

The logo for Kalamazoo County Government is a shield-shaped emblem. It features a blue sky at the top, a green field in the middle, and a blue river at the bottom. In the background, there are yellow trees and a grey city skyline. The text "KALAMAZOO COUNTY GOVERNMENT" is written in a semi-circle along the top edge of the shield.

**Board of  
Commissioners'  
Meeting**

**March 15, 2016**

**NOTICE AND AGENDA FOR  
MARCH 15, 2016 MEETING  
OF THE  
KALAMAZOO COUNTY BOARD OF COMMISSIONERS**

**PLEASE TAKE NOTICE** that a regular meeting of the Kalamazoo County Board of Commissioners is scheduled for **Tuesday, March 15, 2016, at 7:00 p.m.** in the Board of Commissioners Room, second floor, County Administration Building, 201 West Kalamazoo Avenue, Kalamazoo, Michigan, for the purpose of considering the following items:

- ITEM 1      Call to Order
- ITEM 2      Invocation
- ITEM 3      Pledge of Allegiance
- ITEM 4      Roll Call
- ITEM 5      Approval of Minutes
- ITEM 6      Communications
- ITEM 7      Citizens' Time
- ITEM 8      For Consideration

**CONSENT AGENDA**

- A.      Request for Approval of 25 Year Resolution Honoring Linda Castillo
- B.      Request for Approval of 25 Year Resolution Honoring David DeYoung

**Health & Community Services**

- C.      Request for Approval of Household Hazardous Waste Program Contract with Kalamazoo Township
- D.      Request for Approval of a Catering Sales Contract with the Radisson Plaza Hotel & Suites
- E.      Request for Approval of a Public Health Entity (PHE) Agreement with MedImmune Biologics, Inc.
- F.      Request for Approval to Apply for Grant Funding from the United Way of the Battle Creek and Kalamazoo Region
- G.      Request for Approval of Elimination/Creation of Positions in the Community Action Agency (Grant Funds)

**Human Resources**

- H.      Request for Approval of Amendment to Personnel Policy 4.06, 5.02 and 7.04

**Parks& Expo Center**

- I.      Request for Approval to Submit the Markin Glen County Park Natural Resources and Trust Fund Grant Application and Resolution

**Planning & Community Development**

- J.      Request for Approval of a Contract with Southwest Survey & Engineering LLC and Amendments with Various Providers for Professional Services for the Remonumentation Program

Sheriff

K. Request for Approval of an Agreement with Kalamazoo County Community Mental Health and Substance Abuse Services (KCMHSAS)

Board of Commissioners

L. Request for Approval of Transfers and Disbursements

M. Request for Approval of Appointments to Various Advisory Boards

**NON-CONSENT AGENDA ITEMS**

**The following Items are Non-Consent Agenda Items and will be voted on individually.**

- ITEM 9 Old Business
- ITEM 10 New Business
- ITEM 11 County Administrator's Report
- ITEM 12 Chairperson's Report
- ITEM 13 Vice Chairperson's Report
- ITEM 14 Members' Time
- ITEM 15 Adjournment

*Dina Sutton*

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Dina Sutton  
Office Manager for Administrative Services

MARCH 9, 2016

MEETINGS OF THE KALAMAZOO COUNTY BOARD OF COMMISSIONERS ARE OPEN TO ALL WITHOUT REGARD TO RACE, SEX, COLOR, AGE, NATIONAL ORIGIN, RELIGION, HEIGHT, WEIGHT, MARITAL STATUS, POLITICAL AFFILIATION, SEXUAL ORIENTATION, GENDER IDENTITY OR DISABILITY. KALAMAZOO COUNTY WILL PROVIDE NECESSARY REASONABLE AUXILIARY AIDS AND SERVICES, SUCH AS SIGNERS FOR THE HEARING IMPAIRED AND AUDIO TAPES OF PRINTED MATERIALS BEING CONSIDERED AT THE MEETING/HEARING, TO INDIVIDUALS WITH DISABILITIES AT THE MEETING/HEARING UPON FOUR (4) BUSINESS DAYS' NOTICE TO THE COUNTY. INDIVIDUALS WITH DISABILITIES REQUIRING AUXILIARY AIDS OR SERVICES SHOULD CONTACT THE COUNTY BY WRITING OR CALLING:

Dina Sutton  
Office Manager for Administrative Services  
KALAMAZOO COUNTY GOVERNMENT  
201 West Kalamazoo Avenue  
Kalamazoo, Michigan 49007  
TELEPHONE: (269)384-8111



**RESOLUTION HONORING  
Linda Castillo**

WHEREAS, Linda Castillo has served the citizens of Kalamazoo County for twenty-five (25) years as of February 25, 2016; and

WHEREAS, Linda Castillo has faithfully served as a Custodian; and

WHEREAS, the County of Kalamazoo wishes to acknowledge and honor employees who have longevity under the umbrella of County Government, since it is through longevity that expertise in the employee's particular field is achieved.

NOW, THEREFORE, BE IT RESOLVED that the Kalamazoo County Board of Commissioners does hereby acknowledge with gratitude the many years of dedication and service Linda Castillo has imparted to the citizens of the County and offers its best wishes for many more years of mutual association.

STATE OF MICHIGAN        )  
  ) SS  
COUNTY OF KALAMAZOO )

I, Timothy A. Snow, County Clerk Register, do hereby certify that the foregoing is a true copy of a Resolution adopted by the Kalamazoo County Board of Commissioners at a regular session held on March 15, 2016.

\_\_\_\_\_  
Timothy A. Snow  
County Clerk/Register





C.-G.

**KALAMAZOO COUNTY  
HEALTH AND COMMUNITY SERVICES DEPARTMENT**

*Promoting Health For All*

**DATE:** March 15, 2016  
**TO:** County Board of Commissioners  
**FROM:** Gillian A. Stoltman, Ph.D, M.P.H, Director/Health Officer  
**RE:** **ITEMS FOR YOUR CONSIDERATION**

**A. APPROVAL OF HOUSEHOLD HAZARDOUS WASTE PROGRAM  
CONTRACT WITH KALAMAZOO TOWNSHIP**

**ACTION REQUIRED**

HCS Administration requests Board approval of the following contract between the county governmental unit listed below and Kalamazoo County Health and Community Services Department for the Household Hazardous Waste Program. This contract is for the period of January 1, 2016 to December 31, 2016 and establishes the unit's funding for fiscal year 2016.

**GOVERNMENTAL UNITS AND FUNDING**

1. Kalamazoo Township \$13,000

**DESCRIPTION OF SUBJECT**

The County will provide collection services to Kalamazoo Township residents at the Household Hazardous Waste Center as long as that unit has funds on account with the County to cover the costs of their citizen's utilization of the service. This contract adheres to the Household Hazardous Waste fees for FY16 that were approved by the Board on November 17, 2015 for the purpose of supporting Household Hazardous Waste program operations, including ten (10) Saturdays throughout the fiscal year.

**RELATIONSHIP TO GOALS**

This contract will allow the collection of household hazardous waste in 2016 from each unit's residents and will allow removal of household hazardous waste from the waste stream, thus preventing environmental contamination problems. This program is consistent with the HCS's goal to improve the quality and safety of the physical environment for Kalamazoo County residents.

**FUNDING SOURCE**

Funding amounts for the governmental unit is listed above. Each of the in-county agreement includes a specific amount for operational expenses, which is based upon a cost-sharing formula. Both in-county and out-county are charged based on actual participation by individual households. If the funds for a unit are exhausted before the contract period ends, that unit's residents will not receive collection services unless more funds are transferred to the County.

### **PERSONNEL**

There are no new personnel associated with this item.

### **PROCUREMENT**

There is no procurement associated with this request.

### **ISSUES/CONCERNS**

There are no issues or concerns. If you have any questions, please contact Vern Johnson, Environmental Health Division Manager, at 373-5356 / [vljohn@kalamazoo.org](mailto:vljohn@kalamazoo.org) or Lynne Norman, Deputy Director – Health Services, at 373-5237 / [ldnorm@kalamazoo.org](mailto:ldnorm@kalamazoo.org)

## **B. APPROVAL OF A CATERING SALES CONTRACT BETWEEN THE RADISSON PLAZA HOTEL & SUITES AND KALAMAZOO COUNTY HEALTH & COMMUNITY SERVICES/ REGION IIIA AREA AGENCY ON AGING**

### **ACTION REQUESTED**

HCS Administration requests Board approval to enter into an agreement with Greenleaf Hospitality Group, Inc., a Michigan corporation d/b/a the Radisson Plaza Hotel & Suites for the purpose of reserving space for the Kalamazoo County Celebrates Elderhood event to be held on May 18, 2017.

### **DESCRIPTION OF SUBJECT**

The "Celebrating Elderhood" event is hosted by the Region IIIA Area Agency on Aging and the Kalamazoo County Older Adult Services Advisory Council with the goal of setting a community standard where elders and the people and organizations that make up the network of service providers are valued, respected and supported. The Radisson location for the recognition and awards ceremony was chosen for its ability to accommodate potentially 400 people and guests who are 100+. The planning committee chose May as it is Older American's Month. This contract is being presented to the Board much in advance of the actual event due to the popularity of the venue.

### **RELATIONSHIP TO GOALS**

The event associated with this agreement aligns with goals of improving the health of the community and promoting understanding of resources beneficial to people's well-being.

### **FUNDING SOURCE**

No County general funds are requested as a result of this action. All event funding will be from grants and sponsorships from local foundations, service clubs, individuals, and business.

### **PERSONNEL**

There is no new personnel as a result of this action.

### **PROCUREMENT**

All County procurement policies were followed in identifying the Radisson as the venue for this event.

### **ISSUES/CONCERNS**

There are no issues or concerns. If there are any questions, please contact Judy Sivak, Director Older Adult Services, at 373-5153 or [jasiva@kalcounty.com](mailto:jasiva@kalcounty.com).

## **C. APPROVAL OF A PUBLIC HEALTH ENTITY (PHE) AGREEMENT WITH MEDIMMUNE BIOLOGICS, INC. FOR THE PURCHASE OF FLUMIST QUADRIVALENT**

### **ACTION REQUESTED**

HCS Administration requests Board approval of a Public Health Entity (PHE) Agreement between the County of Kalamazoo and Medimmune Biologics, Inc. for the purchase of FluMist Quadrivalent. The Contract period is from date of signature through June 30, 2017 and will then automatically renew for successive one-year periods.

### **DESCRIPTION OF SUBJECT**

Seasonal Influenza (Flu) is a serious disease and is different every flu season. Likewise, influenza can affect people differently ranging from minor illness to hospitalization and sometimes even death. "Flu season" typically begins in October and can last as late as May of the following year. Due to the changing flu virus strains year to year, it is important that people are vaccinated on an annual basis. An annual vaccine (either by flu shot or nasal spray) is ones best chance to reduce their own chance of getting sick from the flu and from spreading the flu to others.

As a local public health department, HCS is eligible to purchase its seasonal stock of nasal spray flu vaccine at discounted prices. Through this contract with Medimmune

Biologics, the HCS Immunization Clinic will be able to purchase FluMist Quadrivalent (nasal spray flu vaccine) at approximately \$50 less per 10 dose case. The HCS Immunization Clinic provides infant, children and adult immunizations and education to all residents of Kalamazoo County as well as available to all County Government employees.

### **RELATIONSHIP TO GOALS**

It is the goal of the HCS Department to improve the health of the community through the reduction of preventable diseases and deaths and through the promotion of healthy lifestyles and choices. The Immunization Clinic is one capacity in which the HCS Department monitors, prevents and treats disease and illness that can be a threat to the community.

### **FUNDING SOURCE**

Funding for the purchase of immunizations comes from the County's general funds and is budgeted in the HCS Health Fund. HCS will pay \$181.30 per 10-dose pack of FluMist Quadrivalent.

### **PERSONNEL**

There are no new personnel associated with this request.

### **PROCUREMENT**

There is no procurement associated with this request.

### **ISSUES/CONCERNS**

There are no issues/concerns. If you have any questions, please contact Penny Born, Public Health Nurse Supervisor, at 373-5264 / [paborn@kalcounty.com](mailto:paborn@kalcounty.com) or Lynne Norman, Deputy Director – Health Services at 373-5237 / [ldnorm@kalcounty.com](mailto:ldnorm@kalcounty.com).

## **D. APPROVAL TO APPLY FOR GRANT FUNDING FROM THE UNITED WAY OF THE BATTLE CREEK AND KALAMAZOO REGION (UWBCKR)**

### **ACTION REQUESTED**

HCS Administration requests Board approval to submit a grant application to UWBCKR for funding in the Nurse Family Partnership to support an additional Nurse (RN) Home Visitor. The total funding to be requested is \$166,000 for the period of November 1, 2016 through June 30, 2018. The grant application deadline is April 1, 2016.

### **DESCRIPTION OF SUBJECT**

Nurse Family Partnership (NFP) is an evidence-based program and a proven approach to improving the health and life-course of low-income, first-time mothers and their

children. In-home visits from a RN occur during the first pregnancy of a woman and continues throughout the first two years of her child's life.

Grant funding will be used to support an additional Nurse (RN) Home Visitor. The addition of another RN to the current team, will allow an additional 25 families to be served in our community.

### **RELATIONSHIP TO GOALS**

HCS has a goal to improve the overall health of the community by reducing preventable diseases and deaths. The Nurse Family Partnership project focuses on helping families improve skills in the areas of maternal and child health and decreasing infant mortality and morbidity.

### **FUNDING SOURCE**

No County general funds are required as a result of this action. All funding to support the additional position would be from the UWBCKR.

### **PERSONNEL**

HCS Administration will seek board approval if grant funding is awarded, to create a 1.0 FTE Nurse Home Visitor (position #10790). This position would be for the period of November 1, 2016 through June 30, 2018.

### **ISSUES/CONCERNS**

There are no issues or concerns. If you have any questions or concerns regarding the requested action, please call Deb Lenz, MCH Division Manager at [dlrenz@kalcounty.com](mailto:dlrenz@kalcounty.com) / 373-5024 or Gillian Stoltman, HCS Director/ Health Officer at [gastol@kalcounty.com](mailto:gastol@kalcounty.com) / 373-5260

## **E. APPROVAL OF POSITION ELIMINATION AND CREATIONS IN THE HEALTH & COMMUNITY SERVICES DEPARTMENT COMMUNITY ACTION AGENCY (CAA)**

### **ACTION REQUESTED**

HCS Administration requests Board approval to eliminate 1.0 FTE and to create 1.0 in FTEs for the Community Action Agency as a matter of HCS position housekeeping action.

### **DESCRIPTION OF SUBJECT**

The Community Action Agency (CAA) currently has two different position descriptions with the title of Program Assistant (#10853 & #10915) and to ensure that the position description aligns with the actual position functions, the CAA would like to eliminate the 1.0 FTE that corresponds to position #10853 and redistribute these FTEs under the

position #10915. Position #10853 is outdated and would require extensive revisions to accurately represent the needs of a CAA Program Assistant and as this position is currently vacant, HCS Administration feels it is the appropriate time to complete this position housekeeping task.

The support of two Program Assistants is needed to ensure that County residents seeking emergency energy assistance are met with quality, timely and efficient service. At present the CAA has one Program Assistant (#10915) at an .8 FTE with this responsibility. In an effort to mitigate any program/service disruptions the CAA would like to increase the current employee from a .8 FTE to a 1.0 FTE and create a .8 FTE position under the position #10915 to be posted following County hiring policies and procedures.

### RELATIONSHIP TO GOALS

The Health and Community Services Department establishes their overall goal for the Community Action Agency as promoting, providing for and educating our community through all services offered to the best of its ability and with the highest standards of quality and community partnership. This agreement continues to further CAA's goal to promote and create a means to self-sufficiency for Kalamazoo County residents by assisting them to take control of their lives, while also helping to improve the housing stock in our community.

### FUNDING SOURCE

No County funds are required for this request. Funding to support this request is allocated through the Community Services Block Grant from the Michigan Department of Health & Human Services. The requested action is budget neutral.

### PERSONNEL

#### Eliminate:

<u>Account #</u>	<u>Title</u>	<u>K Band</u>	<u>FTE</u>	<u>Salary/Fringe</u>	<u>Effective Date</u>
793-152	Program Assistant #10853	K06	1.0 FTE	\$33,196 - \$44,803	3/16/16

#### Create:

<u>Account #</u>	<u>Title</u>	<u>K Band</u>	<u>FTE</u>	<u>Salary/Fringe</u>	<u>Effective Date</u>
793-152	Program Assistant #10915-001	K06	.2 FTE	\$6,639 - \$8,960	3/16/16
793-152	Program Assistant #10915-TBD	K06	.8 FTE	\$26,556 - \$35,842	3/16/16

### PROCUREMENT

There is no procurement associated with this request.

**ISSUES/CONCERNS**

There are no issues or concerns. If you have any questions regarding this information, please contact Charlotte J. Smith, Manager, 373-5052 or [cjsmit@kalcounty.com](mailto:cjsmit@kalcounty.com)

**BOARD AGENDA REQUEST FORM**

PROPOSED FOR BOARD MEETING OF:            March 15, 2016

DEPARTMENT:                                        Human Resources Department

PREPARED BY:                                        Kristine Cunningham, Human Resources Director

SUBJECT:    Changes to Personnel Policy 4.06, 5.02 and 7.04

SPECIFIC ACTION REQUESTED:

Adoption of revisions to Personnel Policy 4.06 B. – Promotion; Personnel Policy 5.02 E. – Family and Medical Leave; and Personnel Policy 7.04 – Reporting Absences.

DESCRIPTION OF ACTION (dollar amount, purpose):

The proposed changes to Personnel Policy 4.06 B. – Promotion outlines the current practice of determining an employee’s pay scale when the employee is at the last step of their salary band.

The proposed changes to Personnel Policy 5.02 E. – Leave of Absence and Personnel Policy 7.04 – Reporting Absences clarifies how employees must report their unscheduled absences and what information should be provided when reporting a Family Medical Leave Act (FMLA) absence.

The updated policies are attached. The comprehensive review of the County Personnel Policy Manual is currently in progress.

TIME FRAME OF ACTION:

Effective 3/16/2016.

FUNDING SOURCE IF REQUIRED (Federal, State, or Local):

N/A

PERSONNEL IF REQUIRED:

(indicate if elimination or creation and list FTE; job title; grade; full-time salary range; account number; and, if known, position number)

N/A

NEW OR RENEWAL:

N/A

CONTACT PERSON WITH PHONE NUMBER:

Kristine Cunningham, 384-8100 or kdcunn@kalcouny.com

## Personnel Policy #4.06 B. - Promotion

An employee who promotes into a position assigned to a higher salary band than his/her current position shall be placed in the new band at the first step that represents an increase in pay equivalent to a one-step increase in their former band, not to exceed the maximum of the new band. If the employee to be promoted is currently at the maximum step of their band, 4% will be added to their current hourly rate. Using that adjusted hourly rate, the employee shall then be placed on the new band at the lowest step that is at least equal to the adjusted hourly rate.

## Personnel Policy #5.02 E. – Family and Medical Leave

### Notice and Duration

1. Advance notice: When the need for leave is foreseeable, employees are expected to provide thirty (30) days advance notice. When the need for the leave is not foreseeable, employees are required to provide notice of the need for leave as soon as practicable. Please see Personnel Policy 7.04 – Reporting Absences for instructions on how employees must notify his/her supervisor of an unexpected absence.

NOTE: Employees should inform their supervisor if the absence is for an FMLA leave, and if approved for more than one leave, which FMLA leave applies. The County will credit an absence to an FMLA leave if there is any indication the absence is covered by the FMLA.

When leave is needed for planned medical treatment, employees must attempt to schedule treatment so as not to unduly disrupt the County's operations. Failure to provide appropriate notice may result in the denial of leave.

## Personnel Policy #7.04 – Reporting Absences

An employee must notify his/her Supervisor within one (1) hour of the expected starting time if an unexpected absence is to occur. If an employee is unable to notify their immediate Supervisor, notification shall be made to their County Human Resources Department ~~Department~~ Department Head/Court Administrator. Failure to make notification of the unexpected absence may result in an employee being docked pay for the absence and will subject the employee to disciplinary action, up to and including termination.

NOTE: Employees should inform their supervisor if the absence is for an FMLA leave, and if approved for more than one leave, which FMLA leave applies.

**BOARD AGENDA REQUEST FORM**

**PROPOSED FOR BOARD MEETING OF:** March 15, 2016

**DEPARTMENT:** Parks & Expo Center

**PREPARED BY:** David Rachowicz

**SUBJECT:** Markin Glen County Park Natural Resource and Trust Fund Grant Application

**SPECIFIC ACTION REQUESTED:**

Approve Submittal of the Markin Glen County Park Natural Resource Trust Fund Application and Resolution.

**DESCRIPTION OF ACTION (dollar amount, purpose):**

In March 2016, the Board of Commissioners approved the Park & Recreation Master Plan and the proposed project is a high priority in the plan. The total preliminary project budget is \$320,000 and we are seeking \$192,000 in grant funding from the MDNR Natural Resources Trust Fund recreation grant program. The project will include a playground, group picnic area restrooms, accessible walkways, and parking areas.

**TIME FRAME OF ACTION:**

The State process is dependent on legislative approval so the timing is not exact but typically grants are approved and contracted within one year and the County has two years to complete the project.

**FUNDING SOURCE IF REQUIRED (Federal, State, or Local):**

Total projected cost is \$320,000. \$192,000 would be provided by the grant and the local match will be \$128,000. All of the local match will be funded by the Markin Glen County Park Endowment Fund held at the Kalamazoo Community Foundation. A breakdown of the tentative budget is attached. If the grant is awarded, detailed planning for the project will begin in 2017 and construction will occur in 2017 or 2018.

**PERSONNEL IF REQUIRED: NA**

**NEW OR RENEWAL OR AMENDMENT:**

This is a new grant request.

**ANY OTHER PERTINENT INFORMATION:**

If the grant is awarded, the County Board of Commissioners will need to accept the grant funds and enter into a contract with the State of Michigan. .

**PROCUREMENT INFORMATION: NA**

**CONTACT PERSON WITH PHONE NUMBER:**

David Rachowicz, 383-8787, dmrach@kalcounty.com

Markin Glen Improvement Project  
Michigan Natural Resources Trust Fund Grant Application Budget

3/1/2016

New Restrooms for three group picninc areas	\$190,000
Parking Upgrades	\$45,000
Playground Installation	\$45,000
Accessible Walkways	\$20,000
<b>Total Project Construction</b>	<b>\$300,000</b>
<b>Engineering</b>	<b>\$20,000</b>
<b>Total Expenses</b>	<b>\$320,000</b>
Revenue	
Michigan Natural Resources Trust Fund	\$192,000
Markin Glen Endowment Funds	\$128,000
<b>Total Revenue</b>	<b>\$320,000</b>

### BOARD AGENDA REQUEST FORM

**PROPOSED FOR BOARD MEETING OF:** March 15, 2016 BOC Consent agenda

**DEPARTMENT:** Planning & Community Development

**PREPARED BY:** Lotta Jarnefelt

**SUBJECT:**

One new and six amendments to existing contracts between County and the seven surveyors who participate in the 2016 Remonumentation Grant from the State of Michigan, Department of Licensing and Regulatory Affairs for Kalamazoo County.

**SPECIFIC ACTION REQUESTED:**

Approve new contract with:

- Southwest Survey & Engineering LLC

Approve Amendments to the existing contracts between Kalamazoo County and the following 6 surveyors:

- Evans Land Surveying (last amended 12/15/2015)
- Ingersoll, Watson & McMachen, Inc. (last amended 4/21/2015)
- Reynolds-Heritage Land Surveying and Mapping PC (last amended 4/21/2015)
- Wightman & Associates, Inc. (last amended 12/15/2015)
- James E. Boynton, P.S. (last amended 4/21/2015)
- Scott Hopkins, P.S. (last amended 4/21/2015)

**DESCRIPTION OF ACTION (dollar amount, purpose):**

The new contract and the amendments to the agreements are for the purpose of providing the County Remonumentation Grant Program with professional services relating to research and/or remonumentation of section corners.

The contract and the amendments list the section corners to be completed by the respective surveyors. The corners are defined in the 2016 Remonumentation work program.

Mr. Boynton and Mr. Hopkins will not perform professional services other than participating in the Remonumentation Peer Review Group meetings. The grant program requires them to have a contract with the County in order to pay them meeting per diems from the State grant.

**TIME FRAME OF ACTION:**

Grant is for calendar year 2016. Work to be completed by December 31, 2016.

**FUNDING SOURCE IF REQUIRED (Federal, State, or Local):**

The 2016 Remonumentation Grant (\$82,190) is for the County's annual work program as approved by the State Survey and Remonumentation Grant Administrator and as set forth in the 2016 Survey and Remonumentation Grant Application, approved by the BOC on February 16, 2016.

**PERSONNEL IF REQUIRED:**

NA

**NEW OR RENEWAL OR AMENDMENT:**

Amendments to agreements last amended on April 21 and December 15, 2015 (see list above)

**ANY OTHER PERTINENT INFORMATION:**

NA

**PROCUREMENT INFORMATION:**

NA

**CONTACT PERSON WITH PHONE NUMBER:**

Lotta Jarnefelt, Remonumentation program administrator, 384-8115 or [lmjarn@kalcounty.com](mailto:lmjarn@kalcounty.com)

K.

**BOARD AGENDA REQUEST FORM**

**PROPOSED FOR BOARD MEETING OF:** March 15, 2016

**DEPARTMENT:** Sheriff's Office

**PREPARED BY:** Terra Mickolatcher, Financial Administrator

**SUBJECT:** Accept the Contract for Kalamazoo County Mental Health and Substance Abuse Services ("KCMHSAS")

**SPECIFIC ACTION REQUESTED:**

Approve the contractual agreement between Kalamazoo County Sheriff's Office and Kalamazoo County Mental Health and Substance Abuse Services ("KCMHSAS")

**DESCRIPTION OF ACTION (dollar amount, purpose):**

N/A

**TIME FRAME OF ACTION:**

Immediate

**FUNDING SOURCE IF REQUIRED (Federal, State, or Local):**

General Fund

**PERSONNEL IF REQUIRED:**

N/A

**NEW OR RENEWAL OR AMENDMENT:**

Renewal, contract agreement time period from October 1, 2015 through September 30, 2016

**ANY OTHER PERTINENT INFORMATION:**

The contract is for contractual services for full-time mental health professional staff, psychiatric evaluations, medication reviews, and physician services at the corrections facility pursuant to Act 258 of the Public Acts of 1974.

**CONTACT PERSON WITH PHONE NUMBER:** Terra Mickolatcher, ph: 383-8763



## ADMINISTRATIVE SERVICES MEMORANDUM

**TO:** Board of Commissioners  
**FROM:** Tina Becker  
**DATE:** March 2, 2016  
**SUBJECT:** Board Approval Request

The Board Appointments Committee recommends the following reappointments:

### Community Mental Health

- Denise Martineau (Family Sector) – has served since 4/11  
     ✓ meeting attendance 53%
- Moses Walker (General Public) – has served since 7/98  
     ✓ meeting attendance 78%
- Ituha Cloud (Consumer Sector) – has served since 11/12  
     ✓ meeting attendance 84%
- Robert Green (Consumer Sector) – has served since 8/13  
     ✓ meeting attendance 96%

Above terms will commence 04/01/2016 through 3/31/2019

### Peer Review Remonumentation Group

- James Boynton – has served since 9/14  
     ✓ 80% attendance
- David Gariepy – has served since 9/14  
     ✓ 80% attendance

Above terms commence 3/1/16 through 2/28/19

### \*Community Action Tripartite Advisory Board

- Christina Hegwood – has served since 7/15  
     ✓ 75% attendance

Term will commence 4/1/16 through 3/31/19

\*The Board Appointments Committee waived the interview process due to Ms. Hegwood being appointed less than a year.

KALAMAZOO COUNTY BOARD OF COMMISSIONERS

APPLICATION FOR APPOINTMENT TO:  
KALAMAZOO COUNTY COMMUNITY MENTAL HEALTH BOARD

Name Denise Martineau Occupation Legal Assistant

Home Address [REDACTED] [REDACTED] [REDACTED]  
Street City Zip

Home Telephone [REDACTED] Business Telephone [REDACTED]

Cell Number [REDACTED] E-mail address [REDACTED]

Length of residency in Kalamazoo County 58 years

How many hours could you commit to the Board per week/month? 2/8-10

Certain categories need to be represented on the Community Mental Health Authority Board. Please check the categories which you believe apply to you:

- a. Mental health services provider \_\_\_\_\_ b. General Public X \_\_\_\_\_
- c. Agencies/occupations having a working involvement with mental health services \_\_\_\_\_
- d. Primary consumer (defined as an individual who has received or is receiving services from the private sector equivalent to those offered by the Department or a community mental health services program). \_\_\_\_\_
- e. Recipient (defined as an individual who is currently directly receiving mental health services from the Department of Community Mental Health, a community mental health services program, or a facility or from a provider that is under contract with the Department or a community mental health services program). \_\_\_\_\_
- f. Family member (defined as a parent, stepparent, spouse, sibling, child, or grandparent of a primary consumer, or and individual upon whom a primary consumer is dependent for at least 50% of his/her financial support). X

If you checked category a, c, d, e or f above, please explain how you represent that category.

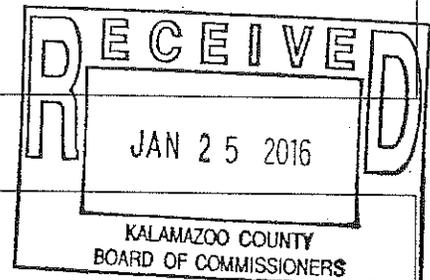
My daughter has received services from KCMHSAS since the age of 12 and my granddaughter has received services for the last two or three years.

What personal or professional experiences have you had with the target populations served by the Community Mental Health Authority Board?

Personally, I have had contact with my daughter's and granddaughter's peers periodically in the course of their treatment. My daughter worked with the Developmentally Disabled population in high school and I was exposed there as well. I have also had exposure to various populations through my work on the KCMHSAS Board.

Why do you desire to serve on the Community Mental Health Authority Board?

I want to serve the on the Board so that I can be a voice for the general public and those struggling with mental health issues. I pay particular attention to the treatment of recipients and the budget to ensure that the funds received are being used most efficiently to implement the appropriate programs.



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- |                            |                                    |
|----------------------------|------------------------------------|
| Catholic Family Services   | Bridgeways                         |
| Community Living Options   | Douglass Community Association     |
| Family & Children Services | Gryphon Place                      |
| Community Healing Center   | HomeLife                           |
| Hope Network               | Housing Resources                  |
| InterAct of Michigan       | Keystone                           |
| MRC Industries, Inc.       | Residential Opportunities, Inc.    |
| Senior Services            | WMU/Center for Disability Services |
| Ministry with Community    |                                    |

There is a limit of six "public officials" who can serve on the Community Mental Health Authority Board. "Public officials" are those persons serving in an elected or appointed public office or employed more than 20 hours per week by an agency of federal, state, city or local government. This includes public schools/colleges/universities. YES \_\_\_ NO X

If YES, explain:

List membership on other boards or commissions:

Past member of the Kinship Care Advisory Committee (which is now defunct).

1/25/2016

Date of Application

KALAMAZOO COUNTY BOARD OF COMMISSIONERS

APPLICATION FOR APPOINTMENT TO:  
KALAMAZOO COUNTY COMMUNITY MENTAL HEALTH BOARD

Name Moses L. Walker Occupation Retired

Home Address: [REDACTED] Street [REDACTED] City [REDACTED] Zip [REDACTED]

Home Telephone [REDACTED] Business Telephone \_\_\_\_\_

Cell Number [REDACTED] E-mail address [REDACTED]

Length of residency in Kalamazoo County 40 years

How many hours could you commit to the Board per week/month? 3

Certain categories need to be represented on the Community Mental Health Authority Board. Please check the categories which you believe apply to you:

- a. Mental health services provider \_\_\_\_\_
- b. General Public X \_\_\_\_\_
- c. Agencies/occupations having a working involvement with mental health services \_\_\_\_\_
- d. Primary consumer (defined as an individual who has received or is receiving services from the private sector equivalent to those offered by the Department or a community mental health services program). \_\_\_\_\_
- e. Recipient (defined as an individual who is currently directly receiving mental health services from the Department of Community Mental Health, a community mental health services program, or a facility or from a provider that is under contract with the Department or a community mental health services program). \_\_\_\_\_
- f. Family member (defined as a parent, stepparent, spouse, sibling, child, or grandparent of a primary consumer, or and individual upon whom a primary consumer is dependent for at least 50% of his/her financial support). \_\_\_\_\_

If you checked category a, c, d, e or f above, please explain how you represent that category.

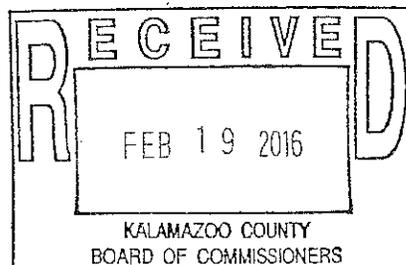
\_\_\_\_\_

What personal or professional experiences have you had with the target populations served by the Community Mental Health Authority Board?

Over 30 years in the Behavioral Health Field

Why do you desire to serve on the Community Mental Health Authority Board?

Passionate about making sure those services & programs that are necessary for our most vulnerable citizens are accessible and available.



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This list is not all-inclusive. Do any of these restrictions apply to you? YES\_\_\_ NO X

- |                            |                                    |
|----------------------------|------------------------------------|
| Catholic Family Services   | Bridgeways                         |
| Community Living Options   | Douglass Community Association     |
| Family & Children Services | Gryphon Place                      |
| Community Healing Center   | HomeLife                           |
| Hope Network               | Housing Resources                  |
| InterAct of Michigan       | Keystone                           |
| MRC Industries, Inc.       | Residential Opportunities, Inc.    |
| Senior Services            | WMU/Center for Disability Services |
| Ministry with Community    |                                    |

There is a limit of six "public officials" who can serve on the Community Mental Health Authority Board. "Public officials" are those persons serving in an elected or appointed public office or employed more than 20 hours per week by an agency of federal, state, city or local government. This includes public schools/colleges/universities. YES\_\_\_ NO X

If YES, explain:

List membership on other boards or commissions:

Family Health Center  
Community in Schools of Kalamazoo  
Healthy Futures Coordinating Council  
Greater United Way

2/19/2016

Date of Application

KALAMAZOO COUNTY BOARD OF COMMISSIONERS

APPLICATION FOR APPOINTMENT TO:  
KALAMAZOO COUNTY COMMUNITY MENTAL HEALTH BOARD

Name Ituha Cloud Occupation Certified Peer Support Specialist

Home Address [REDACTED] Street [REDACTED] City [REDACTED] Zip [REDACTED]

Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

Cell Number [REDACTED] E-mail address [REDACTED]

Length of residency in Kalamazoo County 13 yrs

How many hours could you commit to the Board per week/month? 6 hrs/month

Certain categories need to be represented on the Community Mental Health Authority Board. Please check the categories which you believe apply to you:

- a. Mental health services provider \_\_\_\_\_
- b. General Public \_\_\_\_\_
- c. Agencies/occupations having a working involvement with mental health services \_\_\_\_\_
- d. Primary consumer (defined as an individual who has received or is receiving services from the private sector equivalent to those offered by the Department or a community mental health services program). X
- e. Recipient (defined as an individual who is currently directly receiving mental health services from the Department of Community Mental Health, a community mental health services program, or a facility or from a provider that is under contract with the Department or a community mental health services program). \_\_\_\_\_
- f. Family member (defined as a parent, stepparent, spouse, sibling, child, or grandparent of a primary consumer, or and individual upon whom a primary consumer is dependent for at least 50% of his/her financial support). \_\_\_\_\_

If you checked category a, c, d, e or f above, please explain how you represent that category.

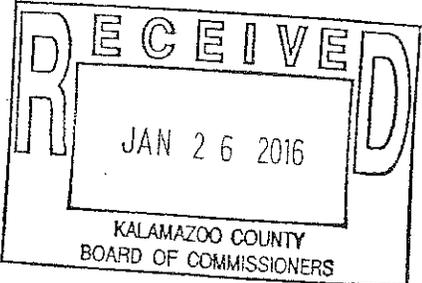
I actively serve my community as a Certified Peer support specialist through Interact of Michigan

What personal or professional experiences have you had with the target populations served by the Community Mental Health Authority Board?

I personally received mental health services through Kalamazoo Community Mental Health 10 years ago

Why do you desire to serve on the Community Mental Health Authority Board?

I work full time in my community promoting recovery and wellness



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- |                            |                                    |
|----------------------------|------------------------------------|
| Catholic Family Services   | Bridgeways                         |
| Community Living Options   | Douglass Community Association     |
| Family & Children Services | Gryphon Place                      |
| Community Healing Center   | HomeLife                           |
| Hope Network               | Housing Resources                  |
| InterAct of Michigan       | Keystone                           |
| MRC Industries, Inc.       | Residential Opportunities, Inc.    |
| Senior Services            | WMU/Center for Disability Services |
| Ministry with Community    |                                    |

There is a limit of six "public officials" who can serve on the Community Mental Health Authority Board. "Public officials" are those persons serving in an elected or appointed public office or employed more than 20 hours per week by an agency of federal, state, city or local government. This includes public schools/colleges/universities. YES \_\_\_\_\_ NO X

If YES, explain:

List membership on other boards or commissions:

1/25/2016

Date of Application

PLEASE TYPE OR USE BLACK INK

KALAMAZOO COUNTY BOARD OF COMMISSIONERS

APPLICATION FOR APPOINTMENT TO:  
KALAMAZOO COMMUNITY MENTAL HEALTH BOARD

Name Robert T. Green Occupation Retired

Home Address [Redacted] [Redacted] [Redacted]  
Street City Zip

Home Telephone [Redacted] Business Telephone [Redacted]

Cell Number [Redacted] E-mail address [Redacted]

Length of residency in Kalamazoo County 63 1/2 yrs

List membership on other boards or commissions:  
none

Certain categories need to be represented on the Community Mental Health Authority Board. Please check the categories which you believe apply to you:

- a. Mental health services provider \_\_\_\_\_
- b. General Public
- c. Agencies/occupations having a working involvement with mental health services \_\_\_\_\_
- d. Primary consumer (defined as an individual who has received or is receiving services from the private sector equivalent to those offered by the Department or a community mental health services program).
- e. Recipient (defined as an individual who is currently directly receiving mental health services from the Department of Community Mental Health, a community mental health services program, or a facility or from a provider that is under contract with the Department or a community mental health services program). \_\_\_\_\_
- f. Family member (defined as a parent, stepparent, spouse, sibling, child, or grandparent of a primary consumer, or and individual upon whom a primary consumer is dependent for at least 50% of his/her financial support). \_\_\_\_\_

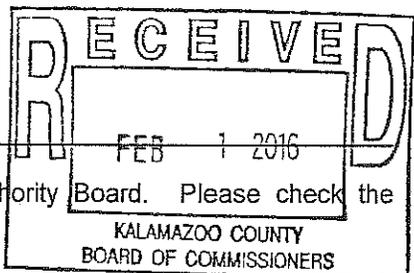
If you check category a., c., d., e. or f. above, please explain how you represent that category.

Received services from KCMHSAS - 2003 - 2012

What personal or professional experiences have you had with the target populations served by the Community Mental Health Authority Board?

13. Why do you desire to serve on the Community Mental Health Authority Board?  
As an advocate, I get wider perspective and better voice. Serve others.  
Aids my recovery. Better informed.

How many hours could you commit to the Board per week/month? no limits



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Catholic Family Services  
Community Living Options  
Family & Children Services  
Community Healing Center  
Hope Network  
InterAct of Michigan  
MRC Industries, Inc.  
Senior Services  
Ministry with Community

Bridgeways  
Douglass Community Association  
Gryphon Place  
HomeLife  
Housing Resources  
Keystone  
Residential Opportunities, Inc.  
WMU/Center for Disability Services

There is a limit of six "public officials" who can serve on the Community Mental Health Authority Board. "Public officials" are those persons serving in an elected or appointed public office or employed more than 20 hours per week by an agency of federal, state, city or local government. This includes public schools/colleges/universities. Are you a public official? YES\_\_\_ NO

If YES, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1/26/15  
Date of Application

Robert T. Dieren  
Signature

**PLEASE RETURN THIS APPLICATION TO:** Kalamazoo County Board of Commissioners  
Kalamazoo County Administration Building  
201 West Kalamazoo Avenue, Room 207  
Kalamazoo, MI 49007  
TELEPHONE: (269) 384-8111

Contact: Jeff Patton 364-6900 [jpattton@kazooocmh.org](mailto:jpattton@kazooocmh.org) or [dwallace@kazooocmh.org](mailto:dwallace@kazooocmh.org) 364-6901 (Demeta) 418 W Kal Ave. (By-Laws Required)

Community Mental Health	Larry Provancher	Commissioner	
<b>FAMILY SECTOR – Family Member receiving services or had previously received services</b>			
Community Mental Health	Denise Martineau	04/01/2013 to 03/31/2016	
Community Mental Health	Vickie Carr	04/01/2015 to 03/31/2018	03/07/06
Community Mental Health	Sharon Spears	04/01/2014 to 03/31/2017	02/06/07
Community Mental Health	Patricia Guenther	04/01/2014 to 03/31/2017	03/07/06
<b>(BUSINESS) GENERAL PUBLIC SECTOR – anyone or agencies or working involvement w/mental health services</b>			
Community Mental Health	Carolyn Alford	04/01/2015 to 03/31/2018	03/03/15
Community Mental Health	Carol Black	04/01/2015 to 03/31/2018	04/17/12
Community Mental Health	Moses Walker	04/01/2013 to 03/31/2016	07/07/98
Community Mental Health	Elizabeth Veenhuis	04/01/2015 to 03/31/2018	05/21/13
Community Mental Health	Erik Krogh	04/01/2014 to 03/31/2017	03/07/06
<b>(LOW INCOME) CONSUMER SECTOR – consumer currently receiving mental health services</b>			
Community Mental Health	Ituha Cloud	04/01/2013 to 03/31/2016	11/07/12
Community Mental Health	Robert Green	04/01/2013 to 03/31/2016	08/20/13

# KALAMAZOO COUNTY BOARD OF COMMISSIONERS

**APPLICATION FOR APPOINTMENT TO:**  
(Please select which board you are interested in serving)

- Animal Services & Enforcement Board
- Board of Public Works
- Building Authority
- Central County Transportation Authority
- Department of Human Services
- Economic Development Corporation /Brownfield Redevelopment Authority
- Fair Council
- Kalamazoo County Transportation Authority

- Land Bank Authority
- Metropolitan Planning Commission
- Parks & Recreation Commission
- Remonumentation Peer Review Group
- Retirement Investment Committee
- Sewage & Water Board of Appeals
- Soil Erosion & Sedimentation Board of Appeals
- Southcentral Michigan Planning Council
- Substance Abuse Council

Name David Gariepy

Occupation Land Surveyor

Home Address [REDACTED]

Street

[REDACTED]

City

[REDACTED]

Zip

Home Telephone [REDACTED]

Business Telephone [REDACTED]

Cell Number [REDACTED]

E-mail address [REDACTED]

Please indicate experience and/or qualifications that would help make you an effective board member for which you have applied:

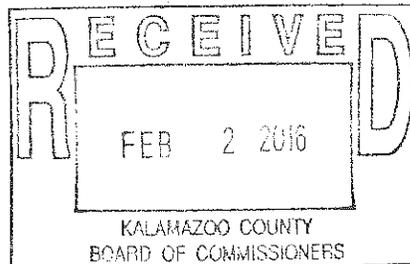
- 20 years in the land surveying profession
- Licensed surveyor since 1999 in the State of Michigan.
- Remonumentation surveyor Kalamazoo County 3 years or more

Volunteer Experiences:

I am a parent volunteer for little league, church, school, Boy Scouts, Greater Paw Paw Business Network, as need by those organizations.

2/02/2016

Date of Application



# KALAMAZOO COUNTY BOARD OF COMMISSIONERS

## APPLICATION FOR APPOINTMENT TO: (Please select which board you are interested in serving)

- Animal Services & Enforcement Board
- Board of Public Works
- Building Authority
- Central County Transportation Authority
- Department of Human Services
- Economic Development Corporation /Brownfield  
Redevelopment Authority
- Fair Council
- Kalamazoo County Transportation Authority

- Land Bank Authority
- Metropolitan Planning Commission
- Parks & Recreation Commission
- Remonumentation Peer Review Group
- Retirement Investment Committee
- Sewage & Water Board of Appeals
- Soil Erosion & Sedimentation Board of Appeals
- Southcentral Michigan Planning Council
- Substance Abuse Council

Name James E. Boynton

Occupation Land Surveyor, Retired

Home Address [REDACTED] [REDACTED] [REDACTED]  
Street City Zip

Home Telephone [REDACTED]

Business Telephone [REDACTED]

Cell Number [REDACTED]

E-mail address [REDACTED]

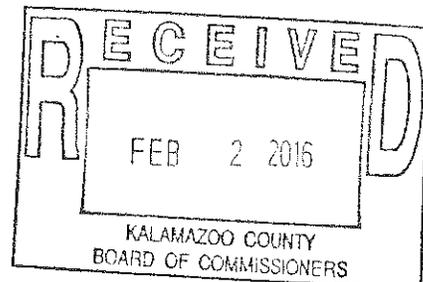
Please indicate experience and/or qualifications that would help make you an effective board member for which you have applied:

While I have allowed my professional license to expire I have nearly 50 years of experience in land surveying and have served on this group since it's inception, with one short break. I have also served, under contract with the Commission, as the research person for the Remonumentation work. I have also served on some surrounding county Peer Review Groups as well as my Condominium Board. I am not active as a volunteer as I am still working, part time.

Volunteer Experiences:

[REDACTED]

2/02/2016  
Date of Application



**Contact: Lotta Jarnefelt (8115) – all members are required to be licensed surveyors**

Re monumentation Peer Review Group	Gary Hahn	Continious	09/02/14
→ Re monumentation Peer Review Group	James Boynton	03/01/2015 to 02/29/2016	09/02/14
→ Re monumentation Peer Review Group	David Gariepy	03/01/2015 to 02/29/2016	09/02/14
Re monumentation Peer Review Group	Mark Evans	03/01/2015 to 02/28/2017	09/02/14
Re monumentation Peer Review Group	Randy Ligman	03/01/2015 to 02/28/2017	09/02/14
Re monumentation Peer Review Group	Scott Hopkins	03/01/2015 to 02/28/2018	04/21/15
Re monumentation Peer Review Group	Brian Reynolds	03/01/2015 to 02/28/2018	04/21/15

# KALAMAZOO COUNTY BOARD OF COMMISSIONERS

## APPLICATION FOR APPOINTMENT TO: COMMUNITY ACTION TRIPARTITE ADVISORY BOARD

Name Christina Hegwood Occupation Solution Engineer

Home Address [REDACTED] [REDACTED] [REDACTED]  
Street City Zip

Home Telephone [REDACTED] Business Telephone \_\_\_\_\_

Cell Number \_\_\_\_\_ E-mail address [REDACTED]

The Community Action Tripartite Advisory Board shall advise the Kalamazoo County Board of Commissioners (the governing board) and advise the Health and Community Services Department on the implementation and coordination of a comprehensive Community Action program. The community Action Tripartite Advisory Board will assist the Governing Board by and through the Kalamazoo County Health and Community Services Department by serving as the advocate for the reduction of the causes, conditions and effects of poverty and shall assist in the provisions of social and economic opportunities that foster self-sufficiency for low income persons.

Certain categories need to be represented on the Community Action Tripartite Advisory Board. Please check the category which you believe applies to you:

\_\_\_\_\_ **Public Official Sector** – Any elected official currently holding office.

**Private Sector** – Individuals from areas of business, industry, agriculture, labor, education, and religious and civic organizations located within the County.

\_\_\_\_\_ **Consumer Sector** – Individuals from any of the following categories, low-income individuals who are consumers of, or eligible for, Community Action Agency services residing in the County.

Please indicate experience and/or qualifications that would help make you an effective board member for which you have applied:

I currently serve on the KCATAB board and have been voted 2nd vice chair. I also work as a Solution Engineer for Deloitte Consulting and we provide IT assistance for the Department of Health and Human Services as well as business consulting for DHHS. Prior to this I worked at the Department of Health and Human Services as a caseworker for three years, prior to that I worked for the Kalamazoo County Prosecutor's Office (Jeff Fink) as a legal assistant and the Kalamazoo County Juvenile Home as a youth specialist. I have interned at the MDOC Adult Probation/Parole in Kalamazoo County.

Volunteer Experiences:

I have volunteered with the Kalamazoo County Day Treatment Program and helped start a new Non-Profit in the Kalamazoo Area that helps alleviate the stress of poverty on youth. I have also volunteered in Costa Rica helping poor families who only rely on their farm for income.

3/03/2016

Date of Application

**Contact: Charlotte Smith 373-5052 (By-Laws Required)**

**(ELECTED OFFICIALS) PUBLIC SECTOR MEMBERS SERVE 4-YEAR TERMS UP TO 2 TERMS (8 YEARS TOTAL)**

CATAB	Stephanie Moore	Commissioner	
CATAB	Mike Seals	Commissioner	
CATAB	John Taylor	Commissioner	
CATAB	Patricia Clark	01/01/2014 to 12/31/2017	02/17/15
CATAB	Don Cooney	01/01/2015 to 12/31/2018	07/07/15

**CONSUMER SECTOR MEMBERS SERVE 3-YEAR TERMS UP TO 2 TERMS (6 YEARS TOTAL)**

CATAB	Clisha Graves	04/01/2015 to 03/31/2017	07/21/15
CATAB	Jessica Taylor	01/01/2015 to 12/31/2017	02/17/15
CATAB	Cassandra Stewart (Chair)	01/01/2015 to 12/31/2018	10/02/12
CATAB (another slot opened 8-15)	Bill Reeves	08/01/2015 to 07/31/2018	08/18/15
CATAB	Melrose Hensley	01/01/2015 to 12/31/2017	08/05/15

**PRIVATE SECTOR MEMBERS SERVE 3-YEAR TERMS UP TO 2 TERMS (6 YEARS TOTAL)**

CATAB	Anthony Bradley	01/01/2015 to 03/31/2017	02/17/15
CATAB	Sherry Thomas Cloud	04/01/2014 to 03/31/2017	07/21/15
CATAB	Christine Hegwood	04/01/2013 to 03/31/2016	07/21/15
CATAB	Colin Andrews	04/01/2014 to 03/31/2017	06/16/15
CATAB	Sonjalita Boyd Hulbert (VC)	04/01/2015 to 03/31/2018	01/01/12