

Mid-Michigan District Health Department (MMDHD) Plan of Organization



October 2015

I. Legal Responsibility

A. Authority

i. State Statutory Authority

The Public Health Code Act 368 of 1978 provides the legal foundation for the state and local health department to exercise its powers and duties within the state and local jurisdiction, as reflected in **Exhibit 1** (Laws Applicable to Local Public Health).

Under the Public Health Code Act 368 of 1978, Sec. 2433. Local health department; powers and duties generally. (1) 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.

Under Part 24 of the Public Health Code the Local Health Officer has many of the powers granted to the state health director to respond to local emergencies within the area served by the local health department. For example, MCL 333.2451 authorizes the local health officer to issue an imminent danger order within the local health department jurisdiction.

The Public Health Code sets forth the specific authority given to the local public health department, Health Officer and Medical Director and describes its specific powers and duties to protect public health as it relates to the above general provisions.

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 – 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

Bonnie Toskey from Cohl, Stoker, Toskey (law office) acts as our legal representative and is available to assist public health and its officials in exercising legal authority in response to public health threats and other public health matters. We have well established partnerships with the Clinton, Gratiot, and Montcalm County Sheriff's Offices and County

Court systems. These partnerships have enabled us to implement orders for public safety purposes such as, designer drugs bans, condemning methamphetamine houses, and excluding Montcalm County unvaccinated children from schools to name a few.

ii. Programs and Services

Part 2235 of the Public Health Code gives broad delegator power to 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 provides programs and services under the Comprehensive Planning and Budget Contract (which includes contractual terms on behalf of MDHHS, MDEQ and MDARD) and complies with all program requirements provided in the state and federal mandates.

Services	Rule or Statutory Citation	Required=	Basic+	Mandated+
		1	1.A.	1.B.
Immunizations	P.A. 252 of 2014 – Sec. 218 And 904	X	X	X
Infectious/Communicable Disease Control	P.A. 252 of 2014 – Sec. 218	X	X	X
STD Control	P.A. 252 of 2014 – Sec. 218	X	X	X
TB Control	P.A. 252 of 2014 – Sec. 218	X	X	X
Emergency Management-Community Health Annex	P.A. 252 of 2014 – Sec. 218	X	X	X
Prenatal Care	P.A. 252 of 2014 – 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 for individuals with serious Communicable disease or infection	MCL 333.5117; Part 53; R325.177	X		X
Hearing and Vision Screening	MCL 333.9301; P.A. 349 of 2004 – Sec. 904; R325.3271 et seq.; R325.13091 et seq.	X		X
Public Swimming Pool Inspections	MCL 333.12524; R325.2111 et seq.	X		X
Campground Inspections	MCL 333.12510; R325.1551 et seq.	X		X
Public/private On-site wastewater	MCL 333.12757; MCL 333.12709, P.A. 349 of 2004 – Sec. 904,	X		X

	R299.4101 et seq.			
Food Protection	P.A. 92 of 2000 (289.3105); P.A. 349 of 2004 – Sec. 904	X		X

iii. Local Statutory Authority

Section 2435 (d) under the Michigan Public Health Code allows governing boards of local health departments to further “adopt regulations to properly safeguard the public health and to prevent the spread of diseases and sources of contamination.” Under this delegated Local authority, the MMDHD Board of Health and the individual County Boards of Commissioners (for Clinton, Gratiot, and Montcalm Counties) have established certain 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 Board of Health and the MMDHD is further defined and formalized as reflected in **Exhibit 3** (the agency’s Intergovernmental Agreement approved 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 staff, with no applicable contractual arrangements with other organizations or individuals.

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

Documentation of these two 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 October 28, 2015 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 November 25, 2015).

C. Budget

MMDHD currently (FY 15/16) has a \$6.2 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 22, 2015 as noted in **Exhibit 10** (Minutes of the Mid-Michigan District Board of Health Regular Meeting held July 22, 2015).

The MMDHD currently has 72.55 Full-Time Equivalent (FTE) positions 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 MMDHD continues to maintain full technical capacity to store, access, and distribute current public health information. MMDHD distributes critical health alert information through a mass fax protocol and the internet via the State of Michigan’s Health Alert Network. Other public health information is distributed by email, website postings (www.mmdhd.org), social networking (Facebook, Twitter, Blogs and YouTube), fax, phone, postal mail, and press releases. This multi-distribution approach enables MMDHD to distribute critical and noncritical information in regards to public health.

Information Technology	
Medium	Platform Description
Agency Website	Internet www.mmdhd.org
BoardBook	Internet access for Board of Health members to view pertinent agency information
WINN Telecom	Primary internet/intranet provider
Casair	Backup internet/intranet provider
CMHC	Well & septic reporting program
Fax Machines (8 machines)	ISDN lines
Global Compliance Network	Internet access to training modules
Insight	Community Health & Education reporting program
MCIR	Internet access to immunization’s registry
MDSS	Internet access to disease surveillance
MI-HAN	Secured internet access to health alert network
MI-TRAIN	Internet access to training modules
MI-WIC	Secured internet access to WIC information management system
Social Media	Facebook https://www.facebook.com/MMDHD/timeline/ Twitter https://twitter.com/MMDHD2 Blog http://mmdhd.blogspot.com/ YouTube https://www.youtube.com/user/midmichdhd
SolarWinds	Information Technology performance management program
SPSS	Statistical analysis program
Survey Monkey	Data collection & information management
SWORD	Food service reporting program

Video Conferencing (3 accessible)	IP line & ISDN line
VPN Access	Internet
24/7 Pager	Emergency response for after business hours
3COM	Phone service provider
800 MHz Radios	4 radios providing secure communication

III. Mission, Vision, and Values

A. Agency Mission & Vision

- **Mission Statement** – “We take action to assure the health and well-being of our community and the environment by responding to public health needs and providing a broad spectrum of prevention and educational services.”
- **Vision Statement** – “Your public health team, connecting with our communities to achieve healthier outcomes.”

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.

The agency’s mission and vision were developed and are updated (as applicable) in conjunction with the agency’s ongoing strategic planning process. The agency has established a Quality Vision Action Team (QVAT) which includes a Board of Health member, management and employees. The QVAT is responsible for updating the agency’s strategic plan with input from internal and external stakeholders, as well as monitoring the plan throughout the planning cycle. The agency Strategic Plan is updated every two to three years. The Mission and Vision, together with the Guiding Principles serve as the basis for further development of Vision Priorities, Goals and Actions in the agency’s Strategic Plan (**Exhibit 15**).

IV. Local Planning and Collaboration Initiatives

A. Outline of Priorities

i. LHD-Specific Priorities

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

- MMDHD – an ideal place to work - retains and values a positive, cohesive team.
- We market our services and promote public health.
- We excel at quality improvement and organization efficiencies.
- We effectively manage our fiscal resources while expanding opportunities for financial growth.
- We monitor community needs and serve as a catalyst for change.

MMDHD’s current agency-specific priorities and initiatives include:

- **Dental Health Initiatives** – MMDHD has a long history of addressing the dental health needs of the residents in our community. We have continued this tradition by obtaining grants to expand the Montcalm Area Dental Clinic in Stanton to better meet the needs of low-income Medicaid-enrolled residents of Montcalm County. MMDHD also began

conducting dental screenings at Great Start preschools within the past year, and have expanded our fluoride varnish program to better reach clients within our WIC program and our area-school systems.

- **EH Software** – After determining that SWORD would no longer be in our agency’s best interest for utilizing as an environmental health data reporting program, we selected Hedgerow as our new provider after much consideration. We then collaborated with the Kent County Health Department to help design/customize the Hedgerow features and reporting capabilities needed to help monitor/track our environmental health programs, as KCHD determine it was time to switch providers as well. Aspects of this reporting system will go live in October of 2015 with the anticipation that the full system will be operational by late winter or early spring of 2016.
- **National Accreditation (PHAB)** – The Public Health Accreditation Board (PHAB) held their site visit at MMDHD on June 24 and 25. This brings to a close a long effort involving many people in the Department to attain national accreditation. As a result of the of all the hard work by our staff and the collaborative efforts we engage in with our community partners, MMDHD is extremely excited to inform the community we achieved national accreditation status from PHAB on November 10, 2015.
- **Pathways** – Pathways to Better Health is a federally-funded community HUB project that strives to improve health outcomes for at-risk individuals and reduce health care costs. CHW’s provide peer support services to help individuals navigate the health care system and receive much needed assistance. Working with the Ingham Health Plan Corporation, the Mid-Michigan District Health Department (MMDHD) now provides case management services for at-risk residents in Clinton, Gratiot, and Montcalm Counties.
- **Sharps Disposal Program** - Historically, residents in our area have had few options for disposing of sharps. The Medication Disposal Coalition of Montcalm County/YOUTHINK Montcalm, of which the health department is a member, has been working to find a solution to this problem for over a year. After months of planning, both groups are pleased to announce that the Mid-Michigan District Health Department is now offering free sharps disposal to Montcalm County residents starting in November 2015.

B. LHD Planning Activities for Priority Projects with Available Resources

With Michigan’s poor economy and high unemployment rates (creating greater need for services) with local dollars very limited, and State fiscal resources reduced in recent years, MMDHD’s capacity to assess community health needs and address priority areas has been severely restricted. However, this has strengthened 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 very aggressive in seeking community support (e.g., United Way, hospitals, community foundations and donations) as well as special grants for addressing the priority public health needs within the district. Examples of current planning activities include:

- **Agency Support for Community-Based Initiatives** – Agency continues to provide technical assistance and data specialty support for a variety of community initiatives such as suicide prevention, reduction of underage drinking, child death review, and

school-linked health center. Agency staff is also instrumental in interpreting and formatting Michigan Profile for Healthy Youth (MiPHY) data.

- **Community Health Assessment & Improvement** – 2nd cycle Community Health Assessment efforts have been underway in Clinton, Gratiot and Montcalm Counties. Rather than each hospital conducting their own assessment, the health department agreed to lead the CHA process or partner in leading the process with other LHD's. We currently have three separate CHA/CHIP collaborative bodies identifying needs within their respective communities and they are reevaluating what health issues those communities will be targeting for improvement strategies. These collaborative bodies cover the following geographic areas:
 - Healthy! Capital Counties – serving Clinton, Eaton, and Ingham Counties
 - Live Well Gratiot! – serving Gratiot County
 - Healthy! Montcalm – serving Montcalm County

- **GIS Software** - MMDHD received a \$25,500 grant from MDHHS to explore new cross jurisdictional sharing activities with Bay, Midland and Saginaw counties. After meeting several times it was decided to focus on increasing the efficiency of the work of sanitarians by lowering jurisdictional barriers to getting data. Sanitarians work in multiple data systems and a lot of time is eaten up trying to get information about properties on which they are working. We decided to implement the FetchGIS system. Midland and Gratiot are already using FetchGIS. And FetchGIS already has the ability to pull data from MDEQ and MDARD servers and integrate it with locally produced data.

C. Community Partnerships and Collaborative Efforts

The MMDHD is a very active partner in a number of community collaborative groups including the Gratiot Collaborative Council, Clinton Building Stronger Communities Council, Montcalm Human Services Coalition, West Central Health Federation, Clinton Healthy Community Coalition, substance abuse coalitions (in Clinton, Gratiot, and Montcalm Counties), and many other organizational liaison relationships (**Exhibit 16**). In addition, the MMDHD provides support for the Oral Health Coalition of Montcalm County, the Mid-Michigan Health Plan Advisory Board and is actively involved on the Ingham Health Plan Corporation Board of Directors (which is the parent corporation for the Mid-Michigan Health Plan).

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 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 noon and 1:00 p.m. to 5:00 p.m., Monday through Friday, although certain programs (e.g., Family Planning and Immunizations) have expanded hours to meet client access 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 a number of in-house program and financial monitoring systems including Quarterly Services Reports (**Exhibit 18**), monthly financial status reports, program data reports generated from the agency's Insight, Quantum, and CMHC operating systems, reports from various State data systems (e.g., WIC system, MDA Food Program reports, MDCH H-977 Output Measures reports and Family Planning FPAR reports), and also uses various State program management evaluation reports and independent audits to evaluate program and financial operations. Agency management also utilizes criteria from the LHD Accreditation Program to self-evaluate program operations for compliance with Minimum Program Standards.

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 program and financial operations, as well as the Quarterly Services Reports (**Exhibit 18**). The Health Officer also 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 also distributed widely within the community and to State agencies and legislative representatives. The agency is also very proactive in generating press releases and other media communications for the public regarding the agency's services and public health information on various issues.

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 Michigan Department of Health and Human Services (MDHHS). Prior to appointment of any new Health Officer, the Board of Health will provide applicant credentials to ascertain 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 Michigan Department of Health and Human Services (MDHHS). Prior to appointment of any new Medical Director, the Board of Health will provide applicant credentials to ascertain 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** – Marcus Cheatham, Ph.D.
- **Medical Director** – Jennifer Morse, M.D.

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**.