BOARD OF HEALTH
REGULAR MEETING
At
Mid-Michigan District Health Department (MMDHD)
Clinton County Branch Office
Saint Johns, Michigan

Wednesday, August 26, 2020
9:00 a.m.

Board of Health and staff are invited to participate in person with the public participating virtually due to the highly-contagious COVID-19 virus. To participate virtually by video, access Zoom at the following link: https://us02web.zoom.us/j/9902840485 and use Meeting ID 990 284 0485. To participate by phone, call 1 312 626 6799; then enter the Meeting ID.

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


   b. Mid-Michigan District Board of Health (BOH) Personnel Committee Meeting held July 21, 2020 – Included.

   c. Mid-Michigan District Board of Health (BOH) Regular Meeting held July 22, 2020 – Included.

   d. Mid-Michigan District Board of Health (BOH) Personnel Committee Meeting held August 4, 2020 – Included.

   e. Mid-Michigan District (BOH) Special Meeting held August 10, 2020 – Included.

   f.
2. Communications
   
a. Letter dated July 14, 2020 to Dr. Jennifer Morse from John R. Moolenaar, U.S. House of Representatives regarding grant funding for the United States Department of Agriculture (USDA) Farm to School Program – Included.

b. Letter dated July 24, 2020 to Melissa Bowerman from Michigan Municipal Risk Management Authority (MMRMA) regarding the distribution of excess net assets to Members – Included.

c. Letter dated August 19, 2020 to Local Health Officers from Robert Gordon, Director, Michigan Department of Health and Human Services (MDHHS) regarding clarifying the intent of COVID-19 funding – Included.

d.

C. PUBLIC COMMENTS:

D. BRANCH OFFICE EMPLOYEES:

E. COMMITTEE REPORTS:

1. Finance Committee: Bruce DeLong, Chair
   
a. MMDHD Expenses for July 19 through August 14, 2020 – Included.


2. Personnel Committee: Betty Kellenberger, Chair
   
a. Health Officer Employment Agreement – Included.

b. Health Officer Goals for FY 20/21 – Included.

c. Hiring Public Health Nurses (PHN) at Step 3 – Included.

3. Program Committee: Dwight Washington, Chair
   
a.
4. Mid-Central Coordinating Committee: Dwight Washington
   a.

F. **MEDICAL DIRECTOR’S REPORT:** Jennifer Morse, MD, MPH, FAAFP – Included.
   1. COVID-19 Update
   2. Influenza Vaccine
   3.

G. **HEALTH OFFICER’S REPORT:** Mark W. (Marcus) Cheatham, Ph.D.
   1. Agreements Signed, July 20 – August 21, 2020 – Included.
   2. COVID-19 Activities – Included.
      a. Implementing Michigan Occupational Safety and Health Administration (MIOSHA) Guidelines for Gyms – Included.
   3. Immunizations – Included.
   5. Trace Force Data – Included.
   6.

H. **OLD BUSINESS:**
   1. Riverdale Update
   2. PFAS Update/Test Results
   3.

I. **NEW BUSINESS:**
   1.
   2. Emerging Issues
      a. Arbovirus –
         Second Horse Has Eastern Equine Encephalitis (EEE), *Morning Sun*, August 20, 2020
         EEE Confirmed in Montcalm County Horse, *Daily News*, August 20, 2020
b.

J. LEGISLATIVE ACTION:

1.

K. INFORMATIONAL ITEMS: – Included.

1. Mid-Michigan District BOH Action Items, July 2020

2. MMDHD Staffing Report


1. GPS Drafting Plans For In-Person Learning; Online Alternatives Will Also Be Available, Daily News, July 15, 2020
3. Officials: Virus Spike From Community Spread, Morning Sun, July 15, 2020
4. Stanton City Commission Considers Restaurant’s Outdoor Dining Request, Daily News, July 16, 2020
5. Health Department Eliminates Water Quality Program Due To Coronavirus Pandemic, Daily News, July 17, 2020
6. Cleaning It Up, Morning Sun, July 21, 2020
7. By The Numbers: Understanding Local COVID-19 Data, Gratiot County Herald, July 22, 2020
8. Gratiot Death Brings COVID-19 Toll To 15, Morning Sun, July 22, 2020
9. Gratiot’s Cases Top 100; COVID-19 Deaths Now At 15, Gratiot County Herald, July 22, 2020
10. Clare Sees Single-Day Biggest Uptick In Cases, Morning Sun, July 24, 2020
11. Task Force to EPA: Help End River Re-Pollution, Morning Sun, July 24, 2020
14. Clare COVID-19 Surge Increases To 10 Cases In Less Than A Week, Morning Sun, July 28, 2020
15. COVID-19 Drive-Through Test Site Coming To Greenville, Daily News, July 30, 2020
16. Isabella Camper Caught COVID, Morning Sun, July 30, 2020
17. WIC Program Makes A Difference, Daily News, July 31, 2020
19. Greenville Gym Owner Hires Owosso Barber’s Attorney, Daily News, August 5, 2020
20. ‘I Want To Know’; Nearly 100 People Participate In Drive-Thru Coronavirus Testing Event In Greenville, Daily News, August 6, 2020
21. Study Finds Health Risk From Pine River Fish, Daily News, August 10, 2020
23. Cleanup Of Former Velsicol Site Ongoing, Morning Sun, August 13, 2020
24. 13 Local Businesses Warned To Close During Pandemic, Lansing State Journal, August 14, 2020
25. From The Ground Up-Alma College Students Meet Needs With Community Garden, Morning Sun, August 18, 2020
26. Cautiously Optimistic, Gratiot County Herald, August 19, 2020
27. School Districts Prepare For Mix Of In-Person, Remote Students, Gratiot County Herald, August 19, 2020
28. Central Montcalm School Board Meets In Person On Eve Of Return To Classes, Daily News, August 20, 2020
29. EEE Confirmed In Montcalm County Horse, *Daily News*, August 20, 2020

M. AGENCY NEWSLETTERS: None.
Board of Health (BOH) Synopsis of Actions Needed
August 26, 2020 Meeting

Item A. 1. AGENDA NOTES, REVIEW, AND REVISIONS
Motion to approve the Agenda as amended.

Item B. 1. & 2. CONSENT ITEMS (MEETING MINUTES & COMMUNICATIONS)
Motion to accept and place on file Meeting Minutes B. 1. a. and e. and Communications B. 2. a. and b.

Item E. 1. a. EXPENSES FOR JULY 19 THROUGH AUGUST 14, 2020
Motion to approve payment of the Mid-Michigan District Health Department’s (MMDHD) Expenses for July 19 through August 14, 2020, totaling $474,665.35.

Item E. 1. b. BALANCE SHEET, REVENUE AND EXPENDITURE REPORT FOR JULY 2020
Motion to approve and place the Balance Sheet, Revenue and Expenditure Report for July 2020 on file.

Item E. 1. c. MUNICIPAL EMPLOYEES RETIREMENT SYSTEM (MERS) 2019 ACTUARIAL VALUATION REPORT
Motion to approve and place the MERS 2019 Actuarial Valuation Report on file.

Item E. 2. a. and b. HEALTH OFFICER EMPLOYMENT AGREEMENT AND FY 20/21 GOALS
Motion to authorize the Board Chair to sign the Health Officer Employment Agreement and accept and place the Health Officer Goals for FY 20/21 on file.

Item F. 1. and 2. MEDICAL DIRECTORS REPORT-COVID-19 UPDATE AND INFLUENZA VACCINE
Motion to adopt the BOH Monthly Healthy Living Recommendation for September as proposed and accept and place the Medical Director’s Report on file.
I. **Call to Order**
The meeting was called to order at 9:03am by Angelique Joynes, President.

II. **Roll Call**
A quorum was present.

*Jurisdictions Represented:* Allegan [Angelique Joynes], Barry-Eaton [Colette Scrimger], Bay [Joel Strasz], Benzie-Leelanau [Lisa Peacock], Berrien [Nicole Britten], Branch-Hillsdale-St. Joseph [Rebecca Burns], Calhoun [Eric Pessell], Central Michigan [Steve Hall], Delta-Memineese [Mike Snyder], District 2 [Denise Bryan], District 10 [Kevin Hughes], District 4 [Denise Bryan], Grand Traverse [Wendy Hirschenberger], Huron [Ann Hepfer], Ingham [Debbie Edokpolo, Linda Vail], Jackson [Rashmi Travis], Kalamazoo [Jim Rutherford], Kent [Adam London], Lapeer [Kathy Haskins], Livingston [Dianne McCormick], Macomb [Krista Willette], Marquette [Jerry Messana], Midland [Fred Yanoski], Mid-Michigan [Marcus Cheatham, Dwight Washington], Monroe [Kim Comerzan], Northwest Michigan [Lisa Peacock], Ottawa [Lisa Stefanovsky], Shiawassee [Larry Johnson], St. Clair [Annette Mercatante, Tuscola [Ann Hepfer], Washtenaw [Jimena Loveluck],

*Others Present:* Administrative Officers Forum, [Kyler Watson], Health Education and Promotion Forum, [Amanda Darche], Environmental Health Forum, [Matt Bolang], Nurse Administrators Forum, [Lisa Hahn], Physician’s Forum, [William Nettleton], EGLE, [Dana DeBruyn], MAC, [Dwight Washington], MDHHS, [Steve Crider, Laura de la Rambelje], PAA, [Becky Bechler],

*Staff:* Meghan Swain, Jodie Shaver

III. **Approve Agenda / Minutes of June 8, 2020 Meeting Minutes**
Motion by D. McCormick, support by K. Comerzan to approve the agenda. Motion carried. Motion by K. Hughes, support by D. McCormick to approve the June 8, 2020 meeting minutes. Motion carried.

IV. **Public Affairs Report**
B. Bechler reported that the legislature has been on break and returning two days this month. The focus is the FY 2021 budget and CARES dollars. Proposed is a $490M cut to state government—firing freezes, layoffs, contracts. As far as legislation, nursing home regulation/operations will be a priority.

V. **State Partners Report**
L. de la Rambelje reported ongoing work with the accreditation commission, discussing what accreditation activities during COVID-19 will be necessary or not. She also reported
on COVID-19 epi lab capacity, including two new contracts. Each local health department will see up to 3 FTE. A needs survey for FY 2021 was distributed.

S. Crider reported work related to lead and copper, stating filters are still available.

D. DeBruyn reported the department is working on funding for nontransient non-community water supply systems to get tests without cost. First round of toxin testing at community water systems that use surface water. Samples are going to MDHHS lab. The IT modernization project is on schedule for its first release of application in September with the primary focus on campground programs.

VI. Officer Updates

A. Joynes—President reported on one strategic plan goal to identify infrastructure needs, plan, and implementation. This includes looking at job descriptions and the current human resources company—AccessPoint. MALPH needs a solid administrative base to grow. Request for proposals were sent to prospective vendors. A rubric will be developed to evaluate vendors by finance committee and recommendations will be brought to the board at the August meeting. Concern was expressed that money was offered by MDHHS for staff compensation and was turned down. A. Joynes offered that the human resources company issue should be addressed first. A. Joynes reported on the Michigan Economic Recovery Council workgroup including a positive messaging campaign sub-workgroup that includes Anne Barna and Gillian Conrad. Another sub-workgroup includes contact tracing with Denise Fair and Linda Vail.

C. Scrimger—Secretary / Treasurer provided a report on the financial reports. Motion by M. Cheatham, support by A. Mercatante to accept the May, 2020 financial reports. C. Scrimger presented the FY 2021 draft budget.

M. Swain—Executive Director reported on legislation that was introduced to include a 12th grade cohort on immunizations for college readiness—this includes waiver education to be performed by the local health department. The policy was forwarded to the medical directors to discuss. There is no science behind this policy, only that other states have instituted it. It is the right thing to do, but there is no funding and most likely no staff due to COVID-19 response. The MALPH office has moved upstairs. The new address is 326 W. Ottawa Street. MALPH submitted a concept paper to the Michigan Health Endowment Fund for a project to get children up to date on their immunizations and prepare for COVID-19 immunization response. The MALPH ballot for FY 2021 executive committee officers was presented. If anyone would like to be considered, let C. Scrimger know. There will be one last call from the floor at August’s board meeting.

Forum Reports
- Written submission in board packet
VII. Public Comments / Announcements / Requests for Future Agenda Items

- A. Mercatante expressed concern regarding guidance and policies on travel from other states, namely what are others doing. This item will be added to the MDHHS/MALPH Friday Leadership Meeting.

VIII. Adjournment

Motion by W. Hirschenberger to adjourn at 10:32am.
BOARD OF HEALTH PERSONNEL COMMITTEE MEETING

at
Mid-Michigan District Health Department (MMDHD)
Gratiot Office, Ithaca

Meeting held virtually and in-person through Zoom at https://us02web.zoom.us/j/9902840485
due to COVID-19.

Tuesday, July 21, 2020, 1:00 p.m.

MINUTES

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

Members Present: Dwight Washington, and Betty Kellenberger (Chair)

Members Absent: Chuck Murphy

Staff Present: Mark W. (Marcus) Cheatham, Ph.D., Health Officer; Melissa Selby, Director of Administrative Services

Staff Absent: None

Guests: Gordon Love, Esq., Cohl, Stoker & Toskey, PC

B. Kellenberger, Chairperson called the Personnel Committee Meeting of the Mid-Michigan District Board of Health (BOH) to order at 1:24 p.m., on Tuesday, July 21, 2020. The meeting was held electronically considering the highly contagious COVID-19 and to assure compliance with federal, state, and local health guidance and requirements relating to the Governor’s Executive Order 2020-154.

Due to technical issues with the platform, the meeting was delayed to move to a new platform.

Motion made by D. Washington and seconded by B. Kellenberger to approve the Agenda as presented. Motion carried.

A. Public Comment – None.

B. Consideration to Go into Closed Session for Purposes of Labor Negotiations

B. Kellenberger requested a roll call vote to go into closed session for purposes of labor negotiations with Teamsters Local 214 at 1:26 p.m. B. Kellenberger called the roll: D. Washington – Yes; B. Kellenberger – Yes. Motion carried 2-0.
C. Teamsters Local 214 (T214) Contract Negotiations

The Personnel Committee returned to open session at 3:40 p.m.

Due to technical difficulties, a meeting was scheduled for August 4, 2020 without a motion from Personnel Committee members.

There being no further business to come before the Personnel Committee, the meeting adjourned at 3:42 p.m.

Respectfully Submitted,

Melissa Selby
Acting Board Secretary for
Betty Kellenberger, Personnel Committee Chair
Mid-Michigan District Board of Health
BOARD OF HEALTH
REGULAR MEETING
At
Mid-Michigan District Health Department (MMDHD)
Stanton, Michigan

Meeting held electronically through Zoom at https://us02web.zoom.us/j/9902840485 due to COVID-19.

Wednesday, July 22, 2020 at 9 a.m.

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

Members Present: Adam Petersen (in person); Bruce DeLong (in person); Dwight Washington (virtually); Chuck Murphy (in person); Betty Kellenberger (virtually); and George Bailey (Chairperson) (in person)

Members Absent: None

Staff Present: Mark W. (Marcus) Cheatham, Ph.D., Health Officer (in person); Melissa Selby, Director of Administrative Services, (virtually); Cynthia M. Partlo, Board Secretary (virtually); Liz Braddock, Director of Environmental Health (EH) (virtually); Sarah Doak, Director of Community Health and Education Division (CHED) (virtually); and Jennifer E. Morse, MD, MPH, FAAFP, Medical Director, (in person)

Staff Absent: None

Guests: Cory Smith, Daily News Reporter (virtually)

G. Bailey, Chairperson called the Regular Meeting of the Mid-Michigan District Board of Health (BOH) to order at 9:01 a.m. on Wednesday, July 22, 2020, with some of the BOH members and staff participating in person at the Montcalm Office, Stanton, Michigan, and the public and some Board members and staff participating virtually through Zoom at https://us02web.zoom.us/j/9902840485 due to the highly-contagious COVID-19 and to assure compliance with federal, state, and local health guidance and requirements relating to the Governor’s Executive Order 2020-154.

The Pledge of Allegiance was led by G. Bailey.

A. AGENDA NOTES, REVIEW, AND REVISIONS:

Motion made by B. DeLong and seconded by C. Murphy to approve the Agenda as presented. Motion carried.
B. CONSENT ITEMS:

1. Meeting Minutes
   a. Michigan Association for Local Public Health (MALPH) Board of Directors Meeting held June 8, 2020
   b. Mid-Michigan District Board of Health (BOH) Regular Meeting held June 24, 2020
   c. Mid-Michigan District BOH Personnel Committee Meeting held July 14, 2020
   d. Mid-Michigan District BOH Special Finance Committee Meeting held July 15, 2020

2. Communications
   a. Letter dated July 2, 2020 to Marcus Cheatham from Dawn Lukomski, Manager, HIV Care and Prevention Section, Michigan Department of Health and Human Services (MDHHS) regarding $20,000 award to provide HIV prevention services to individuals as risk of HIV infection

Motion made by B. DeLong and seconded by C. Murphy to accept Meeting Minutes B. 1. a. through d. and Communications B. 2. a. and place on file. Motion carried.

C. PUBLIC COMMENTS: None

D. BRANCH OFFICE EMPLOYEES: None

E. COMMITTEE REPORTS:

1. Finance Committee – Bruce DeLong, Chairperson
   a. MMDHD’s Expenses for June 22 through July 17, 2020

      Motion made by B. DeLong and seconded by C. Murphy to approve payment of the MMDHD’s Expenses for June 22 through July 17, 2020, totaling $415,973.04. Motion carried.

   b. MMDHD’s Monthly Balance Sheet, Revenue and Expenditure Report for June 2020

      Motion made by B. DeLong and seconded by A. Petersen to approve the MMDHD’s Monthly Balance Sheet, Revenue and Expenditure Report for June 2020. Motion carried.

   c. FY 20/21 Proposed Draft Budget and Narrative

      M. Cheatham provided a brief overview of the FY 20/21 Proposed Draft Budget and Narrative.

      Motion made by B. DeLong and seconded by A. Petersen to adopt the MMDHD FY 20/21 Proposed Budget. Motion carried.
d. FY 20/21 Proposed Agency Fees

1) Community Health and Education Division (CHED)

2) Environmental Health (EH) Division

M. Cheatham said that agency fees remain flat, although food facility inspections, water, and sewage fees would increase 1 percent. A. Petersen asked about a height and weight measurement fee for $1. S. Doak explained that the agency was paid by EightCap Head Start for performing that service.

Motion made by B. DeLong and seconded by A. Petersen to approve the MMDHD Agency Fees for CHED and EH as presented. Motion carried.

2. Personnel Committee – Betty Kellenberger, Chairperson

a. Teamsters Local 214 Contract Negotiations

B. Kellenberger reported that the Personnel Committee members met with the Teamsters Local 214 representatives for negotiations meetings. M. Cheatham mentioned that there were a few issues that needed to be worked on. M. Selby added that the next meeting was scheduled for August 4, 2020 at 10 a.m. in the Gratiot Office.

a. Health Officer’s Evaluation

B. Kellenberger stated that the Personnel Committee will be meeting after the Regular Board Meeting to conduct the Health Officer’s Evaluation.


F. MEDICAL DIRECTOR’S REPORT: Jennifer E. Morse, MD, MPH, FAAFP

1. COVID-19 Update
2. MI Safe Schools Reopening

J. Morse provided an update regarding COVID-19 stating that she did not prepare a written report because she has been occupied with helping schools reopen. She reported that she has provided nine webinars to school districts regarding reopening. She said that some schools are very concerned about the process. Dr. Morse stated that adults in the schools have more risk of contracting COVID-19 than students. She said that she has been very busy researching and writing guidance for schools. G. Bailey asked what the most frequent question is. Dr. Morse replied that the question asked frequently was “What do we do when a student is sick?” She said that she has helped schools with communication to parents and how schools respond to identified cases. Dr. Morse explained the guidelines for phases in the MI Safe Schools Roadmap, stating that considerations are made for regions where the virus is very active in Michigan and how the economy is affected. Currently, there are only two regions in Michigan in Phase 4.
Dr. Morse said that schools need to develop policies and procedures approved by the School Board, submit them to the State Treasurer and Department of Education, and post those policies and procedures to their websites. G. Bailey asked if schools could each take a different approach. Dr. Morse replied that schools can take different approaches, or they can choose to not have in-person learning. Dr. Morse indicated that most schools should offer alternatives because some students have chronic health issues or live with family members with serious health issues. She also said that some students do not have access to the internet; therefore, would need to be able to stop into the school to obtain materials and drop them off.

C. Murphy asked about children wearing a mask. Dr. Morse recommended mask wearing if mingling with other students or walking in the hallway. If students consistently remain with the same group, then they can take off their masks. She said that grades 6 and up should always wear a mask. A. Petersen asked Dr. Morse if sports programs could continue safely. Dr. Morse replied that guidance was available for sports; however, competition play should be limited to games. She explained that teams have more risk of contracting and spreading COVID-19. She reported that a lot of guidance was available regarding implementing band, theater, debate, etc.

D. Washington asked if plans and policies were for school staff or the public at large and if there would be a packet of information for families detailing expectations? M. Cheatham replied that Dr. Morse was not making the plans for schools, although she provides clinical guidance on their choices. Dr. Morse indicated that she was working on a toolkit for schools like the business toolkit that was developed. She said each school needed to develop their own policies and procedures following requirements of the MI Safe Schools Roadmap. D. Washington commented that the toolkit for business was good; however, communication with the public was not adequately. He hoped that communication would be better with the public for reopening schools.

Dr. Morse reviewed her BOH Monthly Healthy Living Recommendation for August:

- Continue to support COVID-19 prevention measures within schools.

Motion made by B. DeLong and seconded by D. Washington to approve the BOH Monthly Healthy Living Recommendation for August as proposed and accept the Medical Director’s Report as presented and place it on file. Motion carried.

G. HEALTH OFFICER’S REPORT:

1. FY 19/20 Quarterly Service Report, Third Quarter (April 1 through June 30, 2020)

M. Cheatham reviewed the charts for the FY 19/20 Quarterly Service Report for the third quarter stating that the WIC program has been operated virtually and by phone, noting that the numbers remained steady compared to previous quarters. He indicated that the Family Planning Program numbers have declined slightly over the third quarter. The Immunizations Program was not operational over the third quarter; however, the agency has now begun serving clients.

For the Food Service Inspection Program, M. Cheatham reported inspections have dropped off; however, almost every food service facility should be inspected this fiscal year. M. Cheatham reported that septic and water permits were issued; however, not at the levels of last fiscal year. G. Bailey asked if sanitarians were wearing their masks when conducting a food inspection and if we had any issues. L. Braddock provided a brief report noting that food inspections are done every six months. She said that
the focus was on completing seasonal inspections and reported that no seasonal inspections were missed for June and July; however, March inspections for schools were missed. She reported that a letter was sent to schools letting them know that it would not impact their federal funding for the school nutrition programs. She indicated that staff would get back to those inspections between now and the end of the year. L. Braddock explained that staff interviewed food service handlers by phone before going out and said staff continually communicate with food service facilities through Constant Contact. Additionally, she said every food service facility received a verbal inspection, which counts. She reported that only four food service facilities would not be renewing their licenses, which was good news. G. Bailey asked if food service establishments have been following the Executive Orders. L. Braddock replied that her staff follow up on all complaints received. If a positive COVID-19 case was reported in a food service handler, then her staff work with the Public Health Nurses and the restaurant owner to be sure that they had a COVID-19 response plan and it was being followed as well as ensuring that any affected staff are excluded from working.

2. Agreements Signed, May 22 through June 17, 2020

M. Cheatham briefly reviewed the agreements signed between May 22 through June 17, 2020 noting that the topic was informational.

3. MMDHD COVID-19 Graph

M. Cheatham explained the COVID-19 graph that outlined cases within the district from March 2020 through July 16, 2020. C. Murphy asked what portion of the 14 deaths in Gratiot County were attributed to nursing homes. S. Doak replied that the first death and the last death in Gratiot County were not associated with nursing homes; however, the others were.

Motion made by B. DeLong and seconded by A. Petersen to accept the Health Officer's report and place it on file. Motion carried.

H. OLD BUSINESS: None.

I. NEW BUSINESS:

1. Future PFAS Sampling, Stanton

L. Braddock reported that the agency was continuing to work with the National Guard to conduct a second round of PFAS sampling in 14 homes in the Grand Ledge area. She said they would consider conducting a Zoom public meeting in November if the results warrant. L. Braddock reported that a meeting was held with the Michigan Department of Environment, Great Lakes, and Energy remediation office out of Grand Rapids and Michigan Department of Health and Human Services toxicologist to discuss further sampling in an area north of Central Montcalm Public Schools (CMPS) in Montcalm County. She explained that the initial work was beginning of adding monitoring wells to the site that may be potentially affecting the elevated PFAS results received at CMPS, which is inside the City of Stanton. Once a plan is in place, residents would be notified as well as local commissioners, township supervisors, etc. She reported that the target date for that project was late August.

2. Emerging Issues

a. None
J. **LEGISLATIVE ACTION:** None

K. **INFORMATIONAL ITEMS:**

1. Mid-Michigan District BOH Action Items, June 2020  
2. Staffing Report

M. Cheatham reported that the agency has had a lot of staff turnover. He reported that a Public Health Nurse and an EH Specialist would be recruited soon.

L. **RELATED NEWS ARTICLES AND LINKS:** [https://www.mmdhd.org/2020-board-of-health/](https://www.mmdhd.org/2020-board-of-health/)

1. As Coronavirus Cases Rise, Whitmer Halts Plans To Further Reopen Michigan, *Bridge*, July 1, 2020  
2. Few COVID Cases, One Death Reported In MMDHD, *Gratiot County Herald*, June 17, 2020  
3. MMDHD, National Guard Hold Free COVID-19 Testing Event In Alma, *Gratiot County Herald*, June 17, 2020  
4. Community Garden Planted At Former Alma Middle School Site, *Gratiot County Herald*, June 24, 2020  
7. Coronavirus Outbreaks Tied To Migrant Farm Workers In Michigan, *Daily News*, June 30, 2020  
8. Riverdale Septic Talks To Resume Following COVID-19 Delay, *Gratiot County Herald*, July 1, 2020  
11. COVID-19 At Rolston Hardware, Stanton, Lakeview Area News, July 9, 2020  
14. ‘We’ll Wait And See’-Greenville Police Stop Ticketing Fresh Start After 20 Citations, *Daily News*, July 14, 2020

M. **AGENCY NEWSLETTERS:** – None

There being no further business to come before the Board, the meeting adjourned at 10:06 a.m.

Respectfully Submitted,

*Cynthia M. Partlo, Board Secretary*  
*For George Bailey, Chairperson*  
*Mid-Michigan District Board of Health*
BOARD OF HEALTH
PERSONNEL COMMITTEE MEETING
at
Mid-Michigan District Health Department (MMDHD)
Gratiot Office, Ithaca

Meeting held virtually and in-person through Zoom at https://us02web.zoom.us/j/9902840485
due to COVID-19.

Tuesday, August 4, 2020, 10:00 a.m.

MINUTES

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

Members Present: Dwight Washington, and Betty Kellenberger (Chair)

Members Absent: Chuck Murphy

Staff Present: Mark W. (Marcus) Cheatham, Ph.D., Health Officer; Melissa Selby, Director of Administrative Services; Sam Tran, Steward-MBO; Adam Byrne, Steward-CBO; Kim Peters, Steward-GBO

Staff Absent: None

Guests: Gordon Love, Esq., Cohl, Stoker & Toskey, PC and Dennis Nauss, Business Representative, Teamsters Local 214 (T214)

B. Kellenberger, Chairperson called the Personnel Committee Meeting of the Mid-Michigan District Board of Health (BOH) to order at 10:03 a.m., on Tuesday, August 4, 2020. The meeting was held virtually through Zoom considering the highly-contagious COVID-19 and to assure compliance with federal, state, and local health guidance and requirements relating to the Governor’s Executive Order 2020-154.

Motion made by D. Washington and seconded by B. Kellenberger to approve the Agenda as presented. Motion carried.

A. Public Comment – None.

B. Consideration to Go into Closed Session for Purposes of Labor Negotiations

B. Kellenberger requested a roll call vote to go into closed session for purposes of labor negotiations with Teamsters Local 214 at 10:06 a.m. B. Kellenberger called the roll: D. Washington – Yes; B. Kellenberger – Yes. Motion carried 2-0.
C. Teamsters Local 214 (T214) Contract Negotiations

The Personnel Committee returned to open session at 12:07 p.m.

M. Cheatham explained that MMDHD was interested in hiring a candidate for the Public Health Nurse (PHN) position with many years of experience; the applicant requested to be hired at Step 3 as she was taking a large pay cut to leave her current hospital position.

Motion made by D. Washington and seconded by B. Kellenberger to recommend the full Board of Health consider hiring the candidate for the PHN position at Step 3 of the MNA wage band 8 as proposed. Motion carried.

There being no further business to come before the Personnel Committee, the meeting adjourned at 12:17 p.m.

Respectfully Submitted,

Melissa Selby
Acting Board Secretary for
Betty Kellenberger, Personnel Committee Chair
Mid-Michigan District Board of Health
BOARD OF HEALTH
SPECIAL MEETING
at
Mid-Michigan District Health Department (MMDHD)

Monday, August 10, 2020
8:30 p.m.

Meeting held virtually due to the highly-contagious COVID-19 virus through Zoom at the following link: https://us02web.zoom.us/j/9902840485.

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

MEMBERS PRESENT: Adam Petersen (joined at 8:40 a.m.), Bruce DeLong, Chuck Murphy, Betty Kellenberger, and George Bailey (Chair)

MEMBERS ABSENT: Dwight Washington

STAFF PRESENT: Mark W. (Marcus) Cheatham, Ph.D., Health Officer; Cynthia Partlo, Board Secretary; Sarah Doak, Director of Community Health and Education Division (CHED)

GUESTS: Melissa Selby, Director of Administrative Services

G. Bailey, Chairperson called the Special Meeting of the Mid-Michigan District Board of Health (BOH) to order at 8:38 a.m. on Monday, August 10, 2020, with Board of Health (BOH) members and staff participating virtually due to the highly contagious COVID-19 and to assure compliance with federal, state, and local health guidance and requirements relating to the Governor’s Executive Order 2020-154.

A. AGENDA NOTES, REVIEW, AND REVISIONS: None.

B. PUBLIC COMMENTS: None.
C. COMMITTEE REPORTS:

1. Personnel Committee – Betty Kellenberger, Chairperson

   a. Hiring a Public Health Nurse (PHN) at Step 3

   M. Cheatham explained that the MMDHD has received additional Essential Local Public Health Services (ELPHS) funding as well as Local Community Stabilization Funding for FY 20/21. He explained that a PHN and Environmental Health (EH) Specialist would need to be hired with that funding. S. Doak interviewed several candidates and one candidate that is currently working as a hospital nurse stood out. The candidate would be taking a large pay cut to join the MMDHD workforce at Step 2. Therefore, M. Cheatham requested, as the BOH has the authority to hire staff at Step 3, that the BOH take action to authorize Step 3 of Wage Band 8 of the Michigan Nurses Association Contract in this case. He described the urgency stating that the State was requesting local public health departments to restart immunization programs, conduct special influenza clinics, and to get ready for COVID-19 vaccination clinics. He explained that this nurse would focus on immunizations, including influenza.

   Motion made by B. DeLong and seconded by B. Kellenberger to hire the PHN at Step 3 of Wage Band 8 of the Michigan Nurses Association Contract. G. Bailey requested a roll call vote. C. Partlo called the roll: B. DeLong – Yes; B. Kellenberger – Yes; C. Murphy – Yes; A. Petersen – Yes; and G. Bailey – Yes. Motion carried 5-0.

There being no further business to come before the Board, the meeting adjourned at 8:52 a.m.

Respectfully Submitted,

Cynthia M. Partlo, Board Secretary
For George Bailey, Chairperson
Mid-Michigan District Board of Health
Congress of the United States
House of Representatives
Washington, DC 20515-2204

July 14, 2020

Dr. Jennifer Morse
615 N State Street: Suite 2
Stanton MI 48888-9702

Dear Dr. Morse,

I would like to take this opportunity to congratulate Mid-Michigan District Health Department in Stanton, Michigan on receiving an incentive through the USDA Farm to School Program. It is my understanding the grant funding will be used by the department to develop local procurement and agricultural education programs to increase consumption of local fruits and vegetables at two public school districts. This is great news!

As Congressman for Michigan’s Fourth Congressional District, I look forward to watching this project move forward. Again, congratulations and best wishes for continued success. If I may ever be of assistance, please do not hesitate to contact me.

Sincerely,

[Signature]

JOHN MOOLENAAR
Member of Congress

JM/AC
July 24, 2020

Melissa Bowerman  
Mid-Michigan District Health Department  
615 North State Road, Suite 2  
Stanton, MI 48888-9702

Dear Melissa Bowerman:

Thank you for your recent renewal with the Michigan Municipal Risk Management Authority (MMRMA). On behalf of the MMRMA Board of Directors, I am very pleased to provide the Mid-Michigan District Health Department with the enclosed check for $20,483. This represents your share of the distribution of excess net assets from MMRMA to current eligible renewing Members declared by the Board in January 2020.

The Board determined whether to declare a distribution of excess net assets based on a recommendation from the Investment Committee and the most recent analysis by our actuary of net asset adequacy of MMRMA at June 30, 2019. This year, the Board declared a net asset distribution of $33,575,603 to eligible Members. Many factors contribute to the ability of the Board to declare a distribution, including better than expected loss trends, good risk management practices, responsiveness to risk control recommendations, and a successful well-diversified long-term investment strategy. A new actuarial analysis is performed each year to determine if there are excess net assets eligible for distribution; because each year’s analysis is unique, there is no guarantee of future distributions.

However, the essential and most important factor allowing MMRMA to distribute excess net assets is the long-term commitment of its Members. A majority of MMRMA Members have over 20 years of continuous membership, and several have more than 30 continuous years with our organization. The method used to calculate the distribution of excess net assets recognizes and rewards those municipalities with sustained longevity. In addition to your years of continuous membership, the calculation method considers your claim loss history in excess of your self-insured retention (SIR) layer and your contributions to the General Fund over the past five years. Without your ongoing participation and commitment to best practices, such distributions would not be possible. The ultimate recognition of the success of our organization goes to you – the MMRMA Members. The Board and I sincerely thank you for your loyal support of MMRMA.

Warmest regards,

Michael L. Rhyner  
Executive Director

Enclosure
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**TOTALS:** $20,483.00 $20,483.00
August 19, 2020

Dear Local Health Officers,

This letter is to clarify and reiterate the intent of funds recently distributed to Local Health Departments (LHDs) by the Michigan Department of Health and Human Services (MDHHS) for COVID-19 case investigation and contact tracing. MDHHS distributed funding to each LHD across the state on July 7, 2020 for the remainder of Fiscal Year 2020 and on July 22, 2020 for Fiscal Year 2021.

These resources from MDHHS are intended to bolster local capacity for case investigation and contact tracing by providing funds to LHDs to increase staffing, invest in public communications, purchase technology, and make other local investments needed to ensure a timely and effective contact tracing strategy. We understand that none of Michigan’s LHDs were previously staffed to respond to a crisis of this magnitude, and the Department expects that LHDs will need to hire staff to support a comprehensive COVID-19 response. We know there is urgency to hire these staff in preparation for a possible surge in cases this Fall.

These investments are critical to containing the spread of COVID-19 in Michigan. Investing in our state’s public health workforce and infrastructure is a top priority for the Department. This new funding is intended to supplement, not supplant, existing LHD resources. This will allow LHDs to respond successfully to COVID-19, while maintaining other essential public health functions, including providing immunizations, offering vision screenings, treating STDs, and so many other activities vital to keeping Michigan communities healthy.

While we cannot guarantee how long the funds will be available due to the uncertainty of the pandemic and associated federal funding based on Congressional action, our goal is to provide LHDs with predictability and sustainability whenever possible. This is why MDHHS has already provided allocations to LHDs for Fiscal Year 2021. This ensures funding for COVID-19 response through at least September 2021. MDHHS will remain in close communication as we learn more about resources available for local public health. If you have any questions, please contact Local Health Services at MDHHS.

Thank you, as always, for your partnership in responding to COVID-19 and protecting the health and safety of Michiganders.

Robert Gordon
Director
Michigan Department of Health and Human Services
MONTHLY EXPENSES FOR
July 18, 2020 - August 14, 2020

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to Quantum Checks & AP Direct Deposits $ 25,226.33
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Page 33 of 113
Mid Michigan District Health Department

### ACCOUNTS PAYABLE CHECK REGISTER

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**CHECK TOTALS:**

- $71.00
- $20.91
- $250.00
- $1,718.49
- $1,705.13
- $53.45
- $39.00
- $39.96
- $30.43
- $1,867.97

**BANK CODE TOTALS:**

- $25,226.33

**COMPANY TOTALS:**

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- $25,226.33
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**TOTAL REVENUE:**

6,309,453.00  672,411.10  5,560,565.39  748,887.61  88%

**W/O SPACE & VFC**

5,738,503.00  639,287.49  5,239,216.68  499,296.32  91%
## Expenditure

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<td>7,500.00</td>
<td>1,112.65</td>
<td>16,474.93</td>
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<td>20 Communications</td>
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<td>66,766.74</td>
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<td>21 Travel</td>
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<td>22 Advertising &amp; Recruitment</td>
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<td>16,720.28</td>
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<tr>
<td></td>
<td>Description</td>
<td>Amount 1</td>
<td>Amount 2</td>
<td>Amount 3</td>
</tr>
<tr>
<td>---</td>
<td>------------------------------------------------</td>
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<td>------------</td>
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<tr>
<td>23</td>
<td>Liability Insurance</td>
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<td>24</td>
<td>Equipment Maintenance/Lease</td>
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<td>Rent</td>
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<td>Training</td>
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<td>1,765.00</td>
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<tr>
<td>28</td>
<td>Memberships/Certifications/Subscriptions</td>
<td>19,500.00</td>
<td>2,225.98</td>
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<td>29</td>
<td>Tuition Reimbursement</td>
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<tr>
<td>30</td>
<td>Laboratory</td>
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<td>302.08</td>
<td>1,404.24</td>
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<td>31</td>
<td>Behavioral Risk Factor Survey</td>
<td>22,000.00</td>
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<td>0.00</td>
</tr>
<tr>
<td>32</td>
<td>Misc Other Expense</td>
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<td>0.00</td>
<td>1,000.00</td>
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<td>33</td>
<td>Computer Support</td>
<td>81,700.00</td>
<td>6,000.00</td>
<td>85,635.56</td>
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<td>34</td>
<td>Service Charges/Credit Card Fees</td>
<td>9,500.00</td>
<td>988.83</td>
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<td>35</td>
<td>Equipment</td>
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<td>36</td>
<td>BOH approved capital expenses</td>
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<tr>
<td></td>
<td><strong>TOTAL EXPENSES</strong></td>
<td><strong>6,309,453.00</strong></td>
<td><strong>575,686.03</strong></td>
<td><strong>5,215,762.66</strong></td>
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<tr>
<td></td>
<td><strong>W/O SPACE &amp; VFC</strong></td>
<td><strong>5,739,503.00</strong></td>
<td><strong>542,562.42</strong></td>
<td><strong>4,894,403.95</strong></td>
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<tr>
<td></td>
<td>Revenue Over Expenditures (Deficit)</td>
<td>0.00</td>
<td>96,725.07</td>
<td>344,802.73</td>
</tr>
<tr>
<td></td>
<td>Revenue Over Expenditures (Deficit) without BOH approved capital expense</td>
<td>0.00</td>
<td>96,725.07</td>
<td>344,802.73</td>
</tr>
</tbody>
</table>
### MMDHD BALANCE SHEET AS OF 7/31/2020 7/31/2019

#### CURRENT ASSETS

<table>
<thead>
<tr>
<th>Description</th>
<th>7/31/2020</th>
<th>7/31/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash to Treasurer</td>
<td>$3,087,289.00</td>
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<tr>
<td>Cash on Deposit/Imprest Cash</td>
<td>3,120.00</td>
<td>3,240.00</td>
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<tr>
<td>Accounts Receivable/Cash in Transit</td>
<td>115,365.42</td>
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<tr>
<td>Due from Governmental Agencies</td>
<td>435,618.75</td>
<td>447,531.34</td>
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<tr>
<td>Inventory - VFC IMMS</td>
<td>63,011.94</td>
<td>65,789.86</td>
</tr>
<tr>
<td>Prepaids</td>
<td>39,039.94</td>
<td>52,102.99</td>
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<tr>
<td><strong>Total Assets</strong></td>
<td><strong>$3,743,445.05</strong></td>
<td><strong>$3,889,784.25</strong></td>
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</table>

#### LIABILITIES AND FUND BALANCE

<table>
<thead>
<tr>
<th>Description</th>
<th>7/31/2020</th>
<th>7/31/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts Payable</td>
<td>($37,468.77)</td>
<td>$15,426.33</td>
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<tr>
<td>Payroll Deductions</td>
<td>779.66</td>
<td>(887.23)</td>
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<tr>
<td>Payroll Payables</td>
<td>193,144.79</td>
<td>278,985.40</td>
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<tr>
<td>Other Accrued Payables</td>
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<tr>
<td>Advances</td>
<td>597,998.70</td>
<td>154,382.00</td>
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<td>Trust Funds</td>
<td>17,986.86</td>
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<tr>
<td>Deferred Revenue Prior Year</td>
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<tr>
<td>Deferred Rev Dental Outreach</td>
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<tr>
<td>Deferred Revenue MCDC</td>
<td>29,000.00</td>
<td>105,000.00</td>
</tr>
<tr>
<td>Deferred Revenue VFC IMMS</td>
<td>63,011.94</td>
<td>65,789.86</td>
</tr>
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<td>Deferred Revenue-Medicaid Full Cost</td>
<td>0.00</td>
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<tr>
<td>Fund Balance Restricted Dental</td>
<td>108,788.69</td>
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<td>Fund Balance End of Year</td>
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<td>Fund Balance</td>
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<td>Fund Balance - Community Pathways</td>
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<td>Fund Balance - OPEB Liability</td>
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<td>Fund Balance Equipment</td>
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<td>489,494.46</td>
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<td>Fund Balance Facility Dev</td>
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<td>124,580.00</td>
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<td>Fund Balance Self Ins Bonds</td>
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<td>13,949.72</td>
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<td>Fund Balance-Future Retirement</td>
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<td>608,829.80</td>
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<tr>
<td>Fund Balance-Compensated Leaves</td>
<td>285,988.76</td>
<td>285,988.76</td>
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<tr>
<td>Fund Balance-UNEMPLOYMENT</td>
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<td>55,000.00</td>
</tr>
<tr>
<td>Fund Balance-TRAINING</td>
<td>35,000.00</td>
<td>35,000.00</td>
</tr>
<tr>
<td>Fund Balance/BRFS</td>
<td>11,522.00</td>
<td>11,522.00</td>
</tr>
<tr>
<td>Fund Balance-Health Insurance</td>
<td>160,000.00</td>
<td>160,000.00</td>
</tr>
<tr>
<td>Fund Balance-Potential Claims</td>
<td>93,734.00</td>
<td>93,734.00</td>
</tr>
<tr>
<td><strong>Balance Sheet Net Income</strong></td>
<td><strong>$344,802.73</strong></td>
<td><strong>424,135.64</strong></td>
</tr>
</tbody>
</table>

| **Total Liabilities**                                  | **$3,743,445.05** | **$3,889,784.25** |
| **Total Net Income**                                   | 0.00              | 0.00              |

Page 39 of 113
August 14, 2020

ADMINISTRATOR: Melissa Selby, Director of Administrative Services


☒ Information Only ☐ Action Needed

I. Authority For This Action:

☐ Local Policy
☒ Law or Rule  Public Act 202 of 2017

II. Summary:

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

The MERS provides an Actuarial Valuation Report annually to give an overall snapshot of the funding level and planning considerations for projected future contributions to the agency’s retirement units. A link to the full report is included.

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

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

As noted in the Executive Summary the agency’s estimated value of assets at the end of 2019 was 80% of the projected actuarial estimated obligations. This percentage is the same as the prior year. Effective in FY 20/21, MERS will also be reducing its investment and wage inflation assumptions which will also have an adverse effect on the agency’s estimated value of assets.

Pages 9 and 10 of the report lists the current benefit provisions offered by our agency and vary by divisional unit (i.e., Administration, Non-Union Staff, Teamsters Local 214, and MNA).

As noted on Page 11 of the report, the agency had 61 retirees and beneficiaries receiving $613,969 in annual benefits at the end of 2019. Additionally, the report shows that the agency has 31 vested former employees and 70 active employees.

At the December 19, 2018 BOH Meeting, the Board took action to authorize the agency to open a new surplus division with MERS and fund it with $500,000 from the retirement fund balance. The estimated overall percentage was projected to be 85%; however, due to changes assumption calculations, the overall percentage remained flat. The surplus division is reflected in the report.
IV. Fiscal Impact and Cost:
(Immediate, ongoing, and future impact.)

This is for information only but is something that the agency will continue to monitor ongoing to ensure that we are meeting our liabilities for retirement.

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

There were no alternatives to consider.

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

Since the topic is information, the BOH could take action to accept and place the report on file.

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

The Mid-Michigan District Health Department (MMDHD) will present the MERS Annual Actuarial Valuation Report annually to the BOH for review in June or July, depending on the timing of receiving the report.
EMPLOYMENT AGREEMENT

This Employment Agreement is made and entered into this 26th day of August, 2020 effective October 1, 2020, by the MID-MICHIGAN DISTRICT HEALTH DEPARTMENT BOARD OF HEALTH (“the Board”) and MARK W. (MARCUS) CHEATHAM, PhD (“the Employee”).

1. Employment

In accordance with the terms of this Employment Agreement, the Board employs the Employee as the Health Officer for the Mid-Michigan District Health Department.

2. Term of Employment

Both parties recognize that the Employee’s employment in the position of Health Officer shall be completely at the will and pleasure of the Board. The Employee and this Employment Agreement may be terminated by a vote of five of the six sitting members of the Board, with or without cause.

3. Education, Training and Certification

The Employee represents that they have all the education, training and certification that may be required for the position of Health Officer.

4. Compensation

The Employee shall be compensated on a bi-weekly basis based upon the wage band established by the Board of Health. Any changes in compensation during the term of the contract will be consistent with non-union wage adjustments. A performance review will be completed by the Board of Health annually.

5. Fringe Benefits

The Health Officer shall receive the following fringe benefits:

a) Health, dental, and life insurance equivalent to the benefits provided by the Department to non-unionized personnel

b) Bereavement leave pay and sick leave pay benefits equivalent to the benefits provided by the Department to non-unionized personnel

c) Vacation leave equivalent to the benefit provided by the Department to non-unionized personnel. The accrual of such vacation leave shall be calculated in the same manner as the method used for the Department’s non-unionized personnel and the maximum accumulation of such leave shall also be calculated in the same manner as the method used for the Department’s non-unionized personnel

d) Personal leave each year equivalent to the benefit provided by the Department to non-unionized personnel

e) Mileage, travel, meals, and lodging reimbursement equivalent to the benefits provided by the Department to non-unionized personnel
f) Pension:
   i) Program: Michigan Employees Retirement System Benefit B-3
   ii) Benefit: 2.25% of the member’s final average compensation multiplied by years and months of credited service, but not to exceed 80% of the member’s final average compensation
   iii) Final Average Compensation: Average of the highest 60 consecutive months of earnings
   iv) Employee Contribution: 3% of wages
   v) Vesting: 10 years, retirement age 60

g) Professional dues and subscriptions. The Board agrees, within budget limitations, and subject to the Board’s approval, to pay for the professional dues and subscriptions of the Employee necessary for the Employee’s continuation and full participation in national, state, regional, and local associations necessary and desirable for the Employee’s continued professional participation, growth, and advancement, and for the good of the Department.

h) Professional committees, conferences, and trainings. Consistent with the job description, the Employee may attend professional meetings, conferences, and trainings. Reasonable expenses for such professional in-State travel attended by the Health Officer will be paid by the department. Payment for out-of-state professional travel is subject to Board approval. A summary of attendance at professional committees, conferences, and trainings shall be included in the Health Officer’s report to the Board.

6. Notice of Termination

   The Board reserves the right to terminate this Employment Agreement and to end the Employee’s employment with or without cause of any nature to the Employee. If the Board gives less than sixty (60) days’ notice that it intends to terminate this Employment Agreement and the Employee’s employment, it will pay to the Employee the difference, if any, between sixty (60) days’ pay at the Employee’s then current salary and the salary amount attributable to the notice actually given to the Employee. Sixty (60) days of continued health insurance coverage will be granted unless the Board terminates for just cause.

   In the event termination of this Employment Agreement is initiated by the Employee, the Employee shall provide sixty (60) days’ written notice to the Board. The Employee’s failure to do so shall result in the forfeiture of any accumulated vacation pay.

7. Return of Property

   Upon termination of employment, the Employee shall immediately return all Department documents, correspondence, files, papers, or property of any kind which the Employee may have in his possession or control.

8. Supplemental Employment

   The Employee must receive written approval of the Board before engaging in outside or supplemental employment. In no case shall outside or supplemental employment conflict with or impair the Employee’s responsibilities to the Board.
9. **Job Duties**

   The Employee shall perform all duties as required by the Board and outlined in the Employee's job description. The Employee agrees that at all times they will, faithfully and to the best of their ability, experience, and talents, perform all the duties that may be required of them. The Employee shall report to the Board and/or such other representative as may be designated by the Board.

10. **Insurance**

   The Employee shall be covered by the Board's existing general liability insurance policy.

11. **Compliance With The Law**

   The Employee shall perform all of their duties and obligations in complete compliance with all applicable Federal, State, and local laws, ordinances, rules, and regulations, and shall adhere to all of the Board's policies and procedures.

12. **Invalid Provisions**

   If any provision of this Employment Agreement is held to be invalid by a court of competent jurisdiction, the remainder of this Agreement shall not be affected thereby.

13. **Modification of Agreement**

   This Employment Agreement may be modified only by the mutual written consent of both parties.

14. **Complete Agreement**

   This Employment Agreement shall supersede any and all prior contractual arrangements between the parties and shall serve as the sole basis for the Employee's employment.

15. **Authorization To Enter Into Agreement**

   This Employment Agreement has been approved by the Board on August 26, 2020 approving its terms and authorizing the Board's Chairperson to sign it on the Board's behalf. A copy of the Minutes of the Regular Board Meeting held August 26, 2020, is attached and incorporated by reference.

16. **Expiration of Agreement**

   This Employment Agreement shall expire and terminate at 11:59 p.m., September 30, 2021.

MID-MICHIGAN DISTRICT HEALTH DEPARTMENT
BOARD OF HEALTH

Dated: _________________, 2020          By:__________________________

George Bailey, Chairperson
"Board"
### Health Officer Wage Band

**Current Wage Band Effective October 1, 2019 through September 30, 2020 (1.25% increase)** – Effective October 1, 2019 through September 30, 2020, the following wage schedule shall become effective:

<table>
<thead>
<tr>
<th>Probationary</th>
<th>Step 1</th>
<th>Step 2</th>
<th>Step 3</th>
<th>Step 4</th>
<th>Step 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>$46.58</td>
<td>$48.20</td>
<td>$49.82</td>
<td>$51.45</td>
<td>$53.08</td>
<td>$54.70</td>
</tr>
</tbody>
</table>

**Wage Band Effective October 1, 2020 through September 30, 2021** – Follow non-union wage adjustment when determined.
July 5, 2020

Health Officer’s Goals 2020-21

Every year during the summer, the Board of Health appraises the performance of the Health Officer before deciding whether to renew their contract after September. As part of this process, I typically present the Board with my goals for the coming year, while also evaluating my performance (and performance of the organization as a whole) in attaining the previous year’s goals.

I establish my goals based on the Mid-Michigan District Health Department’s bottom-up, Board approved strategic plan. My goals indicate my understanding of my role in helping the Department achieve the objectives in the five focus areas of the plan. I further use my goals to communicate to the Department administrators and my direct reports what they should be working on during the year. They can use this to establish their own goals for the year, and to help their own direct reports establish goals as well. The intention is to align the work of the whole team across the Department.

Assuming the Board accepts (or modifies) my goals, this also creates, in part, the agenda for the Board meetings for the coming year. The Board should expect, and should ask for, regular updates on progress toward the goals and should enquire how they can support us in achieving them.

This year, as has been the experience throughout local government, when I looked at my original goals, I realized most of them were now inapplicable to this year of battling COVID-19. I won’t go through all of the original goals here, but I will pick some examples:

- The newly created water program (Goal 1-b) has been put completely on hold. It hasn’t been safe to conduct most of the activities under that program and the person hired for the program, like all employees, has been dedicated to COVID-19 work. We told the counties we would not be working on this project and would not be filling the position in the coming year.
- Work on the Food Hub (Goal 2-c) project has similarly ceased as staff are all working on COVID-19.
- Progress toward making the Community Health Worker program sustainable (Goal 5-a) has ceased as Medicaid Health plans no longer have bandwidth to work on reimbursement mechanisms.

There are other goals that require the work of dedicated teams that can no longer interact normally. These include conducting community health assessments (Goal 3-a), increasing the efficiency of billing (Goal 5-b and c), finishing the performance management system (Goal 8-a), and improving emergency preparedness planning (Goal 9-a). Obviously under current conditions we simply can’t allocate sufficient time to work on any of these.

Instead, I want to share with you the things the Department must work on now, in this moment, in order to effectively play its role in fighting COVID-19, and I want to share the things we must do to emerge from this as a viable local health department.

Context for 2020-21

The goals enumerated below are shaped by the rapidly shifting resources that local public health has at this
time. Because public health is on the front-line fighting COVID, on balance, resources are actually flowing into the department. As described below in greater detail, what we need to do is rapidly and strategically add staff to perform critical functions related to COVID-19, while also maintaining our capacity to perform all of our normal functions in ways that are safe. Here are some of the shifts in resources we are experiencing:

Revenue Shortfalls
- An estimated shortfall in Medicaid Billing.
- An estimated shortfall in fee revenue. These are both reflected in the 2020-21 budget.

Fund Balances
- We expect savings from reductions in costs related to travel, training, etc. This has been budgeted for.

New revenue. The federal government is slowly pushing resources out to local public health to address COVID-19. These dollars are mostly not flexible—they are intended to be used for COVID-19 and we may not use them to supplant other costs. These include:
  - Dollars already received from CDC and FEMA via MDHHS for COVID-19 related work. These are incorporated in the amended current and 2020-21 budgets.
  - Funds we have been told are coming from CDC to increase staffing in advance of an anticipated second wave and the arrival of the vaccine. We have not been told the amount but expect around $200,000.
  - CARES Act dollars we are eligible for as a Medicaid provider. The amount we receive will be proportional to our Medicaid billing.
  - A very small amount of funding from FEMA we can garner for housing people impacted by COVID-19.

Goals 2020-21

The eight goals below can be broadly thought of as falling into three main areas. The first area is work directly related to combating COVID-19 like contact tracing and testing. These are key elements of public health nursing that draw on our core clinical skill sets. The second area is communication. Public health needs to help the community understand what is happening and to the extent possible shape the community’s response. This area consists of public information and health education functions, also skills public health has. The third area consists of activities that support employee success at the first two, including maintaining safety, ensuring our regular (non-COVID) programs perform well and meet minimum program requirements, and ensuring adequate financial resources and good governance.

The goals are listed below. For each one there is an initial paragraph summarizing what has happened to date, and then another paragraph discussing the goal going forward. In most cases there is a bulleted list of key objectives related to the goal.

1. Protect Employee Safety. This has been our number one goal from the beginning as illustrated by the fact that we shut the department down early and began offering our services remotely only, even before we had “permission” from the State. This went much smoother than expected because of our investments in Hedgehog, Patagonia and Office 365.

   it is becoming increasingly difficult to protect employee safety as programs open up again. Immunization and Family Planning nurses and PHRs are having regular, intimate contact with the public and sanitarians are doing more inspections indoors. We must anticipate that we will have workplace exposures and may have to shut down certain programs or send potentially exposed workers home for 14 days from time to time.

   • Continue to work from home as much as possible. For example, WIC has a continuing waiver to permit tele or video meetings with clients.
   • Ensure adequate supplies of PPE and training for employees that use it.
   • Encourage open discussion among employees about health status and potential exposures outside of work.
2. Contact Tracing. Famously the main task of public health during a pandemic, this work is carried out by trained professionals and the Department’s role is to support them. The Communicable Disease nurses, Norm Keon and Dr. Morse have performed fantastically so far. The strain of COVID-19 has revealed Michigan’s disease surveillance system to be an antique and the Team has had to work around its many faults.

The volume of work had gone down as recently as three weeks ago because Michigan did such a good job of beating COVID-19. But as cases have kept back up we have had instances in which dozens of exposures occur from a single site or event and expect this to get worse. One of the most important goals for the Department is to increase our CD workforce as quickly as possible.

- Continue to provide as much support as possible for existing CD staff.
- Move to the new Traceforce contact tracing platform.
- As needed, access MDHHS volunteers to augment CD staff.
- Add one or more COVID Nurses (see goal 5 on staffing).

3. Testing. Someday we will understand better why the US did not produce sufficient testing supplies early, but whatever the reason it meant Michigan and our district have not been able to test everyone who wanted or needed it. MMDHD took advantage of opportunities like the use of the National Guard but the tests were bungled by the lab selected by the State. What MMDHD did well was arrange for reliable labs for the long term care facilities and others that were open to using them.

Now the State is driving local public health to identify more locations for testing in order to try to get ahead of the virus, but we find it maddeningly difficult to test those actually most at risk for exposure.

- Continue to develop easy, reliable sources of SARS-COV-2 testing for community partners like long term care, adult foster care and law enforcement.
- Continue to work with the LynxDx, Sparrow and Spectrum hospitals, and other providers who can bring additional testing resources into the community.
- MMDHD needs to develop the capacity to offer testing on its own. The COVID Nurse(s) (described in goal 5) can play this role.

4. Enforcement. A significant failure in Michigan’s response to COVID-19 has been that we lost control of public opinion and were disorganized in efforts to gain compliance with emergency orders. At various times enforcement has been seen as the responsibility of local public health, law enforcement and the Attorney General. None of these have had the clear authority or sufficient resources to do the job.

MMDHD needs to be part of a significant reset together with State and local partners to clearly delineate enforcement roles and have adequate resources to get the job done. This is very important to ensure that business and schools can stay open or reopen.

- Use MALPH, MAPPP and Local Health Services to urge MDHHS to rethink enforcement and give it as much emphasis and resources as other strategies.
- Locally, use the food program to address masking and social distancing in food service establishments.

5. Communication. Our communities crave information and the demand for information from the health department far exceeds what we can provide. Nonetheless we have to try to meet the demand as best we can. We have tried to meet with anyone and everyone who has wanted input from the Health Department, but I know we have not had the staffing needed. One mistake we made was not adopting Power BI, the data tool most health departments are using. I did not like the early versions of it and decided against this. As a result our data strategy has been weaker than it should have been. We are testing Power BI now.

There is no training or certification program for people who are advising community partners about COVID-19. We have to develop that capability ourselves. A key objective is to hire and train a COVID Health Educator to help meet the demand for information.
• Augment roles in the department related to communication so that more people are available to meet the demand. The COVID Health Educator was already mentioned above.
• Adopt Power BI. Use the skill Environmental Health has with GIS to continue to improve the quality of maps and charts so that the course of the pandemic is clear to the public.
• Respond to all requests from local governments and Emergency Operations Centers for reports and updates.
• Cities and villages need input from the Department about reopening business, fairs and events, etc. Additional staffing will make us more available.
• With 18 school districts in the District as well as three college campuses, we need to augment our ability to respond to schools with questions about reopening. Work to create events at which multiple schools can participate at once.

6. Staffing. The changes outlined above require adding staff and shifting current roles so we can accomplish the most urgent tasks.
• COVID Nurse(s). As discussed at length, we need additional nursing capacity for contact tracing and testing.
• COVID Health Educator. The need for this role has been discussed above. We need to have the ability to cover more than one venue at the same time.
• Information Technology Professional. As stated above, a major area of emphasis in strategically approaching COVID-19 is supporting employee success at the tasks we must perform. While information technology has been critical to our success so far, we are aware that far too often staff are struggling with equipment that isn’t working right, or don’t have the bandwidth they need to get their work done. We must address this to get the most we can from our team.
• There are some other shifts in roles we are considering. The reasons for these shifts would be so the Department can continue to meet the demand for its routine (non-COVID) programs and services. We will keep the Board informed of these changes.

7. Governance. During this emergency we have seen Federal and State partners act in ways normally considered undesirable. Communication has been very poor. It may be that decisions needed to be made so quickly that it hasn’t been possible to communicate fully with everyone who needs it. Whatever the case, MMDHD through MALPH and MAPPP needs to continue to push for Federal and State planning that includes local public health fully and reflects the reality on the ground.

MMDHD has always played a role in shaping thinking across LHDs and even at the State and Federal levels by actively participating in MALPH and MAPPP and through regular communication with the Office of Local Health Services. Staff must be active and vocal in these organizations.
• Ensure sound Medical Direction for LHDs and other partners. Encourage Dr. Morse to continue to be active in ensuring that LHDs, health care providers and community members have access to the best information about COVID-19 as possible.
• MMDHD can ensure that Michigan has good After Action Reviews of COVID-19 this year, to shape how we perform when the SARS-COV-2 vaccine arrives because of a Cross Jurisdictional Sharing Grant we have. These AARs should help local and State public health take a critical look at its performance and seek opportunities to improve.
• MMDHD can help local health departments Prepare for the SARS-COV-2 Vaccine because of another Cross Jurisdictional Sharing Grant. This grant also includes preparing for the influenza season, which poses a threat to health care, and on helping families get caught up on back-to-school vaccines to ensure we don’t have other outbreaks.

8. Stewardship. It has been difficult to look forward and anticipate how we would play the role we need to because communication has been so bad. We have understood that we need to take on more, but couldn’t tell how we would do that. Half a year into it, we have a better handle on how and when resources are arriving and we can plan to deploy them.
MMDHD must study COVID-19 related revenue streams closely and be vigilant to ensure that they are used appropriately. These are mostly the items listed as “New Revenue” on page 2 and I won’t repeat them here. These resources tend to arrive suddenly, without a lot of information. It is up to us to use what we have learned to deploy them in meaningful and effective ways. I hope these goals are a step in that direction.
August 23, 2020

ADMINISTRATOR: Marcus Cheatham, Health Officer

SUBJECT: Hiring Public Health Nurses (PHN) at Step 3

☐ Information Only ☒ Action Needed

I. Authority For This Action:

☒ Local Policy _Board of Health Bylaws_
☐ Law or Rule ________________________

II. Summary:

This is a request to hire two PHNs beginning at Step 3. Hiring at Step 3 requires approval by the Board of Health. As explained below, the two PHNs we wish to hire have unusual levels of seniority that prompt this request. The added cost of hiring at Step 3 is not high and is the action preferred by the Michigan Nurses Association (MNA).

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

The Mid-Michigan District Health Department (MMDHD) has received over $300,000 in additional dollars from the Federal Emergency Management Agency (FEMA) and the Centers for Disease Control and Prevention (CDC) to combat COVID-19. As we have explained, these dollars are intended to be used immediately to conduct contact tracing, testing and other work related to COVID-19. Board action is requested to address two PHN positions to fulfill this mission.

1. Since December 2019, MMDHD has had a part-time, temporary PHN on staff who has been augmenting our immunization program and recently our routine communicable disease cases across the district. This frees up nursing capacity to conduct the important COVID-19 related activities described above. Per our agreement with the MNA, this person can only work for 90 days at a time and each 90-day period requires approval of the MNA. MMDHD wishes to renew the agreement with the MNA for the temporary employee for another 90 days. The temporary employee had retired from the agency in 2016, with over 25 years of outstanding service. However, temporary employees are treated as new hires; therefore, cannot start above Step 2 of the wage band per the contract, without Board of Health approval. Since the employee has been on extended temporary service with the agency and in recognition of her prior service, I am asking to increase her to Step 3 of the wage band. The MNA was supportive of this recommendation.

2. The Board had previously approved the position of temporary COVID-19 PHN to fulfill the mission described above. The finalist for this position is Andrea Tabor, the former Director of Community Health and Education (CHED). Ms. Tabor is a highly-qualified nurse with a statewide reputation for clinical excellence. She wishes to return to public health service during the pandemic. We are proposing to start her at Step 3 because of her skill and qualifications.
IV. Fiscal Impact and Cost:

As a reminder, these positions fit in our previously discussed strategic plan in the following ways:

1. Hire a regular PHN and an Environmental Health Specialist (EHS)—approved in the FY 20/21 budget using additional and ongoing Essential Local Public Health Services (ELPHS) and Local Community Stabilization Authority dollars. Already complete.

2. Hire a COVID-19 PHN and Health Educator (Environmental) using FEMA and CDC funds. One PHN in this proposal is part of this.

3. Continue to fill the part-time PHN position mentioned in this proposal pending MNA approval.

4. Assess the impact of 1-3 and if funds permit, hire an Information Technology Specialist (IT Specialist).

The PHNs would enter at the Michigan Nurses Association (MNA) 08 wage band. Next fiscal year, MNA 08 Step 2 will make $25.76 per hour and Step 3 will make $26.81 per hour. Therefore, the additional cost to bring a PHN on at Step 3 would be about $2,000 depending on actual hours worked. Differences in benefits would depend on the candidate’s selections but would certainly be even less.

V. Alternatives Considered:

It is feasible to recruit these individuals at Step 2. However, I believe an excellent organization is built by rewarding people fairly, and so I recommend approving this proposal.

VI. Recommendation:

These positions are fully funded by FEMA and CDC dollars; and there is an urgent need to augment our workforce. The difference between Step 2 and Step 3 is small and affordable. Therefore, I recommend hiring these PHNs at Step 3.

VII. Monitoring and Reporting Timeline:

The Board will be updated monthly or more often if desired.
**COVID-19 Vaccine**

At the time of this writing, there were 25 candidate vaccines for SARS-CoV-2, the virus that causes COVID-19, in clinical evaluation. Of those in clinical evaluation, 5 vaccines were in Phase 3, 1 in Phase 2/3, 3 in Phase 2, 9 in Phase 1/2, and 7 in Phase 1. There are an additional 138 candidate vaccines in preclinical evaluation.

Phases are the different steps a new drug or vaccine must go through to be approved and go to market for widespread human use. Prior to Phase 1 is the preclinical evaluation, when a vaccine is given to animals such as mice or monkeys to see if it causes them to have an immune response. In Phase 1 safety trials, the vaccine is given to a small number of people to see if it is safe and that it stimulates their immune system. In Phase 2 trials, the vaccine is given to hundreds or thousands of people of different ages, ethnicities, and gender to determine the best dose, schedule, and age group for the vaccine to be most effective. These trials may be done in areas where there is a high rate of the infectious disease targeted by the vaccine. Phase 1/2 trials look at both safety and effectiveness at the same time on hundreds of people. Phase 3 trials are typically designed to evaluate how effective and safe the vaccine is on a very large scale, enrolling thousands to hundreds of thousands of subjects from the target population. They are conducted in conditions as similar to the those that the vaccine will be used in future routine use. Typically, these Phases take years to complete. However, with a new pathogen like SARS-CoV-2 causing an emergency situation, allowances are made to speed up the process.

The top 5 most promising candidate vaccine platforms at this time include:

1. Oxford University’s Jenner Institute ChAdOx1 nCoV-19 vaccine candidate, currently in Phase 3 trials in the United States (US), UK, Brazil, and South Africa
2. Moderna, an RNA vaccine, now in Phase 3 trials
3. China’s CanSino adenovirus vaccine, in Phase 2
4. China’s Sinovac inactivated virus vaccine, in Phase 3
5. Novavax (recently awarded $1.6 billion from Operation Warp Speed), a protein subunit vaccine, in Phase 1/2

How do the different types of vaccines work?

**Viral Vector Vaccines**

*Vaccines that use a virus (adenovirus) to deliver coronavirus genes into cells and provoke an immune response.*

Current day example: Ebola Vaccine (experimental/limited use)

Adenoviruses are common viruses that cause things like the common cold or stomach flu. Strains of adenoviruses that do not cause illness can be used as vectors, or carriers, of parts of other germs to create vaccines. No adenovirus vector vaccines exist yet for widespread use for other illnesses. A vaccine for Ebola has been
developed using this technology for limited small-scale use, and vaccines for HIV, Ebola, and malaria are being studied.

These are considered “live virus” vaccines. Some use weakened human adenoviruses; others use adenoviruses that infect animals. The risk for causing infection to humans is low but could be a concern to immunocompromised people.

Examples being studied include: Oxford University’s Jenner Institute ChAdOx1 nCoV-19 vaccine candidate (partnering with AstraZeneca), Phase 3; Johnson & Johnson, via subsidiary Janssen, Phase 1/2; CanSino Biologics/Beijing Institute of Biotechnology/ Canada’s National Research Council, Phase 2.

Russia has claimed to have a fully developed and approved SARS-CoV-2 vaccine based on an adenovirus vector. However, it appears it has not gone through Phase 3 trials yet.

**Genetic Vaccines**

*Vaccines that use one or more of the coronavirus’s own genes to provoke an immune response.*

This is another type of vaccine that has never been made before. Particles of mRNA (messenger RNA) from SARS-CoV-2 is injected as a vaccine. This mRNA is taken up by our cells and goes to the part of the cell that makes proteins (called ribosomes). Our cells then make the target COVID-19 protein, which our body recognizes as foreign and produces an immune response. This is a quicker and easier way of creating a vaccine. Rather than mass creating the protein in a lab and injecting it as a vaccine, the instructions to create the protein is injected instead.

Examples being studied are: Moderna, now in Phase 3 trials; Imperial College, London, Phase 1/2; BioNTech/Fosun Pharma/Pfizer, Phase 2/3; German-based CureVac, Phase 2; California-based company Arcturus Therapeutics and Duke-NUS Medical School in Singapore, Phase 1/2.

**DNA Vaccine**

*Current day example: NONE*

This is a similar process to the mRNA vaccines and have also never been made before. A fragment of SARS-CoV-2 DNA that codes for the virus proteins is injected and the recipient’s cells create the protein so the immune system can mount a response.

Examples being studied are: Genexine Consortium, Phase 1/2; Indian vaccine-maker Zydus Cadila, Phase 2; Osaka University. Phase 1/2; Novio Pharmaceuticals/Beijing Advaccine Biotechnology, Phase 1/2; Zydus Cadila Healthcare Limited, Phase 1/2.
Whole-Virus Vaccines

Vaccines that use a weakened or inactivated version of the coronavirus to provoke an immune response.

Current day example: MMR

This is how many modern-day vaccines are made and have been made for decades. It is a slow process to create these vaccines as large volumes of virus need to be grown, typically in chicken eggs. They are then weakened so they do not cause illness.

Examples being studied are: Sinovac/ Instituto Butantan/ Bio Farma, in Phase 3 trial; Beijing Institute of Biological Products/ Sinopharm, Phase 3; Wuhan Institute of Biological Products/ Sinopharm, Phase 3; Institute of Medical Biology, Chinese Academy of Medical Sciences, Phase 2; Bharat Biotech/ Indian Council of Medical Research/ National Institute of Virology, Phase 1/2.

Protein-Based Vaccines

Vaccines that use a coronavirus protein or a protein fragment to provoke an immune response.

Current day example: Influenza, HPV

Many vaccines are made this way, using genes from the target viral protein (in this case SARS-CoV-2), splicing them into different viruses or organisms, then letting them mass produce the protein. The protein is then isolated out of the mix and injected as a vaccine to cause an immune response. This can also be a slow process due to the amount of time needed to grow the large amounts of viral protein that is needed. It is usually quicker than developing inactivated viral vaccine.

Examples being studied are: Novavax, Phase 1/2; Anhui Zhifei Longcom Biopharmaceutical/ Institute of Microbiology, Chinese Academy of Sciences, Phase 2; Novavax/ Emergent BioSolutions/ Praha Vaccines/Serum Institute of India, Phase 1/2.

The first FDA-approved vaccine for COVID-19 could be available late this year or early next year. Some candidate vaccines require two doses. If two doses are needed, we would need 650 million doses for the US, and 14 billion globally. We don’t know how well the vaccine will work or how long it will last. In order to have herd immunity, we need 40% to 70% of the population to be immune. At this time, it is estimated that less than 15% of the population has been infected.

Influenza Vaccine 2020-2021

It is more important than ever this year to get an influenza vaccine. Both influenza and COVID-19 can cause serious illness and have similar symptoms. Though less likely, it is possible to get ill with both viruses at the same time, which could cause more severe illness. Reducing illness and hospitalization due to influenza will help free up healthcare services needed to address the COVID-19 pandemic.
Announced August 19, Massachusetts is requiring annual influenza vaccine before December 31 to attend all preschools, K-12, and post-secondary institutions, although religious and medical waivers are allowed. This is the first state to make this requirement.

The composition of US flu vaccines is reviewed every year and updated as needed to be the best match for the circulating viruses. For 2020-2021, trivalent (three-component) egg-based vaccines will contain:

- A/Guangdong-Maonan/SWL1536/2019 (H1N1)pdm09-like virus *(updated)*
- A/Hong Kong/2671/2019 (H3N2)-like virus *(updated)*
- B/Washington/02/2019 (B/Victoria lineage)-like virus *(updated)*

Quadivalent (four-component) egg-based vaccines, which protect against a second lineage of B viruses, will also contain:

- the three recommended viruses above, plus B/Phuket/3073/2013-like (Yamagata lineage) virus.

There are two new vaccines licensed for use during the 2020-2021 flu season.

- The first is a **quadivalent high-dose vaccine** licensed for use in adults 65 years and older. This vaccine **will replace the previously licensed trivalent high-dose vaccine.**
- The second new vaccine that will be available is a **quadivalent adjuvanted vaccine licensed for use in adults 65 years and older.**
  - This vaccine is similar to the previously licensed trivalent vaccine containing MF59 adjuvant, but it has one additional influenza B component.

Ideally you should get your flu vaccine by the end of October, but vaccinations should continue to be offered as long as influenza cases continue to occur, and the vaccine is available. Vaccination too early in the season (e.g., July or August) may lead to dropping immunity later in the season, particularly among older adults.

How and where people get a flu vaccine may need to change some due to the COVID-19 pandemic. The goal is to encourage the flu vaccine to everyone six months old and above, while avoiding risks for COVID-19 transmission, such as crowded lines. Work has been ongoing to plan vaccination clinics at non-traditional sites and drive-thru models. These plans will be helpful when a vaccine for SARS-CoV-2 becomes available.

- For more information on where you can get a flu vaccine, visit [www.VaccineFinder.org](http://www.VaccineFinder.org)
- If interested in volunteering for a COVID-19 vaccination trial, go to COVID-19 Prevention Network [https://www.coronaviruspreventionnetwork.org/](https://www.coronaviruspreventionnetwork.org/)
- To keep up to date on the status of all COVID-19 vaccine candidates, go to [https://airtable.com/shr5AI6t5WFqgo3GM/tblEzPQ55fnc0FHYR/viwDBH7b6FjmIBX5x?blocks=hide](https://airtable.com/shr5AI6t5WFqgo3GM/tblEzPQ55fnc0FHYR/viwDBH7b6FjmIBX5x?blocks=hide) *(Source: Kaur, S. P., & Gupta, V. (2020). COVID-19 Vaccine: A comprehensive status report. Virus Research, 198114.)*


**Recommendations:**

1. Get an influenza vaccination as soon as they become available.
2. Get a SARS-CoV-2 vaccination as soon as a safe and effective vaccine has been approved and dosing has been recommended. Until that time, continue to rely on non-pharmaceutical interventions to prevent COVID-19. These include:

   a. Wash your hands often
   b. Avoid close contact
   c. Cover your mouth and nose with a mask when around others
   d. Cover coughs and sneezes
   e. Clean and disinfect
   f. Monitor Your Health Daily

Sources

## Agreements Signed 7/17/20 – 8/19/20

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<td>Amendment to FY 2020 Substance Use Disorder Prevention Contractual Agreement changing amount of cost reimbursement from $147,588 to $154,553.</td>
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<td>CDW</td>
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<td>Upper Peninsula Health Care Solutions (UPHCS)</td>
<td>Amendment to the Participation and Data Sharing Agreement to remove specific sections of the Agreement.</td>
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August 20, 2020

ADMINISTRATOR: Marcus Cheatham, Health Officer

SUBJECT: COVID Activities for August

☒ Information Only ☐ Action Needed

I. Authority For This Action:

☒ Local Policy _Emergency Order 2020-160_
☒ Law or Rule _Public Health Code, Act 368 of 1978, MCL 333.2433_

II. Summary:

Michigan has, by-in-large, maintained lower levels of COVID-19 disease than many places in the United States. The Mid-Michigan District Health Department continues to be very active in promoting prevention of this illness.

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

Contact Tracing. A major focus of the Department’s work has been investigating suspect cases of COVID-19, and if they are confirmed, following up with their contacts to find more cases and quarantine them. During the last peak of cases in late July our three disease control nurses were monitoring as many as 220 cases per day, occasionally more. With the current slowdown in cases we are monitoring less than half that number.

Testing Moonshot. The so-called “Moonshot” is the State’s effort to get as many people tested as possible. MMDHD has run two drive-through clinics so far: one in Alma and one in Greenville. We continue to try to set up other testing clinics although getting access to laboratories remains a barrier. The lab we had been using, LynxDx has become very popular and has been unavailable to us recently. We still do not want to work with Bioreference (the lab used by the National Guard) because they are taking 4.5 days to return results. Currently we are negotiating with Sparrow labs, although we would need to provide the nurses for sample collection, which is challenging for us given our small workforce. In Gratiot and Montcalm there are about 3,000 tests per day per million residents and in Clinton at little less than 2,000 per day. In the State as a whole the average is about 2,800 so our goal is to hold our next clinic in Clinton.

COVID-19 Vaccine Planning. MMDHD has a cross jurisdictional sharing grant to work with the MDHHS Immunization Division and Michigan local health departments to help get ready for the arrival of the vaccine. Local health departments need to work with their emergency managers to plan COVID vaccine clinics, educate private providers about how to offer the vaccine, and obtain the necessary refrigeration equipment to store and transport it. Bob Swanson, Director of Immunizations says the vaccine is under production and will arrive in larger amounts than previously thought, so it is important to get ready now. MMDHD’s contractor, Mary Kushion, facilitated a statewide webinar on vaccine planning on August 18th attended by 55 people.
Reopening Guidance for Schools. MDHHS has asked local health departments to take the lead in helping schools get ready to reopen. With 19 school districts in our 3 counties, and about 100 in Dr. Morse’s jurisdiction, we have had to innovate to be able to reach them all. In my opinion this actually led to better outreach than we would have had otherwise. Dr. Morse developed very comprehensive guidance for the schools (which was actually adopted by the State) and we have run numerous webinars for school officials which have been very well received. The most recent one on Thursday the 18th had 109 participants.

In addition to working with public schools and have consulted with the Adventist Academy, Amish Schools, Montcalm Community College and Alma College, among others.

Responding to Community Concerns. MMDHD is responding to many questions, concerns and complaints from the community. CD nurses, sanitarians and other staff interacting with the public field many questions, and those they cannot answer themselves are forwarded to the Administration. Our phone system includes a COVID line. Staff who answer that line are prepared with talking points, but also identify new questions for which we develop answers. Our web page also includes a question portal which is monitored by our PIO. We continue to put out daily information and respond to questions via social media although, as is true of public health in general, our following is small compared to sources of inaccurate information.

To address all the questions and concerns we receive we need to increase the number of staff assigned to this task. As mentioned before, our former health educator position has been flipped to an environmental health educator partly devoted to COVID issues along with the new sanitarian position mentioned below. MMDHD is fortunate to be able to make these moves. Some other LHDs have more resource constraints and much less flexibility.

IV. Fiscal Impact and Cost:

In addition to the $125,000 MMDHD received in the Spring, we have received an additional $300,000 for COVID related costs. These dollars came from CDC and were distributed to local health departments by MDHHS. They are restricted to COVID activities and so don’t help with regular programmatic budget.

The initial round of funding was used to offset revenue decreases experienced when we closed programs. With the new funds we are hiring an additional nurse and sanitarian to work on COVID related activities. We intend to train the nurse in COVID sample collection and to deploy to sanitarian to work with schools and businesses on COVID safe operations. If funds permit after that we may hire an information technology technician in order to ensure that we are able to support all our staff working remotely.

V. Alternatives Considered:

We reported to you earlier that the MDHHS Outbreak Management System, the technology platform used by contact tracers, had proven to be unable to handle the large volume of cases during COVID. MDHHS developed an alternative called “Trace Force”. Last month MMDHD migrated to Trace Force and this has proven to be very beneficial. MDHHS is monitoring the performance of LHDs on the system and MMDHD consistently has metrics better than the State average. We initiate contact with cases and identify their potential contacts at a rate higher than most other LHDs.
VI. Recommendation:

Please continue to explain the role of public health during the outbreak to your constituents and encourage anyone and everyone with questions or concerns to contact us.

VII. Monitoring and Reporting Time Line:

The Board will be updated monthly or more often if desired.
August 24, 2020

ADMINISTRATOR: Marcus Cheatham, Health Officer

SUBJECT: Implementing Michigan Occupational Safety and Health Administration (MIOSHA) Guidelines for Gyms

☐ Information Only  ☒ Action Needed

I. Authority For This Action:

☐ Local Policy  ☒ Law or Rule  Executive Order (EO) 2020-160

II. Summary:

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

On Friday morning, August 21, 2020, members of the Clinton County Emergency Operations Center, including law enforcement, legal counsel, County Commissioners, and the Health Department met to discuss the problem of gyms operating in violation of EO 2020-160. The group met at the request of Board Chair Kam Washburn in order to forge a consensus about future actions, to ensure the County discharges its responsibilities to the public, and at the same time minimizes potential harms to the public interest.

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

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

Health Officer Marcus Cheatham laid out the context for this problem by making five points:

1. The main mission of the Health Department is helping business through environmental health programs and providing the public clinical services. At this time, we are also absorbed with contact tracing and COVID testing. The Health Department does not want to be consumed by gym issues since there are only a handful of gyms with only a few dozen members each, and no COVID cases associated with them at this time.

2. The Health Department is not trying to avoid enforcement issues and has enforced closure orders against a variety of activities (e.g. bowling, volleyball, food service) and has partnered with law enforcement (in our other counties) to ticket offenders.

3. The Health Department absolutely has the power and authority under the public health code to enforce emergency orders to protect the health of the public per MCL 333.2253. There is no explicit local authority for deviating from emergency orders. It is not prohibited, there is simply no settled law there.
4. It is important not to treat Clinton County in isolation from the rest of the State and the District. Any approach to gyms must be acceptable to the other two counties. Kent County and Ingham County have taken aggressive actions that have benefitted our District and expect reciprocity from us.

5. Our gyms are not all the same. Some are operating safely. Others are hotbeds of COVID denialism and probably pose a risk to the health of the public. Most are in between and are trying to be safe but need additional education. The cost of trying to work with gyms could be high, particularly if some chose to litigate any actions we take. We could wind up embroiled in lengthy, expensive legal proceedings with no guarantee of prevailing.

The Health Officer further explained his fear that inevitably there will be an outbreak associated with a gym. He knows this will probably happen, and it is his job to prevent it. While it is true that many outbreaks are occurring in a variety of places, the difference is that there is a specific EO aimed at gyms he is responsible for enforcing.

Upon discussion, law enforcement expressed the strong opinion that neither closing all gyms, nor simply leaving them open, would be acceptable to the public. It was stated that there is strong opposition to gyms operating unsafely while there is also great sympathy for local business that is trying to be safe.

Members of the group felt that blindly enforcing EO 2020-160 would probably result in a huge legal battle that would end badly for law enforcement and the health department, with unforeseeable costs and blows to both departments’ local reputation.

It was noted that gyms are already appealing to the Governor to permit them to operate under the same guidance as other sports. Other states, Washington for example, have gym safety guidelines. And gyms in northern Michigan are operating under MIOSHA guidance.

The group asked the Health Department to identify an option under which a gym could remain open if operating safely. He stated that this could be done and brought to the Board of Health at its upcoming meeting.

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

The Health Department stated that it could not stand up and enforce a program for gyms on its own. Law enforcement said it would like to partner with the health department to monitor gyms and identify those that are operating unsafely.

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

As illustrated above, a wide variety of options were considered. The concept of permitting gyms that can demonstrate safe operations emerged as the consensus of the group pending approval by the other two counties.

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

The Health Department is recommending the following:
1. Gyms that want to remain open would agree to operate under MIOSHA guidance.

2. This would include producing a COVID safety plan like other Michigan businesses.

3. Coordinated by the health department, sanitarians and local law enforcement would periodically visit and score gyms on compliance using a tool based on MIOSHA. Documentation would be maintained by the health department.

4. The Health Department and county legal counsel would proceed to enforcement against non-compliant gyms.

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

The health department will continue to report to the Board monthly or more often as required.
COVID-19 Guidelines For Fitness Centers

SUMMARY OF STATE OF MICHIGAN EXECUTIVE ORDER 2020-161

INCLUDING GYMNASIUMS, RECREATION CENTERS, SPORTS FACILITIES, EXERCISE FACILITIES, EXERCISE STUDIOS AND LIKE FACILITIES
Important Note:

The requirements in this presentation are in reference to Michigan’s current Executive Order 2020-161 and recommendations from OSHA and the CDC.

The best practice and guidance information provided in this presentation, follows information and guidance provided through the CDC and OSHA, as of July 31, 2020

Employers should continue to review CDC and OSHA websites, to ensure their workplace policies and procedures are based on the most up-to-date information available.
## General Workplace Requirements – Overview

### All Businesses with In-Person Operations must:

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Maintain 6ft Social Distancing</td>
<td>Provide Non-Medical Face Coverings &amp; Consider Use of Face Shields</td>
<td>Update Cleaning &amp; Disinfection Protocols</td>
<td>Develop Response &amp; Notification Plan for confirmed cases</td>
</tr>
<tr>
<td>Restrict non-essential business travel</td>
<td>Encourage use of PPE &amp; Hand Sanitizer</td>
<td>Promote Remote Work</td>
<td>Adopt additional controls as necessary</td>
</tr>
</tbody>
</table>
General Workplace Requirements

- Develop COVID-19 Preparedness & Response Plan
  - Use OSHA Guidance to Develop a COVID-19 Preparedness & Response Plan
  - Assess level of exposure risk for worksite – assess individual tasks
  - Consider where, how and what sources of SARS-CoV-2 might be in the workplace
  - Consider non-occupational risk factors at home & within the community
  - Keep current with federal, state & local guidance
  - Implement basic infection control measures
  - Develop policies/procedures to identify and isolate sick individuals
  - Implement workplace controls – use hierarchy of controls

- MIOSHA Sample Preparedness & Response Plan for Low & Medium Risk Employees
General Workplace Requirements

- Designate one or more worksite supervisor to implement, monitor & report on COVID-19 Preparedness & Response Plan
  - Worksite supervisor must remain on-site at all times when employees are present
  - May be an employee designated & trained in this role

- Develop Daily Entry Self-Screening Protocol For Employees & Contractors
  - At a minimum must include questionnaire

- Maintain 6ft Social Distancing
  - Ground Markings
  - Signs
  - Physical Barriers

- Promote Remote Work

- Restrict Non-essential Business Travel

- Encourage use of PPE & hand sanitizer on public transportation
General Workplace Requirements (cont.)

- **Cleaning & Disinfection Protocols**
  - Increase facility cleaning & disinfection – focus on high touch areas & shared equipment
  - Make cleaning supplies available to employees upon entry AND at the worksite
  - Provide time for employees to wash hands frequently or use hand sanitizer
  - Develop cleaning & disinfection protocol for facility in the event of a positive COVID-19 case

- **Develop Response & Notification Plan for Confirmed Cases of COVID-19**
  - Immediately notify local public health department AND any co-workers, contractors, or suppliers that may have come in contact with the person with a confirmed case of COVID-19 within 24-hours
  - Establish protocols for temporary closure of all or part of the worksite for deep cleaning
  - Include protocols for sending affected employees home

- **Allow employees with a confirmed or suspected case of COVID-19 to return to work only after they are no longer infectious**
  - Use the most current guidelines from the CDC for this determination – [CDC Discontinuation of Isolation](#)
General Workplace Requirements

- Provide communication & training on COVID-19 infection control practices in the primary languages common in the employee population.

- Place posters in the languages common in the employee population that encourage:
  - Staying home when sick
  - Cough & Sneeze Etiquette
  - Proper Hand Hygiene Techniques
General Workplace Requirements

Face Coverings

- Provide Non-Medical Face Coverings to Employees
  - Require masks to be worn when a distance of 6ft cannot be maintained
  - Consider use of face shields when a distance of 3ft cannot be maintained
  - Train on proper wear, use, & maintenance of face coverings
  - Train on protection provided by face coverings
  - Cloth face coverings are not N95 respirators or surgical masks
Face Coverings vs Respirators

- Know the difference between cloth face coverings and respirators
- NIOSH Certified Respirators require compliance to the Respiratory Protection Program
- **Facemasks vs Respirators Factsheet**
- **Voluntary vs Required Respirator Use Factsheet**
Provide COVID-19 Training to Employees

- At a minimum training must include:

  - Workplace infection-control practices
  - The proper use of personal protective equipment
  - Steps the employee must take to notify the business or operation of any symptoms of COVID-19 or a suspected or confirmed diagnosis of COVID-19
  - How to report unsafe working conditions.
General Workplace Requirements

- Adopt Additional Infection-Control Measures as Necessary

  - Additional controls may be necessary based on:
    - Tasks performed at the worksite
    - Rate of Infection in the community
Recordkeeping per Executive Order 2020-161

- Employers **MUST** maintain records from sections:
  - 1(c) – Employee training on workplace infection control practices, proper use of PPE, steps the employees must take to notify the business of COVID-19 illness, and how to report unsafe working conditions
  - 1(f) – Daily entry self-screening protocol for all employees or contractors including a questionnaire
  - 1(n) – Documentation that confirmed cases COVID-19 cases have been reported immediately to the local health department and within 24 hours to others who may have come into contact with the person with a confirmed case of COVID-19.
Executive Order 2020-147 requires any individual who leaves their home or place of residence MUST wear a face covering over their mouth and nose:

- When in any indoor public space
- When outdoors and unable to maintain social distancing from those not in their household
- When waiting for or riding on public transportation, while in a taxi or ride share vehicles, or when using a private care service
Mask Requirements Executive Order 2020-147

Exceptions to face covering requirements:
- Children under the age of 5; children over the age of 2 strongly encouraged to wear a face covering
- Individuals unable to medically tolerate a mask
- While eating or drinking at a food service establishment
- While exercising and face covering would interfere with the activity
- While receiving a service or entering a business where identification is necessary
- While communicating with someone who is hearing impaired or otherwise disable and where the ability to see the mouth is essential to communication
- Actively engaged in a public safety role (e.g. law enforcement, firefighters, EMT)
- When officiating a religious service
- When giving a speech for broadcast or an audience
Mask Requirements
Executive Order 2020-147

- All businesses open to the public must:
  - Require individuals to wear a face covering (as required by EO 2020-147) in order to enter their premises
  - Post signs at entrance(s) instructing customers of their legal obligation to wear a face covering while inside
Ten Steps All Workplaces Can Take to Reduce Risk of Exposure to Coronavirus

All workplaces can take the following infection prevention measures to protect workers:

1. Encourage workers to stay home if sick.
2. Encourage respiratory etiquette, including covering coughs and sneezes.
3. Provide a place to wash hands or alcohol-based hand rubs containing at least 60% alcohol.
4. Limit worksite access to only essential workers, if possible.
5. Establish flexible worksites (e.g., telecommuting) and flexible work hours (e.g., staggered shifts), if feasible.
6. Discourage workers from using other workers' phones, desks, or other work tools and equipment.
7. Regularly clean and disinfect surfaces, equipment, and other elements of the work environment.
8. Use Environmental Protection Agency (EPA)-approved cleaning chemicals with label claims against the coronavirus.
9. Follow the manufacturer's instructions for use of all cleaning and disinfection products.
10. Encourage workers to report any safety and health concerns.

For more information, visit www.osha.gov/coronavirus call 1-800-321-OSHA (6742)

General Workplace Practices – OSHA

- Frequently wash hands with soap & water for 20 seconds
- Use 60% alcohol hand sanitizer when soap & water are unavailable
- Avoid touching eyes, nose, or mouth with unwashed hands
- Practice good respiratory etiquette – cover your cough
- Avoid close contact with those who are sick
- Stay home if sick
- Recognize personal risk factors & underlying conditions

OSHA – Control & Prevention
Specific Requirements For Fitness Centers

SUMMARY OF STATE OF MICHIGAN
EXECUTIVE ORDER 2020-161

INCLUDING GYMNASIUMS, RECREATION CENTERS, SPORTS FACILITIES, EXERCISE FACILITIES, EXERCISE STUDIOS AND LIKE FACILITIES
Workplace Controls for Fitness Centers

1. Post sign(s) outside of entrance(s) informing individuals not to enter if they are or have recently been sick.

2. Maintain accurate records, including date and time of event, name of attendee(s), and contact information, to aid with contact tracing.

3. To the extent feasible, configure workout stations or implement protocols to enable ten feet of distance between individuals during exercise sessions (or six feet of distance with barriers).
Social Distancing

Reduce class sizes, as necessary, to enable at least six feet of separation between individuals.
Sanitizing & Cleaning

- Make hand sanitizer, disinfecting wipes, soap and water, or similar disinfectant readily available

- Provide equipment cleaning products throughout the gym or exercise facility for use on equipment

- Regularly disinfect exercise equipment, including immediately after use. If patrons are expected to disinfect, post signs encouraging patrons to disinfect equipment.
Ventilation

ENSURE THAT VENTILATION SYSTEMS OPERATE PROPERLY

INCREASE INTRODUCTION & CIRCULATION OF OUTDOOR AIR AS MUCH AS POSSIBLE BY OPENING WINDOWS AND DOORS, USING FANS, OR OTHER METHODS
- Close steam rooms and saunas.
- Regularly clean and disinfect public areas, locker rooms, and restrooms.
Resources

Industry Resources

• AIHA – Back to Work Safely - Gyms and Workout Facilities

MIOSHA Resources

• MIOSHA Webpage
• MIOSHA Consultation, Education & Training (CET) Division
• MIOSHA Standards
• Request for Consultative Assistance
• PPE Guide for General Industry (SP #16)
• Respiratory Protection Program – Sample Written Program (SP #05)
• Hazard Communication Program – Sample Written Program (CET 5530)
• MIOSHA Training Program
COVID-19 Resources

MIOSHA

• COVID19 Interim Enforcement Plan

State of Michigan

• Coronavirus
• Frequently Asked Questions

OSHA

• COVID-19 Information
• Guidance on Preparing Workplaces for COVID-19
• Seven Steps to Correctly Wear a Respirator at Work
• Ten Steps for All Workplaces to Reduce Risk of Exposure to Coronavirus

CDC

• Coronavirus Disease (COVID-19)
• Interim Guidance for Businesses to Plan and Respond to COVID-19
• Use of Cloth Face Coverings to Slow the Spread of COVID-19
• Interim Guidance for Workers Who May Have Had Exposure to a Person with COVID-19
• Cleaning & Disinfecting Your Facility
• Discontinuation of Home Isolation

Other

• AIHA – Back to Work Safely
Contact MIOSHA

Michigan Occupational Safety and Health Administration (MIOSHA)

530 W. Allegan Street, P.O. Box 30643
Lansing, Michigan 48909-8143

If you need further information regarding COVID-19
Call 855-SAFEC19 (855-723-3219).

To request consultation, education and training services, call 517-284-7720
or visit our website at:

www.michigan.gov/miosha
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<th>Circle</th>
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</thead>
<tbody>
<tr>
<td>1. Facility Has COVID Safety Plan On Site</td>
<td>YES</td>
<td>NO</td>
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<tr>
<td>Note:</td>
<td></td>
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<tr>
<td>2. COVID Safety Officer On Site (initial below)</td>
<td>YES</td>
<td>NO</td>
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<td>Note:</td>
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<tr>
<td>3. Records Of All Patrons Available for Contact Tracing</td>
<td>YES</td>
<td>NO</td>
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<td>Note:</td>
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<tr>
<td>4. Initialed Records of Health Screening of All Patrons Available</td>
<td>YES</td>
<td>NO</td>
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<td>Note:</td>
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<tr>
<td>5. Initialed Records of Disinfection Schedule Of Equipment Available</td>
<td>YES</td>
<td>NO</td>
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<td>Note:</td>
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<tr>
<td>6. Initialed Records of Disinfection Bathrooms Of Equipment Available</td>
<td>YES</td>
<td>NO</td>
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<td>Note:</td>
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<tr>
<td>7. Masking and Six-Feet Signage Posters At Entry</td>
<td>YES</td>
<td>NO</td>
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<td>Note:</td>
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<tr>
<td>8. Masks Worn by All Employees and Patrons (see NOTES for exceptions)</td>
<td>YES</td>
<td>NO</td>
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<td>Note:</td>
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<td>9. Ten Feet of Distance Between Exercise Stations</td>
<td>YES</td>
<td>NO</td>
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<td>Note:</td>
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<td>AND/OR</td>
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<tr>
<td>10. Floor to Ceiling Barriers If Six to Ten Feet</td>
<td>YES</td>
<td>NO</td>
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<td>Note:</td>
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<tr>
<td>11. Hand Sanitizer Available to All Employees and Patrons</td>
<td>YES</td>
<td>NO</td>
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<td>Note:</td>
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<tr>
<td>12. Disinfectant Wipes Available to Patrons</td>
<td>YES</td>
<td>NO</td>
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<td>Note:</td>
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<tr>
<td>13. Patrons Observed Wiping Down High-Touch Surfaces After Use</td>
<td>YES</td>
<td>NO</td>
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<td>Note:</td>
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<tr>
<td>14. HVAC System on High or Negative Pressure Fans in Windows</td>
<td>YES</td>
<td>NO</td>
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<td>Note:</td>
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<tr>
<td>15. Saunas, Spas or Tanning Beds, etc. Closed</td>
<td>YES</td>
<td>NO</td>
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<td>Note:</td>
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Safety Officer Initials ________________________________

Safety Officer Comments _____________________________________________
NOTES

1. This form can be accessed on your smart device at mmdhd.org/xxxx
2. For item 1. COVID Safety Plan should include description of COVID training for all employees.
3. Items are based on simple visual observation by law enforcement.
4. Items 3. through 6. should be up to date.
5. For item 8. 80% compliance is required. Patrons who experience low oxygen during exercise at least 20% of the time as measured by a simple pulse oximeter should not wear masks. Patrons who experience anxiety or claustrophobia should not wear masks.
6. For items 9. and 10. please complete one or both as appropriate.
7. For items 11. and 12. dispensers should not be empty.
8. For item 13. 80% compliance is required.
9. Facility Safety Officer must initial this form and may also enter any comments.

Version 1.1 August 22, 2020
Immunization Restart in the Era of COVID-19
Guidance for Local Health Departments

Welcome!

**Presenters:**
Marcus Cheatham
Bob Swanson and Terri Adams
Marc Griffis
Mary Kushion
Purpose

To provide LHD Immunization Coordinators and staff with the current information and resources available to:

- Re-start/catch-up childhood immunizations
- Prepare for flu vaccine administration in the fall of 2020
- Prepare for COVID-19 vaccine administration in late 2020/early 2021

Restarting Recommendations for Clinics

Michigan Local Health Departments Immunization Re-Start Survey

Q1 Is your local health department providing immunizations services as of June 1, 2020?

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
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<tbody>
<tr>
<td>Yes</td>
<td>69.02%</td>
</tr>
<tr>
<td>No</td>
<td>30.98%</td>
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<tr>
<td>TOTAL</td>
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</table>
Guidance for Immunizations at the Health Department Clinics during the Pandemic (WHO, 2020)

- Immunizations should be a priority to prevent vaccine preventable disease (VPD) outbreaks
  - Should be adapted to be carried out safely (for staff and patients)
- Continued VPD surveillance is also important to prevent outbreaks
- Utilization of volunteer contact tracers to offset burden of COVID-19 case follow-up and allow for immunization staff to vaccinate
- Where limited immunization services are appropriate (or needed due to lack of staffing, etc): at-risk populations should be prioritized for immunization of outbreak-prone diseases first (still with appropriate safety precautions)
- Employee screenings as entering building
Volunteer Contact Tracers

• PLEASE take advantage of Michigan’s registered volunteer contact tracers, some of whom are skilled and/or retired public health and healthcare professionals who are available and willing to help.
  • Will offset burden to allow for more immunizations by health dept staff
• You can do this by accessing the centralized volunteer pool from Michigan Volunteer Registry or ask for volunteers for local use by filling out the PHA COVID-19 Public Health Volunteer Request Form

Screening/Visitors to Clinic

• Executive Order No. 2020-72 Prohibits visitors from entering a healthcare facility unless the visitor is visiting under one or more of the following circumstances:
  1. Visit is required for the provision of medical care or support of activities of daily living (as determined by Practice employees on a case-by-case basis).
  2. Visitor is the power of attorney or court-appointed guardian for a patient.
  3. If patient is 21 years of age or under, visitor is patient’s parent, foster parent or guardian.
  4. Visitor is visiting patient in serious or critical condition or in hospice care.
  5. Visitor is visiting under exigent circumstances or for the purpose of performing official government functions.
Covid-19 Screening Questions LHD immunization patients

1. Have you or your child(ren) tested positive for COVID-19 in the last 14 days?

2. In the past 24 hours, have you or your child(ren) experienced any of the following symptoms?
   - Fever (above 100.4) or chills
   - Cough
   - Shortness of breath or difficulty breathing
   - Fatigue
   - Muscle or body aches
   - Headache
   - New loss of taste or smell
   - Sore throat
   - Congestion or runny nose
   - Nausea or vomiting
   - Diarrhea
   - Rash

3. In the last 14 days has anyone in your household been in close contact (6ft or less for more than 15 minutes) with anyone who is experiencing the above symptoms.
   - Yes
   - No

4. In the last 14 days has anyone in your household been in close contact (6ft or less for more than 15 minutes with anyone who has tested positive for Covid-19?
   - Yes
   - No
   - Not sure

Screening (cont.)

- If a patient answers “yes” to a screening question:
  - A designated health provider (nurse or supervisor) should evaluate the appropriateness of continuing the appt
  - The patient may be asked to reschedule appointment

- If a person “yes” to exposed to COVID-19 should first complete 14 days of self-isolation
  - If the contact does not develop symptoms of COVID-19 after 14 days of self-isolation, then this person can be vaccinated
Making expectations clear will be important.

Example of a screening policy:

**COVID-19 SCREENING POLICY:**

Every patient and permitted visitor must be screened prior to entry to facility.

No visitors are allowed to enter facility if they have:

- Experienced any symptoms, including fever above 100.4 degrees, cough, shortness of breath or difficulty breathing, sore throat, chills, repeated shaking from chills, muscle pain, headache, new loss of taste or smell, flu-like symptoms or diarrhea, within the past 24 hours, or
- Other COVID-19 risk factors per CDC guidelines (international, cruise ship or river cruise voyages, exposure to person with confirmed COVID-19 diagnosis within the past 14 days, etc.).

Patients who have symptoms or other COVID-19 risk factors may be asked to reschedule their appointment.

For the health and safety of patients, visitors and our health care staff, we reserve the right to deny visitation, reschedule patient appointments, or make alternative treatment arrangements at any time. We appreciate your patience and cooperation during this time.
Safety Precautions for Clinic Settings

- Safety precautions:
  - Screening patients at the entry point
  - Maintaining physical distancing (6 ft) whenever possible
  - Deep clean examination rooms after patients with respiratory symptoms and clean rooms between all patients
  - Practice routine cleaning and disinfecting of frequently touched surfaces
  - Vaccinating in well-ventilated areas when possible
  - Mask wearing (for staff and patients)
  - Reorganizing waiting rooms to maintain distancing
    - Remove toys, magazines and other shared items
  - Vaccination drive-thru when feasible, appropriate

Post Clear Safety Guidelines Throughout Facility

Be clear about social distancing, mask wearing, symptoms that will be screened
Influenza Mass Vaccination Preparation

• Notify 911/Local Law Enforcement /EMS / Fire/ Emergency Management in advance of event to develop and review safety and medical plan for event.
• Request all on stand-by during event. Plan for EMS to arrive/exit if necessary. Assure availability of security personnel to protect staff, supplies and patients. **Have a plan in place for potentially threatening situations/persons.**
• Maintain a log for the accounting of personnel – both for paid staff and volunteers.
• Assign persons to serve as a “Greeter”.
  • Greeter must be knowledgeable, friendly, and have communications with a decision maker. Rotate this position often as it may be stressful to have one person as Greeter for entire event.
• Check a google map for anything in the area within 1 mile of event site, and/or any unique big buildings that may impact traffic flow.
• Drive-thru clinics
  • Placing post-its or numbers on cars for monitoring after vaccination (remove once person is safe to drive away)
Influenza Mass Vaccination Recommendations (Cont.)

- Develop and communicate a Weather Emergency Plan.
- Check for events/funerals, etc. that would impact traffic flow.
- Notify surrounding businesses of the event in advance.
- Generate public awareness via media partners, social media, etc. Have a designated media staging area and public information officer/spokesperson available to answer questions and assure patient confidentiality.
- Develop a decontamination plan and area at the event site.
- Create barriers for lanes (concrete/water-filled barricades, vehicles) like a military check point to protect the staff and the patients.
- Have easy to read signage in multiple languages as appropriate and are color-blind sensitive.

Influenza Mass Vaccination (Cont.)

- Assure there is two-way radio communication and a clear communication plan for all clinic workers.
- Have mental health services on site for those who may require calming assistance.
- Assure adequate power source for vaccine storage if applicable.
- Assure adequate inventory & integrity of PPE and vaccine well in advance. Have a person designated as the “counter” to know when the supply will run out to alert those who will not be able to receive the vaccine if the demand is greater than the supply.
- Consider how to minimize hand-to-hand contact – ask that forms be printed and signed in advance and brought to clinic. Have method to clean clipboards, pens, etc after every person.
COVID-19 Vaccination Preparedness

Per MDHHS:
- COVID-19 vaccine could be available as early as late fall/early winter
- Like to be 2 dose series (28-day interval in between)
- Vaccine storage requirements currently unknown
- Likely be available through emergency use authorization (EUA)
- Will originally be considered federal asset and managed by CDC initially
- Distributed most likely through McKesson and sent directly to providers
- Other supplies (sharp containers, syringes, sharps) will be ordered when vaccine is ordered
COVID-19 Vaccination Preparation (cont.)

- Providers administering will have to enroll in COVID-19 vaccine program (separate from VFC), ensure proper vaccine storage
- MCIR used to track inventory and doses of COVID-19 vaccine (regardless of patient age)
- MDHHS will have to report data to CDC weekly
- Different vaccine product may change how vaccine is distributed (from manufacturer right to provider)
- Mass clinics will need to occur under appropriate social distancing, safety precautions

COVID-19 Vaccine Phases (possible)

- **Phase 1**: critical workforce, essential care works
- **Phase 2**: high risk individuals (age, hypertension, COPD, immunosuppressed)
- **Phase 3**: general public
Mental Health Resources – Clients

- As mentioned previously, having trained mental health providers on site during mass vaccination events will be helpful
- Refer patients (in both clinic/mass vaccination settings) to mental health services whenever needed
- Community Mental health
- Does the person need practical resources as well?
  - Food assistance, WIC, MIHP
Mental Health Resources – Staff

Coping with COVID-19 Stress and Anxiety

Headspace
https://www.headspace.com/mi?fbclid=IwAR0eGa4xgeNlo67u14M9qs5RJqHtx_q9Lt_7cayakGx69osRHRD00ILBs1A

This special collection of meditation, sleep, and movement exercises below are designed to help you keep a strong and healthy mind in the midst of this global health crisis. All Michiganders – from the shores of Lake Superior to the streets of Detroit – will get through this together.

Mental Health Resources – Staff

- Centers for Disease Control:

  Signs of staff burnout:
  - Exhaustion
  - Disengagement
  - Overwhelming dread
  - Depression
  - Decreased productivity
  - Increased absences
Questions?
COVID-19 Pandemic Vaccination Planning: Update for State and Local Public Health Programs

Dear Colleague:

CDC is working with other federal members of Operation Warp Speed (OWS) to plan and implement a COVID-19 vaccination program as soon as vaccine(s) is available. Thoughtful allocation of COVID-19 vaccine will be critical to prevent morbidity and mortality and reduce the impact of COVID-19 on society. Prioritization of populations to be reached early in the vaccination response when vaccine supply is limited is being considered by the Advisory Committee on Immunization Practices and the National Academy of Medicine.

To better assist in updating and implementing of existing pandemic vaccination plans and assess needs, five selected jurisdictions are serving as pilot sites for joint planning missions. These jurisdictions are:

- North Dakota
- Florida
- California
- Minnesota
- Philadelphia

The pilot jurisdictions will work with a multiagency federal team, including staff from CDC and Department of Defense, to plan and prepare for the COVID-19 vaccination response in their specific jurisdictions. In addition to supporting state, local, and tribal efforts in the selected jurisdictions, these will serve as a pilot for supporting other jurisdictions and will provide valuable insight into state/local planning efforts. A planning tool with model approaches will be developed from this work that will facilitate CDC and OWS support for all jurisdictions’ COVID-19 vaccination planning efforts.

Although operational guidance for state programs has not been finalized, in this communication we are providing interim assumptions and recommended action steps.

Planning Assumptions
Many vaccine candidates are in development, and clinical trials are being conducted simultaneously with large-scale manufacturing. It is not known which vaccines will be approved. Planning needs to be flexible, but for the purpose of planning, certain vaccination assumptions will be made.

- Limited COVID-19 vaccine doses will be available in fall 2020.
- Initial populations recommended for COVID-19 vaccination will likely be those in the critical workforce who provide health care and maintain essential functions of society and
Initial doses of COVID-19 vaccine may be authorized for use under an Emergency Use Authorization (EUA) issued by the Food and Drug Administration (FDA), based on available safety and efficacy data.

Two doses of COVID-19 vaccine, separated by ≥21 or >28 days, will be needed for immunity for some vaccine candidates; both doses will need to be with the same product. This will require tracking vaccine administered and patient reminders.

Some vaccine candidates require ultra low cold (ULC) chain.

Recommendations for groups to target will likely change after vaccine is available, depending on characteristics of each vaccine, vaccine supply, and disease epidemiology.

Because of uncertainty, planning needs to include high demand and low demand scenarios.

Routine immunization programs will continue.

Although plans may change, CDC currently assumes COVID-19 vaccine distribution and tracking based on the following principles:

COVID-19 vaccine distribution will be managed centrally, although vaccines may be handled through more than one distributor. Distribution may be expanded to include additional healthcare organizations and vaccination providers who can provide pandemic vaccinations to targeted groups. Vaccine will be sent directly to vaccination providers (e.g. physician’s office) or designated depots for secondary distribution to administration sites (e.g. chain drug stores central distribution).

COVID-19 vaccine will be allocated to each jurisdiction and selected commercial and federal partners. The amount of COVID-19 vaccine allocated to each jurisdiction will be based on several factors, including population size.

- Pre-planning by jurisdictions should assume vaccine will be distributed directly to vaccine providers, whether directly by USG or by another entity.
- COVID-19 vaccine providers must enroll with their jurisdiction’s immunization program to receive vaccine. Multijurisdictional providers may have a Memorandum of Agreement (MOA) with the federal government and will need agreed-upon channels for communicating with each jurisdiction.
- Enrolled vaccination providers receiving vaccine through their jurisdiction allocations will order COVID-19 vaccine from their jurisdiction’s immunization program’s allocation.
- Jurisdictions should anticipate that allocations may shift during the course of the program based on supply, demand and disease epidemiology.

COVID-19 vaccine and ancillary supplies (including needles and syringes for vaccine reconstitution and administration and limited masks and face shields) will be procured and distributed to providers proportionately by the federal government at no cost to enrolled pandemic vaccination providers.

Insurance reimbursement for vaccine and administration costs are under consideration.

Dose level accountability and reporting for ordering, distribution, and administration of two-dose vaccine series.
State and local public health programs should be completing these prioritized COVID-19 vaccination planning efforts:

- Convene a COVID vaccine program planning team that includes the relevant collaborators from your jurisdiction, HHS Regional Directors, professional organizations, etc.
- Develop/modify COVID-19 vaccination plan, in coordination with immunization and emergency preparedness counterparts. Jurisdictions should anticipate review of their plans by CDC and OWS. Plan should be drafted before October 1st, to coincide with earliest possible release of COVID-19 vaccine.
  - Plans should include timelines, deliverables and metrics. CDC will be providing additional detail on these deliverables and metrics and monitoring progress weekly prior to and during the vaccination campaign.
- Identify critical occupational groups (frontline HCP, safety, emergency, education, and other essential services) in each jurisdiction, and ensure relationships and plans are in place for targeted vaccination efforts.
- Finalize plans for temporary mass vaccination clinics.
- Prepare for dose level accountability and reporting for ordering, distribution, and administration of two-dose vaccine series.
  - Immunization information systems (IISs) that meet CDC’s standards for COVID-19 response, including data sharing via the Immunization Gateway, timeliness, and completeness, may be used to document vaccination.
  - CDC is developing additional systems and tools for jurisdictions that are unable to meet these standards. A Vaccine Administration Monitoring System (VAMS) is in development to facilitate vaccination clinic scheduling, record-keeping for the vaccine recipient, and reporting.
- Augment routine community vaccination services to rapidly vaccinate the public when COVID-19 vaccine supply is sufficient.
  - Conduct additional outreach and onboard pharmacies, health systems, and long-term care partners that may be needed to rapidly execute a COVID-19 immunization program.
  - Sign agreements with providers specifying requirements to receive and administer COVID-19 vaccines. A federal provider agreement will be forthcoming.
  - Finalize legal agreements needed to connect to the Immunization Gateway to share data with federal response partners and other jurisdictions.
  - Onboard health care providers treating persons at highest risk for severe outcomes of COVID-19 (e.g., those with advanced age, hypertension, diabetes, cardiovascular disease, chronic obstructive pulmonary disease, immunosuppression, liver disease) to ensure efficient education and vaccination of these groups when COVID-19 vaccine supply increases.
- Identify communities at highest risk where additional vaccination outreach, including strong partnerships with trusted agents and community health centers, mobile outreach, and other efforts may be required to achieve high vaccine uptake.
USG actions to support jurisdictional planning efforts

- CDC will provide model plans, including concept of operations for targeting select populations (essential workers, long term care facilities, underserved communities).
- CDC will review jurisdiction-specific plans, and provide technical assistance as needed to ensure success.
- The Federal government will establish Memoranda of Agreement (MOA) with multijurisdictional providers (select large drug store chains, federal providers). Additional details on MOA and resources that may be provided are in development.

Assuming SARS-CoV-2 continues to circulate, vaccination plans must continue to ensure those seeking vaccine are protected from exposure. Health care settings must continue to include considerations for personal protective equipment (PPE), social distancing or spacing of patients and staff, and scheduling individual vaccination appointments, among other approaches. Vaccination clinics held at satellite, temporary, or off-site locations, including mass vaccination clinics, will require additional considerations. Additionally, curbside and drive-through clinics may provide the best option for staff and patient safety during the COVID-19 pandemic.

We appreciate all you and your staff have done over the past few months to respond to the COVID-19 pandemic. We look forward to working with you as we continue to plan and execute the COVID-19 vaccination response.

Sincerely,

Nancy Messonnier

Nancy Messonnier, MD
Director
National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention

Cc: Immunization Awardee Program Managers
    Preparedness Directors
    ASTHO
COVID-19, State of Michigan: Case Investigation TA Metrics

7-day rolling average

Case Completion Target:
- No
- Within first day
- Within second day

Jurisdiction (Multiple values)

Chart 1: Percent of newly referred cases attempted to be investigated within one day
Chart 2: Percent of newly referred cases successfully investigated within one day
Chart 3: Percent of newly referred cases with at least one contact identified, or marked as “no contacts”, within one day
Chart 4: Percent of newly referred cases with race and ethnicity documented within one week

Case Investigation Metrics, 7-day average - Referred on August 17, 2020

Target: Within first day
Weekend: Include
Sort by: Cases

Jurisdiction
- State of Michigan
- Mid-Michigan District

State of Michigan
- Cases: 4,421
- Contacts/Case: 3.00
- TA Outfit #: 70.5%
- Interview at 1st day: 51.2%
- At least 1 call: 49.2%
- Race/ethnicity documented: 67.5%

Mid-Michigan District
- Cases: 36
- Contacts/Case: 3.00
- TA Outfit #: 97.2%
- Interview at 1st day: 94.4%
- At least 1 call: 91.7%
- Race/ethnicity documented: 80.0%

Source: Michigan Disease Surveillance System

*Contacts/cases referred as of 8/14/2020
• The Board of Health (BOH) adopted the MMDHD FY 20/21 Proposed Budget.

• The BOH approved the MMDHD Agency Fees for the Community Health and Education Division (CHED) and the Environmental Health (EH) Division as presented.

• The BOH adopted the following Monthly Healthy Living Recommendation for August 2020:

  1.  Continue to support COVID-19 prevention measures within schools.
### STAFFING REPORT – AUGUST 2020

#### AS

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<td>Montcalm</td>
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<tr>
<td>VACANCY</td>
<td>PT (0.6 FTE) Health Educator I (Substance Abuse), Montcalm Branch Office, effective July 21, 2020</td>
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<td>FT Community Health Worker, Clinton Branch Office, effective June 27, 2020</td>
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<td>TRANSFER</td>
<td>Jennifer Johnson, FT P.H. Nurse II, Gratiot Branch Office transfer to Montcalm Branch Office with date yet to be determined</td>
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<td>VACANCY</td>
<td>FT E.H. Specialist I/II, Montcalm Branch Office/Clinton Branch Office, effective February 25, 2020</td>
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<td>VACANCY</td>
<td>PT (0.6 FTE) P.H. Representative, Gratiot Branch Office, effective June 6, 2020</td>
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<td>SEPARATION OF EMPLOYMENT</td>
<td>Nathaniel Akey, E.H. Specialist I, Montcalm Branch Office, effective August 12, 2020</td>
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<td>VACANCY</td>
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<td>LAYOFF</td>
<td>Sheila Moore, FT E.H. Educator, Gratiot Branch Office, effective August 28, 2020</td>
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<td>TRANSFER IN JOB POSITION</td>
<td>Sheila Moore, FT Health Educator II, Gratiot Branch Office, effective August 31, 2020</td>
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