



County of Ottawa

Board of Commissioners

Philip D. Kuyers
Chairperson

James C. Holtrop
Vice-Chairperson

12220 Fillmore Street, Room 310, West Olive, Michigan 49460

West Olive (616) 738-4898

Fax (616) 738-4888

Grand Haven (616) 846-8295

Grand Rapids (616) 662-3100

Website: www.miOttawa.org

August 20, 2010

To All Ottawa County Commissioners:

The Ottawa County Board of Commissioners will meet on **Tuesday, August 24, 2010 at 1:30 p.m.**, for the regular **August** meeting of the Board at the Ottawa County Fillmore Street Complex in West Olive, Michigan.

The Agenda is as follows:

1. Call to Order by the Chairperson
2. Invocation – Commissioner Kortman
3. Pledge of Allegiance to the Flag
4. Roll Call
5. Presentation of Petitions and Communications
6. Public Comments and Communications from County Staff
7. Approval of Agenda
8. Actions and Reports

A. Consent Resolutions:

From the County Clerk

1. Board of Commissioners Meeting Minutes
Suggested Motion:
To approve the Minutes of the August 10, 2010 Board of Commissioners Meeting and the August 10, 2010 Board of Commissioners Work Session.
2. Payroll
Suggested Motion:
To authorize the payroll of August 24, 2010 in the amount of \$_____.

Joyce E. Kortman Dennis W. Swartout Jane M. Ruiter Matthew M. Hehl Roger G. Rycenga
Gordon D. Schrottenboer Robert W. Karsten James H. Holtvluwer Donald G. Disselkoen

From the Finance and Administration Committee

3. Monthly Accounts Payable for August 1, 2010 through August 13, 2010
Suggested Motion:
To approve the general claims in the amount of \$4,840,020.23 as presented by the summary report for August 1, 2010 through August 13, 2010.
4. Monthly Budget Adjustments
Suggested Motion:
To approve the appropriation changes greater than \$50,000 and those approved by the Administrator and Fiscal Services Director for \$50,000 or less which changed the total appropriation from the amended budget for the month of July, 2010.

From Administration

5. Ottawa County Community Mental Health 2009 Annual Report
Suggested Motion:
To receive for information the Ottawa County Community Mental Health 2009 Annual Report.

B. Action Items:

From Administration

6. WEMET Advance Funding Agreement
Suggested Motion:
To approve and authorize the Board Chair and Clerk to sign the WEMET Advance Funding Agreement between and among Ottawa County, Muskegon County and Allegan County.

From the Planning and Policy Committee

7. First Amendment to Lease for Suite 200, 115-119 Clover Commons, Holland, MI (Michigan Works!, etc.)
Suggested Motion:
To approve and authorize the Board Chair and Clerk to sign the first amendment to the Lease between Huntington National Bank and the County of Ottawa for Suite 200, 115-119 Clover Commons, Holland, MI (Michigan Works, etc.) for a two (2) year term, at an annual cost of \$39,987.50.
8. Second Amendment to Lease for 119 Clover Avenue, 115-119 Clover Commons, Holland, MI (Michigan Works!, etc.)
Suggested Motion:
To approve and authorize the Board Chair and Clerk to sign the second amendment to the Lease between Huntington National Bank and the County of Ottawa for 119 Clover Avenue, consisting of 22,900 square feet in Clover Commons, Holland, MI (Michigan Works, etc.) for a five (5) year term, at an annual cost of \$127,490.39.
9. Landscaping Improvement – Fifth and Franklin Street in Grand Haven
Suggested Motion:
To approve the plan to landscape the corner of 5th and Franklin Streets in Grand Haven across for the new Ottawa County Courthouse and to assign the project to the Ottawa County Building Authority.
10. Triick Farm Resolution
Suggested Motion:

To approve and authorize the Board Chair and Clerk to sign the resolution asking the Department of Natural Resources to review the proposed Pathway Park across the Trick Farm property, and for other relief.

From the Finance and Administration Committee

11. Government Finance Officers Association Distinguished Budget Presentation Award
Suggested Motion:
To receive the Government Finance Officers Association's Distinguished Budget Presentation Award for the fiscal year beginning January 1, 2010.

12. Officer and Employee Delegate for MERS Annual Meeting
Suggested Motion:
To approve the nomination of Robert Spaman as Officer Delegate, Marie Waalkes as Alternate Officer Delegate, Erin Rotman as Employee Delegate, and Robert Melamed as Alternate Employee Delegate to the MERS 64th Annual Meeting to be held September 15-17, 2010 in Kalamazoo, Michigan.

13. Purchase of MERS (Michigan Municipal Employees Retirement System) Generic Service Credits for Nora Jean Butcher
Suggested Motion:
To approve the purchase of three (3) years of MERS generic service credit for \$29,243 (total cost to be paid by employee, Nora Jean Butcher).

Total Cost: \$29,243
Employer Cost: \$0
Employee Cost: \$29,243

14. Purchase of MERS (Michigan Municipal Employees Retirement System) Generic Service Credits for Steven M. Burgess
Suggested Motion:
To approve the purchase of two (2) years of MERS generic service credit for \$38,213 (total cost to be paid by employee, Steven M. Burgess).

Total Cost: \$38,213
Employer Cost: \$0
Employee Cost: \$38,213

15. Resolution Establishing Fee to Perform Marriage Ceremony
Suggested Motion:
To approve and authorize the Board Chair and Clerk to sign the resolution establishing a \$10.00 fee for the Ottawa County Clerk to perform a marriage ceremony.

16. Community Mental Health Personnel Request for Mental Health Nurse
Suggested Motion:
To approve the request from Community Mental Health to create one (1) full-time Mental Health Nurse at a cost of \$67,169.

17. Community Mental Health Personnel Request for Mental Health Nurse - Children's Services
Suggested Motion:
To approve the request from Community Mental Health to increase a .5 FTE Mental Health Nurse to one (1) full-time Mental Health Nurse at a cost of \$33,315.

18. Community Mental Health Personnel Request for Mental Health Program Coordinator
Suggested Motion:
To approve the request from Community Mental Health to create one (1) full-time Mental Health Program Coordinator at a cost of \$92,507.
19. Community Mental Health Personnel Request for Mental Health Clinician
Suggested Motion:
To approve the request from Community Mental Health to eliminate one (1) full-time Mental Health Specialist (Group T/paygrade 12) and to create one (1) full-time Mental Health Clinician at a cost of \$71,066.
20. Community Mental Health Personnel Request for Parent Peer Specialist
Suggested Motion:
To approve the request from Community Mental Health to create one (1) full-time Parent Peer Specialist at a cost of \$47,240.
21. Community Mental Health Personnel Request for Peer Specialist - ACT/IDDT
Suggested Motion:
To approve the request from Community Mental Health to create one (1) full-time Peer Specialist - ACT/IDDT at a cost of \$47,240.

C. Appointments: None

D. Discussion Items:

From Administration

22. Ottawa County Community Mental Health 2009 Annual Report
(Presented by: Dr. Michael Brashears, Mental Health Director)
9. Report of the County Administrator
10. General Information, Comments, and Meetings Attended
11. Public Comments
12. Adjournment

**PROPOSED
PROCEEDINGS OF THE OTTAWA COUNTY
BOARD OF COMMISSIONERS
AUGUST SESSION – FIRST DAY**

The Ottawa County Board of Commissioners met on Tuesday, August 10, 2010, at 1:30 p.m. and was called to order by the Chair.

Mr. Disselkoen pronounced the invocation.

The Clerk led in the Pledge of Allegiance to the Flag.

Present at roll call: Mrs. Kortman, Messrs. Kuyers, Swartout, Mrs. Ruiter, Messrs. Hehl, Rycenga, Schrotenboer, Disselkoen, Karsten, Holtrop, Holtvluwer. (11)

B/C 10-184 Mr. Holtvluwer moved to approve the agenda of today as presented. The motion passed.

B/C 10-185 Mr. Holtrop moved to approve the following Consent Resolutions:

1. To approve the Minutes of the July 27, 2010, Board of Commissioners Meeting.
2. To authorize the payroll of August 10, 2010, in the amount of \$578.00.
3. To receive for information the Correspondence Log.
4. To approve the general claims in the amount of \$3,451,092.32 as presented by the summary report for July 19, 2010, through July 31, 2010.

The motion passed as shown by the following votes: Yeas: Messrs. Hehl, Rycenga, Schrotenboer, Disselkoen, Holtvluwer, Mrs. Kortman, Messrs. Holtrop, Swartout, Karsten, Mrs. Ruiter, Mr. Kuyers. (11)

The Administrator's report was presented.

B/C 10-186 Mr. Hehl moved to adjourn at 1:34 p.m. subject to the call of the Chair. The motion passed.

DANIEL C. KRUEGER, Clerk
Of the Board of Commissioners

PHILIP KUYERS, Chairman
Of the Board of Commissioners

**PROPOSED
PROCEEDINGS OF THE OTTAWA COUNTY
BOARD OF COMMISSIONERS
AUGUST SESSION – WORK SESSION**

The Ottawa County Board of Commissioners met on Tuesday, August 10, 2010, at 1:35 p.m. and was called to order by the Chair.

Present at roll call: Mrs. Kortman, Messrs. Kuyers, Swartout, Mrs. Ruiter, Messrs. Hehl, Rycenga, Schrottenboer, Disselkoen, Karsten, Holtrop, Holtvluwer. (11)

Work Session Items:

- A. Budget Update – Robert Spaman, Fiscal Services Director, presented an analysis of the 2010 budget as adopted. The revised estimated general fund revenue over expenditures is \$88,639. He's estimating for 2011 a \$3.7 million deficit instead of the \$5.4 million which was originally thought. He reviewed the options for balancing the 2011 budget stating all options are still on the table.

The Administrator will be meeting with the House Fiscal Director and also reported the health options are expected back August 18th from Gallapher Benefit Services, Inc.,

Michael Galligan, Equalization Director, gave a brief update on assessed values.

Administration is keeping a close track on revenue coming from the State level. There was some discussion on the DC plan for new hires and when should the process start.

Budget discussion will be forwarded to the Finance and Administration Committee and then to a Board Work Session.

Public Comments:

Commissioner Holtrop presented a Resolution to Tom Vrugink, Hudsonville Girls Softball Coach, for winning the State Championship title game in Division 1.

B/C 10-187 Mr. Hehl moved to adjourn at 2:13 p.m. subject to the call of the Chair. The motion passed.

DANIEL C. KRUEGER, Clerk
Of the Board of Commissioners

PHILIP KUYERS, Chairman
Of the Board of Commissioners

Action Request



Committee: Board of Commissioners

Meeting Date: 8/24/2010

Requesting Department: County Clerk

Submitted By: Bob Spaman

Agenda Item: Payroll

SUGGESTED MOTION:

To authorize the payroll of August 24, 2010 in the amount of \$_____.

SUMMARY OF REQUEST:

To pay the current payroll of the members of the Ottawa County Board of Commissioners. Pursuant to MCL 46.11, the Board of Commissioners is authorized to provide for and manage the ongoing business affairs of the County.

FINANCIAL INFORMATION:

Total Cost: _____ County Cost: _____ Included in Budget: Yes No

If not included in budget, recommended funding source:

ACTION IS RELATED TO AN ACTIVITY WHICH IS:

Mandated Non-Mandated New Activity

ACTION IS RELATED TO STRATEGIC PLAN:

Goal: #1-4

Objective:

ADMINISTRATION RECOMMENDATION: Recommended Not Recommended

County Administrator: **Alan G. Vanderberg**

Digitally signed by Alan G. Vanderberg
DN: cn=Alan G. Vanderberg, c=US, o=County of Ottawa, ou=Administrator's Office, email=avanderberg@ciottawa.org
Reason: I am approving this document
Date: 2010.08.05 10:13:15 -0400

Committee/Governing/Advisory Board Approval Date:

Action Request



Committee: Board of Commissioners

Meeting Date: 8/24/2010

Requesting Department: Fiscal Services

Submitted By: Bob Spaman

Agenda Item: Monthly Accounts Payable for August 1, 2010 through August 13, 2010

SUGGESTED MOTION:

To approve the general claims in the amount of \$4,840,020.23 as presented by the summary report for August 1, 2010 through August 13, 2010.

SUMMARY OF REQUEST:

Approve vendor payments in accordance with the Ottawa County Purchasing Policy.

FINANCIAL INFORMATION:

Total Cost: \$4,840,020.23 | County Cost: \$4,840,020.23 | Included in Budget: Yes | No

If not included in budget, recommended funding source:

ACTION IS RELATED TO AN ACTIVITY WHICH IS:

Mandated | Non-Mandated | New Activity

ACTION IS RELATED TO STRATEGIC PLAN:

Goal: # 1

Objective: #1-6

ADMINISTRATION RECOMMENDATION:

Recommended

Not Recommended

County Administrator:

Alan G. Vanderberg

Digitally signed by Alan G. Vanderberg
DN: cn=Alan G. Vanderberg, c=US, ou=County of Ottawa, ou=Administrator's Office, email=avanderberg@miottawa.org
Reason: I am approving this document
Date: 2010.08.16 16:22:52 -0400

Committee/Governing/Advisory Board Approval Date:



County of Ottawa

Fiscal Services Department

Robert Spaman
Director

12220 Fillmore Street, Room 331, West Olive, Michigan 49460

West Olive (616) 738-4849
Fax (616) 738-4098
Grand Haven (616) 846-8295
Grand Rapids (616) 662-3100
e-mail: rspaman@miottawa.org

To: Board of Commissioners

From: Robert Spaman, Fiscal Services Director 

Subject: Accounts Payable Listing – August 1, 2010 to August 13, 2010

Date: August 16, 2010

I have reviewed the Accounts Payable Listing for August 1 through August 13, 2010. The following information will give you the detail of some of the purchases made in specific funds during this period:

Fund 6641 – Equipment Pool Fund

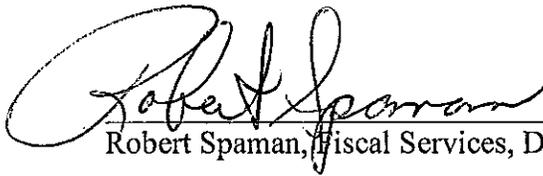
Equipment Lease – IT Department	\$3,156.54
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If you have any additional questions, please feel free to contact me.

Total Checks/Automated Clearing House (ACH) 08/1/2010 through 08/13/2010

I hereby certify that to the best of my knowledge the List of Audit Claims, a summary of which is attached, constitutes all claims received and audited for payment. The List of Claims shows the name of claimant, amount of claim, check number, ACH number, check date and ACH date. The net amount of checks/ACH written during the period was \$4,839,693.51. The amount of claims to be approved totals \$4,840,020.23.

*Adjustments are voided checks or ACH.


Robert Spaman, Fiscal Services, Director

8/16/10
Date

We hereby certify that the Board of Commissioners has approved the claims on this 24th day of August, 2010.

Philip Kuyers, Chairperson
Board of Commissioners

Daniel Krueger, Clerk

ACCOUNTS PAYABLE CHECKS/ACH 08/01/2010 THROUGH 08/13/2010

<u>FUND NUMBER</u>	<u>FUND NAME</u>	<u>CLAIMS TO BE APPROVED</u>	<u>ADJUSTMENTS*</u>	<u>NET CHECK/ACH TOTALS</u>
1010	GENERAL FUND	349,590.75	(313.70)	349,277.05
1500	CEMETERY TRUST	0.00	0.00	0.00
2081	PARKS & RECREATION	74,618.90	0.00	74,618.90
2082	PARK 12	0.00	0.00	0.00
2160	FRIEND OF COURT	1,474.14	0.00	1,474.14
2170	9/30 JUDICIAL GRANTS	191.85	0.00	191.85
2210	HEALTH	33,622.16	0.00	33,622.16
2220	MENTAL HEALTH	807,800.74	(13.02)	807,787.72
2271	SOLID WASTE CLEAN-UP	33,674.56	0.00	33,674.56
2272	LANDFILL TIPPING FEES	1,344.84	0.00	1,344.84
2320	TRANSPORTATION SYSTEM	0.00	0.00	0.00
2420	PLANNING COMMISSION	625.00	0.00	625.00
2444	INFRASTRUCTURE FUND	0.00	0.00	0.00
2450	PUBLIC IMPROVEMENT	0.00	0.00	0.00
2550	HOMESTEAD PROPERTY TAX	0.00	0.00	0.00
2560	REGISTER OF DEEDS AUTOMATION FUND	588.09	0.00	588.09
2590	LIPPERT GRANT	0.00	0.00	0.00
2601	PROSECUTING ATTORNEY GRANTS	0.00	0.00	0.00
2602	WEMET	15,397.24	0.00	15,397.24
2603	WEED AND SEED	0.00	0.00	0.00
2605	COPS-AHEAD-GEORGETOWN	0.00	0.00	0.00
2606	COPS-FAST-GEORGETOWN	0.00	0.00	0.00
2608	COPS-FAST-ALLENDALE	0.00	0.00	0.00
2609	SHERIFF GRANT PROGRAMS	1,584.53	0.00	1,584.53

ACCOUNTS PAYABLE CHECKS/ACH 08/01/2010 THROUGH 08/13/2010

<u>FUND NUMBER</u>	<u>FUND NAME</u>	<u>CLAIMS TO BE APPROVED</u>	<u>ADJUSTMENTS*</u>	<u>NET CHECK/ACH TOTALS</u>
2610	COPS-UNIVERSAL	7,290.96	0.00	7,290.96
2640	EMT HOLLAND-PARK	0.00	0.00	0.00
2650	EMT GEORGETOWN TOWNSHIP	0.00	0.00	0.00
2661	SHERIFF ROAD PATROL	516.53	0.00	516.53
2690	LAW LIBRARY	2,462.83	0.00	2,462.83
2740	WIA-ADMIN. COST POOL	3,383.07	0.00	3,383.07
2741	WIA-YOUTH	26,748.39	0.00	26,748.39
2742	WIA-ADULT	30,661.98	0.00	30,661.98
2743	WIA-6/30 GRANT PROGRAMS	119,135.68	0.00	119,135.68
2744	WIA-12/31 GRANT PROGRAMS	305.56	0.00	305.56
2747	WIA-WORK FIRST YOUTH	0.00	0.00	0.00
2748	WIA-9/30 GRANT PROGRAMS	192,570.86	0.00	192,570.86
2749	WIA-3/31 GRANT PROGRAMS	1,047.77	0.00	1,047.77
2750	GRANT PROGRAMS-PASS THRU	95.87	0.00	95.87
2800	EMERGENCY FEEDING	324.68	0.00	324.68
2810	FEMA	1,263.83	0.00	1,263.83
2850	COMMUNITY CORRECTIONS PROG. GRANT	3,509.40	0.00	3,509.40
2870	COMMUNITY ACTION AGENCY (CAA)	35,475.47	0.00	35,475.47
2890	WEATHERIZATION	30,649.85	0.00	30,649.85
2900	DEPT OF HUMAN SERVICES	0.00	0.00	0.00
2901	DEPT OF HUMAN SERVICES	6,191.00	0.00	6,191.00
2920	CHILD CARE - PROBATE	83,037.15	0.00	83,037.15
2921	CHILD CARE - SOCIAL SERVICES	0.00	0.00	0.00
2930	SOLDIER & SAILORS RELIEF	4,615.24	0.00	4,615.24

ACCOUNTS PAYABLE CHECKS/ACH 08/01/2010 THROUGH 08/13/2010

<u>FUND NUMBER</u>	<u>FUND NAME</u>	<u>CLAIMS TO BE APPROVED</u>	<u>ADJUSTMENTS*</u>	<u>NET CHECK/ACH TOTALS</u>
2940	VETERANS TRUST	0.00	0.00	0.00
2941	VETERANS TRUST	2,594.80	0.00	2,594.80
5160	DELINQUENT TAXES	0.00	0.00	0.00
6360	INFORMATION TECHNOLOGY	30,741.21	0.00	30,741.21
6410	WATER & SEWER REVOLVING	0.00	0.00	0.00
6450	DUPLICATING	157.45	0.00	157.45
6550	TELECOMMUNICATIONS	0.00	0.00	0.00
6641	EQUIPMENT POOL	3,156.54	0.00	3,156.54
6770	PROTECTED SELF-FUNDED INSURANCE	0.00	0.00	0.00
6771	PROTECTED SELF-FUNDED HEALTH INS.	189.42	0.00	189.42
6772	PROTECTED SELF-FUNDED UNEMPL INS.	0.00	0.00	0.00
6775	LONG-TERM DISABILITY INSURANCE	0.00	0.00	0.00
6776	PROTECTED SELF-FUNDED DENTAL INS.	0.00	0.00	0.00
6777	PROTECTED SELF-FUNDED VISION	0.00	0.00	0.00
6782	PROTECTED SELF-FUNDED INS PROG M.H.	0.00	0.00	0.00
7010	AGENCY	2,695,506.46	0.00	2,695,506.46
7040	IMPREST PAYROLL	237,875.43	0.00	237,875.43
7210	LIBRARY PENAL FINE	0.00	0.00	0.00
7300	EMPLOYEE SICK PAY BANK	0.00	0.00	0.00
		<u>\$4,840,020.23</u>	<u>(326.72)</u>	<u>\$4,839,693.51</u>

Action Request



Committee: Board of Commissioners

Meeting Date: 8/24/2010

Requesting Department: Fiscal Services

Submitted By: Bob Spaman

Agenda Item: Monthly Budget Adjustments

SUGGESTED MOTION:

To approve the appropriation changes greater than \$50,000 and those approved by the Administrator and Fiscal Services Director for \$50,000 or less which changed the total appropriation from the amended budget for the month of July, 2010.

SUMMARY OF REQUEST:

Approve budget adjustments processed during the month for appropriation changes and line item adjustments.

Mandated action required by PA 621 of 1978, the Uniform Budget and Accounting Act.

Compliance with the Ottawa County Operating Budget Policy.

FINANCIAL INFORMATION:

Total Cost: _____ County Cost: _____ Included in Budget: Yes No

If not included in budget, recommended funding source: _____

ACTION IS RELATED TO AN ACTIVITY WHICH IS:

Mandated Non-Mandated New Activity

ACTION IS RELATED TO STRATEGIC PLAN:

Goal: #1

Objective: #1-6

ADMINISTRATION RECOMMENDATION:

Recommended

Not Recommended

County Administrator:

Alan G. Vanderberg

Digitally signed by Alan G. Vanderberg
DN: cn=Alan G. Vanderberg, c=US, o=County of Ottawa, ou=Administrator's Office, email=avanderberg@miottawa.org
Reason: I am approving this document
Date: 2010.08.13 10:19:40 -0400

Committee/Governing/Advisory Board Approval Date: Finance and Administration Committee Meeting
8/24/2010

Adjustment Number	G/L Date	Fund	Dept	Sub DEPT	Account Number	Account Name	Adjustment Amount
<u>RECVD MORE DONATIONS</u>							
BA 355	7/21/2010	2081	7510		6750.0010	Donations	70,000.00-
<u>RCVD MORE REV THN ANT</u>							
BA 356	7/21/2010	2081	7510		5660.0000	St Of MI - Culture & Rec.	200,000.00-
BA 356	7/21/2010	2081	7510		6670.0010	Rent - Concessions	152.00-
BA 356	7/21/2010	2081	7510		9400.0000	Equipment Rental	5,000.00
<u>ADJ BDGT DUE TO STATE</u>							
BA 357	7/21/2010	2748	7431	0038	5610.0000	State Of Mich - Welfare	68,372.00
BA 357	7/21/2010	2748	7433	0038	8080.0000	Service Contracts	8,933.00-
BA 357	7/21/2010	2748	7433	0039	8080.0000	Service Contracts	15,112.00-
BA 357	7/21/2010	2748	7433	0041	8080.0000	Service Contracts	15,514.00-
BA 357	7/21/2010	2748	7433	0041	9390.0060	Building Rental-Homeless	2,701.00-
BA 357	7/21/2010	2748	7433	0042	8080.0000	Service Contracts	26,112.00-
<u>FED GRNT NOT EXP CMPL</u>							
BA 358	7/21/2010	2750	2930		5050.0000	Fed. Grants-Public Safety	522,800.00
BA 358	7/21/2010	2750	2930		8080.0000	Service Contracts	200,000.00-
BA 358	7/21/2010	2750	2930		9800.0000	Office Furniture & Equip.	322,800.00-
<u>INC DUE TO PROJ ALTRN</u>							
BA 359	7/21/2010	2081	7510		9740.0110	Eastmville Bayou Acc Impr	82,960.00
<u>ESTABLISH PSIC GRANT</u>							
BA 360	7/21/2010	2750	4260		5050.0000	Fed. Grants-Public Safety	168,071.00-
BA 360	7/21/2010	2750	4260		8080.0000	Service Contracts	168,071.00
<u>INC IN UNEMPLYMT CLM</u>							
BA 361	7/21/2010	6772	8700		9110.0000	Claims	151,043.00
<u>EST 2009 PRT SEC GRNT</u>							
BA 393	7/21/2010	2609	3093	0006	5050.0000	Fed. Grants-Public Safety	201,797.00-
BA 393	7/21/2010	2609	3093	0006	7390.0000	Operational Supplies	42,147.00
BA 393	7/21/2010	2609	3093	0006	9800.0000	Office Furniture & Equip.	159,650.00

County of Ottawa
Fiscal Services Department
Changes to Total Appropriations and Adjustments
Budget Adjustments From Date: 7/01/2010 Thru 7/31/2010

Adjustment Number	G/L Date	Fund	Dept	Sub DEPT	Account Number	Account Name	Adjustment Amount
EST 2010 PRT SEC GRNT							
EST 2010 PRT SEC GRNT							
BA 406	7/21/2010	2609	3094	0006	5050.0000	Fed. Grants-Public Safety	229,373.00-
BA 406	7/21/2010	2609	3094	0006	7390.0000	Operational Supplies	9,673.00
BA 406	7/21/2010	2609	3094	0006	9800.0000	Office Furniture & Equip.	219,700.00
TO_CVR_INC ADMIN_RATE							
BA 407	7/21/2010	2920	6621		8270.0021	Priv Agency Other Payment	1,000.00
BA 407	7/21/2010	2920	6621		8270.0022	Priv Agency-Abused/Neg FC	160,000.00
BA 407	7/21/2010	2920	6621		8280.0010	Private Institutional Cst	161,000.00-
EST_CMT_GRNT_THRU_SJI							
BA 410	7/13/2010	1010	1373		5410.0040	State of MI - Judicial	30,000.00-
BA 410	7/13/2010	1010	1373		7280.0000	Printing & Binding	300.00
BA 410	7/13/2010	1010	1373		7390.0000	Operational Supplies	1,200.00
BA 410	7/13/2010	1010	1373		8080.0000	Service Contracts	25,000.00
BA 410	7/13/2010	1010	1373		8600.0000	Travel - Mileage	1,800.00
BA 410	7/13/2010	1010	1373		8610.0000	Conferences & Othr Travel	4,700.00
CVR_OVRG_IN_JURY_FEES							
BA 411	7/13/2010	1010	1480		8030.0020	Juror Fees	38.00
BA 411	7/13/2010	1010	1480		8030.0021	Juror Fees - State Reimb.	25.00-
OTT_BCH_BIKE_PATH_REP							
BA 417	7/13/2010	2081	7510		6710.0000	Other Revenue	5,100.00-
BA 417	7/13/2010	2081	7510		9740.0000	Land Improvements	10,200.00
FPC_2ND_QTR_CONTRIBUT							
BA 418	7/13/2010	2170	1371		6750.0010	Donations	1,375.00-
BA 418	7/13/2010	2170	1371		7390.0000	Operational Supplies	1,375.00
RELCT_RV & EXP_CY_PRJ							
BA 420	7/13/2010	2220	6491	1347	6070.0270	Chgs/Serv-Mental Health	27,000.00-
BA 420	7/13/2010	2220	6491	1347	8270.0000	Client Care	27,000.00
BA 420	7/13/2010	2220	6491	1349	6710.0000	Other Revenue	2,100.00-
BA 420	7/13/2010	2220	6491	1349	7390.0000	Operational Supplies	2,100.00
BA 420	7/13/2010	2220	6491	5400	6070.0040	Seminar/Employee Training	60.00-
BA 420	7/13/2010	2220	6491	5400	8600.0000	Travel - Mileage	7.00

Adjustment Number	G/L Date	Fund	Dept	Sub Dept	Account Number	Account Name	Adjustment Amount
<u>RELCT RV & EXP CY PRJ</u>							
BA 420	7/13/2010	2220	6491	5401	7090.0000	Overtime	709.00
BA 420	7/13/2010	2220	6491	5401	8500.0000	Travel - Mileage	24.00
BA 420	7/13/2010	2220	6493	3240	6070.0270	Chgs/Serv-Mental Health	348.00-
BA 420	7/13/2010	2220	6493	3240	6750.0030	United Fund Donations	47.00-
BA 420	7/13/2010	2220	6493	3254	6070.0270	Chgs/Serv-Mental Health	3,000.00-
BA 420	7/13/2010	2220	6493	3348	8270.0000	Client Care	2,463.00
BA 420	7/13/2010	2220	6494	5800	7240.0000	Disability Insurance	2.00
BA 420	7/13/2010	2220	6495	5023	8680.0000	Vehicle Insurance	250.00
<u>TO INC NEG BY ST AJLC</u>							
BA 427	7/21/2010	2748	7431	0031	5610.0000	State Of Mich - Welfare	416,191.00-
BA 427	7/21/2010	2748	7432	0031	8080.0000	Service Contracts	56,186.00
BA 427	7/21/2010	2748	7433	0031	8440.0040	Other Training	318,386.00
BA 427	7/21/2010	2748	7433	0031	9390.0000	Building Rental	41,619.00
<u>PAY CMH AUDIT FINDNGS</u>							
BA 428	7/21/2010	1010	2010		6999.3900	Rev. (Over)Under Expend.	159,070.00-
BA 428	7/21/2010	1010	9650		9990.2220	Mental Health	159,070.00
<u>ADJ FOR HIGHER INSURA</u>							
BA 429	7/19/2010	1010	1310		9100.0000	Insurance & Bonds	415.00-
BA 429	7/19/2010	1010	1360		6010.0000	Court Filing Fees	26,155.00-
BA 429	7/19/2010	1010	1360		9100.0000	Insurance & Bonds	2,963.00-
BA 429	7/19/2010	1010	1480		9100.0000	Insurance & Bonds	98.00-
BA 429	7/19/2010	1010	1490		9100.0000	Insurance & Bonds	783.00-
BA 429	7/19/2010	1010	2290		8680.0000	Vehicle Insurance	113.00-
BA 429	7/19/2010	1010	2290		9100.0000	Insurance & Bonds	1,510.00-
BA 429	7/19/2010	1010	2291		8680.0000	Vehicle Insurance	113.00-
BA 429	7/19/2010	1010	2651		9100.0000	Insurance & Bonds	589.00-
BA 429	7/19/2010	1010	2651		9100.0000	Vehicle Insurance	71.00-
BA 429	7/19/2010	1010	2652		9100.0000	Insurance & Bonds	369.00-
BA 429	7/19/2010	1010	2652		9100.0000	Insurance & Bonds	147.00-
BA 429	7/19/2010	1010	2653		9100.0000	Insurance & Bonds	228.00-
BA 429	7/19/2010	1010	2654		8680.0000	Vehicle Insurance	10,267.00-
BA 429	7/19/2010	1010	2654		9100.0000	Insurance & Bonds	20,000.00-
BA 429	7/19/2010	1010	2654		9200.0000	Utilities	71.00-
BA 429	7/19/2010	1010	2655		8680.0000	Vehicle Insurance	504.00-
BA 429	7/19/2010	1010	2655		9100.0000	Insurance & Bonds	71.00-
BA 429	7/19/2010	1010	2656		8680.0000	Vehicle Insurance	91.00-
BA 429	7/19/2010	1010	2658		9100.0000	Insurance & Bonds	71.00-
BA 429	7/19/2010	1010	2659		8680.0000	Vehicle Insurance	

Adjustment Number	G/L Date	Fund	Dept	Sub Dept	Account Number	Account Name	Adjustment Amount
<u>ADJ FOR HIGHER INSURA</u>							
BA 429	7/19/2010	1010	2659		9100.0000	Insurance & Bonds	232.00-
BA 429	7/19/2010	1010	2660		9100.0000	Insurance & Bonds	68.00-
BA 429	7/19/2010	1010	2665		8680.0000	Vehicle Insurance	113.00-
BA 429	7/19/2010	1010	2665		9100.0000	Insurance & Bonds	2,819.00-
BA 429	7/19/2010	1010	2667		8680.0000	Vehicle Insurance	2,451.00-
BA 429	7/19/2010	1010	2667		9100.0000	Insurance & Bonds	2,158.00-
BA 429	7/19/2010	1010	2668		8680.0000	Vehicle Insurance	71.00-
BA 429	7/19/2010	1010	2668		9100.0000	Insurance & Bonds	855.00-
BA 429	7/19/2010	1010	2750		8680.0000	Vehicle Insurance	449.00-
BA 429	7/19/2010	1010	3020		8680.0000	Vehicle Insurance	7,616.00-
BA 429	7/19/2010	1010	3020		9100.0000	Insurance & Bonds	42,641.00
BA 429	7/19/2010	1010	3100		9100.0000	Insurance & Bonds	3,563.00
BA 429	7/19/2010	1010	3113		8680.0000	Vehicle Insurance	127.00-
BA 429	7/19/2010	1010	3113		9100.0000	Insurance & Bonds	577.00
BA 429	7/19/2010	1010	3119		8680.0000	Vehicle Insurance	372.00-
BA 429	7/19/2010	1010	3120		9100.0000	Insurance & Bonds	2,982.00
BA 429	7/19/2010	1010	3120		8680.0000	Vehicle Insurance	495.00-
BA 429	7/19/2010	1010	3170		9100.0000	Insurance & Bonds	3,563.00
BA 429	7/19/2010	1010	3310		8680.0000	Vehicle Insurance	577.00
BA 429	7/19/2010	1010	3310		9100.0000	Insurance & Bonds	59.00
BA 429	7/19/2010	1010	3510		8680.0000	Vehicle Insurance	438.00
BA 429	7/19/2010	1010	4260		9100.0000	Insurance & Bonds	2,548.00-
BA 429	7/19/2010	1010	4260		8680.0000	Vehicle Insurance	42,880.00-
BA 429	7/19/2010	1010	4263		9100.0000	Insurance & Bonds	113.00-
BA 429	7/19/2010	1010	4263		8680.0000	Vehicle Insurance	27.00-
BA 429	7/19/2010	1010	4300		9100.0000	Insurance & Bonds	340.00-
BA 429	7/19/2010	1010	4300		8680.0000	Vehicle Insurance	23.00-
BA 429	7/19/2010	1010	6039		9100.0000	Insurance & Bonds	340.00-
BA 429	7/19/2010	1010	6039		7390.0000	Operational Supplies	1,797.00
BA 429	7/19/2010	1010	8650		9100.0000	Insurance & Bonds	49,000.00-
<u>CORRECT BA 365</u>							
BA 432	7/26/2010	1010	1910		9400.0000	Equipment Rental	6,900.00
BA 432	7/26/2010	1010	1910		9770.0000	Equipment	7,314.00-
BA 432	7/26/2010	1010	2010		6999.3900	Rev. (Over)Under Expend.	414.00
<u>CAP LEASE BS&A SFTWR</u>							
BA 441	7/19/2010	2550	2530		6950.0000	Other Financing Sources	35,995.00-
BA 441	7/19/2010	2550	2530		9770.0020	Software	35,995.00
BA 441	7/19/2010	2550	2530		9910.0000	Principal Payments	398.00

Adjustment Number	G/L Date	Fund	Dept	Sub DEPT	Account Number	Account Name	Adjustment Amount
<u>CAP LEASE BS&A SFTWR</u>							
<u>RCPT PRNTR ESCROW PAY</u>							
BA 442	7/19/2010	2560	2360		6080.0000	Departmental Services	250.00-
BA 442	7/19/2010	2560	2360		7390.0000	Operational Supplies	250.00
<u>ADJ BASED ON PRJT/ACT</u>							
BA 448	7/19/2010	2602	3100		6650.0000	Interest On Investments	773.00-
BA 448	7/19/2010	2602	3100		6710.0000	Other Revenue	130,000.00-
BA 448	7/19/2010	2602	3100		7270.0000	Office Supplies	500.00-
BA 448	7/19/2010	2602	3100		7390.0000	Operational Supplies	1,000.00
BA 448	7/19/2010	2602	3100		8030.0090	Audit Fees	100.00
BA 448	7/19/2010	2602	3100		8030.0320	Informant Expense	2,000.00
BA 448	7/19/2010	2602	3100		8080.0000	Service Contracts	1,112.00
BA 448	7/19/2010	2602	3100		8500.0000	Telephone	6,600.00
BA 448	7/19/2010	2602	3100		8600.0000	Travel - Mileage	1,451.00
BA 448	7/19/2010	2602	3100		8620.0000	Other Travel Expenses	1,000.00-
BA 448	7/19/2010	2602	3100		9100.0000	Insurance & Bonds	1,047.00-
BA 448	7/19/2010	2602	3100		9390.0000	Building Rental	4,500.00-
<u>ONLY RECVD \$4,900</u>							
BA 453	7/26/2010	2210	6050		6710.0000	Other Revenue	100.00
BA 453	7/26/2010	2210	6050		7270.0000	Office Supplies	100.00-
<u>REDUCTN AS NEGOTIATED</u>							
BA 456	7/26/2010	2272	5250		8010.0000	Consultants	1,700.00-
BA 456	7/26/2010	2272	5250		8030.0220	Committee Per Diem Fee	3,600.00-
BA 456	7/26/2010	2272	5250		8080.0000	Service Contracts	14,000.00-
<u>MONEY SNT BCK TO STATE</u>							
BA 463	7/26/2010	2870	7294		8430.0000	Client Assistance Pymts	7,000.00-
BA 463	7/26/2010	2870	7295		5610.0000	State Of Mich - Welfare	7,000.00

Action Request



Committee: Board of Commissioners

Meeting Date: 8/24/2010

Requesting Department: Community Mental Health

Submitted By: Keith Van Beek

Agenda Item: Ottawa County Community Mental Health 2009 Annual Report

SUGGESTED MOTION:

To receive for information the Ottawa County Community Mental Health 2009 Annual Report.

SUMMARY OF REQUEST:

In accordance with 2010 Rules of the Ottawa County Board of Commissioners:

Section 4.6 - Annual Reports From Departments of County Government - It is the policy of the board of Commissioners to receive annual, written and oral Reports from all Departments of County government. Written reports shall be in a form approved by the County Administrator and shall, in the ordinary course, be submitted directly to the Board of Commissioners through the County Administrator's Office.

FINANCIAL INFORMATION:

Total Cost: \$0.00 | County Cost: \$0.00 | Included in Budget: Yes | No

If not included in budget, recommended funding source:

ACTION IS RELATED TO AN ACTIVITY WHICH IS:

Mandated | Non-Mandated | New Activity

ACTION IS RELATED TO STRATEGIC PLAN:

Goal: #2

Objective: #4

ADMINISTRATION RECOMMENDATION:

Recommended

Not Recommended

County Administrator: **Alan G. Vanderberg**

Digitally signed by Alan G. Vanderberg
DN: cn=Alan G. Vanderberg, c=US, o=County of Ottawa, ou=Administrator's Office, email=avanderberg@miottawa.org
Reason: I am approving this document
Date: 2010.08.18 14:21:56 -0400

Committee/Governing/Advisory Board Approval Date:

FY 2008/2009

“Another Year of Transition”

COMMUNITY MENTAL HEALTH
of OTTAWA COUNTY

ANNUAL REPORT

to the

Ottawa County Board of Commissioners

August 24, 2010



Objectives

- Brief Financial Recap
- 2008/2009 Year in Review
- Current Budget Situation
- Current initiatives and next steps

Sources of Revenue

	<u>FY 08/09</u>	<u>FY 07/08</u>
Medicaid	\$ 25,851,255 (81.15%)	\$ 24,758,215 (77.76%)
State	\$ 3,618,586	\$ 4,371,117
General Fund	307,564	265,946
ABW	89,126	28,661
MIChild	(12.60%)	(14.65%)
Other	\$ 1,381,793 (4.34%)	\$ 1,777,409 (5.58%)
County of Ottawa	\$ 476,500	\$ 476,500
Allocation	88,446	107,131
Rent	42,204	56,694
Interest	(1.91%)	(2.01%)
Total Revenue	\$ 31,855,474	\$ 31,841,673

Expenditures

	<u>FY 08/09</u>	<u>FY 07/08</u>
Adults with severe and persistent mental illness	\$ 10,524,824 (33.04%)	\$ 10,831,258 (34.02%)
Children with serious emotional disturbance	\$ 935,689 (2.94%)	\$ 617,077 (1.94%)
Persons with a developmental disability	\$ 19,898,088 (62.46%)	\$ 19,893,750 (62.47%)
Other	\$ 496,873 (1.56%)	\$ 499,588 (1.57%)
Totals	\$ 31,855,474 (100%)	\$ 31,841,673 (100%)

FY2010 Financial Overview as of 6-30-2010

Funding Source	Actual Revenue	% of Total	Actual Expenditures	% of Total	YTD Variance
Capitated Medicaid	\$20,322,582	79%	\$18,784,468	79%	\$1,538,114
Capitated Medicaid - ABW	\$ 37,222	0%	\$ 28,575	0%	\$ 8,647
State Funds	\$ 3,108,062	12%	\$ 2,854,704	12%	\$ 253,358
Local Match	\$ 681,477	3%	\$ 758,565	3%	\$ (77,088)
Other	\$ 1,477,795	6%	\$ 1,477,795	6%	\$ 0
Total	\$25,627,138	100%	\$23,904,107	100%	\$1,723,031

Persons Served

Population 2008/2009 2007/2008 2006/2007

Adults with severe and persistent mental illness	2145	2050	2042
Children with serious emotional disturbance	410	387	393
Persons with a developmental disability	645	629	669
Total Served	3200	3066	3104

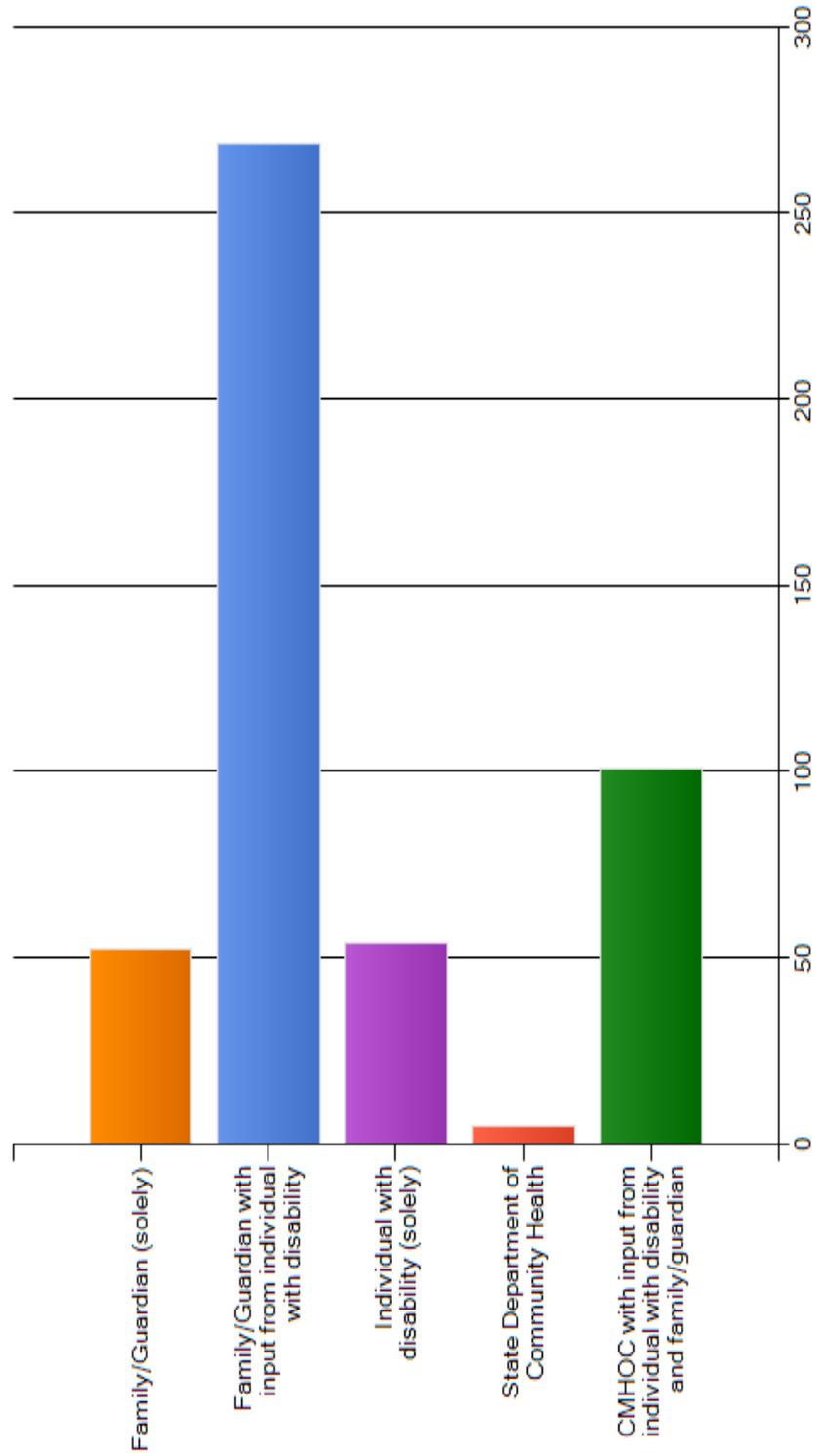
2009/2010 Accomplishments

- Began a comprehensive evaluation of Programs and Services to Persons with Developmental Disabilities
 - Conducted a survey of stakeholders to determine the communities desires
 - Work toward implementation of the Supports Intensity Scale (SIS)
- Developed and implemented an outpatient benefit package for uninsured consumers on the waiting list



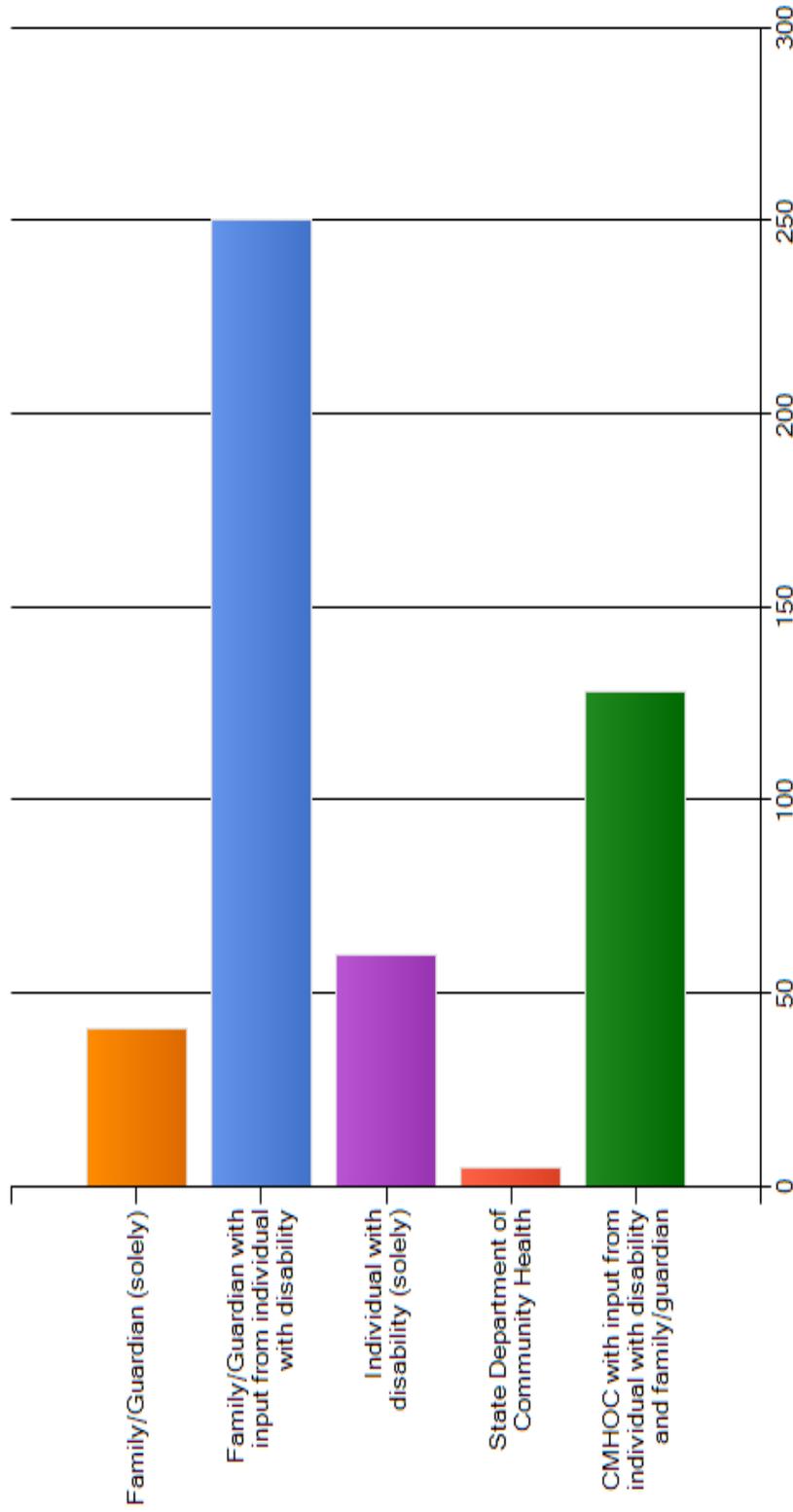
Survey Results

Who do you believe should be responsible for making the decisions regarding where consumers with developmental disabilities should live? (check all that apply)



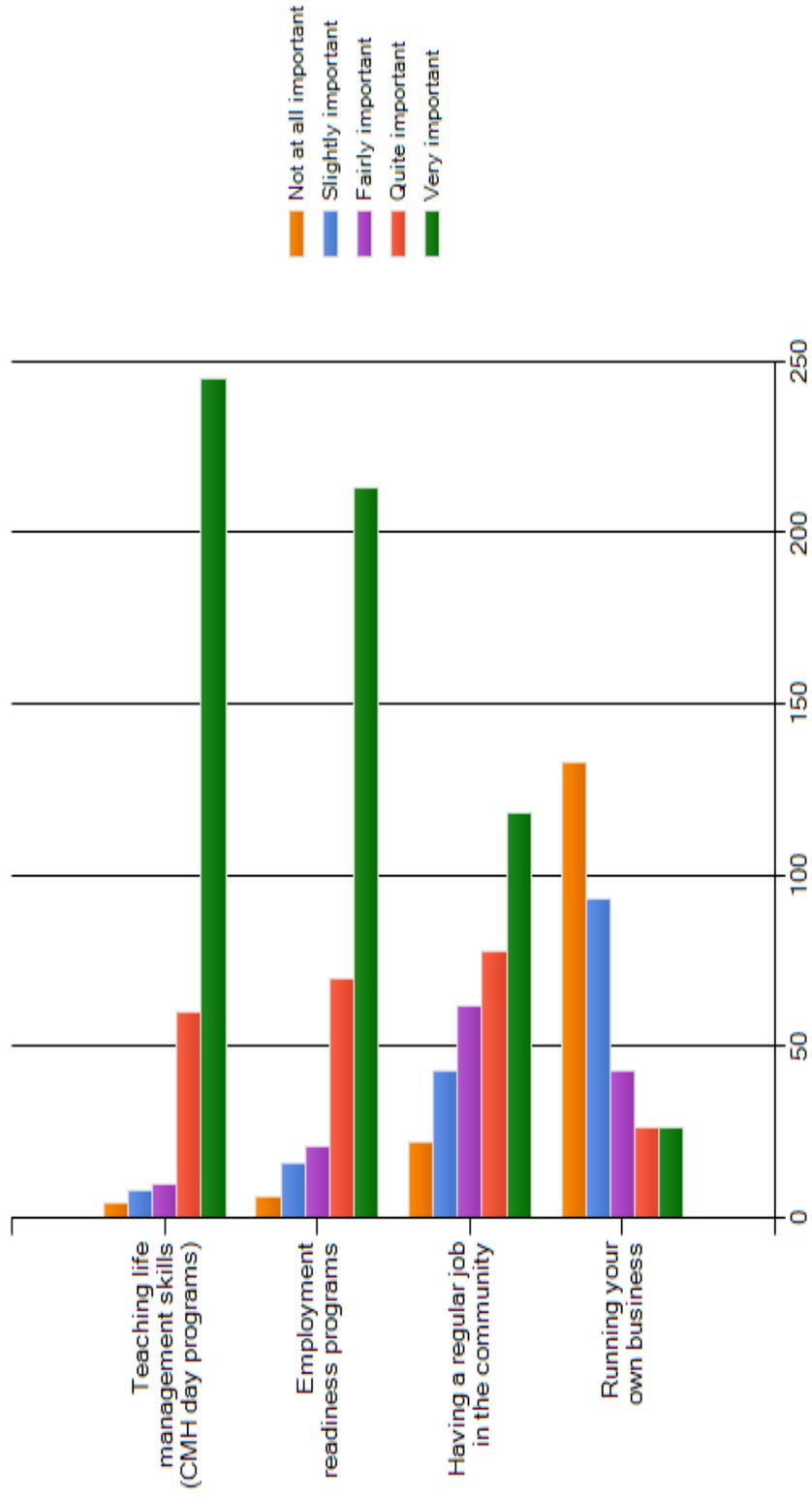
Survey Results (cont)

Who do you believe should be responsible for making decisions regarding where consumers with developmental disabilities should spend their time during the day regarding work readiness, skill building and employment options? (check all that apply)



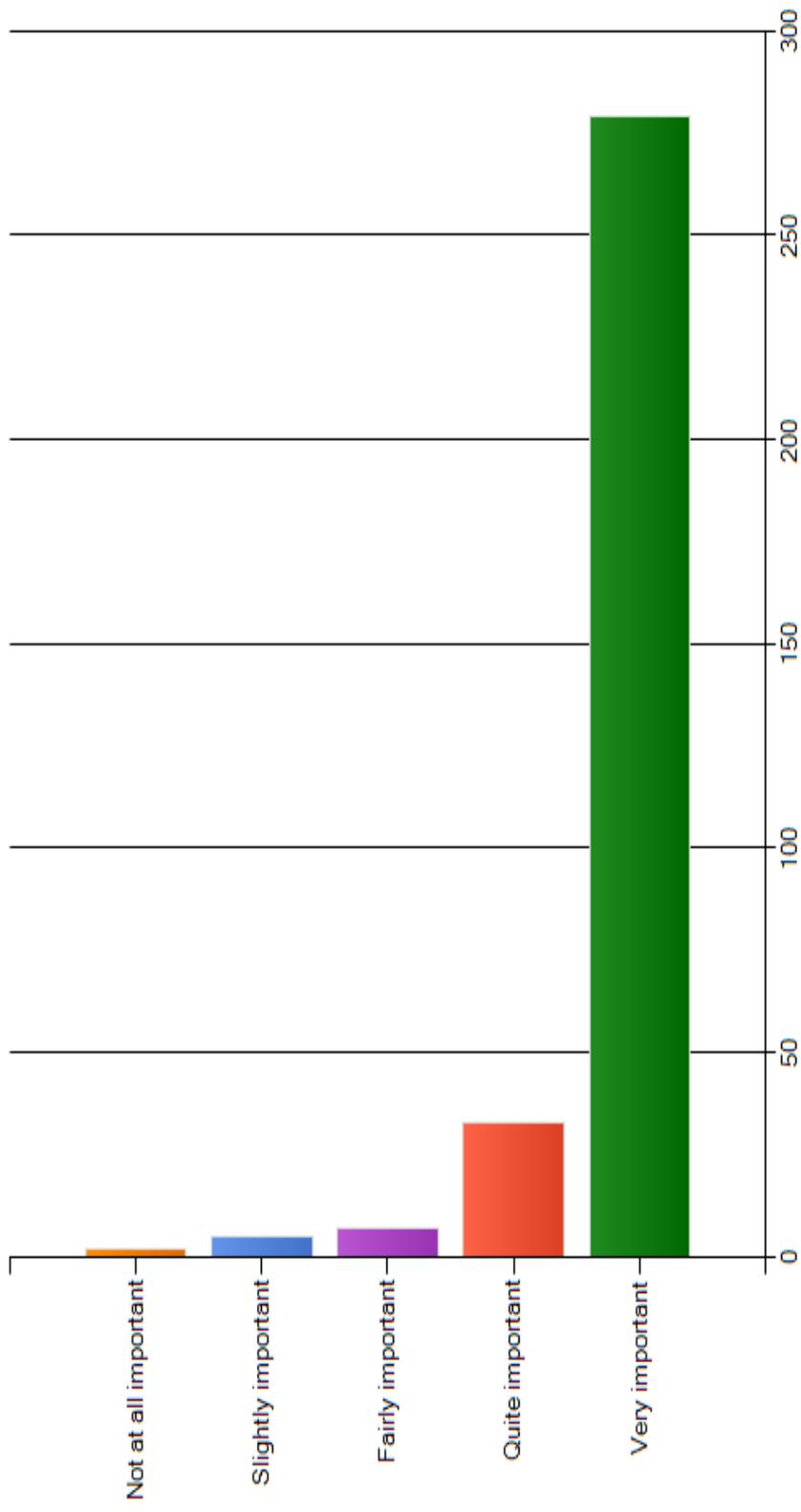
Survey Results (cont)

Please rate the importance of the following array of services in Ottawa County for individuals with Developmental Disabilities.



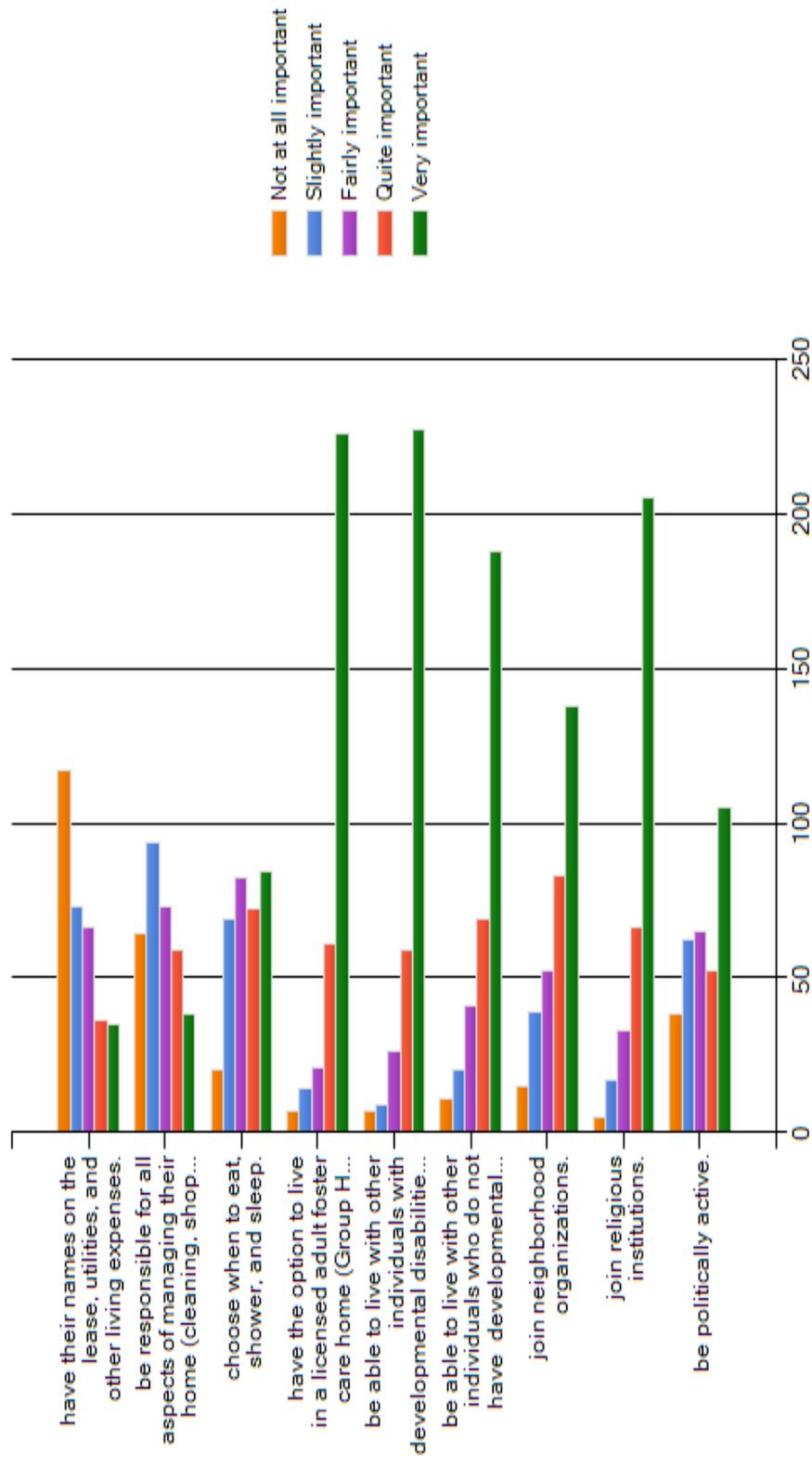
Survey Results (cont)

How important is it for CMHOC to consider health and safety issues when making recommendations for residential placement options?



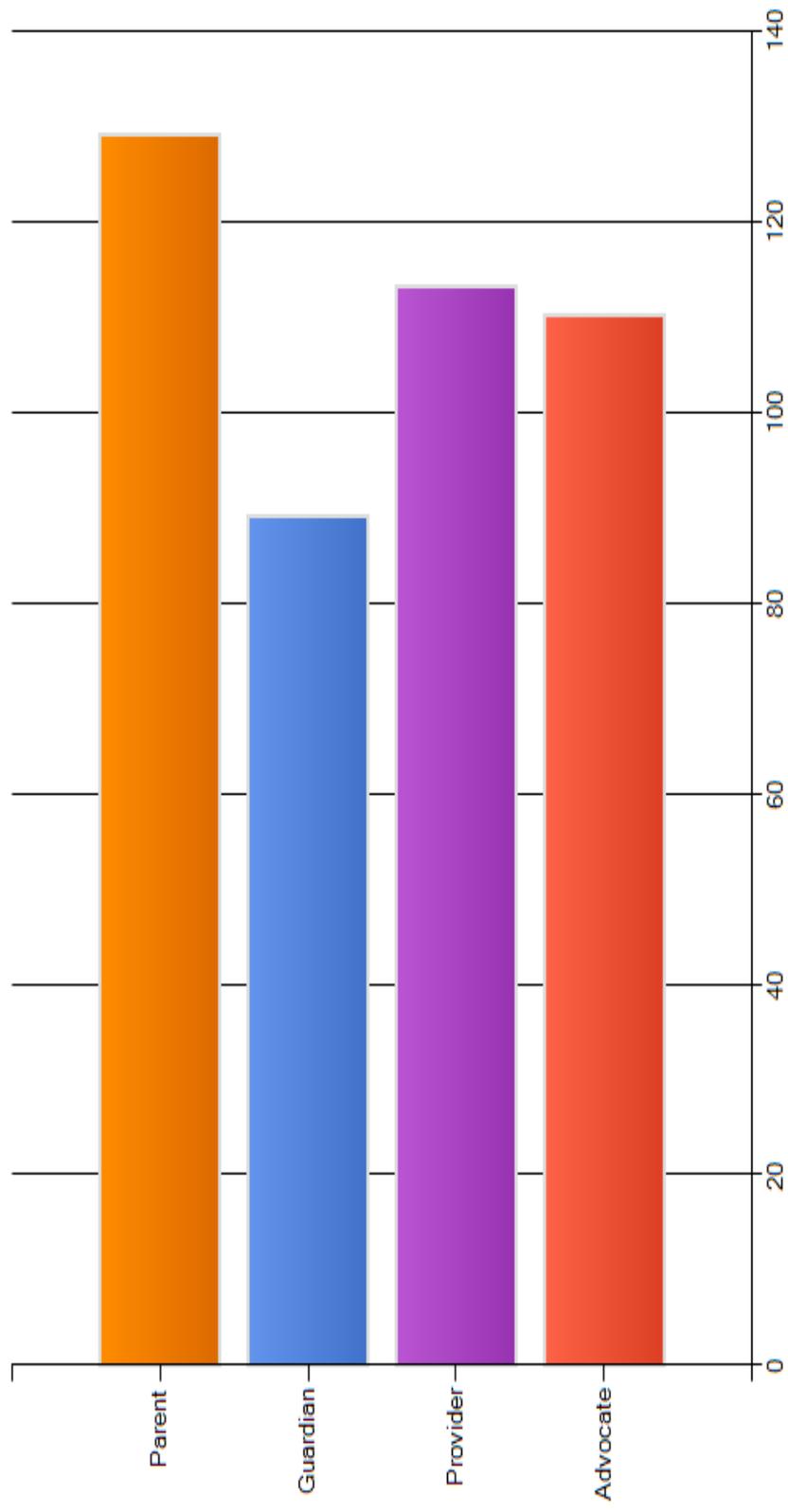
Survey Results (cont)

Please rate how important you believe the following statements are regarding an array of options for adults with developmental disabilities in my community. Individuals with developmental disabilities should ...

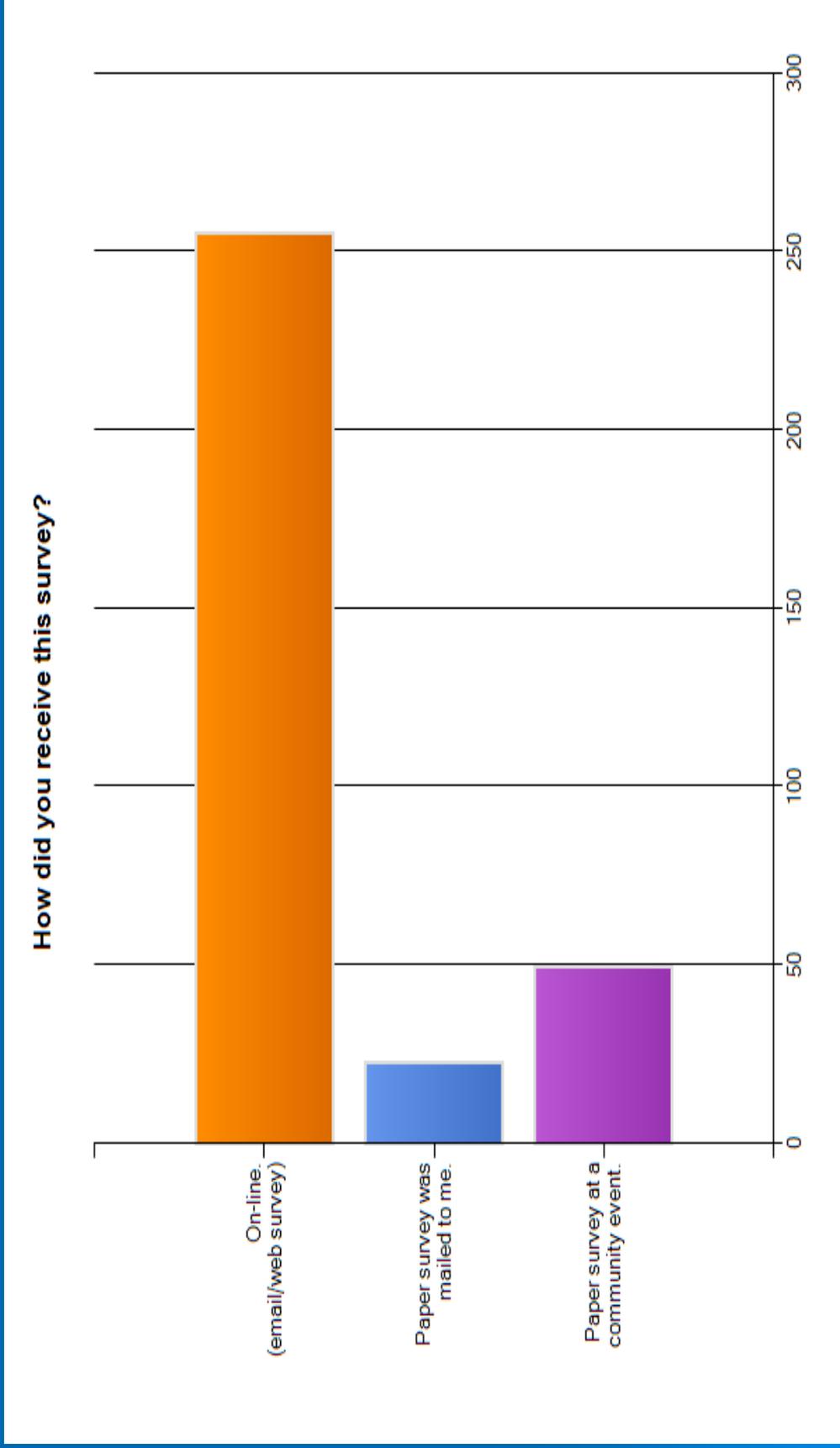


Survey Results (cont)

Please check the appropriate box of your relationship with an individual with developmental disabilities. (Check all that apply)



Survey Results (cont)



Where are we now?

- 2009/2010 Budget Update
- MDCH/Medicaid Funding Issues
FY2010-FY2011
- Where are we going?
FY 2010/11

Action Request



Committee: Board of Commissioners

Meeting Date: 8/24/2010

Requesting Department: Administration

Submitted By: Al Vanderberg

Agenda Item: WEMET Advance Funding Agreement

SUGGESTED MOTION:

To approve and authorize the Board Chair and Clerk to sign the WEMET Advance Funding Agreement between and among Ottawa County, Muskegon County and Allegan County.

SUMMARY OF REQUEST:

This agreement has been developed so that Ottawa County can advance funding, as needed, to cover operating expenses of WEMET. The agreement outlines the process and specifics of how Ottawa County will be reimbursed, with interest, to advance fund these operations.

FINANCIAL INFORMATION:

Total Cost: \$0.00 | County Cost: 0.00 | Included in Budget: Yes | No

If not included in budget, recommended funding source:

ACTION IS RELATED TO AN ACTIVITY WHICH IS:

Mandated | Non-Mandated | New Activity

ACTION IS RELATED TO STRATEGIC PLAN:

Goal: #4

Objective: #1 and #4

ADMINISTRATION RECOMMENDATION:

Recommended

Not Recommended

County Administrator: **Alan G. Vanderberg**

Digitally signed by Alan G. Vanderberg
DN: cn=Alan G. Vanderberg, c=US, o=County of Ottawa, ou=Administrator's Office, email=avanderberg@mciottawa.org
Reason: I am approving this document
Date: 2010.08.19 08:26:06 -0400

Committee/Governing/Advisory Board Approval Date:

WEST MICHIGAN ENFORCEMENT TEAM
ADVANCE FUNDING AGREEMENT

This Agreement is made this ____ day of _____, 2010, between and among the County of Allegan, a Michigan municipal corporation, the County of Muskegon, a Michigan municipal corporation, and the County of Ottawa, a Michigan municipal corporation, with reference to the following facts and circumstances:

A. WEMET is a cooperative law enforcement force, established under the provisions of the Urban Cooperation Act, MCLA 124.501 et seq., by the County of Allegan, the County of Muskegon, the County of Ottawa, (“the Counties”) and the Michigan Department of State Police.

B. The Counties and other participating local units are substantially responsible for funding the operations of WEMET, along with federal and state grants.

C. WEMET anticipates receiving forfeiture income to assist in funding its law enforcement operations, but is in need of advance funding to provide for its ongoing law enforcement operations until such forfeiture income is received.

NOW THEREFORE THE PARTIES AGREE AS FOLLOWS:

1. General Agreement: Effective September 1, 2010, Ottawa County will advance to WEMET, on an “as needed” basis, defined as cash depletion and insufficient revenue to fund budgeted expenditures, up to two hundred thousand (\$200,000), or an amount equal to the amount of forfeiture dollars being held by WEMET, whichever is less, to fund the ongoing law enforcement operations of WEMET for its FY 2010-2011. These funds to be advanced by Ottawa County are in addition to, and shall not replace both the standard anticipated payments of Ottawa County, Allegan County, and Muskegon County for WEMET’s ongoing law enforcement operations, and the funding from other participating local units which provide funding for the law enforcement operations of WEMET.

As forfeiture income is received by WEMET, it shall be used to reimburse Ottawa County for any sums actually advanced by Ottawa County pursuant to the terms of this Agreement. WEMET shall additionally reimburse Ottawa County any investment income lost by Ottawa County during the time period that any sums advanced by Ottawa County to WEMET were not available to the Treasurer of Ottawa County for investment on behalf of Ottawa County. At the close of WEMET's FY 2010-2011, if the forfeiture income received by WEMET has been sufficient to fully reimburse Ottawa County, Allegan County and Muskegon County shall, within thirty (30) days thereafter, each reimburse Ottawa County for one-third (1/3) of the balance of any investment income lost by Ottawa County during the time period that any sums advanced by Ottawa County to WEMET were not available to the Treasurer of Ottawa County for investment on behalf of Ottawa County. The amount of any such lost investment income shall be determined by the Ottawa County Treasurer based upon the average investment income for similar funds held for investment by the Ottawa County Treasurer during such time period the funds were actually advanced by Ottawa County and not actually reimbursed by WEMET. Once forfeiture income is received, WEMET shall reimburse Allegan County and Muskegon County for any sums allocated to Ottawa County to cover investment cost.

2. Independent Agreement: The terms of this Agreement and the duties to be performed hereunder by the Counties shall be and remain separate and distinct from the Counties rights and obligations as a participating public agencies under the "West Michigan Enforcement Team Agreement."

3. Merger: This Agreement constitutes the complete expression of the agreement between the parties regarding this matter. Any other oral or written agreements or understandings between the parties concerning the subject addressed herein are superseded and

merged herein. The Agreement shall only be modified or amended by subsequent written agreement executed by the Counties.

4. Renewal of Agreement: This Agreement shall be in effect for FY 2010-2011, and shall automatically renew on an annual basis, unless a party gives notice of intent to withdraw from the Agreement by September 1, 2011, or by September 1 of any subsequent year.

5. Severability: This Agreement shall be interpreted in a manner consistent with Michigan law. If any portion of this Agreement is held to be illegal, invalid, or unenforceable, the remainder of the Agreement shall be deemed severable and shall remain in full force and effect.

Dated: _____

OTTAWA COUNTY:

By: _____
Chairperson, Board of Commissioners

Its: _____
County Clerk

Dated: _____

MUSKEGON COUNTY:

By: _____
Chairperson, Board of Commissioners

Its: _____
County Clerk

Dated: _____

ALLEGAN COUNTY:

By: _____
Chairperson, Board of Commissioners

Its: _____
County Clerk

Action Request



Committee: Board of Commissioners

Meeting Date: 8/24/2010

Requesting Department: Michigan Works!

Submitted By: Greg Rappleye

Agenda Item: First Amendment to Lease for Suite 200, 115-119 Clover Commons, Holland, MI (Michigan Works!, etc.)

SUGGESTED MOTION:

To approve and authorize the Board Chair and Clerk to sign the first amendment to the Lease between Huntington National Bank and the County of Ottawa for Suite 200, 115-119 Clover Commons, Holland, MI (Michigan Works, etc.) for a two (2) year term, at an annual cost of \$39,987.50.

SUMMARY OF REQUEST:

Action will continue the lease of space being used by, Michigan Works! Ottawa County.

FINANCIAL INFORMATION:

Total Cost: \$39,987.50 | County Cost: \$39,987.50 | Included in Budget: Yes | No

If not included in budget, recommended funding source:

ACTION IS RELATED TO AN ACTIVITY WHICH IS:

Mandated | Non-Mandated | New Activity

ACTION IS RELATED TO STRATEGIC PLAN:

Goal: #3

Objective: #2

ADMINISTRATION RECOMMENDATION:

Recommended

Not Recommended

County Administrator:

Alan G. Vanderberg

Digitally signed by Alan G. Vanderberg
DN: cn=Alan G. Vanderberg, c=US, ou=County of Ottawa, ou=Administrator's Office, email=avanderberg@mottawa.org
Reason: I am approving this document
Date: 2010.08.05 10:21:34 -0400

Committee/Governing/Advisory Board Approval Date: Planning and Policy Committee Meeting 8/12/2010

FIRST AMENDMENT TO LEASE

This First AMENDMENT to LEASE (“Amendment”) by and between **The Huntington National Bank**, a national banking association, (“Landlord”) and the County of Ottawa, a municipality organized and doing business under the laws of the State of Michigan as (“Tenant”), is entered into this ____ day June 2010:

WITNESSETH

Whereas, Landlord and Tenant entered into an Office Lease for the premises (“Lease”); for the premises now known as Suite 200, containing 4,570 square feet in 115-119 Clover Commons complex at 115 Clover Avenue in Holland, MI 49423 for a term May 1, 2009 and ending September 30, 2010 and

Whereas, Tenant desires to extend its Lease for an additional two (2) year period and;

Whereas, Tenant and Landlord desire to modify and extend and amend the Lease as more fully set forth below.

Now, therefore, in consideration of mutual covenants and agreements hereinafter set forth, and other good and valuable consideration the sufficiency and receipt of which is hereby acknowledged, Landlord and Tenant agree as follows:

1 Basic Lease Provisions. Effective October 1, 2010 the Basic Lease Provisions contained in Section 1.02 of the New Lease shall be, and hereby are, amended as follows:

- (a) E. Term: Extended Two (2) years and 0 months beginning October 1, 2010 and ending September 30, 2012, the (“Expiration Date”)
- (b) F. Annual Base Rent: Shall remain as set forth therein at \$39,987.50 per year, or \$ 79,975.00 for the two year term, to be paid in the manner set forth in the lease and herein below.
- (c) G. Monthly Installments of Base Rent – Shall be payable in (24) Twenty-four equal monthly installments of \$3,332.29 a month in advance on the first day of each month beginning October 1, 2010.

Until September 30, 2010 Tenant shall pay to Landlord the Base Rent set forth in the original lease between the parties.

- 2. The parties further agree Section 17.03 of the original lease between the parties shall have no further force and effect and said terms are stricken from the lease.
- 3. The parties further agree that Tenant shall be permitted to continue to occupy that portion of the common area and elevator lobby area on the second floor of the building that Tenant currently occupies for its reception area – that space being outside the space or Premises leased by Tenant, among other things, without base rent, so long as the adjacent space currently being marketed by Landlord for lease remains vacant.

In the event the adjacent space on the second floor at 115 Clover is hereafter occupied Tenant agrees to vacate the common area and elevator lobby it currently occupies (said Premises not being a portion of the Premises leased by Tenant) within thirty (30) days of the receipt of such written notice from Landlord.

Termination Right: Tenant shall have the right to terminate this lease for the Leased premises described herein as Suite 200 at 115 Clover Ave In Holland, MI on ninety (90) days written notice to landlord, delivered in the form and manner required in the underlying lease between the parties in solely the event that the funding for the administrative offices of Ottawa County that occupies this space is withdrawn or no longer available to Tenant. Tenant shall furnish such reasonable confirmation said funding is no longer available to Landlord as Landlord may reasonably request.

4. The parties represent no real estate broker has been involved in the in the amendment and extension of this lease by this First Amendment.
5. Continued Full Force and Effect. Except as herein specifically modified, supplemented and/or amended, all of the terms, covenants, and conditions of the Underlying lease of the parties Lease shall continue and remain in full force and effect, and together with the terms and conditions of this First Amendment to Lease, shall be binding upon and inure to the benefit of the heirs, executors, administrators, successors and permitted assigns, respectively of the Landlord and Tenant.
6. Each of the parties whose signatures appear below represent and warrant they have the authority to bind their respective organizations.

IN WITNESS WHEREOF, the parties hereto have executed this First Lease Amendment as of the day and year first written above.

Signed in the presence of
and attested to by:

Print Name: _____

Print Name: _____

Signed in the presence of
and attested to by:

Print Name: _____

Print Name: _____

Print Name: _____

Print Name: _____

Landlord: **The Huntington National Bank**

By: _____
Louis C. Matt, Jr.

Its: Vice President

Tenant: **Ottawa County for and on behalf of
Ottawa County Michigan Works! Agency**

By: _____
Print Name: _____

Its: _____

By: _____

Print Name: _____

Its: _____

Landlord's acknowledgment

State of Ohio
County of Franklin, ss:

BEFORE ME, a Notary Public in and for said County and State, appeared The Huntington National Bank, the Landlord in the foregoing instrument, by Louis C. Matt, Jr., its Vice President, who acknowledged that he did sign the same for and on behalf of the Landlord, and with the requisite authority of said Landlord, and that the same is his free act and deed individually and the free act and deed of said Landlord.

IN TESTIMONY WHERE OF, I have hereunto set my hand and official seal this ____ day of _____ 2010.

Notary Public

Tenant's Acknowledgment

State of _____
County of _____, ss:

BEFORE ME, a Notary Public in and for said County and State, appeared _____, the _____ and _____ the _____ of the Tenant in the foregoing instrument, who acknowledged that he/she did sign the same for and on behalf of the Tenant, and with the requisite authority of said Tenant, and that the same is his/her free act and deed individually and the free act and deed of said Tenant.

IN TESTIMONY WHERE OF, I have hereunto set my hand and official seal this ____ day of _____ 2010.

Notary Public

Action Request



Committee: Board of Commissioners

Meeting Date: 8/24/2010

Requesting Department: Michigan Works!

Submitted By: Greg Rappleye

Agenda Item: Second Amendment to Lease for 119 Clover Avenue, 115-119 Clover Commons, Holland, MI (Michigan Works!, etc.)

SUGGESTED MOTION:

To approve and authorize the Board Chair and Clerk to sign the second amendment to the Lease between Huntington National Bank and the County of Ottawa for 119 Clover Avenue, consisting of 22,900 square feet in Clover Commons, Holland, MI (Michigan Works, etc.) for a five (5) year term, at an annual cost of \$127,490.39.

SUMMARY OF REQUEST:

Action will continue the lease of space being used by, Michigan Works! Ottawa County.

FINANCIAL INFORMATION:

Total Cost: \$127,490.39 | County Cost: \$127,490.39 | Included in Budget: Yes | No

If not included in budget, recommended funding source:

ACTION IS RELATED TO AN ACTIVITY WHICH IS:

Mandated | Non-Mandated | New Activity

ACTION IS RELATED TO STRATEGIC PLAN:

Goal: #3

Objective: #2

ADMINISTRATION RECOMMENDATION:

Recommended

Not Recommended

County Administrator:

Alan G. Vanderberg

Digitally signed by Alan G. Vanderberg
DN: cn=Alan G. Vanderberg, o=US, ou=County of Ottawa, ou=Administrator's Office, email=avanderberg@mioottawa.org
Reason: I am approving this document
Date: 2010.08.05 11:02:15 -0400

Committee/Governing/Advisory Board Approval Date: Planning and Policy Committee Meeting 8/12/2010

SECOND AMENDMENT TO LEASE

This First AMENDMENT to LEASE ("Amendment") by and between **The Huntington National Bank**, a national banking association, ("Landlord") and the County of Ottawa, a municipality organized and doing business under the laws of the State of Michigan, and Kandu Industries, as ("Tenants"), is entered into this ____ day _____ 2010:

WITNESSETH

Whereas, Landlord and Tenants entered into an Office Lease for the premises ("Lease"); for the premises now known as 119 Clover Avenue, Holland, MI containing 22,900 square feet in 115-119 Clover Commons complex in Holland, MI on December 9, 2004 for a five (5) year term commencing September 15, 2005 and ending September 14, 2010 and thereafter the parties entered into a certain First Amendment to Lease dated October 25, 2005 and

Whereas, Tenants desire to extend the Lease for an additional five (5) year period and;

Whereas, Tenants and Landlord desire to modify and extend and amend the Lease as more fully set forth below.

Now, therefore, in consideration of mutual covenants and agreements hereinafter set forth, and other good and valuable consideration the sufficiency and receipt of which is hereby acknowledged, Landlord and Tenants agree as follows:

1. Basic Lease Provisions. Effective September 15, 2010 the Basic Lease Provisions contained in Section 1.02 of the New Lease shall be, and hereby are, amended as follows:
 - (a) E. Term: Extended Five (5) years and 0 months beginning September 15, 2010 and ending September 14, 2015 the ("Expiration Date")
 - (b) F. Annual Base Rent: Shall remain as set forth in Paragraph 7 g- year 5 of the First Amendment for each of the Tenants herein. With further specificity the annual base rent for each of the tenants, for each year of the five (5) year term, as extended, shall be as follows

Ottawa County: \$127,490.39
Kandu Industries: \$20,034.20
 - (c) G. Monthly Installments of Base Rent – Shall be payable in (60) Sixty equal monthly installments by each Tenant in advance on the first day of each month beginning September 15, 2010.

Until September 14, 2010 Tenant shall pay to Landlord the Base Rent set forth in the original lease, as amended, between the parties.
2. Effective September 15, 2010 Section 3.03 A (2) of the underlying lease, is amended. The last sentence of said paragraph, as set forth in the original lease between the parties shall have no further force and effect. The last sentence of Section 3.03 A (2) of the lease between the parties shall now read as follows in its entirety: " The base year for which Operating Expenses will be calculated under this Lease, as amended, will be 2009."
3. The parties represent no real estate broker has been involved in the in the amendment and extension of this lease by this Second Amendment.

- 4. Continued Full Force and Effect. Except as herein specifically modified, supplemented and/or amended, all of the terms, covenants, and conditions of the Underlying lease of the parties Lease shall continue and remain in full force and effect, and together with the terms and conditions of this *Second Amendment to Lease*, shall be binding upon and inure to the benefit of the heirs, executors, administrators, successors and permitted assigns, respectively of the Landlord and Tenants.

- 6. Each of the parties whose signatures appear below represent and warrant they have the authority to bind their respective organizations.

IN WITNESS WHEREOF, the parties hereto have executed this Second Lease Amendment as of the day and year first written above.

Signed in the presence of
and attested to by:

Landlord: **The Huntington National Bank**

Print Name: _____

By: _____
Louis C. Matt, Jr.

Print Name: _____

Its: Vice President

Signed in the presence of
and attested to by:

Tenant: **Ottawa County for and on behalf of
Ottawa County Michigan Works! Agency**

Print Name: _____

By: _____
Print Name: _____
Its: _____

Print Name: _____

Print Name: _____

By: _____
Print Name: _____
Its: _____

Print Name: _____



Mark Scheerhorn
Print Name: _____

Tenant: **Kandu Industries, Inc.**

By: 
Print Name: THOMAS VREEMAN
Its: CEO

Print Name: _____

Landlord's acknowledgment

State of Ohio
County of Franklin, ss:

BEFORE ME, a Notary Public in and for said County and State, appeared The Huntington National Bank, the Landlord in the foregoing instrument, by Louis C. Matt, Jr., its Vice President, who acknowledged that he did sign the same for and on behalf of the Landlord, and with the requisite authority of said Landlord, and that the same is his free act and deed individually and the free act and deed of said Landlord.

IN TESTIMONY WHERE OF, I have hereunto set my hand and official seal this ____ day of _____ 2010.

Notary Public

Tenant's Acknowledgment

State of _____
County of _____, ss:

BEFORE ME, a Notary Public in and for said County and State, appeared _____, the _____ and _____ the _____ of Ottawa County, the Tenant in the foregoing instrument, who acknowledged that he/she did sign the same for and on behalf of the Tenant, and with the requisite authority of said Tenant, and that the same is his/her free act and deed individually and the free act and deed of said Tenant.

IN TESTIMONY WHERE OF, I have hereunto set my hand and official seal this ____ day of _____ 2010.

Notary Public

Tenant's Acknowledgment

State of _____
County of _____, ss:

BEFORE ME, a Notary Public in and for said County and State, appeared _____, the _____ the _____ of Kandu Industries, the Tenant in the foregoing instrument, who acknowledged that he/she did sign the same for and on behalf of the Tenant, and with the requisite authority of said Tenant, and that the same is his/her free act and deed individually and the free act and deed of said Tenant.

IN TESTIMONY WHERE OF, I have hereunto set my hand and official seal this ____ day of _____ 2010.

Notary Public

Action Request



Committee: Board of Commissioners

Meeting Date: 8/24/2010

Requesting Department: Administrator's Office

Submitted By: Al Vanderberg

Agenda Item: Landscaping Improvement – Fifth and Franklin Street in Grand Haven

SUGGESTED MOTION:

To approve the plan to landscape the corner of 5th and Franklin Streets in Grand Haven across for the new Ottawa County Courthouse and to assign the project to the Ottawa County Building Authority.

SUMMARY OF REQUEST:

The original plan was to create parking in this location located at the East end of the Franklin Street Parking Lot. The parking spaces are not needed now but will be needed in the future when an annex is added to the Courthouse.

The proposed will provide an extension of the landscaping scheme used on Clinton Street on the southern boundary of this property.

FINANCIAL INFORMATION:

Total Cost: \$33,000.00 | County Cost: \$33,000.00 | Included in Budget: Yes | No

If not included in budget, recommended funding source: Public Improvement Fund

ACTION IS RELATED TO AN ACTIVITY WHICH IS:

Mandated | Non-Mandated | New Activity

ACTION IS RELATED TO STRATEGIC PLAN:

Goal: #3

Objective: #5

ADMINISTRATION RECOMMENDATION:

Recommended

Not Recommended

County Administrator:

Alan G. Vanderberg

Digitally signed by Alan G. Vanderberg
DN: cn=Alan G. Vanderberg, c=US, o=County of Ottawa, ou=Administrator's Office, email=avanderberg@miottawa.org
Reason: I am approving this document
Date: 2010.08.05 15:09:49 -0400

Committee/Governing/Advisory Board Approval Date: Planning and Policy Committee Meeting 8/12/2010

Action Request



Committee: Board of Commissioners

Meeting Date: 8/24/2010

Requesting Department: Administration

Submitted By: Greg Rappleye

Agenda Item: Triick Farm Resolution

SUGGESTED MOTION:

To approve and authorize the Board Chair and Clerk to sign the resolution asking the Department of Natural Resources to review the proposed Pathway Park across the Triick Farm property, and for other relief.

SUMMARY OF REQUEST:

The Department of Natural Resources and Environment (DNRE) has proposed to create a pathway park across the Triick Farm property, located in Wright Township, Ottawa County. Pursuant to the discussions held at the Planning and Policy Committee, the resolution asks the DNRE to review the pathway park plan, and to look for alternatives to that proposal. The resolution also refers the matter to the Ottawa County Planning Commission.

FINANCIAL INFORMATION:

Total Cost: \$0.00 | County Cost: \$0.00 | Included in Budget: Yes | No

If not included in budget, recommended funding source:

ACTION IS RELATED TO AN ACTIVITY WHICH IS:

Mandated | Non-Mandated | New Activity

ACTION IS RELATED TO STRATEGIC PLAN:

Goal: #3

Objective: #1 and #4

ADMINISTRATION RECOMMENDATION:

Recommended

Not Recommended

County Administrator:

Alan G. Vanderberg

Digitally signed by Alan G. Vanderberg
DN: cn=Alan G. Vanderberg, c=US, o=County of Ottawa, ou=Administrator's Office, email=avanderberg@miottawa.org
Reason: I am approving this document
Date: 2010.08.18 14:16:11 -0400

Committee/Governing/Advisory Board Approval Date:

COUNTY OF OTTAWA

STATE OF MICHIGAN

RESOLUTION

At a regular meeting of the Board of Commissioners of the County of Ottawa, Michigan, held at the Fillmore Street Complex in the Township of Olive, Michigan on the __ day of _____, 2010, at _____ o'clock p.m. local time.

PRESENT: Commissioners: _____

ABSENT: Commissioners: _____

It was moved by Commissioner _____ and recommended by

Commissioner _____ that the following Resolutions be adopted:

WHEREAS, agriculture is among the most valuable uses of land and resources within Ottawa County and the State of Michigan, accounting for more than \$391 million of total value of agricultural production, making Ottawa County among the very top agriculture producing counties in the State of Michigan; and,

WHEREAS, through long usage of more than eighty (80) years, the proprietors of the Triick Farm, a beef cattle feeder operation, located at 475 Hayes Street, in Wright Township, Ottawa County, Michigan, and owned by John Triick, has had access across a former railway bed of the Chesapeake & Ohio Railroad which effectively bisects their

farming operations, and which railway bed is currently owned by the State of Michigan, Department of Natural Resources & Environment; and,

WHEREAS, the State of Michigan, Department of Natural Resources & Environment has announced its intention to build a non-motorized pathway park on the site of the former railroad bed of the Chesapeake & Ohio Railroad that effectively bisects the Triick Farm property, thereby effectively cutting the Triick Farm in-half, potentially hampering their cattle feeding operations, and subjecting their feeder cattle to stress and annoyance from users of the proposed pathway park, thereby risking significant losses to the owners of the Triick Farm; and,

WHEREAS, the Ottawa County Board of Commissioners believes that other, better alternatives may exist for locating the pathway park proposed by the State of Michigan, Department of Natural Resources & Environment, and believes that those alternatives should be fully explored by the State of Michigan and discussed with the owners of the Triick Farm before any final determination of the location and terms of use for that proposed pathway park is made; and,

NOW THEREFORE BE IT RESOLVED that the Ottawa County Board of Commissioners requests that the State of Michigan, Department of Natural Resources & Environment, under the direction of the Michigan Natural Resources Commission, investigate all available options to the current proposal to bisect the Triick Farm with a pathway park on the former Chesapeake & Ohio Railroad bed, by exploring these issues and alternatives with the owners of the Triick Farm and/or by investigating and implementing all possible methods of mitigating the effects of such a pathway park on the operations of the Triick Farm; and,

BE IT FURTHER RESOLVED, that further development and implementation of the proposed pathway park within Ottawa County be halted and delayed by the Department of Natural Resources & Environment, until all of the options, including alternative routes and mitigation efforts have been fully explored, discussed and agreed upon; and,

BE IT FURTHER RESOLVED, that copies of this Resolution be sent to Governor Jennifer M. Granholm, the Michigan Natural Resources Commission, Becky Humphries, Director of the Michigan Department of Natural Resources, Senator Wayne Kuipers, Representative David Agema, Representative Arlan Meekhof, Representative Joseph Haveman, and Representative Mary Valentine,; and,

BE IT FURTHER RESOLVED, that a copy of this Resolution be referred to the Ottawa County Planning Commission, for a review of the issues raised in this Resolution and a report to the Ottawa County Board of Commissioners; and,

BE IT FURTHER RESOLVED, that all resolutions and parts of resolutions insofar as they conflict with this Resolution are hereby repealed.

YEAS: Commissioners: _____

NAYS: Commissioners: _____

ABSTENTIONS: Commissioners: _____

RESOLUTION ADOPTED.

Chairperson, Ottawa County
Board of Commissioners

Ottawa County Clerk

Action Request



Committee: Board of Commissioners

Meeting Date: 8/24/2010

Requesting Department: Fiscal Services

Submitted By: Bob Spaman

Agenda Item: Government Finance Officers Association Distinguished Budget Presentation Award

SUGGESTED MOTION:

To receive the Government Finance Officers Association's Distinguished Budget Presentation Award for the fiscal year beginning January 1, 2010.

SUMMARY OF REQUEST:

FINANCIAL INFORMATION:

Total Cost: \$0.00 | County Cost: \$0.00 | Included in Budget: Yes | No

If not included in budget, recommended funding source:

ACTION IS RELATED TO AN ACTIVITY WHICH IS:

Mandated | Non-Mandated | New Activity

ACTION IS RELATED TO STRATEGIC PLAN:

Goal:

Objective:

ADMINISTRATION RECOMMENDATION: Recommended | Not Recommended

County Administrator: **Alan G. Vanderberg**

Digitally signed by Alan G. Vanderberg
DN: cn=Alan G. Vanderberg, c=US, o=County of Ottawa, ou=Administrator's Office, email=avanderberg@mottawa.org
Reason: I am approving this document
Date: 2010.08.13 10:38:11 -0400

Committee/Governing/Advisory Board Approval Date: Finance and Administration Committee Meeting
8/24/2010



Government Finance Officers Association
203 North LaSalle Street, Suite 2700
Chicago, Illinois 60601-1210
312.977.9700 fax: 312.977.4806

May 7, 2010

Ms. June Hagan
Fiscal Services Director
Ottawa County
12220 Fillmore Street, Room 331
West Olive, MI 49464

Dear Ms. Hagan:

A Panel of independent reviewers has completed its examination of your budget document. We are pleased to inform you that the panel has voted to award your budget document the Distinguished Budget Presentation Award for the current fiscal period. This award is the highest form of recognition in governmental budgeting. Its attainment represents a significant achievement by your organization.

The Distinguished Budget Presentation Award is valid for one year. To continue your participation in the program, it will be necessary to submit your next annual budget document to GFOA within 90 days of the proposed budget's submission to the legislature or within 90 days of the budget's final adoption. Enclosed is an application form to facilitate a timely submission. This form should be submitted with four copies of your budget accompanied by the appropriate fee.

Each program participant is provided with confidential comments and suggestions for possible improvements to the budget document. Your comments are enclosed. We urge you to carefully consider the suggestions offered by our reviewers as you prepare your next budget.

When a Distinguished Budget Presentation Award is granted to an entity, a Certificate of Recognition for Budget presentation is also presented to the individual or department designated as being primarily responsible for its having achieved the award. Enclosed is a Certificate of Recognition for Budget Preparation for:

Connie Vander Schaaf, Budget/Audit Manager

Your award plaque will be mailed separately and should arrive within eight to ten weeks. Enclosed is a camera-ready reproduction of the award for inclusion in your next budget. If you reproduce the camera-ready in your next budget, it should be accompanied by a statement indicating continued compliance with program criteria.

The following standardized text should be used:

Ms. June Hagan

May 7, 2010

Page 2

The Government Finance Officers Association of the United States and Canada (GFOA) presented a Distinguished Budget Presentation Award to **Ottawa County, Michigan** for its annual budget for the fiscal year beginning **January 1, 2010**. In order to receive this award, a governmental unit must publish a budget document that meets program criteria as a policy document, as an operations guide, as a financial plan, and as a communications device.

This award is valid for a period of one year only. We believe our current budget continues to conform to program requirements, and we are submitting it to GFOA to determine its eligibility for another award.

A press release is enclosed.

The Government Finance Officers Association encourages you to make arrangements for a formal presentation of the award. If you would like the award presented by a member of your state or provincial finance officers association, we can provide the name of a contact person for that group.

We appreciate your participation in this program and we sincerely hope that your example will encourage others in their efforts to achieve and maintain excellence in governmental budgeting. The most current list of award recipients (with hyperlinks) can be found on GFOA's website at www.gfoa.org. If we can be of further assistance, please contact the Technical Services Center.

Sincerely,

A handwritten signature in black ink that reads "Stephen J. Gauthier". The signature is written in a cursive style with a large, stylized initial "S".

Stephen J. Gauthier, Director
Technical Services Center

Enclosure

Action Request



Committee: Board of Commissioners

Meeting Date: 8/24/2010

Requesting Department: Human Resources

Submitted By: Marie Waalkes

Agenda Item: Officer and Employee Delegate for MERS Annual Meeting

SUGGESTED MOTION:

To approve the nomination of Robert Spaman as Officer Delegate, Marie Waalkes as Alternate Officer Delegate, Erin Rotman as Employee Delegate, and Robert Melamed as Alternate Employee Delegate to the MERS 64th Annual Meeting to be held September 15-17, 2010 in Kalamazoo, Michigan.

SUMMARY OF REQUEST:

The County, as a member of the Municipal Employees Retirement System (MERS), sends an Officer Delegate and an Employee Delegate to the Annual MERS conference in accordance with the MERS bylaws. Delegates vote for the MERS Board members and attend information sessions to obtain important information relating to the County's retirement system, such as new and updated rules and regulations, financial stability of MERS, and other topics related to MERS. The Alternate Delegates are named, in the event the primary delegate (Officer or Employee) can not attend.

FINANCIAL INFORMATION:

Total Cost: \$1,200.00 | County Cost: \$1,200.00 | Included in Budget: Yes | No

If not included in budget, recommended funding source:

ACTION IS RELATED TO AN ACTIVITY WHICH IS:

Mandated | Non-Mandated | New Activity

ACTION IS RELATED TO STRATEGIC PLAN:

Goal: #2

Objective: #3

ADMINISTRATION RECOMMENDATION:

Recommended

Not Recommended

County Administrator:

Alan G. Vanderberg

Digitally signed by Alan G. Vanderberg
DN: cn=Alan G. Vanderberg, c=US, o=County of Ottawa, ou=Administrator's Office, email=avanderberg@miottawa.org
Reason: I am approving this document
Date: 2010.08.13 16:50:48 -0400

Committee/Governing/Advisory Board Approval Date: Finance and Administration Committee Meeting
8/24/2010

Action Request



Committee: Board of Commissioners

Meeting Date: 8/24/2010

Requesting Department: Human Resources

Submitted By: Marie Waalkes

Agenda Item: Purchase of MERS (Michigan Municipal Employees Retirement System) Generic Service Credits for Nora Jean Butcher

SUGGESTED MOTION:

To approve the purchase of three (3) years of MERS generic service credit for \$29,243 (total cost to be paid by employee, Nora Jean Butcher).

Total Cost: \$29,243

Employer Cost: \$0

Employee Cost: \$29,243

SUMMARY OF REQUEST:

The MERS plan document allows for the purchase of up to five (5) years of generic service credits by an employee. The employee is responsible for the total cost of the purchase of generic service credits.

FINANCIAL INFORMATION:

Total Cost: \$29,243.00

County Cost: \$0.00

Included in Budget:

Yes

No

If not included in budget, recommended funding source: Employee

ACTION IS RELATED TO AN ACTIVITY WHICH IS:

Mandated

Non-Mandated

New Activity

ACTION IS RELATED TO STRATEGIC PLAN:

Goal: #4

Objective: #6

ADMINISTRATION RECOMMENDATION:

Recommended

Not Recommended

County Administrator:

Alan G. Vanderberg

Digitally signed by Alan G. Vanderberg
DN: cn=Alan G. Vanderberg, c=US, ou=County of Ottawa, ou=Administrator's Office, email=avanderberg@miottawa.org
Reason: I am approving this document
Date: 2010.08.13 11:01:09 -0400

Committee/Governing/Advisory Board Approval Date: Finance and Administration Committee Meeting
8/24/2010



Municipal Employees' Retirement System of Michigan
1134 Municipal Way, Lansing, Michigan 48917

RECEIVED

Jul 13 2010

OTAWA CO HUMAN RESOURCES

Phone: (517) 307-2030 (800) 767-6377 Fax: (517) 307-8636 Website: www.munofmich.com

**APPLICATION FOR ADDITIONAL CREDITED SERVICE
Member Certification and Governing Body Resolution**

MEMBER

Name: Nora Jean Butcher
SSN: XXX-XX-9343
DOB: 12/2/1943
Age: 66 years, 8 months

CALCULATION DATE - 8/1/2010
(Estimate Not Valid After 2 Months)

BENEFIT PROGRAMS

Benefit B-3 (80% max)
Benefit F55 (With 25 Years of Service)
Benefit FAC-5 (5 Year Final Average Compensation)
10 Year Vesting

EMPLOYER

Name: Ottawa Co
Number/Div: 7003 / 06

ESTIMATED FAC ON CALCULATION DATE: \$48,756.43

CREDITED SERVICE

Member's Service Credit as of Calculation Date: 5 years, 10 months
Other Governmental Service used for Eligibility (MERS or Act 88): 3 years, 10 months
Type of Credited Service to be Granted: Generic
Amount of Credited Service to be Granted: 3 years, 0 months (may not be used for vesting)
Total Estimated Actuarial Cost of Additional Credited Service: **\$29,243.00** [Payment Options on Reverse]

BENEFIT CALCULATION ASSUMPTIONS

1. It is assumed that the Member will continue working until the earliest date for unreduced retirement benefits. If the Member terminates prior to becoming eligible for unreduced benefits, the Employer understands and accepts that the actuarial cost will be different from the actuarial cost shown above.
2. The Member's Final Average Compensation (FAC) is projected to increase 4.5% annually from the date of purchase to the date of retirement.
3. The Plan's Investment Return is projected to be 8% annually.

NOTE: Special Information regarding the calculation of the cost of this Service Credit Purchase is on page 2 of this report.

THE ADDITIONAL CREDITED SERVICE IS PROJECTED TO RESULT IN THE FOLLOWING CHANGES:

	Retirement Date	Age	Service Through	Total Service	FAC	Annual Benefit
Before Purchase	12/1/2010	66 yrs., 11 mths.	11/30/2010	6 yrs., 2 mths.	\$49,477.08	\$6,864.96
After Purchase	12/1/2010	66 yrs., 11 mths.	11/30/2010	9 yrs., 2 mths.	\$49,477.08	\$10,204.68

Note: MERS is not responsible for any Member or Employer supplied information, or any losses which may result if actual experience differs from actuarial assumptions. The Member and Employer are responsible for reviewing the information contained herein for accuracy, and assuming the risk that actual experience results in liability different than that estimated.

MEMBER CERTIFICATION

I certify that the above information is correct and accurate. If this is a purchase of qualifying "other governmental" service, I certify that the service has not and will not be recognized for the purpose of obtaining or increasing a pension under another defined benefit retirement plan.

Nora Butcher
Signature of Member

July 13, 2010
Date

GOVERNING BODY RESOLUTION

As provided by the MERS Plan Document, and in accordance with the Employer's policy there under, the additional credited service described above is hereby granted this Member by Resolution of the Governing Body of Ottawa Co, at its meeting on _____. The Employer understands this is an estimated cost, calculated using actuarial assumptions approved by the Retirement Board. Any difference between the assumptions and actual experience will affect the true cost of the additional service. For example, changes in benefit programs through adoption or transfer of the affected employee to a division with 'better' benefits; increases in wages other than 4.5% per year; and changes to the anticipated date of termination, will affect the actual cost of the additional service (increase or decrease). Thus, actual future events and experience may result in changes different than those assumed, and liability different than that estimated. The Employer understands and agrees that it is accountable for any difference between estimated and actual costs.

Signature of Authorized Official from Ottawa Co

Date

Action Request



Committee: Board of Commissioners

Meeting Date: 8/24/2010

Requesting Department: Human Resources

Submitted By: Marie Waalkes

Agenda Item: Purchase of MERS (Michigan Municipal Employees Retirement System) Generic Service Credits for Steven M. Burgess

SUGGESTED MOTION:

To approve the purchase of two (2) years of MERS generic service credit for \$38,213 (total cost to be paid by employee, Steven M. Burgess).

Total Cost: \$38,213
Employer Cost: \$0
Employee Cost: \$38,213

SUMMARY OF REQUEST:

The MERS plan document allows for the purchase of up to five (5) years of generic service credits by an employee. The employee is responsible for the total cost of the purchase of generic service credits.

FINANCIAL INFORMATION:

Total Cost: \$38,213.00 | County Cost: \$0.00 | Included in Budget: Yes | No

If not included in budget, recommended funding source: Employee

ACTION IS RELATED TO AN ACTIVITY WHICH IS:

Mandated | Non-Mandated | New Activity

ACTION IS RELATED TO STRATEGIC PLAN:

Goal: #4

Objective: #6

ADMINISTRATION RECOMMENDATION:

Recommended

Not Recommended

County Administrator: **Alan G. Vanderberg**

Digitally signed by Alan G. Vanderberg
DN: cn=Alan G. Vanderberg, c=US, o=County of Ottawa, ou=Administrator's Office, email=avanderberg@miottawa.org
Reason: I am approving this document
Date: 2010.08.13 11:08:25 -0400

Committee/Governing/Advisory Board Approval Date: Finance and Administration Committee Meeting
8/24/2010

APPLICATION FOR ADDITIONAL CREDITED SERVICE
Member Certification and Governing Body Resolution

MEMBER

Name: Steven M. Burgess
 SSN: XXX-XX-0384
 DOB: 12/13/1965
 Age: 44 years, 7 months

CALCULATION DATE - 8/1/2010

(Estimate Not Valid After 2 Months)

EMPLOYER

Name: Ottawa Co
 Number/Div: 7003 / 21

BENEFIT PROGRAMS

Benefit B-4 (80% max)
 Benefit F50 (With 25 Years of Service)
 Benefit FAC-5 (5 Year Final Average Compensation)
 10 Year Vesting
 E2 COLA Benefit

ESTIMATED FAC ON CALCULATION DATE: \$59,655.38**CREDITED SERVICE**

Member's Service Credit as of Calculation Date:

16 years, 8 months

Type of Credited Service to be Granted:

Generic

Amount of Credited Service to be Granted:

2 years, 0 months

Total Estimated Actuarial Cost of Additional Credited Service:**\$38,213.00** [Payment Options on Reverse]**BENEFIT CALCULATION ASSUMPTIONS**

- It is assumed that the Member will continue working until the earliest date for unreduced retirement benefits. If the Member terminates prior to becoming eligible for unreduced benefits, the Employer understands and accepts that the actuarial cost will be different from the actuarial cost shown above.
- The Member's Final Average Compensation (FAC) is projected to increase 4.5% annually from the date of purchase to the date of retirement.
- The Plan's Investment Return is projected to be 8% annually.

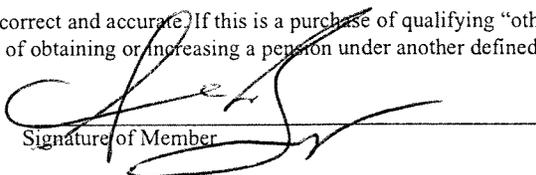
THE ADDITIONAL CREDITED SERVICE IS PROJECTED TO RESULT IN THE FOLLOWING CHANGES:

	Retirement Date	Age	Service Through	Total Service	FAC	Annual Benefit
Before Purchase	12/1/2018	52 yrs., 11 mths.	11/30/2018	25 yrs., 0 mths.	\$86,089.87	\$53,806.20
After Purchase	12/1/2016	50 yrs., 11 mths.	11/30/2016	25 yrs., 0 mths.	\$78,835.07	\$49,271.88

Note: MERS is not responsible for any Member or Employer supplied information, or any losses which may result if actual experience differs from actuarial assumptions. The Member and Employer are responsible for reviewing the information contained herein for accuracy, and assuming the risk that actual experience results in liability different than that estimated.

MEMBER CERTIFICATION

I certify that the above information is correct and accurate. If this is a purchase of qualifying "other governmental" service, I certify that the service has not and will not be recognized for the purpose of obtaining or increasing a pension under another defined benefit retirement plan.


 Signature of Member

7/18/10
 Date

GOVERNING BODY RESOLUTION

As provided by the MERS Plan Document, and in accordance with the Employer's policy there under, the additional credited service described above is hereby granted this Member by Resolution of the Governing Body of Ottawa Co, at its meeting on _____. The Employer understands this is an estimated cost, calculated using actuarial assumptions approved by the Retirement Board. Any difference between the assumptions and actual experience will affect the true cost of the additional service. For example, changes in benefit programs through adoption or transfer of the affected employee to a division with 'better' benefits; increases in wages other than 4.5% per year; and changes to the anticipated date of termination, will affect the actual cost of the additional service (increase or decrease). Thus, actual future events and experience may result in changes different than those assumed, and liability different than that estimated. The Employer understands and agrees that it is accountable for any difference between estimated and actual costs.

 Signature of Authorized Official from Ottawa Co

 Date

Action Request



Committee: Board of Commissioners

Meeting Date: 8/24/2010

Requesting Department: County Clerk

Submitted By: Greg Rappleye

Agenda Item: Resolution Establishing Fee to Perform Marriage Ceremony

SUGGESTED MOTION:

To approve and authorize the Board Chair and Clerk to sign the resolution establishing a \$10.00 fee for the Ottawa County Clerk to perform a marriage ceremony.

SUMMARY OF REQUEST:

The County Board of Commissioners may establish a fee for the County Clerk to perform a marriage ceremony. See: MCL 551.7(4).

FINANCIAL INFORMATION:

Total Cost: \$0.00 | County Cost: \$0.00 | Included in Budget: Yes | No

If not included in budget, recommended funding source:

ACTION IS RELATED TO AN ACTIVITY WHICH IS:

Mandated | Non-Mandated | New Activity

ACTION IS RELATED TO STRATEGIC PLAN:

Goal: #1

Objective: #2

ADMINISTRATION RECOMMENDATION:

Recommended

Not Recommended

County Administrator:

Alan G. Vanderberg

Digitally signed by Alan G. Vanderberg
DN: cn=Alan G. Vanderberg, c=US, o=County of Ottawa, ou=Administrator's Office, email=avanderberg@miottawa.org
Reason: I am approving this document
Date: 2010.08.13 11:19:08 -0400

Committee/Governing/Advisory Board Approval Date: Finance and Administration Committee Meeting
8/24/2010

MEMORANDUM

TO: Ottawa County Finance & Administration Committee

FROM: Gregory Rappleye, Ottawa County Corporation Counsel

DATE: July 27, 2010

RE: Resolution to Set Fee for County Clerk to
Perform a Marriage Ceremony



MCL 551.7(1)(g) authorizes a County Clerk to perform a marriage ceremony. MCL 551.7(4) authorizes the County Board of Commissioners to set a fee for performing this service. A Resolution to set the fee at \$10 is attached. This is the same amount set by district court magistrates for this service.

cc: Daniel C. Krueger, Ottawa County Clerk
Sherri Sayles, Ottawa County Deputy Clerk

Revised Statutes of 1846 (EXCERPT)
Chapter 83. Of marriage and the solemnization thereof.

551.7 Persons authorized to solemnize marriage; records; returns; disposition of fees charged by mayor or county clerk.

Sec. 7. (1) Marriages may be solemnized by any of the following:

- (a) A judge of the district court, in the district in which the judge is serving.
- (b) A district court magistrate, in the district in which the magistrate serves.
- (c) A municipal judge, in the city in which the judge is serving or in a township over which a municipal court has jurisdiction under section 9928 of the revised judicature act of 1961, 1961 PA 236, MCL 600.9928.
- (d) A judge of probate, in the county or probate court district in which the judge is serving.
- (e) A judge of a federal court.
- (f) A mayor of a city, anywhere in a county in which that city is located.
- (g) A county clerk in the county in which the clerk serves, or in another county with the written authorization of the clerk of the other county.
- (h) For a county having more than 2,000,000 inhabitants, an employee of the county clerk's office designated by the county clerk, in the county in which the clerk serves.
- (i) A minister of the gospel or cleric or religious practitioner, anywhere in the state, if the minister or cleric or religious practitioner is ordained or authorized to solemnize marriages according to the usages of the denomination.
- (j) A minister of the gospel or cleric or religious practitioner, anywhere in the state, if the minister or cleric or religious practitioner is not a resident of this state but is authorized to solemnize marriages under the laws of the state in which the minister or cleric or religious practitioner resides.

(2) A person authorized by this act to solemnize a marriage shall keep proper records and make returns as required by section 4 of 1887 PA 128, MCL 551.104.

(3) If a mayor of a city solemnizes a marriage, the mayor shall charge and collect a fee to be determined by the council of that city, which shall be paid to the city treasurer and deposited in the general fund of the city at the end of the month.

(4) If the county clerk or, in a county having more than 2,000,000 inhabitants, an employee of the clerk's office designated by the county clerk solemnizes a marriage, the county clerk shall charge and collect a fee to be determined by the commissioners of the county in which the clerk serves. The fee shall be paid to the treasurer for the county in which the clerk serves and deposited in the general fund of that county at the end of the month.

History: R.S. 1846, Ch. 83;—CL 1857, 3210;—CL 1871, 4725;—Am. 1873, Act 85, Eff. July 31, 1873;—How. 6215;—CL 1897, 8594;—Am. 1903, Act 139, Eff. Sept. 17, 1903;—Am. 1909, Act 235, Eff. Sept. 1, 1909;—CL 1915, 11368;—CL 1929, 12696;—Am. 1931, Act 28, Imd. Eff. Apr. 21, 1931;—Am. 1937, Act 42, Eff. Oct. 29, 1937;—CL 1948, 551.7;—Am. 1972, Act 211, Eff. July 1, 1972;—Am. 1975, Act 175, Imd. Eff. July 20, 1975;—Am. 1979, Act 24, Imd. Eff. June 6, 1979;—Am. 1983, Act 64, Imd. Eff. May 26, 1983;—Am. 2006, Act 419, Imd. Eff. Sept. 29, 2006;—Am. 2006, Act 613, Imd. Eff. Jan. 3, 2007;—Am. 2008, Act 47, Imd. Eff. Mar. 27, 2008.

COUNTY OF OTTAWA

STATE OF MICHIGAN

RESOLUTION

At a regular meeting of the Board of Commissioners of the County of Ottawa, Michigan, held at the Fillmore Street Complex in the Township of Olive, Michigan on the ____ day of _____, 2010 at _____ o'clock p.m. local time.

PRESENT: Commissioners: _____

ABSENT: Commissioners: _____

It was moved by Commissioner _____ and supported by Commissioner _____ that the following Resolution be adopted:

WHEREAS, the Ottawa County Board of Commissioners is authorized by MCL 551.7(4) to set a fee for the Ottawa County Clerk performing a marriage ceremony; and,

WHEREAS, the Ottawa County Clerk and the Ottawa County Board of Commissioners have agreed that a fee of \$10 should be established by the Ottawa County Board of Commissioners for performing a marriage ceremony;

NOW THEREFORE BE IT RESOLVED, that as authorized by MCL 551.7(4), effective Wednesday, September 1, 2010, a fee of \$10 shall be charged by the Ottawa County Clerk's Office for performing a wedding; and,

BE IT FURTHER RESOLVED, that all resolutions and parts of resolutions insofar as they conflict with this Resolution are hereby repealed.

YEAS: Commissioners: _____

NAYS: Commissioners: _____

ABSTENTIONS: Commissioners: _____

RESOLUTION ADOPTED.

Chairperson, Ottawa County
Board of Commissioners

Ottawa County Clerk

Action Request



Committee: Board of Commissioners

Meeting Date: 8/24/2010

Requesting Department: Human Resources

Submitted By: Marie Waalkes

Agenda Item: Community Mental Health Personnel Request for Mental Health Nurse

SUGGESTED MOTION:

To approve the request from Community Mental Health to create one (1) full-time Mental Health Nurse at a cost of \$67,169.

SUMMARY OF REQUEST:

Provide Medicaid-covered nursing services to adults served by the newly-formed CMH multidisciplinary team serving adult consumers with co-occurring mental illness and developmental disability/cognitive impairments (nursing assessments, medication training and support, patient education, medication administration, medication review/brief assessment, health assessments, etc.) Is a member of a multidisciplinary team; provides some support services to the psychiatric prescriber assigned to the team (including taking vitals, facilitating pre-authorization for medication, responding to medication requests/questions, etc.). Responds to emergent medical issues when physician is unavailable; advises other team members on mental- and physical-health issues relevant to consumer care.

FINANCIAL INFORMATION:

Total Cost: \$67,169.00 | County Cost: \$0.00 | Included in Budget: Yes | No

If not included in budget, recommended funding source: Medicaid Funds

ACTION IS RELATED TO AN ACTIVITY WHICH IS:

Mandated | Non-Mandated | New Activity

ACTION IS RELATED TO STRATEGIC PLAN:

Goal: #3

Objective:

ADMINISTRATION RECOMMENDATION: Recommended | Not Recommended

County Administrator: **Alan G. Vanderberg**

Digitally signed by Alan G. Vanderberg
DN: cn=Alan G. Vanderberg, c=US, o=County of Ottawa, ou=Administrator's Office, email=avanderberg@miottawa.org
Reason: I am approving this document
Date: 2010.08.13 13:13:31 -0400

Committee/Governing/Advisory Board Approval Date: Finance and Administration Committee Meeting
8/24/2010

COUNTY OF OTTAWA
2011 REGULAR FULL-TIME OR PART-TIME (BENEFITED) POSITION
REQUEST FORM

Please Print Form and Return to the Fiscal Services Department

POSITION TITLE: CMH Nurse

FUND/DEPARTMENT NUMBER: 6493-3256

CHECK ONE: New Position: Number of hours per week requested: 40
 Expansion of Existing Hours: From: _____ To: _____ per week

GENERAL INFORMATION:

1. Bargaining Unit:

2. Proposed Pay Grade:

3. Briefly describe the functions of this position:
Provide Medicaid-covered nursing services to adults served by the newly-formed CMH multidisciplinary team serving adult consumers with co-occurring mental illness and developmental disability/cognitive impairments (nursing assessments, medication training and support, patient education, medication administration, medication review/brief assessment, health assessments, etc.) Is a member of a multidisciplinary team; provides some support services to the psychiatric prescriber assigned to the team (including taking vitals, facilitating pre-authorization for medication, responding to medication requests/questions, etc.). Responds to emergent medical issues when physician is unavailable; advises other team members on mental- and physical-health issues relevant to consumer care.
4. Describe the justification for this position (Provide supporting documentation if appropriate.)
CMHOC is becoming more specialized in its treatment approach, incorporating evidence-based practices and developing more precise outcome models. Consumers with a co-occurring mental illness and cognitive impairment historically have had poorer outcomes than others. They often are involved in the criminal justice system, are homeless, and create stress within their families/guardians. They do not respond well to the type of cognitive-behavioral, psychoeducational evidence-based practices employed by our existing multidisciplinary treatment teams. Consumers who fall into this diagnostic group often are served through very expensive residential services, which means they are not fully integrated into their home community. By creating a specialized team with a focus on behavior modification, incentive/contingency programming, skills building, integrated mental/physical health and community living supports, we anticipate better clinical outcomes and more opportunities for these individuals to live close to family and friends. Staff assigned to this team will have skills working with both mentally ill and developmentally disabled/cognitively impaired individuals. The nurse will be a key component in delivering targeted, specialized services to the consumers assigned to this team.
5. Please identify the goals in the Board of Commissioners' Strategic Plan that this position will help to fulfill.
To contribute to a healthy physical, economic and community environment.
6. Will the job functions of this position be for mandated or discretionary functions of the department?
Mandated
7. How will this position specifically impact the department's performance measurements and what process will be used to measure the outcomes?
CMHOC has developed a sophisticated clinical outcome matrix. The clinician assigned to this team will be responsible for delivering services that result in improved functioning as measured by our outcome database.

(If the position being requested does not have an existing job description, please attach a description of anticipated duties.)

COST INFORMATION:

ESTIMATED SALARY COST FOR THE BUDGET YEAR:

ESTIMATED FRINGE BENEFIT COSTS FOR THE BUDGET YEAR:

ESTIMATED COST OF EQUIPMENT NEEDED IN CONJUNCTION WITH POSITION:
(If equipment is required, please complete an equipment request form and indicate it is for a new position.)

SIGNED: _____ DATE: _____

BUDGET DATA: _____ **CONTROL #:** _____
Fiscal Services Department Use Only Fiscal Services Department Use Only

County of Ottawa
2220 CMH
2011 Budget

Employee Name	Union code	W/C code	FTE	Salaries Permanent	FICA	Hospit- talization	OPEB	Life	Retirement	Dental	W/C	Unemployment	Optical	Disability	Total Fringes	Total Salaries & fringes
MH Program Coordinator	15	8810	1.0000	\$59,685	\$4,566	\$14,138	\$856	\$199	\$9,949	\$726	\$14	\$169	\$167	\$258	\$31,042	\$90,727
			1.0000	\$59,685	\$4,566	\$14,138	\$856	\$199	\$9,949	\$726	\$14	\$169	\$167	\$258	\$31,042	\$90,727

County of Ottawa
2220 CMH
2011 Budget

7040.0000	7150.0000	7160.0000	7170.0000	7180.0000	7190.0000	7200.0000	7220.0000	7230.0000	7240.0000
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Employee Name	Union code	W/C code	FTE	Salaries Permanent	FICA	Hospit- talization	OPEB	Life	Retirement	Dental	W/C	Unemployment	Optical	Disability	Total Fringes	Total Salaries & fringes
CMH Nurse	13	8833	1.0000	\$42,537	\$3,254	\$14,138	\$856	\$94	\$3,964	\$726	\$69	\$120	\$167	\$184	\$23,572	\$66,109
			1.0000	\$42,537	\$3,254	\$14,138	\$856	\$94	\$3,964	\$726	\$69	\$120	\$167	\$184	\$23,572	\$66,109

County of Ottawa
2220 CMH
2011 Budget

7040.0000	7150.0000	7160.0000	7170.0000	7180.0000	7190.0000	7200.0000	7220.0000	7230.0000	7240.0000
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Employee Name	Union code	W/C code	FTE	Salaries Permanent	FICA	Hospit- talization	OPEB	Life	Retirement	Dental	W/C	Unemployment	Optical	Disability	Total Fringes	Total Salaries & fringes
Mental Health Clinician	13	8833	1.0000	\$45,227	\$3,460	\$14,138	\$856	\$100	\$4,215	\$726	\$74	\$128	\$167	\$195	\$24,059	\$69,286
			1.0000	\$45,227	\$3,460	\$14,138	\$856	\$100	\$4,215	\$726	\$74	\$128	\$167	\$195	\$24,059	\$69,286

County of Ottawa
2220 CMH
2011 Budget

7040.0000	7150.0000	7160.0000	7170.0000	7180.0000	7190.0000	7200.0000	7220.0000	7230.0000	7240.0000
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Employee Name	Union code	W/C code	FTE	Salaries Permanent	FICA	Hospit- talization	OPEB	Life	Retirement	Dental	W/C	Unemployment	Optical	Disability	Total Fringes	Total Salaries & fringes
Peer Specialist	13	8833	1.0000	\$26,555	\$2,031	\$14,138	\$856	\$59	\$2,475	\$726	\$43	\$75	\$167	\$115	\$20,685	\$47,240
			1.0000	\$26,555	\$2,031	\$14,138	\$856	\$59	\$2,475	\$726	\$43	\$75	\$167	\$115	\$20,685	\$47,240

County of Ottawa
2220 CMH
2011 Budget

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Employee Name	Union code	W/C code	FTE	Salaries Permanent	FICA	Hospit- talization	OPEB	Life	Retirement	Dental	W/C	Unemployment	Optical	Disability	Total Fringes	Total Salaries & fringes
CMH Nurse, Nancy Pifer @ .5 FTE	13	8833	-0.5000	\$21,490	\$1,644	\$7,069	-\$428	-\$48	-\$2,003	-\$363	-\$35	-\$61	-\$84	-\$93	-\$11,828	-\$33,318
CMH Nurse, Nancy Pifer @ 1.0 FTE	13	8833	1.0000	\$42,980	\$3,288	\$14,138	\$856	\$95	\$4,006	\$726	\$70	\$121	\$167	\$186	\$23,653	\$66,653
Difference			0.5000	\$21,490	\$1,644	\$7,069	\$428	\$47	\$2,003	\$363	\$35	\$60	\$83	\$93	\$11,825	\$33,315

7040.0000	7150.0000	7160.0000	7170.0000	7180.0000	7190.0000	7200.0000	7220.0000	7230.0000	7240.0000
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Action Request



Committee: Board of Commissioners

Meeting Date: 8/24/2010

Requesting Department: Human Resources

Submitted By: Marie Waalkes

Agenda Item: Community Mental Health Personnel Request for Mental Health Nurse - Children's Services

SUGGESTED MOTION:

To approve the request from Community Mental Health to increase a .5 FTE Mental Health Nurse to one (1) full-time Mental Health Nurse at a cost of \$33,315.

SUMMARY OF REQUEST:

Provide Medicaid-covered nursing services to children served by the CMHOC Children's Services team (nursing assessments, medication training and support, patient education, medication administration, medication review/brief assessment, health assessments, etc.) Is a member of a multidisciplinary team that manages care for children and families; provides some support services to the child psychiatrist. Current nursing capacity is insufficient to meet the needs of the Children's team. Number of children meeting eligibility for CMHOC services increasing, with 42% increase in the number of children served in the current fiscal year compared to last fiscal year.

FINANCIAL INFORMATION:

Total Cost: \$33,315.00 | County Cost: \$0.00 | Included in Budget: Yes | No

If not included in budget, recommended funding source: Medicaid Funds

ACTION IS RELATED TO AN ACTIVITY WHICH IS:

Mandated | Non-Mandated | New Activity

ACTION IS RELATED TO STRATEGIC PLAN:

Goal: Goal #3

Objective:

ADMINISTRATION RECOMMENDATION: Recommended | Not Recommended

County Administrator: **Alan G. Vanderberg**

Digitally signed by Alan G. Vanderberg
DN: cn=Alan G. Vanderberg, c=US, o=County of Ottawa, ou=Administrator's Office, email=avanderberg@mottawa.org
Reason: I am approving this document
Date: 2010.08.13 14:12:09 -0400

Committee/Governing/Advisory Board Approval Date: Finance and Administration Committee Meeting
8/24/2010

COUNTY OF OTTAWA
2011 REGULAR FULL-TIME OR PART-TIME (BENEFITED) POSITION
REQUEST FORM

Please Print Form and Return to the Fiscal Services Department

POSITION TITLE: Mental Health Nurse - Children's Services **FUND/DEPARTMENT NUMBER:**
6493.4244/4245

CHECK ONE: New Position: Number of hours per week requested: _____
 Expansion of Existing Hours: From: 20 To: 40 per week

GENERAL INFORMATION:

1. Bargaining Unit:

2. Proposed Pay Grade:

3. Briefly describe the functions of this position:
Provide Medicaid-covered nursing services to children served by the CMHOC Children's Services team (nursing assessments, medication training and support, patient education, medication administration, medication review/brief assessment, health assessments, etc.) Is a member of a mutlidisciplinary team that manages care for children and families; provides some support services to the child psychiatrist (including taking vitals, facilitating pre-authorization for medication, responding to medication requests/questions, etc.). Responds to emergent medical issues when physician is unavailable; advises other team members on mental- and physicial-health issues relevant to consumer care.
4. Describe the justification for this position (Provide supporting documentation if appropriate.)
Current nursing capacity is insufficient to meet the needs of the Children's team. Number of children meeting eligibility for CMHOC services increasing, with 42% increase in the number of children served in the current fiscal year compared to last fiscal year. CMHOC has a Performance Improvement Project goal to increase penetration rate for children, per directive of the Michigan Department of Communy Health, which is resulting in more families being served. Because the psychiatrist assigned to the team is part-time, the nurse is repsonsible for much of the triage and follow-up to issues that arise when the physician is not in the office. The potential for gaps in service response is growing without a full-time medical professional on the team.
5. Please identify the goals in the Board of Commissioners' Strategic Plan that this position will help to fulfill.
To contribute to a healthy physical, economic and community environment.
6. Will the job functions of this position be for mandated or discretionary functions of the department?
Mandated
7. How will this position specifically impact the department's performance measurements and what process will be used to measure the outcomes?
Full-time nursing position will allow CMHOC to adequately serve the increased numbers of children being served, per our MDCH Performance IMprovement Project as cited above. We will use established clinical outcome data and direct-care service data to monitor the position's clinical and cost effectiveness.

(If the position being requested does not have an existing job description, please attach a description of anticipated duties.)

COST INFORMATION:

ESTIMATED SALARY COST FOR THE BUDGET YEAR:

ESTIMATED FRINGE BENEFIT COSTS FOR THE BUDGET YEAR:

ESTIMATED COST OF EQUIPMENT NEEDED IN CONJUNCTION WITH POSITION:
(If equipment is required, please complete an equipment request form and indicate it is for a new position.)

SIGNED: _____ DATE: _____

BUDGET DATA: _____
Fiscal Services Department Use Only

CONTROL #: _____
Fiscal Services Department Use Only

County of Ottawa
2220 CMH
2011 Budget

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MH Program Coordinator	15	8810	1.0000	\$59,685	\$4,566	\$14,138	\$856	\$199	\$9,949	\$726	\$14	\$169	\$167	\$258	\$31,042	\$90,727
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County of Ottawa
2220 CMH
2011 Budget

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County of Ottawa
2220 CMH
2011 Budget

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7040.0000 7150.0000 7160.0000 7170.0000 7180.0000 7190.0000 7200.0000 7220.0000 7230.0000 7240.0000

County of Ottawa
2220 CMH
2011 Budget

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County of Ottawa
2220 CMH
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7040.0000 7150.0000 7160.0000 7170.0000 7180.0000 7190.0000 7200.0000 7220.0000 7230.0000 7240.0000

Difference

			0.5000	\$21,490	\$1,644	\$7,069	\$428	\$47	\$2,003	\$363	\$35	\$60	\$83	\$93	\$11,825	\$33,315
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Action Request



Committee: Board of Commissioners

Meeting Date: 8/24/2010

Requesting Department: Human Resources

Submitted By: Marie Waalkes

Agenda Item: Community Mental Health Personnel Request for Mental Health Program Coordinator

SUGGESTED MOTION:

To approve the request from Community Mental Health to create one (1) full-time Mental Health Program Coordinator at a cost of \$92,507.

SUMMARY OF REQUEST:

This position will supervise a newly created multidisciplinary treatment team serving CMH consumers who have a co-occurring mental illness and cognitive impairment. This will be a highly specialized team to include mental health specialists, mental health clinician/psychologist, psychiatrist/nurse practitioner, nurse, peer specialist, support staff, and potentially supported employment specialist. The coordinator will directly supervise staff, and also coordinate services for this population with other community providers, including the Intermediate School District, Department of Human Services, Ottawa County Jail, Residential Treatment providers, and others. The coordinator will be heavily involved in program development for this unique consumer population, as well as eligibility determination and clinical outcome monitoring.

FINANCIAL INFORMATION:

Total Cost: \$92,507.00 | County Cost: \$0.00 | Included in Budget: Yes | No

If not included in budget, recommended funding source: Medicaid Funds

ACTION IS RELATED TO AN ACTIVITY WHICH IS:

Mandated | Non-Mandated | New Activity

ACTION IS RELATED TO STRATEGIC PLAN:

Goal: Goal #3

Objective:

ADMINISTRATION RECOMMENDATION: Recommended | Not Recommended

County Administrator: **Alan G. Vanderberg**

Digitally signed by Alan G. Vanderberg
DN: cn=Alan G. Vanderberg, c=US, o=County of Ottawa, ou=Administrator's Office, email=avanderberg@miottawa.org
Reason: I am approving this document
Date: 2010.08.13 14:17:00 -0400

Committee/Governing/Advisory Board Approval Date: Finance and Administration Committee Meeting
8/24/2010

COUNTY OF OTTAWA
2011 REGULAR FULL-TIME OR PART-TIME (BENEFITED) POSITION
REQUEST FORM

Please Print Form and Return to the Fiscal Services Department

POSITION TITLE: Mental Health Program Coordinator **FUND/DEPARTMENT NUMBER:** 6493-3256

CHECK ONE: New Position: Number of hours per week requested: 40
 Expansion of Existing Hours: From: _____ To: _____ per week

GENERAL INFORMATION:

1. Bargaining Unit:

2. Proposed Pay Grade:

3. Briefly describe the functions of this position:

This position will supervise a newly created multidisciplinary treatment team serving CMH consumers who have a co-occurring mental illness and cognitive impairment. This will be a highly specialized team to include mental health specialists, mental health clinician/psychologist, psychiatrist/nurse practitioner, nurse, peer specialist, support staff, and potentially supported employment specialist. The coordinator will directly supervise staff, and also coordinate services for this population with other community providers, including the Intermediate School District, Department of Human Services, Ottawa County Jail, Residential Treatment providers, and others. The coordinator will be heavily involved in program development for this unique consumer population, as well as eligibility determination and clinical outcome monitoring.

4. Describe the justification for this position (Provide supporting documentation if appropriate.)

CMHOC is becoming more specialized in its treatment approach, incorporating evidence-based practices and developing more precise outcome models. Consumers with a co-occurring mental illness and cognitive impairment historically have had poorer outcomes than others. They often are involved in the criminal justice system, are homeless, and create stress within their families/guardians. They do not respond well to the type of cognitive-behavioral, psychoeducational evidence-based practices employed by our existing multidisciplinary treatment teams. Consumers who fall into this diagnostic group often are served through very expensive residential services, which means they are not fully integrated into their home community. By creating a specialized team with a focus on behavior modification, incentive/contingency programming, skill building and community living supports, we anticipate better clinical outcomes and more opportunities for these individuals to live close to family and friends. Staff assigned to this team will have skills working with both mentally ill and developmentally disabled/cognitively impaired individuals. The coordinator will be a key component in developing and supervising a wraparound treatment approach for these consumers.

5. Please identify the goals in the Board of Commissioners' Strategic Plan that this position will help to fulfill.
To contribute to a healthy physical, economic and community environment.

6. Will the job functions of this position be for mandated or discretionary functions of the department?
Mandated

7. How will this position specifically impact the department's performance measurements and what process will be used to measure the outcomes?
CMHOC has developed a sophisticated clinical outcome matrix. The coordinator assigned to this team will be responsible for collecting and monitoring outcome data, and adjusting the treatment approach as needed. This is consistent with the responsibilities of other team leaders within the agency. The coordinator also will have oversight of multi-systems initiatives involving consumers assigned to this team (e.g., reduction in jail time, guardianship issues, coordination with physical health care providers, etc.), as required by our accrediting body (CARF).

(If the position being requested does not have an existing job description, please attach a description of anticipated duties.)

COST INFORMATION:

ESTIMATED SALARY COST FOR THE BUDGET YEAR: \$59,685.00

ESTIMATED FRINGE BENEFIT COSTS FOR THE BUDGET YEAR: \$31,042.00

ESTIMATED COST OF EQUIPMENT NEEDED IN CONJUNCTION WITH POSITION: \$1,780.00
(If equipment is required, please complete an equipment request form and indicate it is for a new position.)

SIGNED: _____ DATE: _____

BUDGET DATA: _____ **CONTROL #:** _____
Fiscal Services Department Use Only Fiscal Services Department Use Only

County of Ottawa
2220 CMH
2011 Budget

Employee Name	Union code	W.C. code	FTE	Salaries Permanent	FICA	Hospit- talization	OPEB	Life	Retirement	Dental	W/C	Unemployment	Optical	Disability	Total Fringes	Total Salaries & fringes
MH Program Coordinator	15	8810	1.0000	\$59,685	\$4,566	\$14,138	\$856	\$199	\$9,949	\$726	\$14	\$169	\$167	\$258	\$31,042	\$90,727
			1.0000	\$59,685	\$4,566	\$14,138	\$856	\$199	\$9,949	\$726	\$14	\$169	\$167	\$258	\$31,042	\$90,727

County of Ottawa
2220 CMH
2011 Budget

7040.0000	7150.0000	7160.0000	7160.0020	7170.0000	7180.0000	7190.0000	7200.0000	7220.0000	7230.0000	7240.0000
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Employee Name	Union code	W.C. code	FTE	Salaries Permanent	FICA	Hospit- talization	OPEB	Life	Retirement	Dental	W/C	Unemployment	Optical	Disability	Total Fringes	Total Salaries & fringes
CMH Nurse	13	8833	1.0000	\$42,537	\$3,254	\$14,138	\$856	\$94	\$3,964	\$726	\$69	\$120	\$167	\$184	\$23,572	\$66,109
			1.0000	\$42,537	\$3,254	\$14,138	\$856	\$94	\$3,964	\$726	\$69	\$120	\$167	\$184	\$23,572	\$66,109

County of Ottawa
2220 CMH
2011 Budget

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Employee Name	Union code	W.C. code	FTE	Salaries Permanent	FICA	Hospit- talization	OPEB	Life	Retirement	Dental	W/C	Unemployment	Optical	Disability	Total Fringes	Total Salaries & fringes
Mental Health Clinician	13	8833	1.0000	\$45,227	\$3,460	\$14,138	\$856	\$100	\$4,215	\$726	\$74	\$128	\$167	\$195	\$24,059	\$69,286
			1.0000	\$45,227	\$3,460	\$14,138	\$856	\$100	\$4,215	\$726	\$74	\$128	\$167	\$195	\$24,059	\$69,286

County of Ottawa
2220 CMH
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Employee Name	Union code	W.C. code	FTE	Salaries Permanent	FICA	Hospit- talization	OPEB	Life	Retirement	Dental	W/C	Unemployment	Optical	Disability	Total Fringes	Total Salaries & fringes
Peer Specialist	13	8833	1.0000	\$26,555	\$2,031	\$14,138	\$856	\$59	\$2,475	\$726	\$43	\$75	\$167	\$115	\$20,685	\$47,240
			1.0000	\$26,555	\$2,031	\$14,138	\$856	\$59	\$2,475	\$726	\$43	\$75	\$167	\$115	\$20,685	\$47,240

County of Ottawa
2220 CMH
2011 Budget

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CMH Nurse, Nancy Pifer @ .5 FTE	13	8833	-0.5000	\$21,490	\$1,644	\$7,069	\$428	\$48	\$2,003	\$363	\$35	\$61	\$84	\$93	\$11,828	\$33,318
CMH Nurse, Nancy Pifer @ 1.0 FTE	13	8833	1.0000	\$42,980	\$3,288	\$14,138	\$856	\$95	\$4,006	\$726	\$70	\$121	\$167	\$186	\$23,653	\$66,653
Difference			0.5000	\$21,490	\$1,644	\$7,069	\$428	\$47	\$2,003	\$363	\$35	\$60	\$83	\$93	\$11,825	\$33,315

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Action Request



Committee: Board of Commissioners

Meeting Date: 8/24/2010

Requesting Department: Human Resources

Submitted By: Marie Waalkes

Agenda Item: Community Mental Health Personnel Request for Mental Health Clinician

SUGGESTED MOTION:

To approve the request from Community Mental Health to eliminate one (1) full-time Mental Health Specialist (Group T/paygrade 12) and to create one (1) full-time Mental Health Clinician at a cost of \$71,066.

SUMMARY OF REQUEST:

To provide clinical services to adult consumers with co-occurring mental illness and developmental disability/cognitive impairment. Services will include psychological testing, psychosocial assessment, treatment planning, behavior treatment planning/implementation/monitoring, individual and group therapy, and oversight of other services being delivered to consumers (e.g., community living supports, case management, residential services, etc.). This position will be part of a newly created multidisciplinary treatment team to serve this co-occurring population.

FINANCIAL INFORMATION:

Total Cost: \$71,066.00 | County Cost: \$0.00 | Included in Budget: Yes No

If not included in budget, recommended funding source: Medicaid Funds

ACTION IS RELATED TO AN ACTIVITY WHICH IS:

Mandated Non-Mandated New Activity

ACTION IS RELATED TO STRATEGIC PLAN:

Goal: Goal #3

Objective:

ADMINISTRATION RECOMMENDATION:

Recommended Not Recommended

County Administrator: **Alan G. Vanderberg**

Digitally signed by Alan G. Vanderberg
DN: cn=Alan G. Vanderberg, c=US, o=County of Ottawa, ou=Administrator's Office, email=avanderberg@mottawa.org
Reason: I am approving this document
Date: 2010.08.15 14:42:30 -0400

Committee/Governing/Advisory Board Approval Date: Finance and Administration Committee Meeting
8/24/2010

COUNTY OF OTTAWA
2011 REGULAR FULL-TIME OR PART-TIME (BENEFITED) POSITION
REQUEST FORM

Please Print Form and Return to the Fiscal Services Department

POSITION TITLE: Mental Health Clinician

FUND/DEPARTMENT NUMBER: 6493-3256

CHECK ONE: New Position: Number of hours per week requested: 40
 Expansion of Existing Hours: From: _____ To: _____ per week

GENERAL INFORMATION:

1. Bargaining Unit:

2. Proposed Pay Grade:

3. Briefly describe the functions of this position:
To provide clinical services to adult consumers with co-occurring mental illness and developmental disability/cognitive impairment. Services will include psychological testing, psychosocial assessment, treatment planning, behavior treatment planning/implementation/monitoring, individual and group therapy, and oversight of other services being delivered to consumers (e.g., community living supports, case management, residential services, etc.). This position will be part of a newly created multidisciplinary treatment team to serve this co-occurring population.

4. Describe the justification for this position (Provide supporting documentation if appropriate.)
CMHOC is becoming more specialized in nits treatment approach, incorporating devidence-based practices and developinog more precise outcome models. Consumers with a co-occurring mental illness and cognitive impairment historically have had poorer outcomes than others. They often are involved in the criminal justice system, are homeless, and crate stress within their families/guardians. They do not respond well to the type of cognitive-behavioral, psycdhoeducational evicence-based practices employed by our existing multidisciplinary treatment teamms. Consumers who fall into this diagnostic group foten are served through very expensive residential services, which means they are not fully integrated into their home community. By creating a specialized team with a focus on behavior modification, incentive/contingency programming, skills bilding and community living supports, we anticipate better clinical outcomes and more opportunities for these individuals to live close to famly and friends. Staff assigned to this team will have skills working with both mentally ill and developmentally disabled/cognitively impaired individuals. The clinician will be a key component in delivering targeted, specialized services to the consumers assigned to this team.

5. Please identify the goals in the Board of Commissioners' Strategic Plan that this position will help to fulfill.
To contribute to a healthy physical, economic and community enfirnment

6. Will the job functions of this position be for mandated or discretionary functions of the department?
Mandated

7. How will this position specifically impact the department's performance measurements and what process will be used to measure the outcomes?
CMHOC has developed a sophisticated clinical outcome matrix. The clinician assigned to this team will be responsible for delivering services that result in improved functioning as measured by our outcome database.

(If the position being requested does not have an existing job description, please attach a description of anticipated duties.)

COST INFORMATION:

ESTIMATED SALARY COST FOR THE BUDGET YEAR:

ESTIMATED FRINGE BENEFIT COSTS FOR THE BUDGET YEAR:

ESTIMATED COST OF EQUIPMENT NEEDED IN CONJUNCTION WITH POSITION:

(If equipment is required, please complete an equipment request form and indicate it is for a new position.)

SIGNED: _____ DATE: _____

BUDGET DATA: _____ **CONTROL #:** _____
Fiscal Services Department Use Only Fiscal Services Department Use Only

County of Ottawa
2220 CMH
2011 Budget

Employee Name	Union code	W/C code	FTE	Salaries Permanent	FICA	Hospit- talization	OPEB	Life	Retirement	Dental	W/C	Unemployment	Optical	Disability	Total Fringes	Total Salaries & fringes
MH Program Coordinator	15	8810	1.0000	\$59,685	\$4,566	\$14,138	\$856	\$199	\$9,949	\$726	\$14	\$169	\$167	\$258	\$31,042	\$90,727
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County of Ottawa
2220 CMH
2011 Budget

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County of Ottawa
2220 CMH
2011 Budget

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County of Ottawa
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			1.0000	\$26,555	\$2,031	\$14,138	\$856	\$59	\$2,475	\$726	\$43	\$75	\$167	\$115	\$20,685	\$47,240

County of Ottawa
2220 CMH
2011 Budget

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CMH Nurse, Nancy Pifer @ .5 FTE	13	8833	-0.5000	\$21,490	\$1,644	\$7,069	\$428	\$48	\$2,003	\$363	\$35	\$61	\$84	\$93	\$11,828	\$33,318
CMH Nurse, Nancy Pifer @ 1.0 FTE	13	8833	1.0000	\$42,980	\$3,288	\$14,138	\$856	\$95	\$4,006	\$726	\$70	\$121	\$167	\$186	\$23,653	\$66,653
Difference			0.5000	\$21,490	\$1,644	\$7,069	\$428	\$47	\$2,003	\$363	\$35	\$60	\$83	\$93	\$11,825	\$33,315

7040.0000	7150.0000	7160.0000	7170.0000	7180.0000	7190.0000	7200.0000	7220.0000	7230.0000	7240.0000
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Action Request



Committee: Board of Commissioners

Meeting Date: 8/24/2010

Requesting Department: Human Resources

Submitted By: Marie Waalkes

Agenda Item: Community Mental Health Personnel Request for Parent Peer Specialist

SUGGESTED MOTION:

To approve the request from Community Mental Health to create one (1) full-time Parent Peer Specialist at a cost of \$47,240.

SUMMARY OF REQUEST:

Provide peer specialist services and parent support/education as defined by the Medicaid Provider manual to children and families receiving mental health services from the Children's Services team, including orientation to CMH services; assisting consumers to achieve their treatment and recovery goals; providing WRAP (Wellness Recovery Action Planning) and other psychoeducation services ; mentoring and encouraging children and families toward recovery; providing direct service to assist children and families in achieving maximum independence and community integration, and other activities as determined by the consumer's treatment plan and in conjunction with members of the consumer's treatment team.

FINANCIAL INFORMATION:

Total Cost: \$47,240.00 | County Cost: \$0.00 | Included in Budget: Yes | No

If not included in budget, recommended funding source: Medicaid Funds

ACTION IS RELATED TO AN ACTIVITY WHICH IS:

Mandated | Non-Mandated | New Activity

ACTION IS RELATED TO STRATEGIC PLAN:

Goal: Goal #3

Objective:

ADMINISTRATION RECOMMENDATION:

Recommended

Not Recommended

County Administrator: **Alan G. Vanderberg**

Digitally signed by Alan G. Vanderberg
DN: cn=Alan G. Vanderberg, c=US, ou=County of Ottawa, ou=Administrator's Office, email=avanderberg@mottawa.org
Reason: I am approving this document
Date: 2010.08.13 14:45:46 -0400

Committee/Governing/Advisory Board Approval Date: Finance and Administration Committee Meeting
8/24/2010

COUNTY OF OTTAWA
2011 REGULAR FULL-TIME OR PART-TIME (BENEFITED) POSITION
REQUEST FORM

Please Print Form and Return to the Fiscal Services Department

POSITION TITLE: Parent Peer Specialist

FUND/DEPARTMENT NUMBER: 6493.4245

CHECK ONE: New Position: Number of hours per week requested: 40
 Expansion of Existing Hours: From: _____ To: _____ per week

GENERAL INFORMATION:

1. Bargaining Unit: Group T

06

2. Proposed Pay Grade: Please note: This position is contingent upon receipt of a Mental Health Block Grant, which will cover all salary/benefits costs for 2 years, with a potential for 3 additional years of funding at a 1:4 match ratio.

3. Briefly describe the functions of this position:

Provide peer specialist services and parent support/education as defined by the Medicaid Provider manual to children and families receiving mental health services from the Children's Services team, including orientation to CMH services; assisting consumers to achieve their treatment and recovery goals, providing WRAP (Wellness Recovery Action Planning) and other psychoeducation services; mentoring and encouraging children and families toward recovery; providing direct service to assist children and families in achieving maximum independence and community integration, and other activities as determined by the consumer's treatment plan and in conjunction with members of the consumer's treatment team. A parent peer specialist also will strengthen the wider Ottawa County system of care for children and families by offering support groups to parents whose children do not meet the threshold for CMHOC services.

4. Describe the justification for this position (Provide supporting documentation if appropriate.)
The Department of Community Health strongly encourages inclusion of peer specialists in all aspects of CMHOC programming. A Parent Peer specialist is an individuals whose child has a severe emotional disturbance and who has received public mental health services. CMHOC committed throught the DCH Application for Renewal and Recommitment (ARR) to increase the number of peer specialists in its programming. CMHOC lags dramatically compared to other CMH programs across the state in the number of peer specialists utilized.

5. Please identify the goals in the Board of Commissioners' Strategic Plan that this position will help to fulfill.
To contribute to a healthy physical, economic and community environment.

6. Will the job functions of this position be for mandated or discretionary functions of the department?
Mandated

7. How will this position specifically impact the department's performance measurements and what process will be used to measure the outcomes?
We will achieve our targets as identified in the ARR as described above. Consumer satisfaction with treatment services will continue to be monitored, with specific questions related to availability and quality of Peer Specialist services.

(If the position being requested does not have an existing job description, please attach a description of anticipated duties.)

COST INFORMATION:

ESTIMATED SALARY COST FOR THE BUDGET YEAR: \$26,555.00

ESTIMATED FRINGE BENEFIT COSTS FOR THE BUDGET YEAR: \$20,685.00

ESTIMATED COST OF EQUIPMENT NEEDED IN CONJUNCTION WITH POSITION:
(If equipment is required, please complete an equipment request form and indicate it is for a new position.)

SIGNED: _____ DATE: _____

BUDGET DATA: _____
Fiscal Services Department Use Only

CONTROL #: _____
Fiscal Services Department Use Only

County of Ottawa
2220 CMH
2011 Budget

Employee Name	Union code	W/C code	FTE	Salaries Permanent	FICA	Hospit- talization	OPEB	Life	Retirement	Dental	W/C	Unemployment	Optical	Disability	Total Fringes	Total Salaries & fringes
MH Program Coordinator	15	8810	1.0000	\$59,685	\$4,566	\$14,138	\$856	\$199	\$9,949	\$726	\$14	\$169	\$167	\$258	\$31,042	\$90,727
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County of Ottawa
2220 CMH
2011 Budget

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County of Ottawa
2220 CMH
2011 Budget

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County of Ottawa
2220 CMH
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County of Ottawa
2220 CMH
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CMH Nurse, Nancy Pifer @ .5 FTE	13	8833	-0.5000	\$21,490	\$1,644	\$7,069	\$428	\$48	\$2,003	\$363	\$35	\$61	\$84	\$93	\$11,828	\$33,318
CMH Nurse, Nancy Pifer @ 1.0 FTE	13	8833	1.0000	\$42,980	\$3,288	\$14,138	\$856	\$95	\$4,006	\$726	\$70	\$121	\$167	\$186	\$23,653	\$66,653
Difference			0.5000	\$21,490	\$1,644	\$7,069	\$428	\$47	\$2,003	\$363	\$35	\$60	\$83	\$93	\$11,825	\$33,315

7040.0000	7150.0000	7160.0000	7170.0000	7180.0000	7190.0000	7200.0000	7220.0000	7230.0000	7240.0000
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Action Request



Committee: Board of Commissioners

Meeting Date: 8/24/2010

Requesting Department: Human Resources

Submitted By: Marie Waalkes

Agenda Item: Community Mental Health Personnel Request for Peer Specialist - ACT/IDDT

SUGGESTED MOTION:

To approve the request from Community Mental Health to create one (1) full-time Peer Specialist - ACT/IDDT at a cost of \$47,240.

SUMMARY OF REQUEST:

Provide peer specialist services as defined by the Medicaid Provider manual to consumers served by the Assertive Community Treatment/Integrated Dual Disorder Treatment Team; orienting consumers to ACT/IDDT services, assisting consumers to achieve their mental health recovery goals; providing Recovery and WRAP (Wellness Recovery Action Planning) services; mentoring and encouraging consumers toward recover; participating in community integration activities with consumers.

FINANCIAL INFORMATION:

Total Cost: \$47,240.00 | County Cost: \$0.00 | Included in Budget: Yes No

If not included in budget, recommended funding source: Medicaid Funds

ACTION IS RELATED TO AN ACTIVITY WHICH IS:

Mandated Non-Mandated New Activity

ACTION IS RELATED TO STRATEGIC PLAN:

Goal: Goal #3

Objective:

ADMINISTRATION RECOMMENDATION: Recommended Not Recommended

County Administrator: **Alan G. Vanderberg**

Digitally signed by Alan G. Vanderberg
DN: cn=Alan G. Vanderberg, c=US, o=County of Ottawa, ou=Administrator's Office, email=avanderberg@mottawa.org
Reason: I am approving this document
Date: 2010.08.19 16:16:52 -0400

Committee/Governing/Advisory Board Approval Date: Finance and Administration Committee Meeting
8/24/2010

COUNTY OF OTTAWA
2011 REGULAR FULL-TIME OR PART-TIME (BENEFITED) POSITION
REQUEST FORM

Please Print Form and Return to the Fiscal Services Department

POSITION TITLE: Peer Specialist - ACT/IDDT **FUND/DEPARTMENT NUMBER:** 6493.3249

CHECK ONE: New Position: Number of hours per week requested: 40
 Expansion of Existing Hours: From: _____ To: _____ per week

GENERAL INFORMATION:

1. Bargaining Unit:

2. Proposed Pay Grade:

3. Briefly describe the functions of this position:
Provide peer specialist services as defined by the Medicaid Provider manual to consumers served by the Assertive Community Treatment/Integrated Dual Disorder Treatment Team; orienting consumers to ACT/IDDT services, assisting consumers to achieve their mental health recovery goals; providing Recovery and WRAP (Wellness Recovery Action Planning) services; mentoring and encouraging consumers toward recover; partiicipaing in community integration activities with consumers.

4. Describe the justification for this position (Provide supporting documentation if appropriate.)
The Department of Community Health strongly encourages inclusion of peer specialists in all aspects of CMHOC programming. Peer specialists are individuals who have a mental illness or co-occurring mental illness and substance use disorder and have received public mental health services. CMHOC committed throught the DCH Application for Renewal and Recommitment (ARR) to increase the number of peer specialists in its programming. CMHOC lags dramatically compared to other CMH programs across the state in the number of peer specialists utilized. Last year CMHOC added 3 full-time peer specialist positions and assigned them to other treatment teams; this new position is a continuation of the effort to embed peer specialst services into all programming for mentally ill consumers.

5. Please identify the goals in the Board of Commissioners' Strategic Plan that this position will help to fulfill.
To contribute to a healthy physical, economic and community environment.

6. Will the job functions of this position be for mandated or discretionary functions of the department?
Mandated

7. How will this position specifically impact the department's performance measurements and what process will be used to measure the outcomes?
We will achieve our targets as identified in the ARR as described above. Consumer satisfaction with ACT/IDDT services will continue to be monitored, with specific questions related to availability and quality of Peer Specialist services.

(If the position being requested does not have an existing job description, please attach a description of anticipated duties.)

COST INFORMATION:

ESTIMATED SALARY COST FOR THE BUDGET YEAR:

ESTIMATED FRINGE BENEFIT COSTS FOR THE BUDGET YEAR:

ESTIMATED COST OF EQUIPMENT NEEDED IN CONJUNCTION WITH POSITION:
(If equipment is required, please complete an equipment request form and indicate it is for a new position.)

SIGNED: _____ DATE: _____

BUDGET DATA: _____
Fiscal Services Department Use Only

CONTROL #: _____
Fiscal Services Department Use Only

County of Ottawa
2220 CMH
2011 Budget

Employee Name	Union code	W/C code	FTE	Salaries Permanent	FICA	Hospit- talization	OPEB	Life	Retirement	Dental	W/C	Unemployment	Optical	Disability	Total Fringes	Total Salaries & fringes
MH Program Coordinator	15	8810	1.0000	\$59,685	\$4,566	\$14,138	\$856	\$199	\$9,949	\$726	\$14	\$169	\$167	\$258	\$31,042	\$90,727
			1.0000	\$59,685	\$4,566	\$14,138	\$856	\$199	\$9,949	\$726	\$14	\$169	\$167	\$258	\$31,042	\$90,727

County of Ottawa
2220 CMH
2011 Budget

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Employee Name	Union code	W/C code	FTE	Salaries Permanent	FICA	Hospit- talization	OPEB	Life	Retirement	Dental	W/C	Unemployment	Optical	Disability	Total Fringes	Total Salaries & fringes
CMH Nurse	13	8833	1.0000	\$42,537	\$3,254	\$14,138	\$856	\$94	\$3,964	\$726	\$69	\$120	\$167	\$184	\$23,572	\$66,109
			1.0000	\$42,537	\$3,254	\$14,138	\$856	\$94	\$3,964	\$726	\$69	\$120	\$167	\$184	\$23,572	\$66,109

County of Ottawa
2220 CMH
2011 Budget

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Employee Name	Union code	W/C code	FTE	Salaries Permanent	FICA	Hospit- talization	OPEB	Life	Retirement	Dental	W/C	Unemployment	Optical	Disability	Total Fringes	Total Salaries & fringes
Mental Health Clinician	13	8833	1.0000	\$45,227	\$3,460	\$14,138	\$856	\$100	\$4,215	\$726	\$74	\$128	\$167	\$195	\$24,059	\$69,286
			1.0000	\$45,227	\$3,460	\$14,138	\$856	\$100	\$4,215	\$726	\$74	\$128	\$167	\$195	\$24,059	\$69,286

County of Ottawa
2220 CMH
2011 Budget

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Employee Name	Union code	W/C code	FTE	Salaries Permanent	FICA	Hospit- talization	OPEB	Life	Retirement	Dental	W/C	Unemployment	Optical	Disability	Total Fringes	Total Salaries & fringes
Peer Specialist	13	8833	1.0000	\$26,555	\$2,031	\$14,138	\$856	\$59	\$2,475	\$726	\$43	\$75	\$167	\$115	\$20,685	\$47,240
			1.0000	\$26,555	\$2,031	\$14,138	\$856	\$59	\$2,475	\$726	\$43	\$75	\$167	\$115	\$20,685	\$47,240

County of Ottawa
2220 CMH
2011 Budget

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