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VICE-CHAIRPERSON PRO-TEM
VINCE DRAGONETTI

HUMAN SERVICES COMMITTEE
DEB NOLAN, CHAIR
TODD TENNIS
ANDY SCHOR
BRIAN McGRAIN
DON VICKERS
STEVE DOUGAN

INGHAM COUNTY BOARD OF COMMISSIONERS
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THE HUMAN SERVICES COMMITTEE WILL MEET ON MONDAY, APRIL 2, 2012 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 [March 19, 2012](#) Minutes
Additions to the Agenda
Limited Public Comment

1. Community Mental Health/Mid-South Substance Abuse Commission - Discussion Item: [Designation](#) of Community Mental Health Authority of Clinton, Eaton and Ingham Counties as the Coordinating Agency for Administering Substance Use Disorder Services
2. Health Department
 - a. Resolution to Authorize a Contract for [Medication](#) Passing Services at the Ingham County Jail
 - b. Resolution to Authorize [Amendment #2](#) to the 2011-2012 Comprehensive Planning, Budgeting and Contracting Agreement with the Michigan Department of Community Health
 - c. Resolution to Authorize Acceptance of a Michigan [Minority Health](#) Month Grant and Authorize a Subcontract Agreement
 - d. Resolution to Authorize a [Realignment](#) of Health Department Programs and Administrative Structure
 - e. Resolution Honoring [Robin Lewis](#)

Announcements
Public Comment
Adjournment

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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
March 19, 2012
Minutes

Members Present: Deb Nolan, Andy Schor, Brian McGrain, Don Vickers, and Steve Dougan

Members Absent: Todd Tennis

Others Present: Board Chairperson Copedge, Jared Cypher, Michelle Rutkowski, Renee Branch Canady, Chuck Gray, Penny Widener, Denise Coats, Rod Villarreal, Sarah Bryant, Todd Berends, and others

The meeting was called to order by Chairperson Nolan at 6:33 p.m. in the Personnel Conference Room "D & E" of the Human Services Building, 5303 S. Cedar Street, Lansing.

Approval of the February 21, 2012 and February 27, 2012 Minutes

The February 21, 2012 Minutes were amended as follows: Item 1, Page 3, Paragraph 4, change "GRAND" to "GRANT"

The February 27, 2012 Minutes were amended as follows: Item 2c., Page 2, change "Ward" to "Wald", and on Page 3, 1st Paragraph, add "prepared" after rescues.

Additions to the Agenda

None.

Limited Public Comment

Chuck Gray, UAW, stated that he is commenting on Item #1 further stating he reviewed the reorganization papers and held conversations with Dr. Branch Canady. While he agrees reorganization may be necessary he would like to see a larger reorganization, plus, the UAW membership is opposed to wage increases while others are being asked for concessions.

Penny Widener, Registered Voter, Ingham County Health Department Employee, UAW member, stated she is opposed to promoting managers while eliminating lower end jobs as well as cutting their wages and benefits. She explained that they are not able to purchase color ink for the printers, pen and pencil purchases are scrutinized and office furniture is falling apart. She expressed her concern that jobs are not always posted, in addition to some employees being promoted more often than others and questioned their qualifications. She provided a handout of job descriptions.

Denise Coats, Nurse Practitioner, expressed her concern of providing quality service, working alone, and safety. She is opposed to people being promoted and receiving pay increases while others are being asked for concessions.

Rod Villarreal, UAW Vice-Chair, expressed his concern that many management jobs are being created at wages starting toward the top of the scale while UAW membership is being asked for concessions. He stated it is important for leaders to lead by example and the example being set forth by Ingham County management is not consistent with wage and benefit concessions.

1. Health Department - Resolution to Authorize a Realignment of Health Department Programs and Administrative Structure

MOVED BY COMM. MCGRAIN, SUPPORTED BY COMM. DOUGAN, TO APPROVE THE RESOLUTION TO AUTHORIZE A REALIGNMENT OF HEALTH DEPARTMENT PROGRAMS AND ADMINISTRATIVE STRUCTURE.

Dr. Branch Canady, Health Officer, thanked the members of the team for sharing their perspectives and stated she hears their concerns.

Dr. Branch Canady described the structural and financial challenges upon the retirement of Dr. Sienko. She made clear it is her goal to flatten the managerial tier of the organization and has already eliminated or restructured four positions. Dr. Branch Canady overviewed the flow charts including those positions that have or will be changed, duties, retirements and affiliated labor unions.

Dr. Branch Canady clarified that the proposed annual costs are at the top of the scale and are not necessarily the actual cost. She stated the increase for an individual would range from a low of \$2,723 to a high of \$5,712; furthermore, when a person is promoted there is a percentage increase requirement. Ms. Rutkowski, H.R. Analyst, highlighted the Human Resources required increase and stated that it is contractual. Mr. Cypher stated the increases are not just associated with the salary but include benefits. Dr. Branch Canady reviewed the step calculations in addition to the reorganization of responsibilities. She noted the Health Department is not creating new jobs and some positions are required to retain grant funding.

The Committee discussed departments, management positions, filling vacancies, job postings, qualifications, and the budget process.

Dr. Branch Canady defended the applicant chosen to fill the Assistant Deputy Health Officer position; however, stated she is willing to post the position.

Board Chairperson Copedge would like to know what the ratio of employee to supervisor is and how many employees are in each center. Comm. Vickers stated he prefers that jobs are posted and would like to see actual costs. Comm. Dougan asked that the flow charts include position numbers and titles. Comm. McGrain stated he prefers that people's names not be used in the flow chart rather the position number. Comm. Schor asked for one-year actual numbers and expressed his concern of posting the position.

Comm. Dougan and Comm. Schor felt more time is needed to review the resolution and have questions answered. Comm. Nolan and Comm. McGrain stated they were comfortable moving the resolution forward.

MOVED BY COMM. SCHOR, SUPPORTED BY COMM. DOUGAN, TO TABLE THE RESOLUTION FOR TWO WEEKS.

MOTION CARRIED with Comms. McGrain and Nolan Voting “no”. Absent: Comm. Tennis

Dr. Branch Canady stated she was disappointed with this decision and expressed her concerns. She asked that in the future the Commissioners email her in advance with questions so she may bring an additional level of detail to the meeting.

Chairperson Nolan asked that Dr. Branch Canady inform Ms. Brinson of the public comment concerns regarding ink, pencils and staff working alone.

2. Controller’s Office/Department of Human Services - Resolution Designating the Ingham County Department of Human Services as Administrator of a Targeted Assistance Program Grant for Refugee Services

MOVED BY COMM. MCGRAIN, SUPPORTED BY COMM. DOUGAN, TO APPROVE THE RESOLUTION DESIGNATING THE INGHAM COUNTY DEPARTMENT OF HUMAN SERVICES AS ADMINISTRATOR OF A TARGETED ASSISTANCE PROGRAM GRANT FOR REFUGEE SERVICES.

Comm. Vickers asked if there would be living wage implications similar to St. Vincent’s. Mr. Cypher explained the money will remain with D.H.S.

MOTION CARRIED UNANIMOUSLY. Absent: Comm. Tennis

3. Human Services Committee - Discussion Item: Health Center Tours

The Committee would like to conduct the Health Center tours on March 30, 2012 at 10:00 a.m. (Well Child) and 11:00 a.m. (Sparrow). Dr. Branch Canady will check on the date and times and if it is not possible she will provide alternative dates and times.

Announcements

Board Chairperson Copedge thanked Dr. Branch Canady for her assistance with the information on affordable health care.

Chairperson Nolan complimented Dr. Branch Canady and the Health Department on the award they received this morning.

Comm. Dougan thanked the Health Department employees for coming to the meeting and providing public comment.

Public Comment

Denise Coats explained the differences between a nurse practitioner, physician assistant and registered nurse, in addition to what is billable. She also explained the complexity of the patients.

Chuck Gray, UAW, stated he understands the need to get things done and he is willing to work with Dr. Branch Canady, however, there are issues that need to be worked through.

Sarah Bryant, President; Public Health Nurses stated that she and Mr. Estill are in support of Dr. Branch Canady's reorganization. She provided her work experience and education. She explained the work she does at Ingham County is meaningful and she is always looking for ways to improve herself.

Board Chairperson Copedge asked to be listed under "others present" in all the Liaison Meeting Minutes to clarify he is not voting.

Todd Berends, Ingham County Nurse Practitioner, asked if the Commissioners were aware of the Health Department Clinic located in Sexton High School and invited them to stop by and see what is happening. Mr. Berends stated he believes in helping those who otherwise may not have health care and would like to hear more of Dr. Branch Canady's philosophy for the Health Department.

The meeting adjourned at approximately 8:18 p.m.

Respectfully submitted,

Julie Buckmaster

APRIL 2, 2012 HUMAN SERVICES AGENDA STAFF REVIEW SUMMARY

ACTION ITEMS:

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

2a. Resolution to Authorize a Contract for Medication Passing Services at the Ingham County Jail

This resolution authorizes a contract with Optimal Staffing Solutions, Inc. for medication passing services at the Ingham County Jail. The proposed rate of service is \$25.00 per hour. If this service is used for 8 hours per day for 365 days per year, it will cost \$73,000 per year. The Health Department will manage these additional expenses through the FY 2012 Jail Medical line item. Please see the memorandum accompanying the resolution for further details.

2c. Resolution to Authorize Acceptance of a Michigan Minority Health Month Grant and Authorize a Subcontract Agreement

This resolution authorizes a Michigan Minority Health Month grant in the amount of \$10,000 from the Michigan Department of Community Health (MDCH) to promote HIV and STI prevention among Ingham County youth. The Health Department will use the entire award to contract with One Love Global, Inc. to engage youth interns in the Peace and Prosperity Youth Action Movement (PPYAM) who will develop a plan for promoting HIV and STI prevention in Ingham County. Please see the memorandum accompanying the resolution for further details.

2d. Resolution to Authorize a Realignment of Health Department Programs and Administrative Structure

This resolution will realign the administrative structure of the Health Department. The realignment is the direct result of the separation of the Health Officer and Medical Director responsibilities into distinct positions as required by my appointment as administrative Health Officer. This structure distributes administrative responsibilities across fewer managers, and utilizes the existing administrative and managerial capacity of the department. The total savings is approximately \$24,836. Please see the memorandum accompanying the resolution for further details.

DISCUSSION ITEM/OTHER:

- 1. Community Mental Health/Mid South Substance Abuse Commission: Discussion item – Designation of Community Mental Health Authority of Clinton, Eaton and Ingham Counties as the Coordinating Agency for administering Substance Use Disorder services*

2b. Resolution to Authorize Amendment #2 to the 2011-2012 Comprehensive Planning, Budgeting and Contracting Agreement with the Michigan Department of Community Health

This resolution authorizes Amendment #2 to the 2011-2012 Comprehensive Planning, Budgeting and Contracting (CPBC) Agreement with the Michigan Department of Community Health (MDCH). The second amendment shall increase the amount of the CPBC Agreement from \$4,669,784 to \$5,268,890 for a total increase of \$599,106. Included is a request to establish four new nurse positions as a part of the Nurse Family Partnership. Proposal of such positions carries with it the concern of increased long-term legacy costs, and questions regarding staffing arrangements. At the time this review was completed, there was not enough information available to make a recommendation.

HONORARY:

- 2e. Resolution to Honor Robin Lewis*

MEMORANDUM

TO: Human Services Committee

FROM: Jared Cypher, Assistant Deputy Controller

RE: Designation of Community Mental Health Authority of Clinton, Eaton and Ingham Counties as the Coordinating Agency for administering Substance Use Disorder services

DATE: March 27, 2012

A process is underway to integrate the management of this region's public substance abuse disorder prevention and treatment services, which is currently carried out by the Mid South Substance Abuse Commission, into the operations of CMH. This item is on the agenda for discussion purposes at this time, and representatives of CMH and the Mid South Substance Abuse Commission will be present at the meeting to participate in the discussion and answer any questions.

Included in this agenda packet are the resolution the Mid South Substance Abuse Commission approved to initiate the integration of coordinating agency responsibilities into CMH, an analysis entitled **Creating a Comprehensive Behavioral Healthcare Organization for the Region The Integration of Coordinating Agency Responsibilities into the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties**, and a draft resolution designating the Community Mental Health Authority of Clinton, Eaton and Ingham Counties as the Coordinating Agency for administering Substance Use Disorder services, effective October 1, 2012.

Please let us know if you have any questions.

RESOLUTION TO INITIATE FORMAL INTEGRATION OF COORDINATING AGENCY RESPONSIBILITIES INTO THREE PREPAID INPATIENT HEALTH PLANS: CLINTON, EATON, INGHAM COMMUNITY MENTAL HEALTH, LIFEWAYS, AND WASHTENAW COMMUNITY HEALTH ORGANIZATION

WHEREAS, the Mid-South Substance Abuse Commission entered into an Agreement on the 21st day of January, 2010, between the Counties of Clinton, Eaton, Gratiot, Hillsdale, Ingham, Ionia, Jackson, Lenawee, and Newaygo Counties, to be the Coordinating Agency for the aforementioned nine county region, and

WHEREAS, the State of Michigan approved the Inter-Local Agreement on the 2nd day of July, 2010, for Mid-South to perform functions as the Coordinating Agency for the nine counties under Public Act 368 of 1978, as amended, and

WHEREAS, the Mid-South Substance Abuse Commission strives to continually improve services for our residents and has approved a Transformational Plan addressing Substance Use Disorder services with the focus of partnering with other systems, and

WHEREAS, many significant future uncontrollable events, including but not limited to health care reform and state legislative action may be detrimental to the public SUD system, absent taking action, and

WHEREAS, CEI/CMHAMM contains six of Mid-South's counties, LifeWays contains two of Mid-South's counties, and WCHO contains one of Mid-South's counties;

THEREFORE BE IT RESOLVED that the Mid-South Substance Abuse Commission requests:
That the Boards of Directors of the Mid-South Substance Abuse Commission and the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties, recommend to the County Commissions of Clinton, Eaton, Gratiot, Ingham, Ionia, and Newaygo Counties, that these County Commissions recommend that the Michigan Department of Community Health designate the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties, as the Substance Abuse Coordinating Agency for Clinton, Eaton, Gratiot, Ingham, Ionia, and Newaygo Counties, effective October 1, 2012; AND
That the Boards of Directors of the Mid-South Substance Abuse Commission and LifeWays recommend to the County Commissions of Jackson and Hillsdale Counties, that these County Commissions recommend that the Michigan Department of Community Health designate LifeWays as the Substance Abuse Coordinating Agency for Jackson and Hillsdale Counties, effective October 1, 2012; AND
That the Boards of Directors of the Mid-South Substance Abuse Commission and the Washtenaw Community Health Organization recommend, to the County Commission of Lenawee County, that this County Commission recommend that the Michigan Department of Community Health designate the Washtenaw Community Health Organization as the Substance Abuse Coordinating Agency for Lenawee County, effective October 1, 2012.

BE IT FURTHER RESOLVED, that the senior management of the Mid-South Substance Abuse Commission and the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties pursue, collect, and transmit county resolutions by the County Commissions, requesting that the Michigan Department of Community Health designate the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties, as the Substance Abuse Coordinating Agency for Clinton, Eaton, Gratiot, Ingham, Ionia, and Newaygo Counties, effective October 1, 2012; AND that the senior management of the Mid-South Substance Abuse Commission and LifeWays pursue, collect, and transmit county resolutions by the County Commissions,

requesting that the Michigan Department of Community Health designate LifeWays as the Substance Abuse Coordinating Agency for Jackson and Hillsdale Counties, effective October 1, 2012; AND that the senior management of the Mid-South Substance Abuse Commission and the Washtenaw Community Health Organization pursue, collect, and transmit a county resolution by the Lenawee County Commission requesting that the Michigan Department of Community Health designate the Washtenaw Community Health Organization as the Substance Abuse Coordinating Agency for Lenawee County, effective October 1, 2012.

BE IT FURTHER RESOLVED, that the staff of the Mid-South Substance Abuse Commission and the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties continue to take the steps necessary to integrate the functions of these two organizations to make the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties the Substance Abuse Coordinating Agency for the region which includes Clinton, Eaton, Gratiot, Ingham, Ionia, and Newaygo Counties, effective October 1, 2012; AND that the staff of the Mid-South Substance Abuse Commission and LifeWays continue to take the steps necessary to integrate the functions of these two organizations to make LifeWays the Coordinating Agency for the region which includes Jackson and Hillsdale Counties, effective October 1, 2012; AND that the staff of the Mid-South Substance Abuse Commission and the Washtenaw Community Health Organization continue to take the steps necessary to integrate the functions of these two organizations to make the Washtenaw Community Health Organization the Substance Abuse Coordinating Agency responsible for Lenawee County, effective October 1, 2012.

BE IT FURTHER RESOLVED, that the senior management of the Mid-South Substance Abuse Commission and the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties regularly report to the Boards of Directors of their respective organizations, the status of the efforts to integrate the functions of these two organizations and to make the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties the Substance Abuse Coordinating Agency for the region which includes Clinton, Eaton, Gratiot, Ingham, Ionia, and Newaygo Counties, effective October 1, 2012; AND that the senior management of the Mid-South Substance Abuse Commission and LifeWays regularly report to the Boards of Directors of their respective organizations, the status of the efforts to integrate the functions of these two organizations and to make LifeWays the Substance Abuse Coordinating Agency for the region which includes Jackson and Hillsdale Counties, effective October 1, 2012; AND that the senior management of the Mid-South Substance Abuse Commission and the Washtenaw Community Health Organization regularly report to the Boards of Directors of their respective organizations, the status of the efforts to integrate the functions of these two organizations and to make the Washtenaw Community Health Organization the Substance Abuse Coordinating Agency for Lenawee County, effective October 1, 2012.

Dated: February 27, 2012

Signed
Board Chair

Mid-South Substance Abuse Commission

Witnessed

Creating a Comprehensive Behavioral Healthcare Organization for the Region

The Integration of Coordinating Agency Responsibilities into the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties

ANALYSIS

DRAFT – 1/23/12

Executive Summary

This Analysis outlines the key components of the plan to create a comprehensive behavioral health organization, serving the counties of Clinton, Eaton, Gratiot, Ingham, Ionia, and Newaygo, by integrating the work and roles currently carried out, in these six-counties, by the Mid-South Substance Abuse Commission (Mid-South) and the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CEI). The completion of this integration effort will result in the Coordinating Agency functions previously carried out by Mid-South, for these six-counties, to be carried out by CEI and the Community Mental Health Affiliation of Mid-Michigan.¹

This integration effort holds a number of benefits for this region. Several of these benefits (a more comprehensive list of benefits is provided in this analysis) include:

- The assurance of a single vision, of an integrated MH/SUD system – locally and regionally driven- which would ensure the strength of this region’s substance use disorder system.
- The assurance that the voice of the substance abuse disorder community – its clients, family members, providers, advocates, and other stakeholders – would remain strong and not lost in the rapidly changing health care environment.
- A system which is better able to provide services for the increasing incidence of mental health (MH) conditions in individuals with substance use disorders (SUD); better able to coordinate services for the SUD needs of persons with MH conditions.
- The promotion of the SUD system’s recovery oriented system of care by a system, the PIHP/CMH system, which has long supported a recovery orientation.
- The creation of significant opportunities to incorporate existing prevention prepared community activities and programming into the behavioral health arena with expanded focus on mental health (i.e. suicide prevention, etc.) and recovery oriented systems of care (ROSC) SUD.
- The creation and capturing of administrative efficiencies.
- Significantly stronger ability to bring other systems into discussions relative to planning/development of behavioral health/health care efforts.

¹ This analysis addresses the creation of a comprehensive behavioral health care organization for a six-county region – a subset of the nine counties for which the Mid-South Substance Abuse Commission currently serves as the Substance Abuse Coordinating Agency (CA). It is assumed that the Coordinating Agency functions for the three counties which will not be served by CEI, in its Coordinating Agency (CA) or Prepaid Inpatient Health Plan (PIHP) roles, will be carried out by other parties. The PIHPs serving these three counties - Washtenaw County Health Organization for Lenawee County and Lifeways for Jackson and Hillsdale Counties – are the most likely parties to assume the CA duties for these three counties.

I. Background of this Integration Effort

Motivating Factors

Since Managed Care under the Federal Waiver for Medicaid Mental Health and Substance Abuse Services was approved in early 2000, there have been many attempts under different venues to integrate Coordinating Agencies into the Prepaid Inpatient Health Plans (PIHP) that came into being following the approval to manage the Waiver services. One example is appropriations boilerplate offering up to \$75,000, per consolidation, to assist in this happening has existed since FY 2006. In 2011 the Department of Community Health issued a letter stating they “will conduct an open planning process to achieve the most appropriate pathway to merge the remaining separate substance abuse coordinating agency administrative responsibilities into PIHP administrations.” Additionally, with a number of significant changes to the local, statewide, and national health care environment, including the Accountable Care Act (ACA), on the horizon for 2014 a structural health service delivery model is imminent. Both federal block grants (mental health and substance abuse) are under consideration for elimination by 2014. Services to the majority of those served under the state’s substance abuse block grants will be served under the expanded Medicaid eligibility criteria (enrollment for persons with incomes up to 133% of federal poverty level, regardless of disability or marital/family status).

With this history and certainty that the status quo is changing in the near future and the need to be visionary to retain a voice and a core set of distinct Substance Use Disorder (SUD) services within our communities for the public SUD system and those served by this system, a proactive approach to structural alignment is being proposed.

Agencies Involved

Community Mental Health Authority of Clinton, Eaton, and Ingham Counties

Vision Statement: The Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CEI) holds a vision of a community in which persons with mental health needs have the opportunity, including the necessary services and supports, to participate, with dignity, in the life of the community, with its freedoms, responsibilities, rewards, and consequences. Persons with mental health needs include those with a mental illness, emotional disturbance, developmental disability, and/or substance use disorder.

Mission: CEI’s mission is to actively work to bring about this vision through these functions:

- **Mental Health Service Provision:**
Directly providing and purchasing quality, community-based, outcome-driven services and supports, including prevention and early intervention, for and with consumers – CMH’s core function.
- **Community Development:**
Strengthening the community’s resources, commitment, and perceptions to better meet the needs of those with a mental illness, an emotional disturbance, a developmental disability, and/or a substance use disorder.
- **Advocacy:**
Serving as a catalyst for system and policy change at the local, state, and national levels.
- **Health Plan Administration:**
Operating a risk-based prepaid health plan in a manner that retains a focus on services to consumers.

Mid-South Substance Abuse Commission

The Mid-South Substance Abuse Commission's purpose is to develop and administer a comprehensive plan to obtain and provide resources that prevent and reduce the misuse and abuse of Alcohol and Other Drugs. The goal is to assure the availability of comprehensive, quality services in the areas of prevention, intervention, assessment, and substance use disorder treatment in the Mid-South region. Mid-South functions and activities include:

- Develop comprehensive plans for substance use disorder treatment, rehabilitation, and prevention services in the region (Counties include: Clinton, Eaton, Gratiot, Hillsdale, Ingham, Ionia, Jackson, Lenawee, and Newaygo).
- Provide technical assistance for the contracted substance use disorder treatment service organizations.
- Collect and transfer data and financial information from local organizations to MDCH/BSAAS.
- Make and monitor contracts necessary and incidental to the Commission's annual performance goals.
- Annually evaluate and assess substance use disorder treatment services in the region to ensure the needs of the community are being addressed.
- Engage local communities in the establishment of Prevention Coalitions to use data-driven decision-making to achieve positive prevention outcomes. Communities utilize local, regional, state, and national data to identify needs, develop plans, and allocate resources.

II. Benefits of Creating a Comprehensive Behavioral Healthcare Organization

- The assurance of a single vision, of an integrated MH/SUD system – locally and regionally driven- which would ensure the strength of this region's substance use disorder system.
- The assurance that the voice of the substance abuse disorder community – its clients, family members, providers, advocates, and other stakeholders – would remain strong and not lost in the rapidly changing health care environment.
- Better able to provide services for the increasing incidence of mental health (MH) conditions in individuals with substance use disorders (SUD); better able to coordinate services for the SUD needs of persons with MH conditions.
- Better able to coordinate psychiatric evaluations and medication management for all clients.
- Better able to provide a full range of case management.
- Eventual increased knowledge of both mental health and substance use disorders (SUD) under one umbrella.
- Significant opportunity to align and expand the current Peer Supports and Recovery Coaches movement with the two systems.
- Significant opportunity to incorporate existing prevention prepared community activities and programming into behavioral health arena with expanded focus on mental health (i.e. suicide prevention, etc.) and recovery oriented systems of care (ROSC) SUD.
- Vision, of an integrated MH/SUD system, would be locally/regionally driven, and focus on long-term and sustainable services.
- Efficiencies should be derived by combining common administrative efforts while enhancing collaboration of MH/SUD clinical knowledge by retaining Mid-South staff and their core SUD roles.
- Significantly stronger ability to bring other systems into discussions relative to planning/development of efforts.

- Significantly more resources for training efforts and professional development growth.
- Better able to compete for grant opportunities.
- Would create an organization which can be licensed and provide direct service for SUD.
- Development of consistent “language” and improved policies across the SUD and MH spheres.
- SUD would have a place at the table during health care reform implementation discussion.

III. Key Components of the Integration: Ensuring the Voice of County Commissions and Local Communities in the Work of the New Entity

Ensuring that the voice for the SUD community, currently provided by the CA, will be retained:

A. CEI would maintain a core SUD focus with leadership through a senior management position, within its structure, with sufficient autonomy to lead and advocate on behalf of the community’s publicly funded SUD service system.

B. The senior management position would assure Counties have a voice through the counties’ respective coalitions, and use their guidance in CEI’s decision-making process with regard to Substance Use Disorder (SUD) services. CEI will continue to work closely with county coalitions, with the expectations of each agency outlined in the two sections below.

Coalition’s Responsibility:

- Ensure that the County Commissions, from each county served, has a formal seat on the respective County Coalition.
- Support and assist the county Coalition Coordinator in the incorporation of each of the Strategic Planning Framework’s five steps into the standard operations of the coalition.
- Commit to continuous capacity-building efforts to strengthen the system of SUD in the county and sustain the work of the coalition.
- Commit to utilize and prioritize data to drive planning (logic model development, strategic plans, action plans, etc.) and SUD resource allocation.
- Operate within a multi-year strategic plan that is an adopted or through an enhanced version of the previously approved plan.
- Utilize an annual county planning process to impact the priority goal areas identified within the county’s overall strategic plan and commit to the identification, selection, and implementation of evidence-based SUD services to address the essential needs of the county.
- Commit to ongoing evaluation of the coalition’s effectiveness including the evaluation of any evidence-based programs, policies, and practices supported by the coalition.
- The coalition coordinator, the host/fiduciary agency, and any other agency receiving SUD funding are responsible for meeting the performance measures and milestones identified in annual county plans and the contractual or sub-contractual requirements agreed upon.
- Include the CEI logo and the Michigan Department of Community Health logo as appropriate in any product or major report paid for by Block Grant, PA2 (liquor tax), or other CEI funds allocated to provider networks (including funds which formerly flowed through Mid-South).
- Identify CEI as a non-voting member of the coalition.

- Maintain familiarity with the network of SUD providers in their county and regularly provide input to CEI with regard to the appropriateness of contracting with specific providers, as determined through coalition analysis of provider performance on objective measures such as treatment/prevention/behavioral health outcomes, cost-effectiveness of services, access (i.e. capacity and willingness to serve individuals who meet criteria for SUD services), accreditation/licensure status, compliance with all relevant state and federal regulations, staffing capacity, and fiscal management/stability.

CEI's Responsibility:

- CEI will continue the practice of Mid-South, in working collaboratively with the county coalitions in regional and local data collection, strategic planning, and resource allocation for the provision of essential SUD services.
- Within the limitations of available funding, CEI intends to fund the identified priorities of the county coalition that mirror and appropriately address the identified priorities of the Mid-South 2010-2015 Regional Strategic Plan. This plan will be adopted by CEI, to guide its initial work in its Coordinating Agency role and will form the basis of future SUD Strategic Plans developed and implemented by CEI.
- CEI will continue Mid-South's practice of providing clear instructions to county coalitions on how to access CEI funding and will provide timely and appropriate feedback on formal submissions.
- CEI will continue Mid-South's practice of offering and sharing annual training and technical assistance opportunities to the provider network, county coalitions, and referral sources. These training opportunities will take on many forms (i.e., regular provider meetings, workshops, train-the-trainers modules, and in and out-of-region trainings, etc.) and provide specific guidance to more effectively collect data; plan strategically; and identify, access, and allocate appropriate resources for the provision of essential evidence-based SUDBH services.
- CEI will continue Mid-South's practice of holding the Coalition Coordinator, the host/fiduciary agency, and any other agency and associated staff receiving SUDBH prevention funding accountable to the contractual requirements of the Michigan Department of Community Health (MDCH) funding, the performance measures identified within the CEI contract (formerly the Mid-South contract), and the completion of milestones identified in annual county plans.
- CEI will consider input provided by SUD coalitions in regard to the appropriateness of contracting with specific providers in their county. This input must be based on findings from the coalition's analysis of a provider's performance on objective measures such as treatment/prevention/behavioral health related outcomes, cost-effectiveness of services, access (i.e. capacity and willingness to serve individuals who meet criteria for SUD services), accreditation/ licensure status, compliance with all relevant state and federal regulations, staffing capacity, and fiscal management/stability.

IV. Key Components of the Integration: Service Delivery and Program Development

Mid-South and CEI are committed to ensuring that the integration of program services remains a top priority, as identified in Mid-South's 2010-2015 Transformational Strategic Plan. This Plan has been shared and discussed with regional networks over the past two years and highlights the movement towards a more chronic care approach to providing Substance Use Disorder (SUD) services to individuals. In consideration of the current Behavioral Health integration discussions, this recovery oriented focus is imperative to true integration of services and will continue to be emphasized.

The prioritized administrative and SUD service priorities identified in this document are in response to the movement towards Behavioral Health integration, Federal healthcare reform considerations, and inclusive of feedback and direction provided by consumers, clients, their families, and advocates; SUD and other behavioral healthcare providers, coalitions, the Mid-South Board of Directors, the CEI Board of Directors, referral sources. They are reflective of the need for change as well as the readiness and capacity to illicit change. These priorities are not all-inclusive as there are many existing services within both treatment and prevention that will continue to be supported. However, in this changing environment and in order to be efficient and effective with our agency resources, time, and staffing, we must prioritize our efforts. The process and timelines within the 2010-2015 Transformational Strategic Plan continue to be relevant and will be the basis for the services development.

Program Services Integration Priorities

1. Community Planning Activities
 - a. Annual Agency Action Planning (Prevention, Treatment, and Community Service Contracts)
 - b. SUD Coalitions - ROSC / Integration / Health Reform focus
 - c. Connectivity to Regional vision, mission, Strategic Plan, and decision making
2. Community-Based Case Management (CBCM) Development and Activity
 - a. Expansion, criteria, levels of CBCM, learning circles, training, etc.
 - b. Opiate outpatient detoxification
3. Recovery Supports / Peer Supports Development and Activity
 - a. Expansion, criteria, roles and responsibilities, learning circles, training, etc.
 - b. Opiate outpatient detoxification
4. Health Care Reform / Integration of Services
 - a. Health Plans including co-occurring population (mild and moderate)
 - b. FQHC's
 - c. Pharmacological services inclusive of methadone, suboxone, vivitrol, et. al.
5. Comprehensive Training Plan – Behavioral Health Focused (SUD and Mental Health)
 - a. Women's Specialty
 - b. Community-Based Case Management
 - c. Recovery Supports
 - d. Trauma Informed
 - e. Criminal Justice Population / Recovery Courts
 - f. Pain Management
 - g. Evidence-Based Practices
 - h. Health Reform (Medicaid, Medical Home Model, Dual Eligible's, ROSC, etc.)
 - i. Medical Records
 - j. Strength-Based & Client Centered
 - k. Prevention Prepared Communities

To address these priorities in conjunction with the existing provider network, CEI will commit to retaining a dedicated funding stream for those amounts allocated from Medicaid/ABW/PA2/and state community block grant funds with existing providers during FY12/13. There is a degree of funding realignment anticipated along with additional resources known from the state allocation formula to benefit the service array in FY 12/13 and FY 13/14 that can strengthen providers focused on recovery principles and possessing the ability to work with other systems as further integration of behavioral health and physical health takes place. Flexibility will be important since the federal and state processes are in their planning/development stages. Much will take place during calendar year 2013 and 2014.

V. Key Components of the Integration: Administrative Responsibilities

Administrative costs are a typical focus of those having interest in integration efforts. For purposes of this paper, administrative costs of Mid-South attributable to community grant funding, including the Care Coordination Center were 16.87% or \$897,405 for FY 10/11. The anticipated SUD administrative direct costs chargeable to community grant funding for CEI for FY 12/13 are projected to be not more than 16.87% of the revenue.

In addition to utilizing county coalitions for program development (assessing local needs, strategic planning, plan implementation), there are three general areas of operation that must be accounted for in the integration: Finance, Data and Information Technology, and the service-oriented cluster of Access/Clinical Records/Customer Service/Quality Assurance/Recipient Rights. The sections that follow provide a summarized analysis and plan to address each of these key areas.

A. Finance

Overview

Administrative functions within the Finance Department include: accounts payable, accounts receivable, financial accounting, banking, budgeting, payroll and benefits, contract/network management, claims processing, service processing, billing, and reporting. Mid-South utilizes 3.35 FTE staff to handle finance tasks. Peachtree is the accounting software. CareNet collects information about clients, provides electronic authorization for providers, stores information about provided services, and provides reporting services to the Michigan Department of Community Health (MDCH).

Current Mid-South Staffing

The duties described above are primarily handled by:

1 FTE Finance Manager

.90 FTE Finance Assistant

1.15 FTE Claims Processing (1.0 FTE Claims Adjuster and .15 FTE Administrative Assistant)

0.3 FTE Contract Management (.25 FTE Executive Director and .05 FTE Executive Secretary)

Post Merger Structure

Bank accounts: Bank accounts will need to be established for business operations. For purposes of CEI functions, in the short-term separate checking accounts will be maintained because Mid-South staff will continue to issue checks from the Peachtree account software on behalf of CEI. However, important to note, Mid-South will continue to exist as an entity under their Cooperative Agreement with the nine counties to finalize financial matters, including audit of FY 11/12, payroll, unemployment, and other administrative activities for three years. Mid-South will forward the Public Act 2 funds on hand to the new CA, by a date jointly determined by Mid-South and CEI. Fund balance will be distributed in accordance with the Mid-South By-Laws.

Checking and payables: New check stock will be ordered for new accounts. In the short-term checks will be prepared at Mid-South and brought over to Jolly Road for signing.

Accounting system relative to payables, financials and budgeting: The current Mid-South accounting system is Peachtree. Peachtree will be retained in the short-term and migrate from Peachtree to CEI-CMHA's accounting software once Mid-South staff move to Jolly Road, or sooner if possible. Staff will use electronic trial balances, in the short-term, to merge data for financial statement purposes.

Payroll and benefits: All Mid-South staff will be paid through CEI-CMHA's accounting software.

Contract and network management: All contracts expire at the end of the fiscal year, so FY 12/13 contracts will be issued in CEI-CMHA's name. The federally funded Jackson Recovery Court Grant is in the second year of a three year contract and remains under discussion with the federal contract manager as to how they need this addressed, so as not to lose the funds. Options are; it remains with Mid-South, moves to either CEI, or Lifeways.

Claims processing and service data: In the immediate and medium-term future, CareNet will continue to be utilized for Mid-South data and in the long-term, staff will explore a single software that will handle all behavioral health functions of CEI. The NPI number for CHAMPS will have to change.

Summary

The Finance merger is very detailed and complex. While there are efficiencies to be gained by merger through dissemination of tasks to the various staff at CEI-CMHA that perform the same functions (payroll and benefits), segregation of duties and increase specialization, and eventually some operational efficiencies as finance processes are fully integrated, CEI-begins the merger unfamiliar with Mid-South reporting requirements, software, and business processes. As such, the workgroup recommends the following path:

- Accounts Payable, Receivable, Claims Payment, Financial Accounting, Banking, and Budgeting: In the short-term, Mid-South accounting data will remain with Peachtree with a data transmission to CEI's financial statements in the form of a trial balance. Mid-South will migrate from Peachtree to CEI CMHA's Pentamation accounting software once Mid-South staff move to CEI's Jolly Road Offices, or sooner if possible.
- Service Processing and MDCH Reporting. CEI's Electronic Medical Record and Practice Management System are not set up to handle authorizations, SUD records, or Substance Abuse reporting to MDCH. There is no intention to discontinue use of the CareNet system in either the immediate or medium-term future.
- Payroll and Benefits. Mid-South staff who become CEI employees shall receive all eligible benefits to their position, as outlined in the applicable bargaining unit or non-represented group. Mid-South staff who become CEI employees and are currently receiving a Mid-South retirement benefit shall be placed into the MERS retirement system. The MERS benefit and respective MERS unit placement shall be determined through discussions between Mid-South and CEI. For those staff placed in any collective bargaining unit position, MERS benefits beyond those within the current agreement will need to be negotiated.
- Contract and Network Management. Contracts will be issued under CEI's name.
- Staffing. It is recommended that the Mid-South finance staff continue current activities, at least for FY 12/13. (For example, with the consolidation of payroll and benefits, Mid-South staff will be able to cover contract and network management functions previously performed by the Mid-South Executive Director in the short-term.) As cross-training continues these staffing patterns should be reexamined. Differing staffing patterns and/or job qualifications may be needed.
- Location of Mid-South Finance Staff. There is limited space available at CEI's Jolly Road facility where CEI Finance staff are located. It would be beneficial for Mid-South Finance staff to be relocated to the Jolly Road Finance Department in order to achieve the immediate and long-term efficiencies noted above. It is recommended that Mid-South staff move to Jolly Road as soon as space is made available. The current Mid-South facility lease will need to be renegotiated if staff remain in their current location after the merger.

Potential Advantages of Merger - Finance

- Eventual opportunities for synergy and efficiencies between Mid-South and CEI functions related to accounts payable, accounts receivable, financial accounting, banking, budgeting, payroll and benefits, contract/network management, claims processing, service processing, billing, and MDCH reporting.
- Better alignment of reporting and communication between PIHP/CA and MDCH. This alignment should provide the CA with a more effective conduit to MDCH to negotiate issues and address financial concerns that impact services planning, as the merged organization is at financial risk for both PIHP and CA issues.
- We anticipate a long-term financial savings from elimination of facility cost, software maintenance, banking fees, and potential changes in cost distribution of staffing efforts.

B. Data and Information Technology

Overview

Mid-South utilizes 2 FTE staff to handle information technology tasks, primarily related to the “CareNet” data system. CareNet collects information about clients, provides electronic authorization for providers, stores information about provided services, and provides reporting services to the Michigan Department of Community Health (MDCH). There are approximately 30 different provider locations that use CareNet and approximately 364 different provider staff with whom Mid-South and CEI must work in the use of CareNet. In addition, the system must be kept up-to-date with current information (e.g., procedure codes and rates), and this information must be relayed to providers.

Infrastructure consists of approximately 20 computers, 1 central file server, and a variety of applications.

Current Staffing

The Information Service work related to client and encounter data collection, data correction, storage, and data submission are primarily handled by a 1.0 FTE Systems Analyst. In addition to these activities, a 1.0 FTE Data Specialist focuses on extraction of information and creation of reports for the staff within Mid-South. This involves not only the creation of standing reports and processes, but the development of reports to meet a range of ad-hoc information requests.

Additionally, there are a number of information management, design, analysis and reporting duties that are handled by others, such as the current Mid-South Executive Director for planning purposes.

Post Merger Structure

The Data/IT merger is challenging from a number of perspectives. While there are hardware efficiencies to be gained by merger, and eventually some operational efficiency, CEI begins the merger unfamiliar with Mid-South data structures, reporting requirements, and business processes, and reporting requirements. As such, the workgroup recommends the following path:

- Computer hardware and application software. CEI currently supplies and maintains approximately 750 computers and associated software for approximately 900 users. Mid-South should begin using CEI CMHA’s standard setup as soon as practical. It is worth noting that CEI’s network works better within its the Jolly Road location, than within remote locations, due to faster network speeds available within CEI’s main office on Jolly Road. If Mid-South operations are located elsewhere, there would be additional costs for data lines linking the site to CEI, and applications would function somewhat more slowly.

- CareNet Software System. CEI's Electronic Medical Record and Practice Management System are not designed to handle authorizations, SUD records or Substance Abuse reporting to MDCH. Given this, there is no intention to discontinue use of the CareNet system in either the immediate or medium-term future.
- Staffing. It is recommended that the Mid-South Systems Analyst and Data Specialist continue current activities, at least for FY 12-13. CEI staff are not trained to handle most of Mid-South's current operations. As cross-training continues these staffing patterns should be reexamined. Different staffing patterns and/or job qualifications may be needed.
- Location of Mid-South Data/IT functions. There are conflicting factors affecting the location decision. For the purpose of communicating easily with other Mid-South staff, it would be useful for the Systems Analyst and the Data Specialist to work in the same area with other Mid-South staff. However, such an approach would eventually make an effective merger of IT functions quite difficult, and make it difficult to realize some of the potential IT advantages of merger (see below). Recommendation: after merger, the group recommends that a process be initiated to move Mid-South functions to CEI's main location, on Jolly Road, during 2013.

Integration Benefits. Potential advantages of merger include:

- Additional efficiencies in support of hardware, application software, and telephones.
- Eventual operations for synergy and resultant opportunities for efficiencies between Mid-South and CEI functions related to HIPAA compliance, data reporting, HelpDesk support, and policy/procedure development/monitoring.
- Better alignment of data priorities and clarity of communication between PIHP/CA and MDCH. This alignment should provide the CA with a more effective conduit to MDCH to negotiate issues and address data related concerns, as the merged organization is at financial risk for both PIHP and CA issues.

C. Access/Clinical Records/Customer Service/Quality Assurance/Recipient Rights

Access/Customer Service – Current Staffing

Mid-South has 2 FTE covering access and customer services functions with backup from other staff. In addition to business hour coverage, the 2 FTE provide after-hour phone coverage 24 hours a day, 7 days a week. It is difficult to separate the number of calls into discrete functions of access or customer services.

Access - Post Merger Structure

Continue current system with both FTEs for FY 12/13. Temporarily placing 1 FTE into CEI-CMHA Access Unit and the other into CEI-CMHA Customer Service Unit would benefit cross-training in order for CEI staff to learn substance abuse and for Mid-South staff to learn mental health. Initially the 2 FTEs will cover all CA contacts with the intent of assessing access and customer service demands and cross-training staff from both CEI and Mid-South in the other's processes, resulting with merged processes that will enhance service delivery.

Utilization Management – Current Staffing

Authorization of services by Mid-South may occur centrally, automatically through CareNet or by contact providers. The Access/Customer Service staff (above) are also responsible for authorization/oversight of provider authorized services, do some direct authorization (e.g. residential/medication).

Utilization Management - Post Merger Structure

Mid-South Customer service/Access/UM staff will continue the existing UM function for FY 12/13. Staff from CEI-CMHA UM and Mid-South staff will meet regularly during the 12 months so that staff is cross-trained in the processes. Processes will be assessed for opportunities for consolidation of best practices, procedures, tools, etc., to enhance service delivery.

Clinical Records

Mid-South has 30-40 four-drawer file cabinets of closed records from former providers in storage in two rooms at the Mid-South offices.

Clinical Records - Pre/Post Merger Plan

Prior to the merger Mid-South staff will purge records and log all closed records into a data base, box, and label the boxes by content and destruction dates (7 years from last activity). The boxed records will be placed into storage through Safe Records.

Quality Assurance – Current Staffing

There are a number of reviews of Mid-South and a number of providers reviewed by Mid-South each year. The responsibility for the reviews is shared by many of the staff.

Quality Assurance - Post-Merger Structure

Mid-South staff will continue to conduct/participate in required site reviews for Fy12/13. The review process will be assessed and opportunities for consolidation of reviews considered.

Recipient Rights

There are minimal complaints filed each year. There are no State reporting requirements for Rights Activity by Coordinating Agencies (CA).

Recipient Rights – Post-Merger Structure

Responsibility for Rights Protection will be assumed by the CEI Office of Recipient Rights.

IV. Legal Issues

[ADD COUNTY PROCESSES AND PIHP/CA WAIVER]

V. Conclusion and Recommendations

On March 23, 2010, President Obama signed into law the Patient Protection and Affordable Care Act of 2010 (ACA) extending coverage to 32 million people through the expansion of Medicaid. In Michigan, this means an increase of approximately 600,000 additional Medicaid enrollees by 2014. These individuals are likely to be made up primarily of working age low-income adults without regard to pregnancy, disability status or the presence of children in the household. It is projected that this population will have relatively high rates of behavioral health issues, as in mental health or substance use disorders, and often times both. Untreated substance abuse is known to be a key driver of chronic physical disease progression and higher health care costs, as is the case with untreated mental health issues or mismanaged mental health care.

The ACA aims to address this issue by encouraging models of integrated health care – models that not only recognize the importance of assessing and coordinating care between mental health care and substance use disorder treatment, but to also coordinate care with physical health, managed care entities, and providers. On the behavioral health side, merging Prepaid Inpatient Health Plans (PIHP) with Coordinating Agencies (CA) has been encouraged by the Michigan Department of Community Mental Health (MDCH) and, with the relatively recent passage of the ACA, the federal government as well. The push from MDCH and the ACA toward integrated care is driven by the need to make available, health care services to more individuals in a way that improves the quality of care over the current system(s), while containing health care costs. The merger between the Prepaid Inpatient Health Plan, the Clinton-Eaton-Ingham Community Mental Health Authority (CEI), and the Substance Abuse Coordinating Agency, Mid-South Substance Abuse Commission (Mid-South) is a step in that direction.

Staff Recommendation: After several months of independent and collaborative analysis by the management teams of the Mid-South Substance Abuse Commission and the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties, the senior management of both agencies are in agreement that the benefits to community members served, those seeking services, and those that could benefit from prevention efforts are of paramount importance. In light of the future federal/state delivery model that unfolds, benefits gained through the integration of these two organizations and the designation of the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties, as the Substance Abuse Coordinating Agency for Clinton, Eaton, Gratiot, Ingham, Ionia, and Newaygo Counties, outweighs any potential systems' detriments or administrative challenges to such an integration.

Given this conclusion, the staff of the Mid-South Substance Abuse Commission and the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties recommend that the following steps be taken to further this integration effort:

1. That the Boards of Directors of the Mid-South Substance Abuse Commission and the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties, recommend, to the County Commissions of Clinton, Eaton, Gratiot, Ingham, Ionia, and Newaygo Counties, that these County Commissions recommend that the Michigan Department of Community Health designate - the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties, as the Substance Abuse Coordinating Agency for Clinton, Eaton, Gratiot, Ingham, Ionia, and Newaygo Counties, effective October 1, 2012.
2. That the senior management of the Mid-South Substance Abuse Commission and the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties pursue, collect, and transmit county resolutions by the County Commissions, requesting that the Michigan Department of Community Health designate - the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties, as the Substance Abuse Coordinating Agency for Clinton, Eaton, Gratiot, Ingham, Ionia, and Newaygo Counties, effective October 1, 2012.
3. That the staff of the Mid-South Substance Abuse Commission and the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties continue to take the steps necessary to integrate the functions of these two organizations to make the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties the Substance Abuse Coordinating Agency for the region which includes Clinton, Eaton, Gratiot, Ingham, Ionia, and Newaygo Counties, effective October 1, 2012.
4. That the senior management of the Mid-South Substance Abuse Commission and the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties regularly report, to the Boards of Directors of their respective organizations, the status of the efforts to integrate the functions of these two organizations and to make the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties the Substance Abuse Coordinating Agency for the region which includes Clinton, Eaton, Gratiot, Ingham, Ionia, and Newaygo Counties, effective October 1, 2012.

CEI CMHA – Mid-South
Integration Workgroup Members

Access/Quality Assurance/Utilization Management		
Liz Holcomb	Director of Quality, Customer Service, and Recipient Rights	CEI CMHA
Toby Bayless	Director of Affiliation Operations	CEI CMHA
Kim Zimmerman	Affiliation Compliance Administrator	CEI CMHA
Paul Duff	Senior Utilization Specialist	CEI CMHA
Stefanie Zin	Compliance Officer and General Administration Supervisor	CEI CMHA
Jeanne Diver	Quality Assurance/Care Coordination Manager	Mid-South
Gary Van Norman	Executive Director	Mid-South
Joel Hoepfner	Program Services Manager	Mid-South
Gerrie Roeser	Finance Manager	Mid-South
Lisa Larson	Quality and Utilization Management Coordinator	Mid-South
Patti Tygre	Quality and Utilization Management Coordinator	Mid-South
Data		
Chuck Dougherty	Director of Information Services	CEI CMHA
Toby Bayless	Director of Affiliation Operations	CEI CMHA
Kim Zimmerman	Affiliation Compliance Administrator	CEI CMHA
Paul Duff	Senior Utilization Specialist	CEI CMHA
John Hill	Business Analyst	CEI CMHA
Gary VanNorman	Executive Director	Mid-South
Jeanne Diver	Quality Assurance/Care Coordination Manager	Mid-South
Paul Harding	Data Specialist	Mid-South
Linda Proper	Information Systems Analyst	Mid-South
Finance		
Pam Keyes	Chief Finance Officer	CEI CMHA
Toby Bayless	Director of Affiliation Operations	CEI CMHA
Kim Zimmerman	Affiliation Compliance Administrator	CEI CMHA
Pam Flory	Reimbursement Supervisor	CEI CMHA
Andrew Hewat	Contract Network Administrator	CEI CMHA
Jeff Labun	Senior Accountant	CEI CMHA
Suzanne Stolz	Financial Operations Manager	CEI CMHA
Gary VanNorman	Executive Director	Mid-South
Gerrie Roeser	Finance Manager	Mid-South
Jill Gawronski	Finance Assistant	Mid-South
Human Resources		
Sharon Blizzard	Director of Human Resources	CEI CMHA
Toby Bayless	Director of Affiliation Operations	CEI CMHA
Kim Zimmerman	Affiliation Compliance Administrator	CEI CMHA
Gerrie Roeser	Finance Manager	Mid-South
Gary VanNorman	Executive Director	Mid-South
Program Development		
Bob Sheehan	Executive Director	CEI CMHA
Toby Bayless	Director of Affiliation Operations	CEI CMHA
Kim Zimmerman	Affiliation Compliance Administrator	CEI CMHA
Maureen Moloney	Adult Mental Health Service Program Director	CEI CMHA
Joel Hoepfner	Program Services Manager	Mid-South
Gary VanNorman	Executive Director	Mid-South
Jeanne Diver	Quality Assurance/Care Coordination Manager	Mid-South

Introduced by the Human Services and Finance Committees of the:

BOARD OF COMMISSIONERS

**RESOLUTION TO REQUEST THAT THE MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
DESIGNATE THE COMMUNITY MENTAL HEALTH AUTHORITY OF CLINTON, EATON AND
INGHAM COUNTIES AS THE COORDINATING AGENCY FOR INGHAM COUNTY
EFFECTIVE OCTOBER 1, 2012**

WHEREAS, Section 6226(1) of Public Act 368 of 1978, as amended, provides for designation of a Coordinating Agency to administer substance use disorder services subject to the approval of the affected county board or boards of commissioners; and

WHEREAS, the Mid-South Substance Abuse Commission entered into an Agreement on the 21st day of January, 2010, between the Counties of Clinton, Eaton, Gratiot, Hillsdale, Ingham, Ionia, Jackson, Lenawee, and Newaygo Counties, to be the Coordinating Agency for the aforementioned nine county region; and

WHEREAS, the State of Michigan approved the Inter-Local Agreement on the 2nd day of July, 2010, for Mid-South to perform functions as the Coordinating Agency for the nine counties under Public Act 368 of 1978, as amended; and

WHEREAS, the Mid-South Substance Abuse Commission strives to continually improve services for residents in the nine county region, and has approved a Transformational Plan addressing Substance Use Disorder services with the focus of partnering with other systems; and

WHEREAS, many significant future uncontrollable events, including but not limited to health care reform and state legislative action, may be detrimental to the public SUD system absent undertaking realignment of SUD with behavioral health services; and

WHEREAS, the Community Mental Health Authority of Clinton, Eaton and Ingham Counties contains six of Mid-South's counties and provides and contracts for behavioral health services for Ingham County.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners requests the Michigan Department of Community Health to designate the Community Mental Health Authority of Clinton, Eaton and Ingham Counties as the Coordinating Agency for administering Substance Use Disorder services under Public Act 368 of 1978, as amended, effective October 1, 2012.

BE IT FURTHER RESOLVED, that the Ingham County Commissioners authorize the Board Chair and County Clerk to sign any and all amendment agreements consistent with this resolution

MEMORANDUM

TO: Human Services Committee
Finance Committee

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

DATE: March 16, 2012

RE: Resolution to Authorize a Contract with Optimal Staffing Solutions, Inc. for Medication Passing Services at the Ingham County Jail

This is a recommendation to authorize a contract with Optimal Staffing Solutions, Inc. for medication passing services at the Ingham County Jail. The Ingham County Sheriff's Office has requested that the responsibility of passing medications to the inmates at the Ingham County Jail transition to the Health Department as medication errors are the majority of discipline matters among Fraternal Order of Police bargaining unit members.

In response to this request, the Health Department worked in conjunction with the Ingham County Purchasing Department to release a Request for Proposals for medication passing at the Ingham County Jail in November 2011. Using an outside contractor would ensure appropriate coverage at all times. The Health Department's current 24/7/365 staffing pattern of the Jail Nurses does not allow for medication passing unless Jail Nurse duties focus solely on medication passing and not on providing medical care to the inmates.

The Health Department received responses from two vendors: Armor Correctional Health Services, Inc. and Optimal Staffing Solutions, Inc. The Health Department's Chief Operating Officer, Medical Director, and Community Health Center Supervisor evaluated the two responses and unanimously agreed to recommend Optimal Staffing Solutions, Inc. for the contract due to the fact that they could guarantee 24/7/365 coverage, their cost was the lowest and they are a local vendor.

Reference checks confirmed Optimal Staffing Solution's timeliness, attention to detail, professionalism and responsiveness. The Deputy Health Officer supports the recommendation to contract with Optimal Staffing Solutions, Inc.

The proposed rate of service is \$25.00 per hour. If this service is used for 8 hours per day for 365 days per year, it will cost \$73,000 per year. This could be less depending on the hours per shift required to pass medications. The Health Department will manage these additional expenses through the FY 12 Jail Medical line item.

The Health Officer recommends a contract with Optimal Staffing Solutions, Inc. for medication passing services at the Ingham County Jail beginning June 1, 2012 through May 31, 2013 with the option to automatically renew from year to year.

c: Debra A. Brinson, w/ attachment
John Jacobs, w/ attachment
Barbara Watts Mastin, w/ attachment
Carolyn Redman, w/ attachment
Allan Spyke, w/attachment
Greg Harless, w/attachment

MEMORANDUM

TO: Human Services and Finance Committees
 FROM: Jim Hudgins, Director of Purchasing
 DATE: March 8, 2012
 SUBJECT: Medication Passing Services Proposal Summary

Project Description:

This project solicited proposals from qualified and experienced firms for the provision of medication passing services to inmates at the Ingham County Jail. The Contractor will provide appropriate staff 24/7/365, inclusive of holidays, to pass medications to the inmates two times each day in full compliance with the conditions defined in the RFP, contract, and with all governing federal, state and local laws, statutes, rules and regulations.

Proposal Summary:

Vendors contacted: 5 Local: 3
 Vendors responding: 2 Local: 0

Company	Total Annual Cost	Local
Optimal Staffing Solutions	\$73,000	N – Lansing (Clinton Co.)
Armor Correctional Health Services	\$78,944	N – Miami, FL

Local vendors not responding:

1. CE & A Professional Services, Mason – Due to time constraints, could not submit a proposal.
2. Aerotek, Okemos – Due to the nature of the position and the job duties involved, its corporate policy would not be able to insure individual contractors in the prison environment.

Recommendation:

The Evaluation Committee recommends awarding a 1-year contract with an option to renew for two additional years to Optimal Staffing Solutions in an amount not to exceed \$73,000.

Advertisement:

The RFP was advertised in the Lansing State Journal, El Central and posted on the Purchasing Department Web Page.

Introduced by the Law Enforcement, Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

**RESOLUTION TO AUTHORIZE A CONTRACT FOR
MEDICATION PASSING SERVICES AT THE INGHAM COUNTY JAIL**

WHEREAS, the Ingham County Health Department assumed the responsibility of providing and managing medical services for Ingham County Jail inmates January 1, 2007; and

WHEREAS, the Health Department and the Sheriff's Office are committed to providing high quality and efficient health care services to jail inmates; and

WHEREAS, medication passing is a necessity in the delivery of health care services to jail inmates; and

WHEREAS, the Ingham County Sheriff Department has requested that the passing of medications to the inmates at the Ingham County Jail transition to the Ingham County Health Department; and

WHEREAS, the Ingham County Purchasing Department issued a Request for Proposals in November 2011 for medication passing to support the health care needs of the inmates at the Ingham County Jail; and

WHEREAS, the responses were evaluated by the Health Department's Chief Operating Officer, Medical Director, and Community Health Center Supervisor; and

WHEREAS, the group unanimously agreed that Optimal Staffing Solutions, Inc. presented the best response as their proposal guaranteed 24/7 coverage, was the least expensive option, and it is a local vendor – and references confirmed its timeliness, attention to detail, professionalism and responsiveness in providing high quality services. The other vendor identified potential complications in providing the needed services; and

WHEREAS, the Health Officer recommends a contract with Optimal Staffing Solutions, Inc. for medication passing services at the Ingham County Jail.

THEREFORE BE IT RESOLVED, the Ingham County Board of Commissioners authorizes an agreement with Optimal Staffing Solutions, Inc. for medication passing services at the Ingham County Jail.

BE IT FURTHER RESOLVED, the period of the agreement shall commence June 1, 2012 through May 31, 2013 with the option to automatically renew from year to year unless terminated as set forth in the agreement.

BE IT FURTHER RESOLVED, that Optimal Staffing Solutions, Inc. shall provide medication passing services for up to \$73,000 per year.

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

MEMORANDUM

TO: Human Services Committee
County Services Committee
Finance Committee

FROM: Renée Branch Canady, PhD, Health Officer

DATE: March 23, 2012

RE: Resolution to Authorize Amendment #2 to the CPBC Agreement for 2011-2012

This is a recommendation to authorize a Amendment #2 to the 2011-2012 Comprehensive Planning, Budgeting and Contracting (CPBC) Agreement with the Michigan Department of Community Health (MDCH). The CPBC Agreement is the annual process whereby MDCH transmits State and Federal funds to Ingham County to support public health programs. The CPBC Agreement establishes the funding levels and the terms and conditions under which the funds are disbursed. The Agreement is regularly amended to adjust funding levels and clarify terms and conditions. The Board of Commissioners authorized the 2011-2012 Agreement in resolution #11-283 and the first amendment to the Agreement in resolution #11-395.

The second amendment shall increase the amount of the CPBC Agreement from \$4,669,784 to \$5,268,890 for a total increase of \$599,106. The Amendment makes the following specific changes in the budget:

1. Increases support for Highly Targeted HIV Prevention by \$52,968 - increasing the total amount to \$105,936.
2. Increases funding for HIV/AIDS Care by \$137,500 – increasing the total amount to \$275,000.
3. Raises funding for HIV Prevention by \$87,190 – increasing the total amount to \$174,380.
4. Increases funding for STD Control by \$20,342 - increasing the total amount to \$44,998.
5. Increases support for TB Control by \$2,111 – increasing the total amount to \$21,973.
6. Raises funding for WIC Resident Services by \$21,300 – increasing the total amount to \$1,195,132.
7. Adds new funding for the Nurse Family Partnership Services in the amount of \$245,000.
8. Adds new funding for the Michigan Climate and Health Adaptation Program in the amount of \$15,000.
9. Adds new funding for the PRIME Local Learning Collaborative in the amount of \$5,200.
10. Adds new funding for the Asthma Control through Education and Environment project in the amount of \$12,495.

Most of these adjustments were anticipated in our FY 2012 budget. The funding of \$245,000 for the Nurse Family Partnership (NFP) was not anticipated in the 2012 budget and an adjustment needs to be made.

NFP is an intensive maternal and child health program that MDCH offers to select local health departments. The model used in NFP has been thoroughly researched and has been demonstrated to improve maternal and child health outcomes. In the 2011-2012 fiscal year, we will receive a total of \$300,000 in funding to support NFP. Full year funding for fiscal year 2012-2013 will be \$485,000. This funding requires us to hire four public health nurses to implement the program. The four positions will consist of four public health nursing positions in Public Health Services at the PHN ICEA Grade 3 pay grade (FY 2011 Rates \$54,385 - \$65,288). The funding also requires these staff and certain other staff already working on maternal and child health to travel out of state to attend trainings on the NFP model. In addition, the four public health nurses will require computers, software and peripherals. We are budgeting an amount of up to \$10,000 to cover these purchases.

The NFP will also be supported by additional revenue generated by the four nurses to be hired. The revenue will come from increases in Medicaid billing to the Maternal Infant Health Program and from Medicaid outreach dollars. The distribution of the cost of the four positions, travel, equipment and associated costs, against the funding in the CPBC and additional revenue is detailed in the attached spreadsheet.

The resolution also authorizes a subcontract with Public Sector Consultants to conduct a health impact assessment for the Climate and Health Adaptation Program.

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

c: John Jacobs w/attachment

Nurse-Family Partnership Sample Budget: 100 Families									
For start-up prior to 7/1/2012					Ingham County Health Department				
Personnel Costs									
<i>Figures are a national average, not a recommendation. Please use your own local salary figures.</i>									
						Increase/Year			
	Base Salary	Fringe Benefits				2.0%	2.0%		
		48%	Total	% Effort	May-Sept Year 1	Year 2	Year 3	Total	
Nurse Supervisor		\$ -	\$ -	90% / 50%	\$ -		\$ -	\$ -	
Nurse Home Visitor 1	65,288	31,338	\$ 96,626	100%	\$ 40,583	96,626	98,559	235,768	
Nurse Home Visitor 2	65,288	31,338	\$ 96,626	100%	\$ 40,583	96,626	98,559	235,768	
Nurse Home Visitor 3	56,928	27,325	\$ 84,253	100%	\$ 35,386	84,253	85,939	205,578	
Nurse Home Visitor 4	56,928	27,325	\$ 84,253	100%	\$ 35,386	84,253	85,939	205,578	
Data Entry/Support Person		-	\$ -	50%	\$ -		-	-	
Sub-Total (Personnel)					151,939	361,759	368,995	882,693	
CHD Administrative Cost Alloc 15.68% of personnel					23,824	56,724	57,858	138,406	
Administrative Costs (Please adjust to local costs)									
Office Supplies	\$ 371	per nurse	per year		623	1,514	1,544	3,681	
Client Support Materials	\$ 52	per family	per year		2,184	5,304	5,410	12,898	
Copies of forms/facilitators (B/	\$ 68	per family	per year		1,200	6,936	7,075	15,210	
Postage	\$ 6	per family	per year		252	612	624	1,488	
Computers w/ Software	\$ 1,650	Each NHV			6,600				
Computer Network Fees	\$ 52	per month			416	636	649	1,702	
Cellular Phones	\$ -	purchase one per nurse			-	-	-	-	
Cellular Usage Fees	\$ 360	per nurse	per year		605	1,469	1,498	3,572	
Medical & Program Supplies	\$ 412	per NHV Yr 1; half that Yrs 2 & 3			900	840	857	2,597	
Professional Development	\$ 515	per nurse	per year		1,800	2,101	2,143	6,044	
Mileage (20 trips/family/yr)	10	mi/trip	\$ 0.555 per mile		4,662	11,322	11,548	27,532	
Sub-Total (Administrative)					19,242	30,734	31,349	81,325	
Total Cost Personnel & Administrative					195,005	449,218	458,201	1,102,423	
NFP Services									
		Yr 1	Yr 2	Yr 3					
Start up fee		\$ 4,192			4,192			4,192	
NFP Data & Reporting System Set-Up		\$ 1,467			1,467			1,467	
Nurse Initial Education Tuition		\$ 4,069	per NHV		16,276	-	-	16,276	
Supervisor Initial Education Tuition		\$ 4,803	per Supv.		4,803	-	-	4,803	
Administrator Initial Education Tuition		\$ 480	per Administrator		480	-	-	480	
Number of Administrators who will attend		1							
Nurse Education Materials		\$ 517	per NHV and Supv.		2,068	-	-	2,068	
Technical Assistance		\$ 9,080			9,080			9,080	
New Fee Structure to Take Effect on Agency's First Contract Anniversary after July 1, 2012									
Program Support Fee			\$ 7,046	\$ 7,046		7,046	7,046	14,092	
Nurse Consultation Fee			\$ 8,447	\$ 8,447		8,447	8,447	16,894	
Total Cost Nurse-Family Partnership Services					38,366	15,493	15,493	69,352	
Nurse-Family Partnership Travel Costs (Airfare/Hotel/Meals)									
Travel: Agency to Administrator Education	\$ 1,100	per Administrator			1,100	-	-	1,100	
Travel: Agency to Education Unit 2	\$ 1,550	per NHV and Supv.			7,750	-	-	7,750	
Travel: Agency to Education Unit 4	\$ 1,050	per Supv.			1,050	-	-	1,050	
Travel: Supervisor to Annual Education	\$ 1,050	\$ 1,050	\$ 1,050		1,050	1,050	1,050	3,150	
Total Costs of Travel					10,950	1,050	1,050	13,050	
Additional Costs									
NCAS Materials	See narrative				1,138			1,138	
PIPE Materials	See narrative				2,695			2,695	
ASQ Materials	See narrative				950			950	
Dyadic Measurement Training	See narrative				5,870			5,870	
Edinburgh/PHQ-9 Training	See narrative				-			-	
HOME IT Assessment Materials	See narrative				75			75	
TOTAL ANNUAL BUDGET					\$ 255,049	\$ 465,761	\$ 474,744	\$ 1,195,553	

Revenue						
CPBC	Amount for 3rd year unknown. Assume 50%.		300,000	485,000	242,500	1,027,500
MIHP	Assume 45 clients @ 1.5 visits/mo.				127,170	127,170
Medicaid Outreach	Assume 90% of 50% match on half of budget.				106,817	106,817
TOTAL ANNUAL REVENUE			\$ 300,000	\$ 485,000	\$ 476,487	\$ 1,273,262

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

INGHAM COUNTY BOARD OF COMMISSIONERS

**RESOLUTION TO AUTHORIZE AMENDMENT #2 TO THE 2011-2012
COMPREHENSIVE PLANNING, BUDGETING AND CONTRACTING 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, MDCH and Ingham County have entered into a 2011-2012 Agreement for the delivery of public health services under the Comprehensive Planning, Budgeting and Contracting (CPBC) process as authorized by Resolution #11-283 and amended in #11-395; and

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

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

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes a second amendment to the 2011-2012 Comprehensive Planning, Budgeting, and Contracting Agreement with the Michigan Department of Community Health.

BE IT FURTHER RESOLVED, that the total amount of CPBC funding shall increase from \$4,669,784 to \$5,268,890 for a total increase of \$599,106.

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

1. Increases support for Highly Targeted HIV Prevention by \$52,968 - increasing the total amount to \$105,936.
2. Increases funding for HIV/AIDS Care by \$137,500 – increasing the total amount to \$275,000.
3. Raises funding for HIV Prevention by \$87,190 – increasing the total amount to \$174,380.
4. Increases funding for STD Control by \$20,342 - increasing the total amount to \$44,998.
5. Increases support for TB Control by \$2,111 – increasing the total amount to \$21,973.
6. Raises funding for WIC Resident Services by \$21,300 – increasing the total amount to \$1,195,132.
7. Adds new funding for the Nurse Family Partnership Services in the amount of \$245,000.
8. Adds new funding for the Michigan Climate and Health Adaptation Program in the amount of \$15,000.
9. Adds new funding for the PRIME Local Learning Collaborative in the amount of \$5,200.
10. Adds new funding for the Asthma Control through Education and Environment project in the amount of \$12,495.

BE IT FURTHER RESOLVED, that the Board of Commissioners authorizes the establishment of four public health nursing positions in Public Health Services at the PHN ICEA Grade 3 pay grade (FY 2011 rates \$54,385 - \$65,288).

BE IT FURTHER RESOLVED, that the Board of Commissioners authorizes the MIS Department to purchase of four computers, software and peripherals, costs not to exceed \$10,000 for the four nurses to be hired for the Nurse Family Partnership.

BE IT FURTHER RESOLVED, that the Board of Commissioners authorizes a subcontract of \$9,500 with Public Sector Consultants for data collection and analysis for a Health Impact Assessment for the Climate and Health Adaptation Project. The period of this agreement shall be March 1, 2012 through September 30, 2012

BE IT FURTHER RESOLVED, that the Health Officer, Dr. Renée Branch Canady, Ph.D., and John Jacobs, Chief Financial Officer of the Health Department, are authorized to submit the grant documents for the second amendment of the 2011-2012 CPBC electronically through the Mi-E Grants system.

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 Board of Commissioners Chairperson is authorized to sign the subcontract agreements after review by the County attorney.

MEMORANDUM

TO: Human Services Committee
Finance Committee

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

DATE: March 19, 2012

RE: Resolution to Accept a Michigan Minority Health Month Grant and Authorize a Subcontract Agreement

The Ingham County Health Department has been awarded a Michigan Minority Health Month grant in the amount of 10,000 by the Michigan Department of Community Health (MDCH) to promote HIV and STI prevention among Ingham County youth.

The Health Department will use the entire award to contract with One Love Global, Inc. to engage youth interns in the Peace and Prosperity Youth Action Movement (PPYAM) who will develop a plan for promoting HIV and STI prevention in Ingham County. To do this, the youth interns will research peer attitudes and awareness and field test prevention messages and materials at two youth-focused events in the summer of 2012.

One Love Global is uniquely positioned to do this work. They have been working with the PPYAM youth interns since 2010 through funding from a Kellogg Foundation grant as part of the Health Department's Social Justice Project. The youth interns have developed health equity messages focusing on access to healthy food, physical activity, violence prevention, and educational opportunities, and they have spoken at several youth conferences in Michigan.

I recommend the Board accept grant the award from MDCH, authorize a contract with One Love Global, Inc.

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO AUTHORIZE ACCEPTANCE OF A MICHIGAN MINORITY HEALTH MONTH GRANT AND AUTHORIZE A SUBCONTRACT AGREEMENT

WHEREAS, the Michigan Department of Community Health (MDCH) and Ingham County have entered into a 2011-2012 agreement for the delivery of public health services under the Comprehensive Planning, Budgeting and Contracting (CPBC) process as authorized by Resolution #11-283 and

WHEREAS, the Health Department has been notified that the CPBC Agreement for 2011-2012 will include \$10,000 for health promotion activities related to Michigan Minority Health Month; and

WHEREAS, the Health Department has been working with One Love Global, Inc. to promote healthy lifestyles and reduce health disparities among Ingham County Youth since 2010.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes acceptance of a Michigan Minority Health Month Grant from MDCH.

BE IT FURTHER RESOLVED, that MDCH will provide Ingham County with \$10,000 to implement the grant through the CPBC process.

BE IT FURTHER RESOLVED, that the Board of Commissioners authorizes a subcontract with One Love Global, Inc. in the amount of \$10,000 to implement the grant activities and promote HIV and STI prevention among Ingham County youth.

BE IT FURTHER RESOLVED, that the period of the subcontract is April 1, 2012 through September 30, 2012.

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 authorized to sign the agreement after review by the County attorney.

MEMORANDUM

TO: Human Services Committee
County Services Committee
Finance Committee

FROM: Renée Branch Canady, Ph.D., M.P.A., Health Officer

DATE: March 6, 2012

RE: Resolution to Authorize a Realignment of Health Department Administrative Structure

This memorandum requests approval for a resolution that will realign the administrative structure of the Health Department. The realignment is the direct result of the separation of the Health Officer and Medical Director responsibilities into distinct positions as required by my appointment as administrative Health Officer. Having observed and evaluated the administrative operations of the department over the last four months since my appointment, I now propose a structure which distributes administrative responsibilities across fewer managers, and more effectively utilizes the existing administrative and managerial capacity of the department. As Health Officer, I will also retain additional direct report managerial supervisor in order to take advantage of fiscal opportunities afforded by the retirement of two managers in the department, allowing for greater administrative efficiency as well as important budgetary savings.

This resolution recommends maintaining the current two-Deputy Health Officer administrative structure and realigns managerial positions and roles within the Department. The resolution reassigns duties formerly held by the PHS Director (which will be eliminated) and takes advantage of lessons learned during the interim administrative structure which was established upon my appointment in November, 2011. In addition, the realignment will result in the elimination of a total of five managerial positions, the establishment of one new managerial position, and the reallocation of managerial duties across existing staff.

I believe that this proposal “right-sizes” the administrative work at all levels of the department while maintaining a robust and effective leadership team. We have vetted this plan by all affected unions and the County’s Human Resources Department; both have offered preliminary support. The affected employees are also supportive including those who will accept new and additional responsibilities. Positions proposed for elimination involve vacancies; thus avoiding negative effects to any incumbent employees.

In addition to the \$24,836 in cost savings, the reorganization creates additional provider capacity to serve clients in the Community Health Center Network, which in turn, will generate addition revenue for the department.

I recommend the Board adopt the attached resolution and authorize the recommended staffing and structural adjustments.

c: Deb Brinson, Deputy Health Officer, Community Health Care Services
Travis Parsons, Human Resources Director
Sarah Bryant, President, ICEA Public Health Nurses Unit
Rich Estill, President, ICEA Professional Employees Unit
Kathy Fitton, President, Michigan Nurses Association
Chuck Gray, President, UA

<u>Position #</u>	<u>Current Job Title</u>	<u>Current Pay</u>	<u>Current Annual Cost</u>	<u>New Job Title</u>	<u>New Pay</u>	<u>Proposed Annual Cost</u>	<u>Cost/ (Savings)</u>	<u>Position filled or vacant</u>	
601001	HO/Medical Examiner/Medical Director	MCF C+	242,359	Health Officer	MCF 18	177,643	(64,716)	filled	(3)
601381	DHO, Public Health Services	MCF 17	167,936	DHO, Public Health Services	MCF 15	148,223	(19,713)	vacant	
601042	Prevention Program Coord	ICEA 9	102,925	Prevention Program Coord	ICEA 10	109,725	6,800	filled	
601041	BCCCP Nurse	MNA 2	87,090	BCCCP Charge Nurse	MNA 3	93,564	6,474	filled	
601383	Assistant Deputy Health Officer	MCF 10	108,164	Chief Health Communication Officer	MCF 10	108,164	0	filled	
601135	Public Health Specialist	ICEA 5	78,037	Assistant Deputy Health Officer	MCF 8	93,611	15,575	filled	
new	na	na	0	Deputy Director of Environmental Health	MCF 11	115,366	115,366	vacant	
601333	Sanitarian II	ICEA 8	95,649	San III, Planned Program Supv	ICEA 9	102,925	7,277	vacant	
601324	Demand Program Supervisor	MCF 11	115,366	San III, Demand Program Lead	ICEA 9	102,925	(12,440)	filled	(1)
601335	Community Health Rep IV	UAW F	67,709	Administrative Assistant, EH	UAW G	70,594	2,885	filled	
601044	Community Health Rep II	UAW 8	62,776	Administrative Assistant, BCCP	UAW F	67,709	4,933	filled	
601366	Human Services Grant Coord	MCF 10	108,164	Human Services Grant Coord	ICEA 7	88,709	(19,455)	filled	(1)
new	na	na	0	Medical Director	MCF C	223,918	223,918	filled	
601377	Project Specialist	ICEA 5	78,035	Project Specialist	ICEA 6	83,037	5,002	filled	
601307	Business Analyst	MCF 7	87,106	Health Analyst/Systems Analyst	ICEA 8	95,132	8,026	filled	
601025	PCP/Dep Medical Director	MCF C	223,918	Primary Care Physician	MCF C	223,918	0	vacant	
601004	Director of PHS	MCF 13	129,814	eliminated	na	0	(129,814)	na	
601320	Planned Program Supervisor	MCF 11	115,366	eliminated	na	0	(115,366)	na	
601363	Community Health Rep II	UAW D	62,104	eliminated	0	0	(62,104)	filled	
601052	Sanitarian II (2)	ICEA 8	32,482	eliminated	0	0	(32,482)	filled	
Contract	Sparrow Contract for ME Svcs	na	320,000	increase per R11-335	na	355,000	35,000	na	
Total Cost			2,285,001			2,260,166	(24,836)		

(1) effective upon incumbent retirement on or about 7/1/12

(2) This position is currently partially funded by a State Lead Grant in the amount of \$78,952. Since the grant is being discontinued, the position is proposed for elimination. The net general fund savings from eliminating the position will be \$32,482..

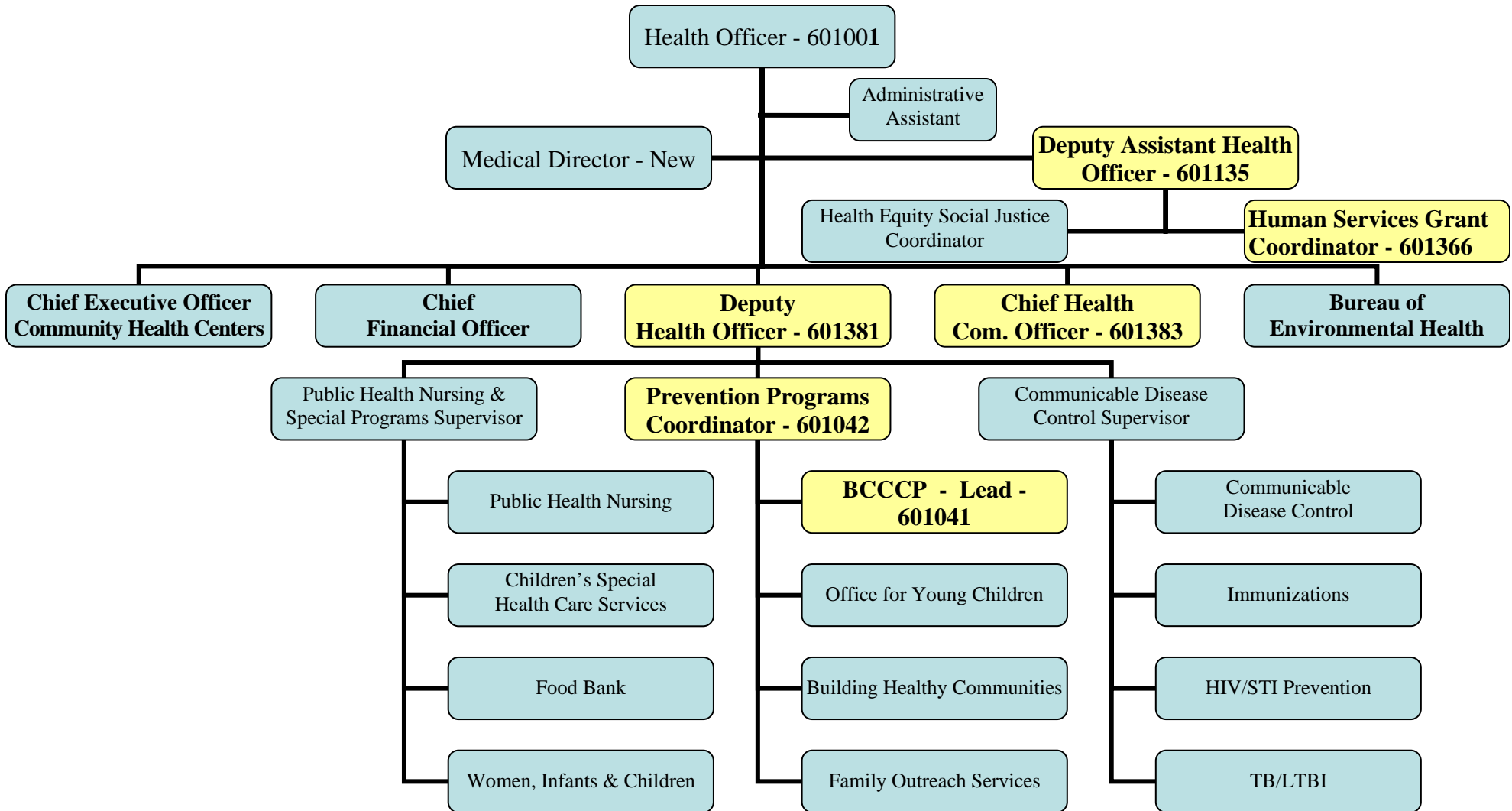
(3) This reflects Dr. Sienko's rate of pay, which was equivalent to a physician plus 5%.

<u>Position #</u>	<u>Current Job Title</u>	<u>Current Pay</u>	<u>Current Annual Cost</u>	<u>New Job Title</u>	<u>New Pay</u>	<u>Proposed Annual Cost</u>	<u>Cost/ (Savings)</u>	<u>Employee in New Job Title</u>	<u>Employee #</u>
601001	HO/Medical Examiner/Medical Director	MCF C+/5	242,359	Health Officer	MCF 18/4	169,465	(72,894)	Filled	4279
601381	DHO, Public Health Services	MCF 17/4	160,182	DHO, Public Health Services	MCF 15/1	124,222	(35,960)	vacant	na
601042	Prevention Program Coord	ICEA 9/5	102,449	Prevention Program Coord	ICEA 10/5	109,249	6,800	Filled	2173
601041	BCCCP Nurse	MNA 2/5	87,090	BCCCP Charge Nurse	MNA 3/5	93,564	6,474	Filled	1151
601383	Assistant Deputy Health Officer	MCF 10/5	108,164	Chief Health Communication Officer	MCF 10/5	108,164	0	Filled	2500
601135	Public Health Specialist	ICEA 7/3	82,964	Assistant Deputy Health Officer	MCF 8/2	83,951	987	Filled	1789
new	na	na	0	Deputy Director of Environmental Health	MCF 11/1	96,847	96,847	vacant	na
601333	Sanitarian II	ICEA 8/5	95,649	San III, Planned Program Supv	ICEA 9/1	86,593	(9,055)	vacant	na
601324	Demand Program Supervisor	MCF 11/5	115,366	San III, Demand Program Supv	ICEA 9/1	86,593	(28,772)	Filled	1038
601335	Community Health Rep IV	UAW F/5	66,742	Administrative Assistant, EH	UAW G/5	69,627	2,885	Filled	2278
601044	Community Health Rep II	UAW 8/5	62,293	Administrative Assistant, BCCP	UAW F/4	65,087	2,795	Filled	2117
601366	Human Services Grant Coord	MCF 10/5	106,637	Human Services Grant Coord	ICEA 7/1	75,471	(31,166)	Filled	3480
new	na	na	0	Medical Director	MCF C/5	223,440	223,440	Filled	1051
601377	Project Specialist	ICEA 5/3	72,790	Project Specialist	ICEA 6/3	77,354	4,564	Filled	2073
601307	Business Analyst	MCF 7/5	85,579	Health Analyst/Systems Analyst	ICEA 8/2	83,828	(1,751)	Filled	4269
601025	PCP/Dep Medical Director	MCF C/5	221,764	Primary Care Physician	MCF C/5	221,764	0	vacant	na
601004	Director of PHS	MCF 13/2	113,231	eliminated	na	0	(113,231)	na	na
601320	Planned Program Supervisor	MCF 11/5	115,366	eliminated	na	0	(115,366)	na	na
601363	Community Health Rep II	UAW D/5	59,929	eliminated	0	0	(59,929)	Filled	3197
601052	Sanitarian II (2)	ICEA 8/5	32,482	eliminated	0	0	(32,482)	Filled	1323
Contract	Sparrow Contract for ME Svcs	na	320,000	increase per R11-335	na	355,000	35,000	na	na
Total Cost			2,251,035			2,130,220	(120,814)		

(1) effective upon incumbent retirement on or about 7/1/12

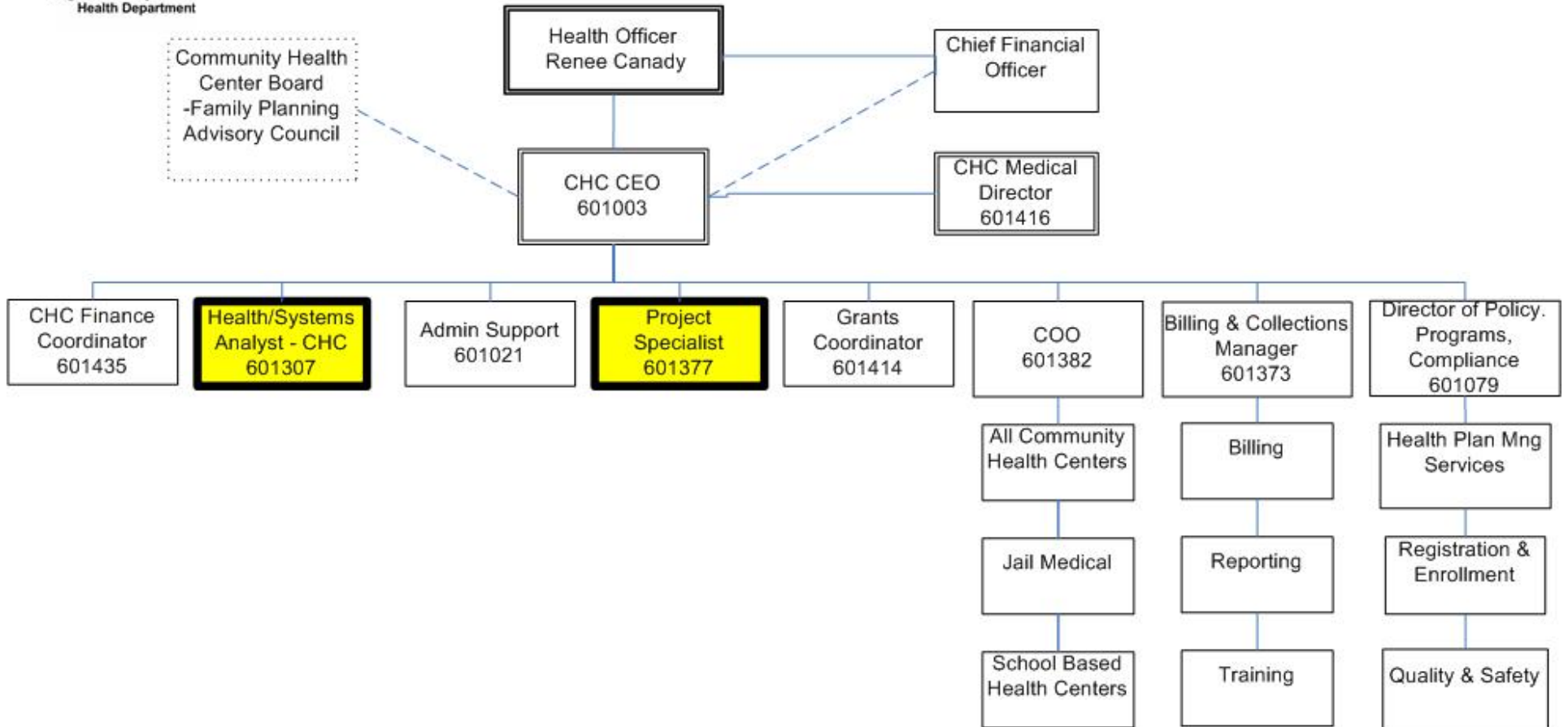
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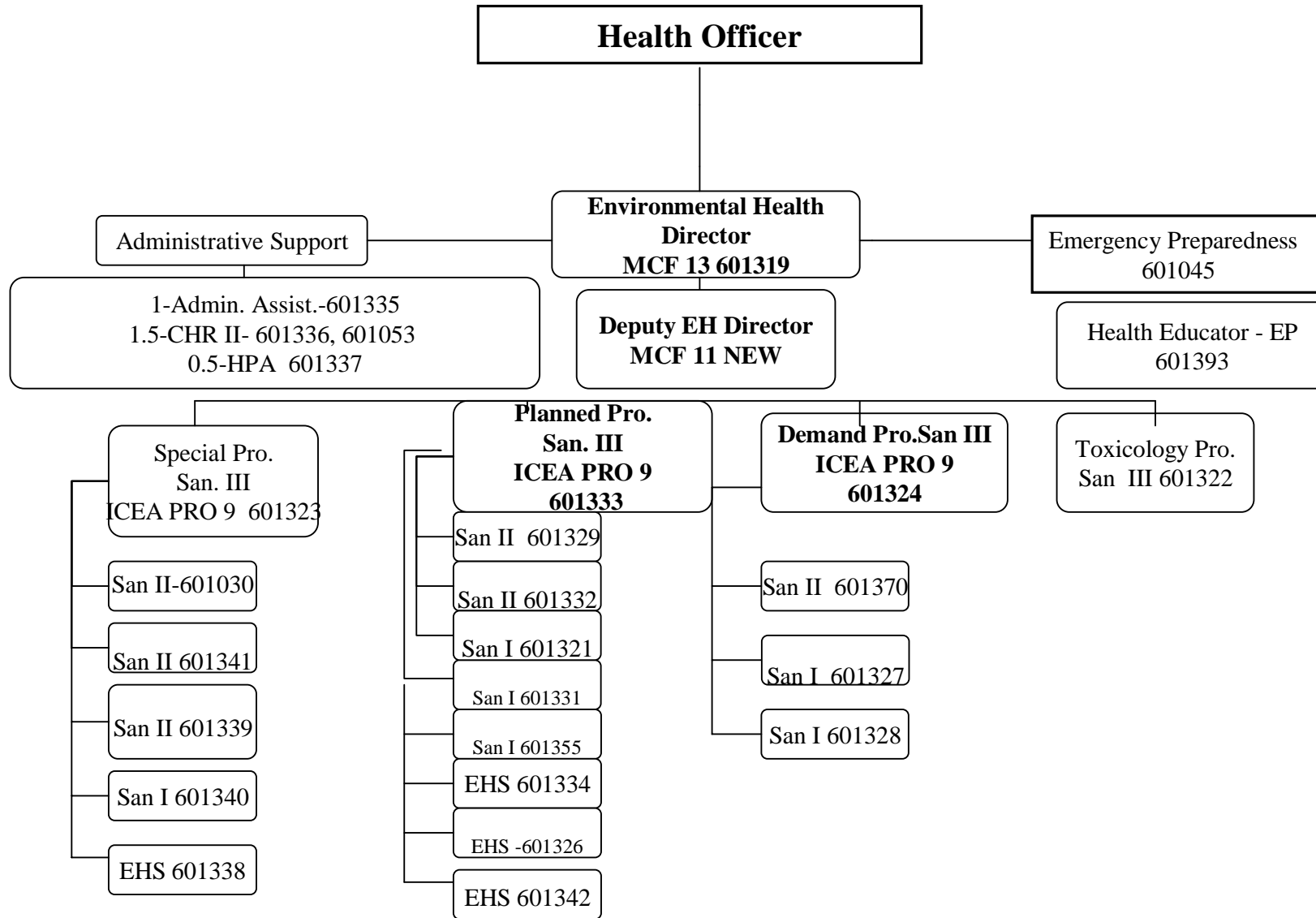
(3) This reflects Dr. Sienko's rate of pay, which was equivalent to a physician plus 5%.



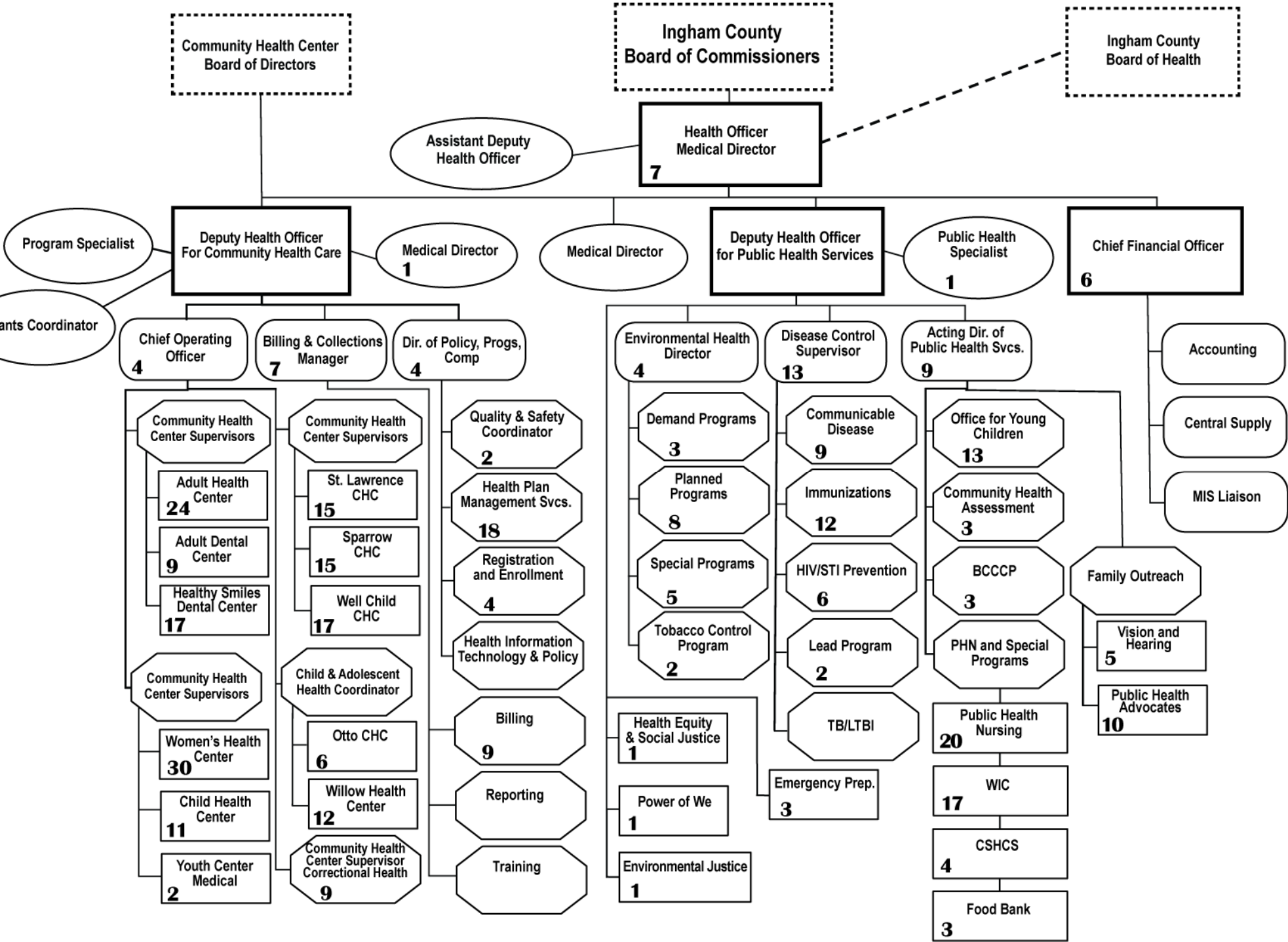


Deputy Health Officer of Community Health Care Services Administrative Staff Organizational Chart





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

INGHAM COUNTY BOARD OF COMMISSIONERS

**RESOLUTION TO AUTHORIZE A REALIGNMENT OF HEALTH DEPARTMENT PROGRAMS
AND ADMINISTRATIVE STRUCTURE**

WHEREAS, the Board of Commissioners establishes the Plan of Organization for the Health Department, with the concurrence of the Michigan Department of Community Health; and

WHEREAS, Dean G. Sienko, M.D., recently retired as Health Officer and Medical Director; and

WHEREAS, in Resolution #11-336 the Board of Commissioners appointed Renée Branch Canady, Ph.D., as Health Officer; and

WHEREAS, the re-establishment of the Medical Director position was set forth in Resolution #11-337; and

WHEREAS, the Health Officer has reviewed the structure of the Department and has proposed a number of changes in the administrative structure resulting in shifts of administrative services and job functions; and

WHEREAS, the proposed changes will reduce administrative structure through the elimination of managerial positions and realignment of reporting relationships resulting in increased administrative, programmatic and fiscal efficiency; and

WHEREAS, the majority of the proposed adjustments can be implemented by taking advantage of currently vacant positions and retirements at a significant budgetary savings; and

WHEREAS, the proposed recommendations have been evaluated by the Human Resources Department which has concurred with the recommendations that are contained in this resolution; and

WHEREAS, the affected bargaining groups have been consulted and provided documentation regarding the recommendations contained in this resolution; and

WHEREAS, the Health Officer recommends that the Board of Commissioners accept the proposed realignment and restructuring of services and authorize the resulting changes in job titles, classifications and establishment of positions; and

WHEREAS, the Health Officer has advised that no additional funds are required and that implementation of the proposed changes result in cost savings.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners hereby amends the Ingham County Health Department Plan of Organization.

BE IT FURTHER RESOLVED, the Board of Commissioners authorizes the following changes in job titles and reclassification/salary grades:

<u>Position number</u>	<u>Current Grade</u>	<u>Current Grade</u>	<u>Proposed Job Title</u>	<u>Proposed Grade</u>
601001	Health Officer/Medical Examiner/Medical Director	MCF C+	Health Officer	MCF 18
601381	Deputy Health Officer, Public Health Services	MCF 17	Deputy Health Officer, Public Health Services	MCF 15
601044	CHR II	UAW 8	Administrative Assistant BCCCP	UAW F
601042	Prevention Program Coord	ICEA 9	Prevention Program Coord	ICEA 10
601041	BCCCP Nurse	MNA 2	BCCCP Nurse Case Manager	MNA 3
601383	Assistant Deputy Health Officer	MCF 10	Chief Health Communication Officer	MCF 10
601135	Public Health Specialist	PRO 5	Assistant Deputy Health Officer	MCF 8
601333	Sanitarian II	ICEA 8	San III, Planned Program Lead	ICEA 9
601324	Demand Program Supervisor	MCF 11	San III, Demand Program Lead	ICEA 9
601335	CHR IV	UAW F	Administrative Assistant, EH	UAW G
601366	Human Services Grant Coord	MCF 10	Human Services Grant Coord	ICEA 7
601377	Project Specialist	ICEA 5	Project Specialist	ICEA 6
601307	Business Analyst	MCF 7	Health/Systems Analyst/CHC	ICEA 8

BE IT FURTHER RESOLVED, the Board of Commissioners authorizes the following changes in job titles:

<u>Position / Title</u>	<u>Proposed Title</u>
601402 / Deputy Health Officer, Community Health Services	Chief Executive Officer/Director, Community Health Services
601025 / PCP/Deputy Medical Director	Primary Care Physician

BE IT FURTHER RESOLVED, the Board of Commissioners authorizes the following positions are established or re-established:

<u>Position / Title</u>	<u>Proposed Grade</u>
Deputy Director, Environmental Health	MCF 11
Medical Director	MCF C

BE IT FURTHER RESOLVED, that the following positions are eliminated:

<u>Position/Title</u>	<u>Grade</u>
601004 / Director Public Health Services	MCF 13
601320 / Manager, Planned Programs	MCF 11

BE IT FURTHER RESOLVED, that due to the loss of the MDCH Lead Grant, positions 601363/Community Health Representative II/UAW D, and 601052/Sanitarian II will be eliminated and the incumbents will be reassigned to vacant positions within the Health Department, with these actions effective no later than December 31 2012. The general fund allocation to this position will be subsumed by savings from the reorganization.

BE IT FURTHER RESOLVED, that all position adjustments be effective upon resolution approval, with the exception of the positions mentioned above and 601324 and 601366, which will take effect July 1, 2012 upon the retirement of the incumbents.

BE IT FURTHER RESOLVED, that the hiring freeze is waived and the positions established can be posted.

Introduced by the Human Services Committee of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION HONORING ROBIN LEWIS

WHEREAS, Robin Lewis began her career with Ingham County in May, 1990 as a Clinic Assistant in the Health Department's WIC Program teaching nutrition classes; and

WHEREAS, in August, 1991, she was promoted to a Sanitarian I position in the Environmental Health unit; and

WHEREAS, upon completion of the National Examination for Sanitarians, she was promoted to a Sanitarian II classification; and

WHEREAS, Ms. Lewis was one of the lead food sanitarians to develop the Quality Assurance Program for food, and served as a member of the Ingham County quality management Board; and

WHEREAS, Ms. Lewis served on many state and local associations such as, president of the Great Lakes Conference on Food Protection, Michigan Environmental Health Association (MEHA), Past president of the Southwest Sanitarians; and

WHEREAS, Ms. Lewis was appointed by Governor Granholm to the Advisory Board of Sanitarians; and

WHEREAS, she served as an elected member of the Lansing School Board for four years and the CATA Board of Directors; and

WHEREAS, she was an active member of the Ingham County Employees' Association, serving as president and secretary.

THEREFORE BE IT RESOLVED that the Ingham County Board of Commissioners hereby honors Robin Lewis for her 22 years of dedicated service to the community where she is highly respected by peers in the food services industry, and for the contributions she has made to the Ingham County Health Department.

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