

#### **CLINTON OFFICE**

1307 E. Townsend Rd. Saint Johns, MI 48879-9036 (989) 224-2195

#### **GRATIOT OFFICE**

151 Commerce Dr. Ithaca, MI 48847-1627 (989) 875-3681

#### **MONTCALM OFFICE**

615 N. State St. Stanton, MI 48888-9702 (989) 831-5237

**BOARD OF HEALTH:** 

Bruce DeLong

Dwight Washington, Ph.D.

George Bailey Chuck Murphy

iley Betty Kellenberger phy Adam Petersen

# BOARD OF HEALTH REGULAR MEETING

Αt

Mid-Michigan District Health Department (MMDHD)

Gratiot County Branch Office

Ithaca, Michigan

Wednesday, June 26, 2019 9:00 a.m.

#### **AGENDA**

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

# Pledge of Allegiance

A. AGENDA NOTES, REVIEW, AND REVISIONS:

1.

#### B. **CONSENT ITEMS**:

- 1. Meeting Minutes
  - a. Michigan Association for Local Public Health (MALPH) Board of Directors Meeting held March 11, 2019 **Included**.
  - b. Michigan Association for Local Public Health (MALPH) Board of Directors Meeting held May 13, 2019 **Included**.
  - c. Mid-Michigan District BOH Regular Meeting held April 24, 2019 Included.
  - d. Mid-Michigan District BOH Regular Meeting held May 22, 2019 **Included**.

e.

2. Communications

a.

- C. PUBLIC COMMENTS:
- D. BRANCH OFFICE EMPLOYEES:
- E. COMMITTEE REPORTS:

	1.	Finance Committee – Bruce DeLong, Chair
		a. MMDHD's Expenses for April 13 through April 26, 2019 and MMDHD's Expenses May 11 through June 21, 2019 – <b>Included</b> .
		b. MMDHD's Monthly Balance Sheet, Revenue and Expenditure Report for May 2019 – <b>Included.</b>
		c. Municipal Employees Retirement System (MERS) 2018 Actuarial Valuation Report, (selected pages) – Included.
		d.
	2.	Personnel Committee – Betty Kellenberger, Chair
		a.
	3.	Program Committee – Dwight Washington, Chair
		a.
	4.	Mid-Central Coordinating Committee – Dwight Washington
		a.
F.	ME	EDICAL DIRECTOR'S REPORT: Jennifer E. Morse, M.D. – Included.
	1.	Swine Flu
	2.	
G.	<u>HE</u>	ALTH OFFICER'S REPORT: Mark W. (Marcus) Cheatham, Ph.D.
	1.	Format for BOH Minutes
	2.	FY 19/20 Updated Health Officer Goals – Included.
	3.	Authorized Signature – <b>Included.</b>
	4.	
Н.	<u>OL</u>	D BUSINESS:
	1.	Annual Commissioner Forum
	3.	Revised BOH Editorial – Included.

4.

#### I. NEW BUSINESS:

- 1. Family Planning Pilot Project, Andrea Tabor, Director of Community Health and Education (CHED) Included.
- 2. Elected Officials Guide to Emergency Management, *Hailey Brewer, Emergency Preparedness (EP) Coordinator* **Included.**
- 3. Emerging Issues

a.

#### J. <u>LEGISLATIVE ACTION</u>:

1.

#### K. INFORMATIONAL ITEMS: – Included.

- 1. Mid-Michigan District BOH Action Items, May 2019
- 2. Staffing Report

#### L. RELATED NEWS ARTICLES AND LINKS:

- 1. Raw Sewage Pipe Visibly Discharging Into River, Gratiot County Herald, April 17, 2019
- 2. Disposal Dates Are Coming Up, Daily News, April 19, 2019
- 3. Honing In On H2O, Health Department Proposing Water Quality Program In Response To Septic System Issues, *Daily News*, April 20, 2019
- 4. Michigan's Groundwater Threatened By Silent Crisis, Daily News, April 24, 2019
- 5. Velsicol Plant Cleanup On Track, For Now, Gratiot County Herald, April 24, 2019
- 6. A Healthy Discussion, Commissioner, Health Official Debate Water Quality Proposal, *Daily News*, April 25, 2019
- 7. Commissioner Questions Board of Health Minutes, Daily News, April 25, 2019
- 8. Health Officials Plan For Measles, Daily News, April 27, 2019
- 9. Time To Get Much Tougher On The Anti-Vaccine Crowd, *Morning Sun*, May 2, 2019
- 10. Health Department Conducting Phone Survey, Daily News, May 4, 2019
- 11. Health Safety: Health Department's Dedication To Public Service Often Goes Unnoticed, *Daily News*, May 6, 2019
- 12. New Well Alleviates Tri County's PFAS Problem, Daily News, May 6, 2019
- 13. <u>Bacteria and Viruses From Human Waste Getting Into Michigan Water</u>, *Michigan Radio (NPR)*, May 6, 2019
- 14. Medication Drop-Off Day Is May 18, Daily News, May 11, 2019
- 15. Health Department Working With Riverdale To Stop Sewage From Flowing Into Pine River, *Daily News*, May 24, 2019
- 16. Quality Questions: Health Department Moves Forward With Water Quality Specialist, Despite Opposition From Commissioner, *Daily News*, May 24, 2019
- 17. Cleanup Work Resumes At Former Velsicol Chemical Plant Site, Morning Sun, May 28, 2019
- 18. Health Officials Drafting Editorial, Daily News, May 28, 2019
- 19. Foodborne Illness Is No Picnic, Lakeview Area News, May 30, 2019
- 20. Household Hazardous Waste Collection, Daily News, June 4, 2019

- 21. Farmers' Market Season Kicks Off This Week, Morning Sun, June 5, 2019
- 22. It's The Time Of Year To Start Watching Out For Ticks, Daily News, June 5, 2019
- 23. Pathways To Better Health Receives United Way Grant, Lakeview Area News, June 6, 2019
- 24. A Watershed Moment: Montcalm Conservation District Receives \$370,495 Grant For Flat River, *Daily News,* June 12, 2019
- M. AGENCY NEWSLETTERS: None.



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

**JENNIFER MORSE, MD, MPH, FAAFP** Medical Director

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#### **BOARD OF HEALTH**

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

# **Board of Health Synopsis of Actions Needed**

Item A.	1.	AGENDA NOTES, REVIEW, AND REVISIONS					
Motion to approve the Agenda as presented.							
Item B.	1. & 2.	CONSENT ITEMS (MEETING MINUTES &					
		COMMUNICATIONS)					
	Motion to	accept and place on file Meeting Minutes B. 1. a.					
through d.							
Item E.	1. a.	EXPENSES FOR APRIL 13 THROUGH APRIL 26, 2019					
		AND MAY 11 THROUGH JUNE 21, 2019					
	Motion to	approve payment of the Mid-Michigan District					
	Health Dep	partment's Expenses for April 13 through April 26,					
	2019 totali	ing \$97,979.96 and May 11 through June 21, 2019,					
	totaling \$6	75,329.90.					
Item E.	1. b.	BALANCE SHEET, REVENUE AND EXPENDITURE					
		REPORT FOR MAY					
		approve and place the Balance Sheet, Revenue and					
	Expenditur	e Report for May 2019 on file.					
Item E.	1. c.	MUNICIPAL EMPLOYEES RETIREMENT SYSTEM					
		(MERS) ACTUARIAL VALUATION REPORT					
	Motion to	accept and place the MERS 2018 Actuarial Valuation					
	Report on	file.					
Item F.	1.	MEDICAL DIRECTOR'S REPORT, SWINE FLU					
		to adopt the BOH Monthly Healthy Living					
	Recommer	ndation for July as proposed.					
	Motion to accept and place the Medical Director's Report on						
	file.						
Item G		FY 19/20 UPDATED HEALTH OFFICER GOALS					
	Motion to	approve the FY 19/20 Updated Health Officer Goals.					

#### MICHIGAN ASSOCIATION FOR LOCAL PUBLIC HEALTH

(MALPH) Board of Directors Meeting Minutes March 11, 2019

#### I. Call to Order

The meeting was called to order at 9:05am by Angelique Joynes, President-Elect.

#### 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], Chippewa [Karen Senkus], Delta-Menominee [Mike Snyder], Detroit [Joneigh Khaldun], Dickinson-Iron [Daren Deyaert], District 2 [Denise Bryan], District 4 [Denise Bryan], Genesee [John McKellar], Grand Traverse [Wendy Hirschenberger], Huron [Ann Hepfer], Ingham [Linda Vail], Ionia [Ken Bowen], Jackson [Richard Thoune], Kalamazoo [Jim Rutherford], Kent [Adam London], Lapeer [Kathy Haskins], Lenawee [Deidre Reed], Luce-Mackinaw-Alger-Schoolcraft [Nick Derusha], Macomb [Bill Ridella], Marquette [Jerry Messana], Midland [Fred Yanoski], Mid-Michigan [Dwight Washington], Monroe [Kim Comerzan], Muskegon [Kathy Moore], Northwest Michigan [Lisa Peacock], Oakland [Leigh-Anne Stafford], Saginaw [Christina Harrington], Tuscola [Ann Hepfer], Washtenaw [Ellen Rabinowitz], Wayne [Carol Austerberry], Western UP [Kate Beer].

# Others Present:

Administrative Officers Forum, [Jamie Dean], Health Education and Promotion Forum, [Tracey Wood], Environmental Health Forum, [Kristen Schweighoefer], Nurse Administrators Forum, [Jane Nickert], Physician's Forum, [Jen Morse], MDARD, [Sean Dunleavy, Tim Slawinski], MDEQ, [Dan Detweiler, Ian Smith], MDHHS, [Steve Crider, Laura de la Rambelje, Orlando Todd, Janine Whitmire], PAA, [Becky Bechler]

Staff: Meghan Swain, Jodie Shaver

# III. Approve Agenda

Motion by R. Burns, support by W. Hirschenberger to approve the agenda. Motion carried.

# **IV.** Approve Meeting Minutes

Motion by B. Ridella, support by K. Comerzan to approve the February 11, 2019 minutes. Motion carried.

# V. Reports of Officers/Staff/Forums

**President**: President-elect, A. Joynes presided over the meeting and discussed the proposal for the strategic planning from Pam Evans at Duality Consulting Services at the

cost of \$4,600. Motion by B. Ridella, support by W. Hirschenberger to contract with Duality Consulting Services for a strategic planning session, etc. A. Joynes also asked for volunteers to participate in MALPH's governance committee.

**Secretary/Treasurer**: N. Derusha reported that the finance committee met to review operations manual to include recommendations/changes from M. Swain and J. Shaver. The committee will begin the budgeting process and present to the full board in June. Financial reports through the end of January were presented. Motion by B. Ridella, support by R. Burns to accept the financial reports.

**Executive Director**: M. Swain reported on leadership meetings with the state partners. Time was spent getting updates from the state on changes from the new administration. MALPH presented a principles of collaboration document that was signed in the early 2000s. There will be a medical (and recreational) marihuana educational activity in April to assist those with the grant dollars from LARA to learn what state personnel are working on and discuss consistent messaging across the state. The County Health Rankings/Day at the Capitol is set for April 10, 2019. There will be food safety communication trainings in Hartland, Kalamazoo, and Marquette in May and June respectively. There is a Friend of Local Public Health nomination received for Sen. Peter MacGregor, who has been instrumental in carrying the public health/local public health message in Lansing and also pushed for the new dollars for FY 2019. Motion by R. Burns, support by D. Washington to award Sen. Peter MacGregor with the Friend of Local Public Health. There is no board meeting in April. A draft letter regarding hearing and vision screening reimbursement was presented to the full board. There were small edits suggested. Motion by B. Ridella, support by K. Comerzan to make suggested edits/changes and forward to appropriate state personnel. The board discussed concerns on the latest guidance from WIC regarding donated formula and concerns regarding the decision, the process (no public input), and very little notice for most stakeholders.

**Lobbyist:** B. Bechler reported on the governor's proposed FY 2020 budget, which includes a new gas tax in increments. However, it will be met with some resistance by Senate and House leadership. Speaker Chatfield is limiting how many bills can be introduced by members at this time. W. Hirschenberger asked about HB 4124 (medical examiner for populations less than 50K). She indicated that Rep. Cole (sponsor) is being cautious with the legislation, understanding that there may be a conflict of interest. She will inquire as to a new release of the statewide sanitary code.

# **Forum Reports:**

**Health Education and Promotion:** No report at this time.

**Public Health Nursing:** J. Nickert reported that they are working on the final draft of their strategic plan. They have finished the recruitment and retention survey and will share with MALPH. They discussed child protective services referrals regarding elevated blood

lead levels. At this time, no one is reporting to child protective services but will continue to monitor this discussion.

**Environmental health:** K. Schweighoefer reported Rep. Lower has interest in reintroducing a statewide sanitary code bill; a group of health officers and environmental health administrators will discuss. MDARD Food Code and Food Law subcommittees are meeting to discuss changes including food safety manager, food handler card, complex food processor, and overall adoption of the 2017 Food Code. LARA has not been paying local health departments for adult foster care inspections; they are working with L. Horvath on this.

**Public health finance and administration:** J. Dean reported meeting with MDHHS on MIHP changes to include increasing reimbursement for visits, reduce paperwork, and training on cost-based reimbursement.

**Public health physicians:** Dr. J. Morse reported MAPPP is discussing: healthcare workers returning from the Republic of Congo, gag rule for Title X, Pre-exposure Prophylaxis (PrEP), marihuana harm reduction, and Planned Parenthood advocacy on family planning.

**Management information systems:** No report at this time.

# **VI.** Reports from State Departments

**Department of Agriculture and Rural Development (MDARD):** S. Dunleavy is working on a strategic action planning session following the May board meeting (or June). He is looking to align policies and procedures between the department and local health departments.

**Department of Environmental Quality (DEQ)**: D. Detweiler reported that the department's name will change in April to Department of Environment, Great Lakes, and Energy (EGLE). There is a new blog <a href="www.michigan.gov/mienvironment">www.michigan.gov/mienvironment</a>. All divisions are tasked with providing information for the blog. M. Gamble is moving forward with data entry of backlogs on wells. There will be new guidance for the lead and copper rule that will impact non-community systems. I. Smith provided an update on PFAS.

# **Department of Health and Human Services (MDHHS)**

O. Todd and L. de la Rambleje provided an update on the Hepatitis A outbreak, new personnel and vacancies within the department. K. MacMaster is retiring the end of April. S. Crider provided an update on PFAS sampling.

Department of Licensing and Regulatory Affairs (LARA): No report at this time.

#### VII. Public Comment / Announcements

No comment/announcements at this time.

#### VIII. Adjournment

The meeting adjourned at 11:21am.

#### MICHIGAN ASSOCIATION FOR LOCAL PUBLIC HEALTH

(MALPH) Board of Directors Meeting Minutes May 13, 2019

#### I. Call to Order

The meeting was called to order at 9:01am by Steve Hall, President.

#### II. Roll Call

A quorum was present.

Jurisdictions Represented: 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], Chippewa [Karen Senkus], Delta-Menominee [Mike Snyder], Detroit [Jean Ingersoll], Dickinson-Iron [Daren Deyaert], District 2 [Denise Bryan], District 10 [Kevin Hughes], District 4 [Denise Bryan], Grand Traverse [Wendy Hirschenberger], Huron [Ann Hepfer], Ingham [Linda Vail], Ionia [Ken Bowen], Jackson [Richard Thoune, Rashmi Travis], Kalamazoo [Jim Rutherford], Kent [Adam London], Lapeer [Kathy Haskins], Lenawee [Martha Hall], Livingston [Dianne McCormick], Luce-Mackinaw-Alger-Schoolcraft [Nick Derusha], Marquette [Jerry Messana], Midland [Fred Yanoski], Mid-Michigan [Marcus Cheatham, Dwight Washington], Monroe [Kim Comerzan], Northwest Michigan [Lisa Peacock], Oakland [Leigh-Anne Stafford], Ottawa [Lisa Stefanovsky], Saginaw [Christina Harrington], Shiawassee [Larry Johnson], St. Clair [Annette Mercatante]Tuscola [Ann Hepfer], Washtenaw [Ellen Rabinowitz], Western UP [Kate Beer].

Others Present: Administrative Officers Forum, [Jamie Dean], Health Education and Promotion Forum, [Tracey Wood], Environmental Health Forum, [Kristen Schweighoefer], Nurse Administrators Forum, [Jane Nickert], Physician's Forum, [Jen Morse], EGLE, [Jeremy Hoeh, Ian Smith], MDARD, [Sean Dunleavy, Tim Slawinski], MDHHS, [Jordan Bailey, Laura de la Rambelje, Orlando Todd], MDLARA, [Orlene Hawks, Larry Horvath], PAA, [Becky Bechler], Mark Miller

Staff: Meghan Swain, Jodie Shaver

# III. Approve Agenda

Motion by M. Cheatham, support by K. Hughes to approve the agenda. Motion carried.

# **IV.** Approve Meeting Minutes

Motion by R. Thoune, support by K. Haskins to approve the March 11, 2019 minutes. Motion carried.

# V. Reports of Officers/Staff/Forums President

S. Hall reminded members of the strategic plan survey that was sent. The deadline is May 20. The executive committee will be meeting with the consultant on May 29 to review survey responses. The joint committee on a statewide sanitary code has met and has core principles drafted. An update regarding the Maternal and Child Health workgroup was requested to address administrative issues. Members should have received information regarding the 22x22 Campaign by The Association of State and Territorial Health Officials. It is an initiative that seeks a 22% increase in funding for the CDC by the Year 2022. The executive committee made the recommendation to the full board to support. Motion by K. Hughes, support by M. Cheatham to support signing on to the initiative. Motion carries. The

#### Secretary/Treasurer

N. Derusha first shared information from the recent Public Health Advisory Council meeting regarding Essential Local Public Health Services (ELPHS) funding. The state is still working on how to distribute the \$10M that was passed in late 2018. There still needs to be advocacy for services that fall outside of the ELPHS.

He reminded everyone that they have received the financial statements through March 31<sup>st</sup>. The Finance Committee did not meet in May, but finances are on track. The next finance committee meeting will entail finalizing the finance section of the Operations Manual, FY 2020 budget preparation, audit findings. In addition, a CD was rolled over with a higher interest rate. Motion by C. Scrimger, support by K. Comerzan to accept the March financial reports.

#### **Executive Director**

M. Swain provided an update on the WIC guidance to destroy infant formula, stating that it was a process that started a year ago with some WIC coordinators (may or may not be tied to a local health department). She and other stakeholders are still pressing to have the issue revisited. She also reported that Rep. Mary Whiteford is considering legislation that would allow for a cost study evaluation on lead. She also provided a FY 2020 legislative budget update. In addition, she reported that HB 4223 (pre-K dental screening) will receive a committee hearing. She will send a survey out to the membership to see if there is interest in performing this service. The Michigan Health Policy Forum will meet May 20. The Adverse Childhood Experience conference will be held May 23. She also reported that Shawn Lampkins of Department of Licensing and Regulatory Affairs has put in writing that grant dollars may be used for recreational marihuana messaging provided it is included with medical marihuana language. That information was forwarded to health officers, PIOs, and health educators.

# Lobbyist

B. Bechler reported that the legislature is focused on reforming auto no-fault. The senate will be moving its budget over to the House. The House Appropriations committee will hold its budget meeting on May 13. The Senate added \$6M for ELPHS. If there is a point of difference, the ELPHS line item will go to conference committee for consensus.

# **Forum Reports**

**Health Education and Promotion:** T. Wood reported that they discussed MiTracking, an environmental public health tracking system through MDHHS. They also discussed the medical marihuana training and how to keep messages consistent across local health departments.

**Public health nursing:** J. Nickert reported the forum held its annual retreat and discuss issues with the Maternal and Child Health section at MDHHS. They finished a recruitment and retention in public health nursing survey. They also worked on a strategic plan.

**Environmental health:** K. Schweighoefer reported on a joint committee between MALEHA, MDARD, and LARA on marihuana to discuss definitions, intersections between business, the law, and public health. They have put together a draft document regarding a statewide sanitary code. They also discussed recent guidance on PFAS contact.

**Public health finance and administration:** J. Dean reported they discussed a new funding formula/allocations determination for WIC.

**Public health physicians:** Dr. J. Morse reported discussing physician's liability and legal risks as a result of Flint. Considering extra hour, prior to public health law trainings, for health officers and medical directors to discuss liability. They have also discussed medical director onboarding and recruitment. This may be another cross jurisdictional sharing project. They are interested in working on the WIC guidance issue and write a statement on behalf of medical directors.

**Management information systems:** No report at this time.

# **VI.** Reports from State Departments

**Department of Agriculture and Rural Development (MDARD):** S. Dunleavy reported interest in using the Principles of Collaboration to align priorities between local health departments and MDARD (What is working? What is not?) The department continues to meet with MALEHA and LARA regarding marihuana including licensing criteria for recreational marihuana facilities (They will look a lot like medical marihuana.) Emergency rules will be established first. They are working on draft language for food law updates.

**Department of Environment, Great Lakes, and Energy (EGLE):** J. Hoeh reported that the department's name has officially changed, and they are in the process of updating the website, URLs, etc. No determination if the mission statement will change to reflect the name change. There are no updates regarding statewide sanitary code from the executive office. I. Smith provided an update on PFAS.

**Department of Health and Human Services (MDHHS):** O. Todd reported that they have been discussing the funding formula including the \$10M appropriation (maybe a block grant model). Director Gordon would like to attend a MALPH meeting in the coming months. Dr. Khaldun has been appointed Deputy Director of Health and will be meeting with local health department regionally. He also reported that MDHHS will be putting together a lead media campaign.

L. de la Rambelje reported on Hepatitis A including increased numbers in neighboring states; fairs/festivals, and educational campaigns soon to happen. She provided a quick update on measles.

J. Bailey reported on PFAS including testing, risk assessments, and distributing educational information/advisories, and signage.

**Department of Licensing and Regulatory Affairs (LARA):** L. Horvath reported he is hoping to start bringing appropriate LARA staff to these meetings to report out or take in information/inquiries. He also reported on health licensing rules and license substance abuse rules.

# VII. Licensing and Regulatory Affairs Director

O. Hawks, Director of Licensing and Regulatory Affairs introduced herself, her lengthy public service record, and discussed the priorities of LARA from the governor's office. The director has been focusing on the morale of employees, meeting with stakeholders (building bridges), modernizing technology (MiPlus and MAPPS), PFAS, and marihuana/stakeholders.

# **VIII.** Public Comment / Announcements

M. Miller discussed the mentor/mentee pilot program currently underway with members of the Northern Michigan Public Health Alliance. He also reported on the emerging leader trainings held across the state and the positive feedback. A couple of separate items have been suggested, for instance, more financial management, core competencies, and communications. He is considering a resource tool kit for new health officers. He is also reviewing a medical director onboarding and orientation checklist.

# IX. Adjournment

The meeting adjourned at 11:30am.



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**BOARD OF HEALTH:** 

Bruce DeLong

Dwight Washington, Ph.D.

George Bailey Chuck Murphy Betty Kellenberger Adam Petersen

# BOARD OF HEALTH REGULAR MEETING

at

Mid-Michigan District Health Department (MMDHD)

Montcalm County Administrative Offices

Stanton, Michigan

Conference Room A

Wednesday, April 24, 2019, 9:00 a.m.

#### **MINUTES**

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

Members Present: Adam Petersen, Bruce DeLong, Betty Kellenberger; Chuck Murphy; and Dwight

Washington (arrived at 9:14 a.m.)

Members Absent: George Bailey, Chairperson

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

Administrative Services; Cynthia M. Partlo, Board Secretary; Jennifer E. Morse, M.D.,

Medical Director; Liz Braddock, Director of Environmental Health

Staff Absent: Andrea Tabor, Director of Community Health and Education

Guests: Ali Barnes, Yeo & Yeo (left at 9:28 a.m.); Elisabeth Waldon, Greenville Daily News

Reporter; Krishna Santana, MMDHD Public Health Representative; and various

public

Betty Kellenberger, Vice Chairperson called the Regular Meeting of the Mid-Michigan District Board of Health to order at 9:04 a.m., on Wednesday, April 24, 2019, at the Montcalm County Administrative Offices of the Mid-Michigan District Health Department (MMDHD), Stanton, Michigan.

Pledge of Allegiance was led by B. Kellenberger.

# A. AGENDA NOTES, REVIEW, AND REVISIONS:

M. Bowerman requested that the Other Post-Employment Benefits (OPEB) Corrective Action Plan be added as item E. 1. e. M. Cheatham requested that item E. 1. c., FY 17/18 Audit be moved to the first order of business.

Motion made by B. DeLong and seconded by C. Murphy to move item E. 1. c., FY 17/18 Audit to the first order of business; add OPEB Corrective Action Plan as E. 1. e, and approve the Agenda as amended. Motion carried.

#### E. COMMITTEE REPORTS:

- Finance Committee Bruce DeLong, Chair
  - c. FY 17/18 Audit Yeo & Yeo

Ali Barnes, CPA from Yeo & Yeo reviewed the FY 17/18 Audited Financial Statements, including the Single Audit Report. She reviewed portions of the Financial Statements noting that the opinion given to MMDHD was an unmodified, clean audit opinion and there were no Federal findings in the WIC Program reported in the Single Audit Report. The agency implemented GASB 75, Accounting and Financial Reporting for Postemployment Benefits Other Than Pensions. She indicated that new GASB requirements will be coming out in the future. She added that although the Financial Statements represented good financial management, there were recommendations contained in the report, including:

- 1) An audit adjustment of \$80,028 for prepaid building rent as an expense was not adjusted at year-end (the entire amount was paid off);
- 2) Journal entries need an improved approval process;
- 3) Cash collected at each different location with one person doing everything related to making a deposit. It was recommended that duties be segregated and the comparison of the deposit slip to the cash receipting software be documented.
- 4) Some of the Community Health and Education Division (CHED) fees did not match the rate schedule approved by the BOH. M. Bowerman added that the process was recently improved.
- 5) Establish a written policy for electronic transactions of public funds approved by the BOH.

Motion made by B. DeLong and seconded by A. Petersen to accept the FY 17/18 Audited Financial Statements. Motion carried.

#### B. CONSENT ITEMS:

- Meeting Minutes
  - a. Michigan Association for Local Public Health (MALPH) Board of Directors Meeting held March 11, 2019
  - b. Mid-Michigan District Board of Health Regular Meeting held March 27, 2019

C. Partlo indicated that the MALPH Minutes were not available, but would be provided at the May meeting. A. Petersen indicated that under the Water Quality Program on the BOH Regular Meeting Minutes from March 27<sup>th</sup>, his comments were not included. Although A. Petersen didn't request corrections to the March 27<sup>th</sup> BOH Minutes, he indicated that the Minutes didn't reflect dialogue between him and M. Cheatham. C. Partlo said that technically, motions only needed to be recorded in the Minutes. B. DeLong mentioned that if a BOH member

makes a statement that they would like on record, C. Partlo should be instructed to record the statement(s) in the Minutes.

Motion made by B. DeLong and seconded by C. Murphy to accept the Meeting Minutes B. 1. b. and place on file. Motion carried.

- 2. Communications None.
- C. <u>PUBLIC COMMENTS:</u> Public comments were received by the BOH.
- D. <u>BRANCH OFFICE EMPLOYEES:</u> Krishna Santana, Public Health Representative in Environmental Health (EH) was attending to complete requirements of her orientation.
- E. COMMITTEE REPORTS:
  - 1. Finance Committee Bruce DeLong, Chair
    - a. MMDHD's Expenses for March 16 through April 12, 2019

Motion made by B. DeLong to pay the MMDHD's Expenses for March 16 through April 12, 2019, totaling \$472,885.03. Motion seconded by D. Washington. Motion carried.

b. MMDHD's Monthly Balance Sheet, Revenue and Expenditure Report for March 2019

Motion made by B. DeLong to approve and place on file the MMDHD's Monthly Balance Sheet, Revenue and Expenditure Report for March 2019. Motion seconded by D. Washington. Motion carried.

Motion made by B. DeLong and seconded by C. Murphy to approve the amended Budget as proposed. Motion carried.

- d. Community Health and Education Division (CHED) Fee Changes
  - B. DeLong mentioned that the topic was tabled until the revenue generated from the Metronidazole fees could be determined.
- e. OPEB Corrective Action Plan
  - M. Bowerman distributed a copy of the OPEB Corrective Action Plan and explained the benefit for approximately 10 non-union employees to obtain health insurance upon retirement with 20 consecutive years of service stating that the agency had a policy; however, in November of 2016, the BOH closed the benefit to any new employees. The Michigan Department of Treasury notified MMDHD that the health benefit needed a corrective action plan due to the underfunded status; however, M. Bowerman stated that there was sufficient fund balance to pay the benefit as not all employees would retire at the same time. She said \$175,000 was needed to fully fund the benefit; and the corrective action plan requires MMDHD to reach the 40% funding ratio to remove the underfunded status. Although it was M. Bowerman's recommendation to respond to the Treasury

explaining how the agency would fund the benefit, she said the BOH could choose to fund the benefit with a specific amount from the agency's fund balance. She mentioned that she needed to complete and submit the Corrective Action Plan with what the BOH approves. B. DeLong expressed that the OBEP liability should be funded regularly over time. M. Bowerman said that fund balance was available and could be used to fund all or part of it. Additionally, if there was a surplus at the end of the year, an amount could be designated at the end of the fiscal year. B. DeLong suggested designating \$25,000 a year to the OPEB liability. M. Bowerman recommended taking the \$55,000 from Unemployment Fund Balance this fiscal year and fund the OBEP liability with \$10,000 per year thereafter for 12 years.

Motion made by B. DeLong and seconded by D. Washington to use \$55,000 from the Unemployment Fund Balance to fund the OBEP liability in FY 18/19 with \$10,000 funded per year thereafter until 40% funded. Motion carried.

- 2. Personnel Committee Betty Kellenberger, Chair No report.
- 3. Program Committee Chuck Murphy, Chair No report.
- 4. Mid-Central Coordinating Committee Dwight Washington No report.
- F. MEDICAL DIRECTOR'S REPORT: Jennifer E. Morse, M.D.
  - 1. E-Cigarette Use or Vaping

Dr. Morse reported on e-cigarettes/vaping use indicating that a misconception exists that e-cigarettes/vaping is less harmful than cigarettes. She indicated that the vapor from e-cigarettes/vaping contains harmful chemicals; and many unanswered questions remain regarding the long-term effects. She reported that e-cigarette/vaping use among youth has continued to increase in Michigan and throughout the United States. Additionally, marijuana vaping among teens has increased as well.

Dr. Morse recommended the following be adopted as the BOH Monthly Healthy Living Recommendation for May:

- 1. Educate youth and their parents about the harms of e-cigarette and nicotine use.
- 2. Incorporate e-cigarettes into smoke-free policies and encourage local businesses and schools to do the same.
- 3. Help with efforts to prevent access of e-cigarettes to youth, such as regulating e-cigarettes like tobacco.
- 4. Support your county substance abuse coalition.

M. Cheatham added that he would like to add a fourth recommendation to Dr. Morse's recommendations; namely, to *Support your county substance abuse coalition*. He explained that MMDHD remains very active in all three county substance abuse coalitions.

Motion made by B. DeLong and seconded by D. Washington to adopt the monthly BOH recommendation for May as amended and accept and place the Medical Director's Report on file. Motion carried.

2. Letter Authorizing Release of Health Information; HIPAA Privacy Rule, 45CFR 164.512(b)

Dr. Morse discussed a pulmonary tuberculosis (TB) case in Clinton County where the individual had been in contact with numerous people in various places throughout the state. She explained that public health does not need a records request to obtain medical records, unlike physicians. She reviewed an excerpt from the HIPAA Privacy Rule, 45CFR 165.512(b) that explained the disclosure. She reported that hundreds of individuals have been tested and only one has tested positive.

3. Measles Exclusions Recommendations/Requirements

Dr. Morse reviewed the handout regarding exclusion recommendations regarding measles. She explained that measles is extremely contagious; therefore, to protect the public, people infected with measles may have to be isolated from group activity settings (e.g., schools, daycare centers, workplace camps, etc.) immediately and through the fourth day after the onset of rash to limit further exposures.

- G. HEALTH OFFICER'S REPORT: Mark W. (Marcus) Cheatham, Health Officer, Ph.D.
  - 1. FY 18/19 Quarterly Service Report, Second Quarter (January 1, 2019 March 31, 2019)

M. Cheatham reviewed the Quarterly Service Report for the second quarter of FY 18/19 indicating that the Community Health and Education Division (CHED) experienced a decline in the service numbers for most of their programs. He reported that the State was giving MMDHD a new caseload goal of 3,200 in the WIC program because of declining enrollment. MMDHD should not have a problem meeting that new caseload goal in the future. For Environmental Health (EH), M. Cheatham reported that the Food Program was on track to meet goals. The On-Site Sewage Disposal Program and Water Quality Control numbers are made up in the third quarter.

#### H. OLD BUSINESS:

1. Update on Water Quality Program

M. Cheatham provided an update on the Water Quality Program and clarified that there would not be a fee-based program or an inspection program. He mentioned that there was a lot of work in the district to be done regarding water quality improvement; however, MMDHD had insufficient staff to perform the work. Therefore, he indicated that during the FY 19/20 budget process, he planned to introduce a proposal to fund a full time Environmental Health Specialist (EHS) to respond to water quality issues in all three counties. Additionally, M. Cheatham reported that he had been talking to the Michigan Department of Environmental Quality (MDEQ) regarding financial assistance for those homeowners needing help with new septic systems or repairs. He reported that the MDEQ was excited to work with us and had requested a meeting with MMDHD and the United States Department of Agriculture (USDA) staff.

M. Cheatham explained the agency's budget process stating that a meeting was scheduled with the Administrator/County Controllers May 2<sup>nd</sup> at 1:30 p.m. to discuss MMDHD's FY 19/20 Budget; then it would be presented to the BOH. A. Petersen asked if MMDHD would be increasing fees in Montcalm County if the budget was not passed by the County

County. A. Petersen commented that after terminating the Resource Recovery Services contract in early 2019, MMDHD was now going to ask Montcalm County to pay approximately \$25,000 for a water quality EHS. He summarized that MMDHD needed complete communication and better management of the water quality issue. D. Washington agreed adding that communication with the public regarding the complex water quality issue was important; and the agency needed to get it right. Further, A. Petersen acknowledged that water quality improvement was needed in Montcalm County; however, he said that MMDHD was asking the public to put more money into a program that they don't fully understand.

C. Murphy commented that he volunteered to work with the Riverdale citizens committee regarding their septic issue. He requested M. Cheatham to send him any information regarding available funding, stating that the committee would be meeting next Tuesday, April 30, 2019 at the Riverdale library.

#### I. NEW BUSINESS:

#### 1. La Cocina Restaurant, Trufant

L. Braddock explained that there was an issue at the Trufant restaurant, La Cocina, regarding the expansion of the restaurant and the ability to adapt the septic system to accommodate the increased seating. She indicated that the issue was recently resolved stating that the owner had agreed to work with MMDHD to ensure that the needed improvements were made to the septic system.

L. Braddock also mentioned that during April, the EH Division issued two imminent orders on restaurants in Alma and Saint Johns that were on city sewer systems that had sewage backed up into the restaurants. The agency had to close the restaurants until the sewage was cleaned up and the facilities disinfected. She reported that both restaurants were now operational.

#### 2. Emerging Issues

- a. M. Cheatham reported that A. Tabor, Director of CHED, had announced her retirement from the agency September 27, 2019. He reported that the position would be posted at the end of June so that the new hire might be able to work with Andrea before she leaves.
- J. LEGISLATIVE ACTION: None.

#### K. INFORMATIONAL ITEMS:

- Mid-Michigan District BOH Action Items, March 2019
- 2. Staffing Report

#### L. RELATED NEWS ARTICLES AND LINKS:

- 1. Work Set To Resume At Former Velsicol Plant Site, Morning Sun, March 22, 2019
- 2. Dental Health Month Contest Winner, Lakeview Area News, March 28, 2019
- 3. What You Need To Know About Measles, Clinton County News, March 31, 2019

- 4. MMDHD: Get Vaccinated Against Measles, Gratiot County Herald, April 3, 2019
- 5. Legislators Will Address Failing Septics, *Gratiot County Herald*, April 3, 2019
- 6. Health Department Medical Director Gives Report on Wood Burning, *Gratiot County Herald*, April 3, 2019
- 7. Judge: County Can't Ban Unvaxed Children From Schools, Parks, Morning Sun, April 7, 2019

#### M. AGENCY NEWSLETTERS: None

There being no further business to come before the Board, the meeting adjourned at 11:21 a.m.

Respectfully Submitted,

Cynthia M. Partlo, Board Secretary

For Betty Kellenberger, Vice Chairperson Mid-Michigan District Board of Health



#### **CLINTON OFFICE**

1307 E. Townsend Rd. Saint Johns, MI 48879-9036 (989) 224-2195

#### **GRATIOT OFFICE**

151 Commerce Dr. Ithaca, MI 48847-1627 (989) 875-3681

#### **MONTCALM OFFICE**

615 N. State St. Stanton, MI 48888-9702 (989) 831-5237

**BOARD OF HEALTH:** 

Bruce DeLong

Dwight Washington, Ph.D.

George Bailey Chuck Murphy Betty Kellenberger Adam Petersen

BOARD OF HEALTH REGULAR MEETING

Αt

Mid-Michigan District Health Department (MMDHD)

Clinton County Office

Saint Johns, Michigan

Conference Room A

Wednesday, May 22, 2019 at 9 a.m.

#### **MINUTES**

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

Members Present: Bruce DeLong, Dwight Washington, Betty Kellenberger, Adam Petersen, and

George Bailey (Chairperson)

Members Absent: Chuck Murphy

Staff Present: Mark W. (Marcus) Cheatham, Ph.D., Health Officer; Melissa Bowerman,

Director of Administrative Services; Cynthia M. Partlo, Board Secretary; Jennifer E. Morse, MD, MPH, FAAFP, Medical Director; Liz Braddock, Director

of Environmental Health; and Andrea Tabor, Director of Community

Staff Absent: None

Guests: Elisabeth Waldon, Greenville Daily News

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, May 22, 2019, at the Clinton County Office of the MMDHD, Saint Johns, Michigan.

The Pledge of Allegiance was led by G. Bailey.

Due to a scheduling conflict, the Finance Committee Meeting was cancelled and topics were considered at the Regular Meeting.

#### A. AGENDA NOTES, REVIEW, AND REVISIONS:

M. Cheatham requested that Riverdale Letter be added as New Business, Item I. 3. M. Bowerman asked to add MMDHD's Form 990 to Finance Committee, Item E. 1. f.

Motion made by B. Kellenberger and seconded by B. DeLong to approve the Agenda as amended. Motion carried.

#### B. CONSENT ITEMS:

- 1. Meeting Minutes
  - a. Michigan Association for Local Public Health (MALPH) Board of Directors Meeting held March 11, 2019
  - b. Michigan Association for Local Public Health (MALPH) Board of Directors Meeting held April 8, 2019
  - c. Mid-Michigan District Board of Health (BOH) Regular Meeting held April 24, 2019

#### 2. Communications

a. National Association of Local Boards of Health (NALBOH) NewsBrief, Spring 2019

M. Cheatham indicated that Meeting Minutes B. 1. a. through c. were tabled to the June meeting as the documents were not available. M. Bowerman distributed the NALBOH NewsBrief. M. Cheatham mentioned that the NALBOH Annual Conference for 2019 was announced in the newsletter and invited BOH members to attend. He reviewed the program indicating that Michigan would be represented at the Conference as Denise Chrysler, Attorney for the Network for Public Health Law at the University of Michigan; Linda Vail, and Phyllis Meadows at the Kresge Foundation will all be speaking. B. Kellenberger commented that she was interested in attending because of the focus on the Board of Health role.

Motion made by B. DeLong and seconded by B. Kellenberger to accept the Communications B. 2. a. and place on file. Motion carried.

- C. PUBLIC COMMENTS:
- D. BRANCH OFFICE EMPLOYEES:
- E. COMMITTEE REPORTS:
  - 1. Finance Committee Bruce DeLong, Chairperson
    - a. MMDHD's Expenses for April 13 through May 10, 2019
      - M. Bowerman mentioned that the EV Summary and EV for April 13<sup>th</sup> were not available; however would be presented for consideration at the June Regular BOH Meeting.
      - Motion made by B. DeLong and seconded by B. Kellenberger to approve payment of the MMDHD's Expenses for May 10, 2019 (EV 1898, totaling \$201,553.56). Motion carried.
    - b. MMDHD's Monthly Balance Sheet, Revenue and Expenditure Report for April 2019
      - M. Bowerman reported that the agency had a surplus of \$243,683.01, indicating that most of the surplus was from food service license payments received.

Motion made by B. DeLong and seconded by B. Kellenberger to approve and place the Balance Sheet, Revenue and Expenditure Report for April 2019 on file. Motion carried.

#### c. FY 19/20 State Budget

M. Cheatham mentioned that the State was making an effort to increase funding for local public health. He said that details were still being worked out at the State; however, some funding provided might need to be used by September 30, 2019. He also said that the House has added \$6 million for Essential Local Public Health Services (ELPHS) which would be distributed to local public health departments through block grants. Knowing this, M. Cheatham indicated that M. Bowerman has budgeted for the additional funding; and the agency would be making strategic decisions on how to spend the funding. M. Bowerman said that she budgeted conservatively – only an increase of \$50,000 for FY 19/20.

#### d. MMDHD FY 19/20 Proposed Draft Budget and Narrative

M. Cheatham explained that he met with all three County Administrators to discuss the agency's FY 19/20 Budget stating that the Finance Committee was recommending that the FY 19/20 Proposed Budget be adopted. He reviewed the Budget Narrative outlining the proposed appropriations, including funding for the EH Specialist (EHS) position. A. Petersen asked what would happen if Montcalm County did not approve the full appropriation, including the funding for the EHS position. M. Cheatham replied that the Intergovernmental Agreement outlines remedies for counties with a shortfall, one of which includes surcharges for that County's services. There was discussion regarding Gratiot or Clinton Counties contracting for Montcalm County's appropriation for the EHS position. M. Bowerman asked A. Petersen if he thought Montcalm County could pay at least the \$427,904 budgeted appropriation without the \$24,500 additional funding for the EHS position. He replied that he thought Montcalm County could; therefore, G. Bailey said that the surcharges on Montcalm County EH services could be removed. However, G. Bailey indicated that the EHS position would not be providing water quality program services in Montcalm County. M. Cheatham mentioned that it would be unfortunate to not be able to provide water quality services in Montcalm County as the need there is great. G. Bailey mentioned that water quality issues in Montcalm County would be complaint driven and handled by the existing EHS serving Montcalm County.

M. Cheatham added that in developing the agency's FY 19/20 Budget, costs were reduced and technology would be used more often to reduce travel expenses district-wide. He also said the agency was looking at obtaining supplies from Central Michigan University at a discount.

D. Washington asked for a description of what the EHS in the water quality program would be doing. L. Braddock replied stating that detailed information was previously distributed to the BOH (in February); nevertheless, the position would be responsible for water sampling of bathing beaches, training and environmental assessments for Legionella, GIS mapping of wells with high nitrates, training in PFAS, and working with lake associations requesting assistance with water sampling, guidance and direction. M. Cheatham summarized that data obtained over the past five years indicated that the Counties within the MMDHD district have a real crisis of organic pollution within our lakes and rivers and it's getting worse. He said that each County has expressed different areas of emphasis and he wanted to respond to the needs of each County — Clinton County wanted to see failed septic systems remediated; Gratiot County wanted to receive help transitioning rural communities to a community sewer system.

Motion made by B. DeLong and seconded by B. Kellenberger to approve the FY 19/20 Proposed Draft Budget and Narrative. Motion carried 5-1. (A. Petersen voted No)

- e. MMDHD FY 19/20 Proposed Agency Fees
  - 1) Community Health and Education Division (CHED)
  - 2) Environmental Health (EH Division
  - M. Bowerman explained the CHED Fees for FY 19/20 did not incur any major changes; however, EH fees incurred a 1% increase.

Motion made by B. DeLong and seconded by D. Washington to approve the FY 19/20 Proposed Agency Fees. Motion carried.

- f. MMDHD Form 990
  - M. Bowerman distributed copies of MMDHD's Form 990 and explained that the document needed to be accepted and placed on file.

Motion made by B. DeLong and seconded by D. Washington to accept and place MMDHD's Form 990 on file. Motion carried.

- 2. Personnel Committee Betty Kellenberger, Chairperson No Report.
- 3. Program Committee Dwight Washington, Chairperson No Report.
- 4. Mid-Central Coordinating Committee Dwight Washington, Chairperson No Report.
- F. MEDICAL DIRECTOR'S REPORT: Jennifer E. Morse, MD, MPH, FAAFP
  - 1. Harm Reduction

Dr. Morse reported on harm reduction explaining that it is a set of strategies and ideas aimed at reducing the negative consequences of drug use. She reviewed the consequences of drug use indicating that MMDHD was particularly concerned with disease transmission from sharing injection equipment (Hepatitis C, HIV, skin infections, heart valve infections, and other consequences). She reported that one of the most effective methods of reducing disease transmission was to ensure access to clean injection equipment through syringe access programs. She said that in Michigan, 11 northern counties have been identified as being at risk of having Hepatitis C and/or HIV outbreak(s). She explained how syringe access programs worked and stated that those programs have been proven to be effective in reducing disease transmission. Within the last year and a half, Dr. Morse said that Federal and State funding has been available to establish syringe access programs. She reviewed the northern Michigan areas with syringe access programs, stating that since 5 of the 11 identified counties were located within her coverage area, DHD #4 and DHD #10 plan to open syringe access programs in their districts. She reviewed the benefits of syringe access programs and also added that Naloxone was available to the public.

G. Bailey outlined the medication assisted therapy being done in Gratiot County, and he said that it has proven to help addicts become clean.

D. Washington expressed his concern regarding marihuana addiction and asked if there are any treatment programs available. Dr. Morse replied that currently, no medication-assisted treatment programs are available for marihuana addiction.

Dr. Morse's BOH Monthly Healthy Living Recommendation for June is:

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

Motion made by B. DeLong and seconded by D. Washington to approve the BOH Monthly Healthy Living Recommendation for June as proposed and approve the Medical Director's Report as presented. Motion carried.

#### G. HEALTH OFFICER'S REPORT:

#### 1. Grant Update

M. Cheatham reviewed the Grant Update indicating that for the Montcalm County Food Hub, the MMDHD received \$46,000 from the Greenville Area Community Foundation and have applied for \$43,560 from the United States Department of Agriculture (USDA) for the farm to school project and \$100,000 from the Michigan Department of Agriculture (MDA) to spin off the Food Hub as a 501(c) (3) and to purchase needed equipment to begin operations.

For the Gratiot County Prescription for Health Project, MMDHD received \$24,750 to support the project for a second year. Additionally, M. Cheatham said that the agency applied for an Environmental Protection Agency (EPA) Environmental Justice Grant in the amount of \$30,000 to hold a series of community dialogs on how to improve the agency's septic program. He reported that the agency did not receive that grant.

#### 2. Annual Commissioner Forum

M. Cheatham suggested Thursday, September 19<sup>th</sup> as a date for the Annual Commissioner Forum. Last year, the forum was canceled due to lack of sufficient attendance acknowledgment. He said that this year, MMDHD will hold it and focus on local public health accreditation. M. Bowerman suggested holding the forum in the evening or at a different time. The BOH agreed that the First Baptist Church Community Center location in Carson City was fine.

### 3. Cross Jurisdictional Sharing – Impact Report

M. Cheatham reported that as part of the Cross Jurisdictional Sharing (CJS) project, 22 Local Health Department Program Impact Reports were developed that provided an overview of activities that local health departments engage in. Two local health departments that participated in the CJS project worked with MALPH to develop the impact reports that were used at the Day at the Capitol. He said that the primary audience was legislators with the goal of empowering them to make informed decisions regarding local public health funding; however, the reports could also be used with the

public. He summarized that MMDHD participated in creating the reports and said they would be placed on MMDHD's website and on its Facebook page.

4. Michigan Department of Environment, Great Lakes, and Energy (EGLE) Local Leaders Webinar Series

M. Cheatham provided an overview of the EGLE Local Leaders Webinar Series indicating that there were several topics that the BOH might find informative. He said that the BOH can participate in the webinars free of charge.

Motion made by B. DeLong and seconded by D. Washington to accept the Health Officer's report. Motion carried.

H. OLD BUSINESS: None.

#### I. NEW BUSINESS:

#### 1. Board of Health Editorial

M. Cheatham mentioned that some commissioners asked him to consider submitting an editorial to the Greenville Daily News regarding the economic impact of the health department in the community. He reviewed a draft of the proposed editorial and requested feedback. B. Kellenberger provided an edit to the text. B. DeLong suggested submitting quarterly updates to all of the media within the district. B. Kellenberger commented that the BOH could suggest the topic. G. Bailey suggested M. Cheatham provide the quarterly editorial in the BOH packets for review and approval recommended adding a BOH member's name to the editorial as well as the name of someone to contact for questions.

A. Petersen indicated that three of the six paragraphs focused on Montcalm County and said he doesn't want to see the editorial framed toward Montcalm County specifically, and what MMDHD did three years ago for Montcalm County; but what the health department was going to do in the future. He mentioned that he wanted it to include information about all three counties, such as explaining the funding for each county and what services that funding provides for each county. B. DeLong mentioned that maybe it needed to include information about the structure of the district, e.g., the Intergovernmental Agreement. D. Washington said that one of MMDHD's strengths was how the three counties worked together to provide economic support and other resources to each other. G. Bailey summarized that the three counties work well together, even when one of the counties is struggling financially; and because of this cooperation, the majority of residents needing services receive them. Additionally, G. Bailey said that the editorial should be sent to all of the media district-wide. A. Petersen and D. Washington agreed to work with M. Cheatham on reworking the editorial.

#### 2. Emerging Issues

#### a. Riverdale Letter

L. Braddock reported that Seville Township was sent a letter from EGLE stating that E.coli was found in the water and requested them to develop a solution to correct the problem. L. Braddock indicated that Seville Township formed a task force to work on the issues in Riverdale. Seville Township requested the MMDHD to dye test homes for an illicit connection to the storm sewer. The task force contacted each homeowner requesting permission for the MMDHD to come onto their property to conduct the dye testing. She distributed a draft letter that would be delivered to Page 25 of 103

the residents of Riverdale that have given the task force permission to conduct the dye testing. She said the letter explains the issue and the dye-testing process. L. Braddock mentioned that a task force meeting was scheduled for May 28, 2019 with community partners working together with Seville Township to develop a solution. She explained that when they found that a homeowner's septic system was draining into Riverdale's storm drain; they inform the homeowner to disconnect from it and have their septic tank pumped or replaced. She also said that MMDHD has obtained a lab capacity expansion grant to purchase dye, conduct water sampling and testing, and a very small amount that could be used for an intern to assist with the project. She indicated that the funding must be spent by July 31, 2019. G. Bailey asked if she was seeing results. She replied that the dye was showing up in the storm drain and MMDHD was able to trace it back to the home. She said that the homeowner was amenable to pumping her septic tank.

J. LEGISLATIVE ACTION: None

# K. INFORMATIONAL ITEMS:

1. Staffing Report

M. Cheatham reviewed the staffing report stating that the agency hired two new employees to fill existing vacancies.

- L. RELATED NEWS ARTICLES AND LINKS: None
- M. AGENCY NEWSLETTERS: None

There being no further business to come before the Board, the meeting was adjourned at 10:37 a.m.

Respectfully Submitted,

Cynthia M. Partlo, Board Secretary For George Bailey, Chairperson

Mid-Michigan District Board of Health

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

CK#	EV	1897	4/26/2019
	Payables		
105056			
to 105102		Quantum Checks & AP Direct Deposits	\$ 97,979.96
	Payroll		
		AFLAC Employee Deduction	\$ 652.75
		MERS Employee Electronic Transfer	\$ 3,602.83
		EV1893 MERS Employee deduction	\$ (3,585.17)
		Correction to EV1893 MERS Employee deduction	\$ 3,582.17
		Chemical Bank Payroll-Ameriprise NBS	\$ 185.00
		Chemical Bank Payroll-Nationwide	\$ 1,320.00
		Chemical Bank Payroll-MERS 457	\$ 560.00
		Chemical Bank Payroll Tax EFT	
		Federal	\$ 29,230.34
		State	\$ 4,637.79
		Direct Deposit Payroll	\$ 100,614.42
	Bank Fees		
		Chemical E-Banking fee 19-Apr	\$ 77.48
	TOTAL		\$ 238,857.57

CHECK TOTALS:

60.00 \$

\$

60.00

NO	DATE	VENDOR-#	NO DATE	-	PAID		TAKEN		AMOUNT
105086	04/26/19	OFF015 OFFICE DEPOT	296593730001 04/05/19 18686 095952-00 COPY PAPER, INK, HOOKS, LABELS	\$	707.70	\$	-	\$	707.70
COMPU	TER CHECK		CHECK TOTALS:	\$	707.70	\$	-	\$	707.70
105087	04/26/19	ONE25 ZUMBRUNNEN MARY	13 04/10/19 18710 FINAL 50% FOOD SUMMIT	\$	1,500.00	\$	-	\$	1,500.00
COMPU	TER CHECK		CHECK TOTALS:	\$	1,500.00	\$	-	\$	1,500.00
105088	04/26/19	R&S005 R&S NORTHEAST LLC	193119 03/19/19 18678 ADVAIR	\$	2.40	\$	-	\$	2.40
COMPU <sup>*</sup>	TER CHECK		193662 03/26/19 18679 CALCIUM	\$	1.84	\$	-	\$	1.84
			CHECK TOTALS:	\$	4.24	\$	-	\$	4.24
105089	04/26/19	SAN020 SANOFI PASTEUR INC	912161674 04/08/19 18693 095957-00 MENACTRA,TUBERSOL VACCINE	\$	1,102.11	\$	-	\$	1,102.11
COMPU	TER CHECK		CHECK TOTALS:	\$	1,102.11	\$	-	\$	1,102.11
105090	04/26/19	STA008 STATE OF MICHIGAN-MDHHS LAB	40452019 04/05/19 18714 LAB	\$	11.50	\$	-	\$	11.50
COMPU	TER CHECK		CHECK TOTALS:	\$	11.50	\$	-	\$	11.50
105091	04/26/19	STA043 STATE OF MICHIGAN-DEQ	761-10418978 04/01/19 18674 2018 CAMPGROUNDS	\$	1,687.00	\$	-	\$	1,687.00
COMPU	TER CHECK		CHECK TOTALS:	\$	1,687.00	\$	-	\$	1,687.00
105092	04/26/19	STA212 STAFFORD GROUP	301173656 03/31/19 18676 2019 BOH MEETING NOTICE	\$	180.35	\$	-	\$	180.35
COMPU	TER CHECK		CHECK TOTALS:	\$	180.35	\$	-	\$	180.35
105093	04/26/19	STA225 STATCOURIER	1019-1257 03/31/19 18709 MARCH WATER LAB COURIER	\$	800.00	\$	-	\$	800.00
COMPU	TER CHECK		CHECK TOTALS:	\$	800.00	\$	-	\$	800.00
105094	04/26/19	TEA001 TEAMSTERS LOCAL 214	101501 04/23/19 18726	\$	1,836.55	\$	-	\$	1,836.55
COMPU	TER CHECK		APRIL DUES  CHECK TOTALS:	\$	1,836.55	\$	_	\$	1,836.55
105095	04/26/19	TEA031 TEAM FINANCIAL GROUP, INC	00007375 04/11/19 18713	\$			-	\$	
COMPU	TER CHECK		513018-B MAY XEROX CONTRACT  00007376 04/11/19 18711	ć	1,514.10	ć	_	ć	1,514.10
			513018-C MAY XEROX CONTRACT	Ą	1,514.10	Ą	-	٧	1,314.10
			00007377 04/11/19 18712 513018-A MAY XEROX CONTRACT	\$	2,459.37	\$	-	\$	2,459.37
			CHECK TOTALS:	\$	4,214.39	\$	-	\$	4,214.39

RUN DATE: APR 24, 2019 - 08:48			Mid Michigan District Health Department				PA	GE 0005
			ACCOUNTS PAYABLE CHECK REGISTER					
CHECK NO	CHECK\VOID DATE	REMIT-TO NAME VENDOR-#	INVOICE INVOICE VOUCH# P.ONO NO DATE	_	AMOUNT PAID	OUNT FAKEN	A	CHECK AMOUNT
	04/26/19	UNI001 UNITED WAY OF MONTCALM CO	101501 04/23/19 18725 4/26/19 EMPLOYEE DONATION	\$	60.00	\$ -	\$	60.00
COMPU	TER CHECK		CHECK TOTALS:	\$	60.00	\$ -	\$	60.00
	04/26/19	UNI009 UNITED WAY OF GRATIOT CO	101501 04/23/19 18724 4/26/19 EMPLOYEE DONATION	\$	75.00	\$ -	\$	75.00
COMPU	TER CHECK		CHECK TOTALS:	\$	75.00	\$ -	\$	75.00
	04/26/19	UPPE17 UPPER PENINSULA HEALTH CARE	179 04/12/19 18719 2019 UPHIE SERVICE FEES	\$	150.00	\$ -	\$	150.00
COMPU	TER CHECK		CHECK TOTALS:	\$	150.00	\$ -	\$	150.00
105099	04/26/19	USA021 USA TODAY NETWORK	0002383062 03/31/19 18675 2019 BOH MEETING NOTICE	\$	164.56	\$ -	\$	164.56
COMPU	TER CHECK		CHECK TOTALS:	\$	164.56	\$ -	\$	164.56
105100	04/26/19	VALL25 VALLEY FARMS BAPTIST CHURCH	101490 04/11/19 18672 MAY RENT	\$	100.00	\$ -	\$	100.00
COMPU	TER CHECK		CHECK TOTALS:	\$	100.00	\$ -	\$	100.00
105101	04/26/19	WAT041 WATKINS ROSS & CO	20667 04/17/19 18707 FY18 BENEFIT REPORT	\$	1,400.00	\$ -	\$	1,400.00
COMPU	TER CHECK		CHECK TOTALS:	\$	1,400.00	\$ -	\$	1,400.00
105102	04/26/19	WES058 WEST MICHIGAN ASSOCIATION	1867 04/18/19 18704 ANGIE MARTIN	\$	95.00	\$ -	\$	95.00
COMPU	TER CHECK		CHECK TOTALS:	\$	95.00	\$ -	\$	95.00
0 MANU 0 VOID ( 0 VOID ( 0 VOID ( 0 DIREC	PUTER CHECKS JAL PAYMENT CH CHECKS - TRX CHECKS - STUBS CHECKS - ERROR CHECKS - FORM T DEPOSITS CKS TOTAL		BANK CODE TOTALS:	\$9	97,979.96	\$ -	\$9	7,979.96
			COMPANY TOTALS:	\$9	97,979.96	\$ -	\$9	7,979.96

# *MONTHLY EXPENSES FOR May 11, 2019 - June 21, 2019*

		\$ 675,329.90
EV	1901	\$ 194,710.46
EV	1900	\$ 253,194.00
EV	1899	\$ 227,425.44

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

СК#	EV 1899		5/24/2019
	Payables		
105136			
to 105168	Quantum Checks & AP Direct Deposits	\$	87,747.44
	Payroll		
	AFLAC Employee Deduction	\$	652.75
	MERS Employee Electronic Transfer		3,554.23
	Chemical Bank Payroll-Ameriprise NBS	\$ \$ \$	185.00
	Chemical Bank Payroll-Nationwide	\$	1,320.00
	Chemical Bank Payroll-MERS 457	\$	610.00
	Chemical Bank Payroll Tax EFT		
	Federal	\$	28,794.08
	State	\$	4,562.38
	Direct Deposit Payroll	\$	100,090.41
	Bank Fees		
	Chemical Bank - EV 1898 6 new credit card machines	\$	(4,359.70)
	Chemical Bank correction for 6 new credit card machines	\$	4,194.00
	Chemical E-Banking fee 19-Ma	ıy \$	82.16
	Chemical Bank Interest 19-Apr	r <u>\$</u>	(7.31)
	TOTAL	\$	227,425.44

RUN DA	TE: MAY 21, 201	9 - 12:51	Mid Michigan District Health Department			PAGE 0001
			ACCOUNTS PAYABLE CHECK REGISTER			
CHECK NO	CHECK\VOID DATE	REMIT-TO NAME VENDOR-#	INVOICE INVOICE VOUCH# P.ONO NO DATE	AMOUNT PAID	DISCOUNT TAKEN	CHECK AMOUNT
	05/24/19	4IM001 4IMPRINT, INC	7313735 05/09/19 18784 095991-00 POWER CLIP MAGNETS	\$ 168.33	\$ -	\$ 168.33
COMPU	TER CHECK		CHECK TOTALS:	\$ 168.33	\$ -	\$ 168.33
105137	05/24/19	ALPH83 ALPHA FAMILY CENTER	101522 05/20/19 18817 JUNE RENT	\$ 300.00	\$ -	\$ 300.00
COMPU	TER CHECK		CHECK TOTALS:	\$ 300.00	\$ -	\$ 300.00
105138	05/24/19	BLU008 BLUE CROSS BLUE SHIELD OF MICHIGAN	101518 05/08/19 18811 0005 JUNE HEALTH INSURANCE	\$12,273.06	\$ -	\$12,273.06
COMPU	TER CHECK		101519 05/08/19 18812 0004 JUNE HEALTH INSURANCE	\$ 8,334.69	\$ -	\$ 8,334.69
			101520 05/08/19 18813 0003 JUNE HEALTH INSURANCE	\$19,050.72	\$ -	\$19,050.72
			CHECK TOTALS:	\$39,658.47	\$ -	\$39,658.47
105139	05/24/19	BLU034 BLUE CARE NETWORK	191270037906 05/07/19 18810 0002 JUNE HEALTH INSURANCE	\$ 8,607.90	\$ -	\$ 8,607.90
COMPU	TER CHECK		CHECK TOTALS:	\$ 8,607.90	\$ -	\$ 8,607.90
105140	05/24/19	BLU035 BLUE CARE NETWORK	191270059975 05/07/19 18809 0003 JUNE HEALTH INSURANCE	\$ 3,489.70	\$ -	\$ 3,489.70
COMPU <sup>-</sup>	TER CHECK		CHECK TOTALS:	\$ 3,489.70	\$ -	\$ 3,489.70
105141	05/24/19	CAP095 CAPITAL AREA UNITED WAY	101529 05/21/19 18825 5/24/19 EMPLOYEE DONATION	\$ 20.00	\$ -	\$ 20.00
COMPU <sup>-</sup>	TER CHECK		CHECK TOTALS:	\$ 20.00	\$ -	\$ 20.00
105142	05/24/19	CEN021 CENTRAL MI DIST HEALTH DEPT	101517 05/15/19 18808 APRIL MD	\$ 4,449.55	\$ -	\$ 4,449.55
COMPU	TER CHECK		CHECK TOTALS:	\$ 4,449.55	\$ -	\$ 4,449.55
105143	05/24/19	CLI092 CLINTON COUNTY ADMIN/ACCT	AC-2019-014 05/01/19 18816 JUNE DENTAL RENT	\$ 1,966.67	\$ -	\$ 1,966.67
COMPU	TER CHECK		CHECK TOTALS:	\$ 1,966.67	\$ -	\$ 1,966.67
105144	05/24/19	DEL007 DELTA DENTAL OF MICHIGAN	RIS0002276737 05/14/19 18814 JUNE DENTAL INSURANCE	\$ 4,174.76	\$ -	\$ 4,174.76
COMPU	TER CHECK		CHECK TOTALS:	\$ 4,174.76	\$ -	\$ 4,174.76
105145	05/24/19	GRA005 GRATIOT ISABELLA RESD	6520 05/03/19 18804 CHERYL THELEN TRAINING	\$ 30.00		\$ 30.00
COMPU	TER CHECK		CHECK TOTALS:	\$ 30.00	\$ -	\$ 30.00

CHECK TOTALS:

100.00

100.00 \$

COMPUTER CHECK

RUN DA	TE: MAY 21, 201	9 - 12:51	Mid Micl	nigan Distri	ct Health De	epartment				P	AGE 0004
			ACCOUN	TS PAYAB	LE CHECK	REGISTER					
CHECK NO	CHECK\VOID DATE	REMIT-TO NAME VENDOR-#	INVOICE NO	DATE	VOUCH#			AMOUNT PAID	COUNT		CHECK AMOUNT
105167	05/24/19	YEO010 YEO & YEO PC CPA	443348 FINAL AL		/19 18803 IMPLEMEN <sup>-</sup>	TATION	\$	3,345.00	\$ -	\$	3,345.00
COMPUT	TER CHECK		CHECK T	OTALS:			\$	3,345.00	\$ -	\$	3,345.00
	05/24/19	FIR003 FIRST NATIONAL BANK OMAHA	101512 STAMPS.		/19 18788 EL,BOH LUN	СН	\$	673.92	\$ -	\$	673.92
COMPU	TER CHECK		101513 SHREDDI	05/02, NG, PAGEF	/19 18798 R		\$	405.45	\$ -	\$	405.45
			101514 GIFT CAF		/19 18799 HALL MEET	ING	\$	120.00	\$ -	\$	120.00
			101512-: 10 STAM	-	2/19 18789 OW ENVELO		\$	3,261.95	\$ -	\$	3,261.95
			101512-2 2 BOXES	-	2/19 18790 ENVELOPES		\$	666.75	\$ -	\$	666.75
			101512-3 ADJUSTA		1/19 18791 UTER STANI		\$	31.99	\$ -	\$	31.99
			101512-4 AUTOM	4 05/02 ATIC DOOR	1/19 18792 STICKERS	095967-00	\$	15.98	\$ -	\$	15.98
			101512- EP SPECI	5 05/02 AL POPULA	2/19 18793 TIONS KIT	095975-00	\$	2,042.32	\$ -	\$	2,042.32
			101512-0 3 WHITE	6 05/02 BOARDS &	2/19 18794 MARKERS	095977-00	\$	33.50	\$ -	\$	33.50
			101512- BLUETO(	7 05/02 OTH HEADP	2/19 18795 PHONES	095984-00	\$	37.09	\$ -	\$	37.09
			101512-8 2 STAMP	8 05/02 PED ENVELO	2/19 18796 OPES	095978-00	\$	661.05	\$ -	\$	661.05
			101512-9 3 TABLE	9 05/02 COVERS W	2/19 18797 /LOGO	095968-00	\$	388.80	\$ -	\$	388.80
			CHECK TO	OTALS:			\$	8,338.80	\$ -	\$	8,338.80
0 MANU 0 VOID 0 0 VOID 0 0 VOID 0 0 VOID 0	PUTER CHECKS AL PAYMENT CHECKS - TRX CHECKS - STUBS CHECKS - ERROR CHECKS - FORM A F DEPOSITS KS TOTAL		BANK CC	DE TOTALS	5:		\$8	37,747.44	\$ -	\$8	87,747.44

Page 38 of 103

COMPANY TOTALS:

\$87,747.44 \$ - \$87,747.44

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

CK#	EV 1900		6/7/2019
	Payables		
105169 to 105198	Quantum Checks & AP Direct D	Deposits \$	84,955.02
	Payroll		
	AFLAC Employee Deduction	Ç	627.33
	MERS Employee Electronic Tra		
	Chemical Bank Payroll-Amerip		
	Chemical Bank Payroll-Nationv		
	Chemical Bank Payroll-MERS 4	57 \$	790.00
	Chemical Bank Payroll Tax EFT		
	Federal	Ç	28,383.76
	State	Ç	4,487.87
	MERS Employer Electronic Trai	nsfer 19-May \$	27,023.34
	Direct Deposit Payroll	<u> </u>	101,836.58
	TOTAL	Ş	5 253,194.00

CHECK TOTALS:

\$ 6.000.00 \$

\$ 6.000.00

CHECK TOTALS:

**COMPUTER CHECK** 

6/7/19 EMPLOYEE DONATION

60.00 \$

Ś

60.00

RUN DATE: JUN 04, 2019	9 - 11:31	Mid Michigan District Health Department			PAGE 0004
		ACCOUNTS PAYABLE CHECK REGISTER			
CHECK CHECK\VOID REN NO DATE VENDOR-#		INVOICE INVOICE VOUCH# P.ONO NO DATE	AMOUNT PAID	DISCOUNT TAKEN	CHECK AMOUNT
105195 06/07/19	UNI009 UNITED WAY OF GRATIOT CO	101536 06/03/19 18870 6/7/19 EMPLOYEE DONATION	\$ 75.00	\$ -	\$ 75.00
COMPUTER CHECK		CHECK TOTALS:	\$ 75.00	\$ -	\$ 75.00
105196 06/07/19	UPS002 UNITED PARCEL SERVICE	423867219 05/25/19 18854 2 CD PACKAGES	\$ 11.56	\$ -	\$ 11.56
COMPUTER CHECK		CHECK TOTALS:	\$ 11.56	\$ -	\$ 11.56
105197 06/07/19	VER004 VERIZON	9830822110 05/23/19 18863 CELL PHONES/HOTSPOTS 5/24-6/23	\$ 2,645.06	\$ -	\$ 2,645.06
COMPUTER CHECK		CHECK TOTALS:	\$ 2,645.06	\$ -	\$ 2,645.06
105198 06/07/19 COMPUTER CHECK	WINN73 WINN TELECOM	101535 06/01/19 18867 INTERNET/LOCAL/LONG DISTANCE	\$ 2,593.93	\$ -	\$ 2,593.93
COMPOTER CHECK		CHECK TOTALS:	\$ 2,593.93	\$ -	\$ 2,593.93
30 COMPUTER CHECKS 0 MANUAL PAYMENT CH 0 VOID CHECKS - TRX 0 VOID CHECKS - STUBS 0 VOID CHECKS - ERROR 0 VOID CHECKS - FORM 1 DIRECT DEPOSITS 31 CHECKS TOTAL		BANK CODE TOTALS:	\$84,955.02	\$ -	\$84,955.02
		COMPANY TOTALS:	\$84,955.02	\$ -	\$84,955.02

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

СК#	EV 1901		6/21/2019
	Payables		
105199			
to 105240	Quantum Checks & AP Direct Deposits	\$	60,967.46
	Payroll		
	AFLAC Employee Deduction	\$	678.17
	MERS Employee Electronic Transfer	\$	3,540.99
	Chemical Bank Payroll-Ameriprise NBS	\$	185.00
	Chemical Bank Payroll-Nationwide	\$	1,370.00
	Chemical Bank Payroll-MERS 457	\$	790.00
	Chemical Bank Payroll Tax EFT		
	Federal	\$	28,486.00
	State	\$	4,494.49
	Direct Deposit Payroll	\$	98,302.95
	Bank Fees		
	Chemical Bank for 6 new credit card machines s/b on cc account	\$	(4,194.00)
	Chemical E-Banking fee 19-Jun	\$	95.35
	Chemical Bank Interest 19-May	\$	(5.95)
	TOTAL	\$ :	194,710.46

# ACCOUNTS PAYABLE CHECK REGISTER

			ACCOUNTS PAYABLE CHECK REGISTER					
CHECK NO	CHECK\VOID DATE	REMIT-TO NAME VENDOR-#	INVOICE INVOICE VOUCH# P.ONO NO DATE	AMOUNT PAID		DISCOUI TAKI	A	CHECK MOUNT
	06/21/19	COV178 COVENANT MEDICAL CENTER	101548 05/04/19 18925 21654 LABS	\$ 88.60	0	\$ -	\$	88.60
COMPU	TER CHECK		101549 06/04/19 18926 21654 LABS	\$ 52.94	4	\$ -	\$	52.94
			101550 05/04/19 18927 20940 LABS	\$ 80.02	2	\$ -	\$	80.02
			101551 06/04/19 18928 20940 LABS	\$ 31.52	2	\$ -	\$	31.52
			101552 06/17/19 18963 22142 LABS	\$ 42.84	4	\$ -	\$	42.84
			CHECK TOTALS:	\$ 295.92	2	\$ -	\$	295.92
	06/21/19	DEL007 DELTA DENTAL OF MICHIGAN	RIS0002329405 06/11/19 18939 JULY DENTAL INSURANCE	\$ 4,064.90	0	\$ -	\$	4,064.90
COMPU	TER CHECK		CHECK TOTALS:	\$ 4,064.90	0	\$ -	\$	4,064.90
105208	06/21/19	GRA75 GRAINGER	9185244200 05/23/19 18879 096028-0C CHLORINE METER CL200	\$ 276.55	5	\$ -	\$	276.55
COMPU	TER CHECK		CHECK TOTALS:	\$ 276.55	5	\$ -	\$	276.55
105209	06/21/19	GRAT92 GRATIOT INTEGRATED HLTH NETWORK	101555 07/01/19 18934 JULY RENT	\$ 100.00	0	\$ -	\$	100.00
COMPU	TER CHECK		CHECK TOTALS:	\$ 100.00	0	\$ -	\$	100.00
105210	06/21/19	HOS101 HOSPITAL NETWORK HEALTHCARE	60181 05/31/19 18931 CLINTON SHARPS PICKUP	\$ 59.00	0	\$ -	\$	59.00
COMPU	TER CHECK		CHECK TOTALS:	\$ 59.00	0	\$ -	\$	59.00
	06/21/19	IMP002 IMPREST CASH-MONTCALM	101546 06/04/19 18923 REFUND PETTY CASH/POSTAGE	\$ 42.62	2	\$ -	\$	42.62
COMPU	TER CHECK		CHECK TOTALS:	\$ 42.62	2	\$ -	\$	42.62
	06/21/19	INSP25 INSPIRATION STUDIO DESIGN	1968 06/04/19 18876 096042-00 BUSINESS CARDS STEPHANIE HUESTED	\$ 29.00	0	\$ -	\$	29.00
COMPU	TER CHECK		1974 06/05/19 18877 096045-00 BUSINES CARDS RYAN KLUMPP	\$ 29.00	0	\$ -	\$	29.00
			CHECK TOTALS:	\$ 58.00	0	\$ -	\$	58.00
	06/21/19	LEP007 LEPPINKS FOOD CENTER	029290 06/03/19 18922 BREAK ROOM SUPPLIES	\$ 10.66	6	\$ -	\$	10.66
COMPU	TER CHECK		CHECK TOTALS:	\$ 10.66	6	\$ -	\$	10.66
105214	06/21/19	LIN061 LINCOLN FINANCIAL GROUP	101556 06/10/19 18937 JULY LIFE/LTD/AD&D	\$ 2,122.02	2	\$ -	\$	2,122.02
COMPU	TER CHECK		CHECK TOTALS:	\$ 2,122.02	2	\$ -	\$	2,122.02

RUN DA	TE: JUN 18, 2019	9 - 11:09	Mid Michigan District Health Department			P	AGE 0006
			ACCOUNTS PAYABLE CHECK REGISTER				
NO	CHECK\VOID DATE	REMIT-TO NAME VENDOR-#	INVOICE INVOICE VOUCH# P.ONO NO DATE	AMOUNT PAID	SCOUNT TAKEN		CHECK AMOUNT
105240	06/21/19	FIR003 FIRST NATIONAL BANK OMAHA	101537-1 06/03/19 18887 095998-00 STANDING DESK FOR IMMS	\$ 200.34	\$ -	\$	200.34
			101537-10 06/03/19 18895 GBO STAMPS.COM	\$ 200.00	\$ -	\$	200.00
			101537-11 06/03/19 18896 096020-00 FOLDERS, DISPLAY PORT	\$ 25.54	\$ -	\$	25.54
			101537-12 06/03/19 18897 3 HOTEL ROOMS-DFG	\$ 304.95	\$ -	\$	304.95
			101537-13 06/03/19 18898 2 HOTSPOTS-KYLE & SETH	\$ 175.39	\$ -	\$	175.39
			101537-14 06/03/19 18899 096012-00 4 BOXES STAMPED ENVELOPES	\$ 1,305.65	\$ -	\$	1,305.65
			101537-15 06/03/19 18900 096034-00 PENS, 6 OUTLET POWER CORDS	\$ 11.43	\$ -	\$	11.43
			101537-16 06/03/19 18901 JOTFORM	\$ 39.00	\$ -	\$	39.00
			101537-2 06/03/19 18888 095999-00 HR CARDS/ENVELOPES	\$ 71.06	\$ -	\$	71.06
			101537-4 06/03/19 18889 STAMPS.COM, REFUND, EMAIL PLUS	\$ 345.35	\$ -	\$	345.35
			101537-5 06/03/19 18890 096008-00 RENT RITE-HAND WASH STATIONS	\$ 1,406.86	\$ -	\$	1,406.86
			101537-6 06/03/19 18891 095993-00 1 CASE RED RIBBON PENS	\$ 153.71	\$ -	\$	153.71
			101537-7 06/03/19 18892 096013-00 HDMI CABLE	\$ 11.11	\$ -	\$	11.11
			101537-8 06/03/19 18893 096010-00 DIGITAL SCALE/TRASH CAN/RACK	\$ 124.55	\$ -	\$	124.55
			101537-9 06/03/19 18894 STAMPS.COM FEES	\$ 89.97	\$ -	\$	89.97
			101540-1 06/03/19 18905 096024-00	\$ 8.98	\$ -	\$	8.98
			SIGN 101540-2 06/03/19 18906 096030-0C SUITCASE	\$ 61.85	\$ -	\$	61.85
			101540-3 06/03/19 18907 096025-00 VIDEO MAGNIFIER	\$ 149.99	\$ -	\$	149.99
			101540-4 06/03/19 18908 096037-0C 10 MCIR STAMPED ENVELOPES	\$ 3,261.95	\$ -	\$	3,261.95
			101540-5 06/03/19 18909 096036-0C NAMEBADGE CLIPS	\$ 20.20	\$ -	\$	20.20

RUN DATE: JUN 18, 2019	- 11:09	Mid Michigan District Health Department	PAGE 0007
		ACCOUNTS PAYABLE CHECK REGISTER	
CHECK CHECK\VOID NO DATE	REMIT-TO NAME VENDOR-#	INVOICE INVOICE VOUCH# P.ONO AMOUNT DISCOUNT NO DATE PAID TAKEN	
105240 06/21/19	FIR003 FIRST NATIONAL BANK OMAHA	101540-6 06/03/19 18910 \$ 270.00 \$ - SHREDDING/IT EQUIPMENT PICKUP	\$ 270.00
		101540-7 06/03/19 18911 096035-0C \$ 210.94 \$ - RECOVERY EMAIL LICENSE	\$ 210.94
		101540-8 06/13/19 18912 \$ 126.14 \$ - BUSINESS PRIME YEARLY ACCT	\$ 126.14
		101540-9 06/03/19 18913 096046-00 \$ 74.30 \$ - SIGN HOLDER	\$ 74.30
		CHECK TOTALS: \$10,131.86 \$ -	\$10,131.86
42 COMPUTER CHECKS 0 MANUAL PAYMENT CH 0 VOID CHECKS - TRX 0 VOID CHECKS - STUBS 0 VOID CHECKS - ERROR 0 VOID CHECKS - FORM A 3 DIRECT DEPOSITS 45 CHECKS TOTAL		BANK CODE TOTALS: \$60,967.46 \$ -	\$60,967.46

COMPANY TOTALS:

\$60,967.46 \$ - \$60,967.46

# Mid-Michigan District Health Department Monthly Balance Sheet, Revenue and Expenditure Report May 2019

## **Summary and Special Notes**

As of the end of May, actual revenues and expenditures should be approximately 67% of the \$6,258,845 total amended budget. The total revenues through May were \$4,774,032.34 and the total expenses were \$4,575,953.65. The overall actual revenues and expenditures (adjusting for in-kind space costs and Vaccines for Children) were at 79% and 75% respectively, representing a surplus of \$198,078.69.

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

Some highlights include:

#### Revenues

- **Immunization Fees (Line 13)** The services have continued to be up over the year resulting in revenue that is more than what was budgeted.
- MDHHS Grants (Line 23) The budget change includes funding for Hepatitis A and slight increases in other grants.
- Medicaid Outreach (Line 28) The budget decrease is due to changes in staffing allocation to outreach.
- Medicaid Full Cost Reimbursement (Line 29) Payments have been made that might be more than due and will be reviewed; but the current amount is what has been received. Part of the funding has been moved to an advance.

# **Expenses**

- Contractual Services (Line 18) Due to grant funding, there is an increase in the budgeted amount in the contractual line item.
- Advertising & Recruitment (Line 22) Advertising in Drug Free Communities and for the Hepatitis A funding is now included in the budgeted amount.

Mid-Michigan District Health Department MAY FY 2019 67% AP: 8

	Revenue					
	Account	AMENDED BUDGET	Current Month	Year-to-Date	Budget Balance	YTD% of Budget
1	Onsite Sewage	171,959.00	25,969.00	106,314.00	65,645.00	62%
2	Groundwater Quality	164,326.00	18,573.00	83,832.00	80,494.00	51%
3	Food Service	281,775.00	1,182.00	291,622.00	-9,847.00	103%
4	Campgrounds	5,000.00	587.00	5,215.00	-215.00	104%
5	Swimming Pools	6,055.00	0.00	4,554.00	1,501.00	75%
6	Waste Haulers	6,000.00	905.50	5,640.00	360.00	94%
7	DHS Facility Inspections	31,486.00	2,057.00	16,590.00	14,896.00	53%
8	Body Art Fees	1,300.00	692.00	3,964.00	-2,664.00	305%
9	EH Misc Fees	2,570.00	296.30	-631.03	3,201.03	-25%
10	Vision Fees	26,500.00	974.00	10,112.80	16,387.20	38%
11	Hearing Fees	23,000.00	1,028.40	14,216.80	8,783.20	62%
12	Communicable Disease Fees	2,000.00	0.00	240.00	1,760.00	12%
13	Immunization Fees	140,000.00	11,247.09	115,592.89	24,407.11	83%
14	Family Planning/STD Fees	109,800.00	7,830.59	54,726.40	55,073.60	50%
15	Breast Cancer Fees	3,000.00	614.30	1,862.87	1,137.13	62%
16	Lead Fees	15,000.00	1,739.74	10,947.94	4,052.06	73%
17	Varnish Fees	15,000.00	2,185.00	11,066.00	3,934.00	74%
18	Breastfeeding Fees	15,000.00	940.84	5,068.40	9,931.60	34%
19	Ched Miscellaneous Fees	400.00	0.00	412.04	-12.04	103%
20	Miscellaneous Other Fees	100.00	0.00	349.91	-249.91	350%
21	Deferred Revenues - Billing	0.00	0.00	50.00	-50.00	0%
22	VFC/317 Vaccine Revenue	300,000.00	11,214.15	120,664.20	179,335.80	40%
23	MDHHS Grants	1,665,839,00 Page 5	3 of 103 <sup>138,859.00</sup>	1,030,718.87	635,120.13	62%
24	Essential Local Public Health Services	840,957.00	75,181.00	572,372.00	268,585.00	68%

2/4 6/21/2019

25	MDHHS Fee For Service Revenue	55,000.00	0.00	22,878.46	32,121.54	42%
26	DEQ Grants	77,255.00	4,822.50	39,211.00	38,044.00	51%
27	Other Grants/Community Support	550,000.00	38,843.61	282,941.95	267,058.05	51%
28	Medicaid Outreach	100,000.00	0.00	47,736.10	52,263.90	48%
29	Medicaid Full Cost Reimbursement	200,000.00	49,750.00	570,479.00	-370,479.00	285%
30	Interest	20,000.00	3,004.35	20,008.65	-8.65	100%
31	Misc Revenue	11,045.00	0.00	0.00	11,045.00	0%
32	Donations	3,000.00	0.00	1,137.28	1,862.72	38%
33	Cash Over/Short	0.00	0.00	0.00	0.00	0%
34	Clinton Co - Appropriation	400,141.00	33,345.08	264,451.66	135,689.34	66%
35	Gratiot Co - Appropriation	287,764.00	23,980.33	191,842.66	95,921.34	67%
36	Montcalm Co - Appropriation	427,573.00	32,612.92	260,903.36	166,669.64	61%
37	Prior Year Adjustments	0.00	0.00	-1,997.27	1,997.27	0%
38	Space Occupancy	300,000.00	25,244.00	201,949.00	98,051.00	67%
39	Deferred Revenues/Fund Balance- Other	0.0	0.00	406,989.40	-406,989.40	0%
	TOTAL REVENUE:	6,258,845.00	684,222.70	4,774,032.34	1,484,812.66	76%
	W/O SPACE & VFC	5,658,845.00	648,663.00	4,451,419.14	1,207,425.86	79%

Mid-Michigan District Health Department

MAY

FY2019

67%

AP: 8

Expend	IITIIPP
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	Expenditure					
	Account	Amended Budget	Current Month	Year-to-Date	Budget Balance	YTD% of Budget
1	Board of Health Per Diem	4,000.00	130.00	2,026.02	1,973.98	51%
2	Salaries	3,260,869.00	287,865.62	2,187,716.70	1,073,152.30	67%
3	FICA	245,000.00	21,059.12	160,954.45	84,045.55	66%
4	Health Insurance	660,000.00		419,442.18	240,557.82	64%
5	Dental Insurance	45,362.00	·	27,278.02	18,083.98	
6	Retirement	345,000.00		222,649.78	122,350.22	
7	Work Comp	32,000.00		11,213.45	20,786.55	
8	Unemployment Comp	5,199.00		1,490.49	3,708.51	
9	Life Insurance	5,000.00	513.83	2,988.54	2,011.46	60%
10	Physicals/memberships	0.00	0.00	0.00	0.00	0%
11	Printed Materials	8,000.00	1,124.35	4,419.83	3,580.17	55%
12	Postage	29,200.00	4,878.78	11,881.23	17,318.77	41%
13	Office Supplies	54,195.00	4,209.69	36,389.32	17,805.68	67%
14	Computer/Printer Supplies	45,000.00	-14.58	17,723.45	27,276.55	39%
15	Medical Supplies	69,800.00	10,751.20	36,509.64	33,290.36	52%
16	CD Meds Biologics	78,600.00	6,969.62	47,554.42	31,045.58	61%
17	VFC Supplies	300,000.00	11,214.15	120,664.20	179,335.80	40%
18	Contractual Services	175,000.00	21,532.64	179,108.61	-4,108.61	102%
19	Legal Expenses	9,000.00	0.00	12,133.33	-3,133.33	135%
20	Communications	72,310.00	6,140.70	48,942.92	23,367.08	68%
21	Travel	150,550.00	16,764.15	101,881.60	48,668.40	68%
22	Advertising & Recruitment	75,000.00	0.00	7,180.26	67,819.74	10%
23	Liability Insurance	3 <b>₽,@<b>g</b>⊕5</b>	5 of 103 2,951.25	23,610.00	11,390.00	67%
24	Equipment Maintenance/Lease	65,000.00	6,089.09	45,610.13	19,389.87	70%

4/4 6/21/2019

	ī				
25 Rent	30,000.00	2,466.67	21,151.33	8,848.67	71%
26 Space Occupancy	300,000.00	25,244.00	201,949.00	98,051.00	67%
27 Training	24,000.00	1,098.34	19,570.70	4,429.30	82%
28 Memberships/Certifications/Subscriptions	19,560.00	84.00	18,033.14	1,526.86	92%
29 Tuition Reimbursement	0.00	0.00	0.00	0.00	0%
30 Laboratory	3,000.00	80.50	1,203.22	1,796.78	40%
31 Behavioral Risk Factor Survey	22,000.00	0.00	18,283.20	3,716.80	83%
32 Misc Other Expense	0.00	250.00	270.00	-270.00	0%
33 Computer Support	81,700.00	38,857.44	61,147.97	20,552.03	75%
34 Service Charges/Credit Card Fees	9,500.00	559.68	4,778.52	4,721.48	50%
35 Equipment	0.00	198.00	198.00	-198.00	0%
36 BOH approved capital expenses	0.00	0.00	500,000.00	-500,000.00	0%
TOTAL EXPENSES	6,258,845.00	547,791.61	4,575,953.65	1,682,891.35	73%
W/O SPACE & VFC	5,658,845.00	512,231.91	4,253,340.45	1,405,504.55	75%
Revenue Over Expenditures (Deficit)		136,431.09	198,078.69	-198,078.69	0%
Revenue Over Expenditures (Deficit) without BOH approved capital expense or additional revenues			291,089.29		

MMDHD BALANCE SHEET AS OF	5/31/2019
CURRENT ASSETS	
CASH TO TREASURER	\$3,017,531.45
CASH ON DEPOSIT/IMPREST CASH	3,240.00
ACCOUNTS RECEIVABLE/CASH IN TRANSIT	39,351.03
DUE FROM GOVERNMENTAL AGENCIES	464,278.19
INVENTORY - VFC IMMS	63,547.79
PREPAIDS	25,662.54
TOTAL ASSETS	\$3,613,611.00
LIABILITIES AND FUND BALANCE	
ACCOUNTS PAYABLE	\$10,123.11
PAYROLL DEDUCTIONS	728.80
PAYROLL PAYABLES	238,930.56
OTHER ACCRUED PAYABLES	-
ADVANCES	404,382.00
TRUST FUNDS	18,062.86
DEFERRED REVENUE PRIOR YEAR	12,412.64
DEFERRED REV DENTAL OUTREACH	167,413.00
DEFERRED REVENUE MCDC	105,000.00
DEFERRED REVENUE-VFC IMMS	63,547.79
FUND BALANCE RESTRICTED DENTAL	104,062.94
FUND BALANCE END OF YEAR	88,319.97
FUND BALANCE	324,449.90
FUND BALANCE EQUIPMENT	489,494.46
FUND BALANCE FACILITY DEV	124,580.00
FUND BALANCE SELF INS BONDS	13,949.72
FUND EQUITY-FUTURE RETIREMENT	608,829.80
FUND EQUITY-COMPENSATED LEAVES	285,988.76
FUND EQUITY-UNEMPLOYMENT	55,000.00
FUND EQUITY-TRAINING	35,000.00
FUND EQUITY/BRFS	11,522.00
FUND BALANCE-HEALTH INSURANCE	160,000.00
FUND BALANCE-POTENTIAL CLAIMS	93,734.00
BALANCE SHEET NET INCOME	198,078.69
TOTAL LIABILITIES TOTAL NET INCOME	\$3,613,611.00



MARK W. (MARCUS) CHEATHAM, PH.D. **Health Officer** 

JENNIFER MORSE, MD, MPH, FAAFP **Medical Director** 

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1307 E. Townsend Rd. Saint Johns, MI 48879-9036 (989) 224-2195

#### **GRATIOT OFFICE**

151 Commerce Dr. Ithaca, MI 48847-1627 (989) 875-3681

#### **MONTCALM OFFICE**

615 N. State St. Stanton, MI 48888-9702

#### **BOARD OF HEALTH**

**George Bailey Bruce DeLong** Betty Kellenberger **Chuck Murphy** Adam Petersen Dwight Washington, Ph.D.

## **Board of Health Action Sheet**

June 26, 2019 ADMINISTRATOR: Melissa Bowerman, Director of Community Health and Education SUBJECT: 2018 Municipal Employees' Retirement System (MERS) Annual Actuarial Valuation Report ☐ Action Needed **Information Only** Authority For This Action: ☐ Local Policy ☐ Law or Rule Public Health Code, Act 368 of 1978, MCL 333.2417 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. Although the full report is available, selected pages of most interest to the Board of Health (BOH) are attached. 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 2018 was 80% of the projected actuarial estimated obligations. This percentage decreased from the prior year because MERS modified its actuary and actuarial software since the December 31, 2017 valuation. 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 11 and 12 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 13 of the report, the agency had 58 retirees and beneficiaries receiving \$578,983 in annual benefits at the end of 2018. Additionally, the report shows that the agency has 36 vested former employees and 68 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%; but it is not reflected in the 2018 Actuarial Valuation Report because the payment occurred in January 2019.

# 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 Time Line:

(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.

Page 59 of 103 Page | 2



# Municipal Employees' Retirement System of Michigan

Annual Actuarial Valuation Report
December 31, 2018 - Mid-Mich Dist Hlth Dept (5901)



# **Executive Summary**

# **Funded Ratio**

The funded ratio of a plan is the percentage of the dollar value of the actuarial accrued liability that is covered by the actuarial value of assets. While funding ratio may be a useful plan measurement, understanding a plan's funding trend may be more important than a particular point in time. Refer to Table 7 to find a history of this information.

	12/31/2018	12/31/2017
Funded Ratio*	80%	81%

<sup>\*</sup> Reflects assets from Surplus divisions, if any.

There has been a change in actuary and actuarial software since the December 31, 2017 valuation. Throughout this report are references to valuation results generated prior to the 2018 valuation date. Results prior to 2018 were received directly from the prior actuary or extracted from the previous valuation system by MERS's technology service provider.



# **Table 2: Benefit Provisions**

01 - NonUnion: Open Division					
	2018 Valuation	2017 Valuation			
Benefit Multiplier:	2.00% Multiplier (no max)	2.00% Multiplier (no max)			
Normal Retirement Age:	60	60			
Vesting:	10 years	10 years			
Early Retirement (Unreduced):	-	-			
Early Retirement (Reduced):	50/25	50/25			
	55/15	55/15			
Final Average Compensation:	5 years	5 years			
<b>Employee Contributions:</b>	2.68%	2.68%			
Act 88:	Yes (Adopted 11/18/1974)	Yes (Adopted 11/18/1974)			

11 - Local 214: Open Division						
	2018 Valuation	2017 Valuation				
Benefit Multiplier:	2.00% Multiplier (no max)	2.00% Multiplier (no max)				
Normal Retirement Age:	60	60				
Vesting:	6 years	6 years				
Early Retirement (Unreduced):	-	-				
Early Retirement (Reduced):	50/25	50/25				
	55/15	55/15				
Final Average Compensation:	5 years	5 years				
<b>Employee Contributions:</b>	3.00%	3.00%				
Act 88:	Yes (Adopted 11/18/1974)	Yes (Adopted 11/18/1974)				

12 - MNA: Open Division		
	2018 Valuation	2017 Valuation
Benefit Multiplier:	2.00% Multiplier (no max)	2.00% Multiplier (no max)
Normal Retirement Age:	60	60
Vesting:	8 years	8 years
Early Retirement (Unreduced):	-	-
Early Retirement (Reduced):	50/25	50/25
	55/15	55/15
Final Average Compensation:	5 years	5 years
<b>Employee Contributions:</b>	2.58%	2.58%
Act 88:	Yes (Adopted 11/18/1974)	Yes (Adopted 11/18/1974)



#### 13 - Administration: Open Division 2018 Valuation 2017 Valuation 2.25% Multiplier (80% max) **Benefit Multiplier:** 2.25% Multiplier (80% max) Normal Retirement Age: 60 60 Vesting: 10 years 10 years Early Retirement (Unreduced): Early Retirement (Reduced): 50/25 50/25 55/15 55/15 **Final Average Compensation:** 5 years 5 years **Employee Contributions:** 3.00% 3.00% Act 88: Yes (Adopted 11/18/1974) Yes (Adopted 11/18/1974)



# **Table 3: Participant Summary**

	2018 Valuation		2017 Valuation		2018 Valuation				
Division	Number		Annual Payroll <sup>1</sup>	Number		Annual Payroll <sup>1</sup>	Average Age	Average Benefit Service <sup>2</sup>	Average Eligibility Service <sup>2</sup>
01 - NonUnion									
Active Employees	12	\$	667,288	12	\$	656,156	44.8	13.6	14.4
Vested Former Employees	7		45,612	6		32,716	53.4	7.3	15.1
Retirees and Beneficiaries	12		111,346	12		111,346	69.4		
11 - Local 214									
Active Employees	44	\$	1,588,915	48	\$	1,680,659	43.8	10.1	10.5
Vested Former Employees	26		198,665	28		223,293	47.4	10.7	12.4
Retirees and Beneficiaries	27		184,482	23		151,352	71.3		
12 - MNA									
Active Employees	8	\$	475,034	9	\$	503,548	46.8	11.3	11.3
Vested Former Employees	2		19,858	4		42,271	46.8	9.2	11.1
Retirees and Beneficiaries	12		109,712	10		87,331	74.1		
13 - Administration									
Active Employees	4	\$	349,762	4	\$	308,462	50.9	9.1	13.4
Vested Former Employees	1		11,127	1		11,127	47.0	19.3	19.3
Retirees and Beneficiaries	7		173,443	7		173,444	71.1		
Total Municipality									
Active Employees	68	\$	3,080,999	73	\$	3,148,825	44.7	10.8	11.5
Vested Former Employees	36		275,262	39		309,407	48.5	10.2	13.0
Retirees and Beneficiaries	<u>58</u>		578,983	<u>52</u>		523,473	71.5		
Total Participants	162			164					

Annual payroll for active employees; annual deferred benefits payable for vested former employees; annual benefits being paid for retirees and beneficiaries.



Descriptions can be found under Miscellaneous and Technical Assumptions in the Appendix.

# Table 6: Actuarial Accrued Liabilities and Valuation Assets as of December 31, 2018

		Actuarial Accrued Liability						Unfunded
		Vested						(Overfunded)
	Active	Former	Retirees and	Pending			Percent	Accrued
Division	Employees	Employees	Beneficiaries	Refunds	Total	Valuation Assets	Funded	Liabilities
01 - NonUnion	\$ 1,303,257	\$ 361,573	\$ 1,056,014	\$ 16,817	\$ 2,737,661	\$ 2,066,673	75.5%	\$ 670,988
11 - Local 214	2,647,440	978,185	1,622,533	37,887	5,286,045	4,728,068	89.4%	557,977
12 - MNA	811,124	91,920	983,067	20,377	1,906,488	1,502,423	78.8%	404,065
13 - Administration	528,681	43,883	1,655,261	0	2,227,825	1,370,577	61.5%	857,248
Total	\$ 5,290,502	\$ 1,475,561	\$ 5,316,875	\$ 75,081	\$ 12,158,019	\$ 9,667,741	79.5%	\$ 2,490,278

Please see the Comments on Asset Smoothing in the Executive Summary of this report.



#### Report to the Boards of Health

Jennifer Morse, MD, MPH, FAAFP, Medical Director



Mid-Michigan District Health Department, Wednesday, June 26, 2019 Central Michigan District Health Department, Wednesday, June 26, 2019 District Health Department 10, Friday, June 28, 2019

#### Swine Flu

Influenza is a group of viruses that cause respiratory illness. There are four known types of influenza viruses, A, B, C, and D, and they are different from each other as illustrated to the right. The influenza A virus subtypes are mostly derived from waterfowl, such as ducks, swans, and gulls. These avian (bird) influenza A viruses have an unusual ability to spread across warm blooded animals, which has been encouraged with the domestication of animals. It is suspected that our increased relationship with animals over history is how influenza A viruses first infected humans.

Influenza illness was first recognized in pigs during the Spanish flu pandemic of 1918-1919, which was caused by influenza A H1N1. Swine influenza virus was not isolated from a human until 55 years later. Pig cells are unique as they have receptors for, or can be infected by, bird (avian), human, and pig (swine) influenza

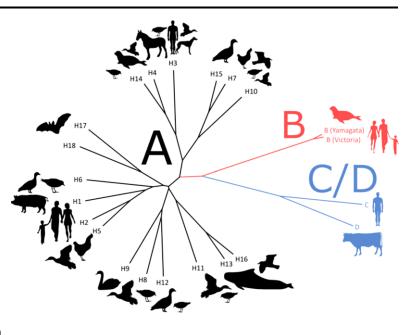


Fig. 2 from: Yamauchi, Y. (2018). *Influenza virus: Methods and protocols*. Taxonomy and ecology of influenza.

strains. When a pig is infected with more than one type of influenza virus at a time, the viruses can rearrange to create new strains. Since the late 1990s, triple rearrangements of influenza A viruses with genes from swine, human, and avian strains of influenza virus have been found in pig herds in North America and human cases caused by these new strains have also been found.

The swine flu pandemic caused by a H1N1 influenza A virus that started in March 2009 was a product of a quadruple rearrangement of two swine strains, one human strain, and one avian strain of influenza. This outbreak was first identified in Mexico, spread rapidly to the United States, Canada, then worldwide via airline travel. This virus was very different from other H1N1 viruses circulating at that time, so few people had any immunity to it, allowing it to spread rapidly. The highest level of worldwide pandemic alert was declared in June 2009 and the pandemic was declared over August 2010. Influenza H1N1 is now established in the human population, circulating every year, and is part of the yearly influenza vaccine.

Swine influenza spreads through pig herds by close contact and possibly by contaminated objects that move between pigs. Swine flu can cause high number of ill pigs; however, some infected pigs will have no symptoms at all. Typically, swine flu causes few deaths in pigs. Swine flu rarely spreads to humans. When it does, it is typically through direct contact with pigs or with something or someone that has been in contact with pigs. Properly handling, preparing and eating pork and other products from pig will not spread swine flu. Most cases of swine flu in humans

Number of Human Swine Flu Cases in US	Number of Human Swine Flu Cases in Michigan
7	0
321	6
22	2
3	0
6	1
24	12
65	2
17	3
1	1
	Swine Flu Cases in US  7  321  22  3  6  24  65  17

Michigan Counties Effected: Allegan (2), Berrien (2), Cass (1), Ingham (9), Jackson (1), Livingston (2), Muskegon (2), Ionia (1)

are mild and most that have had more severe illness have had some kind of risk factor. When a strain of influenza virus that normally infects pigs causes illness in a human, it is called a variant influenza virus and the name of the subtype is followed by a "v". Since 2011, there have been 466 cases of human infections with swine flu reported to the Centers for Disease Control and Prevention (CDC) caused by either H1N1v, H1N2v, H3N2v, or H7N2, 27 of which have been in Michigan.

## Prevention of Swine Flu (from https://www.cdc.gov/flu/swineflu/prevention.html):

- Don't take food or drink into pig areas; don't eat, drink or put anything in your mouth in pig areas.
- Don't take toys, pacifiers, cups, baby bottles, strollers, or similar items into pig areas.
- Avoid close contact with pigs that look or act ill.
- Take protective measures if you must come in contact with pigs that are known or suspected to be sick. This includes minimizing contact with pigs and wearing personal protective equipment like protective clothing, gloves and masks that cover your mouth and nose when contact is required.
- Wash your hands often with soap and running water before and after exposure to pigs. If soap and water are not available, use an alcohol-based hand rub.
- To further reduce the risk of infection, minimize contact with pigs in the pig barn and arenas.
- Watch your pig (if you have one) for illness. Call a veterinarian if you suspect illness.
- Avoid contact with pigs if you have flu symptoms. Wait to have contact with pigs until 7 days after your illness started or until you have been without fever for 24 hours without the use of fever-reducing medications, whichever is longer. If you must have contact with pigs while you are sick, take the protective actions listed above.
- Anyone at high risk of serious flu complications should avoid pigs and swine barns.

### **Resources:**

CDC Information on Swine/Variant Influenza Home Page <a href="https://www.cdc.gov/flu/swineflu/index.htm">https://www.cdc.gov/flu/swineflu/index.htm</a>
CDC "What People Who Raise Pigs Need to Know about Influenza" <a href="https://www.cdc.gov/flu/pdf/swineflu/pork-producer-fact-sheet.pdf">https://www.cdc.gov/flu/pdf/swineflu/pork-producer-fact-sheet.pdf</a>

MDHHS Swine Influenza Toolkit

https://www.michigan.gov/documents/mdhhs/Swine Variant Influenza Tool Kit 654250 7.pdf MDHHS Toolkit Templates

https://www.michigan.gov/documents/mdhhs/Swine Variant Influenza Toolkit Templates 654252 7.docx General CDC Educational Materials re: staying healthy around animals https://www.cdc.gov/healthypets/publications/index.html

# Recommendations

- 1. Swine flu rarely infects humans but these cases of variant influenza should be reported and followed to identify any oncoming pandemic strains as soon as possible.
- 2. Prevention steps as listed above, education of swine caretakers and visitors, and preparation for quick response to ill swine, are all very important steps in addressing swine flu.

#### References

- Thorner, A. Epidemiology of pandemic H1N1 influenza ('swine influenza'). In: UpToDate, Hirsch, M, Baron, (E) (Ed), UpToDate, Waltham, MA. (Accessed on June 11, 2019).
- CDC FluView, Novel Influenza Virus Infections, <a href="https://gis.cdc.gov/grasp/fluview/Novel Influenza.html">https://gis.cdc.gov/grasp/fluview/Novel Influenza.html</a>
- CDC, Information on Swine/Variant Influenza. <a href="https://www.cdc.gov/flu/swineflu/index.htm">https://www.cdc.gov/flu/swineflu/index.htm</a>

# HEALTH OFFICER GOALS AND DEPARTMENT PROGRESS MID-MICHIGAN DISTRICT HEALTH DEPARTMENT UPDATED FOR 2019-20

There are two overarching themes for my goals for 2019-20. The first is to maintain the financial and administrative integrity of the Department for the counties that "own" it. This is reflected in goals such as generating revenue and maintaining the quality of the workforce. The second theme is about addressing the most important health threats. This is reflected in goals such as building programs to serve the most vulnerable members of the community and addressing environmental health issues like water quality. To these ends I I have established some new goals for 2019-20 such as the water program and PHAB accreditation. Some other goals have carried over from previous years. These goals have stop-light-like color annotations that describe the most recent developments.

## 1) Relations with Local Government

- a. Maintain balance between the three counties (new). There is a great deal of value to the District Health Department. By spreading the overhead costs across three counties we estimate each county saves about \$300,000 in the cost of providing mandated public health services. However, periodically there are challenges in the Department's relationship with one county or another. From a long-term, strategic point of view it is very important that these challenges not affect the other counties—not politically and not financially—so that the integrity of the District is preserved.
- b. Launch the water program (new). The work of educating the Commissioners about surface water and going through the public hearing process seems to have strengthened their understanding of and commitment to clean water. We want to keep visibly moving forward in this area.
  - **i. Budget for a new sanitarian position for the water program**. We will use the regular budget process to create a position to staff the water program.
  - ii. Work with USDA to establish a seamless way of accessing financial assistance for households in the program. We have made contact with USDA and they have expressed a strong desire to help us obtain the financial resources.
  - iii. Work with communities that need to pursue community sewer systems including villages and lake associations. MDEQ has identified some communities that need to take this step and we will attempt to help them do this.

#### 2) Economy

a. Expand the Health Department's role in the local economy. We need to make the case more strongly that we are an asset in such areas as: 1) restaurants, construction, recreation (by assuring the safety of consumers) and retail sales (WIC dollars); and 2) employment and education (healthy employees and students). Our first foray into this area, the Food Hub, is progressing slowly. We want to expand the potential impact of the Hub and identify other similar projects.

#### 3) Health

a. Use the community health assessment and improvement process to garner new opportunities to work on chronic disease, clean water and opioid abuse. These three areas are the main issues raised in all our community health assessments. However, MMDHD and the communities have limited resources to deal with them. MMDHD will take the lead in seeking grant funding and organizational synergies to create opportunities for the communities to address these issues. MMDHD has had some notable successes recently including launching a prescription for health project, a regional food hub initiative and strengthening anti-drug efforts in schools in Clinton County. We have submitted grants to USDA, MDARD and MHEF to expand these activities.

1

- b. Use our newly acquired expertise on emerging public health issues. New threats such as vapor intrusion, PFAS, Hepatitis A and Measles are requiring us to learn new skills and respond in new ways. We have formed good working relationships with State partners which are leading to potential resolutions of new issues. It bears mentioning that MALPH played a leading role in working to improve State and local relations.
- c. Explore ways the health department can support Clinton County's interest in physical activity for people of all abilities through its park system (new). We need to work with the Parks and Greenspace committee to identify potential revenue sources for the Department to be able to help.

# 4) Strategic Planning

- a. Prepare for PHAB Accreditation (new). Use VMSG to begin the process of documentation for PHAB standards and measures. Remind State of commitment to help with accreditation fees and budget for them.
- b. Continue to implement the 2017 Strategic Plan. Staff completed an ambitious strategic plan which was approved by the Board of Health. The Plan is a good reflection of the Department's actual activities and mirrors my goals very well. We have already completed 13 of the goals in the plan.
- c. Maintain adequate levels of supervision to ensure employees' performance is of the highest quality. We have completed a number of trainings for supervisors and have added a new supervisory position in Environmental Health. The addition of a supervisor in EH has really helped staff morale and performance.
- 5) Establish new, reimbursable preventive health services. 2017 was a year of setbacks to some of our most innovative programs. The Ingham Health Plan Corporation and Primary Care Clinic were both red because of ongoing financial loses. Since we eliminated those two projects we have no projects in the red.
  - a. Work with the Northern Michigan Public Health Alliance to establish a HUB for our community health workers (new). MDHHS seems intent on supporting the NMPHA as a HUB for CHW work. We need to learn whether their contracts with Medicaid Health Plans are profitable and whether we can sign on.
  - b. Increased billing for immunizations, family planning and other services. Our success with establishing health insurance contracts and billing appropriately has increased revenues which have now plateaued.
  - c. Expand Medicaid Outreach. We maintain a focus on billing for Medicaid Outreach as a way of sustaining the Community Health Worker program.

#### 6) Workforce

- a. Maintain competitive levels of compensation for employees by working with collective bargaining units and the Health Insurance Task Force. No change.
- b. Expand education and training for our workforce. We are part of two cross jurisdictional sharing grants aimed at strengthening the public health workforce. A large percentage of our workforce has benefitted from training on leadership and customer service. In 2019 we will have two additional trainings for the entire Mid-Central team.

## 7) Infrastructure

a. Complete the re-branding of the Health Department. We have nearly completed the rebranding process. The project wound up having more to do with infrastructure like accessibility, cleanliness and appearance of our facilities than just signage. All that remains is painting in Montcalm and the installation of the signage.

2

- b. Consider opportunities to address infrastructure issues through the Northern Health Alliance. Examine long term infrastructure needs and the possibility of grants or financing from NHA.
- c. Transition MCDC out of the Clinton Branch Office (new). This would enable us to establish a southern administrative headquarters which would help administrative staff work more equitably across the entire district.

# 8) Quality Improvement/Performance Management

a. Build a true performance management system to increase staff efficiency by giving everyone easy, real-time access to information about our performance. We have developed and automated performance reporting for most indicators on CHED and EH programs. We have rebuilt most of the reports that were lost when we transitioned to new software. Quarterly Service Reports are operational again. The addition of VMSG should help us complete a performance management dash board.

## 9) Emergency Preparedness

a. Identify at least one way to conduct an exercise in each County by September 2018. BETP requirements mostly involve reporting. In order to ensure we are truly prepared we have to find ways to use our funding for exercises and drills, especially those involving other community partners. On May 15 we will conduct a district-wide full-scale exercise of the strategic national stockpile.

# 10) Public Information

a. Use social media to promote the Department and its programs. The Department has multiple contracts with WNEM to push messages to people who, based on information about them, might be interested in our services while they are on line. An evaluation has suggested this has gone well. Our "click throughs" are high and we have seen a short term reversal in the decline in Family Planning cases.

3



# **MID-MICHIGAN DISTRICT HEALTH DEPARTMENT**

An Accredited Local Public Health Department

www.mmdhd.org

#### CLINTON

Branch Office 1307 E. TOWNSEND RD. ST. JOHNS, MI 48879-9036 989-224-2195

#### GRATIOT

Branch Office 151 COMMERCE DRIVE ITHACA, MI 48847-1627 989-875-3681

#### MONTCALM

Branch Office 615 N. STATE ST., STE. 1 STANTON; MI 48888-9702 989-831-5237

#### **ADMINISTRATIVE OFFICES**

SUITE 2 615 N. STATE STREET STANTON, MI 48888-9702 989-831-5237

#### **Board of Health**

Bruce Delong Jack A. Enderle Teresa Hagerman Tom Lindeman Roland Merignac Carl Paepke

Public Health

KIMBERLY SINGH, M.A. Health Officer

ROBERT GRAHAM, DO, MPH, FAAFP Medical Director

Administrative Offices – Stanton

May 23, 2012

Re: Authorization for Health Officer to Sign Contracts

To Whom It May Concern:

Marcus Cheatham, Health Officer for the Mid-Michigan District Health Department, is authorized to sign contracts on behalf of the Mid-Michigan District Board of Health. This authorization is effective June 1, 2012. This designation replaces the designation of Kimberly Singh who was granted this authority in November 1996.

Sincerely.

Jack A. Enderle, Chairperson

Mid-Michigan District Board of Health

In this open letter to residents served by the Mid-Michigan District Health Department (MMDHD), we would like to share what we have learned over the years about how the health department plays a vital role throughout the local communities. Our health department's mission is to take action to protect and maintain the health of our community. And, our primary responsibility is to improve public health. There are multitude of ways that we proudly do our job to improve public health throughout Clinton, Gratiot, and Montcalm Counties.

Let's begin by talking about money, because when it comes to government programs, people want to know how much money those programs are costing. In the case of the health department, it actually brings money into the community. How? The lion's share of the MMDHD budget is paid by federal agencies like the Centers for Disease Control and Prevention (CDC), the Environmental Protection Agency (EPA), and the Department of Agriculture. In fact, for every dollar appropriated locally, two dollars comes into the community from these federal agencies. This amounts to more than a million dollars a year that helps to pay the salaries of dozens of residents who live in our community, shop locally, and pay local taxes.

Clinton, Gratiot, and Montcalm are the counties served by MMDHD; and we have recognized since our development that in order to be fiscally responsible, it is wise to have efficient financial management practices. For example, our administrative headquarters for all three counties is in Montcalm County, and Clinton and Gratiot Counties pay money to Montcalm County rather than having to each pay for their own administrative headquarters and support services. Through these services the health department brings even more dollars into the community; and we really are able to do extraordinary things with these funds. For example, the Women, Infants, and Children (WIC) Program is an invaluable health program for mothers and children. WIC provides many services to thousands of people, and half of all children born in our area, and their mothers, get help through WIC. Most people are familiar with the supplemental food available through the WIC program. WIC participants receive benefits that enable them to shop for food at local grocery stores. These dollars are an important part of the revenue of local retailers. Nearly two million dollars flow into the local economy through grocery stores because of WIC. This supports many jobs in retail food sales in the community. Additionally, the health department regularly is called upon to prevent "emergent" and "wicked problems" from reaching epidemic proportions. These types of problems do not have simple and clean solutions, but require bold and creative decisions to save us money and protect our quality of life.

Disease and illness can be very costly for individuals and families to bear alone. By partnering with each member of the community we hope to build healthier and happier communities, in order to safeguard public health. We are committed to the eight essential public health services, and our vision is to advance innovative solutions to achieve healthier outcomes. You can feel secure knowing the MMDHD received exemplary remarks for State accreditation. As we go forward, we intend to work with the community to get healthy food on the tables of families in the Mid-Michigan district through education and outreach programs, like the Greenville food hub and the Prescription for Health Program in St. Louis. The challenge of providing clean and safe water is a "front and center" health concern here in Mid-Michigan and around the state; and you can be assured that we will remain vigilant in our efforts to clean E. coli and PFAS from our water resources.

We value public involvement and believe that through honest and open discussion it is possible to get beyond the fear, the unknown, and the threat of disease and illness to maintain and even improve the quality of life in our homes and around our counties. Your comments and concerns are always welcome. We encourage you to follow us on Twitter, Facebook, and/or our website to be up-to-date and part of the solution to a healthy community.



CLINTON • GRATIOT • MONTCALM

## Learning Pilot Project Family Planning & STD Programs

#### **Board of Health Meeting**

June 26<sup>th</sup>, 2019

Presenter: Jenniffer Efaw, NP

Page 74 of 103

## **Family Planning & STD Services**

- Confidential and low-cost services
- Birth Control and education
- Yearly exams by a nurse practitioner
- Pregnancy Testing
- Sexually transmitted infection testing and treatment
- HIV testing and counseling
- Referrals



## **Project Collaborators**

- MMDHD Family Planning and STD staff
- MDHHS, Division of Maternal & Infant Health, Family Planning and STD program staff

Note: Berrien County Health Department is also participating in the project.



## **Opportunity**

- Invitation to participate based on MMDHD's years of experience in operating an integrated Reproductive Health Clinic.
- \$10,000 stipend provided to cover staff time.



## **Project Purpose**

- Three areas of learning opportunities:
  - Client Identification
  - Billing
  - 340B Utilization



### The Process

Complete in three to six month period

- Document for each learning area:
  - Best practices
  - Lessons learned
  - Opportunities for improvement



## **Client Identification**

Explore how clients are tracked for services from intake to exit.



## **Billing**

Examine revenue generation within the context of visit types.



## 340B Utilization

Examine the agency's ordering, stocking and medication uptake patterns.



## **Data Collection**

- Policy/Procedure Review
- Chart Review
- Encounter/Individual Level Data Analysis
- Billing/Financial Records Review
- Staff Interviews
- Client Satisfaction Surveys



## **Project Goals**

- Determine best practices
- Lessons learned will be shared with a network of providers
- Advance the field of public health



## **Questions?**





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Page 85 of 103

# ELECTED OFFICIAL'S GUIDE TO EMERGENCY MANAGEMENT











## ABOUT EMERGENCY MANAGEMENT



mergency management is a broad term used to describe an all-hazards approach to naturally occurring and human-made emergencies and disasters. The general nature of most emergencies and disasters requires a prompt and effective response. This is best obtained from existing departments / agencies of local, state, federal and tribal government and private sector non-profit partners. For this reason, such governmental agencies create the basic framework of the emergency management system.

Emergency management begins at the local level. When a disaster or emergency occurs, local government agencies and private organizations use their resources to respond and recover. Local jurisdictions may declare a "local state of emergency" to activate their response and recovery plans. This allows them to execute emergency operations plans, administer local aid and assistance, and issue directives. A "local state of emergency" informs the Michigan State Police, Emergency Management and Homeland Security Division (MSP/EMSHD) an emergency or disaster is occurring in a local jurisdiction. If the emergency or disaster is widespread and severe, creates a threat to public health and safety, or resources are exhausted at the local level, a local jurisdiction may request the governor to declare a "state of emergency" or "state of disaster". If the incident is catastrophic, under the Emergency Powers of the Governor Act (Public Act 302 of 1945, as amended), the governor may declare a "state of emergency" without a request from a local jurisdiction.

Once the governor declares a "state of emergency" or "state of disaster," the MSP/EMHSD will take the lead in coordinating local, state, federal and nongovernmental resources. The MSP/EMHSD works closely with local and federal partners to train, educate and coordinate all components of emergency management to ensure the safety and well-being of Michigan's residents when an emergency or disaster strikes. The Michigan Emergency Management Act (1976 PA 390, as amended) provides the MSP/EMHSD with the authority to coordinate these activities.

**Michigan Emergency Management Act:** A state public act to provide for planning, mitigation, response and recovery from natural and human-made disaster within and outside the state of Michigan.

**Robert T. Stafford Act:** A federal act that constitutes the authority for most federal disaster response activities.

The Michigan Emergency Management Act and the Stafford Act can be found at www.michigan.gov/emhsd.



## MICHIGAN STATE POLICE

EMERGENCY MANAGEMENT & HOMELAND SECURITY DIVISION

The Michigan State Police, Emergency Management and Homeland Security (MSP/EMSHD) is responsible for developing, implementing, and maintaining a system that protects Michigan's communities, residents and visitors from the effects of disasters and emergencies through appropriate prevention, mitigation, preparedness, response and recovery actions.

The MSP/EMHSD promotes an all-hazards approach to emergency management through a program providing for improved training and education, public awareness and preparedness, hazard mitigation and incident prevention, emergency planning and response and recovery programs to protect Michigan from emergencies and disasters.

The information above is outlined in more detail in the Michigan Emergency Management Plan at www.michigan.gov/emhsd.



## STATE EMERGENCY OPERATIONS CENTER

#### **ABOUT THE SEOC**

The State Emergency Operations Center (SEOC) coordinates all state agency activities and resources during an emergency or disaster. During activation of the SEOC, personnel monitor ongoing incidents, communicate with affected jurisdictions and government agencies, as well as assess and coordinate any requests for state and federal resources or assistance. The SEOC is typically staffed by state agency personnel, nonprofit organizations and members of the private sector affected by the incident. The governor is kept informed of state response and recovery activities from the SEOC. The SEOC is overseen and maintained by the MSP/EMHSD.

Located in Dimondale the SEOC is a permanent facility with the necessary equipment, materials and security needed to activate immediately in response to an incident and to remain operational 24-hours per day, as needed.

#### **SEOC RESPONSIBILITIES**

#### • GOVERNOR

The governor is responsible for directing the state's response and recovery efforts to protect public health and safety during an emergency. He or she can activate the SEOC to coordinate the state's response and recovery efforts.

#### • STATE DIRECTOR OF EMERGENCY MANAGEMENT AND HOMELAND SECURITY

The director of the MSP serves as the State Director of Emergency Management and Homeland Security. The director of the MSP is responsible for implementing the orders and directives of the governor in the event of a disaster or emergency.

#### • MSP/EMHSD

The MSP/EMHSD is responsible for maintaining, activating and operating the SEOC. The commander of the MSP/EMHSD serves as the SEOC State Director and Deputy State Director of Emergency Management and Homeland Security.

#### • STATE AGENCIES

During an emergency or disaster, the SEOC is staffed by personnel representing each state agency involved in protecting public health and safety, as well as responding to and recovering from the incident.



# FIVE PHASES OF EMERGENCY MANAGEMENT

0

#### **MITIGATION**

Taking measures to limit the damaging effects that occur as a result of an emergency or disaster.

2

#### **PREVENTION**

Deter or stop an incident from occurring to protect Michigan lives and property.

3

#### **PREPAREDNESS**

Promoting activities prior to an incident that increase a community's ability to respond if an emergency or disaster occurs.

4

#### **RESPONSE**

Actions that efficiently coordinate resources to save lives and reduce economic losses during an emergency or disaster.

6

#### **RECOVERY**

Planning and actions taken to develop procedures and mechanisms to help a community return to normal conditions by aiding and repairing physical, social and economic damages.



Page 91 of 103

6

## DISASTER DECLARATION PROCESS

1

2

3

GOVERNOR REQUESTS STATE OF DISASTER

OR EMERGENCY

LOCAL STATE OF

**DISASTER OCCURS** 

DISASTER OCCUP

#### OCAL

- Responds to life, health and safety needs
- Assesses situation needs
- Assesses (severity and magnitude) extensiveness of damage

#### STATE

- Monitors situation
- Provides assistance as requested by local jurisdiction

#### LOCAL

- Continue damage assessment
- Exhaust resources
- Declare local state of emergency

#### STATE

- Reviews declaration criteria
- Make recommendation on local request
- Monitors incident

#### LOCAL

- · Request resources
- Write request for state resources via Governor's declaration

#### STATE

- Reviews damage information from locals
- Provides resources
- Requests joint Preliminary Damage Assessments (PDA) from FEMA with local and federal agencies

4

5

6

JOINT PRELIMINARY DAMAGE ASSESSMENT

GOVERNOR REQUESTS FEDERAL ASSISTANCE

PRESIDENT DECLARES
MAJOR DISASTER
OR FMFRGFNCY

#### LOCAL

• Continue to assess impact and evaluate recovery needs

#### SIAIL

- State assesses need for federal assistance based on results of PDA
- State prepares application for federal assistance

#### FEDERAL

FEMA provides results of PDA

#### LOCAL

• Continue to respond to incident and evaluate recovery needs

#### STATE

• Continue to coordinate resource requests from Local jurisdiction

#### FEDERAL

• FEMA analyzes request and makes recommendation

#### OCAL

 Work with state and federal officials to implement recovery and mitigation strategies

#### STATE

 Work with local and federal officials to support recovery and implement mitigation projects

#### FDFRAL

- FEMA establishes field presence and works with state and local officials to implement recovery and mitigation strategies
- \*Severity of incident may expedite any of these steps

9

## **EMERGENCY DECLARATIONS**

Several forms of emergency declarations exist that can be instituted by various local, state and federal agencies. Declarations are generally based on location, incident severity, property and population affected.

#### TYPES OF EMERGENCY DECLARATIONS

#### > LOCAL STATE OF EMERGENCY

Proclaimed by the governing body of any local government, it allows for activation of response and recovery efforts by the local government. It enables a county or municipality to execute emergency operations plans, administrate local aid and assistance and issue directives. All local emergency declarations are filed with the MSP/EMHSD. This provides notice to the state that an emergent situation exists.

#### > STATE OF DISASTER

Proclaimed by the governor when conditions exceed the control of local government and require state assistance. It is a request for the state to provide assistance to manage emergency response and recovery efforts.

#### > STATE OF EMERGENCY

Proclaimed by the governor when conditions exceed the control of local government and require state assistance. It is a request for state resources to assist with local emergency response and recovery efforts.

#### > STATE OF ENERGY EMERGENCY

Declared by Midcontinent Independent System Operator (MISO) when there is a forecasted or actual shortage of electrical energy resources. This declaration triggers MISO and utility actions to remedy shortages of electrical energy resources. The actions are spelled out in coordinated Emergency Electrical Procedures maintained by MISO and all electric utilities and include actions up to shedding firm customer load.

#### > FIRE MANAGEMENT ASSISTANCE DECLARATION

Declared by the Federal Emergency Management Agency (FEMA) based on a state request. This does not require a local or state proclamation or a presidential declaration and pertains to wildfires.

#### > PRESIDENTIAL DECLARATION OF EMERGENCY

Declared by the president following the governor's provision of information that state and local resources have been tasked and that specific federal aid is required. Federal equipment and resources/commodities are available up to a cap of \$5 million to supplement state and local efforts for the intent of averting a catastrophe.

#### > PRESIDENTIAL DECLARATION OF MAJOR DISASTER

Declared by the president at the request of the governor or acting governor. A fiscal threshold must be met barring a "catastrophe of unusual severity and magnitude". The types of assistance under this declaration are detailed on the following pages.

#### > UNITED STATES SMALL BUSINESS ADMINISTRATION DISASTER DECLARATION

Designated by the Small Business Administration based on a state request. At least 25 homes and/or three businesses must each have suffered uninsured losses of 40% or more.

#### Page 92 of 103 > UNITED STATES DEPARTMENT OF AGRICULTURE (USDA) DISASTER DECLARATION

Designated by the USDA Secretary based on a damage threshold for farms. Low interest loans and conservation support are available.

## 5 PHASES OF EMERGENCY MANAGEMENT

# DISASTER DECLARATION PROCESS

# **ASSISTANCE AVAILABLE**

Not all programs are activated for every disaster. The determination of which programs are activated is based on the needs found during damage assessment and any subsequent information that may be discovered. The major categories of disaster aid include:



**Individual Assistance (IA):** Aid to individuals and households, for damage to residences and businesses or personal property losses not covered by insurance.



**Public Assistance (PA):** Aid to public (and certain private non-profit) entities for certain emergency services, the repair or replacement of disaster-damaged public facilities and debris removal.



**Hazard Mitigation Assistance:** Grant programs that provide funding for eligible mitigation activities that reduce disaster losses and protect life and property from future disaster damages.

## INDIVIDUAL ASSISTANCE

All of the following programs below are available when there is a Presidential Declaration of Emergency or Major Disaster.

#### > INDIVIDUALS AND HOUSEHOLDS PROGRAM (IHP)

A federal grant to individuals where no set loss threshold is implemented. FEMA considers such criteria as concentration of damages, trauma, functional needs populations and others. This program may provide: temporary housing, repair, replacements and permanent housing construction.

#### > CRISIS COUNSELING

Designed to provide supplemental funding to states for short-term crisis counseling services to people affected in presidentially-declared disasters.

#### > DISASTER UNEMPLOYMENT ASSISTANCE

Provides unemployment benefits and re-employment services to individuals who have become unemployed because of major disasters.

#### > THE U.S. SMALL BUSINESS ADMINISTRATION (SBA)

Federally subsidized loans to repair or replace homes, personal property or businesses that sustained damages not covered by insurance. At least 25 homes and/or three businesses must each have suffered uninsured losses of 40% or more.

#### > LEGAL SERVICES

Free legal services are provided to disaster victims through an agreement with the Young Lawyers Division of the American Bar Association.

#### > SPECIAL TAX CONSIDERATIONS

Special tax considerations allow taxpayers who have sustained a casualty loss from a declared disaster to deduct the loss on their federal income tax return for the year in which the casualty actually occurred, or elect to deduct the loss on the tax return for the preceding tax year. The Internal Revenue Service (IRS) can also expedite refunds owed to taxpayers in a federally declared disaster area.

#### > OTHER NEEDS ASSISTANCE (ONA)

Funds are available for necessary expenses and serious needs caused by the disaster. These include medical, dental, funeral, personal property, disaster assistance for child care, fuels for primary heat source, clean-up items, transportation, moving and storage, and other necessary expenses or serious needs caused by the disaster, determined by FEMA, and authorized by law.

## PUBLIC ASSISTANCE

#### **STATE**

### DISASTER AND EMERGENCY CONTINGENCY FUND (SECTION 19 OF PUBLIC ACT 390 OF 1976, AS AMENDED)

The Disaster and Emergency Contingency Fund (Section 19 of Public Act 390 of 1976, as amended), is a form of public assistance offered by the State of Michigan when federal assistance is not available. Funds are distributed to local communities after the Governor declares a state of emergency or disaster. The MSP/EMHSD evaluates the local requests for an emergency or disaster declaration based on the incident's widespread nature and severity, threat to public health and safety, and availability of local resources. From this evaluation, MSP/EMHSD makes a recommendation to the governor. If a state of emergency or disaster is declared, Disaster and Emergency Contingency Funds may be distributed. If the governor does not declare a state of emergency or disaster, no funds are awarded, and the local and state governments work together to find other possible solutions. Assistance under Section 19 is limited to the lessor of 10% of the applicant jurisdiction's prior year operating budget or thresholds based on the most recent federal decennial census, up to \$1,000,000. Populations under 25,000 are eligible for up to \$250,000, between 25,000 but less than 75,000 up to \$500,000 and populations greater than 75,000 up to \$1,000,000.

#### **FEDERAL**

All of the following programs are available when there is a Presidential Declaration of Emergency or Major Disaster.

#### **PUBLIC ASSISTANCE (PA) GRANT PROGRAM**

The mission of the FEMA Public Assistance (PA) Grant Program is to provide assistance to local, state and tribal governments, and certain types of private nonprofit organizations so that communities can quickly respond to and recover from major disasters or emergencies declared by the president. Through the PA Grant Program, FEMA provides supplemental federal disaster grant assistance for debris removal, emergency protective measures and the repair, replacement, or restoration of disaster-damaged, publicly owned facilities and the facilities of certain private nonprofit organizations. The PA Grant Program also encourages protection of these damaged facilities from future events by providing assistance for hazard mitigation measures during the recovery process. The federal share of assistance is not less than 75 percent of the eligible cost for emergency measures and permanent restoration.

#### FIRE MANAGEMENT ASSISTANCE GRANT PROGRAM (FMAGP)

Fire Management Assistance is available to states, local and tribal governments for the mitigation, management and control of fires on publicly or privately owned forests or grasslands, which threaten such destruction as would constitute a major disaster. The Fire Management Assistance Grant Program (FMAGP) provides a 75 percent federal cost share and the state pays the remaining 25 percent for actual costs.

#### **DISASTER RELIEF FUND**

The Disaster Relief Fund (DRF) is an appropriation against which FEMA can direct, coordinate, manage and fund eligible response and recovery efforts associated with domestic major disasters and emergencies that overwhelm state resources pursuant to the Robert T. Stafford Disaster Relief and Emergency Assistance Act. Through the DRF, FEMA can fund authorized federal disaster support activities, as well as eligible state, territorial, local and tribal actions, such as providing emergency protection and debris removal. The DRF also funds:

- The repair and restoration of qualifying disaster-damaged public infrastructure;
- Hazard mitigation initiatives;
- Financial assistance to eligible disaster survivors; and
- Fire Management Assistance Grants for qualifying large forest or grassland wildfires.

## HAZARD MITIGATION

There are three separate FEMA-funded Hazard Mitigation Assistance grant programs that are administered by the MSP/EMHSD.

#### > HAZARD MITIGATION GRANT PROGRAM (HMGP)

The HMGP assists in implementing long-term hazard mitigation measures following presidential disaster declarations. Funding is available to implement projects in accordance with state, local and tribal priorities.

#### > PRE-DISASTER MITIGATION (PDM)

The PDM program provides funds on an annual basis for hazard mitigation planning and the implementation of mitigation projects prior to a disaster. The goal of the PDM program is to reduce overall risk to the population and structures, while at the same time, also reducing reliance on federal funding from actual disaster declarations.

#### > FLOOD MITIGATION ASSISTANCE (FMA)

The FMA provides funds on an annual basis so measures can be taken to reduce or eliminate risk of flood damage to buildings insured under the National Flood Insurance Program (NFIP).

#### NATIONAL FLOOD INSURANCE PROGRAM (NFIP)

The NFIP is a federal program created by Congress to mitigate future flood losses nationwide through sound, community-enforced building and zoning ordinances and to provide access to affordable, federally funded flood insurance protection for property owners. The NFIP is designed to provide an insurance alternative to disaster assistance to meet the escalating costs of repairing damage to buildings and their contents caused by floods. Participation in the NFIP is based on an agreement between local communities and the federal government that states that if a community will adopt and enforce a floodplain management ordinance to reduce future flood risks to new construction in Special Flood Hazard Areas (SFHAs), the federal government will make flood insurance available within the community as a financial protection against flood losses.

# PRESIDENTIAL DECLARATIONS

IN MICHIGAN 1953- 2017\*

DATE	TYPE OF INCIDENT	AFFECTED AREA	
6/22/17-6/27/17	Flooding	4 counties: Bay, Gladwin, Isabella, and Midland	
8/11-13/14	Urban flooding	3 counties: Macomb, Oakland, and Wayne	
4/25/14	Contaminated water	City of Flint (Genesee Co.)	
4/16/13-5/14/13	Flooding	16 counties: Allegan, Baraga, Barry, Gogebic, Houghton, Ionia, Kent, Keweenaw, Marquette, Midland, Muskegon, Newaygo, Ontonagon, Osceola, Ottawa, and Saginaw	
7/14/ 08	Thunderstorms, Flooding	12 counties: Allegan, Barry, Eaton, Ingham, Lake, Manistee, Mason, Missaukee, Osceola, Ottawa, Saginaw, and Wexford	
9/07/05	Hurricane Evacuation	All 83 counties	
5/20/04-6/8/04	Thunderstorms, Flooding	23 counties: Barry, Berrien, Cass, Eaton, Genesee, Gladwin, Ingham, Ionia, Jackson, Kent, Livingston, Macomb, Mecosta, Muskegon, Oakland, Ottawa, Saginaw, Sanilac, Shiawassee, St. Clair, St. Joseph, Washtenaw, and Wayne	
8/14-17/03	Electric Power Failure	14 counties: Calhoun, Eaton, Genesee, Hillsdale, Ingham, Kalamazoo, Lapeer, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, and Wayne	
4/10/02-5/9/02	Flooding	6 counties: Baraga, Gogebic, Houghton, Iron, Marquette, and Ontonagon; plus the Keweenaw Bay Indian Community	
12/11-31/00	Blizzard, Snowstorm	39 counties: Allegan, Barry, Bay, Berrien, Branch, Calhoun, Cass, Clare, Clinton, Eaton, Genesee, Gladwin, Gratiot, Hillsdale, Huron, Ingham, Ionia, Isabella, Jackson, Kalamazoo, Kent, Lapeer, Livingston, Macomb, Mecosta, Midland, Montcalm, Muskegon, Oakland, Osceola, Ottawa, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, Van Buren, and Washtenaw	
9/10-11/00	Urban Flooding	2 counties: Oakland and Wayne	
5/2-10/99	Wildfire	2 counties: Marquette and Mackinac; (Grant Recipient: Michigan Dept. of Natural Resources)	
1/2-15/99	Blizzard, Snowstorm	31 counties: Alcona, Allegan, Arenac, Barry, Berrien, Cass, Crawford, Ionia, Iosco, Jackson, Kalamazoo, Kent, Lenawee, Macomb, Marquette, Mecosta, Monroe, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, St. Joseph, Van Buren, Washtenaw, and Wayne	
7/21/98	Thunderstorms, Severe Winds	2 counties: Macomb and Wayne	
5/31/98	Thunderstorms, Severe Winds	13 counties: Bay, Clinton, Gratiot, Ionia, Kent, Mason, Montcalm, Muskegon, Newaygo, Oceana, Ottawa, Saginaw, and Shiawassee	
7/2/97	Tornadoes, Flooding	5 counties: Genesee, Macomb, Oakland, Saginaw, and Wayne	
6/21-7/1/96	Rainstorms, Flooding, Tornado	7 counties: Bay, Lapeer, Midland, Saginaw, Sanilac, St. Clair, and Tuscola	
12/93-5/94	Underground Freeze	10 counties: Charlevoix, Cheboygan, Chippewa, Delta, Gogebic, Houghton, Mackinac, Marquette, Ontonagon, and Schoolcraft	
9/10-19/86	Flooding	30 counties: Allegan, Arenac, Bay, Clare, Clinton, Genesee, Gladwin, Gratiot, Huron, Ionia, Isabella, Kent, Lake, Lapeer, Macomb, Manistee, Mason, Mecosta, Midland, Montcalm, Muskegon, Newayso, Oceana, Osceola, Ottawa, Saginaw, Sanilac, Shiawassee, Tuscola, and Van Buren	



5/21/53

Tornado



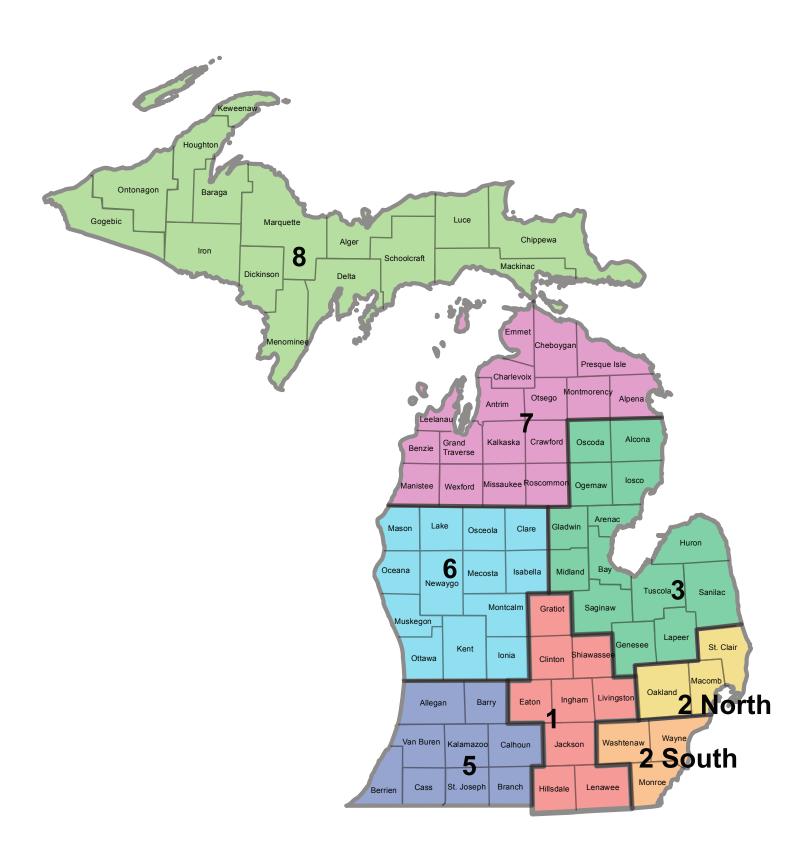




DATE	TYPE OF INCIDENT	AFFECTED AREA
9/5-6/85	Flooding	6 counties: Alcona, Genesee, Iosco, Lapeer, Saginaw and Shiawassee
3/12-20/82	Flooding	2 counties: Berrien and Monroe
7/15-20/80	Severe Winds	10 counties: Allegan, Berrien, Calhoun, Cass, Jackson, Ottawa, St. Joseph, Van Buren, Washtenaw, and Wayne
5/13/80	Tornado	2 counties: Kalamazoo and Van Buren
1/26-27/78	Blizzard, Snowstorm	Statewide
3/2/77	Drought	44 counties: Alcona, Alger, Alpena, Antrim, Arenac, Baraga, Benzie, Charlevoix, Cheboygan, Chippewa, Clare, Crawford, Delta, Dickinson, Emmet, Gladwin, Gogebic, Grand Traverse, Houghton, Iosco, Iron, Isabella, Kalkaska, Lake, Leelanau, Luce, Mackinac, Manistee, Marquette, Mason, Mecosta, Menominee, Missaukee, Montmorency, Oceana, Ogemaw, Ontonagon, Osceola, Oscoda, Otsego, Presque Isle, Roscommon, Schoolcraft, and Wexford
1/26-31/77	Blizzard, Snowstorm	15 counties: Allegan, Barry, Berrien, Cass, Chippewa, Hillsdale, Kalamazoo, Kent, Monroe, Muskegon, Newaygo, Oceana, Ottawa, St. Joseph, and Van Buren
3/20/76, 3/2-7/76	Ice Storm, Tornadoes	29 counties: Allegan, Bay, Clare, Clinton, Genesee, Gladwin, Gratiot, Ionia, Isabella, Jackson, Kent, Lapeer, Macomb, Mecosta, Midland, Montcalm, Muskegon, Newaygo, Oakland, Oceana, Osceola, Ottawa, Roscommon, Saginaw, St. Clair, Sanilac, Shiawassee, Tuscola, and Wayne
8/20/75-9/6/75	Rainstorms, Severe Winds, Flooding	16 counties: Allegan, Clare, Genesee, Gratiot, Ingham, Isabella, Mecosta, Midland, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa, Saginaw, and Shiawassee
4/18-30/75	Flooding, Rain, Tornadoes	21 counties: Allegan, Barry, Berrien, Calhoun, Clinton, Crawford, Eaton, Genesee, Ingham, Ionia, Kalamazoo, Kent, Lapeer, Livingston, Macomb, Oakland, Ottawa, Saginaw, St. Clair, Shiawassee, and Van Buren
4/3/74	Tornado	1 county: Hillsdale
4/12/73	Severe Storms, Flooding	14 counties: Arenac, Bay, Berrien, Huron, Iosco, Macomb, Menominee, Monroe, Saginaw, Sanilac, St. Clair, Tuscola, Van Buren, and Wayne
12/1/72	Severe Storms, Flooding	9 counties: Arenac, Bay, Berrien, Iosco, Macomb, Monroe, St. Clair, Tuscola, and Wayne
4/5/72	Snowstorm, Freezing Rain	9 counties: Allegan, Barry, Calhoun, Clinton, Eaton, Ingham, Ionia, Jackson, and Kalamazoo
4/11/65	Tornadoes, Severe Storms	16 counties: Allegan, Barry, Bay, Branch, Clinton, Eaton, Gratiot, Hillsdale, Kalamazoo, Kent, Lenawee, Monroe, Montcalm, Ottawa, Shiawassee, and Washtenaw
4/3/56	Tornado	4 counties: Benzie, Leelanau, Manistee, and Ottawa
6/8/53	Tornado	3 counties: Genesee, Iosco, and Monroe

1 county: St. Clair

## **DISTRICT MAP**





## MID-MICHIGAN DISTRICT BOARD OF HEALTH ACTION ITEMS

**MAY 2019** 

- The Board of Health (BOH) approved the FY 19/20 Proposed Draft Budget and Narrative.
- The BOH accepted the agency's Form 990 and placed it on file.
- The BOH approved the FY 19/20 Proposed Agency Fees.
- The BOH adopted the following Monthly Healthy Living Recommendation for June 2019:
  - 1. Recognize the effects of injection drug use on the transmission of infectious diseases.
  - 2. Learn the science behind the efficacy of syringe service programs, as well as the cost-effectiveness and other benefits.
  - 3. Understand the unique risks faced by rural Northern Michigan, due to high rates of opioid addiction, lack of access to sterile injection supplies, and lack of access to drug treatment and medical care.

## STAFFING CHANGES JUNE - 2019

#### AS

STATUS	POSITION	BRANCH OFFICE
	No changes	

#### **CHED**

STATUS	POSITION	BRANCH OFFICE
LAYOFF	Mary Wallen, PT (0.7 FTE) Hearing/Vision Technician, Clinton	Clinton
	Branch Office effective June 3, 2019 through August 16, 2019	
LAYOFF	Jeannette Sternhagen, PT (0.7 FTE) Hearing/Vision Technician, Gratiot	Gratiot
	Branch Office effective June 3, 2019 through August 16, 2019	
LAYOFF	Stacey Peterman, PT (0.7 FTE) Hearing/Vision Technician, Montcalm	Montcalm
	Branch Office effective June 3, 2019 through August 16, 2019	
SEPARATION OF	Erin Morgan, FT Community Health Worker, Montcalm Branch Office	Montcalm
EMPLOYMENT	effective June 7, 2019	
TRANSFER	Stephanie Huested, FT Community Health Worker, Gratiot Branch	Montcalm
	Office to Montcalm Branch Office effective June 17, 2019	
NEW HIRE	Grant Reeves, FT Community Health Worker, Gratiot Branch Office	Gratiot
	effective June 24, 2019	
VACANCY	FT P.H. Representative I/II, Gratiot Branch Office, effective	Gratiot
	July 21, 2019	

#### **EH**

STATUS	POSITION	BRANCH
		OFFICE
		OFFICE
	No changes	