



**BOARD COORDINATOR
GENESEE COUNTY BOARD OF COMMISSIONERS**

1101 BEACH STREET, ROOM 312
FLINT, MICHIGAN 48502

TELEPHONE: (810) 257-3020
FAX: (810) 257-3008

AMY ALEXANDER
COORDINATOR

**HUMAN SERVICES COMMITTEE
Monday, June 19, 2017 at 9:30 a.m.
AGENDA**

I. CALL TO ORDER

II. ROLL CALL

III. MINUTES – June 5, 2017

IV. PUBLIC COMMENT TO COMMITTEE

V. COMMUNICATIONS

VI. OLD BUSINESS

VII. NEW BUSINESS

A. GCCARD

1. H061917VIIA1: Request approve to submit supplemental application to the 2017-2018 Head Start and Early Head Start Grant in the amount of \$88,582 – Attached **(ROLL CALL VOTE REQUESTED)**
2. H061917VIIA2: Request approval to reduce contract with Michigan Department of Community Health in the amount of \$31,658 for unspent funds from the 2015-2016 program year - Attached

B. HEALTH DEPARTMENT

1. H061917VIIB1: Request approval of their Plan of Organization – Attached.
2. H061917VIIB2: Request approval to accept grant for Speak to Your Health Community Survey for 2017/2018 – Attached

3. H061917VIIB3: Request approval of lease agreement with Wellness Services – Attached
4. H061917VIIB4: Request approval for overnight travel for Tom Harris and Tami O'Leary to attend the 2017 eClinicalWorks National Conference October 6-9, 2017 in Gaylord, Texas – Attached

C. MEDICAL EXAMINER

H061917VIIC1: Request approval of contract with BioClean – Attached
(ROLL CALL VOTE REQUESTED)

H061917VIIC2: Request approval to contract with Hurley Medical Center And McLaren Laboratory – Attached **(ROLL CALL VOTE REQUESTED)**

- D. H061917VIID: SENIOR SERVICES - Request approval to amend Flushing Area Senior Center's FY 2016-2017 budget – Attached.

VIII. OTHER BUSINESS

IX. ADJOURNMENT



Genesee County Community Action Resource Department
601 N. Saginaw St., Ste 1B • Flint, MI 48502-2009 • (810) 232-2185 • Fax (810) 762-4986 • TDD: (810) 768-4654

Commissioners

Bryant Nolden
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Brenda Clack
District 2

Ellen Ellenburg
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David Martin
District 9

**GCCARD HEAD START
MEMORANDUM**

TO: Brenda Clack, Chairperson, Human Services Committee
FROM: Matt Purcell, Executive Director *MP*
SUBJECT: GCCARD Head Start Program Requests Authorization to Submit a supplemental application to the 2017-2018 Head Start and Early Head Start Grant in the amount of \$88,582.
DATE: June 19, 2017

Background Information:

HHS/ACF has announced a cost of living increase for the 2017-2018 Head Start and Early Head Start grants in the amount of 1%.

The increases were divided equally among the Beecher and Grantee Programs. This money is being used to raise staff salaries and associated fringe benefits. The remaining money was used for increase in health insurance.

Requested Action:

Genesee County Community Action Resource Department (GCCARD) requests authorization to submit a supplemental application to the 2017-2018 Head Start and Early Head Start Grant in the amount of \$88,582 from this committee and that this be approved by roll call vote today due to time constraints.

MP/KW/bmh

Attachment

H:\CENTRAL OFFICE\CORRESPONDENCE\HSC\17-18-COLA-1%.DOCX

Administration

Matthew A. Purcell
Executive Director

Stephanie L. Howard
Deputy Executive Director

Program Directors

Daniel Newcombe
Neighborhood Svcs. Director

Tamitha Taylor
Nutritional Svcs Asst. Director

Chevon Wilborn
Nutritional Svcs Asst. Director

Andre Strater
Finance Director

Matthew Odette
Home Maint. Asst. Director

Kelli Webb
Head Start Director





ADMINISTRATION FOR
CHILDREN & FAMILIES

Office of Head Start | Region V | 233 North Michigan Avenue, Suite 400, Chicago, IL 60601 | www.eclkc.ohs.acf.hhs.gov

May 31, 2017

Mark Young, Board Chair
Genesee County
1101 Beach Street
Flint, MI 48502

Re: Grant No. 05CH8326

Dear Mr. Young:

The Consolidated Appropriations Act, 2017, contains an increase of approximately \$85 million for programs under the Head Start Act for Fiscal Year (FY) 2017. A portion of the increase provides a cost-of-living adjustment (COLA) of 1.0 percent to assist grantees in increasing staff salaries and fringe benefits and offsetting higher operating costs.

The following table reflects the amount of the COLA for the Head Start and/or Early Head Start programs in FY 2017.

Common Accounting Number (CAN)	COLA Amount
Head Start Program Operations	\$42,640
Early Head Start Program Operations	\$45,942
TOTAL	\$88,582

Submission Requirements

Program Instruction ACF-PI-HS-17-02, dated May 12, 2017, informed Head Start and Early Head Start grantees and delegate agencies of the intended uses of these funds and announced the opportunity for grantees to apply for the funds. Please review the Program Instruction carefully to ensure your supplemental application meets the requirements for funding and contains all of the necessary information.

The supplemental application is due June 30, 2017 and must be submitted in the Head Start Enterprise System (HSES) at <https://hses.ohs.acf.hhs.gov/hsprograms>. Please select the Financials tab, Application tab, Fiscal Year 2017 and the budget period to add the 'Supplement' amendment type. For technical assistance in preparing the application, please contact the HSES Help Desk at help@hsesinfo.org or 1-866-771-4737.

Please ensure the program narrative, budget and detailed budget justification submitted in the application documents demonstrate:

- An increase of 1.0 percent in the hourly rate of pay for each Head Start/Early Head Start employee and the pay scale subject to the provisions of Sections 653 and 640(j) of the Head Start Act;
- The rationale if employees are receiving less than the 1.0 percent COLA or differential COLA increases;
- The provision of the 1.0 percent increase to all delegate agencies and partners or justification if the full percentage is not provided to delegate agencies and partners;
- The planned uses for the balance of the COLA funds to offset higher operating costs;
- Each source of non-federal match, including the estimated amount per source and the valuation methodology; and
- A detailed justification that conforms with the criteria under Section 640(b)(1)-(5) of the Head Start Act if the application proposes a waiver of any portion of the non-federal match requirement.

Signed statements of the Governing Body and Policy Council Chairs along with Governing Body and Policy Council minutes documenting each group's participation in the development and approval of the supplemental application must be provided. The application must be submitted on behalf of the Authorizing Official registered in the HSES. **Incomplete applications will not be processed.**

Please ensure the application contains all of the required information. If you have any questions or need assistance, please contact Martha Burns, Head Start Program Specialist, at (312) 353-2260 or martha.burns@acf.hhs.gov or Guadalupe Quiroz, Grants Management Specialist, at (312) 886-9282 or guadalupe.quiroz@acf.hhs.gov. Thank you for your cooperation and timely submission of the grant application.

Sincerely,



Heather Wanderski
Supervisory Program Specialist
Office of Head Start

cc: Matt Purcell, Executive Director
Kelli Webb, Head Start Director

**GCCARD HEAD START
COLA BUDGET JUSTIFICATION 2017-2018**

A. SALARIES

Permanent full time and part time staff - all staff will receive a 1.1% permanent salary increase. The step chart was revised to reflect the 1.1% increase.

TOTAL SALARIES	18,960
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B. FRINGE BENEFITS

*FICA	2,058
*Unemployment	1,184
*Workman's Compensation	495
**Health Insurance - To assist with the increasing cost of health insurance	4,933
**Retirement (7.25% of actual full time staff scheduled to work at least 1,000 hours and 4% if staff hired after 1/07)	951
**Life & Disability	398
Longevity (Actual cost)	577
Unused Sick Days	7,362

TOTAL FRINGES	17,958
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**Based on full time staff salaries only

*Based on salaries and longevity

TOTAL SALARIES & FRINGES	36,918
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F. CONTRACTUAL

<u>Contract Name</u>	<u>Purpose</u>	
Fiduciary Fee	Fringe benefit processing, payroll preparation, UCB, Workman's compensation representation, etc.	1,846

TOTAL CONTRACTUAL	1,846
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J. INDIRECT COST

10% de minimis cost of modified total direct costs.

INDIRECT COST TOTAL	3,876
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TOTAL GCCARD HEAD START COLA BUDGET JUSTIFICATION	\$42,640
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**HEAD START 1.0% COLA
NON-FEDERAL BUDGET JUSTIFICATION**

SUPPLIES

These are donated room both organizations and families. This includes food supplies at parent meetings, classroom supplies, dental and nutrition supplies, books, games, etc.

TOTAL SUPPLIES	8,260
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OTHER

Consultants

Speakers from various agencies for parent center meetings, health advisory board, etc. (2 speakers x \$100 x 12 trainings)

TOTAL OTHER	2,400
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TOTAL NON FEDERAL BUDGET	\$ 10,660
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**2017-2018 COMBINATION EARLY HEAD START
COLA BUDGET JUSTIFICATION**

A. SALARIES

Permanent full time and part time staff - all staff will receive a 1.1% permanent salary increase. The step chart was revised to reflect the 1.1% increase.

TOTAL SALARIES	19,398
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B. FRINGE BENEFITS

*FICA	2,068
*Unemployment	1,189
*Workman's Compensation	497
**Health Insurance - To assist with the increasing cost of health insurance	2,759
**Retirement (7.25% of actual full time staff scheduled to work at least 1,000 hours and 4% if staff hired after 1/07)	994
**Life & Disability	407
Longevity (Actual cost)	617
Unused Sick Days	7,017

TOTAL FRINGES	15,548
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**Based on full time staff salaries only

*Based on salaries and longevity

TOTAL SALARIES & FRINGES	34,946
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F. CONTRACTUAL

<u>Contract Name</u>	<u>Purpose</u>	
Fiduciary Fee	Fringe benefit processing, payroll preparation, UCB, Workman's compensation representation, etc.	1,747
Beecher EHS Delegate	To provide Early Head Start services in the Beecher School District	5,580

TOTAL CONTRACTUAL	7,327
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J. INDIRECT COST

10% de minimis cost of modified total direct costs.

INDIRECT COST TOTAL	3,669
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TOTAL COMBINATION EHS COLA BUDGET JUSTIFICATION	\$45,942
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**EARLY HEAD START 1.0% COLA
NON-FEDERAL COMBINATION BUDGET JUSTIFICATION**

SUPPLIES

These are donated room both organizations and families. This includes food supplies at parent meetings, classroom supplies, dental and nutrition supplies, books, games, etc.

TOTAL SUPPLIES	7,691
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CONTRACTUAL

Beecher EHS Delegate has a complete inkind justification. See budget for specifics

1395

TOTAL CONTRACTUAL

OTHER

Consultants

Speakers from various agencies for parent center meetings, health advisory board, etc. (2 speakers x \$100 x 12 trainings)

TOTAL OTHER	2,400
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TOTAL EHS COMBINATION NON FEDERAL BUDGET	\$ 11,486
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**GCCARD HEAD START
MEMORANDUM**

TO: Brenda Clack, Chairperson, Human Services Committee

FROM: Matt Purcell, Executive Director *MP 1849*

SUBJECT: Requests Approval to reduce the contract with the Michigan Department of Community Health in the amount of \$31,658.00 for unspent funds from the 2015-2016 program year.

DATE: June 19, 2017

BACKGROUND INFORMATION:

The funding reduction is related to unspent carryover dollars from the 2015-2016 program year. The new funding amount for 2015-2017 is \$539,571.00, reflecting a combined 2015-2016 and 2016-2017 budget allowance. (See attached information)

REQUESTED ACTION:

Genesee County Community Action Resource Department requests approval to reduce the contract with the Michigan Department of Community Health for a Maternal Infant and Early Childhood Home Visiting Program in the amount of \$31,658.00 by this committee and recommendation of approval by the full Genesee County Board of Commissioners at their next regularly scheduled meeting.

MP/KW/bmh

Enclosure

H:\CENTRAL OFFICE\CORRESPONDENCE\HSC\16-17\MCH-REDUCTION OF FUNDING REQUEST.DOCX

Administration

Matthew A. Purcell
Executive Director

Stephanie L. Howard
Deputy Executive Director

Program Directors

Daniel Newcombe
Neighborhood Svcs. Director

Tamitha Taylor
Nutritional Svcs Asst. Director

Chevon Wilborn
Nutritional Svcs Asst. Director

Andre Strater
Finance Director

Matthew Odette
Home Maint. Asst. Director

Kelli Webb
Head Start Director



Michigan Department of Health and Human Services Amendment for HDST-2016 - Early Head Start - 2016

grants@egrans-mi.com

Sent: Tuesday, April 11, 2017 9:29 AM

To: Humenick, Barb

04/11/2017

Barb Humenick, Admin Assistant
County of Genesee
420 W. Fifth

Dear Barb Humenick:

The following is an amendment for your organization for funding administered by the Michigan Department of Health and Human Services (MDHHS) through HDST-2016 - Early Head Start - 2016 Agreement. Please complete the amendment modification to the application and have your **Authorized Official** submit through MI E-Grants within **two (2) weeks**. If you are not able to submit your amended application within this time, please contact your Grant Program Manager and Grants Section Team Member to request and extension.

Following sections are requested to be amended.

Work Plan (Change of Workplan)

Budget (Funding Changes)

Purpose of the Amendment:

The purpose of the amendment is to reduce funding for \$31,658 and modify Attachment A, Statement of Work.

Next Steps

The next steps in the MI E-Grants system for amending your application and/or budget and submitting your HDST-2016 - Early Head Start - 2016 for MDHHS approval are as follows:

1. For your convenience you can access the "MI E-Grants Training for Grantee" material from the MI E-Grants (<http://egrans-mi.com/dch>) home page left menu by clicking "About EGrAMS" and downloading the PDF.
2. Login into MI E-Grants system URL: <http://egrans-mi.com/dch>.
3. The agency Project Director may need to assign new users access to the HDST-2016 - Early Head Start - 2016 program.
4. Enter the application using the drop down menu's 'Grantee -> Grant Application -> Enter Grant Application' and click on 'Go' button.

5. Select the HDST-2016 - Early Head Start - 2016 program using the 'Lookup' icon and click the 'Go' button.
6. Select hyperlink to the HDST-2016 - Early Head Start - 2016 and amend the application sections listed above in this email.
7. When the amended application has been completed, click the 'Validate' button, the application is error free and is now ready for your agency **Authorized Official** to submit.
8. Submit the amended application the **Authorized Official** enters the application using the drop-down menu's 'Grantee > Grant Application> Grant Application Preview' and click on the 'Go' button.
9. Select the HDST-2016 - Early Head Start - 2016 program using the 'Lookup' icon and click the 'Go' button.
10. Click on the hyperlink titled HDST-2016 - Early Head Start - 2016.
11. The **Authorized Official** reviews the amended application and click on the 'Submit' button. This will submit your amended application for Michigan Department of Health and Human Services Program Approval Amendment.
12. View your Original/Amended/Draft agreement use the drop-down menu's 'Grantee> Project Director> Application Status' and click the 'Go' button. Select the Grant Program and click on the 'Find' button. Click on the 'View Contract' button to access the Original/Amended/Draft agreement.

Additional Documents

In addition, you may refer to your training materials on the home page <http://egramsmi.com/dch> by clicking "About EGrAMS" and download instruction documentation (PDF format).

Technical Assistance

Technical assistance to complete the amendment is available through a Grants Section Team Member:

Brenda Roys

Roysb@michigan.gov

(517) 373-1207

Caitlynn Cox

CoxC3@michigan.gov

(517) 241-0176

Carolyn Brown

BrownC54@michigan.gov

(517) 373-9816

If you need assistance with access and system issues technical assistance is available through Brenda Roys at RoysB@michigan.gov or (517) 373-1207.

Thank you for your cooperation and support. Please contact your Grants Section Liaison if you have any questions.

Sincerely,

Laura Geist

Grants Section Manager

Michigan Department of Health and Human Services

This message was delivered by MDaemon - <http://www.altn.com/MDaemon/>

Early Head Start - 2016

Facesheet

FOR OFFICE USE ONLY:	Version # _____	APP # 712150
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1. Fiscal Agent Information

- a. Fiscal Agent Name County of Genesee
- b. Organizational Unit 2386004849
- c. Address 420 W. Fifth
- d. Address 2
- e. City Flint State MI Zip 48503-2445
- f. Federal ID Number 38-6004849 Reference No. 106512783
- g. Fiscal Agent fiscal year (beginning month and day) October-01
- h. Agency Type

☐ Private, Non-Profit ☒ Public

1. Select the appropriate radio button to indicate the agency method of accounting.

☐ Accrual
☒ Cash
☐ Modified Accrual

2. Program Information

- a. Program Name Early Head Start - 2016
- b. Is implementing agency same as Fiscal Agent ☒ Yes ☐ No
- c. Implementing Agency Name
- d. Project Start Date Oct-01-2015 End Date Sep-30-2017
- e. Amount of Funds Allocated \$539,571.00 Project Cost \$539,571.00

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APP # 712150

3. Certification / Contacts Information

a. Authorized Official

Name Kelli Webb
Title
Mailing Address 719 Harrison St.
City Flint State MI Zip 48502
Telephone (810) 235-5613 Fax (810) 232-7546
E-mail Address kwebb@co.genesee.mi.us

b. Financial Officer

Name Anthony Floyd
Title Financial Officer
Mailing Address 601 N. Saginaw St.
City Flint State MI Zip 48502
Telephone (810) 235-5613 Fax (810) 232-7546
E-mail Address tfloyd@co.genesee.mi.us

c. Project Director

Name Barb Humenick
Title Admin Assistant
Mailing Address 719 Harrison St.
City Flint State MI Zip 48502
Telephone (810) 235-5613 - 7657 Fax (810) 232-7546 - 7657
E-mail Address bhumenick@co.genesee.mi.us

Certifications

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Version # _____

APP # 712150

4. Assurances and Certifications

A. SPECIAL CERTIFICATIONS

- a ☒ By checking this box, the individual or officer certifies that he or she is authorized to approve this grant application for submission to the Department of Health and Human Services on behalf of the responsible governing board, official or Contractor.
- b ☒ By checking this box, the individual or officer certifies that he or she is authorized to sign the agreement on behalf of the responsible governing board, official or Contractor.

Narrative

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APP # 712150

5. Program Synopsis

The Genesee County Community Action Resource Department (GCCARD) will utilize the Early Head Start Home Based model to provide services through the Michigan Early Childhood Home Visitation Program. In order to be eligible for the Early Head Start Program, families must meet low income guidelines and have a child 0 - 3 years of age, or be a pregnant mom. Prioritization will be given to low income parents up to age 24 or pregnant moms, residing in the City of Flint. The objective of the program will be to help the parent through the parenting process, provide quality early childhood experiences to their children, and also provide the support needed for family success.

Research on the Early Head Start model indicates that the program has a greater impact on families who are served longer than one year. Therefore, priority for enrollment will be given to families who can be served at least two years with an eligible age child. Second year families advance quicker because we are building on a more solid foundation with parents who are more familiar with the program, more open to trying new ideas, often have better self concepts, and frequently show greater appreciation for the services. Priority in enrollment will also be given to those families most at risk as established by the required priority point system used in Head Start and Early Head Start.

The Early Head Start model requires weekly home visits for 1.5 hours to each participant and parent/child socializations twice a month. The program operates year round and at least 48 home visits per year are included. Home visitors go to the home to work with the parents sharing ideas on how best to help their child grow and develop academically. The Ages and Stages screening instrument and the Creative Curriculum Gold Assessment are used to determine the child's academic level. The Parents As Teachers Curriculum is used. Ideas are shared with and modeled for the parents through hands on activities that can be done to advance the child to the next level. The home visitor leaves educational ideas in math, literacy, science, etc. for the parent to do with the child during the course of the week. On the next visit this is reviewed by the home visitor.

Parents are asked to explain their role in this process and how they felt their child progressed. As the parent begins to feel more comfortable in the teaching process, more of this role is turned over to the parent and the home visitor becomes the observer. Time is also spent one-on-one with the parent. The parent completes the Family Information and Interest Survey and Family Partnership Agreement as required by the program model. The Home Visitor works with the parent to help them develop short term goals that work toward meeting their needs. They also help them learn of the services available and how to obtain services needed. Home visitors form close relationships with participants to mentor their progress and the progress of their child. Home visitors help the participants to understand the importance of working towards personal goals and their important role as the child's first teacher.

Socializations are spent together with the Early Head Start parents and children. This allows the parent to be involved with other parents of young children to talk together, exchange ideas, comments and questions about parenting. There are activities that the parent and child is involved in together. Positive parenting skills are modeled along with educational strategies with young children. Time is also set aside for parents to attend trainings on topics of interest and for children to socialize with other children. Field trips provide introduction to community resources and expansion of knowledge, language, and understanding of important concepts as well as positive behavior skills and social skills for the teen and the child. As required by the Early Head Start model and the MIECHVP, a variety of assessments, screenings, and evaluation tools are used to measure progress and identify needs of families. The COPA data management system is utilized for tracking purposes as well as the required documentation and reports for the MIECHVP.

The Early Head Start model will be followed with fidelity for the parent population. The expected outcomes include provision of high quality early childhood home based services to 24 parents and their children, and effective collaboration with community partners to help this high risk population succeed in parenting and self sufficiency over time.

6. Program Target Area

Counties project will serve (check all that apply):

- | | | |
|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Alcona | <input type="checkbox"/> Alger | <input type="checkbox"/> Allegan |
| <input type="checkbox"/> Alpena | <input type="checkbox"/> Antrim | <input type="checkbox"/> Arenac |
| <input type="checkbox"/> Baraga | <input type="checkbox"/> Barry | <input type="checkbox"/> Bay |
| <input type="checkbox"/> Benzie | <input type="checkbox"/> Berrien | <input type="checkbox"/> Branch |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Cass | <input type="checkbox"/> Charlevoix |
| <input type="checkbox"/> Cheboygan | <input type="checkbox"/> Chippewa | <input type="checkbox"/> Clare |
| <input type="checkbox"/> Clinton | <input type="checkbox"/> Crawford | <input type="checkbox"/> Delta |
| <input type="checkbox"/> Dickinson | <input type="checkbox"/> Eaton | <input type="checkbox"/> Emmet |
| <input checked="" type="checkbox"/> Genesee | <input type="checkbox"/> Gladwin | <input type="checkbox"/> Gogebic |
| <input type="checkbox"/> Grand Traverse | <input type="checkbox"/> Gratiot | <input type="checkbox"/> Hillsdale |
| <input type="checkbox"/> Houghton | <input type="checkbox"/> Huron | <input type="checkbox"/> Ingham |
| <input type="checkbox"/> Ionia | <input type="checkbox"/> Iosco | <input type="checkbox"/> Iron |
| <input type="checkbox"/> Isabella | <input type="checkbox"/> Jackson | <input type="checkbox"/> Kalamazoo |
| <input type="checkbox"/> Kalkaska | <input type="checkbox"/> Kent | <input type="checkbox"/> Keweenaw |
| <input type="checkbox"/> Lake | <input type="checkbox"/> Lapeer | <input type="checkbox"/> Leelanau |
| <input type="checkbox"/> Lenawee | <input type="checkbox"/> Livingston | <input type="checkbox"/> Luce |
| <input type="checkbox"/> Mackinac | <input type="checkbox"/> Macomb | <input type="checkbox"/> Manistee |
| <input type="checkbox"/> Marquette | <input type="checkbox"/> Mason | <input type="checkbox"/> Mecosta |
| <input type="checkbox"/> Menominee | <input type="checkbox"/> Midland | <input type="checkbox"/> Missaukee |
| <input type="checkbox"/> Monroe | <input type="checkbox"/> Montcalm | <input type="checkbox"/> Montmorency |
| <input type="checkbox"/> Muskegon | <input type="checkbox"/> Newaygo | <input type="checkbox"/> Oakland |
| <input type="checkbox"/> Oceana | <input type="checkbox"/> Ogemaw | <input type="checkbox"/> Ontonagon |
| <input type="checkbox"/> Osceola | <input type="checkbox"/> Oscoda | <input type="checkbox"/> Otsego |
| <input type="checkbox"/> Ottawa | <input type="checkbox"/> Presque Isle | <input type="checkbox"/> Roscommon |
| <input type="checkbox"/> Saginaw | <input type="checkbox"/> St. Clair | <input type="checkbox"/> St. Joseph |
| <input type="checkbox"/> Sanilac | <input type="checkbox"/> Schoolcraft | <input type="checkbox"/> Shiawassee |
| <input type="checkbox"/> Tuscola | <input type="checkbox"/> Van Buren | <input type="checkbox"/> Washtenaw |
| <input type="checkbox"/> Wayne | <input type="checkbox"/> Wexford | <input type="checkbox"/> Out Wayne |

Work Plan

FOR OFFICE USE ONLY:

Version # _____

APP # _____

7. Workplan

Objective :	Goal: To provide comprehensive home visiting services in Genesee County in order to improve outcomes for children and families who reside in high-risk communities.
Activity :	<p>Objective: Deliver home visiting services with model fidelity.</p> <p>Continue to implement the Genesee County Early Head Start (EHS) Home-Based Option for an additional 24 participants who are living in Flint and Genesee County. (FY 2015-16)</p> <p>The program will continue to implement the Genesee County Early Head Start (EHS) Home Based option for an additional 40 families and their children who are living in Genesee County with a priority given to families who reside in Flint. As of June 2, 2016, the program has been granted a case load reduction to 32 families and their children due to the Flint Lead Exposure so that the home visitors can adequately provide the intensive services that the families need during this challenging situation. Within 30 days of the closure period, the caseloads will return to the original enrollment status of 40 families and their children. (FY 2016-17)</p>
Responsible Staff :	Kim Lyons (GCCARD); Kelli Webb(GCCARD)
Date Range :	10/01/2015 - 09/30/2017
Expected Outcome :	<p>-Provide home based services, socializations, and home visits to 20 families and their children (16 families and their children during the Flint Lead Exposure Period).</p> <p>-Charge appropriate staff time to grant (per implementation plan).</p> <p>-Obtain necessary training, curriculum and supplies for new or existing staff as needed to implement the model.</p>
Measurement :	<p>-Evidence of 40 families and their children (32 families and children during the Flint Lead Exposure Period) served during the grant funding period.</p> <p>-Required documentation and reports completed.</p>
Activity :	Ensure model standards are being met. (FY 2015-17)
Responsible Staff :	Kim Lyons(GCCARD), Local Leadership Group (LLG)
Date Range :	10/01/2015 - 09/30/2017
Expected Outcome :	<p>-Required high-quality supervision plan is in place; please see attachment.</p> <p>-Well-trained, competent staff are providing services.</p> <p>-Data collection requirements are met.</p> <p>-Fully participate with the national model office and MDCH with the respect to program monitoring, assessment, support, and technical assistance services.</p>
Measurement :	<p>-Program evaluations are completed</p> <p>-Evidence of success in implementation of model standards in program</p>
Activity :	Ensure all training and technical assistance requirements are met. (FY 2015-17)
Responsible Staff :	Kim Lyons (GCCARD), Local Leadership Group (LLG)
Date Range :	10/01/2015 - 09/30/2017
Expected Outcome :	<p>-All MIECHVP Staff participate in:</p> <ol style="list-style-type: none"> 1. All training and TA required by model developer and evaluator 2. Additional training and TA as identified by the MIECHVP 3. Workforce development opportunities 4. Information sharing and learning opportunities across home visiting programs.
Measurement :	<p>-Documentation of training attended and completed will be kept on file.</p> <p>-Copies of staff professional development plans, and program training and technical assistance plan</p>
Activity :	Continue to identify and enroll eligible families based on the annual CNA which was approved by the Michigan Department of Community Health. (FY 2015-2017)
Responsible Staff :	Kim Lyons (GCCARD)
Date Range :	10/01/2015 - 09/30/2017

Expected Outcome :	<ul style="list-style-type: none">-Review annual Community Needs Assessment (CNA) and update as necessary..-The current GCCARD outreach plan will be used as a tool to collaborate with the other LIAs. Additionally, we will continue to collaborate with the other local home visiting programs and community partners at LLG Meetings to ensure full caseloads. Please see the attached outreach plan in the attachment section. <p>Suggested strategies</p> <ul style="list-style-type: none">-Work with high school counselors and parent programs to identify families.-Use priority point system to determine most at-risk families.-Collaborate with Great Start Collaborative program and local LLG to identify families.
Measurement :	Attached Outreach Plan in the attachment section for FY 2015-16 and for FY 16-17 Documentation on file of 20 families and their children enrolled and served for FY 2015-16 and continuing to be served for FY 2016-17. (16 families and their children during the Flint Lead Exposure Period). With an increase of 20 additional families with the expansion funds (16 families and their children during the flint lead exposure period). For a total of 40 families for FY 16-17 (32 during the flint lead exposure period).
Activity :	Minimize attrition rates for participants. Retain program participants to ensure intensity of service delivery. (FY 2015-16) Minimize attrition rates for families. Retain program families who are participating in the program to ensure intensity of service delivery. (FY 2016-17)
Responsible Staff :	MIECHVP Staff
Date Range :	10/01/2015 - 09/30/2017
Expected Outcome :	<ul style="list-style-type: none">-Conduct thorough screening of potential families.- Provide necessary support services, incentives and work on building and encouraging, trusting relationships with families.
Measurement :	Documentation of length of service for each family and outcome data on file.
Activity :	Address challenges to maintaining quality and fidelity to ensure positive outcomes for families. (FY 2015-17)
Responsible Staff :	Kim Lyons (GCCARD), Local Leadership Group (LLLG)
Date Range :	10/01/2015 - 09/30/2017
Expected Outcome :	<ul style="list-style-type: none">-Ensure annual measurement requirements for EHS Performance Standards are met.-Develop strategies for increasing collaboration with community partners; GSC and LLG.-Monitor program components consistently through reports, data, and assessment.-Develop strategies for providing services to families affected by the Flint Lead Exposure.
Measurement :	<ul style="list-style-type: none">-Evaluation of MIECHVP results.-GCCARD self assessment results.-PIR Early Head Start results.-Documentation of education, information and assistance provided to families affected by the Flint Lead Exposure.-Documentation of participation in the LLG.
Activity :	Ensure that MIECHV grantee meetings are attended by appropriate staff. (FY 2015-17)
Responsible Staff :	Kim Lyons (GCCARD)
Date Range :	10/01/2015 - 09/30/2017
Expected Outcome :	Genesee EHS will participate in three full-day grantee meetings per year, which will consist of MIECHV program updates and CQI work related to improving benchmark data collection. MIECHV program team will be a representation of the staff that work directly with families and the administrative team. Work plan and budgets will reflect this activity.
Measurement :	<ul style="list-style-type: none">-Agendas-CQI project data.
Objective :	Use the evidence base model to build the home visiting system infrastructure and improve the quality of the home visiting system.
Activity :	Collect and report data for all eligible families who receive services funded with the MIECHVP Program, as outlined in the implementation plan. (FY 2015-17)
Responsible Staff :	MIECHVP Staff, Kim Lyons(GCCARD), Kelli Webb (GCCARD), Local CQI Team
Date Range :	10/01/2015 - 09/30/2017

Expected Outcome :	<ul style="list-style-type: none">-Collect data regarding progress toward benchmarks in accordance with the schedule and specification provided by the MIECHV evaluation contractor.-Submit data in accordance with the schedule and specifications provided by the MIECHV evaluation contractor.-Ensure all MIECHV staff participate in trainings for purpose of using selected measurement tools.-Complete Annual Home Visiting Agency Survey.-Assure local data safety, security and confidentiality.
Measurement :	<p>Submitted data reflecting specified benchmarks. Documentation of service referrals and participation. Copy of Contact Logs. Families read and sign Authorization Consent Form. Staff sign the standards of conduct and confidentiality pledge.</p>
Activity :	Engage the community and coordinate with appropriate entities/programs. (FY 2015-17)
Responsible Staff :	Kim Lyons (GCCARD); Local Leadership Group (LLG); Kelli Webb(GCCARD)
Date Range :	10/01/2015 - 09/30/2017
Expected Outcome :	<ul style="list-style-type: none">-Participate in a broad based community advisory committee that is providing oversight for the respective model and other home visiting efforts (Great Start Collaborative). This will occur collaboratively with other early childhood committees or advisory bodies or the local leadership group established to work with the MIECHV program. Funding may not be used for a separate model-specific advisory body.-Build upon and maintain diverse community and target population collaboration and support.-Participate in the local leadership group that has been designated to work with the Michigan MIECHV program, to effectively link the respective model with other home visiting programs and services offered in the community, and to represent the model in CQI efforts that assess the impact of the overall home visiting efforts in the community.
Measurement :	Documentation of meetings and attendance.
Activity :	<p>Establish and implement a regular program continuous quality improvement (CQI) process. (FY 2015-17)</p> <p>Establish and identify a team to participate in the HV CoIIN. (FY 2015-16)</p>
Responsible Staff :	Kim Lyons (GCCARD)
Date Range :	10/01/2015 - 09/30/2017
Expected Outcome :	<ul style="list-style-type: none">-Establish a program CQI team and a HV CoIIN Team.-Ensure appropriate staff to participate in required trainings/TA related to CQI and CoIIN-Engage in conversations with the state regarding local CQI needs.-Monitor progress toward the home visiting initiative objectives.-Use data to identify opportunities for improvement, develop improvement strategies and assess success of the strategies.-Participate in reporting activities, as required by the State/HRSA/CoIIN.-Conduct/participate in evaluation activities as required by the State/HRSA/CoIIN.
Measurement :	Team Charters, storyboards, CQI and CoIIN project outcome data reports.

Budget Detail for Early Head Start - 2016
Agency: County of Genesee
Application: Early Head Start - 2016

6/9/2017

Budget

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Line Item	Qty	Rate	Units	UOM	Amount	Total	
DIRECT EXPENSES							
Program Expenses							
1	Salary & Wages						
2	Fringe Benefits						
3	Travel						
Travel-2016	0.0000	0.000	0.000		12,948.00	12,948.00	
Mileage-2017	0.0000	0.000	0.000		3,400.00	3,400.00	
Total for Travel					16,348.00	16,348.00	
4	Supplies & Materials						
Office Supplies	0.0000	0.000	0.000		500.00	500.00	
Educational Supplies	0.0000	0.000	0.000		1,823.00	1,823.00	
Health Supplies(2016)	0.0000	0.000	0.000		1,500.00	1,500.00	
Health Supplies (2017)	0.0000	0.000	0.000		1,000.00	1,000.00	
Educational Supplies (2017)	0.0000	0.000	0.000		2,000.00	2,000.00	
Office supplies/Computer (2017)	0.0000	0.000	0.000		6,592.00	6,592.00	
Total for Supplies & Materials					13,415.00	13,415.00	
5	Contractual						
					Attachment : OLHSA contract information.docx		
OLHSA Fiduciary Contract-2016 Contact Details : OLHSA 196 E Cesar Chavez Ave., Pontiac,MI,48342, Phone : 2482092637 Attachment : ZZZ_1_SKMBT_75017051010101.pdf	0.0000	0.000	0.000		151,680.00	151,680.00	

Budget Detail for Early Head Start - 2016
Agency: County of Genesee
Application: Early Head Start - 2016

6/9/2017

	Line Item	Qty	Rate	Units	UOM	Amount	Total
	OLHSA Fiduciary Contract - 2017 Notes : contractor address is an attachment Contact Details : OLHSA 196 E Cesar Chavez, Pontiac, MI 48342, Phone : 2482092637 Attachment : ZZZ_2_SKMBT_75017051010100-16-17.pdf	0.0000	0.000	0.000		344,805.00	344,805.00
Total for Contractual						496,485.00	496,485.00
6	Equipment						
7	Other Expense						
	Transportation to Field Trips-2016	0.0000	0.000	0.000		79.00	79.00
	Local Travel-2016	0.0000	0.000	0.000		2,225.00	2,225.00
	Subscriptions	0.0000	0.000	0.000		338.00	338.00
	Food hv and socializations-2016	0.0000	0.000	0.000		101.00	101.00
	Advertising-2016	0.0000	0.000	0.000		560.00	560.00
	Printing-2016	0.0000	0.000	0.000		69.00	69.00
	Parent Involv. for Colln mtgs-2016	0.0000	0.000	0.000		262.00	262.00
	food for socialization-2017	0.0000	0.000	0.000		1,500.00	1,500.00
	transportation-2017	0.0000	0.000	0.000		100.00	100.00
	subscriptions-2017	0.0000	0.000	0.000		2,744.00	2,744.00
	advertising-2017	0.0000	0.000	0.000		260.00	260.00
	printing-2017	0.0000	0.000	0.000		250.00	250.00
	parent involvement-2017	0.0000	0.000	0.000		500.00	500.00
Total for Other Expense						8,988.00	8,988.00
Total Program Expenses						535,236.00	535,236.00
TOTAL DIRECT EXPENSES						535,236.00	535,236.00

Budget Detail for Early Head Start - 2016
Agency: County of Genesee
Application: Early Head Start - 2016

6/9/2017

	Line Item	Qty	Rate	Units	UOM	Amount	Total
INDIRECT EXPENSES							
Indirect Costs							
1	Indirect Costs						
	De Minimis Rate – up to 10% Attachment : IR4DMR_2_GCCARD Head Start DeMinimi.XLSX	0.0000	10.000	43346.000		4,335.00	4,335.00
Total Indirect Costs						4,335.00	4,335.00
TOTAL INDIRECT EXPENSES						4,335.00	4,335.00
TOTAL EXPENDITURES						539,571.00	539,571.00

Budget Summary for Early Head Start - 2016
 Agency: County of Genesee
 Application: Early Head Start - 2016

6/9/2017

	Category	Amount	Total	Narrative
DIRECT EXPENSES				
Program Expenses				
1	Salary & Wages	0.00	0.00	
2	Fringe Benefits	0.00	0.00	
3	Travel	16,348.00	16,348.00	
4	Supplies & Materials	13,415.00	13,415.00	
5	Contractual	496,485.00	496,485.00	
6	Equipment	0.00	0.00	
7	Other Expense	8,988.00	8,988.00	
Total Program Expenses		535,236.00	535,236.00	
TOTAL DIRECT EXPENSES		535,236.00	535,236.00	
INDIRECT EXPENSES				
Indirect Costs				
1	Indirect Costs	4,335.00	4,335.00	
Total Indirect Costs		4,335.00	4,335.00	
TOTAL INDIRECT EXPENSES		4,335.00	4,335.00	
TOTAL EXPENDITURES		539,571.00	539,571.00	

Source of Funds

	Category	Amount	Cash	Inkind	Total	Narrative
1	Source of Funds					
	Fees and Collections	0.00	0.00	0.00	0.00	
	State Agreement	539,571.00	0.00	0.00	539,571.00	
	Local	0.00	0.00	0.00	0.00	

Budget Summary for Early Head Start - 2016
 Agency: County of Genesee
 Application: Early Head Start - 2016

6/9/2017

Federal	0.00	0.00	0.00	0.00	
Other	0.00	0.00	0.00	0.00	
Total Source of Funds	539,571.00	0.00	0.00	539,571.00	
Totals	539,571.00	0.00	0.00	539,571.00	

Miscellaneous

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11. Supporting documentation, if required

Attachment Title	Attachment
GCCARD Head Start Outreach Plan	MIECHVP GCCARD Outreach Plan.docx
GCCARD Head Start Staff Roster	STAFF ROSTER.pdf
GCCARD Head Start Supervision Plan	MIECHV SUPERVISION POLICY 3.docx

Attachments Index

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#	Section	Title	File Name
1	Budget Detail	Contractual	<u>OLHSA contract information.docx</u>
2	Budget Detail	OLHSA Fiduciary Contract-2016	<u>ZZZ_1_SKMBT_75017051010101.pdf</u>
3	Budget Detail	OLHSA Fiduciary Contract - 2017	<u>ZZZ_2_SKMBT_75017051010100-16-17.pdf</u>
4	Budget Detail	De Minimis Rate – up to 10%	<u>IR4DMR_2_GCCARD Head Start</u> <u>DeMinimi.XLSX</u>
5	Miscellaneous	MIECHVP GCCARD Outreach Plan.docx	<u>MIECHVP GCCARD Outreach Plan.docx</u>
6	Miscellaneous	STAFF ROSTER.pdf	<u>STAFF ROSTER.pdf</u>
7	Miscellaneous	MIECHV SUPERVISION POLICY 3.docx	<u>MIECHV SUPERVISION POLICY 3.docx</u>

COMMITTEE REFERRAL FORM

Human Services Committee

Meeting Date: June 19, 2017

Action Taken – Approval by Mr. Nolden supported by Ms. Doerr for the Genesee County Health Department Plan of Organization.

The Genesee County Health Department (GCHD) will undergo its accreditation audit December 4 through December 8, 2017. As a part of the local public health department accreditation process, a local health department must submit for review its Plan of Organization to the Michigan Department of Health and Human Services a minimum of two months before its accreditation audit. The Plan of Organization must be presented in a standard format provided by MDHHS. Before the GCHD submits its Plan of Organization to MDHHS, it must be signed by both the Health Officer and the Chairperson of the Board of Commissioners.

MOTION CARRIED.

Committee Referred From: Board of Health

WC


Mark Valacak, MPH
Health Officer



Gary K. Johnson, MD, MPH
Medical Director

MEMORANDUM

To: Kay Doerr, Chairperson
Genesee County Board of Health

From: Mark Valacak 
Health Officer

Date: June 6, 2017

Subject: Plan of Organization

Requested Action

Board approval and referral by the Health Officer to the appropriate committee of the Board of Commissioners.

Discussion

The Genesee County Health Department (GCHD) will undergo its accreditation audit December 4 through December 8, 2017. As a part of the local public health department accreditation process, a local health department must submit for review its Plan of Organization to the Michigan Department of Health and Human Services a minimum of two months before its accreditation audit. The Plan of Organization must be presented in a standard format provided by MDHHS. Before the GCHD submits its Plan of Organization to MDHHS, it must be signed by both the Health Officer and the Chairperson of the Board of Commissioners.

Board approval of this item authorizes the attached Plan of Organization to be signed by the Chairperson of the Board of Commissioners and the Health Officer.

No county appropriation is required.

LOCAL HEALTH DEPARTMENT (LHD)
PLAN OF ORGANIZATION

APPROVAL FORM

This approval form is to be signed by the health officer and the chairperson of either the board of commissioners or board of health. In the case of a city health department, the mayor or city council president shall sign. Completion of this form is required and submitted to MDCH with the LHD Plan of Organization.

I have reviewed the Plan of Organization for Genesee County Health Department.

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

Health Officer Name: Mark Valacak, MPH

Health Officer Signature: _____

Date: _____

Board Chairperson Name: Mark Young

Board Name: Genesee County Board of Commissioners

Chairperson Signature: _____

Date: _____

Comments:

**Genesee County Health Department
Plan of Organization**

1. LEGAL RESPONSIBILITIES AND AUTHORITY

a. Outline or list state and local statutory authority

Public Health Code (PA 368 of 1978 as amended)

- MCL § 333.1105 – Definition of Local Public Health Department
- MCL § 333.1111 – Protection of the health, safety, and welfare
- Part 22 (MCL §§ 333.2201 *et seq.*) – State Department
- Part 23 (MCL §§ 333.2301 *et seq.*) – Basic Health Services
- Part 24 (MCL §§ 333.2401 *et seq.*) – Local Health Departments
- Part 51 (MCL §§ 333.5101 *et seq.*) – Prevention and Control of Diseases and Disabilities
- Part 52 (MCL §§ 333.5201 *et seq.*) – Hazardous Communicable Diseases
- Part 53 (MCL §§ 333.5301 *et seq.*) – Expense of Care
- MCL § 333.5923 – HIV Testing and Counseling Costs
- MCL § 333.9131 – Family Planning
- MCL § 333.9132 – Consent of Minor to the Provision of Health Care
- Part 92 (MCL §§ 333.9201 *et seq.*) – Immunization
- Part 93 (MCL §§ 333.9301 *et seq.*) – Hearing and Vision
- MCL § 333.11101 – Prohibited Donation or Sale of Blood Products
- MCL § 333.12106 – Delegation of License Inspection Function
- MCL § 333.12425 – Agricultural Labor Camps
- Part 125 (MCL §§ 333.12501 *et seq.*) – Campgrounds, etc.
- MCL §§ 333.12521 *et seq.* – Public Swimming Pools and Public Bathing Beaches
- Part 126 (MCL §§ 333.12601 *et seq.*) – Smoking in Public Places
- Part 127 (MCL §§ 333.12701 *et seq.*) – Water Supply and Sewer Systems
- MCL § 333.12905 – Food Service Regulation: Smoking Prohibited
- MCL § 333.12909 – Food Service Regulation: Frozen Desserts, Food Service Sanitation as Required Service
- MCL § 333.12915 – Food Service Regulation: Local Authority Limited
- MCL § 333.12922 – Food Service Regulation – Violation of Part 129 as Misdemeanor
- MCL 333.13101 – Body Art Regulation (Specifically section 13108 authorizing the local health department to enforce)
- MCL § 333.13307 – Dry Cleaning
- Part 138 (MCL §§ 333.13801 *et seq.*) – Medical Waste
- (Required to investigate if complaint made and transmit report to MDCH – 13823 and 13825)
- MCL § 333.17015 – Informed Consent

Appropriations (Current: PA 330 of 2006)

Michigan Attorney General Opinions

- OAG, 1987-1988, No 6415 – Legislative authority to determine appropriations for local health services
- OAG, 1987-1988, No 6501 – Reimbursement of local department for required and allowable services

Food Law of 2000 (PA 92 of 2000 as amended)

MCL §§ 289.1101 *et seq.*

Specifically: MCL § 289.1109 – Definition of local health department

**Genesee County Health Department
Plan of Organization**

MCL § 289.3105 – Enforcement, Delegation to local health department
Dr. Ron Davis Michigan Smoke Free Air Law (P.A. 188 of 2009)
The Family Smoking Prevention and Tobacco Control Act, commonly referred to as the Tobacco Control Act 2009 (FDA)

Natural Resources and Environmental Protection Act (PA 451 of 1994)

Part 31- Water Resources Protection

Specifically: MCL §§ 324.3103 powers and duties and 324.3106 (establishment of pollution standards)

Part 22 - Groundwater Quality rules (on-site wastewater treatment)

Part 117 - Septage Waste Services

Specifically: MCL §§ 324.11701 - 324.11720

Land Division Act (PA 288 of 1967)

MCL § 560.105(g) - Preliminary Plat Approvals

MCL § 560.109a - Parcels less than 1 acre

MCL § 560.118 - Health Department Approval

Condominium Act (PA 59 of 1978 as amended)

MCL § 559.171a - Approval of Condominiums not served by public sewer and water

Safe Drinking Water Act (PA 399 of 1976 as amended)

MCL § 325.1016 - Public Water Supplies

Agreements with Local health departments to administer

Local Laws/Ordinances

Genesee County Environmental Health Regulations – effective January 1, 1990 (Resolution #89-692), and amended in 1998 (Resolution #98-494) and in 1999 (Resolution #99-206), covering the following:

- General Provisions
- Environmental Health Board of Review Regulation
- Food Licensing Board of Review Regulation
- Water Well Construction, Abandonment, and Groundwater Protection Regulation
- Bathing Beach Regulation
- Sewage Disposal Regulation
- Sewage Disposal System Contractors Licensing Regulation
- Environmental Improvement Regulation

Regulation to Require License for Retail Sale of Tobacco, to Prohibit the Sale of Tobacco to Minors, and to Control Smoking in Public Places, passed February 14, 1994.*

Regulation to Prohibit Smoking in Enclosed Places, passed on November 25, 2003.*

*These regulations were amended to align with the state law prohibiting smoking in enclosed public spaces.

Regulation to Prohibit the Sale of Tobacco Products to Individuals Under 21 Years of Age

Regulation passed on February 14, 2017, and became effective May 15, 2017**

**Enforcement pending court challenge

**Genesee County Health Department
Plan of Organization**

- b. Briefly describe the governing entity relationship with the local health department. Include the relationship with both the Board of Health and Board of Commissioners, and others if applicable.**

Board of Commissioners

The Genesee County Board of Commissioners is the governing entity for the Health Department. The Board has nine elected members, each representing a unique geographic area. All Department funds are received and disbursed by the authority of the Board of Commissioners. Items are reviewed in a two step process. Items are first presented at the Genesee County Human Services Board which is made up of all nine County Commissioners. Approved items are then moved to the next Board of Commissioner's meeting for final disposition.

Board of Health

The Genesee County Board of Health has five members, each of whom is appointed by the Genesee County Board of Commissioners. The five members must include three members of the Genesee County Board of Commissioners and two members from the general public. The Board of Health meets monthly at the Health Department. The role of the Board of Health is advisory in nature; however, matters for which approval of the Genesee County Board of Commissioners is sought are generally reviewed first by the Board of Health before being recommended to the Board of Commissioners. The Board of Health operates according to by-laws approved by the Board of Commissioners.

- c. Briefly describe the manner in which a local health department defends and indemnifies employees for civil liability sustained in the performance of official duties except for wanton and willful misconduct (include the name of the carrier).**

Genesee County has its own in-house corporation counsel led by the Prosecuting Attorney, who is the statutory corporation counsel absent a separate County Board appointment, and two staff attorneys. These attorneys serve as legal advisors to the County Board of Commissioners and all County Departments. Under the supervision of corporation counsel, outside trial counsel is usually engaged to represent county defendants in civil litigation. The county has historically provided defense counsel and indemnified county employees when acting within the scope of their employment, a policy that is encapsulated in various collective bargaining agreements that cover county employees. Corporation counsel reviews all contracts, agreements and memorandums of understanding and presents information to the Health Department's Management Team regarding potential claims that the County and Health Department employees may be subject to in the performance of their official duties, how best to avoid liability, and procedures for handling claims and/or lawsuits that may arise out of Health Department activities. Contact between Corporation Counsel and senior staff at the Health Department occurs regularly.

Genesee County established a self-insured trust in 1992. The County currently has a self-insured retention (SIR) of \$350,000 for liability and \$500,000 SIR for workers' compensation with several layers of excess insurance of \$2 million, \$8 million, and \$10 million for a total

**Genesee County Health Department
Plan of Organization**

limit of \$20 million. Excess carriers are A rated and admitted to do business in Michigan. County employees (*including the Health Department*) are covered by these policies while acting within the scope of their duties as an employee. Medical Malpractice is provided to the Medical Director (Doctor).

Current carriers include: Safety National Casualty, Safety Specialty Insurance, RPS/National Casualty

- d. Briefly describe, if applicable, the agreement, contract, or arrangement for others to assist the local health department in carrying out its Food Service Sanitation Program responsibilities.**

Not Applicable

- e. Exposure Plan for Blood Borne Pathogens. Chemical Hygiene Plan (Hazard Communication Plan).**

See included GCHD Bloodborne Exposure Control Plan and GCHD Right to Know Plan.

2. LHD ORGANIZATION

- a. Organizational chart contains official positions (titles) and lines of authority and displays names of Directors and higher level managers.**

See also included Genesee County Health Department management and program organization chart

The Health Officer is appointed by the Board of Commissioners and is responsible for the administration and operation of the Health Department. The Health Officer assures that the Health Department carries out all of the services, functions, and responsibilities required of him or her by the Public Health Code, local public health regulations adopted by the Board of Commissioners, and other mandated or legislated activities.

The Medical Director, appointed by the Board of Commissioners, consults with Health Department staff and the community on matters related to medical policy and public health medical practice. Laboratory Technicians and a Clerical Coordinator report directly to the Medical Director.

Together with the Health Officer, Medical Director, Director of Nursing Services, Director of Environmental Health, and the Public Health Division Director over Community Health, the following positions comprise the Health Department's Administrative Team: Accounting Supervisor and the Health Officer's Clerical Coordinator. All members of the Administrative Team report directly to the Health Officer. The Administrative Team is responsible for policy

Genesee County Health Department Plan of Organization

development, management oversight, and planning. It facilitates coordination and communication across Divisions. The Administrative Team meets monthly.

The Health Department program supervisors administer the programs within their respective divisions and report to the Director of Nursing Services, Director of Environmental Health, Public Health Division Director over Community Health or the Health Officer. Within the programs, coordinators, professional staff, clerical staff, and technicians report to first-line supervisors.

The Administrative Team and the first-line supervisors comprise the Management Team. The Management Team meets monthly. Management Team meetings allow the management staff of the Health Department to discuss pending policy changes. The meetings also allow the management staff to propose revisions to departmental policy and otherwise make suggestions for the Administrative Team to consider. The meetings are used to identify barriers to successful performance and to promote linkages to promote better performance. It is also at the Management Team meetings that presentations by others outside the department are made, including risk management, corporation counsel, human resources, and outside agencies that are part of the local public health system.

Supporting all Health Department programs are central administrative services. There are three sections of administrative services: Accounting and Billing; Information Technology; and Planning, Information, and Community Outreach (PICO). The Accounting section performs financial and accounting tasks, develops financial systems and reports, including billing and auditing services and provides technical support for Health Department staff. The Information Technology Services staff members provide the communication and information technology equipment and software needed by Health Department staff for day-to-day operations. They manage the computer networks within the Health Department and assure their integration and smooth operation. They host and maintain the Health Department's website, and provide technical support for Health Department staff. They provide business process modeling consultation to department staff. The Planning, Information, and Community Outreach (PICO) section houses an epidemiologist, a community health analyst, a public health emergency preparedness coordinator, a health education coordinator, and health educators. PICO is the center for emergency preparedness, data analysis and collection including the MCIR functions at GCHD, strategic planning, quality improvement, staff development and training activities within the Health Department, and tobacco regulations enforcement and education. PICO staff members provide technical support for the Health Department's grant applications. PICO staff members formulate and maintain departmental policies and procedures. They also develop public information programs and publicize community health data and information about Health Department services. PICO staff members also provide community outreach at health fairs and other community activities.

**Genesee County Health Department
Plan of Organization**

b. Documentation of local governing entity approval of Local Health Department (LHD) Plan of Organization.

See included Plan of Organization Approval form

c. List annual LHD total operating budget amount and total number of FTEs for public health services. Include documentation indicating local governing entity approval of budget.

The total number of FTEs for FY 2016/2017 was 115.9.

The Genesee County Health Department's operating budget for FY 2016/2017 was \$17,782,151.

See included documentation for additional budget information and local governing entity approval.

**d. 1. Response to audit findings.
2. Subrecipient monitoring issues and responses.
3. Corrective action regarding (1) and (2) above.**

At this time there are no outstanding issues.

See included audit information.

e. Briefly describe Information Technology capacity available to access and distribute current public health information.

All Genesee County Health Department Employees have access to computers, the internet, and training to be able to effectively use these resources. Genesee County Health Department staff are able to collect, submit and disseminate data for both internal use and use by community partners and the general public. Internet connections are used for web browsing, internet email, external web applications, hosting our own web site and transport for video and web conferencing communications. This connection to the internet is via broadband and DSL line data lines. Staff are able to collect health related data from numerous internal and external databases and imaging systems. This information includes epidemiology data; morbidity and mortality data; environmental health information relating to food inspections, water tests, sanitation services and tobacco and body art licensing; clinical client health information including family planning, hearing and vision, communicable disease, breast & cervical cancer, immunizations, and WIC, and the utilization of those services. We use these data to provide better services to our clients, as well as to set the Health Department goals and to fill information and health education requests from our partners and the general public. We are able to work in the community and connect to Health Department resources using laptops, tablets and associated technology to establish remote connections. Finally, we

**Genesee County Health Department
Plan of Organization**

protect our data sources using updated virus shields, firewalls, computer and password policies, system backups, and failure scenarios, as well as backup generators.

3. MISSION, VISION AND VALUES

- a. Contains a clear, formally written, publicized statement of the local health department's mission (may include the LHD's Vision, Values, Goals, Objectives).**

The Genesee County Health Department's current strategic plan runs from 2013-2020. As part of the strategic planning process, the County Board of Commissioners has adopted the following Vision, Mission, Values, and Goal for the Health Department:

Vision

Better Life Through Better Health

Mission

The mission of the Genesee County Health Department is to improve the quality of life in Genesee County by preventing disease, promoting health and protecting the public from environmental hazards to health.

Goal

To improve the health status of Genesee County residents, with particular attention to eliminating racial, social, and economic inequities and using prevention and intervention strategies that target underlying causes.

Values

Responsibility: to the public we serve; to the government of which we are a part; and to our staff, who carry out the mission with which we are charged.

Excellence: in all areas of our work and among those we encounter and serve.

Goodwill: in our treatment of the public and each other, with dignity, cultural competency, equality, and confidentiality.

Effectiveness: through services that are convenient, customer-oriented, quality-focused, and evidence-based, and that result in measurable improvements in the community's health.

Collaboration: in work with community members, agency partners, and each other to build trust, ensure our work is respectful and equitable, and to develop solutions that draw upon the unique strengths of each and build our collective strength.

Positive Attitude: in approach to and expectations for our work, colleagues, and community.

Social Justice: by recognizing local inequities in health status and working with others to change the social, economic, political, and environmental conditions that are among the root causes of these inequities.

4. LOCAL PLANNING AND COLLABORATION INITIATIVES

- a. Outline or list LHD-specific priorities.**

Refer also to included 2013-2020 Strategic Plan for Genesee County Health Department priorities

**Genesee County Health Department
Plan of Organization**

FIVE BIG RESULTS

#1

Champion healthy public policy by gathering, analyzing and disseminating information on health and the determinants of health

Assessment and policy development are two of the three key functions of public health. Public health is a science that uses data to provide guidance for planning, delivery and evaluation of public health services.

#2

Create and sustain healthy environments and assure compliance with environmental health regulations under our authority and jurisdiction

Improving the environments in which people live, work and play improves health outcomes. It also makes healthy choices easier. Assuring safe and healthy water, food, housing and recreational resources are at the core of good public health policy.

#3

Maximize impact on community health by encouraging healthy life styles

Health outcomes can be greatly improved by avoiding exposure to toxins like tobacco smoke, eating right, moving more and maintaining a healthy weight.

#4

Create health equity and social justice

There is disparity in the distribution of factors that contribute to health outcomes. Addressing these disparities contributes to creating health equity.

#5

Be a fully accredited local health department that embraces excellence and promotes communication, collaboration, diversity and mutual respect

We must recruit, develop and maintain a competent and flexible workforce and meet the accreditation standards for local public health in Michigan.

TOP TEN COMMUNITY PRIORITY OUTCOMES

1. Ensure all Genesee County Residents have a “medical home” - A “medical home” offers a home base for health care where a primary doctor provides culturally appropriate, consistent care and coordinates with other professionals to meet a family’s health care needs. Having a “medical home” helps ensure individuals and families get appropriate preventive care and addresses health care needs sooner thereby improving health outcomes.

2. Healthy Kids become Healthy Adults - By providing Genesee County children a healthy start we can prevent them from developing chronic illness as adults. Healthy lifestyles learned as children promote healthy lifestyles as adults.

3. Obesity Reduction – Many Genesee County residents are overweight or obese. Excess

Genesee County Health Department Plan of Organization

weight is a contributing factor to chronic diseases. Maintaining a healthy weight can improve health outcomes.

4. Improve Healthy Eating - Eating healthy foods can prevent chronic disease and contributes to a healthy lifestyle.

5. Improve Active Living - Being physically active can prevent chronic disease and contributes to a healthy lifestyle.

6. Create and Support Healthy Environments - Healthy environment includes our physical environment, our built environment (infrastructure) and our social environment. It includes emergency preparedness, healthy homes, smoke free air, access to healthy foods and violence prevention.

7. Promote Immunizations Across the Lifespan - Immunizations are public health's greatest tool to prevent disease in individuals and communities. By promoting proper immunization across the lifespan we can dramatically improve our community's health.

8. Promote Healthy Sexuality – Making wise and informed choices, taking care of your reproductive health and accepting and expressing your sexual identity are all vital to staying sexually healthy throughout your life. Promoting awareness of healthy sexuality means encouraging communication about feelings and values, family planning, condom use, and knowing HIV and STD status through routine testing.

9. Increase the Use of Preventive Care - Preventing disease before it occurs is a cornerstone of public health. Preventing disease through early detection, proper reporting, follow-up and treating it early improves individual and community health.

10. Improve the Social Determinants of Health - Where we live impacts our health. The social conditions in which we live impact our health. Inequity in these social conditions creates health disparity. By addressing the social conditions that contribute to poor health outcomes in our community we can create health equity.

b. Outline or list the LHD activities to plan or pursue priority projects with available resources.

Organizational Priorities

- Foster a Learning Organization and Academic Health Department
- Evaluate Programs and Improve Quality Continuously
- Implement Evidence-Based Practices
- Enhance Communication Internally and Externally
- Develop an effective Media and Marketing Strategy
- Partner with Community Residents and Organizations
- Convene Public Health System Agencies

**Genesee County Health Department
Plan of Organization**

- Coordinate Across Disciplines
- Work for Health Equity
- Encourage Diversity and Assure Cultural Competence
- Encourage Worksite Wellness and Health Promotion
- Secure Adequate Resources

GCHD will work through our existing programming and clinical services to incorporate our identified organizational strategies. The objectives of each individual clinical service and program will serve as the evaluation measures for demonstrating our success in incorporating these organizational priorities. The GCHD Management Team will be utilized as the means of disseminating information through each GCHD department regarding these efforts.

c. Outline or list community partnerships and collaborative efforts.

See included list of staff participation on community coalitions, committees, and task forces.

5. SERVICE DELIVERY

Outline or list the LHD's locations (including addresses), services, and hours of operation

Floyd J. McCree Courts & Human Services Center

630 S. Saginaw Street Ste. 4 (second floor)
Flint, MI 48502-1540

Burton Branch

G-3373 S. Saginaw Street
Burton, MI 48529

The Health Department is open from 8 a.m. to 5 p.m., Monday through Friday. Program service hours may vary by service. Expanded hour clinics by appointment are currently offered for immunizations and family planning services on Thursday evenings from 5-8 PM at the GCHD Burton location.

See included Genesee County Health Department brochure.

6. REPORTING AND EVALUATION

a. Briefly describe the LHD's efforts to evaluate its activities.

Several systems are in place to monitor and evaluate the Genesee County Health Department's activities as well as our community's health status, and morbidity and mortality outcomes. These systems include a local population survey, ongoing communicable disease

**Genesee County Health Department
Plan of Organization**

surveillance, and monitoring of vital statistics. Healthy Start, a federally-funded project, contracts for external evaluation services. Program evaluation and monitoring are conducted within each program with technical assistance from both the GCHD's Planning, Information, and Community Outreach section staff, as well as external evaluation technical assistance from outside consultants and organizations. Reporting mechanisms are reviewed annually and revisions to evaluation methods and program processes follow as appropriate.

b. Outline or list the LHD's mechanism to report on its activities to the community and its governing entity.

Genesee County Health Department issues an Annual Report each year that presents quantitative data about the health status of the community, as well as highlights specific actions and achievements that have been accomplished during this time. In addition, the Board of Health receives and reviews program reports for each health department program/service monthly. The report specifies the activities completed and services provided. The Health Department provides budget information to the Board of Commissioners outlining program activities and services provided by revenue source as they begin the difficult work of balancing the coming year's county budget. Board of Health members view a presentation called the "Learning Community" at each of their monthly meetings highlighting one of the Health Department programs; these presentations are given by the supervisor of the program. Time is allowed for questions from Board members, and the presentations are structured to illustrate how each program is related to the Health Department's strategic plan. The Health Department's website is an important venue for reporting on its activities to the community. The website features current Health Department activities and areas of concern to provide up-to-date information to the public. On the website the public can also find complete inspection reports for the county's food service establishments, county specific health statistics, various reports of interest, information on emergency preparedness, and much more. Health Department staff speak with electronic and print media several times per month. Additionally, the Department regularly issues press releases, copies of which may be found on our website. The Health Department also maintains a Facebook page, Twitter Account, and YouTube page to communicate its activities to the community both directly and through our community partners.

7. HEALTH OFFICER AND MEDICAL DIRECTOR

a. Outline the LHD procedure for the appointment of a Health Officer and Medical Director.

Before the appointment of the health officer or medical director, the Genesee County Human Resources Department submits evidence of qualifications to the Michigan Department of Health and Human Services, including:

- Current Curriculum Vitae
- Copy of Diploma (s) or other proof of degree completion
- Proof of Enrollment into Masters of Public Health program (if applicable)

**Genesee County Health Department
Plan of Organization**

- Copy of Current Michigan Physician's License (*for Medical Director*)
- Copy of Proposed job description reflecting hours of service to LHD (*for Medical Director*)
- Written documentation of arrangements for a public health physician advisor (*for Medical Director - if applicable*)

Following MDHHS review and approval of the documentation, Genesee County Human Resources recommends appointment of the Health Officer or the Medical Director to the County Board of Commissioners which acts on the appointment via a resolution.

- b. Contains correspondence, such as a letter, memorandum, or other statement, from the Michigan Department of Community Health (MDCH) approving the qualifications of the Health Officer and Medical Director**

See included letters of approval.

c. Orders of Succession/Delegations of Authority during an emergency

In any public health emergency or disaster, the Health Officer of the Genesee County Health Department has primary authority and responsibility for the agency's response to the incident or event including activation of the Continuity of Operations Plan. If the Health Officer is unavailable or unreachable for an extended period of time, responsibility shall pass to the next position in the line of succession. The designated individual retains all assigned obligations, duties, and responsibilities of the Health Officer until officially relieved by an individual higher on the list of succession or until the Health Officer re-assigns administrative responsibility.

Unavailable is defined as: The designated person is incapable of carrying out the assigned duties by reason of death, disability, or distance from or response time to the incident.

Authorized Genesee County Health Department successors to the Health Officer are as follows:

1. Medical Director
2. Environmental Health Director
3. Director of Nursing
4. Public Health Division Director over Community Health

Delegation shall be determined/approved by the Health Officer and will be effective immediately upon designation and will last for an indefinite period of time. The Health Officer will determine when delegations are no longer required.

**Genesee County Health Department
Plan of Organization**

LOCAL HEALTH DEPARTMENT
PLAN OF ORGANIZATION

CHECKLIST

Submitted	Description
	PLAN OF ORGANIZATION
	1. LEGAL RESPONSIBILITIES
✓	A. Outline or list State and Local Statutory Authority for your LHD.
✓	B. Brief description of the Governing Entity Relationship with the Local Health Department (LHD).
✓	C. Brief description of the manner in which your LHD defends and indemnifies employees for civil liability sustained in the performance of official duties except for wanton and willful misconduct (include the name of the carrier).
N/A	D. Briefly describe, if applicable, Delegation of Food Service Sanitation Program responsibilities. Include name and contracted entity(ies).
✓	E. Exposure Plan for Blood Borne Pathogens. Chemical Hygiene Plan (Hazard Communication Plan).
	2. LHD ORGANIZATION
✓	A. Organizational chart contains official positions (titles) and lines of authority and displays names of Directors and higher level managers.
✓	B. Documentation of board approval of Local Health Department Plan of Organization.
✓	C. List annual LHD total operating budget amount and total number of FTEs for public health services. Include documentation indicating local governing entity approval of budget.
✓	D. 1. Response to audit findings. 2. Subrecipient monitoring issues and responses. 3. Corrective action regarding (1) and (2) above.
✓	E. Briefly describe information technology capacity needed to access and distribute up-to-date public health information.
	3. MISSIONS, VISION AND VALUES
✓	A. Contains a clear, formally written, publicized statement of the local health department's mission (may include the LHD's Vision, Values, Goals, Objectives).

**Genesee County Health Department
Plan of Organization**

	4. LOCAL PLANNING AND COLLABORATION INITIATIVES
✓	A. Outline or list LHD-specific priorities.
✓	B. Outline or list the LHD activities to plan or pursue priority projects with available resources.
✓	C. Outline or list community partnerships and collaborative efforts.
	5. SERVICE DELIVERY
✓	A. Outline or list the LHD's locations (including addresses), services, and hours of operation.
	6. REPORTING AND EVALUATION
✓	A. Briefly describe the LHD's efforts to evaluate its activities.
✓	B. Outline or list the LHD's mechanism to report on its activities to the community and its governing entity.
	7. HEALTH OFFICER AND MEDICAL DIRECTOR
✓	A. Procedure for appointment of a Health Officer and Medical Director
	B. HEALTH OFFICER:
✓	1. MDCH Approval – Letter, memo, other.
	C. MEDICAL DIRECTOR:
✓	1. MDCH Approval – Letter, memo, other.
	8. LHD Plan Of Organization Approval Form

COMMITTEE REFERRAL FORM

Human Services Committee

Meeting Date: June 19, 2017

Action Taken – Approval by Mr. Nolden supported by Ms. Clack for the Grant Acceptance for Speak To Your Health (STYH) Community Survey 2017/2018. Amount: \$25,000.00; Funding Account: 221.6010.6131.889 Miscellaneous Revenue; Funding Source: Community Foundation of Greater Flint Arthur L. Tuuri Health Fund I; For the Period: April 1, 2017 through March 30, 2017; Purpose to accept grant funding to identify, monitor, and understand community health and quality of life concerns in Genesee County.


MOTION CARRIED.

Committee Referred From: Board of Health

Wc

MEMORANDUM

To: Kay Doerr, Chairperson
Genesee County Board of Health

From: Mark Valacak, MPH 
Health Officer

Date: June 6, 2017

Subject: Grant Acceptance for Speak To Your Health (STYH) Community Survey 2017/2018.

Requested Action

Board approval and referral by the Health Officer to the appropriate committee of the Board of Commissioners.

Contract: Grant Acceptance : Speak To Your Health Community Survey

Amount: \$25,000.00

Funding Account: 221.6010.28680

Funding Source: Community Foundation of Greater Flint
Arthur L. Tuuri Health Fund I

For the Period: April 1, 2017 to March 30, 2018

Purpose: To accept grant funding to identify, monitor, and understand community health and quality of life concerns in Genesee County.

Discussion

The Community Foundation of Greater Flint - Arthur L. Tuuri Health Fund I has authorized a grant to the Genesee County Health Department. The STYH Community Survey monitors and identifies community health and quality of life concerns, which addresses both the "Health" and "Neighborhood improvement in low income areas", these are priorities identified by the Community Foundation of Greater Flint. **No County appropriation is requested.**

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community foundation

Greater Flint

For good. For ever.

BOARD OF TRUSTEES 2017 May 16, 2017

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Community Volunteer &
Retired Educator

MICS6718

Mark J. Valacak
Health Officer
Genesee County Health Department
630 S. Saginaw Suite #4
Flint, MI 48502-1815

Dear Mr. Valacak,

Re: #168597, Genesee County Health Department – Speak to Your Health Community Survey 2017/2018

It is a pleasure to inform you that the Community Foundation of Greater Flint has authorized a grant of \$25,000 from the **Arthur L. Tuuri Health Fund I** to Genesee County Health Department. This grant is to be used for the following purpose: Speak to Your Health Community Survey 2017/2018.

The grant period for this program is: April 1, 2017 to March 30, 2018. A final report is required and is due on April 30, 2018. You will find the report form available on the Grantseekers portion of our website at www.cfgf.org.

Grant payment will be sent following receipt of this signed agreement. Sue Peters is your contact and can answer any questions you might have. She can be reached at 810-767-3519 or by email at Speters@cfgf.org.

We believe in sharing this good news with the public. Should you decide to do a news release, please submit a draft to us for review at least 48 hours prior to the intended release. E-mail it to mherbig@cfgf.org, or fax it to (810) 767-0496. Always include: 1) the amount of the grant; and 2) an acknowledgement of the “**Arthur L. Tuuri Health Fund I of the Community Foundation of Greater Flint**.”

The trustees of the Community Foundation of Greater Flint wish your organization every success.

Sincerely,

Isaiah M. Oliver
Vice President of Community Impact

Please sign below and return this grant agreement as a receipt for our files. Your signature indicates your agreement to use this grant for its intended purpose (as stated above), to file required reports (attached) on a timely basis, and to return any unused grant funds.

Grantee: Genesee County Health Department

Mark Valacak 5-23-2017

Grantee Signature of President or C.E.O.

Date

Mark Valacak, Health Officer, Director

Print or type name and title

2017 Speak To Your Health! Community Survey				
Funding Period: April 2017-April 2018				
			Proposed Cost	
Social Marketing Campaign				
Post Cards			\$ 1,000.00	
Flyers			\$ 500.00	
Posters			\$ 500.00	
Postage			\$ 1,000.00	
<i>Total Cost</i>			\$ 3,000.00	
Data Collection				
Hard Copy Survey Printing			\$ 5,000.00	
Postage			\$ 4,000.00	
Purchase Mailing List			\$ 3,000.00	
Survey Recruitment				
Room rental				
Food				
materials				
<i>Total Data Collection</i>			\$ 12,000.00	
Methology and Data Analysis				
Dr. Daniel Kruger			\$10,000	
<i>Total Methodolgy Data Analysis</i>			\$10,000	
GCHD Project Administration				
indirect costs			\$ 6,250.00	
Total Program Costs			\$ 31,250.00	
TOTAL REQUESTED			\$ 25,000.00	
General Fund Contribution			\$ 6,250.00	

COMMITTEE REFERRAL FORM

Human Services Committee

Meeting Date: June 19, 2017

Action Taken – Approval by Mr. Nolden supported by Ms. Clack for the Lease Agreement with Wellness Services. Amount: \$17,441.92; Funding Account: 221.6010.6280.0887 Miscellaneous Memorial; For the Period: June 1, 2017 through September 30, 2018; For the Purpose To Lease Property.

MOTION CARRIED.

Committee Referred From: Board of Health

WC


Mark Valacak, MPH
Health Officer



Gary K. Johnson, MD, MPH
Medical Director

MEMORANDUM

To: Kay Doerr, Chairperson
Genesee County Board of Health

From: Mark Valacak 
Health Officer

Date: June 6, 2017

Subject: Lease Agreement with Wellness Services

Requested Action

Board approval and referral by the Health Officer to the appropriate committee of the Board of Commissioners.

Contract: Wellness Services

Amount: \$17,441.92

Funding Account: 221.6010.6280.8000.0887

For the Period: June 1, 2017 through September 30, 2018

Purpose: To Lease Property

Discussion

To lease approximately 1,539 square feet on the 2nd floor of the McCree Courts and Human Services building to Wellness Services at a rate of \$8.50 per square foot. This will provide better integration of services for HIV care in Genesee County.

R:\Groups\Admin\Medical Director & Coord\Ton\Wellness Services_BOH Memo 5-10-17.doc

Floyd J. McCree Courts & Human Services Building ♦ 630 S. Saginaw Street, Ste. 4 ♦ Flint, Michigan 48502-1540

Burton Branch ♦ G-3373 S. Saginaw Street ♦ Burton, Michigan 48529

Main Phone 810-257-3612 ♦ Visit us at: www.gchd.us

LEASE

THIS LEASE AGREEMENT (the "Lease Agreement"), entered into the 1st day of June 1, 2017 by and between the County of Genesee, a Michigan Municipal Corporation, whose principal place of business is 1101 Beach Street, Flint, Michigan, 48502 (the "County") and Wellness Services, a Michigan nonprofit corporation, whose address is 311 E. Court Street, Flint, MI 48502 (the "Tenant") (the County and the Tenant together, the "Parties").

1. The Property

The County leases to the Tenant, and the Tenant leases from the County a portion of the premises situated at 630 S. Saginaw St., Suite 4, Flint, MI 48502 (the "Property") (Tenant's portion, the "Leased Premises"), more particularly described on Exhibit A. The Leased Premises consist of approximately 1, 539 square feet on the 2nd floor.

2. The Lease Term

2.1 Initial Term

The term of this Lease Agreement shall commence on June 1, 2017 and shall end on September 30, 2018 (the "Initial Term").

2.2 Extension Term

The Tenant has the option, subject to the County's right to terminate for convenience under Paragraph 13.2 of this Lease, to extend this Lease Agreement for up to two additional one (1) year terms (the "Extension Terms") (the Initial Term or any Extension Term, a "Lease Term").

2.3 Extension

If the Tenant has not notified the County of its intent to extend this Lease Agreement by 60 days prior to the end of a Lease Term, this Lease Agreement shall terminate.

3. The Rent

3.1 The monthly rent (the "Rent") for the Initial Term of this Lease Agreement shall be payable in advance to the Director of the Genesee County Health Department by the first (1st) day of each month. The monthly Rent shall be \$1090.12 (at a rate of \$8.50 per square foot). If the Initial Term of this Lease begins on a day other than the first day of the month, then Tenant shall pay a pro rata portion of the monthly rent to the first day of the next month.

3.2 If the Tenant exercises its option to extend this Lease Agreement for one or more Extension Terms, the monthly rent shall be \$1090.12 for the first Extension Term, and \$1090.12 for the second Extension Term.

4. Use and Access

4.1 Use of the Property

The Tenant agrees that it shall use the Leased Premises solely for the purpose of general office use.

4.2 Hazardous Materials

Tenant agrees that it shall notify the County in writing if it intends to bring any hazardous substances, as that term is defined by MCL 324.20101(t), onto the Leased Premises. Such notice shall include the nature and type of the hazardous substances to be brought onto the Leased Premises, and the time that the hazardous substances are to be present at the Leased Premises. Tenant agrees that, in the event it stores any hazardous substances at the Leased Premises, such hazardous substances shall be transported, stored, cared for, and removed in accordance with all federal, state, and local laws and regulations. Tenant further agrees to indemnify and hold the County harmless from all claims, liability, damage, or injury to any person or entity, including the County, arising out of the Tenant's storage at, use at, or transportation of hazardous substances to or from the Leased Premises.

4.3 The Tenant's Access to the Property

The Tenant shall have full access to and may use the Leased Premises for the aforementioned use during regular business hours. The Tenant shall also have access to the parking facilities and driveways of the Property as needed to permit access to the Leased Premises to Tenant, its agents, employees, and invitees.

4.4 Signage

Subject to the County's reasonable written approval of number, size, structure, and content, the Tenant may post signs upon the Leased Premises identifying it as Tenant's place of business.

5. Alterations to the Leased Premises

5.1 The Tenant shall have no authority to make alterations or improvements to the Leased Premises.

5.2 Tenant agrees to indemnify and hold the County harmless from all claims, liability, and damage to any person or entity, including the County, arising out of the installation, use, and removal of any alteration or improvement to the Leased Premises performed by Tenant or Tenant's agents.

6. Maintenance and Utilities

6.1 Maintenance

The County agrees that it shall provide all maintenance to the Property during the term of this Lease Agreement. In the event that the Tenant

notifies the County of an urgent maintenance problem, and the County does not take action to repair or remedy the urgent maintenance problem within 1 business day of notification, the Tenant may repair the problem at its own expense. If the Tenant does so and provides documentation of the nature and necessity of the repair to the County, Tenant shall receive a credit against future rent equal to the amount spent to repair the problem. For the purposes of this Paragraph, "urgent maintenance problem" means a problem with the structural elements of the Leased Premises that prevents Tenant from using all or a portion of the Leased Premises.

6.2 Janitorial Service

The County shall provide daily janitorial service to the Leased Premises. The Tenant agrees that it shall keep the Leased Premises in broom clean, safe, and sanitary conditions during the term of this Lease Agreement.

6.3 Utilities

The County shall bear the cost of all water and sewer facilities, electricity, and heat to the Leased Premises.

7. Taxes

7.1 Tenant's Responsibility for Taxes

The Property is owned by the County, a Michigan municipal corporation, and is therefore exempt from property taxes under the Section 7m of the Michigan General Property Tax Act, MCL 211.7m. Tenant's use of the Leased Premises may be subject to taxation under MCL 211.181. The Tenant is responsible for the payment of all taxes levied upon Tenant's use of the Leased Premises, Tenant's personal property, Tenant's income, or upon any aspect of Tenant's operation, including any taxes levied under MCL 211.181. In the event that the County receives a bill for taxes that the Tenant is responsible for, the County shall provide a copy of such bill to the Tenant, and Tenant agrees to remit payment for such taxes prior the time those taxes are due.

7.2 Tenant's Right to Challenge Assessment

Tenant shall have the right to challenge, in its own name and for its own benefit, the amount of any personal or real property tax assessment levied upon the Leased Premises or Tenant's personal property located at the Leased Premises. Such challenge shall be in accordance with the Michigan law, and shall be at Tenant's sole risk and expense.

8. Assignment or Transfer

The Tenant shall not assign, sublet, or in any manner transfer this Lease Agreement or any estate or interest in the Leased Premises without the County's written consent.

9. Insurance Requirements

9.1 The Tenant's Liability Insurance Requirements

The Tenant shall carry liability insurance for the Leased Premises, the limits of which shall be in an amount not less than \$1,000,000 per occurrence and \$2,000,000 in the aggregate. The Tenant shall also carry Automobile Liability with a minimum of \$1,000,000 combined single limits and \$100,000 Property Damage limits.

The County shall be named as an additional insured on the Tenant's liability and automobile liability policy, and the Tenant shall provide to the County a certificate of insurance issued by an insurer licensed to do business in the State of Michigan showing the required coverages, the effective date of the policy, and a covenant by the issuing insurer not to terminate the policy unless thirty (30) days advance written notice is provided to the County.

9.2 The Tenant's Property Insurance Requirements

The Tenant shall carry property insurance sufficient to cover all of its equipment, inventory, supplies, and other personal property located or stored at the Leased Premises. The Tenant shall be responsible for any other insurance deemed necessary to protect assets, including Theft, Crime or any other coverage. The County shall not be liable in any way for Tenant's equipment, inventory, supplies, and other personal property located or stored at the Leased Premises.

9.3 The County's Insurance Requirements

The County shall maintain property and casualty insurance for the Property in commercially reasonable amounts. The County retains the right to self-insure to meet these obligations.

10. Indemnity

The Tenant agrees to indemnify and hold the County, its officials, officers, agents, and employees harmless from any and all claims, damages, or liability, including defense costs, arising out of the Tenant's presence at the Leased Premises.

11. Damage to the Premises

11.1 Damage to the Leased Premises

In the event that the Leased Premises are damaged by fire, flood, or other casualty, the County shall, within a reasonable time, repair the Premises to as good condition as at the time possession was delivered to the Tenant.

11.2 If Premises are Rendered Untenantable

In the event that the fire, flood, or other casualty renders the Leased Premises or any portion thereof untenable, either Party terminate this Lease Agreement as of the date of the fire, flood, or other casualty. If the

the Lease Agreement is not terminated, the Tenant shall be entitled to an abatement of rent proportional to the amount of the Premises rendered untenable for the time that the Leased Premises remain untenable. This abatement of rent is Tenant's sole and exclusive remedy against the County for Tenant's loss of use of the Premises during the time that the Leased Premises remain untenable.

11.3 Definitions

For the purposes of this section, the following definitions apply.

11.3.1. *Fire, Flood, or other Casualty* is defined as any unexpected event not due to the intentional act of either Party that causes loss, damage, or injury.

11.3.2. The Leased Premises, or any portion thereof, are *untenable* if they are unable to be used for the purpose described in Paragraph 4.1.

12. Condemnation

12.1 If the whole or any part of the Leased Premises is acquired by the exercise of the power of eminent domain, or by a sale under threat of exercise of eminent domain, this Lease shall terminate effective as of the date of sale or condemnation, and, except as provided by this Lease, Tenant shall have no claim whatsoever, including claims of apportionment, against the County either for the value of any unexpired Term of the Lease or for the value of any Tenant Improvements.

12.2 In the event of such a sale or condemnation, the Rent for the month in which the sale or condemnation occurs shall be prorated to the date of the sale or condemnation, and the County shall return the unused portion of that month's Rent to the Tenant.

12.3 Tenant shall have the right to file in its own name and for its own interest any claims against the condemning authority for moving costs, business losses, or for the value of Tenant's leasehold interest and Tenant Improvements. Such claim shall be at Tenant's sole risk and expense.

13. Subordination of Lease

Tenant agrees that County may subordinate this Lease Agreement to its present or any subsequent mortgage on the Premises, provided that such subordination does not interfere with Tenant's continued use and enjoyment of the Premises. Tenant agrees to execute any instruments that may be reasonably requested from time to time by County to evidence the above-described form of subordination of this Lease to any mortgage. Upon County's request, Tenant agrees to execute, acknowledge and deliver to County a statement in writing certifying that this Lease Agreement is unmodified and in full force and effect (or if there have been modifications, that the same is in full force and effect as modified, and stating said modifications), and the dates to which the rent and other charges have been paid in advance, if any.

14. Sale of Premises

If County sells or transfers all or any portion of the building, other improvements, and property of which the Premises are a part to another party, then County shall be released from any liability thereafter accruing under this Lease Agreement to the extent the purchaser(s) or transferee(s) assumes the County's right and obligations under this Lease. If any security deposit or prepaid rent has been paid by Tenant, County shall transfer the security deposit or prepaid rent to County's successor, after which County shall be discharged from any further liability regarding such security deposit or prepaid rent. Any sale or transfer by County shall not interfere with Tenant's continued use and occupancy of the Premises pursuant to the term of this Lease Agreement.

15. Termination and Surrender

15.1 Termination for Breach by Tenant

In the event that the Tenant is in breach of any provision of this Lease Agreement, and such breach continues for thirty (30) days after written notice by the County, the County may:

- 15.1.1. Cure such default and invoice Tenant the cost of such cure, which amount shall be due within thirty (30) days of receipt of such invoice; or
- 15.1.2. Terminate this Lease Agreement by sending written notice to Tenant of the effective date of such termination, and seek to take possession pursuant to legal proceedings provided for by law. If Tenant is adjudged to be in default of this Lease by a court of competent jurisdiction and is so evicted from the Premises, County shall promptly attempt to procure a new Tenant for the Leased Premises on reasonable terms and conditions. If despite County's reasonable efforts, a new Tenant cannot be procured at the rental rate designated in this Lease Agreement, then Tenant shall be liable for any difference in rent, and any damages to the Leased Premises caused by the Tenant. Tenant shall also be liable for County's reasonable costs and expenses associated with having to bring a legal proceeding pursuant to this Section if Tenant is deemed to be in violation of this Lease Agreement by a court of competent jurisdiction unless such court also determines County to be in violation of this Lease. Other than the obligations identified in this Section and the indemnity obligations described in Section 10, Tenant has no obligations under this Lease or otherwise after this Lease is terminated or expires.

15.2 Termination for Breach by County

In the event that the County is in breach of any material obligation imposed by this Lease Agreement, and such breach continues for thirty (30) days after written notice by the Tenant, the Tenant may terminate this Lease Agreement by sending written notice to the County of the effective date of

such termination. In the event of such a termination, the County shall be responsible for Tenant's reasonable moving costs, and for any amount Tenant is required to pay for new space over and above the Rent Tenant would be obligated to pay under this Lease for a period of six months after termination, or for the remainder of the current Term of the Lease, whichever is less. Tenant shall make reasonable efforts to mitigate such damages for breach.

15.3 Termination for Convenience

If, in the County's sole discretion, it is determined to be in the best interests of the County, the County may terminate this Lease Agreement upon sixty (60) days' written notice.

15.4 Condition Upon Surrender

The Tenant shall, upon termination of this Lease Agreement or at the expiration of the Initial Term or any Extension Term, surrender the premises in as good condition as at the time possession is delivered, except for ordinary wear and tear.

15.5 Payment Upon Termination

Within 10 business days from the effective date of any termination, Tenant shall pay to the County any outstanding amounts due for any reason under this Lease Agreement.

16. **Covenants**

16.1 County's Covenant of Quiet Enjoyment

During any Term of this Lease, the Tenant shall have peaceful possession of the Leased Premises, free of interference from the acts or claims of the County or third parties claiming rights through the County.

16.2 County's Covenant of Possession

During any Term of this Lease, the Tenant shall have exclusive possession and control of the Leased Premises.

16.3 Tenant's Covenant to Pay Rent

During any Term of this Lease, Tenant shall pay the Rent on or before the due date each month except where payment of Rent is abated pursuant to the provisions of this Lease.

16.4 Tenant's Covenant to Maintain the Leased Premises

Tenant covenants that it will care for and maintain the Leased Premises in accordance with the provisions of this Lease Agreement.

16.5 Tenant's Covenant to Not Disturb Other Users of the Property

Tenant acknowledges that there are other Tenants and agencies using the

Property, and Tenant covenants that its operations will not disturb the operations of the other Tenants and agencies using the property.

17. Nondiscrimination

The Tenant covenants that it will not discriminate against an employee or applicant of employment with respect to hire, tenure, terms, conditions, or privileges of employment, or a matter directly or indirectly related to employment, because of race, color, religion, national origin, age, sex, height, weight, marital status or a disability that is unrelated to the individual's ability to perform the duties of a particular job or position.

18. No Commission

The Parties acknowledge that no broker or agent was used to procure this Lease Agreement, and each represents to the other that no commission shall be paid to any broker or agent.

19. General Provisions

19.1 Entire Agreement

This Lease Agreement embodies the entire agreement between the Parties. There are no promises, terms, conditions, or obligations relating to the Leased Premises other than those contained herein.

19.2 Modification

This Lease Agreement may be modified only by written agreement executed with the same formalities as this Lease Agreement.

19.3 Binding Effect

The provisions of this Lease Agreement shall apply to and bind the heirs, executors, administrators, and assigns all of the parties hereto.

19.4 Headings

The paragraph headings in this Lease Agreement are used only for ease of reference, and do not limit, modify, construe, and or interpret any provision of this Lease Agreement.

19.5 Governing Law and Venue

This Lease Agreement is entered into under the laws of the State of Michigan. Any litigation between the Parties arising out of this Lease Agreement must be initiated within two years of the cause of action accruing and must be brought in a court of competent jurisdiction in Genesee County, Michigan.

19.6 Severability and Survival

In the event that any provision of this Lease Agreement is deemed by any

court of competent jurisdiction to be legally ineffective, such decision shall have no effect on the remaining provisions of this Lease Agreement.

19.7 No Waiver

No waiver or inaction by the County concerning any breach by the Tenant of the provisions of this Lease Agreement shall act as a waiver of any future breach by the Tenant.

19.8 Interpretation


Each Party has had opportunity to have this Lease Agreement reviewed by legal counsel and has had equal opportunity to contribute to its contents. In the event of any dispute concerning the interpretation of this Lease Agreement, there shall be no presumption in favor of any interpretation solely because the form of this Lease Agreement was prepared by the County.

R:\Groups\Admin\Medical Director & Coord\Tonilwellness services lease agreement FY 16-18.doc

IN WITNESS WHEREOF, the Parties have caused this Lease Agreement to be executed by their duly authorized agents.

Wellness Services

COUNTY OF GENESEE

By: 
Stevi Atkins
CEO, Wellness Services

By: _____
Mark Young, Chairperson
Board of County Commissioners

Date: 5/3/17

Date: _____

Approved as to form:

Corporation Counsel

R:\Groups\Admin\Medical Director & Coord\Toni\wellness services lease agreement FY 16-18.doc

EXHIBIT A

Property Description

1. Lease of approximately 1,539 sq. ft at McCree South in the CSHCS area.

GENESEE COUNTY INSURANCE CHECKLIST

LEASE AGREEMENT:

Wellness Services – Lease Agreement

Coverage Required

Limits (Figures denote minimums)

- | | |
|--|--|
| <u>X</u> 1. Workers' Compensation | Statutory limits of Michigan |
| <u>X</u> 2. Employers' Liability | \$100,000 accident/disease
\$500,000 policy limit, disease
Including Premises/operations |
| <u>X</u> 3. General Liability | \$1,000,000 per occurrence with \$2,000,000
aggregate. Including Products/
Completed Operations and Contractual
Liability |
| ___ 4. Professional liability | \$1,000,000 per occurrence with \$2,000,000
aggregate. Including errors and
omissions |
| ___ 5. Medical Malpractice | \$200,000 per occurrence \$800,000 in aggregate |
| <u>X</u> 6. Automobile liability | \$1,000,000 combined single limit each accident-
Owned, Hired, Non-owned |
| ___ 7. Umbrella liability/Excess Coverage | \$,000,000 BI & PD and PI |
| <u>X</u> 8 <u>Genesee County named as an additional insured on other than workers' compensation via
endorsement. A copy of the endorsement or evidence of blanket Additional Insured
language in the policy must be included with the certificate.</u> | |
| <u>X</u> 9. Other insurance required: Property insurance with limits sufficient to cover tenant's property as
required in the lease agreement. | |
| <u>X</u> 10. Best's rating: A VIII or better, or its equivalent (Retention Group Financial Statements) | |
| <u>X</u> 11. The certificate must state bid number and title | |

Insurance Agent's Statement

I have reviewed the requirements with the lessor named below. In addition:

___ The above required policies carry the following deductibles:

___ Liability policies are **occurrence** ___ **claims made** ___

Insurance Agent

Signature

Lessor's Statement

I understand the insurance requirements and will comply in full with the lease agreement.

Lessor

Signature

Required general insurance provisions are provided in the checklist above. These are based on the contract and exposures of the work to be completed under the Contract. Modifications to this checklist may occur at any time prior to signing of the contract. Any changes will require approval by the Prospective Contractor, the department and County Risk Manager. To the degree possible, all changes will be made as soon as feasible.

REVISED 11/28/2012



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/12/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER McCredie Insurance Agency, Inc. 5454 Gateway Centre, Suite A Flint MI 48507		CONTACT NAME: Chris Schroeder PHONE (A/C, No, Ext): (810) 767-6050 E-MAIL ADDRESS: chriss@mccredieins.com FAX (A/C, No): (810) 767-7323	
INSURED Wellness Aids Services, Inc. 311 E. Court Street Flint MI 48502		INSURER(S) AFFORDING COVERAGE INSURER A: West Bend Mutual Ins INSURER B: Liberty Mutual INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 16/17 Term**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		NSQ1794302	8/14/2016	8/14/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Employee Benefits \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		NSQ1794302	8/14/2016	8/14/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N <input type="checkbox"/> N/A	WC5348534499015	8/15/2016	8/15/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is additional insured for general liability purposes only. 10 days notice of cancellation is provided for nonpayment of premium and 30 days for all other cancellations.

CERTIFICATE HOLDER**CANCELLATION**

stickler@gchd.us Genesee County Genesee County Health Department c/o Lisa Strickler 630 S. Saginaw, Ste. 4 Flint, MI 48502	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Todd McCredie/CAS <i>Todd S. McCredie</i>
---	--


Mark Valacak, MPH
Health Officer



Gary K. Johnson, MD, MPH
Medical Director

MEMORANDUM

To: Brenda Clack, Chairperson
Human Services Committee

From: Mark Valacak, MPH 
Health Officer

Date: June 19, 2017

Subject: Request for Overnight Travel for 2017 eClinicalWorks National User Conference.

Requested Action

Board approval and referral by the Health officer to the appropriate committee of the Board of Commissioners.

Request to send Public Health IS Coordinator to attend the 2017 eClinicalWorks National Conference in Gaylord, Texas on October 6-9, 2017.

Conference/Location: 2017 eClinicalWorks National Conference, Gaylord, Texas

Date(s): October 6-9, 2017

Attendee(s): Tom Harris, Public Health MIS Coordinator

Amount: \$1,900.00 approximately includes conference cost, airfare, lodging and 3 meals.

Funding Account: 221.6010.6040.1124 \$300.00
221.6010.6125.1124 \$1609.56

Funding Source: Indirect Revenue

Purpose: To receive training in the EMR eClinicalWorks advanced features involving setup and reporting functions to increase revenue collection and proficiency.

Discussion

The eClinicalWorks 2017 National Conference is an opportunity to engage with 5,000 plus industry professionals throughout 3 days of educational and networking events. The conference offers over 120 learning sessions designed to increase proficiency as an eClinicalWorks user and to increase office efficiency. **No county appropriation is needed.**

R:\Groups\Admin\Health Ofcr & Admin Sec\ADMIN SECRETARY-CLERICAL COORD\Memo\Harris HSC memo 6-2017.doc

Floyd J. McCree Courts & Human Services Building ♦ 630 S. Saginaw Street, Ste. 4 ♦ Flint, Michigan 48502-1540

Burton Branch ♦ G-3373 S. Saginaw Street ♦ Burton, Michigan 48529

Main Phone 810-257-3612 ♦ Visit us at: www.gchd.us

(<https://specialevents.eclinicalworks.com/event/2017-National/home>)

★ REGISTRATION INFO

Please read the full registration Terms and Conditions (<https://specialevents.eclinicalworks.com/event/2017-National/static/OTc2>).

eClinicalWorks

Attention: Becky Rondeau

2 Technology Drive

Westborough, MA 01581

Check memo: Add your invoice number or registration ID

CONFERENCE REGISTRATION RATES In order to secure your registration rate, you should pay at the time your registration is completed. If payment is not received by the deadlines below, your registration rate will move up to the next tier.

Registration Rate Tiers	Deadline to Complete Payment
Early Bird \$700	July 7
Regular \$800	September 22
Onsite \$900	October 4

GROUP REGISTRATION DISCOUNTS Groups of four or more attendees will receive a waived registration for a fifth attendee to go to the National Conference (NC). All individuals must be under one group registration in order for the discount to apply at registration checkout. All group members must share an eClinicalWorks account number and/or APU ID*. Should the group size decrease to below four, the free registration(s) will be charged at the full registration rate. If the group of four or more opts to not use the free registration(s) available, there is no monetary or other compensation. Discounts are non-transferable.

*How to locate your APU ID: Open the eClinicalWorks software and click on the Help menu. Then click on About eClinicalWorks. From there, click on APU Info. Enter this number at time of registration.

ATTENDEE SUBSTITUTIONS Notice of substitution should be requested by e-mail to specialevents@eclinicalworks.com (<mailto:specialevents@eclinicalworks.com>?)

subject=National%20Conference%20Substitution%20Request&body=Name%20of%20person%20no%20longer%20attending%3A%0A%0ANew%20attendee%20info%20needed%3A%0AFirst%20and%20Last%20name%3A%0A%0AEducational%20credentials%3A%0A%0AJob%20title%3A%0A%0AEmail%3A%0A%0ADietary%20Restrictions%20(if%20any)%3A%0A%0AWe%20will%20follow-up%20with%20confirmation%20of%20substitution.%20Thank%20you.)

Substitution Date	Substitution
Until September 22, 2017	No charge for substitutions
On or after September 23, 2017	No substitutions allowed

CANCELLATIONS AND REFUNDS Notice of cancellations should be requested by e-mail to specialevents@eclinicalworks.com (<mailto:specialevents@eclinicalworks.com>)?

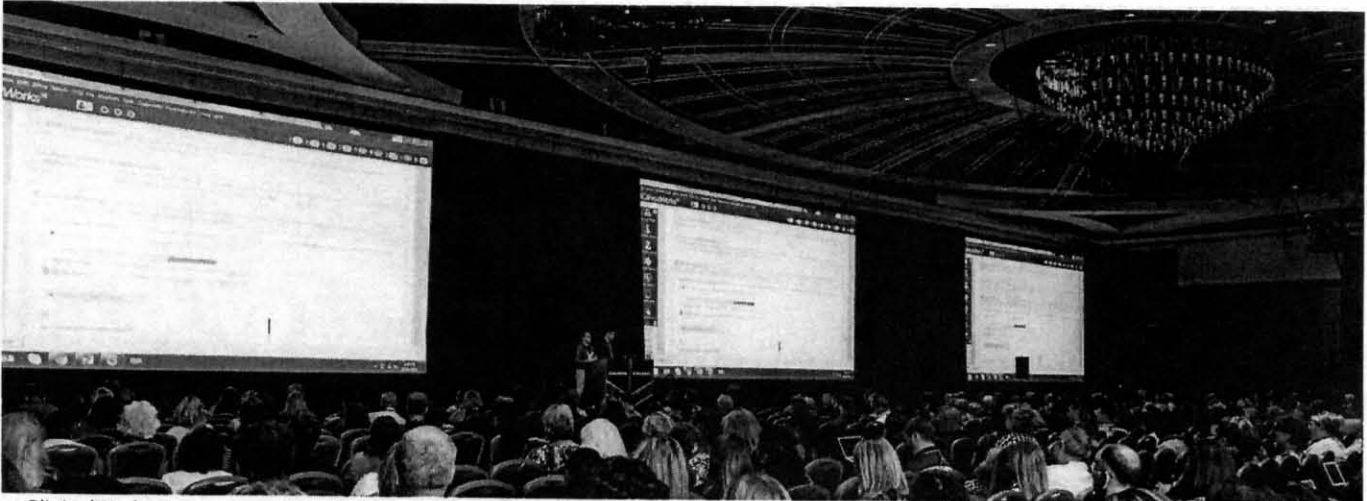
subject=National%20Conference%20Cancellation%20Request&body=Name%20of%20person%20wishing%20to%20cancel%3A%0A%0AWe%20will%20follow%20up%20with%20confirmation%20of%20cancellation.%20Thank%20you.%20). Please allow up to seven (7) business days for your credit card refund to be processed. Check refunds can take up to twenty one (21) business days to refund. No refunds will be honored after September 23, 2017, due to contracts and hotel guarantees.

Cancellation Date	Refund Amount
Before July 7, 2017	Fully refundable registration fee
July 8 – September 22, 2017	Your registration fee minus \$200
September 23, 2017 and after	No refund

SATURDAY NIGHT PARTY PASSES Party Passes will be available for purchase later in the year. A Party Pass allows a family or friend to attend the Saturday night party with you. There is no additional fee to attend the party if you are a registered attendee. The party is included in a conference registration. We do not offer meal plans for purchase for friends or family.

(<https://specialevents.eclinicalworks.com/event/2017-National/home>)

Breakout Sessions



eClinicalWorks teams are putting together 115 breakout sessions for our 10th anniversary Conference, with the return of favorites such as PM Roundtable, Ask the IT Experts, and Health Center User Group Panel. We'll help you prepare for your 10e Go-Live, and explore interoperability, dermatology, best practices for billing, and much more! We're releasing the complete 2017 lineup over the coming months, beginning in April. Once all sessions are released, you can build your conference schedule through this website! Breakout sessions are offered in eight concurrent time slots, Friday, Saturday, and Sunday, Oct. 6-8. All titles, abstracts and learning objectives are subject to change.

If you would like to view the 2016 breakout session titles and abstracts, click here (<https://specialevents.eclinicalworks.com/event/2017-National/2016sessionlist>). This is especially helpful for conference newcomers. Visit my.eclinicalworks.com (<http://my.eclinicalworks.com/>) to view the 2016 Conference session presentation slides and recordings. Once you are logged in at my.eclinicalworks.com (<http://my.eclinicalworks.com/>), click on Knowledge and the Conference Material.

Session Titles

[A Surgeon's Touch: Charting for ASCs](#)

[Ask the IT Experts](#)

[Ax the Fax with Direct Messaging! New!](#)

[Calling All Billing Teams! New!](#)

[eBO Reporting: Basics to Dashboards](#)

[EMR Roundtable](#)

[Front Office + Back Office = BFF New!](#)

[Get In-FORMed for a Smarter Practice New!](#)

[Getting Your Corporate Security in Order](#)

[Give Your Central Office Top Billing New!](#)

[healow App: Managing All in the Family](#)

[Health Center User Group Panel](#)

[Helping the Front Office Flow](#)

[Hey eBO, Analyze This!](#)

(<https://specialevents.eclinicalworks.com/event/2017-National/home>)

[Integration and Interoperability in 10e](#) New!

[Jelly Beans and Wizards... OH MY!](#)

[Journey to the Center of the Lab Jelly Bean](#) New!

[Making Alerts and Registry Work for You](#) New!

[Medication Management Minus the Mess](#)

[Meet Your Urgent Needs: Branding, Workflows, Scalability!](#) New!

[Occupational Medicine for Employers](#)

[Open a Portal to Better Patient Engagement](#)

[PM Roundtable](#)

[Pre-Flight Sequence for Your 10e Go-Live](#)

[Scribe: Your Next Office Superstar](#)

[Talk to Me: All About Interoperability](#)

[The Claim Life Cycle: Automatically Better!](#)

[The Skinny on Dermatology](#)



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Mark Valacak, MPH
Health Officer



Gary K. Johnson, MD, MPH
Medical Director

MEMORANDUM

To: Brenda Clack, Chairperson
Human Services Committee

From: Mark Valacak, MPH *MV*
Health Officer

Date: June 19, 2017

Subject: Request for Overnight Travel for 2017 eClinicalWorks National Conference.

Requested Action

Board approval and referral by the Health officer to the appropriate committee of the Board of Commissioners.

Request to send Senior Medical Biller to attend the 2017 eClinicalWorks National Conference in Gaylord, Texas on October 6-9, 2017.

Conference/Location: 2017 eClinicalWorks National Conference, Gaylord, Texas

Date(s): October 6-9, 2017

Attendee(s): Tami O'Leary, Senior Biller

Amount: \$1,900.00 approximately includes conference cost, airfare, lodging and 3 meals.

Funding Account: 221.6010.6210.1124

Funding Source: Indirect Revenue

Purpose: To receive training in the EMR eClinicalWorks advanced features involving setup and reporting functions to increase revenue collection and proficiency.

Discussion

The eClinicalWorks 2017 National Conference is an opportunity to engage with 5,000 plus industry professionals throughout 3 days of educational and networking events. The conference offers over 120 learning sessions designed to increase proficiency as an eClinicalWorks user and to increase office efficiency. **No county appropriation is needed.**

R:\Groups\Admin\Health Ofcr & Admin Sec\ADMIN SECRETARY-CLERICAL COORD\Memo\OLEary HSC memo 6-2017.doc

GENESEE COUNTY
OVERNIGHT TRAVEL REQUEST

Reso #: _____

Name: Tami O'Leary

Date: 6/1/2017

Conference Title: Eclinical Works 2017 National Conference

Date(s) of Conference: 10/6/17-10/9/17 Location: Gaylord, TX

Charge to: Department: 6210 Acct (choose one): 46495

Expenditure Detail

Personal Vehicle Mileage: 10 Miles @ \$0.535 per mile= \$5.35
(If over 50 miles you must attain approval)

Airfare: \$504.00

Other Transportation Costs (detail): Airport Parking/Shuttle/Taxi in TX \$60.00

Conference Registration: \$800.00

Lodging: 3 nights @ \$157.07 per night= \$471.21

# of Meals:	<u>1</u>	bkfst @	\$6.00 + .90 tip=	\$6.90	<u>\$6.90</u>
	<u>1</u>	lunch @	\$9.00 + 1.35 tip=	\$10.35	<u>\$10.35</u>
	<u>3</u>	dinner @	\$15.00 + 2.25 tip=	\$17.25	<u>\$51.75</u>
					<u>\$69.00</u>

Other costs (detail): _____

TOTAL COSTS: \$1,909.56

Prepayments requested:

Airfare: \$416.00

Lodging Deposit: \$471.21

Registration Fees: \$700.00

Other: _____

TOTAL PREPAYMENTS REQUESTED: \$1,587.21

ALLOWABLE ADVANCE PAYMENT: \$322.35

APPROVALS

Supervisor: _____

Date: _____

Director: _____

Date: _____

Accounting:  _____

Date: 6.2.17

Health Officer: _____

Date: _____

(<https://specialevents.eclinicalworks.com/event/2017-National/home>)

★ REGISTRATION INFO

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eClinicalWorks

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Westborough, MA 01581

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CANCELLATIONS AND REFUNDS Notice of cancellations should be requested by e-mail to specialevents@eclinicalworks.com (<mailto:specialevents@eclinicalworks.com>?)

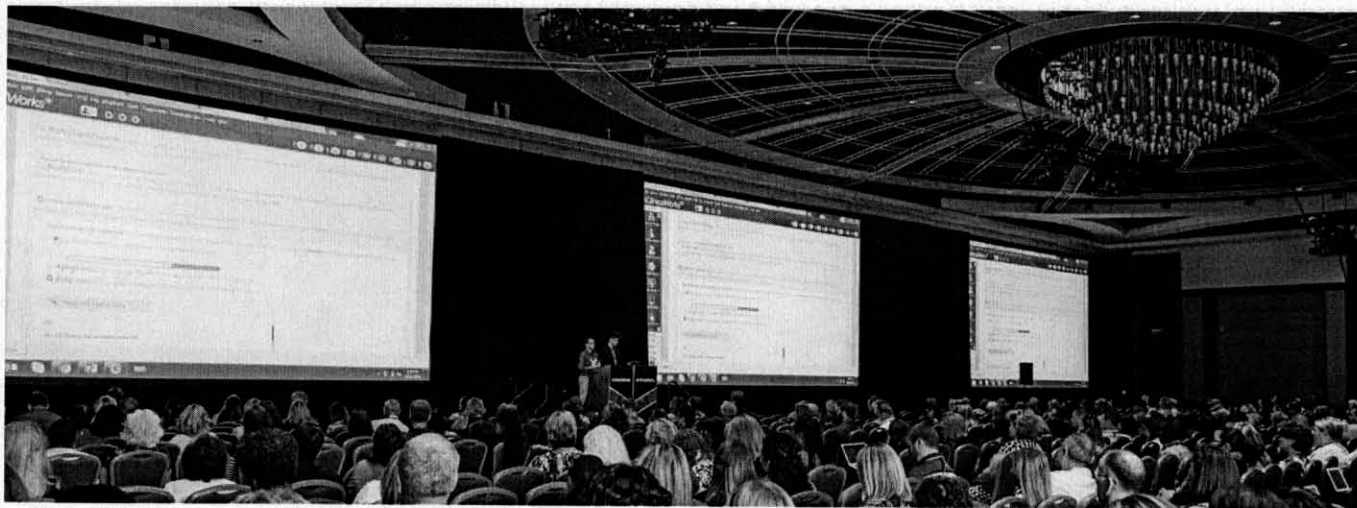
subject=National%20Conference%20Cancellation%20Request&body=Name%20of%20person%20wishing%20to%20cancel%3A%0A%0AWe%20will%20follow-up%20with%20confirmation%20of%20cancellation.%20Thank%20you.%20). Please allow up to seven (7) business days for your credit card refund to be processed. Check refunds can take up to twenty one (21) business days to refund. No refunds will be honored after September 23, 2017, due to contracts and hotel guarantees.

Cancellation Date	Refund Amount
Before July 7, 2017	Fully refundable registration fee
July 8 – September 22, 2017	Your registration fee minus \$200
September 23, 2017 and after	No refund

SATURDAY NIGHT PARTY PASSES Party Passes will be available for purchase later in the year. A Party Pass allows a family or friend to attend the Saturday night party with you. There is no additional fee to attend the party if you are a registered attendee. The party is included in a conference registration. We do not offer meal plans for purchase for friends or family.

(<https://specialevents.eclinicalworks.com/event/2017-National/home>)

Breakout Sessions



eClinicalWorks teams are putting together 115 breakout sessions for our 10th anniversary Conference, with the return of favorites such as PM Roundtable, Ask the IT Experts, and Health Center User Group Panel. We'll help you prepare for your 10e Go-Live, and explore interoperability, dermatology, best practices for billing, and much more! We're releasing the complete 2017 lineup over the coming months, beginning in April. Once all sessions are released, you can build your conference schedule through this website! Breakout sessions are offered in eight concurrent time slots, Friday, Saturday, and Sunday, Oct. 6-8. All titles, abstracts and learning objectives are subject to change.

If you would like to view the 2016 breakout session titles and abstracts, click here (<https://specialevents.eclinicalworks.com/event/2017-National/2016sessionlist>). This is especially helpful for conference newcomers. Visit my.eclinicalworks.com (<http://my.eclinicalworks.com/>) to view the 2016 Conference session presentation slides and recordings. Once you are logged in at my.eclinicalworks.com (<http://my.eclinicalworks.com/>), click on Knowledge and the Conference Material.

Session Titles

[A Surgeon's Touch: Charting for ASCs](#)

[Ask the IT Experts](#)

[Ax the Fax with Direct Messaging! New!](#)

[Calling All Billing Teams! New!](#)

[eBO Reporting: Basics to Dashboards](#)

[EMR Roundtable](#)

[Front Office + Back Office = BFF New!](#)

[Get In-FORMed for a Smarter Practice New!](#)

[Getting Your Corporate Security in Order](#)

[Give Your Central Office Top Billing New!](#)

[healow App: Managing All in the Family](#)

[Health Center User Group Panel](#)

[Helping the Front Office Flow](#)

[Hey eBO, Analyze This!](#)

(<https://specialevents.eclinicalworks.com/event/2017-National/home>)

[Integration and Interoperability in IVE](#) New!

[Jelly Beans and Wizards... OH MY!](#)

[Journey to the Center of the Lab Jelly Bean](#) New!

[Making Alerts and Registry Work for You](#) New!

[Medication Management Minus the Mess](#)

[Meet Your Urgent Needs: Branding, Workflows, Scalability!](#) New!

[Occupational Medicine for Employers](#)

[Open a Portal to Better Patient Engagement](#)

[PM Roundtable](#)

[Pre-Flight Sequence for Your 10e Go-Live](#)

[Scribe: Your Next Office Superstar](#)

[Talk to Me: All About Interoperability](#)

[The Claim Life Cycle: Automatically Better!](#)

[The Skinny on Dermatology](#)



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Genesee County Medical Examiner's Office

Brian C. Hunter, M.D.
Medical Examiner

630 South Saginaw Street
Flint, Michigan 48502
Phone: (810) 762-7777 Fax: (810) 762-7786

MEMORANDUM

To: Brenda Clack, Chairperson
Human Services Committee

From: Brian Hunter, MD
Genesee County Medical Examiner

Date: June 19, 2017

Subject: Approval to contract with BioClean for biohazard/sharps removal service.

Requested Action

Requesting approval to contract with BioClean for biohazard/sharps removal service for an estimated annual cost of \$5200.00, beginning July 1, 2017. Quotes were obtained from BioClean, Healthcare Waste Management, and Stericycle. The decision to use BioClean was based on price, service adaptability, and being a Michigan based company. Source of funding is "Morgue Operation" budget line.

Approval is requested through a **Roll Call Vote**.



Genesee County Medical Examiner's Office

Brian C. Hunter, M.D.

Medical Examiner

630 South Saginaw Street

Flint, Michigan 48502

Phone: (810) 762-7777 Fax: (810) 762-7786

MEMORANDUM

To: Brenda Clack, Chairperson
Human Services Committee

From: Brian Hunter, MD
Genesee County Medical Examiner

Date: June 19, 2017

Subject: Approval to contract with Hurley Medical Center for general laboratory services and McLaren Laboratory for histology services.

Requested Action

Requesting approval to contract with Hurley Medical Center for general laboratory services and with McLaren Laboratory for histology services. The choice of Hurley Medical Center and McLaren Laboratory for these services was made through a competitive bid process and was made based on price, level of offered service, and both being Michigan based companies. The cost for general laboratory services is estimated to be \$32,000.00 per year. The cost for histological laboratory services is estimated to be \$31,000.00 per year. These agreements will take effect July 1, 2017.

Histology services fund source: Morgue Operations line item

General Laboratory fund source: existing budget line item

Approval is requested through a **Roll Call Vote**.



Genesee County Office of Senior Services
1101 Beach Street, Room 361
Flint, Michigan 48502
Phone 810.424.4478 Fax 810.424.4359
Lynn M. Radzilowski, Director

June 9, 2017

MEMORANDUM

TO: Commissioner Brenda Clack, Chairperson
Human Services Committee (HSC)

FROM: Lynn M. Radzilowski, Director
Genesee County Office of Senior Services (GCROSS)

RE: Senior Center Budget Amendment Request: Flushing Area Senior Center

The Flushing senior center has requested to amend their FY 2016-2017 budget. This request is appropriate and there are no red flags.

Flushing Area Senior Center:

Internal transfer in Administration: transfer **\$6,000** from the Social Worker line item to the Office Assistant line item.

Reduce Operations from \$33,756 to \$33,506 a difference of \$250 to increase programming.

Increase Programming from \$2,500 to \$2,750 a difference of \$250.

Recommendation:

At this time, the GCROSS recommends approving the budget amendment and it is requested that approval of this recommendation be forwarded the Genesee County Board of Commissioners.

FLUSHING AREA SENIOR CENTER

106 Elm Street
Flushing, MI 48433-1608
Telephone 810-659-4735
Fax 810-659-4686

June 2, 2017

Lynn Radzilowski, Director
Office of Senior Services
1101 Beach St., 3rd Floor Room 361
Flint, MI 48502

Re: Budget change request

Dear Ms. Radzilowski,

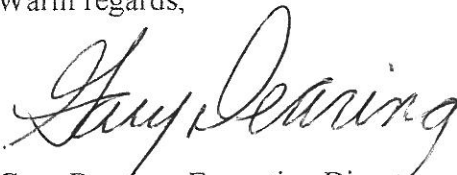
On behalf of the Flushing Area Senior Center, I request the approval to amend our 2016/17 budget. The request is to move the following:

\$ 6,000.00 from Social Worker to Office Assistant
\$ 1,300.00 from Postage to Vehicle Maintenance & Insurance
\$ 1,000.00 from Printing to Operating Supplies & Expenses
\$ 1,000.00 from Office Supplies to Misc. Maintenance
\$ 250.00 from Accountant to Programming

This request totals \$9,550.

We appreciate your consideration in this matter. If you have any questions or concerns, please contact me at your convenience.

Warm regards,



Gary Dearing, Executive Director
Flushing Senior Center



MD
6-6-17