

**GRAND TRAVERSE COUNTY BOARD OF COMMISSIONERS**

Wednesday, July 3, 2019 @ 8:00 a.m.

Governmental Center, 2<sup>nd</sup> Floor Commission Chambers

400 Boardman, Traverse City, MI 49684

General Meeting Policies:

- ❖ Please turn off all cell phones or switch them to silent mode.
- ❖ Any person may make a video, audio or other record of this meeting. Standing equipment, cords, or portable microphones must be located so as not to block audience view.

If you need auxiliary aid assistance, contact 231-922-4760.

**CALL TO ORDER:**

**1. OPENING CEREMONIES, EXERCISES, OR INVOCATION**

(If the opening ceremonies include an invocation, the invocation should precede all other ceremonies, such as the singing of the National Anthem or Pledge of Allegiance, and shall be done in accordance with an invocation policy as adopted by the Board of Commissioners.)

**2. ROLL CALL:**

**3. APPROVAL OF MINUTES:**

(Reading aloud is waived as long as the Board has been furnished a copy in the packet prior to the meeting)

- a. Minutes of June 19, 2019 (Regular Meeting)..... 3

**4. FIRST PUBLIC COMMENT**

Any person shall be permitted to address a meeting of the Board of Commissioners which is required to be open to the public under the provisions of the Michigan Open Meetings Act. Public Comment shall be carried out in accordance with the following Board Rules and Procedures:

Any person wishing to address the Board shall state his or her name and address.

No person shall be allowed to speak more than once on the same matter, excluding time needed to answer Commissioners' questions, if any. The Chairperson shall control the amount of time each person shall be allowed to speak, which shall not exceed three (3) minutes. The Chairperson may, at his or her discretion, allow an additional opportunity or time to speak if determined germane and necessary to the discussion.

Public comment will be solicited during the two public comment periods noted in Rule 5.4, Order of Business. However, public comment may be received during the meeting when a specific agenda topic is scheduled for discussion by the Board. Prior to the first public comment, the Chairperson will indicate the topics on the agenda for which public comment will be accepted. Members of the public wishing to comment should raise their hand or pass a note to the clerk in order to be recognized, and shall not address the board until called upon by the chairperson. Please be respectful and refrain from personal or political attacks.

**5. APPROVAL OF AGENDA**

**6. CONSENT CALENDAR:**

The purpose of the Consent Calendar is to expedite business by grouping non-controversial items together to be dealt with by one Commission motion without discussion. Any member of the Commission, staff or the public may ask that any item on the Consent Calendar be removed and placed elsewhere on the agenda for full discussion. Such requests will be automatically respected.

If any item is not removed from the consent calendar, the action noted (receive & file or approval) is approved by a single Commission action adopting the consent calendar.

All Information identified on the Consent Calendar can be viewed in it's entirety at [www.grandtraverse.org](http://www.grandtraverse.org).

a.	Receive:	
1)	Airport Governance Advisory Committee Meeting of April 30, 2019 .....	9
2)	Airport Governance Advisory Committee Meeting of May 28, 2019 .....	11
3)	Airport Commission Regular Meeting of May 28, 2019 .....	12
b.	Approvals:	
1)	Area Agency on Aging FY 2020-2022 Multi-Year Plan .....	17
a)	AAA Annual Report.....	113
2)	Grand Traverse Sheriff's Office – Property Room Surplus .....	115
3)	FY2019 Budget Amendments.....	118
4)	Appointments for Consideration .....	125
5)	Jail Security Electronics Maintenance Service Agreement Renewal .....	128
c.	Action:	
7.	SPECIAL ORDERS OF BUSINESS:	
8.	ITEMS REMOVED FROM CONSENT CALENDAR	
9.	DEPARTMENTAL ITEMS:	
a.	GRAND TRAVERSE SHERIFF'S OFFICE:	
1)	Approval of Contract with Green Lake Twp. for Community Police Officer.....	132
b.	ADMINISTRATION AND FINANCE:	
1)	Boardman River Flood Plain Mapping .....	140
10.	UNFINISHED BUSINESS:	
a.	HUMAN RESOURCES - Policies & Procedures .....	146
11.	NEW BUSINESS:	
a.	Area Agency on Aging Appointment .....	349
12.	SECOND PUBLIC COMMENT (Refer to Rules under Public Comment/Input above.)	
13.	COMMISSIONER/DEPARTMENT REPORTS:	
14.	NOTICES:	
	Airport Governance Meeting Schedule	
	BATA Revised Meeting Schedule	
	July 24 – Study Session (Airport and DDA)	
	MAC Annual Conference – August 18-20 @ GT Resort (early registration by July 19 <sup>th</sup> )	
15.	CLOSED SESSION:	
16.	ADJOURNMENT	

GRAND TRAVERSE COUNTY  
BOARD OF COMMISSIONERS

Regular Meeting  
June 19, 2019

Chairman Hentschel called the meeting to order at 8:00 a.m. at the Governmental Center.

OPENING CEREMONIES, EXERCISES OR INVOCATION

An invocation was given by Pete Lathrop, WLJN Radio Host, which was followed by the Pledge of Allegiance to the Flag of the United States of America.

PRESENT: Ron Clous, Betsy Coffia, Bryce Hundley, Brad Jewett, Gordie LaPointe, Addison Wheelock, Jr., and Rob Hentschel

APPROVAL OF MINUTES

Minutes of June 5, 2019 Regular Meeting

Moved by Clous, seconded by Hundley to approve the minutes listed above. Motion carried.

PUBLIC COMMENT

The following people addressed the Commissioners during Public Comment:

**Carol Shuckra**  
**Rick Brown**  
**Ann Rogers**  
**Matthew Schoech**  
**Tim Hinkley**

APPROVAL OF AGENDA

Add: Website Contact Information under Commissioner Reports

Moved by Wheelock, seconded by Jewett to approve the agenda with the addition of Website Contact Information under Commissioner Reports. Motion carried.

CONSENT CALENDAR

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A. RECEIVE AND FILE

1. Grand Traverse Conservation District Minutes of April 15, 2019
2. Department of Health and Human Services Minutes of April 23, 2019
3. Northwestern Regional Airport Commission Minutes of April 30, 2019  
- *Removed from calendar*
4. Grand Traverse Conservation District – May 2019 Report
5. Grand Traverse County Treasurer 2018 Annual Report - *Removed from calendar*
6. Grand Traverse County Road Commission Monthly Report June 2019  
- *Removed from calendar*
7. Expenditures Over \$5,000 (May 15 – June 7, 2019)

B. APPROVALS

1. Resolution 83-2019  
Grand Traverse Sheriff's Office  
Crime Lab Surplus Property
2. Resolution 84-2019  
Human Resources  
Employee Benefit Program Coordinator
3. Foreclosure Fund - Excess Proceeds - *Removed from calendar*
4. Updated Policies and Procedures - *Removed from calendar*
5. Resolution 85-2019  
Finance Department  
FY2019 Budget Amendments
6. Resolution 86-2019  
Finance Department  
May 2019 Claims Approval
7. Resolution 87-2019  
Information Technology  
Google GSuite and Google Apps Vault Renewal  
(July 2019-2020)
8. 2019 Tax Rate Request (L-4029) - *Removed from calendar*

### ACTION ON THE CONSENT CALENDAR

After the Chief Deputy County Clerk read the Consent Calendar for the record, the following items were removed:

A-3	Page 13	By Hundley
A-5	Page 29	By LaPointe
A-6	Page 42	By Jewett
B-3	Page 49	By LaPointe
B-4	Page 53	By Hundley
B-8	Page 98	By Wheelock

Moved by Jewett, seconded by Clous to approve the Consent Calendar minus items #A-3, A-5, A-6, B-3, B-4 and B-8.

Roll Call Vote: Yes 7

### SPECIAL ORDERS OF BUSINESS

None

### ITEMS REMOVED FROM CONSENT CALENDAR

#### **A-3 Northwestern Regional Airport Commission Minutes of April 30, 2019**

Chairman Hentschel spoke on the proposed tree trimming at the cemetery due to line of sight.

Moved by Wheelock, seconded by Clous to request Kevin Klein, Cherry Capital Airport Director, to present at a Study Session a map with flight hazards/obstructions identified and proposed solutions. Motion carried.

Moved by Wheelock, seconded by Hundley to Receive and File Northwestern Regional Airport Commission Minutes of April 30, 2019. Motion carried.

#### **A-5 Grand Traverse County Treasurer 2018 Annual Report**

Heidi Scheppe, County Treasurer, explained about the Foreclosure Fund and the Principle Residence Exemption (PRE) Fund and answered Commissioners' questions.

Moved by Hundley, seconded by Jewett to Receive and File the Grand Traverse County Treasurer 2018 Annual Report. Motion carried.

#### **A-6 Grand Traverse County Road Commission Monthly Report June 2019**

Brad Kluczynski, Road Commission Manager, answered Commissioners' questions.

Moved by Jewett, seconded by Coffia to Receive and File the Grand Traverse County Road Commission Monthly Report June 2019. Motion carried.

### **B-3 Foreclosure Fund – Excess Proceeds**

Heidi Scheppe, County Treasurer, answered Commissioners' questions.

#### Resolution 88-2019

Treasurer  
Foreclosure Fund

Moved by LaPointe, seconded by Wheelock to approve Resolution 88-2019. Motion carried.

### **B-4 Updated Policies and Procedures**

Nate Alger, County Administrator, and Donna Kinsey, Human Resources Director, provided an overview of the updated policies and procedures, and answered Commissioners' questions.

Moved by Hundley, seconded by Coffia to postpone the topic of Updated Policies and Procedures until the next regular meeting.

Roll Call Vote: Yes 4, No 3

Nays: Jewett, Clous, Hentschel

### **B-8 2019 Tax Rate Request (L-4029)**

#### Resolution 89-2019

Equalization  
2019 Tax Rate Request (L-4029)

Moved by Wheelock, seconded by Clous to approve Resolution 89-2019.

Roll Call Vote: Yes 7

### DEPARTMENT ACTION ITEMS

#### **a. Northern Lakes Community Mental Health**

##### **1) Economic Impact Report**

Karl Kovacs, NLCMH Chief Executive Officer, reviewed the Economic Impact Report and answered Commissioners' questions.

Moved by Hentschel, seconded by Jewett to direct staff to obtain a legal opinion regarding the process to modify the NLCMH enabling agreement between the Counties of Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford. Motion carried.

#### **b. Commission on Aging**

##### **1) Reclassification of Assessment/Scheduling Specialist/Auditor Position**

Cynthia Kienlen, Commission on Aging Director, reviewed the request for reclassification of Assessment/Scheduling Specialist/Auditor Position, and answered Commissioners' questions.

Nate Alger, County Administrator, and Donna Kinsey, Human Resources Director, answered Commissioners' questions.

Resolution 90-2019  
Commission on Aging  
Staffing Plan  
Assessment/Scheduling Specialist/Auditor Position

Moved by Coffia, seconded by Hundley to approve Resolution 90-2019.  
Roll Call Vote: Yes 7

Commissioners took a break at 9:42 a.m.  
Commissioners returned to regular session at 9:53 a.m.

**c. Administration**

1) Fireworks Request (Fife Lake and Boom Boom Club)

Nate Alger, County Administrator, reviewed requests received from the Fife Lake Chamber of Commerce and Traverse City Boom Boom Club for funds for their 4<sup>th</sup> of July Fireworks programs.

Kit Tholen, Deputy Civil Counsel, spoke on legal authority of the Board of Commissioners.

Moved by Wheelock, seconded by Hundley, to enter into a contract with Fife Lake Chamber of Commerce for \$1,000, and a contract with Traverse City Boom Boom Club for \$2,000 for the purpose of 4<sup>th</sup> of July Fireworks programs.

Roll Call Vote: Yes 3, No 4

Nays: Jewett, Clous, LaPointe, and Hentschel  
Motion failed.

**d. Health Department**

1) Annual Report – Office of the Medical Examiner (Dr. Joyce DeJong)

Dr. Joyce DeJong, Chief Medical Examiner, reviewed the Annual Report along with a PowerPoint presentation and answered Commissioners' questions.

Wendy Hirschenberger, Health Officer, answered Commissioners' questions.

UNFINISHED BUSINESS

None

NEW BUSINESS

**a. Support of Resolution Funding the Great Lakes Restoration Initiative**

Commissioner Coffia reviewed her request for Support of Resolution Funding the Great Lakes Restoration Initiative.

Resolution 91-2019

Funding the Great Lakes Restoration Initiative (GLRI)

Moved by Coffia, seconded by Wheelock to approve Resolution 91-2019.  
Roll Call Vote: Yes 7

- b. Request for Proposal for Non-Exclusive Welding and Fabrication Services**  
Commissioner Wheelock indicated he will abstain from discussion and voting due to conflict of interest.

Chairman Hentschel provided background on the request for proposal for Non-Exclusive Welding and Fabrication Services and Attorney-Client Privileged communication.

Moved by Hentschel, seconded by Jewett to waive Attorney-Client Privilege on the memo provided by Civil Counsel.

Roll Call Vote: Yes 6, Abstain 1

Abstain: Wheelock

Moved by Hentschel, seconded by Jewett to instruct staff to proceed with Request for Proposal for Non-Exclusive Welding and Fabrication Services.

Roll Call Vote: Yes 6, Abstain 1

Abstain: Wheelock

- c. Cass Road Drain Discussion with Drain Commissioner**  
Steve Largent, County Drain Commissioner, provided an update on the Cass Road Drain, background on the office of Drain Commissioner and answered Commissioners' questions.

**PUBLIC COMMENT**

The following people addressed the Commissioners during Public Comment:

**Ann Rogers**

Meeting adjourned at 12:14 p.m.

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Sarah B. Lutz, Chief Deputy County Clerk

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Rob Hentschel, Chairman

APPROVED: \_\_\_\_\_  
(Date) (Initials)



NORTHWESTERN REGIONAL AIRPORT COMMISSION  
CHERRY CAPITAL AIRPORT  
AIRPORT GOVERNANCE ADVISORY COMMITTEE MEETING  
**MINUTES**  
April 30, 2019  
12:00 P.M.

1. Roll Call:

Present	Committee Chair	Doug DeYoung
	Committee Members	Nate Alger, William Bunek, Mike Coco, Rob Hentschel, Chet Janik, Gordie LaPointe, Debra Rushton
	Secretary	Kevin Klein
	Counsel	Karrie Zeits
	Other	Steve Baldwin, Spencer Gillette, Luanne Zak
Absent		None

The meeting was called to order at 12:00 p.m. The Secretary called the roll and advised the Chair a quorum of the committee was present.

2. Public Comment: None

3. Steve Baldwin, Steven Baldwin Associates, gave a brief introduction to the committee.

4. Attorney Zeits reviewed the Rules of Order for the committee. Discussion followed. Clarification indicating the Board each person represents will be added to paragraph 3.10. Section 4.0(E) will be amended to add "or by Chair".

It was moved by Rushton and supported by Coco to approve the Rules of Order for the Airport Governance Advisory Committee as amended. MOTION PASSED.

5. The committee reviewed the 2019 calendar of regular meetings for the AGA Committee.

It was moved by Rushton and supported by Hentschel to approve the calendar as presented. MOTION PASSED.

6. Steve Baldwin presented an overview of the current governance model. Discussion followed.

Mr. Janik left the meeting at 1:15 p.m.

7. Public Comment: None

8. Adjournment: There being no further business to come before the committee, the Chairman adjourned the meeting at 1:43 p.m.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'K. Klein', with a stylized flourish at the end.

Kevin C. Klein, A.A.E.  
Airport Director

NORTHWESTERN REGIONAL AIRPORT COMMISSION  
CHERRY CAPITAL AIRPORT  
AIRPORT GOVERNANCE ADVISORY COMMITTEE MEETING  
**MINUTES**  
May 28, 2019  
12:00 P.M.

1. Roll Call:

Present	Committee Chair	Doug DeYoung
	Committee Members	Nate Alger, Mike Coco, Rob Hentschel, Chet Janik, Gordie LaPointe, Debra Rushton
	Secretary	Kevin Klein
	Counsel	Karrie Zeits
	Other	Steve Baldwin, Spencer Gillette, Luanne Zak, Dan Sal, Betsy Coffia, Sylvia McCullough, Bryce Wilmott, Linda Pepper
Absent		William Bunek

The meeting was called to order at 12:00 p.m. The Secretary called the roll and advised the Chair a quorum of the committee was present.

2. Public Comment: None

3. The minutes of the April 30, 2019 meeting were reviewed by the committee.

It was moved by Rushton and supported by Janek to approve the minutes of the April 30, 2019 meeting as presented.

4. The committee went on a tour of the airline terminal building.

5. Steve Baldwin and Spencer Gillette presented information on airport governance models both in Michigan and nationally and presented information on the FAA governance playbook. Discussion followed.

6. Public Comment: None

7. Adjournment: There being no further business to come before the committee, the Chairman adjourned the meeting at 2:42 p.m.

Respectfully submitted,



Kevin C. Klein, A.A.E.  
Airport Director

NORTHWESTERN REGIONAL AIRPORT COMMISSION  
CHERRY CAPITAL AIRPORT  
REGULAR MEETING  
**MINUTES**  
May 28, 2019  
3:00 P.M.

A. Pledge of Allegiance

B. Roll Call:

Present	Chairman	Doug DeYoung
	Commissioners	Dan Ahrens, Mike Coco, Lee Foerster, Rob Hentschel, Tom Kern, Debra Rushton
	Secretary	Kevin Klein
	Counsel	Karrie Zeits
	Others	Dan Sal, Luanne Zak, Heather Sexton, David Nichols, Linda Pepper, Sylvia McCullough, Don Kaltenbach, Ron Lemcool, Jordan Travis, Margo Marks
Absent		None

The Chairman called the meeting to order at 3:00 p.m. The Secretary called the roll and advised the Chairman a quorum was present.

C. Review and Approval of the Agenda:

It was moved by Commissioner Kern and supported by Commissioner Rushton to approve the agenda as presented. MOTION PASSED.

D. Public Comment: None

E. Reading and Approving Previous Meeting Minutes:

1. The regular meeting minutes of April 30, 2019 were reviewed by the Commission.

It was moved by Commissioner Kern and supported by Commissioner Hentschel to approve the regular meeting minutes of April 30, 2019 as presented. MOTION PASSED.

2. The closed session minutes of April 30, 2019 were reviewed by the Commission.

It was moved by Commissioner Kern and supported by Commissioner Ahrens to approve the closed session meeting minutes of April 30, 2019 as presented. MOTION PASSED.

F. Reading of Communications:

1. The MDOT Passenger Statistics Report for April 2019 was received and filed.

G. Reports of Standing Committees: None

H. Reports of Special Committees:

1. Commissioner DeYoung gave a report of the Airport Governance Advisory Committee meeting of April 30, 2019.

It was moved by Commissioner Kern and supported by Commissioner Hentschel to accept the report of the Airport Governance Advisory Committee meeting of April 30, 2019. MOTION PASSED.

2. Commissioner Ahrns gave a report of the Building and Grounds Committee meeting of May 20, 2019.

It was moved by Commissioner Kern and supported by Commissioner Foerster to accept the report of the Building and Grounds Committee meeting of May 20, 2019. MOTION PASSED.

It was moved by Commissioner Kern and supported by Commissioner Hentschel to have staff proceed forward with the steps outlined by the FAA in preparation for the purchase and installation of a Cat I Instrument Landing System (ILS) on Runway 10 through the Passenger Facility Charge (PFC) program. MOTION PASSED.

I. Unfinished Business: None

J. New Business:

1. The State Aeronautics Department has authorized a grant for the purchase of AAAE's interactive security training equipment, which will enable TVC to transition from a staff-led security training class to a computerized training class customized to TVC.

The grant will cover the cost of the training equipment up to \$20,000 and will be split \$10,000 from the State and \$10,000 from local funds. The net total cost of the training package is \$37,585 and was included in the 2019 budget.

Based upon recommendation of the Airport Director, it was moved by Commissioner Kern and supported by Commissioner Foerster to authorize the Chairman (or Vice Chairman in the absence of the Chairman) to execute the Grant Agreement in the amount of \$10,000. A roll call vote was taken: Ahrns-yes, Coco-yes, DeYoung-yes, Foerster-yes, Hentschel-yes, Kern-yes, Rushton-yes. MOTION PASSED.

2. The 30<sup>th</sup> Annual Bell's Beer Iceman Cometh Challenge series of events will be held on November 2, 2019. Several activities will also take place the Friday

before the races. Over 5,400 men and women as well as 300 children will take part in the events. An estimated 12,000 spectators line the courses.

Numerous advertising benefits are included in the sponsorship package.

Based upon recommendation of the Airport Director, it was moved by Commissioner Kern and supported by Commissioner Ahrens to approve a \$10,000 sponsorship of the Iceman Cometh Challenge as included in the 2019 budget. MOTION PASSED.

3. Based upon recent meetings and discussion, Steven Baldwin Associates is proposing Task Order #6 to move forward with development of an Annual Report for the Cherry Capital Airport.

The project entails the development of an Annual Report for the Cherry Capital Airport that will be distributed to the community as a high-level informational handout. TVC will own the template for the report to use in future years.

Based upon recommendation of the Airport Director, it was moved by Commissioner Kern and supported by Commissioner Rushton to approve Task Order #6 for Steven Baldwin Associates to develop an Annual Report for Cherry Capital Airport at an estimated cost of \$7,500. MOTION PASSED.

4. Aircraft for the Cherry Festival airshow use the Cherry Capital Airport facilities. To clarify and formalize the arrangement between the Cherry Festival and the Airport, the Cherry Festival is requesting a Consent to Operate Agreement.

Based upon recommendation of the Airport Director, it was moved by Commissioner Hentschel and supported by Commissioner Rushton to approve a Consent to Operate Agreement with the Cherry Festival. MOTION PASSED.

5. The airfield signage rehabilitation project will require certain signs to have their legends changed to be consistent with current FAA standards. In accordance with FAA approval and procedures, Prein & Newhof has received "sole source" quotes from the signage vendors for existing signs on the field.

Based upon recommendation of the Airport Director, it was moved by Commissioner Kern and supported by Commissioner Rushton to accept Prein & Newhof's recommendation to award contracts to ADB Safegate Americas, LLC in the amount of \$29,393.78 and Standard Signs (Lumacurve) in the amount of \$22,105.18. MOTION PASSED.

Chairman DeYoung recused himself from the next agenda item and turned the meeting over to Vice Chairman Kern.

6. Airport Director Klein reviewed the TVC Energy Assessment & Renewable Energy Roadmap presentation provided by C & S Companies.

Based upon recommendation of C & S Companies, a Resolution was presented to outline the steps necessary for the NRAC and Traverse City Light & Power to proceed with a potential renewable energy partnership on airport property.

Attorney Zeits informed the Commission that her firm represents Traverse city Light & Power, however, there is not a conflict of interest at this time because there is no adverse relationship between TCL&P and the NRAC nor will the representation of NRAC be materially limited by the firm's representation of TCL&P and vice versa.

Commissioner Kern opened the floor for public comment on this item:

Sylvia McCullough – spoke in favor of solar project

It was moved by Commissioner Foerster and supported by Commissioner Ahrns to approve the Resolution as presented. A roll call vote was taken: Ahrns-yes, Coco-yes, DeYoung-abstain, Foerster-yes, Hentschel-yes, Kern-yes, Rushton-yes. MOTION PASSED.

Vice Chairman Kern returned the meeting to Chairman DeYoung.

K. Reports of the Airport Director:

1. The Airport Director reviewed the Activity Report for the Commission.
2. The Airport Director reviewed the Operations Report for the Commission.
3. The Airport Director reviewed the Accounts Receivable Report for the Commission.
4. The Airport Director reviewed the Budget Report for the Commission.

L. Public Comment:

Dave Nichols commented that the long stretches of airport property along Garfield and South Airport Road are not very hospitable to pedestrian and bicycle usage.

M. Commissioner Comment:

Commissioner Coco commented that he understands there are special security challenges in having bike lockers in close proximity to the terminal building.

It was moved by Commissioner Kern and supported by Commissioner Foerster to refer the potential reconfiguration of the conference room over to the Building and Grounds Committee. MOTION PASSED.

N. Adjournment:

There being no further business to come before the Commission, the Chairman adjourned the meeting at 4:08 p.m.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'K. C. Klein', written in a cursive style.

Kevin C. Klein, A.A.E.  
Airport Director





## Action Request

Meeting Date:	July 3, 2019		
Department:	Commission on Aging	Submitted By:	Cindy Kienlen
Contact E-Mail:	ckienlen@grandtraverse.org	Contact Telephone:	231-9224688
Agenda Item Title:	Recommendation of approval of AAANM FY 2020-2022 Multi Year Plan (MVP)		
Estimated Time:	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black;"></div> </div> <div style="text-align: center; font-size: small;">(in minutes)</div>	Laptop Presentation:	<input type="radio"/> Yes <input checked="" type="radio"/> No

### Summary of Request:

Review of AAANM Multi Year Plan describing services and priorities for the FY 2020-2022 covering the 10 counties where they provide service including Grand Traverse County.

### Suggested Motion:

Motion to approve the AAANM FY 2020-2022 MVP.

### Financial Information:

Total Cost:		General Fund Cost:		Included in budget:	<input type="radio"/> Yes <input type="radio"/> No
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If not included in budget, recommended funding source:

This section for Finance Director, Human Resources Director, Civil Counsel, and Administration USE ONLY:

Reviews:	Signature	Date
Finance Director		
Human Resources Director		
Civil Counsel		
<b>Administration:</b> <input type="checkbox"/> Recommended    Date: <div style="border: 1px solid black; width: 150px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black;"></div> </div>		
Miscellaneous:		

### Attachments:

Attachment Titles:



**GRAND TRAVERSE COUNTY  
COMMISSION ON AGING**

520 W. FRONT STREET, SUITE B  
TRAVERSE CITY, MI 49684-2237  
(231) 922-4688 • (231) 929-1645  
E-MAIL ADDRESS [gtcoa@grandtraverse.org](mailto:gtcoa@grandtraverse.org)  
HOMEPAGE [www.gtcoa.org](http://www.gtcoa.org)

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TO: Grand Traverse County Board of Commissioners

FROM: Cindy Kienlen, Commission on Aging Director

MEETING DATE: July 3, 2019

RE: Fiscal Year 2020-2022 Multi Year Plan (MYP)

**BACKGROUND:**

Area Agency on Aging of Northwest Michigan (AAANM) has a service area of 10 counties that includes: Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee and Wexford. Annually AAANM sends a formal request to all of the 10 counties they cover requesting a review and approval of the AAANM Annual (AIP) and/or Multi-year Implementation Plan (MYP). The purpose of the Implementation Plan is to explain new initiatives and the scope of services covering the standards required by the Aging and Adult Services Agency (AASA).

The AAANM is requesting approval from the GTCBOC for the Fiscal Year 2020-2022 Multi Year Plan (MYP), as requested by the State of Michigan AASA.

The focus of this MYP includes a more in depth analysis of the demographic and environmental needs of the fast growing senior population ages 60 and over through the 10 County region that they service. A regional survey was completed this year which will assist in identifying needs along with economic and quality of life concerns. Developing an improved infrastructure for delivery of care and services is a dominant goal.

Beginning in October 2019, AAANM will undergo a significant internal change in management with a new Executive Director and relatively new additions to their Leadership team. The four internal management initiatives have been appropriately outlined in the MYP and will be necessary for the success of their described initiatives.

**BUDGET:**

NA

**OTHER:**

Commission on Aging review and recommendation for approval.

**RECOMMENDATION:**

Recommending that the Grand Traverse County Board of Commissioners approve the Area on Aging of Northwest Michigan 2020 Annual and 2020-2022 Multi Year Implementation Plans.

RESOLUTION

**XX-2019**

**Area Agency on Aging  
FY 2020-2022 Multi Year Plan**

WHEREAS, the Grand Traverse County Board of Commissioners met in regular session on July 3, 2019, and gave consent to the following:

BE IT RESOLVED THAT THE GRAND TRAVERSE COUNTY BOARD OF COMMISSIONERS, have reviewed the Fiscal Year 2020-2022 Multi Year Plan of the Area Agency on Aging of Northwest Michigan and believe that the plan addresses the needs of the aging population in Region 10.

BE IT FURTHER RESOLVED THAT THE GRAND TRAVERSE COUNTY BOARD OF COMMISSIONERS approves the Fiscal Year 2020-2022 Multi Year Plan of the Area Agency on Aging of Northwest Michigan.

APPROVED: July 3, 2019

June 7, 2019

County Board of Commissioners:

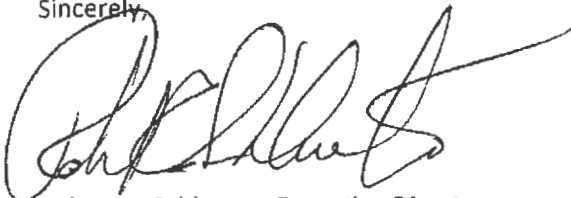
The Area Agency on Aging of Northwest Michigan (AAANM) is seeking approval of their Fiscal Year 2020-2022 Multi Year Plan (MYP), which, once approved by the State, will go into effect on October 1, 2019. As part of the preparation of this document, the State requires that all Area Agencies on Aging (AAA) must request approval of the MYP from each County Board of Commissioners within their respective planning and service area.

Enclosed is a complete copy of the FY 2020-2022 MYP for you to review and comment upon. AAANM has also summarized some of the major content of the MYP as it impacts the counties in the AAANM service area.

Pursuant to State requirements and in order to respond to the Michigan Aging and Adult Services Agency (AASA) in a timely manner, **AAANM requests your county's written or e-mail ([gustineh@aaanm.org](mailto:gustineh@aaanm.org)) response no later than August 1, 2019.** In that light, we have provided a copy of a resolution that can be used for convenience in responding to this request. We appreciate your efforts in this regard.

Thank you for taking the time to review the FY 2020-2022 MYP. We welcome your comments. If you have questions, please contact me. A representative of AAANM will be made available to answer any questions you or other members of the Board might have.

Sincerely,



Robert C. Schlueter, Executive Director  
Area Agency on Aging of Northwest Michigan

# Area Agency on Aging of Northwest Michigan

## MULTI-YEAR PLAN (MYP) SUMMARY

(October 1, 2019 – September 30, 2022)

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### Who We Are

Part of an Aging Network:

- **Federal:** The Administration on Aging (AoA) awards funds for nutrition and supportive home and community-based services to 56 State Units on Aging based primarily on the number of persons 60 years of age and over in the state.
- **State:** The State Units on Aging (SUAs) award funds to 629 Area Agencies on Aging.
- **Local:** The Area Agencies on Aging (AAAs) determine the needs of older persons locally and work to address those needs through the funding of local services and through advocacy. AAAs are required to prioritize funding for those with greatest social and/or economic need with particular attention to low-income minority individuals.

The Area Agency on Aging of Northwest Michigan (AAANM):

- A private, nonprofit agency
- Designated as an Area Agency on Aging in 1974 by the SUA, Michigan Office of Services to the Aging (OSA), now known as the Aging and Adults Services Agency (AASA)
- One of 16 AAAs in Michigan
- Serves ten counties located in northwest lower Michigan: Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, and Wexford counties (Region 10).
- Operates under the framework of the federal Older Americans Act and the state Older Michiganians Act.

***The mission of AAANM is to serve and advocate for older persons, adults with disabilities and caregivers by supporting their independence, dignity and quality of life.***

### What We Do

**Provide Services Directly:** AAANM has a staff of approximately 40, consisting of an Executive Director and two Associate Directors, Information Specialists, Registered Nurses, Social Workers, a Nursing Facilitation Transition Navigator, a Housing Specialist, Registered Dietician, Office Administration, Accounting, Data Entry, Long-Term Care Ombudsman, and a Medicare/ Medicaid Assistance Program Coordinator. AAANM provides the following services directly with its staff:

- |  |  |
|--|--|
| • Information and Assistance   | • Veteran's Directed Home and Community-Based Services   |
| • Caregiver Support and Education <ul style="list-style-type: none"><li>○ Tailored Caregiver Assessment &amp; Referral Program</li><li>○ Creating Confident Caregivers Program</li></ul> | • Medicare/Medicaid Assistance Program (MMAAP)   |
| • Care Management Program  | • Long-Term Care Ombudsman   |
| • Caregiver Respite Program  | • Elder Abuse Awareness and Prevention   |
| • MI Choice Waiver Program   | • Healthy aging / Evidence-Based Disease Prevention Programs <ul style="list-style-type: none"><li>○ Personal Action Toward Health (PATH)</li><li>○ A Matter of Balance: Managing Concerns about Falls</li></ul> |
| • Nursing Facility Navigation  |  |

## Area Agency on Aging of Northwest Michigan

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**Fund Local Agencies:** AAANM also develops contracts and/or purchase of service agreements with local agencies (County Commissions/Councils on Aging, in-home health care providers, and more) that provide home and community-based services such as:

- Adult Day Care
- Congregate Meals
- Home Delivered Meals
- Homemaking
- Personal Care
- In-Home Respite Care
- Medication Management
- Legal Assistance
- Transportation
- Kinship Caregiver Support

All ten counties in the Region have approved senior millages. These resources help stretch state and federal funding to meet the service needs identified in the Multi-Year Plan (MYP), as well as sustain additional services that are not funded under the MYP (senior centers, information and assistance, Medicare/Medicaid assistance, tax preparation, Senior Project FRESH, transportation, home chore/repair and more).

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#### **Demographic and Environmental (Need) Analyses**

As part of the MYP development process, AAANM spent significant time evaluating demographic trends and gathered input about the preferences, characteristics, and needs of older adults, caregivers and disabled persons. This information was used to identify funding priorities and program development objectives for the MYP FY2020-2022.

This MYP period (FY2020-2022) and going into the 2020 decade is a key time for aging services. The oldest of the Baby Boomers will turn 75 in 2021. AAANM knows from internal data that there is an increased need for services (on average) around the age of 75. The 2020 decade will experience the transition of the Baby Boomer bubble from their 60's into their 70's and 80's.

#### **Overall population trends**

Region 10 comprises ten counties in the northwest corner of lower Michigan. Each county has a slightly different trend in population with some counties like Grand Traverse, Emmet, Wexford and Kalkaska gaining population overall, and other counties like Manistee and Antrim losing population overall. In all counties, the predominate growth segment has been the 60+ population, a trend that began early in the 2010 decade and will continue into the 2020 decade.

During the MYP FY2017-2019, overall population for the region, per the Region 10 Trended Population Statistics Appendix (attached), increased 1% from 302,895 (estimated 2016 population) to 305,815 (projected 2019 population). The 60+ population during the same period grew 9% from 89,394 to 97,082. In 2016, the 60+ population represented 29% of the total regional population. This increased to 32% (projected population) by 2019.

Census projections for the 2020-2022 MYP indicate that the overall population of the region will grow another 1% to 308,076 (projected 2022 population). The 60+ population will increase at a slower rate than experienced during the last couple of MYP cycles with only a 7% growth increase, from 97,082 (projected 2019 population) to 103,575 (projected 2022 population). The growth per year is projected to

## **Area Agency on Aging of Northwest Michigan MULTI-YEAR PLAN (MYP) SUMMARY**

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slow from 3% to 2%. By 2022, the 60+ population is projected to comprise 34% of the total population in the region. This is an increase of 2% compared to the 2017-2019 MYP period. Every one in three individuals in Region 10 will be 60 years or older by 2022.

### **Workforce Issues will Intensify**

It is important to note that most of the younger age segments (< age 60) of the population are projected to remain flat or decline in aggregate across the ten counties. While some counties are seeing an uptick in young children and millennials (like Grand Traverse), other counties have significant decreases, meaning no replacement population (like Manistee and Antrim). These counties are shrinking in population size and this will continue as the Baby Boomers reach average life expectancy rates beginning in the 2020 decade. Several counties will remain flat in overall population but the 60+ composition will increase. Cumulatively, these demographic shifts will change the very nature of our community constructs in the upcoming decade.

These demographic changes are also noteworthy because there is a significant workforce shortage in northwest Michigan already. With a shrinking workforce age population, the workforce crisis across multiple industries will intensify. Unemployment rates currently hover between 3.5% and 6% across the region. There will be increased competition to staff many different types of positions beyond those in the aging network. The aging network is already experiencing a crisis situation with the shortage of direct care workers, and there is a shortage of qualified nurses and social workers with home and community based experience or interest to work in this sector. The projected population changes in the 2020 decade will challenge the network's ability to provide/sustain home and community based services in Region 10.

### **Poverty and Economic Stability**

Based on the 2013-2017 American Community Survey 5-Year Estimates of poverty status in the past 12 months for those 60 years and over, approximately 8% of older adults are living at or below poverty across Region 10, and another 8% are living between 100% and 149% of poverty. The range of those living at or below poverty varies by county from 5% to 12%.

Anecdotally through focus groups and input sessions, it was stated multiple times that there is an increasing number of older adults financially struggling. Retirement savings are insufficient for many older adults. Those who live at or below poverty may be better off than those living above poverty. Those at or below poverty may qualify for assistance programs while those living just over poverty often do not.

### **Minority Population**

Based on the 2013-2017 American Community Survey, the Region 10 60+ population is comprised primarily of "white" older adults or approximately 98%. Minority populations primarily include those of Native American origins especially in counties where Native American Tribes have sovereignty.

### **Data sources used:**

2010 Census Data

American Community Survey 2013-2017 Estimates

EMSI Economic Modeling retrieved 1/19/2019

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**Descriptors, characteristics and preferences of the aging population, caregivers and disabled individuals**

For the FY2017-2019 MYP, AAANM conducted a series of focus groups and interviews as well as a survey of home and community based service providers to identify preferences of older adults and community needs. AAANM used this work as a baseline for the FY2020-2022 community needs assessment and re-validated the findings with community input groups, Commissions and Councils on Aging and the AAANM Board of Advisors. Many additional community conditions and needs were added to the list during this process. In addition, AAANM in partnership with the Commissions and Councils on Aging in Region 10, conducted a ten county community survey for older adults using convenience sampling. There were 3,313 responses to the survey. The survey results were supplemented with pulse surveys at senior centers during the summer of 2018 to garner more detailed information about specific community survey questions. The quantitative and qualitative data were then combined, in conjunction with other area needs assessments and studies, Medicare claims data, normalized publicly available hospitalization data, and meetings notes from community groups, to formulate the following description of characteristics, preferences, conditions, trends and needs.

**Preferences, Community Conditions and Quality of Life**

The 60+ population encompasses three generations (the Greatest Generation, Silent Generation and Baby Boomers). Each generation has unique values, concerns and preferences for how they want to live. Some observations from community discussions suggest that younger seniors tend to be more tech savvy and seek active lifestyles. This influences how they engage with the community and the strategies they utilize to maintain their health. It was noted on many occasions that older seniors are often reluctant to ask for help. They fear losing their independence and being placed in a nursing facility. They also prefer activities that are more social in nature and less physically intensive.

**Observations and trends identified:**

1) A community survey of older adults conducted across Region 10 during the summer of 2018 found distinct concerns by age segment. While most older adults are concerned about maintaining their health, younger seniors are also concerned with having enough money in retirement and obtaining or understanding benefits like Social Security and Medicare. Older seniors are concerned about memory loss or dementia, falling or the fear of falling, and being able to live independently at home as they grow older.

2) Analysis of community survey data also found that individual rating of health varied in relation to income and living situation (living alone or with a partner/spouse). Those with lower incomes and/or living alone were generally less likely to have healthy lifestyle habits, more likely to have difficulty affording basic needs, and more likely to need assistance with Activities of Daily Livings or ADLs (i.e. bathing, dressing, eating, toileting) and Independent Activities of Daily Living or iADLs (i.e. cleaning, meal preparation, money management).

3) There is increasing awareness of healthy lifestyles and demand for fresh fruits and vegetables, venues for engagement in exercise, social activities and education for lifelong learning. Maintaining health as long as possible is a priority concern. Barriers to maintaining health include existing health issues, financial resources, and taking care of others.



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4) Older adults are staying in the workforce longer and are willing to work part-time. Conversely, older adults with expertise and experience in professional careers are retiring and creating a void in the workforce.

5) “Loss is an everyday thing” as one ages. Fear of losing independence is a primary concern for older adults and persons with disabilities. Individuals are often unprepared for the life changes that accompany the aging process or living long term with chronic health conditions and disability. Older adults want to maintain control as long as possible.

6) Social isolation is a prevalent issue among older adults that is complicated by rural geography. Many older adults have moved to northwest Michigan to retire and do not have family in the area to support them. Transportation challenges are a contributing factor as well.

7) The nature of family structures is changing due to economic and social shifts in our country. Some older adults are finding themselves providing support to adult children with disabilities, grandchildren, or children with spouses and kids who have moved back home due to financial instability.

8) Elder abuse and exploitation is an increasing, under-reported issue in the region, including domestic abuse (financial, physical, psychological and sexual), as well as predatory unethical relationships (realtors having themselves declared guardian for older adults with valuable real estate), and financial scamming schemes deliberately targeted at seniors.

9) There is a shortage of Adult Protective Services (APS) workers to investigate and mitigate elder abuse and exploitation situations. This is further compounded by a shortage of guardians and conservators to support older adults who need this assistance. However, there are significantly differing opinions about when older adults need a guardian appointed and the role of the guardian.

10) A culture of ageism and viewing seniors as a burden or having limited value influences the quality of life for older adults in our region.

11) Electronic communication has become a way of life – to connect with family, to complete applications and do banking, for safety monitoring, and to access telehealth. Landlines for telephone service are less prominent. Yet many areas of northwest Michigan do not have consistent cell phone coverage or high-speed broadband. This impacts quality of life for communities in general and for older adults.

### **Economics**

Certain counties in northwest Michigan are attractive retirement locations. A proportion of well-off older adults have retired to particular counties in the region, investing in valuable real estate. This dynamic is an important component of the northwest Michigan economy. Many older adults, however, are facing increased financial insecurity – living longer, insufficient savings, increasing contributions to healthcare costs, increasing cost of living, and unexpected costs of long term care needs. Many older adults live on a fixed income that does not stretch far enough.

Observations and trends identified:

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- 1) Healthcare, dental and prescription drug costs continue to be a financial challenge for many older adults. Some older adults also struggle to pay for food, housing and transportation.
- 2) Younger adults have increasing debt (i.e. school loans) and are less able to assist older adults with financial needs.
- 3) Gaps in affordable programs and services to support older adults to maintain quality of life and live independently were consistently identified for 1) low-to-moderate income disabled individuals under the age of 60/65, and 2) older adults who are above low-income program thresholds yet do not have the financial resources to privately pay for supports and services.
- 4) Community survey results found that there is a segment of young seniors (60-64 years old) in northwest Michigan that have statistically significant challenges maintaining health and quality of life including affording basic needs and being able to perform Activities of Daily Living (ADLs) and Independent Activities of Daily Living (IADLs).

#### Social Determinates of Health

It has been established that the Social Determinates of Health (basic needs like food, housing, transportation, clean water, utilities, education, employment) can account for up to 50% of our health – quality of life and longevity of life. And yet, residents of northern Michigan, above and below sixty years of age, struggle to have their basic needs met.

Observations and trends identified:

- 1) Affordable housing has become a crisis issue in northwest Michigan, and just as challenging is affordable, accessible housing.
- 2) Workforce and funding for home modifications and home maintenance to support older adults to live in their own homes is an on-going issue in the region.
- 3) Homelessness or near homelessness for older adults, especially with chronic conditions or mental health / behavioral challenges persists for some older adults.
- 4) There is increasing awareness of food insecurity among older adults in northwest Michigan but there has not been a systematic attempt to quantify the issue.
- 5) Multiple studies and workgroups reaffirm that transportation challenges continue in northwest Michigan including non-emergency medical and quality of life (shopping, socialization) transportation needs. Strides have been made in some counties in the last three years to increase availability of transportation. The community survey conducted in 2018 found that transportation is a complex issue. Among younger seniors the issue may be the financial costs associated with transportation while among older seniors the issue may be having a transportation option that does not involve driving ones' self.

#### Accessing / Using Healthcare

There are an increasing number of older adults living with multiple chronic conditions. Analysis of Medicare claims data for Region 10 residents quantifies that chronic diseases include diabetes, arthritis, heart disease and depression. Analysis of publicly available hospitalization data also confirms that falls

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among the older adult population in northwest Michigan is a population health concern. Community survey respondents confirmed that many vulnerable older adults, particularly in their 70's and 80's, experience at least one fall per year. Dementia and other cognitive impairments are increasing conditions where navigation of healthcare and community care resources is particularly challenging, especially when medical, financial, long term care and advance care planning has not taken place before the individual becomes incapacitated.

Observations and trends identified:

- 1) Access to medical care is determined by income, insurance and geographic location with significant inequities across the region.
- 2) Medication management and access to / navigation of healthcare providers are cited frequently as challenges for older adults.
- 3) In northwest Michigan there is a need for more healthcare providers with expertise in geriatric medicine in general, a shortage of neuropsychologists, and a complete lack of geriatric psychiatric specialists.
- 4) Access to affordable mental health services is a gap.
- 5) Advances in medical care have created complex ethical issues for older adults, families and healthcare providers. Older adults and families would benefit from proactive planning while healthy to articulate desired quality of life and last wishes.
- 6) Coordination of care among healthcare providers and with community organizations to support older adults is difficult and contributes to frustration and health complications for older adults.
- 7) Accessing and understanding healthcare (Medicare and Medicaid) and Social Security benefits can be challenging for seniors. In the community survey conducted in 2018, this was rated within the top three concerns of younger seniors.
- 8) Recent changes in opioid laws and physician practice patterns have left some older adults challenged by sudden cessation of medication without alternative pain management strategies.

### **Accessing / Using Long Term Care Supports and Services**

Societally there are many different and conflicting values (and mis-information) about funding long term care for older adults. Often older adults believe Medicare will cover long term care costs and are surprised to find there is no coverage for this care. There is often reluctance to spend retirement monies for long-term care (or families refuse to spend the money). Long term care insurance policies have varied benefits and are not widely used. Availability of in-home support through senior millage varies from county to county and can provide foundational in-home support to meet the early service needs of individuals who are on the verge of losing their independence. This allows older adults to maintain or even improve health, and delay their need to utilize more costly resources; but millage funded services do not meet the needs of individuals with higher acuity requiring additional or more frequent services. Those who need additional services are placed on the AASA funded Care Management list and/or are forced to spend down their assets to qualify for long term care Medicaid (home and community based

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services like MI Choice Waiver or nursing facility care) or privately pay for care. This conundrum of mixed systems and funding streams leave many older adults unprepared for their long term care needs.

Observations and trends identified:

1) The rural nature of the region contributes to inconsistent availability of long term supports and services for older adults. This contributes to situations of compromised health, accelerated decline and decreased quality of life, and use of expensive healthcare resources including Emergency Room visits and hospitalizations.

2) Older adults, family members and caregivers are often unaware of resources available to support quality of life and living independently long term. Navigating programs and services was cited as a concern, particularly services that have complicated application or qualification processes.

3) Funding for long term supports and services and other public programs that support older adults and persons with disabilities requires vigilant advocacy.

4) Many counties in Region 10 provide a fundamental safety net system of in-home services for older adults using senior millage dollars. With the increasing older adult population and financial instability of older adults, additional millage will be necessary to meet community need. A State cap of 1 mill already challenges some counties and may require counties to implement additional measures to ration services.

**Caregiving (paid and unpaid)**

As older adults decline and need more support with activities of daily life, informal caregivers become emotionally and physically overwhelmed with caregiving responsibilities. Caregivers need more education and support. There is also a dire shortage of paid caregivers in the region to provide home and community based services. Reasons for this include shrinking workforce overall, low wages, lack of benefits, and difficult, unpredictable work that is not always respected.

Observations and trends identified:

1) Paid caregivers are hired at the direction of the employer or through self-determination. There is no universal background check system to promote safety for older adults and reduce abuse/neglect/exploitation (i.e. it is impossible to know if a paid caregiver has been terminated by an employer for abuse/neglect/exploitation unless a criminal record has been established).

2) A thoughtful strategy for increased Medicaid MI Choice Waiver reimbursement rates passed through to direct care wages is necessary to impact the direct care workforce crisis.

3) The critical lack of childcare in the region also contributes to the dire shortage of paid caregivers. Parents are increasingly choosing between staying at home to care for children and working because of the childcare shortage.

4) Caregiver education, for both informal and paid caregivers, has been consistently identified as a valuable support that improves quality of life for older adults and reduces stress and burden for caregivers.

# **Area Agency on Aging of Northwest Michigan**

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### **Regional needs identified**

#### **Supporting healthy lifestyles**

- 1) Access to food, including fresh, healthy food
- 2) Options and accessibility for active lifestyles for older adults
- 3) Educational and social opportunities to promote health, well-being and connectivity of older adults and caregivers
- 4) Availability of affordable housing and accessible housing
- 5) Availability and affordability of home modifications and maintenance
- 6) Assistance with utilities
- 7) Affordable, accessible and widely available transportation options for non-emergency medical transportation and social, quality of life needs
- 8) Increased use of technology may be an avenue to address unmet community needs (i.e. in-home monitoring, autonomous vehicles, telehealth)

#### **Infrastructure for delivery of care and services to older adults**

- 1) Availability of support services to help older adults remain independent at home or in the setting of their choice including but not limited to home delivered meals, personal care, medication management, respite, caregiver support, home chore, home modifications and social engagement opportunities
- 2) Increased availability and appropriate use of guardians and conservators
- 3) Increased funding for and availability of Adult Protect Services
- 4) Availability of broad band consistently across the region to support use of technology
- 5) Livable wages in the region for all, but particularly the direct care workforce
- 6) Availability of affordable childcare
- 7) Options for long term care support services for those who are low-to-moderate income, disabled individuals, under the age of 60 and for older adults who are above low-income program thresholds yet do not have the financial resources to privately pay for services
- 8) Out of the box solutions including non-traditional service partners, i.e. Shipt for groceries
- 9) Advocacy to increase the 1 mill state cap for senior millages to expand county safety net systems for older adults
- 10) Improvements to the MDHHS Universal Case Load system and the interface between MI Bridges and CHAMPS

#### **Information, education, access, advocacy**

- 1) Increased education and advocacy with elected officials about demographic changes and aging issues
- 2) Education to older adults and caregivers about the importance of proactive planning – financial, legal, advance care planning
- 3) Trusted, unbiased resource(s) for information about supports and services for older adults
- 4) Advocacy and education about elder abuse and exploitation
- 5) Access to elder law services and education about elder law issues

#### **Healthcare, care coordination and care management**

- 1) Disease prevention strategies for chronic illness
- 2) Improved coordination of care between and among healthcare providers and with community agencies supporting older adults
- 3) Affordable dental care

## Area Agency on Aging of Northwest Michigan

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- 4) Affordable mental health services with expertise in geriatric care
- 5) Equity in geographic healthcare access
- 6) Increased availability of health providers with expertise in geriatric care
- 7) Affordable healthcare and prescription drugs

#### Caregiving

- 1) Universal background check system or vetting process for paid caregivers
  - 2) Elevation of direct care work to be a desired profession with living wages
  - 3) Information and referral to assist caregivers to find community resources and support
  - 4) Caregiving education for paid and unpaid caregivers
  - 5) Strategies to effectively address labor shortages including the direct care worker shortage
- 

#### Services and Priorities Proposed for the FY 2020-2022 MYP

##### NO CHANGES TO THE FOLLOWING

- Information and Assistance
- Caregiver Support and Education
  - Tailored Caregiver Assessment & Referral Program
  - Creating Confident Caregivers Program
- Care Management Program
- Caregiver Respite Program
- MI Choice Waiver Program
- Nursing Facility Navigation Program
- Veteran's Directed Home and Community-Based Services
- Medicare/Medicaid Assistance Program (MMAP)

##### REQUEST FOR PROPOSALS WERE SOUGHT WITH NO RESPONSES

- Long-Term Care Ombudsman
- Elder Abuse Awareness and Prevention

##### ADDITIONAL SERVICE BEING ADDED

- Options Counseling

##### Continued Funding of Local Agencies to Provide Services (RFP Process and Purchase of Services)

- Adult Day Care
  - Congregate Meals
  - Home Delivered Meals
  - Homemaking
  - Personal Care
  - In-Home Respite Care
  - Medication Management
  - Legal Assistance
  - Transportation
  - Kinship Caregiver Support
-

# Area Agency on Aging of Northwest Michigan MULTI-YEAR PLAN (MYP) SUMMARY

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## ***Development Priorities Proposed for the FY 2020-2022 MYP***

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***Goal 1 (required goal): At least one community in the Planning Service Area (Region 10/northwest Michigan) will complete an aging-friendly community assessment and receive recognition as a Community for a Lifetime by 9/30/2022.***

Expected Outcome: Through the Community for a Lifetime assessment process, at least one additional community within Region 10 will be identified as an area that is aging-friendly, promoting quality living across the lifespan.

***Goal 2: Maximize opportunities (using IIID funding) for older adults and caregivers to maintain health and wellbeing.*** Currently AAANM uses this money to provide:

- Chronic Pain Personal Action Toward Health (PATH) and Diabetes Personal Action Toward Health (PATH)
- A Matter of Balance: Managing Concerns about Falls update trainings
- Creating Confident Caregivers

Expected Outcome: AAANM will use IIID money for the greatest community impact possible to support older adults and caregivers to maintain quality of life and live with dignity and respect.

***Goal 3: Maintain and strengthen regional capacity to identify, assess and support individuals with cognitive impairments and their caregivers.***

Expected Outcome: Older adults who contact AAANM, or are clients of AAANM that have a cognitive impairment, and their primary caregivers, will feel supported and have the information/resources they need.

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## ***Key Relationships and Strategic Partnerships***

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- Commissions and Councils on Aging serve as visible focal points for aging services in their county, deliver a variety of home and community based services to older adults, and advocate on aging issues and funding for senior services.
- Disability Network Northern Michigan (DNNM) works closely with AAANM to share information and resources to support older adults and persons with disabilities.
- AAANM supports local transportation initiatives including Wexford New Freedom Advisory and the Grand Traverse/Leelanau Bay Area Transportation Authority senior transportation advisory committee. These efforts are working diligently to address transportation needs of older adults in these communities.
- Northern Physicians Organization (NPO) is a physician organization, Accountable Care Organization(s) and Health Information Exchange (HIE). AAANM has several efforts underway with NPO to improve care for persons with dementia and their caregivers and to expand interoperability capacities to AAAs and community based organizations.
- The Northwest Michigan Community Action Agency (NMCAA) is currently the largest meal provider/contractor of AAANM, and has performed in that role for many years. In addition, a close client referral relationship exists between AAANM and NMCAA, utilizing the other organization's programs to effectively serve respective clients.

Area Agency On Aging of Northwest MI, Inc.

FY 2020

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Area Agency On Aging of Northwest MI, Inc.

FY 2020

**County/Local Unit of Govt. Review**

Area Agencies on Aging must send a letter, with delivery and signature confirmation, requesting approval of the final Multi Year Plan (MYP) no later than July 1, 2019, to the chairperson of each County Board of Commissioners within the Planning and Service Area (PSA) requesting their approval by August 1, 2019. For a PSA comprised of a single county or portion of the county, approval of the MYP is to be requested from each local unit of government within the PSA. If the area agency does not receive a response from the county or local unit of government by August 3, 2019, the MYP is deemed passively approved. The area agency must notify their AASA field representative by August 7, 2019, whether their counties or local units of government formally approved, passively approved, or disapproved the MYP. The area agency may use electronic communication, including e-mail and website based documents, as an option for acquiring local government review and approval of the MYP. To employ this option the area agency must do the following:

1. Send a letter through the US Mail, with delivery and signature confirmation, to the chief elected official of each appropriate local government advising them of the availability of the final draft MYP on the area agency's website. Instructions for how to view and print the document must be included.
2. Offer to provide a printed copy of the MYP via US Mail or an electronic copy via e-mail if requested.
3. Be available to discuss the MYP with local government officials, if requested.
4. Request email notification from the local unit of government of their approval of the MYP, or their related concerns.

**Describe the efforts made to distribute the MYP to, and gain support from, the appropriate county and/or units of government.**

The Region 10 planning and service area (PSA) served by the Area Agency on Aging of Northwest Michigan (AAANM) is comprised of ten counties: Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, and Wexford. Annually, AAANM sends a formal written request to each of the ten County Boards of Commissioners for their review and approval of the AAANM Annual Implementation Plan and/or Multi-Year Plan. The AAANM Executive Director attends each County Board of Commissioners meeting to provide an overview of AAANM, including an Annual Report, and answers questions the Commissioners may have about the agency or the Plan, as requested.

This MYP was e-mailed electronically, as well as mailed via certified US mail, on Friday, June 7, 2019, requesting a response from each County Board of Commissioners by August 1, 2019. Responses AAANM receives will be communicated with the AASA field representative for Region 10 by August 7, 2019.

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### Plan Highlights

The purpose of the Plan Highlights is to provide a succinct description of the priorities set by the area agency for the use of Older Americans Act and State funding during FY 2020-2022. Please note there are separate text boxes for each response.

**1. A brief history of the area agency and respective PSA that provides a context for the MYP. It is appropriate to include the area agency's vision and/or mission statements in this section.**

The Area Agency on Aging of Northwest Michigan (AAANM) is a private, nonprofit agency designated as an Area Agency on Aging in 1974 by the Aging and Adult Services Agency (AASA), formerly Michigan Office of Services to the Aging (OSA). As part of the aging services network, AAANM works regionally to promote the development of a comprehensive, coordinated, and cost-effective system of home and community based long-term care that is responsive to the needs and preferences of older adults and their family caregivers. AAANM covers a planning and service area (PSA) of ten counties located in northwest lower Michigan: Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, and Wexford counties (Region 10).

The mission of AAANM is to serve and advocate for older persons, adults with disabilities and caregivers by supporting their independence, dignity and quality of life.

**2. A summary of the area agency's service population evaluation from the Scope of Services section.**

**Overall Population Trends**

Region 10 comprises ten counties in the northwest corner of lower Michigan. Each county experiences a slightly different trend in population with some counties like Grand Traverse, Emmet, Wexford and Kalkaska gaining population overall, and other counties like Manistee and Antrim losing population overall. In all counties, the predominate growth segment has been the 60+ population, a trend that began early in the 2010 decade and will continue into the 2020 decade.

During the MYP FY2017-2019 period, overall population for the region, per the Region 10 Trended Population Statistics Appendix included with this report, increased 1% from 302,895 (estimated 2016 population) to 305,815 (projected 2019 population). The 60+ population during the same period grew 9% from 89,394 to 97,082. In 2016, the 60+ population represented 29% of the total regional population. This increased to 32% (projected population) by 2019.

Census projections for the MYP FY2020-2022 indicate that the overall population of the region will grow another 1% to 308,076 (projected 2022 population). The 60+ population will increase at a slower rate than experienced during the last couple of MYP cycles with only a 7% growth increase, from 97,082 (projected 2019 population) to 103,575 (projected 2022 population). The growth per year is projected to slow from 3% to 2%. By 2022, the 60+ population is projected to comprise 34% of the total population in the region. This is an increase of 2% compared to the 2017-2019 MYP period. Every one in three individuals in Region 10 will be 60 years or older by 2022.

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**3. A summary of services to be provided under the plan which includes identification of the five service categories receiving the most funds and the five service categories with the greatest number of anticipated participants.**

AAANM provides the following services directly:

- Information & Assistance (including Options Counseling)
- Care Management Program (including Tailored Caregiver Assessment & Referral Program)
- Long-Term Care Ombudsman/Elder Abuse Awareness and Prevention
- Evidence-Based Disease Prevention Programs: PATH (Personal Action Toward Health) Program for Chronic Pain and Diabetes; A Matter of Balance: Managing Concerns About Falls Program; and Creating Confident Caregivers (CCC) Program

AAANM develops contracts and/or purchase of service agreements with local agencies that provide home and community based services such as:

Adult Day Care  
Congregate Meals  
Home Delivered Meals  
Homemaking  
Personal care  
In-Home Respite Care  
Medication Management  
Legal Assistance  
Transportation  
Kinship Caregiver Support

Of the service array planned, Older Americans and Older Michiganians Act funding is most significant for the following programs:

Congregate and Home Delivered Meals  
Care Management  
Respite Care  
Personal Care  
Homemaking

The following programs serve the greatest number of participants:

Congregate and Home Delivered Meals  
Information & Assistance  
Care Management (including services purchased on behalf of Care Management participants - Respite Care, Personal Care and Homemaking)  
Legal Assistance  
Long-Term Care Ombudsman

**4. Highlights of planned Program Development Objectives.**

For the MYP FY2020-2022 cycle, AAANM will focus on three objectives. The first two objectives build upon activities undertaken during the MYP FY2017-2019 efforts.

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***At least one community will complete an aging friendly community assessment and receive recognition as a Community for a Lifetime by 9/30/2022.***

**Description and justification:** Communities for a Lifetime (CFL) centers on creating linkages and synergy between the aging network, public, municipal and private partnerships to assess the aging-friendliness of communities to make them Communities for a Lifetime. Currently there are two communities within Region 10 that have received CFL distinction. AAANM is aware of at least one additional community that is contemplating what it means to be an aging-friendly community. Technical support will be provided by AAANM to these efforts as requested.

***Maintain and strengthen regional capacity to identify, assess and support individuals with cognitive impairments and their caregivers.***

**Description and justification:** MYP development input identified a need to strengthen programs and resources for those who have dementia or other cognitive impairments and their caregivers. AAANM began this work during the MYP FY2017-2019 period under a grant from the Administration on Community Living to AASA and a grant to AAANM from the Michigan Health Endowment Fund. During the MYP FY2017-2019, AAANM implemented standardized screening (AD8 tool) in I&A for persons suspected to have cognitive impairments, and AAANM expanded the availability of options counseling to support caregivers with long term care planning, disease education, caregiver education and coaching to cope with difficult behaviors associated with the disease. AAANM also instituted intensive staff trainings about dementia and understanding difficult behaviors with disease progression. For this program development goal, AAANM will continue to strengthen its internal capacity to support older adults with cognitive impairments and their caregivers. If time and resources allow, AAANM will extend this work to interested aging network providers.

***Maximize opportunities (using IIID funding) for older adults and caregivers to maintain health and wellbeing.***

**Description and justification:** The 2018 community survey conducted as part of the MYP needs assessment identified that older adults are "somewhat" or "very concerned" about maintaining their health. Maintaining health means many things to older adults and there are many promoters and detractors of health. With the growing focus on Social Determinates of Health, AAANM has spent significant time contemplating how the organization not only provides core services like I&A and care coordination, but also how the organization contributes to community systems that support promotion and maintenance of health overall and what AAANM's role might or should be in a broader sense. It takes many intentional, braided efforts to create change at a community or population level.

There are several substantial initiatives under way in Region 10 to improve the health and wellbeing of the community. AAANM has adopted its evidence-based program offerings through various grant projects but without substantial thought to what already exists in the region that may be duplicative or better alternatives to AAANM's evidence-based programs, and if there are gaps in the community that may be addressed through programming funded under IIID. Over the last several years, AAANM has developed substantial infrastructure to coordinate and deliver workshops region-wide but also discovered that there is an opportunity cost to doing this (i.e. staff are leading workshops rather than attending to care coordination, county aging units are not able to offer other desired programming when AAANM workshops are using senior center space). It is time to do a thorough environmental assessment and determine how AAANM might have the most community impact with IIID funding.

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**5. A description of planned special projects and partnerships.**

During FY2020, AAANM will be in the final year of a Michigan Health Endowment Fund grant in partnership with the Northern Physicians Organization (NPO) to increase integration between healthcare providers and Long Term Supports and Services (LTSS) to support persons with cognitive impairments and their primary caregivers. Planning for this third year and what will be accomplished is actively underway. Through this effort, AAANM will continue to expand the availability of Creating Confident Caregivers and other resources for caregivers. Education and support for caregivers is an unmet need in the region.

Additionally, AAANM will continue to support many collaborative efforts and initiatives in the region to improve the health and living conditions for all individuals, and for older adults and persons with disabilities in northwest Michigan.

**6. A description of specific management initiatives the area agency plans to undertake to achieve increased efficiency in service delivery, including any relevant certifications or accreditations the area agency has received or is pursuing.**

During the MYP FY2020-2022, AAANM will be undergoing significant internal change. Beginning 10/1/2019, AAANM will have a new Executive Director. The two most senior members of the long-tenured leadership team will have retired. Other members of the AAANM leadership team will be either relatively new to the organization and/or their evolving leadership role. This is coming at a time when the organization has grown in size - revenue and employees, particularly with year-over-year increases in available MI Choice Waiver slots. While these are exciting times for AAANM, it is also a lot of change. It also comes at a time when the relatively near future of Area Agencies on Aging in Michigan is unknown.

Given this perfect storm, over the next three years, AAANM will have four internal management initiatives:

- Strengthening and maintaining a balanced, transparent, proactive, engaged culture.
- Ensuring that AAANM has sufficient qualified, resilient, well-trained staff.
- Providing consistent, high quality programs and services.
- Implementing financial stability/sustainability strategies.

AAANM has already begun to examine its workflows and processes for efficiency and least amount of duplication. This work will continue into the remainder of 2019 and into 2020. Achieving NCQA accreditation will be a core component of demonstrating the delivery of consistent, high quality programs and services at AAANM. We anticipate achieving accreditation during this MYP cycle. Additionally, AAANM looks forward to participating in learning collaboratives established by the Area Agency on Aging Association of Michigan through a Michigan Health Endowment Fund technology grant to incorporate Admission/Discharge/Transfer (ADT) notifications into the Compass Electronic Health Record (EHR) for Care Management and MI Choice Waiver clients. AAANM has been receiving these notifications via secure email for a couple of years. Having them embedded in the EHR will improve our ability to analyze and impact facility utilization for these populations. Learning collaboratives will focus on developing best practices for clients experiencing significant events (like hospitalizations or falls) and explore how interoperative technology is being adopted by healthcare providers to improve care coordination.

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**7. A description of how the area agency's strategy for developing non-formula resources, including utilization of volunteers, will support implementation of the MYP and help address the increased service demand.**

Non-formula resources are vital to sustaining a comprehensive system of aging services in Region 10. All ten counties in the Region have approved senior millages. These resources help stretch state and federal funding to meet the service needs identified in the MYP, as well as sustain additional services that are not funded under the MYP (senior centers, information and assistance, Medicare/Medicaid assistance, tax preparation, Senior Project FRESH, transportation, home chore/repair, and more). In addition, senior millages allow Commissions and Councils on Aging to meet the early service needs of individuals who are on the verge of losing their independence, allowing these service recipients to maintain or even improve health, delaying their need to utilize more costly resources, and sustaining them until they can be served by AAANM Care Management.

Additionally, AAANM participates in a variety of collaboratives, workgroups and initiatives across the region to effectively target those most in need of service and to create linkages with other community resources.

**8. Highlights of strategic planning activities.**

**Strengths:** Region 10 has a strong aging network dedicated to providing quality LTSS. The changing landscape with a focus on health and social determinates of health, as well as evolving payment models is creating new or different relationships and efforts to impact the lives of older adults in northwest Michigan. AAANM's greatest assets are its experienced, talented employees, and strong partnerships with county aging units and other providers/agencies that support vulnerable populations.

**Weaknesses:** Sufficient and sustainable funding is a continued concern for AAANM and many other organizations in northwest Michigan that are heavily dependent upon governmental payment sources and grants. Additionally, the lack of sophisticated IT systems (and interoperability with other health and community service systems) has become an evident weakness of AAANM.

**Opportunities:** AAANM has an opportunity to strengthen its internal operations, to diversify funding streams, and to build upon its relationships and collaborations in the community to impact older adults while preparing for changes in the delivery/payment of LTSS.

**Threats:** Three significant environmental factors pose a substantial risk for AAANM and the aging network in northwest Michigan. The first is the aging of the Baby Boomer bubble in northwest Michigan and the increased need for supports and services that will be experienced during this MYP cycle. The second is a chronic and increasing shortage of workers, most significantly the direct care workforce but also including nurses, social workers and other talent necessary for the successful delivery of AAANM programs and services. The third is the ambiguous political climate and limited direction from the State of Michigan about plans to integrate physical, behavioral and long term care by 2023.

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### Public Hearings

The area agency must employ a strategy for gaining MYP input directly from the planned service population of older adults, caregivers, persons with disabilities, elected officials, partners, providers and the general public, throughout the PSA. The strategy should involve multiple methods and may include a series of input sessions, use of social media, on-line surveys, etc.

At least two public hearings on the FY 2020-2022 MYP must be held in the PSA. The hearings must be held in an accessible facility. Persons need not be present at the hearings in order to provide testimony: e-mail and written testimony must be accepted for at least a thirty-day period beginning when the summary of the MYP is made available.

The area agency must post a notice of the public hearing(s) in a manner that can reasonably be expected to inform the general public about the hearing(s). Acceptable posting methods include but are not limited to: paid notice in at least one newspaper or newsletter with broad circulation throughout the PSA; presentation on the area agency's website, along with communication via email and social media referring to the notice; press releases and public service announcements; and, a mailed notice to area agency partners, service provider agencies, Native American organizations, older adult organizations and local units of government. The public hearing notice should be available at least thirty days in advance of the scheduled hearing. This notice must indicate the availability of a summary of the MYP at least fifteen days prior to the hearing, and information on how to obtain the summary. All components of the MYP should be available for the public hearings.

Complete the chart below regarding your public hearings. Include the date, time, number of attendees and the location and accessibility of each public hearing. Please scan any written testimony (including emails received) as a PDF and upload on this tab (to upload, click Save). A narrative description of the public input strategy and hearings is also required. Please describe the strategy/approach employed to encourage public attendance and testimony on the MYP. Describe all methods used to gain public input and the resultant impact on the MYP.

Date	Location	Time	Barrier Free?	No. of Attendees
05/09/2019	Cadillac Senior Center	12:30 PM	Yes	19
05/10/2019	Kalkaska County Commission	10:00 AM	Yes	19

AAANM conducted two public hearings, one on 5/9/2019 and a second on 5/10/2019. There were 19 attendees at each public hearing. The forums were promoted via Facebook, press releases and by the local senior centers. Both forums had dynamic discussion about the needs of older adults, the role of county aging units, senior centers and AAANM in serving older adults, and heartbreaking discussions about community needs.

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**Cadillac Senior Center input and feedback:**

- 1) Affordable housing is a crisis. Rent is very expensive and there are limited units available. How can the housing crisis be addressed? What will it take?
- 2) Staying at home unsupported can be / is dangerous. However, nursing home placement means giving up independence.
- 3) As a community it is important to understand the demographic changes and what is or is not available to support older adults as they age. We need a picture of reality now and future trends.
- 4) Senior centers are important to help older adults maintain active lifestyles, access healthy meals and combat social isolation. Are there avenues to increase public funding for senior centers, particularly advocacy with legislators?
- 5) What is the process to participate in the AAANM FY2020-2022 Multi-Year Request for Proposals for congregate meal funding?
- 6) Cadillac has a Vulnerable Adults Group that is very active, focused on preventing elder abuse and exploitation. It is valuable and necessary to share best practices from county to county.

**Kalkaska County Commission on Aging input and feedback:**

- 1) Commissions and Councils on Aging like the Kalkaska COA are important focal points for older adults to enter the long-term services and supports system and to receive much needed social support. Senior centers are a lifeline for many who are isolated or do not feel they have a purpose. However, increased community awareness is needed that resources exist for older adults. Despite marketing and community events, the COA is still not well known in the community. This is true for aging services in general like AAANM.
- 2) Many older adults are struggling to cover basic needs. The cost of living in addition to healthcare and prescription drug costs continues to increase. Does the government give or take? What is the responsibility of government?
- 3) The demographics of older adults in northwest Michigan are changing and older adults will need more intensive support to remain independent at home. Where will this support come from?
- 4) Developing dementia or other progressive diseases that deplete independent functioning was a fear of many in the room. Natural support systems are insufficient to provide care and caregivers burn out. Caregivers are unaware that there are community resources like education and respite to support them. The importance of proactive planning for long term care needs to support quality of life was discussed at length.

**Public input opportunities to gather data for the MYP and identify needs**

AAANM conducted focus groups and interviews across Region 10 during the FY2017-2019 MYP with over 100 participants including individuals over the age of 60, caregivers, disabled individuals, AAANM clients,



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leadership from county aging units and direct care service providers. The findings from this work formed the baseline for AAANM FY2020-2022 MYP data gathering. The input efforts for this MYP sought to re-validate or challenge findings from the FY2017-2019 needs assessment and ascertain what has changed in the environment since the last MYP.

Several public forums and meetings were used to do this work. A large public input forum was co-hosted by the Health Department of Northwest Michigan in Traverse City in February 2019 that discussed the aging population as a “Force of Change” in the region. The findings from this forum were incorporated into the AAANM needs assessment as well as the Community Health Needs Assessment and Improvement Planning effort recently conducted by area hospitals and health departments.

Smaller discussion groups took place at county aging unit board meetings and at the AAANM Board of Advisors. AAANM also facilitated a full day retreat with the county aging units to discuss community needs and the evolving role of the aging network within the region.

Additionally, during the summer of 2018, a community survey for older adults was distributed across the ten counties using convenience sampling. The survey was done in partnership with the county aging units, Grand Traverse County Senior Network, Munson Home Health and the Northwest Michigan Community Action Agency. Surveys were distributed to in-home clients, on meal routes, at senior expos and senior centers, during MMAP consultations, through church groups, via facebook, newsletters and websites. There were 3,313 survey responses. The survey asked a variety of questions from prioritization of concerns to difficulty affording basic needs to healthy lifestyle habits to difficulties with ADLs and iADLs. It is a very rich data set that continues to be analyzed in aggregate and at county levels. Key findings were incorporated into the needs assessment in Section 2 under the Scope of Services in this MYP.

While the survey was being fielded, first pass results indicated that additional questions were needed to better understand responses. Additional pulse surveys were fielded at senior centers in Region 10 to ascertain what it means to maintain health, and what contributes or detracts from maintaining health for older adults.

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### Scope of Services

The numbers of potentially eligible older adults who could approach the AAA's coordinated service system are increasing because of the age wave explosion. Additionally, the quantity and intensity of services that the area agency and its providers are expected to arrange, coordinate and provide for new and existing service populations is increasing. There is an exponentially growing target population of the "old-old" (85-100+) who often present with complex problems, social and economic needs and multiple chronic conditions. They require more supports, coordination, and care management staff time to assess, provide service options, monitor progress, re-assess and advocate for the persons served and their caregivers. Area agency partnerships with the medical and broader range of long-term-care service providers will be essential to help address these escalating service demands with a collective and cohesive community response.

A number of these older individuals with complex needs also have some form of dementia. The prevalence of dementia among those 85 and older is estimated at 25-50%. The National Family Caregiving Program (Title III E funding) establishes "*Caregivers of older individuals with Alzheimer's disease*" as a priority service population. Area agencies, contracted providers and the broader community partners need to continually improve their abilities to offer dementia-capable services to optimally support persons with dementia and their caregivers.

Enhanced information and referral systems via Aging and Disability Resource Collaborations (ADRCs), 211 Systems and other outreach efforts are bringing more potential customers to area agencies and providers. With emerging service demand challenges, it is essential that the area agency carefully evaluate the potential, priority, targeted, and unmet needs of its service population(s) to form the basis for an effective PSA Scope of Services and Planned Services Array strategy. Provide a response to the following service population evaluation questions to document service population(s) needs as a basis for the area agency's strategy for its regional Scope of Services.

**1. Describe key changes and current demographic trends since the last MYP to provide a picture of the potentially eligible service population using census, elder-economic indexes or other relevant sources of information.**

As part of the MYP development process, AAANM spent significant time evaluating demographic trends and gathered input about the preferences, characteristics, and needs of older adults, caregivers and disabled individuals. This information was used to identify funding priorities and program development objectives for the FY2020-2022 MYP.

This MYP period (FY2020-2022) and going into the 2020 decade is a key time for aging services. The oldest of the Baby Boomers will turn 75 in 2021. AAANM knows from internal data that there is an increased need for services (on average) around the age of 75. The 2020 decade will experience the transition of the Baby Boomer bubble from their 60's into their 70's and 80's.

### Overall Population Trends

Region 10 comprises ten counties in the northwest corner of lower Michigan. Each county experiences a

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slightly different trend in population with some counties like Grand Traverse, Emmet, Wexford and Kalkaska gaining population overall, and other counties like Manistee and Antrim losing population overall. In all counties, the predominate growth segment has been the 60+ population, a trend that began early in the 2010 decade and will continue into the 2020 decade.

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**Workforce Issues will Intensify**

It is important to note that most of the younger age segments (< age 60) of the population are projected to remain flat or decline in aggregate across the ten counties. While some counties are seeing an uptick in young children and millennials (like Grand Traverse), other counties have significant decreases, meaning no replacement population (like Manistee and Antrim). These counties are shrinking in population size and this will continue as the Baby Boomers reach average life expectancy rates beginning in the 2020 decade. Several counties will remain flat in overall population but the 60+ composition will increase. Cumulatively, these demographic shifts will change the very nature of our community constructs in the upcoming decade.

These demographic changes are also noteworthy because there is a significant workforce shortage in northwest Michigan already. With a shrinking workforce age population, the workforce crisis across multiple industries will intensify. Unemployment rates currently hover between 3.5% and 6% across the region. There will be increased competition to staff many different types of positions beyond those in the aging network. The aging network is already experiencing a crisis situation with the shortage of direct care workers, and there is a shortage of qualified nurses and social workers with home and community based experience or interest to work in this sector. The projected population changes in the 2020 decade will challenge the network's ability to provide/sustain home and community based services in Region 10.

**Poverty and Economic Stability**

Based on the 2013-2017 American Community Survey 5-Year Estimates of poverty status in the past 12 months for those 60 years and over, approximately 8% of older adults are living at or below poverty across Region 10, and another 8% are living between 100% and 149% of poverty. The range of those living at or

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below poverty varies by county from 5% to 12%.

Anecdotally through focus groups and input sessions, it was stated multiple times that there is an increasing number of older adults who are financially struggling. Retirement savings are insufficient for many older adults. Those who live at or below poverty may be better off than those living above poverty. Those at or below poverty may qualify for assistance programs while those living just over poverty often do not.

**Minority Population**

Based on the 2013-2017 American Community Survey, the Region 10 60+ population is comprised primarily of "white" older adults or approximately 98%. Minority populations primarily include those of Native American origins especially in counties where Native American Tribes have sovereignty.

Data sources used:

2010 Census Data

American Community Survey 2013-2017 Estimates

EMSI Economic Modeling retrieved 1/19/2019

**2. Describe identified eligible service population(s) characteristics in terms of identified needs, conditions, health care coverage, preferences, trends, etc. Include older persons as well as caregivers and persons with disabilities in your discussion.**

For the MYP FY2017-2019, AAANM conducted a series of focus groups and interviews as well as a survey of home and community based service providers to identify preferences of older adults and community needs. AAANM used this work as a baseline for the MYP FY2020-2022 community needs assessment and re-validated the findings with community input groups, Commissions and Councils on Aging and the AAANM Board of Advisors. Many additional community conditions and needs were added to the list during this process. In addition, AAANM in partnership with the Commissions and Councils on Aging in Region 10, conducted a ten county community survey for older adults using convenience sampling. There were 3,313 responses to the survey. The survey results were supplemented with pulse surveys at senior centers during the summer of 2018 to garner more detailed information about specific community survey questions. The quantitative and qualitative data were then combined, in conjunction with other area needs assessments and studies, Medicare claims data, normalized publicly available hospitalization data, and meetings notes from community groups, to formulate the following description of characteristics, preferences, conditions, trends and needs.

**Preferences, Community Conditions and Quality of Life**

The 60+ population encompasses three generations (the Greatest Generation, Silent Generation and Baby Boomers). Each generation has unique values, concerns and preferences for how they want to live. Some observations from community discussions suggest that younger seniors tend to be more tech savvy and seek active lifestyles. This influences how they engage with the community and the strategies they utilize to maintain their health. It was noted on many occasions that older seniors are often reluctant to ask for help. They fear losing their independence and being placed in a nursing facility. They also prefer activities that are more social in nature and less physically intensive.

Observations and trends identified:

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- 1) A community survey of older adults conducted across Region 10 during the summer of 2018 found distinct concerns by age segment. While most older adults are concerned about maintaining their health, younger seniors are also concerned with having enough money in retirement and obtaining or understanding benefits like Social Security and Medicare. Older seniors are concerned about memory loss or dementia, falling or the fear of falling, and being able to live independently at home as they grow older.
- 2) Analysis of community survey data also found that individual rating of health varied in relation to income and living situation (living alone or with a partner/spouse). Those with lower incomes and/or living alone were generally less likely to have healthy lifestyle habits, more likely to have difficulty affording basic needs, and more likely to need assistance with Activities of Daily Living (ADLs) and Independent Activities of Daily Living (iADLs).
- 3) There is increasing awareness of healthy lifestyles and demand for fresh fruits and vegetables, venues for engagement in exercise, social activities and education for lifelong learning. Maintaining health as long as possible is a priority concern. Barriers to maintaining health include existing health issues, financial resources, and taking care of others.
- 4) Older adults are staying in the workforce longer and are willing to work part-time. Conversely, older adults with expertise and experience in professional careers are retiring and creating a void in the workforce.
- 5) "Loss is an everyday thing" as one ages. Fear of losing independence is a primary concern for older adults and persons with disabilities. Individuals are often unprepared for the life changes that accompany the aging process or living long term with chronic health conditions and disability. Older adults want to maintain control as long as possible.
- 6) Social isolation is a prevalent issue among older adults that is complicated by rural geography. Many older adults have moved to northwest Michigan to retire and do not have family in the area to support them. Transportation challenges are a contributing factor as well.
- 7) The nature of family structures is changing due to economic and social shifts in our country. Some older adults are finding themselves providing support to adult children with disabilities, grandchildren, or children with spouses and kids who have moved back home due to financial instability.
- 8) Elder abuse and exploitation is an increasing, under-reported issue in the region, including domestic abuse (financial, physical, psychological and sexual), as well as predatory unethical relationships (realtors having themselves declared guardian for older adults with valuable real estate), and financial scamming schemes deliberately targeted at seniors.
- 9) There is a shortage of Adult Protective Services (APS) workers to investigate and mitigate elder abuse and exploitation situations. This is further compounded by a shortage of guardians and conservators to support older adults who need this assistance. However, there are significantly differing opinions about when older

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adults need a guardian appointed and the role of the guardian.

10) A culture of ageism and viewing seniors as a burden or having limited value influences the quality of life for older adults in our region.

11) Electronic communication has become a way of life – to connect with family, to complete applications and do banking, for safety monitoring, and to access telehealth. Landlines for telephone service are less prominent. Yet many areas of northwest Michigan do not have consistent cell phone coverage or high-speed broadband. This impacts quality of life for communities in general and for older adults.

**Economics**

Certain counties in northwest Michigan are attractive retirement locations. A proportion of well-off older adults have retired to particular counties in the region, investing in valuable real estate. This dynamic is an important component of the northwest Michigan economy. Many older adults, however, are facing increased financial insecurity – living longer, insufficient savings, increasing contributions to healthcare costs, increasing cost of living, and unexpected costs of long term care needs. Many older adults live on a fixed income that does not stretch far enough.

Observations and trends identified:

- 1) Healthcare, dental and prescription drug costs continue to be a financial challenge for many older adults. Some older adults also struggle to pay for food, housing and transportation.
- 2) Younger adults have increasing debt (i.e. school loans) and are less able to assist older adults with financial needs.
- 3) Gaps in affordable programs and services to support older adults to maintain quality of life and live independently were consistently identified for 1) low-to-moderate income disabled individuals under the age of 60/65, and 2) older adults who are above low-income program thresholds yet do not have the financial resources to privately pay for supports and services.
- 4) Community survey results found that there is a segment of young seniors (60-64 years old) in northwest Michigan that have statistically significant challenges maintaining health and quality of life including affording basic needs and being able to perform ADLs and iADLs.

**Social Determinates of Health**

It has been established that the Social Determinates of Health can account for up to 50% of our health – quality of life and longevity of life. And yet, residents of northern Michigan, above and below sixty years of age, struggle to have their basic needs met.

Observations and trends identified:

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- 1) Affordable housing has become a crisis issue in northwest Michigan, and just as challenging is affordable, accessible housing.
  
- 2) Workforce and funding for home modifications and home maintenance to support older adults to live in their own homes is an on-going issue in the region.
  
- 3) Homelessness or near homelessness for older adults, especially with chronic conditions or mental health / behavioral challenges persists for some older adults.
  
- 4) There is increasing awareness of food insecurity among older adults in northwest Michigan but there has not been a systematic attempt to quantify the issue.
  
- 5) Multiple studies and workgroups reaffirm that transportation challenges continue in northwest Michigan including non-emergency medical and quality of life (shopping, socialization) transportation needs. Strides have been made in some counties in the last three years to increase availability of transportation. The community survey conducted in 2018 found that transportation is a complex issue. Among younger seniors the issue may be the financial costs associated with transportation while among older seniors the issue may be having a transportation option that does not involve driving ones' self.

**Accessing / Using Healthcare**

There are an increasing number of older adults living with multiple chronic conditions. Analysis of Medicare claims data for Region 10 residents quantifies that chronic diseases include diabetes, arthritis, heart disease and depression. Analysis of publicly available hospitalization data also confirms that falls among the older adult population in northwest Michigan is a population health concern. Community survey respondents confirmed that many vulnerable older adults, particularly in the 70's and 80's, experience at least one fall per year. Dementia and other cognitive impairments are increasing conditions where navigation of healthcare and community care resources is particularly challenging, especially when medical, financial, long term care and advance care planning has not taken place before the individual becomes incapacitated.

**Observations and trends identified:**

- 1) Access to medical care is determined by income, insurance and geographic location with significant inequities across the region.
  
- 2) Medication management and access to / navigation of healthcare providers are cited frequently as challenges for older adults.
  
- 3) In northwest Michigan there is a need for more healthcare providers with expertise in geriatric medicine in general, a shortage of neuropsychologists, and a complete lack of geriatric psychiatric specialists.
  
- 4) Access to affordable mental health services is a gap.

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- 5) Advances in medical care have created complex ethical issues for older adults, families and healthcare providers. Older adults and families would benefit from proactive planning while healthy to articulate desired quality of life and end of life wishes.
- 6) Coordination of care among healthcare providers and with community organizations to support older adults is difficult and contributes to frustration and health complications for older adults.
- 7) Accessing and understanding healthcare (Medicare and Medicaid) and Social Security benefits can be challenging for seniors. In the community survey conducted in 2018, this was rated within the top three concerns of younger seniors.
- 8) Recent changes in opioid laws and physician practice patterns have left some older adults challenged by sudden cessation of medication without alternative pain management strategies.

**Accessing / Using Long Term Care Supports and Services**

Societally there are many different and conflicting values (and mis-information) about funding long term care for older adults. Often older adults believe Medicare will cover long term care costs and are surprised to find there is no coverage for this care. There is often reluctance to spend retirement monies for long-term care (or families refuse to spend the money). Long term care insurance policies have varied benefits and are not widely used. Availability of in-home support through senior millage varies from county to county and can provide foundational in-home support to meet the early service needs of individuals who are on the verge of losing their independence. This allows older adults to maintain or even improve health, and delay their need to utilize more costly resources; but millage funded services do not meet the needs of individuals with higher acuity requiring additional or more frequent services. Those who need additional services are placed on the AASA funded Care Management list and/or are forced to spend down their assets to qualify for long term care Medicaid (home and community based services like MI Choice Waiver or nursing facility care) or privately pay for care. This conundrum of mixed systems and funding streams leave many older adults unprepared for their long term care needs.

**Observations and trends identified:**

- 1) The rural nature of the region contributes to inconsistent availability of long term supports and services for older adults. This contributes to situations of compromised health, accelerated decline and decreased quality of life, and use of expensive healthcare resources including Emergency Room visits and hospitalizations.
- 2) Older adults, family members and caregivers are often unaware of resources available to support quality of life and living independently long term. Navigating programs and services was cited as a concern, particularly services that have complicated application or qualification processes.
- 3) Funding for long term supports and services and other public programs that support older adults and persons with disabilities requires vigilant advocacy.



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4) Many counties in Region 10 provide a fundamental safety net system of in-home services for older adults using senior millage dollars. With the increasing older adult population and financial instability of older adults, additional millage will be necessary to meet community need. A State cap of 1 mill already challenges some counties and may require counties to implement additional measures to ration services.

**Caregiving (paid and unpaid)**

As older adults decline and need more support with activities of daily life, informal caregivers become emotionally and physically overwhelmed with caregiving responsibilities. Caregivers need more education and support. There is also a dire shortage of paid caregivers in the region to provide home and community based services. Reasons for this include shrinking workforce overall, low wages, lack of benefits, and difficult, unpredictable work that is not always respected.

Observations and trends identified:

1) Paid caregivers are hired at the direction of the employer or through self-determination. There is no universal background check system to promote safety for older adults and reduce abuse/neglect/exploitation (i.e. it is impossible to know if a paid caregiver has been terminated by an employer for abuse/neglect/exploitation unless a criminal record has been established).

2) A thoughtful strategy for increased Medicaid MI Choice Waiver reimbursement rates passed through to direct care wages is necessary to impact the direct care workforce crisis.

3) The critical lack of childcare in the region also contributes to the dire shortage of paid caregivers. Parents are increasingly choosing between staying at home to care for children and working because of the childcare shortage.

4) Caregiver education, for both informal and paid caregivers, has been consistently identified as a valuable support that improves quality of life for older adults and reduces stress and burden for caregivers.

**Regional Needs Identified**

**Supporting healthy lifestyles**

1) Access to food, including fresh, healthy food

2) Options and accessibility for active lifestyles for older adults

3) Educational and social opportunities to promote health, well-being and connectivity of older adults and caregivers

4) Availability of affordable housing and accessible housing

5) Availability and affordability of home modifications and maintenance

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6) Assistance with utilities

7) Affordable, accessible and widely available transportation options for non-emergency medical transportation and social, quality of life needs

8) Increased use of technology may be an avenue to address unmet community needs (i.e. in-home monitoring, autonomous vehicles, telehealth)

**Infrastructure for delivery of care and services for older adults**

1) Availability of support services to help older adults remain independent at home or in the setting of their choice including but not limited to home delivered meals, personal care, medication management, respite, caregiver support, home chore, home modifications and social engagement opportunities

2) Increased availability and appropriate use of guardians and conservators

3) Increased funding for and availability of Adult Protect Services

4) Availability of broad band consistently across the region to support use of technology

5) Livable wages in the region for all, but particularly the direct care workforce

6) Availability of affordable childcare

7) Options for long term care support services for those who are low-to-moderate income, disabled individuals, under the age of 60 and for older adults who are above low-income program thresholds yet do not have the financial resources to privately pay for services

8) Out of the box solutions including non-traditional service partners, i.e. Shipt for groceries

9) Advocacy to increase the 1 mill state cap for senior millages to expand county safety net systems for older adults

10) Improvements to the MDHHS Universal Case Load system and the interface between MI Bridges and CHAMPS

**Information, education, access, advocacy**

1) Increased education and advocacy with elected officials about demographic changes and aging issues

2) Education to older adults and caregivers about the importance of proactive planning – financial, legal, advance care planning

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- 3) Trusted, unbiased resource(s) for information about supports and services for older adults
- 4) Advocacy and education about elder abuse and exploitation
- 5) Access to elder law services and education about elder law issues

**Healthcare, care coordination and care management**

- 1) Disease prevention strategies for chronic illness
- 2) Improved coordination of care between and among healthcare providers and with community agencies supporting older adults
- 3) Affordable dental care
- 4) Affordable mental health services with expertise in geriatric care
- 5) Equity in geographic healthcare access
- 6) Increased availability of health providers with expertise in geriatric care
- 7) Affordable healthcare and prescription drugs

**Caregiving**

- 1) Universal background check system or vetting process for paid caregivers
- 2) Elevation of direct care work to be a desired profession with living wages
- 3) Information and referral to assist caregivers to find community resources and support
- 4) Caregiving education for paid and unpaid caregivers
- 5) Strategies to effectively address labor shortages including the direct care worker shortage

**3. Describe the area agency's Targeting Strategy (eligible persons with greatest social and/or economic need with particular attention to low-income minority individuals) for the MYP cycle including planned outreach efforts with underserved populations and indicate how specific targeting expectations are developed for service contracts.**

AAANM regularly engages with the Department of Health and Human Services, Community Mental Health agencies, the Community Action Agency, county aging units, human service agencies, healthcare providers and Native American tribes to maintain a visible presence in the community and encourage referral to AAANM of individuals with greatest social or economic need and low-income minority populations in the planning and service area. This outreach will continue during the FY2020-2022 MYP cycle. AAANM has staff that routinely identify opportunities to reach underserved populations, either directly or through referral relationships.

Service providers that contract with AAANM are required to target those with greatest social or economic need and low-income minority populations. Contracted service providers do this through outreach and coordination

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as well. As participants seek and receive services from these service providers, the service providers ensure that funding supports those in highest need. Should demand exceed funding for contracted services, service providers have written criteria that allows them to prioritize their services and funding to those in highest need first. In general service providers should be targeting to the same level of poverty, minority, and frailty (those in the oldest age category and those with the highest health care needs) as identified in the most recent census data.

**4. Provide a summary of the results of a self-assessment of the area agency's service system dementia capability using the ACL/NADRC "Dementia Capability Assessment Tool" found in the Document Library. Indicate areas where the area agency's service system demonstrates strengths and areas where it could be improved and discuss any future plans to enhance dementia capability.**

AAANM has invested significant organizational time during the last MYP to build dementia capability internally and to thoughtfully examine what are the most significant levers for systems change in northwest Michigan to support persons with dementia and their caregivers. Some of this work fits within ACL's definition of a dementia capable service system while other components more strongly relate to an aging friendly health system. The two must work hand in hand if we are to truly impact quality of life for this population.

Using the ACL Dementia Capability Assessment Tool, AAANM has implemented regular screening and created more standardization in how staff work with this population – information, options counseling, dementia education, coaching on behaviors, etc. AAANM has also invested in staff training to build competency and band-width to do this work.

Over the next MYP cycle, we plan to further integrate this work into the organization so it is standard practice rather than a special project or focus. One of the program development goals in the MYP indicates that we will be formalizing a required staff training plan and further refining some of the agency protocols. If time and resources permit, AAANM will expand these efforts to work with interested service providers in the network to offer foundational dementia trainings and an introduction to how community-based screening might be operationalized (and the benefits of doing so).

**5. When a customer desires services not funded under the MYP or available where they live, describe the options the area agency offers.**

In cases where an individual desires services not funded under the MYP, AAANM Information and Assistance (I&A) Specialists make referrals to other community resources that can meet these needs. Using a person-centered planning approach, I&A Specialists may offer Options Counseling to help individuals identify their needs/goals and create a plan that taps a variety of community resources, including private pay options.

When no service is available, AAANM advocates for community initiatives that will help address these unmet needs.

**6. Describe the area agency's priorities for addressing identified unmet needs within the PSA for FY 2020-2022 MYP.**

AAANM's priorities to address unmet needs within the PSA for the FY2020-2022 MYP include:

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1) Supporting advocacy efforts to preserve or increase funding for programs that benefit older adults, especially home delivered meals, care coordination and in-home support, and

2) Participating in community-based discussions and collaboratives seeking to address needs that impact older adults (i.e. transportation, access and delivery of health care, improved inter-agency coordination).

**7. Where program resources are insufficient to meet the demand for services, reference how your service system plans to prioritize clients waiting to receive services, based on social, functional and economic needs.**

Program resources are insufficient to meet need for services, particularly Care Management. A wait list is carefully maintained and reviewed regularly.

1) Using a person-centered planning process, AAANM refers individuals to services available through millage funded county aging units or private pay options.

2) Those placed on the wait list have been assessed and prioritized based on frailty (those in the oldest age category and those with the highest health care needs), availability of support systems, income-level and minority classification.

**8. Summarize the area agency Advisory Council input or recommendations (if any) on service population priorities, unmet needs priorities and strategies to address service needs.**

Preliminary findings of AAANM's demographic analysis and needs assessment were presented and discussed with the Board of Advisors on 2/21/2019. There was a robust discussion about demographic changes and continued needs of the older adult population. This discussion was then incorporated into the final AAANM needs assessment (described in the first two response narratives for this Scope of Services section of the MYP).

Significant conversations included:

1) County millages will become insufficient to meet need, if they are not already. It would take significant advocacy with legislators to remove the 1 mill cap on senior millages. It is important to educate legislators about the difference between "tax increase" and "services."

2) Lengthy discussion about the direct care workforce crisis including regional contributing factors (i.e. rural geography, transportation challenges, lack of affordable child care, lack of affordable housing, lack of living wage).

3) Demographics are changing and our limited view and language about the aging population creates tension. We need to look at the community "holistically" versus just the aging population. A lack of affordable daycare in the region is an "aging issue."

4) Who are untapped and unconventional partners to help with aging needs? Discussed grocery stores and school systems. It is cheaper to provide groceries for malnutrition than to pay for health issues. Schools offer opportunities to address social isolation.

5) There is a philosophical and political divide in social issues. Is Medicaid expansion "giving away

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healthcare" or is it "keeping people healthier?" Aging issues evoke emotions - people are afraid to grow older, don't want to ask for help, are afraid of being placed in a nursing home. Is supporting the aging population a social justice issue similar to the concept of Medicaid expansion?

6) The needs that were identified in the MYP FY2017-2019 continue to be needs moving into this MYP FY2020-2022. Community conditions have not changed. There has been some improvement in transportation in Wexford, Grand Traverse and Emmet counties where transportation programs have been implemented that are making a difference since the last MYP.

7) Caregivers need more support and education. The BOA has requested that AAANM put more priority on supporting caregiver needs. Their needs change with the progression of a disease or decline of the person they are caring for.

8) Universal Case Load implemented by MDHHS is a new barrier to serving vulnerable populations since the last MYP. While it is improving, it is not fixed. Universal Case Load taxes AAANM staffing resources and hinders AAANM's ability to serve older adults and persons with disabilities.

**9. Summarize how the area agency utilizes information, education, and prevention to help limit and delay penetration of eligible target populations into the service system and maximize judicious use of available funded resources.**

AAANM diligently works to prevent or delay the use of publicly funded resources using a variety of strategies:

1) Staff receives ongoing information and education about resources, programs and supports in the community that may be accessed.

2) Options Counseling is available to any individual to identify goals and create a plan for long term care needs including identification of personal supports and private pay options.

3) Healthy aging programs like Matter of Balance: Managing Concerns About Falls, Personal Action Toward Health (PATH) and Creating Confident Caregivers (CCC) are offered throughout the region to support healthy lifestyles and delay health complications if possible. AAANM works to promote and create awareness about health education offerings provided by other organizations.

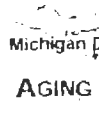
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**Planned Service Array**

Complete the FY 2020-2022 MYP Planned Service Array form for your PSA. Indicate the appropriate placement for each AASA service category and regional service definition. Unless otherwise noted, services are understood to be available PSA wide.

	Access	In-Home	Community
<b>Contracted by Area Agency</b>		<ul style="list-style-type: none"> <li>• Chore</li> <li>• Homemaking</li> <li>• Home Delivered Meals</li> <li>• Medication Management</li> <li>• Personal Care</li> <li>• Assistive Devices &amp; Technologies</li> <li>• Respite Care</li> <li>• Friendly Reassurance</li> <li>• Private Duty Nursing</li> </ul>	<ul style="list-style-type: none"> <li>• Adult Day Services *</li> <li>• Congregate Meals</li> <li>• Disease Prevention/Health Promotion</li> <li>• Legal Assistance</li> <li>• Creating Confident Caregivers</li> <li>• Kinship Support Services</li> </ul>
<b>Local Millage Funded</b>	<ul style="list-style-type: none"> <li>• Information and Assistance</li> <li>• Transportation *</li> <li>• Options Counseling *</li> </ul>	<ul style="list-style-type: none"> <li>• Chore *</li> <li>• Homemaking *</li> <li>• Medication Management *</li> <li>• Personal Care *</li> <li>• Assistive Devices &amp; Technologies *</li> <li>• Respite Care *</li> <li>• Friendly Reassurance *</li> <li>• Private Duty Nursing *</li> </ul>	<ul style="list-style-type: none"> <li>• Adult Day Services *</li> <li>• Home Repair *</li> </ul>
<b>Provided by Area Agency</b>	<ul style="list-style-type: none"> <li>• Care Management</li> <li>• Information and Assistance</li> <li>• Options Counseling</li> </ul>		<ul style="list-style-type: none"> <li>• Disease Prevention/Health Promotion</li> <li>• Long-term Care</li> <li>• Ombudsman/Advocacy</li> <li>• Programs for Prevention of Elder Abuse, Neglect, and Exploitation</li> <li>• Creating Confident Caregivers</li> </ul>
<b>Participant Private Pay</b>	<ul style="list-style-type: none"> <li>• Transportation *</li> </ul>	<ul style="list-style-type: none"> <li>• Homemaking</li> <li>• Medication Management</li> <li>• Personal Care</li> <li>• Respite Care</li> </ul>	<ul style="list-style-type: none"> <li>• Adult Day Services *</li> </ul>

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<b>Funded by Other Sources</b>	• Transportation *	• Homemaking • Home Delivered Meals • Medication Management • Personal Care • Assistive Devices & Technologies • Respite Care • Private Duty Nursing	• Adult Day Services *
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\* Not PSA-wide



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### Planned Service Array Narrative

Describe the area agency's rationale/strategy for selecting the services funded under the MYP in contrast to services funded by other resources within the PSA, especially for services not available PSA wide. Utilize the provided text box to present the planned service array narrative.

#### Prioritization of Services for Funding by AAANM

There are a variety of factors taken into consideration when determining which services will be funded by AAANM.

#### **Funding source:**

AAANM receives a majority of its funding through the Older Americans Act (federal) and Older Michiganians Act (state). These funding sources are specific as to which services can be supported.

#### **Needs of Older Adults:**

AAANM performs an analysis of the needs of older persons in Region 10 prior to the development of each multi-year plan. Consumers, program participants, caregivers, service providers, and AAANM staff all provide input into the types of services that are needed.

#### **History:**

Services that have been funded by AAANM in the past, that are still determined to be a priority, and that continue to meet the needs of older adults in the most effective way, are maintained.

#### **Community Resources/Collaborations:**

AAANM works closely with a variety of community agencies to identify existing services and resources and gaps.

#### **Serving the most frail, socially isolated, lowest income, and minorities:**

As funding becomes more limited and demand exceeds supply, AAANM has re-directed funding toward services for those with the highest needs - individuals who require services to support them in their home (such as respite, personal care, and homemaking).

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### Strategic Planning

Strategic planning is essential to the success of any area agency on aging in order to carry out its mission, remain viable and capable of being customer sensitive, demonstrate positive outcomes for persons served, and meet programmatic and financial requirements of the payer (AASA). All area agencies are engaged in some level of strategic planning, especially given the changing and competitive environment that is emerging in the aging and long-term-care services network. Provide responses below to the following strategic planning considerations for the area agency's MYP. (For Item No. 3, please include specific details about the area agency's planned process for establishing service priorities, modifying service delivery and any other contingency planning methods for handling a potential 10% funding reduction from AASA).

#### 1. Summarize an organizational Strengths Weaknesses Opportunities Threats (SWOT) Analysis.

AAANM combined retreat sessions with county aging units, AAANM staff and leadership discussions for this SWOT analysis.

#### Strengths

- 1) Region 10 has a strong, collaborative network for aging services. AAANM and the county aging units enjoy strong partnerships to create a continuum of home and community based care for those with early Long Term Care Supports and Services (LTSS) needs to those with complex needs. This system maximizes funding streams between county based millages, AASA funded services and the MI Choice Waiver program. Without this braided network, many older adults would lack access to LTSS.
- 2) There is significant momentum in Region 10 around community health improvement and addressing social/economic/health inequity. This is changing (or creating) dialogue and relationships between disparate sectors like healthcare, public health and the aging network.
- 3) AAANM is a strong organization with a culture that embraces and retains talented staff. The organization creates community impact by supporting individuals in times of vulnerability while simultaneously working to change community systems.

#### Weaknesses

- 1) The LTSS system in northwest Michigan, and the community systems that work to address social determinates of health, are chronically underfunded. Often organizations are competing for the same funding streams. This causes tension that 1) creates confusion for residents about how to access services and leaves the needs of vulnerable community members unmet, 2) restricts collaboration between agencies that may have increased systems efficiencies otherwise, and 3) leaves the stability of AAANM vulnerable to yearly fluctuations and changes in federal and state budgets.
- 2) AAANM, in collaboration with partners, seeks innovative ways to address community needs. Funding is always the challenge though. Grants are short term opportunities for programs or initiatives that always require additional subsidization to cover expenses. AAANM has on-going research and pilots to explore opportunities to diversify revenue (i.e. Medicare billable services, fund development), but there is no holy

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grail. Through multiple projects, AAANM has identified system changes that would highly benefit the health and quality of life of older adults. It is difficult to identify and procure sustainable funding streams to make these changes though.

3) Disparate, cumbersome, inadequate IT systems and inefficient data collection have become a barrier to improving operational efficiency, managing the populations we serve, and measuring the impact of AAANM's work. Long term strategic needs will require data systems that are interoperable and foundational for population analytics beyond what is available from existing systems.

4) AAANM and most service providers (along with many other industries/sectors in northwest Michigan) are experiencing a severe workforce shortage. The most desperate situation in home and community based services is with direct care workers. It is increasingly difficult for providers to staff in-home services.

5) Internally, AAANM staff identified that existing workflows need to be analyzed and adapted. The organization has experienced rapid growth in staff over the last several years (to support the MI Choice Waiver program). It is necessary to examine our structure and work in this new paradigm.

6) During 2019, AAANM will experience the retirement of its two senior management team members who both have tremendous longevity with the organization. While there is an aggressive succession plan in place and the change creates many opportunities, the loss is still felt and acknowledged.

### Opportunities

1) The transformation of healthcare delivery and payment affords the opportunity to form new or different collaborations and partnerships with service agencies and providers. This landscape is continuously changing and it will take several iterations to fully grasp potential opportunities for AAANM.

2) AAANM has identified a need or opportunity to examine workflows and develop on-going key performance measures to monitor and maximize operational efficiencies.

3) There is continued opportunity to strengthen AAANM's relationships, collaborations and efforts to increase awareness of the aging network and to advance social impact/social change to support older adults in northwest Michigan.

4) Increased IT capacity is an opportunity to integrate with physical, behavioral and long term care providers and improve coordination of care.

### Threats

1) Demographic changes will be particularly felt during this MYP cycle as the Baby Boomer bubble begins to turn 75 and a wave of older adults with increased LTSS needs is experienced. This demographic change will tax existing systems and challenge communities to examine existing infrastructures and future planning assumptions.

2) The workforce shortage is a significant threat to providing home and community based services.

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3) The unpredictable political climate that has emerged at multiple levels of government over the last few years forces agencies like AAANM into continuous scenario planning and rapid programmatic overhauls. This is a drain of energy and resources.

4) AAANM is at a tipping point. The organization has become just big enough that it needs increased administrative infrastructure to deliver programs and services and meet increasing administrative requirements associated with the MI Choice Waiver program, but just small enough that it is difficult to fund this organizational advancement.

5) The State of Michigan has transitioned to the MI Bridges platform that does not have a sufficiently working interface with the CHAMPS system while simultaneously transitioning MDHHS workers to a Universal Case Load system. This has significantly impacted AAANM's ability to process new LTC Medicaid applications and redeterminations. This has negatively impacted residents of Michigan and AAANM operations/financial stability.

6) With the release of the 2019 Center for Health & Research Transformation (CHRT) report from the University of Michigan, a study commissioned by the MDHHS, it is inevitable that the State will pursue changes to integrate physical, behavioral and long term care for Medicaid recipients. AAANM anticipates the beginning of disruptive change during this MYP cycle that will have irreversible impacts to AAANM's scope and presence in Region 10.

7) Not keeping pace with IT interoperability advances is a threat to the existence of AAAs during a time when the federal and state governments are calling for integration of services and care plans.

**2. Describe how a potentially greater or lesser future role for the area agency with the Home and Community Based Services (HCBS) Waiver and/or managed health care could impact the organization.**

AAANM is a significant player in the provision of home and community based services in Region 10. The agency operates the MI Choice Waiver, Care Management, Caregiver Respite and the Veterans Self Directed-Home and Community Based Services Programs. AAANM is a recognized focal point for information and assistance, options counseling, benefit and Medicaid eligibility assistance as well as housing information. The programs of AAANM are successful because of experienced staff, strong relationships with county aging partners and contract with a large network of private service providers.

AAANM is prepared to accept an expanded role under the new Integrated Care model. This expansion would require AAANM to continue some of the work and discussions that have already started such as creating more flexible service options, setting up assessment teams in order to ensure a timely response, creating easier access and payment options for things like home delivered meals and supporting beneficiaries through options counseling and transition support. The agency already has pieces in place that can be expanded upon as more information becomes available.

A lesser role for AAANM will impact the agency in terms of needed staff. But most importantly it will impact the people seeking services who are now able to access a wide range of services and supports through a single access point.

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**3. Describe what the area agency would plan to do if there was a ten percent reduction in funding from AASA.**

If AASA were to implement a ten percent funding reduction, AAANM would carefully evaluate existing programs and services and prioritize with emphasis on serving those that are most frail, socially or economically in need or of low-income minority status.

If service reductions were made, AAANM would convene partners within the aging network to explore what other resources might exist or might help to compensate for reductions in AAANM services.

**4. Describe what direction the area agency is planning to go in the future with respect to pursuing, achieving or maintaining accreditation(s) such as National Center for Quality Assurance (NCQA), Commission on Accreditation of Rehabilitation Facilities (CARF), Joint Commission on Accreditation of Hospitals (JCAH), or other accrediting body, or pursuing additional accreditations**

AAANM will be pursuing accreditation from NCQA during the plan period. AAANM made a decision during the last MYP cycle to pursue CARF. Shortly after the last MYP cycle began, it became clear that NCQA is a more appropriate accreditation to demonstrate the quality and consistency of AAANM's care coordination functions.

**5. Describe in what ways the area agency is planning to use technology to support efficient operations, effective service delivery and performance, and quality improvement.**

Since the last MYP, AAANM began receiving Admission/Discharge/Transfer (ADT) notifications through the local Health Information Exchange (HIE) for existing clients via Direct Trust email. These alerts give AAANM real time notification if a client has been registered/discharged from an Emergency Room or hospital. This has allowed AAANM to adjust care plans for Care Management and MI Choice Waiver clients in a timely manner when a significant change in status occurs. The Direct Trust email system is clunky because the emails need to be filtered by a supervisor and then copy/pasted into the medical record. In 2018, the Area Agency on Aging Association of Michigan (4AM) recieved a Michigan Health Endowment Fund grant to incorporate the health event notifications into Compass for AAAs. This will improve operational efficiency, allow AAAs to capture better data about hospitalization and emergency room utilization, and improve overall care coordination with other members of the client's care team. The grant also calls for the AAAs to participate in learning collaboratives to share best practices in care coordination with the advent of these alerts, and to learn about interoperability in the healthcare sector.

Region 10, as the first AAA to use ADT notices, has taken an advocacy role in partnership with 4AM to expand interoperability in AAAs and other community based organizations to improve coordination of care for vulnerable populations.

Additionally, AAANM continues to work with providers to streamline data collection and importation of NAPIS data. AAANM is also exploring/contemplating technology systems that help document OIG compliance with monitoring fraud, waste and abuse.

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**Regional Service Definitions**

If the area agency is proposing to fund a service category that is not included in the Operating Standards for Service Programs, then information about the proposed service category must be included under this section. Enter the service name, identify the service category and fund source, include unit of service, minimum standards and rationale for why activities cannot be funded under an existing service definition.

**Service Name/Definition**

Private Duty Nursing

Rationale (Explain why activities cannot be funded under an existing service definition.)

Private Duty Nursing allows AAANM to provide licensed nursing services to Care Management participants for things such as monitoring and evaluation, occasional blood draws, wound care, training of informal caregivers and other treatments consistent with physician orders. The service does not duplicate skilled care nursing services available under Medicare and Medicaid and falls outside of the current AASA service standards for foot care and medication management.

Service Category	Fund Source			Unit of Service
<input type="checkbox"/> Access <input checked="" type="checkbox"/> In-Home <input type="checkbox"/> Community	<input type="checkbox"/> Title III PartB <input type="checkbox"/> Title VII <input checked="" type="checkbox"/> State In-home <input type="checkbox"/> Other _____	<input type="checkbox"/> Title III PartD <input type="checkbox"/> State Alternative Care <input type="checkbox"/> State Respite	<input type="checkbox"/> Title III PartE <input type="checkbox"/> State Access	.25

**Minimum Standards**

All nurses providing private duty nursing must meet licensure requirements and maintain a current State of Michigan nursing license. Nursing services can only be provided by a registered nurse (RN) or a licensed practical nurse (LPN) under the supervision of an RN.

Direct service providers are expected to maintain close communication with the participant's health care professional and the AAANM Supports Coordinator in order to assure the nursing needs of the participant are being met and that changes in condition are being reported.

Private Duty Nursing shall not duplicate any skilled nursing services available under Medicare or Medicaid. Direct service providers are expected to maintain close communication with the participant's health care professional and the AAANM Supports Coordinator in order to assure the nursing needs of the participant are being met and that changes in condition are being reported.

Private Duty Nursing shall not duplicate any skilled nursing services available under Medicare or Medicaid.

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### Access Services

Some Access Services may be provided to older adults directly through the area agency without a direct service provision request. These services include: Care Management, Case Coordination and Support, Options Counseling, Disaster Advocacy and Outreach Program, Information and Assistance, Outreach, and Merit Award Trust Fund/State Caregiver Support Program-funded Transportation. If the area agency is planning to provide any of the above noted access services directly during FY 2020-2022, complete this section.

Select from the list of access services those services the area agency plans to provide directly during FY 2020-2022, and provide the information requested. Also specify, in the appropriate text box for each service category, the planned goals and activities that will be undertaken to provide the service.

Direct service budget details for FY 2020 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and State funds) identified in the Area Plan Grant Budget, Direct Service Budget details. The Area Plan Grant Budget uploaded and saved in AMPS must include Direct Service Budget details.

#### Care Management

<u>Starting Date</u>	10/01/2019	<u>Ending Date</u>	09/30/2022
Total of Federal Dollars	\$5,000.00	Total of State Dollars	\$431,825.00

Geographic area to be served

Region 10

**Specify the planned goals and activities that will be undertaken to provide the service.**

**Goal: Provide supports coordination and home and community based services to adults over the age of 60 who are at high risk of institutionalization.**

#### Activities:

1. Maintain strong partnerships with county aging units in order to provide a continuum of care as well as effective pairing of AASA and millage funded service monies.
2. Outreach to and actively participate in community collaboratives that include American Indian tribes and organizations that serve minorities, low income and vulnerable adults.

**Goal: Operate under a robust quality management plan, overseen by the Quality Management committee.**

#### Activities:

1. Program and service monitoring includes chart reviews, peer reviews, participant satisfaction surveys, staff training and monitoring of quality indicators such as hospitalizations and re-institutionalization rates, social isolation and access to transportation.
2. Support a Consumer Quality Collaborative that provides feedback and has input into program operations and initiatives.

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Number of client pre-screenings:	Current Year:	500	Planned Next Year:	500
Number of initial client assessments:	Current Year:	150	Planned Next Year:	150
Number of initial client care plans:	Current Year:	140	Planned Next Year:	140
Total number of clients (carry over plus new):	Current Year:	400	Planned Next Year:	400
Staff to client ratio (Active and maintenance per Full time care	Current Year:	1:46	Planned Next Year:	1:46

Information and Assistance

Starting Date 10/01/2019 Ending Date 09/30/2022

Total of Federal Dollars \$100,000.00 Total of State Dollars

Geographic area to be served

Region 10

Specify the planned goals and activities that will be undertaken to provide the service.

**Goal: Provide high quality Information and Assistance to support older adults, family members, caregivers and healthcare or social service professionals seeking information about community resources for older adults, caregivers and persons with disabilities.**

Activities:

1. Ensure that staff receive on-going information and education about community resources and aging issues.
2. Outreach to referral sources and the community through brochures, marketing, social media, public speaking and expos that Information and Assistance for aging needs is available through AAANM.
3. Continue to serve as the "local contact agency" for those in nursing homes who are interested in exploring other options for long term care.

**Goal: Maintain strong referral relationships with county aging units and Disability Network Northern Michigan for a coordinated system of information and assistance, and strong partnerships between aging and disability agencies.**

Activities:

1. Regularly share information and updates between AAANM, county aging units and Disability Network Northern Michigan about community resources and changes in services.
2. Actively promote county aging units and Disability Network Northern Michigan as focal points for local resources and information.

Options Counseling

Starting Date 10/01/2019 Ending Date 09/30/2022

Total of Federal Dollars \$95,000.00 Total of State Dollars

Geographic area to be served

Region 10



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**Specify the planned goals and activities that will be undertaken to provide the service.**

**Goal: Provide unbiased, person-centered options counseling to older adults and caregivers who need assistance understanding and planning for their long term care options.**

Activities:

1. Ensure that staff receive on-going information and education about community resources and aging issues.
2. Outreach to referral sources and the community through brochures, marketing, social media, public speaking and expos that Options Counseling is available through AAANM.

**Goal: Maintain strong referral relationships with county aging units, nursing facilities, PACE and other long term care options in Region 10.**

Activities:

1. Regularly share information and updates between AAANM and other long term care providers and entities in the region.

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Direct Service Request

It is expected that in-home services, community services, and nutrition services will be provided under contracts with community-based service providers. When appropriate, an area agency direct service provision request may be approved by the State Commission on Services to the Aging. Direct service provision is defined as "providing a service directly to a participant." Direct service provision by the area agency may be appropriate when, in the judgment of AASA: (a) provision is necessary to assure an adequate supply; (b) the service is directly related to the area agency's administrative functions; or (c) a service can be provided by the area agency more economically than any available contractor, and with comparable quality. Area agencies that request to provide an in-home service, community service, and/or a nutrition service must complete the section below for each service category.

Select the service from the list and enter the information requested pertaining to basis, justification and public hearing discussion for any Direct Service Request for FY 2020-2022. Specify the planned goals and activities that will be undertaken to provide the service in the appropriate text box for each service category. Direct service budget details for FY 2020 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and State funds) identified in the Area Plan Grant Budget, Direct Service Budget details. The Area Plan Grant Budget uploaded and saved in AMPS must include Direct Service Budget details. Skip this section if the area agency is not planning on providing any in-home, community, or nutrition services directly during FY 2020-2022.

Disease Prevention/Health Promotion

Total of Federal Dollars      \$31,274.00

Total of State Dollars

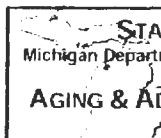
Geographic Area Served      Region 10

Planned goals, objectives, and activities that will be undertaken to provide the service in the appropriate text box for each service category.

**Goal: Provide 10 Persona Action Toward Health (PATH) Workshops: 70 participants will complete 4 or more sessions**

Activities:

1. Maintain current level of trained PATH Leaders in Region 10.
2. Market and outreach to medical community and other referral sources to fill workshops.
3. Schedule and hold workshops throughout Region 10 in partnership with other community organizations.

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Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions described below. Please select the basis for the direct service provision request (more than one may be selected).

(A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.

(B) Such services are directly related to the Area Agency's administrative functions.

(C) Such services can be provided more economically and with comparable quality by the Area Agency.

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Provide a detailed justification for the direct service provision request. The justification should address pertinent factors that may include: a cost analysis; needs assessment; a description of the area agency's efforts to secure services from an available provider of such services; or a description of the area agency's efforts to develop additional capacity among existing providers of such services. If the service is considered part of administrative activity, describe the rationale and authority for such a determination.

AAANM did not put this service out with the competitive FY2020-FY2022 RFP cycle. For the FY2020-2022 MYP, AAANM has created a program development objective to analyze how IIID money is currently utilized and if the current evidence-based program mix is the best use of IIID funding to address community need. The program development goal indicates that existing evidence-based programs will be offered as usual during the first year of the FY2020-2022 MYP. By the third year, AAANM will have completed this analysis and implemented the findings.

Describe the discussion, if any, at the public hearings related to this request. Include the date of the hearing(s).

#### Long Term Care Ombudsman

Total of Federal Dollars     \$18,948.00

Total of State Dollars     \$32,691.00

Geographic Area Served     Region 10

Planned goals, objectives, and activities that will be undertaken to provide the service in the appropriate text box for each service category.

Goal 1: Provide assistance and advocacy to residents of long-term care and licensed adult residential facilities to resolve complaints through problem identification and definition, education regarding rights, provision of information on appropriate rules, and referrals to appropriate community resources.

#### Activities:

1. Visit each long-term care facility at least quarterly to distribute Ombudsman information and reinforce

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residents' understanding of their rights through one-on-one visits.

2. Provide program presentations and regularly attend resident and family council meetings.
3. Distribute program materials to residents, family members, and other interested parties.
4. Oversee and ensure training of Long Term Care Ombudsman volunteers.

**Goal 2: Outreach to the community and referral sources on the LTCO Program as well as to provide information and assistance about long-term care aspects and options.**

Activities:

1. Provide formal presentations in the community (senior centers, meal sites, service organizations).
2. Actively participate in community collaboratives as a way to educate referral sources on the LTCO role and program.
3. Distribute program information via print and electronic media (AAANM website) as well as in person participation at community expos and events.

**Goal 3: Promote the use of best practices in long-term care service delivery.**

Activities:

1. Plan and participate in the implementation of an annual Best Practices Conference.
2. Identify and share training opportunities for long term care facility staff on issues such as residents' rights, culture change and elder abuse.

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**Provide a detailed justification for the direct service provision request. The justification should address pertinent factors that may include: a cost analysis; needs assessment; a description of the area agency's efforts to secure services from an available provider of such services; or a description of the area agency's efforts to develop additional capacity among existing providers of such services. If the service is considered part of administrative activity, describe the rationale and authority for such a determination.**

AAANM issued an RFP in March 2019 for an entity to provide LTCO services. There were no applicants proposing to offer this service in Region 10.

Since 2010, AAANM has provided Long Term Care Ombudsman services directly after Citizens for Better Care withdrew from providing this service in our region. AAANM employs one LTCO whose time is solely devoted to provision of LTCO and Elder Abuse Prevention Services in Region 10.

AAANM has successfully demonstrated the organizational capacity to support the current established LTCO services extensively with its resources. Current funding for the LTCO Program is insufficient to maintain the level of presence that is needed for our 10 county region. AAANM subsidizes this program by providing additional funding through Title III B funds as well as in-kind support in terms of office space, phones, computers and administrative back-up.

The costs, time and criteria necessary for a new contractor to establish itself as the LTCO in Region 10 alone would be an obstacle for a new entity. According to the Michigan Long Term Care Ombudsman policies, an entity would need to have staff certified by the State Long Term Care Ombudsman (SLTCO) following successful completion of the certification training and examination requirements, within 6 months of hire. The transition of services to the new entity would most likely need support from AAANM minimally for the first several months of the fiscal year, which would drain resources from both entities. New relationships would need to be established with the long term care facilities, awareness for referral purposes would need to be created with current community services agencies, reporting systems and data tracking would be a learning curve, and these foundation building activities would draw away from time that could be spent performing the LTCO responsibilities. AAANM has successfully and efficiently provided a quality LTCO program for the past 9 years. Prior to that, AAANM supported the Citizens for Better Care LTCO staff person on site with resources. Transitioning such a well established program at this point does not seem to be an effective use of resources or time, could result in public confusion, and instead could create a lapse in service for long-term care residents or a diminished presence as compared to what already exists through AAANM.

**Describe the discussion, if any, at the public hearings related to this request. Include the date of the hearing(s).**

In conjunction with the FY2020-2022 Multi-Year Request for Proposals, AAANM issued an open and competitive request for proposals process for this service with no other agencies expressing an interest in the program. AAANM also offered the public opportunity for input into AAANM providing LTCO and Elder Abuse services directly on May 9 and May 10, 2019 and received no input.

#### **Prevention of Elder Abuse, Neglect and Exploitation**

Total of Federal Dollars      \$13,946.00

Total of State Dollars

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Geographic Area Served    Region 10

**Planned goals, objectives, and activities that will be undertaken to provide the service in the appropriate text box for each service category.**

AAANM combines Elder Abuse Funding with the funding for the Long Term Care Ombudsman. Goals and activities specific to the Elder Abuse portion of this funding include:

**Goal: Increase education and awareness of elder abuse, neglect, and exploitation in long-term care facilities and the community.**

Activities:

1. Provide elder abuse, neglect and exploitation presentations in long-term care facilities, senior centers, and other venues in the community/Region 10.
2. Be an active participant in community collaboratives that are working to address elder abuse in our region such as the Vulnerable Adult Taskforces.
3. Education to increase awareness that Elder Abuse is an under recognized problem (identify who is at risk, potential warning signs how to report) by distributing information via print and electronic media (AAANM website) as well as in person participation at community expos and events.

**Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions described below. Please select the basis for the direct service provision request (more than one may be selected).**

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AAANM has paired this very limited funding with the Long Term Care Ombudsman funding to maximize these resources throughout Region 10, as well as nearly doubling the funding for the program with supplemental resources (Title IIIB and in-kind). This ensures that education and outreach on Elder Abuse is provided

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throughout our 10 county region as part of the outreach that is being conducted by the LTCO.

**Describe the discussion, if any, at the public hearings related to this request. Include the date of the hearing(s).**

In conjunction with the FY2020-2022 Multi-Year Request for Proposals, AAANM issued an open and competitive request for proposals process for this service with no other agencies expressing an interest in the Long-Term Care Ombudsman/Elder Abuse Prevention Program. AAANM also offered the public opportunity for input into AAANM providing LTCO and Elder Abuse services directly on May 9 and May 10, 2019 and received no input.

**Creating Confident Caregivers**

Total of Federal Dollars \$7,500.00

Total of State Dollars

Geographic Area Served Region 10

**Planned goals, objectives, and activities that will be undertaken to provide the service in the appropriate text box for each service category.**

**Goal: Provide 5 Creating Confident Caregivers (CCC) Workshops: 50 participants will complete 4 or more sessions**

Activities:

- 1) Maintain current level of certified CCC trainers in Region 10.
- 2) Market and outreach to medical community and other referral sources to fill workshops.
- 3) Schedule and hold workshops throughout Region 10 in partnership with other community organizations.

**Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions described below. Please select the basis for the direct service provision request (more than one may be selected).**

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**Provide a detailed justification for the direct service provision request. The justification should address pertinent factors that may include: a cost analysis; needs assessment; a description of the area agency's efforts to secure services from an available provider of such services; or a description of the area agency's efforts to develop additional capacity among existing providers of such services. If the service is considered part of administrative activity, describe the rationale and authority for such a determination.**

Since 2009, AAANM has coordinated the provision of Creating Confident Caregivers (CCC) throughout Region 10. Initially funded under special grant funding distributed directly to AAAs from the Michigan Aging and Adult Services Agency, AAANM has established a coordinated system that utilizes trained program leaders to facilitate workshops under direct contract with AAANM. Administratively, this system where AAANM utilizes staff who are Master Trainers of this evidence-based program, to plan, schedule, and promote workshops, register participants, monitor program fidelity and reporting requirements, and ensure trained program leaders maintain current leader status, establishes a consistent effort throughout the Region. To orchestrate this system with multiple contractors would not allow for this consistency in program coordination. Often the contracted program leaders might be staff from a partner agency of AAANM and funding does flow to these agencies to support the time that their staff facilitate workshops. Essentially, AAANM is providing coordination of the evidence-based program, but is also contracting funding directly to outside program leaders to facilitate the workshops.

AAANM did not put this service out with the competitive FY2020-2022 Multi-Year Request for Proposals process. For the FY2020-2022 MYP, AAANM has created a program development objective to analyze how IID money is currently utilized and if the current evidence-based program mix is the best use of IID funding to address community need. The program development goal indicates that existing evidence-based programs will be offered as usual during the first year of the FY2020-2022 MYP. By the third year, AAANM will have completed this analysis and implemented the findings.

**Describe the discussion, if any, at the public hearings related to this request. Include the date of the hearing(s).**



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### Program Development Objectives

For FY 2020-2022, provide information for all program development goals and objectives that will be actively addressed during the MYP. If there were no communities in the PSA during FY 2017-2019 that completed an aging-friendly community assessment and received recognition as a Community for a Lifetime (CFL), then there must be an objective that states; "At least one community in the PSA will complete an aging-friendly community assessment and receive recognition as a CFL by 9/30/2020." AASA has this same objective for all area agency regions, as part of the AASA State Plan with the Administration for Community Living (ACL).

It is recognized that some communities may not end up completing an aging-friendly community assessment, and/or achieving CFL recognition despite good faith efforts by the area agency and community partners involved. Helping raise awareness in communities about the value and importance of becoming more aging-friendly for all ages is still an important program development activity. It can help to support more livable communities and options for older adults and family members. Given the above, those area agencies required to include this CFL objective for FY 2020 will be expected to report on progress in their FY 2021 Annual Implementation Plan (AIP) that includes:

1. Any communities that achieve CFL recognition (if any) and if none;
2. The community or communities the area agency approached to encourage them to complete an aging-friendly community assessment and/or improvement activities and also;
3. Any lessons learned for the area agency and other community partners from the process of raising awareness about the value of supporting aging-friendly communities and also;
4. Improvements (if any) that were made in communities in the PSA to make them more aging-friendly.

The area agency must enter each program development goal in the appropriate text box. It is acceptable, though not required, if some of the area agency's program development goals correspond to AASA's State Plan Goals (Listed in the Documents Library). There is an entry box to identify which, if any, State Plan Goals correlate with the entered goal.

A narrative for each program development goal should be entered in the appropriate text box. Enter objectives related to each program development goal in the appropriate text box. There are also text boxes for the timeline, planned activities and expected outcomes for each objective. (See Document Library for additional instructions on completing the Program Development section.)

### Area Agency on Aging Goal

- A. At least one community in the PSA will complete an aging-friendly community assessment and receive recognition as a CFL by 9/30/2022.

State Goal Match: 1

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#### Narrative

Communities for a Lifetime centers on creating linkages and synergy between the aging network, public, municipal and private partnerships to assess the aging-friendliness of communities to make them Communities for a Lifetime. Currently there are two communities within Region 10 that have received CFL distinction. AAANM is aware of at least one additional community that is contemplating what it means to be an aging-friendly community. Technical support will be provided by AAANM to these efforts as requested.

#### Objectives

1. One new community in the PSA will receive recognition as a CFL by 9/30/2022.  
Timeline: 10/01/2020 to 09/30/2022

#### Activities

1. Provide communities with information about the CFL program.
2. Provide technical support to any community group striving for this designation in Region 10.

#### Expected Outcome

Through the CFL assessment process, at least one additional community within Region 10 will be identified as an area that is aging-friendly, promoting quality living across the lifespan.

#### **B. Maintain and strengthen regional capacity to identify, assess and support individuals with cognitive impairments and their caregivers.**

State Goal Match: 2

#### Narrative

MYP development input identified a need to strengthen programs and resources for those who have dementia or other cognitive impairments and their caregivers. AAANM began this work during the MYP FY2017-2019 under a grant from the Administration on Community Living to AASA and a grant to AAANM from the Michigan Health Endowment Fund. During the MYP FY2017-2019, AAANM implemented standardized screening (AD8 tool) in I&A for persons suspected to have cognitive impairments, and AAANM expanded the availability of options counseling to support caregivers with long term care planning, disease education, caregiver education and coaching to cope with difficult behaviors associated with the disease. AAANM also instituted intensive staff trainings about dementia and understanding difficult behaviors with disease progression. Concurrent with these efforts, AAANM began work with the physician community to change several paradigms. 1) When working with the dementia population, it is not just the patient with dementia but a patient/caregiver dyad, 2) Providing a diagnosis empowers the dyad and is a step towards living the fullest possible life and prolonging function rather than giving a death sentence, 3) The dyad needs a psycho-social care plan established during early dementia stage rather than traditional care coordination to avoid crisis as the disease progresses.

AAANM's work with the physician community under the Michigan Health Endowment Fund will continue during the first year of this MYP and discussions are underway about how to sustain these system change efforts longer term. For this program development goal, AAANM will continue to strengthen its internal capacity to support older adults with cognitive impairments and their caregivers. If time and resources allow, AAANM will extend this work to interested aging network providers.

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Objectives

1. Ensure a well trained workforce at AAANM to support persons with cognitive impairments and their caregivers.

Timeline: 10/01/2019 to 09/30/2022

Activities

1. Identify desired competencies for staff to have and maintain relative to persons with cognitive impairments and their primary caregivers.
2. Develop annual training plan for all new and existing staff that includes delivery of content and application/practice to reinforce skill development.
3. Implement training plan.
4. If time permits, extend training opportunities to aging network providers.

Expected Outcome

Older adults who contact AAANM, or are clients of AAANM that have a cognitive impairment, and their primary caregivers, will feel supported and have the information/resources they need.

2. Ensure that older adults are appropriately screened for possible cognitive impairments using the AD8 screening tool. Encourage older adults who are not connected with a physician, and/or their primary caregivers, to seek physician evaluation.

Timeline: 10/01/2019 to 09/30/2022

Activities

1. Maintain use of the AD8 screening tool in I&A and protocol to refer individuals, if appropriate, for physician evaluation.
2. Maintain use of the AD8 screening tool as an information data point during intake to assess appropriateness for Care Management or MI Choice Waiver services.
3. Enhance existing protocol of when to refer an older adult or primary caregiver for physician evaluation.
4. If time permits, provide training to interested aging network providers on the AD8 screening tool and how it might be used or implemented in an organization.

Expected Outcome

There will be increased identification of individuals with potential cognitive impairments in Region 10.

- C. **Maximize opportunities (using IIID funding) for older adults and caregivers to maintain health and well being.**

State Goal Match: 2

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#### Narrative

The 2018 community survey conducted as part of the MYP needs assessment identified that older adults are "somewhat" or "very concerned" about maintaining their health. Maintaining health means many things to older adults and there are many promoters and detractors of health. With the growing focus on Social Determinates of Health, AAANM has spent significant time contemplating how the organization not only provides core services like I&A and care coordination, but also how the organization contributes to community systems that support promotion and maintenance of health overall and what AAANM's role might or should be in a broader sense. It takes many intentional, braided efforts to create change at a community or population level.

There are several substantial initiatives under way in Region 10 to improve the health and wellbeing of the community. AAANM has adopted its evidence-based program offerings through various grant projects but without substantial thought to what already exists in the region that may be duplicative or better alternatives to AAANM's evidence-based programs, and if there are gaps in the community that may be addressed through programming funded under IIID. Over the last several years, AAANM has developed substantial infrastructure to coordinate and deliver workshops region-wide but also discovered that there is an opportunity cost to doing this (i.e. staff are leading workshops rather than attending to care coordination, county aging units are not able to offer other desired programming when AAANM workshops are using senior center space). It is time to do a thorough environmental assessment and determine how AAANM might have the most community impact with IIID funding.

#### Objectives

1. Develop and implement a plan for allocation of IIID money to have the maximum community impact possible.  
Timeline: 10/01/2019 to 09/30/2022

#### Activities

1. Conduct analysis of regional healthy aging activities, gaps, partners and opportunities for impact.
2. Develop plan for reallocation of IIID money (if determined appropriate).
3. Implement plan.

#### Expected Outcome

AAANM will use IIID money for the greatest community impact possible to support older adults and caregivers to maintain quality of life and live with dignity and respect.

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### Advocacy Strategy

**Describe the area agency's comprehensive advocacy strategy for FY 2020-2022. Describe how the agency's advocacy efforts will improve the quality of life of older adults within the PSA.**

**Include what advocacy efforts (if any) the area agency is engaged in that are related to the four priority advocacy areas the State Commission on Services to the Aging is focusing on: Transportation, Direct Care Worker Shortage, Reduce Elder Abuse and Eliminate the Wait List for home delivered meals and in-home services. Also identify area agency best or promising practices (if any) in these four areas that could possibly be used in other areas of the state.**

The AAANM Board of Advisors (BOA) actively drives advocacy both locally and at the State level.

Two to three BOA members serve as delegates on the Michigan Senior Advocates Council (MSAC). The delegates regularly share State advocacy issues with both the BOA and the AAANM Board of Directors (BOD).

Annually, BOA members promote attendance by seniors from across Region 10 for Older Michigania's Day in Lansing.

The BOA also takes on special advocacy projects to educate older adults about issues affecting this population and opportunities to increase awareness of aging issues with local and State representatives.

During this MYP period, the BOA plans to strengthen its organizational structure to increase participation in advocacy efforts at local, regional and State levels. Additionally the BOA is contemplating special projects that may involve 1) promotion of the 2020 census, and 2) partnering with county stakeholders to advance regional educational events for seniors.

AAANM staff also participates in a variety of human services and senior services collaboratives to bring attention to aging issues.

Overall, advocacy efforts will benefit seniors by securing funding for needed services at the State and Federal level, as well as county senior millages. Advocacy efforts also help pass laws that protect seniors.

At this time, AAANM does not have specific planned advocacy efforts relative to transportation, direct care workforce shortage, elder abuse prevention or wait lists for meals and in-home services other than what is outlined in other areas of the MYP.

AAANM participates on two active transportation initiatives (Wexford County and Grand Traverse/Leelanau Counties) and is a member of the Community Health Innovation Region (CHIR) that also has a focus on transportation needs. Through elder abuse prevention funding, AAANM conducts outreach and education about elder abuse and participates with the Vulnerable Adults Group led by APS and the Grand Traverse County Prosecutor's office. Additionally, AAANM has participated on the IMPART steering committee, an effort led by Michigan State University to understand and impact the direct care workforce

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shortage. AAANM also provides in-kind support to Community Services Network to increase opportunities for adequate training of direct care workers.

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### Leveraged Partnerships

Describe the area agency's strategy for FY 2020-2022 to partner with providers of services funded by other resources, as indicated in the PSA Planned Service Array.

1. Include, at a minimum, plans to leverage resources with organizations in the following categories:
  - a. Commissions Councils and Departments on Aging.
  - b. Health Care Organizations/Systems (e.g. hospitals, health plans, Federally Qualified Health Centers)
  - c. Public Health.
  - d. Mental Health.
  - e. Community Action Agencies.
  - f. Centers for Independent Living.
  - g. Other

Region 10 is comprised of a well-established aging services system. Aging network partners and organizations and the resources they bring, are critical to serving the needs of older adults and their family caregivers. The following partners, and their working relationship with AAANM, are key to achieving our mutual goal of helping adults continue to live in the community with the support of a wide array of services.

County Commissions/Councils on Aging serve as visible focal points for aging services in their county, deliver a variety of home and community-based services to older adults, and advocate on aging issues and funding for senior services.

Disability Network/Northern Michigan (DN/NM) works closely with AAANM to share information and resources. DN/NM also coordinates Nursing Facility Transition Navigation Services with AAANM and Northern Healthcare Management.

The Northwest Michigan Community Action Agency (NMCAA) is currently the largest meal provider/contractor of AAANM, and has performed in that role for many years. In addition, a close client referral relationship exists between AAANM and NMCAA, utilizing the other organization's programs to effectively serve respective clients.

The Public Health Alliance (PHA) is an association of the Public Health departments in northern Michigan. AAANM partners with the health departments and the PHA on multiple initiatives and efforts. The PHA is the backbone organization for the Northern Michigan Community Health Innovation Region (CHIR). AAANM is a Steering Committee member on the CHIR and participates in various workgroups and projects associated with this effort.

AAANM is active in efforts to improve transportation options for older adults and persons with disabilities. The Wexford Transportation Authority and the Bay Area Transportation Authority both have initiatives to improve transportation access for older adults.

Northern Physicians Organization is a physician organization, Accountable Care Organization(s) and Health Information Exchange (HIE). AAANM has several efforts underway with NPO to improve care for persons with dementia and their caregivers and to expand interoperability capacities to AAAs and community based organizations.

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**2. Describe the area agency's strategy for developing, sustaining, and building capacity for Evidence-Based Disease Prevention (EBDP) programs including the area agency's provider network EBDP capacity.**

AAANM has created a program development goal to evaluate its approach to developing, sustaining and building capacity for EBDP programs. This has been coming for a while and feels like the FY2020-2022 MYP is an appropriate time to undertake this work. This assessment and resulting plan will be completed and implemented during this MYP cycle.



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### Community Focal Points

**Community Focal Points are contact and information points and sources where participants learn about and gain access to available services. Community Focal Points are defined by region. Please review the listing of Community Focal Points for your PSA below and edit, make corrections and/or update as necessary. Please specifically note whether or not updates have been made.**

**Describe the rationale and method used to assess the ability to be a community focal point, including the definition of community. Explain the process by which community focal points are selected.**

AAANM defines community geographically by the ten counties in Region 10, all of which are rural in nature. Each county differs in its population size and the availability of resources and services within its boundaries. Within counties are smaller communities defined by the needs of a particular group, such as senior centers, for more active older adults, and nursing/assisted living facilities for older adults and persons with disabilities who are physically less independent. Communities not only include the target population that is dictated by State and Federal funding sources as the service recipient, but also those individuals that are connected to the target population (family, friends, service providers, etc.).

A community focal point is a facility or entity designated to encourage the maximum co-location and coordination of service for older individuals in the Region. The Area Agency on Aging of Northwest Michigan (AAANM) relies heavily on contract agencies, especially county Commissions and Councils on Aging, to serve as a trusted and visible point for older adults and their families to obtain information and to access services.

AAANM uses the following criteria as a guide for assessing the ability of an organization to be designated as a community focal point. Not all criteria apply to each of the selected focal points. It is preferred that designated focal points:

1. Have a formal, contractual relationship with AAANM
2. Provide Information and Assistance Services
3. Serve as senior centers or nutrition sites that operate 5 days per week
4. Have accessibility, availability and/or co-location of a broad spectrum of services
5. Serve a community defined by county boundaries
6. Are visible agencies in their community (county or Region)

There is not a formal assessment process used by AAANM to assess designated community focal points. For those focal points that are funded by AAANM, AAANM monitors and assesses them regularly. For those not funded by AAANM, communication through attending board meetings, participation on AAANM boards, etc. are the methods for monitoring and assessing their ability to be designated as a focal point in Region 10.

**Provide the following information for each focal point within the PSA. List all designated community focal points with name, address, telephone number, website, and contact person. This list should also include the services offered, geographic areas served and the approximate number of older persons in those areas. List your Community Focal Points in this format.**

Name: Kalkaska County Commission on Aging

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Address: 303 S Coral St, PO Box 28, Kalkaska, MI 49646  
Website: [http://www.kalkaskacounty.net/government/commission\\_on\\_aging/index.php](http://www.kalkaskacounty.net/government/commission_on_aging/index.php)  
Telephone Number: 231-258-5030  
Contact Person: Jodi Willison  
Service Boundaries: Kalkaska County  
No. of persons within boundary: 4,961  
Services Provided: Information and Assistance, Congregate Meals, Home Delivered Meals, Personal Care, Homemaking, Respite Care, Senior Companion, Assistive Devices, Senior Center Activities, Medicare/Medicaid Assistance, Foot Care, Senior Project FRESH, Transportation, Dining Out, Assistance with hearing devices, Tax Assistance, Retired Senior Volunteer Program, Food Pantry, Commodities, Assistance with unmet needs, Senior Expo, Senior Newsletter, Medication Management, Personal Emergency Response Systems, Dementia Support, Physical activity programs, Social activities, Health Screening, Support Groups, Education

Name: Leelanau County Senior Services  
Address: 8527 E Governmental Center Dr, Ste 106, Suttons Bay, MI 49682-9718  
Website: <http://www.leelanau.cc/seniorservices.asp>  
Telephone Number: 231-256-8121  
Contact Person: April Missias  
Service Boundaries: Leelanau County  
No. of persons within boundary: 8,684  
Services Provided: Information and Assistance, Medical Transportation, Homemaking, Medication Management, Personal Care, Assistive Devices and Technologies, Respite Care, Senior Project FRESH

Name: Antrim County Commission on Aging  
Address: 308 E Cayuga, PO Box 614, Bellaire, MI 49615  
Website: <http://www.antrimcounty.org/coa.asp>  
Telephone Number: 231-533-8703  
Contact Person: Judy Parliament  
Service Boundaries: Antrim County  
No. of persons within boundary: 8,294  
Services Provided: Information and Assistance, Home Delivered Meals, Personal Care, Respite Care, Congregate Meals, Disease Prevention/Health Promotion (Chronic Pain and Diabetes PATH), Senior Center Operations/Staffing, Medicare/Medicaid Assistance Counseling, Foot Care, Senior Project FRESH

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Name: Area Agency on Aging of Northwest Michigan  
Address: 1609 Park Dr, PO Box 5946, Traverse City, MI 49686  
Website: [www.aaanm.org](http://www.aaanm.org)  
Telephone Number: 231-947-8920  
Contact Person: Robert Schlueter  
Service Boundaries: Region 10  
No. of persons within boundary: 92,303  
Services Provided: Information and Assistance, Options Counseling, Care Management, MI Choice Waiver, Caregiver Respite, T-CARE, Creating Confident Caregivers, Nursing Facility Transition, Veteran's Directed Home and Community-Based Services, Medicare/Medicaid Assistance Program, LTC Ombudsman, Elder Abuse Awareness, Evidence-Based Disease Prevention Programs (PATH; A Matter of Balance)

Name: Benzie Senior Resources  
Address: 10542 Main St, Honor, MI 49640  
Website: <https://benzieseniorresources.org/>  
Telephone Number: 231-525-0600  
Contact Person: Doug Durand  
Service Boundaries: Benzie County  
No. of persons within boundary: 6,065  
Services Provided: Information and Assistance, Congregate Meals, Home Delivered Meals, Personal Care, Homemaking, Respite Care, Senior Companion, Assistive Devices, Senior Center Activities, Medicare/Medicaid Assistance, Foot Care, Senior Project FRESH, Transportation, Dining Out, Assistance with dental care, Tax Assistance, Commodities, Assistance with unmet needs, Senior Expo, Senior Newsletter, Medication Management, Personal Emergency Response Systems, Wandering Alert Bracelets, Physical activity programs, Social activities, Health Screening, Chore Services, Snow Removal, Lawn Care, Education, Volunteer Opportunities, Estate Planning, Hearing Clinic

Name: Charlevoix County Commission on Aging  
Address: 218 W Garfield Ave, Charlevoix, MI 49720  
Website: <http://www.charlevoixcounty.org/coa.asp>  
Telephone Number: 231-237-0103  
Contact Person: Amy Wieland  
Service Boundaries: Charlevoix County  
No. of persons within boundary: 8,493

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Services Provided: Information and Assistance, Congregate Meals, Home Delivered Meals, Personal Care, Homemaking, Respite Care, Senior Center Activities, Medicare/Medicaid Assistance, Foot Care, Senior Project FRESH, Charlevoix County Free Senior Transportation, Dining Out – Beaver Island only, Emergency Assistance, Tax Assistance, Retired Senior Volunteer Program, Commodities, Senior Expo, Senior Newsletter, Physical activity programs, Social activities, Health Screening, Snow Removal, Education

Name: Disability Network/Northern Michigan  
Address: 415 E Eighth St, Traverse City, MI 49686  
Website: <http://disabilitynetwork.org/>  
Telephone Number: 231-922-0903  
Contact Person: Jim Moore  
Service Boundaries: Region 10  
No. of persons within boundary: 92,303  
Services Provided: Information and Assistance, Options Counseling, Nursing Facility Transition Services, Medicare/Medicaid Assistance Counseling

Name: Friendship Centers of Emmet County  
Address: 1322 Anderson Rd, Petoskey, MI 49770  
Website: <http://www.emmetcoa.org/>  
Telephone Number: 231-347-3211  
Contact Person: Denneen Smith  
Service Boundaries: Emmet County  
No. of persons within boundary: 9,972  
Services Provided: Information and Assistance, Transportation, Homemaking, Home Delivered Meals, Medication Management, Personal Care, Assistive Devices and Technologies, Respite Care, Congregate Meals, Disease Prevention/Health Promotion (A Matter of Balance), Health Screening, Senior Center Operations/Staffing, Support Groups, Medicare/Medicaid Assistance Counseling, Foot Care, Senior Project FRESH, Retired Senior Volunteer Program

Name: Grand Traverse County Commission on Aging  
Address: 520 W Front St, Ste B, Traverse City, MI 49684  
Website: <https://www.grandtraverse.org/710/Commission-on-Aging>  
Telephone Number: 231-922-4688  
Contact Person: Cynthia Kienlen  
Service Boundaries: Grand Traverse County  
No. of persons within boundary: 24,677

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Services Provided:	Information and Assistance, Chore Services, Homemaking, Personal Care, Respite Care, Foot Care
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Name:	Grand Traverse County Senior Center Network
Address:	801 E Front St, Traverse City, MI 49686
Website:	<a href="https://www.grandtraverse.org/712/Senior-Centers">https://www.grandtraverse.org/712/Senior-Centers</a>
Telephone Number:	231-922-4911
Contact Person:	Lori Wells
Service Boundaries:	Grand Traverse County
No. of persons within boundary:	24,677
Services Provided:	Senior Center Operations/Staffing
<hr/>	
Name:	Manistee County Council on Aging
Address:	457 River St, Manistee, MI 49660
Website:	<a href="http://www.manisteecountycoa.com">www.manisteecountycoa.com</a>
Telephone Number:	231-723-6477
Contact Person:	Sarah Howard
Service Boundaries:	Manistee County
No. of persons within boundary:	8,363
Services Provided:	Information and Assistance, Congregate Meals / Offered at the Senior Center through NMCAA, Home Delivered Meals / prepared at the Senior Center / by NMCAA, Homemaking / Senior Reimbursement Program, Senior Companion / Seniors Visiting Seniors / Centra Wellness, Assistive Devices, Senior Center Activities, Medicare/Medicaid Assistance, Foot Care, Senior Project FRESH, Transportation / Senior Reimbursement Program, Dining Out, Assistance with dental care, hearing devices / Eyeglass Assistance, Tax Assistance, Retired Senior Volunteer Program / Seniors Visiting Seniors program / Centra Wellness, Food Pantry / Senior Food Bank, Commodities / Emergency Senior Food Pantry, Assistance with unmet needs, Senior Newsletter, Wandering Alert Bracelets / City and County Police, Dementia Support, Physical activity programs, Social activities, Health Screening, Support Groups, Chore Services / Senior Reimbursement Program, Snow Removal / Senior Reimbursement Program, Lawn Care / Senior Reimbursement Program, Education
<hr/>	
Name:	Missaukee County Commission on Aging
Address:	105 S Canal St, PO Box 217, Lake City, MI 49651
Website:	<a href="http://missaukeecoaa.org/">http://missaukeecoaa.org/</a>
Telephone Number:	231-839-7839
Contact Person:	Eric Karbowski
Service Boundaries:	Missaukee County

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No. of persons within boundary:	4,155
Services Provided:	Information and Assistance, Homemaking, Personal Care, Respite, MMAP, Medication Management, Foot Care, Chore, Transportation
Name:	Wexford County Council on Aging
Address:	117 W Cass St, Cadillac, MI 49601
Website:	<a href="http://wexfordcoa.org/">http://wexfordcoa.org/</a>
Telephone Number:	231-775-0133
Contact Person:	Kathy Kimmel
Service Boundaries:	Wexford County
No. of persons within boundary:	8,639
Services Provided:	Information and Assistance, Adult Day Services, Transportation, MMAP, Chore, Personal Care, Homemaking, Respite, Medication Management, Foot care, Senior Project FRESH, Senior Center Staffing, Veteran's Services

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### Other Grants and Initiatives

Use this section to identify other grants and/or initiatives that your area agency is participating in with AASA and/or other partners. Grants and/or initiatives to be included in this section may include, but are not limited to:

- Tailored Caregiver Assessment and Referral® (TCARE)
- Creating Confident Caregivers® (CCC)
- Chronic Disease Self-Management Programs (CDSMPs) such as PATH
- Building Training...Building Quality (BTBQ)
- Powerful Tools for Caregivers®
- PREVNT Grant and other programs for prevention of elder abuse
- Programs supporting persons with dementia (such as Developing Dementia Dexterity and Dementia Friends)
- Medicare Medicaid Assistance Program (MMAP)
- MI Health Link (MHL)
- Respite Education & Support Tools (REST)
- Projects funded through the Michigan Health Endowment Fund (MHEF)

**1. Briefly describe other grants and/or initiatives the area agency is participating in with AASA or other partners.**

During this MYP AAANM will be in the final year of a Michigan Health Endowment Fund grant (2019-2020) in collaboration with the Northern Physicians Organization to support older adults with cognitive impairments and their primary caregivers. This work expands support to caregivers through options counseling and enrollment in Creating Confident Caregivers. By building physician referral connection established through this grant, AAANM has increased demand for and offerings of Creating Confident Caregivers to meet community need.

AAANM provides in-kind support to Community Services Network (CSN). CSN is a contractor to the IMPART Alliance through MSU to expand use and pilot new delivery mechanisms for BTBQ.

MMAP is a popular program offered at AAANM. The agency has a new regional coordinator who is focused on building the volunteer pool of MMAP counselors in the region.

**2. Briefly describe how these grants and other initiatives will improve the quality of life of older adults within the PSA.**

AAANM seeks to provide information, resources and support to older adults and caregivers to help them maintain their health, quality of life and independence as long as possible. The Michigan Health Endowment Fund work, participation in efforts to reduce the direct care workforce shortage, and MMAP are core initiatives to extend AAANM's ability to achieve this impact.

**3. Briefly describe how these grants and other initiatives reinforce the area agency's mission and planned program development efforts for FY 2020-2022.**

The Michigan Health Endowment Fund work supports AAANM's program development goal to increase

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screening and identification of persons with cognitive impairments and support their caregivers and strengthen AAANM's capacity to work with this population. The activities in the last year of the Michigan Health Endowment Fund grant are in the planning stage right now but will closely align with internal efforts.

The direct care workforce crisis is a significant threat to AAANM's ability to carry forth its mission and programs. This is a systems issue with many tentacles requiring many different approaches. AAANM supports the work of the IMPART Alliance and CSN because we realize that this issue is bigger than one organization can impact.

MMAP is a core mission service. Older adults need affordable health insurance and prescription drugs to maintain their health and live independently with quality and dignity of life. MMAP is one of the programs that assists AAANM in actively living our mission.



# FY 2020 AREA PLAN GRANT BUDGET

Rev. 03/25/2019

Agency: Northwest Senior Resources Inc

Budget Period: 10/01/19 to 09/30/20

PSA: 10

Date: 05/06/19

Rev. No.: 0 Page 1 of 3

## SERVICES SUMMARY

FUND SOURCE	SUPPORTIVE SERVICES	NUTRITION SERVICES	TOTAL
1. Federal Title III-B Services	405,286	-	405,286
2. Fed. Title III-C1 (Congregate)	-	528,453	528,453
3. State Congregate Nutrition	-	9,517	9,517
4. Federal Title III-C2 (HDM)	-	268,399	268,399
5. State Home Delivered Meals	-	475,690	475,690
8. Fed. Title III-D (Prev. Health)	31,274	-	31,274
9. Federal Title III-E (NFCSP)	189,894	-	189,894
10. Federal Title VII-A	8,448	-	8,448
10. Federal Title VII-EAP	6,446	-	6,446
11. State Access	28,408	-	28,408
12. State In-Home	506,535	-	506,535
13. State Alternative Care	111,891	-	111,891
14. State Care Management	431,825	-	431,825
15. St. ANS	44,300	-	44,300
16. St. Nursing Home Ombuds (NHO)	22,088	-	22,088
17. Local Match	-	-	-
a. Cash	44,500	800,000	844,500
b. In-Kind	181,300	225,000	406,300
18. State Respite Care (Escheat)	82,592	-	82,592
19. MATF	120,000	-	120,000
19. St. CG Support	16,109	-	16,109
20. TCM/Medicaid & MSO	15,603	-	15,603
21. NSIP	-	381,220	381,220
22. Program Income	-	540,000	540,000
<b>TOTAL:</b>	<b>2,246,499</b>	<b>3,228,279</b>	<b>5,474,778</b>

## ADMINISTRATION

Revenues	Local Cash	Local In-Kind	Total
Federal Administration	158,145	43,000	205,145
State Administration	27,314	-	27,314
MATF Administration	10,563	-	10,563
St. CG Support Administration	-	-	-
Other Admin	-	-	-
<b>Total AIP Admin:</b>	<b>196,022</b>	<b>43,000</b>	<b>243,022</b>

## Expenditures

	FTEs	
1. Salaries/Wages	2.50	115,000
2. Fringe Benefits	-	50,000
3. Office Operations	-	78,022
<b>Total:</b>		<b>243,022</b>

## Cash Match Detail

Source	Amount
County Funding	43,000
<b>Total:</b>	<b>43,000</b>

## In-Kind Match Detail

Source	Amount
Board Expenses	4,000
<b>Total:</b>	<b>4,000</b>

I certify that I am authorized to sign on behalf of the Area Agency on Aging. This budget represents necessary costs for implementation of the Area Plan. Adequate documentation and records will be maintained to support required program expenditures.

Signature

Title

Date

FY 2020 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL										Budget Period:		10/01/19		to		09/30/20		Rev. 03/25/2019		
Agency Northwest Senior Resources Inc.		PSA: 10								Date		05/05/19		Rev. No				page 2 of 3		
Operating Standards For AAA's																				
Op	Std	SERVICE CATEGORY	Title III-B	Title III-D	Title III - E	Title VII A OMB	State Access	State In-Home	St Alt Care	State Care Mgmt	State NHO	St ANS	St. Respite (Escheat)	MATF	St CG Suppl	TCM Match	Program Income	Cash Match	In-Kind Match	TOTAL
A		Access Services																		
A-1		Care Management			178,394		28,408			431,825						5,000		9,500	68,000	721,127
A-2		Case Coord/supp																		-
A-3		Disaster Advocacy & Outreach Program																		-
A-4		Information & Assis	100,000															10,000		110,000
A-5		Outreach																		-
A-6		Transportation													4,000				400	4,400
A-7		Options Counseling	95,000															10,000		105,000
B		In-Home																		
B-1		Chore																		-
B-2		Home Care Assis																		-
B-3		Home Injury Cntrl																		-
B-4		Homemaking						100,000	94,891			14,300							25,000	234,191
B-6		Home Health Aide																		-
B-7		Medication Mgt						75,000											8,000	83,000
B-8		Personal Care	71,786					281,535											30,000	393,321
B-9		Assistive Device&Tech						40,000											5,000	45,000
B-10		Respite Care										30,000	82,582	50,000	12,109				20,000	194,701
B-11		Friendly Reassure																		-
C-10		Legal Assistance	30,000																4,000	34,000
C		Community Services																		
C-1		Adult Day Services												70,000				6,000	3,000	79,000
C-2		Dementia ADC																		-
C-6		Disease Prevent/Health Promtion			31,274														4,000	35,274
C-7		Health Screening																		-
C-8		Assist to Hearing Impaired & Deaf Cmty																		-
C-9		Home Repair																		-
C-11		LTC Ombudsman	10,500			8,448					22,000								8,000	57,639
C-12		Sr Ctr Operations																		-
C-13		Sr Ctr Staffing																		-
C-14		Vision Services																		-
C-15		Prevent of Elder Abuse/Neglect/Exploitation	7,500																2,000	15,948
C-16		Counseling Services																		-
C-17		Creat/Conf CG@ CCC	7,500															1,000	2,000	10,500
C-18		Caregiver Support Services			2,000														500	2,500
C-19		Kinship Support Services			9,500														1,000	10,500
C-20		Caregiver E.S.T																		-
*C-8		Program Develop	80,000															8,000		88,000
		Region Specific																		
	a.	PDN	3,000						17,000										2,400	22,400
	b.																			-
	c.																			-
	d.																			-
	7.	CLPIADRC Services																		-
Sp Co	8.	MATF Adm												18,563						18,563
Sp Co	9.	STCG Sup Adm																		-
SUPPLY SERV TOTAL			495,288	31,274	189,894	14,894	28,408	506,535	111,891	431,825	22,000	44,300	82,582	130,563	16,109	15,603	-	44,500	161,300	2,257,062

**FY 2020 NUTRITION / OMBUDSMAN / RESPITE / KINSHIP - PROGRAM BUDGET DETAIL**

Rev. 03/25/2019

Agency: Northwest Senior Resources Inc Budget Period: 10/01/19 to 9/30/20  
 PSA: 10 Date: 05/06/19 Rev. Number 0

page 3 of 3

**FY 2020 AREA PLAN GRANT BUDGET - TITLE III-C NUTRITION SERVICES DETAIL**

Op Std	SERVICE CATEGORY	Title III C-1	Title III C-2	State Congregate	State HDM	NSIP Title III-E	Program Income	Cash Match	In-Kind Match	TOTAL
	<b>Nutrition Services</b>									
C-3	Congregate Meals	438,453		9,517		100,000	370,000	300,000	160,000	1,377,970
B-5	Home Delivered Meals		268,399		475,690	281,220	170,000	500,000	65,000	1,760,309
C-4	Nutrition Counseling									-
C-5	Nutrition Education									-
	AAA RD/Nutritionist*	90,000								90,000
	<b>Nutrition Services Total</b>	<b>528,453</b>	<b>268,399</b>	<b>9,517</b>	<b>475,690</b>	<b>381,220</b>	<b>540,000</b>	<b>800,000</b>	<b>225,000</b>	<b>3,228,279</b>

\*Registered Dietitian, Nutritionist or individual with comparable certification, as approved by AASA.

**FY 2020 AREA PLAN GRANT BUDGET-TITLE VII LTC OMBUDSMAN DETAIL**

Op Std	SERVICE CATEGORY	Title III-B	Title VII-A	Title VII-EAP	State NHO	MSO Fund	Program Income	Cash Match	In-Kind Match	TOTAL
	<b>LTC Ombudsman Ser</b>									
C-11	LTC Ombudsman	10,500	8,448		22,088	10,603	-	-	6,000	57,639
C-15	Elder Abuse Prevention	7,500		6,446			-	-	2,000	15,946
	Region Specific	-	-	-	-	-	-	-	-	-
	<b>LTC Ombudsman Ser Total</b>	<b>18,000</b>	<b>8,448</b>	<b>6,446</b>	<b>22,088</b>	<b>10,603</b>	<b>-</b>	<b>-</b>	<b>8,000</b>	<b>73,585</b>

**FY 2020 AREA PLAN GRANT BUDGET- RESPITE SERVICE DETAIL**

Op Std	SERVICES PROVIDED AS A FORM OF RESPITE CARE	Title III-B	Title III-E	State Alt Care	State Escheats	State In-Home	Merit Award Trust Fund	Program Income	Cash/In-Kind Match	TOTAL
B-1	Chore									-
B-4	Homemaking									-
B-2	Home Care Assistance									-
B-6	Home Health Aide									-
B-10	Meal Preparation/HDM									-
B-8	Personal Care									-
	<b>Respite Service Total</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

**FY 2020 AREA PLAN GRANT BUDGET-TITLE E- KINSHIP SERVICES DETAIL**

Op Std	SERVICE CATEGORY	Title III-B	Title III-E				Program Income	Cash Match	In-Kind Match	TOTAL
	<b>Kinship Ser. Amounts Only</b>									
C-18	Caregiver Sup. Services	-					-		-	-
C-19	Kinship Support Services	-	9,500				-	-	1,000	10,500
C-20	Caregiver E,S,T	-	-				-	-	-	-
	<b>Kinship Services Total</b>	<b>-</b>	<b>9,500</b>				<b>-</b>	<b>-</b>	<b>1,000</b>	<b>10,500</b>

Planned Services Summary Page for FY 2020			PSA: 10		
Service	Budgeted Funds	Percent of the Total	Method of Provision		
			Purchased	Contract	Direct
ACCESS SERVICES					
Care Management	\$ 721,127	13.15%			x
Case Coordination & Support	\$ -	0.00%			
Disaster Advocacy & Outreach Program	\$ -	0.00%			
Information & Assistance	\$ 110,000	2.01%			x
Outreach	\$ -	0.00%			
Transportation	\$ 4,400	0.08%	x		
Option Counseling	\$ 105,000	1.91%			x
IN-HOME SERVICES					
Chore	\$ -	0.00%			
Home Care Assistance	\$ -	0.00%			
Home Injury Control	\$ -	0.00%			
Homemaking	\$ 234,191	4.27%	x		
Home Delivered Meals	\$ 1,760,309	32.09%		x	
Home Health Aide	\$ -	0.00%			
Medication Management	\$ 83,000	1.51%	x		
Personal Care	\$ 393,321	7.17%	x		
Personal Emergency Response System	\$ 45,000	0.82%	x		
Respite Care	\$ 194,701	3.55%	x		
Friendly Reassurance	\$ -	0.00%			
COMMUNITY SERVICES					
Adult Day Services	\$ 79,000	1.44%	x	x	
Dementia Adult Day Care	\$ -	0.00%			
Congregate Meals	\$ 1,377,970	25.12%		x	
Nutrition Counseling	\$ -	0.00%			
Nutrition Education	\$ -	0.00%			
Disease Prevention/Health Promotion	\$ 35,274	0.64%			x
Health Screening	\$ -	0.00%			
Assistance to the Hearing Impaired & Deaf	\$ -	0.00%			
Home Repair	\$ -	0.00%			
Legal Assistance	\$ 34,000	0.62%		x	
Long Term Care Ombudsman/Advocacy	\$ 57,639	1.05%			x
Senior Center Operations	\$ -	0.00%			
Senior Center Staffing	\$ -	0.00%			
Vision Services	\$ -	0.00%			
Programs for Prevention of Elder Abuse	\$ 15,946	0.29%			x
Counseling Services	\$ -	0.00%			
Creating Confident Caregivers® (CCC)	\$ 10,500	0.19%			x
Caregiver Supplemental Services	\$ 2,500	0.05%	x		
Kinship Support Services	\$ 10,500	0.19%		x	
Caregiver Education, Support, & Training	\$ -	0.00%			
AAA RD/Nutritionist	\$ 90,000	1.64%			x
PROGRAM DEVELOPMENT	\$ 88,000	1.60%			x
REGION-SPECIFIC					
a. PDN	\$ 22,400	0.41%	x		
b.	\$ -	0.00%			
c.	\$ -	0.00%			
d.	\$ -	0.00%			
CLP/ADRC SERVICES	\$ -	0.00%			
SUBTOTAL SERVICES \$ 5,474,778					
MATF & ST CG ADMINISTRATION	\$ 10,563	0.19%			x
TOTAL PERCENT		100.00%	18.57%	58.75%	22.68%
TOTAL FUNDING \$ 5,485,341			\$1,018,513	\$3,222,779	\$1,244,049

Note: Rounding variances may occur between the Budgeted Funds column total and the Total Funding under the Method of Provision columns due to percentages in the formula. Rounding variances of + or (-) \$1 are not considered material.



**FY 2020 Annual Implementation Plan  
Direct Service Budget Detail #1**

AAA: Northwest Senior Resources Inc

FISCAL YEAR: FY 2020

SERVICE: Care Management

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	111,680		213,522		9,500			334,702
Fringe Benefits	41,819		119,594					161,413
Travel	11,886		20,147					32,033
Training								0
Supplies	1,220							1,220
Occupancy	1,396		5,756					7,152
Communications	1,396		5,756					7,152
Equipment	5,245		7,195					12,440
Other:	3,752		88,263			68,000		160,015
Service Costs								0
Purchased Services (CM only)	5,000							5,000
								0
<b>Totals</b>	<b>183,394</b>	<b>0</b>	<b>460,233</b>	<b>0</b>	<b>9,500</b>	<b>68,000</b>	<b>0</b>	<b>721,127</b>

SERVICE AREA: \_\_\_\_\_

(List by County/City if service area is not entire PSA) \_\_\_\_\_

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP? \_\_\_\_\_

Yes ☒ No ☐

If yes, please describe: \_\_\_\_\_

**SCHEDULE OF MATCH & OTHER RESOURCES #1**

**FY 2020**

SOURCE OF FUNDS		MATCH		OTHER RESOURCES		Explanation for Other Expenses:
		VALUE		VALUE		
		Cash	In-Kind	Cash	In-Kind	
Client and Family Support			68,000			
AAANM Fund Balance		6,000				
	Totals	6,000	68,000	0	0	

Difference

3,500

0

0

OFF

OK

OK

**FY 2020 Annual Implementation Plan  
Direct Service Budget Detail #2**

AAA: Northwest Senior Resources Inc

FISCAL YEAR: FY 2020

SERVICE: Information and Assistance

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	55,478				10,000			65,478
Fringe Benefits	26,623							26,623
Travel	4,270							4,270
Training								0
Supplies	488							488
Occupancy	1,220							1,220
Communications	1,220							1,220
Equipment	1,525							1,525
Other:	9,176							9,176
Service Costs								0
Purchased Services (CM only)								0
								0
<b>Totals</b>	<b>100,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>10,000</b>	<b>0</b>	<b>0</b>	<b>110,000</b>

SERVICE AREA: \_\_\_\_\_

(List by County/City if service area is not entire PSA) \_\_\_\_\_

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP? \_\_\_\_\_

Yes No

If yes, please describe: \_\_\_\_\_

Explanation for Other Expenses: \_\_\_\_\_

SCHEDULE OF MATCH & OTHER RESOURCES #2

FY 2020

SOURCE OF FUNDS		MATCH		OTHER RESOURCES		Explanation for Other Expenses:
		VALUE		VALUE		
		Cash	In-Kind	Cash	In-Kind	
Local		10,000				
Totals		10,000	0	0	0	

Difference

OK

OK

OK

**FY 2020 Annual Implementation Plan  
Direct Service Budget Detail #3**

AAA: Northwest Senior Resources Inc

FISCAL YEAR: FY 2020

SERVICE: Options Counseling

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	52,459				10,000			62,459
Fringe Benefits	25,438							25,438
Travel	4,080							4,080
Training								0
Supplies	466							466
Occupancy	1,166							1,166
Communications	1,166							1,166
Equipment	1,457							1,457
Other:	8,768							8,768
Service Costs								0
Purchased Services (CM only)								0
								0
<b>Totals</b>	<b>95,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>10,000</b>	<b>0</b>	<b>0</b>	<b>105,000</b>

SERVICE AREA: \_\_\_\_\_

(List by County/City if service area is not entire PSA) \_\_\_\_\_

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP? \_\_\_\_\_

Yes No

If yes, please describe: \_\_\_\_\_

**SCHEDULE OF MATCH & OTHER RESOURCES #3**

**FY 2020**

SOURCE OF FUNDS		MATCH		OTHER RESOURCES		Explanation for Other Expenses:
		VALUE		VALUE		
		Cash	In-Kind	Cash	In-Kind	
Local		10,000				
Totals		10,000	0	0	0	

Difference

0

0

0

OK

OK

OK

**FY 2020 Annual Implementation Plan  
Direct Service Budget Detail #4**

AAA: Northwest Senior Resources Inc

FISCAL YEAR: FY 2020

SERVICE: Long Term Care Ombudsman/Elder Abuse

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	12,895		12,457					25,352
Fringe Benefits	53		7,819					7,872
Travel			3,032					3,032
Training			1,500					1,500
Supplies			1,200					1,200
Occupancy			2,783					2,783
Communications			1,500					1,500
Equipment			1,500					1,500
Other:	6,000		900		6,000			12,900
Service Costs								0
Purchased Services (CM only)								0
								0
<b>Totals</b>	<b>18,948</b>	<b>0</b>	<b>32,691</b>	<b>0</b>	<b>6,000</b>	<b>0</b>	<b>0</b>	<b>57,639</b>

SERVICE AREA: \_\_\_\_\_

(List by County/City if service area is not entire PSA) \_\_\_\_\_

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP? \_\_\_\_\_

Yes XX No

If yes, please describe: \_\_\_\_\_

**SCHEDULE OF MATCH & OTHER RESOURCES #4**

**FY 2020**

SOURCE OF FUNDS		MATCH		OTHER RESOURCES		Explanation for Other Expenses:
		VALUE		VALUE		
		Cash	In-Kind	Cash	In-Kind	
AAANM ADMIN			6,000			
Totals		0	6,000	0	0	

Difference 6,000 -6,000 0

OFF OFF

96 OK



**FY 2020 Annual Implementation Plan  
Direct Service Budget Detail #5**

AAA: Northwest Senior Resources Inc

FISCAL YEAR: FY 2020

SERVICE: Disease Prevention (Path, Matter of Balance)

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	13,553							13,553
Fringe Benefits	7,070							7,070
Travel	539							539
Training	2,156							2,156
Supplies	293							293
Occupancy	1,750							1,750
Communications	350							350
Equipment	350							350
Other:	5,213					4,000		9,213
Service Costs								0
Purchased Services (CM only)								0
								0
<b>Totals</b>	<b>31,274</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,000</b>	<b>0</b>	<b>35,274</b>

SERVICE AREA: \_\_\_\_\_

(List by County/City if service area is not entire PSA) \_\_\_\_\_

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY 2014 AIP? \_\_\_\_\_

Yes ☐ No ☒

If yes, please describe: \_\_\_\_\_

**SCHEDULE OF MATCH & OTHER RESOURCES #5**

**FY 2020**

SOURCE OF FUNDS		MATCH		OTHER RESOURCES		Explanation for Other Expenses:
		VALUE		VALUE		
		Cash	In-Kind	Cash	In-Kind	
AAANM Admin			4,000			
	Totals	0	4,000	0	0	

Difference

OK 0 OK 0 OK 0

**FY 2020 Annual Implementation Plan  
Direct Service Budget Detail #6**

AAA: Northwest Senior Resources Inc

FISCAL YEAR: FY 2020

SERVICE: Disease Prevention (CCC)

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	590				1,000	2,000		3,590
Fringe Benefits	166							166
Travel	400							400
Training	4,713							4,713
Supplies	26							26
Occupancy	800							800
Communications	200							200
Equipment	605							605
Other:								0
Service Costs								0
Purchased Services (CM only)								0
								0
<b>Totals</b>	<b>7,500</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,000</b>	<b>2,000</b>	<b>0</b>	<b>10,500</b>

**SERVICE AREA:**

(List by County/City if service area is not entire PSA) \_\_\_\_\_

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP? Yes No

If yes, please describe: \_\_\_\_\_

**SCHEDULE OF MATCH & OTHER RESOURCES #6**

**FY 2020**

SOURCE OF FUNDS		MATCH		OTHER RESOURCES		Explanation for Other Expenses:
		VALUE		VALUE		
		Cash	In-Kind	Cash	In-Kind	
AAANM Admin		1,000	2,000			
Totals		1,000	2,000	0	0	

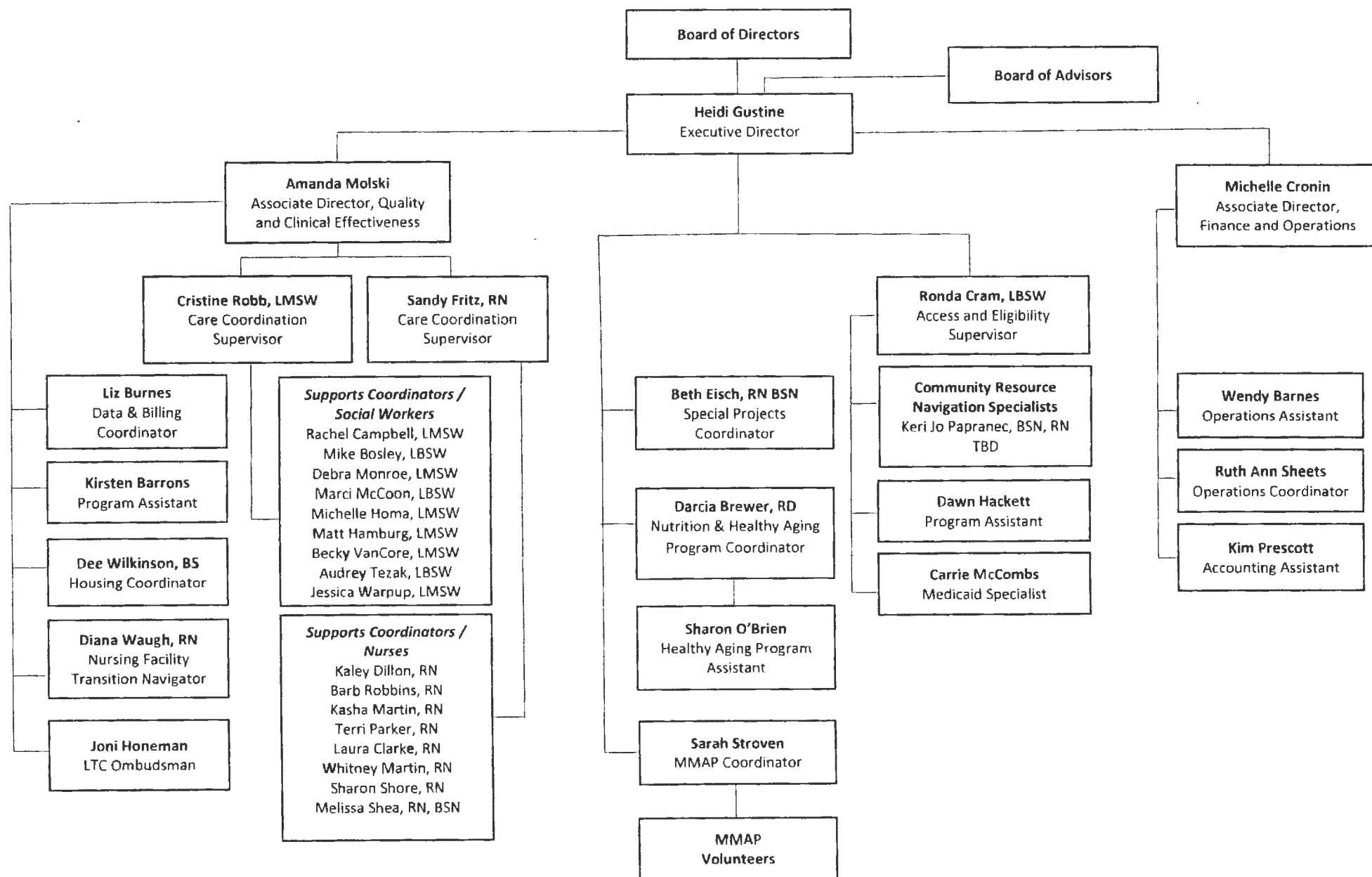
Difference      0      0      0      0

OK

OK

OK

**Area Agency on Aging of Northwest Michigan**  
**Organizational Chart (as known on 5/28/2019, effective 10/1/2019)**



## ACCESS AND SERVICE COORDINATION CONTINUUM

It is essential that each PSA have an effective access and service coordination continuum. This helps participants to get the right service mix and maximizes the use of limited public funding to serve as many persons as possible in a quality way.

### Instructions

The Access and Service Coordination Continuum is found in the Documents Library as a fillable pdf file. (A completed sample is also accessible there). Please enter specific information in each of the boxes below that describes the range of access and service coordination programs in the area agency PSA.

	Level 1	Level 2	Level 3	Level 4	Level 5
	<i>Least Intensive</i>				<i>Most Intensive</i>
<b>Program</b>	Information & Assistance				Care Management
<b>Participants</b>	All person inquiring about services and resources for those over the age of 60 or adults with significant disabilities.	All persons needing information and support identifying Long Term Care planning options.	Families/caregivers seeking assistance with respite / initiate in home services.	Provided by county aging units through millage funding in nine of ten counties served in Region 10. Individuals eligible based on county specific criteria for on-going in home services.	Individuals that meet the Nursing Facility Level of Care or are at high risk of nursing facility placement and are eligible (per guidelines and standards) for ongoing in home or respite services.
<b>What is Provided?</b>	Basic information on services available in the community to meet the callers needs.	Provides unbiased counseling to identify long term care needs. Identify options to meet needs while individuals are on wait lists. Develop plan to meet long term care needs. Assist those able to privately pay for services. Empower individuals/families to help themselves.	Provide vouchers to initiate in-home services via National Family Caregiver respite money.	Each county has developed their own assessment criteria. Services include respite, homemaking, personal care, transportation, home delivered meals, nursing services, PERS, and chore services. Each county as a base level of service they provide. Participants with higher level of care needs are referred to AAANM for services.	Completion of full COMPASS IHC assessment.  Development of person-centered plan for services. Use of service authorizations and cost share to provide extended home and community based services.  Reassessments conducted every 3 to 6 months dependent on services received.
<b>Where is the service provided?</b>	Phone, email, walk-in	Phone, email, walk-in	Phone to establish voucher services.	In-home	In-home

## QUALITY OUTCOME MEASURES\*

For Care Management and Case Coordination and Support

FY 10/01/2019 – 09/30/2020

### 1. Participant Satisfaction Level

#### The Measure

The percentage of the total participant satisfaction survey question responses that are positive, negative and neutral for Care Management; and Case Coordination & Support.

### 2. Participant Quality of Life Satisfaction Level Before and After Receiving Services

#### The Measure

The percentage of the total participant satisfaction survey question responses about quality of life before and after receiving services that are positive; negative; or neutral for Care Management; and Case Coordination & Support (based on these two questions to be added to the area agency survey):

<i>My quality of life prior to receiving services was:</i>	<i>Positive</i>	<i>Negative</i>	<i>Neutral</i>
<i>My quality of life after receiving services is:</i>	<i>Positive</i>	<i>Negative</i>	<i>Neutral</i>

### 3. Prevalence of Social Isolation

#### The Measure

The percentage of all participants who are alone for long periods of time or always AND who also report feeling lonely - OR- Participants who are distressed by declining social activity, 90 days prior to assessment/reassessment (or since last assessment if less than 90 days) for Care Management; and Case Coordination & Support.

### 4. Prevalence of Emergency Room Visits and Hospital Stays

#### The Measure

The percentage of all participants who have had one or more hospitalizations or emergency room visits during the last 90 days of the assessment/reassessment (or since the last assessment if less than 90 days) for Care Management; and Case Coordination & Support.

### 5. Prevalence of Inadequate Meals and Dehydration

#### The Measure

The percentage of all participants who in at least 4 of last 7 days prior to assessment/reassessment ate one or fewer meals for Care Management; and Case Coordination & Support.

#### The Measure

The percentage of all participants who in the last 3 days prior to assessment/reassessment had fluid intake less than 1,000 cc per day (less than four 8 oz. cups/day) for Care Management; and Case Coordination & Support.

\*Please see the 2020 Quality Outcome Measures Instructions for specific methodology.

**EVIDENCE-BASED PROGRAMS PLANNED FOR FY 2020**

Funded Under Disease Prevention Health Promotion Service Definition

Provide the information requested below for Evidence-Based Programs (EBDP) to be funded under Title III-D.

Title III-D funds can only be used on health promotion programs that meet the highest-level criteria as determined by the Administration for Community Living (ACL) Administration on Aging (AoA). Please see the "List of Approved EBDP Programs for Title III-D Funds" in the Document Library. Only programs from this list will be approved beginning in FY 2020. If funding has been allocated as a single amount for all Title III-D programs for a provider, enter on first line under "Funding Amount for This Service."

Provider Name	Program Name	Anticipated No. of Participants	Funding Amount for Service
<i>Example</i>	<i>Example: List each provider offering programs on a single line as shown below.</i>	<i>Example: Total participants for all providers</i>	<i>Example: Funding total for all providers</i>
<b>Arthritis Exercise Program</b>	<b>1) Forest City Senior League Program</b> <b>2) Grove Township Senior Services</b> <b>3) Friendly Avenue Services</b>	<b>80</b>	<b>\$14,000</b>
Personal Action Toward Health - Chronic Pain and Diabetes	AAANM coordinates the scheduling, marketing, registration, leader training/monitoring, and data collection for PATH in Region 10, and contracts with trained independent leaders or leaders affiliated with a partner agency (CMH, MSUE, Commission on Aging, etc.) to deliver the workshops.	100	\$31,274

# EMERGENCY MANAGEMENT AND PREPAREDNESS

## Minimum Elements for Area Agencies on Aging FY 2020 Annual Implementation Plan

After each general and nutrition minimum element for emergency preparedness, provide a brief description regarding how the AAA Emergency Preparedness Plan for FY 2020 will address the element.

Area Agency on Aging Area Agency on Aging of Northwest Michigan
<b>A. General Emergency Preparedness Minimum Elements (required by the Older American's Act).</b>
<p>1. Anticipated expectations during a State or locally declared emergency/disaster. Include having a staff person (the area agency director or their designee) available for communication with AASA staff to provide real time information about service continuity (status of aging network service provider's ability to provide services).</p> <p>AAANM has an Emergency Management Team (EMT) comprised of several key members of staff: Executive Director, Fiscal Manager, Associate Director/Care Connections Program, Nurse and Social Work Supervisors, Housing Coordinator and Office Coordinator. The EMT Coordinator is the primary contact for AASA. AAANM provides a list of EMT members to AASA which includes a variety of ways to communicate with them (work/home/cell phone numbers and email addresses). AAANM serves a large geographic region and takes advantage of the fact that EMT members reside in various locations in the Region, which allows the EMT to get firsthand feedback from various communities in the event of an emergency; EMT also solicits input from staff, as desired. EMT meets regularly to debrief from incidents, review policies &amp; protocols and discuss systems/practices for preparedness, response and recovery.</p>
<p>2. Being prepared to identify and report on unmet needs of older individuals.</p> <p>EMT Coordinator communicates regularly with the County Emergency Management Director in each of the 10 counties served by AAANM. At least annually, the EMT Coordinator communicates with the County Directors and related County Council/Commission on Aging (COA)/Meals on Wheels Provider to update a written County Profile. This County Profile includes names/contact information for key partners within Emergency Management in each community 24/7. The Profile also outlines responsibility/authority, as well as clarifies understanding regarding responsibility for direct communication with clients/participants. AAANM believes it is these partnerships that are in place well in advance of any emergency event that is key to preparedness and timely responses that may be required.</p>
<p>3. Being able to provide information about the number and location of vulnerable older persons receiving services from the area agency residing in geographic area(s) affected by the emergency/disaster.</p> <p>At enrollment and reassessment, clients enrolled in AAANM Care Management and MI Choice Waiver Programs are given an emergency risk rating according to an established emergency priority system. Participants are ranked based on a number of factors, including the amount of informal support that would be available to assist in an emergency situation. Person-centered emergency planning is discussed, emergency contact persons are identified and written into Emergency Plans. AAANM maintains an electronic data base that can be queried electronically by County in the event of an emergency. A printed Client Emergency Report can be generated by County to list persons in order of risk with contact information (including physical address) for clients and their emergency contact persons.</p>
<p>4. Being able to contact such affected older persons to determine their well-being.</p> <p>As a preparedness measure, the EMT Coordinator prints the Client Emergency Report for the entire Region monthly and places the master list in the AAANM Emergency Action Guide. The EMT Coordinator also forwards the Report electronically to select EMT members. Lastly, the Client Emergency Plan Report is printed monthly and distributed to EMT Coordinator, County Emergency Directors and COA partners per formal agreements. Having access to the Report in real-time electronically (and on paper as back-up), AAANM makes calls to clients in order of risk priority. AAANM considers these "well check" calls, intended to let clients know that Support Services are concerned about them, to determine if there are any matters that can be addressed with a phone call and to remind clients of their Emergency Plan, empowering them to activate their Plan, if necessary. In some cases, COAs assist with these calls.</p>
<p>5. Anticipated minimum expectations during a State or locally organized preparedness drill include being available to establish communication between AASA staff and area agency staff and being able to provide information upon request to both state and local emergency operation centers regarding the number and location of vulnerable older individuals residing in geographic areas affected by the drill.</p> <p>AAANM has previously participated in AASA (State) drills and locally organized emergency preparedness drills (serving as part of the Human Services Annex). AAANM EMT Coordinator has been identified as the person to gather information and respond to AASA requests for updates for drills, as well as for situations that occur in Region 10. In the absence of the EMT Coordinator, the AAANM Executive Director or Associate Directors would identify the AAANM staff person to assume these responsibilities. The AAANM Executive Director (Associate Director in ED absence) is responsible for communicating with the media during and after an emergent event, per the AAANM Emergency protocols.</p>

**B. Nutrition providers shall work with the respective area agency to develop a written emergency plan. The emergency plan shall address, but not be limited to the following elements:**

1. Uninterrupted delivery of meals to home-delivered meals participants, including, but not limited to use of families and friends, volunteers, shelf-stable meals and informal support systems.

All six nutrition providers in Region 10 have developed written emergency plans that encompass all requirements stated in the AASA Operating Standards for Service Programs. The AAANM RD reviews these policies as part of the monitoring and assessment process.

As part of the assessment/reassessment process of home-delivered meals participants the assessor develops a person-centered plan with the participant in the case of program closure due to emergencies.

2. Provision of at least two, and preferably more, shelf-stable meals and instructions on how to use for home-delivered meal participants. Every effort should be made to assure that the emergency shelf-stable meals meet the nutrition guidelines. If it is not possible, shelf-stable meals will not be required to adhere to the guidelines.

Region 10 nutrition providers offer all home-delivered meals participants shelf-stable meals packages (3-5 meals) that participants are educated as to when these should be used. These are replaced as needed and annually before the winter season.

Several nutrition providers purchase shelf-stable meals from a nutrition provider downstate who sells these to other nutrition providers.

3. Backup plan for food preparation if usual kitchen facility is unavailable.

Region 10 nutrition providers have established relationships with facilities that have the capacity to continue meal services if the usual kitchen facility is unavailable.

4. Agreements in place with volunteer agencies, individual volunteers, hospitals, long-term care facilities, other nutrition providers, or other agencies/groups that could be on standby to assist with food acquisition, meal preparation, and delivery.

Region 10 nutrition providers have established relationships with facilities that have the capacity to continue meal services if the usual kitchen facility is unavailable.

5. Communications system to alert congregate and home-delivered meals participants of changes in meal site/delivery.

Region 10 nutrition providers are pro-active in communicating policies and procedures on program closures with meals participants. In addition, at the time of unplanned closures, providers call participants, have radio announcements, and include reminders in monthly newsletters.

6. The plan shall cover all the sites and home-delivered meals participants for each nutrition provider, including sub-contractors of the AAA nutrition provider.

Yes, all sites, home-delivered meals participants and sub-contractors are included.

7. The plan shall be reviewed and approved by the respective area agency and submitted electronically to AASA for review.

AAANM reviews these policies, but has never submitted them to AASA, but will if required.



## REGION 10 TRENDED POPULATION STATISTICS APPENDIX

### OVERALL POPULATION TRENDED FROM LAST MYP (ESTIMATED 2014) THRU PROJECTED 2022

REGION 10	2014 Est	2015 Est	2016 Est	2017 Est	2018 Proj	2019 Proj	2020 Proj	2021 Proj	2022 Proj	Chg 2016 to 2019	Chg 2019 to 2022
<b>Total</b>	<b>301,694</b>	<b>302,045</b>	<b>302,895</b>	<b>303,996</b>	<b>304,921</b>	<b>305,815</b>	<b>306,638</b>	<b>307,387</b>	<b>308,076</b>	<b>1%</b>	<b>1%</b>
0-19	68,227	67,461	66,927	66,727	66,628	66,617	66,584	66,574	66,695	0%	0%
20-29	32,434	32,643	32,781	32,658	32,393	31,972	31,518	31,001	30,358	-2%	-5%
30-39	32,094	32,509	33,121	33,446	33,869	34,251	34,586	34,887	35,174	3%	3%
40-49	36,164	35,091	34,240	33,649	33,106	32,732	32,537	32,513	32,617	-4%	0%
50-59	48,215	47,449	46,477	45,213	44,222	43,162	42,039	40,857	39,658	-7%	-8%
60-64	23,750	24,314	24,717	25,246	25,520	25,703	25,771	25,730	25,562	4%	-1%
65-69	20,081	21,137	22,371	22,531	23,189	23,810	24,376	24,869	25,270	6%	6%
70-74	15,153	15,551	15,848	17,262	17,950	18,621	19,261	19,897	20,532	17%	10%
75-79	10,508	10,771	10,993	11,624	12,164	12,779	13,458	14,159	14,856	16%	16%
80-84	7,352	7,332	7,574	7,711	7,895	8,114	8,366	8,652	8,976	7%	11%
85+	7,716	7,787	7,846	7,929	7,985	8,055	8,141	8,247	8,379	3%	4%
<b>60+</b>	<b>84,560</b>	<b>86,892</b>	<b>89,349</b>	<b>92,303</b>	<b>94,703</b>	<b>97,082</b>	<b>99,373</b>	<b>101,554</b>	<b>103,575</b>	<b>9%</b>	<b>7%</b>

### CHANGE IN POPULATION TRENDED FROM LAST MYP (ESTIMATED 2014) THRU PROJECTED 2022

REGION 10	2014 Est	2015 Est	2016 Est	2017 Est	2018 Proj	2019 Proj	2020 Proj	2021 Proj	2022 Proj	Chg 2016 to 2019	Chg 2019 to 2022
<b>Total</b>		<b>0.1%</b>	<b>0.3%</b>	<b>0.4%</b>	<b>0.3%</b>	<b>0.3%</b>	<b>0.3%</b>	<b>0.2%</b>	<b>0.2%</b>	<b>1%</b>	<b>1%</b>
0-19		-1.1%	-0.8%	-0.3%	-0.1%	0.0%	0.0%	0.0%	0.2%	0%	0%
20-29		0.6%	0.4%	-0.4%	-0.8%	-1.3%	-1.4%	-1.6%	-2.1%	-2%	-5%
30-39		1.3%	1.9%	1.0%	1.3%	1.1%	1.0%	0.9%	0.8%	3%	3%
40-49		-3.0%	-2.4%	-1.7%	-1.6%	-1.1%	-0.6%	-0.1%	0.3%	-4%	0%
50-59		-1.6%	-2.0%	-2.7%	-2.2%	-2.4%	-2.6%	-2.8%	-2.9%	-7%	-8%
60-64		2.4%	1.7%	2.1%	1.1%	0.7%	0.3%	-0.2%	-0.7%	4%	-1%
65-69		5.3%	5.8%	0.7%	2.9%	2.7%	2.4%	2.0%	1.6%	6%	6%
70-74		2.6%	1.9%	8.9%	4.0%	3.7%	3.4%	3.3%	3.2%	17%	10%
75-79		2.5%	2.1%	5.7%	4.6%	5.1%	5.3%	5.2%	4.9%	16%	16%
80-84		-0.3%	3.3%	1.8%	2.4%	2.8%	3.1%	3.4%	3.7%	7%	11%
85+		0.9%	0.8%	1.1%	0.7%	0.9%	1.1%	1.3%	1.6%	3%	4%
<b>60+</b>		<b>2.8%</b>	<b>2.8%</b>	<b>3.3%</b>	<b>2.6%</b>	<b>2.5%</b>	<b>2.4%</b>	<b>2.2%</b>	<b>2.0%</b>	<b>9%</b>	<b>7%</b>

### POPULATION AS % OF TOTAL BY AGE COHORT TRENDED

REGION 10	2014 Est	2015 Est	2016 Est	2017 Est	2018 Proj	2019 Proj	2020 Proj	2021 Proj	2022 Proj	Chg 2016 to 2019	Chg 2019 to 2022
<b>Total</b>	<b>301,694</b>	<b>302,045</b>	<b>302,895</b>	<b>303,996</b>	<b>304,921</b>	<b>305,815</b>	<b>306,638</b>	<b>307,387</b>	<b>308,076</b>	<b>2,920</b>	<b>2,261</b>
0-19	23%	22%	22%	22%	22%	22%	22%	22%	22%	0%	0%
20-29	11%	11%	11%	11%	11%	10%	10%	10%	10%	0%	-1%
30-39	11%	11%	11%	11%	11%	11%	11%	11%	11%	0%	0%
40-49	12%	12%	11%	11%	11%	11%	11%	11%	11%	-1%	0%
50-59	16%	16%	15%	15%	15%	14%	14%	13%	13%	-1%	-1%
60-64	8%	8%	8%	8%	8%	8%	8%	8%	8%	0%	0%
65-69	7%	7%	7%	7%	8%	8%	8%	8%	8%	0%	0%
70-74	5%	5%	5%	6%	6%	6%	6%	6%	7%	1%	1%
75-79	3%	4%	4%	4%	4%	4%	4%	5%	5%	1%	1%
80-84	2%	2%	3%	3%	3%	3%	3%	3%	3%	0%	0%
85+	3%	3%	3%	3%	3%	3%	3%	3%	3%	0%	0%
<b>60+</b>	<b>28%</b>	<b>29%</b>	<b>29%</b>	<b>30%</b>	<b>31%</b>	<b>32%</b>	<b>32%</b>	<b>33%</b>	<b>34%</b>	<b>2%</b>	<b>2%</b>

## REGION 10 TRENDED POPULATION STATISTICS APPENDIX

### OLD ADULTS AS PERCENTAGE OF POPULATION TRENDED

REGION 10	2014 Est	2015 Est	2016 Est	2017 Est	2018 Proj	2019 Proj	2020 Proj	2021 Proj	2022 Proj	Chg 2016 to 2019	Chg 2019 to 2022
60+	28%	29%	29%	30%	31%	32%	32%	33%	34%	2%	2%
65+	20%	21%	21%	22%	23%	23%	24%	25%	25%	2%	2%
70+	14%	14%	14%	15%	15%	16%	16%	17%	17%	2%	2%
75+	8%	9%	9%	9%	9%	9%	10%	10%	10%	1%	1%
80+	5%	5%	5%	5%	5%	5%	5%	5%	6%	0%	0%
85+	3%	3%	3%	3%	3%	3%	3%	3%	3%	0%	0%

Data sources:

2010 Census

2013-2017 American Community Survey Estimates

EMSI Economic Modeling retrieved 1/19/2019

*Report produced by the Area Agency on Aging of Northwest Michigan 2019*

Area Agency On Aging of Northwest MI, Inc.

FY 2020

**Appendices**

Appendices A through F are presented in the list below. Select the appendix from the list on the left. Provide all requested information for each selected appendix. Note that older versions of these appendices will not be accepted and should not be uploaded as separate documents.

- Appendix A: Policy Board membership
- Appendix B: Advisory Council membership
- Appendix C: Proposal Selection Criteria
- Appendix D: Cash-in-lieu of Commodity Agreement
- Appendix E: Waiver of Minimum Percentage of a Priority Service Category
- Appendix F: Request to Transfer Funds

Area Agency On Aging of Northwest MI, Inc.

FY 2020

APPENDIX A  
Board of Directors Membership

	Asian/Pacific Islander	African American	Native American/ Alaskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	0	0	0	0	6	15
Aged 60 and Over	0	0	0	0	0	5	14

Board Member Name	Geographic Area	Affiliation	Membership Status
Don Schuiteman	Antrim County		Community Representative
Donald Halstead	Antrim County		Appointed
Bob Roelofs	Benzie County		Appointed
George T Lasater	Charlevoix County		Appointed
Victor Patrick	Charlevoix County		Community Representative
Toni M Drier	Emmet County		Appointed
Pam Niebrzydowski	Missaukee County	AAANM Board of Advisors member/liaison, MSAC	Appointed
Lester Barnes	Wexford County		Community Representative
Gary Taylor	Wexford County		Appointed
Betsy Coffia	Grand Traverse County		Appointed
Patty Cox	Kalkaska County		Appointed
Rebecca Barr	Kalkaska County		Community Representative
Eric Lind	Leelanau County		Community Representative
Beth Wagner	Leelanau County		Appointed
Mark Bergstrom	Manistee County		Appointed

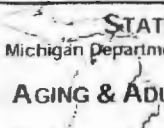
Area Agency On Aging of Northwest MI, Inc.

FY 2020

APPENDIX B  
Advisory Board Membership

	Asian/ Pacific Islander	African American	Native American/A laskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	0	0	0	0	10	14
Aged 60 and Over	0	0	0	0	0	8	12

Board Member Name	Geographic Area	Affiliation
Ray Mills	Antrim County	MSAC
Doug Durand	Benzie County	Executive Director, Benzie Senior Resources
Shirlene Tripp	Charlevoix County	
Louis Fantini	Emmet County	
Sue Fantini	Emmet County	
Russ Marshall	Grand Traverse County	
Eleanor Sosenko	Wexford County	
Kathy Cline	Wexford County	
Lisa Robitshek	Grand Traverse County	Director, Meals on Wheels, NMCAA
Carrol Cort	Kalkaska County	
Jodi Willison	Kalkaska County	Executive Director, Kalkaska County COA
Meredith Goodrick	Leelanau County	Executive Director, Heartland Hospice
Pam Niebrzydowski	Missaukee County	AAANM Board of Director member/liaison, MSAC
Jean Swaffer	Missaukee County	MSAC, State Quality Collaborative

 <p>STATE OF MICHIGAN Michigan Department of Health &amp; Human Services AGING &amp; ADULT SERVICES AGENCY</p>	<p><b>FY 2020-2022 MULTI-YEAR PLAN</b></p> <hr/> <p><b>FY 2020 ANNUAL IMPLEMENTATION PLAN</b></p>
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Area Agency On Aging of Northwest MI, Inc.

FY 2020

**APPENDIX C**  
**Proposal Selection Criteria**

<p>Date criteria approved by Area Agency on Aging Board: 04/04/2013</p>
<p>Outline new or changed criteria that will be used to select providers:</p> <p>No changes</p>

Area Agency On Aging of Northwest MI, Inc.

FY 2020

**APPENDIX F**  
**Request to Transfer Funds**

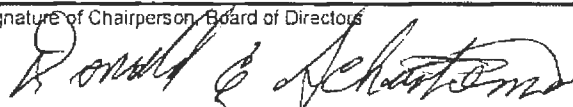
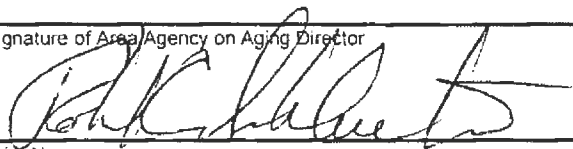
<b>1</b>	The Area Agency on Aging requests approval to transfer funds <b>from Title III-B Supportive Services</b> to Title III-C Nutrition Services. The Agency assures that this action will not result in a reduction in support for in-home services and senior center staffing. Rationale for this request is below.	Amount of Transfer  0
<b>2</b>	The Area Agency on Aging requests approval to transfer funds <b>from Title III-C1 Congregate Nutrition Services</b> to Title III-B Supportive Services for in-home services. The rationale as to why congregate participation cannot be increased is described below.	Amount of Transfer  0
<b>3</b>	The Area Agency on Aging requests approval to transfer funds <b>from Title III-C1 Congregate Nutrition</b> to Title III-B Supportive Services for participant transportation to and from meal sites to possibly increase participation in the Congregate Nutrition Program. Rationale for this request is below.	Amount of Transfer  0

FY 2020 ANNUAL IMPLEMENTATION PLAN

SIGNATURES

This document covers Fiscal Year 2020. This document becomes valid upon approval by the Michigan Commission on Services to the Aging. It may be conditionally approved subject to all general and/or special conditions established by the Commission on Services to the Aging. This signature page may substitute for required signatures on documents within the documents if those documents are specifically referenced on this signature page.

The signatories below acknowledge that they have reviewed the entire document including all budgets, assurances, and appendices and they commit to all provisions and requirements of this Annual Implementation Plan.

Signature of Chairperson, Board of Directors 	Date 6-6-19
Print Name Don Schuiteman, President	
Signature of Area Agency on Aging Director 	Date 6/6/19
Print Name Robert Schlueter, Executive Director	
Area Agency on Aging Area Agency on Aging of Northwest Michigan	
<p>Documents referenced by the signature page:</p> <ul style="list-style-type: none"> <li>• FY 2020 Area Plan Grant Budget</li> <li>• FY 2020 Direct Service Budgets</li> <li>• Request to Transfer Funds</li> <li>• Waiver for Direct Service Provision</li> <li>• Assurances and Certifications</li> <li>• Assurance of Compliance with Title VI of Civil Rights Act of 1964</li> <li>• Michigan Department of Health and Human Services Annual Grant Agreement Requirements and Conditions</li> <li>• Regional Service Definitions</li> <li>• Agreement for Receipt of Supplemental Cash-in-Lieu of Commodity Payments for the Nutrition Program for the Elderly</li> <li>• Waiver of Minimum Percentage for a Priority Service Category</li> </ul>	



# Area Agency on Aging of Northwest Michigan Funding Report FY2018

## Grand Traverse County

	Regional Dollars	Grand Traverse Dollars	Grand Traverse Clients	Meals
Community Services [1]	\$390,846	\$58,669	2,361	
Michigan Office of Services to the Aging - Care Management Client Services [2]	\$922,686	\$237,044	99	
Michigan Office of Services to the Aging - Care Management Support	\$530,848	\$136,859	99	
Home Delivered Meals	\$975,929	\$200,562	486	63,876
Congregate Meals	\$647,997	\$69,515	700	11,126
Administration/Support/Planning	\$646,786	\$64,679	N/A	
Other (In House Programs) [4]	\$263,498	\$26,350	N/A	
Program Development	\$47,466	\$4,747	N/A	
<b>Totals - Not including MiChoice Waiver</b>	<b>\$4,426,056</b>	<b>\$798,424</b>		
<b>Percentage of funding not including MiChoice Waiver</b>		<b>18%</b>		
Mich. Dept. of Community Health MI Choice Waiver Program. Support and Services [3]	\$9,694,964	\$2,819,125	129	
<b>Totals Including MiChoice Waiver</b>	<b>\$14,121,020</b>	<b>\$3,617,549</b>		
<b>Percentage of total funding</b>		<b>26%</b>		

### Service Providers receiving contract funding and/or purchase of service funding for Grand Traverse County residents:

Acts of Love, BATA, Bay Home Health Care, Benzie Senior Resources, Brightstar of Northern Michigan, Caring Touch, Catholic Human Services, Cherry Hill Haven, Eastport Village Care, Gerald Clishe, Family Services of Northwestern Michigan, Choices, Inc., Comforcare, Critical Signal Technology, Comfort Keepers, Compassionate Care HHS, Culver Meadows AFC & Sr Living, GFM Counseling, Grand Traverse Pavilions, Great Lakes Home Care Unlimited, LLC, Green Acres AFC-Traverse City, GT County COA, GT Independence, Grand Traverse Child and Family Services, Guardian Medical Monitoring, Harbor Care Associates, Homestyle Direct, In Home Health, In Touch Care, Independence Home Care, Indian Trails AFC, Joy Givers Senior Homes, King Adult Living Center, Legal Services of Northern Michigan, Mark Ayers Plowing and Carpentry, Medscope America Corp., Mom's Meals, Monarch Home Health Services, Morgan's Assisted Living, AFC, Munson Home Services, N&L Adult Care, LLC, Northwest Michigan Community Action Agency, Philips Lifeline, Real Life Living Services, Inc., Serenity AFC, Serenity Home Care, Stuart Wilson, CPA PC, Traverse Manor, VRI,

<sup>[1]</sup> Community Services Include: Information & Assistance, Michigan Medicare/Medicaid Assistance Program, Long-Term Care Ombudsman, Elder Abuse Prevention, Personal Action Toward Health Program, Matter of Balance Program, Contracted Adult Day Health, Kinship Caregiver Supplemental, Legal Assistance

<sup>[2]</sup> Care Management Client Services Include: Adult Day Health, Personal Care, Respite Care, Homemaking, Private Duty Nursing, Foot Care, Medication Management, Nutritional Supplements, Personal Emergency Response Units, Transportation, Senior Companion

<sup>[3]</sup> MI Choice Waiver Services Include: Supports Coordination, Adult Day Health, Nursing Facility Transition Services, Respite Care, Private Duty Nursing, Nutritional Supplements, Personal Emergency Response Units, Home Modifications, Chore Services, Non-Medical Transportation, Counseling, Community Living Supports, Nursing Services

<sup>[4]</sup> Other (in house programs) include: Durable Medical Equipment, Nutritional Supplements, VA Self directed Care, MIPPA ADRC, Dementia Capable

FY2018

## GR TRAV COA

Personal Care	\$4,909.50
Medication Mgmt	\$756.00
Footcare	\$745.50
In-Home Respite	\$3,289.50
Homemaker	\$4,410.00
<b>Care Mgmt Services</b>	<u>\$14,110.50</u>
<b>Waiver Services</b>	<u>\$21,300.50</u>
	\$35,411.00



## Action Request

Meeting Date:	7/3/19		
Department:	GTSO	Submitted By:	R. Fewless
Contact E-Mail:	rfewless@gtsheriff.org	Contact Telephone:	995-5036
Agenda Item Title:	Property Room Surplus		
Estimated Time:	<5 <small>(in minutes)</small>	Laptop Presentation:	<input type="radio"/> Yes <input checked="" type="radio"/> No

### Summary of Request:

The Evidence and Property room has identified three items (see attached list) as unclaimed, surplus and asks the Board's approval to dispose of according to department policy (auction/disposal/conversion to department use).

### Suggested Motion:

Board of Commissioner's approval to delare the Items on the attached list as surplus and to dispose of according to department policy.

### Financial Information:

Total Cost:	0.00	General Fund Cost:	0.00	Included in budget:	<input type="radio"/> Yes <input checked="" type="radio"/> No
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If not included in budget, recommended funding source:

n/a

This section for Finance Director, Human Resources Director, Civil Counsel, and Administration USE ONLY:

<b>Reviews:</b>	Signature	Date
Finance Director		
Human Resources Director		
Civil Counsel		
<b>Administration:</b>	<input type="checkbox"/> Recommended	Date:
Miscellaneous:		

### Attachments:

Attachment Titles:

Property Room Surplus dated July 1, 2019

R E S O L U T I O N

**XX-2019**

**Grand Traverse Sheriff's Office**

**Property Room Surplus**

WHEREAS, the Grand Traverse County Board of Commissioners met in regular session on July 3, 2019 and reviewed request from the Grand Traverse County Sheriff's Office to declare items as surplus and approve for disposal as deemed appropriate by departmental policy; and,

WHEREAS, the Evidence and Property Room has identified three items (see attached list) as unclaimed, surplus and request approval for disposal; and,

WHEREAS, items shall be declared surplus and disposed of by way of auction/disposal/conversion to department use, per department policy; and,

NOW, THEREFORE, BE IT RESOLVED BY THIS BOARD OF COMMISSIONERS THAT Grand Traverse County declares the attached list of property as surplus and approves same for disposal.

APPROVED: July 3, 2019

**GRAND TRAVERSE COUNTY  
PROPERTY ROOM SURPLUS**

**JULY 1, 2019**

<b><u>COMPLAINT #</u></b>	<b><u>DESCRIPTION</u></b>
<b>128-15083-18</b>	<b>MINI FRIDGE</b>
<b>128-15083-18</b>	<b>FISHING POLE</b>
<b>128-17238-18</b>	<b>RAZOR DIRT BIKE</b>



## Action Request

Meeting Date:	July 3, 2019		
Department:	Finance	Submitted By:	Dean Bott
Contact E-Mail:	dbott@grandtraverse.org	Contact Telephone:	922-4680
Agenda Item Title:	FY2019 Budget Amendments		
Estimated Time:	Board Packet (in minutes)	Laptop Presentation:	<input type="radio"/> Yes <input checked="" type="radio"/> No

### Summary of Request:

Public Act 2 of 1968, the Uniform Budgeting and Accounting Act for Local Units of Government, provides for amendments to the adopted budget upon anticipation of a variance in revenues and/or expenditures. The Finance Department and Department Heads monitor current year activity on an ongoing basis to identify such variances. Consistent with County policy, departments have prepared and the Finance Department has reviewed the attached FY2019 budget amendment requests. Board of Commissioners approval is requested to amend the adopted FY2019 budget as presented.

### Suggested Motion:

Approve FY2019 budget amendments as presented.

### Financial Information:

Total Cost:	n/a	General Fund Cost:	n/a	Included in budget:	<input type="radio"/> Yes <input checked="" type="radio"/> No
If not included in budget, recommended funding source:					
n/a					

This section for Finance Director, Human Resources Director, Civil Counsel, and Administration USE ONLY:		
<b>Reviews:</b>	Signature	Date
Finance Director	Dean Bott <i>DB</i>	6/25/2019
Human Resources Director		
Civil Counsel		
<b>Administration:</b>	<input type="checkbox"/> Recommended	Date:
Miscellaneous:		

### Attachments:

Attachment Titles:  
Budget Amendments Fiscal Year 2019

R E S O L U T I O N

**XX-2019**

**Finance Department  
FY 2019 Budget Amendments**

WHEREAS, the Grand Traverse County Board of Commissioners met in regular session on July 3, 2019, and reviewed budget amendments for Fiscal Year 2019 that have been requested by the Director of Finance and are recommended for approval; and,

WHEREAS, Public Act 2 of 1968, the Uniform Budgeting and Accounting Act for Local Units of Government, provides for amendments to the adopted budget upon anticipation of a variance in revenues and/or expenditures; and,

WHEREAS, The Finance Department and Department Heads monitor current year activity on an ongoing basis to identify such variances; and,

WHEREAS, Consistent with County policy, departments have prepared and the Finance Department has reviewed the attached FY2019 budget amendment requests; and,

NOW, THEREFORE, BE IT RESOLVED BY THIS BOARD OF COMMISSIONERS, THAT the attached budget amendments for the Fiscal Year 2019 budget are hereby approved.  
(See file for attachments.)

APPROVED: July 3, 2019



**GRAND TRAVERSE COUNTY**  
**Budget Amendment Request**

Department: Central Dispatch/911

Submitted by: Dean Bott

Budget Number: 27349

**Budget Adjustment Option:**

- ☐ A Increase an expenditure and decrease an expenditure  
☒ B\* Increase an expenditure and increase a revenue  
☐ C\* Decrease an expenditure and decrease a revenue  
☐ D Decrease a revenue and increase a revenue

**Directions:** Check appropriate option. Only one option per form. Only one fund number per form.  
Please use whole dollar amounts only.

\*Requires board approval

<input checked="" type="checkbox"/> Increase Account Number	<input type="checkbox"/> Decrease Account Name	Amount
207-308-546.01	State Grant -911 Wireless	46,000.00

46,000.00

<input checked="" type="checkbox"/> Increase Account Number	<input checked="" type="checkbox"/> Decrease Account Name	Amount
207-308-977.00	Machinery & Equipment	46,000.00

46,000.00

**Summary:**

Budget additional State 911 wireless funds that are expected to be received based on increase in quarterly payments to fund technology and equipment projects that were approved in 2017 and 2018 but will not be completed until 2019.

Signature: Dean Bott

Date: 6/21/2019

Accountant Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Finance Director Approval: Dean Bott

Date: 6/21/2019

Board of Commissioner Meeting Approval Date: 7/3/2019





# GRAND TRAVERSE COUNTY Budget Amendment Request

Department: Health Department

Submitted by: Marissa Milliron

Budget Number: 27348

## Budget Adjustment Option:

- ☐ A Increase an expenditure and decrease an expenditure  
☒ B\* Increase an expenditure and increase a revenue  
☐ C\* Decrease an expenditure and decrease a revenue  
☐ D Decrease a revenue and increase a revenue

**Directions:** Check appropriate option. Only one option per form. Only one fund number per form.  
Please use whole dollar amounts only.

\*Requires board approval

<input checked="" type="checkbox"/> Increase	<input type="checkbox"/> Decrease	Account Number	Account Name	Amount
		222 200 586.01	State Grant - ELPHS	9,627.00
		222 206 552.03	State Grant - DEQ	9,998.00
		222 207 552.03	State Grant - DEQ	12,988.00
		222 707 586.01	State Grant - ELPHS	9,730.00
		222 708 586.01	State Grant - ELPHS	3,243.00

<input checked="" type="checkbox"/> Increase	<input type="checkbox"/> Decrease	Account Number	Account Name	Amount
		222 200 743.00	Other supplies	5,127.00
		222 200 812.00	IT charges	4,500.00
		222 206 743.00	Other supplies	3,498.00
		222 206 812.00	IT charges	3,500.00
		222 206 818.00	Contract services	3,000.00
		222 207 743.00	Other supplies	6,488.00
		222 207 812.00	IT charges	5,000.00
		222 207 860.01	Conventions and conferences	1,500.00
		222 707 727.00	Office supplies	500.00
		222 707 743.00	Other supplies	1,000.00
		222 707 812.00	IT charges	4,000.00
		222 707 860.01	Conventions and conferences	4,230.00
		222 708 743.00	Other supplies	743.00
		222 708 812.00	IT charges	2,000.00
		222 708 860.01	Conventions and conferences	500.00

45,586.00

Check Figure

## Summary:

To record additional funding for Essential Local Public Health Service (ELPHS) programs received from the Michigan Department of Health and Human Services (MDHHS). This funding is to be used for the specific programs it was allocated for and utilized during the grant period of October 1, 2018 through September 30, 2019.

Signature: [Signature]

Date: 6/12/2019

Accountant Approval: C. A. Woy

Date: 6/21/19

Finance Director Approval: Yean Bott

Date: 6/21/19

Board of Commissioner Meeting Approval Date: 7-3-19

USH



## GRAND TRAVERSE COUNTY Budget Amendment Request

Department: Health Department

Submitted by: Marissa Milliron

Budget Number: 27330

### Budget Adjustment Option:

- ☐ A Increase an expenditure and decrease an expenditure  
☒ B\* Increase an expenditure and increase a revenue  
☐ C\* Decrease an expenditure and decrease a revenue  
☐ D Decrease a revenue and increase a revenue

**Directions:** Check appropriate option. Only one option per form. Only one fund number per form.  
Please use whole dollar amounts only.

\*Requires board approval

<input checked="" type="checkbox"/> Increase	<input type="checkbox"/> Decrease	Account Number	Account Name	Amount
		222 607 543.00	State Grant	20,000.00
				<u>20,000.00</u>

<input checked="" type="checkbox"/> Increase	<input type="checkbox"/> Decrease	Account Number	Account Name	Amount
		222 607 727.00	Office supplies	500.00
		222 607 729.00	Printing	300.00
		222 607 743.00	Other supplies	15,000.00
		222 607 760.00	Medical supplies	1,150.00
		222 607 812.00	Information Technology Charges	2,000.00
		222 607 850.00	Telephone	50.00
		222 607 850.04	Tele-cellular network	1,000.00
				<u>20,000.00</u>

Check Figure -

### Summary:

To record additional funding of \$20,000 received from Michigan Department of Health and Human Services (MDHHS) for Epidemiology and Laboratory Capacity Support grant. This grant is to expand the Health Department's surveillance, epidemiology, and laboratory capacity services. The grant funding is to be utilized between April 1, 2019 and July 31, 2019.

Signature: [Signature]

Date: 6/10/2019

Accountant Approval: [Signature]

Date: 6/12/2019

Finance Director Approval: [Signature]

Date: 6/19/19

Board of Commissioner Meeting Approval Date: 7/3/19

# GRAND TRAVERSE COUNTY BUDGET ADJUSTMENT REQUEST



## DIRECTIONS

- Check appropriate option  
Only one option per form  
Only one fund number per form
- ☐ Option A Increase an expenditure and decrease an expenditure
  - ☒ Option B\* Increase an expenditure and increase a revenue
  - ☐ Option C\* Decrease an expenditure and decrease a revenue
  - ☐ Option D Decrease a revenue and increase a revenue

# 27339

<input checked="" type="checkbox"/> Increase	<input type="checkbox"/> Decrease		<input checked="" type="checkbox"/> Increase	<input type="checkbox"/> Decrease	
Account Number	Account Name	Amount	Account Number	Account Name	Amount
297-712-401.00	Fund Balance Fwd	\$11,193.00	297-712-942.00	Indirect Costs	\$11,193.00
297-714-401.00	Fund Balance Fwd	\$84.00	297-714-942.00	Indirect Costs	\$84.00
297-716-401.00	Fund Balance Fwd	\$755.00	297-716-942.00	Indirect Costs	\$755.00
297-717-401.00	Fund Balance Fwd	\$470.00	297-717-942.00	Indirect Costs	\$470.00
297-720-401.00	Fund Balance Fwd	\$3,689.00	297-720-942.00	Indirect Costs	\$3,689.00
297-722-401.00	Fund Balance Fwd	\$420.00	297-722-942.00	Indirect Costs	\$420.00
297-724-401.00	Fund Balance Fwd	\$126.00	297-724-942.00	Indirect Costs	\$126.00
297-727-401.00	Fund Balance Fwd	\$34.00	297-727-942.00	Indirect Costs	\$34.00

If you increase an expenditure line item appropriation, you must either decrease a different line item or increase a revenue accordingly. Likewise is true for revenues. If you decrease a revenue line item, you must also increase another revenue line item or decrease an expenditure.

### NOTES:

To cover increase in Indirect Costs over budgeted amount.

Requested By: Cyndie Forster for Cynthia Kienlen Date: 6/12/19  
 Signature: *Cynthia Kienlen* Date: 6/12/19  
 Account Approval: *C.A. Woy* Date: 6/13/19  
 Finance Director Approval: *Dean Post* Date: 6/19/19  
 Resolution#: \_\_\_\_\_ Date: 7/3/19



**GRAND TRAVERSE COUNTY**  
**Budget Amendment Request**

Department: Facilities Fund

Submitted by: Dean Bott

Budget Number: 27342

Budget Adjustment Option:		
<input type="checkbox"/>	A	Increase an expenditure and decrease an expenditure
<input checked="" type="checkbox"/>	B*	Increase an expenditure and increase a revenue
<input type="checkbox"/>	C*	Decrease an expenditure and decrease a revenue
<input type="checkbox"/>	D	Decrease a revenue and increase a revenue

**Directions:** Check appropriate option. Only one option per form. Only one fund number per form.  
Please use whole dollar amounts only.

\*Requires board approval

<input checked="" type="checkbox"/> Increase Account Number	<input type="checkbox"/> Decrease Account Name	Amount
471-763-686.00	Reimbursements	8,000.00

8,000.00

<input checked="" type="checkbox"/> Increase Account Number	<input type="checkbox"/> Decrease Account Name	Amount
471-763-818.00	Contract Services	8,000.00

8,000.00

**Summary:**

Budget reimbursement from TART for snow removal services on the Tart Trail for the period of January 1 through March 31, 2019

Signature: Dean Bott Date: 6/17/2019

Accountant Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Finance Director Approval: Dean Bott Date: 6/17/2019

Board of Commissioner Meeting Approval Date: 7/3/2019



## Action Request

Meeting Date:	July 3, 2019		
Department:	Administration	Submitted By:	Chris Cramer
Contact E-Mail:	ccramer@grandtraverse.org	Contact Telephone:	231-922-4797
Agenda Item Title:	Appointments for consideration		
Estimated Time:	<input type="text"/>	Laptop Presentation:	<input type="radio"/> Yes <input checked="" type="radio"/> No
	(in minutes)		

### Summary of Request:

BPW - Haider Kazim has served on the Board of Public Works since 2013. His most current term ended in December of 2018. He is interested in reappointment and we received no other applications last year but the appointment did not get completed by January. In February, when we reviewed openings on boards and committees, Chair Hentschel indicated that he would like to advertise again. In April this vacancy was advertised and no further applications were received. In accordance with the BPW by-laws, which indicates that members continue their terms until replaced, Mr. Kazim has continued to serve. Request Board recommend Mr. Haider Kazim be reappointed to a three year term through 12-31-21. (There will be another term ending this year for another citizen position.)

Community Correction Advisory Board (CCAB) - Two items. 1) The business representative position on the CCAB has been vacant since 2017. Even though advertising and some recruiting has continued since that time, no replacement was found. Sherise Shively, the Community Corrections Manager, spoke with Rob Lajko regarding the vacancy. He is interested and has applied. I verified that Mr. Lajko's position as Township Supervisor is not incompatible and would like the Board to recommend his appointment. Sherise encouraged Rob as the company he works for employs a lot of people we run through this system and his perspective would be valuable. 2) In addition, CCAB terms have typically been renewed every 2 years. The CCAB is large and over half of the members serve on that committee because of the position the hold (Judge, Sheriff, etc) and represent the counties of Antrim, Leelanau and Grand Traverse (cont'd)

### Suggested Motion:

1) Approve appointment to the Board of Public Works, Community Corrections Advisory Board and Commission on Aging Advisory Board as identified and 2) change the terms for the CCAB from 2 to 4 years and 3) change the expiration day for the COA Advisory Board to December 31 of the year they currently end.

### Financial Information:

Total Cost:	<input type="text"/>	General Fund Cost:	<input type="text"/>	Included in budget:	<input type="radio"/> Yes <input type="radio"/> No
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If not included in budget, recommended funding source:

This section for Finance Director, Human Resources Director, Civil Counsel, and Administration USE ONLY:

<b>Reviews:</b>	Signature	Date
Finance Director	<input type="text"/>	<input type="text"/>
Human Resources Director	<input type="text"/>	<input type="text"/>
Civil Counsel	<input type="text"/>	<input type="text"/>
<b>Administration:</b>	<input type="checkbox"/> Recommended	Date: <input type="text"/>
Miscellaneous: <input type="text"/>		

### Attachments:

Attachment Titles:

**Continuation of Agenda Item:**  
**Title: Appointments for consideration.**

on a rotating basis. I checked with Civil Counsel and he could think of no reason why we couldn't amend the by-laws to a longer or shorter term. Please note that the **ONLY** by-laws that indicated a term were approved in **1993!** The by-laws have been updated since then but no term is identified. I would encourage the board to make the terms on the CCAB, 4 year terms and have the current terms extended through December 31, 2021.

**Commission on Aging Advisory Board**

The COA Advisory Board was redesigned in 2018 and has 7 members who serve 3 year terms. Initial appointments were made and first terms were staggered on April 4, 2018. Later that year the COA Employee changed and was not formally reappointed to this board. Lana Payne replaced Jill Case (as recommended by the Director) and her appointment to this board should be confirmed through 2021. Since the original appointments were made on April 4, 2018, the 3 year terms did not really identify an ending date for the term (although Sarah Lutz chose February 28th to use in the Clerk's records.) Being the only Board with a term that does not fall at the end of the year or even a quarter, is really cumbersome and it is in our experience that if we choose to end the term on June 30th or December 31st, it's most likely to be kept up more accurately. Please consider extending the current terms of the COA Advisory board members to end on December 31st of the year they currently end.

## RESOLUTION

**XX-2019**

### **Appointments and Board Term Changes**

WHEREAS, the Grand Traverse County Board of Commissioners met in regular session on July 3, 2019, and reviewed request to approve the attached recommendations for appointments to various boards and to consider changes and/or clarifications regarding board terms; and,

WHEREAS, the following appointments have been reviewed and are approved:

- 1) Haider Kazim be reappointed to the Board of Public Works to a three year term ending 12-31-21;
- 2) Rob Lajko be appointed to the Community Corrections Advisory Board as the Business representative effective immediately for the remainder of the current term established; and,
- 3) Lana Payne be appointed to the Commission on Aging Advisory Board as the Commission on Aging Employee Representative effective immediately for the remainder of the current term established.

WHEREAS, the board further approve changing the terms of the Community Corrections Advisory Board be changed from 2 to 4 years and the terms of the Commission on Aging Advisory Board be extended through December of the current year they expire for more efficient handling of these terms throughout the year.

NOW, THEREFORE, BE IT RESOLVED BY THIS BOARD OF COMMISSIONERS, THAT the appointments identified above for the Board of Public Works, Community Corrections Advisory Board and Commission on Aging Advisory Board be approved.

BE IT FURTHER RESOLVED THAT the terms for the Community Corrections Board be set at 4 years (rather than the current 2 year terms) and that the Commission on Aging Advisory Boards term be extended to end in December of their current expiration year rather than mid year to increase efficiency and ease of handling of terms.

APPROVED: July 3, 2019



## Action Request

Meeting Date:	July 3, 2019		
Department:	Sheriff Dept-Corrections	Submitted By:	Lt Ed Lassa
Contact E-Mail:	elassa@gtsheriff.org	Contact Telephone:	231-922-6881
Agenda Item Title:	Security Electronics Maintenance Contract		
Estimated Time:	<input type="text"/>	Laptop Presentation:	<input type="radio"/> Yes <input checked="" type="radio"/> No
	(in minutes)		

### Summary of Request:

Consideration for entering in to a one year contract with Cornerstone Detention Products Service and Supply Group to provide service for the security electronics sytem in the jail Beginning April 1, 2019 and ending March 31,2020

### Suggested Motion:

To award the maintenance contract for the jails security electronics system to Cornerstone Detention Products Service and Supply Group for a period of one year beginning April 1, 2019 and ending March 31, 2020

### Financial Information:

Total Cost: \$42,600.00	General Fund Cost: \$42,600.00	Included in budget: <input checked="" type="radio"/> Yes <input type="radio"/> No
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If not included in budget, recommended funding source:

This section for Finance Director, Human Resources Director, Civil Counsel, and Administration USE ONLY:

Reviews:	Signature	Date
Finance Director		
Human Resources Director		
Civil Counsel		

Administration: <input type="checkbox"/> Recommended	Date:	
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Miscellaneous:

### Attachments:

Attachment Titles:



R E S O L U T I O N

**XX-2019**

**GTSO – Maintenance Contract for Cornerstone Detention Products Service and Supply Group**

WHEREAS, the Grand Traverse County Board of Commissioners met in regular session on July 3, 2019 and reviewed request of the Grand Traverse County Sheriff's Office, Corrections Division, to award the maintenance contract for the jails security electronics system to Cornerstone Detention Products Service and Supply Group, and,

WHEREAS, this agreement would be for the period of one year beginning April 1, 2019 and ending March 31, 2020 in the amount of \$42,600.00; and,

WHEREAS, An upgrade to this equipment was completed in February and March of 2018 at which time the system was covered by a one year warranty until April of 2019; and,

WHEREAS, Cornerstone Detention Products has proposed a maintenance agreement identical to the prior ones at a cost of \$42,600 payable in four quarterly payments of \$10,650.00.

NOW, THEREFORE, BE IT RESOLVED BY THIS BOARD OF COMMISSIONERS, THAT Grand Traverse County award a maintenance contract for the jail's security electronics system to Cornerstone Detention Products Service and Supply Group in the amount \$42,600.00 for one year.

BE IT FURTHER RESOLVED THAT, the Board of Commissioners authorizes the Board Chair or County Administrator to effectuate the necessary documents to implement the Board authorized action.

APPROVED: July 3, 2019

# THOMAS J. BENSLEY, SHERIFF

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## Grand Traverse County Sheriff's Office Memorandum



851 Woodmere Avenue  
Traverse City, Michigan, 49686

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To: Grand Traverse County Board of Commissioners  
From: Lieutenant Ed Lassa  
**RE: Jail Security Electronics Maintenance Service Agreement - Renewal**  
Date: June 17, 2019

The jail's Security Electronics Maintenance Service Agreement with Cornerstone Detention Products expired on November 11, 2017. The jail is in need of entering into another maintenance service agreement for its security electronics.

### **HISTORY:**

The Grand Traverse County Jail underwent a significant remodel in 2006. Part of the remodel was a major upgrade in its security electronics performed by EO Integrated Systems based out of Washington, Michigan. An annual maintenance contract was entered into after the warranty period had expired in 2007 at a cost of \$38,000.00. This contract had been renewed annually until 2013 when The Grand Traverse County Jail submitted for RFP's. There were two bidders and again EO Integrated Systems was the successful bidder. Sometime in 2014 EO Integrated Systems was sold to Cornerstone Detention Products but the principal owner Don Rochon maintained employment with Cornerstone and the contract continued to be renewed on an annual basis until May of 2017. At this time some of the security electronics was nearing the end of its life from the 2006 upgrade and Cornerstone extended a maintenance agreement for six months from May 15, 2017 until November 14, 2017 at a cost of \$21,801.00. During the summer of 2017 the jail began to experience some major failures in the equipment and an upgrade proposal was submitted by Cornerstone Detention Products partnered with ABBA Logic at a cost of \$245,345.00. The work performed also added 8 additional cameras. This upgrade was completed in February and March of 2018 at which time the system was again covered by a one-year warranty until April of 2019.

### **PROPOSAL:**

Cornerstone Detention Products has proposed a maintenance agreement identical to the prior ones at a cost of \$42,600.00 payable in four quarterly payments of \$10,650.00.

**EVALUATION:**


This is not a request for additional funds as the money was already approved and in the Grand Traverse County Jails current budget. The Cornerstone Detention office in Washington Michigan is closing and Don Rochon is retiring .Our service office will now be based in Greenville Wisconsin however the ABBA Logic company remains as one of their partnered companies and they were instrumental in the design, upgrade and installation to our current system. We feel it is important to have a company that knows the intricacies of our electronics system if and when problems should arise.

**RECOMMENDATION**

The Grand Traverse County Sherriff's Office requests authorization to enter in to a maintenance contract with Cornerstone Detention Products for a period of one year beginning April 1, 2019 and ending March 31, 2020 at a cost of \$42,600.00 payable in four quarterly payments of \$10,650.00 with funds that are available in the current Grand Traverse County Jail budget.

Thank you

Respectfully submitted:

  
Lieutenant Ed Lassa



## Action Request

Meeting Date:	7/3/2019		
Department:	Sheriff's Office	Submitted By:	Capt. Chris Clark
Contact E-Mail:	<a href="mailto:cclark@gtsheriff.org">cclark@gtsheriff.org</a>	Contact Telephone:	231-995-5045
Agenda Item Title:	Approval of contract with Green Lake Township for Community Police Officer		
Estimated Time:	10 <small>(in minutes)</small>	Laptop Presentation:	<input type="radio"/> Yes <input checked="" type="radio"/> No

### Summary of Request:

Green Lake Township has approved funding and requested to enter into contract with the Sheriff's Office for a Community Police Officer. 2020 Budget request has been prepared for Green Lake Township Cpo and the Sheriff's Office will work with the Finance Department for funding in 2019 once the Sheriff's Office is prepared with staffing.

### Suggested Motion:

Motion to approve contract with Green Lake Township for Community Police Officer

### Financial Information:

Total Cost:		General Fund Cost:	N/A	Included in budget:	<input type="radio"/> Yes <input checked="" type="radio"/> No
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If not included in budget, recommended funding source:

N/A

This section for Finance Director, Human Resources Director, Civil Counsel, and Administration USE ONLY:

Reviews:	Signature	Date
Finance Director		
Human Resources Director		
Civil Counsel		

<b>Administration:</b> <input type="checkbox"/> Recommended	Date:	
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Miscellaneous:

**Attachments:** N/A

Attachment Titles:

R E S O L U T I O N

**XX-2019**

**Approval of contract with Green Lake Township for CPO**

WHEREAS, The Grand Traverse County Board of Commissioners met in regular session on July 3, 2019, and reviewed request to approve a contract with Green Lake Township for a Community Police Officer; and,

WHEREAS, Green Lake Township has approved funding and requested to enter into a contract with the Sheriff's Office for a Community Police Officer; and,

WHEREAS, A 2020 Budget request has been prepared for the Green Lake Township CPO and the Sheriff's Office will work with the Finance Department for funding in 2019 once the Sheriff's Office is prepared with staffing; and,

NOW, THEREFORE, BE IT RESOLVED BY THIS BOARD OF COMMISSIONERS THAT Grand Traverse County approves entering into a contract with Green Lake Township for a Community Police Officer.

APPROVED: July 3, 2019

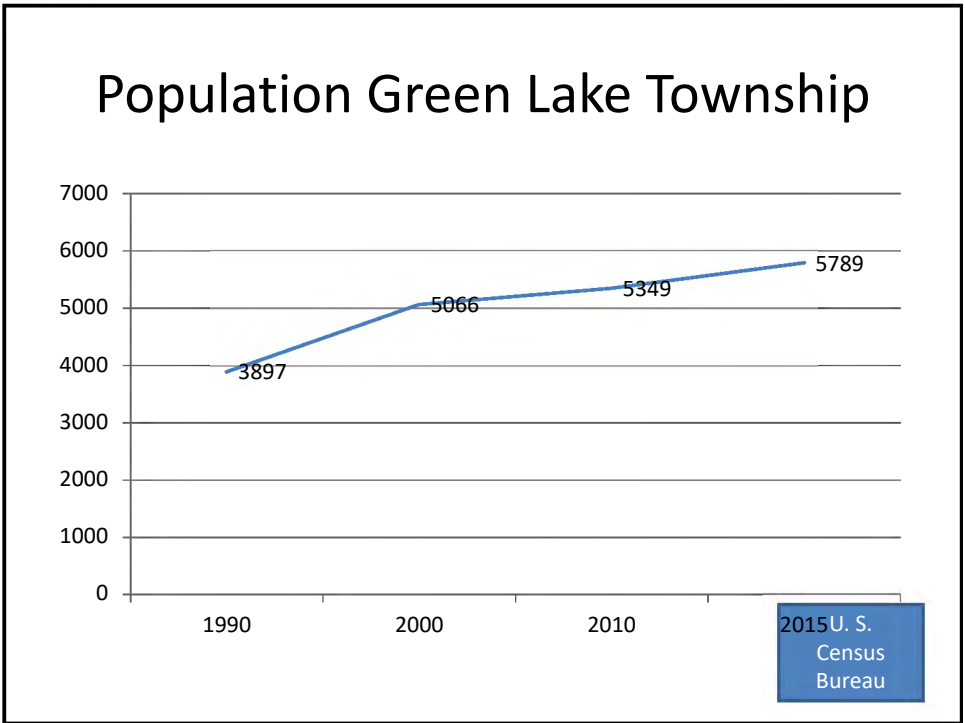
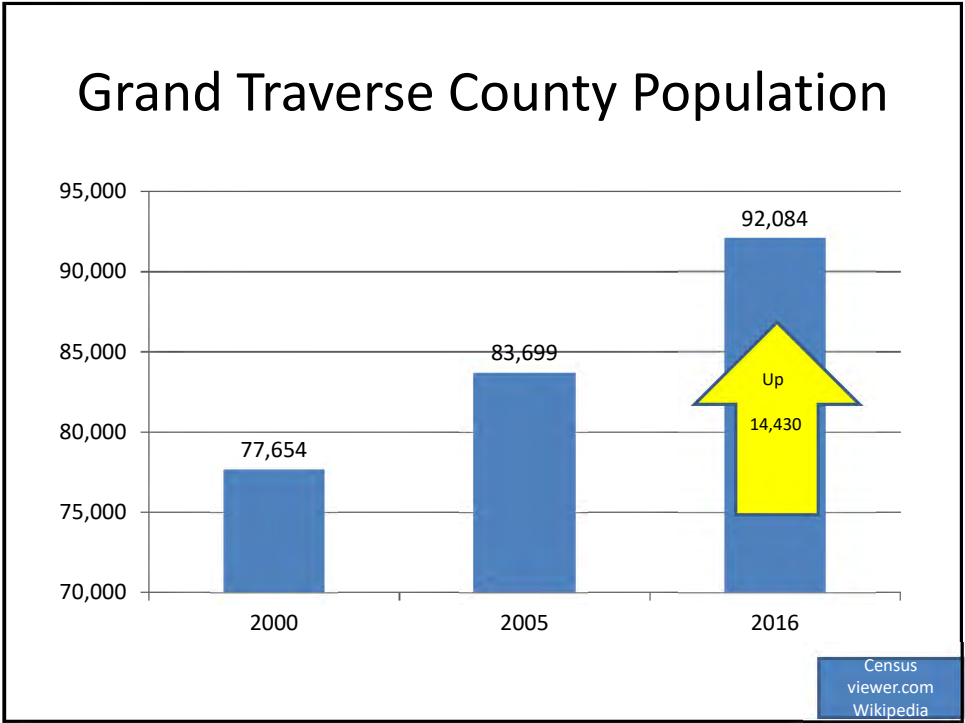


## **Mission Statement Of The Grand Traverse Sheriff's Office**

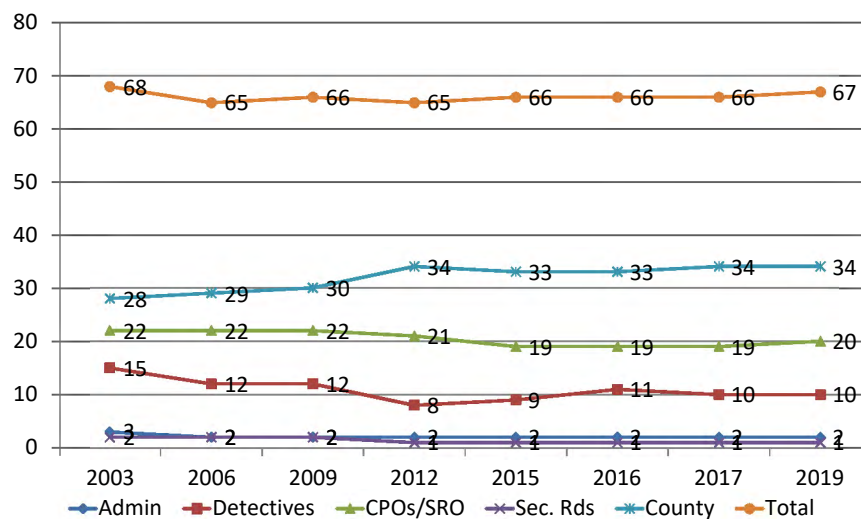
**The Grand Traverse County Sheriff's Office will provide the highest quality of public service and safety in order to preserve, protect, and defend the rights of the citizens and visitors of Grand Traverse County.**

- Green Lake Township Board has approved in their Budget funding for a Community Police Officer.
- Interlochen Center for the Arts is providing funding to Green Lake Township for the CPO.
- Green Lake Township is requesting to enter into a Contract for a Community Police Officer.

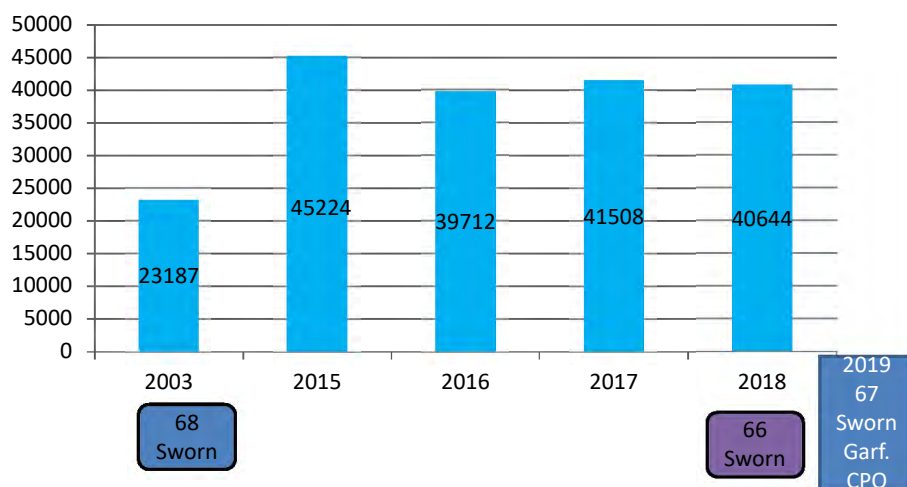




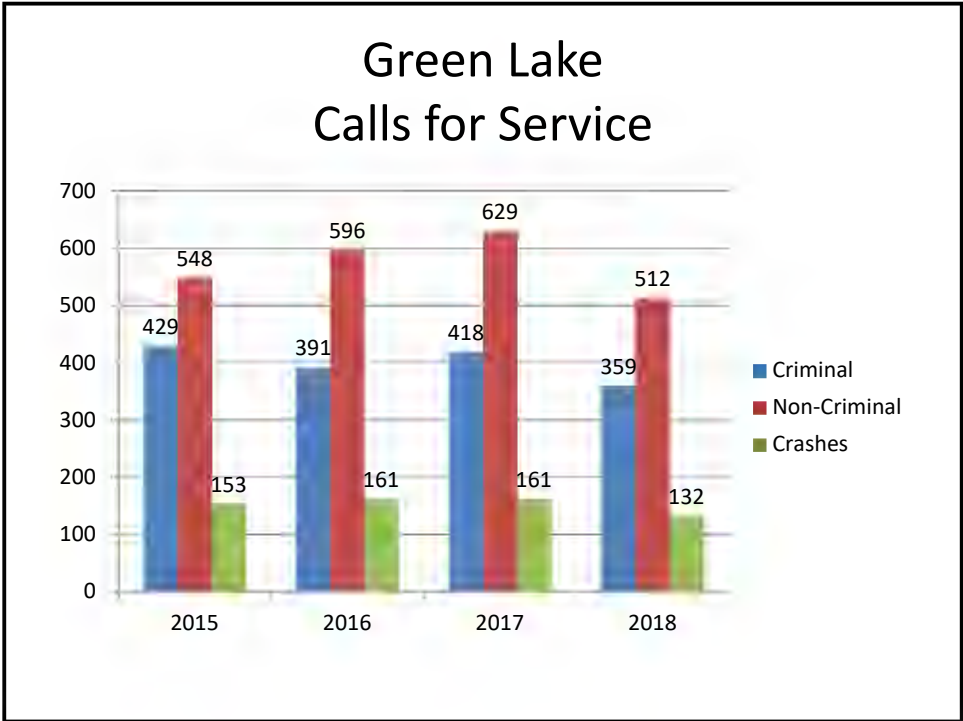
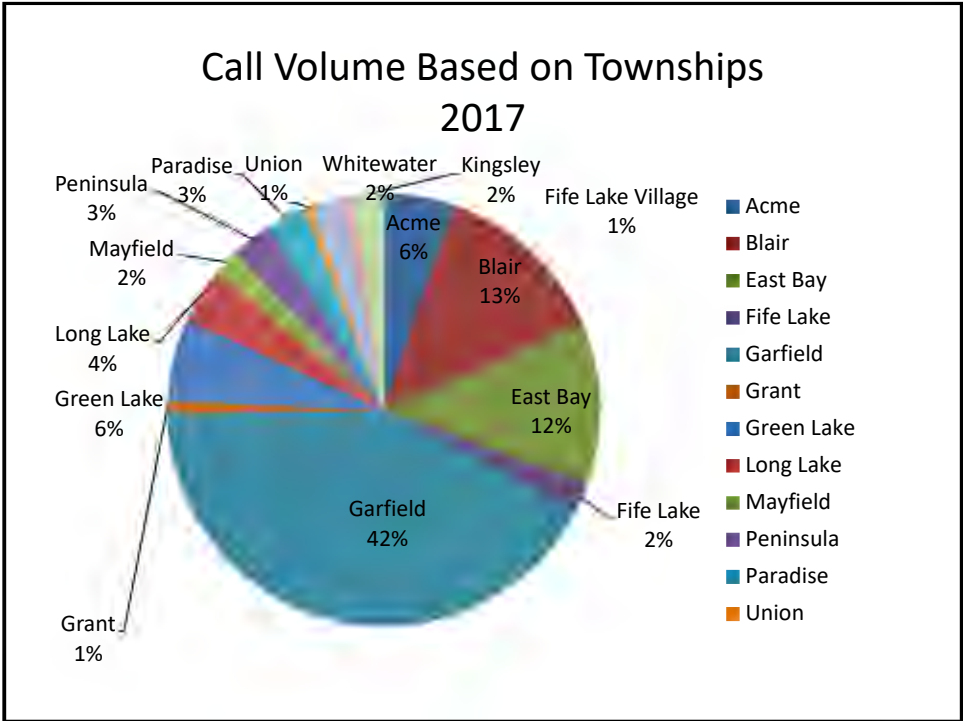
## 2003 to 2019 Personnel

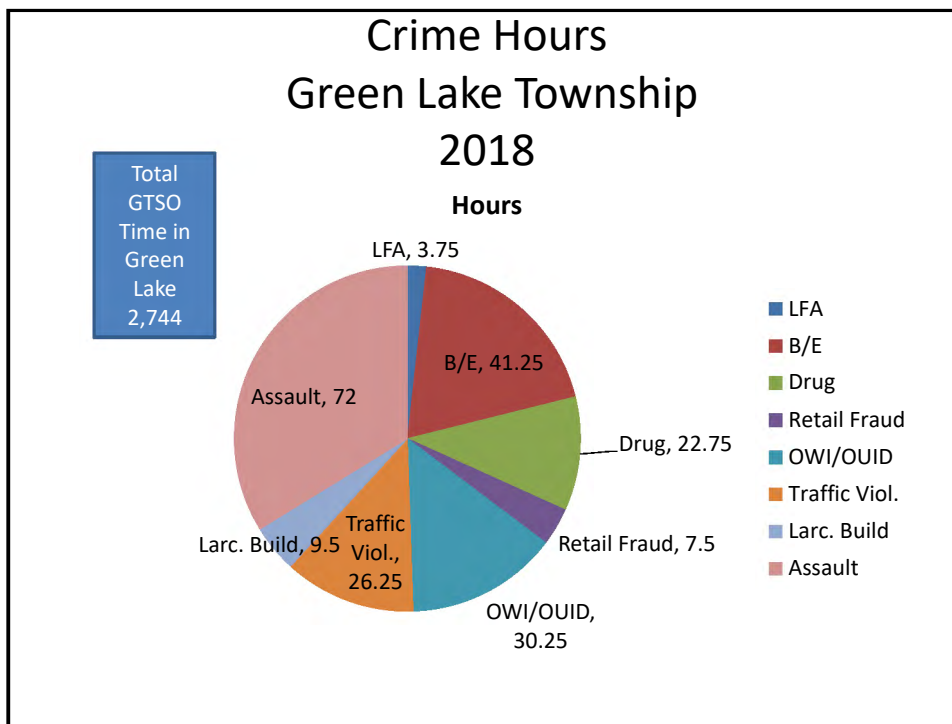


## 2003 to 2018 Calls for Investigation/Service









- ### Community Police Program 2018
- **10 Township Funded Deputies**
    - Acme
    - Blair
    - East Bay-2
    - Fife Lake
    - Garfield-3 Deputies and 1 Lieutenant
    - Kingsley/Mayfield/Paradise
    - Peninsula
  - 30 Community Events
  - 16 School Related Events
  - 43 Active Shooter Preparedness training sessions to businesses and citizens
  - Bike Patrols
  - Networking with Supportive Housing Organizations
  - Networking with Hotels/Motels
  - Partnership with Retail Businesses
  - DEA Drug Take Back

# Questions



## Action Request

Meeting Date:	7/3/2019		
Department:	Finance	Submitted By:	Dean Bott
Contact E-Mail:	dbott@grandtraverse.org	Contact Telephone:	(231) 922-4680
Agenda Item Title:	Boardman River Flood Plain Mapping		
Estimated Time:	5 minutes <small>(in minutes)</small>	Laptop Presentation:	<input type="radio"/> Yes <input type="radio"/> No

### Summary of Request:

With the removal of the Boardman and Sabin Dams the Federal Emergency Management Agency (FEMA) Flood Insurance rate Maps are no longer accurate. The Flood Insurance Study should also be updated to reflect that the dams have been removed. This matter has been discussed at the Boardman River Dams Implementation Team meetings and one citizen has contacted me requesting that the County update these maps in order for them to save money on their homeowners insurance specific to flood insurance. I requested a proposal from AECOM to update the flood plain maps and the Flood Insurance Study based on the removal of the county dams. AECOM would also work with FEMA to ensure that the revised maps are accepted by FEMA. The proposal is attached for your review and consideration. See the "Approach" paragraph in the proposal for a summary of the work that will be performed.

### Suggested Motion:

Authorization to contract with AECOM to update the FEMA Flood Insurance rate Maps and the Flood Insurance Study to show the impact and changes to the related flood plain due to the removal of the Boardman and Sabin Dams.

### Financial Information:

Total Cost:	\$18,800.00	General Fund Cost:	\$18,800.00	Included in budget:	<input checked="" type="radio"/> Yes <input type="radio"/> No
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If not included in budget, recommended funding source:

This section for Finance Director, Human Resources Director, Civil Counsel, and Administration USE ONLY:

<b>Reviews:</b>	Signature	Date
Finance Director	Dean Bott	21-May-19
Human Resources Director		c
Civil Counsel		
<b>Administration:</b>	<input type="checkbox"/> Recommended	Date:
Miscellaneous:		

### Attachments:

Attachment Titles:

R E S O L U T I O N

**XX-2019**

**Boardman River Flood Plain Mapping**

WHEREAS, The Grand Traverse County Board of Commissioners met in regular session on July 3, 2019, and reviewed request from the Director of Finance to authorize a contract with AECOM to update the FEMA Flood Insurance rate Maps and the Flood Insurance Study to show the impact and changes to the related flood plain due to the removal of the Boardman and Sabin Dams; and,

WHEREAS, with the removal of the Boardman and Sabin Dams the FEMA Flood Insurance rate Maps are no longer accurate; and,

WHEREAS, This matter has been discussed at the Boardman River Dams Implementation Team meetings and one citizen has contact me requesting that the County update these maps in order for them to save money on their homeowners insurance specific to flood insurance; and,

WHEREAS, we requested a proposal from AECOM to update the maps and the Flood Insurance Study based on the removal of the county dams and AECOM would work with FEMA to ensure that the revised maps are accepted; and,

WHEREAS, Their proposal is attached and the funding is in the budget in the amount of \$18,800.00.

NOW, THEREFORE, BE IT RESOLVED BY THIS BOARD OF COMMISSIONERS, THAT Grand Traverse County approve a contract with AECOM in the amount of \$18,800 to perform the services identified.

APPROVED: July 3, 2019



March 21, 2019

Nate Alger, County Administrator  
Grand Traverse County  
400 Boardman Avenue  
Traverse City, MI 49684

**Subject:** Boardman River Letter of Map Revision Proposal

Dear Mr. Alger:

### **Background**

The Boardman and Sabin Dams were removed from the Boardman River and prior to their removal impounded the Keystone Pond and the Sabin Pond, respectively. Now that the dams have been removed, the Federal Emergency Management Agency (FEMA) Flood Insurance rate Maps (FIRMs) are no longer correct. Modifications to the maps should be completed to keep them current. The Flood Insurance Study (FIS) should also be updated accordingly to state that the dams have been removed. The revised mapping will affect Grand Traverse County, Michigan FIRM Panels 26055C0225C and 26055C0228C. Former flooding of the pool behind the dams will be reduced.

### **Approach**

The current FIRMs will be revised to bring them up to date to reflect the removal of the two dams on the Boardman River. The limits of the 100-year floodplain on the effective Flood Insurance Rate Maps are approximate and are not completed with a detailed hydraulic study. The proposed mapping will reflect surveyed topography of the removed dams and their impoundments. The revised 100-year floodplain limits will be determined using the United States Army Corps of Engineers HEC-RAS modeling software. This software was used to develop permits for the dam removal. The proposed conditions modeling of the Boardman River will be used as the basis of the existing conditions mapping. This model will be revised with the as-built surveys of the removed dams and the established Boardman River channel.

### **Data Needs**

The data needs for this map revision have been developed in the design stage of the dam's removals and the subsequent surveying of the as-built ground conditions and the Boardman River channel. The proposed permit HEC-RAS modeling will be updated with the as-built survey data and used to determine the flood elevations and extents.

### **Schedule**

The schedule for this map revision is as follows:

Commence work	Within 2 weeks of NTP
Initial remodeling	Within 6 weeks of NTP
Submit revised mapping for review	Within 8 weeks of NTP
Submit final revised mapping to client	Within 12 weeks of NTP
Finalize mapping based on FEMA comments	Within 16 weeks of NTP

The schedule is dependent on the timing of the notice to proceed (NTP), however it is anticipated that all work will be performed from April 15, 2019 to August 2, 2019.

A task by task update and financial reporting will be submitted monthly for funds expended. The tasks associated with the study will be sequentially listed and numbered as they appear in the following Scope of Work (SOW).

### **Scope of Work**

#### **Task 1: Project Management, Safety, Quality and Communications**

- Project management will be an integral part of the project to ensure that deadlines, deliverables and expectations are met. The communication with the client will be ongoing throughout the project. It will include development and adherence to a Quality Control Plan, tracking and progress reporting, as well as, technical and task specific meetings (internal and external) needed to complete the project.

#### **Task 2: Meetings**

- AECOM will hold a kickoff meeting with Grand Traverse County staff to agree on any updated deadlines/deliverables, and to go over expectations and any issues.
- AECOM will meet with Grand Traverse County staff to present the preliminary revised mapping.
- AECOM will meet, if necessary, with Grand Traverse County staff to present the final revised mapping

#### **Task 3.1: Data Collection**

- As-built topographic surveys have been performed by the contractor for the dam removals, including the areas of the dam removal and the modified Boardman River channel. This data will be synthesized and processed for input into the models. This does not include field survey.

#### **Task 3.2: Hydraulic Modeling**

- AECOM will update the HEC-RAS model to reflect changes in the geometry of the Boardman River due to the removal of the two dams. This modeling will include changes to the site grading and the configuration of new river channel.
- The proposed condition HEC-RAS model used for the design and approval of the dam removals will be updated to reflect existing conditions.

#### **Task 3.3: Hydraulic Technical Memorandum**

- A hydraulic technical memorandum report will be prepared for inclusion with the revised modeling. A 65 percent Hydraulic Report will be developed.
- A 100 percent Hydraulic Report will be the final submittal with the approved map revisions, and updated FIS language.

#### **Task 3.4: Mapping Revisions**

- The existing mapping will be obtained from FEMA.
- Revised limits of the 100-year flood will be developed to revise the current outdated FIRMs for the Boardman River. A preliminary map will be developed for final approval.



AECOM will work with FEMA to revise the maps based on the dam removals. No permitting is required to revise the maps. However, FEMA must accept the map revision for it to become effective.

**Assumptions/Other potential needs**

- It is not anticipated that additional surveying will be required. Additional surveying may be required depending on the quality of the as-built surveys and are considered an add-on service.
- It is assumed that the existing as-built data is sufficient to update the proposed HEC-RAS modeling.
- There is no design required for the revised modeling.
- It is assumed that a detailed engineering study is not required to update the Zone A as shown on the effective mapping. It is further assumed that the flood depths will not be required to be shown on the mapping and that only the lateral extents of the 100-year flood will be shown as a Zone A (No Base Flood Elevations Determined).

**Fees**

Estimated costs to complete the above referenced work include labor and direct expenses. No subcontractors will be required. Actual expenses will be charged on a time and materials. A summary of estimated fees is presented below in Table 1:

**Table 1 - Fee Summary**

<b>Task #</b>	<b>Description</b>	<b>Estimated Charges</b>
<b>1</b>	<b>Project Management</b>	<b>\$2,400</b>
<b>2</b>	<b>Meetings</b>	<b>\$2,000</b>
<b>3.1</b>	<b>Data Collection</b>	<b>\$1,200</b>
<b>3.2</b>	<b>Hydraulic Modeling</b>	<b>\$6,000</b>
<b>3.3</b>	<b>Hydraulic Technical Memorandum</b>	<b>\$3,600</b>
<b>3.4</b>	<b>Mapping Revisions</b>	<b>\$3,600</b>
<b>Total</b>		<b>\$18,800</b>

Compensation for services shall not exceed \$18,800 unless authorized in writing by Grand Traverse County. Invoices shall be submitted monthly.

AECOM is pleased to present this proposal to Grand Traverse County. We are fully prepared to execute the work described in this proposal. AECOM has experienced staff available for all aspects of this project and we look forward to continuing our work for you.

Please contact me (231.922.4290, Dan.DeVaun@aecom.com) should you have any questions.

Sincerely,





A handwritten signature in black ink that reads "Dan DeVaun".

Dan DeVaun, PE  
Project Manager



## Action Request

Meeting Date:	July 3, 2019		
Department:	Human Resources	Submitted By:	Donna Kinsey
Contact E-Mail:		Contact Telephone:	
Agenda Item Title:	Updated Policies and Procedures		
Estimated Time:		Laptop Presentation:	<input type="radio"/> Yes <input checked="" type="radio"/> No
	(in minutes)		

### Summary of Request:

The Human Resources policies and procedures have been reviewed and rewritten because some of the current policies failed to comply with new laws and regulations. Some of the human resources policies have not been updated in over twenty years resulting in outdated, inefficient and non-compliant policies.

Policies and procedures are living documents that should grow and adapt with changes. By taking the time to review Grand Traverse County's policies and procedures ensures that they are consistent and effective. All the policies have been updated to a standard format and the same font.

As a general rule, every human resources policy should be reviewed every one to three years.

All the policies and procedures have been reviewed by the Human Resources Department and Chris Forsyth. Matt Nordfjord has also reviewed the following policies:

- Whistle Blower Policy
- FMLA Policy
- Harassment Policy
- HIPAA Policy
- Disciplinary Policy

**PLEASE NOTE:** For the most part, the policies attached are the same copies that were presented in the packet of June 19th. Exceptions are 1) the Code of Ethics Policy and 2) Paid Time Off Policy. The wording in these policies has been updated to assure accuracy.

### Suggested Motion:

Approve all updated policies and procedures that have been updated and presented by the Director of Human Resources.

### Financial Information:

Total Cost:		General Fund Cost:		Included in budget:	<input type="radio"/> Yes <input checked="" type="radio"/> No
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If not included in budget, recommended funding source:

This section for Finance Director, Human Resources Director, Civil Counsel, and Administration USE ONLY:			
<b>Reviews:</b>	Signature		Date
Finance Director			
Human Resources Director			
Civil Counsel			
<b>Administration:</b>	<input type="checkbox"/> Recommended	Date:	
<u>Miscellaneous:</u>			

### Attachments:

Attachment Titles:

Complete alphabetical listing as well as all policies identified.

RESOLUTION

**XX-2019**

**Update of County Policies and Procedures**

WHEREAS, The Grand Traverse County Board of Commissioners met in regular session on July 3, 2019, and reviewed request to approve the County Policies as updated and presented by the Director of Human Resources; and,

WHEREAS, a thorough review of County policies was made by the Director of Human Resources along with the Deputy Administrator and Civil Counsel as needed; and,

WHEREAS, many county policies had not been updated to comply with new laws and regulations resulting in outdated, inefficient and non-compliant policies; and,

WHEREAS, policies are living documents that should grow and adapt with changes and this review ensures that our policies are current, consistent and effective; and,

WHEREAS, as a general rule, every human resources policy should be reviewed every one to three years and this will be our goal going forward.

NOW, THEREFORE, BE IT RESOLVED BY THIS BOARD OF COMMISSIONERS THAT Grand Traverse County approves the updated policies and procedures as identified and listed in the attachment to this resolution.

APPROVED: July 3, 2019

**List of Policies Updated and Approved by the Board on 6-19-19**

Additional Compensation for Salaried Employees Policy  
American with Disabilities Act Policy  
Classification and Compensation Plan Policy  
Code of Ethics Policy  
Communication Systems Policy  
Compensation for Travel Time Policy  
Compensation Policy  
Contracts between County Employees or Officials and the County  
Controlled Substances and Alcohol Policy  
Disciplinary Action Policy  
Dispute Resolution Policy  
Drug and Alcohol Policy  
Employee Assistance Program Policy  
Employee Status Policy  
Employee Vision Plan Policy  
Equal Employment Opportunity Policy  
FMLA Policy  
Frozen Sick Leave Bank Policy  
Harassment Policy  
Health Insurance Policy  
Hearing Conservation Program Policy  
High Deductible Health Plan  
HIPAA Policy  
Hours of Work Policy  
Introduction to Employment Policy  
Leave of Absence Policy  
Life Insurance Policy  
Longevity Pay Policy  
Nepotism Policy  
Overtime Compensation for Hourly Employees  
Paid Time Off  
Performance Improvement Plan Policy  
Personnel Files Policy  
Reporting Workers Compensation Policy  
Retirement Plan Policy  
Safety in the Workplace Policy  
Salary Basis for Exempt Employees  
Secondary Employment Policy  
Separation Policy  
Severe Weather or Emergency Policy  
Short Term Disability Policy  
Social Security Number (SSN) Privacy Policy  
Solicitation Policy

Travel Policy  
Tuition Reimbursement Policy  
Vacancies and Selection Policy  
Vehicle Policy  
Violence in the Workplace Policy  
Voluntary Employee Benefits Policy  
Whistle Blower Policy  
Written Hazard Communication Program



## Additional Compensation for Salaried Employees Policy

### PURPOSE

Grand Traverse County Additional Pay for Exempt Employees Policy is designed to allow for special compensation for work performed by exempt employees aside from their normal responsibilities.

### POLICY & PROCEDURE

Exempt employees are paid a guaranteed salary for each workweek in which work is performed, regardless of the hours worked. However, occasionally exempts may be required to perform duties above and beyond the call of their usual duties, or work may be available in other departments for which an exempt employee may be eligible for additional pay.

#### Procedure

Grand Traverse County recognizes that some additional compensation may be paid to Exempt Employees without loss of exempt status under the Fair Labor Standards Act (FLSA), and that there are circumstances in which such payments may be in the County's interest. Such payments shall not be for the normal work expected of the employee or on an ongoing basis, but shall be for specific situations as approved. As an example, if a grant requires a volume of work to be accomplished for which it is more expedient to pay additional compensation to a salaried employee rather than hire a temporary employee, such work is outside normal work hours and responsibilities, and does not displace normal work expectations for the salaried employee, then such compensation may be approved, provided it is calculated at the pay rate of the classification under which such work would generally fall.

The Human Resource Director and Administration shall approve the circumstances prior to such compensation being paid, or promised to be paid. If timeliness is an issue, and if the funds are included in an approved budget or grant, the Human Resources Director may approve the compensation be paid until such time as the Administration meets. Each individual payment does not need to be approved. The Human Resources Director shall determine the appropriate rate for such pay that is in keeping with the intent of the County policy and minimizes the County's risk under the FLSA.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.

Approved Policy 1/28/04



## Americans with Disabilities Act Policy

### PURPOSE

The Americans with Disabilities Act (ADA) and the Americans with Disabilities Act Amendments Act (ADAAA) are federal laws that require employers with 15 or more employees to not discriminate against applicants and individuals with disabilities and, when needed, to provide reasonable accommodations to applicants and employees who are qualified for a job, with or without reasonable accommodations, so that they may perform the essential job duties of the position.

It is the policy of Grand Traverse County to comply with all federal and state laws concerning the employment of persons with disabilities and to act in accordance with regulations and guidance issued by the Equal Employment Opportunity Commission (EEOC). Furthermore, it is the company policy not to discriminate against qualified individuals with disabilities in regard to application procedures, hiring, advancement, discharge, compensation, training or other terms, conditions and privileges of employment.

### POLICY & PROCEDURE

#### Procedure

When a qualified applicant with a disability requests accommodation and can be reasonably accommodated without creating an undue hardship or causing a direct threat to workplace safety, he or she will be given the same consideration for employment as any other applicant. Applicants who pose a direct threat to the health, safety and well-being of themselves or others in the workplace when the threat cannot be eliminated by reasonable accommodations will not be hired.

The County will undertake an interactive process with an employee to determine the need for, and extent of, an offered reasonable accommodation. The County may require the employee to provide information from the employee's doctor, appropriate releases, and possible meetings. Failure or refusal of an employee to timely provide such information may result in the denial of a request. If needed, the County will provide a reasonable accommodation—an adjustment or modification that allows the employee to do the job—to a qualified employee with a disability. The County is not required to guess whether a reasonable accommodation is needed. Also, the County is not required to provide the particular accommodation an employee requests if another accommodation will suffice. However, the County must engage in the "interactive process", a dialogue with the employee about accommodations that will meet that person's needs. Contact Human Resources with any questions or requests for accommodation.

Human Resources is responsible for implementing this policy, including the resolution of reasonable accommodation, safety/direct threat and undue hardship issues.

#### Terms Used in This Policy

As used in this ADA policy, the following terms have the indicated meaning:

- Disability: A physical or mental impairment that substantially limits one or more major life activity of the individual, a record of such an impairment, or being regarded as having such an impairment.
- Major life activities: Term includes caring for one's self, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating and working.
- Major bodily functions: Term includes physical or mental impairment such as any physiological disorder or condition, cosmetic disfigurement or anatomical loss affecting one or more body systems, such as neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, immune, circulatory, hemic, lymphatic, skin and endocrine. Also covered are any mental or psychological disorders, such as intellectual disability (formerly termed "mental retardation"), organic brain syndrome, emotional or mental illness and specific learning disabilities.
- Substantially limiting: In accordance with the ADAAA final regulations, the determination of whether an impairment substantially limits a major life activity requires an individualized assessment, and an impairment that is episodic or in remission may also meet the definition of disability if it would substantially limit a major life activity when active. Some examples of these types of impairments may include epilepsy, hypertension, asthma, diabetes, major depressive disorder, bipolar disorder and schizophrenia. An impairment, such as cancer that is in remission but that may possibly return in a substantially limiting form, is also considered a disability under EEOC final ADAAA regulations.
- Direct threat: A significant risk to the health, safety or well-being of individuals with disabilities or others when this risk cannot be eliminated by reasonable accommodation.
- Qualified individual: An individual who, with or without reasonable accommodation, can perform the essential functions of the employment position that such individual holds or desires.
- Reasonable accommodation: Includes any changes to the work environment and may include making existing facilities readily accessible to and usable by individuals with disabilities, job restructuring, part-time or modified work schedules, telecommuting, reassignment to a vacant position, acquisition or modification of equipment or devices, appropriate adjustment or modifications of examinations, training materials or policies, the provision of qualified readers or interpreters, and other similar accommodations for individuals with disabilities.
- Undue hardship: An action requiring significant difficulty or expense by the employer. In determining whether an accommodation would impose an undue hardship on a covered entity, factors to be considered include:
  - The nature and cost of the accommodation.
  - The overall financial resources of the facility or facilities involved in the provision of the reasonable accommodation, the number of persons employed at such facility, the



effect on expenses and resources, or the impact of such accommodation on the operation of the facility.

- The overall financial resources of the employer; the size, number, type and location of facilities.
  - The type of operations of the County, including the composition, structure and functions of the workforce; administrative or fiscal relationship of the particular facility involved in making the accommodation to the employer.
- Essential functions of the job: Term refers to those job activities that are determined by the employer to be essential or core to performing the job; these functions cannot be modified.

The examples provided in the above terms are not meant to be all-inclusive and should not be construed as such. They are not the only conditions that are considered to be disabilities, impairments or reasonable accommodations covered by the ADA/ADAAA policy.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.

Approved Personnel Policy Amendment 6/03.



## Classification and Compensation Plan Policy

### PURPOSE

The salary and benefits provided by Grand Traverse County are for the purpose of obtaining and retaining competent individuals to perform the services the County provides to our citizens. The County will provide salaries on the basis of internal equity and external competitiveness as it is fiscally able to do so.

### POLICY & PROCEDURE

#### Definition

The Classification Plan provides a complete inventory of all positions in the County and accurate descriptions and specifications for each class of employment. The plan standardizes titles, duties, and responsibilities, provides a sound basis for establishing and maintaining an equitable pay system and provides uniform qualification standards for employment and promotion.

#### How jobs are compared?

Comparing and ranking jobs that are quite dissimilar can be a very difficult task. To do this, the County needed a system that was:

- Internally fair (equal pay for equal work)
- Competitive with jobs outside the County
- Flexible and easily administered
- Well communicated and understood

The County has chosen to use a point-factor system, established in 1990 by a consultant, with language modified by an employee committee in 1998. Factors of significant value to Grand Traverse County were identified and are described in this plan. Weights were assigned to each of the factors based on the importance to the organization. Points, based on a 1,000 point scale, were distributed to each of the classifications. Classifications were then grouped into grade levels. It is important to remember that only the work content required for each job is considered in evaluation of the position. The personal attributes and/or performance of the employee who fills the job does not play a role in this process. The job being measured should be viewed in light of its normal or standard activities and accountabilities, not on the basis of an unusual, one-time task or assignment.

## Factors, weights, and distribution of points

FACTORS	WEIGHTS	#LEVELS	1	2	3	4	5
Education	12%	5	24	48	72	96	120
Work Experience	9%	4	4	23	45	68	90
Freedom of Action	14%	5	28	56	84	112	140
Mental Capacity	20%	5	40	80	120	160	200
Job Impact	14%	5	28	56	84	112	140
Communication	18%	5	36	72	108	144	180
Supervision	9%	4	23	45	68	90	
Physical Risks	4%	3	13	27	40		
	100%						

### How are new classifications added to the plan?

When a department head requests a new job, they shall submit a Job Task and Responsibility Questionnaire detailing job tasks to Human Resources. Human Resources shall review the request for placement into the proper classification. If the job does not reasonably fit into a current classification, the department head, Human Resources, and others as needed, shall develop a new classification description based on the job tasks, and the Human Resources Director shall determine point factors for recommendation.

### What if a point factor is in error?

Jobs change over time, and in an attempt to keep point factors accurate, Human Resources shall go over both the classification description and point factors with Department Heads for all jobs at least every five years.

### How are salary schedules determined?

The Board of Commissioners, during the budget process, approves adjustments to the salary schedule to keep salaries in line with cost of living as determined by the Consumers Price Index and Detroit Index for the prior June. The index amount is reduced by the increased cost of health coverage and the cost of any benefit improvements purchased by the individual bargaining group.

### What if the market indicates a different wage range?

Internal equity is the basis of the classification plan, however, external market is also important to confirm that our salary schedules are in keeping with our identified employer market in order to recruit and retain qualified employees. Therefore we will survey the market:

- At least once every 5 years for benchmark classifications
- Whenever difficulty in recruitment or retention becomes a factor
- At the request of the County Administrator or Director of Human Resources

### Any questions?

We believe that our people are our most important resource. The County's salary administration program is designed to provide you with a more effective, objective and fair compensation system. If you have any questions about the classification or compensation system, feel free to talk with your supervisor or call the Human Resources Department.

## FACTOR DESCRIPTIONS

### EDUCATION

This factor measures the minimum level of formal schooling as required by the job description for the position. The job description is established at an entry level which provides a reasonable expectation that the employee will be successful on the job. The factor does not address knowledge or skills acquired as a result of work experience, nor does it address orientation programs or internships.

1. This job requires communication skills (grammar, punctuation, written organization), arithmetic skills (operations using fractions and decimals), and/or other skills that are normally acquired through high school level courses, or through vocational/applied skills courses. These skills are used in activities such as basic typing, completion of schedules and records, and the operation of equipment. Requires a high school diploma or GED equivalency.
2. The job requires knowledge of a specialized nature, normally acquired through a general high school education and specialized training such as that acquired in the first year of college, technical, or business school and which cumulatively is viewed as equivalent to a minimum 24 credit hours of college level training.
3. The job requires advanced training such as that acquired in the first two or three years of college, technical or business school. If the job requires an associate's degree it should be rated at this level.
4. The job requires a professional level of knowledge in a specialized field, equivalent to that which is normally acquired by completing a regular four year college program. If the job requires a bachelor's degree it should be rated at this level.
5. The job requires a professional level of knowledge in a specialized field, equivalent to that which is normally acquired by completing a post-bachelor degree. If the job requires a master's degree it should be rated at this level.

### WORK EXPERIENCE

This factor measures the minimum level of previous work experience related to the job as required by the job description for the position. The job description is established at an entry level which provides a reasonable expectation that the employee will be successful in the job. Individuals do not get additional points for experience which exceeds the minimum required by the job description.

1. Related experience up to one year.
2. Minimum one year experience in an area or combination of areas required by the job description.
3. Minimum three years' experience in an area or combination of areas required by the job description.

4. Minimum five years' experience in an area or combination of areas required by the job description.

## **FREEDOM OF ACTION**

Freedom of Action measures the extent to which decision making, on a routine basis, is controlled by existing policy, procedures, and instructions and the amount of discretion allowed without supervisor involvement. Initiative is expected from all employees in maintaining a workflow.

1. Work is routine and well covered by existing policies, procedures or instructions, and supervision is readily available.
2. Employee performs the work independently within established policies and procedures, and supervision consists of general instructions in new assignments with advice and assistance normally available.
3. Employee exercises considerable discretion for independent decisions based on technical or professional knowledge, with a manager available for consultation in difficult situations.
4. Work is accomplished with freedom to establish, implement and oversee policies in a department or selected division restricted only by broad county wide policies.
5. Job has the freedom to oversee and implement policies that affect the county organization. Coordinates the planning for many large and diverse organizational components with substantial discretion in determining course of action.

## **MENTAL COMPLEXITY**

This factor measures the complexity of issues to be resolved. Complexity is defined as the level of "thinking process" that is required to gather data, analyze situations, make plans, solve problems, make decisions and/or be creative.

1. The methods used in carrying out planning, problem solving, or decision making are defined by standard practices or procedures. A supervisor or coworker is contacted if a task is outside the scope of standard practice.
2. Job tasks require gathering and analysis of information which may be varied. Completion of task may require subjective judgment within defined parameters. Supervisor may be contacted if task is outside scope of technical knowledge.
3. Job tasks require interpretation, analysis, and anticipation of effect. Diverse tasks or situations must be analyzed, solved, and remedial action taken for modification or adaptation as required.
4. Complex issues must be analyzed and planned ahead of execution, frequently without precedent. Trends must be evaluated to reach sound conclusions and frame recommendations on specific matters.
5. Substantial time and effort must be devoted to researching, obtaining and organizing needed data and information. Issues frequently involve analysis of abstract problems which affect the county as a whole or a large division, and where effects are not readily predictable.

## **JOB IMPACT**

This factor reflects the opportunity for decision making and the impact from those decisions. The degree of impact is the extent to which proper or improper performance of duties and responsibilities can either contribute to or interfere with the day to day operations and long term direction of the County, and or its citizens.

1. The duties and responsibilities of the job will have little impact on the image or financial stability of the county and/or the well-being or rights of its citizens. Errors are picked up in subsequent operations.
2. The duties and responsibilities of the job have limited or short term impact on the image or financial stability of the county and/or the well-being or rights of its citizens. Errors will affect the work of others to the extent of requiring time and effort to trace and correct.
3. The duties and responsibilities of the job will have moderate impact on the image or financial stability of the county and/or the well-being or rights of its citizens. Errors would be difficult to detect but have limited public impact.
4. The duties and responsibilities of the job will have significant and/or long term impact on the image or financial stability of the county and/or the well-being or rights of its citizens. Significant impact may include actions or recommendations that affect the safety, life, or incarceration of an individual, or major financial decisions.
5. Critical goals and objectives would not be achieved. The interests of County government would be adversely and very seriously affected.

## **COMMUNICATION**

This factor measures the level of interpersonal and communication skills required in handling business relationships, both internal and external, that are essential to adequate performance of the job and the frequency with which the skill is used.

1. Job duties require interpersonal and communication skills with internal associates regularly, generally on routine matters such as furnishing or obtaining information.
2. Regular customer contact usually in routine situations such as obtaining and/or providing information, may refer difficult contacts to a supervisor.
3. Job requires regular communications with customers that are of a service nature involving the ability to present problems and/or resolve questions. Employees are expected to handle difficult contacts.
4. Frequent customer contacts which require considerable public relations skills. Contacts involve non-routine problems and require in-depth discussion and/or persuasion in order to gain concurrence or to resolve case problems and gain cooperation.
5. Frequent contacts in which the employee may act as a principal spokesman for the County and/or be authorized to make commitments on behalf of the County in important matters.

## **SUPERVISION**

This factor measures the level of authority and span of control of the position in supervising or managing the job performance of other county employees, including the professional development and discipline of staff. Jobs which involve the occasional direction of other employees "in the absence of the supervisor or manager" are not considered to have supervisory or managerial authority.

1. Regularly coordinates, organizes and assigns the work of others. This may include one or more employees, volunteers or non-employees doing the same or closely related work.
2. Working Supervisor who may perform the same duties and responsibilities of his/her subordinates, and/or other distinct non-supervisory duties, while having delegated authority to begin disciplinary actions and guide staff in professional development goals.
3. As a supervisor, has the authority to make important personnel decisions or to "effectively recommend" such decisions, including hiring, disciplinary actions, and promotions. Develops training programs and guides staff in professional development goals.
4. A department head level having full supervisory authority in important personnel decisions including hiring, disciplinary actions, termination and promotion. Additionally, is responsible to initiate, coordinate and evaluate work processes for a particular division or department. May have supervisors between him/her and departmental staff.

## **PHYSICAL RISKS**

This factor measures both the regular physical demands and hazards of the job, including visual concentration, repetitive motion, manual labor, and exposure to safety and health hazards that cannot be eliminated by use of safety devices or recommended safety practices.

1. Job tasks offer regular opportunity for movement, including sitting, standing, walking, some lifting and carrying, visual attention at a computer screen, and operation of machines and equipment. Exposure to accidents and health hazards are unlikely. Most office and administrative positions are classified at this level.
2. Job requires frequent physical effort required in lifting, carrying and moving materials and equipment. Job tasks, such as field work, produce exposure to injuries such as minor burns, cuts, abrasions or falls. Little or no health hazard is involved.
3. Job requires significant strength or stamina in order to perform regular manual labor or job tasks, produce exposure to serious injuries such as cuts, burns, or fractures obtained from use of equipment, hazardous materials, and contact with dangerous people, etc., or to significant health hazards.

## **TERMINOLOGY**

**Job:** The assigned group of tasks for each employee (specific assignment), i.e. "Small Claims Clerk", used for identification within a department only, not always given a title.

**Job Task List:** List of tasks for a specific assignment prepared by the Department Head/Supervisor for each specific position, used for employee understanding of their job and to determine proper classification. This can be done through the Job Task and Responsibility Questionnaire.

**Classification (or Class):** Title of a group of jobs with similar requirements and tasks, i.e. "Secretary".

**Classification (or Class) Descriptions:** Sometimes called Job Descriptions or Position Descriptions, finalized by Human Resources, and used for determining factor levels in the Classification Plan.

**EEO Group:** Broad collection of similar classifications as defined by the Equal Employment Opportunity Commission, i.e. Administrative, Professional, Technical, Paraprofessional, Service/Maintenance, Administrative Support, Skilled Craft, and Protective Service.

**Factors:** Various items determined to be of value in determining Compensation.

**Weight:** The amount of value given to each factor, the weight of all factors will total 100%.

**Factor levels:** Various levels within each a factor. Each Classification should fit one level in each factor better than any other level. Each job within the classification may not fit the level, but the preponderance of the jobs in the Classification should.

**Points:** Each factor level is assigned a number of points, calculated by the weight given the Factor and the number of factor levels within the factor. The total of all points is 1,000.

**Grade:** Grouping of Classifications within specific point spreads. Each grade is assigned a salary level, determined originally by market comparisons of benchmark jobs to counties of similar population size and the larger local employers.

**Benchmark job:** One to three specific jobs within each Grade which has a market comparable readily available. All benchmark jobs shall be surveyed against the market at least once every five years.

**Market:** When one particular classification within a grade is found to be way off in the market (usually determined by difficulty in recruiting), it may be assigned a market multiplier to bring it up (or down) to market. Such market multiplier will be removed at any time that the market is found to change to fit the County's internal comparable.

**Internal Comparison:** The comparison to other county positions, this is the first and most important item in the review of any classification for appropriate factor levels.

## PROCESS FOR REQUEST FOR SPECIAL EVALUATION

BY AN EMPLOYER OR THEIR SUPERVISOR



Sometimes jobs change suddenly, but more often jobs change gradually over a period of time. If, at any time during the year, you believe that your job tasks and responsibilities have changed significantly:

- A. Employees/supervisors will review the employee's task list as identified on the Job Task and Responsibility Questionnaire. (HR strongly recommends that all job assignments have a task list for changes that have occurred in the employee's job. (This could be a group of employees who have the same job assignment)
- B. If (rule of thumb) at least 25% of the employee's time is spent in new tasks that do not fit the current classification, the employee/supervisor should document these changes and present them to the Department Head.
- C. The Department Head will give careful consideration to the request, reviewing the task changes, comparing to the classification description of the current job and to other classifications that may more closely fit the job. The Department Head will forward the request to HR along with documentation only if they feel that there is merit for review.
- D. HR will review and meet with the Department Head, and others as needed, to review the documentation and determine if the job:
  - Better fits another classification - the Department Head will then present a Staffing Plan Amendment to the County Administrator or designee
  - Doesn't reasonably fit any existing classification - determine appropriate point factors for recommendation of a new classification
  - Still reasonably fits the current classification - Department Head will respond to employee/supervisor as appropriate

## **SHIFT OF JOB TASKS FOR AN ENTIRE CLASSIFICATION**

When a Department Head or Human Resources feels that there has been a substantial shift in job tasks of all or most jobs assigned to a classification OR point factors do not fit the classification description:

- A. HR will meet with all the Department Heads who have staff assigned to the classification in question to review the task list changes to revise the classification description.
- B. If the change is significant, HR will recommend amendment to the Point Factors to the County Administrator.

## **How about dollars?**

The total factor points determines the grade, which determines the wage range on the appropriate pay scale. The new pay rate shall be determined by the Compensation policy. If the reclassification is to a higher grade, the policy for Promotion shall be followed. If the reclassification is to a lower grade, current employees will be grandfathered in their current wage range. It is up to the department to find funds in their budget to cover any increased expense.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.

Amended 12/02; Amended 12/03; Amended 10/18



## Code of Ethics Policy

### I. PURPOSE

Grand Traverse County maintains certain policies to guide its employees and appointed and elected officials with respect to standards of conduct expected in fields where improper activities could damage the County's reputation and otherwise result in serious adverse consequences to the County and to employees involved.

The purpose of this policy is to set forth and affirm, in a comprehensive statement, required standards of conduct and practices. All employee and appointed or elected official's actions are significant indications of the individual's judgment and competence. Accordingly, those actions constitute an important element in the evaluation of the employee for retention, position assignments, and promotion. Correspondingly, insensitivity to or disregard of the principles of this policy will be grounds for appropriate management disciplinary action.

### II. POLICY & PROCEDURE

Where government is based on the consent of the governed, every citizen is entitled to have complete confidence in the integrity of his/her government. The public judges its County government by the way County employees and appointed and elected officials conduct themselves in the performance of their respective duties. Devotion to the public trust is an essential part of public service. County employees and appointed and elected officials are the trustees of an important branch of our system of government in which the people must be able to place their absolute trust for the preservation of their health, safety, and welfare.

The proper operation of democratic government requires that County employees, elected and appointed officials be independent, impartial and responsible to the people. County employees and appointed and elected officials must avoid all situations where prejudice, bias, or opportunity for personal gain could influence their decisions. Even the appearance of improper conduct should be avoided.

The purpose of these standards is to provide each employee and appointed and elected officials with clear expectations regarding his/her conduct in the performance of his/her public responsibilities and to give the citizens a standard by which they may be assured that these responsibilities are being faithfully performed.

### III. APPLICATION

The standards of ethical conduct set forth in the Code of Ethics shall be applicable without exception to all employees. Nothing in the Code shall be interpreted as denying any employee his/her rights under the law. In every proceeding with regard to these standards, fundamental due process shall be provided. Employees and officials must faithfully discharge their duties to the best of their ability

without regard to age, race, creed, sex, national origin, or political belief. The public interest must be their primary concern and their conduct in official affairs should be above reproach.

#### IV. REGULATIONS

1. A County Commissioner shall disclose his or her relationship or interest on a matter where he or she has a conflict of interest.
2. A County Commissioner shall disclose his or her relationship or interest on a matter where he or she believes that there is a reasonable appearance of a conflict of interest.
3. A County Commissioner shall refrain from deliberating and shall abstain from voting if he or she believes that he or she has a conflict of interest.
4. If a County Commissioner believes that there is a reasonable appearance of a conflict of interest but that no conflict actually exists, then he or she shall disclose that potential conflict and, if choosing to deliberate or vote on the matter, explain why he or she feels that he or she can still weigh the merits of the matter fairly and objectively and vote in the best interests of the public. He or she shall consider the 13<sup>th</sup> Circuit Court decisions of *Elmwood Citizens for Sensible Growth, et al. v Charter Township of Elmwood, et al.* <http://www.gtchd.org/DocumentCenter/View/178> and *Garfield Neighborhood Watch, et al. v Charter Township of Garfield, et al.* and the potential effects of his or her vote.
5. Confidential Information - An employee or elected or appointed official shall not divulge any confidential information to any unauthorized person or release any such information in advance of the time prescribed for its authorized release for his/her own personal gain or for the gain of others.
6. Personal Business - An employee or elected or appointed official shall not be a party, directly or indirectly, to any contract between himself or herself and the County, unless disclosure and approval is made as required by MCL 15.322 <http://legislature.mi.gov/doc.aspx?mcl-15-322> (Contracts of Public Servants with Public Entities).
7. Favors - An employee or elected or appointed official shall not grant or make available to any person any consideration, treatment, advantage or favor beyond that which it is the general practice to grant or make available to the public at large.
8. Gifts – An employee or elected or appointed official shall not accept any gifts which are made to him or her in his or her public capacity or reasonably could be interpreted as having been given to that person in his or her public capacity.
9. County Personnel or Property – An employee or elected or appointed official shall not use County personnel, property, or funds for personal gain or benefit.
10. Representation of Private Interests – An employee or elected or appointed official shall not directly or indirectly solicit any contract between himself or herself and the County, committee, board, commission or authority he or she represents, unless disclosure and approval is made as required by MCL 15.322. <http://legislature.mi.gov/doc.aspx?mcl-15-322>

11. Supplementary Employment - An employee or elected or appointed official shall not engage in or accept private employment or render services for private interest when such employment or service is incompatible or in conflict with the proper discharge of his/her official duties or would tend to impair their independence of judgment or action in the performance of his/her official duties.
12. Investments in Conflict with Public Responsibilities -- A County employee or elected or appointed official who participates in the making of loans, the granting of subsidies, the fixing of rates, or the issuance of valuable permits or certificates to any business entity shall not have, directly or indirectly, any financial or private interest in the business entity.
13. Respect and Fair Treatment - Public employees as well as elected and appointed officials shall treat all individuals fairly and with respect, regardless of their race, religion, national origin, culture, age, sex, disability, or any other factor.
14. Harassment - An employee or elected or appointed official shall not harass any other person.
15. Employee Privacy - Grand Traverse County respects the privacy of its employees. Employee records will be used only as necessary for business needs. Employee information shall only be shared for business reasons consistent with applicable law.
16. Responsible Use of County Assets - All employees and elected and appointed officials shall protect County assets, such as equipment, supplies, cash, inventory, and information against misuse and/or misappropriation.
17. Information Management - All County information which is considered to be confidential or sensitive in nature shall be adequately secured and safeguarded. Such information includes documents, files, and databases that may be kept on paper, electronically, or on film. Retention and destruction of such information shall be done in accordance with guidelines set by state laws and regulations.
18. Use of E-mail, Internet, and County Intranet – Grand Traverse County has developed specific policies regarding employee use of County e-mail, the Internet, and the County's Intranet while on County time or using County computers. All employees and elected and appointed officials shall comply with these policies. All data stored on County computers and networks, including email either received or sent is considered to be County property and is not private, unless required as such by law.
19. Compliance with applicable laws and regulations - All employees and elected and appointed officials shall comply with all laws, regulations, rules of professional conduct, and County policies that are applicable to their departments.
20. Special Treatment - An employee or elected or appointed official shall not grant any special consideration, treatment, or advantage to any citizen beyond that which is available to every other citizen.
21. County Seal - Unless expressly authorized by the County Administrator, an employee or elected or appointed official shall not use the official County seal for any private use.
22. An employee or elected or appointed official may express his/her personal views with respect to public issues. However, he or she shall not, by use of his or her position or otherwise, represent those personal opinions as those of the County.

#### IV. DEFINITIONS

*Conflict of Interest* means either of the following:

- a) A direct personal interest of: the Commissioner, a current business partner of the Commissioner, a Commissioner's immediate family member, or a Commissioner's immediate family member's current business partner in the outcome of a cause, proceeding, application, or other matter pending before the body.
- b) A direct financial interest of: the Commissioner, a current business partner of the Commissioner, a Commissioner's immediate family member, or a Commissioner's immediate family member's current business partner in the outcome of a cause, proceeding, application, or other matter pending before the body.

*Current Business Partner*: a person or company with which the Commissioner or the Commissioner's immediate family member is sharing business ownership or management. This would also include the Commissioner's or immediate family member's employer.

*Direct*: an interest—whether personal or financial—is direct if it is all of the following: (1) not common to other members of the Commission, (2) connected to the Commissioner, immediate family member, or current business partner without conjecture, and (3) connected to the Commissioner, immediate family member, or current business partner without multiple intervening parties or factors.

*Disclose*: a full and honest description of the relationship or interest that underlies the conflict of interest or reasonable appearance of a conflict of interest. This disclosure must take place either (1) in writing prior to an open meeting where the matter or cause is to be deliberated or acted upon, or (2) during the open meeting but prior to the matter or cause being deliberated or acted upon.

*Financial Interest*: a pecuniary interest that could accrue gain or suffer loss due to the outcome of the cause, proceeding, application, or other matter. Financial interest includes, but is not limited to:

- (1) Any interest as a partner, member, employee, or contractor in or for a co-partnership or other unincorporated association;
- (2) Any interest as a beneficiary or trustee in a trust;
- (3) Any interest as a director, officer, employee, or contractor in or for a corporation;
- (4) Any legal or beneficial ownership of 10% or more of the total outstanding stock of a corporation;
- (5) Any legal or beneficial ownership of any real property.

*Gift*: the term "gift" does not include promotional items of nominal value such as calendars or pens. "Gift" also does not include "give-away" items or prizes that are provided at conferences, seminars, formal training sessions, so long as such items are equally available to all attendees. "Gift" also does not include any donations that have been made to a County office or department for the general use by the office, or persons served by the office.

*Immediate Family Member*: a Commissioner's spouse, domestic partner, child, parent, grandparent, sibling, aunt or uncle, or brother or sister-in-law.

*Personal Interest*: an interest where a non-financial benefit would inure to the Commissioner, immediate family member, or current business partner.

## **VI. REPORTING PROCESS**

All employees, elected and appointed officials have a responsibility for reporting concerns about potential unethical behavior. Such concerns and/or questions about whether actions are considered unethical or a violation of the State Ethics Reform Act and/or this Ethics Policy can be reported to the Human Resources Director.

It shall also be a violation of this policy for any informant to make a baseless allegation of unethical behavior that is made with reckless disregard for truth and that is intended to be disruptive or to cause harm to another individual. Any violation of this section will result in disciplinary action.

## **VII. INVESTIGATIVE PROCEDURE**

Allegations of violations of the State Ethics Reform Act and/or this Ethics Policy Statement shall be promptly investigated by an individual or a team of individuals designated by the County Administrator. The results of this team's investigation shall be communicated in writing to the County Administrator and/or other appropriate designated personnel.

## **VIII. ENFORCEMENT**

Any employee or appointed official who violates the provisions of this Code shall be subject to disciplinary action up to and including discharge.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.

Approved Personnel Policy 4/92 (12/03) Amended 5/07



## County Communications Systems Policy

### PURPOSE

This policy defines acceptable use of all communication systems such as, but not limited to, computers, the internet/intranet, telephones, cell phones, voicemail, and personal digital assistants (PDAs) by any authorized users while using Grand Traverse County owned or leased equipment, facilities, internet/intranet addresses, or domain names registered to Grand Traverse County herein known as the County. The County reserves the right to change these policies at any time. Notice will be given to employees of such changes and effective date. The County's communication systems shall be used in a manner consistent with its public service, business, and administrative objectives.

### POLICY & PROCEDURE

#### Definitions

Users - Any Grand Traverse County employee (full-time, regular or irregular part time, job share, co-op or temporary), volunteers, interns, contractors, vendors, or any other individual having approved access to the County's communication systems.

Communication systems - Electronic modes of communication including, but not limited to, computers, email, telephones, cell phones, voicemail, personal digital assistants (PDAs), peripherals, Internet/Intranet Protocol addresses, domain names registered to the County, and other equipment.

#### Offenses

The County promotes communication systems that assist employees in performing County missions. It is expected that employees will use the communication systems to improve their job knowledge, to access technical and other information on topics which have relevance to the County, and to communicate with their coworkers, other Government agencies, and industry.

Limited personal use of County's Communications Systems is allowed. Such use should be kept to a minimum, and must not interfere with the employee's work and must not result in additional cost to the County. As property of the County, activities involving the communications systems are not private, and users should have no expectation of privacy in the use of these resources in compliance with applicable laws. This includes personal data stored on these systems.

The following uses of the County's communication systems are not permitted unless approved by the IT department or County Administration.

- Opening any communication system equipment with the intention of changing the hardware configuration. Vendor supported equipment is excluded.



- Attaching equipment to the County network, or allowing another person to attach equipment to the County network. This includes equipment brought in for vendor demonstrations.
- Relocating County equipment with the exception of portable devices, such as laptops, tablets, and/or mobile devices. Transferring or disposing of County equipment to another department or agency. Vendor supported equipment is excluded.
- Engaging in downloading, copying, or installation of software. All software must be approved by the IT department. This includes, but is not limited to, freeware, shareware, screensavers, and personal software.

Users should note that if they arrive at a point in downloading where they are asked if they would like to “install”, they must contact their designated IT Technician before proceeding.

- Use, access, display or distribution of files containing obscenity, profanity, pornography or expressions of discriminatory bias or animosity toward legally protected classes; unless for a legitimate County function.
- Engaging in any activity that would compromise the security of the communication systems. This includes, but is not limited to, sharing passwords, downloading software or allowing others access to communication systems resources.
- Installing County-owned software on home computers is prohibited.
- Using the communication systems for promoting a personal business or for-profit work including, but not limited to, lobbying, solicitation, fundraising, and gambling.
- Using the internet to listen to the radio, watch movies/video clips, etc. that may cause the network bandwidth to be over-taxed, unless it is specifically worked related content.
- Knowingly access or attempt to access restricted portions of the network, operating system, security software or other applications for which authorization has not been granted.

## **Enforcement**

Anyone aware of a suspected violation of this policy will report their concerns to the Human Resources (HR) Director. Information Technology (IT) personnel will report violations, in written form, to the users’ department head, HR Director, IT Director, and the user. The HR Director will follow up with the department head. In the case of a vendor/contractor, the HR Director will follow up with the IT Director and the County Administrator.

Violation of this policy may result in confiscation of the Communication System, or disciplinary action, up to and including termination, and/or referral to legal authorities. Grand Traverse County may limit, suspend, monitor, or revoke communications access at any time in accordance with applicable laws.

## **Application to Other Policies/Laws**

This policy is in addition to other county policies and does not replace such. Users should understand that this policy may be less restrictive than other County / Departmental policies. In such cases, the more restrictive policy takes precedence. Exceptions to this policy may be made with the County Administrator’s written approval.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.



## Compensation for Travel Time Policy

### PURPOSE

This policy describes how travel time is calculated and the proportion that is included into working time (contact and the proportion of travelling time combined) calculation to ensure that employees are paid at least National Minimum wage for all working time. This policy applies to all modes of transport used.

### POLICY & PROCEDURE

Normal travel (commute travel) from home to work, and vice versa at the end of the workday, is not considered hours worked.

Time spent traveling to conferences, seminars, or other training shall be compensated as required by the Fair Labor Standards Act (FLSA). The principles which apply in determining whether time spent in travel is compensable time depends upon the kind of travel involved, as detailed below.

For required training when the employee must spend the night away from home, the FLSA requires all time spent traveling during the employee's normal working hours, even on regular days off, (excluding regular meal periods) to be compensated. Overnight travel outside of regular working hours as a passenger on an airplane, train, boat, bus or automobile is not considered work time.

For required training that does not require an overnight stay, the FLSA requires that all travel time (excluding meal periods and travel between home and the point of departure) to be compensated. Where possible the supervisor may approve the employee to travel during their regular work hours.

When a conference or other training (possibly required for certification renewal but not necessarily required by the employer) is available during the employee's regular work schedule, but is of mutual benefit to the employee and to the County, the supervisor may release the employee from their regular duties to attend. In such case the employee shall be compensated only up to their normally scheduled hours.

Employees who are exempt under the Fair Labor Standards Act may travel during normal work hours without loss of salary. Employees doing so must make prior arrangements with their supervisor.

### Travel between Work Locations

Once employees start their workday, and the employee's job involves traveling from one work place to another after reporting for the day's work, the travel time must be counted as hours worked.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.



## Compensation Overview Policy

### **PURPOSE**

The purpose of this policy is to provide guidelines for establishing and administering compensation. Grand Traverse County aspires to provide compensation that is equitable and competitive.

### **POLICY**

#### **Initial Salaries**

New appointments are generally at the first step of the new position's pay grade. Appointments above the minimum rate may be authorized if the department head submits reasons in writing to the County Administrator. Approval will be based, among other things, on the exceptional qualifications of the appointee, extensive past service, or the inability to employ eligible candidates at the minimum rate of the class, as well as the availability of budgeted funds. Training steps may be used for temporary or on-call employees. In addition, training steps may be used for new employees who do not meet the minimum requirements of the job, but whom the employer has hired for such reasons as a lack of fully qualified applicants, or pending a degree or certification which is expected shortly. In such instances the new employee will be moved to the minimum of the grade as soon as the minimum qualifications of the classification are met.

#### **Step Increases**

Each step within the salary range shall be of one year duration. Step increases may be granted before the scheduled time in exceptional cases in which the employee's productivity or rate of development warrants special recognition to stimulate continued growth or as a reward for specific accomplishments of major value to the County. Such actions require written justification on the part of the department head and the approval of the County Administrator. The step increase may be withheld for the specific period of time until expectations are met if the employee is not meeting the expectations of the job.

#### **Pay Rates**

##### **Transfer**

If the transferred employee's former pay rate is less than the minimum rate in the new class, it shall be advanced to the minimum rate for the class. If the current pay rate is more than the maximum rate in the new class, it shall be reduced to the maximum rate for the class. If the current pay rate falls within and is at the established step of the new class, it shall remain at his/her current rate. If the current pay rate falls within the new class but does not correspond to an existing step, it shall be advanced to the next higher step. The employee's anniversary date (for step increase) will stay the same.

##### **Promotion**

If the promoted employee's former pay rate is less than or falls within the range for the new class, it shall be adjusted to the lowest step which gives a minimum of a 4.5% increase. Consideration will be given for an extra step in the event the employee was eligible for a step increase within the next six months, under the guideline that the combination of the rate increases shall not exceed 10%. The employee's anniversary date (for step increase) will change to the effective date of the new class.

### **Demotion**

If the current pay rate is more than the maximum rate of the new class, it shall be adjusted to the maximum or an intermediate step as determined by the department head. If the current pay rate falls at an established step within the range of the new class, it shall remain the same or be adjusted to the next lower step as determined by the department head. If the current pay rate falls within the range of the new class, but doesn't correspond to an established step, it shall be adjusted to the next lower step, or any lower step as determined by the department head.

### **Reemployment**

If an employee is reemployed within one year in the same class, the employee shall be paid at the same grade and step he or she received at the time of termination if this rate does not exceed the prevailing maximum salary assigned to the class. If the rate for the grade and step at the time of termination exceeds the maximum rate assigned to the class, the employee shall be paid at the maximum rate.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.

Approved: Board of Commissioners 4/92, amended 9/95, 7/99



## Contracts between County Employees or Officials Policy

### PURPOSE

To establish the requirements related to contracting with current or former employees of Grand Traverse County for the provision of goods and/or services.

### POLICY & PROCEDURE

#### Principles

Grand Traverse County is committed to ensuring its contractual process and standards are consistent, transparent, provide sound financial stewardship, facilitate delivery of quality services, and balance efficiency of operations with operational and financial risk.

To ensure contracts, particularly sole source contracts, with current or former Grand Traverse County employees are held up to the utmost scrutiny, accountability, are consistent with the Grand Traverse County's Conflict of Interest Bylaw, and reflect fairness in spending public funds.

Restrictions on contracting with current or former employees apply whether the employee is providing the goods or services directly to Grand Traverse County or through a company that is owned, controlled, or managed by the employee or by an immediate family member of the employee. The current or former employment relationship must be disclosed by the current or former employee as part of the normal procurement process and/or during the negotiation of any contract in accordance with Grand Traverse County policy.

#### Full time Officials and Employees

An officer or employee who is paid for working an average of more than twenty-five (25) hours per week for the County shall not be a party, directly or indirectly, to any contract between himself or herself and the County. A full time employee shall not participate, directly or indirectly, in the solicitation, negotiation or approval of any contract between himself and the County.

#### Part time Officials and Employees

An officer or employee who is paid for working an average of twenty-five (25) hours or less per week for the County shall not be a party, directly or indirectly, to any contract between himself or herself and the County unless all of the requirements of MCL 15.323 have been met. A part time employee shall not participate, directly or indirectly, in the solicitation, negotiation or approval of any contract between himself and the County unless all of the requirements of MCL 15.323 have been met.

#### Conflict of Interest Questions

Officers and employees who are unsure about whether a conflict exists should consult the prosecuting attorney.

It is important to note that the definitions of full time and part time apply to this particular "Contracts with County Employees or Officials" policy only.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.

Approved Personnel Policy 5/07



## Controlled Substance and Alcohol Policy

### PURPOSE

This alcohol and controlled substances policy, herein referred to as "the policy", has been established by Grand Traverse County, and herein referred to as "the county", to address the adverse impact of employee substance abuse on the health, productivity and the safe environment of the work place, to include our nation's public highways. The policy is applicable to every person who operates a commercial motor vehicle on public roadways under the County's authority, and who is subject to the commercial driver license requirements of the Federal Motor Carrier Safety Regulations. The policy is designed to assist in the protection of the health and well-being of the driver, the general public, and the County's property and assets, as well as the property and assets of our clients and customers.

All drivers are hereby notified that compliance with this policy and Federal Motor Carrier Safety Regulations, CFR 49 Parts 40 and 382, are among conditions required for continued employment, or to continue as an independent contractor, with the County. This policy or any of its terms is not intended to create a contract of employment or to contain the terms of any contract of employment. The County retains the sole right to change, amend or modify any term or provision of this policy without notice. This policy is effective January 1, 2002, and supersedes all prior policies relating to alcohol and controlled substances.

Alcohol and Drug Testing Program Administrator FMCSR 382.601 (b) (I) will be the Human Resources Director.

### POLICY & PROCEDURE

#### Federal Motor Carrier Safety Regulations (FMCSR)

Every driver employed by or contracted to the County has been issued a copy of the Federal Motor Carrier Safety Regulations, herein referred to as FMCSR. Many times, the policy will refer to FMCSR and specific references will be made to actual regulations (i.e. FMCSR 382.601 (b) (I) as used on page 1. These references are made to assist you in locating the actual regulation and to keep the length of this policy reasonable.

#### Definitions

For the purpose of this policy the term "County Premises" includes:

1. All premises and locations owned by, leased by, or under the control of the County, including all parking lots, lockers, and storage areas;
2. All premises and locations at which work is performed by the County or any of its employees or which are assigned to the County for its use or any of its employees by any client or customer including all parking lots, lockers, and storage areas.
3. All automobiles, aircraft, trucks and other vehicles owned by, leased by, used by, or otherwise under the control of the County or any of the County's clients or customers.



For definitions of the following terms, refer to FMCSR 382.107

Actual knowledge	Alcohol
Alcohol concentration (or content)	Alcohol use
Commerce	Commercial Motor Vehicle
Confirmation (or confirmatory) drug test	Confirmation (or confirmatory) validity test
Confirmed drug test	Controlled Substances
Consortium/Third Party Administrator (C/TPA)	Designated Employee Representative (DER)
Disabling Damage	DOT Agency
Driver	Employer
Licensed medical practitioner	Performing (a safety-sensitive function)
Positive Rate	Refuse to submit
Safety-sensitive function	Screening test (also known as initial test)
Stand-down	Violation rate

### **Drivers Subject to Testing FMCSR 382.103**

As discussed earlier, this policy and FMCSR Part 382 applies to every person who operates a commercial motor vehicle on public roadways and is subject to the commercial driver's license requirements of FMCSR Part 383.

Drivers will be subject to alcohol testing only while they are performing a safety-sensitive function as defined in FMCSR 382.107 and any of those on-duty functions set forth in FMCSR 395.2 - On-Duty time, paragraphs I through 7. Drivers may be directed by the employer to only undergo reasonable suspicion testing for alcohol while the driver is performing safety-sensitive functions, just before the driver is to perform safety-sensitive functions, or just after the driver has ceased performing such functions.

### **Prohibited Conduct**

**Prescription medications:** In addition to the prohibitions on controlled substances use and alcohol misuse, discussed in more detail below, drivers taking medications prescribed by a licensed health care professional familiar with the driver's work-related responsibilities must report such use to their supervisor, department manager, or the alcohol and drug testing program administrator. The County reserves the right to require drivers taking prescription medications to provide written documentation from the prescribing physician indicating that they are aware of the driver's work related responsibilities and that the medication will not interfere with the driver's ability to perform safety-sensitive functions. The County also reserves the right to seek additional opinions from qualified medical personnel concerning the potential effects of the prescribed medication on a driver's ability to perform safety-sensitive functions. The County reserves the right to prohibit a driver from performing safety-sensitive functions while he/she is taking prescription medications. Any such prohibition will be without prejudice and the driver will be allowed to return to duty upon ceasing to use the medication or when sufficient information, provided by qualified medical personnel, leaves no doubt that the driver's ability to perform his/her safety-sensitive duties will not be adversely affected.

**Alcohol concentration:** FMCSR 382.201 prohibits a driver from reporting for duty or remaining on duty requiring the performance of safety-sensitive functions while having an alcohol concentration of 0.04 or greater.

**On-duty use of alcohol:** FMCSR 382.205 prohibits a driver from using alcohol while performing safety-sensitive functions.

**Pre-duty use of alcohol:** FMCSR 382.207 prohibits a driver from performing safety-sensitive functions within four hours after using alcohol.

**Use of alcohol following an accident:** FMCSR 382.209 prohibits a driver required to take a post-accident alcohol test under FMCSR 382.303 from using alcohol for eight hours following the accident, or until he/she undergoes a post-accident alcohol test, whichever occurs first.

**Refusal to submit to a required alcohol or controlled substances test:** FMCSR 382.211 prohibits a driver from refusing to submit to a post-accident alcohol or controlled substances test required under FMCSR 382.303, a random alcohol or controlled substances test required under FMCSR 382.305, a reasonable suspicion alcohol or controlled substances test required under FMCSR 382.307, or a follow-up alcohol or controlled substances test required under FMCSR 382.311.

**Controlled substances use:** FMCSR 382.213 prohibits a driver from reporting for duty or remaining on duty requiring the performance of safety-sensitive functions when the driver uses any controlled substance, except when the use is pursuant to the instructions of a licensed medical practitioner, as defined in FMCSR 382.107, who has advised the driver that the substance does not adversely affect the driver's ability to safely operate a commercial motor vehicle.

**FMCSR 382.213(c) Allows and employer to require a driver to inform the employer of any therapeutic drug use.** The County exercises this option in its previous policy statement on Prescription medication.

**Controlled substances testing:** FMCSR 382.215 prohibits a driver from reporting for duty, remaining on duty, or performing any safety-sensitive function, if the driver tests positive or has adulterated or substituted a test for controlled substances.

*It should also be noted that each of the regulations cited as prohibiting a driver from certain acts, equally prohibits the employer from permitting the driver to perform or continue to perform safety-sensitive functions if the employer has actual knowledge that the driver has violated that prohibition.*

## **Other Prohibitions**

**Contraband:** While not specifically prohibited by FMCSR 382, the possession, concealment, transportation, promotion, purchase and/or sale of the following items is strictly prohibited on all County premises:

- Alcohol
- Controlled substances
- Designer Drugs
- Firearms, weapons, explosives and ammunition.
- Drug paraphernalia
- Stolen Property
- Radar Detector

**Client/customer rules:** While not addressed in FMCSR, the breaking of rules and requirements of the County's clients and customers is prohibited.

**TESTS REQUIRED**  
**FMCSR 49CFR-Part 382 Subpart**  
**C Pre-employment testing**  
**FMCSR 382.301**

Prior to the first time a driver performs a safety-sensitive function for an employer, the driver shall undergo testing for controlled substances. No employer shall allow a driver to perform safety-sensitive functions until the driver has been administered a controlled substances test, and has received a test result from the medical review officer indicating a verified negative test result. ***Although the 382.301 (b) & (c) do allow for an exception on pre-employment controlled substances testing under certain circumstances, it is the policy of the County to have all drivers tested under our program. The County will not accept a drug test result obtained from a previous employer or other source in lieu of a pre-employment test administered within our program.***

**Post-accident testing**  
**FMCSR 382.303**

As soon as practicable following an occurrence involving a commercial motor vehicle, operating on a public road in commerce, each employer shall test for alcohol and controlled substances each surviving driver who was performing safety-sensitive functions with respect to the vehicle, if the accident involved the loss of human life or who receives a citation under State or local law for a moving traffic violation arising from the occurrence that is determined to be an accident.

If a driver is involved in an accident that results in the loss of human life he/she must submit to alcohol and controlled substance testing regardless of the circumstances of the accident. Otherwise if the accident results in one of the vehicles involved being towed from the scene, or someone being transported for immediate medical attention, the driver must be tested for alcohol and controlled substances only if he/she were issued a citation for a moving violation in conjunction with the accident. ***In other words, if there is no fatality and the driver was not issued a citation for a moving violation arising from the accident, the driver does not have to be tested.***

It is critical that the driver notify the County as soon as possible after an accident so the needed steps can be taken to comply with FMCSA 382.303. ***Failure to notify the County in a timely and accurate manner will subject the driver to severe discipline up to and including termination.***

**Alcohol tests:** If a test is required, the employer must make an attempt to have the driver tested within two hours following the accident. ***If the driver knows he/she must be tested, he/she should request the law enforcement officers on the scene perform an alcohol test. The results of tests administered by law enforcement officers will be accepted and no further alcohol testing will be required.*** If the test is not completed within two hours, the County must continue to attempt to have the driver tested for up to eight hours after the accident. If the driver has not been tested for alcohol within eight hours of the accident, the County will cease to attempt to administer the test.

***Remember, that the driver is prohibited from using alcohol for eight hours following an accident, or until he/she undergoes a post-accident alcohol test.***

**Controlled substances tests:** If a test is required, it must be administered within 32 hours following the accident. Although the time allowed to administer the controlled substances test seems generous when compared with the alcohol testing requirements, it is critical that the driver communicate the details of the accident to the County as quickly and completely as possible so the County can determine if a test is needed and make the arrangements required to facilitate a test if one is needed.

FMCSR 382.303 (e) states "a driver who is subject to post-accident testing shall remain readily available for such testing or may be deemed by the employer to have refused to submit to testing. Nothing in this section shall be construed to require the delay of necessary medical attention for injured people following an accident or to prohibit a driver from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident, or to obtain necessary emergency medical care." **Remember, a refusal to submit to testing is prohibited.**

All drivers will be provided with the policies of the County regarding procedures and instructions for accident reporting and post-accident requirements, including the requirements of FMCSR 382.303, prior to operating a commercial motor vehicle for the County.

#### **Random testing FMCSR 382.305**

The selection of drivers for random alcohol and controlled substances testing will be made by a scientifically valid method as described in FMCSR 382.305(i). Drivers will be selected at a rate that ensures compliance with FMCSR 382.305(f). **All random tests for alcohol and controlled substances will be unannounced and the drivers, when notified of their selection, will proceed to the appropriate test location immediately.** Random alcohol tests will be administered when the driver is performing a safety-sensitive function, just before the driver is to perform a safety-sensitive function, or just after the driver has performed a safety-sensitive function. The County will ensure that the random tests for alcohol and controlled substances are spread out evenly through the year and that each driver will have an equal chance of being tested each time selections are made.

#### **Reasonable suspicion testing FMCSR 382.307**

**Alcohol tests:** The County shall require a driver to submit to alcohol testing when a reasonable suspicion exists that the driver has violated the prohibitions of FMCSR Subpart B concerning alcohol. A driver may be subjected to reasonable suspicion alcohol testing only if the observations required by FMCSR 382.307 (a) are made while the driver is performing safety-sensitive functions, just before the driver is to perform safety-sensitive functions, or just after the driver has ceased to perform safety-sensitive functions. **Alcohol tests based on reasonable suspicion cannot be administered by the person who made the determination that reasonable suspicion exists.** An alcohol test required by FMCSR 382.207 should be administered within two hours, but if not, the County will continue to attempt to test the driver for eight hours after the determination that reasonable suspicion exists. Once the determination has been made that reasonable suspicion exists, the driver will not be permitted to perform or continue to perform any safety-sensitive function until an alcohol test is administered and the driver's alcohol concentration measures less than 0.02 or twenty-four hours have elapsed following the determination. In the unlikely event that an alcohol test cannot be completed within eight hours of the determination that reasonable suspicion exist, the driver will be relieved from the performance of all safety-sensitive functions for a period of at least twenty-four hours and although there will be no confirmation of prohibited conduct, the driver may still be subject to disciplinary action based on compelling evidence that prohibited conduct did occur. **Any disciplinary action based on less than a confirmed alcohol test result of 0.02, regardless of how compelling the evidence may be, will be based on the County's authority independent of the FMCSR Part 382.**

**Controlled substances tests:** An employer shall require a driver to submit to a controlled substances test when the employer has reasonable suspicion to believe that the driver has violated the prohibitions of FMCSR Subpart B concerning controlled substances. Once the determination that reasonable suspicion exists is made, the driver will be relieved from the performance of all safety-sensitive functions, administered a controlled substances test in accordance with applicable Federal

requirements immediately, and will not be allowed to return to the performance of safety-sensitive functions until such time that the County receives a verified negative test result from the medical review officer. A written record of the observations leading to a controlled substances reasonable suspicion test will be made and signed by the supervisor or County official who made the observations within 24 hours of the observed behavior or before the results of the controlled substances test are released, whichever is earlier. In the unlikely event that a controlled substances test cannot be administered within 32 hours following the determination that reasonable suspicion exists, the driver may still be subject to disciplinary action based on compelling evidence that prohibited conduct did occur. Any disciplinary action based on less than a confirmed positive controlled substances test, regardless of how compelling the evidence may be, will be based on the County's authority independent of the FMCSR Part 382.

**Supervisor training:** The person who makes the determination that reasonable suspicion exists must be trained to recognize the indicators of probable alcohol misuse and use of controlled substances in accordance with FMCSR 382.603. The determination that reasonable suspicion exists to require a driver to undergo alcohol or controlled substances testing must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, and speech or body odors of the driver. In the case of controlled substances determinations, these observations may include indications of the chronic and withdrawal effects of controlled substances. FMCSR 382.603 requires each employer to ensure that all persons designated to supervise drivers receive at least 60 minutes of training on alcohol misuse and receive at least an additional 60 minutes of training on controlled substances use. The training shall cover the physical, behavioral, speech, and performance indicators of probable alcohol misuse and use of controlled substances.

*Those trained personnel have the authority to relieve a driver from the performance of safety-sensitive functions and begin the process of requiring a driver to undergo testing for alcohol, controlled substances, or both. However, it should be noted that the County will not tolerate abuses of that authority and any person found to have abused that authority will be subject to swift and severe disciplinary action.*

### **Return-to-duty testing** **FMCSR 49CFR Part 40 Subpart 0-40.305**

**Alcohol tests:** Each employer must ensure that before a driver returns to duty requiring the performance of safety-sensitive functions after engaging in conduct prohibited by FMCSR 382 Subpart B concerning alcohol, the driver shall undergo a return-to-duty alcohol test with a result indicating an alcohol concentration of less than 0.02.

**Controlled substances tests:** Each employer must ensure that before a driver returns to duty requiring the performance of safety-sensitive functions after engaging in conduct prohibited by FMCSR 382 Subpart B concerning controlled substances, the driver shall undergo a return-to-duty controlled substances test with a verified negative result.

*Return-to-duty testing can only be administered by an employer who wishes to allow a driver to return to duty after an evaluation of the driver by a qualified Substance Abuse Professional (SAP) in accordance with the provisions of Part 40 Subpart 0.*

**Follow-up testing**  
**FMCSR 49CFR Part 40 Subpart 0-40.307**

Following any positive test for alcohol and/or controlled substances, each employer shall ensure that any driver they wish to allow to return to the performance of safety-sensitive duties is subject to unannounced follow-up testing as directed by a Substance Abuse Professional (SAP) in accordance with the provisions of FMCSR 40.307 and 40.309.

**TESTING PROCEDURES**  
**Alcohol Testing**  
**FMCSR Part 40 Subparts J, K, L, M, & N**

All testing will be conducted in strict compliance with FMCSR Part 40 Subpart C.

**Testing Equipment:** All alcohol tests will be conducted by qualified technicians using testing equipment that meet all of the guidelines set forth in FMCSR Part 40. The National Highway Traffic Safety Administration (NHTSA) publishes a Conforming Products List (CPL) and identifies on that list which devices have been approved for screening tests and for confirmation tests. All screening tests must be conducted using equipment and technology that appear on the CPL and have been approved for use in conducting screening tests. All confirmation tests must be conducted using equipment that appears on the CPL and has been approved for use in conducting confirmation tests.

**Testing Locations:** All alcohol testing will be done in a location that affords the individual being tested the maximum amount of visual and aural privacy possible, preventing unauthorized persons from seeing or hearing test results. The County reserves the right to choose the testing location, and may conduct tests on the County premises or direct drivers to other locations for testing depending on the circumstances.

**Preparation for Testing:** In preparing to test the driver, the technician performing the test will ensure that the individual being tested is positively identified. The technician shall explain the testing procedure to the driver. *Although alcohol testing forms should be uniform, the testing procedures could vary somewhat from one testing method to another or from different testing devices.*

**Procedures for screening tests:** The driver must cooperate with the technician conducting the test. Combativeness or failure to follow the instructions of the technician can be regarded as a refusal to take the test, which is prohibited by this policy and the FMCSR 382.211. During the testing process the driver will be required to do certain things at the direction of the technician; these are listed below:

- Complete Step 2 on the form (Alcohol Testing Form), signing the certification.
- Refusal to sign will be considered a refusal to take the test.
- Sign and date the form in Step 4 when the test is completed if required.
- Otherwise cooperate with the technician as required to complete the test.
- The driver should be sure to obtain his/her copy (Copy 2) of the test.

Any test result indicating an alcohol concentration of less than 0.02 is a negative test and completes the testing process. No further testing for alcohol is authorized.

Any test result indicating an alcohol concentration of 0.02 or greater will require that a confirmation test be performed. If the confirmation test is to be performed by a different technician, the technician who conducts the screening test shall complete and sign the form and provide the driver with Copy 2 of the form.

**Procedures for confirmation tests:** If the technician conducting the confirmation test is not the same technician who conducted the screening test, the new technician will be required to ensure that the individual being tested is positively identified. The driver will be instructed not to eat, drink, put any object or substance in his/her mouth, and, to the extent possible, not belch during the waiting period before the confirmation test. The technician shall proceed with the test at the end of the waiting period, even if the employee has disregarded these instructions. The technician will note any failure or refusal on the part of the individual being tested to follow these instructions. This waiting period begins with the completion of the screening test and shall not be less than 15 minutes. This waiting period is for the benefit of the individual being tested; it is mandated to prevent any accumulation of mouth alcohol leading to an artificially high reading. *Again, any combativeness or failure to follow the instructions of the technician could be regarded as a refusal to take the test.*

In the event that the screening and confirmation tests results are not identical, the confirmation test result is deemed to be the final result upon which any action under FMCSR rules shall be based. Only designated representatives of the employer will have access to the results of a driver's alcohol test results and those results shall be stored so as to ensure that confidentiality is maintained.

**Refusals to test and uncompleted tests:** Refusal by a driver to sign the alcohol testing form (step 2) or otherwise cooperate with the testing process in a way that prevents the completion of the test shall be noted by the technician in the remarks section of the form. The testing process will be terminated and the technician will notify the employer of the refusal to test immediately. If a screening test cannot be completed, or if an event occurs that would invalidate the test, the technician shall, if practicable, begin a new screening or confirmation test, as applicable, using a new alcohol testing form.

**All alcohol is the same:** It should be noted that the results of an alcohol test are immediate. There is no laboratory or medical review officer involved in the process. The reason being that the consumption of and being under the influence of even small amounts of alcohol is prohibited by Federal Law. These prohibitions make no distinction between alcohol found in alcoholic beverages and alcohol found in cough medicine or mouthwash. The regulations prohibit all alcohol. **There is no such thing as acceptable or "medically allowable" alcohol.** It is important that you take this into consideration when you go to the store to buy over the counter medications that may contain alcohol. You would be well advised to seek the advice of a pharmacist or physician to assist you in locating medications that do not contain alcohol. In dealings with your doctors or dentist, you would be well advised to make them aware that you are a truck driver who is required to perform safety-sensitive functions as part of your job, and are prohibited by Federal Law from consuming, possessing or being under the influence of even small amounts of alcohol.

### **Controlled Substances Testing FMCSR Part 40 Subpart B**

**All testing will be conducted in strict compliance with FMCSR Part 40 Subpart B**

**The drugs:** The employer is required by law to test for marijuana, cocaine, opiates, amphetamines and phencyclidine. Urine specimens collected for this purpose may only be used to test for those drugs listed above or any drug that the employer becomes required to test for at a future date. The laboratory is authorized by law to test for, in addition to the controlled substances listed, the presence of adulterants or the indications of substitution and dilution.

**The Medical Review Officer (MRO):** The MRO shall be a licensed physician qualified in accordance with FMCSR 49CFR, Part 40, Subpart G, 40.121. All test results are reported by the laboratory to the MRO. Prior to making a final decision to verify a positive test result for an individual, the MRO shall give

the individual an opportunity to discuss the test result with him/her. The MRO may verify a test as positive without having communicated directly with the individual if the conditions of outlined in 40.133 are met. Test results confirmed positive without contact may be appealed to the MRO provided a reasonable explanation is provided for the failure to contact the MRO on a timely basis.

**Urine Collection Procedures:** The County ensures that all urine collections, whether done on County premises or other location, will be conducted in strict compliance with FMCSR Part 40. Collections will be conducted by persons trained to be responsible for maintaining the integrity of the specimen collection and transfer process while carefully ensuring the privacy of the donor. All handling of the urine specimen from the time it is provided by the donor until the time it is sealed and secured for shipping will be done in the presence of the donor. The donor will certify this by signing the certification statement provided on the MRO's copy of the custody and control form.

**Split sample collections:** All urine specimens will be collected in accordance with split sample methods outlined in Part 40. In the event of a confirmed positive test result, the driver has the right to request, within 72 hours, and that the split sample be tested at another DHHS approved laboratory. Because of the additional expense of transporting the split sample to a second approved laboratory and the requirement that the confirmation be done by expensive gas chromatography, the cost of having the split sample tested is \$100.00. **Because it is highly improbable that the second test will return a result different from the initial test, the County will require the driver to assume this cost, unless prohibited by law.**

**Integrity & Confidentiality:** By following the proper collection procedures in relationship to conducting the collection and transfer of the urine sample in the presence of the driver and requiring the driver to sign a certification statement asserting that the collection was done correctly, the urine containers were sealed with tamper evident seals in his presence, and that the information on the form and the seals is correct, the County can ensure that the results of the controlled substances test is attributed to the correct driver. Because the results of any drug screen are treated as highly confidential, being secured in a location with limited access to all County employees and sub-contractors, and transmitted from the MRO identifying the donor by Social Security Number and test number only, and are transmitted to a secure fax machine, the County can ensure that all test results are transmitted and maintained in a highly confidential manner.

**Refusals to test:** Any refusal on the part of the driver to cooperate with the collection site personnel in the completion of the collection process will be regarded as a refusal to take the test. **Refusal to submit to testing is prohibited by FMCSR 382.211.**

#### **APPLICABILITY FMCSR 382.103**

The regulations mandating alcohol and controlled substances testing apply to every person who operates a commercial motor vehicle in commerce in any State, and is subject to the commercial driver's license requirements of FMCSR 383 or the Mexican or Canadian commercial driver license requirements.

Release of alcohol and controlled substances test information by previous employers, FMCSR 382.413 and 40.25. All drivers should be aware that once this policy goes into effect, the results of their alcohol and controlled substances tests will follow them to their next employer. All employers subject to these regulations (FMCSR 382 and 40) will be required to obtain from all driver applicants signed authorization allowing them to check the previous two years alcohol and controlled substances test results from all of the driver's previous employers, including any refusals to submit to testing. There will not be a segment of the employer population that is not subject to these rules. Every motor carrier, even a one truck owner/operator, will be required to comply with these regulations if he/she employs



drivers that require a commercial driver's license. Within 30 days of hiring a new driver, employers will be required to complete their inquiries of previous employers. FMCSR40.25 (e) states **if an employer obtains information that the employee has violated a DOT agency drug and alcohol regulation, the employer must not use the employee to perform safety-sensitive functions unless the employer also obtains information that the employee has subsequently complied with the return-to-duty requirements of Subpart 0 of Part 40 and DOT agency drug and alcohol regulations.** Problem drivers will no longer be able to hide behind a cloud of confidentiality; they must get help to continue driving.

### **REFUSAL TO SUBMIT TO TESTING FMCSR Part 382 & Part 40**

As we have already discussed in the prohibitions area of this policy, FMCSR 382.211 prohibits all drivers from refusing to submit to an alcohol or controlled substances test that is required by FMCSR 382; and further prohibits the employer from permitting a driver who refuses to submit to required tests to perform or continue to perform safety-sensitive functions. **However, drivers should be aware that many acts could be regarded as a refusal to submit to testing.** Drivers should avoid any action that could be regarded as a refusal to test, since the consequences arising from a refusal to test are as at least as severe as taking the test and returning a positive result. Aside from a blatant refusal to submit to require testing, the following acts could be regarded as refusals to submit to testing:

- Quitting or resigning after being notified to submit to testing.
- Failure to proceed directly to a collection site as instructed.
- Combativeness or abusive behavior directed toward the testing technician.
- Failure to cooperate with or follow the instructions of the testing technician.
- Failure to provide sufficient urine for testing.
- Failure to provide sufficient breath for testing.
- Failure to remain "readily available" for testing in a post-accident situation.
- Refusal to sign "step 2" on an alcohol testing form.

**Consequences of a refusal to test:** The consequences of refusing to submit to require testing is virtually the same as it would be for testing positive. After a refusal to test the employer is obligated by Federal Law to do the following:

- Immediately remove the driver from the performance of all safety-sensitive functions.
- Refer the driver to a substance abuse professional who shall determine what assistance, if any, the driver needs in resolving problems associated with alcohol misuse and controlled substances use.
- Require the driver to complete the return-to-duty process outlined in Part 40 Subpart 0 before allowing the driver to return to duty, if the employer wishes to continue to use the driver.

The County, beyond the required actions mandated by Federal Law, hereby notifies all drivers that a refusal to test, regardless of the circumstances, disqualifies the driver from continued employment in the case of employee drivers and terminates the sub-contractor agreement of those independent contractor drivers operating under the County's authority. Furthermore, any cost associated with referral, evaluation and/or treatment shall be the sole responsibility of the driver/employee.

### **CONSEQUENCES**

Any driver found to have violated any of the prohibitions outlined in Subpart B of FMCSR 382 will be subject to various actions, some of which are mandated by Federal Law, and others which are based on the County's independent authority as an employer. Those actions that are mandated by

Federal Law will be clearly referenced, as will those that are based on the employer's independent authority.

### **IMMEDIATE REMOVAL from SAFETY-SENSITIVE FUNCTIONS FMCSR 382**

**Violations of Subpart B (PROHIBITIONS) of FMCSR 382.** To review those prohibitions of FMCSR 382 Subpart B that were outlined on pages 2 through 4 of this policy, following is a list with FMCSR reference.

382.201 Alcohol Concentration  
382.205 On-duty use  
382.207 Pre-duty use  
382.209 Use following an accident  
382.211 Refusal to submit to a required alcohol or controlled substances test.  
382.213 Controlled substances use  
382.215 Controlled substances testing

Any driver found to have violated Subpart B FMCSR 382 must be immediately removed from the performance of any safety-sensitive function as a matter of compliance with Federal Law. Federal Law further mandates that those drivers found to be in violation of the prohibited conduct outlined in FMCSR 382 Subpart B cannot be returned to duty until such time that the driver has met the return-to-duty requirements of Part 40 Subpart 0.

### **REFERRAL, EVALUATION, and TREATMENT FMCSR Part 40 Subpart 0**

Any cost associated with referral, evaluation, and treatment is the sole responsibility of the driver/employee.

Each driver who has engaged in conduct prohibited by Subpart B of FMCSR 382 shall be provided a list of Substance Abuse Professionals (SAPs) readily available to the employee and acceptable to the County, with names addresses and phone numbers. There will be no charge to the employee for compiling or providing this list.

Each driver who engages in conduct prohibited by Subpart B or FMCSR 382 shall be evaluated by a substance abuse professional (SAP) acceptable to the County and complete the return-to-duty requirements of Part 40 Subpart 0 before they can return to the performance of safety-sensitive duties for the County or any subsequent employer. *Drivers should be familiar with all the regulations that effect their jobs but the County would like to encourage all its drivers to take the time to read and understand Subpart 0.*

Release of alcohol and controlled substances test information by previous employers.

It is very important that all drivers understand that the consequences of prohibited conduct can reach far beyond their employment or relationship with the County. FMCSR 382.413 requires all employers to obtain the alcohol and controlled substances testing history of all applicants. **An employer may not use a driver to perform safety-sensitive functions if the employer obtains information on the driver's alcohol test with a concentration of 0.04 or greater, verified positive controlled substances test result, or refusal to be tested by the driver, without obtaining information on a subsequent substance abuse professional evaluation and completion of the return-to-duty requirements of Part 40 Subpart 0.**

**Every alcohol and controlled substances test you take will follow you for at least two years.**

### **ALCOHOL CONCENTRATIONS LESS THAN 0.04 FMCSR 382.505**

No driver tested for alcohol who is found to have an alcohol concentration of 0.02 or greater but less than 0.04 shall perform or continue to perform safety-sensitive functions for an employer, including driving a commercial motor vehicle, nor shall an employer permit the driver to perform or continue to perform safety-sensitive functions, until the start of the driver's next regularly scheduled duty period, **but not less than 24 hours following administration of the test.**

Although FMCSR 382.505(b) requires no further action beyond the 24 hour removal from the performance of safety-sensitive functions for an alcohol concentration of 0.02 or greater but less than 0.04, the County reserves the right to take more forcible action, otherwise consistent with law, based on its independent authority as an employer.

*All of the consequences discussed so far are mandated by Federal Law. The County must comply, and ensure driver compliance with those laws. Federal Regulations establish a minimum requirement for compliance and allow companies the flexibility to establish more stringent guidelines and enforce those more restrictive requirements under independent authority as long as they are otherwise consistent with law. The following portion of the policy will be dedicated to those CONSEQUENCES of violating the policy which are not actions mandated by Federal Law but actions based on the County's independent authority as an employer.*

### **COUNTY POLICY CONSEQUENCES**

**Disqualification from continued employment and/or termination of lease agreement.** Any violation of the prohibited conduct portion of this policy that calls for the removal of the driver from the performance of safety-sensitive functions shall also disqualify the driver from continued employment with the County or in the case of an independent contractor leased to the County and operating under the County's authority, shall terminate the agreement between the contractor and the County. Should the driver be an employee of an independent contractor, the agreement between the contractor and the County need not be terminated, and that driver will be disqualified from operating any vehicle that is operated under the County's authority.

**Other disciplinary action** including written reprimands which will become a part of the driver's employment record, suspension, and termination of employment and/or lease agreement may be taken for any violation of the policy. In the case of alcohol concentration of 0.02 or greater but less than 0.04, the driver shall be removed from the performance of safety-sensitive functions for a minimum of 24 hours, as mandated by Federal Law, for the first such violation; any subsequent violation of this nature will disqualify the driver from further employment and/or terminate the lease agreement.

### **OTHER COUNTY POLICY CONSIDERATIONS**

**Public knowledge or suspicion of alcohol misuse or controlled substances use.** The County reserves the right to test any driver for alcohol or controlled substances under its independent authority as an employer in situations where the driver's involvement with alcohol misuse or controlled substances use, whether real or implied, is a matter of public knowledge. Such situations could include an arrest involving alcohol or controlled substances, a conviction of an alcohol or drug related offense, behavioral changes reported by other employees or customers to the management of the County. It should be clearly stated that the primary objective of such tests is to fulfill the County's commitment to safety to you, our other employees, our clients and the public. **Any tests conducted under the County's independent authority will be conducted as NON-DOT tests and although the driver will be**

**subject to the same consequences regarding continued employment with the County, the driver will not be subject to the DOT required consequences regarding SAP evaluation or the return-to-duty process of Part 40 Subpart 0 if their employment is terminated. The results of NON-DOT tests will not be shared with subsequent employers.**

### **RE-EMPLOYMENT WITH THE COUNTY**

A driver who has had his/her employment or lease terminated because of violations of this policy, may apply for re-employment with the County, provided the County can ensure that the driver has complied with Part 40 Subpart 0. **Re-employment with the County is not guaranteed but rather will be based on the driver's overall performance history with the County, including compliance with this policy. Re-employment with the County is not guaranteed under any circumstances.**

### **VOLUNTARY SELF-IDENTIFICATION POLICY FMCSR 382.121**

*Employees who admit to alcohol misuse or controlled substances use are not subject to the referral, evaluation and treatment requirements of Parts 382 and 40 provided that the following conditions apply:*

The admission is in accordance with this policy. The driver does not self-identify in order to avoid testing under the rules of 382. The driver makes the admission of alcohol misuse or controlled substances use prior to performing a safety-sensitive function (i.e., prior to reporting for duty); and the driver does not perform a safety-sensitive function until the County is satisfied that the employee has been evaluated and has successfully completed education or treatment requirements in accordance with the guidelines set forth in this policy.

This policy prohibits the County from taking adverse action against an employee making a voluntary admission of alcohol misuse or controlled substances use within the parameters of this policy and FMCSR 382.121 (a.)

Any voluntary self-admission must be made to the Alcohol and Drug Testing Program Administrator identified on page one of this policy. If the Program Administrator is not available, the self-admission should be made to the senior management official available.

The employee making the self-admission will immediately be removed from the performance of safety-sensitive duties and placed on administrative leave, without pay. The employee will be provided with a list of Substance Abuse Professionals acceptable to the County and will have two weeks to report back to the County with an initial report from a SAP on the list outlining treatment and/or educational recommendations. Failure to report back to the County within two weeks will result in the employee being terminated. Reporting back to the County with a SAP evaluation and a plan to pursue the treatment and/or educational recommendations will effectively extend the employee's status of being on administrative leave without pay for the period of time needed to complete the recommended course of action.

Upon completion of the SAP's recommended course of action and release to return to duty, the driver must submit to a return-to-duty test for alcohol and/or controlled substances and return a negative result. At that time the driver will be allowed to return to the performance of safety-sensitive duties but will be subject to follow-up testing at a rate of at least 6 follow-up tests in the next twelve months. The rate of follow-up tests could increase based on the recommendations of the SAP.

All costs associated with this program, including follow-up testing will be the sole responsibility of the employee. All follow-up testing under the self-identification program will be NON-DOT testing. Any positive tests during this program will be subject to the same consequences of any positive drug or alcohol test.

## **ALCOHOL AND DRUG EFFECTS**

*Federal regulations require employers to provide their employees with detailed discussion of the effects of alcohol misuse and controlled substances use on an individual's health, work, and personal life and the signs and symptoms of alcohol misuse and/or a controlled substances problem. To facilitate this discussion, the remainder of this policy presents background information on alcohol and drug effects.*

### **EFFECTS OF ALCOHOL**

*To most people, alcohol is considered a recreational beverage when consumed in moderation during social gatherings; it is a socially acceptable drug that has been consumed around the world for centuries. However, it becomes a dangerous substance of abuse when consumed for its physical and mood-altering effects. A depressant, alcohol slows down physical responses and progressively impairs mental functions. These effects are the primary contributing factors to the high rate of accidents that involve alcohol-affected individuals. The dangers posed by alcohol-impaired drivers were so great that Congress felt compelled to pass legislation mandating alcohol testing for individuals performing safety-sensitive functions, including CDL drivers, and established a blood alcohol content of 0.02 (1 drink) as a line drivers cannot cross while performing safety-sensitive duties.*

### **SIGNS AND SYMPTOMS OF ALCOHOL USE**

- Dulled mental processes
- Odor of alcohol on breath
- Sleepy or stupors condition
- Slurred speech
- Lack of coordination
- Possible constricted pupils
- Slowed reaction rate

NOTE: Except for the odor, these are general signs and symptoms of any depressant.

### **HEALTH EFFECTS**

Chronic consumption of alcohol over time may result in the following health hazards: [For the purpose of this discussion, consuming an average of three servings per day of beer (12 oz.), whiskey (1 oz.), or wine (6 oz.) will be considered chronic consumption.]

- Decreased sexual functioning
- Dependency - Up to 10% of all people who drink alcohol become physically and/or mentally dependent on alcohol and can be termed "alcoholic."
- Fatal liver diseases
- Increased cancers of the mouth, tongue, pharynx, esophagus, rectum, breast, and malignant melanoma.
- Kidney disease
- Pancreatitis
- Spontaneous abortion and neonatal mortality
- Ulcers
- Birth defects - Up to 54% of all birth defects are alcohol related.

## **SOCIAL ISSUES**

- Two-thirds of all homicides are committed by people who drink prior to the crime.
- Two to three percent of the driving population is drunk beyond legal standards at any one time. This rate doubles at night and on weekends.
- Two-thirds of all the people in this country will be involved in an alcohol-related vehicle accident during their lifetimes.
- The rate of divorce and separation in families with alcohol-dependency problems is seven times greater than average.
- Forty percent of domestic court cases are alcohol-problem-related.
- Alcoholics commit suicide fifteen times more frequently than other segments of the population.
- More than sixty percent of burns, forty percent of falls, sixty-nine percent of boating accidents, and seventy-six percent of private aircraft accidents are alcohol-related.

## **EVERY YEAR**

- 24,000 people will die on the highway due to accidents involving a legally impaired driver. Another 12,000 people will die on the highway due to the alcohol-affected driver.
- 15,800 will die in non-highway accidents that are alcohol-related.
- 30,000 will die due to alcohol-caused liver disease.
- 10,000 will die due to alcohol-induced brain disease or suicide.
- Up to 125,000 will die due to alcohol-related conditions or accidents.
- Every year, up to 216,800 lives will be lost that can be directly attributed to alcohol-related conditions or accidents.

## **WORKPLACE ISSUES**

- It takes one hour for the average person to process one serving of an alcoholic beverage from the body.
- Impairment in coordination and judgment can be objectively measured with as little as two drinks in the body.
- A person who is legally intoxicated is six times more likely to have an accident than a sober person.

## **DEFINITIONS**

Fetal alcohol syndrome (FAS) is one of the top three known causes of birth defects with mental retardation, and the only preventable cause among those three. Abstaining from alcohol during pregnancy can prevent FAS. FAS is characterized by a cluster of congenital birth defects that develop in the infants of some women who drink heavily during pregnancy. These defects include prenatal and postnatal growth deficiency; facial malformations such as small head circumference, flattened mid-face, sunken nasal bridge and flattened and elongated philtrum; central nervous system dysfunction; and varying degrees of major organ system malformations.

Fetal alcohol effects (FAE), a less severe version of FAS, is characterized by milder or less frequent FAS signs. Low birth weight, subtle behavioral problems or a partial display of physical malformations, for example, may be seen in the newborns of women who consumed less alcohol during pregnancy than women with FAS newborns.

## **INCIDENCE AND RISK FACTORS**

Nearly 5,000 babies, one in every 750, are born with FAS every year. FAS prevalence rates range from 1 in 1,000 to 1 in 200. FAE may affect 36,000 newborns each year.

One of every six women between the ages of 18 - 34 (peak childbearing years) may drink enough, either chronically or episodically, to present a hazard to an unborn infant. Alcoholic women are at the highest risk of bearing children with FAS.

FAS is prevalent in 9.8 of every 1,000 American Indians from a particular high-risk culture. Other American Indian populations have rates ranging from 1.3 to 10.3 per 1,000.

A daily average of one to two reported drinks is linked to decreased birth weight, growth abnormalities and behavioral problems in the newborn and infant. Increased risk of spontaneous abortion has been found at doses as low as one to two drinks weekly.

The probability of having a child with FAS or FAE increases with the amount and frequency of alcohol consumed. Whenever a pregnant woman stops drinking, she reduces the risks of FAS and FAE and the consequences of alcohol exposure.

There is no known safe dose of alcohol during pregnancy, nor does there appear to be a safe time to drink during pregnancy.

## **ECONOMIC FACTORS**

Assuming a conservative estimate of one FAS newborn for every 1,000 live births in 1980, it cost approximately \$14.8 million to treat them; \$670 million to treat 68,000 FAS children under 18; and \$760 million to treat 160,000 FAS adults. Plus, indirect productivity losses were \$510.5 million.

Women are now heavily targeted for marketing alcoholic beverages. Women spent \$30 billion for alcohol in 1994, up from \$20 billion in 1984.

## **PUBLIC HEALTH RECOMMENDATIONS**

The best advice for pregnant women is to abstain from alcohol consumption during pregnancy. There is no evidence to establish an alcohol consumption level free of risks to the fetus.

Women who breast-feed should continue to abstain from drinking alcohol until their babies are weaned. Alcohol readily enters breast milk and heavy alcohol consumption has been shown to reduce lactation.

Nine states and 18 cities/counties require that signs warning of the dangers of drinking during pregnancy be posted wherever alcoholic beverages are served or sold.

## **ALCOHOLISM**

Alcoholism is a primary, chronic disease that is often progressive and fatal. It is characterized by impaired control over drinking, preoccupation with alcohol, use of alcohol despite adverse consequences and distorted thinking, most notably denial.

## NINE SIGNS OF ALCOHOLISM

1. Increase in alcohol tolerance.  
"I can drink them under the table."
2. Occasional or partial memory lapses.  
"Did I really do that last night?"
3. Drinking beyond one's intentions.  
"Boy, did I get smashed! I should have eaten something."
4. Increased dependence on alcohol.  
"I can't wait - got to have a quickie."
5. Sneaking drinks.  
"I needed that extra one - who's to know?"
6. Preoccupation with alcohol.  
"Election day tomorrow - better pick up a bottle"
7. Resentful whenever one's drinking is discussed.  
"It's none of their business - I can handle it."
8. Futile, frustrating water-wagon attempts.  
"This time I've just got to do it - Just got to!"
9. Rationalizing loss of control.  
"If they had my problems, they'd drink too!"

## ALCOHOL'S TRIP THROUGH THE BODY

**Mouth and Esophagus** Alcohol is an irritant to the delicate linings of the throat and food pipe. It burns as it goes down.

**Stomach and intestines** Alcohol has an irritating effect on the stomach's protective lining, resulting in gastric or duodenal ulcers. This condition, if it becomes acute, can cause peritonitis, or perforation of the stomach wall. In the small intestine, alcohol blocks absorption of such substances as thiamine, folic acid, fat, vitamin B-1, vitamin B-12, and amino acids.

**Bloodstream** Ninety-five percent of the alcohol taken into the body is absorbed into the bloodstream through the lining to the stomach and duodenum. Once in the bloodstream, alcohol quickly goes to every cell and tissue in the body. Alcohol causes red blood cells to clump together in sticky wads, slowing circulation and depriving tissues of oxygen. It also causes anemia by reducing red blood cell production. Alcohol slows the ability of white cells to engulf and destroy bacteria and degenerates the clotting ability of blood platelets.

**Pancreas** Alcohol irritates the cells of the pancreas, causing them to swell, thus blocking the flow of digestive enzymes. The chemicals, unable to enter the small intestine, begin to digest the pancreas, leading to acute hemorrhagic pancreatitis. One in every five people who develop this disease dies during the first attack. Pancreatitis can destroy the pancreas and cause a lack of insulin thus resulting in diabetes.

**Liver** Alcohol inflames the cells of the liver, causing them to swell and block the tiny canal to the small intestines. This prevents bile from being filtered properly through the liver. Jaundice develops, turning the whites of the eyes and skin yellow. Each drink of alcohol increases the number of liver cells destroyed, eventually causing cirrhosis of the liver. This disease is eight times more frequent among alcoholics than non-alcoholics.

**Heart** Alcohol causes inflammation of the heart muscle. It has a toxic effect on the heart and causes increased amounts of fat to collect, disrupting its normal metabolism.



**Urinary bladder and kidneys** Alcohol inflames the lining of the urinary bladder making it unable to stretch properly. In the kidneys, alcohol causes increased loss of fluids through its irritating effect.

**Sex glands** Swelling of the prostate caused by alcohol interferes with the ability of the male to perform and interferes with the ability to climax during intercourse.

**Brain** The most dramatic and noticed effect of alcohol is on the brain. It depresses brain centers, producing progressive incoordination, confusion, disorientation, stupor, anesthesia, coma, and death. Alcohol kills brain cells and brain damage is permanent. Drinking over a period of time causes loss of memory, judgment and learning ability.

## **CLOSING REMARKS ON THE EFFECTS OF ALCOHOL**

The purpose of this material is to inform you of the effects of alcohol consumption on your health, and your personal and professional life. Your personal life is certainly your business and it is not the intention of the County to intrude on your privacy. However, the County has a compelling responsibility to protect the safety of you, your co-workers, and the general public to the extent we can.

## **EFFECTS OF DRUGS**

Unlike alcohol, the controlled substances that we are subject to being tested for are not legal, except in those situations where prescribed by a licensed physician. Earlier in this policy, a considerable amount of time was spent discussing the law as it pertains to drugs and transportation workers. The next several pages are dedicated to providing information on the signs and symptoms of controlled substance use and the health effects and workplace issues related to drug use.

## **MARIJUANA**

Marijuana is one of the most underestimated drugs of abuse and certainly one of the most misunderstood. Marijuana is used for its mildly tranquilizing and mood and perception altering effects; it does not depress central nervous system reactions. Marijuana acts almost exclusively on the brain, altering the proper interpretation of incoming messages.

## **DESCRIPTION**

Usually sold in plastic sandwich bags, leaf marijuana will range in color from green to light tan. The leaves are usually dry and broken into small pieces. The seeds are oval with one slightly pointed end. Less prevalent, hashish is a compressed, sometimes tar-like substance ranging in color from pale yellow to black. It is usually sold in small chunks wrapped in aluminum foil.

Marijuana has a distinctly pungent aroma resembling a combination of sweet alfalfa and incense. Cigarette papers, roach clip holders and small pipes made of bone, brass or glass are commonly found in the possession of marijuana users. Smoking "bongs", large bore pipes for inhaling large volumes of smoke, can easily be made from soft drink can and toilet paper rolls.

## **SIGNS AND SYMPTOMS OF USE**

- Reddened eyes (often masked by eye drops)
- Slowed speech
- Distinctive odor on clothing
- Lackadaisical "I don't care" attitude
- Chronic fatigue and lack of motivation
- Irritating cough, chronic sore throat

## **EFFECTS**

- When smoked, marijuana has an irritating effect on the lungs. Chronic smoking causes emphysema-like conditions.
- One marijuana cigarette (joint) contains cancer causing substances equal to one half to one pack of cigarettes.
- Marijuana is commonly contaminated with the fungus *Aspergillus*, which can cause serious respiratory tract and sinus infections.
- One joint causes the heart to race and be overworked, creating extremely high risk to people with undiagnosed heart conditions.
- Chronic marijuana smoking causes changes in the brain cells and brain waves, making the brain less healthy and causing it to not work as efficiently or effectively. Although researchers have not yet proven that long-term brain damage occurs, ongoing research indicates it most likely does.
- Marijuana consumption lowers the body's immune system response, making users more susceptible to infection. The Federal government is actively researching a possible connection between marijuana smoking and the activation of AIDS in positive human immunodeficiency virus (HIV) carriers.

## **PREGNANCY PROBLEMS AND BIRTH DEFECTS**

- The active chemical, tetrahydrocannabinol (THC), and sixty other related chemicals in marijuana focus in the ovaries and testes.
- Chronic smoking of marijuana in males causes a decrease in the sex hormone, testosterone, and an increase in the female sex hormone, estrogen. The result is a lower sperm count, which leads to temporary sterility. Occasionally, the onset of female sex characteristics occurs in heavy users, including breast development.
- Chronic smoking of marijuana in females causes a decrease in fertility and an increase in testosterone.
- Pregnant women who are chronic marijuana users have higher than normal incidence of stillborn births, early termination of pregnancy, and higher infant mortality rates during the first few days of life.
- THC causes birth defects in test animals, including malformations of the brain, spinal cord, forelimbs and liver as well as water on brain and spine.
- One of the most common effects of prenatal exposure to cannabinoids is low birth weight.
- The offspring of animals who were exposed to marijuana have fewer chromosomes than normal, causing gross birth defects or death of the fetus.
- Pediatricians and surgeons have concluded that the use of marijuana by either or both parents, especially during pregnancy, leads to specific birth defects of the feet and hands.
- Fetal exposure to marijuana may decrease visual functioning and cause other ophthalmic problems.

## **MENTAL FUNCTION**

Regular use of marijuana can cause the following effects:

- Delayed decision making
- Diminished concentration
- Erratic cognitive function
- Distortions in time estimation
- Impaired short-term memory, interfering with learning
- Impaired signal detection (ability to detect a brief flash of light), a risk for users who operate machinery

- Impaired tracking (ability to follow moving objects with the eyes) and visual distance measurements
- Long term negative effects on mental function known as "acute brain syndrome" which is characterized by disorders in memory, cognitive function, sleep patterns and physical condition.

### **ACUTE OVERDOSE EFFECTS**

- Aggressive urges
- Anxiety
- Fearfulness
- Hallucinations
- Immobility
- Panic
- Unpleasant distortions in body image

### **WORKPLACE ISSUES**

- Confusion
- Heavy sedation
- Paranoid reaction
- Mental dependency
- THC is stored in body fat and slowly released over time. Marijuana has a long-term impact on performance.
- The potency of marijuana (THC content) has increased 500 to 800% in the past several years, making three to five joints today equal to fifteen to forty in 1978.
- Combining alcohol or other depressant drugs with marijuana can produce a multiplied effect, increasing the effects of both the marijuana and the depressant.

### **A CLOSING WORD ON MARIJUANA**

Due to the nature of marijuana, being stored and release over a long period of time, it is the most dangerous drug tested for in transportation, at least in terms of putting your livelihood in jeopardy. A single joint can linger in your system for many weeks, long after the initial effects of the drug have disappeared. Testing positive will cost you a lot of time and money, and make it difficult to find employment since new laws make employers check the drug and alcohol testing history of applicants. Testing positive for marijuana will cost more drivers their jobs than all of the other drugs and alcohol combined.

### **COCAINE**

Cocaine was once commonly used medically as a local anesthetic but is rarely used medically today. It is abused as a powerful physical and mental stimulant causing the entire nervous system to be energized, muscles to become tenser, the heart to beat faster and stronger, and the body to burn more energy. The brain experiences exhilaration caused by a large release of neurohormones associated with mood elevation.

### **DESCRIPTION**

The source of cocaine is the coca bush which is grown almost exclusively in the Mountains of northern South America. Cocaine Hydrochloride, or "snorting coke" is a white or creamy colored, granular or lumpy powder that is chopped into a fine powder before it is used. It is snorted into the nose, rubbed on the gums or injected in veins. The effect is felt within minutes and usually lasts about 40 to 50 minutes per "line" (about 60 to 90 milligrams.) Paraphernalia most common to cocaine users

include a single-edge razor blade, a small mirror or piece of smooth metal, a half straw or metal tube, and a small screw cap vial or folded paper packet containing the cocaine.

Cocaine Base, or "rock, crack or free base", is a small crystalline rock the size of a small pebble. It boils at a very low temperature is up to 90% pure, and is not soluble in water. It is most commonly heated in a glass pipe and the vapor is inhaled; the effect is felt within seven seconds. Paraphernalia most common is a "crack pipe" (a small glass smoking device for vaporizing the crack crystal) and a lighter, alcohol lamp or small butane torch for heating. Cocaine causes the strongest mental dependency of any drug known.

### **SIGNS AND SYMPTOMS OF USE**

- Financial problems
- Runny or irritated nose
- Insomnia
- Restlessness
- Paranoia with hallucinations
- Talkativeness
- Wide mood swings
- Difficulty in concentration
- Dilated pupils and visual impairment
- Hallucinations
- Profuse sweating and dry mouth
- Violent reaction to sudden noise
- Frequent and extended absences from work assignments
- Increased physical activity and fatigue
- Isolation and withdrawal from friends and normal activities
- Secretive behavior, frequent non-business visitors
- Delivered packages, increased frequency of personal phone calls
- Unusual defensiveness, anxiety, agitation
- Formication (sensation of bugs crawling on skin)
- High blood pressure, heart palpitations and irregular rhythm
- Hyper excitability and overreaction to stimulus

### **HEALTH EFFECTS**

Research suggests that regular cocaine use may upset the chemical balance of the brain, resulting in a speeding up of the aging process by causing irreparable damage to critical nerve cells. The onset of illnesses of the nervous system such as Parkinson's disease could also occur.

Cocaine ingestion causes the heart to beat faster and harder rapidly increasing blood pressure. Additionally, it causes spasms of blood vessels in the brain and heart and could cause vessels to rupture causing heart attacks and strokes. Strong psychological dependency can occur with one "hit" of crack. Usually, mental dependency occurs within days with crack use or within several months when snorting coke.

The success rates are lower in treatments for cocaine dependency than for other chemical dependencies. When taken in conjunction with depressant drugs, including alcohol, cocaine is extremely dangerous. Death due to overdose is rapid. The fatal effects of an overdose of cocaine are almost never reversible by medical intervention. The number of cocaine overdose deaths has tripled in the last four years.

## **WORKPLACE ISSUES**

- Extreme mood and energy swings create instability.
- Lapses in attention and ignoring warning signals greatly increase the potential for accidents.
- The high cost of cocaine can lead to workplace theft and/or dealing.
- A developing paranoia and withdrawal create unpredictable and sometimes violent behavior.
- Work performance is characterized by forgetfulness, absenteeism, tardiness and missed assignments.

## **A CLOSING WORD ON COCAINE**

Although cocaine doesn't linger in a person's system as long as marijuana when detected, it often raises more serious concerns from employers. Remember, that the law requires employers to educate themselves, their supervisors and their employees on the effects of alcohol misuse and controlled substances use. They are not as easy to fool as they used to be. Employers are smarter than they used to be and frankly, old excuses just will not fool them any longer. The testing procedures followed by certified laboratories leave no doubt as to the accuracy of results and the employer knows it.

When an employee tests positive for cocaine the employer knows they have an employee who has recently used the most addictive drug known to man. It is highly likely that the employee has a serious drug problem. If the employee is indeed addicted, treatment for cocaine addiction has proven to be less successful than other addictions. Faced with Federal regulations that require evaluation, treatment, and expensive follow-up testing, most employers will just opt out. And potential new employers will have access to your drug testing history, including the substances you tested positive. A positive drug test for cocaine could end your driving career.

## **OPIATES**

Opiates are narcotic drugs that alleviate pain, depress body functions and reactions, and when taken in large doses, cause a strong euphoric feeling.

## **DESCRIPTION**

Natural and natural derivatives are opium, morphine, codeine, and heroin. Synthetic opiates include meperidine, marketed as Demerol; oxymorphone, marketed as Numorphan; and oxycodone, marketed as Percodan.

Opiates may be taken in pill form, smoked or injected depending on the type of narcotic used.

## **SIGNS AND SYMPTOMS OF USE**

- Mood changes
- Impaired mental functioning and alertness
- Constricted pupils
- Depression and apathy
- Impaired coordination
- Physical fatigue and drowsiness
- Nausea, vomiting and constipation

## **HEALTH EFFECTS**

I-V needle users have a high risk of contracting hepatitis and AIDS due to the sharing of needles. Narcotics increase pain tolerance which could result in people more severely injuring themselves or failing to seek medical attention after an accident due to lack of pain sensitivity. The effect of narcotics is multiplied when used in combination with other depressant drugs and alcohol, causing an increased risk of an overdose.

## **SOCIAL ISSUES**

The U.S. has over 500,000 heroin addicts, most I-V needle users. An even greater number of medicinal narcotic dependent persons obtain their narcotics through prescriptions. Because of tolerance, there is an ever increasing need for more narcotics to produce the same effect. Strong mental and physical dependency occurs. The combination of tolerance and dependency creates an increasing financial burden for the user.

## **WORKPLACE ISSUES**

Unwanted side effects such as nausea, dizziness and drowsiness place the user at a higher risk for accidents. Although narcotics have a legitimate medical use, workplace use may cause impairment of physical and mental function.

## **AMPHETAMINES**

Amphetamines are central nervous system stimulants that speed up the mind and body. The physical sense of energy at lower doses and the mental exhilaration of higher doses are the reason for their abuse. Although widely prescribed at one time for weight reduction and mood elevation, the legal use of amphetamines is now limited to a very narrow range of medical conditions. Most amphetamines that are abused are illicitly made in foreign countries and smuggled into the U.S. or produced clandestinely in crude laboratories.

## **DESCRIPTION**

Amphetamine, or "speed," is usually sold in capsules or as white flat, double scored "mini bennies" and is usually taken orally. Methamphetamine, also known as "meth," "crank", or crystal" is nearly identical in action to amphetamine. It is often sold as a creamy, white and granular lumps of powder and is packaged in aluminum foil wraps or plastic bags. Methamphetamine may be taken orally, injected or snorted into the nose.

## **SIGNS AND SYMPTOMS OF USE**

- Hyper excitability and/or restlessness
- Increased heart rate and blood pressure
- Heart palpitations and irregular beats
- Confusion and/or Panic
- Talkativeness

## **HEALTH EFFECTS**

- Dilated pupils
- Profuse sweating
- Rapid respiration
- Inability to concentrate
- Regular use of amphetamines produces strong psychological dependence and increasing tolerance to the drug.
- High doses may cause toxic psychoses resembling schizophrenia.

- Intoxication may induce heart attack or stroke due to spiking of blood pressure.
- Chronic use may cause heart and brain damage due to severe constriction of capillary blood vessels.
- The euphoric stimulation increases impulsive and risk-taking behavior, including bizarre and violent acts.
- Withdrawal from the drug may result in severe physical and mental depression.

### **WORKPLACE ISSUES**

Since amphetamines alleviate the sensation of fatigue, they may be abused to increase alertness because of unusual overtime demands or failure to get rest. Low dose amphetamine use will cause a short term improvement in mental and physical functioning, but with greater use and/or increasing fatigue the effect reverses and has an impairing effect. Hangover is characterized by physical fatigue and depression, making operation of equipment or vehicles dangerous.

### **A CLOSING WORD ON AMPHETAMINES**

The use of amphetamines should never be necessary in transportation. Drivers must get proper rest to avoid fatigue and operate safely.

### **PHENCYCLIDINE (PCP)**

Phencyclidine (PCP) was originally developed as an anesthetic, but the adverse side effects prevented its use except as a large animal tranquilizer. PCP acts as both a depressant and a hallucinogen, and sometimes as a stimulant. It is abused primarily for its variety of mood altering effects. Low doses produce sedation and euphoric mood changes, however, the mood can change rapidly from sedation to excitation and agitation. Larger doses can produce a coma-like condition with muscle rigidity and a blank stare, with the eyelids half closed. Sudden noises or physical shocks may cause a 'freak out' in which the person has abnormal strength, extremely violent behavior, and an inability to speak or comprehend communication.

### **DESCRIPTION**

PCP is sold as a creamy, granular powder and often packaged in one inch square aluminum foil or folded paper packets. It may be mixed with marijuana or tobacco and smoked. It is sometimes combined with procaine, a local anesthetic, and sold as imitation cocaine.

### **SIGNS AND SYMPTOMS OF USE**

- Impaired coordination
- Extreme mood shift
- Dilated pupils
- Profuse sweating
- Dizziness
- Severe confusion and agitation
- Muscle rigidity
- Nystagmus, quirky eye movement
- Rapid heartbeat

## **HEALTH EFFECTS**

The potential for accidents and overdose emergencies is high due to the extreme mental effects combined with the anesthetic effect on the body. PCP is potentiated by other depressant drugs, including alcohol, increasing the likelihood of an overdose reaction. PCP hallucinations can easily be misdiagnosed as LSD induced, and then treated with Thorazine, which could cause a fatal reaction. Use can cause memory loss, personality changes, and thought disorders.

## **WORKPLACE ISSUES**

PCP abuse is less common today than in recent years and is not generally used in the workplace setting because of the severe disorientation that occurs. There are four phases to PCP abuse. The first, acute toxicity, can last up to three days and can include combativeness, catatonia, convulsions, and coma. Distortions of size, shape, and distance perception are common. The second phase, toxic psychosis, may cause users to experience visual and auditory delusions, paranoia and agitation. Drug induced schizophrenia is the third phase and may last a month or longer. The fourth phase, PCP induced depression is characterized by suicidal tendencies and mental dysfunction that can last for months.

## **INTERVENTION**

If you have reason to believe that a fellow employee is performing safety-sensitive duties under the influence of alcohol or controlled substances, notify the program administrator confidentially. While the County does not expect you to inform on your co-workers, you too have a compelling responsibility to the safety of those around you, including the general public. Any information of this nature divulged to the program administrator will be treated with the highest level of confidentiality so as to protect both the accused and the accuser. If you witness behavior that leads you to believe that an employee may be under the influence, turn it over to the professional trained to handle these situations. There may be other reasons for a person to display symptoms such as illness, fatigue, family problems, or other reasons not readily apparent.

## **WHY SHOULD YOU REPORT STRANGE BEHAVIOR?**

You could be saving the life of the employee you report.

- You could be saving the lives of others, even your own.
- The behavior of all the employees of the County reflects directly on the image of the County and its other employees.
- The public comes in contact with hundreds of drivers every day, but only seem to remember the bad ones.

## **SHOULD YOU CONFRONT A SUSPICIOUS EMPLOYEE?**

It is difficult to ask you to actively supervise your fellow employees when that is not part of your job, however, there is certainly nothing wrong with "leading by example" and letting your fellow employees know where you stand of the subject of alcohol and drug use. Let it be known that you will not tolerate blatant violations of this policy and will report anyone foolish enough to violate in your presence. Do not get into an argument with another employee - pass it onto the Human Resources Department.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.

Approved: Board of Commissioners 4/92, amended 9/95, 7/99





## **Disciplinary Action Policy**

### **PURPOSE**

The purpose of the disciplinary policy and procedure is to set and maintain standards of conduct within the County, and in doing so, ensure that all employees are treated fairly and consistently. It is designed to help and encourage all employees to achieve and maintain satisfactory standards of conduct. The disciplinary procedure is normally only used where other interventions have failed to produce the required improvement or when the conduct matter is sufficiently serious to require immediate formal action.

The County may apply the concept of progressive discipline. Progressive discipline may include verbal warnings, written reprimands, suspensions with or without pay, and termination of employment. However, the County retains and reserves the discretion to apply any level of disciplinary action and nothing in this policy acts to change or limit the at-will employment relationship.

### **GUIDELINES**

The County expects employees to follow rules and regulations of the County and its Departments. Such rules and regulations are necessary for the orderly and efficient operation of County business. The failure to follow these rules and regulations may result in discipline. Whether to impose any discipline, and if so, the degree of discipline is a discretionary decision which management will make based on the nature of the offense, the employee's history and other facts and circumstances deemed relevant. Whenever a notice of disciplinary action is placed in the personnel file, the employee may respond in writing and have the response included in the personnel file consistent with the Bullard-Plawecki Employee Right to Know Act (MCL 423.501 et seq.).

This policy applies to any and all employee conduct that the County, in its sole discretion, determines must be addressed by discipline. Of course, no discipline policy can be expected to address each and every situation requiring corrective action that may arise in the workplace. Therefore, the County takes a case by case approach regarding discipline and will attempt to consider all relevant factors before making its determination.

Most often, employee conduct that warrants discipline results from unacceptable behavior, poor performance or violation of the County's policies, practices or procedures. However, discipline may be issued for conduct that falls outside of those identified areas. Equally important, the County need not resort to progressive discipline, but may take whatever action it deems necessary to address the issue at hand. This may mean that more or less severe discipline is imposed in a given situation. Likewise, some County policies like sexual harassment and attendance, contain specific discipline procedures.

Progressive discipline may be issued even when the conduct that leads to more serious discipline is not the same that resulted in less severe discipline. That is, violations of different rules may be

considered the same as repeated violations of the same rule for purposes of progressive discipline.

The following is a general outline of the disciplinary process:

**1. Verbal Warning:** An employee will be given a verbal warning when a problem is identified that justifies a verbal warning or the employee engages in unacceptable behavior. Verbal warnings may be documented and placed in the employee's personnel file.

**2. Written Warning:** A written warning is more serious than a verbal warning. A written warning will be given when an employee engages in conduct that justifies a written warning or the employee engages in unacceptable behavior during the period that a verbal warning is in effect. Written warnings are maintained in an employee's personnel file.

**3. Suspension:** A suspension without pay is more serious than a written warning. An employee will be suspended when he or she engages in conduct that justifies a suspension or the employee engages in unacceptable behavior during the period that a written warning is in effect. An employee's suspension will be documented and maintained in an employee's personnel file.

**4. Termination:** An employee will be terminated when he or she engages in conduct that justifies termination or does not correct the matter that resulted in less severe discipline.

Again, while the County may take disciplinary action in a progressive manner, it reserves the right, in its sole discretion, to decide whether and what disciplinary action will be taken in a given situation.

### **Professional Development Plan**

When needed the County utilizes the Professional Development Plan as a method of developing an action plan for meeting the employee's career goals, providing for improved communication and understanding of each other's needs between supervisor and employee, understanding how the employee's job fits the department's strategic plan, and determining skill development needed to do the job more effectively.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.

Approved Personnel Policy 4/92, amended 7/99



## Dispute Resolution Policy

### PURPOSE

Employees have a right to a regular process of expression of employee concerns and disputes. Many employee concerns can be resolved informally in the course of day-to-day communications between the employee and his or her immediate supervisor. Employees are expected to make reasonable attempts to resolve concerns informally. However, in those cases in which an employee is unable to informally resolve his or her concern, he or she may initiate a dispute resolution request through the Staff Dispute Resolution Procedure below.

### POLICY & PROCEDURE

A dispute is a written claim or complaint filed by the employee. Disputes are limited to matters of interpretation or application of express provisions of County policies related to employment. This procedure is the exclusive remedy through which to address complaints. Nothing in this process should be read to conflict with the at-will nature of employment with the County.

Any complaints shall first be taken up with the department head or his/her designated representative within five (5) working days after occurrence of the circumstances giving rise to the dispute or five (5) days from when the employee should reasonably have known of the occurrence, otherwise the right to file a dispute is forfeited. If no satisfactory resolution is received within one (1) working day, the employee has three (3) working days to file a formal dispute resolution request by using form PER017.

1. The employee shall within three working days after the discussion with the department head or his/her designated representative, put the dispute in writing on form PER017 stating all facts in detail and submit same to the department head or his/her designated representative. If no satisfactory resolution is received within five (5) working days, the employee has five (5) working days to proceed to step 2.
2. The employee shall contact the Human Resources Director or designated representative to arrange a meeting between the employee and the respective Department Head to discuss the dispute. This meeting shall be scheduled at a mutually agreeable time, which time shall not exceed five (5) working days from the time the employee contacts the Human Resources Director unless a longer time is mutually agreed upon. If no satisfactory resolution is received at this step, the employee has five working days to proceed to step 3.
3. The employee shall notify the Human Resources Director or designated representative to arrange a meeting between the employee, the County Administrator, Human Resources Director or designated representative and respective Department Head to discuss the dispute. This meeting shall be scheduled at a mutually agreeable time, which time shall not exceed five (5) working days from the time the employee contacts the Human Resources Director unless a longer time is

mutually agreed upon. The County Administrator shall make any final decisions regarding the dispute resolution.

Any and all disputes resolved at any step of the procedure shall be final and binding on the County and any employee involved in the particular dispute.

Disputes shall be processed from one step to the next within the time limit prescribed in each of the steps unless a time limit is mutually extended. Any dispute upon which a disposition is not made by the County within the time limits or extension agreed to may be referred to the next step in the dispute procedure, the time limit to run from the date when time for disposition expired. Any dispute not carried to the next step by the employee within the prescribed time limits or such extension which may be agreed to, shall be automatically closed upon the basis of the last disposition.

Saturdays, Sundays, and holidays shall not be counted under the time limits.

The County retains the ultimate authority to decide when and in what circumstances an employee may be subject to discipline.

### **Back Pay**

The County shall not be required to pay back wages for periods prior to the time the incident occurred except in the case of a pay shortage of which the employee had not been aware before receiving his/her pay. Any adjustments made shall be retroactive to the beginning of the pay period providing the employee files his/her dispute within three working days after receipt of such pay. All claims for back wages shall be limited to the amount of wages that the employee would otherwise have earned from Grand Traverse County less any unemployment compensation or compensation for personal services that he/she may have received from any source during the period in question except outside income which normally would have been earned while employed with Grand Traverse County.

### **Strikes**

Any employee who violates a state statute regarding strikes and walkouts shall be subject to disciplinary action.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.

Approved Personnel Policies 4/92, amended 7/99, amended 5/03





## DISPUTE RESOLUTION REQUEST

- ◆ You are required by County Policy to discuss your dispute with your supervisor within five (5) days of the occurrence of circumstances giving rise to the dispute, or five (5) days from when you should have reasonably known of the occurrence, or you forfeit the right to file a dispute.
- ◆ If no satisfactory resolution is received within one (1) day, you have three (3) working days to file this form.
- ◆ Employer shall indicate time received and give copy to Employee immediately
- ◆ Employer shall keep original and give copy to Employee with response within five (5) working days
- ◆ The same process shall be used at each successive step

SUPERVISOR: \_\_\_\_\_ Date Discussed with Supervisor: \_\_\_\_\_

EMPLOYEE (S): \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Policy you feel was violated (attach copy) \_\_\_\_\_

Brief explanation of dispute: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Remedy requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby declare that all statements herein are to the best of my knowledge true and accurate and hereby request that this dispute be handled through the County Alternate Dispute Resolution Procedure.

Employee's Signature \_\_\_\_\_ Date: \_\_\_\_\_

ACTION STEP	Date			
INCIDENT		Received By:	Response:	Date of Response:
STEP: Verbal Discussion with Supervisor				
STEP 1: Submit form PER 017 to Department Head/Representative				
STEP 2: Contact Human Resources Director/representative to arrange meeting				
STEP 3: Contact County Administrator/representative to arrange meeting.				

Dispute Resolution



## Drug and Alcohol Policy

### PURPOSE

To establish a policy that describes the County's expectations regarding alcohol and illegal drugs in the workplace. This policy is based on the belief that a working environment free of drug and alcohol abuse is healthier, safer and more productive for all Employees.

### POLICY & PROCEDURE

This policy applies to all Grand Traverse County employees (including temporary/interns) at all Grand Traverse County locations. This policy does not include Department of Transportation (DOT) regulated Employees to the extent that a testing situation falls within DOT's mandatory testing regulations; however, it does cover DOT-regulated Employees in situations not covered by such regulations. To the extent any provision of this policy conflicts with a Collective Bargaining Agreement, the latter shall control.

### Definitions

Illegal Drugs shall mean:

- All forms of narcotics, depressants, stimulants, hallucinogens, or other drugs, including marijuana (with or without a medical marijuana card, patient registry number, and/or prescription), whose use, possession or transfer is restricted or prohibited by federal, state, or local law.
- Prescription drugs or over-the-counter medications not used in accordance with product and/or Physician instructions or pursuant to a valid prescription.
- Prescription drugs or over-the-counter medications that impair the Employee's ability to perform their work safely.

Employee includes all Grand Traverse County employees, including temporary employees, interns, and DOT regulated drivers in situations not covered by DOT testing regulations. "Employee" does not include un-emancipated minors under the age of 18, who fall outside the scope of this policy and are not subject to drug testing.

**Positive Test shall mean the following:** For alcohol, a confirmed blood alcohol test or, where and as permitted by law, a breathalyzer test, with a result of 0.02 or higher, or its equivalent; for Illegal Drugs, a test confirmed as positive using a laboratory and method of analysis that meets or exceeds those of Michigan's Statute 421.29, or for employees tested in Michigan, a laboratory that meets all requirements of Michigan's code, including the use of breathalyzer equipment and personnel that meet the requirements of regulations adopted by the United States Department of Transportation for alcohol testing under the federal Omnibus Transportation Employee Testing Act of 1991.

Significant Damage means damage to physical property or product, the value of which, or cost to repair, is equal to or greater than \$1,000.

Supervisor shall mean a Salaried Employee or Hourly Lead Person overseeing the work of other Employees.

## **Policy**

In all cases, this policy shall be administered in accordance with applicable law, including state laws that may be more restrictive.

It is Grand Traverse County's policy to maintain a safe, drug-free workforce and workplace. While on County time, premises, or while operating County-owned or -operated equipment or vehicles, Employees may never use, sell, purchase, transfer, manufacture or possess Illegal Drugs or drug paraphernalia. All Employees are expected to come to work free of the presence or effects of substances that may impair their ability to perform their work in a safe and productive manner.

This policy extends to cannabis and cannabis products (e.g. hash oils or pills). The federal government still classifies cannabis as an illegal drug, although it is lawful in the State of Michigan. Employees should understand that this policy still applies and will be enforced even in Michigan where use or possession of cannabis is lawful, or if the employee has a medical marijuana card or prescription, or a patient registry number.

The language of the Michigan Regulation and Taxation of Marihuana Act (MRTMA) clearly states, "This act does not require an employer to permit or accommodate conduct otherwise allowed by this act in any workplace or on the employer's property. This act does not prohibit an employer from disciplining an employee for a violation of a workplace drug policy or for working while under the influence of marijuana. This act does not prevent an employer from refusing to hire, discharging, disciplining, or otherwise taking an adverse employment action against a person with respect to hire, tenure, terms, conditions, or privileges of employment because of that person's violation of a workplace drug policy or because that person was working while under the influence of marijuana."

Employees may not possess, serve, consume, or be under the influence of alcohol while operating County-owned or -leased equipment or vehicles. For purposes of this policy, to "be under the influence" of alcohol means where such influence may impair safe and productive work performance. Except as noted below, Employees may not possess, serve, consume, or be under the influence of alcohol while on County premises or when conducting County business. Employees with safety-sensitive positions may not consume any amount of alcohol within eight (8) hours before the time they are scheduled to report to work or during any work period, including meal and rest breaks. Alcohol may only be served and consumed at functions on County premises if authorized by the County Administrator.

Alcohol may be served and consumed at external events where Employees are representing Grand Traverse County. Alcohol should only be served by a person (or entity) that is licensed and trained to serve alcohol. Alcohol may never be served to any person under legal age or to any person who is obviously intoxicated. Consumption at any such event by Employees of legal age is completely voluntary, and should always be in moderation and never in a manner that would embarrass the County or harm the County's reputation.

## **Testing**

Drug and alcohol testing supports the County's efforts to maintain a drug-free workplace. All drug and alcohol testing will be conducted in conformance with applicable law. Operation of this policy will be modified if and as necessary to conform to applicable law.



**Applicants:** Testing for the presence of Illegal Drugs is required of all individuals to whom a conditional offer of employment has been made. Applicants will be informed in writing of the testing requirement as part of the application process and must be tested within seventy-two (72) hours of receiving such notice.

**Employees:** Employees are subject to drug and/or alcohol testing under any of the following circumstances:

1. **Reasonable Suspicion:** If a Supervisor has reasonable suspicion that the Employee is currently in violation of this policy, the Employee may be asked to submit to a reasonable suspicion drug and/or alcohol test. "Reasonable suspicion" will be based upon specific observations and facts and reasonable inferences drawn from them that the individual may have violated this policy. The Supervisor's determination will be reviewed with another management representative unless circumstances reasonably prevent such review. An Employee referred for reasonable suspicion testing will be removed from his or her position and suspended pending the results of the test.
2. **Accident/Injury:** When a violation of this policy may have been a contributing factor in an on-the-job accident that results in either an injury requiring any individual to seek medical treatment beyond first aid from a health care professional or in Significant Damage to property or equipment, then the Employee reasonably suspected of violating the policy will be required to submit to reasonable suspicion testing and will be removed from his or her position and suspended pending the result of the test.
3. **Return-to-Work:** If the Employee returns to duty after completion of an accredited substance abuse treatment program as described below, he or she will be subject to a return-to-work drug and/or alcohol test, and may be subject to unannounced follow-up testing for at least twelve (12) months and no more than twenty-four (24) months following completion of the program.
4. **Other:** In addition to any other testing specifically described in this policy, the County will conduct testing when required or permitted by government statute or regulation.

#### **Testing Outcomes:**

**Refusal to Test:** An applicant may refuse drug testing; however, the job offer will be rescinded in accordance with this Policy. Applicants who refuse to be tested may reapply for positions with the County one year after refusing to submit to testing. Employees who refuse a drug test will be terminated.

**Right to Receive Test Results:** Applicants and Employees have the right to request and receive from the County a copy of a test result report.

**Inconclusive or Diluted Tests:** In the event any test result is inconclusive, Applicants or Employees may be required to submit to an unannounced retest as soon as reasonably practicable after the inconclusive results are obtained. A second inconclusive result will result in withdrawal of a conditional offer to hire or termination except where limited by law. In the event a test result is diluted, the individual will be subject to an unannounced retest as soon as reasonably practicable after the diluted results are obtained. If the individual cannot produce a non-diluted sample in two attempts, and there is no documented medical reason for the diluted sample, it will be treated as a refusal to test.

**Tampering/Adulteration/Other:** In all cases, tampering with or adulterating a test specimen, taking any action to circumvent or avoid testing authorized by this policy, failing to cooperate with the investigation of a violation of this policy, and/or refusal or failure to comply with conditions imposed by corrective action will be grounds for withdrawing a conditional job offer/termination of current employment.

**Negative Tests:** Applicants who test negative may proceed to hire. An Employee who was suspended pending test results and who receives a negative test result will be returned to work as soon as possible. The Employee may be paid for the time spent while on suspension, unless suspension without pay is appropriate under another County policy.

**Positive Tests:** Any applicant or Employee who tests positive for Illegal Drugs or alcohol may present information to a Medical Review Officer challenging or explaining the test results. If the test results could be explained by the use of a prescription drug or over-the-counter medication, the Employee will be asked to provide documentation considered sufficient by the Medical Review Officer, such as a doctor's note, stating that the Employee has a valid prescription, is taking the drug in accordance with the prescription and is able to safely perform all of the assigned job functions while taking the drug. The Medical Review Officer has the authority to convert a Positive Test result into a negative one.

If an initial drug test is positive, and no information is presented to the Medical Review Officer that would warrant reversing the test result, those who test positive will be offered the opportunity to have a confirmatory retest, at their own expense. A confirmatory retest must be requested within seven days of being notified of the Positive Test result, and must be conducted either at the same laboratory that conducted the first test, or another laboratory that carries the same testing credentials. If the confirmatory retest does not confirm the Positive Test, it will be handled as though the initial test results were negative.

If a confirmatory retest is not requested, or if a confirmatory retest confirms the initial test, the consequences are as follows:

1. **Applicants:** the conditional job offer will be withdrawn.
2. **Employees:** It is the County's intent to offer Employees who have tested positive for the first time the opportunity to enter into and abide by a return-to-work agreement which will require, among other things, the Employee's agreement to undergo a substance abuse evaluation and to comply with any resulting recommendations for counseling and/or treatment. If the Employees successfully complies with and completes the recommended rehabilitation, no further action will be taken based on the positive test. If the Employee does not comply with the recommended plan, the Employee will be terminated from employment. If the Employee tests positive a second time, regardless of how much time has passed since the first positive test, the Employee will be terminated.

In the State of Michigan the County reserves the right to terminate an Employee who tests positive the first time in lieu of offering a return-to-work agreement. All such terminations will be approved by Human Resources and the County Administrator prior to implementation. Nothing in this policy limits the right of the County to discipline or discharge an employee on grounds other than a Positive Test result, including for use, sale, purchase, transfer, manufacture or possession of Illegal Drugs on County time, County premises, or while operating County-owned or -operated equipment or vehicles, or for other violation of this Policy.

Employees may be suspended following notice of a Positive Test result while a decision is made as to continued employment.

There is no other appeal for the consequences of a Positive Test result other than those described in this Policy.

#### **Other important information:**

**Confidentiality:** Test results and other information acquired in the testing process are considered confidential information. The employee or applicant tested will be provided with copies of Positive Test reports and the County and any of its agents will use best efforts not to share the results with others without the individual's consent except as follows: in connection with grievance/complaint processing or arbitration, administrative or judicial proceedings to which the report may be relevant; to a substance abuse treatment facility and/or professional for the purpose of evaluation or treatment of the individual; on a need-to-know basis internally; or as otherwise required by law.

#### **Required Employee Notification**

An Employee whose job duties include the use of machinery and/or operation of vehicles or other equipment and who takes a prescription or over-the-counter medication that contains a cautionary label regarding the use of machinery or operation of vehicles must notify his or her Supervisor or other appropriate County personnel before commencing work. If an Employee fails to notify and the County confirms use of such medication (including confirmation by testing as authorized by this policy) such failure to provide notification is subject to disciplinary action, up to and including termination.

#### **Resources for Addressing Workplace Drug/Alcohol Issues**

**Employee Assistance Program (EAP):** EAP provides eligible Employees with access to resources for substance abuse counseling and treatment. An Employee who thinks she/he may have a drug- or alcohol-related problem is encouraged to use this resource. Contact with EAP is confidential, except that the County may require confirmation that the Employee is meeting EAP participation requirements when formally referred to EAP as part of a corrective action. Although voluntary use of EAP resources is strongly encouraged, it will not excuse any violation of this policy or other failure to satisfy job expectations.

#### **Responsibilities**

**Employees:** are responsible for complying with this policy and for cooperating with any testing or investigation conducted in support of this policy. An Employee who becomes aware of a violation of this policy should report the matter to his/her Supervisor or Human Resources.

**Human Resources:** interprets, administers and coordinates communication relating to the policy, and develops procedures for its implementation.

**Supervisors and Managers:** are responsible for the day-to-day implementation of this policy.

**Law Department:** monitors legal requirements affecting drug/alcohol use and testing and provides legal advice and counsel.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.



## Employee Assistance Program Policy

### **PURPOSE**

Grand Traverse County will provide confidential and voluntary assistance through its Employee Assistance Program (EAP) to all employees and their family members who may be faced with challenges of financial concerns, legal issues, work concerns, alcohol or drug problems, marital problems, illness of a family member, emotional worries, child care problems, etc. For the welfare of employees as well as for effective business operations, Grand Traverse County encourages its employees to take advantage of this valuable benefit.

### **POLICY & PROCEDURE**

Grand Traverse County recognizes that all employees are individuals and occasionally have unique personal problems which sometimes affect their job performance. These problems may be related to marriage, family, finances, stress, alcohol or drugs. In most cases these conditions can be effectively treated and controlled. Therefore, the County has established the Employee Assistance Program which will provide employees with an opportunity to seek assistance with difficulties which may be affecting their job performance, and which will provide supervisors with an additional resource in dealing with employee problems.

While the County encourages employees and their family members who think they may have a problem which is affecting their lives at home or at work to seek treatment, the primary concern as an employer is limited to problems which affect the employee's attendance and performance on the job. Although an employee's involvement with this program will not be the basis for any disciplinary action, the program is not intended to replace normal performance appraisals or disciplinary procedures.

### **Confidentiality**

All contact between an employee and the EAP is held strictly confidential. In cases where an employee's continued employment is contingent on calling the EAP, the EAP counselor will only verify whether the employee has contacted the EAP and, if ongoing treatment is necessary, that the employee is following through on the treatment. Information given to the EAP counselor may be released to Grand Traverse County only if requested by the employee in writing. All counselors are guided by a professional code of ethics.

Participation in the program will not excuse continued poor job performance. Failure to attend a recommended program will not be grounds for discipline in the face of a completely satisfactory job performance.

EAP Services are currently provided by Mutual of Omaha. Contact EAP at 1-800 316-2796 or visit them at [mutualofomaha.com/eap](http://mutualofomaha.com/eap).

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.



## Employee Status Policy

### PURPOSE

It is the intent of Grand Traverse County to clarify the definitions of employment classifications so that employees understand their employment status and benefit eligibility. These classifications do not guarantee employment for any specified period of time. The right to terminate the employment relationship at-will at any time is retained by both the employee and Grand Traverse County.

### POLICY & PROCEDURE

#### Fair Labor Standards Act Job Classifications

All employees are designated as either nonexempt or exempt under state and federal wage and hour laws:

- Nonexempt employees are employees whose work is covered by the Fair Labor Standards Act (FLSA). They are *not* exempt from the law's requirements concerning minimum wage and overtime.
- Exempt employees are generally executives, managers, professional, administrative or outside sales staff who are exempt from the minimum wage and overtime provisions of the FLSA. Exempt employees hold jobs that meet the standards and criteria established under the FLSA by the U.S. Department of Labor.

Grand Traverse County has established the following categories for both nonexempt and exempt employees:

**Regular full-time employee** - Nearly all employees of the County hold appointments as regular full-time employees. They are regularly scheduled to work 37.5 or 40 hours per week, whichever is considered to be the normal departmental work week, and are eligible for all County benefits.

**Regular part-time employee** - These employees are regularly scheduled on an annual basis to work less than the number of work week hours considered to be the normal departmental work week. Employees will be covered by social security, workers' compensation, and, if they work a minimum of 50% of the normal departmental work week, they shall be covered under the County retirement plan. Short term disability, Long term disability, life and accidental death and dismemberment insurance will be covered by the county if the employee works a minimum of 15 hours per week. If the employee meets the minimum hours required in the plan document, he/she may elect to be covered by the County's health, vision and dental programs, with the County covering the prorated amount of the premium (or illustrative rate in lieu of premium) based upon the number of hours the employee is regularly scheduled to work, with the employee reimbursing the County through a payroll deduction for the remainder. All regular part-time employees will accumulate and be paid for vacation leave, personal leave, and holidays prorated to the number of hours they are regularly scheduled to work. Any temporary increase or decrease in regularly scheduled hours of thirty (30) days or less shall not affect benefit coverage. If the department submits a request for a change in

standard hours in excess of 30 days, leave accumulation shall be adjusted. If the employee is already on the health insurance, their payroll deduction shall be adjusted. However, an increase in standard hours must be expected to last at least six (6) months in order to enroll in health insurance.

**Temporary employee** - These employees will receive definite, limited time appointments. Continuation beyond the expiration date of such appointments will be only as a result of specific personnel action. Temporary employees are covered only by social security and workers' compensation, and are not eligible for pension or health, life, or disability insurance. They will not earn personal, vacation, or holiday pay. These employees may work either full-time or part-time hours, involving tasks which would not normally be performed by the County on a year-round basis, but in relation to the needs of a specific County program or activity. They may be hired to cover a temporary increase in work load, or to replace an employee on a leave of absence.

Temporary employees who are later hired to fill a regular position without a break in service of over thirty (30) days between the temporary employment and the regular appointment shall keep their date of hire into the temporary position as their service date for the regular appointment (for purposes of longevity bonus and amount of vacation leave accrual), however they shall use the date of the regular appointment for pension and insurance. At no time shall retroactive vacation or personal leave be credited for the period of temporary appointment. If the employee fills a regular position in the same classification and at the same pay grade and step, their anniversary date shall remain the same for purposes of step increase, otherwise the anniversary date shall be changed in accordance with the Compensation Plan.

**On-Call Employee** - These employees do not have regularly scheduled hours, but work when required. On-call employees are covered only by social security and workers' compensation and are not eligible for any other fringe benefits. They will not earn personal, vacation, or holiday pay. They also will not receive annual step increases. However, if they are on the salary schedule, they will receive any adjustment made to the salary schedule.

These definitions may differ for employees who are members of recognized unions, organizations, or associations.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.

Approved Personnel Policy 4/92, amended 9/95, 7/99, 9/01





## Employee Vision Plan

### FUNDS FOR PAYMENT OF VISION CLAIMS ARE PAID FROM THE ASSETS OF THE COUNTY

Grand Traverse County (Employer) hereby establishes a plan for payment of certain expenses for the benefit of its eligible employees, to be known as the Grand Traverse County Employee Vision Plan (Plan). The Employer assures its covered employees that during the continuance of the Plan all benefits hereinafter described shall be paid to or on behalf of them in the event they become eligible for benefits. The Plan is subject to all the terms, provisions and conditions recited on the following pages.

**Eligibility:** All Regular Full-Time and Regular Part-Time (on a pro-rated basis) employees and eligible elected officials are eligible for coverage under the Plan. You are not eligible for the County provided Vision Plan if you are enrolled in EyeMed.

To be covered, an eligible employee or elected official must fill out the enrollment form provided by Grand Traverse County and return it to Human Resources within 30 days of the effective date of coverage. If the employee enrolls under the Plan their eligible dependents may also be covered under the plan. However, if your spouse is also an employee of Grand Traverse County, neither you, your spouse, nor your dependents shall have double coverage.

The employee must agree to, and pay for, any applicable premium contributions required to maintain eligibility for the Plan.

**Retiree Eligibility:** If you retire from County employment, and if you are eligible to draw a pension benefit immediately upon retirement, you may elect to be covered under the County's group by reimbursing the County for the premium amount of your coverage. If you defer your pension benefit you may choose the County's group coverage upon written notification to the Human Resources Office within thirty (30) days of starting to draw your pension benefit. If you choose not to continue the group coverage upon retirement you may enroll during the open enrollment period.

**Eligible Dependents:** An eligible dependent includes your lawful spouse, natural children, step-children who reside with you, adopted children, spouse's adopted children who reside with you, or children under court appointed permanent or limited guardianship. Dependent children are eligible if you claim them as a current income tax exemption and are not in the active military service of any government. Dependent children will be covered until the end of the year in which they reach age 19.

Eligible members of Teamsters Health Department, Teamsters Dispatch, TPOAM, and COAM Dispatch Supervisory group may continue their dependent children until the end of the year in which they reach age 25, provided they are dependent upon you for more than half of their support, you claim them as a current tax exemption, and they reside with you or are in temporary residence at school or camp.

Dependent children who are mentally or physically handicapped and totally disabled prior to their nineteenth (19th) birth date are eligible under the Plan.

You must notify the Human Resources Department within 30 days if any of your enrolled dependents no longer qualify under this plan. Human Resources reserves the right to request documentation to prove dependent eligibility.

**Special Enrollment of Newly-Eligible Employees and Dependents:** You may also apply for coverage for yourself and your eligible dependents if you become eligible for coverage between open enrollment periods. You must apply within 30 days after becoming eligible for coverage. Otherwise, coverage will be delayed until the next open enrollment period.

**New Dependents:** If you gain a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may enroll the new dependent or spouse effective the date of the qualifying event. You must apply within 30 days after becoming eligible for coverage otherwise, coverage will be delayed until the next open enrollment period.

**Loss of Other Coverage:** If you did not previously enroll under the Plan because you had other vision coverage and that coverage is lost, you may enroll yourself, spouse, and dependents. You must apply within 30 days after becoming eligible for coverage. Otherwise, coverage will be delayed until the next open enrollment period. Proof of the loss of other coverage that is acceptable to the Employer must be provided. If you lose other coverage for the following reasons, you and your dependents (including spouse) are not eligible for Special Enrollment.

1. You fail to pay your share of the premiums on a timely basis.
2. Your coverage was terminated for cause such as making a fraudulent claim.
3. You voluntarily drop your other coverage for any reason, including an increase in premium or change in benefits.

**Exception:** You drop the other coverage during the annual open enrollment period for the other coverage.

**Change of Status:** If you did not previously enroll under the Plan and you are a regular part-time employee changing to full-time status (on a regular basis), you are eligible to enroll yourself, spouse, and dependents under the Plan effective the date of the change of status. If you had previously elected to enroll under the Plan and you are a regular full-time employee changing to regular part-time status (on a regular basis), you are eligible to drop the coverage.

#### **Schedule of Benefits:**

**Waiting Period:** First day following 30 days of service.

**Frequency:** Once in every 24 consecutive months, from the last date of service, for each covered individual.

#### **Reimbursement:**

Contact Lenses after a \$7.50 co-pay, to a maximum of \$78

Frames to a maximum of \$35 after a \$7.50 co-pay (waived if frames are purchased at the same time)

Lenses after a \$7.50 co-pay to a maximum of:

- Single focal \$43
- Bifocals \$60 plastic or \$70 glass
- Trifocals \$90 plastic or \$100 glass

**Exceptions: The Plan does not cover:**

- a. Expenses covered under Workers' Compensation or employer liability laws.
- b. Expenses covered by any governmental agency or under any governmental program or law, except as to charges which the person is legally obligated to pay.
- c. Expenses incurred prior to the date the person became covered under this Plan.
- d. Expenses incurred that are not provided by a Medical Doctor (MD), Doctor of Osteopathy (DO), Doctor of Optometry (OD), an optical laboratory or an optician.
- e. Additional charges for oversized, tinted lenses, or protective coating unless prescribed for medical reasons. (Documentation for medical reasons must be provided.)

**Filing Vision Claims:** Submit your itemized paid receipt or paid bill, along with a completed claim form, to the Human Resources Department. Claims must be submitted within one year from the date of service to be eligible for reimbursement.

**Individual Termination of Coverage:** The coverage of any employee shall terminate on any of the following dates:

- a. The date of termination of the Plan; or,
- b. The end of the month that he/she ceases to be an "eligible employee" or "eligible dependent" unless coverage is continued under COBRA regulations; or,
- c. The date he/she fails to make a required contribution, if applicable.

**Coordination of Benefits:** The purpose of this Plan is to help you meet the cost of needed vision care. It is not intended that anyone receive benefits greater than actual expenses incurred. Benefits payable by this Plan shall be the lesser of Grand Traverse County Plan's schedule or the balance after the payment by other plans, the total of which shall not exceed the maximum expense. All benefits provided hereunder are subject to this provision.

**Plan Amendment or Termination:** The Plan may be amended or terminated by the Employer at any time. In the event of Plan termination, the County will have no obligation under the Plan beyond paying the difference between the claims incurred (even though later filed) and expenses of the Plan due up to the date of termination. Such claims and expenses shall be paid as normal expenses of the Plan. Any termination of the Plan will be communicated to participants.

**Plan is Not a Contract:** The Plan shall not be deemed to constitute a contract between the County and any employee or to be consideration for, or an inducement or condition of, the employment of any employee.

**Appealing a Claim:** If your claim is denied in whole or in part, you will receive written notification from Human Resources within 30 days of the date you filed the claim. If additional information is needed for payment of a claim, Human Resources will contact you. You may request a review by filing a written application with the Human Resources Director. On receipt of the written request for review of a claim, the Human Resources Director will review the claim and furnish copies of all documents and all reasons and facts relating to the decision. You may submit your opinion of the issues and your comments in writing. Requests for review must be filed within 60 days after you receive notice of denial. A decision will be made promptly within 60 days and will be delivered to you in writing setting forth specific reasons for the decision and specific references to the pertinent plan provisions upon which the decision is based. The decision will be final.

**Acceptance of Legal Notice:** The Plan is a legal entity. Legal notices may be filed with, and legal process served upon, Grand Traverse County.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.

12/97; Amended 6/99, 1/02, 2/03, 6/05, 7/11



## Equal Employment Opportunity Policy

### PURPOSE

Grand Traverse County is an equal opportunity employer. In accordance with anti-discrimination law, it is the purpose of this policy to effectuate these principles and mandates. Grand Traverse County prohibits discrimination and harassment of any type and affords equal employment opportunities to employees and applicants without regard to race, color, religion, sex, age, national origin, disability status, protected veteran status, or any other characteristic protected by law. Grand Traverse County conforms to the spirit as well as to the letter of all applicable laws and regulations.

### Scope

The policy of equal employment opportunity (EEO) and anti-discrimination applies to all aspects of the relationship between Grand Traverse County and its employees, including:

- Recruitment
- Employment
- Promotion
- Transfer
- Training
- Working conditions
- Wages and salary administration
- Employee benefits and application of policies

The policies and principles of EEO also apply to the selection and treatment of independent contractors, personnel working on our premises who are employed by temporary agencies and any other persons or firms doing business for or with Grand Traverse County.

### Dissemination and Implementation of Policy

The County Administrator will be responsible for the dissemination of this policy. Directors, managers and supervisors are responsible for implementing equal employment practices within each department. The Human Resources department is responsible for overall compliance and will maintain personnel records in compliance with applicable laws and regulations.

### Procedures

Grand Traverse County administers our EEO policy fairly and consistently by:

- Posting all required notices regarding employee rights under EEO laws in areas highly visible to employees.
- Advertising for job openings with the statement *"We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law."*
- Posting all required job openings with the appropriate state agencies.
- Forbidding retaliation against any individual who files a charge of discrimination, opposes a practice believed to be unlawful discrimination, reports harassment, or assists, testifies or participates in an EEO agency proceeding.
- Requiring employees to report to a member of management, a Human Resources representative or the County Administrator any apparent discrimination or harassment. The report should be made within 48 hours of the incident.

- Promptly notifying the County Administrator of all incidents or reports of discrimination or harassment and takes other appropriate measures to resolve the situation.

## **Harassment**

Harassment is a form of unlawful discrimination and violates Grand Traverse County policy. Prohibited sexual harassment, for example, is defined as unwelcome sexual advances, request for sexual favors and other verbal or physical conduct of a sexual nature when:

- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment.
- Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individuals.
- Such conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.

Harassment also includes unwelcome conduct that is based on race, color, religion, sex (including pregnancy), national origin, age, disability or genetic information. Harassment becomes unlawful where:

- Enduring the offensive conduct becomes a condition of continued employment, or
- The conduct is severe or pervasive enough to create a work environment that a reasonable person would consider intimidating, hostile, or abusive.

Grand Traverse County encourages employees to report all incidents of harassment to a member of management or the Human Resources department. Grand Traverse County investigates all complaints of harassment promptly and fairly, and, when appropriate, takes immediate corrective action to stop the harassment and prevent it from recurring.

## **Remedies**

Violations of this policy, regardless of whether an actual law has been violated, will not be tolerated. Grand Traverse County will promptly, thoroughly and fairly investigate every issue that is brought to its attention in this area and will take disciplinary action, when appropriate, up to and including termination of employment.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.





## FMLA Policy

### PURPOSE

Grand Traverse County will provide Family and Medical Leave Act (FMLA) leave to its eligible employees. The County posts the mandatory FMLA Notice and upon hire provides all new employees with notices required by the U.S. Department of Labor (DOL) on Employee Rights and Responsibilities under the FMLA. The FMLA is posted outside the Human Resources Office.

The function of this policy is to provide employees with a general description of their FMLA rights. In the event of any conflict between this policy and the applicable law, employees will be afforded all rights required by law.

If you have any questions, concerns, or disputes with this policy, you must contact Human Resources in writing.

### POLICY & PROCEDURE

#### A. General Provisions

Under this policy, County will grant up to 12 weeks of leave during a 12-month period to eligible employees (or up to 26 weeks of military caregiver leave to care for a covered service member with a serious injury or illness). The leave may be paid, unpaid or a combination of paid and unpaid leave, depending on the circumstances of the leave and as specified in this policy.

#### B. Eligibility

To qualify to take family or medical leave under this policy, the employee must meet all of the following conditions:

1) The employee must have worked for the County for 12 months or 52 weeks immediately preceding the date the employee uses any FMLA leave. The 12 months or 52 weeks need not have been consecutive. Separate periods of employment will be counted, provided that the break in service does not exceed 7 years. Separate periods of employment will be counted if the break in service exceeds seven years due to National Guard or Reserve military service obligations or when there is a written agreement, including a collective bargaining agreement, stating the County's intention to rehire the employee after the service break. For eligibility purposes, an employee will be considered to have been employed for an entire week even if the employee was on the payroll for only part of a week or if the employee is on leave during the week.

2) The employee must have worked at least 1,250 hours during the 12-month period immediately preceding the commencement of the leave. The 1,250 hours do not include time spent on paid or



unpaid leave. Consequently, these hours of leave should not be counted in determining the 1,250 hours eligibility test for an employee under FMLA.

3) The employee must work in a worksite where 50 or more employees are employed by the County within 75 miles of that office or worksite. The distance is to be calculated by using available transportation by the most direct route.

### **C. Type of Leave Covered**

To qualify as FMLA leave under this policy, the leave must be for one of the reasons listed below:

1) The birth of a child and in order to care for that child (leave must conclude within 12 months of the birth).

2) The placement of a child for adoption or foster care and in order to care for the newly placed child (leave must conclude within 12 months of the placement).

3) To care for a spouse, child or parent with a serious health condition (defined below).

4) The serious health condition (defined below) of the employee that makes the employee unable to perform the functions of his or her position.

Under the FMLA, a child is a "son or daughter" defined by the FMLA regulations as a biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis who is either under 18 years of age or is 18 years of age or older and "incapable of self-care because of a mental or physical disability" at the time FMLA leave is to commence. The FMLA regulations provide separate definitions of "son or daughter" for its military family leave provisions that are not restricted by age.

In order for a parent to take FMLA leave for a child who is 18 or over, the son or daughter must:

- a) Have a disability as defined by the Americans with Disabilities Act (ADA) at the time the leave is to commence,
- b) Be incapable of self-care because of the disability,
- c) Have a serious health condition, and
- d) Need care because of the serious health condition.

Under the FMLA, a "spouse" means a husband or wife. Husband or wife refers to the other person with whom an individual entered into marriage as defined or recognized under state law for purposes of marriage in the state in which the marriage was entered into or, in the case of a marriage entered into outside of any state, if the marriage is valid in the place where entered into and could have been entered into in at least one state. This definition includes an individual in a same-sex or common law marriage that either:

- a) was entered into in a state that recognizes such marriages; or
- b) if entered into outside of any state, is valid in the place where entered into and could have been entered into in at least one state.

A "serious health condition" means a condition that requires inpatient care at a hospital, hospice or residential medical care facility, including any period of incapacity or any subsequent treatment in connection with such inpatient care or a condition that requires continuing care by a licensed health care provider.

This policy covers illnesses of a serious and long-term nature, resulting in recurring or lengthy absences. Generally, a chronic or long-term health condition that would result in a period of 3 consecutive days of incapacity with the first visit to the health care provider within 7 days of the onset of the incapacity and a second visit within 30 days of the incapacity would be considered a serious health condition. For chronic conditions requiring periodic health care visits for treatment, such visits must take place at least twice a year.

Employees with questions about what illnesses are covered under this FMLA policy or under the County's sick leave policy are encouraged to consult with Human Resources.

If an employee takes paid leave for a condition that progresses into a serious health condition and the employee requests unpaid leave as provided under this policy, the County may designate all or some portion of related leave taken as leave under this policy, to the extent that the earlier leave meets the necessary qualifications.

5) Qualifying exigency leave for families of members of the National Guard or Reserve or of a regular component of the Armed Forces when the covered military member is on covered active duty or called to covered active duty.

An employee whose spouse, son, daughter or parent either has been notified of an impending call or order to covered active military duty or who is already on covered active duty may take up to 12 weeks of leave for reasons related to or affected by the family member's call-up or service. The qualifying exigency must be one of the following:

- a) short-notice deployment
- b) military events and activities
- c) child care and school activities
- d) financial and legal arrangements
- e) counseling
- f) rest and recuperation
- g) post-deployment activities
- h) additional activities that arise out of active duty, provided that the County and employee agree, including agreement on timing and duration of the leave

Eligible employees are entitled to FMLA leave to care for a current member of the Armed Forces, including a member of the National Guard or Reserve, or a member of the Armed Forces, the National Guard or Reserve who is on the temporary disability retired list, who has a serious injury or illness incurred in the line of duty on active duty for which he or she is undergoing medical treatment, recuperation, or therapy; or otherwise in outpatient status; or otherwise on the temporary disability retired list. Eligible employees may not take leave under this provision to care for former members of the Armed Forces, former members of the National Guard and Reserve, or members on the permanent disability retired list.

(6) To care for a covered service member with a serious injury or illness if the employee is the spouse, son, daughter, parent, or next of kin of the covered service member.

- a) A "son or daughter of a covered service member" means the covered service member's biological, adopted, or foster child, stepchild or legal ward, or a child for whom the covered service member stood in loco parentis, and who is of any age.

- b) A “parent of a covered service member” means a covered service member’s biological, adoptive, step or foster father or mother, or any other individual who stood in loco parentis to the covered service member. This term does not include parents-in-law.
- c) The “next of kin of a covered service member” is the nearest blood relative, other than the covered service member’s spouse, parent, son or daughter, in the following order of priority: blood relatives who have been granted legal custody of the service member by court decree or statutory provisions, brothers and sisters, grandparents, aunts and uncles, and first cousins, unless the covered service member has specifically designated in writing another blood relative as his or her nearest blood relative for purposes of military caregiver leave under the FMLA. When no such designation is made, and there are multiple family members with the same level of relationship to the covered service member, all such family members shall be considered the covered service member’s next of kin and may take FMLA leave to provide care to the covered service member, either consecutively or simultaneously. When such designation has been made, the designated individual shall be deemed to be the covered service member’s only next of kin. For example, if a covered service member has 3 siblings and has not designated a blood relative to provide care, all 3 siblings would be considered the covered service member’s next of kin. Alternatively, where a covered service member has siblings and designates a cousin as his or her next of kin for FMLA purposes, then only the designated cousin is eligible as the covered service member’s next of kin. The County is permitted to require an employee to provide confirmation of covered family relationship to the covered service member pursuant to § 825.122(k).

“Covered active duty” for members of a regular component of the Armed Forces means duty during deployment of the member with the Armed Forces to a foreign country. *Covered active duty or call to covered active duty status* in the case of a member of the Reserve components of the Armed Forces means duty during the deployment of the member with the Armed Forces to a foreign country under a federal call or order to active duty in support of a contingency operation, in accordance with 29 CR 825.102.

The leave may commence as soon as the individual receives the call-up notice. (Son or daughter for this type of FMLA leave is defined the same as “child” for other types of FMLA leave, except that the person does not have to be a minor.) This type of leave would be counted toward the employee’s 12-week maximum of FMLA leave in a 12-month period.

(7) Military caregiver leave (also known as covered service member leave) to care for an injured or ill service member or veteran (for definition refer to No. 6 above).

An employee whose son, daughter, parent or next of kin is a covered service member may take up to 26 weeks of leave in a single 12-month period to care for that service member.

Next of kin is defined as the closest blood relative of the injured or recovering service member.

The term “covered service member” means:

- (a) a member of the Armed Forces (including a member of the National Guard or Reserve) who is undergoing medical treatment, recuperation, or therapy; is otherwise in outpatient status; or is otherwise on the temporary disability retired list, for a serious injury or illness; or

- (b) a veteran who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness and who was a member of the Armed Forces (including a member of the National Guard or Reserve) at any time during the period of 5 years preceding the date on which the veteran undergoes that medical treatment, recuperation or therapy.

The term "serious injury or illness" means:

- (a) in the case of a member of the Armed Forces (including a member of the National Guard or Reserve), an injury or illness that was incurred by the member in the line of duty on active duty in the Armed Forces (or existed before the beginning of the member's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces) and that may render the member medically unfit to perform the duties of the member's office, grade, rank or rating;
- (b) in the case of a veteran who was a member of the Armed Forces (including a member of the National Guard or Reserve) at any time during a period when the person was a covered service member, a qualifying (as defined by the Secretary of Labor) injury or illness incurred by a covered service member in the line of duty on active duty that may render the service member medically unfit to perform the duties of his or her office, grade, rank or rating.
- (c) Outpatient status, with respect to a covered service member, the status of a member of the Armed Forces assigned to either a military medical treatment facility as an outpatient; or a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients.

#### **D. Amount of Leave**

An eligible employee can take up to 12 weeks for the FMLA circumstances (No. 1) through (No. 5) (above) under this policy during any 12-month period. The County will measure the 12-month period as a rolling 12-month period measured backward from the date an employee uses any leave under this policy. Each time an employee takes leave, the County will compute the amount of leave the employee has taken under this policy in the last 12 months and subtract it from the 12 weeks of available leave, and the balance remaining is the amount the employee is entitled to take at that time.

An eligible employee can take up to 26 weeks for the FMLA circumstance (No. 6) (above) during a single 12-month period. For this military caregiver leave, the County will measure the 12-month period as a rolling 12-month period measured forward. FMLA leave already taken for other FMLA circumstances will be deducted from the total of 26 weeks available.

If a husband and wife both work for the County and each wishes to take leave for the birth of a child, adoption or placement of a child in foster care, or to care for a parent (but not a parent "in-law") with a serious health condition, the husband and wife may only take a combined total of 12 weeks of leave. If a husband and wife both work for the County and each wishes to take leave to care for a covered injured or ill service member, the husband and wife may only take a combined total of 26 weeks of leave.

These limitations apply even if the spouses are employed at different locations that are more than 75 miles apart. If only 1 of the spouses is eligible for FMLA leave, that individual is entitled to the full 12 workweeks of leave. These limitations do not apply to 2 employees working for the same employer

who are not legally married, even if they are living together or have a child or children together, or to siblings or other relatives who are working for the same employer.

#### **E. Employee Status and Benefits During Leave**

While an employee is on leave, the County will continue the employee's health benefits during the leave period at the same level and under the same conditions as if the employee had continued to work.

If the employee chooses not to return to work for reasons other than a continued serious health condition of the employee or the employee's family member or a circumstance beyond the employee's control, or leaves employment within 30 calendar days of the end of the FMLA leave period, the County will require the employee reimburse the County the amount it paid for the employee's health insurance premium during the leave period.

The County will maintain health, dental, and vision benefits for the employee at the same level and under the same conditions as if the employee continued to work while on FMLA leave. If required to pay a portion of their premium, the employee must make payment to the County Treasurer's office by the last business day of the month. If payment is not made as stated, the employee's health, dental, and vision coverage may be cancelled for the duration of the leave. The employee will be given notice of potential cancellation at least 15 calendar days prior to the effective date of cancellation. For purposes of retirement benefits, FMLA leave is treated as "continued service" for purposes of vesting and eligibility to participate.

If the employee contributes to a life insurance or disability plan, the County will continue making payroll deductions while the employee is on paid leave. While the employee is on unpaid leave, the employee may request continuation of such benefits and pay his or her portion of the premiums, or the County may elect to maintain such benefits during the leave and pay the employee's share of the premium payments. If the employee does not continue these payments, the County may discontinue coverage during the leave. The employee will be given notice of potential cancellation at least 15 calendar days prior to the effective date of cancellation. If the County maintains coverage, the County may recover the costs incurred for paying the employee's share of any premiums, whether or not the employee returns to work.

#### **F. Employee Status After Leave**

An employee who takes leave under this policy may be asked to provide a fitness for duty (FFD) clearance from a health care provider. This requirement will be included in the County's response to the FMLA request. Generally, an employee who takes FMLA leave will be able to return to the same position or a position with equivalent status, pay, benefits and other employment terms. The position will be the same or one that is virtually identical in terms of pay, benefits and working conditions. The County may choose to exempt certain key employees from this requirement and not return them to the same or similar position when doing so will cause substantial and grievous economic injury to business operations. Key employees will be given written notice at the time FMLA leave is requested of his or her status as a key employee.

An employee may request an extension of leave beyond the 12-week period because of a serious medical condition. The employee must submit the request in writing to the department head with medical certification of a continued serious health condition a minimum of 2 weeks prior to the end of their FMLA Leave. The department head will review such request on a case-by-case basis in order to determine whether it can reasonably accommodate such a request with the unpaid leave policy.

Reinstatement is not guaranteed when an employee is granted extended leave and will depend on the business needs of the County. If an employee fails to return to work, or is unable to return to perform the essential functions of the job at the end of his or her leave, the employee will be considered to have voluntarily resigned their position with Grand Traverse County.

Certain highly-compensated employees are "key employees" and may be denied restoration to their prior or equivalent position. Key employees are those employees who are among the highest paid 10% of employees within the County. Denial is based on the following conditions:

- a. The denial is necessary to prevent substantial economic injury to the County;
- b. The County has notified the employee of his/her key employee status, as well as the decision to deny restoration should the leave take place or continue; and
- c. The employee elects not to return to work after being notified of the County's decision.

### **G. Use of Paid and Unpaid Leave**

An employee who is taking FMLA leave because of the employee's own serious health condition or the serious health condition of a family member must use all paid vacation, personal or sick leave prior to being eligible for unpaid leave, unless such leave is covered under Workers' Compensation Insurance or Disability Insurance, in which case the employee may only use accumulated leave time for the purpose of satisfying any waiting period. Sick leave may be run concurrently with FMLA leave if the reason for the FMLA leave is covered by the established sick leave policy. Accrual of vacation or any applicable leave time will continue while under FMLA leave.

Disability leave for the birth of a child and for an employee's serious health condition, including workers' compensation leave (to the extent that it qualifies), will be designated as FMLA leave and will run concurrently with FMLA. For example, if a County provides 6 weeks of pregnancy disability leave, the 6 weeks will be designated as FMLA leave and counted toward the employee's 12-week entitlement. The employee may then be required to substitute accrued (or earned) paid leave as appropriate before being eligible for unpaid leave for what remains of the 12-week entitlement. An employee who is taking leave for the adoption or foster care of a child must use all paid vacation, personal or family leave prior to being eligible for unpaid leave.

An employee who is using military FMLA leave for a qualifying exigency must use all paid vacation and personal leave prior to being eligible for unpaid leave. An employee using FMLA military caregiver leave must also use all paid vacation, personal leave or sick leave (as long as the reason for the absence is covered by the County's sick leave policy) prior to being eligible for unpaid leave.

### **H. Intermittent Leave or a Reduced Work Schedule**

The employee may take FMLA leave in 12 consecutive weeks, may use the leave intermittently (take a day periodically when needed over the year) or, under certain circumstances, may use the leave to reduce the workweek or workday, resulting in a reduced hour schedule. In all cases, the leave may not exceed a total of 12 workweeks (or 26 workweeks to care for an injured or ill service member over a 12-month period). If the employee plans to take intermittent leave or work a reduced schedule, the certification must also include the dates and duration of treatment and a statement of medical necessity for taking intermittent leave or working a reduced schedule.

Leave due to a serious health condition, a serious illness or injury of a service member or a qualifying exigency may be taken intermittently (in separate blocks of time due to a single health condition) in minimum 15 minute increments or on a reduced leave schedule (reducing the number of hours you

work per workweek or per workday) if medically necessary. If the leave is unpaid, the County will adjust an employee's salary based on the amount of time actually worked.

In addition, while on intermittent or reduced-schedule leave, the County may temporarily transfer an employee to an available alternative position with equivalent pay and benefits if the alternative position would better accommodate the intermittent or reduced schedule, in instances when leave for the employee or employee's family member is foreseeable and for planned medical treatment, including recovery from a serious health condition or to care for a child after birth or placement for adoption or foster care. An employee on an intermittent or reduced leave schedule will need to work with his/her department head to the extent possible to arrange a schedule that best suits the needs of the department.

For the birth, adoption or foster care of a child, the County and the employee must mutually agree to the schedule before the employee may take the leave intermittently or work a reduced-hour schedule. Otherwise, such leave must be taken within 1 year of the birth or placement of the child.

If the employee is taking leave for a serious health condition or because of the serious health condition of a family member, the employee should try to reach an agreement with the County before taking intermittent leave or working a reduced-hour schedule. If this is not possible, then the employee must prove that the use of the leave is medically necessary.

#### **I. Certification for the Employee's Serious Health Condition**

The County will require certification for the employee's serious health condition. The certification must include the first anticipated date of absence from service, a diagnosis, a brief statement describing treatment, and the expected date of return. The physician must state the employee is unable to perform the essential functions of the employee's job. Occasional updates to the medical certification may be required. The employee must respond to such a request within 15 days of the request or provide a reasonable explanation for the delay. Failure to provide certification may result in a denial of continuation of leave. Medical certification will be provided using the DOL Certification of Health Care Provider for Employee's Serious Health Condition.

The County may directly contact the employee's health care provider for verification or clarification purposes using a health care professional, an HR professional, leave administrator or management official. The County will not use the employee's direct supervisor for this contact. Before the County makes this direct contact with the health care provider, the employee will be given an opportunity to resolve any deficiencies in the medical certification. In compliance with HIPAA Medical Privacy Rules, the County will obtain the employee's permission for clarification of individually identifiable health information.

The County has the right to ask for a second opinion if it has reason to doubt the certification. The County will pay for the employee to get a certification from a second doctor, which the County will select. If necessary to resolve a conflict between the original certification and the second opinion, the County will require the opinion of a third doctor. The County and the employee will mutually select the third doctor, and the County will pay for the opinion. This third opinion will be considered final. The employee will be provisionally entitled to leave and benefits under the FMLA pending the second and/or third opinion. The County may deny FMLA leave to an employee who refuses to release relevant medical records to the health care provider designated to provide a second or third opinion.

#### **J. Certification for the Family Member's Serious Health Condition**

The County will require certification for the family member's serious health condition. The certification to support a leave for family medical reasons must include the dates on which treatment is expected and its duration as well as a statement indicating that the employee's presence is necessary or would be beneficial for the care of the family member and the period of time, care, or presence needed. Occasional updates to the medical certification may be required. The employee must respond to such a request within 15 days of the request or provide a reasonable explanation for the delay. Failure to provide certification may result in a denial of continuation of leave. Medical certification will be provided using the DOL Certification of Health Care Provider for Family Member's Serious Health Condition.

The County may directly contact the employee's family member's health care provider for verification or clarification purposes using a health care professional, an HR professional, leave administrator or management official. The County will not use the employee's direct supervisor for this contact. Before the County makes this direct contact with the health care provider, the employee will be given an opportunity to resolve any deficiencies in the medical certification. In compliance with HIPAA Medical Privacy Rules, the County will obtain the employee's family member's permission for clarification of individually identifiable health information.

The County has the right to ask for a second opinion if it has reason to doubt the certification. The County will pay for the employee's family member to get a certification from a second doctor, which the County will select. If necessary to resolve a conflict between the original certification and the second opinion, the County will require the opinion of a third doctor. The County and the employee will mutually select the third doctor, and the County will pay for the opinion. This third opinion will be considered final. The employee will be provisionally entitled to leave and benefits under the FMLA pending the second and/or third opinion. The County may deny FMLA leave to an employee whose family member refuses to release relevant medical records to the health care provider designated to provide a second or third opinion.

#### **K. Certification of Qualifying Exigency for Military Family Leave**

The County will require certification of the qualifying exigency for military family leave. The employee must respond to such a request within 15 days of the request or provide a reasonable explanation for the delay. Occasional updates to the medical certification may be required. Failure to provide certification may result in a denial of continuation of leave. This certification will be provided using the DOL Certification of Qualifying Exigency for Military Family Leave.

#### **L. Certification for Serious Injury or Illness of Covered Service Member for Military Family Leave**

The County will require certification for the serious injury or illness of the covered service member. The employee must respond to such a request within 15 days of the request or provide a reasonable explanation for the delay. Occasional updates to the medical certification may be required. Failure to provide certification may result in a denial of continuation of leave. This certification will be provided using the DOL Certification for Serious Injury or Illness of Covered Service member.

#### **M. Recertification**

The County may request recertification for the serious health condition of the employee or the employee's family member no more frequently than every 30 days unless circumstances have changed significantly, or if the County receives information casting doubt on the reason given for the absence, or if the employee seeks an extension of his or her leave. Otherwise, the County may request recertification for the serious health condition of the employee or the employee's family



member every 6 months in connection with an FMLA absence. The County may provide the employee's health care provider with the employee's attendance records and ask whether need for leave is consistent with the employee's serious health condition.

#### **N. Procedure for Requesting FMLA Leave**

When requesting leave, the employee must provide Human Resources with at least 30 calendar days of advance notice, whenever possible, by submitting a Request for Leave of Absence Form, and a Medical Certification form. If the need for the leave is not foreseeable, the employee must provide notice to his/her supervisor as soon as possible (within the same or next business day), consistent with the County's absence notification policies, and provide sufficient information for the County to reasonably determine the reason for the leave and its anticipated duration. Failure to provide timely notice may result in denial of leave until notice is provided.

Employees should inform their supervisor if an absence is for FMLA leave, and if approved for more than one leave, which FMLA leave applies. The County may credit an absence to an FMLA leave if there is any indication the absence is covered by the FMLA. When leave is needed for planned medical treatment, employees must attempt to schedule treatment so as not to unduly disrupt the County's operations. Failure to provide appropriate notice may result in the denial of leave.

#### **O. Designation of FMLA Leave**

Within 5 business days after the employee has submitted the appropriate certification form, Human Resources will complete and provide the employee with a written response to the employee's request for FMLA leave using the DOL Designation Notice.

#### **P. Intent to Return to Work from FMLA Leave**

On a basis that does not discriminate against employees on FMLA leave, the County may require an employee on FMLA leave to report periodically (at least every 2 weeks) on the employee's status and intent to return to work.

#### **Q. Notice Upon Return from Leave**

If an employee returns from any period of absence which has not been designated as FMLA leave, and the employee wishes to have the leave counted as FMLA leave, the employee must notify the County within 2 business days of returning to work that the leave was for FMLA reasons. Failure to provide the necessary notice will prevent any subsequent assertion of FMLA protection for that absence.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.



## Frozen Sick Leave Bank Policy

### PURPOSE

The purpose of the Sick Leave Bank is to provide a means of obtaining additional sick leave days to avoid loss of compensation due to a catastrophic illness or injury of the employee sick leave bank member that requires intermittent or continuous absence from work. A Sick Leave Bank provides sick leave to qualifying member employees who are unable to work as a result of a personal illness, injury, disability, or medical condition.

### POLICY & PROCEDURE

Employees who have a frozen sick bank may use such bank in the following instances:

- a. For absences due to illness (including illness in the immediate family - spouse, children, parents, or guardian - if the employee is the only person available to render such care) after their eight personal days have been exhausted.
- b. For any regularly scheduled hours during the first seven calendar days when an employee qualifies for the short term disability benefit.
- c. When an employee qualifies for the short term disability benefit, but chooses to use their frozen sick bank first in order to receive full pay.

Upon retirement (eligible to begin drawing a benefit payment from MERS or Social Security) or death of the employee, the County shall pay to the employee (or the employee's estate) fifty percent (50%) of the employee's frozen sick bank up to a maximum of one hundred and twenty (120) days or sixty (60) full days, such payment to be made at the employee's regular rate of pay at the time of retirement or death.

Employees who are elected to public office at the County level without a gap in service and who remain covered under MERS and on the County's payroll, and who have a sick bank, shall be paid for their sick bank, at their "employee" rate of pay, as stated above if they meet the eligibility requirements for retirement, or shall have their sick bank remain on record at the time they take office. When the elected official reaches retirement eligibility, they may request in writing to be paid for their frozen sick bank as stated above, such payment to be made at their rate of pay at the time of request. Should any bank remain at the time the elected official leaves office but is not reinstated as an employee of the County, and the elected official is eligible for retirement, the elected official shall be paid for their sick bank as stated above.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. This policy is in no way affiliated with Michigan Mandatory Paid Sick Leave (Public Act 369). Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.

Approved: Board of Commissioners 4/92, amended 1/01, 9/01



## Anti-Harassment Policy

### PURPOSE

Grand Traverse County is committed to fostering an environment that is welcoming and free from all forms of discrimination and harassment based on race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, status regarding public assistance, veteran or military status or any other legally protected status. A harassment-free environment is one in which conduct is based on respect for others and which does not in any way exploit power and/or status differences, such as those that exist between (but not limited to) colleagues, employees and those seeking employment. It also includes conduct based on respect in peer-to-peer relationships.

### POLICY & PROCEDURE

Grand Traverse County strives to create and maintain a work environment in which people are treated with dignity, decency and respect. The environment of the County should be characterized by mutual trust and the absence of intimidation, oppression and exploitation. Grand Traverse County will not tolerate unlawful discrimination or harassment of any kind. Through enforcement of this policy and by education of employees, Grand Traverse County will seek to prevent, correct and discipline behavior that violates this policy.

All employees, regardless of their positions, are covered by and are expected to comply with this policy and to take appropriate measures to ensure that prohibited conduct does not occur. Appropriate disciplinary action will be taken against any employee who violates this policy. Based on the seriousness of the offense, disciplinary action may include verbal or written reprimand, suspension, or termination of employment.

Managers and supervisors who knowingly allow or tolerate discrimination, harassment or retaliation, including the failure to immediately report such misconduct to human resources (HR), are in violation of this policy and subject to discipline.

### Prohibited Conduct under This Policy

Grand Traverse County, in compliance with all applicable federal, state and local anti-discrimination and harassment laws and regulations, enforces this policy in accordance with the following definitions and guidelines:

#### Discrimination

It is a violation of Grand Traverse County's policy to discriminate in the provision of employment opportunities, benefits or privileges; to create discriminatory work conditions; or to use discriminatory evaluative standards in employment if the basis of that discriminatory treatment is, in whole or in part, the person's race, color, national origin, age, religion, disability status, gender, sexual orientation, gender identity, genetic information or marital status.

Discrimination of this kind may also be strictly prohibited by a variety of federal, state and local laws, including Title VII of the Civil Rights Act of 1964, the Age Discrimination Act of 1967 and the Americans with Disabilities Act of 1990. This policy is intended to comply with the prohibitions stated in these anti-discrimination laws.

Discrimination in violation of this policy will be subject to disciplinary measures up to and including termination.

## Harassment

Grand Traverse County prohibits harassment of any kind, including sexual harassment, and will take appropriate and immediate action in response to complaints or knowledge of violations of this policy. For purposes of this policy, harassment is any verbal or physical conduct designed to threaten, intimidate or coerce an employee, co-worker, or any person working for or on behalf of Grand Traverse County.

The following examples of harassment are intended to be guidelines and are not exclusive when determining whether there has been a violation of this policy:

- Verbal harassment includes comments that are offensive or unwelcome regarding a person's national origin, race, color, religion, gender, sexual orientation, age, body, disability or appearance, including epithets, slurs and negative stereotyping.
- Nonverbal harassment includes distribution, display or discussion of any written or graphic material that ridicules, denigrates, insults, belittles or shows hostility, aversion or disrespect toward an individual or group because of national origin, race, color, religion, age, gender, sexual orientation, pregnancy, appearance, disability, sexual identity, marital status or other protected status.

## Sexual Harassment

Sexual harassment is a form of unlawful employment discrimination under Title VII of the Civil Rights Act of 1964 and is prohibited under Grand Traverse County's anti-harassment policy. According to the Equal Employment Opportunity Commission (EEOC), sexual harassment is defined as "unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature ... when ... submission to or rejection of such conduct is used as the basis for employment decisions ... or such conduct has the purpose or effect of ... creating an intimidating, hostile or offensive working environment."

Sexual harassment occurs when unsolicited and unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature:

- Is made explicitly or implicitly a term or condition of employment.
- Is used as a basis for an employment decision.
- Unreasonably interferes with an employee's work performance or creates an intimidating, hostile or otherwise offensive environment.

Sexual harassment may take different forms. The following examples of sexual harassment are intended to be guidelines and are not exclusive when determining whether there has been a violation of this policy:

- Verbal sexual harassment includes innuendoes, suggestive comments, jokes of a sexual nature, sexual propositions, lewd remarks and threats; requests for any type of sexual favor (this includes repeated, unwelcome requests for dates); and verbal abuse or "kidding" that is oriented toward a prohibitive form of harassment, including that which is sexual in nature and unwelcome.
- Nonverbal sexual harassment includes the distribution, display or discussion of any written or graphic material, including calendars, posters and cartoons that are sexually suggestive or show hostility toward an individual or group because of sex; suggestive or insulting sounds; leering; staring; whistling; obscene gestures; content in letters, notes, facsimiles, e-mails, photos, text messages, tweets and Internet postings; or other forms of communication that are sexual in nature and offensive.

- Physical sexual harassment includes unwelcome, unwanted physical contact, including touching, tickling, pinching, patting, brushing up against, hugging, cornering, kissing, fondling, and forced sexual intercourse or assault.

Courteous, mutually respectful, pleasant, non-coercive interactions between employees that are appropriate in the workplace and acceptable to and welcomed by both parties are not considered to be harassment, including sexual harassment.

### **Consensual Romantic or Sexual Relationships**

Grand Traverse County strongly discourages romantic or sexual relationships between a manager or other supervisory employee and his or her staff (an employee who reports directly or indirectly to that person) because such relationships tend to create compromising conflicts of interest or the appearance of such conflicts. In addition, such a relationship may give rise to the perception by others that there is favoritism or bias in employment decisions affecting the staff employee. Moreover, given the uneven balance of power within such relationships, consent by the staff member is suspect and may be viewed by others, or at a later date by the staff member, as having been given as the result of coercion or intimidation. The atmosphere created by such appearances of bias, favoritism, intimidation, coercion or exploitation undermines the spirit of trust and mutual respect that is essential to a healthy work environment. If there is such a relationship, the parties need to be aware that one or both may be moved to a different department or other actions may be taken.

If any employee of Grand Traverse County enters into a consensual relationship that is romantic or sexual in nature with a member of his or her staff (an employee who reports directly or indirectly to him or her), or if one of the parties is in a supervisory capacity in the same department in which the other party works, the parties must notify the Human Resources Director or the County Administrator. Because of potential issues regarding quid pro quo harassment, Grand Traverse County has made reporting mandatory. This requirement does not apply to employees who do not work in the same department or to parties where neither one supervises or otherwise manages responsibilities over the other.

Once the relationship is made known to Grand Traverse County, the County will review the situation with human resources in light of all the facts (reporting relationship between the parties, effect on co-workers, job titles of the parties, etc.) and will determine whether one or both parties need to be moved to another job or department. If it is determined that one party must be moved, and there are jobs in other departments available for both, the parties may decide who will be the one to apply for a new position. If the parties cannot amicably come to a decision, or the party is not chosen for the position to which he or she applied, the Human Resources Director and the County Administrator will decide which party will be moved. That decision will be based on which move will be least disruptive to the County as a whole. If no other jobs are available for either party, the parties will be given the option of terminating their relationship or resigning.

### **Retaliation**

No hardship, loss, benefit or penalty may be imposed on an employee in response to:

- Filing or responding to a bona fide complaint of discrimination or harassment.
- Appearing as a witness in the investigation of a complaint.
- Serving as an investigator of a complaint.

Lodging a bona fide complaint will in no way be used against the employee or have an adverse impact on the individual's employment status. However, filing groundless or malicious complaints is an abuse of this policy and will be treated as a violation.

Any person who is found to have violated this aspect of the policy will be subject to discipline up to and including termination of employment.

## Confidentiality

All complaints and investigations are treated confidentially to the extent possible, and information is disclosed strictly on a need-to-know basis. The identity of the complainant is usually revealed to the parties involved during the investigation, and the Human Resources Director will take adequate steps to ensure that the complainant is protected from retaliation during and after the investigation. All information pertaining to a complaint or investigation under this policy will be maintained in secure files within the HR department.

## Complaint procedure

Grand Traverse County has established the following procedure for lodging a complaint of harassment, discrimination or retaliation. The County will treat all aspects of the procedure confidentially to the extent reasonably possible.

1. Complaints should be submitted as soon as possible after an incident has occurred, preferably in writing. The Human Resources Director may assist the complainant in completing a written statement or, in the event an employee refuses to provide information in writing, the Human Resources Director will dictate the verbal complaint.
2. Upon receiving a complaint or being advised by a supervisor or manager that violation of this policy may be occurring, the Human Resources Director will notify the County's Administrator and review the complaint with the County's legal counsel.
3. The Human Resources Director will initiate an investigation to determine whether there is a reasonable basis for believing that the alleged violation of this policy occurred.
4. If necessary, the complainant and the respondent will be separated during the course of the investigation, either through internal transfer or administrative leave.
5. During the investigation, the Human Resources Director, together with legal counsel and the Deputy County Administrator, will interview the complainant, the respondent and any witnesses to determine whether the alleged conduct occurred.
6. Upon conclusion of an investigation, the Human Resources Director or the Deputy County Administrator conducting the investigation will submit a written report of his or her findings to the County Administrator. If it is determined that a violation of this policy has occurred, the Human Resources Director will recommend appropriate disciplinary action. The appropriate action will depend on the following factors:
  - a) The severity, frequency and pervasiveness of the conduct;
  - b) Prior complaints made by the complainant;
  - c) Prior complaints made against the respondent; and
  - d) The quality of the evidence (e.g., firsthand knowledge, credible corroboration).

If the investigation is inconclusive or if it is determined that there has been no violation of policy but potentially problematic conduct may have occurred, the Human Resources Director may recommend appropriate preventive action.

7. The County Administrator will review the investigative report and any statements submitted by the complainant or respondent, discuss results of the investigation with the Human Resources Director and other management staff as appropriate, and decide what action, if any, will be taken.
8. Once a final decision is made by the County Administrator, the Human Resources Director will meet with the complainant and the respondent separately and notify them of the findings of the investigation. If disciplinary action is to be taken, the respondent will be informed of the nature of the discipline and how it will be executed.

## Alternative legal remedies

Nothing in this policy may prevent the complainant or the respondent from pursuing formal legal remedies or resolution through local, state or federal agencies or the courts.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.

Approved Personnel Policy 4/92, amended 7/99





## Health Insurance Policy

### PURPOSE

The purpose is to explain to Grand Traverse County employees what qualifies them for the County's Health insurance and for our employees to have a better understanding of the type of insurance offered. Health insurance can reimburse the insured for expenses incurred from illness or injury, or pay the care provider directly.

### POLICY & PROCEDURE

Regular full-time employees are eligible on the first of the month following thirty days of employment for coverage under the County's group health insurance plan. Regular part-time employees who elect to do so may be covered, with the County covering the pro-rated amount based on the number of hours the employee is regularly scheduled to work, and the employee reimbursing the County through payroll deduction for the remainder.

Employees are obligated to pay any applicable premium share whether actively at work or on an approved leave. Failure to make the required premium share payment in a timely manner will result in loss of coverage. The County offers a High Deductible Health Plan and Health Savings Account (HSA). These plans often have lower premiums and higher maximum-out-of-pocket amounts than other health plans. Employees may end up paying more for the medical care they receive while saving on premium costs. When the County provides HSA funds, employees who elect the County's Health Insurance will receive a prorated amount of HSA funding, based on number of hours the employee is regularly scheduled to work, and based upon months of service in the respective year of that benefit.

Employees whose spouses are also employed by Grand Traverse County will not be double covered under the health program. They may each select their own coverage when more than one plan is offered if they wish, and dependents will be covered under the employee whose birthdate comes first in the year unless otherwise agreed to by both employees. The Employer reserves the right to combine or separate contracts of family members under the group insurance in order to reduce costs, where it does not reduce the benefits to which each employee is entitled.

Regular Employees who are eligible for the County's health plan, and who have other medical coverage not including the marketplace, shall have the option of receiving an annual payment in lieu of such coverage in the amount of two thousand dollars (\$2,000) on a pro-rated basis based upon FTE status and months of service, subject to carrier regulations and applicable law. This payment shall be made on the first pay date in December. Payment is pro-rated for individuals who leave employment or drop coverage mid-year. Employees may choose between the payment and coverage in the County's Plan during the annual open enrollment period. This selection cannot be rescinded unless the employee loses their other group coverage.

The benefits provided under the Grand Traverse County Health Program shall be secondary to any personal protection or personal injury benefits carried by an employee through an insurer under a motor vehicle policy described in Section 3101(1) of the Michigan Compiled Laws.

Non-Contract Employees who retire from County employment after January 1, 2000, and who are hired or transferred into the Non-Contract Hourly or Exempt groups prior to January 1, 2009, may elect to be covered under the County's early retirees' group coverage up to age 65, or Medicare eligible, by reimbursing the County for the applicable premium amount. This benefit is for the retiree only. Retirees may cover eligible spouses and dependents by reimbursing the County the full amount of the premium for those individuals. Retirees may opt in for this benefit anytime during their eligibility but only at the time of open enrollment. Effective January 1, 2016, the County will contribute up to one-hundred (\$100) dollars per month per retiree.

At age 65, eligible retirees and their spouses may remain under the County's Medicare group plan by reimbursing the County the full amount of the premium.

Covered spouses of retirees who are enrolled in the group health plan, and whose coverage under the County's Health Plan terminates due to death, shall be allowed to remain on the County's group health plan by continuing to reimburse the County for the full premium amount until their death, or until they become covered by another group health plan. This benefit is closed to new entrants as of December 31, 2014.

In accordance with the Affordable Care Act, Grand Traverse County has identified the following periods for the purposes of identifying a full-time employee:

- Measurement Period: January 1 – October 31
- Administrative Period: November 1 – December 31
- Stability Period: January 1 – December 31

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.

Approved 4/92, as amended 1/93, 3/94, 2/96, 7/99, 11/99, 5/00, 1/02, 6/03, 7/04, 01/09, 12/14, 4/16,



## Hearing Conservation Program

### PURPOSE

The purpose of the Grand Traverse County Hearing Conservation Program (HCP) is to protect County employees from the effects of occupational exposure to noise. The program provides guidelines to ensure the effective use of hearing protection as well as establishes procedures for an effective HCP.

### Scope

This instruction applies to all Grand Traverse County employees that perform work with powered equipment including but not limited to lawn and maintenance equipment, saws, weed whackers, grass cutters, leaf blowers, all types of lawn mowers and other loud equipment.

### Background

The County is responsible for ensuring that each employee has a safe and healthful place of employment that complies with all safety and health standards and the Michigan Occupational Safety and Health Act (MIOSHA). Various County departments are responsible for providing lawn care and maintenance in the Grand Traverse County region. Many of these environments have the potential to have high levels of noise. Therefore, the County has proactively established a HCP for all staff who conduct this type of work.

### References

- Grand Traverse County Safety Policy.
- Occupational Health Standard Part 380, Rule R325.60107, Occupational Noise Exposure for General Industry.

### Definitions

**Action Level (AL)** - An 8-hour, time-weighted average noise exposure of 85 decibels measured on the A-scale, slow response, or equivalently, a dose of 50%.

**Audiogram** - A chart, graph, or table resulting from an audiometric test showing an individual's hearing threshold levels as a function of frequency.

**Baseline Audiogram** - The audiogram against which future audiograms are compared.

**Decibel (dB)** - A unit of measurement of sound pressure level.

**Health Care Provider** - A physician who has been contracted by the County to perform baseline and annual audiograms.

**Hertz (Hz)** - A unit of measurement of frequency and is numerically equal to cycles per second.

**Noise Dose** - The ratio, expressed as a percentage, of the time integral, over a stated time or event, of the 0.6 power of the measured, slow, exponential time averaged, squared A-weighted sound pressure and the product of the criterion duration (8 hours) and the 0.6 power of the squared sound pressure corresponding to the criterion sound level (90 dB).

**Slow Response** - A measurement time constant, or averaging time, of 1 second.

**Sound Level** - 10 times the common logarithm of the ratio of the square of the measured A-weighted sound pressure to the square of the standard reference pressure of 20 micropascals and is expressed in units of dBA.

**Sound Level Meter** - An instrument for the measurement of sound level.

**Standard Threshold Shift (STS)** - A change in the hearing threshold relative to the baseline audiogram of an average of 10 dB or more at 2000, 3000, and 4000 Hz in either ear.

**Time-Weighted Average Sound Level** - The sound level which, if constant over an 8-hour exposure, would result in the same noise dose as is measured.

**TWA** - Time-weighted average.

## **Responsibilities**

### **A. Department Manager/Supervisor is responsible for:**

1. Implementing the County's HCP as outlined.
2. Ensuring all staff that works with lawn and maintenance equipment are included in the HCP.
3. Ensuring that initial baseline and annual audiometric testing is scheduled and conducted.
4. Ensuring that reports of standard threshold shifts that meet the recording criteria are provided to Department Labor Economic Growth, Office of Human Resources (DLEG, OHR) for recording on the Injury/Illness Log.
5. Ensuring appropriate employee training on equipment and on the proper use and care of hearing protection devices.
6. Evaluating the HCP annually.

### **B. Grand Traverse County Human Resources Department is responsible for:**

1. Ensuring that the contract is in place to provide annual audiometric testing to County staff impacted by this policy.
2. Serving as medical administrator for the County's HCP.
3. Receiving and maintaining records in a confidential manner.
4. If the comparison of the audiograms indicates that an employee has experienced a standard threshold shift in hearing, the health care provider will advise the medical administrator. The medical administrator will notify an employee of all of the following:
  - a) A standard threshold shift has occurred. The employee will be notified, in writing, within 21 days of its determination.
  - b) The need for further evaluation or retesting, the reason for the referral, the purpose and outcome, and whether or not the shift may be related to the use of hearing protectors.

### **C. Health Care Provider is responsible for:**

1. Conducting a baseline audiogram for new County staff impacted by this policy.
2. Conducting audiograms on an annual basis for all County staff that work with powered lawn and maintenance equipment.
3. Providing a copy of audiogram to medical administrator.

- a) Notifying the medical administrator of all County staff who experienced a standard threshold shift for logging and further follow-up as needed.

**D. Employees that work with Lawn and Maintenance Equipment are responsible for:**

1. Complying with requirements of the County's HCP. Failure to do so will result in discipline, up to and including termination.
2. Participating in training on the selection and appropriate use of hearing protection.
3. Wearing hearing protection when working in environments that may pose the potential for excessive noise exposure.

## **Medical Surveillance**

As part of the medical surveillance program, all County staff who work with powered lawn and maintenance equipment will be provided:

- Baseline audiometric test.
- Annual audiometric test.
- Information on test results and follow-up as needed.
- Audiometric testing will be provided at no cost to the employee.
- Baseline audiograms will be conducted within six (6) months of hire.
- County staff that have a standard threshold shift shall be refitted and retrained, if necessary, in the proper use of hearing protection.
- County staff experiencing difficulty wearing hearing protection (i.e. irritation of the ear canals, pain) should immediately report this to their supervisor. Arrangements should be made, if necessary, to go to the health care provider for evaluation.

## **Recordkeeping**

**A. The Human Resources Department will maintain:**

- Medical evaluation and audiometric tests.
- Training records.

**B. Department Manager/Supervisor will maintain:**

- Department evaluations of the HCP.

Audiometric tests and medical evaluations performed for hearing conservation purposes will be a permanent part of an employee's medical record, maintained in Human Resources. An employee's medical record will be made available to the individual upon request to Human Resources.

## **Training**

All County staff who work with powered lawn and maintenance equipment will be provided information about the adverse effects of noise and how to prevent noise-induced hearing loss. At a minimum, training will cover the following topics:

1. Effects of noise on hearing.
2. Purpose of hearing protection; advantages and disadvantages, of various types of hearing protection.
3. Selection, fitting, use, and care of hearing protection.
4. Purpose of audiometric testing and an explanation of the testing procedures.
5. The need to wear hearing protection by recognizing environments with noise that may require hearing protection.

All County staff that work with powered lawn and maintenance equipment will be provided with a copy of this document.

## Program Evaluation

- a) Every summer the Department Supervisor will conduct an annual evaluation of their departmental program, including wearer acceptance, appraisal of protection afforded, use of hearing protection, and training.
- b) The findings of the HCP evaluation will be documented, list plans to correct any deficiencies in the program, and set target dates for the implementation of the corrections.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.



## High Deductible Health Plan Policy

### **PURPOSE**

To educate employees on what a High Deductible Health Plan is and how to use a Health Savings Account with this plan.

### **What is a High Deductible Health Plan?**

A plan with a higher deductible than a traditional insurance plan. The monthly premium is usually lower, but you pay more health care costs yourself before the insurance company starts to pay its share (your deductible). A high deductible health plan (HDHP) can be combined with a health savings account (HSA), allowing you to pay for certain medical expenses with money free from federal taxes.

### **What is an HSA?**

A Health Savings Account is a savings vehicle that is tied to an HSA-qualified high-deductible health plan (HDHP). Anyone on a high deductible health plan (HDHP) can contribute to an HSA on a tax-free basis (when used to pay for qualified medical expenses). Employees are able to pay for their current medical expenses and save for future qualified medical and retiree health expenses on a tax-free basis.

As with 401k accounts and Flexible Spending Accounts (FSA), Health Savings Accounts offer tax benefits for employees. The money that employees deposit into HSA accounts reduces their taxable income rather than acting as a direct deduction like FSA funds. Employees can then spend the HSA funds on qualified medical expenses without any tax penalty.

As with 401K and FSA accounts, there are also limits on how much an individual or family may deposit annually. Employers also have the option to match HSA contributions. Unlike FSA funds, HSA funds can be kept in many different types of savings accounts. In fact, many HSA plans encourage employees to invest their funds in the stock market and earn a return.

The money in an HSA belongs to the employee. Our accounts provide employees with a credit card linked to their account, making it easier to pay for medical purchases. Employees can spend these funds on other items than approved medical expenses, but if they do so, then they pay a tax penalty on that spending. After age 65, an employee's HSA funds may be spent without penalty, much like other retirement investments. After age 55, employees can contribute an additional \$1,000 per year to their HSA as a "catch-up".

By law, HSAs are always attached to high-deductible health plans. These plans often have lower premiums and higher maximum-out-of-pocket amounts than other health plans. Employees may end up paying more for the medical care they receive while saving on premium costs. To get the most benefit from an HSA plan, an employee will need to contribute enough from each paycheck to pay the costs of their current medical care and prepare for unexpected costs.

### **How is my HSA funded?**

An employee's HSA account is funded by individual contributions through either payroll deductions or after tax contributions. On an annual basis, Administration along with the Human Resource

Director will look at the County's ability to provide HSA funds or "seed money." Seed money is not guaranteed on a year-to-year basis. Employees that are a full FTE (1.0) will receive the full amount of any seed money based on their health insurance election, e.g., Single, Double or Family. Employees that are a partial FTE (0.9, 0.7, etc.) will receive seed money on a pro-rated basis e.g., if the County commits to \$1,000 in seed money for single coverage and you are a 0.7 FTE you will receive 70% of that seed money or \$700 which would be that employee's full amount. Seed money will also be pro-rated based on benefits eligibility date. Employees hired mid-year will receive a pro-rated amount based on months of eligible medical coverage. For example, an employee hired in January with a March benefits eligibility date would receive seed money at 10/12ths of the full amount.

### **Who can contribute to an HSA?**

The IRS defines an individual as eligible to contribute to an HSA if the employee meets the criteria as follows (Internal Revenue Service Bulletin 2004-2, Q/A-2):

- is covered under a high deductible health plan (HDHP) on the first day of such month;
- is not also covered by any other health plan that is not a HDHP (with certain exceptions for plans providing certain limited types of coverage);
- is not enrolled in Medicare (generally, has not yet reached age 65\*); and
- may not be claimed as a dependent on another person's tax return

\*Individuals become ineligible to contribute to an HSA on the first day of the month of their 65<sup>th</sup> birthday.

### **Can I withdraw money from a health savings account for nonmedical expenses?**

Yes, but if you withdraw funds for nonmedical expenses before you turn 65, you have to pay taxes on the money and a 20 percent penalty. If you take money out after you turn 65, you do not have a penalty, but you must still pay taxes on the money.

### **How much money can I deposit annually into a health savings account?**

The Internal Revenue Service sets the contribution limits for HSAs. In recent years, the limits have been about \$3,500 for individuals and about \$7,000 for family coverage. If you're 55 or older anytime during the year you turn 55, you will be able to contribute an extra \$1,000.

### **Pro-Rated Premium Deduction**

Regular Part-Time Employees will be subject to a pro-rated premium deduction. When employee's FTE status is as follows, the employee premium deduction will increase as follows:

<b>F.T.E.</b>	<b>Premium Deduction</b>
0.9 FTE	10% above 20% premium deduction
0.8 FTE	20% above 20% premium deduction
0.7 FTE	30% above 20% premium deduction
0.6 FTE	40% above 20% premium deduction
0.5 FTE	50% above 20% premium deduction
0.4 FTE	60% above 20% premium deduction
0.3 FTE	70% above 20% premium deduction
0.2 FTE	80% above 20% premium deduction
0.1 FTE	90% above 20% premium deduction



Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.



## Notice of Privacy Practices (HIPAA)

### PURPOSE

Grand Traverse County respects the privacy of protected health information and understands the importance of keeping this information confidential and secure. This Notice describes how we protect the confidentiality of the protected health information we receive.

The Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) sets forth, for the first time, a set of national standards for the protection of certain health information. The U.S. Department of Health and Human Services (HHS) issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The HIPAA Privacy Rule is designed to be flexible and comprehensive to cover the variety of uses and disclosures that need to be addressed. Covered entities regulated by HIPAA privacy policy are required to comply with all of its applicable requirements.

### NOTICE

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY THE GROUP HEALTH PLANS OFFERED BY GRAND TRAVERSE COUNTY AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

This Notice applies to the privacy practices of all of the group health plans offered by Grand Traverse County (hereinafter collectively the "Plan").

If you have any questions about this notice, please contact the Director of Human Resources.

### Our Obligations Regarding Protected Health Information

We are committed to protecting the privacy of your protected health information. "Protected health information" means individually identifiable health information that is transmitted or maintained in electronic media or in any other medium or form. "Protected health information" does not include individually identifiable health information in education records covered by the Family Educational Rights and Privacy Act, as amended (20 USC § 1232g), in records described at 20 USC § 1232g (a) (4) (B) (iv), in employment records held by a covered entity in its role as employer, and regarding a person who has been deceased for more than 50 years.

We create a record of the health care claims reimbursed under the Plan for Plan administration purposes. This notice applies to the records of protected health information that we maintain. Your personal doctor or health care provider may have different policies or notices regarding the doctor's use and disclosure of your protected health information created in the doctor's office or clinic. This notice will tell you about the ways in which we may use and disclose health information about you. It also describes our obligations and your rights regarding the use and disclosure of protected health information.

In accordance with the law, we are required to:

- maintain the privacy of protected health information;
- give you this notice of our legal duties and privacy practices with respect to protected health information about you; and
- follow the terms of the notice that is currently in effect.

## **How We May Use and Disclose Protected Health Information**

The following categories describe different ways that we use and disclose protected health information to the extent permitted or required by law. For each category of uses or disclosures we will explain what we mean and may also present some examples. Not every type of use or disclosure within a category will be listed. However, all of the ways we are permitted to use and disclose protected health information will fall within one of the categories.

### **For Treatment**

We may use and disclose protected health information for your treatment and to provide you with treatment-related health care services. For example, we may disclose protected health information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietician so that appropriate meals can be prepared. We also may disclose medical information about you to people outside the treatment facility who may be involved with your medical care.

### **For Payment**

We may use and disclose protected health information about you to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary or to determine whether the Plan will cover the treatment. We may also share protected health information with a utilization review or precertification service provider. Likewise, we may share protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

### **For Health Care Operations**

We may use and disclose protected health information about you for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use protected health information in connection with: conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage, submitting claims for stop loss (or excess loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. We may remove information that identifies you from this set of medical information so others may use it to study health care and delivery without learning the identity of the patients.

### **To Business Associates**

We may contract with individuals and entities known as Business Associates to perform various functions or provide certain services. In order to perform these functions or provide these services, Business Associates may receive, create, maintain, use and/or disclose protected health information, but only after they sign an agreement with us requiring them to implement appropriate safeguards regarding protected health information. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

### **Other Insurance Carriers**

We may disclose or use protected health information with other care programs or insurance carriers (such as Medicare) in order to coordinate benefits.

## **Emergencies**

We may use or disclose your protected health information in an emergency treatment situation. If this happens, your physician will try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your physician, or another physician in the practice, is required by law to treat you and the physician has attempted to obtain your consent but is unsuccessful, he or she may still use or disclose your protected health information to treat you.

## **As Required By Law**

We will disclose protected health information about you when required to do so by federal, state or local law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirement of the law. For example, we may disclose protected health information when required by a court order in a litigation proceeding such as a medical malpractice action. You will be notified, if required by law, of any such uses or disclosures.

## **Public Health Activities**

We may use or disclose protected health information for public health activities and for purposes to a public health authority that is permitted by law to collect or receive information. For example, we may use or disclose protected health information for the purpose of preventing or controlling disease, injury, or disability, to notify a public health authority authorized to receive reports of abuse, neglect, or domestic violence, to report births or deaths, to report reactions to medications or problems with products, to notify people of recalls of products they may be using, to notify persons of exposure to disease. We may also disclose protected health information if directed by a public health authority to a foreign government agency that is collaborating with a public health authority.

## **Health Oversight Activities**

We may disclose protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure or disciplinary actions, civil, administrative, or criminal proceedings or actions, or other activities necessary for appropriate oversight of the health care system. Oversight agencies seeking this information may include government agencies that monitor the health care system, government programs, and compliance with civil rights laws.

## **To Avert a Serious Threat to Health or Safety**

We may use and disclose protected health information about you when necessary to prevent a serious or imminent threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat. For example, we may disclose protected health information if it is necessary for law enforcement or other authorities to identify or apprehend an individual. We may also disclose protected health information about you in a proceeding regarding the licensure of a physician.

## **Legal Proceedings**

We may disclose protected health information in the course of judicial or administrative proceeding or in response to an order of a court or administrative tribunal. If certain conditions are met, we may also disclose your protected health information in response to a subpoena, a discovery request, or other lawful processes.

## **Law Enforcement**

We may release protected health information if asked to do so by a law enforcement official, so long as applicable legal requirements are met, in response to a court order, subpoena, search warrant, summons, or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; if you are the victim of a crime and we are unable to obtain your consent; about a death we believe may be the result of criminal

conduct; in an instance of criminal conduct at our facility; in emergency circumstances to report a crime, the location of crime or victims, or the identity, description, or location of the person who committed the crime.

### **Criminal Activity**

Consistent with federal and state laws, we may disclose your protected health information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

### **Coroners, Medical Examiners, and Funeral Directors**

We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may also release protected health information about patients of the hospital to funeral directors as necessary to carry out their duties and in accordance with the law. Disclosure of such information may be made in reasonable anticipation of death.

### **Organ and Tissue Donation**

If you are an organ donor, we may release protected health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

### **Research**

We may release your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

### **Military and Veterans**

If you are a member of the armed forces, we may release protected health information about you for activities deemed necessary by appropriate military command authorities or for the purpose of determination by the Department of Veterans Affairs of your eligibility for benefits. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

### **National Security and Intelligence Activities**

We may release protected health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities as authorized by law, including the provision of protective services to the President or others legally authorized.

### **Inmates**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement official. This release would be necessary:

- for the institution to provide you with health care;
- to protect your health and safety or the health and safety of others; or
- for the safety and security of the correctional institution.

### **Workers' Compensation**

We may release protected health information about you for workers' compensation or similar programs to comply with workers' compensation laws and other similar legally established programs. These programs provide benefits for work-related injuries or illness.

## **Disclosure to Health Plan Sponsor**

We may disclose information to a health plan sponsor or another health plan maintained by Grand Traverse County for purposes of facilitating claims payments or to use to obtain premium bids for the health insurance coverage offered through the Plan or to decide whether to modify, amend, or terminate a plan. In addition, protected health information may be disclosed to Grand Traverse County personnel solely for purposes of administering benefits under the Plan.

## **Disclosures to the OHCA**

The various health plans which may be participating in an organized health care arrangement (OHCA) may share protected health information with each other, as necessary, to carry out treatment, payment, or health care operations relating to the organized health care arrangement.

## **Others Involved in Your Health Care**

We may disclose your protected health information to a friend or family member that is involved in your health care to the extent necessary to help with your care or with payment for your health care, unless you object or request a restriction. If you are unable to agree, such as in an emergency circumstance, and the situation indicates that it would be in your best interest, we may disclose your protected health information as necessary to a family member, friend or other person you identify to the extent necessary to help with your care.

## **Disclosures to the Secretary of the U.S. Department of Health and Human Services**

We may disclose protected health information to the Secretary of the U.S. Department of Health and Human Services to determine compliance with the requirements of 45 CFR Title II, §164; for example, when the Secretary is investigating or determining the Plan's compliance with the HIPAA Privacy Rule.

## **Disclosures to You**

We will disclose to you or your personal representative most of your protected health information when you request access to this information. We will disclose your protected health information to an individual who has been designated by you as your personal representative and who has qualified for such designation in accordance with relevant law. Prior to such a disclosure, however, we must be given written documentation that supports and establishes the basis for the personal representation.

## **Food and Drug Administration**

We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, biological product deviations, product defects, or problems; to track products; to enable product recalls; to make repairs/replacements; or to conduct post marketing surveillance.

## **Data Breach Notification Purposes**

We may use or disclose your protected health information to provide legally required notices of unauthorized access to or disclosure of your health information.

## **Disaster Relief**

We may disclose your protected health information to disaster relief organizations that seek your protected health information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we can practically do so.

## **Other Uses and Disclosures**

Other uses and disclosures of protected health information that are not described above will be made only with your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care we provided to you.

### **Revocation of Authorization**

If you provide us with an authorization, you may revoke the authorization in writing by mailing by first-class mail or hand-delivering a signed letter to the Director of Human Resources, stating (1) the authorization you would like to revoke, including the date the authorization was given, if known, and (2) your name and date of birth. Such revocation is not effective until received by the applicable covered entity. This revocation will be effective for future uses and disclosures of protected health information. However, the revocation will not be effective for information that we have used or disclosed in reliance on the authorization.

### **Your Rights Regarding Your Protected Health Information**

You have the following rights regarding protected health information we create, receive, and maintain about you:

#### **Right to Request Confidential Communications**

If you believe that a disclosure of all or part of your protected health information may endanger you, you may request that we communicate with you in an alternative manner or at an alternative location. For example, you may ask that all communications be sent to your work address. Your request must specify the alternative means or location for communication with you. It also must state that the disclosure of all or part of the protected health information in a manner inconsistent with your instructions would put you in danger. We will accommodate a request for confidential communications that is reasonable and that states that the disclosure of all or part of your protected health information could endanger you.

#### **Right to Access**

You have the right to inspect and copy protected health information that may be used to make decisions about your Plan benefits. You must submit your request in writing to Grand Traverse County Human Resources. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances as provided by law. In accordance with the law, depending on the circumstances, if you are denied access to protected health information, you may request that the denial be reviewed.

Health care providers may create, gather, or manage certain electronic health records regarding your protected health information. To the extent those records are in the possession of the Plan, you have the right to inspect and copy the electronic health records. If you submit such a request and we maintain any such records, we will charge you our actual labor costs to comply with your request.

#### **Right to Amend**

If you feel that protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and submitted to the Human Resources Director. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the protected health information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

The Plan must act on your request for an amendment to your protected health information no later than 60 days after receipt of your request. The Plan may extend the time for making a decision for no more than 30 days, but it must provide you with a written explanation for the delay. If the Plan denies your request, it must provide you with a written explanation for the denial and an explanation of your right to submit a written statement disagreeing with the denial.

### **Right to an Accounting of Disclosures**

You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to the Director of Human Resources. Your request must state a time period which may not be longer than six (6) years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a twelve (12) month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

In addition, health care providers may create, gather or manage electronic health records regarding your protected health information. To the extent those records are in the possession of the Plan, you will have the right to request an accounting of the disclosures of the electronic health records (including for purposes of treatment, payment or health care operations) during the three (3) years that preceded the request.

HIPAA provides several important exceptions to your right to an accounting of the disclosure of your protected health information. The Plan will not include in your accounting any of the disclosures for which there is an exception under HIPAA. The Plan must act on your request for an accounting of the disclosures of your protected health information no later than 60 days after receipt of the request. The Plan may extend the time for providing you an accounting by no more than 30 days, but it must provide you a written explanation for the delay.

### **Right to Request Restrictions**

You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. Your written request must include the protected health information you wish to limit, whether you want to limit our use, disclosure, or both, and (if applicable) to whom you want the limitations to apply (for example, disclosures to your spouse). **To the extent permitted by law, we are not required to agree to your request, unless you are asking us to restrict the use and disclosure of your protected health information a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to the health care item or service for which you have paid us "out-of-pocket" in full.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

### **Out-of-Pocket Payments**

If you paid out-of-pocket in full (or, in other words, you have requested that we will not bill your health plan) for a specific item or service, you have the right to ask that your protected health information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

### **Right to Receive Notice of a Breach**

We will notify you following a breach of unsecured protected health information as required by law. We will also inform the Secretary of the Department of Health and Human Services and take any other steps as required by law.

### **Right to a Paper Copy of This Notice**



You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, contact any Human Resources staff member. You may also obtain a copy of this notice at our website, [www.grandtraverse.org](http://www.grandtraverse.org) or on the intranet at [www2.co.grand-traverse.us](http://www2.co.grand-traverse.us).

The Plan must make its internal practices, books, and records related to the use and disclosure of protected health information received from the Plan available to the Secretary of Health and Human Services for purposes of determining compliance by the Plan with these privacy protections. When the Plan no longer needs protected health information disclosed to it by the Plan, for the purposes for which the protected health information was disclosed, the Plan must, if feasible, return or destroy the protected health information that is no longer needed. If it is not feasible to return or destroy the protected health information, the Plan must limit further uses and disclosures of the protected health information to those purposes that make the return or destruction of the protected health information infeasible.

### **Right to Inspect and Copy**

You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy your medical information, you must submit your request in writing to Human Resources. If you request a copy of information, we may charge a fee for the cost of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request the denial be reviewed.

### **Right to an Electronic Copy of Electronic Medical Records**

If your protected health information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your protected health information in the form or format you request, if it is readily producible in such form or format. If the protected health information is not readily producible in the form or format you request, your record will be provided in either our standard electronic format or, if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

### **Uses of Protected Health Information Requiring an Authorization**

The following uses and disclosures may be made only with written permission:

- Uses and disclosures of protected health information for marketing purposes
- Uses and disclosures that constitute the sale of your protected health information
- Uses and disclosures for any purposes not described in the notice
- Uses and disclosures of psychotherapy notes as set forth by law

### **Genetic Information**

Plans (other than a long-term care plan) are prohibited from using or disclosing protected health information that is genetic information for underwriting purposes.

### **A Note about Personal Representatives**

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your protected health information or allowed to take any action for you. Proof of such authority may take one of the following forms:

- a power of attorney for health care purposes, notarized by a notary public;
- a court order of appointment of the person as the conservator or guardian of the individual; or

- an individual who is the parent of a minor child. We retain discretion to deny access to your protected health information to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. This also applies to personal representatives of minors.

### **Changes to This Notice**

We reserve the right to change this notice at any time and to make the revised or changed notice effective for protected health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice on our website. We will notify you of changes as required by law. Until such amendment is made, we are required by law to abide by the terms of this notice.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the Plan, contact the Director of Human Resources. All complaints must be submitted in writing. In addition to filing a complaint with the Plan, you may file a complaint with the Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.



## Hours of Work Policy

### **PURPOSE**

The purpose is for Grand Traverse County to determine daily and weekly work schedules based on each department's operational needs. Such schedules may be changed at any time at the discretion of Grand Traverse County to address varying conditions. All employees are expected to work their scheduled hours.

### **POLICY & PROCEDURE**

#### **Normal Work Week**

The normal work week for hourly employees shall be 37.5 or 40 hours, beginning with the start of the employee's first shift on or after 11:00 p.m. Sunday, except as otherwise provided by departmental regulations approved by the Human Resources Director. The basic office hours are from 8:00 a.m. until 5:00 p.m., Monday through Friday with a one hour lunch period to be scheduled by the department head. The department head may vary these basic office hours to fit the needs of the individual department.

Employees are permitted two fifteen-minute work breaks, one in the first part of the shift and one in the second part of the shift, per day, which are to be taken at a time to allow for the continuous and effective operation of the department. Work breaks are not accumulative and may not be combined with the lunch period or quitting time.

#### **Flexible Scheduling**

Employees may make a request for flexible working hours or job sharing to their supervisor or department head. Such scheduling shall require the department head's approval, and must be in keeping with good customer service and the smooth operation of the department. Flexible scheduling will not be approved if it causes the payment of overtime under the Fair Labor Standards Act.

#### **Overtime Work**

The employees of the County are expected to give a full day's performance and that the work of the County will be so organized that overtime work is seldom necessary, except under unusual circumstances to meet peak loads or critical deadlines. If requested to work overtime, an employee will be expected to do so unless he or she is excused for good cause. Only the County Administrator or individual department heads have the authority to approve overtime. For those employees who are eligible for compensation (pay or compensatory time) under the Fair Labor Standards Act, this approval must be received in advance of working the overtime.

## **Call-In Time**

An employee called to work at a time other than his/her scheduled work shift should refer to their contract. When an hourly employee takes a phone call outside their scheduled work shift they shall be paid for 1/10 of their hourly rate if the call lasts less than six minutes. If the call lasts longer than six minutes they will be paid for the length of the call.

## **Entering Hours Worked**

The following policy has been established to conform to the legal requirements set forth by the Wage and Hour Administration. These should be incorporated with any existing regulations established by various departments. Employees are required to utilize their department's method of entering time.

At the end of each pay period, you should verify your hours worked (and not worked), have your managing supervisor sign/approve the time worked more than your scheduled hours, and turn it in to your supervisor or designee for processing. As timekeeping records are part of the County's documentation regarding numerous workplace practices, individuals who attempt to falsify, alter data or subjugate the system will be subject to disciplinary action up to and including termination.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.

Approved Personnel Policy 4/92, amended 7/99, amended 2/07



## Introduction to Employment Policy

### PURPOSE

This policy has been prepared to acquaint you with the different personnel policies, procedures, and fringe benefit programs covering the employees of Grand Traverse County. Nothing contained in this policy is intended to limit the right of the County Board of Commissioners to direct the County affairs, including the direction of all employees, or to exercise any authority given to them under the law, including, but not limited to, the right to create departments, abolish departments, merge departments, to add to or subtract from the jobs, or to change the duties and content of various jobs.

### POLICY

It is the intention of the Board of Commissioners that Grand Traverse County, as a growing organization, be a good employer with progressive personnel policies and working conditions. The County expects to attain maximum staff productivity by fully utilizing the skills, abilities and efforts of both supervisory and non-supervisory employees. Employees are expected to conduct themselves as responsible business people engaged in an effort of great importance to the people of the area, and to focus their efforts and interests on the realization of the County's mission, the County Board's vision, and their department's strategic plan.

Each employee is expected to avail himself/herself fully of opportunities to become better informed about the County's business, to keep up with developments in his/her field of work, to make constructive suggestions for increased productivity, to seek self-improvement in all areas of their work assignments, and to perform their assignments as part of an effective working group in accordance with established standards. They are also expected to bring their problems and suggestions to their supervisor's attention promptly so that disrupting conditions can be corrected promptly rather than be allowed to become of a greater magnitude of concern.

Employment with us is considered "at will" permitting either party to end the relationship at either party's own discretion with or without cause or notice. No one other than the Board of Commissioners has any authority to enter into an agreement for employment for a specified period of time or to make any agreement which is contrary to this statement. Any such agreement with the Board must be in writing or it shall not be binding.

Employees who are placed into jobs which require a license (including driver's license), certification or registration are expected to maintain such license, certification or registration, and are required to notify the Human Resources department in writing immediately upon loss of such license, certification or registration. It is the employee's responsibility to keep current on all certifications required by their job. Failure to do so may result in the employee's termination of employment.

The policies on the intranet apply to all full-time and part-time personnel in all departments, offices, and positions in the county service, including employees of elected officials, except Family Court. However, members of the County Board of Commissioners and elected County department heads, including the Clerk, Treasurer, Register of Deeds, Prosecuting Attorney, Sheriff, Drain Commissioner,

Surveyor, and Judges of the Circuit, Probate, and District Courts are not covered by these policies. The personnel policies and the system for administering them are reviewed and revised periodically. Employee ideas and comments are encouraged in the form of written suggestions to the Director of Human Resources, who shall advise administration of all suggestions, and recommend appropriate action. After review, the Human Resources Director may recommend an amendment to the Board of Commissioners for approval. The Human Resources Department shall make every reasonable attempt to provide each employee notice of the amendment through the employee newsletter or by providing them a copy of the amendment.

### **Paydays**

The County provides a biweekly pay period (26 pays per year) that ends at midnight every other Sunday. Pay days occur every other Friday for both hourly and salaried employees. Employees hired after January 1, 2001, are encouraged to have their pay electronically transferred to their financial institution(s). Only one transfer per institution and two separate institution transfers may be made. Arrangements must be made with the institution for transfers to multiple accounts.

### **Medical Examination**

The County requires a pre-employment drug screening and may require a medical examination by a doctor designated as County Physician at any time during the employment whenever the County believes such examination is mandated by business necessity.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.

Approved: Board of Commissioners 1/2014,



## Leave of Absence Policy

### PURPOSE

In an effort to recognize the need of employees who require time off in addition to other types of leave, Grand Traverse County may consider an unpaid personal leave of absence without pay for up to a maximum of 30 days, when justified by compelling personal circumstances.

### Guidelines

Any time away from work that is not covered by pay from an accumulated leave bank or otherwise approved for pay, including partial days, shall be considered a Leave of Absence. Leaves of Absence of less than thirty (30) days require the approval of the department head. All requests for leave over thirty (30) days must be approved by the Department Head and HR Department unless required by law or otherwise stated in this Section. Such leave shall be without pay unless otherwise provided below.

Only a regular full-time or regular part-time employee who has completed six months of service may be granted a leave of absence of over 30 days for sickness, disability, educational development, or other good and sufficient reasons. Such leave shall not exceed one year. All leave requests shall be in writing and state the reason, the exact date on which the leave is to begin and the date of return to work. Failure to return on the agreed date or extension thereof may result in termination. The employee shall not return prior to the expiration of his/her leave unless agreed to by the department head.

Employees who take leave without pay in excess of 30 days shall have their seniority accrual frozen while on leave, effective on the first day following the 30 days. Therefore, their service date (for longevity, seniority, and vacation accrual) shall be moved forward by an amount equivalent to this length of time. They shall also have their anniversary date (for consideration of step increase) delayed by the same length of time. Leaves without pay in excess of 30 days will require the employee to reimburse the County for their benefits to continue during said leave. If the employee drops their insurance benefits they will be subject to the enrollment waiting period of the particular insurance should the employee desire to pick up coverage upon return.

Upon returning to work, the employee shall have the right to displace any employee with less service in the same classification in the department in which they worked at the time their leave of absence was granted unless otherwise stated at the time the leave is approved.

Nothing in this policy shall conflict with or limit employee's rights under the Family Medical Leave Act.

**Educational Leave** - An employee who wishes to further his/her education in order to enhance his/her performance to improve their chances for career advances with the County may request in writing an educational leave for up to one year. The employee who is granted an educational leave may return to a job in their same classification, however their work assignment may change.

**Non-Duty Disability Leave** - Leaves requested due to illness or medical disability (including maternity) must be accompanied by a medical doctor's certificate that the employee is unable to work and the reason therefore. Employees returning to work shall submit to Human Resources a doctor's statement indicating the employee's ability to return to the job. The employee may request to receive wages through the County's short term disability program, accumulated vacation, annual personal leave and/or frozen sick bank for this purpose under the guidelines set forth in this policy. During a pregnancy, if an employee is aware that her and/or her unborn child's health is endangered by her job, she shall immediately make that fact known in writing to her department head. If the leave qualifies under the FMLA, it will be counted toward the twelve weeks.

**Parental Leave** - An employee may request in writing a parental leave up to six months to begin at birth or date of adoption of his /her child. Accumulated vacation, personal or unpaid leave may be used for this purpose. This leave may run concurrently with a disability leave in the case of childbirth. Such leaves are to be approved by the County Administrator, who shall do so if the needs of the County can be met. This leave will be counted toward the twelve weeks allowed by the FMLA.

**Military Leave** - Any employee who enters active service of the Armed Forces of the United States shall receive a military leave of absence without pay for the period of such duty. An employee returning from military service shall be reemployed in accordance with applicable federal and state statutes, as long as application for reemployment is made within 90 days of his or her discharge.

An employee who is a member of the National Guard or Reserves who is called for defense training shall be entitled to a leave of absence in addition to his/her vacation not to exceed two calendar weeks. During this leave, and upon presentation of documentation of their gross wages with the Reserves, they may receive pay for the difference between their regular gross pay, such pay not to exceed two (2) calendar weeks.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.

Approved: Board of Commissioners 4/92, amended 7/99, 9/01, 12/04





## Life and AD&D Insurance Policy

### **PURPOSE**

To provide life and accidental death and dismemberment insurance benefit to our Grand Traverse County employees. This plan is an employer-funded group term insurance plan. Coverage for employees' spouse or dependent children is not available. There is no cash value and no medical exam is required.

### **POLICY & PROCEDURE**

#### **Eligibility and Enrollment**

As defined by the insurance policy, regular status employees working a minimum of 15 hours per week shall be eligible for Life and Accidental Death and Dismemberment Insurance, effective the first day following six months of employment as an active member or FTE status qualifies. Enrollment is automatic.

#### **Benefit Coverage**

New hires or when an employee's FTE status qualifies will be provided a death benefit in the amount of the greater of one times annual base salary (rounded up to the next \$1,000) or \$20,000. You may NOT enroll at the time of life changing event change, as with other insurances.

The benefit terminates on the employee's last day of active employment or transfers to ineligible status. Coverage may be converted into a private policy upon termination of employment.

#### **Tax Considerations**

Federal tax laws state that \$50,000 of group life insurance protections is not subject to taxes. Amounts in excess of \$50,000 are taxable. The government assigns a value to these amounts and the value is added to your W-2 earnings based on your age as of the end of a calendar year.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.

Approved: Board of Commissioners 4/1992, amended 7/1999



## Longevity Pay Policy

### PURPOSE

The purpose for longevity pay is to recognize long-term service employees that work for Grand Traverse County.

### POLICY & PROCEDURE

Regular full-time employees and regular part-time employees (on a pro-rated basis) hired prior to January 1, 2005, shall receive a longevity bonus payable as a separate check in December in accordance with the following schedule:

After completion of five (5) years of continuous service from the employee's last date of hire the employee shall receive a \$50 longevity bonus. In December of the sixth and succeeding years thereafter, \$50 annually will be added to the longevity bonus with no maximum limit.

For those employees hired prior to February 1, 1985, and who selected Plan A on the "Employee Election of Longevity Pay Plan" prior to May 23, 1985, a longevity bonus shall be payable as a separate check on the first pay date in December in accordance with the following schedule:

- After 10 years of continuous service: 5% of base pay
- After 15 years of continuous service: 10% of base pay

This payment shall be pro-rated over the remainder of the calendar year in which completion of the 10 years (or 15 years) service occurs.

For those regular full-time and regular part-time (on a pro-rated basis) employees hired prior to January 2, 1990, with Tri-County Health, and who selected Plan C on the "Employee Election of Longevity Pay Plan" prior to January 30, 1990, a longevity bonus shall be payable in accordance with the following schedule:

- 5 through 8 years of service \$300
- 9 through 12 years of service \$450
- 13 through 16 years of service \$600
- 17 and more years of service \$750

At the end of employment with the County, any longevity bonus amounts owed under either plan will be prorated over the time worked until the last record day of employment.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.





## Nepotism Policy

### PURPOSE

The purpose of this policy is to avoid favoritism, the appearance of or potential for favoritism, and conflicts of interest and loyalty often associated with nepotism. Nepotism is inconsistent with the County's longstanding policy of making employment decisions and other business decisions based solely on the County's needs and individual qualifications, skills, ability and performance. Grand Traverse County is committed to a policy of employment and advancement based on qualifications and merit and does not discriminate in favor of or in opposition to the employment of relatives.

### POLICY & PROCEDURE

Organizations can realize both benefits and problems by engaging in the practice of nepotism. As defined by Merriam-Webster, nepotism is favoritism based on kinship. With the County continually challenged to find qualified, competent employees who will fit the organizational culture, family referrals can be a way to fill positions. From an employee relations standpoint, depending on how prevalent nepotism is within the organization, unrelated employees may feel disadvantaged.

Due to these competing concerns, policies and practices related to this issue need to be clear and transparent. When family member hires or promotions are made, the reasons for these decisions need to be objective and credible.

The policy below establishes rules for hiring family members and former employees. Grand Traverse County is an equal opportunity employer and hires individuals based solely on their qualification and ability to do the job to be filled.

1. Grand Traverse County will consider a member of an employee's family for employment if the applicant possesses all the qualifications for employment for the position.

No person shall be hired, appointed, promoted, or transferred within the County departments where they have a close personal relationship, close business relationship, or are in any other way closely related to or dependent upon another employee, where one employee will be put in a position of direct and/or indirect supervision of the other. In addition, others, who, because of their position or customary involvement within the County will be prohibited from influencing or seeking favor and will be deemed in violation of this policy.

For purposes of this policy, "close personal relationship" may be, but is not limited to, natural, adoptive, step, foster, or by marriage in nature including spouse, child, parent, brother, sister, grandparent, grandchild, first cousin, aunt, uncle, niece and nephew, or any other person who resides in the same household as the employee. For purpose of this policy "closely related to" may be, but is not limited to a strong connection between them. They are related because a family member may have married into their family.

2. Employees who marry or become members of the same household may continue employment if there is not:

- a) Direct or indirect supervisor/subordinate relationship between the employees or
- b) An actual conflict of interest or the appearance of a conflict of interest.

Should one of the above situations occur, Grand Traverse County will attempt to find a suitable position within another department to which one of the affected employees may transfer. If accommodations of this nature are not feasible, the affected employees will be permitted to determine which of them will resign their employment. If they do not choose, both employees shall be separated from County service.

3. Former employees who left the County in good standing may be considered for reemployment. Former employees who resigned without written notice or who were dismissed for disciplinary reasons may not be considered for reemployment.

A former employee who is reemployed will be considered a new employee from the date of reemployment. Employees who retire may be eligible, in certain circumstances, to be considered for reemployment within the same department in the same capacity for a duration not to exceed six (6) months only for the purposes of training a new employee. Reemployed retired employees shall not be eligible for fringe benefits during this six (6) month period of reemployment.

## Definitions

*Nepotism:* favoritism in the workplace based on kinship, which ordinarily consists of making employment or other business decisions based on a family relationship.

*Employment decisions:* the full spectrum of employment or volunteer-related actions, including but not limited to decisions related to hiring, supervision, direction of work, promotion, compensation, work/volunteer hours, performance evaluation, termination and all other terms and conditions of employment or volunteer-related actions.

*Business decisions:* decisions related to the full spectrum of the County's activities (e.g., buying, hiring, selling, contracting, licensing, leasing) or otherwise involving the expenditure of the County's funds or the use of the County's resources.

*Relative:* the spouse, domestic partner, anyone in a romantic relationship and, whether by blood, adoption, marriage or domestic partnership, the child, parent, grandparent, sibling, grandchild, aunt or uncle, niece or nephew, or any person residing in the immediate household (or the household of the spouse or domestic partner of any of these relatives) of the County employee, or his or her spouse or domestic partner, or person in a romantic relationship.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.





## Overtime Compensation for Hourly Employees Policy

### PURPOSE

Grand Traverse County follows the Fair Labor Standards Act (FLSA) when determining whether an employee is exempt or non-exempt for purposes of paying overtime for time worked in excess of 40 hours in a workweek. Positions that do not meet the exempt test standard are classified as non-exempt. Non-exempt (hourly) employees will be paid at the rate of one and one-half times normal hourly rate for all hours worked in excess of 40 hours in any one workweek.

### POLICY & PROCEDURE

All work performed which is in excess of forty (40) hours in any one workweek shall be compensated at the rate of time and one-half (1 1/2) of the employee's regular hourly rate, excluding all forms of premium pay, for those employees who are covered by the Fair Labor Standards Act.

All overtime worked shall be paid by overtime pay unless otherwise mutually agreed between the employee and the department head in writing prior to working the overtime and if approved by your department head shall be granted as compensatory time at one and one-half times the number of overtime hours worked if the work performed is in excess of 40 hours in any one workweek.

Compensatory time shall have a maximum accumulation of 40 hours after which payment shall be in wages. When overtime is recorded as compensatory time, it may be used as needed by the employee and as approved by the department head. The employer may choose to pay out compensatory banks, or any portion thereof, at any time.

Overtime benefits may differ for employees who are members of recognized unions, organizations, or associations. Department policies on compensatory time may also differ if the department head determines there is a reasonable business reason for doing so, if approved by the Director of Human Resources and provided in writing to employees.

**Unauthorized overtime work is strictly prohibited.** It is the employee's duty to ensure that his/her supervisor approves any overtime work in advance and that the overtime is recorded accurately.

Please note that holidays, sick days, vacation time and personal days are not counted when calculating whether a non-exempt employee has worked more than 40 hours in a workweek.

Grand Traverse County employees are strictly prohibited from altering pay records or taking any other action that deprives a non-exempt employee of compensation for hours worked. If you have reason to believe that you or any other non-exempt employee has not been compensated for all hours worked at the appropriate rate of pay, you should immediately report your concern to Human Resources.

## Definitions

**Compensable Time** is also called work time. An employer must document a nonexempt employee's work time. In addition to regularly scheduled hours, work time can include overtime, certain types of travel time, training time, and shift preparation/transition time.

**Exempt** employees are paid an agreed amount for the whole job, regardless of the amount of time or effort required to complete the work, and do not record hours of work on the time record.

**Nonexempt** employees are paid for each hour worked, and record each hour worked on the time record. If the employee works more than 40 hours in one workweek, the employee is paid a premium of time and one-half, which is also referred to as **overtime compensation**.

**Overtime** is time worked by nonexempt employees that exceeds the employee's normally scheduled workweek. For full-time and part-time employees, overtime is time worked over 40 hours in a workweek.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.

Approved Personnel Policy 4/92, amended 6/94, 7/99, amended 6/03, 7/2018





## Paid Time off Policy

### PURPOSE

Grand Traverse County recognizes that a good balance between work and life is important. That is why employees are provided with annual vacation time and personal days to use in any way they choose. Employees are also eligible for company-paid holidays each year.

This policy describes details of paid time off, including eligibility, hours, vacation accrual, taking time off, and carrying over time. Grand Traverse County complies with all applicable state and local requirements regarding sick leave, including, but not limited to, Michigan's Paid Medical Leave Act. Vacation days are not earned during any unpaid leave in excess of 30 days.

### POLICY & PROCEDURE

#### Bereavement Leave

Each regular full-time employee of the County shall be allowed bereavement leave, not to be deducted from any other leave time, for a death in the immediate family providing he or she attends the funeral. Such leave may be granted from the day of death through the date of the funeral, not to exceed three days. For the purpose of this section an immediate family member shall be deemed to be the current spouse, children, brother, sister, parent, parent-in-law, grandparents, grandchildren, or a member of the employee's immediate household. Additional leave may be granted without pay or charged to personal or vacation leave.

Time off shall also be granted for the death of current sister/brother-in-law, step mother/father, step sister/brother, step children, with time off charged against any accumulated leave time. For out of state funerals employees shall be permitted to take up to two additional days leave of absence without pay or, at the option of the employee, to use accumulated leave time. Time off for bereavement leave will not count as hours worked for the purpose of overtime.

#### Holidays

The County recognizes the following paid holidays for all regular full-time and regular part-time (on a pro-rated basis) non-contract employees:

New Year's Day	Independence Day	Day after Thanksgiving
President's Day	Labor Day	Christmas Eve Day
Good Friday	Veteran's Day	Christmas Day
Memorial Day	Thanksgiving Day	New Year's Eve Day
Floating Holiday		

When a holiday falls on Sunday, the following day shall be the recognized holiday. When a holiday falls on Saturday, the preceding day shall be the recognized holiday.

If one of the above holidays falls during a period when an employee is on authorized paid leave, the holiday shall be counted as a holiday off and shall not be deducted from the employee's leave accumulation.

To be eligible for holiday pay an employee must have worked in full their regularly scheduled straight time work day prior to the holiday and the regularly scheduled straight time work day subsequent to the holiday (or be on authorized paid leave).

Regular employees covered under FLSA who are scheduled and required to work on a paid holiday shall receive holiday pay plus his/her regular day's pay for a day worked. When called in to work on a paid holiday the employee shall receive time and one half plus holiday pay for hours worked.

The Floating Holiday shall be credited to the employee as of January 1st, in the first pay period of the calendar year. Employees who are hired on or after October 1st shall not be granted the floating holiday. Such holidays shall not accrue from year to year, or be paid out for any reason.

### **Jury Duty/Subpoena**

Leave with full pay may be authorized in order that employees may serve required jury duty or testify pursuant to a subpoena, provided that such leave is reported in advance to the department head, that the duty falls during their regular work schedule, and that court fees (less mileage) obtained as a witness or juror are turned over to the County Treasurer. Employees are expected to return to work after being excused from service.

### **Personal Leave**

Each regular full-time employee and regular part-time employee (on a pro-rated basis) shall be granted eight (8) days of personal leave each year. New hires shall receive an initial pro-rated amount of leave upon completion of ninety days of continuous employment with Grand Traverse County.

This leave may be used for the employee's personal health needs, a family member's health needs, for purposes arising out of domestic violence or sexual assault, or during closure of the employee's primary worksite by order of a public official due to a public health emergency. Twenty-four hours' notice and prior approval by the supervisor is required for general absences, and at least one hour's notice prior to the beginning of the shift is required for illness, unless the employee can show in writing why prior notification was impossible. Time must be used in ½ hour increments. When the absence is for sickness (regardless of which, if any, leave bank is charged), the employer reserves the right to request a doctor's certification. Claim for payment must be submitted on a form provided by the Employer.

Any balance left, up to a maximum of five days (pro-rated for part-time employees), following the last full pay period paid in November shall be paid at the employee's prevailing hourly rate in a separate check on the first pay date in December.

Employees who leave employment mid-year shall be paid for any balance, up to a maximum of five days (pro-rated for part-time employees), on their final paycheck.

Those employees who are hired prior to December 1, 1988, and who selected Plan A on the "Employee Election of Sick Conversion/Payment Plan" prior to November 30, 1988, shall have the

balance of the eight days each year converted to their frozen Sick Leave Bank, up to a maximum of 120 days.

## **Vacation Leave**

Each regular full-time and regular part-time (on a prorated basis) employee shall earn vacation leave credit according to the following schedule. Employees accrue vacation leave during their first six months of employment; however it cannot be taken until completing six months.

<b>Years of Service</b>	<b>Days per Year</b>	<b>Hours Accrued Bi-weekly</b>	
		(75 hours)	(80 hours)
Less than 3	10	2.884	3.076
3 but less than 5	12	3.461	3.692
5 but less than 10	15	4.326	4.615
10 but less than 15	17	4.9	5.23
15 but less than 25	20	5.769	6.153
25 or more	25	7.211	7.692

Vacation leave will be credited biweekly to the employee's "bank" up to a maximum carry-over of 20 days on the employee's service date.

Department heads shall determine the suitable time at which vacation may be taken, considering both the efficiency of the operation of the department concerned and the wishes of the employee.

Vacation leave taken may not exceed the total amount of vacation leave accrued as of that date. Employees leaving the County in good standing shall be compensated for vacation leave accrued to the date of separation within the limits set forth above. This will be paid on the employee's final paycheck. The County retains the discretion to deny vacation payout in the case of involuntary termination.

Leave benefits may differ for employees who are members of recognized unions, organizations, or associations.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources. This policy is in no way affiliated with Michigan Mandatory Paid Sick Leave (Public Act 369).

Approved Personnel Policy 4/92, amended 7/99, 9/01, 7/02, 1/14



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## Human Resources

# **Performance Improvement Plans**

## **A Supervisor's Guide to Raising Employee Performance Levels**

January 21, 2019

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## PERFORMANCE IMPROVEMENT PLANS: AN OVERVIEW

### WHAT IS A PERFORMANCE IMPROVEMENT PLAN?

A Performance Improvement Plan can be an effective tool in your supervisor toolbox. Performance Improvement Plans are used to monitor and measure unsatisfactory performance behaviors, processes, and work products. They can assist you in raising your employees' performance levels to meet acceptable standards, expectations, and requirements.

### WHY SHOULD YOU USE A PERFORMANCE IMPROVEMENT PLAN?

As a supervisor, you must ensure your employees get the "big picture" of their contributions to your department. Make sure your employees know what's expected of them in their duties, performance, and behavior. They must also understand:

- The standards of the work area.
- The work performance required of them.
- The impact their responsibilities have on the success of their areas operations.

If an employee's performance falls below the expected level of performance objectives, you should have a counseling discussion with the employee. If counseling does not result in sustained improvement, you can develop a Performance Improvement Plan.

### WHEN SHOULD YOU USE A PERFORMANCE IMPROVEMENT PLAN?

A Performance Improvement Plan (PIP) is a 'last resort' approach and should be used when the employee has not successfully resolved through previous interventions for one of the following non-disciplinary performance issues:

- An employee's overall performance becomes unsatisfactory or below acceptable standards, i.e. low or poor efficiency, and low or weak skill sets. The employee's unsatisfactory performance should be 'skill' related and not an issue of the employee's 'will' to do the task or job.
- An employee's annual rating (if applicable) is unsatisfactory or below acceptable standards.
- An employee's low or poor performance in as few as one performance area that requires the employee to make adjustment.

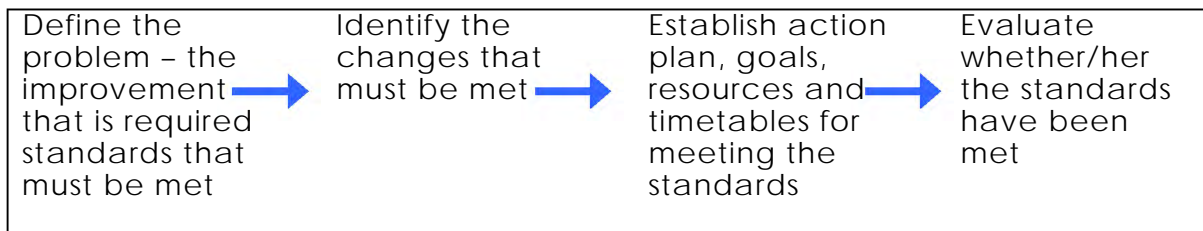
## WORKING WITH HUMAN RESOURCES

As a Best Practice, it is recommended you consult with Human Resources *before* you place an employee on a Performance Improvement Plan.

Involving your HR Department is a critical element in successfully implementing and completing a Performance Improvement Plan. HR will provide ongoing guidance and support during the performance improvement process.

## SUCCESSFULLY IMPLEMENTING PERFORMANCE IMPROVEMENT PLANS

Now that you know the “what, why, when” of Performance Improvement Plans, let’s talk about the “how.” At its most basic, implementing a Performance Improvement Plan can be summed up as:



This guide provides detailed information on developing and implementing Performance Improvement Plans. The process is divided into six stages that are appropriate in most situations, although the process may be altered in special circumstances (for example, depending on the situation, the first stage may be a Performance Improvement Plan instead of counseling).

### STAGE 1: COUNSELING

Up to this point the supervisor/manager should be having meetings with the employee discussing/coaching/counseling the employee on the deficiencies, and what needs to change. The Performance Improvement Plan should not be the first step in attempting to correct the employee’s performance. Use this process during the rating period to discuss unsatisfactory performance and to make sure the employee understands that a problem exists.

#### Step 1

During the counseling, discuss with the employee:

- Identify which performance objectives are unsatisfactory.
- How satisfactory performance is measured.
- Possible solutions to correct the unsatisfactory performance.
- The assistance that is available (training, coaching, mentoring, etc.).
- The timeframe in which the employee must demonstrate sustained satisfactory performance in the job function(s).

Explain the performance improvement process and advise the employee that they will be placed on a Performance Improvement Plan if the performance deficiencies continue or if the level of satisfactory

	<p>performance is not sustained.</p> <p>Document the discussion(s) and place your notes in a hard file or electronic storage for future reference. But at a minimum, retain a copy in your employer working file for future reference. If the document is filed in the employee's personnel file, this has a tendency to immediately be perceived as something disciplinary.</p>
Step 2	<p>If improvement is shown, recognize the achievement and provide positive reinforcement.</p> <p>If the employee's performance does not improve, advise the employee that continued unsatisfactory performance during the evaluation timeframe will result in placing him/her on a Performance Improvement Plan.</p> <p>Document the discussion and retain a copy in the employee's personnel file.</p>
Step 3	<p>If the employee's performance does not improve during the evaluation timeframe, place the employee on a Performance Improvement Plan. Before doing so, discuss with HR the basis for recommending a Performance Improvement Plan.</p>

## STAGE 2: PERFORMANCE IMPROVEMENT PLAN

Use this stage when performance levels have not improved following counseling, when the employee's annual performance is not satisfactory, or when a performance objective is unsatisfactory during the annual rating.

**Important:** The supervisor/manager should have coached and/or counseled the employee and the employee's performance assessment should reflect comments related to the employee's poor and reduced performance. This stage may place the employee in employment jeopardy if the performance is not corrected during the performance improvement process.

Step 1	Discuss and obtain approvals from the appropriate department authority and HR.
Step 2	<p>Prepare a memorandum that:</p> <ul style="list-style-type: none"> <li>Summarizes prior discussions with the employee (for example, counseling sessions, annual rating, and performance objective rating).</li> <li>Summarizes the unsatisfactory performance and why it is unsatisfactory (for example, measured against the standard).</li> <li>Describes that you are placing the employee on a Performance Improvement Plan, the plan's process (for example, monitoring and regular meetings), and the plan's timeframe (not less than 30 days, no longer than one year).</li> </ul>



	<ul style="list-style-type: none"> <li>• Describes specific examples of the support the employee will receive (for example, training, coaching, or counseling).</li> <li>• Describes the frequency in which you will provide feedback; indicating specific dates when the employee will receive feedback.</li> <li>• Describes the actions that may be taken if the employee does not successfully improve performance (for example, demotion, transfer, or termination).</li> <li>• Closes with a statement of support.</li> <li>• Is signed by you and the employee.</li> </ul> <p>A template of the Performance Improvement Plan Memorandum is available on page 7 in this guide. An example of the PIP Memorandum is available on page 9.</p>
Step 3	<p>Prepare a detailed Performance Improvement Plan and attach to the memorandum. The plan should include:</p> <ul style="list-style-type: none"> <li>• Performance objective and outcome.</li> <li>• Description of how the outcome will be measured.</li> <li>• Timeline for measuring the outcome.</li> <li>• Training to achieve the desired outcome, if available.</li> </ul>
Step 4	Give the employee a copy of the memorandum and plan.
Step 5	Place the memorandum, plan and a copy of the employee's last Performance Assessment in the supervisor's working file for future reference.

### STAGE 3: FEEDBACK

Provide feedback to the employee throughout the performance improvement process so that the employee is aware of his/her progress through the various phases of the Performance Improvement Plan.

Step 1	Provide consistent, timely, and ongoing feedback to the employee as outlined in the Performance Improvement Memorandum. Failure to provide regular feedback will result in an ineffective performance improvement process and may extend the process.
Step 2	Provide the employee with formal documented status or reviews of the employee's progress through the phases of the plan. The review should reflect cumulative information of the employee's status since the plan began. The frequency of a formal review may vary depending on the length of the Performance Improvement Plan.

Step 3	Provide the employee with a signed copy of the formal review. The employee should sign the document to acknowledge receipt. Place a copy of the signed document in the employee's personnel file.
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#### STAGE 4: ACHIEVED PERFORMANCE IMPROVEMENT

Use this process when the employee's performance improves to the expected level.

Step 1	Prepare a memorandum documenting the improvement in the employee's performance and advising the employee that the acceptable level of performance must be sustained. A template of the success memorandum is available later in this guide.
Step 2	Give the employee a copy of the memorandum.
Step 3	Place the memorandum in the employee's personnel file.

#### STAGE 5: RECURRENCE OF UNSATISFACTORY PERFORMANCE

The employee is expected to maintain the expected level of satisfactory performance. If the employee falls below the expected performance level, work with HR to determine whether it is appropriate to again place the employee on a Performance Improvement Plan or is termination the right answer.

#### STAGE 6: EMPLOYEE FAILS THE PERFORMANCE IMPROVEMENT PLAN

It is the expectation that the employee will achieve the expected level of satisfactory performance as outlined in the Performance Improvement Plan. If the employee should fail to meet the performance objectives outlined in the plan – or fails to maintain the expected level of satisfactory performance – you may:

1. Provide a written extension of the current Performance Improvement Plan. The extension period should not exceed one year.
2. Impose disciplinary action, including demotion, transfer, or termination. This step **must** be discussed in advance with your manager and HR.

## TIPS ON PERFORMANCE IMPROVEMENT PLANS

### DO

- Investigate and address poor performance on a timely basis.
- Remember that your primary objective is to bring the problem to the employee's attention so that the employee knows what performance and behavior he/she needs to correct. (Use a conversational style. Verbally walk through a review of the history of the performance issues. If the employee believes you have been fair and objective, he/she may not like the outcome; however, he/she is much more likely to accept it.)
- Discuss the employee's performance behavior privately, away from other employees.
- Ask for feedback to confirm the employee understands the issues.
- Keep in mind the performance improvement process is intended to provide guidance to the employee to ensure consistent application of the required knowledge, skills and ability of the position.
- Look for opportunities to provide positive reinforcement.
- Treat the employee as you normally would.
- Meet the follow-up commitments outlined in the PIP.
- Provide specific examples of employee's performance during the feedback process.
- Ensure ongoing, consistent and timely feedback at least once per month.
- Take into consideration the application of other performance improvement efforts within the work area to make sure your requirements are fair and consistent. Be sure you are reviewing the performance and not the employee.
- Provide written formal review of the employee's progress at least once during the performance improvement process.
- Allow a reasonable amount of time for the employee to demonstrate and sustain improvement. The duration of the PIP should be appropriate based on the amount of improvement required and outlined in the PIP.

**DON'T**

- When talking with the employee, DON'T race through the history and background of the problem. This is important information the employee needs to hear and understand.
- DON'T say there is no alternative but to put the employee on a Performance Improvement Plan. (Explain why there is a plan and how it can help redirect the behavior or performance.)
- DON'T just give the document to the employee and tell him/her to read it. (You may not approve of the employee's behavior, but they still deserves your fairness and objectivity. Once you address the unsatisfactory performance and inform him/her of your expectations, ask him/her what you can do to help. Let the employee know that you support him/her in his/her work and believe they can improve his/her performance to an acceptable level. Remember to provide positive reinforcement when you see the desired level of performance.)
- DON'T compare the employee to others. Focus on the employee's performance as measured against an objective and achievable standard.
- DON'T fail to allow adequate time for questions. You need to make sure the employee understands exactly what is expected of him/her and what will happen if acceptable performance is not achieved.
- DON'T focus solely on problems; discuss a balanced appraisal. A little positive reinforcement can go a long way.
- DON'T treat the employee in a degrading or demeaning fashion.
- DON'T deviate from the performance expectations outlined in the performance improvement document.

## TEMPLATES

### PERFORMANCE IMPROVEMENT PLAN

Date:

To:

From:

Subject: Performance Improvement Plan

**STATEMENT OF HISTORY AND UNSATISFACTORY PERFORMANCE** – During the past *[dates or period of time]*, it has become increasingly evident that you have not been performing your assigned work in accordance with what is expected of a (n) *[job title]*.

On *[dates of counseling sessions]*, you were counseled about this unacceptable level of performance. To date, this/here has not been any significant improvement. *[Department, division, or work unit]* values you as an employee. === OR === During the last annual performance review, your performance rating was *[state the overall score or the score of the performance objective that was unsatisfactory]*.

This memo's intent is to make you fully aware of this situation and to assist you in improving your work performance. However, it is important that you realize the responsibility to improve is yours alone. Consequently, you are being placed on a Performance Improvement Plan (PIP).

You must demonstrate immediate improvement in the following areas, which are described in further detail in the attached Performance Improvement Plan:

#### SUMMARIZE PERFORMANCE EXPECTATIONS

**PIP PROCESS AND FOLLOW-UP** – For the next *[time period and dates]*, you will be on a PIP. I will review your progress on meeting deadlines and using appropriate interpersonal skills, requiring improvement every *[frequency of review or specific dates]*. During these meetings I will share with you whether you have or have not demonstrated the kind of significant and sustained improvement the PIP requires. You will receive a mid-period progress review and a closing memo at the end of the previously designated PIP time period. During the PIP time period, I will guide you in becoming a more effective contributing employee of ours *[department, division, work unit]*. Your objectives are:

#### SUMMARIZE PERFORMANCE OBJECTIVES

To assist you in reaching the performance objectives described in the PIP, *[list resources available – training, coaching, mentoring, etc.]*.

Improvement must occur *[describe the timeframe]* and must be maintained. If any portion of the improvement plan is not achieved during *[the specified time frame]*, appropriate action up to and including termination may occur. A decrease in

performance after successfully completing the improvement plan may result in placing you back on a PIP or taking appropriate action including termination.

As always, I am available for you to discuss the PIP and any concerns you may have. A copy of this document will be placed in your personnel file. (*Whether to place in personnel file is optional. Discuss this with HR.*)

Your signature acknowledges that you have been given the information and understand the content listed in this document.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

## EXAMPLE OF PERFORMANCE IMPROVEMENT PLAN MEMORANDUM

Date: August 23, 2018

To: John Doe

From: Jane Supervisor

Subject: Performance Expectations

During the past three months, I have spoken with you regarding my concern that you have not been performing your assigned work in accordance with what is expected of a XXXXXXXX. On June 4 and July 2, you were counseled about this unacceptable level of performance. My concern is without significant improvement your continuation as a successful employee in our department is in jeopardy. After our counseling session, I am disappointed that there has not been any improvement.

We value you as an employee. This memo's intent is to make you fully aware of this situation and to assist you in improving your work performance. We believe with the proper tools you will be able to make the necessary changes to improve your performance, however, it is important that you realize the responsibility to improve is yours alone. Consequently, you are being placed on a Performance Improvement Plan (PIP).

You must demonstrate immediate improvement in the following areas, which are described in further detail in the attached Performance Improvement Plan:

- **Time Management:** You have been consistently late in meeting your assigned deadlines to complete investigative reports.
- **Inappropriate Interpersonal Skills:** Your interaction with co-workers is often inappropriate and disruptive. The behavior of rude interruptions, talking over someone else, talking and telling jokes during meetings is unacceptable. This/here are complaints of this unprofessional behavior in your interactions with others.

For the next six months, September 2018 to March 2019, you will be on a PIP. I will review your progress on meeting deadlines and using appropriate interpersonal skills, requiring improvement every two months. During these meetings I will share with you whether or not you have demonstrated the kind of significant and sustained improvement the PIP requires.

Your objectives are:

- **Time Management:** You will meet all deadlines set for the investigative reports and/or discuss extensions to your deadlines as agreed to by your supervisor for the next six months.
- **Interpersonal Skills:** You will engage with your co-workers in a professional and productive manner. You will be expected to maintain professional relations with co-workers for the [list the duration period] without any reports or demonstrations of disruptive or inappropriate behavior in the workplace.

To assist you in reaching the performance objectives described in the PIP, you will meet with me on a bi-weekly basis to provide you coaching and feedback on your progress in the areas detailed above.

Improvement must occur within three months and be sustained. If any portion of the improvement plan is not achieved during this time period, appropriate action may occur such as discipline up to and including termination. In addition, a decrease in performance after successfully completing the improvement plan may result in placing you back on a PIP or taking disciplinary appropriate action.

As always, I am available for you to discuss the PIP process or any concerns you may have. A copy of this document will be placed in your personnel file.

Your signature acknowledges that you have been given the information and understand the content listed in this document.

Date:  
To:  
From:

Subject: Performance Improvement Plan Status

**STATEMENT OF HISTORY OF PIP AND IMPORTANCE OF IMPROVED PERFORMANCE TO OPERATIONS** – The purpose of this letter is to inform you of your mid-term status review and your progress on your current Performance Improvement Plan (PIP). Your ability to perform the [classification or working title] duties is critical to the success of **[work unit]**.

**SUMMARIZE PROGRESS** – You have made progress in some of the performance objectives identified in the PIP, but you have not demonstrated satisfactory improvement in all areas. In the next three months, it is critical that you make a concentrated effort to demonstrate significant and sustained improvement in all of the performance objectives detailed in the PIP.

Attached is a chart which provides a cumulative listing of the performance objectives, outcomes and measurements, timelines to meet desired outcomes, the tools to support you in each outcome, and the progress of your performance to date.

**PROVIDE EXAMPLES OF PERFORMANCE IN THE PERFORMANCE OBJECTIVES OUTLINED IN PIP** – His/her are some examples of your progress thus far in the identified areas for improvement:

**PERFORMANCE AREA FOR IMPROVEMENT #1:**

- Examples...

**PERFORMANCE AREA FOR IMPROVEMENT #2:**

- Examples...

**SUMMARIZE NEXT STEPS** – Thank you for your efforts towards improvement. I am concerned during the past **[quantify timeframe]** this/her has not been significant improvements towards meeting all the goals of the Performance Improvement Plan. While I am hopeful that you will be able to satisfactorily perform the requirements defined in the Performance Improvement Plan, your failure to meet the expectations of the position may lead to disciplinary action up to and including termination.



You will receive your final written progress report on ***[insert date]***. By that time it is important for you to have accomplished and sustained the improvements indicated on the enclosed chart. Please be assured I will continue to support you in the development of your skills. Please let me know if you have any ideas for me to consider that you believe will aid you in achieving success.

Your signature is required to indicate you have been given the information and understand the content listed in the document.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

***(Templates are only recommended. Please feel free to use those that fit or modify to your needs)***

## EXAMPLE OF MID-TERM STATUS REVIEW MEMORANDUM

Date: November 29, 2018

To: John Doe

From: Jane Supervisor

Subject: Performance Improvement Plan Status

The purpose of this letter is to inform you of the status of your progress on your current Performance Improvement Plan (PIP). Your ability to perform the Administrative Specialist III duties is critical to the success of our section.

Although you have made progress by improving in some of the performance objectives identified in the PIP, but you have not demonstrated satisfactory improvement in all areas. In the next three months, it is critical that you make a concentrated effort to demonstrate significant and sustained improvement in all of the performance objectives detailed in the PIP.

Attached is a chart which provides a cumulative listing of the performance objectives, outcomes and measurements, timelines to meet desired outcomes, the tools to support you in each outcome, and the progress of your performance to date. His/here are some examples of your progress thus far in the identified areas for improvement:

**Time Management:** You have completed the work plan detailing your workload associated with the investigative reports. You were late in meeting the October 3rd and October 11th deadline for your investigative reports. You did not complete and submit these reports to your supervisor until five days after the deadline. You did complete the time management training course provided.

**Inappropriate interpersonal skills:** You have demonstrated improved judgment in your interactions with co-workers. This improvement was observed on September 16th and September 28th during a conflict with your peers during which you choose a collaborative approach to resolve the disagreement. You have also completed all three of the required training courses as well as two coaching sessions.

Thank you for your efforts towards improvement. I am concerned during the past two months this/here has not been significant improvements towards meeting all the goals of the Performance Improvement Plan. While I am hopeful that you will be able to satisfactorily perform the requirements defined in the Performance Improvement Plan, you have not met all of the expectations of the position. If improvement in these identified areas does not occur it may lead to disciplinary action up to and including termination.

You will receive your final written progress report on February 28. By that time it is important for you to have accomplished and sustained the improvements indicated on the enclosed chart. Please be assured I will continue to support you in the development of your skills. Please let me know if you have any ideas for me to consider that you believe will aid you in achieving success.

Your signature is required to indicate you have been given the information and understand the content listed in the document.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

SUCCESS MEMORANDUM TEMPLATE

Date:

To:

From:

RE: Performance Improvement Plan – Success

I am pleased with both your improvement and successful completion of your Performance Improvement Plan. Congratulations! This memorandum confirms that you have successfully met the terms of your Performance Improvement Plan dated **[date]**.

The **[department, division, or work unit]** expects you to maintain an acceptable level of performance at all times. A decrease in performance, after successfully completing the improvement plan, may result in placing you on another improvement plan or taking disciplinary action up to and including termination.

A copy of this document will be placed in your personnel file. I am confident that you will be able to sustain these levels of performance and therefore meet or exceed the performance expectations for your position.

Your signature acknowledges that you have been given the information and understand the content listed in this document.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

*(Templates are only recommended.*

*Please feel free to use those that fit or modify to your needs)*



## Personnel Files Policy

### PURPOSE

This policy provides guidance to employees about their privileges and obligations with respect to their own personnel records, and guides Grand Traverse County personnel responsible for producing and maintaining personnel records in the appropriate handling of those records.

Under the Bullard Plawewski Employee Right to Know Act, employees are entitled to review their personnel records, make copies of those records, and file written statements clarifying or protesting any documents contained in their file. An employer's use and disclosure of employee records are regulated by this Act as well.

### POLICY & PROCEDURE

Grand Traverse County employee files are maintained by the Human Resources (HR) Department for each employee and are considered confidential.

Access to personnel files is limited to the County Administrator, Deputy County Administrator, the Director of Human Resources, staff of the Human Resources Department, the employee's department head and supervisor and supervisor of position employee has applied for, if any, within the county (limited information), the Board of Commissioners, and the employee. A manager or supervisor considering the hire of a former employee or the transfer of a current employee may be granted access to the file, or limited parts of it, in accordance with anti-discrimination laws.

Unless otherwise required by law, Personnel files may not be taken outside of the HR Department. Representatives of government or law enforcement agencies, in the course of their duties, may be allowed access to file information. This decision will be made at the discretion of Grand Traverse County or the HR Department in response to the employee's request, a valid subpoena or a valid court order.

Personnel file access by current and former employees will generally be permitted upon request within five days of the request, in accordance with state law.

Employees are responsible for notifying the Human Resources Department of any change in tax status, address, number of dependents, name, telephone number, or any other pertinent information to ensure that employee data is complete and accurate at all times.

Upon written request, an employee may make an appointment with the Human Resources Director for the employment area to view his or her personnel file. An employee may not request that material be removed from the personnel file unless mutually agreed to by the parties concerned. If the employee believes that a situation has been unfairly represented, he or she may submit a clarifying memorandum to the Human Resources Director and County Administrator and request that it becomes a permanent part of the file.

A written request also is required from former employees when requesting access to their personnel files.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.

Approved Personnel Policy 4/92, amended 7/99



## Reporting a Workers Compensation Injury Policy

### PURPOSE

Grand Traverse County strives to provide a safe and secure working environment for all employees. However, when a work-related injury or illness occurs (i.e. injuries and illnesses that arise out of, or are incurred in the course of job-related activities on behalf of the County), the County shall provide appropriate medical care and treatment to the injured worker through its Workers' Compensation Program. Human Resources is responsible for administering the County's Workers' Compensation Program.

Coverage is provided for all paid employees who are injured (including elected officials other than judges) or become ill while acting within the course and scope of their duties. Coverage begins automatically the first day of employment.

Employees who suffer on-the-job injuries and who must, as determined by medical information, miss time from work shall receive pay, in addition to the workers compensation payment, to bring them up to their regular take home pay for up to 36 months. This benefit may differ for those employees who are members of recognized unions, organizations, or associations.

### POLICY & PROCEDURE

#### Reporting Procedures – Medical Treatment and Resumption of Work

1. Employees must report all injuries and work-related illnesses, regardless of severity, to their immediate supervisor and together with their supervisor, a Supervisor's Incident Report (Form PER055) should be completed immediately but no later than 24 to 48 hours after the incident. The fully completed report is submitted to Human Resources.

Note: Injuries or illnesses that are not reported timely may become impossible to verify. This could cause delays in obtaining Workers' Compensation benefits or the claim may be denied.

2. Minor injury: If the injury can be treated through application of first aid techniques at the work location, the employee can return immediately to his/her normal duties.
3. More serious injury: If off-work location medical treatment needs to be sought, notify your supervisor and he/she (or Human Resources) will authorize an appointment (Form PER088) for the employee with Munson Occupational Health & Medicine (MOHM) located at 550 Munson Avenue, (231) 935-8590. If an employee chooses to seek medical attention elsewhere, the employee will be responsible for any costs associated with the medical visit.
4. If immediate medical emergency services are required (example: loss of consciousness, extreme bleeding, serious or life threatening injury), the employee may be taken directly to

a hospital emergency room or supervisor may opt to arrange transport to an emergency room.

When an employee has been injured as the result of a potentially traumatic event (typically an assault and/or a potentially life-threatening accident) the employee may seek services from his/her personal physician rather than Munson Occupational Health & Medicine. This option should be discussed with the employee's supervisor if it does not delay the timeliness of the employee's ability to seek medical attention.

5. When Munson Occupational Health & Medicine is closed, an alternative is to use Munson Urgent Care North, also located at 550 Munson Avenue, which is open from 7 a.m. to 10 p.m. seven days a week. The pharmacy at this location may be used to fill your prescriptions in conjunction with Workers' Compensation claims. The Munson Community Health Center (MCHC) Pharmacy is open Monday through Friday from 8 a.m. to 8 p.m. and Saturdays from 9 a.m. to 6 p.m. and Sundays from 10 a.m. to 6 p.m.
6. If Munson Occupational Health & Medicine and Munson Urgent Care North are both closed and employee needs emergency medical attention before either of aforementioned clinics are open, employee's supervisor may authorize the use of a hospital emergency room. Human Resources should be notified.
7. Employee's supervisor will complete the top portion of the Medical Authorization (Form PER088) and employee must take the entire form (do not separate top from bottom) with the employee to the Munson facility the employee is treated. Failure to do so may delay processing of the claim. A copy of the doctor's instructions should be forwarded to Human Resources. Any invoices inadvertently mailed to the patient/employee should also be forwarded to Human Resources for payment.

Note: The healthcare provider completes the "Work Status Report"/Medical Authorization Form (PER088) with directions to the employee and his supervisor on required follow up including directions to:

- Return to work with no restrictions
  - Return to work with restrictions (providing restrictions)
  - Remain off work for a specified duration.
8. If the employee must be off work beyond the day of injury or if the employee returns to work with restrictions, a written statement estimating the length of disability is required. Human Resources may also require periodic medical information. Before the employee may return to work, he/she must have a written release from the doctor. If the employee is placed on restricted duty, a release to return to full duty must be submitted.

### **Return to work with Temporary Light Duty**

An employee who may have been injured in the line of duty and appears to be eligible for Workers' Compensation coverage may be placed on temporary light duty status if:

1. The employee has a written physician's statement which states that the employee is physically eligible for light duty, and there is a favorable prognosis of returning to full duty status in the near future, and
2. If there is a position, job or duty available within the County which they have the ability to perform and which qualifies as light duty pursuant to the employee's physician's statement.

In the event that the provisions and requirements listed above have been met, the department head may then direct the employee to a light duty assignment within the department or with another department of the County. At the time, the employee will be taken off Workers' Compensation status and will return to regular status with the County. A temporary light duty assignment in another department does not constitute a transfer to that position. The employee's original department is responsible for an employee's salary and benefits while the employee is working in a temporary light duty assignment with another department. An employee who refuses a light duty assignment which meets the requirements of the physician's statement may have their workers compensation pay terminated, and may have their employment terminated.

Temporary light duty status will be initially granted for a maximum period of ninety (90) days. After the initial 90-day period and after any subsequent 90-day period of temporary light duty, the employee's situation will be reviewed primarily in light of the following two factors:

1. Continuation of a favorable prognosis for full duty, based upon the physician's periodic examination and statement thereof, and
2. The continuation of availability of an appropriate position, job or duty within the department or County.

In the event that a subsequent medical evaluation indicates no possibility of future assignment to full duty, or in the event there is no longer a temporary duty available for the employee, said employee may be required to return to a Workers' Compensation status or be laid off from the County.

In any event, a complete medical evaluation and physician's statement will be required prior to any employee returning to full-duty status after having been off duty due to a duty-related injury.

### **Procedure for Employees with Permanent Restrictions**

At such time as an employee's physical condition is deemed "permanent and stationary" and the condition requires permanent restrictions:

- The medical provider shall notify the Human Resources Department and the insurer. Human Resources will notify the supervisor.
- Positions within the original department shall be evaluated to determine if the employee's permanent restrictions will allow him/her to fill a different position, and/or if the original job can be permanently modified to accommodate the restrictions.
- Positions in other departments will be matched with the employee's skill set and permanent restrictions to determine if the employee could fill another position within the County.
- The duration of the new position must be at least 12 months.

### **Investigation of Work Related Injuries/Illnesses**

To prevent a recurrence of a work-related injury/illness, all parties must contribute to the investigation of the environment and circumstances which allowed the illness/injury to occur.

- a. Employee: The affected employee must provide accurate and detailed information to his/her supervisor and Human Resources.
- b. Witnesses: Any witness to the occurrence must provide all information they possess about the occurrence.
- c. Supervisor: The supervisor must examine all aspects of the occurrence including as applicable:



- Had the employee been properly trained?
- Were appropriate guards or warning signs in place?
- Was appropriate personal protective equipment in use?
- What environmental issues contributed to or created a hazard?
- Were there unusual circumstances surrounding the event?
- Had there been similar occurrences which did or did not result in injury/illness?

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.

Approved Personnel Policy 4/92, amended 7/99, 12/04



## Retirement Plan

### PURPOSE

Grand Traverse County is a member of Michigan Municipal Employees' Retirement System (MERS). MERS benefit programs give employees an important tool to help reach their retirement goals.

### Plan

County employees who work a minimum of 50% of their regular departmental work week must join the retirement system. Effective January 1, 2014, all new employees will be hired under the County's defined contribution plan with a county contribution of 3% of wages.

Employees may choose to make a one-time irrevocable decision to contribute 3% of their wages to the plan; and, if the employee chooses to contribute 3%, the County will contribute an additional 3%. Employees will be 25% vested after 3 years of service, 50% after 4 years, 75% after 5 years, and 100% vested after 6 years of service.

Employees who joined the MERS defined contribution retirement plan before December 31, 2013, shall be under the County's defined contribution plan with a county contribution of 6% of wages. Employees may choose to make a one-time irrevocable decision to contribute 3% of their wages to the plan; and, if the employee chooses to contribute 3%, the County will contribute an additional 3%. Employees will be 25% vested after 3 years of service, 50% after 4 years, 75% after 5 years and 100% vested after 6 years of service.

Employees already under the MERS defined benefit plan as of May 1, 2000, and who choose to transfer their defined benefit assets to the defined contribution plan effective January 1, 2001, shall have their years of service with the County under MERS count toward the vesting period.

Those employees who remain under the defined benefit plan shall have benefits as follows: Retirement benefits for hourly employees are payable under benefit plan B4, F55/25 rider, with 8-year vesting, and E2. Benefits for FLSA exempt employees are payable under benefit plan B4, F55/25 rider, 8-year vesting, FAC-3, and E2.

Effective March 30, 2016, the County will no longer consider requests to purchase years of service. This coverage may differ for employees who are members of recognized unions, organizations, or associations.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.

Approved: Personnel Policy 4/92, amended 3/93, 6/94, 7/99, 10/00, 1/14, 3/16



## Safety in the Workplace Policy

### PURPOSE

This policy establishes the safety requirements for Grand Traverse County personnel in order to prevent accidents or injuries. While the County will provide reasonable accommodation absent undue hardship for those employees with impairments, it is also committed to maintaining the safety and health of its employees. It is the responsibility of each employee that all tasks be conducted in a safe and efficient manner complying with all local, state and federal safety and health regulations, programmatic standards, and special safety concerns identified by the County for use in a particular area.

Although most safety regulations are consistent throughout each department and program, it is the responsibility of employees to identify and familiarize themselves with the emergency plan for their working areas.

### POLICY & PROCEDURE

#### Health and Safety

While the County will provide reasonable accommodation absent undue hardship for those employees with impairments, it is also committed to maintaining the safety and health of its employees. It is therefore a requirement for employment by the County that an employee not pose a direct threat to the health or safety of other individuals in the workplace. By "direct threat" it is meant that the employee poses a significant risk to the health or safety of others that cannot be eliminated by reasonable accommodation. For a person with a currently contagious disease or infection this would mean that the person must pose a significant risk of transmitting the infection to others in the workplace that cannot be eliminated by reasonable accommodation. Determinations as to whether an individual poses such a threat will be done on a case-by-case basis and will not be based on generalizations, misperceptions, ignorance, irrational fears, etc. To the contrary, such a determination will, instead, be based on objective factual evidence and will include a review of such factors as:

- a) Duration of the risk;
- b) Nature and severity of the potential harm;
- c) Likelihood that the potential harm will occur;
- d) The imminence of the potential harm.

Where the employee is determined to pose a significant risk, the County will consider what reasonable accommodation could be afforded to the employee to allow him/her to continue working without causing the County undue hardship.

#### Smoking and Vaping

In the interest of providing a safe and healthy environment for employees and the public, and in accordance with the Michigan Clean Indoor Air Act and the Smoke Free Areas Ordinance, smoking

cigarettes, cigars, vaping or use of any tobacco products, or the use of any marijuana, is prohibited inside all County facilities.

Additionally, smoking, vaping or use of any tobacco or marijuana product is prohibited within any County-owned vehicle. Outside smoking, vaping, or use of other tobacco or marijuana products will only be permitted in areas that comply with the law for facilities located within the City limits or designated facilities.

Employees must utilize the designated smoking area during lunch and break periods only.

The designated smoking area must be maintained litter-free. It is the responsibility of smokers to police the designated area. If any abuse of this policy is discovered, the policy will be discontinued immediately and will result in discontinuance of any smoking and vaping on County premises.

Company work rules state: "Smoking other than in specifically designed areas and during specified periods of the day" will result in appropriate disciplinary action up to and including termination. Employees who wish to take the opportunity to quit smoking should contact the Human Resources department, or their own physician, for a listing of Smoking Cessation Programs.

#### **Definitions:**

Smoking refers to the use through inhalation of heated marijuana and traditional tobacco products such as cigarettes, cigars and pipe tobacco. Vaping refers to the use of electronic marijuana or nicotine delivery systems or electronic smoking devices. These are commonly called e-cigarettes, e-pipes, e-hookahs and e-cigars.

**Background:** To date, e-cigarettes and similar devices are not regulated by the U.S. Food and Drug Administration (FDA) and are not approved as cessation aids. The FDA has, however, concluded that e-cigarettes pose health risks and contain detectable levels of carcinogens and toxic chemicals. At this time, e-cigarettes are not considered a safe alternative to smoking, and no scientific evidence has shown that they help smokers quit.

#### **Weapons**

Employees who do not have prior express authorization from the County Administrator (or his or her department head if that department head is an elected law enforcement official) may not, at any time while in the course of that employee's employment and on any property owned, leased or controlled by Grand Traverse County, including anywhere that County business is conducted, such as County event venues, and so forth, possess or use any weapon.

Weapons include, but are not limited to: guns, knives or swords with blades over four inches in length, explosives, and any chemical whose purpose is to cause harm to another person. Regardless of whether an employee possesses a concealed weapons permit (CPL) or is allowed by law to possess a weapon, weapons are prohibited on any County property without the above-defined express prior approval. They are also banned in any location in which the employee represents the County for business purposes, including those listed above, without the above-defined express prior approval.

When County Administrator express approval is required, possession of a weapon can be authorized to allow security personnel or a trained employee to have a weapon on County property when this possession is determined necessary to secure the safety and security of County employees. When County Administrator express approval is required, only the County Administrator or his or her designee may authorize the carrying of or use of a weapon.

Employees who violate this policy will be subject to disciplinary actions, up to and including employment termination.

## **Drug-Free Work Place**

Grand Traverse County is committed to providing a safe and productive working environment for employees and prohibiting influences in the work place that may have a detrimental effect on job performance and productivity. The presence of illegal substances, marijuana, and alcohol adversely affects these goals. Therefore, Grand Traverse County has established this policy which bans alcohol, marijuana, and illegal substances in the work place.

The following activities are prohibited and employees who engage in them will be subject to discipline up to and including discharge:

1. Use, manufacture, distribution, dispensation or sale of illegal drugs, marijuana, or alcohol when: on County premises, in County-supplied vehicles, during working hours, or when representing the County. This includes recreational and medicinal Marijuana, regardless of whether a doctor has in any manner suggested or counseled the use of marijuana.
2. Being under the influence of an illegal drug, marijuana, or alcohol on County premises, in County-supplied vehicles or during working hours.
3. Refusing consent to, or refusing to submit to: a blood, urine, breath or other sample when requested by management upon reasonable suspicion of the bodily presence of an illegal substance, alcohol, or marijuana during that employee's working hours.
4. Refusing to submit to an inspection of county property when requested by management upon reasonable suspicion of possession of illegal drugs, marijuana, or alcohol.
5. Failing to adhere to the requirements of any drug or alcohol treatment or counseling program in which the employee is ordered to be enrolled.
6. Conviction under any criminal drug statute for behavior that occurred while the employee was working, on County premises, in a County vehicle, or otherwise representing the County.
7. Failure to inform the County within five calendar days after a conviction of a criminal drug or alcohol statute.

Any employee reporting for work under the influence of alcohol, marijuana, or any illegal drug will be relieved from duty immediately. (Under no circumstances should such an employee be sent home or to Munson Occupational Health and Medicine without providing assistance to be sure the employee arrives safely.)

The use of prescribed drugs or over-the-counter medications which may adversely affect performance or behavior must be reported by the employee to the immediate supervisor upon reporting for duty.

The County may employ drug and/or alcohol screening programs as follows:

1. During the pre-employment process.
2. Where there is reasonable suspicion to believe that an employee is in possession of, using, distributing, functioning under the influence of, or has the bodily presence of: illegal drugs, marijuana, or alcohol on the job.

Under certain circumstances Grand Traverse County may consider continuing the employment of an employee who has violated a substance abuse rule on a one-time-only basis, or of an employee who has: volunteered that he/she has a substance abuse problem, if that employee has already entered into an approved treatment or counseling program at the time of the volunteering. The determination of continued employment will be based upon consideration of the rule violated, the

specific circumstances involved, as well as the employee's overall work record. A second rule violation will result in automatic employment termination.

Employees who enter into a drug or alcohol treatment or counseling program, at the County's discretion, will be required to comply with more stringent testing or other requirements than found in this policy. Employees required to have a Commercial Driver's License (CDL) shall be subject to random drug and alcohol testing as described in the Drug and Alcohol Policy.

### **Confined Space**

All confined spaces will be designated as such with appropriate signage. Only those employees who have had the required training may enter those areas.

### **References**

- a. MIOSHA Standards as Amended.
- b. Resolution 155-95 dated May 31, 1995. (Establishing Safety Team)

### **Responsibilities**

The Board of Commissioners has the overall responsibility for safety at Grand Traverse County.

Department Heads shall ensure the following:

1. Safety orientation is provided to each new department employee.
2. Implementation and enforcement of safe practices within the department.
3. Department employees participate in appropriate safety training.
4. Compliance to the procedure.

The Human Resources Department or designee shall be responsible for:

1. Record keeping of the county safety and health program.
2. Ensure that all new hires obtain the required safety training during orientation and that employees receive ongoing training as necessary.
3. Maintain the documentation of the training.
4. Coordinate the County's compliance with provisions of the Michigan Occupational Safety and Health Act, including the interpretation of standards, rules and requirements.
5. Notification when required training is due.
6. With the department head or supervisor, and others as appropriate, investigate all occupational illnesses and injuries, and all near misses.
7. Maintaining the MIOSHA 300 log as required by law.
8. Coordinate and manage all the Supervisor's Incident reports resulting in work-related injuries.

Safety Team is responsible for:

1. Reviewing the Safety Policy and making recommendations to the Human Resources Director.
2. Reviewing accident reports.

Supervisors are responsible for:

1. Enforcing all safety rules/practices and shall ensure that proper protective equipment is used by personnel.
2. Conducting adequate job briefings and inspections of tools, equipment and the work area to ensure employee safety.
3. Observing work in progress to identify hazards or potentially hazardous operations and shall stop an unsafe procedure or correct a hazardous situation.
4. Obtaining complete and detailed facts about all accidents which occur under his/her supervision as soon as possible after it occurs and shall prepare required reports.

5. In conjunction with Human Resources, ensure that medical attention is provided to the injured person as soon as possible.

INDIVIDUAL EMPLOYEES are the key factor to the safety policy.

As such, each employee is responsible for:

1. Conducting his/her activities in a manner commensurate with published documents and good, safe working practices.
2. Using only appropriate and approved protective equipment and devices and shall report any condition that is considered hazardous or might injure personnel or damage equipment.
3. Promptly reporting any injury suffered to your immediate supervisor.
4. Attending all safety, training and education meetings.

DISCIPLINE FOR BEHAVIOR CONTRARY TO THIS SAFETY POLICY may result in discipline up to and including discharge, depending upon the circumstances.

## **Requirements**

### **Safety Team**

The Safety Team shall be composed of representatives from each building and shall be subject to approval of the Department Head or Supervisor. A representative from the Human Resources Department shall be on the Team. The Team shall meet quarterly and establish a written record of the meetings. A copy of the minutes shall be posted on the intranet.

### **Safety Training**

All County personnel shall attend safety training as required by their job assignment. Trainings will be offered at least annually. Some departments may attend more frequent trainings at the discretion of their supervisor. Employees unable to attend safety trainings due to vacations, illness or other absences should be briefed by their supervisor upon return to work. Safety training should consist of training for the prevention of accidents and injuries and may include instruction in the safe use of new tools and equipment, the use of personal protective equipment, off-the-job safety and general safety procedures. Safety trainings shall also be used for the purpose of employees bringing to the attention of administration any safety concerns they have with facilities and equipment.

### **Orientation**

All new County employees and employees transferring to a new department shall receive a safety orientation within the first six (6) months of employment. This orientation shall include a brief explanation of the steps that should be taken by the employee and the supervisor when an incident occurs, whether it is an injury or illness. Detailed information is provided in the policies provided on the County's website. All new employees will be required to receive safety training. Required training will vary by job classification. Each department supervisor shall present any new employee or transferred employee with a department safety orientation. Each department shall identify safety issues and write procedures to deal with same. New employee orientation shall be documented.

### **Pre-Job Briefings**

The purpose of the pre-job briefing is to familiarize employees and contractors working on county property with the plans and objectives of projects including:

- Identifying any safety problems.



- Avoiding a certain type of accident.
- How to use a particular machine safely.
- Listing the safety equipment necessary for the job.
- Use of specific pieces of safety equipment.
- Location of first aid equipment.
- Who to contact in case of emergency

1. **Formal Pre-Job Briefings:** In order to satisfy MIOSHA requirements, a written pre-job briefing may be necessary. The length of the session should last from 10 to 20 minutes depending on the topics and number of employees. The number and degree of organization or formality of the sessions depends on the types of safety problems and what the supervisor thinks is the most effective way of educating the employees. Supervisors are urged to complete a safety training form that details the topics covered, comments from employees and the signature of those attending the training.
2. **Informal Pre-Job Briefings:** To plan an informal “pre-job briefing,” simply pick a good time and place to talk where employees won’t be distracted. The discussion is an informal chat between the crew leader and the work crew. Sessions usually last from 5 to 15 minutes, depending on the interest and discussion by the employees. Topics should be simple and refer to subjects that the crew is involved in every day or a new or special job that the crew has been assigned.

Pre-Job Briefings: Should be held near the job site and just prior to the start of the job. Questions from employees are encouraged. Discussions should include old and new safety hazards and safer approaches or techniques to deal with the problems of the day or week. Emphasis should be placed on a clear understanding of potential problems and the safety procedures discussed. Pre-Job Briefings should be on a regular basis. Briefings should be completed at the beginning of a shift, but are suitable anytime a supervisor sees an unsafe procedure. Formal or Informal Pre-Job Briefings do not replace formal safety meetings.

## **Specialized Training**

Specialized training shall be provided to all employees so that they may acquire the knowledge and skill necessary for safe job performance. Training sessions required by each department will be reviewed and updated regularly by the department supervisor.

Training shall establish employee proficiency in routine duties as well as new and revised procedures necessary to meet all existing and any future MIOSHA standards. Under no circumstance shall an employee operate or move any equipment unless proper training has been given by the supervisor or training specialist.

If certifications are required, the employer shall verify that the required training has been accomplished. Certification of such programs shall require the employee’s signature, signatures of the trainers and the date(s) the training took place. New training and updated training records and certifications shall be kept on file in each department, with a copy sent to Human Resources. Training records and certifications shall be available for inspection by supervisors and by all applicable licensing and inspecting agencies.

## **Incident Reporting**

All occupational injuries and illnesses of Grand Traverse County employees shall be reported within 24 hours. A “Supervisor’s Report of Incident” must be completed by the Supervisor or Department Head and sent to the Human Resources office. If the injury or illness requires treatment, Munson Occupational Health and Medicine must be used, unless it is of an emergent nature.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.

K:\HR\WC\safety\SAFETY.POL01.wpd 2/98; 6/99; 4/00; 2/01; 10/01; 9/02; 12/02, 12/04, 1/05, 8/07, 7/11



## Salary Basis for Exempt Employees

### PURPOSE

Employees who meet the definition for exemption from the Fair Labor Standards Act, and who have been identified by the County as exempt (or not covered) are paid on a salary basis.

### POLICY & PROCEDURE

Employee annual salary (as determined by your grade and step on the appropriate pay scale) is divided by the number of pay dates in the calendar year (usually 26). This gives you the gross amount for each paycheck. Because of division and rounding, this may not give you a final total income as stated on the pay scale. We do not adjust the final check as it is usually pennies, and it is expected that over time it will average out.

Mid-year step increases (if any) will go into effect on the pay date following the anniversary date. We do not prorate the step based upon the actual anniversary date.

If you leave employment in the middle of the year, your final salary check will be calculated by taking your annual salary prorated based on your final day at work. Your last salary paycheck will be the difference between this amount and the amount you have already been paid during the year.

Your maximum allowed unused vacation and personal hours will be paid out the pay period following your final salary check.

New employees will have their salary for the year prorated based on their hire date. The first paycheck will be adjusted so that the remaining paychecks can run through each payroll based on the normal 1/26 of annual salary. The first paycheck could be larger or smaller than the normal paycheck.

Your paycheck is not based on a defined pay period, however, you will be included in the time-reporting process during each pay period, which we will continue to use for reporting exceptions to the salary and use of leave time.

Because there is an accountability to the taxpayer, salaried employees are expected to put in a full work week. Flexible time scheduling is acceptable when it does not interfere with the effective accomplishment of the work and when acceptable to your supervisor.

Compensatory time is not recorded for exempt employees, however, the county recognizes that employees need to maintain a balance between their work life and personal life. While it is not expected that salaried employees will track lunch hours worked or small amounts of time coming in early or staying late, when you do put in a sizeable block of time we hope that you can find an acceptable balance for taking time off.

You should notify your manager, director, or the County Administrator if you are out of the office for a significant amount of time during normal business hours.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.

PER046 8/97, 8/04



## Secondary Employment Policy

### PURPOSE

Grand Traverse County recognizes that some employees may need or want to hold additional jobs outside their employment with the County. Employees of Grand Traverse County are permitted to engage in outside work or hold other jobs, subject to certain restrictions based on reasonable business concerns.

### POLICY & PROCEDURE

Employment with Grand Traverse County is considered primary and any other work or services performed shall be considered secondary and shall not result in conflict with the responsibilities of the employee to perform their County job effectively.

Grand Traverse County applies this policy consistently and is nondiscriminatory to all employees, and in compliance with all applicable employment and labor laws and regulations. The following rules for secondary employment apply to all employees notifying their supervisors or managers of their intent to engage in outside employment:

1. Work-related activities and conduct away from Grand Traverse County must not compete with, conflict with or compromise the County's interests or adversely affect job performance and the ability to fulfill all responsibilities to Grand Traverse County. Employees are prohibited from performing any services for customers of Grand Traverse County that are normally performed by Grand Traverse County. This prohibition also extends to the unauthorized use of any County tools or equipment and the unauthorized use or application of any County confidential information. Such work shall not be performed on County property, during normal working hours (unless on approved leave). In addition, employees may not solicit or conduct any outside business during work time for Grand Traverse County.
2. Grand Traverse County employees must carefully consider the demands that additional work activity will create before accepting secondary employment. Secondary employment will not be considered an excuse for poor job performance, absenteeism, tardiness, leaving early, refusal to travel, or refusal to work overtime or different hours. If secondary work activity causes or contributes to job-related problems at Grand Traverse County, the employee will be asked to discontinue the outside employment, and the employee may be subject to the normal disciplinary procedures for dealing with the resulting job-related problem(s).
3. In evaluating the effect that outside work may have on an employee's job performance and other job-related responsibilities, either the employee or supervisor may request the Department Head, Human Resources Director, or County Administrator be involved. If no solution is found, the employee shall be required to resign his/her other job or leave County employment. The employee may appeal such decision through the process in place under the County's dispute resolution procedure.

Grand Traverse County Human Resource Department and the County Administrator will consider whether the proposed employment:

- May reduce the employee's efficiency in working for the County.
- Involves working for an organization that does a significant amount of business with the County, such as major contractors, suppliers and customers.
- May adversely affect the County's image.

An employee's refusal to discontinue secondary employment after being requested to do so by his or her Department Head or the Human Resource Director will result in disciplinary action up to and including termination of employment.

The County is not liable for any expenses or other liabilities arising from other employment. Departments may develop more specific policy based on a legitimate business need, and are not limited by this policy.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.

Approved Personnel Policy 8/96, amended 7/99



## Separation Policy

### **PURPOSE**

Consistent with Grand Traverse County commitment to its employees, the County aims to ensure that situations when employees leave employment with the County, including for voluntary and involuntary reasons, are handled in a professional and respectful manner with minimal disruption to the workplace.

### **POLICY & PROCEDURE**

#### **At-Will Employment**

Employment with the County is voluntary and subject to separation by the employee or the County for lawful reasons at any time, with or without cause, and with or without notice. Nothing in this policy, or other policies, shall be construed to modify in any way the employment-at-will status of Grand Traverse County employees.

#### **Resignation**

Any employee resigning from County service shall submit their resignation in writing to his/her department head, with a copy to the Human Resources Department at the same time, stating the effective date and the reason for leaving. Employees are expected to give at least a two-week notice prior to the effective date. Failure to comply may be cause for denying the person future employment with the County. Unauthorized absence from work for a period of three consecutive days may be considered as an automatic resignation.

#### **Involuntary Separation**

Involuntary separation from employment typically occurs when the County makes the decision to end the employment relationship with an employee. This can occur for a number of reasons, including for job performance, misconduct, reorganization, and/or business reasons. The County takes all involuntary separation decisions seriously and they require the involvement of Human Resources and the County Administrator before any decisions are made.

#### **Layoff**

Whenever, because of lack of work or insufficient funds, it becomes necessary to reduce the work force, employees shall be laid off in an order determined by the quality and length of their service. Employees concerned shall be given notice of the layoff at least seven days prior to the effective date. The names of any regular employees laid off for any of the above reasons shall be placed on a reemployment list for a period of one year.

## **Retirement**

In order to assure timely receipt of retirement benefits, employees who wish to retire under the Municipal Employees' Retirement System should notify their department head in writing, with a copy to the Human Resources Department, approximately ninety (90) calendar days prior to their final day of work. The employee should also contact the Human Resources Department so that proper forms can be completed.

## **Death of an Employee**

Upon receiving information of the death of an employee, the employee's manager should immediately notify Human Resources.

## **Demotion**

Any employee may be demoted by the department head.

## **Exit Interview**

Every employee being separated from county employment for any reason may participate in an exit interview. With the exit interview the County hopes to get suggestions to make employment conditions more enjoyable and productive for other employees. The exit interview will be reviewed only by the County Administrator and the Director of Human Resources. It will not be placed in the personnel file, nor will it be considered if the employee should apply for reemployment.

## **Final Paycheck**

The final paycheck will be paid on the normal pay date, and shall contain all earnings owed to the employee, including time worked in the final pay period, accumulated vacation leave, personal leave, prorated longevity bonus if eligible, and 50% of sick leave bank if eligible. For FLSA Exempt employees, the annual salary shall be pro-rated based on the final day at work, and any balance owing the employee shall be paid on the final salary check. See the Salary Basis for Exempt Employees Policy for more information regarding payouts.

## **Return of County Property**

Employees must return all County property at or before the time of separation, including uniforms, cellphones, keys, laptops, identification cards, etc. Failure to return some items may result in deductions from the employee's final paycheck, where State law allows.

## **Date of Termination**

The last day actually worked will be considered the last day employed. In cases of a leave of absence where the employee decides not to return to work, the last day employed shall be considered to be the date of resignation, not to be later than the approved date of return to work, unless the leave of absence is terminated earlier by the County. For medical leaves, this would be no later than the date of medical release to return to work, including light duty.

## **Health Insurance**



Medical, dental, and vision insurance coverage terminates on the last day of the month in which the separation from employment occurs. Information about options to continue health coverage via consolidated omnibus budget reconciliation act (COBRA) is provided to the employee following separation and consistent with legal requirements.

### **Eligibility for Rehire**

Employees who leave the County in good standing may be considered for rehire. Former employees must still follow the normal application and hiring processes and must meet all minimum qualifications and requirements of a position. Rehired employees will not retain previous status when calculating longevity, leave accruals, or any other benefits, unless required by law.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.

Approved Personnel Policy 4/92, amended 7/99



## **Severe Weather or Emergency Building Closure Policy**

### **PURPOSE**

Grand Traverse County is committed to providing high quality public service, including many emergency related functions, in all types of weather or adverse conditions. The purpose of this policy is to inform Grand Traverse County employees of their responsibilities and options during adverse weather conditions or other situations where a County building may be closed.

### **POLICY**

All employees of Grand Traverse County are expected to report to work at their normal work station in inclement weather, disasters and other adverse conditions. In severe weather situations, such as blizzards, the Board of Commissioners Chairperson, in consultation with the County Administrator and other appropriate staff, may officially close County buildings for all or part of the normal work day. The details regarding which buildings are closed will be provided on the Grand Traverse County Emergency Hotline at 231-922-4500. If possible, the information will be provided before 6 a.m. the day of the event. The decision to close any County building will also be broadcast on the following local media, if possible:

Radio – WTCM 103.5 FM, WBCM 93.5 FM

Television - WWTW/WWUP-TV Channels 9 & 10, WPBN/WTOM Channels 7 & 4

Additionally, the County website will be updated with applicable information if possible. It is the responsibility of each employee to call the hotline and/or listen to the radio and television channels when severe weather is expected. Employees can opt to receive notifications through our Code Red system. See Human Resources for details.

### **Reporting of Time**

During severe weather when the building remains open and an employee reports late for work or leaves early, the employee may use accumulated leave time, take leave without pay, or elect to make up the time lost within one (1) month provided that the make-up time does not create the hours worked to cause an overtime basis without pre-approval. When an employee's building is officially closed due to severe weather or evacuated for reasons other than severe weather, for all or part of an employee's normal work day, those employees will be paid their regularly scheduled working hours and shall suffer no loss of time or pay.

### **24-Hour Operations & Critical Staff**

For County departments that operate on a 24-hour basis, the department director shall make the decision about who needs to report to work. Those employees who are uncertain of their status should contact their director for instructions about whether they need to report to work.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.

Approved Personnel Policy 4/92, amended 9/01, 12/04, 3/11, 12/12



## Short Term Disability Policy

### PURPOSE

The short-term disability benefit provided by Grand Traverse County is an employer-funded plan providing income replacement for employees unable to work due to illness, pregnancy or injury.

### POLICY & PROCEDURE

#### Eligibility

As defined by the insurance policy, regular status employees working a minimum of 15 hours per week shall be eligible for short-term disability effective the first day after 180 calendar days of continuous employment and who are unable to work due to illness, pregnancy or injury.

#### Benefit Payment

The short-term disability benefit payment is 66 2/3% of pre-disability base earnings after a waiting period of seven (7) calendar days with a maximum disability period of 182 days. The maximum benefit is \$3,500 per week. Employees have the option to have tax withholdings done at time of payment since this is considered taxable income. To be eligible for continued disability benefits, the employee must not engage in outside employment and is expected to avoid activities that may delay recovery and return to work. An employee receiving Workers' Compensation or disability pay under any state or federal plan is ineligible for this benefit.

Employees are automatically enrolled in this coverage upon meeting the member and eligibility requirements as defined by the insurance policy.

#### Medical Certification

The employee must provide medical certification of the disability that includes the start and expected end date of the disability. This certification must be submitted to the Human Resources Department, who will review the certification and make a determination on benefit qualification.

Health care benefits will be maintained at the same level while covered by short-term disability with the employee being responsible for paying their required monthly contribution, if any. For purposes of retirement benefits, the period of short-term disability will count towards the employees vesting schedule under the defined contribution plan and will count as service credit earned under the defined benefit plan.

#### Return to Work

The employee must return to work as soon as permitted by his or her health care provider. The

employee must submit a fitness-for-duty clearance to Human Resources. An employee whose absence has been designated as Family and Medical Leave Act (FMLA) leave is eligible for reinstatement as provided by the FMLA. Employees are required to give a two-week notice, when possible, of their ability to return or not return to work while covered under short-term disability. Short-term disability may run concurrently with the Family Medical Leave Act.

Employees with questions regarding this policy should contact the Human Resources Department.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.

Approved Personnel Policy 1/07



## Social Security Number (SSN) Privacy Policy

### PURPOSE

Grand Traverse County is committed to maintaining the confidentiality of Social Security numbers that it collects during the regular course of business. As required by the Michigan Social Security Number Privacy Act, being Public Act 454 of 2004, MCL 445.81 et seq., (hereinafter referred to as "the Act") Grand Traverse County must create a privacy policy concerning the Social Security numbers that Grand Traverse County possesses or obtains.

Pursuant to the Act, the privacy policy must at least:

- a. Ensure to the extent practicable the confidentiality of the Social Security numbers.
- b. Prohibit unlawful disclosure of the Social Security numbers.
- c. Limit access to information or to documents that contain the Social Security numbers.
- d. Describe how to properly dispose of documents that contain the Social Security numbers.
- e. Establish penalties for violation of the privacy policy.

Accordingly, Grand Traverse County has established this policy to restrict access, disclosure, use and disposal of Social Security numbers that have been collected by Grand Traverse County.

### POLICY & PROCEDURE

It is the policy of Grand Traverse County to protect the confidentiality of Social Security numbers obtained in the ordinary course of business from employees, vendors, contractors, customers or others. No person shall knowingly obtain, store, transfer, use, disseminate, disclose, or dispose a Social Security number that Grand Traverse County obtains or possesses except in accordance with the Act and this Privacy Policy.

#### Obtaining Social Security Numbers

Social Security numbers (SSN) shall be collected only where required by federal and state law, where required by Grand Traverse County Ordinance as permitted by federal and state law, or as otherwise permitted by federal and state law for legitimate reasons consistent with this Privacy Policy.

All employees are required to have a SSN in order to be employed by Grand Traverse County, so that the County can make adequate tax reporting. The County takes each employee's privacy very seriously, and it maintains a strict policy to protect the confidentiality of SSNs that are obtained by or provided to the County and/or its employees, contractors, agents and representatives in the course of their employment, activities, or services performed on behalf of the County. Documents containing SSNs shall be kept in confidential files.

Legitimate reasons for collecting a Social Security number include, but are not limited to, the following:

1. Applicants for employment with Grand Traverse County may be required to provide a Social Security number for purposes of a pre-employment background check.
2. Copies of Social Security cards may be obtained for purposes of verifying employee eligibility to obtain and maintain employment.
3. Social Security numbers may be obtained from employees, including elected and appointed officials, for tax reporting purposes, for new hire reporting or for purposes of enrollment in any Grand Traverse County employee benefit plans, employee retirement benefits, or employee investment programs.
4. Social Security numbers may be obtained from employees, including elected and appointed officials, for payroll records, insurance records, medical records, and other accounting purposes.
5. Social Security numbers may be obtained from employees when necessary for federal, state, or local government sponsored or sanctioned training programs that are verified and monitored by employee Social Security number.
6. Social Security numbers may be obtained by Grand Traverse County for any other administrative purpose related to employment.
7. Social Security numbers may be obtained from creditors or vendors for tax reporting purposes.
8. Social Security numbers may be obtained by Grand Traverse County within various documents recorded with the County Register of Deeds and forwarded to Grand Traverse County for assessing purposes.
9. Applicants for a permit as required by Grand Traverse County Ordinance may be required to provide a Social Security number for purposes of background checks, to verify an applicant's licensure in a building, electrical, mechanical, or plumbing trade, or for any other purpose related to the activity for which a permit is required.

## **Freedom of Information Act**

The Freedom of Information Act (FOIA), as amended at 5 U.S.C.552, is a disclosure statute that requires Federal Executive Branch agencies to make records available to the public. The intent of the FOIA is to prevent agencies from having "secret law" and to make the government accountable to the public for its actions. FOIA requires agencies to publish in the Federal Register statements of its organizations, functions, rules, procedures, general policy, and any changes, and how to get information. In addition, agencies must index and make available for public inspection and copying statements of policy, manuals and instructions, and final opinions and orders in cases, as well as the indexes.

Where all or more than four sequential digits of a Social Security number are contained within a document subject to release under the Freedom of Information Act (MCL 15.231 et seq.), the Social

Security number shall be redacted or otherwise rendered unreadable prior to the document or copy of the document being disclosed.

### **Business Purposes**

Except as required by necessary and legitimate business purposes, no employee is permitted to have access to SSNs (including documents that contain any SSNs) or to keep, view, use, copy, disclose, or distribute another person's SSN, or in any other way disclose another's SSN. One who accesses a SSN for necessary and legitimate business purposes is prohibited from using or accessing the SSN in a manner that may permit an unauthorized individual to view, use, or access the number.

When documents containing SSNs are no longer needed and are to be discarded, such documents must be disposed of in a manner that ensures the confidentiality of the SSNs. The County has developed a practice for shredding, electronically deleting, or otherwise disposing of confidential records, including documents containing SSNs.

Violation of this policy is subject to disciplinary action, up to and including discharge.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.

Approved Personnel Policy 1/06





## Solicitation Policy

### PURPOSE

The scope of this policy applies to all employees of Grand Traverse County as well as those who may seek to solicit on County property. The purpose of the policy is to provide a safe and secure work environment that does not infringe on the privacy of employees or disrupt the work environment.

### POLICY & PROCEDURE

The County limits solicitation and distribution on its premises because, when left unrestricted, such activities can interfere with the normal operations of the County, be detrimental to efficiency, be annoying, and pose a threat to security.

All managers are responsible for administering this policy and for enforcing its provision. Persons who are not employed by the County are prohibited from soliciting funds or signatures, conducting membership drives, posting, distributing literature or gifts, offering to sell or to purchase merchandise or services (except by representative of suppliers properly identified), or engaging in any other solicitation, distribution, or similar activity on County premises.

Solicitation is defined as any activity that seeks to make contact with employees to collect information, sell items, or gain support.

The solicitation of County employees during working hours is prohibited except as specifically approved by the Board of Commissioners for an item approved for payroll deduction. This policy is not intended to eliminate such things as employees' children's school fundraisers, however such solicitation should be limited to non-work areas and non-work time, such as lunch breaks.

### Rationale

The rationale of this policy is to provide a safe and secure working environment that does not infringe on the privacy of employees or disrupt the work environment.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.

Approved Personnel Policy 4/92, amended 7/99



## Travel Policy

### PURPOSE

Grand Traverse County's travel reimbursement policy is developed to help employees understand and follow the company's travel reimbursement process. The travel policy is aligned with business-related travel paid with Grand Traverse County funds and must comply with County expenditure policies.

### POLICY & PROCEDURE

It is the policy of Grand Traverse County to reimburse staff for reasonable and necessary expenses incurred in connection with approved travel on behalf of the County. Grand Traverse County strongly encourages use of travel discounts when making travel arrangements.

Travelers seeking reimbursement should incur the lowest reasonable travel expenses and exercise care to avoid impropriety or the appearance of impropriety. Reimbursement is allowed only when reimbursement has not been, and will not be, received from other sources. If a circumstance arises that is not specifically covered in this travel policy, then the most conservative course of action should be taken.

#### **I. Policy Statement:**

The Board of Commissioners recognizes that travel by employees is necessary to conduct official county business and therefore has developed this policy to establish the standards for eligible expenses.

#### **II. Statutory Authority:**

The Board of Commissioners may establish rules and regulations to manage the interest and business of the County under Public Act 156 of 1851 [MCLA 46.11(M)].

**III. Related Policies and/or Procedures:** Policy and Procedures for the Authorization and Use of Procurement Cards; Purchasing Policy and Procedures.

**IV. Historical Application:** This Policy supersedes all prior travel policies.

**V. Exclusions:** The following exclusions apply: None.

**VI. Implementation Authority:** The County Administrator is authorized to establish the necessary procedures to effectuate the implementation of this policy.

**VII. Policy Standards:** The following standards shall apply, without exception.

- A. Only those costs that are incurred in the conduct of official County business shall be paid by the County.

- B. All requests for reimbursement shall be based upon a least-cost and most efficient methodology as established by the appropriate procedures.
- C. All travel shall be conducted in the most economical and most efficient manner through the most direct route. Any employee utilizing an in-direct route of travel for their own convenience shall be responsible for any expense beyond the amount which would normally be incurred by the usual route of travel.
- D. All out-of-state travel requests must be submitted in writing and approved by the appropriate Department Director and County Administrator.
- E. No travel reimbursement costs will be made to employees traveling from their residence to their official work station.
- F. All requests for reimbursement shall be accompanied by supporting documentation necessary to justify that the expense is eligible and within reasonable expenditure guidelines.
- G. In the event that an employee schedules travel and the County incurs costs, the County shall not be liable for those costs if the employee does not attend, unless due to extenuating circumstances and it has been approved by the County Administrator.
- H. Travel insurance is not an eligible expense and will not be paid by the County.
- I. The County Administrator has full-authority to deny a request for reimbursement when an expenditure has not met the County policies and procedures.

**VIII. Policy Review:** This Policy shall be reviewed at least every three years by the County Administrator or designee.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.

Travel Policy 1/1 BoC Approved: March 30, 2016



## Tuition Reimbursement Policy

### PURPOSE

Grand Traverse County believes that education has a positive impact on an employee's contribution to the County and the employee's personal growth; we support educational efforts by providing reimbursements for continuing education courses.

### POLICY & PROCEDURE

The County has established a tuition reimbursement program to help eligible employees improve job skills and enhance opportunities for advancement within the County. This program is open to eligible employees who wish to voluntarily pursue educational courses or training from an accredited college, university, or trade school for both credit and extended education courses. It does not apply to courses or trainings that are required by the employee's department or the County. The tuition reimbursement program is administered by the Human Resources department. This program is contingent upon the annual appropriation of funds for this purpose and is subject to change at any time.

#### Eligibility

- Regular full-time or part-time employees on a pro-rated basis.
- Employees on a leave (unless specifically approved for an educational leave) are not eligible for this benefit.
- Completion of a minimum of one year of employment as a regular status employee.

#### Course Requirements, Other Provisions

- Course must be from an accredited college, university, or trade school.
- Course must be for credit or extended education purposes. Audited classes are not eligible.
- Course must be directly related to the employee's current job or deemed to increase the employee's knowledge, skills, and abilities relative to potential advancement opportunities available within the County.

OR,

The course must be required to fulfill specific requirements for a degree program that the employee is currently enrolled in and the degree program is related to the employee's job or to a position available within the County.

- Courses must not interfere with the employee's job responsibilities and must be taken on the employee's own time.
- Under special circumstances a department head may authorize an employee to attend classes during normal working hours; however, it is the responsibility of both the individual employee and the department head to ensure that the employee makes up all lost time.

## **Process**

During the budget preparation process, the employee should meet with his/her department head or designee to request consideration for tuition funding for the next budget year. Prior to registration, the employee is required to complete a Tuition Reimbursement Form and submit the form to Human Resources with course description(s) for individual classes. Alternatively, if enrolling in a degree program, the employee is required to submit an outline of all courses required (along with the corresponding descriptions) for advance approval of the degree program. Once the degree program is approved, the employee will follow the process for individual classes with the exception of providing course description(s) as the courses will be approved in advance.

After approval is obtained from Human Resources, the employee should register for the course(s) and submit the Tuition Reimbursement Form, proof of registration, and proof of payment to Human Resources within thirty (30) days from the date of registration. Within sixty (60) days of course completion, the employee is required to submit grade(s) to Human Resources for final review of eligible tuition reimbursement.

## **Appeal Process**

If a request for tuition reimbursement is denied, the employee may file an appeal by submitting such a request in writing to the Human Resources Department within thirty (30) days of the denial. The appeal will be reviewed by an appeal panel consisting of a representative from Human Resources, a department head/manager, and a non-supervisory employee. The decision of the review panel shall be final.

## **Reimbursement**

Approval of tuition reimbursement requests are contingent upon the availability of tuition reimbursement funds specifically budgeted for this purpose. Should funding become insufficient to meet reimbursement requests due to increased demand, budget cutbacks, or for any other reason, reimbursements will be processed on a first-come, first-served basis.

Reimbursement eligibility is subject to the conditions, requirements, and processes, as explained in this policy.

- Reimbursement is limited to \$5,250 per calendar year, per employee.
- Upon enrollment: Reimbursement will be made on the basis of fifty (50%) percent of the tuition cost upon enrollment (not to include registration fees, books, lab fees, etc.)
- Upon completion: Reimbursement will be made on the basis of twenty-five (25%) percent of the tuition cost (not to include registration fees, books, lab fees, etc.) with a passing grade of C or better upon completion of the course. Documentation of the passing grade must be submitted to the Human Resources Department within sixty (60) days of completion of the course to be eligible for the twenty-five (25%) percent.
- Employees who receive tuition support or financial assistance from alternate sources must report such amount, and shall not be eligible to be reimbursed for any amount that they do not have to repay.

## **Repayment Obligation**

- Employees who drop or fail a course will not be eligible for reimbursement and are required to reimburse the County for any tuition already received within thirty (30) days of the event.
- Employees who do not submit final grade(s) within sixty (60) days of completion of course(s) are required to reimburse the County for any tuition already received for that course.

- Employees who leave employment by their own initiative shall be required to reimburse the County according to the following schedule:
  - Within one year of completion of the course: 100%
  - Within 24 months of completion of the course: 75%
  - Within 36 months of completion of the course: 50%

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.

Approved Personnel Policy 4/92, amended 8/93, 10/93, 12/95, 10/97, 3/98, 9/01, 08/09, 7/15



## Vacancies and Selection Policy

### PURPOSE

Grand Traverse County believes that hiring qualified individuals to fill positions contributes to the overall success of the company. Each employee is hired to make significant contributions to Grand Traverse County. In hiring the most qualified candidates for positions, the following process should be followed.

### POLICY & PROCEDURE

Employees must submit a new application to online job postings for each position they wish to be considered. Paper applications will be accepted on occasion as long as job has not been filled. Employees are encouraged to provide additional information through cover letter, resume, or copies of awards or other information pertinent to the specific opening. While the employee's personnel file shall be open to review by the supervisor or department head that is filling the vacancy, this is not generally done unless the employee is selected as a top candidate. The Application shall not be kept confidential from the employee's current supervisor or department head.

### Filling a Vacancy

#### Requisitions

Personnel requisitions must be completed to fill Grand Traverse County positions. Requisitions must be initiated by the department supervisor/manager, approved by the County Administrator, Human Resources, and/or Finance. Personnel requisitions should indicate the following:

- Position title.
- Position hours/shifts.
- Exempt or nonexempt status of the position.
- Reason for the opening.
- Essential job functions and qualifications (or a current job description may be attached).
- Any special recruitment advertising instructions.

#### Internal applicants

Current employees with a satisfactory employment status may apply for internal job openings. Consent from the employee's manager and the Human Resources Department may be necessary for employees with less than one year of service with Grand Traverse County.

All applicants for a posted vacancy will be considered based on their qualifications and ability to perform the job successfully. Internal candidates who are not selected will be notified by the Human Resources Department.

## **Promotion**

Insofar as it is practicable and in the interests of the County, vacancies shall be filled by promotion of regular employees. Factors taken into consideration in determining an employee's eligibility for promotion include:

1. Employee must meet the minimum requirements of the job as stated in the classification description and job posting.
2. Employee must meet or exceed the minimum score on any standard examinations that are required.
3. Employee must have the knowledge, skills, and ability to do the work as determined by education, work experience, standard examinations, oral interview, and any other mechanism that may be used to reach this determination.
4. Attendance records.
5. Commendations, disciplinary actions, and any other evaluative data available regarding the employee.
6. Physical qualifications to perform the essential functions of the job with or without reasonable accommodation as determined by the Human Resources Department.
7. Supervisory recommendation to support the promotion of an employee within a department and reference provided by co-workers.
8. Initiative shown by the employee to grow within the County employment, including professional development and willingness to take on additional responsibilities.
9. Employee's commitment to the Principles of Quality as defined by the employees of the County, and the Strategic Plan for the Department and the County.
10. Any other factors considered relevant by the County.

In the event that the overall qualifications of the candidates are determined by the department head to be substantially equal, length of service shall govern.

Employees promoted into a new classification shall serve a six-month orientation period, during which the County may demote said employee back to his/her former classification.

## **Transfer**

A position may be filled by transferring an employee from another position of the same class or similar class with essentially the same basic qualifications and approximately the same maximum salary limits.

## **Demotion**

A position may be filled by the demotion of an employee.

## **Original Appointment**

To be used whenever an appointment from within the County or a reemployment is not feasible.

## **Temporary Appointment**

Occasionally an employee may be appointed on a temporary basis to fill a vacancy of limited duration or as an interim measure until a regular appointment is made. Employees who are



temporarily assigned to a higher class shall receive the rate of the higher class for all hours worked in that class.

### **Employment Physical Examinations**

Upon being offered a position, an applicant, including current employees applying for another position within the County, maybe subject to a physical examination and drug screen by the doctor/facility chosen by the County. This examination is in no way to be considered a complete physical for the detection of disease. Record of the examination shall be kept in a confidential file by the doctor/facility, who will report to Human Resources in the event that he/she is of the opinion that the applicant is not qualified for the position for which he/she has applied. The examination shall be done after a conditional offer of hire has been made and accepted but prior to starting work.

### **Job Offers**

After a decision has been made to hire a candidate, an offer will be made contingent on the satisfactory completion of required background checks and testing. Background checks will vary depending on the position and may include criminal history, credit history, driving record, employment physical, drug testing or any other relevant information for the job.

Internal applicants must complete required background checks or tests not previously completed. Once the Human Resources Department receives satisfactory results from all required background checks and tests, candidates will be provided with a final job offer. If a candidate fails to accept an offer of employment within 7 calendar days, the offer may be rescinded by the County.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.

Approved: Board of Commissioners 4/92, amended 7/99, 12/02, 12/04, 7/06, 1/07



## Vehicles Used for County Business Policy

### PURPOSE

The purpose of this policy is to establish the duties, responsibilities and expectations associated with driving on the job (including County vehicles, rental vehicles and personal vehicles) and to ensure that any employee who operates a County-owned vehicle understands the responsibilities associated with operating that vehicle.

### POLICY & PROCEDURE

#### Scope

This policy applies to all County employees (excluding the Sheriff's department) who operate a vehicle for County business, whether it is their own vehicle, a leased rental vehicle, or a County-assigned vehicle.

#### Requirements

All County employees who operate a vehicle, whether their own or a County vehicle, must obtain and maintain a valid Michigan Driver's License as well as any special endorsement required for their individual operation of specialized vehicles (trucks, hazardous chemicals, passengers, etc.). County employees must obey ALL traffic regulations and laws. All policies, procedures, rules and regulations of Grand Traverse County shall apply when operating a vehicle for business use. Unless otherwise determined by law, the driver is personally liable for any traffic or parking violations received while driving their own or a County vehicle. Failure to comply with this policy shall be considered a major violation and will be grounds for restriction of driving privileges with or without a County vehicle and disciplinary action up to and including termination.

#### Responsibilities When Driving on the Job

##### 1. General Operation of a Vehicle

County employees are expected to exercise courteous driving behavior as representatives of the County. Complaints of discourteous driving will be investigated by the Department Head or the Human Resources Department and those found to have violated the law and/or any County policy may be subject to discipline up to and including termination.

##### 2. Parking

All vehicles will be parked legally and in a safe and secure parking area. Irregular parking may be expected in emergency situations, however, on routine business, employees are expected to park vehicles in "legal" parking areas only. Vehicles shall be locked at all times while parked.

##### 3. Alcohol and Drugs

Employees will not operate a vehicle for business use when they have consumed alcohol, drugs, narcotics or any other substance. Employees will not transport or possess alcohol or contraband in an assigned vehicle unless it is a specific part of the job. (Reference: Grand Traverse County's Drug and Alcohol Policy, County Safety in the Workplace Policy and the County's Controlled Substances and Alcohol Policy.) An employee must report to their department head and/or Director of Human Resources that they have been prescribed and are taking a medication that may impair their ability to operate a vehicle. An employee may be sent for an independent medical evaluation to determine if, while taking this medication, they are unable to drive on the job.

#### **4. Seat Belts**

Any person, whether staff or citizen, driving or riding in a County vehicle, or conducting County business using their own personal vehicle or rental vehicle, shall wear a seat belt whenever the vehicle is in motion.

#### **5. Traffic Convictions and Accidents**

Although Human Resources receives notice of all traffic violations/convictions through the Secretary of State, staff shall immediately report all traffic violations/convictions to their Department Head and Human Resources. Excessive violations or a major violation that result in staff's inability to perform the essential functions of their job may result in disciplinary action up to and including termination.

Staff involved in an accident while driving a County vehicle, or conducting County business using their own personal vehicle, shall notify their Supervisor and Department Head as soon as possible. Grand Traverse County will investigate all accidents involving damage to County property, private property, and/or injuries. Human Resources will be notified immediately in cases of injury to an employee or third party. Staff involved in an accident while driving a County vehicle, or conducting County business using their own personal vehicle, may be sent for a medical evaluation.

In accordance with the Michigan Municipal Risk Management Authority Insurance guidelines, the circumstances noted below will be cause for individuals being considered disqualified for driving privileges when they are driving a County issued vehicle and/or when they are traveling in their own vehicle on County business:

- Conviction of a driving-related felony.
- Loss of driving privilege through suspension or revocation of license due to an unsatisfactory driving record as defined by the Michigan Secretary of State.
- An at-fault accident resulting in a fatality (an at-fault accident is defined as one in which the individual has been fined, sued, and received an adverse judgment, the individual's insurance company settled for damages to other party, or the individual settled out of court or otherwise was determined to be liable).
- Accumulation of more than eight (8) points on the driving record within the last three (3) years.
- Conviction of any alcohol/drug related offense in the last three (3) years or two or more alcohol/drug-related convictions within any time period.
- Conviction of driving while license was suspended or revoked for moving violations within the last three (3) years will result in loss of driving privileges.
- In the event that an employee accumulates six (6) points or has more than two (2) events where points are added to their record within one (1) year, the employee may be required to take a driving class.

#### **6. Automobile Insurance**

Employees driving a non-county vehicle for County business must maintain and provide proof of insurance for that vehicle upon request.

#### **7. Assignment of a County Vehicle**

County vehicles may be assigned to specific County personnel or assigned for occasional use to support overall County operations. Such assignments may include, but are not limited to, administrative staff and other staff likely to make an emergency response. All County vehicles shall be properly operated, utilized and maintained by the assignees.

Employees will be assigned County vehicles to ensure their availability to the County and to allow the constant monitoring of County operations and providing of County services. Assigned vehicles shall be made available to other County functions when deemed necessary by the employee's immediate supervisor. When the assigned staff is on vacation, absent, or on light duty, their vehicle may be reassigned.

Employees that are assigned a County vehicle are expected to utilize their assigned vehicle, prior to using their personal vehicle, while traveling for County business, unless pre-approved by their Department Head.

Private use of an assigned vehicle while in transit will be limited to a maximum of three (3) additional miles. Staff may be permitted to use their vehicle while off duty, but only when their Department Head and County Administrator determine that operations are enhanced by doing so.

Assignment of a County owned vehicle is not guaranteed and may change based on the needs of the department or the County. The County reserves the right to suspend the privilege of an assigned vehicle for any reason.

#### **8. Maintenance of a County Assigned Vehicle**

It is the responsibility of the assigned employees to arrange for and ensure the completion of, regular maintenance (oil, grease, lube, etc.), and repair work. Employees will be reimbursed for any out of pocket expenses incurred for these services.

The assigned employee shall be responsible for the appearance and cleanliness of his/her assigned vehicle. This includes but is not limited to the inspection of fluids, proper tire inflation, body damage or defects, and audible indications of mechanical defect.

Employees shall refrain from altering the body, general design, appearance, markings, mechanical or electrical system of the assigned vehicle including bumper stickers unless approved by their Department Head.

Employees using vehicles shall ensure the vehicle is adequately fueled (at least 1/2 tank). Employees shall report any vehicle malfunctions to their supervisor for corrective action.

Grand Traverse County will not be responsible for any personal equipment placed in County vehicles.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.



## Violence in the Workplace Policy

### PURPOSE

The County recognizes the need to provide for the safety and security of all employees and visitors. In doing so, the County is complying with Section 5(a), Federal Occupational Safety and Health Act of 1970 (OSHA). Therefore, the County will not tolerate threats, threatening behavior, or acts of violence against employees, visitors, guests, or other individuals by anyone on the County's property. This includes physical attacks, verbal or physical threats, destruction of property, sexual harassment, intimidation, or abusive language. Grand Traverse provides a safe workplace for all employees. To ensure a safe workplace and to reduce the risk of violence, all employees should review and understand all provisions of this workplace violence policy.

### POLICY & PROCEDURE

#### Prohibited Conduct

Grand Traverse County does not tolerate any type of workplace violence committed by or against employees. Employees are prohibited from making threats or engaging in violent activities. This list of behaviors provides examples of conduct that is prohibited:

- Causing physical injury to another person.
- Making threatening remarks.
- Displaying aggressive or hostile behavior that creates a reasonable fear of injury to another person or subjects another individual to emotional distress.
- Intentionally damaging employer property or property of another employee.
- Possessing a weapon while on company property or while on company business without prior approval. Prior approval must be expressly granted by the employee's department head and the County Administrator. The County Administrator need not approve if the department head is an elected law enforcement official.
- Committing acts motivated by, or related to, sexual harassment or domestic violence.

### PROHIBITED ACTIONS AND SANCTIONS

It is a violation of this policy to engage in any act of workplace violence, except for law enforcement personnel as authorized by law and within the confines of the Law Enforcement agency policies. Any person who, in the opinion of the immediate supervisor, poses a threat to himself or others shall be removed from the premises and shall remain off the County's premises pending the outcome of an investigation. Such removal of any employee will be immediately reviewed by the County's Administrator, and the Human Resources Director. The County will initiate an appropriate response which may include, but is not limited to, reassignment of job duties, suspension or termination of employment, suspension and/or termination of any business relationship, and/or criminal prosecution of the person or persons involved.

### Prevention

The County supports the prevention of workplace violence. Prevention efforts include, but are not limited to, informing employees of this policy, instructing employees regarding the dangers of workplace violence, communicating the sanctions imposed for violating this policy and providing a reporting procedure to report incidents of violence without fear of reprisal.

## **Hiring**

The Human Resources Department takes reasonable measures to conduct background investigations to review candidates' backgrounds and to reduce the risk of hiring individuals with a history of violent behavior.

## **EMPLOYEE RESPONSIBILITY**

Any employee having knowledge of a threat or incident of workplace violence involving any other employee (as victim or perpetrator) must report such an act to a supervisor immediately. If the supervisor is either the victim or perpetrator of the violent act or threat of violence, the employee must report the incident to another manager or to Human Resources immediately.

Disciplinary action may result if the employee having knowledge of a suspected violent act fails to report the episode. All employees who apply for or obtain a protective or restraining order which lists the County's property or County's facilities as being protected areas must provide this information to the Director of his/her Department. The Director must report this information to the Director of Human Resources. The County and its employees shall cooperate fully with police and other law enforcement officials in the investigation and prosecution of violent acts unless Constitutional or statutory protections protect the employee from cooperation. The County understands the sensitivity and confidentiality of the information that may be requested, and recognizes and will respect the privacy of the reporting employee(s) to the extent authorized by law.

All employees should openly communicate with each other to be aware of any unusual activity that may identify the potential for or actual occurrence of workplace violence. Although Grand Traverse County does not expect employees to be skilled at identifying potentially dangerous persons, employees are expected to exercise good judgment and to inform the HR department if any employee exhibits behavior that could be a sign of a potentially dangerous situation. Such behavior includes:

- Discussing weapons or bringing them to the workplace.
- Displaying overt signs of extreme stress, resentment, hostility or anger.
- Making threatening remarks.
- Showing sudden or significant deterioration of performance.
- Displaying irrational or inappropriate behavior.

Threats, threatening conduct, or any other acts of aggression or violence in the workplace will not be tolerated. Any employee determined to have committed such acts will be subject to disciplinary action, up to and including termination. Any person engaged in suspected criminal acts on the employer's premises will be reported to the proper authorities and fully prosecuted.

Recommendations for improved safety often come from employees. These suggestions are encouraged and may be channeled through supervisors or the Human Resources Department.

## **IMPLEMENTATION**

### **Managing a Potentially Violent Situation:**

Non law-enforcement employees who confront or encounter an armed or dangerous person should not attempt to challenge or disarm the individual. Such employees should remain calm, make constant eye contact and talk to the individual. If a supervisor can be safely notified of the need for assistance without endangering the safety of such an employee or others, such notice should be given. Otherwise, such employees should cooperate and follow the instructions given. Such non-law enforcement employees are expected to assist the general public and fellow employees in a courteous manner, but not subject themselves to abusive conduct if confronted by:

**A distraught, harassing or abusively angry person:**

If a person becomes angry or abusive, such employee should courteously attempt to calm the person down. If that does not work, such employee shall ask a supervisor to intervene. The supervisor shall attempt to calm the person, inform them that they cannot serve the individual if they do not calm down, and be alert for potential danger to staff and others.

**A person threatening bodily harm:**

If a non-law enforcement employee feels that he/she or another person is threatened, and in danger of imminent bodily harm:

- The employee should attempt to leave the scene, if it can be done safely.
- 911 should be called as soon as it can be done safely.
- If the supervisor is not aware of the situation, the employee must notify him/her as soon as it can be done safely.

Law enforcement employees shall comply with their departmental policies regarding potentially violent situations.

## **REPORTING INCIDENTS - INTERNAL AND EXTERNAL**

Each incident of violent behavior, whether committed by another employee or an external individual, must be reported to a Department Director or, if observed by law enforcement personnel, reported in compliance with departmental policy and state law. The Department Director will assess and investigate the incident and determine the appropriate action to be taken. The Human Resources Director must be informed of all reported incidents of workplace violence.

Under no circumstances will an employee be penalized for reporting what the employee believes in good faith to be workplace violence under this policy. If any employee believes that he/she are being retaliated against for reporting workplace violence, he/she should report such conduct immediately to his/her direct supervisor, department head, or County Administrator. He or she also must notify the Human Resources Director.

## **CRISIS MANAGEMENT TEAM**

The Crisis Management Team may consist of the County Administrator, Human Resources Director, Under Sheriff, Health Officer, Prosecuting Attorney, and others as deemed necessary. The Crisis Management Team is responsible for the following:

- Evaluating potential violence problems.
- Assessing an employee's fitness for duty (through medical and/or mental health professionals).
- Selecting intervention techniques.
- Establishing a plan for the protection of co-workers and other potential targets.
- Coordinating with victims, families, other employees, media, and law enforcement personnel.
- Referring victims for appropriate assistance, including counseling.

Where the Crisis Management Team cannot be promptly convened as required, the County Administrator and/or Human Resources Director may act for the committee. Their actions will be reported to the full committee as soon as practical.

## **Definitions**

**Workplace violence** can include but need not be limited to: harassment, horseplay, threats, physical attacks or property damage.

A **threat** is the expression of intent to cause physical or mental harm. An expression constitutes a threat without regard as to whether the party communicating the threat has the present ability to carry it out and without regard as to whether the expression is contingent, conditional or future.

**Physical attack** is unwanted or hostile physical contact such as hitting, fighting, pushing, shoving, biting, spitting, and throwing objects.

**Property damage** is intentional damage to property which includes property owned by the County, employees, visitors, or vendors.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.

Approved Personnel Policy (Safety Policy) 12/02 (Amended 12/04, 7/11, 2/13)





## Voluntary Benefits Policy

### PURPOSE

To provide Grand Traverse County employees the opportunity to purchase additional benefits for themselves, their spouses and eligible dependents. Each benefit has separate eligibility periods and requirements.

### BENEFITS

#### Vision Insurance

Regular full-time and regular part-time employees are eligible on the first of the month following thirty (30) days of employment for coverage. Premium payments will be deducted through payroll. The coverage provides for vision exams, frames/lenses (in lieu of contact lenses) or contact lenses (in lieu of lenses) once every 12 month.

#### Deferred Compensation and Roth 457(b) Plans

The Deferred Compensation 457(b) Plan is an additional method by which eligible employees may systematically "set aside" a portion of their income into a voluntary savings program using pre-tax dollars, thus reducing the amount of their current taxable income, while building a reserve for the future. The contributions are made through payroll deduction.

The Roth 457(b) Plan is an after-tax contribution for eligible employees. Contributions will not reduce the employee's income taxes for the year (unlike pre-tax contributions). This plan helps employees save for the future and retirement. Voluntary contributions are made through payroll deduction. Roth contributions can be withdrawn tax-free when the requirements for a qualified distribution are met.

Employees may choose to participate in the plans and decide the level of contributions. Employees are able to start, stop, increase or decrease contributions at any time.

#### Life Insurance

As defined by the Voluntary Term Life Insurance Policy, regular status employees working a minimum of 15 hours per week shall be eligible for life insurance, effective the first day following six months of employment as an active member.

The plan includes the option to select coverage for your spouse and dependent children. Coverage of up to 5 times the employee's current annual salary (to a maximum of \$300,000) may be purchased. Employees may NOT enroll at the time of life changing event change, as with other insurances. When electing in excess of the Guaranteed Issue Amount (GIA), an Evidence of Insurability will be required.

The benefit terminates on the employee's last day of active employment or transfers to ineligible status. Coverage may be converted or ported into a private policy upon termination of employment.

Premium payments are paid by the employee and are deducted through payroll.

### **Reimbursement Account - Flexible Spending Account**

Regular full-time and regular part-time employees may enroll at the time of hire in a Dependent Care Flexible Spending Account (FSA). An employee's FSA will become effective on the first of the month following thirty (30) days of employment for coverage.

A FSA reimbursement account provides an opportunity for employees to set aside pre-tax dollars to pay eligible dependent care expense, thereby reducing the current amount of taxable income. Contributions are made through payroll deduction.

The employee may pay for eligible expenses with pre-tax dollars up to the amount that is contributed into the FSA plan. Expenses must be incurred during the allowable time period and disbursements cannot be made until the expense is incurred. FSA amounts are not allowed to be changed during the year unless there is a qualifying event. The annual amount contributed to an FSA can be changed during open enrollment.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.



## Whistle Blower Policy

### PURPOSE

Grand Traverse County is committed to the highest standard of personal, ethical and legal standard for achieving business. Ensuring ethical and legal standard is the responsibility of every employee and is reflected in our relationship with internal and external customer. Accordingly, it is essential for each employee to exhibit responsible and ethical business behavior in all transactions/engagement either with internal or external customers. In context, Grand Traverse County encourages and supports employees making disclosures of any such suspected instances of unethical/improper behavior and intends to provide mechanism by way of "Whistle Blower Policy" to channelize reporting of such instances/complaints to ensure proper governance.

### GUIDELINES

The guidelines of the whistle blower policy are as follows:

- a) To define improper/unethical behavior.
- b) To define the scope and constitution of the Whistle Blower Committee and Investigator for the purpose of fact finding.
- c) To outline a mechanism/channel to report suspected instances of improper/unethical behavior.
- d) To outline the investigative procedure for such reported instances.
- e) To propose a review procedure for the investigated instances.
- f) To outline measures to protect disclosing employees against retaliation or recriminatory action from within the company.

### DEFINITIONS

- a) **Chairperson** The chairperson will be the County Administrator.
- b) **Employee** means every employee (probationer and confirmed) of the company, including heads of the functions and includes an ex-employee of the company.
- c) **Whistle Blower Committee** means the Committee comprising of County Administrator, Human Resource Director, Legal or any other person or Committee constituted for this purpose as deemed by the management (herein after referred to as "Committee").
- d) **Investigators** mean those persons authorized, appointed, consulted or approached by the County/Whistle Blower Committee for investigation.
- e) **Protected Disclosure** means any good faith communication that discloses or demonstrates an intention to disclose information that may be evidence of unethical or improper activity.
- f) **Subject** means a person who is the focus of investigative fact finding either by virtue of Protected Disclosure made or evidence gathered during the course of an investigation.

- g) **Whistle Blower** means an employee making a protected disclosure under this Policy. He/she is neither an investigator nor a finder of facts, nor does he/she determine the appropriate corrective or remedial action that may be warranted.
- h) **Improper/unethical behavior** for the purpose of this policy means and includes suspected or alleged illegal, false, misleading, dishonest, deceptive, unethical, corrupt or unconscionable conduct. A descriptive illustrative list of issue is mentioned in annexure A and shall also include other acts pertaining to breach of policy/misappropriation/harassment, etc.

### **Constitution and Scope of Whistle Blower Committee/Investigator**

The Whistle Blower Committee shall comprise of the members as mentioned below. The decision of nomination and appointment of Committee members shall be the discretion of the company and would not be by way of any nomination/voting procedure. The company can at its discretion change the structure of the Committee or the Committee members as it deems fit at any given point of time. In the event of any suspected disclosure against any of the Committee member, the alleged Committee member shall be replaced with appointment of a new Committee member by the chairperson of the Committee.

Title	Name	Designation
County Administrator	Nate Alger	Chairperson
Human Resources Director	Donna Kinsey	Committee Member
Finance Director	Dean Bott	Committee Member

The Committee may, on their own, conduct or review the fact finding exercise or, may at its discretion, appoint an investigator/group of investigator/department personnel to investigate into the suspected wrongful, unethical or improper act/behavior and such appointment of the investigator would only be for a specific case. While appointment of any investigator, the Committee shall exercise due caution to ensure that the aforesaid investigator/group of investigators has no conflict of interest and would conduct the investigation in true spirit of governance.

The investigator so appointed shall derive authority from the Committee and shall have access to review reports/data as relevant in context of the reported incidence/instance. The investigation shall ordinarily complete within 30 days of receipt of the disclosures and shall be reviewed by the Committee in case of any delay/lapses. The cases so referred to the Committee for review of action would be on a monthly basis.

### **Process for Filing a Complaint**

The opportunity provided under this policy is for disclosing wrongful/unethical/improper acts which are considered to be in deviation of the policy defined either by negligence or intentional disregard and should not be used as a defense or a mechanism to mislead the County against a legitimate action initiated.

The perspective behind such policy being good governance, the County encourages disclosures in good faith but any false allegations of alleged wrongful conduct to the Committee shall be subject to disciplinary action up to and including termination/dismissal from employment. Hence deliberate and false reporting shall not be tolerated and would expect the whistle blower to disclose his/her identity. The identity of the whistle blower would be kept confidential to avoid any retaliation or

victimization during the course of investigation and the company reserves it right to not investigate into complaints which are anonymous.

However, an employee/staff member after being aware of the conduct and considering the appropriateness of any suspected unethical/improper behavior can disclose/raise a concern/complaint in writing or email to the members of the Committee or the Chairman of the Committee either with or without information to his/her immediate superior.

All such written complaints should be sent to the following address:

The Chairperson/Member –Whistle Blower Committee

Nate Alger

400 Boardman Avenue

Traverse City, MI 49684

The Human Resources Department would be custodian of all such complaints.

On having reported the incidence/instance to the Investigation Committee, the Investigation Committee would appoint/authorize an investigator/group of investigators or department personnel to investigate into such acts.

The decision to conduct an investigation is not an accusation and is to be treated as a neutral fact-finding process. The outcome of the investigation may or may not support a conclusion that an improper or unethical act was committed and, if so, by whom.

The investigation officer(s) so appointed hence would conduct the preliminary fact-finding and analysis to determine whether or not the reported alleged improper or unethical act is material and establish the same on the following consideration:

- a) The allegation, if true, constitutes an improper or unethical activity, and;
- b) Either the allegation is accompanied by information specific enough to be investigated or matters that do not meet this standard may be worth management review, but should not be undertaken as an investigation of an improper or unethical activity.

Based on the consideration/assessment, if the investigation officer(s) determines that the matter does not qualify as a whistleblower case, he/she may directly without further investigation resolve the matter and shall convene the decision including the rationale for such determination in writing or email to the Committee to maintain transparency.

Post preliminary assessment and consideration, if the investigator establishes that the matter qualifies for further investigation, he may accordingly complete the investigation within the stipulated period and submit his report to the Committee with his recommendation. The Committee based on the facts provided would decide on the course of action/ratify the recommended action. The implementation of action would be done by the Human Resource Department.

Technical and other resources/data as required may be drawn upon to augment the investigation.

It is expected that the subject co-operate with the Investigation Committee or the authorized person(s) appointed to conduct the investigation. The subject will be informed of the allegations before commencement of a formal investigation in writing/email and would have the right to represent his/her case. It is expected that the subject refrains from interfering in the investigation process by non-cooperation, mollified intent, undue influence or tampering record/evidence; the

Committee/Investigator in that event shall decide on the basis of evidence available and shall base their decision on fair judgment.

The disciplinary or corrective action as decided by the Committee and would be in line with current practices.

## **Review**

In the event of the subject being aggrieved by the initial order and submits his representation for re-consideration by offering certain facts/evidence for change of action, it would be the discretion of the Committee whether to re-consider such claims else the initial order shall be final.

Following are some of the issues which Grand Traverse County encourages to be reported:

- Any unlawful act whether civil or criminal.
- Breach of County's policies.
- Breach of or failure to implement or comply with any approved County policy.
- Knowingly breaching any state/national laws or regulations.
- Unprofessional conduct or business practice.
- Fraudulent or corrupt practices (including the offering or accepting of bribes or other gaining undue advantage from a relationship with the County).
- Questionable practices that have in any manner circumvented the laid down procedures and policies of the County.
- Dangerous practice(s) likely to cause physical harm/damage to any person/property.
- Failure to rectify or take reasonable steps to report a matter likely to give rise to significant and avoidable cost or loss to the County.
- Abuse of power or authority for any unauthorized or hidden purpose.
- Unfair discrimination, coercion, harassment in the course of employment or provision of services.
- Any violation of Governance weaknesses.
- Possible irregularities or financial reporting Issues.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.



## Written Hazard Communication Program

### PURPOSE

The hazard communication program has been established for reference by the employees, patrons, and contractors of Grand Traverse County. This program will provide reference for chemical use on County properties. The goal is to ensure proper chemical identification, safety procedures for emergency response, and prevention of hazardous exposures.

### POLICY & PROCEDURE

#### Hazard Classification

Chemical manufacturers or importers shall evaluate chemicals they produced or imported to classify the chemicals in accordance with the revised Hazard Communication Standard.

Effective June 1, 2015 - For each chemical, the chemical manufacturer or importer shall determine the hazard classes, and where appropriate, the category of each class that apply to the chemical being classified. This information will be placed in the Material Safety Data Sheet/Safety Data Sheet (MSDS/SDS) and on the product label.

Grand Traverse County will rely on MSDS/SDSs obtained from product suppliers to determine which chemicals are classified as hazardous for employees.

#### Labeling

- A. The Department Head and/or the employee under the direction of the Department Head shall be responsible for seeing that all containers entering the workplace from a manufacturer, importer or distributor are properly labeled.
- B. All labels shall be checked for:

Current requirements	Requirements effective June 1, 2015
<ul style="list-style-type: none"><li>1. Identity of the material.</li><li>2. Appropriate hazard warning for the material.</li><li>3. Name and address of the responsible party. (Only if the container is received from the manufacturer, distributor, or importer.)</li></ul>	<ul style="list-style-type: none"><li>1. Product identifier;</li><li>2. Signal word;</li><li>3. Hazard statement(s);</li><li>4. Pictogram(s);</li><li>5. Precautionary statement(s); and,</li><li>6. Name, address, and telephone number of the chemical manufacturer, importer, or other responsible party.</li></ul>

- C. The Department Head and/or the employee under the direction of the Department Head shall be responsible for ensuring that all secondary containers used in their work area are labeled with the appropriate product identifier and provide employees with the specific information regarding the physical and health hazards of the hazardous chemical.
- D. The employer shall ensure that each container of hazardous chemicals in the workplace is labeled, tagged or marked with either (a) or (b) listed below:

- a. The information specified for labels on shipped containers; -- OR --
- b. Product identifier and words, pictures, symbols, or combination thereof, which provide at least general information regarding the hazards of the chemicals, and which, in conjunction with the other information immediately available to employees under the hazard communication program, will provide employees with the specific information regarding the physical and health hazards of the hazardous chemical.

## **List of Hazardous Chemicals**

A list of all hazardous chemicals used by Grand Traverse County is located in the Facilities Management Department. Further information regarding any of these chemicals can be obtained by reviewing its respective MSDS/SDS.

Materials which can be purchased by the ordinary household consumer, and which are used for the intended purpose and amount as by the ordinary household consumer, are not required to be included in this list. (It is suggested that you maintain a separate list of all materials you consider to be "consumer use" materials.)

## **Safety Data Sheets**

Effective June 1, 2015, chemical manufacturers or importers shall ensure that MSDS/SDSs for their products include the following sections, in order:

- Section 1, Identification;
- Section 2, Hazard(s) identification;
- Section 3, Composition/information on ingredients;
- Section 4, First-aid measures;
- Section 5, Fire-fighting measures;
- Section 6, Accidental release measures;
- Section 7, Handling and storage;
- Section 8, Exposure controls/personal protection;
- Section 9, Physical and chemical properties;
- Section 10, Stability and reactivity;
- Section 11, Toxicological information;
- Section 12, Ecological information;
- Section 13, Disposal considerations;
- Section 14, Transport information;
- Section 15, Regulatory information; and
- Section 16, Other information, including date of preparation or last revision.

A. Facilities Management Director will be responsible for compiling and maintaining the master MSDS/SDS file for Grand Traverse County. The file will be located at the Facilities Management Department.

B. Additional copies of MSDS/SDSs for employee use are located in each County facility, as indicated below:

- Civic Center - Pool office
- COA Garage – By the bathroom
- DPW Shop – Employee office area
- Facilities Shop – Wood shop



- Front Street Building – Lower level break room
- Governmental Center – Lower level, near cafeteria
- Hall of Justice – Lower level, across from vending machines
- Health Services Building – Reproductive Health lab
- Historical Courthouse – First floor hallway
- Jail – Hallway, between Intake and Shift Commanders Office
- Law Enforcement Center – Lower level hallway
- Prosecutor's Office - Kitchen Area
- Public Services Building – South wall of break room
- Senior Center – Southeast wall of dining room
- Twin Lakes Conference Center – Gilbert lodge

C. MSDS/SDSs will be available for review to all employees during each work shift. Copies will be available upon request to the Department Head or Supervisor. Posters notifying employees when new or revised MSDS/SDSs are received will be located in the same locations.

D. The individual responsible for maintaining MSDS/SDSs at each County facility is indicated below.

Facilities Management Director:

- Facilities Shop
- Governmental Center
- Hall of Justice
- Historical Courthouse
- Jail
- Law Enforcement Center

Parks and Recreation Director:

- Civic Center
- Twin Lakes Conference Center

Prosecuting Attorney Office Manager:

- Prosecutor's Office

Safety Coordinator:

- Health Services Building

Program Supervisor (Commission on Aging (COA)):

- COA Garage
- Front Street Building
- Senior Center

Department of Public Works (DPW) Manager:

- DPW Shop

Director of Environmental Health and Animal Control:

- Public Services Building

E. If a required MSDS/SDS is not received, the Department Head and/or the employee under the direction of the Department Head shall contact the supplier, in writing, to request the MSDS/SDS. If an MSDS/SDS is not received after two such requests, the Department Head and/or the employee under the direction of the Department Head, shall contact the MIOSHA's Construction Safety and Health Division at (517)322-1856 or General Industry Safety and Health Division (GISHD) at (517)322-1831, for assistance in obtaining the MSDS/SDS.

## Employee Information and Training

- A. Human Resources shall provide training on hazardous chemicals (GHS) to all new employees during their new employee orientation. Human Resources will maintain records of all employee training.
- B. The Department Head and/or the employee under the direction of the Department Head shall provide employees with information and training on hazardous chemicals in their work area at the time of their initial assignment and whenever a new hazard is introduced into their work area.
- C. Before their initial work assignment, each new employee will receive hazard communication training. This will include the following:

### Information

- The requirements of the MIOSHA Hazard Communication Standard.
- All operations in their work area where hazardous chemicals are present.
- Location and availability of the written hazard communication program, the list of hazardous chemicals, and the MSDS/SDS.
- The employer is prohibited from discharging, or discriminating against, an employee who exercises his/her rights to obtain information regarding hazardous chemicals used in the workplace.
- As an alternative to requesting an MSDS/SDS from the employer, the employee can seek assistance from the MIOSHA Construction Safety and Health Division, at (517)322-1856, or the MIOSHA General Industry Safety and Health Division at (517)322-1831, to obtain the desired MSDS/SDS. A sign or MIOSHA poster will be posted with the address and telephone number of the MIOSHA Divisions responsible for such requests.

### Training

- Methods and observations that can be used to detect the presence or release of hazardous chemicals in the work area;
  - The physical, health, simple asphyxiation, combustible dust and pyrophoric gas hazards, as well as hazards not otherwise classified, of the chemicals in the work area;
  - Measures the employees should take to protect themselves from these hazards;
  - Details of the hazard communication program - including an explanation of the new label elements [product identifier; signal word; hazard statement(s); pictogram(s); and, precautionary statement(s)] on shipped containers and the workplace labeling system used by their employer; the new SDS format/sections; and,
  - How employees can obtain and use hazard information.
  - Equipment sizing and instruction on usage requirements.
- D. Before any new physical or health hazard is introduced into the workplace, each employee who may be exposed to the substance will be given information in the same manner as during the hazard communication training.

### Hazardous Non-routine Tasks

- A. Occasionally, employees are required to perform non-routine tasks (i.e., clean reactor vessels, enter confined spaces, etc.). Prior to starting work in such areas, each employee will be given

information from their Department Head and/or the employee under the direction of the Department Head, about the hazards of the area or procedure. This information will include:

1. Specific chemical hazards.
2. Protection/safety measures the employee can take to lessen risks of performing the task.
3. Measures the company has taken to eliminate or control the hazard, including:
  - a. Air monitoring.
  - b. Ventilation requirement.
  - c. Use of respirators.
  - d. Use of attendants to observe procedures, and emergency procedures.

B. It is the policy of Grand Traverse County that no employee will begin performance of a non-routine task without first receiving appropriate health and safety training.

C. Hazardous non-routine tasks we have at Grand Traverse County include, but are not limited to: confined spaces, air handlers.

## **Contractors**

A. The County shall inform contractors performing work on site of the following:

1. Identification of hazardous chemicals they may encounter or which are stored in the immediate work area.
2. Measures the employee can take to control or eliminate exposure to the hazardous chemical.
3. The container and pipe labeling system used on-site.
4. Where applicable MSDS/SDSs can be reviewed or obtained.

B. Periodically, our employees may potentially be exposed to hazardous chemicals brought on our site by a contractor. When this occurs, such contractors will be required to provide the County with:

1. Identification of hazardous Chemicals County employees may encounter or be exposed to prior to and during the scheduled project.
2. Measures County employees can take to control or eliminate exposure to the hazardous chemicals.
3. MSDS/SDSs prior to any chemical usage. The Department Head working with the Contractor shall be responsible for obtaining this information prior to any services being performed by the Contractor.

*Note: safety signage shall be posted at all job sites*

Pipes and Piping Systems Information on the hazardous contents of pipes and piping systems will be identified by the label with contents of the pipe. Natural gas, steam, and compressed air lines (with pressures exceeding 25 psig) must be identified in all industrial facilities.

ANSI A13.1-1981 recommends the following colorations:

Red:	Danger – High voltage
Yellow:	Caution – Reactive
Blue:	Caution – Health Hazard

*This policy has been modeled after the Suggested Written Hazard Communication Policy provided by MIOSHA.*

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.

Adopted October 31, 2012 Amended July 2014 --- Revisions to policy due to new code system (GHS)

Chris Cramer <[ccramer@grandtraverse.org](mailto:ccramer@grandtraverse.org)>

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**Fwd: FYI regarding Area Agency on Aging**

1 message

**Robert Hentschel** <[rhentschel@grandtraverse.org](mailto:rhentschel@grandtraverse.org)>

Fri, Jun 28, 2019 at 12:56 PM

To: Chris Cramer <[ccramer@grandtraverse.org](mailto:ccramer@grandtraverse.org)>Cc: Nathan Alger <[nalger@grandtraverse.org](mailto:nalger@grandtraverse.org)>, Christopher Forsyth <[cforsyth@grandtraverse.org](mailto:cforsyth@grandtraverse.org)>

Chris,

Please add this email to the packet and an agenda item for discussion.

-Rob

----- Forwarded message -----

From: **Betsy Coffia** <[bcoffia@grandtraverse.org](mailto:bcoffia@grandtraverse.org)>

Date: Fri, Jun 28, 2019 at 12:41 PM

Subject: FYI regarding Area Agency on Aging

To: Kit Tholen <[ktholen@grandtraverse.org](mailto:ktholen@grandtraverse.org)>, Robert Hentschel <[rhentschel@grandtraverse.org](mailto:rhentschel@grandtraverse.org)>

----- Forwarded message -----

From: **Betsy Coffia** <[bcoffia@grandtraverse.org](mailto:bcoffia@grandtraverse.org)>

Date: Thu, Jun 27, 2019 at 3:41 PM

Subject: Re: Greetings and time to meet?

To: Heidi Gustine <[GustineH@aaanm.org](mailto:GustineH@aaanm.org)>

Good afternoon, Heidi.

I have continued to reflect since speaking with our Board of Commissioners civil counsel to ask for guidance (he stated there was no clear hard and fast answer) and since contacting Bob Schlueter to let him know I thought I should step down from the board. As you perhaps know, Bob encouraged me to reconsider stepping down. Since that conversation, however, I continue to feel uneasy about appearance of impropriety should I serve on the AAA board while my husband works for your agency.

I've decided to stick with my initial instincts.

Please consider this my official resignation. I respect and appreciate the work your agency does on behalf of seniors in our region. Thank you.

Sincerely,

Betsy Coffia

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**NORTHWESTERN REGIONAL AIRPORT COMMISSION  
CHERRY CAPITAL AIRPORT  
AIRPORT GOVERNANCE ADVISORY COMMITTEE**

**2019 CALENDAR OF MEETINGS**

All meetings on the last Tuesday of the month at 12:00 p.m. unless otherwise noted.

April 30, 2019 (5 <sup>th</sup> Tuesday)	12:00 p.m.
May 28, 2019	12:00 p.m.
June 25, 2019	12:00 p.m.
July 30, 2019 (5 <sup>th</sup> Tuesday)	12:00 p.m.
August 20, 2019 (3 <sup>rd</sup> Tuesday)	12:00 p.m.
September 24, 2019	12:00 p.m.
October 29, 2019 (5 <sup>th</sup> Tuesday)	12:00 p.m.
November 19, 2019 (3 <sup>rd</sup> Tuesday)	12:00 p.m.
December 17, 2019 (3 <sup>rd</sup> Tuesday)	12:00 p.m.



## Regular Board Meeting Dates for January, 2019 – January, 2020

*Revised and Approved on June 26, 2019*

<b><i>Date</i></b>	<b><i>Location</i></b>	<b><i>Time</i></b>
January 30, 2019*	BATA Hall St. Transfer Station	9:00 am
February 27, 2019	BATA Hall St. Transfer Station	Noon
March 27, 2019	BATA Hall St. Transfer Station	Noon
April 24, 2019	BATA Hall St. Transfer Station	5:30 pm
May 29, 2019	Leelanau Co. Government Ctr	Noon
June 26, 2019	BATA Hall St. Transfer Station	Noon
July 2019	no regular meeting	N/A
August 14, 2019	BATA Hall St. Transfer Station	9:00 am
September 25, 2019	BATA Hall St. Transfer Station	9:00 am
October 30, 2019	BATA Hall St. Transfer Station	9:00 am
November 27, 2019	BATA Hall St. Transfer Station	9:00 am
December 2019	no regular meeting	N/A
January 29, 2020*	BATA Hall St. Transfer Station	9:00 am

\* Annual organizational meeting

BATA Hall St. Transfer Station  
115 Hall Street  
Traverse City, Michigan  
Conference Room

Leelanau County Government Center  
8527 E. Government Center Dr.  
Suttons Bay, Michigan  
Lower Level-Community Room