>11</td>
</tr>
<tr>
<td>4. Assess how to create more effective services for non-English speaking clients by working with our provider partners to create improved feedback tools to increase the visibility of client satisfaction forms on website and in the clinics in multiple languages. (CHIP Priority Area: Access to Quality Healthcare)</td>
<td>LEP Taskforce</td>
<td></td>
<td>4, 5, 9</td>
<td>3, 9, 11</td>
</tr>
<tr>
<td>5. Development of a centralized check-in for services to reduce the</td>
<td>CHC-DHO/Call Center</td>
<td></td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Strategies</td>
<td>Champion(s)</td>
<td>Essential Service(s)</td>
<td>PHAB Domain(s)</td>
<td></td>
</tr>
<tr>
<td>------------</td>
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<td>----------------------</td>
<td>----------------</td>
<td></td>
</tr>
<tr>
<td>Objective 2.2</td>
<td>By December 31, 2017 we will assess the availability of interpretation services and seek opportunities to improve access to interpreters.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Conduct an assessment of the types, languages, availability and cost of interpretation services to determine if/where gaps exist.</td>
<td>LEP Taskforce</td>
<td>1</td>
<td>3.11</td>
<td></td>
</tr>
<tr>
<td>2. Seek out interpretation services that are available through the local colleges and universities and other community resources. Invest in in-person interpretations services when possible.</td>
<td>LEP Taskforce</td>
<td>1.7</td>
<td>3.11</td>
<td></td>
</tr>
<tr>
<td>3. Seek out the availability of bilingual volunteers within the community to provide directions to proper office locations.</td>
<td>LEP Taskforce</td>
<td>1.7</td>
<td>3.11</td>
<td></td>
</tr>
<tr>
<td>Objective 2.3</td>
<td>Integrate and Expand Health Equity into our daily routines by December 31, 2018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Conduct regular manager and supervisor round table and tool sharing to support staff in advancing health equity and social</td>
<td>Health Equity Resource Group</td>
<td>1.5</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>2.</td>
<td>Improve our hiring practices to include a social justice component.</td>
<td>Health Equity Resource Group</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>3.</td>
<td>Continue social justice courses for staff with a focus on change management and creating a permanent change.</td>
<td>Health Equity Resource Group</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>4.</td>
<td>Provide examples and possible site visits to other progressive health departments.</td>
<td>Health Equity Resource Group</td>
<td>5,10</td>
<td>10</td>
</tr>
<tr>
<td>5.</td>
<td>Provide a quarterly staff brown bag on health equity and social justice.</td>
<td>Health Equity Resource Group</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>6.</td>
<td>Review the content of the health equity and social justice trainings provided and make revisions if necessary.</td>
<td>Health Equity Resource Group</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>7.</td>
<td>Increase heart disease screening for at-risk women to allow for early detection and increase the connection and navigation to healthcare for underserved population. (CHIP Priority Area: Chronic Disease)</td>
<td>CHIP Chronic Disease/Health Promotion and Prevention</td>
<td>7</td>
<td>2,3,7</td>
</tr>
<tr>
<td>8.</td>
<td>Increase diabetes screening for at-</td>
<td>CHIP Chronic</td>
<td>7</td>
<td>2,3,7</td>
</tr>
</tbody>
</table>
### Objective 2.4: Engage all staff in the creation of a positive work environment by December 2017

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Champion(s)</th>
<th>Metric/Measure</th>
<th>Essential Service(s)</th>
<th>PHAB Domain(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Using the Employee Satisfaction survey, consider where quality improvement initiatives to improve can be implemented.</td>
<td>Recognition Committee</td>
<td></td>
<td>8,9</td>
<td>9</td>
</tr>
<tr>
<td>2. Development of an employee recognition system</td>
<td>Recognition Committee</td>
<td></td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>3. Create opportunities for staff at all levels to be engaged with each other to learn names, interests, etc.</td>
<td>Recognition Committee</td>
<td></td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>4. Explore options for improved employee break room areas and enhancing the physical built environment to promote healthier eating. (CHIP Priority Area: Chronic Disease)</td>
<td>Recognition Committee</td>
<td></td>
<td>4.10</td>
<td>10,11</td>
</tr>
</tbody>
</table>

### Risk Women to allow for early detection (CHIP Priority Area: Chronic Disease)

| Objective 9: Increase healthy lifestyle activities by providing health coaching and connecting to community resources that support health goals (CHIP Priority Area: Chronic Disease) | CHIP | 1.4,11 |
| Disease/Health Promotion and Prevention | 1.7 | |
**Strategic Direction 3:** The Ingham County Health Department will promote fiscal responsibility to assure, to the extent possible, that it has the financial resources to adequately provide services and pay competitive wages.

**Objective 3.1:** By December 31, 2018, the Ingham County Health Department will conduct an internal analysis of its current financial practices to ensure organizational efficiency and adopting and utilizing best practices to maximize generation of revenue while controlling costs.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Champion(s)</th>
<th>Metric/Measure</th>
<th>Essential Service(s)</th>
<th>PHAB Domain(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Conduct an internal analysis and consider consulting with outside consultants to explore and implement best practices.</td>
<td>CFO</td>
<td>9,10</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>2. Conduct an analysis of fees charged in each program to assure they are covering the cost of the services provided. Consider charging for additional services.</td>
<td>CFO</td>
<td>9,10</td>
<td>9,11</td>
<td></td>
</tr>
<tr>
<td>3. Consider the implementation of a fee for appointment “no-shows”</td>
<td>CFO/DHOs</td>
<td>5, 6</td>
<td>5, 11</td>
<td></td>
</tr>
<tr>
<td>4. Consider the elimination of non-essential services</td>
<td>CFO/DHOs/Health Officer</td>
<td>9, 10</td>
<td>5,9,10</td>
<td></td>
</tr>
</tbody>
</table>

**Objective 3.2:** The ICHD will provide an annual statement, in May of each year, on the need to invest in governmental public health and the
### Funding needed to adequately perform its services.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Champion(s)</th>
<th>Metric Measure</th>
<th>Essential Service(s)</th>
<th>PHAB Domain(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provide the annual statement to county administration about the need for more general fund support and to state and federal legislators about the need for public health funding.</td>
<td>Health Officer DHO</td>
<td></td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>2. Consider working with partners within the community for fund raising activities.</td>
<td>CHC Board</td>
<td></td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>3. Designate staff to work with commissions to advocate for public health funding.</td>
<td>Health Officer DHO</td>
<td></td>
<td>4</td>
<td>4,12</td>
</tr>
</tbody>
</table>

### Objective 3.3: Annually, the Ingham County Health Department will actively pursue grant funding for its programs.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Champion(s)</th>
<th>Metric Measure</th>
<th>Essential Service(s)</th>
<th>PHAB Domain(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Create a team individual that identifies and applies for applicable funding opportunities</td>
<td>Grants Workgroup</td>
<td></td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>2. Create one comprehensive grants system</td>
<td>Grants Workgroup</td>
<td></td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>3. Communication of the various grant sources with the greater community and consider joint applications</td>
<td>Grants Workgroup</td>
<td></td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>
where applicable

| 4. Look for grant opportunities utilizing multiple county departments | Grants Workgroup | 4 | 4 |

Objective 3.4: By December 31, 2018, the ICHD will develop a plan to evaluate alternative sources of funding.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Champion(s)</th>
<th>Metric/Measure</th>
<th>Essential Service(s)</th>
<th>PHAB Domain(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Seek out alternate revenue possibilities from private funding sources such as local and national foundations.</td>
<td>Grants Workgroup</td>
<td>5</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>2. Provide patient assistance with insurance enrollment</td>
<td>Registration and Enrollment</td>
<td>5,7</td>
<td>na</td>
<td></td>
</tr>
<tr>
<td>3. Create a quality improvement initiative to improve the collection of client co-pays and insurance information.</td>
<td>CFOQI Council</td>
<td>5,9,10</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

Objective 3.5: By December 31, 2017, ICHD will have a plan to advocate for competitive wages for its workforce.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Champion(s)</th>
<th>Metric/Measure</th>
<th>Essential Service(s)</th>
<th>PHAB Domain(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ICHD Leadership will share the results of salary surveys conducted at the local, state and national level with county commissioners and administration.</td>
<td>Health Officer/DHO/CFO</td>
<td>8</td>
<td>11</td>
<td></td>
</tr>
</tbody>
</table>
Objective 4.1: By May 31, 2017 and then on an annual basis, the Ingham County Health Department will have an Information Technology Plan that includes an inventory of the available hardware and software replacement timeframes and supports the public health and administrative functions of the agency.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Champion(s)</th>
<th>Metric Measure</th>
<th>Essential Service(s)</th>
<th>PHAB Domain(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assess the software and technology required for both office and field operations. Complete a comprehensive assessment to share with &quot;county&quot; to help them understand challenges we face with inadequate or poor IT support and timelines</td>
<td>IT Committee</td>
<td></td>
<td>9.10</td>
<td>11</td>
</tr>
<tr>
<td>2. Inventory system (hardware and software) and create an obsolescence plan for upgrades and replacements</td>
<td>IT Committee</td>
<td></td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>3. Research the infrastructure required to enhance the reliability of server capacity, software solutions and connectivity</td>
<td>IT Committee</td>
<td></td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>4. Develop new process for system upgrades and back-ups to occur during non-working hours</td>
<td>IT Committee</td>
<td></td>
<td>9</td>
<td>11</td>
</tr>
</tbody>
</table>

Objective 4.2: The Ingham County Health Department will propose a list of innovations to incorporate into the agency on an annual basis.
### JANUARY 24, 2017 REGULAR MEETING

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Champion(s)</th>
<th>Metric Measure</th>
<th>Essential Service(s)</th>
<th>PHAB Domain(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Evaluate the internal-centralized EHR to determine possible solutions that will reduce delays to clients and allow it to &quot;speak&quot; to outside systems.</td>
<td>IT Committee</td>
<td></td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>2. Well-designed user-friendly websites with smartphone app</td>
<td>IT Committee</td>
<td></td>
<td>3</td>
<td>3,7</td>
</tr>
<tr>
<td>3. Consider the option of texting clients to confirm appointments</td>
<td>IT Committee</td>
<td></td>
<td>9</td>
<td>NA</td>
</tr>
<tr>
<td>4. Develop a plan to convert paper forms/systems to electronic forms (supply orders, forms, referrals)</td>
<td>IT Committee</td>
<td></td>
<td>9</td>
<td>NA unless it is a QI project</td>
</tr>
<tr>
<td>5. Expand the use of the patient portal</td>
<td>IT Committee</td>
<td></td>
<td>1,2,7</td>
<td>7</td>
</tr>
<tr>
<td>6. Creation or promotion of phone apps for clients</td>
<td>IT Committee</td>
<td></td>
<td>7,9</td>
<td>NA unless it is a QI project and that is questionable with clinicians</td>
</tr>
<tr>
<td>7. Organize S drive to make it user-friendly</td>
<td>IT Committee</td>
<td></td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>8. Create an electronic information board in patient/client waiting areas</td>
<td>IT Committee</td>
<td></td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>
### JANUARY 24, 2017 REGULAR MEETING

**Objective 4.3:** The Ingham County Health Department will work with the County’s IT department to improve response times for IT support and repairs by 10% by December 31, 2017.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Champion(s)</th>
<th>Metric Measure</th>
<th>Essential Service(s)</th>
<th>PHAB Domain(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Conduct an assessment of the current response times of IT staff and the common issues in need of resolution.</td>
<td>IT Committee</td>
<td></td>
<td></td>
<td>9</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>2. Based on the assessment results, conduct a QI initiative to improve IT support and repair response times.</td>
<td>IT Committee/QI Council</td>
<td></td>
<td></td>
<td>9</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>3. Development of an IT Frequently Asked Questions Guide and short videos/webinars to resolve common, minor issues.</td>
<td>IT Committee</td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>4. Develop an IT Training Request Process for programs such as Outlook, Excel, the EHR, and Google Docs, S Drive.</td>
<td>IT Committee/Workforce Development Committee</td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8,11</td>
</tr>
<tr>
<td>5. Include IT training in employee orientation.</td>
<td>IT Committee/Workforce Development Committee</td>
<td></td>
<td></td>
<td>5.8</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8,11</td>
</tr>
</tbody>
</table>

**Strategic Direction 5:** The Ingham County Health Department will create a Workforce Development Plan to ensure a competent workforce that fosters the education and mentoring of staff and creates a supportive work environment.

**Objective 5.1:** By December 31, 2017, the Ingham County Health Department will have a comprehensive Workforce Development Plan.
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Formation of a committee to compile the relevant information necessary to develop and implement a Workforce Development Plan that meets the PHAB standards and measures.</td>
<td>DHO-Admin</td>
<td>8</td>
</tr>
<tr>
<td>2. Conduct an assessment of current staff competencies against the adopted core competencies</td>
<td>Workforce Development Committee</td>
<td>8</td>
</tr>
<tr>
<td>3. Provide training schedules and a description of the material or topics to be addressed in the training curricula to address gaps in staff competencies</td>
<td>Workforce Development Committee</td>
<td>8</td>
</tr>
<tr>
<td>4. Conduct an assessment of the cultural competency of staff and develop a training schedule to address the areas of weakness, include a social justice module</td>
<td>Workforce Development Committee</td>
<td>8</td>
</tr>
<tr>
<td>5. Identify opportunities for career advancement within the organization</td>
<td>Workforce Development Committee</td>
<td>5,8</td>
</tr>
<tr>
<td>6. Encourage and support membership in diverse associations host</td>
<td>Workforce Development Committee</td>
<td>8.10</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Objective 5.2: The Ingham County Health Department will develop a plan to promote a supportive work environment by December 31, 2017</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Champion(s)</th>
<th>Metric/Measure</th>
<th>Essential Service(s)</th>
<th>PI/AD Domain(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The agency will develop and administer an annual Employee Satisfaction Survey to learn of and develop activities and policies to retain staff. Such policies could include employee recognition, employee wellness, collaborative learning opportunities, and advancement opportunities.</td>
<td>Workforce Development Committee</td>
<td>5.8</td>
<td>9.11</td>
<td></td>
</tr>
<tr>
<td>2. Establish a mentor program for all new employees based on new hires’ goals and desired career trajectory.</td>
<td>Workforce Development Committee</td>
<td>8</td>
<td>8.11</td>
<td></td>
</tr>
<tr>
<td>3. Foster an environment of collegial support for all staff.</td>
<td>Workforce Development Committee</td>
<td>3</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>4. Sustain the formal system of employee recognition</td>
<td>Recognition Committee</td>
<td>8</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>5. Creation of a process to provide ongoing feedback on performance that supports professional development.</td>
<td>Workforce Development Committee</td>
<td>8</td>
<td>11</td>
<td></td>
</tr>
</tbody>
</table>
**Objective 5.3:** By December 31, 2017, the Ingham County Health Department will have formalized agreements to accept interns into the department.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Champion(s)</th>
<th>Metric/Measure</th>
<th>Essential Service(s)</th>
<th>PHAB Domain(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Develop a formal internship program to provide experiences and exposure of public health as a career option.</td>
<td>Workforce Development Committee</td>
<td></td>
<td>$</td>
<td>8</td>
</tr>
<tr>
<td>2. Create job shadow and internship opportunity for Lansing-area high schools; especially in clinics and environmental health.</td>
<td>Workforce Development Committee</td>
<td></td>
<td>$</td>
<td>8</td>
</tr>
</tbody>
</table>

**Objective 5.4:** By December 31, 2017, the Ingham County Health Department will have a formalized recruitment and hiring process that reflects the activities associated with hiring qualified individuals who reflect the demographics of the population served.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Champion(s)</th>
<th>Metric/Measure</th>
<th>Essential Service(s)</th>
<th>PHAB Domain(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Coordinate with the County Human Resources Dept. to develop enhanced recruitment practices to attract diverse workforce.</td>
<td>Workforce Development Committee</td>
<td></td>
<td>$</td>
<td>11</td>
</tr>
<tr>
<td>2. Coordinate with the County Human Resources Dept. to develop a monitoring system to be able to conduct a workforce analysis of Health Department employees to demonstrate that the employees hired reflects the community that</td>
<td>Workforce Development Committee</td>
<td></td>
<td>$</td>
<td>8,11</td>
</tr>
</tbody>
</table>
3. Develop a process to document that qualifications have been verified and that a tracking log is available for required recertification.
   | Workforce Development Committee | 5,8 | 11 |

4. Assure position descriptions are available to all staff through the internet/intranet, in print or through the human resource department upon request.
   | Workforce Development Committee | 5,8 | 11 |

Objective 5.5: By December 31, 2017, the Ingham County Health Department will have a formalized, internal orientation and exit process for all employees that will be reviewed on an annual basis.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Champion(s)</th>
<th>Metric/Measure</th>
<th>Essential Service(s)</th>
<th>PH/AB Domain(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Creation of a committee to develop orientation/on-boarding and exit process.</td>
<td>DHO-Admin</td>
<td></td>
<td>5,8</td>
<td>11</td>
</tr>
<tr>
<td>2. Include in the employee orientation process an educational component on the diverse roles in the Health Dept. and the value they add to each department.</td>
<td>Workforce Development Committee</td>
<td></td>
<td>5,8</td>
<td>na</td>
</tr>
<tr>
<td>3. Develop on-line educational resources for new employees such as training manuals, FAQ guides.</td>
<td>Workforce Development Committee</td>
<td></td>
<td>5,8</td>
<td>11</td>
</tr>
</tbody>
</table>
4. Develop a formalized Employee Exit process of the steps and information required when an employee leaves the agency.

<table>
<thead>
<tr>
<th>Strategies</th>
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<th>Metric/Measure</th>
<th>Essential Service(s)</th>
<th>PHAB Domain(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Development of an annual calendar of in-house and external training opportunities and share with staff</td>
<td>Workforce Development Committee</td>
<td></td>
<td>8</td>
<td>8,11</td>
</tr>
<tr>
<td>2. Develop efficient mechanisms to conduct agency mandated trainings such as CLIA, HIPAA and Bloodborne Pathogens and other relevant topics that address identified competency gaps.</td>
<td>Workforce Development Committee</td>
<td></td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>3. Require health equity-related objectives in all professional development plans.</td>
<td>Workforce Development Committee</td>
<td></td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>4. Periodic reviews and updates of the agency Operations Manual that includes training modules for staff.</td>
<td>Workforce Development Committee</td>
<td></td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>5. Provide opportunities for staff to</td>
<td>Workforce Development</td>
<td></td>
<td>8</td>
<td>8,11</td>
</tr>
<tr>
<td>6. Provide educational opportunities for staff to learn about other divisions and the community through job shadowing and community field trips.</td>
<td>Committee</td>
<td>8</td>
<td>8,11</td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Committee</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Workforce Development Committee</td>
<td></td>
</tr>
</tbody>
</table>
10 Essential Public Health Services

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal healthcare workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

Source: APHA 2014©

PHAB Domains

1. Conduct and disseminate assessments focused on population health status and public health issues facing the community
2. Investigate health problems and environmental public health hazards to protect the community
3. Inform and educate about public health issues and functions
4. Engage the community to identify and address health problems

5. Develop public health policies and plans

6. Enforce public health laws

7. Promote strategies to improve access to health care services

8. Maintain a competent public health workforce

9. Evaluate and continuously improve health department processes, programs, and interventions

10. Contribute to and apply the evidence base of public health

11. Maintain administrative and management capacity

12. Maintain capacity to engage the public health governing entity

Source: PHAB www.phaboard.org Version 1.0
Introduced by the Human Services Committee of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO APPROVE THE HEALTH DEPARTMENT’S PLAN OF ORGANIZATION

RESOLUTION #17 – 012

WHEREAS, the Ingham County Health Department will be undergoing Local Public Health Accreditation in 2017; and

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

WHEREAS, in Resolution #16-535, the Board of Commissioners approved a reorganization of the Health Department; and

WHEREAS, the Health Officer recommends that the Board of Commissioners authorize an amendment to the Health Department’s Plan of Organization to reflect the changes.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners hereby amends the Ingham County Health Department Plan of Organization, effective December 13th, 2016, as attached.

HUMAN SERVICES: Yeas: Tennis, Sebolt, Nolan, McGrain, Anthony, Case Naeyaert
Nays: None Absent: Banas Approved 1/23/2017

Adopted as part of a consent agenda.
The Ingham County Health Department exists as a unit of Ingham County government. The Department is one of many departments/offices/units which operate under the direction of the Ingham County Board of Commissioners. Governing Entity Relationship with the ICHD

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

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

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

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

Ingham County Board of Commissioners (2016-2017)
Kara Hope, District No. 7, Chairperson
Sarah Anthony, District No. 3, Vice-Chairperson
Randy Mayville, District No. 6, Vice-Chairperson Pro Tem
Victor G. Celentino,
District No. 1
Rebecca Bahar-Cook,
District No. 2
Bryan Crenshaw,
District No. 4
Todd Tennis,
District No. 5
Penelope Tsarnoglou,
District No. 8
Carol Koenig,
Brian McGrain,
District No. 10
Terri Banas,
District No. 11
Deb Nolan,
District No. 12
Randy Schaefer,
District No. 13
Robin Case Naeyaert,
District No. 14
JANUARY 24, 2017 REGULAR MEETING

District No. 9

2016-2017 Human Services Committee (Board of Commissioners)
  Brian McGrain, District No. 10, Chairperson
  Teri Banas, District No. 11, Vice-Chairperson
  Todd Tennis, District No. 5  Carol Koenig, District No. 9
  Deb Nolan, District No. 12  Kara Hope, District No. 7
  Robin Case Naeyaert  District No. 14

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

Ingham County Board of Health
  Molly Polverento, Chairperson
  Martha Adams, Chairperson Pro Tem
  Christina Dokter, Vice Chairperson
  Carol Callaghan
  Nigel Paneth
  Garry Rowe
  Derrell Slaughter
  Denise Chrysler
  Nino Rodriguez
  Lynn Stauff

ICHD operates a network of Federally Qualified Health Centers (FQHC) with eight sites. The sites are Community Health Centers funded under section 330(e) of the Public Health Services Act and one site is funded through the Act’s Health Care for the Homeless provision, section 330(h). This designation is important because it enables these Health Centers to obtain grants made available only through the Act.

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

Ingham Community Health Center Board
  Jon Villasurda, Chairperson
  Todd Heywood, Vice Chairperson
  Flesia McIlurkin, Secretary
  Phillip Bergquist
  Margaret Brown
  Mary Molloy
  Todd Tennis, Commissioner
JANUARY 24, 2017 REGULAR MEETING

Health Department Mandate

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

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

In 1978, the Public Health Code was passed by the Legislature and signed by the Governor. The "Code" establishes a State/Local system to carry out the responsibility to protect and promote public health.

The Code establishes the Michigan Department of Public Health with the responsibility to:
"...continually and diligently endeavor to prevent disease, prolong life, and promote the public health through organized programs, including prevention and control of environmental health hazards; prevention and control of diseases; prevention and control of health problems of particularly vulnerable population groups; development of health care facilities and health services delivery systems; and regulation of health care facilities and health services delivery systems to the extent provided by law."

The Michigan Department of Public Health is charged in the Public Health Code to:
"...promote an adequate and appropriate system of local health services throughout the state."

The Public Health Code requires every county to provide for a local health department. County Boards of Commissioners are required to organize county or district health departments.

The Public Health Code charges the local health departments with the same basic responsibilities as are given to the State:
"A local health department shall continually and diligently endeavor to prevent disease, prolong life and promote the public health through organized programs, including prevention and control of environmental health hazards, prevention and control of disease; prevention and control of health problems of particularly vulnerable population groups; development of health care facilities and health services delivery systems; and regulation of health care facilities and health care delivery systems to the extent provided by law."

The Ingham County Board of Commissioners has responded to this mandate by establishing the Ingham County Health Department as a Department of Ingham County Government. Each year, through the County budget process and through contracts established with the State, the Board of Commissioners determines which programs and services will be established and maintained to respond to the legal requirements to promote and protect the public health of the citizens of Ingham County.

Chain of Command

The Health Officer of a local health department is appointed by the governing board of the jurisdiction she or he serves. The Michigan Department of Health & Human Services verifies that a health officer meets the minimum qualifications outlined in the Administrative Code (325.13001). The Health Officer acts as the chief administrative officer of the local health department and must "Have powers necessary or appropriate to perform the duties and exercise the powers given by law to the local health officer and which are not otherwise prohibited by law." The most serious of these powers relate to the declaration of "imminent danger to health or lives" which could lead to orders to restrain a condition, practice or person, and the issuance of emergency orders and procedures to include involuntary detention and treatment of persons in the event of an epidemic. Linda S. Vail, MPA, was appointed Health Officer on April 7, 2014. Sugandha Lowhim, MD, MPH was approved by MDHHS as the Medical Director on May 30, 2012.
JANUARY 24, 2017 REGULAR MEETING

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

a. Debbie Edokpolo, MSW, Deputy Health Officer - Public Health Services
b. Joel D. Murr, MPA, Deputy Health Officer - Administration
c. Russell Kolski, MSA, Deputy Health Officer - Executive Director for Community Health Centers

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

(SEE NEXT PAGE FOR ORGANIZATION CHART.)
Organizational Structure

Health Department Administrative Staff:
Linda S. Vail, MPA, Health Officer
Debbie Edokpolo, MSW, Deputy Health Officer-Public Health Services
Russ Kolski, MS, RN, Deputy Health Officer-Executive Director Ingham Community Health Centers
Joel D. Murr, MPA, Deputy Health Officer-Administration
Eric Thelen, MBA, Chief Financial Officer

Sugandha Lowhim, MD, MPH, Medical Director
Erik Wert, DO, Medical Director-Ingham Community Health Centers

Sarah Bryant, MPH, RN, Health Promotion & Prevention Manager
Rod McNeill, MHA, Environmental Health Director
Ruby Rodgers, BSN, RN, Communicable Disease Control Manager
Regina Traylor, MSN, RN, Maternal & Child Health Director

Medical Direction
Sugandha Lowhim, MD, MPH, serves as the Medical Director providing medical direction and support to ICHD’s administrative operations. Eric Wert, DO, MPH is the Medical Director for the Community Health Centers and oversees the Health Center’s quality assurance program, standing orders and laboratories.

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

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

The Deputy Health Officer for Public Health Services is Debbie Edokpolo, MSW. Public Health Services contains most of the public health functions that would be found in any other Health Department. There are approximately 132 FTEs working in Public Health Services which has a budget of nearly $15 million dollars and is divided into four divisions: Health Promotion and Prevention; Environmental Health; Communicable Disease Control; and Maternal and Child Health.

Sarah Bryant, MPH, RN, directs the Health Promotion and Prevention division which include the Breast and Cervical Cancer Control Navigation Program (BCCCP), the Office for Young Children (OYC), Pathways to Care, and Registration and Enrollment services.

Rod McNeill, MHA, directs the department’s Environmental Health division and oversees programs to prevent health and safety issues as they relate to the total environment. It has approximately 22 FTEs working in Public Health Services which has a budget of nearly $2.5 million dollars. Environmental Health operates three program areas: Food and Facilities Programs (which includes the food service sanitation program), Land and Water Programs (including the water supply services and on-site sewage programs), and Prevention and Response programs.
Ruby Rodgers, RN, manages the Communicable Disease Control division which includes Immunizations, the HIV/STI Prevention Program, and the TB/LTBI programs.

Regina Traylor, MSN, RN, directs the Maternal and Child Health Division which includes Children’s Special Health Care Services, Family Outreach Services, Native American Outreach Program, Nurse Family Partnership, Strong Start, Healthy Start, Vision and Hearing, Maternal Infant Health Program, Childhood Lead, and Women, Infants, and Children (WIC).

Russ Kolski, MSA, RN, serves as the Deputy Health Officer/Executive Director of the Ingham Community Health Centers. The Ingham Community Health Centers operate the network of Federally Qualified Health Centers described above and the supportive services related to them. The health centers serve approximately 24,000 unduplicated individuals per year with a budget of approximately $20.5 million dollars. There are 170 FTEs of County employees, including 23 FTE directly employed and 38 contractual providers (physicians, dentists, nurse practitioners, and physician assistants). Erik Wert, DO, MPH, is the Medical Director for the Health Centers. Dr. Wert also serves as the director for the clinical laboratories. The Health Centers provide primary care, OB/GYN and pediatric health care services, adolescent health care, infectious disease specialty services as well as adult and pediatric oral health care, and medical services at the Ingham County Jail and Youth Center. Most of those served are people who are eligible for Medicaid; people who do not have health insurance; or people who are enrolled in the Ingham Health Plan. Krista Haven, RN, Clinical Services Manager, oversees medical records, jail medical, and the call center within ICHD. The health centers must remain compliant with federal, state, and local funding sources and guidelines.

Joel D. Murr, MPA, serves as the Deputy Health Officer-Administration and oversees ICHD’s Community Health, Planning, and Partnerships (CHPP) programs. CHPP has a total operating budget of $4.8 million and 23 FTEs. CHPP works to power data-informed decision-making and to address social determinants of health, while developing partnerships and engaging in planning to promote wellness and health equity throughout Ingham County. Programs include: Community Health Assessment (CHA), Public Health Emergency Preparedness, Environmental Justice, Health Equity and Social Justice, Healthy Communities and the Power of We, which includes AmeriCorps. This branch also oversees ICHD’s Public Information, Grants administration, and Information Technology programs that are supported by a team of Analysts and Electronic Health Records trainers.
WHEREAS, Sharon Morgan began her career with Ingham County Health Department (ICHD) in July 16, 1973 as a full time Public Health Nurse in the Nursing Department; and

WHEREAS, in the role of Public Health Nurse, Sharon provided comprehensive and professional community health nursing services to high risk populations throughout the community; and

WHEREAS, in 1982, Sharon transitioned to a part time Public Health Nurse and Program Coordinator role in the Hypertension Control Program in Public Health Nursing (PHN) where she provided education and guidance to patients who currently had hypertension or were at risk; and

WHEREAS, in 1987 Sharon assumed a part time/shared time Public Health Nurse II position in PHN, later transitioning to full time in 1993; and

WHEREAS, Sharon was promoted to the Children’s Special Care Services (CSHCS) Coordinator position in 2007; and

WHEREAS, during her tenure Sharon ensured departmental, state, and federal guidelines were followed and met for the Ingham County CSHCS program and in response to the needs of the community also provided case management, acquired a grant from the State of Michigan to support the work of CSHCS by hiring a CSHCS parent liaison, served on various committees, and committed time to outreach in the community to promote the CSHCS program; and

WHEREAS, Sharon coordinated and taught CPR classes for the ICHD staff and mentored nursing and medical residents while emphasizing the importance of public health services and their role in serving the community; and

WHEREAS, through years of devoted work and supportive enthusiasm Sharon established strong relationships with her colleagues, staff, and community partners and will be greatly missed by those who have had an opportunity to work with her; and

WHEREAS, after 42 years of dedicated service to the citizens of Ingham County, Sharon Morgan retired on June 30, 2016.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners hereby honors Sharon Morgan for her 42 years of dedicated service to the community and for the contributions she has made to ICHD.
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BE IT FURTHER RESOLVED, that the Board wishes her continued success in all of her future endeavors.

HUMAN SERVICES:  Yeas:  Tennis, Sebolt, Nolan, McGrain, Anthony, Case Naeyaert
Nays:  None    Absent:  Banas Approved 1/23/2017

Adopted as part of a consent agenda.
JANUARY 24, 2017 REGULAR MEETING

ADOPTED - JANUARY 24, 2017
AGENDA ITEM NO. 16

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

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO APPROVE A POLICY PROHIBITING THE USE OF ELECTRONIC SMOKING DEVICES WITHIN INGHAM COUNTY OFFICES

RESOLUTION # 17 – 014

WHEREAS, Section 333.12603 of the Michigan Public Health Code prohibits a person from smoking tobacco products in a public place or the meeting of a public body; and

WHEREAS, this statute was developed shortly after the introduction of electronic smoking devices (ESDs) in the United States, prior to their increased popularity; and

WHEREAS, now that use of ESDs has become more prevalent, the Ingham County Health Department (ICHD) is proposing that Ingham County prohibit their use within all county buildings; and

WHEREAS, early research indicates that ESDs can serve as an introduction to tobacco products, especially among youth, as well as cause confusion among the public about smoking in public places; and

WHEREAS, the Health Officer recommends approval of the attached policy prohibiting the use of ESDs in Ingham County buildings.

THEREFORE BE IT RESOLVED, the Ingham County Board of Commissioners authorizes the attached policy prohibiting the use of ESDs in Ingham County buildings.

HUMAN SERVICES:  Yeas: Tennis, Sebolt, Nolan, McGrain, Anthony, Case Nacayaert  
Nays: None  Absent: Banas Approved 1/23/2017

COUNTY SERVICES:  Yeas: Celentino, Crenshaw, Grebner, Nolan, Maiville  
Nays: None  Absent: Koenig, Sebolt  Approved 1/17/2017

Adopted as part of a consent agenda.
Policy Prohibiting the Use of Electronic Smoking Devices within Ingham County

- Electronic Smoking Device (ESD): a noncombustible product designed to contain a vapor cartridge or containing nicotine or other substance that employs a heating element, power source, electronic circuit, or other electronic, chemical, or mechanical means, regardless of shape or size, that can be used to produce vapor from nicotine or other substance in a solution or other form. Electronic smoking devices include an electronic cigarette, electronic cigar, electronic cigarillo, electronic pipe, or similar product or device, and also include a vapor cartridge or other container of nicotine or other substance in a solution or other form that is intended to be used with or in an electronic cigarette, electronic cigar, electronic cigarillo, electronic pipe, or similar product or device.

- Section 333.12603 of the Michigan Public Health Code prohibits a person from smoking tobacco products in a public place or the meeting of a public body. This statute was developed shortly after the introduction of electronic smoking devices (ESDs) in the United States, prior to their increased popularity.

- Ingham County prohibits the use of ESDs within all county buildings.

- Although the potential harm of ESDs is still unknown, early research indicates that they can serve as an introduction to tobacco products, especially among youth.

- The use of ESDs in public places also causes confusion among the public about smoking in public places.
JANUARY 24, 2017 REGULAR MEETING

ADOPTED - JANUARY 24, 2017
AGENDA ITEM NO. 17

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO AUTHORIZE A CONTRACT WITH BIG BROTHERS BIG SISTERS MICHIGAN CAPITAL REGION TO PROVIDE ADMINISTRATIVE OVERSIGHT AND PROGRAMMING LEADERSHIP TO THE CAPITAL AREA MENTORING PARTNERSHIP PROGRAM FOR 2017

RESOLUTION # 17 – 015

WHEREAS, the Ingham County City of Lansing Youth Violence Prevention Coalition since renamed the Community Coalition for Youth (CCY) was established in 1994 by former Mayor David Hollister and former Ingham County Board of Commissioners Chairperson, Jean McDonald, in response to a dramatic increase in youth violence and delinquency in Ingham County during the 1990's; and

WHEREAS, CCY adopted a comprehensive strategy to advance youth mentoring to close educational opportunity and achievement gaps to increase high school graduation and post-secondary completion rates, prevent and reduce violence and delinquency, and provide opportunities for civic engagement, entrepreneurship, and career and professional development to support the next generation of parents and leaders; and

WHEREAS, the structure to further mentoring for Ingham County youth was formed by CCY and is called the Capital Area Mentoring Partnership (CAMP); and

WHEREAS, previously this contract was held by Capital Area United Way (CAUW) and in 2014 was transitioned to Big Brothers Big Sisters Michigan Capital Region; and

WHEREAS, the Ingham County budget included $25,000 as the County’s share of funding for CAMP in the fiscal year 2017.

THEREFORE BE IT RESOLVED, that the Board of Commissioners authorizes entering into a contract with Big Brothers Big Sisters Michigan Capital Region for the period January 1, 2017 through December 31, 2017 in an amount not to exceed $25,000 as Ingham County’s share of funding to provide administrative oversight and programmatic leadership for the CAMP.

BE IT FURTHER RESOLVED, the Board Chairperson is authorized to sign any necessary contract documents on behalf of the county that are consistent with this resolution and approved as to form by the County Attorney.

HUMAN SERVICES:  Yeas: Tennis, Sebolt, Nolan, McGrain, Anthony, Case Naeyaert  
Nays: None  Absent: Banas Approved 1/23/2017

FINANCE:  Yeas: Grebner, McGrain, Tennis, Hope, Anthony, Schafer, Case Naeyaert
Nays: None  Absent: None  Approved 1/18/2017

Adopted as part of a consent agenda.

PAGE 70 OF 81
Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO AUTHORIZE AN AGREEMENT FOR MICHIGAN STATE UNIVERSITY
EXTENSION SERVICES BETWEEN MICHIGAN STATE UNIVERSITY AND INGHAM COUNTY
APPROVING THE ANNUAL WORK PLAN FOR 2017

RESOLUTION # 17 – 016

WHEREAS, Michigan State University Extension (MSUE), in collaboration with Ingham County are committed to helping people improve their lives through initiatives in four Extension Educational Program Institutes; and

WHEREAS, MSUE will provide access to educators appointed to the four Institutes and MSU faculty affiliated with each Institute to deliver core programs; and

WHEREAS, MSUE will provide administrative oversight of operating expenses for educators, 4-H coordinators, and other MSUE program staff and faculty who provide programming to counties; and

WHEREAS, the Ingham County Board of Commissioners will provide office space for a County Extension office, including utilities, telephone and access to high speed internet; and

WHEREAS, the Ingham County Board of Commissioners will provide clerical staff for the Extension office that will perform clerical functions, including assisting County residents in accessing MSUE resources by office visit, telephone, email, internet and media; and

WHEREAS, the parties will adhere to all applicable federal, state and local laws, ordinances, rules and regulations prohibiting discrimination.

THEREFORE BE IT RESOLVED, the Board of Commissioners authorizes entering into the attached annual Work Plan that includes a county assessment of $233,641 with MSU Extension for the period of January 1, 2017 through December 31, 2017 for delivery of Extension services and education.

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

HUMAN SERVICES: Yeas: Tennis, Sebolt, Nolan, McGrain, Anthony, Case Naeyaert
    Nays: None    Absent: Banas    Approved 1/23/2017
FINANCE: Yeas: Grebner, McGrain, Tennis, Hope, Anthony, Schafer, Case Naeyaert
    Nays: None    Absent: None    Approved 1/18/2017

Adopted as part of a consent agenda.
AGREEMENT FOR EXTENSION SERVICES

This AGREEMENT FOR EXTENSION SERVICES ("Agreement") is entered into this 22nd day of December, 2016 by and between Ingham County, Michigan ("County"), and the BOARD OF TRUSTEES OF MICHIGAN STATE UNIVERSITY ("MSU") on behalf of MICHIGAN STATE UNIVERSITY EXTENSION ("MSUE").

WHEREAS the United States Congress passed the Smith-Lever Act in 1914 creating a National Cooperative Extension System and directed the nation's land grant universities to oversee its work; and,

WHEREAS MSUE helps people improve their lives by bringing the vast knowledge resources of MSU directly to individuals, communities and businesses; and,

WHEREAS For more than 100 years, MSUE has helped grow Michigan’s economy by equipping Michigan residents with the information needed to do their jobs better, raise healthy and safe families, build their communities and empower our children to succeed; and,

WHEREAS It is the mission of MSUE to help people improve their lives through an educational process that applies knowledge to critical issues, needs and opportunities; and,

WHEREAS MSUE meets this mission by providing Extension educational programs in the following subject matter areas:

- Agriculture & Agribusiness
- Children & Youth Development, including 4-H
- Health & Nutrition
- Community & Economic Development, Natural Resources

NOW THEREFORE in consideration of the mutual covenants herein contained, and other good and valuable consideration, the parties hereto mutually agree as follows:

A. MSUE will provide:

1. Access to programs in all four MSUE institutes to residents in your County. This includes access to educators and program instructors appointed to the Institutes and MSU faculty affiliated with each Institute to deliver core programs.

2. Extension Educators and program staff as needed to implement programs within the County, housed at the county office.

3. A county 4-H program. 1.5 FTE 4-H Program Coordination.


5. Operating expenses, per MSU policy, for MSUE personnel ("Personnel").
6. Supervision of MSU-provided academic and paraprofessional staff. Supervision of county employed clerical staff and/or other county employed staff, upon request.

7. Administrative oversight of MSUE office operations.

8. An annual report of services provided to the residents of the County during the term of this Agreement, including information about audiences served, and impact of Extension programs in the County.

B. The County will Provide:

1. An annual assessment that will be charged to the county and administered by MSUE. The assessment will help fund Extension services for the County, including operating expenses for certain Extension personnel and the operation of the County 4-H program.

2. Office and meeting space meeting the following requirements:
   a. Sufficient Office space to house Extension staff as agreed upon between the County and the MSUE District Coordinator.
   b. Utilities, including telephone & telephone service sufficient to meet the needs of Personnel utilizing the MSUE office space.
   c. High-speed Internet service sufficient to meet the needs of Personnel utilizing the MSUE office space.
   d. Access to space for delivering Extension programs.
   e. Access to the office building and relevant meeting spaces must be ADA compliant/accessible.

3. Clerical support staff for the MSUE office as agreed upon between the County and MSUE District Coordinator that will perform clerical functions, including assisting County residents in accessing MSUE resources by office visit, telephone, email, internet and media. The clerical support staff will be either a County employed clerical staff, or the County will provide funding for an MSUE employed clerical staff.

   0 FTE County employed Clerical Support Staff

Optional:

4. Funding for additional Extension educators at $78,580. (.8 FTE * $98,225.) assigned to County and reporting to Agriculture and Agribusiness Institute.

5. Funding for additional 4-H program capacity 0.5 FTE

6. Funding for additional paraprofessional(s) at 0 FTE

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7. Total Annual Assessment in the amount of $233,641.

Payments due and payable under the terms of this Agreement shall be made on the first of the month, of the first month, in each quarter of the county fiscal year, unless otherwise requested and agreed as provided below.

Payment mailing address: MSU Extension Business Office, Room 160 Justin S. Morrill Hall of Agriculture, 446 West Circle Drive, Michigan State University, East Lansing, MI 48824.

C. Staffing and Financial Summary

A. Base Assessment (includes 1.5 FTE 4-H Program Coordination) $124,711.

ADDITIONAL PERSONNEL

B. 0 FTE Clerical Support Staff to be employed by MSU $0.
C. 0.8 FTE Educator (Program Area Horticulture) $78,580.
D. 0.5 FTE Additional 4-H Program Coordination $30,350.
E. 0.5 FTE Additional paraprofessional staff $0.

TOTAL COUNTY ASSESSMENT PAYABLE TO MSU FOR FY 2017: $233,641.

I. Term and Termination

The obligations of the parties under this Agreement will commence on January 1, 2017 the first day of the County budget year 2017 and shall terminate on the last day of such County budget year 2017. Either party to this Agreement may terminate the Agreement, with or without cause, with 120 days written notice delivered to Michigan State University Extension, Justin S. Morrill Hall of Agriculture, 446 W. Circle Drive, Room 160, East Lansing, MI 48824 if to MSUE and delivered to Ingham County Administrator’s Office, 341 S Jefferson, PO Box 319, Mason, Michigan 48854, if to the County.

II. General Terms

1. Independent Contractor. The University is an independent contractor providing services to the County. The County and MSU do not have the relationship of legal partners, joint venturers, principals or agents. Personnel have no right to any of County’s employee benefits.

2. Force Majeure. Each party will be excused from the obligations of this agreement to the extent that its performance is delayed or prevented by circumstances (except financial) reasonably
beyond its control, including, but not limited to, acts of government, embargoes, fire, flood, explosions, acts of God, or a public enemy, strikes, labor disputes, vandalism, or civil riots.

3. Assignment. This agreement is non-assignable and non-transferable.

4. Entire Agreement. This Agreement, with its Appendix “A” is the entire agreement between MSU and the County. This Agreement supersedes all previous agreements, for the subject matter of this Agreement. The Agreement can only be modified in writing, signed by both MSU and the County.

5. No Third Party Beneficiaries. This Agreement is solely for the benefit of MSU and the County and does not create any benefit or right for any other person, including residents of the County.

6. Indemnification: Without waiving any claim of governmental immunity, each party will protect, defend and indemnify the other and its elected officials, agents, representatives, volunteers and employees from any and all liabilities, claims, liens, fines, demands and costs, including attorney fees, of whatsoever kind and nature, such as, but not limited to, those resulting from injury or death to any persons, including the other party’s own employees, or from loss or damage to any property, including property owned or in the care, custody or control of the other party, arising out of the negligence or willful misconduct of the indemnifying party or its agents, representatives and employees, or any subcontractor or its agents, representatives and employees, in connection with this Agreement. The obligations of the parties will survive any termination of this Agreement or completion of parties’ performance under this Agreement.

7. Nondiscrimination: The parties will adhere to all applicable federal, state and local laws, ordinances, rules and regulations prohibiting discrimination. Neither party will discriminate against a person to be served or any employee or applicant for employment because of race, color, religion, national origin, age, sex, disability, height, weight, marital status, or any other factor prohibited by applicable law.

The individuals signing below each have authority to bind MSU and the County, respectively.

BOARD OF TRUSTEES OF MICHIGAN STATE UNIVERSITY

By: ________________________________

Daniel T. Evon, Director,
Contract & Grant Administration
Its: ________________________________
Date: ________________________________

Ingham COUNTY

By: ________________________________

Print name: ________________________________
Its: ________________________________ (title)
Date: ________________________________
Appendix A
Technical Standards for County Internet Connections

Michigan State University Extension (MSUE) employs the use of technology to meet the ever changing needs of our constituents. We strive to utilize standard, enterprise tools when appropriate, but also recognize the need to evolve with the times and utilize innovative tools to reach a broad array of people.

MSUE does support and encourage the use of technologies that others may not, including social media applications. We view communication with our constituents through channels such as Facebook, Twitter, and Second Life to be critical to our work. MSUE staff are required to follow the MSU Acceptable Use Policy (AUP) https://tech.msu.edu/about/guidelines-policies/aup/.

We ask that our county partners provide Extension personnel access to a high-speed Internet connection. From that access, the easiest way to create a secure path to necessary applications is to open the full MSU Internet Protocol Range to and from your network, as well as opening social media sites to the addresses used by MSUE staff at your location. MSUE is prepared to support and user needs if there is high-speed internet, networking to clients, and phone system support. MSU will provide firewall functionality and client support. To discuss this possibility please contact your MSUE District Coordinator. To provide the needed services on county equipment review the following MSU-owned ranges.

The MSU-owned ranges are:
NetRange 35.8.0.0 - 35.9.255.255
CIDR 35.8.0.0/15

If you would like to narrow the scope further for additional protection, some of the addresses that will need to be allowable include:

35.9.15.43 (80) [search.msu.edu]
35.9.160.36 (1095,443) [authentication]
35.8.201.221 & 35.8.201.212 (10020) [ProofPoint]
35.8.83.132 (all) [vpn.msu.edu]
35.8.83.130 (zoom.msu.edu)
35.9.121.189 and 190 (443) [SharePoint]
35.8.200.57 [80 and 443] [SharePoint]
35.8.121.221, 223, and 225 (443) [Exchange]
35.8.200.56 [80 and 443] [Exchange]
35.8.200.2-35.8.200.7 [443 TCP, 3478 UDP, 50,000-59,999 TCP/UDP] [Lync]
35.8.201.200 [443 TCP] [Lync]
35.9.121.238 & 35.9.121.211 (TCP - 80, 443, 445 & TCP/UDP - 135, 137-139, 2701-2704, 49152-65535)
35.8.200.58 [80 and 443] [Lync]
35.9.14.169 [80 and 443] [D2L - Desire to Learn]

The following applications are necessary on all computers — MS Office (preferably 2013, MSUE provides MS licensing), Lync 2013 Client, Acrobat, Zoom Client, SAP client, VPN client, AntiVirus (SEP can be provided by MSUE), (IE 10 or higher, or most recent version of Chrome and Firefox)

Other notable web server/sites IP addresses:
CANR.msu.edu – 35.8.201.199
MSUE ann.msu.edu – 35.8.201.199
Events ann.msu.edu – 35.8.200.220
web2.canr.msu.edu | web2.msu.edu - 35.8.200.220
Expression Engine – 35.8.201.215

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Web Hosting environment (other ANR websites) – 35.8.201.217
Master Gardener (External) – 128.120.155.54
Extension.org (External) – 152.46.27.147
Msu.zoom.us (External) – 54.165.201.102

Some configuration changes are necessary to support services such as SharePoint, including modifications to Internet Explorer. These can always be found on the ANR Technology web site.

Questions may be directed to support@anr.msu.edu, where they will be routed to the best person to assist you.
JANUARY 24, 2017 REGULAR MEETING

ADOPTED - JANUARY 24, 2017
AGENDA ITEM NO. 19

Introduced by the Law and Courts Committee of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION MAKING AN APPOINTMENT TO THE INGHAM FAMILY CENTER ADVISORY BOARD

RESOLUTION # 17 – 017

WHEREAS, a vacancy exists on the Ingham Family Center Advisory Board; and

WHEREAS, the Law and Courts Committee interviewed applicants interested in serving on this Board.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners hereby appoints

Kate Sonka, 1217 S Genesee Dr, Lansing, 48915

as a community representative to the Ingham Family Center Advisory Board for a term expiring December 31, 2019.

LAW & COURTS: Yea: Celentino, Crenshaw, Schafer, Maiville
               Nays: None Absent: Hope, Banas, Koenig Approved 1/12/2017

Adopted as part of a consent agenda.
January 24, 2017 REGULAR MEETING

ADOPTED - JANUARY 24, 2017
AGENDA ITEM NO. 20

Introduced by the Law & Courts Committee of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO AUTHORIZE AN AGREEMENT WITH
MICHIGAN STATE UNIVERSITY COLLEGE OF VETERINARY MEDICINE

RESOLUTION # 17 – 018

WHEREAS, Michigan State University (MSU) uses Ingham County Animal Control (ICAC) to provide clinical and surgical training and experience for students in the College of Veterinary Medicine; and

WHEREAS, MSU has proposed an Agreement to set out the terms and conditions of the relationship; and

WHEREAS, Ingham County benefits from the placement of veterinary students in the ICAC animal shelter; and

WHEREAS, the Animal Control Director and Veterinarian recommend that the Board of Commissioners authorize and execute the agreement.

THEREFORE BE IT RESOLVED, that Ingham County Board of Commissioners authorizes an Agreement with Michigan State University for the purpose of establishing the terms and conditions for placing students of their College of Veterinary Medicine at the Ingham County Animal Shelter.

BE IT FURTHER RESOLVED, that the agreement shall commence on or around 1 February 2017 and shall remain in effect for one year, with the option to renew or terminate the agreement by mutual agreement of both parties.

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.

LAW & COURTS: Yeas: Celentino, Crenshaw, Schafer, Maiville
Nays: None Absent: Hope, Banas, Koenig Approved 1/12/2017

Adopted as part of a consent agenda.
SPECIAL ORDERS OF THE DAY

Commissioner Crenshaw moved to make the following appointments:

- Jane Sherzer to the EDC Board of Directors
- Commissioners Nolan, McGrain, Crenshaw, Hope, Anthony and Maiville to the Strategic Planning Committee

Commissioner McGrain supported the motion.

The motion carried unanimously. Absent: Commissioner Banas.

Commissioner Crenshaw moved to waive the term limits and make the following appointments:

- Paul Kindel and Kirk Heinze to the Farmland Preservation Board
- Paul Palmer to the Community Mental Health Board

Commissioner Schafer supported the motion.

The motion carried unanimously. Absent: Commissioner Banas.

PUBLIC COMMENT

None.

COMMISSIONER ANNOUNCEMENTS

Commissioner Crenshaw announced that the graduation of the Ingham County Sobriety Court took place earlier that day and encouraged all to attend the next graduation.

Commissioner Crenshaw announced the Action of Greater Lansing 8th Annual Martin Luther King Jr. Community Prayer Breakfast was being held on February 4th at the Union Missionary Baptist Church from 9am-11am. He encouraged interested persons to visit actionofgreaterlansing.org for more information.

Commissioner Hope announced that the Tri-County Office on Aging Meals on Wheels Program needed volunteers who could donate 1 hour over the lunch time once a month. She encouraged interested persons to visit TCOA.org and fill out a volunteer application.

Chairperson Anthony announced the Health Department HIV testing event was being held in conjunction with the National Black HIV/AIDS Awareness Day on February 7 from 8:30am to 3:30pm at the Forest Community Health Center. She stated that the event was free and anonymous.

CONSIDERATION AND ALLOWANCE OF CLAIMS

Commissioner McGrain moved to pay the claims in the amount of $26,395,741.44. Commissioner Crenshaw supported the motion.
January 24, 2017 REGULAR MEETING

The motion carried unanimously. Absent: Commissioner Banas.

ADJOURNMENT

The meeting was adjourned at 6:52 p.m.

BARB BYRUM, CLERK OF THE BOARD