



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, September 10, 2015, **IMMEDIATELY FOLLOWING A PUBLIC HEARING AND FINANCE COMMITTEE MEETING 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) **JURY COMMISSION**

2 vacancies

1 term expiration in May, 2015; new term is "upon appointment" to 5-31-21

1 term due to resignation in November, 2013; new term is "upon appointment" to 5-31-19

(2 applications are attached) (page 1)

Board Appointment

b) **SUBSTANCE USE DISORDER (SUD) OVERSIGHT ADVISORY BOARD**

2 vacancies; 3 year terms, 10-1-15 to 9-30-18

(6 applications are attached) (page 16)

3. **COMMITTEE REPORTS:**

a) Government Operations, September 8 **(to be provided)**

b) Health and Human Services, September 9 **(to be provided)**

c) Justice and Public Safety/Finance, September 9 **(to be provided)**

d) Finance, September 10 **(to be provided)**

Corinne Bedard
Committee Reporter

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

SEPTEMBER 2015 – Summary of Boards & Commissions Appointments

Jury Commission

Two positions are available on the Jury Commission. Due to the change in Chief Judge assignment, the appointments were not addressed until now.

One vacancy due to term expiration in May 2015; new term is "upon appointment" to 05-31-2021.

One vacancy due to resignation in November 2013; new term is "upon appointment" to 05-31-2019.

Appointments are made by the Board of Commissioners upon recommendation of the circuit judges, not more than two of whom shall be members of the same political party. See memo from Chief Judge Biernat.

Origin: Per MCL 600.1301

Jury Commission:

1.	Current member	Leonore Trammel	05-31-2019	Independent
2.	Unfulfilled term	Ben Aloia	05-31-2019	Republican
3.	Expired term	Leo LaLonde	05-31-2021	Democrat

online vacancy notice



Application forms and submission materials should be sent to:

Macomb County Court Administrator
40 N. Main Street, 5th Floor
Mt. Clemens, MI 48043

586.469.5164

www.macombBOC.com

Two vacancies created by (1) term expiration and (1) unfulfilled term. Applications due by **5pm on Tuesday, April 28, 2015**. Public interviews to be held on **Tuesday, May 5, 2015 at 9am** during the Government Operations Committee meeting. Applicants are encouraged to attend this meeting. Appointment is expected to be made at a Full Board meeting to be held in a May Full Board meeting.

Name of Board/Commission	Jury commission
Origin	PA 236 (1961)
Appointment Authority	Recommended by Circuit Judges with Board of Commissioners confirmation
Function	The purpose of the commission is to maintain rosters of eligible jurors. Each year approximately 50,000 citizens are contacted to determine their eligibility to serve as jurors.
Membership Composition	3 members
Term	6 years



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	Jury commission
Origin	PA 236 (1961)
Appointment Authority	Recommended by Circuit Judges with Board of Commissioners confirmation
Function	The purpose of the commission is to maintain rosters of eligible jurors. Each year approximately 50,000 citizens are contacted to determine their eligibility to serve as jurors.
Membership Composition	3 members
Term	6 years



Macomb County Circuit Court

Circuit Judges:

JAMES M. BIERNAT, JR., *Chief Judge*
 MATTHEW S. SWITALSKI, *Chief Judge Pro Tem*
 MARY A. CHRZANOWSKI
 MARK S. SWITALSKI
 EDWARD A. SERVITTO, JR.
 RICHARD L. CARETTI
 DIANE M. DRUZINSKI
 TRACEY A. YOKICH
 KATHRYN A. VIVIANO
 JENNIFER M. FAUNCE
 JAMES M. MACERONI
 JOSEPH TOIA
 KATHRYN A. GEORGE*

Clerk of the Court
 CARMELLA SABAUGH

Court Administrator
 JENNIFER PHILLIPS

*Probate Judge assigned to Family Division

August 28, 2015

To: Dave Flynn, Chair
 Macomb County Board of Commissioners

From: James M. Biernat, Jr,
 Macomb County Circuit Court, Chief Judge

Re: Two appointments for Macomb County Jury Commission

Date: August 28, 2015

Dear Mr. Flynn:

Enclosed you will find my recommendation to fill two vacancies on the Macomb County Jury Commission.

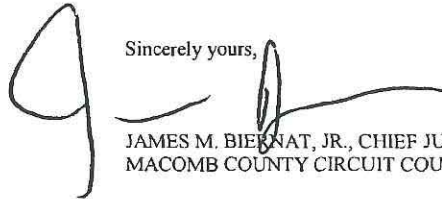
Per MCL 600.1301, "[A] jury board consists of 3 qualified electors of the county appointed by the County Board of Commissioners on recommendation of the Circuit Court Judges of the Judicial Circuit in which the county is situated, not more than two of whom shall be members of the same political party."

The only current member of the three-member panel is Lenore Trammell. Ms. Trammel is an Independent.

Leo LaLonde was appointed in November 2014 to fill a vacancy. His term expired on May 31, 2015. On July 10, 2013, we received a resignation letter from long-time Jury Commissioner Jeanne Peddy.

Enclosed you will find my recommendation for two jury commissioners and application forms for the reappointment of Leo LaLonde, a Democrat, and appointment of new jury commissioner, Ben Aloia, a Republican. Appointing both would give the Jury Commission an Independent, a Democrat, and a Republican.

Sincerely yours,



JAMES M. BIERNAT, JR., CHIEF JUDGE
 MACOMB COUNTY CIRCUIT COURT

JMB/kmv

REVISED JUDICATURE ACT OF 1961 (EXCERPT)

Act 236 of 1961

CHAPTER 13

JURORS

600.1300 Definitions.

Sec. 1300. As used in this chapter:

(a) "Driver's license list" means a compilation of names of individuals who are 18 years of age or older, addresses, zip codes, dates of birth, and sexes of persons licensed in Michigan as motor vehicle operators and chauffeurs under the Michigan vehicle code, Act No. 300 of the Public Acts of 1949, being sections 257.1 to 257.923 of the Michigan Compiled Laws.

(b) "Personal identification cardholder list" means a compilation of names of individuals who are 18 years of age or older, addresses, zip codes, dates of birth, and sexes of Michigan residents who have received an official state personal identification card under Act No. 222 of the Public Acts of 1972, being sections 28.291 to 28.295 of the Michigan Compiled Laws.

History: Add. 1986, Act 104, Eff. Jan. 1, 1987.

600.1301 Jury board; appointment; qualifications; terms; existing boards; vacancies.

Sec. 1301. (1) In counties having a population of less than 2,000,000, the jury board consists of 3 qualified electors of the county appointed by the county board of commissioners on recommendation of the circuit judges of the judicial circuit in which the county is situated, not more than 2 of whom shall be members of the same political party. The appointments shall be for 6-year terms.

(2) In counties having a population of 2,000,000 or more, the jury board consists of 7 qualified electors of the county appointed for 6-year terms by the county executive, with the concurrence of the county board of commissioners, on recommendation of the circuit judges of the judicial circuit in which the county is situated, not more than 4 of whom shall be members of the same political party. The executive secretary and stenographer shall receive compensation in an amount fixed by the county board of commissioners.

(3) A jury board member who was appointed under this section and is serving as a member on the effective date of the 2000 amendatory act that amended this section shall continue to serve as a member of that jury board until a vacancy is created by expiration of term or otherwise. A new appointment or an appointment to fill a vacancy in a jury board shall be made as provided in subsections (1) and (2).

History: Add. 1968, Act 326, Eff. Nov. 15, 1968;—Am. 1969, Act 326, Eff. Sept. 1, 1969;—Am. 2000, Act 454, Imd. Eff. Jan. 9, 2001.

600.1301a Courts in which selection of juries governed by chapter; exceptions.

Sec. 1301a. (1) Except as provided in subsection (2), this chapter governs the selection of juries in the following courts:

- (a) Circuit court.
- (b) Probate court.
- (c) District court.

(2) Sections 1310, 1311, 1312, 1321(1), 1322, 1323, 1330, 1338, and 1343 do not apply to a court that adopts a method of jury selection described in section 1371.

History: Add. 1969, Act 326, Eff. Sept. 1, 1969;—Am. 1978, Act 11, Imd. Eff. Feb. 8, 1978;—Am. 1986, Act 104, Eff. Jan. 1, 1987;—Am. 2004, Act 12, Eff. June 1, 2004.

600.1301b Modified system of jury selection; development of plan; goals; review, approval, adoption, and implementation of plan; exceptions.

Sec. 1301b. (1) Within 2 years after the effective date of this section each circuit of the circuit court shall develop a plan for the implementation of a modified system of jury selection in their respective courts.

(2) Each plan shall specify methods for utilizing eligible jurors to further the following goals:

- (a) Lessening the inconvenience to citizens of serving as a juror.
- (b) Broadening citizen participation in the jury system.
- (c) Distributing the responsibility for participation in the jury system among the people in as fair a manner as possible.

(d) Increasing the efficiency and effectiveness of circuit court activity.

(e) Reducing the length of the term of service of a juror.

(f) Reducing the number of trials on which an individual juror serves during the juror's term.

(3) Each circuit of the circuit court shall submit their plan to the supreme court for review to determine that

JURY COMMISSION

40 North Main, 5th Floor, Mount Clemens, MI 48043

Phone: (586) 469-5158; Fax: (866) 731-8701

Leo LaLonde..... Term expires: 04/30/2015

Lenore Trammel..... Term expires: 05/31/2019

Vacant Term expires: 05/31/2019

Clerk of the Commission, Carmella Sabaugh..... Clerk/Register of Deeds

The commissioners are appointed for six-year terms by the Macomb County Board of Commissioners based upon recommendation of the circuit court bench. Their basic function is to maintain rosters of eligible jurors. Each year approximately 120,000 citizens are contacted to determine their eligibility to serve as jurors.

JUVENILE JUSTICE CENTER

400 North Rose, Mount Clemens, MI 48043

Phone: (586) 469-5375; Fax: (586) 469-0815

Director..... *Rhonda Westphal*

The Macomb County Juvenile Justice Center is a Child Care Institution providing secure detention and behavioral intervention programs within a safe, secure, caring environment for youth that are remanded into custody through Macomb County Courts.

LAND FILE DIVISION

1 South Main, 2nd Floor, Mount Clemens, MI 48043

Phone: (586) 469-5312; Fax: (586) 307-8290

Tax Services Coordinator *Maureen Alexandrowicz*

This department manages the records of approximately 361,000 individual real estate parcels, including legal descriptions, taxpayer names and addresses, and delinquent tax information. A drafting section updates and maintains the accuracy of all property line drawings by plotting new subdivisions, acreage divisions and consolidation of lots.

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

1995 -- Bachelor of Arts -- Michigan State University, Journalism;
1999 -- Juris Doctor, Detroit College of Law at Michigan State University
1999 -- State Bar of Michigan Admission
2002 -- United States District Court, Eastern District of Michigan

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

Title/Board-Commission: State Bar of Michigan Character and Fitness Committee, District D
Appointment/Election Date: January, 2011
Title/Board-Commission: Michigan Supreme Court Committee on Model Jury Instructions
Appointment/Election Date: September, 2013
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.

I don't believe this is a conflict of interest, but I do serve as contracted counsel to the Macomb County Department of Roads.

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

No

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:

Party Affiliation: Republican. See my biography attached.

I believe I am qualified to serve on this commission and I would benefit Macomb County by serving on this commission because I have been a litigation practitioner in Macomb County since 2002. My practice concentration includes complex commercial litigation, real estate litigation, divorce and criminal defense. I have been a life long resident of Macomb County and I own a practice in Mt. Clemens where I employ three other litigation attorneys.

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: Benjamin J. Aloia

Date: July 20, 2015

Subscribed and sworn to before me this 20th day of July, 2015.


Notary Public - Amy L. Federlein
Macomb County, Michigan

My Commission expires: 8/5/2020

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

Benjamin J. Aloia is the President of Aloia & Associates, P.C., and concentrates his practice on business litigation and transactions and also real estate litigation and transactions. Mr. Aloia has been licensed to practice in the State of Michigan for over 14 years, and is also licensed to practice in the U.S. Eastern District of Michigan and the U.S. Sixth Circuit Court of Appeals. He has served as the contracted general counsel to the Macomb County Department of Roads since 2003, handling all of its real estate transactions and litigation. He also formerly served as an Assistant Oakland County Prosecutor from 1999 through 2001.

Mr. Aloia was named a "Rising Star," by Super Lawyers Magazine in 2013, as well as named a "Super Lawyer" by the same magazine in 2014 and 2015. He currently serves on the Michigan Supreme Court Committee on Model Civil Jury Instructions, and has served on the State Bar of Michigan District D Character and Fitness Committee since 2011. Mr. Aloia is also the former Chairman of the Board of Trustees at De La Salle Collegiate High School.

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

I, LEO R. LALONDE, hereby make application for appointment to _____
Name

JURY COMMISSION for _____ from _____
Name of Board or Commission Number of years Exact Dates of Appointment

to _____.

TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

1. I reside at 24801 ROSALIND EASTPONTE, MI 48021
Street City Zip

MACOMB and have since 1979
County

Mailing address if different than above: _____

Telephone: (586) 774-5803 Cell Phone: (586) 938-9851

Email: leo.lalonde154@gmail.com Political Party Affiliation: DEMOCRAT

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

3. I am currently registered to vote: Yes No

4. Citizen of USA
Country

5. Employer: RETIRED

Telephone: _____

a. Indicate nature of your work: _____

b. Title: _____

6. Educational level and degrees received: _____

BA + MA - WAYNE STATE UNIVERSITY
MA - MICHIGAN STATE UNIVERSITY

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

EASTPOINTE HOUSING COMMISSION	
<small>Title</small>	<small>Appointment or Election Date</small>
EASTPOINTE PLANNING COMMISSION	
<small>Title</small>	<small>Appointment or Election Date</small>
<small>Title</small>	<small>Appointment or Election Date</small>

8. Previously held appointments and/or elected positions:

STATE REPRESENTATIVE - 1979-82	
<small>Title</small>	<small>Dates Served</small>
<small>Title</small>	<small>Dates Served</small>
<small>Title</small>	<small>Dates Served</small>

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.

NONE

12. Is this an application for reappointment? Yes No

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

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

Comments/Clarification (only if necessary) _____

NO MEETINGS WERE HELD SINCE I WAS APPOINTED.

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

I hereby apply for appointment to JURY COMMISSION Board or Commission 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 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.

Leo R. Lalonde
Signature
LEO R. LALONDE
Name (Print or Type)

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

Todd Schmit
Notary Public
Macomb County, Michigan

My commission expires: 7/28/2020

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)

(revised 02/09 pd)

SEPTEMBER 2015 – Summary of Boards & Commissions Appointments

Substance Use Disorder Oversight Policy Board (SUD OPB)

Two appointments are created by term expirations; three year terms will begin October 1, 2015, and last through September 30, 2018.

Origin: Public Acts 500-501 of 2012

The BOC appoints members from the public and private treatment and prevention programs, along with members of the community as defined in SUD Agreement adopted 07-31-14.

Designations for the expiring terms are as described in categories in 5.3(b) – see page 3 of the SUD OPB agreement or the excerpt below:

5.3 Membership

- b) The remaining members shall be drawn from any of the following areas:
- i) Public and private SUD prevention, treatment or recovery providers, where conflicts of interest do not exist;
 - ii) Individuals directly served by substance use treatment/rehabilitation or prevention programs or otherwise in recovery from a substance use disorder, and individuals with lived experience; and
 - iii) The community at large, including civic organizations, the corporate community, representatives from the medical community, law enforcement, faith-based organizations, military veterans, and interested citizens who are willing to advocate for prevention, treatment, and recovery services for persons with, or who are at risk for SUD.
- c) All Board members shall have Macomb County as their primary place of residence. No member shall hold a current elective public office within Macomb County.

Applications received from: Applying for:

Joelene Beckett	Appointment
Dan Chambers	Appointment
Barry J. Gross	Re-Appointment
Kathleen Rager	Re-appointment
Nicholas Sage	Appointment
Ryan Zemke	Appointment



Application forms and submission materials should be sent to:
 Macomb County Board of Commissioners
 1 S. Main Street, Mt. Clemens, MI 48043

Questions: 586.469.5275

Name of Board/Commission	Substance Abuse Disorder (SUD) Oversight Board
Origin	Section 287 of Michigan Mental Health Code, MCL 330.1287(5); SUD Oversight Policy Bd Agreement (adopted 07-31-14)
Appointment Authority	BOC appoints 6 members; those designated in 5.3(1)iii and iv; four members from any of the categories in 5.3(b).
Function	Approval of portion of MCCMH budget that includes local funds for treatment/prevention; provide advice for using other nonlocal funding; contracts; identify needs and resources, recommend goals and priorities; advise and counsel in development of effective, coordinated programs and plans for services; advise & recommend re: annual comprehensive delivery plan developed by MC Office of Substance Abuse; other functions requested by MCCMH and agreed to by the SUD Oversight Policy Board.
Membership Composition	12 members Representatives from public and private treatment and prevention programs, along with members of the community as defined in SUD Agreement adopted 07-31-14.
Term	3 years; staggered terms



Application forms and submission materials should be sent to:
Macomb County BOC, 1 S. Main St, 9th Floor, Mt. Clemens, MI 48043

Two vacancies are created by terms expiring on 09-30-15. Applications are due by **5pm on September 1, 2015**. Public interviews to be held on **Tuesday, September 8, 2015 at 9am** at the **Government Operations Committee meeting**. Applicants are encouraged to attend this meeting. Appointments are expected to be made at a September Full Board meeting.

Name of Board/Commission	Substance Abuse Disorder (SUD) Oversight Board
Origin	Section 287 of Michigan Mental Health Code, MCL 330.1287(5); SUD Oversight Policy Bd Agreement (adopted 07-31-14)
Appointment Authority	BOC appoints 6 members; those designated in 5.3(1)iii and iv; four members from any of the categories in 5.3(b).
Function	Approval of portion of MCCMH budget that includes local funds for treatment/prevention; provide advice for using other nonlocal funding; contracts; identify needs and resources, recommend goals and priorities; advise and counsel in development of effective, coordinated programs and plans for services; advise & recommend re: annual comprehensive delivery plan developed by MC Office of Substance Abuse; other functions requested by MCCMH and agreed to by the SUD Oversight Policy Board.
Membership Composition	12 members Representatives from public and private treatment and prevention programs, along with members of the community as defined in SUD Agreement adopted 07-31-14.
Term	3 years; staggered terms

News

Macomb County Board of Commissioners



FOR IMMEDIATE RELEASE
Aug. 11, 2015

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

Two members sought for Macomb County Substance Use Disorder Board

MOUNT CLEMENS, Mich. — The Macomb County Board of Commissioners is seeking to appoint two members to the Substance Use Disorder Oversight Policy Board.

Each appointed member will serve a three year term beginning on Oct. 1, 2015. The two open seats on the Board are for persons who fall under one of the following position designations: (1) a member of the community at large, (2) an individual who has been directly served by substance use treatment/rehabilitation or prevention programs or is otherwise in recovery from a substance use disorder, or an individual with lived experience; an individual in public or private substance use disorder prevention, treatment or recovery, where conflicts of interest do not exist; or a member of the community at large.

The Substance Use Disorder Oversight Policy Board duties include approval of the part of the Macomb County Community Mental Health budget that includes local funds for treatment/prevention; provides advice for using other nonlocal funding; contracts; identifies needs and resources, recommends goals and priorities; advises and provides counsel in development of effective, coordinated programs and plans for services; advises and gives recommendations regarding the annual comprehensive delivery plan developed by the Office of Substance Abuse; as well as other functions requested by MCCMH and agreed to by the SUD Oversight Policy Board. In total, it is a 12 member board, with each member serving a three year term.

More information and a downloadable application form are available at macombBOC.com, under the "Boards and Commissions" tab. Applications and form submission materials can be sent to: Macomb County CMH Board, 22550 Hall Rd., Clinton Township, MI 48036. Notarized applications are due by Sept. 1. Interviews will be held in the Board Room, located on the ninth floor of the Administration Building, on Sept. 8 and appointments will be made at a Full Board later that month.

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For more news from the Macomb County Board of Commissioners, check www.MacombBOC.com

or visit us on Facebook or @MacombBoC on Twitter.

**SUBSTANCE USE DISORDER
OVERSIGHT POLICY BOARD
AGREEMENT**

BETWEEN

**MACOMB COUNTY COMMUNITY MENTAL HEALTH
AND
MACOMB COUNTY**

Macomb County Community Mental Health ("MCCMH"), with offices located at 22550 Hall Road, Clinton Township, Michigan 48036 and Macomb County, with offices located at One South Main, Mt. Clemens, Michigan 48043, (each a "Party" and collectively "the Parties") execute this Agreement pursuant to Section 287 of the Michigan Mental Health Code, MCL 330.1287(5);

WHEREAS MCCMH is a Prepaid Inpatient Health Plan ("PIHP") as defined by 42 CFR Part 438 and Macomb County is located in a region designated by the Michigan Department of Community Health ("MDCH") as PIHP Region 9. In addition to being designated PIHP Region 9, MCCMH is a community mental health service program as defined by the Michigan Mental Health Code ("Mental Health Code") and operated according to chapter 2 of the Mental Health Code;

WHEREAS, MCCMH is the Michigan Department of Community Health (MDCH)-designated community mental health entity to assume the responsibilities for the coordination of substance use disorder services for Macomb County.

WHEREAS, 2012 PA 500 and 2012 PA 501 requires that the coordinated provision of substance use disorder services shall be transferred, no later than October 1, 2014, from existing coordinating agencies to Michigan Department of Community Health ("MDCH")-designated community mental health entities;

WHEREAS, MCL 330.1287(5) requires MCCMH, as the MDCH-designated community mental health entity, to establish the Substance Use Disorder Oversight Policy Board and coordinate the provision of substance use disorder services for Macomb County, as the county served by MCCMH;

WHEREAS, THE SUD Oversight Policy Board is an agency of Macomb County government and as such is subject to the provisions of the Macomb County Charter.

WHEREAS, MCCMH and Macomb County are committed to establishing a Substance Use Disorder Oversight Policy Board (SUD Oversight Policy Board);

NOW, THEREFORE, the Parties agree as follows:

1. FUNCTIONS AND RESPONSIBILITIES OF SUD OVERSIGHT POLICY BOARD

The functions and responsibilities assigned to the SUD Oversight Policy Board include:

- a) Approval of that portion of the MCCMH budget that includes local funds for treatment or prevention of substance use disorders;
- b) Provide advice and recommendations regarding MCCMH budget for substance use disorder treatment or prevention using other nonlocal funding sources;
- c) Provide advice and recommendations regarding contracts with substance use disorder treatment or prevention providers;
- d) Identify substance use needs and resources; recommend substance use goals and priorities;
- e) Provide advice and counsel and otherwise aid in the development of effective, coordinated programs and plans for the delivery of substance use prevention, treatment and recovery services in the County;
- f) Provide advice and recommendations regarding the annual comprehensive delivery plan developed by the Macomb County Office of Substance Abuse;
- g) Other functions and responsibilities requested by MCCMH, and accepted by the SUD Oversight Policy Board, as defined in its Bylaws, as agreed to by the parties to this Agreement.

2. REAL AND PERSONAL PROPERTY/EMPLOYEES

MCCMH shall provide staff, facility accommodations and office supplies, as necessary, to carry out the functions and responsibilities of the SUD Oversight Board.

3. EFFECTIVE DATE

The Effective Date is the date on which all of the following are satisfied, but not later than October 1, 2014:

- a) Signed Agreement. The Agreement is approved, entered into, and executed by the authorized representatives.
- b) Resolution. There shall be a resolution and entry of the terms of this Agreement in the minutes of the governing bodies of each party to the Agreement in order to give effect to this Agreement.
- c) Filed Agreement. A copy of this Agreement shall be filed with the Michigan Secretary of State prior to its effective date.

4. TERM AND TERMINATION OF AGREEMENT

- 4.1 Term. This Agreement shall continue indefinitely beginning on October 1, 2014, but will not be given effect unless and until the conditions stated in Section 3 are met by MCCMH and Macomb County.

4.2 Termination. Either party may terminate this Agreement at any time by giving the other party thirty (30) days written notice of termination. Any notice of termination of this Agreement shall not relieve either party of the obligations incurred prior to the effective date of such termination.

5. APPOINTMENT OF SUD OVERSIGHT POLICY BOARD MEMBERS

5.1 Composition

The SUD Oversight Policy Board shall be composed of twelve (12) members.

5.2 Terms of Office

Members shall be appointed for a term of three (3) years, commencing on October 1. Appointments shall be scheduled to ensure that no more than one-third of the membership seats will require appointment in a given year. The term of appointment for Initial Board members shall be divided equally among the membership for one, two, or three year periods of time.

5.3 Membership

- a) Membership shall be included from the following areas:
 - i) One (1) member shall be a representative of Macomb County Public Health;
 - ii) One (1) member shall be a representative of the Macomb County Department of Human Services;
 - iii) One (1) member shall be a representative of the Macomb Intermediate School District or other school district within the county; and
 - iv) At least one (1) member shall be an individual in recovery from a substance use disorder or a family member impacted by addiction.
- b) The remaining members shall be drawn from any of the following areas:
 - i) Public and private SUD prevention, treatment or recovery providers, where conflicts of interest do not exist;
 - ii) Individuals directly served by substance use treatment/rehabilitation or prevention programs or otherwise in recovery from a substance use disorder, and individuals with lived experience; and
 - iii) The community at large, including civic organizations, the corporate community, representatives from the medical community, law enforcement, faith-based organizations, military veterans, and interested citizens who are willing to advocate for prevention, treatment, and recovery services for persons with, or who are at risk for SUD.
- c) All Board members shall have Macomb County as their primary place of residence. No member shall hold a current elective public office within Macomb County.

5.4 Appointing Authorities

- a) As required by PA 500 of 2012, the Macomb County Commission shall appoint one (1) member to serve on the Substance Use Disorder Oversight Policy Board and the County Executive will waive his Charter authority so that the Commission may

BOC appointments



appoint an additional five (5) members. The Commission will appoint the members designated in 5.3(a) iii and iv and four members from any of the categories in 5.3(b). The initial six appointments will have terms as provided in 5.2.

- b) The County Executive will appoint the members designated in 5.3(a) i and ii and four members from any of the categories in 5.3(b). The Commission will waive its Charter authority to confirm the Executive's appointments. The initial six appointments will have terms as provided in 5.2.

6. COMPLIANCE WITH LAWS

The SUD Oversight Policy Board shall fully comply with all applicable laws, regulations and rules, including, by way of example and without limitation, 1976 PA 267 ("Open Meetings Act"), 1976 PA 422 ("Freedom of Information Act"), 2012 PA 500, 2012 PA 501, and 1986 PA 2.

7. SUD OVERSIGHT POLICY BOARD BYLAWS

The SUD Oversight Policy Board may adopt Bylaws and amend the same in the manner prescribed by the Bylaws.

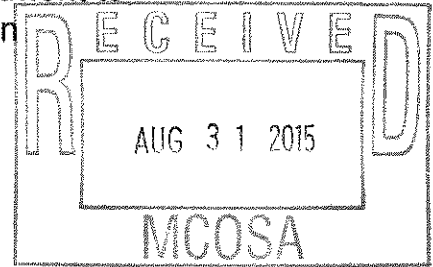
8. LIABILITY

Neither party assumes any liability nor responsibility for compliance with laws or regulations applicable to the other party with respect to this Agreement and each party agrees to hold the other party, its Directors, Officers, employees and representatives harmless from any claim, suit, or demand for damages arising out of negligent or intentional illegal acts or omissions under this Agreement.

9. MISCELLANEOUS

- 9.1 Governing Law. This Agreement shall be interpreted and construed in accordance with the laws of the State of Michigan.
- 9.2 Entire Agreement. This Agreement constitutes the entire agreement of the parties, and may not be amended unless the amendment is in writing and adopted by both MCCMH and Macomb County.
- 9.3 Amendment. This Agreement may be amended from time to time upon the written agreement of both parties and the amendment shall become effective when signed in writing, entered into the minutes of the governing bodies of each Party, and filed with the Secretary of State.
- 9.4 Governmental Immunity. Nothing in this Agreement constitutes a waiver of any form of applicable governmental immunity.

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:

SUBSTANCE USE DISORDER OVERSIGHT POLICY BOARD

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

1. Applicant Information

Name: JOELINE BELLETT

Residence Address: 22982 GARY LANE

City, Zip Code: ST. CLAIR SHORES, 48080

County of Residence: MACOMB

Mailing Address (if different than above):

Preferred Phone: (586) 634-1785

Email: JOELI44@MSN.COM

Best method of contact: CELL PHONE

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

3. I am currently registered to vote: Yes No

4. Citizenship: UNITED STATES

5. Employer: SELF

Employer Address: SAME AS ABOVE

Nature of your work: PEER RECOVERY COACH

Position: SAME

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

COLLEGE GRADUATE- ASSOCIATES IN BEHAVIORAL
CERTIFIED ALCOHOL AND DRUG COUNSELOR (CADCC) SCIENCES
CERTIFIED PREVENTION SPECIALIST (CPS)
RECOVERY COACH
RECOVERY COACH TRAINER - (CAR TRAINED)

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

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

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

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

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.

[Empty box for listing convictions]

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?

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:

I HAVE BEEN DOING PEER COACHING FOR SUBSTANCE MISUSE FOR 16 YEARS. I AM & HAVE BEEN IN RECOVERY FOR 28 YEARS. PREVIOUSLY EMPLOYED AT MCREST, SACRED HEART RELAB CENTER, CARE OF SOUTHEASTERN MICH. HAVE SAT ON THE BOARD OF THE MACOMB COUNTY SUBSTANCE ABUSE ADVISORY BOARD. PRESENTLY A MEMBER OF THE BEHAVIORAL HEALTH ADVISORY BOARD (STATE) AND THE PEER CREDENTIALING ADVISORY COUNCIL (STATE), BEHAVIORAL RX COMMITTEE OWNER OF KEVIN CONSULTING WHICH IS PRESENTLY INACTIVE.

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: *Joeleene Beckett - Joeleene Beckett*

Printed Name: JOELEENE BECKETT

Date: 8/27/15

Subscribed and sworn to before me this 27th day of August, 2015

Jeanine A. Plieth

Notary Public
Macomb County, Michigan

My Commission expires: 9.5.2016

JEANINE A PLIETH
NOTARY PUBLIC - STATE OF MICHIGAN
COUNTY OF MACOMB
My Commission Expires Sept. 5, 2016
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 - *UPON REQUEST*
- Letter of Reference – up to two pages - *UPON REQUEST*
- 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:

SUD Oversight Policy Board

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

1. Applicant Information

Name: DAN Chambers

Residence Address: 28840 Fountain

City, Zip Code: Roseville 48066

County of Residence: Macomb

Mailing Address (if different than above):

Preferred Phone: 586 596-4814

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: U.S.

5. Employer: ALS-LM.

Employer Address: 39930 GARFIELD CLN. TWP 48038

Nature of your work: Provide Supportive Services

Position: Certified Consumer Tech

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

College (Did not complete)
Certified Alcohol - Drug Counselor
D.O.T. Substance evaluator - Program Coordinator

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.

None

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:

40 yr. + CAREER in Substance Abuse Treatment. Developed policies / procedures to meet licensing standards

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: *Dan Chambers*

Printed Name: **DAN CHAMBERS**

Date: **8/28/15**

Subscribed and sworn to before me this **28th** day of **AUGUST** **2015**

Tonya R Harden - Karim

Notary Public
Macomb County, Michigan
WAYNE

My Commission expires: **08-01-2018**

TONYA L. HARDEN-KARIM
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
COMMISSION EXPIRES Aug 1, 2018
COUNTY OF *T. Karim*

TONYA L. HARDEN-KARIM
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES Aug 1, 2018
ACTING IN COUNTY OF *Wayne*

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

August 28, 2015

CMH Board
 22550 Hall Rd.
 Clinton Township, Michigan 48036
 Macomb County Board of Commissioners
 Disorder Oversight Policy Board

To whom it may concern,

I am interested in obtaining the seat available on the Disorder Oversight Policy Board. Throughout my career, dating back to 1970 I've held various positions: Counselor, Supervisor, QA coordinator and Owner/CEO and have experience in many facets of the Substance Abuse Treatment field. These include:

Halfway Houses
 Outpatient Substance Abuse Treatment agencies
 Methadone Treatment
 Residential Substance Abuse treatment agency
 Hospital Based Detoxification program
 Chambers & Associates
 Owner/CEO of a state licensed outpatient program.
 Chambers Consulting
 Substance Use Evaluations for Courts, Lawyers, State of Michigan DLAD and D.O.T., employers and family.

With this knowledge and experience I believe I can fill the seat and provide solid insightful input to the proceedings of the Board.

Hopefully this information has generated an interest in scheduling an interview. I look forward to hearing from you soon.

Respectfully



Dan Chambers

(586) 596-4814

Tonya L. Harden-Karim 08/28/2015
 TONYA L. HARDEN-KARIM
 NOTARY PUBLIC, STATE OF MI
 COUNTY OF WAYNE
 MY COMMISSION EXPIRES Aug 1, 2018
 ACTING IN COUNTY OF *Wayne*

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

Barry J. Gross, D.O.
Board Certified in Addiction Medicine

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

Title/Board-Commission: SUD Oversight Policy Board

Appointment/Election Date: 10/1/14

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.

[Empty box for listing convictions]

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.

N/A

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? 1 yr

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

Number of meetings attended 10 Number of meetings held 10

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:

majority of my professional work involves treating the addicted population, mainly of Macomb County. the opioid addiction are the most common in the populace and solutions will require multidisciplinary attempts at recovery. Prevention is the next most important challenge and that I hope to make a contribution with my affiliation with the S.I.D. Policy Board

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: *Barry J. Gross, D.O.*

Printed Name: Barry J. GROSS, D.O.

Date: 08/26/15

Subscribed and sworn to before me this 26TH day of AUGUST 2015

Marianne A. Frak

Notary Public
Macomb County, Michigan

My Commission expires:

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:

Substance Use Disorder Policy 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:

Masters of Administration

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

Title/Board-Commission: SUD Oversight Policy Board

Appointment/Election Date: October 1, 2014

Title/Board-Commission:

Appointment/Election Date:

Title/Board-Commission:

Appointment/Election Date:

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

Title/Board-Commission: Juvenile Justice Center Advisory Council

Dates Served: Approximate dates 2006-2010 disbanded, Judge Tony Viviano as chair

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.

Sister worked for the Macomb County Sheriff Department as a dispatcher, deceased 2004.

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

If yes, how many years have you served on this board/commission? 1 year appoint. (staggered)

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

Number of meetings attended 10 meetings Number of meetings held 10 meetings

Comments/Clarification (if necessary)

10 formal meetings and 4 sub committee meetings attended; 100 percent participation

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

Previously employed by CARE of Southeast Michigan for 24 years (retiring in 2012) and for the last 14 years served as the agencies President/CEO. During these years and until recently CARE contracted with Macomb County Community Mental Health Office of Substance Abuse to provide access services for those suffering from substance use disorders (alcoholism and other drug addictions) and comprehensive prevention services. In addition the agency has served at the county's employee assistance program. I am very familiar with the county's mental health system and a number of other public systems, in particular those programs/services available to serve this distinct population.

Under my leadership, and with the support of a skilled staff and dedicated board of directors, the agency grew from approximately 20 employees to over 60 employees that delivered programming for Macomb County Office of SA (Access, prevention); Department of Human Services (Substance Abuse Support Services serving people with addictions and have children living in foster care); Michigan Works (programming for those seeking employment opportunities and have a history of addiction); Michigan's Prison Reentry Initiative (life skills for reentering citizens); Great Start - Michigan's early childhood intervention (parent education). Funding was diversified and grew from one budget in the agencies early years of operation to 23 budgets at my retirement.

I have worked diligently to reduce the stigma attached to substance use disorders by serving on the yearly Celebrate Recovery planning committee, playing a key role in the develop and implementation of Greater Macomb Project Vox - a grass root initiative to reduce stigma and advocate for increased treatment funding. I have also embraced the federal initiative of Recovery Oriented Systems of Care (ROSC) that recognizes that formal treatment is only the beginning of the recovery process and involves a systematic comprehensive approach to long term sobriety,

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: *Kathleen M. Rager*

Printed Name: KATHLEEN M. RAGER

Date: August 1

Subscribed and sworn to before me this 1ST day of AUGUST, 2015

Marianne A. Frak

Notary Public
Macomb County, Michigan

My Commission expires:

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

KATHLEEN M. RAGER, M.S.A.

34240 Virgil, Harrison Township, MI 48045
Kmrager@hotmail.com

EXPERIENCE

1996-retired 2012 Community Assessment Referral Education, Fraser, MI
a 501©3 private non-profit agency

President & CEO

Supervise over 60-person staff in four divisions (Substance Use Prevention, Employee Assistance, Access Assessment & Referral Services, and Student Assistance.

Develop and implement agency budget of \$2.8M

Oversee accreditation process (CARF)

Work with community collaborations to further the mission of CARE

Comply with federal, state and local requirements as they pertain to HIPPA, Corporate Compliance and Human Resources

Develop and implement a yearly quality improvement plan

Operate under the direction of a Board of Directors

1987-1996 Community Assessment Referral Education Fraser, MI

Prevention Director

Supervise staff of 11 prevention personnel

1980-1987 American Red Cross Detroit, MI

Youth Service Volunteer Coordinator

EDUCATION

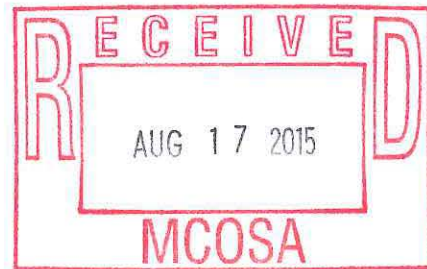
Central Michigan University, Warren, MI
Masters of Science in Administration

Wayne State University, Detroit, MI
BS degree, major education

ACTIVITIES (CURRENT AND PAST)

Board of Directors Turning Point (domestic violence) and Prevention Coalition of Southeastern Michigan, United Way Initiatives Committee, and many job related committees including the Human Services Coordinating Body of Macomb County and the Macomb County Mental Health Office of Substance Abuse Advising Committee and appointed by the Macomb County Board of Commissioners to the Substance Use Disorder Oversight Policy Board (2014), Instrumental in the development of Greater Macomb Project VOX – community members advocating for increased funding for substance use disorders and decreasing the stigma of those experiencing mental health/substance use disorders, chaired the Michigan Prison Reentry Advisory Council and Macomb County Great Start (Michigan Early Childhood Intervention), Juvenile Justice Center Advisory Council, Attended state meetings of the Michigan Substance Abuse treatment providers.

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:

Substance Use Disorder (SUD) Oversight Board

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

1. Applicant Information

Name: Nicholas Sage

Residence Address: 5418 PINE Street

City, Zip Code: New Baltimore, MI 48047

County of Residence: Macomb

Mailing Address (if different than above): Same as Above

Preferred Phone: 586.524.6707

Email: NICK1072@gmail.com

Best method of contact: Either cell or 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.

5. Employer: City of Eastpointe - Fire/Rescue

Employer Address: 14370 9 Mile Road - EASTPOINTE

Nature of your work: FIRE FIGHTER / PARAMEDIC

Position: See Above.

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

Assoc Degree - General Studies; Fire Science Certificate - MCC
Multiple FD related certifications; STATE of MI Paramedic.

7. I presently hold the following appointments and elected positions: NONE

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: EASTPOINTE Firefighters Association - President

Dates Served: Dec 2012 - Present

Title/Board-Commission: EASTPOINTE Firefighters Association - Secretary

Dates Served: Dec 2008 - Nov 2012

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?

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

Number of meetings attended

Number of meetings held

Comments/Clarification (if necessary)

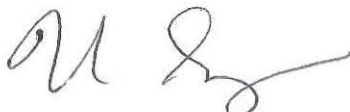
13. Briefly indicate your qualifications for appointment to this specific board and the reason you believe your appointment will benefit Macomb County:

Please See Attached letter.

14. Statement of Application to Board/Commission

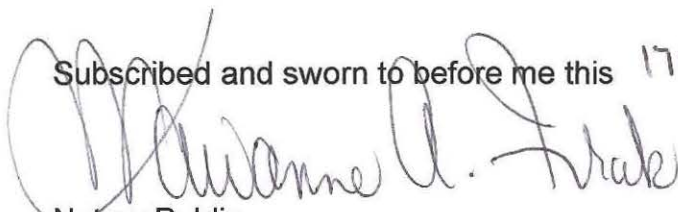
I hereby apply for appointment and do swear or affirm that, (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment 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:



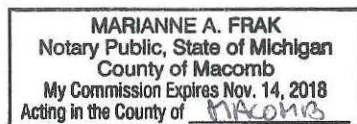
Printed Name: NICHOLAS SACES

Date: 8-17-2015

Subscribed and sworn to before me this 17th day of AUGUST, 2015


Notary Public
Macomb County, Michigan

My Commission expires:



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

Nicholas J Sage
54418 Pine Street
New Baltimore, MI 48047

(586) 5246707

Education

Fire Officer III – 2008
Company Officer I & II – 2008
Paramedic – 2004
EMT – 2002
Firefighter I & II – 2002
Associate of Arts – Macomb Community College – 2000
Certificate of Fire Science – Macomb Community College – 2000
Graduate – East Detroit High School – 1990

Experience

Full Time Firefighter – Eastpointe Fire & Rescue – 2003 Present
Paramedic – 2004 – Present
EMT – 2002 - 2004
On Call Firefighter – Eastpointe Fire & Rescue – 2001 - 2003

Training

Incident Command Systems (ICS) 100, 200, 700, 800
Forcible Entry
Rapid Intervention Team
National Incident Management System
Unified Incident Command System
Incident Command System
Hazardous Materials Awareness, First Responder Operations
Hazardous Materials Technician
Vehicle Extrication
Terrorist Bombings Awareness
National Response Plan
Machinery Rescue Awareness
National Response Plan
Leadership I, II, & III (NFA)
Health & Safety Officer (NFA)
Incident Safety Officer (NFA)
Scott AirPak SCBA Specialist / Maintenance

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

RECEIVED

AUG 31 2015

BOARD OF COMMISSIONERS

TO THE MACOMB COUNTY BOARD OF COMMISSIONERS:

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

Name of Board/Commission to which appointment is being made:
Substance Abuse Disorder (SUD) Oversight Board

Term: 3 years; from 10/1/2015 (date/year) to 9/30/2018 (date/year)

1. Applicant Information

Name: Ryan Zemke

Residence Address: 28219 Raleigh Crescent Dr

City, Zip Code: Chesterfield, 48051

County of Residence: Macomb

Mailing Address (if different than above):

Preferred Phone: (586) 612-8056

Email: rzemke@zemkelaw.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:

5. Employer: ZemkeLaw PLLC

Employer Address: 7830 Summers St, Utica, MI 48317

Nature of your work: Professional Legal Services

Position: Attorney & Counselor at Law

6. Educational level, degree(s) received, other relevant certification or endorsements:
 B.A. - Michigan State University - James Madison College - Political Theory & Constitutional Democracy
 J.D. - Thomas M. Cooley Law School

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

Title/Board-Commission: N/A

Appointment/Election Date: N/A

Title/Board-Commission: N/A

Appointment/Election Date: N/A

Title/Board-Commission: N/A

Appointment/Election Date: N/A

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

Title/Board-Commission: N/A

Dates Served: N/A

Title/Board-Commission: N/A

Dates Served: N/A

Title/Board-Commission: N/A

Dates Served: N/A

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. I receive court-appointed criminal cases through Macomb County Judicial Aide as a contractor for legal services, but I do not believe that creates any potential conflicts of interest.

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

None that I am aware of. I served as a voluntary intern for the Macomb County Prosecutor's Office during law school but have never been formally employed by Macomb County in any capacity.

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:

I have witnessed the effects of substance abuse first hand throughout my 7 years as a criminal defense attorney. For the past two years, I have served as defense counsel to the 41B District Court Drug & Sobriety Court where I have learned that even the most severe addicts can find recovery through a structured program that includes education, counseling, and support. I have learned how to effectively use allotted resources to treat the target population and coordinate programs and plans for long-term recovery which greatly reduces recidivism. I also serve as defense counsel to the Macomb County Veterans Treatment Court - which deals with similar substance abuse issues in a slightly different context. These programs have taught me invaluable lessons as to how to deal with addiction and how to properly promote recovery amongst participants.

I have also been active in community groups which are designed to prevent addiction and also provide resources to those who are in recovery or have been affected by addiction. I have been involved with Families Against Narcotics (FAN) for several years and currently sit on their Board of Directors. This group is focused on saving lives by empowering individuals and communities to prevent and eradicate addiction. I am also involved with Operation Rx Macomb County. This is a community-based program that FAN has recently created to bring together a broad spectrum of stakeholders to develop and implement strategies to achieve a community free of narcotic misuse and addiction. I am also the President of Helping Ensure Addicts Live (HEAL), a non-profit designed to help those suffering from addiction restore hope, gain courage, and achieve recovery by providing services designed to foster healthy life changes. I have attended training conferences through the both the Michigan Association of Treatment Court Professionals (MATCP) and the National Associations of Drug Court Professionals (NADCP) which have furthered my knowledge on this topic.

I am confident that my knowledge, skills, and passion to put an end to the ever-growing substance abuse epidemic would be a valuable contribution to Macomb County and I respectfully ask for your nomination.

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: Ryan Zemke

Date: 8/28/2015

Subscribed and sworn to before me this 28th day of August, 2015


 Notary Public 
 Macomb County, Michigan

My Commission expires: 02/06/2016

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

41B DISTRICT COURT

STATE OF MICHIGAN



Clinton Township
Harrison Township
Mount Clemens

CHIEF DISTRICT JUDGE
Sebastian Lucido

DISTRICT JUDGE
Linda Davis
Carrie Lynn Fuca

MAGISTRATE
Daniel J. Goulette

COURT ADMINISTRATOR/MAGISTRATE
Kim Silvestro

DEPUTY COURT ADMINISTRATOR
Robin Morosini

22380 Starks Drive
Clinton Township, MI 48036

Phone: (586) 469-9300

August 27, 2015

Re: Substance Abuse Disorder Oversight Policy Board

To Whom It May Concern:

In regard to Ryan Zemke's application to be considered for a board member, I can not recommend him more highly. Ryan has been our Defense attorney on the 41b Drug Court for the past two years. He is extremely well liked by both team members and drug court participants. His knowledge and compassion is commendable.

He has been an active volunteer and board member with Families Against Narcotics for the past of couple years. Ryan is always incredibly prepared and does the necessary research before voting on any agenda item. He is always willing to talk to families or participants, and takes the time to inform them of their options for treatment or support.

Currently, he is actively involved in Operation Rx Macomb County, which is a county-wide project for preventing abuse, addiction and overdose. He is also a defense attorney for Judge Carrie Fuca's Veteran's Court.

I am sure that Ryan would be an asset to this board, and I could not more willingly recommend him for a position on this board.

Sincerely,

Hon. Linda Davis
41B District Court