

CHAIRPERSON  
BRIAN McGRAIN

VICE-CHAIRPERSON  
KARA HOPE

VICE-CHAIRPERSON PRO-TEM  
RANDY MAIVILLE

HUMAN SERVICES COMMITTEE  
TODD TENNIS, CHAIR  
DEB NOLAN  
SARAH ANTHONY  
TERI BANAS  
BRIAN McGRAIN  
RANDY MAIVILLE  
ROBIN CASE NAEYAERT

## **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, APRIL 20, 2015  
AT 6:30 P.M., IN THE PERSONNEL CONFERENCE ROOM (D & E), HUMAN SERVICES  
BUILDING, 5303 S. CEDAR, LANSING.

### Agenda

Call to Order

Approval of the [April 6, 2015 Minutes](#)

Additions to the Agenda

Limited Public Comment

1. Discussion Item: Ingham Health Plan [Quarterly Report](#)
2. Community Mental Health - Resolution Authorizing Ingham County to Enter into the Ingham County [Jail Diversion Interagency Agreement](#)
3. Facilities Department
  - a. Resolution Authorizing a Contract with Laux Construction, LLC for [Renovations](#) at the Ingham County Forest Community Health Center (FCHC)
  - b. Resolution Authorizing a Lease Agreement with the Community Mental Health Authority of Clinton, Eaton and Ingham Counties (CMHA-CEI) for the Purpose of [Leasing Space](#) from Ingham County at the Forest Community Health Center (FCHC)
4. Health Department
  - a. Resolution to Amend Intelligent Medical Objects, Inc. Service Agreement to Include [ICD-10 Medical Term Conversion](#)
  - b. Presentation: Health in all Policies - Linda Vail
  - c. Presentation: Overview of Proposed Strategic Initiatives from the Health Department - Linda Vail
5. Controller's Office - Discussion Item: Resolution Updating [Various Fees](#) for County Services

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](http://www.ingham.org).

HUMAN SERVICES COMMITTEE

April 6, 2015  
Draft – Minutes

Members Present: Anthony, Banas, Maiville, McGrain, and Naeyaert

Members Absent: Tennis and Nolan

Others Present: John Neilsen, Mike Pathfinder, Joel Murr, Kurt Keyhoe, Laurance Hueur, Daniel Shawl, Ryan Buck, Robin Stites, Rebecca Ryan, and others

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

Approval of the March 16, 2015 Minutes

MOVED BY COMM. MCGRAIN, SUPPORTED BY COMM. MAIVILLE, TO APPROVE THE MINUTES OF THE MARCH 16, 2015 MEETING.

THE MOTION CARRIED UNANIMOUSLY. Absent: Commissioners Tennis and Nolan.

Additions to the Agenda

Substitute -

4. Controller’s Office - Resolution Authorizing Adjustments to the 2015 Ingham County Budget

Remove from Agenda -

3. Health Department
  - e. Presentation: Health in all Policies - Linda Vail
  - f. Presentation: Overview of Proposed Strategic Initiatives from the Health Department - Linda Vail

Limited Public Comment

None.

MOVED BY COMM. MAIVILLE, SUPPORTED BY COMM. BANAS, TO ADOPT A CONSENT AGENDA OF THE FOLLOWING ACTION ITEMS:

2. Facilities Department
  - a. Resolution Approving Contract Change Order #4 to the Lease Agreement with the State of Michigan for Space at the Human Services Building (HSB) and

- Awarding a Contract to Laux Construction to Build a Larger Department of Human Services (DHS) Training Room at the Human Services Building
- b. Resolution Amending the Agreement with Hobbs+Black to Provide Architectural and Engineering (A&E) Services and Approve Schematic Designs for Health Department Renovations to the Human Services Building

3. Health Department

- c. Resolution to Amend the Agreement with the Michigan Public Health Institute (MPHI) for the Pathways to Better Health Grant and to Establish Temporary Positions
- d. Resolution to Amend Resolution #14-360 to Accept Funding from the U.S. Department of Health Resources and Services Administration for the Ryan White Title IV Women, Infants, Children, Youth and Affected Family Members Aids Healthcare Grant

THE MOTION CARRIED UNANIMOUSLY. Absent: Commissioners Tennis and Nolan.

THE MOTION TO APPROVE THE ITEMS ON THE CONSENT AGENDA CARRIED UNANIMOUSLY. Absent: Commissioners Tennis and Nolan.

1. Interviews - Veterans Affairs Committee

Kurt Keyhoe interviewed for appointment to the Veterans Affairs Committee.

Laurance (Larry) Hueur interviewed for appointment to the Veterans Affairs Committee.

Daniel Shawl interviewed for appointment to the Veterans Affairs Committee.

Commissioner Anthony stated that Becky Bennett, Board Coordinator, would update the interviewees on their respective statuses after Tuesday's meetings of the Democratic Caucus and Board of Commissioners.

3. Health Department

- a. Resolution to Authorize a Reorganization of the Health Department's Environmental Health Division Staff and Administrative Structure

MOVED BY COMM. MCGRAIN, SUPPORTED BY COMM. MAIVILLE, TO APPROVE THE RESOLUTION TO AUTHORIZE A REORGANIZATION OF THE HEALTH DEPARTMENT'S ENVIRONMENTAL HEALTH DIVISION STAFF AND ADMINISTRATIVE STRUCTURE.

There was a discussion about the administrative assistant position.

Commissioner Anthony asked what the difference between the executive assistant and administrative assistant positions were.

Mr. Murr explained the difference between the two positions and said the administrative assistant title was appropriate in this context. He further stated that an executive assistant was usually in the Managerial and Confidential employee classification system and reported to a Department Head or a high-level manager.

THE MOTION CARRIED UNANIMOUSLY. Absent: Commissioners Tennis and Nolan.

3. Health Department

- b. Resolution to Authorize a Subcontract with GAMALIEL of Michigan with Funds from the National Association of County and City Health Officials (NACCHO)

MOVED BY COMM. MAIVILLE, SUPPORTED BY COMM. NAEYAERT, TO APPROVE THE RESOLUTION TO AUTHORIZE A SUBCONTRACT WITH GAMALIEL OF MICHIGAN WITH FUNDS FROM THE NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS (NACCHO).

Discussion.

Mr. Murr provided an overview of “The Raising of America” series.

Commissioner Anthony asked that Mr. Murr share this information with all of the commissioners.

Mr. Murr stated that he would get the information to all the commissioners.

Commissioner Anthony asked whether there would be any tie-in with the Power of We Consortium.

Mr. Murr answered that they had worked with the Power of We and that they were looking to work with the Power of We more.

Commissioner Banas asked how results were measured.

Mr. Murr answered that they reviewed statistics of who attended events and who had signed up to take action following the events.

Commissioner Banas asked whether they would be able to adjust their message based on data they receive.

Mr. Murr answered yes. He stated that they relied on the knowledge of local groups because they knew their own localities.

Discussion.

Commissioner Banas stated that targeting the most vulnerable populations would yield the best results long-term. She further stated that she applauded the efforts that have been made so far.

Commissioner Banas stated that attention could be targeted towards early childhood development, especially involving pregnant women of vulnerable populations.

THE MOTION CARRIED UNANIMOUSLY. Absent: Commissioners Tennis and Nolan.

4. Controller's Office - Resolution Authorizing Adjustments to the 2015 Ingham County Budget

MOVED BY COMM. MCGRAIN, SUPPORTED BY COMM. NAEYAERT, TO APPROVE THE RESOLUTION AUTHORIZING ADJUSTMENTS TO THE 2015 INGHAM COUNTY BUDGET.

Commissioner Anthony asked whether the Committee had any questions.

John Neilsen, Chief Deputy Controller, stated that the substitute supplied contingency fund figures.

THE MOTION CARRIED UNANIMOUSLY. Absent: Commissioners Tennis and Nolan.

#### Announcements

Commissioner McGrain asked for an update on the number of vacancies on the Veterans Affairs Committee.

Commissioner Anthony stated that there were two positions that would become available for appointment.

There was a discussion about recommendation letters.

Commissioner McGrain asked that staff provide age and geographical locations for the applicants.

Discussion.

Commissioner Naeyaert stated that she liked Mr. Shawl's discussion about the different needs between younger and older veterans.

Commissioner Banas asked whether the Veterans Affairs Committee could be expanded.

Discussion.

Commissioner Anthony stated that the County paid a per diem to members on the Veterans Affairs Committee. She further stated that since there was a budgetary component to this issue, the question of expanding the Veterans Affairs Committee could be considered during the budget process.

Commissioner Naeyaert suggested that an alternate position be created for instances where a regular member could not attend a meeting of the Veterans Affairs Committee.

Commissioner McGrain announced that there would be a tour of Volunteers of America (VOA) on April 20, beginning at 5:00 p.m. He further announced that the VOA was located at 414 North Larch Street in Lansing. Commissioner McGrain invited the commissioners to attend.

Public Comment

None.

Adjournment

The meeting was adjourned at 7:15 p.m.

# APRIL 20, 2015 HUMAN SERVICES AGENDA

## STAFF REVIEW SUMMARY

### ACTION ITEMS:

The Deputy Controller is recommending approval of the following resolutions:

2. Community Mental Health – Resolution Authorizing Ingham County to Enter into the Ingham County Jail Diversion Interagency Agreement

This resolution would authorize entering into an Jail Diversion interagency agreement under 2014 PA 28, being MCL 330.1207a, to establish a collaborative program to provide mental health treatment and assistance, if permitted by law and considered appropriate, to persons with serious mental illness who are considered at risk as outlined by statute and the agreement. The County has been a party to a similar Jail Diversion interagency agreement for a number of years and this one has been updated to comport to the new statute. (see attached communication)

3. Facilities Department

a. Resolution Authorizing a Contract with Laux Construction, LLC for Renovations at the Ingham County Forest Community Health Center (FCHC)

This resolution authorizes a contract with Laux Construction in an amount not to exceed \$1,549,900 for the renovations at the Forest Community Health Center. The not to exceed amount is the base bid, \$1,441,900 plus a \$108,000 contingency for any unseen circumstances.

b. Resolution Authorizing a Lease Agreement with the Community Mental Health Authority of Clinton, Eaton and Ingham Counties (CMHA-CEI) for the Purpose of Leasing Space from Ingham County at the Forest Community Health Center (FCHC)

This resolution authorizes a lease agreement with CMHA-CEI to lease approximately 3,000 square feet of space at the Forest Community Health Center. CMHA-CEI will use the leased space for their Adult Mental Health Program and Emerging Markets/Integrated Health Unit to provide outpatient therapy and a medication clinic to adults with mild to moderate mental illness. The lease would begin on the date the facility is operational. The length of the lease would be for five (5) years for a total cost of \$234,210. A further breakdown of the terms of the lease is available in the memorandum included in the agenda packet.

4. Health Department

a. Resolution to Amend Intelligent Medical Objects, Inc. Service Agreement to Include ICD-10 Medical Term Conversion

This resolution amends the agreement with Intelligent Medical Objects, Inc. (IMO) to include a one-time conversion cost to map (or convert) all of the ICD-9 terms that are currently used by the Community Health Centers' (CHCs) providers and clinical staff to document patient problems and histories in Electronic Health Records (EHR) over to ICD-10 terms. This is a one-time cost not to exceed \$7,700 from the Community Health Center budget.

### OTHER ITEMS:

1. Discussion Item: Ingham Health Plan Quarterly Report

4. Health Department

b. Presentation: Health in all Policies – Linda Vail

c. Presentation: Overview of Proposed Strategic Initiatives from the Health Department – Linda Vail

5. Controller's Office – Discussion Item: Resolution Updating Various Fees for County Services

March 6, 2015

Mr. Timothy Dolehanty  
Ingham County Controller  
PO Box 319  
Mason, MI 48854

Dear Tim:

Enclosed please find a financial report detailing Ingham Health Plan's actual expenditures for the first quarter of fiscal year 2015 and a copy of the budget projections for a five (5) year period ending in 2020 that your office requested. Also included is a chart outlining our current enrollment as well as the number of people IHP has assisted subsequent to the disenrollment of most of the IHP membership. The additional information is being provided to put into perspective our interactions with individuals as they move in and out of IHP and other publicly funded programs.

The expenditures for IHP in the first quarter of FY 2015 should not be used to project a trend for a full year or future years. We are now well into the second quarter of the fiscal year and both medical and dental service enrollment are increasing at a slow but steady pace. The IHP Accountant has confirmed that IHP will spend approximately \$55,000 for medical and pharmacy claims this year.

You will notice a difference in the IHP board approved budget and the projected 2015 budget. The IHPC Board of Directors will take action on the projected budget next week. This will include an expanded benefit for members, adding outpatient hospital care for diagnostic and treatment purposes. It also includes the technology resources necessary as IHP moves away from the county system to its own IT infrastructure and member management system. Please keep in mind there remain two outstanding issues that could have a significant impact on IHPs future enrollment; the Supreme Court decision on King v. Burwell and the Michigan Legislative decision on the second waiver required for Medicaid expansion. If either of these decisions is reversed, the number of uninsured will obviously increase.

IHP has been a safety net for residents that are uninsured since 1998, when the Health Officer and other community partners determined that a more organized system of care was necessary for this population. Since 1999, this community has received over \$75 million in funding for medical services for the uninsured. These funds have had a significant health and economic impact on Ingham County. Since 2010, ICHD has received \$6.2 million from IHPC. While the number of uninsured individuals has decreased due to the increase in other publicly funded health care benefit options, there remains a need for a safety net payer for the medical care provided to uninsured residents of Ingham County. Please rest assured that any unspent funds retained by IHPC that were provided by our partner hospitals will be used in the same manner; toward ensuring access to care and a healthier community.

If you should have any questions, please feel free to contact me at 517-272-4175.

Sincerely,



Robin Reynolds, Executive Director  
cc: IHPC Executive Committee



**INGHAM HEALTH PLAN ENROLLMENT REPORT- FEBRUARY 2014**

INGHAM HEALTH PLAN AGE DEMOGRAPHICS														
	Members Served to Date (since June 2014)							All CURRENT members						
Age	0- 20 Yrs	21 - 30 Yrs	31 - 40 Yrs	41 - 50 Yrs	51 - 64 Yrs	Over 64 Yrs	Total	0- 20 Yrs	21 - 30 Yrs	31 - 40 Yrs	41 - 50 Yrs	51 - 64 Yrs	Over 64 Yrs	Total
Member Count	116	174	325	261	312	65	1253	90	137	266	203	211	54	961
Percentage	9%	14%	26%	21%	25%	5%	100%	10%	15%	29%	22%	23%	6%	100%

INGHAM HEALTH PLAN RACE DEMOGRAPHICS																	
	Members Served to Date (since June 2014)								All CURRENT members								
Race	White	Black	Hispanic	Indian	Asian	Other	Unknown	Total	White	Black	Hispanic	Indian	Asian	Other	Unknown	Total	
Member Count	282	185	539	0	175	52	20	1253	183	109	485	0	131	36	17	961	
Percentage	23%	15%	43%	0%	14%	4%	2%	100%	19%	11%	50%	0%	14%	4%	2%	100%	

INGHAM HEALTH PLAN INCOME DEMOGRAPHICS												
	Members Served to Date (since June 2014)					All CURRENT members						
Household Size	0-138% FPL	139%-150% FPL	151%-200% FPL	201%-240% FPL	Total	Household Size	0-138% FPL	139%-150% FPL	151%-200% FPL	201%-240% FPL	Total	
1	310	36	97	27	470	1	208	25	76	24	333	
2	147	17	47	15	226	2	110	16	36	14	176	
3	143	11	23	4	181	3	106	11	23	3	143	
4	161	15	34	0	210	4	134	11	28	0	173	
5+	136	8	14	8	166	5+	118	6	9	3	136	
Total	897	87	215	54	1253	Total	676	69	172	44	961	
Percent	72%	7%	17%	4%	100%	Percent	70%	7%	18%	5%	100%	

INGHAM HEALTH PLAN GENDER DEMOGRAPHICS						
	Members Served to Date			All CURRENT members		
Gender	Male	Female	Total	Male	Female	Total
Member Count	580	673	1253	435	526	961
Percentage	46%	54%	100%	45%	55%	100%

**INGHAM HEALTH PLAN ENROLLMENT REPORT- FEBRUARY 2014**

INGHAM HEALTH PLAN ZIP CODE DEMOGRAPHICS						
Location	Members Served to Date (since June 2014)			All CURRENT members		
	ZipCode	Number of Members	Percentage	ZipCode	Number of Members	Percentage
Dnsville	48819	1	0%	48819	1	0%
E. Lansing	48823	108	9%	48823	80	8%
E. Lansing	48825	1	0%	48825	1	0%
E. Lansing	48826	1	0%	48826	1	0%
Haslett	48840	32	3%	48840	25	3%
Holt	48842	47	4%	48842	37	4%
Howell	48843	1	0%	48843	1	0%
Mason	48854	16	1%	48854	10	1%
Muir	48860	1	0%	48860	0	0%
Okemos	48864	59	5%	48864	45	5%
Portland	48875	0	0%	48875	0	0%
Webberville	48892	6	0%	48892	5	1%
Williamston	48895	7	1%	48895	3	0%
Lansing	48906	146	12%	48906	110	11%
Lansing	48909	1	0%	48909	1	0%
Lansing	48910	262	21%	48910	214	22%
S. Lansing	48911	313	25%	48911	246	26%
Lansing	48912	121	10%	48912	93	10%
Lansing	48915	67	5%	48915	43	4%
Lansing	48916	1	0%	48916	1	0%
W. Lansing	48917	37	3%	48917	26	3%
Lansing	48933	11	1%	48933	8	1%
Onondaga	48964	2	0%	48964	2	0%
Portgaga	49024	1	0%	49024	1	0%
Leslie	49251	9	1%	49251	5	1%
Stockbridge	49285	2	0%	49285	2	0%
<b>Total</b>		<b>1253</b>	<b>100%</b>	<b>Total</b>	<b>961</b>	<b>100%</b>

INGHAM HEALTH PLAN DENTAL STATISTICS		
	Members Served to Date (Since Jan 2015)	All CURRENT members
<b>DENTAL</b>	1033	994

INGHAM HEALTH PLAN OUTREACH STATISTICS			
	Avg Monthly Assist or Complete Enrollment in Medicaid Programs	Avg Monthly Assist or Complete Marketplace Enrollment (during open enrollment)	Avg Monthly Referrals to Community Resources
<b>OUTREACH</b>	213	222	1652

INGHAM HEALTH PLAN STATUS CODE DEMOGRAPHICS					
Members Served to Date (since June 2014)			All CURRENT members		
Member Count	Percentage	Description	Member Count	Percentage	Description
2	0%	Out of County	0	0%	Out of County
17	1%	Other insurance	1	0%	Other insurance
2	0%	Returned Mail	0	0%	Returned Mail
2	0%	Client Request Closure	0	0%	Client Request Closure
1	0%	Test Member	1	0%	Test Member
159	13%	Client has Medicaid	1	0%	Client has Medicaid
167	13%	Emergency Services Only (ESO)	166	17%	Emergency Services Only (ESO)
34	3%	Spenddown	34	4%	Spenddown
8	1%	Medicare	1	0%	Medicare
161	13%	Applied for MA/HMP- Case Pending	104	11%	Applied for MA/HMP- Case Pending
176	14%	Bridge Coverage	173	18%	Bridge Coverage
3	0%	Maternity(MOMS)-only	0	0%	Maternity(MOMS)-only
4	0%	Marketplace Exemption	4	0%	Marketplace Exemption
476	38%	ACA Ineligible	476	50%	ACA Ineligible
40	3%	ACA- Healthy Michigan Plan Enrolled	0	0%	ACA- Healthy Michigan Plan Enrolled
1	0%	Deceased	0	0%	Deceased
<b>1253</b>	<b>100%</b>	<b>Total</b>	<b>961</b>	<b>100%</b>	<b>Total</b>

**Ingham Health Plan Corporation**  
**Expenditures for 1<sup>st</sup> Quarter 2015**  
 March 6, 2015

FY 2015 Budget	First Quarter October 2014 - December 2014 *				
<b>REVENUE</b>	<b>FY 2015 Budget</b>	<b>Oct. 2014 MTD Actual</b>	<b>Nov. 2014 MTD Actual</b>	<b>Dec. 2014 MTD Actual</b>	<b>Total 1st Quarter</b>
Hospital <sup>(2)</sup>	\$ 881,418	\$ 293,806	\$ 293,806	\$ 293,806	\$ 881,418
Millage	\$ 3,256,000	\$ -	\$ -	\$ -	\$ -
ASO Revenue	\$ 155,934	\$ 30,216	\$ 30,164	\$ 23,784	\$ 84,164
Interest Income	\$ 2,000	\$ (5,794)	\$ 1,604	\$ (307)	\$ (4,498)
Member Revenue	\$ 15,000	\$ 1,920	\$ 1,680	\$ 6,500	\$ 10,100
<b>TOTAL REVENUES</b>	<b>\$ 4,310,352</b>	<b>\$ 320,148</b>	<b>\$ 327,254</b>	<b>\$ 323,783</b>	<b>\$ 971,184</b>
<b>EXPENSES</b>					
<b><u>Medical Programs</u></b>					
Medical Services	\$ 624,000	\$ 53,333	\$ 48,644	\$ 57,542	\$ 159,519
Refunds and Rebates <sup>(1)</sup>		\$ (992)	\$ (26,599)	\$ (9,274)	\$ (36,865)
Contractual Services - ICHD/Enrollment	\$ 125,000				\$ -
Other expenses (admin., clm proc., M&G)	\$ 125,040	\$ 12,974	\$ 18,578	\$ 12,527	\$ 44,079
<b>Total Medical Programs</b>	<b>\$ 874,040</b>	<b>\$ 65,315</b>	<b>\$ 40,623</b>	<b>\$ 60,795</b>	<b>\$ 166,733</b>
<b><u>Other Programs</u></b>					
Moving/IT expense	\$ 800,000	\$ 71,682		\$ 3,328	\$ 75,010
Provider capacity building					
TRC - detox grant	\$ 15,000			\$ 15,000	\$ 15,000
ASO	\$ 721,533	\$ 39,047	\$ 35,939	\$ 35,253	\$ 110,239
Dental	\$ 480,000			\$ 21,114	\$ 21,114
<b>Total Other Programs</b>	<b>\$ 2,016,533</b>	<b>\$ 110,729</b>	<b>\$ 35,939</b>	<b>\$ 74,695</b>	<b>\$ 221,363</b>
Program Services/Indirect	\$ 167,933	\$ 13,994	\$ 13,995	\$ 13,995	\$ 41,984
<b>TOTAL EXPENSES</b>	<b>\$ 3,058,506</b>	<b>\$ 190,038</b>	<b>\$ 90,557</b>	<b>\$ 149,485</b>	<b>\$ 430,080</b>

Notes: <sup>(1)</sup> Refunds and rebates for medical and pharmacy services for prior year members (10,000)

<sup>(2)</sup> Hospital funding for first quarter only. End of DSH payments

\* This document should **not** be used to determine trends. The first months of the Corporations expenses are off set by refunds and rebates. IHP medical claims are currently at approximately \$40k-\$45k per month. Pharmacy claims are currently at approximately \$9,800 per month.

**2015-2020 BUDGET PREPARED BY INGHAM HEALTH PLAN FOR  
THE INGHAM COUNTY BOARD OF COMMISSIONERS**

*These are not budgets approved by the IHP BOD. These are Management projections only as requested by Ingham County*

IHP		
Revenue	L/N	FY 2015
Hospital Funding	1	881,418
Millage Funding	2	1,395,860
Use of Reserves	3	1,500,000
ASO Revenue	4	155,934
Member Revenue \$20	5	15,000
Interest Income	6	2,000
<b>Total Revenue</b>	<b>7</b>	<b>3,950,212</b>
<b>Expenditures</b>		
<b>Medical Programs</b>		
Average Enrollment	8	1,000
Member Months	9	12,000
<b>Total Medical Expenses</b>	<b>10</b>	<b>1,023,000</b>
<b>Other Programs</b>		
Enrollment/outreach	11	125,000
ASO Allocation	12	565,599
Dental 2,000 enrolled	13	553,680
Detox CMH	14	15,000
IT/Data System	15	1,000,000
Provider Capacity Building	16	500,000
<b>Total other programs</b>	<b>17</b>	<b>2,759,279</b>
Program Services/Indirect	18	167,933
<b>Total Expenditures</b>	<b>19</b>	<b>3,950,212</b>
<b>Net increase/ (decrease)</b>	<b>20</b>	<b>-</b>

IHP		
Revenue	L/N	FY 2016
Hospital Funding	1	-
Millage Funding	2	2,634,175
Use of Reserves	3	1,000,000
Member Revenue \$20	4	15,000
ASO Revenue	5	-
Interest Income	6	3,000
<b>Total Revenue</b>	<b>7</b>	<b>3,652,175</b>
<b>Expenditures</b>		
<b>Medical Programs</b>		
Average Enrollment	8	1,500
Member Months	9	18,000
<b>Total Medical Expenses</b>	<b>10</b>	<b>1,606,500</b>
<b>Other Programs</b>		
Enrollment/outreach	11	100,000
ASO Allocation	12	565,599
Dental 3,000 enrolled	13	830,520
Detox CMH	14	15,000
IT/Data System	15	361,585
Provider Capacity Building	16	-
<b>Total other programs</b>	<b>17</b>	<b>1,872,704</b>
Program Services/Indirect	18	172,971
<b>Total Expenditures</b>	<b>19</b>	<b>3,652,175</b>
<b>Net increase/ (decrease)</b>	<b>20</b>	<b>-</b>

<sup>(1)</sup> Includes addition to benefit - OP hospital facility fee  
Includes TPA increase in pmpm to \$11.50

<sup>(2)</sup> Includes new IT and MMS system necessitated by move to new locati

<sup>(1)</sup> Includes addition to benefit - ED services/Sparrow-McLaren (w/deductible)  
Includes bringing TPA services internally for NC.

<sup>(2)</sup> Current other ASO Revenue ends. Other revenue is possible and is being explored.

These are not budgets approved by the IHP BOD. These are Management projections only as requested by Ingham County

IHP		
Revenue	L/N	FY 2017
Hospital Funding	1	-
Millage Funding	2	3,211,565
Use of Reserves	3	1,000,000
Member Revenue \$20	4	17,000
ASO Revenue	5	-
Interest Income	6	3,500
<b>Total Revenue</b>	8	<b>4,232,065</b>
<b>Expenditures</b>		
<b>Medical Programs</b>		
Average Enrollment	9	2,000
Member Months	10	24,000
<b>Total Medical Expenses</b>	16	<b>2,146,800</b>
<b>Other Programs</b>		
Enrollment/outreach	17	100,000
ASO Allocation	18	600,000
Dental 3,000 enrolled	19	830,520
Detox CMH	20	15,000
IT/Data System	21	361,585
Provider Capacity Building	22	-
<b>Total other programs</b>	23	<b>1,907,105</b>
Program Services/Indirect	24	178,160
<b>Total Expenditures</b>	25	<b>4,232,065</b>
<b>Net Increase/ (decrease)</b>	26	<b>-</b>

IHP		
Revenue	L/N	FY 2018
Hospital Funding	1	-
Millage Funding	2	3,500,000
Use of Reserves	3	1,205,360
Member Revenue \$20	4	18,000
ASO Revenue	5	-
Interest Income	6	3,750
<b>Total Revenue</b>	8	<b>4,727,110</b>
<b>Expenditures</b>		
<b>Medical Programs</b>		
Average Enrollment	9	2,500
Member Months	10	30,000
<b>Total Medical Expenses</b>	16	<b>2,686,500</b>
<b>Other Programs</b>		
Enrollment/outreach	17	50,000
ASO Allocation	18	600,000
Dental 3,000 enrolled	19	830,520
Detox CMH	20	15,000
IT/Data System	21	361,585
Provider Capacity Building	22	-
<b>Total other programs</b>	23	<b>1,857,105</b>
Program Services/Indirect	24	183,505
<b>Total Expenditures</b>	25	<b>4,727,110</b>
<b>Net Increase/ (decrease)</b>	26	<b>-</b>

These are not budgets approved by the IHP BOD. These are Management projections only as requested by Ingham County

IHP		
		FY 2019
Revenue	L/N	
Hospital Funding	1	-
Millage Funding	2	3,500,000
Use of Reserves	3	1,787,115
Member Revenue \$20	4	20,000
ASO Revenue	5	-
Interest Income	6	3,000
Other	7	
<b>Total Revenue</b>	<b>8</b>	<b>5,310,115</b>
<b>Expenditures</b>		
<b>Medical Programs</b>		
Average Enrollment	9	3,000
Member Months	10	36,000
<b>Total Medical Expenses</b>	<b>11</b>	<b>3,249,000</b>
<b>Other Programs</b>		
Enrollment/outreach	12	50,000
ASO Allocation	13	615,000
Dental 3,000 enrolled	14	830,520
Detox CMH	15	15,000
IT/Data System	16	361,585
Provider Capacity Building	17	-
<b>Total other programs</b>	<b>18</b>	<b>1,872,105</b>
Program Services/Indirect	19	189,010
<b>Total Expenditures</b>	<b>20</b>	<b>5,310,115</b>
<b>Net Increase/(decrease)</b>	<b>21</b>	<b>\$ -</b>

IHP		
		FY 2020
Revenue	L/N	
Hospital Funding	1	-
Millage Funding	2	3,500,000
Use of Reserves	3	2,337,985
Member Revenue \$20	4	20,000
ASO Revenue	5	-
Interest Income	6	3,500
Other	7	
<b>Total Revenue</b>	<b>8</b>	<b>5,861,485</b>
<b>Expenditures</b>		
<b>Medical Programs</b>		
Average Enrollment	9	3,500
Member Months	10	42,000
<b>Total Medical Expenses</b>	<b>11</b>	<b>3,794,700</b>
<b>Other Programs</b>		
Enrollment/outreach	12	50,000
ASO Allocation	13	615,000
Dental 3,000 enrolled	14	830,520
Detox CMH	15	15,000
IT/Data System	16	361,585
Provider Capacity Building	17	-
<b>Total other programs</b>	<b>18</b>	<b>1,872,105</b>
Program Services/Indirect	19	194,680
<b>Total Expenditures</b>	<b>20</b>	<b>5,861,485</b>
<b>Net Increase/(decrease)</b>	<b>21</b>	<b>-</b>

<b>Use of IHP Reserves</b>	<b>7,830,460</b>
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March 23, 2015

Mr. Timothy Dolehanty  
Controller/Administrator  
Ingham County Courthouse  
P.O. Box 319  
Mason, MI 48854

**EMAIL/FIRST CLASS MAIL**

Dear Mr. Dolehanty:

Thank you for your email correspondence of March 17, 2015, which I have attached for reference. As I understand your email, you have nine questions. The following are the answers to your questions.

1. Why do individuals who appear to be out of county, Other Insurance, Have Medicaid appear on your demographic report as it seems these individuals would not be IHP eligible?

**Answer:** The “demographic report” describes the final disposition of a possible member. Status codes serve several purposes in our system. Some are informational codes, some coverage codes, and some cancel codes. If someone is out of county, has other insurance or Medicaid they would not be eligible for IHP. This report tells the story of an individual coming initially to enroll in a plan or who was previously enrolled in IHP and they were subsequently found to be eligible for Healthy Michigan, Medicaid, ACA, etc.

2. In November, 2014 you told the County Board of Commissioners' Human Services Committee that all members who received "bridge coverage" would be dis-enrolled at the end of January. How many "bridge coverage" members were dis-enrolled in January and February?

**Answer:** Approximately 40 individuals were disenrolled in January and February 2015 because they signed up for a marketplace plan.

3. The IHP Board voted at their last meeting "to continue bridge coverage for the time being." What criteria does IHP apply to determine who is eligible for "bridge coverage," and how long do you project "the time being" to be? Please discuss reasons that led to your decision to reverse the earlier decision to discontinue "bridge coverage," as reported in November, 2014.

**Answer:** As I understand our Board’s action, the recent decision was made based on receipt of additional data and experience. I believe the Board’s criteria and reasons include the following: A person is eligible for bridge coverage if they meet the eligibility criteria for a product on the Marketplace, but did not enroll during the open enrollment. We also assist individuals in applying for a hardship waiver to avoid the tax penalty, if applicable. IHP is safety net coverage. The decision of our board was based on the fact that individuals who do not sign up for a Marketplace product are uninsured. These individuals will add cost to the medical systems. Without our bridge coverage, the emergency room or an ICHD clinic would not receive any reimbursement for these uninsured individuals. IHP plans to provide this coverage as long as necessary, assuming funding is available. The mission of IHP is to cover uninsured individuals in Ingham County. I presume the IHPC board will continue to assess the need for such coverage in planning for future budget years.

4. As you probably know, an individual whose Medicaid application is pending approval can have claims paid retroactively to their date of application/eligibility. Of those individuals counted in your "MA/HMP" category, how are their claims handled in light of these retroactive payments?

**Answer:** You are correct. IHP is familiar with the retroactivity issue because we have historically dealt with it. We continue to be aware of such possible retroactivity. We will handle Medicaid retroactivity as we have handled it in the past; IHP funds are requested back from the provider and the provider is instructed to bill Medicaid.

5. When do you plan to seek approval of the County Board to include costs associated with the IHP dental plan as an eligible health services millage expense?

**Answer:** It is our understanding that the County Board received the IHP budgets for the last two fiscal years which included dental services. Unfortunately we were not able to start the service until January 2015. We have never been informed of any different thoughts on dental and we therefore presume your Board's acceptance of our budget continues.

6. Will the IHP dental plan (be) (sic) offered only to uninsured Ingham County residents, or are you also providing dental insurance to some who have a medical insurance policy?

**Answer:** We are offering dental to anyone in our county who is dentally uninsured and has an income at or below \$28,000.00. This would include those who have a medical policy such as Medicare. It may also cover someone who purchases a product on the Marketplace, but the product does not include dental.

7. Is a dental plan offered through the exchange/marketplace? If yes, will IHPC direct qualified members to the exchange?

**Answer:** There are some stand-alone dental plans on the marketplace. IHP will direct members to the exchange if any such dental coverage is available and affordable to a member. The ACA did not consider dental an essential health benefit for adults.

8. What is the per-member per-month cost of IHP coverage? Please provide a categorized list of expenses associated with the PMPM calculation including, but not limited to:

- \* Medical Claims
- \* Pharmacy Claims
- \* Administrative Costs
- \* Third Party Administrator
- \* Dental Claims
- \* Mental Health Claims
- \* Any Other Overhead Costs (Describe)

**Answer:** The answer to your question is as follows: These are budgeted costs not actual based upon plan of 1,000 covered lives. Current enrollment including dental is 1,094.

- \* Medical Claims: \$59.50 pmpm (per member per month)
- \* Pharmacy Claims: \$7.75 pmpm



- \* Administrative Costs: I presume you are referring to our budget line item entitled ASO (Administrative Service Organization). That calculation is \$34.14 pmpm. See also question 9 below.
- \* Third Party Administrator: \$11.50 pmpm (IHP is bringing TPA services in house because the cost to purchase this service from a vendor is high, due to lower enrollment.)
- \* Dental Claims: \$23.46 pmpm
- \* Mental Health Claims: Not Applicable (IHP does not currently cover MH services. However, we are exploring coverage for mild mental health disorders).
- \* Any Other Overhead Costs (Describe): I presume you are referring to the budget line item entitled Indirect. That calculation is \$13.99 pmpm.

9. Please explain the ASO revenue and expense shown in your budget projections. Include in your response the relationship of ASO expenses to IHP enrollment.

**Answer:** Assuming I understand your question, the answer is as follows: The ASO revenue is from other entities paying IHP to provide "back room" services for other County Health Plans. ASO expenses are the "back room" operations of the Health Plan. ICHD/HPMS used to provide this service for IHP. If you will recall, HPMS (Health Plan Management Services) closed and IHP took over the services it provided in the past. IHP paid HPMS, on average, \$800,000 annually for this service in the past. The services include: front end processing of claims, utilization review, reports, customer service for members and providers, prior authorization, pharmacy benefit management, case management of high utilizers, management of chronic disease, retroactive insurance determination, eligibility determination, enrollment in other more suitable plans, monthly reports, quality assurance, provider network management, etc.

I trust this answers your questions. As always, if you have any other questions, please feel free to contact me. Thank you for your anticipated cooperation in continuing to implement the longstanding mission of the Ingham Health Plan to provide health services to the uninsured.

Very truly yours,

INGHAM HEALTH PLAN CORPORATION

Robin L. Reynolds  
Executive Director

cc: *Mr. Todd Tennis*  
*Ms. Deb Nolan*  
*Ms. Sarah Anthony*  
*Ms. Teri Banas*  
*Mr. Brian McGrain*  
*Mr. Randy Maivlle*  
*Ms. Robin Case Naeyear*  
*IHPC Board of Directors*

## Agenda Item 2

TO: Law & Courts and Human Services Committees

FROM: John L. Neilsen , Chief Deputy Controller

DATE: April 3, 2015

SUBJECT: Jail Diversion Interagency Agreement

Commissioners:

Attached you will find a resolution which approves a Jail Diversion Interagency Agreement as required by statute.

In 2014, the Legislature passed SB 558, codified at MCL 330.1207a. This statute requires each county to have a written interagency agreement in place by October 1, 2014 for a collaborative program to provide mental health treatment and assistance, if permitted by law and considered appropriate, to persons with serious mental illness who are considered at risk for entering the criminal justice system or being committed to the Department of Corrections, or at risk for not receiving mental health treatment services during incarceration in a county jail or upon release.

Community Mental Health of Clinton, Eaton and Ingham has had a standing agreement with Ingham County for many years. The above statute required the current agreement to be revised. The statute required that the interagency agreement include a minimum of six (6) parties, including the Sheriff, Prosecutor, CMH, County Board of Commissioners, a District Court Judge, and a Circuit Court Judge. The statute also required that the interagency agreement must contain provisions covering 14 enumerated items set forth at MCL 330.1207a(3)(a) through (n). All involved parties have been working since September, 2014 to insure that the agreement was inclusive of the specialty courts and the specific needs of each agency.

I recommend your approval.

Introduced by the Law & Courts and Human Services Committees of the:

**INGHAM COUNTY BOARD OF COMMISSIONERS**

**RESOLUTION AUTHORIZING INGHAM COUNTY TO ENTER INTO  
THE INGHAM COUNTY JAIL DIVERSION INTERAGENCY AGREEMENT**

WHEREAS, Ingham County has participated in a Jail Diversion Interagency Agreement for a number of years;  
and

WHEREAS, the intention of Jail Diversion is, whenever appropriate, to assist in the diversion to alternative services of those persons with severe and persistent mental illness (SPMI), serious emotional disturbance or developmental disabilities who have been accused of or who have committed misdemeanors and non-violent felonies; and

WHEREAS, the Jail Diversion Interagency Group made up of representatives of Ingham County and between the Community Mental Health Authority of Clinton, Eaton and Ingham Counties (hereinafter referred to as the "Authority") and its contract agencies, to the extent of their respective contractual obligations to the Authority, the County of Ingham, the Ingham County Sheriff's Office, the Ingham County Prosecutor's Office, the Chief Judge of the 55th District Court, and the Chief Judge of the 30th Circuit Court; and

WHEREAS, the Authority will develop Jail Diversion services consistent with Section 207a of the Michigan Mental Health Code in cooperation with representatives of the local law enforcement agencies and the Courts;  
and

WHEREAS, the parties mutually agree to cooperate in planning, program development, and service delivery;  
and

WHEREAS, the Jail Diversion Interagency Group is requesting Ingham County enter into an interagency agreement effective October 1, 2014.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes entering into a Jail Diversion Interagency Agreement under 2014 PA 28, being MCL 330.1207a, to establish a collaborative program to provide mental health treatment and assistance, if permitted by law and considered appropriate, to persons with serious mental illness who are considered at risk for one or more of the following: (a) entering the criminal justice system; (b) not receiving needed mental health treatment services during a period of incarceration in a county jail; (c) not receiving needed mental health treatment services upon release or discharge from incarceration in a county jail, or (d) being committed to the jurisdiction of the Department of Corrections.

BE IT FURTHER RESOLVED, that as a partner in this interagency agreement, Ingham County and the other parties agree to make the commitments listed in the attached agreement.

BE IT FURTHER RESOLVED, that the Board Chairperson is authorized to sign this agreement after approval as to form by the County Attorney.

**JAIL DIVERSION  
INTERAGENCY SERVICE AGREEMENT**

between

**Community Mental Health Authority of Clinton-Eaton-Ingham Counties,  
Ingham County Sheriff's Office  
Ingham County Prosecutor's Office  
Chief Judge of 55th District Court  
Chief Judge of 30th Circuit Court  
Ingham County Board of Commissioners**

This Interagency Service Agreement for Jail Diversion is entered into effective October 1, 2014, between the Community Mental Health Authority of Clinton, Eaton and Ingham Counties (hereinafter referred to as the "Authority") and its contract agencies, to the extent of their respective contractual obligations to the Authority, the County of Ingham (hereinafter referred to as the "County"), the Ingham County Sheriff's Office (hereinafter referred to as the "Sheriff"), the Ingham County Prosecutor's office (hereinafter referred to as the "Prosecutor"), the Chief Judge of the 55th District Court (hereinafter referred to as "Chief District Judge") and the Chief Judge of the 30th Circuit Court (hereinafter referred to as "Chief Circuit Judge"). The parties agree as follows:

**PURPOSE**

This Interagency Agreement is entered into under 2014 PA 28, being MCL 330.1207a, to establish a collaborative program to provide mental health treatment and assistance, if permitted by law and considered appropriate, to persons with serious mental illness who are considered at risk for one or more of the following: (a) entering the criminal justice system; (b) not receiving needed mental health treatment services during a period of incarceration in a county jail; (c) not receiving needed mental health treatment services upon release or discharge from incarceration in a county jail, or (d) being committed to the jurisdiction of the Department of Corrections.

This Agreement is designed 1) to maximize jail diversion efforts ensuring that persons coming in contact with the Sheriff and Prosecutor receive appropriate and necessary mental health services; 2) to assist the Sheriff and Prosecutor in assessing and evaluating inmates and subjects in order to provide better medical and custodial care as prescribed by law; 3) to coordinate services to county residents increasing quality, speed of delivery and cost effectiveness; and 4) to maximize humane treatment of mentally ill citizens in the least restrictive environment possible and 5) to make information on Jail Diversion available to citizens, family members and other stakeholders.

The intention of Jail Diversion is, whenever appropriate, to assist in the diversion to alternative services of those persons with severe and persistent mental illness (SPMI), serious emotional disturbance or developmental disabilities who have been accused of or who have committed misdemeanors and non-violent felonies. The Authority will develop Jail Diversion services consistent with Section 207a of the Michigan Mental Health Code in cooperation with representatives of the local law enforcement agencies and the Courts. The parties mutually agree to cooperate in planning, program development and service delivery.

The Authority will monitor Quality Improvement initiatives, as identified by all parties involved by sampling specific markers submitted by Authority employees via a computer based form. Data and other pertinent exchange of ideas occur in quarterly Jail Diversion meetings.

## **GENERAL PROVISIONS**

### **The Authority, County, Sheriff and Prosecutor each agree to these General Provisions:**

1. Work cooperatively to divert persons with serious mental illness, serious emotional disturbance or developmental disability from possible jail incarceration when appropriate.
2. Promote and foster public awareness of Jail Diversion Services.
3. Make informational materials available regarding Jail Diversion services, and to make available for use and distribution informational materials on each other's services as they relate to mental health problems and service needs.
4. Provide training to the staff of the parties to this Agreement as needed.
5. Exchange relevant case information where there is a need to know, pursuant to all statutory requirements of confidentiality, including the Health Insurance Portability and Accountability Act of 1996.
  - A) In receiving, storing, processing or otherwise dealing with any information from the other agency/program about clients in the other agency/program, it is fully bound by the provisions of the federal regulations governing Confidentiality of Alcohol and Drug Abuse Client Records (P.A.258 of 1974, Section 748(3); P.A. 368 of 1978; 42 CFR Part 2; 45 CFR Parts 160 and 164; P.A. Act 488 of 1989) and the provisions of the Health Insurance Portability and Accountability Act of 1996; PL 104-191, as amended.
  - A) They will undertake to resist in judicial proceedings any effort to obtain access to information pertaining to clients otherwise than as expressly provided for in the federal confidentiality regulations (P.A. 258 of 1974, Section 748 (3); P.A. 368 of 1978; 42 CFR part 2; 45 CFR Parts 160 and 164; P.A. Act 488 of 1989; and P.L 104-191, as amended).
6. Participate in a review of the combined Jail Diversion efforts initiated under this Agreement.
7. Forensic services are not provided under the terms of this Agreement.
8. Case Management services are not provided under the terms of this Agreement.
9. This Agreement is effective October 1, 2014, and shall remain in effect until terminated by any party with 60 days written notice to other parties.
10. The parties to this Agreement, as required by law shall not discriminate against an employee, applicant for employment, or recipient of services under this Agreement, on account of race, color, religion, age, national origin, sex, sexual orientation, gender identity, disability, height, weight, marital status or political affiliation. Breach of this provision shall be a material breach of this Agreement.

### **The Authority further agrees to:**

1. Maintain emergency mental health services, by phone or in person seven days a week, twenty four hours per day.
2. Provide diagnosis and screening of individuals referred for psychiatric inpatient admission.

3. Provide screening and assistance in regard to the petition process for individuals in need of involuntary hospital admission.
4. Provide jail-based treatment services to individuals referred by the Sheriff or Prosecutor who meet standards of service eligibility and/or medical necessity. Jail-based treatment services are deemed completed when 1) the individual's symptom(s) are stabilized and jail-based services are no longer needed; 2) the individual has been referred to a psychiatric inpatient facility; 3) the individual has been accepted into a Mental Health Court; or 4) the individual is no longer lodged in the jail.
5. Train officers and staff in the identification of mentally ill or developmentally disabled individuals and the community resources available for treating those individuals.
6. Provide direct day-to-day program administration of the Authority employees.

**The Sheriff further agrees to:**

1. Contact the Authority first for all requests for inpatient psychiatric hospitalization.
2. Participate to the extent appropriate in treatment planning and progress evaluation after referring an inmate to the Authority.
3. Refer inmates when mental health services may be necessary or advisable.
4. Allow the Authority Jail Diversion staff up to 48 hours to observe, monitor and complete a mental health assessment to determine eligibility for diversion.
5. Make medical records of referred inmates available to the Authority staff, Michigan Department of Community Health staff or third party insurance carriers, in accordance with applicable confidentiality laws or regulations.
6. Provide a private area for the Authority staff to meet with referred inmates.
7. Initiate petitions when an inmate meets criteria for involuntary hospitalization.
8. Transport an inmate to the Authority Crisis Services Department (formerly Emergency Services) or to an appropriate mental health facility as determined by the Authority when presented with a signed order for transport or a petition for admission and a physician's certificate.

**The Prosecutor further agrees to:**

1. Allow the Authority Jail Diversion staff up to 48 hours to observe, monitor and complete a mental health assessment to determine eligibility for diversion.
2. Consider recommendations from the Authority staff regarding the alternative disposition of charges or suspension of prosecution of individuals appropriate for diversion from jail.

**30<sup>th</sup> Circuit Specialty Mental Health Court agrees to:**

1. Any defendant who meets clinical definition for SPMI as defined by the DSM-V will be screened to ensure access to all eligible services.

2. The court will have defendants who report any history of involvement with the Authority to sign Release of Information (ROI) forms to determine utilization of services. Defendants will be interviewed by court staff to obtain data regarding the interplay of symptom management, service provision and criminal justice involvement. Relevant agencies will be notified of issues regarding access to services.
3. Review and administration will be conducted by the Mental Health Court Court Services Coordinator (MHCCSC).
4. The 30<sup>th</sup> Circuit Mental Health Court (MHC) will invite consumers, family members, advocates, professionals and other stakeholders to participate on an advisory committee that will meet bimonthly and provide guidance for the court to work collaboratively in providing mental health treatment and assistance to persons who meet the guidelines for program eligibility.
5. The court will evaluate referrals from all sources including but not limited to the jail, defense attorneys, family members, treatment providers, pre-trial services and the media regarding defendants who have been charged with a felony and who may have a significant mental illness for eligibility in the Mental Health Court. Court staff will refer all defendants suspected of having a significant mental illness to obtain an assessment as soon as possible. Information from the assessment shall be considered as early as possible in the process of adjudication to ensure that appropriate services are obtained in a timely manner.
6. Court staff involvement begins with the filing of felony criminal charges with identification of persons that meet guidelines for program eligibility. The MHCCSC may receive referrals from defendants, family members, court staff and other concerned parties regarding persons in need of mental health treatment and assistance. Persons accepted into the Mental Health Court will be provided intensive supervision and guidance in working toward recovery through the development of an effective multi-disciplinary treatment plan. The goal of the MHC is for participants to become autonomous and independent in managing the symptoms of mental health and substance abuse to the degree that they are able to become productive members of the community. The MHC will rely on collaboration with other agencies including the Authority and the offices of the Sheriff and prosecuting attorney to fulfill this objective. The Authority will share records and staff, jail will allow referrals of potentially eligible participants and access to defendants, health department will share information regarding provision of medical services to inmates pursuant to a signed Release of Information.
7. MHCCSC will screen all referrals from all sources. Those meeting eligibility requirements for Jail Diversion or Mental Health Court services will be ordered an assessment. Those with significant and persistent mental illness will be provided programmatic information as appropriate.
8. Circuit Court will maintain minimum data set information for all individuals referred for review by court officials. Information will include demographic information on defendant/participant, referral source, mental health history, criminal history and case disposition. The time between referral and assessment will be recorded.
9. The Sheriff will allow MHCCSC access to inmates in the jail who have been identified as being in need of mental health services, eligible for Jail Diversion or Mental Health Court for the purpose of obtaining data and evaluation for program eligibility. Case files for participants in the MHC will be maintained in non-public records.
10. The Circuit Court will receive and maintain information regarding mental health concerns from the jail.

11. The 30<sup>th</sup> Circuit Court will provide coordination of treatment services to individuals who have been charged with felony offenses and have a significant history of mental illness which includes an Axis I diagnosis and a history of admission to an inpatient psychiatric program through the Mental Health Court. Participation in the program is completely voluntary. Individuals who agree to participate in the program by pleading guilty to the charges will work through a program consisting of three phases. Successful completion will take from 18 to 24 months during which time the successful participant will demonstrate compliance with the treatment plan, abstinence from the use of alcohol and controlled substances, independence in housing and significant progress toward an educational or vocational goal. All treatment decisions will be determined in a person centered manner to encourage the participant to become completely independent in managing the symptoms of illness by effectively communicating with treatment providers.
12. The Circuit Court will advocate for coordination of supports for individuals demonstrating a need for mental health services at all points of contact including provision of services to individuals in jail as well as in the community. Information on public and private mental health providers will be maintained for the purpose of educating defendants of available resources.
13. Crises in the jail will be referred to the Authority CATS Program staff. Crises in the community will be referred to the Authority Crisis Services Department.
14. The Circuit Court will prepare a public report on services provided and denied to those screened for participation in the MHC to be presented to the Ingham County Board of Commissioners.

**55<sup>th</sup> District Specialty Mental Health Court agrees to:**

1. Referrals for the 55<sup>th</sup> District Court Mental Health Court (55<sup>th</sup> DC MHC) will be accepted from all members of the criminal justice system, defendants, family members, and community stakeholders.
2. Upon referral for the 55<sup>th</sup> DC MHC, legal eligibility will be determined by the 55<sup>th</sup> DC MHC probation officer and clinical eligibility will be determined by the 55<sup>th</sup> DC MHC therapist.
3. Defendants found legally eligible will be referred for clinical eligibility determination as soon as possible and clinical eligibility will be determined within ten days of referral.
4. Persons accepted into the 55<sup>th</sup> DC MHC will be provided intensive supervision and guidance in working toward recovery through the development of an effective multi-disciplinary treatment plan. The 55<sup>th</sup> DC MHC will rely on collaboration with other agencies including the Authority and the Sheriff to fulfill this objective. The Authority will share records and staff; the Sheriff will refer potentially eligible participants, allow access to inmates, and support MHC participation for inmates; the Ingham County Health Department will share information regarding provision of medical services to inmates pursuant to a signed Release of Information.
5. The District Court will maintain a minimum data set for all individuals referred for review consistent with that required by the State Court Administrative Office for grant-funded programs.
6. Participation in the program is completely voluntary.
7. The 55<sup>th</sup> DC MHC will advocate for coordination of supports for individuals demonstrating a need for mental health services at all points of contact including provision of services to individuals in jail as well as in the community. Information on public and private mental health providers will be maintained for the purpose of educating defendants of available resources.





**MEMORANDUM**

TO: Human Services, County Services and Finance Committees

FROM: Rick Terrill, Facilities Director

DATE: April 7, 2015

SUBJECT: **RESOLUTION AUTHORIZING A CONTRACT WITH LAUX CONSTRUCTION, LLC FOR RENOVATIONS AT THE INGHAM COUNTY FOREST COMMUNITY HEALTH CENTER (FCHC)**

The Forest Community Health Center is in need of renovations to accommodate the growing demands of Ingham County residents.

The Purchasing Department solicited bids for the renovations and Laux Construction, LLC, a registered, local vendor submitted the lowest responsive and responsible bid of \$1,441,900.00 and is recommended by the Purchasing and Facilities Departments. The Facilities Department is asking for a contingency amount of \$108,000.00 for any unforeseen circumstances that may arise.

The renovations will be performed for a total not to exceed cost of \$1,549,900.00 which includes the contingency.

The funds for this project are available within the approved CIP line item 511-61553-976000-02012.

Renovations will begin once approval is obtained and all contracts have been signed, with the anticipated completion date to be approximately November of 2015.

I recommend approval of this resolution.

**MEMORANDUM**

TO: Human Services, County Services and Finance Committees  
 FROM: Jim Hudgins, Director of Purchasing  
 DATE: April 7, 2015  
 SUBJECT: Renovating the Forest Community Health Center (FCHC)

Project Description:

Proposals were sought from experienced and qualified general contractors for the purpose of renovating the Forest Community Health Center (FCHC) located in Lansing, Michigan.

The scope of work includes, but is not limited to, exterior masonry repairs, concrete repairs, aluminum storefront repairs, hollow metal doors and hardware repairs, roof replacement, painting existing metal panel, fence repair, composite metal panel column covers, new trellis, interior renovation including casework, doors & frames, finishes, appliances, interior and exterior lighting, electrical including generator replacement, fire alarm, mechanical upgrades including boiler replacement, fire suppression.

Alternate 1 in the grid below decreased the generator size as outlined in the bid documents.

Proposal Summary:

Vendors contacted: 46 Local: 18  
 Vendors Pre-bid Response: 27 Local: 10  
 Vendors responding: 04 Local: 03

VENDOR NAME	LOCAL PREF	BASE BID	ALT 1 TOTAL	TOTAL BID
Laux	Yes - Holt MI	\$1,441,900.00	-\$48,000.00	\$1,393,400.00
Moore Trosper	Yes - Holt MI	\$1,679,000.00	-\$48,000.00	\$1,631,000.00
Parrish Corporation	Yes - Lansing MI	\$1,695,000.00	-\$48,350.00	\$1,646,650.00
SG Construction	No - Flint MI	\$1,599,000.00	-\$22,000.00	\$1,577,000.00

Recommendation:

The Evaluation Committee recommends awarding a contract to Laux Construction, a local vendor, in an amount not to exceed \$1,549,900. The not to exceed amount is the base bid, \$1,441,900 plus a \$108,000 contingency for any unseen circumstances.

Advertisement:

Posted on the Purchasing Department Web Page.

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

**INGHAM COUNTY BOARD OF COMMISSIONERS**

**RESOLUTION AUTHORIZING A CONTRACT WITH  
LAUX CONSTRUCTION, LLC FOR RENOVATIONS AT THE INGHAM COUNTY  
FOREST COMMUNITY HEALTH CENTER (FCHC)**

WHEREAS, the Forest Community Health Center is in need of renovations to accommodate the growing demands of Ingham County residents; and

WHEREAS, the Purchasing Department solicited bids for the renovations and Laux Construction, a registered local vendor, submitted the lowest responsive and responsible bid of \$1,441,900.00 and is recommended by the Purchasing and Facilities Departments; and

WHEREAS, the Facilities Department is asking for a contingency amount of \$108,000.00 for any unforeseen circumstances that may arise; and

WHEREAS, the renovations will be performed for a total not to exceed cost of \$1,549,900.00 which includes the contingency; and

WHEREAS, the funds for this project are available within the approved CIP line item 511-61553-976000-02012; and

WHEREAS, renovations will begin once approval is obtained and all contracts are signed; and

WHEREAS, the anticipated completion date is approximately November of 2015.

THEREFORE BE IT RESOLVED, the Ingham County Board of Commissioners hereby authorizes entering into a contract with Laux Construction, LLC, 1535 Jessop Road, Dansville, Michigan 48819 to perform renovations at the Ingham County Forest Community Health Center for a total not to exceed cost of \$1,549,900.00 which includes a \$108,000.00 contingency.

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

MEMORANDUM

TO: Human Services, County Services and Finance Committees

FROM: Rick Terrill, Facilities Director

DATE: April 7, 2015

SUBJECT: **RESOLUTION AUTHORIZING A LEASE AGREEMENT WITH THE COMMUNITY MENTAL HEALTH AUTHORITY OF CLINTON, EATON AND INGHAM COUNTIES (CMHA-CEI) FOR THE PURPOSE OF LEASING SPACE FROM INGHAM COUNTY AT THE FOREST COMMUNITY HEALTH CENTER (FCHC)**

The Facilities Department is requesting the approval of a lease agreement with CMHA-CEI to lease approximately 3000 square feet of space at the Forest Community Health Center. CMHA-CEI will use the leased space for their Adult Mental Health Program and Emerging Markets/Integrated Health Unit to provide outpatient therapy and a medication clinic to adults with mild to moderate mental illness.

The lease would begin on the date the facility is operational. The length of the lease would be for five (5) years for a total cost of \$234,210.00 as follows:

<u>Year</u>	<u>Lease Rate/sq.ft.</u>	<u>Monthly Payment</u>	<u>Annual</u>
Year 1:	\$15.00	\$3,750.00	\$45,000.00
Year 2:	\$15.30	\$3,825.00	\$45,900.00
Year 3:	\$15.61	\$3,901.50	\$46,830.00
Year 4:	\$15.92	\$3,980.00	\$47,760.00
Year 5:	<u>\$16.24</u>	<u>\$4,060.00</u>	<u>\$48,720.00</u>
	\$78.07	\$19,516.50	\$234,210.00

A two (2) year renewal option is available after the first five years for an additional cost of \$100,350.00 as follows:

<u>Year</u>	<u>Lease Rate/sq.ft</u>	<u>Monthly Payment</u>	<u>Annual</u>
Year 6:	\$16.56	\$4,140.00	\$49,680.00
Year 7:	<u>\$16.89</u>	<u>\$4,222.50</u>	<u>\$50,670.00</u>
	\$33.45	\$8,362.50	\$100,350.00

The length of the lease will be five (5) years with a two (2) year renewal option, for a total cost of \$334,560.00, if the two (2) year renewal option is exercised.

I recommend approval of this resolution.

**MEMORANDUM**

TO: Human Services, County Services and Finance Committees  
 FROM: Jim Hudgins, Director of Purchasing  
 DATE: April 7, 2015  
 SUBJECT: Lease of Real Property

Project Description:

Proposals were sought from community services agencies/non-profit organizations (Lessee) to enter into an agreement to lease a portion of the Ingham Community Health Center (ICHC) located at 2316 S. Cedar St. in Lansing, Michigan. Ingham County (Lessor) intends to retain ownership of the proposed leased space throughout the full term of any lease, and beyond, for future redevelopment. Proposals from partisan political organizations were discouraged.

The term of the lease is five (5) years, with an additional 2-year option to renew. The leasing agreement will be a full-service lease, including utilities, maintenance, and janitorial. An excess utility consumption clause may be applicable for use beyond normal office and will be reviewed at time of contract preparations. The Lessee will incur all costs related to all construction/renovation costs. The Lessor may terminate this Lease Agreement at any time for any reason upon one-hundred eight (180) days written notice to the Lessee.

Proposal Summary:

Vendors contacted: 33 Local: 33  
 Vendors responding: 01 Local: 01

VENDOR NAME	Local Pref	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6 -Option	Yr 7-Option
		Rate/SF Annual Lease	Rate/SF Annual Lease	Rate/SF Annual Lease	Rate/SF Annual Lease	Rate/SF Annual Lease	Rate/SF Annual Lease	Rate/SF Annual Lease
CMHA - CEI Lansing MI	YES	\$15.00	\$15.30	\$15.61	\$15.92	\$16.24	\$16.56	\$16.89
		\$45,000.00	\$45,900.00	\$46,830.00	\$47,760.00	\$48,720.00	\$49,680.00	\$50,670.00

Recommendation:

Community Mental Health Authority of Clinton, Eaton and Ingham Counties (CMHA-CEI) is a local vendor who submitted the only responsive proposal.

CMHA-CEI Proposed to occupy 3,000± SF of space at the rates in the grid above. The space will be used for CMHA-CEI Outpatient Therapy and Medication Clinic between the hours of 8:00 am and 5:00 pm. CMHA-CEI will purchase furniture

The Evaluation Committee recommends awarding the contract to CMHA-CEI as outlined above.

Advertisement:

The RFP was advertised in the Lansing State Journal, New Citizens Press and posted on the Purchasing Department Web Page.

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

INGHAM COUNTY BOARD OF COMMISSIONERS

**RESOLUTION AUTHORIZING A LEASE AGREEMENT WITH THE COMMUNITY MENTAL HEALTH AUTHORITY OF CLINTON, EATON AND INGHAM COUNTIES (CMHA-CEI) FOR THE PURPOSE OF LEASING SPACE FROM INGHAM COUNTY AT THE FOREST COMMUNITY HEALTH CENTER (FCHC)**

WHEREAS, the Facilities Department is requesting approval to enter into a lease agreement with CMHA-CEI to lease approximately 3,000 square feet of space at the Forest Community Health Center; and

WHEREAS, CMHA-CEI will use the leased space for their Adult Mental Health Program and Emerging Markets/Integrated Health Unit to provide outpatient therapy and a medication clinic to adults with mild to moderate mental illness.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes a lease agreement with CMHA-CEI, 812 East Jolly Road Suite G-10, Lansing, Michigan 48910 to lease approximately 3,000 square feet of space from Ingham County at the Forest Community Health Center, beginning the date the facility is operational.

BE IT FURTHER RESOLVED, the length of the lease would be for five (5) years for a total cost of \$234,210.00 as follows:

<u>Year</u>	<u>Lease Rate/Sq.Ft</u>	<u>Monthly Payment</u>	<u>Annual</u>
Year 1:	\$15.00	\$3,750.00	\$45,000.00
Year 2:	\$15.30	\$3,825.00	\$45,900.00
Year 3:	\$15.61	\$3,901.50	\$46,830.00
Year 4:	\$15.92	\$3,980.00	\$47,760.00
Year 5:	<u>\$16.24</u>	<u>\$4,060.00</u>	<u>\$48,720.00</u>
	\$78.07	\$19,516.50	\$234,210.00

BE IT FURTHER RESOLVED, a two (2) year renewal option is available after the first five (5) years for a total cost of \$100,350.00 as follows:

<u>Year</u>	<u>Lease Rate/Sq.Ft</u>	<u>Monthly Payment</u>	<u>Annual</u>
Year 6:	\$16.56	\$4,140.00	\$49,680.00
Year 7:	<u>\$16.89</u>	<u>\$4,222.50</u>	<u>\$50,670.00</u>
	\$33.45	\$8,362.50	\$100,350.00

BE IT FURTHER RESOLVED, that the Ingham County Board of Commissioners authorizes the Board Chairperson to sign any documents necessary to implement this resolution upon approval as to form by the County Attorney.

## MEMORANDUM

To: Human Services Committee  
Finance Committee

From: Linda S. Vail, MPA, Health Officer

Date: April 6, 2015

Subject: **Resolution to Amend Intelligent Medical Objects, Inc. Service Agreement to Include ICD-10 Medical Term Conversion**

Attached is a resolution that would amend the agreement between Intelligent Medical Objects, Inc. (IMO) to include a one-time conversion cost to map (or convert) all of the ICD-9 terms that are currently used by the Community Health Centers' (CHCs) providers and clinical staff to document patient problems and histories in Electronic Health Records (EHR) over to ICD-10 terms. In order to continue to bill for services, the Centers for Medicare and Medicaid Services (CMS) is requiring the use of ICD-10 codes effective October 1, 2015.

IMO offers a SNOWMED CT<sup>®</sup> mapping file, which would convert ICD-9 terms to the new ICD-10 terms. Applying this mapping file will ensure the proper migration of terms within patient health records, avoid interruption of billing for services, and ensure compliance with the new diagnosis code requirements.

IMO completed a migration analysis for the CHCs and estimates the cost of the mapping file to be \$7,500 to \$7,700, based on the total number of terms that will require mapping. The cost for the conversion will be charged to each CHC's budget, prorated according to the number of provider FTEs at each site.

I recommend that the Ingham County Board of Commissioners authorize this amendment to the IMO agreement to include the one time conversion cost necessary to map the medical terms used by the CHC providers and clinical staff to document patient problems and histories in EHR to ICD-10.

c: Eric Thelen, w/ attachment  
Barbara Watts Mastin, w/attachment



Introduced by the Human Services and Finance Committees of the:

**INGHAM COUNTY BOARD OF COMMISSIONERS**

**RESOLUTION TO AMEND INTELLIGENT MEDICAL OBJECTS, INC. SERVICE AGREEMENT TO INCLUDE ICD-10 MEDICAL TERM CONVERSION**

WHEREAS, the Health Department transitioned to the use of Electronic Health Records (EHR) and Patient Management System (Next Gen) throughout its Community Health Centers (CHCs) in 2012; and

WHEREAS, the Centers for Medicare and Medicaid Services requires the transition to ICD-10 diagnostic codes (terms) by October 1, 2015 in order to remain compliant with the Health Insurance Portability Accountability Act (HIPAA); and

WHEREAS, Ingham Community Health Centers must migrate, or map its current ICD-9 terms over to the new ICD-10 terms in order to remain compliant and avoid disruption of billing for services; and

WHEREAS, Intelligent Medical Objects, Inc. (IMO) can provide a mapping file (SNOWMED CT<sup>®</sup>) that contains the necessary term maps to migrate all of the current ICD-9 terms used in the Next Gen EHR over to the updated ICD-10 terms; and

WHEREAS, IMO has conducted a migration analysis for Ingham Community Health Centers, and determined the one-time-cost for this conversion mapping to be between \$7,500-\$7,700; and

WHEREAS, through Resolution #14-034, Ingham County entered an agreement with IMO for an IT service that supports search functionality in NextGen to assist providers in identifying terminology to document patient diagnosis and histories within Next Gen; and

WHEREAS, the Ingham Community Health Center Board of Directors supports the amendment to the IMO agreement to include the one-time cost for the ICD-9 to ICD-10 term conversion; and

WHEREAS, the Health Officer supports the amendment to the IMO agreement to include the one-time cost for the ICD-9 to ICD-10 term conversion.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes the amendment to the IMO Service Agreement to include the one-time conversion cost to map the ICD-9 medical terms currently used by the CHC providers and clinical staff to document patient problems and histories in EHR to ICD-10.

BE IT FURTHER RESOLVED, that the one-time cost for this conversion/mapping file shall not exceed \$7,700, with the cost of the conversion to be charged to each CHC's budget, prorated according to the number of provider FTEs at each site.

BE IT FURTHER RESOLVED, that all other terms of the agreement remain unchanged.

BE IT FURTHER RESOLVED, that the Controller/Administrator is authorized to make any necessary budget adjustments consistent with this resolution.

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

MEMORANDUM

TO: Finance and Liaison Committees

FROM: Timothy J. Dolehanty, Controller

DATE: April 3, 2015

SUBJECT: 2016 Update of County Fees

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When the Board of Commissioners adopted Resolution #02-155, setting various fees for county services, the Controller's Office was directed to annually review the fees and to recommend adjustments. We have completed our review for fiscal year 2016 consistent with this standing directive and offer a few adjustments for your consideration. This information will appear as a discussion item on the current round of committee meetings. We anticipate presentation of a resolution at the next round of meetings to recommend increases to certain fees, addition of a few fees and some proposed eliminated fees. A draft version of the resolution is attached for your review and consideration.

Attached spreadsheets provide details of recommended fee adjustments to be effective for the Health Department and the Friend of the Court on October 1, 2015, park and zoo winter seasonal fees on November 1, 2015, and for all other departments on January 1, 2016. As noted in the fee schedule, seasonal fees will continue through March 31, 2016.

The first attachment (Attachment A) offers analysis of proposed fees for 2016. The annual average United States' consumer price index was used to do the calculation. This rate of 1.6% was also used by the State of Michigan for the inflation rate multiplier.

The following information is included for each fee:

1. Location of Service
2. Fee Description
3. The 2015 cost as calculated in last year's fee update process.
4. The 2016 cost, which was calculated by multiplying the 2015 cost by the consumer price index.
5. As identified by the Board of Commissioners, the target percent was determined by the percentage of cost to be recovered by the fee for service. The target percent for each fee was initially passed by Resolution #02-155. For other fees added after the passage of Resolution #02-155, in most cases, it was assumed that the fee as passed is charged at the appropriate cost with a target recovery of 100%.

6. The 2016 calculated fee is based on the 2016 cost multiplied by the target percent.
7. Although many fees were proposed to remain unchanged in 2016, the initial proposed fees were determined by rounding down the calculated fee to the full dollar amount and, in the case of some larger fees, rounded to the lower \$5 or \$10 increment. In some cases the cost multiplied by the target percent is much greater than the current fee, so only an incremental increase was proposed in anticipation of further upward adjustments over several years. Fees that are proposed to increase are presented in **bold type**.
8. Units. This variable was used to calculate anticipated revenue generated by a proposed fee. Initial information was provided in the Maximus study, and in some cases has been updated by the departments.
9. Department/Controller Recommendation. Department heads agreed with the initial proposed fees in most cases. Where there was disagreement, the department head was asked to provide supporting information such as a memorandum of explanation. In all such cases, the Controller ultimately agreed with recommendations of the department head as follows:
  - a. CS: The Clerk's Office would like to maintain the 2015 rate for the Marriage Solemnize fee (line 10) in recognition of a significant increase a few years ago. The Clerk indicated that she charges the largest fee in the County already for marriages.
  - b. CS: The Parks Department would like to maintain their 2015 fees. They feel that the fees have been increased significantly over the past few years and would like the parks to be affordable. However, they would like to simplify the fee schedule by removing some fees and creating new fees in an effort to eliminate keeping track of weekend and weekday rates. The lines that are struck out would be removed with new fees being added on Lines 120, 137-138 and 181-182 and 184. Also, Line 77 is a new fee added to recoup the cost of additional seasonal labor for reservations outside of normal business hours.
  - c. CS: The Zoo agreed with most of the proposed fee increases. They would prefer not to raise lines 202, 204, 205, 208-209 and 211 because they would like to be in line with the Parks Department and to stay within AZA compliance with Zoos of their size.
  - d. CS: The Register of Deeds agrees with most of the proposed fee increases. However, Line 228 and 229 they don't agree with increasing due to state law and only being able to charge 1.00 per copy with the rest going to their vendor Fidler for maintaining the system.
  - e. HS: The Health Department would like to change the medical examiner fees for autopsy reports to mirror the fees that Sparrow charges in lines 20 and 21. On lines 23, 24, 26 and 33 Office for Young Children staff feel the proposed fees are above the market rates for these services. They would like to increase the fee, just not as drastically. Environmental Health fees are not included this year due to the Maximus Study that is currently underway.

- f. L&C: Animal Control proposed fee increases are supported by the department except the following: In Lines 8-9, 11-15, 25 and 37 increases are not recommended because current rates far exceed the rates in neighboring counties and municipalities with similar operational capacity. They feel high fees will continue to deter animal owners from complying with requirements.
- g. L&C: The District Court does not recommend any fee increase for 2016.
- h. L&C: In line 65, the Circuit Court raised the per page copy cost to \$1.50 per page. This increase, which has been approved by the State Court Administrative Office (SCAO), was made to keep abreast of increased supply costs and to mitigate the loss of revenue we would experience by no longer being able to charge for online access to Register of Actions and name searches. In line 66, pursuant to various changes in the record reproduction court rule, and most recently in MCR 8.119(H), the court is no longer able to charge for online criminal history or name searches. Parties who are seeking criminal history reports are directed to the Michigan State Police or the Michigan Secretary of State. In line 67, pursuant to the amendment of MCL 769.1k, the Court requested that the SCAO calculate the average costs of a criminal case. Based on three years of budget data, and the assumption that we would continue to assess attorney fees separately, the SCAO has calculated our average cost of a criminal case at \$1,471. The Circuit Court Judges have agreed that they will assess up to \$1,470 in court costs based on the specifics of each case. The additional revenue amount is not available at this time due to uncertainty of how much will actually be charged and how much will be collected. In line 69, the Circuit Court has adopted a bench warrant fee of \$150. All other proposed increases are agreed upon by the court. The Friend of the Court does not want to increase the bench warrant fee in line 77. They feel it has been increased enough over the years and that these fees are very difficult to collect and have a very high outstanding balance.

10. Additional revenue is projected from the department head/Controller recommended increase in fees multiplied by the units.

A summary of proposed fee increases for 2016 is presented in the final spreadsheet (Attachment B). The spreadsheet simply lists the 2015 fee, department head and Controller recommendations, and projected revenue for each fee where an increase was proposed.

Fee increases recommended by the Controller's Office would generate approximately \$82,000 in additional revenue in 2016. Total revenue generated by the listed fees is approximately \$5.7 million, meaning the proposed adjustments would increase the base by about 1.5%.

Please do not hesitate to contact me if you have any questions regarding this information.

Attachments

## **DRAFT – FOR REVIEW & CONSIDERATION ONLY**

Introduced by the Finance Committee of the:

### **INGHAM COUNTY BOARD OF COMMISSIONERS**

#### **RESOLUTION UPDATING VARIOUS FEES FOR COUNTY SERVICES**

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

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

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

WHEREAS, the annual average United States’ consumer price index was used as the cost increase factor; and

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

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

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

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

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

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

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

THEREFORE BE IT RESOLVED, that the Board of Commissioners authorizes or encourages the following fee increases in the Attachments at the rates established effective January 1, 2016 with the exception of the Health Department and Friend of the Court, where new rates will be effective October 1, 2015 and the Park and Zoo winter seasonal fees which will be effective starting November 1, 2015.

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





<b>Attachment B</b>				
<b>2016 County Fees Analysis</b>				
<b>Human Services Committee</b>				
<b>Location of Service</b>	<b>Fee Description</b>	<b>2015 Fee</b>	<b>Controller/ Department Recommend.</b>	<b>Additional Revenue</b>
Comm. Health	INS Vaccination Verif Form I-693	\$37.00	\$38.00	\$450
Comm. Health	MIHP Tran. Bus/Van	\$35.04	\$35.60	\$224
Comm. Health	MIHP - Trans Taxi	\$32.04	\$32.56	\$36
Comm. Health	Compreh Envir Investigation	\$290.00	\$300.00	\$110
Comm. Health	Immigration Physical Exams	\$195.00	\$200.00	\$50
Imm. Clinic	Internat'l Travel Consult	\$61.00	\$62.00	\$500
Med Examiner	Autopsy Report Copies (family)	\$18.00	\$0.00	(\$90)
Med Examiner	Autopsy Report Copies (others)	\$45.00	\$25.00	(\$100)
OYC	Agency Training Request- Base, 1.5 hr.	\$212.00	\$215.00	\$27
OYC	Agency Training Request- Base, 2.5 hr.	\$352.00	\$355.00	\$33
OYC	Agency Training Request- Base, 5.0 hr.	\$687.00	\$688.00	\$8
OYC	OYC-Advertised Train.- 1-2 hr./per person (min. 15 attending)	\$27.00	\$28.00	\$100
OYC	OYC-Advertised Train.- 2.5-4.5 hr./per person (min. 15 attending)	\$35.00	\$36.00	\$700
OYC	OYC-Advertised Train.- 5-7 hrs./per person (min. 15 attending).	\$70.00	\$71.00	\$100
OYC	OYC-Agency Request Head Start CPR & 1st Aide	\$0.00	\$70.00	\$10,500
<b>TOTAL</b>				<b>\$12,648</b>