



Mid-Michigan District Health Department Plan of Organization

January 2026

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.

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

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

The law firm of Cohl, Stoker and Toskey acts as our legal 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.

MATRIX OF SERVICES OF LOCAL PUBLIC HEALTH

Services	Rule or Statutory Citation	Required = Basic + Mandated + ELPHS				Allowable	Notes
		1	1-A	1-B	1-C		
Immunizations	MCL 333.9203; R 325.176; Annual appropriations act (example: P.A. 121 of 2024 Sec. 218 and 1222)	X	X	X	X		
Infectious/ Communicable Disease Control; Reporting (General)	MCL 333.2433; Part 51, MCL 333.5101 <i>et seq.</i> ; Part 52, MCL 333.5201 <i>et seq.</i> ; R 325.171 <i>et seq.</i> ; Annual appropriations act (example: P.A. 121 of 2024 Sec. 218 and 1222)	X	X	X	X		See below for more specific requirements.
STI Control	MCL 333.5117; R 325.174; R 325.175; R 325.177; Annual appropriations act (example: P.A. 121 of 2024 Sec. 218 and 1222)	X	X	X	X		For more on HIV/AIDs, see below.
TB Control	MCL 333.5117; R 325.174; R 325.175; Annual appropriations act (example: P.A. 121 of 2024 Sec. 218)	X	X	X			

Services	Rule or Statutory Citation	Required = Basic + Mandated + ELPHS				Allowable	Notes
Emergency Management – Community Health Annex	MCL 30.410; Annual appropriations act (example: P.A. 121 of 2024 Sec. 218)	X	X	X			Basic Service under annual omnibus appropriations act; Mandated Service if required under Emergency Management Act, MCL 30.401 <i>et seq.</i>
Prenatal Care	Annual appropriations act (example: P.A. 121 of 2024 Sec. 218)	X	X				
Family Planning Services for Indigent Women	MCL 333.9131	X		X			
Health Education	MCL 333.2433	X		X			See MCL 333.2237(2) for a definition of "health education."
Nutrition Services	MCL 333.2433	X		X			
HIV/AIDS Services; Reporting, Counseling, and Partner Notification	MCL 333.5114; MCL 333.5114a; MCL 333.5131 MCL 333.5923; R 325.173	X		X			
Care of Individuals with Serious Communicable Disease or Infection	MCL 333.5117; Part 53, MCL 333.5301 <i>et seq.</i> ; R 325.177	X		X			"Financial liability for care rendered under this section shall be determined in accordance with part 53." MCL 333.51147(4).
Hearing and Vision Screening	MCL 333.9301; R 325.3271 <i>et seq.</i> ; R 325.13091 <i>et seq.</i> ; Annual appropriations act	X		X	X		
Public Swimming Pool Inspections	MCL 333.12524; R 325.2111 <i>et seq.</i>	X		X			Required if "designated." MCL 333.12524(1).
Campground Inspection	MCL 333.12510; R 325.1551 <i>et seq.</i>	X		X			Required if "designated." MCL 333.12510(1).
Public/Private On-Site Wastewater	MCL 333.12751; MCL 333.12757; R 323.2210; R 323.2211	X		X	X		"Alternative waste treatment systems" are regulated by LHD.
Food Protection	MCL 289.3103 <i>et seq.</i> ; Annual appropriations act	X		X	X		
Pregnancy Tests; Certification Forms	MCL 333.17015(18)	X		X			
Public/Private Water Supply	MCL 333.12701 <i>et seq.</i> ; MCL 325.1001 <i>et seq.</i> ; R 325.1601 <i>et seq.</i> ; R 325.10101 <i>et seq.</i>	X			X		
Allowable Services						X	This category includes all permissive responsibilities in statute or rule that happen to be eligible for cost reimbursement.
Other Responsibilities (Upon Delegation)	MCL 333.2235(1)					X	This category is NOT connected to express responsibilities within statute, but instead refers entirely to pure delegation by the department as allowed. In addition to general provision, the Code allows delegations for specified functions.

MATRIX DEFINITIONS

Name	Citation	Description
1. Required Service	MCL 333.2321(2); MCL 333.2408(1)	- "A basic health service designated for delivery through a local health department [LHD] . . . for the local fiscal year covered by the appropriation"; - "[A] local health service specifically required pursuant to [Part 24] or specifically required elsewhere in state law"; or - Services designated under ELPHS.
1-A. Basic Service	MCL 333.2311; MCL 333.2321(2)	A service identified under Part 23 that is funded by appropriations to MDHHS or that is made available through other arrangements approved by the Legislature. Defined by the omnibus appropriations act and could change annually.

1-B. Mandated Service	MCL 333.2408(1)	The portion of required services that are not basic services but are “specifically required pursuant to [Part 24] or specifically required elsewhere in state law.”
1-C. ELPHS	Annual appropriations act (example: P.A. 121 of 2024 Sec. 1222. (1))	Funds appropriated in the MDHHS section of the Omnibus Appropriations Act that are to be prospectively allocated to LHDs to support immunizations, infectious disease control, STD control and prevention, hearing screening, vision services, food protection, public water supply, private groundwater supply, and on-site sewage management.
2. Allowable Services	MCL 333.2403(1);	“[A] health service delivered [by an LHD] which is not a required service but which [MDHHS] determines is eligible for cost reimbursement.”
Omnibus Appropriations Act	Annual appropriations act	Most recent omnibus appropriations act for MDHHS.

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, Alera 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.

II. LHD Organization

A. Organizational Chart

The MMDHD's current Organizational Chart, approved by the Board of Health on October 22, 2025, is reflected in **Exhibit 5**. 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 on the agency's document management system, PowerDMS, 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 6** (Minutes of the Mid-Michigan District Board of Health Regular Meeting held January 28, 2026).

C. Budget

MMDHD currently (FY 25/26) has an \$8.0 million total annual operating budget as reflected in the summary in **Exhibit 7**. This budget was formally approved by the MMDHD Board of Health on July 23, 2025, as noted in **Exhibit 8** (Minutes of the Mid-Michigan District Board of Health Regular Meeting held July 23, 2025).

The MMDHD currently has 66.8 Full-Time Equivalent (FTE) positions organized as shown on **Exhibit 5** (Organizational Chart).

D. Audit Findings

Audit report findings for the past three years are reflected in **Exhibits 9, 10, & 11**.

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), social media (Facebook, X, 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 personal & community-based 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), 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 management with input from employees. Management is 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 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 13**).

i. LHD-Specific Priorities

The MMDHD’s Vision Priorities are reflected in the agency’s strategic plan (**Exhibit 13**) and currently include:

- We respond to community needs.
- We promote public health.
- We invest in a culture of learning, growth, and wellbeing.
- We actively manage resources to ensure financial stability.

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 2025, 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.

Most human service organizations and hospitals within our collaborative already maintain their own reporting and needs-assessment processes. Rather than duplicating those efforts, we use the CHA/CHIP framework to braid these existing plans together, elevate the shared priorities of our partners, and identify opportunities for collective support.

A distinctive strength of our CHAs is our partnership with the Ingham County Health Department and the Barry-Eaton District Health Department. Together, we conduct a Behavioral Risk Factor Survey across a six-county region, generating a robust data set that informs all our assessments. We also make this data available to community partners to strengthen their planning and decision-making.

B. LHD Planning Activities for Priority Projects with Available Resources

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

- **Harm Reduction Services**— Harm reduction is a public health approach that uses practical, evidence-based strategies to reduce harm and improve overall wellbeing, recognizing that every step toward safety and wellness matters. This approach meets people where they are, empowering them to prevent harm or illness while honoring their autonomy and dignity. At MMDHD, harm reduction encompasses a wide range of programs designed to reduce illness and promote wellbeing for all. These efforts include providing condoms, naloxone, clean syringes, medication lock bags, and gun locks to anyone who enters our facilities, as well as offering medications for the treatment of Hepatitis C, HIV prevention, and the testing and treatment of sexually transmitted infections (STIs). Beyond reducing immediate risks, these services open the door to

meaningful conversations and connections, helping individuals access resources that can positively change their lives.

- **Hedgehog portal/Type II Services** – To develop and provide a 2-way portal for non-community public water supplies to submit water samples, level 1 assessments and seasonal start up information to the health department while also receive sampling requirements, program updates and sanitary survey documentation from the health department.
- **Project Success** - A free community outreach /education program event that began in 2024 through Live Well Gratiot. Live Well Gratiot is a subcommittee of the Gratiot Collaborative Council that focuses on the CHNA/CHIP for Gratiot County. This event is to serve as a community resource/health education fair during the Back-to-School season each late Summer/ early Fall in Gratiot County. Multiple non-profit partners come together as vendors, sharing resources that are available to all community members and are hosted at the Gratiot County Youth for Fair grounds in Alma. Each year a grant is written to the Gratiot County Community Foundation for items such as back-to-school supplies, personal needs items, etc. to hand out at the event for free to attendees.
- **Substance Use Disorder Prevention** –MMDHD employs two dedicated health educators who focus on advancing prevention initiatives. Their efforts have successfully introduced and expanded school-based programs such as Project Success and Too Good for Drugs, aimed at supporting local youth. Most recently, they are broadening their reach with the implementation of a new program called Screenagers. Over the past three years, these educators have facilitated the distribution of 10,000 doses of Narcan. Committed to ongoing education and outreach, the staff prioritize training and strive to meet individuals where they are—providing resources and support tailored to community needs. 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 MMDHD to continue to provide prevention materials, supplies, and education to address opioid use in Montcalm County.

C. Community Partnerships and Collaborative Efforts

We are committed to working collaboratively with community organizations that both directly and indirectly provide public health services across the district. The region is served by three hospital systems, one independent rural hospital, an Federally Qualified Health Clinic, and a community dental clinic. Building trusted relationships with these partners creates a strong foundation for expanding collaboration with non-profits, employers, housing providers, intermediate school districts, public safety agencies, and emergency services to support shared efforts to improve population health and address community health needs. We do this by bringing to the table the agencies that serve community members whose voices are often unheard, ensuring their needs and perspectives help shape our priorities.

MMDHD is committed to deepening community partnerships, bringing greater visibility to local needs and advancing innovative solutions. We work with new and non-traditional partners to seek grant opportunities that would support progress towards the district's public health

goals. 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. Our Agency is the fiduciary for two Cross Jurisdictional grants that support statewide initiatives including leadership training for public health leaders and developing a learning model for public health staff working with Michigan Plain Communities. Our Organizational Liaison List demonstrates the collaborative approach with our community and stakeholders **(Exhibit 14)**.

V. Service Delivery

A. Outline of Locations, Services and Hours of Operation

The MMDHD's locations, services and phone numbers are noted on the agency's website (www.mmdhd.org), Services Brochure **(Exhibit 15)**, on the Annual Report **(Exhibit 12)**, 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, WIC, and Immunizations) have extended hours to meet client needs. Hours of operation are prominently noted at the agency's offices 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 16)**, monthly financial status reports, program data reports generated from the agency's Acumatica (accounting), Kronos (payroll), Patagonia (EMR) and Hedgehog (electronic inspection program) 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 minimum program requirements from the Michigan Local Public Health Accreditation Program and state partners self-assessment activities (EGLE and MDARD) to evaluate program operations for compliance.

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 16)**. 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 12)**. 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 17**).
- **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 18**).

B. MDHHS Health Officer & Medical Director Approval

Copies of MDHHS approval documents (**Exhibits 17 and 18**) 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 19**.