



BOARD OF COMMISSIONERS

1 S. Main St., 9th Floor
Mount Clemens, Michigan 48043
586.469.5125 ~ Fax: 586.469.5993
www.macombBOC.com

NOTICE OF MEETING

There will be a meeting of the **BOARD OF COMMISSIONERS** on Thursday, March 12, 2015, **IMMEDIATELY FOLLOWING A MEETING OF THE FINANCE COMMITTEE WHICH BEGINS AT 9 A.M.**, on the 9th Floor of the County Administration Building, in the Commissioners' Board Room, Mount Clemens.

PRELIMINARY AGENDA

1. Correspondence from Executive
2. Appointments:

Board Appointment

- a) **COMMUNITY MENTAL HEALTH BOARD**
4 vacancies – 3 year terms; 4-1-15 to 3-31-18
(6 applications are attached) (page 1) **(attached)**

Executive Appointment

- b) **ETHICS BOARD**
1 vacancy – 5 year term; 2-1-15 to 1-31-20
(1 application is attached) (page 36) **(attached)**

Board Appointment

- c) **INTERMEDIATE TRUST BOARD**
1 vacancy – 2 year term; “Upon Acceptance of Trust” to “Until Otherwise Removed or Replaced”
(applications to be provided-deadline is March 6) (page 41) **(attached)**

MACOMB COUNTY BOARD OF COMMISSIONERS

David J. Flynn – Board Chair
District 4

Kathy Tocco – Vice Chair
District 11

Steve Marino – Sergeant-At-Arms
District 10

Andrey Duzyj – District 1

Marvin Sauger – District 2

Veronica Klinefelt – District 3

Robert Mijac - District 5

James Carabelli – District 6

Don Brown – District 7

Kathy Vosburg – District 8

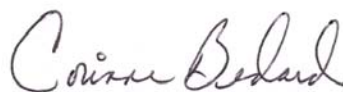
Fred Miller – District 9

Bob Smith – District 12

Joe Sabatini – District 13

3. **COMMITTEE REPORTS:**

- a) Government Operations, March 10 (to be provided)
- b) Justice and Public Safety, March 11 (to be provided)
- c) Finance, March 12 (to be provided)



**Corinne Bedard
Committee Reporter**

MARCH 2015 – Summary of Boards & Commissions Appointments

Community Mental Health Board

To fill four positions with terms expiring 03-31-2015; three year terms from 04-01-15 to 03-31-18; to be appointed by **Board Vote**:

Origin: PA 258 (1974 as amended)

All members of the Board must be 18 years of age or older and a resident of Macomb County. At least 4 members must be primary consumers or family members; and at least 2 Board members must be primary consumers. Not more than 4 members may be County Commissioners and not more than 1/2 of the Board may be state, county or local public officials and having a residence in Macomb County. A member cannot be employed by the Community Mental Health Program (CMHP), be a party to a contract, or administer or benefit financially from a contract with CMHP; or may a member serve in a policy making position with an agency under contract with CMHP.

Applications received:

- 1. Brown, Marilyn (reappointment)
- 2. Flynn, Joan (reappointment)
- 3. Hull, Richard T. (appointment)
- 4. Negovan, Brian (reappointment)
- 5. Perna, James M. (appointment)
- 6. Tocco, Kathy (reappointment)

News

Macomb County Board of Commissioners



FOR IMMEDIATE RELEASE
Feb. 19, 2015

Media contact: Courtney Flynn
courtney.flynn@macombgov.org (586) 469-5713

BOC Seeks Applicants for Community Mental Health Board

MOUNT CLEMENS, Mich. — The Macomb County Board of Commissioners is seeking four applicants to serve on the Macomb County Community Mental Health Board (CMH) for a three year term, expiring on March 31, 2018.

The four current terms expire on March 31, 2015.

Those interested in applying should have an awareness of the need for the provision of mental health services in Macomb County, knowledge of the evolving Affordable Health Care Act and basic understanding of Medicaid regulations in the State of Michigan as well as the Mental Health Code in the area of provision of services.

The CMH Board oversees Macomb County's Community Mental Health Services Agency. In broad terms, the Community Mental Health Services Board is charged with providing a comprehensive array of mental health services appropriate to needs of the primary consumers located within its service area, regardless of the ability to pay for the service. By statute, the members are representative of providers of mental health services, recipients or consumers of mental health services, agencies and occupations having a working involvement with mental health services and the general public.

Applicants seeking a position on the CMH Board must be 18 years of age or older and a resident of Macomb County and cannot be employed by the Community Mental Health Program (CMHP), nor be a party to a contract, or administer or benefit financially from a contract with CMHP. In addition, applicants may not serve in a policy making position with an agency under contract with CMHP.

Applications for the position can be found by visiting MacombBoC.com and clicking "Appointments to Boards & Commissions" in the far left column.

Interested individuals should submit original, signed applications (must be notarized) to the Board Office no later than 5 p.m., Tuesday, March 3, 2015. Applicants should also expect to attend the Government Operations Committee meeting to be held at 9 a.m. on March 10 for a public interview. An appointment is expected to occur by the end of March.

For more information, call the Board of Commissioners office at 586.469.5125.

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Application forms and submission materials should be sent to:

Macomb County Board of Commissioners
1 S. Main Street, 9th Floor
Mt. Clemens, MI 48043

586.469.5125
www.macombBOC.com

Name of Board/Commission	Community Mental Health Services
Origin	PA 258 (1974 as amended)
Appointment Authority	Board Vote
Function	In broad terms, the Community Mental Health Services Board is charged with providing a comprehensive array of mental health services appropriate to needs of the primary consumers located within its service area, regardless of the ability to pay for the service. By statute, the members are representative of providers of mental health services, recipients or consumers of mental health services, agencies and occupations having a working involvement with mental health services and the general public.
Membership Composition * All members of the Board must be 18 years of age or older and a resident of Macomb County. At least 4 members must be primary consumers or family members; and at least 2 Board members must be primary consumers. Not more than 4 members may be County Commissioners and not more than 1/2 of the Board may be state, county or local public officials and having a residence in Macomb County. A member cannot be employed by the Community Mental Health Program (CMHP), be a party to a contract, or administer or benefit financially from a contract with CMHP; or may a member serve in a policy making position with an agency under contract with CMHP.	12 members.
Term	3 years

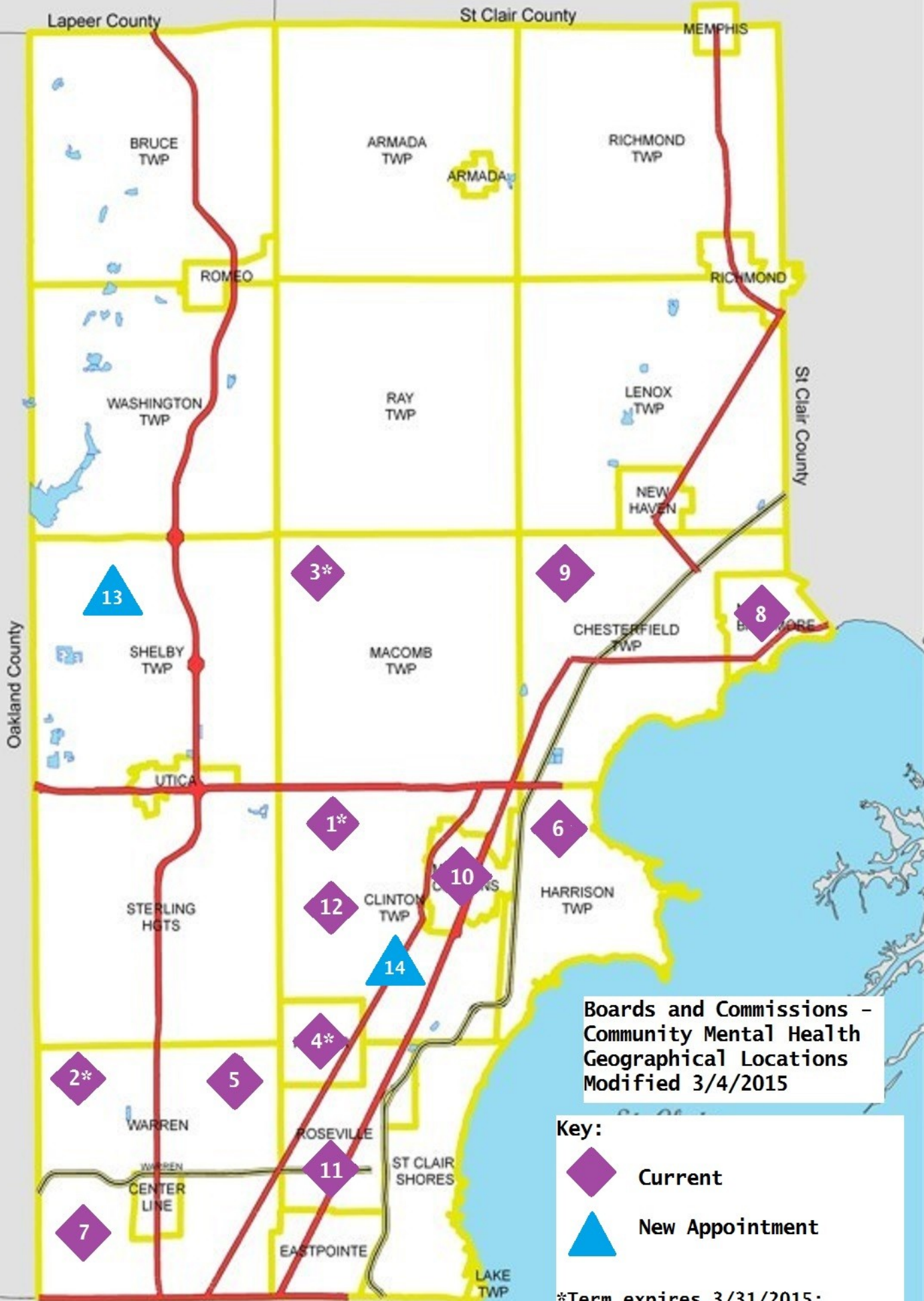


Application forms and submission materials should be sent to:
 Macomb County Board of Commissioners – Bds/Comms Appts
 1 S. Main Street, 9th Floor
 Mt. Clemens, MI 48043
 586.469.5125 www.macombBOC.com

Four vacancies are created by terms expiring on 03-31-15. Applications are due by **5pm on Tuesday March 3, 2015**. Public interviews to be held on **Tuesday March 10, at 9am** at the **Government Operations Committee meeting**.

Applicants are encouraged to attend this meeting. Appointment will be made at a March Full Board meeting.

Name of Board/Commission	Community Mental Health Services
Origin	PA 258 (1974 as amended)
Appointment Authority	Board Vote
Function	In broad terms, the Community Mental Health Services Board is charged with providing a comprehensive array of mental health services appropriate to needs of the primary consumers located within its service area, regardless of the ability to pay for the service. By statute, the members are representative of providers of mental health services, recipients or consumers of mental health services, agencies and occupations having a working involvement with mental health services and the general public.
Membership Composition * All members of the Board must be 18 years of age or older and a resident of Macomb County. At least 4 members must be primary consumers or family members; and at least 2 Board members must be primary consumers. Not more than 4 members may be County Commissioners and not more than 1/2 of the Board may be state, county or local public officials and having a residence in Macomb County. A member cannot be employed by the Community Mental Health Program (CMHP), be a party to a contract, or administer or benefit financially from a contract with CMHP; or may a member serve in a policy making position with an agency under contract with CMHP.	12 members.
Term	3 years



**Boards and Commissions -
Community Mental Health
Geographical Locations
Modified 3/4/2015**

Key:

- Current
- New Appointment

*Term expires 3/31/2015;
reappointment

No.	Name	Term Exp.	Address	City/Zip	Status
1	Marilyn Brown	03/31/15	21890 Highview	Clinton Twp. 48036	Current/Reappoint.
2	Joan Flynn	03/31/15	13810 Trafalga	Warren 48088-3790	Current/Reappoint.
3	Brian Negovan	03/31/15	48240 Sherringham	Macomb Twp. 48044	Current/Reappoint.
4	Kathy Tocco	03/31/15	31669 Kendall Ave.	Fraser 48023	Current/Reappoint.
5	Patricia Bill	03/31/16	29488 Red Oak Drive	Warren 48092	Current
6	Linda Busch	03/31/16	38540 L'Anse Creuse	Harrison Twp. 48045	Current
7	Louis Burdi	03/31/16	4901 N. Grand Oak Drive	Warren 48092	Current
8	Rose Mrosewke	03/31/16	48100 Mallard	New Baltimore 48047	Current
9	Kathy Vosburg	03/31/17	47395 Sugarbush	Chesterfield 48047	Current
10	Liz Sierawski	03/31/17	89 Riverside Drive	Mt. Clemens 48043	Current
11	Nick Ciaramitaro	03/31/17	19473 Candlelight	Roseville 48066	Current
12	Ken DeBeaussaert	03/31/17	39856 Brylor Court	Clinton Twp. 48038	Current
13	Richard T. Hull		14846 Village Court	Shelby Twp 48315	New Appoint.
14	James A. Perna		38180 Saddle Lane	Clinton Twp. 48036	New Appoint.

Application for Appointment or Re-Appointment to Macomb County Board/Commission

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

Name of Board/Commission to which appointment is being made:

COMMUNITY MENTAL HEALTH BOARD

Term: years; from (date/year) to (date/year)

1. Applicant Information

Name:

Residence Address:

City, Zip Code:

County of Residence:

Mailing Address (if different than above):

Preferred Phone:

Email:

Best method of contact:

2. I am at least 18 years of age: Yes No

3. I am currently registered to vote: Yes No

4. Citizenship:

5. Employer:

Employer Address:

Nature of your work:

Position:

6. Educational level, degree(s) received, other relevant certification or endorsements:

BS Wayne State University

7. I presently hold the following appointments and elected positions:

Title/Board-Commission: Member, Macomb County CMH Board of Directors

Appointment/Election Date: 3/99 to Present

Title/Board-Commission:

Appointment/Election Date:

Title/Board-Commission:

Appointment/Election Date:

8. Previously-held appointments and/or elected positions:

Title/Board-Commission: Chairperson, Macomb County CMH Citizens Advisory Council

Dates Served: June, 1996 - May 2008

Title/Board-Commission: Mt. Clemes Community Schools Rep. PAC

Dates Served: 1978 - 1990

Title/Board-Commission:

Dates Served:

9. Have you been convicted of a felony? Yes No

If yes, list each – provide date, nature of offense or violation, name and location of court, penalty imposed (if any) or the disposition of the case. A conviction will not automatically bar you from appointment.

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc., with Macomb County? *
If so, please explain. *Please reference the Macomb County Ethics Policy at www.macombBOC.com.

NO

11. List any family members who are, or have been, employed by Macomb County or who have been elected to County offices.

N/A

12. Is this an application for re-appointment? Yes No

If yes, how many years have you served on this board/commission? 15 years

Please indicate your attendance record for term(s) served:

Number of meetings attended 111 Number of meetings held 113

Comments/Clarification (if necessary)

Does not include participation in State Association conferences, trainings, Mental Health Forums, etc.

13. Briefly indicate your qualifications for appointment to this specific board and the reason you believe your appointment will benefit Macomb County:

Having served as a member of the Community Health Board for 15 years, I understand the challenges facing our consumers, our County, and our State.

I have two adult children; one with chronic mental illness and one who is developmentally disabled. I have worked with the "system" and have a great deal of experience with Social Security, Medicare, Medicaid, Section 8 Housing, Department of Human Services, inpatient hospitalization for the mentally ill, and outpatient services for the mentally ill.

I am currently a member of the National Alliance for the Mentally Ill (NAMI) and ARC Services.

Thank you for considering me for reappointment.

14. Statement of Application to Board/Commission

I hereby apply for appointment and do swear or affirm that, (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointment position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking:

Signature: *Marilyn Brown*
Printed Name: MARILYN BROWN

Date: *March 2, 2015*

Subscribed and sworn to before me this *2ND* day of *MARCH* *2015*

Marianne A. Frak
Notary Public
Macomb County, Michigan

My Commission expires: *11-14-2018*

MARIANNE A. FRAK
Notary Public, State of Michigan
County of Macomb
My Commission Expires Nov. 14, 2018
Acting in the County of *MACOMB*

Note to Applicants: You may – but it is not required – attach additional information pertaining to this Application for Appointment as long as attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page

Application for Appointment or Re-Appointment to
Macomb County Board/Commission

STATE OF MICHIGAN)

)ss

COUNTY OF MACOMB)

Name of Board/Commission to which appointment is being made:

COMMUNITY MENTAL HEALTH BOARD

Term: 3 years; from April 1, 2015 (date/year) to March 31, 2015 (date/year)

1. Applicant Information

Name: JOAN FLYNN

Residence Address: 13810 Trafalga Dr.

City, Zip Code: Warren 48088-3790

County of Residence: Macomb

Mailing Address (if different than above):

Preferred Phone: 586/774-2689

Email: flynn128@comcast.net

Best method of contact:

2. I am at least 18 years of age: Yes No3. I am currently registered to vote: Yes No

4. Citizenship: United States of America

5. Employer: City of Warren

Employer Address: T.V. Warren, Arden St., Warren

Nature of your work: Assist residents who cannot receive help from Departments.

Position: Warren Community Awareness Coordinator

6. Educational level, degree(s) received, other relevant certification or endorsements:

High School Graduate
 Bachelor of General Studies/Concentration in Labor Studies
 First Aid Certificate

7. I presently hold the following appointments and elected positions:

Title/Board-Commission: Mental Health Board - Secretary-Treasurer

Appointment/Election Date: 1996

Title/Board-Commission: Michign Assn. of CMH Boards (MACMHB) - 2nd Vice President

Appointment/Election Date: May,, 2011 (2 year term)

Title/Board-Commission: Michigan Assn. of CMH Boards - 1st Vice President

Appointment/Election Date: May 2013 (2 year term)

8. Previously-held appointments and/or elected positions:

Title/Board-Commission: Macomb County Commisiioner

Dates Served: 1994 - 2010

Title/Board-Commission: Warren Crime Commission

Dates Served: 1990 - 2012

Title/Board-Commission: SEMCOG Chair

Dates Served: 2006

9. Have you been convicted of a felony? Yes No

If yes, list each – provide date, nature of offense or violation, name and location of court, penalty imposed (if any) or the disposition of the case. A conviction will not automatically bar you from appointment.

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc., with Macomb County? *
 If so, please explain. *Please reference the Macomb County Ethics Policy at www.macombBOC.com.

NO

11. List any family members who are, or have been, employed by Macomb County or who have been elected to County offices.

Macomb County Commissioner - Ann Klein (Daughter)
 Macomb County Planning Commission - Ann Klein (Daughter)
 Macomb County Parks and Recreation - Ann Klein (Daughter)

12. Is this an application for re-appointment? Yes No

If yes, how many years have you served on this board/commission? 18 years

Please indicate your attendance record for term(s) served:

Number of meetings attended 103 Number of meetings held 113

Comments/Clarification (if necessary)

Does not include participation in State Association conferences, trainings, forums, etc.

13. Briefly indicate your qualifications for appointment to this specific board and the reason you believe your appointment will benefit Macomb County:

There are many critical government issues and challenges in the CMHS programs. With my background and knowledge, I will be an asset to the members of the Mental Health Board and the consumers we serve. I have coped with mental illness in my immediate family, having a niece and grandson who have special needs. I have been and am a member of many special interest groups: ARC Services of Macomb; ACC Autism Society of America and Macomb-Oakland Regional Center (MORC).
 Also, I hold the position as 1st Vice President of the Michigan Association of CMH Boards and the position of Secretary of the Metro Region of the Michigan Association of CMH Boards.
 I have been a dedicated member of the Board for the past 18 years and would like to maintain my position. Thank you!

14. Statement of Application to Board/Commission

I hereby apply for appointment and do swear or affirm that, (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointment position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking:

Signature: *Joan E. Flynn*

Printed Name: JOAN FLYNN

Date: March 2, 2015

Subscribed and sworn to before me this 2nd day of MARCH 2015

Marianne A. Frak
Notary Public

Macomb County, Michigan

My Commission expires: 11-14-2018

MARIANNE A. FRAK
Notary Public, State of Michigan
County of Macomb
My Commission Expires Nov. 14, 2018
Acting in the County of *MACOMB*

Note to Applicants: You may – but it is not required – attach additional information pertaining to this Application for Appointment as long as attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page

Application for Appointment or Re-Appointment to
Macomb County Board/Commission

RECEIVED

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STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

BOARD OF COMMISSIONERS

Name of Board/Commission to which appointment is being made:

Macomb County Community Mental Health Board

Term: 3 years; from 03/15 (date/year) to 03/18 (date/year)

1. Applicant Information

Name: Richard T. Hull

Residence Address: 14846 Village Ct.

City, Zip Code: Shelby Township 48315

County of Residence: Macomb

Mailing Address (if different than above):

Preferred Phone: (586) 737-0743

Email: richardthull@yahoo.com

Best method of contact: email

2. I am at least 18 years of age: Yes No

3. I am currently registered to vote: Yes No

4. Citizenship: U.S.A.

5. Employer: Retired

Employer Address:

Nature of your work:

Position:

6. Educational level, degree(s) received, other relevant certification or endorsements:

Bachelor of Arts, University of Detroit
Post graduate work at St. Lois University and Eastern Michigan University
Member Mental Health Alliance Michigan

7. I presently hold the following appointments and elected positions:

Title/Board-Commission:
Appointment/Election Date:
Title/Board-Commission:
Appointment/Election Date:
Title/Board-Commission:
Appointment/Election Date:

8. Previously-held appointments and/or elected positions:

Title/Board-Commission:
Dates Served:
Title/Board-Commission:
Dates Served:
Title/Board-Commission:
Dates Served:

9. Have you been convicted of a felony? Yes No

If yes, list each – provide date, nature of offense or violation, name and location of court, penalty imposed (if any) or the disposition of the case. A conviction will not automatically bar you from appointment.

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc., with Macomb County? *

If so, please explain. *Please reference the Macomb County Ethics Policy at www.macombBOC.com.

No.

11. List any family members who are, or have been, employed by Macomb County or who have been elected to County offices.

John Dubois, Nephew, Deputy, Macomb County Sheriff's Department

12. Is this an application for re-appointment? Yes No

If yes, how many years have you served on this board/commission?

Please indicate your attendance record for term(s) served:

Number of meetings attended Number of meetings held

Comments/Clarification (if necessary)

13. Briefly indicate your qualifications for appointment to this specific board and the reason you You believe your appointment will benefit Macomb County:

My daughter is a consumer of services from the Michigan public mental health system. I have been her advocate and representative payee for many years. This experience has given me an in-depth understanding of the system from the consumer's perspective. My experiences, the experiences the families of other consumers have shared with me, and the research I have done cause me to seek ways to influence the system at the broader, policy level. Policy level adjustments can benefit all consumers, their families and Macomb County residents.

I have been attending MCCMH Board meetings for the past several months. I find that serving on the Board would provide the opportunity to maintain the current system while identifying and implementing policy level changes.

My background in small business entrepreneurship, government contract performance, health care, and education and training augment my direct experience with Michigan's public health system. These additional proficiencies equip me with unique set of skills. My commitment to improving mental health care in Macomb County gives me significant energy. I will use this combination of skills and energy to be an active, effective MCCMH Board member.

14. Statement of Application to Board/Commission

I hereby apply for appointment and do swear or affirm that, (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointment position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking:

Signature: *Richard T. Hull*

Printed Name: Richard T. Hull

Date: 02/25/15

Subscribed and sworn to before me this 25th day of February 2015

Brian S Fairbrother

Notary Public
Macomb County, Michigan

My Commission expires: 6/18/18



Note to Applicants: You may – but it is not required – attach additional information pertaining to this Application for Appointment as long as attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page

Richard T. Hull
14846 Village CT.
Shelby Township, MI 48315

Macomb County Board of Commissioners
One S. Main Street
9th Floor
Mt. Clemens, MI 48043

February 26, 2015

To the Macomb County Board of Commissioners:

The issue of mental health in Macomb County is critically important.

The Macomb County Board of Commissioners' resolution 294 of 2014 identified a number of significant concerns related to mental health care in Macomb County. A series of on-going investigative reports by WXYZ-TV has documented several problems with mental health care, especially in Southeast Michigan. Mental Health America recently published *Parity or Disparity: The State of Mental Health in America 2015*. This study ranked the 50 states and the District of Columbia on the prevalence of mental illness and access to insurance coverage and care for children and adults. In this study, Michigan ranked 41st overall out of the 51 entities studied. These activities emphasize that the needs of the mentally ill need to be addressed more effectively.

Governor Snyder plans to issue an Executive Order combining the Michigan Department of Community Health and the Department of Human Services. The new Department of Health and Human Services will use its combined resources to provide treatment to Michigan citizens on a person-centric basis. This change will almost certainly require significant adjustments to the way Macomb County provides services.

In addition, numerous other challenges confront those seeking to support the mentally ill, e.g., parity in public and private health insurance coverage.

The Macomb County Community Mental Health Board (MCCMHB) is the primary agency responsible for dealing with all aspects of public mental health care in Macomb County. I seek appointment to the Board. If appointed, I intend to help the Board provide the services required by the residents of Macomb County, respond to the challenges of a rapidly evolving health care environment, and provide leadership to other organizations, in both performance and innovation.

I possess a set of skills, abilities and traits that prepare me to serve as an active and effective member of the Board. I would welcome an opportunity to discuss the needs of the MCCMHB and my capabilities with you.

Sincerely,



Richard T Hull

Attachments: Application for Appointment/Re-Appointment to Macomb County Board/
Commission, Resume of Richard T. Hull, Letter of Recommendation from the Reverend
Lawrence Zurawski

PROFESSIONAL PROFILE

Richard T. Hull
 14846 Village Ct.
 Shelby Township, MI 48315
 (586) 737-0743
 richardthull@yahoo.com

EXPERIENCE

Success Process Management

Overview: Dick was the founder and owner of Success Process Management (SPM). SPM provided client support in the areas of individual and organizational effectiveness, process improvement, training and training management. SPM was successful in both the private and public sector. Dick was responsible for all company leadership and management functions including client relationships, staff relationships and administrative operations.

Major Clients included: United States Department of Agriculture; Immigration and Naturalization Service; United States Border Patrol; Federal Law Enforcement Training Center; Ford Motor Company; United Association of Plumbers and Pipefitters; USDA Graduate School; Florist Transworld Delivery; Lansing Board of Power and Light; Cadillac Products

Key results: In conjunction with the Federal Law Enforcement Training Center (FLETC), SPM developed a web-based training system to provide high quality training to law enforcement officers whenever and wherever the officer was available to take training. The use of the Web-based training resulted in an annual cost savings/avoidance of more than \$1,500,000 for one state. Other results include a 226% increase in officer training in Charlotte County, FL and a savings/cost avoidance of more than \$295,000 in travel costs.

Technology Delivered Instruction (TDI) within the U.S. Department of Agriculture resulted in a projected annual cost savings/avoidance of more than \$8,500,000.

Rural Internet Training Environment (RITE). RITE was a combined partnership of the Federal Executive Branch, USDA, the State of Oregon, local Oregon communities and private business partners. The RITE pilot project resulted in a projected annual cost savings/avoidance of more than \$2,000,000.

Applied Learning International

Overview: As the Director of Consulting Services for Applied Learning International, Dick led a group of professional consultants. This team helped clients identify and solve performance related business problems. Areas of focus included Human Resources, Information Technology, Systems Applications, Industrial Skills and Training Management.

Major clients include: General Motors; Goodyear Tire and Rubber; Chrysler Corporation; Ford Motor Company; Union Pacific Railroad; Cleveland Clinic

Key Results: Clients achieved positive results in areas such as Job Competency Models and Job Family Competency Models, training process management and training course implementation.

Michigan Blue Cross/Blue Shield

Summary: During his career with Michigan Blue Cross/Blue Shield, Dick achieved significant, positive results as the manager of a divisional training department, a corporate customer relations department and as an Information Technology Project Manager.

Wayne State University

Macomb County Community College

United Association Union of Plumbers, Pipefitters, Welders and Service Techs

Summary: As a member of the adjunct faculty, Dick developed and presented courses in business management, communications, time management and data processing.



St. Theresese of Lisieux Parish

48115 Schoenherr Road
Shelby Township, MI 48315

Office: 586.254.4433
www.StThereseseParish.ws

Reverend Lawrence Zurawski
St. Theresese of Lisieux Catholic Community
48115 Schoenherr Rd.
Shelby Township, MI 48315

Macomb County Board of Commissioners
One S. Main Street
9th Floor
Mt. Clemens, MI 48043

February 26, 2015

To the Macomb County Board of Commissioners:

The St. Theresese of Lisieux Catholic Community is a worshipping community committed to service. We live this commitment within our own borders and extend our assistance to all of Macomb County and beyond. We encourage each of our members to share their time, talent and treasure however possible.

Richard T. Hull is one of our active members. Dick takes the admonition to share his time, talent and treasure seriously. He contributes financially to the needs of our community. In addition, he shares his time and talent by assisting with funeral liturgies as a way to ease the suffering of the bereaved and to provide spiritual support for the deceased.

Dick is applying for a position on the Macomb County Community Mental Health Board. Based on what I know of the Board's purpose and mission of Dick's background and personality, I believe he would be an excellent member of the Board.

Sincerely,

Fr. Lawrence Zurawski

Fr. Lawrence Zurawski
Pastor

Application for Appointment or Re-Appointment to Macomb County Board/Commission

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

Name of Board/Commission to which appointment is being made:

COMMUNITY MENTAL HEALTH BOARD

Term: years; from (date/year) to (date/year)

1. Applicant Information

Name: BRIAN NEGOVAN

Residence Address: 48240 Sherringham

City, Zip Code: Macomb 48044

County of Residence: Macomb

Mailing Address (if different than above):

Preferred Phone: 586/718-8221

Email: bnegovan@gmail.com

Best method of contact:

2. I am at least 18 years of age: Yes No

3. I am currently registered to vote: Yes No

4. Citizenship: United States of America

5. Employer: United Way for Southeastern Michigan

Employer Address: 600 Woodward Ave., Suite 300, Detroit, MI 48226

Nature of your work: Helping people in need to get assistance.

Position: Labor Liaison for Southeast Michigan

6. Educational level, degree(s) received, other relevant certification or endorsements:

High School Graduate Labor Education Certificates; EAP Classes; BoardWovrks 2

7. I presently hold the following appointments and elected positions:

Title/Board-Commission:	Member, Macomb County Community Mental Health Board
Appointment/Election Date:	April 2012
Title/Board-Commission:	UAW Local 155 Fiancial Secretary
Appointment/Election Date:	June, 2014
Title/Board-Commission:	Macomb County 10th District Democrats - Secretary-Treasurer
Appointment/Election Date:	2/14/15

8. Previously-held appointments and/or elected positions:

Title/Board-Commission:	March of Dimes - Labor Liaison
Dates Served:	October, 2005 - June, 2008
Title/Board-Commission:	UAW Region 1 CAP Council
Dates Served:	November, 2004 - October, 2005
Title/Board-Commission:	
Dates Served:	

9. Have you been convicted of a felony? Yes No

If yes, list each – provide date, nature of offense or violation, name and location of court, penalty imposed (if any) or the disposition of the case. A conviction will not automatically bar you from appointment.

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc., with Macomb County? *

If so, please explain. *Please reference the Macomb County Ethics Policy at www.macombBOC.com.

NO

11. List any family members who are, or have been, employed by Macomb County or who have been elected to County offices.

NONE

12. Is this an application for re-appointment? Yes No

If yes, how many years have you served on this board/commission? 9 years

Please indicate your attendance record for term(s) served:

Number of meetings attended 94 Number of meetings held 110

Comments/Clarification (if necessary)

Does not include attendance at State Assn. conferences, trainings, Forums, etc.

13. Briefly indicate your qualifications for appointment to this specific board and the reason you believe your appointment will benefit Macomb County:

I believe my experience on the Community Mental Health Service Board over the past 9 years, particularly serving on the Recipient Rights Committee; my position at the UAW, as well as the other committees I serve on, will be beneficial to the citizens of Macomb County. I have been recognized, as follows:

- Recipient of the "Cal Rapson Volunteer Award"
- UAW Region 1 Veterans Council 2009
- Recognized on the "Governor's Honor Roll" - Celebrate Volunteers 2006.

In addition, I work with United Way State Association of Labor Liaisons;

I work with corporations to set up employee assistance programs, i.e., substance abuse, child care, older adult care, etc.

Work with AFL-CIO United Way Community Services School (annual event).

Member of the Policy Committee of the Michigan Association of CMH Boards : 2012-Current

Serve on the Ray West Mem. Ramp Project Board - January, 2000

14. Statement of Application to Board/Commission

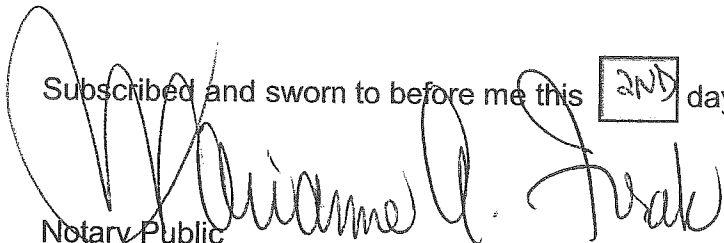
I hereby apply for appointment and do swear or affirm that, (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointment position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking:

Signature: 

Printed Name: BRIAN NEGOVAN

Date: 3-2-15

Subscribed and sworn to before me this 2ND day of MARCH 2015


Notary Public
Macomb County, Michigan

My Commission expires: 11-14-2018

MARIANNE A. FRAK
Notary Public, State of Michigan
County of Macomb
My Commission Expires Nov. 14, 2018
Acting in the County of MACOMB

Note to Applicants: You may – but it is not required – attach additional information pertaining to this Application for Appointment as long as attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page



**Application for Appointment or Re-Appointment to
Macomb County Board/Commission**

TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

Name of Board/Commission to which appointment is being made:

Term: 3 years; from 3-31-15 (date/year) to 3-31-18 (date/year)

1. Applicant Information

Name: JAMES M PERNA

Residence Address: 38180 SADDLE LANE

City, Zip Code: CLINTON TWP 48036

County of Residence: MACOMB

Mailing Address (if different than above): —

Preferred Phone: 313-530-9407

Email: JPERNA@COMCAST.NET

Best method of contact: PHONE

2. I am at least 18 years of age: Yes No

3. I am currently registered to vote: Yes No

4. Citizenship: USA

5. Employer: RETIRED

Employer Address: SAME

Nature of your work: —

Position: —

6. Educational level, degree(s) received, other relevant certification or endorsements:

ST JOE H.S.
LIT.

7. I presently hold the following appointments and elected positions:

Title/Board-Commission: []
Appointment/Election Date: []
Title/Board-Commission: []
Appointment/Election Date: []
Title/Board-Commission: []
Appointment/Election Date: []

8. Previously-held appointments and/or elected positions:

Title/Board-Commission: BOARD OF COMM
Dates Served: 1996 - 2004
Title/Board-Commission: []
Dates Served: []
Title/Board-Commission: []
Dates Served: []

9. Have you been convicted of a felony? Yes No

If yes, list each – provide date, nature of offense or violation, name and location of court, penalty imposed (if any) or the disposition of the case. A conviction will not automatically bar you from appointment.

[]

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc., with Macomb County? *
If so, please explain. *Please reference the Macomb County Ethics Policy at www.macombBOC.com.

NO

11. List any family members who are, or have been, employed by Macomb County or who have been elected to County offices.

TRACI THOMPSON

12. Is this an application for re-appointment? Yes No

If yes, how many years have you served on this board/commission?

Please indicate your attendance record for term(s) served:

Number of meetings attended Number of meetings held


Comments/Clarification (if necessary)

13. Briefly indicate your qualifications for appointment to this specific board and the reason you believe your appointment will benefit Macomb County:

PRE-COMM. FOR MACOMB COUNTY
PRE ON BOARD OF MENTAL HEALTH
BOARD 8 YEARS

14. Statement of Application to Board/Commission

I hereby apply for appointment and do swear or affirm that, (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointment position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking:

Signature: 
Printed Name: JAMES M PERNA

Date: 3 - 3 - 2015

Subscribed and sworn to before me this 3 day of March, 2015



Notary Public
Macomb County, Michigan

My Commission expires: 3.30.2019



Note to Applicants: You may – but it is not required – attach additional information pertaining to this Application for Appointment as long as attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page

James Michael Perna

Mobile: (313) 530-9407 Home: (586)286-3504 Fax: (586)286-2508
jperna@comcast.net

Summary

Accomplished Financial Executive with several decades of experience in top tier management, including acting as a Chief Operating Officer for a financial institution. Over 40 years experience leading and motivating management and employees, managing financial institution's growth, budget, and profitability. As CEO grew a small independent credit union to a federally chartered credit union and opened the field of membership to allow the credit union to grow exponentially and become a top rated financial institution with a large field of membership.

Core Competencies

- Financial Forecasting / Financial Statements
- Executive Management
- New Venture Start-up and Growth
- Real Estate
- Mortgage Lending and Consulting
- Budgeting and Forecasting
- Tactical and Strategic Planning
- Corporate Governance and Auditing
- Presentation and Public Speaking
- Mortgage Review, Compliance, Modification
- Credit and Collection Laws (State and Federal)
- Financial Consulting (personal and corporate)

Professional Experience

January 1971 – May 2014 Health One Credit Union, Detroit, MI

Chief Executive Officer

Began my career with the then known Blue Cross Blue Shield Employee Credit Union as a manager. At that time the small credit union served a small field of membership and had only one location. During my tenure, I worked my way to Chief Executive Officer and expanded the credit union to become Health One Credit Union, opening its field of membership and expanding into five offices in Michigan and Ohio. Under my leadership the credit union became 5 star rated and experienced growth in both profitability and sheer membership numbers. Additionally, I created a credit union service organization, a CUSO, First Mortgage Corporation. First Mortgage Corporation grew to several hundred employees brokering mortgages for credit union membership and beyond and at its peak had offices in 40 states.

January 1999 – Current Wayne County Sheriff Youth and Senior Education Fund

Secretary / Treasurer

Responsible for all revenue and expenses. Maintain and coordinate all necessary documentation and insure compliance to retain non-profit 501(c)3 status. Prepare all budgets, plan all fund raising events, handle accounts payable, and coordinate fundraising efforts; inclusive but not limited to, grants and private donations.

Professional Licenses, Certifications, and Community Memberships**Licenses and Certifications:**

Notary Public

State of Michigan Collection Agency License and Management License

License to Solicit Charitable Contributions (Fundraising License)

Community Memberships:

Macomb County Commissioner (Elected Official for over 8 years)

Huron Academy Charter School Board (Treasurer / Secretary)

Order of Alhambra, organization dedicated to assisting the mentally handicapped

Grosse Pointe Crisis Club

VFW Post #57 (Veteran of United States Army)

Eastside Lions Club

Senior Swing Society (President)

References and Letters of Recommendations available upon request

Application for Appointment or Re-Appointment to Macomb County Board/Commission

TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

Name of Board/Commission to which appointment is being made:

Community Mental Health Board

Term: 3 years; from April 1, 2015 (date/year) to March 31, 2018 (date/year)

1. Applicant Information

Name: Kathy Tocco

Residence Address: 31669 Kendall

City, Zip Code: Fraser, MI 48026

County of Residence: Macomb

Mailing Address (if different than above):

Preferred Phone: 586.498.2300

Email: kathy.tocco@macombgov.org

Best method of contact: email

2. I am at least 18 years of age: Yes No

3. I am currently registered to vote: Yes No

4. Citizenship: USA

5. Employer: Kathy Tocco PC

Employer Address: 34620 Utica Road, Fraser, MI 48026

Nature of your work: General Practice Law Firm

Position: Partner

6. Educational level, degree(s) received, other relevant certification or endorsements:

Bachelors Degree - University of Detroit
Law Degree - Detroit College of Law

7. I presently hold the following appointments and elected positions:

Title/Board-Commission: County Commissioner District 11, Vice Chair - Macomb County Board of Comms.
Appointment/Election Date: November 2006
Title/Board-Commission: Community Mental Health Board
Appointment/Election Date: March 2012
Title/Board-Commission:
Appointment/Election Date:

8. Previously-held appointments and/or elected positions:

Title/Board-Commission:
Dates Served:
Title/Board-Commission:
Dates Served:
Title/Board-Commission:
Dates Served:

9. Have you been convicted of a felony? Yes No

If yes, list each – provide date, nature of offense or violation, name and location of court, penalty imposed (if any) or the disposition of the case. A conviction will not automatically bar you from appointment.

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc., with Macomb County? *
If so, please explain. *Please reference the Macomb County Ethics Policy at www.macombBOC.com.

None

11. List any family members who are, or have been, employed by Macomb County or who have been elected to County offices.

None

12. Is this an application for re-appointment? Yes No

If yes, how many years have you served on this board/commission? 3 years

Please indicate your attendance record for term(s) served:

Number of meetings attended 92 Number of meetings held 110

Comments/Clarification (if necessary)

Note: Above does not include attendance at conferences, forums and special trainings

13. Briefly indicate your qualifications for appointment to this specific board and the reason you You believe your appointment will benefit Macomb County:

If reappointed, I believe my educational background, experience as a practicing attorney and my knowledge of county government and agencies - in combination with personal interest in issues relative to community and mental health - will continue to add value to the Community Mental Health Services Board. I fully understand the time commitment this position requires and will accommodate. Providing a network of accessible, appropriate mental health services and support is a vital ingredient to a successful community. I truly want to be involved in this very important cause.

14. Statement of Application to Board/Commission

I hereby apply for appointment and do swear or affirm that, (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointment position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking:

Signature: *Kathy Tocco*

Printed Name: Kathy Tocco

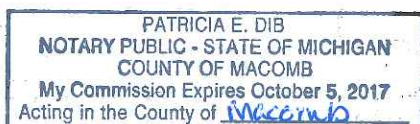
Date: 03-02-15

Subscribed and sworn to before me this 2nd day of March, 2015

Patricia E. Dib

Notary Public
Macomb County, Michigan

My Commission expires: 10-05-2017



Note to Applicants: You may – but it is not required – attach additional information pertaining to this Application for Appointment as long as attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page



Macomb County Executive

Mark A. Hackel

Mark F. Deldin
Deputy County Executive

TO: Dave Flynn, Board Chair

FROM: Mark A. Hackel, County Executive

DATE: January 26, 2015

RE: **ETHICS BOARD APPOINTMENT**

As provided under Macomb County Home Rule Charter, Section 2.4.2, this memorandum serves as notice of the Executive's nomination to the Ethics Board as presented to you for Board approval:

- Dr. Donald Amboyer to serve a five (5) year term to expire January 31, 2020 (see attached application)

Thank you for your attention to this transmittal and I am available to answer any questions or concerns which you or the Board members may have.

MAH/smf

cc: Donald Amboyer

APPLICATION FOR APPOINTMENT
MACOMB COUNTY BOARD OR COMMISSION
(Please note only legible applications can be considered)

I, Donald J. Amboyer, Ph.D., hereby make application for appointment to _____
Name
_____ for Five (5) from February 1, 2015
Macomb County Ethics Board _____ for _____ from _____
Name of Board or Commission Number of years Exact Dates of Appointment
to January 31, 2020.

TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

1. I reside at 54367 Queens Row Shelby Township 48316-1529
Street City Zip
Macomb 1985
County and have since _____.

Mailing address if different than above: _____

Telephone: _____ Cell Phone: 248.935.7047
Email: dramboyer@aol.com

- 2. I am at least 18 years of age: Yes No
- 3. I am currently registered to vote: Yes No
United States of America
- 4. Citizen of _____
Country
- 5. Employer: Retired

Telephone: _____
Criminal Justice / Higher Education
a. Indicate nature of your work: _____
Jail Administrator / College Dean and Vice Provost
b. Title: _____

EXECUTIVE
OFFICE
JAN 05 2015
RECEIVED

6. Educational level and degrees received: Ph.D., Wayne State University; M.S., Wayne State University; M.C.S., University of Detroit-Mercy; B.S., State University of New York at Buffalo;
A.A.S., Genesee Community College

7. I presently hold the following appointments and elected positions:

Macomb County Health Dept. Appeals Board-Alternate	January 1, 2015
Title	Appointment or Election Date
Title	Appointment or Election Date
Title	Appointment or Election Date

8. Previously held appointments and/or elected positions:

	Dates Served
Title	Dates Served
Title	Dates Served

9. Have you even been convicted of a felony? If yes, list each, giving date, nature of offense or violation, name and location of court, the penalty imposed, if any, or the disposition of the case. A conviction will not automatically bar you from an appointment.

No

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc. with Macomb County? If so, list the interest (except where required for the appointment).

No

11. List any family members who are or have been employed by Macomb County or are or have been elected to County offices.

Kevin Barnwell, son-in-law, formerly employed by Macomb County.

12. Is this an application for reappointment? Yes No

If yes, how many years have you served on this board? Three

Please indicate your attendance record for the term(s) served 31 / 31
No. of meetings attended No. of meetings held

Comments/Clarification (only if necessary) _____

9. Briefly indicate your qualifications for appointment to this specific board and why you believe your appointment will benefit Macomb County.

Have had the privilege to serve the citizens of Macomb County when nominated by the County

Executive Hackel and appointed by Macomb County Board of Commissioners to serve on the Ethics Bo

beginning in 2012. I have tried, in earnest, to be objective, respectful, honest and fair with regard to all

matters brought to the attention of the Ethics Board and resolved such matters in accordance with

the County Charter, Ethics Ordinance and Rules of Procedure. Developed an online training course

entitled "Fundamental Ethics" and currently implementing to benefit of 2,000 county public servants.

I hereby apply for appointment to Macomb County Ethics Board and do swear or affirm
Board or Commission
that (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointed position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking.

Donald J. Amboyer
Signature
DONALD J. AMBOYER, Ph.D.
Name (Print or Type)

Subscribed and sworn to before me this
15th day of January, 2015.

Pamela J. Lavers
Notary Public
Macomb County, Michigan

PAMELA J. LAVERS
Notary Public, State of Michigan, County of Macomb
My Commission Expires: October 10, 2018
Acting in the County of Macomb

My commission expires: 10/10/18

Note: Applicants may – but it is not required – attach additional information pertaining to this Application for Appointment if attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page

The following is for Board Office use only:

Overseeing Committee: _____

Chair Review for Compliance: _____
(Commissioner Sign-off)

Macomb County Intermediate Trust Board

Two positions for two year terms starting "Upon acceptance of trust" for two years.

Intermediate Trustee positions are on the Intermediate Trust Board per the Macomb County Retirees Medical Benefits Trust Agreement.

1. By virtue of office - BOC Chair (or designee): Dave Flynn
2. BOC representative – appointment by **Board Vote**
(applications pending)