

Mid-Michigan District Health Department Plan of Organization



CLINTON • GRATIOT • MONTCALM

October 2018

I. Legal Responsibility

A. Authority

i. State Statutory Authority

The Public Health Code Act 368 of 1978 established the legal foundations of the state and local health departments as reflected in **Exhibit 1** (Laws Applicable to Local Public Health). The Public Health Code MCL 333.2235 allows the state health department to grant local health departments authority to act on its behalf with primary responsibility in delivery of public health prevention and control. The Code further sets forth the specific authorities given to local health departments, health officers and medical directors and describes their specific powers and duties to protect the public health.

Under the Public Health Code Act 368 of 1978, MCL 333. 2433 (1) Local health department; powers and duties generally. "A local health department shall continually and diligently endeavor to prevent disease, prolong life, and promote the public health through organized programs, including prevention and control of environmental health hazards; prevention and control of diseases; prevention and control of health problems of particularly vulnerable population groups; development of health care facilities and health services delivery systems; and regulation of health care facilities and health services delivery systems to the extent provided by law."

Part (f) of this MCL says in addition "A local health department shall have powers necessary or appropriate to perform the duties and exercise the powers given by law to the local health officer and which are not otherwise prohibited by law."

Health officers have broad powers to respond to local emergencies and protect the public health. For example, MCL 333.2451 authorizes the local health officer to issue an imminent danger order within the local health department jurisdiction. Section 2453 says local health officers may prohibit gatherings in the event of possible epidemics, and section 2455 says they may order the correction of a condition violating health laws.

In order to carry out specific emergency orders and/or other powers and duties, the Mid-Michigan District Health Department has legal counsel, access to the Prosecutors Office, Circuit Court and District Courts within our jurisdiction for the issuance of warrants etc. and the support of state and local law enforcement. These include:

- Clinton County – 29th Judicial Circuit Court & 65A District Court

- Gratiot County – 29th Judicial Circuit Court & 65B District Court
- Montcalm County – 8th Judicial Circuit Court & 64B District Court

The law firm of Cohl, Stoker and Toskey acts as our legal representative and is available to assist public health and its officials in exercising legal authority in response to health threats and other public health matters. Cohl, Stoker has several attorneys with diverse skill sets meaning they are equipped to advise us on any issue we might encounter. We have well established partnerships with the Clinton, Gratiot, and Montcalm County Sheriff's Offices and County Court systems. These partnerships have enabled us to implement orders for public safety purposes such as, designer drugs bans, condemning methamphetamine houses, and excluding Montcalm County unvaccinated children from schools to name a few.

ii. Programs and Services

Part 2235 of the Public Health Code gives broad delegator power to the Michigan Department of Health and Human Services (MDHHS) to assign primary responsibility for the delivery of services to Local Health Departments (LHDs) who meet the requirements set forth in Part 24 of the Public Health Code.

The MDHHS director, in determining the organization of services and programs which the department may establish or require under this code, shall consider a local health department which meets the requirements of part 24 to be the primary organization responsible for the organization, coordination, and delivery of those services and programs in the area served by the local health department.

The Mid-Michigan District Health Department (MMDHD) provides programs and services under the Comprehensive Planning, Budgeting and Contracting Agreement which includes contractual terms on behalf of MDHHS, The Michigan Department of Environmental Quality (MDEQ) and the Michigan Department of Agriculture and Rural Development (MDARD), as well as the Local Health Department Grant Agreement with the MDEQ, and others. Through these agreements MMDHD complies with all program and reporting requirements provided in state and federal mandates.

Services	Rule or Statutory Citation	Required =	Basic +	Mandated +	LPHO
		I	I.A.	I.B.	I.C.
Immunizations	PA 349 of 2004 – Sec. 218 and 904; MCL 333.9203, R325.176	X	X	X	X
Infectious/Communicable Disease Control	MCL 333.2433; Parts 51 and 52; PA 349 of 2004 – Sec. 218 and 904; R325.171 et seq.	X	X	X	X
STD Control	PA 349 of 2004 -- Sec. 218 and 904; R325.177	X	X	X	X
TB Control	PA 349 of 2004 – Sec. 218	X	X	X	
Emergency Management – Community Health Annex	PA 349 of 2004 – Sec. 218 MCL 30.410	X	X	X	
Prenatal Care	PA 349 of 2004 – Sec. 218	X	X		
Family planning services for indigent women	MCL 333.9131; R325.151 et seq.	X		X	
Health Education	MCL 333.2433	X		X	
Nutrition Services	MCL 333.2433	X		X	
HIV/AIDS Services; reporting, counseling and partner	MCL 333.5114a; MCL 333.5923; MCL 333.5114	X		X	

notification					
Care of individuals with serious Communicable disease or infection	MCL 333.5117; Part 53; R325.177	X		X	
Hearing and Vision Screening	MCL 333.9301; PA 349 of 2004 – Sec. 904; R325.3271 et seq.; R325.13091 et seq.	X		X	X
Public Swimming Pool Inspections	MCL 333.12524; R325.2111 et seq.	X		X	
Campground Inspection	MCL 333.12510; R325.1551 et seq.	X		X	
Public/Private On-Site Wastewater	MCL 333.12751 to MCL 333.12757 et. seq., R323.2210 and R323.2211	X		X	X
Food Protection	PA 92 of 2000 MCL 289.3105; PA 349 of 2004 – Sec. 904	X		X	X
Pregnancy test related to informed consent to abortion	MCL 333.17015(18)	X		X	
Public/Private Water Supply	MCL 333.1270 to MCL 333.12715; R325.1601 et. seq.; MCL 325.1001 to MCL 325.1023; R325.10101 et. seq.	X			X
Allowable Services					
Other Responsibilities as delegated and agreed-to	MCL333.2235(1)				

iii. Local Statutory Authority

Section 2435 (d) of the Michigan Public Health Code allows governing boards of local health departments to “adopt regulations to properly safeguard the public health and to prevent the spread of diseases and sources of contamination.” Under this authority Boards of Health may create proposed regulations which must be approved by the Boards of Commissioners of constituent counties. The Board of Health and the County Boards of Commissioners (for Clinton, Gratiot, and Montcalm Counties) have established the Mid-Michigan District Health Department Environmental Health Regulations as reflected in **Exhibit 2** (Environmental Health Regulations).

B. Governing Entity Relationship

The MMDHD was initially established in 1966 under bylaws approved by Clinton, Gratiot, and Montcalm Counties and has continued as a three-county district health department under the authority of Section 2415 of the Michigan Public Health Code. Accordingly, MMDHD has a six-member Board of Health (two commissioners from each county), which is the Local Governing Entity for the MMDHD. The relationship between the three counties including the mechanism for funding MMDHD is further defined and formalized as reflected in **Exhibit 3**. This is the agency’s Intergovernmental Agreement as provided for in section 2448 of the Public Health Code which was approved by the three counties in 2003.

C. Civil Liability

The MMDHD has an intergovernmental arrangement and is a member of the Michigan Municipal Risk Management Authority (MMRMA). This arrangement provides: 1) cooperative and comprehensive risk management and loss control services; 2) provision for reinsurance, excess insurance and other provisions for payment of losses, risk financing, and related expenses; and 3) provision of administrative claims, legal defense and related general administrative services to members. This agreement indemnifies employees for civil liability sustained in the performance of official duties except for wanton and willful misconduct. This

MMRMA coverage is facilitated through a regional risk manager, Lighthouse Insurance Group, as reflected in **Exhibit 4** (MMRMA Coverage Overview).

D. Delegation of Food Service Sanitation Program

All MMDHD Food Services Sanitation Program responsibilities are fulfilled solely by MMDHD staff, with no applicable contractual arrangements with other organizations or individuals.

E. Exposure Plan for Blood Borne Pathogens & Chemical Hygiene Plan

MMDHD protects employees and clients against biological and toxic hazards. Documentation of our blood borne pathogen and chemical hygiene plans is reflected in **Exhibit 5 & 6**.

II. LHD Organization

A. Organizational Chart

The MMDHD's current Organizational Chart, approved by the Board of Health on October 24, 2018 is reflected in **Exhibit 7**. Further information regarding individual staff duties, functions, lines of authority and responsibilities are contained in the agency's Employee Manual and in employee job descriptions (which are maintained in the agency's Administrative Offices in Stanton and are available for review).

B. Plan Approval

Documentation of the MMDHD Board of Health's approval of the agency Plan of Organization is reflected in **Exhibit 8** (Minutes of the Mid-Michigan District Board of Health Regular Meeting held November 28, 2018).

C. Budget

MMDHD currently (FY 18/19) has a \$6.3 million total annual operating budget as reflected in the summary in **Exhibit 9**. This budget was formally approved by the MMDHD Board of Health on May 24, 2018 as noted in **Exhibit 10** (Minutes of the Mid-Michigan District Board of Health Regular Meeting held May 24, 2018).

The MMDHD currently has 66.1 Full-Time Equivalent (FTE) positions organized as shown on **Exhibit 7** (Organizational Chart).

D. Audit Findings

Audit report findings for the past three years are reflected in **Exhibits 11, 12, & 13**.

E. Information Technology

The MMDHD continues to maintain full technical capacity to store, access, and distribute current public health information. MMDHD distributes critical health alert information to the public and community partners through a mass email and fax protocol and the internet via the State of Michigan's Health Alert Network. Other public health information is distributed by email, website postings (www.mmdhd.org), social networking (Facebook, Twitter, Blogs and YouTube), fax, phone, postal mail, and press releases. This multi-distribution approach enables MMDHD to distribute critical and noncritical information in regards to public health.

Information Technology	
Medium	Platform Description
Agency Website	Internet www.mmdhd.org
Casair	Backup internet/intranet provider
Cisco	Phone service provider
Fax Machines (8 machines)	ISDN lines
Global Compliance Network	Internet access to training modules
Hedgehog	Well & Septic and Food Service reporting system
MCIR	Internet access to immunization's registry
MDSS	Internet access to disease surveillance
MI-HAN	Secured internet access to health alert network
MI-TRAIN	Internet access to training modules
MI-WIC	Secured internet access to WIC information management system
Patagonia	Community Health & Education reporting program
Social Media	Facebook https://www.facebook.com/MMDHD/timeline/ Twitter https://twitter.com/MMDHD2 Blog http://mmdhd.blogspot.com/ YouTube https://www.youtube.com/user/midmichdhd
SolarWinds	Information Technology performance management program
SPSS	Statistical analysis program
Survey Monkey	Data collection & information management
Video Conferencing (3 accessible)	IP line & ISDN line
VPN Access	Internet
WINN Telecom	Primary internet/intranet provider
24/7 Pager	Emergency response for after business hours
800 MHz Radios	4 radios providing secure communication

III. Mission, Vision, and Values

A. Agency Mission & Vision

In 2017 the Board of Health directed the department to go through a rebranding process in order to sharpen its focus on the populations it serves. The Public Information Officer, Leslie Kinnee, specifically asked if she could lead this process rather than having a consultant hired to do so. The process was led by a committee, including a Board of Health member, that reported to the Quality Vision Action Team (QVAT—see section IV. A). To prepare for rebranding, the committee surveyed staff, critical partners and the general public on their views of the department. This information was used to develop specific strategies to rebrand the department including facility improvements, enhanced accessibility, a new website and logo, better signage, and a renewed focus on customer service and marketing. As part of rebranding QVAT developed new mission, vision and values statements for MMDHD.

- **Mission Statement** – “We take action to protect, maintain, and improve the health of our community.”
- **Vision Statement** – “Advancing innovative solutions to achieve healthier outcomes.”
- **Values**—MMDHD’s values guide its interactions with staff and the public.

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.



These statements are published and shared with those that the agency serves, community partners, and others via the agency's Annual Report (**Exhibit 14**), the agency's website (www.mmdhd.org), prominent signage in the public areas of the agency's three county offices and in other public communications.

IV. Local Planning and Collaboration Initiatives

A. Outline of Priorities

Strategic Planning at MMDHD is led by the Quality Vision Action Team (QVAT) which includes a Board of Health member, management and employees. For 20 years QVAT has been responsible for developing the agency's strategic plan with input from internal and external stakeholders, as well as monitoring the plan throughout the planning cycle. This process holds the entire organization accountable and drives progress toward goals. The agency strategic plan is updated every two to three years. The mission and vision, and values serve as the basis for further development of Vision Priorities, and the specific goals and actions that underpin them in the agency's Strategic Plan (**Exhibit 15**).

i. LHD-Specific Priorities

The MMDHD's Vision Priorities are reflected in the agency's strategic plan (**Exhibit 15**) and currently include:

- We monitor community needs.
- We excel at quality improvement.
- We promote public health.

- We are an ideal place to work.
- We manage our fiscal resources.

The agency actively uses these priorities to guide its work. For example they form the outlines of administrative meeting agendas and of the strategic plan.

ii. Community Health Assessment and Improvement Planning

As a three-county district health department, MMDHD has three different community health assessment and improvement planning processes (CHA/CHIP) underway. We are currently completing the third three-year cycle of CHA/CHIP in each county and are beginning data collection for the next. The CHA/CHIP processes are led by the collaborative bodies of the three counties:

- The Montcalm Human Services Coalition – Healthy Montcalm
- The Gratiot Collaborative Council – Live Well Gratiot
- The Building Stronger Communities Council in Clinton County

Furthermore, the Clinton CHA/CHIP is also part of the Healthy! Capital Counties assessment process that includes Ingham and Eaton Counties. In this process the health assessment staff of the capital area counties work together on a joint assessment that covers the entire region.

Our philosophy is that most of the human service organizations and hospitals in the collaborative bodies have reporting and needs assessment requirements already in place. Therefore we use the CHA/CHIP process to braid these various plans together to lift up the top priorities of our partners and find support for them. A unique feature of our CHAs is that we partner with the Ingham County Health Department and the Barry-Eaton District Health Department to collect behavioral risk factor survey data in a six county area that underpins all of our assessments and we make these data available to community partners.

B. LHD Planning Activities for Priority Projects with Available Resources

Here are some examples of MMDHD’s current agency-specific priorities and initiatives:

- **Dental Health Initiatives** – MMDHD has a long history of addressing the dental health needs of the residents in our community. We have continued this tradition by obtaining grants to renovate the Montcalm Area Dental Center in Stanton to better meet the needs of low-income Medicaid-enrolled residents. MMDHD also conducts dental screenings at Great Start preschools, and have expanded our fluoride varnish program to better reach clients within our WIC program. This past year we worked with a local/state team to persuade the Village of Sheridan to maintain water fluoridation.
- **New Program Software** –Since its last on-site review for Michigan’s Local Public Health Accreditation (MLPHAP) MMDHD has entirely revamped its program software. It launched Hedgehog software in its environmental health division and the Patagonia electronic health record software for personal health services. Both of these programs are stable, highly customizable and offer easy access to data to generate reports for quality improvement and performance management. In addition, the Clinton Conservation District awarded MMDHD a \$70,000 grant using its 319 funding to digitize its paper records in environmental health. Soon the department will be entirely

electronic and the public will be able to access their own records and apply for permits on-line. Patagonia is HL-7 based and is fully interoperable with MCIR and laboratory reporting. It also comes with a built in clearing house for billing meaning our efficiency in billing has increased tremendously. Best of all Patagonia actually costs less than the system we were using before! Moving to these new systems are some of the best things we've ever done.

- **National Accreditation (PHAB)** – MMDHD has been accredited by the Public Health Accreditation Board (PHAB) since 2015. We are beginning to prepare for reaccreditation which will happen in 2020. We were accredited under Standards and Measures 1.0 and will need to meet 1.5 to be reaccredited. Accordingly we are addressing new issues such as forming an ethics committee.
- **Pathways to Better Health** – Pathways is a specific kind of Community Health Worker (CHW) project that strives to improve health outcomes for at-risk individuals and reduce health care costs. CHW's provide peer support services to help individuals navigate the health care system and receive much needed assistance. It has been a top priority of MMDHD, which offers a Pathways CHW program, to generate flexible, sustainable funding for this program by collaborating with other LHDs, CHW programs and hospitals and health plans. We have spent countless hours engaged with local and state partners to find a path forward, thus far without success. On several occasions we have signed contracts with funders but these have quickly collapsed when health plans did not want to authorize services but still expect improved health outcomes.
- **Substance Abuse Prevention** – All three of our counties have fully funded Drug Free Communities (DFC) grants from the Substance Abuse and Mental Health Services Administration. A single public entity may only be a fiduciary on one DFC grant and MMDHD is the fiduciary for the Clinton County grant which focuses on working with schools and families to reduce youth substance abuse. The Montcalm County grant, in its eighth year has excellent medication disposal and youth lead prevention strategies. The Gratiot County grant is administered by Child Advocacy and is finishing its first year which emphasizes training community leaders.
- **District Septic Amendment**—MMDHD has been engaged in a years long effort to amend its Environmental Health Regulation to enable ongoing monitoring of existing septic systems and the identification of residences with nonconforming systems. Significant funding received from the Clinton Conservation District, supplemented by smaller investments from the Gratiot, Montcalm and Kent conservation districts as well as the Saginaw Bay Watershed Initiative have enabled us to engage contracted resources to manage a lengthy stakeholder process. This process studied available data, considered various options and eventually wrote a completely unique amendment to our ordinance unlike anything else in the State. Our County Commissioners generally support the amendment. We are presently conducting public hearings and public education to back the Commissioners with public support. An important driver of the project has been Alma College which has conducted extensive research on surface waters including the presence of anti-biotic resistant bacteria in the water and how E. coli is transmitted to people using the water.

- **Four Season Market Food Hub** – Improving nutrition has long been a goal in the Healthy Montcalm health improvement plan. In the past efforts to do this have focused on didactic approaches such as nutrition education. Healthy Montcalm understood that to make big improvements in health it would be necessary to go beyond educating individuals one at a time and to focus on policy changes. Their new goal has been to increase the supply and consumption of fresh, local produce by stimulating the food economy. Healthy Montcalm has been successful in securing funding from the Greenville Area Community Foundation and is in the midst of doing a feasibility study and conducting business planning for a food hub—a non-profit corporation that would buy fresh, local produce and sell it to institutional buyers like schools and hospitals. This work is being conducted in partnership with the Montcalm Economic Alliance and Montcalm Community College and a tentative site for the venture has been identified at a renovated factory in Edmore.
- **Prescription for Health**—Live Well Gratiot, with financial support from the Gratiot County Community Foundation, formed a partnership between MMDHD, the St. Louis, Michigan, Farmer’s Market, Mid-Michigan Medical Center, the Gratiot County Free Clinic, Alma Family Practice and Michigan State University Extension to offer a program for people living with chronic disease to learn about healthier eating and cooking. People referred to the program by health care providers were offered a six week cooking class by MSU Extension and then received ten weeks of tokens to shop for vegetables at the Farmer’s Market. Alma Transit provided rides to the market. In this pilot project 30 people were served. Almost everyone stuck with the program and hundreds of purchases were made. We are awaiting de-identified data from the health care providers to see if health status improved as a result. Next year we are planning to offer the program again, combined with physical activity coaching to be provided by qualified Alma College health students.

C. **Community Partnerships and Collaborative Efforts**

Rural Michigan’s economy is struggling more than other parts of the State and consequently local government dollars are very limited. Furthermore as the Citizen’s Research Council has noted, Michigan is among the states that spends the least per capita on public health. For all these reasons MMDHD’s capacity to assess community health needs and address priority areas—play the role of “Chief Health Strategist”—has been severely restricted. However, this has increased the agency’s resolve to find alternative resources and strengthen its community partnerships to bring visibility to these needs and find new solutions. The MMDHD has been aggressive in seeking support (e.g. community foundations, major foundations, non-traditional partners) as well as special grants for addressing the priority public health needs within the district.

The MMDHD is an active partner in a number of community collaborative groups. We have already mentioned Building Stronger Communities Council in Clinton County, the Gratiot Collaborative Council, Montcalm Human Services Coalition. The agency continues to provide technical assistance and data specialty support for a variety of community initiatives such as suicide prevention, reduction of underage drinking and tobacco use, child death reviews, school safety committees, local emergency management, school sexuality committees and environmental and solid waste authorities.

We also feel that it is important for local public health to be active statewide in order to create a public policy environment that is supportive. To this end staff are very active in the Michigan Association for Local Public Health forums and other groups such as the My Community Dental Centers Advisory Board. MMDHD took the lead in writing the Michigan Health Endowment Fund grant application that supported the Sustaining Immunization Action project. And we are the fiduciary on a Cross Jurisdictional Sharing grant that has supported various statewide initiatives including improving the quality of medical direction for LHDs and training for new public health leaders. Our Organizational Liaison List demonstrates the collaborative approach with our community and stakeholders (**Exhibit 16**).

V. Service Delivery

A. Outline of Locations, Services and Hours of Operation

The MMDHD's locations, services and phone numbers are noted on the agency's website (www.mmdhd.org), Services Brochure (**Exhibit 17**), on the Annual Report (**Exhibit 14**), and on various other flyers and materials distributed by the agency. Hours of operation are typically 8:00 a.m. to 12:00 noon and 12:30 p.m. to 4:30 p.m., Monday through Friday, although certain programs (e.g., Family Planning and Immunizations) have expanded hours to meet client needs. Hours of operation are prominently noted at the agency's offices, on the agency website, and on the digital phone system auto-attendant messaging.

VI. Reporting and Evaluation

A. Efforts to Evaluate its Activities

The MMDHD maintains a number of in-house program and financial monitoring systems including Quarterly Services Reports (**Exhibit 18**), monthly financial status reports, program data reports generated from the agency's Quantum, Patagonia and Hedgehog databases, reports from various State data systems (e.g., WIC system, MDARD Food Program reports, MDCH H-977 Output Measures reports and Family Planning FPAR reports), and also uses various State program management evaluation reports and independent audits to evaluate program and financial operations. Agency management also utilizes criteria from MLPHAP and MDEQ and MDARD self-assessment activities to evaluate program operations for compliance with Minimum Program Requirements.

B. Mechanisms to Report on its Activities to the Community and its Governing Entity

The Board of Health receives monthly updates on the agency's various program and financial operations, as well as the Quarterly Services Reports (**Exhibit 18**). The Health Officer also periodically provides updates on agency activities to the full Boards of Commissioners of each of the three counties, including a review of each year's Annual Report (**Exhibit 14**). The agency's Annual Report is also distributed widely within the community and to State agencies and legislative representatives.

The agency's public information officer is also very proactive in generating press releases and other media communications for the public regarding the agency's services and public health information on various issues. We have good relationships with local journalists and we can call them when we need to get a story in the local media. Currently, as we are working on the proposed amendment to the septic ordinance we are publicizing public meetings to discuss the topic and taking extensive comments from the public. Similarly, we held public meetings about PFAS in the community together with MDHHS and MDEQ.

VII. Health Officer and Medical Director

A. Procedure for Appointment of a Health Officer and Medical Director

- **Health Officer** - As indicated in the agency's Intergovernmental Agreement (**Exhibit 3**), the Board of Health has responsibility for selecting and appointing the Health Officer, who shall meet the standards of training and experience established by the agency for this position. These standards are consistent with provisions in Section 2428 of the Michigan Public Health Code (including related Administrative Rules R325.13001) and as prescribed by the MDHHS. Prior to appointment of any new Health Officer, the Board of Health will provide applicant credentials to demonstrate that the desired candidate meets all required qualifications and is approved by MDHHS (**Exhibit 19**).
- **Medical Director** – As further indicated in the agency's Intergovernmental Agreement (**Exhibit 3**), the Board of Health has responsibility for selecting and appointing the Medical Director, who shall meet the agency's employment standards consistent with provisions in the Michigan Public Health Code (Administrative Rules R325.13001, R325.13002 and R325.13004) and as prescribed by the MDHHS. Prior to appointment of any new Medical Director, the Board of Health will provide applicant credentials to demonstrate that the desired candidate meets all qualifications and is approved by MDHHS (**Exhibit 20**).

B. MDCH Health Officer & Medical Director Approval

Copies of MDCH approval documents (**Exhibits 19 and 20**) are attached noting approval of MMDHD's Health Officer and Medical Director, respectively:

- **Health Officer** – Marcus Cheatham, Ph.D.
- **Medical Director** – Jennifer Morse, M.D.

VIII. LHD Plan of Organization Approval Form

The approval form and LHD Plan of Organization Checklist noting the completion of all required plan components are reflected in **Exhibit 21**.