

County Health and Human Services Boards, State appointed position.

The Director of the Michigan Department of Health and Human Services (MDHHS) is seeking to appoint members of the county Health and Human Services (DHHS) boards with terms starting October 1, 2021 and ending September 30, 2024.

Background:

County MDHHS boards consist of three members, two appointed by the county board of commissioners and a third appointed by the Director of the MDHHS to three-year terms. The members select the MDHHS Board Chairperson at the first meeting after the appointment of a new member and can be either a County appointment member or State appointment member. Board members must reside in the county in which (s)he is applying and must not hold an elective office, including precinct delegate.

The board as part of the county MDHHS office, collaborates with the state MDHHS to address the needs of the people of the county, focusing on removing social disabilities and barriers and restoring individuals to self-support, and to normal conditions of life.

Specific powers and duties include:

- Supervision and responsibility for administration of the county infirmary and county medical care facility.
- Annual reviews of human service programs operating within the county.
- Development of policy and supervision of the administration of health and human services programs authorized by the board of commissioners or financed solely from county funds.
- Development and administration of employment programs and work training projects complementary to and not in conflict with state programs.
- Review and submit recommendations on service contracts entered into by the county MDHHS and public and private agencies within the county.
- Act as an agent for the county board of commissioners in development of coordinated approaches to delivery of services between the MDHHS and public and private social agencies within the county.
- Represent the county board of commissioners in all negotiations with the county MDHHS.
- Make recommendations to the Michigan County Social Services Association on annual departmental appropriations, priorities for utilization of Title XX funds, eligibility standards for general public relief and burial, employment programs, work training programs and other related issues.
- Review qualifications and interview candidates for county director positions and conduct annual performance review of the county director.

Salary: Salary and necessary travel and other expenses for the Health and Human Services Board Members are set by the county board of commissioners.



County Board Member Application

Full Name: _____ Last 4 digits Social Security Number: _____
First Middle Last

Driver's License #:* _____ Date of Birth* _____
* Required for background checks only.

Home Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____ Email: _____

Business Name: _____ Title: _____
Business Address: _____
City: _____ State: _____ Zip Code: _____
Business Phone: _____ Business Cell: _____ Email: _____

Are you a U.S. Citizen? Yes [] No [] I am a permanent resident of _____ County.

What is your political affiliation? _____

Please list all elected offices that you have held or are currently holding (including precinct delegate):

Note: The Social Welfare Law prohibits a board member from holding an elective office.

Do you have any previous government appointments? If so, please describe. Yes [] No []

Do you hold any professional licenses? Yes No If yes, please include type and license number(s).

Type: _____ License Number: _____

Type: _____ License Number: _____

Type: _____ License Number: _____

List any contractual or commercial transactions (personal or professional) that you are involved in with the State of Michigan.

List your experiences in Health and Human Services, including volunteer services, work related experience, board memberships, committees, task forces, etc.

Briefly describe your thoughts regarding government's role in providing Health and Human Services, including financial assistance and social services support.

Please provide any information that you feel might be a possible conflict with your responsibilities as a Board Member and/or could have a negative impact on the department.

Have you ever been publicly identified, in person or by organizational membership, with a particularly controversial national or local issue? If yes, please explain? Yes No

Have you ever been cited for a breach of ethics for unprofessional conduct, or been named in a complaint to any court, administrative agency, professional association, disciplinary committee, or other professional group? If yes, please provide details. Yes No

Have you ever been convicted of, or entered a plea of guilty or nolo contendere or forfeited collateral for any criminal violation other than a minor traffic offense? (Minor traffic offenses do not include the Michigan offenses of operating under the influence of alcohol, operating while impaired, reckless driving or the equivalent offenses in other states.) If yes, please explain. Yes No

Are you now under charges for any violation of law? If yes, please provide details. Yes No

Why do you want to serve on the _____ County MDHHS Board?

Additional comments you wish to share. (Use additional sheets, if necessary.)

CERTIFICATION AND CONSENT FOR BACKGROUND CHECK

I, _____(please print name), certify that all statements and representations provided in this statement and on accompanying materials and resume are, to the best of my knowledge, true and accurate and the release of information by my employer(s), schools, law enforcement agencies, and other individuals and organizations. I authorize the Michigan Department of Health and Human Services to investigate, at its discretion, my past record of employment. I further freely give my complete authorization for the Michigan Department of Health and Human Services to make such further investigations as it deems proper with respect to my experience, reputation, integrity, discretion and character and to verify in any way such information received in the course of their investigation.

I consent to the use of the information provided below to conduct a background search, including the use of my social security number to access existing criminal records and other publicly available information.

Signature

Date

Please return this form to:
Michigan Department of Health and Human Services
Sr. Deputy Director's Office
235 S. Grand Ave. Suite 1415
Lansing, MI 48909
or email
harkinsc@michigan.gov