



GRAND TRAVERSE COUNTY HEALTH DEPARTMENT

2018 ACCREDITATION: CYCLE 7

PLAN OF ORGANIZATION



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I. LEGAL RESPONSIBILITIES AND AUTHORITY

A. State and Local Statutory Authority

State Statutory Authority

The Public Health Code Act 368 of 1975 provides the legal foundation for the state and local health department to exercise its powers and duties within the state and local jurisdiction.

Powers and Duties

Under the Public Health Code Act 368 of 1978, 333.2433 sec. 2433 Local health department; powers and duties generally. (1) A local Health department shall continually and diligently endeavor to prevent disease, prolong life, and promote the public health through organized programs including prevention and control of environmental health hazards; prevention and control of diseases; prevention and control of health problems of particularly vulnerable population groups; development of healthcare facilities and health services delivery systems; and regulation of health care facilities and health services delivery systems to the extent provided by law.

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

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

In order to carry out specific emergency orders and/or other powers and duties, the Grand Traverse County Health Department (GTCHD) has access to legal counsel through the Grand Traverse County Prosecutor's Office, both the 13th Circuit Court and the 86th District Court for issuance of warrants or other legal documents and the support of state and local law enforcement. The Prosecuting Attorney, as the chief civil counsel for the county, assists public health and its officials in exercising legal authority in response to health threats and other public health matters. The Health Department has well established partnerships with the Grand Traverse County Prosecutor's Office, Sheriff's Office, the Courts and Emergency Management, which is a Division of GTCHD, all under the general jurisdiction of the Grand Traverse County Board of Commissioners and county Administrator.

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Programs and Services

Part 2235 of the Public Health Code gives broad authority to MDHHS to assign primary responsibility for the delivery of services to Local Health Departments (LHDs) who meet the requirements set forth in Part 24 of the Public Health Code: see MCL 333.2235 et seq. A local health department that meets the requirements of part 24 shall act as the primary organization responsible for the organization, coordination, and delivery of services and programs established by the department or required under the code, in the area served by the local health department. See: MCL 333.2235.

The GTCHD provides programs and services under the Comprehensive Planning, Budgeting and Contracting Agreement from MDHHS and complies with all program requirements provided in the state and federal mandates.

Services	Rule or Statutory Citation	Required =	Basic +	Mandated +	ELPHS	Allowable
		1	1A	1B	1C	2
Immunizations	P.A. 252 of 2014 – Sec.218 and 904; MCL 333.9203, R325.176	X	X	X	X	
Infectious, Communicable Disease Control	MCL 333.2433; Parts 51 and 52; P.A. 252 of 2014– Sec. 218 and 904; R325.171 et seq.	X	X	X	X	
Sexually Transmitted Disease Control	P.A. 252 of 2014 – Sec. 218 and 904; R325.177	X	X	X	X	
Tuberculosis Control	P.A. 252 of 2014 – Sec. 218	X	X	X		
Emergency Management – Community Health Annex	P.A. 252 of 2014 – Sec. 218 MCL 30.410	X	X	X		
Prenatal Care	P.A. 252 of 2014 – Sec. 218	X	X	X		
Family planning services for indigent women	MCL 333.9131; R325.151 et seq.	X		X		

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Services	Rule or Statutory Citation	Required =	Basic +	Mandated +	ELPHS	Allowable
		1	1A	1B	1C	2
Health Education	MCL 333.2433	X		X		
Nutrition Services	MCL 333.2433	X		X		
HIV/AIDS Services; reporting, counseling & partner notification	MCL 333.5114a; MCL 333.5923; MCL 333.5114	X		X		
Care of individuals with serious Communicable disease or infection	MCL 333.5117; Part 53; R325.177	X		X		
Hearing & Vision Screening	MCL 333.9301; P.A. 252 of 2014 – Sec. 904; R325.3271 et seq.; R325.13091 et seq.	X		X	X	
Public Swimming Pool Inspections	MCL 333.12524; R325.2111 et seq.	X		X		
Campground Inspection	MCL 333.12510; R325.1551et seq.	X		X		
Public/Private Water Supply	MCL 333.1270 to MCL 333.12715, R325: 1601 et seq.; MCL 325.1001 - 1023; R325.10101 et seq.	X			X	

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In addition to the traditional public health programs and services listed above, GTCHD has several other programs and divisions under its authority:

1. Soil Erosion
2. Animal Control (Grand Traverse County)
3. Emergency Management (Grand Traverse County)
4. Medical Examiner's Office (Leelanau and Grand Traverse Counties via an Intergovernmental Agreement and contract with Western Michigan University Homer Stryker M.D. School of Medicine)

Services	Rule or Statutory Citation	Required =	Basic +	Mandated +	ELPHS	Allowable
		1	1A	1B	1C	2
Soil Erosion and Sediment Control	Act 451 of 1994, Part 91, Soil Erosion and Sedimentation Control					x
Animal Control	MCL 287.261- MCL 287.290					X
Emergency Management	MCL 30.401-421; (EM Act 390 of 1976)					X
Medical Examiner	Public Act 181 of 1953 - MCL 52.202					X

State Laws Applicable to Local Public Health

Public Health Code (PA 368 of 1978)

MCL § 333.1105 – Definition of Local Public Health Department

MCL § 333.1111 – Protection of the health, safety, and welfare

Part 22 (MCL §§ 333.2201 et seq.) – State Department

Part 23 (MCL §§ 333.2301 et seq.) – Basic Health Services

Part 24 (MCL §§ 333.2401 et seq.) – Local Health Departments

Part 51 (MCL §§ 333.5101 et seq.) – Prevention and Control of Diseases and Disabilities

Part 52 (MCL §§ 333.5201 et seq.) – Hazardous Communicable Diseases

Part 53 (MCL §§ 333.5301 et seq.) – Expense of Care

MCL § 333.5923 – HIV Testing and Counseling Costs

MCL § 333.9131 – Family Planning

Part 92 (MCL §§ 333.9201 et seq.) – Immunization

Part 93 (MCL §§ 333.9301 et seq.) – Hearing and Vision

MCL § 333.11101 – Prohibited Donation or Sale of Blood Products

MCL § 333.12425 – Agricultural Labor Camps

Part 125 (MCL §§ 333.12501 et seq.) – Campgrounds, etc.

Part 127 (MCL §§ 333.12701 et seq.) – Water Supply and Sewer Systems

Part 138 (MCL §§ 333.13801 et seq.) – Medical Waste

(Required to investigate if complaint made and transmit report to MDHHS – 13823 and 13825)

MCL § 333.17015 – Informed Consent

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Appropriations (Current: PA 252 of 2014)

Sec. 218 – Basic Services

Sec. 904 - ELPHS

Michigan Attorney General Opinions

OAG, 1987-1988, No 6415 – Legislative authority to determine appropriations for local health services

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OAG, 1987-1988, No 6501 – Reimbursement of local department for required and allowable services

Food Law of 2000 (PA 92 of 2000)

MCL §§ 289.1101 et seq.; Specifically:

MCL § 289.1109 – Definition of local health department

MCL § 289.3105 – Enforcement, Delegation to local health department

Natural Resources and Environmental Protection Act (PA 451 of 1994)

Part 31- Water Resources Protection

Specifically: MCL §§ 324.3103 Powers and Duties and 324.3106- (Establishment of pollution standards)

Part 22 - Groundwater Quality rules (on-site wastewater treatment)

Part 117 - Septage Waste Services

Specifically: MCL §§ 324.11701 - 324.11720

Land Division Act (PA 288 of 1967)

MCL § 560.105(g) - Preliminary Plat Approvals

MCL § 560.109a - Parcels less than 1 acre

MCL § 560.118 - Health Department Approval

Condominium Act (PA 59 of 1978)

MCL § 559.171a - Approval of Condominiums not served by public sewer and water

Safe Drinking Water Act (PA 399 of 1976)

MCL § 325.1016 - Public Water Supplies

Agreements with Local health departments to administer

Local Statutory Authority

GTCHD is a county health department established by the Grand Traverse County Board of Commissioners pursuant to Section 2413 of the Michigan Public Health Code, MCL 333.2413. Additional local statutory authority includes:

Environmental Health Regulations for GTCHD Authority, Jurisdiction, Purpose, and General Definition

Establishes rules, regulations, and ordinance for the protection of public health, safety and welfare, to prevent the spread of disease, to prevent sources of contamination of property, public health and the environment and to otherwise properly safeguard the public health of Grand Traverse County residents.

Effective January 1, 1964 – Amended January 1, 1972, Amended December 31, 1989, Amended May 25, 1994

Grand Traverse County Animal Control Ordinance

County ordinance to establish Animal Control's powers and duties, define regulations for licensing, vaccination, responsibilities of dog owner(s), kennel inspection and licensing, and provide penalties for violation of this ordinance.

Approved by Grand Traverse County Board of Commissioners September 29, 2004, Rescinded in their entirety previous ordinance(s) #1 dated January 1, 1961 and #4 August 1, 1972, or any amendments thereto. [Animal Control Ordinance](#)

Grand Traverse County Soil Erosion and Sedimentation Control Ordinance

County ordinance to provide for soil erosion and sedimentation control; definitions; application requirements; soil erosion and sedimentation control permits; soil erosion and sedimentation control plans; inspections; building and other permits; penalties; enforcement; construction; severability; and repeal.

Approved by Grand Traverse County Board of Commissioners April 4, 2018. Rescinded in their entirety previous ordinance #25 dated September 24, 2003 and any amendments thereto. [Soil Erosion and Sedimentation Control Ordinance](#)

Medical Examiner Statutes

Act 181 of 1953 <http://legislature.mi.gov/doc.aspx?mcl-Act-181-of-1953>

An act relative to investigations in certain instances of the causes of death within this state due to violence, negligence or other act or omission of a criminal nature or to protect public health; to provide for the taking of statements from injured persons under certain circumstances; to abolish the office of coroner and to create the office of county medical examiner in certain counties; to prescribe the powers and duties of county medical examiners; to prescribe penalties for violations of the provisions of this act; and to prescribe a referendum thereon.

B. Governing Entity Relationship

GTCHD is a department of Grand Traverse County Government, pursuant to the authority set forth in Section 2413 of the Michigan Public Health Code, MCL 333.2413. GTCHD reports to the Grand Traverse County Board of Commissioners through bi-monthly full board meetings. The Health Officer is appointed by the Grand Traverse County Board of Commissioners, but reports to the County Administrator on a day-to-day basis. The Health Officer addresses the Board of Commissioners for specific approval of ordinances, budgets and major purchases, regulatory issues, policies, contracts, and other similar matters. The Grand Traverse County Board of Commissioners' authority to establish such procedures is set forth at MCL 46.11 et seq.

The Health Officer provides a monthly report of activities to the Board of Commissioners via the County Administrator's report. GTCHD has a fund in the County budget and is appropriated annually (January 1 – December 31) by the County Board of Commissioners. The Commission also approves the staffing plan of the Grand Traverse

County Health Department. The County exacts an Indirect Cost to the Grand Traverse County Health Department for support services such as information technology, accounting, human resource (personnel), building maintenance, county administrative and finance support *et cetera*. The buildings that the Grand Traverse County Health Department uses are owned by the County and rented back to the Health Department.

C. Employee Civil Liability Defense & Indemnification

Defense and indemnity coverage for civil liability of the employees of the GTCHD while working within the scope of their county duties is provided through Michigan Municipal Risk Management Authority Liability (MMRMA), a public entity self-insurance pool that provides liability and property coverage to municipal governmental entities and is authorized pursuant to Michigan Compiled Laws 124.1 et. seq.

A current copy of the Certificate of Liability Insurance from the MMRMA and Motor Vehicle Physical Damage Coverage Document is included as (Attachment 1). The complete Grand Traverse County liability coverage document will be available for auditors at the site visit. If MDHHS auditors have specific questions, they can contact Marissa Milliron, GTCHD Director of Finance and Administrative services, at 231-995-6102.

D. Food Service Sanitation Program

All Food Service Sanitation Program responsibilities in Grand Traverse County are carried out by GTCHD Environmental Health Division staff through its Food Sanitation Program which inspects and licenses public food preparation locations such as restaurants and temporary food service locations. This program also investigates complaints and suspected foodborne illnesses.

E. Blood Borne Pathogen Exposure and Chemical Hygiene Plans

Safety training for all Health Department employees is a top priority. All essential safety plans are updated annually and reviewed at a mandatory staff "Safety Day" meeting. Key health department staff are also integral to Grand Traverse County's blood borne pathogen plan.

The 2018 Health Department Blood Borne Pathogens Exposure Plan is include as Attachment 2 and the Chemical Hygiene Plan is included as Attachment 3.

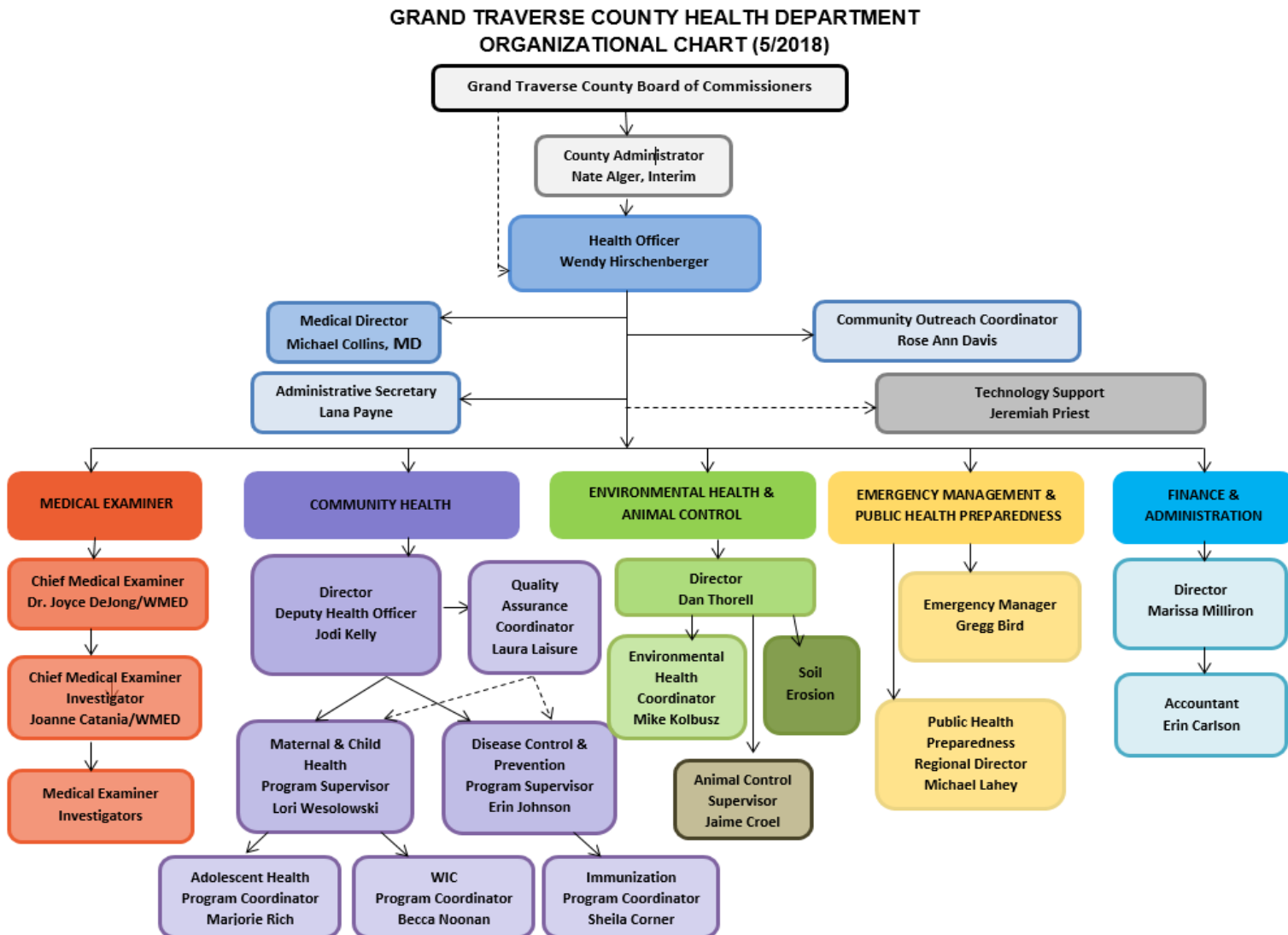
II. LOCAL HEALTH DEPARTMENT ORGANIZATION

A. GTCHD Organizational Chart

GTCHD is organized into five divisions:

1. Medical Examiner (Leelanau and Grand Traverse Counties).
2. Community Health
3. Environmental Health, Soil Erosion and Animal Control
4. Emergency Management and Public Health Preparedness
5. Administration and Finance

Each division is overseen by a Division Director who reports to the Health Officer. The GTCHD organizational chart below includes official position, lines of authority and displays the names of key staff positions.



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The table below lists the programs within each Health Department division.

Grand Traverse County Health Department Departments/Programs				
Medical Examiner Division	Community Health Division	Environmental Health & Animal Control Division	Emergency Management & Preparedness Division	Administration & Finance Division
Quality - (Quality Assurance, Quality Improvement, HIPAA Compliance, Risk Management, and Clinical Informatics)				
Medical Examiner Death Investigations	WIC (Women, Infants & Children)	Food Service- Restaurant Inspections & Licensing	Emergency Preparedness Planning	Administration
Child Death Review	Fluoride Varnish	Temporary Food Permitting	Regional Public Health Preparedness Team	Finance/Billing/Accounting
Vulnerable Adults	Project Fresh and Hoophouses for Health	Private Water- Well Permits On-Site Sewage/ Septic Permits	Emergency Management Local Emergency Planning Committee	Public Information & Health Education
	Breastfeeding Peer Counseling			Northern Michigan Public Health Alliance
	Maternal Infant Health Program	Public Water Supply	Local Planning Team	Regional Epidemiologist
	Healthy Futures	Beach Monitoring		Dental Clinics North
	Children's Special Healthcare Services	Pool Inspections		Information Technology
	Blood Lead Case Management	Campground Inspections		Public Health Planning & Outreach
	Kindergarten Round Up Assessments	Body Art Licensing		North Michigan Community Health Innovation Region
	Head Start Screenings and Physicals	Site Surveys, Subdivision Plan Reviews		Substance Use Surveillance
	Child Death Review	Soil Erosion & Sediment Control		
	Adolescent Health Clinics	Animal Control		
	Vision & Hearing Screenings	Animal Shelter- Cherryland Humane Society		
	Reproductive Health			
	Immunizations			
	Communicable Disease Surveillance & Control			
	STD & HIV Program			
	Court Ordered Testing			
	Medicaid Outreach			

B. Board Approval of Plan of Organization

GTCHD's Plan of Organization approval took place at the June 6th, 2018 Grand Traverse County Board of Commissioners meeting with immediate effect.

- Meeting agenda's and minutes and resolution of approval are available for review at: <https://www.grandtraverse.org/agendacenter>
- Signed LHD Plan of Organization Approval Form is included as Attachment 4.

C. Annual Operating Budget and Staffing Levels

The Fiscal Year 2018 General Appropriations Act (budget) for County operations was approved by the Grand Traverse County Board of Commissioners on November 15, 2017 and was presented in conformance with Public Act 2 of 1968 and Public Act 621 of 1978, known as the “Uniform Budgeting and Accounting Act”.

Please see resolution #131-2017 for details of approval.

http://www.grandtraverse.org/AgendaCenter/ViewFile/Agenda/_11152017-1178?packet=true

Under Section 16 of the General Appropriations Act:

- The legislative body of each local unit must pass a general appropriations act (budget) for the general fund and each special revenue fund.
- The general appropriations act must:
 - State the total mills to be levied (truth in budgeting act);
 - Include amount appropriated for expenditure and to meet liabilities for ensuring fiscal year in each fund;
 - Include estimated revenues by source in each fund for the ensuing fiscal year; and
 - Be consistent with the Uniform Chart of Accounts issued by the State Treasurer

The budget is organized by fund type and contains a summary of revenues by type (grants, taxes, county appropriations, fees etc.) and expenditures by type (personnel services, commodities, contractual services, other) The GTCHD Health Fund is listed as 222 and program specific budgets are listed from 100-726.

- GTCHD’s operating budget for fiscal year 2018 (January 1 - December 31, 2018) included total revenue and expenditures of \$6,618,181
- Staffing funded for Public Health Services in 2018 equals 60.40 FTEs
- To view the 2018 Grand Traverse County Budget
 - 2018 Budgeted Revenue: www.grandtraverse.org/ArchiveCenter/ViewFile/Item/1223
 - 2018 Budgeted Expenditures: www.grandtraverse.org/ArchiveCenter/ViewFile/Item/1222
- The 2018 Health Fund Revenue and Expenditure Summary tables are shown on the following page.

Grand Traverse County Health Department Plan of Organization 2018

FUND 222 - GRAND TRAVERSE COUNTY HEALTH FUND

REVENUE SOURCE	FY16 ACTUAL (AUDITED)	FY17 AMENDED BUDGET	YTD ACTIVITY AS OF 9/30/2017	FY2018 PRELIMINARY REQUESTED	CHANGE TO FY18 REQUESTED BUDGET	FY18 RECOMMENDED BUDGET	INCREASE/ (DECREASE) FROM FY17 BUDGET	% INCREASE/ (DECREASE) FROM FY17 BUDGET
Taxes	-	262,476	-	259,847	9,488	269,335	6,859	3%
Licenses and Permits	381,480	422,100	376,800	584,750	39,213	623,963	201,863	48%
Federal Grants	1,277,874	1,346,174	903,547	1,287,789	(1,187)	1,286,602	(59,572)	-4%
State Grants	2,247,841	1,993,978	1,553,837	2,078,224	70	2,078,294	84,316	4%
Local Unit Contributions	482,985	498,750	369,091	500,345	-	500,345	1,595	0%
Charges for Services	374,133	389,350	228,718	428,359	141	428,500	39,150	10%
Fines and Forfeitures	-	-	-	-	-	-	-	0%
Interest and Rents	1,328	-	-	1,300	-	1,300	1,300	0%
Other Revenues	19,928	27,015	21,145	29,172	-	29,172	2,157	8%
Transfers In	1,064,000	1,269,000	951,750	1,369,000	(40,000)	1,329,000	60,000	5%
Use of Surplus	-	361,350	-	79,063	(7,393)	71,670	(289,680)	-80%
TOTAL REVENUES	5,849,568	6,570,193	4,404,888	6,617,849	332	6,618,181	47,988	1%

DEPARTMENT

100 Health - Administration	-	-	-	-	-	-	-	0%
105 Core Services	3,000	3,000	3,286	5,500	(2,541)	2,959	(41)	-1%
200 Food Service Program	322,450	336,044	233,527	343,329	(4,604)	338,725	2,681	1%
205 Public Water/Type II	61,186	56,922	61,083	89,797	(253)	89,544	32,622	57%
206 Private Water	108,912	127,918	87,452	127,395	(819)	126,576	(1,342)	-1%
207 Onsite Sewage	321,892	319,005	233,436	337,285	5,530	342,815	23,810	7%
210 Shelter	87,239	71,095	57,775	46,100	(185)	45,915	(25,180)	-35%
211 Environmental Health Admin	-	-	-	-	-	-	-	0%
276 Soil Erosion	-	-	-	256,900	(1,125)	255,775	255,775	0%
408 Healthy Futures	75,479	88,402	60,287	100,623	(486)	100,137	11,735	13%
409 Cardiac Clinic	6,646	5,250	4,616	5,950	(10)	5,940	690	13%
410 Maternal & Child Health	29,545	11,458	17,213	12,370	(29)	12,341	883	8%
411 MCH Needs Assessment Grant	-	15,000	15,946	-	-	-	(15,000)	-100%
414 Tobacco Dependence Treatment Grant	-	6,750	2,982	-	-	-	(6,750)	-100%
416 Family Planning	341,627	365,793	238,732	416,783	(1,690)	415,093	49,300	13%
417 Womancare	9,865	11,100	8,761	23,950	(25)	23,925	12,825	116%
420 Lead Program	-	45,000	3,043	6,100	(14)	6,086	(38,914)	-86%
421 Dental Outreach	5,498	4,400	3,331	3,560	-	3,560	(840)	-19%
422 Dental Fluoride Varnish	743	5,000	705	7,800	(76)	7,724	2,724	54%
423 Maternal Infant Health Program	659,964	714,582	557,048	876,551	22,097	898,648	184,066	26%

	FY16 ACTUAL (AUDITED)	FY17 AMENDED BUDGET	YTD ACTIVITY AS OF 9/30/2017	FY2018 PRELIMINARY REQUESTED	CHANGE TO FY18 REQUESTED BUDGET	FY18 RECOMMENDED BUDGET	INCREASE/ (DECREASE) FROM FY17 BUDGET	% INCREASE/ (DECREASE) FROM FY17 BUDGET
424 Youth Health & Wellness Center	367,472	385,859	235,254	333,320	(1,963)	331,357	(54,502)	-14%
425 Women, Infant & Children	423,047	442,778	301,165	424,330	(964)	423,366	(19,412)	-4%
427 K-Town Youth Care Clinic	398,656	402,299	259,879	338,700	(345)	338,355	(63,944)	-16%
428 WIC Breastfeeding Peer Counseling	51,235	55,570	36,121	58,575	31	58,606	3,036	5%
Fund 222 - Grand Traverse County Health Fund (Continued from prior page)								
429 Emergency Preparedness Planning	193,613	218,842	187,116	207,293	(2,097)	205,196	(13,646)	-6%
433 Regional EPI Support	8,658	8,342	7,893	7,590	(9)	7,581	(761)	-9%
434 Ebola Outbreak Preparedness	316	6,563	6,565	-	-	-	(6,563)	-100%
435 Emergency Management	171,053	173,563	130,968	186,608	(1,864)	184,744	11,181	6%
436 Health Innovation Grant	34,380	-	-	-	-	-	-	0%
453 Vision	96,187	92,681	66,294	83,376	(270)	83,106	(9,575)	-10%
454 Hearing	71,992	92,921	51,668	83,377	(270)	83,107	(9,814)	-11%
455 CSHCS O/R & Advocacy	238,540	231,216	142,792	228,260	(395)	227,865	(3,351)	-1%
480 Medicaid Outreach Activities	627,493	622,944	431,351	642,017	(3,850)	638,167	15,223	2%
602 Immunization Work Group Grant	2,403	7,287	4,848	-	-	-	(7,287)	-100%
615 Accreditation	-	-	-	-	-	-	-	0%
616 Quality Assurance	-	-	-	-	-	-	-	0%
617 EHR Implementation	34,661	34,000	9,938	24,400	(44)	24,356	(9,644)	-28%
647 Medical Examiner-Innovation Grant	-	84,443	43,928	-	-	-	(84,443)	-100%
648 Medical Examiner	471,002	455,629	323,841	446,920	(5)	446,915	(8,714)	-2%
704 Hepatitis B Grant	1,512	10,912	12,713	-	-	-	(10,912)	-100%
706 Immunizations	626,483	588,669	438,573	653,792	(1,960)	651,832	63,163	11%
707 Contagious Diseases	175,222	157,021	116,956	175,315	(1,048)	174,267	17,246	11%
708 Sexually Transmitted Disease	80,701	113,685	41,323	63,983	(385)	63,598	(50,087)	-44%
726 PHS Administrator/Supervisor	-	-	74	-	-	-	-	0%
894 Pension Stabilization Approp.	-	205,000	205,000	-	-	-	(205,000)	-100%
TOTAL APPROPRIATIONS	6,108,674	6,576,943	4,643,483	6,617,849	332	6,618,181	41,238	1%

PROJECTED SURPLUS (DEFICIT)	(259,107)	(6,750)	(238,595)	-	-
Beginning Fund Balance	2,242,600	1,983,493		1,615,393	1,615,393
Authorized Use of Surplus	-	(361,350)		(79,063)	(71,670)
Ending Fund Balance	1,983,493	1,615,393		1,536,330	1,543,723

D. Audit Findings, Responses and Corrective Actions

The financial statements of GTCHD were independently audited for the fiscal year 2016 and the report is dated June 28, 2017. Auditing was performed by Gabridge & Company, PLC. The independent auditor reported findings related to some County operations, but no findings or issues were noted for the Health Fund, therefore no evidence of corrective action was required for GTCHD. Documentation of the GTCHD portion of the audit is in (Attachment 5).

A complete copy of the Grand Traverse County Audit can be found at <http://www.co.grand-traverse.mi.us/Archive.aspx?AMID=45>

A Michigan Department of Health and Human Services audit of the Grand Traverse County Health Department Women, Infant and Children (WIC) and Family Planning Programs was conducted for the period of October, 2013 through September 30, 2014. The final report was issued October 13, 2015 and contained the following: description of the agency; funding methodology; purpose; objectives; scope and methodology; conclusions, finding and recommendations; Statements of Grant Program Revenues and Expenditures; and Corrective Action Plans. The complete audit report, including findings and recommendations and Corrective Action Plans are also included in (Attachment 5).

E. Information Technology Capacity

GTCHD distributes public health information to key stakeholders, staff and the public utilizing many forms of media (print and electronic methods). GTCHD distributes critical health alert information through a mass fax protocol and the internet via the State of Michigan's Health Alert Network. Other public health information is distributed by email, website postings (www.gtchd.org), social networking (Facebook, Twitter and YouTube), fax, telephone, postal mail, news releases, Health Alerts and Munson Health Center's weekly medical provider e-newsletter. This multi-distribution approach enables GTCHD to distribute critical and non-critical information in regards to public health. Public health information distribution is designed to communicate important information internally and externally to protect and preserve the health of communities.

All staff has personal computers which have internet capabilities in order to access program specific software, Google Apps, Microsoft Office application suite and other resources. Staff who work in the field on a daily basis have laptops, cell phones or smartphones for access, as needed, throughout the day. GTCHD uses a web based email system (Google) to quickly communicate with staff and other community partners. All administrative and management staff has access to electronic payroll via the AS400.

To maintain security of our secure network, the county utilizes Google Apps with SSL to provide encrypted web based email, spam filtering, and email antivirus filtering. Instant messaging/chat is not enabled in Google Apps. A Cisco Ironport appliance is used to filter and monitor Internet access and also blocks malicious web sites. BitDefender Endpoint Security is utilized on computers and servers for antivirus protection, malware protection and to protect file storage. Commvault software is utilized for server data backup. The county also utilizes Netch Corp. as our network support vendor to configure firewalls and intrusion prevention. The county Information Technology staff troubleshoots and manages network systems on a daily basis.

The following technology resources are available and utilized by GTCHD:

Community Health Division Technology

- Access to Language Line (translation services for 20 languages). Two bilingual staff members who speak Spanish and provide translation services for clients.
- Michigan Care Improvement Registry (MCIR)
- Michigan Disease Surveillance System (MDSS)
- ATT Access for the Deaf
- All staff has personal computers which have internet capabilities used to access several databases, including the Michigan Care Improvement Registry (MCIR), the Michigan Disease Surveillance System, CHAMPS, Powerchart Electronic Health Record, Mitchell and McCormick Electronic Health Record Software, MI-WIC Software, SWORD Solutions.
- The electronic medical records system (Mitchell and McCormick) allows staff to collect, access, store, and transfer client information between offices. This system is also capable of uploading data to external databases such as MCIR.
- Rapid Assessment for Adolescent Preventive Services (RAAPS) through Possibilities for Change for Adolescent Clinic staff to support them in addressing the risk behaviors impacting health, well-being, and academic success in youth.
- Broadcast FAX capabilities with pre-programmed key stakeholders is used by each division for “Public Health Alerts” which allows the department to blast fax to local physicians, veterinarians, infectious disease doctors, hospital emergency department, walk-in clinics, schools, media outlets, and other various agencies that benefit from public health information sharing.
- A voice-over internet protocol is used to send voice and data efficiently within the jurisdiction. Staff has voice mail to receive messages when they are out of their office, with the capability to retrieve messages from cell phones, landlines, or other health department offices.

Websites, Social Media and other Static Communication Technology

- GTCHD utilizes a website, www.gtchd.org that allows the general public to access educational materials, receive important notices and alerts, download application and registration forms and access information from other health resource websites.
- Facebook Page(s) and associated Twitter accounts:
 - GTCHD- www.facebook.com/GTHealthDept?ref=aymt_homepage_panel
 - Adolescent Clinic - <https://www.facebook.com/KtownClinic/>
 - Breastfeeding Support- <https://www.facebook.com/GTBreastfeeding/>
 - Emergency Management- www.facebook.com/GTCemergency?fref=ts
 - Water Safety Network- www.facebook.com/playitsafeinthewater?fref=ts
 - Animal Control- www.facebook.com/Grand-Traverse-County-Animal-Control-181433922429031
- Seasonal content for programs via TV displays in waiting rooms
- Grand Traverse County Health Department Annual Report
- News Releases to the Press
- Interviews with Television and Radio Stations
- Grand Traverse County Website – www.grandtraverse.org

Training and Staff Education Technology

- Webcasts using e.g. Adobe Connect, GotoWebinar, Mediasite, etc.
- Audio Visual Technology for communication and planning between the health department and other agencies
- Michigan Child Care Collaborative (MC3) MIHP monthly group case consultations with University of Michigan Behavioral Health Consultant via BlueJeans video conferencing system.
- Planning meetings, partner collaborative meetings, etc. Via Skype, GoToMeeting, and teleconferencing.
- Multiple downlinks for staff training; e.g. UM Injury Center, MDHHS-Maternal-Child-Health, Michigan Breastfeeding Network, MDHHS-Michigan Home Visiting Initiative/Infant Mortality, MSU Michigan Center for Rural Health, etc.
- Access to Emergency Preparedness broadcasts, etc.
- Courses.MIHEALTH.org: WIC Civil Rights, WIC Training modules, Infant Safe Sleep, What is Children's Special Health Care Services, Resilience, Smoke Free Baby and Me, etc.
- ProTrainings for CPR recertification
- MI-TRAIN access: FEMA ICS Training Modules
- CDC Public Health Grand Rounds, health alerts, special reports, and website
- OSHA-MIOSHA website

Emergency Management and Public Health Preparedness Technology

Emergency Management

- CodeRED emergency mass notification system to notify residents of the county about imminent threats to health and safety and other emergency situations. Notifications can be received in a variety of ways, including cell, home and work telephones, and by text messaging and/or email. The system can notify well defined areas, like neighborhoods or buildings if there is an immediate threat or the entire county for weather related emergencies etc.
- IPAWS (FEMA's Emergency Alert System)
- Web EOC (MICIMS)
- 800 MHZ Radios
- Cell Phones (with digital cameras, texting capabilities)
- Landline Telephones
- Motorola Talk-about
- ATT Access for the Deaf
- Local access to Channel 2 for emergency messages and public health information.

Public Health Preparedness

- Health alerts and issues are received from the Michigan Health Alert Network via email, telephones (landline and cell) or pagers. All key personnel are issued a cell phone and/or pager or given a stipend for cost reimbursement.
- Broadcast FAX capabilities with pre-programmed key stakeholders is used by each division for "Public Health Alerts" which allows the department to simultaneously fax to local physicians, veterinarians, infectious disease doctors, hospital emergency department, walk-in clinics, schools, media outlets, and other various agencies that benefit from public health information sharing.
- Michigan HAN system
- Epi X
- Shared 800 MHZ Radio Standard Operating Procedure among local health departments of Northern Michigan Preparedness
- Cell Phones (with digital cameras, texting capabilities)
- Landline Telephones
- Local access to Channel 2 for messages, emergency and public health information.
- CDC Public Health Grand Rounds, health alerts, special reports and website.
- Local access to Channel 2 for messages, emergency and public health information.

Medical Examiner Technology

- Cell phones
- Laptops
- MDI Log- Medicolegal Death Investigation software
- Telemedicine capabilities in morgue
- WhatsApp and TEAMS cell phone apps/communication platforms
- Digital Cameras

Environmental Health and Animal Control Technology

- Wellogic – An interactive well log submittal and retrieval site used by Environmental Health (EH) staff and the public.
- Watertrack – An internet based software program implemented by MDEQ that tracks monitoring of water sample history of non-community water (T-2) supplies. This allows local Environmental Health staff to enter T-2 facility records.
- Michigan Department of Environmental Quality (MDEQ) Scanned Water Well Record Retrieval System.
- Handheld Garmin GPS units for logging coordinates of soil test holes in the field for septic permits.
- Grand Traverse County GIS Program – An intranet based GIS program that allows EH Staff to view land parcel information, aerial photos, and soils data.
- Google Earth for viewing property through satellite imagery.
- Desktop or laptop computers for individual staff.
- Smart phones for individual staff
- Digital cameras for documentation of enforcement and educational purposes.
- Polycom microphone/speaker unit for teleconference enhancement.
- 55" flat screen TV with internet access for use in conference/training opportunities for professional meetings and training opportunities.
- A high-speed scanner for septic and well documents and other environmental information into OnBase (scanned document software) for future on-line record access by the public.
- Soils field staff is provided with coupled range finders to assist them in accurately documenting distance measurement on well and septic final inspections.
- Pipehorn pipe and cable locators for locating buried utilities when auguring and probing as part of well or septic permit field work. These locators were provided as a staff safety measure.
- A Spectra Precision Laser is available to field staff to verify proper grades in septic system installations.
- Schonstadt Magnetic locators used to locate property markers, septic tank lids, and buried steel well casings.
- Clinometers for measuring slope during soil erosion inspections.
- MDEQ Environmental Mapper, a web based interactive mapping program, is used to identify areas of historic and active contamination in order to assist with well isolation requirements.
- MDEQ GeoWebFace, a web based interactive mapping program, used to retrieve well log data and to identify oil and gas well locations.
- MDEQ Wetlands Mapper, a web based interactive mapping program, used to view surface water and wetlands.
- Food Establishment Inspections available on the Grand Traverse County Health Department website (www.gtchd.org) through SWORD Solutions.
- Sword Solutions - Environmental Health and Soil Erosion Program software.
- Animal Control Excel Spreadsheet
- Animal Control microchip reader for embedded microchips used to identify pets.

Emergency Operations Centers

The department has a fully equipped Public Health Emergency Operation Center with communication capacity including: teleconferencing, Skype video conferencing, web casting, web cam capacity, wireless and hard wired internet connections, copy machine, printer and fax capabilities.

The Grand Traverse County Emergency Operations Center (EOC) is housed in the lower level of the GTCHD and has the same capacity plus access to Weather via DirectTV, Radio Amateur Civil Emergency Service, multiple telephone lines and generator back-up for power to all technology in the EOC.

III. MISSION, VISION AND VALUES

A local health department shall continually and diligently endeavor to prevent disease, prolong life, and promote the public health through organized programs, including prevention and control of environmental health hazards, prevention and control of diseases; prevention and control of health problems of particularly vulnerable population groups; development of health care facilities and health services delivery systems; and regulation of health care facilities and health services delivery systems to the extent provided by law. - Michigan Public Health Code, Section 333.2433

A. Mission Statement

The Grand Traverse County Health Department is committed to providing professional, preventive health services. We are entrusted to provide a compassionate and efficient approach to a progressive, comprehensive, holistic health goal accessible to individuals, families and the community.

B. Vision Statement

The Grand Traverse County Health Department envisions a consummately healthy community in which to live, where health refers to "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (World Health Organization). We remain dedicated to the promotion of this vision and all its contributing elements.

The GTCHD mission, vision, and values are documented on the GTCHD website <http://www.gtchd.org/499/About-Us> and in the GTCHD annual reports:

- 2015 - <http://gtchd.org/DocumentCenter/View/6139/2015-Annual-Report>
- 2016 - <http://gtchd.org/DocumentCenter/View/8326/2016-Annual-Report>
- 2017- available at on-site review

C. Values

Core Grand Traverse County Values are:

- To Serve with Integrity
- To Be Innovative
- To Be Accountable
- To Engage the Team
- To Provide Service
- To Be Transparent

IV. LOCAL PLANNING AND COLLABORATION INITIATIVES

A. Local Health Department Specific Priorities

GTCHD priorities are set through a departmental wide strategic planning process. County strategic planning, regional public health strategic planning and our local Community Health Needs Assessment all are factored into the process. The charts below list the GTCHD priorities, which align with the Northern Michigan Public Health Alliance and GTCHD strategic directions.

Grand Traverse County Health Department Priorities	
Strategic Direction	Workforce Development-catalyze the creation of a sustainable, high quality public health workforce
Maximizing and Leveraging Resources	Complete succession planning for retirements of key staffing Implement a plan for cross-training employees to alternate assignments to cover absences and vacancies internally
Achieving a Positive Employment Experience	Develop a comprehensive workforce development plan Implement a consistent and comprehensive orientation plan- county and health department specific Introduce Professional Development Planning Maintain Safe Work Practices Education Improve Public Health Core Competency Training Implement Leadership Development Training Complete public health salary survey
Supporting and Expanding	All health department employees will participate in Public Health Emergency Preparedness Training and Exercises
Strategic Direction	Improved Health Outcomes for our Community in Alignment with Healthy People 2020 and Evidenced Based Strategies
Maximizing and Leveraging Resources	Continue monitoring and review of health department program metrics via monthly scorecard
Supporting and Expanding Communication & Outreach Program	Reduce Infant Mortality Improve Immunization Rates Improve Breastfeeding Rates Lead Poisoning Prevention and Expand Public Health Nursing Case Management of children with BLL greater than 5. Increase Access to Oral Health Services: Expand fluoride varnish application for children through WIC Reduce Maternal Smoking Rates: Regional Prenatal Smoking Workgroup Initiative, Preconception Health Grant Collaboration, All Community Health Program initiatives Improve Access to Care: SIM/CHIR projects, Birthing Hospital Outreach projects, Regional CQI projects, Public Health Nursing outreach Maintain and ensure safe drinking water sources, food sources, beaches and other environmental health sources
Committing to Positive Advocacy Efforts	Continue involvement in local, regional and state committees: Maternal and Child Health & Grant projects, Immunization Task Force, Perinatal Network, Child Death Review, Schools, Prenatal Smoking, Oral Health Coalition, Great Start Collaborative, Grand Traverse Collaborative, Community Health Needs Assessment workgroup, Substance Free Task Force, etc. Actively participate in local, regional, and state initiatives to capitalize on shared experience, expertise, and best practice for addressing community health needs and communicating need for sustaining core public health funding:
Strategic Direction	Integrated Processes and Maximizing Technology for Efficiency
Maximizing and Leveraging Resources	Efficient process improvement efforts throughout the health department Contract and grant agreement renewals and new contract and grant agreements Reconciliation of IT equipment employees actually have on annual basis Develop clinical and IT support staff electronic health expertise to support clinical programs and workflow
Achieving a Positive Employment Experience	Intranet reorganization and update with county wide policies and procedures; Departmental areas for department specific policies and procedures

**Grand Traverse County Health Department
Plan of Organization 2018**

Grand Traverse County Health Department Priorities	
Strategic Direction	Communication- Provide consistent intentional employee communication to be transparent, build trust and build confident working relationships
Achieving a Positive Employment Experience	Foster a collaborative work environment that builds cohesion, reinforces strategic goals, leverages strengths and cultivates a creative environment
	Provide monthly updates via Health Department electronic newsletter on big picture things, employee events etc. to boost employee morale
	Provide essential communication on program changes, staffing, policies, programs and other health department core operation items that affect all staff
	Program Specific Weekly Huddles
	Program Specific Monthly Staff Meetings/Ongoing Education
	Continue Quarterly All Staff Meetings with essential trainings, program updates and Monthly management team meetings Implement health department specific "welcome packets" along with county orientation and health department orientation. Consistent health department forms in one common area for employees to use
Committing to Positive Advocacy Efforts	Consistent health department policy organization and County policy organization
Strategic Direction	Financial and Quality Compliance Readiness- maintain department wide readiness for state surveys, program reviews and accreditation
Maximizing and Leveraging Resources	State Survey Readiness for the following 2017 Audits: Women's Infants & Children program, Maternal & Infant Health Program, Office of Inspector General Billing Audit, Medicaid Outreach Audit, Local Maternal and Child Health Block Grant Audit, Adolescent Health Clinic State Survey, Environmental Health Program Reviews etc. Maintain HIPAA Compliance and work with IT to improve HIPAA security
	Maintain OSHA Compliance
	2018 Accreditation Preparations and Explore possibility of national accreditation readiness
Supporting and Expanding Communication & Outreach Program	All Community Health Programs Record Review Monthly/Quarterly/Trending/Education
	All Community Health Programs Annual Policy and Procedure Review
Strategic Direction	Optimal Health Department Operations Support and Architecture
Maximizing and Leveraging Resources	Determine appropriate staffing for animal control based upon metrics and adjust as funding allows
	Receive sufficient support from core county services allowing health department to focus on public health mission. Critical need for more IT and HR support. Indirects
	Establish ability to scale staffing and operations as emerging opportunities present themselves
Achieving a Positive Employment Experience	Establish and maintain open and effective collaborative working relationships with key county departments; Smooth Health department operations depend on strength of service from brother/sister departments: Human Resources. Information Technology. Sheriff, Prosecutor's Office, Facilities
Strategic Direction	Leveraging Local and Regional Collaborations: Actively participate in local, regional, and state initiatives to capitalize on shared experience, expertise, and best practice for addressing community health needs;
Maximizing and Leveraging Resources	Develop, implement and sustain models of shared public health services that increase capacity, contain costs, maximize assets and more effectively impact health outcomes.
	Northern Michigan Public Health Alliance - better health, better care, lower cost
	Northern Michigan Community Health Innovation Region- embrace triple aim of better health, better care, lower cost
Supporting and Expanding Communication & Outreach Program	Emergency Management- conduct a county wide emergency management strategic plan for full integration and support of program
	Northern Michigan Public Health Emergency Preparedness- continuity of operations plan; public information plan; open and closed points of dispensing; Build enhanced administrative capacity for public health response Build and implement regional Medical Examiner capacity

**Grand Traverse County Health Department
Plan of Organization 2018**

B. Local Health Department Strategic Plan to Pursue Priority Projects

While the health department's priorities are specific and focused, the overall strategic plan is representative of our role in the community as the Chief Health Strategist, synthesizing layers of initiatives together for collectively moving the needle in our community and region.

GTCHD is in the second year of its current four-year strategic plan and will embark on developing a new plan in the fall of 2020. Prior to the development of the current strategic plan, the health department reviewed data and information from a variety of sources to provide additional background and direction to the planning process. GTCHD utilized the technology of participation methodology to establish a practical vision, identify underlying contradictions, determine our strategic directions and develop a focused implementation plan. Using this framework enhanced the strategic planning process and the resulting plan. Goals of GTCHD are provided in the Strategic Plan outline below.

**Grand Traverse County Health Department
2017-2020 Strategic Plan: At-A-Glance**

2017-2020 Strategic Plan: Action Plan

Practical Vision: What do we want to see in 3 years as a result of our actions?								
Diverse Stable Funding	Skilled Support Staff	Innovative and Efficient IT Support	Engaged and Informed Community	Consistent and Intentional Supportive Supervision	Trusted and Respected Community Relationships	Integrated Vulnerable Population Services	Collaborative Innovative Public Safety	Comprehensive Thriving Infrastructure
Underlying Contradictions: What is blocking us from moving toward our vision?								
Negative County Reputation	Restricted Inconsistent Program Funding	Unwilling, Unengaged Community Partners	Inaccurate Unclear Community Perception	Devalued Discouraged Employees	Obsolete & Inaccessible Information Technology	Inadequate Noncompetitive Compensation	Unrealistic Excessive Workloads	
Strategic Directions: What innovative substantial actions will deal with the underlying contradictions and move us toward our vision?								
Maximizing and Leveraging Resources		Achieving a Positive Employment Experience		Supporting and Expanding Communication & Outreach Program		Committing to Positive Advocacy Efforts		
Focused Implementation: What is our timeline for completion of first-year accomplishments?								
2017 July-September		2017 October-December		2018 January-March		2018 April-June		
Implement options for mental health billing		Identify key community partners to engage		Write/establish a newsletter		GTCHD open house		
Create employee activity team		Educate elected officials on strategically targeted advocacy priorities		Develop “canned” consistent messaging		Create GTCHD recognition team		
Develop tagline for social media re: services we have		Implement Transact Rx billing		Research other intern programs		Complete wage analysis		
Reach out to BOC chair re: By-Laws governing BOC meetings/communications		Employee satisfaction survey (written and conducted)		Explore grant opportunities				
Gap analysis of program and funding needs		Assess staff workloads for outreach opportunities						
Establish weekly mindfulness activities		Explore alternative funding sources for Animal Control						
In-House networking party w/ sponsorship								
Review other agencies’ ideas/policies								
Establish advocacy priorities								

Grand Traverse County Health Department Plan of Organization 2018

Practical Vision- Created May 3, 2017
What do we want to see in 3 years as a result of our actions?
Grand Traverse County Health Department

Diverse Stable Funding	Skilled Support Staff	Innovative and Efficient IT Support	Engaged and Informed Community	Consistent and Intentional Supportive Supervision	Trusted and Respected Community Partner	Integrated Vulnerable Population Services	Collaborative Innovative Public Safety	Comprehensive Thriving Infrastructure
Stabilized funding	Health Department is the Employer of choice for Grand Traverse County	IT supported media and other technology	Integrated public health vision within the community	Has regular intentional communication with staff	Recognized leader of public health program in Region	More involved with elderly	Established well-functioning collaborative public safety team	Increased capacity for laboratory response to local public health threats
Captured all revenue opportunities for services	Compensation matches industry standards	Environmental Health software upgraded to increase efficiency	All area providers are educated on Health Department Services	Regularly review of strategic goals	Demonstrated advancements through collaborations	Community aware of Medicaid programs available	Integrated preparedness and planning throughout Health Department	Stabilized infrastructure for all public health programs
Robustly funded comprehensive public health programs	Staff is versatile and experienced	Patient portal implemented	Increased advocacy for public Health	Implemented reflective supervision for MIHP	Expanded regional medical examiner capacity (local autopsies)	Fully integrated and enhanced Adolescent Health Programming	Implemented public safety tourism tax	
Adequately funded Animal Control	Added staffing for Emergency management	Digitized well & septic permit records	Returned presence at the Munson Medical Center infection prevention meeting	Well informed staff of ongoing and/or potential communicable diseases				
New vehicles purchased for community Health Field Staff	All support staff cross-trained	Electronic Health Department and County forms	Prioritized proactive outreach strategy					
Environmental Health staffing level matches demand	Reinstated and Re-evaluated tuition reimbursement policy	Updated accounting software	Established new media communication trends					
Secured funding to support positions gaps	Adequate and highly skilled staff in all programs	Improved technology for environmental health and animal control						

Northern Michigan Public Health Alliance Strategic Plans

The Northern Michigan Public Health Alliance has completed two rounds of strategic planning. The Alliance is a collaboration of seven local health departments and cross sector partners that was created in December, 2014 following a two-year exploration of cross jurisdictional sharing arrangements. The Alliance covers 31 counties that have joined to strengthen public health across the region. The Alliance members share resources and work collaboratively on solving health-related problems for the betterment of each individual agency and Northern Michigan as a whole. The Alliance has had great success in its four years of operating with over \$5 million in grants to the region for public health initiatives and \$6 million in funding for the Northern Michigan Community Health Innovation Region. Our priorities include maternal and child health, information technology, obesity and chronic disease prevention, access to care, substance use and an integrated perinatal system of care. The 2015-17 and 2018-20 Alliance strategic plans follow.

**Grand Traverse County Health Department
Plan of Organization 2018**

**NORTHERN MICHIGAN PUBLIC HEALTH ALLIANCE
2015-2017 STRATEGIC PLAN AT-A-GLANCE**

Practical Vision: What do we want to see as a result of our actions in 3 years?					
Strategically structured services	Specifically measured outcomes	Strategically achieved health outcomes	Purposefully engaged community	Collaboratively advanced health and wellness	
Underlying Contradictions: What is blocking us from accomplishing our Practical Vision?					
Unequal and unstable resources	Disconnected disorganized deliverables	Discoordinated strategic planning process	Unaware unconcerned policy-making	Confusing uncoordinated message	Fragmented contradictory health-model
Strategic Directions: What creative and effective actions will deal with our obstacles and move us toward our Practical Vision?					
Implementing planning and uniform best practice	Formalizing a public health alliance	Launching a unified marketing plan	Educating and engaging policy makers to advocate for aligned public health policy/laws	Maximizing coordinated technology for efficiency	Catalyzing the creation of a public health workforce
Focused Implementation: What will we accomplish in the first year (2015)?					
Create an inventory of community health needs assessments to inform a regional planning process Develop maternal and child health matrix Initiate planning to accomplish regional community health improvement goals	Finalized MOU and Charter Implement one project aligned with 6 health departments Establish matrix of outcomes for maternal and child health Develop relationship with Northern Michigan Health Network Coordinate community health assessment and priorities areas aligned for planning and improvement Connect with other groups in the region Engage in emerging opportunities Improve relationship with at least 2 qualified health plans or other payors for a project or target area	Issue at least 2 joint press releases locally Establish State/local PIO Marketing Group Expand distribution list to regional local health departments Develop Alliance brand Identify opportunities Identify partners who can push messages Develop back-to-basics public health messaging (Top public health achievements)	Identify vehicles for training (web, public health organizations, Michigan Association of Counties, local health departments) Develop content for training Implement training and measure outcomes	Identify technical commonalities among 6 local health departments Leverage existing IT user groups for effectively Establish mentoring partners for IT staff Share cost of training across multiple programs or local health departments Contract for IT services Establish back-up for IT staff	Establish common professional development program Inventory workforce gap analysis Flesh out sharing and mutual aid agreements

Grand Traverse County Health Department Plan of Organization 2018



STRATEGIC PLAN AT A GLANCE October 2018-September 2021

Practical Vision:

August 30, 2017

What do we want to see in place by 2020 as a result of our actions?

Purposefully created opportunities to share expertise, knowledge and leadership	Seamlessly linked services	Intentionally developed prevention programs	Strategically developed marketing	Enthusiastically expanded scope of public health	Strategically integrated behavioral health and substance use disorder (SUD) services	Expertly trained workforce	Strategically maximized resources	Continually evaluated health outcomes	Regional collaborated Public Health Emergency Preparedness (PHEP) efforts	Strategically engaged community partners	Consistently focused advocacy efforts
Expand cross jurisdictional opportunities	Healthy choice is easy affordable choice	More education re oral health and need for care	Strengthen Marketing PIO Work Group	Expanded regional approach to CHNA	Fully funded "Mom Power" in every county	Public health workforce development	Maximize Alliance for regional grants	Consistent data tracking	Regional PHEP exercises	Increased engaged community partnerships	Legislative policy advocacy
Share and develop policies, procedures and ideas	Standardize medical supply cost in providers' offices	Thriving worksite wellness and safety initiatives	Collaborative social media strategy, shared content	Health Departments are Academic Health Departments	Increase access to mental health, home visiting, SUD services	Opportunities to share personnel and positions	Provide grant writing opportunities for more health departments	Identified metrics to measure relevant health outcomes	Efficient and effective response to public health emergencies	Strong school partnerships for behavioral health, school clinic	Advocacy voice for public health in Northern Michigan
Engaged work groups that are held accountable	Access to affordable transportation	Health education re long-term consequences	Community education re what LHDs do	Recognition of Alliance as Chief Health Strategist	Regional SUD Prevention Plan	Strong infrastructure for workforce development	Regional grant writer	Publicly available data dashboard	Regional volunteer coordination	Health in All Policies through cross sector partnerships	Focused and intentional advocacy efforts
Add missing workgroups (health promotion, aging, substance use)	Funding for low to moderate persons for environmental improvements	More research on unconventional methods	Colleges offering course in public health awareness for all students	Collective approach to Public Health Accreditation Board (PHAB)	Fully integrated BH, SUD services with physical health: no wrong door	Regional public health training center to share resources	Sustainable funding for community health workers	Sharing data across health organization electronically (HIE)	Increased collaboration with local and regional partners for PHEP	Provide insight, support on public and private collaborations	
Pursue administrative efficiencies across region	Healthy home environmental assessments and resources	Injury prevention specific to water safety	Regional and consistent public health messaging	Purposeful expansion of best practices	Effective local treatment of SUD	Leverage IT expertise and staff across the region	Documented business case for public health work	Regional performance management system			
Opportunities to share expertise and knowledge	Lower cost to health insurance	Increase immunization rates for all	Increased visibility and recognition of Alliance	CHNA expanded to environmental health	Substance Abuse Initiative	Effective shared staff on-boarding	Robust public health funding				
Provides leadership for the NMCHIR	Navigation of and to health care	Reduce diabetes by 10%	Marketing public health as essential	Promote excellence and innovation							
Shared and consistent policies and procedures	HUB in each health department jurisdiction	Upstream suicide prevention									
Prioritize need that are obtainable, sustainable	Expand tech access, infrastructure										

Grand Traverse County Health Department Plan of Organization 2018

Strategic Directions: What innovative substantial actions will deal with the underlying contradictions and move us toward our Practical Vision?				August 30, 2018
Utilize member agency strengths <ul style="list-style-type: none"> Evaluate current skill sets by each agency Maximize each agency's expertise Use strengths and commonalities intentionally Share regional accreditation results Accept differences and collaborate to share resources Adopt "Sister/Brother City" mentorship and sharing opportunity Seek to understand each local health department's challenges 	Embrace technology <ul style="list-style-type: none"> Invent a public health app Embrace and utilize technology Embrace available technology and search for innovations Commit to using remote meeting technology Standardize software and data collection Bring in a vendor to research opportunities for data sharing Expand MDSS access beyond county or jurisdiction 	Expand capacity <ul style="list-style-type: none"> Build critical response team for the region Explore opportunities for paid Coordinator Explore Alliance-wide positions (Graphic Designer, IT Director, etc.) Use strength of the Alliance to host statewide training opportunities Continue Alliance grant-writing Use resources creatively 	Enhancing Alliance capacity to provide exceptional public health services	
Advocate for public health with the legislature <ul style="list-style-type: none"> Build legislative relationships: loud and proud! Continue annual legislative meet and greet Advocate for realignment of funding formulas Regularly communicate with politicians with consistent messages Develop comprehensive and redundant advocacy plan Develop per capita funding at state level for local health departments 	Promote public health <ul style="list-style-type: none"> Create quarterly newsletter with metrics, pictures, successes: tell our story Create Alliance dashboard using shared metrics Develop unified messaging to local, regional, and State stakeholders Implement multi-faceted education and marketing strategies Develop regular, common narrative to Board of Health, Staff and elected officials 	Engaging stakeholder with common messaging to advocate for public health		
Recruit and retain staff <ul style="list-style-type: none"> Explore opportunities for inter-Alliance job transfers and job postings Create a stabilized workforce Assess factors to recruit and retain qualified staff Participate in career expos with diversity of public health positions Conduct anonymous exit interviews with Survey Monkey to identify trends 	Expand opportunities with academic institutions <ul style="list-style-type: none"> Expand academic health department model as recruitment and training tool Explore opportunities to hosting college and graduate level interns across the Alliance Explore opportunity for inclusion of academic partners into the Alliance 	Catalyzing an expert, robust, and sustainable workforce		

Northern Michigan Community Health Innovation Region Strategic Plans

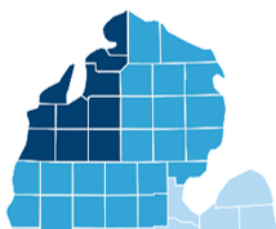
The Northern Michigan Community Health Innovation Region was formed in 2016 with an initial focus of building community capacity to reduce emergency department utilization. Strategic planning resulted in establishing the infrastructure and collective impact capacity needed for health transformation in the region for 2017. Plans included:

- Developing new and enhanced partnerships that connect traditional medical care with community care through Community Connections and HUBs.
- Developing a robust web-based resource directory to assist in identifying local healthcare and social service providers.
- Developing a web-based screening and referral tool distributed across providers and community organizations.
- Collaborating with non-traditional partners such as local business owners and engaging Medicaid beneficiaries in setting community priorities.
- Planning a multifaceted initiative to support appropriate emergency department use.

In 2018, the focus shifted to obesity and root causes of social determinants of health which were identified by the Community Connections HUBs. In response, the Northern Michigan Community Health Innovation Region create comprehensive, region-wide Community Health Improvement Plans to address them. Utilizing the ABLe Framework for Community Change, the Northern Michigan Community Health Innovation Region is engaging over 90 community partners and constituents in the development of a comprehensive Community Health Improvement Plan to reduce obesity in the region.



Priority Populations & Target Problems



Through a health equity lens:

- Primary population: Emergency Department utilizers
- Secondary population: Chronic Disease, with focus on obesity/overweight

Target problems for priority populations:

- Access to healthcare
- Active Living
- Education (health)
- Healthy, affordable food
- Housing
- Transportation
- Financial assistance



C. Community Partnerships and Collaborative Efforts

GTCHD is one of many agencies locally that convenes community partners to improve the quality of life in Grand Traverse County (and the region) through coordination, collaboration and collective work on solutions for community-defined problems. Community partnerships are critically important in achieving positive health outcomes, community preparedness and to maintaining a quality public health system. As evidenced from the alignment with the Northern Michigan Public Health Alliance and Community Health Innovation Region, GTCHD places a strong emphasis on facilitating and strengthening partnerships that work together to identify and solve community health problems. GTCHD and our community partners have weaved Health in All Policies, Public Health 3.0 and Chief Health Strategist throughout our efforts.

A key driver in community partnerships are the priorities identified in the 2016 Community Health Needs Assessment. The most recent Community Health Needs Assessment (CHNA) was conducted in collaboration by Munson Healthcare, local health departments and community partners during 2015 and 2016 to explore the health status of people living within the five-county Grand Traverse region. The goal was to pinpoint the most pressing health issues in our community and determine what is being done or what more can be done to improve the health of the people we serve. This assessment was used to define community health priorities, develop an updated community plan and guide collaboration and resource allocation.



The full Community Health Needs Assessment report can be found at www.munsonhealthcare.org/CHNA

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Based upon the primary and secondary data analysis and input from focus groups of community members and community leaders, the following areas emerged as top priorities in Grand Traverse County:

- Obesity and overweight
- Diabetes
- Substance abuse/tobacco use
- Access to health services
- Mental health
- Maternal, fetal and infant health
- Access to healthy foods

GTCHD staff are actively involved in many activities that support the priorities identified for Grand Traverse County and the greater Northern Michigan regions that align with the Northern Michigan Community Health Innovation Region and Northern Michigan Public Health Alliance.

Key Public Health Collaborations:

- Community Health Needs Assessment Steering Committee- Provides guidance to regional community health needs assessment and health improvement planning throughout Northern Michigan.
- Northern Michigan Public Health Alliance- cross jurisdictional alliance formed to develop, implement and sustain models of shared public health services that increase capacity, contain costs, maximize assets, and more effectively impact health outcomes in order to promote health, prevent disease and promote the environment within each of the respective jurisdictions and the region as a whole. The Alliance received the highest public health honor from the state, The MDHHS Director's Award in 2015 for the collaboration.
- Northern Michigan Community Health Innovation Region- Northern Michigan Community Health Innovation Region (NMCHIR) is a partnership of health and community service providers serving the health needs of individuals across ten counties in Northwest Michigan. Northern Michigan Public Health Alliance is serving as the backbone organization, providing leadership and facilitating the development of a common agenda, shared measurement, mutually-reinforcing activities, and continuous communication.
- Northern Michigan Public Health Emergency Preparedness Team (NMPHEP) - was established in 2015 following an intense strategic planning process with three local health departments, covering seven counties. NMPHEP was developed to provide a fully integrated approach to emergency preparedness that unifies local planning to increase training and exercise of operational capacities by more efficiently and effectively leveraging grant funding while increasing public health's visibility in the local community across the region. NMPHEP, led by GTCHD, received the 2016 MDHHS Director's Award and a 2017 National Health Security Award from National Association of City and County Health Officials.

Additional Community Collaborations organized by area of identified community priority:

Obesity, Overweight and Diabetes

- Munson Medical Center Community Health Committee- Selects and prioritizes Munson's Community Benefit programs with a focus towards CHNA priorities, particularly reducing overweight/obesity.
- Munson Health Care Community and Population Community Health Committee- Align the implementation of CHNA priorities and improvement planning activities throughout the entire Northern Michigan Munson system.
- Shape Up North- Community coalition to promote exercise and healthy eating to address obesity. Membership includes multiple community service and business organizations aimed at creating awareness, coordination of services, referral facilitation and interagency coordination.
- Northern Michigan Diabetes Initiative- Community coalition to promote exercise and healthy eating to address diabetes, create awareness and interagency coordination.
- Diabetes PATH (Personal Action Toward Health) - Area Agency on Aging coordinates classes targeted at diabetes self-management and creating confident caregivers.
- Munson Diabetes Prevention Program- Evidence based practice education focused on area providers to prevent diabetes and engage and improve the care of people with diabetes.

Substance abuse/tobacco use

- Grand Traverse County Drug Free Coalition- Coalition focused on a community-wide culture of awareness and action through youth and family education and community collaboration through efforts.
- Families Against Narcotics- Grand Traverse Chapter launched on June 21, 2018 after months of exploration and preparation.
- Perinatal Substance Abuse Prevention Steering Committee- Grand Traverse County participates in this Munson Medical Center facilitated committee aimed at standardizing our region's care and interventions regarding perinatal substance abuse.
- Northern Michigan Maternal Smoking Cessation Workgroup- 21 county regional team meets quarterly to standardize interventions aimed at decreasing maternal smoking rates. Implemented training for all clinicians on Stages of Change and Motivational Interviewing, developed and implemented a standard of care and documentation system inclusive of the 5As/5Rs motivational interviewing strategies, and beginning work on a regional flyer, branding and promotional package for all providers.
- Tobacco Coalition- Grand Traverse County Health Department participates in this coalition aimed at creating awareness and meeting education needs to decrease tobacco use.

Access to Health Services:

- Grand Traverse Community Collaborative- Facilitates the development of collaborative locally-based health and human services to enhance the lives of all of the residents of Grand Traverse County with a focus on prevention strategies to improve the lives of children, families and seniors.
- Great Start Collaborative- the collaborative includes parents, service providers, partners and stakeholders who contribute their time and expertise to help make sure children receive the best care and education we can provide. The multi-county collaboratives in northern Michigan are working together to ensure that all families have access to information, programs and services in their communities. Specifically, the Grand Traverse Great Start Collaborative has a 5 to 1 project to establish neighborhood centers as an infrastructure to support early childhood development needs and to assist in creating sustainable early childhood programming. Currently exploring integration of public health promotions and education, along with centering home visitation for prenatal and postpartum families, with a focus on networking people together.
- Grand Traverse Regional Health Care Coalition- Coalition Health Access Program (CHAP), a program to serve the uninsured for health services to improve access to health care.
- Dental Clinics North- GTCHD partners with Health Department Northwest and My Community Dental Clinics to provide dental services to Medicaid enrollees and low-income, uninsured residents in the Grand Traverse region.
- Grand Traverse Region Oral Health Coalition- A multi county coalition formed to increase access to dental care and increase awareness of dental benefits for those enrolled in Medicaid and the Healthy Michigan Plan.
- Poverty Reduction Initiative- A community-driven, collaborative effort to reduce poverty in the Traverse Bay region. Consists of representatives from local businesses, public and government agencies and concerned citizens. Working subcommittees focus on five strategic directions: Navigators, Mentoring, Education, Advocacy and Communications.
- Insurance Enrollment/Navigators- GTCHD partners with other health providers in the region to enroll individuals in need into Medicaid and Healthy Michigan Plan.
- Munson MEDS program- GTCHD may refer clients for prescriptions.
- Pharmacy Safety Net- GTCHD established accounts at two area pharmacies.
- Community Connections- Offered through the Northern Michigan CHIR HUBS, this program connects and refers community members to health care, dental care and other community resources identified through a comprehensive basic needs assessment at physician offices and other providers.

Mental Health

- MC3 Telemedicine Program- The Michigan Child Collaborative Care (MC3) program provides psychiatric support to primary care providers in Michigan who are managing patients with behavioral health problems, including children, adolescents, young adults through age 26, and women who are contemplating pregnancy, pregnant, or postpartum with children up to a year. The adolescent health centers, KTown Youth Health Center and Youth Health and Wellness Center, have registered as 'referring providers' to access the psychiatrists based out of the University of Michigan Depression Center Michigan Medicine department for phone consultation and guidance related to diagnoses, medications, and psychotherapy interventions to better manage the clients seen by the Nurse Practitioners, Physician's Assistant, and Mental Health Counselors through the clinics. The MC3 program offers same-day phone consultations to the referring providers, and provides remote psychiatric evaluation in select counties to patients and families through video telepsychiatry.
- Family Assessment & Safety Team- Mobile Mental Health Crisis Services for families with children ages 0-20. A collaboration between Northern Lakes Community Mental Health, Munson Medical Center Behavioral Health Services, and Child & Family Services/Third Level.

Maternal, Fetal and Infant Health

- Healthy Futures Steering Committee- Program for all mothers and babies delivered at Munson Medical Center focused on improving immunization rates, breastfeeding rates, and access to care for prenatal/postpartum up to age 5 years. Health department provides the nursing services for this home visiting program and incorporates smoking cessation education both during prenatal contact and at postpartum contact.
- Perinatal Regional Initiative- A 21+county initiative with a mission to construct a sustainable integrated and coordinated network of care to deliver perinatal services to women and children in northern Lower Michigan that builds on the existing structures of care and results in decreased infant mortality.
- Prenatal – 6 Workgroup- Workgroup focused on coordination of services, awareness of community resources, referral facilitation, etc.
- Great Start Collaborative- Efforts of the Northern Michigan Workgroup supported by the Great Start Collaborative.
- MC3 Telemedicine Program- The MC3 psychiatry program has provided monthly Maternal Infant Health Program staff opportunities for confidential video case presentations and guidance to reduce barriers and support public health nurses and social workers to make recommended behavioral health referrals and strategize to improve access and facilitate collaboration with physician medication management and community mental health services for pregnant and postpartum Maternal Infant Health Program clients.

Access to Healthy Foods

- Fruit and Vegetable RX Program – Munson-led regional program focused on increasing access and consumption of fruit and vegetables. Sessions provided by area medical providers on how to use and cook fresh produce.
- Project Fresh- WIC Project FRESH helps to provide healthy and nutritious produce to Michigan WIC participants. The program provides low-income, nutritionally-at-risk WIC participants with eligible, locally grown, fresh, unprepared fruits and vegetables from authorized farmers, farmers' markets and roadside stands throughout Michigan.

Water Health and Safety

- Northwest Michigan Water Safety Network:-The Northwest Michigan Water Safety Network is a community alliance formed in 2013 to improve the overall health and safety of the region's public beaches.
- Beach Monitoring Stakeholders- A collaborative effort with Watershed Center of Grand Traverse Bay, Local, State and Federal governmental agencies.
- Child Death Review Team- A bi-county prevention based group, drowning prevention discussions
- Local Emergency Planning Committee- Established by the county to ensure that appropriate plans are in place to increase the safety of the community. The countywide response plan for pull together the emergency response plans of municipalities, industry, school districts and others in addition to response plans for natural disasters such as snowstorms, flooding, tornadoes and severe weather.
- Local Planning Team- comprised of representatives from Fire, Law Enforcement, Healthcare, 911, Public Health and other disciplines. This team works together to promote enhanced coordination between emergency response agencies.
- Northwest Michigan Onsite Wastewater Task Force- This organization promotes access to information concerning accepted and innovative technologies in the field of onsite wastewater system design, operation and management both for individual home and business owners and units of local government.

Emerging Infectious Disease Preparedness

- Public Health Emergency Preparedness Campaign- A comprehensive Public Health Preparedness campaign broadcast on six local radio stations. Six commercials a day focused on specific health preparedness capacities for 12 months in 2015-16.
- Ebola/Emerging Infectious Disease Preparedness Workgroup- Munson Medical Center, Grand Traverse County Health Department and first responders working collectively to address preparedness needs and specific protocols for Ebola and other emerging infectious diseases.
- Vaccine Preventable Disease Task Force- Multidisciplinary group focusing on education, advocacy and outreach in order to improve immunization rates.
- Infection Control Committee- Includes Munson Medical Center, Grand Traverse County Health Department and Benzie-Leelanau District Health Department.

A comprehensive list of Community Collaborative Partners and Projects is printed each year in the GTCHD Annual Report.

D. Local Public Health as Chief Health Strategist

Health departments are now serving as “Chief Health Strategists” for a community or region, by convening community partners to carry out broad plans for improving population health at many levels. As the community chief health strategist in their communities, local health departments advance current roles to prevent death, disease, and disability; address emerging threats to health, security, and equity; and eliminate the social and structural injustices that result in health disparities by addressing the growing gap between the expansion of healthcare services and the achievement of health among individuals and communities. Sustained leadership at the community level is essential to bring together community stakeholders to prioritize the needs of the community and to leverage resources to build integrated systems to achieve health equity. Local health departments are uniquely positioned to fill this role through their experience in providing essential services and leadership, engaging communities to identify and support policy solutions, and collecting, analyzing, and sharing data. Two key partnerships that have embraced this role are the Northern Michigan Public Health Alliance and the Northern Michigan Community Health Innovation Region. Health Officer Hirschenberger currently serves as the Chair of both.

From its inception in late 2014, the health departments that make up the Northern Michigan Public Health Alliance have been guided by the notion of “strategic leadership”. The shared vision it created and adopted early on has enabled the organization to respond nimbly to funding opportunities as well as internal and external partnerships. The Alliance serves as Chief Health Strategist for the region, by aligning interventions from a cross the community at individual, community, and policy levels. The Alliance is serving as the backbone organization for the Northern Michigan Community Health Innovation Region, providing leadership and facilitating the development of a common agenda, shared measurement, mutually-reinforcing activities, and continuous communication.

Northern Michigan Community Health Innovation Region is a partnership of health and community service providers across ten counties in Northwest Michigan. Community Health Innovation Regions are a broad partnership of community organizations, local government agencies, business entities, health care providers, payers, and community members that come together to identify and implement strategies that address community priorities. Partners act cohesively with a broad-based vision for region-wide impact, to make the environment healthier and to connect health services with relevant community services. The goal is to achieve the “Triple Aim”: better health at lower cost with improved satisfaction. The Northern Michigan Community Health Innovation Region serves ten counties: Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, and Wexford, with 301,040 people living in the 4,722 square mile region. It is 70% rural; has seven hospitals, five federally qualified health centers, five health plans, and four community mental health regions.

V. SERVICE DELIVERY

GTCHD has four service locations throughout Grand Traverse County. GTCHD's locations (including address), services, and hours of operation are listed in the following places:

- Hours of Operation are posted at all building entrance areas.
- Grand Traverse County Health Department Annual Report – with location Map
- Grand Traverse County Health Department Website:
 - [GTCHD link to website](#)
 - Maps to each location are also provided.
- Advertise clinic dates/times and other Public Health services using social media (Facebook and Twitter) and the GTCHD website; when appropriate, the County website and press releases (either faxed or emailed) are also be utilized.

Health Department Locations, Hours of Operation and Services by Location are:

1. GRAND TRAVERSE COUNTY HEALTH SERVICES BUILDING 2600 LaFranier Road - Suite A, Traverse City, Michigan 49686

Administration/Finance & Medical Examiner Divisions

Phone: 231-995-6100

Hours of Operation: Monday through Friday 8:00 am -5:00 pm

Services:

- Insurance Billing
- Medical Examiner administration for Grand Traverse and Leelanau Counties
- Child Death Review Coordination

Emergency Management & Public Health Preparedness Division

Phone: 231 995-6059 231 995-6010

Hours of Operation: Monday through Friday: 8:00 am - 5:00pm
 Available as needed for emergencies 24/7

Services:

- Natural Hazards Mitigation Plan
- Local Emergency Planning Committee
- Local Planning Team Coordination
- Pandemic/Epidemic Planning & Exercise
- Mitigate/Reduce Effects of Technological or Natural Emergencies
- Develop Disaster Preparedness Plans
- Restoration of Disaster Affected Areas to their Previous State
- Provide Training to the Public/Emergency Responders
- Provide Safety Information to the Public
- Coordinate Local – State – Federal Resources
- Provide a Funding Bridge to Federal Funds
- Prepare community for public health emergencies

Community Health Division

Phone: 231 922-6111

Hours of Operation: Monday through Friday: 8:00 am - 4:30 pm
 1st & 3rd Wednesday Late Clinic: 8:00 am - 6:30 pm
 Monday through Friday Closed from Noon - 1:00 pm

Services:

Maternal Child Health Programs

- Children's Special Health Care Services
- Maternal and Infant Health Program
- Healthy Futures
- WIC (Women, Infants, Children)
- Breast Feeding Peer Counseling
- Project Fresh
- Childhood Immunizations
- Vision and Hearing Screenings
- Blood Lead Case Management
- Fluoride Varnish
- Kindergarten Roundup Assessments
- Head Start Screenings and Physicals

Disease Control and Prevention Programs

- Communicable Disease
- Reproductive Health Services
- STI (Sexually Transmitted Infections) Clinic
- HIV/AIDS Program
- Court Ordered Testing
- Tuberculosis Screening
- Women Care (Underinsured women 40-64 years old)
- Breast and Cervical Cancer Control Program
- Immunizations
- Waiver Education

Other Programs

- Dental Clinics North
- Medicaid Outreach and Enrollment
- Community Connections HUB

2. YOUTH HEALTH AND WELLNESS CENTER

**School Based Adolescent Health Clinic
880 Parsons Road, Traverse City, Michigan 49686**

Phone: 231 922-6416

Hours of Operation: Monday through Friday: 8:00 am - 4:30 pm
 Closed from Noon - 1:00 pm
 Seasonal evening hours

Services:

- Limited primary care for youth 10 - 21 years of age
- Acute care and chronic disease management
- Health Education
- Counseling Services

3. K-TOWN YOUTH HEALTH CENTER

**School Linked Adolescent Health Clinic
112 South Brownson Avenue, P.O. 117, Kingsley, Michigan 49649**

Phone: 231 263-5895

Hours of Operation: Monday through Friday: 8:30 am - 4:30 pm
 Closed from Noon - 1:00 pm

Services:

- Limited Primary Care For Youth 10 - 21 Years Of Age
- Acute Care And Chronic Disease Management
- Health Education
- Counseling Services

4. OFFICE OF THE MEDICAL EXAMINER (Grand Traverse and Leelanau Counties)

**Western Michigan University Homer Stryker M.D. School of Medicine
1000 Oakland Drive, Kalamazoo, MI 49008**

Phone: 269-337-6173

Hours of Operation: Monday through Friday: 8:00 am – 5:00 pm
 24/7 as needed

Services:

- Medicolegal Death Investigations
- Autopsies And Toxicology
- Autopsy Reports
- Cremation Permits For Funeral Homes
- Forensic Anthropology/ Scientific Identification Of Deceased
- Mass Fatality Planning And Response
- Child Death Review

**5. GRAND TRAVERSE COUNTY PUBLIC SERVICES BUILDING
2650 LaFranier Road, Traverse City, Michigan 49686**

Environmental Health

Phone: 231 995-6051

Hours of Operation: Monday through Friday: 8:00 am - 4:30 pm
Closed from Noon - 1:00 pm

Services:

- Food Service Inspection
- Temporary Food Permitting
- Septic Permits (private/commercial)
- Well Permits (private/commercial)
- Site Surveys (Vacant Land Evaluations)
- Subdivision (Plan and Site Condominium Development)
- Body Art Licensing
- Campground Inspections
- Public Swimming Pool/Spa Inspections
- Public Water Supply Monitoring (Type II)
- Bathing Beach Monitoring
- Groundwater Protection (monitoring)
- Septage Program Inspections
- Indoor Air Quality/Radon
- MDHHS Office of Children and Adult Licensing Environmental Health Inspection Requests
- Soil Erosion Inspections and Permits

Animal Control

Phone: 231 995-6080

Hours of Operation: Monday through Friday: 8:00 am - 6 pm.
(After hours as needed)

Services:

- Enforce the Michigan Dog Law of 1919
- Enforce the Grand Traverse County Animal Control Ordinance
- Investigate loose dog and other animal complaints
- Quarantine animals involved in bite cases
- License enforcement
- Shelter stray dogs via Cherryland Humane Society
- Transport injured stray dogs to veterinary clinics
- Kennel licensing

VI. REPORTING AND EVALUATION

A. Evaluation of Activities

GTCHD utilizes different mechanisms to evaluate public health activities. GTCHD partners on the Community Health Needs Assessment and affiliated focus groups. Public Health Administration is continuously analyzing program data, chronic disease trends, MDSS weekly reports, morbidity and mortality data, demographic trends and other relevant public health data. These data sources are used directly or indirectly to measure the health of the residents and establish baseline trends. The information provided through these assessment tools enables the health department to prioritize and plan programs according to the needs of the community. The information also provides baseline data for programs to monitor improvement toward impacting health indicators, departmental efficiencies, and quality improvement activities. GTCHD also works to ensure that new and existing projects/programs are scientifically evaluated and are evidence based or best practices. In 2018, GTCHD is forming a Performance Management and Quality Improvement Committee to provide oversight to our agency's quality improvement process, monitoring performance indicators, and implementing a formal written Quality Improvement Plan

Specific examples of tools used to evaluate programs and services include:

- GTCHD's budget is developed around the goals and objectives identified in the Strategic Plan, which is reviewed yearly.
- Program metrics are monitored monthly on the GTCHD Scorecard (Attachment 6) which consists of program statistics. Data are analyzed by program managers and supervisors to assure standard quality, effective and efficient service delivery, and are reviewed by the leadership team. The Health Officer reviews the metrics quarterly and the annual report numbers are reported from the completed annual scorecard.
- Quarterly program chart audits are conducted by peers and managers
- Weekly Grand Traverse County Communicable Disease reports from MDSS
- Managers review program goals and statistics with staff on a monthly basis and adjust clinic and program activity as needed to meet projections.
- Medical Director monitors and evaluates epidemiology information for international, national, state and local communicable, infections, and chronic diseases. The Medical Director reports to the GTCHD staff on new or applicable topics and disseminates to clinical staff.
- The Medical Director, Health Officer, and Program Supervisor of Disease Control and Prevention review epidemiology reports and MDSS unique cases with the regional MDHHS Epidemiologist housed at GTCHD.
- Regular communicable disease reports to Munson Medical Center Infectious Disease staff via Medical Director, as a quarterly or biannual meeting between LHD's and Infection Prevention becomes reestablished.
- Completion of Local MCH Block grant plan and annual progress report.

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- Community Health program and clinical activities are entered daily into Mitchell & McCormick software as well as MI-WIC system. Reports linked to program objectives are generated on a weekly, monthly, and quarterly basis. These updates are used to monitor projected financial and program goals.
- Environmental Health Division staff records their daily activities on a computer software program by Sword Solution. These activities are reviewed by the Environmental Director on a monthly basis and a report is submitted to the Health Officer. New modules in 2018 include Soil Erosion and Animal Control.
- Quarterly reports of Environmental Health activities are reported to the MDARD and MDEQ as part of the MPR's for our contracted services to those departments.
- Program outcomes are published yearly in the GTCHD annual report which includes: the numbers of customers served, times and locations of services, types of services within each program etc. Copies are distributed to the State and County officials, as well as, made available to public via the GTCHD website.
- Community/Local/Regional grant reports- Managers report on grant objectives and expenditures. Examples include: Rotary Charities, the Grand Traverse Band, Oral Health Outreach, Tobacco Cessation, Sustaining Immunizations, Lead Prevention Outreach, etc.
- Completion of annual plans and progress reports based on performance management metrics, goals and objectives for maintaining and/or improving program performance to meet state requirements for program funding, i.e. CSHCS, WIC Nutrition Services Plan, Title X Family Planning, etc.
- Chart audits are conducted by our Medical Director (monthly for Family Planning, quarterly for Adolescent Health) to assure quality, program compliance and goals, and make changes/improvements based on findings.
- A clinic observation tool for family planning is utilized to assure quality, Title X compliance, and implement improvements.
- Completion of Annual Immunization Action Plan and Year End Report, Michigan Immunization Childhood Registry, Vaccine For Children and Immunization Inventory Report
- Quarterly reports are conducted and submitted to the applicable state department (DEQ, MDA, MDHHS) for clinical programs (hearing, vision etc.) and environmental health programs; MIHP program reports provided to State, Medicaid Outreach reports provided to the State.
- The Health Department's finance and accounting staff reviews and summarizes program financial results on a monthly basis, accumulating data for reporting and billing purposes. During this process, information is disseminated regarding variances from budget or anticipated results to the various program coordinators, managers, and the Health Officer to assist in program management and evaluation. Quarterly Financial Status Reports required by contracts with the State of Michigan are prepared and reviewed with the Health Officer prior to submission to the State. Financial records are reviewed on an annual basis by the County's independent auditors.

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- Emergency Preparedness progress reports generated to identify completion of identified program objectives for grants.
- Client satisfaction surveys of students, parents, and school staff are conducted and analyzed annually at both adolescent health centers related to both mental health services and clinical services.
- A client “Comment Book” is placed in each Family Planning clinic room for confidential/anonymous comments. It is reviewed by all staff on a regular basis at staff meetings. Information from the “Comment Book” is used to address positives and negatives of clinic services.
- Children’s Special Health Care Services completed customer satisfaction surveys in 2017 and 2018, as well as, receiving client feedback during client contacts and community outreach activities, such as the Northwest Michigan Fair and the National Cherry Festival.
- The Immunization program has conducted satisfaction surveys for both vaccination clients and waiver education clients. The tools and process are scheduled for review and revision in 2018.
- Risk Assessments are done using the RAAPS (Risk Assessment for Adolescent Preventive Services) tool at both adolescent health centers. Data is analyzed by program coordinator/supervisor and team.
- Data is gathered and analyzed from computerized employee time and activity reports by administration.
- Annual planning and evaluation of achievement of identified objectives completed during monthly program staff meetings, quarterly all staff meetings, and program specific strategic planning activities.
- Michigan Accreditation Program every three years to assure quality standards
- The county conducts a financial and single audit annually.
- Monthly analysis and evaluation of budget expenditures and revenues are conducted by finance staff and reviewed quarterly with Health Officer and program managers.
- Survey data, pre/post test data, health screening data, demographic data, production report data, etc. are all used to evaluate program effectiveness.
- Staff education is conducted quarterly at all staff meetings to assure competent workforce, as well as at monthly program specific staff meetings, weekly staff huddles, and just in time specific as needed sessions.
- Community Health staff annual survey conducted for input on individual professional development needs with follow-up planning per employee desire with director/supervisor.
- Logic models are developed for health promotion projects.
- Minimum Program Requirements in all program areas that apply are a standard by which we evaluate program effectiveness.
- Debriefing and after action reports are conducted upon completion of emergency situations.

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- Grand Traverse County Administration conducts employee surveys on employee recognition, wellness, job satisfaction and goals for the county. Citizen input is gathered through the county website and surveys or focus groups during strategic planning.
- Emergency Preparedness and Emergency Management exercises and trainings are conducted locally and regionally to test response capacity.
- Quality Improvement tools: Utilized Plan-Do-Study-Act (PDSA) methodology to increase HPV completion rates (K-Town), increase Chlamydia testing rates (Youth Health and Wellness Center), improve rates of up-to-date mental health treatment plans (both adolescent health clinic sites), increase HIV testing being offered to sexually active clients, improving communication between social workers and medical providers, and update and streamline mental health documentation and assessments. PDSA tool for implementing and evaluating changes in Maternal and Child Health programs, including increasing MIHP enrollment rates for eligible clients, increasing breastfeeding duration rates, reducing maternal smoking rates, improving immunization rates.

B. Reporting Mechanisms

- Regular attendance and presentations by Wendy Hirschenberger, Health Officer, to the Board of Commissioners for approval by resolution. Meetings are also held with township and city officials on Public Health issues as needed.
- Monthly reports on departmental activities to Grand Traverse County Administrator, Board of Commissioners and citizens are available online at:
<https://www.grandtraverse.org/Archive.aspx?AMID=38>
- Policy revision or new policies for programs are reviewed, evaluated, and approved by the governing body of the Grand Traverse County Board of Commissioners.
- Press releases are sent to all news media: newspaper, radio and television stations.
- Medical Director contributes articles to the Record Eagle newspaper.
- Communicable Disease reports are regularly provided to Munson Medical Center Infectious Disease Committee.
- Public Information Bulletins, Health Advisories, Health Alerts, etc. are broadcast faxed to local physicians, veterinarians, law enforcement, funeral homes and central dispatch (e.g. Hepatitis A outbreak information is provided to the public through the issuance of press releases to local news media. Information is also distributed on such issues as E.coli in beach monitoring of public beaches etc.).
- Medical Director, Health Officer, and Management staff routinely participate in radio and television interviews on various health topics affecting Grand Traverse County. 2015-2018 topics included: Seasonal Flu Vaccinations, Chickenpox Recommendations, Zika, Meningitis, Immunization Waivers, Back to School Vaccinations, Hepatitis A-Strawberries, Rapid Test Beach Water Sampling, Beach Monitoring, FDA e-Cigarettes, Sewage Release, Animal Rescue, Lyme Disease, Hepatitis A Outbreak and Prevention.
- Health Officer gives presentations and updates to the Munson Community and Population Health Committees and other key community partners on the Northern Michigan Public Health Alliance and Northern Michigan Community Health Innovation Region activities.
- Health Department staff present on various topics to civic groups and organizations on health issues. Staff also participates in panel discussions on topics of interest, such as immunizations.
- Health information is accessible on the GTCHD website www.gtchd.org on issues including: immunizations, flu clinics, family planning, pregnancy, nutrition, communicable disease, children with special health needs, sexually transmitted infections, tuberculosis testing, standard fee schedule, food service fee schedule, permit forms, animal control dog ordinance, license, animal bite information, lost and found, adoptions, animal impounds, health education, HIPAA policies, weekly beach reports, online food service inspection reports etc.

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- GTCHD Facebook Page and associated Twitter and LinkedIn pages also are used to disseminate information on timely topics. Additionally, exploring use of HootSuite to begin posting to all social media channels at once.
https://www.facebook.com/pg/GTCHHealthDept/events/?ref=page_internal
https://mail.google.com/mail/u/0/?ui=2&ik=041ebb4ab1&view=att&th=16398161b008217f&attid=0.1&disp=safe&realattid=f_jhm5muhq15&zw
https://mail.google.com/mail/u/0/?ui=2&ik=041ebb4ab1&view=att&th=16398161b008217f&attid=0.2&disp=safe&realattid=f_jhm5muke16&zw
- Distribution of GTCHD's Annual Report electronically and available for the public on the website:
2014 - http://www.gtchd.org/DocumentCenter/View/4346/2014annualreport_final
2015 - <http://www.gtchd.org/DocumentCenter/View/6139/2015-Annual-Report>
2016 - <http://www.gtchd.org/DocumentCenter/View/8326/2016-Annual-Report->
- Grand Traverse County's Annual Report and specific department's Annual Reports can be found on the Grand Traverse County website:
<http://www.co.grand-traverse.mi.us/173/Reports>
<http://www.co.grand-traverse.mi.us/ArchiveCenter/ViewFile/Item/149>
- Health alerts or notices are provided to the public via the media and press releases and by posting on our website (e.g. beach monitoring, outbreak information etc.).
<http://www.grandtraverse.org/DocumentCenter/View/6267/HEP-A-Regional-PR-11416>
<http://www.grandtraverse.org/documentcenter/view/7568>
<http://www.grandtraverse.org/DocumentCenter/View/8032/NMPHEPPRHepatitisALinkedtoOutbreak11218>

VII. HEALTH OFFICER AND MEDICAL DIRECTOR

A. Appointment of Health Officer and Medical Director

HEALTH OFFICER

Legal Basis and Qualifications of Health Officer

PUBLIC HEALTH CODE (EXCERPT) Act 368 of 1978

333.2428 Local Health Officer; Appointment; Qualifications; Powers and Duties.

Sec. 2428.

(1) A local health department shall have a full-time local Health Officer appointed by the local governing entity or in case of a district health department by the district board of health. The local Health Officer shall possess professional qualifications for administration of a local health department as prescribed by the department.

(2) The local Health Officer shall act as the administrative officer of the board of health and local health department and may take actions and make determinations necessary or appropriate to carry out the local health department's functions under this part or functions delegated under this part and to protect the public health and prevent disease.

GTCHD Appointment of Health Officer

The Health Officer for Grand Traverse County is appointed through a Grand Traverse County Board resolution which is first reviewed and recommended by the County Administrator at one of three county committee meetings and then forwarded to the full county board. GTCHD has a new Health Officer since its last accreditation review and was appointed following the MDHHS requirements and qualifications review procedure as follows:

- On July 11, 2012, the Resource Management & Administration Committee approved the appointment of Wendy (Trute) Hirschenberger as Health Officer of the Grand Traverse County Health Department.
www.co.grand-traverse.mi.us/Assets/Departments/Board+of+Commissioners/Minutes/2012/2012-07-11+Minutes.pdf
- On July 25, 2012, the Full Board of Commissioner's approved Wendy (Trute) Hirschenberger as Health Officer by Resolution 105-2012 and her duties started on August 31, 2012.
www.co.grand-traverse.mi.us/Assets/Departments/Board+of+Commissioners/Minutes/2012/2012-07-25+Minutes.pdf
- On August 8, 2012, Jean Chabut, Director of Public Health Administration, stated in a letter to Dave Benda, Grand Traverse County Administrator, that the Michigan Department of Community Health had reviewed Wendy (Trute) Hirschenberger's credentials and determined that Wendy S. (Trute) Hirschenberger, MPH, CPHA was fully qualified as a Health Officer for Grand Traverse County (Attachment 7) .
- See Attachment 8 for Health Officer Hirshenberger's resumé. Diplomas and transcripts are available for review in the Health Officer's file at Human Resources.

MEDICAL DIRECTOR

Legal Basis and Qualifications of Medical Director

PUBLIC HEALTH CODE section 2495 of 1978 PA 368, MCL 333.2495 R 325.13004 Medical director; qualifications.

Rule 4. A medical director shall be a physician licensed in Michigan as an M.D. or D.O. who complies with 1 of the following requirements:

- (a) Is board certified in preventive medicine or public health.
- (b) Has an MPH or MSPH degree and not less than 2 years of full-time public health practice.
- (c) Has not less than 3 years of full-time public health practice and 24 graduate credits acceptable toward a public health degree.

GTCHD Appointment of Medical Director

The Medical Director for GTCHD is contracted position with approval through a Grand Traverse County Board resolution which is first reviewed and recommended by the Health Officer, County Administrator and one of three county committee meetings and then forwarded to the full county board. Dr. Michael Collins, MD has been the Medical Director of GTCHD since 1994. Please see below for the procedure for the most recent contract renewal of GTCHD's Medical Director:

- 2017 Resolution 123-2017, from Grand Traverse County Board for renewal of Dr. Michael Collins' as Medical Director for GTCHD:
 - [Resolution 123-2017](#)
 - [11-01-17 Board of Commissioner Meeting Minutes](#)
- Certificate dated April 30, 1997, signed by James K. Haveman, Jr, MDHHS Director, stating Michael P. Collins, MD, MS, meets requirements to be a fully qualified Medical Director in the State of Michigan and his appointment to position of Medical Director is approved by MDHHS. (Attachment 9)
- See Attachment 10 for Dr. Collins' Curriculum Vitae.
- GTCHD maintains copies of the current signed medical director contract, medical license and diplomas for your review.

VIII. PLAN OF ORGANIZATION APPROVAL FORM

MCL 333.2431 Local health department; requirements; report; reviewing plan for organization of local health department; waiver.

- (1) A local health department shall:
 - a) Have a plan of organization approved by the department.
 - b) Demonstrate ability to provide required services.
 - c) Demonstrate ability to defend and indemnify employees for civil liability sustained in the performance of official duties except for wanton and willful misconduct.
 - d) Meet the other requirements of this part.
- (2) Each local health department shall report to the department at least annually on its activities, including information required by the department.
- (3) In reviewing a plan of organization of a local health department, the department shall consider the fiscal capacity and public health effort of the applicant and shall encourage boundaries consistent with those of planning agencies established pursuant to federal law.
- (4) The department may waive a requirement of this section during the option period specified in section 2422 based on acceptable plan development during the planning period described in section 2424 and thereafter based on acceptable progress toward implementation of the plan as determined by the department.

Please see Attachment 4 for the GTCHD 2018 Plan of Organization approval form.

MICHIGAN MUNICIPAL RISK MANAGEMENT AUTHORITY COVERAGE OVERVIEW

Member:	County of Grand Traverse	Member No: M0001162
Date of Original Membership:	January 1, 1986	
Overview Effective Dates:	January 01, 2018 To January 01, 2019	
Member Representative:	Vicki Uppal	Telephone #: (231) 922-4797
Regional Risk Manager:	Michigan Municipal Risk Management Authority	Telephone #: (734) 513-0300

A. Introduction

The Michigan Municipal Risk Management Authority (hereinafter "MMRMA") is created by authority granted by the laws of the State of Michigan to provide risk financing and risk management services to eligible Michigan local governments. MMRMA is a separate legal and administrative entity as permitted by Michigan laws. **County of Grand Traverse** (hereinafter "Member") is eligible to be a Member of MMRMA. **County of Grand Traverse** agrees to be a Member of MMRMA and to avail itself of the benefits of membership.

County of Grand Traverse is aware of and agrees that it will be bound by all of the provisions of the Joint Powers Agreement, Coverage Documents, MMRMA rules, regulations, and administrative procedures.

This Coverage Overview summarizes certain obligations of MMRMA and the Member. Except for specific coverage limits, attached addenda, and the Member's Self Insured Retention (SIR) and deductibles contained in this Coverage Overview, the provisions of the Joint Powers Agreement, Coverage Documents, reinsurance agreements, MMRMA rules, regulations, and administrative procedures shall prevail in any dispute. The Member agrees that any dispute between the Member and MMRMA will be resolved in the manner stated in the Joint Powers Agreement and MMRMA rules.

B. Member Obligation - Deductibles and Self Insured Retentions

County of Grand Traverse is responsible to pay all costs, including damages, indemnification, and allocated loss adjustment expenses for each occurrence that is within the Member's Self Insured Retention (hereinafter the "SIR"). **County of Grand Traverse's** SIR and deductibles are as follows:

Table I
Member Deductibles and Self Insured Retentions

COVERAGE	DEDUCTIBLE	SELF INSURED RETENTION
Liability	N/A	\$75,000 Per Occurrence
Vehicle Physical Damage	\$1,000 Per Vehicle	\$15,000 Per Vehicle \$30,000 Per Occurrence
Fire/EMS Replacement Cost	N/A	N/A
Property and Crime	\$1,000 Per Occurrence	N/A
Sewage System Overflow	N/A	N/A

The member must satisfy all deductibles before any payments are made from the Member's SIR or by MMRMA.

Member's Motor Vehicle Physical Damage deductible applies, unless the amount of the loss exceeds the deductible. If the amount of loss exceeds the deductible, the loss including deductible amount, will be paid by MMRMA, subject to the Member's SIR.

The **County of Grand Traverse** is afforded all coverages provided by MMRMA, except as listed below:

1. Sewage System Overflow
2. Specialized Emergency Response Expense Recovery Coverage
- 3.
- 4.

All costs including damages and allocated loss adjustment expenses are on an occurrence basis and must be paid first from the Member's SIR. The Member's SIR and deductibles must be satisfied fully before MMRMA will be responsible for any payments. The most MMRMA will pay is the difference between the Member's SIR and the Limits of Coverage stated in the Coverage Overview.

County of Grand Traverse agrees to maintain the Required Minimum Balance as defined in the Member Financial Responsibilities section of the MMRMA Governance Manual. The Member agrees to abide by all MMRMA rules, regulations, and administrative procedures pertaining to the Member's SIR.

C. MMRMA Obligations - Payments and Limits of Coverage

After the Member's SIR and deductibles have been satisfied, MMRMA will be responsible for paying all remaining costs, including damages, indemnification, and allocated loss adjustment expenses to the Limits of Coverage stated in Table II. The Limits of Coverage include the Member's SIR payments.

The most MMRMA will pay, under any circumstances, which includes payments from the Member's SIR, per occurrence, is shown in the Limits of Coverage column in Table II. The Limits of Coverage includes allocated loss adjustment expenses.

Table II
Limits of Coverage

Liability and Motor Vehicle Physical Damage	Limits of Coverage Per Occurrence		Annual Aggregate	
	Member	All Members	Member	All Members
1 Liability	15,000,000	N/A	N/A	N/A
2 Judicial Tenure	100,000	N/A	N/A	N/A
3 Sewage System Overflows	0	N/A	0	N/A
4 Volunteer Medical Payments	25,000	N/A	N/A	N/A
5 First Aid	2,000	N/A	N/A	N/A
6 Vehicle Physical Damage	1,500,000	N/A	N/A	N/A
7 Uninsured/Underinsured Motorist Coverage (per person)	100,000	N/A	N/A	N/A
Uninsured/Underinsured Motorist Coverage (per occurrence)	250,000	N/A	N/A	N/A
8 Michigan No-Fault	Per Statute	N/A	N/A	N/A
9 Terrorism	5,000,000	N/A	N/A	5,000,000

Property and Crime	Limits of Coverage Per Occurrence		Annual Aggregate	
	Member	All Members	Member	All Members
1 Buildings and Personal Property	137,498,905	350,000,000	N/A	N/A
2 Personal Property in Transit	2,000,000	N/A	N/A	N/A
3 Unreported Property	5,000,000	N/A	N/A	N/A
4 Member's Newly Acquired or Constructed Property	5,000,000	N/A	N/A	N/A
5 Fine Arts	2,000,000	N/A	N/A	N/A
6 Debris Removal (25% of Insured direct loss plus)	25,000	N/A	N/A	N/A
7 Money and Securities	1,000,000	N/A	N/A	N/A
8 Accounts Receivable	2,000,000	N/A	N/A	N/A
9 Fire Protection Vehicles, Emergency Vehicles, and Mobile Equipment (Per Unit)	0	10,000,000	N/A	N/A
10 Fire and Emergency Vehicle Rental (12 week limit)	0 per week	N/A	N/A	N/A
11 Structures Other Than a Building	5,000,000	N/A	N/A	N/A
12 Storm or Sanitary Sewer Back-Up	1,000,000	N/A	N/A	N/A
13 Marine Property	1,000,000	N/A	N/A	N/A
14 Other Covered Property	10,000	N/A	N/A	N/A
15 Income and Extra Expense	5,000,000	N/A	N/A	N/A
16 Blanket Employee Fidelity	1,000,000	N/A	N/A	N/A
17 Faithful Performance	Per Statute	N/A	N/A	N/A
18 Earthquake	5,000,000	N/A	5,000,000	100,000,000
19 Flood	5,000,000	N/A	5,000,000	100,000,000
20 Terrorism	50,000,000	50,000,000	N/A	N/A

TABLE III**Data Breach and Privacy Liability, Data Breach Loss to Member, Electronic Media Liability, and Breach Mitigation Expense Coverage****Limits of Coverage****Retroactive Dates:****For Coverage A -- Data Breach and Privacy Liability Coverage: 7/1/2013****For Coverage C -- Electronic Media Liability Coverage: 7/1/2013**

Data Breach and Privacy Liability, Data Breach Loss to Member, Electronic Media Liability, and Breach Mitigation Expense	Limits of Coverage Per Occurrence/Claim	Annual Aggregate	
	Member	Member	All Members
Coverage A -- Data Breach and Privacy Liability Coverage: Each Claim:	\$5,000,000 Included in the limit above	\$5,000,000	\$25,000,000
Coverage B -- Data Breach Loss to Member Coverage: Each Unauthorized Access:	Included in the limit above		
Coverage C -- Electronic Media Liability Coverage: Each Claim:	Included in the limit above		
Coverage D -- Breach Mitigation Expense Coverage: Each Unintentional Data Compromise:	Included in the limit above		

The total liability of MMRMA shall not exceed \$5,000,000 per Member aggregate Limit of Liability for coverages A, B, C, and D, in any coverage period.

The total liability of MMRMA shall not exceed \$25,000,000 for All Members aggregate Limit of Liability for coverages A, B, C, and D, from July 1, 2017, to June 30, 2018.

TABLE IV**Data Breach and Privacy Liability, Data Breach Loss to Member, Electronic Media Liability, and Breach Mitigation Expense Coverage****Deductibles**

Data Breach and Privacy Liability, Data Breach Loss to Member, Electronic Media Liability, and Breach Mitigation Expense	Deductible Per Occurrence/Claim
	Member
Coverage A -- Data Breach and Privacy Liability Coverage: Each Claim:	\$25,000
Coverage B -- Data Breach Loss to Member Coverage: Each Unauthorized Access:	\$25,000
Coverage C -- Electronic Media Liability Coverage: Each Claim:	\$25,000
Coverage D -- Breach Mitigation Expense Coverage: Each Unintentional Data Compromise:	\$25,000

Table V**Specialized Emergency Response Expense Recovery Coverage****Limits of Coverage**

Specialized Emergency Response Expense Recovery	Limits of Coverage per Occurrence		Annual Aggregate	
	Member	All Members	Member	All Members
	N/A	N/A	N/A	N/A

Table VI**Specialized Emergency Response Expense Recovery Coverage****Deductibles**

Specialized Emergency Response Expense Recovery	Deductible per Occurrence
	Member
	N/A

County of Grand Traverse

To January 01, 2019

Coverages per Member Coverage Overview:

\$673,032

Stop Loss Coverage:

\$0

Member Loss Fund Deposit:

\$50,000

TOTAL ANNUAL CONTRIBUTIONS:

\$723,032

E. List of Addenda

MICHIGAN MUNICIPAL RISK MANAGEMENT AUTHORITY

County of Grand Traverse
POLICY NUMBER M0001162
SUMMARY OF MOTOR VEHICLE TYPES
EFFECTIVE 1/1/2018 - 1/1/2019

<u>Type of Vehicle</u>	<u>Liability Coverage Renewal Exposure</u>		<u>Physical Damage Coverage Renewal Exposure Data</u>			<u>Total</u>
	<u>Units</u>	<u>Contribution</u>	<u>ACV</u>	<u>Replacement</u>	<u>Contribution</u>	
All Other Vehicles	0	0	0	0	0	0
Buses	0	0	0	0	0	0
Commercial - Historical	0	0	0	0	0	0
EMS/Ambulance	0	0	0	0	0	0
Fire Vehicles - Large	0	0	0	0	0	0
Fire Vehicles - Other	0	0	0	0	0	0
Garbage Trucks	0	0	0	0	0	0
Motorcycles	1	125	30,000	0	26	151
Motorcycles - Historical	0	0	0	0	0	0
Police - All Other	8	1,995	200,000	0	176	2,171
Police PPT	110	26,752	2,750,000	0	9,679	36,431
Private Passenger	20	4,337	500,000	0	1,893	6,230
Private Passenger - Historical	0	0	0	0	0	0
Service Trucks	34	6,637	1,020,000	0	897	7,534
Vans	6	1,755	180,000	0	158	1,913
Totals	179	41,600	4,680,000	0	12,829	54,430

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MICHIGAN MUNICIPAL RISK MANAGEMENT AUTHORITY

County of Grand Traverse
POLICY NUMBER M0001162
SUMMARY
EFFECTIVE 1/1/2018 - 1/1/2019

Coverage	<u>Expiring Annual Exposure</u>	<u>Annual Exposure</u>	<u>Limits of Liability</u>	<u>SIR/ Deductible</u>	<u>Expiring Contribution</u>	Contribution
Automobile Liability	183 Total Vehicles	179 Total Vehicles	15,000,000	75,000	41,452	41,600
Automobile Physical Damage	\$4,795,000 ACV	\$4,680,000 ACV		15,000	13,096	12,830
Fire/EMS Replacement Cost	\$0 Replacement Cost	\$0 Replacement Cost		N/A	0	0
General Liability	\$51,169,279 Exposure Equivalents	\$60,355,489 Exposure Equivalents	15,000,000	75,000	58,899	56,301
Law Enforcement Liability	69 Employee Equivalents	70 Employee Equivalents	15,000,000	75,000	307,671	311,821
Public Officials' Liability	\$51,169,279 Exposure Equivalents	\$60,355,489 Exposure Equivalents	15,000,000	75,000	93,132	94,636
Property	\$135,386,453	\$136,498,905		1,000	151,454	155,844
Data Breach and Privacy Liability			5,000,000	25,000 See Table IV	0	0
Specialized Emergency Response Expense Recovery Coverage	N/A	N/A	N/A	N/A	0	0
Sewers	0 Population	0 Population	0	N/A	0	0
Subtotal					665,704	673,032
MCCA Assessment	183 Total Vehicles	179 Total Vehicles			29,280	28,640
MCCA Assessment Discount					-29,280	-28,640
Total					665,704	673,032
Stop Loss Charge	\$0 Stop Loss entry point	\$0 Stop Loss entry point			0	0
Total Contribution without Retention Fund Allocation					665,704	673,032
Retention Fund Allocation					50,000	50,000
Total Contribution including Retention Fund Allocation					715,704	723,032

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MICHIGAN MUNICIPAL RISK MANAGEMENT AUTHORITY

Member: County of Grand Traverse
POLICY NUMBER M0001162
POLICY PROPERTY LIST REPORT
EFFECTIVE DATES 1/1/2018 To 1/1/2019

Location Address		Location Description		
1.	400 Boardman Ave., Traverse City, MI 49685	Governmental Center		
	Building Description	Building Value	Contents Value	Total Value
	Governmental Center	\$11,780,743	\$3,474,150	\$15,254,893
Location Totals		\$11,780,743	\$3,474,150	\$15,254,893

Location Address		Location Description		
2.	320 Washington St., Traverse City, MI 49685	Jail/Sheriff Department		
	Building Description	Building Value	Contents Value	Total Value
	Jail/Sheriff Department	\$9,356,563	\$755,250	\$10,111,813
Location Totals		\$9,356,563	\$755,250	\$10,111,813

Location Address		Location Description		
3.	328 Washington, Traverse City, MI 49685	Courthouse		
	Building Description	Building Value	Contents Value	Total Value
	Courthouse	\$7,192,634	\$1,224,171	\$8,416,805
Location Totals		\$7,192,634	\$1,224,171	\$8,416,805

Location Address		Location Description		
4.	324 Court St., Traverse City, MI 49685	Prosecutors Office		
	Building Description	Building Value	Contents Value	Total Value
	Prosecutor's Office	\$562,267	\$95,665	\$657,932
Location Totals		\$562,267	\$95,665	\$657,932

Location Address		Location Description		
5.	1207 W. Civic Center, Traverse City, MI 49685	Civic Center		
	Building Description	Building Value	Contents Value	Total Value
	Facilities Management Office	\$896,689	\$151,050	\$1,047,739
	Bathroom	\$103,658	\$3,021	\$106,679
	Barley Building	\$206,309	\$5,035	\$211,344
	Sector Office	\$149,951	\$25,175	\$175,126
	Civic Center/Pool	\$2,295,564	\$292,030	\$2,587,594
	Probate	\$208,120	\$10,070	\$218,190
	Howe Arena	\$5,292,679	\$201,400	\$5,494,079
Location Totals		\$9,152,970	\$687,781	\$9,840,751

Location Address		Location Description		
6.	6842 N. Long Lake Rd, Traverse City, MI 49685	Twin Lakes		
	Building Description	Building Value	Contents Value	Total Value
	Gilbert Lodge	\$1,210,983	\$32,224	\$1,243,207
	Dormitory	\$1,069,687	\$15,105	\$1,084,792
	Craft Building	\$21,851	\$2,920	\$24,771
	Garage (Main and Storage)	\$92,889	\$0	\$92,889
	Log Cabin	\$40,359	\$4,028	\$44,387
Location Totals		\$2,435,769	\$54,277	\$2,490,046
Location Address		Location Description		
7.	5271 N. Keystone, Traverse City, MI 49685	Animal Control Building		
	Building Description	Building Value	Contents Value	Total Value
	Animal Control building	\$229,456	\$15,105	\$244,561
Location Totals		\$229,456	\$15,105	\$244,561
Location Address		Location Description		
8.	320 Washington St., Traverse City, MI 49685	Work Release Office		
	Building Description	Building Value	Contents Value	Total Value
	Work Release Office	\$208,120	\$10,070	\$218,190
Location Totals		\$208,120	\$10,070	\$218,190
Location Address		Location Description		
9.	2650 LaFrainer Rd., Traverse City, MI 49685	Public Services Office		
	Building Description	Building Value	Contents Value	Total Value
	Public Services Building	\$2,460,611	\$297,065	\$2,757,676
Location Totals		\$2,460,611	\$297,065	\$2,757,676
Location Address		Location Description		
10.	2571 Keystone Dr., Traverse City, MI 49685	COA Garage		
	Building Description	Building Value	Contents Value	Total Value
	COA Garage	\$177,124	\$15,105	\$192,229
Location Totals		\$177,124	\$15,105	\$192,229
Location Address		Location Description		
11.	2600 LaFranier Road, Traverse City, MI 49685	Health Services Building		
	Building Description	Building Value	Contents Value	Total Value
	Health Services Building	\$5,413,345	\$278,939	\$5,692,284
Location Totals		\$5,413,345	\$278,939	\$5,692,284
Location Address		Location Description		
12.	851 Woodmere St, Traverse City, MI 49685	Law Enforcement Center		
	Building Description	Building Value	Contents Value	Total Value
	Law Enforcement Center	\$5,657,896	\$1,409,800	\$7,067,696
Location Totals		\$5,657,896	\$1,409,800	\$7,067,696

Location Address		Location Description		
13.	1910 W. South Airport Rd, Traverse City, MI 49685		Madalie Park	
	Building Description	Building Value	Contents Value	Total Value
	Restroom	\$99,632	\$14,098	\$113,730
Location Totals		\$99,632	\$14,098	\$113,730
Location Address		Location Description		
14.	280 Washington, Traverse City, MI 49685		Hall Of Justice	
	Building Description	Building Value	Contents Value	Total Value
	Hall of Justice	\$13,116,216	\$528,675	\$13,644,891
Location Totals		\$13,116,216	\$528,675	\$13,644,891
Location Address		Location Description		
15.	1500 Cass Rd, Traverse City, MI 49685		Sabin Dam	
	Building Description	Building Value	Contents Value	Total Value
	Sabin Dam	\$3,391,517	\$100,700	\$3,492,217
Location Totals		\$3,391,517	\$100,700	\$3,492,217
Location Address		Location Description		
16.	1450 Cass Rd, Traverse City, MI 49685		Nature Reserve Center	
	Building Description	Building Value	Contents Value	Total Value
	Nature Reserve Center	\$1,009,404	\$95,665	\$1,105,069
	Bathroom/Pavilion	\$111,206	\$5,035	\$116,241
	Biomass Boiler Building	\$36,589	\$0	\$36,589
Location Totals		\$1,157,199	\$100,700	\$1,257,899
Location Address		Location Description		
17.	1330 Industry Dr., Traverse City, MI 49685		Sheriff Storage Shed	
	Building Description	Building Value	Contents Value	Total Value
	Sheriff Storage Shed	\$1,212,694	\$30,210	\$1,242,904
Location Totals		\$1,212,694	\$30,210	\$1,242,904
Location Address		Location Description		
18.	1091 Keystone Rd., Traverse City, MI 49685		Meyer House	
	Building Description	Building Value	Contents Value	Total Value
	Home	\$121,773	\$0	\$121,773
	Barn	\$241,432	\$0	\$241,432
Location Totals		\$363,205	\$0	\$363,205
Location Address		Location Description		
19.	361 East Welch St., Traverse City, MI 49685		DPW Garage	
	Building Description	Building Value	Contents Value	Total Value
	HHW Safety Shed #1	\$61,339	\$1,007	\$62,346
	HHW Shed #2	\$61,339	\$1,007	\$62,346
Location Totals		\$122,678	\$2,014	\$124,692

Location Address		Location Description		
20.	727 Fly Don't Drive, Traverse City, MI 49685	Cherry Capital Airport		
	Building Description	Building Value	Contents Value	Total Value
	Airport Terminal	\$37,266,437	\$0	\$37,266,437
	Rental Car Wash Facility	\$1,408,939	\$0	\$1,408,939
	ARFF Building	\$3,119,794	\$0	\$3,119,794
	Power Vault	\$81,819	\$0	\$81,819
	SRE/Maintenance Building	\$5,006,765	\$0	\$5,006,765
	Sand Storage Building	\$210,938	\$0	\$210,938
	West T-Hangar #1	\$224,927	\$0	\$224,927
	West T-Hangar #2	\$447,841	\$0	\$447,841
	North T-Hangar #1	\$468,975	\$0	\$468,975
	North T-Hangar #2	\$468,975	\$0	\$468,975
	General Aviation Building	\$1,505,955	\$0	\$1,505,955
	2 Line Shacks	\$35,639	\$0	\$35,639
Location Totals		\$50,247,004	\$0	\$50,247,004

Location Address		Location Description		
21.	12500 Power Island, Traverse City, MI 49685	Power Island		
	Building Description	Building Value	Contents Value	Total Value
	Caretakers Home	\$80,209	\$75,525	\$155,734
	Storage	\$37,585	\$33,841	\$71,426
Location Totals		\$117,794	\$109,366	\$227,160

Location Address		Location Description		
22.	520 W. Front St., Traverse City, MI 49685	Front Street Building		
	Building Description	Building Value	Contents Value	Total Value
	Front Street Building	\$1,202,529	\$201,400	\$1,403,929
Location Totals		\$1,202,529	\$201,400	\$1,403,929

Location Address		Location Description		
23.	4444 Bartlet, Traverse City, MI 49685	Bartlett Park		
	Building Description	Building Value	Contents Value	Total Value
	Restroom	\$184,168	\$3,524	\$187,692
Location Totals		\$184,168	\$3,524	\$187,692

Location Address		Location Description		
24.	4801 Harris, Traverse City, MI 49685	Harris Tower		
	Building Description	Building Value	Contents Value	Total Value
	Harris Control Building & Tower	\$174,105	\$0	\$174,105
Location Totals		\$174,105	\$0	\$174,105

Location Address		Location Description		
25.	Keystone, Traverse City, MI 49685		Soccer Fields	
	Building Description	Building Value	Contents Value	Total Value
	Soccer Field	\$0	\$20,322	\$20,322
Location Totals		\$0	\$20,322	\$20,322
Location Address		Location Description		
26.	4450 Bartlett, Traverse City, MI 49685		Vasa Warming Hut	
	Building Description	Building Value	Contents Value	Total Value
	Vasa Warming Hut	\$15,130	\$0	\$15,130
Location Totals		\$15,130	\$0	\$15,130
Location Address		Location Description		
27.	1970 W. River Rd, Traverse City, MI 49685		Central Tower	
	Building Description	Building Value	Contents Value	Total Value
	Central Control Building & Tower	\$348,209	\$0	\$348,209
Location Totals		\$348,209	\$0	\$348,209
Location Address		Location Description		
28.	7080 E. M113, Traverse City, MI 49685		Fife Tower	
	Building Description	Building Value	Contents Value	Total Value
	Fife Control Building & Tower	\$143,410	\$0	\$143,410
Location Totals		\$143,410	\$0	\$143,410
Location Address		Location Description		
29.	David Rd, Traverse City, MI 49685		Karlin Tower	
	Building Description	Building Value	Contents Value	Total Value
	Karlin Control Building & Tower	\$119,760	\$9,063	\$128,823
Location Totals		\$119,760	\$9,063	\$128,823
Location Address		Location Description		
30.	14247 Center, Traverse City, MI 49685		Mapleton Tower	
	Building Description	Building Value	Contents Value	Total Value
	Mapleton Control Building & Tower	\$335,126	\$25,175	\$360,301
Location Totals		\$335,126	\$25,175	\$360,301
Location Address		Location Description		
31.	4262 Strait, Traverse City, MI 49685		Strait Tower	
	Building Description	Building Value	Contents Value	Total Value
	Strait Tower - Contents at Shelter	\$0	\$35,245	\$35,245
Location Totals		\$0	\$35,245	\$35,245
Location Address		Location Description		
32.	Watson Road, Traverse City, MI 49685		Watson Tower	
	Building Description	Building Value	Contents Value	Total Value
	Radio Equipment/Cabinet at Shelter	\$0	\$8,056	\$8,056
Location Totals		\$0	\$8,056	\$8,056

Location Address		Location Description		
33.	Interlochen Tower, Interlochen, MI 48643		Interlochen Tower	
	Building Description	Building Value	Contents Value	Total Value
	Radio Equipment at Shelter	\$0	\$5,035	\$5,035
Location Totals		\$0	\$5,035	\$5,035

Location Address		Location Description		
34.	Wayne Hill, Traverse City, MI 49685		Wayne Hill Tower	
	Building Description	Building Value	Contents Value	Total Value
	Radio Equipment at Shelter	\$0	\$10,070	\$10,070
Location Totals		\$0	\$10,070	\$10,070

Grand Totals		
Building Value	Contents Value	Total Value
\$126,977,874	\$9,521,031	\$136,498,905

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Scheduled Vehicles						
Year	Make	Model	VIN	License Plate	Type	Department
2010	YAMAHA	MOTORCYCL	JYADG19E08A003161	28X023	Motorcycles	Police
2004	Chevrolet	ExpressVan	1GCFG15X941162310	XXXXXXX	Police - All Other	Police
1997	Dodge	Dakota	1B7GG23X7VS267517	XXXXXXX	Police - All Other	Police
2003	FORD	PICKUP	3FTNX21L94MA05111	28X029	Police - All Other	Police
2003	CHEVY	SUBURBAN	1GNFK16Z83J296634	28X064	Police - All Other	Police
1991	FORD	EVIDENCE	1FDKE30MHB27370	28X082	Police - All Other	Police
1990	FORD	ECONOLINE	1FDK30M7LH83039	XXXXXXX	Police - All Other	Police
1988	CHEVY	STEP VAN	CPS3593315553	28X017	Police - All Other	Police
2003	GMC	Sonoma	1GTCT19X438227921	XXXXXXX	Police - All Other	Police
2017	DODGE	CHARGER	2C3CDXKT2HH566187	XXXXXXX	Police PPT	Police
2017	DODGE	CHARGER	2C3CDXKT0HH566186	XXXXXXX	Police PPT	Police
2016	FORD	FUSION	3FA6P0H79HR112997	XXXXXXX	Police PPT	Police
2015	DODGE	JOURNEY	3C4PDCBG8FT725971	XXXXXXX	Police PPT	Police
2016	CHEVY	EQUINOX	2GNALBEK4G6297770	XXXXXXX	Police PPT	Police
2016	CHEVY	EQUINOX	2GNALBEK4G6294934	XXXXXXX	Police PPT	Police
2016	CHEVY	EQUINOX	2GNALBEK0G6295398	XXXXXXX	Police PPT	Police
2016	GMC	TERRAIN	2GKALMEK2G680099	XXXXXXX	Police PPT	Police
2016	GMC	TERRAIN	2GKALMEK2G6286209	XXXXXXX	Police PPT	Police
2016	GMC	TERRAIN	2GKALMEK2G6282337	XXXXXXX	Police PPT	Police
2016	DODGE	CHARGER	2C3CDXAT6GH272873	XXXXXXX	Police PPT	Police
2016	DODGE	CHARGER	2C3CDXAT66H272873	XXXXXXX	Police PPT	Police
2016	DODGE	CHARGER	2C3CDXAT4GH272872	XXXXXXX	Police PPT	Police
2016	DODGE	CHARGER	2C3CDXAT2GH272871	XXXXXXX	Police PPT	Police
2016	DODGE	CHARGER	2C3CDXAT2GH272868	XXXXXXX	Police PPT	Police
2016	DODGE	CHARGER	2C3CDXAT0GH272870	XXXXXXX	Police PPT	Police
2016	DODGE	CHARGER	2C3CDXAT0GH272867	XXXXXXX	Police PPT	Police
2016	CHEVY	TAHOE	1GNSKEKC9GR341918	XXXXXXX	Police PPT	Police
2016	CHEVY	TAHOE	1GNSKEKC4GR345505	XXXXXXX	Police PPT	Police
2016	CHEVY	TAHOE	1GNSKEKC3GR347004	XXXXXXX	Police PPT	Police
2016	CHEVY	TAHOE	1GNSKEKC3GR346838	XXXXXXX	Police PPT	Police
2016	CHEVY	TAHOE	1GNSKEKC3GR345219	XXXXXXX	Police PPT	Police
2016	CHEVY	TAHOE	1GNSKEKC3GR343387	XXXXXXX	Police PPT	Police
2016	CHEVY	TAHOE	1GNSKEKC1GR345624	XXXXXXX	Police PPT	Police
2017	FORD	ESCAPE	1FMCU0GD9HUA32889	XXXXXXX	Police PPT	Police
2017	FORD	ESCAPE	1FMCU0GD3HUA29356	XXXXXXX	Police PPT	Police
2016	JEEP	CHEROKEE	1C4PJLCS4GW293807	XXXXXXX	Police PPT	Police
2015	FORD	TAURUS	1FAHP2D81FG175745	XXXXXX	Police PPT	Police
2015	DODGE	CHARGER	2C3CDXAT1FH753760	28X019	Police PPT	Police
2015	DODGE	CHARGER	2C3CDXATVFH753756	28X028	Police PPT	Police
2015	DODGE	CHARGER	2C3CDXAT1FH753757	28X062	Police PPT	Police

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2015	DODGE	CHARGER	2C3CDXAT3FH753758	28X027	Police PPT	Police
2015	DODGE	CHARGER	2C3CDXAT5FH753759	28X060	Police PPT	Police
2015	CHEVY	SUBURBAN	1GNSK5KC8FR567933	XXXXXX	Police PPT	Police
2015	AEROMAST	TRUCK	4UZAC3DV6FCGE3330	28X004	Police PPT	Police
2010	CHEVY	MONTE	2G1WX12K7Y9183269	BDR7847	Police PPT	Police
2014	Dodge	Charger	2C3CDXAT2EH287531	28X037	Police PPT	Police
2014	Dodge	Charger	2C3CDXAT1EH204820	28X043	Police PPT	Police
2014	Dodge	Charger	2C3CDXAT0EH287530	28X018	Police PPT	Police
2011	FORD	CROWN	2FABP7BVXBX160015	28X097	Police PPT	Police
2011	FORD	CROWN	2FABP7BV9BX180594	28X009	Police PPT	Police
2011	FORD	CROWN	2FABP7BV8BX180599	28X049	Police PPT	Police
2011	FORD	CROWN	2FABP7BV8BX160014	28X085	Police PPT	Police
2011	FORD	CROWN	2FABP7BV7BX180593	28X042	Police PPT	Police
2011	FORD	CROWN	2FABP7BV6BX180598	28X017	Police PPT	Police
2011	FORD	CROWN	2FABP7BV6BX160013	28X083	Police PPT	Police
2011	FORD	CROWN	2FABP7BV4BX180597	28X078	Police PPT	Police
2011	FORD	CROWN	2FABP7BV4BX160012	28X013	Police PPT	Police
2011	FORD	CROWN	2FABP7BV0BX180595	28X015	Police PPT	Police
2010	FORD	CROWN	2FABP7BVXAX138840	28X024	Police PPT	Police
2010	FORD	CROWN	2FABP7BVXAX138837	28X073	Police PPT	Police
2010	FORD	CROWN	2FABP7BV5AX138843	28X040	Police PPT	Police
2010	FORD	CROWN	2FABP7BV3AX138842	28X057	Police PPT	Police
2010	FORD	CROWN	2FABP7BV3AX138839	28X031	Police PPT	Police
2010	FORD	CROWN	2FABP7BV1AX138841	28X030	Police PPT	Police
2010	FORD	CROWN	2FABP7BV1AX138838	28X088	Police PPT	Police
2010	FORD	ESCAPE	1FMCUODG6AKA7775	28X091	Police PPT	Police
2010	FORD	ESCAPE	1FMCUODG2AKA7775	28X084	Police PPT	Police
2009	FORD	CROWN	2FAHP71VX9X145830	28X016	Police PPT	Police
2009	FORD	CROWN	2FAHP71V59X145833	28X061	Police PPT	Police
2009	FORD	CROWN	2FAHP71V39X145832	28X087	Police PPT	Police
2009	FORD	CROWN	2FAHP71V59X148120	28X026	Police PPT	Police
2009	FORD	CROWN	2FAHP71V39X145829	28X014	Police PPT	Police
2009	FORD	CROWN	2FAHP71V19X145831	28X044	Police PPT	Police
2010	FORD	ESCAPE	1FMCU9DG6AKB60897	CDZ7329	Police PPT	Police
2009	FORD	ESCAPE FWD	1FMCU03G19KC84911	28X096	Police PPT	Police
2010	FORD	TAURUS	1FAHP2EW5AG135884	CED1672	Police PPT	Police
2008	JEEP	LIBERTY	1J8GN28KX8W180736	28X095	Police PPT	Police
2008	FORD	CROWN	2FAFP71V98X143413	28X020	Police PPT	Police
2008	FORD	CROWN	2FAFP71V88X143418	28X039	Police PPT	Police
2008	FORD	CROWN	2FAFP71V08X143414	28X036	Police PPT	Police
2008	FORD	EXPEDITION	1FMFU16518LA44246	28X071	Police PPT	Police
2008	FORD	E-450 ERT	1FDXE45SX8DA26610	28X092	Police PPT	Police
2008	DODGE	DURANGO	1D8HB38N18F121449	28X093	Police PPT	Police

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2008	DODGE	AVENGER	1B3LC56RX8N185133	28X094	Police PPT	Police
2008	CHRYSLER	TOWN &	2A8H44HR88R655775	28X092	Police PPT	Police
2007	GMC	SAVANNA	1GJHG39U371144015	28X006	Police PPT	Police
2007	FORD	CROWN	2FAFP71W97X113111	28X035	Police PPT	Police
2007	FORD	CROWN	2FAFP71W77X113110	XXXXXX	Police PPT	Police
2007	FORD	CROWN	2FAFP71W67X149676	28X048	Police PPT	Police
2007	FORD	CROWN	2FAFP71W47X149675	28X063	Police PPT	Police
2007	FORD	CROWN	2FAFP71W27X113113	28X045	Police PPT	Police
2007	FORD	EXPEDITION	1FMFU165X7LA67913	28X051	Police PPT	Police
2007	FORD	EXPEDITION	1FMFU16587LA67912	28X002	Police PPT	Police
2007	FORD	EXPEDITION	1FMFU16517LA67914	28X053	Police PPT	Police
2007	FORD	EXPLORER	1FMEU73EX7UB33647	28X007	Police PPT	Police
2007	FORD	EXPLORER	1FMEU73E17UB33648	28X025	Police PPT	Police
2006	FORD	EXPLORER	1FMEU73896UB17416	28X054	Police PPT	Police
2006	FORD	EXPLORER	1FMEU73876UB17415	28X052	Police PPT	Police
2006	FORD	TAURUS	1FAFP53U16A248106	28X079	Police PPT	Police
2006	DODGE	CHARGER	2B3KA43H06H504200	28X066	Police PPT	Police
2005	FORD	CROWN	2FAFP71W75X135086	28X037	Police PPT	Police
2005	FORD	EXPEDITION	1FMPU16505LA66822	OJTV03	Police PPT	Police
2014	Dodge	Charger	2C3CDXAT4EH287532	28X038	Police PPT	Police
2014	Dodge	Charger	2C3CDXAT4EH287529	28X069	Police PPT	Police
2014	CHEVY	TAHOE	1GNSK2E07ER172205	28X055	Police PPT	Police
2014	CHEVY	TAHOE	1GNSK2E07ER170860	28X034	Police PPT	Police
2013	DODGE	CHARGER	2C3CDXAT4DH667615	28X058	Police PPT	Police
2013	DODGE	CHARGER	2C3CDXAT6DH667616	28X032	Police PPT	Police
2013	CHEVY	TAHOE	1GNSK2E09DR309806	28X059	Police PPT	Police
2013	CHEVY	TAHOE	1GNSK2E02DR310103	28X011	Police PPT	Police
2013	CHEVY	TAHOE	1GNSK2E06DR309262	28X081	Police PPT	Police
2013	CHEVY	TAHOE	1GNSK2E04DR306909	28X022	Police PPT	Police
2013	CHEVY	TAHOE	1GNSK2E00DR309581	28X023	Police PPT	Police
2012	CHEVROLE	TAHOE	1GNSK2E0XCR318576	28X005	Police PPT	Police
2012	CHEVROLE	STATIONWA	1GNSK2E03CR280110	28X033	Police PPT	Police
1990	CHEVROLE	CAPRICE -	1G1BL5476LR139997	28X099	Police PPT	Police
2017	DODGE	CHARGER	2C3CDXKT6HH661030	XXXXXX	Police PPT	Police
2017	DODGE	CHARGER	2C3CDXKT8HH661031	XXXXXX	Police PPT	Police
2017	DODGE	CHARGER	2C3CDXKTXHH61029	XXXXXX	Police PPT	Police
2017	CHEVY	CRUZE	1G1BC5SMXH7166194	XXXXXX	Private Passenger	Health/CMH/MCF
2006	CHEVY	IMPALA	2G1WB58K069393450	036X172	Private Passenger	Road Commission
2007	FORD	CROWN	2FAFP71W07X149673	XXXXXX	Private Passenger	Courts
1969	CHEVY	FOUR DOOR	153699F064743	in storage	Private Passenger	Administration
1957	CHEVY	STATIONWA	V857F130751	in storage	Private Passenger	Administration
1997	FORD	RANGER	1FTYR11X2WPA32863	036X262	Private Passenger	Administration
2015	JEEP	PATRIOT	1CRNJRFB3FD20799	036X275	Private Passenger	Administration

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2002	CHEVROLE	SUBURBAN	1GCHK23U82F247421	28X065	Private Passenger	Police
2013	FORD	FOCUS	1FADP3F28DL185447	036X271	Private Passenger	Health/CMH/MCF
2009	FORD	FOCUS	1FAHP34N89W116309	036X202	Private Passenger	Health/CMH/MCF
2009	FORD	FOCUS	1FAHP34N69W116308	036X203	Private Passenger	Health/CMH/MCF
2009	FORD	FOCUS	1FAHP34N49W116310	036X201	Private Passenger	Health/CMH/MCF
2009	FORD	FOCUS	1FAHP34N49W116307	036X204	Private Passenger	Health/CMH/MCF
2006	FORD	ESCAPE	1FMCU95H06KC01605	036X197	Private Passenger	Health/CMH/MCF
2006	FORD	TAURUS	1FAFP53U86A220674	036X206	Private Passenger	Health/CMH/MCF
2006	FORD	TAURUS	1FAFP53U66A220673	036X207	Private Passenger	Health/CMH/MCF
2001	DODGE	CARAVAN	1B4GP25361B185263	036x276	Private Passenger	Equalization
2001	CHEVROLE	BLAZER	1GNDDT13W31K201371	036X183	Private Passenger	Equalization
2004	FORD	FREESTAR	2FMZA51604BA11276	036X291	Private Passenger	Courts
1995	Mercury	Grand Marquis	2MELM75W7SX671563	036X290	Private Passenger	Courts
2017	DODGE	RAM	3C7WR3AT0HG583514	XXXXXXX	Service Trucks	Building & Grounds
2017	DODGE	RAM	3C6LR5AT9HG581876	XXXXXXX	Service Trucks	Building & Grounds
2017	CHEVY	SILVERADO	1GCVKNEH7HZ145961	XXXXXXX	Service Trucks	Health/CMH/MCF
2016	CHEVY	SILVERADO	1GCNKNEH5GZ122600	XXXXXXX	Service Trucks	Health/CMH/MCF
2013	FORD	F150 PICKUP	1FTMF1EM9DKD73663	036X30	Service Trucks	Health/CMH/MCF
2003	FORD	RANGER	1FTZR15E41TA69457	036X260	Service Trucks	Parks/Recs
2000	FORD	RANGER	1FTYR11V8YPB63927	036X198	Service Trucks	Health/CMH/MCF
2005	CHEVROLE	COLORADO	1GCDT146658175827	036X210	Service Trucks	Health/CMH/MCF
2005	CHEVROLE	COLORADO	1GCDT146558176404	036X211	Service Trucks	Health/CMH/MCF
2005	CHEVROLE	COLORADO	1GCDT146058176701	036X212	Service Trucks	Health/CMH/MCF
2006	CHEVROLE	COLORADO	1GCDT146X68149149	036X213	Service Trucks	Health/CMH/MCF
2006	CHEVROLE	COLORADO	1GCDT146268150506	036X214	Service Trucks	Health/CMH/MCF
2008	DODGE	RAM 2500	3D7KS28D88G179844	036x299	Service Trucks	Emergency Management
2015	FORD	F250 PICKUP	1FTBF2B65FEA98765	036X307	Service Trucks	Commission on Aging
2011	FORD	F-250	1FTBF2B61BEC58201	036X189	Service Trucks	Commission on Aging
2009	FORD	PICKUP	1FTNF21509EA84833	036X189	Service Trucks	Commission on Aging
2007	GMC	SIERRA	1GTHK24U97E136789	036X298	Service Trucks	Commission on Aging
2006	GMC	SIERRA	1GTHK24U16E148689	036x192	Service Trucks	Commission on Aging
2006	FORD	PICKUP	1FTSX21516EB82488	036x191	Service Trucks	Commission on Aging
2003	GMC	2500 HD	1GTHK24U23E147384	036x190	Service Trucks	Commission on Aging
2007	CHEVROLE	PICKUP	1GCDT19E178236469	016x997	Service Trucks	Building & Grounds
2004	CHEVROLE	COLORADO	1GCDT196X48165258	016x998	Service Trucks	Building & Grounds
2006	CHEVROLE	COLORADO	1GCDT196968304878	036x181	Service Trucks	Building & Grounds
2005	CHEVROLE	PICKUP	1GCDT196158279313	036X179	Service Trucks	Building & Grounds
2005	CHEVROLE	PICKUP	1GCDT196058279190	036X171	Service Trucks	Building & Grounds
2004	DODGE	RAM	3D7KU26D74G220469	036X259	Service Trucks	Building & Grounds
2013	FORD	F350 PICKUP	1FDRF3H61DEA69137	036X305	Service Trucks	Administration
2005	CHEVROLE	PICKUP	1GCDT196658279470	036X176	Service Trucks	Administration
2012	FORD	F250	1FTBF2B66CEA12892	036X302	Service Trucks	Administration
2004	CHEVY	COLORADO	1GCDT196X48202972	036X174	Service Trucks	Administration

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2007	GMC	SIERRA	1GDKJ34U87E121106	036X267	Service Trucks	Administration
2004	GMC	1 TON	1GDKJ34U54E332078	036X301	Service Trucks	Administration
2001	GMC	SIERRA	1GTEC14V21Z329336	036X253	Service Trucks	Administration
2017	FORD	F250	1FTBF2B68HED44792	XXXXXX	Service Trucks	Commission on Aging
2015	FORD	TRANSIT	1FTNE1ZM3FKB29110	036X309	Vans	Building & Grounds
2006	FORD	ECONO	1FTRE14W86HA2785	036X255	Vans	Building & Grounds
2013	FORD	E150 VAN	1FTNE1EW2DDA68891	036X248	Vans	Administration
2012	FORD	ECONOLINE	1FTNE1EW1CDB06559	036X264	Vans	Administration
2001	FORD	CARGO VAN	1FTRE14291HB75120	036X200	Vans	Administration
2000	FORD	CARGO VAN	1FTRE1425YHB67669	036X258	Vans	Administration

Summary

Vehicle Group	Vehicles
All Other Vehicles	0 Vehicles
Buses	0 Vehicles
Commercial - Historical	0 Vehicles
EMS/Ambulance	0 Vehicles
Fire Vehicles Large	0 Vehicles
Fire Vehicles - Other	0 Vehicles
Garbage Trucks	0 Vehicles
Motorcycles	1 Vehicles
Motorcycles - Historical	0 Vehicles
Police - All Other	8 Vehicles
Police PPT	110 Vehicles
Private Passenger	20 Vehicles
Private Passenger - Historical	0 Vehicles
Service Trucks	34 Vehicles
Vans	6 Vehicles

Grand Totals

Vehicles
179 Vehicles

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**BLOODBORNE PATHOGEN EXPOSURE
CONTROL PLAN**

GRAND TRAVERSE COUNTY HEALTH DEPARTMENT

**GRAND TRAVERSE COUNTY HEALTH DEPARTMENT
EXPOSURE CONTROL PLAN-Revision 2018**

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GRAND TRAVERSE COUNTY HEALTH DEPARTMENT

BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN POLICY

The Grand Traverse County Health Department (GTCHD) is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to Blood-borne Pathogens in accordance with MIOSHA Rules 325.70001 - .70018, "Occupational Exposure to Blood-borne Infectious Diseases".

The ECP is a key document to assist our Health Department in implementing and ensuring compliance with the Standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure.
- Implementation of various methods of exposure control, including:
 - Universal precautions
 - Engineering and work practice controls
 - Standard operating procedures
 - Personal protective equipment
 - Housekeeping
- Hepatitis B vaccination.
- Post-exposure evaluation and follow-up.
- Communication of hazards to employees and training.
- Record keeping.
- Procedures of implementation of these elements of the Standard are discussed in the subsequent pages of this ECP.

I. PROGRAM ADMINISTRATION

- A. Nursing Administration is responsible for the implementation of the ECP. They will maintain, review and update the ECP at least annually and whenever necessary to include new or modified tasks and procedures.
- B. Those employees who are determined to have a risk of occupational exposure to blood or Other Potentially Infectious Materials (OPIM) must comply with the procedures and work practices outlined in this ECP.
- C. Grand Traverse County Health Department will maintain and provide all necessary Personal Protective Equipment (PPE), engineering controls (e.g., sharps containers) labels and red bags as required by the Standard. The Director of Community Health will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.
- D. The Director of Community Health, under the direction of the Medical Director, will be responsible for ensuring that all medical actions required are performed. The

Human Resources Department of Grand Traverse County will maintain appropriate employee health and MIOSHA records.

- E. The Director of Community Health will be responsible for assuring training, documentation of training and making the written ECP available to employees, MIOSHA and NIOSH representatives.

II. EMPLOYEE EXPOSURE DETERMINATION

- A. The following is a list of all **job classifications** at our agency that have been determined to be a Category A:

JOB TITLE	POTENTIAL TASK/PROCEDURE
Coordinating Nurse	Inj, Med, Fld, Bld, Cln
Supervising Nurse	Inj, Med, Fld, Bld, Cln
Director of Community Health	Inj, Med, Fld, Bld, Cln
Nurse Practitioner	Inj, Med, Fld, Bld, Cln
Physician Assistant	Inj, Med, Fld, Bld, Cln
Public Health Nurse I-II	Inj, Med, Fld, Bld, Cln
Personal Health Tech	Med, Fld, Bld, Cln
Personal Health Tech/LPN	Inj, Med, Fld, Bld, Cln
Registered Dietitians	Med, Fld, Bld, Cln
Medical Examiner	Inj, Med, Fld, Bld, Cln, Vic
Medical Examiner-Deputy	Inj, Med, Fld, Bld, Cln, Vic
Medical Examiner-Investigators	Inj, Med, Fld, Bld, Cln, Vic
Environmental Health Director	Fld, Cln
Environmental Health Coordinator	Fld, Cln
Health Program Coordinator	Fld, Cln
Sanitarians I-II	Fld, Cln

TAKS/PROCEDURE CODE

Inj:	Injections
Med:	Medical Procedures
Fld:	Handling Body Fluids
Bld:	Blood Draws/Handling
Cln:	Cleaning spills of potentially contaminated body fluids
Vic:	Handling Victims at Accident Scene

- B. Part-time, temporary, contract and per diem employees are covered by the Standard.

III. METHODS OF IMPLEMENTATION AND CONTROL

A. Universal Precautions

Grand Traverse County Health Department requires all staff to use Universal Precautions.

B. Exposure Control Plan

1. Employees covered by the Blood-borne Infectious Diseases Standard receive an explanation of the ECP during their initial training session and annually. All employees have an opportunity to review this plan at any time during their work day. If requested, we will provide an employee with a copy of the ECP free of charge.
2. Nursing Administration is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

C. Standard Operating Procedures

Standard Operating Procedures (SOP) provide specific guidance on controls and practices that shall be used when performing tasks involving the potential for occupational exposure to blood-borne pathogens. Staff of GTCHD is expected to follow SOP to minimize the potential for exposure to a blood-borne pathogen.

D. Contingency Plans

Where circumstances can be foreseen in which recommended SOP could not be allowed, the employer shall assist the staff with identifying a contingency plan that will minimize the potential for exposure.

E. Engineering Controls and Work Practices

1. **Engineering controls** and work practice controls will be used to prevent or minimize exposure to blood-borne pathogens. The specific engineering controls and work practice controls used are:
 - Lancets for capillary samples.
 - Safety needles and syringes for injections.
 - Safety butterfly, safety needle and vacutainers for venous samples.
 - Plexiglass table top shield for pouring of specimens.
 - Sharps containers.
2. **Sharps Disposal Containers:**
 - a. They must be closable, puncture resistant, leak proof on sides and bottoms, and labeled or color coded appropriately.
 - b. Are inspected and replaced by the licensed staff within the clinic setting.
 - c. Will be removed from service when the waste has reached the “full” line or they are otherwise apparently full.
 - d. Will be closed by the method the manufacturer intended and stored appropriately until the quarterly pick up is scheduled.
 - e. Will be kept in each clinic and lab work area where there is expectation of use of a bio-medical sharp.
 - f. Will be kept on the counter or desk tops, easily accessible to the employee needing it, but secure and out of reach of children.

- g. Will be available in portable units for staff in the field or for mobile use in off-site clinics.
 - h. Will be evaluated by users with recommended product changes as indicated.
 - i. Are stored in the Main Lab and in the storage room in the Reproductive Health Clinic.
 - j. Sharps disposal containers and the Bio-Medical Waste Containers are “picked up” quarterly by contracted licensed haulers.
- 3. **Safety Syringe:**
 - a. This facility utilizes safety products for injections and venous or capillary samples.
 - b. Licensed staff will participate in periodic evaluation and selection of safety products that are used by this agency per Safe Needle Act.
- 4. **Work Practice Controls:**
 - a. Handwashing
 - 1) Handwashing facilities are readily accessible. Running water, soap and towels or hand blow driers are necessary for clinic function. Staff is expected to use accepted handwashing procedures that include running water, vigorous rubbing using adequate soap and complete drying of hands. Antiseptic hand cleansers or towelettes are available and may be used, on a limited basis, if no other facilities are available.
 - 2) Employees should wash their hands immediately (or as soon as possible) after the removal of gloves.
 - 3) Staff must wash their hands immediately following contact with any body fluids, blood or infectious material. All skin (intact or not) that came in contact with the potentially infectious material (PIM) should be washed well with soap and water. Mucous membranes should be flushed with water for at least 15 minutes.
 - b. Eating, drinking, smoking, applying cosmetics or lip balm and handling of contact lenses is prohibited in work area where there is a risk for exposure to blood borne pathogens, anywhere specimens are collected, mailed, stored or handled.
 - c. Staff shall wear appropriate clothing while collecting, handling and testing specimens including:
 - 1) Closed toe shoes.
 - 2) Minimal jewelry/rings that could pierce gloves.
 - 3) No long necklace, loose scarves that could inadvertently become contaminated.
 - 4) Any other clothing that could increase the risk of blood-borne pathogen exposure or interfere with accurate test results.
 - d. Food and drink cannot be kept in refrigerators, freezers, cabinets or on counter tops or work areas where blood or other potentially infectious material is present (labs, exam rooms, clinic refrigerators, etc.).
 - e. Mouth pipetting/suctioning of blood or other potentially infectious material is prohibited under any circumstances.

- f. All procedures involving blood or other infectious material are performed in such a manner as to minimize splashing, spattering and the generation of droplets of these materials.
- g. Specimens containing blood or other potentially infectious material are placed in containers that prevent leakage during collection, handling, processing, storage, transport and shipping.
- h. If outside contamination of the primary container occurs, that container is placed within a second leak-proof container that is appropriately labeled for handling and storage purposes.
- i. Equipment which becomes contaminated is examined prior to servicing or shipping and decontaminated as necessary (unless it is demonstrated that decontamination is not feasible). An appropriate "Bio-hazard" label is attached to any contaminated equipment, identifying the contaminated portion. Information regarding the remaining contamination is conveyed to all affected employees, equipment manufacturer and service representative prior to handling, shipping or servicing.

5. **Spills**

- a. Kits Locations:
 - 1) WIC Lab
 - 2) Family Planning Lab
 - 3) Immunization clinic room
 - 4) Front Desk
 - 5) Administration
 - 6) Environmental Health
 - 7) Adolescent Health Centers
- b. Use of Spill Kits
 - 1) Latex free gloves must be worn. A gown should be used if indicated.
 - 2) Broken glass shall not be picked up directly with the hands but swept into a container using the dust pan and brush/broom. (Or, vacuum for small shards.)
 - 3) Sprinkle the absorbent powder (found in the spill kit) over the liquid.
 - 4) Gently brush the powdered substance into a dust pan and empty into a trash container (or red bio-hazard bag if grossly contaminated with body fluids) or use the cardboard "scoops" if a dust pan and brush are not available.
 - 5) Clean the area with disinfectant wipe (found in the spill kit).

6. **Product Evaluation:** review sharps safety products annually by,

- a. Including licensed staff directly involved in the product use.
- b. May set up demonstration to observe the products (by video or live) to assure that we are utilizing the simplest to use and the best devices available for our clinic setting.
- c. The Immunization Coordinator and the Medical Director will evaluate the staff input for decision-making on implementing changes. Nursing

Administration with the assistance of the Immunization Coordinator will ensure effective implementation of these recommendations.

7. This facility identifies the need for changes in engineering control and work practices through:
 - a. Continual review of the BBP Exposure Log.
 - b. Grand Traverse County Safety Committee recommendations.
 - c. Periodic Staff meetings.
 - d. Annual assessment of products.

F. Personal Protective Equipment (PPE)

1. PPE is provided to our employees at no cost to them. Training in the use of the appropriate PPE for the tasks or procedures is provided during the annual Blood-borne Pathogen Training (Safety Day). In addition, the Director of Community Health or designee will instruct individual staff on an as-needed basis.
2. The types of PPE available to employees are as follows:

Personal Protective Equipment	Location
Gloves: Disposable and Reusable (Utility)	Each Clinic Room and Lab Area
Goggles/eye Protection	Labs
Fluid Resistant Lab Coat	Labs
Masks	Main Lab and front desk
CPR Masks	Each Emergency kits

3. PPE used in clinic services may be obtained through routine procedure of ordering supplies. A quantity of supplies will be maintained to reasonably anticipate staff needs.
4. Contact your immediate supervisor for specific equipment needs.
5. All employees using PPE must observe the following precautions:
 - a. Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
 - b. Remove PPE after it becomes contaminated and before leaving the work area.
 - c. Used PPE may be disposed of in:

Gloves – Disposable	Waste Container
Gloves – Utility	Wash and disinfect if possible. Dispose of if damaged or torn.
Goggles	Reusable (may be disinfected)
Fluid Resistant Lab Coats	If contaminated, place in “Red Bio-bag” and arrange cleaning.
Masks	Waste Container
CPR Masks	Cleansed in a solution of 10% bleach.

- d. Wear appropriate **gloves** when it can be reasonably anticipated that there may be hand contact with blood or OPIM and when handling or touching contaminated items or surfaces, including times when your hands have open lesions. Replace gloves if torn, punctured, contaminated or if their ability to function as a barrier is compromised.
- e. Utility gloves may be decontaminated for reuse if their integrity is not compromised. Discard utility gloves if they show signs of cracking, peeling, tearing, puncturing or deterioration.
- f. Never wash or decontaminate disposable gloves for reuse.
- g. Wear appropriate **face and eye protection** when splashes, sprays, splatters or droplets of blood or other potentially infectious material (OPIM) pose a hazard to the eye, nose or mouth.
- h. Remove immediately or as soon as feasible any garment contaminated by blood or OPIM in such a way as to avoid contact with the outer surface.

G. Housekeeping

- 1. **Regulated waste** (Medical Waste) shall include: culture media, infectious agents, laboratory waste, discarded live and attenuated vaccines, needles, syringes, lancets, scalpels and any other material saturated with blood or body fluid.
- 2. Plastic OSHA approved "Sharps Containers" shall be used for storage of needles, syringes, glass tubes, glass slides and lancets, discarded vaccine vials, and used vacutainer tubes.
- 3. All other paper and plastic generated in the clinic shall be placed in the regular trash containers which are lined with plastic bags, unless they are grossly saturated with body fluids or other contaminants. In the event of gross contamination, the disposable item shall be placed in a red bio-hazard bag and disposed of with other medical waste.
- 4. A dumpster of sufficient size shall be maintained by local waste haulers in accordance with local ordinances.
- 5. All Community Health staff shall be instructed on proper handling of Bio-Medical Waste.
- 6. **Broken glassware** which may be contaminated is picked up using mechanical means such as a brush and dust pan, vacuum or forceps.
- 7. **Work Surfaces**
 - a. Contaminated or potentially contaminated work surfaces shall be decontaminated with a disinfectant effective against Mycobacterium Tuberculosis and Hepatitis B.
 - b. Frequency
 - 1) After the completion of procedures, immediately or as soon as feasible when surfaces are overtly contaminated.
 - 2) After any spill of blood or infectious material.
 - 3) At the end of every clinic day.

8. Lab Cleaning

- a. Disposable gloves are to be worn for all cleaning procedures and discarded after use.
- b. Minimally: On a daily basis clean the Lab area, countertops, venipuncture chair and sinks with a disinfectant. Additionally, the infant scales, doorknobs and other surfaces may need to be cleaned depending on potential exposure.

9. Exam Rooms

- a. Wipe down the tables between each client using disinfectant disposable cloths.
- b. A clean, disposable barrier will be available for use on exam tables as needed for each client.
- c. The desk and counter area are cleaned and disinfected as needed between clients and at the end of each clinic day.

Disinfectant: May use household bleach in 1:10 dilution made fresh daily, or Sani-Cloth towelettes or other products that are effective against Mycobacterium Tuberculosis and Hepatitis B are acceptable.

H. Laundry

1. Fluid Resistant Lab coats used for blood draws and spinning/pouring of blood specimens will be routinely laundered by a local laundering facility.
2. Lab coats worn in clinic settings are not considered PPE and are laundered as other personal property.
3. The following laundering requirements must be met:
 - a. Handle contaminated laundry as little as possible, with minimal agitation.
 - b. Place wet contaminated laundry in leak-proof, labeled or color coded containers before transport.
 - c. Use red bags marked with Bio-Hazard symbol for grossly contaminated lab coats.
 - d. Wear appropriate PPE when handling and/or sorting contaminated laundry.

I. Labels

The following labeling method(s) is used in this facility:

1. Biohazard Material will be labeled or designated by
 - a. The universal "Biohazard" symbol (may be on a red or fluorescent red).
 - b. A Red Bag with the symbol on it.
2. Each employee is responsible for identifying biohazard risks and assuring that correct labeling is in place. Employees are to notify their supervisor if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labels.

IV. HEPATITIS B VACCINATION

A. Administration

1. Human Resources Department of Grand Traverse County will provide the initial training to employees on Hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration and availability under the direction of the Health Department.
2. Each prospective new employee to the Health Department will complete an Immunity Assessment through the Immunization Clinic at the Health Department, as part of the pre-hire process employee health physical. A public health immunization nurse will assess the individual's vaccination status, job risks, and offer the vaccine as is appropriate.
3. The Hepatitis B vaccination series is available at no cost from the Grand Traverse County Health Department after training to employees identified in the Exposure Determination section of this plan. Vaccination is encouraged unless:
 - a. documentation exists that the employee has previously received the series,
 - b. antibody testing reveals that the employee is immune, or
 - c. medical evaluation shows that the vaccination is contraindicated.
4. However, if an employee chooses to decline vaccination, the employee must sign a copy of the declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept at the Human Resources Department.
5. Vaccination may be provided by the employee's private provider or by the Immunization Clinic at the Grand Traverse County Health Department.
6. One to two months after the completion of the series of Hepatitis B vaccine, the employee is recommended to have a titer (anti-HBs) drawn by the Health Department or the individual's private provider with results provided to Administration.
7. Individuals who have not developed a positive titer will be encouraged to complete a second complete series of Hepatitis B vaccines with a titer one to two months after the third injection per CDC recommendations.
8. Individuals who do not have a positive titer after the second complete series will be considered a non-responder.
9. Documentation of the vaccine series and the titer results will be maintained at Human Resources and in the MCIR to assure access to the information in the event of a blood-borne exposure incident.

B. Vaccination Option for Employees

1. GTCHD will offer to all Health Department employees an option to receive the Hepatitis B series for those who have not yet received and desire to be vaccinated. Employees in job classifications as noted in Section II. Employee Exposure Determination will be highly encouraged to receive the series due to their noted risk of exposure.
2. Full training at pre-hire and annually and access to personal protective equipment shall be provided to all employees.

3. Because providing first aid for incidents which might involve the presence of blood or OPIM, documentation of any incident involving the provision of first aid will be reported to the employer and Human Resources before the end of the work day of the incident using the Supervisor's Incident Report form.
4. The report must include the names of all first aid providers who rendered assistance, regardless of whether personal protective equipment was used and must describe the first aid incident, including the time and date.
5. The full Hepatitis B vaccination series is to be made available as soon as possible, but not later than 24 hours to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM regardless of whether or not a specific "exposure incident", as defined by the Standard, has occurred.
6. In the event of an actual, at risk exposure incident, the portion of the standard relating to post-exposure evaluation and follow-up would apply.

V. POST-EXPOSURE EVALUATION AND FOLLOW-UP

- A. Should an exposure incident occur, initiate first aid: wash or flush the area immediately with soap and water.
- B. Notify a supervisor and follow the **"Post – Exposure Evaluation and Follow up checklist"**.
- C. Supervisor or designee notifies the Medical Director of the circumstances surrounding the exposure to determine appropriate follow-up.
- D. A confidential medical evaluation and follow-up plan will be conducted by Munson Urgent Care/Occupational Health or Munson ED if after hours.
- E. Following the initial first aid, the exposed employee completes these activities with the assistance of a supervisor.
 1. Document the routes of exposure and how the exposure occurred.
 - a. Is it contaminated with blood or body fluid?
 - b. Whose blood or body fluid?
 2. Attempt to identify and document the source individual
 - a. Before the client leaves, let them know there has been an exposure to their blood (body fluid) and ask them for permission to test for Hep B, Hep C and HIV.
 - b. Obtain consent and make arrangement to have the source individual tested as soon as possible to determine HIV, HCV and HBV infectivity.
 - c. If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed for the known positive disease.
 - d. Contact a supervisor for guidance to have one of the providers do the testing and counseling.
 - e. If the client refuses to be tested before leaving the clinic, provide the client name, address and telephone number to a supervisor or coordinator for a follow up communication with the source individual to encourage the lab draw.

- f. Obtain a Release of Information to share the source's results with Occupational Health for the employee.

VI. ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

Follow PER085 Post-Exposure Evaluation and Follow Up Checklist

- A. The Director of Community Health or the employee's supervisor ensures that the health care professional(s) who will be responsible for the employee's Hepatitis B vaccination, post-exposure evaluation, and follow-up are given:
 1. A description of the employee's job duties relevant to the exposure incident.
 2. Route(s) and type of exposure.
 3. Circumstances of exposure.
 4. Relevant medical records of the employee, i.e. immunization status
 5. If possible, a result of the source individual's blood test.
- B. If Needle stick/Percutaneous Exposure should occur, the employee must:
 1. Follow first aid procedures of washing/cleaning area exposed, flushing with soap and water.
 2. Attempt to identify the source (which client?).
 3. Notify immediate supervisor. If possible, identification of source client will simplify the follow-up needed.
 4. Complete the Supervisor's Incident Report, contact the supervisor, and complete the Injury/Exposure log.
 5. Consult with the Medical Director and/or Urgent Care Occupational Health.
 6. Consult with Infectious Disease Physician if indicated (needing further direction or clarification or protocols).
- C. If Other Exposure (splash, smear, etc.) should occur:
 1. Follow all above steps, cleaning of exposed area and identifying source client.
 2. Consult with Medical Director regarding the type and risk of exposure.
 3. Recommendations for follow-up will be individualized based on above information.
 4. The employee may request follow-up at Urgent Care Occupational Health, if desired.
 5. Supervisor's Incident Report and Injury/Exposure Log should be completed.

VII. PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

- A. The Director of Community Health and Medical Director, together, will review the circumstances of all exposure incidents to determine:
 1. Engineering controls in use at the time.
 2. Work practices followed.
 3. A description of the device being used, protective equipment or clothing that was used at the time of exposure incident (i.e. gloves, eye shields).
 4. Location of the incident (i.e. clinic room, lab).
 5. Procedure being performed when incident occurred.
 6. Employee's training.

- B. If it is determined that revisions need to be made, the Director of Community Health will ensure that appropriate changes are made to this ECP. (Changes may include an evaluation of safer devices, adding employees to the Exposure Determination List).

VIII. EMPLOYEE TRAINING

- A. All employees of GTCHD receive Blood-borne Pathogen Training at the time of hire in Human Resources and annually within their assigned department. The training will include approved curriculum items as stated by MIOSHA (epidemiology, symptoms and transmission of Blood-borne Pathogen diseases). In addition, the training program covers, at a minimum, the following elements:

An explanation of:

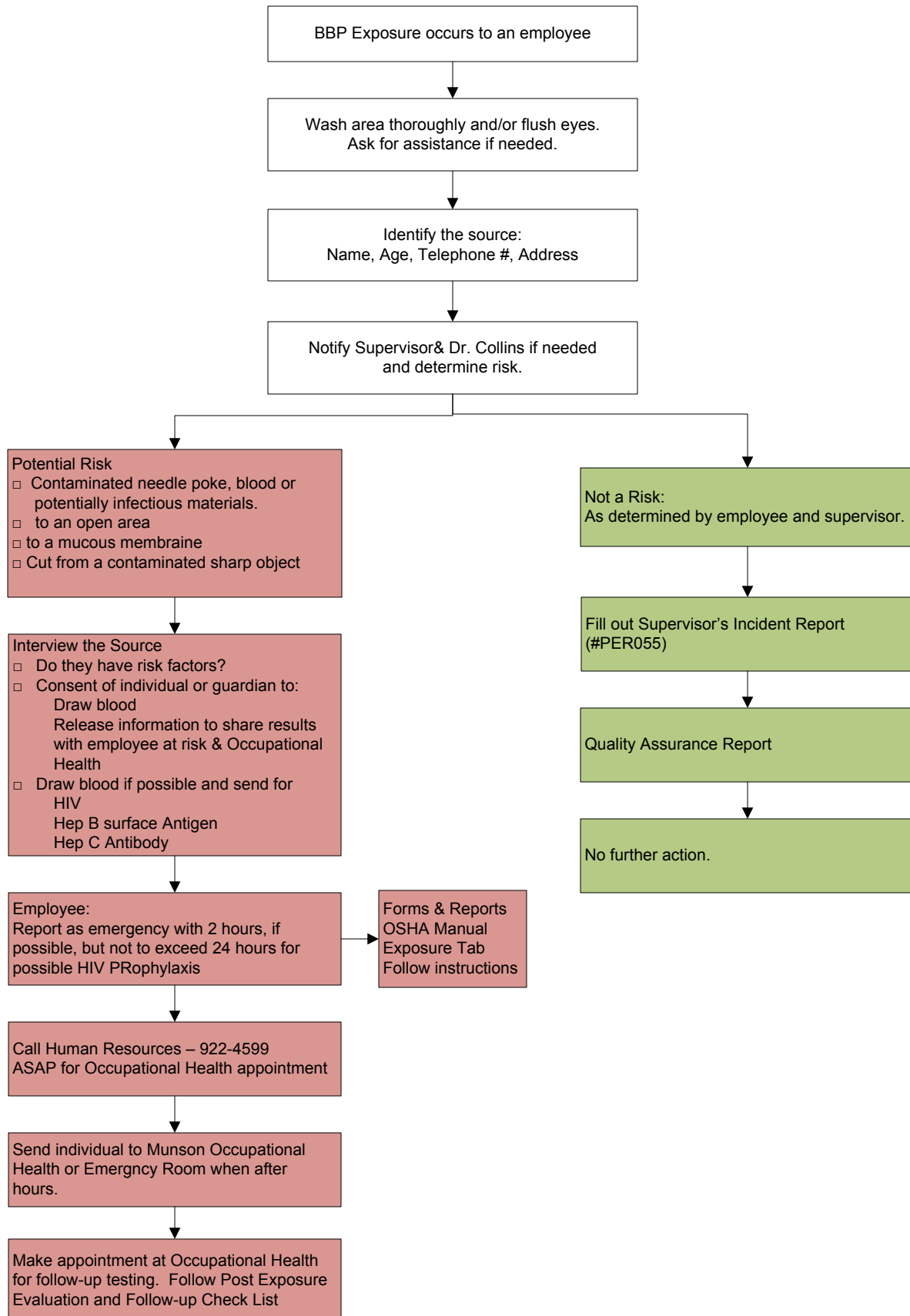
1. The Standard and a copy if requested.
 2. Our ECP and a copy if requested.
 3. Methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident.
 4. The use and limitations of engineering controls, work practices, and PPE.
 5. The selection and use of personal protective equipment, including types available, proper use, location within the facility, removal, handling, decontamination, and disposal of PPE.
 6. The Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the risks and benefits of being vaccinated, and that the vaccine will be offered free of charge.
 7. The appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
 8. The procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
 9. The post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
 10. The signs and labels and/or color coding required by the Standard and used at this facility, and
 11. An opportunity for interactive questions and answers with the person conducting the training session.
- B. Training materials for this facility are available electronically and are located in the OSHA manuals in the K:/drive.

IX. RECORD KEEPING

- A. Training Records
 1. Training Records will be kept for at least **three (3) years** by the Safety Coordinator responsible for the Blood-borne Pathogen Training and by Human Resources.
 2. The Training Records include:
 - a. The dates of training sessions.
 - b. The contents or a summary of the training sessions.
 - c. The names and qualifications of persons conducting the training.

- d. The names and job titles of all persons attending the training sessions.
- 3. Employee Training Records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the Health Officer of the Grand Traverse County Health Department.
- B. Medical Records
 - 1. Medical Records are maintained for each employee with occupational exposure in accordance with Part 432/R325.52101 - .52137, "Access to Employee Exposure and Medical Records".
 - 2. Human Resources are responsible for maintenance of the required Medical Records. These confidential records are kept at the 400 Boardman, Grand Traverse County offices for at least the duration of employment plus 30 years.
 - 3. Employee Medical Records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to the Grand Traverse County Human Resources Department.
- C. MIOSHA Record Keeping
 - 1. An exposure incident is documented according to the requirements stated in MIOSHA's Record Keeping Requirements (Part 11). This determination and the recording activities are done by the Director of Community Health or designee.
- D. Injury/Exposure Log, inclusive of sharps injuries
 - 1. The Injury/Exposure Log is established and maintained for recording percutaneous injuries from contaminated sharps, along with other types of BBP Exposures. The log includes at a minimum:
 - a. Type and brand of device involved in the injury.
 - b. Department or work area where the exposure occurred.
 - c. Explanation of how the incident occurred.
 - 2. The log is recorded and maintained to protect the confidentiality of the injured employee.
 - 3. The Director of Community Health or designee is responsible for the maintenance of the Injury/Exposure Log for Community Health.

**GRAND TRAVERSE COUNTY HEALTH DEPARTMENT
ALGORITHM
FOR AN EXPOSURE TO A BLOODBORNE PATHOGEN**



CHEMICAL HYGIENE PLAN

GRAND TRAVERSE COUNTY HEALTH DEPARTMENT

GRAND TRAVERSE COUNTY HEALTH DEPARTMENT CHEMICAL HYGIENE PLAN

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I. PREFACE

- A. The Hazard Communication Plan (Chemical Hygiene Plan) is required by Part 431 of the Michigan Occupational Safety and Health Act governing hazardous work in laboratories and supersedes Federal regulations in Michigan to ensure that information is transmitted to employees about the chemical hazards that they are exposed to. This is accomplished through **labels, Material Safety Data Sheets, instruction, written information, training and other forms of warning.**
- B. The Grand Traverse County Health Department (GTCHD) does not warehouse supplies. The following chemicals and hazardous materials are kept on site:
 - 1. Cleaning materials in quantities only for immediate use.
 - 2. Office supplies in quantities for one (1) month's use.
 - 3. Oxygen and Nitrous Oxide (Dental Clinic only) for one (1) month's use.
 - 4. Environmental Health -- See Attachment A -- one (1) month's supply.

II. BASIC RULES

The Standard requires that GTCHD employees work cooperatively in providing a safe and healthful work environment with training, evaluations and periodic meetings to ensure that all staff are aware of and comply with safeguards that are in place to limit accidents and injuries by the following basic rules (MIOSHA Rule 325.70113, Part E):

- 1. Institute a Chemical Hygiene Program at the work site.
- 2. Avoid underestimation of risk.
- 3. Provide adequate ventilation when working with chemicals.
- 4. Minimize chemical exposures.
- 5. Observe the Permissible Exposure Limits (PEL's) and Threshold Limit Values (TLV's) as defined by the MSDS for all chemicals in use at the worksite.

III. PROCUREMENT, HAZARD DETERMINATION AND CHEMICAL INVENTORY (MIOSHA Rule 325.70113, Part D, No.2)

A. Procurement

Before a substance is received, information on proper handling, storage and disposal should be known to those who will handle, store, work with or dispose of the substance.

B. Storage

1. Community Health

Community Health utilizes office supplies (chemicals such as White Out, etc. throughout the building. Cleaning supplies are stored in the Custodial closet. Additional cleaning supplies, in small quantity and low toxicity, may be stored under the sink in the laboratory. All other chemicals are stored in the Laboratory are in the Reproductive Health Clinic area.

Laboratory Storage

- a. Amounts stored should be as small as practical.
- b. Laboratory means a facility where the laboratory use of hazardous chemicals occurs. It is a workplace where relatively small quantities of hazardous chemicals are used on a non-production basis.
- c. Laboratory Scale means work with substances in which the containers used for reactions, transfers and other handling of substances are designed to be easily and safely manipulated by one (1) person

2. Environmental Health

In the Environmental Health Division custodial supplies are kept in the Custodial Storage room. All other chemicals, those used by the Environmental Health staff for job related duties, are stored in a closet in the locked office area of Environmental Health, inaccessible to those not authorized to use them

3. Distribution

When chemicals are hand carried outside of the immediate work area, the container should be place in an outside container or bucket. Freight only elevators should be used if possible.

C. Hazard Determination

1. Information supplies by the manufacturers will be relied upon for the hazard determination.

2. Definitions

a. A Hazardous Chemical

Means a chemical for which there is statistically significant evidence based on at least one study conducted in accordance with established scientific principles that acute or chronic health effects may occur in exposed employees.

b. A Health Hazard

Includes chemicals which are carcinogens, toxic or highly toxic agents, reproductive toxins, irritants, corrosives, sensitizers, hepatotoxins, nephrotoxins, neurotoxins, agents which act on the hematopoietic systems and agents which damage lungs, skin, eyes or mucous membranes.

c. A Physical Hazard

Means a chemical for which there is scientifically valid evidence that it is a combustible liquid, a compressed gas, explosive, flammable, organic peroxide, an oxidizer, pyrophoric, unstable (reactive) or water reactive.

3. Laboratory uses of hazardous chemicals which provide no potential for employee exposure. Examples of such condition might include:

- a. Procedures using chemically impregnated test media such as dip-and-read tests where a reagent strip is dipped into the specimen to be tested, and
- b. Commercial prepared kits, such as pregnancy tests, in which all the reagents needed to conduct the test, are contained in the kit.

- c. Medications and drugs are considered exempt from the Hazard Communication Plan when it is determined that are in solid, final form for direct administration to the patient (i.e., tablets, pills and capsules).
 - d. Consumer products, when it is determined that they are used in the same manner and with no more frequency than a normal consumer would use them.
- 4. It is the policy of GTCHD to request a Material Safety Data Sheet (MSDS) for each chemical that is used in the workplace.
- D. Chemical Inventory
The Chemical Inventory is monitored and training updates are coordinated by Grand Traverse County (GTC) Safety Coordinator whenever one or more of the following occurs:
 - A new hazard is introduced into the workplace.
 - A hazard has been removed from us in the workplace.
 - The hazard determination process is reviewed during the Annual Safety Self-inspection to ensure the chemical inventory is current and that any new safety situations are promptly addressed.

IV. HOUSEKEEPING, INSPECTIONS AND MAINTENANCE

(MIOSHA Rule 325.70113, Part D, No.4)

- A. Housekeeping
 - 1. Floors should be cleaned regularly.
 - 2. The cleaning is done daily through a contract agency of GTC.
- B. Inspections
 - 1. Housekeeping
 - a. Inspections are held quarterly.
 - b. A Housekeeping log is maintained to address daily concerns. The log is maintained and monitored by Administration.
 - c. Facilities Management is responsible for oversight of the housekeeping staff. Meetings are scheduled as needed between Health Department Administration and Facilities Administration.
 - 2. Passageways
 - a. Stairways and hallways should not be used as storage areas.
 - b. Access to exits, emergency equipment and utility controls should never be blocked.
 - c. The inspection schedule for GTCHD is daily. Violations should be reported to supervision as soon as noted.
 - 3. Equipment Maintenance
 - a. Safety equipment are inspected by the following schedule:
 - Semi-annually: Spill Kits, First Aid Kits
 - Monthly: Fire Extinguishers, A.E.D.

- Other building mechanical equipment is routinely maintained by Facilities Management following the recommended maintenance schedule per State and local codes.
- b. Records
 - Of safety equipment inspection are maintained by the Grand Traverse County Safety Coordinator.
 - Of building mechanical equipment are maintained by Grand Traverse County Facilities Manager.

V. HAZARD LABELING SYSTEM

(MIOsha Rule 325.70109 & 325.70113, Part D, No. 8)

A. Labeling Standards

1. In accordance with the Hazardous Work in Laboratories Standard, Chemical Hazard Labels are to be legible, in English and displayed either on the container (of the product) or readily available in the work area throughout each work shift.
 - a. The immediate work is defined as the room where the product will be used by the employee.
 - b. In keeping with the interpreted intent of the law, it is the policy to ensure that the employee is familiar with the hazards they have contact with and that there is a label available to remind or warn them of the hazards.
2. A label will be provided for each chemical product that will include:
 - a. An indication of the hazards presented by the product in each of four (4) areas: fire, reactivity, health and special hazards.
 - b. Special safety equipment which is required to handle the hazardous product must be indicated on the label.

B. Types of Signs Required

Prominent signs and labels of the following types must be posted:

1. Telephone Numbers:
 - a. Emergency telephone numbers of emergency personnel/facilities.
 - b. 24 Hour numbers for supervisors.
 - c. 9-911, 9-911 (Hazmat).
2. Identity labels showing contents of containers labeled Biohazard (including waste receptacles) and associated hazards.
3. Location Signs
 - a. For Safety equipment and First Aid equipment including Eye Wash Stations.
 - b. A.E.D. and Spill Kits.
 - c. Severe Weather Rooms.
 - d. Exits.
 - e. Area where food and beverage consumption and storage are not permitted.
4. Warning Signs
At areas or equipment where special or unusual hazards exist

VI. CHEMICAL SPILL RESPONSE

(MIOSHA Rule 325.70113, Part D, No. 9)

A. Standards

1. The initial step in controlling any type of spill is prevention.
2. All hazardous chemicals should be handled with care and with appropriate PPE.
3. The cleanup process for spills is much more costly than slowing down to be cautious when working with these items.

B. Spill Control Policy for Grand Traverse County Health Department

1. Standards

- a. All accidents or near accidents should be carefully analyzed with the results distributed to all who might benefit.
- b. MSDS
 - The MSDS is the approved authority for first response by staff.
 - In the event of a chemical spill, the Material Safety Sheet will be referred to for proper spill response procedures. These will include:
 - Appropriate materials to be used for collection of the material (i.e., absorbents, spill kit materials, etc.)
 - Protective measures to be taken with the particular product.

2. Response to Routine/Small Spills

- a. Spill Kit Locations:
 - Each Lab (WIC and Reproductive Health), Janitor's closet, Immunization Room, Front Desk, Downstairs, Administration, each Adolescent Health Center, and on the wall in the main corridor for Environmental Health.
- b. Determine what has been spilled and locate the Material Safety Data Sheet (MSDS) for the product.
 - MSDS are located in the large Reproductive Health Lab, Environmental Health and Adolescent Health Centers
- c. Provide adequate ventilation as described on the MSDS as appropriate.
- d. Contain the spill from spreading with use of a Spill Kit – absorbent material.
- e. Cleanup personnel must use proper personal protective equipment.
- f. Dispose of cleanup materials as recommended by the manufacturer and in accordance with local, State and Federal regulations.

3. Response to Larger Spill or Toxic Materials

- a. Determine what has been spilled and locate the Material Safety Data Sheet (MSDS) for the product.
 - MSDS are located in the Large Reproductive Health Lab, Environmental Health and Adolescent Health Centers.

- b. If the product is toxic or there is a larger quantity of potentially toxic material:
 - Evacuate personnel from the area.
 - Notify immediately the following:
 - Clinic lead, coordinator or their designee.
 - Personnel in the immediate area.
 - Health Department Administration to assist with evacuation of immediate area or building if necessary.
 - Provide adequate ventilation as described on the MSDS.
 - Contain the spill from spreading with use of Spill Kit, absorbent material.
 - Cleanup personnel must use proper personal protective equipment as described for spill response (within the MSDS).
 - If the MSDS is incomplete, the Grand Traverse County Hazmat Team or manufacturer may be contacted for further information as determined by Administration.
 - Dispose of cleanup materials as recommended by the manufacturer and in accordance with local, State and Federal regulations. Ensure that materials saturated with flammable liquids are placed into containers that will limit the potential for combustion and subsequent fire hazards.
 - An incident report (**#PER055**) must be completed and turned in to management for any spill beyond small/routine spills.
 - For review and discussion with other staff so that recurrence of the incident can be avoided.
 - For further training of staff members.
 - For review of product information to consider the necessity of continuing use of that specific product.
4. Unusual or High Quantity Spills
 - Call **9-911** and request Hazmat Team.
 - Notify Health Department Administration, supervision as listed above.

VII. MEDICAL PROGRAM

(MIOSHA Rule 325.7018 & 325.70113, Part D, No. 5)

A. Medical Surveillance

GTCHD does not purchase, house or utilize chemicals of sufficient quantity or type to be considered at risk for toxic effects. Therefore, medical surveillance is not part of our policy or procedures at this time.

B. Chemical Exposure

1. Employees who have a chemical material exposure will receive immediate First Aid. Emergency Dispatch (9-911) should be used for immediate medical care and transport to Munson Emergency Department.

2. Further evaluation will be done through Munson Medical Center Occupation Health or Munson Emergency Department, as appropriate.
3. Form PER088 should be filled out by the immediate supervisor following an employee exposure.

VIII. PPE SELECTION, PROVISION, USE, TRAINING and TYPES of PPE
(MIOSHA Rule 325.70108 & 325.70113, Part D, No. 6)

A. Pre Selection

1. The PPE for employees has been selected based upon the usual type of task being performed and the degree of exposure anticipated from the hazard to which the employee may be exposed.
2. Equipment is maintained in accordance with manufacturer's guidelines to ensure its proper functioning and is authorized potential risks.
3. The Safety Committee for GTC is authorized to assist with determining the PPE available to staff and assessing potential risks.
4. PPE are available throughout the agency in areas that there is a reasonable expectation of need (with Spill Kits, in Labs).

B. Provision

1. Personal protective Equipment (PPE) is provided to employees of GTCHD for the protection of eyes, face, head and extremities, where there is a potential for injury or impairment in the function of the body through absorption, inhalation or physical contact of a chemical or blood-borne pathogen.
2. All PPE is provided at no fee to employees of GTCHD.
3. Examples of PPE provided by GTCHD and their intended use are as follows:
 - a. Gloves (latex free): Located in all exam rooms and labs.
 - b. Safety glasses: Located in Reproductive Health Labs and WIC Lab.
 - c. Fluid Resistant Lab Coats: Located in Reproductive Health Labs.
 - d. Face Masks: Located in Reproductive Health Lab and all Emergency kits.

C. Use

1. The use of Personal Protective Equipment is considered to be a condition of employment
2. Employees who choose to disregard the importance of Personal Protective Equipment may be subject to reprimand and potential dismissal from their position.

D. Training

1. Each employee will participate in an annual training regarding Personal Protective Equipment.
2. The training will be tailored to the staff in each Division and will include:
 - a. When PPE is required to be used.
 - b. What PPE is necessary for specific tasks?
 - c. How to properly wear, use and adjust PPE.

- d. The proper care, maintenance, limitations, useful life and disposal of PPE.
 - e. Other items designated by the Division supervisor may be required.
- E. Types of PPE
 - 1. Lab coats and other appropriate PPE.
 - a. Lab coats worn on a daily basis in clinics or other workstations are not considered PPE.
 - b. Fluid resistant Lab coats worn in laboratory settings are considered PPE.
 - c. Lab coats (PPE type), gowns or other protective clothing are worn whenever there is the reasonable potential for the soiling of clothes when working with hazardous chemicals.
 - d. The protective garments have been selected to meet the type and amount of soiling expected to be present during a specific task.
 - e. The Material Safety Data Sheets of hazardous chemicals will be reviewed to select proper PPE for a given product.
 - 2. Protective Eye Wear and Masks
 - a. Protective eye wear and/or masks are worn whenever there is the potential for the generation of splashes, spills, spray, splatter, droplets or aerosols of chemicals and there is the potential for eye, nose or mouth contamination.
 - b. Appropriate eye wear or masks will be worn as recommended by the manufacturer of a hazardous product.
 - 3. Gloves
 - a. When working with hazardous chemicals, gloves will be worn according to manufacturer recommendations.
 - b. General-purpose gloves, not used for healthcare purposes, may be decontaminated and reused.
 - c. Gloves are not to be used if they are peeling, cracking or discolored, or if they have punctures, tears or other evidence of deterioration.
- F. Maintenance and Replacement of PPE
 - 1. Employees will immediately notify supervision of any damage or defects that make the PPE incapable of properly protecting them.
 - 2. Repair or replacement of Personal Protective Equipment is provided by the employer as needed to maintain its effectiveness.
 - 3. Necessary cleaning, laundering or disposal of Personal Protective Equipment is provided by GTCHD.
 - 4. Laundering of linens is not to be done in a home setting.
 - 5. Employees will not be responsible for the cost of any PPE that is required to protect them from exposure to chemical or bio-hazards in the workplace.

IX. RECORDS (MIOSHA Rule 325.7011 & 325.70113, Part D, No. 7)

- A. Accident Records (PER055) (Incident Report)
 - 1. Accident Records/Incident Report (PER055) must be complete when:
 - a. An incident has occurred that required medical care of an employee or client.

- b. When there is a potential of injury becoming evident in the future even if medical care was provided or declined.
 - c. When Emergency Dispatch has been notified.
 - B. Chemical Hygiene Plan Records
 - 1. Must document that the facilities and precautions were compatible with current knowledge and regulations.
 - C. Inventory and Usage Records For High-risk Substances Will be Kept
 - 1. Not applicable (GTCHD does not have at-risk products).
 - 2. If GTCHD ordered, stocked or used material of a high risk nature, then record of the amounts on hand, amounts used and the names of the workers involved (if an accident occurs) will be maintained.
 - D. Medical Records
 - 1. Human Resources of GTC has on file and maintains for each employee an accurate record of work place injury or exposure as well as measurements taken to monitor employee exposures and many medical consultation or examination. This would include tests or written opinions required by this Standard.
 - 2. Human Resources will assure that such records are kept, transferred and made available in accordance with State and Federal regulations for at least the duration of employment plus 30 years (MIOSHA Rule 325.70108).
 - E. Training Records
 - 1. Training Records will include the following information and will be maintained three (3) years from the date on which the training occurred.
 - 2. Documentation of the training will be maintained in a Master Training file. (maintained for Community Health by the Director of Community Health and for Environmental Health and Animal Control by the Environmental Health Director.
 - 3. Training Records will include:
 - a. The dates of the training sessions.
 - b. The contents or a summary of the training sessions.
 - c. The names and qualifications of persons conducting the training.
 - d. The names and job titles of all persons attending the training sessions.
 - F. Material Safety Data Sheets will be retained for 30 years from the date of removal from the active file.

X. MATERIAL SAFETY DATA SHEETS (MIOSHA Rule 325.70109)

- A. Material Safety Data Sheets are maintained at GTCHD to comply with MIOSHA's Hazardous Work in Laboratories Standard.
 - 1. Community Health
 - MSDS book is maintained in the Laboratory of Reproductive Health.
 - 2. Environmental Health
 - MSDS Book is maintained in the Staff Conference room, library section.

- B. Material Safety Data Sheets contain useful information regarding the hazards associated with products or chemicals used in the facility. Employees are not required to memorize the information contained within the data sheets but are provided with training so that they can locate them and find information such as:
 - 1. Flammability hazard.
 - 2. Reactivity hazard.
 - 3. Health hazard.
 - 4. Precautions for safe handling, use and control measures.This information will ensure that chemicals and products are used in a safe manner and that employees are aware of the hazards associated with those items.
- C. It is the responsibility of the Grand Traverse County Health Department to assure that there is a MSDS for each hazardous chemical or product that is used in the facility. The suppliers and manufactures of such products are required to supply Material Safety Data sheets along with the first order of each product. (All P.O. forms require new orders to send MSDS sheets.) If a Material Safety Data Sheet is not received with a first order, one will be requested.
- D. In order for hazard labeling to be completed, certain information must be provided on the MSDS. If any necessary information is missing, the manufacturer will be contacted in order to obtain it.
 - 1. The location of the Material Safety Data Sheets is posted on the Employee Bulletin Board.
 - 2. When new or revised data sheets are received they should be posted on the Employee Bulletin Board for review by employees before they are included in the designated MSDS file.
- E. If an MSDS is removed because it has been revised or the product is no longer used, the data sheet must be marked with the date it was removed and then placed in a separate file of archived data sheets. These data sheets are to be retained for 30 years from the date of removal from the active file.
- F. Location
 - 1. The MSDS book for Community Health is located on a bracket in the Reproductive Health Lab.
 - 2. The MSDS book for Environmental is located on the file cabinet in the Sanitarian's work area.
 - 3. The MSDS book for Animal Control is located on the book shelf entering the Animal Control Officer's cubical.

XI. WASTE MANAGEMENT (MIOSHA Rule 325.70113, Part D, No.9)

- A. General Information
 - 1. Chemical waste (or hazardous products) is disposed of in accordance with information provided on the MSDS by the products manufacturer at GTCHD. Should the MSDS fail to provide adequate instruction, the manufacturer is contacted by telephone for further information on proper disposal of the product.

2. If the chemical waste has become contaminated with blood or other potentially infectious materials, then it will be disposed of in accordance with the guidelines set forth in the Medical Waste Management Plan located in the OSHA Manual in Reproductive Health Lab.
- B. Content
- The waste disposal program at GTCHD is contracted through a licensed/certified Waste Management contractor that collects the waste and disposes in accordance with local ordinance and DOT regulations.
- C. Frequency of Disposal
1. Waste should be removed from laboratories to a central waste storage on an as needed basis. Waste is not allowed to accumulate in the laboratory or useable areas but is placed in appropriate containers and removed to Medical Waste Disposal packaging, the dumpster or other appropriate disposal.
 2. Disposal by recycling or chemical decontamination should be used when possible.
 3. Grand Traverse County Health Department's Waste Disposal Plan is located with Resource Management and includes, at a minimum, paper, cardboard and household batteries.

XII. EMPLOYEE INFORMATION AND TRAINING

(MIOSHA Rule 325.70113, Part D, No. 10)

- A. Employee Training
1. The Director of Community Health and the Environmental Health Director will coordinate and maintain records of training conducted for GTCHD.
 2. The training and education program will be an ongoing and continuing activity.
- B. Frequency of Training
1. Before starting work, at the time of their initial assignment, each new employee of GTCHD will attend a Safety Orientation.
 2. Before any new hazardous chemical is introduced into the workplace, each employee of GTCHD will be given information as during the initial Safety Class.
- C. Content of Training
1. Each employee will be given information on:
 - a. Location and availability of this Chemical Hygiene Plan.
 - b. Details of the written Chemical Hygiene Plan.
 - c. Chemicals and hazards in the workplace.
 - d. PEL's for MIOSHA regulated substances or exposure limits in use at the GTCHD (located in MSDS).
 - e. How to lessen or prevent exposure to these chemicals.
 - f. Signs and symptoms associated with exposure to hazardous chemicals
 - g. What Grand Traverse County has done to lessen or prevent exposure to these chemicals?

- h. Protective measures employees can take to protect themselves from chemical exposures, such as PPE, work practices and emergency procedures.
 - i. Methods and observation that may be used to detect the presence of or release of a hazardous chemical such as monitoring and the visual or odor of hazardous chemicals when being released.
 - j. Procedures to follow if they are exposed.
 - k. How to read and interpret labels and MSDS.
 - l. Where to locate MSDS at GTCHD and from whom they may obtain copies.
2. The employee will be informed that:
- a. GTCHD is prohibited from discharging or discriminating against an employee who exercises the rights regarding information about hazardous chemicals in the workplace.
 - b. As an alternative to requesting an MSDS from the GTCHD, the employee may obtain a copy from the Michigan Department of Health and Human Services or at www.msds.pdc.cornel.edu

ATTACHMENT A

**GRAND TRAVERSE COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION**

CHEMICAL USE LIST

Swimming Pool Test Kit

1. R-001 Aqueous Solution of Sodium Phosphate and Potassium Phosphate
2. R-002 Solution of Diethyl P-phenylenediamine Oxalate and Phosphoric Acid in Water
3. R-003 Potassium Iodide Solution
4. R-004 Phenolsulfonephthalein in Water
5. R-005 Dilute Sulfuric Acid
6. R-006 Solution of Sodium Carbonate in Water, Soda Ash
7. R-007 Sodium Thiosulfate in Water, Hypo
8. R-008 Water Solution of Tetrabromo-M-cresol Sulfonephthalein and Dimethylamiophenylazo-Benzoic Acid
9. R-009 Dilute Sulfuric Acid in Water
10. R-0010 Sodium Hydroxide Solution
11. R-0011L Calcium Indicator Liquid
12. R-0012 Solution of Ethylene Diamine Tetra Acetic Acid Sodium Salt in Water
13. R-0013 Melaminer and Sodium Acetate in Water
14. R-0014 ph Indicator Solution (Phenol Red)
15. OTO (Orthotolidine & Hydrochloric Acid)

SEPTIC SYSTEM SUPPLIES

16. Liquid Powder Tracing Dye Red

WATER SAMPLING SUPPLIES

17. Sodium Hypochlorite (3.0% Bleach)

FOOD SERVICE SUPPLIES

18. Isopropanol (Alcohol Swabs)

OFFICE SUPPLIES

19. Liquid Paper Correctional Fluid
20. Copy Machine Toner
21. Expo-Original Dry Erase Board Cleaner
22. 3 in one Household Oil
23. Goof Off – The Ultimate Remover
24. Ricoh Toner Type 1150 Black (for Phaser 3635 MFP copier/fax)

APPROVAL FORM

This approval form is to be signed by the Health Officer and the chairperson of your agency's local governing entity. Completion of this form is required and submitted to MDHHS with the LHD Plan of Organization. If this Plan of Organization or the Health Officer changes subsequent to submission to the MDHHS Office of Local Health Services, this approval form must be re-signed by the appropriate local authorities referenced herein and re-filed with the MDHHS Office of Local Health Services.

I have reviewed the Plan of Organization for the Grand Traverse County Health Department

The Plan and related documentation accurately reflect the organization of services and programs for the area served by the local health department. We affirm this Plan, as submitted, fulfills all the requirements set forth in the LHD Plan of Organization Guide.

Health Officer Name: Wendy (Trute) Hirschenberger

Health Officer Signature: _____

Date: May 31, 2018

Local Governing Entity Chairperson Name: Carol Crawford

Local Governing Entity Name: Grand Traverse County Board of Commissioners

Mailing Address: 400 Boardman Avenue, Traverse City, MI 49684

Chairperson Signature: _____

Date: _____

Grand Traverse County
Schedule of Revenues, Expenditures, and Changes in Fund Balance-Budget and Actual
Health Department
For the Year Ended December 31, 2016

	Budgeted Amounts			Variance Positive (Negative) Final to Actual
	Original	Final	Actual	
Revenues				
Licenses and Permits	\$ 338,800	\$ 382,325	\$ 381,480	\$ (845)
Federal Sources	992,175	1,366,391	1,277,874	(88,517)
State Sources	1,866,212	1,491,996	1,857,884	365,888
Local Sources	519,896	550,909	495,098	(55,811)
Charges for Services	123,985	134,085	123,121	(10,964)
Reimbursements	622,360	637,270	638,165	895
Interest and Rents	--	--	1,314	1,314
Other Revenues	9,000	9,000	10,616	1,616
Total Revenues	4,472,428	4,571,976	4,785,552	213,576
Other Financing Sources				
Transfers In	1,269,000	1,269,000	1,064,000	(205,000)
Total Revenues and Other Financing Sources	5,741,428	5,840,976	5,849,552	8,576
Expenditures				
Health and Welfare	8,067,564	8,207,437	6,061,438	2,145,999
Capital Outlay	--	46,675	47,221	(546)
Total Expenditures	8,067,564	8,254,112	6,108,659	2,145,453
Excess (Deficiency) of Revenues and Other Sources Over Expenditures and Other Uses	(2,326,136)	(2,413,136)	(259,107)	2,154,029
Net Change in Fund Balance	(2,326,136)	(2,413,136)	(259,107)	2,154,029
Fund Balance at Beginning of Period	2,242,600	2,242,600	2,242,600	--
Fund Balance at End of Period	\$ (83,536)	\$ (170,536)	\$ 1,983,493	\$ 2,154,029



RECEIVED OCT 19 2015

RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

NICK LYON
DIRECTOR

October 13, 2015

Wendy Trute, MPH, CPHA, Health Officer/Director
Grand Traverse County Health Department
2600 LaFranier Road, Suite A
Traverse City, MI 49686

Dear Ms. Trute:

Enclosed is our final report from the Michigan Department of Health and Human Services audit of the Grand Traverse County Health Department WIC and Family Planning Programs for the period October 1, 2013 through September 30, 2014.

The final report contains the following: description of agency; funding methodology; purpose; objectives; scope and methodology; conclusions, findings and recommendations; Statements of Grant Program Revenues and Expenditures; and Corrective Action Plans. The conclusions, findings, and recommendations are organized by audit objective. The Corrective Action Plans include the agency's paraphrased response to the Preliminary Analysis.

Thank you for the cooperation extended throughout this audit process.

Sincerely,

A handwritten signature in cursive script that reads "Debra S. Hallenbeck".

Debra S. Hallenbeck, Manager
Quality Assurance and Review
Bureau of Audit, Reimbursement and Quality Assurance

Enclosure

cc: Stan Bien, Director, WIC Division
Paulette Dobynes Dunbar, Manager, Division of Family and Community Health
Deanna Charest, Manager, Reproductive and Preconception Health Unit
Pam Myers, Director, Bureau of Audit, Reimbursement and Quality Assurance
Keith Rubley, Auditor, Quality Assurance and Review
Kaycie Strawn, Auditor, Quality Assurance and Review
Steve Utter, Financial Analyst, Division of Family and Community Health

Audit Report

Grand Traverse County Health Department
WIC & Family Planning Programs

October 1, 2013 – September 30, 2014



Office of Audit
Quality Assurance and Review
October 2015

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DESCRIPTION OF AGENCY

The Grand Traverse County Health Department (Health Department) is governed under the Public Health Code, Act 368 of 1978. The Health Department is a Special Revenue Fund of Grand Traverse County, which is the reporting entity, and the administrative office is located in Traverse City, Michigan. The Health Department operates under the legal supervision and control of the Board of Health, which is comprised of commissioners of Grand Traverse County. The Health Department provides community health program services to the residents of Grand Traverse County.

FUNDING METHODOLOGY

The Health Department services are funded from local appropriations, fees and collections, and grant programs administered through the Michigan Department of Community Health (MDCH). MDCH provided the Health Department with grant funding monthly based on Financial Status Reports in accordance with the terms and conditions of each grant agreement and budget.

The WIC Program was funded by MDCH Grant Funds and Other Local Funds. Grant funding from MDCH for the WIC Program is federal funding under federal catalog number 10.557.

The Family Planning Program was funded by MDCH Grant Funds, First and Third Party Fees and Collections, Local and Other Revenue. Grant funding from MDCH for Family Planning Program is federal funding under federal catalog numbers 93.217 and 93.994, and is subject to performance requirements. That is, reimbursement from MDCH was based upon the understanding that a certain level of performance (measured in caseload established by MDCH) had to be met in order to receive full reimbursement of costs (net of program income and other earmarked sources) up to the contracted amount of grant funds prior to any utilization of local funds.

PURPOSE AND OBJECTIVES

The purpose of this audit was to assess the WIC and Family Planning Programs internal controls and financial reporting, and to determine the MDCH shares of WIC Program and Family Planning Program costs. The following were the specific objectives of the audit:

1. To assess the Health Department's effectiveness in establishing and implementing internal controls over the WIC and Family Planning Programs.
2. To assess the Health Department's effectiveness in reporting their WIC Program and Family Planning Program financial activity to MDCH in accordance with applicable MDCH requirements and agreements, applicable federal standards, and generally accepted accounting principles.
3. To determine the MDCH shares of cost for the WIC and Family Planning Programs in accordance with applicable MDCH requirements and agreements, and any balance due to or due from the Health Department.

SCOPE AND METHODOLOGY

We examined the Health Department's records and activities for the fiscal period October 1, 2013 to September 30, 2014. Our review procedures included the following:

- Reviewed the most recent Health Department Single Audit report for any WIC Program or Family Planning Program concerns.
- Reviewed the completed internal control questionnaire.
- Reconciled the WIC and Family Planning Programs Financial Status Reports (FSRs) to the accounting records.
- Reviewed a sample of payroll expenditures.
- Tested a sample of expenditures for program compliance and adherence to policy and approval procedures.
- Reviewed indirect cost and other cost allocations for reasonableness, and an equitable methodology.
- Reviewed building space/lease costs for proper reporting and compliance with Federal requirements.
- Reviewed WIC equipment inventory and general Health Department equipment inventory records.
- Reviewed Family Planning billing and collection of fees, and collection of donations.

Our audit did not include a review of program content or quality of services provided.

CONCLUSIONS, FINDINGS AND RECOMMENDATIONS

INTERNAL CONTROLS

Objective 1: To assess the Health Department's effectiveness in establishing and implementing internal controls over the WIC and Family Planning Programs.

Conclusion: The Health Department was generally effective in establishing and implementing internal controls over the WIC and Family Planning Programs. However, we noted exceptions related to billings for Family Planning Program services (Finding 1) and the lack of an administration approved policy for setting Family Planning Program fees lower than cost (Finding 2).

Finding

1. Improper Billings to Third Parties

The Health Department did not bill Medicaid at the total amount of charges.

The 2013 Michigan Title X Family Planning Program Standards and Guidelines Manual, Section 6.3.1 "Charges, Billing, and Collections" Paragraph I. states, "Bills to third parties **must** show total charges without applying any discount."

Bills to Medicaid are based on the amount that Medicaid is expected to reimburse the Health Department.

Recommendation

We recommend that the Health Department comply with the Michigan Title X Family Planning Program Standards and Guidelines manual and bill all third parties, including Medicaid, for the total amount of charges.

Finding

2. No Administration Approved Policy for Setting Family Planning Program Fees Lower Than Cost

The Health Department set their Family Planning Program fees below the cost with no administration approved policy designating the percentage of the cost the fee schedule is to represent.

The 2013 Michigan Title X Family Planning Program Standards and Guidelines Manual, Section 6.3.1 “Charges, Billing and Collections” Paragraph B. states, “If the agency chooses to set fees lower than what is required to recover actual costs, the agency **must** have an administration approved policy in place designating the percentage of the cost the fee is to represent.”

Recommendation

We recommend that the Health Department comply with the Michigan Title X Family Planning Program Standards and Guidelines Manual and implement an administration approved policy for designating the percentage of the cost the fee is to represent if the Health Department chooses to set fees lower than what is required to recover actual costs.

FINANCIAL REPORTING

Objective 2: To assess the Health Department’s effectiveness in reporting their WIC Program and Family Planning Program financial activity to MDCH in accordance with applicable Department of Community Health requirements and agreements, applicable federal standards, and generally accepted accounting principles.

Conclusion: The Health Department generally reported their WIC Program and Family Planning Program financial activity to MDCH in accordance with applicable Department of Community Health requirements and agreements, applicable federal standards, and generally accepted accounting principles. However, we found three exceptions related to the following: an excess internal service fund (Finding 3), leave time allocated based on budgeted FTEs (Finding 4), and termination costs improperly reported (Finding 5).

Finding

3. Excess Internal Service Fund

Grand Traverse County's Information Technology Internal Service Fund had a working capital reserve that exceeded the allowable amount as of December 31, 2013 according to OMB Circular A-87.

Grand Traverse County charges most Grand Traverse County Departments (including the Health Department) for information technology support. The County places the funds received from the County Departments in the Information Technology Internal Services Fund. Based on the December 31, 2013 financial statements and the report issued by MGT of America, the County had accumulated an excess balance in the fund.

OMB Circular A-87 (located at 2 CFR Part 225), Appendix C, Sections G. 3. and G. 4. require comparisons of the charges to the actual allowable costs, and adjustments by one of several methods. Additionally, OMB Circular A-87, Appendix C, Section G. 2., allows for the establishment and maintenance of a reasonable level of working capital reserve for internal service funds. According to OMB Circular A-87, a working capital reserve as part of retained earnings of up to 60 days cash expenses for normal operating purposes is considered reasonable.

According to Grand Traverse Internal Services Fund Summary for the Year Ended December 31, 2013, operating expenses were \$1,428,486 for the Information Technology Internal Services Fund which equates to a 60-day requirement of \$238,081. However, as of December 31, 2013, Grand Traverse County's Information Technology Internal Services Fund had a working capital reserve of \$298,885. Accordingly, the working capital reserve exceeded the allowable amount by \$60,804, and reductions are needed to achieve compliance with OMB Circular A-87.

Recommendation

We recommend that Grand Traverse County devise a plan to ensure the Information Technology Internal Service Fund working capital reserves is reduced to the allowable limit (60 days cash expenses) by FYE 2017 by either cash refunds or adjustments to future billing rates/allocations.

Finding

4. Leave Time Allocation Based on Budgeted FTEs

The Health Department allocated employee leave time to the WIC and Family Planning Programs based on budgeted FTEs rather than actual time worked in the Programs.

The Health Department's contract with MDCH (Part II, Section III, Part A) requires compliance with OMB Circular A-87 (located at 2 CFR Part 225). For costs to be allowable under Federal awards, costs must be allocated in accordance with relative benefits received,

and must conform to any limitations or exclusions set forth in OMB Circular A-87. According to OMB Circular A-87, Appendix B, Section 8. d. (2):

*The cost of fringe benefits in the form of regular compensation paid to employees during periods of authorized absences from the job, such as for annual leave, sick leave, holidays, court leave, military leave, and other similar benefits are allowable if: They are provided under established written leave policies; **the costs are equitably allocated to all related activities**, including Federal awards; and, the accounting basis (cash or accrual) selected for costing each type of leave is consistently followed by the government unit.*

The Health Department allocates leave time for each employee based on a budgeted full time equivalent (FTE) percentage. Leave hours are multiplied by the budgeted FTE percentage to allocate costs to each Health Department program.

In order for the Health Department to ensure that leave time is allocated equitably to all benefitting programs, they should analyze and update FTE percentages at least once every quarter based on actual time worked.

Recommendation

We recommend that the Health Department implement policies and procedures to ensure the leave time allocation percentages are updated at least quarterly based on actual time worked so leave time is equitably allocated to all benefitting programs.

Finding

5. Termination Costs Improperly Reported

The Health Department improperly reported termination costs as a direct expense on the FSRs.

The Health Department's contract with MDCH (Part II, Section III, Part A) requires compliance with OMB Circular A-87 (located at 2 CFR Part 225). According to OMB Circular A-87, Appendix B, Section 8. d. (3):

Payments for unused leave when an employee retires or terminates employment are allowable in the year of payment provided they are allocated as a general administrative expense to all activities of the governmental unit or component.

The Health Department expenses payments for unused vacation and personal leave when an employee terminates employment directly to the employee's "home" programs. However, these payments should be treated as a general administrative expense and allocated to all activities of the Health Department.

No adjustment will be made on the attached Statements of Grant Program Revenues and Expenditures because an accurate calculation could not be easily determined given the multiple programs likely receiving direct charges of termination costs, and the likelihood of no financial impact given the level of local funding.

Recommendation

We recommend that the Health Department implement policies and procedures to ensure termination costs are allocated as a general administrative expense to all activities of the Health Department.

MDCH SHARES OF COST AND BALANCE DUE

Objective 3: To determine the MDCH shares of cost for the WIC and Family Planning Programs in accordance with applicable MDCH requirements and agreements, and any balance due to or due from the Health Department.

Conclusion: The MDCH obligations under the WIC, WIC Breastfeeding and Family Planning Programs for fiscal year ended September 30, 2014, are \$397,492; \$47,771; and \$47,882; respectively. The attached Statements of Grant Program Revenues and Expenditures show the budgeted, reported, and allowable costs. The audit made no adjustments affecting grant program funding.

**Grand Traverse County Health Department
WIC Resident Services
Statement of Grant Program Revenues and Expenditures
10/1/13 - 9/30/14**

	BUDGETED	REPORTED	AUDIT ADJUSTMENT	ALLOWABLE
REVENUES:				
MDCH Grant	\$397,492	\$397,492 ¹		\$397,492
Local Funds - Other	\$34,572	\$75,344		\$75,344
TOTAL REVENUES	\$432,064	\$472,836	\$0	\$472,836
EXPENDITURES:				
Salary & Wages	\$200,345	\$225,522		\$225,522
Fringe Benefits	\$101,587	\$110,526		\$110,526
Contractual	\$1,400	\$1,149		\$1,149
Supplies & Materials	\$7,050	\$6,037		\$6,037
Travel	\$1,950	\$1,148		\$1,148
Communication	\$5,100	\$3,195		\$3,195
County-City Central Services	\$19,320	\$22,530		\$22,530
Space Costs	\$30,000	\$29,339		\$29,339
Other	\$10,565	\$11,545		\$11,545
Indirect Costs	\$30,299	\$35,663		\$35,663
Other Costs Distributions	\$24,448	\$26,182		\$26,182
TOTAL EXPENDITURES	\$432,064	\$472,836	\$0	\$472,836

¹ Actual MDCH payments.

**Grand Traverse County Health Department
WIC Breastfeeding
Statement of Grant Program Revenues and Expenditures
10/1/13 - 9/30/14**

	BUDGETED	REPORTED	AUDIT ADJUSTMENT	ALLOWABLE
REVENUES:				
MDCH Grant	\$47,771	\$47,771 ¹		\$47,771
Local Funds - Other	\$853	\$192		\$192
TOTAL REVENUES	\$48,624	\$47,963	\$0	\$47,963
EXPENDITURES:				
Salary & Wages	\$26,735	\$26,838		\$26,838
Fringe Benefits	\$6,730	\$5,475		\$5,475
Supplies & Materials	\$600	\$1,932		\$1,932
Travel	\$600	\$268		\$268
Communication	\$800	\$603		\$603
County-City Central Services	\$2,141	\$2,161		\$2,161
Space Costs	\$3,450	\$3,281		\$3,281
Other	\$1,500	\$1,446		\$1,446
Indirect Costs	\$3,358	\$3,434		\$3,434
Other Costs Distributions	\$2,710	\$2,525		\$2,525
TOTAL EXPENDITURES	\$48,624	\$47,963	\$0	\$47,963

¹ Actual MDCH payments.

**Grand Traverse County Health Department
Family Planning
Statement of Grant Program Revenues and Expenditures
10/1/13 - 9/30/14**

	BUDGETED	REPORTED	AUDIT ADJUSTMENT	ALLOWABLE
REVENUES:				
MDCH Grant	\$35,453	\$35,453 ¹		\$35,453
MDCH Grant	\$12,429	\$12,429 ¹		\$12,429
Fees and Collections - 1st and 2nd Party	\$9,500	\$9,406		\$9,406
Fees and Collections - 3rd Party	\$62,000	\$64,926		\$64,926
Federal Cost Based Reimbursement	\$137,000	\$136,569		\$136,569
Required Match - Local	\$6,667	\$6,667		\$6,667
Local Funds - Other - Pharmaceutical	\$12,571	\$15,277		\$15,277
Local Funds - Other	\$93,163	\$60,063		\$60,063
TOTAL REVENUES	\$368,783	\$340,790	\$0	\$340,790
EXPENDITURES:				
Salary & Wages	\$141,060	\$129,554		\$129,554
Fringe Benefits	\$72,054	\$56,777		\$56,777
Contractual	\$12,440	\$11,266		\$11,266
Supplies & Materials	\$10,000	\$13,929		\$13,929
Supplies & Materials - Pharmaceutical	\$25,000	27,706		\$27,706
Travel	\$850	\$998		\$998
Communication	\$1,950	\$1,600		\$1,600
County-City Central Services	\$13,637	\$12,472		\$12,472
Space Costs	\$36,000	\$35,753		\$35,753
Other	\$17,150	\$16,401		\$16,401
Indirect Costs	\$21,386	\$19,795		\$19,795
Other Costs Distributions	\$17,256	\$14,539		\$14,539
TOTAL EXPENDITURES	\$368,783	\$340,790	\$0	\$340,790

¹ Actual MDCH payments.

Corrective Action Plan

Finding Number: 1

Page Reference: 2

Finding: Improper Billings to Third Parties

The Health Department did not bill Medicaid at the total amount of charges.

Recommendation: Comply with the Michigan Title X Family Planning Program Standards and Guidelines Manual and bill all third parties, including Medicaid, for the total amount of charges.

Comments: The Health Department was unaware they could not bill Medicaid a lessor amount than the total amount of charges.

Corrective Action: The Health Department will begin billing Medicaid the full charges. This will not include medications, as we can only bill Medicaid for total cost of the medication.

**Anticipated
Completion Date:** January 2016

MDHHS Response: None

Corrective Action Plan

Finding Number: 2

Page Reference: 3

Finding: **No Administration Approved Policy for Setting Family Planning Program Fees Lower Than Cost**

The Health Department set their Family Planning Program fees below the cost with no administration approved policy designating the percentage of the cost the fee schedule is to represent.

Recommendation: Comply with the Michigan Title X Family Planning Program Standards and Guidelines Manual and implement an administration approved policy for designating the percentage of the cost the fee is to represent if the Health Department chooses to set fees lower than what is required to recover actual costs.

Comments: The Board of Health (Board of Commissioners) reviews and approves any significant billing policies or procedures. The Board of Health approves a County wide fee schedule each year during the budget process which states; "Fees for the Community Health Programs listed above are reviewed on a regular basis and adjusted as necessary to maintain compliance with program and grant guidelines. A sliding fee scale is available for many of the clients and services that we provide. Consideration in this process includes cost of providing service (vaccine and supply cost), maximization of revenue by billing third party (insurance), affordability to clients, and compliance with applicable regulations. In many cases, fees are adjusted to ensure that county residents are not denied necessary services due to their inability to pay for the same." It has been accepted by our Board that we make changes to fees for services for our Community Health Programs during the year based on factors such as grant requirements, cost analysis, and third party payer allowed amounts.

Corrective Action: The Health Department will implement an administration approved policy for designating the percentage of the cost the fee is to represent since the fees are set lower than what is required to recover actual costs.

**Anticipated
Completion Date:** January 2016

MDHHS Response: None

Corrective Action Plan

Finding Number: 3

Page Reference: 4

Finding: Excess Internal Service Fund

Grand Traverse County's Information Technology Internal Service Fund had a working capital reserve that exceeded the allowable amount as of December 31, 2013 according to OMB Circular A-87.

Recommendation: Grand Traverse County devise a plan to ensure the Information Technology Internal Service Fund working capital reserves is reduced to the allowable limit (60 days cash expenses) by FYE 2017 by either cash refunds or adjustments to future billing rates/allocations.

Comments: None

Corrective Action: Grand Traverse County will reduce the charges from the Information Technology Fund to account for the excess working capital reserve that has been accumulated. This will be accomplished by the necessary adjustments to the amounts invoiced during our next two fiscal years (2016 and 2017) in order to bring the working capital reserve into compliance with OMB Circular A-87.

**Anticipated
Completion Date:** September 30, 2017

MDHHS Response: None

Corrective Action Plan

Finding Number: 4

Page Reference: 4

Finding: Leave Time Allocation Based on Budgeted FTEs

The Health Department allocated leave time to the WIC and Family Planning Programs based on budgeted FTEs rather than actual time worked in the Programs.

Recommendation: Implement policies and procedures to ensure the leave time allocation percentages are updated at least quarterly based on actual time worked so leave time is equitably allocated to all benefiting programs.

Comments: The Health Department has implemented updated FTEs on a quarterly basis based on the actual time spent by each employee on each program. The leave time is then allocated based upon the actual time the employee works in each program on a quarterly basis.

Corrective Action: The Health Department started implementing the leave time based on actual FTEs versus budgeted FTEs in May of 2015.

**Anticipated
Completion Date:** May 2015

MDHHS Response: None

Corrective Action Plan

Finding Number: 5

Page Reference: 5

Finding: Termination Costs Improperly Reported

The Health Department improperly reported termination costs as a direct expense on the FSRs.

Recommendation: Implement policies and procedures to ensure termination costs are allocated as a general administrative expense to all activities of the Health Department.

Comments: The Health Department will start to implement the charge for payments for unused leave when an employee retires or is terminated from employment to our general administrative overhead cost center. The termination cost will then be allocated as a cost to all programs within the Health Department.

Corrective Action: The Health Department will start to implement this process with any future employees leaving the Health Department and have termination benefits.

**Anticipated
Completion Date:** September 2015

MDHHS Response: None



GRAND TRAVERSE COUNTY HEALTH DEPARTMENT

COMMUNITY HEALTH
2600 LaFranier Rd, Ste A
Traverse City, MI 49686
231-995-6111

ENVIRONMENTAL HEALTH
2650 LaFranier Road
Traverse City, MI 49686
231-995-6051

EMERGENCY MANAGEMENT
2600 LaFranier Road, Ste A
Traverse City, MI 49686
231-995-6059

ANIMAL CONTROL
2650 LaFranier Road
Traverse City, MI 49686
231-995-6080

September 22, 2015

Debra S. Hallenbeck, Manager
MDHHS – Office of Audit
Quality Assurance and Review
Bureau of Audit, Reimbursement and Quality Assurance
P.O. Box 30479
Lansing, Michigan 48909

Dear Ms. Hallenbeck,

We are enclosing our response to the findings and recommendations you have listed in the Preliminary Analysis for October 1, 2013 thru September 30, 2014.

We will be happy to answer any questions that you may have concerning these comments.

Sincerely,



Wendy S. Trute, MPH, CPHA

Enclosures

Cc: Marissa Milliron, Erin Carlson

Corrective Action Plan

Finding Number: 1

Page Reference: 2

Finding: Improper Billings to Third Parties

The Health Department did not bill Medicaid at the total amount of charges.

Recommendation: Comply with the Michigan Title X Family Planning Program Standards and Guidelines Manual and bill all third parties, including Medicaid, for the total amount of charges.

Comments: The Health Department was unaware we could not bill Medicaid a lessor amount than the total amount of charges.

Corrective Action: The Health Department will begin billing Medicaid the full charges. This would not include medications, as we can only bill Medicaid what we pay for the medication.

**Anticipated
Completion Date:** January 2016

MDHHS Response:

Corrective Action Plan

Finding Number: 2

Page Reference: 3

Finding: **No Administration Approved Policy for Setting Family Planning Program Fees Lower Than Cost**

The Health Department set their Family Planning Program fees below the cost with no administration approved policy designating the percentage of the cost of the fee schedule is to represent.

Recommendation: Comply with the Michigan Title X Family Planning Program Standards and Guidelines Manual and implement an administration approved policy for designating the percentage of the cost the fee is to represent if the Health Department chooses to set fees lower than what is required to recover actual costs.

Comments: The Board of Health (Board of Commissioners) review and approve any significant billing policies or procedures. The Board of Health approves a County wide fee schedule each year during the budget process which states, "Fees for the Community Health Programs listed above are reviewed on a regular basis and adjusted as necessary to maintain compliance with program and grant guidelines. A sliding fee scale is available for many of the clients and services that we provide. Consideration in this process includes cost of providing service (vaccine and supply cost), maximization of revenue by billing third party (insurance), affordability to clients, and compliance with applicable regulations. In many cases, fees are adjusted to ensure that county residents are not denied necessary services due to their inability to pay for the same." It has been accepted by our Board that we make changes to fees for services for our Community Health Programs during the year based on factors such as grant requirements, cost analysis and third party payer allowed amounts.

Corrective Action: The Health Department will implement an administration approved policy for designating the percentage of the cost the fee is to represent since the fees are set lower than what is required to recover actual costs.

Anticipated Completion Date: January 2016

MDHHS Response:

Corrective Action Plan

Finding Number: 3

Page Reference: 4

Finding: Excess Internal Service Fund

Grand Traverse County's Information Technology Internal Service Fund had a working capital reserve that exceeded the allowable amount as of December 31, 2013 according to OMB Circular A-87.

Recommendation: Grand Traverse County devise a plan to ensure the Information Technology Internal Service Fund working capital reserves is reduced to the allowable limit (60 days cash expenses) by FYE 2017 by either cash refunds or adjustments to future billing rates/allocations.

Comments:

Corrective Action: We will reduce the charges from the Information Technology Fund to account for the excess working capital reserve that has been accumulated. This will be accomplished by the necessary adjustments to the amounts invoiced during our next two fiscal years (2016 and 2017) in order to bring the working capital reserve into compliance with OMB Circular A-87.

Anticipated Completion Date: September 30, 2017

MDHHS Response:

Corrective Action Plan

Finding Number: 4

Page Reference: 4

Finding: Leave Time Allocation Based on Budgeted FTEs

The Health Department allocated leave time to the WIC and Family Planning Programs based on budgeted FTEs rather than actual time worked in the Programs.

Recommendation: Implement policies and procedures to ensure the leave time allocation percentages are updated at least quarterly based on actual time worked so leave time is equitably allocated to all benefiting programs.

Comments: The Health Department has implemented updated FTEs on a quarterly basis based on the actual time spent by each employee in each program. The leave time is then allocated based upon the actual time the employee works in each program on a quarterly basis.

Corrective Action: The Health Department started implementing the leave time be based on actual FTEs versus budgeted FTEs starting in the middle of May 2015.

Anticipated Completion Date: Completed as of May 2015.

MDHHS Response:

Corrective Action Plan

Finding Number: 5

Page Reference: 5

Finding: Termination Costs Improperly Reported

The Health Department improperly reported termination costs as a direct expense on the FSRs.

Recommendation: Implement policies and procedures to ensure termination costs are allocated as a general administrative expense to all activities of the Health Department.

Comments: The Health Department will start to implement the charge of payments for unused leave when an employee retires or is terminated from employment to our general administration overhead cost center. The termination costs will then be allocated as a cost to all programs within the Health Department.

Corrective Action: The Health Department will start to implement this process with any future employees leaving the Health Department and have termination benefits.

Anticipated Completion Date: Completed as of September 2015.

MDHHS Response:

MCH Programs	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	YTD Target	Previous Year Total	Monthly Average
MIHP																
MIHP Mom Visits	105	106	95	76	88	65	51	70	63	60	49	43	871	86%	1015	73
MIHP Baby Visits	149	151	176	151	211	196	148	198	182	185	165	149	2061	95%	2180	172
MIHP Total Visits	254	257	271	227	299	261	199	268	245	245	214	192	2932	92%	3195	244
MIHP Productivity	3.14	3.2	2.92	2.92	2.79	2.6	2.5	2.71	3.05	3.05	2.85	2.85	2.88	91%	3.18	2.88
MIHP Admissions	34	36	22	24	29	27	14	30	26	32	21	22	317	94%	339.	26
MIHP Caseload	261	272	273	266	271	249	230	243	249	247	247	249	255	NA	NA	NA
Specialty Cardiac Clinic Clients	10	13	7	6	11	3	27	7	6	12	3	2	107	88%	122.	
WIC																
Medicaid Outreach App Assistance	6	5	18	8	5	10	6	11	8	7	12	16	112	138%	81	9
WIC Appts Made	995	961	1008	794	998	1117	833	960	867	917	924	773	11,147	96%	11,643	929
WIC Appts Kept	678	672	717	588	705	786	592	736	651	637	681	497	7,940	102%	7,760	662
Show-Rate	68%	70%	71%	74%	71%	70%	71%	77%	75%	69%	74%	64%	71%	80%	67%	71%
AVE Participation Rate	81%	80%	82%	81%	82%	80%	82%	84%	84%	84%	82%	82%	82%	95%	90%	82%
IMMs Rate 4313314	80%	80%	80%	79%	79%	80%	77%	78%			76%	77%		80%	79%	
Fluoride Varnish							27	18	5	12	15	5	82		0	
Blood Lead Tests	1.00			1	3	10	25	38	12	16	17	13	136		0	
Infant Breastfeeding Initiation Rate	85%	87%	84%	89%	89%	87%	88%	88%	87%	88%	87%	86%	87%		85%	
State Benchmark	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	66%	65%			65%	
Infant Breastfeeding Exclusivity Rate at 6 months	13%	13%	14%	14%	13%	14%	14%	13%	14%	14%	14%	14%			14%	
State Benchmark	10%	10%	10%	11%		11%	10%	10%	10%	10%	10%	11%			10%	
Maternal Smoking Rate	21%	22%	21%	22%	24%	24%	24%	22%	25%	23%	22%	20%			20%	
Postpartum Smoking Rate	14%	15%	16%	11%	10%	8%	8%	10%	8%	10%	12%	12%			14%	
Low Birth Weight Infants	6%	6%	7%	6%	6%	7%	7%	7%	8%	8%	9%	8%			7%	
MMC WIC Certs/Recerts			143		24	40	43	66	54	36	40	43	489			
QTRLY WIC to MIHP Conversion Rate	40%							51%		51%			47%	80%		

CSHCS																
CSHCS Caseload	300	307	320	317	310	310	312	309	312	317	327	314	313	108%	291	313
CSHCS Home Visits	16	17	20	13	25	15	21	21	13	18	17	13	209	78%	267	17
CSHCS Encounters	62	43	72	57	71	66	44	50	38	65	57	53	678	99%	687	57
Blood Lead																
Caseload	0	0	0	0	0	0	0	0	0	0						
Home Visits	0	0	0	0	0	0	0	0	0	0						
Phone follow-ups	3	7	8	9	5	10	6	9	5	9	4	9				
Healthy Futures																
Healthy Futures Caseload	919	973	999	986	1017	940	983	969	922	907	885	931	953	111%	856	953
Healthy Futures Home Visits	13	12	14	15	15	23	22	29	18	26	10	13	210	146%	144	18
Healthy Futures Contacts	268	176	167	162	168	123	166	345	213	166	180	169	2303	127%	1808	192
Healthy Futures Successful Contacts	149	91	79	90	96	117	129	174	127	113	88	98	1351			
Bereavement	1	0	0	0	0	0	2	2		0	1	0	6	46%	13	
Hearing Screenings																
School-Age	284	958	394	226	211	3	2	0	0	465	223	324	3090	157%	1,971.	NA
Pre-School	48	347	227	297	282	62	4	31	22	24	0	76	1420	136%	1,044.	NA
Referrals	14	21	12	15	10	8	1	0	0	0	11	13	105	172%	61.	
Hearing Screenings Total	332	1305	621	523	493	65	6	31	22	489	223	400	4510	150%	3015	NA
Vision Screenings																
School-Age	912	334	657	280	360	1	0	471	70	567	459	148	4259	82%	5,179.	NA
Pre-School	64	391	267	365	285	62	2	43	23	24	0	108	1634	127%	1,284.	NA
Referrals	154	52	81	65	74	8	0	43	16	70	65	28	656	107%	612	
Vision Screenings Total	976	725	924	645	645	63	2	514	93	591	459	256	5893	91%	6463	NA

Adolescent Clinics	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	YTD Target	Previous Year Total	Monthly Average
Unduplicated Clients YHWC	21	19	22	36	17	19	57	115	116	166	24	23	635			
MH Counseling Visits YHWC	22	22	20	21	25	25	17	21	26	31	26	7	263			
Immunizations Given YHWC	22	19	0	10	43	6	10	56	102	60	32	8	368	110%	334	
Preventative Health Physical Examinations YHWC									18	24	10	8	60			
Referrals to Other Providers YHWC									9	9	5	5	28			
Number of Participants in Educational Sessions YHWC									2	140	160	40	342			
# YHWC Client Visits	60	69	62	58	73	54	52	93	252	311	110	64	1258	99%	1266	105
Unduplicated Clients KTown	15	14	19	12	6	13	19	35	8	58	35	23	257			
MH Counseling Visits KTown	31	33	39	40	48	34	20	36	25	24	31	21	382			
Immunizations Given KTown	9	9	1	3	1	7	18	34	28	19	22	5	156	57%	275	
Preventative Health Physical Examinations KTown	4	7	14	6	5	11	23	44	11	10	15	8	158			
Referrals to Other Providers KTown	0	0	0	0	1	0	1	1	0	0	2	2	7			
Number of Participants in Educational Sessions KTown	0	0	0	0	18	0	0	0	0	40	25	40	123			
# K-Town Client Visits	72	75	84	90	85	69	61	107	69	72	79	58	921	73%	1256	77
Total Adol Clinic Visits	132	144	146	209	158	123	113	200	321	385	189	122	2242	89%	2522	187
K-Town show rate	90%	94%	93%	92%	93%	87%	91%	96%	95%	87%	94%	92%	92%			
YHWC show rate	95%	95%	91%	94%	92%	91%	76%	95%	98%	98%	87%	86%	91%			

CD & Prev Prog	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	YTD Target	Previous Year Total	Monthly Average
# Family Planning Unduplicated Clients	86	70	80	48	62	37	26	54	43	43	42	27	618	88%	701	52
# Family Planning Client Visits	95	75	106	87	106	95	69	93	88	84	85	78	1061	87%	1213	88
# Communicable Diseases Reported	59	53	61	46	85	84	81	85	64	61	51	69	799	107%	747	67
# New or Emerging Diseases	0	0	0	0	0	0	0	0	0	0	0	0	0			
# CD Presentations	0	1	1	0	0	2	0	4	4	1	1	1	15		15	
# Sexually Transmitted Disease Screenings	34	35	46	30	39	37	28	43	31	34	51	37	445	104%	429	37
# HIV Screenings	7	14	12	7	7	9	11	9	4	17	24	11	132	99%	133	11
# Sexually Transmitted Disease Treated	16	6	6	6	16	12	6	4	9	5	14	14	114	128%	89	10
# Tuberculosis Skin Tests Administered	7	18	26	23	28	43	40	27	21	23	18	14	288	100%	288	24
# Latent Tuberculosis Infections	1	0	1	2	0	0	0	0	0	0	0	0	4		0	0
# Active Tuberculosis Cases	0	0	0	0	0	0	0	0	0	0	0	0	0	100%	0	0
# Outbreaks Investigated	0	0	0	0	0	0	2	0	0	0	0	1	3		4	0
# Breast & Cervical Cancer Program Exams	1	2	2	5	1	1	4	1	2	5	3	2	29		40	2
Immunizations Administered																
GTCHD	314	206	262	191	146	249	184	497	388	404	306	294	3441	84%	4089	NA
K-Town	9	9	1	3	1	7	18	34	28	19	22	9	160	58%	275	NA
YHWC	22	19	0	10	43	6	10	55	101	60	23	8	357	107%	334	NA
Imms Administered Total	345	234	263	204	190	262	212	586	517	483	351	311	3958	84%	4698	NA
GTCHD Appt Made	149	103	141	118	136	122	160	332	220	267	202	117	2067	87%	2385	

GTCHD Appt Kept	128	86	111	97	109	111	141	292	198	236	166	89	1764	88%	1999	
Walk-ins	109	67	63	69	73	63	76	130	143	269	131	95	1288	101%	1270	
Waiver Appt or Class Slots Available	44	11	10	11	21	17	52	129	90	44	15	11	455	99%	458	
Waivers Given	37	11	10	11	18	15	48	124	91	44	15	10	434	95%	455	
Breakout Flu Total Administered	98	49	21	23	7	9	0	0	183	445	140	78	1053	94%	1115	NA
19-35 months 4313314 coverage	78.0%			78.5%			78.9%				78.1%			80%	78.2%	
13-17 years 132321 coverage	82.0%			82.3%			82.1%				82.6%			80%	81.5%	
Adult Tdap	53.2%			54.8%			56.8%				58.9%			80%	51.0%	
Adult Pneum							70.6%				75.3%			90%	61.8%	
6 mos-17 years Flu	32.1%			32.1%			37.2%				37.2%			70%	43.0%	
Adult Flu	34.0%			34.0%			36.6%				36.6%			70%	33.8%	
School Waiver Rate	5.7%			7.5%							7.5%			3.1%	5.7%	
Child Care Waiver Rate	3.8%			4.6%							4.6%			2.1%	3.8%	

Env Health	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	YTD Target	Previous Year Total	Monthly Average
Food Service																
Routine Restaurant Inspection	53	34	34	57	65	39	49	56	35	40	61	39	562	100%	560	47
Follow-up Restaurant Inspection	19	12	10	7	12	11	14	18	14	17	13	15	162	136%	119	14
Mobile Food Unit Inspection	0	0	0	0	0	0	0	2	0	4	0	0	6	150%	4	1
Special Transitory Food Unit Inspection	1	1	1	17	10	9	7	6	7	8	2	0	69	141%	49	6
Enforcement Hearings	0	0	0	0	0	0	0	0	0	0	1	0	1	100%	1	0
Food Borne Illness Investigation	0	0	0	0	0	0	1	0	0	0	0	0	1		0	0
Public Complaint Follow-up	3	12	2	3	2	0	2	4	8	1	3	1	41	108%	38	3
Temporary Food Inspections	1	2	3	4	5	24	47	14	7	4	5	0	116	122%	95	10
Septic Program Permits																
New Private Sewage	8	13	27	40	42	15	29	42	21	25	9	9	280	111%	253	23
Existing Private Sewage	8	9	4	11	28	14	16	16	14	17	13	4	154	122%	126	13
New Commercial Sewage	0	4	0	0	3	2	0	2	2	3	0	0	16	133%	12	1
Existing Commercial Sewage	0	0	0	0	0	0	1	1	0	2	0	0	4	50%	8	0
Total Septic Permits Issued	16	26	31	51	73	31	46	61	37	47	22	13	454	114%	399	38
Well Program Permits																
New Private Well	9	12	29	38	31	18	26	42	18	20	9	9	261	109%	239	22
Existing Private Well	3	3	6	11	16	14	9	19	7	6	5	2	101	119%	85	8
New Type II Water Supply	0	0	0	0	0	0	0	0	0	1	1	0	2		0	0
Existing Type II Water Supply	0	0	0	1	1	1	0	0	0	0	0	0	3	300%	1	0
New Type III Water Supply	0	3	0	0	1	1	0	0	3	2	0	0	10	143%	7	1
Existing Type III Water Supply	0	0	0	1	0	0	0	0	0	0	0	2	3	150%	2	0
Total Well Permits Issued	12	18	35	51	49	34	35	61	28	29	15	13	380	114%	334	32
Campground, Pool & Beaches																
# Campground Inspections	0	0	0	0	2	1	3	7	8	0	0	0	21	105%	20	0

# Public Swimming Pool Inspections	22	9	24	8	0	1	3	25	1	0	0	0	93	98%	95	8
Beach Monitoring- Level 1 Samples	0	0	0	0	0	33	54	73	15	0	0	0	175	111%	158	15
Beach Monitoring- Level 2 Samples	0	0	0	0	0	1	9	2	0	0	0	0	12	1200%	1	1
Beach Monitoring- Level 3 Samples	0	0	0	0	0	0	2	0	0	0	0	0	2		0	0
Beach Monitoring- Level 4	0	0	0	0	0	0	0	0	0	0	0	0	0		0	
Beach Monitoring- Total Samples	0	0	0	0	0	34	72	75	15	0	0	0	196	120%	163	16



STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

RICK SNYDER
GOVERNOR

OLGA DAZZO
DIRECTOR

August 8, 2012

Dave Benda
Grand Traverse County
Administrator/Controller
400 Boardman
Traverse City, MI 49684

Dear Mr. Benda:

I have received your communication requesting the approval of Wendy Trute, MPH, as the Health Officer for Grand Traverse County, to be effective August 31, 2012. After a review of Ms. Trute's credentials, I have determined she is fully qualified, under the Michigan Public Health Code, to be approved as the Grand Traverse County Health Department Health Officer. I congratulate you on the selection of such an educated and experienced candidate.

I look forward to continuing the positive working relationship between the Grand Traverse County Health Department and the Michigan Department of Community Health.

If you need assistance or if any of the above changes, please contact Local Health Services, at (517) 335-8928.

Sincerely,

A handwritten signature in cursive script that reads "Jean Chabut".

Jean Chabut, Deputy Director
Public Health Administration

cc: ✓ Vere Pugh
Konrad Edwards
Jennifer Seman

Wendy S. Hirschenberger, MPH, CPHA

Health Officer, Grand Traverse County Health Department
2600 LaFranier Ave, Traverse City, MI 49686
whirsch@gtchd.org 231-995-6101

EXPERIENCE	Grand Traverse County Health Department	Traverse City, Michigan
8/12- present	Health Officer	
	<ul style="list-style-type: none">○ Serves as the chief administrative officer of the Public Health Department, assumes responsibility for all public health-related activities within the County, and supervises staff performing County public health functions.○ Oversees 5 public health divisions: Community Health, Environmental Health & Animal Control, Administration & Finance, Emergency Management & Public Health Preparedness and a Bi-County Medical Examiner's Office.○ Directs and manages the planning, organizing, staffing, evaluation, budget preparation, maintenance and financial functions required in operations of the health department, emergency management and medical examiner's office.○ Supervises designated staff, including interviewing and selecting of job applicants, training, overseeing work, participating in disciplinary decisions and actions, and establishing and evaluating appropriate performance standards in accordance with County objectives.○ Provides oversight in strategic planning, budgeting and monitoring financial outcomes.○ Processes, compiles, researches, and analyzes complex public health data and other information, and prepares and verifies reports, correspondence, and other documents utilizing applicable software, within established procedures.○ Provides oversight in the investigation related to causes of specific diseases, morbidity and mortality, and environmental health hazards, nuisances, and sources of illness.○ Communicates and collaborates with local, state, and federal agencies regarding public health issues, disease reports, program changes, policy develops, new laws, financial reports, and related items.○ Serves as a liaison with County, state, and federal agencies concerning public and community health related issues.○ Seeks legal remedies to abate public health hazards or to prevent the spread of communicable diseases.○ Responds to public health emergencies, emergency exercises and response training activities.	
8/03- 8/2012	Rock Island County Health Department Public Health Administrator	Rock Island, Illinois
	<ul style="list-style-type: none">○ Manage all aspects of Health Department programs including disease control and prevention, environmental health, family planning, maternal & child health, school health clinics, vital records and bioterrorism and other public health emergencies.○ Manage a budget of approximately \$4.6 million in state, federal and local funds and earned revenue.○ Supervise and direct the work of a staff of 75 including professional, technical and clerical staff.○ Establish operational methods and procedures; assist in departmental policy development; recommends the establishment and revision of rules and regulations;○ Work closely with Board of Health, County Board, the local medical community, the public, the media, local, state and federal public health partners and other human service agencies to develop, maintain and improve the public health network in Rock Island County.○ Direct the procedural analysis, standards development, research, and planning program of the department, prepare various statistical, financial, and special reports;	

4/01 – 8/03	Minnesota Department of Health Epidemiologist Senior	Minneapolis, Minnesota
	<ul style="list-style-type: none">○ Serve as project officer for research studies where duties include: developing budgets and contracts, supervision and mentoring of study staff, planning and conducting rapid case ascertainment, and managing staff assignments to ensure effective resource utilization.○ Advise, educate and assist public health and allied health professionals, clinicians, researchers, policy makers, government officials, members of the media and the general public on issues regarding the burden of cancer in the state, cancer epidemiology, cancer control, the analysis and collection of data as well as legal and ethical issues surrounding public health disease surveillance.○ Design, execute and analyze detailed statistical studies of cancer incidence and mortality at the state, regional, county and small area levels.○ Plan, design and conduct quality control studies to investigate data quality and accuracy of cancer data and to ensure consistency in data and information provided to data users.○ Design and produce legislative reports, special study reports and quality control reports on cancer in Minnesota.○ Plan and conduct record linkages for epidemiologic studies in collaboration with physicians, state, national and international medical researchers, public health professionals and citizens.	
5/00 – 4/01	University of Minnesota- Division of Epidemiology Project Manager/Study Coordinator	Minneapolis, Minnesota
	<ul style="list-style-type: none">○ Managed daily activities of a large cohort study including data collection, budget, contracts and supervision of staff.○ Developed project plans, provided direction to project teams and coordinated overall project activities.○ Drafted and negotiated contract agreements with subcontractors including budget, timeline and scope of work.○ Designed and developed surveys, study fact sheets, presentations, study materials and tobacco policy website.○ Managed subcommittee activities relating to survey development, geo-political units, data analysis, project management and local level data collection.○ Designed and developed databases for data collection and information management.○ Provided software support for users of proprietary program evaluation software and assistance with databases.	
3/98 – 8/00	Universal Pensions, Inc. (Bisys) Project Manager/Business Analyst	Brainerd, Minnesota
	<ul style="list-style-type: none">○ Developed project plans, provided direction to project teams and managed software development staff assignments to ensure effective resource utilization.○ Drafted and negotiated software license agreements in conjunction with Legal Council for both standard and custom applications of products.○ Developed marketing and sales materials, researched trademark/patent issues, assessed marketability of products and provided technical sales support.○ Developed and maintained project documentation including: product vision and scope, business analysis, technical and design specifications, team status reports and RFP responses.○ Produced statistical analyses, summary reports and presentations of company survey results.	

8/96 - 12/97	Washington State Department of Health Health Program Administrator	Olympia, Washington
	<ul style="list-style-type: none">○ Managed all aspects of state cancer registry activities including: cancer control activities, quality assurance, data collection and analyses, budget and fiscal monitoring, personnel and grant proposals and annual/quarterly reports.○ Supervised and mentored staff of eight and managed staff assignments to ensure effective resource utilization.○ Reviewed, designed and conducted research and statistical analyses of incidence, mortality and other cancer measures to evaluate Washington cancer trends.○ Planned, designed and conducted quality control studies to assess completeness, timeliness and accuracy of registry data to ensure consistency of data and information provided to end users.○ Participated in division-wide epidemiology assessment group; assisted in writing public health plans, department-wide reports; consulted on state health assessments and surveillance activities for diabetes, heart disease and injuries.○ Assisted with database linkages, geo-coding, GIS mapping, data requests and educational training.○ Acted as liaison for state cancer registry to statewide advisory council, technical working group, Fred Hutchinson Cancer Research Center, Blue Mountain Oncology Group and other state groups.○ Developed and secured reporting agreements and contracts with health care facilities, labs and cancer treatment centers in accordance with state and national laws.	
4/95 – 8/96	Idaho Hospital Association /Idaho Cancer Data Registry Epidemiologist	Boise, Idaho
	<ul style="list-style-type: none">○ Design, execute and analyze detailed statistical studies of cancer incidence and mortality at the state, regional, county and small area levels.○ Plan, design and conduct quality control studies to investigate data quality and accuracy of cancer data and to ensure consistency in data and information provided to data users.○ Advise, educate and assist public health and allied health professionals, clinicians, researchers, policy makers, government officials, members of the media and the general public on issues regarding the burden of cancer in the state, cancer epidemiology, cancer control, the analysis and collection of data as well as legal and ethical issues surrounding public health disease surveillance.○ Design and produce legislative reports, special study reports and quality control reports on cancer in Idaho.○ Plan and conduct record linkages for epidemiologic studies in collaboration with physicians, state, national and international medical researchers, public health professionals and citizens.	
EDUCATION	<p>University of Michigan - School of Public Health Ann Arbor, Michigan <i>Master of Public Health - Epidemiology Major</i> Degree Awarded: December 1995</p> <p>Grand Valley State University Allendale, Michigan <i>Bachelor of Science - Health Sciences Major</i> Degree Awarded: May 1993</p> <p>Central Michigan University Mt. Pleasant, Michigan</p>	

Pre-Medicine/Health Sciences
August 1988 - May 1991

COMMUNITY COMMITTEES Northern Michigan Public Health Alliance- *Chair*
Northern Michigan Community Health Innovation Region- *Chair*
Munson Healthcare Community and Population Health Committee- *Public Health Advisor*
Munson Medical Center Community Health Committee- *Public Health Advisor*
Michigan State and Local Preparedness Committee- *Co-Chair*
Community Health Needs Assessment Steering Committee
Northern Michigan Vaccine Preventable Disease Task Force
Northwest Michigan Water Safety Network
Emerging Infectious Diseases Work Group
Bi County Child Death Review Team
Local Emergency Planning Committee
Grand Traverse County Local Planning Team
Grand Traverse County Drug Free Coalition
Grand Traverse Community Collaborative
Grand Traverse Regional Oral Health Coalition
Northern Michigan Diabetes Initiative
Shape Up North Advisory Committee
Northern Michigan Beach Monitoring Stakeholders
Munson Ebola Preparedness Workgroup
Regional Infection Control Committee
Perinatal Regional Initiative

PUBLICATIONS Mark S. Dworkin, Charles E. Jennings, Kae Hunt, Mark Andreasen, **Wendy S. Trute**. An Outbreak of Pertussis Demonstrating a Substantial Proportion of Cases with Post-tussive Vomiting and Whooping in Adolescents and Adults. Abstract to be presented at 2004 International Conference on Emerging Infectious Diseases, Atlanta, GA.

Kristin R Mace; Charles E Jennings, MS; **Wendy S Trute, MPH**; Mark S. Dworkin, MD, MPH & TM, FACP, A Communitywide Outbreak of Pertussis in Adults and Children in Rock Island County, Illinois. Poster presented at the 2003 American College of Physicians Conference

Perkins D, **Trute WS**, DeWaard E, Soler J, Bushhouse S, Cancer in Minnesota: 1988-1999 Minnesota & Department of Health, April 2003.

Trute WS, Bushhouse S, Cancer in American Indians in Minnesota: Disparities and Differences Abstract presented at the 2002 North American Association of Cancer Registries Annual Conference, Toronto, Ontario, June 2002.

Trute WS, Soler J, Bushhouse S, The Occurrence of Cancer in Minnesota: 1993-1997 Minnesota Department of Health, August 2001.

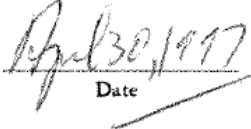
Hirschenberger WS, Cancer Trends in Idaho: 1975-1995 Idaho Cancer Data Registry, June, 1996.

Fulton JP, Correa C, **Hirschenberger WS** et. al., Urbanization and Cancer Incidence, United States, 1988-1992, in Howe HL (Ed), *Cancer Incidence in North America, 1989-1993*. Sacramento, CA: North American Association of Central Cancer Registries, April 1997 Vol I: VI-1-9.

This is to Certify that
Michael P. Collins, M.D., M.S.

**Meets the requirements to be a fully qualified
Medical Director in the State of Michigan, and his
appointment to the position of
Medical Director is hereby approved by the
Michigan Department of Community Health,
Community Public Health Agency**


James K. Haveman, Jr.
Director


Date

Michigan Department
of Community Health



Curriculum Vitae for Michael P. Collins, M., MS

Personal Information

Born March 2, 1943

Married Carolyn S. (DeVore) Collins June 12, 1965

Six children: Kathleen, Christopher, Richard, Deborah, Andrew, Tamara

Education

Earlham College, Richmond, Indiana 1961-1964. Bachelor of Arts with major in Biology

University of Michigan Medical School, Ann Arbor, Michigan, 1964-1968. Doctor of Medicine

Rotating internship 1968-1969 at Munson Medical Center, Traverse City, Michigan

Obstetrical and Gynecological Residency, 1969-1973, Department of Obstetrics and Gynecology, University Hospital, Ann Arbor, Michigan

Department of Zoology, Michigan State University, 1991-1994. Passed Comprehensive Examination for the Ph.D. degree

Department of Epidemiology, School of Human Medicine, Michigan State University 1994-1997. Master of Science

Occupational History

6/94 to present – Medical Director, Grand Traverse County Health Department

6/94 to 12/16 – Medical Director Benzie/Leelanau District Health Departments, Michigan

7/97 to 8/04 – Assistant Professor, Department of Epidemiology, College of Human Medicine, Michigan State University, East Lansing, Michigan

7/75 to 8/91 – Private practice of obstetrics & gynecology with Grand Traverse Obstetrics and Gynecology, PC, Traverse City, Michigan

7/73 to 7/75 – Major, U.S. Army at Womack Army Hospital, Ft. Bragg, North Carolina

7/69 to 7/73 – Resident in Obstetrics and Gynecology, University Hospital, Ann Arbor, Michigan

6/65 to 9/66 – Clinical Laboratory technician, St. Joseph Hospital, Ann Arbor, Michigan

6/63 to 6/64 – Clinical Laboratory technician, Reid Memorial Hospital, Richmond, Indiana

Professional Recognition, Publications, etc.

Diplomate, American Academy of Obstetrics and Gynecology, 1973 to present

Michigan State Medical License 328725, granted 6/17/68

Member, American Medical Society

Member, Phi Kappa Phi Scholastic Honorary Fraternity

Member, Michigan Association of Local Public Health

Co-Author, Collins, MP and Paneth, NP. 1998. Pre-eclampsia and cerebral palsy: is there a relationship? *Dev Med Child Neurol* 40:207-211

Co-Author, Collins MP, Lorenz JM, Jetton JR, Paneth N, 2001. Hypocapnia and other Ventilation-Related Risk Factors for Cerebral Palsy in Low Birthweight Infants. *Pediatr Res* 50:712-719

Co-Author, Collins MP, Paneth N, 2001. The Relationship of Birth Asphyxia to Later Motor Disability, chapter in *Birth Asphyxia and the Brain: Basic Science and Clinical Implications*, ed. Donne S., Futura Pub. 2002

"Early Neonatal Base Excess and Disabling Cerebral Palsy". Platform presentation at the annual meeting of the American Pediatric Society and Society for Pediatric Research, New Orleans LA, May 3, 1998

"Causal Modeling in Epidemiology: 'Cause' is not a Four-Letter Word". Seminar, Michigan State University Department of Epidemiology, January 15, 1998

"Epidemiology and Individual Decisions". Seminar, Michigan State University Department of Epidemiology, October 8, 1998

"Cerebral Palsy and Neonatal Acid-Base Balance". Munson Medical Center Staff Conference, Traverse City MI, June 30, 1998

"What is 'Randomness' in Epidemiological Modeling?" Seminar, Michigan State University Department of Epidemiology, November *, 2000

"The Epidemiologic Uncertainty Principle". Seminar, Michigan State University Department of Epidemiology, March 27, 2003