BOARD OF HEALTH
REGULAR MEETING
At
Mid-Michigan District Health Department (MMDHD)
Gratiot County Office
Ithaca, Michigan

Conference Room A

Wednesday, March 27, 2019 at 9 a.m.

AGENDA

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

Pledge of Allegiance

A. AGENDA NOTES, REVIEW, AND REVISIONS:

1.

B. CONSENT ITEMS:

1. Meeting Minutes

   a. Michigan Association for Local Public Health (MALPH) Board of Directors Meeting held February 11, 2019 – **Included.**

   b. Mid-Michigan District Board of Health Organizational Meeting held February 27, 2019 – **Included.**

   c.

2. Communications

   a.

C. PUBLIC COMMENTS:

D. BRANCH OFFICE EMPLOYEES:

E. COMMITTEE REPORTS:

1. Finance Committee – Bruce DeLong, Chairperson

   a. MMDHD's Expenses for February 16 through March 15, 2019 – **Included.**

b. MMDHD's Monthly Balance Sheet, Revenue and Expenditure Report for February 2019 – **Included.**

c. Rebranding Update – **Included.**

d. Community Health and Education Division (CHED) Fee Changes – **Included.**

e. FY 19/20 Budget Development Schedule – **Included.**

f.

2. Personnel Committee – Betty Kellenberger, Chairperson

a. Schedule Health Officer Appraisal – **Included.**

b. Update on Arbitration Hearing

c.

3. Program Committee – Chuck Murphy, Chairperson

4. Mid-Central Coordinating Committee – Dwight Washington

F. MEDICAL DIRECTOR'S REPORT: Jennifer E. Morse, MD, MPH, FAAFP – **Included.**

1. Herd Immunity

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

1. Update on Statewide Accreditation – **Included.**

2.

H. OLD BUSINESS:

1. Update on Water Quality Program

2. Public Health Funding Formula – **Included.**

3.

I. NEW BUSINESS:

1. Performance Management System Overview: Vision, Mission, Services, Goals (VMSG) Dashboard, VMSG Dashboard Overview Video - 12 Minutes – **Included.**

2. My Community Dental Clinics (MCDC) Contract Renewal, Sidney Clinic – **Included.**

3. Emerging Issues

4.

J. LEGISLATIVE ACTION:

1.

K. INFORMATIONAL ITEMS: – **Included.**

1. Mid-Michigan District BOH Action Items, February 2019

2. Staffing Report

L. RELATED NEWS ARTICLES AND LINKS: https://www.mmdhd.org/2019-board-of-health-2/

1. Board of Health Will Evaluate Program, *Gratiot County Herald*, February 20, 2019
2. New Prescription For Health Program Teaches Healthy Eating Habits, *Gratiot County Herald*, February 21, 2019
3. Mallory Elected Supervisor, *Morning Sun*, February 26, 2019
4. Health Department's Phone Number Spoofed, *Gratiot County* Herald, February 27, 2019
5. Professor Conducting An Oral History Of PBB Exposure, *Morning Sun*, February 28, 2019
6. Free Dental Health Night, *The Daily News*, March 4, 2019
7. Lower, Outman Focus On Future Septic Systems Legislation, *The Daily News*, March 4, 2019
8. BOH Public Notice Of Meetings For 2019, *The Daily News*, March 5, 2019
9. Food Summit Saturday In Edmore, *The Daily News*, March 6, 2019
10. BOH Public Notice Of Meetings for 2019, *Morning Sun*, March 7, 2019
11. Environmental Experts To Address State Lawmakers On PBB And More, *Morning Sun*, March 8, 2019
12. Researcher To Gather Local PBB Histories On Saturday, *Morning Sun,* March 12, 2019
13. Edmore Market Place's Future Called Into Question, *The Daily News,* March 13, 2019
14. Humans, Pigs And Cows Are To Blame For Pollution In The Pine River, *Morning Sun,* March 16, 2019
15. Velsicol EPA Update, *Gratiot County Herald,* March 20, 2019
16. Cases of H1N1 Flu On The Rise In Mid-Michigan, *Morning Sun,* March 21, 2019
17. Program To Discuss Impacts of PBB, *Morning Sun,* March 21, 2019
18. Toxic Lessons Can Inform Michigan PFAS Policy, Say Experts, *MLive Michigan,* March 21, 2019, https://www.mlive.com/news/2019/03/toxic-lessons-can-inform-michigan-pfas-policy-say-experts.html

M. AGENCY NEWSLETTERS:

1. *Inside*, Mid-Michigan District Health Department, March 2019

Mid-Michigan District HEALTH DEPARTMENT
CLINTON • GRATIOT • MONTCALM

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Health Officer

JENNIFER MORSE, MD, MPH, FAAFP
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BOARD OF HEALTH
George Bailey
Bruce DeLong
Betty Kellenberger
Chuck Murphy
Adam Petersen
Dwight Washington, Ph.D.

Synopsis of Board of Health Actions Needed

Item A. 1.	AGENDA NOTES, REVIEW, AND REVISIONS
Motion to approve the Agenda as presented.	
Item B. 1. & 2.	CONSENT ITEMS (MEETING MINUTES & COMMUNICATIONS)
Motion to accept and place on file Meeting Minutes B. 1. a. and b.	
Item E. 1. a.	EXPENSES FOR FEBRUARY 16 THROUGH MARCH 15, 2019
Motion to approve payment of the Mid-Michigan District Health Department's Expenses for February 16 through March 15, 2019, totaling $434,809.21.	
Item E. 1. b.	BALANCE SHEET, REVENUE AND EXPENDITURE REPORT, FEBRUARY
Motion to approve and place the Balance Sheet, Revenue and Expenditure Report for February 2019 on file.	
Item E. 1. c.	REBRANDING UPDATE
Motion to approve additional expenses for rebranding as proposed.	
Item E. 1. d.	COMMUNITY HERALTH AND EDUCATION DIVISION (CHED) FEE CHANGES
Motion to approve the CHED fee changes as proposed.	
Item E. 1. e.	FY 19/20 BUDGET DEVELOPMENT SCHEDULE
Motion to approve the FY 19/20 Budget Development Schedule as proposed and schedule a Special Finance Committee Meeting for May __, 2019, ___ a.m. at the Gratiot Branch Office, Ithaca.	
Item E. 2. a.	SCHEDULE HEALTH OFFICER APPRAISAL
Motion to schedule the Health Officer appraisal with the Finance Committee on __, 2019 at ___ a.m. and the Personnel Committee on ___ at ____ a.m.	
Item F. 1.	MEDICAL DIRECTOR'S REPORT, HERD IMMUNITY
Motion to approve the BOH Monthly Healthy Living Recommendation for April and approve the Medical Director's Report as presented.	

Item I. 2.	MY COMMUNITY DENTAL CLINICS (MCDC) CONTRACT RENEWAL, SIDNEY CLINIC
Motion to authorize the Board Chair to sign the contract renewal with MCDC for the Sidney clinic.	

MICHIGAN ASSOCIATION FOR LOCAL PUBLIC HEALTH
(MALPH)
Board of Directors
Meeting Minutes
February 11, 2019

I. Call to Order

The meeting was called to order at 9:01am by Steve Hall, President.

II. Roll Call

A quorum was present.

Jurisdictions Represented: Barry-Eaton [Colette Scrimger], Bay [Joel Strasz], Benzie-Leelanau [Lisa Peacock], Berrien [Nicole Britten], Branch-Hillsdale-St. Joseph [Rebecca Burns], Calhoun [Eric Pessell], Central Michigan [Steve Hall], Chippewa [Karen Senkus], Delta-Menominee [Mike Snyder], Detroit [Joneigh Khaldun], District 2 [Denise Bryan], District 10 [Kevin Hughes], District 4 [Denise Bryan], Genesee [John McKellar], Grand Traverse [Wendy Hirschenberger], Huron [Ann Hepfer], Ingham [Debbie Edokpolo, Linda Vail], Ionia [Ken Bowen], Jackson [Richard Thoune], Kalamazoo [Jim Rutherford], Lapeer [Kathy Haskins], Lenawee [Martha Hall], Livingston [Dianne McCormick], Luce-Mackinaw-Alger-Schoolcraft [Nick Derusha], Macomb [Bill Ridella], Marquette [Jerry Messana], Midland [Fred Yanoski], Mid-Michigan [Marcus Cheatham, Dwight Washington], Monroe [Jamie Dean], Muskegon [Kathy Moore], Northwest Michigan [Lisa Peacock], Oakland [Leigh-Anne Stafford], Ottawa [Lisa Stefanovsky], Saginaw [Christina Harrington], Shiawassee [Larry Johnson], St. Clair [Annette Mercatante]Tuscola [Ann Hepfer], Washtenaw [Jimena Loveluck], Wayne [Carol Austerberry], Western UP [Kate Beer].

Others Present: Administrative Officers Forum, [Jamie Dean], Health Education and Promotion Forum, [Tracey Wood], Environmental Health Forum, [Kristen Schweighoefer], Nurse Administrators Forum, [Jane Nickert], Physician's Forum, [Jen Morse], MDARD, [Amber Matulis, Tim Slawinski, MDEQ, [Dana DeBruyn, Ian Smith], MDHHS, [Steve Crider, Laura de la Rambelje, Mary MacQueen, Orlando Todd], MDLARA, [Larry Horvath]

Staff: Meghan Swain, Jodie Shaver

III. Approve Agenda

Motion by M. Cheatham, support by K. Hughes to approve the agenda. Motion carried.

IV. Approve Meeting Minutes

Motion by D. Bryan, support by K. Hughes to approve the January 14, 2019 minutes. Motion carried.

V. Reports of Officers/Staff/Forums

President

S. Hall reported that O. Todd would report on the Public Health Advisory Council's (PHAC) final recommendations on funding Essential Local Public Health Services (ELPHS). There are four recommendations: block grant model for more flexibility, redo the formula and meet the 50/50 cost share ($36M), redo the formula and hold all local health departments harmless ($6-$9M), or make no changes.

He also reported that the executive committee would like to have a strategic planning session, as we have many new board members since the last time we developed a strategic plan. MALPH sought two proposals, and one was selected and given to the finance committee to review and make a final recommendation.

MALPH was asked for a letter of support for the proposed new director of the Michigan Department of Agriculture and Rural Development (MDARD). This has not been a precedent. Motion by A. Mercatante, support K. Hughes to decline sending a formal letter of support for department directors at this time.

S. Hall reported he spoke with K. Schweighoefer regarding a health officer/environmental health (EH) administrator workgroup to review a statewide sanitary code. He is seeking three to five health officers (and to three to five EH administrators). They will look at basic principles. A. Mercatante requested they review the illicit discharge program. M. Cheatham and D. Washington volunteered.

Secretary/Treasurer

N. Derusha reported the budget is on target with regular expenditures. The finance committee with C. Scrimger, K. Bowen, and J. Messana has met. They were sent the operations manual which include the financial policies. There is a meeting today, where they will set timelines for budgeting and also discuss the strategic plan proposal. Motion by A. Mercatante, support by D. Edokpolo to accept the financial reports.

Executive Director

M. Swain reported on the following: Governor Whitmer's State of the State address (2/12/2019), revenue estimating (2/6/2019), and governor's budget release the first part of March. She also reported Governor Whitmer's restructuring of MDEQ and the executive directives regarding three environmental commissions. M. Swain shared her conversations with Directors Liesl Clark (MDEQ) and Robert Gordon (MDHHS). Look for staffing changes at MDHHS. She reminded members of the Cross Jurisdictional Sharing training this Friday at MALPH. The quarterly leadership meetings are in March (3/5/2019). Two additional outstanding items include PA 616, where $10M has been appropriated to local health departments but may go to counties first. Also, Becky Bechler has been in discussions regarding our funding with appropriations leadership.

Lobbyist
No report at this time.

Forum Reports
Health Education and Promotion: T. Wood reported that the forum had state personnel from LARA discuss marijuana regulation. Also, the public health endorsement task force/committee is continuing to meet.

Public health nursing: J. Nickert reported that the forum is discussing recruitment and retention of nurses working in local public health. Members are working with colleges to engage nursing students. They intend to perform a survey of local health departments on hiring practices (degree requirements/education). They are discussing safe sleep including training resources for hospitals two weeks after baby goes home (Discharge is a hectic time to provide information.) They are reviewing inappropriate referrals to MIHP (poor return on investment) and missing data in Fetal Infant Mortality Reporting. They are reviewing Child Protective Services referrals related to elevated blood lead levels e.g. is it medical neglect?

Environmental health: K. Schweighoefer reported that MALEHA would like to be proactive regarding a statewide sanitary code including core principles and forming a joint task force. They would like to engage MDEQ personnel at some point on best practices and funding. MALEHA has organized a marijuana workgroup to include MDARD, LARA, and MDHHS. The Food Law/Food Code meeting took place in January.

Public health finance and administration: J. Dean reported that the forum is waiting to hear about changes to WIC and have invited state WIC personnel to its March meeting. MIHP state personnel will discuss changes to funding.

Public health physicians: Dr. J. Morse reported that MAPPP invited Dr. Cathy Reid(the interim medical executive for the state) to attend a meeting. She reported that MAPPP is trying to meet more often, face to face. She asked health officers to support. She discussed recruitment and retention including onboarding and best practices. A. Mercatante reported that Dr. Reid meets regularly with hospitals, but local public health is not discussed. She recommended that someone discuss with the hospitals the value of local public health.

Management information systems: No report at this time.

VI. Reports from Michigan State Departments
Department of Agriculture and Rural Development (MDARD)
T. Slawinski introduced A. Matulis who is the new food safety manager. He provided an overview of marijuana terms/definitions. They are talking to the FDA and addressing complaints while drafting guidance for the magnitude of businesses exploiting loopholes. He reported that they are working with Berrien County on a lead in water finding.

Department of Environmental Quality (MDEQ)
D. DeBruyn reported on Governor Whitmer's announcement to change pieces of MDEQ. They do not anticipate changes with the Office of Drinking Water. She reported the department's input into the PHAC workgroup on funding. S. Crider reported they are looking at the level of risk with regard to PFAS. Sampling is complete and results on in house at the moment. A. Mercatante asked about the EPA choosing not to develop water standards. MDEQ, at this time, will continue to use their own framework unless recommendations are to use a more conservative value. B. Ridella asked how those in the middle to high range for PFAS levels will be required to follow through on recommendations? Who will perform follow up? Lois Graham and Ian Smith will follow up. They are still reviewing best practices for quarterly sampling.

Department of Health and Human Services (MDHHS)

L. de la Rambelje reported that 34 notice of intent opened in Egrams this week to address Hepatitis A.

O. Todd reported that the Michigan PFAS Action Response Team will continue, be restructured, and located in MDEQ for the time being. A. London is the chair. He also reported that the PHAC funding subcommittee came up with three possible funding formulas for ELPHS dollars and the draft report has been sent to the budget office. With regard to the latest federal level policy changes to WIC (donating formula), O. Todd reported there are concerns around tampering with cans, relabeling, etc. and it was felt that the policy of donating unused formula is not safe. Since other states around us are adhering to the new policy, Michigan is following suit. He also reported on staffing changes within MDHHS; there will be more announcements in the coming months. He wants to thank the council members who worked on the funding formula, especially Christine Lopez who was helpful informing the history of LHD funding.

M. MacQueen reported that mini-grants for the special projects in preparedness letter will go to finance by the end of the week. Hepatitis A reports are still expected the third Thursday of each month. They are awaiting funding from the CDC and will forward for review. They had an active shooter plan meeting. They are attempting to put a toolkit together and present at the Michigan Premier Public Health Conference and MALPH.

Department of Licensing and Regulatory Affairs (DLARA)
L. Horvath reported he will be attending the MALPH meetings to provide updates (for now). As such, he will ask LARA directors to provide him with any updates. He shared he intends to bring Andrew Brisbo to a meeting to provide information/updates on marijuana. He will be presenting to the PHAC and MALEHA. He has received approval to participate on the marijuana workgroup with MDHHS, MALEHA, and LARA. He reported there are new rules on methadone to address substance use disorders. They will be addressing water management and emergency response plans in hospitals, nursing

homes, etc. He will share draft rules with MALPH. They will be working on an improved mapping system for all state licensed facilities.

VII. Public Comment / Announcements

The WIC Conference was canceled due to weather. Alternate arrangements have not been announced.

It was requested to have a presentation on Adverse Childhood Experiences.

With regard to My Community Dental Centers, all vacant staff positions will be filled soon. The focus is on existing centers and assisting with capacity. A new board member has been appointed with Medicaid experience.

C. Scrimger reported she is working with Pubic Sector Consultants to scale back the LHD inventory. Stay tuned for more information.

M. Cheatham reported that he will look to convene a workgroup to apply for dental access through the Michigan Health Endowment Fund.

It was reported the annual PHAC report will be sent to the governor and department directors.

VIII. Adjournment

The meeting adjourned at 11:52am.

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BOARD OF HEALTH:

Bruce DeLong
Dwight Washington, Ph.D.

George Bailey
Chuck Murphy

Betty Kellenberger
Adam Petersen

BOARD OF HEALTH
ORGANIZATIONAL MEETING
at
Mid-Michigan District Health Department
Clinton County Office
Stanton, Michigan

February 27, 2019
8:30 a.m.

MINUTES

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

Members Present: Bruce DeLong, George Bailey, Adam Petersen, Dwight Washington, Chuck Murphy, and Betty Kellenberger

Members Absent: None

Staff Present: Mark W. (Marcus) Cheatham, Ph.D., Health Officer; Melissa Bowerman, Director of Administrative Services; Cindy Partlo, Executive Administrative Assistant; Jennifer E. Morse, MD, MPH, FAAFP, Medical Director; and Andrea Tabor, Director of Community Health and Education Division (CHED); and Liz Braddock, Director of Environmental Health (EH)

Staff Excused: None

Guests: Maddy Koenigsknecht, Intern

The January Organizational Meeting of the Mid-Michigan District Board of Health was moved to February 27, 2019 (Clinton County Office) due to inclement weather.

M. Cheatham, Health Officer called the Organizational Meeting of the Mid-Michigan District Board of Health (BOH) to order at 8:30 a.m., on Wednesday, February 27, 2019, at the Clinton County Office of the Mid-Michigan District Health Department (MMDHD), Saint Johns, Michigan.

The Pledge of Allegiance was led by M. Cheatham.

A. AGENDA NOTES, REVIEW, AND REVISIONS:

As election of a Chairperson for 2019 had not occurred, M. Cheatham opened the Organizational Meeting by requesting any additions or revisions to the Agenda. He said that he would like to add Rebranding Update under Old Business, item J. 4.

DRAFT

Motion made by B. Kellenberger and seconded by B. DeLong to approve the Agenda as amended. Motion carried.

B. ELECTION OF OFFICERS FOR 2019

1. Chairperson

M. Cheatham requested nominations for Chairperson. B. DeLong nominated **G. Bailey**. Nomination seconded by B. Kellenberger.

Motion made by B. DeLong and seconded by B. Kellenberger that the nominations be closed and a unanimous ballot be cast for G. Bailey as Chairperson. Motion carried.

The meeting was turned over to Chairperson, G. Bailey.

2. Vice Chairperson

Chairperson, G. Bailey asked for nominations for Vice Chairperson.

B. DeLong nominated **B. Kellenberger**. Nomination seconded by D. Washington.

Motion made by B. DeLong and seconded by D. Washington that the nominations be closed and a unanimous ballot be cast for B. Kellenberger as Vice Chairperson. Motion carried.

C. APPOINTMENTS TO THE BOH FOR 2019

1. Appointment of BOH Secretary

G. Bailey said the agency's position of Executive Administrative Assistant is appointed as the BOH Secretary and carries out the posting of public notices for the BOH. He appointed **Cynthia Partlo, Executive Administrative Assistant** as BOH Secretary.

Motion made by B. DeLong and seconded by B. Kellenberger to approve the appointment of Cynthia Partlo as BOH Secretary. Motion carried.

2. Appointment of BOH Standing Committee Chairpersons and Membership: Assignments for 2019

a. Finance Committee

G. Bailey appointed **B. DeLong, G. Bailey,** and **A. Petersen** to the Finance Committee. **B. DeLong** will serve as Chairperson.

b. Personnel Committee

G. Bailey appointed **B. Kellenberger, C. Murphy,** and **D. Washington** to the Personnel Committee. **B. Kellenberger** will serve as Chairperson.

c. Program Committee

G. Bailey appointed **D. Washington**, **A. Petersen**, and **C. Murphy** to the Program Committee. **D. Washington** will serve as Chairperson.

Motion made by B. DeLong and seconded by D. Washington to accept the Appointments to Standing Committees. Motion carried.

3. Appointment of BOH Representatives to External Organizations and Committees – Assignments for 2019

a. Mid-Central Coordinating Committee

G. Bailey appointed **D. Washington, A. Petersen,** and **C. Murphy** to the Mid-Central Coordinating Committee.

b. Michigan Association for Local Public Health (MALPH)

G. Bailey appointed **D. Washington,** alternate and **M. Cheatham,** primary to the Michigan Association for Local Public Health (MALPH).

4. Appointment of BOH Representatives to Internal Committees for 2019

a. Quality Vision Action Team (QVAT)

G. Bailey appointed **B. Kellenberger** to serve as liaison on the QVAT.

b. Rebranding/Marketing Committee

G. Bailey appointed **B. Kellenberger** to the Rebranding/Marketing Committee.

D. Washington mentioned that MALPH has asked him to serve as a Michigan Association of Counties (MAC) representative to their Board.

Motion made by B. DeLong and seconded by D. Washington to accept the Appointments to External Organizations and Internal Committees. Motion carried.

D. <u>CONSENT ITEMS:</u>

1. Meeting Minutes

a. Michigan Association for Local Public Health (MALPH) Board of Directors Meeting held December 10, 2018

b. Mid-Michigan District BOH Regular Meeting held December 19, 2018

c. Michigan Association for Local Public Health (MALPH) Board of Directors Meeting held January 14, 2019

DRAFT

2. Communications

   a. Email message dated January 4, 2019 to Cindy Partlo from Penny Goerge, Executive Secretary, Clinton County, regarding appointments to the BOH for 2019

   b. Letter dated January 15, 2019 to MMDHD from Angie Thompson, Gratiot County Clerk regarding Gratiot County BOH appointment of Chuck Murphy for 2019-20

   c. Letter dated January 15, 2019 to Marcus Cheatham from Bob Clingenpeel, Montcalm County Controller/Administrator, regarding appointments to the BOH for 2019

   d. Letter dated January 16, 2019 to Mid-Michigan District Board of Health and Staff from Tom Lindeman regarding gratitude for recognition of years of service on the Board of Health and gift card

   Motion made by B. Kellenberger and seconded by B. DeLong to accept and place the Meeting Minutes D. 1. a. through c. and Communications D. 2. a. through d. on file. Motion carried.

E. PUBLIC COMMENTS: None.

F. BRANCH OFFICE EMPLOYEES: None.

G. COMMITTEE REPORTS:

1. Finance Committee:

   a. MMDHD's Expenses for December 8, 2018 through February 15, 2019

      B. DeLong reviewed the expenses and asked about the $1,260 charge for Dropbox on Marcus' credit card statement. M. Bowerman explained that the agency is required to have it for emergency preparedness and it was for use by management staff to have secure documents when not on-site. The price is an annual fee based upon the megabytes purchased and number of users.

      Motion made by B. DeLong to approve the Mid-Michigan District Health Department's Expenses for December 8, 2018 – January 18, 2019, totaling $643,406.61 and January 19 – February 15, 2019 totaling $897,376.36. Motion seconded by B. Kellenberger. Motion carried.

   b. MMDHD's Monthly Balance Sheets, Revenue and Expenditure Reports for October through December 2018; and January 2019

      M. Bowerman said that she will be doing a budget amendment next month. The funds from the Mid-Michigan Health Plan were received (just over $500,000) and were designated for the Pathways Program in restricted fund balance. She also mentioned that from an auditing standpoint, the rent for the dental center space in Clinton County was now being reflected as both revenue and expense.

      Motion made by B. DeLong to approve the MMDHD's Monthly Balance Sheets, Revenue and Expenditure Reports for January 2019 and the first quarter of FY 18/19 (October through December 2018) and place on file. Motion seconded by D. Washington. Motion carried.

c. BOH Per Diem Compensation and Travel Reimbursement

M. Bowerman reviewed proposed changes to the BOH Per Diem Compensation and Travel Reimbursement Policy recommending that the policy be approved annually by the BOH. She changed the new compensation rates to $35 per day up to three hours and $60 per day for more than three hours. M. Cheatham mentioned that the policy follows Section 333.2444(2) of the Public Health Code. M. Bowerman clarified that the $500 BOH Chair stipend was paid quarterly.

Motion made by B. DeLong and seconded by D. Washington to approve the revised BOH Per Diem Compensation and Travel Reimbursement Policy as proposed effective February 1, 2019 and authorize the Board Chair to sign it. Motion carried.

d. Family Planning Cost Study Policy and Fee Changes

M. Bowerman explained that the agency is required to conduct a Family Planning Cost Study every two years and have a policy on file regarding the process. She explained how the cost study is performed. She indicated that the Family Planning Cost Study recently conducted revealed recommendations for fee adjustments which she reviewed with the Board.

Motion made by B. DeLong and seconded by B. Kellenberger to approve the Family Planning Cost Study and the recommended fee adjustments as outlined effective February 1, 2019. Motion carried.

2. Personnel Committee

a. Arbitration Dates

M. Cheatham mentioned that an arbitration hearing was scheduled for March 25, 2019 and said Personnel Committee members could attend if available. B. Kellenberger expressed interest in attending. M. Bowerman mentioned that she would let her know the time and location of the hearing once determined.

3. Program Committee – No report.

4. Mid-Central Coordinating Committee – No report.

H. MEDICAL DIRECTOR'S REPORT: Jennifer E. Morse, M.D., MPH, FAAFP

1. Wood Smoke and Health

Dr. Morse reviewed her report on the dangers of smoke from burning wood stating that the smoke contains harmful gases and fine particles. Manufacturers have continued to improve designs to keep emissions low. She reported that the Environmental Protection Agency (EPA) continues to lower the emission standards and by 2020, will lower limits to 2 to 2.5 gm/hr. Michigan does not enforce the EPA requirements; however, she said that local communities can establish ordinances. She stated that resources were included in her report regarding how to write a local ordinance and how to burn wisely and healthfully.

2. Michigan Tick Identification Summary and Tick Testing Kit Orders

   Dr. Morse reviewed the Michigan Tick Identification Summary for 2018 indicating that the State will identify the type of tick submitted. The reason for that is that the blacklegged tick is the only tick that spreads Lyme disease. She supplied an order form from the State of Michigan that could be completed to receive free brochures describing how to identify ticks. Dr. Morse summarized that if a blacklegged tick is captured alive, it can be sent to the State to be tested for Lyme disease and prophylaxis started on the individual.

3. Influenza Update – No report.

4. The Role of a Medical Director

   Dr. Morse described the role of a Medical Director for local public health stating that she represents one-fifth of the State, comprising about 330,000 residents. She mentioned that she is at the disposal of the Boards of Health for any concerns that they might have. She briefly reviewed her duties mentioning that there is a lot of variety in her position.

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

   1. *Encourage local sale and use of EPA compliant wood stoves and changeout of noncompliant stoves.*

   2. *Educate the community about wood smoke and consider local ordinances if necessary to protect public health.*

   3. *Encourage uses of cleaner energy sources.*

   Motion made by B. DeLong and seconded by D. Washington to adopt the BOH Monthly Healthy Living recommendation as amended above for March and accept the Medical Directors report and place it on file. Motion carried.

I. HEALTH OFFICER'S REPORT: Mark W. (Marcus) Cheatham, Ph.D.

1. Quarterly Service Report, First Quarter FY 18/19 (October 1, 2018 through December 31, 2018)

   M. Cheatham explained the Quarterly Service Report (QSR) and reviewed program numbers for the CHED and EH Division for the first quarter of FY 18/19.

2. National Association of County and City Health Officials (NACCHO) 2019 Annual Conference, *Improving the Nation's Health Through Public and Private Partnerships,* July 9-11, 2019, Orlando, Florida, http://www.nacchoannual.org/

   M. Cheatham encouraged BOH members to attend the NACCHO 2019 Annual Conference in Orlando, Florida. Let C. Partlo know if interested in attending, and she will register you.

3. Grant Update

   M. Cheatham distributed and reviewed the Grant Update. He also explained Cross-Jurisdictional Sharing Grants distributed to local health departments from the State.

4. Update on the Government Shutdown

   M. Cheatham said that he didn't have a report on the government shutdown.

5. Public Health Funding Formula

   M. Cheatham informed the BOH that the State has studied how local health departments are funded. He reviewed the handout and mentioned that the report outlines recommendations for revamping local public health department funding. He indicated that the likely option would be to hold local health departments harmless. M. Bowerman added that this was a step in the right direction and agreed that it was the best option. L. Braddock added that the State agrees that public health is underfunded and if changes happen in the funding formula, the EH division could receive additional funding that is much needed. In summary, M. Cheatham said that this was an important development that he would follow and provide updates for the Board.

6. Day at the Capital, Wednesday, April 10, 2019

   M. Cheatham explained the Day at the Capital and invited Board of Health members to attend.

7. Michigan's Premier Public Health Conference, October 16-17, 2019, Ypsilanti

   M. Cheatham explained the Michigan's Premier Public Health Conference and encouraged Board of Health members to attend.

8. Update on Statewide Accreditation

   M. Cheatham provided an update regarding the agency's statewide accreditation that was held during the week of February 4, 2019 with participation by B. Kellenberger and D. Washington. He reported that the process went very well. EH stood out as a strong area because there were no findings and the evaluators were very interested in how we operated our programs. He said that the agency was not eligible for Accreditation with Commendation because of the move to new software in both divisions (Hedgehog and Patagonia) which broke the agency's Performance Management System. He described a few corrective plans of action for the CHED stating that they were easy fixes.

   The Accreditation Commission volunteers to present our Accreditation Certificate to the agency in the late summer or early fall. M. Cheatham reviewed the options for the presentation and recommended presenting to County Commissioners to educate them about the agency's accreditation process. B. Kellenberger suggested that the Certificate should be presented to the employees. M. Cheatham said that maybe it could be incorporated into the Commissioner Forum typically held in September. He summarized that he would bring a proposal to the Board at a future meeting.

9. Montcalm County Food Hub

   M. Cheatham explained that the Montcalm County Food Summit will be held Saturday, March 9, 2019, 9 a.m. at the Four Seasons Marketplace in Edmore. He said that presenters will be speaking on

nutrition and health and connecting agriculture to food buyers. The market manager indicated that there was interest from the Amish community and specialty crop farmers from outside of the county were looking to sell their products at the marketplace. He also said that buyers, such as schools, restaurants, and hospitals would be there as well. M. Cheatham mentioned that although this project was started in Montcalm County through the Community Health Assessment, other counties could become involved as well, such as the Bath Farmers Market and Alma College.

J. OLD BUSINESS:

1. Approach to Septic System Issues

M. Cheatham provided background regarding the district's water quality issues and where the agency was to date. He said that the agency's current EH Regulations were not solving the water quality problem. He explained a new proposal to the BOH regarding septic system management within the district stating that the agency would create financial assistance resources for those households with failing septic systems or no septic system – about 4,000 that cannot afford the cost of a new system. He said the water quality program would also focus on land application of septage waste and Concentrated Animal Feeding Operations (CAFOs). The water quality program proposes an increase in funding to support 1 FTE Environmental Health Specialist (EHS) to coordinate the program – approximately $60,000. The additional funding would come from an increase in the local health department county appropriations ($60,000 divided by 3 counties). G. Bailey said that he would like the County Commissioners to discuss this option with their Boards. He also added that the existing EH Regulations would not need to be changed to implement the water quality program. The focus would be on the "hot spots" (a direct discharge of waste into creeks or rivers) within the district.

L. Braddock provided an update regarding the septic issue in Seville Township. She reported that the Michigan Department of Environmental Quality (MDEQ) has sent a letter to Seville Township outlining their severe E.coli problem and that they are getting involved to resolve the problem. Seville Township has been working with the health department, Commissioners, the MDEQ, and the Michigan Rural Water Association to discuss the issue and possible solutions. She said that other small communities with similar issues were discussed as well. She mentioned that there was public concern expressed that the health department wasn't doing enough to solve the problem. She replied that there are only two EHS that work in Gratiot County and their main focus was on permitting. The agency doesn't have a dedicated staff person to work on water quality.

G. Bailey recommended having the three County Administrators meet to discuss the proposal. After discussion, the Board members agreed that a meeting with the County Administrators would be a good first step.

Motion made B. DeLong and seconded by B. Kellenberger to recommend that the Health Officer meet with the County Administrators to discuss the water quality program. Motion carried.

2. Hepatitis A Outbreak Funding Continuation

M. Cheatham mentioned that the agency received continuation funding for managing a Hepatitis A outbreak in the amount of $80,000 for FY 18/19. He reviewed the agency's work plan and mentioned that updates would be provided to the Board regarding the agency's activities.

3. Montcalm County Animal Control

M. Cheatham provided background regarding the Montcalm County Animal Control stating that the County Animal Control was shut down and former staff established the Humane Society of Mid-Michigan, a non-profit agency. The Humane Society of Mid-Michigan has developed a fee schedule for quarantining or euthanizing animals. M. Cheatham reported that those fees would need to be incorporated into the District funding formula. He reported that the estimated fee amount was $3,000 per fiscal year.

4. Rebranding Update

M. Cheatham reviewed the rebranding update handout stating that it was provided for information only.

K. NEW BUSINESS:

1. Adoption of Proposed 2019 BOH Finance Committee and Regular Meeting Schedule

Motion made by B. Kellenberger and seconded by B. DeLong to approve the 2019 BOH Finance Committee and Regular Meeting Schedule as proposed. Motion carried.

2. Parks and Greenspace Health Committee

D. Washington outlined a concept between the Clinton County Parks and Greenspace Commission and the Clinton County Parks and Greenspace Health Committee to incorporate health into parks and greenspace planning. He explained that the focus was on looking at the benefits of State, local, and townships parks to incorporate healthy activities within the parks. He said that currently, stakeholders are being recruited and Sparrow Hospital, Clinton County Sheriff's Department, and the Juvenile Court have expressed interest. He indicated he would continue to provide updates to the Board on their efforts.

3. MMDHD Phone Numbers Hacked

M. Cheatham mentioned that the agency's telephone numbers were hijacked by scammers calling people from Michigan and the United States claiming to be from Medicare or the health department in an attempt to obtain personal information. He said that a press release was issued, and the incident was reported to local law enforcement. The topic was for information only.

4. Emerging Issues

a. New PFAS Site-Gratiot County

L. Braddock reported that the former Total Refinery facility in Alma has been added to the Michigan PFAS Action Response Team (MPART) website.

L. LEGISLATIVE ACTION: – None.

M. INFORMATIONAL ITEMS:

1. Mid-Michigan District BOH Action Items, December 2018

DRAFT

2. Staffing Reports, January and February 2019

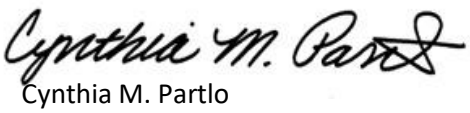
N. RELATED NEWS ARTICLES AND LINKS: – https://www.mmdhd.org/2019-board-of-health-2/

1. STATE TO SEVILLE: Septic Systems Unlawfully Discharging into Pine River, *Gratiot County Herald,* December 19, 2018
2. Montcalm County Board Oks Electronic Recycling Hike, *Daily News,* December 21, 2018
3. Contractor Expected To Produce Savings At Velsicol Site, *Morning Sun,* December 26, 2018
4. Keon Elected To Task Force Hall Of Fame, *Morning Sun,* December 26, 2018
5. Landfill Tests Positive For PFAS, *Gratiot County Herald,* December 27, 2018
6. Pine River Task Force Celebrates 20 Years, *Morning Sun,* December 27, 2018
7. Septic System Regulations Challenge Officials, *Gratiot County Herald,* December 27, 2018
8. Seville Township Alerted To Failing Septic Systems In Riverdale Area, *Gratiot County Herald,* December 27, 2018
9. Sharps Disposal Program, *Montcalm County Senior News,* January 2019
10. Protecting Our Fresh Water While Preserving Private Property Rights, *Gratiot County Herald,* January 2, 2019
11. Health Department Stars, *Daily News,* January 5, 2019
12. Healthy Pine River Group To Release Study Results, *Morning Sun,* January 8, 2019
13. State Health Officials Warn Of Increasing Norovirus Activity, *Morning Sun,* January 8, 2019
14. Upper Pine River Watershed Findings To Be Revealed, Gratiot County Herald, January 10, 2019
15. MDEQ To Require Ithaca To Cleanup Former Landfill, Morning Sun, January 11, 2019
16. National Association of Local Boards of Health (NALBOH), NewsBrief-Winter 2019.pdf
17. State Holding Ithaca Liable For Contaminated Landfill, Gratiot County Herald, January 16, 2019
18. 'The Stress Of This Job Was Getting To Me', Gratiot County Herald, January 16, 2019
19. Shutdown Not Impacting St. Louis EPA Cleanup – Yet, Morning Sun, January 22, 2019
20. Montcalm County Reviewing Recycling Coordinator Bids, Daily News, January 26, 2019
21. Governor Revamps Environmental Agency After Flint, Morning Sun, February 5, 2019
22. Health Department Encourages Radon Testing, Daily News, February 12, 2019
23. The Water Quality of Rivers In Mid-Michigan, Gratiot County Herald, February 14, 2019
24. Septic Systems: What's Happening In Mid-Michigan?, Gratiot County Herald, February 14, 2019
25. New Health Risk May Be Caused By PBB Exposure, Morning Sun, February 18, 2019
26. Phone Scammers Posing As Health Officials, Lansing State Journal, February 19, 2019
27. Health Officials Order Lansing Coffee Shops To Pull Cannabis Derivative From Shelves, Lansing State Journal, February 20, 2019

O. AGENCY NEWSLETTERS: None.

There being no further business to come before the Board, the meeting adjourned at 11:26 a.m.

Respectfully Submitted,



Cynthia M. Partlo
Board Secretary For
George Bailey, Chairperson
Mid-Michigan District BOH

DRAFT

MONTHLY EXPENSES FOR
February 16, 2019 - March 15, 2019

EV 1893	*$ 229,812.13*
EV 1894	*$ 204,997.08*
	$ 434,809.21

Mid-Michigan District Health Department
615 North State Street, Suite 2
Stanton MI 48888
(989) 831-5237

CK#	EV 1893			3/1/2019
	Payables			
104914 to 104949	Quantum Checks & AP Direct Deposits		$	90,626.81
	Payroll			
	AFLAC Employee Deduction		$	590.61
	MERS Employee Electronic Transfer		$	3,585.17
	Chemical Bank Payroll-Ameriprise NBS		$	185.00
	Chemical Bank Payroll-Nationwide		$	1,320.00
	Chemical Bank Payroll-MERS 457		$	560.00
	Chemical Bank Payroll Tax EFT			
	Federal		$	28,496.94
	State		$	4,529.55
	Direct Deposit Payroll		$	99,836.85
	Bank Fees			
	Chemical E-Banking fee	19-Feb	$	81.20
	TOTAL			**$ 229,812.13**

ACCOUNTS PAYABLE CHECK REGISTER

CHECK NO	CHECK\VOID DATE	REMIT-TO NAME VENDOR-#	INVOICE NO	INVOICE DATE	VOUCH#	P.O.-NO	AMOUNT PAID	DISCOUNT TAKEN	CHECK AMOUNT
104914	03/01/19	ALPH83 ALPHA FAMILY CENTER	101437	03/01/19	18440		$ 300.00	$ -	$ 300.00
			MARCH RENT						
COMPUTER CHECK									
			CHECK TOTALS:				$ 300.00	$ -	$ 300.00
104915	03/01/19	AME020 AMERICAN PUBLIC HEALTH ASSOCIATION	101445	02/11/19	18466		$ 205.00	$ -	$ 205.00
			4575661 1 YR MEMBERSHIP						
COMPUTER CHECK									
			CHECK TOTALS:				$ 205.00	$ -	$ 205.00
104916	03/01/19	BLU008 BLUE CROSS BLUE SHIELD OF MICHIGAN	101447	02/08/19	18471		$10,899.21	$ -	$10,899.21
			0005 MARCH HEALTH INSURANCE						
COMPUTER CHECK									
			101448	02/08/19	18472		$ 8,334.69	$ -	$ 8,334.69
			0004 MARCH HEALTH INSURANCE						
			101449	02/08/19	18473		$18,592.77	$ -	$18,592.77
			0003 MARCH HEALTH INSURANCE						
			CHECK TOTALS:				$37,826.67	$ -	$37,826.67
104917	03/01/19	BLU034 BLUE CARE NETWORK	190360023181	02/05/19	18470		$ 8,382.12	$ -	$ 8,382.12
			MARCH HEALTH INSURANCE						
COMPUTER CHECK									
			CHECK TOTALS:				$ 8,382.12	$ -	$ 8,382.12
104918	03/01/19	BLU035 BLUE CARE NETWORK	190360049777	02/05/19	18469		$ 3,489.70	$ -	$ 3,489.70
			MARCH HEALTH INSURANCE						
COMPUTER CHECK									
			CHECK TOTALS:				$ 3,489.70	$ -	$ 3,489.70
104919	03/01/19	CAP095 CAPITAL AREA UNITED WAY	101450	03/01/19	18475		$ 20.00	$ -	$ 20.00
			3/1/19 EMPLOYEE DONATION						
COMPUTER CHECK									
			CHECK TOTALS:				$ 20.00	$ -	$ 20.00
104920	03/01/19	CDW016 CDW GOVERNMENT, INC.	QXX5382	02/05/19	18445	095789-00	$ 663.10	$ -	$ 663.10
			EPSON DOCUMENT SCANNER-2						
COMPUTER CHECK									
			CHECK TOTALS:				$ 663.10	$ -	$ 663.10
104921	03/01/19	CEN021 CENTRAL MI DIST HEALTH DEPARTMENT	101446	02/19/19	18467		$ 4,467.02	$ -	$ 4,467.02
			JANUARY MD						
COMPUTER CHECK									
			CHECK TOTALS:				$ 4,467.02	$ -	$ 4,467.02
104922	03/01/19	CLI046 CLINTON COUNTY RESA	35427	02/01/19	18465		$ 20.00	$ -	$ 20.00
			REFUND H/V DUPLICATE PAYMENT						
COMPUTER CHECK									
			CHECK TOTALS:				$ 20.00	$ -	$ 20.00
104923	03/01/19	CLI092 CLINTON COUNTY ADMIN/ACCT	AC-2019-005	02/01/19	18438		$ 1,966.67	$ -	$ 1,966.67
			MARCH DENTAL RENT						
COMPUTER CHECK									
			CHECK TOTALS:				$ 1,966.67	$ -	$ 1,966.67
104924	03/01/19	CON160 CONTROL SOLUTIONS, INC.	CS64759	01/25/19	18433	095755-00	$ 226.00	$ -	$ 226.00
			CALIBRATIONS, NEW PROBE						
COMPUTER CHECK									
			CHECK TOTALS:				$ 226.00	$ -	$ 226.00

ACCOUNTS PAYABLE CHECK REGISTER

CHECK NO	CHECK\VOID DATE	REMIT-TO NAME VENDOR-#	INVOICE NO	INVOICE DATE	VOUCH#	P.O.-NO	AMOUNT PAID	DISCOUNT TAKEN	CHECK AMOUNT
104925	03/01/19	COV178 COVENANT MEDICAL CENTER	101442	02/07/19	18460		$ 58.60	$ -	$ 58.60
COMPUTER CHECK			LABS						
			101443	02/07/19	18461		$ 21.42	$ -	$ 21.42
			LAB						
			101444	02/07/19	18462		$ 21.42	$ -	$ 21.42
			LAB						
			CHECK TOTALS:				$ 101.44	$ -	$ 101.44
104926	03/01/19	DAR82 DARBY DENTAL	6475917	01/11/19	18442	095743-00	$ 237.50	$ -	$ 237.50
COMPUTER CHECK			MIRRORLITES						
			6477009	01/14/19	18443	095743-00	$ 21.05	$ -	$ 21.05
			MOIST SURE, WIPES						
			CHECK TOTALS:				$ 258.55	$ -	$ 258.55
104927	03/01/19	DEL007 DELTA DENTAL OF MICHIGAN	2169348	02/12/19	18436		$ 4,033.88	$ -	$ 4,033.88
COMPUTER CHECK			MARCH DENTAL INSURANCE						
			CHECK TOTALS:				$ 4,033.88	$ -	$ 4,033.88
104928	03/01/19	ETR005 ETR ASSOCIATES	251707	01/23/19	18452	095773-00	$ 475.60	$ -	$ 475.60
COMPUTER CHECK			PAMPHLETS						
			CHECK TOTALS:				$ 475.60	$ -	$ 475.60
104929	03/01/19	GRAT92 GRATIOT INTEGRATED HLTH NETWORK	101438	03/01/19	18441		$ 100.00	$ -	$ 100.00
COMPUTER CHECK			MARCH RENT						
			CHECK TOTALS:				$ 100.00	$ -	$ 100.00
104930	03/01/19	GSK052 GLAXO SMITH KLINE	8252692208	01/22/19	18444	095662-00	$ 2,716.56	$ -	$ 2,716.56
COMPUTER CHECK			SHINGRIX VACCINE						
			CHECK TOTALS:				$ 2,716.56	$ -	$ 2,716.56
104931	03/01/19	IMP002 IMPREST CASH-MONTCALM	101434	01/22/19	18434		$ 50.00	$ -	$ 50.00
COMPUTER CHECK			PARKING, CONFERENCE SUPPLY						
			CHECK TOTALS:				$ 50.00	$ -	$ 50.00
104932	03/01/19	KEN014 KENT COUNTY HEALTH DEPARTMENT	EH013119-555555	02/06/19	18464		$ 1,746.00	$ -	$ 1,746.00
COMPUTER CHECK			WATER LABS						
			CHECK TOTALS:				$ 1,746.00	$ -	$ 1,746.00
104933	03/01/19	LIN061 LINCOLN FINANCIAL GROUP	101435	02/08/19	18437		$ 2,157.28	$ -	$ 2,157.28
COMPUTER CHECK			MARCH LIFE/LTD/AD&D						
			CHECK TOTALS:				$ 2,157.28	$ -	$ 2,157.28
104934	03/01/19	MIC006 MICHIGAN DEPT OF AGRICULTURE	791-10411683	01/22/19	18455		$ 291.00	$ -	$ 291.00
COMPUTER CHECK			FOOD FEES						
			CHECK TOTALS:				$ 291.00	$ -	$ 291.00

ACCOUNTS PAYABLE CHECK REGISTER

CHECK NO	CHECK\VOID DATE	REMIT-TO NAME VENDOR-#	INVOICE NO	INVOICE DATE	VOUCH#	P.O.-NO	AMOUNT PAID	DISCOUNT TAKEN	CHECK AMOUNT
104935	03/01/19	MIS004 MiSDU - FRIEND OF COURT	101450	03/01/19	18474		$ 483.54	$ -	$ 483.54
			3/1/19 EMPLOYEE DEDUCTIONS						
COMPUTER CHECK									
			CHECK TOTALS:				$ 483.54	$ -	$ 483.54
104936	03/01/19	MON029 MONTCALM ECONOMIC ALLIANCE	000175	02/14/19	18435		$ 500.00	$ -	$ 500.00
			2019 DUES						
COMPUTER CHECK									
			CHECK TOTALS:				$ 500.00	$ -	$ 500.00
104937	03/01/19	MOS084 MOS/MICHIGAN OFFICE SOLUTION	IN1328664	02/15/19	18456		$ 1,057.90	$ -	$ 1,057.90
			COLOR COPY OVERAGE 11/7-2/6/19						
COMPUTER CHECK									
			CHECK TOTALS:				$ 1,057.90	$ -	$ 1,057.90
104938	03/01/19	OFF015 OFFICE DEPOT	27009594501	02/06/19	18448	095792-00	$ 9.09	$ -	$ 9.09
			FINGER GRIPPER						
COMPUTER CHECK									
			270095443001	02/06/19	18446	095792-00	$ 106.98	$ -	$ 106.98
			DISPENSER, FILTERS						
			270095944001	02/06/19	18447	095792-00	$ 39.99	$ -	$ 39.99
			WIRELESS MOUSE						
			CHECK TOTALS:				$ 156.06	$ -	$ 156.06
104939	03/01/19	ONE25 ONE-COMMUNITY/ ZUMBRUNNEN MARY	12	02/14/19	18454		$13,000.00	$ -	$13,000.00
			FINAL BUSINESSMODEL/50% SUMMIT						
COMPUTER CHECK									
			CHECK TOTALS:				$13,000.00	$ -	$13,000.00
104940	03/01/19	QUI003 QUILL CORPORATION	4652705	01/29/19	18430	095786-00	$ 329.94	$ -	$ 329.94
			6 CHAIRMATS						
COMPUTER CHECK									
			CHECK TOTALS:				$ 329.94	$ -	$ 329.94
104941	03/01/19	SMI030 SMILEMAKERS	8484729	01/11/19	18449	095763-00	$ 249.96	$ -	$ 249.96
			BRUSHING TIMERS,FLOSSERS						
COMPUTER CHECK									
			8496300	01/23/19	18451	095769-00	$ 147.99	$ -	$ 147.99
			CLEAR SMILE BAGS						
			8511245	02/11/19	18450	095793-00	$ 164.98	$ -	$ 164.98
			BRUSHING TIMERS						
			CHECK TOTALS:				$ 562.93	$ -	$ 562.93
104942	03/01/19	SPE191 SPECTRUM HEALTH MEDICAL	607530	02/11/19	18463		$ 46.00	$ -	$ 46.00
			SHEPLER FIT TESTING						
COMPUTER CHECK									
			CHECK TOTALS:				$ 46.00	$ -	$ 46.00
104943	03/01/19	STA032 STATE OF MICHIGAN-MDHHS LAB	808282019	02/08/19	18468		$ 11.50	$ -	$ 11.50
			LAB						
COMPUTER CHECK									
			CHECK TOTALS:				$ 11.50	$ -	$ 11.50

ACCOUNTS PAYABLE CHECK REGISTER

CHECK NO	CHECK\VOID DATE	REMIT-TO NAME VENDOR-#	INVOICE NO	INVOICE DATE	VOUCH#	P.O.-NO	AMOUNT PAID	DISCOUNT TAKEN	CHECK AMOUNT
104944	03/01/19	TEA031 TEAM FINANCIAL GROUP, INC	101439	02/11/19	18457		$ 2,459.37	$ -	$ 2,459.37
			40013954 MARCH XEROX MACHINES						
COMPUTER CHECK									
			101440	02/11/19	18458		$ 1,470.79	$ -	$ 1,470.79
			40013952 MARCH XEROX MACHINES						
			101441	02/11/19	18459		$ 240.92	$ -	$ 240.92
			40013950 MARCH FP MACHINES						
			CHECK TOTALS:				$ 4,171.08	$ -	$ 4,171.08
104945	03/01/19	UNI001 UNITED WAY OF MONTCALM CO	101450	03/01/19	18477		$ 60.00	$ -	$ 60.00
			3/1/19 EMPLOYEE DONATION						
COMPUTER CHECK									
			CHECK TOTALS:				$ 60.00	$ -	$ 60.00
104946	03/01/19	UNI009 UNITED WAY OF GRATIOT CO	101450	03/01/19	18476		$ 75.00	$ -	$ 75.00
			3/1/19 EMPLOYEE DONATION						
COMPUTER CHECK									
			CHECK TOTALS:				$ 75.00	$ -	$ 75.00
104947	03/01/19	VALL25 VALLEY FARMS BAPTIST CHURCH	101436	03/01/19	18439		$ 100.00	$ -	$ 100.00
			MARCH RENT						
COMPUTER CHECK									
			CHECK TOTALS:				$ 100.00	$ -	$ 100.00
104948	03/01/19	WAL017 WALMART COMMUNITY	P9273001601ENB4	02/16/19	18453		$ 15.42	$ -	$ 15.42
			ACCREDITATION SNACKS						
COMPUTER CHECK									
			CHECK TOTALS:				$ 15.42	$ -	$ 15.42
104949	03/01/19	WAT077 WATKINS SURGICAL SUPPLY	000477788	01/18/19	18429	095759-00	$ 560.85	$ -	$ 560.85
			HURRICANE SPRAY,ISONIAZID,B6						
COMPUTER CHECK									
			CHECK TOTALS:				$ 560.85	$ -	$ 560.85
			BANK CODE TOTALS:				$90,626.81	$ -	$90,626.81

36 COMPUTER CHECKS
0 MANUAL PAYMENT CHECKS
0 VOID CHECKS - TRX
0 VOID CHECKS - STUBS
0 VOID CHECKS - ERROR
0 VOID CHECKS - FORM ALIGNMENT
0 DIRECT DEPOSITS
36 CHECKS TOTAL

COMPANY TOTALS:	$90,626.81	$ -	$90,626.81

Mid-Michigan District Health Department
615 North State Street, Suite 2
Stanton MI 48888
(989) 831-5237

CK#	EV 1894			3/15/2019
	Payables			
104950 to 104979	Quantum Checks & AP Direct Deposits		$	37,205.19
	Payroll			
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	Chemical Bank Payroll-Nationwide		$	1,320.00
	Chemical Bank Payroll-MERS 457		$	560.00
	Chemical Bank Payroll Tax EFT			
	Federal		$	29,278.14
	State		$	4,645.25
	MERS Employer Electronic Transfer	19-Feb	$	26,881.40
	Direct Deposit Payroll		$	100,729.39
	TOTAL		$	204,997.08

ACCOUNTS PAYABLE CHECK REGISTER

CHECK NO	CHECK\VOID DATE	REMIT-TO NAME VENDOR-#	INVOICE NO	INVOICE DATE	VOUCH#	P.O.-NO	AMOUNT PAID	DISCOUNT TAKEN	CHECK AMOUNT
257	03/15/19	KEL038 KELLENBERGER BETTY	101460	02/27/19	18522		$ 217.00	$ -	$ 217.00
			FEBRUARY TRAVEL/PER DIEM						
DIRECT DEPOSIT									
			CHECK TOTALS:				$ 217.00	$ -	$ 217.00
258	03/15/19	WASH83 WASHINGTON DWIGHT	101458	02/27/19	18520		$ 130.52	$ -	$ 130.52
			FEBRUARY TRAVEL/PER DIEM						
DIRECT DEPOSIT									
			101459	02/28/19	18521		$ 155.41	$ -	$ 155.41
			DECEMBER TRAVEL/PER DIEM						
			CHECK TOTALS:				$ 285.93	$ -	$ 285.93
104950	03/15/19	BUP112 BUPP MARILYN	101461	02/26/19	18526		$ 6,928.00	$ -	$ 6,928.00
			GRATIOT PAINTING						
COMPUTER CHECK									
			CHECK TOTALS:				$ 6,928.00	$ -	$ 6,928.00
104951	03/15/19	CAP095 CAPITAL AREA UNITED WAY	101463	03/12/19	18531		$ 20.00	$ -	$ 20.00
			3/15/19 EMPLOYEE DONATION						
COMPUTER CHECK									
			CHECK TOTALS:				$ 20.00	$ -	$ 20.00
104952	03/15/19	CDW016 CDW GOVERNMENT, INC.	RCG2322	02/13/19	18479	095799-00	$ 37.31	$ -	$ 37.31
			MICROSOFT SURFACE HDMI COMMER						
COMPUTER CHECK									
			RCM4463	02/13/19	18480	095800-00	$ 177.75	$ -	$ 177.75
			STARTECH 2 BAY HDD RAID						
			RCM8187	02/13/19	18481	095800-00	$ 824.10	$ -	$ 824.10
			HGST 2TB						
			RGM8673	02/26/19	18502	095917-00	$ 994.65	$ -	$ 994.65
			3 EPSON DOCUMENT SCANNER						
			CHECK TOTALS:				$ 2,033.81	$ -	$ 2,033.81
104953	03/15/19	COH003 COHL, STOKER & TOSKEY	49984	02/13/19	18525		$ 1,291.20	$ -	$ 1,291.20
			JANUARY LEGAL						
COMPUTER CHECK									
			CHECK TOTALS:				$ 1,291.20	$ -	$ 1,291.20
104954	03/15/19	CRY023 CASAIR-CRYSTAL AUTO SYSTEM	495114	03/01/19	18524		$ 800.00	$ -	$ 800.00
			MARCH INTERNET/LIST SERV/FIBER						
COMPUTER CHECK									
			CHECK TOTALS:				$ 800.00	$ -	$ 800.00
104955	03/15/19	DAI009 DAILY NEWS	101457	03/04/19	18519		$ 108.00	$ -	$ 108.00
			1 YR & E-EDITION RENEWAL						
COMPUTER CHECK									
			CHECK TOTALS:				$ 108.00	$ -	$ 108.00
104956	03/15/19	EAT029 EATON RESA	005888	01/02/19	18495		$ 2,986.24	$ -	$ 2,986.24
			1Q19 BRAINERD DFG						
COMPUTER CHECK									
			CHECK TOTALS:				$ 2,986.24	$ -	$ 2,986.24

ACCOUNTS PAYABLE CHECK REGISTER

CHECK NO	CHECK\VOID DATE	REMIT-TO NAME VENDOR-#	INVOICE NO	INVOICE DATE	VOUCH#	P.O.-NO	AMOUNT PAID	DISCOUNT TAKEN	CHECK AMOUNT
104957	03/15/19	GRA009 GRATIOT COUNTY HERALD	101456	03/04/19	18518		$ 35.00	$ -	$ 35.00
			ONLINE SUBSCRIPTION						
COMPUTER CHECK									
			CHECK TOTALS:				$ 35.00	$ -	$ 35.00
104958	03/15/19	HED103 HEDGEROW SOFTWARE LTD.	1041	03/01/19	18523		$ 6,000.00	$ -	$ 6,000.00
			APR-JUN 2019 LICENSE FEES						
COMPUTER CHECK									
			CHECK TOTALS:				$ 6,000.00	$ -	$ 6,000.00
104959	03/15/19	HEM120 HEMOCUE AMERICA	3130798	02/19/19	18487	095748-00	$ 204.00	$ -	$ 204.00
			HB 301 HI/LOW CONTROLS						
COMPUTER CHECK									
			CHECK TOTALS:				$ 204.00	$ -	$ 204.00
104960	03/15/19	INSP25 INSPIRATION STUDIO DESIGN	1874	02/25/19	18501	095911-00	$ 29.00	$ -	$ 29.00
			1 BUSINESS CARD-HARDMAN						
COMPUTER CHECK									
			CHECK TOTALS:				$ 29.00	$ -	$ 29.00
104961	03/15/19	MCK032 MCKESSON MEDICAL	46862777	02/08/19	18482	095790-00	$ 382.73	$ -	$ 382.73
			URINE CONTROLS						
COMPUTER CHECK									
			46883899	02/08/19	18483	095790-00	$ 93.06	$ -	$ 93.06
			NITRILE GLOVES						
			47339137	02/14/19	18478	095761-00	$ 38.65	$ -	$ 38.65
			SODIUM CHLORIDE						
			CHECK TOTALS:				$ 514.44	$ -	$ 514.44
104962	03/15/19	MIC006 MICHIGAN DEPT OF AGRICULTURE	791-10416331	02/21/19	18499		$ 130.00	$ -	$ 130.00
			FOOD FEES						
COMPUTER CHECK									
			CHECK TOTALS:				$ 130.00	$ -	$ 130.00
104963	03/15/19	MIS004 MiSDU - FRIEND OF COURT	101463	03/12/19	18530		$ 483.54	$ -	$ 483.54
			3/15/19 EMPLOYEE DEDUCTION						
COMPUTER CHECK									
			CHECK TOTALS:				$ 483.54	$ -	$ 483.54
104964	03/15/19	MNA004 MICHIGAN NURSES ASSOCIATION	101463	03/12/19	18529		$ 462.48	$ -	$ 462.48
			MARCH DUES						
COMPUTER CHECK									
			CHECK TOTALS:				$ 462.48	$ -	$ 462.48
104965	03/15/19	MON183 MONTCALM CO CONTROLLER	101462	02/28/19	18527		$ 277.76	$ -	$ 277.76
			JAN/FEB SOLID WASTE FINAL						
COMPUTER CHECK									
			CHECK TOTALS:				$ 277.76	$ -	$ 277.76
104966	03/15/19	MPH027 MPHA-PHN SECTION	1824	03/11/19	18528		$ 60.00	$ -	$ 60.00
			ANDREA TABOR						
COMPUTER CHECK									
			CHECK TOTALS:				$ 60.00	$ -	$ 60.00

ACCOUNTS PAYABLE CHECK REGISTER

CHECK NO	CHECK\VOID DATE	REMIT-TO NAME VENDOR-#	INVOICE NO	INVOICE DATE	VOUCH#	P.O.-NO	AMOUNT PAID	DISCOUNT TAKEN	CHECK AMOUNT
104967	03/15/19	NEH002 NEHA TRAINING	264230	03/11/19	18517		$ 390.00	$ -	$ 390.00
			ADAM BYRNE CREDENTIALING						
COMPUTER CHECK									
			CHECK TOTALS:				$ 390.00	$ -	$ 390.00
104968	03/15/19	NUR008 NURSE ADMINISTRATOR'S FORUM	1805	02/22/19	18492		$ 90.00	$ -	$ 90.00
			DOAK TRAINING						
COMPUTER CHECK									
			1807	02/22/19	18493		$ 90.00	$ -	$ 90.00
			KENT TRAINING						
			1808	02/22/19	18494		$ 90.00	$ -	$ 90.00
			STRATTON TRAINING						
			CHECK TOTALS:				$ 270.00	$ -	$ 270.00
104969	03/15/19	QUI003 QUILL CORPORATION	4942263	02/08/19	18484	095791-00	$ 31.48	$ -	$ 31.48
			SELF INKING STAMP						
COMPUTER CHECK									
			5052431	02/13/19	18503	095910-00	$ 31.48	$ -	$ 31.48
			SELF INKING STAMP						
			CHECK TOTALS:				$ 62.96	$ -	$ 62.96
104970	03/15/19	SAN020 SANOFI PASTEUR INC	911983903	02/13/19	18491	095797-00	$ 1,173.06	$ -	$ 1,173.06
			MENACTRA/TUBERSOL VACCINE						
COMPUTER CHECK									
			CHECK TOTALS:				$ 1,173.06	$ -	$ 1,173.06
104971	03/15/19	STA008 STATE OF MICHIGAN-MDHHS LAB	277282019	02/08/19	18497		$ 11.50	$ -	$ 11.50
			LAB						
COMPUTER CHECK									
			CHECK TOTALS:				$ 11.50	$ -	$ 11.50
104972	03/15/19	STA225 STATCOURIER	1019-1183	01/31/19	18498		$ 800.00	$ -	$ 800.00
			JANUARY WATER LABS						
COMPUTER CHECK									
			CHECK TOTALS:				$ 800.00	$ -	$ 800.00
104973	03/15/19	TEA001 TEAMSTERS LOCAL 214	101463	03/12/19	18534		$ 1,879.55	$ -	$ 1,879.55
			MARCH DUES						
COMPUTER CHECK									
			CHECK TOTALS:				$ 1,879.55	$ -	$ 1,879.55
104974	03/15/19	THE027 THERMOWORKS, INC.	INV-12099386	02/15/19	18485	095801-00	$ 109.49	$ -	$ 109.49
			THERMAPEN						
COMPUTER CHECK									
			CHECK TOTALS:				$ 109.49	$ -	$ 109.49
104975	03/15/19	UNI001 UNITED WAY OF MONTCALM CO	1111	02/17/19	18496		$ 500.00	$ -	$ 500.00
			2018 MEMBER DUES FOR 211						
COMPUTER CHECK									
			101463	03/12/19	18533		$ 60.00	$ -	$ 60.00
			3/15/19 EMPLOYEE DONATION						
			CHECK TOTALS:				$ 560.00	$ -	$ 560.00

ACCOUNTS PAYABLE CHECK REGISTER

CHECK NO	CHECK\VOID DATE	REMIT-TO NAME VENDOR-#	INVOICE NO	INVOICE DATE	VOUCH#	P.O.-NO	AMOUNT PAID	DISCOUNT TAKEN	CHECK AMOUNT
104976	03/15/19	UNI009 UNITED WAY OF GRATIOT CO	101463	03/12/19	18532		$ 75.00	$ -	$ 75.00
			3/15/19 EMPLOYEE DONATION						
COMPUTER CHECK									
			CHECK TOTALS:				$ 75.00	$ -	$ 75.00
104977	03/15/19	VER004 VERIZON	9824873214	02/23/19	18500		$ 2,367.39	$ -	$ 2,367.39
			2/24-3/23 MOBILE BROADBAND						
COMPUTER CHECK									
			CHECK TOTALS:				$ 2,367.39	$ -	$ 2,367.39
104978	03/15/19	WINN73 WINN TELECOM	101455	03/01/19	18516		$ 2,635.02	$ -	$ 2,635.02
			MARCH LOCAL/LONG DISTANCE						
COMPUTER CHECK									
			CHECK TOTALS:				$ 2,635.02	$ -	$ 2,635.02
104979	03/15/19	FIR003 FIRST NATIONAL BANK OMAHA	101451	03/04/19	18504		$ 2,886.96	$ -	$ 2,886.96
			TRAINING/POSTAGE/SHRED/SURVEY						
COMPUTER CHECK									
			101452	03/04/19	18513		$ 2.65	$ -	$ 2.65
			PAGER						
			101453	03/04/19	18514		$ 11.76	$ -	$ 11.76
			TEST SOLUTIONS/VIALS FOR POOLS						
			101454	03/04/19	18515		$ 357.69	$ -	$ 357.69
			LUNCHES, CHW CERTIFICATION						
			101451-1	03/04/19	18505	095795-00	$ 332.25	$ -	$ 332.25
			1 STAMPED WINDOW ENVELOPES						
			101451-2	03/04/19	18506	095798-00	$ 225.21	$ -	$ 225.21
			BREASTFEEDING MAGNETS						
			101451-3	03/04/19	18507	095796-00	$ 21.87	$ -	$ 21.87
			SCREEN PROTECTOR/CASE						
			101451-4	03/04/19	18508	095804-00	$ 52.05	$ -	$ 52.05
			5PK FOOD LICENSING LABELS						
			101451-5	03/04/19	18509	095915-00	$ 10.50	$ -	$ 10.50
			DOOR STOPPER						
			101451-6	03/04/19	18510	095919-00	$ 55.98	$ -	$ 55.98
			2 ACRYLIC SIGN HOLDERS						
			101451-7	03/04/19	18511	095916-00	$ 35.91	$ -	$ 35.91
			FURNITURE SLIDERS						
			101451-8	03/04/19	18512	095922-00	$ 11.99	$ -	$ 11.99
			CHARGER						
			CHECK TOTALS:				$ 4,004.82	$ -	$ 4,004.82

ACCOUNTS PAYABLE CHECK REGISTER

CHECK NO	CHECK\VOID DATE	REMIT-TO NAME VENDOR-#	INVOICE NO	INVOICE DATE	VOUCH#	P.O.-NO	AMOUNT PAID	DISCOUNT TAKEN	CHECK AMOUNT
			BANK CODE TOTALS:				$37,205.19	$ -	$37,205.19
30 COMPUTER CHECKS									
0 MANUAL PAYMENT CHECKS									
0 VOID CHECKS - TRX									
0 VOID CHECKS - STUBS									
0 VOID CHECKS - ERROR									
0 VOID CHECKS - FORM ALIGNMENT									
2 DIRECT DEPOSITS									
32 CHECKS TOTAL									
			COMPANY TOTALS:				$37,205.19	$ -	$37,205.19

Mid-Michigan District Health Department
Monthly Balance Sheet, Revenue and Expenditure Report
February 2019

Summary and Special Notes

As of the end of February, actual revenues and expenditures should be approximately 42% of the $6,150,092 total budget. The total revenues through February were $2,807,220.62 and the total expenses were $2,950,569.62. The overall actual revenues and expenditures (adjusting for in-kind space costs and Vaccines for Children) were at 46% and 49% respectively representing a surplus of $143,349.00.

The deficit includes the revenue for the Community Health Worker program of $506,000 and the $500,000 retirement payment that was approved by the Board of Health last year. Only part of that revenue will be included in the current year; therefore, factoring that out, the deficit should be approximately $75,000.

Revenues

- **Miscellaneous Fees (Line 9)** – These fees are variable and hard to budget for, but they represent a small dollar amount.
- **Immunization Fees (Line 13)** – These fees are normally higher than budgeted in the first part of the year due to influenza fees.
- **Other Community Support (Line 27)** – There is grant funding that hasn't been received yet, but will in future periods.
- **Medicaid Full Cost Reimbursement (Line 29)** – MMDHD may be receiving more funding for interim payments than we will be due because of the closure last year of the Maternal and Infant Health Program.

Expenses

- **Contractual (Line 18)** – There was a large payment made to the consultant on the Greenville Area Community Foundation grant in this quarter. This budget line item may need to be adjusted in future quarters.
- **Advertising (Line 22)** – There was advertising for the Drug Free Communities grant included in the first quarter that is covered by grant funds. The budgeted amount may need to be adjusted in future quarters.
- **Rent (Line 25)** – We changed the way that we are recording the payment for dental space rental in Clinton County. We receive payment from MCDC; and then pay Clinton County. It used to be recorded all in the revenue account, but has been broken out as an expense and a revenue entry. The revenue will have an offsetting increase.
- **Memberships (Line 28)** – Many memberships are paid in the first part of the year.

Mid-Michigan District Health Department **FEBRUARY** **42%** **FY 2019** **AP: 5**

Revenue

	Account	Budget	Current Month	Year-to-Date	Budget Balance	YTD% of Budget
1	Onsite Sewage	171,959.00	6,807.00	46,974.00	124,985.00	27%
2	Groundwater Quality	164,326.00	6,858.00	36,935.00	127,391.00	22%
3	Food Service	281,775.00	3,700.00	21,505.00	260,270.00	8%
4	Campgrounds	3,240.00	0.00	196.00	3,044.00	6%
5	Swimming Pools	6,055.00	0.00	0.00	6,055.00	0%
6	Waste Haulers	1,000.00	87.00	2,052.50	-1,052.50	205%
7	DHS Facility Inspections	31,486.00	3,450.00	11,778.00	19,708.00	37%
8	Body Art Fees	1,300.00	0.00	346.00	954.00	27%
9	EH Misc Fees	2,570.00	-620.70	934.10	1,635.90	36%
10	Vision Fees	26,500.00	840.00	6,715.60	19,784.40	25%
11	Hearing Fees	23,000.00	1,336.40	10,338.80	12,661.20	45%
12	Communicable Disease Fees	2,000.00	0.00	240.00	1,760.00	12%
13	Immunization Fees	140,000.00	19,059.87	89,463.09	50,536.91	64%
14	Family Planning/STD Fees	109,800.00	3,342.12	27,389.26	82,410.74	25%
15	Breast Cancer Fees	3,000.00	815.00	1,334.20	1,665.80	44%
16	Lead Fees	15,000.00	2,568.86	7,639.93	7,360.07	51%
17	Varnish Fees	20,000.00	4,335.00	10,593.75	9,406.25	53%
18	Breastfeeding Fees	20,000.00	772.12	2,846.61	17,153.39	14%
19	Ched Miscellaneous Fees	400.00	15.00	30.00	370.00	8%
20	Miscellaneous Other Fees	100.00	24.56	250.35	-150.35	250%
21	Deferred Revenues - Billing	0.00	0.00	0.00	0.00	0%
22	VFC/317 Vaccine Revenue	300,000.00	12,034.69	81,022.38	218,977.62	27%
23	MDHHS Grants	1,558,839.00	115,003.87	659,223.87	899,615.13	42%
24	Essential Local Public Health Services	835,957.00	75,179.00	346,833.00	489,124.00	41%

25	MDHHS Fee For Service Revenue	63,500.00	0.00	12,074.50	51,425.50	19%
26	DEQ Grants	77,255.00	4,822.50	24,019.60	53,235.40	31%
27	Other Grants/Community Support	578,480.00	51,401.69	92,956.73	485,523.27	16%
28	Medicaid Outreach	154,000.00	0.00	0.00	154,000.00	0%
29	Medicaid Full Cost Reimbursement	157,822.00	0.00	216,426.00	-58,604.00	137%
30	Interest	8,000.00	8,710.34	17,987.81	-9,987.81	225%
31	Misc Revenue/Prior Period Adjustment	0.00	0.00	-250.00	250.00	0%
32	Donations	6,200.00	0.00	0.75	6,199.25	0%
33	Cash Over/Short	0.00	0.00	0.00	0.00	0%
34	Clinton Co - Appropriation	400,141.00	33,345.08	164,416.41	235,724.59	41%
35	Gratiot Co - Appropriation	287,764.00	23,980.33	119,901.66	167,862.34	42%
36	Montcalm Co - Appropriation	427,573.00	32,612.92	163,064.59	264,508.41	38%
37	Prior Year Adjustments	0.00	-1,234.27	-1,234.27	1,234.27	0%
38	Space Occupancy	271,050.00	25,244.00	126,226.00	144,824.00	47%
39	Deferred Revenues/Fund Balance- Other	0.0	0.00	506,989.40	-506,989.40	0%
	TOTAL REVENUE:	6,150,092.00	434,490.38	2,807,220.62	3,342,871.38	46%
	W/O SPACE & VFC	5,579,042.00	397,211.69	2,599,972.24	2,979,069.76	47%

Mid-Michigan District Health Department **FEBRUARY** **42%** **FY 2019** **AP: 5**

Expenditure

	Account	Budget	Current Month	Year-to-Date	Budget Balance	YTD% of Budget
1	Board of Health Per Diem	6,000.00	0.00	1,359.02	4,640.98	23%
2	Salaries	3,302,869.00	251,942.09	1,354,743.90	1,948,125.10	41%
3	FICA	252,670.00	18,471.81	99,571.19	153,098.81	39%
4	Health Insurance	689,135.00	47,910.92	259,164.67	429,970.33	38%
5	Dental Insurance	45,362.00	3,313.90	16,800.20	28,561.80	37%
6	Retirement	355,895.00	26,881.40	128,237.26	227,657.74	36%
7	Work Comp	38,552.00	1,331.55	7,218.60	31,333.40	19%
8	Unemployment Comp	5,199.00	0.00	1,490.49	3,708.51	29%
9	Life Insurance	6,595.00	479.83	1,515.05	5,079.95	23%
10	Physicals/memberships	0.00	0.00	0.00	0.00	0%
11	Printed Materials	4,350.00	1,344.00	1,893.37	2,456.63	44%
12	Postage	29,200.00	1,012.77	5,062.18	24,137.82	17%
13	Office Supplies	54,195.00	2,889.99	17,800.95	36,394.05	33%
14	Computer/Printer Supplies	36,800.00	1,961.62	8,839.16	27,960.84	24%
15	Medical Supplies	69,800.00	2,138.08	17,220.37	52,579.63	25%
16	CD Meds Biologics	78,600.00	2,716.56	23,948.98	54,651.02	30%
17	VFC Supplies	300,000.00	12,034.69	81,022.38	218,977.62	27%
18	Contractual Services	99,000.00	34,351.62	95,772.89	3,227.11	97%
19	Legal Expenses	9,000.00	0.00	1,881.27	7,118.73	21%
20	Communications	72,310.00	3,305.75	26,892.84	45,417.16	37%
21	Travel	150,550.00	7,894.40	57,670.62	92,879.38	38%
22	Advertising & Recruitment	14,000.00	0.00	6,481.06	7,518.94	46%
23	Liability Insurance	32,000.00	2,951.25	14,756.25	17,243.75	46%
24	Equipment Maintenance/Lease	54,700.00	9,580.06	35,379.96	19,320.04	65%

25	Rent	8,500.00	2,566.67	13,851.32	-5,351.32	163%
26	Space Occupancy	270,050.00	25,244.00	126,226.00	143,824.00	47%
27	Training	24,000.00	0.00	10,236.67	13,763.33	43%
28	Memberships/Certifications/Subscriptions	19,560.00	2,820.11	14,520.26	5,039.74	74%
29	Tuition Reimbursement	0.00	1,121.00	1,121.00	-1,121.00	0%
30	Laboratory	8,000.00	268.90	774.96	7,225.04	10%
31	Behavioral Risk Factor Survey	22,000.00	0.00	0.00	22,000.00	0%
32	Misc Other Expense	0.00	0.00	0.00	0.00	0%
33	Computer Support	81,700.00	265.23	16,263.53	65,436.47	20%
34	Service Charges/Credit Card Fees	9,500.00	449.14	2,853.22	6,646.78	30%
35	Equipment	0.00	0.00	0.00	0.00	0%
36	BOH approved capital expenses	0.00	500,000.00	500,000.00	-500,000.00	0%
	TOTAL EXPENSES	6,150,092.00	965,247.34	2,950,569.62	3,199,522.38	48%
	W/O SPACE & VFC	5,580,042.00	927,968.65	2,743,321.24	2,836,720.76	49%
	Revenue Over Expenditures (Deficit)	0.00	-530,756.96	-143,349.00	143,349.00	0%
	Revenue Over Expenditures (Deficit) without BOH approved capital expense or additonal revenues	0.00	-30,756.96	-150,338.40	0.00	0%

MMDHD BALANCE SHEET AS OF	2/28/2019
CURRENT ASSETS	
CASH TO TREASURER	$2,556,924.37
CASH ON DEPOSIT/IMPREST CASH	3,240.00
ACCOUNTS RECEIVABLE/CASH IN TRANSIT	6,565.63
DUE FROM GOVERNMENTAL AGENCIES	423,924.15
INVENTORY - VFC IMMS	58,356.66
PREPAIDS	38,511.14
TOTAL ASSETS	$3,087,521.95
LIABILITIES AND FUND BALANCE	
ACCOUNTS PAYABLE	$30,731.85
PAYROLL DEDUCTIONS	616.05
PAYROLL PAYABLES	291,962.17
OTHER ACCRUED PAYABLES	-
ADVANCES	154,382.00
TRUST FUNDS	18,062.86
DEFERRED REVENUE PRIOR YEAR	12,412.64
DEFERRED REV DENTAL OUTREACH	167,413.00
DEFERRED REVENUE MCDC	105,000.00
DEFERRED REVENUE-VFC IMMS	58,356.66
FUND BALANCE RESTRICTED DENTAL	101,065.11
FUND BALANCE END OF YEAR	88,319.97
FUND BALANCE	324,449.90
FUND BALANCE EQUIPMENT	489,494.46
FUND BALANCE FACILITY DEV	124,580.00
FUND BALANCE SELF INS BONDS	13,949.72
FUND EQUITY-FUTURE RETIREMENT	608,829.80
FUND EQUITY-COMPENSATED LEAVES	285,988.76
FUND EQUITY-UNEMPLOYMENT	55,000.00
FUND EQUITY-TRAINING	35,000.00
FUND EQUITY/BRFS	11,522.00
FUND BALANCE-HEALTH INSURANCE	160,000.00
FUND BALANCE-POTENTIAL CLAIMS	93,734.00
BALANCE SHEET NET INCOME	(143,349.00)
TOTAL LIABILITIES	$ 3,087,521.95
TOTAL NET INCOME	0.00

Mid-Michigan District HEALTH DEPARTMENT
CLINTON • GRATIOT • MONTCALM

MARK W. (MARCUS) CHEATHAM, PH.D.
Health Officer

JENNIFER MORSE, MD, MPH, FAAFP
Medical Director

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BOARD OF HEALTH
George Bailey
Bruce DeLong
Betty Kellenberger
Chuck Murphy
Adam Petersen
Dwight Washington, Ph.D.

Board of Health (BOH) Action Sheet

March 22, 2019

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

SUBJECT: **REBRANDING UPDATE**

☐ **Information Only** ☒ **Action Needed**

I. Authority For This Action:

☐ Local Policy
☒ Law or Rule Public Health Code, Act 368 of 1978, MCL 333.2435(c)

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

In 2018, the BOH directed Department administrators to embark on a rebranding process for the Mid-Michigan District Health Department (MMDHD). This process focused on customer service and aimed at making the Department seem relevant to the needs of the young families that form the bulk of our clientele. We have nearly completed all the work authorized as part of rebranding, but some costs came in higher than estimated. This is a request for additional funds to complete the work.

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.)

In November 2018, the Board authorized about $30,000 in renovations to our buildings as part of the rebranding effort including a new website, signage, ADA compliant entrances, deep cleaning and painting.

Unfortunately, painting of the interiors of the Gratiot and Montcalm branch office buildings came in higher than expected. We had originally estimated the cost at $10,000 for both buildings but the actual total turned out to be $18,500.

IV. Fiscal Impact and Cost:
(Immediate, ongoing, and future impact.)

The extra expense is $8,500 to complete the painting in the Montcalm office.

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

We were very frustrated by the high cost estimates we received for painting and sought out four bids. In the end our original bids were the lowest we received. These were $6,928 for Gratiot and $11,500 for Montcalm. Montcalm is higher because it includes our administrative offices which serve all three counties.

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.)

We recommend the Board of Health authorize an additional $8,500 to complete painting.

VII. Monitoring and Reporting Time Line:
(Evaluation method and timeline. Next report to the Board.)

A report to the BOH will not be necessary unless requested.

Mid-Michigan District
HEALTH DEPARTMENT
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Re-branding Recap

Background

MMDHD has been going through an extensive fourteen-month long re-branding process. While MMDHD had a solid foundation, a face-lift was long overdue. And the timing was right-- we had just developed a new strategic plan and drafted new mission, vision and value statements.

Re-branding Goals

- ENHANCE CLIENT EXPERIENCE
- Strengthen our culture
- Help us re-focus and re-energize
- Help us understand who we are and why we do what we do
- Help strengthen partnerships

Re-branding Process

The branding process is a deep dive into every aspect of the agency:

Communications audit
External research (clients, public, partners)
Identify community partners
Market research
Define desired future
Name, logo, look
Customer service
Related policies and procedures
Review of programs and services
Internal research (staff and BOH)
Examine relationship with community partners
SWOT analysis
Internal culture
Website
Facility appearance
Much more

First Impressions

We asked ourselves, if we were visiting our facilities for the first time, what would our impression be? After taking a tour of our Ithaca and Stanton buildings, we came to the conclusion that we could provide the best programs and excellent customer service, but we might still be giving a bad impression because our buildings were in such rough shape. Our tour revealed stained carpet, stained chairs, cracked drywall, clutter and other issues.

We then surveyed our employees, the BOH, our clients, the public and community partners. The survey results were somewhat surprising. Our Montcalm building was actually referred to as deplorable by community partners and both MBO and GBO were singled out as needing much needed TLC. Therefore, the Re-branding Committee came up with a list of "top priorities"

In November, 2018 the Re-branding Committee asked BOH to approve the following top priority purchases:

Expense	Branch	Estimated Cost	Actual Cost	Work Completed
Handicapped doors (installation)	GBO, MBO	$9,000	$8,696	
Handicapped doors (electrical)	GBO, MBO	$1,300	$1,300	√
Exterior signage	CBO, GBO, MBO	$15,000		
Interior signage	CBO, GBO, MBO	$2,000		
Building signage	GBO, MBO	$3,000		
TOTAL		$30,300		

Note: Both GBO and MBO are in desperate need of painting. In addition to looking better, applying a neutral color to the walls will be more warm and welcoming than the current white walls. Handicapped doors need to be replaced or modified to accommodate clients with mobility issues. We would like our roadside signs to include our new logo and also believe new signage will help make our buildings easier to find. New internal signage is needed to direct clients to different areas of the building.

Gratiot Branch Office	Estimated Cost	Actual Cost	Work Completed
Carpet cleaning	$1,671	$1,221	√
Tile floor cleaning/waxing	$1,149	$1,149	√
Chairs cleaned	$ 327	$ 320	√
Painting	$5,000	$6,928	√
TOTAL	$8,147	$9,618	

Montcalm Branch Office	Estimated Cost	Actual Cost	
Carpet cleaning	$2,101	$2,101	√
Tile floor cleaning/waxing	$ 819	$ 819	√
Chairs cleaned	$ 327	$ 367	√
TOTAL	$3,247	$3,287	
Painting	$5,000	$11,500	Waiting for approval
TOTAL	$8,247	$14,787	

Note: The carpets need to be replaced in both buildings, but the hope is that by having them cleaned, we can extend the life of the carpet several years. The tile floors had not been deep cleaned for years and the bathroom floors were in dire need of a good cleaning. We originally wanted to replace the chairs, but decided to have them professionally cleaned instead. Staff also requested the air ducts be cleaned in both buildings, but it is quite costly and is being put on hold.

The Re-branding Committee is asking the BOH for another $8,500 to paint the Montcalm Branch Office.

Mid-Michigan District HEALTH DEPARTMENT
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Board of Health (BOH) Action Sheet

March 22, 2019

ADMINISTRATOR: Melissa Bowerman, Director of Administrative Services

SUBJECT: **COMMUNITY HEALTH & EDUCATION FEE CHANGES**

☐ **Information Only** ☒ **Action Needed**

I. Authority For This Action:

☐ Local Policy
☒ Law or Rule Public Health Code, Act 368 of 1978, MCL 333.2444

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

The agency fees for FY 18/19 for the Community Health & Education Division were approved by the Board of Health (BOH) on May 23, 2018. Those fees were then entered into the Patagonia Electronic Health Record software.

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.)

During the accreditation process, we discovered that the fees approved for lactation classes, non-physician provider, per session were listed incorrectly and were not approved at the correct amount. The fee should be approved as:

S9443	Lactation classes, non-physician provider, per session	$55.00

Additionally, the following fees should be added to the fee schedule:

82120	Vaginal fluid chemical analysis for bacteria	$6.00
83655	Lead level	$15.00
83986	Body fluid pH level	$3.00
87661	Detection test for Trichomonas vaginalis	$11.50
90474	Administration of nasal or oral vaccine	$20.00
99195	Court ordered testing	$170.00

IV. Fiscal Impact and Cost:
(Immediate, ongoing, and future impact.)

These are only to add an additional fee that may be used for the new lactation services and to include fees that were previously approved by the Board of Health in prior years.

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

There were no other alternatives considered, as the error needs to be corrected.

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.)

MMDHD recommends that the BOH approve the fee changes effective February 1, 2019:

SERVICE	***CPT CODE***	***CURRENT FEE***	***PROPOSED FEE***	***DIFFERENCE***
Lactation classes, non-physician provider, per session	S9443	$35.00	$55.00	$20.00
NEW FEES:				
Vaginal fluid chemical analysis for bacteria	82120	$0.00	$6.00	$0.00
Lead level	83655	$0.00	$15.00	$0.00
Body fluid pH level	83986	$0.00	$3.00	$0.00
Detection test for Trichomonas vaginalis	87661	$0.00	$11.50	$0.00
Administration of nasal or oral vaccine	90474	$0.00	$20.00	$0.00
Court ordered testing	99195	$0.00	$170.00	$0.00

VII. Monitoring and Reporting Time Line:
(Evaluation method and timeline. Next report to the Board.)

If requested, a report can be provided to the BOH at a future meeting. Lactation consultant services (IBCLC) are now included on the Quarterly Service Report.

Mid-Michigan District Health Department
FY 19/20 Budget Development Schedule
March 27, 2019

March 28th*	Budget Meeting #1 – Administrative Staff review of initial budget draft
April 9th*	Budget Meeting #2 – Administrative Staff review of 1st revisions made
April 18th*	Budget Meeting #3 – Administrative Staff review of final budget review including all materials that will be sent to the Board of Health (Budget, Overview, Fee Schedule).
TBD*	Budget Meeting #4 – If necessary another meeting will be scheduled by Administrative Staff.
Week of May 6th	Proposed budget materials mailed to Finance Committee and full Board of Health.
Week of May 13th	Board of Health Special Finance Committee Meeting to consider FY 19/20 Budget.
May 17th	Proposed FY 19/20 Budget and overview summary with any Finance Committee revisions emailed with full Board of Health May meeting packets.
May 22nd	Full Board of Health consideration and decisions regarding FY 19/20 Budget.

**Meeting dates by Administrative Staff are subject to change based on needs and scheduling conflicts.*

DRAFT

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Board of Health Action Sheet

March 22, 2019

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

SUBJECT: **HEALTH OFFICER PERFORMANCE REVIEW PROCESS**

☐ **Information Only** ☒ **Action Needed**

I. Authority For This Action:

☒ Local Policy – Board of Health (BOH) Minutes, December 19, 2001
☐ 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.)

The BOH conducts the Health Officer's annual performance evaluation. December 19, 2001, the BOH approved an annual Health Officer Performance Review Process. This process involves a two-part review conducted between May and July. Three of the Board members participate in one session (usually Personnel Committee members), while the other three Board members (Finance Committee members) participate in a second session. Typically, the sessions are held over lunch after the Regular Board Meetings. The BOH reviews the Health Officer Performance Review Criteria and the Health Officer's Goals with the Health Officer.

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.)

The annual Health Officer Performance Evaluation Process allows the BOH to modify the Health Officer's goals and evaluate progress and performance. Based on the completion of the Performance Evaluation Process, the Health Officer advances one step on the wage band if applicable.

IV. Fiscal Impact and Cost:
(Immediate, ongoing, and future impact.)

The Health Officer's step increases are budgeted. There is an unknown risk from not addressing poor performance issues in a timely manner.

V. Alternatives Considered:

(Scope of options reviewed. Reasons for rejecting alternatives.)

The BOH has regularly considered alternative methods of evaluating the Health Officer's performance and thus far has chosen to continue with this method.

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.)

Recommendation for a motion to be made and voted on stating that the Finance Committee members meet either before or after the Special Finance Committee Meeting and the Personnel Committee members meet after the May 22nd or June 26th Regular BOH meeting.

VII. Monitoring and Reporting Time Line:
(Evaluation method and timeline. Next report to the Board.)

The Health Officer will update the goals for FY 18/19 and develop new goals for FY 19/20 based upon feedback from the BOH and present those new goals to the BOH at the August BOH meeting.

Report to the Boards of Health
Jennifer Morse, MD, MPH, FAAFP, Medical Director

Mid-Michigan District Health Department, Wednesday, March 27, 2019
Central Michigan District Health Department, Wednesday, March 27, 2019
District Health Department 10, Friday, March 29, 2019

Herd Immunity

Herd immunity or community immunity refers to protecting an entire community from infection by ensuring enough of the community is immune from that infectious disease. The percent of the community that needs to be immune depends on the contagiousness of the disease. The contagiousness of a disease is defined by the basic reproduction number, symbolized by R_0 ("R-naught"), which is the number of secondary cases expected to occur in a totally susceptible population when exposed to one ill person.

For example, the R_0 for measles is 12 to 18, meaning if one person with measles entered a community that was not immune to measles, they would be expected to infect 12 to 18 people. Each of those people would then be expected to infect 12 to 18 people and so on, causing a large outbreak. In order to prevent an outbreak such as this, the percent of the community that needs to be immune (or the herd immunity) is $(1 - 1/R_0) \times 100$. For measles, if (1-1/(12to18) x 100 = 92-94% of the community is immune, and a person with measles enters that community, then an outbreak should not occur.

In other words, keeping our MMR vaccination rates over 92-94% should prevent measles outbreaks in the community.

Approximate Basic Reproduction Numbers and Implied Crude Herd Immunity Thresholds[a] for Common Vaccine-Preventable Diseases[b]

Infection	Basic Reproduction Number (R_0)	Crude Herd Immunity Threshold, H (%)
Diphtheria	6–7	83–85
Influenza[c]	1.4–4	30–75
Measles	12–18	92–94
Mumps	4–7	75–86
Pertussis[d]	5–17	80–94
Polio[e]	2–20	50–95
Rubella	6–7	83–85
Smallpox	5–7	80–85
Tetanus	Not applicable	Not applicable
Tuberculosis[f]	?	?
Varicella[g]	8–10?	?

[a] Herd immunity threshold (H), calculated as $1-1/R_0$.

[b] The values are approximate and crude; they do not properly reflect the tremendous range and diversity among populations, nor do they reflect the full immunologic complexity underlying the epidemiology and persistence of these infections. See text for further discussion.

[c] R_0 of influenza viruses probably varies greatly between subtypes.

[d] Note that immunity to *Bordetella pertussis* infection is not solid, and it wanes.

[e] Complicated by uncertainties over immunity to infection and variation related to hygiene standards.

[f] Protective immunity not defined.

[g] Immunity not sterile; herd immunity threshold not defined.

From Fine PEM. Herd immunity: history, theory, practice. Epidemiol Rev. *1993;15:265–302; and Anderson RM, May RM.* Infectious Diseases of Humans: Dynamics and Control. *Oxford, UK: Oxford University Press; 1991.*

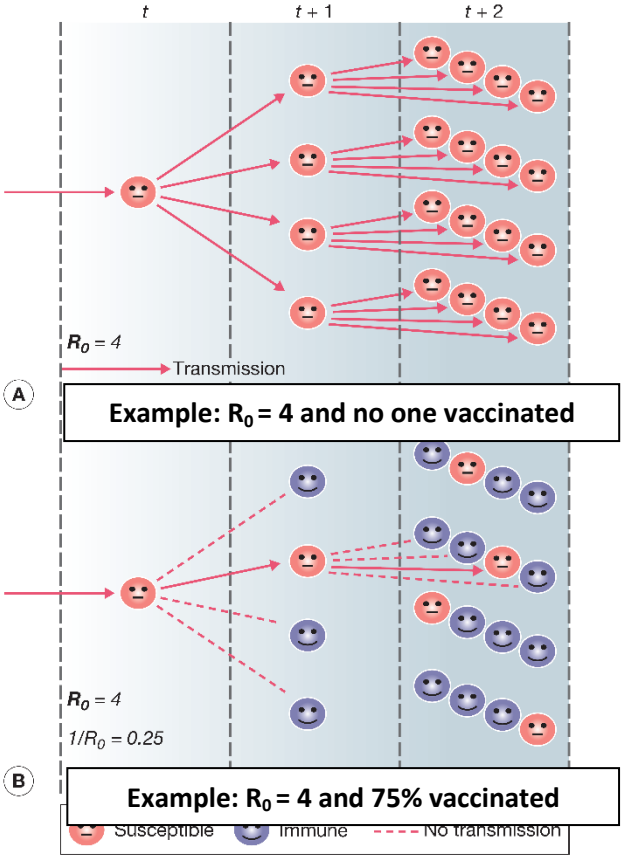
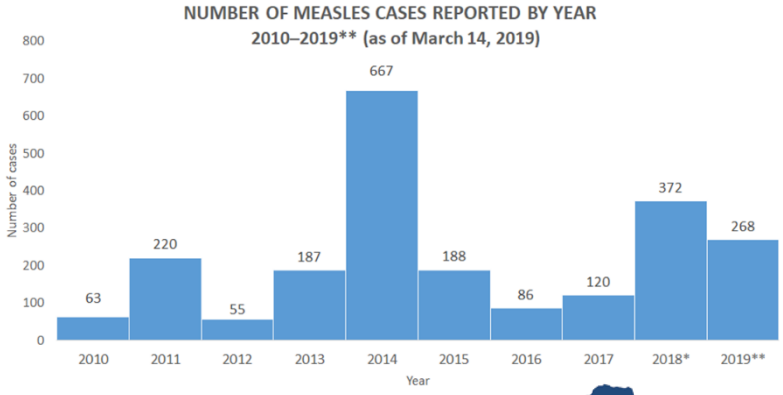
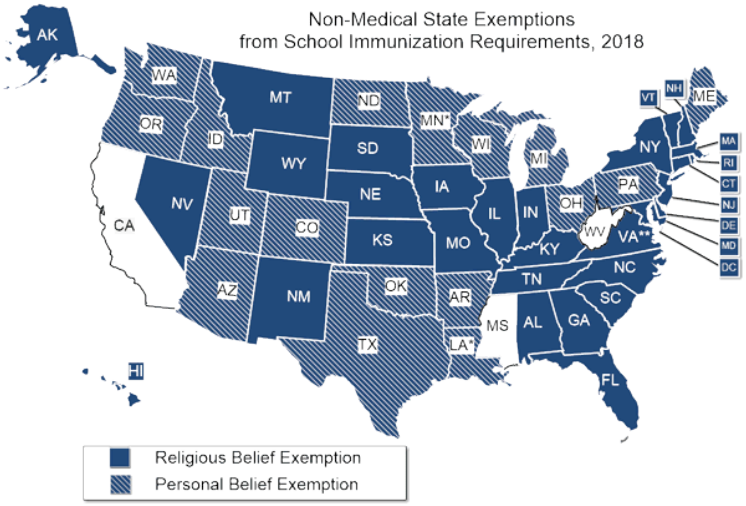


Figure 77.5. Implications of a basic reproduction number $R_0 = 4$. In each successive time (serial) interval, each individual has effective contact with four other individuals. If the population is initially entirely susceptible **(A)**, incidence increases exponentially, fourfold each generation (until the accumulation of immune persons slows the process). If 75% of the population is immune **(B)**, then on average only $S = 25\%$ of each set of four contacts lead to successful transmissions, and the net reproductive number $R_n = R_0 \times S = 1$.

Vaccination rates will never hit 100% and no vaccine provides 100% protection, making herd immunity important. Some children are too young to get vaccinated and some people may have contraindication to getting a vaccine. Others may have been immunized in the past but, due to illnesses like cancer or medications that weaken their immune system, they become susceptible to infection again. There are also individuals that choose not to be vaccinated or chose to not have their children vaccinated. They rely on herd immunity to protect them and their family. Unfortunately, as fewer people are vaccinated, the percent vaccinated drops below the effective level.

There have been six measles outbreaks reported so far in 2019: New York State, Rockland County; New York City; Washington; Texas; Illinois; California. In Washington State, 73 cases have occurred as of March 14, 2019, all but 1 case have been in Clark County. The measles vaccination rate for Clark County is 78%, but some schools have rates under 40%. Rockford County, New York, has reported 147 cases of measles as of March 14, 2019. The measles vaccination rate in Rockford County schools range from 42% to 68%. Only 4% of the cases in Rockford County could confirm receiving two doses of the MMR vaccine (i.e. fully vaccinated for measles), and none of the cases in Clark County could confirm getting two doses. New York allows parents to refuse vaccines on religious grounds, and Washington allows for refusal for religious and philosophical reasons. They, along with Michigan, are among only 17 states that allow for vaccine exemption for philosophical (or personal belief).





Recommendation:

Choosing to vaccinate ourselves and our children effects our community's health, not just our own. Vaccinations are not just a personal health treatment, but a community health initiative. As with other public safety regulations, the public health impact must be considered when immunization policy is decided.

References

- Vaccines (2018). Plotkin, S., Orenstein, W., Offit, P., Edwards, K. (eds.)
- CDC. Measles Cases and Outbreaks. https://www.cdc.gov/measles/cases-outbreaks.html
- National Conference of State Legislatures. States With Religious and Philosophical Exemptions from School Immunization Requirement. http://www.ncsl.org/research/health/school-immunization-exemption-state-laws.aspx

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Board of Health Action Sheet

March 22, 2019

ADMINISTRATOR: Marcus Cheatham, Ph.D., Health Officer

SUBJECT: **UPDATE ON LOCAL ACCREDITATION, FEBRUARY 4-8, 2019**

☒ **Information Only** ☐ **Action Needed**

I. Authority For This Action:

☐ Local Policy
☒ Law or Rule MDHHS Policy 8000

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

The week of February 4–8, MMDHD underwent its triennial on-site review for Michigan's Local Public Health Accreditation Program (MLPHAP). Preparation for the on-site review was led by Ross Pope who revised our Plan of Organization, prepared documents for the reviewers, ensured supervisors were ready for their reviews, and scheduled and monitored the week's activities. The Hearing Program review occurred later on February 13th and the Vision Program was reviewed on February 14th

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.)

In order to be accredited with commendation a local health department (LHD) must meet 95% of the indicators, have no indicators missed which were missed in the previous cycle, have no more than two missed in any one program area, and complete the Quality Improvement and Performance Management Supplement. We did not meet all of these requirements because

For the Community Health and Education Division, the Family Planning Program missed 2 indicators and the Children's Special Health Care Services (CSHCS) Program missed 1 indicator.

There were no missed indicators in Environmental Health.

IV. Fiscal Impact and Cost:
(Immediate, ongoing, and future impact.)

Our outstanding performance indicates the excellent value our residents get from being served by the Mid-Michigan District Health Department.

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

MMDHD could put less emphasis on MLPHAP (i.e., save resources) and would probably still be able to operate legally. However, our feeling is that since our mission is to improve and protect health, cutting corners would be short-changing the public who might be more at risk of bad health outcomes as a result.

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.)

One of the things that are important about MLPHAP is that it assesses the performance of our entire organization. The reason MMDHD does so well is the skill and experience of our staff and supervisors. When our documentation is inspected, regardless of whether it is WIC documentation or restaurant inspection reports, our staffs are close to perfect in their performance. I recommend that the Board of Health continue to monitor our performance and hold Department leadership accountable for ensuring we maintain *Commendation* status.

VII. Monitoring and Reporting Time Line:
(Evaluation method and timeline. Next report to the Board.)

Reviewers' final comments are due to us 30 days after the end of the on-site review. We then have 60 days to complete a proposed corrective plan of action for each missed indicator. MDHHS has 30 days after that to approve or deny the proposed corrective plan. If approved, the LHD then has one year to complete the corrections.

It will be very easy for us to correct the four missed indicators since none involve ongoing activities that are problematic. Dr. Morse' CEUs are up to date and she is conducting chart audits. Our CSHCS stationery was corrected before the on-site review.

Michigan Local Public Health Accreditation Program

Assuring and enhancing the quality of local public health in Michigan

Mid-Michigan District Health Department

On-Site Review Report

02/04/2019

		Total Met	Total Not Met	Total Not Applicable	Total
Powers and Duties	Essential	**7**	**0**	**0**	**7**
	Important	**1**	**0**	**9**	**10**
Food Service	Essential	**16**	**0**	**0**	**16**
	Important	**4**	**0**	**0**	**4**
General Communicable Disease Control	Essential	**10**	**0**	**1**	**11**
Hearing	Essential	**10**	**0**	**0**	**10**
Immunization	Essential	**17**	**0**	**0**	**17**
Onsite Wastewater Treatment Management	Essential	**9**	**0**	**0**	**9**
HIV/AIDS & STD	Essential	**8**	**0**	**0**	**8**
Vision	Essential	**7**	**0**	**0**	**7**
Family Planning	Essential	**27**	**2**	**0**	**29**
Women, Infants, and Children (WIC)	Essential	**1**	**0**	**0**	**1**
Children's Special Health Care Services (CSHCS)	Essential	**21**	**1**	**0**	**22**

	Total Met	Total Not Met	Total Not Applicable	Total # of Indicators	Percentage Met
Total Essential	133	3	1	137	97.79
Total Important	5	0	9	14	100.00
Total Essential and Important Indicators				**151**	
Total Accreditation with Commendation	89	0	10	99	100.00

2/1/2019

Essential Local Public Health Services Funding Report

Presented by: Essential Local Public Health Services Funding Committee

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Executive Summary

Objective: The FY 2019 budget boilerplate Section 1234 charged Michigan Department of Health and Human Services (MDHHS) to develop and report to the Legislature a revised distribution formula for the allocation of Essential Local Public Health Services (ELPHS) funding to local health departments to be implemented during the fiscal year beginning October 1, 2019.

Project Participants: MDHHS referred this issue to the Public Health Advisory Council (PHAC). The PHAC formed a workgroup to consider the charge. The Workgroup consisted of four local health officers, four PHAC members, two local financial administrators, and financial and program administrators representing Michigan Department of Agriculture and Rural Development (MDARD), Michigan Department of Environmental Quality (MDEQ) and MDHHS.

Background and Findings: The Michigan Public Health Code (P.A. 368 of 1978, as amended) required local governing entities to provide the following essential services: Infectious Disease Control, Sexually Transmitted Disease Control and Prevention, Immunizations, Hearing Screening and Vision Services, Public Water Supply/Private Groundwater, Onsite Wastewater Treatment and Food Protection. The Michigan Public Health Code, Section 333.2475 states "the department shall reimburse local governing entities for the reasonable and allowable costs of delivery of those services in accordance with the following schedule: First year-20%, Second year-30%, Third year-40%, and Fourth year and thereafter, 50%." The current cost-sharing funding formula was created in 1988 by University of Michigan's Dr. John Romani on behalf of the Department. The formula was implemented in 1993 and transitioned into the Local Public Health Operations funding in FY 1998, and then to the Essential Local Public Health Services method in FY 2013. The workgroup concluded that state 50-50 cost share for the mandated Essential Public Health Services is not being met. The state currently is funding local health departments at approximately 25-30% of cost share.

Recommendations:

1. Funds should be disbursed as a block grant to local public health to meet the intended flexibility to address local health department needs.
2. The workgroup recommends the Legislature meet the statutory 50-50 cost share requirement while implementing the revised funding formula outlined in the report. To meet the 50-50 cost share, it would require an additional $36 Million.
3. If the above recommendation is not met at a minimum, the Legislature should hold harmless all local health departments when implementing the revised funding formula, which would require an increased appropriation of approximately $6 to $8 Million.
4. If the Legislature will not provide the additional funds as proposed in options 2 or 3, the workgroup strongly recommends making no changes to Essential Local Public Health Services funding at the present time.

Conclusion:

As of FY 2017, Michigan provided the 9th lowest state funding for public health in the United States. Given the opportunities to improve Michigan's public health system, and the challenges inherent in providing even minimal services through ELPHS programming, it is incumbent upon the State of Michigan to increase funding to protect the public's health by meeting the state-mandated 50-50 cost share for state-mandated Essential Local Public Health Services.

The Essential Public Health Services Funding Committee

Alexis Adams	City of Detroit Health Department
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James Averill	MDARD – State Veterinarian and PHAC Member
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Jamie Dean	Monroe County Health Department and Chair of Local Health Financial Administrators Forum
Dana DeBruyn	MDEQ
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Bold = PHAC Member

Introduction

The workgroup developed a funding template that included factors and methodology for the proposed revised funding formula.

The current funding formula used to allocate ELPHS funds to the local health departments has not been changed since it was implemented in 1993. Based on the Michigan Public Health Code (P.A. 368 of 1978, as amended) there shall be a 50/50 cost share for state mandated Essential Local Public Health Services.[1]

The Essential Local Public Health Services include:

- Infectious Disease Control
- Sexually Transmitted Disease Control and Prevention
- Immunization
- Hearing Screening and Vision Services[2]
- Public Water Supply/Private Ground Water Supply
- Onsite Sewage Management
- Food Protection

Legislative Mandate

(Michigan Public Health Code)

333.2475 Reimbursement for costs of services; equitable distribution; schedule; local expenditure in excess of prior appropriation.

Sec. 2475.

(1) The department shall reimburse local governing entities for the reasonable and allowable costs of required and allowable health services delivered by the local governing entity as provided by this section. Subject to the availability of funds actually appropriated reimbursements shall be made in a manner to provide equitable distribution among the local governing entities and pursuant to the following schedule beginning in the second state fiscal year beginning on or after the effective date of this part:

(a) First year, 20%.

(b) Second year, 30%.

(c) Third year, 40%.

(d) Fourth year and thereafter, 50%.

(2) Until the 50% level is reached, a local governing entity is not required to provide for required services if the local expenditure necessary to provide the services is greater than those funds appropriated and expended in the full state fiscal year immediately before the effective date of this part.

[1] Michigan Public Health Code – 333.2475

[2] Hearing and Vision are funded through appropriations from the Michigan Department of Education

ELPHS Funding History

A cost-sharing funding formula was created in 1988 by University of Michigan's Dr. John Romani on behalf of the Department. The Cost-Sharing method was implemented in 1993 and transitioned into the Local Public Health Operations funding in FY 1998. The Local Public Health Operations funding method transitioned into the Essential Local Public Health Services method in FY 2013.

How the Cost-Sharing Program was Managed

In the years that Cost-Sharing was used (1993-1998), the Department of Community Health (MDCH) appointed a local funding formula committee under the condition that it be:

- Represented by Twenty-four (24) Local Health Department Officers/Administrators
    - Recommended by the Michigan Association for Local Public Health and approved by MDCH
    - Geographically-representative
    - Representative of various-sized local health departments
    - Included representative(s) from a local non-profit agency, as applicable.

The Local Funding Formula Committee reviewed and recommended funding distributions and MDCH issued annual cost-sharing planning and funding guidelines to local health departments. Local health departments submitted annual budget requests for cost-shared services that were adjusted based upon cost parameters and then allocations were forwarded to the local health departments.

Cost-Sharing Services

At the time, the following services were included under the cost-sharing agreement:

- Public Water Supply/Private Groundwater Supply
- Onsite Sewage Treatment Management
- Food Protection
- Immunization
- Vision Screening
- Hearing Screening
- Sexually Transmitted Disease Control
- General Communicable Disease Control

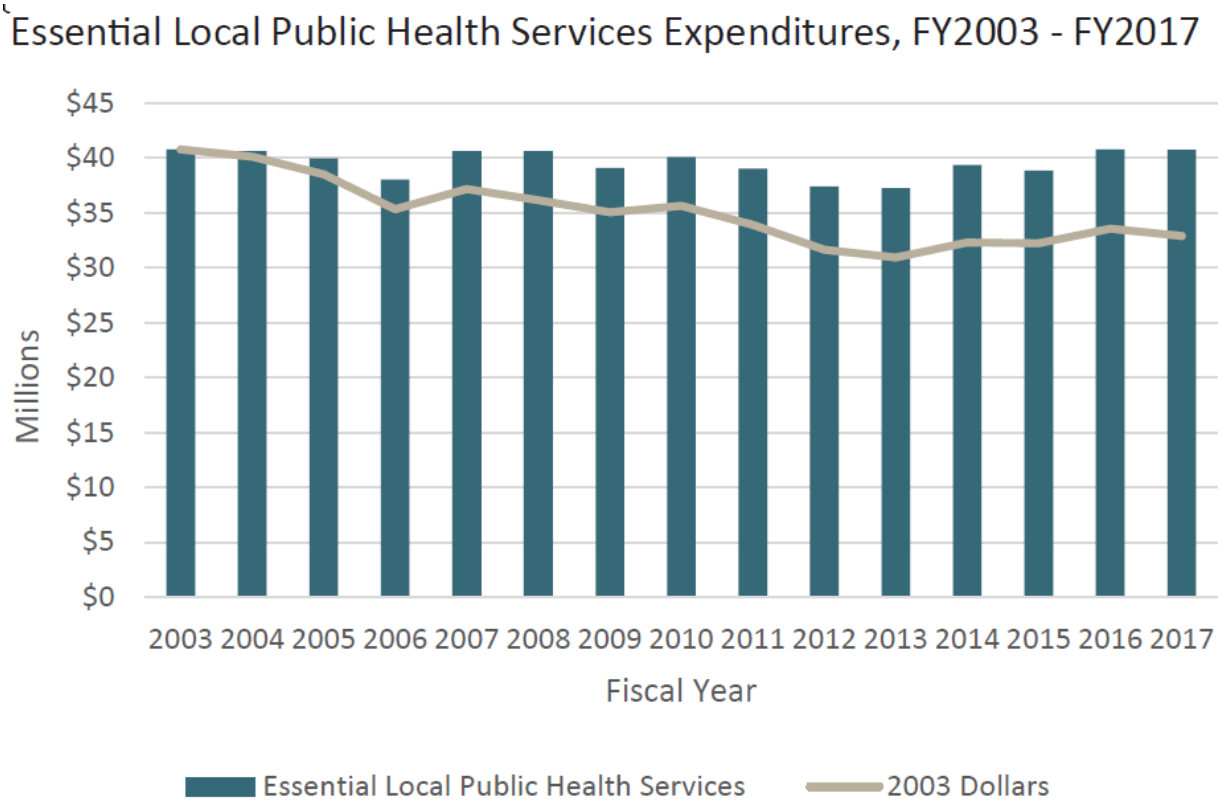
Annual State-to-Local and Local-to-Local Appropriation Assessment (1993-2018)

FY	Aggregate State Appropriation Value	% Annual Change	Title in Appropriations	MOE Appropriation Value	% Annual Change
1993	$17,047,970		Cost-Sharing	$73,744,157	
1994	$17,904,500	5.02%	Cost-Sharing	Could Not Acquire	
1995	$33,012,600	84.38%	Cost-Sharing	Could Not Acquire	
1996	$33,512,600	1.51%	Cost-Sharing	Could Not Acquire	
1997	$36,833,500	9.91%	Cost-Sharing	Could Not Acquire	
1998	$36,412,600	-1.14%	Cost-Sharing	Could Not Acquire	
1999	$38,712,600	6.32%	LPHO	Could Not Acquire	
2000	$39,874,000	3.00%	LPHO	Could Not Acquire	
2001	$41,070,200	3.00%	LPHO	Could Not Acquire	
2002	$41,070,200	0.00%	LPHO	Could Not Acquire	
2003	$40,769,300	-0.73%	LPHO	Could Not Acquire	
2004	$40,610,819	-0.39%	LPHO	Could Not Acquire	
2005	$39,941,400	-1.65%	LPHO	Could Not Acquire	
2006	$38,043,381	-4.75%	LPHO	$119,317,111	
2007	$40,618,400	6.77%	LPHO	$127,601,491	6.9%
2008	$40,618,400	0.00%	LPHO	$123,905,610	-2.9%
2009	$39,082,800	-3.78%	LPHO	$119,653,313	-3.4%
2010	$40,082,800	2.56%	LPHO	$105,003,470	-12.2%
2011	$37,379,700	-6.74%	LPHO	$107,032,700	1.9%
2012	$37,386,100	0.02%	LPHO	$102,656,206	-4.1%
2013	$37,386,100	0.00%	ELPHS	$90,085,738	-12.2%
2014	$39,386,100	5.35%	ELPHS	$86,917,555	-3.5%
2015	$40,886,100	3.81%	ELPHS	$80,937,270	-6.9%
2016	$38,889,204	-4.88%	ELPHS	$94,663,184	17.0%
2017	$39,810,536	2.37%	ELPHS	Could Not Acquire	
2018	$39,810,536	0.00%	ELPHS	Could Not Acquire	

Table 1

Table 1 provides annual ELPHS state appropriations and local Maintenance of Effort (MOE) since FY 1993.

With the exception of the additional $4 Million funding in FY 2019 (see table 4), ELPHS appropriations have remained relatively stable around $40 Million since FY 2003. An August 2018 independent analysis noted that after adjusting for inflation using the Consumer Price Index it would require an additional $16 Million in FY 2019 for local health departments to maintain the state-mandated essential services at the same level provided in FY 2003.[3]



Source: Michigan State Budget Office

Table 2

[3] Citizens Research Council. "An Ounce of Prevention: What Public Health Means for Michigan." August 2018. Page 15. https://crcmich.org/PUBLICAT/2010s/2018/rpt403_public_health.pdf

A further internal analysis revealed a larger shortfall in the 50-50 cost share. While it would take an additional $16 Million to maintain ELPHS funding at the same level of service as afforded in FY 2003, it would take an additional $36 Million for the state to meet its statutory requirement of the 50-50 cost share. A five-year analysis of state ELPHS contributions and local contributions is available in Table 3.

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
FINANCIAL OPERATIONS ADMINISTRATION
BUREAU OF GRANTS AND PURCHASING

ESSENTIAL LOCAL PUBLIC HEALTH SERVICES (ELPHS)
FIVE YEAR TOTAL EXPENDITURES BY STATE AGENCY

FISCAL YEAR 2018

State Agency	ELPHS State Funds	Local Funds	Total Expenditures	% ELPHS State Funds	Increase in State Funds to match Local Funds 50/50
MDARD	$ 8,786,993	$ 23,754,519	$ 32,541,512	27%	
MDEQ	$ 9,404,139	$ 15,940,098	$ 25,344,237	37%	
MDHHS	$ 21,551,004	$ 36,675,673	$ 58,226,677	37%	
Grand Total	**$ 39,742,136**	**$ 76,370,290**	**$ 116,112,426**	**34%**	**$ 36,628,155**

FISCAL YEAR 2017

State Agenc	ELPHS State Funds	Local Funds	Total Expenditures	% ELPHS State Funds	Increase in State Funds to match Local Funds 50/50
MDARD	$ 8,658,894	$ 22,831,430	$ 31,490,324	27%	
MDEQ	$ 9,633,605	$ 14,839,460	$ 24,435,379	39%	
MDHHS	$ 21,311,361	$ 32,978,947	$ 54,871,807	39%	
Grand Total	**$ 39,603,859**	**$ 70,649,838**	**$ 110,797,510**	**36%**	**$ 31,045,979**

FISCAL YEAR 2016

State Agenc	ELPHS State Funds	Local Funds	Total Expenditures	% ELPHS State Funds	Increase in State Funds to match Local Funds 50/50
MDARD	$ 8,550,151	$ 19,680,032	$ 28,230,183	30%	
MDEQ	$ 9,366,461	$ 15,068,524	$ 24,434,985	38%	
MDHHS	$ 20,744,675	$ 35,437,388	$ 56,286,113	37%	
Grand Total	**$ 38,661,287**	**$ 70,185,944**	**$ 108,951,281**	**35%**	**$ 31,524,658**

FISCAL YEAR 2015

State Agenc	ELPHS State Funds	Local Funds	Total Expenditures	% ELPHS State Funds	Increase in State Funds to match Local Funds 50/50
MDARD	$ 8,313,330	$ 20,247,835	$ 28,561,165	29%	
MDEQ	$ 9,147,729	$ 13,202,352	$ 22,350,081	41%	
MDHHS	$ 19,752,982	$ 35,199,095	$ 54,940,727	36%	
Grand Total	**$ 37,214,042**	**$ 68,649,281**	**$ 105,851,973**	**35%**	**$ 31,435,239**

FISCAL YEAR 2014

State Agenc	ELPHS State Funds	Local Funds	Total Expenditures	% ELPHS State Funds	Increase in State Funds to match Local Funds 50/50
MDARD	$ 8,298,844	$ 20,367,286	$ 28,666,130	29%	
MDEQ	$ 9,090,726	$ 11,396,717	$ 20,487,443	44%	
MDHHS	$ 21,842,799	$ 32,387,192	$ 54,229,991	40%	
Grand Total	**$ 39,232,368**	**$ 64,151,195**	**$ 103,383,563**	**38%**	**$ 24,918,827**

MDARD: Michigan Department of Agriculture and Rural Development
MDEQ: Michigan Department of Enviromental Quality
MDHHS: Michigan Department of Health and Human Services

Table 3

Local Health Department requirements under the 2019 Comprehensive Agreement

Part II. Sec. I(M) of the 2019 Comprehensive Agreement with local health departments mandates compliance with the Minimum Program Requirements, as assessed as part of the Michigan Local Public Health Accreditation Program. Sec. I(P) describes the process if a local health department receives a "Not Accredited" status as part of their most recent review of the Michigan Local Public Health Accreditation Program.

Part II. Sec. I(O) mandates compliance with the maintenance of effort for Essential Local Public Health Services, as defined by the current Department appropriation act.[4]

Both of these sections include requirements that the local health departments must meet. Without adequate funding for these essential services, many local health departments are currently struggling to meet these standards.

Current Programmatic Funding Formulas

Having considered the ELPHS funding history, MDHHS could not identify rational, equitable funding formulas that reflect the reality of needs in each local health department. Rather, aggregate appropriations have been based upon funds disbursed in 1992. Due to some flexibility in use of the funds across ELPHS programs, local health departments have been able to shift revenue to address community need. Subsequent changes in ELPHS appropriations to local health have been based upon the amount of funds present in a given program in a given year and have not been tied to actual cost to maintain ELPHS programs or to community need.

- **Public Water Supply/Private Groundwater Supply, Onsite Sewage Management and Food Protection** funding is appropriated from the Legislature to MDHHS (not MDEQ and MDARD). MDHHS determines how much each local health department receives and is based upon previous year allocations.

- **HIV/STD ELPHS** funding is based previous year allocations.

- **General Communicable Disease** and **Immunization** funding is based upon previous year allocations.

    - Additionally, for **General Communicable Disease** each of the 8 jurisdictions that house a regional epidemiologist receives $7,500 (to provide for a workstation and other assets). If the regional epidemiologist has a split office among two (2) jurisdictions, each receives $3,750.

- **Hearing** and **Vision** (ELPHS programs funded through Michigan Department of Education) utilize the following to distribute $5,000,000 in funds:

    - Forty-Five (45) percent of the total funding represents base funding, determined by the proportion of eligible preschool and school-aged children in the local health department region.

[4] This citation references Budget Transfers and Adjustments in the Comprehensive Agreement.

- The remaining fifty-five (55) percent is distributed through the following formula that is comprised of three (3) variables that drive up the cost of administering the program:
    - Twenty (20) percent is based on a proportion of eligible school buildings;
    - Twenty (20) percent is based on a proportion of students in need (Free/Reduced Lunch); and
    - Fifteen (15) percent is based on the average time traveled, as based on the geographic size of the local health department jurisdiction

The current funding for FY 2019 ELPHS appropriations are presented in the following table.

	MDARD FOOD	MDHHS HEARING *	MDHHS VISION *	MDHHS Other	TOTAL MDHHS	MDEQ PRIVATE & TYPE III WATER SUPPLY	MDEQ ON-SITE WASTEWATER TREATMENT	TOTAL MDEQ	TOTAL ELPHS
Allegan County Health Department	99,427.00	41,687.00	41,686.00	137,445.00	220,818.00	81,178.00	103,320.00	184,498.00	504,743.00
Barry Eaton District Health Department	150,992.00	45,965.00	45,965.00	149,227.00	241,157.00	221,234.00	212,558.00	433,792.00	825,941.00
Bay County Health Department	102,827.00	28,775.00	28,774.00	97,851.00	155,400.00	21,693.00	76,915.00	98,608.00	356,835.00
Benzie-Leelanau District Health Department	46,936.00	14,801.00	14,800.00	10,078.00	39,679.00	82,742.00	105,309.00	188,051.00	274,666.00
Berrien County Health Department	175,986.00	45,318.00	45,317.00	240,442.00	331,077.00	100,195.00	64,059.00	164,254.00	671,317.00
Branch/Hillsdale/St. Joseph Community Health Agency	147,783.00	48,509.00	48,509.00	459,795.00	556,813.00	162,757.00	182,499.00	345,256.00	1,049,852.00
Calhoun County Health Department	206,506.00	35,388.00	35,387.00	276,963.00	347,738.00	66,921.00	104,673.00	171,594.00	725,838.00
Central Michigan District Health Department	246,455.00	48,314.00	48,314.00	150,048.00	246,676.00	309,798.00	462,401.00	772,199.00	1,265,330.00
Chippewa County Health Department	50,238.00	26,205.00	26,204.00	132,869.00	185,278.00	40,175.00	68,403.00	108,578.00	344,094.00
City of Detroit Department of Health and Wellness	607,074.00	173,947.00	173,947.00	2,514,357.00	2,862,251.00	-	-	-	3,469,325.00
Dickinson-Iron District Health Department	63,606.00	14,474.00	14,473.00	45,247.00	74,194.00	24,938.00	69,090.00	94,028.00	231,828.00
District Health Department #10	243,354.00	70,808.00	70,808.00	456,153.00	597,769.00	301,296.00	256,656.00	557,952.00	1,399,075.00
District Health Department #2	85,262.00	20,355.00	20,354.00	98,743.00	139,452.00	80,016.00	125,154.00	205,170.00	429,884.00
District Health Department #4	90,593.00	24,186.00	24,185.00	45,940.00	94,311.00	185,068.00	172,358.00	357,426.00	542,330.00
Genesee County Health Department	518,758.00	106,562.00	106,562.00	761,128.00	974,252.00	139,502.00	296,442.00	435,944.00	1,928,954.00
Grand Traverse County Health Department	96,456.00	27,847.00	27,846.00	74,286.00	129,979.00	100,177.00	130,129.00	230,306.00	456,741.00
Health Department of Northwest Michigan	224,267.00	32,551.00	32,550.00	77,069.00	142,170.00	141,092.00	241,322.00	382,414.00	748,851.00
Huron County Health Department	39,765.00	22,140.00	22,139.00	70,423.00	114,702.00	47,739.00	56,041.00	103,780.00	258,247.00
Ingham County Health Department	242,740.00	67,809.00	67,808.00	1,041,852.00	1,177,469.00	53,583.00	108,792.00	162,375.00	1,582,584.00
Ionia County Health Department	61,592.00	23,429.00	23,428.00	41,178.00	88,035.00	20,283.00	60,853.00	81,136.00	230,763.00
Jackson County Health Department	137,977.00	42,096.00	42,095.00	193,348.00	277,539.00	92,093.00	108,107.00	200,200.00	615,716.00
Kalamazoo County Health and Community Services Department	337,432.00	62,143.00	62,142.00	681,979.00	806,264.00	145,365.00	111,821.00	257,186.00	1,400,882.00
Kent County Health Department	296,772.00	170,383.00	170,382.00	980,479.00	1,321,244.00	168,184.00	205,559.00	373,743.00	1,991,759.00
Lapeer County Health Department	88,620.00	27,477.00	27,476.00	183,830.00	238,783.00	28,328.00	28,328.00	56,656.00	384,059.00
Lenawee County Health Department	119,469.00	31,919.00	31,918.00	50,356.00	114,193.00	127,551.00	104,360.00	231,911.00	465,573.00
Livingston County Department of Public Health	137,749.00	40,187.00	40,187.00	101,147.00	181,521.00	150,980.00	148,612.00	299,592.00	618,862.00
Luce-Mackinac-Alger-Schoolcraft DHD	140,556.00	16,645.00	16,644.00	85,276.00	118,565.00	62,689.00	76,624.00	139,313.00	398,434.00
Macomb County Health Department	634,106.00	178,114.00	178,113.00	1,142,944.00	1,499,171.00	23,235.00	347,539.00	370,774.00	2,504,051.00
Marquette County Health Department	60,144.00	22,811.00	22,810.00	132,595.00	178,216.00	25,487.00	68,170.00	93,657.00	332,017.00

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
ESSENTIAL LOCAL PUBLIC HEALTH SERVICES (ELPHS) FUNDING

FY 2019 Appropriation Amended

	MDARD FOOD	MDHHS HEARING *	MDHHS VISION *	MDHHS Other	TOTAL MDHHS	MDEQ PRIVATE & TYPE III WATER SUPPLY	MDEQ ON-SITE WASTEWATER TREATMENT	TOTAL MDEQ	TOTAL ELPHS
Midland County Health Department	77,450.00	21,692.00	21,691.00	323,264.00	366,647.00	41,289.00	119,761.00	161,050.00	605,147.00
Mid-Michigan District Health Department	190,205.00	49,235.00	49,235.00	258,741.00	357,211.00	127,289.00	198,393.00	325,682.00	873,098.00
Monroe County Health Department	89,270.00	39,930.00	39,929.00	343,709.00	423,568.00	45,864.00	103,055.00	148,919.00	661,757.00
Muskegon County Health Department	115,405.00	49,821.00	49,820.00	520,109.00	619,750.00	103,969.00	55,984.00	159,953.00	895,108.00
Oakland County Department of Health and Human Services/ Health Division	954,477.00	253,969.00	253,968.00	2,557,216.00	3,065,153.00	571,324.00	413,718.00	985,042.00	5,004,672.00
Ottawa County Health Department	159,374.00	67,878.00	67,878.00	606,704.00	742,460.00	128,758.00	219,238.00	347,996.00	1,249,830.00
Public Health, Delta & Menominee Counties	59,087.00	21,848.00	21,847.00	152,258.00	195,953.00	40,696.00	99,633.00	140,329.00	395,369.00
Saginaw County Health Department	297,502.00	52,619.00	52,619.00	486,739.00	591,977.00	40,448.00	121,341.00	161,789.00	1,051,268.00
Sanilac County Health Department	71,631.00	23,972.00	23,971.00	110,142.00	158,085.00	24,074.00	33,242.00	57,316.00	287,032.00
Shiawassee County Health Department	82,146.00	24,789.00	24,789.00	89,670.00	139,248.00	35,893.00	58,931.00	94,824.00	316,218.00
St. Clair County Health Department	186,725.00	45,605.00	45,605.00	182,079.00	273,289.00	60,878.00	215,687.00	276,565.00	736,579.00
Tuscola County Health Department	47,629.00	27,989.00	27,989.00	142,622.00	198,600.00	2,826.00	8,574.00	11,400.00	257,629.00
Van Buren-Cass County District Health Department	112,097.00	46,009.00	46,009.00	395,809.00	487,827.00	5,860.00	11,897.00	17,757.00	617,681.00
Washtenaw County Public Health Department	310,470.00	69,653.00	69,653.00	388,425.00	527,731.00	100,103.00	381,485.00	481,588.00	1,319,789.00
Wayne County Health Department	1,232,148.00	266,126.00	266,125.00	1,742,284.00	2,274,535.00	9,987.00	80,798.00	90,785.00	3,597,468.00
Western Upper Peninsula Health Department	118,384.00	23,082.00	23,081.00	240,908.00	287,071.00	-	61,083.00	61,083.00	466,538.00
TOTAL-Local Health Department ELPHS	**9,557,442**	**2,595,062**	**2,595,032**	**18,973,727**	**24,163,821**	**4,343,557**	**6,278,914**	**10,622,471**	**44,343,734**
WSU-Detroit TB				575,564	575564				575,564
WSU- STD and HIV Prevention				500,000	500000				500,000
TOTAL Other ELPHS Detroit Agreements	-	-	-	**1,075,564**	**1,075,564**	-	-	-	**1,075,564**
	9,557,442	**2,595,062**	**2,595,032**	**20,049,291**	**25,239,385**	**4,343,557**	**6,278,914**	**10,622,471**	**45,419,298**

MDHHS Other includes Immunizations, General Communicable Disease, and Sexually Transmitted Disease ELPHS programs

Funding Recommendations

1. Demonstration of Proposed Formula Factors

The workgroup concluded that state 50-50 cost share for the mandated Essential Local Public Health Services is not being met. The state currently is funding local health departments at approximately 25-30% of their costs. To maintain ELPHS at the same service level as in FY 2003 would require an additional $16 Million. To meet the 50-50 cost share, it would require an additional $36 Million.

The workgroup recommends the Legislature meet the statutory 50-50 cost share requirement. The workgroup also recommends a formula for the appropriate distribution of ELPHS funds based on the cost of maintenance of such programs. The workgroup believes that this new formula will be more equitable across local health departments, as opposed to the current distribution method.

There is a resource base amount of funding necessary for local health departments to operate and to respond to unforeseen emergencies. The base described in the proposed funding formulas do not represent the actual costs to operate programs. While appreciated, funding supplementals are not a sustainable way to maintain public health infrastructure. There is an opportunity cost to responding to emerging health threats if time and effort must be consumed to obtain funds sufficient to respond to a Per- and Polyfluoroalkyl Substances (PFAS) situation or hepatitis A outbreak. Base funding would not completely eliminate the need for occasional additional funds for new, unforeseen threats, but would contribute to response readiness.

Other factors to consider for base funding include:

- Actual administrative costs to implement ELPHS to consistently meet Minimum Program Requirements; such as but not limited to training of staff in food standardization or Registered Environmental Health Specialist (REHS)/ Registered Sanitarian (RS) credentials needed for certain on-site plan review and approval;

- Dramatic changes in public health needs and associated costs since 1992, including but not limited to environmental health threats, emergency management of epidemics (H1N1, hepatitis A), treating and preventing chronic disease, and efforts to reduce infant mortality;

- The importance of historical societal inequities, poverty, and issues such as lack of education, transportation, sufficient food and housing in determining the health of a population. Resources should be aligned to provide greater support for these populations;

- Geographical concerns for multi-county District Health Departments (maintenance of multiple sites across substantial distances to effectively reach residents);

- Costs to respond to expanded public health challenges that were not components of the ELPHS when cost-sharing was first implemented. Examples include increased number of required vaccines for school and day-care entry, antimicrobial resistant gonorrhea and unregulated contaminants in groundwater.

- Health Officers or other staff are performing multiple duties, such as a single person acting as both Health Officer and Environmental Health Director, or Health Officer and Financial Administrator and Nursing Director. This is not sustainable in the long term.

Failure to adequately support Essential Local Public Health Services may result in increased vulnerability of the residents of Michigan to public health threats. The Essential Local Public Health Services funding was established to protect citizens from infectious diseases, contaminated drinking water and barriers for children to benefit from education. Without these protections the state and counties are vulnerable to the financial and personal costs of such threats. The recent outbreaks of hepatitis A and measles in the state are examples of such threats to the public's health and the budgetary impact that control, prevention and mitigation can have.

Essential Local Public Health Proposed Formulas

The group discussed the factors that should be included in the formula, and then prioritized those factors. State agencies agreed that funds will be disbursed as a block grant to local public health to meet the intended flexibility to address local health department needs. Simplicity of the formula was also agreed upon. All formulas will include a base funding amount to assist with maintenance of essential services.

MDHHS Proposed Formula

The workgroup proposed a formula based upon 10 percent base funding, 50 percent population size, and 40 percent poverty index.

- Based on the new formula, if enacted today without additional ELPHS appropriations, 17 local health departments would lose funding. The amount of loss would range from $8,725 to $763,914.

- The amount required to hold all local health departments harmless if these changes to the formula are adopted is $2.4 million.

MDEQ Proposed Formula

The workgroup proposed combining the two separate allocation funding streams for Private & Type III Water Supply and Onsite Wastewater Treatment Management into one amount to allow for additional flexibility and ease of administration.

The proposed combined formula is to be built upon a base funding amount of $75,000 for each local health department plus dividing the remaining funding balance through weighting by number of permits for private wells, Type III Public Wells and permits for residential and commercial onsite wastewater systems (under 10,000 gallons/day) within the jurisdiction. Using the current FY 2019 funding allocation for both MDEQ Programs creates a minimum Unit Price of $237.60 per permit. This Unit Price will fluctuate with the number of permits issued and could be recalculated for redistribution of the MDEQ funding allocation on a periodic basis.

- Based on the new formula, if enacted today without additional ELPHS appropriations, 18 local health departments would lose funding. The amount of loss would range from $8,444 to $529,407 per local health department.

- Hold Harmless requires an additional $2 Million.

Both environmental health programs are more than permitting. Education, complaint investigation, and ongoing monitoring for contaminants are essential elements. The downside to this formula is that as development and the economy increases and the economy improves, so do the number of permits. That in turn, will decrease the unit price if additional money is not added when formulas are reassessed.

MDARD Proposed Formula

The proposed formula changes for Food Sanitation Services would include a minimum per unit price of $267 and a minimum base funding of $100,000.

- Based on the new formula, if enacted today without additional ELPHS appropriations, 24 local health departments would lose funding. The amount of loss would range from $495 to $338,844.

- To hold harmless would require a $100,000 base funding for the 13 smaller local health departments and would provide a minimum per unit price of $267 for the remaining 32 local health departments. The would require an additional $1.5 Million above current FY 2019 LHD funding levels.

Recommendations

1. Funds should be disbursed as a block grant to local public health to meet the intended flexibility to address local health department needs.

2. The workgroup recommends that the Legislature meet the statutory 50-50 cost share requirement while implementing the revised funding formula outlined in the report. To meet the 50-50 cost share, it would require an additional $36 Million.

3. If the above recommendation is not met at a minimum, the Legislature should hold harmless all local health departments when implementing the revised funding formula, which would require an increased appropriation of approximately $6 to $8 Million.

4. If the Legislature will not provide the additional funds as proposed in options 2 or 3, the workgroup strongly recommends making no changes to Essential Local Public Health Services funding at the present time.

Conclusion

As of FY 2017, Michigan provided the 9th lowest state funding[5] for public health in the United States. Given the opportunities to improve Michigan's public health system, and the challenges inherent in providing even minimal services through ELPHS programming, it is incumbent upon the State of Michigan to increase funding to protect the public's health, preferably by meeting the state-mandated 50-50 cost share for state-mandated Essential Local Public Health Services.

[5] Citizens Research Council. "An Ounce of Prevention: What Public Health Means for Michigan." August 2018. Page 17. https://crcmich.org/PUBLICAT/2010s/2018/rpt403_public_health.pdf

Mid-Michigan District
HEALTH DEPARTMENT

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Your Quarterly Service Reports Will Be Different: VMSG Dashboard

Presented to: Board of Health
By Ross Pope

January 23, 2019

What is VMSG?

- VMSG stands for vision, mission, services, and goals.
- The VMSG Dashboard Public Health Performance Management System (the “Dashboard”) is a comprehensive, strategic and operational planning and execution system based on the Deming/PDCA Cycle.
- This secure, cloud-based, multi-user system was designed with and specifically for public health departments.

Mid-Michigan District
HEALTH DEPARTMENT
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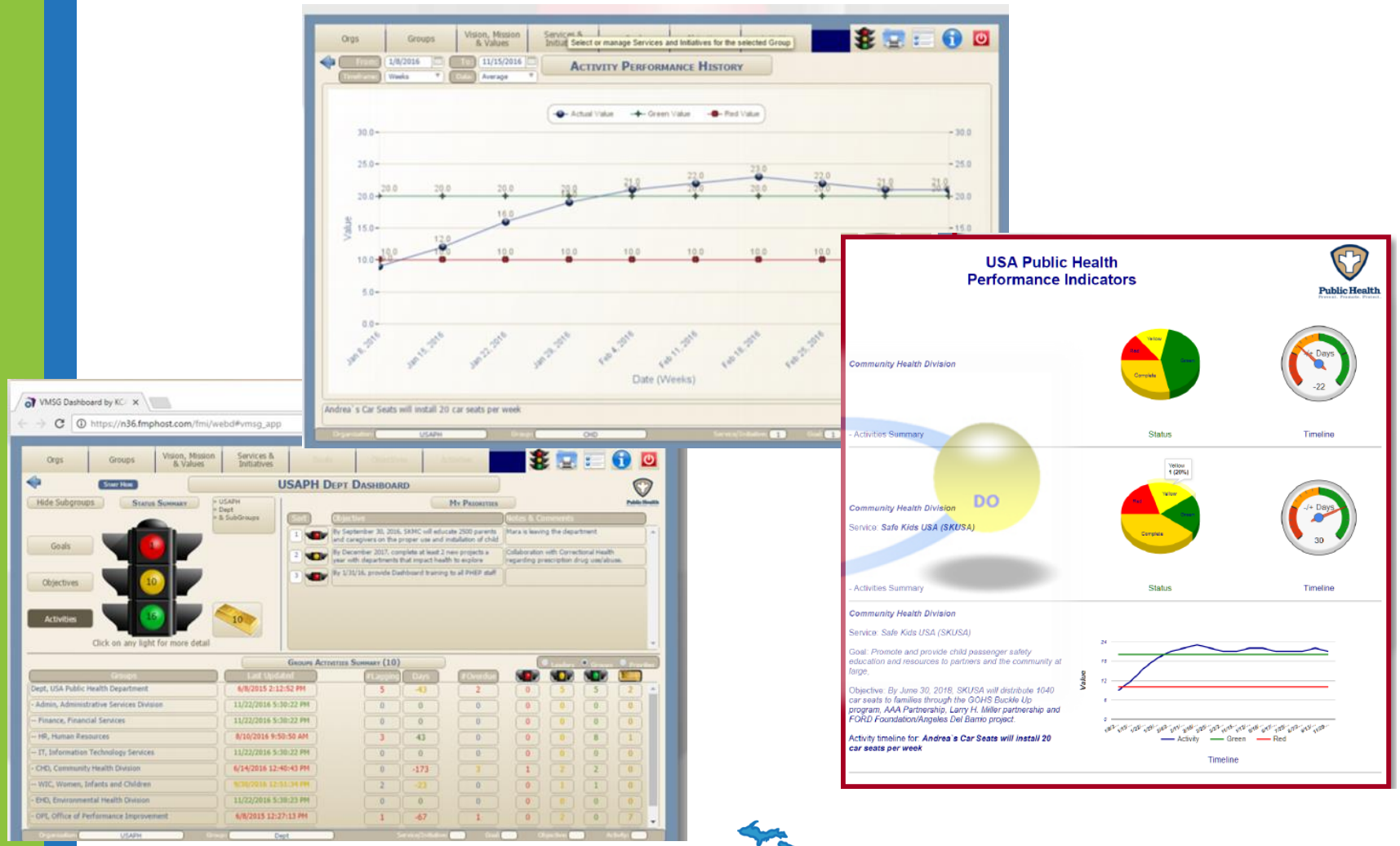
What does it look like?



Mid-Michigan District HEALTH DEPARTMENT

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Benefits of Dashboard

- Automated update reminders distribute the workload to get all staff and partners involved in planning, execution and organizational success
- Minimal staff time needed (most staff spend 5 minutes a month)
- Organizes and centralizes all plans & related documents including strategic plan, operational plans:
  - Strategic Plan
  - Community Health Assessment and Improvement
  - Workforce Development
  - Quality Improvement
  - Policies and Procedures

Mid-Michigan District HEALTH DEPARTMENT

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Benefits of Dashboard

- Manages your accreditation and reaccreditation processes and all of the related documents
- Meets and exceeds PHAB accreditation Standard 9.1
- Use to manage Minimum Program Requirements for Michigan's Local Public Health Accreditation Program
- Centralize and authenticate Department policies
- Provides a simple, clear, real-time snapshot of an organization's performance
- Zero installation required | 100% web-browser based

Mid-Michigan District
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Pricing

- **Annual License Fee Includes**:
- SaaS (Software as a Service)
  - Hosting
  - All software updates
  - Daily backups
  - Worldwide access via the internet
- Account setup
- Unlimited video and/or webinar-based user training
- Unlimited technical support
- Operational plan development assistance
- No startup fees
- No additional costs

- **Annual License Fee Examples:**
- 10-50 users = $100 per user per year
- 100 users = $60 per user per year
- 210 users = $35 per user per year
- 521 users = $20 per user per year

- **Example**: 9 management staff & 11 select staff = $2,000 per year

Mid-Michigan District HEALTH DEPARTMENT
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Additional Thoughts

- Can use Technical Assistance provided by MPHI to assist in indicator development.
- CMDHD & District #10 are currently using this system.
  - Has potential for data comparison across LHDs
  - Ability to share policy's & plans
- A similar product “Clear Impact” used by Macomb County HD & BEDHD costs $12,000 per year.

Mid-Michigan District HEALTH DEPARTMENT
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Mid-Michigan District HEALTH DEPARTMENT
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MARK W. (MARCUS) CHEATHAM, PH.D.
Health Officer

JENNIFER MORSE, MD, MPH, FAAFP
Medical Director

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(989) 224-2195

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Ithaca, MI 48847-1627
(989) 875-3681

MONTCALM OFFICE
615 N. State St.
Stanton, MI 48888-9702

BOARD OF HEALTH
George Bailey
Bruce DeLong
Betty Kellenberger
Chuck Murphy
Adam Petersen
Dwight Washington, Ph.D.

Board of Health (BOH) Action Sheet

March 22, 2019

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

SUBJECT: **MY COMMUNITY DENTAL CLINICS (MCDC) CONTRACT RENEWAL, SIDNEY CLINIC**

☐ **Information Only** ☒ **Action Needed**

I. Authority For This Action:

☐ Local Policy
☒ Law or Rule Public Health Code, Act 368 of 1978, MCL 333.2435(c)

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

The Mid-Michigan District Health Department (MMDHD) has a contract with My Community Dental Centers (MCDC) under which MMDHD assists MCDC in garnering federal Medicaid match dollars to support the operation of their dental clinics. In return, MCDC pays MMDHD a portion of the funds they receive to operate its oral health prevention program. MMDHD and MCDC have had a ten (10)-year contract, amended once in 2016, which is expiring June 1, 2019; and I recommend renewing that contract for an additional 10 years.

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.)

MCDC operates two dental centers in our District; one in St. Johns and one in Sidney. Between them the two centers serve about 4,000 people on Medicaid per year. MCDC is only able to serve this population because of its relationship with local health departments. Most dentists will not serve the Medicaid population because the reimbursement is too low. MCDC is able to serve this population because the Health Resources and Services Administration (HRSA) permits them to get an enhanced reimbursement if they establish a relationship with a local health department under which they help the health department engage in oral health prevention work.

I wish to continue to have these important dental centers operating in our District to continue receiving funds to support dental outreach and education. Without MCDC, most people on Medicaid would have to leave the area to see a dentist, and many would not do so. Without MCDC

Funds, MMDHD would have to discontinue the oral health program. The financial details of the relationship with MCDC are outlined below.

IV. Fiscal Impact and Cost:
(Immediate, ongoing, and future impact.)

Under its relationship with MCDC, MMDHD gets about $26,000 per year to support a 0.6 FTE Oral Health Prevention Coordinator. Revenue from MCDC also supports a $167,000 fund balance to be used for dental outreach projects.

MCDC revenue flowing to MMDHD will not change with the new contract. The language regarding the calculation of the local match to obtain federal funds and the formula for reimbursing MMDHD remain as they were in the previous contract.

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

We do not feel there are any viable alternatives to consider.

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.)

We recommend the Board authorize the Chairperson to sign the new contract with MCDC.

VII. Monitoring and Reporting Time Line:
(Evaluation method and timeline. Next report to the Board.)

MCDC periodically reports to the Board on the performance of its clinics including financial information and patient statistics. These reports will be ongoing.

Board members will be able to monitor the impact of the relationship with MCDC by reviewing MMDHD's Monthly Balance Sheet where the local dollars for the Medicaid Match and the fund balance for dental outreach are documented.

CONTRACT EXTENSION AGREEMENT
BETWEEN
MID-MICHIGAN DISTRICT HEALTH DEPARTMENT
AND
MY COMMUNITY DENTAL CENTERS, INC.

This CONTRACT EXTENSION AGREEMENT ("Agreement") is dated as of the dates of signatures below and is effective as of June 1, 2019 (the "Effective Date"), by and between Mid-Michigan District Health Department (the "Health Department") and My Community Dental Centers, Inc., a Michigan non-profit corporation ("MCDC"), (formerly known as Michigan Community Dental Clinics, Inc.), (collectively the "Parties").

WHEREAS the Parties entered into an AGREEMENT BETWEEN MID-MICHIGAN DISTRICT HEALTH DEPARTMENT AND MICHIGAN COMMUNITY DENTAL CLINICS, INC. effective June 1, 2009 (the "2009 Agreement"), as well as an AMENDMENT TO THE AGREEMENT BETWEEN MID-MICHIGAN DISTRICT HEALTH DEPARTMENT AND MICHIGAN COMMUNITY DENTAL CLINICS, INC. effective July 8, 2016 (the "2016 Amendment"), and

WHEREAS the Parties hereby agree to extend the term of the 2009 Agreement in accordance with the provisions of the 2009 Agreement as modified by the 2016 Amendment except as noted or amended herein,

In consideration of the mutual covenants contained herein, the Parties mutually covenant and agree as follows:

1. The 2009 Agreement was entered into as of June 1, 2009, and Section 4 of the 2009 Agreement indicated that the term of the 2009 Agreement would be for ten (10) years.

2. The Parties agree to extend the 2009 Agreement (as modified by the 2016 Amendment) for an additional period of ten (10) years, beginning upon the expiration of the original time period and ending on May 31, 2029.

3. Section 2 of the 2009 Agreement shall be modified to read:

   The parties acknowledge that MCDC's clinic space is located in a premises currently owned by the Montcalm Area Intermediate School District (MAISD) and that MCDC has signed a lease agreement with MAISD effective January 1, 2019 through December 31, 2028. Accordingly, the lease agreement between the Parties in Section 2 of the 2009 Agreement is terminated and the Parties shall have no further obligation to one another regarding MCDC's clinic space.

4. Section 3 of the 2009 Agreement shall be modified to read:

   MCDC will own all the furnishings and equipment in the clinic space as of the Effective Date and thereafter acquired. MCDC shall be responsible for insuring, maintaining and replacing said furnishings and equipment. Schedule E of the 2009 Agreement is hereby severed from this agreement as of the Effective Date.

5. Section 4 of the 2009 Agreement shall be modified to read:

   This Agreement shall commence on June 1, 2019 and terminate on May 31, 2029.

6. The following language shall be deleted from Section 5(A)(1) of the 2009 Agreement: *"or of the Lease referenced in Section 2 of this Agreement".*

7. Section 6 of the 2009 Agreement (as modified by the 2016 Amendment) shall be modified to read:

   A. MCDC will submit claims and bill for dental clinics services it provides utilizing its own provider identification number(s) and will be paid directly for such services by the entities it bills. For the periodic Medicaid Public Dental Clinic Enhanced Reimbursement Rate payments, MCDC will receive the entire amount of the payments, including both the amount of the federal share and the amount of the state share. The Health Department will provide an intergovernmental transfer of funds to the Michigan Medical Services Administration, quarterly, or as otherwise determined by the Michigan Medical Services Administration, by the date provided on the Notice of Program Reimbursement, to pay the non-federal share of Medicaid Public Dental Clinic Enhanced Reimbursement Rate payments for Dental Clinic Services provided by MCDC as a Public Dental Clinic on behalf of the Health Department. The amount of the intergovernmental transfer of funds to be provided by the Health Department is the non-federal share of the difference between the Medicaid fee screen rate and the average commercial rate for Medicaid-eligible Dental Clinic Services, as determined by the Michigan Medical Services Administration. The amount of the intergovernmental transfer provided by the Health Department will be reviewed as of the Effective Date of this Agreement and annually thereafter.

B. *MCDC will pay the Health Department for Public Dental Programs services provided by the Health Department. The amount to be paid by MCDC to the Health Department will be paid seven (7) business days after MCDC receives the State Plan Amendment Enhanced Reimbursement. The payment for Public Dental Program services will be based upon the volume of Dental Clinic Services provided by MCDC and Public Dental Programs services provided by the Health Department.*

8. The final sentence of Section 10 of the 2009 Agreement shall be replaced with the following: "The Parties have executed mutual Business Associate Agreements effective September 1, 2016 and January 1, 2019 in compliance with HIPAA regulations."

9. The following language (noted in italics) shall be added in the first paragraph of Section 13: "…mental handicap, disability, *or other classification protected by applicable law* that is unrelated…"

10. Notices pursuant to Section 15 shall be given as follows:

If to the Health Department:	*with a copy to (which shall not constitute notice):*
_____	_____
ATTN: _____	*ATTN:* _____
_____	_____
_____	_____
Phone: _____	*Phone:* _____
Fax: _____	*Fax:* _____

If to MCDC:	*with a copy to (which shall not constitute notice):*
My Community Dental Centers	*Taft Stettinius & Hollister LLP*
Attn: Chief Executive Officer	*Attn: Kristen Gentry Klos, Esq.*
3890 Charlevoix Ave., Suite 300	*One Indiana Square, Suite 3500*
Petoskey, MI 49770	*Indianapolis, IN 46204*
Phone: (231) 547-7638	*Phone: (317) 713-3504*
Fax: (231) 582-2967	*kklos@taftlaw.com*

11. The following sentence shall be added after the second sentence of Section 19 in the 2009 Agreement:

    The Parties hereby agree that all demands, controversies, claims, actions, causes of action, suits, proceedings, and litigation relating to or arising out of this Agreement shall be brought and tried in a mutually agreeable Circuit Court in the State of Michigan.

12. All other terms and conditions of the 2009 Agreement as modified by the 2016 Amendment remain in effect.

This Contract Extension Agreement may be executed in counterpart, each of which will be an original but all of which will constitute one and same Contract Extension Agreement.

Intending to be legally bound, the Parties indicate their agreement to this Contract Extension Agreement as of the dates of signatures below.

Mid-Michigan District Health Department

By: _____

Name: George Bailey

Title: Chairperson, Mid-Michigan District Board of Health

Date: March 27, 2019

My Community Dental Centers, Inc.

By: _____

Name: Deborah Brown

Title: CEO

Date: _____

Mid-Michigan District HEALTH DEPARTMENT
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MID-MICHIGAN DISTRICT BOARD OF HEALTH

ACTION ITEMS

FEBRUARY 2019

- The Board of Health (BOH) held their Organizational Meeting and elected George Bailey, Gratiot County Commissioner, Chairperson and Betty Kellenberger, Montcalm County Commissioner, Vice Chairperson.

- The BOH approved the appointment of Cynthia Partlo, Executive Administrative Assistant, as BOH Secretary.

- The BOH accepted the appointments made by George Bailey to the Standing, External, and Internal Committees.

- The BOH approved the revised BOH Per Diem Compensation and Travel Reimbursement Policy #042.0 effective February 1, 2019 and authorized the Board Chairperson to sign it.

- The agency conducted a required Family Planning Cost Study that was approved by the BOH as well as the recommended fee adjustments as outlined effective February 1, 2019.

- The BOH adopted the following Monthly Healthy Living Recommendation for March 2019:

  1. *Encourage local sale and use of EPA compliant wood stoves and changeout of noncompliant stoves.*

  2. *Educate the community about wood smoke and consider local ordinances if necessary to protect public health.*

  3. *Encourage uses of cleaner energy sources.*

- The BOH recommended that the Health Officer meet with County Administrators to discuss the proposed water quality program.

- The BOH approved their 2019 Finance Committee and Regular Meeting Schedule as proposed with the December Finance Committee Meeting beginning at 9:30 a.m. and the Regular Meeting beginning at 10:00 a.m.

STAFFING CHANGES

MARCH - 2019

AS

STATUS	POSITION	BRANCH OFFICE
	No changes	

CHED

STATUS	POSITION	BRANCH OFFICE
VACANCY	FT Community Health Worker, Gratiot Branch Office effective March 6, 2019. This vacancy was previously put on hold effective October 15, 2018 to review caseload for the program.	Gratiot

EH

STATUS	POSITION	BRANCH OFFICE
	No changes	

INSIDE
Mid-Michigan District Health Department

Mid-Michigan District HEALTH DEPARTMENT
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March 2019

The Flat River

Septic system woes

By: Marcus Cheatham, Health Officer

Michigan is struggling to protect its water. Whether the issue is PFAS, lead or nitrates, there is much more we need to do to ensure safe water for drinking, recreation and agriculture into the future.

Local health departments have a special role to play in protecting water because it is our job to make sure that every rural home and business has a properly functioning septic system, or an approved alternative. The sad truth is that somewhere between 10 and 25 percent of rural homes do not have a septic system. This means that there are large amounts of E. coli and other pathogens in many Michigan lakes and rivers. For example, our conservation districts, Alma college and MDEQ, have sampled dozens of sites on the Flat, Pine and Maple rivers and found 75 to 85 percent of them exceeded EPA E. coli standards for contact with water. DNA testing has confirmed that large amounts of the E. coli in the water comes from humans. This is a big deal because people who have contact with water contaminated by human feces are up to five times more likely to have gastrointestinal illness than people who do not have contact with the contaminated water. Sometimes these illnesses can be serious.

So, if health departments are regulating septic systems, how come there is so much poop in the water? The reason is that, in most jurisdictions, there is a loop-hole in the rules. Homeowners need to get a permit from the health department at the time they install or repair their system. But, if they never come to the health department to get a permit, then we know nothing about them. They fly under the radar, so to speak. The Mid-Michigan District Health Department is working with our neighbors, our Board of Health and County governments to close this loop-hole.

You are probably aware that the community is opposed to doing anything about septic systems and the reason is understandable. Septic systems are expensive and rural Michigan has many very low income families who cannot afford to pay for these systems. That is why a big part of our effort includes trying to figure out new sources of financial assistance for families who need to install septics. We know the assistance from USDA is not not enough and we want to create better options for people.

In this issue...

1.....Employee Spotlight
3.....New Employees
5.....Food Hub
6.....Years of Service
7.....HEC Happenings
7.....You Said It
8.....Prescription for Health
9.....Birthdays
10.....News and Notes

In the SPOTLIGHT

with Norm Keon, Epidemiologist

By former intern Alexis Salisbury

Have you ever wondered what the average day looks like for Norm Keon or what makes him tick? Former intern Alexis Salisbury sat down with Norm for a one-one-one Q&A.

Q: What is your typical day like?

A: I review all new communicable disease (CD) cases that are reported, including lab tests. I assist our CD nurses with cases that present unique challenges or are confusing. I create databases and/or line lists of significant cases and watch for outbreak situations. I'm a fanatic about keeping databases 'clean' with no duplicates or mistakes. I keep abreast of outbreaks in MI and the U.S. that could affect us and coordinate outbreak investigations.

Q: What are some of the challenges you face & how do you handle them?

A: One challenge is allocating my time among the three DHD's I work for (19 counties). Another is trying to get enough data questionnaires returned from persons involved in an outbreak (as well as stool specimens) to help solve it.

Q: What is the best thing about your work/ job duties?

A: I love working with the CD nurses and love to help people.

Q: How have you made a difference?

A: I've saved some lives - most notably a father and daughter who had food borne botulism. After 2 ½ days their

physician didn't know what was paralyzing them. When I was told their symptoms, I immediately knew. I have assisted the Emory University PBB researchers in getting connected with our health department and being supported by us and Health Department #10. I am a member of the Emory PBB Leadership Committee. While at the Michigan Dept. of Public Health (MDPH), I was chief of the state TB program for 27 years and helped in winning the battle with that disease!

Q: What type of education did you receive?

A: I graduated from Alma College with a pre-med degree and went to Kirksville medical school for a year, but decided that wasn't for me. I then jumped into Public Health and found my calling! During my time in Lansing, I worked & trained many times in Atlanta at the Centers for Disease Control.

Q: What is your previous work experience?

A: "Jack of all Trades" kind of fits me. I started in public health as a VD investigator in Detroit. Then I went to the Michigan Department of Public Health and then to be with all of you! All of my work has been in disease control epidemiology and investigation, administration, database management and surveillance systems.

Q: What are your future goals?

A: I haven't figured them out yet. Well…., maybe writing a book about my unique experiences in public health. Many people in public health have told me I should do it. I'd also like to take my wife to a home game of the Green Bay Packers (hopefully when it is snowing)!

Q: Can you tell us about your family?

A: I have an amazing wife. We were made for each other! I have won in the romance category! I have two sons from my prior marriage and three step-daughters from my current one. One of my sons lives just down the road from me, which is a treat. We live on the Pine River outside St. Louis.

Q: What do you do in your free time?

A: What's 'free time?' I never stop 'doing.' I fix stuff, listen to music and operate my amateur radio station. Most importantly, I spend time with my gal!

Q: What are you involved with outside of work?

A: I am a board member of the Pine River Citizens' Superfund Taskforce in St. Louis and assist Emory University's PBB studies. I help my wife with some of her work as the director of Clinton – Gratiot Habitat for Humanity. I am a board member of a non-profit that my wife and I helped form in Manistee to preserve two historic buildings.

Q: What is something that makes you unique?

A: Wanting to know, or figure out on my own, how things work has always been a passion of mine! I do most of my own repair work. I have been a licensed Amateur Radio Operator for 58 years and currently hold an FCC Amateur Extra Class license (the highest level) and can copy and send Morse Code at over 25 words-per-minute. I'm an obsessive proofreader, and with the way the English language is being abused, I'm working overtime!

Welcome TO THE TEAM!

MMDHD extends a warm welcome to these new and not so new employees.

DOUG YOUNG ▪ Environmental Health Specialist I ▪ GBO

Start date: January 2019

Doug received a Bachelors degree in Environmental Science and Environmental Geology from Central Michigan University. He previously worked at Central Michigan District Health Department, Barry-Eaton District Health Department and U.S. Department of Agriculture. He and his wife Jennifer have four children, ages 15, 10, 9 and 5. Pets include a black and white setter named Moo, one cat, one rabbit, one parakeet and four ponies. Doug grew up on a farm and has worked in natural resources conservation in the past, and enjoys all things outdoors related.

NATE AKEY ▪ Environmental Health Specialist I ▪ MBO

Start date: January 2019

Nate received a Bachelors degree in Natural Resources Management from Grand Valley State University, as well as a Master's degree in Biology with an emphasis on aquatic science. While at Grand Valley he taught various biology courses. His parents live on a farm in Hawkins and his sister recently graduated from Michigan Technological University.

Nate has a German short-haired pointer named Tikka. Hobbies include large and small game hunting, upland bird hunting, fly fishing, dog training and photography. He belongs to the Michigan North American Versitile Hunting Dog Association and recruits and teaches youth about upland bird hunting. In the past two years he's traveled to Idaho, California, Nebraska, Montana, Tennessee, North Dakota and Canada.

ALLISON SCHAFER ▪ Public Health Representative I ▪ Clinton Branch Office

Start date: June 2018

Allison graduated high school in Houston, Texas and attended community college. Before coming to MMDHD, she was the night supervisor at a Michigan women and children's homeless shelter. She has been married to her husband Paul for five and a half years. She loves to be outside, and enjoys hiking, fishing and playing tennis. Travels include Guatemala, Italy, Africa, Australia and Papa New Guinea.

Welcome TO THE TEAM!

KRISHNA SANTANA ▪ Public Health Representative I ▪ MBO

Start date: April 2018

Krishna Graduated from Ithaca High School and attended Davenport University. Before coming to MMDHD, she worked in the banking industry and held various other clerical positions. Krishna and her husband have six children, ranging in age from fourteen to twenty-six. She also has two grandchildren. The family has a black lab named Bruno. She loves to cook, read, watch soccer and likes to be outdoors. Krishna is actively involved in AYSO soccer, serving as the registrar and board member. She also works at wrestling meets. Travels include trips to visit her daughter in Germany and an amazing trip to the UP with her husband last summer.

Breanna Hendrick ▪ Public Health Representative I ▪ MBO

Start date: April 2018

Breanna is currently attending Montcalm Community College and is on the honors list. She was a Certified Nurses Aide at Metron and has had many restaurant jobs. Breanna likes to spend time with her mom, dad and brother. She has a jack russel terrier and two rescue cats. She likes to travel anywhere without snow and likes to do anything outdoors, especially fishing, quading and going to the beach.

Austin Thomas ▪ Environmental Health Specialist I ▪ MBO

Start date: February 2018

Austin has a Bachelors degree in Fisheries and Wildlife Management from Lake Superior State University. He worked for Michigan Department of Parks and Recreation and Bat Conservation International. His family includes his mom, dad and two brothers. Special interests include raccoon hunting competitions.

Growing a food hub

By: Marcus Cheatham and Mary ZumBrunnen, One-Community Consulting

A true example of collective impact: Healthy Montcalm, which coordinates health improvement planning for the County, is trying to figure out what it would take to build a FOOD HUB in Montcalm County. Led by the Mid-Michigan District Health Department and facilitated by One-Community Consulting, a group of health-oriented agencies including schools, hospitals, colleges, MSU Extension, nonprofits and businesses have come together to address chronic health issues, like obesity and heart disease, with an out of the box idea.

A Food Hub is a business or nonprofit social enterprise dedicated to the aggregation, distribution and marketing of healthy, locally grown and produced products. In this project, we used our grant to conduct a feasibility study and develop a business model for such an operation that utilizes the true abundance of Montcalm County (one of the top vegetable producers in the state) and harnessing it for public health, jobs creation and local dollar circulation.

In January we hosted a "Meet the Buyer" event as a speed dating opportunity for purchasers (hospitals, schools and restaurants) to take advantage of what local farms have to offer at the Four Seasons Marketplace in Edmore, Michigan. On March 9th we hosted a "Food Summit" at the same location attended by over 50 people which explored the issues we would need to resolve to launch the Food Hub.

Meet the buyer event - community members discussing how local farmers can sell more fruits and vegetables to schools to help the economy while improving student nutrition.

Rex and Marcus have submitted a grant to USDA to work on establishing contracts between farmers, the Food Hub and schools to begin the first food sales. We should hear in April.

This project is funded by the Greenville Area Community Foundation and being driven by Cheryl Thelen and Rex Hoyt.

Years of Service

20 Years

Cindy Partlo, Administrative Assistant
Lonnie Smith, EH Supervisor

25 Years

Dawn Wadle, Finance Specialist

10 Years

Erin Morgan, Community Health Worker
Gayle Hood, Registered Dietitian
Lisa Mikesell, Public Health Nurse III
Sam Tran, Public Health Representative II
Lisa Smith, Public Health Representative II

5 Years

Andrea Tabor, CHED Director
Shelley Treynor, Oral Health Prevention Coordinator
Charity Little, EH Specialist II
Andrew Holdeman, IT Specialist II
Jamie Shepler, Public Health Nurse II
Shelly Hardman, Community Health Worker
Courtney Beagle, Public Health Representative II
Nicole Montgomery, WIC Peer Counselor

1 Year

Ashley Tate, MCIR Coordinator
Nathan Jammer, EH Specialist I
Tracey Larabel, Accounting Clerk II
Liz Braddock, EH Division Director
Rachel Brunkhorst, Public Health Representative I
Kyle Zuiderveen, EH Specialist I
Austin Thomas, EH Specialist I
Breanna Hendrick, Public Health Representative I
Krishna Santana, Public Health Representative I

Congratulations on another year of service!

May you be proud of the work you do and the difference you

HEC Happenings

By Hailey Brewer

This year the Health Enhancement Committee (HEC) has really tried to revamp some of the activities we do throughout the year so you might be noticing some changes!! We hope you like them! First off, we have started to recognize ALL anniversaries. You may have noticed that throughout the office you see a balloon. This is in recognition of the years of service for that employee! So stop in and say congrats if you see one! So far this has been a huge hit with everyone!

Additionally HEC has decided to have a focus area each quarter. For this quarter we are focusing on our Emotional Health! Coming up in March we will be having a "Positively You" challenge so keep your eye out for that! Anyone to participate for the entire month will get entered to win a gift card! We have some great ones this year!! We also will be doing some fun games to celebrate National Nutrition Month (Thanks Gayle!)

Furthermore, next quarter we will be focusing on our Physical Health! Of course we will have our Take Your Child to Work Day and the annual Easter Egg Hunt but we also will be implementing TWO new activities. Sounds like a lot, right? Don't worry we will keep the obligations to a minimum and make sure we have a ton of fun! Keep a lookout for the quarterly HEC email announcing our activities!

As always, we accept any suggestions from staff on games, healthy tips, activities, events, ideas, etc. We are here for YOU!"

You said it

BINGE-WORTHY SHOWS

Homecoming ▪ Good Girls ▪ Narcos ▪ The Sinner ▪ Criminal Minds ▪ You ▪ Abducted in Plain Sight ▪ Grace and Frankie ▪ The Ranch ▪ The 100 ▪ Conversations with a Killer: the Ted Bundy Tapes ▪ The Good Place ▪ Punisher ▪ Meateater ▪ Titans ▪ Travelers ▪ Bill Nye Saves the World ▪ Legends of Tomorrow ▪ Blacklist ▪ Agents of S.H.I.E.L.D. ▪ Scandal ▪ How to Get Away with Murder

A GOOD READ

Bossy Pants by Tina Fey ▪ Where the Crawdads Sing by Delia Owens ▪ You by Caroline Kepnes ▪ Half Broken Horses ▪ Becoming by Michelle Obama ▪ Montana 1948 ▪ The Immortal Life of Henrietta Lacks ▪ The Glass Castle ▪ The Wonky Donkey ▪ Sleep Train ▪ Turbo Twenty Three by Janet Evanovich ▪ The Third Door by Alex Banayan ▪ Log Horizon ▪ Maid by Stephanie Land ▪ Anything by Sandra Brown

Prescription
for Health

By: MidMichigan Health

Thanks to a strong community collaboration, a new health education program is helping low-income patients with chronic illnesses learn healthy habits. Prescription for Health, a six-week course, is teaching healthy eating behaviors and how to plan a nutritious diet.

The Community Health Assessment completed by Live Well Gratiot in 2015 found that 69.6 percent of adults in Gratiot County are either obese or overweight. The same study found that 85.9 percent of adults in the county do not eat enough fruits and vegetables each day to support their overall health. Unhealthy weight can be especially problematic for people living in low-income situations or suffering from chronic diseases."

To address this concern, MidMichigan Health established a partnership between MidMichigan Medical Center – Gratiot, Alma Family Practice, Alma Transportation, Gratiot/Isabella RESD, the Mid-Michigan District Health Department, MSU Extension and the St. Louis Farmer's Market to develop a local nutritional program. This endeavor was funded by the Gratiot County Community Foundation. Their first trial of the new program, named Prescription for Health, ran from June through October 2018.

Prescription for Health consists of six weekly nutrition education classes. Participants interact with the instructor and classmates as they learn how to choose nutritious foods, plan a healthy diet and prepare healthy meals. During each class, the instructor shares evidence-based nutritional advice and brings an example recipe that participants sample. Each participant also receives coupons for the St. Louis Farmer's Market so they can put their new food-selection knowledge into practice.

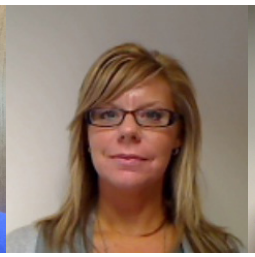
Ithaca resident Rebecca Fawcett was signed up for Prescription for Health by her family doctor. She had just received a high test result for her hemoglobin A1c level - an indicator of high long-term blood sugar. While in the program, she learned several techniques for managing her blood sugar through her diet and lifestyle. An avid baker, through the program, Fawcett learned how to bake with Splenda and reduce the amount of sugar she puts into recipes. She also discovered healthier alternatives, such as fat-free, sugar-free whipped cream. In addition, the program incorporated ways she could improve her metabolism with regular exercise, such as 20-minute walks three to four times per week.

After participants complete the program, they fill out a health assessment to see how they have improved since the beginning of the program. Lombard reports not feeling as hungry, and selecting better foods when he shops at the supermarket. Likewise, Fawcett says that she and her husband now make conscientious decisions both when eating out at restaurants and when cooking at home. Fawcett is glad to say that her A1c level has improved as a result.

Those interested in learning more about the Prescription for Health program may call Hensler at (989) 466-3661.

Nathan Jammer
February 5

Shelly Hardman
February 9

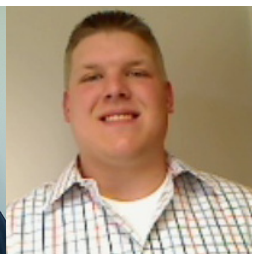


Jennifer Stratton
February 10

Jamie Sawdy
February 17

Laurie Finn
February 19

Laureen Simon
February 25



Eric Deford
February 27

Leslie Kinnee
February 28

Jamie Shepler
March 12

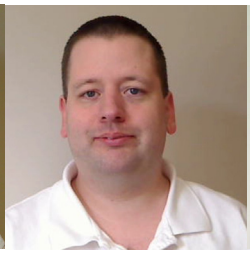
Ashley Tate
March 13

Adam Byrne
March 24

Laura Hunt
March 25

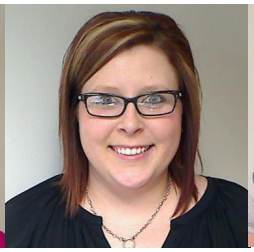
Dawn Wadle
March 29

Dena Kent
April 4



Andrew Holdeman
April 5

Krishna Santana
April 7



Hailey Brewer
April 13

Nicole Montgomery
April 16

Lonnie Smith
April 29

News & Notes

MMDHD receives breastfeeding friendly award

Cassie House completed a survey from the Michigan Breastfeeding Network regarding how breastfeeding friendly MMDHD is for employees. As a result, MMDHD received a silver award for being a "Breastfeeding-Friendly Workplace!"

SOAR certified

ERIN MORGAN has completed the SSI/SSDI Outreach, Access, and Recovery (SOAR) certification class and is now SOAR certified. The SOAR program increases access to SSI/SSDI for eligible adults who are experiencing or at-risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder.

Above and beyond

SHELLY HARDMAN received the following letter from Jeremy A. Sodman EMT-P, Supervisor/ Community Paramedic, Clinton Area Ambulance Service...

Shelly, As part of my paramedic program, I had to pick a community service to research and report on. I picked the pathways program and realized how lucky the community is to have you! Its not just that you are doing your job either, you go above and beyond over and over again. You have helped countless numbers of people and I just want to tell you THANK YOU!!!

Facebook milestones

In February, we reached two social media milestones: we surpassed 1,000 Facebook followers and reached a staggering 71,420 people! Remember to like and share MMDHD posts- it helps us reach a broader audience.