

The logo for Kalamazoo County Government is a shield-shaped emblem. It features a stylized landscape with a blue sky, yellow trees, a green field, and a blue river. The text "KALAMAZOO COUNTY GOVERNMENT" is written in a semi-circle above the landscape. Overlaid on this logo is the main title of the document.

**Board of  
Commissioners'  
Meeting**

**February 16, 2016**

**NOTICE AND AGENDA FOR  
FEBRUARY 16, 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, February 16, 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 Ann Haskell

Animal Services & Enforcement

- B.      Request for Approval to Accept a Grant from William Fenn through Fidelity Charitable Gift Fund
- C.      Request for Approval to Create an Animal Shelter Fund Account

Circuit Court

- D.      Request for Approval of Treatment Provider Contracts for Drug Treatment Court

Clerk/Register of Deeds

- E.      Request for Approval of Elimination/Creation of Positions (housekeeping)

District Court

- F.      Request for Approval of a Contract with Transworld Systems, Inc.

Health & Community Services

- G.      Request for Approval of Household Hazardous Waste Program Contracts with Multiple Townships and Municipalities
- H.      Request for Approval to Waive the Fee for Cremation Permits for the Indigent/Poor in Kalamazoo County
- I.      Request for Approval of a Contract with Prevention Works
- J.      Request for Approval to Submit a Grant Application to the Michigan Department of Health and Human Services (MDHHS)
- K.      Request for Approval of a Consulting Contract with Donald Bloom
- L.      Request for Approval of a Service Agreement with Peak Performers
- M.      Request for Approval to Enter Into a Managed Health Plan (MHP) Agreement
- N.      Request for Approval to Submit a Grant Application to the Michigan Public Health

Institute (MPHO) and Michigan Department of Health and Human Services (MDHHS)  
O. Request for Approval of Creation of Position (Federal Funds)

Planning & Community Development

- P. Request for Approval of Agreements with Multiple Municipalities and Units of Government for Licensed Pictometry Services  
Q. Request for Approval of 2016 Remonumentation Grant Agreement with the State of Michigan, Department of Licensing and Regulatory Affairs

Sheriff

- R. Request for Approval to Accept Strategic Traffic Enforcement Grant  
S. Request for Approval of Contract for Rapid Release Pay/Canteen  
T. Request for Approval to Submit 2016 Marine Safety Grant Application to the Michigan Department of Natural Resources (MDNR)

Board of Commissioners

- U. Request for Approval of Transfers and Disbursements  
V. Request for Approval to Amend Redevelopment and Purchase Agreement with the City of Kalamazoo Brownfield Redevelopment Authority  
W. Request for Approval to Exercise the County's Option to Purchase the Luzon Argonne post of the Veterans of Foreign Wars (VFW) Building  
X. Request for Approval of Construction Contract for Demolition of VFW Building

**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*

---

Dina Sutton  
Office Manager for Administrative Services

FEBRUARY 10, 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  
Ann Haskell**

WHEREAS, Ann Haskell has served the citizens of Kalamazoo County for twenty-five (25) years as of February 4, 2016; and

WHEREAS, Ann Haskell has faithfully served as a Probation Officer; 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 Ann Haskell 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 February 16, 2016.

---

Timothy A. Snow  
County Clerk/Register

**BOARD AGENDA REQUEST FORM**

**PROPOSED FOR BOARD MEETING OF:** February 16, 2016

**DEPARTMENT:** Animal Services and Enforcement

**PREPARED BY:** Stephen Lawrence

**SUBJECT:** Accept an unsolicited grant earmarked for a new Animal Shelter in the amount of \$3,000.00

**SPECIFIC ACTION REQUESTED:**

Authorize the acceptance of the grant money.

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

NA

**TIME FRAME OF ACTION:** Immediately.

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

Fidelity Charitable Gift Fund from donor William Fenn

**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)

NA

**NEW OR RENEWAL OR AMENDMENT:**

(If an amendment to a contract/agreement please provide the date in which the original was approved by the Board of Commissioners)

New

**ANY OTHER PERTINENT INFORMATION:**

We received through the mail an unsolicited donation earmarked for use of a new animal shelter. The check is described as a 'grant' from donor William Fenn, through Fidelity Charitable Gift Fund.

**PROCUREMENT INFORMATION:**

(indicate if the contract was bid out, if not, state reason(s) why; indicate last time contract was bid out; indicate if awarded bidder was the lowest bidder, if not, indicate why)

NA

**CONTACT PERSON WITH PHONE NUMBER:**

Stephen Lawrence (269)383-8771

C.

**BOARD AGENDA REQUEST FORM**

**PROPOSED FOR BOARD MEETING OF:** February 16, 2016

**DEPARTMENT:** Animal Services and Enforcement

**PREPARED BY:** Stephen Lawrence

**SUBJECT:** Creation of an account to be used for public donations towards a new animal shelter and equipment. The use of the funds will be brought to the board at the appropriate time.

**SPECIFIC ACTION REQUESTED:**

Authorize an account to be used for donations earmarked for a new Animal Shelter or specialized equipment for the new shelter.

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

Animal Shelter fund - The use of the funds will be brought to the board at the appropriate time.

**TIME FRAME OF ACTION:** Immediately until the account is no longer needed and funds have been exhausted.

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

NA

**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)

NA

**NEW OR RENEWAL OR AMENDMENT:**

(If an amendment to a contract/agreement please provide the date in which the original was approved by the Board of Commissioners)

New

**ANY OTHER PERTINENT INFORMATION:**

Citizens have shown an unsolicited interest in donating money towards a new shelter and the specialized equipment needed in the new shelter. We would like to set up an account to hold the money donated and earmarked for this purpose. The use of the funds will be brought to the board at the appropriate time.

**PROCUREMENT INFORMATION:**

(indicate if the contract was bid out, if not, state reason(s) why; indicate last time contract was bid out; indicate if awarded bidder was the lowest bidder, if not, indicate why)

NA

**CONTACT PERSON WITH PHONE NUMBER:**

Stephen Lawrence (269)383-8771

D.

**BOARD AGENDA REQUEST FORM**

**PROPOSED FOR BOARD MEETING OF:** February 16, 2016

**DEPARTMENT:** 9<sup>th</sup> Circuit Court

**PREPARED BY:** Sara Green

**SUBJECT:** Treatment Provider Contracts for Drug Treatment Court

**SPECIFIC ACTION REQUESTED:**

The 9<sup>th</sup> Circuit Court is requesting permission to enter into a contractual relationship with the following treatment providers:

- Deb Imbrock Counseling
- Kathy Piecuch Counseling
- Community Healing Center
- KPEP
- Family Counseling & Mediation
- Sarah Webb Counseling

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

These treatment providers offer a range of substance abuse services for our Drug Treatment Court Participants including outpatient groups and individual sessions as well as other substance abuse related services.

**TIME FRAME OF ACTION:**

January 1, 2016 – December 31, 2018.

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

Mixture of state, local and federal grant funding.

**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 OR AMENDMENT:**

(If an amendment to a contract/agreement please provide the date in which the original was approved by the Board of Commissioners)

Renewal

**ANY OTHER PERTINENT INFORMATION:**

**PROCUREMENT INFORMATION:**

(indicate if the contract was bid out, if not, state reason(s) why; indicate last time contract was bid out; indicate if awarded bidder was the lowest bidder, if not, indicate why)

**CONTACT PERSON WITH PHONE NUMBER:**

Sara Green 383-6469

**BOARD AGENDA REQUEST FORM****PROPOSED FOR BOARD MEETING OF:** February 16, 2016**DEPARTMENT:** Clerk/Register**PREPARED BY:** Tim Snow, Clerk/Register**SUBJECT:** Position Elimination/Creation**SPECIFIC ACTION REQUESTED:**

Position Elimination/Creation (Housekeeping)

Eliminate:

101-219 10526-010 Official Document Specialist K04 .5 \$18,400

Create:

262-000 10526-010 Official Document Specialist K04 .5 \$18,400

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

Move .5 FTE from Clerk/Register (General Fund) to new Concealed Pistol Licensing Fund (262-000) as budgeted.

**TIME FRAME OF ACTION:**

Effective January 1, 2016

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

Concealed Pistol Licensing Fund

**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)

See above

**NEW OR RENEWAL OR AMENDMENT:**

(If an amendment to a contract/agreement please provide the date in which the original was approved by the Board of Commissioners)

New

**ANY OTHER PERTINENT INFORMATION:****PROCUREMENT INFORMATION:**

(indicate if the contract was bid out, if not, state reason(s) why; indicate last time contract was bid out; indicate if awarded bidder was the lowest bidder, if not, indicate why)

**CONTACT PERSON WITH PHONE NUMBER:**

Tim Snow x8141

**BOARD AGENDA REQUEST FORM**

**PROPOSED FOR BOARD MEETING OF:** February 16, 2016

**DEPARTMENT:** 8<sup>th</sup> District Court

**PREPARED BY:** Ann E. Filkins, Court Administrator

**SUBJECT:** Approval of contract between 8<sup>th</sup> District Court (Client) and Transworld Systems, Inc. (Agency) for collections of outstanding receivables owed to the 8<sup>th</sup> District Court.

**SPECIFIC ACTION REQUESTED:**

The 8<sup>th</sup> District Court requests Board approval of a contract between the 8<sup>th</sup> District Court and Transworld Systems, Inc. to provide services for collections of outstanding receivables owed to the 8<sup>th</sup> District Court. District Court intends to transfer collection authority to the Agency for cases from 2008 and older for collection of outstanding receivables owed to the Court.

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

A 20% commission shall be paid to the Agency at the time the outstanding debt is collected.

**TIME FRAME OF ACTION:**

February 17, 2016 through November 30, 2016.

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

20% Late Fee assessed on outstanding debt by Statute.

**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)

None

**NEW OR RENEWAL:**

New

**ANY OTHER PERTINENT INFORMATION:**

**PROCUREMENT INFORMATION:**

(indicate if the contract was bid out, if not, state reason(s) why; indicate last time contract was bid out; indicate if awarded bidder was the lowest bidder, if not, indicate why)

**CONTACT PERSON WITH PHONE NUMBER:**

Ann E. Filkins, Court Administrator 269-384-8166



**KALAMAZOO COUNTY  
HEALTH AND COMMUNITY SERVICES DEPARTMENT**

*Promoting Health For All*

**DATE:** February 16, 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  
CONTRACTS WITH MULTIPLE TOWNSHIPS AND MUNICIPALITIES**

**ACTION REQUIRED**

HCS Administration requests Board approval of the following contracts between the county governmental units listed below (both in and out-of-county units) and Kalamazoo County Health and Community Services Department for the Household Hazardous Waste Program. These contracts are for the period of January 1, 2016 to December 31, 2016 and establish each unit's funding for fiscal year 2016.

**GOVERNMENTAL UNITS AND FUNDING**

- |                         |          |
|-------------------------|----------|
| 1. Richland, Village of | \$ 700   |
| 2. Almena Township      | \$ 4,800 |

**DESCRIPTION OF SUBJECT**

The County will provide collection services to each unit's 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. These contracts adhere 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**

These contracts 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 each governmental unit are listed above. Each of the in-county amendments 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. Out-of-county municipalities are charged for actual participation plus a \$34.00 service fee per household. 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.com](mailto:vljohn@kalamazoo.com) or Lynne Norman, Deputy Director – Health Services, at 373-5237 / [ldnorm@kalamazoo.com](mailto:ldnorm@kalamazoo.com)

## **B. APPROVAL TO WAIVE THE FEE FOR CREMATION PERMITS FOR THE INDIGENT/POOR IN KALAMAZOO COUNTY**

### **ACTION REQUIRED**

HCS Administration requests Board approval to waive the fee for cremation permits for the indigent/poor in Kalamazoo County.

### **DESCRIPTION OF SUBJECT**

In accordance with the Fee for Service revenue policy adopted by the Board and incorporated into budget policy, HCS Administration recommends that the cremation permit fee for bodies of persons who were indigent or on public financial assistance at the time of their death be waived.

Funeral homes throughout Kalamazoo County on an occasional basis arrange cremations for the indigent/poor. With minimum or no reimbursement to the funeral homes for these bodies, waiving the cremation permit fee is recognition of the costs incurred by the funeral home on behalf of Kalamazoo County. Research supports this recommendation as several other counties also waive the fee for the indigent/poor.

### **RELATIONSHIP TO GOALS**

While this request does not directly impact the Health & Community Services Department's goals, the disposition of bodies does fall under the purview of the County. By removing the need to find resources to pay the cremation fees for the

indigent/poor, this waiver provides a final, albeit small, act of social justice and dignity for those with minimal resources.

### **FUNDING SOURCE**

All funding for the medical examiner's office is generated through a combination of fee for services and the general fund. Due to the low volume of indigent/poor bodies in Kalamazoo County there is no predicted affect to this funding.

### **PERSONNEL**

There are no new personnel associated with this item.

### **PROCUREMENT**

There is no procurement associated with this request.

### **CONCERNS/ISSUES**

There are no issues or concerns. If you have any questions, please contact Ryan Post, Deputy Director – Financial Management & Administration at 373-5254 or at [rjpost@kalcouny.com](mailto:rjpost@kalcouny.com).

## **C. ACCEPTANCE OF A CONTRACT BETWEEN THE HEALTH & COMMUNITY SERVICES DEPARTMENT AND PREVENTION WORKS FOR THE PROVISION OF SERVICES AT THE EDISON SCHOOL BASED HEALTH CLINIC**

### **ACTION REQUESTED**

HCS Administration requests Board acceptance of the contract between the County and Prevention Works. The contract is for educational services at the Edison School Based Health Clinic. The contract term is October 20, 2015 to September 30, 2016 and is for the funding amount of \$3,000.

### **DESCRIPTION OF SUBJECT**

The Edison School Health Clinic provides critical health care to students attending the Edison School and their siblings. Kalamazoo County Health and Community Services Department in partnership with WMU Homer Stryker School of Medicine, Kalamazoo Communities in Schools, Family Health Center and Kalamazoo Public Schools has received a grant award and funding to continue the important work of the clinic. The clinic provides health services to children attending the Edison School, 98% of whom are eligible for free or reduced lunches. For many of these children there is no medical home and even for those who do have a designated health provider, there are frequently many challenges for them to make their appointments. The Edison clinic provides many of these services on site, which means that not only do the children

receive the needed care, but that the time away from their classes is minimized. These children are particularly vulnerable as they live in environments with high levels of chronic stress, including homelessness and transient living. The clinic provides medical diagnosis and treatment, health education, mental health care and coordination of services.

Prevention Works will provide Peer POWER ATOD (Alcohol, Tobacco, and Other Drugs) Prevention Programs on behalf of the Edison School Based Health Clinic and in partnership with County Clinic Manager and Clinic Coordinator. The Peer POWER ATOD Prevention Program uses interactive games and group discussion to demonstrate the risks involved with using drugs and alcohol. Youth learn skills to resist peer pressure and make healthy decisions.

Each program will run for a 12-week session and will be conducted on-site at the Kalamazoo Public Schools as identified below and as is consistent with grant proposal & application and contractual agreement between Kalamazoo County Health & Community Services Department and the Michigan Primary Care Association and MDHHS for Child & Adolescent Health Centers.

### **RELATIONSHIP TO GOALS**

The Health and Community Services Department seeks to improve the health of the community through coordinated planning, resource development, and service delivery. The Edison School Health Clinic provides important health services to the most vulnerable members of our community, in order to minimize health and behavioral challenges to their education.

### **FUNDING SOURCE**

No County general funds are requested as a result of this action. Funding for this agreement comes from the Michigan Department of Health and Human Services and the Michigan Department of Education.

### **PERSONNEL**

There are no new personnel as a result of this request.

### **ISSUES/CONCERNS**

There are no issues or concerns. If there are any questions, please contact Gillian Stoltman, Director Health and Community Services [gastol@kalcounty.com](mailto:gastol@kalcounty.com) or 269-373-5260.

**D. REQUEST TO SUBMIT A GRANT APPLICATION TO THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR THE WEATHERIZATION ASSISTANCE PROGRAM**

### **ACTION REQUESTED**

HCS Administration requests Board approval to submit a grant proposal to the Michigan Department of Health and Human Services for the Weatherization Assistance Program to allow for the continuation of the Weatherization Assistance Program in Kalamazoo County. The Grant award period is July 1, 2016 to June 30, 2019. The year 1 award will be in the amount of \$261,924, with subsequent years to be determined by MDHHS thereafter.

### **DESCRIPTION OF SUBJECT**

The Weatherization Assistance Program allows for the provision of weatherization services. These services typically include insulation of walls, floors and ceilings, ensures there is a tight air seal around the windows and doors, and health and safety inspections of furnaces and water heaters. We have a great need in the County for these services and continuing this program is a beneficial investment in helping our citizens maintain their homes and reduce energy costs.

The Community Action Agency weatherizes 25-35 houses per year, which helps over 100 individuals and families in the Kalamazoo County community.

### **RELATIONSHIP TO GOALS**

The Health and Community Services Department promotes the goal of the Community Action Agency (CAA) as 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**

There are no County funds associated with this request. All funding is from the Michigan Department of Health and Human Services.

### **PERSONNEL**

There are no new personnel associated with this request.

### **ISSUES/CONCERNS**

Due to a short timeline for submission, a grant application was submitted prior to a Board request for approval, but with the permission of County Administration. An RFP was issued on January 27, 2016 with an application deadline of February 10, 2016. If there are any questions or concerns please contact Amber Leverette, Housing & Neighborhoods Coordinator, 269-373-5101 or [arleve@kalcounty.com](mailto:arleve@kalcounty.com) or Ryan Post, Deputy Director – Financial Management & Administration at 373-5254 or at [rjpost@kalcounty.com](mailto:rjpost@kalcounty.com).

**E. APPROVAL OF A CONSULTING CONTRACT BETWEEN KALAMAZOO COUNTY HEALTH & COMMUNITY SERVICES DEPARTMENT AND DONALD BLOOM**

**ACTION REQUESTED**

HCS Administration requests Board approval of a Consulting Agreement with Donald Bloom and Kalamazoo County Health & Community Services Department for March 15 & 16, 2016.

**DESCRIPTION OF SUBJECT**

Kalamazoo County Health & Community Services Department, in partnership with other Region 5 Health Departments: VanBuren/Cass, Calhoun, Barry/Eaton, Allegan, Berrien, and Branch, Hillsdale, & St. Joseph Counties, 5<sup>th</sup> District Medical Response Coalition, and WMU Homer Stryker M.D. School of Medicine are providing a Mass Fatality Symposium on March 16, 2016. The Consultant that we would like to contract with has expertise as the lead of the Federal Disaster Mortuary Operational Response Team (DMORT) with extensive expertise in organizing and setting up Family Assistance Centers during Mass Fatality events. Additionally, his skills in setting up temporary morgue facilities, victim identification, forensic pathology, processing preparation and disposition of remains are an invaluable component to our regional plans as well as Kalamazoo County's HCS Mass Fatality Plan.

**RELATIONSHIP TO GOALS**

The threat of the Ebola Virus disease (EVD) is a top national public health priority. To protect our nation, the CDC has provided supplemental funding to the Public Health Emergency Preparedness (PHEP) cooperative agreement to support accelerated state and local public health preparedness planning and operational readiness for responding to Ebola and other highly infectious diseases. Activities associated with this agreement will allow Region 5 the opportunity to improve and assure operational readiness for EVD through Mass Fatality Planning.

**FUNDING SOURCE**

There are no County general funds associated with this request. Funding for this contract is from the Michigan Office of Public Health Preparedness.

**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 or concerns. Please refer any questions to Jeannie Byrne, Emergency Preparedness Coordinator at 373-5025 / [jkbyrn@kalcounty.com](mailto:jkbyrn@kalcounty.com) or Lynne Norman, Deputy Director – Health Services, at 373-5237 / [ldnorm@kalcounty.com](mailto:ldnorm@kalcounty.com)

## **F. APPROVAL OF A SERVICE AGREEMENT WITH PEAK PERFORMERS FOR THE PROVISION OF TEMPORARY DENTAL PROFESSIONALS**

### **ACTION REQUESTED**

HCS requests Board approval of a service agreement with Peak Performers for the provision of temporary Dental Professionals to the HCS Dental program to be effective February 26, 2016.

### **DESCRIPTION OF SUBJECT**

The HCS Dental program is responsible for providing quality dental treatment and prevention services to residents of Kalamazoo County, specifically serving the communities most vulnerable residents including children and those uninsured and under insured. However, over the past year the program has had increased trouble with providing adequate Dentist support for the clinic.

The program predominantly operates through contracting with Dentists on a temporary basis, most working 1-2 days per week. With the loss of 3 dentists over the past year, the clinic is currently staffed by 1 temporary Dentist approved to work 416 hours annually and 1 pediatric dentist at 0.8 FTE. It is critical that the program have sufficient coverage from a licensed dentist to provide overall clinic supervision and to perform dental care and procedures. At this time, there is only 1 day a week the program can provide care to adult patients with the current Dentists employed.

HCS Administration has had a part-time Dentist position posted for over a year. As this is an important service provided to the Kalamazoo County community, it is felt that this agreement with PEAK Performers will ensure adequate staffing to the Dental clinic and will limit the disruption to maintaining client appointments.

Dentists will be provided by PEAK Performers at a rate of \$125.00 per hour plus reimbursement for mileage at \$0.50 per mile. A \$2000 pre payment for all short and long-term doctor assignments is required per the agreement terms. The prepayment will be credited toward final invoice and must be paid prior to the start of the assignment. Invoices are due upon receipt; a \$15.00 late charge for any invoice not paid within 30 (thirty) days and interest of 2.0% per month for any balances over 45 (forty-five) days will be charged. A Dentist will be provided at the clinic only at the request of HCS Administration.

### **RELATIONSHIP TO GOALS**

It is the goal of HCS to improve the overall health of the community by reducing preventable disabilities and death, and promoting healthy lifestyles and choices. The Dental program supports and upholds this mission through the provision of quality treatment and prevention services and this agreement will ensure that there is no disruption to the fulfillment of that mission.

### **FUNDING SOURCE**

The funding for this request is from multiple sources including 1<sup>st</sup> party fees, Medicaid and County general fund appropriation to the Health Fund.

### **PERSONNEL**

This agreement would provide temporary Dentist coverage.

### **PROCUREMENT**

There is no procurement associated with this request.

### **ISSUES/CONCERNS**

There are no issues or concerns.

If you have questions please contact Dr Soto, Lead Dentist, at 373-5228 or at [xsoto@kalcounty.com](mailto:xsoto@kalcounty.com).

## **G. APPROVAL TO ENTER INTO A MANAGED HEALTH PLAN (MHP) AGREEMENT FOR THE COORDINATION OF HEALTH CARE SERVICES**

### **ACTION REQUESTED**

HCS Administration requests Board approval of an agreement with Priority Health Plan to coordinate services with the Children's Special Health Care Services (CSHCS) program for MICHild enrollees. The Michigan Department of Community Health (MDCH) expects MHPs and local health departments to work collaboratively to ensure continuity and access to care for our mutual CSHCS clients. The agreement will be effective on January 1, 2016, and will be automatically renewed each year.

### **DESCRIPTION OF SUBJECT**

The CSHCS is a program that offers medical care and treatment assistance for children with chronic, severe, or disabling health problems and provides service coordination to meet the needs of the child and family. Families of all income levels are eligible to enroll in the CSHCS program.

### **RELATIONSHIP TO GOALS**

The agreement to coordinate with the Managed Health Plan provides services consistent with the HCS goal to improve the overall health of the community by decreasing preventable disabilities and deaths.

### **FUNDING SOURCE**

No County funds are required as a result of this request.

### **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 or concerns. If you have questions please contact Deb Lenz, Maternal & Child Health Division Manager at 373-5024 / [dllenz@kalcounty.com](mailto:dllenz@kalcounty.com) or Ryan Post, Deputy Director – Financial Management & Administration at 373-5254 or at [rjpost@kalcounty.com](mailto:rjpost@kalcounty.com).

## **H. REQUEST TO SUBMIT A GRANT APPLICATION TO THE MICHIGAN PUBLIC HEALTH INSTITUTE (MPHI) AND MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES (MDHHS)**

### **ACTION REQUESTED**

HCS Administration requests Board approval to submit a grant proposal to the Michigan Public Health Institute (MPHI) and Michigan Department of Health and Human Services (MDHHS) for the MI PHAB Accreditation Readiness Mini-Grant Program in the amount of \$10,000, to aid in preparing the Department for achieving national accreditation in future years. The Grant award period is from April 4, 2016 to August 31, 2016.

### **DESCRIPTION OF SUBJECT**

The MI PHAB Accreditation Readiness Mini-Grant Program is intended to assist local health departments in their preparation for achieving national accreditation from the Public Health Accreditation Board (PHAB). KCHCS has continually achieved full accreditation in each new cycle for State Accreditation since the program's inception in 1998, and as such would like to prepare the department for National Accreditation. National Accreditation is becoming increasingly important in the current political climate surrounding Public Health, and KCHCS is well poised to take this next step with the only reservation being the need to establish more prevalent Quality Improvement (QI) and program assessment processes. This grant will allow adequate funding for the department to develop and implement these processes.

The Department applied for and was awarded a similar grant in the Spring of 2015 and as a result has been successful in developing and implementing a department Performance Management System inclusive of a Quality Improvement Plan, Goals & Objectives and the establishment of a QI Council, Data Council and Health Equity Council. All works have better positioned the department to achieve national accreditation and have provided further support to the department's focus of addressing needs and promoting health for all residents of Kalamazoo County

### **RELATIONSHIP TO GOALS**

This grant will support all goals of the department by strengthening internal Quality Improvement and overall program assessment processes.

### **FUNDING SOURCE**

There are no County funds associated with this request. All funding is awarded from the Michigan Department of Health and Human Services (MDHHS) by way of the Michigan Public Health Institute (MPHI).

### **PERSONNEL**

KCHCS plans to contract with a professional consultant to work with department leadership and staff to develop a department strategic plan as well as for the completion of a Community Health Improvement Plan. All County purchasing policies will be followed.

### **ISSUES/CONCERNS**

There are no issues or concerns. If there are any questions or concerns please contact Gillian Stoltman, PhD, MPH, Health Officer / Director HCS, at 373-5260 or [gastol@kalamazoo.com](mailto:gastol@kalamazoo.com).

## **I. POSITION CREATION IN THE HEALTH & COMMUNITY SERVICES DEPARTMENT - HEALTHY BABIES HEALTHY START (HBHS) PROGRAM**

### **ACTION REQUESTED**

HCS Administration requests Board approval to create 1.0 FTE Community Health Educator position in the Healthy Babies Healthy Start (HBHS) Program.

### **DESCRIPTION OF SUBJECT**

The HBHS program is a 5-year federal grant provided for the reduction of infant mortality and perinatal health disparities in Kalamazoo County. The project involves extensive collaboration and system integration involving multiple agencies, medical and social service providers

The Community Health Educator will organize and facilitate community education activities to meet the education goals of the Healthy Babies Healthy Start program. In addition, this position will be able to assist with outreach activities to identify pregnant women in the community and refer them to appropriate family support programs.

**RELATIONSHIP TO GOALS**

This position further supports the HCS goal to improve the overall health of the community by reducing preventable disabilities and death, and promoting healthy lifestyles and choices.

**FUNDING SOURCE**

No County funds are required as a result of this request. Funding to support the position creation is allocated through the Federal Healthy Start grant.

**PERSONNEL**

Create:

<u>Account#</u>	<u>Position/#</u>	<u>Grade</u>	<u>FTE</u>	<u>Pay Range</u>	<u>Effective</u>
297-150	Community Health Educator - # TBD	K07	1.0	\$36,753-\$49,608	2/17/2016

**PROCUREMENT**

There is no procurement associated with this request.

**ISSUES/CONCERNS**

There are no issues or concerns. If you have questions please contact Deb Lenz, Maternal and Child Health Division Manager, at 373-5024 / [dllenz@kalcounty.com](mailto:dllenz@kalcounty.com) or Gillian Stoltman, Director/Health Officer, at 373-5260 / [gastol@kalcounty.com](mailto:gastol@kalcounty.com)

**BOARD AGENDA REQUEST FORM**

PROPOSED FOR BOARD MEETING OF: February 16, 2016

DEPARTMENT: Planning & Community Development

PREPARED BY: Lotta Jarnefelt

SUBJECTS: Agreements for Licensed Pictometry Products between County of Kalamazoo and the Charter Townships of Kalamazoo and Oshtemo.

SPECIFIC ACTION REQUESTED:

Approve the Authorized Subdivision Agreements for Licensed Pictometry products between County of Kalamazoo and the Charter Townships of Kalamazoo and Oshtemo.

DESCRIPTION OF ACTION (dollar amount, purpose):

For the purpose of consistency of terms used in the contract with Pictometry Corp., the governmental units are called "Subdivisions" in these agreements. These agreements are made with the governmental units that are gaining access to the aerial imagery and training that is offered in the contract between the County of Kalamazoo (approved June 2, 2015 by BOC as amended) and Pictometry Corp. Each unit that wants this access will have to sign similar agreements.

The fees for the governmental units that have requested that certain sectors be flown in a higher resolution are charged over a three year period.

The fees for the units are:

Comstock Twp	\$ 8,100
Cooper Twp	\$ 3,150
<b>Kalamazoo Twp</b>	<b>\$ 3,375</b>
<b>Oshtemo Twp</b>	<b>\$ 9,450</b>
Pavilion	\$ 8,100
Schoolcraft Twp	\$ 8,100
Texas Twp	\$ 8,100
Vicksburg Vill	\$ 1,800
City of Kalamazoo	\$ 3,825
City of Parchment	\$ 900
City of Portage	\$10,800
Gull Lake Sewer & Water	\$ 8,775
<b>TOTAL</b>	<b>\$ 74,475</b>

Agreements for the above units, except for Kalamazoo and Oshtemo Townships, were already approved by BOC on October 20 or December 1, 2015.

TIME FRAME OF ACTION:

The initial 1/3 fee payment shall be due following delivery of the Licensed Images and applicable Licensed Software at the Subdivision and within 10 business days of the Subdivision's receipt of an invoice for same from County, the second 1/3 fee payment shall be due 12 months later, and the third 1/3 fee payment shall be due 24 months later.

FUND TO BE CREDITED:

The payments from the units will be reimbursed to the Register of Deeds Automation Fund by agreement with Tim Snow, County Clerk and Register of Deeds.

PERSONNEL IF REQUIRED:

None

CONTACT PERSON WITH PHONE NUMBER:

If you have any questions or comments, please contact me at 384-8115 or at [lmjarn@kalcounty.com](mailto:lmjarn@kalcounty.com)

9.

**BOARD AGENDA REQUEST FORM**

**PROPOSED FOR BOARD MEETING OF:** February 16, 2016 BOC Consent agenda

**DEPARTMENT:** Planning & Community Development

**PREPARED BY:** Lotta Jarnefelt

**SUBJECT:**

2016 Remonumentation Grant from the State of Michigan, Department of Licensing and Regulatory Affairs for Kalamazoo County.

**SPECIFIC ACTION REQUESTED:**

Approve Grant Agreement Between the State of Michigan, Department of Licensing and Regulatory Affairs, and Kalamazoo County.

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

The Grant offered (\$82,190) will be 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.

The grant supports a program for the remonumentation of original public land survey corners in the County. These are the section corners of the original surveyed 1 sq mi sections in the County that are the starting points of legal descriptions of properties.

**TIME FRAME OF ACTION:**

Grant is for calendar year 2016. Work to be completed by December 31, 2016. A request to approve contracts with surveyors who will perform the grant work will be on the March 1, 2016 BOC agenda.

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

2016 Remonumentation Grant from the State of Michigan, Department of Licensing and Regulatory Affairs

**PERSONNEL IF REQUIRED:**

NA

**NEW OR RENEWAL OR AMENDMENT:**

New (a new agreement is approved annually)

**ANY OTHER PERTINENT INFORMATION:**

NA

**PROCUREMENT INFORMATION:**

(indicate if the contract was bid out, if not, state reason(s) why; indicate last time contract was bid out; indicate if awarded bidder was the lowest bidder, if not, indicate why)

NA

**CONTACT PERSON WITH PHONE NUMBER:**

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

R.

**BOARD AGENDA REQUEST FORM**

**PROPOSED FOR BOARD MEETING OF:** February 16, 2016

**DEPARTMENT:** Sheriff's Office

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

**SUBJECT:** Approve Acceptance of Strategic Traffic Enforcement Grant

**SPECIFIC ACTION REQUESTED:**

Approve the acceptance of PA16-28 Strategic Traffic Enforcement Grant

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

Grant Award \$84,987.00

**TIME FRAME OF ACTION:**

November 16, 2015-September 30, 2016

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

State of Michigan Department of State Police

**PERSONNEL IF REQUIRED:**

Assistance from other local communities, no personnel costs

**NEW OR RENEWAL OR AMENDMENT:**

Renewal

**ANY OTHER PERTINENT INFORMATION:**

This grant is collaboration between eight (8) local police agencies to focus on vehicle safety with a focus on alcohol enforcement and seat belt safety.

**CONTACT PERSON WITH PHONE NUMBER:**

Terra Mickolatcher, Financial Administrator (269) 383-8763



STATE OF MICHIGAN  
DEPARTMENT OF STATE POLICE  
LANSING

RICK SNYDER  
GOVERNOR

COL. KRISTE KIBBEY ETUE  
DIRECTOR

November 16, 2015

Lt. Donald Ester  
Kalamazoo County Sheriff's Office  
1500 Lamont Street  
Kalamazoo, Michigan 49048

Subject: PT-16-28

Dear Lieutenant Ester:

The Michigan Office of Highway Safety Planning (OHSP) has approved \$84,987 in federal funds for Highway Safety Project grant number PT-16-28, "Kalamazoo County Traffic Enforcement," for the grant period of November 16, 2015 through September 30, 2016. Refer to the enclosed page 1A for the funding breakdown.

**This grant is approved with the following conditions:**

1. **Funding is contingent upon the availability of U.S. Department of Transportation Highway Safety Funds.**
2. A grant orientation meeting is required and will be scheduled by your OHSP grant coordinator.
3. Quarterly progress and financial reports are due: January 30, April 30, July 30, and October 30.
4. Grantees must comply with the Grant Management Requirements set forth in this grant. Please consult the grant application for further details.
5. Grantees must establish a separate account or fund to track expenditures and remaining balances to ensure overspending does not occur.
6. Any changes to the grant's objectives, activities, and/or approved budget must have OHSP approval.

If you have any questions regarding your grant, please contact your OHSP grant coordinator, Patricia Eliason at (517) 241-2498. We look forward to working with you during the course of the project.

Sincerely,

Michael L. Prince, Director  
Office of Highway Safety Planning

Enclosures

cc: Mr. John Taylor  
Ms. Terra Mickolatcher

BOARD AGENDA REQUEST FORM

PROPOSED FOR BOARD MEETING OF: February 16, 2016

DEPARTMENT: Sheriff's Office

PREPARED BY: Terra Mickolatcher, Financial Administrator

SUBJECT: Approve the contract for Rapid Release Pay/Canteen

SPECIFIC ACTION REQUESTED:

Approve the contract between Rapid Release/Canteen

DESCRIPTION OF ACTION (dollar amount, purpose):

Transfer of the existing \$10,000 debit card balance in the Release/Rapid Account

TIME FRAME OF ACTION:

Immediate

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

N/A

PERSONNEL IF REQUIRED:

N/A

NEW OR RENEWAL OR AMENDMENT:

Amendment

ANY OTHER PERTINENT INFORMATION:

At Kalamazoo County, we would like to replace the current JMS system for the Accounting portion with the Canteen Command system. This contract would replace the current kiosk contract with Rapid Release with the Canteen Command module. The reason for the change is that the Archonix JMS system is systematically inadequate for the Accounting functionality. The Canteen Command would replace this system without any additional contractual costs. Canteen was chosen as a vendor, as we viewed other counties that has this program- saw the benefits of the system and the ease of the usage. This contract is a one year (1) agreement.

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

**BOARD AGENDA REQUEST FORM**

**PROPOSED FOR BOARD MEETING OF:** February 16, 2016

**DEPARTMENT:** Sheriff's Office

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

**SUBJECT:** Approve applying for the 2016 Marine Safety Grant submission

**SPECIFIC ACTION REQUESTED:**

Approve the submission for the 2016 Marine Safety Grant through the Michigan Department of Natural Resources (DNR)

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

Grant submission request in the amount of \$75,692.00 for Marine Patrol of County lakes and waterways throughout 2016

**TIME FRAME OF ACTION:**

January 1<sup>st</sup> - September 30th

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

State of Michigan Department of Natural Resources (DNR)

**PERSONNEL IF REQUIRED:**

Utilization of existing of Sheriff's Office Special Marine Deputies/New Marine program leader, Sgt. Todd Meyers

**NEW OR RENEWAL OR AMENDMENT:**

Renewal  
Grant #MS16-024

**ANY OTHER PERTINENT INFORMATION:**

This is an annual submission through an online application program whereas; the County matches a portion of this programming cost. The Marine Grant program includes many elements such as boating safety, monitoring waterways, and patrolling.

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

Marine Safety Grant Application 2016

Organization: Kalamazoo County Sheriff Department

MS16-024

Law Enforcement Wages And Benefits

\*Number of law enforcement personnel working in the Marine Safety program:

<u>1</u>	Full Time
<u>10</u>	Part Time

Detail of Law Enforcement Wages and Benefits:

Full Time

A) Average hourly wage of officers working in the county Marine Safety program	<u>\$36.02</u>
B) Average Fringe percentage	<u>54%</u>
C) Estimated total hours of Marine Safety law enforcement and related activities	<u>720</u>

Part Time

A) Average hourly wage of officers working in the county Marine Safety program	<u>\$13.00</u>
B) Average Fringe percentage	<u>10%</u>
C) Estimated total hours of Marine Safety law enforcement and related activities	<u>1960</u>

Total Full Time	<u>\$39,939</u>
Total Part Time	<u>\$28,028</u>
Total	<u>\$67,967</u>

**Marine Safety Grant Application 2016**

Organization: Kalamazoo County Sheriff Department

MS16-024

**Contracted Services, Supplies & Materials**

**Patrol Vehicle Usage**

A) Mileage rate calculation for 3 vehicles.

Mileage rate		<u>\$0.39</u>
Total estimated miles	x	<u>7500</u>
	Subtotal	<u>\$2,925.00</u>

B) Leased vehicle calculation for 0 vehicles.

Total Lease amount/month (all vehicles)		<u>\$0</u>
Number of months	x	<u>0</u>
Total estimated fuel & oil costs	+	<u>\$0</u>
	Subtotal	<u>\$0</u>

C) Actual cost calculation for 0 vehicles.

Total estimated fuel & oil costs		<u>\$0</u>
Total estimated maintenance costs	+	<u>\$0</u>
	Subtotal	<u>\$0</u>

**Patrol Vehicle Total** \$2,925.00

**Patrol Boat Usage**

A) Actual cost calculation for 5 vehicles.

Total estimated fuel & oil costs		<u>\$1,500.00</u>
Total estimated maintenance costs	+	<u>\$1,500.00</u>
	Patrol Boat Total	<u>\$3,000.00</u>

**Materials/Supplies to be purchased**

Item	Quantity	Cost per item
Batteries	3	\$100.00
Miscellaneous Parts	1	\$500.00
	Materials/Supplies Total	<u>\$800.00</u>

**Services to be Contracted**

Service	Cost per service
Boat Repairs	<u>\$500.00</u>
Trailer Repairs	<u>\$500.00</u>
	Contracted Services Total
	<u>\$1,000.00</u>

**Total Contracted Services, Supplies & Materials** \$7,725

Marine Safety Grant Application 2016

Organization: Kalamazoo County Sheriff Department

MS16-024

Summary of Estimated Expenditures

Law Enforcement Wages and Benefits Total (Operating grant)	\$67,967
Contracted Services, Supplies & Materials Total (Operating grant)	\$7,725
Total Equipment to be Purchased (Equipment grant)	\$0
<b>Total</b>	<b>\$75,692</b>