



CITY OF ALBION CITY COUNCIL MEETING AGENDA

Meetings: First and Third Mondays – 7:00 p.m.

City Council Chambers ♦ Second Floor ♦ 112 West Cass Street ♦ Albion, MI 49224

COUNCIL-MANAGER
GOVERNMENT

Council members and
other officials normally in
attendance.

Garrett Brown
Mayor

Maurice Barnes, Jr.
Council Member
1st Precinct

Lenn Reid
Council Member
2nd Precinct

Sonya Brown
Mayor Pro Tem
Council Member
3rd Precinct

Marcola Lawler
Council Member
4th Precinct

Jeanette Spicer
Council Member
5th Precinct

Andrew French
Council Member
6th Precinct

Sheryl L. Mitchell
City Manager

The Harkness Law Firm
Atty Cullen Harkness

Jill Domingo
City Clerk

NOTICE FOR PERSONS WITH
HEARING IMPAIRMENTS
WHO REQUIRE THE USE OF A
PORTABLE LISTENING DEVICE

Please contact the City
Clerk's office at
517.629.5535 and a listening
device will be provided
upon notification. If you
require a signer, please
notify City Hall at least five
(5) days prior to the posted
meeting time.

AGENDA

STUDY SESSION-COUNCIL CHAMBERS Monday, December 19, 2016

6:00 p.m.

PLEASE TURN OFF CELL PHONES DURING MEETING

- I. CALL TO ORDER
- II. ROLL CALL
- III. CITIZEN'S COMMENTS (Persons addressing the City Council shall limit their comments to **agenda items only** and to no more than five (5) minutes. Proper decorum is required.)
- IV. ITEMS FOR INDIVIDUAL DISCUSSION
 - A. Discussion-Rural Health Network Grant Proposal
- V. CITIZENS COMMENTS (Persons addressing the City Council shall limit their comments to no more than five (5) minutes. Proper decorum is required.)
- VI. ADJOURN

Proposed Work Plan

Goal 1: Identify health needs of the greater Albion Community (Aim #1).

Network Member	Strategy	Activities	Measurable Outcome
Oaklawn Hospital Starr Commonwealth (Lead) Calhoun County Albion College City of Albion Albion Health Alliance Summit Pointe BCCF/AHA HOMER	Reach out to local community and identify the gaps in care and disparities in health.	Survey local community members. Collect existing health data from Calhoun Coordinating Council and other entities studying local health. Use Oaklawn Hospital's annual health needs assessment and strategic plan. Coordinate network meetings to analyze data and provide recommendation for next steps.	1) Define and disseminate the major health needs and disparities of the greater Albion community to all network members and the public at large (Work Product)

Goal 2: Identify and grow network of health agencies, social service organizations, and local governments that address the care coordination gaps for the at-risk communities in the greater Albion area. (Aim #2, a).

Network Member	Strategy	Activities	Measurable Outcome
Oaklawn Hospital Starr Commonwealth (Lead) Calhoun County Albion College City of Albion Albion Health Alliance Summit Pointe	Include as many service-delivery partners and care coordination organizations/payers to the process of network formation.	Expand conversations to outside network members and vet more organizations to continue this work within the network. Interview and vet potential leaders within the network for the next step in creating healthcare accessible to at-risk and under-funded populations in the greater Albion area.	1) Defined network members and formal written commitments for a period of time to continue creating and improving care coordination and healthcare access.

Goal 3: Identify how network members integrate functions to share resources and create efficiencies in care coordination and service delivery (Aim #1/Aim #2).

Network Member	Strategy	Activities	Measurable Outcome
Oaklawn Hospital Starr Commonwealth (Lead)	Investigate what is going well in the current care coordination	Collate locally collected data on services provided and have constructive	1) Defined inventory of services.

Proposed Work Plan

<p>Calhoun County Albion College City of Albion Albion Health Alliance Summit Pointe</p>	<p>space and identify the gaps to begin laying foundation for the future partnerships within the network.</p>	<p>conversations around filling the gaps in payer supported services and actual services delivered. Facilitate solutions-focused conversations around managing chronic illness for at-risk populations. Explore the challenges in not having physical and mental health services co-located and easily accessible.</p>	<p>2) Coordinated map of payers for services and where/what they fund for at-risk and Medicaid/Medicare populations. 3) Defined goals for future integration of mental health services with physical health services.</p>
<p>Goal 4: Develop sustainable network roadmap that addresses the health needs of the greater Albion community and attempts to fill in gaps in care and access (Aim #2/Aim #3).</p>			
<p>Network Member Oaklawn Hospital Starr Commonwealth (Lead) Calhoun County Albion College City of Albion Albion Health Alliance Summit Pointe</p>	<p>Strategy Identify a plan to move forward on addressing gaps in service delivery and care coordination.</p>	<p>Activities Facilitated strategic planning conversations that address the needs of the greater community with the capability of network members to coordinate services.</p>	<p>Measurable Outcome 1) Develop health network strategic plan that defines the roadmap to improving care coordination and service delivery in the greater Albion area.</p>
<p>Goal 5: Strengthen health care system of eastern Calhoun county with network collaboration and mature development of the network (Aim #3).</p>			
<p>Network Member Oaklawn Hospital Starr Commonwealth (Lead) Calhoun County Albion College City of Albion Albion Health Alliance Summit Pointe</p>	<p>Strategy Create a network with strong relationships and expressed commitment to the future of health service delivery.</p>	<p>Activities Regular meetings of the defined network. Regular vetting and admission of new partners and service providers to the network. Continued conversations around service delivery and efficiencies.</p>	<p>Measurable Outcome 1) Formal commitments from all network members of their time and resources available. 2) At the end/during project year, the network is ready to pursue additional funding opportunities and initiates that collaborative process.</p>

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Federal Office of Rural Health Policy

Community-Based Division

Rural Health Network Development Planning Program

Announcement Type: New; Competing Continuation

Funding Opportunity Number: HRSA-17-016

Catalog of Federal Domestic Assistance (CFDA) No. 93.912

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2017

Application Due Date: January 3, 2017

Ensure SAM.gov and Grants.gov registrations and passwords are current immediately!

Deadline extensions are not granted for lack of registration.

Registration in all systems, including SAM.gov and Grants.gov, may take up to one month to complete.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Federal Office of Rural Health Policy (FORHP) is accepting applications for fiscal year (FY) 2017 Rural Health Network Development Planning Program. The purpose of this grant program is to promote the planning and development of healthcare networks in order to: (i) achieve efficiencies; (ii) expand access to, coordinate, and improve the quality of essential health care services; and (iii) strengthen the rural health care system as a whole.

Funding Opportunity Title:	Rural Health Network Development Planning
Funding Opportunity Number:	HRSA-17-016
Due Date for Applications:	January 3, 2017
Anticipated Total Annual Available Funding:	\$2,400,000
Estimated Number and Type of Awards:	Up to 24 grants
Estimated Award Amount:	Up to \$100,000 per year
Cost Sharing/Match Required:	No
Project Period:	June 1, 2017- May 31, 2018 (1 year)
Eligible Applicants:	To be eligible to receive a grant under this subsection, an entity - (A) shall be a rural public or rural nonprofit private entity; (B) shall represent a network composed of participants - (i) that include 3 or more health care providers; and (ii) that may be nonprofit or for-profit entities; and (C) shall not previously have received a grant under this subsection (other than a grant for planning activities) for the same or a similar project. [See <u>Section III-1</u> of this funding opportunity announcement (FOA) for complete eligibility information.]

Purpose

This announcement solicits applications for the Rural Health Network Development Planning Grant Program ("Network Planning").

The purpose of the Network Planning program is to assist in the development of an integrated health care network, specifically for entities that do not have a history of formal collaborative efforts. Health care networks can be an effective strategy to help smaller rural health care providers and health care service organizations align resources and strategies, achieve economies of scale and efficiency, and address challenges more effectively as a group than as single providers. The Network Planning program promotes the planning and development of healthcare networks in order to: (i) achieve efficiencies; (ii) expand access to, coordinate, and improve the quality of essential health care services; and (iii) strengthen the rural health care system as a whole. The health care system is undergoing a significant amount of change and this can be particularly challenging for small rural providers.

The goals of the Network Planning program are centered around approaches that will aid providers in better serving their communities given the changes taking place in health care, as providers move from focusing on the volume of services to focusing on the value of services. This program will bring together key parts of a rural health care delivery system, particularly those entities that may not have collaborated in the past under a formal relationship, to establish and improve local capacity and coordination of care. The program will support one year of planning with the primary goal of helping networks create a foundation for their infrastructure and focusing member efforts to address important regional or local community health needs.

Background

This program is authorized by Section 330A(f) of the Public Health Service Act, 42 U.S.C. 254c(f), as amended, to expand delivery of health care services in rural areas through the planning of integrated health care networks in rural areas.

The passage of the Affordable Care Act (ACA) has provided opportunities for expanded insurance coverage in rural areas. There are also increasing efforts across payers and employers to focus on health promotion and chronic disease management in order to improve patient outcomes and reduce downstream costs. The increasing focus on showing value in health care delivery creates incentives to develop regional systems of care that preserve local autonomy for rural communities while also ensuring access to the appropriate continuum of care for the local service population. Thus, it is more important now than ever for rural providers to participate in efforts such as implementing population health strategies to demonstrate the quality and value they provide rural residents.

While the ACA created opportunities for increased health care coverage, the realities of

rural health care delivery such as a limited provider base, financial instability and higher rates of chronic disease, continue to pose as barriers to optimal health care delivery and access to quality and coordinated care. Thus, policymakers are increasing focus on the concept of population health to effectively address these challenges. Some rural communities may be negotiating how to best meet local health care needs, particularly in those rural communities that may be too small to support a full-service hospital but need more than an ambulatory clinic or a nursing home. Additionally, an increasing number of rural hospitals have closed or limited services due to diminishing financial viability. As of August 2016, seventy-six (76) rural hospitals have either closed or suspended operations¹. As the lynchpin of a community, the loss of a rural hospital can impact access to necessary health care services. Communities are beginning to explore innovative approaches to maintain access to essential health care services in rural areas while appropriately leveraging community resources and facilities to ensure sustainability.

Considering the unique set of challenges facing rural communities, the formation of a health network may provide an opportunity to bring together rural health care providers and other community organizations in order to address local health needs. While this grant provides one year of funding, FORHP envisions that these networks will work towards becoming operational and sustainable beyond the project year and achieving long-term outcomes such as: network sharing services, enhancing service coordination and integration, and having a viable business model. The long-term impact of this program will help organizations achieve efficiencies, increase access to care and coordination, and strengthen the rural health care system as a whole. At the conclusion of this one-year grant, recipients will be expected to report on various process and outcome measures, as well as, fulfill other grant reporting requirements.

Network Requirements

1. The Rural Health Network Development Planning Program requires the establishment of a network. The networks must be composed of at least three separately owned health care providers that may be nonprofit or for-profit entities. The applicant organization along with each network member who will be receiving any of the grant funds must have **separate and different** Employer Identification Numbers (EIN). The applicant organization must have an active SAM registration.
 - a. A rural health network is defined as an organizational arrangement among, at minimum, three separately owned organizations that come together to develop strategies for improving health services delivery systems in a community. For example, a critical access hospital, a community health center, and a public health department may collaborate to form a network around a shared purpose. Networks may include a wide range of community partners providing health care including social service agencies, faith-based organizations, mental health agencies, charitable organizations, educational institutions, employers, local government agencies or other entities with an interest in a community's health care system. Strong partnerships at the community level with organizations such as those mentioned above, are essential to the overall success of improving population health through alignment of goals and resources.

- i. The network can be a horizontal network (composed of the same type of organization, i.e., hospitals or clinics), or a vertical network (composed of different types of organizations, i.e., a critical access hospital and a rural health clinic and a community health center). While the network members may be for-profit or nonprofit and may be in a rural or urban area, the applicant organization must be located in a non-metropolitan county or in a rural census tract of a metropolitan county, and all services must be provided in a non-metropolitan county or rural census tract. The roles and responsibilities of each member organization must be clearly defined and each must contribute significantly to the goals of the network. Multiple health care providers owned by the same overarching entity or health system are not considered a separate entity.
- ii. Existing networks that seek to expand services or expand their service area are not eligible to apply. Additionally, previous Network Planning award recipients who propose a continuation of an awarded project are not eligible to apply. Existing networks that are proposing to collaborate with at least two outside organizations that they have not worked with before under a formal relationship are eligible to apply.

Agenda

Wednesday, December 07, 2016

1. Welcome and Purpose of Meeting (*Shane Williamson & Richard Lindsey*)
2. Introductions (*quick introductions around the room*)
3. Summary of Planning Grant (*Shane Williamson & Richard Lindsey*)
4. Summary and Review of Proposed Work Plan and Project Goals (*Shane Williamson & Richard Lindsey*)
5. Open Discussion on the grant and future of organizations participating (Open)
6. Next Steps (*Shane Williamson & Richard Lindsey*):
 - a. Memorandum of Understanding
 - b. Grant proposal and submission

Proposed Timeline for Submission		
Due Date	Task	Who
December 7, 2016	Current Meeting	Proposed network members
December 14 2016	Proposal completed and sent to network members.	Starr Commonwealth
December 16, 2016	MOUs signed and returned to Starr Commonwealth.	All proposed network members
December 20, 2016	Final edits due to Starr Commonwealth on proposal.	All proposed network members
December 22, 2016	Final submission of grant proposal submitted via www.grants.gov	Starr Commonwealth