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

BOARD OF HEALTH REGULAR MEETING

At

Mid-Michigan District Health Department (MMDHD)
Clinton County Branch Office
Saint Johns, Michigan

Wednesday, May 22, 2019
9:00 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 March 11, 2019 – **Tabled.**
- b. Michigan Association for Local Public Health (MALPH) Board of Directors Meeting held April 8, 2019 – **Tabled.**
- c. Mid-Michigan District Board of Health (BOH) Regular Meeting held April 24, 2019 – **Tabled.**
- d.

2. Communications

- a. National Association of Local Boards of Health (NALBOH) NewsBrief, Spring 2018, [Spring 2018 Newsbrief](#)

C. PUBLIC COMMENTS:

D. BRANCH OFFICE EMPLOYEES:

E. COMMITTEE REPORTS:

1. Finance Committee: Bruce DeLong, Chair
 - a. MMDHD Expenses for April 13 through May 10, 2019 – **Included.**
 - b. MMDHD's Monthly Balance Sheet, Revenue and Expenditure Report for April 2019 – **Included.**
 - c. FY 19/20 State Budget
 - d. MMDHD FY 19/20 Proposed Draft Budget and Narrative – **Included.**
 - e. MMDHD FY 19/20 Proposed Agency Fees – **Included.**
 - 1) Community Health and Education Division (CHED)
 - 2) Environmental Health (EH) Division
- e.
2. Personnel Committee: Betty Kellenberger, Chair
 - a.
3. Program Committee: Dwight Washington, Chair
 - a.
4. Mid-Central Coordinating Committee: Dwight Washington
 - a.
- F. MEDICAL DIRECTOR'S REPORT: Jennifer Morse, M.D., MPH, FAAFP – **Included.**
 1. Harm Reduction
 - 2.
- G. HEALTH OFFICER'S REPORT: Mark W. (Marcus) Cheatham, Ph.D.
 1. Grant Update – **Included.**
 2. Annual Commissioner Forum
 3. Cross Jurisdictional Sharing – Impact Reports
- H. OLD BUSINESS:
 - 1.

I. NEW BUSINESS:

1. Board of Health Editorial - **Included**
2. Emerging Issues
- 3.

J. LEGISLATIVE ACTION:

- 1.

K. INFORMATIONAL ITEMS:

1. Staffing Report

L. RELATED NEWS ARTICLES AND LINKS:

M. AGENCY NEWSLETTERS: None.

Registration Available for the 2018 Annual Conference – Join us in North Carolina!

Join NALBOH at the 2018 Annual Conference! Don't miss this opportunity to join us at the [Raleigh Marriott Crabtree](#) to network with NALBOH Members. This year's theme is, ***Boards Rally in Raleigh: Strengthening the Public Health Voice.***

Conference activities will provide attendees with information, skills, and resources focused on the [six functions of public health governance](#). The conference will also provide time for attendees to learn about and share information on critical public health issues. All sessions will touch on at least one of the six functions of governance.

[View our full registration brochure.](#) Register by June 30, 2018 and SAVE! Please be sure you are logged in to receive the member rate.



Don't Miss this Year's Keynote Speakers!

THURSDAY, AUGUST 9 • 8:45-10:00 A.M.

The Public Health Advantage: Crafting Richer Messages in a Turbulent Political Environment



Gene Matthews, JD
Network for Public Health
Law, UNC Chapel Hill



**Sue Lynn Ledford, RN, BSN,
MPA DrPH**
Public Health Division,
Wake County, NC



Dr. Gary Gunderson
FaithHealth, Wake Forest
Baptist Health

FRIDAY, AUGUST 10 • 8:15-9:15 A.M.

Recognizing the Important Role of Boards of Health: A Local to National Perspective



Kevin Sumner
Health Officer/Director – Middle-Brook Regional Health Commission
President Elect, National Association of City and County Health Officials

FRIDAY, AUGUST 10 • 12:30-1:30 P.M.

National Public Health Update



Michael Fraser, PhD, MS, CAE, FCPP,
Executive Director – Association of State
and Territorial Health Officials

Make plans now to join NALBOH in Raleigh, NC. [View the full registration brochure](#) or [register today!](#) Please be sure you are logged in to receive the member rate.

Schedule and registration now available! View page 4-5 for further details and schedule.

Thank You to Our Conference Sponsor

The Kresge Foundation was founded in 1924 to promote human progress. Today Kresge fulfills that mission by working to dismantle structural and systemic disparities facing low-income people in American's cities and replacing them with pathways to economic and social equity. Kresge annually awards more than \$160 million in grants and social investments to organizations working to expand urban opportunity. For more information visit [Kresge.org](#).

THE
KRESGE
FOUNDATION

Spring 2018 President's Message



Christina Dokter, PhD
President, National Association of Local Boards of Health

Expanding our voice as Boards of Health is an important part of the 6 functions of governance. The NALBOH Board of Directors met in Atlanta April 18-20 to work out our strategic plan for the upcoming years. We talked about the 6 functions of governance, the variegated types of local boards of health across the country, and ways for NALBOH members to expand their public health voice--which is the theme for our annual conference.

So, join us in "expanding our public health voice," at the 2018 Conference in Raleigh, August 8-10. You will find a full schedule (*Please see pages 4-5*) that includes a preconference orientation session-- Governance 101--a basic introduction to public health governance structure, Roberts Rules, and board liabilities, just to name a few topics. The Orientation is designed for those who are new as well as for the seasoned local board member who wants a refresher on board governance.

Keynotes will equip you with tools to communicate better public health messages, review public health governance and accreditation (*see page 8*), and you will learn about public health policy updates. Presentations include many hot topics such as the opioid crisis, Public Health 3.0, workforce development and more. Most importantly, the emphasis on expanding your public health voice will be the focus of the conference.

Breakout sessions include important topics such as creating effective public health messages, public health 3.0, making decisions within the boundaries of law, key roles of local boards of health, and other sessions meant to empower local board of health members to better serve the public. Breakout sessions include hot topics such as food security, tobacco regulations, and many sessions on solving the opioid crisis.

Our voice must be heard in policy development and as we build and strengthen community partnerships through education and engagement. Leading and participating in open, constructive dialogue with a broad cross-section of members of the community is a top priority in mitigating gun violence and promoting healthier communities free of opioid abuse (*Please see articles on pages 7 & 8*). NALBOH implores each state and local board of health to study the gun laws and make sound decisions within their local communities about gun violence as a top public health issue.

NALBOH joins the American Public Health Association (APHA), our partner in public health, who calls for Congress to pass measures to reduce gun violence. In their April 2018 issue of American Journal of Public Health, they present research on firearm safety and violence that discusses the storage practices of US gun owners in 2016. Their website also offers support for those who want to expand their public health voice.

Christina Dokter

NALBOH's Future Board Member Call for Nominations - Now Open!

NALBOH's Nominating Committee has issued its annual call for nominations for positions on the NALBOH Board of Directors. NALBOH officers and directors serve THREE year terms that begin on January 1, 2019. The full Board plans to meet twice a year in on-site, face-to face meetings; it also meets on a quarterly basis by conference call.

The following positions are available:

President-Elect

Director at Large (2 Positions)

Nominations are encouraged from member boards of health, state associations of boards of health (SALBOHs) and others. Self-nominations are also encouraged. Deadlines for nominations are asked to be submitted by June 15, 2018.

NALBOH strives to present a diverse slate of candidates representing a variety of geographic areas, populations served and kinds of boards of health from across the country.



NALBOH Board of Directors Holds Meeting in Atlanta



On April 18, 2018, representatives from the Atlanta area Korean community sponsored a welcome dinner at a Korean restaurant for the NALBOH Board of Directors.

NALBOH Board of Directors and Staff met in Atlanta April 18 and 19 to work and plan out short and long term goals for the Association. Most of the plans involved improved communication and sharing of information with and amongst members. Additionally, the board discussed plans to provide better, shorter webinars and education modules to distinguish between advisory and governing boards.



2018 NALBOH Board of Directors

- Christina Dokter (GA), President
- Debbie Peet (UT), President-Elect
- Barbara Ann Hughes (NC), Past President
- John Novak (NV), Treasurer
- Judy Sartucci (CT), Secretary
- Diane Gerlach (WI), Director at Large
- Andrew Quarnstrom (IL), Director at Large
- Sharon Stanley (OH), Director at Large
- Michael Holliday, Sr. (IL), Director at Large
- Michael McLaughlin (IA), Director at Large
- William Beeman (OH), Director at Large

NALBOH Webinar Co-Sponsored with the Network for Public Health Law Recording Now Available

Local Health Policy 101: Understanding Ordinances, Resolutions, and Proclamations

The slides and video playback for the webinar are now available on the [Network for Public Health Law's website](#). Reviewing and updating public health laws and policies is an essential part of public health. At the local level, this task falls to boards of health, health departments, city and county governments, and their legal counsel. All of the players must understand their role and their legal authority. The presenter will discuss resources and strategies for researching law and policy at the local level, and highlight examples of legal and policy innovations in small- and medium-sized communities, as well as in the nation's largest cities.

By attending this webinar, you will be able to:

- Describe the role of a local board of health, health department, city/ county government, and legal counsel with regard to reviewing and updating public health laws.
- Explain the difference between advisory authority and policy-making authority, and how differing authority might make a resolution, proclamation, or ordinance an appropriate legal tool.
- List resources for researching local public health laws and policies.
- Identify examples of legal and policy innovations in the areas of child poverty, healthy eating, active living, tobacco control, environmental health, and mental health in rural, suburban, and urban communities.

Speaker

- Jill Krueger, JD, Northern Region Director, The Network for Public Health Law - Northern Region Office

Moderator:

- Julie Lederhaus, Director of Education, National Association of Local Boards of Health

CONFERENCE SCHEDULE AT-A-GLANCE

**Schedule is subject to change.*

WEDNESDAY, AUGUST 8

7:30-10 a.m.

NALBOH Board Meeting

10 a.m.

Registration

10:30 a.m.-1:30 p.m.

State Leadership Meeting (Lunch included)

**Invitation only*

2:00-5:00 p.m.

Pre-Conference - Governance 101: Intentional Governance for Local Boards of Health

5:30 p.m.

Durham Bulls Game - Board shuttle at hotel entrance
(Additional registration fee applies)

THURSDAY, AUGUST 9

7:00-8:30 a.m.

Continental Breakfast & Visit Exhibits

7:30-8:30 a.m.

Film Screening - Documentary *Resilience*

8:30-8:45 a.m.

Conference Welcome

8:45-10 a.m.

Keynote Presentation

10:00-10:30 a.m.

Break to Visit Exhibits

10:30-11:30 a.m.

BREAKOUT SESSIONS - BLOCK 1

**1.1. Public Health Decision-making: Can I?
Must I? Should I?**

Denise Chrysler - Network for Public Health Law

**1.2. 3.0 in Action: Partnering to Reduce Drug Related
Deaths (10:30-11 a.m.)**

Gayle Harris - Durham County Department of Public Health

Teme Levbarg - Durham County Department of Public Health

**Taking Action on the Opioid Epidemic:
Localizing data and actions (11-11:30 a.m.)**

Linda Vail - Ingham County Health Department

1.3. Leading Change for PH 3.0

Vaughn Upshaw - Public Health Leadership Program,
Gillings School of Global Public Health

THURSDAY, AUGUST 9 continued...

11:30 a.m.-12:00 p.m.

Lunch

12:00-12:45 p.m.

NALBOH Annual Business Meeting

12:45-1:15 p.m.

Break to Visit Exhibits

1:15-2:15 p.m.

BREAKOUT SESSIONS - BLOCK 2

**2.1. Board of Health roles in the development of
overperforming public health systems**

Jessica Kronstadt - Public Health Accreditation Board

Richard Ingram - University of Kentucky College of Public Health

**2.2. Board of Health Enabling Local Health Department
Success in the Opioid Epidemic**

Michael Brumage - Kanawha-Charleston Health Department

Brenda Isaac - Kanawha-Charleston Board of Health

**2.3. Our Existing and Future Public Health Workforce
- Important Roles for Boards of Health**

Ron Bialek - Public Health Foundation

**2.4. The North Carolina Local Health Department
Accreditation Program: A Review of a State-based
Local Health Department Accreditation System**

Amy Belflower - NC Institute for Public Health, UNC

Gillings School of Global Public Health

Elizabeth Thomas, MPH - NC Institute for Public

Health, UNC Gillings School of Global Public Health

Lori Rhew, MA - NC Institute for Public Health,

UNC Gillings School of Global Public Health

2:15-2:30 p.m.

Break to Visit Exhibits

2:30-3:30 p.m.

BREAKOUT SESSIONS - BLOCK 3

**3.1. Effective Messages for Public Health: Policy Makers
Communications about Health Department Performance**

Kaye Bender - Public Health Accreditation Board

Teddi Nicolaus - Public Health Accreditation Board

3.2. Improving Food Security in Wake County NC

Regina Petteway - Wake County Human Services

Margaret Raynor - Wake County Government

Barbara Ann Hughes - B.A. Hughes and Associates

**3.3. The Toxic Flavor: Issues and Options in Regulating
Menthol Tobacco**

Kerry Cork - Public Health Law Center

Cheryl Sbarra - Massachusetts Association of Health Boards (MAHB)

Continued on next page...

SCHEDULE CONTINUED...

2:30–3:30 p.m.

BREAKOUT SESSIONS - BLOCK 3 continued...

3.4 Strategic Relationships Local Health Board and Local School Districts (2:30–3 p.m.)

Ted Toles - Fayette County, Georgia

Project ONE: One Nurse in Every School (3–3:30 p.m.)

Robin Lane - Guilford County Health and Human Services Advisory Committee

3:30–3:45 p.m.

Break to Visit Exhibits

3:45–5:15 p.m.

SPECIAL INTERACTIVE SESSION - Health Departments and Governance: Are We Measuring the Right Things for Accreditation?

5:30–6:30 p.m.

Conference Networking Reception

FRIDAY, AUGUST 10

7:00–8:00 a.m.

Continental Breakfast, Visit Exhibits and State Meetings

8:00–8:15 a.m.

Morning Welcome

8:15–9:15 a.m.

Keynote Presentation

9:15–9:30 a.m.

Break to Visit Exhibits

9:30–10:30 a.m.

BREAKOUT SESSIONS - BLOCK 4

4.1. Board Advocacy Leads to New Regional Public Health Services

James Smith - Carolina Partners

Sharon Foster - Wake County Government

Sue Lynn Ledford - Wake County Human services

4.2. Re-thinking Local Public Health: Transformation Leaders and Partnerships

Phyllis Meadows - The Kresge Foundation

Karen Ayala - DuPage County Health Department

Monica Valdes Lupi, JD, MPH - Boston Public Health Commission

4.3. Wastewater epidemiology at the neighborhood level: Opportunity to generate localized public health indicators near real time

Mariana Matus - Biobot Analytics

10:30–11:00 a.m.

Break to Visit Exhibits

11:00 a.m.–12:00 p.m.

BREAKOUT SESSIONS - BLOCK 5

5.1. Community Paramedicine–A New Model for Emergency Medical Services

Michael McLaughlin - Kirkwood Community College

5.2. Public Health 3.0 - Building Healthier Communities in Core Environmental Areas

Joseph Threadcraft, Ph. D. - Wake County Human Services Board

James Smith III, MD - Wake County Human Services Board

John Myhre - Wake County Human Services Board

5.3. Roles & Responsibilities: A standardized orientation training for NC public health governing boards (11–11:30 a.m.)

Rachel Wilfert - North Carolina Institute for Public Health

Phyllis Rocco - NC Department of Health and Human Services, Division of Public Health

Annual Training for Boards - Incorporate Your Public Health Benchmark Requirements (11:30 a.m. -12 p.m.)

James Smith - Carolina Partners

Regina Petteway - Wake County Government

12:00–12:30 p.m.

Lunch & Recognitions

12:30 -1:30 p.m.

Keynote Presentation

1:30–2:00 p.m.

Closing

See Conference Special Features on page 10

Book Your Hotel Early!

Hotel Reservations

Marriott Raleigh Crabtree Valley, Raleigh, North Carolina

Rates: \$159 single/double occupancy.

Phone: 1-800-MARRIOTT

Web Reservation Link: Book your group rate for National Association of Local Boards of Health Annual Conference 2018

Reservation Deadline: Tuesday, July 17

When making your reservation, tell the reservation agent that you are booking a room under the National Association of Local Boards of Health room block.



NALBOH Joins Major Health Organizations in Supporting Philly Soda Tax

Submitted by: Kerry Cork, J.D., Public Health Law Center

A 12-ounce can of cola contains over 8 teaspoons of sugar. This is just one of many startling facts in a friend of the court (amicus curiae) brief developed by the Public Health Law Center that NALBOH, on behalf of the American Heart Association and fifteen other leading medical and public health organizations, filed April 13, 2018 at the Supreme Court of Pennsylvania, supporting Philadelphia's authority to tax soda and other sugary drinks (Lora Jean Williams et al. v. City of Philadelphia et al.). Led by the American Heart Association, the Public Health Law Center's amicus brief provides compelling scientific evidence of the devastating health effects caused by the overconsumption of sugar-sweetened beverages, including the increased risk of heart disease, type 2 diabetes, obesity, dental caries, and other diseases.



This was the second time NALBOH participated in the amicus brief process supporting Philadelphia's soda tax. In 2016, Philadelphia passed a tax to be levied on soda and sugary drink distributors – not directly on consumers. The tax adds 1.5 cents per ounce to the cost of most

sugar-sweetened beverages. Several industry groups challenged the tax as unlawful, including the American Beverage Association, the Pennsylvania Beverage Association, and the Pennsylvania Food Merchants Association. They alleged, among other things, that Pennsylvania already imposed a 6 percent sales tax on many of the soft drinks affected by the new tax. The trial court dismissed the complaint in its entirety and upheld the tax as a valid exercise of the City's authority. The beverage industry, restaurants, and retailers then challenged the tax in appellate court.

On March 10, 2017, NALBOH joined thirteen other national public health and medical organizations in a Public Health Law Center amicus brief, funded by the American Heart Association, which the Center filed at the Commonwealth Court of Pennsylvania, supporting Philadelphia's soda tax. In June 2017, the Commonwealth Court upheld the trial court's ruling that the City's tax did not violate state law.

The beverage industry again appealed and the Pennsylvania Supreme Court agreed to hear the case. In April 2018, NALBOH signed on to the second AHA-led Public Health Law Center amicus brief. The sixteen signatories include the American Cancer Society Cancer Action Network, the American Medical Association, the National Association of Chronic Disease Directors, Healthy Food America, and the National Association of County and City Health Officials. Both amicus briefs were drafted by Rachel Bloomekatz of Gupta Wessler PLLC.

NALBOH has often joined leading medical and public health organizations to support public health and safety in significant legal challenges with major health-related implications. As an important side note: Philadelphia's passage of a soda tax has inspired several other municipalities to pass or consider passing new taxes on soda. To date, Seattle, San Francisco, Oakland, and Boulder, Colorado have all approved new soda taxes, following the example of Philadelphia.

Congratulations to the 2018 NALBOH Conference Scholarship Award Winners:

The NALBOH Endowment fund was implemented to provide leadership to NALBOH members. The NALBOH Board of Directors has selected FIVE Scholarship winners for 2018 First Time Attendees. The scholarship winners are:

- Doris Ralston, El Paso County Board of Health, CO
- Amy Sherer, Harrison County Board of Health, IA
- Terry Lawson, Lake Cumberland District Board of Health, KY
- Linda McBeth, Tooele County Board of Health, UT
- Amy McCallister, Hancock County Board of Health, WV

We look forward to seeing all of these first time attendees and many of you in North Carolina! If you are interested in donating and supporting future leadership of NALBOH Board members, [please click here!](#)

Healthy Minds, Healthy Communities

Submitted by: Christina Dokter, PhD, NALBOH President

As the nation watches our youth protesting gun violence, we are reminded once again how Healthy Minds, Healthy Communities is an important focus for Local Boards of Health.

Annually, approximately 38,000 people die from gun violence and approximately 85,000 people are injured. According to recent articles, youth suicide, gun violence and mental health issues are closely related to the opioid abuse and epidemic, which is a growing issue despite state and federal efforts at curbing the nation's worst addiction epidemic. NALBOH's annual conference in Raleigh, NC will address opioid issues with presentations about what is being done at the state and local levels.

As NALBOH President, I have been studying the opioid crisis and delivered a presentation for the Georgia Public Health Conference. As I delve further into the gaps in the fight against the crisis, I realize the enormity of the problem. There is such an integrated tangle of webs that brought about a perfect storm of evil.

I frequently read articles blaming the government for not studying pain enough, but the articles fail to note that pain itself is a difficult subject to study because it is dependent on patient's subjective judgement. Moreover, it is unethical to administer placebos on people in pain for extended periods of time; so research on pain and addiction is next to impossible.

Given this, for years, doctors agonized over watching their patients wreathing in pain. In the early 1900s, medical professionals concerned about pain began to gather together to confabulate and come up with solutions. As the WHO and other organizations began to declare pain management as an important part of patient care, a small, insignificant editorial was mistakenly referred to over and over again as a ground breaking study about how opioids did not result in addiction. Eventually pharmaceutical companies used that study to justify their creation of opioid drugs and began their aggressive marketing campaign. Soon people of all ages were becoming addicted and dying from pill-mills selling opioid pills at alarming rates and people found it profitable to sell pills to survive. Word spread to far-reaching places like a town in Mexico which decided to create modernized marketing cells selling Black-Tar Heroin, a much more potent form of heroin than ever on the market.

Some 48 thousand people have died from opioid-related overdoses in 2016 and more have been estimated for 2017. Yet, it seems the war against opioids is just beginning. At the frontline of the battle are newborns fighting neonatal abstinence syndrome. These are innocent babies who are born addicted due to their addicted mothers. Nurses describe a loud, hauntingly high-pitched cry from these babies.

As we institute programs such as the Prescription Drug Monitoring Program, over-the-counter Naloxone and methadone-based drug treatment programs, there are also growing cells of drug pushers and mail order drug sales. What started with cell-based marketing of Black Tar Heroin from Mexico has now turned into burgeoning numbers of small businesses of all races of people sprouting all over America in the form of advanced marketing --using text messages and mail order. Truly such business dealings are difficult to monitor, detect, and regulate. While the first wave of deaths involved those mainly in their 40s addicted to prescription drugs and heroin, the second wave involves those mainly in their 20s and 30s, especially white males. Drugs laced with fentanyl, a synthetic opioid, are mainly the culprit for overdose deaths. Fentanyl and other similar drugs are difficult to detect even when autopsy testing.

No one person is able to address the opioid problem by themselves. We must all work together to untangle its complexity. That is why CARA 2.0 is called the Comprehensive Addiction & Recovery Act 2.0. It requires a comprehensive, integrated approach to opioid addiction. The Trump Administration is tackling the opioid crisis from 3 angles: reduce demand and over-prescription; cut off the supply of illicit drugs; help those struggling with addiction by expanding treatment options.

The success of such an initiative involves partnerships within local communities for prevention education and problem solving. Moreover, studying for evidence-based programs and outcomes takes time to work out by trial and error, and therefore sharing such information is a normal part of collaboration between Boards of Health and partner groups. Again, the problem is massive, requiring everyone in the community to become aware and involved.

A complete culture-change around the opioid crisis is needed. Massive education and radical approaches to addressing the crisis are needed at all levels of the community.

Boards of Health (BOH), rightly positioned at the local level, can help lead everyone in the culture-change needed to combat the opioid crisis. Local Boards of Health can spear-head collaborative local partnerships and resource stewardship between schools, hospitals, police, churches, city council members, county commissioners, local legislators, local media, mental health counseling centers, treatment centers and other NGOS. Such partnerships can involve prevention education at all three levels—universal, selective and indicated.

Town halls, problem-solving sessions, seminars, story sharing, media campaigns, curriculum changes in schools are just a few ideas for BOHs to lead within the community. In the process of educating everyone, BOH members will themselves become well aware of the issues surrounding the opioid crisis, which will lead to better policy advisory for the community.

Special Supplement to the Journal of Public Health Management and Practice Highlights the Impact of the Public Health Accreditation Board's National Accreditation Program

Supplement Offered With Free Access on JPHMP Website

As the number of nationally accredited governmental public health departments increases, so too does the evidence base related to the impact of the Public Health Accreditation Board's (PHAB) national accreditation program on public health. With nearly 70 percent of the U.S. population now served by a nationally accredited health department, the breadth of accreditation's impact is captured in a special supplement to the May/June 2018 edition of the Journal of Public Health Management and Practice. Thanks in part to funding provided by the Robert Wood Johnson Foundation, the online edition of the special supplement is being offered with free access on the Journal's website.

The supplement is organized into four sections, each featuring scientific articles, commentaries, and case studies that share the experiences of accredited health departments in the areas of quality improvement and performance management, partnerships, administration and management, and future directions. Unlike past special issues that focused on the background and early evolution of accreditation, the 2018 issue includes analyses of several data sources to highlight differences between accredited and non-accredited health departments. For example, an analysis of data from 2010-2016 suggests accredited local health departments have made substantial progress in incorporating quality improvement in their operations, compared to local health departments that have not yet begun the formal accreditation process. In addition, findings from a survey of employees at local health departments reveal that those working in accredited health departments experienced higher job satisfaction levels.

Visit the [Journal's website](#) to learn more about these studies, as well as articles about the Culture of Health, strategic planning, and community health assessments and improvement plans, among other topics. Support for this Journal supplement was provided in part by the Robert Wood Johnson Foundation. The views expressed in the supplement do not necessarily reflect the views of the Foundation. For more information, contact Teddi Nicolaus at (703) 778-4549, ext. 118, or email tnicolaus@phaboard.org.

Gaston County Substance Treatment & Rehabilitation Program

Submitted by: Brittain Kenney, Gaston County Department of Health and Human Services, NC

In the United States, an infant is born with signs of drug withdrawal every hour. The impact of maternal drug use causes a wide range of short and long-term effects like low birth weight, congenital anomalies, and growth and behavioral problems.

Gaston County's Substance Treatment & Rehabilitation (STAR) Program was launched in February 2016 to provide drug treatment and supportive counseling to pregnant women who self-report or test positive for benzodiazepines, buprenorphine, cocaine, methadone, or opioids. The program goal is to increase the number of mothers who deliver abstinent or are enrolled in medication assisted treatment (MAT) programs, which will reduce the incidence of Neonatal Abstinence Syndrome (NAS). This program is a collaboration between the Gaston County Department of Health & Human Services and numerous community stakeholders: neonatologists, pediatricians, behavioral health specialists, substance abuse treatment centers, law enforcement, the local Federally Qualified Health Center, and the sole county hospital.



STAR has seen exceptionally positive outcomes within its first two years, including a reduction in incidence of NAS among newborns in Gaston County. In addition to improved health outcomes, patients are benefitting from social support systems and are better connected to local resources after delivery. Mothers and families are engaged and the patients and their medical team become partners with community organizations like Child Protective Services to ensure that the home environment will be a safe haven for the newborn. Other counties in North Carolina are in the process of replicating STAR within their own areas.

The STAR program is a shining example of how local health departments – through their emphasis on prevention, collaboration, and evidence-based practices – can effect substantial and sustainable change within their communities.

Leading the Community to a Healthier Future through the Board of Health Lens

Submitted by: Diane Gerlach, NALBOH Director at Large, Kenosha County Board of Health

Being located between two large cities brings benefits and a significant share of problems. The economic and population growth have been intense. While the air and water quality are poor and violent crime and drugs are on the rise. Some things we cannot fix.

The Board of Health role in this ever-changing picture is to help guide the community toward solutions to the problems we can affect. We, as many communities around the country, are about to embark on the development of Healthy People 2030. As Board of Health Chair, I share the task of leading the charge.

The Six Functions of Public Health Governance will be the outline for our process starting with **Partner Engagement**. We will be ensuring that representation from all of the community stakeholders are asked to sit at the table. Having a strong reputation and relationships in the community are key to engaging the right people. Organizations are more likely to contribute to the solution when they are part of the development.

Our community is fortunate to have a variety of resources and dedicated people. Capital is a limiting factor in all communities. **Resource Stewardship** means making the best of what you have. This will require mapping and connecting what we have so as not to duplicate services. We will delineate gaps and the most effective and efficient solutions.

We are also blessed with a strong Department of Health that addresses gaps and connects with the community. **Continuous Improvement** means that there is always room for improvement and change. We will need to use the information from our community partners and the available resources to determine where we can improve. Sometimes you cannot cure the disease but you can treat the symptoms.

In a future article I will document our journey and the Do's and Don'ts we learn along the way. You can see our [Healthy People 2020](#) plan and learn more on our websites below.

<http://www.co.kenosha.wi.us/919/Board-of-Health>

<http://www.co.kenosha.wi.us/297/Health-Services>

Nine More Health Departments Gain PHAB Accreditation

In February, PHAB announced nine governmental public health departments were awarded national accreditation status. National accreditation status was awarded February 20, 2018 to:

- Cascade City-County Health Department, Great Falls, Montana
- Cerro Gordo County Department of Public Health, Mason City, Iowa
- City of St. Louis Department of Health, St. Louis, Missouri
- Eau Claire City-County Health Department, Eau Claire, Wisconsin
- Florence County Health Department, Florence, Wisconsin
- Lincoln Trail District Health Department, Elizabethtown, Kentucky
- Logan County Health Department, Guthrie, Oklahoma
- Public Health - Dayton & Montgomery County, Dayton, Ohio
- West Central District Health Department, North Platte, Nebraska



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920-560-5644
NALBOH@badgerbay.co

Annual Conference Special Features

Special Film Screening - Documentary Resilience

Thursday, August 9 | 7:30-8:30 a.m.

Join NALBOH conference attendees for a special screening of the Documentary Film Resilience. This film shares information regarding Adverse Childhood Experiences, their impact on mental and physical health and ways to intervene to reduce the negative impact of ACEs. Make plans to arrive early to see the film.

The child may not remember. But the body remembers. Researchers have recently discovered a dangerous biological syndrome caused by abuse and neglect during childhood. As the new documentary Resilience reveals, TOXIC STRESS can trigger hormones that wreak havoc on the brains and bodies of children, putting them at a greater risk for disease, homelessness, prison time and early death. While the broader impacts of poverty worsen the risk, no segment of society is immune. Resilience, however, also chronicles the dawn of a movement that is determined to fight back. Trailblazers in pediatrics, education and social welfare are using cutting-edge science and field-tested therapies to protect children from the insidious effects of toxic stress—and the dark legacy of a childhood that no child would choose. -Synopsis from KPJR Films.

State Breakfast Networking

Friday, August 10 | 7-8 a.m.

Would your SALBOH like to hold a meeting at the NALBOH Conference? Contact the NALBOH office to reserve a room to hold your meeting on Friday, August 10 from 7-8 a.m. Grab breakfast and encourage your members to meet at the 2018 NALBOH Conference. Your state does not currently have an active SALBOH or you do not know any board of health members from your state? Don't worry, NALBOH would like to help facilitate networking by organizing breakfast tables by state. Please plan to come down for breakfast and find your state table to meet other board of health members and public health leaders from your home state. Meet, learn and share with each other to continue to grow and improve your governance skills.



2018 Membership Reminders

Are you receiving NALBOH Emails and Reminders electronically? NALBOH Membership is an organizational Membership—all staff and Board of Health members can have an account to be sure you are receiving all NALBOH Correspondence! Register for webinars and conferences, view archived and members only information, and participate in forums and committees! Contact the office if you aren't sure – we'll get you signed up

NALBOH's Mission

The mission of NALBOH is to strengthen and improve public health governance.

Visit NALBOH online at:
www.nalboh.org

The vision of NALBOH is boards of health that are:

- Appointed as a result of a well-informed selection process.
- Comprised of individuals who have demonstrated the knowledge, skills, and abilities to effectively represent and serve.
- Well-connected to other stakeholders in public health and government.
- Effectively and competently serving the public health needs of their community in accordance with the core functions and essential public health services.
- Aware of NALBOH's resources and actively engaged in its success.

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

CK#	EV 1898	5/10/2019
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Payables

105103		
to	Quantum Checks & AP Direct Deposits	\$ 28,023.64
105135		

Payroll

AFLAC Employee Deduction		\$ 652.75
MERS Employee Electronic Transfer		\$ 3,646.36
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		\$ 28,947.94
State		\$ 4,602.32
MERS Employer Electronic Transfer	19-Apr	\$ 26,941.38
Direct Deposit Payroll		\$ 102,314.47

Bank Fees

Chemical Bank - 6 new credit card machines	\$ <u>4,359.70</u>
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TOTAL	\$ 201,553.56
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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
260	05/10/19	BAI102 BAILEY GEORGE	101504	03/27/19	18744		\$ 125.00	\$ -	\$ 125.00
		DIRECT DEPOSIT			2Q19 CHAIR PER DIEM				
			CHECK TOTALS:				\$ 125.00	\$ -	\$ 125.00
105103	05/10/19	4IM001 4IMPRINT, INC	7232119	04/19/19	18753	095965-00	\$ 813.27	\$ -	\$ 813.27
		COMPUTER CHECK			MAGNETS,PENS,PENCILS,POWERCLIP				
			7249332	04/19/19	18754	095964-00	\$ 182.81	\$ -	\$ 182.81
					ECONOMY LANYARDS				
			CHECK TOTALS:				\$ 996.08	\$ -	\$ 996.08
105104	05/10/19	AED AED PROFESSIONALS	68188	04/24/19	18751	095986-00	\$ 323.46	\$ -	\$ 323.46
		COMPUTER CHECK			PHYSIO LIFEPAK CR PLUS PADS				
			CHECK TOTALS:				\$ 323.46	\$ -	\$ 323.46
105105	05/10/19	CAP095 CAPITAL AREA UNITED WAY	101511	05/06/19	18765		\$ 20.00	\$ -	\$ 20.00
		COMPUTER CHECK			5/10/19 EMPLOYEE DONATION				
			CHECK TOTALS:				\$ 20.00	\$ -	\$ 20.00
105106	05/10/19	CEN021 CENTRAL MI DIST HEALTH DEPT	101505	04/23/19	18746		\$ 6,444.44	\$ -	\$ 6,444.44
		COMPUTER CHECK			MARCH MD				
			CHECK TOTALS:				\$ 6,444.44	\$ -	\$ 6,444.44
105107	05/10/19	CRY023 CASAIR	506879	05/01/19	18737		\$ 850.00	\$ -	\$ 850.00
		COMPUTER CHECK			INTERNET/FIBER/LIST SERVICE				
			CHECK TOTALS:				\$ 850.00	\$ -	\$ 850.00
105108	05/10/19	E&S003 E&S GRAPHICS INC	61687	04/15/19	18728	095745-00	\$ 973.56	\$ -	\$ 973.56
		COMPUTER CHECK			1,000 POCKET FOLDERS				
			CHECK TOTALS:				\$ 973.56	\$ -	\$ 973.56
105109	05/10/19	EAT029 EATON RESA	006094	04/11/19	18742		\$ 3,416.13	\$ -	\$ 3,416.13
		COMPUTER CHECK			2Q19 BRAINERD DFG				
			101509	04/30/19	18762		\$ 120.00	\$ -	\$ 120.00
					3 TRAININGS FOR DFG				
			CHECK TOTALS:				\$ 3,536.13	\$ -	\$ 3,536.13
105110	05/10/19	ENVI34 ENVIRO-MASTER OF WEST MICH	GRR150955	05/03/19	18761		\$ 384.00	\$ -	\$ 384.00
		COMPUTER CHECK			BI-ANNUAL SCRUB & SANIGUARD				
			CHECK TOTALS:				\$ 384.00	\$ -	\$ 384.00
105111	05/10/19	FIRS60 FIRST CONGREGATIONAL CHURCH	101503	04/23/19	18743		\$ 40.00	\$ -	\$ 40.00
		COMPUTER CHECK			MEMORY OF JACK MORSE				
			CHECK TOTALS:				\$ 40.00	\$ -	\$ 40.00

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
105112	05/10/19	FOR008 FORESTRY SUPPLIERS INC	519153-00	04/25/19	18755	095974-00	\$ 83.84	\$ -	\$ 83.84
		COMPUTER CHECK							
							\$ 83.84	\$ -	\$ 83.84
105113	05/10/19	GAH056 G A HUNT EXCAVATING	006037	04/19/19	18748		\$ 242.00	\$ -	\$ 242.00
		COMPUTER CHECK							
							\$ 242.00	\$ -	\$ 242.00
105114	05/10/19	GRA009 GRATIOT COUNTY HERALD	101506	04/26/19	18747		\$ 19.50	\$ -	\$ 19.50
		COMPUTER CHECK							
							\$ 19.50	\$ -	\$ 19.50
105115	05/10/19	GSK052 GLAXO SMITH KLINE	8252775321	04/11/19	18750	095969-00	\$ 348.84	\$ -	\$ 348.84
		COMPUTER CHECK							
							\$ 348.84	\$ -	\$ 348.84
105116	05/10/19	IMP002 IMPREST CASH-MONTCALM	101510	05/06/19	18763		\$ 64.15	\$ -	\$ 64.15
		COMPUTER CHECK							
							\$ 64.15	\$ -	\$ 64.15
105117	05/10/19	INSP25 INSPIRATION STUDIO DESIGN	1925	04/15/19	18733		\$ 375.00	\$ -	\$ 375.00
		COMPUTER CHECK							
							\$ 375.00	\$ -	\$ 375.00
105118	05/10/19	KOEN54 KOENIGSKNECHT MADISON	101508	04/26/19	18758		\$ 140.94	\$ -	\$ 140.94
		COMPUTER CHECK							
							\$ 140.94	\$ -	\$ 140.94
105119	05/10/19	MA184 MAGELLAN DIAGNOSTICS	40406	04/17/19	18730	095973-00	\$ 2,249.83	\$ -	\$ 2,249.83
		COMPUTER CHECK							
							\$ 2,249.83	\$ -	\$ 2,249.83
105120	05/10/19	MIC006 MICHIGAN DEPT OF AGRICULTURE	791-10420057	04/16/19	18735		\$ 84.00	\$ -	\$ 84.00
		COMPUTER CHECK							
							\$ 84.00	\$ -	\$ 84.00
105121	05/10/19	MIC007 MICHIGAN PUBLIC HEALTH INST	1855	04/04/19	18740		\$ 30.00	\$ -	\$ 30.00
		COMPUTER CHECK							
			56933	02/28/19	18738		\$ 30.00	\$ -	\$ 30.00
			56934	02/28/19	18739		\$ 30.00	\$ -	\$ 30.00
			56958	02/28/19	18741		\$ 30.00	\$ -	\$ 30.00

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
CHECK TOTALS:							\$ 120.00	\$ -	\$ 120.00
105122	05/10/19	MIC201 MICKYS BAR/MICHAEL LUDWIC	006262	04/30/19	18759		\$ 9.00	\$ -	\$ 9.00
COMPUTER CHECK							REFUND OVERPAYMENT		
CHECK TOTALS:							\$ 9.00	\$ -	\$ 9.00
105123	05/10/19	MIS004 MISDU - FRIEND OF COURT	101511	05/06/19	18764		\$ 483.54	\$ -	\$ 483.54
COMPUTER CHECK							5/10/19 EMPLOYEE DEDUCTION		
CHECK TOTALS:							\$ 483.54	\$ -	\$ 483.54
105124	05/10/19	NAT016 NRFSP	INV102673	04/30/19	18760		\$ 1,475.00	\$ -	\$ 1,475.00
COMPUTER CHECK							#9567537 #9567783 TESTS		
CHECK TOTALS:							\$ 1,475.00	\$ -	\$ 1,475.00
105125	05/10/19	OFF015 OFFICE DEPOT	299561562001	04/11/19	18732	095961-00	\$ 192.45	\$ -	\$ 192.45
COMPUTER CHECK							COPYPAPER,INK,FOLDERS		
CHECK TOTALS:							\$ 192.45	\$ -	\$ 192.45
105126	05/10/19	PAR067 PARAGARD DIRECT	15013883293	04/24/19	18749	095988-00	\$ 741.00	\$ -	\$ 741.00
COMPUTER CHECK							PARAGARD IUD'S		
CHECK TOTALS:							\$ 741.00	\$ -	\$ 741.00
105127	05/10/19	QUI003 QUILL CORPORATION	6645133	04/16/19	18731	095970-00	\$ 113.12	\$ -	\$ 113.12
COMPUTER CHECK							CALCULATOR,PENS,WIPES		
CHECK TOTALS:							\$ 113.12	\$ -	\$ 113.12
105128	05/10/19	R&S005 R&S NORTHEAST LLC	196920	04/24/19	18752	095979-00	\$ 452.55	\$ -	\$ 452.55
COMPUTER CHECK							CONTRACEPTIVES		
CHECK TOTALS:							\$ 452.55	\$ -	\$ 452.55
105129	05/10/19	SCO65 SCOMM.COM	5810	04/18/19	18727	095976-00	\$ 2,070.00	\$ -	\$ 2,070.00
COMPUTER CHECK							UBIDUO 2 WIRELESS/CASE		
CHECK TOTALS:							\$ 2,070.00	\$ -	\$ 2,070.00
105130	05/10/19	STA008 STATE OF MICHIGAN-MDHHS LAB	1477452019	04/05/19	18745		\$ 11.50	\$ -	\$ 11.50
COMPUTER CHECK							LAB		
CHECK TOTALS:							\$ 11.50	\$ -	\$ 11.50
105131	05/10/19	UNI001 UNITED WAY OF MONTCALM CO	101511	05/06/19	18767		\$ 60.00	\$ -	\$ 60.00
COMPUTER CHECK							5/10/19 EMPLOYEE DONATION		
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
105132	05/10/19	UNI009 UNITED WAY OF GRATIOT CO	101511	05/06/19	18766		\$ 75.00	\$ -	\$ 75.00
		COMPUTER CHECK		5/10/19	EMPLOYEE DONATION				
			CHECK TOTALS:				\$ 75.00	\$ -	\$ 75.00
105133	05/10/19	VER004 VERIZON	9828844073	04/23/19	18736		\$ 2,104.52	\$ -	\$ 2,104.52
		COMPUTER CHECK		4/24-5/23	CELLS/HOT SPOTS				
			CHECK TOTALS:				\$ 2,104.52	\$ -	\$ 2,104.52
105134	05/10/19	WINN73 WINN TELECOM	101502	05/01/19	18734		\$ 2,615.19	\$ -	\$ 2,615.19
		COMPUTER CHECK			MAY LOCAL/LONG DISTANCE				
			CHECK TOTALS:				\$ 2,615.19	\$ -	\$ 2,615.19
105135	05/10/19	ZERK11 ZERKAS GENERAL STORE	101507	05/02/19	18757		\$ 200.00	\$ -	\$ 200.00
		COMPUTER CHECK			GAS CARDS/UNITED WAY GRANT				
			CHECK TOTALS:				\$ 200.00	\$ -	\$ 200.00
			BANK CODE TOTALS:				\$ 28,023.64	\$ -	\$ 28,023.64
33 COMPUTER CHECKS 0 MANUAL PAYMENT CHECKS 0 VOID CHECKS - TRX 0 VOID CHECKS - STUBS 0 VOID CHECKS - ERROR 0 VOID CHECKS - FORM ALIGNMENT 1 DIRECT DEPOSITS 34 CHECKS TOTAL									
			COMPANY TOTALS:				\$ 28,023.64	\$ -	\$ 28,023.64

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

Summary and Special Notes

As of the end of April, actual revenues and expenditures should be approximately 58% of the \$6,258,845 total amended budget. The total revenues through April were \$4,260,353.64 and the total expenses were \$4,016,670.63. The overall actual revenues and expenditures (adjusting for in-kind space costs and Vaccines for Children) were at 70% and 66% respectively, representing a surplus of \$243,683.01.

The deficit includes the revenue for the Community Health Worker program of \$406,000 (utilizing part of the funding in current year) and the \$500,000 retirement payment that was approved by the Board of Health last year.

Some highlights include:

Revenues

- **MDHHS Grants** – The budget change include funding for Hepatitis A and slight increases in other grants.
- **Medicaid Outreach** – The budget decrease is due to changes in staffing allocation to outreach.
- **Medicaid Full Cost Reimbursement-** There have been payments that may be more than due and will be reviewed but the current amount is what has been recieved.

Expenses

- **Salaries and Benefits** – A decrease in the budgeted amount is due to vacancies and differences in benefits selected.
- **Advertising** – Advertising in Drug Free Communities and for the Hepatitis A funding is now included in the budgeted amount.
- **Contractual** – Due to grant funding, there is an increase in the budgeted amount in the contractual line item.

MMDHD BALANCE SHEET AS OF 4/30/2019

CURRENT ASSETS

CASH TO TREASURER	\$2,674,870.35
CASH ON DEPOSIT/IMPREST CASH	3,240.00
ACCOUNTS RECEIVABLE/CASH IN TRANSIT	146,765.29
DUE FROM GOVERNMENTAL AGENCIES	395,610.81
INVENTORY - VFC IMMS	53,415.29
PREPAIDS	29,945.34
TOTAL ASSETS	\$3,303,847.08

LIABILITIES AND FUND BALANCE

ACCOUNTS PAYABLE	(\$44,183.87)
PAYROLL DEDUCTIONS	565.72
PAYROLL PAYABLES	198,164.88
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	53,415.29
FUND BALANCE RESTRICTED DENTAL	104,062.94
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	243,683.01
TOTAL LIABILITIES	\$ 3,303,847.08
TOTAL NET INCOME	0.00

Mid-Michigan District Health Departmr

APRIL

58%

FY 2019

AP: 7

Revenue

Account			AMENDED BUDGET	Current Month	Year-to-Date
					Budget Balance
					YTD% of Budget
1	Onsite Sewage		171,959.00	20,443.00	80,345.00
					91,614.00
					47%
2	Groundwater Quality		164,326.00	17,711.00	65,259.00
					99,067.00
					40%
3	Food Service		281,775.00	5,611.00	290,440.00
					-8,665.00
					103%
4	Campgrounds		5,000.00	652.00	4,628.00
					372.00
					93%
5	Swimming Pools		6,055.00	4,554.00	4,554.00
					1,501.00
					75%
6	Waste Haulers		6,000.00	271.00	4,734.50
					1,265.50
					79%
7	DHS Facility Inspections		31,486.00	2,123.00	14,533.00
					16,953.00
					46%
8	Body Art Fees		1,300.00	2,297.00	3,272.00
					-1,972.00
					252%
9	EH Misc Fees		2,570.00	-1,965.75	-927.33
					3,497.33
					-36%
10	Vision Fees		26,500.00	1,788.40	9,138.80
					17,361.20
					34%
11	Hearing Fees		23,000.00	2,129.60	13,188.40
					9,811.60
					57%
12	Communicable Disease Fees		2,000.00	0.00	240.00
					1,760.00
					12%
13	Immunization Fees		140,000.00	12,856.60	104,345.80
					35,654.20
					75%
14	Family Planning/STD Fees		109,800.00	2,637.22	46,895.81
					62,904.19
					43%
15	Breast Cancer Fees		3,000.00	-259.30	1,248.57
					1,751.43
					42%
16	Lead Fees		15,000.00	1,342.58	9,208.20
					5,791.80
					61%
17	Varnish Fees		15,000.00	1,561.00	8,881.00
					6,119.00
					59%
18	Breastfeeding Fees		15,000.00	0.00	4,127.56
					10,872.44
					28%
19	Ched Miscellaneous Fees		400.00	0.00	412.04
					-12.04
					103%
20	Miscellaneous Other Fees		100.00	84.56	349.91
					-249.91
					350%
21	Deferred Revenues - Billing		0.00	0.00	50.00
					-50.00
					0%

22	VFC/317 Vaccine Revenue	300,000.00	18,110.97	109,450.05	190,549.95	36%
23	MDHHS Grants	1,665,839.00	95,852.00	891,859.87	773,979.13	54%
24	Essential Local Public Health Services	840,957.00	75,179.00	497,191.00	343,766.00	59%
25	MDHHS Fee For Service Revenue	55,000.00	-165.00	22,878.46	32,121.54	42%
26	DEQ Grants	77,255.00	4,822.40	34,388.50	42,866.50	45%
27	Other Grants/Community Support	550,000.00	34,394.30	244,098.34	305,901.66	44%
28	Medicaid Outreach	100,000.00	21,401.52	47,736.10	52,263.90	48%
29	Medicaid Full Cost Reimbursement	200,000.00	304,303.00	520,729.00	-320,729.00	260%
30	Interest	20,000.00	2,670.40	17,004.30	2,995.70	85%
31	Misc Revenue	11,045.00	0.00	0.00	11,045.00	0%
32	Donations	3,000.00	90.00	1,137.28	1,862.72	38%
33	Cash Over/Short	0.00	0.00	0.00	0.00	0%
34	Clinton Co - Appropriation	400,141.00	33,345.08	231,106.58	169,034.42	58%
35	Gratiot Co - Appropriation	287,764.00	23,980.33	167,862.33	119,901.67	58%
36	Montcalm Co - Appropriation	427,573.00	32,612.92	228,290.44	199,282.56	53%
37	Prior Year Adjustments	0.00	-363.00	-1,997.27	1,997.27	0%
38	Space Occupancy	300,000.00	25,236.00	176,705.00	123,295.00	59%
39	Deferred Revenues/Fund Balance- Other	0.0	0.00	406,989.40	-406,989.40	0%
TOTAL REVENUE:		6,258,845.00	684,222.70	4,260,353.64	1,998,491.36	68%
W/O SPACE & VFC		5,658,845.00	648,663.00	3,974,198.59	1,684,646.41	70%

Mid-Michigan District Health Departmr

APRIL

58%

FY 2019

AP: 7

Expenditure

Account	Amended Budget	Current Month	Year-to-Date	Budget Balance	YTD% of Budget
1 Board of Health Per Diem	4,000.00	165.00	1,896.02	2,103.98	47%
2 Salaries	3,260,869.00	279,796.55	1,899,851.08	1,361,017.92	58%
3 FICA	245,000.00	20,485.62	139,895.33	105,104.67	57%
4 Health Insurance	660,000.00	51,750.85	363,111.85	296,888.15	55%
5 Dental Insurance	45,362.00	3,464.80	23,698.46	21,663.54	52%
6 Retirement	345,000.00	26,941.38	195,626.44	149,373.56	57%
7 Work Comp	32,000.00	1,331.65	9,881.90	22,118.10	31%
8 Unemployment Comp	5,199.00	0.00	1,490.49	3,708.51	29%
9 Life Insurance	5,000.00	479.83	2,474.71	2,525.29	49%
10 Physicals/memberships	0.00	0.00	0.00	0.00	0%
11 Printed Materials	8,000.00	29.00	3,295.48	4,704.52	41%
12 Postage	29,200.00	-50.00	7,002.45	22,197.55	24%
13 Office Supplies	54,195.00	5,809.28	32,179.63	22,015.37	59%
14 Computer/Printer Supplies	45,000.00	385.64	17,738.03	27,261.97	39%
15 Medical Supplies	69,800.00	4,238.22	25,758.44	44,041.56	37%
16 CD Meds Biologics	78,600.00	8,230.36	40,584.80	38,015.20	52%
17 VFC Supplies	300,000.00	18,110.97	109,450.05	190,549.95	36%
18 Contractual Services	175,000.00	15,429.24	157,575.97	17,424.03	90%
19 Legal Expenses	9,000.00	7,907.06	12,133.33	-3,133.33	135%
20 Communications	72,310.00	5,084.52	42,802.22	29,507.78	59%

21	Travel	150,550.00	14,802.06	85,117.45	65,432.55	57%
22	Advertising & Recruitment	75,000.00	364.41	7,180.26	67,819.74	10%
23	Liability Insurance	35,000.00	2,951.25	20,658.75	14,341.25	59%
24	Equipment Maintenance/Lease	65,000.00	4,171.08	39,521.04	25,478.96	61%
25	Rent	30,000.00	2,566.67	18,684.66	11,315.34	62%
26	Space Occupancy	300,000.00	25,236.00	176,705.00	123,295.00	59%
27	Training	24,000.00	517.82	18,472.36	5,527.64	77%
28	Memberships/Certifications/Subscriptions	19,560.00	0.00	17,949.14	1,610.86	92%
29	Tuition Reimbursement	0.00	0.00	0.00	0.00	0%
30	Laboratory	3,000.00	254.66	1,122.72	1,877.28	37%
31	Behavioral Risk Factor Survey	22,000.00	18,283.20	18,283.20	3,716.80	83%
32	Misc Other Expense	0.00	0.00	20.00	-20.00	0%
33	Computer Support	81,700.00	0.00	22,290.53	59,409.47	27%
34	Service Charges/Credit Card Fees	9,500.00	673.28	4,218.84	5,281.16	44%
35	Equipment	0.00	0.00	0.00	0.00	0%
36	BOH approved capital expenses	0.00	0.00	500,000.00	-500,000.00	0%
TOTAL EXPENSES		6,258,845.00	547,791.61	4,016,670.63	2,242,174.37	64%
W/O SPACE & VFC		5,658,845.00	512,231.91	3,730,515.58	1,928,329.42	66%
Revenue Over Expenditures (Deficit)			136,431.09	243,683.01	-243,683.01	0%
Revenue Over Expenditures (Deficit) without BOH approved capital expense or additonal revenues				336,693.61		

MID-MICHIGAN DISTRICT HEALTH DEPARTMENT

Nationally Accredited by the Public Health Accreditation Board

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

JENNIFER MORSE, MD
Medical Director



www.mmdhd.org

BOARD OF HEALTH
George Bailey
Bruce DeLong
Betty Kellenberger
Tom Lindeman
Ken Mitchell
Sam Smith

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Mid-Michigan District Health Department (MMDHD) FY 19/20 Proposed Budget

Budget Overview and Comparative Summary

A. MMDHD Budget Process

Under the Michigan Public Health Code (Section 2415 of P.A. 368 of 1978) and the Agency's Intergovernmental Agreement, the MMDHD is operated by and serves Clinton, Gratiot and Montcalm Counties. This occurs via a **District Board of Health** comprised of two members each from the three County Boards of Commissioners, with current membership including:

Bruce DeLong (Clinton)
George Bailey (Gratiot)
Betty Kellenberger (Montcalm)

Dwight Washington (Clinton)
Chuck Murphy (Gratiot)
Adam Petersen (Montcalm)

The Michigan Public Health Code (Section 2417) and the Agency's Intergovernmental Agreement require the District Board of Health to approve all expenditures of the local health department and to use a mutually agreeable funding formula for allocating costs among the participating counties in approving each fiscal year's budget. Once reviewed and approved by the District Board of Health, the proposed budget allocations are forwarded to the individual County Boards of Commissioners for final approval to set each county's public health general fund appropriation.

B. Funding Allocation Principles

- Allocations among the counties need to avoid large swings/shifts in local funding requests from year-to-year and need to be "equitable" related to services received.
- Agency staffing and programs currently meet State Accreditation minimum standards and need a fixed base of funding support to maintain them.
- The Intergovernmental Agreement includes a specific mechanism for determining how the appropriation dollars are allocated among the three counties. The contribution request is allocated with a base amount, and any increments pro-rata among the counties based on average percentages of actual staff time worked by county in each program service area over the most recent five years, applied to the proposed annual budget. (See the attached Local Appropriations Policy approved by the BOH.)

C. FY 19/20 Budget Assumptions/Pending Issues/Staffing Adjustments

- The 19/20 Budget assumes that state/federal funding will remain flat for most programs. There is an assumption that the Essential Local Public Health Services (ELPHS) will increase.
- The Community Pathways program continues to be a needed program in the communities. The Mid-Michigan Health Plan fund balance continues to fund this program.
- MMDHD assumes that the substance abuse coalition program in Clinton County will be funded to cover costs.
- Annual upgrades and/or replacement of Information Technology (IT) equipment (computers, telephones, etc.) are necessary for maximizing efficiency and productivity in the delivery of client services.

D. FY 19/20 Budget Development Summary

As in past years, efforts to reduce supplies, travel and communication were factored into the budget which will need to be monitored carefully in the upcoming fiscal year. There have been some increases in operations such as health insurance increases, retirement costs, small cost of living wage increases, supply costs, etc. but we have tried to be diligent in attempting to keep costs down and increase revenue streams such as through grant funding and billing commercial insurances, etc. MMDHD is not requesting an overall appropriation increase for the FY 19/20 budget with the exception of adding a new Environmental Health Specialist to conduct work on clean water monitoring. Below there is a breakdown of the additional amount for the Environmental Health Specialist position.

E. Board of Health and County Requested Allocations

<u>FY 19/20 County Allocation Request</u>	<u>Clinton</u>	<u>Gratiot</u>	<u>Montcalm</u>
FY 18/19 Appropriation Amount	\$400,141	\$287,764	\$427,573
No Increase Requested	-0-	-0-	-0-
Changes Based on Service Trends (IGA)	\$1,136	(\$1,469)	\$331
FY 19/20 Totals = \$1,115,478	\$401,279	\$286,295	\$427,904
EH Specialist Position	<u>\$29,400</u>	<u>\$16,100</u>	<u>\$24,500</u>
Total Proposed FY 19/20 = \$1,185,478	\$430,679	\$302,395	\$452,404

Mid-Michigan District Health Department

FISCAL YEAR 19-20 BUDGET

10/01/2019-09/30/20

EXPENDITURE CATEGORY	ADMINISTRATIVE SERVICES	COMMUNITY HEALTH ASSESSMENT	DRUG FREE COMMUNITIES	EMERGENCY PREPAREDNESS
Salaries & Wages	596,013	27,719	39,710	82,788
Fringe Benefits	293,559	7,919	9,525	26,245
Capital Expense for Equipment & Facility Development	-	-	-	
Contractual (Sub-Contracts)	95,000	2,000	8,000	
Supplies & Materials	16,000	700	2,000	2,500
Travel /Training	14,000	4,300	6,500	7,000
Communications	15,000	100	100	1,000
Reserves/ Facility Development	-	-	-	-
Space Costs	35,000	2,000	2,000	5,000
All Others	85,000	100	1,000	1,500
Total Direct Expenditures	1,149,572	44,838	68,835	126,033
Administrative Overhead	(1,007,471.76)	9,008	12,445	27,559
Information Technology (IT) Overhead	-	2,288	3,161	7,000
EH Administrative Overhead	-	-	-	
CHED Administrative Overhead	-	-	-	
Total Expenditures	142,100	56,134	84,440	160,592

REVENUE CATEGORY

Fees 1st & 2nd Party	100			
Fees & Collections - 3rd Party				
Federal/State Funding - NON MDHHS				
MA Full Cost Reimbursement				
VFC 317				
Cigarette Tax				
Space	30,000	2,000	2,000	5,000
Interest	20,000			
Deferred Revenue	-			
Community Support & Other Grants	40,000	-	68,000	
Mid-Michigan Health Plan				
MCDC Reimbursement	12,000			
Shared Services - Health Departments	40,000			
County Reimbursement				
MDHHS - CPBC				
MDHHS - CPBC				137,161
MDHHS -FFS				
MCH Block Grant				
Essential Local Public Health Services				
Total Revenues:	142,100	2,000	70,000	142,161

Local Funds (Appropriations)

Local Funds	0	54,134	14,440	18,431
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Mid-Michigan District Health Department

FISCAL YEAR 19-20 BUDGET

10/01/2019-09/30/20

EXPENDITURE CATEGORY	INFORMATION TECHNOLOGY	CAMPGROUNDS	GROUNDWATER QUALITY	BODY ART
Salaries & Wages	112,000	2,932	170,751	986
Fringe Benefits	52,701	1,009	71,397	406
Capital Expense for Equipment & Facility Development				
Contractual (Sub-Contracts)	-			
Supplies & Materials	10,000	100	2,000	100
Travel /Training	8,000	500	17,000	100
Communications	18,000	-	1,000	10
Reserves/ Facility Development	-	-	-	-
Space Costs	2,000	100	5,000	50
All Others	3,000	100	100	50
Total Direct Expenditures	205,701	4,741	267,248	1,702
Administrative Overhead	41,630	996	61,206	352
Information Technology (IT) Overhead	(245,332)	253	15,547	89
EH Administrative Overhead		2,583	158,728	913
CHED Administrative Overhead				
Total Expenditures	2,000	8,574	502,729	3,056

REVENUE CATEGORY

Fees 1st & 2nd Party		2,185	165,000	1,500
Fees & Collections - 3rd Party				
Federal/State Funding - NON MDHHS		900	60,015	
MA Full Cost Reimbursement				
VFC 317				
Cigarette Tax				
Space	2,000	100	5,000	50
Interest				
Deferred Revenue				
Community Support & Other Grants				
Mid-Michigan Health Plan				
MCDC Reimbursement				
Shared Services - Health Departments				
County Reimbursement				
MDHHS - CPBC				
MDHHS - CPBC				
MDHHS -FFS				
MCH Block Grant				
Essential Local Public Health Services			140,000	
Total Revenues:	2,000	3,185	370,015	1,550

Local Funds (Appropriations)

Local Funds	0	5,389	132,714	1,506
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Mid-Michigan District Health Department

FISCAL YEAR 19-20 BUDGET

10/01/2019-09/30/20

EXPENDITURE CATEGORY	EH ADMINISTRATION	DHS INSPECTIONS	FOOD SERVICE	MEDICAL WASTE PROGRAM
Salaries & Wages	270,184	23,167	197,165	2,028
Fringe Benefits	105,069	6,317	76,135	1,000
Capital Expense for Equipment & Facility Development				
Contractual (Sub-Contracts)	1,000			
Supplies & Materials	9,000	100	9,500	100
Travel /Training	11,000	1,000	16,000	200
Communications	5,000	10	1,000	10
Reserves/ Facility Development	-	-	-	-
Space Costs	35,000	500	5,000	100
All Others	28,000	100	100	50
Total Direct Expenditures	464,253	31,194	304,899	3,488
Administrative Overhead	94,850	7,452	69,080	765
Information Technology (IT) Overhead	24,093	1,893	17,547	194
EH Administrative Overhead	(543,696)	19,327	179,148	1,985
CHED Administrative Overhead				
Total Expenditures	39,500	59,866	570,674	6,433

REVENUE CATEGORY

Fees 1st & 2nd Party	4,500	25,000	318,000	-
Fees & Collections - 3rd Party				
Federal/State Funding - NON MDHHS				5,000
MA Full Cost Reimbursement				
VFC 317				
Cigarette Tax				
Space	35,000	500	5,000	100
Interest				
Deferred Revenue				
Community Support & Other Grants				
Mid-Michigan Health Plan				
MCDC Reimbursement				
Shared Services - Health Departments				
County Reimbursement				
MDHHS - CPBC				
MDHHS - CPBC				
MDHHS -FFS				
MCH Block Grant				
Essential Local Public Health Services			175,000	
Total Revenues:	39,500	25,500	498,000	5,100

Local Funds (Appropriations)

Local Funds	0	34,366	72,674	1,333
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Mid-Michigan District Health Department

FISCAL YEAR 19-20 BUDGET

10/01/2019-09/30/20

EXPENDITURE CATEGORY	MISC EH	NUISANCE	ONSITE SEWAGE	SWIMMING POOLS
Salaries & Wages	519	12,367	177,290	3,036
Fringe Benefits	302	4,816	70,321	1,283
Capital Expense for Equipment & Facility Development				
Contractual (Sub-Contracts)				
Supplies & Materials	100	100	1,500	100
Travel /Training	500	500	17,000	500
Communications	10	50	1,000	10
Reserves/ Facility Development	-	-	-	-
Space Costs	100	100	5,000	100
All Others	50	50	100	50
Total Direct Expenditures	1,581	17,983	272,210	5,080
Administrative Overhead	208	4,343	62,587	1,092
Information Technology (IT) Overhead	53	1,103	15,898	277
EH Administrative Overhead	538	11,264	162,308	2,831
CHED Administrative Overhead				
Total Expenditures	2,379	34,693	513,003	9,280

REVENUE CATEGORY

Fees 1st & 2nd Party	100		184,000	5,500
Fees & Collections - 3rd Party				
Federal/State Funding - NON MDHHS				2,340
MA Full Cost Reimbursement				
VFC 317				
Cigarette Tax				
Space	100	100	5,000	100
Interest				
Deferred Revenue				
Community Support & Other Grants				
Mid-Michigan Health Plan				
MCDC Reimbursement				
Shared Services - Health Departments				
County Reimbursement				
MDHHS - CPBC				
MDHHS - CPBC				
MDHHS -FFS				
MCH Block Grant				
Essential Local Public Health Services			225,000	
Total Revenues:	200	100	414,000	7,940

Local Funds (Appropriations)

Local Funds	2,179	34,593	99,003	1,340
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Mid-Michigan District Health Department

FISCAL YEAR 19-20 BUDGET

10/01/2019-09/30/20

EXPENDITURE CATEGORY	WASTE HAULERS	PRENATAL SMOKING - MATERNAL & CHILD HEALTH	BREASTFEEDING PROGRAM (IBCLC)	BLOOD LEAD
Salaries & Wages	4,748	22,512	20,899	24,506
Fringe Benefits	1,462	4,448	11,142	11,110
Capital Expense for Equipment & Facility Development				
Contractual (Sub-Contracts)		-		
Supplies & Materials	100	700	500	9,200
Travel /Training	500	1,000	2,500	1,000
Communications	10	50	600	100
Reserves/ Facility Development	-	-		
Space Costs	100	1,000	1,000	1,500
All Others	50	100	100	5,000
Total Direct Expenditures	6,970	29,811	36,741	52,415
Administrative Overhead	1,570	6,815	8,099	9,002
Information Technology (IT) Overhead	399	1,731	2,057	2,287
EH Administrative Overhead	4,071			
CHED Administrative Overhead		7,418	8,815	9,799
Total Expenditures	13,010	45,774	55,712	73,503

REVENUE CATEGORY

Fees 1st & 2nd Party	6,000		-	2,000
Fees & Collections - 3rd Party			15,000	13,000
Federal/State Funding - NON MDHHS	9,000			
MA Full Cost Reimbursement				-
VFC 317				
Cigarette Tax				
Space	100	1,000	1,000	1,500
Interest				
Deferred Revenue				
Community Support & Other Grants				
Mid-Michigan Health Plan		-		
MCDC Reimbursement				
Shared Services - Health Departments				
County Reimbursement				
MDHHS - CPBC				
MDHHS - CPBC				
MDHHS -FFS				
MCH Block Grant		40,000		45,204
Essential Local Public Health Services				
Total Revenues:	15,100	41,000	16,000	61,704

Local Funds (Appropriations)

Local Funds	-2,090	4,774	39,712	11,799
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Mid-Michigan District Health Department

FISCAL YEAR 19-20 BUDGET

10/01/2019-09/30/20

EXPENDITURE CATEGORY	CHED ADMINISTRATION	BREAST & CERVICAL CANCER CONTROL PROGRAM (BCCCP)	COMMUNICABLE DISEASE (CD)	CHILDREN'S SPECIAL HEALTH CARE SERVICES (CSHCS)
Salaries & Wages	238,978	3,126	71,080	104,755
Fringe Benefits	101,833	885	15,388	49,409
Capital Expense for Equipment & Facility Development				
Contractual (Sub-Contracts)	8,000			
Supplies & Materials	19,000	-	4,000	600
Travel /Training	12,000	100	1,600	1,100
Communications	5,000	10	3,000	100
Reserves/ Facility Development	-		-	-
Space Costs	115,000	100	3,000	3,000
All Others	80,000	-	500	2,000
Total Direct Expenditures	579,811	4,221	98,568	160,964
Administrative Overhead	86,144	1,014	21,856	38,967
Information Technology (IT) Overhead	21,881	258	5,552	9,898
EH Administrative Overhead				
CHED Administrative Overhead	(572,737)	1,103	23,790	42,415
Total Expenditures	115,100	6,595	149,765	252,244

REVENUE CATEGORY

Fees 1st & 2nd Party	100	-	2,000	
Fees & Collections - 3rd Party		1,000	-	
Federal/State Funding - NON MDHHS				
MA Full Cost Reimbursement				30,000
VFC 317				
Cigarette Tax			-	-
Space	115,000	100	3,000	3,000
Interest				
Deferred Revenue				
Community Support & Other Grants		-		
Mid-Michigan Health Plan				
MCDC Reimbursement				
Shared Services - Health Departments				
County Reimbursement			500	
MDHHS - CPBC				
MDHHS - CPBC				113,000
MDHHS -FFS				50,000
MCH Block Grant				
Essential Local Public Health Services			140,000	
Total Revenues:	115,100	1,100	145,500	196,000

Local Funds (Appropriations)

Local Funds	0	5,495	4,265	56,244
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Mid-Michigan District Health Department

FISCAL YEAR 19-20 BUDGET

10/01/2019-09/30/20

EXPENDITURE CATEGORY	COMMUNITY PATHWAYS	FAMILY PLANNING	HEARING	HIV
Salaries & Wages	108,267	142,118	43,705	9,479
Fringe Benefits	74,568	60,150	12,785	2,370
Capital Expense for Equipment & Facility Development				
Contractual (Sub-Contracts)				
Supplies & Materials	1,100	58,000	1,250	2,600
Travel /Training	10,300	6,700	3,700	1,150
Communications	5,000	100	20	20
Reserves/ Facility Development		-	-	-
Space Costs	3,000	7,000	1,700	500
All Others	50	10,000	1,000	10
Total Direct Expenditures	202,285	284,068	64,160	16,129
Administrative Overhead	46,214	51,126	14,279	2,995
Information Technology (IT) Overhead	11,739	12,986	3,627	761
EH Administrative Overhead				
CHED Administrative Overhead	50,303	55,649	15,542	3,260
Total Expenditures	310,540	403,829	97,608	23,145

REVENUE CATEGORY

Fees 1st & 2nd Party		10,000	-	
Fees & Collections - 3rd Party		100,000	20,000	
Federal/State Funding - NON MDHHS				
MA Full Cost Reimbursement		35,000	5,000	
VFC 317				
Cigarette Tax				
Space	4,000	7,000	1,700	500
Interest				
Deferred Revenue				
Community Support & Other Grants				
Mid-Michigan Health Plan	250,000			
MCDC Reimbursement				
Shared Services - Health Departments				
County Reimbursement				
MDHHS - CPBC				
MDHHS - CPBC		250,000		20,000
MDHHS - FFS				-
MCH Block Grant		-		
Essential Local Public Health Services			55,000	
Total Revenues:	254,000	402,000	81,700	20,500

Local Funds (Appropriations)

Local Funds	56,540	1,829	15,908	2,645
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Mid-Michigan District Health Department

FISCAL YEAR 19-20 BUDGET

10/01/2019-09/30/20

EXPENDITURE CATEGORY	IMMUNIZATIONS	IMMUNIZATION ACTION PLAN (IAP)	MEDICAID OUTREACH AND ENROLLMENT	MICHIGAN CARE IMPROVEMENT REGISTRY (MCIR)
Salaries & Wages	80,229	81,805	100,233	88,933
Fringe Benefits	40,161	34,082	50,082	25,317
Capital Expense for Equipment & Facility Development				
Contractual (Sub-Contracts)				
Supplies & Materials	386,600	200	400	5,200
Travel /Training	3,000	4,500	2,550	7,500
Communications	1,000	500	800	1,100
Reserves/ Facility Development	-	-	-	-
Space Costs	3,000	4,000	3,000	2,000
All Others	1,000	200	500	500
Total Direct Expenditures	514,991	125,287	157,565	130,550
Administrative Overhead	30,430	29,292	37,994	28,878
Information Technology (IT) Overhead	7,730	7,440	9,651	7,335
EH Administrative Overhead				
CHED Administrative Overhead	33,123	31,883	41,356	31,433
Total Expenditures	586,273	193,903	246,565	198,196

REVENUE CATEGORY

Fees 1st & 2nd Party	12,000			
Fees & Collections - 3rd Party	125,000			
Federal/State Funding - NON MDHHS				
MA Full Cost Reimbursement	50,000		123,283	
VFC 317	300,000			
Cigarette Tax				
Space	2,000	4,000	3,000	2,000
Interest				
Deferred Revenue				
Community Support & Other Grants				
Mid-Michigan Health Plan				
MCDC Reimbursement				
Shared Services - Health Departments				
County Reimbursement				
MDHHS - CPBC				
MDHHS - CPBC	27,000	80,638		150,000
MDHHS -FFS		12,000		
MCH Block Grant				
Essential Local Public Health Services	70,000			
Total Revenues:	586,000	96,638	126,283	152,000

Local Funds (Appropriations)

Local Funds	273	97,265	120,283	46,196
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Mid-Michigan District Health Department

FISCAL YEAR 19-20 BUDGET

10/01/2019-09/30/20

EXPENDITURE CATEGORY	SEXUALLY TRANSMITTED DISEASE PREVENTION (STD)	VISION	WOMEN, INFANT & CHILDREN (WIC)	WIC PEER COUNSELING
Salaries & Wages	33,605	45,265	365,237	59,713
Fringe Benefits	11,041	13,290	176,826	15,024
Capital Expense for Equipment & Facility Development				
Contractual (Sub-Contracts)				
Supplies & Materials	500	550	13,000	2,800
Travel /Training	350	350	12,000	3,000
Communications	50	50	5,000	1,000
Reserves/ Facility Development	-	-	-	-
Space Costs	1,000	2,000	22,000	5,000
All Others	500	500	8,000	100
Total Direct Expenditures	47,046	62,004	602,063	86,636
Administrative Overhead	11,285	14,800	137,014	18,891
Information Technology (IT) Overhead	2,866	3,759	34,803	4,798
EH Administrative Overhead				
CHED Administrative Overhead	12,283	16,110	149,136	20,562
Total Expenditures	73,481	96,674	923,014	130,887

REVENUE CATEGORY

Fees 1st & 2nd Party	500	-		
Fees & Collections - 3rd Party	1,000	20,000		
Federal/State Funding - NON MDHHS				
MA Full Cost Reimbursement	30,000	5,000	-	
VFC 317				
Cigarette Tax				
Space	1,000	2,000	20,000	4,500
Interest				
Deferred Revenue				
Community Support & Other Grants				
Mid-Michigan Health Plan				
MCDC Reimbursement				
Shared Services - Health Departments				
County Reimbursement	3,000			
MDHHS - CPBC				
MDHHS - CPBC			705,097	114,292
MDHHS -FFS				
MCH Block Grant				
Essential Local Public Health Services	25,000	55,000		
Total Revenues:	60,500	82,000	725,097	118,792

Local Funds (Appropriations)

Local Funds	12,981	14,674	197,917	12,095
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Mid-Michigan District Health Department

FISCAL YEAR 19-20 BUDGET

10/01/2019-09/30/20

EXPENDITURE CATEGORY	CHED GENERAL HEALTH EDUCATION SERVICES	ORAL HEALTH PREVENTION	CLINICAL FLUORIDE VARNISH
Salaries & Wages	19,698	12,432	24,864
Fringe Benefits	3,892	2,432	4,863
Capital Expense for Equipment & Facility Development			
Contractual (Sub-Contracts)			
Supplies & Materials	200	400	2,200
Travel /Training	1,500	1,500	1,000
Communications	140	25	25
Reserves/ Facility Development			
Space Costs	500	1,000	1,000
All Others	40	50	50
Total Direct Expenditures	25,971	17,839	34,002
Administrative Overhead	5,963	3,757	7,514
Information Technology (IT) Overhead	1,515	954	1,909
EH Administrative Overhead			
CHED Administrative Overhead	6,490	4,089	8,179
Total Expenditures	39,938	26,639	51,604

REVENUE CATEGORY

Fees 1st & 2nd Party	110		
Fees & Collections - 3rd Party			15,000
Federal/State Funding - NON MDHHS			
MA Full Cost Reimbursement			
VFC 317			
Cigarette Tax			
Space	500	1,000	1,000
Interest			
Deferred Revenue		25,500	35,500
Community Support & Other Grants	25,000		
Mid-Michigan Health Plan			
MCDC Reimbursement			
Shared Services - Health Departments			
County Reimbursement			
MDHHS - CPBC			
MDHHS - CPBC			
MDHHS -FFS			
MCH Block Grant		-	
Essential Local Public Health Services			
Total Revenues:	25,610	26,500	51,500

Local Funds (Appropriations)

Local Funds	14,328	139	104
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Mid-Michigan District Health Department

FISCAL YEAR 19-20 BUDGET

10/01/2019-09/30/20

EXPENDITURE CATEGORY	TOTAL	Prior Year (18-19)	Difference
Salaries & Wages	3,424,841	3,302,847	121,994
Fringe Benefits	1,450,563	1,393,430	57,133
Capital Expense for Equipment & Facility Development	-	-	-
Contractual (Sub-Contracts)	114,000	114,000	-
Supplies & Materials	563,000	572,945	(9,945)
Travel /Training	183,000	174,550	8,450
Communications	66,000	72,310	(6,310)
Reserves/ Facility Development	-	-	-
Space Costs	278,450	278,550	(100)
All Others	229,600	241,460	(11,860)
Total Direct Expenditures	6,309,453	6,150,092	159,361
Administrative Overhead	(0)	0	-
Information Technology (IT) Overhead	(0)	0	-
EH Administrative Overhead	0	0	-
CHED Administrative Overhead	(0)	(0)	-
Total Expenditures	6,309,453	6,150,092	159,361

REVENUE CATEGORY

Fees 1st & 2nd Party	738,595	717,211	21,384
Fees & Collections - 3rd Party	310,000	312,500	(2,500)
Federal/State Funding - NON MDHHS	77,255	77,255	-
MA Full Cost Reimbursement	278,283	311,823	(33,540)
VFC 317	300,000	300,000	-
Cigarette Tax	-	-	-
Space	270,950	271,050	(100)
Interest	20,000	8,000	12,000
Deferred Revenue	61,000	57,700	3,300
Community Support & Other Grants	133,000	128,000	5,000
Mid-Michigan Health Plan	250,000	250,000	-
MCDC Reimbursement	12,000	65,160	(53,160)
Shared Services - Health Departments	40,000	40,000	-
County Reimbursement	3,500	37,620	(34,120)
MDHHS - CPBC	-	-	-
MDHHS - CPBC	1,597,188	1,473,635	123,553
MDHHS - FFS	62,000	63,500	(1,500)
MCH Block Grant	85,204	85,204	-
Essential Local Public Health Services	885,000	835,957	49,043
Total Revenues:	5,123,975	5,034,615	89,360

Local Funds (Appropriations)

Local Funds	1,185,478	1,115,478	70,000
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COMMUNITY HEALTH EDUCATION DIVISION

FEE SCHEDULE

Proposed - FY 19/20

<i>Procedure Code</i>	<i>Procedure Name</i>	FY 18/19	Revised Approved FY 18/19	Effective Date	Proposed FY 19/20
10060	I & D Simple	\$ 170.00			\$ 170.00
10120	FOREIGN BODY, SIMPLE	\$ 285.00			\$ 285.00
CSHCS	CASE MANAGEMENT Title 5	\$ 205.00			\$ 205.00
CSHCS	CASE MANAGEMENT Title 5 & 19	\$ 205.00			\$ 205.00
CSHCS	LEVEL I POC - HOME Title 5	\$ 150.00			\$ 150.00
CSHCS	LEVEL I POC - HOME Title 5 & 19	\$ 150.00			\$ 150.00
CSHCS	LEVEL I POC - PHONE Title 5	\$ 110.00			\$ 110.00
CSHCS	LEVEL I POC - PHONE Title 5 & 19	\$ 110.00			\$ 110.00
CSHCS	Level II Care Coord. Title 5	\$ 30.00			\$ 30.00
CSHCS	Level II Care Coord. Title 5 & 19	\$ 30.00			\$ 30.00
11055	PARING OR CUTTING LESION (single)	\$ 90.00			\$ 90.00
11056	PARING OR CUTTING LESIONS (2-4)	\$ 98.00			\$ 98.00
11057	PARING OR CUTTING LESIONS (over 4)	\$ 120.00			\$ 120.00
11100	LESION, BIOPSY (1)	\$ 150.00			\$ 150.00
11101	LESION, Bx EA. ADDTL.	\$ 55.00			\$ 55.00
11200	EXC. SKIN TAG LESION	\$ 130.00			\$ 130.00
11201	REMOVE SKIN TAGS ADD-ON (EXCISION, LESION EA ADD'L 10)	\$ 55.00			\$ 55.00
11719	TRIMMING OF NAILS	\$ 50.00			\$ 50.00
11730	AVULSION NAIL PLATE	\$ 150.00			\$ 150.00
11750	EXCISION NAIL, (PERMANENT)	\$ 335.00			\$ 335.00
11765	EXCISION SKIN WEDGE, INGROWN NAIL	\$ 235.00			\$ 235.00
11981	INSERTION, DRUG DELIVERY IMPLANT	\$ 200.00			\$ 200.00
11982	REMOVAL, DRUG DELIVERY IMPLANT	\$ 225.00			\$ 225.00
11983	REMOVAL, WITH REINSERTION, DRUG DELIVERY IMPLANT	\$ 310.00	\$ 321.00	2/1/2019	\$ 321.00
LAB	STATE LAB FEE - BL	\$ 18.00			\$ 18.00
12010	HEARING SCREEN-SCHOOL AGREEMENT	\$ 1.00			\$ 1.00
CONTRACT	VISION SCREEN-SCHOOL AGREEMENT	\$ 1.00			\$ 1.00
LAB	Lab Fee-CT/GC	\$ 17.00			\$ 17.00
CONTRACT	HEIGHT/WEIGHT MEASUREMENT	\$ 1.00			\$ 1.00
LAB	COURT ORDERED TESTING	\$ 170.00			\$ 170.00
LAB	HERPES CULTURE	\$ 11.50			\$ 11.50
SIDS	INFANT LOSS SUPPORT	\$ 125.00			\$ 125.00
14005	TOBACCO EDUCATION CLASS	\$ 25.00			\$ 25.00
14500	VBA - IMO WITH EXAM (VETERAN EXAM)	\$ 50.00			\$ 50.00
14501	VBA - IMO W/O EXAM (VETERAN EXAM)	\$ 75.00			\$ 75.00
14502	VBA - LEVEL II (VETERAN EXAM)	\$ 210.00			\$ 210.00
14503	VBA - LEVEL I (VETERAN EXAM)	\$ 260.00			\$ 260.00
14504	VBA - COMPREHENSIVE (VETERAN EXAM)	\$ 310.00			\$ 310.00

Revised: 5/13/2019

COMMUNITY HEALTH EDUCATION DIVISION
FEE SCHEDULE
Proposed - FY 19/20

<i>Procedure Code</i>	<i>Procedure Name</i>	FY 18/19	Revised Approved FY 18/19	Effective Date	Proposed FY 19/20
14505	VHA - LEVEL A (VETERAN EXAM)	\$ 120.00			\$ 120.00
14506	VHA - LEVEL B (VETERAN EXAM)	\$ 230.00			\$ 230.00
14507	VHA - LEVEL C (VETERAN EXAM)	\$ 350.00			\$ 350.00
14508	VHA - LEVEL D (VETERAN EXAM)	\$ 500.00			\$ 500.00
14509	VHA - LEVEL E (VETERAN EXAM)	\$ 625.00			\$ 625.00
16000	BURN CARE	\$ 120.00			\$ 120.00
17000	LESION, DESTRUCT, PREMALIG (1)	\$ 105.00			\$ 105.00
17003	LESION, DESTRUCT, PRMALIG. EA ADDTL	\$ 25.00			\$ 25.00
17110	LESION, DESTRUCT, BENIGN (1-14)	\$ 160.00			\$ 160.00
17111	DESTRUCT LESION, 15 OR M	\$ 200.00			\$ 200.00
20526	INJ., THERAPEUTIC	\$ 100.00			\$ 100.00
20550	INJ., TENDON SHEATH, LIGAMENT	\$ 105.00			\$ 105.00
20552	INJ., SINGLE/MULT. TRIG PT. 1-2 MUSCLES	\$ 100.00			\$ 100.00
20553	INJ., SINGLE/MULT. TRIG PT. 3+ MUSCLES	\$ 110.00			\$ 110.00
20600	ARTHROCENTESIS	\$ 90.00			\$ 90.00
20605	ARTHRO/ASP/INJ INTERM. W/O ULTRASOUND	\$ 90.00			\$ 90.00
20610	ARTHRO/ASP/INJ MAJOR	\$ 92.00			\$ 92.00
29580	UNNA BOOT	\$ 100.00			\$ 100.00
30901	CONTROL NASAL HEMORRHAGE	\$ 145.00			\$ 145.00
36415	VENIPUNCTURE BLOOD DRAW	\$ 30.00			\$ 30.00
36416	CAPILLARY BLOOD DRAW	\$ 10.00			\$ 10.00
36416	BLOOD LEAD INCENTIVE FEE (as permitted by Insurance carrier)	\$ 25.00			\$ 25.00
40022	IRON-FeSO4	\$ 8.00			\$ 8.00
40024	TERCONAZOLE/TERAZOL CREAM	\$ 20.00			\$ 20.00
40028	PLAN B (ER CONTRACEPTIVE)	\$ 34.00			\$ 34.00
40055	DIFLUCAN PER DOSE	\$ 1.00			\$ 1.00
46040	I & D, RECTAL ABSCESS	\$ 900.00			\$ 900.00
46083	INCISION, THROMBOSIS	\$ 250.00			\$ 250.00
46900	DESTRUCTION LESION	\$ 365.00			\$ 365.00
54050	DESTRUCTION LESION	\$ 200.00			\$ 200.00
54060	DESTRUCTION LESION	\$ 265.00			\$ 265.00
54065	DESTRUCTION LESION	\$ 325.00			\$ 325.00
56501	DESTRUCTION LESION	\$ 155.00			\$ 155.00
56515	DESTRUCTION LESION	\$ 335.00			\$ 335.00
58300	IUS INSERT	\$ 100.00			\$ 100.00
58301	IUS REMOVAL	\$ 100.00	\$ 135.00	2/1/2019	\$ 135.00
69200	REMOVE FOREIGN BODY, EAR CANAL	\$ 295.00			\$ 295.00

COMMUNITY HEALTH EDUCATION DIVISION
FEE SCHEDULE
Proposed - FY 19/20

<i>Procedure Code</i>	<i>Procedure Name</i>	FY 18/19	Revised Approved FY 18/19	Effective Date	Proposed FY 19/20
69210	EAR IRRIGATION	\$ 70.00			\$ 70.00
80300	DRUG SCREEN	\$ 75.00			\$ 75.00
81000	URINALYSIS, NONAUTO W/SC	\$ 12.00			\$ 12.00
81002	URINALYSIS, DIPSTICK	\$ 15.00			\$ 15.00
81025	PREGNANCY TEST	\$ 10.00			\$ 10.00
82044	MICROALBUMIN, SEMIQUANT	\$ 12.00			\$ 12.00
82120	VAGINAL FLUID CHEMICAL ANALYSIS FOR BACTERIA	\$ 6.00		3/22/2019	\$ 6.00
82270	FECAL OCCULT BLOOD TEST	\$ 25.00			\$ 25.00
82272	FECAL OCCULT BLOOD SCREENING	\$ 5.00			\$ 5.00
82962	BLOOD GLUCOSE MONITOR	\$ 25.00			\$ 25.00
83036	GLYCATED HEMOGLOBIN TEST	\$ 15.00			\$ 15.00
83655	LEAD LEVEL	\$ 15.00		3/22/2019	\$ 15.00
83986	BODY FLUID PH LEVEL	\$ 3.00		3/22/2019	\$ 3.00
85018	HEMOGLOBIN TESTING	\$ 5.00			\$ 5.00
86580	TB TEST (TUBERSOL)	\$ 20.00			\$ 20.00
87210	WET MOUNT FOR KOH PREPS	\$ 13.00			\$ 13.00
87661	DETECTION TEST FOR TRICHOMONAS VAGINALIS	\$ 11.50		3/22/2019	\$ 11.50
87880	STREP GRP A SCREEN	\$ 25.00			\$ 25.00
90471	ADMINISTRATION FEE - 1ST	\$ 20.00			\$ 20.00
90472	ADMINISTRATION FEE - EACH ADD	\$ 20.00			\$ 20.00
90473	ADMINISTRATION FEE-INTRANASAL/ORAL VAC	\$ 20.00			\$ 20.00
90474	ADMINISTRATION OF NASAL OR ORAL VACCINE	\$ 20.00		3/22/2019	\$ 20.00
90620	MEN B PP	MKT + 10%			MKT + 10%
90632	HEP A ADULT PP	MKT + 10%			MKT + 10%
90633	HEP A PED PP	MKT + 10%			MKT + 10%
90647	HIB VACCINE, PRP-OMP, IM	MKT + 10%			MKT + 10%
90649	HPV Vaccine	MKT + 10%			MKT + 10%
90651	HPV9 PP	MKT + 10%			MKT + 10%
90657	FLU VACCINE, 6-35 MO, IM	\$ 10.00			\$ 10.00
90658	FLU VACCINE, 3 YRS, IM	\$ 18.00			\$ 18.00
90662	IIV3 HIGH DOSE 65YR+ PP	\$ 35.00			\$ 35.00
90669	PNEUMOCOCCAL VACC, PED<5	MKT + 10%			MKT + 10%
90670	PREVNAR (PCV-13) PP	MKT + 10%			MKT + 10%
90672	LAIV4 PP	\$ 25.00			\$ 25.00
90675	RABIES	MKT + 10%			MKT + 10%
90685	IIV4 PF 6-35MO PP	\$ 25.00			\$ 25.00
90687	IIV4 MDV 6-35MO PP	\$ 25.00			\$ 25.00
90688	IIV4 MDV 3YR+ PP	\$ 20.00			\$ 20.00

Revised: 5/13/2019

COMMUNITY HEALTH EDUCATION DIVISION
FEE SCHEDULE
Proposed - FY 19/20

<i>Procedure Code</i>	<i>Procedure Name</i>	FY 18/19	Revised Approved FY 18/19	Effective Date	Proposed FY 19/20
90698	DTAP+HIB+IPV PP	MKT + 10%			MKT + 10%
90700	DTAP	MKT + 10%			MKT + 10%
90707	MMR PP	MKT + 10%			MKT + 10%
90713	IPV PP	MKT + 10%			MKT + 10%
90714	Td PP	MKT + 10%			MKT + 10%
90715	TDAP vaccine, 7+ years old	MKT + 10%			MKT + 10%
90716	VARICELLA - VARIVAX	MKT + 10%			MKT + 10%
90723	DTAP-HEP B-IPV VACCINE,	MKT + 10%			MKT + 10%
90732	PPSV23	MKT + 10%			MKT + 10%
90734	MCV4	MKT + 10%			MKT + 10%
90736	ZOSTER (SHINGLES) VACCINE (HZV), LIVE, FOR SUBCUTANEOUS INJ	MKT + 10%			MKT + 10%
90744	HEPB VACC PED/ADOL 3 DOS	MKT + 10%			MKT + 10%
90746	HEP B VACCINE, ADULT, IM	MKT + 10%			MKT + 10%
90748	HEP B/HIB VACCINE, IM	MKT + 10%			MKT + 10%
90750	ZOSTER (SHINGLES) VACCINE (HZV), RECOMBINANT, SUBCUTANEOUS IN	MKT + 10%			MKT + 10%
90772	DEPO PROVERA INJECTION, 1 MG.	\$ 194.00			\$ 194.00
93000	EKG W/INTERPRET	\$ 50.00			\$ 50.00
94010	SPIROMETRY WITHOUT BRONCHODILATION	\$ 65.00			\$ 65.00
94060	SPIROMETRY WITH BRONCHODILATION	\$ 110.00			\$ 110.00
94640	AIRWAY INHALATION TREATMENT	\$ 40.00			\$ 40.00
94664	NEBULIZER DEMO	\$ 30.00			\$ 30.00
95000	COPIES OF MEDICAL RECORDS	\$ 0.25			\$ 0.25
96154	ISS VISIT-DRUG EXP.	\$ 100.00			\$ 100.00
96372	THERAPEUTIC, PROPHYLACTIC INJECT	\$ 50.00	\$ 35.00	2/1/2019	\$ 35.00
97597	WOUND CARE	\$ 195.00			\$ 195.00
99071	PATIENT EDUCATION MATERIALS PROVIDED	\$ 25.00			\$ 25.00
99172	VISION SCREEN	\$ 10.00			\$ 10.00
99195	COURT ORDERED TESTING	\$ 170.00		3/22/2019	\$ 170.00
99201	OFFICE VISIT, NEW	\$ 75.00			\$ 75.00
99202	OFFICE VISIT, NEW	\$ 115.00			\$ 115.00
99203	OFFICE VISIT, NEW	\$ 160.00			\$ 160.00
99204	OFFICE VISIT, NEW	\$ 225.00			\$ 225.00
99205	OFFICE/OUTPATIENT VISIT,	\$ 250.00			\$ 250.00
99211	OFFICE VISIT, ESTABLISHED LEVEL 1	\$ 45.00	\$ 28.00	2/1/2019	\$ 28.00
99212	OFFICE VISIT, ESTABLISHED LEVEL 2	\$ 60.00			\$ 60.00
99213	OFFICE VISIT, ESTABLISHED 3	\$ 105.00			\$ 105.00
99214	OFFICE VISIT, ESTABLISHED 4	\$ 150.00			\$ 150.00
99215	OFFICE VISIT, ESTABLISHED 5	\$ 200.00			\$ 200.00

Revised: 5/13/2019

COMMUNITY HEALTH EDUCATION DIVISION

FEE SCHEDULE

Proposed - FY 19/20

<i>Procedure Code</i>	<i>Procedure Name</i>	FY 18/19	Revised Approved FY 18/19	Effective Date	Proposed FY 19/20
99242	OFFICE VISIT, CONSULTATION LEVEL 2	\$ 135.00			\$ 135.00
99243	OFFICE VISIT, CONSULTATION LEVEL 3	\$ 185.00			\$ 185.00
99244	OFFICE VISIT, CONSULTATION LEVEL 4	\$ 275.00			\$ 275.00
99245	OFFICE VISIT, CONSULTATION LEVEL 5	\$ 335.00			\$ 335.00
99383	INITIAL EXAM 5-11 YRS	\$ 160.00			\$ 160.00
99384	INITIAL EXAM 12-17 YRS	\$ 160.00	\$ 190.00	2/1/2019	\$ 190.00
99385	INITIAL EXAM 18-39 YRS	\$ 160.00	\$ 185.00	2/1/2019	\$ 185.00
99386	PREV VISIT, NEW, AGE 40-64 YRS	\$ 205.00	\$ 215.00	2/1/2019	\$ 215.00
99387	INITIAL EXAM 65+ YRS	\$ 225.00			\$ 225.00
99391	PREVENTATIVE VISIT, ESTABLISHED, INFANT	\$ 195.00			\$ 195.00
99392	PREVENTATIVE VISIT, ESTABLISHED, 1-4 YRS	\$ 205.00			\$ 205.00
99393	PREVENTATIVE VISIT, ESTABLISHED, 5-11 YRS	\$ 140.00			\$ 140.00
99394	PREVENTATIVE VISIT, ESTABLISHED 12-17 YRS	\$ 165.00			\$ 165.00
99395	PREVENTATIVE VISIT, ESTABLISHED, 18-39 YRS	\$ 170.00			\$ 170.00
99396	PREVENTATIVE VISIT, ESTABLISHED, 40-64 YRS	\$ 185.00			\$ 185.00
99397	PREVENTATIVE VISIT, ESTABLISHED 65+ YRS	\$ 195.00			\$ 195.00
99401	PREVENTIVE MEDICINE, INDIVIDUAL COUNSELING-15 MINUTES	\$ 55.00			\$ 55.00
99402	PREVENTIVE MEDICINE, INDIVIDUAL COUNSELING-30 MINUTES	\$ 135.00			\$ 135.00
99403	PREVENTIVE MEDICINE, INDIVIDUAL COUNSELING-45 MINUTES	\$ 150.00			\$ 150.00
99404	PREVENTIVE MEDICINE, INDIVIDUAL COUNSELING-60 MINUTES	\$ 171.00			\$ 171.00
99406	TOBACCO COUNSELING, 3-10 min.	\$ 8.00			\$ 8.00
99407	TOBACCO COUNSELING, 10+ min	\$ 16.00			\$ 16.00
99420	HEALTH RISK ASSESSMENT	\$ 75.00			\$ 75.00
90715	TDAP	MKT + 10%			MKT + 10%
90744	HEP B PED	MKT + 10%			MKT + 10%
90746	HEP B ADULT	MKT + 10%			MKT + 10%
99202	PARTIAL EXAM, NEW	\$ 85.00			\$ 85.00
99211	NURSE ONLY VISIT	\$ 45.00			\$ 45.00
99212	PARTIAL EXAM, ESTABLISHED	\$ 60.00			\$ 60.00
99213	OFFICE VISIT, ESTABLISHED	\$ 80.00			\$ 80.00
99385	BC/WH - INITIAL EXAM 18-39	\$ 160.00			\$ 160.00
99386	INITIAL EXAM 40-64 YRS	\$ 180.00			\$ 180.00
99395	ESTABLISHED EXAM 40-64 YRS	\$ 140.00			\$ 140.00
99396	ESTABLISHED EXAM 40-64 YRS	\$ 150.00			\$ 150.00
99402	HOME VISIT	\$ 100.00			\$ 100.00
A4267a	CONDOMS - MALE	\$ 0.30			\$ 0.30
A4269	FOAM	\$ 10.00			\$ 10.00
D0190	NURSE -ORAL SCREENING 0 - 3 yrs	\$ 15.00			\$ 15.00

Revised: 5/13/2019

COMMUNITY HEALTH EDUCATION DIVISION

FEE SCHEDULE

Proposed - FY 19/20

<i>Procedure Code</i>	<i>Procedure Name</i>	FY 18/19	Revised Approved FY 18/19	Effective Date	Proposed FY 19/20
D0191	HYGIENIST -ORAL ASSESSMENT	\$ 15.00			\$ 15.00
D1206	TOPICAL FLUORIDE VARNISH	\$ 30.00			\$ 30.00
G0008	ADMINISTRATION FEE - MEDICARE FLU	\$ 20.00			\$ 20.00
G0009	ADMINISTRATION FEE - MEDICARE PNEUMOCOCCAL	\$ 20.00			\$ 20.00
G0091	PAP	\$ 70.00			\$ 70.00
G0101	SCREEN, PELVIC/BREAST EXAM	\$ 80.00			\$ 80.00
G0103	PROSTATE/PSA	\$ 50.00			\$ 50.00
G0402	WELCOME TO MEDICARE	\$ 305.00			\$ 305.00
G0403	ELECTROCARDIOGRAM	\$ 225.00			\$ 225.00
G0436	TOBACCO COUNSELING, 3-10 min.	\$ 35.00			\$ 35.00
G0437	TOBACCO COUNSELING, 10+ min	\$ 50.00			\$ 50.00
G0438	ANNUAL WELLNESS	\$ 318.00			\$ 318.00
G0439	ANNUAL SUBSEQUENT	\$ 218.00			\$ 218.00
J0171	EPINEPHRINE	\$ 6.00			\$ 6.00
J0696	CEFTRIAXONE/ROCEPHIN, per 250 mg	\$ 15.00			\$ 15.00
J1030	METHYLPREDNISONE, 40 mg	\$ 7.00			\$ 7.00
J1040	DEPO-MEDROL	\$ 20.89			\$ 20.89
J1050	DEPO/MEDROXYPROGESTERONE	\$ 0.40			\$ 0.40
J1100	INJ-DEXAMETHASONE SOD PH	\$ 1.50			\$ 1.50
J1200	DIPHENYDRAMINE, Inj. (to 50 mg)	\$ 3.00			\$ 3.00
J1885	TORADOL, 15 mg	\$ 24.00			\$ 24.00
J1940	LASIX	\$ 6.10			\$ 6.10
J1940	INJ FUROSEMIDE TO 20 MG	\$ 6.10			\$ 6.10
J2001	LIDOCAINE HCL	\$ 2.00			\$ 2.00
J2360	NORFLEX	\$ 140.00			\$ 140.00
J2405	ZOFTRAN, INJ.	\$ 0.15			\$ 0.15
J2550	INJ PROMETHAZINE HCL TO 50 MG	\$ 10.00			\$ 10.00
J2920	INJ METHYLPREDNISOLONE SOLU-MEDROL, 40 MG	\$ 10.00			\$ 10.00
J2930	SOLU-MEDROL, 125 mg	\$ 7.00			\$ 7.00
J3301	KENALOG, per 10 mg	\$ 4.00			\$ 4.00
J3420	B 12 (up to 1000 mg)	\$ 7.00			\$ 7.00
J3490	NITROSTAT	\$ 0.30			\$ 0.30
J7298a	IUS-MIRENA/PROGESTERONE	\$ 670.00			\$ 670.00
J7300	IUD-COPPER (PARAGUARD)	\$ 485.00			\$ 485.00
J7303	NUVA RING	\$ 30.00			\$ 30.00
J7307	ETONOGESTREL IMPLANT SYSTEM	\$ 850.00			\$ 850.00
J7620	ALBUTEROL/IPRATROPIUM BROMIDE	\$ 1.59			\$ 1.59
J7644	IPRATROPIUM BROMIDE	\$ 1.25			\$ 1.25

Revised: 5/13/2019

COMMUNITY HEALTH EDUCATION DIVISION
FEE SCHEDULE
Proposed - FY 19/20

<i>Procedure Code</i>	<i>Procedure Name</i>	FY 18/19	Revised Approved FY 18/19	Effective Date	Proposed FY 19/20
J8499	METRONIDAZOLE 14 count	\$ 20.00			\$ 20.00
J8499a	METRONIDAZOLE 4 count	\$ 10.00			\$ 10.00
Q0091	THIN PREP PAP	\$ 15.00			\$ 15.00
Q2038	Influenza, Ages 3+	\$ 20.00			\$ 20.00
S0020	MARCAINE HCL	\$ 52.48			\$ 52.48
S0610	ANNUAL GYNECOLOGICAL EXAMINATION, NEW PATIENT	\$ 200.00		10/24/2019	\$ 200.00
S0612	ANNUAL GYNECOLOGICAL EXAMINATION, ESTABLISHED PATIENT	\$ 150.00		10/24/2019	\$ 150.00
S4993	BIRTH CONTROL PILLS	\$ 20.00			\$ 20.00
S9443	LACTATION CLASS, HOME SESSION	\$ 55.00		3/22/2019	\$ 55.00
T1028	LEAD HOME VISIT	\$ 95.00			\$ 95.00
V5008	HEARING SCREENING	\$ 10.00			\$ 10.00

ENVIRONMENTAL HEALTH DIVISION
FEE SCHEDULE
Fiscal Year 19/20 Proposal

	Approved 18/19	Proposed 19/20
Sewage Program Fees		
Vacant Land Evaluation	187.00	189.00
Permit with Previous Vacant Land Evaluation	218.00	220.00
Gravity Mound w/Previous Vacant Land Evaluation	302.00	305.00
Permit - New	405.00	411.00
Aerobic Treatment Unit w/Previous Vacant Land	348.00	352.00
Sand Filter w/Previous Vacant Land	348.00	352.00
Pressure Mound w/Previous Vacant Land	348.00	352.00
Repair Tank Only	247.00	250.00
Repair Drainfield	247.00	250.00
Reissuance of Alternative Permit	92.00	93.00
Permit Renewal Prior to Expiration	51.00	52.00
Revisit Vacant Land/Relocation	149.00	150.00
Re-inspection fee for septic systems	102.00	103.00
Non-Residential Sewage Fees		
0 - 1,000 gpd - New	508.00	514.00
>1,000 gpd<10,000 gpd - New	662.00	669.00
>10,000 gpd<20,000 gpd - New	853.00	861.00
0 - 1,000 gpd - Repair	508.00	514.00
>1,000 gpd<10,000 gpd - Repair	662.00	669.00
>10,000 gpd<10,000 gpd - Repair	853.00	861.00
Septic Waste Hauler Program		
New Evaluation - per 20 acres	228.00	231.00
Annual Site Inspection Fee	228.00	231.00
Truck Inspection Fee	87.00	88.00
Water Supply Program		
Private - New	245.00	248.00
Private - Repair	245.00	248.00
Type II - New	304.00	311.00
Type II - Repair	304.00	311.00
Type III - New	354.00	358.00
Type III - Repair	354.00	358.00
Sewage/Well Evaluations		
Sewage Evaluation	194.00	196.00
Water Evaluation	207.00	209.00
Sewage Evaluation - Combined	140.00	141.00
Water Evaluation - Combined	184.00	186.00
Lead Water Sample	71.00	72.00
Existing Site Septic/Well Evaluation	116.00	117.00

ENVIRONMENTAL HEALTH DIVISION
FEE SCHEDULE
Fiscal Year 19/20 Proposal

	Approved 18/19	Proposed 19/20
D.H.S. Facility Inspection		
Partial Inspection Request	205.00	207.00
Full Inspection Request	299.00	302.00
Plan Review - Full Facility	306.00	309.00
Campgrounds		
Inspection Fee Annual Campgrounds	108.00	109.00
Public Swimming Pools		
Inspection Fee - MMDHD (Per Pool)	108.00	109.00
Plats/Subdivisions		
On-Site Sewage & Private Water System Application Fee	622.00	668.00
Per Lot Fee	41.00	41.00
Sanitary Sewer & Private Water System Application Fee	534.00	539.00
Per Lot Fee	24.00	24.00
On-Site Sewage & Public Water System Application Fee	534.00	539.00
Per Lot Fee	41.00	41.00
Food Services Program		
Fixed Foods: Type I	199.00	201.00
Fixed Foods: Type II	208.00	210.00
Fixed Foods: Type III	571.00	577.00
Fixed Foods: Type IV	597.00	604.00
Fixed Foods: Type V	629.00	635.00
Mobile Food	371.00	375.00
Site Consultation Fee	199.00	201.00
Late License Fee 0-30 days	138.00	138.00
Late License Fee 31-60 days	275.00	275.00
Late License Fee 61-90 days	413.00	413.00
Late License Fee 91 & over days	551.00	551.00
Enforcement Increased Inspection Frequency	236.00	239.00
Re-Inspection After Hearing	236.00	239.00
Enforcement Informal Hearing Fee	336.00	340.00
Enforcement Formal Hearing Fee	561.00	567.00
Temporary Food - Profit	81.00	82.00
Temporary Food - Non-Profit	81.00	82.00
Temporary Food - Late License Fee	36.00	36.00
Food Establishment - Full Review/Major Remodel	617.00	624.00
Food Establishment - Partial Review/Minor Remodel	306.00	309.00
Advanced Food Training	128.00	129.00
Food Handler Class	20.00	20.00
Re-Certification Class	128.00	129.00

ENVIRONMENTAL HEALTH DIVISION
FEE SCHEDULE
Fiscal Year 19/20 Proposal

	Approved 18/19	Proposed 19/20
Body Art		
Routine Inspection	283.00	285.00
Follow-up Inspection	169.00	170.00
Plan Review	301.00	304.00
BBP Certification	26.00	26.00
Temporary Body Art License	224.00	226.00
Other		
Septic Installers Registration 2 Years	97.00	98.00
Septic Installers Registration - Test/Late Fees	66.00	67.00
Appeal to Board of Health	189.00	190.00
Disinterment/Reinterment	26.00	26.00
Radon Test Kit - Alpha	26.00	26.00
Mercury Spill Kit	20.00	20.00
AOI Inspection Fee	111.00	112.00
Type II Water Sampling	61.00	62.00
thereafter	51.00	52.00
E.H. Enforcement Fee	204.00	206.00
Water Sample - Courier Service	5.00	5.00
F.O.I.A - (\$ based on time and supplies used)		

*Campgrounds and pool licensing fees are determined and collected by the State of Michigan not included above.

**Food licensing has a surcharge determined by the State of Michigan, collected by MMDHD which is not included above.

***STFU License and Inspection Fees are determined by the State of Michigan collected by MMDHD. A portion of the set fee is sent to the state.



EGLE / TRAINING AND WORKSHOPS



The Michigan Department of Environment, Great Lakes, and Energy (EGLE) presents this webinar series dedicated to helping Michigan's local officials and community leaders gain a better understanding of EGLE and the environmental regulations that affect their communities. Each month, EGLE will host a 1-hour webinar that will tackle a topic of interest to local officials and community leaders throughout the state. Each webinar will include a presentation by EGLE staff and time for questions from attendees. Information on the first two webinars in the series are listed below. More webinars will be added throughout the year.



Sign up to be notified when webinars in this series are scheduled and posted

UPCOMING WEBINARS IN THIS SERIES

May 29, 10:00 - 11:00 AM
Managing Contaminated Sites in Your Community! Your Guide to Liability, Redevelopment, and Financial Assistance

Contaminated properties exist in almost all communities in Michigan. It's important that local officials are aware of how contaminated sites are regulated by EGLE in order to keep residents safe and know their options for future redevelopment opportunities. This webinar is intended to provide the basics of environmental clean-up regulations and is tailored for local government leaders without a legal or technical background. Staff from EGLE's Remediation and Redevelopment Division will provide an overview of liability, due care, land and resource use restrictions, and how to tap into Brownfield funding. If you are wondering how to deal with contaminated property in your community or have ambitions to redevelop a site with contamination issues then you won't want to miss this webinar!



June 13, 10:00 - 11:00 AM
Septic Systems- Is Your Community SepticSmart?

In Michigan, more than 1.3 million onsite wastewater treatment systems (a.k.a. septic systems) are used to treat wastewater. These systems include residential, commercial, and community systems. It is important that septic systems in your community are maintained to protect the health of your residents and the environment. If not maintained, they can contaminate groundwater and harm the environment by releasing bacteria, viruses, and other contaminants into local waterways.



Future webinars will address topics like:

- Odors and Dust
- Open Burning
- Drinking Water Systems
- Nuisance Waste and Illegal Dumping
- Asbestos in Demolition

RECORDED WEBINARS FROM THIS SERIES

How Does the Michigan Department of Environment, Great Lakes, and Energy (EGLE) Regulate Businesses in Your Community? (recorded 4/30/19, 60 min)

Local officials wear a lot of hats and may not be familiar with the many environmental regulations that affect businesses in their community. EGLE (formerly DEQ) regulates sources of air pollution, waste handling, wastewater and storm water discharges, and more. To ensure human health and the environment is protected, EGLE inspection staff regularly visit businesses to ensure they are meeting the environmental regulations that apply to their operations. In this webinar, we will provide an overview of the many regulations that affect both large and small businesses in your community. We will also have a panel of environmental specialists from the EGLE available to answer your questions. If you'd like to get a good overview of environmental regulations or have had questions but didn't know who to ask, this is the session for you!



Marihuana Production and Processing Operations – Environmental Regulations and Concerns (recorded 3/26/19, 68 min)

With the legalization of recreational marihuana in Michigan, local leaders are faced with managing environmental concerns from the growing and processing of marihuana. EGLE created a Marihuana Workgroup to evaluate the environmental risks posed by marihuana growing and processing as well as to assess the applicability of existing environmental regulations to this budding industry. Marihuana is known to have impacts on all environmental media including odors, water discharges, land use restrictions, and pesticide and herbicide use that falls out of agricultural regulations. All of these challenges can cause community concerns and complaints. View this webinar to learn how your governing agency can manage recreational marihuana impacts in your community.



PFAS – What local leaders should know about PFAS contamination in Michigan (recorded 2/21/19, 64 min)

This is the first webinar in the Local Leaders Webinar Series. Per- and polyfluoroalkyl substances (PFAS) are a large group of manmade chemicals that are resistant to heat, water, and oil. For decades, they have been used in many industrial applications and consumer products such as carpeting, waterproof clothing, upholstery, food paper wrappings, personal care products, fire-fighting foams, and metal plating. PFAS have been found at low levels both in the environment and in blood samples of the general U.S. population. EGLE began a statewide initiative to test drinking water from all schools that use well water and community water supplies for PFAS. EGLE took this precautionary step of testing these drinking water sources to determine if public health actions are needed. Local officials and community leaders may have questions about how to prepare, respond, and address questions from residents. In this webinar, EGLE staff will provide an overview of what PFAS is, what EGLE is doing about it, and what local leaders need to know.



If you have questions about the webinar content and/or recommendations for additional waste webinar topics, please contact Jim Ostrowski with the Training and Outreach Unit at 517-284-6870 or OstrowskiJ2@Michigan.gov.

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Do you have an environmental question or concern? Call our Environmental Assistance Center at 1-800-662-9278.
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Laws & Rules
Permits
Regulatory Reinvention
Boards and Advisory Groups

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

Mid-Michigan District Health Department, Wednesday, May 22, 2019
Central Michigan District Health Department, Wednesday, May 22, 2019
District Health Department 10, Friday, May 31, 2019



Harm Reduction

Opioids are a class of drugs that include prescription pain pills, morphine, heroin, and fentanyl. While pain pills can be and are used appropriately, they and other opioids can be addictive. According to the CDC, drug overdoses killed 70,237 Americans in 2017, 47,600 (67.8%) involved opioids. Deaths from opioid overdoses have increased yearly for well over a decade. Unfortunately, there are other risks associated to opioid use in addition to overdose.

OPIOID ADDICTION IS A GROWING PROBLEM.

In Michigan alone, an average of five people dies from opioid overdose every day. Help us change the numbers and stop this deadly epidemic.

All Drug Deaths 2011 2017

Total number of overdose deaths in Michigan involving any drug.

1,359 2,686

All Opioid Deaths 2011 2017

Number of deaths that involved at least one type of opioid (including prescription drugs, heroin, fentanyl or any other opioid), or one or more opioids combined with other drugs.

686 2,053

Opioid Prescriptions

Total number of opioid prescriptions dispensed by Michigan residents.

(Prescriptions can be written and dispensed for out-of-state residents and reported to MAPS)

2011 2017
10,441,714 9,492,455



NAS Cases

Neonatal abstinence syndrome (NAS) is a group of conditions associated with drug withdrawal in newborns after being exposed in utero.

2011 2017
660 932



People in SUD Treatment for Opioids or Heroin

Total number of publicly funded SUD treatment admissions for primary abuse of opioids or heroin.

(The numbers represent the records of admissions; an individual admitted twice a year would be counted as two admissions, thus NOT unduplicated counts)

2011 2017
22,234 30,711



michigan.gov/opioids

A high number of those addicted to opioids will at some point turn to injecting their drug of choice, whether it is prescription pain pills or heroin. In addition, many that initially become addicted to pain pills switch to heroin as it is much cheaper to purchase on the street and relatively easy to find in nearly all areas of Michigan. Clean and safe injection supplies are usually not available, leading to the reuse of injection supplies. When injection supplies such as needles, syringes, cotton, filters, cookers, even tourniquets, are reused or shared, individuals struggling with addiction are at risk for many types of infections and place others at risk as well. It has been found that younger people who inject drugs (PWID) are more likely to share syringes, unfortunately putting this group at more risk for infections. Injection drug use has been increasing in rural areas faster than in urban areas. It has been found that people living in rural areas are more likely to share needles and syringes partly due to limited access to clean supplies. Infections in the skin and soft tissue, as well as in the blood stream and heart valves can occur from sharing injection supplies. Blood borne germs, or pathogens, such as HIV, hepatitis B, and hepatitis C are also easily passed during injection drug use.

Approximately 16% of all new HIV diagnoses occur in people using injection drugs. HIV diagnoses had been declining for several year, however this trend ended in rural areas in 2010 and the number of new diagnoses have stabilized. This is a frightening change. Hepatitis B and C are viruses that often lead to long-lasting, or chronic, infection of the liver. They can cause the liver to stop functioning and increase the risk for liver cancer. **It is estimated that 40% to 90% of injection drug users in the United States are infected with hepatitis C and Injection drug use in the cause for 48% to 70% of all new hepatitis C infection in the United States. In young adults, which includes those 18 to 29, 84% with newly diagnosed hepatitis C admitted to past or current recreational drug use and 77% said they had injected drugs at some point.** Over three times as many PWID are infected with hepatitis C as compared to HIV worldwide. Hepatitis C can be transmitted in very minute amounts of blood and can remain infectious in dried blood for as long as 6 weeks.

Used syringes are a risk to the community as well. When compared to a large city that has syringe exchange programs that provide clean syringes to those that inject drugs and dispose of used syringes, injection drug users in a large city without access to syringe exchange are 34 times likely to discard their used syringes in public places like sidewalks, gutters, parks, alleys and parking lots. Law enforcement officers are often stuck by syringes while doing their job, putting them and their families at risk for diseases such as HIV, hepatitis C, and hepatitis B. Needle sticks to officers were found to decrease by two-thirds after syringe exchange programs enter a community.

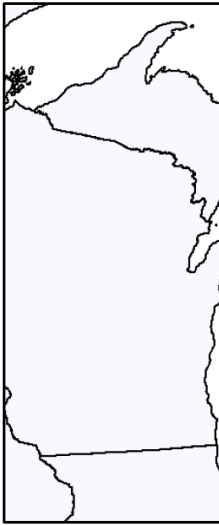
One of the best strategies available for reducing the spread of HIV, hepatitis C, and hepatitis B, as well as other infections, among PWID is syringe service programs (SSP) also called syringe exchange programs or syringe access programs. There is a lot of scientific evidence proving the usefulness of SSP in disease prevention. The United States has one of the lowest rates of needle access availability in the developed world and recent evaluation and research by the Centers for Disease Control and Prevention (CDC) has shown that **rural areas are severely underserved by SSP, even though half of PWID in the United States are in rural areas.**

Numerous studies done both in the U.S. and abroad have shown that **SSP do not lead to increased drug use.** Studies also show that SSP do not encourage people to start using drugs, transition to injection drug use, or increase their amount of drug use. Communities with SSP do not experience increased drug networks or increased crime rates. By providing a safe place for needle disposal, SSP help to **decrease dangerous needle stick injuries** in the community, including those experienced by law enforcement, EMS, firefighters, and other first responders. It is estimated that every dollar invested in SSP leads to a savings of \$3 to \$7 by preventing new HIV infections. Medications for hepatitis C are extremely costly, and prevention of new hepatitis C infections is **a good investment** as well.

Preventing infections and other harms is important to maintain the physical health of PWID until they are ready and able to quit their drug use. SSPs are often the main connection PWID have to healthcare and to individuals that show them care, concern, and hope. Studies have found that PWID that have utilized SSP were more likely than those that have not to reduce or stop injecting drugs. In fact, one study found that new **SSP participants were five times more likely to enter drug treatment** compared to those that were not SSP participants.

Outbreaks of HIV and hepatitis C have already occurred in the United States. From November 2014 to October 2015, 181 individuals in Scott County, Indiana, were newly diagnosed with HIV and 92% of them were found to also be infected with hepatitis C. This outbreak was linked to the sharing of injection supplies to inject a prescription opioid. Syringe access was credited as a major tool used to stop this outbreak. A study done in 2016 identified the **top 220 counties in the country at risk for a similar HIV and hepatitis C outbreak. Eleven Northern Michigan counties were among these high risk Counties.** These counties are all located in the northern Lower Peninsula: Clare, Roscommon, Lake, Crawford, Kalkaska, Ogemaw, Alcona, Oscoda, Montmorency, Presque Isle, and Cheboygan.

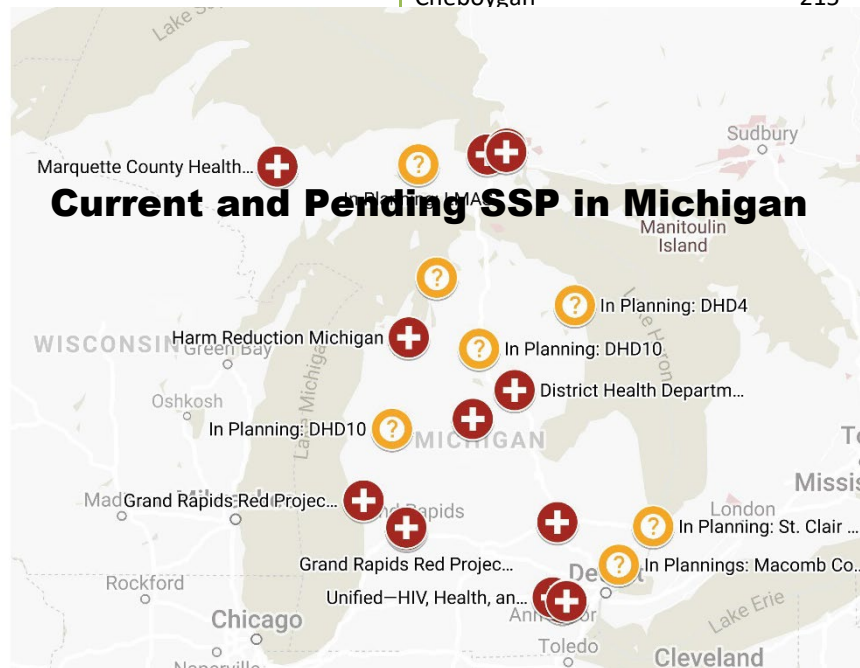
SSP are legal in Michigan if supplies are given away by a state or local governmental agency or by a person specifically authorized by a state or local governmental agency to prevent the transmission of infectious agents. Federal funds may be used to support SSP efforts as it has been recognized it is important to prevent infection and disease as well as a part of drug treatment.




Green areas =
Vulnerability of
Infections among

County	Ranking out of 220
Clare	87
Roscommon	192
Lake	137
Crawford	197
Kalkaska	207
Ogemaw	86
Alcona	184
Oscoda	88
Montmorency	91
Presque Isle	174
Cheboygan	215

Counties at High
HIV or Hepatitis C
PWID



Programs labeled with  are NOT confirmed locations; these jurisdictions are in the process of developing SSP and final location has yet to be determined.

Resources:

- List of syringe service programs in Michigan
https://www.michigan.gov/documents/mdhhs/MI_SyringeAccessProgramDirectory_612614_7.pdf
- Harm Reduction Coalition <http://harmreduction.org/about-us/principles-of-harm-reduction/>

- American Foundation For AIDS Research (amfAR) Harm Reduction Page: <http://www.amfar.org/endtheban/>
- CDC Syringe Service Programs <https://www.cdc.gov/hiv/risk/ssps.html>
- Injection Drug Users Health Alliance <http://iduha.org/>
- North American Syringe Exchange Network <https://nasen.org/>
- Hepatitis information, State of Michigan: <https://www.michigan.gov/hepatitis>
- Hepatitis information, CDC: <https://www.cdc.gov/hepatitis>
- HIV information, State of Michigan: www.michigan.gov/hivstd
- HIV information, CDC: <https://www.cdc.gov/hiv/>

Recommendations:

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

Sources

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Grant Funding Activity

May 16, 2019

- **Food Hub Grants** – The MMDHD received funding in the amount of \$46,000 from the Greenville Area Community Foundation to improve nutritional health by creating a Food Hub, and MMDHD has applied for an additional \$43,560 for this project from the USDA Farm to School Program which should be announced any day. In April we applied for another \$100,000 from the Michigan Department of Agriculture to spin off the Hub as a 501c3, to buy the needed equipment and begin operations.
- **Blue Cross Blue Shield of Michigan Grant** – MMDHD, on behalf of the Live Well Gratiot community health planning group, has received \$24,750 to support another year of the Prescription for Health program at the St. Louis Farmers’ Market. In addition to healthy food for low income people with chronic illnesses, this grant also has funds for physical activity classes at Alma College that are appropriate for people with mobility limitations.
- **EPA Environmental Justice Small Grant** – MMDHD worked with the Clinton Conservation District, the Pine River Superfund Citizens’ Task Force and Healthy Pine River to submit a joint application to the EPA for a so called “small grant” of \$30,000 to hold a series of community dialogs on how to improve the District’s septic program. We were not successful in submitting the grant because of unanticipated changes in the Grants.gov website.

Local Health Department Access to Healthcare Outreach and Enrollment



Access to health care impacts one's overall physical, social, and mental health status and quality of life, but getting access to health care can be challenging, especially for people who have low or moderate incomes. Health care coverage can be expensive, and navigating the Health Insurance Marketplace or Medicaid can be confusing. Local health department staff understand the unique challenges that come with enrolling in health care, and are available to help individuals enroll in a health plan that is right for them.

Key Positions

Health Educators
Public Health Nurse
Clerical Staff

In 2015, more than 1 in 10 adults in Michigan had no form of health care coverage.

Meets Public Health Standards:

✓	Michigan Public Health Code
	Michigan Local Public Health Accreditation
✓	Public Health Accreditation Board

Services:

Local health department health educators and clinical staff help to connect people with tools and information on different health insurance options. This includes helping people apply for Medicaid, the Healthy Michigan Plan, MICHild, or another affordable health insurance program. Local health department staff can also help people navigate the Health Insurance Marketplace.

Additionally, at some local health departments, staff conduct outreach at health fairs and other events to increase knowledge and awareness of health care coverage and assistance.

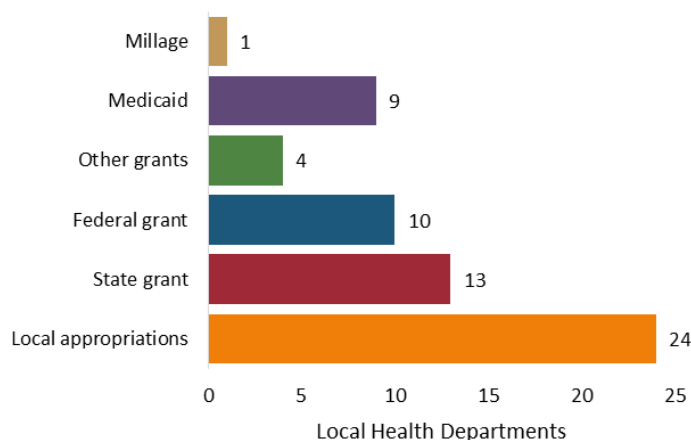
Goals:

Local health department outreach and enrollment activities aim to:

- Help persons in the community gain access to appropriate and affordable health insurance
- Promote the use of preventative health care to prevent disease
- Prevent financial crises in persons due to unexpected medical emergencies

Statewide Funding Sources for Outreach and Enrollment Activities

(N=38 Local Health Departments)



Impact:



Uninsured people receive less medical care and less timely care, they have worse health outcomes, and lack of insurance is a financial burden for them and their families. Having access to health insurance helps people overcome barriers when visiting the doctor for routine health check-ups, and can help them in the event of a major health emergency.

Childhood Immunizations



MICHIGAN
ASSOCIATION
FOR LOCAL
PUBLIC HEALTH



Immunizations keep children safe and healthy by protecting them from serious diseases. All local health departments in Michigan offer required childhood vaccinations in order to minimize and prevent the occurrence of vaccine preventable diseases within our state. Local health departments also provide continuing education about immunizations and ensure accurate immunization reporting to the state health department.

Key Positions

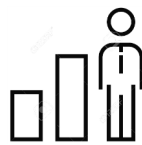
Public Health Nurses

Immunization Technicians

Program Coordinators

Billing and Support Staff

Impact:



In 2017, local health departments administered **311,376** vaccine doses to Michigan children. This was **8.1%** of all Michigan child vaccinations.

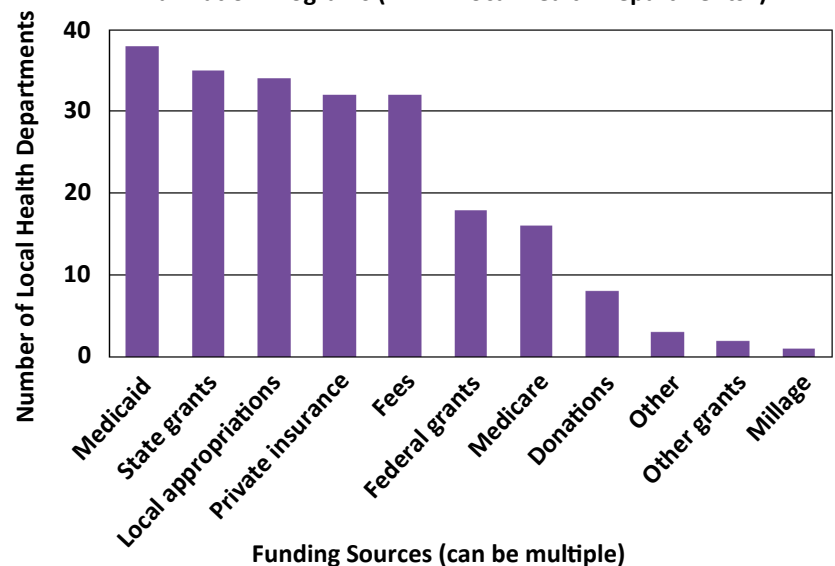
Meets Public Health Standards:

✓	Michigan Public Health Code
✓	Michigan Local Public Health Accreditation
	Public Health Accreditation Board

Services:

Public health nurses and other immunization staff at local health departments provide immunization programs that ensure children throughout Michigan receive the recommended childhood vaccinations, especially those that may not be able to obtain vaccination elsewhere. Local health departments implement the State/Federal Vaccines for Children program (VFC) in partnership with local providers to increase access to immunizations for needy children across the community. Many local health departments conduct a variety of immunization-related activities, including health care provider education and site visits, travel clinics, school-based clinics, data analysis, and community education.

Funding Sources for Michigan Local Health Department Childhood Immunization Programs (n = 41 Local Health Departments*)



Created by the Barry-Eaton District Health Department for the Michigan Association of Local Public Health with funding from the Michigan Department of Health and Human Services. August 2018.

*41 out of 45 of Michigan's local public health departments participated in the survey at least partially. Participants might not have answered each question.

Goals:

Childhood immunization programs conducted by local health departments work to:

- Protect children from vaccine-preventable diseases
- Remove barriers, such as cost, so that children receive recommended vaccinations
- Provide education to health care providers and the community about immunizations
- Ensure timely reporting to the state health department
- Provide mandated immunization waiver education

Local Health Department Behavioral Health Services



Mental illnesses and substance use disorders are common in the United States, affecting tens of millions of people each year. Mental illness and substance use can affect physical health and reduce quality of life. Several local health departments (LHDs) offer behavioral health services to provide substance use treatment and recovery and improve mental health. These services may include early intervention, outpatient care, intensive outpatient care, and education for mental illnesses and substance use. These services provide clients with resources that they need to address their behavioral health.

Key Positions

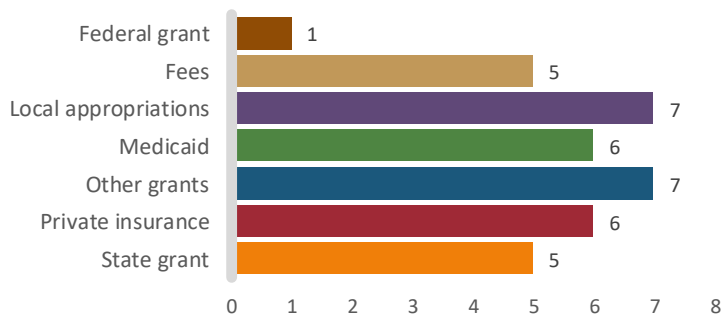
Behavioral Health Therapists
Behavioral Health Secretaries
Behavioral Health Supervisors

In Michigan, the rate of drug-related traffic crash injuries and drug-related traffic crash deaths among adult drivers increased by 31% and 30%, respectively, from 2006 to 2015.

Meets Public Health Standards:

Michigan Public Health Code
Michigan Local Public Health Accreditation
Public Health Accreditation Board

**Statewide Funding Sources for
Behavioral Health Services**
(N=14 Local Health Departments)



Services:

Local health departments that participate in substance use treatment and recovery services offer:

- Assessments
- Therapy
- Coordinating Care
- Specialty Programs
- Treatment Enhancements
- Prevention/Early Intervention
- Outpatient
- Intensive Outpatient

Goals:

Behavioral health services:

- Reduce individual use of alcohol and other substances
- Help individuals accomplish their version of hopeful, healthy and meaningful lives through prevention, treatment and recovery supports
- Facilitate a community where people can become the best versions of themselves through wellness and recovery



Impact:

Alcohol and drug use can be significant causes of illness and death. Addressing addiction is a public health priority for many communities.

Local Health Department Communicable Disease Control



Communicable diseases are infectious diseases that can be transmitted (spread) to humans. Some ways in which communicable diseases are spread include person-to-person, contact with contaminated surfaces, through air or water, or by a vector, such as an insect. In Michigan, there are currently almost 100 reportable diseases. Michigan local health departments work with a variety of health care and laboratory partners to control the spread of communicable diseases through testing, treatment, prevention, control, and education.

Key Positions

CD Coordinator

Public Health Nurse

Billing/Support Staff

Public Health Physician

Regional Epidemiologist

From 2014 to 2017, the reported number of Michigan communicable disease cases has increased by 58%.

Meets Public Health Standards:

✓	Michigan Public Health Code
✓	Michigan Local Public Health Accreditation
✓	Public Health Accreditation Board

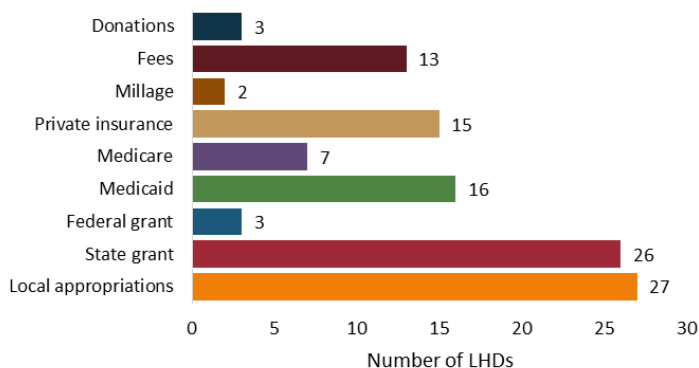
Services:

Local health departments that participate in communicable disease control offer services such as communicable disease screenings and communicable disease treatment, depending on the capacity of the health department. Additional activities in communicable disease prevention in local health departments can include contact tracing, expedited partner therapy (in cases of STDs), health promotion and education, and disease prevention when applicable (i.e. immunizations).

Communicable disease control is a collaborative effort between health department staff, regional epidemiologists, community partners and local health providers and hospitals.

Statewide Communicable Disease Control Funding Sources

(N=32 Local Health Departments)



Goals:

Local health department communicable disease programs prevent and control the spread of infectious diseases by:

- Identifying cases through testing and reporting
- Conducting surveillance and data analysis
- Recommending and instituting infection control measures to slow and stop outbreaks
- Providing education to patients, health care providers, and the community
- Ensuring timely reporting of cases to the state health department

Impact:

Since 2016, 35 local jurisdictions have responded to a statewide hepatitis A outbreak. Over 200,000 adult hepatitis A vaccines were given in outbreak jurisdictions. This effort has helped to contain the one of the largest hepatitis A outbreaks in recent history.



Created by the Barry-Eaton District Health Department for the Michigan Association of Local Public Health with funding from the Michigan Department of Health and Human Services. August 2018.

*32 of Michigan's local health departments indicated that they offer communicable disease screening and/or treatment services (of 41 who participated in the survey). Participants might not have answered each question.

Children's Special Health Care Services



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Children's Special Health Care Services is a program that assists with health care for children 20 years or under and some adults with special health care needs. Assistance can include medical bills, transportation for medical care, coordination of services, and connection to community-based resources. The majority of Michigan local health departments provide CSHCS services.

Key Positions

Public Health Nurses

Program Representatives

Clerical Staff

**In 2017, over 12,000
children received
coverage from MDHHS's
Children's Special Health
Care Services programs**

Meets Public Health Standards:

	Michigan Public Health Code
✓	Michigan Local Public Health Accreditation
	Public Health Accreditation Board

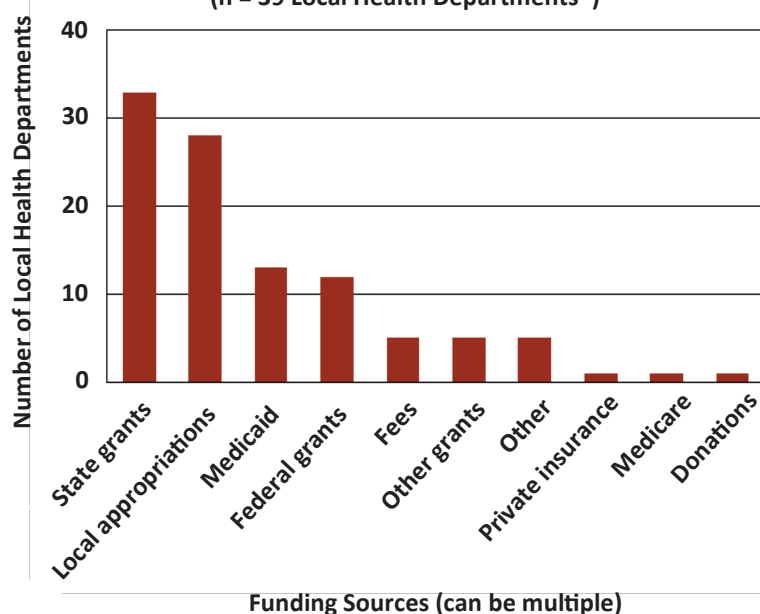
Services:

Local health departments that participate in the Children's Special Health Care Services program can assist in finding coverage and referrals for eligible patients specialty services based on the person's health problems. More than 2,700 diagnoses are eligible for CSHCS coverage, including asthma, cancer, cerebral palsy, cleft palate, liver disease, club foot, limb abnormalities, spina bifida, certain vision disorders, paralysis or spinal injuries, cystic fibrosis, hemophilia, insulin-dependent diabetes, muscular dystrophy, certain heart conditions, epilepsy, kidney disease, and more. Additionally, those enrolled in Children's Special Health Care Services will receive assistance in care coordination to pull together the services of many different providers who work within different agencies.

Impact: Thousands of children are able to receive the specialty health care services they need to have a higher quality of life. These children and their families are able to seek care without worrying about the financial burden.

Funding Sources for Michigan Local Health Department CSHCS Programs in FY17

(n = 39 Local Health Departments*)



Goals:

Children's Special Health Care Services conducted by local health departments are meant to:

- Assist individuals with special health care needs in accessing appropriate medical care, health education and supports.
- Assure delivery of these services and supports in an accessible, family centered, culturally competent, community based and coordinated manner.
- Remove barriers that prevent individuals with special health care needs from achieving these goals.

Local Health Department Environmental Health: General Services



Local health departments (LHDs) are responsible for a variety of services that help keep our environments safe and healthy. These services include inspections of daycares, schools, and body art facilities; radiation control and hazardous waste management; response to nuisance complaints; air and water pollution prevention; vector control; environmental contamination response; and land-use planning. These inspections, assistance in planning, and interventions help to ensure the environment is protected and homes are safe from hazards.

Key Positions

Environmental Health
Sanitarians

Environmental Health
Secretaries

Environmental Health
Supervisors

Meets Public Health Standards:

✓	Michigan Public Health Code
	Michigan Local Public Health Accreditation
✓	Public Health Accreditation Board

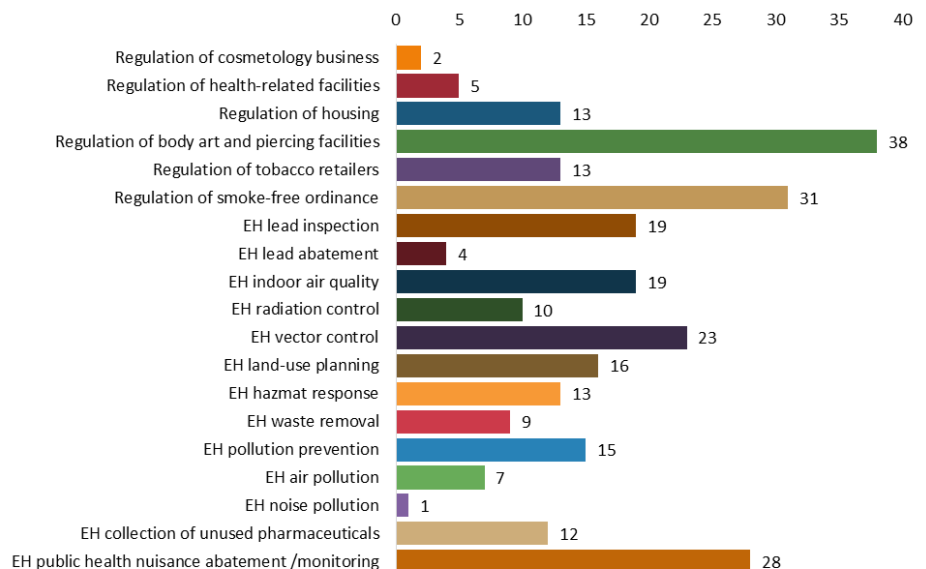
Services:

Local health department sanitarians provide monitoring, inspection, regulation, and/or licensing services including:

- School and daycare facility inspections
- Smoke free air law/ordinances
- Nuisance abatement and monitoring
- Body art facility inspections
- Lead inspections
- Indoor air quality
- Radiation control
- Radon testing and outreach
- Land-use planning
- Hazardous waste collections
- Pollution prevention and control
- Collection of unused pharmaceuticals
- Medical waste facility inspections

Additional Environmental Health Activities

(N=41 Local Health Departments)



Goals:

Regulation, inspection, and licensing activities around recreational facilities are meant:

- To ensure that homes and facilities in the community are safe and healthy
- To protect our environment from pollution and contamination
- To correct any potential health hazards in homes, and other facilities

Impact:



Maintaining a healthy environment is central to increasing quality of life and years of healthy life.

Local Health Department Emergency Preparedness



Public health emergencies can include epidemics and pandemics; biological, chemical, and radiological terrorism; and natural disasters. Being prepared to respond promptly, effectively, and efficiently to these public health emergencies is a key function of local health departments. Because many agencies would be involved in responding to such emergencies, building good partnerships with other community service providers is vital to emergency preparedness. Additionally, educating the public on self-preparedness and how to respond to a public health emergency is essential to local public health emergency preparedness.

Key Positions

Emergency Preparedness
Coordinator

Public Information Officer

In Michigan, all local health departments implement a standard work plan formulated by MDHHS and the CDC ensuring consistent response across the state.

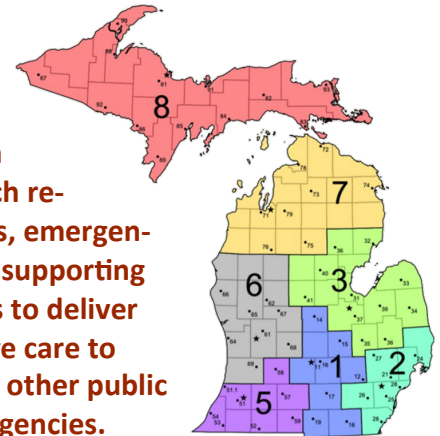
Meets Public Health Standards:

✓	Michigan Public Health Code
✓	Michigan Local Public Health Accreditation
✓	Public Health Accreditation Board

Services:

All local health departments are required to have a full-time emergency preparedness coordinator (EPC). The EPC is responsible for ensuring the health department is prepared to respond to public health emergency, carrying out planning exercises, building health department partnerships with other emergency response entities, and providing community education related to emergency preparedness. Emergency preparedness activities can be supported by local, state, and federal funding.

There are eight healthcare coalitions in Michigan that work with local partners within each region to prepare hospitals, emergency medical services, and supporting healthcare organizations to deliver coordinated and effective care to victims of terrorism and other public health/healthcare emergencies. Each region maintains one full-time regional coordinator and one part-time medical director.



Goals:

The goals for emergency preparedness include:

- Preparing local health departments to respond to emergencies, through work plans, exercises, and written plans and plan reviews
- Educating the community on how to prepare for and react to emergencies
- Developing and strengthening relationships with other emergency response partners, including state departments and local police and fire

Impact:



Recently, local health departments' emergency preparedness divisions have been involved in the response to several large-scale public health emergencies, including two hepatitis A outbreaks (one linked to frozen strawberries and one originating in southeast Michigan), the Flint water crisis, Ebola response planning, and large-scale flooding.

Local Health Department Epidemiology and Surveillance



Federal, state, and local health entities regularly collect and analyze data to understand the extent of health risk behaviors, preventive care practices, and the burden of chronic diseases to assess progress of public health programs and provide public health professionals and policy makers with timely information for effective decision making.

Key Positions
Data Analyst/ Epidemiologist
Communicable Disease Nurse
MDHHS Regional Epidemiologist

*A **Community Health Assessment** looks at a wide variety of available health data to identify the priority health issues in a community.*

Meets Public Health Standards:

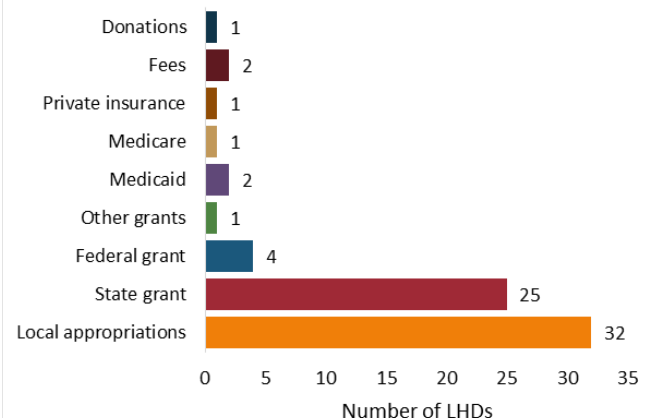
✓	Michigan Public Health Code
✓	Michigan Local Public Health Accreditation
✓	Public Health Accreditation Board

Services:

Local health department epidemiology and surveillance activities can include regularly analyzing and reviewing county, state, and national data to assess the health of the community. Using this data, local health department epidemiologists or data analysts can identify trends in communicable and chronic diseases, accidents, and morbidity and mortality. These trends or changes help to guide other activities in the health department by identifying areas for public health intervention. Additionally, local health departments can use epidemiology and surveillance data to report to stakeholders and funders and inform Community Health Assessments (CHA) and Community Health Improvement Plans (CHIP).

Funding Sources for Epidemiology and Surveillance Services

(N=39 Local Health Departments)



Goals:

Local health department epidemiology and surveillance activities are meant to:

- Identify and monitor trends in morbidity and mortality in the community
- Provide data to inform necessary public health interventions

Impact:



Reports like the Behavioral Risk Factor Surveillance Survey and Community Health Assessments help to guide public health programming at both the state and local levels by identifying population trends in diseases and behaviors.

Local Health Department Family Planning



Local health departments who participate in Michigan's Family Planning Program provides high quality reproductive health care to women, men, and teens at low or no-cost. Family Planning is a public health service that helps individuals and families to plan for their desired family size and spacing of children or to prevent an undesired pregnancy.

Key Positions

Public Health Nurse

Nurse Practitioner

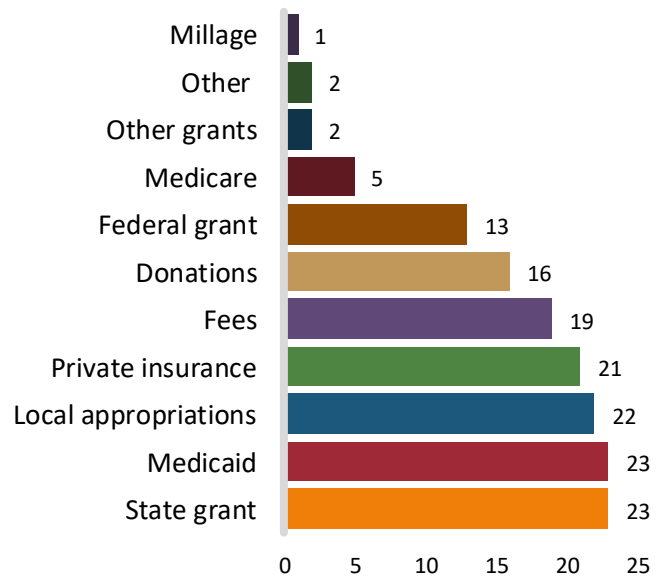
Billing and Support Staff

Health Educators

Meets Public Health Standards:

	Michigan Public Health Code
✓	Michigan Local Public Health Accreditation
	Public Health Accreditation Board

Statewide Funding Sources for Family Planning Services (N=26 Local Health Departments)



Services:

Local health departments that participate in family planning services offer:

- Information on birth control and sexual health
- Help choosing the birth control method that best fits client lifestyles
- Help planning a healthy pregnancy
- Pregnancy testing and counseling
- Testing and treatment for sexually transmitted infections (STIs)
- Preventive health exams to screen for cancer or other health issues

Goals:

Family planning services:

- Help prevent unplanned pregnancy and STI transmission
- Support healthy pregnancies by addressing planning and spacing



Impact:

Births resulting from unintended pregnancies can have negative consequences including birth defects and low birth weight.

Local Health Department Food Service Sanitation



Foodborne illness outbreaks have the potential to affect large numbers of people, cause illness and distress, and can even be deadly. One critical function of public health is to prevent foodborne illness outbreaks from happening in food service facilities (such as restaurants) serving the public. Local health departments (LHDs) in Michigan provide a variety of services related to food service. All LHDs perform activities surrounding food service establishment evaluation, foodborne illness investigation, and food safety education. Some LHDs are also involved in regulation related to food processing and other activities.

Key Positions

Environmental Health Sanitarians
Environmental Health Secretaries
Environmental Health Supervisors

The CDC estimates that each year 48 million people get sick from a foodborne illness in the United States.

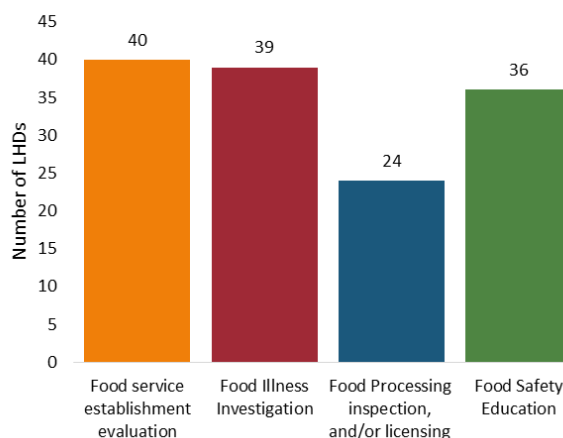
Meets Public Health Standards:

✓	Michigan Public Health Code
✓	Michigan Local Public Health Accreditation
✓	Public Health Accreditation Board

Services:

Food service sanitarians inspect local food service establishments (such as restaurants) twice per year to ensure that they are meeting the standards set in Michigan's Food Code. Other local food service operations, such as mobile food vendors, temporary kitchens and special events are inspected as needed. Many health departments teach Food Safety Manager certification courses throughout the year. Finally, food service sanitarians investigate food and restaurant complaints and conduct foodborne illness and outbreak investigations (in partnership with communicable disease nurses and epidemiologists).

Food Service Sanitation Activities
(N=40 LHDs)



Goals:

Local health department food service sanitation licensing, inspection and regulation aims to:

- To assess the facility's control over the most common risk factors for foodborne illness.
- To identify restaurant and facility conditions that pose a potential threat to health and ensure their correction.
- To reduce the incidence of foodborne illness and outbreaks.
- To promote the food safety education of operators and workers.
- To rapidly respond to any customer complaints or foodborne incidents/events.

Primary Funding Sources for Food Service Sanitation Activities:



Impact:

Local health department sanitarians educate food service workers on the major food safety risk factors: temperature, cleanliness, worker hygiene, and safe suppliers.



Hearing and Vision Screening



The ability to hear and see can affect learning, which is key to a child's success. Undiagnosed hearing and vision problems can interfere with children's development. Early detection and treatment of hearing and vision problems can help children succeed in school. All local health departments in Michigan conduct free hearing and vision screening, often in schools. Youth are screened at specified intervals from pre-kindergarten through high school.

Key Positions

Hearing and Vision Technicians

Program Coordinator

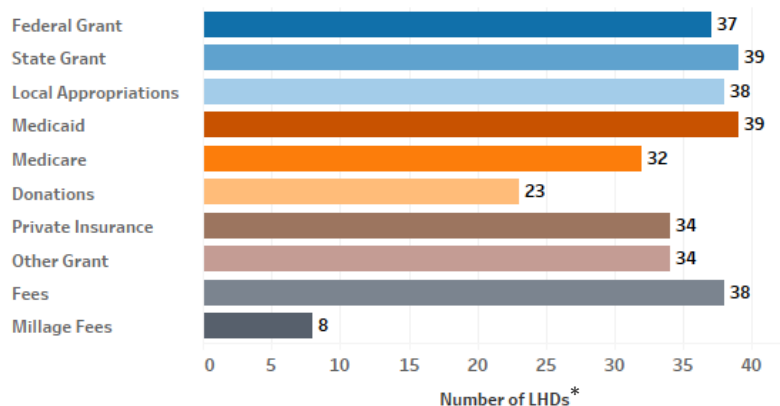
Meets Public Health Standards:

✓ Michigan Public Health Code

✓ Michigan Local Public Health Accreditation

Public Health Accreditation Board

Statewide Funding Sources for Hearing and Vision Activities



Goals:

Hearing and vision screening is meant to:

- Detect hearing and vision problems early.
 - ◊ Hearing problems can include hearing loss and middle ear pathology. Vision problems can include lazy eye, nearsightedness, and farsightedness.
- Refer children to providers that can help correct hearing and vision problems, if necessary.
- Remove barriers, such as cost, to children having their hearing and vision screened.

“Right now the prognosis for Samantha's brain tumor is very good...without your program there never would have been a CT Scan and the discovery of the tumor may not have happened until significant damage had occurred. ...

“... Our family is an example of how a program such as yours can save the life of a beautiful child.”

—Lee Ann, mother of Samantha from Livonia, MI

Impact:



Each year, more than 1.1 million children are screened. About 18,000 children screened for hearing are referred to doctors, and more than 70,000 children screened for vision are referred to optometrists and ophthalmologists.

HIV/AIDS Programs



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Local health departments are key partners in the fight against transmission of the human immunodeficiency virus (HIV) and the resulting Acquired Immunodeficiency Syndrome (AIDS). No cure exists for HIV, but with proper medical care, HIV can be controlled. Therefore, prevention of HIV transmission, identification of new cases, and proper treatment of current patients are critical public health activities.

Key Positions

Public Health Nurses

Prevention Specialist/Counselor

Laboratory Technicians

Program Coordinators

Public Health Physicians

In 2016, there were over 700 new diagnoses of HIV in Michigan.

Over 15,600 Michigan residents currently live with HIV.

Meets Public Health Standards:

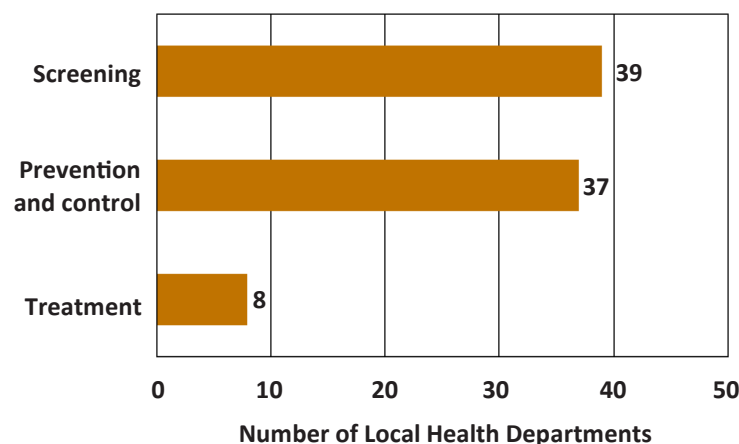
✓	Michigan Public Health Code
✓	Michigan Local Public Health Accreditation
	Public Health Accreditation Board

Services:

Local health departments conduct a variety of HIV/AIDS-related activities, which are usually centered around the goals of prevention, screening, and treatment. Examples of services include HIV testing for individuals, linking individuals who test positive for HIV to medical care, helping individuals remain HIV negative through education and prevention practices, and working with partners who may be at risk for HIV. Local health departments may also analyze local data in order to understand trends in transmission and utilization of HIV services.

If a local health department is unable to offer HIV testing or treatment, then it must be able to refer individuals to outside agencies which offer those services.

Michigan Local Health Departments Directly Providing HIV Services
(n = 41 Local Health Departments*)



Impact:



In 2016, 81% of Michigan residents living with HIV were linked to care for their HIV diagnosis.

Goals:

HIV/AIDS prevention, screening, and treatment programs conducted by local health departments:

- Prevent transmission of HIV and decrease the number of new HIV infections
- Work to suppress the overall viral load of communities at risk
- Educate health care providers and communities
- Link patients to treatment and other resources
- Improve the lives of Michigan residents, especially those living with HIV/AIDS

Local Health Department Lead Screening and Response



Lead is a metal that can be found in many places, including in chips of old paint, household dust, imported toys, and, less often, water contaminated by lead pipes. Exposure to lead is bad for everyone, but young children are often most at risk. Making sure that children aren't exposed to lead is important to their long-term health. Even low levels of lead in blood can affect children's development.

Key Positions

Public Health Nurse

Billing and Support Staff

Health Educators

**The only way to find out
if a child has lead
poisoning is through a
blood test.**

Meets Public Health Standards:

✓	Michigan Public Health Code
	Michigan Local Public Health Accreditation
	Public Health Accreditation Board

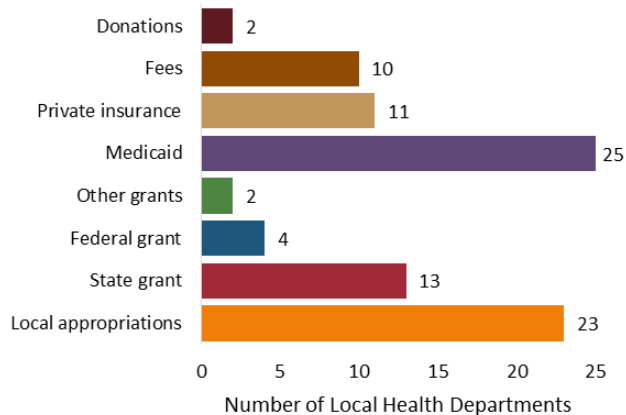
Services:

Local health departments that participate in blood lead screening will screen Medicaid-eligible children in the WIC program. This screening is done by a finger prick. Children can also be screened by their primary care provider. If a child has high lead levels (above 5 micrograms/dL), his/her family will be contacted by a public health nurse or lead program staff for additional testing, education, environmental evaluation, and follow-up.

Michigan's Lead Safe Home Program (MDHHS) provides inspections and assistance to qualifying families, as well as rental property owners, in making their homes lead-safe for children. Through collaboration between local health departments and the Lead Safe Home Program, families can receive lead abatement and remediation to their home for little to no cost, resulting in a safer and healthier home environment for the child.

Funding Sources for Blood Lead Level Screening

(N=37 Local Health Departments)



Goals:

Local health department blood lead screening programs aim to:

- Detect and eliminate lead exposures in children
- Promote healthy brain development in children

Impact:

Screening for and responding to lead exposure in children can help to ensure that children do not develop behavior and learning problems, lower IQ and hyperactivity, slowed growth, hearing problems, and anemia.



Local Health Department Maternal Infant Health Program (MIHP)



The Maternal Infant Health Program (MIHP) is Michigan's largest, evidence-based home visitation program for Medicaid eligible pregnant women and infants. MIHP is administered by a network of certified provider agencies throughout the state in rural, urban, and native communities. Providers are located in private freestanding offices, hospital-based clinics, federally qualified health centers, and in local/regional public health departments

Key Positions

Public Health Nurse
Dietitian
Social Worker
Program Supervisor

**Participation in MIHP
reduces the risk of
infant death, both in
the newborn stage
and in later infancy.**

Meets Public Health Standards:

Michigan Public Health Code
Michigan Local Public Health Accreditation
Public Health Accreditation Board

Services:

MIHP provides support to promote healthy pregnancies, good birth outcomes, and healthy infants. By enrolling in MIHP, families receive services from a team of nurses, social workers, and dietitians to connect them with the information and support needed to have a healthy pregnancy and baby. All pregnant women and/or infants under the age of one that are Medicaid-eligible are eligible for the MIHP program. Services include:

- Maternal and infant health assessment completed by registered nurse or licensed social worker
- Coordination of MIHP services with the patients' health care provider and Medicaid Health Plan
- A team of registered nurses, licensed social workers, and registered dietitians offer home or office visits to provide education and support based on the needs of each family
- Transportation services as needed
- Referrals are made to local community services (e.g., mental health, substance abuse, domestic violence, basic needs assistance) as needed
- Referral to local childbirth education or parenting classes

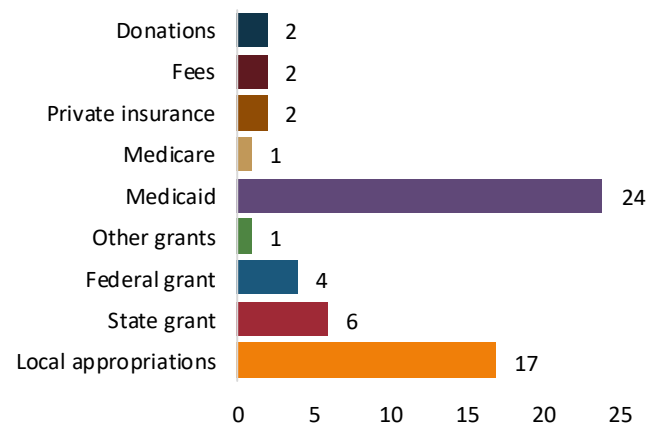
Goals:

Local health department MIHP programs aim to:

- Reduce maternal and infant morbidity and mortality
- Promote healthy pregnancies, positive birth outcomes, and healthy infant growth and development.

Statewide Funding Sources for MIHP Programs

(N=30 Local Health Departments)



Impact:



MIHP programs help to improve health and well-being of pregnant women and infants — pre-natal and post-natal care is better, and infants are more likely to get well-child checkups.

Created by the Barry-Eaton District Health Department for the Michigan Association of Local Public Health with funding from the Michigan Department of Health and Human Services. August 2018.

*30 of Michigan's local health departments indicated that they offer MIHP Programs (of 39 who participated in the survey). Participants might not have answered each question.



The primary purpose of population-based health promotion and education is to prevent disease, illness, and injury. Preventing these problems before they happen can lead to reduced demands on the healthcare system; better health outcomes for individuals; and overall healthier, safer, and more engaged communities. All local health departments in Michigan carry out at least some health promotion and education activities, often in conjunction with community partners and coalitions. Addressed topics can include injury prevention, chronic disease, lead poisoning, and mental health, among countless others.

Key Positions

Health Educator
Data Analyst or Epidemiologist
Manager



Each local health department has a designated Public Information Officer, who assures timely and accurate information is provided to the public.

Meets Public Health Standards:

✓	Michigan Public Health Code
✓	Michigan Local Public Health Accreditation
✓	Public Health Accreditation Board

Services:

Health promotion, prevention, and education services vary widely by health department. Some health departments have robust departments that conduct intensive assessment and planning activities and collaborate intensively with other community organizations, whereas others focus efforts on the education of individuals. Some are heavily involved in environmental, policy, and systems change, while still others focus on personal interventions with individuals to prevent adverse health outcomes. The topics that health departments work cover a wide range and are often dependent on community wants, needs, and readiness. Funding is often a determining factor for the breadth of promotion, prevention, and education activities that health departments perform.

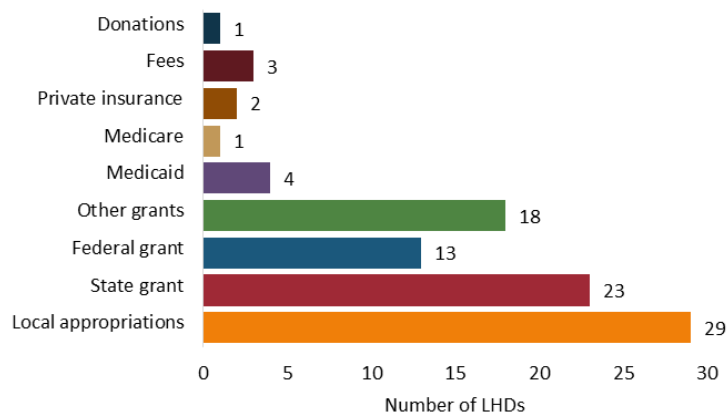
Goals:

Health promotion, prevention, and education activities are meant to:

- Prevent adverse health outcomes.
- Engage the community and partners in improving health.
- Address health outcomes that need to be improved, often with evidence-based interventions.

Statewide Health Promotion and Education Funding Sources

(N=39 Local Health Departments)



Impact:



Many local health departments serve as conveners of local coalitions that work to improve health. These local coalitions assure that partners work collaboratively on efforts, avoiding duplication and maximizing collective impact.

Created by the Barry-Eaton District Health Department for the Michigan Association of Local Public Health with funding from the Michigan Department of Health and Human Services. August 2018.

*39 of Michigan's local health departments indicated that they offer health promotion and education (of 41 who participated in the survey). Participants might not have answered each question.

Local Health Department Recreational Facility Safety



Public places like pools and spas, beaches, children's camps, campgrounds, and RV parks are important community recreation places. They can also be prime locations for waterborne and communicable diseases to be spread. Environmental Health (EH) divisions at local health departments regularly inspect and monitor these recreational facilities to ensure that they are safe and healthy. Inspections include sampling pool and beach waters, checking that community wells are functioning properly and free of contaminants, and ensuring that human waste is disposed safely.

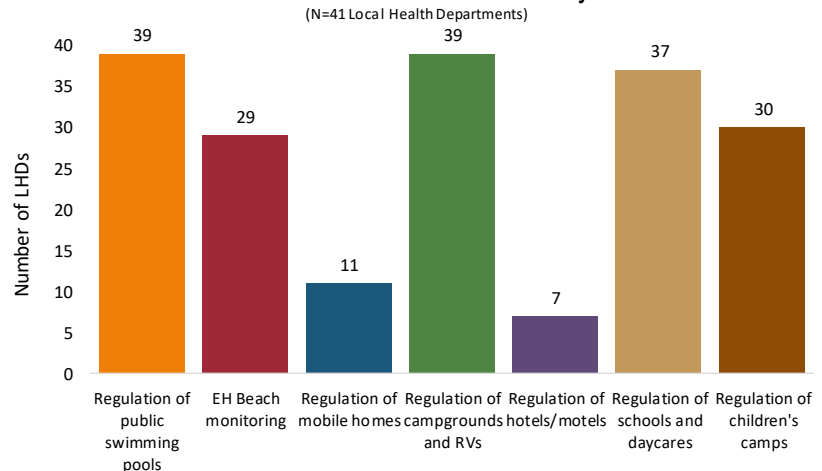
Key Positions

Environmental Health Sanitarians
Environmental Health Secretaries
Environmental Health Supervisors

Meets Public Health Standards:

✓	Michigan Public Health Code
✓	Michigan Local Public Health Accreditation
	Public Health Accreditation Board

Environmental Health Recreational Facility Activities



Services:

Local health department Environmental Health (EH) sanitarians provide inspection, regulation, and licensing services for public swimming pools and spas, public bathing beaches, children's camps, and public campgrounds and RV parks. Many of these activities are seasonal, in the warmer months. Campground, and RV park, and pool inspection programs are conducted independently by health departments; beach and camp inspection programs are conducted in partnership with the State. Most local health departments (LHDs) in Michigan conduct one operational inspection per year for pools and spas, however, some conduct two yearly inspections.

Goals:

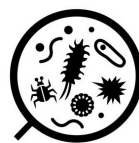
Regulation, inspection, and licensing activities around recreational facilities are meant to

- Assess facilities and recreation areas and/or educate operators on various EH factors that could negatively impact the health and safety of the public.
- Reduce the incidence of injuries, illnesses, and deaths.
- Promote healthy recreation and public awareness.

Primary Funding Sources for Recreational Facility Activities:



Impact:



In 2015, 98 beaches reported 212 incidents of E. coli exceeding accepted water quality standards. These reports helped to alert beach goers of the hazardous water, and prevent the spread of disease.

Created by the Barry-Eaton District Health Department for the Michigan Association of Local Public Health with funding from the Michigan Department of Health and Human Services. August 2018.

*41 of Michigan's local health departments indicated that they participate in recreational facility activities (of 41 who participated in the survey). Participants might not have answered each question.

Local Health Department Sewage Management Activities



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Proper sewage system design, installation, and maintenance can prevent premature failures and contamination problems from occurring. This helps keep the community and our water resources healthy. It also helps ensure that sewage systems operate effectively throughout their expected lifetime. Replacing a sewage system is costly, so proper maintenance makes good economic sense. On-Site Sewage (Septic) System Programs are meant to help residents avoid exposure to untreated sewage and to reduce contamination of groundwater and surface water resources.

Key Positions

Environmental Health
Sanitarians

Environmental Health
Secretaries

Environmental Health
Supervisors

**Wastewater is water
that has been used in
the home, in a
business, or as part of
an industrial process.**

Meets Public Health Standards:

✓	Michigan Public Health Code
✓	Michigan Local Public Health Accreditation
✓	Public Health Accreditation Board

Services:

Local Health Department Environmental Health (EH) sanitarians provide inspection and regulation services for all on-site sewage (septic) systems. Other activities can include:

- Alternative on-site wastewater treatment (sometimes called engineered systems)
- Operational maintenance inspections
- Time of sale or transfer evaluations
- Vacant land evaluations
- Septage hauler inspections and regulation
- Sewage system design and inspection
- Complaint investigation including illicit discharges
- Licensure of sewage system installers

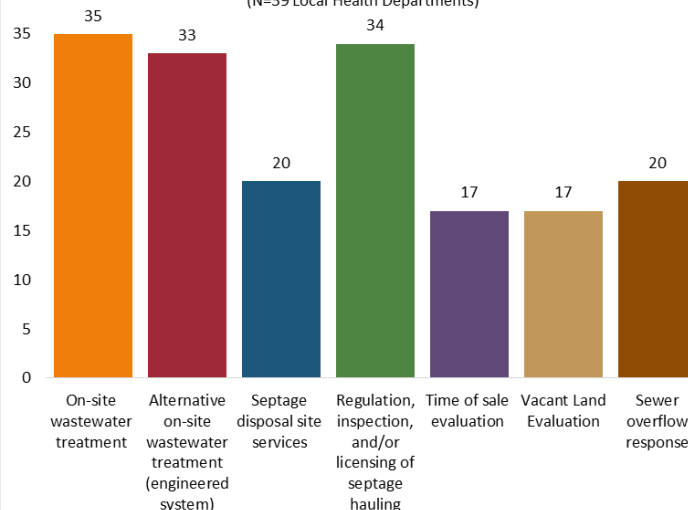
Goals:

Regulation, inspection, and licensing activities around sewage systems are meant to:

- Help residents in the district avoid exposure to untreated sewage
- Reduce contamination of groundwater and surface water resources
- Educate land owners on how improper sewage (septic) system maintenance could negatively impact the health and safety of the public.

Sewage Management Activities

(N=39 Local Health Departments)



Primary Funding Sources for Sewage Management Activities:



FEES



LOCAL
FUNDING



STATE
GRANTS

Impact:



Proper sewage management activities help to improve the quality of the ground and surface water in our communities, and help to protect the Great Lakes.

Sexually Transmitted Infections



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Sexually transmitted infections (STIs) are infectious diseases that are passed from one person to another through intimate physical contact and sexual activity. Due to the large numbers of cases and the potential for serious health consequences, STIs are a nationwide public health problem. Local health departments work to control the spread of STIs through testing, treatment, prevention, and education.

Key Positions

Public Health Nurses
Laboratory Technicians
Program Coordinators
Public Health Physicians

In 2016, there were almost 62,000 new cases of chlamydia, gonorrhea, and syphilis reported in Michigan.

Meets Public Health Standards:

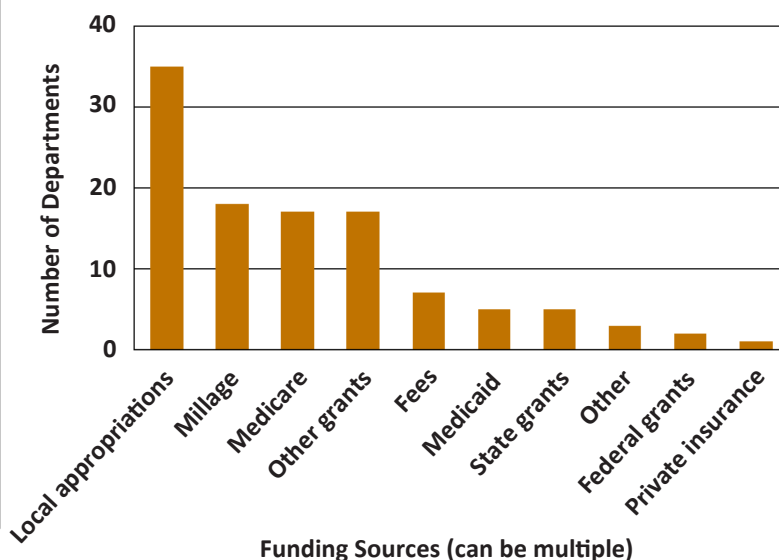
✓	Michigan Public Health Code
✓	Michigan Local Public Health Accreditation
✓	Public Health Accreditation Board

Services:

Public health nurses and other local health department staff implement sexually transmitted infections programs that help ensure residents throughout Michigan receive prevention, testing, and treatment for a range of sexually transmitted diseases. Prompt identification of STIs is important to prevent the spread of disease. Serious health problems, such as pelvic inflammatory disease, infertility, and health complications for infants, can also result from STIs, so linking patients to treatment at either the health department or community partners is an essential function of STI programs.

Local health departments may conduct a variety of additional STI programs, such as health care provider education and site visits, school-based clinics, condom distribution, expedited partner therapy, and community education.

Funding Sources for Michigan Local Health Department STI Programs (n = 41 Local Health Departments*)



Trends: From 2001-2016, Michigan cases of chlamydia have increased by 53%. Gonorrhea cases have decreased by 29% during this time period.



Goals:

Sexually transmitted infections programs conducted by local health departments serve to prevent and control the spread of sexually transmitted diseases by:

- Identifying cases through testing and reporting
- Removing barriers, such as cost and access, to testing and treatment
- Providing education to patients, health care providers, and the community
- Ensuring timely reporting of cases to the state health department

Tuberculosis Control



MICHIGAN
ASSOCIATION
FOR LOCAL
PUBLIC HEALTH



Tuberculosis (TB) is a communicable disease caused by the bacterium *Mycobacterium tuberculosis*. TB is transmitted (spread) through the air from one person to another. If not treated properly, TB disease can be fatal. Michigan local health departments work with a variety of health care and laboratory partners to control the spread of TB through testing, treatment, prevention, control, and education.

Key Positions

Public Health Nurses

Clinic Support Staff

Public Health Physicians

**252 cases of
active and latent
tuberculosis were
reported in Michigan
during 2017.**

Meets Public Health Standards:

✓	Michigan Public Health Code
✓	Michigan Local Public Health Accreditation
✓	Public Health Accreditation Board

Services:

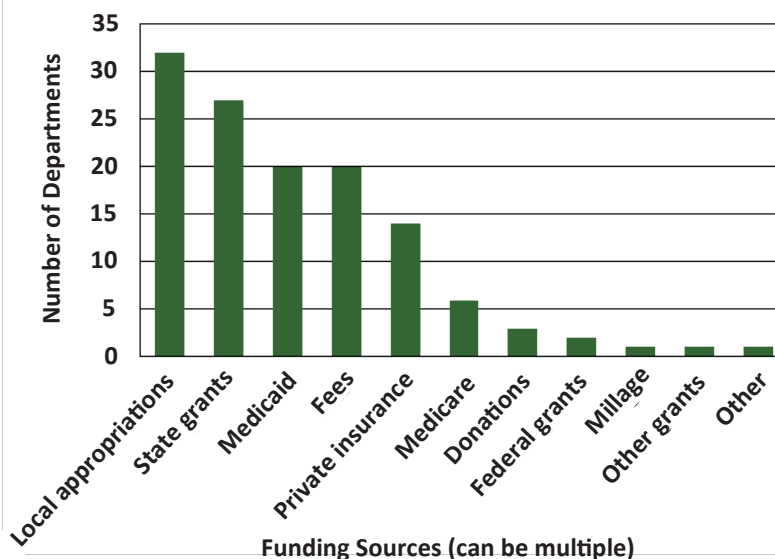
Local health departments are the primary local agency responsible for preventing and controlling TB. However, TB control is a complex undertaking and requires the collaborative efforts of a broad range of persons, organizations, and institutions inside and outside the public health sector. The essential roles of local health departments are to plan, coordinate, and evaluate TB control and prevention efforts. To fulfill these roles, local health departments may engage in and provide oversight on TB planning and policy development, contact investigations, clinical and diagnostic services for TB patients and their contacts, training and education, surveillance, data management, and monitoring and evaluation.

Goals:

Local health department TB control programs prevent and control the spread of TB by:

- Identifying cases through testing and reporting
- Treating active cases through directly observed therapy
- Recommending and instituting infection control measures
- Providing education to patients, health care providers, and the community
- Ensuring timely reporting of cases to the state health department

Funding Sources for Michigan Local Health Department TB Screening Programs (n = 41 Local Health Departments*)



Impact:



Local health departments may have to monitor each active TB patient for 6 to 12 months to ensure their TB disease is cured.

Tobacco Prevention and Control



Smoking tobacco increases the risk for chronic diseases like cancer, heart disease, chronic obstructive pulmonary disease (COPD), and stroke. It is the leading cause of preventable death. Not smoking, or quitting smoking (for current smokers) can greatly reduce the risk for developing diseases like this, and can prolong life. Tobacco prevention is important in creating healthy communities. New tobacco and nicotine products are emerging constantly, making tobacco prevention more important than ever.

Key Positions

Health Educators



Smoking-related health problems cost Michigan more than \$4.5 billion per year.

Meets Public Health Standards:

✓	Michigan Public Health Code
✓	Michigan Local Public Health Accreditation
✓	Public Health Accreditation Board

Services:

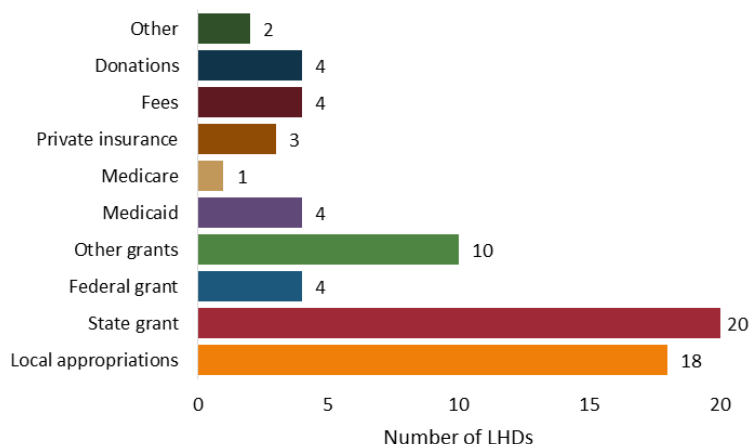
Local health departments that participate in tobacco prevention conduct tobacco compliance checks, vendor education, and general outreach regarding cessation resources. Additionally, many local health departments partner with local coalitions that focus on tobacco reduction or substance abuse. These partnerships help to raise awareness of the dangers of tobacco products in the community and enable the community members to educate themselves so they can take action for tobacco prevention and cessation.

Goals:

Local health promotion, prevention, and education activities centered on tobacco prevention are meant to:

- Prevent adverse health outcomes associated with long term tobacco or nicotine product use
- Create awareness in the community about the dangers of tobacco and nicotine addiction
- Prevent youth from using tobacco and nicotine products

Statewide Tobacco Prevention Funding Sources (N=39 Local Health Departments)



Impact:



Over 1,500 calls were placed to the Michigan Tobacco Quit Line between October 1st, 2016 and March 31st, 2017.

Created by the Barry-Eaton District Health Department for the Michigan Association of Local Public Health with funding from the Michigan Department of Health and Human Services. August 2018.

*39 of Michigan's local health departments indicated that they offer tobacco prevention services (of 41 who participated in the survey). Participants might not have answered each question.

Local Health Department Water Supply Quality and Safety



Having a safe drinking water supply is important to the public's health. Contaminants in drinking water could affect many people because we use water every day. Some contaminants in water are naturally found in the environment, and some are human made. Examples of contaminants are bacteria, viruses, parasites, arsenic, chemicals, and fertilizers. Contaminants in drinking water can be a threat to human health, especially the health of young children, the elderly, and pregnant women. Local, state, and federal drinking water protection programs play a key role in providing safe drinking water.

Key Positions

Environmental Health
Sanitarians

Environmental Health
Secretaries

Environmental Health
Supervisors

Local health departments respond to hazards in water supplies such as disease-causing bacteria, or chemicals such as PFAS (Per- and Polyfluoroalkyl Substances)

Meets Public Health Standards:

✓	Michigan Public Health Code
✓	Michigan Local Public Health Accreditation
✓	Public Health Accreditation Board

Services:

All local health departments (LHDs) participate in public and private drinking water regulation, which leads to ground water protection. Some LHDs do more water supply quality and safety activities including complaint response, long-term groundwater quality monitoring programs, sample collection, geographic information system (GIS) mapping, drinking water testing outside of permitting requirements, laboratory specimen testing, testing of contaminated sites, geothermal well construction, water records and abandoned well tracking.

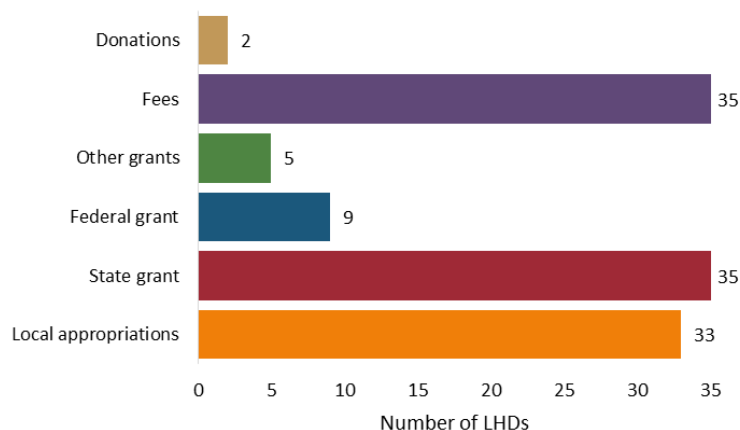
Goals:

Regulation, inspection, and monitoring activities around water supply quality and safety are meant to:

- Reduce contamination of groundwater and surface water resources
- Maintain the quality of drinking water for county residents
- Protect natural resources from contamination

Statewide Funding Sources for Water Supply Quality and Safety Activities

(N=39 Local Health Departments)



Impact:



Clean and safe drinking water can prevent diseases like E.coli, and reduce rates of waterborne disease.

Women, Infants, and Children Program



The Women, Infants, and Children (WIC) program is a health and nutrition program that helps women who are pregnant, breastfeeding, or postpartum, and infants and children up to 5 years old, eat well, be active, and stay healthy. The WIC program has demonstrated a positive effect on pregnancy outcomes and child growth and development. The majority of Michigan local health departments provide WIC services.

Key Positions

WIC Coordinators
Dietitians/Nutritionists
Public Health Nurses
Clinical and Support Staff
Breastfeeding Peer Mentors

Each month, more than 200,000 moms, babies, and children receive nutritious food from the Michigan WIC Program.

Meets Public Health Standards:

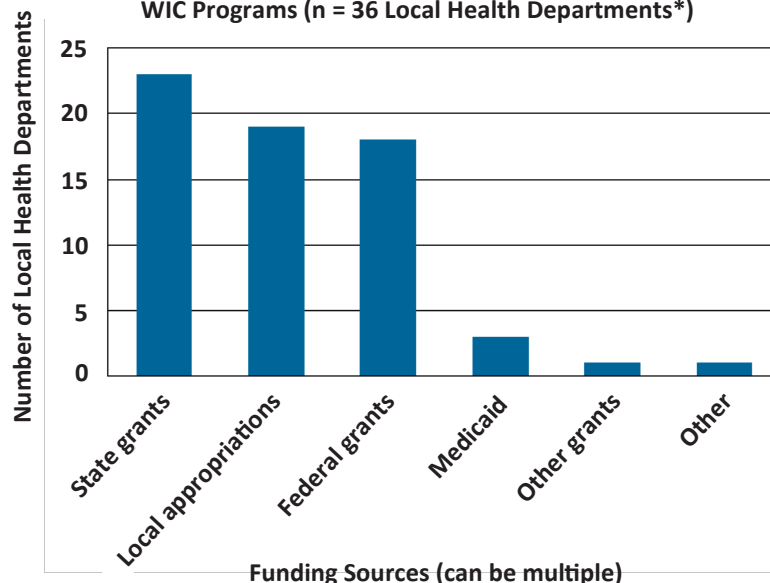
	Michigan Public Health Code
✓	Michigan Local Public Health Accreditation
	Public Health Accreditation Board

Services:

Local health departments that conduct WIC programming offer a number of services to WIC clients, including nutrition education and counseling, breastfeeding support, food benefits through WIC EBT cards to buy healthy food, and referrals to health care, immunizations, and other programs. WIC staff help pregnant women and families determine if they qualify for WIC benefits and assist with the enrollment process. In Michigan, 81% of WIC programs are conducted by local health departments.

Many local health departments also foster relationships with Michigan agricultural producers to support WIC Project FRESH. The program provides WIC participants with local, fresh produce from authorized farmers, farmers' markets, and roadside stands.

Funding Sources for Michigan Local Health Department WIC Programs (n = 36 Local Health Departments*)



Impact:



For every dollar spent by the WIC program, more than 3 dollars in subsequent health care costs are saved.

Goals:

Women, Infants, and Children programs conducted by local health departments

- Improve pregnancy outcomes and child growth and development
- Provide women who are pregnant, have recently given birth, or are breastfeeding with education and resources about the birthing process, nutrition during and after pregnancy, breastfeeding and breast pumps, and other health issues
- Support young children and families by providing nutritious food and infant formula

Board of Health Action Sheet

Date: May 16, 2019	Administrator: Marcus Cheatham
Subject: Rebranding	<input type="checkbox"/> Information Only <input checked="" type="checkbox"/> Action Needed

I. Authority For This Action:

☒ Local Policy MMDHD Bylaws ☒ Law or Rule _____

II. Summary:

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

Commissioners Bailey and Delong requested that we draft an editorial about the positive economic impact of the Health Department for the local media for Board members to sign. I told them I would appreciate it very much if they did that, since I work for the Board of Health and take my guidance from them. Initially we want to focus on the Daily News but this editorial could be adapted for the Morning Sun, Herald and Clinton County News.

We've tried to make the editorial light and not combative at all. We've simply drawn attention to facts about the Health Department that are familiar to Board members who have served multiple terms.

III. Alternatives Considered:

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

Obviously going on record can have unpredictable consequences in today's media environment so there is risk involved. Commissioners should discuss all alternatives before deciding.

IV. 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.)

If Board members are inclined to sign the editorial I think we should consider whether the information about the actions we took during Montcalm's economic crisis could be misconstrued. I would not want Clinton or Gratiot County residents to think resources from their counties were spent inappropriately.

This is an open letter to the community from the Board of Health of the Mid-Michigan District Health Department. We would like to share what we have learned over the years about the many ways in which the Health Department is an asset to the local community.

Let's start by talking about money, because when it comes to government programs people want to know if those programs are costing them money. In the case of the Health Department it actually brings money into the community. How? The lion's share of the budget of the Health Department is paid by federal agencies like the Centers for Disease Control, the Environmental Protection Agency and Department of Agriculture. In fact, for every one dollar appropriated locally, two dollars comes into the community from these federal agencies. For Montcalm County, this amounts to more than a million dollars a year. These dollars pay the salaries of dozens of residents who live in our community, shop locally and pay local taxes.

The Health Department brings even more dollars into the community through the WIC program. WIC is a health program for mothers and children. It provides many important health services to lots of people, and half of all children born in our area and their mothers get help through WIC. But most people are familiar with the supplemental food available through the program. Participants receive benefits that enable them to shop for food at local grocery stores. These dollars are an important part of the revenue of local retailers. In fact nearly two million dollars flow into the local economy through grocery stores because of WIC. This supports many jobs in retail food sales in the community.

The Health Department has done extraordinary things that have specifically benefitted Montcalm County. To understand how, we need to remember that the Health Department also serves Clinton and Gratiot counties, but the Montcalm office is the administrative headquarters for all three counties, and they all pay to support the headquarters. The other counties are able to help Montcalm because they are taking care of their own administrative headquarters.

When Montcalm County got in trouble financially in 2016 the Health Department did a number of creative things to help. First, the Health Department paid off a loan held by the County for the building where it and the Office on Aging are located. The loan was costing the County \$50,000 per year so paying off the loan saved the County the cost of those annual payments. Also, the roof on the building needed to be replaced. The Health Department partnered with the County to pay for a new roof. Finally, Health Department staff took furlough days to save the County money, and the Health Officer, Marcus Cheatham, cut his own pay \$10,000 to help.

We have a lot more to say about how the Health Department also improves public health, but we'll save that for another time.

STAFFING CHANGES

MAY - 2019

AS

STATUS	POSITION	BRANCH OFFICE
	No changes	

CHED

STATUS	POSITION	BRANCH OFFICE
NEW HIRE	Stephanie Husted, FT Community Health Worker, Gratiot Branch Office effective May 13, 2019	Gratiot
VACANCY	FT P.H. Representative I/II, Gratiot Branch Office, effective July 21, 2019	Gratiot

EH

STATUS	POSITION	BRANCH OFFICE
NEW HIRE	Ryan Klumpp, FT E.H. Specialist I, Gratiot Branch Office effective May 13, 2019	Gratiot