

CHAIRPERSON
VICTOR CELENTINO

VICE-CHAIRPERSON
BRIAN McGRAIN

VICE-CHAIRPERSON PRO-TEM
RANDY MAIVILLE

HUMAN SERVICES COMMITTEE

DEB NOLAN, CHAIR
TODD TENNIS
DIANNE HOLMAN
BRIAN McGRAIN
KARA HOPE
SARAH ANTHONY
DON VICKERS

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, JULY 14, 2014 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 [June 16, 2014](#) Minutes

Additions to the Agenda

Limited Public Comment

1. Interviews - Youth Commission
2. Big Brothers Big Sisters - Resolution to Authorize a Contract with Big Brothers Big Sisters Michigan Capital Region to Provide Administrative Oversight and Programming Leadership to the Community Coalition for Youth Capital Area [Mentoring Partnership](#) Program for 2014
3. Health Department
 - a. Resolution to Authorize a 2014-2015 Agreement with the [City of Lansing](#)
 - b. Resolution to Renew the Lease Agreement for the [WIC Satellite Clinic](#) Located at the Head Start Site at 1107 East Grand River Avenue
 - c. Resolution to Authorize an Agreement with Ingham Health Plan Corporation to Provide [Outreach and Enrollment](#) to the Uninsured through the Registration and Enrollment Unit
 - d. Resolution to Authorize an [Amendment](#) to the Healthy Start Grant
 - e. Resolution in Support of the Granger Waste Management Company's Proposal to Construct a Type III [Solid Waste Landfill](#) at the Granger Wood Street Landfill
 - f. Resolution Honoring [Jim Wilson](#)
4. Ingham Health Plan - Resolution to Submit to the Electorate a [Special Millage](#) for Continuing Health Services for Low Income Uninsured Families and Adults Living in Ingham County
5. Board Referral - Letter from Mid-State Health Network and Community Mental Health Authority of Clinton, Eaton and Ingham Counties Regarding the Formation of a [Substance Use Disorder](#) Oversight Policy Board

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

June 16, 2014

Draft - Minutes

Members Present: Deb Nolan, Sarah Anthony, Dianne Holman, Kara Hope.

Members Absent: Brian McGrain, Todd Tennis and Don Vickers.

Others Present: Jared Cypher, Linda Vail, Barbara Mastin, Michelle Rutkowski, Tom Curtis, Missy Challiss, Carey McLamara, Teresa Kmetz, Kelly Young and Ryan Buck.

The meeting was called to order by Chairperson Nolan at 6:32 p.m. in the Personnel Conference Room "D & E" of the Human Services Building, 5303 S. Cedar Street, Lansing, Michigan.

Approval of the June 2, 2014 Minutes

MOVED BY COMM. HOPE, SUPPORTED BY COMM. ANTHONY, TO APPROVE THE MINUTES OF THE JUNE 2, 2014 MEETING AS PRESENTED.

MOTION CARRIED UNANIMOUSLY. Absent: Commissioners McGrain, Tennis and Vickers.

Additions to the Agenda

5. Human Services Committee – Discussion regarding the future of Camp and CCY

Substitute -

3b. Resolution Authorizing the Use of Contingency Funds for an Agreement with the City of Lansing to Provide Assistance to Former Residents of the Life O' Riley Mobile Home Park

Limited Public Comment

Missy Challiss, Local 44 ICEA Public Health Nurses President, introduced herself to the Committee.

Chairperson Nolan asked how many employees were in Local 44.

Ms. Challiss stated that she thought it had 19 positions, but she did not know if there were any vacancies.

Tom Curtis, Ingham Community Health Center Board Chairperson, recommended the passage of Agenda Item 2f. He further stated that Barbara Mastin, Deputy Health Officer and Community Health Services Executive Director, has filled many of the administrative and provider vacancy

that had existed. Mr. Curtis stated that Ms. Mastin has shown passion for patients and she was a good fit for the job.

MOVED BY COMM. ANTHONY, SUPPORTED BY COMM. HOPE, TO APPROVE A
CONSENT AGENDA FOR THE FOLLOWING ITEMS:

1. Michigan State University Extension - Resolution Commemorating 100 Years of Cooperative Extension a Branch of Michigan State University
2. Health Department
 - a. Resolution to Issue a Purchase Order to Farber Specialty Vehicles for the Manufacture of a Mobile Dental Unit
 - b. Resolution to Authorize an Agreement with Capital Area Community Services to Serve Early Head Start Children through the Family Outreach Services Program
 - c. Resolution to Authorize Amendments #3 and #4 to the 2013-2014 Comprehensive Agreement with the Michigan Department of Community Health
 - d. Resolution to Authorize Subcontracts to Partners in the “Building Networks” Initiative Using Funds from the National Association of County and City Health Officials (NACCHO)
 - e. Resolution to Authorize an Agreement with the Michigan Public Health Institute (MPHI) to Implement the Michigan Pathways to Better Health Grant
 - f. Resolution to Authorize the Appointment of Barbara Mastin to the Deputy Health Officer/Executive Director, Community Health Services Position
 - g. Resolution to Authorize a Realignment of Health Department Programs and Administrative Structure
 - h. Resolution Honoring Joy Mbelu
 - i. Resolution Honoring Blanche Schaudt
3. Human Services Committee
 - b. Resolution Authorizing the Use of Contingency Funds for an Agreement with the City of Lansing to Provide Assistance to Former Residents of the Life O’ Riley Mobile Home Park

MOTION CARRIED UNANIMOUSLY. Absent: Commissioners McGrain, Tennis and Vickers.

MOVED BY COMM. ANTHONY, SUPPORTED BY COMM. HOPE, TO APPROVE THE
ITEMS ON THE CONSENT AGENDA.

MOTION CARRIED UNANIMOUSLY. Absent: Commissioners McGrain, Tennis and Vickers.

Chairperson Nolan requested that Randy Bell, Ingham County Extension Director, speak regarding Agenda Item 1.

Ms. Bell presented on the history of the County cooperative extension with Michigan State University. He stated that the Board members would receive an invitation for a meet-and-greet to be scheduled before the next Board of Commissioners meeting.

Chairperson Nolan requested that Linda Vail, Health Officer, speak regarding Agenda Item 2a.

Ms. Vail presented on the importance of dental care and the difficulties in providing dental care to patients. She further stated that with a vehicle, the County would be able to render dental care—restorative and preventative—where people were. Ms. Vail stated that the focus was getting into the schools. She further stated that her staff was going to visit the vehicle down in Columbus, Ohio.

Ms. Mastin presented on the individuals who would operate the vehicle and on the company that was building the vehicle, Farber Specialty Vehicles. She stated that a group from her office would be traveling down to Columbus, Ohio to see the vehicle. Ms. Mastin stated she was going to re-write the budget to cover expenses related to this vehicle.

Discussion.

Commissioner Holman asked for a description of the vehicle.

Ms. Vail stated that the vehicle was smaller than a CATA bus.

Ms. Mastin stated that the vehicle was the size of a motor home.

3. Human Services Committee

- a. Resolution Authorizing a New Agreement with the Arts Council of Greater Lansing for the Distribution of Hotel/Motel Tax Revenues for the Arts

MOVED BY COMM. ANTHONY, SUPPORTED BY COMM. HOPE, TO APPROVE THE RESOLUTION AUTHORIZING A NEW AGREEMENT WITH THE ARTS COUNCIL OF GREATER LANSING FOR THE DISTRIBUTION OF HOTEL/MOTEL TAX REVENUES FOR THE ARTS.

Debbie Mikula, Arts Council of Greater Lansing Executive Director, introduced herself to the Committee. She stated that she reviewed the tax issue because it had not been addressed since 1995. Ms. Mikula stated that she wanted to bring the issue up to today's standards.

Commissioner Hope stated that she wanted to disclose to the Committee that she was the President of the Holt Community Arts Council. She further stated that the Holt Community Arts Council has received grants through the program that is the subject of this resolution.

Commissioner Holman asked how the grant money was distributed and how much money was involved.

Discussion.

Jared Cypher, Deputy Controller, stated that 5% of the hotel/motel tax goes to the Council. He further stated that it equaled out to \$115,000 in 2014. Mr. Cypher stated that 80% of the tax goes to the Greater Lansing Convention and Visitors Bureau. He further stated that 10% goes to the Ingham County Fairgrounds for its capital improvement fund. Mr. Cypher stated that the last 5% goes to the County for administration of the tax.

Ms. Mikula presented on how grant money was awarded. She further stated that the Council had an application and that a group of people score the applications.

Commissioner Holman asked if municipalities could apply for a grant.

Ms. Mikula stated that they could not apply, but that neighborhood associations could apply.

Commissioner Anthony asked about more recent projects.

Ms. Mikula stated that the Council has used the money to showcase artists and their work on twenty-five billboards. She further stated that most of these billboards were in the County, but some were outside the County too. Ms. Mikula stated that their purpose was to bring visitors into the County to spend money in the County.

Commissioner Anthony asked what percentage goes to Arts Council administration and what goes out as Council grants.

Ms. Mikula stated that that information could be found in the current contract. She further stated the Council would receive an annual letter from the County detailing exactly how much money the Council would receive. Ms. Mikula stated that 5% of the total amount was for administrative purposes. She further stated that 95% goes out in grants.

Chairperson Nolan asked what portion of the Council's budget was provided by the County.

Ms. Mikula presented on the origins of the budget.

Discussion.

Chairperson Nolan asked what the total budget breakdown was.

Ms. Mikula stated that the Council receives \$5,546 for services from the County. She further stated that the Council uses \$27,000 for self-promotion. Ms. Mikula stated the rest of the budget goes into the field. She further stated that the Council has a total budget of \$500,000 with a total endowment of \$1.8 million.

Chairperson Nolan asked that the Arts Council make a presentation to the Committee at an upcoming meeting. She further suggested that Ms. Mikula make contact with Mr. Cypher.

Mr. Cypher stated that he would get in contact with the Council regarding this issue and that they needed to sync up some dates.

Ms. Mikula stated that the Council just finished awarding all of its grants for the year.

MOVED BY COMM. ANTHONY, SUPPORTED BY COMM. HOPE, TO APPROVE THE RESOLUTION AUTHORIZING A NEW AGREEMENT WITH THE ARTS COUNCIL OF GREATER LANSING FOR THE DISTRIBUTION OF HOTEL/MOTEL TAX REVENUES FOR THE ARTS.

MOTION CARRIED UNANIMOUSLY. Absent: Commissioners McGrain, Tennis and Vickers.

5. Human Services Committee – Discussion regarding the future of Camp and CCY.

Carey McLamara, Capital Area United Way, presented on Camp and CCY. She further stated that in April 2014, they had come to the Committee for half of everything they would need funding for.

Ms. McLamara stated that Big Brothers, Big Sisters would be a great entity to take over the bulk of the Camp contract. She further stated that a small portion would be retained for CCY.

Teresa Kmetz, Capital Area United Way, stated that when the United Way initially took over this contract, it was not meant to be permanent. She also presented on the history of Camp and CCY.

Ms. Kmetz introduced Kelly Young of Big Brothers, Big Sisters. Ms. Kmetz stated that Ms. Young has done an excellent job and served as a point person.

Ms. Kmetz presented on her vision of where the Camp and CCY were headed.

Commissioner Anthony stated that it made perfect sense that Big Brothers, Big Sisters take over the contract. She asked where they saw the Power of We fitting in this change.

Discussion.

Ms. Kmetz stated the Power of We consortium was a part of the Health Department budget. She further stated that the ideal question was how the Power of We consortium could continue to grow.

Ms. Kmetz stated that Camp and CCY should come to the Committee with outcome measures about how the entities would be improving the system overall. She further stated that we needed to consider how these entities will continue to change in the future.

Ms. Kmetz stated that a program was most successful when there was a designated employee who would make sure the program would function.

Commissioner Anthony stated that the Board was interested in taking the pulse of the County's youth programming.

Discussion.

Chairperson Nolan requested that Ms. Kmetz provide the Committee with information and language for a resolution that would transfer the contract to Big Brothers, Big Sisters. Chairperson Nolan further requested a budget breakdown.

Commissioner Holman asked if Big Brothers, Big Sisters wanted to keep Camp distinct from Big Brothers.

Kelly Young, Big Brothers, Big Sisters, stated that they intended to keep Camp separate and distinct from Big Brothers, Big Sisters.

Commissioner Hope left the meeting at 7:19 p.m.

Discussion.

4. Board Referral - Letter from the Michigan Department of Treasury Regarding the Tri-County Convention Facilities Tax/4% State-Wide Liquor Tax

There was no action or discussion on this agenda item.

Announcements

None.

Public Comment

None.

The meeting was adjourned at approximately 7:22 p.m.

JULY 14, 2014 HUMAN SERVICES AGENDA

STAFF REVIEW SUMMARY

ACTION ITEMS:

The Deputy Controller is recommending approval of the following resolutions

2. *Big Brothers Big Sisters - Resolution to Authorize a Contract with Big Brothers Big Sisters Michigan Capital Region to Provide Administrative Oversight and Programming Leadership to the Community Coalition for Youth Capital Area Mentoring Partnership Program for 2014*

This resolution authorizes an agreement in the amount of \$11,000 with Big Brothers Big Sisters to assume responsibility of the CCY Capital Area Mentoring Partnership (CAMP) program for the remainder of 2014. Capital Area United Way previously held this responsibility, and a discussion regarding this transition was held at a Human Services Committee meeting in June.

3. *Health Department*

- a. *Resolution to Authorize a 2014-2015 Agreement with the City of Lansing*

This resolution authorizes an agreement with the City of Lansing. For the period of July 1, 2014 through June 30, 2015, the City of Lansing will provide Ingham County with \$70,000 to support the following services:

1. Adult Health/STI Clinic - \$11,000
2. Health Care Access - \$1,000
3. Child Care Scholarship Program - \$47,000
4. High Risk Adolescent Program - \$11,000

- b. *Resolution to Renew the Lease Agreement for the WIC Satellite Clinic Located at the Head Start Site at 1107 East Grand River Avenue*

This resolution renews the lease agreement with Capital Area Community Services (CACS) to continue to lease the space in the Grand River Head Start building to provide services to clients of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) in the north area of the City of Lansing. The agreement requires the Health Department to pay \$300 per month to CACS for use of space in the Grand River Head Start building, located at 1107 E. Grand River to provide WIC services. Approximately 700 clients are served out of this clinic which is open two days per week. The term of the proposed lease agreement is June 1, 2014 to May 31, 2017.

- c. *Resolution to Authorize an Agreement with Ingham Health Plan Corporation to Provide Outreach and Enrollment to the Uninsured through the Registration and Enrollment Unit*

This resolution accepts \$20,000 from IHP to hire two -- temporary Community Health Workers (CHW). The CHWs will provide support to the Registration and Enrollment (R&E) Division, enrolling consumers into IHP, Healthy Michigan Plan (Medicaid) and the Health Exchange. CHWs will build upon existing ICHD relationships with Ingham county rural residents through presentations on the different available health care benefits and enrollment into health coverage. Additionally, CHWs will also provide outreach and enrollment to the uninsured refugees, non-documented and young adult individuals throughout the county. The term of the proposed agreement will be July 1, 2014 to September 30, 2014.

- d. *Resolution to Authorize an Amendment to the Healthy Start Grant*

This resolution accepts an additional \$132,500 from HRSA for the Healthy Start Project and extends the grant period through August 31, 2014. The additional funds will be used for various subcontracts (see Health Department memorandum) in support of the Healthy Start project and to retain current grant-funded staff for the duration of the grant period.

- e. *Resolution in Support of the Granger Waste Management Company's Proposal to Construct a Type III Solid Waste Landfill at the Granger Wood Street Landfill*

This resolution supports the Granger Waste Management Company's proposal to develop a Type III solid waste landfill at their Wood Street Landfill. Granger's proposal is consistent with the Ingham County Solid Waste Management Plan. The proposed development of a Type III solid waste landfill at the Granger Wood Street Landfill is in accordance with the future designated planning and permitting status promulgated in the plan for this facility. This resolution will serve as the County's verification that the proposed expansion is consistent with the Ingham County Solid Waste Management Plan, per Rule 902(2)(a) of the administrative rules promulgated under Part 115 of the Natural Resources and Environmental Protection Act.

OTHER ITEMS:

1. *Interviews – Youth Commission*

3. *Health Department*
f. *Resolution Honoring Jim Wilson*

4. *Ingham Health Plan - Resolution to Submit to the Electorate a Special Millage for Continuing Health Services for Low Income Uninsured Families and Adults Living in Ingham County*

This resolution places a renewal of the Health Services Millage on the ballot for the November 2014 general election. The millage would be renewed for a period of 5 years (2015-2019) at a rate of 0.52 mills. In the first year the millage is expected to generate \$3,425,803. Funds will continue to be utilized to provide basic health care services to Ingham County residents whose individual income is less than \$28,000, and who are not eligible for Medicaid under the Federal Affordable Care Act, and who do not have medical insurance.

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

**RESOLUTION TO AUTHORIZE A CONTRACT WITH BIG BROTHERS BIG SISTERS MICHIGAN
CAPITAL REGION TO PROVIDE ADMINISTRATIVE OVERSIGHT AND PROGRAMMING
LEADERSHIP TO THE COMMUNITY COALITION FOR YOUTH CAPITAL AREA
MENTORING PARTNERSHIP PROGRAM FOR 2014**

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

WHEREAS, the coalition, since renamed the Community Coalition for Youth (CCY), is a collaborative effort between Ingham County and the City of Lansing; and

WHEREAS, CCY targets its collective efforts on a number of community-based initiatives focusing on youth violence and delinquency prevention; and

WHEREAS, Resolution #02-194, the Ingham County Board of Commissioners recognized that the Ingham County/City of Lansing Youth Violence Prevention Coalition as the appropriate body for advising the Board of Commissioners in the implementation of the comprehensive strategy for preventing and treating delinquency; and

WHEREAS, Resolution #02-194 also directed the Ingham County/City of Lansing Youth Violence Prevention Coalition to continue to advise the Ingham County Board of Commissioners regarding policies and programs involving the juvenile justice system; and

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

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

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

WHEREAS, the Ingham County budget includes \$27,000 as the County's share of funding for CCY in the fiscal year 2014.

THEREFORE BE IT RESOLVED, that the Board of Commissioners authorizes entering into a contract with Big Brothers Big Sisters Michigan Capital Region for the period July 1, 2014 through December 30, 2014 in an amount not to exceed \$11,000 as Ingham County's share of funding to provide administrative oversight and programmatic leadership according to the scope of services described in Attachment A.

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

Attachment A:

Community Coalition for Youth Scope of Work July 2014 – December 2014

1. Plan Year: July 1, 2014 – December 31, 2014

2. Project: Capital Area Mentoring Partnership

3. Project Goals:

In consideration of an \$11,000 contract with Ingham County, Big Brothers Big Sisters Michigan Capital Region proposes to facilitate the Capital Area Mentoring Partnership's in:

- Developing and adopting universal child safety standards
- Developing and implementing shared outcome measurements
- Develop a capacity building plan for 2014/2015

4. Planned Activities:

Big Brothers Big Sisters Michigan Capital Region will facilitate a monthly meeting of the Capital Area Mentoring Partnership members. CAMP meetings will be scheduled on a set date and time each month. Monthly meeting will include a pre-determined agenda that will address the three project goals listed above.

5. Outcome Measurements:

- 80% of the partnership's membership will adopt child safety standards.
- 80% of the partnership's membership will begin utilizing joint outcome measures.

6. Program Evaluation:

On a quarterly basis, Big Brothers Big Sisters Michigan Capital Region will report progress toward project goals, outcome measurements and contract funds.

7. Staffing:

Big Brothers Big Sisters Michigan Capital Region will be staffed primarily by Kelly Young, Program Director.

Memorandum

TO: Human Services Committee
Finance Committee

FROM: Linda S. Vail, MPA, Health Officer

DATE: July 1, 2014

RE: 2014-2015 Agreement with the City of Lansing

As in previous years, the City of Lansing is proposing to provide financial support for various services provided by or through the Ingham County Health Department that benefit Lansing residents. For this year's agreement the City is offering \$70,000. The supported services include:

1. The City of Lansing will provide \$11,000 to support the position of a nurse in the Adult Health Center, and will provide \$1,000 for pharmaceuticals for low-income uninsured or under-insured people.
2. The City of Lansing will support a Day Care Scholarship Program with a total of \$47,000 in funding. They will provide \$40,000 in scholarship monies and \$7,000 for an Early Childhood Consultant in the Office for Young Children which will administer the scholarships. Approximately 80 low-income families will benefit from this program.
3. The City of Lansing will support counseling and psychological treatment for youth in families affected by the sexual abuse of children with \$11,000 in total funds. The youth are identified by the Health Department, the Department of Social Services, Probate Court, and other community agencies. If there is no other source of assistance, the youth are referred to the Lead Counselor at the High Risk Adolescent Program at Willow Plaza Services who makes referrals to psychologists or counselors who provide treatment at a discounted rate. The City has allocated \$10,000 for psychological services for 25 youth and \$1,000 toward the salary of the Lead Counselor.

This support from the City of Lansing helps maintain services the Department could not otherwise provide. The City of Lansing and Ingham County have had a good working relationship for many years. I urge the Board to authorize the continuation of that relationship by adopting the attached resolution.

c: John Jacobs w/attachment
Debbie Edokpolo w/attachment
Barb Mastin w/attachment

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

**RESOLUTION TO AUTHORIZE A
2014-2015 AGREEMENT WITH THE CITY OF LANSING**

WHEREAS, the City of Lansing has for many years provided funding to Ingham County to help support public health services for City of Lansing residents; and

WHEREAS, the City of Lansing is proposing to provide such support for the 2014-2015 fiscal year; and

WHEREAS, these revenues are anticipated in the Health Department's budget request; and

WHEREAS, the Health Officer has recommended that the Board of Commissioners authorize the agreement with the City of Lansing.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes an agreement with the City of Lansing to provide financial support to certain services provided by or through the Ingham County Health Department.

BE IT FURTHER RESOLVED, that the period of the agreement shall be July 1, 2014 through June 30, 2015.

BE IT FURTHER RESOLVED, that the City of Lansing shall provide \$70,000 to support the following services:

1. Adult Health/STI Clinic - \$11,000
2. Health Care Access - \$1,000
3. Child Care Scholarship Program - \$47,000
4. High Risk Adolescent Program - \$11,000

BE IT FURTHER RESOLVED, that the Board Chairperson is authorized to sign the agreement after review by the County Attorney.

MEMORANDUM

TO: Human Services Committee
Finance Committee

FROM: Linda S. Vail, MPA, Health Officer

DATE: July 8, 2014

RE: Authorization to Renew the Lease Agreement with Capital Area Community Services, Inc. for Space to Provide WIC Services

This is a recommendation to authorize an agreement with Capital Area Community Services (CACS) to continue to lease the space in the Grand River Head Start building to provide services to clients of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) in the north area of the City of Lansing.

The agreement requires the Health Department to pay \$300 per month to CACS for use of space in the Grand River Head Start building, located at 1107 E. Grand River Avenue, Room #109, to provide WIC services. Approximately 700 clients are served out of this clinic which is open two days per week. The term of the proposed lease agreement is June 1, 2014 to May 31, 2017.

I recommend that the Board of Commissioners adopt the attached resolution and authorize the lease agreement with CACS.

Attachment

c: Debbie Edokpolo w/attachment
Regina Traylor w/attachment
John Jacobs w/attachment
Traci Bolton w/ attachment

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

**RESOLUTION TO RENEW THE LEASE AGREEMENT FOR THE WIC SATELLITE CLINIC
LOCATED AT THE HEAD START SITE AT 1107 EAST GRAND RIVER AVENUE**

WHEREAS, the Ingham County Health Department's Women, Infants and Children (WIC) Clinic carries a caseload over 7,300 participants; and

WHEREAS, WIC participant data show that 1,492 WIC participants live in the 48906 and 48912 zip code area near the Grand River Head Start; and

WHEREAS, the Head Start Program enrolls a number of children whose mothers are eligible for WIC services; and

WHEREAS, all Head Start children are WIC eligible, and the collaboration between Head Start and Health Department staff would be beneficial to both agencies; and

WHEREAS, in Resolution #11-116, the Board of Commissioners authorized a lease agreement with Capital Area Community Services to occupy space at the Head Start building located at 1107 Grand River Avenue, Room #109, for a satellite WIC Clinic; and

WHEREAS, the term of the lease expired on May 31, 2014; and

WHEREAS, Capital Area Community Services has proposed to renew the lease agreement for a total amount of up to \$10,800 (\$300 per month) for the period of June 1, 2014 through May 31, 2017; and

WHEREAS, the Health Officer recommends that the Board of Commissioners authorize the renewal of the lease agreement to occupy space at the Head Start building located at 1107 Grand River Avenue, Room #109, for a satellite WIC Clinic to serve North Lansing.

THEREFORE BE IT RESOLVED, the Board of Commissioners authorizes a lease agreement with Capital Area Community Services to occupy space at the Head Start building located at 1107 Grand River Avenue, Room #109, for a satellite WIC Clinic to serve North Lansing.

BE IT FURTHER RESOLVED, that the term of the lease shall be June 1, 2014 through May 31, 2017 for a total amount up to \$10,800.

BE IT FURTHER RESOLVED, that the Chairperson of the Board of Commissioners is hereby authorized to sign the necessary contract documents on behalf of the County after approval as to form by the County Attorney.

MEMORANDUM

TO: Human Services Committee
Finance Committee

FROM: Linda S. Vail, MPA, Health Officer

DATE: July 8, 2014

RE: Resolution to Authorize an Agreement with Ingham Health Plan Corporation

This is a recommendation to authorize an agreement with Ingham Health Plan Corporation (IHP) to partner with the Health Department's Registration and Enrollment (R&E) Unit to provide outreach and enrollment services to the uninsured in Ingham and Rural Ingham County.

The R&E unit assesses the eligibility of families and individuals and assists them in applying for a variety of health programs including health insurance exchanges, Healthy Michigan Plan (Medicaid) and Ingham Health Plan. The R&E unit services are provided at the Human Services Building. This funding will support two new temporary staff to provide services in the community.

IHP would like to provide the Health Department an amount of up to \$20,000 to hire two -- temporary Community Health Workers (CHW). The CHWs will provide support to the Registration and Enrollment (R&E) Division, enrolling consumers into IHP, Healthy Michigan Plan (Medicaid) and the Health Exchange. CHWs will build upon existing ICHD relationships with Ingham county rural residents through presentations on the different available health care benefits and enrollment into health coverage. Additionally, CHWs will also provide outreach and enrollment to the uninsured refugees, non-documented and young adult individuals throughout the county.

The term of the proposed agreement shall be July 1, 2014 to September 30, 2014.

I recommend that the Board of Commissioners authorize an agreement with IHP for the period of July 1, 2014 through September 30, 2014.

Attachment

c: Debbie Edokpolo
John Jacobs w/attachment
Jane Noice w/attachment

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO AUTHORIZE AN AGREEMENT WITH INGHAM HEALTH PLAN CORPORATION TO PROVIDE OUTREACH AND ENROLLMENT TO THE UNINSURED THROUGH THE REGISTRATION AND ENROLLMENT UNIT

WHEREAS, the Health Department's Registration & Enrollment Unit assesses the eligibility of families and individuals and assists them in applying for a variety of health programs, including health insurance exchanges, Healthy Michigan Plan (Medicaid), and the Ingham Health Plan; and

WHEREAS, the Ingham Health Plan Corporation will provide the Health Department up to \$20,000 in support of outreach and enrollment services; and

WHEREAS, funds will be used to support two temporary Community Health Workers (CHW) in the Registration & Enrollment Unit; and

WHEREAS, the CHWs will provide presentations on the different available health care benefits and enrollment into health coverage.

WHEREAS, the CHWs will provide outreach and enrollment services to the uninsured refugees and individuals throughout the county; and

WHEREAS, the Health Officer recommends that the Board of Commissioners authorize an agreement with the Ingham Health Plan Corporation for outreach and enrollment services.

THEREFORE BE IT RESOLVED, the Ingham County Board of Commissioners authorizes an agreement between the Health Department and the Ingham Health Plan Corporation for outreach and enrollment services.

BE IT FURTHER RESOLVED, that the period of the agreement shall be July 1, 2014 through September 30, 2014.

BE IT FURTHER RESOLVED, that an amount of up to \$20,000 shall be used to hire two temporary Community Health Workers to provide outreach and enrollment services for the period the of agreement.

BE IT FURTHER RESOLVED, that the Controller/Administrator is authorized to adjust the Health Department budget.

BE IT FURTHER RESOLVED, that the Board Chairperson is hereby authorized to sign the necessary contract documents on behalf of the County after approval as to form by the County Attorney.

MEMORANDUM

TO: Human Services Committee
Finance Committee

FROM: Linda S. Vail, Health Officer

DATE: July 2, 2014

RE: Resolution to Authorize an Amendment to the Healthy Start Project Agreement

The Health Department received a grant award from the U.S. Department of Health and Human Services (HRSA) in support of the Healthy Start Project in the amount of \$965,000. This grant was authorized in Resolution #12-285, amended in Resolutions #13-350, and #14-092.

The Health Department's Healthy Start Project is designed to reduce infant mortality and disparities in infant mortality for African Americans living in Ingham County. This project is heavily focused on outreach in the community.

HRSA has awarded an additional amount of \$132,500 for the Healthy Start Project and has extended the grant period through August 31, 2014.

The additional funds will be used:

- 1) Dr. Crystal Tyler, Michigan Public Health Institute (MPHI) has an extensive background in Maternal Infant Health. Dr. Tyler will provide the following services: process and outcome evaluation in conjunction with national performance indicators; data analysis; technical assistance of the web-based data collection program; revision of previously developed survey instruments; and attendance at the Healthy Start Staff and Consortium meetings. The subcontract agreement shall be for the period of June 1, 2014 through August 31, 2014 in an amount up to \$15,000.
- 2) A breastfeeding media campaign and outreach to promote breastfeeding, and increase healthy messaging to improve infant mortality. The campaign will include videography, Public Service Announcements, infomercials and transcription to be used for publication. The subcontract agreement shall be for the period of June 1, 2014 through August 31, 2014 in an amount up to \$40,000.
- 3) The Infant Mortality Coalition serves as the Community Action Network, a coalition requirement of the grant. This phase of programming will include; promoting awareness of the coalition, increasing membership and stakeholder involvement, and increasing community participation in the coalition events. Promotion materials are necessary for both print and media outreach. The Healthy Start Project would like to contract for production of these materials to be completed by August 31, 2014 in an amount up to \$25,000.

- 4) Lansing Housing Commission provides classroom space and support to assist with meeting logistics for the Health Education sessions as well as four stipends for community residents to assist with project development. In order to continue through the extension, the Healthy Start Project would like to contract with Lansing Housing Commission from June 1, 2014 through August 31, 2014 in the amount of \$7,500.
- 5) Staffing – In continuation of the Healthy Start grant, current Healthy Start project staff will be retained until August 31, 2014 in current capacity.
 - 2.0 FTE Public Health Advocate UAW-D
 - Existing .5 FTE (paid for out of Healthy Start grant)
 - Existing 1.0 FTE (paid for out of Healthy Start grant)
 - Vacant .5 FTE
 - 1.5 FTE Health Educator ICEA PRO-7
 - .5 FTE Senior Public Health Nurse PHN 4

I recommend that the Board of Commissioners authorize the amendment to the Healthy Start Grant to accept additional funding and extend the grant period through August 31, 2014.

c: John Jacobs w/attachment
Regina Traylor w/attachment

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO AUTHORIZE AN AMENDMENT TO THE HEALTHY START GRANT

WHEREAS, the infant mortality rate, the rate at which babies less than one year of age die, is often viewed as an overall indicator of a community's health; and

WHEREAS, African American women bear an undue disease burden with disproportionately high rates of infant mortality, with rates of 17.8 per 1,000 live births, as compared to the White infant mortality rate of 8.0 per 1,000 live births; and

WHEREAS, In Resolution #12-285 a grant agreement was authorized from the U.S. Department of Health and Human Services (HHS), Division of Health Resources and Services Administration (HRSA) in support of the Healthy Start Project and the Health Department was awarded an amount of up to \$965,000 for the period June 1, 2012 through May 31, 2014; and

WHEREAS, the grant agreement was amended in Resolutions #13-350 and #14-092; and

WHEREAS, HRSA has awarded an additional amount of \$132,500 for the Healthy Start Project and has extended the grant period through August 31, 2014; and

WHEREAS, the Health Officer recommends that the Board authorize an amendment to the Healthy Start Grant agreement with HRSA which includes additional funding up to \$132,500 and extends the grant period through August 31, 2014.

THEREFORE BE IT RESOLVED, that the Board of Commissioners authorizes an amendment to the Healthy Start Grant agreement with HRSA which includes additional funding up to \$132,500 and extends the grant period through August 31, 2014.

BE IT FURTHER RESOLVED, that a subcontract agreement is authorized with Dr. Crystal Tyler, in an amount up to \$15,000 with an agreement period of June 1, 2014 through August 31, 2014, to provide the following services: process and outcome evaluation in conjunction with national performance indicators, data analysis, technical assistance of the web-based data collection program, revision of previously developed survey instruments, and attendance at the Healthy Start Staff and Consortium meetings.

BE IT FURTHER RESOLVED, that \$40,000, with an agreement period of June 1, 2014 through August 31, 2014, shall be used for a breastfeeding media campaign and outreach to promote breastfeeding and increase healthy messaging to improve infant mortality with a campaign that will include videography, Public Service Announcements, infomercials, and transcription to be used for publication.

BE IT FURTHER RESOLVED, that a subcontract is authorized with Firecracker Marketing and Promotions for an amount of up to \$25,000 for media outreach services, production of these materials shall be completed by August 31, 2014.

BE IT FURTHER RESOLVED, In order to continue through the extension, the Healthy Start Project would like to amend the contract with Lansing Housing Commission which will provide classroom space and support to assist with meeting logistics for the Health Education sessions; as well as four stipends for community residents to assist with project development with an agreement period of June 1, 2014 through August 31, 2014 in the amount of \$7,500.

BE IT FURTHER RESOLVED, funding will be used to continue to support current Healthy Start project staff through August 31, 2014 in current capacity.

- 2.0 FTE Public Health Advocate UAW-D
 - Existing .5 FTE (paid for out of Healthy Start grant)
 - Existing 1.0 FTE (paid for out of Healthy Start grant)
 - Vacant .5 FTE
- 1.5 FTE Health Educator ICEA PRO-7
- .5 FTE Senior Public Health Nurse PHN 4

BE IT FURTHER RESOLVED, that the Controller/Administrator is authorized to adjust the Health Department's budget.

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

MEMORANDUM

TO: Human Services Committee

FROM: Linda S. Vail, Health Officer

DATE: July 2, 2014

RE: Granger Landfill Expansion

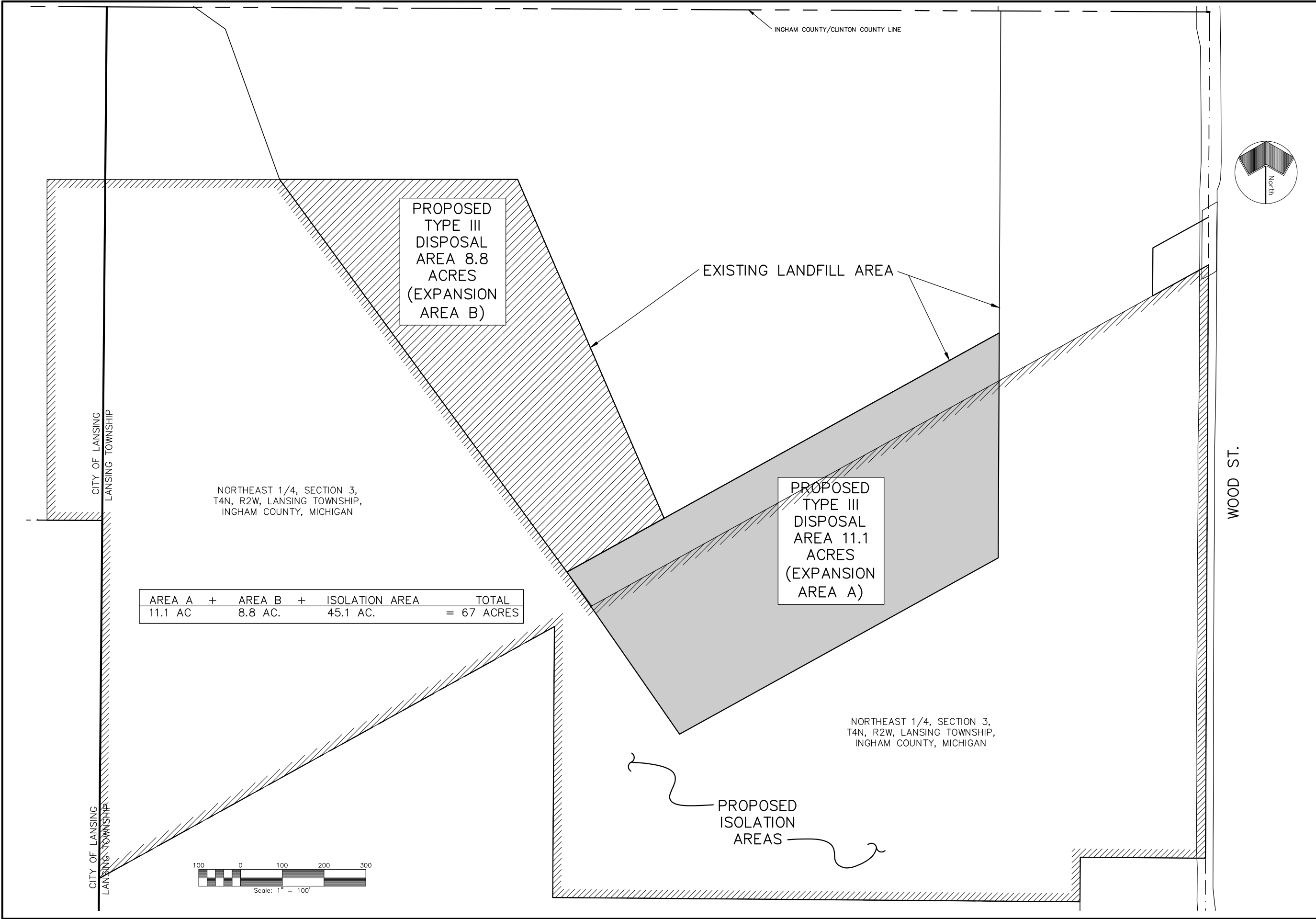
The attached resolution supports the Granger Waste Management Company's proposal to develop a Type III solid waste landfill at their Wood Street Landfill.

Granger's proposal is consistent with the Ingham County Solid Waste Management Plan. The proposed development of a Type III solid waste landfill at the Granger Wood Street Landfill is in accordance with the future designated planning and permitting status promulgated in the plan for this facility.

This resolution will serve as the County's verification that the proposed expansion is consistent with the Ingham County Solid Waste Management Plan, per Rule 902(2)(a) of the administrative rules promulgated under Part 115 of the Natural Resources and Environmental Protection Act.

I recommend that the Board of Commissioners adopt this resolution in support of the proposal from Granger Waste Management Company.

c: Jim Wilson w/attachment



SHEET 1 OF 1	 GRANGER	WASTE MANAGEMENT	WOOD STREET LANDFILL PROPOSED SOUTHERN EXPANSION CONCEPTUAL LAYOUT	DRAWING INFORMATION:	COMMENTS:
				Date: MARCH 29, 2011 Scale: 1" = 100' Drawn by: RSF Approved by: Revised: 04/04/2014	

Introduced by the Human Services Committee of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

**RESOLUTION IN SUPPORT OF THE GRANGER WASTE MANAGEMENT COMPANY'S
PROPOSAL TO CONSTRUCT A TYPE III SOLID WASTE LANDFILL AT THE
GRANGER WOOD STREET LANDFILL**

WHEREAS, on November 28, 2000 the Ingham County Board of Commissioners adopted the current Ingham County Solid Waste Management Plan with Resolution #00-271; and

WHEREAS, the Ingham County Solid Waste Management Plan was approved by the Michigan Department of Environmental Quality on March 9, 2001; and

WHEREAS, the Ingham County Health Department is the Designated Planning Agency for Ingham County and administers Ingham County's responsibilities to enforce the State of Michigan's solid waste management statutes and the Ingham County Solid Waste Management Plan; and

WHEREAS, Granger Waste Management Company's has proposed to construct a Type III solid waste landfill at the Granger Wood Street Landfill; and

WHEREAS, Rule 902.(2) of the administrative rules promulgated under Part 115 of the Natural Resources and Environmental Protection Act 451 of 1994 requires that Granger Waste Management demonstrate consistency with the approved County Solid Waste Management Plan before their application for a construction permit can be approved; and

WHEREAS, The Ingham County Health Department has determined that the establishment and operation of a Type III landfill at the Granger Wood Street Landfill is consistent with the Ingham County Solid Waste Management Plan; and

WHEREAS, Rule 902.(2).a of the administrative rules promulgated under Part 115 of the Natural Resources and Environmental Protection Act 451 of 1994 requires that Granger Waste Management provide as part of their application for a construction permit, documentation from the body designated in the approved County Solid Waste Management Plan indicating that the proposed disposal area is consistent with the approved plan; and

WHEREAS, the Health Officer recommends that the Board of Commissioners support the proposal submitted by the Granger Waste Management Company to construct a Type III solid waste landfill at the Granger Wood Street Landfill.

THEREFORE BE IT RESOLVED, that Ingham County Board of Commissioners supports Granger Waste Management Company's proposal to construct a Type III solid waste landfill at the Granger Wood Street Landfill.

BE IT FURTHER RESOLVED, that this resolution will be submitted to the Michigan Department of Environmental Quality as documentation of the support of the County Solid Waste Management Plan, required under Rule 902.(2).a of the administrative rules promulgated under Part 115 of the Natural Resources and Environmental Protection Act 451 of 1994.

Introduced by the Human Services Committee of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION HONORING JIM WILSON

WHEREAS, Mr. Jim Wilson began his career with the Ingham County Health Department in October 1992 as Special Programs Chief in the Bureau of Environmental Health; and

WHEREAS, in March 1997, Jim Wilson was appointed to serve as Deputy Program Manager in the area of public health to assist in the revision of the County's Emergency Operations Plan; and

WHEREAS, in September 2004, Jim Wilson was appointed as the Director of the Bureau of Environmental Health; and

WHEREAS, he was an active member of the Michigan Environmental Health Association and Michigan Association Local Environmental Health Administrators, serving on many committees; and

WHEREAS, in June 2006, the Point of Sale Regulation was established and he was instrumental in developing a plan to evaluate on-site sewage and water supply systems in Ingham County at the time of property sale; and

WHEREAS, in March 2011, he worked to establish the Pollution Prevention (P2) Program regulate the identification and disclosure of toxic, hazardous, or polluting materials; and

WHEREAS, in October 2013, he led the investigation of a mercury spill in Williamston, involving coordination with state and federal agencies, that resulted in the appropriate diagnosis and treatment for a 12 year old boy who had a high level of mercury exposure and clean up remediation at the spill locations; and

WHEREAS, in January 2014, was part of the successful creation of a task force of local and state agencies to address unsanitary conditions at the Life O'Riley Mobile Home Park and Campground, which has led to proposed legislation ensuring Michigan cities and townships would have to be told when mobile home parks within their boundaries are inspected by state officials and if any problems are discovered; and

WHEREAS, Jim Wilson served in the U.S. Army, in Germany and the Gulf War, retiring as a Lieutenant Colonel in 1992; and

WHEREAS, Jim Wilson has exemplified strong leadership, dedication, loyalty and commitment to his staff and the Health Department; and

WHEREAS, through his years of dedication and hard work, he has always worked to promote the health and wellbeing of those who reside in Ingham County.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners hereby honors Jim Wilson for his 22 years of dedicated service to the community and for the contributions he has made to the Ingham County Health Department.

BE IT FURTHER RESOLVED, that the Board wishes him continued success in all of his future endeavors.

Introduced by the Human Services Committee and Finance Committee of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO SUBMIT TO THE ELECTORATE A SPECIAL MILLAGE FOR CONTINUING HEALTH SERVICES FOR LOW INCOME UNINSURED FAMILIES AND ADULTS LIVING IN INGHAM COUNTY

WHEREAS, the Board of Commissioners desire to continue to provide funding for healthcare services for low income, uninsured families and adults residing in Ingham County; and

WHEREAS, the Board of Commissioners has provided the financial stability necessary for sound planning through the facilitation of a local-federal funding match arrangement since 1998; and

WHEREAS, the current funds available through the federal funding are not sufficient to continue to provide access to medically necessary services for low income, uninsured residents in Ingham County; and

WHEREAS, health services for low income uninsured families and adults are of substantial benefit to the citizens of the County of Ingham.

THEREFORE BE IT RESOLVED, that the following question be submitted to a vote of the electorate in the election to be held on November 4, 2014.

INGHAM COUNTY HEALTH SERVICES RENEWAL MILLAGE

For the purpose of reauthorizing and continuing a millage at the same millage level previously approved by the voters in 2012 for funding of providing basic health care services to Ingham County residents who are not eligible for Medicaid under the Federal Affordable Care Act, and whose individual income is less than \$28,000 and who do not have medical insurance, including use of these funds to help pay for access to doctor visits, generic medications, and essential care such as preventative testing and treatment for cancer, diabetes, heart disease and other serious illnesses for low-income residents, shall the previously approved millage above the constitutional limitation upon the total amount of taxes which may be assessed in one (1) year upon all property within the County of Ingham, Michigan, be continued and renewed at up to 0.52 mills (\$0.52 per thousand dollars of state taxable valuation) for a period of five years (2015-2019), inclusive?

If levied in full, this millage would raise an estimated \$3,425,803 in the first calendar year.

YES ☐

NO ☐

BE IT FURTHER RESOLVED, that this question is hereby certified to the County Clerk.

BE IT FURTHER RESOLVED, that the County Clerk is hereby directed to place the proposal on the November 4, 2014 ballot and to be prepared and distributed in the manner required by law.



Mid-State Health Network

530 W. Ionia Street, Suite F • Lansing, MI 48933

P: 517.253.7525 | www.midstatehealthnetwork.org

COMMUNITY MENTAL HEALTH AUTHORITY

CLINTON • EATON • INGHAM

812 E. Jolly • Lansing, MI 48910

P: 517.253.7525 | www.ceicmh.org

June 10, 2014

RECEIVED
JUN 18 2014

Chairman Victor Celentino
 Ingham County Courthouse
 Ingham County Board of Commissioners
 P.O. Box 319
 Mason, MI 48854

Dear Chairman Celentino,

Mid-State Health Network (MSHN) is a Pre-Paid Inpatient Health Plan (PIHP)/Regional Entity and new Medicaid Managed Care Organization for Michigan's behavioral health and substance use disorder services for twenty-one (21) counties, including Arenac, Bay, Clare, Clinton, Eaton, Gladwin, Gratiot, Hillsdale, Huron, Ingham, Ionia, Isabella, Jackson, Mecosta, Midland, Montcalm, Newaygo, Osceola, Saginaw, Shiawassee and Tuscola.

MSHN, along with its Community Mental Health Service Provider (CMHSP) partner, CMH Authority of Clinton-Eaton-Ingham Counties (CEI), would like to request your assistance in the formation of a Substance Use Disorder (SUD) Oversight Policy Board (OPB) as required by Public Act 500, of 2012. This Board is charged with providing guidance and leadership to MSHN and its CMHSP partners in their collective efforts to serve the region, as stated on the attached Integration Technical Advisory #2. The Oversight Policy Board may have up to two (2) representatives from each county; each county will have equal voting rights. All members/designees of the OPB must be formally approved by their Board of County Commissioners.

MSHN respectfully requests you share this information with your Board of Commissioners and identify your county's representative(s) to serve on the Substance Use Disorder Oversight Policy Board. In the event two representatives are nominated, formally moved and supported by your Board, one should be a designee and one an alternate member. We suggest you take into consideration feedback and nominations from your county's representative on the Coordinating Agency (CA) Substance Use Disorder Advisory Council, as they may provide insight and guidance on who would be the most appropriate person(s) for this type of nomination.

Additional details and documentation related to the Substance Use Disorder Oversight Policy Board are attached. Please contact Judy Hazle, Executive Assistant for CEI, by August 1, 2014 with the name(s) and contact information for Ingham County's Substance Use Disorder Oversight Policy Board representative(s). She may be reached at hazle@ceicmh.org or 517.346.8238.



Mid-State Health Network

530 W. Ionia Street, Suite F • Lansing, MI 48933

P: 517.253.7525 | www.midstatehealthnetwork.org



COMMUNITY MENTAL HEALTH AUTHORITY

CLINTON • EATON • INGHAM

812 E. Jolly • Lansing, MI 48910

P: 517.253.7525 | www.ceicmh.org

Following appointment of the OPB members, MSHN and the OPB designees will propose a contractual agreement between the PIHP and your county in accordance with 1966, PA8. MCL 124.531. The agreement will formalize the ongoing relationship and will require approval of the MSHN Board and the respective County Commission Boards.

Thank you for your prompt attention and consideration of this request.

Respectfully,

A handwritten signature in black ink, appearing to read "Nancy A. Miller", written over a horizontal line.

Nancy Miller
Chief Executive Officer
Mid-State Health Network

A handwritten signature in black ink, appearing to read "Robert Sheehan", written over a horizontal line.

Robert Sheehan
Executive Director
CMH Authority of Clinton-Eaton-Ingham Counties

NM/ma

Enclosures (2)

Cc: Robert Sheehan

Act No. 500
Public Acts of 2012
Approved by the Governor
December 27, 2012
Filed with the Secretary of State
December 28, 2012
EFFECTIVE DATE: December 28, 2012

**STATE OF MICHIGAN
96TH LEGISLATURE
REGULAR SESSION OF 2012**

Introduced by Reps. Poleski, Agema, Pscholka, Bumstead and Shirkey

ENROLLED HOUSE BILL No. 4862

AN ACT to amend 1974 PA 258, entitled "An act to codify, revise, consolidate, and classify the laws relating to mental health; to prescribe the powers and duties of certain state and local agencies and officials and certain private agencies and individuals; to regulate certain agencies and facilities providing mental health services; to provide for certain charges and fees; to establish civil admission procedures for individuals with mental illness or developmental disability; to establish guardianship procedures for individuals with developmental disability; to establish procedures regarding individuals with mental illness or developmental disability who are in the criminal justice system; to provide for penalties and remedies; and to repeal acts and parts of acts," by amending sections 100a, 100b, 100c, 100d, 161, 208, and 210 (MCL 330.1100a, 330.1100b, 330.1100c, 330.1100d, 330.1161, 330.1208, and 330.1210), sections 100a, 100b, and 161 as amended by 2004 PA 499, section 100c as amended by 2002 PA 589, and section 100d as added and sections 208 and 210 as amended by 1995 PA 290, and by adding chapter 2A; and to repeal acts and parts of acts.

The People of the State of Michigan enact:

Sec. 100a. (1) "Abilities" means the qualities, skills, and competencies of an individual that reflect the individual's talents and acquired proficiencies.

(2) "Abuse" means nonaccidental physical or emotional harm to a recipient, or sexual contact with or sexual penetration of a recipient as those terms are defined in section 520a of the Michigan penal code, 1931 PA 328, MCL 750.520a, that is committed by an employee or volunteer of the department, a community mental health services program, or a licensed hospital or by an employee or volunteer of a service provider under contract with the department, community mental health services program, or licensed hospital.

(3) "Adaptive skills" means skills in 1 or more of the following areas:

- (a) Communication.
- (b) Self-care.
- (c) Home living.
- (d) Social skills.
- (e) Community use.
- (f) Self-direction.
- (g) Health and safety.
- (h) Functional academics.
- (i) Leisure.
- (j) Work.

(4) "Adult foster care facility" means an adult foster care facility licensed under the adult foster care facility licensing act, 1979 PA 218, MCL 400.701 to 400.737.

(5) "Alcohol and drug abuse counseling" means the act of counseling, modification of substance use disorder related behavior, and prevention techniques for individuals with substance use disorder, their significant others, and individuals who could potentially develop a substance use disorder.

(6) "Applicant" means an individual or his or her legal representative who makes a request for mental health services.

(7) "Approved service program" means a substance use disorder services program licensed under part 62 of the public health code, 1978 PA 368, MCL 333.6230 to 333.6251, to provide substance use disorder treatment and rehabilitation services by the department-designated community mental health entity and approved by the federal government to deliver a service or combination of services for the treatment of incapacitated individuals.

(8) "Assisted outpatient treatment" or "AOT" means the categories of outpatient services ordered by the court under section 433 or 469a. Assisted outpatient treatment includes case management services to provide care coordination. Assisted outpatient treatment may also include 1 or more of the following categories of services: medication; periodic blood tests or urinalysis to determine compliance with prescribed medications; individual or group therapy; day or partial day programming activities; vocational, educational, or self-help training or activities; assertive community treatment team services; alcohol or substance use disorder treatment and counseling and periodic tests for the presence of alcohol or illegal drugs for an individual with a history of alcohol abuse or substance use disorder; supervision of living arrangements; and any other services within a local or unified services plan developed under this act that are prescribed to treat the individual's mental illness and to assist the individual in living and functioning in the community or to attempt to prevent a relapse or deterioration that may reasonably be predicted to result in suicide, the need for hospitalization, or serious violent behavior. The medical review and direction included in an assisted outpatient treatment plan shall be provided under the supervision of a psychiatrist.

(9) "Board" means the governing body of a community mental health services program.

(10) "Board of commissioners" means a county board of commissioners.

(11) "Center" means a facility operated by the department to admit individuals with developmental disabilities and provide habilitation and treatment services.

(12) "Certification" means formal approval of a program by the department in accordance with standards developed or approved by the department.

(13) "Child abuse" and "child neglect" mean those terms as defined in section 2 of the child protection law, 1975 PA 238, MCL 722.622.

(14) "Child and adolescent psychiatrist" means 1 or more of the following:

(a) A physician who has completed a residency program in child and adolescent psychiatry approved by the accreditation council for graduate medical education or the American osteopathic association, or who has completed 12 months of child and adolescent psychiatric rotation and is enrolled in an approved residency program as described in this subsection.

(b) A psychiatrist employed by or under contract as a child and adolescent psychiatrist with the department or a community mental health services program on March 28, 1996, who has education and clinical experience in the evaluation and treatment of children or adolescents with serious emotional disturbance.

(c) A psychiatrist who has education and clinical experience in the evaluation and treatment of children or adolescents with serious emotional disturbance who is approved by the director.

(15) "Children's diagnostic and treatment service" means a program operated by or under contract with a community mental health services program, that provides examination, evaluation, and referrals for minors, including emergency referrals, that provides or facilitates treatment for minors, and that has been certified by the department.

(16) "Community mental health authority" means a separate legal public governmental entity created under section 205 to operate as a community mental health services program.

(17) "Community mental health organization" means a community mental health services program that is organized under the urban cooperation act of 1967, 1967 (Ex Sess) PA 7, MCL 124.501 to 124.512.

(18) "Community mental health services program" means a program operated under chapter 2 as a county community mental health agency, a community mental health authority, or a community mental health organization.

(19) "Consent" means a written agreement executed by a recipient, a minor recipient's parent, or a recipient's legal representative with authority to execute a consent, or a verbal agreement of a recipient that is witnessed and documented by an individual other than the individual providing treatment.

(20) "County community mental health agency" means an official county or multicounty agency created under section 210 that operates as a community mental health services program and that has not elected to become a community mental health authority or a community mental health organization.

(21) "Department" means the department of community health.

(22) "Department-designated community mental health entity" means the community mental health authority, community mental health organization, community mental health services program, county community mental health agency, or community mental health regional entity designated by the department to represent a region of community mental health authorities, community mental health organizations, community mental health services programs, or county community mental health agencies.

(23) "Dependent living setting" means all of the following:

(a) An adult foster care facility.

(b) A nursing home licensed under article 17 of the public health code, 1978 PA 368, MCL 333.20101 to 333.22260.

(c) A home for the aged licensed under article 17 of the public health code, 1978 PA 368, MCL 333.20101 to 333.22260.

(24) "Designated representative" means any of the following:

(a) A registered nurse or licensed practical nurse licensed or otherwise authorized under part 172 of the public health code, 1978 PA 368, MCL 333.17201 to 333.17242.

(b) A paramedic licensed or otherwise authorized under part 209 of the public health code, 1978 PA 368, MCL 333.20901 to 333.20979.

(c) A physician's assistant licensed or otherwise authorized under part 170 or 175 of the public health code, 1978 PA 368, MCL 333.17001 to 333.17084 and 333.17501 to 333.17556.

(d) An individual qualified by education, training, and experience who performs acts, tasks, or functions under the supervision of a physician.

(25) "Developmental disability" means either of the following:

(a) If applied to an individual older than 5 years of age, a severe, chronic condition that meets all of the following requirements:

(i) Is attributable to a mental or physical impairment or a combination of mental and physical impairments.

(ii) Is manifested before the individual is 22 years old.

(iii) Is likely to continue indefinitely.

(iv) Results in substantial functional limitations in 3 or more of the following areas of major life activity:

(A) Self-care.

(B) Receptive and expressive language.

(C) Learning.

(D) Mobility.

(E) Self-direction.

(F) Capacity for independent living.

(G) Economic self-sufficiency.

(v) Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

(b) If applied to a minor from birth to 5 years of age, a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in developmental disability as defined in subdivision (a) if services are not provided.

(26) "Director" means the director of the department or his or her designee.

(27) "Discharge" means an absolute, unconditional release of an individual from a facility by action of the facility or a court.

(28) "Eligible minor" means an individual less than 18 years of age who is recommended in the written report of a multidisciplinary team under rules promulgated by the department of education to be classified as 1 of the following:

(a) Severely mentally impaired.

(b) Severely multiply impaired.

(c) Autistic impaired and receiving special education services in a program designed for the autistic impaired under subsection (1) of R 340.1758 of the Michigan administrative code or in a program designed for the severely mentally impaired or severely multiply impaired.

(29) "Emergency situation" means a situation in which an individual is experiencing a serious mental illness or a developmental disability, or a minor is experiencing a serious emotional disturbance, and 1 of the following applies:

(a) The individual can reasonably be expected within the near future to physically injure himself, herself, or another individual, either intentionally or unintentionally.

(b) The individual is unable to provide himself or herself food, clothing, or shelter or to attend to basic physical activities such as eating, toileting, bathing, grooming, dressing, or ambulating, and this inability may lead in the near future to harm to the individual or to another individual.

(c) The individual's judgment is so impaired that he or she is unable to understand the need for treatment and, in the opinion of the mental health professional, his or her continued behavior as a result of the mental illness, developmental disability, or emotional disturbance can reasonably be expected in the near future to result in physical harm to the individual or to another individual.

(30) "Executive director" means an individual appointed under section 226 to direct a community mental health services program or his or her designee.

Sec. 100b. (1) "Facility" means a residential facility for the care or treatment of individuals with serious mental illness, serious emotional disturbance, or developmental disability that is either a state facility or a licensed facility.

(2) "Family" as used in sections 156 to 161 means an eligible minor and his or her parent or legal guardian.

(3) "Family member" means a parent, stepparent, spouse, sibling, child, or grandparent of a primary consumer, or an individual upon whom a primary consumer is dependent for at least 50% of his or her financial support.

(4) "Federal funds" means funds received from the federal government under a categorical grant or similar program and does not include federal funds received under a revenue sharing arrangement.

(5) "Functional impairment" means both of the following:

(a) With regard to serious emotional disturbance, substantial interference with or limitation of a minor's achievement or maintenance of 1 or more developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills.

(b) With regard to serious mental illness, substantial interference or limitation of role functioning in 1 or more major life activities including basic living skills such as eating, bathing, and dressing; instrumental living skills such as maintaining a household, managing money, getting around the community, and taking prescribed medication; and functioning in social, vocational, and educational contexts.

(6) "Guardian" means a person appointed by the court to exercise specific powers over an individual who is a minor, legally incapacitated, or developmentally disabled.

(7) "Hospital" or "psychiatric hospital" means an inpatient program operated by the department for the treatment of individuals with serious mental illness or serious emotional disturbance or a psychiatric hospital or psychiatric unit licensed under section 137.

(8) "Hospital director" means the chief administrative officer of a hospital or his or her designee.

(9) "Hospitalization" or "hospitalize" means to provide treatment for an individual as an inpatient in a hospital.

(10) "Incapacitated" means that an individual, as a result of the use of alcohol, is unconscious or has his or her mental or physical functioning so impaired that he or she either poses an immediate and substantial danger to his or her own health and safety or is endangering the health and safety of the public.

(11) "Individual plan of services" or "plan of services" means a written individual plan of services developed with a recipient as required by section 712.

(12) "Licensed facility" means a facility licensed by the department under section 137 or an adult foster care facility.

(13) "Licensed psychologist" means a doctoral level psychologist licensed under section 18223(1) of the public health code, 1978 PA 368, MCL 333.18223.

(14) "Medical director" means a psychiatrist appointed under section 231 to advise the executive director of a community mental health services program.

(15) "Mental health professional" means an individual who is trained and experienced in the area of mental illness or developmental disabilities and who is 1 of the following:

(a) A physician.

(b) A psychologist licensed to practice in this state under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.

(c) A registered professional nurse licensed to practice in this state under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.

(d) A licensed master's social worker licensed under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.

(e) A licensed professional counselor licensed to practice in this state under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.

(f) A marriage and family therapist licensed under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.

(16) "Mental retardation" means a condition manifesting before the age of 18 years that is characterized by significantly subaverage intellectual functioning and related limitations in 2 or more adaptive skills and that is diagnosed based on the following assumptions:

(a) Valid assessment considers cultural and linguistic diversity, as well as differences in communication and behavioral factors.

(b) The existence of limitation in adaptive skills occurs within the context of community environments typical of the individual's age peers and is indexed to the individual's particular needs for support.

(c) Specific adaptive skill limitations often coexist with strengths in other adaptive skills or other personal capabilities.

(d) With appropriate supports over a sustained period, the life functioning of the individual with mental retardation will generally improve.

(17) "Minor" means an individual under the age of 18 years.

(18) "Multicultural services" means specialized mental health services for multicultural populations such as African-Americans, Hispanics, Native Americans, Asian and Pacific Islanders, and Arab/Chaldean-Americans.

(19) "Neglect" means an act or failure to act committed by an employee or volunteer of the department, a community mental health services program, or a licensed hospital; a service provider under contract with the department, a community mental health services program, or a licensed hospital; or an employee or volunteer of a service provider under contract with the department, a community mental health services program, or a licensed hospital, that denies a recipient the standard of care or treatment to which he or she is entitled under this act.

Sec. 100c. (1) "Peace officer" means an officer of the department of state police or of a law enforcement agency of a county, township, city, or village who is responsible for the prevention and detection of crime and enforcement of the criminal laws of this state. For the purposes of sections 408 and 427, peace officer also includes an officer of the United States secret service with the officer's consent and a police officer of the veterans' administration medical center reservation.

(2) "Peer review" means a process, including the review process required under section 143a, in which mental health professionals of a state facility, licensed hospital, or community mental health services program evaluate the clinical competence of staff and the quality and appropriateness of care provided to recipients. These evaluations are confidential in accordance with section 748(9) and are based on criteria established by the facility or community mental health services program itself, the accepted standards of the mental health professions, and the department.

(3) "Person requiring treatment" means an individual who meets the criteria described in section 401.

(4) "Physician" means an individual licensed by the state to engage in the practice of medicine or osteopathic medicine and surgery under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.

(5) "Primary consumer" means an individual who has received or is receiving services from the department or a community mental health services program or services from the private sector equivalent to those offered by the department or a community mental health services program.

(6) "Priority" means preference for and dedication of a major proportion of resources to specified populations or services. Priority does not mean serving or funding the specified populations or services to the exclusion of other populations or services.

(7) "Protective custody" means the temporary custody of an individual by a peace officer with or without the individual's consent for the purpose of protecting that individual's health and safety, or the health and safety of the public, and for the purpose of transporting the individual under section 408 or 427 if the individual appears, in the judgment of the peace officer, to be a person requiring treatment or is a person requiring treatment. Protective custody is civil in nature and is not to be construed as an arrest.

(8) "Psychiatric partial hospitalization program" means a nonresidential treatment program that provides psychiatric, psychological, social, occupational, nursing, music therapy, and therapeutic recreational services under the supervision of a physician to adults diagnosed as having serious mental illness or minors diagnosed as having serious emotional disturbance who do not require 24-hour continuous mental health care, and that is affiliated with a psychiatric hospital or psychiatric unit to which clients may be transferred if they need inpatient psychiatric care.

(9) "Psychiatric unit" means a unit of a general hospital that provides inpatient services for individuals with serious mental illness or serious emotional disturbance. As used in this subsection, "general hospital" means a hospital as defined in section 20106 of the public health code, 1978 PA 368, MCL 333.20106.

(10) "Psychiatrist" means 1 or more of the following:

(a) A physician who has completed a residency program in psychiatry approved by the accreditation council for graduate medical education or the American osteopathic association, or who has completed 12 months of psychiatric rotation and is enrolled in an approved residency program as described in this subsection.

(b) A psychiatrist employed by or under contract with the department or a community mental health services program on March 28, 1996.

(c) A physician who devotes a substantial portion of his or her time to the practice of psychiatry and is approved by the director.

(11) "Psychologist" means an individual licensed to engage in the practice of psychology under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838, who devotes a substantial portion of his or her time to the diagnosis and treatment of individuals with serious mental illness, serious emotional disturbance, or developmental disability.

(12) "Recipient" means an individual who receives mental health services from the department, a community mental health services program, or a facility or from a provider that is under contract with the department or a community mental health services program. For the purposes of this act, recipient does not include an individual receiving substance use disorder services under chapter 2A unless that individual is also receiving mental health services under this act in conjunction with substance use disorder services.

(13) "Recipient rights advisory committee" means a committee of a community mental health services program board appointed under section 757 or a recipient rights advisory committee appointed by a licensed hospital under section 758.

(14) "Recovery" means a highly individualized process of healing and transformation where the individual gains control over his or her life. Related services include recovery management, recovery support services, recovery houses or transitional living programs, and relapse prevention. Recovery involves the development of a new meaning, purpose, and growing beyond the impact of addiction or a diagnosis. Recovery may include the pursuit of spiritual, emotional, mental, or physical well-being.

(15) "Regional entity" means an entity established under section 204b to provide specialty services and supports.

(16) "Rehabilitation" means the act of restoring an individual to a state of mental and physical health or useful activity through vocational or educational training, therapy, and counseling.

(17) "Resident" means an individual who receives services in a facility.

(18) "Responsible mental health agency" means the hospital, center, or community mental health services program that has primary responsibility for the recipient's care or for the delivery of services or supports to that recipient.

(19) "Rule" means a rule promulgated under the administrative procedures act of 1969, 1969 PA 306, MCL 24.201 to 24.328.

Sec. 100d. (1) "Service" means a mental health service.

(2) "Serious emotional disturbance" means a diagnosable mental, behavioral, or emotional disorder affecting a minor that exists or has existed during the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent diagnostic and statistical manual of mental disorders published by the American psychiatric association and approved by the department and that has resulted in functional impairment that substantially interferes with or limits the minor's role or functioning in family, school, or community activities. The following disorders are included only if they occur in conjunction with another diagnosable serious emotional disturbance:

(a) A substance use disorder.

(b) A developmental disorder.

(c) "V" codes in the diagnostic and statistical manual of mental disorders.

(3) "Serious mental illness" means a diagnosable mental, behavioral, or emotional disorder affecting an adult that exists or has existed within the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent diagnostic and statistical manual of mental disorders published by the American psychiatric association and approved by the department and that has resulted in functional impairment that substantially interferes with or limits 1 or more major life activities. Serious mental illness includes dementia with delusions, dementia with depressed mood, and dementia with behavioral disturbance but does not include any other dementia unless the dementia occurs in conjunction with another diagnosable serious mental illness. The following disorders also are included only if they occur in conjunction with another diagnosable serious mental illness:

(a) A substance use disorder.

(b) A developmental disorder.

(c) A "V" code in the diagnostic and statistical manual of mental disorders.

(4) "Special compensation" means payment to an adult foster care facility to ensure the provision of a specialized program in addition to the basic payment for adult foster care. Special compensation does not include payment received directly from the medicaid program for personal care services for a resident, or payment received under the supplemental security income program.

(5) "Specialized program" means a program of services, supports, or treatment that are provided in an adult foster care facility to meet the unique programmatic needs of individuals with serious mental illness or developmental disability as set forth in the resident's individual plan of services and for which the adult foster care facility receives special compensation.

(6) "Specialized residential service" means a combination of residential care and mental health services that are expressly designed to provide rehabilitation and therapy to a recipient, that are provided in the residence of the recipient, and that are part of a comprehensive individual plan of services.

(7) "State administered funds" means revenues appropriated by the state legislature exclusively for the purposes provided for in regard to substance use disorder services and prevention.

(8) "State facility" means a center or a hospital operated by the department.

(9) "State recipient rights advisory committee" means a committee appointed by the director under section 756 to advise the director and the director of the department's office of recipient rights.

(10) "Substance abuse" means the taking of alcohol or other drugs at dosages that place an individual's social, economic, psychological, and physical welfare in potential hazard or to the extent that an individual loses the power of self-control as a result of the use of alcohol or drugs, or while habitually under the influence of alcohol or drugs, endangers public health, morals, safety, or welfare, or a combination thereof.

(11) "Substance use disorder" means chronic disorder in which repeated use of alcohol, drugs, or both, results in significant and adverse consequences. Substance abuse is considered a substance use disorder.

(12) "Substance use disorder prevention services" means services that are intended to reduce the consequences of substance use disorders in communities by preventing or delaying the onset of substance abuse and that are intended to reduce the progression of substance use disorders in individuals. Substance use disorder prevention is an ordered set of steps that promotes individual, family, and community health, prevents mental and behavioral disorders, supports resilience and recovery, and reinforces treatment principles to prevent relapse.

(13) "Substance use disorder treatment and rehabilitation services" means the providing of identifiable recovery-oriented services including:

(a) Early intervention and crisis intervention counseling services for individuals who are current or former individuals with substance use disorder.

(b) Referral services for individuals with substance use disorder, their families, and the general public.

(c) Planned treatment services, including chemotherapy, counseling, or rehabilitation for individuals physiologically or psychologically dependent upon or abusing alcohol or drugs.

(14) "Supplemental security income" means the program authorized under title XVI of the social security act, 42 USC 1381 to 1383f.

(15) "Transfer facility" means a facility selected by the department-designated community mental health entity, which facility is physically located in a jail or lockup and is staffed by at least 1 designated representative when in use according to chapter 2A.

(16) "Transition services" means a coordinated set of activities for a special education student designed within an outcome-oriented process that promotes movement from school to postschool activities, including postsecondary education, vocational training, integrated employment including supported employment, continuing and adult education, adult services, independent living, or community participation.

(17) "Treatment" means care, diagnostic, and therapeutic services, including the administration of drugs, and any other service for the treatment of an individual's serious mental illness or serious emotional disturbance.

(18) "Treatment position" means a unit of measure of the client capacity of a psychiatric partial hospitalization program. Each treatment position represents a minimum of 6 hours per day and 5 days per calendar week.

(19) "Urgent situation" means a situation in which an individual is determined to be at risk of experiencing an emergency situation in the near future if he or she does not receive care, treatment, or support services.

(20) "Wraparound services" means an individually designed set of services provided to minors with serious emotional disturbance or serious mental illness and their families that includes treatment services and personal support services or any other supports necessary to foster education preparedness, employability, and preservation of the child in the family home. Wraparound services are to be developed through an interagency collaborative approach and a minor's parent or guardian and a minor age 14 or older are to participate in planning the services.

Sec. 161. In conjunction with community mental health services programs, the department shall conduct annually and forward to the governor and the house and senate appropriations committees, and the senate and house committees with legislative oversight of human services and mental health, an evaluation of the family support subsidy program that shall include, but is not limited to, all of the following:

(a) The impact of the family support subsidy program upon children covered by this act in facilities and residential care programs including, to the extent possible, sample case reviews of families who choose not to participate.

(b) Case reviews of families who voluntarily terminate participation in the family support subsidy program for any reason, particularly when the eligible minor is placed out of the family home, including the involvement of the department and community mental health services programs in offering suitable alternatives.

(c) Sample assessments of families receiving family support subsidy payments including adequacy of subsidy and need for services not available.

(d) The efforts to encourage program participation of eligible families.

(e) The geographic distribution of families receiving subsidy payments and, to the extent possible, eligible minors presumed to be eligible for family support subsidy payments.

(f) Programmatic and legislative recommendations to further assist families in providing care for eligible minors.

(g) Problems that arise in identifying eligible minors through diagnostic evaluations performed under rules promulgated by the department of education.

(h) The number of beds reduced in state facilities and foster care facilities serving severely mentally, multiply, and autistic impaired children when the children return home to their natural families as a result of the subsidy program.

(i) Caseload figures by eligibility category as described in section 100a(28).

Sec. 208. (1) Services provided by a community mental health services program shall be directed to individuals who have a serious mental illness, serious emotional disturbance, or developmental disability.

(2) Services may be directed to individuals who have other mental disorders that meet criteria specified in the most recent diagnostic and statistical manual of mental health disorders published by the American psychiatric association and may also be directed to the prevention of mental disability and the promotion of mental health. Resources that have been specifically designated to community mental health services programs for services to individuals with dementia, alcoholism, or substance use disorder or for the prevention of mental disability and the promotion of mental health shall be utilized for those specific purposes.

(3) Priority shall be given to the provision of services to individuals with the most severe forms of serious mental illness, serious emotional disturbance, and developmental disability. Priority shall also be given to the provision of services to individuals with a serious mental illness, serious emotional disturbance, or developmental disability in urgent or emergency situations.

(4) An individual shall not be denied a service because an individual who is financially liable is unable to pay for the service.

Sec. 210. (1) Any single county or any combination of adjoining counties may elect to establish a community mental health services program by a majority vote of each county board of commissioners.

(2) A department-designated community mental health entity shall coordinate the provision of substance use disorder services in its region and shall ensure services are available for individuals with substance use disorder.

CHAPTER 2A

SUBSTANCE USE DISORDER SERVICES

Sec. 260. (1) As used in this chapter:

(a) "Court" means the probate court for the county in which a minor, for whom a request for substance use disorder treatment and rehabilitation services has been made, either resides or is found.

(b) "Minor" means an individual 14 or more years of age and less than 18 years of age.

(c) "Person in loco parentis" means an individual who is not the parent or guardian of a child or minor but who has legal custody of the child or minor and is providing support and care for the child or minor.

(d) "Physiological dependency" means addiction to alcohol or drugs that alters the body's physical or psychological status, or both.

(e) "Program" means a hospital, clinic, organization, or health professional licensed under part 62 of the public health code, 1978 PA 368, MCL 333.6230 to 333.6251, to provide treatment services or screening and assessment services.

(2) The department shall begin implementation of the changes in this chapter not later than October 1, 2013 and shall have the changes completed by not later than October 1, 2014.

Sec. 261. Records of the identity, diagnosis, prognosis, and treatment of an individual maintained in connection with the performance of a program, an approved service program, or an emergency medical service authorized or provided or assisted under this chapter are confidential and may be disclosed only for the purposes and under the circumstances authorized by section 262 or 263.

Sec. 262. (1) An individual who is the subject of a record maintained under section 261 may consent in writing to the disclosure of the content of the record to:

- (a) Health professionals for the purpose of diagnosis or treatment of the individual.
- (b) Governmental personnel for the purpose of obtaining benefits to which the individual is entitled.
- (c) Any other person specifically authorized by the individual.

(2) The individual consenting under subsection (1) may revoke the authorization for the disclosure at any time, unless expressly prohibited by federal legislation on confidentiality of alcohol and drug abuse patient records, by giving written notice to the program.

(3) The authorization or revocation shall be in a form specified by the department in accordance with regulations specifying the form of the written consent issued by the United States department of health, education, and welfare and the special action office for drug abuse prevention.

Sec. 263. If an individual who is the subject of a record maintained under section 261 does not give written consent, the content of the record may be disclosed only as follows:

- (a) To medical personnel to the extent necessary to meet a bona fide medical emergency.
- (b) To qualified personnel for the purpose of conducting scientific statistical research, financial audits, or program evaluation, but the personnel shall not directly or indirectly identify an individual in a report of the research audit or evaluation or otherwise disclose an identity in any manner.
- (c) Upon application, a court of competent jurisdiction may order disclosure of whether a specific individual is under treatment by a program. In all other respects, the confidentiality shall be the same as the physician-patient relationship provided by law.
- (d) Upon application, a court may order disclosure of a record for the purpose of a hearing under section 266 or 268.

Sec. 264. (1) The consent to the provision of substance use disorder related medical or surgical care, treatment, or services by a hospital, clinic, or health professional authorized by law executed by a minor who is or professes to be an individual with a substance use disorder is valid and binding as if the minor had achieved the age of majority. The consent is not subject to later disaffirmance by reason of minority. The consent of any other person, including a spouse, parent, guardian, or person in loco parentis, is not necessary to authorize these services to be provided to a minor.

(2) For medical reasons, the treating physician, and, on the advice and direction of the treating physician, a member of the medical staff of a hospital or clinic or other health professional, may, but is not obligated to, inform the spouse, parent, guardian, or person in loco parentis as to the treatment given or needed. The information may be given to or withheld from these persons without consent of the minor and notwithstanding the express refusal of the minor to the providing of the information.

(3) A spouse, parent, guardian, or person in loco parentis of a minor is not legally responsible for services provided under this section.

Sec. 265. (1) A program that is requested by a minor's parent or a person in loco parentis to a minor to perform substance use disorder treatment and rehabilitation services for the minor may perform those services for the minor without the minor's consent if the minor is less than 14 years of age, as verified by the minor's parents or person acting in loco parentis, and if the request is made in writing.

(2) A minor's parent or a person in loco parentis to a minor may request that substance use disorder treatment and rehabilitation services be provided to the minor by a program.

(3) If substance use disorder treatment and rehabilitation services are requested under subsection (2) and the minor does not consent to the substance use disorder treatment and rehabilitation services, the program shall cause to have conducted a diagnostic evaluation to determine whether the minor is physiologically dependent. Except as otherwise provided in subsection (4), a diagnostic evaluation shall be conducted within 48 hours of the request for substance use disorder treatment and rehabilitation services.

(4) If it is determined during a diagnostic evaluation conducted under subsection (3) that the minor is in need of detoxification, the program may arrange for detoxification services and those services may be performed, with the consent of the minor's parent or person in loco parentis to the minor and without the minor's consent, for a period that shall not exceed 5 days. After the minor's detoxification, the program shall cause to have the minor's diagnostic evaluation completed within 48 hours.

(5) Except as otherwise provided in subsection (6), after a diagnostic evaluation has been completed under this section, substance use disorder treatment and rehabilitation services shall not be performed unless 1 of the following occurs:

- (a) The minor consents to substance use disorder treatment and rehabilitation services.

(b) It is determined under section 266 that substance use disorder treatment and rehabilitation services are necessary for the minor.

(6) If it is determined as a result of a diagnostic evaluation conducted under this section that the minor is physiologically dependent, substance use disorder treatment and rehabilitation services may be performed without the minor's consent pending a hearing under section 266 and for a period that shall not exceed 7 business days.

(7) Psychotropic drugs shall not be used under this section by a program on a minor unless the minor consents or the court orders the use of the drugs at a hearing under section 266.

Sec. 266. (1) A minor's parent or person in loco parentis to a minor may petition the court requesting the court's determination as to whether treatment and rehabilitation services are necessary for the minor.

(2) Upon receipt of a petition under subsection (1), the court shall appoint a guardian ad litem to represent the minor for the purposes of this section and sections 267 and 268 and shall notify all of the following persons of the time and place for the hearing:

(a) The minor's parents or person in loco parentis to the minor.

(b) The minor.

(c) The program director.

(d) The guardian ad litem for the minor.

(3) A minor has the right to an independent diagnostic evaluation by a program.

(4) A hearing on a petition under subsection (1) shall be held within 7 days of the court's receipt of the petition.

(5) At a hearing under this section, the court shall determine whether substance use disorder treatment and rehabilitation services are necessary. If the court determines that substance use disorder treatment and rehabilitation services are necessary, the court shall determine a suitable placement for the minor in the least restrictive setting available.

(6) In making the determinations under subsection (5), the court shall obtain and examine the diagnostic evaluation prepared for the minor under section 265. If an independent diagnostic evaluation was prepared, the court shall examine that evaluation. Information obtained under this section shall not be used to authorize a petition under section 2(a) of chapter XIA of the probate code of 1939, 1939 PA 288, MCL 712A.2.

(7) The court shall not order substance use disorder treatment and rehabilitation services under this section on the grounds that the minor's parent or person in loco parentis to the minor is unwilling or unable to provide or arrange for the minor's management, care, or residence.

(8) Court records maintained under this section are confidential and open only by order of the court to persons having a legitimate interest.

Sec. 267. (1) Not more than 30 days after the court orders the admission of a minor to a program under section 266, and at 60-day intervals after that, the director of the program shall perform or arrange to have performed a review of the minor's treatment plan.

(2) The results of the reviews shall be transmitted in writing within 72 hours after completion of the review to all of the following:

(a) The minor.

(b) The minor's parent or person in loco parentis to the minor.

(c) The minor's guardian ad litem.

(d) The court.

(3) A minor may object to his or her treatment plan within 30 days after receipt of the periodic review under subsection (1). The objection shall be in writing and shall state the basis on which it is being raised. At the minor's request, the minor's guardian ad litem shall assist the minor in properly submitting the objection.

(4) If it is determined that substance use disorder treatment and rehabilitation services are no longer necessary, the minor shall be discharged from the program. If the minor is discharged, the court shall be notified of the discharge.

Sec. 268. (1) Upon receipt of an objection filed under section 267, the court shall schedule a hearing to be held within 7 business days. After receipt of the objection, the court shall notify all of the following persons of the time and place for the hearing:

(a) The minor.

(b) The minor's parent or person in loco parentis to the minor.

(c) The minor's guardian.

(d) The program director.

(2) The court shall sustain the objection and order the discharge of the minor unless the court finds by clear and convincing evidence that substance use disorder treatment and rehabilitation services are necessary. If the court does not sustain the objection, an order shall not be entered, the objection shall be dismissed, and substance use disorder treatment and rehabilitation services shall continue.

Sec. 269. The department-designated community mental health entity and its community mental health services program provider network may contract for and spend funds for the prevention of substance use disorder and for the counseling and treatment of individuals with substance use disorder. A department-designated community mental health entity and other community mental health services program may make contracts with the governing bodies of other department-designated community mental health entities and other community mental health services programs and other persons for these purposes.

Sec. 270. The department shall do all of the following:

(a) Administer and coordinate state administered funds for substance use disorder treatment and rehabilitation services and substance use disorder prevention services.

(b) Use appropriations of revenues from taxes imposed by the Michigan liquor control code of 1998, 1998 PA 58, MCL 436.1101 to 436.2303, exclusively for the purposes provided in that act.

(c) Recommend directly to the governor, after review and comment, budget and grant requests for public funds to be allocated for substance use disorder services including education, research, treatment, rehabilitation, and prevention activities.

(d) Provide technical assistance to department-designated community mental health entities and community mental health services programs and to treatment, rehabilitation, and prevention agencies for the purposes of program development, administration, and evaluation.

(e) Develop annually a comprehensive state plan through the use of federal, state, local, and private resources of adequate services and facilities for the prevention and control of substance use disorder and the diagnosis, treatment, and rehabilitation of individuals with substance use disorder.

(f) Evaluate, in cooperation with appropriate state departments and agencies, the effectiveness of substance use disorder services in the state funded by federal, state, local, and private resources, and annually during the month of November, report a summary of the detailed evaluation to the governor and the legislature.

Sec. 271. The department shall do both of the following:

(a) Cooperate with agencies of the federal government and receive and use federal funds for purposes authorized by the legislature.

(b) Prior to the expenditure of funds appropriated to other state agencies receiving appropriations for substance use disorder treatment and rehabilitation services and substance use disorder prevention services, have a contract signed with the receiving department-designated community mental health entity. The department shall submit a copy of each agreement to the governor and the appropriations committees of the senate and house of representatives.

Sec. 272. The department shall do all of the following:

(a) Establish a statewide information system for the collection of statistics, management data, and other information required for the implementation of this chapter.

(b) Collect, analyze, and disseminate data concerning substance use disorder treatment and rehabilitation services and substance use disorder prevention services.

(c) Prepare, publish, evaluate, and disseminate educational material as to the nature and effect of alcohol and drugs.

(d) Organize, sponsor, and fund training programs for persons directly or indirectly engaged in the treatment, rehabilitation, and prevention of substance use disorder.

(e) Conduct and provide grant-in-aid funds to conduct research on the incidence, prevalence, causes, and treatment of substance use disorder and disseminate this information to the public and to substance use disorder services professionals.

Sec. 273. (1) The department shall do all of the following:

(a) Annually establish program priority for funding for the next fiscal year.

(b) Establish guidelines for project applications.

(c) Promulgate rules concerning matching requirements for state alcoholism and drug abuse treatment grants. The rules shall be reviewed every 2 years.

(2) The department-designated community mental health entities and community mental health services program provider networks shall ensure that applicants for state administered funds are licensed, unless exempt, as substance use disorder service programs under part 62 of the public health code, 1978 PA 368, MCL 333.6230 to 333.6251.

(3) The department may issue licenses; require reports; establish standards and procedures; and make inspections necessary to enforce this chapter and rules promulgated under this chapter; and provide technical assistance for the guidance of substance use disorder service programs in complying with the requirements and rules promulgated under this chapter.

Sec. 274. A department-designated community mental health entity designated by the director to assume responsibility for providing substance use disorder services for a county or multicounty region, with assistance from its community mental health services program provider network, shall do all of the following:

(a) Develop comprehensive plans for substance use disorder treatment and rehabilitation services and substance use disorder prevention services consistent with guidelines established by the department.

(b) Review and comment to the department of licensing and regulatory affairs on applications for licenses submitted by local treatment, rehabilitation, and prevention organizations.

(c) Provide technical assistance for local substance use disorder service programs.

(d) Collect and transfer data and financial information from local programs to the department of licensing and regulatory affairs.

(e) Submit an annual budget request to the department for use of state administered funds for its substance use disorder treatment and rehabilitation services and substance use disorder prevention services in accordance with guidelines established by the department.

(f) Make contracts necessary and incidental to the performance of the department-designated community mental health entity's and community mental health services program's functions. The contracts may be made with public or private agencies, organizations, associations, and individuals to provide for substance use disorder treatment and rehabilitation services and substance use disorder prevention services.

(g) Annually evaluate and assess substance use disorder services in the department-designated community mental health entity in accordance with guidelines established by the department.

Sec. 275. (1) Subject to subsection (2), if a department-designated community mental health entity under this chapter maintains a waiting list for services, the department-designated community mental health entity shall place a parent whose child has been removed from the home under the child protection laws of this state or is in danger of being removed from the home under the child protection laws of this state because of the parent's substance use disorder in a priority position on the waiting list above all other applicants with substantially similar clinical conditions.

(2) If a department-designated community mental health entity receives federal substance abuse prevention and treatment block grant funds, the priority position of the parent on the waiting list granted under subsection (1) will come after a priority position on the waiting list granted under the conditions of the federal block grant. If the parent qualifies for priority status on the waiting list under the conditions of the federal block grant, the department-designated community mental health entity shall place the parent in that priority position on the waiting list.

Sec. 276. (1) An individual who appears to be incapacitated in a public place shall be taken into protective custody by a law enforcement officer and taken to an approved service program, or to an emergency medical service, or to a transfer facility according to subsection (4) for subsequent transportation to an approved service program or emergency medical service. When requested by a law enforcement officer, an emergency service unit or staff shall provide transportation for the individual to an approved service program or an emergency medical service. This subsection does not apply to an individual who the law enforcement officer reasonably believes will attempt escape or will be unreasonably difficult for staff to control.

(2) A law enforcement officer may take an individual into protective custody with that kind and degree of force that would be lawful were the officer effecting an arrest for a misdemeanor without a warrant. In taking the individual, a law enforcement officer may take reasonable steps to protect himself or herself. The protective steps may include a "pat down" search of the individual in his or her immediate surroundings, but only to the extent necessary to discover and seize any dangerous weapon that may on that occasion be used against the officer or other individuals present. These protective steps shall be taken by the law enforcement officer before an emergency service unit or staff provides transportation of an individual to an approved service program or emergency medical service.

(3) The taking of an individual to an approved service program, emergency medical service, or transfer facility under subsection (1) is not an arrest, but is a taking into protective custody with or without consent of the individual. The law enforcement officer shall inform the individual that he or she is being held in protective custody and is not under arrest. An entry or other record shall not be made to indicate that the individual was arrested or charged with either a crime

or being incapacitated. An entry shall be made indicating the date, time, and place of the taking, but the entry shall not be treated for any purpose as an arrest or criminal record.

(4) An individual taken into protective custody under subsection (1) may be taken to a transfer facility for not more than 8 hours, if there is neither an approved service program nor an emergency medical service in that county and if, due to distance or other circumstances, a law enforcement officer is unable to complete transport of the individual to an approved service program or emergency medical service. The law enforcement officer or agency shall immediately notify and request the nearest approved service program or emergency medical service to provide an emergency service unit or staff as soon as possible to transport the individual to that approved service program or emergency medical service. If neither an emergency service unit nor staff is available for transportation, a law enforcement officer may transport the individual to an approved service program or emergency medical service. If an emergency service unit or staff is to provide transportation, the designated representative of the transfer facility shall assume custody of the individual and shall take all reasonable steps to ensure the individual's health and safety until custody is transferred to the emergency service unit or staff of an approved service program or emergency medical service.

(5) An individual arrested by a law enforcement officer for the commission of a misdemeanor punishable by imprisonment for not more than 3 months, or by a fine of not more than \$500.00, or both, may be taken to an approved service program or an emergency medical service for emergency treatment if the individual appears to be incapacitated at the time of apprehension. This treatment is not in lieu of criminal prosecution of the individual for the offense with which the individual is charged, nor shall it preclude the administration of any tests as provided for by law.

Sec. 277. (1) An individual who is taken to an approved service program or emergency medical service under section 276(1) shall continue to be in protective custody and shall be examined by a physician or his or her designated representative as soon as possible, but not longer than 8 hours. The physician or designated representative may conduct a chemical test to determine the amount of alcohol in the bloodstream of the individual. The physician or designated representative shall inform the individual of his or her right to that test and shall conduct a test at the request of the individual.

(2) An individual who, by medical examination, is found to be incapacitated shall then receive treatment from an approved service program or emergency medical service. An individual shall not be denied treatment solely because the individual has withdrawn from treatment against medical advice on a prior occasion or because the individual has relapsed after earlier treatment. An approved service program or the emergency medical service may arrange for necessary transportation.

(3) Approved service programs are not expected to provide treatment other than that for which they are licensed, nor shall an emergency medical service be required to provide treatment other than that routinely provided for other patients treated.

Sec. 278. (1) An individual who is taken to an approved service program or emergency medical service under section 276(1) shall continue to be in protective custody. The individual shall not be detained once the individual is medically examined and found not to be incapacitated. An individual found by medical examination to be incapacitated shall be detained until the individual is no longer incapacitated or for not more than 72 hours after the individual is taken to the approved service program or emergency medical service. An individual may consent to remain in the program for as long as the physician in charge believes appropriate.

(2) An individual who is taken to an approved service program or emergency medical service under section 276(5) shall be discharged to a law enforcement officer after the individual is no longer incapacitated. An individual who remains incapacitated at the expiration of 72 hours after the individual has been taken to the approved service program or emergency medical service shall be discharged to a law enforcement officer unless both of the following occur:

(a) The individual agrees to remain in the program longer than 72 hours.

(b) The physician in charge of the program believes it appropriate that the individual remain in the program longer than 72 hours.

Sec. 279. (1) An individual who is brought to an approved service program or emergency medical service under section 276(1) and is found by medical examination not to be incapacitated shall be immediately released and transportation may be arranged by the approved service program or emergency medical service.

(2) An individual who is brought to an approved service program or emergency medical service under section 276(5) and is found by medical examination not to be incapacitated shall be released to a law enforcement officer representing the agency that made the arrest.

Sec. 280. If an individual held in protective custody is admitted to an approved service program or emergency medical service, the individual's family, next of kin, or someone whom the individual designates shall be notified as promptly as possible.

Sec. 281. (1) An individual may voluntarily seek admission at an approved service program or emergency medical service.

(2) The individual shall be examined by a physician or his or her designated representative. The physician at the request of the individual may order a chemical test to determine the amount of alcohol in the bloodstream of the individual.

(3) An individual who by medical examination is found to be incapacitated shall then be admitted or referred for treatment. Transportation may be provided to an individual admitted or referred for treatment through the approved service program or the emergency medical service.

(4) The voluntarily admitted individual may leave at any time or may consent to remain as long as the physician believes appropriate.

(5) If a voluntarily admitted individual is admitted to an approved service program or emergency medical service, the family, next of kin, or someone whom the individual designates, shall be notified as promptly as possible. If an adult requests that there be no notification, the request shall be respected.

Sec. 282. (1) A law enforcement officer, a member of the emergency service unit, or staff member of an approved service program or an emergency medical service who acts in compliance with sections 276 to 286 is acting in the course of his or her official duty and is not criminally or civilly liable as a result.

(2) Subsection (1) does not apply to a law enforcement officer, member of the emergency service unit, or staff member of an approved service program or an emergency medical service who, while acting in compliance with sections 276 to 286, engages in behavior involving gross negligence or willful and wanton misconduct.

(3) Approved service programs, staff of approved service programs, emergency medical services, staff of emergency medical services, law enforcement officers, and emergency service units are not criminally or civilly liable for the subsequent actions of the apparently incapacitated individual who leaves the approved service program or emergency medical service.

Sec. 283. An individual taken, or seeking voluntary admission under section 281, to an emergency medical service or a transfer facility shall have his or her possessions inventoried and held in a secure place. These possessions shall be returned to the individual when the individual is released. Contraband discovered in the inventory shall not be returned to the individual.

Sec. 284. (1) If treatment or transportation, or both, is provided by an approved service program, emergency service unit, or emergency medical service, and the individual has not paid the charge for that treatment or transportation, or both, the approved service program, emergency service unit, or emergency medical service is entitled to any payment received by the individual or to which the individual may be entitled because of the services rendered, or entitled to any payment from any public or private source available to the approved service program, emergency service unit, or emergency medical service because of the treatment or transportation, or both, provided to the individual.

(2) If an individual receives treatment or transportation, or both, from an approved service program, emergency service unit, or emergency medical service, the estate of the individual or an individual obligated to provide for the cost of treatment, or transportation, or both, is liable to the approved service program, emergency service unit, or emergency medical service for the cost of the treatment or transportation, or both, of that individual.

Sec. 285. Records of the diagnostic evaluation, psychiatric, psychological, social service care, and referral of an individual that are maintained in connection with the performance of an approved service program or emergency medical service authorized or provided under sections 276 to 286 are confidential and may only be disclosed in either of the following circumstances:

(a) For the purposes and under the circumstances expressly authorized under section 262 or 263.

(b) At the specific written request of a parole or probation officer seeking the information with regard to a parolee or probationer in the officer's charge who agrees to release this information.

Sec. 286. (1) After January 15, 1978, a city, county, township, or village may not adopt or enforce a local law, ordinance, resolution, rule, or portion thereof having the force of law that imposes a civil or criminal penalty for public intoxication, being a common drunkard, or being incapacitated, except as provided in subsection (3) or (4).

(2) A local unit of government may not interpret or apply any law of general application to circumvent subsection (1).

(3) This section and sections 276 to 285 do not affect a law, ordinance, resolution, or rule against drunken driving, driving under the influence of alcohol, or other similar offense involving the operation of a vehicle, snowmobile, aircraft, vessel, machinery, or other equipment, or motorized conveyance, or regarding the sale, purchase, dispensing, possession,

transportation, consumption, or use of alcoholic beverages at stated times and places, or by a particular class of individuals.

(4) This section and sections 276 to 285 do not prohibit a local unit of government from adopting an ordinance consistent with section 167 of the Michigan penal code, 1931 PA 328, MCL 750.167.

Sec. 287. (1) The composition of the department-designated community mental health entity board shall consist of representatives of mental health, developmental or intellectual disabilities, and substance use disorder services.

(2) The department-designated community mental health entity shall ensure that funding dedicated to substance use disorder services shall be retained for substance use disorder services and not diverted to fund services that are not for substance use disorders.

(3) A department-designated community mental health entity designated by the director to assume the responsibilities of providing substance use disorder services for a county or region shall retain the existing providers who are under contract to provide substance use disorder treatment and prevention services for a period of 2 years after the effective date of the amendatory act that added this section. Unless another plan is approved by the county board of commissioners, counties or regions that have local public health departments that contract with substance use disorder providers on the effective date of the amendatory act that added this section shall continue to allow the local public health department to carry out that function for 2 years after the effective date of the amendatory act that added this section.

(4) The department and the department-designated community mental health entity shall continue to use the allocation formula based on federal and state data sources to allocate and distribute nonmedical assistance substance use disorder services funds.

(5) A department-designated community mental health entity shall establish a substance use disorder oversight policy board through a contractual agreement between the department-designated community mental health entity and each of the counties served by the community mental health services program under 1967 (Ex Sess) PA 8, MCL 124.531 to 124.536, or other appropriate state law. The substance use disorder oversight policy board shall include the members called for in the establishing agreement, but shall have at least 1 board member appointed by the county board of commissioners for each county served by the department-designated community mental health entity. The substance use disorder oversight policy board shall perform the functions and responsibilities assigned to it through the establishing agreement, which shall include at least the following responsibilities:

(a) Approval of any department-designated community mental health entity budget containing local funds for treatment or prevention of substance use disorders.

(b) Advice and recommendations regarding department-designated community mental health entities' budgets for substance use disorder treatment or prevention using other nonlocal funding sources.

(c) Advice and recommendations regarding contracts with substance use disorder treatment or prevention providers.

(d) Any other terms as agreed to by the participating parties consistent with the authorizing legislation.

(6) The department shall report to the house of representatives and the senate appropriations subcommittee on community health on the redistricting of regions not later than 30 days before implementation of the plan.

(7) The department shall work with department-designated community mental health entities and community mental health services programs to simplify the administrative and reporting requirements for mental health services and substance use disorder services.

(8) Beginning not later than October 1, 2014, or at the time the implementation of the changes in this chapter are complete, whichever is sooner, department-designated community mental health entities are coordinating agencies for purposes of receiving any funds statutorily required to be distributed to coordinating agencies.

Enacting section 1. The following parts and sections of the public health code, 1978 PA 368, MCL 333.1101 to 333.25211, are repealed:

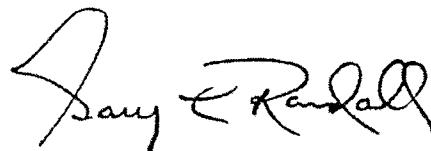
(a) Part 61, MCL 333.6101 to 333.6141.

(b) Sections 6201, 6203, 6205, 6207, 6209, 6211, 6213, 6215, 6217, 6221, 6222, 6223, 6226, 6228, 6231, and 6232, MCL 333.6201, 333.6203, 333.6205, 333.6207, 333.6209, 333.6211, 333.6213, 333.6215, 333.6217, 333.6221, 333.6222, 333.6223, 333.6226, 333.6228, 333.6231, and 333.6232.

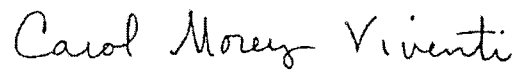
(c) Part 65, MCL 333.6501 to 333.6523.

Enacting section 2. This amendatory act does not take effect unless House Bill No. 4863 of the 96th Legislature is enacted into law.

This act is ordered to take immediate effect.



.....
Clerk of the House of Representatives



.....
Secretary of the Senate

Approved

.....
Governor

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Behavioral Health and Developmental Disabilities Administration
Bureau of Community Based Services
Behavioral Health Integration

Integration Technical Advisory #2

SUBJECT: Substance Use Disorder Oversight Policy Board Guidelines

ISSUED: January 21, 2014

PURPOSE:

To provide guidance on the structure and responsibilities of the Substance Use Disorder (SUD) Oversight Policy Boards.

SCOPE:

This advisory applies to the ten department-designated community mental health entities [PIHP/Regional Entities] and the SUD Oversight Policy Boards, as are referenced in P.A. 500

BACKGROUND:

Section 287 (5) of Public Act 500 of 2012 states, "A department-designated community mental health entity [PIHP/Regional Entity] shall establish a substance use disorder oversight policy board through a contractual agreement between the department-designated community mental health entity and each of the counties served by the community mental health services program."

REQUIRED:

Each SUD Oversight Policy Board shall:

1. Include the members called for in the establishing agreement.
2. Have at least one board member appointed by the county board of commissioners for each county served by the PIHP/Regional Entity.
3. Perform the functions and responsibilities assigned to it through the establishing agreement, which shall include at least the following responsibilities:
 - a. Approval of any department-designated PIHP/Regional Entity budget containing local funds for treatment or prevention of substance use disorders.

- b. Advice and recommendations regarding department-designated PIHP/Regional Entity budget for substance use disorder treatment or prevention using other non-local funding sources.
- c. Advice and recommendations regarding contracts with SUD treatment or prevention providers.
- d. Any other terms as agreed to by the participating parties consistent with the authorizing legislation.

RECOMMENDED:

Local SUD Oversight Policy Boards may:

1. Seek to ensure quality of SUD services including culturally competent policy and practices for the delivery of those services.
2. Seek to ensure that SUD services made available through the PIHP/Regional Entity are accessible, responsive to regional needs, available to all segments of the community, and are delivered in a comprehensive manner.
3. Receive, review and provide recommendations regarding the strategic plan developed by the PIHP/Regional Entity to address the prevalence of SUD in the service areas from a recovery-oriented systems of care (ROSC) perspective and approach.
4. Receive, review and provide input regarding the establishment of sustainability plans for ROSC initiatives to include prevention, treatment and recovery supports.
5. Provide advice and recommendations to the efforts to expand and coordinate resources and activities with other agencies, community organizations and individuals to support the mission of the PIHP/Regional Entity where ROSC are concerned.
6. Provide opportunity for public comment, and receive and review comments on matters relevant to SUD prevention, treatment and recovery within the communities serviced by the PIHP/Regional Entity.
7. Comment on the annual application for the federal block grant, as well as the renewal and issuance of SUD services licenses.
8. Review, comment and advise, annually, on the progress and effectiveness of the delivery of SUD services in the region.
9. Approve local fund sources for recovery services.

Recommended Structure of Board

The SUD Oversight Policy Board membership may include a broad representation of stakeholders from the community:

1. Public and private SUD prevention, treatment or recovery providers, where conflicts of interest do not exist.
2. Individuals who are or have been directly served by SUD prevention, treatment, and recovery programs and individuals with lived experience.
3. Epidemiologists from the university sector and local health departments. Representatives of primary care agencies including federally qualified health centers and local hospitals. Representatives of accountable care organizations and health insurance plans.
4. Local agencies and stakeholders, related services agencies, other health, social services and faith-based advocacy-oriented agencies and organizations (e.g., housing, education, law enforcement and employment assistance).
5. The general public and civic organizations, the corporate community, representatives from the schools of medicine and others interested and willing to advocate for prevention, treatment and recovery services for persons with, or who are at risk for SUDs.

Administration of the SUD Oversight Policy Board

- A. PIHP/Regional Entities are encouraged to assemble an SUD Oversight Policy Board that represents the diversity of the PIHP/Regional Entities' catchment area, including the recovery community and underserved populations.
- B. Information regarding the SUD Oversight Policy Board will be submitted to the Michigan Department of Community Health, Division of Community Based Services, and will be updated as changes occur. The information submitted must include:
 1. Membership roster, by name, including expiration dates of terms, and county of residence.
 2. A copy of the agreement.
- C. The SUD Oversight Policy Board and the PIHP/Regional Entity, through the establishing agreement, should consider a process by which to reconcile differences between the Oversight Policy Board and the PIHP Board in a manner that reflects and considers the best interests of the communities they mutually serve.

Policy Board Costs

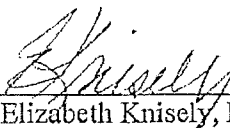
Reasonable costs associated with the SUD Oversight Policy Board's functions, or an approved alternative method that meets the intent and purpose of this advisory, will be considered eligible for funding as contained in the annual allocation consistent with applicable federal Office of Management and Budget circulars and general contract requirements. Members may be reimbursed for reasonable costs associated with meeting participation such as mileage or meals when these are consistent with the policies of the PIHP/Regional Entity with regard to reimbursement standards. State-administered funds may not be used to reimburse employees of governmental or other agencies to the extent they receive reimbursement for the same expenses from their employers. If applicable, a board member shall be paid a per diem no larger than the highest per diem for members of other county advisory boards set by the county board of commissioners and be reimbursed for necessary travel expenses for each meeting attended. The mileage expense fixed by the county board of commissioners shall not exceed the mileage reimbursement as determined by the state officers compensation commission. A board member shall not receive more than one per diem payment per day regardless of the number of meetings scheduled by the board for that day. For these purposes, a per diem is defined as a payment for meeting attendance.

REFERENCES:

Michigan Public Act 258 of 1974, as amended.

Michigan Public Act 500 of 2012 (effective 12/28/2012).

APPROVED BY: _____


Elizabeth Knisely, Director
Bureau of Community Based Services
Behavioral Health and Developmental Disabilities Administration