

CHAIRPERSON
DEB NOLAN

VICE-CHAIRPERSON
REBECCA BAHAR-COOK

VICE-CHAIRPERSON PRO-TEM
RANDY MAIVILLE

HUMAN SERVICES COMMITTEE
TODD TENNIS, CHAIR
KARA HOPE
SARAH ANTHONY
BRIAN McGRAIN
DEB NOLAN
DON VICKERS
RANDY MAIVILLE

INGHAM COUNTY BOARD OF COMMISSIONERS

P.O. Box 319, Mason, Michigan 48854 Telephone (517) 676-7200 Fax (517) 676-7264

THE HUMAN SERVICES COMMITTEE WILL MEET ON MONDAY, MAY 6, 2013 AT 6:30 P.M., IN THE PERSONNEL CONFERENCE ROOM (D & E), HUMAN SERVICES BUILDING, 5303 S. CEDAR, LANSING.

Agenda

Call to Order

Approval of the [April 22, 2013 Minutes](#)

Additions to the Agenda

Limited Public Comment

1. Health Department
 - a. Resolution to Authorize [Amendment #5](#) to the 2012-2013 Comprehensive Agreement with the Michigan Department of Community Health
 - b. Resolution to Honor [Dr. Gordon Schafer](#)
2. Controller's Office - Resolution Updating [Various Fees](#) for County Services
3. Community Mental Health - Resolution Encouraging a Local [CMH System](#) with Equitable Funding

Announcements

Public Comment

Adjournment

**PLEASE TURN OFF CELL PHONES OR OTHER ELECTRONIC DEVICES
OR SET TO MUTE OR VIBRATE TO AVOID
DISRUPTION DURING THE MEETING**

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

HUMAN SERVICES COMMITTEE

April 22, 2013

Minutes

Members Present: Kara Hope, Sarah Anthony, Brian McGrain, Deb Nolan, Don Vickers, and Randy Maiville

Members Absent: Todd Tennis

Others Present: Jared Cypher, Renée Branch Canady, John Jacobs and Randy Marwede

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

Approval of the April 1, 2013 Minutes

The April 1, 2013 Minutes were approved as submitted.

Additions to the Agenda

3a. Substitute - Resolution Establishing Priorities to Guide the Development of the 2014 Budget and Activities of County Staff

3a. Additional Information - 2014 Strategic Planning Background Information Potter Park Zoo

4. Late – Resolution Designating the Month of April 2013 as Sexual Assault Awareness Month in Ingham County

Limited Public Comment

None.

1. Appointments - Veterans Affairs

Comm. McGrain expressed his concerns that when continuing with appointments attention should be given to branch, rank, domicile, gender, diversity, as well as, other elements.

Comm. Vickers referenced the attached copy of last year’s minutes calling attention to the approved motion to appoint Mr. Haines. Comm. Nolan expressed her concern that it was done in a Committee format where the Committee members may be different each year plus there may be more qualified applicants in the meantime; therefore, moving forward she stated she will look at that practice differently. The Committee agreed last year’s motion is not typical.

Comm. Maiville asked how often appointments are made to the Veteran’s Affairs Board. Mr. Marwede explained appointments are for 2 years with an 8-year limit. He informed the Committee there may be a member who will be unable to fulfill his appointment because of an illness; however, he wishes him well and hopes he is able to fulfill the appointment.

MOVED BY COMM. VICKERS, SUPPORTED BY COMM. MCGRAIN, TO APPOINT HUGH HAINES TO THE VETERANS AFFAIRS ADVISORY BOARD.

MOTION CARRIED UNANIMOUSLY. Absent: Chairperson Tennis

2. Health Department - Resolution to Authorize an Agreement for Call Center Services at the Health Department

MOVED BY COMM. MCGRAIN, SUPPORTED BY COMM. MAIVILLE, TO APPROVE THE RESOLUTION TO AUTHORIZE AN AGREEMENT FOR CALL CENTER SERVICES AT THE HEALTH DEPARTMENT.

Comm. Vickers asked for a brief summary. Dr. Branch Canady reminded the Committee the Health Department provides back office support for a number of health plans across the state. Comm. Vickers asked if the others pay for Ingham County's costs. Dr. Branch Canady answered yes.

MOTION CARRIED UNANIMOUSLY. Absent: Chairperson Tennis

3. Controller's Office
 - a. Resolution Establishing Priorities to Guide the Development of the 2014 Budget and Activities of County Staff

MOVED BY COMM. MCGRAIN, SUPPORTED BY COMM. NOLAN, TO APPROVE THE RESOLUTION ESTABLISHING PRIORITIES TO GUIDE THE DEVELOPMENT OF THE 2014 BUDGET AND ACTIVITIES OF COUNTY STAFF.

Mr. Cypher pointed out the changes made by the Law & Courts Committee then the areas of specific interest to the Human Services Committee.

The Committee discussed the intent of the words "operation" and "enhance" in the resolution along with the Health Department's long range plans including locations, space and partnerships. They also discussed the historical language that is standard in the resolution questioning if some language is obsolete.

MOVED BY COMM. ANTHONY, SUPPORTED BY COMM. VICKERS, TO AMEND THE RESOLUTION, THIRD WHEREAS, BY ADDING AN ADDITIONAL BULLET STATING "A COMMITMENT TO FAIRNESS, OPPORTUNITY AND ELIMINATING INEQUALITIES, AS FOLLOWS:

WHEREAS, these services are to be delivered in a manner which emphasizes:

- * An educated and participating citizenry
- * An ongoing capacity for intergovernmental collaboration
- * A quality workforce
- * Cost-effective delivery of county services
- * Maximum use of technology
- * **A commitment to fairness, opportunity and eliminating inequalities;** and

THIS WAS ACCEPTED AS A FRIENDLY AMENDMENT. Absent: Chairperson Tennis

Comm. McGrain stated that the millage should be identified in Item #5 Promoting Accessible Health Care, #1.

MOVED BY COMM. MCGRAIN, SUPPORTED BY COMM. NOLAN, TO AMEND THE RESOLUTION, THEREFORE BE IT RESOLVED, ITEM 5A, #1 ADDING “AND MAXIMIZE IMPLEMENTATION OF THE AFFORDABLE CARE ACT AND THE INGHAM COUNTY HEALTH CARE MILLAGE” AFTER THE WORD ACT AND AS FOLLOWS:

5. Priority consideration should be given to all of the following long-term objectives:

a. Promoting Accessible Health Care

1. Continue to maintain and expand access to health care for the uninsured and under-insured through the Ingham Health Plan, the Federally Qualified Health Clinics, and other county operated programs and clinics. **Maximize ~~Evaluate the effect of~~ implementation of the 2010 Patient Protection and Affordable Care Act and maximize implementation of the Affordable Care Act and the Ingham County Health Care Millage to benefit the County and enhance** ~~on~~ the delivery of public health services in Ingham County.

THIS WAS ACCEPTED AS A FRIENDLY AMENDMENT. Absent: Chairperson Tennis

MOVED BY COMM. NOLAN, SUPPORTED BY COMM. VICKERS, TO AMEND THE RESOLUTION, THEREFORE BE IT RESOLVED, ITEM #5A #4, BY ADDING “AND LOCATION” AFTER THE WORD “OPERATION”, AND AS FOLLOWS:

5. Priority consideration should be given to all of the following long-term objectives:

a. Promoting Accessible Health Care

4. **Develop a long range plan for the operation and location of the Community Health Centers.**

THIS WAS ACCEPTED AS A FRIENDLY AMENDMENT. Absent: Chairperson Tennis

MOTION TO APPROVE THE RESOLUTION, AS AMENDED, CARRIED UNANIMOUSLY.
Absent: Chairperson Tennis

b. Resolution Updating Various Fees for County Services

Mr. Cypher informed the Committee this is for discussion purposes and it will be brought back to the next round of meetings as a resolution. He asked for questions.

The Committee discussed various fees and would like more information on the following:

- Clarification on the East Lansing Tobacco Fee and County regulation.
- Line Items 86, 87 and 88, Well and Septic, relating to foster care placement

Comm. Vickers asked if someone on County Services Committee would have a discussion regarding Law Enforcement fees giving the example of tethering fees. Comm. McGrain stated he is also interested in this discussion.

c. Resolution Authorizing Adjustments to the 2013 Ingham County Budget

MOVED BY COMM. NOLAN, SUPPORTED BY COMM. MCGRAIN, TO APPROVE THE RESOLUTION AUTHORIZING ADJUSTMENTS TO THE 2013 INGHAM COUNTY BUDGET.

The Committee discussed the budget process, appropriation for ongoing and long term planning, matching grant funds, explanation for funds carried over for three years or more and the budget approval process.

Comm. Nolan asked if the Finance Committee could discuss with staff a policy that returns unused approved and funded resources that have not been used for three years or more back to the general fund. She acknowledged the policy will require some flexibility and the approval process could start again. Comm. McGrain noted that some items are specific funds for specific things; however, understands some older funds should be evaluated and discussed. Mr. Cypher noted that some funds are held waiting on grant funding. Comm. McGrain suggested that a footnote is added explaining why some projects are taking longer than anticipated.

MOTION CARRIED UNANIMOUSLY. Absent: Chairperson Tennis

4. Resolution Designating the Month of April 2013 as Sexual Assault Awareness Month in Ingham County

MOVED BY COMM. VICKERS, SUPPORTED BY COMM. MAIVILLE, TO APPROVE THE RESOLUTION DESIGNATING THE MONTH OF APRIL 2013 AS SEXUAL ASSAULT AWARENESS MONTH IN INGHAM COUNTY.

Comm. Nolan expressed her approval of the resolution.

MOTION CARRIED UNANIMOUSLY. Absent: Chairperson Tennis

Announcements

The Committee discussed water levels at the Potter Park Zoo. Comm. Nolan described an exit plan for the animals.

Comm. McGrain announced the Grand Opening of the Eastern High Health Center. The Grand Opening will be held Thursday, April 25, 2013 between 12:00 and 1:00 p.m. meeting in the Social Room at the main entrance.

Comm. Anthony announced the South Lansing Capital Area District Library Grand Re-opening next Monday at 5:30 or 6:00 pm.

Vice-Chairperson Hope announced the Tri-County Office on Aging Charity Golf Outing will be held on June 11th and are still in need of sponsors. Please contact her if you are interested.

Public Comment

None.

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

Respectfully submitted,

Julie Buckmaster

MAY 6, 2013 HUMAN SERVICES AGENDA STAFF REVIEW SUMMARY

ACTION ITEMS:

The Assistant Deputy Controller is recommending approval of the following resolutions:

1. Health Department
 - a. *Resolution to Authorize Amendment #5 to the 2012-2013 Comprehensive Agreement with the Michigan Department of Community Health*

Amendment #5 will increase the budget for Comprehensive Local Health Services from \$5,291,821 to \$5,421,279 increase of \$129,458. The Amendment makes the following specific changes in the budget:

1. PRIME Local Learning Collaborative, an increase of \$2,400 to \$18,500.
2. Public Health Emergency Preparedness 37,058.
3. Centralized Access Home Visiting HUB II, \$90,000.

Please see the attached memorandum for further details.

2. Controller's Office – *Resolution Updating Various Fees for County Services*

This resolution will authorize the adjustment of various fees for county services to be effective for the Health Department and the Friend of the Court on October 1, 2013, for the Park and Zoo winter seasonal fees on November 1, 2013, and for all other departments on January 1, 2014. If the fee adjustments are passed as proposed, additional annual revenue would total approximately \$160,000. Any additional revenue will be recognized in the 2014 Controller Recommended Budget.

OTHER/HONORARY ITEMS:

1. Health Department
 - b. *Resolution to Honor Dr. Gordon Schafer*
3. Community Mental Health - *Resolution Encouraging a Local CMH System with Equitable Funding*

MEMORANDUM

TO: Human Services Committee
Finance Committee

FROM: Renée Branch Canady, PhD, MPA, Health Officer

DATE: April 25, 2013

RE: Resolution to Authorize Amendment #5 to the 2012-2013 Comprehensive Agreement with the Michigan Department of Community Health

This is a recommendation to authorize Amendment #5 of the 2012-2013 Comprehensive Agreement with the Michigan Department of Community Health (MDCH). The Comprehensive Agreement is the annual process whereby the MDCH transmits State and Federal funds to Ingham County to support public health programs. The Comprehensive Agreement establishes the funding levels and the terms and conditions under which the funds are disbursed. The Board of Commissioners authorized the 2012-2013 Agreement in Resolution #12-311 and authorized amendment # 1 in Resolution #13-20, and authorized Amendment #2 in Resolution #13-52. Amendment #3 in Resolution # 13-140 and Amendment #4 in Resolution #13-163.

The Comprehensive Agreement is regularly amended to adjust funding levels and clarify terms and conditions. Amendment #5 will increase the budget for Comprehensive Local Health Services from \$5,291,821 to \$5,421,279 increase of \$129,458. The Amendment makes the following specific changes in the budget:

4. PRIME Local Learning Collaborative, an increase of \$2,400 to \$18,500.
5. Public Health Emergency Preparedness 37,058.
6. Centralized Access Home Visiting HUB II, \$90,000.

Regarding Item #3: the State is providing funds to support the creation of a Maternal Infant Early Childhood Home Visiting (MIECHV) HUB for Ingham County. The HUB is a single place or process for people to access services and where outreach, intake, screenings, assessments and referrals take place in order to better distribute services and Ingham Health Plan Corporation was selected to be the Home Visiting HUB. The Health Department will act as the fiduciary.

Power of We Consortium will act as the Convener for the MIECHV and will support the project through maintenance of functioning network of all community partner agencies needed to reach MIECHV goals, and will facilitate agreements between the MIECHV HUB and all partner agencies for data sharing and other functions, such as making referrals.

I recommend that the Board of Commissioners adopt the attached resolution.

c: John Jacobs w/attachment

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO AUTHORIZE AMENDMENT #5 TO THE 2012-2013 COMPREHENSIVE AGREEMENT WITH THE MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

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

WHEREAS, the Michigan Department of Community Health (MDCH) and local health departments enter into contracts to clarify the role and responsibility of each party in protecting public health; and

WHEREAS, the MDCH and Ingham County have entered into a 2012-2013 Agreement for the delivery of public health services under the Comprehensive Agreement process as authorized by Resolution #12-311 and amended in subsequent resolutions; and

WHEREAS, the MDCH has proposed an amendment to the current Agreement to adjust grant funding levels and clarify Agreement procedures; and

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

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes Amendment #5 to the 2012-2013 Comprehensive Agreement with the Michigan Department of Community Health (MDCH).

BE IT FURTHER RESOLVED, that the total amount of Comprehensive Agreement funding shall increase from \$5,291,821 to \$5,421,279, an increase of \$129,458.

BE IT FURTHER RESOLVED, that the increase consists of the following specific changes to program budgets:

1. PRIME Local Learning Collaborative, an increase of \$2,400 to \$18,500.
2. Public Health Emergency Preparedness \$37,058.
3. Centralized Access Home Visiting HUB II, \$90,000.

BE IT FURTHER RESOLVED, that the Board of Commissioners authorizes a subcontract agreement with the Ingham Health Plan Corporation to be the Maternal Infant Early Childhood Home Visiting (MIECHV) HUB for Ingham County, in the amount of \$79,163 for the period of May 1, 2013 through September 30, 2013.

BE IT FURTHER RESOLVED, that an amount of up to \$10,837 shall be allocated to the Power of We Consortium, act as the convener for the project for the period of May 1, 2013 through September 30, 2013.

BE IT FURTHER RESOLVED, that the Health Officer, Renee Branch Canady, PhD, MPA, and John Jacobs, Chief Financial Officer of the Health Department, are authorized to submit Amendment #5 of the 2012-2013 CPBC grant documents electronically through the Mi-E Grants system after approval as to form by the County Attorney.

BE IT FURTHER RESOLVED, that the Controller/Administrator is authorized to amend the Health Department's 2013 Budget in order to implement this resolution.

BE IT FURTHER RESOLVED, that the Board of Commissioners Chairperson is authorized to sign the subcontract agreement with Ingham Health Plan Corporation, after review by the County attorney.

Introduced by the Human Services Committee of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO HONOR DR. GORDON SCHAFER

WHEREAS, Dr. Schafer began providing dental care to the patients of the Ingham County Health Department on January 4, 2005, after more than 40 years in private practice; and

WHEREAS, Dr. Schafer provided oral health care primarily to the pediatric patients at Healthy Smiles, but also traveled to elementary schools in the Lansing School District to examine students' teeth for the placement of sealants, in addition to filling in for other dentists upon short notice flexing his personal schedule to do so; and

WHEREAS, Dr. Schafer enjoyed listening to children's stories, especially children from other countries. Children with behavior challenges were scheduled with him and able to receive treatment due to his calming affect; and

WHEREAS, staff delighted in his wealth of historical knowledge and enjoyed hearing of his great travels upon his return; and

WHEREAS, during his tenure with the Ingham County Health Department, Dr. Schafer was a preceptor for the University of Michigan School of Dentistry interns and also received the Capital Area Health Alliance's 2007 Community Service Award due to his outstanding commitment to dentistry; and

WHEREAS, while a contractual dentist one day a week for more than eight years, Dr. Schafer maintained his own license, liability insurance, and used his own time to stay abreast of current trends in pediatric dentistry.

THEREFORE BE IT RESOLVED, Dr. Schafer has clearly demonstrated the true meaning of commitment and compassion for oral health care and education.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners hereby congratulates Dr. Gordon Schafer and extends its sincere appreciation for the many contributions that he has made to the citizens of Ingham County.

MEMORANDUM

TO: Finance and Liaison Committees

FROM: Mary Lannoye, Controller

DATE: April 26, 2013

SUBJECT: Resolution Updating Various Fees for County Services

This resolution will authorize the adjustment of various fees for county services to be effective for the Health Department and the Friend of the Court on October 1, 2013, for the Park and Zoo winter seasonal fees on November 1, 2013, and for all other departments on January 1, 2014. These adjustments are based on an update of the "Cost of Services Analysis" completed by Maximus in 2002. Updated costs were then multiplied by the target percent of cost to be recovered by the fee for services as identified by the Board of Commissioners. Input was solicited from county departments and offices as part of the process of making these recommended adjustments. A full analysis of each fee was presented to all committees at the previous round of meetings.

If the fee adjustments are passed as proposed, additional annual revenue would total approximately \$160,000. Any additional revenue will be recognized in the 2014 Controller Recommended Budget.

As directed by the Board of Commissioners, the Controller's Office has incorporated the update of county fees into the annual budget process. This will allow the county to annually and incrementally adjust fees based on changing costs, rather than to make large adjustments at one time.

Please contact me if you have any questions regarding this information.

Attachments

Introduced by the Finance Committee of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION UPDATING VARIOUS FEES FOR COUNTY SERVICES

WHEREAS, the Board of Commissioners set various fees for county services in Resolution 02-155 based on information and recommendations of the *Maximus Cost of Services Analysis* completed in 2002; and

WHEREAS, the Board of Commissioners also established the percent of the cost of providing the services which should be recovered by such fees, referred to in this process as a “target percent”; and

WHEREAS, the Board of Commissioners has directed the Controller’s Office to establish a process for the annual review of these fees and target percents; and

WHEREAS, the consumer price index, a rate of 2.4%, was used for the cost increase factor due to the continuous decline in budgets; and

WHEREAS, this cost increase factor is applied to the previous year’s calculated cost and multiplied by the target percent and in most cases rounded to the lower full dollar amount in order to arrive at a preliminary recommended fee for the upcoming year; and

WHEREAS, in cases where the calculated cost multiplied by target percent is much higher than the current fee, the fee will be recommended to increase gradually each year until the full cost multiplied by target percent is reached, in order to avoid any drastic increases in fees; and

WHEREAS, in cases where the calculated cost multiplied by target percent is lower than the current fee, no fee increase will be recommended for that year; and

WHEREAS, after initial recommendations are made by the Controller, these recommendations are distributed to the affected offices and departments, in order to receive their input; and

WHEREAS, after reviewing the input from the affected offices and departments, the Controller makes final recommendations to the Board of Commissioners; and

WHEREAS, the Controller’s Office has finished its annual review of these fees and recommended increases where appropriate based on increased costs of providing services supported by these fees and the percent of the cost of providing the services which should be covered by such fees as established by the Board of Commissioners; and

WHEREAS, the Board of Commissioners has reviewed the Controller’s recommendations including the target percentages, along with recommendations of the various county offices, departments, and staff.

THEREFORE BE IT RESOLVED, that the Board of Commissioners authorizes or encourages the following fee increases in Attachments A and B at the rates established effective January 1, 2014 with the exception of the Health Department and Friend of the Court, where new rates will be effective October 1, 2013 and the Park and Zoo winter seasonal fees which will be effective starting November 1, 2013.

BE IT FURTHER RESOLVED, that the fees within major Health Department services are not included on the attachments and were not set by the policy above, but rather through policy established in Resolutions 05-166 and 05-242.

ATTACHMENT A: FEES WHICH ARE ADJUSTED

County Services Committee

Loc of Svc	Fee Description	2013 Fee	2014 Fee	Target %
BOC	FOIA Request Copies	\$0.16	\$0.17	100%
Drain Comm.	Photograpy	\$265.00	\$275.00	100%
Drain Comm.	Topography	\$535.00	\$550.00	100%
Drain Comm.	Floodplain/wetland	\$105.00	\$110.00	100%
Drain Comm.	Preliminary Comm. Site Plan Review	\$655.00	\$670.00	75%
Drain Comm.	Preliminary Plat Review	\$655.00	\$670.00	75%
Drain Comm.	Plat and Commercial Drainage Review			
Drain Comm.	Plat and Commercial Drainage Review - First acre	\$655.00	\$670.00	100%
Drain Comm.	Re-submission Admin fee	\$210.00	\$220.00	100%
Drain Comm.	Plat Drain Administration Fee	\$2,200.00	\$2,300.00	75%
Drain Comm.	Drain Crossing Permits, Review (Commercial)	\$470.00	\$480.00	100%
Drain Comm.	Tap in Permit - Residential	\$95.00	\$100.00	75%
Drain Comm.	Tap-in Permit - Commercial	\$385.00	\$390.00	75%
Drain Comm.	Soil Erosion Permit - Commercial-12 mo. Duration - 1/2 acre or less	\$570.00	\$580.00	100%
Drain Comm.	Soil Erosion (12 mo.) - Commercial- each additional acre	\$57.00	\$58.00	100%
Drain Comm.	Soil Erosion Permit - Commercial -9 mo. Duration - 1/2 acre or less	\$500	\$510.00	100%
Drain Comm.	Soil Erosion (9 mo.) - Commercial- each add'l acre	\$50.00	\$51.00	100%
Drain Comm.	Soil Erosion Permit - Commercial - 6 mo. Duration - 1/2 acre or less	\$430.00	\$440.00	100%
Drain Comm.	Soil Erosion (6 mo.) - Commercial- each add'l acre	\$43.00	\$44.00	100%
Drain Comm.	Escrow account-1/2 acre or less	\$535.00	\$550.00	100%
Drain Comm.	Escrow account - 1/2 to 1 acre	\$1,600.00	\$1,650.00	100%
Drain Comm.	Escrow account - 1 to 5 acres	\$3,200.00	\$3,300.00	100%
Drain Comm.	Escrow account - 5 to 10 acres	\$5,300.00	\$5,500.00	100%
Drain Comm.	Escrow account - each add'l 10 acres	\$2,600.00	\$2,700.00	100%
Drain Comm.	Soil Erosion Permit-Residential-12 mo.	\$240.00	\$250.00	100%
Drain Comm.	Soil Erosion Permit - 9 month duration	\$235.00	\$240.00	75%
Drain Comm.	Commercial Minor Disturbance Soil Erosion - Permit/Review/Inspection	\$295.00	\$300.00	75%
Drain Comm.	Violation and Cease&Desist Order	\$280.00	\$285.00	100%
Equalization	Digitally Produced Paper Maps- Parcel Layer			
Equalization	34" x 44"	\$36.00	\$37.00	100%
Equalization	Digitally Produced Paper Maps - Parcel layer w/2005 Digital Photo Layer			
Equalization	17" x 22"	\$36.00	\$37.00	100%
Equalization	22" x 34"	\$48.00	\$49.00	100%
Equalization	28" x 40"	\$60.00	\$61.00	100%
Equalization	34" x 44"	\$72.00	\$74.00	100%
Equalization	Custom Maps	\$67.00	\$69.00	100%
Parks	Administrative/Office Fees			
Parks	Cancellation Fee (for all park reservations)	\$15.00	\$20.00	100%
Parks	Shelters - 60 Person Capacity			
Parks	Burchfield Deer Run	\$60.00	\$75.00	100%
Parks	Burchfield Pine Knoll	\$60.00	\$75.00	100%

ATTACHMENT A: FEES WHICH ARE ADJUSTED

County Services Committee (cont'd)

Loc of Svc	Fee Description	2013 Fee	2014 Fee	Target %
Parks	Cabanas - Mini semi permanent shelters/30 p cap. - NEW			
Parks	Hawk Island	NEW	\$75.00	100%
Parks	Lake Lansing South	NEW	\$75.00	100%
Parks	Burchfield	NEW	\$75.00	100%
Parks	Wedding Gazebo - NEW			
Parks	Lake Lansing Wedding Gazebo	NEW	\$250.00	100%
Parks	Boating Fees			
Parks	Boat Launch - Daily NEW	NEW	\$5.00	100%
Parks	Boat Launch - Annual NEW	NEW	\$50.00	100%
Parks	Snow Tube Rental -Burchfield			
Parks	Burchfield - Tube Rental (2 hours)	\$1.00	\$2.00	100%
Parks	Utility Vehicle/Golf Cart Rental - NEW FEE			
Parks	1/2 day = up to 4 hours	NEW	\$50.00	100%
Parks	full day = up to 8 hours	NEW	\$100.00	100%

Law & Courts Committee

Loc of Svc	Fee Description	2013 Fee	2014 Fee	Target %
Animal Control	Enforcement/Dog License Fees			
Animal Control	Sterilized - Delinquent	\$40.00	\$45.00	25%
Animal Control	Un-Sterilized	\$60.00	\$65.00	75%
Animal Control	Un-Sterilized - Delinquent	\$130.00	\$135.00	75%
Animal Control	Un-Sterilized - 3 year License	\$145.00	\$150.00	75%
Animal Control	Boarding Fee-Dangerous Animals	\$67.00	\$70.00	100%
Animal Control	Adoption Fee			
Animal Control	Puppies(age-four months or less)	\$106.00	\$110.00	75%
Animal Control	Kittens(age-four months or less)	\$49.00	\$59.00	75%
Animal Control	Animal Redemption			
Animal Control	Animal Redemption - 3rd offense	\$94.00	\$100.00	100%
Animal Control	Animal Redemption - after 3rd offense	\$147.00	\$150.00	100%
Animal Control	Euthanasia Fee	\$125.00	\$100.00	100%
Animal Control	Owner Pick-up Fee	\$40.00	\$44.00	100%
Animal Control	Rabies Decap	\$40.00	\$50.00	100%
Animal Control	Tranqu. at-large fee	\$40.00	\$45.00	100%
Animal Control	Spay/neuter deposit-Owners redeeming pet	\$75.00	\$78.00	100%
Pros Atty	Diversion - Felony Offender	\$770.00	\$780.00	50%
Pros Atty	Costs-eligible convictions - Guilty Plea	\$105.00	\$106.00	75%
Pros Atty	Costs for eligible convictions - Trial	\$210.00	\$220.00	10%
Jail	Day Rate	\$52.44	\$52.81	100%
Sheriff	Costs for Command (2) per hour	\$62.35	\$62.79	100%

ATTACHMENT A: FEES WHICH ARE ADJUSTED

Human Services Committee

Loc of Svc	Fee Description	2013 Fee	2014 Fee	Target %
Comm. Health	INS Vaccination Verif Form I-693	\$36.00	\$37.00	100%
Comm. Health	Immigration Physical Exams	\$180.00	\$190.00	100%
Imm. Clinic	Internat'l Travel Consult	\$59.00	\$60.00	100%
OYC	Consultation Request (per hr.)	\$69.00	\$71.00	100%
OYC	Agency Training Request- Base, 1.5 hr.	\$205.00	\$210.00	100%
OYC	Agency Training Request- Base, 2.5 hr.	\$340.00	\$350.00	100%
OYC	Agency Training Request- Base, 3.0 hr.	\$420.00	\$430.00	100%
OYC	Agency Training Request- Base, 5.0 hr.	\$675.00	\$685.00	100%
OYC	Agency Train. Request- Base, 2.5 hr, each add.	\$20.00	\$21.00	100%
OYC	OYC-Advertised Train.- 1-2 hr./per person (min. 15 attending)	\$25.00	\$28.00	100%
OYC	OYC-Advertised Train.- 2.5-4.5 hr./per person (min. 15 attending)	\$30.00	\$33.00	100%
OYC	OYC-Advertised Train.- 5-7 hrs./per person (min. 15 attending).	\$65.00	\$68.00	100%
OYC	OYC - Advanced Training - 10 hrs./per person	\$105.00	\$108.00	100%
OYC	OYC - Administrator Training - 16 hrs./per person	\$133.00	\$136.00	100%
Env. Health	FIXED FOOD SERVICE ESTAB-PROFIT			
Env. Health	FSE Initial License incl.2 hrs Plan Rev	\$1,300.00	\$1,320.00	50%
Env. Health	FSE Restricted License Renewal (w/o PR)	\$650.00	\$660.00	50%
Env. Health	FSE Initial License (Mobile)	\$460.00	\$470.00	50%
Env. Health	MOBILE UNIT RENEWAL LICENSE (4 hours)	\$230.00	\$235.00	50%
Env. Health	FSE Renewal Lic -At least \$750,000	\$1,050.00	\$1,100.00	50%
Env. Health	FSE Renewal Lic-At least \$500,000,less than \$750,000	\$880.00	\$900.00	50%
Env. Health	FSE Renewal Lic-At least \$250,000,less than \$500,000	\$685.00	\$700.00	50%
Env. Health	FSE Renewal Lic-Less than \$250,000	\$480.00	\$500.00	50%
Env. Health	FSE Non-profit License Renewal	\$240.00	\$250.00	25%
Env. Health	Fixed Food Svc Estab Nonprofit - INITIAL License incl. 2 hr plan rev	\$650.00	\$675.00	25%
Env. Health	Reinstatement of Susp FSE	\$580.00	\$600.00	100%
Env. Health	Surcharge-Fail submit plans/chg own	\$575.00	\$600.00	100%
Env. Health	Critical Follow-up Inspection fee	\$135.00	\$140.00	100%
Env. Health	Special food svc estab surchrg 2nd step of formal hearing	\$500.00	\$510.00	100%
Env. Health	Special food svc estab surchrg 3rd step of formal hearing	\$1,000.00	\$1,020.00	100%
Env. Health	Seasonal Renewal License, FSE			
Env. Health	FSE Seasonal Renewal -Gross sales exc. \$750,000	\$650.00	\$660.00	50%
Env. Health	FSE Seasonal renewal- at least \$500,000,less \$750,000	\$530.00	\$540.00	50%
Env. Health	FSE Seasonal Renewal -at least \$250,000,less \$500,000	\$410.00	\$420.00	50%
Env. Health	FSE Seasonal renewal -less than \$250,000	\$290.00	\$300.00	50%
Env. Health	FSE - DOE Schools Program - Production Kitchen	\$520.00	\$530.00	50%
Env. Health	FSE - DOE Schools Program - Satellite Kitchen	\$330.00	\$340.00	50%
Env. Health	Change of Ownership of FSE	\$385.00	\$395.00	50%
Env. Health	Initl Lic Fee Exmpt(plan reww only) Govt	\$220.00	\$230.00	50%
Env. Health	late renewal - additional	\$130.00	\$135.00	100%

ATTACHMENT A: FEES WHICH ARE ADJUSTED

Human Services Committee (cont'd)

Loc of Svc	Fee Description	2013 Fee	2014 Fee	Target %
Env. Health	STFU (Special Transitory Food Unit)			
Env. Health	Initial STFU license Incl. Plan Review *	\$321.00	\$350.00	50%
Env. Health	STFU late inspection request	\$150.00	\$160.00	100%
Env. Health	TEMPORARY LICENSE			
Env. Health	Temp FSE - Non-Profit	\$110.00	\$115.00	25%
Env. Health	Temp Nonprf FSE-Ops Beg Bef Licg (double)	\$220.00	\$230.00	25%
Env. Health	Temp FSE- Preparation Type - For Profit	\$225.00	\$230.00	50%
Env. Health	Temp FSE-Ops Began Before Licg (double)	\$450.00	\$460.00	50%
Env. Health	Temp FSE-each add'l lic.after 2 at 1 loc	\$73.00	\$75.00	50%
Env. Health	Temp Event Inspection Request - Late Fee	\$430.00	\$460.00	100%
Env. Health	VENDING			
Env. Health	Vending:1-3 Licensable Mach. in Same Loc.	\$80.00	\$85.00	50%
Env. Health	Vending: 4-6 Licensable Mach. in Same Loc.	\$105.00	\$110.00	50%
Env. Health	Vending: 7-10 Licensable Mach. in Same Loc.	\$140.00	\$150.00	50%
Env. Health	Surcharge-Failure to apply for vending license- Fee	\$190.00	\$195.00	100%
Env. Health	POOL			
Env. Health	Public Pool Inspection	\$230.00	\$235.00	100%
Env. Health	DHS LICENSING			
Env. Health	DHS Licensing Inspection - municipal	\$215.00	\$220.00	100%
Env. Health	DHS Licensing Inspection - well & septic	\$355.00	\$360.00	100%
Env. Health	DHS Licensing - well & septic only	\$135.00	\$140.00	100%
Env. Health	DHS Initial Licensing Plan Review	\$405.00	\$410.00	100%
Env. Health	BODY ART (TATTOO)			
Env. Health	Body Art Business Initial License	\$575.00	\$600.00	50%
Env. Health	Body Art License Renewal	\$200.00	\$225.00	50%
Env. Health	Body Art Lic-late renewal-additional	\$135.00	\$140.00	50%
Env. Health	Body Art w/o initial license/reinstatement of revoked	\$575.00	\$590.00	50%
Env. Health	Reinstrmt of Susp Body Art License (fine)	\$215.00	\$220.00	100%
Env. Health	Body Art Initial License after July 1	\$295.00	\$300.00	100%
Env. Health	Body Art Temp License (1-14 days)	\$105.00	\$110.00	100%
Env. Health	DEMAND PROGRAM (per hour)			
Env. Health	Sewage Inspection (Only)	\$800.00	\$825.00	100%
Env. Health	Well (Only) Inspection -private	\$590.00	\$600.00	100%
Env. Health	Combined Well & Septic Inspection	\$1,130.00	\$1,150.00	100%
Env. Health	Vacant Land Evaluation	\$570.00	\$580.00	100%
Env. Health	On-Site Sewage repair/replace	\$800.00	\$825.00	100%
Env. Health	Well Repair	\$300.00	\$325.00	100%
Env. Health	Altern On-site Sewage Syst Plan Reww	\$430.00	\$440.00	100%
Env. Health	Subdivision Evaluation of Preliminary Plat	\$360.00	\$370.00	100%
Env. Health	Septic or Well ownershp trsfr,not installed at time of transfer	\$190.00	\$195.00	100%
Env. Health	Combined Well & Septic Repair	\$915.00	\$950.00	100%
Env. Health	BATHING BEACHES			
Env. Health	Bathing Area Operational Permit	\$230.00	\$235.00	100%
Env. Health	Sanitary Surv for Prop. Bathg Beach	\$460.00	\$470.00	100%

ATTACHMENT A: FEES WHICH ARE ADJUSTED

Human Services Committee (cont'd)

Env. Health	CAMPGROUNDS			
Env. Health	Campground Inspection 0-99 Sites	\$155.00	\$160.00	100%
Env. Health	Campground Inspection 100-199 Sites	\$235.00	\$240.00	100%
Env. Health	Campground Inspection 200+ Sites	\$310.00	\$320.00	100%
Env. Health	Campground 0-99 sites -after July 1 fine for late inspection - 150%	\$232.00	\$240.00	100%
Env. Health	Campground 100-199 Sites after July 1 fine for late inspection 150%	\$352.00	\$360.00	100%
Env. Health	Campground 200+ Sites after July 1 fine for late inspection 150%	\$465.00	\$480.00	100%
Env. Health	Campground 0-99 Sites after Sept 1 fine for late inspection 200%	\$310.00	\$320.00	100%
Env. Health	Campground 100-199 Sites after Sept 1 fine for late inspection 200%	\$470.00	\$480.00	100%
Env. Health	Campground 200+ Sites fine for late inspection after Sept 1 - 200%	\$620.00	\$640.00	100%
Env. Health	MISC EH PROGRAMS			
Env. Health	Type II Non Community - Sanitary Survey	\$450.00	\$470.00	100%
Env. Health	POINT OF SALE PROGRAM			
Env. Health	Point of Sale- appl processing fee	\$200.00	\$205.00	100%
Env. Health	Waste Treatment Inspection by ICHD (excludes pumping fees)	\$235.00	\$240.00	100%
Env. Health	Well Inspection by ICHD (includes water samples for bacteria and partial chemicals)	\$165.00	\$170.00	100%
Env. Health	TOBACCO PROGRAM			
Env. Health	License- Tobacco Sales- 1yr.- Retailer-East Lansing	\$275.00	\$285.00	100%
Env. Health	License- Tobacco Sales- 1yr.- Retailer- Non-East Lansing	\$320.00	\$330.00	100%
Env. Health	License- Tobacco Sales- 1yr.- Vend. Mach.	\$320.00	\$330.00	100%
Env. Health	Tobacco -Temporary Sampling Permit Fee	\$125.00	\$130.00	100%
Env. Health	Tobacco -Temporary Sampling Permit Fee - Late Notice Fee (Less than 30 days before event)	\$200.00	\$205.00	150%
Env. Health	License- Tobacco Sales- 1yr.- Retailer-East Lansing - Late Fee	\$420.00	\$450.00	150%
Env. Health	License- Tobacco Sales- 1yr.- Retailer- Non-East Lansing - Late Fee	\$500.00	\$525.00	150%
Env. Health	Tobacco Change of Ownership Fee - Non - East Lansing	\$145.00	\$150.00	100%
Env. Health	Tobacco Chge of Ownership Fee-E.Lansing	\$125.00	\$130.00	100%
Env. Health	Tobacco Failure to change ownership	\$180.00	\$185.00	100%
Env. Health	POLLUTION PREVENTION PROGRAM			
Env. Health	Cat 1: 0-500 Gal report fee	\$62.50	\$70.00	50%
Env. Health	Cat 2: 501-5000 Gal report fee	\$125.00	\$140.00	50%
Env. Health	Cat 3: 5001 Gal report fee	\$187.50	\$210.00	50%
Env. Health	Cat 1: 0-500 Gal Inspection fee	\$125.00	\$140.00	50%
Env. Health	Cat 2: 501-5000 Gal Inspection fee	\$200.00	\$230.00	50%
Env. Health	Cat 3: 5001 plus Gal Inspection fee	\$300.00	\$340.00	50%
Vet. Affairs	County User Fee	\$25.00	\$25.60	100%

ATTACHMENT B: FEES FOR WHICH AN ADJUSTMENT IS RECOMMENDED				
Law & Courts Committee				
Circuit Court	Felony Case Costs	\$625.00	\$635.00	100%
Circuit Court	Show Cause - Probation	\$125.00	\$130.00	100%
Family Division	Delinquency Court Costs	\$225.00	\$230.00	100%
Family Division	Tether	\$25.00	\$30.00	25%
Family Division	Traffic - Fail to Appear	\$24.00	\$25.00	25%
FOC	FOC Bench Warrants	\$250.00	\$260.00	100%

Community Mental Health of Clinton, Eaton, and Ingham Counties

A Call for Funding Equity:

Closing the Gaps in Mid-Michigan's Mental Health Safety Net

A. Issue: Significant gaps in the public mental health safety net exist in the tri-county region – Clinton, Eaton, and Ingham Counties. This gap is the result of the significant disparities in funding that exist across the state's public mental health system, across the state.

B. Service Gaps: Annually, the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CEI) **turns away thousands of persons in need of mental health services**. This number does not count the thousands of others who, knowing that services will not be available, are discouraged from requesting services.

A sample of the types **of services that are not available to tri-county residents – or available at levels far below the need of these residents** - but which are available to the residents of other parts of the state include:

- Expanded **crisis response/stabilization services** for adults experiencing mental health and substance use disorder crises requiring prompt and sustained support and treatment. Law enforcement personnel have long requested expansion of this service.
- Expanded **services to at-risk youth, in the juvenile justice and child welfare systems**, with mental health needs. The number of youth involved in these systems, the severity of the mental health needs, and the identification of unmet mental health needs, continues to grow.
- Additional **support for adults moving from inpatient psychiatric facilities into the community, relative to:** pharmaceutical needs; housing needs; employment; education; assistance in making and attending medical, mental health and other human service appointments
- Additional temporary **transitional housing options**, often supervised, for adults discharged from psychiatric inpatient units into the community.
- Expanded **jail-based services**. There is a growing recognition of the need for mental health treatment for persons incarcerated in local jails. Partnerships between this CMH and local jails have only scratched the surface in meeting these needs.
- Expanded **longer term treatment, mentoring, and case management services for persons with substance use disorders** to ensure sustained recovery. While this longer term recovery oriented approach (Recovery Oriented System of Care; ROSC) is proven to lead to long term recovery and sobriety, funding has limited most substance use disorder treatment to short term treatment options with relapse occurring far too often.
- Expanded **family-based services to at-risk children, ages 0-5**, and their parents. The growing body of research underscores how key these years are to the development of healthy productive adolescents and adults
- Expanded **respite services** (provision of support staff to provide brief breaks in caregiver responsibilities for parents) for families of children with emotional disturbances or persons with developmental disabilities. Respite services are some of the most cost effective services, dramatically reducing the need for expensive out-of-home care.

- Expanded support services to **children with developmental disabilities and their families**, including case management, respite, temporary housing and residential treatment/support, and medication. This demand, long unmet, is growing dramatically with the growing incident of Autism Spectrum Disorders.
- Expanded **mental health services to older adults** as the community's population ages. As with most services in our community, the needs of a population that is growing older, if unmet, poses considerable risks to the well-being and health of these aging persons.
- Expanded access to **psychiatric services** for persons with: developmental disabilities who also have a mental illness; substance abuse problems who also have a mental illness; and/or mild to moderate mental illness.
- Expanded comprehensive and integrated set of mental health and support services to **persons with dual diagnoses – mental illness and substance use disorder**.
- Additional staff to serve the growing (in number and complexity) **case management needs of adults with mental illness, children and adolescents with emotional disturbance, and persons with developmental disabilities** to provide more intense and prompt attention to a range of needs which, when unmet, can lead to the loss of the consumer's stability ability to live in the community.
- Expanded **housing options** for persons with developmental disabilities and for persons with mental illness. This would include greater access to **supported independent living** for persons with developmental disabilities and mental illness – as opposed to the use of congregate care/group homes.
- Increased **employment support services** for persons with developmental disabilities and those with mental illness. This need for income and meaningful work extends beyond employment to volunteer, educational, and recreational opportunities, especially for those with multiple mental health, developmental, and physical/health care needs. As with housing, full participation in the community is reliant upon the resources needed to support persons, with disabilities, in this participation, including staff and vehicles.
- **Early intervention services** (case management, office based psychotherapy and psychiatric care and medication) to children and adults experiencing: job loss; homelessness; marital discord; family, school, or workplace violence; academic failure; death; divorce; sexual assault and abuse. The demand for mental health treatment for persons dealing with these issues is growing rapidly, while public funding for these services is severely limited.
- Increased number of **Peer Support Specialists** (mental health consumers, working as staff within the CMH system and its contract agencies, who have trained to work alongside other consumers to foster their recovery). This intervention has proven to be very effective but has the need for such services far exceeds the funding for Peer Support Specialists.

C. Magnitude of Funding Inequity: The funding gap, in the tri-county region, is substantial

\$99,731,503 when compared with the highest funded counties in the state (this would require a 90% increase above CEI's current funding level)

\$11,062,229 when compared with the average CMH funding across the state (this would require a 11% increase above CEI's current funding level)

These increases would have a dramatic impact on the ability of CEI to meet the mental health needs of this community – allowing for some of the service gaps, listed above, to be closed.

D. Funding inequity not based on differences in need: These funding inequities are not related to differences in need or the cost of providing services. Rather, they are the result of past appropriation patterns, the location of state psychiatric hospitals and developmental disability centers, and past Medicaid billing practices.

E. Solution: The longstanding funding inequities in the CMH system prohibit residents of the tri-county region from receiving the same level of mental health services as persons in regions with greater levels of mental health funding. These inequities must be addressed through:

1. Adoption and implementation of a **multi-year plan** for closing the General Fund and Medicaid funding inequity gaps across the state's CMH system, starting with the new Medicaid Waiver on January 1, 2014.
2. Reflect, **in each year's state appropriations bill, supplemental appropriations bill, or executive order, movement toward funding the closure of the funding gap** with the distribution of increases or reductions (when reductions are required) in ways that close the funding gap:¹
 - **Preventing funding cuts** to those CMHs, including this CMH, with state GF and Medicaid funding below the average per capita funding
 - **Moving new dollars**, when they become available, into the budgets of the under-funded CMHs across the state

¹ The boilerplate in the FY 08 DCH Appropriations bill has GF funding equity language. See below: SB 1094 of 2008

Sec. 462. The department shall develop a funding equity plan for all CMHSPs that receive funds appropriated under the community mental health non-Medicaid services line. The funding plan should reflect a more equitable distribution methodology based on proxy measures of need and the recognition of varying expenditure needs of CMHSPs. The department shall submit the written equity funding plan and a report regarding implementation feasibility of the equity funding plan including an impact statement to the senate and house appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director by March 1 of the current fiscal year.

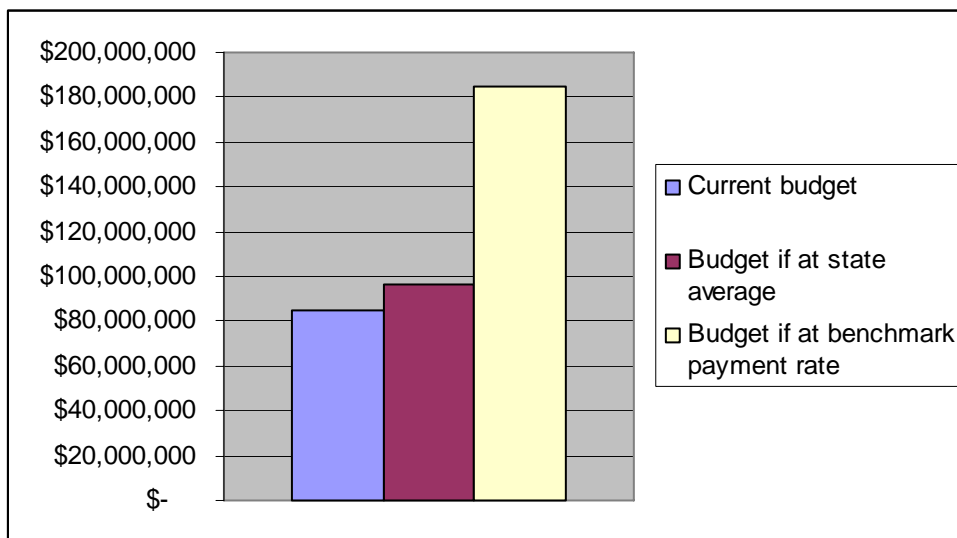
This language could be refined, expanded to include Medicaid funds, and used as the basis for Appropriations Committee action to promote funding equity.

Attachment A:

A Call for Funding Equity: Closing the Gaps in Mid-Michigan’s Mental Health Safety Net: Measuring the Size of the Fiscal Gap

The highest funded regions in the state receive state General Fund and Medicaid payments, at per capita² many times that received by the lowest funded regions in the state, as the summary data, provided below, illustrate.

Funding Source	Increase to annual budget of CEI needed to reach benchmark payment rate (rate paid to best funded CMH In the state)	Increase to annual budget of this CEI needed to reach state average
Medicaid b and b(3) – known as “state plan services”	\$ 53,333,719	\$ 4,300,608
Medicaid C waiver – specific funding allocations for individual consumers with developmental disabilities	\$ 24,291,586	\$ 2,310,537
State General Fund	\$ 22,106,198	\$ 4,451,084
Total	\$ 99,731,503	\$ 11,062,229



² Per capita is measured for Medicaid funds as per Medicaid enrollee; and for state General Fund dollars as per non-Medicaid enrollee with incomes below 200% of poverty. The accompanying spreadsheets in **Attachment A** provide additional detail on these funding inequities.

Introduced by the Human Services Committee of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION ENCOURAGING A LOCAL CMH SYSTEM WITH EQUITABLE FUNDING

WHEREAS, the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CEI) has served, for the past five decades, as the public mental health, substance use disorders, and developmental disability services provider for this communality, serving over 10,000 residents of the tri-county community each year; and

WHEREAS, the Michigan Department of Community Health (MDCH) is creating Community Mental Health regions which will place CEI into a region, Region 5, which includes 12 Community Mental Health programs (CMHs) operating in 21 counties and form a single Medicaid Prepaid Inpatient Health Plan (PIHP) region; and

WHEREAS, Region 5 will have over 370,000 Medicaid enrollees, larger than the Medicaid enrollment in 17 states; and

WHEREAS, Region 5 has some of the most poorly funded CMHs in the state, including the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CEI); and

WHEREAS, this funding inequality is not related to differences in need or the cost of providing services, but is the result of past appropriation patterns, the locations of state psychiatric hospitals and developmental disability centers, and past Medicaid billing practices; and

WHEREAS, this funding inequity has led to significant gaps in the public mental health safety net exist in the tri-county region; and

WHEREAS, annually, as a result of this funding inequity, CEI turns away thousands of persons in need of mental health services and is forced to provide less comprehensive and time shortened services than are available to the residents of other parts of the state; and

WHEREAS, if CEI received the same per-enrollee Medicaid funding as the better funded CMHs in the state, CEI would receive over \$50 million additional Medicaid dollars annually – thus greatly improving the access to and comprehensiveness of the mental health services available to the residents of this community; and

WHEREAS, as a matter of Medicaid policy, Michigan's Medicaid recipients should have the same access to mental health care, regardless of where in the state they live; and

WHEREAS, the formation of this new regional PIHP, on January 1, 2014, provides an opportunity for MDCH to correct this longstanding funding inequity.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners urges the Michigan Department of Community Health to ensure that the per enrollee Medicaid funding for the Region 5 Medicaid Prepaid Inpatient Health Plan (PIHP), of which the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CEI) is a part, is increased to that of the better funded regional PIHPs in the state.

BE IT FURTHER RESOLVED, that the Ingham County Board of Commissioners encourages the Michigan Department of Community Health to implement this increase in Medicaid funding to the Region 5 PIHP on January 1, 2014, or initiate increases on January 1, 2014 which would be fully implemented within the next four years.

BE IT FURTHER RESOLVED, that if MDCH makes cuts to the State General Fund (GF) dollars provided to the CMH system, as part of any plan, including Medicaid Expansion, these cuts should come from the CMHs with the highest per capita GF revenues, and not from the more poorly funded CMHs such as the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CEI).