

**SPECIAL MEETING**  
**BAY COUNTY BOARD OF COMMISSIONERS**  
**A G E N D A**  
**TUESDAY, JUNE 21, 2016**  
**4:30 P.M.**

COMMISSION CHAMBERS, FOURTH FLOOR, BAY COUNTY BUILDING

PAGE NO.

- I            CALL TO ORDER (CHAIRMAN KRYGIER)**
- II            ROLL CALL**
- III           INVOCATION**
- IV           PLEDGE OF ALLEGIANCE**
- V            CITIZEN INPUT**
- VI           ITEMS FOR CONSIDERATION**
  - A.    **PUBLIC HEARING (4:30 p.m.)** Re Reorganization of Department of Public Defender
  - I      B.    Res. No. 2016-163 - Approval of Reorganization of Department of Public Defender
  - 2-5    C.    Res. No. 2016-164 - Amendment 2 to DFA16-0900 - Department of Health and Human Services
- VII           UNFINISHED BUSINESS**
- VII           NEW BUSINESS**
- IX           MISCELLANEOUS**
- X            ANNOUNCEMENTS**
- XI           CLOSED SESSION**
- XII           RECESS/ADJOURNMENT**

**BAY COUNTY BOARD OF COMMISSIONERS**

**JUNE 21, 2016**

**RESOLUTION**

**BY: THE BAY COUNTY BOARD OF COMMISSIONERS (6/21/16)**

**WHEREAS, The Bay County Board has previously approved all actions required to move the representation of indigent defendants charged with misdemeanor offenses back to the Department of the Public Defender; and**

**WHEREAS, Dividing the current Public Defender Department into two separate Offices, Public Defender I and Public Defender II, should reduce costs by decreasing the amount of cases assigned to outside counsel due to conflicts of interest or attorney case load; and**

**WHEREAS, A Public Hearing must be held prior to the reorganization of the Public Defender Office from one to two separate Departments as required by MCL 45.564(b); and**

**WHEREAS, A Public Hearing was held as required by MCL 45.564(b) at which time input from the public and Board Members was received.**

**RESOLVED: That the Bay County Commissioners, with the affirmative recommendation of the County Executive and following a public hearing as required by MCL 45.564(b) approves the reorganization of the Current Public Defender Department into two separate Departments, the Department of Public Defender I and the Department of Public Defender II; and authorizes the Board Chair to sign all necessary documents for the implementation of that division.**

**ERNIE KRYGIER, CHAIR  
AND BOARD**

Corporation Counsel - Reorganization of Department of Public Defender

MOVED BY COMM. \_\_\_\_\_

SUPPORTED BY COMM. \_\_\_\_\_

COMMISSIONER	Y	N	E	COMMISSIONER	Y	N	E	COMMISSIONER	Y	N	E
MICHAEL J. DURANCZYK				KIM J. COONAN				MICHAEL E. LUTZ			
ERNIE KRYGIER				THOMAS M. HEREK							
VAUGHN J. BEGICK				DONALD J. TILLEY							

VOTE TOTALS:

ROLL CALL: YEAS \_\_\_\_\_ NAYS \_\_\_\_\_ EXCUSED \_\_\_\_\_  
 VOICE: YEAS \_\_\_\_\_ NAYS \_\_\_\_\_ EXCUSED \_\_\_\_\_

DISPOSITION: ADOPTED \_\_\_\_\_ DEFEATED \_\_\_\_\_ WITHDRAWN \_\_\_\_\_  
 AMENDED \_\_\_\_\_ CORRECTED \_\_\_\_\_ REFERRED \_\_\_\_\_

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BAY COUNTY BOARD OF COMMISSIONERS

JUNE 21, 2016

RESOLUTION

BY: PERSONNEL/HUMAN SERVICES COMMITTEE (6/21/16)

WHEREAS, On August 11, 2015, the Bay County Board of Commissioners adopted resolution no. 2015-182 approving an Agreement with the Bay County Department of Health and Human Services to establish the position of Child Welfare Home Aide, now known as Eligibility Specialist; and

WHEREAS, Bay County was asked to share half the cost of this position and those funds were appropriated; and

WHEREAS, Amendment # 2 to Agreement Number DFA16-09001 has been submitted adding additional money (\$46,400) and adding the new year payment schedule to the contract; Therefore, Be It

RESOLVED That the Bay County Board of Commissioners approves Amendment Number 2 to the Agreement Number DFA16-09001 and authorizes the Chairman of the Board to execute said Amendment on behalf of Bay County following legal review/approval; Be It Finally

RESOLVED That related required budget adjustments are approved.

MICHAEL E. LUTZ, CHAIR AND COMMITTEE

DHHS - Amendment 2 to DFA16-09001 - Eligibility Specialist Position

MOVED BY COMM. \_\_\_\_\_

SUPPORTED BY COMM. \_\_\_\_\_

Table with 12 columns: COMMISSIONER, Y, N, E, COMMISSIONER, Y, N, E, COMMISSIONER, Y, N, E. Rows include names like MICHAEL J. DURANCZYK, KIM J. COONAN, ERNIE KRYGIER, THOMAS M. HEREK, VAUGHN J. BEGICK, DONALD J. TILLEY, and MICHAEL E. LUTZ.

VOTE TOTALS: ROLL CALL: YEAS \_\_\_\_\_ NAYS \_\_\_\_\_ EXCUSED \_\_\_\_\_ VOICE: YEAS \_\_\_\_\_ NAYS \_\_\_\_\_ EXCUSED \_\_\_\_\_

DISPOSITION: ADOPTED \_\_\_\_\_ DEFEATED \_\_\_\_\_ WITHDRAWN \_\_\_\_\_ AMENDED \_\_\_\_\_ CORRECTED \_\_\_\_\_ REFERRED \_\_\_\_\_

AGREEMENT NUMBER: DFA16-09001

AMENDMENT NUMBER: 2

Between

THE STATE OF MICHIGAN  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

And

CONTRACTOR	County of Bay, Board of Commissioners
CONTRACTOR ADDRESS	515 Center Ave. Ste. 405, Bay City, MI 48707
CONTRACTOR EMAIL	bergerd@baycounty.net

CONTRACT ADMINISTRATOR	EMAIL
Bruce L. Makie	makieb@michigan.gov

AGREEMENT SUMMARY			
SERVICE DESCRIPTION	Donated Fund Agreement		
GEOGRAPHIC AREA	Bay County		
INITIAL EFFECTIVE DATE	October 1, 2015	CURRENT EXPIRATION DATE	September 30, 2018
CURRENT AGREEMENT VALUE	\$31,570.00		
AGREEMENT TYPE	Revenue		

AMENDMENT DESCRIPTION			
EXTEND EXPIRATION DATE	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	NEW EXPIRATION DATE
AMENDMENT AMOUNT	ESTIMATED REVISED AGGREGATE AGREEMENT VALUE		
\$46,400.00	<input checked="" type="checkbox"/> INCREASE	<input type="checkbox"/> DECREASE	\$77,970.00
NATURE OF CHANGE	This amendment will add additional money and add the new year payment schedule to the contract		

The undersigned have the lawful authority to bind the Contractor and the Michigan Department of Health and Human Services (MDHHS) to the terms set forth in this Agreement.

<b>FOR THE CONTRACTOR:</b>	<b>FOR THE STATE:</b>
County of Bay, Board of Commissioners	MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
_____ Contractor	_____
_____ Signature of Director or Authorized Designee	_____ Signature of Director or Authorized Designee
_____ Print Name	_____ Lew Roubal Print Name
_____ Date	_____ Date

Agreement Number: DFA16-09001  
Amendment Number: 2

	<u>Agreement Period</u>	<u>Amount</u>
Year 1	October 1, 2015 through September 30, 2016	\$31,570.00
Year 2	October 1, 2016 through September 30, 2017	\$46,400.00
Total Amount:		\$77,970.00

Check all agreement years affected by this amendment:  
 Year 1     Year 2     Year 3  
 Year 4     Year 5     Year 6

**STATE OF MICHIGAN  
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

WHEREAS, the Michigan Department of Health and Human Services (hereinafter referred to as "MDHHS") entered into a contractual Agreement effective October 1, 2015, with County of Bay, Board of Commissioners (hereinafter referred to as "Contractor"), having a mailing address of 515 Center Ave. Ste. 405, Bay City, MI 48707, for the provision of certain services as set forth therein; and,

WHEREAS, it is mutually desirable to MDHHS and to the Contractor to amend the aforesaid Agreement.

THEREFORE, in consideration of the promises and mutual covenants hereinabove and hereinafter contained, the parties hereto agree to the following amendment of said Agreement. This amendment shall be attached to the Agreement, said Agreement being hereby reaffirmed and made a part hereof.

**Article I**

This amendment shall be effective on the date of MDHHS signature.

**Article II**

The maximum dollar amount of the Agreement shall be increased by \$46,400.00 from \$31,570.00 to \$77,970.00 for the period October 1, 2015, through September 30, 2018.

**Article III**

In Section 2., CONTRACTOR RESPONSIBILITIES, Item 2.7, Payment, a., b. & d., shall be deleted and replaced with:

Agreement Number: DFA16-09001  
Amendment Number: 2

- a. The Contractor shall provide to DHHS the sum of \$77,970.00 as payment to DHHS for services performed in accordance with the terms of this Agreement exclusively during the following period from the begin date to September 30, 2017.
- b. The Contractor shall send payment to:

State of Michigan  
MDHHS-Cashier Unit  
PO Box 30802  
Lansing, MI 48909-8302

All payments sent to MDHHS shall include a reference to the MDHHS contract number DFA16-09001.

Contractors may also choose to pay by Electronic Funds Transfer (EFT), using the State of Michigan MiCaRS payment system, at <https://payinvoice.state.mi.us/qaa>.

- d. Payment to DHHS shall be made in accordance with the schedule below. The Contractor shall make final payment to DHHS no later than July 1, 2017.

PAYMENT DUE DATE	AMOUNT OF PAYMENT
<b>YEAR 1:</b>	<b>YEAR 1:</b>
April 1, 2016	\$8,770.00
July 1, 2016	\$22,800.00
<b>YEAR 2:</b>	<b>YEAR 2:</b>
January 1, 2017	\$11,600.00
April 1, 2017	\$11,600.00
July 1, 2017	\$23,200.00

Agreement amounts will be adjusted annually to reflect the cost of Donated Fund positions impacted by changes in economic factors. Future years' payment schedules will be incorporated via amendment to this agreement each year.

- 5 -