June 13, 2003

Kimberly Singh, M.A.
Health Officer
Mid-Michigan District Health Department
615 N. State St., Suite 2
Stanton, MI 48888

Dear Ms. Singh:

Pursuant to the Urban Cooperation Act of 1967, 1967 (Ex Sess) PA 7, MCL 124.501 to 124.512, I am writing to approve the Interlocal Agreement for the creation of the Mid-Michigan District Health Department for Clinton, Gratiot and Montcalm counties. This approval is based on the recommendation of the Department of Attorney General. The agreement was previously approved by the Boards of Commissioners of the participating counties and by the Michigan Department of Community Health.

Sincerely yours,

[Signature]
Jennifer M. Granholm
Governor

cc: David G. Stoker, Esq.
RESOLUTION 2002-020

A RESOLUTION TO APPROVE THE INTERGOVERNMENTAL AGREEMENT UNDER THE URBAN COOPERATION ACT FOR THE MID-MICHIGAN DISTRICT HEALTH DEPARTMENT FOR CLINTON, GRATIOT, AND MONTCALM COUNTIES:

WHEREAS, pursuant to the Michigan Public Health Code, the Counties of Clinton, Gratiot, and Montcalm, established the Mid-Michigan District Health Department; and

WHEREAS, the Counties of Clinton, Gratiot, and Montcalm wish to formalize the public health department structure through the creation of a separate legal entity as permitted under the Michigan Constitution of 1963, Article VII, Section 28; and the Urban Corporation Act, 1967 PA 7, as amended, being MCLA. 124.501, et seq.; and

WHEREAS, the respective Counties have reviewed and agreed to the terms of the proposed “Intergovernmental Agreement for the Mid-Michigan District Health Department”.

THEREFORE, BE IT RESOLVED, that the attached “Intergovernmental Agreement for the Mid-Michigan District Health Department” is approved.

BE IT FURTHER RESOLVED, that the Board Chairperson is authorized to sign the finalized “Intergovernmental Agreement for the Mid-Michigan District Health Department”.

BE IT FURTHER RESOLVED, that a certified copy of this Resolution, and the attached “Intergovernmental Agreement for the Mid-Michigan District Health Department” shall be filed with the County Clerk’s office and the Michigan Secretary of State’s office.

BE IT FURTHER RESOLVED, that a copy of this Resolution, and the attached “Intergovernmental Agreement for the Mid-Michigan District Health Department” shall be sent to the Michigan Governor’s office pursuant to the Urban Cooperative Act, 1967 PA 7.

STATE OF MICHIGAN
   } SS.
COUNTY OF MONTCALM

I, the undersigned, duly qualified and acting Clerk of the County of Montcalm, Michigan (the “County”) do hereby certify that the foregoing is a true and complete copy of Resolution 2002-020, adopted by the Board of Commissioners at a regular meeting on the 2nd day of December 2002, the original of which is on file in my office. Public notice of said meeting was given pursuant to and in compliance with Act No. 267, Public Acts of Michigan, 1976, as amended, including in the case of a special or rescheduled meeting, notice by posting at least eighteen (18) hours prior to the time set for the meeting.

IN WITNESS WHEREOF, I have hereto affixed by official signature on this 2nd day of December, 2002, A.D.

[Signature]

Kristen Millard, County Clerk
County of Montcalm, State of Michigan
GRATIOT COUNTY BOARD OF COMMISSIONERS
ITHACA, MICHIGAN 48847

RESOLUTION TO APPROVE THE INTERGOVERNMENTAL AGREEMENT UNDER THE URBAN COOPERATION ACT FOR THE MID-MICHIGAN DISTRICT HEALTH DEPARTMENT FOR CLINTON, GRATIOT, AND MONTCALM COUNTIES

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THEREFORE BE IT RESOLVED, that the attached "Intergovernmental Agreement for the Mid-Michigan District Health Department" is approved.

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BE IT FURTHER RESOLVED, that a copy of this Resolution, and the attached "Intergovernmental Agreement for the Mid-Michigan District Health Department," shall be sent to the Michigan Governor's office pursuant to the Urban Cooperation Act, 1967 PA 7.

CERTIFICATION

I hereby certify that the foregoing constitutes a true and complete copy of the resolution adopted by the Board of Commissioners of the County of Gratiot, State of Michigan, at a Regular Meeting, held on January 7, 2003.

Pauline Merchant, County Clerk

MOVED: Wilhelm
SUPPORTED: Berry
CARRIED: Yes
DATED: January 7, 2003
RESOLUTION TO APPROVE THE INTERGOVERNMENTAL AGREEMENT UNDER THE URBAN COOPERATION ACT FOR THE MID-MICHIGAN DISTRICT HEALTH DEPARTMENT FOR CLINTON, GRATIOT, AND MONTCALM COUNTIES

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WHEREAS, the respective Counties have reviewed and agreed to the terms of the proposed “Intergovernmental Agreement for the Mid-Michigan District Health Department.”

THEREFORE BE IT RESOLVED, that the attached “Intergovernmental Agreement for the Mid-Michigan District Health Department” is approved.

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BE IT FURTHER RESOLVED, that a certified copy of this Resolution, and the attached “Intergovernmental Agreement for the Mid-Michigan District Health Department” shall be filed with the County Clerk’s office and the Michigan Secretary of State’s office.

BE IT FURTHER RESOLVED, that a copy of this Resolution, and the attached “Intergovernmental Agreement for the Mid-Michigan District Health Department,” shall be sent to the Michigan Governor’s office pursuant to the Urban Cooperation Act, 1967 PA 7.

CERTIFICATION

STATE OF MICHIGAN
COUNTY OF CLINTON

I, DIANE ZUKER, Clerk of the County of Clinton do hereby certify that the foregoing resolution was duly adopted by the Clinton County Board of Commissioners at the regular meeting held December 20, 2002 and is on file in the records of this office.

Diane Zuker, Clinton County Clerk
INTERGOVERNMENTAL AGREEMENT THE MID-MICHIGAN DISTRICT HEALTH DEPARTMENT FOR CLINTON, GRATIOT, AND MONTCALM COUNTIES

This Agreement made and entered into this 1st day of June, 2003, by and between the Boards of Commissioners of Clinton, Gratiot, and Montcalm Counties (hereinafter collectively referred to as “Counties”).

WITNESSETH:

WHEREAS, Section 2415, Act 368 of Public Acts of 1978, as amended, of the State of Michigan (Michigan Public Health Code) provides that any combination of counties may elect to establish a District Health Department by a majority vote of each County Board of Commissioners;

WHEREAS, the counties of Clinton, Gratiot, and Montcalm have operated the Mid-Michigan District Health Department without benefit of a formal intergovernmental agreement since March 1, 1966.

WHEREAS, the counties believe that it is prudent to formalize the rights and obligations of each county and their relationship to the Mid-Michigan District Health Department;

WHEREAS, the counties desire to formalize an organizational framework for the District Health Department;

WHEREAS, Article 7, Section 28 of the Michigan Constitution of 1963 and Act 7 of the Public Acts of 1967, as amended, MCL 124.501 et seq., (Urban Cooperation Act) permit counties to, by agreement, perform functions that could be performed by individual counties;

WHEREAS, the Counties desire to enter into an agreement to establish and create a public entity known as the Mid-Michigan District Health Department, and to specify the powers and duties under which it will operate pursuant to the above cited authority; and

Revised: 12/11/02
WHEREAS, Section 2448 of the Michigan Public Health Code, as amended (MCL 333.2448), expressly provides for intergovernmental contracts to reorganize local health departments.

THEREFORE, for and in consideration of the mutual covenants hereinafter contained, IT IS HEREBY AGREED as follows:

I.

Establishment


II.

Definitions

The following terms for this Agreement shall have the meanings attached to them:

“Board” means the Mid-Michigan District Health Department Board of Health (hereinafter sometimes referred to as “Board of Health”).

“Health Officer” means the health officer of the Mid-Michigan District Health Department Board of Health.

“Department” means the Department of Community Health of the State of Michigan.

“Director” means the director of the Department of Community Health of the State of Michigan.

“County” means County Board of Commissioners.
III.

Purpose of the Department

The purpose of the Mid-Michigan District Health Department is to provide a range of public health services for persons located within the three (3) counties as required by and permitted under 1978 PA 368, as amended. The Board shall carry out the applicable provisions of the Public Health Code and shall, subject to the administrative rules designated by the Michigan Department of Community Health, provide services permitted under the Public Health Code. It is recognized that the public health administrative and service delivery structure of the Mid-Michigan District Health Department should, as a minimum, be sufficient to meet Michigan Public Health Code requirements, grant and contractual obligations, core capacities, and minimum program standards for accreditation.

IV.

Area Served

The Board shall provide the services set forth herein to persons who reside within Clinton, Gratiot, and Montcalm Counties.

V.

Establishment of the Board

The Counties hereby establish a District Board of Health. The Board shall set policy and procedures governing the operation of the Mid-Michigan District Health Department and shall have ultimate authority regarding the exercise of the Mid-Michigan District Health Department powers. Upon execution of this agreement, the Mid-Michigan District Health Department’s existing By-Laws are repealed, and new By-Laws are created by the Board of Health. The Board shall be composed of six (6) members: two (2) members from Clinton County, two (2) members
from Gratiot County, and two (2) members from Montcalm County. Board members shall be appointed by the applicable Board of Commissioners and must be serving County Commissioners. The Board shall elect a chairperson and vice-chairperson. The chairperson and vice-chairperson shall not be from the same county. It may create additional officers and such committees as it deems appropriate. The Board shall set its meeting dates and adopt rules of procedures and determine the number of members who will constitute a quorum of the Board. As used in this Agreement, the terminology “entire Board” shall mean the six members of the Board or a lesser number if a vacancy exists in the number of representatives to which each county is entitled. All meetings of the Board shall comply with Michigan’s Open Meetings Act, being 1976 Public Act 267, as amended. Actions taken by the Board prior to the effective date of this Agreement are hereby ratified.

VI.

Term of Board Membership, Vacancies, Removal from Office

The term of office of initial Board members shall commence June 1, 2003, and run through December 31, 2004; or until their successors are qualified and appointed to office. Thereafter, members shall be appointed by the respective Boards of Commissioners for two (2) year terms running from January 1st through December 31st (commensurate with board of commissioners terms), or until their successors are qualified and appointed. Membership shall cease upon any member ceasing to be a County Board of Commissioner.

Vacancies shall be filled for unexpired terms in the same manner as original appointments. A Board member may be removed from office by the appointing Board of Commissioners.
VII.

Board Duties

The Board shall:

a) Annually examine and evaluate the public health needs of the Counties and the public and non-public services necessary to meet those needs.

b) Review and approve an annual program statement and budget. The format and documentation of the annual program statement and budget shall be specified by the Department.

c) Submit the annual program statement and budget to the Department by such date as is specified by the Department.

d) Submit to each Board of Commissioners an annual request for County funds to support the programs. Such request shall be in the form and at the time determined by the Board of Health and the individual member counties.

e) Take action to secure private, federal, state, and other public funds to help support its programs.

f) Approve and authorize all contracts.

g) Review and evaluate the quality, effectiveness, and efficiency of services being provided by its programs.

h) Appoint a health officer and a medical director, who shall each meet standards of training and experience established by the Department.

i) Establish general policy guidelines within which the health officer shall execute the Mid-Michigan District Health Department programs.
j) Audit all claims against the Mid-Michigan District Health Department and apportion approved claims as provided under the approved formula established under Section 2417 of the Public Health Code, as amended (MCL 333.2417).

k) The Mid-Michigan District Health Department shall maintain liability insurance in such amounts as the Board shall determine.

VIII.

Powers of the Board

The Board shall have all the rights, powers, duties and obligations set forth in the Michigan Public Health Code, 1978 PA 368, as amended, and shall have the following powers and duties in addition to the other powers and duties stated under this agreement:

a. To enter into contracts, including contracts for the purchase of public health services with private persons and/or entities or public agencies.

b. To acquire ownership, custody, operation, maintenance, lease or sale of real or personal property, subject to any limitation on the payment or funding therefor now or subsequently imposed by the Michigan Public Health Code, 1978 PA 368, as amended.

c. To dispose of, divide, and distribute property.

d. To accept gifts, grants, assistance, funds or bequests.

e. To make claims for federal or state aid payable to the participants in the programs of the Board.

f. To incur debts, liabilities or obligations which do not constitute the debts, liabilities or obligations of any of the parties to this agreement, subject to any limitations thereon which are now or hereafter imposed by the Public Health Code, 1978 PA 368, as amended.
g. To, in its own name, employ employees and agents, which employees or agents shall be considered employees or agents of the Board. The Board shall have the powers, duties and responsibility for establishing policies, guidelines and procedures for employees and shall have the power, duty and responsibility to establish wages and fringe benefits such as, but not limited to, sick leave, vacation leave, holidays, health insurance, pension and life insurance; to provide for workers' compensation and for any and all other terms and conditions of employment of an employee of the Board. However, any employee initially transferred to the Mid-Michigan District Health Department by any of the contracting Counties or from the predecessor Mid-Michigan District Health Department shall continue to have all benefits, obligations and status with respect to pay, seniority credits, and sick leave, vacation leave, holidays, insurance and pension credits that the individual held as a County or District Health Department employee. The above-stated conditions and limitations upon the transfer of County or District Health Department employees shall not serve to limit the right of the Board to hire County or District Health Department employees voluntarily seeking a job change upon such terms and conditions as the Board and the individual may agree.

h. To fix and collect charges, rates, rents or fees where appropriate and to promulgate rules and regulations related thereto. They shall include the power to set fees for the Mid-Michigan District Health Department services as authorized by Section 2444 of the Michigan Public Health Code. All fees shall be paid into the special revenue fund of the Mid-Michigan District Health Department.

i. The powers of the Mid-Michigan District Health Department shall be liberally construed consistent with the Constitution and statutes of this state.
IX.

Health Officer

The health officer shall function as the chief executive and administrative officer of the Mid-Michigan District Health Department and shall execute and administer the Mid-Michigan District Health Department in accordance with the approved program statement and budget, the general policy guidelines established by the Board, the applicable procedures and regulations, and the provisions of state statute. The terms and conditions of the health officer's employment, including tenure of service, shall be mutually agreed to by the Board and the health officer and shall be specified in writing.

X.

Finances

a. The Board shall have the budgetary and financial control over the Mid-Michigan District Health Department, which shall operate on an October 1st through September 30th fiscal year. Each county will provide and maintain a county branch office facility, as well as provide annual financial contributions to support public health services in the district. The Board shall base its request for annual county financial contributions on the proposed budgetary needs of the Mid-Michigan District Health Department. These financial contributions may come from the general fund of each county or from any fees collected by the Mid-Michigan District Health Department in that county or a combination thereof. Payment of the financial contribution of each county shall be made under such terms as shall be specified by each of the respective boards of commissioners. The contribution request scheduled shall be allocated with a base amount, and any increments pro-rata among the counties based on average percentages of actual staff time worked by county in each program service area over
the most recent five years, applied to the proposed annual budget. The financial contribution shall be computed annually and shall be approved as required by Section 2417 of the Public Health Code (MCL 333.2417). Nothing in this Agreement shall bind a county to accept the annual allocation request by the Board.

b. If a county is unable to allocate its full amount requested, the Board may not pass its budgetary shortfall to the other counties. However, the Board in its discretion may elect one or more of the following options, listed in order of priority, taking into account the amount of the non-payment, its duration, the financial condition of the Mid-Michigan District Health Department and such other factors as it deems relevant:

1. Reassessment of the overall agency programming and cost structure for possible district-wide changes that would reduce services and related costs yet still meet minimum standards for accreditation.

2. Reduce services in the non-paying county consistent with the non-payment. This could include targeting specific programs for reduction or elimination, to the extent that accreditation standards compliance would not be jeopardized.

3. Raise fee rates for services in the amount the Board deems necessary. This could include the establishment of higher user fees in the non-paying county consistent with the budgetary shortfall.

4. Any combination of the above as defined by the Board.

5. Recommend the dissolution of the Mid-Michigan District Health Department. However, recognizing the long-term mutually beneficial relationship between the counties, this should be the option of last resort.
c. If an additional county wishes to join the Mid-Michigan District Health Department, such a consolidation must meet provisions of Section 2415, Act 368 of Public Acts of 1978, as amended, of the State of Michigan (Michigan Public Health Code). As a prerequisite, such a consolidation request must be approved by all existing counties, and the requesting county must agree to the terms and conditions as well as become a party to this intergovernmental agreement. To become an equal partner, at a minimum, a new county joining the district must make such financial commitments as:

1. Provision and maintenance of a county branch office facility sufficient to support consistent public health programming with the other counties.

2. Provision of local funding equivalent in per capita and level consistent with the other counties.

3. Acceptance of the district’s fee structure for services.

d. State and local contributions and all other funds received shall be handled and banked directly by one of the treasurers of one of the member counties as selected by the Board, which has the duty to insure that the funds are banked and accounted for consistent with requirements of law for local governmental units.

e. The Board shall be credited all investment income (minus reasonable handling fees) derived from the assets of the Mid-Michigan District Health Department. All interest income shall also be credited into the special revenue fund of the Mid-Michigan District Health Department.
XI.

Audit

The Mid-Michigan District Health Department shall have an annual independent audit conducted in accordance with the law and as directed by the Board. A copy of the audit shall be given to each Board member upon its completion. If requested by a county, a representative of the auditing firm and the Mid-Michigan District Health Department shall appear before the Board of Commissioners of each county and answer questions regarding the audit or any other aspect of Mid-Michigan District Health Department activities. The counties shall have access to all Mid-Michigan District Health Department records except those records subject to a legally recognized privilege.

XII.

Information

The Board shall provide to Clinton, Gratiot, and Montcalm counties, separately and/or jointly, as requested, any and all information related to the operations of the Board on a timely basis.

XIII.

Notices

Any notices required by this Agreement shall be deemed made when mailed certified mail, return receipt requested, to each county clerk, to each chairperson of the Board of Commissioners of each participating county, and the Health Officer of the Mid-Michigan District Health Department.
XIV.

County Ordinances

Nothing in this agreement shall restrict the right of a county to enact a local ordinance affecting its public health needs and setting fees in any such ordinance. However, any such ordinance shall not impose an obligation or duty on the Mid-Michigan District Health Department or its personnel unless (a) the ordinance has been approved by the Board; provided, however, that the Board’s approval shall be limited to assessing the financial and personnel impact of the ordinance on the Mid-Michigan District Health Department, the legality and enforceability of the proposed ordinance and potential liability to the Mid-Michigan District Health Department. (The general public policy considerations of whether the proposed ordinance is needed is solely the responsibility of the county which is considering enacting the proposed ordinance), (b) an agreement has been reached with the county which enacted the ordinance regarding the disposition of any fees required by the ordinance; and (c) an agreement has been reached with the county which enacted the ordinance regarding the reimbursement to the Mid-Michigan District Health Department of any costs of enforcement.

XV.

Ordinance Uniformity

Each county understands the legal and practical importance of ordinance uniformity throughout the District. Each county agrees to make every effort to keep its public health ordinances uniform with those of other counties within the tri-counties. However, this Agreement acknowledges that local conditions and political desires within a particular county may result in some unique ordinance provisions.
XVI.

Duration of This Agreement
and Rights Upon Termination

a) This Agreement shall continue indefinitely unless a county withdraws as provided by this Agreement.

b) A county may give written notice of its desire to withdraw as a member of the Mid-Michigan District Health Department to the Board of Health and to the other counties which are a party to this Agreement. The effective date of the withdrawal by the withdrawing county, subject to provisions of Paragraph XVI. c), shall be effective sixty (60) days from the date of receipt of notice from the withdrawing county and as specified with Board approval. The property division provisions of Paragraph XVI.d.1 shall continue to apply to all counties, including the withdrawing county, until the property division has been completed; otherwise, this Agreement shall be terminated as to the withdrawing county on the effective date of the withdrawal.

c) The Mid-Michigan District Health Department may be dissolved by majority vote of the entire Board of Health. A resolution shall specify the effective date of dissolution. The agreement shall be deemed terminated on the effective date of dissolution; provided, however, the division provisions of Paragraph XVI. d) 1. shall continue to apply to all counties until the property division has been completed.

d) Property Division.

1. If the county withdraws pursuant to Paragraph (b) above, then the following procedure shall be used. The withdrawing county shall not be obligated to pay (or will be reimbursed if it already had paid) a pro-rata portion of its financial contribution attributable to the remainder of the fiscal year after the effective date
of the dissolution. In addition, the withdrawing county will assume any existing debt applicable to the assets that it receives. The distribution of assets shall take place as soon as possible after the effective date of the dissolution, based upon a dissolution plan approved by the majority of parties to this agreement.

2. Nothing contained herein shall preclude the three (3) counties from otherwise jointly agreeing in writing to any distribution of the real and personal property among themselves as they deem proper.

XVII.

Status of the Board

The Board established pursuant to this agreement shall be a separate legal public entity with the power to sue and be sued.

XVIII.

Amendment Procedures

This agreement may be amended only by the mutual agreement of the participating counties pursuant to resolution authorization by each of the County Boards of Commissioners and entered into in writing, and approved as may be required by the Urban Cooperation Act (MCL 124.501, et seq.) and the Public Health Code (MCL 333.1101, et seq.)

XIX.

Conflict of Provisions

If there is any conflict between this agreement and the Michigan Public Health Code (MCL 333.1101, et seq.), as existing or as subsequently amended, the Michigan Public Health
Code shall prevail, and those provisions of this agreement inconsistent therewith shall be deemed null, void and of no effect.

XX.

Continuity

All assets and liabilities as well as the contractual rights and obligations currently in the name of the existing Mid-Michigan District Health Department are hereby assigned to the Mid-Michigan District Health Department created by this Agreement. Each county authorizes its Chair and Clerk to execute such documents as are necessary to effectuate this provision. The created Mid-Michigan District Health Department hereby agrees to assume all such transfers.

XXI.

Effectuation of Agreement

This agreement shall not take effect until this agreement is approved by the Governor of the State of Michigan and the Director of the State Department of Community Health as provided for by law. Upon receipt of the approval of the Governor and after filing with the County Clerk of each county and the Secretary of State, this agreement shall take effect on June 1, 2003.

The name of the entity and its administrative office’s business address are Mid-Michigan District Health Department, 615 N. State St., Suite 2, Stanton, Michigan, 48888. Any subsequent change thereof by the Board shall be reported in writing to the forming Counties, the State Department of Community Health and the Governor of Michigan.

The persons signing this agreement hereby verify by their signature that they are authorized to execute this agreement pursuant to appropriate County Board of Commissioner resolution.