BOARD OF HEALTH
REGULAR MEETING

At
Mid-Michigan District Health Department
Clinton County Branch Office
Saint Johns, Michigan

Wednesday, November 22, 2017
9:00 AM

AGENDA

We take action to assure the health and well being of our community and the environment by responding to public health needs and providing a broad spectrum of prevention and educational services.

Pledge of Allegiance

A. AGENDA NOTES, REVIEW, AND REVISIONS:

1.

B. CONSENT ITEMS:

1. Meeting Minutes – Included.

   a. Michigan Association for Local Public Health (MALPH) Board of Directors Meeting held October 3, 2017

   b. Mid-Michigan District Board of Health (BOH) Regular Meeting held October 25, 2017

   c. 

2. Communications

   a. Letter dated October 26, 2017 to Board of Public Health from Ali N. Barnes, CPA, Yeo & Yeo, P.C. regarding tax engagement services for FY 16/17 – Included.

   b. Letter dated October 26, 2017 to Board of Public Health from Ali N. Barnes, CPA, Yeo & Yeo, P.C. regarding confirmation of audit services for FY 16/17 – Included.

PLEASE NOTE CHANGE IN TIME

d.

C. PUBLIC COMMENTS:

D. BRANCH OFFICE EMPLOYEES:

E. COMMITTEE REPORTS:

1. Finance Committee – Tom Lindeman, Chair
   a. Mid-Michigan District Health Department’s (MMDHD) Expenses for October 14 through November 10, 2017 – Included.
   d. MMDHD’s Monthly Balance Sheet, Revenue and Expenditure Report for October 2017 – Delayed due to year-end closing.
   e. MMDHD Postage Update – Included.
   f. Associated Agreement for Epidemiologist Services with Central Michigan District Health Department (CMDHD) – Included.

2. Personnel Committee – Betty Kellenberger, Chair

3. Program Committee – Bruce DeLong, Chair

4. Mid-Central Coordinating Committee – Tom Lindeman, Vice Chair

F. MEDICAL DIRECTOR’S REPORT: Jennifer E. Morse, M.D. – Included.

1. Pertussis (Whooping Cough)

2.

G. HEALTH OFFICER’S REPORT: Mark W. (Marcus) Cheatham, Ph.D.

1. Recap of District-Wide In-Service, Friday, November 3, 2017

2. BOH Holiday Luncheon, December 20, 2017, 11:45 a.m. in Ithaca

3. Update on Food Program

4.
H. OLD BUSINESS:

1. MMDHD Strategic Plan 2017-2019, Ross Pope, Quality Improvement Coordinator – Included.

2.

I. NEW BUSINESS:

1. Emory University, PBB Study Recruitment - December 8-9, 2017, Gratiot Branch Office (GBO)

2. Emerging Issues
   a. Hepatitis A
   b. Per-and Polyfluoroalkyl Substances (PFAS)
   c. Edmore Cleaners Vapor Intrusion
   d.

3.

J. LEGISLATIVE ACTION:

1. Legislative Update – Included.

K. INFORMATIONAL ITEMS: Included.

1. Mid-Michigan District BOH Action Items, October 2017

2. Staffing and Longevity Report

L. RELATED NEWS ARTICLES AND LINKS:

1. MMDHD News Articles Available Online at: http://www.mmdhd.org/?q=node/127

3.

M. AGENCY NEWSLETTERS:

1. "Inside MMDHD", Health Enhancement Committee (HEC), September 2017 - Included.
## Board of Health Synopsis of Actions Needed

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I. **Call to Order**

The meeting was called to order at 12:05pm by Annette Mercatante, President.

II. **Roll Call**

A quorum was present. 

*Jurisdictions Represented:* Allegan [Angelique Joynes], Bay [Joel Strasz], Berrien [Nicole Britten], Branch-Hillsdale-St. Joseph [Rebecca Burns], Calhoun [Eric Pessell], Central Michigan [Steve Hall], Delta-Menominee [Mike Snyder], District 2 [Denise Bryan], District 10 [Kevin Hughes], District 4 [Denise Bryan], Grand Traverse [Wendy Hirschenberger], Ingham [Linda Vail], Ionia [Ken Bowen], Jackson [Richard Thoune], Lapeer [Kathy Haskins], Lenawee [Martha Hall], Luce-Mackinaw-Alger-Schoolcraft [Nick Derusha], Macomb [Bill Ridella], Marquette [Jerry Messana], Midland [Mike Krecek], Mid-Michigan [Marcus Cheatham, Dwight Washington], Monroe [Kim Comerzan], Ottawa [Lisa Stefanovsky], Sanilac [Bryant Wilke], St. Clair [Annette Mercatante], Washtenaw [Ellen Rabinowitz], Western UP [Kate Beer].

*Others Present:* Management Information Systems Forum, [Keith Mangold], Nurse Administrators Forum, [Deidre Reed], MDARD, [Sean Dunleavy], MDHHS, [Orlando Todd], [Mark Miller], Independent Contractor

*Staff:* Meghan Swain

III. **Approve Agenda**

Motion by M. Krecek, support by B. Ridella to approve the agenda. Motion carried.

IV. **Approve Meeting Minutes**

Motion by J. Messana, support by D. Bryan to approve the September 11, 2017 minutes. Motion carried.

V. **Reports of Officers/Staff/Forums**

**President**

M. Cheatham provided final remarks as the outgoing president, citing that MALPH is growing and there is a lot of opportunity for local public health moving forward.

A. Mercatante was welcomed as the new president of MALPH. She stated that she appreciates the talent and capacity of local public health and believes that the Public Health Code can strengthen us.
Secretary/Treasurer
N. Derusha provided financial report. Everything continues to remain on target. Dues notices have been sent, and staff will be following up with those who have not paid to date. Motion by W. Hirschenberger, support by S. Hall to accept the financial statements.

Executive Director
M. Swain provided an update on Michigan Premier Public Health Conference with 325 registered attendees and still accepting registrations. She reminded members of the lead survey that B. Ridella sent. She also discussed the Public Health Advisory Commission, that some, if not all, PHAC members were invited to re-apply for another term. However, it has been opened up to others to apply through the governor’s appointment office.

Lobbyist
No report was given at this time.

Forum Reports
No reports were given at this time.

VI. Open Discussion Regarding Opioids and Public Health Response
Members exchanged information and ideas on how they are addressing the opioid issue locally. Discussion included: using data and surveillance, connecting with medical examiners, prescribing practices, need good overdose/ER data or EMS, Narcan training and distribution, identifying mental health partners, working with Pre-Paid Health Insurance Plans, needle exchanges, “Hope Not Handcuffs”, peer counseling, trauma informed care (ACES), Botvin LifeSkills (middle/high school curriculums), MIHP (mothers).

VII. Reports from State Departments
Department of Agriculture and Rural Development (MDARD)
S. Dunleavy reported that they are still looking for participants of the MDARD communications training for the St. Ignace location. A survey has been sent regarding the fair inspection program. He reported that the Food Safety Modernization Act passed out of committee. He also shared that vending fees are being reviewed and may be tied to Consumer Price Index.

Department of Environmental Quality (MDEQ)
No report was given at this time.

Department of Health and Human Services (MDHHS)
O. Todd reported that he has a meeting scheduled between MDHHS and LARA to discuss foster care inspections, camps, and payments. He has also been working on the coordinated care issue. They will meet with the health plans, specifically Meridian (as the largest health plan) to address further. He discussed a meeting with MDEQ regarding their medical waste
inspection pilot program. There is discussion about expanding the program statewide. He reported that they will continue with Public Health Law training and want to hear from members on topics for Public Health Law 2.0. MDHHS did submit a proposal to the budget office regarding opioids to be combined with mental health but local health departments would be recognized as the convener.

VIII. Public Comment/Announcements
M. Miller discussed the training project he is going to begin assembling as part of a Cross Jurisdictional Sharing grant. He is seeking enhanced training for public health administrators. He will be reviewing previously completed training surveys. He will also research trainings from MPHI, NACCHO, ASTHO, etc. He will be doing some focus groups work. He was given information that maybe helpful from some of the work completed in Southwest Michigan as well.

With M. Krecek’s retirement, a replacement is needed for the lead copper stakeholder’s group.

IX. Adjournment
The meeting adjourned at 2:02 pm.
BOARD OF HEALTH
REGULAR MEETING

at
Mid-Michigan District Health Department
Montcalm County Administrative Offices
Stanton, Michigan

Conference Room A

Wednesday, October 25, 2017, 10:00 a.m.

MINUTES

We take action to assure the health and well being of our community and the environment
by responding to public health needs and providing a broad spectrum
of prevention and educational services.

Members Present: Tom Lindeman, Sam Smith (arrived at 10:05 a.m.), Dwight Washington (arrived at
10:09 a.m.), George Bailey, Betty Kellenberger, and Bruce DeLong, Chairperson

Members Absent: None

Staff Present: Mark W. (Marcus) Cheatham, Ph.D., Health Officer; Melissa Bowerman, Director of
Administrative Services; Cynthia M. Partlo, Board Secretary; and Liz Braddock, Director of
Environmental Health (EH)

Staff Absent: Jennifer E. Morse, M.D., Medical Director

Guests: Tracey Larabel, Accounting Clerk II

B. DeLong, Chairperson called the Regular Meeting of the Mid-Michigan District Board of Health (BOH) to
order at 10:02 a.m., on Wednesday, October 25, 2017, at the Montcalm County Administrative Offices of the
Mid-Michigan District Health Department (MMDHD), Stanton, Michigan.

Pledge of Allegiance was led by B. DeLong.
A. AGENDA NOTES, REVIEW, AND REVISIONS:


Motion made by T. Lindeman and seconded by G. Bailey to approve the Agenda as amended. Motion carried.

B. CONSENT ITEMS:

1. Meeting Minutes
   a. Michigan Association for Local Public Health (MALPH) Board of Directors Meeting held September 11, 2017
   b. Mid-Michigan District Board of Health Regular Meeting held September 27, 2017

Motion made by B. Kellenberger to accept and place on file meeting minutes B. 1. a. and b. Motion seconded by T. Lindeman. Motion carried.

2. Communications – None.

C. PUBLIC COMMENTS: None.

D. BRANCH OFFICE EMPLOYEES: M. Cheatham introduced Tracey Larabel, Accounting Clerk II and mentioned that she is doing the billing for the agency. Liz Braddock was introduced as the EH Director.

E. COMMITTEE REPORTS:

1. Finance Committee – Tom Lindeman, Chair
   a. Mid-Michigan District Health Department's Expenses for September 16 through October 13, 2017

   Motion made by T. Lindeman to pay the Mid-Michigan District Health Department’s Expenses for September 16 through October 13, 2017, totaling $560,005.51. Motion seconded by G. Bailey. Motion carried.

   b. Mid-Michigan District Health Department’s Monthly Balance Sheet, Revenue and Expenditure Report for September 2017

   T. Lindeman stated that the Monthly Balance Sheet, Revenue and Expenditure Report for September 2017 were delayed due to year-end closing.

   c. Montcalm County Reduction to Appropriation

   M. Cheatham said that there was no handout because Montcalm County agreed to pay their full appropriation, including the increase.
2. Personnel Committee – Betty Kellenberger, Chair

   B. Kellenberger stated that the Teamsters Local 214 Contract has been signed.

3. Program Committee – Bruce DeLong, Chair – No report.

4. Mid-Central Coordinating Committee – Tom Lindeman, Vice Chair – No report.

F. MEDICAL DIRECTOR’S REPORT: Jennifer E. Morse, M.D. (presented by M. Cheatham in her absence)

   1. Harm Reduction

   M. Cheatham reviewed Dr. Morse’s report on harm reduction, indicating that the Central Michigan District Health Department received a grant to explore a syringe service program (SSP). He explained that those who use the program tend to be ready to quit using and seek assistance. B. Kellenberger expressed concern regarding Hepatitis outbreaks and mentioned that an SSP could help control outbreaks. He stated that he expects Hepatitis to spread throughout Michigan in the future as there is currently an outbreak in southeast Michigan. S. Smith asked if M. Cheatham had data regarding how many have been tested for Hepatitis C. M. Cheatham indicated that he could obtain that information for him.

   Dr. Morse recommended the following be adopted as the BOH Monthly Healthy Living Recommendation for November:

   1. Recognize the effects of injection drug use on the transmission of infectious diseases.
   2. Learn the science behind the efficacy of syringe service programs, as well as the cost-effectiveness and other benefits
   3. Understand the unique risks faced by rural Northern Michigan, due to high rates of opioid addiction, lack of access to sterile injection supplies, and lack of access to drug treatment and medical care.

   Motion made by G. Bailey and seconded by T. Lindeman to adopt the monthly BOH recommendation for November as proposed and accept and place the Medical Director’s Report on file. Motion carried.

G. HEALTH OFFICER’S REPORT: Mark W. (Marcus) Cheatham, Health Officer, Ph.D.

   1. FY 16/17 Fourth Quarter (July 1, 2017-September 30, 2017) Client Satisfaction Survey

   M. Cheatham reviewed the Client Satisfaction Survey data for the fourth quarter of FY 16/17 indicating that the results and comments were positive; similar to prior reports. He indicated that there has been a downward trend in the number of completed surveys that will be addressed in the agency’s Strategic Plan. The BOH discussed EH surveys and how best to incorporate comments from EH clients. D. Washington recommended that suggestions offered by the BOH regarding capturing EH feedback and incorporating it into the Client Satisfaction Survey be passed along to the marketing committee to analyze.

M. Cheatham reviewed the FY 16/17 Quarterly Service Report for the fourth quarter stating that this was the first report incorporating data from Patagonia and Hedgehog software programs. He noted that CHED Programs continue their downward trend due to Medicaid expansion. The fluoride varnish numbers were up from last year due to changes made in that program.

In EH, the on-site sewage disposal and water programs were exceeding goals for the fiscal year. He indicated that Montcalm County was mostly responsible for the increased activity.

3. Grant Update

M. Cheatham reviewed the Grant Update indicating that Gratiot County received a Drug-Free Communities’ (DFC) grant. He mentioned that the agency would be receiving $5,000 to assist with the grant. Additionally, MMDHD is the fiduciary for the Clinton County DFC grant that was renewed again for $68,000 with continuation funding in the amount of $13,500. Montcalm has the YOU Think and Montcalm Prevention Collaborative grants for seven years.

In Montcalm County, the recycling grant was renewed. Additionally, $25,000 was being awarded for Family Planning Title X to increase caseload with an extra $5,000 available to specifically target males. He indicated that the agency was considering entering into a partnership with Shiawassee County to provide Family Planning services as they currently do not have a program. This effort would also help to boost our caseload in the program.

In addition, he said that the agency’s Cross-Jurisdictional Sharing grant for medical direction was recently renewed in the amount of $52,000. The agency was the fiduciary for this grant and will continue with a shift in the project focus to identify gaps in training for senior personnel.

H. OLD BUSINESS:

1. Recap of Annual Commissioner Forum, Thursday, September 28, 2017

The BOH provided feedback about the forum indicating that the focus gravitated to solutions for septic system repairs and the possibility of a district-wide ordinance. G. Bailey added that it is important that something be done for those that cannot afford to repair their septic systems. He was hoping that the State would develop a program. M. Cheatham surmised that the attitude regarding failed septic systems has shifted in the district. S. Smith commented that Shiawassee County has a time of sale ordinance that requires the septic system be brought current before property can be sold.

2. Recap of Michigan’s Premier Public Health Conference, October 3-5, 2017, Mackinac Island

D. Washington mentioned that there were varying topics presented at the Michigan’s Premier Public Health Conference, along with how to make public health more proactive. T. Lindeman added that he was troubled by an increase in the amount of leaders retiring from public health. M. Cheatham commented that he attended a session regarding an evaluation of a community health worker program, indicating that strong, positive results were evident from the program. D. Washington added that there were positive comments regarding M. Cheatham’s presentation on PBB and the registry.
3. Parking at Clinton Branch Office (CBO)

M. Cheatham provided an update regarding parking at the CBO stating that Clinton County added additional spaces. He thanked Clinton County for creating those much-needed parking spaces.

I. NEW BUSINESS:

1. Possible Time Change for BOH Regular Meeting

M. Cheatham mentioned that S. Smith has an ongoing conflict with the time of the BOH Regular Meeting. After discussion, it was proposed that the Finance Committee begin at 8:30 a.m. with the regular meeting starting at 9 a.m. (except for the December meeting). If needed, the Finance Committee could start their meeting at 8 a.m. For December’s meeting, the Finance Committee would begin at 9:30 a.m. and the Regular Meeting at 10:00 a.m.

Motion made by G. Bailey to change the time of the Finance Committee meetings to 8:30 a.m., with longer meetings beginning at 8 a.m. (except for the December meeting); and regular meetings beginning at 9 a.m. effective immediately. Motion carried.

2. FY 17/18 MMDHD Organizational Charts

M. Cheatham indicated that the MMDHD Organizational Charts have been updated to include the additional supervisor and EH Specialist III in the Environmental Health Division, as well as a change in the reporting structure where the new EH Supervisor manages the support staff and the existing Supervisor manages the EH Specialists. M. Bowerman suggested a proposed change to the agency’s Organizational Charts to remove the Medical Director from the CHED Organizational Chart because she was already on the Health Officer/BOH chart. M. Cheatham said that the Organizational Charts needed to be approved by the BOH for FY 17/18.

Motion made by S. Smith and seconded by G. Bailey to approve the MMDHD’s Organizational Charts for FY 17/18 as amended. Motion carried.

3. Emerging Issues – None.

4. BOH Christmas Luncheon, December 20, 2017, Ithaca

M. Bowerman provided background regarding the BOH Christmas luncheon indicating that there was a minimum of 15 for the caterer to deliver, which has not been met in the past – even with inviting spouses. She suggested inviting past BOH members to the Christmas luncheon. After discussion, the BOH said they were okay with the idea. M. Bowerman summarized that she would look into how far back to invite past BOH members. M. Cheatham reminded the Board to bring their spouses to the luncheon.

J. LEGISLATIVE ACTION: – None.

K. INFORMATIONAL ITEMS:

1. Mid-Michigan District Board of Health Action Items, September 2017
2. **Staffing Report**

M. Cheatham briefly reviewed the Staffing Report.

**L. RELATED NEWS ARTICLES AND LINKS:**

1. MMDHD News Articles Available Online at [http://www.mmdhd.org/?q=node/126](http://www.mmdhd.org/?q=node/126)

**M. AGENCY NEWSLETTERS:**

D. Washington commented that he obtained information from the Michigan Department of Health and Human Services (MDHHS) regarding a program called Designing Healthy Environments at Work that gets staff involved in healthy activities. He said it seemed like a good way for staff to model healthy living.

There being no further business to come before the Board, the meeting adjourned at 11:08 a.m.

Respectfully Submitted,

_Cynthia M. Partlo_, Board Secretary  
For Bruce DeLong, Chairperson  
Mid-Michigan District Board of Health
October 26, 2017

Management and the Board of Directors
Mid-Michigan District Health Department
615 North State Street, Suite 2
Stanton, MI 48888

This letter is to confirm and specify the terms of our engagement with Mid-Michigan District Health Department for the year ended September 30, 2017 and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare for the tax year noted above from information that you will furnish us your appropriate federal information return for exempt organizations. Should additional state charitable solicitation registration forms and state or local income tax returns be requested by you, they will be covered in an addendum to this engagement letter.

We may render such accounting and bookkeeping assistance as determined to be necessary for preparation of the indicated return. However, our work in connection with the preparation of the exempt organization returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. We will not audit or otherwise verify the data you submit, although it may be necessary to request clarification of some of the information.

We will perform the services in accordance with applicable professional standards, including the Statements on Standards for Tax Services issued by the American Institute of Certified Public Accountants.

Management is responsible for the proper recording of transactions in the books of accounts, for the safeguarding of assets, for the substantial accuracy of the financial records, and to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, canceled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You should carefully review the information returns we provide to you before you sign and file them because, under the law, you have the final responsibility for them. If your returns are to be electronically filed, you must provide us with the appropriate signed authorization forms before we can transmit your returns.

You acknowledge that as a condition of our agreement to prepare your tax returns, you agree to the best of your knowledge and belief to be truthful, accurate, and complete in the representations you make to us during the course of this engagement.

We will use professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible.

The federal filing deadline for the exempt organization information return is February 15, 2018. In the event your returns cannot be completed by their due date, often because information necessary to complete them is not available on a timely basis, it may become necessary to apply for an extension of time to file the returns. If an extension of time is required, any tax due with this return must be paid with that extension. Any amounts not paid by the filing deadline may be subject to interest and late payment penalties.
The law provides various penalties that may be imposed when taxpayers fail to file a complete and accurate return. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your return may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such governmental tax examination, we will be available, upon request, to represent you. This representation will be a separate engagement that we will discuss with you in advance and, where appropriate, we will render additional invoices for the time and expenses incurred.

Our price for this engagement is not contingent on the results of our service. Rather, our price for this engagement is included in the price quoted in the separate audit engagement letter dated October 26, 2017. The price is based on anticipated cooperation from your personnel and the assumption that unexpected circumstances will not be encountered during the work performed. If significant additional time is necessary, we will discuss it with you and arrive at a new price estimate before we incur the additional costs. Our invoices for these services are due and payable on presentation.

Our engagement will be complete upon delivery of the completed returns to you, or, if we are to e-file your returns, upon submission of those returns to the appropriate taxing authorities. Should you wish to engage us to prepare your federal information return for exempt organizations for any other year, and should we accept such engagement, such engagement will be a separate and new engagement, and will not be deemed to be a continuation of the services provided under this engagement. This engagement is also separate and distinct from services provided under any other engagement letter with you, such as audit and attest services.

This engagement letter does not cover the preparation of any financial statements. Any services related to the preparation of financial statements will be addressed in a separate engagement letter.

Any litigation arising out of this engagement, except actions by us to enforce payment of our professional invoices, must be filed within one year from the completion of the engagement, notwithstanding any statutory provision to the contrary. In the event of litigation brought against us, any judgment you obtain shall be limited in amount, and shall not exceed the amount of the price charged by us, and paid by you, for the services set forth in this engagement letter.

You acknowledge that we may collect personally identifiable information as part of the services that we are engaged to perform. We agree to indemnify you for any covered damages or claim expenses that may result from a data breach at Yeo & Yeo, P.C. as part of the terms of this contract.

We are required to obtain your written consent containing IRS mandated language before we can disclose your tax information to a third party, for example a bank, or use the information obtained in preparing your tax return for a non-tax purpose such as offering you information on our financial, consulting or computer services. Should you require that we provide your tax information to a third party, or if you would like us to use your information to provide non-tax services, please contact your Yeo & Yeo service representative and we will furnish you with a separate letter where you can provide the appropriate written consent.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if you would like our assistance with additional tax returns, or any other services, please contact us.
We appreciate this opportunity to work with you.

Sincerely,

Yeo & Yeo, P.C.
CPAs & Business Consultants

Accepted and Agreed:

________________________
Accepted by

________________________
Title
October 26, 2017

Board of Public Health
Mid-Michigan District Health Department
615 North State Street, Suite 2
Stanton, MI 48888

We are pleased to confirm our understanding of the services we are to provide Mid-Michigan District Health Department for the year ended September 30, 2017.

We will audit the financial statements of the governmental activities and each major fund, including the related notes to the financial statements, which collectively comprise the basic financial statements, of Mid-Michigan District Health Department as of and for the year ended September 30, 2017. Accounting standards generally accepted in the United States of America provide for certain required supplementary information (RSI), such as management’s discussion and analysis (MD&A), to supplement Mid-Michigan District Health Department’s basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. As part of our engagement, we will apply certain limited procedures to Mid-Michigan District Health Department’s RSI in accordance with auditing standards generally accepted in the United States of America. These limited procedures will consist of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management’s responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We will not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance. The following RSI is required by generally accepted accounting principles and will be subjected to certain limited procedures, but will not be audited:

1) Management’s discussion and analysis
2) Budgetary comparison schedules
3) Pension information
4) Other postemployment benefit (OPEB) information

We have also been engaged to report on supplementary information other than RSI that accompanies Mid-Michigan District Health Department’s financial statements. We will subject the following supplementary information to the auditing procedures applied in our audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America, and we will provide an opinion on it in relation to the financial statements as a whole, in a separate written report accompanying our auditors’ report on the financial statements:

1) Schedule of expenditures of federal awards
Audit Objectives

The objective of our audit is the expression of opinions as to whether your financial statements are fairly presented, in all material respects, in conformity with U.S. generally accepted accounting principles and to report on the fairness of the supplementary information referred to in the second paragraph when considered in relation to the financial statements as a whole. The objective also includes reporting on—

- Internal control over financial reporting and compliance with the provisions of laws, regulations, contracts, and award agreements, noncompliance with which could have a material effect on the financial statements in accordance with Government Auditing Standards.
- Internal control over compliance related to major programs and an opinion (or disclaimer of opinion) on compliance with federal statutes, regulations, and the terms and conditions of federal awards that could have a direct and material effect on each major program in accordance with the Single Audit Act Amendments of 1996 and Title 2 U.S. Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance).

The Government Auditing Standards report on internal control over financial reporting and on compliance and other matters will include a paragraph that states that (1) the purpose of the report is solely to describe the scope of testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the organization’s internal control or on compliance, (2) the report is an integral part of an audit performed in accordance with Government Auditing Standards in considering the Government’s internal control over financial reporting and compliance. The Uniform Guidance report on internal control over compliance will include a paragraph that states that the purpose of the report on internal control over compliance is solely to describe the scope of testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Both reports will state that the report is not suitable for any other purpose.

Our audit will be conducted in accordance with auditing standards generally accepted in the United States of America; the standards for financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States; the Single Audit Act Amendments of 1996; and the provisions of the Uniform Guidance, and will include tests of accounting records, a determination of major program(s) in accordance with the Uniform Guidance, and other procedures we consider necessary to enable us to express such opinions. We will issue written reports upon completion of our single audit. Our reports will be addressed to management and the Board of Public of Hearing of Mid-Michigan District Health Department. We cannot provide assurance that unmodified opinions will be expressed. Circumstances may arise in which it is necessary for us to modify our opinions or add emphasis-of-matter or other-matter paragraphs. If our opinions on the financial statements or the single audit compliance opinions are other than unmodified, we will discuss the reasons with management in advance. If, for any reason, we are unable to complete the audit or are unable to form or have not formed opinions, we may decline to express opinions or issue reports, or we may withdraw from this engagement.

Audit Procedures—General

An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements; therefore, our audit will involve judgment about the number of transactions to be examined and the areas to be tested. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements. We will plan and perform the audit to obtain reasonable rather than absolute assurance about whether the financial statements are free of material misstatement, whether from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the government or to acts by management or employees acting on behalf of the government. Because the determination of abuse is subjective, Government Auditing Standards do not expect auditors to provide reasonable assurance of detecting abuse.

Because of the inherent limitations of an audit, combined with the inherent limitations of internal control, and because we will not perform a detailed examination of all transactions, there is a risk that material misstatements
or noncompliance may exist and not be detected by us, even though the audit is properly planned and performed in accordance with U.S. generally accepted auditing standards and Government Auditing Standards. In addition, an audit is not designed to detect immaterial misstatements or violations of laws or governmental regulations that do not have a direct and material effect on the financial statements or on major programs. However, we will inform the appropriate level of management of any material errors, any fraudulent financial reporting, or misappropriation of assets that come to our attention. We will also inform the appropriate level of management of any violations of laws or governmental regulations that come to our attention, unless clearly inconsequential, and of any material abuse that comes to our attention. We will include such matters in the reports required for a single audit. Our responsibility as auditors is limited to the period covered by our audit and does not extend to any later periods for which we are not engaged as auditors.

Our procedures will include tests of documentary evidence supporting the transactions recorded in the accounts, and may include tests of the physical existence of inventories, and direct confirmation of receivables and certain other assets and liabilities by correspondence with selected individuals, funding sources, creditors, and financial institutions. We may also request written representations from the Organization’s attorneys as part of the engagement, and they may bill you for responding to this inquiry. At the conclusion of our audit, we will require certain written representations from you about your responsibilities for the financial statements; schedule of expenditures of federal awards; federal award programs; compliance with laws, regulations, contracts, and grant agreements; and other responsibilities required by generally accepted auditing standards.

Audit Procedures—Internal Control
Our audit will include obtaining an understanding of the government and its environment, including internal control, sufficient to assess the risks of material misstatement of the financial statements and to design the nature, timing, and extent of further audit procedures. Tests of controls may be performed to test the effectiveness of certain controls that we consider relevant to preventing and detecting errors and fraud that are material to the financial statements and to preventing and detecting misstatements resulting from illegal acts and other noncompliance matters that have a direct and material effect on the financial statements. Our tests, if performed, will be less in scope than would be necessary to render an opinion on internal control and, accordingly, no opinion will be expressed in our report on internal control issued pursuant to Government Auditing Standards.

As required by the Uniform Guidance, we will perform tests of controls over compliance to evaluate the effectiveness of the design and operation of controls that we consider relevant to preventing or detecting material noncompliance with compliance requirements applicable to each major federal award program. However, our tests will be less in scope than would be necessary to render an opinion on those controls and, accordingly, no opinion will be expressed in our report on internal control issued pursuant to the Uniform Guidance.

An audit is not designed to provide assurance on internal control or to identify significant deficiencies or material weaknesses. However, during the audit, we will communicate to management and those charged with governance internal control related matters that are required to be communicated under AICPA professional standards, Government Auditing Standards, and the Uniform Guidance.

Audit Procedures—Compliance
As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we will perform tests of Mid-Michigan District Health Department’s compliance with provisions of applicable laws, regulations, contracts and agreements, including grant agreements. However, the objective of those procedures will not be to provide an opinion on overall compliance and we will not express such an opinion in our report on compliance issued pursuant to Government Auditing Standards.

The Uniform Guidance requires that we also plan and perform the audit to obtain reasonable assurance about whether the auditee has complied with applicable federal statutes, regulations and the terms and conditions of federal awards applicable to major programs. Our procedures will consist of tests of transactions and other applicable procedures described in the OMB Compliance Supplement for the types of compliance requirements that could have a direct and material effect on each of the government’s major programs. The purpose of these
procedures will be to express an opinion on Mid-Michigan District Health Department’s compliance with requirements applicable to each of its major programs in our report on compliance issued pursuant to the Uniform Guidance.

Other Services
For the year ending September 30, 2017, we will also provide the following services, some of which are covered by separate engagement letters, which cover the terms of each separate engagement. These non-audit services do not constitute an audit under Government Auditing Standards and such services will not be conducted in accordance with Government Auditing Standards.

1) Assist in preparing the financial statements, related notes and supplementary financial information, in accordance with U.S. Generally Accepted Accounting Principles (U.S. GAAP)
2) Assist in preparing the entity-wide conversion
3) Assist in preparing the data collection form
4) Assist in preparing the Form 990
5) Assist in preparing the Schedule of Expenditures of Federal Awards
6) Prepare the net pension liability required supplementary schedules and additional MERS footnotes for the financial statements in compliance with GASB 68

We will perform the services in accordance with applicable professional standards. We, in our sole professional judgment, reserve the right to refuse to perform any procedure or take any action that could be construed as assuming management responsibilities.

Management Responsibilities
You agree to assume all management responsibilities relating to the financial statements, schedule of expenditures of federal awards, related notes, required supplementary information, other supplementary information, the non-audit services listed above, and any other non-audit services we provide. You will be required to acknowledge in the management representation letter our assistance with preparation of the financial statements, supplementary information, schedule of expenditures of federal awards, and related notes, and that you have reviewed and approved the financial statements, schedule of expenditures of federal awards, and related notes prior to their issuance and have accepted responsibility for them. Further, you agree to oversee the non-audit services by designating one or more individuals, preferably from senior management, with suitable skill, knowledge, or experience; evaluate the adequacy and results of those services; and accept responsibility for them.

Management is responsible for (1) establishing and maintaining effective internal controls, including internal controls over federal awards, and for evaluating and monitoring ongoing activities, to help ensure that appropriate goals and objectives are met; (2) following laws and regulations; (3) ensuring that there is reasonable assurance that government programs are administered in compliance with compliance requirements; and (4) ensuring that management is reliable and financial information is reliable and properly reported. Management is also responsible for implementing systems designed to achieve compliance with applicable laws, regulations, contracts, and grant agreements. You are also responsible for the selection and application of accounting principles; for the preparation and fair presentation of the financial statements, schedule of expenditures of federal awards, and all accompanying information in conformity with U.S. generally accepted accounting principles; and for compliance with applicable laws and regulations (including federal statutes) and the provisions of contracts and grant agreements (including award agreements).

Management is also responsible for making all financial records and related information available to us and for the accuracy and completeness of that information. You are also responsible for providing us with (1) access to all information of which you are aware that is relevant to the preparation and fair presentation of the financial statements, (2) access to personnel, accounts, books, records, supporting documentation, and other information as needed to perform an audit under the Uniform Guidance, (3) additional information that we may request for
the purpose of the audit, and (4) unrestricted access to persons within the Organization from whom we determine it necessary to obtain audit evidence.

Your responsibilities also include identifying significant contractor relationships in which the contractor has responsibility for program compliance and for the accuracy and completeness of that information. Your responsibilities include adjusting the financial statements to correct material misstatements and confirming to us in the management representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

You are responsible for the design and implementation of programs and controls to prevent and detect fraud, and for informing us about all known or suspected fraud affecting the government involving (1) management, (2) employees who have significant roles in internal control, and (3) others where the fraud could have a material effect on the financial statements. Your responsibilities include informing us of your knowledge of any allegations of fraud or suspected fraud affecting the government received in communications from employees, former employees, grantors, regulators, or others. In addition, you are responsible for identifying and ensuring that the government complies with applicable laws, regulations, contracts, agreements, and grants. Management is also responsible for taking timely and appropriate steps to remedy fraud and noncompliance with provisions of laws, regulations, contracts, and grant agreements, or abuse that we report. Additionally, as required by the Uniform Guidance, it is management’s responsibility to evaluate and monitor noncompliance with federal statutes, regulations, and the terms and conditions of federal awards; take prompt action when instances of noncompliance are identified including noncompliance identified in audit findings; promptly follow up and take corrective action on reported audit findings; and prepare a summary schedule of prior audit findings and a corrective action plan. The summary schedule of prior audit findings should be available for our review on January 3, 2018.

You are responsible for identifying all federal awards received and understanding and complying with the compliance requirements, and for the preparation of the schedule of expenditures of federal awards (including notes and noncash assistance received) in conformity with the Uniform Guidance. You agree to include our report on the schedule of expenditures of federal awards in any document that contains and indicates that we have reported on the schedule of expenditures of federal awards. You also agree to make the audited financial statements readily available to intended users of the schedule of expenditures of federal awards no later than the date the schedule of expenditures of federal awards is issued with our report thereon. Your responsibilities include acknowledging us in the written representation letter that (1) you are responsible for presentation of the schedule of expenditures of federal awards in accordance with the Uniform Guidance; (2) you believe the schedule of expenditures of federal awards, including its form and content, is stated fairly in accordance with the Uniform Guidance; (3) the methods of measurement or presentation have not changed from those used in the prior period (or, if they have changed the reasons for such changes); and (4) you have disclosed to us any significant assumptions or interpretations underlying the measurement or presentation of the schedule of expenditures of federal awards.

You are also responsible for the preparation of the other supplementary information, which we have been engaged to report on, in conformity with U.S. generally accepted accounting principles (U.S. GAAP). You agree to include our report on the supplementary information in any document that contains and indicates that we have reported on the supplementary information. You also agree to include the audited financial statements with any presentation of the supplementary information that includes our report thereon. Your responsibilities include acknowledging to us in the written representation letter that: (1) you are responsible for presentation of the supplementary information in accordance with U.S. GAAP; (2) you believe the supplementary information, including its form and content, is fairly presented in accordance with U.S. GAAP; (3) the methods of measurement or presentation have not changed from those used in the prior period (or, if they have changed the reasons for such changes); and (4) you have disclosed to us any significant assumptions or interpretations underlying the measurement or presentation of the supplementary information.
Management is responsible for establishing and maintaining a process for tracking the status of audit findings and recommendations. Management is also responsible for identifying and providing report copies of previous financial audits, attestation engagements, performance audits, or other studies related to the objectives discussed in the Audit Objectives section of this letter. This responsibility includes relaying to us corrective actions taken to address significant findings and recommendations resulting from those audits, attestation engagements, performance audits, or studies. You are also responsible for providing management’s views on our current findings, conclusions, and recommendations, as well as your planned corrective actions, for the report, and for the timing and format for providing that information.

With regard to the electronic dissemination of audited financial statements, including financial statements published electronically on your website, you understand that electronic sites are a means to distribute information and, therefore, we are not required to read the information contained in these sites or to consider the consistency of other information in the electronic sites with the original document.

With regard to using the auditors’ report, if you request our written consent to reproduce or use our report in a bond offering, official statements, or other documents, additional procedures will be required, at an additional cost to be determined.

However, you are not required to request or obtain our consent. If you use the auditors’ report without our written consent, the following statements must be included in the bond offering, official statements, or other documents:

**INDEPENDENT AUDITORS**

The financial statements of Mid-Michigan District Health Department, as of September 30, 2017, and for the year then ended, included in this Official Statement, have been audited by Yeo & Yeo, P.C., CPAs & Business Consultants, independent auditors, as stated in their report appearing herein.

Yeo & Yeo, P.C., CPAs & Business Consultants has not been engaged to perform and has not performed, since the date of its report included herein, any procedures on the financial statements addressed in that report. Yeo & Yeo, P.C., CPAs & Business Consultants also has not performed any procedures relating to this official statement.

You acknowledge that as a condition of our agreement to perform an audit, you agree to the best of your knowledge and belief to be truthful, accurate, and complete in the representations you make to us during the course of the audit and in the written representations provided to us at the completion of the audit.

**Engagement Administration, Prices, and Other**

We understand that your employees will prepare all cash, accounts receivable, and other confirmations we request and will locate any documents selected by us for testing.

At the conclusion of the engagement, we will complete the appropriate sections of the Data Collection Form that summarizes our audit findings. It is management’s responsibility to electronically submit the reporting package (including financial statements, schedule of expenditures of federal awards, summary schedule of prior audit findings, auditors' reports, and corrective action plan) along with the Data Collection Form to the federal audit clearinghouse. We will coordinate with you the electronic submission and certification. If applicable, we will provide copies of our report for you to include with the reporting package you will submit to pass-through entities. The Data Collection Form and the reporting package must be submitted within the earlier of 30 calendar days after receipt of the auditors’ reports or nine months after the end of the audit period.

We will provide copies of our reports to the Organization; however, management is responsible for distribution of the reports and the financial statements. Unless restricted by law or regulation, or containing privileged and confidential information, copies of our reports are to be made available for public inspection.
Mid-Michigan District Health Department

The audit documentation for this engagement is the property of Yeo & Yeo and constitutes confidential information. However, subject to applicable laws and regulations, audit documentation and appropriate individuals will be made available upon request and in a timely manner to U.S. Department of Health and Human Services or its designee, a federal agency providing direct or indirect funding, or the U.S. Government Accountability Office for purposes of a quality review of the audit, to resolve audit findings, or to carry out oversight responsibilities. We will notify you of any such request. If requested, access to such audit documentation will be provided under the supervision of Yeo & Yeo personnel. Furthermore, upon request, we may provide copies of selected audit documentation to the aforementioned parties. These parties may intend, or decide, to distribute the copies or information contained therein to others, including other governmental agencies.

The audit documentation for this engagement will be retained for a minimum of seven years after the report release date or for any additional period requested by the U.S. Department of Health and Human Services. If we are aware that a federal awarding agency, pass-through entity, or auditee is contesting an audit finding, we will contact the party(ies) contesting the audit finding for guidance prior to destroying the audit documentation.

Ali N. Barnes is responsible for supervising the engagement and signing the reports or authorizing another individual to sign them. We expect to begin our audit during January or February 2018 and to issue our reports no later than March 31, 2018.

Professional standards require us to be independent with respect to the government in the performance of our services. Any discussions that management has with personnel of Yeo & Yeo regarding employment could pose a threat to our independence. Therefore, we request that management inform the engagement principal prior to any such discussions so that we can implement appropriate safeguards to maintain our independence.

Neither party shall, during the term of this engagement and for one year after its termination, solicit for hire as an employee, consultant or otherwise, any of the other party's personnel without such other party's express written consent. If the government desires to offer employment to a Yeo & Yeo employee and the employee is hired in any capacity by the government, a compensation placement fee of 25% of their salary may apply.

Any litigation arising out of this engagement, except actions by us to enforce payment of our professional invoices, must be filed within one year from the completion of the engagement, notwithstanding any statutory provision to the contrary. In the event of litigation brought against us, any judgment you obtain shall be limited in amount, and shall not exceed the amount of the price charged by us, and paid by you, for the services set forth in this engagement letter.

You acknowledge that we may collect your employees' personally identifiable information as part of the services that we are engaged to perform. We agree to indemnify you for any covered damages or claim expenses that may result from a data breach at Yeo & Yeo, P.C. as part of the terms of this contract.

Our price for these services will be $15,000 for the audit, $1,500 for the Form 990, and $1,200 for GASB 68 reconciling. Our invoices for these services will be rendered each month as work progresses and are payable on presentation. In accordance with our firm policies, work may be suspended if your account becomes past due and may not be resumed until your account is paid in full. If we elect to terminate our services for nonpayment, our engagement will be deemed to have been completed upon written notification of termination, even if we have not completed our report. You will be obligated to compensate us for all time expended and to reimburse us for all out-of-pocket costs through the date of termination. The above price is based on anticipated cooperation from your personnel and the assumption that unexpected circumstances will not be encountered during the engagement. If additional time becomes necessary to complete your engagement, we will discuss the issues with you and arrive at a new price estimate, which may or may not occur before we incur the additional time. Our price quoted above is also contingent on all items on the assistance list being completed by the due dates indicated and the audit being performed during the dates scheduled. If the dates are not met and the engagement needs to be rescheduled due to things in your control, then an additional price of 20% will apply.
The reason for this is that we schedule our client work well in advance. When the job has to be rescheduled it causes a domino effect, as we likely have other clients scheduled in the new requested time slot, and our staff are likely scheduled on another client. As a result we may have to put you at the end of the line, and/or change staff. When our staff members finishing the work are not the same as those who started it, the audit is less efficient and more disruptive to your staff.

Our engagement will end upon delivery of your audited financial statements and our report thereon for the year set forth above. Any additional services that may be required will be part of a separate and new engagement. Should you wish to engage us to audit your financial statements for any other year, and should we accept such engagement, such engagement will be a separate and new engagement. A new engagement letter for any services beyond the scope of this engagement will govern the terms and conditions of the new engagement.

We appreciate the opportunity to be of service to you and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let us know. If you agree with the terms of our engagement as described in this letter, please sign the enclosed copy and return it to us.

Sincerely,

Yeo & Yeo, P. C.
CPAs & Business Consultants

Ali N. Barnes, CPA

RESPONSE:
This letter correctly sets forth the understanding of Mid-Michigan District Health Department.

By: _____________________________
Title: Administrative Services Division Director
NALBOH Membership Now Open for 2018
Renew your Membership Today!

By joining NALBOH, you will receive:

- Quarterly Newsbrief electronic and by mail [View archives here]
- Monthly electronic newsletter
- **Discounted** rates to NALBOH conferences, webinars, and events
- **Discounted** rate for Governance in Action Series - Orientation for Board of Health Members
- Access to members-only online resources
- Submit news stories & articles for inclusion on NALBOH website eNews & Quarterly Newsbrief
- Eligibility to receive scholarships to attend NALBOH events
- **Network** with Board of Health members across the country
- **Free webinar** and training opportunities (Sign in to view archived webinars)
- Stay informed and engaged
- Join the Board or a Committee and Become a NALBOH Leader
- Track your learning and event participation through the NALBOH web portal

Not a member yet? Join the over 400 Boards of Health in the country and become a member of the only National Association dedicated to strengthening and improving public health governance [Click here] to join today!

Thank you from the NALBOH Board of Directors for a great 2017!

We thank you for supporting NALBOH and were glad to see so many at the 2017 Annual Conference in Cleveland, Ohio! The Board is looking forward to seeing more familiar and new faces in 2018.

The Board had a successful meeting prior to the Conference on Tuesday, August 1st in Cleveland, to discuss strategic planning, future conference ideas, member needs, and resources. We look forward to sharing with you.

Don't forget to renew your NALBOH membership. If you are a current member, your invoice has been created in your profile.

Sending health and blessings from the 2017 Board of Directors!

Pictured (left to right): Front Row: Michael Holliday, Judy Sartucci, Ken Johnson, Barbara Ann Hughes, Christina Dokter, John Novak, Diane Gerlach, James Stecker, Nancy Terwoord, Debbie Peet
**Not Pictured:** Bill Beeman & James Bromley-Turner

Save the Date for the NALBOH Annual Conference
August 8-10, 2018
Marriott Raleigh Crabtree Valley
President’s Message

Barbara Ann Hughes
President, National Association of Local Boards of Health

Greetings and Salutations. You are receiving the final newsbrief that includes a message from myself. For some of you, this issue may be the first you will have received. Thanks for investing in NALBOH’S newsletter. We encourage our members to share stories from their boards of health. Their stories and how they solved them may look like yours and can be shared to learn from each other. NALBOH’S MISSION IS TO STRENGTHEN AND IMPROVE PUBLIC HEALTH GOVERNANCE.

How did you become interested in serving on your board or council? Some states have different names for their decision makers who may be appointed by Commissioners or Aldermen. Most of us were appointed by a group of decision makers. You may have been elected. In whichever manner you reached being an improver of public health in your state, county, city, or town, you and I have at least six Major Functions to address. How did or have you received any training to do your job? If you are reading this, you have probably already attended a training session to learn your new responsibilities, and have taken some steps to be a better board member!

We inherit such functions as: assisting in developing POLICIES that protect, promote and improve public health while ensuring that your agency and its components remain consistent with the laws and rules (local, state, and federal) to which it is subject.

A big responsibility and function we all deal with – most likely on a very regular basis: RESOURCE STEWARDSHIP. How do we fund all the wonderful services? We can work with our county commissioners and our local partners to explain why we need more resources for all the work that is considered: legal, financial, human, technological, and material to perform essential public health services.

Most government work involves some LEGAL AUTHORITY. We may take workshops to learn the roles, obligations, responsibilities, and functions of the governing body, health officers and staff. You will soon learn that we must join forces with COMMUNITY PARTNERS to build and strengthen our work through education and ENGAGEMENT to ensure the collaboration of all relevant stakeholders in promoting and protecting our community’s health. We must CONTINUOUSLY and routinely evaluate, monitor, and set measurable outcomes for IMPROVEMENT of the health of our communities and our own ability to meet our responsibilities.

A major responsibility, we may often forget, is to assume ultimate responsibility for public health performance by providing necessary leadership and guidance so as to support the entire public health agency in achieving measurable outcomes. Setting about to seek and obtain ACCREDITATION is the feedback loop to assure you have met all six Functions. It is an ultimate achievement for your communities to be proud of.

As a NALBOH Board, a request of our members is to take advantage of all training opportunities to learn to “strengthen and improve public health governance” through NALBOH webinars, local, state and national continuing education events, and especially attend the national conference to be held in Raleigh, NC (my home city and state) August 8 - 10, 2018. I have appointed a volunteer program planning committee for our conference in 2018. The committee of 10 from across NALBOH states are dedicated to planning an event and content filled conference. North Carolina looks forward to welcoming you to our state next year! The Marriott Crabtree Valley Hotel is a 4 star, recently renovated, lovely facility. The North Carolina Museum of Art is within 5 miles. Additional new hotels and fine restaurants surround the hotel. Downtown Raleigh is only 7 miles away where the North Carolina Museum of History and North Carolina Museum of Natural Science state capital and two legislative buildings bid your visits. Be sure to arrive early and bring your family for a vacation in the Tar Heel State. If enough of you would like to see the Durham Bulls play, a trip can be arranged. Make plans now to budget to attend conference and perhaps a vacation! See you next year!

NALBOH continues to work with the Michigan Public Health Training Center to provide a NALBOH approved “Governance in Action” Series to help train your local board of health. Find later in this issue contact and cost information. Thank you for your services to your communities by serving on a Board of Health. Thank you for letting me serve as your President this year!

Barbara Ann Hughes

Recognizing Ken Johnson as Immediate Past President

Ken Johnson was recognized with a Past President’s Award at the 2017 NALBOH Conference. With Ken’s calm demeanor and realistic attitude, NALBOH has become a better organization as he has served over the last few years. Ken is a team leader that thinks and acts strategically to get toward an end goal. We are thankful for Board Members like Ken!
NALBOH Presents New Board Members at Annual Conference

The NALBOH board welcomed four newly-elected board members during the Annual Business Meeting in Cleveland, Ohio. On January 1st, 2018, the following individuals begin their 3-year term of service to NALBOH in the following capacities:

Debbie Peet (UT) - President-Elect
Sharon Stanley (OH) - At Large Representative
Michael McLaughlin (IA) - At Large Representative
John Novak (NV) -Treasurer

Congratulations to the new board, and thank you to all candidates. It was an outstanding, competitive slate, and individuals’ support of and commitment to the organization is impressive. Finally, thank you to this year’s outgoing board members - Ken Johnson, Jim Stecker, and James Bromley-Turner. Their thoughtful and hard work keeps the organization strong. A complete list of current board members can be found here, the updated list and a feature article of each of the new board members will be available in early January.

2017 Annual Conference – “That’s a Wrap!”
Celebrating 25 Years of Board Governance!

The 2017 Conference came to a close on Friday, August 4th after a great week that included a NALBOH Board meeting, State Leadership meeting, Rock and Roll Hall of Fame Tour, Conference Reception, State meetings, excellent keynote presentations, breakout presentations, networking, and more! Thank you to all those who were able to make it to Cleveland, Ohio. NALBOH was pleased to celebrate 25 years with over 115 attendees and additional support from exhibitors and sponsors. For additional photos, please check out the NALBOH Conference photo album.

NALBOH hopes that you left feeling recharged, energized and having more resources to do all you can to improve public health in your local community to improve our country as a whole! Don't forget to check out the NALBOH Member Directory if you need to find someone you met at the Conference!

Thank you to Our 2017 Conference Exhibitors!

A big thank you goes out to the 2017 NALBOH Exhibitors. NALBOH appreciates the support given from the following companies:

- National Board of Public Health Examiners
- Network for Public Health Law - CONFERENCE SPONSOR!
- Ohio University - College of Health Sciences and Professions
- Public Health Accreditation Board
- Tobacco 21 - CONFERENCE SPONSOR!
- Weber-State University - BREAK SPONSOR

NALBOH Webinar - November 9 @ 1 p.m. CST
State and Territorial Legislative Update
Presenter: Andy Baker-White - Senior Director, State Health Policy, ASTHO

NALBOH is pleased to welcome ASTHO to share information regarding their tracking of the 2017 state legislative sessions. ASTHO continues to analyze bills impacting public health and state health agencies, including legislation addressing substance misuse and addiction, environmental health, communicable diseases, emergency preparedness and response, public health workforce, health information and data, community health, and disease and injury prevention. This session will review this tracking and will provide a national picture of local public health legislative issues and priorities.

Please register by clicking here. This webinar is FREE for NALBOH members. Please be sure to login prior to registering, or considering joining NALBOH!
Get to Know Your NALBOH Board Members!

Debbie Peet, RN  
NALBOH, Director at Large  
Vice Chair, Southeast Utah Board of Health, Price, UT

Debbie Peet is the Chair-elect of the Southeast Utah Board of Health, President of the Utah Association of Local Boards of Health and was elected President-Elect of NALBOH at the August National meeting to begin January 1st. The multi-county health district in which she lives has two counties classified as frontier and one county as rural.

She went back to college after forty plus years and became a registered nurse working with youth detention and working with for the local hospital based physicians. She has six children, seventeen grandchildren. In her free time she has worked with Girl Scouts, Boy Scouts and is a leader of adults and youth with her church.

Attending NALBOH and UALBOH has opened my eyes to the various ways that communities and states provide services to their clients. Each presentation presents an opportunity to see if the total or parts of it could be incorporated in my board of health or within our state association.

John E Novak, DMD, MS  
NALBOH, Director at Large and Treasurer-elect  
Vice Chair, Washoe County District Board of Health, Reno, Nevada

John E Novak has his DMD from the University of Pittsburgh. His MS and specialty in Pediatric Dentistry were from Texas Children Hospital and the University of Texas at Houston. He taught at the University of Texas Dental School for 40 years; also had a private practice for over 20 years. He brings extensive experience in hospital healthcare from serving on a major hospital system executive committee for 13 years, as well as chairing other hospital committees. Dr. Novak has served in numerous offices and presidencies in National, Texas state, and local Professional organizations.

John has been President and an officer in many local non-profit groups. All have been oriented toward children’s health, education and well-being. One of his biggest passions in life is helping others and serving his community. He currently is extremely active at the district level in Rotary, and volunteering with the City of Sparks.

A unique experience that he brings to NALBOH is from Washoe County District Board of Health is that he has participated in the process of updating policies and authorizing studies to maximize the efficiency of the Health District as they progress through the steps required for accreditation.

NALBOH Partnership with Michigan Public Health Training Center - Governance in Action - Take Advantage of Additional Training Tools!

Are you a new board member? Are you board member that is interested in additional training? It is time to take some action and consider refreshing and rejuvenating some of the skills that you may have learned. NALBOH is proud to share the Governance in Action for Public Health web-based course. This course is designed to orient new board of health members to the field of public health and initial strategies that boards can take to influence population health outcomes. The Michigan Public Health Training Center is proud to offer this course in partnership with NALBOH and MPHI.

The 7-module online series draws upon the Six Functions of Public Health Governance and includes short recorded segments (10-15 min each), examples from the field, optional discussion topics, and suggested resources. You may choose to implement the course in a few ways:

- Viewing and discussing 1-2 modules at your regular board meetings over time
- Holding special group viewing sessions
- Asking your board members to view the online modules on their own time

Click here for a preview of the training! For more information and to register, visit this link. Contact mphtc@umich.edu with questions, and let them know you are a NALBOH member!

***NALBOH members receive an automatic discount on their training tools.***
State Leadership Committee Convenes at the 2017 Annual Conference
Submitted by: Meghan Swain, Michigan Association for Local Public Health and State Leadership Committee Chair

Cleveland rocked! During the 2017 NALBOH conference, state leaders participated in our annual State Leadership meeting to discuss trending public health issues, individually and collectively. Over 20 states were represented at the table, but we need more! Our committee consists of organized SALBOH’s (State Association of Local Boards of Health), as well as leaders in your respective states that may not be as organized. We would like to see representatives from all 50 states engaged in NALBOH (and SALBOH) to address public health issues that require good governance to protect the health and safety of the people. We learn from each other, we link members and resources, and we discover that we are not in this alone.

We are all dealing with the opioid epidemic. Individual states are reviewing opioid policies and legislation that will attempt to halt the daily threat and ongoing issues of abuse and addiction that continue to plague every state. Policies that also include greater access to Naloxone to prevent deaths. A three-prong approach in education for physicians, pharmacists, and the consumer. In addition, states are preparing policies and discussions to prepare for a growing trend of legalizing medicinal or recreational marijuana either through ballot initiatives or legislative action across the country. States are reviewing the enacted laws of other states to see what works and what does not from a governance perspective.

Please contact me if you are interested in learning more and participating in our committee. By giving feedback to the NALBOH board and sharing various policies across the country, we will better be able to provide support to our boards to improve public health governance!

NALBOH’s Emeritus Committee Celebrates the 25th Annual Conference
Submitted by: Ron Burger, NALBOH Emeritus Committee Chair

It was hard to believe that NALBOH is 25 years old and its Annual Conference was such a success. The Emeritus Committee, which comprises former Board of Director Members, was represented well. Committee members attending were Buddy Gallenstein, Harvey Wallace, Donna Rozar, Steve Scanlin, Ken Johnson and Ron Burger.

Many of our Emeritus Committee members were former NALBOH Presidents. Those Presidents that have had the pleasure of serving and being able to attend are pictured from left to right: Vaughn Upshaw; Harvey Wallace; Ken Johnson; Ron Burger; Donna Rozar; Steve Scanlin; and Margaret Brink. Everyone was so very disappointed that one of NALBOH’s fathers, CEO, President and mentor for all, Ned Baker, was not able to attend but I assure you his NALBOHian spirit flowed throughout the conference!

With all of the events going on in Cleveland including the Rock and Roll Hall of Fame and the Indians and Yankees ballgame, it was tough to gather the Emeritus members but we managed to gather for an evening of dinner and reminiscing!

The participants had a wonderful and informative pre-conference workshop on “How I Can Be a Public Health Leader” hosted by Vaughn Upshaw. I was even honored to share a presentation on Boards’ Governance Functions in assuring their health departments are prepared to respond to disasters as we are experiencing now with the devastating hurricanes in Texas, Florida and the Caribbean.

NALBOH’s Emeritus status members are those who successfully serve there term(s) on the Board. We have quite a number of Emeritus members now after 25 years strong. If you are an Emeritus member and would like to join our Emeritus Committee, please email Ron at disasterdude15@gmail.com. Our Committee serves at the pleasure of the President and Board and we are there to support and to promote NALBOH across the country.

We are 25 years of NALBOH Strong thanks to those who back in 1992 had the idea of forming an organization to represent the hundreds of local boards of health and promote Governance! Thank you and may we have another 25 years helping Boards.
Enjoy Conference recaps from our speakers this year in Ohio!

Tobacco 21: Doing It Right
Submitted by: Rob Crane, Tobacco21

The Tobacco 21 (T21) movement has gained substantial momentum in just four years. As of this writing, 268 cities and counties as well as 5 entire states have enacted legislation to move all nicotine and tobacco products to age 21. These laws now cover 25% of the entire U.S. population. Along the way, we've learned some important lessons.

Local action: Like the SmokeFree campaigns that have transformed public opinion and policy, T21 campaigns are most effective leading with local efforts. Most state capitols have 20-30 full-time, well-resourced lobbyists representing the industry. Not so in city and county councils, this is why local boards of health are so critical to success. Your leadership brings logic and strong science to local policymakers unencumbered by huge campaign costs.

Health Enforcement: As we have understood more about how these laws work, it’s become apparent that good enforcement is critical to success. Age 18 laws, often written by tobacco lobbyists, have historically been poorly enforced. They prescribe criminal penalties against the retail clerk and the young purchaser, not the profit-making retailer. Much better compliance is achieved when T21 laws are jointly enacted with a local tobacco retail license (TRL). License fees fund motivated health department workers to do “secret shopper” compliance checks with underage buyers.

Part of a Larger Strategy: T21 policies are notably effective, but no panacea. However, this issue is so clear, logical and strongly supported, it brings the entire topics of tobacco control and public health back into the minds of thought leaders and policymakers.

Marijuana Mayhem: Regulatory Options and Challenges in Legalizing Cannabis
Submitted by: Kerry Cork, Senior Staff Attorney, Tobacco Control Legal Consortium and Cheryl Sbarra, Director of Policy and Law, Massachusetts Association of Health Boards

With medical marijuana now legal in twenty-nine states and recreational marijuana legal in eight states and D.C., many jurisdictions are grappling with ways to cope with the public health challenges posed by the marijuana industry. One of the basic roles of local boards of health (and public health governance in general) is to protect public health and safety. At the 2017 NALBOH conference, tobacco control attorneys Kerry Cork and Cheryl Sbarra presented an overview of regulatory issues and concerns posed by the legalization of recreational (“adult use”) marijuana. Drawing on practical experience and comparisons with tobacco control, the presenters gave examples of policy considerations faced by the public health community when marijuana becomes a legal commodity. They provided guidance for drafting policies to protect public health in the use and marketing of marijuana. They also explored the many regulatory challenges Massachusetts confronted once its electorate approved the legalization of adult use marijuana in 2016. Throughout the session, the presenters provided tips and cautions that the public health community should keep in mind when adopting measures to regulate legalized marijuana products.

Continuous Governance Improvement by Local Public Health Boards
Submitted by: Sharon L. Lansdale, Center for Rural Health Development, Inc. (WV)

I very much enjoyed and learned much at the 2017 NALBOH Annual Conference, as well as the sites of Cleveland, including the view of Browns (First Energy) Stadium from my room. During my session, we discussed why the quality of governance is important for local boards of health in effectively carrying out their responsibilities and developing trust within their communities. Boards of health who have engaged members are better able to lead their organizations into the future which will benefit their organizations, clients and communities in unexpected ways.

Effective governance requires routine check-ups and intentional follow-up; that is continuous improvement. Collective board reflection, using a formal board assessment process, can help boards of health diagnose the quality of current board practices and structures. While boards may be adept at identifying their strengths and weaknesses, they often need guidance charting a path to better performance. A well-designed self-assessment process outlines the basics of good governance and paves the way forward.

Our communities, need effective local boards of health that are capable of developing effective public health policy. Boards that have undertaken a self-assessment are perceived as higher performing by their appointing authorities, partners and the community that they serve.

A board self-assessment, and subsequent governance improvement plan, allows the board of health to ask, and then answer, “How can we improve so that we better help our organization and conduct our work effectively?”
Continuous Governance Improvement by Local Public Health Boards continued...

Thank you for the opportunity to present at the annual NALBOH Conference and I look forward to working with you again to strengthen governance of boards of health in all communities. Given the evaluations and discussions I had with many after my presentation during the rest of the conference, perhaps we need to create a venue that allows us more time to discuss governance best practices and how to apply with a variety of board of health structures and individual circumstances.

Comments and Questions can be directed to:
Sharon L. Lansdale, Pres/CEO, Center for Rural Health Development, Inc
Sharon.lansdale@wvruralhealth.org • Phone: 304/397-4071

National, State and Local News

Report on Dr. Adams’ last week as Indiana’s Health Commissioner
Submitted by: Harley Robinson, DVM, Indiana Association of Local Boards of Health, IN

Friends, co-workers and well-wishers from all across Indiana converged on the Indiana State Health Department (ISDH) on Monday August 28 to say good-bye to Dr. Jerome Adams. He and his family departed September 1, travelling to Washington, DC, to take his position as the 20th Surgeon General of the United States. But before leaving he received a proper Hoosier Farewell.

The reception was an uplifting event complete with speeches from high level officials as well as many hugs and congratulatory words from all ISDH staff. The excitement in the room was palpable as Indiana said “see you later, and our door is always open” for a future return to the Hoosier state which undeniably thinks so highly of this Health Commissioner.

A heart-felt farewell song was sung by the ISDH staff to the tune of “The Adams Family” complete with iconic finger snaps which put smiles on everyone’s faces.

Perhaps the most endearing speech was presented by Dr. Jennifer Walthall who was Co-Health Commissioner with Dr. Adams until her recent appointment to the Indiana Family Social Services Administration. She outlined 5 things learned from Dr. Adams. 1) Don’t let your circumstances define who you are, 2) Care about people, not for what they can do for you, but because you genuinely care about them, 3) Work really hard, and then work a little harder, 4) Know your stuff and then let that knowledge be surrounded by compassion, 5) No matter where you go or how far you get, remember you probably had little to do with it; always be humble and grateful.

Dr. Adams spoke from his heart to the attendees noting that his stint as the Health Commissioner has been the best job of his life and that he was proud to be from Indiana and part of the ISDH that works hard every day to protect the health of all Hoosiers. He described himself as a “listener” and not a dictatorial leader. He invited his friends from Indiana to “call him out” as Surgeon General, if a decision he makes is not in the best interest of all Americans. His appointment and confirmation as Surgeon General is “truly an indescribable honor”. When you see Dr. Adams in Washington, DC, he will invariably be wearing his signature bowtie. I personally have never seen him without one. Best wishes and godspeed, Dr. Adams, as you assume your role as US Surgeon General. We will miss you in Indiana but we know that your dedication and commitment to the public’s health will soon be shared with the entire nation.

Nebraska hosts State Association of Local Boards of Health Annual Meeting
Submitted by: Pat Lopez, NE SALBOH

The Nebraska SALBOH annual meeting was held September 21 in Lincoln NE. Mike McLaughlin, Board of Health Member from Johnson County, Iowa, and NALBOH board member who begins his term January 1, 2018, was the keynote speaker for the group of board members and health directors.

The interactive presentation focused on how boards of health can use position statements to promote public health policy. The information included the seven criteria to consider in making a decision to develop a position statement.

SALBOH also sponsored a keynote session on Public Health Advocacy for the Public Health Association of NE Conference: What can you do? Former Speaker of the House Greg Adams moderated the panel. Members of the panel were Senator Sue Crawford, Senator Mark Kolterman both from the Health and Human Services Committee and Senator John Stinner Chair of the Appropriations Committee.
Surry County NC Board of Health Activity – Animal Control Ordinance

Submitted by: Samantha B. Ange, MPH, RD, LDN, Surry County Health Department, NC

The Surry County Health & Nutrition Center is extremely fortunate when it comes to their appointed Board of Health. The Surry County Board of Health is faithful and supportive, and provides an immense amount of input, suggestions, and ideas, and brings so much experience and diverse knowledge to the table.

When the Surry County citizens began to come forward with concerns regarding the way in which some animal owners were tying their animals, the Surry County Health & Nutrition Center, in conjunction with the Board of Health, began to develop a plan to update the Animal Control Ordinance, and put a tethering ban in place.

Being a rural county, the Surry County BOH knew that this type of ban would not be the easiest regulation to pass. But they also knew that it was vitally important, based on the amount of complaints coming into Surry County Animal Control on a daily basis. Knowing this, the meetings regarding updating the standing Ordinance began.

As the established committee assigned to make the needed changes to the Ordinance began to meet, the BOH began to review the changes made as they were made, and make suggestions and edits. The appointed Veterinarian on the BOH assured all changes were the best decisions for the animals of Surry County, regarding their health and well-being. As the tethering ban language was added, the BOH paid special attention to this new, ground breaking law, making numerous changes, and assuring their strong support of this new rule was communicated to the Surry County Commissioners.

The changes to this Ordinance took over a year. Many revisions, discussions, and reviews took place at BOH scheduled meetings, and called meetings as well. In the end, with the BOH Chair and Veterinarian in attendance, the new Surry County Animal Control Ordinance, with tethering ban language was presented to the Board of County Commissioners for approval.

The BOH members in attendance spoke to the BOCC in strong support of the Ordinance changes and tethering ban rule. As a result, the BOCC passed the Ordinance and the tethering ban in unanimously.

The tethering ban has gone into effect in Surry County in August 2017. There was a 12 month waiting period applied in order to effectively educate the community prior to the law taking effect. There has already been media reminders of the upcoming law. If it were not for the support and continued work of the BOH, this law would not have passed. The Surry County Health & Nutrition Center staff feel safe in the reassurance that should when any issues arise that effect the health of the Surry County citizens (including their animal companions), the BOH will be there to assure all is well.
MONTHLY EXPENSES FOR
October 14, 2017 - November 10, 2017

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EV 1858 $ 187,650.29

TOTAL $ 449,755.63
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**COMPUTER CHECKS**

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0 VOID CHECKS - TRX
0 VOID CHECKS - STUBS
0 VOID CHECKS - ERROR
0 VOID CHECKS - FORM ALIGNMENT
0 DIRECT DEPOSITS
38 CHECKS TOTAL

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- OPEN REEL TAPES, FLAGS, SHIP FEE
- 1 SHARP PICKUP-GENERAL COMMUNITY
- 1 SHARP PICKUP-COMMUNITY
- FELTON RETIREMENT-CLOCK
- RENEW SUBSCRIPTION
- CJS 2 YR BASECAMP/STAFF HRS
- OCTOBER SOLID WASTE
- 12/22/17-12/21/18 PAPERCUT LICENSE
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**CHECK TOTALS:**
- $17.67
- $117.00
- $84.00
- $6.10
- $7.26
- $13.36
- $200.00
- $224.77
- $1,541.26
- $1,766.03

**BANK CODE TOTALS:**
- $24,880.23
Account Number: 
New Balance: ........................................ $209.45 
Minimum Payment Due: .................. $10.00 
Payment Due Date: ............. December 1, 2017 

Make checks payable to First National Bank Omaha 
Amount of Payment Enclosed

$ .................................................................

Change of Address? If yes, please complete opposite side. 
REC'D NOV 13 2017

Account Summary

Previous Balance ........................................ $5.30 
Payments ........................................ -5.30 
Other Credits ........................................ +$0.00 
Purchases ........................................ +$209.45 
Balance Transfers ........................................ +$0.00 
Cash Advances ........................................ +$0.00 
Fees Charged ........................................ +$0.00 
Interest Charged ........................................ +$0.00 
New Balance ........................................ $209.45 

Statement Closing Date .......... 11/02/17 
Days in Billing Cycle ...................... 29 
Total Credit Limit ......................... $2,000.00 
Available Credit ......................... $1,790.00 
Cash Limit ............................................. $0.00 
Available Cash ........................................ $0.00 

Payment Information

New Balance ........................................ $209.45 
Minimum Payment Due .................. $10.00 
Past Due Amount .......................... +$0.00 
Payment Due Date ..................... December 1, 2017 

Manage your business expenses with convenient online access.

- Make secure online payments
- Access current and historical statements, up to 7 years old
- Monitor monthly expenses

Login today to explore all the online possibilities!

Customer Service 
Save Time and Stamps 
by Paying Online!

Call: Toll Free 1-800-819-4249 
(TDD Telecommunications Device for the Deaf: 1-800-256-3233) 
Visit: www.firstnational.com 
Remit to: First National Bank Omaha, P.O. Box 2818, Omaha, NE 68103-2818

Transaction Detail

Transaction Date | Post Date | Reference Number | Transaction Description | Credits (CR) and Debits | Charge Anniversary Rate (APR) | Special Offer or Eligible Purchase APR Expiration Date | Balance Subject to Interest Rate | Days Rate Used | Interest Charge |
10-13 10-13 | 7441807285005728901358 | ONLINE PAYMENT THANK YOU | $5.30 (CR) |
10-18 10-19 | 2489215725918947294807 | BUS MGMT 04/1 Y 304-2452-2502 VA | $159.00 |
20-20 10-23 | 248821675941207338972503 | AMERICAN MESSAGING 888-247-7800 TX | $50.45 |

Your Annual Percentage Rate (APR) is the annual interest rate on your account. 

<table>
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<tr>
<th>Charge</th>
<th>Annual Percentage Rate (APR)</th>
<th>Special Offer or Eligible Purchase APR Expiration Date</th>
<th>Balance Subject to Interest Rate</th>
<th>Days Rate Used</th>
<th>Interest Charge</th>
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</table>
Purchases | 15.99% (v) | N/A | $113.90 | 29 | $0.00 |
Cash Advance | 26.24% (v) | N/A | $0.00 | 29 | $0.00 |

2017 Total Year-to-Date 
Total fees charged in 2017 .................. $0.00 
Total interest charged in 2017 .................. $0.00 

Additional Information Regarding Your Account

We've Enhanced the Charge Summary Section of your Statement

The Charge Summary section has been enhanced to display the expiration date for any applicable offer(s). The "Special Offer or Eligible Purchase APR Expiration Date" column displays the month in which your special offer will expire, if applicable. Applicable Special Offer or Eligible Purchase APRs will expire on the Statement Closing Date within the month listed for expiration.

Issued by First National Bank of Omaha 
Page 45 of 98 
See reverse for additional information.
First National Bank Omaha
P.O. Box 2818
Omaha, NE 68103-2818

Account Number:
New Balance: $571.17
Minimum Payment Due: $11.00
Payment Due Date: December 1, 2017

Make checks payable to First National Bank Omaha
Amount of Payment Enclosed $ 

Change of Address? If yes, please complete reverse side.

REC’D NOV 13 2017

Account Summary

Previous Balance $500.71
Payments - $500.71
Other Credits $0.00
Purchases + $571.17
Balance Transfers + $0.00
Cash Advances $0.00
Charges $0.00
Balance $571.17
Statement Closing Date: 11/02/17
Days in Billing Cycle: 29
Total Credit Limit $2,000.00
Available Credit $1,428.00
Cash Limit $0.00
Available Cash $0.00

Payment Information

New Balance $571.17
Minimum Payment Due $11.00
Past Due Amount $0.00
Payment Due Date December 1, 2017

Transaction Detail

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Your Annual Percentage Rate (APR) is the annual interest rate on your account. 
(v) Variable Rate (f) Fixed Rate

Charge Summary

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2017 Total Year-to-Date

Total fees charged in 2017: $0.00
Total interest charged in 2017: $0.00

Additional Information Regarding Your Account

We’ve Enhanced the Charge Summary Section of your Statement

The Charge Summary section has been enhanced to display the expiration date for any applicable offer(s). The “Special Offer or Eligible Purchase APR Expiration Date” column displays the month in which your special offer will expire, if applicable. Applicable Special Offer or Eligible Purchase APRs will expire on the Statement Closing Date within the month listed for expiration.

Issued by First National Bank of Omaha

Page 46 of 98
**Account Summary**

- Previous Balance: $4,021.43
- Payments: $4,021.43
- Other Credits: $10.50
- Purchases: $4,425.42
- Balance Transfers: $0.00
- Cash Advances: $0.00
- Fees Charged: $0.00
- Interest Charged: $0.00
- New Balance: $4,414.92

**Payment Information**

- New Balance: $4,414.92
- Minimum Payment Due: $88.00
- Past Due Amount: $0.00
- Payment Due Date: December 1, 2017

**Transaction Detail**

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<td>STAMPS.COM 850-608-2877 CA</td>
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<td>ONLINE PAYMENT THANK YOU</td>
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<td>$414.48</td>
</tr>
</tbody>
</table>
# 5 Easy Steps To Make The Most Of Your Card

1. **EARN** 
   - rewards on purchases
   - If your account is rewards eligible.*

2. **SIMPLIFY** 
   - business spending
   - and reporting.

3. **PROTECT** 
   - your business
   - from fraud and unauthorized activity.**

4. **MANAGE** 
   - your account quickly
   - and easily with online tools.

5. **AUTOMATE** 
   - monthly bill payments
   - with automatic payments on your vendor's payment sites.

---

**Account Number:**

Page 002 of 002

---

**Charge Summary**

<table>
<thead>
<tr>
<th>Description</th>
<th>Annual Percentage Rate (APR)</th>
<th>Special Offer or Eligible Purchase APR Expiration Date</th>
<th>Balance Subject to Interest Rate</th>
<th>Days Rate Used</th>
<th>Interest Charge</th>
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<td>Purchases</td>
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<td>N/A</td>
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</table>

**2017 Total Year-to-Date**

| Total charges in 2017 | $0.00 |
| Total interest charged in 2017 | $0.00 |

---

**Additional Information Regarding Your Account**

We've Enhanced the Charge Summary Section of your Statement

The Charge Summary section has been enhanced to display the expiration date for any applicable offer(s). The "Special Offer or Eligible Purchase APR Expiration Date" column displays the month in which your special offer will expire, if applicable. Applicable Special Offer or Eligible Purchase APRs will expire on the Statement Closing Date within the month listed for expiration.

---

**An Easier Way to Pay Your Bills!**

Tired of writing checks and spending money on stamps every time you pay a bill? Pay your recurring monthly bills automatically with your credit card! No hassle. No forgetting to send a payment for phone, internet, even utilities. And, no worries about your payment being lost or intercepted in the mail. It's quick and convenient. Start paying your monthly bills with your credit card today!
Board of Health Action Sheet

Date: November 7, 2017

Administrator: Melissa Bowerman
Director of Administrative Services

Subject: Postage Costs

☒ Information Only ☐ Action Needed

I. Authority For This Action:

☐ Local Policy
☒ Law or Rule Public Health Code, Act 368 of 1978, MCL 333.2417

II. Summary:

(Previous board action relating to this item? Background information and if any future action anticipated.)

Based on past conversations with Board members, we routinely monitor our postage usage and costs to ensure that we are receiving the best rate possible on postage. In August 2012, the agency began using the United States Postal Service’s (USPS) online postage system – Click-N-Ship® to send water samples to the state as well as bats and animals for rabies testing. The agency received modest discounts through this service.

In October 2013, the agency was introduced to Stamps.Com online postage. Even though there were monthly fees associated with using the service, the agency found that there were significant savings over and above the Click-N-Ship service. Additionally, the agency did incur some additional costs with using Stamps.Com labels that were required to print “NetStamps” and Certified Mail Labels. To date, Stamps.Com has proved to be a savings for the agency in postage expense and staff productivity. Using online postage prevents overpaying on envelopes when using preprinted postage. Therefore, the agency ceased using printed stamps and depleted our inventory.

III. Strategic Objective, Health Issue, or other Need Addressed:

(What priority should be given in relation to goals? Include reason for recommending change in priorities and how the need will be introduced into planning process.)

After reviewing options, the results are summarized on the attachment.

Also included in postage costs are preprinted envelopes from the USPS at $276 for plain and $293 for windowed per box of 500. These envelopes are used in all of the divisions as well as for mailing Michigan Care Improvement Registry (MCIR) reminder recall letters using windowed envelopes, which greatly improves staff productivity.
IV. Fiscal Impact and Cost:
(Immediate, ongoing, and future impact.)

V. Alternatives Considered:
(Scope of options reviewed. Reasons for rejecting alternatives.)

As you can see from the attached summary, Stamps.Com offers the agency the best value. We continue to use USPS for pre-printed envelopes to save staff time. If the agency stopped ordering pre-printed stamps from the USPS, plain envelopes would be ordered and NetStamps label usage would increase; thereby increasing costs; however, the agency would save $.03 per stamp printed. This savings is not available when using preprinted envelopes. In total, by switching to plain envelopes and Stamps.Com, the agency would only save approximately $15.25 over using the preprinted envelopes from USPS.

VI. Recommendation:
(Advantages/benefits of proposal. Expected results. Possible problems or disadvantages of proposal. Effect of action on agency. Consequences of not approving recommendation or taking action.)

Therefore, I recommend that the agency continue using Stamps.Com for postage and continue ordering pre-printed envelopes from the USPS.

VII. Monitoring and Reporting Time Line:
(Evaluation method and timeline. Next report to the Board.)
<table>
<thead>
<tr>
<th></th>
<th>Neopost w/NeoShip</th>
<th>Pitney Bowes Postage Meter</th>
<th>Pitney Bowes Online Postage</th>
<th>Stamps.Com</th>
<th>NeoPost Postage Meter</th>
<th>USPS Stamps</th>
<th>Endicia</th>
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<tbody>
<tr>
<td>Rental costs or fee per month</td>
<td>$22.75 (per user)</td>
<td>$24.99</td>
<td>$65 plus $199 one-time set-up charge</td>
<td>$89.97 (all offices)</td>
<td>$19.75</td>
<td>Flat rate cost of stamps plus staff time to purchase</td>
<td>$34.95 per mo./per user</td>
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<tr>
<td>Lower shipping rates</td>
<td>Available at no charge</td>
<td>Available</td>
<td>Available at no charge</td>
<td>$3.00 per month</td>
<td>No discounts (except for Click-N-Ship)</td>
<td>Available at no charge</td>
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<td>Ink costs</td>
<td>$3.00</td>
<td>$21.87 per month</td>
<td>Thermal label printer costs-ink $299.99 or $27.07 for Xerox add-on</td>
<td>$2.00</td>
<td>$11.16 per month</td>
<td>None (except for Click-N-Ship)</td>
<td>Thermal printer costs</td>
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<td>Free $50 coverage-Priority Mail Free $100 coverage-Priority Mail Express</td>
<td>Unknown</td>
<td>Flat rate cost plus staff time to figure rate</td>
<td>Low-cost</td>
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<tr>
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<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Multiple stamp denominations needed to avoid overpaying</td>
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<td>Postage reset fees</td>
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<td>$9.99</td>
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<tr>
<td>Label costs</td>
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<td>$8.00</td>
<td>Postage tape rolls-$115.99/ carton</td>
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<td>$4.40</td>
<td>Free</td>
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<td>Unknown</td>
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<td>Unknown</td>
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</tr>
<tr>
<td>Property tax fee</td>
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<td>Unknown</td>
<td>Unknown</td>
<td>None</td>
<td>None</td>
<td>Unknown</td>
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</table>
ASSOCIATED AGREEMENT
FOR EPIDEMIOLOGY SERVICES

The MID-MICHIGAN DISTRICT HEALTH DEPARTMENT, hereinafter referred to as (MMDHD), 615 North State Street, Suite 2, Stanton, Michigan, 48888-9702 and the CENTRAL MICHIGAN DISTRICT HEALTH DEPARTMENT, hereinafter referred to as (CMDHD), 2012 East Preston, Mt. Pleasant, Michigan, 48858, herein enter into this Associated Agreement for Epidemiology Services. The Epidemiologist will serve the two District Health Departments: MMDHD and CMDHD.

NOW THEREFORE, it is agreed as follows:

1. The agreement shall commence October 1, 2017 and shall continue through September 30, 2020.

2. The Epidemiologist shall receive total compensation of Sixty Five Thousand Nine Hundred and 00/100 ($65,900.00) Dollars, for the period of October 1, 2017 – September 30, 2020 with a 1% increase in both Fiscal Years 18/19 and 19/20. The base salary includes an estimated annual amount for fringe benefits.

3. The MMDHD and CMDHD shall each be responsible for forty-two percent (42%) of the cost of the Epidemiologist’s compensation including base salary and fringe benefits.

4. MMDHD and CMDHD agree to permit District Health Department #10 to purchase sixteen percent (16%) of the Epidemiologist’s time. If this changes, MMDHD and CMDHD can change the proportion of the Epidemiologist’s time for which they are responsible by a Memorandum of Understanding if they agree to do so.

5. The Epidemiologist shall dedicate his or her full time to this employment. Except under extraordinary circumstances, the Epidemiologist shall direct forty-two percent (42%) of his working efforts to MMDHD and forty-two percent (42%) to CMDHD.

6. The Epidemiologist shall receive all fringe benefits and expense reimbursements as an employee of MMDHD. All employment records and disbursements shall be administered from MMDHD.

7. The Epidemiologist shall suffer no loss of seniority, vested rights, or any other benefits related to his or her length of employment by virtue of this Agreement.
8. Typical duties to be performed by the Epidemiologist are set forth in the Job Description attached as Exhibit “A” and incorporated herein by reference.

9. This Agreement may be terminated by any party giving sixty (60) days written notice. All parties agree that should this Associated Agreement be terminated, the Epidemiologist shall remain an employee of MMDHD only and, in that capacity shall also be an employee at will.

10. Approval of both MMDHD’s and CMDHD’s Boards of Health is indicated by the signature of the respective Chairpersons shown below.

MID-MICHIGAN DISTRICT HEALTH DEPARTMENT

By:__________________________________
   Bruce DeLong, Chairperson
Date:______________________________

CENTRAL MICHIGAN DISTRICT HEALTH DEPARTMENT

By:__________________________________
   , Chairperson
Date:______________________________
Exhibit A
JOB DESCRIPTION

MID-MICHIGAN DISTRICT HEALTH DEPARTMENT

EPIDEMIOLOGIST

Job Description

NATURE OF WORK

This is a professional position in the Community Health and Education Division, under general direction of the Division Director, responsible for provision of surveillance, monitoring, and planning in the area of chronic and communicable disease control and prevention. The employee identifies program needs, collects and analyzes statistical data, prepares reports, recommends program/policy modifications or enhancements, participates on Communicable Disease Response Team, and interacts with various external agencies as applicable.

EXAMPLES OF WORK

Serve as a resource for the planning process, development, and evaluation of Public Health Programs. Develops recommendations for program and policy modifications or enhancements.

Serve as a liaison with other local public health assessment analysts, epidemiologists, MIS personnel and appropriate MDCH (Michigan Department of Community Health) staff to assure MMDHD is utilizing evaluation methodology and epidemiological tools consistent with other agencies and MDCH.

Gathers, processes, and analyzes relevant demographic and statistical data specific to the local health jurisdiction.

Collect, analyze and interpret data, and aid Divisions in their preparation of reports for distribution to local public health Administration, Board of Health, Community Health Advisory Committees, and interested public.

Perform research with Divisions and Medical Director on current public health issues identifying areas of unmet health needs. Prepare and/or aid in preparation of written reports and verbal presentations.

Aid Divisions in developing evaluation measures for agency outcomes and impact indicators.

Develops and maintains various data base systems to determine the prevalence and incidence of infectious and chronic diseases.

Writes detailed or technical reports of findings, conclusions, and recommendations based on a thorough analysis and interpretation of data.
Designs, coordinates, and conducts communicable disease outbreak investigations; reviews infectious disease cases; develops questionnaires; reviews and evaluates data.

Oversees tuberculosis control program; advises nursing staff on case management; determines resource allocations for screening of contacts (may provide direct services to patients and work with non-compliant patients); develops policies and procedures for tuberculosis control.

Epidemiologist
Job Description
Page 2

In times of a public health emergency, employee may be required to perform specialized assigned duties as outlined in MMDHD Policy #126 entitled “Emergency Preparedness for Chemical, Biological, Radiological, Nuclear and Explosive Events.”

Performs other duties as assigned.

**KNOWLEDGE, SKILLS AND ABILITIES**

Principles and practices relating to public health, epidemiology, and communicable diseases.

Biostatistics and research design as related to epidemiology.

Diagnosis and treatment of communicable disease.

Chronic and communicable disease intervention and programming strategies.

Computer applications relating to the area of assignment.

Communicating clearly and effectively, orally and in writing.

Reading, analyzing and interpreting professional periodicals and journals, technical procedures and government regulations.

Preparing clear and concise reports, correspondence, and other written material.

Organizing work, setting priorities, meeting critical deadlines, and following up assignments with a minimum of direction.

**QUALIFICATIONS**

Master’s degree in Public Health, Epidemiology, or a related field, or its equivalent in experience.

Public Health background with at least two to three years related work experience.

Other combinations of education, training, and experience which provide the required knowledge, skills, and abilities to perform the essential functions of this job would be considered.

Substantial micro-computer skills particularly in areas of word processing; database; spreadsheet; and graphics; including electronic communication via modem.
Physical Requirements: Sitting for prolonged periods of time; standing; kneeling; bending; twisting; and able to lift and carry presentation materials, A/V equipment, and files, etc. to a maximum of fifty pounds.

Required to travel and provide own transportation.

Revised: 3/28/2006
• **Pertussis (Whooping Cough)**

Pertussis, or whooping cough, is caused by a bacterium called *Bordetella pertussis*. Whooping cough was recognized in the middle ages and the first recorded outbreak was in Paris in 1598. Before vaccination was available, nearly every child was infected at some point in their life. Unfortunately, 1 out of every 200 children in the United States died from pertussis in the early 1900s.

Pertussis is very contagious and spread through coughing and sneezing. A person with pertussis can, on average, infect up to 12 to 15 other people. The incubation period is usually 7 to 10 days, but can range from 4 to 21 days. The illness starts out like a common cold, with runny nose, sneezing, low-grade fever, and mild, occasional cough. The cough gradually gets more severe, and after 1 to 2 weeks, bursts or fits of rapid coughing occurs, usually followed by a whooping sound as there is a struggle to inhale. Sometimes, the coughing person turns blue, passes out, vomits, or is exhausted after coughing. These coughing fits are more frequent at night and nothing helps. Typically, the person does not seem ill between the coughing fits. This severe cough typically lasts 6 to 10 weeks. The cough will then gradually get better over 2 to 3 weeks but can be triggered to recur for many months.

Not everyone with whooping cough whoops. Babies may not cough at all, but may struggle to breath or have life-threatening pauses in breathing called apnea. Adolescents and adults usually have more mild illness and may not have the classic whooping cough. Typically, the cough keeps them up at night. A great deal of pertussis remains undiagnosed due to the different ways it may present. Many studies have repeatedly found that about 1 out of 5 adolescents and adults with a cough lasting 2 weeks or more have pertussis. While they are not seriously ill, they serve as a source of illness to others. Most concerning is spread to young infants. Babies get pertussis from those that are around them: 55% get pertussis from their parent, 16% from a sibling, 10% from an aunt or uncle, 10% from a friend or cousin, 6% from a grandparent, and 2% from a caretaker. About half of babies under 1 year old that get pertussis will need to be cared for in the hospital. Of those that have to be in the hospital, 1 out of 100 will die.

Prior to vaccine development, more than 200,000 case of pertussis occurred each year in the United States and about 9,000 deaths resulted – nearly all in infants under the age of 6 to 12 months. Now, about 10,000 to 40,000 cases are reported each year with around 10 to 20 deaths still occurring. Pertussis-related death is typical due to secondary pneumonia. Other complications can occur such as seizures, encephalopathy, dehydration, pneumothorax, subdural hematomas, hernias, rectal prolapse, and broken bones. Nearly all complications are a result of coughing or lack of oxygen. Pertussis continues to be endemic, meaning it has never gone away and is still a potential cause of illness. It doesn’t follow any seasonal pattern and there are increases in cases every 2 to 5 years.

The best way to prevent pertussis is vaccination. Current vaccination recommendation are for babies and children to get 5 doses of DTaP (D=diphtheria, T=tetanus, aP=acellular pertussis). These are ideally given at 2, 4, and 6 months, at 15 to 18 months, and again at 4 through 6 years. A booster, Tdap, should be given at 11 or 12 years of age and also given to any adult that has not yet received it. It is also given to women during the third trimester of each pregnancy so that her high amount of antibodies can be passed to the baby prior to birth. This has been proven to help decrease the number of infants that die from pertussis. Antibiotics can kill the bacteria when someone is infected with pertussis and help prevent those exposed to pertussis from getting ill. Unfortunately, once the cough has started, antibiotics don’t do much to improve the course of the illness.
In the 1990s, there was a change in the pertussis vaccine. Previously, it was a whole cell vaccine (DTP). The whole cell vaccine did have a higher rate of side effects such as fever, injection pain, and swelling at the injection sight. There were also concerns more serious side effects were related to the whole cell vaccine; but there has never been conclusive evidence for this. Due to concerns, the United States and many other countries switched to an acellular vaccine (DTaP). This vaccine is made up of pieces of the bacteria, rather than the entire cell. Rates of pertussis have been increasing since this change in vaccine and studies have found that those that have received even just one dose of whole cell vaccine have less risk of pertussis infection than those that only received acellular vaccine. However, rates may also be increasing because more providers are aware of pertussis thereby diagnosing it more, and the diagnostic tests are easier, faster, and better. It is also possible that the bacteria may be changing in some way that is causing it to spread more easily.

Fortunately, there is still nowhere near the number of cases or deaths there once was. The series of five DTaP vaccines provide great protection and at least 9 out of 10 kids that get them are fully protected against pertussis. By age 11 or 12, 7 out of 10 kids are fully protected and the other 3 are partially protected. The discovery that immunity to the acellular vaccine fades with time led to the development of the Tdap booster. It is estimated that Tdap is 70% protective after being administered, and is about 40% effective 4 years later. While those that are vaccinated may still get pertussis, their illness is much less likely to be serious. The cough usually doesn’t last as long, there are not as many coughing fits, and they are less likely to spread the disease to others.

The primary objective with pertussis control is to reduce the spread of pertussis to babies, who are not yet fully vaccinated and at the highest risk for complications and death. Vaccinating all family members and others that will be around the baby is important. Giving Tdap to the pregnant women in her third trimester helps provide antibodies to the baby while the DTaP series is started. Children who are not vaccinated are at least 8 times more likely to get pertussis than children that have received all 5 childhood doses of DTaP. Because immunity after natural infection is not life-long, immunity from vaccination can wane with time, and pertussis can spread very easily, herd immunity, or relying of the immunity of those around you for protection, does not work in the case of pertussis.

**Recommendations**

1. **Continue to encourage routine vaccination of children and adults as the best way to prevent whooping cough as well as the 15 other diseases that are prevented with the recommended routine vaccinations.**

2. **Whooping cough still occurs. Suspected and confirmed cases are to be reported to the health department to ensure quick infection control.**
Sources:
Mid-Michigan District Health Department

2017-2019 MMDHD Strategic Plan

October 1, 2017 – September 30, 2019
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Letter from the Health Officer

I am pleased that you are looking at the Mid-Michigan District Health Department’s 2017-2019 Strategic Plan. This document lays out some of the most important goals the Department has, what it believes it will be doing to achieve those goals, and the philosophy that guides our work.

A local health department can function without a strategic plan, and many do. For example, our work is already defined in great detail by the Public Health Code and the categorical programs we are funded to provide. Furthermore, the opportunities we have to improve public health mostly come from supporting state and federal plans like Michigan’s obesity, oral health and perinatal plans, the Affordable Care Act, the Food Modernization Act and others.

However, I believe the true importance of a strategic planning process is that it creates an opportunity for Department staff to bring their training, expertise and experience to bear. Through this process, staff can name any overlooked opportunities, describe the bottlenecks and inefficiencies that frustrate them, and share their vision of what we could and should be doing. I hope that working on this plan has enabled staff at the Mid-Michigan District Health Department to do just that.

Establishing a strategic plan really does help us achieve our goals: we say what we are going to do and then we do it! In our previous plan we said we were going to establish a community health worker program and we did it; we said we were going to automate our Client Satisfaction Surveys and Quarterly Service Reports and we did it; we said we were going to fully automate environmental health and we did that, too.

The current plan names some of the most important things we are involved in in our communities: serving vulnerable people through our community health worker program, fighting toxic chemicals in our rivers and ground-water, improving surface and drinking water quality and serving our clients better by establishing a one-stop shop for public health services. Our community partners will recognize these elements of the plan as being things they see us do every day.

The plan also describes how we go about doing our work. Consider the goals in Focus Area Four “We are an Ideal Place to Work,” which have to do with improving staff retention and employee satisfaction. No, we don’t think we are “ideal” yet—but we intend to get there.

Reviewing the plan I realize some things we do very strategically are not in this plan, but they bear mentioning. For example MMDHD encourages staff to be involved in statewide activities. This is important because we need to understand and shape the public policy environment to make it less hostile to local public health.

I do believe that by the end of 2019 the vast majority of the goals in this plan will have been achieved. Our Quality Vision Action Team has historically done a very good job of driving the Department to follow through on the plan; and I am very grateful to everyone who has served on it.

Sincerely,

Mark W. (Marcus) Cheatham, Ph.D.
Health Officer
**Mission:**

We take action to protect, maintain, and improve the health of our community.

**Vision:**

Advancing innovative solutions to achieve healthier outcomes.

**Values:**

1. **Innovation**
   
   We empower each other (staff) to seek out new ideas (methods) in order to improve health in our communities. We apply the principles of continuous quality improvement to achieve efficiency and quality customer service.

2. **Collaboration**

   We value the diversity and unique contributions of our employees and partners. We develop positive relationships, foster innovative solutions, and strengthen our capacity to accomplish our mission.

3. **Accountability**

   We operate with open communication, transparency, timeliness, and integrity. We are effective and efficient managers of the public trust and public funds, and hold ourselves and others to high standards.

4. **Respect**

   We uphold a standard of conduct that recognizes and values the contributions of all. We create an environment which enhances positive relationships between coworkers and clients.

5. **Equity**

   We value equity as an essential foundation for healthier communities. We foster an environment in which listening to and understanding our differences is encouraged and confidences are protected.
Agency Overview

Many people who are unfamiliar with Public Health often wonder, “What does our health department do and who do they serve?” The Mid-Michigan District Health Department (MMDHD) has been in existence since 1966, and while there have been many changes in public health since then, the goal remains the same of striving to create a healthier community for our residents. Our services align with mandated services required by the State of Michigan to help ensure a healthy population and the “10 essential public health services”, which can be seen in the image to the right. The role of the Mid-Michigan District Health Department is in the area of preventative medicine. The activities of all program areas include a health education component which hopefully makes us more effective as educators in the field of preventative services by promoting good sanitation, personal health practices, and community screening and education.

MMDHD operates in a primarily rural community which serves residents who live in Clinton, Gratiot, and Montcalm counties. There are 52 townships, approximately 1,872 square miles and a combined population of over 181,200 year-round residents within the Health Department’s jurisdiction. We serve the community by offering preventative care, education, research and data, and setting policy in a collaborative manner with our many community partners. These community partners come from a variety of areas such as health care systems, local schools, non-profits, and other government agencies to name a few. Among these collaborative efforts are working with our partners to implement the Community Health Improvement Plans to address the health priorities of each community we serve and ensuring our community is prepared in case of an emergency (outbreak or natural disaster). Although we offer a multitude of programs and services you may be familiar with some such as immunizations, ensuring safe food and water, and monitoring disease trends. A list of all our programs and services can be found on our website at http://mmdhd.org/.

MMDHD is governed by a six member Board of Health, which is made up of two appointed commissioners from each of the three member counties. The Board of Health approves budgets and staffing changes and has broad oversight of program development. The agency is funded through a mix of program grants, fees and local appropriations. The agency has three divisions. The Community Health and Education Division and Environmental Health Division are responsible for direct service delivery. The Administrative Services Division provides support to the agency in areas such as emergency preparedness, quality improvement, performance management, public communication, finance, human resources, information technology and data support.
Strategic Planning Process

Team
The work of the Mid-Michigan District Health Department (MMDHD) is guided by a strategic plan. The planning process is led by the Quality Vision Action Team (QVAT) which includes members representing all branches and levels of the Department and the Board of Health. The Plan is developed from a SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis and identifies specific—usually measureable and time-bounded—actions that will be taken to achieve critical goals.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>Melissa Bowerman</td>
<td>Administrative Services Director</td>
</tr>
<tr>
<td>Adam Byrne</td>
<td>Environmental Health Sanitarian I</td>
</tr>
<tr>
<td>Marcus Cheatham</td>
<td>Health Officer</td>
</tr>
<tr>
<td>Sue Corrigan</td>
<td>Public Health Representative II</td>
</tr>
<tr>
<td>Bob Gouin</td>
<td>Environmental Health Director</td>
</tr>
<tr>
<td>Andrew Holdeman</td>
<td>IT Specialist</td>
</tr>
<tr>
<td>Gayle Hood</td>
<td>Registered Dietitian</td>
</tr>
<tr>
<td>Betty Kellenberger</td>
<td>Board of Health member</td>
</tr>
<tr>
<td>Dena Kent</td>
<td>Public Health Nurse II</td>
</tr>
<tr>
<td>Lisa Mikesell</td>
<td>Public Health Nurse II</td>
</tr>
<tr>
<td>Janea Near</td>
<td>Public Health Representative II</td>
</tr>
<tr>
<td>Cindy Partlo</td>
<td>Executive Administrative Assistant</td>
</tr>
<tr>
<td>Ross Pope</td>
<td>Quality &amp; Process Improvement Coordinator</td>
</tr>
<tr>
<td>Jamie Shepler</td>
<td>Public Health Nurse I</td>
</tr>
<tr>
<td>Seth Steenwyk</td>
<td>Environmental Health Sanitarian I</td>
</tr>
<tr>
<td>Jennifer Stratton</td>
<td>Community Health &amp; Education Supervisor</td>
</tr>
<tr>
<td>Andrea Tabor</td>
<td>Community Health &amp; Education Director</td>
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Focus Areas (priorities)
MMDHD created its first strategic plan in April 2000. The Plan was created to respond to staff concerns about the future of the Department. The Plan included considerable staff input and collaboration, as well as community partner participation addressing future strategic initiatives. The current 2017-2019 Strategic Plan includes the following five Focus Areas.

1. We monitor community needs
2. We excel at quality improvement
3. We promote public health
4. We are an ideal place to work
5. We manage our fiscal resources
Strategic Planning Process
These Focus Areas were developed through an extension planning process oversaw by QVAT. This process began in January of 2017 and the following is a timeline of the activities that occurred during that planning process:

- **January** - The team reviewed our past strategic plan to identify successes and unmet goals. The team also reviewed data sets that included client satisfaction surveys, employee surveys, core competencies, program/service data, and external factors that could affect the department. This initial SWOT analysis was accomplished by utilizing fishbone diagrams for each data set.

- **February** - The team reviewed and discussed our SWOT analysis. The team reviewed requirements and concepts that will be woven throughout the plan. The team also developed our mission, vision, and values that will be used to guide our direction moving forward. These activities were driven by group discussion and brainstorming exercises.

- **March** - The team reviewed State and National Accreditation reports for additional guidance. The team then utilized this information along with our SWOT analysis to develop affinity diagrams to guide our process of identifying and prioritizing focus areas and objectives.

- **April** – The team continued to identify and prioritize the objectives for each of the five focus areas. The team agreed that we would review the community health assessments (CHA’s) and community health improvement plans (CHIP’s) at our next meeting to determine how they would be incorporated into our strategic plan.

- **May** – The team reviewed the current CHA’s & CHIP’s for each of our three counties. This allowed us to discuss how we would incorporate specific CHIP components into our strategic plan. During this meeting the team also continued to refine the goals, objectives, and strategies for each of the five focus areas.

- **August** – The team reviewed the environmental health components that were added to the plan. The components were approved to be included in the plan, but agreed more refinement was needed on these objectives. The team also reviewed the plan in its entirety for revisions and enhancements, while also developing suggested strategies for communicating the progress made currently and in the future to our agency’s staff members.

- **September** – The team continued to review and refine the components of the plan. The team also developed our implementation and monitoring methods to help ensure progress is made towards achieving our goals and that all staff are kept well-informed throughout the life of the plan.

- **October** – The team conducted the final review of the proposed Strategic Plan and voted to approve the plan for implementation.
SWOT Analysis
Data teams consisting of 4-5 Quality Vision Action Team (QVAT) members were assigned to review and discuss four data sets for strategic planning purposes. These data sets consisted of program & service data, employee survey results, client satisfaction survey results, and core competency survey results. The data teams developed fishbone diagrams depicting the strengths, weaknesses, opportunities, and threats for each identified data set. These fishbone diagrams were then showcased to all QVAT members for further input and summaries were developed from each data set. Our Health Officer also provided QVAT with a summary of external factors, so we can incorporate all factors during the planning phase to assist in determining our direction moving forward.

<table>
<thead>
<tr>
<th>Strength</th>
<th>Weakness</th>
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<tbody>
<tr>
<td>- External communication (public)</td>
<td>- Branding</td>
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<tr>
<td>- Staff knowledge/input</td>
<td>- Insurance participation</td>
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<tr>
<td>- Data/metrics</td>
<td>- Staff limitations</td>
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<td>- Collaborations</td>
<td>- Internal Communication</td>
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<tr>
<td>- Training opportunities</td>
<td>- Survey response rate</td>
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<tr>
<td>- Use of technology (improved efficiency)</td>
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</table>

<table>
<thead>
<tr>
<th>Opportunity</th>
<th>Threat</th>
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<tbody>
<tr>
<td>- Enhanced internal communication</td>
<td>- Uncertainty with the ACA</td>
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<tr>
<td>- Enhanced education/interaction with public</td>
<td>- Funding</td>
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<tr>
<td>- Enhanced data/metrics from Environmental Health</td>
<td>- Staffing levels</td>
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<tr>
<td>- Increased access to services for clients</td>
<td>- Technology in programs (ex: MCIR)</td>
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<td>- Staff cross-training</td>
<td>- Pathways program sustainability</td>
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<td>- Empower staff more effectively</td>
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<tr>
<td>- Enhanced technology capabilities (software)</td>
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</table>

Implementation and Monitoring
QVAT members will provide oversight for implementation and monitoring of the Strategic Plan for the health department. QVAT members will also assist in communicating progress made on the Strategic Plan to other staff members by providing updates and obtaining feedback from staff at division meetings. When possible, we will utilize our video-conferencing capabilities to share updated information on the Strategic Plan simultaneously with all three branches offices. These updates will be provided to all staff following our quarterly QVAT meetings. This feedback will be utilized to strengthen our Strategic Plan moving forward, as this is a living document that will adapt to the current public health environment. In addition to the in-person updates/discussions described above, all meeting information will be posted on the agency’s intranet and an email (VALL) will be sent to all staff following our quarterly QVAT meetings to disseminate the meeting minutes, updated Strategic Plan, and any pertinent information related to the Strategic Plan.
As evidence-based strategies continually change, each objective will review and determine the appropriate evidence-based strategies to accomplish the intended objective prior to implementation of said strategy.

**Focus Area 1: We Monitor Community Needs**

<table>
<thead>
<tr>
<th>Goal 1:</th>
<th>Accurate data collection that allows us to improve our services.</th>
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<tbody>
<tr>
<td><strong>Objective</strong></td>
<td><strong>Action Item</strong></td>
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<tr>
<td>CHED Client Satisfaction Survey: Revisit &amp; enhance the survey and how it is distributed</td>
<td>1.1A: Archive previous years data and do a full review of the results with QVAT</td>
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<td></td>
<td>1.1B: Review survey distribution process for enhancement opportunities</td>
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<td></td>
<td>1.1C: Approve and implement distribution and context changes to survey if necessary</td>
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<tr>
<td>EH Client Satisfaction Survey: Develop and implement EH Client Satisfaction Survey</td>
<td>1.1D: Convene a group of EH staff members to identify &amp; develop actionable survey questions</td>
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<tr>
<td></td>
<td>1.1E: Draft survey and run tests to ensure desired functionality</td>
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<td></td>
<td>1.1F: Approve and implement survey for distribution</td>
</tr>
<tr>
<td></td>
<td>1.1G: Evaluate survey results for enhancement opportunities</td>
</tr>
<tr>
<td>Employee Survey: Revisit &amp; enhance the survey and how it is distributed</td>
<td>1.1H: Review survey results and determine distribution &amp; collection changes</td>
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<tr>
<td></td>
<td>1.1I: Implement approved revisions for 1 survey cycle</td>
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<td></td>
<td>1.1J: Evaluate survey results and staff feedback on collection methods</td>
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<tr>
<th>Status Legend</th>
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<tbody>
<tr>
<td><strong>Met</strong></td>
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<tr>
<td><strong>Active</strong></td>
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<tr>
<td><strong>Not Active</strong></td>
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<tr>
<td><strong>Not Met</strong></td>
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<tr>
<td>Objective</td>
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<tr>
<td><strong>Mental Health:</strong> Mental Health first aid training &amp; access to care</td>
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<tr>
<td><strong>Pathways:</strong> Developing sustainable funding stream to operate (new HUB/work with State)</td>
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<tr>
<td><strong>Watershed:</strong> Mobilizing the community to protect water and fight toxins.</td>
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</table>
### Goal 3: Environmental assessment/studies that will lead to policy changes

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Target Date</th>
<th>Measure or Metric</th>
<th>Champion</th>
<th>Status</th>
<th>Last Update Date</th>
<th>Recent Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Polybrominated Biphenyl (PBB) Study:</strong> Research exposure related health outcomes</td>
<td><strong>1.3A:</strong> Participate on PBB leadership committee with local stakeholders</td>
<td>Spring 2018</td>
<td>Committee convened</td>
<td>Emory University/ Epi Team</td>
<td></td>
<td>PBB committee educated MDHHS about need for data access</td>
<td></td>
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<tr>
<td></td>
<td><strong>1.3B:</strong> Support effort to get NIEHS grant for research</td>
<td>Summer 2018</td>
<td>NIEHS grant funded</td>
<td>PBB Leadership Committee</td>
<td></td>
<td>MDHHS will support Emory’s application</td>
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<tr>
<td></td>
<td><strong>1.3C:</strong> Local public health access to PBB data for community health assessment and education</td>
<td>Summer 2019</td>
<td>Work on PBB Registry begins with Emory University</td>
<td>PBB Leadership Committee</td>
<td></td>
<td>MDHHS considering legal options for granting enhanced data access</td>
<td></td>
</tr>
<tr>
<td><strong>E.coli:</strong> Develop local or state septic ordinance</td>
<td><strong>1.3D:</strong> Participate on committee with local stakeholders</td>
<td>Fall 2017</td>
<td>Committee convened</td>
<td>Health Officer</td>
<td></td>
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<tr>
<td></td>
<td><strong>1.3E:</strong> Ordinance developed in collaboration with stakeholders</td>
<td>Spring 2018</td>
<td>Ordinance developed</td>
<td>EH Division Director</td>
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<td></td>
<td><strong>1.3F:</strong> Ordinance approved and implemented</td>
<td>Fall 2018</td>
<td>Ordinance implemented</td>
<td>EH Division Director</td>
<td></td>
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</tr>
<tr>
<td><strong>Water Quality Monitoring:</strong> Contamination sites identified and tracked</td>
<td><strong>1.3G:</strong> Continue to encourage MDEQ to share information on contamination sites</td>
<td>Fall 2017</td>
<td>Regular calls</td>
<td>Health Officer</td>
<td></td>
<td>Have been working with MDHHS on vapor intrusion messaging</td>
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<tr>
<td></td>
<td><strong>1.3H:</strong> Partner with MDEQ on risk communication with impacted communities</td>
<td>Spring 2018</td>
<td>Messages developed</td>
<td>EH Division Director</td>
<td></td>
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<tr>
<td></td>
<td><strong>1.3I:</strong> Strengthen EH components of CHA/CHIP process</td>
<td>Winter 2018/19</td>
<td>CHA developed</td>
<td>Health Officer</td>
<td></td>
<td>Marcus developed draft CHA for EH</td>
<td></td>
</tr>
<tr>
<td><strong>Revised Total Coliform Rule (rTCR):</strong> Identify improved methodology for compliance with rTCR</td>
<td><strong>1.3J:</strong> Review baseline data to determine efficiency of rTCR procedures</td>
<td>Fall 2018</td>
<td>Review of rTCR procedures</td>
<td>EH Division Director</td>
<td></td>
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<tr>
<td></td>
<td><strong>1.3K:</strong> Consider alternative process for rTCR</td>
<td>Fall 2018</td>
<td>Review of rTCR procedures</td>
<td>Type II Sanitarian</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td><strong>1.3L:</strong> Implement alternative process for rTCR and evaluate changes</td>
<td>Spring 2019</td>
<td>Data on revised procedures</td>
<td>Type II Sanitarian</td>
<td></td>
<td></td>
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<tr>
<td><strong>Vapor Intrusion:</strong> Impact on indoor air quality</td>
<td><strong>1.3M:</strong> Ensure MDEQ shares information on known sites</td>
<td>Fall 2017</td>
<td>Regular calls</td>
<td>Health Officer</td>
<td></td>
<td>Working with MDEQ on Edmore site</td>
<td></td>
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<tr>
<td></td>
<td><strong>1.3N:</strong> Work with MDEQ to ensure adequate testing of known sites</td>
<td>Fall 2017</td>
<td>Testing protocols implemented</td>
<td>EH Division Director</td>
<td></td>
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<tr>
<td></td>
<td><strong>1.3O:</strong> Partner with MDEQ on risk communication with impacted communities</td>
<td>Spring 2018</td>
<td>Messages disseminated</td>
<td>EH Division Director</td>
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## Focus Area 2: We Excel at Quality Improvement

<table>
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<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Target Date</th>
<th>Measure or Metric</th>
<th>Champion</th>
<th>Status</th>
<th>Last Update Date</th>
<th>Recent Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>QI training plan: For incoming &amp; existing staff members</td>
<td>2.1A: Draft QI training plan developed to address staff needs</td>
<td>Winter 2017/18</td>
<td>Draft plan developed</td>
<td>QI &amp; PM Leadership Team</td>
<td></td>
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<tr>
<td></td>
<td>2.1B: QVAT to review plan for additional revisions, recommendations, and approval</td>
<td>Spring 2018</td>
<td>Updated plan approved</td>
<td>QI &amp; PM Leadership Team</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>2.1C: Implement QI Training Plan</td>
<td>Summer 2018</td>
<td>Plan Implemented</td>
<td>QI &amp; PM Leadership Team</td>
<td></td>
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</tr>
<tr>
<td>Develop process maps for new software systems: Patagonia &amp; Hedgerow</td>
<td>2.1D: Convene CHED &amp; EH teams to identify &amp; prioritize the process maps</td>
<td>Spring 2018</td>
<td>List of process maps to create</td>
<td>QI Specialist</td>
<td></td>
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<tr>
<td></td>
<td>2.1E: Develop process maps for staff training</td>
<td>Spring 2018</td>
<td>Draft process maps created</td>
<td>QI Specialist</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>2.1F: Process maps are approved &amp; accessed easily</td>
<td>Summer 2018</td>
<td>Process maps available</td>
<td>QI Specialist</td>
<td></td>
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</tr>
<tr>
<td>Digitize the records in EH: Searchable database for well &amp; septic records available to the public</td>
<td>2.1G: Ensure Conservation District grant remains available for digitizing</td>
<td>Spring 2018</td>
<td>Contract signed</td>
<td>Clinton Conservation District</td>
<td></td>
<td></td>
<td>New EH Division Director to meet with CCD in Fall of 2017</td>
</tr>
<tr>
<td></td>
<td>2.1H: Contract with a vendor to digitize a searchable database for public utilization</td>
<td>Spring 2019</td>
<td>Data integrated in system</td>
<td>EH Division Director</td>
<td></td>
<td></td>
<td>Develop requirements for digitized files</td>
</tr>
<tr>
<td></td>
<td>2.1I: Functional system up and running</td>
<td>Fall 2019</td>
<td>Online system operational</td>
<td>EH Division Director</td>
<td></td>
<td></td>
<td>Ensure system is user friendly</td>
</tr>
<tr>
<td>Objective</td>
<td>Action Item</td>
<td>Target Date</td>
<td>Measure or Metric</td>
<td>Champion</td>
<td>Status</td>
<td>Last Update Date</td>
<td>Recent Activity</td>
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<tr>
<td><strong>Automated Reporting:</strong> Automated reports developed for the quarterly service report (QSR), health goals for programs, and accreditation requirements (MPR’s)</td>
<td><strong>2.2A:</strong> Become familiar with software systems reporting capabilities (Patagonia &amp; Hedgerow)</td>
<td>Fall 2017</td>
<td>Reports reviewed</td>
<td>QI &amp; PM Leadership Team</td>
<td></td>
<td></td>
<td>Sequel reports needed for EH.</td>
</tr>
<tr>
<td></td>
<td><strong>2.2B:</strong> Review old meta data to determine what data we would like to pull (codes, etc.)</td>
<td>Winter 2017/18</td>
<td>Data identified</td>
<td>QI &amp; PM Leadership Team</td>
<td></td>
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<tr>
<td></td>
<td><strong>2.2C:</strong> Develop automated reports for staff to utilize</td>
<td>Spring 2018</td>
<td>Automated reports developed</td>
<td>QI/IT</td>
<td></td>
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<tr>
<td><strong>PM System Development:</strong> Agency-wide performance indicators monitored (CHED, EH, ADMIN)</td>
<td><strong>2.2D:</strong> Performance indicators reviewed and approved for monitoring purposes</td>
<td>Spring 2018</td>
<td>Indicators approved</td>
<td>QI &amp; PM Leadership Team</td>
<td></td>
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<tr>
<td></td>
<td><strong>2.2E:</strong> Develop report for monitoring</td>
<td>Summer 2018</td>
<td>Report developed</td>
<td>QI/IT</td>
<td></td>
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<td></td>
<td><strong>2.2F:</strong> Indicators drive change for improvement</td>
<td>Spring 2019</td>
<td># of QI projects identified</td>
<td>QI &amp; PM Leadership Team</td>
<td></td>
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## Focus Area 3: We Promote Public Health

### Goal 1:

**Improved patient access to service.**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Target Date</th>
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<th>Champion</th>
<th>Status</th>
<th>Last Update Date</th>
<th>Recent Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>One Stop Shop:</strong> Provide all needed or desired services within the same clinical visit.</td>
<td>3.1A: Cross train staff</td>
<td>Summer 2018</td>
<td>Training plan implemented</td>
<td>CHED Leadership</td>
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<td></td>
<td>3.1B: Determine staffing requirements to handle multiple services in a clinic day</td>
<td>Summer 2018</td>
<td>Set staffing levels</td>
<td>CHED Leadership</td>
<td></td>
<td></td>
<td>Staff to train staff on their programs</td>
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<tr>
<td></td>
<td>3.1C: Supervisors empower staff to meet client needs.</td>
<td>Fall 2018</td>
<td>Increase in Walk-in clients</td>
<td>CHED Leadership</td>
<td></td>
<td></td>
<td>(How do we identify additional needed services?)</td>
</tr>
<tr>
<td><strong>Patient Assistance:</strong> Provide supplies for under/uninsured clients (Immunizations &amp; Family Planning)</td>
<td>3.1D: Cross train staff on screening process &amp; eligibility requirements</td>
<td>Summer 2018</td>
<td>Training plan implemented</td>
<td>CHED Supervisor</td>
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<tr>
<td></td>
<td>3.1E: Setup contacts with drug companies for supplies</td>
<td>Summer 2018</td>
<td>Contact list developed</td>
<td>CHED Supervisor</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>3.1F: Ensure proper supply availability</td>
<td>Fall 2019</td>
<td>Increase in PAP clients served</td>
<td>CHED Supervisor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>BCCCNP, FP &amp; STI Expansion:</strong> Provide services to clients in Shiawassee County</td>
<td>3.1G: Explore offering BCCCNP, FP, &amp; STI services in Shiawassee county</td>
<td>Winter 2017/18</td>
<td>Established location to provide services</td>
<td>CHED Leadership</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>3.1H: Began offering services if feasible</td>
<td>Spring 2018</td>
<td>Services provided</td>
<td>CHED Leadership</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>EH Water Testing Process:</strong> Enhance the ability for clients to conduct water testing and submit samples for lab review</td>
<td>3.1I: Review contracts, infrastructure, process</td>
<td>Winter 2017/18</td>
<td>EH committee convened</td>
<td>EH Division Director</td>
<td>Bacteria and nitrates/nitrites (limited coolers)</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>3.1J: Explore alternative vendor for testing</td>
<td>Winter 2017/18</td>
<td>Vendors reviewed for testing</td>
<td>EH Division Director</td>
<td>Kent county lab (ok) For type II (everything?)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.1K: Implement revised procedure</td>
<td>Winter 2017/18</td>
<td>Procedure evaluated</td>
<td>EH Division Director</td>
<td>District 10 provides testing on nitrates?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Objective</td>
<td>Action Item</td>
<td>Target Date</td>
<td>Measure or Metric</td>
<td>Champion</td>
<td>Status</td>
<td>Last Update Date</td>
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</tr>
<tr>
<td><strong>Community Outreach:</strong> Develop campaign/plan</td>
<td><strong>3.2A:</strong> Renew and/or develop program specific materials for community partners</td>
<td>Spring 2018</td>
<td>Inventory list of promotional &amp; educational materials</td>
<td>Marketing Committee</td>
<td></td>
<td></td>
<td>(plan review &amp; temp foods)</td>
</tr>
<tr>
<td></td>
<td><strong>3.2B:</strong> Evaluate effectiveness of outreach.</td>
<td>Spring 2019</td>
<td>CSS’s &amp; Social Media reach</td>
<td>CHED/EH Leadership</td>
<td></td>
<td></td>
<td>Thank you cards to doctors for referring clients</td>
</tr>
<tr>
<td><strong>Marketing:</strong> Branding &amp; social media</td>
<td><strong>3.2C:</strong> Enhance Marketing Committee.</td>
<td>Fall 2017</td>
<td>Team Members identified</td>
<td>Marketing Committee</td>
<td></td>
<td></td>
<td>Add Jamie &amp; Jen to team</td>
</tr>
<tr>
<td></td>
<td><strong>3.2D:</strong> Research client base to determine most effective methods</td>
<td>Fall 2017</td>
<td>Plan developed</td>
<td>Marketing Committee/PIO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>3.2E:</strong> Exhibit need/engage consultant for graphic development</td>
<td>Spring 2018</td>
<td>Contract in place</td>
<td>Marketing Committee/PIO</td>
<td></td>
<td></td>
<td>Need an electronic sign, launch new website</td>
</tr>
<tr>
<td></td>
<td><strong>3.2F:</strong> Implement rebranding process (publications, etc.)</td>
<td>Fall 2018</td>
<td>Plan Implemented</td>
<td>Marketing Committee/PIO</td>
<td></td>
<td></td>
<td>Introduce new brand to community. Videos (water testing, radon)</td>
</tr>
<tr>
<td><strong>Increasing Outlying Clinics &amp; client transportation:</strong> Reduce the burden on clients to obtain care</td>
<td><strong>3.2G:</strong> Determine need for additional clinics (x per month, locations, etc.)</td>
<td>Spring 2018</td>
<td>Data showing client need</td>
<td>CHED Division Director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>3.2H:</strong> Identify or create resource guide for clients</td>
<td>Spring 2018</td>
<td>Guide available</td>
<td>CHED Division Director</td>
<td></td>
<td></td>
<td>EightCAP</td>
</tr>
<tr>
<td></td>
<td><strong>3.2I:</strong> Evaluate process to ensure clients know their transportation options</td>
<td>Summer 2018</td>
<td>Data collected via survey</td>
<td>CHED Division Director</td>
<td></td>
<td></td>
<td>Make sure staff is providing information. Surveys to capture transportation options</td>
</tr>
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</table>
Focus Area 4: We are an Ideal Place to Work

<table>
<thead>
<tr>
<th>Objective</th>
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<th>Champion</th>
<th>Status</th>
<th>Last Update Date</th>
<th>Recent Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved Internal Communication: Identify what staff need/want to know and how it is communicated</td>
<td><strong>4.1A:</strong> Determine topics that need to be communicated to staff</td>
<td>Fall 2017</td>
<td>Feedback from staff</td>
<td>Management</td>
<td></td>
<td></td>
<td>No twitter used for internal comm.</td>
</tr>
<tr>
<td></td>
<td><strong>4.1B:</strong> Determine best form to communicate specific internal information</td>
<td>Fall 2017</td>
<td>Feedback from staff</td>
<td>Management</td>
<td></td>
<td></td>
<td>Inform staff of progress (EH, CHED, ADMIN)</td>
</tr>
<tr>
<td></td>
<td><strong>4.1C:</strong> Implement revised communication plan</td>
<td>Winter 2017/18</td>
<td>Employee survey</td>
<td>Management</td>
<td></td>
<td></td>
<td>See if survey results improved</td>
</tr>
<tr>
<td>Policy &amp; Procedures: Develop schedule to review and update policies and procedures on a regular basis</td>
<td><strong>4.1D:</strong> Identify plans/procedures</td>
<td>Fall 2018</td>
<td>Inventory created</td>
<td>Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>4.1E:</strong> Evaluate plans/policies for initial review and/or removal</td>
<td>Fall 2018</td>
<td>Prioritized list</td>
<td>Management</td>
<td></td>
<td></td>
<td>Bonnie H. old binders</td>
</tr>
<tr>
<td></td>
<td><strong>4.1F:</strong> Determine review schedule</td>
<td>Fall 2018</td>
<td>Review schedule created</td>
<td>Management</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td><strong>4.1G:</strong> Central location for revised documents.</td>
<td>Spring 2019</td>
<td>Electronic database created</td>
<td>Management</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Follow-Up Communication about Strategic Plan: Ensure staff understand plan progress</td>
<td><strong>4.1H:</strong> Evaluate alternative methods</td>
<td>Spring 2018</td>
<td>QVAT makes decision</td>
<td>QVAT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>4.1I:</strong> Implement selected methods</td>
<td>Summer 2018</td>
<td>Implementation evaluated by QVAT</td>
<td>QVAT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>4.1J:</strong> Finish the content management system</td>
<td>Winter 2018/19</td>
<td>Content management system used for internal/external communication</td>
<td>QVAT</td>
<td></td>
<td></td>
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<tr>
<td>Goal 2:</td>
<td>Staff development &amp; clearly identified roles and responsibilities</td>
<td></td>
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<tr>
<td><strong>Objective</strong></td>
<td><strong>Action Item</strong></td>
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<td><strong>Champion</strong></td>
<td><strong>Status</strong></td>
<td><strong>Last Update Date</strong></td>
<td><strong>Recent Activity</strong></td>
</tr>
<tr>
<td><strong>Staff Development:</strong> Ensure staff has the opportunity for professional growth at MMDHD.</td>
<td><strong>4.2A:</strong> Collect staff input on improving retention and increasing job satisfaction</td>
<td>Winter 2017/2018</td>
<td>Expand WFD committee membership</td>
<td>Workforce Development Committee</td>
<td></td>
<td></td>
<td>Targeting 4 additional members (ask QVAT who?)</td>
</tr>
<tr>
<td></td>
<td><strong>4.2B:</strong> Supervisors communicate on a regular basis with staff regarding their needs, strengths, opportunities for improvement, and goals</td>
<td>Winter 2017/2018</td>
<td>Performance appraisals &amp; reverse appraisals</td>
<td>Management</td>
<td></td>
<td></td>
<td>Utilize new performance appraisal process and communicate ongoing (one on one interaction)</td>
</tr>
<tr>
<td></td>
<td><strong>4.2C:</strong> Evaluate the impact on staffing related to upcoming retirements and the recruitment barriers finding qualified new employees.</td>
<td>Fall 2018</td>
<td>Environmental scan</td>
<td>Workforce Development Committee</td>
<td></td>
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<tr>
<td></td>
<td><strong>4.2D:</strong> Develop plan of succession for foreseeable departures from the agency.</td>
<td>Fall 2018</td>
<td>Strategies developed and incorporated into WFD Plan</td>
<td>Workforce Development Committee</td>
<td></td>
<td></td>
<td>Performance appraisals, retention, hiring, growth opportunities, environmental scan</td>
</tr>
<tr>
<td></td>
<td><strong>4.2E:</strong> Develop plan/partnerships to encourage students into public health fields to address long-term hiring pool shortages</td>
<td>Fall 2018</td>
<td>Strategies developed and incorporated into WFD Plan</td>
<td>Workforce Development Committee</td>
<td></td>
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<tr>
<td></td>
<td><strong>4.2F:</strong> Increase opportunities for advancement through non-mandated certifications and trainings geared towards enhancing skills of staff members.</td>
<td>Fall 2018</td>
<td>Performance appraisals</td>
<td>Management</td>
<td></td>
<td></td>
<td>Sup hired for EH, EHS III, PHN III position created</td>
</tr>
<tr>
<td><strong>Orientation:</strong> Identified roles and responsibilities for staff (training)</td>
<td><strong>4.2H:</strong> Start the committee back up to evaluate the process. (program &amp; department wide)</td>
<td>Spring 2018</td>
<td>Committee convened</td>
<td>Workforce Development Committee</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td><strong>4.2I:</strong> Develop method to track orientation process effectively</td>
<td>Summer 2018</td>
<td>Electronic checklist developed</td>
<td>Workforce Development Committee</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td><strong>4.2J:</strong> Collect feedback from staff on new process for additional enhancement opportunities</td>
<td>Spring 2019</td>
<td>Feedback collected</td>
<td>Workforce Development Committee</td>
<td></td>
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</tbody>
</table>
## Focus Area 5: We Manage our Fiscal Resources

<table>
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<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Target Date</th>
<th>Measure or Metric</th>
<th>Champion</th>
<th>Status</th>
<th>Last Update Date</th>
<th>Recent Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program/service innovation:</strong> Identify sustainable services that MMDHD could provide to our community</td>
<td><strong>5.2A:</strong> Determine if there is demand for new public health services</td>
<td>Winter 2017/18</td>
<td>Annual environmental scan</td>
<td>Management</td>
<td></td>
<td></td>
<td>Ex: RD, IBCLC, STD, point of sale?</td>
</tr>
<tr>
<td></td>
<td><strong>5.2B:</strong> Identify funding streams to support new services</td>
<td>Summer 2018</td>
<td>Annual environmental scan</td>
<td>Management</td>
<td></td>
<td></td>
<td>Open to receiving $$</td>
</tr>
<tr>
<td></td>
<td><strong>5.2C:</strong> Develop business plan to ensure cost effectiveness of the new service line</td>
<td>Winter 2018/19</td>
<td>Annual environmental scan</td>
<td>Management</td>
<td></td>
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<tr>
<td><strong>Increased Reimbursement:</strong> Improve the billing process to reduce rejections/denials (insurance participation, tracking, etc.)</td>
<td><strong>5.2D:</strong> Enhance training for staff in billing</td>
<td>Fall 2017</td>
<td>Error rejection %</td>
<td>Administrative Services Director</td>
<td></td>
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<td></td>
<td><strong>5.2E:</strong> Committee developed to determine proper steps to educate staff on eligibility, contracting, and common billing practices. Maximize value by coding properly.</td>
<td>Spring 2018</td>
<td>Committee identified</td>
<td>Administrative Services Director</td>
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</tbody>
</table>
MID-MICHIGAN DISTRICT HEALTH DEPARTMENT
INTERNAL COMMITTEES AND MEMBERS

Health Enhancement Committee (HEC)

Purpose: To assist employees in establishing a balance of health and wellness in the workplace.

Mission: To create a sense of community within the agency that conveys a positive outlook and a shared vision for the health and wellness of self and others.

Members: Katie Allen, Melissa Bowerman, Hailey Brewer, Bryan Fowler, Leslie Kinnee, Charity Little, Nicole Montgomery, Erin Morgan, Megan Schulz, Sara Thelen, Tammara VanDop, Dawn Wadle

Meets: Monthly

Quality Vision Action Team (QVAT)

Purpose: This team exists to champion the strategic planning and quality improvement efforts at MMDHD.

Members: Melissa Bowerman, Adam Byrne, Marcus Cheatham, Sue Corrigan, Bob Gouin, Andrew Holdeman, Gayle Hood, Betty Kellenberger (BOH), Dena Kent, Lisa Mikesell, Janea Near, Cindy Partlo, Ross Pope, Jamie Shepler, Seth Steenwyk, Jennifer Stratton, Andrea Tabor

Meets: Quarterly

Health Insurance Task Force

Purpose: This team represents Administration and both unions to assess, review, and make recommendation on employee insurance programs. Also makes decisions on requests from general leave bank.

Members: Melissa Bowerman, Marcus Cheatham, Jenniffer Efaw, Holly Stevens, Becky Stoddard, Union Stewards (TBD)

Meets: Annually or As Needed

Marketing Team

Purpose: Subcommittee of QVAT – Develop or enhance information/communication venues

Members: Breann Bonga, Marcus Cheatham, Leslie Kinnee, Ross Pope, Andrea Tabor, Cheryl Thelen, Sara Thelen, Pat Wall

Meets: Quarterly
**Safety Committee**

**Purpose:** To provide a safe environment for our staff and clients.

**Members:** Melissa Bowerman, Hailey Brewer, Sarah Doak, Angie Felton, Mario Lucchesi, Lisa Mikesell, Ross Pope, Cathy Smith, Jennifer Stratton

**Meets:** Monthly

---

**QI & PM Leadership Team**

**Purpose:** Evaluation of program and service outcomes administered by MMDHD. This team then identifies and prioritizes quality improvement opportunities for increased effectiveness and efficiency within our programs and services. This team also develops MMDHD’s annual Quality Improvement & Performance Management Plan.

**Members:** Melissa Bowerman, Marcus Cheatham, Jennifer Stratton, Ross Pope, Andrea Tabor

**Meets:** As needed
Acronym Descriptions

(ACA) Affordable Care Act – a regulatory overhaul and expansion of healthcare coverage

(BCCCNP) Breast and Cervical Cancer Control Navigation Program – low-income women have access to life-saving cancer screening services and follow-up care, including cancer treatment if that should be needed.

(CHA) Community Health Assessment – a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community.

(CHED) Community Health & Education Division – provides a variety of preventive health services to individuals and families in the community.

(CHIP) Community Health Improvement Plan – a long-term, systematic effort to address public health problems on the basis of the results of community health assessment

(EH) Environmental Health Division – the duty of enforcing environment-related laws to protect the health of residents within the Health District’s jurisdiction.

(FP) Family Planning – program provides affordable pregnancy prevention services.

(FTE) Full-Time Equivalent – is the hours worked by one employee on a full-time basis.

(MCIR) Michigan Care Improvement Registry – a registry to track information about adult and childhood immunizations.

(MDEQ) Michigan Department of Environmental Quality – responsible for protecting the state’s air, land, and water.

(MDHHS) Michigan Department of Health & Human Services – provides public assistance, child and family welfare services, and oversees health policy and management.

(MMDHD) Mid-Michigan District Health Department – one of Michigan’s forty-five local health departments formed March 1, 1966.

(NIEHS) National Institute of Environmental Health Sciences – institute goal is to discover how the environment affects people in order to promote healthier lives.

(PAP) Patient Assistance Program – staff assists patients with completing drug company applications for assistance with obtaining prescription drugs at low or no cost to the patient.

(PBB) Polybrominated Biphenyl – are man-made chemicals that were used as fire retardants in plastics that were used in a variety of consumer products.

PIO) Public Information Officer – a communications coordinators or spokespersons of certain governmental organizations.
**Revised Total Coliform Rule**—The purpose of the rule is to protect public health by ensuring the integrity of the drinking water distribution system and monitoring for the presence of microbial contamination.

**Sexually Transmitted Infection** – program provides confidential testing, treatment and education for sexually transmitted diseases is provided for both adults and teens.

**SWOT analysis** – strengths, weaknesses, opportunities, and threats analysis and is a structured planning method that evaluates those four elements of an organization, project or business venture.

**Quality Vision Action Team**– MMDHD’s strategic planning committee that develops, implements, and monitors our agency’s strategic planning process.
• **House Bill 5241. VanSingle.** This bill modifies Part 93 of the Public Health Code which pertains to vision and hearing screening. It adds a requirement that local health departments screen children who have not had a dental visit for oral health problems before school entry. This bill would be good for public health. The bill includes a provision for funding this new program. I believe this bill is very likely to be passed by the House and Senate and will be signed by Governor Snyder.

• **House Bill 5162. Johnson.** This bill modifies Section 9227 of the Public Health Code which pertains to communicable disease control and immunizations. It prohibits the Michigan Department of Health and Human Services (MDHHS) from creating any new vaccination requirements for children in school. This undermines the system established by the Centers for Disease Control and Prevention (CDC) for developing new vaccination protocols. New vaccination protocols are developed by the Advisory Committee on Immunization Practices (ACIP) and states adopt their recommendations. The bill would prohibit Michigan from participating in this way.

• **Senate Bills 166 and 167. Zorn. Jones Cosponsor.** Following the recommendations of Michigan’s Prescription Drug and Opioid Abuse Task Force, this bill would increase use of the Michigan Automated Prescription System (MAPS) database which tracks opioid narcotics. It would tighten requirements that pharmacies enter data into MAPS when filling prescriptions and require providers to consult MAPS before writing prescriptions.

• **Statewide Septic Code.** The Michigan Association of Local Environmental Health Administrators informed us that Representative Lower and the Michigan Department of Environmental Quality (MDEQ) have resumed discussions regarding a possible statewide septic code and that they have tentative support from the Michigan Association of Realtors.
Action Items
October 2017

- The Board of Health (BOH) adopted the Monthly Healthy Living Recommendation for October 2017:
  
  ✓ Recognize the effects of injection drug use on the transmission of infectious diseases.
  ✓ Learn the science behind the efficacy of syringe service programs, as well as the cost-effectiveness and other benefits
  ✓ Understand the unique risks faced by rural Northern Michigan, due to high rates of opioid addiction, lack of access to sterile injection supplies, and lack of access to drug treatment and medical care.

- The BOH changed their meeting times to begin the Finance Committee meeting at 8:00 a.m. and the Regular BOH meeting to 9:00 a.m. (except for the December meeting) effective immediately.

- The BOH approved the agency’s Organizational Charts for FY 17/18.
### STAFFING CHANGES
NOVEMBER - 2017

#### AS

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<tr>
<th>STATUS</th>
<th>POSITION</th>
<th>BRANCH OFFICE</th>
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<tr>
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#### CHED

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<tr>
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<tbody>
<tr>
<td>SEPARATION OF EMPLOYMENT</td>
<td>Angela Felton, FT Community Health Worker, Clinton Branch Office effective November 10, 2017</td>
<td>Clinton</td>
</tr>
<tr>
<td>VACANCY – ON HOLD</td>
<td>FT Community Health Worker, Clinton Branch Office effective November 13, 2017</td>
<td>Clinton</td>
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#### EH

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<th>STATUS</th>
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<th>BRANCH OFFICE</th>
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<tbody>
<tr>
<td>NEW HIRE</td>
<td>Rachel Brunkhorst, PT (0.6 FTE) P.H. Representative I, Gratiot Branch Office effective October 30, 2017</td>
<td>Gratiot</td>
</tr>
<tr>
<td>NEW HIRE</td>
<td>Kyle Zuiderveen, FT E.H. Specialist I, Montcalm Branch Office effective November 13, 2017</td>
<td>Montcalm</td>
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Longevity recognition on page 2
# Longevity Recognition for 2017

## Five Years
- Jennifer Stratton, 1/17/2017
- Eric Deford, 4/30/2017
- Marcus Cheatham, 5/29/2017
- Stacey Peterman, 9/14/2017
- Andrea Tabor, 10/22/2017

## Ten Years
- Leslie Kinnee, 2/12/2017
- Melissa Bowerman, 8/27/2017

## Fifteen Years
- Kimberly Peters, 2/20/2017

## Twenty Years
- Cynthia Partlo, 11/17/2017

## Twenty-Five Years
- Angelia Martin, 9/30/2017
- Linda Gronda, 10/5/2017
Rebranding MMDHD

By Marcus Cheatham, Health Officer

A few months ago, at the February meeting of the Quality Vision Action Team, something awesome and completely unexpected happened. We went into the meeting knowing we were going to discuss MMDHD's Mission, Vision and Guiding Principles—an exercise I usually dread—and emerged with brand new and very cool guiding principles.

Strategic Planning gurus seem to suggest that organizational success is all about having the right Mission, Vision and Guiding Principles. If you just think the right way everything will turn out great. But it can be hard to maintain a positive attitude when you look at how things really are. For example, one of our old guiding principles was "I will remain confident that my efforts will lead to the desired outcome."

But how can you be “confident” when you know Congress wants to take our clients’ health insurance, Michigan lacks the resources to fully fund our programs, and our clients struggle to meet their family’s basic needs? Surely there are very good reasons for doubt.

At the QVAT meeting I watched in delight as the group ripped into the old Guiding Principles and came up with something totally brand new. They wanted the Guiding Principles to be about the things that motivate them to come to work; the things that make them proud of their work; the things that make them hang in there with a troubled client. The group started playing with acronyms that could stand for our Principles and eventually ended up with this:

I CARE: You are incredibly innovative in your approach to your work, you collaborate closely with each other and community partners, you hold yourselves accountable for what you do, you treat each other and clients with respect, and your work is built on a foundation of equity and social justice. These are things we can believe in even when the going is tough.

2018 is going to be the year we rebrand MMDHD. The Board of Health has told us it is time and given us our marching orders. By the end of the year we will have a new logo, new signage, new website, new look and feel, maybe even a new name. The Guiding Principles is just the start.

Much thanks to Andrea Tabor, Dena Kent, Betty Kellenberger, Melissa Bowerman, Andrew Holdeman, Cindy Partlo, Jennifer Stratton, Ross Pope, Adam Byrne, Gayle Hood, Lisa Mikesell, Seth Steenwyk, Janea Near, Jamie Shepler and Sue Corrigan who came up with our new Guiding Principles. By the way, if you want to serve on QVAT all you have to do is put your hand in the air and we’ll reserve a spot for you!
From distracted to productive
How to tame the email beast

How can you find one hour of productivity each day? Randall Dean's book, “Taming the email beast” will show you the way. Here are some highlights:

Did you know that:
- Smart phone users look at their phones an average of 150 times a day?
- The average person spends two hours on email each day?
- Some individuals spend 25-50% of their day on email?
- Thirteen percent of smart phone users show signs of clinical addiction?

How is email owning us? According to Dean, we check our email way too often and get way too many. We also read the same email messages over and over. In fact, the average person reads an email three to seven times before deciding what to do with it!

So, what can we do to help tame the email beast?
- Unsubscribe to list serves that don't show much benefit.
- Use our Outlook calendar and task list to capture “to dos” and delete the email.
- Establish a time-based regimen for checking emails, say three to four times a day if possible.
- Only handle each email once
- Implement the “three minute” rule, which means that if you can take care of an email within three minutes, then do it. If it will take longer, put it on your calendar or task list, and then delete the email.

Would you like to receive less email? Then send less email. Dean says email is like rabbits- it replicates fast! He also recommends keeping distribution lists tight. When sending a group email, be sure to use the “bcc” so that those you send your email to won't be able to reply to all.

Dean reminds us that email shouldn't be lengthy; it should fit on one page. If someone needs to scroll down to read your email, don't send it, because the receiver won't bother to read it!

He also has a few tips on staying organized and on-track. First of all, he recommends looking at your schedule at the beginning of each week and blocking out time for each project. And, first thing every morning, be sure to check your calendar and task list to see what needs to be done that day. If your to-do list is too long, move those not-so-important projects to another day.

Technology Tip

According to Andrew Holdeman, Information Technology Specialist, the Windows 10 Fall Creator's Update “Redstone 4” was released October 17, 2017. He said the update will cause slow internet speeds and long reboots and wants staff to be prepared for the temporary inconvenience at home and at work. The process could continue for a few months.
Years of Service

Congratulations to the following employees on another year of service:

Five Years
Andrea Tabor

Twenty Years
Cindy Partlo

Condolences

Tammara VanDop, whose father-in-law passed away in October.
Eric Deford, whose grandfather-in-law passed away in October.
George Bailey (Gratiot County Commissioner and Board of Health member), whose wife passed away in September.
Cassie House, whose sister-in-law passed away in September.
Tammara VanDop, whose father passed away in September.
Courtney Beagle, whose grandmother passed away in September.
Ross Pope, whose grandmother passed away in July.
Megan Schulz, whose grandfather passed away in July.

Staffing Changes

Duane Schneider accepted the Environmental Health Specialist III position, based in the Clinton Branch Office.

Courtney Beagle transitioned from her role in Environmental Health as a Public Health Representative II to the Michigan Care Improvement Registry (MCIR) Clerk, based in the Clinton Branch Office.

Dena Kent, Public Health Nurse II, has moved into the Communicable Disease Nurse position left vacant by Laura Grosskopf’s retirement. This move takes Dena from part-time to full-time and changes her base from the Clinton Branch Office to the Montcalm Branch Office.

Pauline Black has been serving the Environmental Health Division in all three counties on a part-time basis for quite some time. She is now working full-time for the Division as a Public Health Representative based in the Clinton Branch Office.

Congratulations and best of luck in your new roles!

Showered with gifts

Cassie House (left) and Shelley Treynor (right) were showered with gifts from co-workers as they await the arrival of their bundles of joy.
ACE Award
Achievement • Character • Excellence

Shelley Treynor, Oral Health Coordinator, MBO
July - September 2017

Shelley received the following nominations from her co-workers:
• Shelley goes way above and beyond to enhance the oral health of WIC and Headstart kiddos. She always has a smile and her positive attitude is infectious. She is flexible and always willing to help her co-workers in any way she can.
• Shelley is very easy to be around and is great with the kids. I am thankful she’s part of our team.
• Shelley has always proved to be a great asset to our clinics and head starts. I have enjoyed every bit of our co-worker relationship and feel she deserves an award for her over achievement efforts. Keep up the great work!

Also nominated: Adam Byrne, Megan Schulz and Bob Gouin.

Lisa Smith, Public Health Representative II, CBO
April - June 2017

Lisa received the following nominations from her co-workers:
• Lisa is always willing to jump in and help in any program and goes above and beyond what is expected of her. She is always so positive and doesn’t let anything dull her sparkle!
• Lisa provides great customer service to all clients and helps her co-workers with anything! She is well deserving of this award.
• Lisa is always able to get a client to open up and smile and keeps her co-workers laughing!
• Lisa is very organized, rarely makes mistakes and never complains!
• Lisa understands current processes and works to improve them. She is not afraid to take on new challenges.
• Lisa is wonderful to work with and the clients love her! She treats everyone with respect and is willing to help whenever and wherever she is needed. She keeps the clinic running smoothly and always has a smile on her face.

Also nominated: Dena Kent, Jamie Sawdy, Bryan Fowler and Laurie Finn

Nominations are currently being accepted for the next ACE Award! Nominate a deserving co-worker today! The nomination form can be found on the intranet- click on “Resource Links” and then “Ace Nominations.”
MMDHD welcomes new employees

**Keegan Russell, Environmental Health Specialist I**
Keegan Russell joined the agency in July as a full-time Environmental Health Specialist I, based in GBO. He holds a bachelor's degree from Lake Superior State University in Fisheries and Wildlife Management and has worked for the Department of Natural Resources/Fish and Wildlife. Keegan has two brothers, one sister and a dog named Koda. His hobbies include traveling, spending time outdoors and competing in bass tournaments all over the U.S. In college he even qualified for bass fishing nationals!

**Nathan Jammer, Environmental Health Specialist I**
Nathan Jammer joined the agency in August as a full-time Environmental Health Specialist I, based in GBO. He graduated from Central Michigan University with a degree in biology and most recently worked as an EH Specialist for Servpro of Saginaw. Nathan has been happily married for two years and has an Australian Shepherd named Sophie. He is a huge Pittsburgh Pirates fan and enjoys fast pitch softball and landscaping. He has traveled to the Dominican Republic and is the Tournament Director for Frankenmuth Baseball/Softball Association.

**Tracey Larabel, Accounting Clerk II**
Tracey Larabel joined the agency in August as our new full-time Accounting Clerk II, based in the main office. Tracey graduated from Central Montcalm High School and then went on to attend Montcalm Community College and Michigan State University. Prior to joining MMDHD, she spent sixteen years at Kimberlee O’Donald Physical Therapy as a medical biller and medical billing supervisor. She has been married for thirteen years and has an eleven-year-old daughter. Her family lives on a small hobby farm where they raise turkeys, chickens and pigs. They also have bees and harvest their own honey. She likes to hunt, fish, kayak, flower garden, travel, and is actively involved with the Montcalm County 4-H program.

**Mari (Liz) John Braddock, Environmental Health Division Director**
Liz Braddock joined the agency in October and is our new Environmental Health Division Director. She comes to us from Oakland County, where she worked for fifteen years. Prior to that, she was a sanitarian with Berrien County. She is a Registered Sanitarian with a MS in Environmental Science. Liz is married and has two boys who are in high school and one daughter who lives out-of-state. Her hobbies include skiing, tennis, kayaking, and playing soccer. In the winter she is a blind ski guide. Her extended family lives in the United Kingdom and she visits them as often as she can. She looks forward to moving to the area and is excited about her new position.

**Rachel Brunkhorst, Public Health Representative I**
Rachel Brunkhorst is working part-time in the Environmental Health Division and is based in GBO. She was raised in Ithaca but lived in Oregon and Washington for fifteen years. She, her husband and four-year-old daughter moved to Michigan three and a half years ago and settled in Ithaca. She worked for an independent insurance agency in Oregon and spent the last three years at home with her daughter. Rachel volunteers for children's programming events at her church and likes to read and spend time outside, especially at Lake Michigan.

**Kyle Zuiderveen, Environmental Health Specialist I**
Kyle Zuiderveen a new addition to the Environmental Health team and is based in MBO. He comes to us from the Department of Natural Resources, where he worked as a Wildlife Assistant. Kyle graduated from McBain High School and went on to Lake Superior State University where he earned his Bachelors degree in Fisheries and Wildlife Management. He has a chocolate lab named Katie and likes to hunt for waterfowl, bow hunt, and is a big Kevin Durant fan.
SOAR success

In the last issue of Inside MMDHD, we reported that Molly Smith, Community Health Worker, had been certified in SSI/SSDI Outreach, Access, and Recovery (SOAR). When a person applies for disability, it can take years before they receive a determination, but the SOAR program expedites the process for those who are disabled and homeless or at risk of being homeless. In mid-July, Molly assisted Sam Tran, Community Health Worker, with an application for a client who had been homeless for several years. The client recently found out she had been approved and is expecting her first check in a few weeks. From start to finish, the entire process took only three months! We know our Community Health Workers are having a tremendous positive impact in our communities, and this is another fine example.

McPherson featured

Shelly McPherson, Community Health Worker, was recently featured in the CareHub Connect quarterly newsletter. McPherson says she loves people and enjoys helping them realize their potential for a better way of life.

Peterman scores!

Stacey Peterman won this Welch Allyn 14000 Suresight Vision Screener for the Montcalm Branch Office at a hearing and vision work shop in September. It is worth over $5,000!

New Addition

Eden Grace, granddaughter of Dawn Wadle, was born on June 29 and weighed 7 pounds 7 ounces and was 20 1/2” long.

New Beginning

Sue Corrigan’s daughter, Shelby, was married on September 9.
REMINDER!

Be sure to fill out a training request form on the intranet, even for free trainings like webinars!

MMDHD Holidays and office closure

November 23 - Thanksgiving Day
November 24 - Day after Thanksgiving
December 22 - Christmas Day observed
December 25 - Christmas Day
December 29 - New Year’s Eve observed
January 1 - New Year’s Day

As we get older, we discover that we have two hands: one for helping ourselves and one for helping others.

Happy trails...

Bob Gouin resigned in August to pursue another career opportunity. He had been with the agency for over nineteen years, most recently as Environmental Health Division Director. He is pictured receiving the Governor's proclamation.

Bonnie Waterman officially retired on October 13, but had been on medical leave for several weeks prior to that. She served the agency for 10 1/2 years.

Laura Grosskopf retired in October after 26 years with the agency. She takes with her a wealth of public health knowledge that will be greatly missed.

Angie Felton's last day was November 10. She had been with the agency for over 13 years. She had been a Public Health Representative for a number of years and most recently served as a Community Health Worker.

In appreciation

Molly Smith and Shelley McPherson received this card from clients, thanking them for doing what all our Community Health Workers do best, touching lives.

Molly and Shelly,
Thank you for your kindness and support and help with all our paperwork. I know you’re a blessing to many other families! God bless you and thank you from the bottom of our hearts.

Molly Smith
Shelly McPherson

In appreciation

You’re a really special person...
Your love of life and of people shines through in so many inspiring ways...

Happy trails...

In appreciation

In appreciation

You’re a really special person...
Your love of life and of people shines through in so many inspiring ways...

Happy trails...
Approved grants

Substance Abuse and Mental Health Services Administration (SAMHSA), Gratiot County Child Advocacy - MMDHD is partnering with Gratiot County Child Advocacy to address substance abuse among youth in Gratiot County. The grant is for five years. During the first year, MMDHD will be awarded $5,000 for 50 hours of time for the creation of evaluation reports and surveys (pre and post), provided by our Data Specialist, Rex Hoyt.

Substance Abuse and Mental Health Services Administration (SAMHSA), Clinton County Substance Abuse Prevention Coalition - MMDHD was awarded third-year funding for FY 18/19 in a continuation award in the amount of $13,500 for the Drug Free Communities (DFC) Support Program in Clinton County above and beyond the regular annual amount of $68,000. Key personnel will be Andrea Tabor, Director of Community Health and Education, and Sara Thelen, Health Educator II.

Montcalm County Resource Recovery Services - MMDHD partnered with Montcalm County to provide resource recovery services in Montcalm County to coordinate the County’s recycling program, e-waste collection, and Household Hazardous Waste (HHW) collection events. The agency will receive $34,120 to support an Environmental Health Specialist in Montcalm County.

Family Planning Priority Funding Project - Title X recipients in Michigan have been awarded $25,000 to increase caseloads with $5,000 of the total set aside specifically for increasing male clients. MMDHD plans to focus on making services available to residents of neighboring communities that have lost all family planning services. As a reminder, when we serve these clients and bill for services, it supports robust capacity within our District.

Cross-Jurisdictional Sharing - We received $11,000 additional to work on improving local public health training.

Happy Thanksgiving
Emergency readiness many times focuses on the large, costly, deadly disasters that are complex
in nature, but in our lifetime we are more likely to experience smaller emergencies. These smaller emergencies can take place where
most people feel their safest...at home. Identifying the hazards within your home can potentially mitigate or eliminate these types of
emergencies.

- **Chemical Hazards**: Are flammable liquids—such as gasoline, cleaning products, acetone, and paint/thinner—stored away from
  the home? Are they in secure containers? Are the containers stored away from heat sources and children?

- **Electrical Hazards**: Are extension and appliance cords in good condition, or are they frayed or cracked? Can someone trip over
  them? Are they going under rugs or over nails, heaters, or pipes? Are the prongs and plugs tight fitting?

- **Fire Hazards**: Are old rags, papers, mattresses, broken furniture, clothes, curtains, or other combustible materials found near
  electrical equipment, gas appliances, or flammable materials? Are there dried grass clippings, tree trimmings, or pulled weeds on the
  property? Are there enough smoke alarms and carbon monoxide detectors?

- **Organic Hazards**: Are any of the houseplants poisonous or toxic? Have you seen poisonous animals such as spiders in the home?
  Is there any visible mold?

- **Flood Hazards**: Are the gutters and downspouts in good working order and not clogged with debris?

- **Structural Hazards**: Have water heaters, large appliances, bookcases, other tall and heavy furniture, shelves, mirrors, pictures,
  and overhead light fixtures been anchored to wall studs? Are hallways and stair ways free of clutter? Have any deep cracks in ceiling or
  the foundation been repaired?

- **Small Children**: Are safety gates at the bottom and top of the stairs? Are sharp edges cushioned with corner guards or other
  material? Are prescription drugs and over-the-counter medicines kept in childproof containers and out of reach? Are shampoos and
  cosmetics kept out of reach?

These may seem like simple common sense questions but when you go home tonight take a look around. Are you able to identify a
hazard that you could easily fix? One small change now could potentially deter a life changing emergency.

Written by Hailey Brewer
District Wide 2017

This year’s District-Wide meeting was described by many as the best ever! Employee evaluation results indicate that staff enjoyed the speakers, the food, level of staff involvement and team building activities. Many suggestions were also given on how next year’s all-staff meeting can be even better.

Years of Service

25 Years
Linda Gronda
Angie Martin
Melissa Bowerman

20 Years
Cindy Partlo

15 Years
Kim Peters

10 Years

5 Years
Jennifer Stratton, Eric Deford, Stacey Peterman, Marcus Cheatham and Andrea Tabor

Outstanding Performance

Environmental Health
Adam Byrne

Health Officer’s Award
Sarah Doak

Administrative Services
Hailey Brewer

Community Health
Shelley Treynor
HEC Committee

Purpose: To assist employees in establishing a balance of health and wellness in the workplace.

Mission: To create a sense of community within the agency that conveys a positive outlook and a shared vision for the health and wellness of self and others.

Members: Katie Allen, Melissa Bowerman, Hailey Brewer, Bryan Fowler, Leslie Kinnee, Charity Little, Nicole Montgomery, Erin Morgan, Megan Schulz, Sara Thelen, and Dawn Wadle.