

The seal of Clallam County Government is a semi-circular emblem. It features a stylized landscape with a range of mountains in the background and a line of evergreen trees in the foreground. The words "CLALLAM COUNTY GOVERNMENT" are written in a semi-circle along the top edge of the emblem.

**Board of
Commissioners'
Meeting**

August 19, 2014

**NOTICE AND AGENDA FOR
AUGUST 19, 2014 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, August 19, 2014, 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

Circuit Court

- A. Request for Approval to Submit Court Performance Innovation Fund (CPIF) Grant
- B. Request for Approval to Submit a Grant Application to the Michigan State Court Administrative Office for the Juvenile Drug Treatment Court Program
- C. Request for Approval of Elimination/Creation of Positions (Grant Funded)
- D. Request for Approval to Submit Grant Application to the Herbert H. and Grace A. Dow Foundation for the Youthful Offender Transitions Program (YOTP)
- E. Request for Approval to Submit a Grant Application to the Irving S. Gilmore Foundation for the Youthful Offender Transitions Program (YOTP)

Finance

- F. Request for Approval of Addendum #4 to the Legal Aid Lease Agreement

Friend of the Court

- G. Request for Approval to Submit Court Performance Innovation Fund (CPIF) Grant

Health & Community Services

- H. Request for Approval of Amendment #3 to the Agreement with Kalamazoo County Health Plan Corporation (KCHP)
- I. Request for Approval of Breast and Cervical Cancer Control Program (BCCCP) Agreements with Lakeland Hospitals at Niles and St. Joseph, Inc.
- J. Request for Approval of Breast and Cervical Cancer Control Program (BCCCP) Updated & Renewed Agreement and Business Associate Agreement
- K. Request for Approval of Amendment #7 to LCA 13-39015 Low Income Home Energy Assistance Program (LIHEAP) Crisis Assistance (LCA) Deliverable Fuel Award from the Michigan Department of Human Services (MDHS)
- L. Request for Approval of Business Associate Agreement with the HDReAM Center of Western Michigan University (WMU)

M. Request for Approval of Salary Exception for Children's Special Health Care Services Nurse Supervisor Position

Human Resources

- N. Request for Approval of Amendment to Personnel Policy 5.16
- O. Request for Approval of Letter of Understanding – AFSCME Local No. 1677.03

Sheriff

- P. Request for Approval of 2014 Emergency Management Performance Grant (EMPG) with the State of Michigan
- Q. Request for Approval of an Agreement with BDO USA, LLP

Board of Commissioners

- R. Request for Approval of Transfers and Disbursements

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

AUGUST 13, 2014

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

BOARD AGENDA REQUEST FORM

PROPOSED FOR BOARD MEETING OF: August 19, 2014

DEPARTMENT: 9th Circuit Court

PREPARED BY: Ann Filkins

SUBJECT: Court Performance Innovation Fund (CPIF) Grant Request

SPECIFIC ACTION REQUESTED:

The 9th Circuit Court is requesting permission to apply for the CPIF Grant.

The CPIF grant application was released 7/1/14 with a due date of 7/30/14. Permission was granted by Finance and Administration to submit the grant and receive board permission after submission due to the tight turnaround time.

DESCRIPTION OF ACTION (dollar amount, purpose):

\$2,685

The 9th Circuit Court is requesting Innovative Fund Grant dollars to produce courthouse videos/tutorials. These videos/tutorials would be available to assist the public so that prior to visiting the courthouse, the public can be shown instead of just told, what to expect by viewing the educational videos.

TIME FRAME OF ACTION:

October 1, 2014 – September 30, 2015

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

State

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)

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 Filkins 384-8253

BOARD AGENDA REQUEST FORM

PROPOSED FOR BOARD MEETING OF: August 19, 2014

DEPARTMENT: 9th Circuit Court

PREPARED BY: Ann Filkins

SUBJECT: Juvenile Drug Treatment Court Grant Submission

SPECIFIC ACTION REQUESTED:

Permission to submit a grant to support the Juvenile Drug Treatment Court

DESCRIPTION OF ACTION (dollar amount, purpose):

\$59,375 to cover treatment expenses and other operating expenses for the Juvenile Drug Treatment Court (JDTC).

TIME FRAME OF ACTION:

October 1, 2014 – September 30, 2015

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

State

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)

New. The JDTC has been operational since 1999, however the program has not pursued grant funding for a number of years. This year, the 9th Circuit Court is pursuing grant funding to support the program.

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 Filkins 384-8253

C.

BOARD AGENDA REQUEST FORM

PROPOSED FOR BOARD MEETING OF: August 19, 2014

COURT: Ninth Circuit Court

PREPARED BY: Kathy Flack

SUBJECT: Elimination/Creation of Positions

SPECIFIC ACTION REQUESTED:

The Circuit Court is requesting the elimination and creation of one position in the Family Division

DESCRIPTION OF ACTION (dollar amount, purpose):

TIME FRAME OF ACTION:

Effective August 20, 2014.

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

There is no change in the funding source. This position is part of the Child Care Fund which is funded 50% State and 50% local.

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)

CREATE

<u>Position#</u>	<u>Job Title</u>	<u>Grade</u>	<u>Salary Range</u>	<u>FTE</u>	<u>Account Number</u>
10558	Juvenile Probation Officer II	J12	42,494.40-55,244.80	1.0	292-669-704.00

ELIMINATE

<u>Position#</u>	<u>Job Title</u>	<u>Grade</u>	<u>Salary Range</u>	<u>FTE</u>	<u>Account Number</u>
10573-007	Fam Intervent/Mediator II	J12	42,494.40-55,244.80	1.0	292-669-704.00

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)

n/a

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)

n/a

CONTACT PERSON WITH PHONE NUMBER:

Kathy Flack 385-6039

Susan Sayles 383-6415

Suzanne Darling 383-8928

BOARD AGENDA REQUEST FORM**PROPOSED FOR BOARD MEETING OF: August 19, 2014****COURT: Ninth Circuit Court- Family Division****PREPARED BY: Jaishree Khatri****SUBJECT: Grant Proposal**

SPECIFIC ACTION REQUESTED: The Youthful Offender Transitions Program (YOTP) seeks permission to apply for a grant to continue to provide services to youth aged 16-21 during 2015. We would like to send a grant application to the Herbert H. and Grace A. Dow Foundation requesting \$25,000.00.

DESCRIPTION OF ACTION (dollar amount, purpose): YOTP would like to request funding in the amount of \$25,000.00 from the Herbert H. and Grace A. Dow Foundation to put towards operating costs incurred by YOTP during the 2015 program year. This would allow for continuation of the already existing Youthful Offender Transitions Program.

TIME FRAME OF ACTION: The funds will be used pending approval of the grant and award money and ending December 31, 2015.

FUNDING SOURCE IF REQUIRED (Federal, State, or Local):
The Herbert and Grace Dow Foundation is a State based foundation that aims to support local initiatives geared towards improving community life.

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)

The Youthful Offender Transitions Program has employed a full time Transitions coordinator for the last eight years. This position currently is a J12 at a salary of \$55,244.80.

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:

The Herbert and Grace Dow Foundation has a rolling deadline but reviews all grants in December as well as makes awards at that time. YOTP would like to submit the grant by September 15, 2014.

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: Katherine B. Flack (269)385-6039
kbfac@kalcounty.com

BOARD AGENDA REQUEST FORM

PROPOSED FOR BOARD MEETING OF: August 19, 2014

COURT: Ninth Circuit Court- Family Division

PREPARED BY: Jaishree Khatri

SUBJECT: Grant Proposal

SPECIFIC ACTION REQUESTED: The Youthful Offender Transitions Program (YOTP) seeks permission to apply for a grant to continue to provide services to youth aged 16-21 during 2015. We would like to send a grant application to the Irving S. Gilmore Foundation requesting \$25,000.00.

DESCRIPTION OF ACTION (dollar amount, purpose): YOTP would like to request funding in the amount of \$25,000.00 from the Irving S. Gilmore Foundation to put towards operating costs incurred by YOTP during the 2015 program year. This would allow for continuation of the already existing Youthful Offender Transitions Program.

TIME FRAME OF ACTION: The funds will be used pending approval of the grant and award money and ending December 31, 2015.

FUNDING SOURCE IF REQUIRED (Federal, State, or Local): The Irving S. Gilmore Foundation is a locally based funding source with a focus in Kalamazoo County.

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)

The Youthful Offender Transitions Program has employed a full time Transitions coordinator for the last eight years. This position currently is a J12 at a salary of \$55,244.80.

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)

The Youthful Offender Transitions Program received a grant of \$53,000.00 from the Irving S. Gilmore Foundation that was utilized from March 2013 to April 2014.

ANY OTHER PERTINENT INFORMATION:

The deadline for submission is September 2, 2014.

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: Katherine B. Flack (269)385-6039
kbflac@kalamazoo.org**

BOARD AGENDA REQUEST FORM

PROPOSED FOR BOARD MEETING OF: August 5, 2014

DEPARTMENT: Finance

PREPARED BY: Lisa Bradshaw 

SUBJECT: Legal Aid Lease Agreement-Addendum #4

SPECIFIC ACTION REQUESTED:

Request Board approval for Addendum #4 to the Legal Aid Lease Agreement.

DESCRIPTION OF ACTION (dollar amount, purpose):

Addendum #4 is an update to Article 2 of the Legal Aid Lease Agreement extending the end date of the lease through December 31, 2017; and Article 4 wherein a two percent (2%) adjustment will be assessed on the annual amount on the first day of each year starting in 2015.

TIME FRAME OF ACTION:

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

Revenues will be posted to the General 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)

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)

Original Agreement dated April 18, 2006

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:

Lisa Bradshaw, Finance (269) 383-8686

BOARD AGENDA REQUEST FORM

PROPOSED FOR BOARD MEETING OF: August 19, 2014

DEPARTMENT: 9th Circuit Court - FOC

PREPARED BY: Nigel Crum

SUBJECT: Court Performance Innovation Fund Grant Request

SPECIFIC ACTION REQUESTED:

Approval to apply for a grant from the State Court Administrative Office

DESCRIPTION OF ACTION (dollar amount, purpose):

\$10,000 grant to create Behavioral Economics Applied to Child Support project

TIME FRAME OF ACTION:

October 1, 2014 – September 30, 2016

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

State

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 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:

If awarded this grant will be used by the FOC to examine the impact, if any, of applying behavioral economics to the collection of child support.

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)

The contract would be between the State Court Administrative Office and the 9th Circuit Court.

CONTACT PERSON WITH PHONE NUMBER:

Nigel Crum 384-8172



Kalamazoo County

Health & Community Services

3299 Gull Road, P.O. Box 42, Nazareth, MI 49074-0042

DATE: August 19, 2014
TO: County Board of Commissioners
FROM: Lynne Norman, Acting Health Officer
RE: ITEMS FOR YOUR CONSIDERATION

**A. APPROVAL OF AMENDMENT #3 TO THE AGREEMENT WITH THE
KALAMAZOO COUNTY HEALTH PLAN CORPORATION (KCHP)
FOR THE PROVISION OF INDIGENT HEALTH CARE SERVICES**

ACTION REQUESTED

HCS Administration requests Board approval of amendment to the agreement with the Kalamazoo County Health Plan (KCHP) for the period of October 1, 2013 through December 31, 2014. Total funding amount is \$528,329.50. The board approved the previous amendment on 7.15.14.

DESCRIPTION OF SUBJECT

The Kalamazoo County Health Plan is a community-sponsored program for income qualified Kalamazoo County residents without health insurance and the Adult Benefits Waiver recipients living in Kalamazoo County. Under provisions of this agreement, the Health Plan compensates the Kalamazoo County Health and Community Services Department for the provision of select health services from the HCS Dental Clinic and HCS STD Clinic to indigent and low-income individuals. Amendment #3 extends the contract period through December 31, 2014 and provides for an increase in committed funding for the 3 month extended time period.

The October through December extension period will represent the final quarter of the County's local funding commitment as the State plan amendment and funding for County health plans concludes on December 31, 2014.

RELATIONSHIP TO GOALS

This agreement is related to the HCS goal to improve the overall health of the community by reducing preventable disabilities and deaths and promoting healthy lifestyles and choices.

FUNDING SOURCE

In accordance with regulations governing local county health plans, the Kalamazoo County Health and Community Services Department provides local funding support each year to the Kalamazoo County Health Plan. The local funding is used to generate additional Federal funds. The Health Plan then contracts with HCS to perform specified services in an amount relative to the local funding commitment.

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 any questions, please contact Tammy Lahman, Deputy Director-HCS FMS at 373-5257 or talahm@kalcounty.com.

B. APPROVAL OF BREAST AND CERVICAL CANCER CONTROL PROGRAM (BCCCP) AGREEMENTS WITH LAKE LAND HOSPITALS AT NILES AND ST. JOSEPH, INC.

ACTION REQUESTED

HCS Administration requests Board approval of a Service Agreement and Business Associate Agreement (BAA) with Lakeland Hospitals at Niles and St. Joseph, Inc. for BCCCP services. These agreements are effective August 1, 2014 and will automatically renew each year.

DESCRIPTION OF SUBJECT

The Breast and Cervical Cancer Control Program (BCCCP) is a Center for Disease Control and Prevention funded program under Title XV, which seeks to reduce the unacceptably high prevalence of breast and cervical cancer among poor, older women in the country. Kalamazoo County Health and Community Services Department serves an eight-county region through contracted providers who screen the targeted population. Medical providers who have agreed to participate in BCCCP will provide all or a portion of the enrollment, screening examination, diagnostic and consultation services for eligible women. Payment for the services described in the contract will be made by the State of Michigan at the standard Medicare based rates set annually by the Michigan Department of Community Health.

RELATIONSHIP TO GOALS

HCS works to improve the overall health of the community by reducing preventable disabilities and deaths. Deaths from breast and cervical cancer are preventable, and this program allows us to assist low-income women in obtaining early diagnosis of breast and cervical cancer.

FUNDING SOURCE

No County funds are required as a result of this action. Funding for this agreement is from the Michigan Department of Community Health through the CPBC Agreement.

PERSONNEL

There are no new personnel associated with this request.

ISSUES/CONCERNS

There are no issues or concerns. If you have any questions, please contact Lynn Ann Jones, Women's Health Supervisor at 269-373-5383 or lajone@kalamazoo.org.

C. APPROVAL OF A BREAST AND CERVICAL CANCER CONTROL PROGRAM (BCCCP) UPDATED & RENEWED AGREEMENT AND BUSINESS ASSOCIATE AGREEMENT

ACTION REQUESTED

HCS Administration requests Board approval of a new Agreement and Business Associate Agreement (BAA) with Berrien County Health Department, whose provider contract has automatically renewed for 10 years or more. The updated agreement will ensure services continue according to current program requirements. Agreements are effective July 1, 2014 and will automatically renew each year thereafter.

DESCRIPTION OF SUBJECT

The Breast and Cervical Cancer Control Program (BCCCP) is a Center for Disease Control and Prevention funded program under Title XV, which seeks to reduce the unacceptably high prevalence of breast and cervical cancer among poor, older women in the country. Kalamazoo County Health and Community Services Department serves an eight-county region through contracted providers who screen the targeted population. Medical providers who have agreed to participate in BCCCP will provide all or a portion of the enrollment, screening examination, diagnostic and consultation services for eligible women. Payment for the services described in the contract will be made by the State of Michigan at the standard Medicare based rates set annually by the Michigan Department of Community Health.

RELATIONSHIP TO GOALS

HCS works to improve the overall health of the community by reducing preventable disabilities and deaths. Deaths from breast and cervical cancer are preventable, and

this program allows us to assist low-income women in obtaining early diagnosis of breast and cervical cancer.

FUNDING SOURCE

No County funds are required as a result of this action. Funding for this agreement is from the Michigan Department of Community Health through the CPBC Agreement.

PERSONNEL

There are no new personnel associated with this request.

ISSUES/CONCERNS

There are no issues or concerns. If you have any questions, please contact Lynn Ann Jones, Women's Health Supervisor at 269-373-5383 or lajone@kalcounty.com

D. ACCEPTANCE OF AMENDMENT #7 TO LCA13-39015 LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) CRISIS ASSISTANCE (LCA) DELIVERABLE FUEL AWARD, FROM THE MICHIGAN DEPARTMENT OF HUMAN SERVICES

ACTION REQUESTED

HCS Administration requests Board approval to accept amendment #7 to the agreement with the Michigan Department of Human Services (DHS) for the program grant LCA13-39015. This amendment is to extend the expiration date of the grant from August 31, 2014 to August 31, 2015. making the grant term 9-1-13 to 8-31-15. The total award amount to date is \$155,550.00. BOC approved the last amendment on 4-15-14.

DESCRIPTION OF SUBJECT

The acceptance of this agreement allows for the continued provision of deliverable fuel assistance and services to low income and at risk families that are in the Kalamazoo County community. The use of Crisis Assistance (LCA) funds will provide heating fuel assistance in the form of deliverable fuels such as: propane, fuel oil, coal, wood, kerosene, and heating fuel pellets. Energy assistance, through LCA grant funds, will assist families to remain self-sufficient through the heating season.

RELATIONSHIP TO GOAL

This agreement will help to foster and build stronger inter-agency relationships. This agreement also continues to further the HCS Community Action Agency'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 helping to improve the conditions of the families served.

FUNDING SOURCE

There are no County General funds associated with this action. All funding is from the Michigan Department of Human Services LCA Grant Award. HCS Community Action Agency will be notified of Year 2 funding when it becomes available through a Notice of Funding Award (NFA).

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 Amber Leverette, Housing & Neighborhoods Coordinator, Community Action Agency, 373-5101 or arleve@kalamazoo.org.

E. APPROVAL OF BUSINESS ASSOCIATE AGREEMENT BETWEEN HEALTH & COMMUNITY SERVICES AND THE HDReAM CENTER OF WESTERN MICHIGAN UNIVERSITY

ACTION REQUESTED

HCS Administration requests Board approval to enter into a Business Associate Agreement (BAA) with the Health Data Research Analysis and Mapping (HDReAM) Center of Western Michigan University to commence August 1, 2014.

DESCRIPTION OF SUBJECT

Kalamazoo County Health and Community Services works in partnership with the WMU HDReAM Center on projects and research pertinent to Kalamazoo County Residents. The HDReAM Center is instrumental in assisting KCHCS in analyzing and mapping target areas and needs in the community. Projects may occasionally require that KCHCS share reports and data that address personal health information, and as a result wish to establish a business associate relationship between our two entities to ensure all information is accurately and appropriately exchanged and stored.

RELATIONSHIP TO GOAL

This partnership supports and aids KCHCS in its overall goal of reducing preventable disabilities and deaths and promoting healthy lifestyles and choices for all Kalamazoo County Residents.

FUNDING SOURCE

No 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 Courtney Davis, HCS Administrative Coordinator, at 373-5197 or at cldavi@kalcounty.com

F. APPROVAL OF SALARY EXCEPTION FOR HEALTH & COMMUNITY SERVICES DEPARTMENT, CHILDREN'S SPECIAL HEALTH CARE SERVICES (CSHCS) NURSE SUPERVISOR POSITION

ACTION REQUESTED

HCS Administration requests Board approval of a K09E salary exception hiring placement for a Nurse Supervisor position in the CSHCS program within the Maternal & Child Health (MCH) Division.

DESCRIPTION OF SUBJECT

A salary exception is requested to hire a Nurse Supervisor candidate to fill a vacancy in the CSHCS program. The candidate would be placed at the E step (\$53,352.00).

The position to be filled is vacant due to the previous supervisor's retirement. The candidate has been a supervisor within a public health agency since 2010. Her experience includes coordination of services of children with mental health and substance abuse issues, supervision of nursing staff (including hiring, training, evaluations, discipline, and scheduling), implementation of policies and procedures to improve service delivery, trained in Electronic Health Records, and has experience in determining eligibility and plans of care. The candidate has extensive knowledge of community public health programs, Medicaid system, and medical care providers. The candidate presents with the skills/abilities to assume responsibility of the vacancy with a minimal learning curve.

Struggles to hire competent nurse supervisor candidates within the Maternal & Child Health Division have been noted in the past. This candidate is a valuable candidate with great potential to continue our work with the State CSHCS office and local families to ensure the special needs of their children are being met.

RELATIONSHIP TO GOALS

This program will help to further the HCS goal to improve the overall health of the community by reducing preventable disabilities and deaths, and to strengthen the capacity of individuals and families at risk within the community to take control of their lives and work toward self-sufficiency.

FUNDING SOURCE

The position to be filled is authorized in the HCS-CSHCS account and is supported by State Grant Revenue funds as noted in the Comprehensive Planning Budget Contract (CPBC) through the Michigan Department of Community Health (MDCH). This request is covered by the current authorized budget and would not require additional funding support.

PERSONNEL

This position will fill current vacant Supervisor position.

ISSUES/CONCERNS

There are no issues or concerns. If you have any questions or require additional information, please contact Deb Lenz at 373-5024 or dllenz@kalcounty.com



Human Resources Department

201 West Kalamazoo Avenue, Ste 202 • Kalamazoo, Michigan 49007-3777
 Phone: (269) 383-8998 • Fax: (269) 384-8099
 An Equal Opportunity Employer

BOARD AGENDA REQUEST FORM

PROPOSED FOR BOARD MEETING OF: August 19, 2014

DEPARTMENT: Human Resources

PREPARED BY: Kelly Ball, Human Resources Director

SUBJECT: Policy 5.16 – Benefits for Retirees

SPECIFIC ACTION REQUESTED:

Adoption of the revisions to policy 5.16, Benefits for Retirees, as previously approved by Board action on 2/4/2014.

DESCRIPTION OF ACTION:

The Board approved increasing the retiree premium share for non-union retirees to 18% in 2015 and to 20% in 2016. As a result of this increase, the current policy 5.16 needs to be updated. That updated policy is attached.

It should be mentioned that in changing the policy to incorporate the above changes, other changes had to be incorporated into the premium share percentages for retirees. As you will note at 20 years of retirement plan credited service retirees will pay the same percentage share as active employees for their health premium. All employees retiring with less than 20 years of service will pay the same as active employees with an additional percentage of 5% per year less than 20.

FUNDING SOURCE: Employee Benefit Funds

NEW OR RENEWAL: Update to be effective 1/1/2015

ANY OTHER PERTINENT INFORMATION: Staff recommends approval; policy has been reviewed by Corporate Counsel and Finance.

CONTACT PERSON WITH PHONE NUMBER: Kelly Ball, 384-8100 or coball@kalcounty.com ;
 Jean Michaud, 383-8953 or jmmich@kalcounty.com

Date Approved 2/4/2014 _____

Effective 1/1/15

Supersedes 11/15/2011

5.00 EMPLOYEE BENEFITS

5.16 Benefits for Retirees

Retiring employees, who terminate employment after becoming eligible for immediate commencement of retirement benefits from the County, shall be eligible for group health insurance when the retiring employee meets the insurance eligibility criteria set forth in this Section. The County shall pay a share of the premium for the retiree based on their completed years of retirement plan credited service. The retiree share of the premium, based on completed years of retirement plan credited service is:

At least 8	70% <u>Same as active employees +60%</u>
At least 9	65% <u>Same as active employees +55%</u>
At least 10	60% <u>Same as active employees +50%</u>
At least 11	55% <u>Same as active employees +45%</u>
At least 12	50% <u>Same as active employees +40%</u>
At least 13	45% <u>Same as active employees +35%</u>
At least 14	40% <u>Same as active employees +30%</u>
At least 15	35% <u>Same as active employees +25%</u>
At least 16	30% <u>Same as active employees +20%</u>
At least 17	25% <u>Same as active employees +15%</u>
At least 18	20% <u>Same as active employees +10%</u>
At least 19	<u>Same as active employees +5%</u>
At least 20	<u>Same as active employees*</u>

~~*Employees that are retired as of 11/1/2011 and are not yet age 65 will pay at least a 16% premium share for their health insurance coverage. Employees that are retired as of 11/1/2011 and have attained the age of 65 will pay 12% premium share for their health insurance coverage. Employees retiring with 20 years of service and are age 65 and retire by 12/31/2011 will pay a 12% premium share for retiree health insurance. All other employees retiring after 11/1/2011 will refer to the above scale, regardless of their age at retirement.~~

*All retirees will pay at least the same premium share as active employees pay.

Retiree insurance eligibility is based on hire date, years of retirement plan credited service and age at retirement as follows:

Employees hired on or before 12/31/2008 are eligible at age 55 with at least 8 years of service.

Employees hired on or after 1/1/2009 are eligible at age 60 with at least 8 years of service.

Employees hired on or after 1/1/2010 are eligible at age 60 with at least 8 years of service until they reach the age of 65.

5.00 EMPLOYEE BENEFITS

5.16 Benefits for Retirees (cont.)

An employee whose employment terminates prior to attaining the age and years of service set forth above is not eligible for retiree health insurance.

For employees hired on or before 12/31/2009, at age 65 the County will provide only supplemental insurance coverage (subject to premium sharing). A retiree and his/her covered dependents must obtain Medicare Parts A & B at the earliest date eligible. For purposes of this Section, "dependent" means a retiree's spouse, minor children, and/or children who are physically or mentally disabled, regardless of age, who depend upon the retiree for full-time support.

For employees hired on or after 1/1/2010, at age 65 the County will provide the retiree the opportunity to purchase supplemental coverage with the retiree responsible for 100% of the cost (County premium share is 0%). A retiree and his/her covered dependents must obtain Medicare Parts A & B at the earliest date eligible. For purposes of this Section, "dependent" means a retiree's spouse, minor children, and/or children who are physically or mentally disabled, regardless of age, who depend upon the retiree for full-time support.

For employees hired on or after 1/1/2012, the County will not provide retiree health insurance.

If dependent coverage is available and selected, the retiree must pay 100% of the cost of the coverage. Spousal coverage is available to the spouse of a retiree if the retiree and spouse are married on or before their retirement date from Kalamazoo County.

Optional dental and vision insurance coverage are available to a retiree and his/her dependents at 100% cost to the retiree.

This Section does not apply to employees who have deferred retirement (i.e. deferred retirees). A deferred retiree is not eligible to receive retiree health insurance coverage.

The County Board of Commissioners reserves the right to increase, decrease and/or rescind its subsidy of retiree health care at any time, including during retirement.



Human Resources Department

201 West Kalamazoo Avenue, Ste 202 • Kalamazoo, Michigan 49007-3777
Phone: (269) 383-8998 • Fax: (269) 384-8099
An Equal Opportunity Employer

To: Kalamazoo County Board of Commissioners
From: Kelly Ball, Human Resources Director *KBall*
Re: Letter of Understanding - AFSCME Local No. 1677.03
Date: August 13, 2014

This memo is being submitted to request the approval of the Board of Commissioners at their meeting of August 19, 2014.

The Letter of Understanding is in reference to the requirements stated in Appendix A of the above contract which provides for Youth Specialists to move to Tier II.

Previous language referenced one requirement as completion of "M.J.I Program offered by the State of Michigan". This program is no longer offered and hasn't been for several years. The Juvenile Home developed their own program "JH2Kazoo Leadership Academy" to replace the State program. There is a group of Youth Specialist who has completed this Academy earlier in the year and is awaiting the move to Tier II.

The letter of understanding revises the language to reflect the current name of the program and has been signed by the Union and the County.

Thank you.

BOARD AGENDA REQUEST FORM

PROPOSED FOR BOARD MEETING OF: August 19, 2014

DEPARTMENT: Sheriff's Department, Office of Emergency Management

PREPARED BY: Richard C. Fuller III, Sheriff

SUBJECT: 2014 Emergency Management Performance Grant (EMPG). *RENEWAL*

SPECIFIC ACTION REQUESTED:

Kalamazoo County Board of Commissioners approval of the FY2014 EMPG funding

DESCRIPTION OF ACTION (dollar amount, purpose):

The 2014 Emergency Management Grant is for \$31,661.00 (38.0896%) and will fund part of the Emergency Management director's salary. This grant period runs October 1, 2013 to September 30, 2014.

TIME FRAME OF ACTION:

Please place on the August 19, 2014 agenda. The signed copies are due in Lansing no later than September 15, 2014.

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

This is a Federal pass-through grant to the State of Michigan then to Kalamazoo County. This is a supplement to the county for the duties performed quarterly by the Emergency Management director. The county funds the remaining costs.

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)

This grant is renewed every fiscal year.

ANY OTHER PERTINENT INFORMATION:

The EMPG grant is issued to all local Emergency Management State of Michigan recognized programs. Kalamazoo County has received these funds for many years.

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)

N/A

CONTACT PERSON WITH PHONE NUMBER:

Cindy Faulk, 385-6144

BOARD AGENDA REQUEST FORM

PROPOSED FOR BOARD MEETING OF: August 19th, 2014

DEPARTMENT: Kalamazoo County Sheriff's Office

PREPARED BY: Richard C. Fuller III, Sheriff

SUBJECT: Temporary work agreement with BDO

SPECIFIC ACTION REQUESTED:

Enter into an agreement with BDO to provide consulting services to the Sheriff's Office.

DESCRIPTION OF ACTION (dollar amount, purpose):

A rate of \$55.00 per hour, estimating it will take approximately 40 hours. If additional hours are necessary, BDO will obtain prior approval from Sheriff Fuller before proceeding.

TIME FRAME OF ACTION:

As soon a possible.

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

General 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)

None.

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)

ANY OTHER PERTINENT INFORMATION:

This is a process that has been reviewed and agreed upon with Finance. The work to be done in this agreement will assist in preparing the reconciliation process for the New Financial Administrator for the Sheriff's Office.

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:

Rick Fuller 385-6175