

CHAIRPERSON
BRYAN CRENSHAW

VICE-CHAIRPERSON
RYAN SEBOLT

VICE-CHAIRPERSON PRO-TEM
ROBIN NAEYAERT

HUMAN SERVICES COMMITTEE
TODD TENNIS, CHAIR
CHRIS TRUBAC
RYAN SEBOLT
THOMAS MORGAN
DERRELL SLAUGHTER
EMILY STIVERS
ROBIN NAEYAERT

INGHAM COUNTY BOARD OF COMMISSIONERS
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THE HUMAN SERVICES COMMITTEE WILL MEET ON MONDAY, FEBRUARY 25, 2019 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 [February 4, 2019 Minutes](#)

Additions to the Agenda

Limited Public Comment

1. [Youth Commission – Interviews](#)
2. [Community Mental Health – Families Forward Update \(Information Item\)](#)
3. [Health Department/Sheriff's Office – Jail Medical Reorganization Discussion](#)
4. [Special Transportation Millage](#)
 - a. Resolution Requesting the Conversion of Ingham County's Non-Voting [Appointee](#) on the Capital Area Transportation Board of Directors to Voting Status
 - b. Resolution Authorizing the [Fourth Amendment](#) to the Agreement with the Capital Area Transportation Authority Dated January 1, 2016 through December 31, 2020 (*tabled at July 16, 2018 meeting*)

Announcements

Public Comment

Adjournment

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

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

HUMAN SERVICES COMMITTEE
February 4, 2019
Draft Minutes

Members Present: Morgan, Naeyaert, Sebolt, Slaughter, Stivers, Tennis, and Trubac.

Members Absent: None.

Others Present: Commissioner Bryan Crenshaw, Sheriff Scott Wriggelsworth, Darin Southworth, Diontrae Hayes, Jared Cypher, Tim Morgan, Melissa Buzzard, Matt Bennett, Jessy Gregg, Michael Romkema, Younes Ishraidi, Tyler A Smith, and others

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

Approval of the January 14, 2019 Minutes

CHAIRPERSON TENNIS STATED THAT, WITHOUT OBJECTION, THE MINUTES OF THE JANUARY 14, 2019 HUMAN SERVICES COMMITTEE MEETING WOULD STAND APPROVED AS PRESENTED.

Additions to the Agenda

None.

Limited Public Comment

Diontrae Hayes, Lansing Township Supervisor, stated that she was present to talk about the Waverly Road Trails Project. She further stated that the project was one of several to be considered during the meeting, and that it would improve pedestrian safety and connectivity in the region.

Ms. Hayes stated that she was very proud of the project, and that it was a collaboration between Lansing Township and Delta Township. She further stated that for some residents, the trail was a primary mode of transportation between bus routes, and that many used it for recreation.

Ms. Hayes stated that there was a pedestrian fatality on the trail in 2017, and that increasing safety along the trail was a priority for Lansing Township. She further stated that the results of a recent survey showed people wanted more accessibility and connectivity in County trail systems, as people wanted to walk and bike.

Ms. Hayes thanked the Committee for their consideration, and stated she would answer any questions.

Commissioner Morgan asked whether the trail Ms. Hayes mentioned was the one just south of I-496.

Ms. Hayes stated that the trail would run along Waverly Road, from St. Joseph Street to Old Lansing Road. She further stated that there were some concerns about grading, access and traffic flow with the Delta Township trails to which the project would connect.

Ms. Hayes stated that those concerns would take more resources, but could be addressed in Phase II of the project. She further stated that Phase II would give residents access to the River Trail.

Michael Romkema, Roth, Hill & Clark Engineer, stated that Delta Township was disappointed that the Parks and Recreation Commission had not approved the Holt to Mason trail. He further stated that Delta Township staff were pleased that \$1 million had been approved for 2020, but that the money would not cover the full project cost.

Mr. Romkema stated that Delta Township was looking forward to working with the County and other local partners to complete the trail, and ultimately connect the northern boundaries of the County to Mason. He further stated that Delta Township would like the Board of Commissioners to reconsider the funding decision.

Mr. Romkema stated that he wanted to thank the members of the Committee, and that the project would connect to three trail systems in the County.

John Hayhoe, Delhi Township Supervisor, stated that the County Courthouse was in Mason, and that the trail from Holt to Mason would allow access from Mason into Lansing. He further stated that he had been working for 10-12 years to develop trails in Delhi Township.

Mr. Hayhoe stated that some people did not appreciate trails, and that some Delhi Township Board members had taken hits in order to develop trails. He further stated that one trail had been built from Valhalla Park to connect with Lansing trails at the intersection of Aurelius Road and Jolly Road, and that people appreciated it.

Mr. Hayhoe stated that the trail had been developed all the way to Holt Road, and on to Holt High School. He further stated that it was now possible to bike from Lansing down to Holt High School, and that connecting to Burchfield Trail had been considered.

Mr. Hayhoe stated that he wanted to continue developing trails, eventually to Leslie and ultimately to Jackson. He further stated that it was hard to do something like that without someone putting in the time.

Mr. Hayhoe stated that George Hayhoe down in Mason had made it his mission to connect Mason to Lansing. He further stated that plans had been made to build the trail over the highway, through Dart Container's property, along Cedar Street, and into Delhi Township.

Mr. Hayhoe stated that a \$2 million kayak and boating park development was being done near the roundabout south of Holt, and that the site would be located near the planned route for the trail from Holt to Mason. He further stated that Delhi Township would need help for the last two or three miles.

Mr. Hayhoe stated that George Hayhoe would donate \$200,000, and that the trail project would happen, the sooner the better. He further stated that the Delhi Township Board was progressive on the issue, and wanted to connect to Mason.

Younes Ishraidi, Meridian Township Chief Engineer, stated that he was present to talk about the MSU to Lansing Phase II project. He further stated that the project would connect MSU to Lake Lansing, a distance of 5.2 miles.

Mr. Ishraidi stated that the trail could not be finished in one project, so it had been split into three phases. He further stated that Phase I had been funded from the trail millage, as well as a conditional Transportation Alternatives Program (TAP) grant from the Michigan Department of Transportation (MDOT).

Mr. Ishraidi stated that Phase II would link the end of Phase I, at Grand River Avenue and Park Lake Road, to Okemos Road near the Meridian Township Services Center. He further stated that there was an established foot trail along the route, and that Phase II would pave the trail.

Mr. Ishraidi stated that Phase III would run from the end of Phase II along the Okemos Boardwalk, and that there was a gap there. He further stated that this project was voted the number one most desired trail in the Lansing area in a survey done by a consultant.

Mr. Ishraidi stated that funding the project would help tremendously, and that students, professors, and workers at MSU would be able to use it. He further stated that he would be happy to answer questions.

MOVED BY COMM. NAEYAERT, SUPPORTED BY COMM. SLAUGHTER, TO APPROVE A CONSENT AGENDA CONSISTING OF THE FOLLOWING ACTION ITEMS:

2. Community Mental Health – Resolution to Authorize a Contract with the Community Mental Health Authority of Clinton, Eaton and Ingham Counties (CMH) for Health Services Millage Eligible Services
3. Parks Department
 - b. Resolution to Authorize a Contract with Laux Construction, LLC
4. Parks Department and Potter Park Zoo – Resolution to Implement a Revenue Management System
5. Health Department
 - a. Resolution to Amend Lease Agreement with Holy Cross Services

- b. Resolution to Authorize Amendment # 2 to the 2018-2019 Comprehensive Agreement with the Michigan Department of Health and Human Services
 - c. Resolution to Authorize an Agreement with Florida State University
 - e. Resolution to Authorize an Extension to Agreement with MSU for Psychiatric Services and to Increase Psychiatric Services to a .7 FTE Position
 - g. Resolution Honoring Jennifer Allswede on the Event of Her Retirement
6. Board Referrals
- a. Letter from Lansing City Mayor Andy Schor Regarding the Consideration of Funding for the Cambridge Pathway Extension Application
 - b. Resolution 2019-12 from the Bay County Board of Commissioners Regarding Revisions to the Medicare Prescription Drug Bill of 2003

THE MOTION CARRIED UNANIMOUSLY.

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

1. Health Department/Sheriff's Office – Jail Medical Reorganization Discussion

Chairperson Tennis stated that there had been problems with how medical services were being provided at the jail, and the discussion was about whether to continue using in-house medical services, or to consider using vendors.

Linda Vail, Health Officer, stated that she thanked Sheriff Scott Wriggelsworth, Major Darin Southworth, Anne Scott, and others. She further stated that a request for proposals (RFP) had been sent out, and that a proposal for reorganization had also been completed.

Ms. Vail stated that after completing the RFP process, the Health Department recommended the proposal submitted by Corizon. She further stated that the County was facing some urgency, because current services were provided by the MSU College of Nursing, which had agreed to continue through June, but was now terminating the contract in March.

Ms. Vail stated that with no nurse practitioners, the jail could not provide assessment, diagnosis, or treatment on site. She further stated that the RFP included a requirement that vendors would provide nurse practitioners at the jail, and that this was above and beyond, when compared to other counties' jails.

Ms. Vail stated the change was not about cost savings, but rather about ensuring the best quality of care to inmates in the jail. She further stated that correctional healthcare was outside of the Health Department's expertise, but that it had provided services since 2011.

Ms. Vail stated that using a vendor provided cost containment, and that using one contract to provide services would save costs more effectively than the multiple separate contracts the

Health Department used to provide services. She further stated that consolidation of services would eliminate the “hybrid model,” and avoid multi-contracting.

Ms. Vail stated that Corizon provided a higher quality of care, and more services than Health Department could provide. She further stated that Corizon offered expertise, quality, accountability, consistency, and assurance of staffing coverage.

Ms. Vail stated that if the reorganization was preferred, there were two job descriptions in the packet, and a resolution and memo. She further stated that between Corizon and the reorganization plan, costs were fairly comparable, but the County’s costs were a little higher, with fewer direct services.

Ms. Vail stated that under the reorganization plan, a lot of old problems would not go away. She further stated that jail medical had struggled to retain staff, and that currently only five out of eight Full Time Equivalents (FTEs) were filled.

Ms. Vail stated that in 2013, the jail medical program had stopped providing 24/7 coverage. She further stated that in 2015, the program could not fill its fifth nurse position, and that the program had averaged three or four nurses since then.

Ms. Vail stated that expanded staffing service was necessary to address gaps in operations, but would add costs. She further stated that Corizon offered detox, medication-assisted treatment, substance abuse services, supportive treatment services, and other services that aligned with the Health Department’s methods in providing services to the rest of the County.

Sheriff Scott Wriggelsworth stated that solving the jail medical problem was his Office’s number one priority in 2019. He further stated that offsite medical services should be rare, but that they were the norm in the County.

Sheriff Wriggelsworth stated that his office incurred a lot of overtime to transport and guard inmates at hospitals, and that as things were, it might take several days between an inmate needing services and receiving them. He further stated that only three or four counties in Michigan still partnered with their Health Department to provide jail medical services, and that the rest used vendors to provide services.

Sheriff Wriggelsworth stated that jail medical staffing was low, and that there was no backup. He further stated that with a private firm, the responsibility to provide staff would fall on the firm instead of the county.

Sheriff Wriggelsworth stated that currently, his Office provided backup by transporting and guarding inmates. He further stated that he had called other counties that partnered with Corizon, such as Calhoun, Kent, and Genesee counties.

Sheriff Wriggelsworth stated that a request for proposals on the design of the new jail would soon go out, and that a vendor would need to be in place by that time to give input on the design of the medical wing. He further stated that hospital representatives had informed his Office that they would no longer assist in guarding inmates, and that the Sheriff's deputies might ultimately need to rely on local police to relieve them when in need.

Sheriff Wriggelsworth stated that the current system did not provide the level of care needed.

Ms. Vail stated that a plan was in place for the current jail medical staff to be hired into County jobs, and that neither the vendor plan nor the reorganization plan would result in layoffs. She further stated that there was a strong, dedicated group of employees at the jail who were professional, and had endured a lot.

Darin Southworth, Corrections Major, stated that he agreed with Ms. Vail that the current jail medical staff were doing the best they could with what they had. He further stated that the system was imperfect.

Major Southworth stated that he had been helping to recruit nurses since the summer. He further stated that he could not give an absolute answer about what a vendor might do, but that it seemed that Corizon lived up to what it promised.

Major Southworth stated that perhaps Corizon was able to provide more reliable staffing because of its network, and that it serviced Saginaw County. He further stated that Corizon provided medical staff and prescriptions under a contract with the State, and that one of Corizon's offices was local.

Major Southworth stated that failing to provide jail medical services correctly could create a big area of liability for the County.

Ms. Vail stated that Corizon would have a nurse at intake, and that the County would not, under the new reorganization. She further stated that psychiatric services were included in Corizon's plan, but not in the reorganization plan.

Commissioner Crenshaw asked how many other responses to the RFP had been received.

Ms. Vail stated that four proposals had been received in total, and that three fit the requirements. She further stated that Advanced Correctional Health and Correct Care Solutions had provided proper proposals, and that the proposal from ATC Healthcare Services did not fit the requirements.

Commissioner Crenshaw asked what the differences were in the price under the proposals.

Ms. Vail stated that Correct Care Solutions's proposal was for \$2.5 million, Corizon's was for \$2,032,320, and ATC Healthcare Services's proposal ranged from \$1.765 million to \$1.9 million.

Commissioner Crenshaw asked whether health millage funds were being used to provide services to inmates who would be eligible.

Sheriff Wriggelsworth stated that he believed that question had been asked, and that the answer had been "no." He further stated that he had not spoken to the Law & Courts Committee about the issue, because the meeting the previous week had been canceled due to extreme weather.

Commissioner Sebolt stated that he was concerned, and that the two proposals were not compared side by side. He further stated that he was concerned about how Corizon could provide more services at a lower price.

Commissioner Sebolt stated that he could not understand that, but he needed an answer before he could proceed. He further stated that when privatization of jail kitchen services was proposed years ago, he had told Sheriff Wriggelsworth that privatization would creep into the jail.

Sheriff Wriggelsworth stated that Corizon would provide 24/7 care, and that the County could not.

Commissioner Sebolt stated that there appeared to be a discrepancy between what Corizon considered 24/7 care, and what the County considered 24/7 care.

Anne Scott, Health Department Deputy Health Officer, stated that Corizon had positions in their model that were not present in the reorganization model, including Administrative Assistant positions. She further stated that part of the problem in comparing the two options was that the positions did not line up.

Ms. Scott stated that the Health Department had worked to see what the critical positions were, and how to meet the jail's medical needs. She further stated that the Health Department had worked on both the reorganization proposal and the request for proposals, and were presenting both.

Commissioner Sebolt stated that he could not understand how the County's costs were more than Corizon's, and that either the County was overestimating, or Corizon was underestimating.

Commissioner Naeyaert stated that she had spoken with the Sheriff and the Health Department about this issue, and that it appeared that the discrepancy between the two options was because of the difference in model. She further stated that the liability for any medical problems at the jail was currently on the County, and that using a vendor would place the liability on the vendor instead.

Ms. Vail stated that currently the Health Department used Cross Country Staffing to fill positions, and that they had never provided backup for nurses. She further stated that under the reorganization plan, the Department would find a contract arrangement for psychiatry and some other services.

Ms. Vail stated that the Health Department was currently looking for five registered nurses, and could not get them.

Commissioner Slaughter asked whether the County would need to purchase medical equipment for the jail under the vendor option.

Ms. Scott stated that Corizon would purchase the equipment through sub-contracting.

Commissioner Slaughter asked how liability would be handled, and how Corizon would be supervised.

Ms. Vail stated that under the reorganization plan, governmental immunity would protect against liability to some extent. She further stated that the County was currently named in lawsuits arising from medical care at the jail, and that under the vendor plan, Corizon would be named instead.

Ms. Vail stated that she was not certain that there would be a complete shift of liability, but that the vendor plan would put the County in a better place, as far as liability.

Sheriff Wriggelsworth stated that there was case law suggesting that it would be better to rely on a vendor for medical services, instead of relying on Sheriff's deputies.

Ms. Vail stated that she had not considered whether Major Southworth or someone else would oversee the vendor. She further stated the Health Department was willing to be involved as much, or as little as the Sheriff preferred.

Commissioner Slaughter stated that it was often the case that when services were privatized, the quality went down.

Ms. Scott stated that most vendors maintained accreditations and other qualifications that Health Department staff had no time to work toward. She further stated that those accreditations involved audits and other measures which would create accountability.

Ms. Scott stated that some oversight was necessary, but that the onus would be on the contractor to maintain the standard. She further stated that the Department was currently just trying to cover the bases, and could not yet work toward higher goals.

Ms. Scott stated that the current jail medical staff was a skeleton crew, and that this was a critical point. She further stated that some action needed to be taken, one way or another.

Commissioner Morgan asked whether Ms. Vail and Ms. Scott had seen existing research and journalism on Corizon. He further stated that the Board of Commissioners had a responsibility to look after people's health.

Commissioner Morgan stated that privatization meant a profit margin needed to fit into the budget, and that the customers under this model had no political power if abuses occurred in the jail. He further stated that he was very concerned about the creep of privatization into jail services, and that Corizon had been named in approximately 660 malpractice lawsuits.

Commissioner Morgan stated that he was not sure the Board of Commissioners should look into any prison-industrial contractors, and that he would rather pay more to keep it public.

Commissioner Sebolt stated that the ACLU had filed lawsuits against Corizon, and that Corizon had been named in more than 660 lawsuits in 5 years. He further stated that Corizon had created its own definition of "medically necessary care," and that a \$4.5 million settlement had been paid in New Mexico because of Corizon's services.

Commissioner Sebolt stated that under Corizon, 32% of prisoners who needed medical care did not receive it, and that the medical needs of 83% of the inmates were not evaluated. He further stated that a federal judge had referred to Corizon's actions in one case as "cruel and unusual."

Commissioner Sebolt stated that a woman under Corizon's care who was suffering from lung cancer had been misdiagnosed, and was given Tylenol and hot water bottles. He further stated that Corizon's track record since 2012 was abysmal.

Commissioner Sebolt asked whether the bargaining units involved in the jail medical issue had been involved.

Ms. Scott stated that the Department had spoken with all of the bargaining units.

Commissioner Sebolt stated that the Board of Commissioners would need letters from all bargaining units to go ahead with the plan, and that he wanted to hear where they stood.

Commissioner Naeyaert stated that she would like to know how the County's performance compared to Corizon's.

Sheriff Wriggelsworth stated that all of the RFP respondents were sued often, and that the County was also sued often.

Commissioner Stivers asked which counties still partnered with their Health Departments.

Sheriff Wriggelsworth stated that St. Clair County partnered with a hospital to provide jail medical services, but that he could not recall the other counties.

Ms. Vail stated that some county Sheriffs operated their own medical services.

Sheriff Wriggelsworth stated that the Eaton County Sheriff hired its own medical staff.

Chairperson Tennis stated that the Ingham County Sheriff used to hire its own medical staff as well.

Commissioner Stivers asked whether the Health Department had looked into partnering with hospitals.

Ms. Vail stated that neither hospital in the County had responded to the RFP.

Commissioner Stivers asked whether an effort had been made to make the terms of the contract with the MSU College of Nursing better in order to retain staff.

Ms. Vail stated that under the reorganization plan, the nurses at the jail would be County employees.

Ms. Scott stated that it was hard to get people to do this kind of work, except with specialty companies.

Commissioner Trubac stated that the Health Department should consider forming a Contract Monitoring Unit to monitor contractors.

Ms. Vail stated that she apologized for the missing pieces in the plans, but that the Health Department was going down two paths at once.

Commissioner Morgan asked whether Ms. Vail would prefer the reorganization plan.

Ms. Vail stated that she would not prefer it.

Chairperson Tennis stated that this issue had come up every year for the last 12 years, and that he was not convinced privatization was the way to go. He further stated that the Committee now had more information, so it could come back and consider this.

Chairperson Tennis stated that he encouraged Committee members to speak with the Health Department and Sheriff's Office about the issue. He further stated that Corizon had included a metric for "lawsuits per inmate per year," and that he would like to know what the same metric was for the County.

Commissioner Morgan stated that the question was about accountability, and that using Corizon would be like hiring mercenaries to work as Sheriff's deputies. He further stated that the further away the Board of Commissioners pushed the services, the less they would know.

Commissioner Sebolt stated that every time privatization happened, new problems arose and old problems got worse. He further stated that he was not interested in any further info on privatization.

Commissioner Trubac stated that it seemed likely that the reason there was so much information about Corizon was because they were one of largest jail medical providers. He further asked whether there was any sense that Corizon could improve quality of healthcare on site.

Sheriff Wriggelsworth stated that it would take people to solve the problem.

Major Southworth stated that he was not sure whether there would be much of a cushion as far as millage funding.

Commissioner Trubac asked what limits prevented care on site.

Sheriff Wriggelsworth stated that the limitation was people, not the facility.

5. Health Department
 - d. Resolution to Authorize a Lease Agreement for 1100 W. Saginaw, Lansing

MOVED BY COMM. SEBOLT, SUPPORTED BY COMM. SLAUGHTER, TO APPROVE THE RESOLUTION.

Chairperson Tennis stated that the Ingham Community Health Center (ICHC) Board had not considered this resolution because of weather. He further stated that he would like to amend the resolution to make it contingent on the ICHC's approval.

Commissioner Crenshaw asked whether the resolution would take services out of the Human Services building and put them into the new location.

Ms. Scott stated that was so, and that ICHC had not spoken on that yet.

MOVED BY COMM. NAEYAERT, SUPPORTED BY COMM. MORGAN, TO AMEND THE RESOLUTION AS FOLLOWS:

BE IT FURTHER RESOLVED, that this resolution will not take effect until the Ingham County Health Center Board reviews and approves it at its next meeting.

This was considered a friendly amendment.

THE MOTION TO APPROVE THE RESOLUTION, AS AMENDED, CARRIED UNANIMOUSLY.

5. Health Department

- f. Resolution to Convert Primary Care Physician Position to Nurse Practitioner & Medical Assistant 1 Positions (*Discussion*)

Ms. Scott stated that the Health Department had had a vacant Primary Care Physician position for years, and that another had recently become vacant. She further stated that the idea was to expand women's health services.

Ms. Scott stated that the proposal was to change one of the Primary Care Physician positions to a nurse practitioner position and medical staff assistant. She further stated that the Department needed support staff.

Ms. Scott stated that the Department would still hire for the other Primary Care Physician position.

Ms. Vail stated that this was a good move, and that she supported it completely. She further stated that mid-level practitioners were amazing.

Ms. Vail stated that there had been problems filling the Physician position, and that if it could not be filled, she might need to return to the Board of Commissioners to propose increasing the salary.

Jared Cypher, Deputy Controller, stated that the Health Department wanted immediate action on this, but that because this was technically a reorganization, board policy required that there first be a discussion, then a vote at a later meeting. He further stated that the Committee could choose to waive the policy and vote tonight.

Chairperson Tennis stated that he would rather not do that unless it was a very urgent situation.

Ms. Scott stated that there were deadlines coming up that could make the process even more difficult.

Chairperson Tennis asked whether the Health Department had spoken with the bargaining units involved.

Ms. Scott stated that the Michigan Nurses Association was supportive, and that the Physician position was managerial and therefore had no union.

MOVED BY COMM. NAEYAERT, SUPPORTED BY COMM. MORGAN, TO WAIVE THE BOARD OF COMMISSIONERS' REORGANIZATION POLICY AND CONSIDER THE RESOLUTION IMMEDIATELY.

THE MOTION CARRIED UNANIMOUSLY.

MOVED BY COMM. NAEYAERT, SUPPORTED BY COMM. SLAUGHTER, TO APPROVE THE RESOLUTION.

Commissioner Sebolt disclosed that the bargaining unit involved in the matter was affiliated with his employer.

THE MOTION CARRIED UNANIMOUSLY.

3. Parks Department

- a. Resolution to Authorize Contracts for Trails and Parks Millage Applications
- c. Trails and Parks Millage 2019 Update

MOVED BY COMM. SEBOLT, SUPPORTED BY COMM. SLAUGHTER, TO APPROVE THE RESOLUTION.

Melissa Buzzard, Trails and Parks Millage Program Coordinator, stated that she would walk through the Trails and Parks Millage 2019 Update. She further stated that this was the fifth year of the millage, and that she was excited to see projects being completed in 2019.

Ms. Buzzard stated that there had been a ribbon cutting in Mason, and that more would follow in the spring. She further stated that East Lansing had done a lot, and was waiting for warmer weather to continue.

Ms. Buzzard stated that there had been great improvement projects in the parks. She further stated that there had been a lot of amendments passed by the Board of Commissioners in the previous year, to allow for completion in 2019 instead of 2018.

Ms. Buzzard stated that the millage forecast materials showed operating budget, consultant costs, and other costs through 2020.

Commissioner Naeyaert stated that the materials showed the Holt-Mason trail as complete. She further asked why it was being delayed to 2020.

Ms. Buzzard stated that \$40,000 had been granted to the contractor, and that they were strongly encouraging the contractor to seek a Transportation Alternatives Program grant, which would not take effect until 2020.

Commissioner Sebolt stated that the Parks Commission did not recommend the Holt trail. He further stated that money had been granted to study the trail connection, and that all parties wanted Holt to have something.

Commissioner Naeyaert stated that Delhi Township had the funds to build the trail.

Matt Bennett, Ingham County Parks Commission, stated that the Holt trail was a priority. He further stated that Delhi Township had paid for all of its trails so far, and did not want to put out any more money.

Jessy Gregg, Ingham County Parks Commission, stated that Delhi Township had been encouraged to apply for state level grants. She further stated that Ms. Buzzard's contribution was to facilitate those possibilities.

Ms. Gregg stated that everyone in the Parks Commission would love to see the Holt to Mason trail built, but that it was important to build good relationships with other municipalities by funding other projects as well.

Mr. Bennett stated that everyone wanted the trail, but that no one wanted to put up the money. He further stated that Delhi Township would not bring in outside funding.

Commissioner Crenshaw stated that the City of Lansing had matching funds for a project there, but that the Parks Commission refused to recommend the project.

Mr. Bennett stated that the Lansing project was to connect a neighborhood to a trail, and that the millage funds were meant to connect trails to trails.

Ms. Gregg stated that everyone would love to see the millage renewed, and the trails built. She further stated that the major trails and trunk lines needed to be built before the neighborhood connectors.

Commissioner Crenshaw asked how many of the funds were county-wide funded, and how many were funded individually.

Ms. Gregg stated that the first major round of funding had been done very recently, and that she was not certain.

Commissioner Naeyaert stated that the Dansville trail was important to people in her district. She further asked whether connectivity was weighted in the scoring of the projects.

Ms. Gregg stated that connectivity was the main factor in the weighting.

Discussion.

Commissioner Naeyaert stated that she would do anything she could to get colleagues to come to that side of the County.

Discussion.

Mr. Bennett stated that the Parks Commission would love to get involved in Dansville. He further stated that a long term goal would be to have trails from Lansing to Mason, and on to Stockbridge.

Tim Morgan, Parks Director, stated that this was the second round of funding, and that this discussion was meant to make the plan so the Parks Department could ask for a trail project in the future.

Commissioner Naeyaert stated that she wanted smaller communities to be a part of it.

Chairperson Tennis asked whether any of the projects on the list did not fit.

Ms. Gregg stated that, speaking for herself, the Glenna Droscha Community Park project was not in the spirit of the millage because it did not promote connectivity. She further stated that she would fund all the rest if she could, and that Ms. Buzzard was to credit for such a strong round of applications.

Chairperson Tennis asked what the balance of the millage fund was.

Mr. Cypher stated that the balance had been \$12 million at the end of 2018, and that it would be \$15 million by the end of 2019. He further stated that there had been no expenses yet.

Mr. Morgan stated that a lot of those funds were already encumbered.

Discussion.

Chairperson Tennis asked how much would be spent if the Board did not fund any new projects.

Ms. Buzzard stated that \$6.5 million would be spent, not including salary, consultants, and other expenses. She further stated that the total expenses would be about \$7.5 million.

Chairperson Tennis stated that only half of the millage money was being used so far. He further stated that if the Board of Commissioners accepted the recommendation for this year, the additional costs would be \$3.5 million.

Discussion.

Chairperson Tennis stated that almost everything were funded, almost \$5 million would remain in the fund. He further stated that that would mean less for the next year, but that the Board of Commissioners had encumbered future funds for years, and had never caught up to the amount that was coming in.

Chairperson Tennis stated that if the Board of Commissioners sat on the money, he was not sure how they could go back to the voters and ask for a millage renewal.

Mr. Morgan stated that the goal was to take care of unencumbered funds, and that spending the amounts involved here would mean a deficit of about \$4 or 5 million. He further stated that he would rather put the money into township accounts, with a resolution requiring them to spend it on these projects.

Mr. Cypher stated that the money would not actually be spent that way, and that the better option would be to get the money to projects that were shovel-ready. He further stated that the projects

were under two-year contracts, and that as much could be allocated as the Board of Commissioners would like, with a clause requiring availability of matching grants.

Ms. Gregg stated that one of the problems in the past had been very high bids due to low availability of funding, and that re-bidding had delayed projects. She further stated that she was not sure whether any projects were shovel-ready.

Mr. Bennett stated that the program had been set up to maximize County money by using it for match funds.

Commissioner Morgan stated that if the Board of Commissioners did not see results, it might not want to put the millage on the ballot.

Commissioner Naeyaert stated that she had been on the Parks and Trails Subcommittee, and that the money needed to be spent, or the millage would not be renewed. She further stated that things were constantly evolving.

Chairperson Tennis thanked Ms. Gregg, Mr. Bennett, Mr. Morgan, and Ms. Buzzard, and stated that he was pleased with the work that had been done. He further stated that he was glad to benefit from their expertise, and that some proactive steps needed to be taken.

Mr. Morgan stated that everyone would like to see the trails built. He further stated that these things took time to get rolling, and that even if everything was approved tonight, nothing would happen until 2021.

Chairperson Tennis stated that things should be front-loaded because of that kind of lag. He further stated that the funding could be conditioned on the availability of grants, in case the funds ever ran dry.

Ms. Gregg stated she would love to see the millage continue, and that she was glad to see things start moving.

Mr. Bennett stated that if the funds were made contingent on grant funding, he was not sure how state and federal grant writers would look on that.

Ms. Buzzard asked whether the Board of Commissioners wanted to provide 50% of funds up front instead of the historical 25%.

Chairperson Tennis stated that that issue should be saved for another meeting.

Mr. Cypher stated that due to a Board of Commissioners resolution from 2017, only 70% of any future year's funding could be committed. He further stated that that would need to be waived to fully fund the projects.

Ms. Gregg stated that the Parks Commission needed money to help keep bids lower.

Chairperson Tennis stated that even if almost all of the projects were funded, there would be millions left.

Chairperson Tennis stated that there were three separate recommendations, and that the Committee was moving toward the one entitled “Funding All with One Alternatively Funded Project.” He further stated that he would support that proposal, with the Glenna Droscha Community Park item removed.

Mr. Bennett stated that the \$1 million granted to Delhi Township was not conditioned or designated for anything. He further asked whether the Committee wanted to designate it.

Chairperson Tennis stated that Delhi Township had until 2020 to figure it out under the proposal. He further stated that everyone wanted the Holt to Mason trail, and that the Board of Commissioners wanted to get match money for it, but might accept less in order to get it done.

Commissioner Naeyaert asked whether the Board of Commissioners could get Delhi Township to return money if needed.

Mr. Bennett stated that the Parks Commission held the balance, and disbursed it as it was being used.

Chairperson Tennis stated that giving the \$1 million to Delhi Township would show good faith, and the proposal would include all projects people had appeared to speak about at the meeting.

MOVED BY COMM. MORGAN, SUPPORTED BY COMM. SLAUGHTER, TO APPROVE ALL PROJECTS IN THE “FUNDING ALL WITH ONE ALTERNATIVELY FUNDED PROJECT” PROPOSAL PROVIDED BY MELISSA BUZZARD, EXCEPT THE GLENNA DROSCHA COMMUNITY PARK.

MOVED BY COMM. NAEYAERT, SUPPORTED BY COMM. MORGAN, TO AMEND THE RESOLUTION AS FOLLOWS:

BE IT FURTHER RESOLVED, that the 70% limitation on allocation of projected future millage revenue imposed by Resolution 17-275 is hereby waived.

This was considered a friendly amendment.

Discussion.

Commissioner Trubac stated that he was concerned that if the \$1 million was allocated to Delhi Township, and the Board of Commissioners was unable to allocate additional funding, the Holt to Mason trail would not be built.

John Hayhoe, Delhi Township Supervisor, stated that Delhi Township had voted for the millage twice without seeing much happen, and that they would probably support it again. He further stated that Delhi Township could put the money in the ground.

THE MOTION TO APPROVE THE RESOLUTION, AS AMENDED, CARRIED UNANIMOUSLY.

Commissioner Announcements

Commissioner Slaughter stated that HIV/AIDS Awareness Day was February 7, 2019, and that the Ingham County Health Center would offer free HIV/AIDS screenings from 8:00 a.m. to 3:00 p.m.

Public Comment

None.

Adjournment

The meeting was adjourned at 8:35 p.m.

FEBRUARY 25, 2019 HUMAN SERVICES AGENDA STAFF REVIEW SUMMARY

ACTION ITEMS:

The Deputy Controller is recommending approval of the following resolutions

4. Special Transportation Millage

- a. Resolution Requesting the Conversion of Ingham County's Non-Voting Appointee on the Capital Area Transportation Board of Directors to Voting Status*

This resolution requests the conversion of Ingham County's non-voting seat on the CATA board to voting status. It also proposes that the required financial contribution associated with the newly created voting seat be set at the ratio of property tax collections received from the five founding members divided by the number of voting seats held by those municipalities, or approximately \$2 million. The resolution also declares its intention to continue supporting CATA's paratransit services at approximately the same level as heretofore, with the balance above the required contribution continuing to be governed by contract.

b. Resolution Authorizing the Fourth Amendment to the Agreement with the Capital Area Transportation Authority Dated January 1, 2016 through December 31, 2020

This resolution authorizes the fourth amendment to the agreement with the Capital Area Transportation Authority (CATA) for the time period of January 1, 2016 through December 31, 2020; specifically the scope of services which will be effective from October 1, 2018 through September 30, 2019. For the period October 1, 2018 through September 30, 2019 the County will reimburse CATA as set forth in the attached Scope of Services. The amount to be reimbursed will not exceed the amount of millage funds available. A maximum of \$3,544,944 will be used to pay the actual expenses of operating, administrating and marketing Spec-Tran. A maximum of \$663,675 of the funds will be used to pay for the actual expenses of operating, administering and marketing CATA Rural Services. The amount of \$131,568 will be retained by the County for the operation of a vehicle used to transport area veterans to VA Hospitals in the region in the County's 2019 Fiscal Year. **This resolution was tabled at the July 16, 2018 Human Services Committee meeting.**

OTHER ITEMS:

1. Youth Commission – Interviews

2. Community Mental Health – Families Forward Update (Information Item)

2. Health Department/Sheriff's Office – Jail Medical Reorganization Discussion

Agenda Item 2

Jared Cypher
Deputy Controller, Ingham County
341 S. Jefferson P. O. Box 319 Mason, MI 48854
(517) 676-7229

January 22, 2019

Jared,

As you know Community Mental Health of Clinton, Eaton and Ingham Counties is in need of additional space for our Families Forward Program located at 5303 S. Cedar Street, Building 2 in Lansing, Ingham County, Michigan.

In 2018, we met and discussed an option for expansion with you and Richard Terrill, Ingham County Facilities Director. Since that time we have presented this project proposal to our CMH Board of Directors and our CMH Building and Sites Committee for needed approval.

Now that we have that approval, we ask that you review the following project proposal and assist us in presenting this to the Ingham County Board of Commissioners as part of the approval process.

1) Why does CMHA CEI Families Forward need additional space at this time?

The Families Forward Program consists of three primary units: Children's Outpatient Services, Early Intervention Services and Family Guidance Services.

Over the past 12 to 14 years CMH as an employer as a whole has grown at a rate of about 2.0% per year.

CMH as a Service Provider has grown from serving the needs of just over 5000 Consumers in 2004 to well over 11,000 today. In addition, over that same time as an employer CMH has grown from employing just over 600 employees in 2004 to over 1100 employees today.

Families Forward of course has been part of that growth especially over the past two to three years.

In order to accommodate this growth, CMH has moved Early Intervention Services to 838 Louisa Street to allow more space for Outpatient and Family Guidance Services at Building 2 in the Ingham County Health and Human Services Complex. Over the past 3 years, we have begun to double up employees in offices at Building 2 in order to manage our ongoing growth issues.

2) What are the current and future space needs of the program and how were they determined?

As a means for CMHA CEI to gain a better understanding of what our current and future Families Forward Program space needs might look like we hired an Architectural Firm, Bergman and Associates, to assist us with a Program Space Study.

The scope of work for this space study included the following:

- a. A review of Program and CMH growth data provided by our Human Resources Department. (**Attached as item A**)
- b. Review of existing facility documents of 5303 S Cedar Street Building 2 and 838 Louisa Street.

- c. Programming meetings to discuss preferred adjacency to units and sub units.
- d. A review of current unit staffing levels along with some likely growth projections.
- e. Square footage assessment of current and future space needs.

The programing needs document developed and completed during that space study.
(Attached as item B)

The following determinations are listed below as a result of that space study:

- a. CMH Families Forward is currently leasing 15,000 square feet at Building 2 with usable square footage estimated at 12,500 square feet based on circulation space, rest rooms, etc.
- b. CMH Families Forward is currently using 3200 square feet at 838 Louisa Street a building owned by CMH. About 25% of that space is also circulation space.
- c. Overall, efficient space utilization at both locations is poor.
- d. Based on the space study, CMH Families Forward is currently using 18,200 square feet of total space.
- e. The total needed space for the program is estimated to be 22,000 square feet. This assessment is based on the assumption that the existing space will be renovated as part of the project costs and the space will be designed and used efficiently with a combination of Haworth Workstations and Offices provided to staff based upon CMH business need and adhering to CMH space use standards. A difference of 7200 square feet as compared to the existing 15,000 square feet currently leased in building 2.
- f. The total amount of projected needed space to support and sustain this Program is therefore 22,000 square feet.

3) What can be determined at this point as a possible solution that involves the support of Ingham County?

In 2018 CMH Facilities and Ingham County Facilities met to review discuss and explore site feasibility options. Over a series of additional meetings it was determined that Ingham County could make available 7300 square feet to CMH. The 7300 square feet could be made available by moving the Ingham County Human Resources Department to the Hilliard Building in Mason pending approvals of course. **(Attached as item C)**

4) What is CMHA CEI asking of Ingham County and how would this effort be funded?

CMH is asking Ingham County to assist CMH in funding the renovations needed for the 7300 square feet and the existing 15,000 square feet. CMH would then pay back the total amount used for renovations plus interest over a period to be determined up to 20 years similar to the original lease agreement by amending the current lease.

5) What are the estimated project funding needs for CMH that could be part of this renovation project? CMH will need renovations to the existing 15,000 square feet plus the additional 7300 square feet. There will be some large areas of space in which renovations will not be needed. We can only estimate at this time that the total renovation costs would be between \$1,250,000 and \$1,700,000 based on our anticipated needs.

6) If CMH were not able to exercise this option with Ingham County what other options would CMH explore or what would they have to do?

Option 1: CMH could explore moving Families Forward to a leased facility that could accommodate 20,000 square feet. CMH would then examine other CMH Programs that currently lease space that could move into Building 2 and use the space.

Option 2: Families Forward could remain in Building 2 and lease additional space to address the growth needs. Likely moving a Unit or sub unit off site. The Program would be split between multiple locations. This option is feasible but not cost effective, efficient or favorable to the program.

Option 3: CMH could explore purchasing another building that would accommodate the 20,000 square foot need and finance it through a mortgage with JP Morgan Chase Bank.

7) What are some possible next steps towards completing this effort?

Next steps would likely include the following items:

- 1) Obtain required approvals for the project, CMH Board (**Completed January 2019**), Ingham County Health and Human Services Committee and Board of Commissioners, Ingham County Building Authority.
- 2) Ingham County to work out logistics with existing programs to move out of Building 1. (Primary players are: Ingham County HR and MSU Coop. Ext Svc.)
- 3) A full Project Proposal will then be drafted jointly by Ingham County and CMH Facilities and put in front of the CMHA CEI Board, Ingham County Human Services Committee and the Ingham County Board of Commissioners. Hoping this step can take place in December.
- 4) Concurrently this same Project proposal will be shared with the Ingham County Building Authority.
- 5) If all should go well with those groups we will then work with Ingham County to put out an RFP for Architectural and Engineering Services and that Bid Process will take about 6 weeks.
- 6) By Mid to Late February we should be sitting down with the Architect to begin gathering Programming Information and start the process to make informed decisions with the Program Director and Program staff about what changes they need and changes that need to be made to the space as well as how best to utilize the space for the Families Forward Program. This will of course take a series of several meetings that likely take us into the end of March.
- 7) The Architect and Engineering firm will then go back and put together a final set of Drawings and Specifications for the renovations. This will take about two weeks to finalize.
- 8) Ingham County will then put out an RFP for Construction / Renovation Services that will include the final set of Drawings and Specifications and that Bid Process will take 6 weeks.
- 9) Drawings and Specification will be sent into the City of Lansing Plans Review Office for review and building permits.
- 10) We will award the bid in May and begin renovation work shortly after that.
- 11) Once we know the final Construction / Renovation costs, an addendum to the existing ICC Families Forward Lease will be drafted by the Ingham County Building Authority for approval and signatures. That will need to go to our CMHA-CEI Finance Committee and Board of Directors as well probably in May or June of 2019.

Summary:

CMH is asking Ingham County to consider the following at this time for approval:

- 1) Ingham County to assist CMH in expanding the overall space in building 2 from 15,000 square feet to 22,300 square feet by moving the Ingham County Human Resources Department to the Hilliard Building in Mason.
- 2) Approve CMH and the Ingham County Purchasing Department to put out an RFP to hire an Architectural and Engineering Firm to help assist us to design the space to meet CMH Program needs, develop project cost estimates, and a final set of renovation construction drawings.
- 3) At a future meeting CMH will bring back the following:
 - a. Project cost estimates and details to the CMH Board, Ingham County Health and Human Services Committee and Board of Commissioners, and the Ingham County Building Authority for needed approvals to proceed.
 - b. Ask for approval for Ingham County Purchasing to assist CMH by developing an RFP to bid out the project renovation work to Contractors.
 - c. Ask for approval for the Ingham County Building Authority and attorneys develop a new lease for CMH to pay back the dollars used to renovate the 22,300 square feet space.

On behalf of CMH, we thank you in advance for your consideration of this proposal and look forward to working together on this effort.

Sincerely,

John Peiffer
Property and Facilities Manager

Number of Employees by Year

Year	Number of Employees	% Change
2000	840	
2001	795	-5.36%
2002	812	2.14%
2003	791	-2.59%
2004	629	-20.48%
2005	779	23.85%
2006	838	7.57%
2007	830	-0.95%
2008	840	1.20%
2009	863	2.74%
2010	911	5.56%
2011	917	0.66%
2012	986	7.52%
2013	995	0.91%
2014	973	-2.21%
6/30/2015	1043	7.19%

Average 865.125 1.85%



Community Mental Health Authority

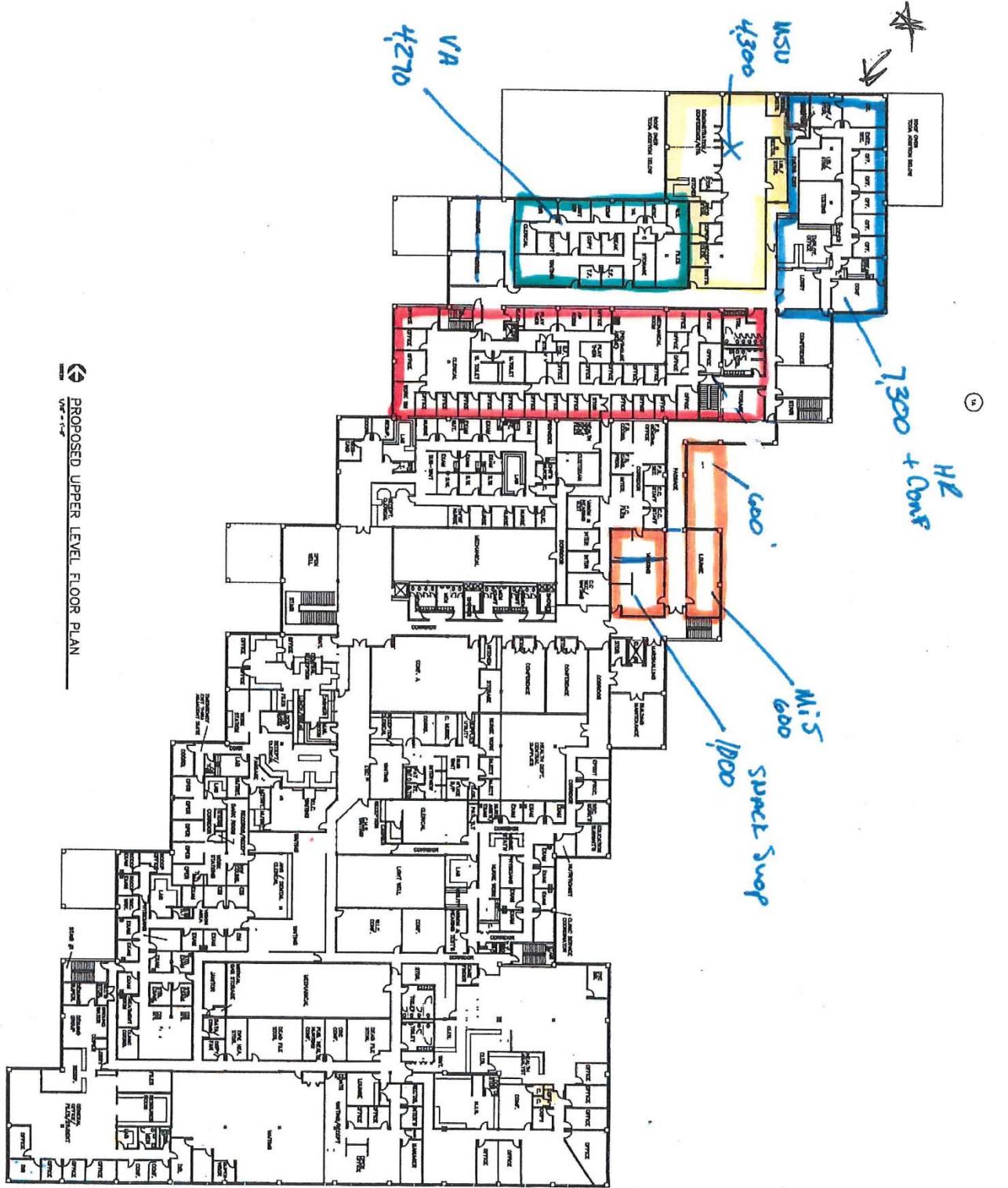
Proposed Program

November 27, 2017

Space	Units	Size	Area per Unit (in Sq. Ft.)	Total Area (in Sq. Ft.)
Families Forward				17,493
Waiting				600
Seating for 20-25 and toy area for kids	1	24 x 25	600	600
Administration				528
Program Director Office	1	13 x 18	234	234
Administrative Assistant	1	8 x 8	64	64
Storage - promotional materials	1	10 x 10	100	100
Files	3	2 x 4	8	24
Circulation allowance (25%)				106
Misc - 1st floor location at main lobby				525
Receptionist	1	8 x 8	64	64
Reimbursable Clerk - 2 doors, one to lobby	1	10 x 12	120	120
Records	1	6 x 8	50	50
Pool Secretary	2	8 x 8	64	128
Scanner/copier	1	6 x 8	50	50
Files	1	2 x 4	8	8
Circulation allowance (25%)				105
Emergency Services (ES) - 1st flr for client access, close to Riem Clerk				1,893
Supervisor	1	10 x 15	150	150
Coordinator	1	10 x 12	120	120
Intake	4	10 x 10	100	400
Urgent Care	3	6 x 8	50	150
Mobile - could be 'bullpen' layout	2	6 x 8	50	100
Prevention	1	6 x 8	50	50
Future growth for 2 to 6, need flexibility	6	8 x 10	80	480
Storage	1	8 x 8	64	64
Circulation allowance (25%)				379

Ingham Outpatient - all one floor				3,068
Supervisor	1	10 x 15	150	150
Coordinator	1	10 x 12	120	120
Mental Health Therapists	13	10 x 10	100	1,300
Waiting	1	10 x 12	120	120
Future growth for 3 to 6	6	10 x 10	100	600
Storage - in conference room cabs or adj room	1	10 x 10	100	100
Pool Secretary (if moved to 2nd flr)	1	8 x 8	64	64
Circulation Allowance (25%)				614
Medical Clinic - 1st floor for client access				1,730
Secretary	1	8 x 8	64	64
Doctors	4	10 x 12	120	480
Future Doctor	1	10 x 12	120	120
Tele Psych Dr - lg TV in room	1	10 x 12	120	120
Nurse and part time Nurse - shared office	1	12 x 15	180	180
Patient Intake	2	10 x 10	100	200
Resident Office	1	10 x 10	100	100
Med Room - with sink and refg	1	10 x 12	120	120
Circulation Allowance (25%)				346
Respite				463
Office - shared by 2 staff	1	10 x 12	120	120
Workstations	2	6 x 8	50	100
Future Workstations	3	6 x 8	50	150
Circulation Allowance (25%)				93
Wrap				588
Coordinator	1	10 x 12	120	120
Workstations	6	6 x 8	50	300
Future Workstation	1	6 x 8	50	50
Circulation Allowance (25%)				118
Team Family - Child Behavioral Therapy	(TF-CBT)			605
Coordinator	1	10 x 12	120	120
MHT	1	10 x 10	100	100
Secretary	1	8 x 8	64	64
Future Offices	2	10 x 10	100	200
Circulation Allowance (25%)				121
Family Guidance Services (FGS) -				3,305
Supervisor	1	10 x 15	150	150
Coordinator	3	10 x 12	120	360
Therapists	32	6 x 8	50	1,600
TFCO Office	1	10 x 12	120	120
TFCO Workstation	4	6 x 8	50	200
Secretary	1	8 x 8	64	64
PSP	1	6 x 8	50	50
Storage	1	10 x 10	100	100
Circulation Allowance (25%)				661

Early Intervention -				1,030
Supervisor	1	10 x 15	150	150
Therapists Office	3	10 x 12	120	360
Therapists Workstations	5	6 x 8	50	250
Secretary	1	8 x 8	64	64
Circulation Allowance (25%)				206
Interns - could move to Louisa St				500
Workstations	8	6 x 8	50	400
Circulation Allowance (25%)				100
Shared Space				2,660
Copier	2	6 x 8	50	100
Conference Room - 40+	1	25 x 30	700	700
Conference Room - 15	2	14 x 20	280	560
Conference Room - 6 to 8	1	12 x 14	168	168
Break Room - 15 staff	1	20 x 20	400	400
Storage	2	10 x 10	100	200
Circulation Allowance (25%)				532
Total Building Area				17,493



Agenda Item 3

TO: Law & Courts and Human Services Committees

FROM: Health Officer, Linda Vail

DATE: January 19, 2019

SUBJECT: Options for Continued Operation of Jail Medical

For the meeting agendas of January 31st, February 4th, 5th, and 6th of 2019

DISCUSSION PACKET COVER STATEMENT:

Ingham County is experiencing staffing and service delivery challenges through its current Jail Medical operations. Ingham County has relied upon medical provider coverage for Jail Medical through a provider services agreement with Michigan State University College of Nursing. However, MSU College of Nursing has declined to extend its agreement for jail services past March 31, 2019. Ingham has experienced chronic staff vacancies in County positions, coinciding with increased expectations for jail medical to perform critical functions to strategic community health and safety activities, especially facilitating treatment of substance use disorder. Given these considerations, and the opportunity to determine optimal layouts of the future jail medical facility, it is timely and necessary for Ingham County to address the structure of how to continue to provide quality correctional health services.

Therefore, I present to the Board are two approaches for discussion: Full privatization, which would consolidate services, currently provided through a hybrid of contractual and direct-hire staff, into a single contractor specialized in correctional health; or Reorganization, which would employ an entirely direct-hire staff structuring aligned with Correctional Health industry standards and norms to account for current operational and oversight demands. In either approach, there would be an increased budget allocation to Jail Medical as necessary to meet increased standards for health and safety.

The proposed reorg would reduce reliance on contractual staff services (medical providers and medication passing services) by increasing the number of direct-hire staff. This includes the addition of two newly created job descriptions, Correctional Health Administrator and Correctional Health Provider, to provide dedicated oversight to service quality and operations as well as full-time coverage by a medical provider. An increased operational budget would support the direct hire-staff and assume the full costs of operation.

Privatization (contractual) would consolidate all aspects of correctional health into a single contractual entity, with the objective of enhancing the quality of service delivery while containing costs. Privatization leverages correctional health expertise of the contacting entity, provides more cost-effective options for on-site services, and ensures minimal staffing coverage at all times.

Based on the range of bids collected from the recent RFP, the cost of reorganization and privatization are comparable. This discussion packet will provide the budgetary and operational considerations needed to assess the strengths and limitations of each approach to the future delivery of jail medical services.

Current ACTUAL ICHD COSTS	
TOTAL SALARY AND FRINGE	\$ 831,966.00
PRINTING AND BINDING	\$ 500.00
OFFICE SUPPLIES	\$ 1,500.00
OTHER SUPPLIES	\$ 700.00
MEDICAL SUPPLIES	\$ 18,426.00
DRUGS & PHARMACEUTICALS	\$ 251,500.00
MEDICAL & DENTAL SERVICES	\$ 40,000.00
INPATIENT PRISONER MEDICAL	\$ 350,000.00
CONTRACTUAL SERVICES	\$ 212,550.00
UTILITIES	\$ 9,280.00
TELEPHONE	\$ 4,000.00
EQUIPMENT REPAIR & MAIN	\$ 10,750.00
SUBTOTAL	\$ 1,731,172.00
IDC 10%	\$ 173,117.20
Total Projected ICHD Estimate for Full	\$ 1,904,289.20
ICSO COSTS	
Overtime Paid (\$42.17/hr)	\$ 40,273.00
Code Red bonus pay	\$ 6,150.00
Lansing Mason Area Ambulance Trans	\$ 4,000.00
Lansing Mason Area Ambulance Eval	\$ 4,500.00
Indirect costs @ 10%	\$ 5,492.00
CMH Contract	\$ 31,000.00
MSU Psychiatry	\$ 58,240.00
Total Projected ICSO Estimate for Full	\$ 179,862.00
TOTAL PROJECTED JAIL MED COST	\$2,084,151.20

Reorg ICHD COSTS	
TOTAL SALARY AND FRINGE	\$ 1,194,412.67
PRINTING AND BINDING	\$ 500.00
OFFICE SUPPLIES	\$ 1,500.00
OTHER SUPPLIES	\$ 700.00
MEDICAL SUPPLIES	\$ 18,426.00
DRUGS & PHARMACEUTICALS	\$ 251,500.00
MEDICAL & DENTAL SERVICES	\$ 40,000.00
INPATIENT PRISONER MEDICAL	\$ 350,000.00
CONTRACTUAL SERVICES	\$ 250,000.00
UTILITIES	\$ 9,280.00
TELEPHONE	\$ 4,000.00
EQUIPMENT REPAIR & MAIN	\$ 10,750.00
SUBTOTAL	\$ 2,131,068.67
IDC 10%	\$ 213,106.87
Total Projected ICHD Estimate for Full	\$ 2,344,175.54
ICSO COSTS	
Retainer Balance for offiste costs	\$200,000
TOTAL PROJECTED JAIL MED COST	\$ 2,544,175.54

CC Staffing Services

Cost difference

Current vs. Proposed

\$439,886.34

Comparison of Staffing, Services and Costs		
	Reorg	vs.
Proposed Reorg		Contractual
Jail Medical FTE		ICJ
On-site Staff		
Dentist	0.10	FTE
Dental Assistant	0.10	FTE
Jail Healthcare Provider (NP/PA)	1.00	FTE
LPN	1.00	FTE
RN	5.00	FTE
Jail Medical Associate	2.00	FTE
Medical Assistant	3.00	FTE
Correctional Health Administrator	1.00	FTE
Contractual Staff		
Perdiem Staffing Support (Concillium)	0.0	FTE
NP, RN, MA, LPN - Backfill as needed	0	FTE
	0	FTE
Off-site Staff		
DHO/ED	0.05	FTE
Medical Director	0.05	FTE
TOTAL FTE	13.3	FTE
Total Health Dept. Cost (personell and non personell)	\$	2,344,175.54

Corizon		
		On-site Services
Jail Medical FTE		ICJ
On-site Staff		
Dentist	0.13	FTE
Pychiatrist	0.20	FTE
Midlevel (NP/PA)	1.00	FTE
LPN	2.80	FTE
RN	5.20	FTE
Medical Assistant	2.00	FTE
Medical Director	0.20	FTE
Administrative Assistant	1.00	FTE
Administrator	1.00	FTE
TOTAL FTE	13.53	FTE
Total Cost (personell and non personell)	\$	2,032,320.00

INGHAM COUNTY JOB DESCRIPTION

JAIL HEALTHCARE PROVIDER

General Summary: Under the supervision of and in collaboration with a staff physician, and under the management of the Corrections Health Administrator and the Medical Director for Community Health Services, the function of the Jail Healthcare Provider is to support the operation of the Jail Health Center by providing primary health care services to incarcerated adults. The Jail Healthcare Provider will also receive administrative supervision from a Jail Health Administrator.

Essential Functions:

1. Deliver primary and preventive care to patients of the Health Department within the Ingham County Jail Health Center.
2. Obtains complete medical history and physical data on patients. Performs complete physical exams, assessments and records findings. Synthesizes data to determine preliminary diagnosis and therapeutic plan consistent with current medical practice and health care needs. Utilizes the principles of prevention and promotes health and wellness.
3. Makes independent provider judgments, collaborating with supervising physician and other health care providers in managing medical needs of patients, as appropriate.
4. Manages medical emergencies. Intervenes in crisis situations, including taking action with scope of practice or referring to the appropriate health care provider or emergency services.
5. Performs treatments including minor procedures such as suture insertion/removal, cast removal, simple skin biopsies, incision and drainage, and other services as needed with scope of practice.
6. Maintains timely, accurate recording and reporting in the electronic medical record (EMR) system. Maintains and reviews patient records, charts and other pertinent information. Maintains patient confidentiality.
7. Orders, interprets, and follows up on laboratory and other diagnostic procedures. Reports and documents test and examination results.
8. Educates patients and other healthcare team members on health maintenance and disease management techniques.
9. Per licensing guidelines, prescribes and administers medications and injections according to collaborating physician direction and protocols.
10. Serve as patient advocate. Instructs patient regarding medications and treatment instructions, health maintenance, illness prevention, normal behavior, social and physical growth and development.
11. Refers patients to specialty care and in-patient hospital services as necessary. Arranges for and coordinates care across the continuum of health care and community services including patient admissions or transfers.

12. Provides consultation to registered nurses and other health team members on health care matters. Assists in establishing protocols and procedures.
13. Demonstrates ongoing professional growth through participation in relevant educational endeavors and appropriate associations.
14. Attends required meetings and participates in team meetings with other staff members. Collaborates with Health Department and Sheriff's Office staff and other agency personnel.
15. Complies with all agency policies and procedures concerning departmental compliance including privacy of protected health information.
16. Participates in the after-hours on-call system.

Other Functions:

- Performs other duties as assigned.
- Must adhere to departmental standards in regard to HIPAA and other privacy issues.
- During a public health emergency, the employee may be required to perform duties similar to, but not limited, to those in his/her job description.

(An employee in this position may be called upon to do any or all of the above tasks. These examples do not include all of the tasks which the employee may be expected to perform.)

Employment Qualifications:

Education: Master's Degree and graduate of an accredited Physician Assistant program with National Board Certification (PAC) OR Master's Degree in Nursing and relevant Nurse Practitioner_training/certification in the specialty area for the position held.

Experience: A minimum of two (2) years of Physician Assistant or Nurse Practitioner experience required. Background in correctional medicine/health preferred.

Other Requirements: Licensed to practice as a PA in the state of Michigan OR possession of a current license to practice as a registered nurse in the State of Michigan, with certification of a nurse practitioner in area of specialty by the ANA or NACOG and possession of a license issued by the State of Michigan as a Nurse Practitioner. Maintain re-certification and licensing accordingly. CPR certification must be kept current and applicable. **Must undergo a background security check, as required by the Ingham County Sheriff's Office, before and at any time during employment at the Jail Health Center.**

(The qualifications listed above are intended to represent the minimum skills and experience levels associated with performing the duties and responsibilities contained in this job description. The qualifications should not be viewed as expressing absolute employment or promotional standards, but as general guidelines that should be considered along with other job-related selection or promotional criteria)

Working Conditions:

1. This position works in an indoor environment. There is no planned exposure to prominent lights, noises, odors, temperatures or weather conditions.
2. This position is exposed to noise levels which require shouting in order to be heard.
3. This position is exposed to communicable diseases, blood, other body fluids, etc.
4. This position is exposed to individuals in crisis. These individuals may suffer from mental or emotional illness, have violent tendencies or be unconcerned with their personal safety and hygiene.

Physical Requirements:

- This position requires the ability to sit, stand, walk, traverse, climb, balance, twist, bend, stoop/crouch, squat, kneel, crawl, lift, carry, push, pull, reach, grasp, handle, pinch, type, endure repetitive movements of the wrists, hands or fingers.
- This position's physical requirements require periodic stamina in climbing, balancing, stooping/crouching, squatting, kneeling, and crawling
- This position's physical requirements require regular stamina in twisting, bending, lifting, carrying pushing, pulling and pinching
- This position's physical requirements require continuous stamina in sitting, standing, walking, traversing, reaching, grasping, handling, typing and enduring repetitive movements of the wrists, hands or fingers
- This position performs medium work requiring the ability to exert between 20-50 pounds of force in the physical requirements above.
- This position primarily requires medium visual acuity to perform tasks at arm's reach such as operating machinery, operating vehicles or heavy equipment, performing cleaning tasks, etc.
- This position requires the ability to communicate and respond to inquiries both in person and over the phone.
- This position requires the ability to operate a PC/laptop and to enter & retrieve information from a computer.
- This position requires the ability to handle varying and often high levels of stress.

(This job requires the ability to perform the essential functions contained in this description. These include, but are not limited to, the requirements listed above. Reasonable accommodations will be made for otherwise qualified applicants unable to fulfill one or more of these requirements.)

January 2, 2019

MCF A

OR

MNA 06

INGHAM COUNTY JOB DESCRIPTION

CORRECTIONS HEALTH ADMINISTRATOR

General Summary: The Corrections Health Administrator reports to the Deputy Health Officer of Community Healthcare Services. The Corrections Health Administrator manages the Jail Health Center, located within the Ingham County Jail, in Mason, Michigan and the clinical services of the Ingham County Youth Center, in Lansing, Michigan. The Administrator is responsible for the supervision of the health clinic/center, including staff and personnel, program development and management, and budget management. The Administrator must assure that programs operate in compliance with local, state and federal standards, policies and guidelines, and grant contract conditions. He/she must coordinate activities with other Health Department program managers, other local health departments, community agencies, and health care providers.

Essential Functions:

1. Responsible for the selection, orientation, supervision and evaluation of health clinic/center personnel.
 - A. Participates in interviews and makes recommendations for hiring and the release of employees.
 - B. Responsible for orientation of clinic/center staff to assure that staff members understand objectives, policies, procedures and responsibilities.
 - C. Responsible for scheduling, assigning duties, approving leave time and/or travel vouchers, and evaluating the performance of staff.
 - D. Coordinates the scheduling and assignment of medical and/or dental providers.
 - E. Ensure and participate in continuing professional development and adequate in-service training for all staff.
2. Responsible for the ongoing functioning of the health clinic/center.
 - A. Works as part of a team to determine ways to improve health clinic/center operations.
 - C. Supervises the inventory and requisitioning of medical and/or dental and office supplies or equipment.
 - D. Responsible for keeping standards of care and routing orders current.
 - E. Supervises process to assure quality of care.
 - F. Responsible for appropriate handling of client complaints and resolving issues relevant to the operation or services of the health clinic/center.
3. Responsible for implementing plans to continually improve operations of the health clinic/center.
 - A. Participates in the development of measurable objectives within the health clinic/center.
 - B. Responsible for assuring that documentation for services is accomplished and is maintained as required by local, state and federal agencies and grant funding requirements.
4. Coordinates the activities of the health clinic/center with other Agency staff and programs, including other health clinics/centers, the Disease Control Office, the Bureau of Public Health Nursing, Billing and Reporting, Accounting, Registration and Enrollment, Health Promotion, and also with the Human Resources' Department.

5. Laisse and coordinate with County Sheriff's Office and Youth Center Director around health service delivery within correctional operations, and support coordinated programs relevant to health services, among the Health Department, Youth Center, Sheriff's Office, Courts and/or other County divisions as required.
6. Develops and maintains contacts with local, state and federal agencies, as necessary, for programmatic guidance or where collaboration exists in client care and service.
7. Develops and maintains contacts with community referral sources for clients. May represent the department to the public, speaking to community groups, explaining health concern matters, and encouraging support for programs.

Other Functions:

- Performs other duties as assigned.
- Must adhere to departmental standards in regard to HIPAA and other privacy issues.
- During a public health emergency, the employee may be required to perform duties similar to, but not limited, to those in his/her job description.

(An employee in this position may be called upon to do any or all of the above tasks. These examples do not include all of the tasks which the employee may be expected to perform.)

Employment Qualifications:

Education: Bachelor's Degree, supported by coursework in Administration. License to practice as a Registered Nurse in the State of Michigan Required. Advanced Assessment skills preferred.

Experience: A minimum of three (3) years of professional experience in a county health department, hospital, corrections/correctional health or other health care organization working directly with medical providers, patients, and community organizations.

Other Requirements:

- May provide back-fill to Nurse Practitioner to support health assessments at Youth Center.

(The qualifications listed above are intended to represent the minimum skills and experience levels associated with performing the duties and responsibilities contained in this job description. The qualifications should not be viewed as expressing absolute employment or promotional standards, but as general guidelines that should be considered along with other job-related selection or promotional criteria)

Working Conditions:

1. This position works in an indoor environment. There is no planned exposure to prominent lights, noises, odors, temperatures or weather conditions.
2. This position is exposed to communicable diseases, blood, other body fluids, etc.
3. This position is exposed to individuals in crisis. These individuals may suffer from mental or emotional illness, have violent tendencies or be unconcerned with their personal safety and hygiene.
4. This position is required to travel for meetings and appointments. Some appointments may be held at personal residences where levels of cleanliness and safety vary.

Physical Requirements:

- This position requires the ability to sit, stand, walk, traverse, climb, balance, twist, bend, stoop/crouch, squat, kneel, crawl, lift, carry, push, pull, reach, grasp, handle, pinch, type, endure repetitive movements of the wrists, hands or fingers.
- This position's physical requirements require periodic stamina in climbing, balancing, twisting, bending, stooping/crouching, squatting, kneeling, crawling, pushing, pulling, grasping, handling and pinching
- This position's physical requirements require regular stamina in lifting, carrying, and reaching
- This position's physical requirements require continuous stamina in sitting, standing, walking, traversing, typing and enduring repetitive movements of the wrists, hands or fingers
- This position performs light work requiring the ability to exert 20 pounds or less of force in the physical requirements above.
- This position primarily requires close visual acuity to perform tasks within arm's reach such as: viewing a computer screen, using measurement devices, inspecting and assembling parts, etc.
- This position requires the ability to communicate and respond to inquiries both in person and over the phone.
- This position requires the ability to operate a PC/laptop and to enter & retrieve information from a computer.
- This position requires the ability to handle varying and often high levels of stress.

(This job requires the ability to perform the essential functions contained in this description. These include, but are not limited to, the requirements listed above. Reasonable accommodations will be made for otherwise qualified applicants unable to fulfill one or more of these requirements.)

**January 2, 2019
MCF 11**

TO: LAW AND COURTS AND HUMAN SERVICES COMMITTEES
FROM: LINDA VAIL, HEALTH OFFICER
DATE: JANUARY 17, 2019
RE: **REORGANIZATION OF JAIL MEDICAL**
CC: SCOTT WRIGGLESWORTH, INGHAM COUNTY SHERIFF

I. JAIL MEDICAL OVERVIEW

The Ingham County Health Department operates and oversees Jail Medical operations located within the Ingham County Jail, located at 640 North Cedar Street, Mason. Jail Medical provides health services to inmates of the Ingham County Jail and coordinates with mental health services provided through Community Mental Health of Clinton, Eaton and Ingham Counties. On any given day, the Ingham County Jail has the responsibility serve over 400 inmates.

Jail Medical Services

Jail Medical is responsible for a breadth of activities to assure the delivery of quality and medically necessary care, to inmates of the Ingham County Jail (ICJ). This includes assuring continuity of care for those receiving community medical services; providing primary and preventive care, including dental services, for the duration of an inmate's stay at the ICJ; and triage and referral of patients to specialty care and/or for urgent care or to the emergency department as warranted. Jail Medical is responsible for prescribing and dispensing medications for inmates, and complying with community care and court ordered treatment plans. Jail Medical maintains pharmaceutical supplies of needed medications, and performs medication passing services throughout the jail twice daily. Jail Medical performs health assessments on all inmates within 14 days of their incarceration, in accordance with Michigan Department of Corrections standards. Jail Medical responds to inmate health concerns through daily sick call, requests for assessment from Ingham County Sheriff's Office (ICSO) Deputies on post, and through responding to emergency back-up calls throughout the jail. All health care services encounters are documented in an Electronic Health Record (EHR) system, maintained by the Health Department. Jail medical staff also enroll/dis-enroll all qualified inmates into Blue Cross Blue Shield of Michigan (BCBSM) insurance product for community medical appointments.

Jail Medical Staffing

The current staffing plan for Jail Medical is intended to support 24/7 coverage for medical services through four full time Jail Nurse Positions. Medication ordering and on-site management, preparation and stocking of the med passing cart are overseen through a full time Licensed Practical Nurse. Twice daily medication passing to inmates via the stocked med cart throughout the jail is provided through by 1.5 FTE per-diem Medication Associates and a contract with Cross Country Staffing. Via a services agreement with Michigan State University

College of Nursing, 1.0 FTE of Nurse Practitioners provide onsite medical services, including assessment, diagnosis and treatment. Medical Services are supported through two full time Medical Assistant positions and a full time Senior Jail Nurse liaises daily with ICSO Deputies, community care providers, and CMH to coordinate inmate care. All staff and contractual service providers report directly to the Clinical Services Manager of the Community Health Centers, and receive medical direction in the form of policies, procedures, and standing orders as well as direct advisement from the Community Health Center Medical Director. Dental services are provided one morning a week by the Ingham Community Health Center's Dental Director and a Dental Assistant. Ingham has been authorized to utilize Cross Country Staffing to support 0.2 FTE per-diem staff coverage for medication passing functions, which must occur twice daily regardless of the staff status of Jail Medical.

Current Jail Medical Staffing

Jail Medical FTE		
<i>On-site Staff</i>		
Dentist	0.10	FTE
Dental Assistant	0.10	FTE
Senior Jail Nurse (Registered Nurse)	1.00	FTE
Licensed Practical Nurse	1.00	FTE
Jail Nurse (Registered Nurse)	4.00	FTE
Medication Associate (Per Diem)	1.5	FTE
Medical Assistant I	2.00	FTE
Clinical Services Manager (CHC)	0.15	FTE
<i>Contractual Staff</i>		
Nurse Practitioners (MSU) 1.0 FTE		FTE
Medication Passers (Cross Country) 0.2 FTE		FTE
<i>Off-site Staff</i>		
DHO/ED (CHC)	0.05	FTE
Medical Director (CHC)	0.05	FTE
	9.95	TOTAL FTE

Current Challenges

Today, only half of the Jail Nurse and Medical Assistant positions and 0.5 FTE Medication Associates per Diem Associates positions are filled, despite recruitment efforts. Unfilled staff positions have been a chronic issue especially over the last two years. Since September of 2018, MSU College of Nursing has been fulfilling only 0.8 FTE of its contract, and has declined to extend the services agreement beyond March 31, 2019. Chronic vacancies due to recruitment and retention challenges have diminished the ability to support round the clock assessments and triage. When onsite triage/assessment is unavailable, inmates must be “sent out” to community care, which requires costly secured transport through the ICSO. Additionally, increased urgency to address opioid-related substance use disorder through the Courts and Health Department initiatives has increased the dependency on Jail Medical to fulfil and oversee court ordered treatment and linkages to community care and treatment, for which the diminished capacity of jail medical cannot adequately support. The Clinical Services Manager has routinely contributed beyond her allocated 0.15 FTE to support operations; however, this is not sustainable. The

verage in FTE dedicated by the Clinical Services Manager detracts from her critical role in supporting the clinical quality improvement and readiness for value-based care for which the Community Health Centers are increasingly accountable for service reimbursement and compliance. The lack of dedicated oversight to support daily operations contributes to staffing challenges, and the capacity to manage operational success. With the loss of on-site medical provider services via the MSU College of Nursing Contract, the County must find an alternative option, either through direct staffing or contractual, to ensure continued medical care on-sight that meets quality and compliance standards.

II. PROPOSED REORGANIZATION

In response to the challenges identified above, the Health Department is proposing the following reorganized model:

Proposed			
Jail Medical FTE			
<i>On-site Staff</i>			
Dentist	0.10	FTE	
Dental Assistant	0.10	FTE	
Correctional Health Administrator	1.00	FTE	
LPN	1.00	FTE	
Jail Nurse (Registered Nurse)	5.00	FTE	
Medication Associate (Per Diem)	2.00	FTE	
Medical Assistant I	3.00	FTE	
Jail Healthcare Provider (NP/PA)	1.00	FTE	
<i>Contractual Staff</i>			
Per-diem Staffing Coverage Support (Cross Country Staffing - NP, RN, MA, LPN - Backfill as needed)	VARIABLES		FTE
<i>Off-site Staff</i>			
DHO/ED	0.05	FTE	
Medical Director	0.05	FTE	
TOTAL FTE	13.3	Total FTE	

The proposed staffing model includes the addition of two new job descriptions: Correctional Health Administrator and the Jail Healthcare Provider. The Jail Health Care Provider position would enable the County to direct-hire a Nurse Practitioner or Physician's Assistant to provide 40 hours a week of on-site medical provider services, and eliminate the reliance on contractual medical providers. The Correctional Health Administrator would provide all operational oversight and management of jail medical/correctional health services, including coordination with the Courts, Health Department and other community agencies which require jail medical engagement with implementation of court ordered or community health and safety initiatives. The addition of a full-time onsite Correctional Health Administrator would eliminate the necessity of the Senior Jail Nurse position. The Senior Jail Nurse Position would be converted to a an additional 1.0 FTE Jail Nurse position, increasing the registered nurse staffing levels to 5.0 FTE, which assures greater 24/7 Nurse coverage. In addition, the Medication Assistant I and

Medication Associate FTEs would also be increased to assure daily minimum staffing coverage requirements to support critical jail functions, including daily medication passing to inmates.

In addition, it is recommended that in future budget years, starting with Fiscal Year 2020, a retainer fund of \$200,000 annually be held as a cost containment and tracking strategy, to account for the full costs of off-site care, including ICSO secured transport costs. An additional \$250,000 is budgeted to cover an expansion of the existing per-diem professional staffing coverage contract provided via Cross Country Staffing to include other medical professional staffing positions, including Nurse Practitioners, LPNs and Registered Nurses to maintain minimal staffing levels as County positions are posted and filled. It is recommended that funds be provided through an increase in general fund allocation to cover the additional personnel cost of this reorganization. The total personnel and budget reorg results in a cost increase of \$2,353,809.34, which is an increase of up to \$449,520.14 from the current Health Department budget for FY 19 (see attached Budget Comparison). It is imperative that the reorg be funded as Jail Medical provides a critical service, for which the quality of care and cost containment of requires adequate staff support and oversight.

Agenda Item 3

Introduced by the Law and Courts, Human Services and County Services Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO AUTHORIZE A RE-ORGANIZATION OF JAIL MEDICAL

WHEREAS, the Health Department currently operates Jail Medical services, to provide primary and preventive health care services to inmates of the Ingham County Jail; and

WHEREAS, the medical provider services agreement with Michigan State University College of Nursing for full-time Nurse Practitioner services expires on March 31, 2019, and will not be extended; and

WHEREAS, given this, the Health Department has taken sufficient time to re-evaluate the current jail medical operation and has determined that a reorganization is required and necessary to ensure 24/7 staff coverage and capacity to delivery high quality and compliant services; and

WHEREAS, the Health Department is recommending the creation of a Jail Medical Provider, which would be a Nurse Practitioner (MNA 06) or Physician Assistant (MCF A), to provide on-site full-time preventive and primary care services; and

WHEREAS, the Health Department is also recommending the creation of a Correctional Health Administrator (MCF 11) position to provide full-time dedicated supervision and management to support staffing level stability and jail medical service performance that meets quality and compliance with accreditation standards for health care of the jail; and

WHEREAS, the creation of the Correctional Health Administrator eliminates the need for the 0.15 FTE of the Clinical Services Manager and the Senior Jail Nurse (ICEA) position; and

WHEREAS, the Senior Jail Nurse position would be converted to an additional 1.0 FTE Jail Nurse (ICEA) position to support staffing levels capable of ensuring 24/7 coverage of registered nurses; and

WHEREAS, the Health Department also recommends the creation of an additional 1.0 FTE Medical Assistant I and 0.5 FTE Medication Associates positions, to support enhanced service delivery, particularly related to meeting substance use disorder treatment and medication assisted treatment objectives of the Court and Health Department's community health and safety initiatives; and

WHEREAS, the Health Department also recommends an expansion of the existing per-diem medical staffing contract with Cross Country Staffing to include Nurse Practitioner/Physician Assistants and Registered Nurses staffing in order to assure minimal staffing levels are maintained at all times at Ingham County Jail for continuity of care as vacant staff positions are posted and filled through direct-hire, effective March 1, 2019, for an amount not to exceed \$250,000 annually; and

WHEREAS, the costs for per-diem staffing through Cross Country Staffing shall be covered through cost savings of the vacant staff position costs; and

WHEREAS, the Budget Office has calculated that this re-organization will result in annual cost of \$2,353,809.34, which is an increase of up to \$449,520.14 from the current Health Department budget for FY 19; and

WHEREAS, the MNA and ICEA Unions have reviewed the proposed re-organization and have no objections.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners approves the proposed reorg of Jail Medical, to be effective March 1, 2019.

BE IT FURTHER RESOLVED, that the Ingham County Board of Commissioners approves the creation of a 1.0 FTE Correctional Health Administrator (MCF 11) and 1.0 FTE Jail Medical Provider (MNA 06 or MCF A) positions.

BE IT FURTHER RESOLVED, that the Senior Jail Nurse Position (#301215, ICEA) be converted to a new Jail Nurse (ICEA) position.

BE IT FURTHER RESOLVED, that the creation of the Correctional Health Administrator eliminates the need for the 0.15 FTE of the Clinical Services Manager, which shall be returned the Community Health Center Administration Budget.

BE IT FURHER RESOLVED, that Ingham County Board of Commissioners also approves the creation of an additional 1.0 FTE Medical Assistant I position and increase the maximum of per-diem Medication Associates from 1.5 FTE to 2.0 FTE.

BE IT FURTHER RESOLVED, that Ingham County Board of Commissioners also approves the expansion of the existing per-diem medical staffing contract with Cross Country Staffing to include Nurse Practitioner/Physician Assistants and Registered Nurses staffing in order to assure minimal staffing levels are maintained at all times at Ingham County Jail for continuity of care as vacant staff positions are posted and filled through direct-hire, effective March 1, 2019, for an amount not to exceed \$250,000 annually.

BE IT FURTHER RESOLVED, that the Controller/Administrator is authorized to make the necessary adjustments to the Health Department's Jail Medical 2019 Budget and Position Allocation List in accordance with this Resolution.

BE IT FURTHER RESOLVED, that the Ingham County Board of Commissioners is authorized to sign any necessary contract documents consistent with this resolution upon approval as to form by the County Attorney.

Points of consideration for Contractual Jail Medical (privatization)

- Privatization offers true cost containment for all jail medical services and oversight through a single contract, at a cost comparable to the proposed reorganization of Jail Medical County-run operation. (However, County run-operation does not truly have a cost containment cap).
- Privatization leverages industry expertise and specialization in correctional health services, including demonstrated track records in meeting and exceeding accreditation, quality and compliance standards
- Privatization assures accountability to meet compliance and accreditation standards of care, lest the vendor be found in breach of contract. A contractual provider is motivated to attain the highest quality of service and meet the County's needs in order to maintain the contract.
- Privatization offers a strategy to assure minimal staffing levels are constantly maintained through its vast staffing networks, and training and onboarding programs. This is beyond what can be leveraged through a County direct-hire staffing model, which requires additional per-diem staffing service contract for when County positions are unfilled, and longer training and onboarding timelines.
- Privatization can deliver more on-site services within its single contract and cost contained structure. For instance, on-site radiology or other beneficial services, which would reduce the number of costly "send outs" through a Deputy secured transport. For the County, each onsite service includes individual contracts with each provider to manage, and additional costs to each.

Points of Consideration for selection of Corizon above other RFP Responses.

Of the four responses considered from the Jail Medical Request for Proposals, it is the recommendation of the evaluation committee that Corizon offered the most cost effective, comprehensive response which is most aligned with Ingham County's stated need.

Compliance with RFP Instructions, and Ingham County's Stated Need:

- Corizon provided a pro-active and localized proposal based on the RFP and their observations from the Ingham County Jail tour.
- Corizon was the only respondent to include signed letters of intent from identified community partners and potential subcontractors. The identified partners align with Ingham County's existing partnerships, including Community Mental Health Authority of Clinton, Eaton and Ingham Counties.
- Corizon was the most specific and detailed in their responses to each question of the RFP compared to other respondents.

Project Approach:

- Corizon offered a superior on-site services model for both medical and dental services, including health maintenance exams for all inmates after 365 days in jail, psych-med services, chronic care management, annual flu shots, and provision of medical devices.
- Corizon specifically responded to its approach to assuring medication passing services twice a day every day, including County Holidays.
- Corizon proposed a 13.53 FTE staffing model, which is on par with the Health Department's Reorganization Proposal, to assure 24/7 staffing coverage.
- Corizon included dedicated nurse at jail intake to perform health screening and assessment, which eases efficiency of health intake procedures of the Ingham County Sheriffs Office, and offers greater care continuity throughout an inmate's stay through discharge.
- Corizon will release inmates with a 5 day supply of medications, not just 3 days as compared to the other competitive bids.

- Corizon offered flexibility to work around inmate court dates, and described how they will send released inmates their medications and care plan information, which other respondents did not speak to.
- Corizon provides printed discharge information to patients for each encounter and release from jail medical.
- Corizon addressed on-site services, including EKG and labs in their response. Specifically, Corizon provides phlebotomy on onsite and lab specimen collection, which was not addressed in other competitive bids.
- Corizon will manage medical waste removal for the entire jail, not just the medical clinic, which was unique from other respondents.
- Corizon will supply and oversee maintenance of AED's, as well as stock of first aid kits and Narcan on posts throughout the jail.
- Corizon offered the most impressive staff recruitment, selection, retention and continuing education model, which supports greater staff recruitment and retention success (consistent staffing).

Qualifications and Experience:

- Corizon has an extra 25 years of experience over other respondents.
- Corizon's regional Headquarters is here in Lansing, and has operations in Kent, Calhoun, Genesee and Saginaw Counties. Their proximity and familiarity was clearly helpful in their ability to provide a custom localized bid.
- Corizon has the Michigan Department of Corrections (MDOC) contract, which is favorable to support continuity of care for Ingham County Jail's MDOC inmates, and provides access to a larger pool of information from Corizon's medical history database.
- References from Corizon clients were positive and affirming of their qualifications and experience.
- The transition of existing jail medical records to the vendor's electronic medical record system was most comprehensively addressed by Corizon.
- Corizon has experience with telemedicine services, which may be of value to Ingham County as a way to expand access to medication assisted Substance Use Disorder Treatment later on.
- Corizon offers ambulatory detoxification with physicians certified by the American Society of Addiction Medicine and provided letters of intent demonstrating relationships with the local medication assisted treatment facilities in the community, including methadone clinics. Corizon spoke most comprehensively of its use of evidence-based substance use disorder screening and treatment tools.

Cost:

- Corizon offered almost 4 FTE staff persons (an approximately \$300,000 - \$400,000 value in salaries and fringes) more than the lowest bid, which offered only 9.0 FTE of staff. Corizon was still just \$161,000 higher in overall cost than the lowest bid.
- Corizon provides its own technology hardware and infrastructure within its contained cost proposal. Other respondents sought the County to provide IT hardware.
- Other respondents required an indemnification clause to their contract, which the County is not capable to honor.
- Corizon provided a direct response to handling enrollment of eligible inmates in the Blue Cross Blue Shield (BCBS) health plan for community care. Corizon included a letter of intent to work BCBS and described its process for billing inmate insurance as possible.
- Corizon covers up to \$200,000 in additional costs for off-site care, which aligns with current costs trends. Because of the array of services Corizon offers to provide on-site, which currently require inmates to be sent-out to community providers with a secured transport, containing costs within the \$200,000 threshold would be feasible.

Agenda Item 4a

Introduced by the Human Services Committee of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

**RESOLUTION REQUESTING THE CONVERSION OF INGHAM COUNTY'S
NON-VOTING APPOINTEE ON THE CAPITAL AREA TRANSPORTATION
BOARD OF DIRECTORS TO VOTING STATUS**

WHEREAS, CATA provides public transportation services in Ingham County; and

WHEREAS, Ingham County has supported CATA's paratransit services by levying a millage and transferring the great majority of the funds to CATA under contract, beginning in 1986; and

WHEREAS, in 2019 the funds transferred by Ingham County to CATA are expected to exceed \$4.4 million; and

WHEREAS, Ingham County has appointed a non-voting representative to the CATA Board of Directors since 1997; and

WHEREAS, CATA has recently amended their bylaws to allow the creation by action of CATA's Board of Directors of an additional voting member, in exchange for financial support at a level to be agreed; and

WHEREAS, Ingham County requests the conversion of its non-voting membership to voting status; and

WHEREAS, the property tax receipts from CATA's principal millage, levied in the Cities of Lansing and East Lansing and the Townships of Meridian, Lansing, and Delhi, are expected to exceed \$17.7 million during 2019; and

WHEREAS, CATA's present Board of Directors includes ten voting members.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners officially applies to CATA for the conversion of its appointee from a non-voting member to a voting member.

BE IT FURTER RESOLVED, that the Ingham County Board proposes that the required financial contribution associated with the newly created voting seat be set at the ratio of property tax collections received from the five founding members divided by the number of voting seats held by those municipalities, or approximately \$2 million.

BE IT FURTHER RESOLVED, Ingham County declares its intention to continue supporting CATA's paratransit services at approximately the same level as heretofore, with the balance above the required contribution continuing to be governed by contract.

Agenda Item 4b

TO: Human Services and Finance Committees

FROM: Jared Cypher, Deputy Controller

DATE: February 7, 2019

SUBJECT: Resolution Authorizing the Fourth Amendment to the Agreement with the Capital Area Transportation Authority Dated January 1, 2016 through December 31, 2020

For the meeting agendas of February 20 and February 25

BACKGROUND

This resolution authorizes the fourth amendment to the agreement with the Capital Area Transportation Authority (CATA) for the time period of January 1, 2016 through December 31, 2020; specifically the scope of services which will be effective from October 1, 2018 through September 30, 2019. For the period October 1, 2018 through September 30, 2019 the County will reimburse CATA as set forth in the attached Scope of Services.

ALTERNATIVES

N/A

FINANCIAL IMPACT

The amount to be reimbursed will not exceed the amount of millage funds available. A maximum of \$3,544,944 will be used to pay the actual expenses of operating, administrating and marketing Spec-Tran. A maximum of \$663,675 of the funds will be used to pay for the actual expenses of operating, administering and marketing CATA Rural Services. The amount of \$131,568 will be retained by the County for the operation of a vehicle used to transport area veterans to VA Hospitals in the region in the County's 2019 Fiscal Year.

STRATEGIC PLANNING IMPACT

This resolution supports the overarching long term objectives of assisting in meeting basic needs, promoting accessible healthcare and fostering economic wellbeing.

OTHER CONSIDERATIONS

This resolution was tabled at the July 16, 2018 Human Services meeting pending CATA response to Ingham County's request to have a voting member on the CATA Board.

RECOMMENDATION

Based on the information presented, I respectfully recommend approval of the attached resolution.

Agenda Item 4b

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

**RESOLUTION AUTHORIZING THE FOURTH AMENDMENT TO THE AGREEMENT
WITH THE CAPITAL AREA TRANSPORTATION AUTHORITY DATED
JANUARY 1, 2016 THROUGH DECEMBER 31, 2020**

WHEREAS, an agreement was authorized with the Capital Area Transportation Authority for the period ending December 31, 2020; and

WHEREAS, in August 2016, the electorate approved a countywide public transportation millage level of 60/100 (.60) of one mill to be used for the purpose of funding a transportation system to be used primarily by elderly and disabled persons in Ingham County; and

WHEREAS, the Board of Commissioners envisioned that the revenues generated as a result of the millage levy would be turned over to the Capital Area Transportation Authority and be used to provide the transportation service.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners approves an amendment to the agreement with the Capital Area Transportation Authority (CATA) which authorizes the County to pay CATA the expenses incurred for providing a public transportation system to be used primarily by elderly and disabled persons in Ingham County from revenue generated as a result of the countywide public transportation millage.

BE IT FURTHER RESOLVED, that for the period October 1, 2018 through September 30, 2019 the County shall reimburse CATA as set forth in the attached Scope of Services.

BE IT FURTHER RESOLVED, the Chairperson of the Board and the County Clerk are hereby authorized to sign the appropriate agreements and documents necessary to implement the above, subject to approval as to form by the County Attorney.

INGHAM COUNTY PROPOSED SCOPE OF SERVICE

For October 1, 2018 through September 30, 2019

For fiscal year 2019, Ingham County projects tax revenue in the amount of \$4,340,187 from the Special Transportation Millage. As the County's contractor, CATA shall carry out the following activities with respect to small bus transportation primarily serving elderly and disabled residents of Ingham County:

1. Take all reasonable steps to improve the quality of small bus service primarily serving the elderly and residents with disabilities of Ingham County. CATA shall constantly strive to develop methods to provide such services in more cost efficient ways.
2. Manage and operate the small bus system commonly known as CATA Rural Services (CRS), providing a minimum of 79 hours per day of service to the residents of Ingham County who reside outside of the boundaries of the urbanized area. CRS also refers to the Mason Connector, Williamston-Webberville Connector and Mason Redi-Ride routes. Service shall be provided in conformity with the requirements of the state and federal grants received for the operation of the service. A maximum of \$663,675 of funds received under this agreement shall be used to pay for the actual expenses of operating, administering and marketing CATA Rural Services.
3. Continue to operate service for persons with disabilities, known as CATA Spec-Tran, providing at a minimum the level of service in effect on October 1, 1988, to residents of Ingham County who reside within the boundaries of the urbanized area and who further qualify for this specialized service by nature of their mobility-related disabilities. Services shall be provided in conformity with state and federal requirements and grants received for the operation of the service. A maximum \$3,544,944 of the funds received under this Agreement shall be used to pay the actual expenses of operating, administrating and marketing Spec-Tran.
4. The amount of \$131,568 shall be retained by the County for the operation of a vehicle used to transport area veterans to VA Hospitals in the region in the County's 2019 Fiscal Year. CATA has no responsibility for this service and does not participate in its operation or funding.