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, NOVEMBER 30, 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 November 16, 2015 Minutes
Additions to the Agenda
Limited Public Comment

1. Advent House Presentation
   a. Abuse in Later Life
   b. Homeless Network Projects

2. Health Department
   a. Resolution to Authorize an Agreement with the Michigan Department of Environmental Quality for 2015-2016
   b. Recommendation to Amend Resolution #15-193 to Include Ingham County Health Department Environmental Health Fees
   c. Resolution to Amend the Infectious Disease Physician Services Agreement with Michigan State University's College of Osteopathic Medicine – Tuberculosis Program
   d. Resolution Honoring Dr. Maurice Reizen
   e. Resolution to Authorize a Revised Cooperative Operational Agreement with the Community Health Center Board of Directors
   f. Resolution to Authorize Amendment #1 to the 2015-2016 Comprehensive Agreement with the Michigan Department of Community Health
   g. Resolution to Amend Resolution #15-430 to Amend the Ingham Community Health Center Board Bylaws
   h. Resolution to Authorize the Status Change of a Medical Assistant from .75 FTE to 1.0 FTE

3. Controller's Office
   a. Resolution Authorizing Expansion of Current Mental Health Screening Services in the Ingham County Jail to Include on Call Personnel for Weekends and Holidays

4. Human Services Committee - Michigan Nurses Association Presentation on Substance Abuse Treatment Availability

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
November 16, 2015
Draft – Minutes

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

Members Absent: None

Others Present: Rick Terrill, Linda Vail, John Neilsen, Steve Walters, Henry Rojas, and others

The meeting was called to order by Chairperson Tennis at 6:31 p.m.in the Personnel Conference Room "D&E" of the Human Services Building, 5303 S. Cedar Street, Lansing, Michigan.

Approval of the November 2, 2015 Minutes

Chairperson Tennis asked if committee members had a chance to review the minutes from November 2, 2015 meeting and if there were any amendments to the minutes.

Chairperson Tennis stated the November 2, 2015 minutes were adopted without objection.

Additions to the Agenda

None.

Limited Public Comment

None.

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

2. Facilities - Resolution Authorizing a Contract With Len's Carpet Care & Consultants to Provide Mold Remediation Services at Forest Community Health Center

3. Health Department
   a. Resolution to Extend the Agreement with Michigan State University College of Human Medicine for Pediatric Physician Services
   b. Resolution to Authorize an Amendment to the Pediatric Physician Agreement with the College of Osteopathic Medicine at Michigan State University
   c. Resolution to Authorize the 2015-2016 Schedule A Addendum to the Blue Cross Blue Shield of Michigan Administrative Services Agreement for Services to Ingham County Jail Inmates

4. Controller's Office

a. Resolution Authorizing a Contract with Malannoye Consulting, LLC to Review Member Eligibility and Expenses Relative to the Health Services Millage Contracts with Ingham Health Plan Corporation
b. Resolution Approving Various Contracts for the 2016 Budget Year

THE MOTION CARRIED UNANIMOUSLY.

THE MOTION TO APPROVE THE ITEMS ON THE CONSENT AGENDA CARRIED UNANIMOUSLY.

1. Innovation & Technology Department - Resolution Authorizing an Amendment to Resolution #15-408 to Authorize the Use of Funds from the Community Health Center Fund for the IT Infrastructure of the Forest Community Health Center (FCHC)

MOVED BY COMM. NOLAN, SUPPORTED BY COMM. MAIVILLE, TO APPROVE THE RESOLUTION #15-408 TO AUTHORIZE THE USE OF FUNDS FROM THE COMMUNITY HEALTH CENTER FUND FOR THE IT INFRASTRUCTURE OF THE FOREST COMMUNITY HEALTH CENTER (FCHC).

Commissioner Nolan asked if the vendor was the best vendor to contact for the IT Infrastructure. She further asked if it was imperative that the Health Department have this done before moving into the Forest Community Health Center.

Linda Vail, Health Officer, stated that the IT Infrastructure must be in the Forest Community Health Center in order for the Health Department to operate there.

John Neilsen, Chief Deputy Controller, stated that the Center would not be open by the January 1st deadline if the IT Infrastructure went out to an RFP. He further stated that a local vendor, who the County had worked with previously, would be used as an installer. He stated by going with the local vendor, there was a high confidence that it was the best price.

Steve Walters, Network Administrator, stated that the pricing for the equipment did not vary much. He further stated by going with a local vendor, the price was going to be the cheapest.

Mr. Neilsen stated that expenditures were within the projected budget for the project.

Commissioner McGrain asked if any of the vendors were questioned about or implicated in anything.

Mr. Neilsen stated that he had no reason to believe so and that the discussion was not had.

Commissioner McGrain asked who would have made the recommendations for the vendors.

Mr. Neilsen answered that they came from the IT Department.

Commissioner McGrain asked if there was a threshold of costs for when a committee would review the recommendations.

Mr. Neilsen stated that there was none for purchasing IT equipment. He further stated that Jared Cypher, Deputy Controller, recommended doing a Request for Proposal (RFP),but quotes were done instead. He stated that the main concern was not the equipment, but finding a vendor who would install it.

Commissioner McGrain stated that he would support the resolution.

THE MOTION CARRIED UNANIMOUSLY.

3. Health Department
   d. Discussion: Letter of Support for Groundwater Testing in Williamstown Township

There was a discussion regarding the Letter of Support.

Ms. Vail reviewed correspondences with Commissioner Schafer regarding the Letter of Support.

Commissioner Maiville clarified that since there was not a letter, it was difficult to have a clear discussion about it. He stated that he would support a letter because it was important for citizens that used well water.

Chairperson Tennis stated that more details about the letter were needed to move forward.

There was a discussion about obtaining a letter.

Commissioner Anthony stated that she would be in support of a letter as long as the letter explicitly stated that the Health Department could not support the City of Williamston with their resources.

Commissioner Banas asked that if it was not time sensitive, could it be done through the Health Department. She further asked if the Tri-County Regional Planning Commission could help.

Commissioner McGrain answered that there was a meeting with the Tri-County Regional Planning Commission, but they had the impression that they were committing resources that didn’t exist.

Commissioner Banas asked where governmental responsibility lied to ensure that groundwater was safe.

Ms. Vail stated that it lies with the Department of Enviornmental Quality (DEQ) because it was not a mandated service. She further stated that it’s only done by the government when triggered by an event.

Commissioner Maiville asked what was being checked by the County in regards to the point of sale program.

Ms. Vail answered that it was not as extensive as when it was done as a point of sale.

Commissioner Naeyaert asked if the Health Department relied on the rural municipalities to report water issues.

Ms. Vail answered that the City would be in charge of it.

Commissioner Naeyaert stated that people in the out-county are more reliant on well water.

Commissioner Maiville clarified that the main concern was who would pay.

There was a discussion on the cost of the study.

Commissioner McGrain stated that he was unclear on what the County's role in monitoring drinking water was.

Chairperson Tennis stated that there was no statutory requirement because underground well water testing was not mandated.

Ms. Vail stated that the Health Department would monitor ground water if there were sources of pollution or areas of concern.

Commissioner McGrain stated that he would like a statement for the Commissioners outlining information regarding the County's role in monitoring drinking water.

Ms. Vail stated that ensuring safe groundwater was not a priority of the Health Department, but it was still important.

Commissioner Banas asked what percentage of the county used well water.

Ms. Vail stated that she did not know.

There was a discussion regarding well water.

Mr. Neilsen clarified that the Committee was comfortable with a letter of a support from Ms. Vail as long as the City of Williamston indicated what they wanted, and the letter stated that the Health Department could not commit resources.

Announcements

Commissioner Maiville thanked Ms. Vail for her work on the electronic smoking device resolution.

Commissioner Banas thanked Ms. Vail for her work on the electronic smoking device resolution and complimented her on how she worked with local vendors.

Public Comment

None.

Adjournment

The meeting was adjourned at 7:03 p.m.

NOVEMBER 30, 2015 HUMAN SERVICES AGENDA
STAFF REVIEW SUMMARY

ACTION ITEMS:
The Deputy Controller is recommending approval of the following items:

2. *Health Department*

a. *Resolution to Authorize an Agreement with the Michigan Department of Environmental Quality for 2015-2016*

This resolution authorizes an agreement with the Michigan Department of Environmental Quality (MDEQ) under which the Ingham County Health Department (ICHD) will conduct environmental monitoring and inspections of MDEQ Non-Community programs. The current agreement expired on September 30, 2015. The proposed agreement for 2015-16 includes the following services and funding of $29,616 allocated as follows:

- non-community public water supply program – up to $23,066
- drinking water long-term monitoring – up to $700
- public swimming pools – up to $5, 600
- campground requirements – up to $250

b. *Recommendation to Amend Resolution #15-193 to Include Ingham County Health Department Environmental Health Fees*

This resolution authorizes a new, simplified fee structure for environmental health fees that was developed utilizing a Maximus study. The proposed fee schedule ensures EH will achieve the appropriate level of cost recovery for each service provided.

c. *Resolution to Amend the Infectious Disease Physician Services Agreement with Michigan State University's College of Osteopathic Medicine – Tuberculosis Program*

This resolution authorizes an amendment to the agreement with MSU COM – Tuberculosis Program to extend physician services to ICHD tuberculosis patients through December 31, 2018 at a rate of $165.00 per hour for up to 12 hours per month.

d. *Resolution Honoring Dr. Maurice Reizen*

This resolution honors Dr. Maurice Reizen for his 11 years of service as a dedicated and active member of the Ingham County Board of Health.

e. *Resolution to Authorize a Revised Cooperative Operational Agreement with the Community Health Center Board of Directors*

This resolution authorizes a revised cooperative operational agreement with the Community Health Center Board of Directors. The Cooperative Operational Agreement has been updated to include language that aligns with the Health Center Board bylaws to meet the requirements of HRSA.

f. *Resolution to Authorize Amendment #1 to the 2015-2016 Comprehensive Agreement with the Michigan Department of Community Health*

This resolution authorizes Amendment #1 of the 2015-2016 Comprehensive Agreement with the Michigan Department of Community Health (MDCH). The Comprehensive Agreement is regularly amended to adjust funding levels and clarify terms and conditions. This amendment will increase the budget for Comprehensive Local Health Services from $4,675,470 to $4,998,301, an increase of 322,831. The increase in the CPBC grant was anticipated and included in the FY16 Board of Commissioners approved budget. The amendment makes the following specific changes in the budget:

Amendment # 1

1. Immunization Vaccine Quality Assurance, $35,210
2. Direct Services Children – MCH, $96,000.
3. Immunizations – Children – MCH, $72,071.
4. Immunizations – Women – MCH, 40,540.
5. Immunizations – ELPHS, $79,010.

g. Resolution to Amend Resolution #15-430 to Amend the Ingham Community Health Center Board Bylaws

This resolution amends the Bylaws of the Community Health Center Board to state that the Community Health Center Board shall approve the application and budget for both 330 Health Center programs and Look-Alikes. The extended deadline for HRSA to receive the amended bylaws is February 5, 2016.

h. Resolution to Authorize the Status Change of a Medical Assistant from .75 FTE to 1.0 FTE

This resolution authorizes the conversion of position #601192, currently a .75 FTE Medical Assistant I (UAW Grade 1) to 1.0 FTE Medical Assistant I. Through Resolution #15-375, Ingham County Health Department (ICHD) accepted $215, 200 of Health Center Expanded Services funds from the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA) for the period of September 1, 2015 through August 31, 2016. This award included funds to support the conversion of this position. The employee in this position and the UAW have been contacted and agree to the conversion from a .75 FTE to a 1.0 FTE.

3. <u>Controller's Office</u>

a. Resolution Authorizing Expansion of Current Mental Health Screening Services in the Ingham County Jail to Include on Call Personnel for Weekends and Holidays

This resolution authorizes expansion of current Mental Health Screening services (known as the CATS Program) in the Ingham County Jail to include on call personnel for weekends and holidays. Currently, CMH provides 1.5 FTE employees Monday-Friday; 8:00 a.m. – 4:30 p.m. that provide mental health screening and referral for individuals who are flagged by ICJ staff at booking or during incarceration as having possible suicide risk or mental health symptoms. There are no CMH staff available at ICJ from 5:00 p.m. Friday through Monday morning or on holidays. This leads to some inmates being held in observation up to 3 days before being seen by a Mental Health professional. Without CMH staff available, the deputies at the Ingham County Jail are left with the burden to determine severity. The Ingham County Sheriff's Office and CMH Administration worked to develop a proposal for on call Mental Health services that would be available Friday evening through Monday morning; and holidays. The cost for this coverage is $30,000 annually, and is included in the 2016 budget.

OTHER ITEMS:

1. <u>Advent House Presentation</u>

a. Abuse in Later Life

b. Homeless Network Projects

4. <u>Human Services Committee</u> - Michigan Nurses Association Presentation on Substance Abuse Treatment Availability

ABUSE IN LATER LIFE – COORDINATED COMMUNITY RESOURCE PROJECT – LANSING/INGHAM COUNTY

'Abuse in later life' (ALL) is a term with which we must become more familiar as the numbers of those aging over 50 years increases in our community. ALL encompasses the physical, sexual, mental, emotional, and/or financial exploitation experienced by a growing number of men and women over the age of 50 in our community. To address the special needs of this population in the Lansing/Ingham County area, a Coordinated Community Response (CCR) Partners group was formed through a grant through the Department of Justice / Office of Violence Against Women, which concluded September 30, 2015. The CCR is currently seeking support to continue victim services and preventive initiatives to a growing and exceptionally needy population.

The CCR represents services across our community, including the Tri-County Office on Aging, the City of Lansing, the Lansing Police Department, Elder Law of Michigan, End Violent Encounters (EVE), Advent House Ministries, Loaves & Fishes Ministry, as well as area financial institutions, hospitals, and senior living centers. Over the last three years this partnership has resulted in the following:

- **Outreach** to thousands of Lansing/Ingham County residents to build awareness of ALL;
- **Support** for the increase in use by women over 50 of the domestic violence shelter resources at EVE (grew from less than 1% to over 25% in three years);
- **Development** of Transitional Housing options at Loaves & Fishes Ministry and Advent House Ministries, through which women can live independently in a supportive environment for up to 2 years while they gain stability;
- **Consistent engagement** among key services, such as Adult Protective Services, law enforcement, and financial institutions, to promote strategic planning, understanding, and cooperative action;
- **Direct assistance** to over 200 women and men in our community.

With this proposal, we are seeking support to continue this effort and expand its impact to match the growing needs in our community. Specifically we seek to:

- **Enhance** the current multidisciplinary CCR Partners by supporting the strong cooperation between the Tri-County Office on Aging (TCOA) and End Violent Encounters (EVE) to identify and assist victims of elder abuse, to address service gaps and needs in response systems, to reach out to additional organizations that serve older adults, and to intensify the focus on financial exploitation;
- **Ensure** long-term support by hiring a full-time staff/consultant to provide advocacy to victims, serve as a liaison to the CCR and its members, coordinate with other local agencies (e.g., Adult Protective Services, the Lansing Police Department, and other similar organizations), and provide outreach to the community;
- **Create** an interdisciplinary team/Community Response Team to respond and intervene to resolve and prevent abuse, creating options to alleviate threat and harm;
- **Collaborate** with EVE and other area shelters to ensure effective identification and assistance to those at-risk, meeting basic needs and building self-sufficiency with resources/services for both female and male victims;
- **Provide** trained peer senior volunteers through RSVP to provide direct assistance to older victims;
- **Develop** recommendations to streamline unclear and/or complicated systems dealing with elder abuse, including APS, law enforcement, and financial institutions;
- **Offer** assistance with gap-filling services to protect the safety of older victims, including transportation, emergency housing, food, and other basic needs;
- **Design** educational materials for presentations and outreach to older adults and media campaigns to broaden the awareness of elder abuse, with special attention to various cultural communities;
- **Reach out** to LGBT older adults, recognizing the unique issues of isolation and their higher risk for elder abuse.

One of the results of the existing CCR Partnership has been on-going needs assessment and surveys of older adults and service providers to assess the needs, gaps, and potential solutions for elder victims of abuse. This information has been key in the development of strong foundational supports with the investment of the OVW funding. It is also the basis of our assessment of the need going forward and the beginning of a long-term strategy for our entire community. Additional information can be made available as requested.

Greater Lansing Homeless Resolution Network
Community Investment Proposal 2015-16

Homelessness in the Lansing/Ingham County area included over 4500 people in 2014. The Greater Lansing Homeless Resolution Network (GLHRN) has been a collaborative center, a motivator for change, and a foundation of support for those most at-risk in the Lansing/Ingham County area for the past 25 years. In 2015, as the fight against homelessness continues to build momentum, the GLHRN is moving beyond a simple gathering of community partners to become an established non-profit entity able to support the complex and comprehensive efforts to end homelessness in our community. The GLHRN is requesting your investment in our effort and support of the structure necessary for the success of this effort.

History:

Over 27 agencies in our community are members of the GLHRN. To effectively plan, evaluate, and act for the improvement of our community, these partners join on a monthly basis with other interested community agencies and representatives of local government entities.

Our goals:

- To prevent homelessness, through education, advocacy, and financial assistance (funding presently provided through HUD and other federal sources),
- To resolve homelessness by moving homeless families and individuals into permanent housing using a Housing First Model (i.e., minimal emergency shelter with timely and effective housing placement – funding also provided through HUD and other federal sources),
- To educate the community about the cause, prevention, and resolution of homelessness.

The GLHRN requires the service of a Coordinator, working in cooperation with of the Board and Executive Committee, to facilitate and organize all GLHRN activities. As the work of the GLHRN has broadened and the investment of community partners has grown, the function of this position has become many-faceted, requiring participation in multiple avenues throughout our area.

Strategy:

Current strategy in addressing homelessness in the Lansing/Ingham County area includes the efficient use of our present shelter system, increased development of affordable housing properties and partnerships, as well as solicitation of additional federal and state funding and technical assistance. At this time, our work with special groups, such as veterans and high-risk families with children, is gaining support and investment from public and private sources. Since the inception of the GLHRN, the investment of Ingham County has been strong through the Department of Health and Human Services (DHHS) and the Ingham County Health Department (ICHD).

Request:

As we build momentum in the resolution of homelessness, the GLHRN is seeking another level of commitment from the Ingham County Commissioners. We would like to present information about current homeless trends in our area with a summary of our action plan. It would be helpful to engage in a brief discussion of future involvement from the County and possible County support of the GLHRN Coordinator position.

Agenda Item 2a

TO: Human Services Committee
Finance Committee

FROM: Linda S. Vail, MPA, Health Officer

DATE: November 13, 2015

SUBJECT: Resolution to Authorize an Agreement with the Michigan Department of Environmental Quality for 2015-16

This is a resolution to authorize an agreement with the Michigan Department of Environmental Quality (MDEQ) under which the Ingham County Health Department (ICHD) will conduct environmental monitoring and inspections of MDEQ Non-Community programs. MDEQ began to contract with Ingham County after the State of Michigan reorganized services and moved many of its environmental protection programs and services to the Department of Environmental Quality. The Public Health Code still locates the primary responsibility for environmental protection at the community level with local public health departments. The current agreement expired on September 30, 2015.

The proposed agreement for 2015-16 includes the following services and funding of **$29,616** allocated as follows:

NON-COMMUNITY PUBLIC WATER SUPPLY PROGRAM – up to $23,066
ICHD will conduct sanitary surveys of non-community public water supplies in Ingham County. ICHD will also oversee water quality monitoring at these supplies, issue water well permits for new supplies, and ensure that proper public notice is issued should a supply become unsafe for drinking.

DRINKING WATER LONG-TERM MONITORING – up to $700
ICHD will collect samples from drinking water supplies and sites of environmental contamination identified by the State.

PUBLIC SWIMMING POOLS – up to $5, 600
ICHD will inspect all public swimming pools/spas licensed by the MDEQ in Ingham County. In addition, ICHD will investigate complaints, conduct meetings and/or conferences related to compliance issues, and complete inspection forms provided by the State.

CAMPGROUND REQUIREMENTS – up to $250
ICHD will inspect all campgrounds licensed by the MDEQ located in Ingham County, collect fees, investigate complaints, conduct meetings and/or conferences related to compliance issues, and complete inspection forms provided by the State.

I recommend that the Board of Commissioners authorize the agreement with the Michigan Department of Environmental Quality for the period of October 1, 2015 through September 30, 2016.

c: Eric Thelen w/attachment
Debbie Edokpolo w/attachment

Agenda Item 2a

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO AUTHORIZE AN AGREEMENT WITH THE MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY FOR 2015-2016

WHEREAS, the State of Michigan has placed responsibility for environmental regulation and environmental quality in Michigan with the Michigan Department Environmental Quality (MDEQ); and

WHEREAS, the Michigan Public Health Code places responsibility for environmental protection at the community level with county governments through the network of local health departments; and

WHEREAS, MDEQ proposes to clarify the responsibilities for some environmental services and arrange to purchase environmental monitoring and inspection services from the Ingham County Health Department (ICHD); and

WHEREAS, MDEQ will reimburse ICHD for expenses related to monitor and inspection services; and

WHEREAS, the Health Officer recommends that the Board of Commissioners authorize an agreement with MDEQ.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes an agreement with MDEQ for Non-Community Programs.

BE IT FURTHER RESOLVED, that the period of the agreement shall be October 1, 2015 through September 30, 2016.

BE IT FURTHER RESOLVED, that MDEQ shall reimburse ICHD up to $29,616 for expenses related to testing and inspection services as follows:

- Non-Community Public Water Supply Program – up to $23,066
- Drinking Water Long-Term Monitoring – up to $700
- Public Swimming Pools – up to $5,600
- Campground Requirements – up to $250

BE IT FURTHER RESOLVED, that the funding was anticipated in ICHD's 2016 budget.

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.

Agenda Item 2b

TO: Human Services Committee
Finance Committee

FROM: Linda S. Vail, MPA, Health Officer

DATE: November 13, 2015

SUBJECT: Recommendation to Amend Resolution #15-193 to Include Ingham County Health Department Environmental Health Fees

Each year, Ingham County passes a resolution to set fees for various county services as part of the budget process. Resolution #15-193 authorized these fees for FY 2016. At the time this resolution was passed, Maximus Consulting Services, Inc. was evaluating the Ingham County Health Department's (ICHD) Environmental Health (EH) division in order to provide a cost of services analysis. This evaluation was authorized by Resolution #14-416.

Prior to this study, EH had been operating under their existing fee schedule for more than 10 years with no change in fee structures. Because the Maximus cost study for Environmental Health services was in progress when Resolution #15-193 was passed, its fees were not included.

A new, simplified fee structure was developed utilizing the Maximus study. The proposed fee schedule ensures EH will achieve the appropriate level of cost recovery for each service provided.

I recommend that the Board of Commissioners adopt the attached amendment to Resolution #15-193 to update EH service fees.

c: Debbie Edokpolo w/attachment
Rod McNeill w/attachment
Eric Thelen w/attachment

Agenda Item 2b

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RECOMMENDATION TO AMEND RESOLUTION #15-193 TO INCLUDE INGHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH FEES

WHEREAS, each year, Ingham County passes a resolution to set fees for various county services as part of the budget process; and

WHEREAS, Resolution #15-193 authorized these fees for FY 2016; and

WHEREAS, at the time this resolution was passed, Maximus Consulting Services, Inc. was evaluating the Ingham County Health Department's (ICHD) Environmental Health (EH) division in order to provide a cost of services analysis authorized by Resolution #14-416; and

WHEREAS, in Resolution #14-416 the Board of Commissioners authorized an agreement with Maximus Consulting Services, Inc. to provide a cost of service analysis for the Ingham County Health Department's (ICHD) Environmental Health (EH) division; and

WHEREAS, at the time Resolution #15-193 was passed the Maximus cost study for Environmental Health services was ongoing so their fees were not included; and

WHEREAS, Maximus has since completed their cost study of EH service fees and EH has created a new, simplified fee structure and proposed fee schedule based on the Maximus recommendations; and

WHEREAS, the Health Officer recommends that the Board of Commissioners adopt the attached amendment to Resolution #15-193 to update EH service fees.

THEREFORE BE IT RESOLVED, that the Board of Commissioners amends Resolution #15-193 to add the attached ICHD EH service fee increases, decreases, and new fees effective December 9, 2015.

FY 2016 Environmental Health Fees Analysis

Location of Service	Fee Description	Maximus calculated Cost 2014	Target Percent	2016 Proposed Fee	Units	FY 16 Projected Revenue
	FOOD SERVICE SANITATION PROGRAM					
	Food Service Establishment License Fee					
Env. Health	Category 1 (see definition below) - License Fee *	$585	80%	$470.00	360	$169,200.00
Env. Health	Category 1 (see definition below) - Full Plan Review	$1,214	80%	$970.00	6	$5,820.00
Env. Health	Category 1 (see definition below) - New Owner/Eval	$645	80%	$515.00	26	$13,390.00
Env. Health	Category 1 (see definition below) - New Owner w/minimal plan review	$774	80%	$620.00	2	$1,240.00
Env. Health	Category 2 (see definition below) - License Fee *	$808	80%	$645.00	407	$262,515.00
Env. Health	Category 2 (see definition below) - Full Plan Review	$1,689	80%	$1,350.00	25	$33,750.00
Env. Health	Category 2 (see definition below) - New Owner/Eval	$905	80%	$725.00	26	$18,850.00
Env. Health	Category 2 (see definition below) - New Owner w/minimal plan review	$950	80%	$760.00	12	$9,120.00
Env. Health	Category 3 (see definition below) - License Fee *	$1,145	80%	$915.00	172	$157,380.00
Env. Health	Category 3 (see definition below) - Full Plan Review	$2,429	80%	$1,945.00	26	$50,570.00
Env. Health	Category 3 (see definition below) - New Owner/Eval	$1,320	80%	$1,055.00	14	$14,770.00
Env. Health	Category 3 (see definition below) - New Owner w/minimal plan review	$1,462	80%	$1,170.00	2	$2,340.00
Env. Health	Mobile - License Fee *	$453	80%	$360.00	1	$360.00
Env. Health	Mobile - Full Plan Review	$621	80%	$495.00	1	$495.00
Env. Health	Mobile - New Owner/Eval.	$516	80%	$415.00	1	$415.00
Env. Health	STFU - License Fee * (state mandated fee)	$453	34%	$152.00	152	$23,104.00
Env. Health	STFU - Full Plan Review	$621	80%	$495.00	25	$12,375.00
Env. Health	STFU - New Owner/Eval	$557	80%	$445.00	1	$445.00
Env. Health	Temporary Food License	$373	50%	$195.00	111	$21,645.00
Env. Health	Seasonal Facilities - License Fee *	$550	50%	$275.00	43	$11,825.00
	* Includes State of Michigan fee of $29 for fixed food licenses and $8 for temporary licenses			n/a		$0.00
	Other Food Service Fees					
Env. Health	Late Fee for Food License effective 1st day after April 30th			$135.00	0	$0.00
Env. Health	Late Fee for Temporary Food License application less than 5 days prior to event (in addition to the $195 license)			$195.00	0	$0.00
Env. Health	Inspection fee for STFU	$382	24%	$90.00	92	$8,280.00
Env. Health	Vending License	$493	20%	$100.00	80	$8,000.00
Env. Health	Contstruction/Remodeling that begins without approved plans (**)	$986	80%	$790.00	2	$1,580.00
Env. Health	Food Service plan review re-evaluation or re-submission			$500.00	1	$500.00
	Enforcement Food Service Program Fees					
Env. Health	Informal Hearing Fee (**)	$1,126		$1,000.00	2	$2,000.00
Env. Health	Formal Hearing Fee (**)	$1,126		$1,000.00	1	$1,000.00
Env. Health	Follow Up inspection to assess compliance for critical violations (**)	$524		$150.00	15	$2,250.00
Env. Health	Fee for new owner operating without new license	$810	80%	$650.00	3	$1,950.00
	(**) = Fine					
	WATER SUPPLY WELL & ON-SITE SEPTIC DISPOSAL PROGRAM					
Env. Health	Well - permit to construct or alter a private residential , type II, or type III well	$428	90%	$385.00	98	$37,730.00
Env. Health	Septic - new or repair permit for residential or commercial	$948	90%	$850.00	115	$97,750.00
Env. Health	Combined - well & septic	$1,166	90%	$1,050.00	60	$63,000.00
Env. Health	Septic - new/repair septic tank only	$391	90%	$350.00	25	$8,750.00
Env. Health	Well - Sanitary survey, public non community Type II - transient well	$475	90%	$430.00	14	$6,020.00
Env. Health	Well - Sanitary survey, public non community Type II non - transient Well	$550	90%	$495.00	5	$2,475.00
Env. Health	Septic Evaluation - application for residential or commercial lot & soil evaluation	$430	90%	$390.00	25	$9,750.00
Env. Health	Septic Evaluation - plan review for engineered system	$346	90%	$311.00	61	$18,971.00
	BODY ART FACILITY PROGRAM					
Env. Health	License renewal	$414	80%	$330.00	15	$4,950.00
Env. Health	Full plan review	$538	80%	$430.00	4	$1,720.00

FY 2016 Environmental Health Fees Analysis

Location of Service	Fee Description	Maximus calculated Cost 2014	Target Percent	2016 Proposed Fee	Units	FY 16 Projected Revenue
	CAMPGROUND INSPECTIONS					
Env. Health	Permanent Campground	$417	100%	$415.00	9	$3,735.00
Env. Health	Temporary Campground	$188	100%	$185.00	2	$370.00
	MORTGAGE CERTIFICATION INSPECTIONS (POINT OF SALE					
Env. Health	Point of Sale - Application/Administrative processing fee	$293	market	$250.00	510	$127,500.00
Env. Health	Point of Sale - On-site evaluation of well & septic	$594	market	$450.00	16	$7,200.00
Env. Health	Point of Sale - Waste treatment evaluation	$350	market	$350.00	2	$700.00
Env. Health	Point of Sale - Well evaluation	$250	market	$250.00	6	$1,500.00
Env. Health	Point of Sale - inspector annual renewal fee	$200	market	$200.00	17	$3,400.00
	CHILD CARE AND ADULT FOSTER CARE INSPECTIONS					
Env. Health	Full inspection, water system, sewage disposal, building and grounds	$284	100%	$280.00	82	$22,960.00
	POOLS					
Env. Health	Pool Inspection	$176	100%	$175.00	175	$30,625.00
Env. Health	Additional pool at the same location			$100.00	0	$0.00
Env. Health	Re-inspection fee after violation			$200.00	0	$0.00
	TOBACCO & E-CIGARETTE					
Env. Health	Tobacco & E- cigarette sales license - East Lansing	$374	78%	$290.00	27	$7,830.00
Env. Health	Tobacco & E- cigarette sales license - Not East Lansing	$374	90%	$335.00	239	$80,065.00
Env. Health	Tobacco & E- cigarette Change of Ownership Fee - East Lansing			$130.00	5	$650.00
Env. Health	Tobacco & E- cigarette Change of Ownership Fee - Not East Lansing			$150.00	9	$1,350.00
Env. Health	Tobacco & E - cigarette sales license vending machine			$335.00	1	$335.00
Env. Health	Temporary Tobacco License - Sampling Permit			$130.00	0	$0.00
Env. Health	Late Fee and/or failure to report change of ownership (**)			$200.00	0	$0.00
Env. Health	POLLUTION PREVENTION PROGRAM (P2)					
Env. Health	Category 1: 56 - 499 Gallons (450 - 4,499 pounds) - Reporting Fee			$70.00	131	$9,170.00
Env. Health	Category 1: 56 - 499 Gallons (450 - 4,499 pounds) - Inspection Fee			$145.00	90	$13,050.00
Env. Health	Category 2: 500 - 4,999 Gallons (4,500 - 44,499 pounds) - Reporting Fee			$145.00	213	$30,885.00
Env. Health	Category 2: 500 - 4,999 Gallons (4,500 - 44,499 pounds) - Inspection Fee			$235.00	81	$19,035.00
Env. Health	Category 3: 5,000 or more Gallons (more than 45,000 pounds) - Reporting Fee			$220.00	107	$23,540.00
Env. Health	Category 3: 5,000 or more Gallons (more than 45,000 pounds) - Inspection Fee			$350.00	21	$7,350.00
Env. Health	Use hourly rate for Plan Review & Consultation					
	MISC FEES					
Env. Health	Hourly rate for services not specified in the fee schedule			$100.00	0	
Env. Health	Late fee for all licenses not specified above, effective 30 days after due date			$130.00	0	
Env. Health	Sanitary Code appeal fee			$130.00	0	
Env. Health	Returned check fee			$30.00	0	

Agenda Item 2c

TO: Human Services Committee
Finance Committee

FROM: Linda S. Vail, MPA, Health Officer

DATE: 11/12/15

RE: Resolution to Amend the Infectious Disease Physician Services Agreement with Michigan State University's College of Osteopathic Medicine – Tuberculosis Program

This resolution authorizes an amendment to the agreement with Michigan State University's College of Osteopathic Medicine (MSU COM) – Tuberculosis Program for infectious disease physician services.

The Ingham County Health Department (ICHD) is obligated under the Public Health Code 333.5115 (4), 333.5301 (1) and 333.5307 to ensure the provision of treatment for patients with active tuberculosis within its jurisdictions. ICHD has a current services agreement with MSU COM that provides specialty physician services to patients with active tuberculosis at ICHD's Tuberculosis Clinic located at River Oak Health Center.

The current services agreement expires on December 31, 2015. MSU COM would like to extend the current services agreement with ICHD for specialty physician services to patients with active tuberculosis through December 31, 2018 at a rate of $165.00 per hour for up to 12 hours per month.

I recommend that the Ingham County Board of Commissioners authorize an amendment to the agreement with MSU COM – Tuberculosis Program to extend physician services to ICHD tuberculosis patients through December 31, 2018 at a rate of $165.00 per hour for up to 12 hours per month.

c: Debbie Edokpolo w/attachment
Eric Thelen w/attachment

Agenda Item 2c

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO AMEND THE INFECTIOUS DISEASE PHYSICIAN SERVICES AGREEMENT WITH MICHIGAN STATE UNIVERSITY'S COLLEGE OF OSTEOPATHIC MEDICINE – TUBERCULOSIS PROGRAM

WHEREAS, the Ingham County Health Department (ICHD) is obligated under the Public Health Code 333.5115 (4), 333.5301 (1) and 333.5307 to ensure the provision of treatment for patients with active tuberculosis within its jurisdictions; and

WHEREAS, ICHD has an existing agreement with the MSU COM to provide services to patients with active tuberculosis at ICHD's tuberculosis clinic located at River Oak Health Center; and

WHEREAS, the current services agreement expires on December 31, 2015; and

WHEREAS, MSU COM would like to extend the current services agreement with ICHD for specialty physician services to patients with active tuberculosis through December 31, 2018 at $165.00 dollars per hour; and

WHEREAS, the Ingham Community Health Center Board has reviewed and supports this amendment to the agreement; and

WHEREAS, the Health Officer recommends that the Ingham County Board of Commissioners authorize an amendment to the agreement with MSU COM – Tuberculosis Program to extend physician services to ICHD tuberculosis patients through December 31, 2018 at a rate of $165 per hour for up to 12 hours per month.

THEREFORE BE IT RESOLVED, that the Board of Commissioners authorizes an extension of the agreement with MSU COM to provide physician specialty services to patients with active tuberculosis.

BE IT FURTHER RESOLVED, that the period of the agreement shall be extended through December 31, 2018 at a rate of $165.00 per hour for up to 12 hours per month.

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 Chairpersons 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.

Agenda Item 2d

TO: Human Services Committee

FROM: Linda S. Vail, MPA, Health Officer

DATE: November 13, 2015

RE: Recommendation to Authorize Resolution Honoring Dr. Maurice Reizen

This is a resolution honoring Dr. Maurice Reizen for his 11 years of service as a dedicated and active member of the Ingham County Board of Health.

Dr. Maurice Reizen has had a long and illustrious history of leadership spanning five decades in Michigan's public health system. Dr. Reizen served the people of Ingham County as the Director of the Ingham County Health Department from 1966-1970, and worked with community partners to expand well baby and family planning services.

Dr. Reizen went on to become the Director of the Michigan Department of Public Health from 1970-1981 and played a pivotal role in leading the development and passage of Michigan's Public Health Code which still serves as a model to other states today.

Dr. Reizen has been as an ardent supporter of protecting residents and workers from secondhand smoke by advocating for the successful passage of Michigan’s smoke-free law. As well, Dr. Reizen has been a mentor and teacher to many of Michigan's public health and medical professionals. Dr. Reizen has remained a passionate advocate for public health and a respected voice and champion for the ill and underserved even after his retirement.

I recommend that the Ingham County Board of Commissioners authorize the Resolution to honor Dr. Maurice Reizen.

c: Debbie Edokpolo w/attachment

Agenda Item 2d

Introduced by the Human Services Committee:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION HONORING DR. MAURICE REIZEN

WHEREAS, Dr. Reizen has been a dedicated and active member of the Ingham County Board of Health for 11 years, also having served as chairperson; and

WHEREAS, Dr. Maurice Reizen has a long and illustrious history of leadership spanning five decades in Michigan's public health system; and

WHEREAS, Dr. Reizen served the people of Ingham County as the Director of the Ingham County Health Department from 1966-1970, and worked with community partners to expand well baby and family planning services; and

WHEREAS, Dr. Reizen as Medical Director of the Michigan Department of Public Health from 1970-1981, played a pivotal role in leading the development and passage of Michigan's Public Health Code which still serves as a model to other states today; and

WHEREAS, Dr. Reizen has been as an ardent supporter of protecting residents and workers from secondhand smoke by advocating for the successful passage of Michigan’s smoke-free law; and

WHEREAS, Dr. Reizen has been a mentor and teacher to many of Michigan's public health and medical professionals; and

WHEREAS, Dr. Reizen has remained a passionate advocate for public health, and a respected voice and champion for the ill and underserved even after his retirement.

THEREFORE BE IT RESOLVED, the Ingham County Board of Commissioners thanks Dr. Maurice Reizen for his tireless service to public health and for his service as a member of the Ingham County Board of Health.

BE IT FURTHER RESOLVED, that the Board of Commissioners appreciates his dedication to improving the well-being of all Ingham County residents.

Agenda Item 2e

TO: Human Services Committee
Finance Committee

FROM: Linda S. Vail, MPA, Health Officer

DATE: November 5, 2015

SUBJECT: Resolution to Authorize a Revised Cooperative Operational Agreement with the Community Health Center Board of Directors

This is a resolution to authorize a revised Cooperative Operational Agreement with the Community Health Center Board of Directors.

Per Resolution #13-481, the Ingham County Board of Commissioners authorized the current Cooperative Agreement with the Community Health Center Board of Directors through November 30, 2015. A Short-Form Authorization extended this agreement through December 31, 2015.

As a health center program grantee of the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA), Ingham County Health Department (ICHD) is required by Section 330 of the Public Health Service (PHS) Act to maintain a governing board that is representative of the demographics of the patients served such as race, ethnicity, and sex. As a public entity, ICHD may fulfill this requirement with a co-applicant board. The Health Center Board must meet all the selection and composition requirements and perform all the responsibilities expected of governing boards except that the public entity retains the responsibility of establishing fiscal and personnel policies.

When there are two boards, each board's responsibilities must be specified in writing so that responsibilities for carrying out the governance functions are clearly understood. Per section 330(k)(3)(H) of the PHS Act and 42 CFR Part 51c.304, at a minimum, the health center governing board must:

- Hold monthly meetings;
- Approve the health center grant application and budget;
- Select/dismiss and conduct a performance evaluation of the health center CEO;
- Select services to be provided and the health center hours of operations;
- Measure and evaluate the organization's progress in meeting its annual and long-term programmatic and financial goals and develop plans for the long-range viability of the organization by engaging in strategic planning, ongoing review of the organization's mission and bylaws, evaluating patient satisfaction, and monitoring organizational assets and performance, and
- Establish general policies for the health center.

Since ICHD has a separate Health Center Board, it must meet this requirement through a Cooperative Operational Agreement between the Ingham County Board of Commissioners and the Community Health Center Board of Directors to remain compliant with the PHS Act. The most recent Cooperative Operational Agreement will expire December 31, 2015.

The Cooperative Operational Agreement has been updated to include language that aligns with the Health Center Board bylaws to meet the requirements of HRSA.

I recommend that the Ingham County Board of Commissioners authorize the Cooperative Operational Agreement for the term of January 1, 2016 through December 31, 2017.

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

COOPERATIVE OPERATIONAL AGREEMENT

THIS AGREEMENT is entered into this day of ____, ~~2013~~ **20165** by the INGHAM COUNTY BOARD OF COMMISSIONERS ("Board of Commissioners"), the INGHAM COMMUNITY HEALTH CENTER BOARD **OF DIRECTORS** ("Community Health Center Board"), and the INGHAM COUNTY HEALTH DEPARTMENT ("Health Department") to ~~provide for operation, administration and provision of primary care services in Ingham County, Michigan.~~ **Iimplement health services for Ingham County residents throughout a network of Community Health Centers operated by the Health Department.**

WHEREAS, the Board of Commissioners is empowered by Public Act 368 of 1978 to establish a "county health department to protect and promote the health" of county residents; and

WHEREAS, the Community Health Center Board was established with the purpose of ~~operating a community health center~~ **monitoring the Health Department's implementation of the grant** in Ingham County; and

WHEREAS, the Board of Commissioners desires to make application with the Community Health Center Board for a Section 330 of the Public Health Service Act (42 U.S.C. 254c et seq. as now or hereafter amended) Grant, if applicable, for operating a Federally Qualified Health Center from the U.S. Department of Health and Human Services**, Health Resources and Services Administration, Federal Bureau of Primary Health Care** ("HHS" or "granting authority"); and

WHEREAS, the Board of Commissioners also desires to make application with the Community Health Center Board for operation of a Federally Qualified Health Center Look- Alike Entity; and

WHEREAS, pursuant to such funding by the HHS, the Board of Commissioners and the Community Health Center Board must set forth the responsibilities of each party; and

WHEREAS, the Board of Commissioners wishes to give support to the Community Health Center Board, and recognizes the powers, privileges, and functions of each party as contained herein.

NOW THEREFORE, the Board of Commissioners, the Community Health Center Board and the Health Department hereby agree:

(1) **Community Health Center Board Purpose**: The Community Health Center Board shall **approve the annual Section 330 Health Center grant application and** ~~oversee~~ **monitor** the **Health Department's** implementation of the Section 330 grant**.** ~~and/or a~~ **The Community Health Center Board shall approve the** Federally Qualified Health Center Look-Alike Entity **annual application. The Community Health Center Board will monitor** ~~and~~ the operation of the network of Community Health Centers operated by the Health Department in accordance with the terms of this Agreement and the Bylaws as adopted by the Board of Commissioners and the Community Health Center Board. The Bylaws are incorporated herein by reference and attached as Exhibit A. The Community Health Center Board ~~will provide~~

~~guidance and~~ **will** assist the Board of Commissioners and the Health Department to implement health services for Ingham County residents through a network of ~~c~~**C**ommunity ~~h~~**H**ealth ~~c~~**C**enters operated by the Health Department. These services shall **represent a significant effort by the County to assure that low-income Ingham County residents have adequate access to categorical public health programs and services, including family planning, sexually transmitted infection prevention, diagnosis, and treatment, breast and cervical cancer control, WIC, and immunizations.** ~~provide assurance that low- income Ingham County residents have access to an organized system of healthcare, and shall assure that County residents have adequate access to categorical public health programs, including family planning, sexually transmitted infection diagnosis and treatment, breast and cervical cancer control, and immunizations.~~ The Community Health Center Board, the Board of Commissioners**,** and the Health Department shall be particularly committed to meeting the **health care** needs of at-risk populations, including women during the child-bearing years, children, minorities, ~~low-income and under-served~~ **and other underserved** populations.

(2) **<u>Community Health Center Board Appointments</u>**: The Community Health Center Board shall ~~present~~ **recommend** nominations for ~~vacancies~~ **each vacant seat** on the Community Health Center Board to the Board of Commissioners for consideration and appointment. Both the Community Health Center Board and the Board of Commissioners ~~shall work~~ **will use their best efforts** to maintain the same ratio of consumer members, provider members**,** and consumer**s-**at-large ~~members~~ as set out in the Board Composition section of the Community Health Center Board Bylaws and required by Section 330 **of the Public Health Services Act** policies and guidelines. In the process of preparing a ~~list~~ **slate** of nominees to ~~forward~~ **recommend** to the Board of Commissioners for consideration, the Community Health Center Board shall solicit nominations from the community serviced by the centers, community organizations, and health organizations.

(3) **<u>Joint Application</u>**: The Board of Commissioners and the Community Health Center Board will take such actions as are required to make application for **grants under Section 330 of the Public Health Services Act** ~~the Section 330 Grant~~ and application for Federally Qualified Health Center Look- Alike status. ~~They shall also take the steps necessary to name Ingham County and the Community Health Center Board as co-applicants in these actions.~~**The Board of Commissioners, acting on behalf of Ingham County, shall serve as the public entity applicant, together with the Community Health Center Board as co-applicant.**

(4) **<u>Operation of the Center</u>**:

a. The Community Health Center Board will work with the Board of Commissioners and the Health Department to assure that the ~~Centers~~ **Community Health Centers** are operated in accordance with the terms and conditions of the HHS Notice of Grant Award and any modifications thereof, and specifically in accordance with the requirements of 42 CFR Part 51c subpart C and with the Federally Qualified Health Center Look-Alike Entity requirements.

b. All Community Health Center personnel shall be employees of Ingham County and shall be ~~subject to~~ **bound by** all Ingham County policies and procedures, including personnel policies and procedures as set forth in Paragraph (6), below. Ingham County shall be responsible for the payment of wages, fringe benefits, workers' compensation**,** and unemployment compensation for Community Health Center personnel.

c. Title to all assets obtained with Section 330 grant funds shall be vested in Ingham County for the use and benefit of the Community Health Centers which will be managed through an established enterprise fund.

d. The Community Health Center Board shall work with the Board of Commissioners to establish ~~such~~ policies for health care delivery, including those dealing with the scope and availability **and types** of services, location and hours of services, **and** quality of care audit procedures, as are consistent with the grant application, Notice of Grant Award, applicable Federal, state and local regulations, and related Board of Commissioners' directives.

e. Section 330 grant funds shall be disbursed by the Health Department in accordance with the federally approved budget. No disbursement shall be made other than as set forth in the budget without review and approval by the Community Health Center Board and the Board of Commissioners. The parties understand and agree that the Section 330 funds shall be used solely for the purposes allowed by the grant agreement. Any Section 330 grant funds remaining after the end of the fiscal year shall be disbursed at the direction of the granting authority.

f. The Community Health Center Board shall make its records available for inspection at all reasonable times upon request of the Board of Commissioners or its duly authorized agent or representative. Community Health Center Board minutes shall be publicly available at the Board of Commissioners office and posted online.

(5) **Executive Director**: The Health Department's Deputy Health Officer/Executive Director Community Health Care Services shall be primarily responsible for the management and operation of the Community Health Centers. The Community Health Center Board shall have the authority to suspend, remove, appoint and/or reappoint a person to the position of Executive Director, with the concurrence of the **Ingham County** Health Officer, in accordance with the Ingham County Managerial and Confidential Employee Personnel Manual and other procedures and policies of the Board of Commissioners. The Community Health Center Board shall participate in the annual performance evaluation of the Executive Director **with contribution by the Ingham County Health Officer**, to be conducted in accordance with ~~HHS' Health Resources and Services Administration's Bureau of Primary Health Care's Program Requirements and Ingham County personnel policies~~ ~~T~~**the U.S. Department of Health and Human Services, Federal Bureau of Primary Health Care Program**

expectations and Ingham County ~~P~~personnel policies.

(6) **Personnel Policies**: Personnel policies and procedures of the Community Health Centers shall be those adopted by the Board of Commissioners for Ingham County employees, and shall include~~ all collective bargaining agreements negotiated with agents legally representing the employees~~ ~~**all**~~ **applicable**[AK1] **collective bargaining agreements negotiated between Ingham County and the legal representatives of employees**. The Community Health Center Board may make recommendations to the Board of Commissioners regarding the terms and conditions of those agreements as might benefit the operation of the Community Health Centers.

(7) **Budgeting, Travel, Purchasing, Information Technology Policies**: Budget, Travel, Purchasing & Information Technology policies and procedures of the Community Health Center shall be those adopted by the Board of Commissioners. The Community Health Center Board may make recommendations to the Board of Commissioners regarding any policy as might benefit the **operation of the**[AK2] Community Health Center. In the case of implementation of county policies which may inhibit Community Health Center functioning in accordance with grant requirements, the Community Health Center may request appeal of such policies (e.g., out of state travel prohibition).

(8) **Financial Reports and Audits**: The Health Department staff shall be responsible for maintaining such financial records and making such reports as are required by HHS in the administration of the Section 330 grant and a Federally Qualified Health Center Look-Alike Entity. The Health Department staff shall provide the Community Health Center Board and the Board of Commissioners with copies of all reports filed with any government agency.

Audits, as required by law for the 330 grant agreement and for Federally Qualified Health Center Look-Alike entities, shall be performed by an independent auditor. The audits may be performed in conjunction with other Ingham County audits. ~~The Board of Commissioners shall provide for independent audits of the Community Health Centers in accordance with the requirements of the Section 330(e) and 330(h) grants and Federally Qualified Health Center Look-Alike Entity requirements.~~ The Community Health Center Board shall ensure access to all financial records and documents necessary for the audits to be performed.

The Community Health Center Board shall review management reports to support the Health Department and the Board of Commissioners in the operation of the Community Health Centers. The Community Health Center Board shall provide assurance to the Federal Bureau of Primary Care that the Community Health Centers shall operate within the adopted budget. The Health Department staff shall regularly report to the Community Health Center Board (or appropriate committee) of the financial performance of the Community Health Centers to allow the Community Health Center Board to verify compliance with grant requirements and budgets and to evaluate the overall financial and quality performance of ~~the Network~~**the Community Health Centers**.

~~(9)~~**(10)** **~~Financial~~ Strategic Plan and Budget**: The Executive Director and the Health Department's Chief Financial Officer shall prepare a budget and ~~financial~~ **strategic** plan for each fiscal year, in accordance with Ingham County policies and procedures. The Community Health Center Board shall annually review the **strategic plan and** budget prepared by the Health Department for the operation of the Community Health Centers~~.~~, ~~a~~**A**fter review and recommendation by the Community Health Center Board~~'s Finance Committee,~~. ~~T~~**t**he Community Health Center Board shall advise the Board of Commissioners regarding this **strategic plan and** budget. The Community Health Center Board shall review and approve the annual ~~Section 330 grant~~ budget**, inclusive of section 330 grant funds,**[AK3] and recommend this budget to the Board of Commissioners, after review and recommendation by the Community Health Center Board~~'s Finance Committee~~. The Community Health Center Board and the Board of Commissioners shall jointly approve the annual Section 330 budget submitted to the **Federal** Bureau of Primary Health Care. The Community Health Center Board shall review and approve any budget requirements to maintain the Federally Qualified Health Center Look-Alike status and recommend such budget to the Board of Commissioners, after review and recommendation by the Community Health Center Board~~'s Finance Committee~~.

~~(10)~~**(9)** **Annual Budget Adoption**: Ingham County has established an enterprise fund (Community Health Center Network Fund/511 Fund) to record all of the financial activity of the Community Health Centers. This enterprise fund operates in a manner similar to private business, in this case, incorporating all revenues earned, costs incurred and/or net income related to the operation of the Community Health Center**s**. This Enterprise Fund shall be specifically referenced in the annual County General Appropriations resolution, addressing, at a minimum, any exceptions to County policies required for the effective and efficient operation of the Community Health Centers and administration of the HHS grants ~~administered by HRSA~~, ~~Michigan Department of Community Health's~~ **Michigan Department of Health and Human Services**[AK4] school-based health centers grants, and other grants included in the annual budget.

(11) **Amendments to the Budget**: Ingham County Budget policies and procedures will be utilized for all amendments to the jointly adopted Community Health Centers' budget. The current policy provides for limited budget amendments via administrative approval. Amendments requiring approval of the full Board of Commissioners shall also require approval of the Community Health Center Board. Community Health Center Board approval shall either be obtained prior to the submission of the adjustment to the Board of Commissioners or the action of the Board of Commissioners shall be contingent upon the concurrence of the Community Health Center Board.

(12) **Fee Schedule Policy**: **As set forth in Michigan law,** ~~T~~**t**he Community Health Center Board shall recommend to the Board of Commissioners a fee schedule for services provided ~~by~~ **through** the Community Health Centers and shall recommend **to the Board of Commissioners** ~~a policy~~ **policies** for discounting ~~charges~~ **fees** (i.e. sliding fee scale) based on the~~ patient's ability to pay for services rendered by the~~

~~Community Health Centers~~ **patient/family income** . The Board of Commissioners shall enact a fee schedule and discounting policies (i.e. sliding fee scale), in accordance with the authority provided in the Michigan Public Health Code, MCL 333.2444.

(13) **Quality Assurance**: The Community Health Center Board shall work with the Board of Commissioners and the Health Department to ensure that a system and process is in place to assure quality **primary care** services in the Community Health Centers. The Community Health Center Board shall oversee a program of ~~quality improvement~~ **quality improvement/quality assurance** directed at assuring the ~~high quality of health care services~~ **high quality primary care services** delivered to the public and the legal and contractual compliance of the operation of the Community Health Centers.

(14) **Grievance Procedure**: The Community Health Center Board shall adopt procedures for resolving patient grievances.

(15) **Agreement Period and Termination**: The services to be provided by the Community Health Center Board shall become effective and performance thereon shall commence on the 1st day of **January, 2016**~~February, 2014~~, and shall continue in effect through the 3**1**~~0~~**st**~~th~~ day o~~f~~ **December**~~November~~, 201**7**~~5~~, at which time this Agreement expires, unless terminated earlier by the parties.

Notwithstanding any other provision in this Agreement to the contrary, if the Community Health Center Board and the Board of Commissioners no longer receive funding under Section 330 of the Public Health Services Act or any successor to the substitute Act(s), this Agreement shall terminate.

Any party may terminate this Agreement upon sixty (60) days written notice to the other parties. Notice shall be provided as set forth in Paragraph 20. A copy of any notice of termination shall be provided to the HHS as the granting authority.

(16) **Sole Agreement**: This Agreement and the attached Bylaws contain the entire Agreement of the parties and their rights, duties, and their obligations to each other. There are no promises, terms, conditions, or obligations other than those contained herein, and this Agreement shall supersede all previous communications, representations or agreements, either written or verbal between the parties.

(17) **Disputes**: The Community Health Center Board and the Board of Commissioners will use their best efforts to carry out the terms of this Agreement in a spirit of cooperation and will resolve by negotiation any disputes occurring hereunder.

(18) **Modifications of Agreement**: Modifications, amendments or waivers of any provision of this Agreement may be made only by written mutual consent of the parties, signed by their duly authorized representatives.

(19) **Nondiscrimination**: The parties shall adhere to all applicable Federal, state and local laws and regulations prohibiting discrimination. The parties shall not discriminate against an employee or applicant for employment with respect to

hire, tenure, terms and conditions or privileges of employment, or a matter directly or indirectly related to employment because of race, color, religion, national origin, age, sex, sexual preference, height, weight, marital status, political affiliation or beliefs, or disabilities which are unrelated to the individual's ability to perform the duties of a particular job or position. A breach of this covenant shall be regarded as a material breach of this Agreement.

(20) **Confidentiality and Health Insurance Portability and Accountability Act:** All personal health information assembled, obtained, constructed, or prepared pursuant to or as a consequence of this Agreement or the Section 330 grant are subject to all Federal and Michigan laws and regulations governing the disclosure of public and medical records subject to certain exemptions from disclosure under the circumstances expressly authorized by the above laws and regulations.

To the extent that the Health Insurance Portability and Accountability Act (HIPAA) is pertinent to the services that the Community Health Centers provide, the Community Health Center Board assures that it is in compliance with the HIPAA requirements.

(21) **Assignment**: The Board of Commissioners and the Community Health Center Board shall not assign or transfer any of its rights or obligations under this Agreement unless previously agreed to in writing by the granting authority.

(22) **Applicable Law**: This Agreement shall be construed in accordance with laws of the State of Michigan.

(23) **Notice**: Any notice provided for hereunder shall be in writing and shall be deemed given by (I) personal delivery upon written receipt of the party to whom it is addressed or (II) upon its deposit in the United States Mail, first class postage prepaid and addressed,

If to the Board of Commissioners:
Chairperson
Ingham County Board of Commissioners
P.O. Box 319
Mason, Michigan 48854

If to the Community Health Center Board:
Chairperson
Ingham Community Health Center Board ~~P.O. Box 30161~~ **5656 South Cedar Street**
~~Lansing, Michigan 48909~~ **Lansing, MI 48911**

If to the Ingham County Health Department:
Health Officer
P. O. Box 30161
Lansing, Michigan 48909

If to the Granting Authority:

Associate Administrator for Primary Health Care
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

(24) **Waiver of Breach**: Waiver, by any party to this Agreement, of any breach of any provision hereof by any other party shall not operate or be construed as a waiver by such party of any subsequent breach, whether such breach shall be of the same provision or different provision.

(25) **Severability**: If any provision of this Agreement or the application of such provision to any person or circumstance shall be held invalid, the remaining provisions of this Agreement, and the application of such provisions to persons or circumstances other than those to which it is held invalid, shall not be affected thereby.

(26) **Disregarding Titles**: The titles of the sections contained in this Agreement are inserted only as a matter of convenience and in no way define, limit or extend the scope or intent of this Agreement or any provision hereof.

(27) **Review of Co-Applicant Agreement.** The Community Health Center Board, Board of Commissioners, and Health Department will meet minimally once each year to ensure the terms of this agreement are being met **and to** ~~and to~~ identify any needed resources.

~~(28) **Assignment**:~~ [AK5] ~~The Community Health Center Board shall not assign its duties and/or obligations under this Agreement.~~

(29) **Benefit and Binding Effect**: This Agreement shall inure to the benefit of and be binding upon the parties hereto, their legal representatives, heirs, successors and assigns.

(30) **Certification of Authority to Sign Agreement**: The persons signing this Agreement on behalf of the parties hereto certify by their signatures that they are duly authorized to sign this Agreement on behalf of said parties and that this Agreement has been authorized by said parties.

IN WITNESS WHEREOF, the authorized representatives of the parties hereto have fully signed this instrument on the day and year first above written.

WITNESSED BY:
COUNTY OF INGHAM

_____	By: _____
Date	**Brian McGrain**~~Deb Nolan~~,
Chairperson	Board of Commissioners

INGHAM COUNTY COMMUNITY HEALTH CENTER BOARD

_____ By: _____
Date **Jon Villasurda**~~Tom Curtis~~, Chairperson
Community Health Center Board

INGHAM COUNTY HEALTH DEPARTMENT

_____ By: _____
Date ~~Renée Branch Canady~~ **Linda Vail**, Health Officer
Health Department

APPROVED AS TO FORM FOR COUNTY OF INGHAM COHL,
STOKER & TOSKEY, P.C.

By: _____
Timothy M. Perrone

Agenda Item 2e

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO AUTHORIZE A REVISED COOPERATIVE OPERATIONAL AGREEMENT WITH THE COMMUNITY HEALTH CENTER BOARD OF DIRECTORS

WHEREAS, Resolution #13-481 the Cooperative Operational Agreement between the Ingham County Board of Commissioners and the Community Health Center Board of Directors was extended through November 30, 2015 and a Short Form was authorized to extend the agreement through December 31, 2015; and

WHEREAS, as a Health Center Program Grantee of the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA), Ingham County Health Department (ICHD) is required by Section 330 of the Public Health Services (PHS) Act to maintain a governing board composed of individuals, a majority who are being served by the center and, who as a group, represent the individuals being served by the center in terms of demographic factors such as race, ethnicity and sex; and

WHEREAS, as a public entity, ICHD may fulfill this requirement with a co-applicant board; and

WHEREAS, when two boards exist, each board's responsibilities must be specified in writing so that responsibilities for carrying out the governance functions are clearly understood; and

WHEREAS, the Health Center Board's functions must, at a minimum, include the following:

- Hold monthly meetings;
- Approval of the health center grant application and budget;
- Selection/dismissal and performance evaluation of the health center CEO;
- Selection of services to be provided and the health center hours of operations;
- Measuring and evaluating the organization's progress in meeting its annual and long-term programmatic and financial goals and developing plans for the long-range viability of the organization by engaging in strategic planning, ongoing review of the organization's mission and bylaws, evaluating patient satisfaction, and monitoring organizational assets and performance; and
- Establishment of general policies for the health center.

WHEREAS, ICHD fulfills the requirement through a Cooperative Operational Agreement between the Community Health Center Board of Directors; and

WHEREAS, in order to maintain compliance as a HRSA grantee, an updated agreement must be established; and

WHEREAS, the current Cooperative Operational Agreement ends December 31, 2015; and

WHEREAS, changes to the current Cooperative Operational Agreement are necessary; and

WHEREAS, the Health Officer recommends that the Board of Commissioners authorize a revised Cooperative Operational Agreement and extend it through December 31, 2017.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners hereby authorizes the revised Cooperative Operational Agreement with Community Health Center Board of Directors.

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.

Agenda Item 2f

TO: Human Services Committee
Finance Committee

FROM: Linda S. Vail, MPA, Health Officer

DATE: November 16, 2015

RE: Resolution to Authorize Amendment 1 to the 2015-2016 Comprehensive Agreement with the Michigan Department of Community Health

This resolution authorizes Amendment #1 of the 2015-2016 Comprehensive Agreement with the Michigan Department of Community Health (MDCH). The Comprehensive Agreement is the annual process whereby the MDCH transmits State and Federal funds to Ingham County Health Department (ICHD) to support public health programs. The Comprehensive Agreement establishes the funding levels and the terms and conditions under which the funds are disbursed. The Board of Commissioners authorized the 2015-2016 Agreement in Resolution #15-413.

The Comprehensive Agreement is regularly amended to adjust funding levels and clarify terms and conditions. This amendment will increase the budget for Comprehensive Local Health Services from $4,675,470 to $4,998,301, an increase of 322,831. The increase in the CPBC grant was anticipated and included in the FY16 Board of Commissioners approved budget. The amendment makes the following specific changes in the budget:

Amendment # 1

1. Immunization Vaccine Quality Assurance, $35,210
2. Direct Services Children – MCH, $96,000.
3. Immunizations – Children – MCH, $72,071.
4. Immunizations – Women – MCH, 40,540.
5. Immunizations – ELPHS, $79,010.

I recommend that the Board of Commissioners authorize the amendment to the 2015-2016 Comprehensive Agreement with the MDCH.

c: Eric Thelen w/attachment
Debbie Edokpolo w/attachment

Agenda Item 2f

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO AUTHORIZE AMENDMENT #1 TO THE 2015-2016 COMPREHENSIVE AGREEMENT WITH THE MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

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

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

WHEREAS, the MDCH and Ingham County Health Department (ICHD) have entered into a 2015-2016 Agreement authorized in Resolution #15-413; and

WHEREAS, the MDCH has proposed amendment #1 to the current Agreement to adjust grant funding levels and clarify Agreement procedures; and

WHEREAS, ICHD had anticipated and included the grant increase in the FY16 Board of Commissioners approved budget; and

WHEREAS, the Health Officer recommends that the Board of Commissioners authorize the Amendment to the 2015-2016 Comprehensive Agreement with MDCH.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes Amendment #1 to the 2015-2016 Comprehensive Agreement with MDCH.

BE IT FURTHER RESOLVED, that the total amount of Comprehensive Agreement funding shall increase from $4,675,470 to $4,998,301, an increase of $322,831.

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

Immunization Vaccine Quality Assurance, $35,210
Direct Services Children – MCH, $96,000
Immunizations – Children – MCH, $72,071
Immunizations – Women – MCH, 40,540
Immunizations – ELPHS, $79,010

BE IT FURTHER RESOLVED, that the Health Officer, is authorized to submit Amendment #1 of the 2015-2016 Comprehensive Agreement electronically through the Mi-E Grants system after approval as to form by the County Attorney.

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

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

Agenda Item 2g

TO: Human Services Committee
Finance Committee

FROM: Linda S. Vail, MPA, Health Officer

DATE: November 20, 2015

SUBJECT: Resolution to Amend Resolution #15-430 to Amend the Ingham Community Health Center Board Bylaws

This resolution is to amend Resolution #15-430 to amend the Ingham Community Health Center Board Bylaws.

Currently, under Article 10, Section C of the bylaws, it states that the Community Health Center Board shall review and approve the annual Section 330 grant budget and recommend this budget to the Board of Commissioners after review and recommendation by the Community Health Center Finance Committee. The United States Health and Human Services Health Resources and Services Administration (HRSA) is requiring that these be changed to be in compliance with their Health Center Program Requirements. This change would amend the bylaws to state that the Community Health Center Board shall approve the application and budget for both 330 Health Center programs and Look-Alikes. The extended deadline for HRSA to receive the amended bylaws is February 5, 2016.

I recommend that the Ingham County Board of Commissioners authorize the amendment to the Ingham Community Health Center Board Bylaws.

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

Agenda Item 2g

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO AMEND RESOLUTION #15-430 TO AMEND THE INGHAM COMMUNITY HEALTH CENTER BOARD BYLAWS

WHEREAS, the Ingham County Health Department (ICHD) operates Ingham Community Health Centers (ICHC), which provide primary health care services to more than 20,000 medically underserved individuals annually; and

WHEREAS, the Federally Qualified Health Center program as established through Section 330 of the Public Health Services Act requires a governing board with a majority of members who are patients of the health center; and

WHEREAS, the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) has provided guidance that this requirement can be filled by a public entity FQHC through a co-applicant Community Health Center Board and a Board of Commissioners; and

WHEREAS, the ICHC Board must have established Bylaws in order to ensure compliance with federal stature and programmatic requirements as stipulated by Section 330 of the Public Health Services Act; and

WHEREAS, currently the Bylaws state under Article 10, Item C, that the ICHC Board shall review and approve the annual Section 330 grant budget and recommend this budget to the Board of Commissioners after review and recommendation by ICHC Finance Committee; and

WHEREAS, HRSA is requiring the ICHC Board amend their bylaws to state the ICHC Board must approve the annual Section 330 and Look-Alike health center grant applications and budgets; and

WHEREAS, HRSA has extended the deadline to have this completed to February 5, 2016; and

WHEREAS, the Health Officer recommends that the Board of Commissioners authorize this amendment to the ICHC Board of Directors Bylaws.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners adopt the amendment to the Bylaws developed by the ICHC Board of Directors.

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.

Agenda Item 2h

TO: Human Services Committee
County Services Committee
Finance Committee

FROM: Linda S. Vail, MPA, Health Officer

DATE: November 5, 2015

SUBJECT: Resolution Authorizing Status Change for Position #601192

This resolution authorizes the conversion of position #601192, currently a .75 FTE Medical Assistant I (UAW Grade 1) to 1.0 FTE Medical Assistant I.

Through Resolution #15-375, Ingham County Health Department (ICHD) accepted $215, 200 of Health Center Expanded Services funds from the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA) for the period of September 1, 2015 through August 31, 2016. This award included funds to support the conversion of this position.

The employee in this position and the UAW have been contacted and agree to the conversion from a .75 FTE to a 1.0 FTE.

The Ingham Community Health Center Board has reviewed this conversion and supports the proposed status change of the position.

I recommend that the Ingham County Board of Commissioners authorize the conversion of position #60119, currently a .75 FTE Medical Assistant I (UAW Grade 1) to a 1.0 FTE Medical Assistant I.

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

Agenda Item 2h

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

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO AUTHORIZE THE STATUS CHANGE OF A MEDICAL ASSISTANT FROM .75 FTE TO 1.0 FTE

WHEREAS, position #601192, Medical Assistant I is a .75 FTE position (UAW Grade 1); and

WHEREAS, the Ingham County Health Department received additional expanded services funds to support increasing the position to 1.0 FTE; and

WHEREAS, the employee in this position has been contacted and agrees to the conversion from a .75 FTE to a 1.0 FTE; and

WHEREAS, the UAW has been notified about this status change; and

WHEREAS, the Ingham Community Health Center Board has reviewed this conversion and supports the proposed status change of position #601192 Medical Assistant 1 (UAW Grade 1) from a .75 FTE to a 1.0 FTE; and

WHEREAS, the Health Officer recommends that the Board of Commissioners authorize the proposed status change of position #601192 Medical Assistant I (UAW Grade 1) from a .75 FTE to a 1.0 FTE.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes the conversion of position #601192 Medical Assistant I (UAW Grade 1) from a .75 FTE to a 1.0 FTE.

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

Agenda Item 3a

TO: Human Services and Finance Committees
FROM: Jared Cypher, Deputy Controller
DATE: November 13, 2015
RE: Expansion of Mental Health Screening Services in the Jail

This resolution authorizes expansion of current Mental Health Screening services (known as the CATS Program) in the Ingham County Jail to include on call personnel for weekends and holidays.
Currently, CMH provides 1.5 FTE employees Monday-Friday; 8:00 a.m. – 4:30 p.m. that provide mental health screening and referral for individuals who are flagged by ICJ staff at booking or during incarceration as having possible suicide risk or mental health symptoms. There are no CMH staff available at ICJ from 5:00 p.m. Friday through Monday morning or on holidays. This leads to some inmates being held in observation up to 3 days before being seen by a Mental Health professional. Without CMH staff available, the deputies at the Ingham County Jail are left with the burden to determine severity.

The Ingham County Sherriff's Office and CMH Administration worked to develop a proposal for on call Mental Health services that would be available Friday evening through Monday morning; and holidays. The cost for this coverage is $30,000 annually, and is included in the 2016 budget.

Agenda Item 3a

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION AUTHORIZING EXPANSION OF CURRENT MENTAL HEALTH SCREENING SERVICES IN THE INGHAM COUNTY JAIL TO INCLUDE ON CALL PERSONNEL FOR WEEKENDS AND HOLIDAYS

WHEREAS, currently CMH provides 1.5 FTE employees Monday-Friday; 8:00 a.m. – 4:30 p.m. that provide mental health screening and referral for individuals who are flagged by ICJ staff at booking or during incarceration as having possible suicide risk or mental health symptoms; and

WHEREAS, there are no CMH staff available at ICJ from 5:00 p.m. Friday through Monday morning or on holidays. This leads to some inmates being held in observation up to 3 days before being seen by a Mental Health professional; and

WHEREAS, without CMH staff available, the deputies at the Ingham County Jail are left with the burden to determine severity; and

WHEREAS, the Ingham County Sheriff's Office and CMH Administration worked to develop a proposal for on call Mental Health services that would be available Friday evening through Monday morning; and holidays.

THEREFORE BE IT RESOLVED, the Ingham County Board of Commissioners authorizes a contract not to exceed $30,000 with CMH to expand mental health screening and referral for individuals at the Ingham County Jail from 5:00 p.m. Friday through Monday morning or on holidays for a time period of January 1, 2016 to December 31, 2016.

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.

Laurie Mwakanandi <laurie@mirsnews.com>

FOR IMMEDIATE RELEASE: Sparrow Attempts to Silence Nurses About Substance Abuse Unit Closure

1 message

Sara Wallenfang <Sara.Wallenfang@minurses.org> Thu, Nov 19, 2015 at 11:57 AM

FOR IMMEDIATE RELEASE

November 19, 2015

Contact: Sara Wallenfang

sara.wallenfang@minurses.org; 517-974-4966

Sparrow Attempts to Silence Nurses About Substance Abuse Unit Closure

Unfair labor practice charge filed

The Michigan Nurses Association (MNA) is asking the federal government to protect nurses speaking out for patient safety. Today MNA filed an unfair labor practice (ULP) charge with the National Labor Relations Board on behalf of registered nurses at Sparrow Hospital's St. Lawrence campus.

"Nurses have the right and the responsibility to speak up on behalf of their patients and their practice," said Jeff Breslin, RN, President of the Professional Employee Council of Sparrow Hospital (PECSH). "This includes discussing the ramifications of the inpatient substance abuse unit closure."

On Friday, November 13, Sparrow management contacted nurses in person and over the phone. Managers forbade RNs from speaking to press or posting to social media in regards to the closure of the inpatient substance abuse unit, which is scheduled to accept its last patients on Saturday. MNA filed the charge because Sparrow management threatened registered nurses with discipline or termination for activities that, in reality, are protected by law.

"This closure means that Sparrow will no longer have an inpatient unit dedicated to substance abuse treatment. Patients who have substance abuse issues will no longer feel safe and secure in an environment that is conducive to their recovery," said Breslin. "The hospital should be encouraging open community discussion about the changes that they are making, rather than threatening nurses for raising legitimate safety concerns."

Once the St. Lawrence substance abuse unit closes, the nearest inpatient unit specializing in medical detox treatment will be in Brighton. Registered nurses are concerned that placing patients detoxing from heroin, alcohol or other substances next to patients who are in for surgery or other medical treatment will reduce the overall quality of care.

"There are so many unanswered questions that need to be addressed before this change takes place. Will patients who need addiction treatment be admitted if there is no longer a specialized unit? If so, will they receive the same high quality, specialized care they are receiving now? If patients are required to go through the emergency room to seek care, will insurance plans cover substance abuse treatment in that way?" Breslin concluded. "Nurses should not have to fear for their jobs for raising these issues and questioning the effect they will have on the community."

Copies of the ULP charge are available upon request.

The Michigan Nurses Association represents 11,000 nurses and health care professionals across the state, including more than 2,000 members at Sparrow Hospital.

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