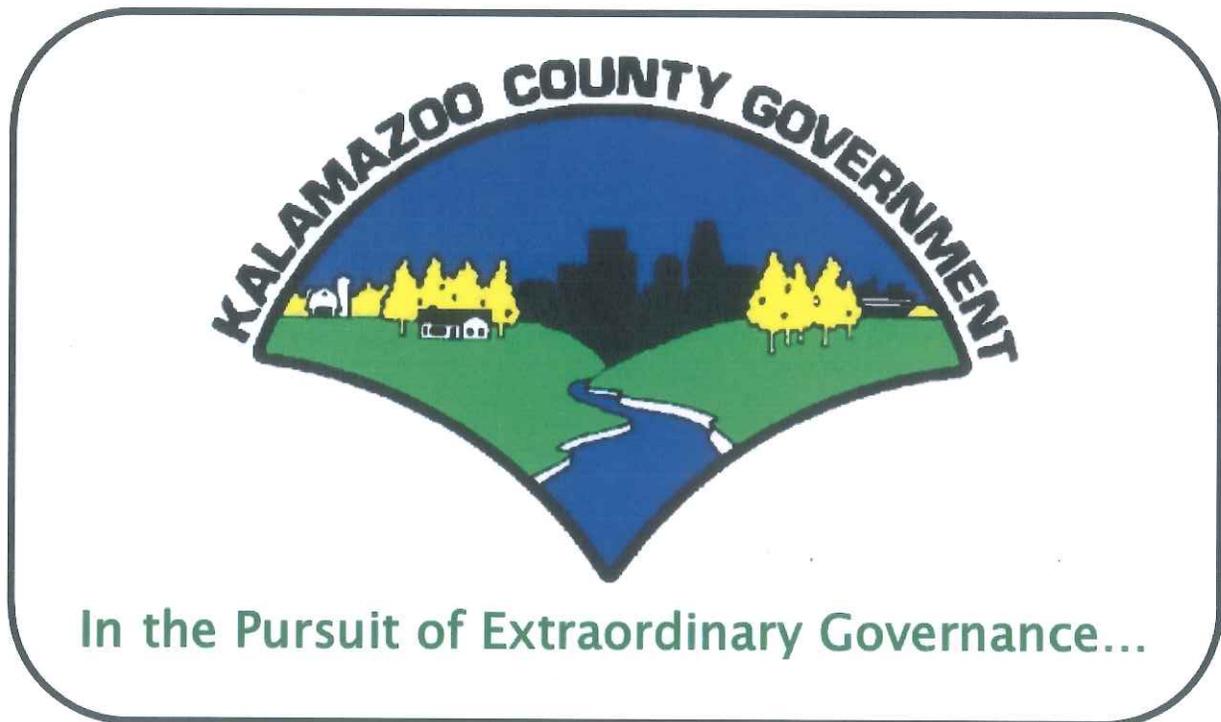


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# BOARD OF COMMISSIONERS' MEETING

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December 5, 2017



# KALAMAZOO COUNTY GOVERNMENT

In the Pursuit of Extraordinary Governance...

## BOARD OF COMMISSIONERS

NOTICE AND AGENDA FOR

December 5, 2017

**PLEASE TAKE NOTICE** that a regular meeting of the Kalamazoo County Board of Commissioners is scheduled for **Tuesday, December 5, 2017 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 ITEMS

#### Administration

- A. Request for Approval to Utilize Employee Benefits Fund Balance for Other Post-Employment Benefits (OPEB) Liability
- B. Request for Approval of Amendment to 2018 Salaries & Employee Benefits Budget Policy

#### Buildings & Grounds

- C. Request for Approval of Elimination/Creation of Positions – Auto Maintenance Supervisor (General Fund)
- D. Request for Approval of Elimination/Creation of Positions- Building Operator (General Fund)

#### Clerk

- E. Request for Approval to Accept a Grant Award from the Kalamazoo Community Foundation and the Creation of a Position for the County ID Program

#### Finance

- F. Request for Approval of Mobile Device Policies

Health & Community Services

G. Request for Approval to Accept Grant Award from the Michigan Department of Health & Human Services (MDHHS) for Elder Abuse Prevention

H. Request for Approval and Signature for Purchase of Electronic Health Record (HER) System from Patagonia Health, Inc.

Human Resources

I. Request for Approval of Resolution to Adopt 80%/20%Employer/Employee Health Care Cost Option as set Forth in 2011 Public Act 152, the Publicly Funded Health Insurance Contribution Act

Sheriff

J. Request for Approval of Police Protection Agreement with Comstock Charter Township, Texas Charter Township, and Ross Township

K. Request for Approval to Submit a Grant to the Michigan Department of Licensing and Regulatory Affairs for Medical Marijuana Oversight

Treasurer

L. Request for Approval of Sale of Parcel 14-17-201-285

Board of Commissioners

M. Request for Approval of Transfers and Disbursements

N. Request for Approval of 2018 Board Meeting Dates

**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**            **MEMBERS’ TIME**
- ITEM 13**            **VICE CHAIRPERSON’S REPORT**
- ITEM 14**            **CHAIRPERSON’S REPORT**
- ITEM 15**            **ADJOURNMENT**

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:

KALAMAZOO COUNTY GOVERNMENT | 201 West Kalamazoo Avenue | Kalamazoo, Michigan 49007 | (269)384-8111



# KALAMAZOO COUNTY GOVERNMENT

In the Pursuit of Extraordinary Governance...

## BOARD AGENDA REQUEST FORM

**PROPOSED FOR BOARD MEETING OF:** 12/5/2017

**DEPARTMENT:** Administration

**PREPARED BY:** Amanda Morse

**SUBJECT:** Employee Benefits Fund Balance Contribution  
Towards Other Post-Employment Benefits Liability

**SPECIFIC ACTION REQUESTED:**

Administration is seeking approval to utilize \$2,000,000 of the Employee Benefits Fund balance in 2017 in order to make an additional contribution towards the County's Other Post-Employment Benefits liability (OPEB) in 2017.

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

The Employee Benefits Fund is expected to have a fund balance of \$9,215,000 at the end of 2017. During the 2018 budget process, the Board of Commissioners approved a one-time contribution of \$2,000,000 to the County's Other Post-Employment Benefits liability from the Employee Benefits Fund due to the fund balance level. In addition to the 2018 contribution, Administration would also like to make a \$2,000,000 contribution in 2017. This will allow the County to make an additional contribution of a total of \$4,000,000 towards our OPEB liability by the end of 2018 and still maintain an adequate level of fund balance in the Employee Benefits Fund.

**TIME FRAME OF ACTION:**

Immediately

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

Employee Benefits 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)

N/A

**NEW OR RENEWAL:**

N/A

**ANY OTHER PERTINENT INFORMATION:**

N/A

**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:**

<u>NAME</u>	<u>TITLE</u>	<u>PHONE NUMBER</u>
Amanda Morse	Deputy County Administrator – Internal Services	(269) 384-8111



# KALAMAZOO COUNTY GOVERNMENT

In the Pursuit of Extraordinary Governance...

## BOARD AGENDA REQUEST FORM

**PROPOSED FOR BOARD MEETING OF:** 12/5/2017

**DEPARTMENT:** Administration

**PREPARED BY:** Amanda Morse

**SUBJECT:** Amendment to 2018 Salaries & Employee Benefits  
Budget Policy

### SPECIFIC ACTION REQUESTED:

Administration is seeking approval to revert the County Commissioners portion of the 2018 Salaries and Employee Benefits Budget policy back to the language used in the 2017 budget policy. This change will mean that Commissioner's salaries will remain unchanged in 2018.

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

Administration is seeking approval to revert the County Commissioners portion of the 2018 Salaries and Employee Benefits Budget policy back to the language used in the 2017 budget policy as follows:

#### **County Commissioners**

Each year during the budget process, Commissioners can elect to increase their compensation using the following policy or may elect to increase their compensation using some other method:

Increases in compensation for County Commissioners of Kalamazoo County shall be equivalent to the percent increase given to non-union employees. Increases in compensation for County Commissioners of Kalamazoo County shall be equivalent to but no greater than the lowest average compensation adjustment granted by the County Board for a non-union County employee group for the two years immediately preceding a new two-year term for County Commissioners.

The 2018 budget reflects a 1.750% increase for Commissioners resulting in the following compensation:

Chairperson	\$ <u>16,219,940</u>
Vice Chairperson	\$ <u>14,598,347</u>
Other Commissioners	\$ <u>12,975,752</u>

**TIME FRAME OF ACTION:**

Immediately

**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

**ANY OTHER PERTINENT INFORMATION:**

N/A

**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:**

NAME

TITLE

PHONE  
NUMBER

Amanda Morse

Deputy County Administrator –  
Internal Services

(269) 384-8111



# KALAMAZOO COUNTY GOVERNMENT

In the Pursuit of Extraordinary Governance...

## BOARD AGENDA REQUEST FORM

**PROPOSED FOR BOARD MEETING OF:** 12/5/2017

**DEPARTMENT:** Buildings and Grounds

**PREPARED BY:** Ron Kuivenhoven

**SUBJECT:** Auto Maintenance Supervisor Elimination/Creation

**SPECIFIC ACTION REQUESTED:**

Approve the elimination/creation of Auto Maintenance Supervisor position.

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

Currently, the Supervisor-Auto Maintenance position, (which requires the Master Mechanic certification), directs all daily operations of the Vehicle Garage, including prioritizing work for a union position Equipment Mechanic. Although both positions report to the Administrative Manager, this mixing of assignments and reporting relationship has caused numerous frictions, which are best corrected by organizationally changing the Auto Maintenance Supervisor to a non-union position, with the Equipment Mechanic as a direct report.

**TIME FRAME OF ACTION:**

January 1, 2018

**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)

Eliminate:

<u>Account#</u>	<u>Position #</u>	<u>Grade</u>	<u>FTE</u>	<u>Pay Range</u>	<u>Effective Date</u>
101-265	10552-Supervisor Auto Maint.	s16	1.0	\$32,656.00 - \$42,494.40	1/1/2018

Create:

<u>Account#</u>	<u>Position #</u>	<u>Grade</u>	<u>FTE</u>	<u>Pay Range</u>	<u>Effective Date</u>
101-265	TBD Auto Maintenance Supervisor	K07 1.0		\$41,704.00-\$51,230.40	1/1/2018

NEW OR 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:

<u>NAME</u>	<u>TITLE</u>	<u>PHONE NUMBER</u>
Amanda Morse	Deputy County Administrator, Internal Services	384-8111



# KALAMAZOO COUNTY GOVERNMENT

In the Pursuit of Extraordinary Governance...

## BOARD AGENDA REQUEST FORM

**PROPOSED FOR BOARD MEETING OF:** 12/5/2017

**DEPARTMENT:** Buildings and Grounds

**PREPARED BY:** Ron Kuivenhoven

**SUBJECT:** Healy Street Building Operator Elimination/Creation

**SPECIFIC ACTION REQUESTED:**

Approval of the elimination/creation of a Building Operator II Position assigned to the Healy Street Building.

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

At the Healy Street location, the services offered by the departments working there have expanded to 7 days a week operations. Consequently, the need for availability of the building operator has increased as well. This request is to replace the Healy Street Building Operator position with a Building Operator II position, which is comparable to the Juvenile Home, Jail and Airport.

**TIME FRAME OF ACTION:**

January 1, 2018

**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)

ITEM D.

Eliminate:

<u>Account#</u>	<u>Position #</u>	<u>Grade</u>	<u>FTE</u>	<u>Pay Range</u>	<u>Effective Date</u>
101-265	10455-Building Operator	s12a	1.0	\$28,766.40-\$34,361.60	1/1/2018

Create:

<u>Account#</u>	<u>Position #</u>	<u>Grade</u>	<u>FTE</u>	<u>Pay Range</u>	<u>Effective Date</u>
101-265	10582-Building Operator II	s12b	1.0	\$29,328.00 - \$35,068.80	1/1/2018

**NEW OR 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:**

<u>NAME</u>	<u>TITLE</u>	<u>PHONE NUMBER</u>
Amanda Morse	Deputy County Administrator, Internal Services	384-8111



# KALAMAZOO COUNTY GOVERNMENT

In the Pursuit of Extraordinary Governance...

## BOARD AGENDA REQUEST FORM

**PROPOSED FOR BOARD MEETING OF:** 11/21/2017

**DEPARTMENT:** Clerk/Register

**PREPARED BY:** Tim Snow, Clerk/Register

**SUBJECT:** Grant Acceptance for County ID Program

### SPECIFIC ACTION REQUESTED:

Approve acceptance of grant from the Kalamazoo Community Foundation in the amount of \$25,000 for the County ID Program.

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

Approve acceptance of grant from the Kalamazoo Community Foundation in the amount of \$25,000 to assist with promotion/advertising of the ID program, provide funding for indigent individuals to obtain a County ID, and funding to hire a .5 FTE for the ID program prior to the start of the 2018 Budget.

### TIME FRAME OF ACTION:

Immediately

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

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:**

<b>Fund &amp; Activity</b>	<b>Position #</b>	<b>Position Title</b>	<b>Band</b>	<b>FTE</b>	<b>Salary Range</b>
	10586-002	Official Document Specialist	K05	1.0	\$30,305.60 - \$37,169.60

**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:**

<b><u>NAME</u></b>	<b><u>TITLE</u></b>	<b><u>PHONE NUMBER</u></b>
Tim Snow	County Clerk & Register of Deeds	x8141



# KALAMAZOO COUNTY GOVERNMENT

In the Pursuit of Extraordinary Governance...

## BOARD AGENDA REQUEST FORM

**PROPOSED FOR BOARD MEETING OF:** 12/5/2017

**DEPARTMENT:** Finance

**PREPARED BY:** Amanda Morse

**SUBJECT:** Approval of Mobile Device Policies

**SPECIFIC ACTION REQUESTED:**

Approval of Mobile Device Policies

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

The Board of Commissioners approved a \$50 a month mobile device stipend to begin January 1, 2018 during the 2018 budget process. Finance is requesting approval of the attached Mobile Device Policies which outline County policy on county owned departmental mobile devices, individually owned mobile devices, stipend eligibility and stipend allowance and payment.

**TIME FRAME OF ACTION:**

January 1, 2018

**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:**

New

**ANY OTHER PERTINENT INFORMATION:**

N/A

**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:**

NAME

TITLE

PHONE  
NUMBER

Amanda Morse

Deputy County Administrator –  
Internal Services

(269) 384-8111

KALAMAZOO COUNTY GOVERNMENT

# MOBILE DEVICE POLICIES



*In the Pursuit of Extraordinary Governance...*



# KALAMAZOO COUNTY GOVERNMENT MOBILE DEVICE POLICIES

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# KALAMAZOO COUNTY GOVERNMENT MOBILE DEVICE POLICIES

<b>1.01</b>	<b>Purpose</b>			
Approved by BOC on:		Effective Date:		Supersedes: 02/21/2006

Kalamazoo County Government recognizes that the performance of certain job responsibilities are enhanced by or may require the use of a cellular phone, smartphone or other device which allows the user to communicate through wireless or cellular networks. The purpose of this policy is to establish guidelines for the use of mobile devices and/or for the provision of a stipend to employees who have a business need and who meet the eligibility requirements of this policy, to enable determination of the appropriate level of benefit provided, and to ensure compliance with IRS regulations.

<b>1.02</b>	<b>Policy Approval &amp; Amendments</b>			
Approved by BOC on:		Effective Date:		Supersedes: 02/21/2006

The Board of Commissioners shall approve the Mobile Device Policies and amendments made thereto.

<b>1.03</b>	<b>Revision of Mobile Device Policies</b>			
Approved by BOC on:		Effective Date:		Supersedes: 02/21/2006

The County Board of Commissioners reserves the right to add to, modify and/or rescind policies at any time.

<b>1.04</b>	<b>Policy Administration</b>			
Approved by BOC on:		Effective Date:		Supersedes: 02/21/2006

The County Administrator and/or their designee shall develop, update and implement the guidelines and detailed procedures for this policy.

County Department Heads, Elected Officials and Court Administrators shall be familiar with the Mobile Device Policies, and ensure compliance within their departments.



# KALAMAZOO COUNTY GOVERNMENT

## MOBILE DEVICE POLICIES

<b>1.05</b>	<b>Freedom of Information Act</b>			
Approved by BOC on:		Effective Date:		Supersedes: 02/21/2006

Communication for county business or prepared or used in the performance of an official function on county-issued or individually owned mobile devices including without limitation, e-mails, text messages, facsimiles, communication records, and communication logs, may be subject to disclosure under the Freedom of Information Act. The employee is required to provide the County access to information about or contained on the mobile device covered by this policy in response to requests for such data or information by third parties as required by federal and/or state law.

<b>1.06</b>	<b>County Owned Departmental Mobile Devices</b>			
Approved by BOC on:		Effective Date:		Supersedes: 02/21/2006

Kalamazoo County will not own mobile devices or provide cellular service for the use of individual employees except in limited circumstances (e.g. devices that rotate among Road Deputies, Animal Services Officers, Airport personnel, on-call staff or maintenance personnel, etc). Requests for County-owned departmental mobile devices must be approved by the County Administrator and/or their designee.

If authorized to use a County-owned departmental mobile device, employees will be provided access for business use only and will not be eligible to receive a stipend.

Personal calls or messaging on County provided mobile devices is highly discouraged. The County recognizes that brief personal calls or messaging for family or emergency matters may occur. The employee shall review the monthly billing statement, and reimburse the County for any personal calls or messaging that result in additional costs. It is the Department Head, Elected Official, Court Administrator's responsibility to ensure that this procedure is followed and that employees are not abusing their privilege. Department Heads, Elected Officials, Court Administrators may remove mobile device privileges from any employee making unauthorized personal use or failing to pay promptly for such personal use.

All equipment remains the property of the County of Kalamazoo and ownership will not be transferred over to an individual. Departments are required to report any theft or loss of mobile devices to the contracted vendor immediately, so that cellular service can be deactivated. If a mobile device is lost or damaged due to employee negligence, the employee will be charged the



# KALAMAZOO COUNTY GOVERNMENT MOBILE DEVICE POLICIES

cost of repair or cost of the device replacement; there may also be disciplinary action if warranted.

County issued mobile device use should be limited to bona fide government purposes. Mobile devices should not be used when a less costly alternative is safe, convenient and readily available. Employees must comply with federal and/or state laws regarding the use of mobile devices in the conduct of county business.

The Department must have funding available in their current operating budget to pay for the associated costs.

<b>1.07</b>	<b>Individually Owned Mobile Devices</b>				
Approved by BOC on:		Effective Date:		Supersedes:	02/21/2006

County employees that are required to carry a mobile device for County business will be expected to maintain their own personal mobile device and contract, and may be offered a stipend to offset the cost of business calls. The County may periodically require an employee receiving a stipend to provide documentation of substantial business use. This allows the County to comply with IRS regulations regarding business versus personal use of mobile devices. An employee who is only occasionally contacted for business purposes is not eligible for a stipend; however, they may submit a record of these expenses for reimbursement.

All charges and fees associated with the individually owned mobile device including but not limited to, device acquisition, device replacement, early termination, use overage charges, etc are the sole responsibility of the employee. If an employee leaves the position, or the stipend is discontinued at the discretion of the County, the employee continues to be responsible for the contractual obligations of the employee's wireless plan.

When a stipend has been approved and distributed, the employee must provide their mobile phone number to their supervisor and/or department head within 7 days of activation.

It will be the responsibility of the individual to transfer all personal information (contacts, data, etc) from one device to the next. The County will not be responsible for lost, deleted or corrupted mobile device data nor will it provide any technical support for individually owned mobile devices. The County will not be responsible for damages to an employee's personal mobile device even if it is being used for business purposes.

Employees must comply with federal and/or state laws regarding the use of mobile devices in the conduct of county business. Departments or elected officials may institute usage



# KALAMAZOO COUNTY GOVERNMENT MOBILE DEVICE POLICIES

parameters such as prohibiting the transmission or receipt of confidential or sensitive data on a personal cell phone; or setting usage parameters and security responsibilities for the use or transmission of confidential or sensitive data which may include encryption and remote wiping capabilities in the event of loss or theft. Employees must utilize the same care with regard to County data as it would on County owned devices, including the requirement to utilize passcodes.

<b>1.08</b>	<b>Stipend Eligibility</b>				
Approved by BOC on:		Effective Date:		Supersedes:	02/21/2006

Eligibility for a monthly mobile device stipend shall be determined by the County Administrator and/or their designee using the criteria stated in this Policy. Convenience is not acceptable as the primary criterion for providing a mobile device stipend. Employees who are required to carry a mobile device for County business must obtain authorization from their Department Head, Court Administrator or Elected Official.

Employees who hold positions that include the regular need for a mobile device may receive a mobile device stipend to compensate for business-related costs incurred when using their individually-owned mobile device provided that the County determines, in its discretion, that at least one of the following criteria is met:

1. The employee is a Department Head, Elected Official or Court Administrator.
2. The employee regularly performs job functions at locations where a land-line is not available or the employee's position regularly requires significant time away from their assigned office or work area and it is important to the County that they are accessible during those times.
3. The employee's position requires them to regularly be accessible outside of the scheduled or normal working hours where time sensitive decisions/notifications are required.
4. The employee's position requires them to have wireless data or internet access while working in the field.
5. The employee is designated as a "first responder" to emergencies.

The Department must have funding available in their current operating budget to pay for the cost of the stipend.

Employees receiving a mobile device stipend must maintain an active mobile device contract for the life of the stipend. Misuse of mobile devices, including use in ways inconsistent with County policies or with local, state or federal laws, will result in immediate cancellation of the mobile device stipend.



## KALAMAZOO COUNTY GOVERNMENT MOBILE DEVICE POLICIES

The issuance of a stipend is based upon the job responsibilities of the employee as documented in the position description and may be discontinued if responsibilities of the position change. Employees are required to inform the Payroll Department within 5 business days if eligibility criteria are no longer met or when the cell service is cancelled. If notification is not submitted within 5 business days, the employee must repay any stipend allowance received in error.

An annual review of mobile device stipends will be completed by County Administration and Human Resources to determine if stipends should be adjusted or discontinued.

<b>1.09</b>	<b>Stipend Allowance &amp; Payment</b>				
Approved by BOC on:		Effective Date:		Supersedes:	02/21/2006

During the budget process each year, the Board of Commissioners will determine the monthly mobile device stipend. The stipend will be included in the employee's bi-weekly payroll and is subject to all applicable taxes. NOTE: The stipend does not increase the employee's base salary and will not be included in the calculation of any County benefits.



# KALAMAZOO COUNTY GOVERNMENT

In the Pursuit of Extraordinary Governance...

## BOARD AGENDA REQUEST FORM

**PROPOSED FOR BOARD MEETING OF:** December 5, 2017  
**DEPARTMENT:** Health & Community Services  
**PREPARED BY:** James A. Rutherford, MPA  
**SUBJECT:** Acceptance of grant award from the Michigan Department of Health & Human Services to Kalamazoo County Health & Community Services Department/Area Agency on Aging IIIA Unit

### SPECIFIC ACTION REQUESTED:

HCS Administration requests Board acceptance of the grant awarded from the Michigan Dept of Health and Human Services to the Kalamazoo County Health & Community Services Department/Area Agency on Aging, IIIA Unit for continued work on elder abuse prevention.

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

The purpose of the grant is for the second year of funding for staff time pertaining to the ongoing elder abuse prevention and detection efforts that were commenced in 2016. Funding will allow continued work on developing operating procedures, case referral and review processes, and training for referral sources that is needed to operationalize the four multi-disciplinary teams that include Elder Death Review, Hoarding, Financial Exploitation, and a General Vulnerable Adult Abuse team. Outcomes include identification of gaps in services and systems that impede investigations, and the support that vulnerable adults need. The amount of this grant is \$70,971.00.

### TIME FRAME OF ACTION:

Contract is effective and in full force as of October 1, 2017 through September 30, 2018

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

Michigan Department of Health and Human Services, Aging and Adult Services Agency

**PERSONNEL IF REQUIRED:**

N/A

**NEW OR RENEWAL:**

Renewal

**ANY OTHER PERTINENT INFORMATION:**

The Michigan Department of Health and Human Services requires all participants in this grant to utilize the web-based E-Grams system for documentation and reporting, including electronic signature of the grant contract. Therefore this grant was electronically signed off by the HCS Financial Systems Supervisor in the absence of an HCS Financial Director.

**PROCUREMENT INFORMATION:**

N/A

**CONTACT PERSON:**

<u>NAME</u>	<u>TITLE</u>	<u>PHONE NUMBER</u>
Lisa Henthorn	Deputy County Administrator of External Services	384-8111



# KALAMAZOO COUNTY GOVERNMENT

In the Pursuit of Extraordinary Governance...

## BOARD AGENDA REQUEST FORM

**PROPOSED FOR BOARD MEETING OF:** December 5, 2017  
**DEPARTMENT:** Health & Community Services  
**PREPARED BY:** James A. Rutherford, MPA  
**SUBJECT:** Request for Approval and Signature for purchase of Electronic Health Record (EHR) System from Patagonia Health, Inc.

### SPECIFIC ACTION REQUESTED:

HCS Administration requests Board approval and signature of a five (5) year sales agreement for an EHR software system from Patagonia Health, Inc.

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

The Patagonia Health EHR will replace the current EHR system, Insight, which is facing Microsoft support cancellation of the Insight SQL database server version 2008 in July 2019. The Patagonia Health EHR will serve medical records and billing needs for STD, Immunization, Tuberculosis, Hearing and Vision, BCCCNP (Breast and Cervical Cancer Control Program Navigation Program) and CSHCS (Children's Special Health Care Services) clients. The EHR replacement must be purchased and fully operational before July 2019. The Patagonia Health EHR will serve all county units and clients that are being served by the current Insight EHR.

The total cost of the sales agreement with Patagonia Health, Inc. is \$295,775 and includes: (1) \$144,000 for Year One costs and (2) \$151,775 for annual maintenance and support for the length of the sales agreement. There will also be ancillary hardware (printers, scanners, signature pads) that will be purchased through Information Systems in the amount to not exceed \$6,000. Total Year One EHR project costs including ancillary hardware costs to not exceed \$150,000.

At the Board meeting of May 16, 2017, the Board approved up to \$150,000 of Technology Reserves to fund the purchase of an EHR software system to replace the current Insight EHR. Further discovery was undertaken and Patagonia Health was selected. Subsequent Patagonia contract years for maintenance

and support in the amount of \$151,775 will be funded through HCS Administration's operating budget, similar in fashion to the current Insight EHR annual maintenance costs.

**TIME FRAME OF ACTION:**

Patagonia Health contract effective date will be the date Board approves of contract and will be in effect for five (5) years.

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

County Technology Reserves in the amount to not exceed \$150,000 for initial software creation, setup, and implementation at HCS. The remaining annual maintenance and support costs in the amount of \$151,775 will be paid through HCS Administration's operating budget, which is funded by County General Fund appropriation.

**PERSONNEL IF REQUIRED:**

N/A

**NEW OR RENEWAL:**

New

**ANY OTHER PERTINENT INFORMATION:**

HCS negotiated reduced payment and discount. This is contingent on Board approval and submission of signed sales agreement to Patagonia Health by December 8, 2017.

EHR project and sales agreement documents have been approved by Information Systems, Finance, Purchasing and County Legal Counsel.

**PROCUREMENT INFORMATION:**

HCS evaluation of EHRs found that Patagonia Health was the only solution that met both feature and County cost parameters. There were three (3) demonstrations of the Patagonia Health EHR that included multiple HCS participants. A total of six (6) Public Health EHR vendors were evaluated by HCS since May, 2016. County Purchasing requirements have been met.

**CONTACT PERSON:**

NAME

TITLE

PHONE  
NUMBER

Lisa Henthorn

Deputy County Administrator of  
External Services

384-8111



# KALAMAZOO COUNTY GOVERNMENT

In the Pursuit of Extraordinary Governance...

## BOARD AGENDA REQUEST FORM

**PROPOSED FOR BOARD MEETING OF:** December 5, 2017

**DEPARTMENT:** Human Resources Department

**PREPARED BY:** Kristine D. Cunningham

**SUBJECT:** Public Employee Health Reform-PA 152 of 2011

**SPECIFIC ACTION REQUESTED:**

Adopt the annual resolution to accept the 80/20 Rule as outlined in Enrolled Senate Bill No. 7, signed into law as PA152 of 2011 for the County's medical benefit plan coverage year January 1, 2018 through December 31, 2018.

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

On September 24, 2011, Governor Rick Snyder signed legislation that limits the amount public employers may pay for government employee medical benefits. This legislation (PA152 of 2011) requires annual resolution adoption.

On October 3, 2017, the Board of Commissioners approved the Active Employee benefits for 2018 which included no change to the 80%/20% option as its choice of compliance under the Act as previously adopted.

This resolution for 2018 is a formal step to finalize this process.

**TIME FRAME OF ACTION:**

January 1, 2018 - December 31, 2018.

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

N/A

**PERSONNEL IF REQUIRED:**

N/A

**NEW OR RENEWAL:**

Renewal

**ANY OTHER PERTINENT INFORMATION:**

N/A

**PROCUREMENT INFORMATION:**

N/A

**CONTACT PERSON:**

NAME

TITLE

PHONE  
NUMBER

Kristine D. Cunningham

Human Resources Director

384-8100



# KALAMAZOO COUNTY GOVERNMENT

In the Pursuit of Extraordinary Governance...

## BOARD AGENDA REQUEST FORM

**PROPOSED FOR BOARD MEETING OF:** 12/5/2017

**DEPARTMENT:** Sheriff's Office

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

**SUBJECT:** Approve the 2018 Police Protection Contracts for four (3) community townships

**SPECIFIC ACTION REQUESTED:**

Approve the 2018 Police Protections Contracts for four (3) community townships

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

Contractual Period (all 3 townships) *January 1, 2018-December 31, 2018*

Comstock Township contractual amount: \$501,608.00

Ross Township contractual amount: \$125,402.00

Texas Township \$250,804.00

**TIME FRAME OF ACTION:**

Immediate

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

Local

**NEW OR RENEWAL:**

Renewal

**ANY OTHER PERTINENT INFORMATION:**

Comstock Township contract will provide four (4) Deputies for police contractual services.

Ross Township contract will provide one (1) full-time patrol officer.  
Texas Township contract will provide two (2) full-time patrol officers.

**PROCUREMENT INFORMATION:**

N/A

**CONTACT PERSON:**

<u>NAME</u>	<u>TITLE</u>	<u>PHONE NUMBER</u>
Terra Mickolatcher	Financial Administrator	383-8763



# KALAMAZOO COUNTY GOVERNMENT

In the Pursuit of Extraordinary Governance...

## BOARD AGENDA REQUEST FORM

**PROPOSED FOR BOARD MEETING OF:** 12/5/2017

**DEPARTMENT:** Sheriff's Office

**PREPARED BY:** Jim VanDyken, Undersheriff

**SUBJECT:** Approve the grant submission to the State of Michigan for medical marijuana oversight

**SPECIFIC ACTION REQUESTED:**

Approve submission of a grant request to the Michigan Dept. of Licensing and Regulatory Affairs

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

Grant is for \$60,615.00 to pay for medical marijuana operations and oversight activity in pursuant to the Public Act 107 of 2017 section 902. The allocation of funds are determined by the State, based on the number of registry identification cards (issued to or renewed for the resident) of each County.

**TIME FRAME OF ACTION:**

Immediate

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

State of Michigan

**NEW OR RENEWAL:**

New

**ANY OTHER PERTINENT INFORMATION:**

The Michigan Legislature provided \$3 million dollars in oversight funds for the Medical Marijuana program. The funds are available to police agencies. With the funding, the office would like to purchase a MILO Range Advanced System (est. cost \$58,215.00), enhancing training to KCSO officers and other community members.

**PROCUREMENT INFORMATION:**

**CONTACT PERSON:**

<u>NAME</u>	<u>TITLE</u>	<u>PHONE NUMBER</u>
Jim VanDyken	Undersheriff	385-6176



# KALAMAZOO COUNTY GOVERNMENT

In the Pursuit of Extraordinary Governance...

## BOARD AGENDA REQUEST FORM

**PROPOSED FOR BOARD MEETING OF:** December 5, 2017  
**DEPARTMENT:** Treasurer  
**PREPARED BY:** Mary Balkema  
**SUBJECT:** Sale of a 50 Foot out lot in Crescent Beach  
Subdivision parcel number 14-17-201-285

**SPECIFIC ACTION REQUESTED:**

Approve the sale of parcel 14-17-201-285 for \$5,000 to the adjoining neighbor.

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

This parcel has been in the name of Kalamazoo County since 1982 and has been off the tax rolls. It is a 50 foot non buildable lot. On October 30<sup>th</sup>, I received notice that this parcel was part of a special assessment district and the amount assessed against our non-improved parcel was \$1,187. Upon receiving the notice, I called Ross Township and made contact with County Administration. Administration stated the County had no use for the parcel and that I could negotiate the sale.

**TIME FRAME OF ACTION:**

ASAP upon board approval

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

If approved, the funds would be deposited in CIP.

**PERSONNEL IF REQUIRED:**

n/a

**NEW OR RENEWAL:**

New

**ANY OTHER PERTINENT INFORMATION:**

**PROCUREMENT INFORMATION:**

**CONTACT PERSON:**

<u>NAME</u>	<u>TITLE</u>	<u>PHONE NUMBER</u>
Mary Balkema	Treasurer	384-8134

RECEIVED

OCT 30 2017

NOTICE OF ASSESSMENT AND RIGHT TO APPEAL

Kalamazoo County Treas.

TO: Each Owner of and Party in Interest in Property within the ROSS TOWNSHIP ROAD IMPROVEMENTS SPECIAL ASSESSMENT DISTRICT NO. 1.

On October 26, 2017, the Township Board of the Township of Ross confirmed the special assessment roll with respect to the above referenced special assessment district. Pursuant to the special assessment roll, the amount assessed against your non-improved parcel is \$1,187. If you have more than one non-improved parcel, each non-improved parcel is separately assessed the same amount.

The assessment shall be divided into fifteen annual installments. The first installment shall be billed on the 2017 winter tax statement and will be due on or before February 14, 2018 and the subsequent installments due on each succeeding winter tax statement due date. If the assessment is paid in full to the Township Treasurer prior to December 1, 2017 then no interest will be due. Beginning December 1, 2017 interest will accrue on the assessment and future installments may be paid to the Township Treasurer at any time in full, with interest accrued through the month in which the final installment is paid.

The owner of or any person having an interest in the real property described in this notice may file a written appeal of the special assessment with the Michigan Tax Tribunal on or before November 27, 2017, if that special assessment was protested at the public hearing held by the Township Board for the purpose of confirming the roll.

Norm Kellogg, Clerk  
Ross Township  
12086 M-89  
Richland, Michigan 49083  
269-731-4888

Michigan Tax Tribunal  
P.O. Box 30232  
Lansing, MI 48909

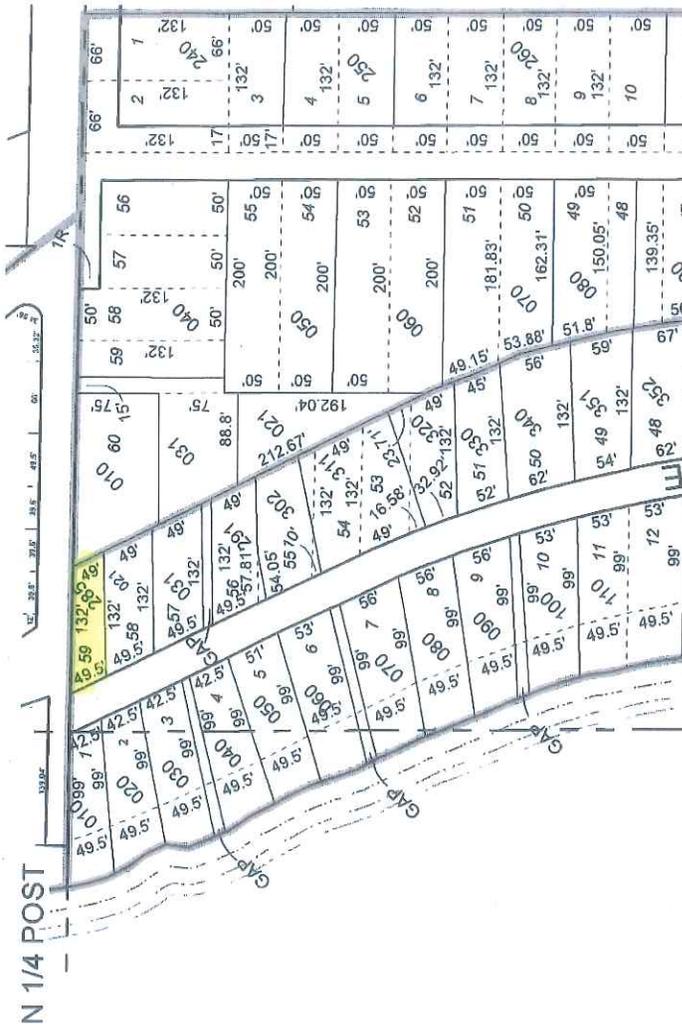
50 ft  
Lot 59  
non buildable lot

0417201021 lot # 59  
Anthony - Val Bartolini  
1386

RECEIVED

OCT 30 2017

Kalamazoo County Treas.





# KALAMAZOO COUNTY GOVERNMENT

In the Pursuit of Extraordinary Governance...

## Board of Commissioner Meeting Dates for 2018 1<sup>st</sup> and 3<sup>rd</sup> Tuesdays

January 9	July 3
January 16	July 17
February 6	August 8 <b>(Wednesday)</b>
February 10 <b>(Saturday Retreat)</b>	
February 20	August 21
March 6	September 4
March 20	September 18
April 3	October 2
April 17	October 16
May 1	November 7 <b>(Wednesday)</b>
May 15	November 20
June 5	December 4
June 19	December 18