



## Mid-Michigan District Health Department Plan of Organization

January 2023

### I. Legal Responsibility

#### A. Authority

##### i. State Statutory Authority

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

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

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

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

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

- Clinton County – 29<sup>th</sup> Judicial Circuit Court & 65A District Court
- Gratiot County – 29<sup>th</sup> Judicial Circuit Court & 65B District Court
- Montcalm County – 8<sup>th</sup> Judicial Circuit Court & 64B District Court

The law firm of Cohl, Stoker and Toskey acts as our legal counsel to provide advice with legal matters within Public Health Law. We have well established partnerships with the Clinton, Gratiot, and Montcalm County Sheriff’s Offices and County Court systems.

ii. Programs and Services

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

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

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

Services	Rule or Statutory Citation	Required =	Basic +	Mandated +	LPHO
		I	I.A.	I.B.	I.C.
Immunizations	PA 349 of 2004 – Sec. 218 and 904; MCL 333.9203, R325.176	X	X	X	X
Infectious/Communicable Disease Control	MCL 333.2433; Parts 51 and 52; PA 349 of 2004 – Sec. 218 and 904; R325.171 et seq.	X	X	X	X
STD Control	PA 349 of 2004 -- Sec. 218 and 904; R325.177	X	X	X	X
TB Control	PA 349 of 2004 – Sec. 218	X	X	X	
Emergency Management – Community Health Annex	PA 349 of 2004 – Sec. 218 MCL 30.410	X	X	X	
Prenatal Care	PA 349 of 2004 – Sec. 218	X	X		
Family planning services for indigent women	MCL 333.9131; R325.151 et seq.	X		X	
Health Education	MCL 333.2433	X		X	
Nutrition Services	MCL 333.2433	X		X	
HIV/AIDS Services; reporting, counseling and partner notification	MCL 333.5114a; MCL 333.5923; MCL 333.5114	X		X	
Care of individuals with serious Communicable disease or infection	MCL 333.5117; Part 53; R325.177	X		X	

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

iii. Local Statutory Authority

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

**B. Governing Entity Relationship**

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

**C. Civil Liability**

The MMDHD has an intergovernmental arrangement and is a member of the Michigan Municipal Risk Management Authority (MMRMA). This arrangement provides: 1) cooperative and comprehensive risk management and loss control services; 2) provision for reinsurance, excess insurance and other provisions for payment of losses, risk financing, and related expenses; and 3) provision of administrative claims, legal defense and related general administrative services to members. This agreement indemnifies employees for civil liability sustained in the performance of official duties except for wanton and willful misconduct. This MMRMA coverage is facilitated through a regional risk manager, Lighthouse Insurance Group, as reflected in **Exhibit 4** (MMRMA Coverage Overview).

#### **D. Delegation of Food Service Sanitation Program**

All MMDHD Food Services Sanitation Program responsibilities are fulfilled solely by MMDHD Environmental Health Specialists.

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

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

### **II. LHD Organization**

#### **A. Organizational Chart**

The MMDHD's current Organizational Chart, approved by the Board of Health on November 23, 2022, is reflected in **Exhibit 7**. Further information regarding individual staff duties, functions, lines of authority and responsibilities are contained in the agency's Employee Manual and in employee job descriptions (which are maintained in the agency's Administrative Offices in Stanton and are available for review).

#### **B. Plan Approval**

Documentation of the MMDHD Board of Health's approval of the agency Plan of Organization is reflected in **Exhibit 8** (Minutes of the Mid-Michigan District Board of Health Regular Meeting held January 25, 2023).

#### **C. Budget**

MMDHD currently (FY 22/23) has a \$8.8 million total annual operating budget as reflected in the summary in **Exhibit 9**. This budget was formally approved by the MMDHD Board of Health on July 13, 2022, as noted in **Exhibit 10** (Minutes of the Mid-Michigan District Board of Health Regular Meeting held July 27, 2022).

The MMDHD currently has 73.2 Full-Time Equivalent (FTE) positions organized as shown on **Exhibit 7** (Organizational Chart).

#### **D. Audit Findings**

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

#### **E. Information Technology**

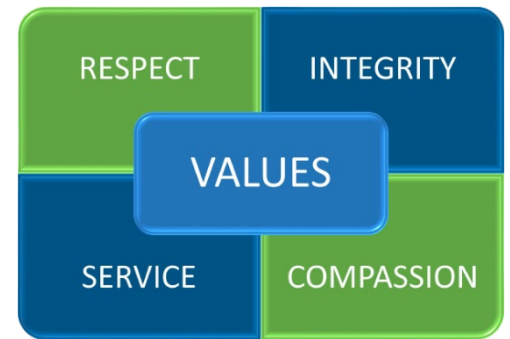
The Mid-Michigan District Health Department maintains full technical capacity to store, access, and distribute current public health information. MMDHD communicates critical health alert information to the public, community partners, and local media outlets. Public health information is disseminated via a mass email service (Constant Contact), fax protocol and the internet via the State of Michigan's Health Alert Network (MiHAN). Other important information is distributed by website postings ([www.mmdhd.org](http://www.mmdhd.org)), social media (Facebook, Twitter, and Instagram), phone, postal mail, and press releases. This multi-distribution approach enables MMDHD to distribute both critical and noncritical information regarding public health in an accurate, timely fashion.

In addition to public information, MMDHD maintains a robust information technology infrastructure. This technology includes servers, firewalls, internet access, video conferencing capabilities, phone systems, fax lines, 24/7 emergency response, and a host of other programs and systems that are utilized to ensure MMDHD can provide public health services.

### III. Mission, Vision, and Values

#### A. Agency Mission & Vision

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



##### 1. **Respect**

We value different perspectives, ideas, and thoughts. We create an environment where different voices can be heard.

##### 2. **Integrity**

The embodiment of honesty, trustworthiness, honor, and adherence to high level moral principles.

##### 3. **Service**

Contribution to the welfare of others, being helpful, making intentional decisions and actions to benefit others.

##### 4. **Compassion**

Commitment to serving others with empathy, respect and dignity and understanding.

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

### IV. Local Planning and Collaboration Initiatives

#### A. Outline of Priorities

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

##### i. LHD-Specific Priorities

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

- We monitor community needs.
- We excel at quality improvement.

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

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

ii. Community Health Assessment and Improvement Planning

As a three-county district health department, MMDHD participates in three different community health assessment and improvement planning processes (CHA/CHIP). As of 2022, we have worked with community partners to complete the health needs assessment portion of the process and moving forward with the development of updated health improvement plans. The CHA/CHIP is a continuous three-year cycle that involves several community partners and regular communication. The processes are led by steering committees that include representatives of local hospital systems, local public health, and other service agencies. Steering committees for each county are:

- Healthy Montcalm – with Montcalm Human Services Coalition as advisory.
- Live Well Gratiot – with Gratiot Collaborative Council as advisory.
- Healthy! Capital Counties – with hospital systems and LHDs serving as advisory and Building Stronger Communities Council as a partner.

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

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

**B. LHD Planning Activities for Priority Projects with Available Resources**

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

- **Pre-K Oral Health Program**– The new Kindergarten Oral Health Assessment (KOHA) law requires Local Public Health to offer the opportunity for all children entering kindergarten an oral health assessment for any potential issues with their oral health. MMDHD already employs a Registered Dental Hygienist who can perform these assessments. MMDHD will be able to fund the program with both State funding and from billing dental insurances. For State reporting and insurance billing, each child must be registered in our Electronic Medical Record (EMR), Patagonia. Patagonia has recently built an Oral Health Program application for the EMR that will allow for bulk upload of the student’s demographic information, along with an encounter note that will allow for reporting the required information to the State. It works similarly to the mass

vaccination application that we used for the offsite covid clinics to streamline the process to save staff time.

- **Hedgehog portal** – The general public will be able to apply and pay for Environmental Health services online through the portal. Repeat clients like food service operators, well drillers, septic installers, realtors, and Type II public water supply owners will be able to gain permissions to the 2-way portal to apply and pay for licenses and permits; submit documentation for their facility like water samples results, affidavits, variances, corrective action items, well logs; be able to review account balances; and review the status of where their application is at within the process. The online portal will also allow the public to have access to food inspection reports, permits and final inspection reports instantaneously rather than going through the FOIA request process which can take up to 5 days to complete.
- **Social Determinants of Health grant** – MMDHD was awarded funding November 2022 from MDHHS to participate in planning grant activities that seek to accomplish two goals toward addressing social determinants of health: 1) engage the local community (county) to assess the interest and capacity to develop a Community Information Exchange (CIE), and 2) identify and support local CHA/CHIP efforts that address social determinants of health. This planning grant runs through September 2023 with the expectation there may be an additional MDHHS funding opportunity available going forward for LHD's interested in implementing a local CIE. Because MMDHD participates in three separate CHA/CHIPS (one per county), the specific project activities of this planning grant will vary by county. In addition to MMDHD project staff directing efforts to gather community input, grantees are required to participate in bimonthly meetings led by MDHHS to learn more about CIE and report on project progress. Additional information regarding MDHHS strategy to address social determinants of health can be found at <https://michigan.gov/sdoh>
- **Pathways to Better Health** –The Pathways to Better Health Program is a free program that utilizes the Community Health Worker (CHW) to assist clients in our communities with getting access to services they need, linking clients with a Primary care Provider and preventative health care which in turn decreases the need for Emergency Room visits and hospitalizations. Through this program the CHW determines the resources the client needs, the challenges the client is facing and assists the client with goal setting. The CHW works with our community partners to link the client to proper resources needed to obtain their goals. The Pathways to Better Health is still establishing itself within our communities. Recent changes to the program have included more visibility within our website, face to face interactions with community partners, program presentations through collaboration of community partners. Marketing materials to lower socioeconomic areas throughout our district. Through this program we service clients ages 13 years and older with 2 or more chronic health conditions living in Gratiot, Montcalm, and Clinton counties. Our CHW utilizes Patagonia to enter client referrals and completes a needs assessment. MMDHD has a working relationship with McLaren Health Insurance for referrals.
- **Substance Use Disorder Prevention** – All three of our counties have fully funded Drug Free Communities (DFC) grants from the Center for Disease Control. A single public

entity may only be a fiduciary on one DFC grant and MMDHD is the fiduciary for the Clinton County grant which focuses on working with schools and families to reduce youth substance abuse. The Montcalm County grant has a medication disposal program and youth-led prevention strategies. The Gratiot County grant is administered by Child Advocacy and is finishing its first year which emphasizes training community leaders. Further Montcalm and Clinton programs have accessed cannabis tax funds through the individual Counties to create a media campaign for the prevention of cannabis. Additionally, State Opioid Response (SOR) funds have been channeled through the Montcalm Prevention Collaborative to provide prevention materials, supplies, and media campaigns to address opioid use in Montcalm County. Included in these efforts has been assisting a local service organization in setting up a needle exchange, harm reduction program.

- **Prescription for Health**—Live Well Gratiot, with financial support from the Gratiot County Community Foundation, formed a partnership in 2018 between MMDHD, the St. Louis, Michigan, Farmer’s Market, MyMichigan Health, Alma Family Practice, Alma College, and Michigan State University Extension to offer a program for people living with chronic disease to learn about healthier eating and cooking. Residents are referred to the program by health care providers and offered a series of 6 nutrition education classes by MSU Extension while receiving produce tokens for ten weeks to shop for vegetables at the Farmer’s Market. This initial 2018 pilot program has continued to be offered yearly in Gratiot County and has evolved over time as financial support has changed hands from the Gratiot County Community Foundation to the BCBSM Foundation and, most recently, MyMichigan Health. MMDHD, on behalf of Live Well Gratiot, intends to submit an application in 2023 to become a pilot program with the Michigan Farmers Market Association to develop a Produce Prescription technology platform that can be used by local programs to manage program activities more efficiently. If selected as a pilot program, the Prescription for Health program will receive a stipend to use toward program costs.

### **C. Community Partnerships and Collaborative Efforts**

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

The agency continues to provide technical assistance and data specialty support for a variety of community initiatives such as child death reviews, school safety committees, local emergency management, and environmental and solid waste authorities.

We are the fiduciary on a Cross Jurisdictional Sharing grant that has supported various statewide initiatives including leadership trainings for new public health leaders. Our



Organizational Liaison List demonstrates the collaborative approach with our community and stakeholders (**Exhibit 16**).

## V. Service Delivery

### A. Outline of Locations, Services and Hours of Operation

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

## VI. Reporting and Evaluation

### A. Efforts to Evaluate its Activities

The MMDHD maintains several in-house programs and financial monitoring systems including Quarterly Services Reports (**Exhibit 18**), monthly financial status reports, program data reports generated from the agency's Acumatica (accounting), Kronos (payroll), Patagonia and Hedgehog databases, reports from various State data systems (e.g., WIC system, MCIR, and MDSS), and also uses various State program management evaluation reports and independent audits to evaluate program and financial operations. Agency management also utilizes criteria from MLPHAP and EGLE and MDARD self-assessment activities to evaluate program operations for compliance with Minimum Program Requirements.

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

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

Agency staff members participate in various collaboratives and partner with community organizations within our district to engage with the community to showcase what our agency is doing and to learn what is occurring that may impact the health and wellbeing of our residents. We often attend outreach events to promote our services to the public, and maintain communication with local leaders (superintendents, elected officials, etc.) to help ensure visibility throughout the community we serve.

## VII. Health Officer and Medical Director

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

- **Health Officer** - As indicated in the agency's Intergovernmental Agreement (**Exhibit 3**), the Board of Health has responsibility for selecting and appointing the Health Officer, who shall meet the standards of training and experience established by the agency for this position. These standards are consistent with provisions in Section 2428 of the Michigan Public Health Code (including related Administrative Rules R325.13001) and as prescribed by the MDHHS Prior to appointment of any new Health Officer, the Board of

Health will provide applicant credentials to demonstrate that the desired candidate meets all required qualifications and is approved by MDHHS (**Exhibit 19**).

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

**B. MDHHS Health Officer & Medical Director Approval**

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

- **Health Officer** – Liz Braddock, MS, RS
- **Medical Director** – Jennifer Morse, M.D. MPH, FAAFP

**VIII. LHD Plan of Organization Approval Form**

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