Adeline Hambley

From: Myra Ocasio
Sent: Tuesday, May 2, 2023 12:20 PM
To: Marcia Mansaray; Kris Conrad; Nina Baranowski; Karen Karasinski; Adeline Hambley
Subject: RE: Prebudget Planning Discussion

We're planning on driving down

Myra Ocasio
Assistant Fiscal Services Director
Ottawa County | Where You Belong | Stay informed. Subscribe
12220 Fillmore St. | West Olive, Michigan 49460 | 616-738-4857
mocasio@miOttawa.org | www.miOttawa.org

From: Marcia Mansaray <mmansaray@miottawa.org>
Sent: Tuesday, May 2, 2023 12:00 PM
To: Kris Conrad <kconrad@miottawa.org>; Nina Baranowski <nbaranowski@miottawa.org>; Karen Karasinski <kkarasinski@miottawa.org>; Myra Ocasio <mocasio@miottawa.org>; Adeline Hambley <ahambley@miottawa.org>
Subject: RE: Prebudget Planning Discussion

Hi Karen, I can still say good morning for two minutes!

Are you planning to join us down in Holland at the Health Department or will we meet on Teams? We'd love to see you here, but understand if you schedule doesn't allow the drive trime.

~Marcia

-----Original Appointment-----
From: Kris Conrad <kconrad@miottawa.org>
Sent: Wednesday, April 26, 2023 11:25 AM
To: Kris Conrad; Nina Baranowski; Marcia Mansaray; Karen Karasinski; Myra Ocasio; Adeline Hambley
Subject: Prebudget Planning Discussion
When: Tuesday, May 2, 2023 1:00 PM-2:00 PM (UTC-05:00) Eastern Time (US & Canada).
Where: Microsoft Teams Meeting

We would love it if you can come down to Holland, but I will leave the teams meeting below as another option.

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Microsoft Teams meeting

Join on your computer, mobile app or room device
Click here to join the meeting

Meeting ID: 296 502 424 044
Passcode: eN5qt8
Download Teams | Join on the web

PS000001

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PS000002

Adeline Hambley

Subject: Canceled: Review FY24 PH Budget
Location: PH Conference Room 2

Start: Thu 6/1/2023 1:30 PM
End: Thu 6/1/2023 3:00 PM
Show Time As: Free

Recurrence: (none)

Meeting Status: Not yet responded

Organizer: Nina Baranowski
Required Attendees Joe Zywicki; Marcia Mansaray; Adeline Hambley; Myra Ocasio; Karen Karasinski

Importance: High

FY24 budget discussion with Marcie, Addie, Joe, Karen, Myra and myself at PH, Holland.

Microsoft Teams meeting

Join on your computer, mobile app or room device
Click here to join the meeting

Meeting ID: 210 447 192 325
Passcode: gzcDrH
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PS000003

Adeline Hambley

Subject: IN PERSON PH- FY24 Budget Meeting (Fiscal and PH Leadership)
Location: Microsoft Teams Meeting; PH Conference Room 2

Start: Thu 6/8/2023 12:30 PM
End: Thu 6/8/2023 2:00 PM

Recurrence: (none)

Meeting Status: Accepted

Organizer: Nina Baranowski
Required Attendees Karen Karasinski; Joe Zywicki; Marcia Mansaray; Adeline Hambley
Resources: PH Conference Room 2

Meet with PH and discuss FY24 budget

Microsoft Teams meeting

Join on your computer, mobile app or room device
Click here to join the meeting

Meeting ID: 290 317 229 28
Passcode: 7qnUJk
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PS000004

Adeline Hambley

Subject: Public Health FY24 Budget Review
Location: Administrator Conference Room

Start: Mon 6/19/2023 3:30 PM
End: Mon 6/19/2023 4:30 PM

Recurrence: (none)

Meeting Status: Accepted

Organizer: Myra Ocasio
Required Attendees John Gibbs; Karen Karasinski; Adeline Hambley; Marcia Mansaray; Nina Baranowski; Joe Zywicki
Resources: Administrator Conference Room

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Microsoft Teams meeting

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Meeting ID: 217 232 092 103
Passcode: JXnhVm
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PS000005

FY24 Budget Department Meeting Agenda

- Fund Summary – Fund/Dept Overview
- Intergovernmental Revenue Overview
- Personnel
  - Current Positions & Funding
  - New requests for FY24
- Open Items
  - Landfill Tipping
- How is the level of service determined for mandated services?

County of Ottawa
Public Health (2210)
Special Revenue Fund
Budget Summary
Budget Year Ending September 30, 2023

This fund is used to account for monies received from Federal, State, and local grants and County appropriations. These monies are utilized in providing a variety of health related services to County residents.

	2022 Actuals	2023 Adopted Budget	2023 Amended Budget	2024 Recommended Budget	Adopted Increase/ (Decrease)
Revenues					
Taxes	-	-	-	-	-
Intergovernmental Revenue	7,084,253	4,125,562	7,492,833	7,369,480	3,243,918
Charges for Services	643,276	736,890	736,890	743,960	7,070
Fines & Forfeits	11,195	14,600	14,600	16,125	1,525
Interest on Investments	-	-	-	-	-
Rent	-	-	-	-	-
Licenses & Permits	1,058,251	1,044,870	1,044,870	1,025,985	(18,885)
Other Revenue	380,771	364,776	616,733	662,603	297,827
Operating Transfers In	6,156,663	6,678,063	8,254,108	6,678,063	-
Total Revenues	15,334,409	12,964,761	18,160,034	16,496,216	3,531,455
Expenditures					
Salaries & Wages	7,063,536	6,690,182	7,930,189	7,331,740	641,558
Benefits	4,000,038	4,007,144	4,719,086	4,243,268	236,124
Supplies	960,131	975,401	1,504,136	1,857,136	881,735
Contracted Services	1,339,069	524,242	1,091,543	986,527	462,285
Operating Expenses	574,971	663,284	707,927	756,811	93,527
Maintenance & Repair	20,098	21,465	24,315	24,000	2,535
Utilities	135,048	156,360	156,360	135,695	(20,665)
Insurance	251,520	343,730	343,730	377,628	33,898
Indirect Expense	1,303,385	1,868,019	2,013,887	1,664,989	(203,030)
Contribution to Component Units	-	-	-	-	-
Capital Outlay	6,030	9,000	24,100	-	(9,000)
Debt Service	-	-	-	-	-
Operating Transfers Out	-	-	-	-	-
Total Expenditures	15,653,826	15,258,827	18,515,272	17,377,794	2,118,967
Revenues Over (Under) Expenditures	(319,417)	(2,294,066)	(355,239)	(881,578)	(1,412,488)
Fund Balance, Beginning of Year		3,401,599	3,401,599	3,046,360	
Projected Fund Balance, End of Year		1,107,533	3,046,360	2,164,782	

County of Ottawa
Landfill Tipping Fees (2272)
Special Revenue Fund
Budget Summary
Budget Year Ending September 30, 2023

This fund was established to account for the County's share of the tipping fee surcharge of Ottawa County Farms and Autumn Hills landfills. The monies are to be used for implementation of the Solid Waste Management Plan.

	2022 Actuals	2023 Adopted Budget	2023 Amended Budget	2024 Recommended Budget	Adopted Increase/ (Decrease)
Revenues					
Taxes	-	-	-	-	-
Intergovernmental Revenue	25,066	36,000	36,000	22,000	(14,000)
Charges for Services	550,992	540,100	540,100	539,380	(720)
Fines & Forfeits	-	-	-	-	-
Interest on Investments	-	-	-	9,811	9,811
Rent	-	-	-	-	-
Licenses & Permits	-	-	-	-	-
Other Revenue	-	-	-	-	-
Operating Transfers In	1,902	1,600,000	420,000	355,000	(1,245,000)
Total Revenues	577,960	2,176,100	996,100	926,191	(4,909)
Expenditures					
Salaries & Wages	216,462	240,178	240,178	255,448	15,270
Benefits	123,677	147,750	147,750	137,371	(10,379)
Supplies	17,943	20,145	20,145	23,880	3,735
Contracted Services	470,408	568,071	568,071	539,440	(28,631)
Operating Expenses	21,109	24,831	24,831	18,334	(6,497)
Maintenance & Repair	26,409	17,250	17,250	19,700	2,450
Utilities	8,413	9,798	9,798	8,655	(1,143)
Insurance	468	463	463	456	(7)
Indirect Expense	58,086	63,744	63,744	50,977	(12,767)
Contribution to Component Units	-	-	-	-	-
Capital Outlay	-	1,365,000	420,000	355,000	(1,010,000)
Debt Service	-	-	-	-	-
Operating Transfers Out	-	-	-	-	-
Total Expenditures	942,975	2,457,230	1,512,230	1,409,261	(1,047,969)
Revenues Over (Under) Expenditures	(365,015)	(281,130)	(516,130)	(483,070)	
Fund Balance, Beginning of Year		599,819	599,819	83,689	
Projected Fund Balance, End of Year		318,689	83,689	(399,381)	

County of Ottawa
Medical Examiners (10106480)
Budget Summary
Budget Year Ending September 30, 2023

	2022 Actuals	2023 Adopted Budget	2023 Amended Budget	2024 Recommended Budget	Adopted Increase/ (Decrease)
Revenues					
Taxes	-	-	-	-	-
Intergovernmental Revenue	-	-	-	-	-
Charges for Services	65,665	72,000	-	65,000	(7,000)
Fines & Forfeits	-	-	-	-	-
Interest on Investments	-	-	-	-	-
Rent	-	-	-	-	-
Licenses & Permits	-	-	-	-	-
Other Revenue	-	-	-	-	-
Operating Transfers In	-	-	-	-	-
Total Revenues	65,665	72,000	-	65,000	(7,000)
Expenditures					
Salaries & Wages	102,746	90,471	(71,984)	93,238	2,767
Benefits	33,045	40,855	2,020	35,150	(5,705)
Supplies	1,247	5,250	3,764	5,350	100
Contracted Services	310,101	337,000	3,563	351,325	14,325
Operating Expenses	141,898	139,097	2,419	163,282	24,185
Maintenance & Repair	-	-	-	-	-
Utilities	-	-	599,710	-	-
Insurance	-	-	-	-	-
Indirect Expense	461	2,419	3,600	3,383	964
Contribution to Component Units	-	-	-	-	-
Capital Outlay	-	-	-	-	-
Debt Service	-	-	-	-	-
Contingency	-	-	-	-	-
Operating Transfers Out	-	-	-	-	-
Total Expenditures	589,498	615,092	543,092	651,728	36,636
Revenues Over (Under) Expenditures	(523,833)	(543,092)	(543,092)	(586,728)	

LANDFILL TIPPING (2272)

	2019 ACTUAL	2020 ACTUAL	2021 ACTUAL	2022 ACTUAL	2023 ADOPTED BUDGET
OC materials fee per ton					
Projected tonnage	1,130,290	1,244,558	1,138,536	1,115,620	1,200,000
Operating revenue					
Intergovernmental revenues (SOM grants)	13,315	11,174	36,049	25,066	36,000
Infrastructure Grant					
Charges for services	526,239	491,618	539,673	550,992	540,100
Other revenue (Compost, Recy Memb, VSQG, CRT)	-	-	-	-	-
Total revenues	539,554	502,792	575,722	576,058	576,100
Resource Centers					
Current operations					
Personal services (4.35 FTE & 1 Temp)	296,423	296,647	334,527	340,138	387,928
Supplies (printing, postage, operational)	32,696	12,134	19,696	17,943	20,145
Contracted Services	109,324	118,226	150,093	141,582	209,660
Operating Expenses & Indirect	59,673	80,224	127,347	79,195	88,575
Maintenance & Repair (building and vehicle)	16,451	9,178	3,039	26,409	17,250
Utilities & Telephone	7,692	8,900	8,594	8,413	9,798
Insurance	358	334	423	468	463
Capital Outlay	-	-	-	-	-
Infrastructure Grant (20% Match)					
Total expenditures	522,616	525,643	643,719	614,149	733,819
Landfill Cleanup					
Current operations	-	-	258,970	328,826	358,410
Capital outlay	-	-	-	-	-
Dynasand Filter Repairs	-	-	-	-	205,000
Replacement of Landfill Purge Wells	-	-	-	-	210,000
Replacement of Carbon Adsorbers	-	-	-	-	950,000
Eyewash for Peroxide Feed					-
Well Abandonment	-	-	-	-	-
Asset management	-	-	-	-	-
Total expenditures	-	-	258,970	328,826	1,723,410
Revenues over (under) expenditures	16,938	(22,851)	(326,967)	(366,917)	(1,881,129)
Other financing sources (uses)					
Transfers from other funds	-	-	119	1,902	1,600,000
Transfers to other funds	-	-	-	-	-
Total other financing sources (uses)	-	-	119	1,902	1,600,000
Net change in fund balance	16,938	(22,851)	(326,848)	(365,015)	(281,129)
Fund balance, beginning of Year	1,298,926	1,315,867	1,291,682	964,834	599,819
Projected fund balance, end of year	$ 1,315,867	$ 1,291,682	$ 964,834	$ 599,819	$ 318,689

PS000010

Fund 2210- Public Health Positions

Cost Center #	Cost Center	Position Title	FY24 FTE	Vacant	Intergovernmental Revenue	Charges for Services	Fines & Forfeits	Licences & Permits	Other Revenue	Operating Transfer In
22106010	Administration	Administrative Assistant	1	No	***					
22106010	Administration	Public Health Finance Manager	1	No	***					
22106010	Administration	Business Analyst	1	No	***					
22106010	Administration	Custodian	0.10	No	***					
22106010	Administration	Deputy Health Administrator	1	No	***					
22106010	Administration	Epidemiologist	2	No	***					
22106010	Administration	Health Administrative Specialist	0.20	No	***					
22106010	Administration	Medical Director	1	No	***					
22106010	Administration	Public Health Communications Specialist	1	No	***					
22106010	Administration	Public Health Officer	1	No	***					
22106010	Administration	Senior Epidemiologist	1	No	***					
22106010	Administration	Budget/Audit Analyst	1	No	***					
		Total for Admin Division	**11.30**							

***Positions are allocated across all programs, there is no direct funding.**

Cost Center #	Cost Center	Position Title	FY24 FTE	Vacant	Intergovernmental Revenue	Charges for Services	Fines & Forfeits	Licences & Permits	Other Revenue	Operating Transfer In
22106011	Public Health Preparedness	Public Health Preparedness Coordinator	1	No	72%	0%	0%	0%	0%	28%
		Total for PHEP Division	**1**							

Cost Center #	Cost Center	Position Title	FY24 FTE	Vacant	Intergovernmental Revenue	Charges for Services	Fines & Forfeits	Licences & Permits	Other Revenue	Operating Transfer In
22106021	Food Services	EH Specialist	2.80	No	15%	3%	1%	36%	1%	44%
22106021	Food Services	Senior Environmental Health Specialist	4	No	15%	3%	1%	36%	1%	44%
22106021	Food Services	EH Team Supervisor	1	No	15%	3%	1%	36%	1%	44%
22106022	Type 2	Senior Environmental Health Specialist	1	No	83%	0%	0%	1%	0%	16%
22106025	EH Admin	EH Technical Support Clerk	1	No	***					
22106025, 22725250	EH Admin	EH Clerk	1.80	No	***					
22106025, 22725250	EH Admin	EH Manager	1	No	***					
22106020	Field Services	EH Specialist	1	No	20%	18%	0%	25%	0%	37%
22106024	Real Estate	EH Technician	3	No	20%	18%	0%	25%	0%	37%
22106027, 22106020, 22106024	Onsite, Field, Real Estate	EH Team Supervisor	1	No	20%	18%	0%	25%	0%	37%
22106027, 22106020	Onsite, Field	EH Specialist	2	No	20%	18%	0%	25%	0%	37%
22106027, 22106020	Onsite, Field	EH Technician	1.00	No	20%	18%	0%	25%	0%	37%
22106027, 22106020	Onsite, Field	Senior Environmental Health Specialist	3.00	No	20%	18%	0%	25%	0%	37%
		Total for EH Division	**23.50**							

***Positions are allocated across all EH programs, there is no direct funding.**

Cost Center #	Cost Center	Position Title	FY24 FTE	Vacant	Intergovernmental Revenue	Charges for Services	Fines & Forfeits	Licences & Permits	Other Revenue	Operating Transfer In
22106030, 22106031	Hearing & Vision	Hearing & Vision Tech	5	No	45%	0%	0%	0%	0%	55%
22106030, 22106031	Hearing & Vision	CSHCS/HV Clerk	1	No	45%	0%	0%	0%	0%	55%
22106035	Pathways	Nurse Supervisor	1	No	0%	19%	0%	0%	7%	74%
22106035	Pathways	Community Health Worker	8	1 FTE Vacant	0%	19%	0%	0%	7%	74%
22106050	Childrens Special Health Care	Community Health Nurse	2.50	No	52%	0%	0%	0%	0%	48%
22106050	Childrens Special Health Care	CSHCS Clerk	1	No	52%	0%	0%	0%	0%	48%
22106050	Childrens Special Health Care	CSHCS Representative	1	No	52%	0%	0%	0%	0%	48%
22106050	Childrens Special Health Care	Public Health Team Supervisor	1	No	52%	0%	0%	0%	0%	48%
22106053	Maternal Infant Health Program	Community Services Manager	1	No	26%	0%	0%	0%	0%	74%
22106053	Maternal Infant Health Program	Community Health Clerk	1	No	26%	0%	0%	0%	0%	74%
22106053	Maternal Infant Health Program	Community Health Nurse	3.20	No	26%	0%	0%	0%	0%	74%
22106053	Maternal Infant Health Program	Maternal and Infant Health Clerk	1	No	26%	0%	0%	0%	0%	74%
22106053	Maternal Infant Health Program	Nutritionist	0.50	No	26%	0%	0%	0%	0%	74%
22106053	Maternal Infant Health Program	Public Health Social Worker	2	No	26%	0%	0%	0%	0%	74%
22106053	Maternal Infant Health Program	Public Health Team Supervisor	1	No	26%	0%	0%	0%	0%	74%
		Total for Community Services Division	**30.20**							

Fund 2210- Public Health Positions

Cost Center #	Cost Center	Position Title	FY24 FTE	Vacant	Intergovernmental Revenue	Charges for Services	Fines & Forfeits	Licences & Permits	Other Revenue	Operating Transfer In
22106041	Clinic Admin	Office Supervisor/Clinical Support	1	No	***					
22106041	Clinic Admin	Clinic Health Manager	1	1 FTE Vacant	***					
22106041	Clinic Admin	Clinic Support	8	No	***					
22106042	Family Planning	Nurse Practitioner	1.30	.6 FTE Vacant	39%	4%	0%	0%	0%	57%
22106042	Family Planning	Medical Assistant	1.0	No	39%	4%	0%	0%	0%	57%
22106042	Family Planning	Community Health Nurse	4.20	1 FTE Vacant	39%	4%	0%	0%	0%	57%
22106042	Family Planning	Health Technician	0.80	No	39%	4%	0%	0%	0%	57%
22106042, 22106055	Family Planning, Sexual Transmitted Diseases	Nurse Practioner Supervisor	1.0	No	39%	4%	0%	0%	0%	57%
22106055	Sexually Transmitted Disea	Health Educator	0.91	.8 FTE Vacant	39%	4%	0%	0%	0%	57%
22106044	Immunization	Community Health Nurse	3.20	No	75%	8%	0%	0%	0%	17%
22106044	Immunization	Health Technician	1	No	75%	8%	0%	0%	0%	17%
22106044	Immunization	Public Health Team Supervisor	1	No	75%	8%	0%	0%	0%	17%
22106059	Communicable Disease	Nurse Practioner Supervisor	4	No	26%	0%	0%	0%	7%	68%
22106059	Communicable Disease	Public Health Team Supervisor	1	No	26%	0%	0%	0%	7%	68%
		Total for Clinic Division	**29.41**							

*****Positions are allocated across all patient care programs, there is no direct funding.**

Cost Center #	Cost Center	Position Title	FY24 FTE	Vacant	Intergovernmental Revenue	Charges for Services	Fines & Forfeits	Licences & Permits	Other Revenue	Operating Transfer In
22106043, 22106046	Seal, Oral Health Kindergarden Assessment	Dental Health Coordinater	0.80	No	87%	3%	0%	0%	0%	10%
22106045	Miles of Smiles	Dental Assistant Clinic Manager	0.80	No	14%	1%	0%	0%	1%	84%
22106045	Miles of Smiles	Dental Hygienist Manager	0.80	No	14%	1%	0%	0%	1%	84%
22106045	Miles of Smiles	Oral Health Team Supervisor	1.0	No	14%	1%	0%	0%	1%	84%
22106310, 22106048, 22106051	Health Education, Substan	Health Educator	2.57	No	5%	4%	0%	0%	8%	83%
22106310	Health Education	Health Promotion Clerk	1	No	5%	4%	0%	0%	8%	83%
22106310	Health Education	Health Promotion Manager	1	No	5%	4%	0%	0%	8%	83%
22106310	Health Education	Health Promotion Team Supervisor	1	No	5%	4%	0%	0%	8%	83%
		Total for Health Promotion Division	**8.97**							

Cost Center #	Cost Center	Position Title	FY24 FTE	Vacant	Intergovernmental Revenue	Charges for Services	Fines & Forfeits	Licences & Permits	Other Revenue	Operating Transfer In
22106082, 22106091	Contact Tracing, Testing, Infection Prevention, COVID Immunization	Clinic Support	4	4 FTE Vacant	100%	0%	0%	0%	0%	0%
22106082, 22106091	Contact Tracing, Testing, Infection Prevention, COVID Immunization	Community Health Nurse	2	2 FTE Vacant	100%	0%	0%	0%	0%	0%
22106082, 22106091	Contact Tracing, Testing, Infection Prevention, COVID Immunization	EH Specialist	1	No	100%	0%	0%	0%	0%	0%
22106082, 22106091	Contact Tracing, Testing, Infection Prevention, COVID Immunization	Health Educator	7	4.4 FTE Vacant	100%	0%	0%	0%	0%	0%
22106082, 22106091	Contact Tracing, Testing, Infection Prevention, COVID Immunization	Epidemiologist	1	No	100%	0%	0%	0%	0%	0%
22106082, 22106091	Contact Tracing, Testing, Infection Prevention, COVID Immunization	Health Technician	1	No	100%	0%	0%	0%	0%	0%
22106082, 22106091	Contact Tracing, Testing, Infection Prevention, COVID Immunization	Public Health Communications Specialist	1	1 FTE Vacant	100%	0%	0%	0%	0%	0%
22106082, 22106091	Contact Tracing, Testing, Infection Prevention, COVID Immunization	Public Health Team Supervisor	1	1 FTE Vacant	100%	0%	0%	0%	0%	0%
		Total for Emerging Threats Division	**18.00**							
		TOTAL FTE	**122.38**							

PS000012

ORG	OBJ	FUND	DEPARTMENT	DESCRIPTION	JUSTIFICATION	FY24 DEPT REQUEST
22106044	501000	Health	Public Health	Federal Vaccines Agency: MDHHS Source: Historical GL Grant/Contract Period: 10/1/23 - 9/30/24 FTEs: See note Purpose: Federally funded vaccines that are received at no cost to Ottawa County Note: Org 22106044 funds approx 4 FTEs. Note that 22106044 has medicaid, fees, and general fund revenue.	(Zywicki 5/3/23)	(350,000.00)
22106082	502000	Health	Public Health	ELC (Epi Lab Capacity) Contact Tracing, Investigation, Testing Coord., and Infection Prevention Agency: MDHHS Source: egrams 5.23.23_Schedule of Financial Assistance Detail_ETLHD (based on FY23 award) Grant/Contract Period: 10/1/23 - 9/30/24 FTEs: approx 10 FTEs (estimated) Purpose: Funding for COVID-19 case investigations, contact tracing and infection prevention Note: N/A	(Zywicki 5/23/23)	(1,495,608.00)
22106082	502000	Health	Public Health	6/2/23- Reducing COVID grant revenue to align with FY24 Project Allocation email sent on 6/2/23 NMB		249,268.00
22106091	502000	Health	Public Health	COVID Immunization Agency: MDHHS Source: Actual FY24 Grant Award Allocation per MDHHS Award Notification Letter Grant/Contract Period: 10/1/23 - 9/30/24 FTEs: approx 2 FTEs (estimated) Purpose: This grant should be directed to increase COVID vaccination within Michigan. Will be used to support awardee and local Health Department (HD) staffing, communications campaigns, pandemic preparedness, mass vaccination and all COVID-19 vaccine response work. Note: N/A	(Zywicki 5/23/23)	(359,090.00)
22106093	502000	Health	Public Health	6/2/23- Reopening Schools HRA Agency: MDHHS Source: Actual FY24 Grant Award Allocation per MDHHS Award Notification Letter Grant/Contract Period: 10/1/23 - 9/30/24 FTEs: approx 2 FTEs (estimated) Purpose: Funding provided will support hiring health resource advocates (HRAs). Individuals serving in the role as an HRA will provide front-line support for COVID-19 testing and reporting, help districts identify emerging COVID-19 related health concerns, and amplify best health practices. Note: N/A	NMB	(308,000.00)
22106094	502000	Health	Public Health	NNICE Vaccine Grant (National Network to Innovate for COVID-19 and Adult Vaccine Equity) Agency: Community Foundation of Holland/Zeeland (CFHZ) Source: FY23 Grant Award Grant/Contract Period: 10/1/23 - 7/31/24 FTEs: approx 0.25 FTE Purpose: Addressing distribution, administration, and/or uptake of COVID-19, influenza other identified adult vaccines in adult Hispanic/Latino populations within Greater Grand Rapids, Holland, and/or Zeeland area. Note: N/A	(Zywicki 5/4/2023)	(25,000.00)

ORG	OBJ	FUND	DEPARTMENT	DESCRIPTION	JUSTIFICATION	FY24 DEPT REQUEST
22106095	502000	Health	Public Health	CSHCS Vaccine Initiative (Childrens Special Health Care Services) Agency: MDHHS Source: MDHHS Fiscal Year (FY) 2024 Project Allocations Notification (5/17/23) Grant/Contract Period: 10/1/23 - 9/30/24 FTEs: No FTEs Purpose: Local Health Departments are eligible to receive funding to support efforts to increase vaccination rates among children with disabilities and special health care needs, along with parents and family members of children with special health care needs. Note: N/A	(Zywicki 5/18/2023)	(11,447.00)
22106097	502000	Health	Public Health	COVID Workforce Development Agency: MDHHS Source: egrams 5.23.23_Schedule of Financial Assistance Detail_ETLHD (based on FY23 award) Grant/Contract Period: 10/1/23 - 6/30/24 FTEs: approx 1.5 FTEs (estimated) Purpose: Funding for COVID Workforce Development to establish, expand, and sustain a public health workforce. Eligible expenditures under the grant include hiring personnel, purchase of supplies & equipment necessary to support the expanded workforce, admin support services. Note: N/A	(Zywicki 5/23/23)	(345,213.00)
22106011	505000	Health	Public Health	Public Health Emergency Preparedness (PHEP) (9 Month Grant) Agency: MDHHS Source: egrams 4.26.23_Schedule of Financial Assistance Detail (based on FY23 award) Grant Period: 10/1/23 - 6/30/24 FTEs: See note Purpose: Grantee shall conduct activities to build public health emergency preparedness and response capacity and capability. Note: Org 22106011 funds 1 FTE. Note that 22106011 has general fund revenue.	(Zywicki 5/3/23)	(112,221.00)
22106011	505000	Health	Public Health	Public Health Emergency Preparedness (PHEP) (3 Month Grant) Agency: MDHHS Source: Estimate based on FY23 PHEP 3 Month grant award Grant Period: 7/1/24 - 9/30/24 FTEs: See note Purpose: Grantee shall conduct activities to build public health emergency preparedness and response capacity and capability. Note: Org 22106011 funds 1 FTE. Note that 22106011 has general fund revenue.	(Zywicki 5/3/23)	(37,407.00)
22106022	505000	Health	Public Health	EGLE - Operator Assistance Agency: EGLE Source: FY23 EGLE Grant Contract Grant Period: 10/1/23 - 9/30/24 FTEs: See note Purpose: Grant funding to perform noncommunity water supply program services required under the Safe Drinking Water Act, 1976 PA 399, as amended Note: Org 22106022 funds 1.0 FTE. Note that 22106022 has permits and general fund revenue.	(Zywicki 5/3/23)	(875.00)
22106022	505000	Health	Public Health	EGLE - Capacity Development Agency: EGLE Source: FY23 EGLE Grant Contract Grant Period: 10/1/23 - 9/30/24 FTEs: See note Purpose: Grant funding to perform noncommunity water supply program services required under the Safe Drinking Water Act, 1976 PA 399, as amended Note: Org 22106022 funds 1.0 FTE. Note that 22106022 has permits and general fund revenue.	(Zywicki 5/3/23)	(1,950.00)

ORG	OBJ	FUND	DEPARTMENT	DESCRIPTION	JUSTIFICATION	FY24 DEPT REQUEST
22106029	505000	Health	Public Health	Local Health Department (LHD) Sharing Support Agency: MDHHS Source: egrams 3.28.23_Schedule of Financial Assistance Detail (based on FY23 award) Grant Period: 10/1/23 - 9/30/24 FTEs: No FTEs Purpose: Local health departments participating in the project will utilize funds to support activities pertinent to the exploration, preparation, planning, implementing, and improving sharing of local health department services, programs or personnel. Note: N/A	(Zywicki 5/3/23)	(43,962.00)
22106038	505000	Health	Public Health	Immunization Action Plan (IAP) Agency: MDHHS Source: MDHHS Fiscal Year (FY) 2024 Project Allocations Notification (5/17/23) Grant/Contract Period: 10/1/23 - 9/30/24 FTEs: approx 1 - 2 FTEs Purpose: To offer immunization services to the public. This grant funding is used to supplement our immunization ELPHS program and primarily funds salaries/fringe expense. Note: N/A	(Zywicki 5/18/23)	(148,620.00)
22106042	505000	Health	Public Health	Family Planning Agency: MDHHS Source: egrams 3.29.23_Schedule of Financial Assistance Detail_Family Planning (based on FY23 award) Grant/Contract Period: 10/1/23 - 9/30/24 FTEs: See note Purpose: to ensure statewide access to high-quality, client-centered reproductive health care services, including a broad range of contraception, and related preventive health services for individuals and couples to achieve their reproductive goals for family size, spacing of their children, or pregnancy prevention at low or no cost. Note: Family Planning grant is split between federal (505000) and state (555000) funding. Org 22106042 funds approx 7 FTEs. Note that 22106042 has medicaid, fees, and general fund revenue.	(Zywicki 5/3/23)	(195,664.00)
22106044	505000	Health	Public Health	Immunization Fixed Fees Agency: MDHHS Source: egrams 3.28.23_Schedule of Financial Assistance Detail (based on FY23 award) Grant/Contract Period: 10/1/23 - 9/30/24 FTEs: See note Purpose: Fixed fee reimbursement provided by MDHHS for immunization site visits Note: Org 22106044 funds approx 4 FTEs. Note that 22106044 has medicaid, fees, and general fund revenue.	(Zywicki 5/3/23)	(6,800.00)
22106047	505000	Health	Public Health	LRE ARPA (American Rescue Plan Act) Grant Agency: Lakeshore Regional Entity (LRE) Source: FY23 LRE Grant Agreement Grant/Contract Period: 10/1/23 - 9/30/24 FTEs: No FTEs Purpose: Funding for substance abuse prevention and education Note: N/A	(Zywicki 5/4/2023)	(8,810.00)
22106048	505000	Health	Public Health	LRE Substance Abuse Prevention (Federal Funds) Agency: Lakeshore Regional Entity (LRE) Source: FY23 LRE Grant Agreement Grant/Contract Period: 10/1/23 - 9/30/24 FTEs: approx 1 FTE Purpose: Funding for substance abuse prevention and education Note: LRE Subs Abuse Prevention grant is split between federal (505000) and Other Revenue (671000) funding.	(Zywicki 5/4/2023)	(16,517.00)

ORG	OBJ	FUND	DEPARTMENT	DESCRIPTION	JUSTIFICATION	FY24 DEPT REQUEST
22106050	505000	Health	Public Health	CSHCS (Childrens Special Health Care) Care Coordination Agency: MDHHS Source: egrams 3.28.23_Schedule of Financial Assistance Detail (based on FY23 award) Grant/Contract Period: 10/1/23 - 9/30/24 FTEs: See note Purpose: Fixed fee reimbursement from MDHHS for Childrens Special Health Care (CSHCS) care coordination services. Services provided through this prorgam include developing and tracking a plan-of-care for the client, and interaction/monitoring the care of a client and the family/persons involved in the care of the client. Note: Care Coordination grant is split between federal (505000) and state (555000) funding. Org 22106050 funds approx 5 FTEs. Note that 22106050 has general fund revenue.	(Zywicki 5/4/2023)	(44,360.00)
22106050	505000	Health	Public Health	CSHCS (Childrens Special Health Care) Elevated Blood Lead Case Management Agency: MDHHS Source: egrams 3.28.23_Schedule of Financial Assistance Detail (based on FY23 award) Grant/Contract Period: 10/1/23 - 9/30/24 FTEs: See note Purpose: The local health department will complete in-home elevated blood lead (EBL) case management (CM) services, with parental consent, for children less than age 6 in their jurisdiction enrolled in Medicaid with a blood lead level equal to or greater than 3.5 µg/dL. Note: Elevated Blood grant is split between federal (505000) and state (555000) funding. Org 22106050 funds approx 5 FTEs. Note that 22106050 has general fund revenue.	(Zywicki 5/4/2023)	(3,927.00)
22106050	505000	Health	Public Health	CSHCS (Childrens Special Health Care) Outreach & Advocacy Agency: MDHHS Source: egrams 3.28.23_Schedule of Financial Assistance Detail (based on FY23 award) Grant/Contract Period: 10/1/23 - 9/30/24 FTEs: See note Purpose: Local Health Departments (LHDs) throughout the state serve children with special health care needs in the community. The LHD serves as a link between the CSHCS program, the family, the local community and the Medicaid Health Plan to assure that children with special health care needs receive the services they require covering every county in Michigan Note: Outreach & Advocacy grant is split between federal (505000) and state (555000) funding. Org 22106050 funds approx 5 FTEs. Note that 22106050 has general fund revenue.	(Zywicki 5/4/2023)	(88,838.00)
22106050	505000	Health	Public Health	CSHCS (Childrens Special Health Care) Medicaid Outreach Agency: MDHHS Source: egrams 3.28.23_Schedule of Financial Assistance Detail (based on FY23 award) Grant/Contract Period: 10/1/23 - 9/30/24 FTEs: See note Purpose: Local Health Departments may perform Medicaid Outreach activities for CSHCS/Medicaid dually enrolled clients and receive reimbursement at a 50% federal administrative match rate based upon their CSHCS Medicaid dually enrolled caseload percentage and local matching funds. Note: Org 22106050 funds approx 5 FTEs. Note that 22106050 has general fund revenue.	(Zywicki 5/4/2023)	(171,842.00)
22106051	505000	Health	Public Health	State Opioid Response (SOR Grant) Agency: Lakeshore Regional Entity (LRE) Source: FY23 LRE Grant Agreement Grant/Contract Period: 10/1/23 - 9/30/24 FTEs: approx 0.25 FTE Purpose: Funding for substance abuse prevention and education Note: N/A	(Zywicki 5/4/2023)	(28,000.00)

ORG	OBJ	FUND	DEPARTMENT	DESCRIPTION	JUSTIFICATION	FY24 DEPT REQUEST
22106052	505000	Health	Public Health	COVID-19 SUD (Substance Use Disorder) Grant (LRE) Agency: Lakeshore Regional Entity (LRE) Source: FY23 LRE Grant Agreement Grant/Contract Period: 10/1/23 - 9/30/24 FTEs: No FTEs Purpose: Funding for substance use disorder prevention and education Note: N/A	(Zywicki 5/4/2023)	(45,873.00)
22106058	505000	Health	Public Health	Medicaid Outreach Agency: MDHHS Source: egrams 3.28.23_Schedule of Financial Assistance Detail (based on FY23 award) Grant/Contract Period: 10/1/23 - 9/30/24 FTEs: See note Purpose: Medicaid Outreach activities are performed to inform Medicaid beneficiaries or potential beneficiaries about Medicaid, enroll individuals in Medicaid and improve access and utilization of Medicaid covered services. Note: Org 22106058 funds approx 4 FTEs. Note that 22106058 has general fund revenue.	(Zywicki 5/5/2023)	(200,000.00)
22106059	505000	Health	Public Health	Tuberculosis (TB) Control Agency: MDHHS Source: FY23 TB Control Grant Award Grant/Contract Period: 10/1/23 - 9/30/24 FTEs: See note Purpose: Grant funding for the purposes of tuberculosis control and elimination Note: Org 22106059 funds approx 5.5 FTEs. Note that 22106059 has medicaid, LCS, and general fund revenue.	(Zywicki 5/5/2023)	(1,337.00)
22106072	505000	Health	Public Health	Maternal & Child Health (MCH) - Children Agency: MDHHS Source: egrams 3.28.23_Schedule of Financial Assistance Detail (based on FY23 award) Grant/Contract Period: 10/1/23 - 9/30/24 FTEs: See note Purpose: LMCH funding is made available to local health departments to support the health of women, children, and families in communities across Michigan. Funding addresses one or more Title V Maternal and Child Health Block Grant national and state priority areas and/or a local MCH priority need identified through a needs assessment process. Note: MCH grant funding is split between 22106072/73. In total, between the 2 orgs, the MCH grant revenue funds approx 0.5 FTE	(Zywicki 5/5/2023)	(15,000.00)
22106073	505000	Health	Public Health	Maternal & Child Health (MCH) - All Other Agency: MDHHS Source: egrams 3.28.23_Schedule of Financial Assistance Detail (based on FY23 award) Grant/Contract Period: 10/1/23 - 9/30/24 FTEs: See note Purpose: LMCH funding is made available to local health departments to support the health of women, children, and families in communities across Michigan. Funding addresses one or more Title V Maternal and Child Health Block Grant national and state priority areas and/or a local MCH priority need identified through a needs assessment process. Note: MCH grant funding is split between 22106072/73. In total, between the 2 orgs, the MCH grant revenue funds approx 0.5 FTE	(Zywicki 5/5/2023)	(66,214.00)

ORG	OBJ	FUND	DEPARTMENT	DESCRIPTION	JUSTIFICATION	FY24 DEPT REQUEST
22106076	505000	Health	Public Health	SDOH Planning (Social Determinants of Health) Agency: MDHHS Source: MDHHS Fiscal Year (FY) 2024 Project Allocations Notification (5/17/23) Grant/Contract Period: 10/1/23 - 9/30/24 FTEs: See note Purpose: Local health departments will utilize funding to implement Community Health Needs Assessment (CHNA), plan for Community Information Exchange (CIE), and implement community-driven initiatives that support social determinants of health (SDOH) priorities. Note: SDOH Planning grant is split between federal (505000) and state (555000) funding. Org 22106076 funds approx 0.1 FTE.	(Zywicki 5/18/2023)	(12,500.00)
22106200	505000	Health	Public Health	Beach Monitoring Agency: EGLE Source: FY23 EGLE Beach Monitoring Grant Agreement Grant/Contract Period: 4/1/24 - 12/31/24 FTEs: No FTEs Purpose: County Health Department employees will conduct routine monitoring on Lake MI beaches. Weekly water samples and beach surveys will provide data that can be used to pinpoint and correct any sources of biological contamination. Note: N/A	(Zywicki 5/12/2023) --- This grant supports the OCDPH's ability to monitor beach water for e. coli levels and commnuicate that information to residents and visitors. (S. Ballard 5/8/23)	(10,696.00)
22106030	517000	Health	Public Health	Medicaid insurance revenue Medicaid insurance revenue is received for services provided (this is not a grant). (Zywicki 5/22/23)	s.lake 4/28/23 No change from prior year	(7,500.00)
22106031	517000	Health	Public Health	Medicaid insurance revenue Medicaid insurance revenue is received for services provided (this is not a grant). (Zywicki 5/22/23)	s.lake 4/28/23 Increase from prior year request but same as pre-pandemic; back to normal screening schedules and projection based on revenue receieved to date	(10,000.00)
22106042	517000	Health	Public Health	Medicaid insurance revenue Medicaid insurance revenue is received for services provided (this is not a grant). Estimate is based on Historical data/trends.	(Zywicki 5/26/23)	(30,000.00)
22106043	517000	Health	Public Health	Medicaid insurance revenue Medicaid insurance revenue is received for services provided (this is not a grant). (Zywicki 5/22/23)	Based on history, and because Medicaid is expanding coverage for more teeth. (L. Uganski 4/26/23) Medicaid reimbursements help fund 50% of salary for Dental Health Coordinator (.80FTE)	(29,000.00)
22106044	517000	Health	Public Health	Medicaid insurance revenue Medicaid insurance revenue is received for services provided (this is not a grant). (Zywicki 5/22/23)	H. Tarleton/T. Bulthuis, 4/26/23. Immunization administration and vaccine billed to Medicaid health plans. Increase in patients with Medicaid due to refugee. Source: Projection based on FY23 a typical month of billing of $9,000 x 12 months.	(108,000.00)
22106045	517000	Health	Public Health	Medicaid insurance revenue Medicaid insurance revenue is received for services provided (this is not a grant). (Zywicki 5/22/23)	Based on history (L. Uganski, 5/2/23)	(75,000.00)
22106046	517000	Health	Public Health	Medicaid insurance revenue Medicaid insurance revenue is received for services provided (this is not a grant). (Zywicki 5/22/23)	estimation (L. Uganski 5/4/23) $14*500 - Estimate based on number of screenings on children with medicaid	(7,000.00)
22106053	517000	Health	Public Health	Medicaid insurance revenue Medicaid insurance revenue is received for services provided (this is not a grant). (Zywicki 5/22/23)	s.lake 5/4/23, Increase from prior year now that program is fully staffed and getting closer to pre-pandemic visit numbers	(160,000.00)

ORG	OBJ	FUND	DEPARTMENT	DESCRIPTION	JUSTIFICATION	FY24 DEPT REQUEST
22106055	517000	Health	Public Health	Medicaid insurance revenue Billing to Medicaid for clinic services. Estimate is based on: Current FY23 actuals,7 months at $1,900 revenue, projecting a modest increase. Medicaid insurance revenue is received for services provided (this is not a grant).	(Zywicki 6/5/23)	(2,500.00)
22106030	517003	Health	Public Health	Medicaid Cost Based Reimbursement (MCBR) Source: MCBR Calc & Allocation Entry_FY24 Budget_v2 (G:\Departments\Public Health\6. Budget\FY24) Period: Full year FY24 Medicaid Cost Based Reimbursement is revenue provided by the State of MI and varies each year based on a variety of factors such as the number of services provided by our health department and the costs incurred by our health department to provide those services.	(Zywicki 6/2/23)	(160,185.00)
22106031	517003	Health	Public Health	Medicaid Cost Based Reimbursement (MCBR) Source: MCBR Calc & Allocation Entry_FY24 Budget_v2 (G:\Departments\Public Health\6. Budget\FY24) Period: Full year FY24 Medicaid Cost Based Reimbursement is revenue provided by the State of MI and varies each year based on a variety of factors such as the number of services provided by our health department and the costs incurred by our health department to provide those services.	(Zywicki 6/2/23)	(120,841.00)
22106042	517003	Health	Public Health	Medicaid Cost Based Reimbursement (MCBR) Source: MCBR Calc & Allocation Entry_FY24 Budget_v2 (G:\Departments\Public Health\6. Budget\FY24) Period: Full year FY24 Medicaid Cost Based Reimbursement is revenue provided by the State of MI and varies each year based on a variety of factors such as the number of services provided by our health department and the costs incurred by our health department to provide those services.	(Zywicki 6/2/23)	(92,403.00)
22106044	517003	Health	Public Health	Medicaid Cost Based Reimbursement (MCBR) Source: MCBR Calc & Allocation Entry_FY24 Budget_v2 (G:\Departments\Public Health\6. Budget\FY24) Period: Full year FY24 Medicaid Cost Based Reimbursement is revenue provided by the State of MI and varies each year based on a variety of factors such as the number of services provided by our health department and the costs incurred by our health department to provide those services.	(Zywicki 6/2/23)	(415,758.00)

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ORG	OBJ	FUND	DEPARTMENT	DESCRIPTION	JUSTIFICATION	FY24 DEPT REQUEST
22106053	517003	Health	Public Health	Medicaid Cost Based Reimbursement (MCBR) Source: MCBR Calc & Allocation Entry_FY24 Budget_v2 (G:\Departments\Public Health\6. Budget\FY24) Period: Full year FY24 Medicaid Cost Based Reimbursement is revenue provided by the State of MI and varies each year based on a variety of factors such as the number of services provided by our health department and the costs incurred by our health department to provide those services.	(Zywicki 6/2/23)	(170,122.00)
22106055	517003	Health	Public Health	Medicaid Cost Based Reimbursement (MCBR) Source: MCBR Calc & Allocation Entry_FY24 Budget_v2 (G:\Departments\Public Health\6. Budget\FY24) Period: Full year FY24 Medicaid Cost Based Reimbursement is revenue provided by the State of MI and varies each year based on a variety of factors such as the number of services provided by our health department and the costs incurred by our health department to provide those services.	(Zywicki 6/2/23)	(50,036.00)
22106059	517003	Health	Public Health	Medicaid Cost Based Reimbursement (MCBR) Source: MCBR Calc & Allocation Entry_FY24 Budget_v2 (G:\Departments\Public Health\6. Budget\FY24) Period: Full year FY24 Medicaid Cost Based Reimbursement is revenue provided by the State of MI and	(Zywicki 6/2/23)	(113,414.00)
22106044	519000	Health	Public Health	Medicare insurance revenue Medicare insurance revenue is received for services provided (this is not a grant). (Zywicki 5/22/23)	H. Tarleton/T. Bulthuis 4/26/23. Immunization adminstration and vaccine billing to Medicare health plans for only flu and pneumonia vaccine. Source: Based on historical billing prior to Covid and projecte less Medicare patients due to pharmacy coverage options.	(1,500.00)
22106020	555000	Health	Public Health	EGLE - Campground Agency: EGLE Source: FY23 EGLE Grant Contract Grant Period: 10/1/23 - 9/30/24 FTEs: See note Purpose: Grant funding for performing campground inspections Note: Org 22106020 funds approx 2 FTEs. Note that 22106020 has permits, fees, inspections and general fund revenue.	(Zywicki 5/3/23)	(1,990.00)
22106020	555000	Health	Public Health	EGLE - Drinking Water Long-Term Monitoring (LTM) Agency: EGLE Source: FY23 EGLE Grant Contract Grant Period: 10/1/23 - 9/30/24 FTEs: See note Purpose: Grant funding for sampling drinking water wells Note: Org 22106020 funds approx 2 FTEs. Note that 22106020 has permits, fees, inspections and general fund revenue.	(Zywicki 5/3/23)	(808.00)
22106020	555000	Health	Public Health	EGLE - Swimming Pool Agency: EGLE Source: FY23 EGLE Grant Contract Grant Period: 10/1/23 - 9/30/24 FTEs: See note Purpose: Grant funding for performing swimming pool inspections Note: Org 22106020 funds approx 2 FTEs. Note that 22106020 has permits, fees, inspections and general fund revenue.	(Zywicki 5/3/23)	(20,000.00)

ORG	OBJ	FUND	DEPARTMENT	DESCRIPTION	JUSTIFICATION	FY24 DEPT REQUEST
22106020	555000	Health	Public Health	EGLE - Septage Agency: EGLE Source: FY23 EGLE Grant Contract Grant Period: 10/1/23 - 9/30/24 FTEs: See note Purpose: Grant funding for performing septage inspections Note: Org 22106020 funds approx 2 FTEs. Note that 22106020 has permits, fees, inspections and general fund revenue.	(Zywicki 5/3/23)	(2,600.00)
22106021	555000	Health	Public Health	Body Art Fixed Fee Agency: MDHHS Source: egrams 3.28.23_Schedule of Financial Assistance Detail (based on FY23 award) Grant Period: 10/1/23 - 9/30/24 FTEs: See note Purpose: to help offset costs related to the licensing of a body art facility, when fees are collected from the respective Grantee's jurisdiction Note: Org 22106021 funds approx 8 FTEs. Note that 22106021 has license, fees, inspections, fines, LCS and general fund revenue.	(Zywicki 5/2/23)	(5,500.00)
22106021	555000	Health	Public Health	Food ELPHS (Essential Local Public Health Services) Agency: MDHHS Source: egrams 3.28.23_Schedule of Financial Assistance Detail (based on FY23 award) Grant Period: 10/1/23 - 9/30/24 FTEs: See note Purpose: Food service establishment licensing Note: Org 22106021 funds approx 8 FTEs. Note that 22106021 has license, fees, inspections, fines, LCS and general fund revenue.	(Zywicki 5/2/23)	(217,667.00)
22106022	555000	Health	Public Health	EGLE - Noncommunity Standard Agency: EGLE Source: FY23 EGLE Grant Contract Grant Period: 10/1/23 - 9/30/24 FTEs: See note Purpose: Grant funding to perform noncommunity water supply program services required under the Safe Drinking Water Act, 1976 PA 399, as amended Note: Org 22106022 funds 1.0 FTE. Note that 22106022 has permits and general fund revenue.	(Zywicki 5/3/23)	(163,958.00)
22106026	555000	Health	Public Health	Vector-Borne Surveillance & Prevention Agency: MDHHS Source: egrams 4.26.23_Schedule of Financial Assistance Detail (based on FY23 award) Grant Period: 4/1/24 - 9/30/24 FTEs: No FTEs Purpose: To support the development of vector-borne disease surveillance and control capacity at the local health department level. Funds may be used to support a low-cost, community-level surveillance system Note: N/A	(Zywicki 5/2/23)	(9,000.00)
22106027	555000	Health	Public Health	EGLE Drinking Water and Onsite Wastewater Management Agency: MDHHS Source: egrams 3.28.23_Schedule of Financial Assistance Detail (based on FY23 award) Grant Period: 10/1/23 - 9/30/24 FTEs: See note Purpose: Monitor the community's drinking water supply and onsite wastewater management (e.g. issuing permits, conducting inspections, etc) Note: Org 22106027 funds approx 6.0 FTEs. Note that 22106027 has permits and general fund revenue.	(Zywicki 5/2/23)	(355,623.00)

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ORG	OBJ	FUND	DEPARTMENT	DESCRIPTION	JUSTIFICATION	FY24 DEPT REQUEST
22106030	555000	Health	Public Health	Vision ELPHS (Essential Local Public Health Services) Agency: MDHHS Source: egrams 3.28.23_Schedule of Financial Assistance Detail (based on FY23 award) Grant Period: 10/1/23 - 9/30/24 FTEs: See note Purpose: Vision screenings for preschool and school-aged children Note: Org 22106030 funds approx 3 FTEs. Note that 22106030 has medicaid and general fund revenue.	(Zywicki 5/3/23)	(67,878.00)
22106031	555000	Health	Public Health	Hearing ELPHS (Essential Local Public Health Services) Agency: MDHHS Source: egrams 3.28.23_Schedule of Financial Assistance Detail (based on FY23 award) Grant Period: 10/1/23 - 9/30/24 FTEs: See note Purpose: Hearing screenings for preschool and school-aged children Note: Org 22106031 funds approx 3 FTEs. Note that 22106031 has medicaid and general fund revenue.	(Zywicki 5/3/23)	(67,878.00)
22106042	555000	Health	Public Health	Family Planning Agency: MDHHS Source: egrams 3.29.23_Schedule of Financial Assistance Detail_Family Planning (based on FY23 award) Grant/Contract Period: 10/1/23 - 9/30/24 FTEs: See note Purpose: to ensure statewide access to high-quality, client-centered reproductive health care services, including a broad range of contraception, and related preventive health services for individuals and couples to achieve their reproductive goals for family size, spacing of their children, or pregnancy prevention at low or no cost. Note: Family Planning grant is split between federal (505000) and state (555000) funding. Org 22106042 funds approx 7 FTEs. Note that 22106042 has medicaid, fees, and general fund revenue.	(Zywicki 5/3/23)	(11,731.00)
22106043	555000	Health	Public Health	SEAL! Michigan Dental Sealant Agency: MDHHS Source: egrams 3.28.23_Schedule of Financial Assistance Detail (based on FY23 award) Grant/Contract Period: 10/1/23 - 9/30/24 FTEs: See note Purpose: SEAL! MI is the School Based Dental Sealant Program, providing oral health prevention to students in Michigan schools. Note: Org 22106043 funds approx 0.5 FTE. Note that 22106043 has medicaid, fees, and general fund revenue.	(Zywicki 5/3/23)	(31,000.00)
22106044	555000	Health	Public Health	Immunization Vaccine Quality Assurance Agency: MDHHS Source: egrams 3.28.23_Schedule of Financial Assistance Detail (based on FY23 award) Grant/Contract Period: 10/1/23 - 9/30/24 FTEs: See note Purpose: Monitor and educate local vaccine providers, provide vaccine inventory management assistance for local providers, act as primary point of contact for local VFC providers, etc. Note: Org 22106044 funds approx 4 FTEs. Note that 22106044 has medicaid, fees, and general fund revenue.	(Zywicki 5/3/23)	(18,883.00)

ORG	OBJ	FUND	DEPARTMENT	DESCRIPTION	JUSTIFICATION	FY24 DEPT REQUEST
22106044	555000	Health	Public Health	Immunization ELPHS (Essential Local Public Health Services) Agency: MDHHS Source: egrams 3.28.23_Schedule of Financial Assistance Detail (based on FY23 award) Grant/Contract Period: 10/1/23 - 9/30/24 FTEs: See note Purpose: Providing essential immunization services to the public. Note: MDHHS-ELPHS grant is split between 22106044/55/59. Org 22106044 funds approx 4 FTEs. Note that 22106044 has medicaid, fees, and general fund revenue.	(Zywicki 5/3/23)	(186,410.00)
22106046	555000	Health	Public Health	Oral Health- Kindergarten Assessment Agency: MDHHS Source: egrams 3.28.23_Schedule of Financial Assistance Detail (based on FY23 award) Grant/Contract Period: 10/1/23 - 9/30/24 FTEs: 0.5 FTE Purpose: The focus of the program is to perform an oral health assessment of children entering kindergarten or first grade to help identify dental needs Note: N/A	(Zywicki 5/4/2023)	(71,021.00)
22106049	555000	Health	Public Health	LARA Medical Marijuana Agency: MI Licensing & Regulatory Affairs (LARA) Source: FY23 LARA Grant Agreement Grant/Contract Period: 1/1/24 - 9/15/24 FTEs: No FTEs Purpose: To provide funding to counties to be used for education, communication, and outreach regarding the Michigan Medical Marihuana Act. Note: N/A	(Zywicki 5/4/2023)	(38,637.00)
22106050	555000	Health	Public Health	CSHCS (Childrens Special Health Care) Care Coordination Agency: MDHHS Source: egrams 3.28.23_Schedule of Financial Assistance Detail (based on FY23 award) Grant/Contract Period: 10/1/23 - 9/30/24 FTEs: See note Purpose: Fixed fee reimbursement from MDHHS for Childrens Special Health Care (CSHCS) care coordination services. Services provided through this program include developing and tracking a plan-of-care for the client, and interaction/monitoring the care of a client and the family/persons involved in the care of the client. Note: Care Coordination grant is split between federal (505000) and state (555000) funding. Org 22106050 funds approx 5 FTEs. Note that 22106050 has general fund revenue.	(Zywicki 5/4/2023)	(12,811.00)
22106050	555000	Health	Public Health	CSHCS (Childrens Special Health Care) Elevated Blood Lead Case Management Agency: MDHHS Source: egrams 3.28.23_Schedule of Financial Assistance Detail (based on FY23 award) Grant/Contract Period: 10/1/23 - 9/30/24 FTEs: See note Purpose: The local health department will complete in-home elevated blood lead (EBL) case management (CM) services, with parental consent, for children less than age 6 in their jurisdiction enrolled in Medicaid with a blood lead level equal to or greater than 3.5 µg/dL. Note: Elevated Blood grant is split between federal (505000) and state (555000) funding. Org 22106050 funds approx 5 FTEs. Note that 22106050 has general fund revenue.	(Zywicki 5/4/2023)	(2,070.00)

ORG	OBJ	FUND	DEPARTMENT	DESCRIPTION	JUSTIFICATION	FY24 DEPT REQUEST
22106050	555000	Health	Public Health	CSHCS (Childrens Special Health Care) Outreach & Advocacy Agency: MDHHS Source: egrams 3.28.23_Schedule of Financial Assistance Detail (based on FY23 award) Grant/Contract Period: 10/1/23 - 9/30/24 FTEs: See note Purpose: Local Health Departments (LHDs) throughout the state serve children with special health care needs in the community. The LHD serves as a link between the CSHCS program, the family, the local community and the Medicaid Health Plan to assure that children with special health care needs receive the services they require covering every county in Michigan Note: Outreach & Advocacy grant is split between federal (505000) and state (555000) funding. Org 22106050 funds approx 5 FTEs. Note that 22106050 has general fund revenue.	(Zywicki 5/4/2023)	(88,838.00)
22106050	555000	Health	Public Health	Statewide Lead Case Management - Fixed Fee Agency: MDHHS Source: egrams 3.28.23_Schedule of Financial Assistance Detail (based on FY23 award) Grant/Contract Period: 10/1/23 - 9/30/24 FTEs: See note Purpose: To support local health departments in providing case management services to all children with elevated blood lead levels in Michigan. Note: Org 22106050 funds approx 5 FTEs. Note that 22106050 has general fund revenue.	(Zywicki 5/4/2023)	(9,360.00)
22106054	555000	Health	Public Health	HIV Prevention Agency: MDHHS Source: egrams 4.26.23_Schedule of Financial Assistance Detail (based on FY23 award) Grant/Contract Period: 10/1/23 - 9/30/24 FTEs: approx 0.25 FTE Purpose: To implement a comprehensive HIV surveillance and prevention program. The funding aims to prevent new HIV infections and improve HIV-related health outcomes of people with HIV Note: N/A	(Zywicki 5/4/2023)	(20,000.00)
22106055	555000	Health	Public Health	STD (Sexually Transmitted Disease) ELPHS Grant (Essential Local Public Health Services) Agency: MDHHS Source: egrams 3.28.23_Schedule of Financial Assistance Detail (based on FY23 award) Grant/Contract Period: 10/1/23 - 9/30/24 FTEs: See note Purpose: Essential local public health services grant funding for providing Sexually Transmitted Infection screening/testing and treatment for patients and their partners Note: MDHHS-ELPHS grant is split between 22106044/55/59. Org 22106055 funds approx 3 FTEs. Note that 22106055 has medicaid, fees, and general fund revenue.	(Zywicki 5/5/2023)	(199,926.00)
22106059	555000	Health	Public Health	GCD ELPHS (General Communicable Disease - Essential Local Public Health Services) Agency: MDHHS Source: egrams 3.28.23_Schedule of Financial Assistance Detail (based on FY23 award) Grant/Contract Period: 10/1/23 - 9/30/24 FTEs: See note Purpose: The purpose of the grant is to provide essential local public health services, this portion of the grant funding is used for Infectious/Communicable Disease Control Note: MDHHS-ELPHS grant is split between 22106044/55/59. Org 22106059 funds approx 5.5 FTEs. Note that 22106059 has medicaid, LCS, and general fund revenue.	(Zywicki 5/4/2023)	(220,368.00)

ORG	OBJ	FUND	DEPARTMENT	DESCRIPTION	JUSTIFICATION	FY24 DEPT REQUEST
22106076	555000	Health	Public Health	SDOH Planning (Social Determinants of Health) Agency: MDHHS Source: MDHHS Fiscal Year (FY) 2024 Project Allocations Notification (5/17/23) Grant/Contract Period: 10/1/23 - 9/30/24 FTEs: See note Purpose: Local health departments will utilize funding to implement Community Health Needs Assessment (CHNA), plan for Community Information Exchange (CIE), and implement community-driven initiatives that support social determinants of health (SDOH) priorities. Note: SDOH Planning grant is split between federal (505000) and state (555000) funding. Org 22106076 funds approx 0.1 FTE.	(Zywicki 5/18/2023)	(12,500.00)
22106228	555000	Health	Public Health	PFAS Response Agency: MDHHS Source: egrams 3.30.23_Schedule of Financial Assistance Detail_ETLHD (based on FY23 award) Grant/Contract Period: 10/1/23 - 9/30/24 FTEs: No FTEs Purpose: (MDHHS) Division of Environmental Health (DEH), in consultation and collaboration with local health departments, provides drinking water recommendations to residents with private residential wells contaminated with PFAS. Local health departments are eligible for PFAS Response funding when filtration or another source of drinking water is recommended as a health protective measure. Note: N/A	(Zywicki 5/4/2023)	(8,481.00)
22106010	581000	Health	Public Health	6/1/23- Adding missed revenue for CHNA project, the revenue was paid in FY22 from community partners and recorded to 22106010-581000. The expense will be done/recorded in FY23. NMB Expense is budgeted in 22106010-821000 as $23,725 and $15,000.		(38,725.00)
22106045	581000	Health	Public Health	Delta Dental Foundation Grant Agency: Delta Dental Foundation Source: Historical Data Grant/Contract Period: FY24 FTEs: See Note Purpose: The Delta Dental Foundation's purpose is to develop and enhance partnerships and programs to improve oral and overall health. Each year the Delta Dental Foundation provides financial support through grants to various organizations Note: Org 22106045 funds approx. 2.5 FTEs. Note that 22106045 also has Medicaid insurance revenue, donation revenue, and general fund revenue. Also note this is a local grant (non-state / non-fed).	Based on history (L. Uganski, 5/2/23)	(12,000.00)
22106045	581000	Health	Public Health	Holland Junior Welfare League Grant Agency: Holland Junior Welfare League Source: Historical Data Grant/Contract Period: FY24 FTEs: See note Purpose: HJWL is a non-profit organization formed by a group of women, all volunteers, in the West MI community who volunteer their time and talents to raise money and perform service projects for the children in the community. Note: Org 22106045 funds approx. 2.5 FTEs. Note that 22106045 also has Medicaid insurance revenue, donation revenue, and general fund revenue. Also note this is a local grant (non-state / non-fed).	Based on history (L. Uganski, 5/2/23)	(1,500.00)

ORG	OBJ	FUND	DEPARTMENT	DESCRIPTION	JUSTIFICATION	FY24 DEPT REQUEST
22106045	581000	Health	Public Health	West Michigan Dental Foundation Community Grant Agency: West Michigan District Dental Society / West Michigan Dental Foundation Source: Historial Data Grant/Contract Period: FY24 FTEs: See note Purpose: The improvement of oral health through the financial support of educational and service programs to address needs identified by the dental profession and the communities which it serves in Kent, Ottawa, Ionia, Mecosta and Montcalm counties Note: Org 22106045 funds approx. 2.5 FTEs. Note that 22106045 also has Medicaid insurance revenue, donation revenue, and general fund revenue. Also note this is a local grant (non-state / non-fed).	Based on history (L. Uganski, 5/2/23)	(1,500.00)
22106045	581000	Health	Public Health	Michigan Dental Foundation Grant Agency: Michigan Dental Association Foundation Source: Historical Data Grant/Contract Period: FY24 FTEs: See note Purpose: building a permanent, lasting legacy of support for individuals and programs designed to provide the people of MI with the best dental health environment in the nation. To identify, develop and coordinate resources that will ensure optimal quality and progressive dental health care for the people of MI who cannot access care the traditional ways. Note: Org 22106045 funds approx. 2.5 FTEs. Note that 22106045 also has Medicaid insurance revenue, donation revenue, and general fund revenue. Also note this is a local grant (non-state / non-fed).	Based on history (L. Uganski, 5/2/23)	(1,000.00)
22106053	581000	Health	Public Health	Perinatal Quality Collaborative Grant Agency: District Health Dept. #10 Source: Historical Data Grant/Contract Period: FY24 FTEs: See note Purpose: The grant provides funding that supports participation on the Region 4 West MI Perinatal Quality Collaborative, which functions to help improve birth outcomes. Note: Org 22106053 funds approx. 9 FTEs. Note that 22106053 also has Medicaid insurance revenue, Medicaid Cost Based Reimbursement revenue, and general fund revenue. Also note this is a local grant (non-state / non-fed).	S.Lake 5/4/23	(5,055.00)
22106074	581000	Health	Public Health	SEMHA LHD (Local Health Department) Small Grant Agency: Southeastern MI Health Association (SEMHA) Source: FY23 Grant Award Grant/Contract Period: 10/1/23 - 9/30/24 FTEs: See note Purpose: Increase family support, knowledge, and advocacy through implementation of online/social media, family-centered support/educational groups for families with children with special health care needs (including all children who have, or are at increased risk for: medical, physical, developmental, behavioral, or emotional conditions) Note: Org 22106074 funds approx 0.25 FTE. Note that 22106074 has general fund revenue.	(Zywicki 5/4/2023)	(5,000.00)

Adeline Hambley

From: Karen Karasinski
Sent: Thursday, August 10, 2023 7:57 AM
To: Adeline Hambley; Myra Ocasio
Cc: Nina Baranowski; Marcia Mansaray
Subject: RE: Public Health Budget/Funding clarifications

This is helpful Addie. Thank you.

If we get questions that are not financial, I feel very comfortable saying that we'll need to add that to the 8/21 budget work session and ask the experts to join us.

From: Adeline Hambley <ahambley@miottawa.org>
Sent: Wednesday, August 9, 2023 7:13 PM
To: Karen Karasinski <kkarasinski@miottawa.org>; Myra Ocasio <mocasio@miottawa.org>
Cc: Nina Baranowski <nbaranowski@miottawa.org>; Marcia Mansaray <mmansaray@miottawa.org>
Subject: Public Health Budget/Funding clarifications

Hi Karen & Myra,

I wanted to send a quick follow-up to provide reference information regarding specific program funding and Public Health's budget.

- **Immunization Funding** – Local public health is a mandated under law to provide and publicize immunizations to the public, as such a portion of funding comes to us through the state. Removing funding does not remove the requirement of local public health to provide these services.
- **Body Art Reimbursement** – Body art facilities are required to be licensed to operate by the State of Michigan. Similar to the food service (restaurant) license/inspection program, the licensing and inspection process helps to verify safe practices are in place (such as handwashing and disinfection) to prevent the spread of disease. Local public health is reimbursed for these inspections by the state from the licensing fee collected.
- **Family Planning** – The family planning program is a critical part of public health, serving as a point-of-entry into care for vulnerable populations and providing high-quality, affordable voluntary family planning and related preventive health services, with priority given to low-income clients. It is required in law that family planning services are provided for medically indigent individuals in the State of Michigan.
- **Title X Funding** – Title X program plays an essential role in supporting access to high-quality services regardless of a patient's ability to pay. Title X funding provides contraceptive education and counseling; breast and cervical cancer screening; testing for sexually transmitted infections and HIV, referral, and prevention education; and pregnancy diagnosis. If Title X funding is not accepted by Ottawa County to provide services, services are still required to be provided and funds will be redistributed to other agencies which could include Planned Parenthood (which currently receives the funding in Kent County).
- **COVID grant funding** – These funds are provided by the state to have been expanded beyond COVID only activities and can now be used more broadly, including supplementing operations related to communicable disease response. Much of the funding received is applied to administrative and overhead costs incurred. These funds are essentially paid to county administration for supporting services provided and reduce the overall amount of general funds utilized.

I hope this information is helpful reference, please let me know if you have additional questions or need additional information.

PS000027

Thank you!

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

miOttawa Department of
Public Health

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PS000028

Adeline Hambley

From: John Gibbs
Sent: Wednesday, August 16, 2023 9:31 AM
To: Adeline Hambley
Cc: Marcie VerBeek; Karen Karasinski; Myra Ocasio
Subject: Long-term unfilled, budgeted positions

Hi Addie!

As part of the FY2024 budget, we're looking at positions in various departments that have been open and budgeted, yet unfilled, for a long time, and if these could be eliminated from the budget in order to produce budgetary savings. Can you please tell me if there's any showstopper reason that the below positions, which remain posted and unfilled after almost a year, should not be eliminated? Thank you!

Position Control list of benefited positions not filled in over six months			
Location Desc	**Position**	**Position Desc**	**Date last filled**
PH HEALTH EDUCATION	25910003	HEALTH EDUCATOR-PH	10/29/2022
PH FAMILY PLANNING	29100002	NURSE PRACTICNR-PH	10/11/2022
PH CLINIC CLERICAL	61850007	CLINIC SUPPORT-PH	10/17/2021

John Gibbs | *County Administrator*
12220 Fillmore Street | West Olive, Michigan 49460 | 616-738-4642

PS000029

Adeline Hambley

From: Adeline Hambley
Sent: Wednesday, August 16, 2023 9:35 AM
To: Marcia Mansaray; Nina Baranowski
Subject: Fwd: Long-term unfilled, budgeted positions

We can discuss these when we meet.

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
(616) 393-5625

From: John Gibbs <jgibbs@miottawa.org>
Sent: Wednesday, August 16, 2023 9:30:54 AM
To: Adeline Hambley <ahambley@miottawa.org>
Cc: Marcie VerBeek <mverbeek@miottawa.org>; Karen Karasinski <kkarasinski@miottawa.org>; Myra Ocasio <mocasio@miottawa.org>
Subject: Long-term unfilled, budgeted positions

Hi Addie!

As part of the FY2024 budget, we're looking at positions in various departments that have been open and budgeted, yet unfilled, for a long time, and if these could be eliminated from the budget in order to produce budgetary savings. Can you please tell me if there's any showstopper reason that the below positions, which remain posted and unfilled after almost a year, should not be eliminated? Thank you!

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PH HEALTH EDUCATION	25910003	HEALTH EDUCATOR-PH	10/29/2022
PH FAMILY PLANNING	29100002	NURSE PRACTICNR-PH	10/11/2022
PH CLINIC CLERICAL	61850007	CLINIC SUPPORT-PH	10/17/2021

John Gibbs | *County Administrator*
12220 Fillmore Street | West Olive, Michigan 49460 | 616-738-4642

Adeline Hambley

From: Nina Baranowski
Sent: Wednesday, August 16, 2023 1:09 PM
To: Adeline Hambley; Marcia Mansaray
Subject: RE: Long-term unfilled, budgeted positions

Position Control list of benefited positions not filled in over six months			
Location Desc	**Position**	**Position Desc**	**Date last filled**
PH HEALTH EDUCATION	25910003	HEALTH EDUCATOR-PH	10/29/2022
PH FAMILY PLANNING	29100002	NURSE PRACTICNR-PH	10/11/2022
PH CLINIC CLERICAL	61850007	CLINIC SUPPORT-PH	10/17/2021

1. POSITION 25910003 VACANT007928 - 0.80 FTE budget was already backed out creating a $77,669 savings in ORG 22129544 (STD).
2. POSITION 29100002 VACANT007940 NURSE PRACTICNR-was identified as a phrase 2 backout. **This HAS NOT been backed out. ORG 22129531 .6FTE $85,478 savings.** FY24 plan is to manage without the position, however, concern about refuge inflow and an increase in FP visits may create a need to rehire next year. NP are doing more than Family Planning visits currently, like Mpox and Hepatitis C treatments.
3. POSITION #61850007- Budget/position # reserved for Selica Becerra. She is working 50% Contact Tracing, Testing, Infection Prevention and has a COVID Position #. However, she is 50% clinic and intends to return to 1FTE at some point. We already reduced 1 FTE to .5 FTE in FY24, creating a $34,367 savings with the assumption that the COVID grants would be approved. We may need to add this budget back in if the COVID grants are not approved.

   In addition to the 3 noted above, we also adjusted:
   - VACANT POSITION (Formerly Helen Tarleton) 22660001 1 FTE $169,309 savings. Org 22129530 (Clinic)
   - VACANT (ALBERDA HEATHER POSITION) 25910001 .2FTE, $9,281 total savings. ORG 22129544 (STD) $927, ORG 22129580 (Covid Inequities) $1,858, ORG 22106310 (Health Promotion) $6,496

From: Adeline Hambley <ahambley@miottawa.org>
Sent: Wednesday, August 16, 2023 9:35 AM
To: Marcia Mansaray <mmansaray@miottawa.org>; Nina Baranowski <nbaranowski@miottawa.org>
Subject: Fwd: Long-term unfilled, budgeted positions

We can discuss these when we meet.

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
(616) 393-5625

From: John Gibbs <jgibbs@miottawa.org>
Sent: Wednesday, August 16, 2023 9:30:54 AM
To: Adeline Hambley <ahambley@miottawa.org>
Cc: Marcie VerBeek <mverbeek@miottawa.org>; Karen Karasinski <kkarasinski@miottawa.org>; Myra Ocasio <mocasio@miottawa.org>
Subject: Long-term unfilled, budgeted positions

Adeline Hambley

From: Adeline Hambley
Sent: Wednesday, August 16, 2023 2:35 PM
To: John Gibbs
Cc: Marcie VerBeek; Karen Karasinski; Myra Ocasio
Subject: RE: Long-term unfilled, budgeted positions

Hi John,

Each year when completing budgets we review open positions and determine if they can be removed from the coming year's budget. These positions were reviewed in June when originally compiling budgets. Below is additional information for each position.

- **PH Health Education, Position #25910003, Health Promotions** – Identified in June that position would not be filled in FY 2024 and the cost of the position has already been backed out of the FY 2024 budget.

- **PH Family Planning, Position #29100002, Nurse Practitioner** – Position is vacant and not currently planned to be filled, however, the position is still included in the FY 2024 budget as there may be a need to fill this position in the new year. Currently programs are running very lean, and we are riding the line of being able to meet minimum needs. However, with any changes in service levels this position will be needed. There are potential programs on the horizon, such as federal refugee medical exams, that would necessitate filling this position.

- **PH Clinical Clerical, Position #61850007, Clinical Support** – This full-time clinical support position is currently filled by a long-time employee. The position is showing as vacant in the system as part of her FTE was being paid by an Infection Prevention Grant in FY 2023. However, as the work is transitioning back to traditional duties, the employee is being allocated back to this original position designation. It should be noted that a portion of this position (0.5 FTE) has been budgeted to be supplemented with Infection Prevention Grant funds in FY 2024. If this grant is not approved as part of the FY 2024 budget, 0.5 FTE cost will need to be added to Clinic Admin to cover full cost of employee. For clarity, as this position is filled by a long-time Ottawa County employee, a hire slip to correct position designation number has been submitted and costs will be allocated to the grant through time & attendance timecard submittal.

I hope this helps to clarify these positions. Please let me know if you have additional questions.

Thank you!

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

miOttawa Department of
Public Health

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PS000032

Adeline Hambley

From: John Gibbs
Sent: Thursday, August 17, 2023 9:00 AM
To: Adeline Hambley
Subject: Budget Request

Follow Up Flag: Follow up
Flag Status: Flagged

Hi Addie!

Good morning and I hope all is well!

As you know, budget is in full swing. As part of that process, there's some information I'd like to have available in the likely event it comes up during budget deliberations at next Monday's Finance Committee Special Work Session.

Please provide me with a budget scenario that includes both of the following components:

1) General fund expenditures for Public Health set at pre-COVID levels, adjusted for inflation. For reference, in FY2019 – the last pre-COVID year – general fund expenditures for Public Health were approximately $4.5 million, and in FY2023 general fund expenditures were approximately $6.7 million; and,
2) The exclusion of all FY24 COVID-related grants.

Please have this info ready by close of business **Friday August 18th**.

Thank you!

John Gibbs | *County Administrator*
12220 Fillmore Street | West Olive, Michigan 49460 | 616-738-4642

PS000033

Adeline Hambley

From: Nina Baranowski
Sent: Thursday, August 17, 2023 12:54 PM
To: Adeline Hambley; Marcia Mansaray
Cc: Joe Zywicki
Subject: RE: Budget Request

Addie & Marcia- Here's my response to #2, this may assist you in preparing a response. We can discuss it tomorrow at 1:30pm.

22129566 Contact Tracing, Testing, Infection Prevention- $1,246,340 federal grant
22129575 Covid Immunization- $359,090 federal grant
22129577 Covid Health Resource Advocate- $308,000 federal grant
22129581 Covid Workforce- $345,213 federal grant

If the COVID grants were eliminated, here's some important things to keep in mind:

- POSITION #61850007 Clinic Support, .5 FTE salary would need to be moved back to clinic admin. This equates to $34,367 (.5 FTE) that would need to be covered by the GF for Selica Becerra salary.
- 3 of the 4 grants would offset indirect expense (PH admin, Cost Allocation Plans) in FY24. Currently, we have $305,291 budgeted in indirect expense in these COVID grants. If these grants are eliminated, we would need to respread the $305,291 in indirect expense back to the other PH ORGS.
- 3 of the 4 grants would help to offset additional payroll expense (Epi's, Imms, CD, Medical Director, etc.) and misc. operational items/software (EX: SPSS) in FY24, which would create a GF savings.
- The grants are supporting 5 positions (100%):

AARON D. STAUFFER Employee No. 6173- 1 FTE
WILLIAM (Damien) REED Employee No. 6244 Health Educator .6 FTE
JESSICA L. COONEY-DAVIS- Employee No. 6202- .48 FTE
JILL E. BANNINK-ALBRECHT. Employee No. 4674- .48 FTE
BRIANNA M. FLOWERS Employee No. 6392- 1 FTE

As a side note, I will be back home tomorrow at 1:30pm, so I can work tomorrow afternoon and cancel my PTO if needed. Joe will be available all day tomorrow to pull any information you need.

Nina

From: John Gibbs <jgibbs@miottawa.org>
Sent: Thursday, August 17, 2023 9:00 AM
To: Adeline Hambley <ahambley@miottawa.org>
Subject: Budget Request

Hi Addie!

Good morning and I hope all is well!

As you know, budget is in full swing. As part of that process, there's some information I'd like to have available in the likely event it comes up during budget deliberations at next Monday's Finance Committee Special Work Session.

Please provide me with a budget scenario that includes both of the following components:

PS000034

1) General fund expenditures for Public Health set at pre-COVID levels, adjusted for inflation. For reference, in FY2019 – the last pre-COVID year – general fund expenditures for Public Health were approximately $4.5 million, and in FY2023 general fund expenditures were approximately $6.7 million; and,
2) The exclusion of all FY24 COVID-related grants.

Please have this info ready by close of business **Friday August 18th**.

Thank you!

John Gibbs | *County Administrator*
12220 Fillmore Street | West Olive, Michigan 49460 | 616-738-4642

Ottawa County
Where Freedom Rings

PS000035

Adeline Hambley

From: Adeline Hambley
Sent: Thursday, August 17, 2023 1:07 PM
To: Doug Zylstra
Subject: FW: Long-term unfilled, budgeted positions

FYI

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

miOttawa Department of
Public Health

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From: Adeline Hambley
Sent: Wednesday, August 16, 2023 2:35 PM
To: John Gibbs <jgibbs@miottawa.org>
Cc: Marcie VerBeek <mverbeek@miottawa.org>; Karen Karasinski <kkarasinski@miottawa.org>; Myra Ocasio <mocasio@miottawa.org>
Subject: RE: Long-term unfilled, budgeted positions

Hi John,

Each year when completing budgets we review open positions and determine if they can be removed from the coming year's budget. These positions were reviewed in June when originally compiling budgets. Below is additional information for each position.

- **PH Health Education, Position #25910003, Health Promotions** – Identified in June that position would not be filled in FY 2024 and the cost of the position has already been backed out of the FY 2024 budget.

- **PH Family Planning, Position #29100002, Nurse Practitioner** – Position is vacant and not currently planned to be filled, however, the position is still included in the FY 2024 budget as there may be a need to fill this position in the new year. Currently programs are running very lean, and we are riding the line of being able to meet minimum needs. However, with any changes in service levels this position will be needed. There are potential programs on the horizon, such as federal refugee medical exams, that would necessitate filling this position.

- **PH Clinical Clerical, Position #61850007, Clinical Support** – This full-time clinical support position is currently filled by a long-time employee. The position is showing as vacant in the system as part of her FTE was being paid by an Infection Prevention Grant in FY 2023. However, as the work is transitioning back to traditional duties, the employee is being allocated back to this original position designation. It should be noted that a portion of this position (0.5 FTE) has been budgeted to be supplemented with Infection Prevention Grant funds in FY 2024. If

this grant is not approved as part of the FY 2024 budget, 0.5 FTE cost will need to be added to Clinic Admin to cover full cost of employee. For clarity, as this position is filled by a long-time Ottawa County employee, a hire slip to correct position designation number has been submitted and costs will be allocated to the grant through time & attendance timecard submittal.

I hope this helps to clarify these positions. Please let me know if you have additional questions.

Thank you!

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From: John Gibbs <jgibbs@miottawa.org>
Sent: Wednesday, August 16, 2023 9:31 AM
To: Adeline Hambley <ahambley@miottawa.org>
Cc: Marcie VerBeek <mverbeek@miottawa.org>; Karen Karasinski <kkarasinski@miottawa.org>; Myra Ocasio <mocasio@miottawa.org>
Subject: Long-term unfilled, budgeted positions

Hi Addie!

As part of the FY2024 budget, we're looking at positions in various departments that have been open and budgeted, yet unfilled, for a long time, and if these could be eliminated from the budget in order to produce budgetary savings. Can you please tell me if there's any showstopper reason that the below positions, which remain posted and unfilled after almost a year, should not be eliminated? Thank you!

Position Control list of benefited positions not filled in over six months			
Location Desc	**Position**	**Position Desc**	**Date last filled**
PH HEALTH EDUCATION	25910003	HEALTH EDUCATOR-PH	10/29/2022
PH FAMILY PLANNING	29100002	NURSE PRACTICNR-PH	10/11/2022
PH CLINIC CLERICAL	61850007	CLINIC SUPPORT-PH	10/17/2021

John Gibbs | *County Administrator*

PS000037

Adeline Hambley

From:	Adeline Hambley
Sent:	Friday, August 18, 2023 4:46 PM
To:	John Gibbs
Subject:	RE: Budget Request
Attachments:	2023.08.18 Public Health Budget Request Information .pdf

Hi John,

See attached for information addressing the components requested below.

Have a wonderful weekend!

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
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From: John Gibbs <jgibbs@miottawa.org>
Sent: Thursday, August 17, 2023 9:00 AM
To: Adeline Hambley <ahambley@miottawa.org>
Subject: Budget Request

Hi Addie!

Good morning and I hope all is well!

As you know, budget is in full swing. As part of that process, there's some information I'd like to have available in the likely event it comes up during budget deliberations at next Monday's Finance Committee Special Work Session.

Please provide me with a budget scenario that includes both of the following components:

1) General fund expenditures for Public Health set at pre-COVID levels, adjusted for inflation. For reference, in FY2019 – the last pre-COVID year – general fund expenditures for Public Health were approximately $4.5 million, and in FY2023 general fund expenditures were approximately $6.7 million; and,
2) The exclusion of all FY24 COVID-related grants.

Please have this info ready by close of business **Friday August 18th**.

Thank you!

John, you requested additional information yesterday on the Public Health fiscal year 2024 budget. Given the short timeframe, I have tried to compile the pertinent information to provide context to help equip you to best advise the Board. As you know, the services carried out by public health are mandated through the Michigan Constitution, state or federal laws, or local regulations. A serviceable level of funding maintains the system that protects our people from unsafe or hazardous conditions and prevents disease.

Request:

Please provide me with a budget scenario that includes both of the following components:

1) *General fund expenditures for Public Health set at pre-COVID levels, adjusted for inflation. For reference, in FY2019 – the last pre-COVID year – general fund expenditures for Public Health were approximately $4.5 million, and in FY2023 general fund expenditures were approximately $6.7 million; and,*
2) *The exclusion of all FY24 COVID-related grants.*

Summary

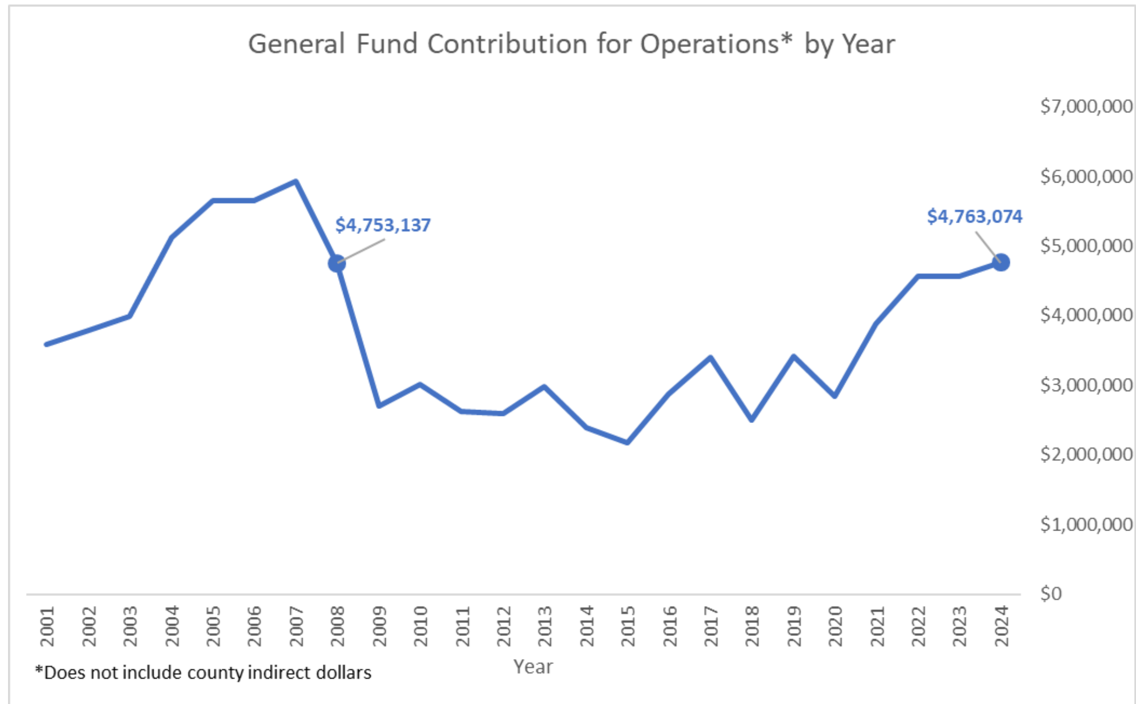
- Ottawa County Department of Public Health is required to pay for Ottawa County administrative expenses, often referred to as indirect costs. These costs are based on actual costs for Administration, Corporation Counsel, Human Resources, IT, Fiscal Services, Facilities Maintenance, and other support departments.
  - The fiscal year 2024 budget for administrative expenses shows a **nearly 40% increase** in cost over the 2019 budget, after adjusting the 2019 budget for population and inflation, and **over a 76% increase** when compared to the actual, unadjusted 2019 budget.
- Comparatively, the Public Health general fund operational budget (funds used for direct community services) shows just over a **10% increase** in cost over the 2019 budget, after adjusting the 2019 budget for population and inflation, and a **39% increase** when compared to the actual, unadjusted 2019 budget.
- COVID-19 related grants total over **$2.2 million dollars**. These federal funds can be used for mandated services beyond COVID-19, including for the prevention of communicable diseases and outbreak investigation.
  - **Over $300,000** of these grant funds are utilized to pay for Ottawa County administrative expenses.
  - There are **nearly 100 communicable diseases** beyond COVID-19 that are nationally reportable and require public health action. For a complete list of reportable communicable diseases click here.
- These state and federal grant funds are taxpayer dollars that are coming back to the community for services provided in Ottawa County. If denied, these taxpayer dollars are reallocated to other communities in the state and **Ottawa County residents will have to "pay" a second time through their property taxes for these mandated services**.
- Ottawa County Department of Public Health has operated with general fund operational contributions **only recently reaching the same funding levels of 15 years ago**, not adjusted for population or inflation. Over this same period Ottawa County's:
  - **Population increased by nearly 20%** (almost 50,000 people).
  - Property **tax revenue has nearly doubled**.

PS000039

Request 1: General Fund – Public Health Set at Pre-COVID-19 Levels Adjusted for Inflation

You requested using a pre-COVID-19 general fund amount and adjusting for inflation. To give a better view of current funding levels when compared to previous years, it is helpful to expand the historical reference beyond 2019.

Figure 1. General Fund Contribution for Public Health Operations by Year

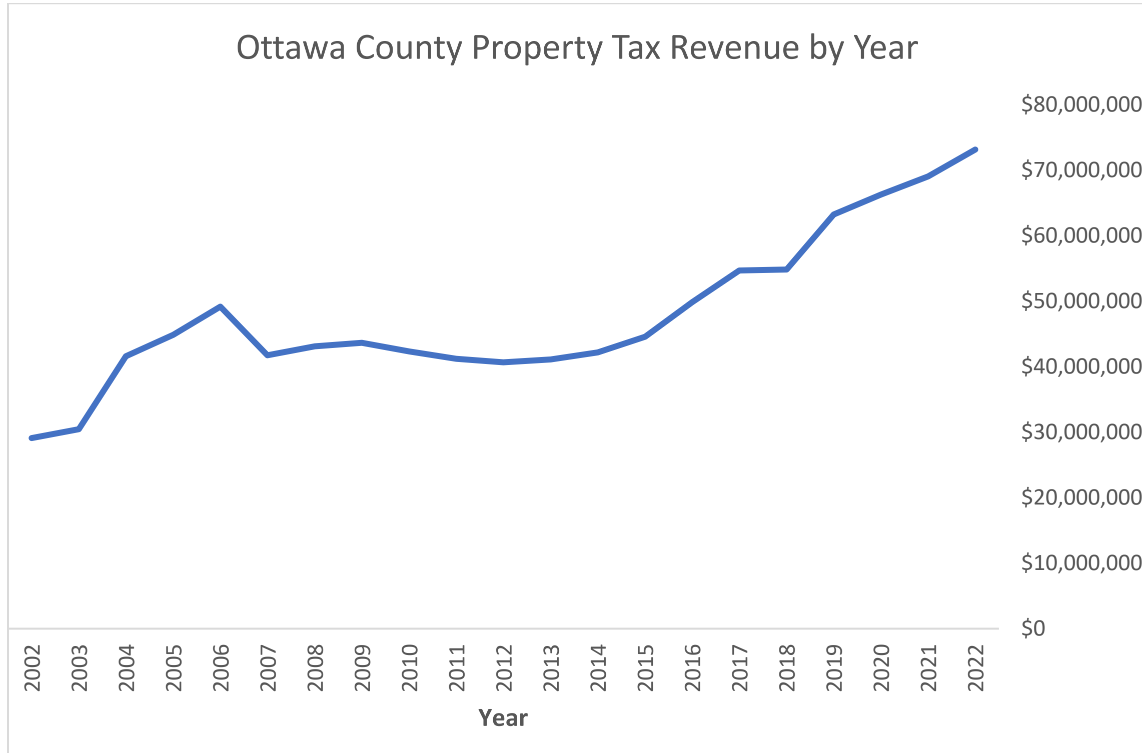


In Figure 1, the blue line traces the County's general fund contribution to Public Health operations over time back to the early 2000s. It is evident that the Public Health department faced dramatic and sustained cuts following the Great Recession of 2008-2009. Even though Ottawa County's property tax revenue has been increasing since 2015—in fact nearly doubling since 2015 (see Figure 2), the Public Health general fund operational contribution (those funds used for direct community services) for the Public Health department is only now reaching the 2008 level of funding. It should be noted that these are actual funding levels that do not account for the increases in cost of living, recent inflationary pressures, nor the addition of nearly 50,000 more constituents to the county since 2008.

PS000040

Figure 2 illustrates that the County's property tax revenue for the provision of services has more than doubled between 2002 and 2022. By 2024, it is likely to have tripled due to the combination of inflation of the dollar and the addition of about 60,000 new residents to the County by 2024.

Figure 2



Public Health has been chronically underfunded, but this department has managed to run very lean and, while not funded at optimal levels, has maintained minimum program requirements. In fact, as is demonstrated in county health rankings and many vital statistics, Ottawa County's population health has thrived compared to its peers. This has been accomplished with general fund operational contributions only recently reaching the same funding levels of 15 years ago, not adjusted for population or inflation, even in an inflationary environment. However, there is a tipping point where further budget cuts risk the ability to maintain serviceable levels for programs and risk compromising the health and safety of constituents.

PS000041

The funding disparity becomes even more apparent when adjusting fiscal year 2008 funding for inflation and population growth.

Figure 3

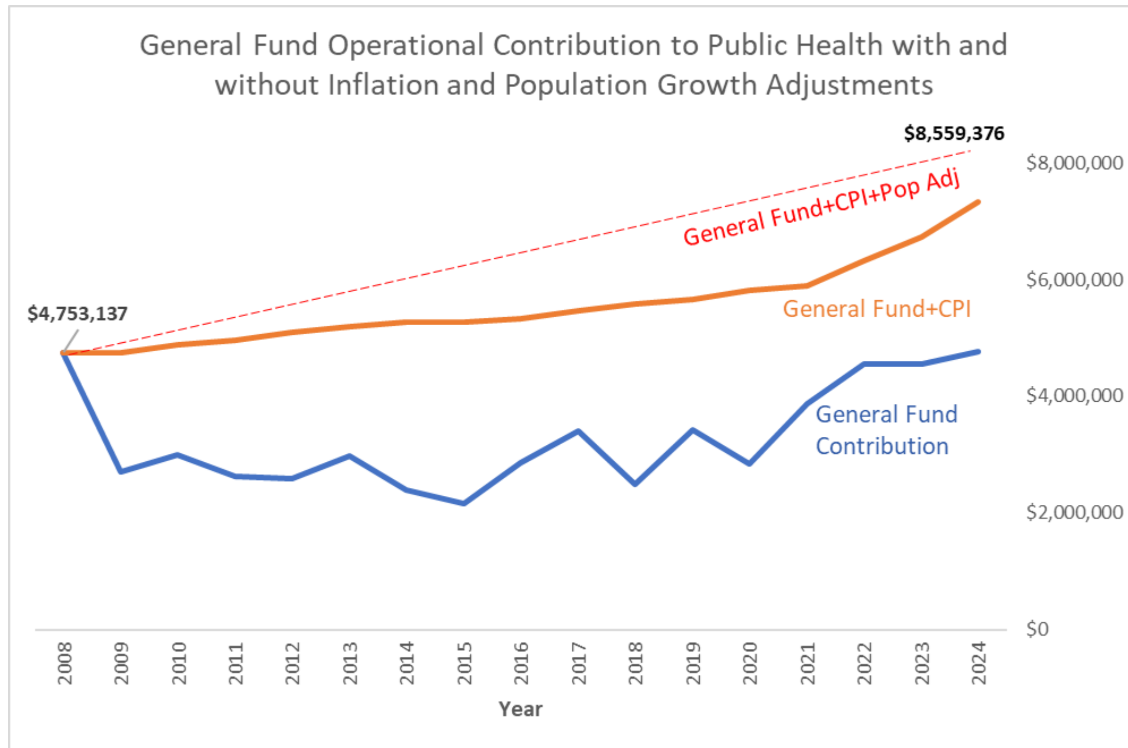


Figure 3 illustrates actual general fund operational contributions (blue line) and compares this to adjusted general fund operational contributions pre-recession (2008). The orange line above projects general fund operational contribution funding levels adjusted for inflation utilizing the consumer price index (CPI). The red dotted line adjusts the general fund operational contribution funding levels for inflation (CPI) and for population growth.

The adjusted contribution using inflation and population growth provides a more realistic budget amount to provide mandated services at an optimal level. This amount, just over $8.5 million, incorporates the same pressures, population growth and inflation, that are directly tied to the increasing tax revenue – even with the 6th lowest property tax millage in Michigan. $8.5 million is almost double the amount reflected in the fiscal year 2024 recommended budget that has been presented to the Board of Commissioners.

PS000042

Specifically looking at Public Health budget numbers at 2019 levels, and adjusting them for inflation and population, further illustrates that the fiscal year 2024 proposed Public Health general fund operational budget has remained relatively flat in recent years. Table 1 below shows that the general fund operational contribution for the fiscal year 2024 proposed budget is $4,763,074. When the fiscal year 2019 actual budget is adjusted for inflation and population, the 2019 adjusted budget amount is $4,315,142. This means the proposed budget for fiscal year 2024 general fund operational contribution is $447,932 higher than adjusted 2019 levels, just over a 10% increase.

Ottawa County Department of Public Health is required to pay for Ottawa County administrative expenses. These costs are based on actual costs and include Administration, Corporation Counsel, Human Resources, IT, Fiscal Services, Facilities Maintenance, and other support departments. Of note, the same comparison for general fund dollars allocated for County administrative expenses (Administration, IT, HR, Corporation Counsel, Fiscal Services, etc.) shows a far higher increase of nearly 40%, or $472,440. It is important to point out that Public Health has experienced the same inflationary pressures on supplies, materials, wages, benefits, etc. that have acted to increase the County administrative expenses.

Table 1. Public Health Budget at 2019 Levels Adjusted for Inflation and Population Increase

	General Fund Amount for PH Operations	General Fund Amount Allocated to County Administrative Expenses (Admin, IT, HR, etc.)	Total General Fund Contribution
2024 Recommended Budget	$4,763,074	**$1,664,989**	$6,428,063
2019 Adopted Budget	$3,416,513	$944,201	$4,360,714
+ CPI Adjustment*	$732,662	$202,481	$935,144
+ Population Adjustment**	$165,967	$45,867	$211,834
2019 Adjusted Budget	**$4,315,142**	$1,192,549	$5,507,692
2024 Recommended Budget Increase Over 2019 Adjusted Budget Amount	$447,932	$472,440	$920,371
% Increase Over 2019 Adjusted Budget Amount	**10.4%**	**39.6%**	**16.7%**

*Bureau of Labor & Statistics Consumer Price Index (CPI) inflation calculator for goods and services in the U.S. CPI inflation measure is typically lower than the inflationary increases for healthcare and higher education. **The expected population growth of 4% from July 2019 to July 2024, calculated by averaging the amount of growth observed between years of 2019, 2020, 2021 and 2022.

PS000043

If the budget is amended to the fiscal year 2019 budget values adjusted for inflation and population, the total realized savings to the general fund is not $920,371 as noted in Table 1. County administrative expenses represent actual costs, therefore the $1,664,989 budgeted in 2024 would not be reduced. As shown in Table 2 the total realized savings to the general fund budget by amending the 2024 budget to the 2019 budget adjusted for inflation and population is $447,932.

Table 2. Potential Realized Decrease in General Fund Contribution by Amending the 2024 Budget to the 2019 Budget Adjusted for Inflation and Population.

	General Fund Amount for PH Operations	General Fund Amount Allocated to County Administrative Expenses (Admin, IT, HR, etc.)	Total General Fund Contribution
2024 Current Recommended Budget	$4,763,074	**$1,664,989**	$6,428,063
2024 Budget with 2019 Corrected Rates	**$4,315,142**	$1,664,989	$5,980,131
Potential Decrease to 2024 General Fund	$447,932	$0	**$447,932**

Request 2: Exclusion of FY 2024 COVID-19 Grant Funding

Various federal dollars have been allocated to flow back to communities including Paycheck Protection Program (PPP) loans, American Rescue Plan Act (ARPA) funds, CARES Act direct payments to individuals and families, extended unemployment benefits to furloughed employees, and funds to support schools, among others. The specific federal grants related to public health services included in the fiscal year 2024 budget, which support maintenance of required services, are taxpayer dollars that are coming back to the community for services provided in Ottawa County. If denied, these taxpayer dollars are reallocated to other communities in the state, meaning Ottawa County residents will have to “pay” a second time through their property taxes for these mandated services.

Ottawa County is required to prevent and control the spread of communicable disease beyond COVID-19. There are nearly 100 communicable diseases other than COVID-19 that are nationally reportable and require public health action. The largest grant, just over $1.2 million, is designated for infection prevention services which include communicable disease investigation and prevention activities such as the cryptosporidium outbreak response earlier this spring. These grant funds are also utilized to help offset over $300,000 of county administrative expenses (Administration, IT, HR, Corporate Counsel, Fiscal Services, etc.).

Adeline Hambley
Administrative Health Officer

PS000044

Adeline Hambley

From: Adeline Hambley
Sent: Friday, August 18, 2023 4:47 PM
To: Adeline Hambley; Alison Clark; Deborah Price; Derel Glashower; Gwen Unzicker; Kris Conrad; Lisa Uganski; Marcia Mansaray; Nina Baranowski; Sandra Lake; Spencer Ballard; Tony Benjamin
Subject: FW: Budget Request
Attachments: 2023.08.18 Public Health Budget Request Information .pdf

FYI

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Administrative Health Officer
Ottawa County Dept. of Public Health
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From: Adeline Hambley
Sent: Friday, August 18, 2023 4:46 PM
To: John Gibbs <jgibbs@miottawa.org>
Subject: RE: Budget Request

Hi John,

See attached for information addressing the components requested below.

Have a wonderful weekend!

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
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Adeline Hambley

From: Adeline Hambley
Sent: Friday, August 18, 2023 4:47 PM
To: Karen Karasinski; Myra Ocasio
Subject: FW: Budget Request
Attachments: 2023.08.18 Public Health Budget Request Information .pdf

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Adeline Hambley

From: Adeline Hambley
Sent: Friday, August 18, 2023 4:47 PM
To: Doug Zylstra
Subject: FW: Budget Request
Attachments: 2023.08.18 Public Health Budget Request Information .pdf

Hi Doug,

Let me know if you have any questions.

Thank you,

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
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From: Adeline Hambley
Sent: Friday, August 18, 2023 4:46 PM
To: John Gibbs <jgibbs@miottawa.org>
Subject: RE: Budget Request

Hi John,

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616-393-5625 | miOttawa.org/health

miOttawa Department of
Public Health

PS000047

Adeline Hambley

From: Nina Baranowski
Sent: Tuesday, August 22, 2023 8:17 AM
To: Adeline Hambley; Marcia Mansaray
Subject: Egrams Contract and Project Descriptions- FY24 DRAFT
Attachments: FY24 CO Egrams Draft Contract.pdf; FY24 CO Attachment 3.pdf; FY24 Emerging Threats Draft Contract.pdf; FY24 Attachment 3 Emerging Threats.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Nina Baranowski
Public Health Financial Manager
Ottawa County | Stay informed. Subscribe
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nbaranowski@miOttawa.org | www.miOttawa.org

PS000048

Adeline Hambley

From: John Gibbs
Sent: Tuesday, August 22, 2023 12:20 PM
To: Adeline Hambley
Cc: Karen Karasinski; Jordan Epperson
Subject: FY24 Budget Request

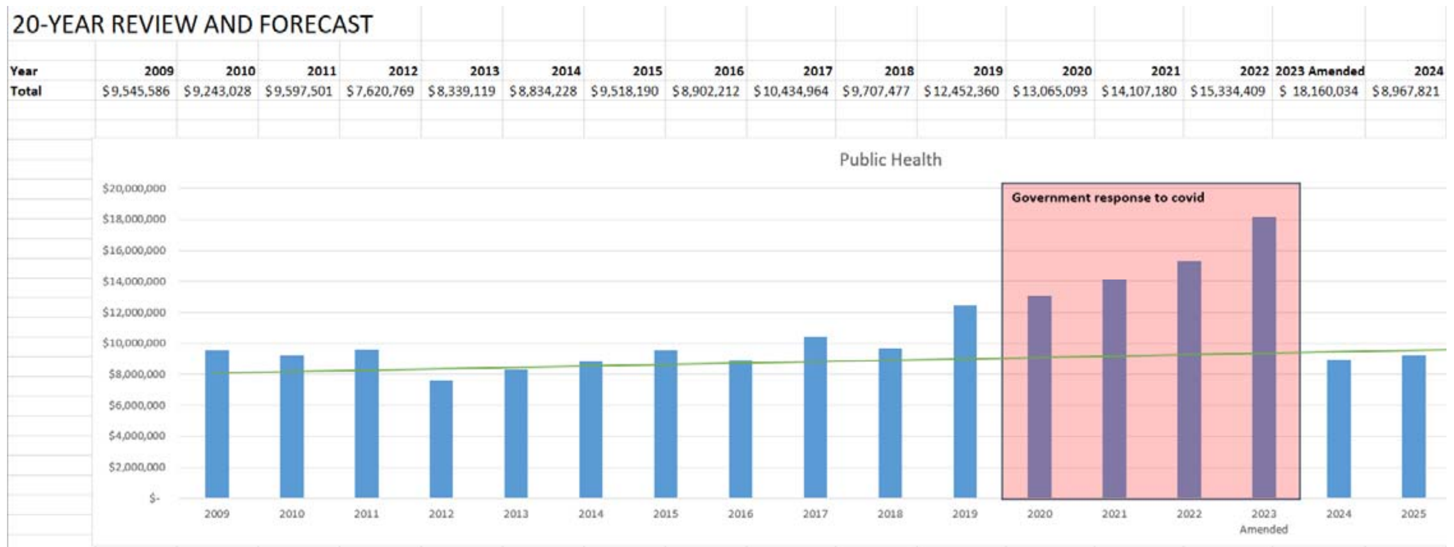
Hi Addie,

Good afternoon!

As discussed yesterday, the Finance & Administration Committee would like to see the Public Health budget in line with historical levels before COVID. Please work with Fiscal Services to work out the details of a budget using $2.5 million general fund contribution and also discontinuing all COVID-related grants.

Please send this to me by Thursday August 23 close of business.

Thank you!



20-YEAR REVIEW AND FORECAST

Year	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023 Amended	2024
Total	$9,545,586	$9,243,028	$9,597,501	$7,620,769	$8,339,119	$8,834,228	$9,518,190	$8,902,212	$10,434,964	$9,707,477	$12,452,360	$13,065,093	$14,107,180	$15,334,409	$ 18,160,034	$8,967,821

John Gibbs | *County Administrator*
12220 Fillmore Street | West Olive, Michigan 49460 | 616-738-4642

PS000049

Adeline Hambley

From: Adeline Hambley
Sent: Tuesday, August 22, 2023 12:22 PM
To: Adeline Hambley; Alison Clark; Deborah Price; Derel Glashower; Gwen Unzicker; Kris Conrad; Lisa Uganski; Marcia Mansaray; Nina Baranowski; Sandra Lake; Spencer Ballard; Tony Benjamin
Subject: FW: FY24 Budget Request

FYI

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From: John Gibbs <jgibbs@miottawa.org>
Sent: Tuesday, August 22, 2023 12:20 PM
To: Adeline Hambley <ahambley@miottawa.org>
Cc: Karen Karasinski <kkarasinski@miottawa.org>; Jordan Epperson <jepperson@miottawa.org>
Subject: FY24 Budget Request

Hi Addie,

Good afternoon!

As discussed yesterday, the Finance & Administration Committee would like to see the Public Health budget in line with historical levels before COVID. Please work with Fiscal Services to work out the details of a budget using $2.5 million general fund contribution and also discontinuing all COVID-related grants.

Please send this to me by Thursday August 23 close of business.

Thank you!

PS000050

Adeline Hambley

From: Adeline Hambley
Sent: Tuesday, August 22, 2023 4:59 PM
To: John Gibbs
Cc: Karen Karasinski; Jordan Epperson
Subject: RE: FY24 Budget Request

Hi John,

Commissioner Moss' proposal would slash Health Department funding from a $6.4 million total general fund contribution to a total of $2.5 million, a reduction of over 60%. This action brings the total operating budget for 2024 to $500,000 less than the 2009 budget, which was during the worst economic conditions the United States has experienced since The Great Depression. The demand for this reduction comes at a time when the County is experiencing significant population growth and record high property tax revenue.

Proposed budget reductions of this size will significantly impair, and likely eliminate, various public health services and the Health Department's ability to maintain public health and safety. It is ridiculous to expect that services in 2024 could be completed with a budget below 2009 funding levels. For example, as development ground to a halt during The Great Recession, only 38 evaluations were completed for vacant property to determine suitability for home construction with a septic system. In 2021, over 200 evaluations were completed, a number that has continued to grow each year, as has demand for many other Health Department services.

In addition to cutting general fund allocation, the Commission is proposing to give up a significant amount of grant money, allegedly because of various political considerations. This grant money is used for various purposes including preventing the spread of communicable disease and health risks other than COVID-19. This hurts Ottawa County taxpayers in a variety of ways and is fiscally short-sighted. These actions may necessitate large increases in fees for services that our businesses and citizens depend upon, and/or long delays for completion of services.

If the Commission moves forward with this level of budget-slashing, I believe it will be a clear act of unlawful retaliation against me for bringing a wrongful termination suit for attempting to remove me as the appointed Administrative Health Officer, and for the trial court's decision to grant me judgement on that claim. Moreover, such actions may subject the County to other legal consequences, such as the issuance of an administrative compliance order to the local governing entity by the State of Michigan for failure to demonstrate adequate provision of required services to the community.

Yesterday you explained to the Commissioners that you did not feel they could ask other departments to cut 5% in this budget cycle as the process was complex, and it was recommended an external consultant be hired to identify efficiencies without sacrificing services. However, Public Health is being asked to cut more than 10 times that in just two days. I will do my best, but you are asking me to complete a task of cutting over 60% of the budget by Thursday at 5pm. It does not appear that the information previously shared with you was reviewed by all members of the Finance and Administration Work Session Committee. This is important information for all members of the Board to review to inform their decision. If the Board wishes to hear from me on these issues I will be available.

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PS000051

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Sent: Tuesday, August 22, 2023 12:20 PM
To: Adeline Hambley <ahambley@miottawa.org>
Cc: Karen Karasinski <kkarasinski@miottawa.org>; Jordan Epperson <jepperson@miottawa.org>
Subject: FY24 Budget Request

Hi Addie,

Good afternoon!

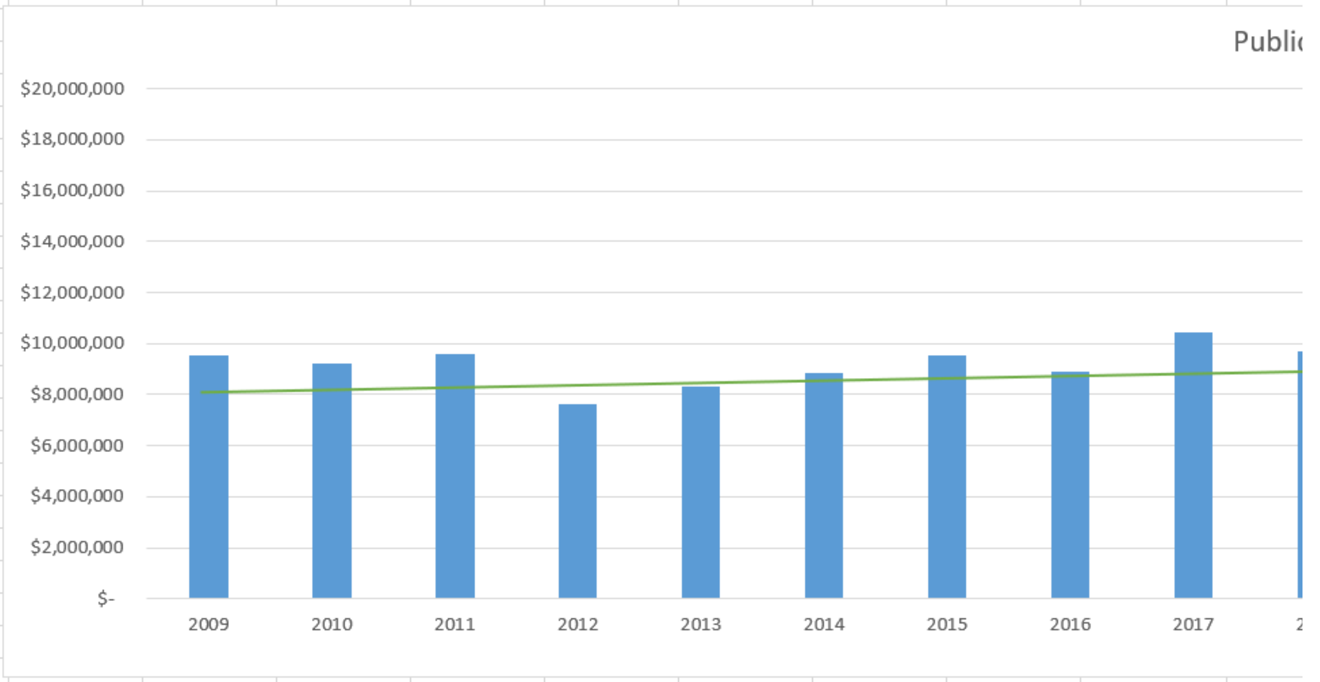
As discussed yesterday, the Finance & Administration Committee would like to see the Public Health budget in line with historical levels before COVID. Please work with Fiscal Services to work out the details of a budget using $2.5 million general fund contribution and also discontinuing all COVID-related grants.

Please send this to me by Thursday August 23 close of business.

Thank you!

20-YEAR REVIEW AND FORECAST

Year	2009	2010	2011	2012	2013	2014	2015	2016	2017	
Total	$9,545,586	$9,243,028	$9,597,501	$7,620,769	$8,339,119	$8,834,228	$9,518,190	$8,902,212	$10,434,964	$9,707



Adeline Hambley

From: Adeline Hambley
Sent: Tuesday, August 22, 2023 4:59 PM
To: Doug Zylstra
Subject: FW: FY24 Budget Request

Per your previous request regarding information shared on FY 24 budget requests.

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

miOttawa Department of
Public Health

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From: Adeline Hambley
Sent: Tuesday, August 22, 2023 4:59 PM
To: John Gibbs <jgibbs@miottawa.org>
Cc: Karen Karasinski <kkarasinski@miottawa.org>; Jordan Epperson <jepperson@miottawa.org>
Subject: RE: FY24 Budget Request

Hi John,

Commissioner Moss' proposal would slash Health Department funding from a $6.4 million total general fund contribution to a total of $2.5 million, a reduction of over 60%. This action brings the total operating budget for 2024 to $500,000 less than the 2009 budget, which was during the worst economic conditions the United States has experienced since The Great Depression. The demand for this reduction comes at a time when the County is experiencing significant population growth and record high property tax revenue.

Proposed budget reductions of this size will significantly impair, and likely eliminate, various public health services and the Health Department's ability to maintain public health and safety. It is ridiculous to expect that services in 2024 could be completed with a budget below 2009 funding levels. For example, as development ground to a halt during The Great Recession, only 38 evaluations were completed for vacant property to determine suitability for home construction with a septic system. In 2021, over 200 evaluations were completed, a number that has continued to grow each year, as has demand for many other Health Department services.

In addition to cutting general fund allocation, the Commission is proposing to give up a significant amount of grant money, allegedly because of various political considerations. This grant money is used for various purposes including preventing the spread of communicable disease and health risks other than COVID-19. This hurts Ottawa County taxpayers in a variety of ways and is fiscally short-sighted. These actions may necessitate large increases in fees for services that our businesses and citizens depend upon, and/or long delays for completion of services.

If the Commission moves forward with this level of budget-slashing, I believe it will be a clear act of unlawful retaliation against me for bringing a wrongful termination suit for attempting to remove me as the appointed Administrative Health Officer, and for the trial court's decision to grant me judgement on that claim. Moreover, such actions may subject the County to other legal consequences, such as the issuance of an administrative compliance order to the local governing entity by the State of Michigan for failure to demonstrate adequate provision of required services to the community.

Yesterday you explained to the Commissioners that you did not feel they could ask other departments to cut 5% in this budget cycle as the process was complex, and it was recommended an external consultant be hired to identify efficiencies without sacrificing services. However, Public Health is being asked to cut more than 10 times that in just two days. I will do my best, but you are asking me to complete a task of cutting over 60% of the budget by Thursday at 5pm. It does not appear that the information previously shared with you was reviewed by all members of the Finance and Administration Work Session Committee. This is important information for all members of the Board to review to inform their decision. If the Board wishes to hear from me on these issues I will be available.

Adeline Hambley, MBA, PMP, REHS
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Please send this to me by Thursday August 23 close of business.

Thank you!

PS000054

Adeline Hambley

From: Adeline Hambley
Sent: Tuesday, August 22, 2023 5:04 PM
To: Adeline Hambley; Alison Clark; Deborah Price; Derel Glashower; Gwen Unzicker; Kris Conrad; Lisa Uganski; Marcia Mansaray; Nina Baranowski; Sandra Lake; Spencer Ballard; Tony Benjamin
Subject: FW: FY24 Budget Request

FYI—feel free to share with your teams if you would like.

Adeline Hambley, **MBA, PMP, REHS**
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

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PS000055

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Please send this to me by Thursday August 23 close of business.

Thank you!

From: Alison Clark
Sent: Tuesday, August 22, 2023 8:43 PM
To: Shannon Felgner; John Gibbs
Cc: Adeline Hambley
Subject: FOX 17 Interview

John and Shannon,

Just informing you that Adeline did an interview with FOX 17 on the budget tonight.

Thank you,
Alison

Alison Clark
(she/her/hers)
Communications Specialist/Public Information Officer
12251 James Street, Suite 400 I Holland, MI 49424
Office: (616) 494-5597 I Mobile: [redacted]
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Adeline Hambley

From: John Gibbs
Sent: Wednesday, August 23, 2023 8:32 AM
To: Adeline Hambley
Cc: Karen Karasinski; Jordan Epperson
Subject: Re: FY24 Budget Request

Hi Addie,

Good morning!

Thank you for sharing the information below.

Please proceed with producing a budget with a general fund contribution as close to the below-directed level as possible, which discontinues all COVID-related grants.

Thank you!

John Gibbs | *County Administrator*
12220 Fillmore Street | West Olive, Michigan 49460 | 616-738-4642

From: Adeline Hambley <ahambley@miottawa.org>
Sent: Tuesday, August 22, 2023 4:58 PM
To: John Gibbs <jgibbs@miottawa.org>
Cc: Karen Karasinski <kkarasinski@miottawa.org>; Jordan Epperson <jepperson@miottawa.org>
Subject: RE: FY24 Budget Request

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PS000058

Adeline Hambley

From: Adeline Hambley
Sent: Wednesday, August 23, 2023 10:29 AM
To: Gwen Unzicker; Marcia Mansaray; Nina Baranowski
Subject: FW: FY24 Budget Request

FYI

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

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Thank you!

John Gibbs | *County Administrator*

Adeline Hambley

From: Alison Clark
Sent: Wednesday, August 23, 2023 7:13 PM
To: John Gibbs; Shannon Felgner
Cc: Adeline Hambley
Subject: Media Interviews

John and Shannon,

I apologize for the late delivery of this email as I was out of the office today. However, I wanted to let you know that Addie did an interview with WOOD TV 8 today. The story aired at 5 and 6 tonight. She also did an interview with Robin Erb at Bridge Michigan, but I am not aware of when/if that piece will be posted.

Thank you,
Alison

Alison Clark
(she/her/hers)
Communications Specialist/Public Information Officer
12251 James Street, Suite 400 I Holland, MI 49424
Office: (616) 494-5597 I Mobile: [redacted]
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Adeline Hambley

From: Adeline Hambley
Sent: Thursday, August 24, 2023 5:08 PM
To: John Gibbs
Cc: Karen Karasinski; Jordan Epperson
Subject: RE: FY24 Budget Request
Attachments: 2023.08.24 FY24 Budget Reduction Request Follow-up.pdf

Hi John,

Please see attached for my response to this request. In working with Fiscal Services, it is impossible to create an exact budget as the Health Department is unable to operate at this funding level. Many grants and state funding require a match or minimum funding levels from the local governing entity in order to receive funds. If the local governing entity is not able to fund mandated programs at minimum specified levels, the state funding does not get passed to the local governing entity. The state can issue an administrative compliance order for a local governing entity that does demonstrate adequate provision of required services to the community. There is no way for me to create a budget that meets Public Health Code requirements and the minimum maintenance of effort---thus no state funding would be received, and ultimately the health department would no longer be able to operate.

I am also unable to address removing from the budget "all COVID related grants" as I am unclear as to how that is being defined. There are grants that have COVID as a word in the title or description but are not related to COVID cases, reporting or vaccines. I will need a specific list from the Intergovernmental Revenue list that was provided to move forward with this request.

Again, the budget is complex with many interconnect pieces that may be better served by a conversation with Karen to meet any reduction request.

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

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Sent: Wednesday, August 23, 2023 8:32 AM
To: Adeline Hambley <ahambley@miottawa.org>
Cc: Karen Karasinski <kkarasinski@miottawa.org>; Jordan Epperson <jepperson@miottawa.org>
Subject: Re: FY24 Budget Request

Hi Addie,

PS000061

Request:

As discussed yesterday, the Finance & Administration Committee would like to see the Public Health budget in line with historical levels before COVID. Please work with Fiscal Services to work out the details of a budget using $2.5 million general fund contribution and also discontinuing all COVID-related grants.

The significant and retaliatory cuts requested on behalf of Commissioner Moss are an attempt to achieve political victory over COVID-19 at the expense of Ottawa County citizens. It is being suggested that the general fund amount of $2.5 million is bringing the budget back in line with average pre-COVID-19 funding levels. However, this cut is not returning to "historic budget levels"; at no point in the last 20 years has the total general fund allocation to Public Health been $2.5 million.

PUBLIC HEALTH GENERAL FUND BUDGETED AMOUNTS 2009 - 2020

	FY09	FY10	FY11	FY12	FY13	FY14	FY15	FY16	FY17	FY18	FY19	FY20
TOTAL GENERAL FUND	$4,298,869	$4,055,311	$3,992,341	$3,761,261	$3,648,130	$3,382,719	$3,379,710	$3,379,710	$4,489,636	$4,309,423	$4,360,714	$3,727,297
General Fund County Admin. Overhead	$510,853	$449,944	$540,854	$557,624	$616,091	$624,159	$655,857	$514,114	$544,793	$741,755	$944,201	$1,108,682
GENERAL FUND PUBLIC HEALTH OPERATIONS	$3,788,016	$3,605,367	$3,451,487	$3,203,637	$3,032,039	$2,758,560	$2,723,853	$2,865,596	$3,944,843	$3,567,668	$3,416,513	$2,618,615

Total General Fund: Total General Fund tax revenue allocated to Public Health to fund services and County Administrative Overhead (e.g. Administrator, Corporation Counsel, IT, HR, etc.)

General Fund County Admin. Overhead: Total cost to pay for support services from the County (e.g. Administrator, Corporation Counsel, IT, HR, etc.). These costs are not allowable costs for determining required maintenance of effort to minimally support public health services.

General Fund Public Health Operations: County tax revenue utilized to directly support public health services for the community.

These cuts do not save taxpayers money but serve to reduce services that the County is required to provide to protect the health and safety of the community. It strips citizens of the services they are guaranteed under the law and the rights they are granted under the Michigan Constitution. These actions are not fiscally conservative but fiscally, and legally, irresponsible.

PS000062

The proposed $2.5 million in general fund contribution is an 88% reduction in general funds available to provide services to the community. Nearly 67% of the $2.5 million is being used to fund County Administrative expenses. This does not meet the minimum maintenance of effort to provide mandated programs as is required by law.

Public Health Operational Funds Original Budget vs Commissioner Requested Budget			
	Original Budget as Submitted	Commissioner Requested Budget	% Change
Total General Fund Contribution	$6,678,063	$2,500,000	-63%
Minus CMH Millage Transfer (Pathways)	($250,000)	($250,000)	0%
Minus County Administrative Expenses (Administration, Corporate Counsel, IT, Fiscal, HR, etc.)	($1,664,989)	($1,664,989)	0%
General Fund Available for Public Health Operating Expenses	**$4,763,074**	**$585,011**	**-88%**

The request to create a budget that discontinues "all COVID-related grants" hurts Ottawa County taxpayers in a variety of ways and is fiscally short-sighted. There are grants that have COVID in the name or the description, however they are designed to cover various public health purposes including preventing the spread of communicable disease and health risks other than COVID-19. These actions may necessitate large increases in fees for services that our businesses and citizens depend upon, long delays for completion of services, or elimination of services.

Outcomes for these actions

- 88% cut in operational general funding (from $4,178,063 to $585,000).
- No federal or state funding will be received due to local governing entity requirements not being met.
- Many grant funds would not be able to be accepted due to the inability to provide a local general fund match.
- 12 mandated or community need-based programs will be eliminated by October 1, 2023, such as: Children's Special Health Care Services, Dental Sealant Program and Miles of Smiles Mobile Dental Office for school children, Maternal and Infant Health Program for pregnant moms and infants, Family Planning and Women's Health Services, Ottawa Food, Suicide Prevention Coalition, Pathways to Better Health, and others.
- Loss of public health knowledge and expertise through loss of staff and programs that will take many years and many dollars to rebuild.
- Actions may subject the County to legal consequences:
  - Issuance of an administrative compliance order to the local governing entity by the State of Michigan for failure to demonstrate adequate provision of required services to the community.
  - Unlaw retaliatory actions against the Health Officer will lead to additional claims being filed in court.
- May risk the over $15 million in state funding received by all Ottawa County departments and programs (including Veteran Affairs, Elections, Juvenile Court, Community Corrections, Sheriff's Office, Prosecuting Attorney, etc.).
  - The state legislature passed a budget that requires local governments to report any action or policy that attempts to restrict or interfere with the duties of the local health officer.

PS000063

- Funding at this level severely restricts and interferes with the duties of the health officer as are stated in law.

Scenario 1

- Running only minimum essential services and mandated public health administration**, Ottawa County Public Health would close doors in 4 weeks – by the end of October 2023**.

Scenario 2

- Applying all of the general fund available to five essential services that cannot charge fees: Hearing Screening Program, Vision Screening Program, Immunizations and Waivers Program, Sexually Transmitted Disease Testing and Treatment Program and Communicable Disease Program
    - These **essential services would be able to operate for 7 weeks, starting October 1, 2023**.
- Programs that charge fees for service would remain and fees would increase to cover full cost of operation:
    1. Food Program – Food safety inspections (restaurants, food trucks, schools, etc.), complaint inspections, outbreak investigation.
        - Fees are estimated to triple to cover cost of program. A fixed restaurant license would increase from $700 to up to $2100 per license.
    2. Onsite Wastewater/Drinking Water Program – Drinking water well permits and monitoring, sewage disposal permits for repair and new construction for homes and businesses.
        - Fees are estimated to triple to cover cost of program. A drinking water well would increase from $400 up to $1200, and a new sewage disposal permit would increase from $535 up to $1605.
    3. Real Estate Transfer Evaluations – Inspection of well and sewage disposal system inspections prior to sale of home or business to evaluate for function and safety.
        - Fees charged are estimated to double or triple to cover cost to maintain. A full real estate transfer evaluation would increase from $300 up to $900 per inspection.

Every public health program will be at risk under the unreasonable general fund budget allocation requested by Administrator Gibbs on behalf of the Board of Commissioners. While the impact of the Board of Commissioners actions may not be felt immediately, these actions will have lasting and long-term effects on individuals, business, organization, and the entire community as they risk the health of each person who lives or works in Ottawa County.

Adeline Hambley
Administrative Health Officer

PS000064

Adeline Hambley

From: Adeline Hambley
Sent: Thursday, August 24, 2023 5:11 PM
To: Adeline Hambley; Alison Clark; Deborah Price; Derel Glashower; Gwen Unzicker; Kris Conrad; Lisa Uganski; Marcia Mansaray; Nina Baranowski; Sandra Lake; Spencer Ballard; Tony Benjamin
Subject: FW: FY24 Budget Request
Attachments: 2023.08.24 FY24 Budget Reduction Request Follow-up.pdf

FYI—please let your teams know to hang in there and we are continuing to advocate for the community.

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

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Again, the budget is complex with many interconnect pieces that may be better served by a conversation with Karen to meet any reduction request.

PS000065

Adeline Hambley

From: Adeline Hambley
Sent: Thursday, August 24, 2023 5:11 PM
To: Doug Zylstra
Subject: FW: FY24 Budget Request
Attachments: 2023.08.24 FY24 Budget Reduction Request Follow-up.pdf

Hi Doug,

Per your request to keep you updated on budget requests.

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
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Adeline Hambley

From: Doug Zylstra
Sent: Thursday, August 24, 2023 5:16 PM
To: Adeline Hambley
Subject: Re: FY24 Budget Request

Thank you Adeline. I appreciate all your work to continue keeping Ottawa County residents safe.

Doug

———-

Doug Zylstra | Commissioner | District 3 | City of Holland

c 616-443-4281
dzylstra@miOttawa.org

On Aug 24, 2023, at 5:11 PM, Adeline Hambley <ahambley@miottawa.org> wrote:

Hi Doug,

Per your request to keep you updated on budget requests.

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

<image001.png>

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From: Adeline Hambley
Sent: Thursday, August 24, 2023 5:08 PM
To: John Gibbs <jgibbs@miottawa.org>
Cc: Karen Karasinski <kkarasinski@miottawa.org>; Jordan Epperson <jepperson@miottawa.org>
Subject: RE: FY24 Budget Request

Hi John,

Please see attached for my response to this request. In working with Fiscal Services, it is impossible to create an exact budget as the Health Department is unable to operate at this funding level. Many grants and state funding require a match or minimum funding levels from the local governing entity in order to

PS000067

Adeline Hambley

From:	Alison Clark
Sent:	Thursday, August 24, 2023 5:20 PM
To:	Shannon Felgner; John Gibbs
Cc:	Adeline Hambley
Subject:	WZZM 13 Interview

Hi Shannon and John,

Adeline did an interview on the budget with WZZM 13 this afternoon. It will air tonight. I expect more inquiries and will provide you a list of anything additional at the close of business tomorrow.

Thanks,
Alison

Alison Clark
(she/her/hers)
Communications Specialist/Public Information Officer
12251 James Street, Suite 400 I Holland, MI 49424
Office: (616) 494-5597

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PS000068

Adeline Hambley

From: Gretchen Cosby
Sent: Friday, August 25, 2023 3:24 PM
To: Adeline Hambley
Cc: John Gibbs
Subject: Information request for budget

Follow Up Flag: Follow up
Flag Status: Flagged

Good afternoon Adeline,

During the Budget Work Session on Monday, I requested the following information to help with budget decisions for FY2024:

1. Number of current health department programs.
2. Descriptions of the programs and services.
3. Number of residents served by the individual program.
4. Resources required- human/FTE's and supplies to provide the program.
5. Intended outcomes and current outcomes.

I am interested in learning more about your business and believe that my background as a nurse will be helpful as we plan for a healthier Ottawa County in 2024.

Thank you for your assistance.

Gretchen

Gretchen Cosby MSN, RN | *County Commissioner, District 1*
Subscribe to County News
12220 Fillmore Street | West Olive, Michigan 49460 | 616-980-7773

Ottawa County

PS000069

Adeline Hambley

From: John Gibbs
Sent: Friday, August 25, 2023 3:53 PM
To: Karen Karasinski
Cc: Adeline Hambley
Subject: Final Public Health FY2024 Budget
Attachments: 82421-packet.PDF.pdf

Hi Karen,

Good afternoon.

Please take the following action to draft Public Health's budget:

1. Set the Public Health general fund contribution to $2.5 million, and then have Public Health use a portion ($1.3 million) of their $3 million fund balance to reach $3.8 million, the average general fund contribution from 2009 to 2019. Please transfer $1.5 million of the remaining Public Health fund balance to the County's contingency fund (unless specific parameters prevent it).
2. Eliminate all COVID positions approved at the August 24, 2021 Full Board of Commissioners meeting, totaling $2,179,153. (See the attached for more info)
3. Eliminate the following COVID-19 related grants, and any general fund contribution to programs funded by these grants
   - PHEP 9 Month Grant
   - PHEP 3 Month Grant
   - PHEP to provide training for a new Public Health Emergency Preparedness Manager
   - Immunization Action Plan (Note: keep grant, remove general fund contribution)
   - Immunization ELPHS (Note: keep grant, remove general fund contribution)
   - COVID-19 SUD
   - GCD ELPHS - Disease Control
   - Contact Tracing
   - COVID Immunization
   - Reopening Schools HRA
   - NNICE Vaccine COVID-19
   - COVID Workforce Development to expand

For any additional details, please work with Nina and Kris to set the exact budget numbers within the above parameters.

Thank you,

John Gibbs | *County Administrator*
12220 Fillmore Street | West Olive, Michigan 49460 | 616-738-4642

Ottawa County
Where Freedom Rings

PS000070

Action Request

Committee:	Board of Commissioners
Meeting Date:	08/24/2021
Requesting Department:	Human Resources
Submitted By:	Marcie Ver Beek
Agenda Item:	Public Health Personnel Request

Suggested Motion:

To approve the request from Public Health to add 17 full-time, benefited positions and 25 part-time, non-benefited positions at a total cost of $2,179,153.00 to be paid for with federal and state grant funding.

Summary of Request:

The COVID-19 pandemic has created an immense demand for extra services from the Ottawa County Department of Public Health. This demand necessitates an increase in staffing to respond effectively to the ongoing COVID-19 pandemic. The Ottawa County Department of Public Health has recently received over $2,600,000 in state and federal grant funding through the Stage of Michigan Department of Health and Human Services (MDHHS). This grant funding will cover the cost of the requested positions in their entirety. The positions will end when the grant funding is eliminated.

Please see the attached page for additional justification regarding the staffing need.

Full time, benefited positions:

1. Add 1 Public Health Team Supervisor (Unclassified, pay grade U-6) at a 1.0 FTE at a cost of $102,226.
2. Add 7 Health Educators (Group T, pay grade T-13) at 1.0 FTE's at a cost of $618,488.
3. Add 1 EH Specialist (Group T, pay grade T-11) at a 1.0 FTE at a cost of $87,813.
4. Add 3 Clinic Support positions (Group T, pay grade T-6) at 1.0 FTE's at a cost of $194,405.
5. Add 1 Clinic Support/Health Technician (Group T, paygrade T-8) at a 1.0 FTE at a cost of $76,895.
6. Add 1 Communication Specialist (Unclassified, pay grade U-5A) at a 1.0 FTE at a cost of $98,481.
7. Add 2 Nurses at (Group N, Nurse pay grade) at 1.0 FTE's at a cost of $190,549.
8. Add 1 Epidemiologist (Unclassified, pay grade U-7) at a 1.0 FTE at a cost of $109,939.

Part-time, non-benefited positions:

9. Add 6 Technical Support positions (Non-benefited) at 1000 hours per year at a cost of $118,651.
10. Add 12 Health Educators (Non-benefited) at 1000 hours per year at a cost of $344,985.
11. Add 7 Nurses (Non-benefited) at 1000 hours per year at a cost of $236,715.

Financial Information:

Total Cost:	$2,179,153.00	General Fund Cost:	$0.00	Included in Budget:	☐ Yes	☑ No	☐ N/A

If not included in budget, recommended funding source:

State and federal COVID-19 Response Grant Funds

Action is Related to an Activity Which Is: ☑ Mandated ☐ Non-Mandated ☐ New Activity

Action is Related to Strategic Plan:

Goal: Goal 2: To Contribute to the Long-Term Economic, Social and Environmental Health of the County.

Goal 4: To Continually Improve the County's Organization and Services.

Objective: Goal 2, Objective 2: Consider initiatives that contribute to the social health and sustainability of the County and its' residents.

Goal 4, Objective 3: Maintain and expand investments in the human resources and talent of the organization.

Administration: ☑ Recommended ☐ Not Recommended ☐ Without Recommendation

County Administrator: Alan G. Vanderberg

Committee/Governing/Advisory Board Approval Date: 08/17/2021 Finance and Administration Committee

Justification for Ottawa County Department of Public Health Personnel Request for Fiscal Year 2022
COVID-19 Pandemic Response

The COVID-19 pandemic has created an immense demand for extra services from the Ottawa County Department of Public Health. This demand necessitates an increase in staffing to respond effectively to the ongoing COVID-19 pandemic. The Ottawa County Department of Public Health has recently received over $2,600,000 in state and federal grant funding through the Stage of Michigan Department of Health and Human Services (MDHHS). This grant funding will cover the cost of the requested positions in their entirety. The positions will end when the grant funding is eliminated.

The need for the requested positions is due to:

1. Concern that new mutations of the virus may be even stronger. The Delta variant is now the predominant strain in the US and recent lab results have shown that there are cases in Kent and Ottawa counties. Below is an excerpt from a recent correspondence received from Darryl Elmouchi, Spectrum – West Michigan President:

"This variant is over 200% more transmissible than the original variant and has been identified in our service area by the state lab. The good news about this variant is that the data (both nationally and locally) demonstrate that the vaccines are very protective against severe illness, hospitalization and death. The concern, which you are now hearing from the CDC, is that viral loads (the amount of virus seen in a person's system during infection) with the delta variant are approximately 1,000X higher than with prior variants. This, coupled with its transmissibility, has been linked to vaccinated people not only contracting COVID-19, but also more of a possibility of transmitting COVID. The biggest concern is that the vaccinated can potentially transmit infection to the unvaccinated (who in turn are at much more risk for severe illness)."

This is a smaller concern for vaccinated people and the current vaccination rate in Ottawa County is close to 60%. However, 40% of the population is still without protection. Ottawa County is currently seeing case rates increase which has recently pushed our county into the CDC category of 'substantial transmission'. Ottawa County's rate has increased from 6.2% positivity the week of July 31 to 10.2% the week of August 7. While it is not possible to predict how high this rate of transmission will go, it is important to be prepared for another significant surge.

2. Much research is going into the immunity provided by the vaccine (strength of immunity and length of time). So far, the small percentage of people with breakthrough cases (vaccinated cases) are not significantly contributing to the rate of hospitalizations or deaths. Hospitalizations and deaths continue to occur largely among the unvaccinated population. However, there is information emerging which indicates waning immunity (among immune compromised and older adults) at 6 months or following full vaccination (Pfizer). More research is needed, yet if this proves to be true, booster doses may be recommended which could again require mass vaccination clinics.

3. Schools are soon to start which brings extra challenges to the Health Department. The department has maintained a school team to work with each district on case and contact investigation, isolation/quarantine, education, and communications with school staff, parents and community members. The department has also maintained weekly superintendent meetings to guide school prevention and response activities. Additionally, the department continues with the critical

PS000072

responsibility of data collection and disease surveillance to identify outbreaks, provide transparency and quick response to ensure children are safe.

4. The Health Department continues to provide support to area businesses who have cases and/or outbreaks, communications and media relations related to COVID-19, along with weekly onsite vaccine clinics and community-based vaccine pop-up clinics. The department gives our best effort to provide timely response to complaints, questions, and general COVID-19 calls. We are committed to continuing excellent customer service to the greatest extent possible.

5. The Health Department has recently lost key staff including our Communications Specialist, Medical Director, a Community Health Supervisor and a long term Communicable Disease Nurse. The department also has an open manger position that has only remained vacant due to the lack of administrative time needed to hire, on-board and train. Staff have worked extra hours and are experiencing stress and burnout. Many of our salaried key leadership staff have also put in significant overtime hours without additional compensation.

These things will certainly continue to challenge our organization and our staff. The valued team members at the Ottawa County Department of Public Health cannot continue at the same pace as we have over the past year. Hiring and retaining additional staff to assist with COVID-19 response is critically needed to sustain our COVID operations and continue the other important work required of our department and needed by our residents, businesses, schools and other community sectors.

All positions included in this request are funded by state and federal grants. It is our understanding that additional funds are forthcoming, therefore it is highly like that our department will have additional requests at a later date.

Salary Estimates- Benefited Positions

Public Health Team Supervisor
U-6, Step 1

FTE	Wages	Benefits	TOTAL COST
1.0000	60,612.84	41,614.01	102,226.85
Total for 1 employee	**60,612.84**	**41,614.01**	**102,226.85**

Health Educator
T-13, Step 1

FTE	Wages	Benefits	TOTAL COST
1.0000	50,120.25	38,235.29	88,355.54
Total for 7 employees	**350,841.78**	**267,647.01**	**618,488.79**

EH Specialist
T-11, Step 5

FTE	Wages	Benefits	TOTAL COST
1.0000	49,710.57	38,103.37	87,813.94
Total for 1 employee	**49,710.57**	**38,103.37**	**87,813.94**

Clinic Support
T-6, Step 1

FTE	Wages	Benefits	TOTAL COST
1.0000	32,303.69	32,498.16	64,801.85
Total for 3 employees	**96,911.08**	**97,494.48**	**194,405.56**

Clinic Support/Health Technician
T-8, Step 5

FTE	Wages	Benefits	TOTAL COST
1.0000	41,451.82	35,443.96	76,895.78
Total for 1 employee	**41,451.82**	**35,443.96**	**76,895.78**

PH Communication Specialist
U-5A, Step 1

FTE	Wages	Benefits	TOTAL COST
1.0000	57,779.87	40,701.77	98,481.63
Total for 1 employee	**57,779.87**	**40,701.77**	**98,481.63**

Community Health Nurse
Group N, Step 1

FTE	Wages	Benefits	TOTAL COST
1.0000	55,354.03	39,920.62	95,274.65
Total for 2 employees	**110,708.06**	**79,841.24**	**190,549.30**

Epidemiologist
U-7, Step 1

FTE	Wages	Benefits	TOTAL COST
1.0000	66,446.81	43,492.62	109,939.43
Total for 1 employee	**66,446.81**	**43,492.62**	**109,939.43**

Total for Benefited Positions			**1,478,801.28**

Salary Estimates- Non-Benefited Positions

Technical Support
$17.85/hr

Hours	Wages	Benefits	TOTAL COST
1000	18,207.00	1,568.19	19,775.19
Total for 6 Employees	**109,242.00**	**9,409.12**	**118,651.12**

Health Educator
$25.95/hr

Hours	Wages	Benefits	TOTAL COST
1000	26,469.00	2,279.80	28,748.80
Total for 12 Employees	**317,628.00**	**27,357.62**	**344,985.62**

Nurse
$30.52/hr

Hours	Wages	Benefits	TOTAL COST
1000	31,134.79	2,681.67	33,816.46
Total for 7 Employees	**217,943.50**	**18,771.69**	**236,715.19**

Total for Non-Benefited Positions	**$700,351.93**

Adeline Hambley

From: Adeline Hambley
Sent: Friday, August 25, 2023 4:00 PM
To: Marcia Mansaray; Gwen Unzicker; Nina Baranowski
Subject: Fwd: Final Public Health FY2024 Budget
Attachments: 82421-packet.PDF.pdf

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
(616) 393-5625

From: John Gibbs <jgibbs@miottawa.org>
Sent: Friday, August 25, 2023 3:52:38 PM
To: Karen Karasinski <kkarasinski@miottawa.org>
Cc: Adeline Hambley <ahambley@miottawa.org>
Subject: Final Public Health FY2024 Budget

Hi Karen,

Good afternoon.

Please take the following action to draft Public Health's budget:

1. Set the Public Health general fund contribution to $2.5 million, and then have Public Health use a portion ($1.3 million) of their $3 million fund balance to reach $3.8 million, the average general fund contribution from 2009 to 2019. Please transfer $1.5 million of the remaining Public Health fund balance to the County's contingency fund (unless specific parameters prevent it).
2. Eliminate all COVID positions approved at the August 24, 2021 Full Board of Commissioners meeting, totaling $2,179,153. (See the attached for more info)
3. Eliminate the following COVID-19 related grants, and any general fund contribution to programs funded by these grants
    - PHEP 9 Month Grant
    - PHEP 3 Month Grant
    - PHEP to provide training for a new Public Health Emergency Preparedness Manager
    - Immunization Action Plan (Note: keep grant, remove general fund contribution)
    - Immunization ELPHS (Note: keep grant, remove general fund contribution)
    - COVID-19 SUD
    - GCD ELPHS - Disease Control
    - Contact Tracing
    - COVID Immunization
    - Reopening Schools HRA
    - NNICE Vaccine COVID-19
    - COVID Workforce Development to expand

For any additional details, please work with Nina and Kris to set the exact budget numbers within the above parameters.

Thank you,

PS000076

Adeline Hambley

From: Adeline Hambley
Sent: Friday, August 25, 2023 4:03 PM
To: Marcia Mansaray; Gwen Unzicker; Nina Baranowski
Subject: FW: Information request for budget

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

miOttawa Department of
Public Health

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From: Gretchen Cosby <gcosby@miottawa.org>
Sent: Friday, August 25, 2023 3:24 PM
To: Adeline Hambley <ahambley@miottawa.org>
Cc: John Gibbs <jgibbs@miottawa.org>
Subject: Information request for budget

Good afternoon Adeline,

During the Budget Work Session on Monday, I requested the following information to help with budget decisions for FY2024:

1. Number of current health department programs.
2. Descriptions of the programs and services.
3. Number of residents served by the individual program.
4. Resources required- human/FTE's and supplies to provide the program.
5. Intended outcomes and current outcomes.

I am interested in learning more about your business and believe that my background as a nurse will be helpful as we plan for a healthier Ottawa County in 2024.

Thank you for your assistance.

Gretchen

Gretchen Cosby MSN, RN | *County Commissioner, District 1*
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Adeline Hambley

From: Marcia Mansaray
Sent: Friday, August 25, 2023 7:01 PM
To: Adeline Hambley; Gwen Unzicker; Nina Baranowski
Subject: RE: Final Public Health FY2024 Budget

See below for your thoughts, and Nina can fill in what I don't have, or don't have right.

~Marcia

From: Adeline Hambley <ahambley@miottawa.org>
Sent: Friday, August 25, 2023 4:00 PM
To: Marcia Mansaray <mmansaray@miottawa.org>; Gwen Unzicker <gunzicker@miottawa.org>; Nina Baranowski <nbaranowski@miottawa.org>
Subject: Fwd: Final Public Health FY2024 Budget

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
(616) 393-5625

From: John Gibbs <jgibbs@miottawa.org>
Sent: Friday, August 25, 2023 3:52:38 PM
To: Karen Karasinski <kkarasinski@miottawa.org>
Cc: Adeline Hambley <ahambley@miottawa.org>
Subject: Final Public Health FY2024 Budget

Hi Karen,

Good afternoon.

Please take the following action to draft Public Health's budget: **Number 1 is still a non-starter and makes the rest of it superfluous. Not exhibiting maintenance of effort by the local governing entity since we only get to $3 million (if it is even allowable to count the $500,000 we have in fund balance again as MOE) and still have to subtract $1,664,989.**

1. Set the Public Health general fund contribution to $2.5 million, and then have Public Health use a portion ($1.3 million) of their $3 million fund balance to reach $3.8 million, the average general fund contribution from 2009 to 2019. We only have 500,000 in fund balance. The remainder are restricted funds from ARPA (the remainder need to go to another fiscal fund) and an endowment for the Pathways program. Please transfer $1.5 million of the remaining Public Health fund balance to the County's contingency fund (unless specific parameters prevent it). Would using the fund balance mean counting the same money twice for general fund operation maintenance of effort. Doesn't seem legal.
2. Eliminate all COVID positions approved at the August 24, 2021 Full Board of Commissioners meeting, totaling $2,179,153. (See the attached for more info). All of these were already backed out and not reflected in the budget we presented, except for the following: We have maybe 4-4.24 FTE total. We have 1 FTE epidemiologist (Brianna Flowers), 1 FTE Health Educator (Grace Berens), 1 FTE EH Specialist (Aaron Stauffer), 0.49 FTE Health Educator (Jessica Cooney-Davis). What is Jill Bannink-Albrecht doing?? Nina, do you have salary and fringe for these? I think we would like to keep Jessica, Grace and Aaron?

3. Eliminate the following COVID-19 related grants, and any general fund contribution to programs funded by these grants
    - PHEP 9 Month Grant – Mandated funds and mandated 1 FTE. Requires general fund 10% match plus general fund for salary and fringe needed due to wage study.
    - PHEP 3 Month Grant – See above and I believe already approved (like we're in it now)
    - PHEP to provide training for a new Public Health Emergency Preparedness Manager - Already approved by state and they are paying for and providing the training.
    - Immunization Action Plan (Note: keep grant, remove general fund contribution) - ? not sure if GF required, but I think so?
    - Immunization ELPHS (Note: keep grant, remove general fund contribution) – Mandated. General fund required.
    - COVID-19 SUD – This has nothing directly to do with COVID, but with substance use prevention, primarily for youth. Any connection to COVID would be to prevent/reduce increases in substance and opiate use that may have occurred during a portion of the pandemic
    - GCD ELPHS - Disease Control – Mandated program and funds.
    - Contact Tracing – This grant is able to defray costs of staff time and supplies for infection prevention activities, including outbreak response activities for nearly 100 reportable communicable diseases. Contact tracing is rarely needed, but it depends on the disease.
    - COVID Immunization – Mandated to control spread of COVID. We still have to stock COVID vaccines and provide to those who ask for one. If these funds not used to defray costs of staff time and supplies, then general fund must cover.
    - Reopening Schools HRA
    - NNICE Vaccine COVID-19 – Error. We don't have this grant.
    - COVID Workforce Development – defrays portion of costs of staff conferences and technology that could potentially be used for COVID

For any additional details, please work with Nina and Kris to set the exact budget numbers within the above parameters.

Thank you,

John Gibbs | *County Administrator*
12220 Fillmore Street | West Olive, Michigan 49460 | 616-738-4642

PS000079

Adeline Hambley

From: Adeline Hambley
Sent: Friday, August 25, 2023 7:01 PM
To: Gretchen Cosby
Cc: John Gibbs
Subject: RE: Information request for budget

Commissioner Cosby,

I apologize, I was unaware you had requested these items, but I am happy to work with the team to put it together and get it back to you as soon as possible. While that is being worked on, there is some information available online that provides a nice overview of services: https://www.miottawa.org/Health/pdf/About-Our-Programs.pdf

Have a wonderful weekend!

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

miOttawa Department of Public Health

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Sent: Friday, August 25, 2023 3:24 PM
To: Adeline Hambley <ahambley@miottawa.org>
Cc: John Gibbs <jgibbs@miottawa.org>
Subject: Information request for budget

Good afternoon Adeline,

During the Budget Work Session on Monday, I requested the following information to help with budget decisions for FY2024:

1. Number of current health department programs.
2. Descriptions of the programs and services.
3. Number of residents served by the individual program.
4. Resources required- human/FTE's and supplies to provide the program.
5. Intended outcomes and current outcomes.

I am interested in learning more about your business and believe that my background as a nurse will be helpful as we plan for a healthier Ottawa County in 2024.

Adeline Hambley

From: Adeline Hambley
Sent: Friday, August 25, 2023 7:02 PM
To: Adeline Hambley; Alison Clark; Deborah Price; Derel Glashower; Gwen Unzicker; Kris Conrad; Lisa Uganski; Marcia Mansaray; Nina Baranowski; Sandra Lake; Spencer Ballard; Tony Benjamin
Subject: FW: Information request for budget

Please take a look at the information requested. We can meet next week and assign some tasks.

Thanks everyone!

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

miOttawa Department of
Public Health

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Sent: Friday, August 25, 2023 3:24 PM
To: Adeline Hambley <ahambley@miottawa.org>
Cc: John Gibbs <jgibbs@miottawa.org>
Subject: Information request for budget

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I am interested in learning more about your business and believe that my background as a nurse will be helpful as we plan for a healthier Ottawa County in 2024.

Thank you for your assistance.

Gretchen

PS000081

Adeline Hambley

From: Nina Baranowski
Sent: Friday, August 25, 2023 11:41 PM
To: Marcia Mansaray; Adeline Hambley; Gwen Unzicker
Subject: RE: Final Public Health FY2024 Budget
Attachments: Fund 221 Budget Summary (1).pdf; Fed, State, Local Grant Revenue.xlsx

Please see additional notes in blue below and attached.

From: Marcia Mansaray <mmansaray@miottawa.org>
Sent: Friday, August 25, 2023 7:01 PM
To: Adeline Hambley <ahambley@miottawa.org>; Gwen Unzicker <gunzicker@miottawa.org>; Nina Baranowski <nbaranowski@miottawa.org>
Subject: RE: Final Public Health FY2024 Budget

See below for your thoughts, and Nina can fill in what I don't have, or don't have right.

~Marcia

From: Adeline Hambley <ahambley@miottawa.org>
Sent: Friday, August 25, 2023 4:00 PM
To: Marcia Mansaray <mmansaray@miottawa.org>; Gwen Unzicker <gunzicker@miottawa.org>; Nina Baranowski <nbaranowski@miottawa.org>
Subject: Fwd: Final Public Health FY2024 Budget

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
(616) 393-5625

From: John Gibbs <jgibbs@miottawa.org>
Sent: Friday, August 25, 2023 3:52:38 PM
To: Karen Karasinski <kkarasinski@miottawa.org>
Cc: Adeline Hambley <ahambley@miottawa.org>
Subject: Final Public Health FY2024 Budget

Hi Karen,

Good afternoon.

Please take the following action to draft Public Health's budget: **Number 1 is still a non-starter and makes the rest of it superfluous. Not exhibiting maintenance of effort by the local governing entity since we only get to $3 million (if it is even allowable to count the $500,000 we have in fund balance again as MOE) and still have to subtract $1,664,989.**

1. Set the Public Health general fund contribution to $2.5 million, and then have Public Health use a portion ($1.3 million) of their $3 million fund balance to reach $3.8 million, the average general fund contribution from 2009 to 2019. We only have **$671,750** in **remaining** fund balance **that can be used**. The remainder are restricted funds from ARPA (the remainder need to go to another fiscal fund) and an endowment for the Pathways

PS000082

program. Please transfer $1.5 million of the remaining Public Health fund balance to the County's contingency fund (unless specific parameters prevent it). Would using the fund balance mean counting the same money twice for general fund operation maintenance of effort. Doesn't seem legal. **I sent an email to the SOM for clarification on this**.

- **Attached is our Fund Budget Summary which shows our ending fund balance for amended FY23 and FY24 (as things are currently budgeted). We already budgeted to use $722,606 in unrestricted fund balance in FY24, we only have $671,750 remaining (that has not already been budgeted).**
- **Of the $3,046,360 FY23 Projected Fund Balance, End of Year, $1,652,004 remains restricted.**

A	B	C
	2023 Amended Budget	
Fund Balance, Beginning of Year	3,401,599	
Projected Fund Balance, End of Year	**3,046,360**	
	(554,122)	Restricted Fund Balance, Pathways
	(1,097,882)	Restricted Fund Balance, ARPA CBR Project
	(1,394,356)	Unrestricted Fund Balance, PH
	-	
	2024 Recommend Budget	
Fund Balance, Beginning of Year	3,046,360	
Projected Fund Balance, End of Year	**2,174,438**	
	(482,047)	Restricted Fund Balance, Pathways
	(1,020,641)	Restricted Fund Balance, ARPA CBR Project
	(671,750)	Unrestricted, Public Health
	-	

2. Eliminate all COVID positions approved at the August 24, 2021 Full Board of Commissioners meeting, totaling $2,179,153. (See the attached for more info). All of these were already backed out and not reflected in the budget we presented, except for the following: We have maybe 4-4.24 FTE total. We have 1 FTE epidemiologist (Brianna Flowers), 1 FTE Health Educator (Grace Berens), 1 FTE EH Specialist (Aaron Stauffer), 0.49 FTE Health Educator (Jessica Cooney-Davis). What is Jill Bannink-Albrecht doing?? Nina, do you have salary and fringe for these? I think we would like to keep Jessica, Grace and Aaron?

The following employees are budgeted to work in the COVID grants, other positions may have imported as vacant.

AARON D. STAUFFER Employee No. 6173- 1 FTE $84,547
WILLIAM (Damien) REED Employee No. 6244 Health Educator .6 FTE $62,230
JESSICA L. COONEY-DAVIS- Employee No. 6202- .48 FTE
JILL E. BANNINK-ALBRECHT. Employee No. 4674- .48 FTE $28,000
BRIANNA M. FLOWERS Employee No. 6392- 1 FTE $106,712
Grace Berens, Employee No. 6254- 1 FTE $81,329

In addition, we have $34,367 .5FTE of Selica Becerra salary that would need to be moved back to the clinic ORG.

3. Eliminate the following COVID-19 related grants, and any general fund contribution to programs funded by these grants
    - PHEP 9 Month Grant – Mandated funds and mandated 1 FTE. Requires general fund 10% match plus general fund for salary and fringe needed due to wage study.

PS000083

- PHEP 3 Month Grant – See above and I believe already approved (like we're in it now)
- PHEP to provide training for a new Public Health Emergency Preparedness Manager - Already approved by state and they are paying for and providing the training.
    a. **PHEP has a 10% match requirement, which equals $15,963 in FY24. However, the ORG currently has $57,185 in general fund contribution/fund balance budgeted to it, of which $22,669 is CAP.**
    b. **The PHEP ORG currently has $159,628 budgeted in grant funding.**
- Immunization Action Plan (Note: keep grant, remove general fund contribution) - ? not sure if GF required, but I think so?
    a. **The IAP grant has no general fund contribution. This grant is used to offset the expense in the immunization program.**
- Immunization ELPHS (Note: keep grant, remove general fund contribution) – Mandated. General fund required.
    a. There is a 35.06% Cost Based Reimbursement local match requirement. A CBR local match is considered any source of funding that is NOT federal. For us to meet the 35.06% CBR local match requirement, which is $510,300. The general fund is currently budgeted to contribute $204,279 towards the $510,300 CBR match. The SOM grants count towards our CBR requirement.
    b. Sent an email to the SOM to clarify if we would be allowed to accept this grant without an MOE general fund contribution.
- COVID-19 SUD – This has nothing directly to do with COVID, but with substance use prevention, primarily for youth. Any connection to COVID would be to prevent/reduce increases in substance and opiate use that may have occurred during a portion of the pandemic. **That is correct, this grant comes from LRE. We just received our FY24 grant notification, this grant was reduced to $10,000 in FY24. FY23 grant was $45,873, which is what was budgeted for FY24. This amount would be reduced down to $10,000 if the grant is approved.**
- GCD ELPHS - Disease Control – Mandated program and funds.
    a. The CD program (ORG) has $888,606 in budgeted general fund/fund balance.
    b. There is a 35.06% Cost Based Reimbursement local match requirement. A CBR local match is considered any source of funding that is NOT federal. The CBR local match for this ORG is $459,763. The general fund current match requirement is $151,757. If the GCD ELPHS grant ($220,368) is NOT accepted, our local match requirement would increase $220,368.
    c. Sent an email to the SOM to clarify if this decision would jeopardize our other ELPHS funding or other MDHHS grant funding.
    d. This is a MOE grant, which has a general fund match requirement.
- Contact Tracing – This grant is able to defray costs of staff time and supplies for infection prevention activities, including outbreak response activities for nearly 100 reportable communicable diseases. Contact tracing is rarely needed, but it depends on the disease. **This grant is budgeted to cover at least $204,731 in indirect/CAP expense.**
- COVID Immunization – Mandated to control spread of COVID. We still have to stock COVID vaccines and provide to those who ask for one. If these funds not used to defray costs of staff time and supplies, then general fund must cover. **This grant was budgeted to cover $101,190 in indirect/CAP expense.**
- Reopening Schools HRA- **$345,213 grant**
- NNICE Vaccine COVID-19 – Error. We don't have this grant. **We may want to clarify with Sandra which $25,000 grant is not going through next year. We have two $25,000 grants, I thought it was the SDOH grant (ORG 22129563) that we choose not to accept in FY24. But maybe it was the NNICS Vaccine Equity $25,000?!**
    a. NNICE Vaccine Grant (National Network to Innovate for COVID-19 and Adult Vaccine Equity) Agency: Community Foundation of Holland/Zeeland (CFHZ) $25,000
    b. SDOH Planning (Social Determinants of Health) Agency: MDHHS $25,000

PS000084

- COVID Workforce Development – defrays portion of costs of staff conferences and technology that could potentially be used for COVID. **We did not budget indirect here, however, we would charge indirect to this grant if salary was charged.**

I attached a list of all our grant revenue and highlighted the ones identified above in the attached spreadsheet.

For any additional details, please work with Nina and Kris to set the exact budget numbers within the above parameters.

Thank you,

John Gibbs | *County Administrator*
12220 Fillmore Street | West Olive, Michigan 49460 | 616-738-4642

Ottawa County
Where Freedom Rings

PS000085

County of Ottawa
Public Health (221)
Special Revenue Fund
Budget Summary
Budget Year Ending September 30, 2024

This fund is used to account for monies received from Federal, State, and local grants and County appropriations. These monies are utilized in providing a variety of health related services to County residents.

	2022 Actuals	2023 Adopted Budget	2023 Amended Budget	2024 Recommended Budget	Adopted Increase/ (Decrease)
Revenues					
Taxes	-	-	-	-	-
Intergovernmental Revenue	7,084,253	4,125,562	7,492,833	7,379,480	3,253,918
Charges for Services	643,276	736,890	736,890	743,960	7,070
Fines & Forfeits	11,195	14,600	14,600	16,125	1,525
Interest on Investments	-	-	-	-	-
Rent	-	-	-	-	-
Licenses & Permits	1,058,251	1,044,870	1,044,870	1,025,985	(18,885)
Other Revenue	380,771	364,776	616,733	662,603	297,827
Operating Transfers In	6,156,663	6,678,063	8,254,108	6,678,063	-
Total Revenues	15,334,409	12,964,761	18,160,034	16,506,216	3,541,455
Expenditures					
Salaries & Wages	7,034,473	6,670,136	7,910,143	7,324,203	654,067
Benefits	4,005,805	4,010,690	4,722,632	4,255,840	245,150
Supplies	959,042	975,401	1,514,523	1,842,441	867,040
Contracted Services	1,389,359	559,127	1,129,456	1,050,977	491,850
Operating Expenses	547,977	644,899	676,127	702,365	57,466
Maintenance & Repair	20,091	21,465	24,315	24,000	2,535
Utilities	135,048	156,360	156,360	135,695	(20,665)
Insurance	251,520	343,730	343,730	377,628	33,898
Indirect Expense	1,303,385	1,868,019	2,013,887	1,664,989	(203,030)
Contribution to Component Units	-	-	-	-	-
Capital Outlay	6,030	9,000	24,100	-	(9,000)
Debt Service	-	-	-	-	-
Operating Transfers Out	-	-	-	-	-
Total Expenditures	15,652,730	15,258,827	18,515,272	17,378,138	2,119,311
Revenues Over (Under) Expenditures	(318,321)	(2,294,066)	(355,239)	(871,922)	(1,422,144)
Fund Balance, Beginning of Year		3,401,599	3,401,599	3,046,360	
Projected Fund Balance, End of Year		1,107,533	3,046,360	2,174,438	

-

PS000086

Adeline Hambley

From:	Nina Baranowski
Sent:	Saturday, August 26, 2023 12:06 AM
To:	Adeline Hambley; Alison Clark; Deborah Price; Derel Glashower; Gwen Unzicker; Kris Conrad; Lisa Uganski; Marcia Mansaray; Sandra Lake; Spencer Ballard; Tony Benjamin
Subject:	RE: Information request for budget
Attachments:	PH Position By Program.pdf

Hi- You may want to use the attached document to answer #4 “Resources required- human/FTE’s” by program. This document was already provided at our 6/19/23 budget meeting with administration, it’s attached to the meeting invite.

Thanks,

Nina

From: Adeline Hambley <ahambley@miottawa.org>
Sent: Friday, August 25, 2023 7:02 PM
To: Adeline Hambley <ahambley@miottawa.org>; Alison Clark <aclark@miottawa.org>; Deborah Price <dprice@miottawa.org>; Derel Glashower <dglashower@miottawa.org>; Gwen Unzicker <gunzicker@miottawa.org>; Kris Conrad <kconrad@miottawa.org>; Lisa Uganski <luganski@miottawa.org>; Marcia Mansaray <mmansaray@miottawa.org>; Nina Baranowski <nbaranowski@miottawa.org>; Sandra Lake <slake@miottawa.org>; Spencer Ballard <sballard@miottawa.org>; Tony Benjamin <tbenjamin@miottawa.org>
Subject: FW: Information request for budget

Please take a look at the information requested. We can meet next week and assign some tasks.

Thanks everyone!

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

miOttawa Department of
Public Health

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From: Gretchen Cosby <gcosby@miottawa.org>
Sent: Friday, August 25, 2023 3:24 PM
To: Adeline Hambley <ahambley@miottawa.org>
C bc: John Gibbs <jgibbs@miottawa.org>
Subject: Information request for budget

Good afternoon Adeline,

During the Budget Work Session on Monday, I requested the following information to help with budget decisions for FY2024:

1. Number of current health department programs.
2. Descriptions of the programs and services.
3. Number of residents served by the individual program.
4. Resources required- human/FTE's and supplies to provide the program.
5. Intended outcomes and current outcomes.

I am interested in learning more about your business and believe that my background as a nurse will be helpful as we plan for a healthier Ottawa County in 2024.

Thank you for your assistance.

Gretchen

Gretchen Cosby MSN, RN | *County Commissioner, District 1*
Subscribe to County News
12220 Fillmore Street | West Olive, Michigan 49460 | 616-980-7773

Ottawa County

PS000088

Fund 2210- Public Health Positions

Cost Center #	Cost Center	Position Title	FY24 FTE	Vacant	Intergovernmental Revenue	Charges for Services	Fines & Forfeits	Licences & Permits	Other Revenue	Operating Transfer In
22106010	Administration	Administrative Assistant	1	No	***					
22106010	Administration	Public Health Finance Manager	1	No	***					
22106010	Administration	Business Analyst	1	No	***					
22106010	Administration	Custodian	0.10	No	***					
22106010	Administration	Deputy Health Administrator	1	No	***					
22106010	Administration	Epidemiologist	2	No	***					
22106010	Administration	Health Administrative Specialist	0.20	No	***					
22106010	Administration	Medical Director	1	No	***					
22106010	Administration	Public Health Communications Specialist	1	No	***					
22106010	Administration	Public Health Officer	1	No	***					
22106010	Administration	Senior Epidemiologist	1	No	***					
22106010	Administration	Budget/Audit Analyst	1	No	***					
		Total for Admin Division	**11.30**							

*****Positions are allocated across all programs, there is no direct funding.**

Cost Center #	Cost Center	Position Title	FY24 FTE	Vacant	Intergovernmental Revenue	Charges for Services	Fines & Forfeits	Licences & Permits	Other Revenue	Operating Transfer In
22106011	Public Health Preparedness	Public Health Preparedness Coordinator	1	No	72%	0%	0%	0%	0%	28%
		Total for PHEP Division	**1**							

Cost Center #	Cost Center	Position Title	FY24 FTE	Vacant	Intergovernmental Revenue	Charges for Services	Fines & Forfeits	Licences & Permits	Other Revenue	Operating Transfer In
22106021	Food Services	EH Specialist	2.80	No	15%	3%	1%	36%	1%	44%
22106021	Food Services	Senior Environmental Health Specialist	4	No	15%	3%	1%	36%	1%	44%
22106021	Food Services	EH Team Supervisor	1	No	15%	3%	1%	36%	1%	44%
22106022	Type 2	Senior Environmental Health Specialist	1	No	83%	0%	0%	1%	0%	16%
22106025	EH Admin	EH Technical Support Clerk	1	No	***					
22106025, 22725250	EH Admin	EH Clerk	1.80	No	***					
22106025, 22725250	EH Admin	EH Manager	1	No	***					
22106020	Field Services	EH Specialist	1	No	20%	18%	0%	25%	0%	37%
22106024	Real Estate	EH Technician	3	No	20%	18%	0%	25%	0%	37%
22106027, 22106020, 22106024	Onsite, Field, Real Estate	EH Team Supervisor	1	No	20%	18%	0%	25%	0%	37%
22106027, 22106020	Onsite, Field	EH Specialist	2	No	20%	18%	0%	25%	0%	37%
22106027, 22106020	Onsite, Field	EH Technician	1.00	No	20%	18%	0%	25%	0%	37%
22106027, 22106020	Onsite, Field	Senior Environmental Health Specialist	3.00	No	20%	18%	0%	25%	0%	37%
		Total for EH Division	**23.50**							

*****Positions are allocated across all EH programs, there is no direct funding.**

Cost Center #	Cost Center	Position Title	FY24 FTE	Vacant	Intergovernmental Revenue	Charges for Services	Fines & Forfeits	Licences & Permits	Other Revenue	Operating Transfer In
22106030, 22106031	Hearing & Vision	Hearing & Vision Tech	5	No	45%	0%	0%	0%	0%	55%
22106030, 22106031	Hearing & Vision	CSHCS/HV Clerk	1	No	45%	0%	0%	0%	0%	55%
22106035	Pathways	Nurse Supervisor	1	No	0%	19%	0%	0%	7%	74%
22106035	Pathways	Community Health Worker	8	1 FTE Vacant	0%	19%	0%	0%	7%	74%
22106050	Childrens Special Health Care	Community Health Nurse	2.50	No	52%	0%	0%	0%	0%	48%
22106050	Childrens Special Health Care	CSHCS Clerk	1	No	52%	0%	0%	0%	0%	48%
22106050	Childrens Special Health Care	CSHCS Representative	1	No	52%	0%	0%	0%	0%	48%
22106050	Childrens Special Health Care	Public Health Team Supervisor	1	No	52%	0%	0%	0%	0%	48%
22106053	Maternal Infant Health Program	Community Services Manager	1	No	26%	0%	0%	0%	0%	74%
22106053	Maternal Infant Health Program	Community Health Clerk	1	No	26%	0%	0%	0%	0%	74%
22106053	Maternal Infant Health Program	Community Health Nurse	3.20	No	26%	0%	0%	0%	0%	74%
22106053	Maternal Infant Health Program	Maternal and Infant Health Clerk	1	No	26%	0%	0%	0%	0%	74%
22106053	Maternal Infant Health Program	Nutritionist	0.50	No	26%	0%	0%	0%	0%	74%
22106053	Maternal Infant Health Program	Public Health Social Worker	2	No	26%	0%	0%	0%	0%	74%
22106053	Maternal Infant Health Program	Public Health Team Supervisor	1	No	26%	0%	0%	0%	0%	74%
		Total for Community Services Division	**30.20**							

Fund 2210- Public Health Positions

Cost Center #	Cost Center	Position Title	FY24 FTE	Vacant	Intergovernmental Revenue	Charges for Services	Fines & Forfeits	Licences & Permits	Other Revenue	Operating Transfer In
22106041	Clinic Admin	Office Supervisor/Clinical Support	1	No	***					
22106041	Clinic Admin	Clinic Health Manager	1	1 FTE Vacant	***					
22106041	Clinic Admin	Clinic Support	8	No	***					
22106042	Family Planning	Nurse Practitioner	1.30	.6 FTE Vacant	39%	4%	0%	0%	0%	57%
22106042	Family Planning	Medical Assistant	1.0	No	39%	4%	0%	0%	0%	57%
22106042	Family Planning	Community Health Nurse	4.20	1 FTE Vacant	39%	4%	0%	0%	0%	57%
22106042	Family Planning	Health Technician	0.80	No	39%	4%	0%	0%	0%	57%
22106042, 22106055	Family Planning, Sexual Transmitted Diseases	Nurse Practioner Supervisor	1.0	No	39%	4%	0%	0%	0%	57%
22106055	Sexually Transmitted Disea	Health Educator	0.91	.8 FTE Vacant	39%	4%	0%	0%	0%	57%
22106044	Immunization	Community Health Nurse	3.20	No	75%	8%	0%	0%	0%	17%
22106044	Immunization	Health Technician	1	No	75%	8%	0%	0%	0%	17%
22106044	Immunization	Public Health Team Supervisor	1	No	75%	8%	0%	0%	0%	17%
22106059	Communicable Disease	Nurse Practioner Supervisor	4	No	26%	0%	0%	0%	7%	68%
22106059	Communicable Disease	Public Health Team Supervisor	1	No	26%	0%	0%	0%	7%	68%
		Total for Clinic Division	**29.41**							

*****Positions are allocated across all patient care programs, there is no direct funding.**

Cost Center #	Cost Center	Position Title	FY24 FTE	Vacant	Intergovernmental Revenue	Charges for Services	Fines & Forfeits	Licences & Permits	Other Revenue	Operating Transfer In
22106043, 22106046	Seal, Oral Health Kindergarden Assessment	Dental Health Coordinator	0.80	No	87%	3%	0%	0%	0%	10%
22106045	Miles of Smiles	Dental Assistant Clinic Manager	0.80	No	14%	1%	0%	0%	1%	84%
22106045	Miles of Smiles	Dental Hygienist Manager	0.80	No	14%	1%	0%	0%	1%	84%
22106045	Miles of Smiles	Oral Health Team Supervisor	1.0	No	14%	1%	0%	0%	1%	84%
22106310, 22106048, 22106051	Health Education, Substan	Health Educator	2.57	No	5%	4%	0%	0%	8%	83%
22106310	Health Education	Health Promotion Clerk	1	No	5%	4%	0%	0%	8%	83%
22106310	Health Education	Health Promotion Manager	1	No	5%	4%	0%	0%	8%	83%
22106310	Health Education	Health Promotion Team Supervisor	1	No	5%	4%	0%	0%	8%	83%
		Total for Health Promotion Division	**8.97**							

Cost Center #	Cost Center	Position Title	FY24 FTE	Vacant	Intergovernmental Revenue	Charges for Services	Fines & Forfeits	Licences & Permits	Other Revenue	Operating Transfer In
22106082, 22106091	Contact Tracing, Testing, Infection Prevention, COVID Immunization	Clinic Support	4	4 FTE Vacant	100%	0%	0%	0%	0%	0%
22106082, 22106091	Contact Tracing, Testing, Infection Prevention, COVID Immunization	Community Health Nurse	2	2 FTE Vacant	100%	0%	0%	0%	0%	0%
22106082, 22106091	Contact Tracing, Testing, Infection Prevention, COVID Immunization	EH Specialist	1	No	100%	0%	0%	0%	0%	0%
22106082, 22106091	Contact Tracing, Testing, Infection Prevention, COVID Immunization	Health Educator	7	4.4 FTE Vacant	100%	0%	0%	0%	0%	0%
22106082, 22106091	Contact Tracing, Testing, Infection Prevention, COVID Immunization	Epidemiologist	1	No	100%	0%	0%	0%	0%	0%
22106082, 22106091	Contact Tracing, Testing, Infection Prevention, COVID Immunization	Health Technician	1	No	100%	0%	0%	0%	0%	0%
22106082, 22106091	Contact Tracing, Testing, Infection Prevention, COVID Immunization	Public Health Communications Specialist	1	1 FTE Vacant	100%	0%	0%	0%	0%	0%
22106082, 22106091	Contact Tracing, Testing, Infection Prevention, COVID Immunization	Public Health Team Supervisor	1	1 FTE Vacant	100%	0%	0%	0%	0%	0%
		Total for Emerging Threats Division	**18.00**							

TOTAL FTE **122.38**

Adeline Hambley

From: Nina Baranowski
Sent: Saturday, August 26, 2023 1:27 PM
To: Adeline Hambley; Marcia Mansaray; Gwen Unzicker
Subject: Org Detail Attached->Final Public Health FY2024 Budget
Attachments: Fund 221 FY24 Budget By ORG.xlsx

Attached is a spreadsheet that shows revenue and expense per ORG (program). I created separate tabs for Imms, CD, PHEP, IAP.

From: Nina Baranowski
Sent: Friday, August 25, 2023 11:41 PM
To: Marcia Mansaray <mmansaray@miottawa.org>; Adeline Hambley <ahambley@miottawa.org>; Gwen Unzicker <gunzicker@miottawa.org>
Subject: RE: Final Public Health FY2024 Budget

Please see additional notes in blue below and attached.

From: Marcia Mansaray <mmansaray@miottawa.org>
Sent: Friday, August 25, 2023 7:01 PM
To: Adeline Hambley <ahambley@miottawa.org>; Gwen Unzicker <gunzicker@miottawa.org>; Nina Baranowski <nbaranowski@miottawa.org>
Subject: RE: Final Public Health FY2024 Budget

See below for your thoughts, and Nina can fill in what I don't have, or don't have right.

~Marcia

From: Adeline Hambley <ahambley@miottawa.org>
Sent: Friday, August 25, 2023 4:00 PM
To: Marcia Mansaray <mmansaray@miottawa.org>; Gwen Unzicker <gunzicker@miottawa.org>; Nina Baranowski <nbaranowski@miottawa.org>
Subject: Fwd: Final Public Health FY2024 Budget

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
(616) 393-5625

From: John Gibbs <jgibbs@miottawa.org>
Sent: Friday, August 25, 2023 3:52:38 PM
To: Karen Karasinski <kkarasinski@miottawa.org>
Cc: Adeline Hambley <ahambley@miottawa.org>
Subject: Final Public Health FY2024 Budget

Hi Karen,

PS000091

Adeline Hambley

From:	Gretchen Cosby
Sent:	Saturday, August 26, 2023 3:57 PM
To:	Adeline Hambley
Cc:	John Gibbs
Subject:	Re: Information request for budget

Thank you Adeline, I appreciate your quick response and the link.

Gretchen Cosby

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From: Adeline Hambley <ahambley@miottawa.org>
Sent: Friday, August 25, 2023 7:01:20 PM
To: Gretchen Cosby <gcosby@miottawa.org>
Cc: John Gibbs <jgibbs@miottawa.org>
Subject: RE: Information request for budget

Commissioner Cosby,

I apologize, I was unaware you had requested these items, but I am happy to work with the team to put it together and get it back to you as soon as possible. While that is being worked on, there is some information available online that provides a nice overview of services: https://www.miottawa.org/Health/pdf/About-Our-Programs.pdf

Have a wonderful weekend!

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

miOttawa Department of
Public Health

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From: Gretchen Cosby <gcosby@miottawa.org>
Sent: Friday, August 25, 2023 3:24 PM
To: Adeline Hambley <ahambley@miottawa.org>
Cc: John Gibbs <jgibbs@miottawa.org>
Subject: Information request for budget

Good afternoon Adeline,

Adeline Hambley

From: Marcia Mansaray
Sent: Sunday, August 27, 2023 11:19 PM
To: Nina Baranowski; Adeline Hambley; Gwen Unzicker
Subject: RE: Final Public Health FY2024 Budget

Nina, why are the annual budgets for Public Health in 2022, 2023 and 2024 different in the "All Funds Comparative Analysis" versus the "221 Public Health Budget Summary" since both give annual budgets for 2022, 2023 and 2024? Which one is correct for me to use to illustrate that COVID-19 grant awards are inflating 2024 and not included in 2022 and 2023, with the result that 2024 is level to lower than the 2 prior years shown?

Is this table accurate or should I use the numbers in the second table?

*All funds comparative analysis expenses numbers

	2022 Budget Actuals	2023 Adopted Budget	2024 Requested Budget
Baseline Amount	$17,186,299	$18,331,148	$19,454,161
COVID Grants	NA	NA	$2,258,643
Adjusted Amount	**$17,186,299.13**	**$18,331,148.77**	**$17,195,518.00**

*221 public health budget summary expenditures numbers

	2022 Budget Actuals	2023 Adopted Budget	2024 Requested Budget
Baseline Amount	$15,334,409	$15,258,827	$17,377,794
COVID Grants	NA	NA	$2,258,643
Adjusted Amount	$15,334,409	$15,258,827	**$15,119,151**

~Marcia

From: Nina Baranowski <nbaranowski@miottawa.org>
Sent: Friday, August 25, 2023 11:41 PM
To: Marcia Mansaray <mmansaray@miottawa.org>; Adeline Hambley <ahambley@miottawa.org>; Gwen Unzicker <gunzicker@miottawa.org>
Subject: RE: Final Public Health FY2024 Budget

Please see additional notes in blue below and attached.

From: Marcia Mansaray <mmansaray@miottawa.org>
Sent: Friday, August 25, 2023 7:01 PM
To: Adeline Hambley <ahambley@miottawa.org>; Gwen Unzicker <gunzicker@miottawa.org>; Nina Baranowski <nbaranowski@miottawa.org>
Subject: RE: Final Public Health FY2024 Budget

See below for your thoughts, and Nina can fill in what I don't have, or don't have right.

~Marcia

From: Adeline Hambley <ahambley@miottawa.org>
Sent: Friday, August 25, 2023 4:00 PM

Adeline Hambley

From: Marcia Mansaray
Sent: Monday, August 28, 2023 5:42 AM
To: Adeline Hambley; Nina Baranowski; Gwen Unzicker
Subject: Response to Gibbs' Friday Request
Attachments: DRAFT FY 24 PH Budget - Response to 8.25.23 Request JGibbs.docx

It took me all night! Too slow when I'm sleepy.

Nina, I think you may be able to help us run some number and create tables that give an alternative budget that still meets all of our requirements. I think we need a realistic estimate of what the general fund contribution much be to provide our required services and then create a second list of programs that don't fit in the first and give an itemized amount of how much each would cost to keep ow what would be the savings if eliminated.

Addie, I didn't bring up Title X or any other services not listed.

I may sleep for a couple hours and then come into the office to help.

Marcia Mansaray, MSc
Deputy Health Officer
12251 James Street, Suite 400 I Holland, MI 49424
Office: (616) 494-5598

miOttawa Department of
Public Health

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PS000094

Adeline Hambley

From: Deborah Price
Sent: Monday, August 28, 2023 9:03 AM
To: Nina Baranowski; Adeline Hambley; Gwen Unzicker; Kris Conrad; Marcia Mansaray
Subject: RE: Information request for budget

Hi Nina,
Wondering if it might be important to update this before it is sent in support of the current request?

- It shows Clinic Health Manager as vacant. I believe we see me as 50-50 for that and FP/STD Nurse Practitioner Supervisor.
- Per Tonya, Clinic Support is 7.0. That includes allocation of one post to Selica starting October 1.
- Communicable Disease shows 4 Nurse Practitioner Supervisors. I believe that should say 4 Community Health Nurses.
- We re-allocated part of the FP nurse capacity to STD.

Best, Debbie

From: Nina Baranowski <nbaranowski@miottawa.org>
Sent: Saturday, August 26, 2023 12:06 AM
To: Adeline Hambley <ahambley@miottawa.org>; Alison Clark <aclark@miottawa.org>; Deborah Price <dprice@miottawa.org>; Derel Glashower <dglashower@miottawa.org>; Gwen Unzicker <gunzicker@miottawa.org>; Kris Conrad <kconrad@miottawa.org>; Lisa Uganski <luganski@miottawa.org>; Marcia Mansaray <mmansaray@miottawa.org>; Sandra Lake <slake@miottawa.org>; Spencer Ballard <sballard@miottawa.org>; Tony Benjamin <tbenjamin@miottawa.org>
Subject: RE: Information request for budget

Hi- You may want to use the attached document to answer #4 "Resources required- human/FTE's" by program. This document was already provided at our 6/19/23 budget meeting with administration, it's attached to the meeting invite.

Thanks,

Nina

From: Adeline Hambley <ahambley@miottawa.org>
Sent: Friday, August 25, 2023 7:02 PM
To: Adeline Hambley <ahambley@miottawa.org>; Alison Clark <aclark@miottawa.org>; Deborah Price <dprice@miottawa.org>; Derel Glashower <dglashower@miottawa.org>; Gwen Unzicker <gunzicker@miottawa.org>; Kris Conrad <kconrad@miottawa.org>; Lisa Uganski <luganski@miottawa.org>; Marcia Mansaray <mmansaray@miottawa.org>; Nina Baranowski <nbaranowski@miottawa.org>; Sandra Lake <slake@miottawa.org>; Spencer Ballard <sballard@miottawa.org>; Tony Benjamin <tbenjamin@miottawa.org>
Subject: FW: Information request for budget

Please take a look at the information requested. We can meet next week and assign some tasks.

Thanks everyone!

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer

PS000095

Adeline Hambley

From: Nina Baranowski
Sent: Monday, August 28, 2023 10:41 AM
To: Marcia Mansaray; Adeline Hambley; Gwen Unzicker
Subject: Re: Final Public Health FY2024 Budget

Use the "221 Public Health Budget Summary" adopted budget for all 3 years.

The overall analysis is counting Med Exam, Kims Org and Landfill org (Pats org) and well as PHs Fund. It'd all the work that PH does.

Sent via the Samsung Galaxy S21 5G, an AT&T 5G smartphone
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From: Marcia Mansaray <mmansaray@miottawa.org>
Sent: Sunday, August 27, 2023 11:19:21 PM
To: Nina Baranowski <nbaranowski@miottawa.org>; Adeline Hambley <ahambley@miottawa.org>; Gwen Unzicker <gunzicker@miottawa.org>
Subject: RE: Final Public Health FY2024 Budget

Nina, why are the annual budgets for Public Health in 2022, 2023 and 2024 different in the "All Funds Comparative Analysis" versus the "221 Public Health Budget Summary" since both give annual budgets for 2022, 2023 and 2024? Which one is correct for me to use to illustrate that COVID-19 grant awards are inflating 2024 and not included in 2022 and 2023, with the result that 2024 is level to lower than the 2 prior years shown?

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~Marcia

From: Nina Baranowski <nbaranowski@miottawa.org>
Sent: Friday, August 25, 2023 11:41 PM
To: Marcia Mansaray <mmansaray@miottawa.org>; Adeline Hambley <ahambley@miottawa.org>; Gwen Unzicker

PS000096

Adeline Hambley

From: Gwen Unzicker
Sent: Monday, August 28, 2023 11:02 AM
To: Marcia Mansaray; Adeline Hambley; Nina Baranowski
Subject: RE: Response to Gibbs' Friday Request
Attachments: DRAFT FY 24 PH Budget - Response to 8.25.23 Request JGibbs GU edits.docx

Importance: High

I made some proposed changes w/ track changes on – I'll also print it out for easier reading/marking up.

Gwen Unzicker MD
Medical Director
Ottawa County Department of Public Health
Office: 616-494-5548

From: Marcia Mansaray <mmansaray@miottawa.org>
Sent: Monday, August 28, 2023 5:42 AM
To: Adeline Hambley <ahambley@miottawa.org>; Nina Baranowski <nbaranowski@miottawa.org>; Gwen Unzicker <gunzicker@miottawa.org>
Subject: Response to Gibbs' Friday Request

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I may sleep for a couple hours and then come into the office to help.

Marcia Mansaray, MSc
Deputy Health Officer
12251 James Street, Suite 400 I Holland, MI 49424
Office: (616) 494-5598

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Adeline Hambley

From: Ottawa County, Michigan <miOttawa@public.govdelivery.com>
Sent: Monday, August 28, 2023 2:23 PM
To: Adeline Hambley
Subject: County sets fiscally responsible budget for public health

August 28, 2023

For Immediate Release

County sets fiscally responsible budget for public health

Ottawa County is committed to providing excellent services to children, individuals, and families through the work of the Department of Public Health (DPH). In line with fiscal responsibility and making the most of taxpayer dollars, the County is requiring that the general fund contribution to DPH's budget return to average pre-COVID levels. This is a process all American families and businesses are going through, and it will not result in the discontinuation of any mandated services, and especially not the closure of the Public Health Department.

Such claims are disingenuous and being made in bad faith for political purposes. For the Director of Public Health to attempt to influence the budget process through media theatrics, instead of good faith conversations with the County Administrator and the Board of Commissioners, is totally inappropriate and unprofessional.

Facts:

- Claims being made by the Department of Public Health, such as that the department will be forced to close its doors, or to cut essential mandated services, are patently false, bad faith, and disingenuous fear-mongering tactics. This approach represents a continued pattern of insubordinate and unprofessional behavior out of the Department of Public Health.
- The Department of Public Health has not provided a budget based on the parameters requested by the Administrator and the Board, despite being asked multiple times. Yet the

PS000098

department has nonetheless found the time to spin a highly politicized, fictitious, fear-based narrative to the media and the unsuspecting public.

- The Department of Public Health, like all American families and businesses, is being required to set its budget to pre-COVID levels. Such a requirement has nothing to do with politics, but basic common sense and fiscal responsibility.
- The COVID pandemic is over. It is incumbent upon leaders to ensure that funding, staffing, and programs which were designated for that purpose, are wound down.
- The County will not stand for any attempts by the Department of Public Health to cut essential programs unnecessarily, for political spectacle or media theatrics. The families who are served by the Department of Public Health deserve better, and will not be political pawns.

By the Numbers:

- The average general fund contribution for the Department of Public Health in the years preceding COVID was $3.8 million per year.
- The FY24 DPH budget will include a $2.5 million general fund contribution, plus a contribution from DPH's fund balance, to come as close to the historic $3.8 million general fund contribution figure as possible.
- The general fund contribution amount requested by DPH for FY24 was $6.7 million, a stunning 72% increase from the last pre-COVID year, which was $3.9 million. This large increase far outstrips County population growth and inflation over that period. The County is simply asking for this number to return to normal levels. (see graph below)
- DPH's total personnel is more than one third larger than the last pre-COVID year, jumping from around 90, to more than 120 currently, only a few short years later. This 33% increase in personnel is far higher than the rate of inflation or population growth of Ottawa County.

As we work to finalize the budget, adjustments may be made based on additional information. The County will continue to work through the details of the budget process, with or without assistance from Public Health Department leaders. The final budget decisions will be voted on by the Board of Commissioners following a public hearing that provides an opportunity for public comment.

We remain committed to ensuring the Public Health Department meets the needs of the community, serving our children, families, and individuals with excellence while ensuring fiscal responsibility to the taxpayers of Ottawa County.

PS000099

Media Contacts:

John Gibbs, County Administrator

Joe Moss, Ottawa County Board of Commissioners Chairman

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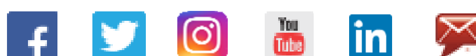
Ottawa County | 12220 Fillmore Street | West Olive | Michigan | 49460 | 616-738-4000 | Contact Us



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PS000100

Adeline Hambley

From: Adeline Hambley
Sent: Monday, August 28, 2023 5:46 PM
To: John Gibbs; Karen Karasinski
Subject: RE: Final Public Health FY2024 Budget
Attachments: 2023.08.28 FY 24 PH Budget - Response to 8.25.23 Request JGibbs.pdf

Hi John,

Thank you for cc'ing me on the request you sent Friday afternoon to Karen for changes to the Public Health FY 2024 budget. It is important for both Fiscal Services and Public Health to work together on your new request for budget amendments, since there are program details that Karen will need from Public Health to attempt to do what you have asked: suggest configurations of the Health Department budget which could still comply with the Public Health Code and with state and federal funding requirements.

Unfortunately, in my view, your request to Karen on Friday afternoon is still asking her to do the impossible. I have been working this weekend and so far today to answer Karen's questions while she is on her vacation. My understanding is that you have now asked her for different information, and so we are now pivoting to help her with those new requests. We will continue to try our best to help Karen with these new requests as of today at 5pm.

However, as a general matter, the information attached will be useful to you to keep in the background.

Sincerely,

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

miOttawa Department of
Public Health

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From: John Gibbs <jgibbs@miottawa.org>
Sent: Friday, August 25, 2023 3:53 PM
To: Karen Karasinski <kkarasinski@miottawa.org>
Cc: Adeline Hambley <ahambley@miottawa.org>
Subject: Final Public Health FY2024 Budget

Hi Karen,

Good afternoon.

Please take the following action to draft Public Health's budget:

PS000101

1. Set the Public Health general fund contribution to $2.5 million, and then have Public Health use a portion ($1.3 million) of their $3 million fund balance to reach $3.8 million, the average general fund contribution from 2009 to 2019. Please transfer $1.5 million of the remaining Public Health fund balance to the County's contingency fund (unless specific parameters prevent it).
2. Eliminate all COVID positions approved at the August 24, 2021 Full Board of Commissioners meeting, totaling $2,179,153. (See the attached for more info)
3. Eliminate the following COVID-19 related grants, and any general fund contribution to programs funded by these grants
    - PHEP 9 Month Grant
    - PHEP 3 Month Grant
    - PHEP to provide training for a new Public Health Emergency Preparedness Manager
    - Immunization Action Plan (Note: keep grant, remove general fund contribution)
    - Immunization ELPHS (Note: keep grant, remove general fund contribution)
    - COVID-19 SUD
    - GCD ELPHS - Disease Control
    - Contact Tracing
    - COVID Immunization
    - Reopening Schools HRA
    - NNICE Vaccine COVID-19
    - COVID Workforce Development to expand

For any additional details, please work with Nina and Kris to set the exact budget numbers within the above parameters.

Thank you,

John Gibbs | *County Administrator*
12220 Fillmore Street | West Olive, Michigan 49460 | 616-738-4642

PS000102

Your August 25, 2023, email request sent at 3:52 PM states:

Hi Karen,

Good afternoon.

Please take the following action to draft Public Health's budget:

1. *Set the Public Health general fund contribution to $2.5 million, and then have Public Health use a portion ($1.3 million) of their $3 million fund balance to reach $3.8 million, the average general fund contribution from 2009 to 2019. Please transfer $1.5 million of the remaining Public Health fund balance to the County's contingency fund (unless specific parameters prevent it).*
2. *Eliminate all COVID positions approved at the August 24, 2021 Full Board of Commissioners meeting, totaling $2,179,153. (See the attached for more info)*
3. *Eliminate the following COVID-19 related grants, and any general fund contribution to programs funded by these grants*
   - *PHEP 9 Month Grant*
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   - *Immunization Action Plan (Note: keep grant, remove general fund contribution)*
   - *Immunization ELPHS (Note: keep grant, remove general fund contribution)*
   - *COVID-19 SUD*
   - *GCD ELPHS - Disease Control*
   - *Contact Tracing*
   - *COVID Immunization*
   - *Reopening Schools HRA*
   - *NNICE Vaccine COVID-19*
   - *COVID Workforce Development to expand*

For any additional details, please work with Nina and Kris to set the exact budget numbers within the above parameters.

Since there have been several budget requests over the past week and a half and a lot of information provided to you from the Public Health and Fiscal Services departments already, it may be helpful to review some of what has already been communicated between January 2023 and today before addressing the points in your email.

The department budgets you are recommending to the Board of Commissioners have been presented and discussed numerous times during creation and planning, as well as publicly.

- November 2022 – January 2023: review of actuals for fiscal year 2022 and setting budget targets for fiscal year 2024
- Numerous presentations on health department programs and services to board of commissioners through annual report, Health and Human Services Committee meetings, grant presentations and via email. Multiple offers extended to meet and discuss programs more in-depth.
- Budget calendar followed with planning occurring up to entry into financial system in May.
- June 19, 2024: budget presentation with County Administrator, Fiscal Services, Public Health, and Commissioner Sylvia Rhodea
- Finance and Administration Committee and the Finance and Administration Committee's special budget work sessions
  - August 1, 2023, August 10, 2023, and August 21, 2023
- Board of Commissioner's meetings

PS000103

- August 8, 2023

- August 17, 2023: first request to set budget for general fund contribution "to pre-COVID levels, adjust for inflation" (2019 general fund of $4.5 million specifically mentioned) and exclude all COVID grants and provide by August 18, 2023
- August 21, 2023: first discussion at Finance and Administration Committee budget work session to significantly reduce budget as presented
- August 22, 2023: email received with direction to a budget in two days with a reduced general fund contribution of $2.5 million and removal of all COVID-related grants funding
- August 22, 2023: additional information provided to Administrator Gibbs by Public Health to explain the various limitations of funding and providing a detailed historical perspective of funding, inflation, and population growth
- August 23, 2023: directive to produce a budget with general fund as close to $2.5 million as possible and discontinue all COVID-related grants by August 24, 2023
- August 24, 2023: additional clarification and information provided by Public Health as to the outcomes of funding at this level
- August 25, 2023: request to Karen (Fiscal Services) with the request as shown earlier in document
- August 28, 2023: meeting with Fiscal Services to review request after Karen was able to meet with you and discuss

PS000104

As already mentioned multiple times during budget presentations to you and to the commissioners, the requested FY 2024 Public Health budget isn't directly comparable to the 2022 and 2023 budgets as shown because the COVID-19 grants awarded to support local response and recovery came later in the budget process compared to 2024. Therefore, FY 2022 and FY 2023 adopted budgets appear smaller than the requested FY 2024 budget as the grant awards are included, where previously they were not. The two tables below help to compare Public Health budget amounts from 2022 to 2024 without COVID-19-related grants.

Table 1. COVID Grants that Inflate Perceived Difference Between 2024 and Prior Years 2023 & 2022*

2024 COVID-19-Related Grant	Amount
Epi Lab Capacity Infection Prevention	$1,246,340.00
Immunization	$359, 090.00
Reopening Schools HRA	$308,000.00
Workforce Development	$345,213.00
TOTAL	**$2,258,643.00**

*Statistics from the August 10, 2023, Special Work Session, Finance and Administration packet.

As was discussed at the budget review meeting with Administration, Fiscal Services, Public Health, and Commissioner Rhodea on June 19, 2024, when COVID-19 grants are removed, the Public Health requested budget for FY 2024 is level or lower than the prior two years' baseline budgets. The FY 2024 budget is not inflated by COVID-19 spending, but primarily by inflation of the dollar and increases in costs as seen in every other Ottawa County department.

Table 2. Equivalent Comparison of 2022, 2023 and 2024 Public Health Budget without COVID Grants*

	2022 Budget Actuals	2023 Adopted Budget	2024 Requested Budget
Baseline Amount	$15,652,730	$15,258,827	$17,378,138
- COVID Grants	NA	NA	- $2,258,643
Adjusted Amount	**$15,653,730**	**$15,258,827**	**$15,119,496**

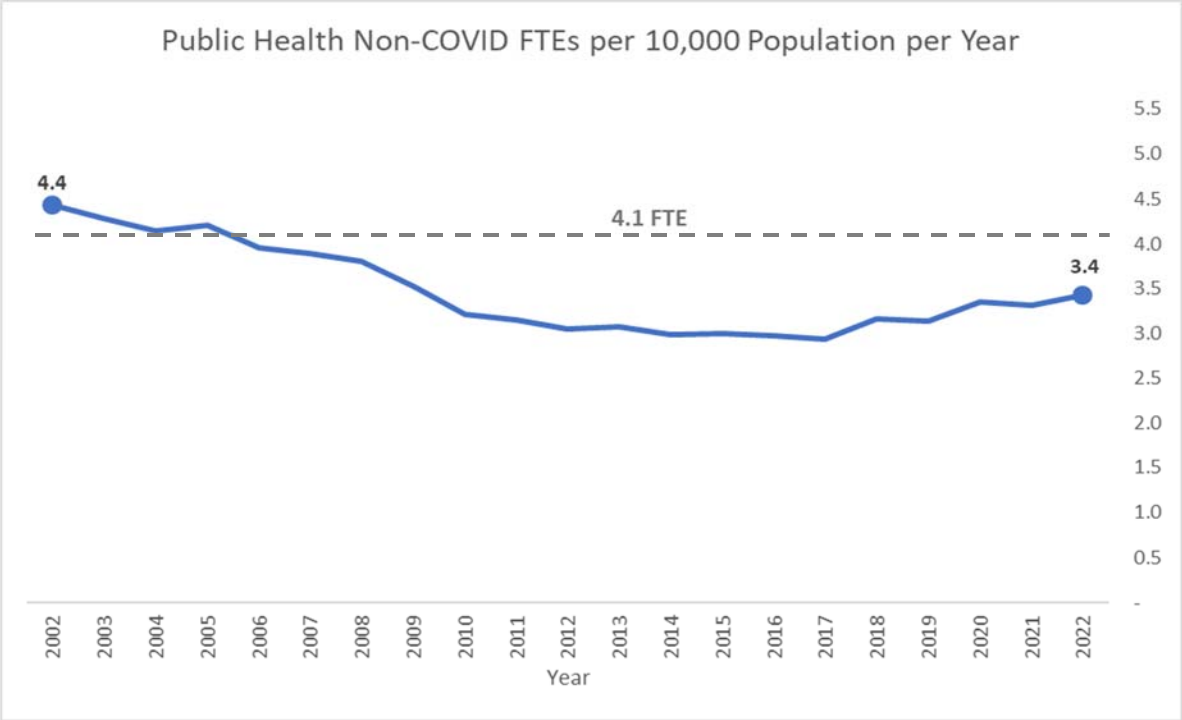
*Statistics from the Public Health (221) Special Revenue Fund Budget Summary, Finance and Administration packet.

While your proposed FY 2024 budget for all County departments combined is up 5%-6% compared to FY 2023, Public Health identified efficiencies before presenting our budget to you in June. As a result, we came to you without a baseline increase in our budget for two consecutive years. As noted by you and the Board, this is effectively a 5%-6% reduction and meets the Board's goal for all departments to achieve in the FY 2025 budget process – a difficult feat in any year, but even more so over two years with of inflation.

> *"In 2022, inflation reached some of the highest levels seen since 1981, hitting 9.1% in the middle of 2022 in the wake of the COVID-19 pandemic."*
>
> *U.S. Bureau of Labor Statistics*

Of course, there are factors to consider which cause budget increases to deliver services to the community that are unrelated to COVID-19. It may help you as you advise the Board to have a historical understanding of Public Health staffing levels and how they compare to the average of medium-sized local health departments in the United States. Figure 1 shows non-COVID staffing rates for Public Health from 2002 to 2022. The dashed gray line indicates the U.S. average since 2016. Ottawa has been under that level since 2006.

Figure 1. Ottawa County, as a medium-sized county, has been consistently staffed below the U.S. average local health department staffing level per 10,000 population*



*2019 National Profile of Local Health Departments (LHDs) Study.

PS000106

Besides inflationary pressures driving up costs of operation, population increases also drive increases in services. As the fastest growing county in Michigan, our population has grown by over 40,000 people since 2009.

Figure 2. Communicable diseases have increased year-over-year, more than doubling since 2009

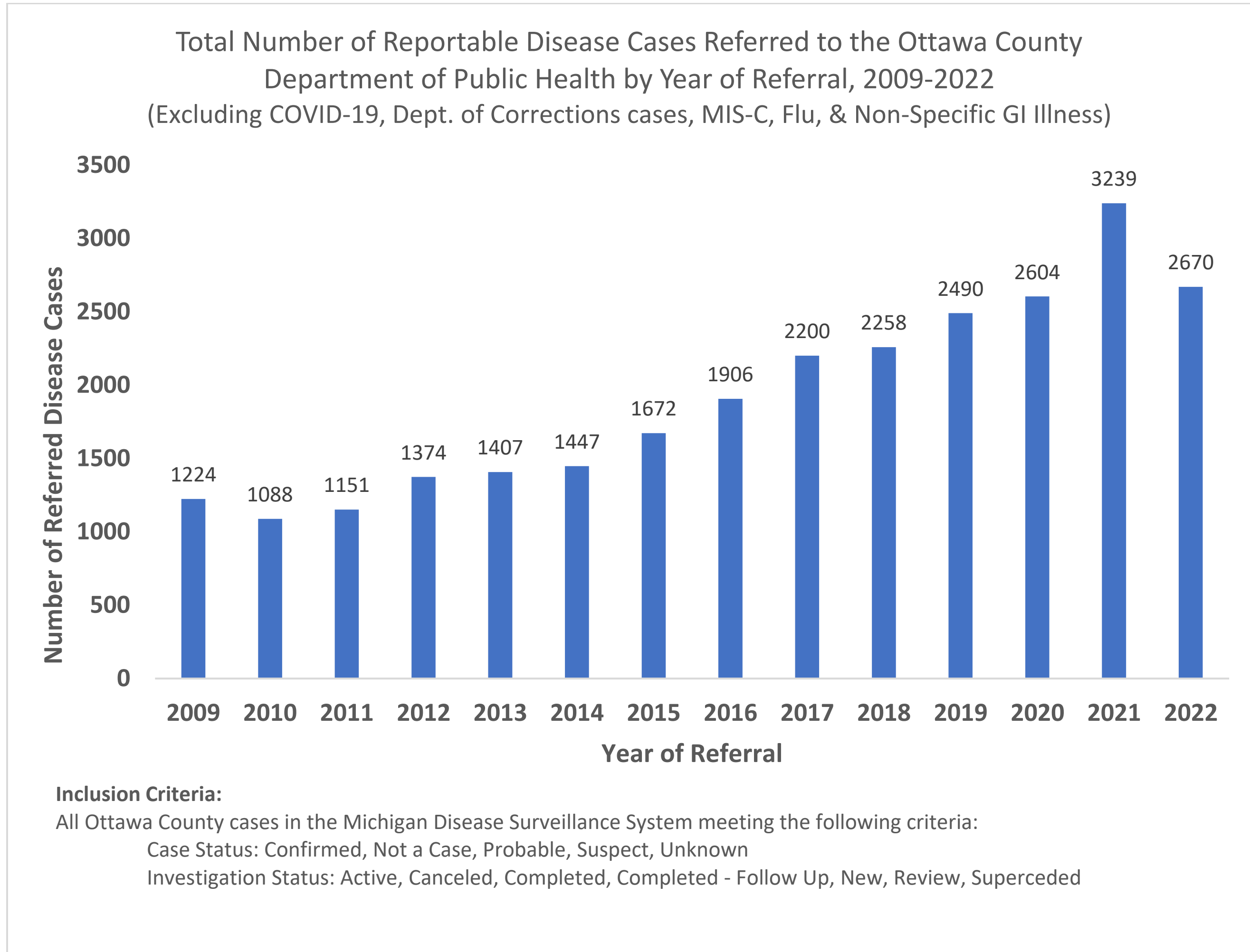
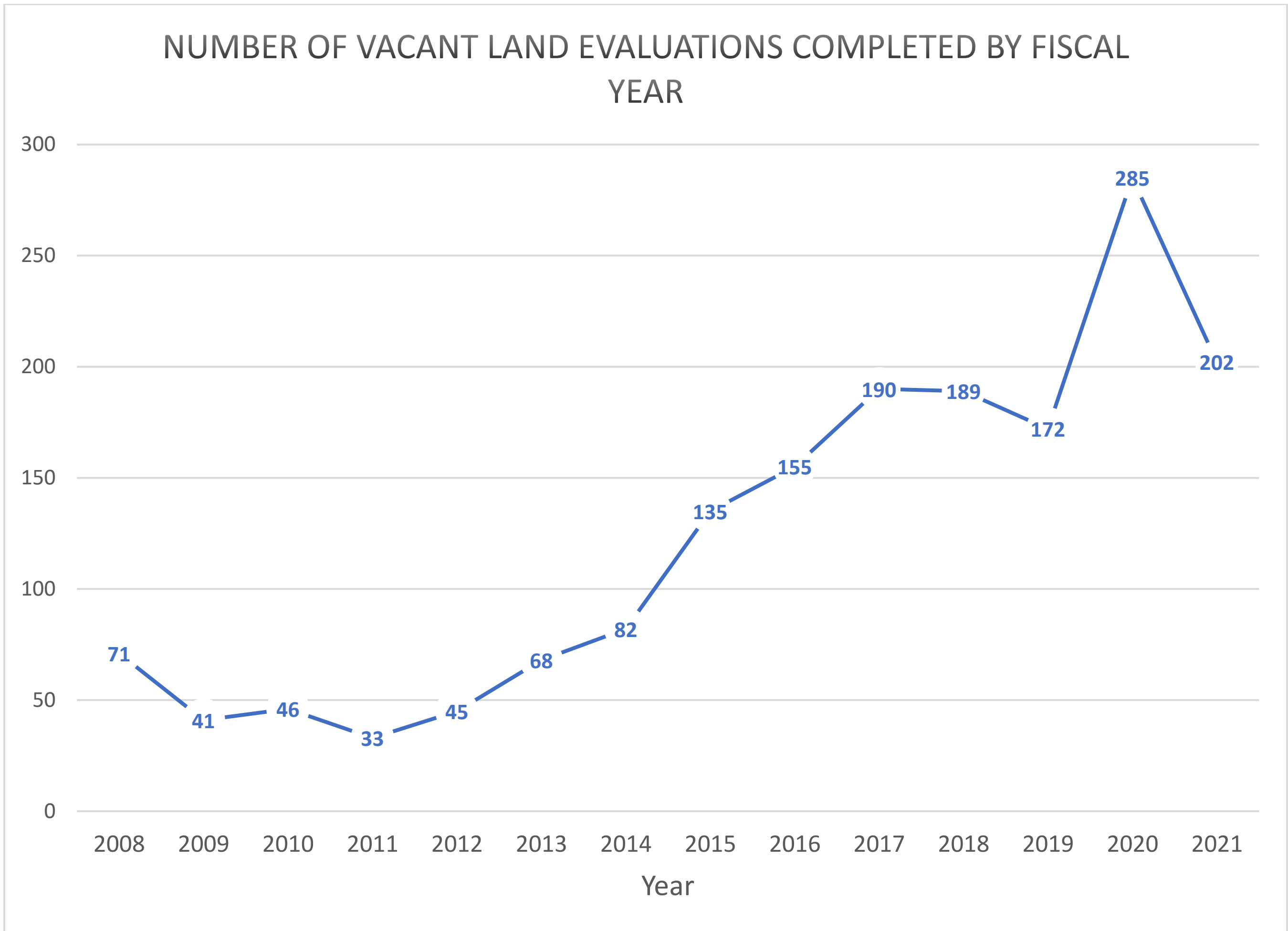


Figure 3. Vacant Land Evaluations have increased significantly since The Great Recession, and is a great indicator for population growth and overall increase in service requests



PS000108

Request 1: *Set the Public Health general fund contribution to $2.5 million, and then have Public Health use a portion ($1.3 million) of their $3 million fund balance to reach $3.8 million, the average general fund contribution from 2009 to 2019. Please transfer $1.5 million of the remaining Public Health fund balance to the County's contingency fund (unless specific parameters prevent it).*

Response: The local governing entity, i.e., County Administration, must exhibit the maintenance of effort (MOE) in relation to funding the essential health and safety services that protect public health in Ottawa County. This amount cannot include the indirect expenses for county central services (administrator, corporate counsel, IT, etc.) when being calculated. The initial request to create a budget of $2.5 million total general fund would not meet this maintenance of effort as required, thus per the state Omnibus budget:

20 Sec. 1222. (1) Funds appropriated in part 1 for essential
21 local public health services shall be prospectively allocated to
22 local health departments to support immunizations, infectious
23 disease control, sexually transmitted disease control and
24 prevention, hearing screening, vision services, food protection,
25 public water supply, private groundwater supply, and on-site sewage
26 management. Food protection shall be provided in consultation with
27 the department of agriculture and rural development. Public water
28 supply, private groundwater supply, and on-site sewage management
29 shall be provided in consultation with the department of

TDR 01109'23 CR-1 s_04014_06282023

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1 environment, Great Lakes, and energy.
2 (2) Distributions in subsection (1) shall be made only to
3 counties that maintain local spending in the current fiscal year of
4 at least the amount expended in fiscal year 1992-1993 for the
5 services described in subsection (1).

PS000109

As explained in my response on August 24, 2023, that a total general fund contribution of $2.5 million falls significantly short of the maintenance of effort (MOE) needed to operate all mandated essential public health services at a minimally serviceable level, let alone meet the general fund needs for other required or desirable services that Ottawa County residents have relied on and have contributed to a comparatively healthy, thriving community in the past.

- Remember that for any general fund contribution to satisfy MOE, it cannot count the portion of general funds needed to pay for indirect expenses paid by County Administration for central services (administrator, corporate counsel, IT, etc.). In this case, that amount is $1,664,989.
- Public Health does not have a $3 million fund balance.
    - Public Health's fund balance at the beginning of the FY 2024 budget process is $3,046,360
    - Of the fund balance
        - $554,565 is an endowment for the Pathways to Better Health program, and are restricted funds.
        - $1,097,882 is the unused portion of an ARPA awarded project to reimburse the expected shortfall of Medicaid cost-based reimbursement payments in 2023 and 2024 due to reduced clinical services during the pandemic. These funds are restricted for Public Health use specific to this purpose. Changes in use would need to be made by vote of the Board of Commissioners.

OCDPH MEDICAID REIMBURSEMENTS | $1,507,178

WHO: Ottawa County Department of Public Health (OCDPH)

NEED/IMPACT: OCDPH assists underserved and under-represented adults, children and families with a variety of health-related services. Normally the OCDPH receives reimbursements for providing these services from the state Medicaid Cost Based (CBR) fund.

However, CBR payments are two years behind because of the pandemic. Because of the reduction in services caused by the pandemic, OCDPH is poised to lose $1.5 million in revenue over the next two fiscal years.

With these ARPA funds, OCDPH will be able to ensure essential health services continue and avoid cuts.

Contract fully executed?*

N/A

** No contract, through County department*

Funds distributed?

Yes ✓ *(funds transferred to Health Fund)*

No

        - Remaining fund balance of $1,394,356 is unrestricted, however of note, $722,606 was already in the FY24 budget as originally proposed.

PS000110

Table 3. The Original Budget Provides Adequate General Fund to Maintain Services Without Delays or Higher Fees and Operate Lawfully

Health Operation Funds Original Budget vs. Commissioner Requested Budget			
	Original Budget as Submitted	**Commissioner Requested Budget**	**% Change**
Total General Fund Contribution	$6,678,063	$3,800,000	**-43%**
Minus County Administrative Expenses (Administration, Corporate Counsel, IT, Fiscal, HR, etc.)	($1,664,989)	($1,664,989)	0%
General Fund Available for Public Health Operations & MOE	**$4,763,989**	**$2,135,011**	**-55%**

Does not include $250,000 CMH Millage Transfer (Pathways)

PS000111

The MOE for Public Health is based on a calculation from Fiscal Year 1993. At that time the total general fund provided was $2,958,616, of which $2,039,774 when to public health operations to provide services to the community.

OTTAWA COUNTY
COST SHARING BASE YEAR MAINTENANCE OF EFFORT CALCULATION
FOR THE FISCAL YEAR 10/01/92 THROUGH 09/30/93

		LOCAL FISCAL PERIOD #1 10/01/92 TO 09/30/93	LOCAL FISCAL PERIOD #2 TO
1	General Fund Expenditures (From County Annual Report)	2,958,616	
LESS:			
2	County Central Service Cost Allocation Plan expenditures INCLUDED in item #1 above:	12,038 144,476	
3	Reallocations included in item #1 above Animal Control	55,467	
4	Fees collected for Health Department services that are returned to the Health Department through item #1 above		
5	Other adjustments needed, (e.g., non-public health activities) Explanation: Cigarette Tax included in item #1	328,227	
	Contribution to Fund Balance for period	378,634	
6	Adjusted General Fund expenditures for use in determining local maintenance of effort. (Item #1 less 2,3,4,5)	2,039,774	
7	Percentage of local fiscal period that pertains to 10/01/92 – 09/30/93 fiscal year	100.00%	
8	Item #6 times item #7	2,039,774	
9	Total of the two numbers in item #8. This represents the base year Local Maintenance of effort needed to be maintained in future years.	$2,039,774	

NOTE: Please attach a copy of the pages of the county's two annual reports that cover Health Department expenditures

CERTIFICATION: I certify that this is a true and correct statement of expenditures.
Appropriate documentation is available and will be maintained.

William Lamain (signature) 8/16/94
Health Officer Date

PS000112

Request 2: *Eliminate all COVID positions approved at the August 24, 2021 Full Board of Commissioners meeting, totaling $2,179,153. (See the attached for more info)*

Response: Of the positions approved to meet the health and safety needs of the Ottawa County community – including individual residents, businesses, and other institutions – during a historic, global pandemic, approximately 3-4 FTE are planned to be staffed in FY 2024. These positions are supporting the department's requirement to prevent and control the spread of about 100 communicable diseases as a basic essential public health service.

- Their wages are benefits are paid through the Epi Lab Capacity Infection Prevention grant from the Michigan Department of Health and Human Services (MDHHS).
- The remaining positions are vacant and the costs have been back out of the requested FY 2024 budget.
- The savings would result from four people with an estimated to be a total of $221,876.
- It should be noted that over $300,000 of indirect costs for County administrative services (administration, corporate counsel, IT, etc.) are covered by these grants and will need to be reallocated to other programs through this action.

Request 3: *Eliminate the following COVID-19 related grants, and any general fund contribution to programs funded by these grants*

- *PHEP 9 Month Grant*
- *PHEP 3 Month Grant*
- *PHEP to provide training for a new Public Health Emergency Preparedness Manager*
- *Immunization Action Plan (Note: keep grant, remove general fund contribution)*
- *Immunization ELPHS (Note: keep grant, remove general fund contribution)*
- *COVID-19 SUD*
- *GCD ELPHS - Disease Control*
- *Contact Tracing*
- *COVID Immunization*
- *Reopening Schools HRA*
- *NNICE Vaccine COVID-19*
- *COVID Workforce Development*

Response: The criteria by which this list was determined is unclear. Some of these "grants" are funds provided by MDHHS or the State of Michigan (SOM) to share in the cost of required programs or services. Additional information about each is provided below.

- *PHEP 9 Month Grant* – Created after 9/11/2001 by the Department of Homeland Security to prepare for and respond to terrorist threats, natural disasters and other threats to public health and safety. Works closely with Ottawa County Emergency Management, local police, fire, EMS and healthcare.
    - A mandated program and mandated minimum of 1 FTE.
    - PHEP has a 10% match requirement, which equals $15,963 in FY 2024. The program budget currently has $57,185 in general fund contribution/fund balance budgeted to it, of which $22,669 is allocated to pay for County Administration central services (administrator, corporate counsel, IT, etc.). These funds are required maintain the 1 FTE position, program operational costs, and to maintain compliance with the law.
    - The PHEP program currently has $159,628 budgeted in grant funding.
- *PHEP 3 Month Grant* – See above.

- *PHEP to provide training for a new Public Health Emergency Preparedness Manager* – the description is inaccurate. Since this is a mandated program and a unique and highly skilled position, the State of Michigan included training in the approved workplan and budget for the replacement position. There is no contract for Ottawa County.
- *Immunization Action Plan (Note: keep grant, remove general fund contribution)* – there is no general fund contribution for this grant
- *Immunization ELPHS (Note: keep grant, remove general fund contribution)* – this is a mandated basic essential local public health service (ELPHS), and these funds are the portion paid by MDHHS to support this required service for Ottawa County residents.
    - Increases the need for County general fund dollars to replace the loss of the MDHHS contribution.
    - There is a 35.06% Cost Based Reimbursement local match requirement. A CBR local match is considered any source of funding that is NOT federal. The 35.06% CBR local match requirement is $510,300. The general fund is currently budgeted to contribute $204,279 towards the $510,300 CBR match.
    - The MDHHS grant counts towards our CBR requirement, posing a fiscal and potentially legal challenge if they are eliminated. More general funds would be needed to cover the match if the grant is eliminated.
    - This is an MOE grant, which has a general fund match requirement.
    - As with other mandated basic essential local public health services, not accepting these may risk all ELPHS funding being withheld by the State of Michigan, and/or legal challenges for Ottawa County.
- *COVID-19 SUD* – Public is mandated to provide health education. The level of health education and prevention is based on community demand.
    - This grant is part of a package of several Lakeshore Regional Entity (LRE) grants that provide funds for Substance Abuse and Substance Use Disorder, primarily in youth. Any connection to COVID would be to prevent/reduce increases in substance and opiate use that may have occurred during a portion of the pandemic.
    - The FY 2024 grant notification; this grant was reduced to $10,000 in FY 2024. FY 2023 grant was $45,873, which is what was budgeted for FY 2024. This amount would be reduced to $10,000, if the grant is approved.
- *GCD ELPHS - Disease Control* – this is a mandated basic essential local public health service, and these funds are the portion paid by MDHHS to support this required service for Ottawa County residents.
    - There are about 100 communicable diseases that require Public Health staff to follow up on to prevent additional cases and control spread that can lead to unnecessary and preventable financial and health costs to the community.
    - The Communicable Disease program has $888,606 budgeted general fund/fund balance.
    - There is a 35.06% Cost Based Reimbursement local match requirement. A CBR local match is considered any source of funding that is NOT federal. The CBR local match for this program is $459,763. The general fund current match requirement is $151,757. If the GCD ELPHS grant ($220,368) is NOT accepted, our local general fund match requirement would increase another $220,368.
    - This is an MOE grant, which has a general fund match requirement.
    - As with other mandated basic essential local public health services, not accepting these may risk all ELPHS funding being withheld by the State of Michigan, and/or legal challenges for Ottawa County.
- *Contact Tracing* – This grant rarely has to do with contact tracing but supports overall infection prevention; it has become more flexible to include non-COVID-19 related activities.
    - The grant can defray costs of staff time and supplies for infection prevention activities, including outbreak response activities for nearly 100 reportable communicable diseases.

PS000114

    - This grant is budgeted to cover at least $204,731 in payments to indirect costs related to County administration central services (Administration, corporate counsel, IT, HR, etc.)
- *COVID Immunization* –While this *grant* isn't required, Ottawa County, though Public Health, is still mandated to control the spread of COVID-19. As new variants appear, there is a possibility of encountering a more dangerous variant, or one that leads to similar outcomes but evades current immunity from prior infection or vaccination. Public health is still required to stock COVID-19 vaccines and provide those to adults who need or want a COVID-19 vaccine, or parents who want them for their children.
    - Public Health will be one of the few places that can still provide a limited supply of these vaccines without cost to the individual. If these funds are not used to defray costs of staff time and supplies, then the general fund must cover this required work.
    - This grant was budgeted to cover $101,190 in indirect/CAP expense.
- *Reopening Schools HRA* - $345,213 grant, funds can be utilized for infection prevention activities in schools in addition to COVID-19 prevention and control.
- *NNICE Vaccine COVID-19* – Grant expires/is completed at end of FY 2023.
- *COVID Workforce Development* – This grant defrays a portion of costs of staff educational activities and technology that could potentially be used for prevention and control of COVID-19.

After speaking with Karen, here is how the latest budget revision request would impact public health programs. All items below the yellow highlight (Pathways) would need to be cut due to lack of funding. Pathways would need to utilize restricted funding from the Public Health fund balance to cover the $217,972 listed.

Of note:

- There would need to be approximately $1 million in cost reductions or fee increases to continue to provide all mandated services with the $3.8 million total general fund that being proposed.
- As the programs below the highlighted yellow line are no longer funded, they would be eliminated, and all of their indirect County Administrative expenses would need to be redistributed to all of the remaining programs. This would create a larger cut, or a higher fee increase, than $1 million to the mandated programs to cover this additional indirect cost and continue to operate.

ORG	Org Description	Match Required	General Fund Contribution/Fund Balanc
22129510	EH Food Services (ELPHS)	MOE requirement	642,993
22129517	EH Wastewater (ELPHS)	MOE requirement	285,288
22129520	Vision (ELPHS)	Yes-35.06% CBR Match, MOE Requirement	259,432
22129521	Hearing (ELPHS)	Yes-35.06% CBR Match, MOE Requirement	271,509
22129533	Immunizations (ELPHS)	Yes-35.06% CBR Match, MOE Requirement	248,543
22129544	Sexually Transmitted Disease (STD) (ELPHS)	Yes-35.06% CBR Match, MOE Requirement	168,091
22129546	Communicable Disease (ELPHS)	Yes-35.06% CBR Match, MOE Requirement	888,606
22129503	PHEP (Mandated)	Yes- 10% Match	57,185
22129509	EH Field Services (Mandated)	N/A	199,037
22129511	EH Type 2 (Mandated)	N/A	31,736
22129513	EH Real Estate (Mandated, Local Code)	N/A	225,596
22129531	Family Planning (Mandated Minimal Level)	Yes- 10% CBR Match. Title	712,774
22129584	Health Education (Mandated)	N/A	778,234
TOTAL for Mandated Services* *includes County Admin OH costs in the amount assessed to each program *total amount proposed by Gibbs is $3.8 million *unclear if state would withhold ELPHS funds for failure to meet all mandates or if would only withhold for failure to meet ELPHS funding requirements			4,769,024
22129525	Pathways to Better Health (Identified Community Need)	N/A	217,972
22129532	Dental Grants-Seal (Identified Community Need)	N/A	16,124
22129534	Dental Services-MOS (Identified Community Need)	N/A	534,867
22129539	Children's Special Health Care (CSCHS)	N/A	389,726
22129542	Maternal Infant Health Program (MIHP) (Identified Community Need)	Yes-35.06% CBR Match, MOE Requirement	934,764
22129545	Medicaid Outreach	Yes-50% Match	368,632
22129556	Ottawa Food (Identified Community Need)	N/A	8,950
22129561	Local Grant-CSCHS	N/A	8,360
			12,017,443
Note: Essential Local Public Health Service			
Note: Other Mandated Services			
Note: Identified as a community need in Ottawa County			

Adeline Hambley

From: Adeline Hambley
Sent: Monday, August 28, 2023 6:33 PM
To: Adeline Hambley; Alison Clark; Deborah Price; Derel Glashower; Gwen Unzicker; Kris Conrad; Lisa Uganski; Marcia Mansaray; Nina Baranowski; Sandra Lake; Spencer Ballard; Tony Benjamin
Subject: FW: Final Public Health FY2024 Budget
Attachments: 2023.08.28 FY 24 PH Budget - Response to 8.25.23 Request JGibbs.pdf

FYI

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

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From: Adeline Hambley
Sent: Monday, August 28, 2023 5:46 PM
To: John Gibbs <jgibbs@miottawa.org>; Karen Karasinski <kkarasinski@miottawa.org>
Subject: RE: Final Public Health FY2024 Budget

Hi John,

Thank you for cc'ing me on the request you sent Friday afternoon to Karen for changes to the Public Health FY 2024 budget. It is important for both Fiscal Services and Public Health to work together on your new request for budget amendments, since there are program details that Karen will need from Public Health to attempt to do what you have asked: suggest configurations of the Health Department budget which could still comply with the Public Health Code and with state and federal funding requirements.

Unfortunately, in my view, your request to Karen on Friday afternoon is still asking her to do the impossible. I have been working this weekend and so far today to answer Karen's questions while she is on her vacation. My understanding is that you have now asked her for different information, and so we are now pivoting to help her with those new requests. We will continue to try our best to help Karen with these new requests as of today at 5pm.

However, as a general matter, the information attached will be useful to you to keep in the background.

Sincerely,

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health

Adeline Hambley

From: Adeline Hambley
Sent: Monday, August 28, 2023 6:45 PM
To: Jacob Bonnema; Doug Zylstra
Subject: FW: Final Public Health FY2024 Budget
Attachments: 2023.08.28 FY 24 PH Budget - Response to 8.25.23 Request JGibbs.pdf

Commissioner Bonnema & Commissioner Zylstra,

As you requested to stay informed on budget updates, I wanted to share the most recent request and response. Of note, if the Family Planning Program is unable to provide the level of service required to meet the requirements of the federal Title X grant, those funds will be redistributed to another Title X service provided (the nearest of which is Planned Parenthood in Kent County). This is why, decades ago, the conservative Ottawa County Commissioners voted to establish a Title X Family Planning Program within the County Health Department, allowing as much local control as possible.

If you have questions, or would like to meet and discuss, please reach out.

Helpful link for an overview of OCDPH programs: https://www.miottawa.org/Health/pdf/About-Our-Programs.pdf

Thank you!

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

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Public Health

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From: Adeline Hambley
Sent: Monday, August 28, 2023 5:46 PM
To: John Gibbs <jgibbs@miottawa.org>; Karen Karasinski <kkarasinski@miottawa.org>
Subject: RE: Final Public Health FY2024 Budget

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PS000118

Adeline Hambley

From: Adeline Hambley
Sent: Monday, August 28, 2023 6:45 PM
To: Adeline Hambley; Alison Clark; Deborah Price; Derel Glashower; Gwen Unzicker; Kris Conrad; Lisa Uganski; Marcia Mansaray; Nina Baranowski; Sandra Lake; Spencer Ballard; Tony Benjamin
Subject: FW: Final Public Health FY2024 Budget
Attachments: 2023.08.28 FY 24 PH Budget - Response to 8.25.23 Request JGibbs.pdf

FYI

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
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From: Adeline Hambley
Sent: Monday, August 28, 2023 6:45 PM
To: Jacob Bonnema <jbonnema@miottawa.org>; Doug Zylstra <dzylstra@miottawa.org>
Subject: FW: Final Public Health FY2024 Budget

Commissioner Bonnema & Commissioner Zylstra,

As you requested to stay informed on budget updates, I wanted to share the most recent request and response. Of note, if the Family Planning Program is unable to provide the level of service required to meet the requirements of the federal Title X grant, those funds will be redistributed to another Title X service provided (the nearest of which is Planned Parenthood in Kent County). This is why, decades ago, the conservative Ottawa County Commissioners voted to establish a Title X Family Planning Program within the County Health Department, allowing as much local control as possible.

If you have questions, or would like to meet and discuss, please reach out.

Helpful link for an overview of OCDPH programs: https://www.miottawa.org/Health/pdf/About-Our-Programs.pdf

Thank you!

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health

Adeline Hambley

From: Gretchen Cosby
Sent: Tuesday, August 29, 2023 6:32 PM
To: Adeline Hambley
Subject: RE: Meeting

Follow Up Flag: Flag for follow up
Flag Status: Flagged

Good evening Adeline,

Thank you for capturing the information that I have requested. I am asking for the information so I can be helpful, point to successes of the Health Department and seek solutions.

I need to give context or background to the statement you made about, "welcoming discussions since December." During my meeting with John Shay and Patrick Waterman in late November, John shared constructive steps Lisa was taking to transition the OCPHD from her leadership and preparing for the next leader. I recognized that she cared about the department and people that she led and asked to meet with her. John said he would arrange a meeting.

After not hearing back from John, approximately 2 weeks later, I called and asked John about meeting with Lisa. It was during this phone call he told me that you were training with Lisa and would be filling in as interim Administrative Health Director, I asked to meet with both of you. He gave me Lisa's office number, I called and left a message, it may have been the Monday before the December 13, 2022 BOC meeting.

I had hoped as a nurse, to be bridge between parents and the OCPHD. Had I known you were interested in in the role of Administrative Health Director, I certainly would have considered you for the role.

Sincerely,

Gretchen Cosby

Gretchen Cosby MSN, RN | *County Commissioner, District 1*
Subscribe to County News
12220 Fillmore Street | West Olive, Michigan 49460 | 616-980-7773

From: Adeline Hambley <ahambley@miottawa.org>
Sent: Monday, August 28, 2023 6:31 PM

PS000120

To: Gretchen Cosby <gcosby@miottawa.org>
Subject: RE: Meeting

Thank you for your email. I appreciate your communication, and I am working on gathering the requested information. I wanted to let you know that it may be a few days before I can provide some of it, as much of my weekend and today have been spent helping provide answers for Karen from Fiscal Services, so that she can assist Administrator Gibbs with his various requests for different possible budget decrease scenarios, and the ramifications of each. This work is ongoing, and I didn't want you to think that I don't consider your message important. As you know, I have welcomed discussions with you and your colleagues in my various communications, offering to meet since December prior to when the Commission took office in January. Please know that I am working to provide the information in Friday's request as soon as possible.

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

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From: Gretchen Cosby <gcosby@miottawa.org>
Sent: Monday, August 28, 2023 12:19 PM
To: Adeline Hambley <ahambley@miottawa.org>
Subject: Meeting

Good Afternoon,

Thank you for sending me the online link for the Ottawa County Health Department programs, I am interested in setting the Health Department up for success, regardless of what has been reported in the media.

If you could provide the other data points I requested by program, I would be willing to meet with you to see if there is an advocacy opportunity for specific programs and program requirements.

Thank you for your assistance.

Gretchen Cosby

Gretchen Cosby MSN, RN | *County Commissioner, District 1*
Subscribe to County News
12220 Fillmore Street | West Olive, Michigan 49460 | 616-980-7773

Adeline Hambley

From: Adeline Hambley
Sent: Wednesday, August 30, 2023 9:51 AM
To: Jacob Bonnema
Subject: FW: FY24 Budget Request
Attachments: 2023.08.24 FY24 Budget Reduction Request Follow-up.pdf

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

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From: Adeline Hambley
Sent: Thursday, August 24, 2023 5:08 PM
To: John Gibbs <jgibbs@miottawa.org>
Cc: Karen Karasinski <kkarasinski@miottawa.org>; Jordan Epperson <jepperson@miottawa.org>
Subject: RE: FY24 Budget Request

Hi John,

Please see attached for my response to this request. In working with Fiscal Services, it is impossible to create an exact budget as the Health Department is unable to operate at this funding level. Many grants and state funding require a match or minimum funding levels from the local governing entity in order to receive funds. If the local governing entity is not able to fund mandated programs at minimum specified levels, the state funding does not get passed to the local governing entity. The state can issue an administrative compliance order for a local governing entity that does demonstrate adequate provision of required services to the community. There is no way for me to create a budget that meets Public Health Code requirements and the minimum maintenance of effort---thus no state funding would be received, and ultimately the health department would no longer be able to operate.

I am also unable to address removing from the budget “all COVID related grants” as I am unclear as to how that is being defined. There are grants that have COVID as a word in the title or description but are not related to COVID cases, reporting or vaccines. I will need a specific list from the Intergovernmental Revenue list that was provided to move forward with this request.

Again, the budget is complex with many interconnect pieces that may be better served by a conversation with Karen to meet any reduction request.

Adeline Hambley, MBA, PMP, REHS

PS000122

Adeline Hambley

From: Adeline Hambley
Sent: Wednesday, August 30, 2023 9:50 AM
To: Jacob Bonnema
Subject: FW: FY24 Budget Request

Adeline Hambley, **MBA, PMP, REHS**
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

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From: Adeline Hambley
Sent: Tuesday, August 22, 2023 4:59 PM
To: John Gibbs <jgibbs@miottawa.org>
Cc: Karen Karasinski <kkarasinski@miottawa.org>; Jordan Epperson <jepperson@miottawa.org>
Subject: RE: FY24 Budget Request

Hi John,

Commissioner Moss' proposal would slash Health Department funding from a $6.4 million total general fund contribution to a total of $2.5 million, a reduction of over 60%. This action brings the total operating budget for 2024 to $500,000 less than the 2009 budget, which was during the worst economic conditions the United States has experienced since The Great Depression. The demand for this reduction comes at a time when the County is experiencing significant population growth and record high property tax revenue.

Proposed budget reductions of this size will significantly impair, and likely eliminate, various public health services and the Health Department's ability to maintain public health and safety. It is ridiculous to expect that services in 2024 could be completed with a budget below 2009 funding levels. For example, as development ground to a halt during The Great Recession, only 38 evaluations were completed for vacant property to determine suitability for home construction with a septic system. In 2021, over 200 evaluations were completed, a number that has continued to grow each year, as has demand for many other Health Department services.

In addition to cutting general fund allocation, the Commission is proposing to give up a significant amount of grant money, allegedly because of various political considerations. This grant money is used for various purposes including preventing the spread of communicable disease and health risks other than COVID-19. This hurts Ottawa County taxpayers in a variety of ways and is fiscally short-sighted. These actions may necessitate large increases in fees for services that our businesses and citizens depend upon, and/or long delays for completion of services.

Adeline Hambley

From: Adeline Hambley
Sent: Wednesday, August 30, 2023 9:53 AM
To: Jacob Bonnema
Subject: FW: Long-term unfilled, budgeted positions

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

miOttawa Department of
Public Health

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From: Adeline Hambley
Sent: Wednesday, August 16, 2023 2:35 PM
To: John Gibbs <jgibbs@miottawa.org>
Cc: Marcie VerBeek <mverbeek@miottawa.org>; Karen Karasinski <kkarasinski@miottawa.org>; Myra Ocasio <mocasio@miottawa.org>
Subject: RE: Long-term unfilled, budgeted positions

Hi John,

Each year when completing budgets we review open positions and determine if they can be removed from the coming year's budget. These positions were reviewed in June when originally compiling budgets. Below is additional information for each position.

- **PH Health Education, Position #25910003, Health Promotions** – Identified in June that position would not be filled in FY 2024 and the cost of the position has already been backed out of the FY 2024 budget.

- **PH Family Planning, Position #29100002, Nurse Practitioner** – Position is vacant and not currently planned to be filled, however, the position is still included in the FY 2024 budget as there may be a need to fill this position in the new year. Currently programs are running very lean, and we are riding the line of being able to meet minimum needs. However, with any changes in service levels this position will be needed. There are potential programs on the horizon, such as federal refugee medical exams, that would necessitate filling this position.

- **PH Clinical Clerical, Position #61850007, Clinical Support** – This full-time clinical support position is currently filled by a long-time employee. The position is showing as vacant in the system as part of her FTE was being paid by an Infection Prevention Grant in FY 2023. However, as the work is transitioning back to traditional duties, the employee is being allocated back to this original position designation. It should be noted that a portion of this position (0.5 FTE) has been budgeted to be supplemented with Infection Prevention Grant funds in FY 2024. If

PS000124

Adeline Hambley

From: Adeline Hambley
Sent: Wednesday, August 30, 2023 9:53 AM
To: Jacob Bonnema
Subject: FW: Budget Request
Attachments: 2023.08.18 Public Health Budget Request Information .pdf

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

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From: Adeline Hambley
Sent: Friday, August 18, 2023 4:46 PM
To: John Gibbs <jgibbs@miottawa.org>
Subject: RE: Budget Request

Hi John,

See attached for information addressing the components requested below.

Have a wonderful weekend!

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

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PS000125

Adeline Hambley

From: Adeline Hambley
Sent: Wednesday, August 30, 2023 10:56 AM
To: John Gibbs; Karen Karasinski
Subject: RE: Final Public Health FY2024 Budget
Attachments: 2023.08.28 FY 24 PH Budget Information Update.pdf

John,

I wanted to follow-up as I haven't heard from you. I understand you've been meeting with Karen as she has been discussing with Public Health and Public Health Fiscal Services for information about programming.

Attached is an updated version of the document I shared on Monday. A few typos were corrected, and there was a total sum at the bottom of the chart on the last page that needed to be deleted as it was not reflective of any data (it was a left-over sum function in the chart that wasn't deleted). I also added additional information around the 1993 MOE calculation on page 10.

I am happy to continue to answer questions from fiscal services regarding the operations of Public Health. Please reach out with any questions.

Thank you,

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

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From: Adeline Hambley
Sent: Monday, August 28, 2023 5:46 PM
To: John Gibbs <jgibbs@miottawa.org>; Karen Karasinski <kkarasinski@miottawa.org>
Subject: RE: Final Public Health FY2024 Budget

Hi John,

Thank you for cc'ing me on the request you sent Friday afternoon to Karen for changes to the Public Health FY 2024 budget. It is important for both Fiscal Services and Public Health to work together on your new request for budget amendments, since there are program details that Karen will need from Public Health to attempt to do what you have asked: suggest configurations of the Health Department budget which could still comply with the Public Health Code and with state and federal funding requirements.

Your August 25, 2023, email request sent at 3:52 PM states:

Hi Karen,

Good afternoon.

Please take the following action to draft Public Health's budget:

1. *Set the Public Health general fund contribution to $2.5 million, and then have Public Health use a portion ($1.3 million) of their $3 million fund balance to reach $3.8 million, the average general fund contribution from 2009 to 2019. Please transfer $1.5 million of the remaining Public Health fund balance to the County's contingency fund (unless specific parameters prevent it).*
2. *Eliminate all COVID positions approved at the August 24, 2021 Full Board of Commissioners meeting, totaling $2,179,153. (See the attached for more info)*
3. *Eliminate the following COVID-19 related grants, and any general fund contribution to programs funded by these grants*
    - *PHEP 9 Month Grant*
    - *PHEP 3 Month Grant*
    - *PHEP to provide training for a new Public Health Emergency Preparedness Manager*
    - *Immunization Action Plan (Note: keep grant, remove general fund contribution)*
    - *Immunization ELPHS (Note: keep grant, remove general fund contribution)*
    - *COVID-19 SUD*
    - *GCD ELPHS - Disease Control*
    - *Contact Tracing*
    - *COVID Immunization*
    - *Reopening Schools HRA*
    - *NNICE Vaccine COVID-19*
    - *COVID Workforce Development to expand*

For any additional details, please work with Nina and Kris to set the exact budget numbers within the above parameters.

Since there have been several budget requests over the past week and a half and a lot of information provided to you from the Public Health and Fiscal Services departments already, it may be helpful to review some of what has already been communicated between January 2023 and today before addressing the points in your email.

The department budgets you are recommending to the Board of Commissioners have been presented and discussed numerous times during creation and planning, as well as publicly.

- November 2022 – January 2023: review of actuals for fiscal year 2022 and setting budget targets for fiscal year 2024
- Numerous presentations on health department programs and services to board of commissioners through annual report, Health and Human Services Committee meetings, grant presentations and via email. Multiple offers extended to meet and discuss programs more in-depth.
- Budget calendar followed with planning occurring up to entry into financial system in May.
- June 19, 2024: budget presentation with County Administrator, Fiscal Services, Public Health, and Commissioner Sylvia Rhodea
- Finance and Administration Committee and the Finance and Administration Committee's special budget work sessions
    - August 1, 2023, August 10, 2023, and August 21, 2023
- Board of Commissioner's meetings

PS000127

- August 8, 2023

- August 17, 2023: first request to set budget for general fund contribution "to pre-COVID levels, adjust for inflation" (2019 general fund of $4.5 million specifically mentioned) and exclude all COVID grants and provide by August 18, 2023
- August 21, 2023: first discussion at Finance and Administration Committee budget work session to significantly reduce budget as presented
- August 22, 2023: email received with direction to a budget in two days with a reduced general fund contribution of $2.5 million and removal of all COVID-related grants funding
- August 22, 2023: additional information provided to Administrator Gibbs by Public Health to explain the various limitations of funding and providing a detailed historical perspective of funding, inflation, and population growth
- August 23, 2023: directive to produce a budget with general fund as close to $2.5 million as possible and discontinue all COVID-related grants by August 24, 2023
- August 24, 2023: additional clarification and information provided by Public Health as to the outcomes of funding at this level
- August 25, 2023: request to Karen (Fiscal Services) with the request as shown earlier in document
- August 28, 2023: meeting with Fiscal Services to review request after Karen was able to meet with you and discuss

PS000128

As already mentioned multiple times during budget presentations to you and to the commissioners, the requested FY 2024 Public Health budget isn't directly comparable to the 2022 and 2023 budgets as shown because the COVID-19 grants awarded to support local response and recovery came later in the budget process compared to 2024. Therefore, FY 2022 and FY 2023 adopted budgets appear smaller than the requested FY 2024 budget as the grant awards are included, where previously they were not. The two tables below help to compare Public Health budget amounts from 2022 to 2024 without COVID-19-related grants.

Table 1. COVID Grants that Inflate Perceived Difference Between 2024 and Prior Years 2023 & 2022*

2024 COVID-19-Related Grant	Amount
Epi Lab Capacity Infection Prevention	$1,246,340.00
Immunization	$359, 090.00
Reopening Schools HRA	$308,000.00
Workforce Development	$345,213.00
TOTAL	**$2,258,643.00**

*Statistics from the August 10, 2023, Special Work Session, Finance and Administration packet.

As was discussed at the budget review meeting with Administration, Fiscal Services, Public Health, and Commissioner Rhodea on June 19, 2024, when COVID-19 grants are removed, the Public Health requested budget for FY 2024 is level or lower than the prior two years' baseline budgets. The FY 2024 budget is not inflated by COVID-19 spending, but primarily by inflation of the dollar and increases in costs as seen in every other Ottawa County department.

Table 2. Equivalent Comparison of 2022, 2023 and 2024 Public Health Budget without COVID Grants*

	2022 Budget Actuals	2023 Adopted Budget	2024 Requested Budget
Baseline Amount	$15,652,730	$15,258,827	$17,378,138
- COVID Grants	NA	NA	- $2,258,643
Adjusted Amount	**$15,653,730**	**$15,258,827**	**$15,119,496**

*Statistics from the Public Health (221) Special Revenue Fund Budget Summary, Finance and Administration packet.

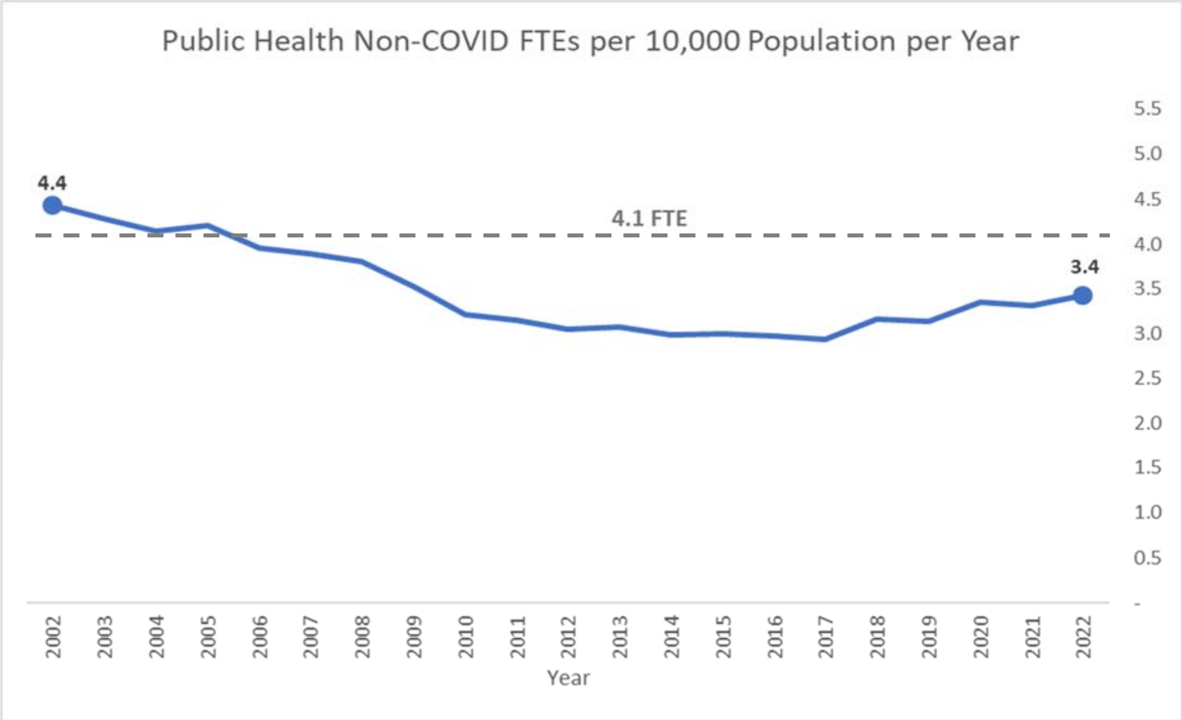
While your proposed FY 2024 budget for all County departments combined is up 5%-6% compared to FY 2023, Public Health identified efficiencies before presenting our budget to you in June. As a result, we came to you without a baseline increase in our budget for two consecutive years. As noted by you and the Board, this is effectively a 5%-6% reduction and meets the Board's goal for all departments to achieve in the FY 2025 budget process – a difficult feat in any year, but even more so over two years with of inflation.

> *"In 2022, inflation reached some of the highest levels seen since 1981, hitting 9.1% in the middle of 2022 in the wake of the COVID-19 pandemic."*
>
> *U.S. Bureau of Labor Statistics*

PS000129

Of course, there are factors to consider which cause budget increases to deliver services to the community that are unrelated to COVID-19. It may help you as you advise the Board to have a historical understanding of Public Health staffing levels and how they compare to the average of medium-sized local health departments in the United States. Figure 1 shows non-COVID staffing rates for Public Health from 2002 to 2022. The dashed gray line indicates the U.S. average since 2016. Ottawa has been under that level since 2006.

Figure 1. Ottawa County, as a medium-sized county, has been consistently staffed below the U.S. average local health department staffing level per 10,000 population*

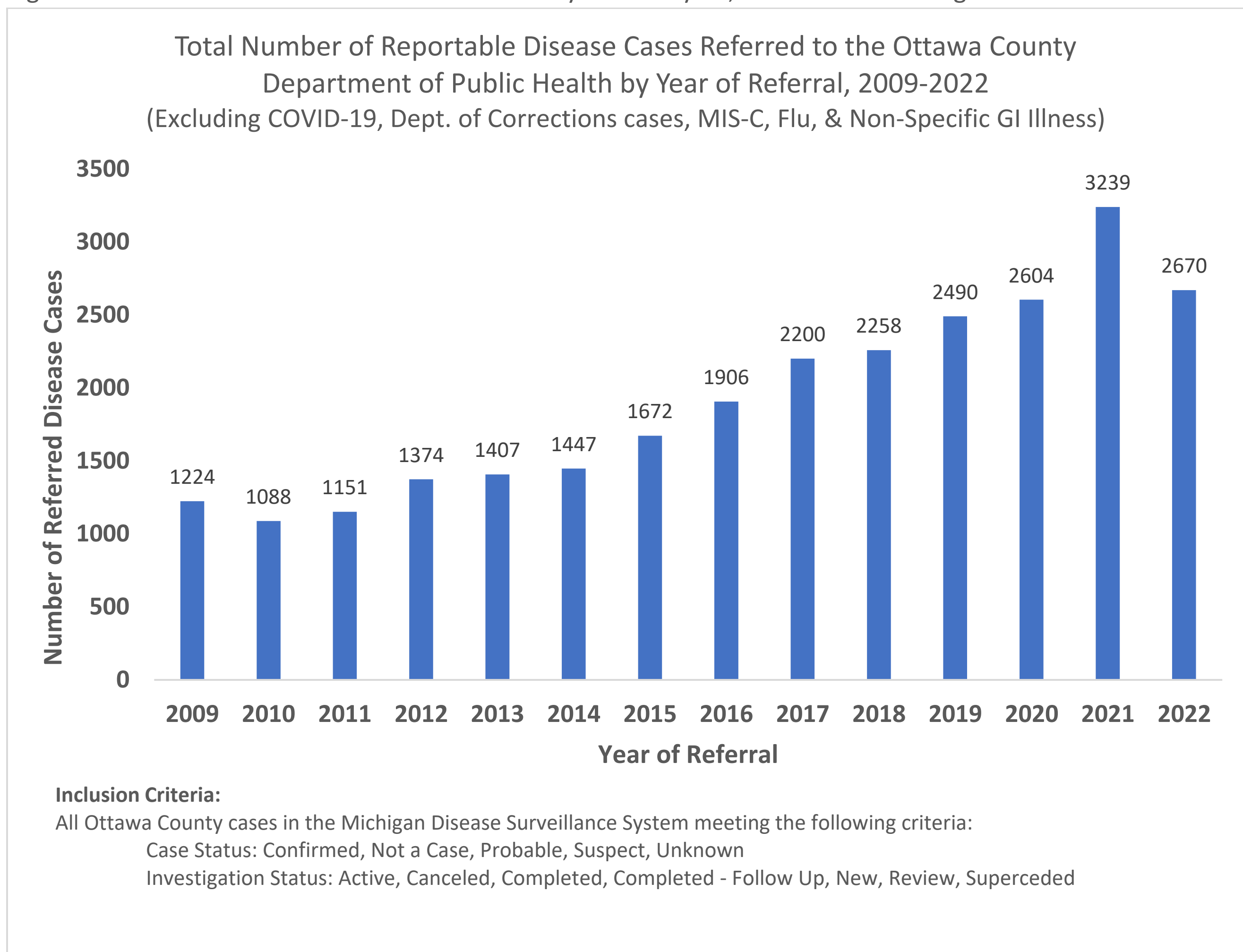


*2019 National Profile of Local Health Departments (LHDs) Study.

PS000130

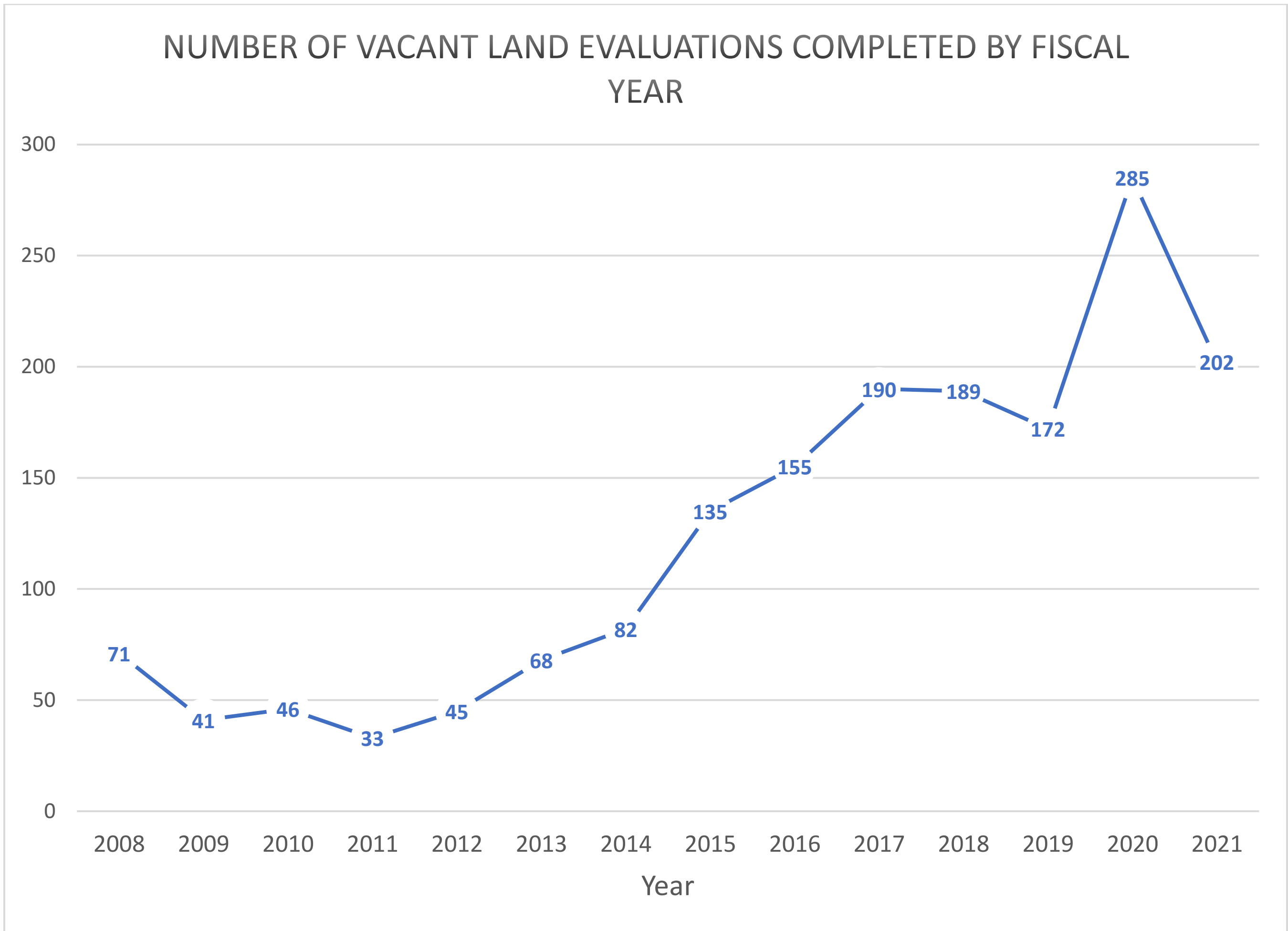
Besides inflationary pressures driving up costs of operation, population increases also drive increases in services. As the fastest growing county in Michigan, our population has grown by over 40,000 people since 2009.

Figure 2. Communicable diseases have increased year-over-year, more than doubling since 2009



PS000131

Figure 3. Vacant Land Evaluations have increased significantly since The Great Recession, and is a great indicator for population growth and overall increase in service requests



PS000132

Request 1: *Set the Public Health general fund contribution to $2.5 million, and then have Public Health use a portion ($1.3 million) of their $3 million fund balance to reach $3.8 million, the average general fund contribution from 2009 to 2019. Please transfer $1.5 million of the remaining Public Health fund balance to the County's contingency fund (unless specific parameters prevent it).*

Response: The local governing entity, i.e., County Administration, must exhibit the maintenance of effort (MOE) in relation to funding the essential health and safety services that protect public health in Ottawa County. This amount cannot include the indirect expenses for county central services (administrator, corporate counsel, IT, etc.) when being calculated. The initial request to create a budget of $2.5 million total general fund would not meet this maintenance of effort as required, thus per the state Omnibus budget:

20 Sec. 1222. (1) Funds appropriated in part 1 for essential
21 local public health services shall be prospectively allocated to
22 local health departments to support immunizations, infectious
23 disease control, sexually transmitted disease control and
24 prevention, hearing screening, vision services, food protection,
25 public water supply, private groundwater supply, and on-site sewage
26 management. Food protection shall be provided in consultation with
27 the department of agriculture and rural development. Public water
28 supply, private groundwater supply, and on-site sewage management
29 shall be provided in consultation with the department of

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1 environment, Great Lakes, and energy.
2 (2) Distributions in subsection (1) shall be made only to
3 counties that maintain local spending in the current fiscal year of
4 at least the amount expended in fiscal year 1992-1993 for the
5 services described in subsection (1).

As explained in my response on August 24, 2023, that a total general fund contribution of $2.5 million falls significantly short of the maintenance of effort (MOE) needed to operate all mandated essential public health services at a minimally serviceable level, let alone meet the general fund needs for other required or desirable services that Ottawa County residents have relied on and have contributed to a comparatively healthy, thriving community in the past.

- Remember that for any general fund contribution to satisfy MOE, it cannot count the portion of general funds needed to pay for indirect expenses paid by County Administration for central services (administrator, corporate counsel, IT, etc.). In this case, that amount is $1,664,989.
- Public Health does not have a $3 million fund balance.
  - Public Health's fund balance at the beginning of the FY 2024 budget process is $3,046,360
  - Of the fund balance
    - $554,565 is an endowment for the Pathways to Better Health program, and are restricted funds.
    - $1,097,882 is the unused portion of an ARPA awarded project to reimburse the expected shortfall of Medicaid cost-based reimbursement payments in 2023 and 2024 due to reduced clinical services during the pandemic. These funds are restricted for Public Health use specific to this purpose. Changes in use would need to be made by vote of the Board of Commissioners.

OCDPH MEDICAID REIMBURSEMENTS | $1,507,178

WHO: Ottawa County Department of Public Health (OCDPH)

NEED/IMPACT: OCDPH assists underserved and under-represented adults, children and families with a variety of health-related services. Normally the OCDPH receives reimbursements for providing these services from the state Medicaid Cost Based (CBR) fund.

However, CBR payments are two years behind because of the pandemic. Because of the reduction in services caused by the pandemic, OCDPH is poised to lose $1.5 million in revenue over the next two fiscal years.

With these ARPA funds, OCDPH will be able to ensure essential health services continue and avoid cuts.

Contract fully executed?*

N/A

** No contract, through County department*

Funds distributed?

Yes ✓ *(funds transferred to Health Fund)*

No

    - Remaining fund balance of $1,394,356 is unrestricted, however of note, $722,606 was already in the FY24 budget as originally proposed.

PS000134

Table 3. The Original Budget Provides Adequate General Fund to Maintain Services Without Delays or Higher Fees and Operate Lawfully

Health Operation Funds Original Budget vs. Commissioner Requested Budget			
	Original Budget as Submitted	**Commissioner Requested Budget**	**% Change**
Total General Fund Contribution	$6,678,063	$3,800,000	**-43%**
Minus County Administrative Expenses (Administration, Corporate Counsel, IT, Fiscal, HR, etc.)	($1,664,989)	($1,664,989)	0%
General Fund Available for Public Health Operations & MOE	**$4,763,989**	**$2,135,011**	**-55%**

Does not include $250,000 CMH Millage Transfer (Pathways)

PS000135

The MOE for Public Health is based on a calculation from Fiscal Year 1993. At that time the total general fund provided was $2,958,616, of which $2,039,774 went to public health operations to provide services to the community.

OTTAWA COUNTY
COST SHARING BASE YEAR MAINTENANCE OF EFFORT CALCULATION
FOR THE FISCAL YEAR 10/01/92 THROUGH 09/30/93

		LOCAL FISCAL PERIOD #1 10/01/92 TO 09/30/93	LOCAL FISCAL PERIOD #2 TO
1	General Fund Expenditures (From County Annual Report)	2,958,616	
LESS:			
2	County Central Service Cost Allocation Plan expenditures INCLUDED in item #1 above:	12,038 144,476	
3	Reallocations included in item #1 above Animal Control	55,467	
4	Fees collected for Health Department services that are returned to the Health Department through item #1 above		
5	Other adjustments needed, (e.g., non–public health activities) Explanation: Cigarette Tax included in item #1	328,227	
	Contribution to Fund Balance for period	378,634	
6	Adjusted General Fund expenditures for use in determining local maintenance of effort. (Item #1 less 2,3,4,5)	2,039,774	
7	Percentage of local fiscal period that pertains to 10/01/92 – 09/30/93 fiscal year	100.00%	
8	Item #6 times item #7	2,039,774	
9	Total of the two numbers in item #8. This represents the base year Local Maintenance of effort needed to be maintained in future years.	$2,039,774	

NOTE: Please attach a copy of the pages of the county's two annual reports that cover Health Department expenditures

CERTIFICATION: I certify that this is a true and correct statement of expenditures.
Appropriate documentation is available and will be maintained.

William Lamain
Health Officer

8/16/94
Date

NOTE:

- $6,258,978 is the equivalent value of $2,958,616 (1993) in 2023
- 202,165 population of Ottawa County in 1993 (~100,000 less people)
- Per MDHHS, the same methodology used for the FY 1993 calculation must be used to calculate the MOE each year 2023

PS000136

Request 2: *Eliminate all COVID positions approved at the August 24, 2021 Full Board of Commissioners meeting, totaling $2,179,153. (See the attached for more info)*

Response: Of the positions approved to meet the health and safety needs of the Ottawa County community – including individual residents, businesses, and other institutions – during a historic, global pandemic, approximately 3-4 FTE are planned to be staffed in FY 2024. These positions are supporting the department's requirement to prevent and control the spread of about 100 communicable diseases as a basic essential public health service.

- Their wages and benefits are paid through the Epi Lab Capacity Infection Prevention grant from the Michigan Department of Health and Human Services (MDHHS).
- The remaining positions are vacant and the costs have been backed out of the requested FY 2024 budget.
- The savings would result from four people--an estimated total of $221,876.
- It should be noted that over $300,000 of indirect costs for County administrative services (administration, corporate counsel, IT, etc.) are covered by these grants and will need to be reallocated to other programs through this action.

Request 3: *Eliminate the following COVID-19 related grants, and any general fund contribution to programs funded by these grants*

- *PHEP 9 Month Grant*
- *PHEP 3 Month Grant*
- *PHEP to provide training for a new Public Health Emergency Preparedness Manager*
- *Immunization Action Plan (Note: keep grant, remove general fund contribution)*
- *Immunization ELPHS (Note: keep grant, remove general fund contribution)*
- *COVID-19 SUD*
- *GCD ELPHS - Disease Control*
- *Contact Tracing*
- *COVID Immunization*
- *Reopening Schools HRA*
- *NNICE Vaccine COVID-19*
- *COVID Workforce Development*

Response: The criteria by which this list was determined is unclear. Some of these "grants" are funds provided by MDHHS or the State of Michigan (SOM) to share in the cost of required programs or services. Additional information about each is provided below.

- *PHEP 9 Month Grant* – Created after 9/11/2001 by the Department of Homeland Security to prepare for and respond to terrorist threats, natural disasters and other threats to public health and safety. Works closely with Ottawa County Emergency Management, local police, fire, EMS and healthcare.
    - A mandated program and mandated minimum of 1 FTE.
    - PHEP has a 10% match requirement, which equals $15,963 in FY 2024. The program budget currently has $57,185 in general fund contribution/fund balance budgeted to it, of which $22,669 is allocated to pay for County Administration central services (administrator, corporate counsel, IT, etc.). These funds are required maintain the 1 FTE position, program operational costs, and to maintain compliance with the law.
    - The PHEP program currently has $159,628 budgeted in grant funding.
- *PHEP 3 Month Grant* – See above.

PS000137

- *PHEP to provide training for a new Public Health Emergency Preparedness Manager* – the description is inaccurate. Since this is a mandated program and a unique and highly skilled position, the State of Michigan included training in the approved workplan and budget for the replacement position. There is no contract for Ottawa County.
- *Immunization Action Plan (Note: keep grant, remove general fund contribution)* – there is no general fund contribution for this grant
- *Immunization ELPHS (Note: keep grant, remove general fund contribution)* – this is a mandated basic essential local public health service (ELPHS), and these funds are the portion paid by MDHHS to support this required service for Ottawa County residents.
  - Increases the need for County general fund dollars to replace the loss of the MDHHS contribution.
  - There is a 35.06% Cost Based Reimbursement local match requirement. A CBR local match is considered any source of funding that is NOT federal. The 35.06% CBR local match requirement is $510,300. The general fund is currently budgeted to contribute $204,279 towards the $510,300 CBR match.
  - The MDHHS grant counts towards our CBR requirement, posing a fiscal and potentially legal challenge if they are eliminated. More general funds would be needed to cover the match if the grant is eliminated.
  - This is an MOE grant, which has a general fund match requirement.
  - As with other mandated basic essential local public health services, not accepting these may risk all ELPHS funding being withheld by the State of Michigan, and/or legal challenges for Ottawa County.
- *COVID-19 SUD* – Public is mandated to provide health education. The level of health education and prevention is based on community demand.
  - This grant is part of a package of several Lakeshore Regional Entity (LRE) grants that provide funds for Substance Abuse and Substance Use Disorder, primarily in youth. Any connection to COVID would be to prevent/reduce increases in substance and opiate use that may have occurred during a portion of the pandemic.
  - The FY 2024 grant notification; this grant was reduced to $10,000 in FY 2024. FY 2023 grant was $45,873, which is what was budgeted for FY 2024. This amount would be reduced to $10,000, if the grant is approved.
- *GCD ELPHS - Disease Control* – this is a mandated basic essential local public health service, and these funds are the portion paid by MDHHS to support this required service for Ottawa County residents.
  - There are about 100 communicable diseases that require Public Health staff to follow up on to prevent additional cases and control spread that can lead to unnecessary and preventable financial and health costs to the community.
  - The Communicable Disease program has $888,606 budgeted general fund/fund balance.
  - There is a 35.06% Cost Based Reimbursement local match requirement. A CBR local match is considered any source of funding that is NOT federal. The CBR local match for this program is $459,763. The general fund current match requirement is $151,757. If the GCD ELPHS grant ($220,368) is NOT accepted, our local general fund match requirement would increase another $220,368.
  - This is an MOE grant, which has a general fund match requirement.
  - As with other mandated basic essential local public health services, not accepting these may risk all ELPHS funding being withheld by the State of Michigan, and/or legal challenges for Ottawa County.
- *Contact Tracing* – This grant rarely has to do with contact tracing but supports overall infection prevention; it has become more flexible to include non-COVID-19 related activities.
  - The grant can defray costs of staff time and supplies for infection prevention activities, including outbreak response activities for nearly 100 reportable communicable diseases.

PS000138

- This grant is budgeted to cover at least $204,731 in payments to indirect costs related to County administration central services (Administration, corporate counsel, IT, HR, etc.)
- *COVID Immunization* –While this *grant* isn't required, Ottawa County, through Public Health, is still mandated to control the spread of COVID-19. As new variants appear, there is a possibility of encountering a more dangerous variant, or one that leads to similar outcomes but evades current immunity from prior infection or vaccination. Public health is still required to stock COVID-19 vaccines and provide those to adults who need or want a COVID-19 vaccine, or parents who want them for their children.
    - Public Health will be one of the few places that can still provide a limited supply of these vaccines without cost to the individual. If these funds are not used to defray costs of staff time and supplies, then the general fund must cover this required work.
    - This grant was budgeted to cover $101,190 in indirect/CAP expense.
- *Reopening Schools HRA* - $345,213 grant, funds can be utilized for infection prevention activities in schools in addition to COVID-19 prevention and control.
- *NNICE Vaccine COVID-19* – Grant expires/is completed at end of FY 2023.
- *COVID Workforce Development* – This grant defrays a portion of costs of staff educational activities and technology that could potentially be used for prevention and control of COVID-19.

After speaking with Karen, here is how the latest budget revision request would impact public health programs. All items below the yellow highlight (Pathways) would need to be cut due to lack of funding. Pathways would need to utilize restricted funding from the Public Health fund balance to cover the $217,972 listed.

Of note:

- There would need to be approximately $1 million in cost reductions or fee increases to continue to provide all mandated services with the $3.8 million total general fund that being proposed.
- As the programs below the highlighted yellow line are no longer funded, they would be eliminated, and all of their indirect County Administrative expenses would need to be redistributed to all of the remaining programs. This would create a larger cut, or a higher fee increase, than $1 million to the mandated programs to cover this additional indirect cost and continue to operate.

ORG	Org Description	Match Required	General Fund Contribution/Fund Balanc
22129510	EH Food Services (ELPHS)	MOE requirement	642,993
22129517	EH Wastewater (ELPHS)	MOE requirement	285,288
22129520	Vision (ELPHS)	Yes-35.06% CBR Match, MOE Requirement	259,432
22129521	Hearing (ELPHS)	Yes-35.06% CBR Match, MOE Requirement	271,509
22129533	Immunizations (ELPHS)	Yes-35.06% CBR Match, MOE Requirement	248,543
22129544	Sexually Transmitted Disease (STD) (ELPHS)	Yes-35.06% CBR Match, MOE Requirement	168,091
22129546	Communicable Disease (ELPHS)	Yes-35.06% CBR Match, MOE Requirement	888,606
22129503	PHEP (Mandated)	Yes- 10% Match	57,185
22129509	EH Field Services (Mandated)	N/A	199,037
22129511	EH Type 2 (Mandated)	N/A	31,736
22129513	EH Real Estate (Mandated, Local Code)	N/A	225,596
22129531	Family Planning (Mandated Minimal Level)	Yes- 10% CBR Match. Title	712,774
22129584	Health Education (Mandated)	N/A	778,234
TOTAL for Mandated Services* *includes County Admin OH costs in the amount assessed to each program *total amount proposed by Gibbs is $3.8 million *unclear if state would withhold ELPHS funds for failure to meet all mandates or if would only withhold for failure to meet ELPHS funding requirements			**4,769,024**
22129525	Pathways to Better Health (Identified Community Need)	N/A	217,972
22129532	Dental Grants-Seal (Identified Community Need)	N/A	16,124
22129534	Dental Services-MOS (Identified Community Need)	N/A	534,867
22129539	Children's Special Health Care (CSCHS)	N/A	389,726
22129542	Maternal Infant Health Program (MIHP) (Identified Community Need)	Yes-35.06% CBR Match, MOE Requirement	934,764
22129545	Medicaid Outreach	Yes-50% Match	368,632
22129556	Ottawa Food (Identified Community Need)	N/A	8,950
22129561	Local Grant-CSCHS	N/A	8,360
Note: Essential Local Public Health Service			
Note: Other Mandated Services			
Note: Identified as a community need in Ottawa County			

PS000140

Adeline Hambley

From: Adeline Hambley
Sent: Wednesday, August 30, 2023 11:00 AM
To: Jacob Bonnema; Doug Zylstra
Subject: FW: Final Public Health FY2024 Budget
Attachments: 2023.08.28 FY 24 PH Budget Information Update.pdf

Per your requests, keeping you in the loop regarding budgets. Slightly updated document attached and a touch base with Administrator Gibbs regarding budget.

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

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From: Adeline Hambley
Sent: Wednesday, August 30, 2023 10:56 AM
To: John Gibbs <jgibbs@miottawa.org>; Karen Karasinski <kkarasinski@miottawa.org>
Subject: RE: Final Public Health FY2024 Budget

John,

I wanted to follow-up as I haven't heard from you. I understand you've been meeting with Karen as she has been discussing with Public Health and Public Health Fiscal Services for information about programming.

Attached is an updated version of the document I shared on Monday. A few typos were corrected, and there was a total sum at the bottom of the chart on the last page that needed to be deleted as it was not reflective of any data (it was a left-over sum function in the chart that wasn't deleted). I also added additional information around the 1993 MOE calculation on page 10.

I am happy to continue to answer questions from fiscal services regarding the operations of Public Health. Please reach out with any questions.

Thank you,

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

PS000141

Adeline Hambley

From: Adeline Hambley
Sent: Wednesday, August 30, 2023 11:01 AM
To: Adeline Hambley; Alison Clark; Deborah Price; Derel Glashower; Gwen Unzicker; Kris Conrad; Lisa Uganski; Marcia Mansaray; Nina Baranowski; Sandra Lake; Spencer Ballard; Tony Benjamin
Subject: FW: Final Public Health FY2024 Budget
Attachments: 2023.08.28 FY 24 PH Budget Information Update.pdf

FYI

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
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From: Adeline Hambley
Sent: Wednesday, August 30, 2023 10:56 AM
To: John Gibbs <jgibbs@miottawa.org>; Karen Karasinski <kkarasinski@miottawa.org>
Subject: RE: Final Public Health FY2024 Budget

John,

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I am happy to continue to answer questions from fiscal services regarding the operations of Public Health. Please reach out with any questions.

Thank you,

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

Adeline Hambley

From: Adeline Hambley
Sent: Wednesday, August 30, 2023 12:46 PM
To: Gretchen Cosby
Subject: RE: Meeting
Attachments: 2022_2023 PH information sharing.pdf

Commissioner Cosby,
I wanted to share some information to get you started. Attached is a pdf of communication reaching out and various information shared in the past. This might be helpful to find past documents shared.

The following links also provide some great info on program performance highlights:

- https://www.miottawa.org/Health/OCHD/admin.htm#ARPT
  Bottom of the page are the annual reports, these reports provide an excellent highlight of services and outcomes
- https://www.miottawa.org/Health/OCHD/data.htm#CommunicableDisease
  The communicable disease reports will provide a nice summary of annual reportable diseases in Ottawa County, which, as you know, all require work on behalf of public health.

I will also forward you some email threads that have been sent to Administrator Gibbs regarding the Public Health budget. It appears that the information may not be being shared with the full Committee. Those emails/reports have information that provides some context to funding mechanisms and limitations. There are also some statistics in the attached documents.

If you have specific questions as you review this information, please let me know. Moving forward, I will share any budget communication to Administrator Gibbs to ensure, as chair of the Finance Committee Workgroup, that you receive the information.

Thank you,

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
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From: Gretchen Cosby <gcosby@miottawa.org>
Sent: Tuesday, August 29, 2023 6:32 PM
To: Adeline Hambley <ahambley@miottawa.org>
Subject: RE: Meeting

PS000143

Good evening Adeline,

Thank you for capturing the information that I have requested. I am asking for the information so I can be helpful, point to successes of the Health Department and seek solutions.

I need to give context or background to the statement you made about, “welcoming discussions since December.” During my meeting with John Shay and Patrick Waterman in late November, John shared constructive steps Lisa was taking to transition the OCPHD from her leadership and preparing for the next leader. I recognized that she cared about the department and people that she led and asked to meet with her. John said he would arrange a meeting.

After not hearing back from John, approximately 2 weeks later, I called and asked John about meeting with Lisa. It was during this phone call he told me that you were training with Lisa and would be filling in as interim Administrative Health Director, I asked to meet with both of you. He gave me Lisa’s office number, I called and left a message, it may have been the Monday before the December 13, 2022 BOC meeting.

I had hoped as a nurse, to be bridge between parents and the OCPHD. Had I known you were interested in in the role of Administrative Health Director, I certainly would have considered you for the role.

Sincerely,

Gretchen Cosby

Gretchen Cosby MSN, RN | *County Commissioner, District 1*
Subscribe to County News
12220 Fillmore Street | West Olive, Michigan 49460 | 616-980-7773

From: Adeline Hambley <ahambley@miottawa.org>
Sent: Monday, August 28, 2023 6:31 PM
To: Gretchen Cosby <gcosby@miottawa.org>
Subject: RE: Meeting

Thank you for your email. I appreciate your communication, and I am working on gathering the requested information. I wanted to let you know that it may be a few days before I can provide some of it, as much of my weekend and today have been spent helping provide answers for Karen from Fiscal Services, so that she can assist Administrator Gibbs with his various requests for different possible budget decrease scenarios, and the ramifications of each. This work is ongoing, and I didn’t want you to think that I don’t consider your message important. As you know, I have welcomed discussions with you and your colleagues in my various communications, offering to meet since December prior to when the Commission took office in January. Please know that I am working to provide the information in Friday’s request as soon as possible.

PS000144

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

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From: Gretchen Cosby <gcosby@miottawa.org>
Sent: Monday, August 28, 2023 12:19 PM
To: Adeline Hambley <ahambley@miottawa.org>
Subject: Meeting

Good Afternoon,

Thank you for sending me the online link for the Ottawa County Health Department programs, I am interested in setting the Health Department up for success, regardless of what has been reported in the media.

If you could provide the other data points I requested by program, I would be willing to meet with you to see if there is an advocacy opportunity for specific programs and program requirements.

Thank you for your assistance.

Gretchen Cosby

Gretchen Cosby MSN, RN | *County Commissioner, District 1*
Subscribe to County News
12220 Fillmore Street | West Olive, Michigan 49460 | 616-980-7773

Ottawa County

From:	John Shay
Sent:	Friday, December 16, 2022 10:20 AM
To:	Gretchen Cosby
Cc:	Lynne Doyle; Lisa Stefanovsky; Adeline Hambley; Marcie VerBeek; Karen Karasinski; Patrick Waterman
Subject:	RE: Meetings with Department Leadership
Importance:	High

Hi, Gretchen:

I think it's a great idea for you to meet with Lynne, Lisa and Adeline to learn more about the Community Mental Health and Public Health departments. Their contact info is as follows:

- Lisa Stefanovsky: lstefanovsky@miottawa.org; 616-393-5781
- Adeline Hambley: ahambley@miottawa.org; 616-393-5625
- Lynne Doyle: ldoyle@miottawa.org; 616-494-5421

With respect to determining the number of FTEs for each department, we do not use a specific labor statistic. The process for adding new positions is that the department head or elected official, as the case may be, submits a written request for a new position(s). The request specifies the position(s), the funding source(s) and the justification for it. The department head then meets with HR Director Marcie Ver Beek, Fiscal Services Director Karen Karasinski and me to make their case. We then review this information and make a recommendation to the Finance Committee. The Finance Committee reviews this information and then makes a recommendation to the Board of Commissioners, which has the final say.

Please let me know if you have any questions. Have a great weekend.

John Shay | *County Administrator*

12220 Fillmore St. | West Olive, Michigan 49460 | 616-738-4642
jshay@p Ottawa.org | www.p Ottawa.org

Ottawa County
Where You Belong

From: Gretchen Cosby <gretchen.cosby@leader-work.com>
Sent: Friday, December 16, 2022 8:55 AM
To: John Shay <jshay@miottawa.org>
Subject: Meetings with Department Leadership

Good Morning John,

PS000146

I would like to meet with Lynne Doyle, Lisa Stephanosky and Adeline Hambly hopefully next week, if holidays and vacations allow. My goal is to learn about their departments initiatives and how I can be helpful in my role as County Commissioner. Are you ok with my reaching out to the department heads directly so we can coordinate calendars?

On another subject, budget. Does the county use a labor statistic to determine number of full time equivalent(FTE) hours are required to properly staff a department? If no, what is the process for adding new positions? The County Commissioners have the responsibility to approve new positions and it helps me to understand the background work that has been completed before the position comes to the board for approval. We compete for FTE's in health systems, the leader has to make their case, so to speak.

It looks like Stephanie has been starting the onboarding process for the new commissioners and I will be reaching out to Regina MacMillian to meet so I can collect a county laptop and establish network access.

Have a great weekend, thank you!

Gretchen Cosby

Sent from Mail for Windows

PS000147

Adeline Hambley

From: Lisa Stefanovsky
Sent: Friday, December 16, 2022 1:39 PM
To: Gretchen Cosby; Adeline Hambley
Subject: RE: Request for a meeting

Importance: High

HI Gretchen.

Thank you so much for reaching out. We would welcome the opportunity to meet with you to share information about the department and to learn more about our how we may work collaboratively toward our mutual goal of a healthy Ottawa County population. It looks like Addie and I both have flexibility in our schedules on Monday from 11:30 to 3:30 and on Thursday morning until noon. Let us know if these times work for you. Shall we plan on an hour (ish)?

Lisa

Lisa Stefanovsky, M.Ed.
Ottawa County Department of Public Health
Administrative Health Officer
office: 616.393.5781

miOttawa Department of
Public Health

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From: Gretchen Cosby <gretchen.cosby@leader-work.com>
Sent: Friday, December 16, 2022 1:20 PM
To: Lisa Stefanovsky <lstefanovsky@miottawa.org>; Adeline Hambley <ahambley@miottawa.org>
Subject: Request for a meeting

Good Afternoon,

My name is Gretchen Cosby and I am the newly elected County Commissioner for District 1 in Ottawa County. I am emailing to see if the 2 of you have time next week to meet with me, I am interested in initiatives at the health department, transition planning and how I can be helpful to the health department in my new role.

I look forward to meeting both of you and working together. Thank you for your consideration.

Sincerely,

PS000148

Gretchen Cosby

Sent from Mail for Windows

PS000149

Adeline Hambley

From: Adeline Hambley
Sent: Monday, February 6, 2023 2:03 PM
To: Sylvia Rhodea; Gretchen Cosby; Lucy Ebel; Doug Zylstra; Jacob Bonnema; Joe Moss; Rebekah Curran; Roger Belknap; Allison Miedema; John Gibbs
Subject: Michigan Local Public Health Accreditation Program--Follow-up Information
Attachments: Plan of Organization 2018_merged_final.pdf; TotalSiteVisit_6_25_2018.pdf

Good afternoon everyone,

I wanted to follow-up with the information requested at the Health and Human Services Committee meeting. I have attached the Plan of Organization document from Cycle 7 Accreditation in 2018, as well as the full "Total Site Visit Report".

Additionally, here is a link to the Cycle 8 Tool for the accreditation visit in July 2023, https://accreditation.localhealth.net/accreditation-tools-timeline/cycle-8-tool/

Please reach out if you have any questions. Thank you!

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

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Adeline Hambley

From: Adeline Hambley
Sent: Thursday, March 23, 2023 1:10 PM
To: Sylvia Rhodea; Gretchen Cosby; Lucy Ebel; Doug Zylstra; Jacob Bonnema; Joe Moss; Rebekah Curran; Roger Belknap; Allison Miedema
Cc: John Gibbs
Subject: Poverty Education Workshop Opportunity

Good Afternoon Health & Human Services Committee,

I wanted to share an upcoming workshop opportunity at the Fillmore Main Conference Room that may be of interest to you. Access West Michigan is offering The Poverty Education Workshop to help participants gain insights into the barriers faced by low-income individuals through role-playing the lives of various family types experiencing poverty.

Sign-up is now open for the workshop.

- Two different dates are being offered (you only need to select one).
  - April 20, 2023: https://www.eventbrite.com/e/poverty-education-workshop-april-20-2023-tickets-476651997957
  - September 14, 2023: https://www.eventbrite.com/e/poverty-education-workshop-september-14-2023-tickets-476678075957
- For more information on Access West Michigan's Poverty Education: https://accessofwestmichigan.org/about-us/poverty-education/

Please reach out with any questions. Thanks so much!

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
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Adeline Hambley

From: Sylvia Rhodea
Sent: Monday, April 10, 2023 4:37 PM
To: Adeline Hambley
Cc: Gretchen Cosby; John Gibbs; Jack Jordan; Joe Moss
Subject: RE: Public Health Accreditation 2023--Plan of Organization

OK. Sounds good. Thank you.

Sylvia Rhodea

From: Adeline Hambley <ahambley@miottawa.org>
Sent: Monday, April 10, 2023 2:37 PM
To: Sylvia Rhodea <srhodea@miottawa.org>
Cc: Gretchen Cosby <gcosby@miottawa.org>; John Gibbs <jgibbs@miottawa.org>; Jack Jordan <jjordan@miottawa.org>
Subject: RE: Public Health Accreditation 2023--Plan of Organization

Commissioner Rhodea,

Good to hear from you. This weekend was lovely, it was so nice to finally feel like spring is here! We are currently working on completing the draft of the Plan of Organization, so I have not yet shared it with Jack or John. However, once draft is completed I will be sure to share with them so they can review as well. I am hoping to have a draft for everyone to take a look at later this week. If there are any questions in the interim, please don't hesitate to reach out.

Have a wonderful day,

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

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From: Sylvia Rhodea <srhodea@miottawa.org>
Sent: Monday, April 10, 2023 2:03 PM
To: Adeline Hambley <ahambley@miottawa.org>
Cc: Gretchen Cosby <gcosby@miottawa.org>; John Gibbs <jgibbs@miottawa.org>; Jack Jordan <jjordan@miottawa.org>
Subject: Public Health Accreditation 2023--Plan of Organization

Adeline,

I hope you had a great weekend. Thank you for the information. I am unable to meet this week. I noticed there is a section on legal. Has this been reviewed by corporate counsel yet?

Sincerely,

Sylvia Rhodea

From: Adeline Hambley <ahambley@miottawa.org>
Sent: Wednesday, April 5, 2023 12:35:19 PM
To: Sylvia Rhodea <srhodea@miottawa.org>; Gretchen Cosby <gcosby@miottawa.org>
Subject: Public Health Accreditation 2023--Plan of Organization

Commissioners Rhodea and Cosby,

I hope you are both doing well and staying safe in this strange weather. I wanted to reach out and follow-up on the Michigan Local Public Health Accreditation Program and the Plan of Organization. Ottawa County's Public Health Accreditation Program site visit has been rescheduled to the week of July 17, 2023 (originally was July 10, 2023). As part of the Minimum Program Requirements, the local health department is required to submit the Plan of Organization to the MDHHS Division of Local Health Services at least 60 days before the scheduled site visit. The Plan of Organization is signed by the Health Officer and the Board Chair. However, in past practice, the Plan of Organization has been reviewed with the Health and Human Services Committee prior to going to the Chair for signature. As our visit is scheduled for the week of July 17, 2023, the deadline to submit the signed Plan of Organization to the Accreditation Committee is May 18, 2023.

A draft Plan of Organization should be completed soon and I will share for your review. If you would like to meet prior to the next Health and Human Services Committee meeting to discuss the draft and review the Accreditation process, please let me know your availability on Wed. 4/12, Thurs. 4/13 or Fri. 4/14 and I will get something scheduled.

Link to additional information on Accreditation Requirements: https://accreditation.localhealth.net/accreditation-tools-timeline/cycle-8-tool/

Thank you!

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
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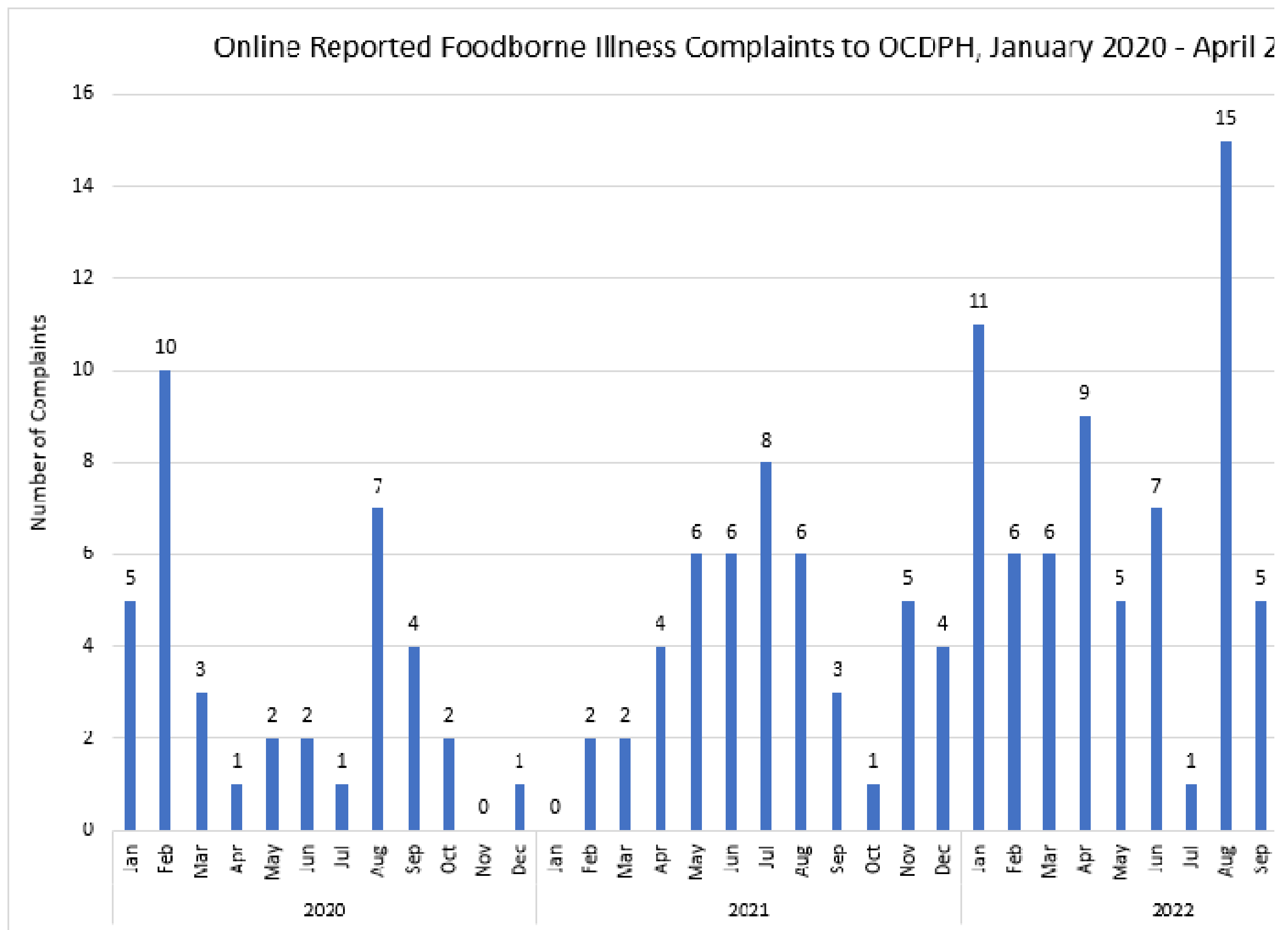
PS000153

Adeline Hambley

From: Adeline Hambley
Sent: Wednesday, April 12, 2023 1:57 PM
To: Sylvia Rhodea; Gretchen Cosby
Cc: John Gibbs
Subject: Health and Human Services Committee--Disease update

Good afternoon!

I wanted to touch base with you both about providing a disease update at the Health and Human Services Committee. In the past, the Medical Director would provide an update on emerging diseases/illnesses or specific trends in Ottawa County. This spring, we have seen increases in foodborne illness complaints and gastrointestinal illness (GI) reports (compared to fall/winter). So it seems like it might be a good time to provide an update at the April Committee meeting. Usually an update is approximately 10 minutes. The update from the Medical Director, Dr. Unzicker, for the April Committee meeting would include: spring foodborne illness complaint trends/GI illness trends in Ottawa and general information on spring chicks, salmonella, and preventing illness.



PS000154

Ottawa County Emergency Department (ED) and Urgent Care (UC) Visits with GI Illr
2020 - 2023

2020-21 Season
2021-22 Season
2022-23 Season

Percent Visit with GI Illness

20%
18%
16%
14%
12%
10%
8%
6%
4%
2%
0%

10.7%

10/8/2022
10/22/2022
11/5/2022
11/19/2022
12/3/2022
12/17/2022
12/31/2022
1/14/2023
1/28/2023
2/11/2023
2/25/2023
3/11/2023
3/25/2023
4/8/2023
4/22/2023
5/6/2023
5/20/2023

Week-Ending Date

Please let me know if you have any specific questions related to these topics. Thank you!

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
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PS000155

Adeline Hambley

From:	Adeline Hambley
Sent:	Thursday, May 18, 2023 1:23 PM
To:	Sylvia Rhodea; Gretchen Cosby; Lucy Ebel; Jacob Bonnema; Joe Moss; Rebekah Curran; Roger Belknap; Doug Zylstra; Allison Miedema
Cc:	John Gibbs
Subject:	RE: OCDPH Cycle 8 Accreditation Plan of Organization
Attachments:	2023 Accreditation Cycle 8 Plan of Organization_Ottawa County PH FINAL.pdf

I apologize for an additional email, but it looks like there was a conversion error between Teams and Adobe that caused hyperlinks to break. Attached is an updated Plan of Organization document with working links.

Thank you!

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
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From: Adeline Hambley
Sent: Thursday, May 18, 2023 12:36 PM
To: Sylvia Rhodea <srhodea@miottawa.org>; Gretchen Cosby <gcosby@miottawa.org>; Lucy Ebel <lebel@miottawa.org>; Jacob Bonnema <jbonnema@miottawa.org>; Joe Moss <jmoss@miottawa.org>; Rebekah Curran <rcurran@miottawa.org>; Roger Belknap <rbelknap@miottawa.org>; Doug Zylstra <dzylstra@miottawa.org>; Allison Miedema <amiedema@miottawa.org>
Cc: John Gibbs <jgibbs@miottawa.org>
Subject: OCDPH Cycle 8 Accreditation Plan of Organization

Chair Rhodea, Vice Chair Cosby, and Health & Human Services Committee members,

Attached is the Ottawa County Department of Public Health Plan of Organization document for the 2023 Cycle 8 Accreditation. As a copy of the document would have originally been provided at the May committee meeting, I wanted to follow-up and share the document with you via email. The state does require the signature of the Local Governing Entity Chairperson (attachment A is the signature page). For easier processing for Chairman Moss, I will submit the document electronically through the same process as contract ratification.

I have also included the Local Health Department (LHD) Plan of Organization Instructional Guide for reference. Please note, there were small discrepancies in the stated order between the guidance document and the checklist. The final arrangement of the OCDPH Plan of Organization followed the checklist document (page 12 in instructional guide, Attachment B in the OCDPH document).

Please reach out with any questions. Have a wonderful day!

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

miOttawa Department of
Public Health

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PS000157

Adeline Hambley

From: Adeline Hambley
Sent: Wednesday, August 30, 2023 12:48 PM
To: Gretchen Cosby
Subject: FW: 2022 Public Health Annual Report & Follow-up Info
Attachments: Public Health annual report 2022 slides.pptx

Some information here that may be helpful.

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

miOttawa Department of
Public Health

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From: Adeline Hambley
Sent: Monday, February 20, 2023 4:28 PM
To: Allison Miedema <amiedema@miottawa.org>; Doug Zylstra <dzylstra@miottawa.org>; Gretchen Cosby <gcosby@miottawa.org>; Jacob Bonnema <jbonnema@miottawa.org>; Joe Moss <jmoss@miottawa.org>; Kyle Terpstra <kterpstra@miottawa.org>; Lucy Ebel <lebel@miottawa.org>; Rebekah Curran <rcurran@miottawa.org>; Roger Belknap <rbelknap@miottawa.org>; Roger Bergman <rbergman@miottawa.org>; Sylvia Rhodea <srhodea@miottawa.org>
Cc: John Gibbs <jgibbs@miottawa.org>; Patrick Waterman <pwaterman@miottawa.org>; Jack Jordan <jjordan@miottawa.org>
Subject: 2022 Public Health Annual Report & Follow-up Info

Commissioners,

Attached are the slides from the 2022 Public Health Annual Report.

As there were some questions regarding Man Therapy and suicide rates, please visit this website for more information on the Suicide Prevention Coalition: https://miottawa.org/Health/OCHD/suicide_prevention.htm

From Leslie Ver Duin, BSN, RN, the Child Health Team Supervisor, here is additional information on Children's Special Health Care Services (CSHCS):

Important things to note:

- CSHCS covers over 2,700 diagnoses
  - Providing a breakdown of each diagnosis is a challenge due to HIPAA as some are very rare genetic disorders and there may only be one case.
- Children must be receiving specialty care; CSHCS doesn't cover primary care visits

- CSHCS doesn’t cover behavioral diagnoses or syndromes, but may cover certain care that may be a result of those
- MDHHS medical consultants ultimately determine eligibility

Today, we currently have 1,488 enrolled clients in Ottawa County.

- This number can fluctuate daily due to days clients turn 21 and age off, and with continuous enrollment, or decisions not to renew by families. Unfortunately it also includes factors like client deaths, because this program encompasses care for those whose medical care needs can be very fragile.
- We can often see anywhere from 8-20 new enrollees each week.

We attribute our continued growth due to the relatively close proximity of Helen DeVos Children’s Hospital as well as the many resources for connection and assistance that have been built and uplifted here in Ottawa County for our community members.

Helpful basic information about the CSHCS program is located on the state website: General Information For Families About "Children's Special Health Care Services" (CSHCS) (michigan.gov)

Within the above link it includes this information about the list of ICD-10 codes with their description of the eligible diagnoses for the CSHCS program: CSHCS-Diagnosis_Codes-11-2003.pdf (michigan.gov)
According to the State of Michigan CSHCS program, there are over 2,700 qualifying diagnoses. Here they are grouped into similar diagnoses, and it is searchable by pressing ‘Ctrl’ & ‘F’ on your keyboard while in this table.

When considering these diagnoses however, it is important to reiterate the eligibility factors of the program. In addition to a qualifying diagnosis that is a physical diagnosis, the severity, chronicity and need for treatment by a subspecialist then is weighed to determine the eligibility for each individual. This is decision is solely made by a MDHHS medical consultant (MD) based on the medical reports from the treating subspecialist.

- Please note also that syndromes are no longer considered qualifying diagnoses on their own, however how the syndrome manifests itself as a physical diagnosis for an individual can be reviewed for eligibility.

Good insight into the beginnings of the CSHCS program can be seen in this video recording of the Director of the CSHCS in Lansing, Lonnie Barnett himself: https://mdch.train.org/breeze/intro/lhdintro.mp4
It is not quite 6 minutes long, and is part of the local health department CSHCS staff orientation.

Please let me know if you have additional questions. Thank you!

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

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PS000159

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miOttawa Department of Public Health

ANNUAL REPORT 2022

Our Mission

Working together to assure conditions that promote and protect health

Our Vision

Healthy people

Our Values

Equity: All people will be valued and treated fairly with dignity and respect

Integrity: Uphold the highest level of ethical standards

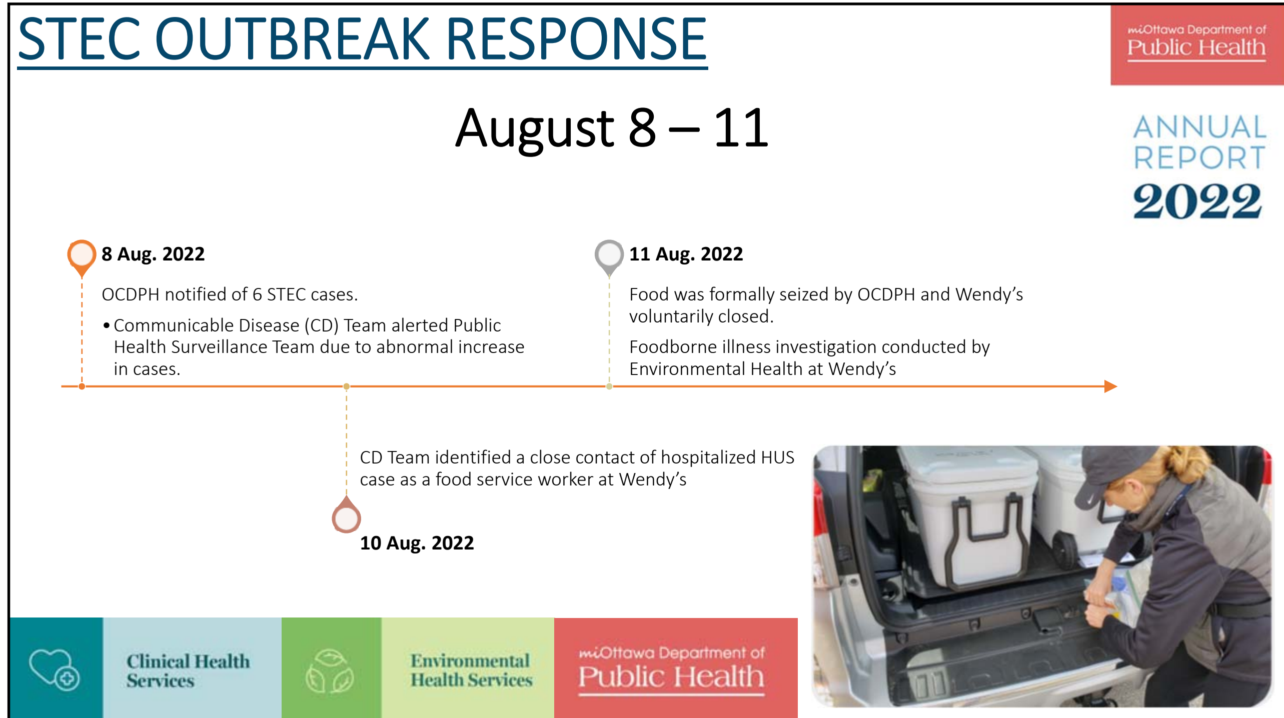
Excellence: Provide the highest quality product, service and customer experience

Highlights

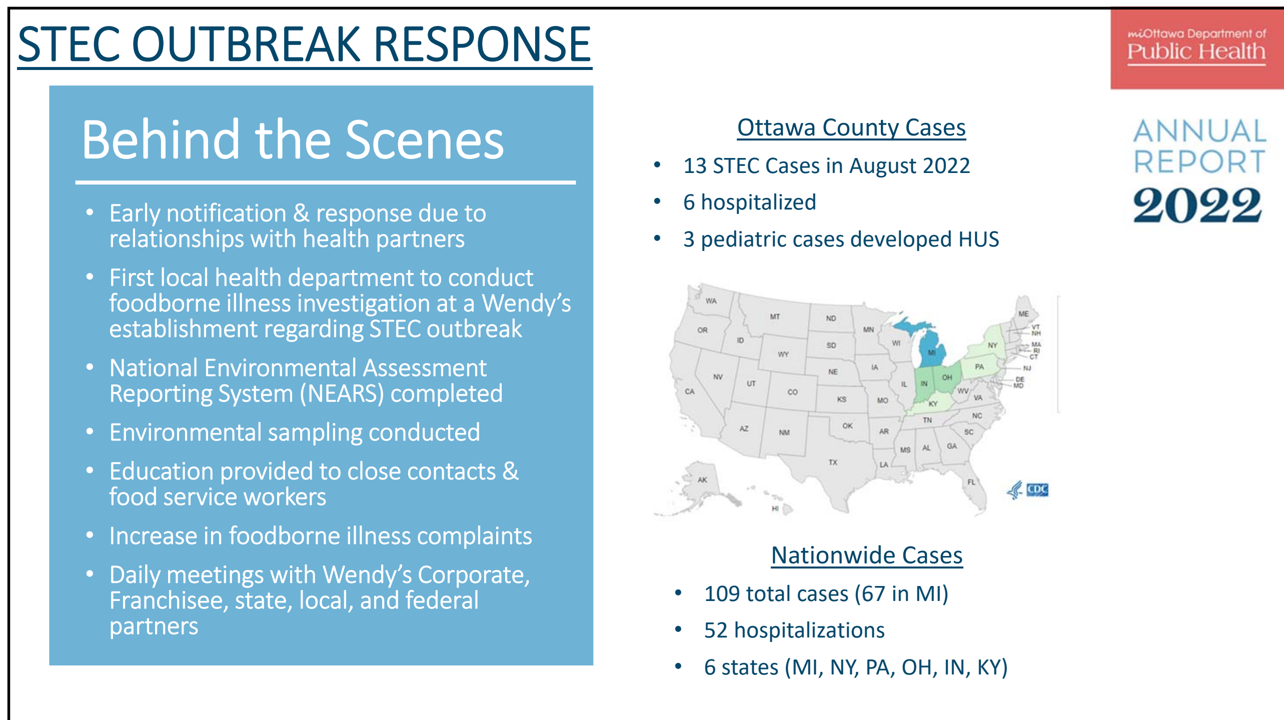
1. Outbreak Response – Shiga Toxin Producing E.coli (STEC)
2. Lead Poisoning Prevention Program Expanded Services
3. Composting Program Offered at Sustainability Sites
4. Man Therapy – Suicide Prevention
5. End of Life Services – Medical Examiner Partnerships

2

PS000160



3



4

PS000161

LEAD POISONING PREVENTION SUPPORT

miOttawa Department of Public Health

ANNUAL REPORT 2022

Exposure to lead can seriously harm a child's health.

- Damage to the brain and nervous system
- Slowed growth and development
- Learning and behavior problems
- Hearing and speech problems

Support Beyond Lead Mitigation

- No known safe level of lead
- Since 2016, OCDPH nurses have provided education, resources, and nursing case management to children under 6 with elevated blood lead levels (EBLL)
- EBLL was lowered in 2022 from 5ug/dL to 3.5ug/dL
- Prior to 2022, only children with Medicaid health care coverage were eligible for case management
- Expansion of services in 2022 to non-Medicaid covered children
- EBLL children often experience underlying conditions that affect health, such as:
  - Food insecurity, poverty, lack of education, lack of safe housing or transportation
- Community Health Worker (CHW) added to link families to resources in the community
  - Home visits to assess needs
  - Connect to community resources
  - Assists with lead abatement program application for financial assistance

Community Health Services

5

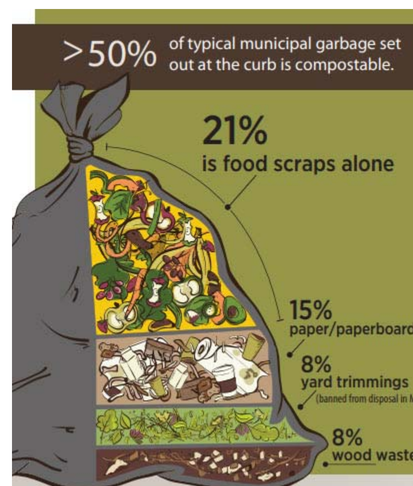
NEW COMPOSTING PROGRAM

miOttawa Department of Public Health

ANNUAL REPORT 2022

Composting for a Healthy Community

- A healthy environment is a foundation to a healthy community
- Composting recycles organic matter resulting in:
  - Fertile, healthy soil
  - Reduces usable materials sent to landfills
  - Increases water retention of soil
  - Decreases soil erosion
- Backyard composting not feasible for many residents
- Program fills need for residents and small businesses to compost food waste into usable material for local farms
- Number of users more than doubled over 2022
- Over 2 tons of food waste has been turned into compost



Environmental Health Services

Environmental SUSTAINABILITY

6

PS000162

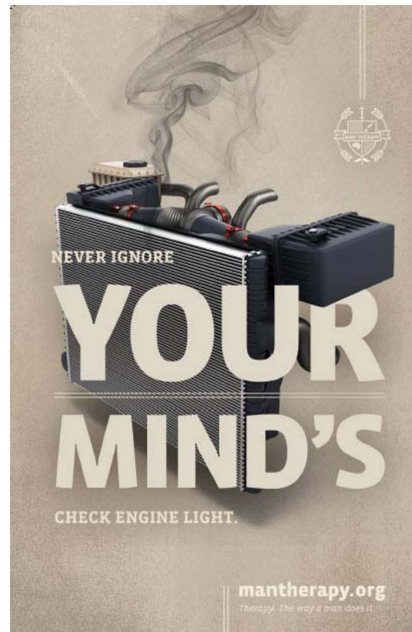
MAN THERAPY SUICIDE PREVENTION

miOttawa Department of Public Health

ANNUAL REPORT 2022

Addressing Men's Mental Health

- Ottawa residents who died by suicide in 2021:
  - 91% were men
  - 24% were veterans
- Over the past decade, 75% of deaths by suicide in Ottawa County were men
- One reason identified was reluctance to access mental health services
- Man Therapy is an innovative program that uses humor & personal stories to reshape conversation about men's mental health
- Partnerships with Veterans Administration & Ottawa County Dept. of Veterans Affairs
- Outreach included social media, advertising & presentations
- Results:
  - Increased visitors accessing materials 295%
  - Completion of the "head inspection" self assessment increased 106%



Health Planning and Promotion Services

7

END OF LIFE SERVICES

miOttawa Department of Public Health

ANNUAL REPORT 2022

Offering End of Life Dignity

- OCDPH provides programs from birth through the end of life
- When someone passes away without next of kin, there is no one to collect their remains or hold a funeral or memorial of any kind
- For many years there was no formal program for facilitating burial for indigent persons or unclaimed remains
- 2020 OCDPH & the Medical Examiner Program partnered with two funeral homes & an Ottawa County municipality to begin a formal program to care for unclaimed remains
- In 2021 the program and partnerships continued to expand
- Remains of these individuals are now cremated & transported to a local cemetery where the ashes are placed in a dedicated garden
- A memorial plaque is purchased & displayed to acknowledge life & the final resting place of each person
- In 2022, services were provided to 18 individuals in Ottawa County

miOttawa Department of Public Health

8

PS000163

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Public Health

ANNUAL
REPORT
2022

thank you

Adeline Hambley, Health Officer
Gwen Unzicker M.D., Medical Director

miOttawa Department of
Public Health

Holland
12251 James Street
Holland, MI 49424

Grand Haven
1207 South Beechtree Street, Suite B
Grand Haven, MI 49417

Hudsonville
3100 Port Sheldon Avenue
Hudsonville, MI 49426

Phone: (616) 396-5266
Español: (616) 393-5780

9

Adeline Hambley

From: Adeline Hambley
Sent: Wednesday, August 30, 2023 12:49 PM
To: Gretchen Cosby
Subject: FW: Long-term unfilled, budgeted positions

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

miOttawa Department of
Public Health

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From: Adeline Hambley
Sent: Wednesday, August 16, 2023 2:35 PM
To: John Gibbs <jgibbs@miottawa.org>
Cc: Marcie VerBeek <mverbeek@miottawa.org>; Karen Karasinski <kkarasinski@miottawa.org>; Myra Ocasio <mocasio@miottawa.org>
Subject: RE: Long-term unfilled, budgeted positions

Hi John,

Each year when completing budgets we review open positions and determine if they can be removed from the coming year's budget. These positions were reviewed in June when originally compiling budgets. Below is additional information for each position.

- **PH Health Education, Position #25910003, Health Promotions** – Identified in June that position would not be filled in FY 2024 and the cost of the position has already been backed out of the FY 2024 budget.

- **PH Family Planning, Position #29100002, Nurse Practitioner** – Position is vacant and not currently planned to be filled, however, the position is still included in the FY 2024 budget as there may be a need to fill this position in the new year. Currently programs are running very lean, and we are riding the line of being able to meet minimum needs. However, with any changes in service levels this position will be needed. There are potential programs on the horizon, such as federal refugee medical exams, that would necessitate filling this position.

- **PH Clinical Clerical, Position #61850007, Clinical Support** – This full-time clinical support position is currently filled by a long-time employee. The position is showing as vacant in the system as part of her FTE was being paid by an Infection Prevention Grant in FY 2023. However, as the work is transitioning back to traditional duties, the employee is being allocated back to this original position designation. It should be noted that a portion of this position (0.5 FTE) has been budgeted to be supplemented with Infection Prevention Grant funds in FY 2024. If

PS000165

Adeline Hambley

From: Adeline Hambley
Sent: Wednesday, August 30, 2023 12:50 PM
To: Gretchen Cosby
Subject: FW: FY24 Budget Request
Attachments: 2023.08.24 FY24 Budget Reduction Request Follow-up.pdf

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

miOttawa Department of
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From: Adeline Hambley
Sent: Thursday, August 24, 2023 5:08 PM
To: John Gibbs <jgibbs@miottawa.org>
Cc: Karen Karasinski <kkarasinski@miottawa.org>; Jordan Epperson <jepperson@miottawa.org>
Subject: RE: FY24 Budget Request

Hi John,

Please see attached for my response to this request. In working with Fiscal Services, it is impossible to create an exact budget as the Health Department is unable to operate at this funding level. Many grants and state funding require a match or minimum funding levels from the local governing entity in order to receive funds. If the local governing entity is not able to fund mandated programs at minimum specified levels, the state funding does not get passed to the local governing entity. The state can issue an administrative compliance order for a local governing entity that does demonstrate adequate provision of required services to the community. There is no way for me to create a budget that meets Public Health Code requirements and the minimum maintenance of effort---thus no state funding would be received, and ultimately the health department would no longer be able to operate.

I am also unable to address removing from the budget "all COVID related grants" as I am unclear as to how that is being defined. There are grants that have COVID as a word in the title or description but are not related to COVID cases, reporting or vaccines. I will need a specific list from the Intergovernmental Revenue list that was provided to move forward with this request.

Again, the budget is complex with many interconnect pieces that may be better served by a conversation with Karen to meet any reduction request.

Adeline Hambley, MBA, PMP, REHS

Adeline Hambley

From: Adeline Hambley
Sent: Wednesday, August 30, 2023 9:50 AM
To: Jacob Bonnema
Subject: FW: FY24 Budget Request

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

miOttawa Department of
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From: Adeline Hambley
Sent: Tuesday, August 22, 2023 4:59 PM
To: John Gibbs <jgibbs@miottawa.org>
Cc: Karen Karasinski <kkarasinski@miottawa.org>; Jordan Epperson <jepperson@miottawa.org>
Subject: RE: FY24 Budget Request

Hi John,

Commissioner Moss' proposal would slash Health Department funding from a $6.4 million total general fund contribution to a total of $2.5 million, a reduction of over 60%. This action brings the total operating budget for 2024 to $500,000 less than the 2009 budget, which was during the worst economic conditions the United States has experienced since The Great Depression. The demand for this reduction comes at a time when the County is experiencing significant population growth and record high property tax revenue.

Proposed budget reductions of this size will significantly impair, and likely eliminate, various public health services and the Health Department's ability to maintain public health and safety. It is ridiculous to expect that services in 2024 could be completed with a budget below 2009 funding levels. For example, as development ground to a halt during The Great Recession, only 38 evaluations were completed for vacant property to determine suitability for home construction with a septic system. In 2021, over 200 evaluations were completed, a number that has continued to grow each year, as has demand for many other Health Department services.

In addition to cutting general fund allocation, the Commission is proposing to give up a significant amount of grant money, allegedly because of various political considerations. This grant money is used for various purposes including preventing the spread of communicable disease and health risks other than COVID-19. This hurts Ottawa County taxpayers in a variety of ways and is fiscally short-sighted. These actions may necessitate large increases in fees for services that our businesses and citizens depend upon, and/or long delays for completion of services.

Adeline Hambley

From: Adeline Hambley
Sent: Wednesday, August 30, 2023 12:51 PM
To: Gretchen Cosby
Subject: FW: Final Public Health FY2024 Budget
Attachments: 2023.08.28 FY 24 PH Budget Information Update.pdf

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

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From: Adeline Hambley
Sent: Wednesday, August 30, 2023 10:56 AM
To: John Gibbs <jgibbs@miottawa.org>; Karen Karasinski <kkarasinski@miottawa.org>
Subject: RE: Final Public Health FY2024 Budget

John,

I wanted to follow-up as I haven't heard from you. I understand you've been meeting with Karen as she has been discussing with Public Health and Public Health Fiscal Services for information about programming.

Attached is an updated version of the document I shared on Monday. A few typos were corrected, and there was a total sum at the bottom of the chart on the last page that needed to be deleted as it was not reflective of any data (it was a left-over sum function in the chart that wasn't deleted). I also added additional information around the 1993 MOE calculation on page 10.

I am happy to continue to answer questions from fiscal services regarding the operations of Public Health. Please reach out with any questions.

Thank you,

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

Adeline Hambley

From: Adeline Hambley
Sent: Wednesday, August 30, 2023 12:51 PM
To: Gretchen Cosby
Subject: FW: Final Public Health FY2024 Budget
Attachments: 2023.08.28 FY 24 PH Budget - Response to 8.25.23 Request JGibbs.pdf

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

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From: Adeline Hambley
Sent: Monday, August 28, 2023 5:46 PM
To: John Gibbs <jgibbs@miottawa.org>; Karen Karasinski <kkarasinski@miottawa.org>
Subject: RE: Final Public Health FY2024 Budget

Hi John,

Thank you for cc'ing me on the request you sent Friday afternoon to Karen for changes to the Public Health FY 2024 budget. It is important for both Fiscal Services and Public Health to work together on your new request for budget amendments, since there are program details that Karen will need from Public Health to attempt to do what you have asked: suggest configurations of the Health Department budget which could still comply with the Public Health Code and with state and federal funding requirements.

Unfortunately, in my view, your request to Karen on Friday afternoon is still asking her to do the impossible. I have been working this weekend and so far today to answer Karen's questions while she is on her vacation. My understanding is that you have now asked her for different information, and so we are now pivoting to help her with those new requests. We will continue to try our best to help Karen with these new requests as of today at 5pm.

However, as a general matter, the information attached will be useful to you to keep in the background.

Sincerely,

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health

Adeline Hambley

From: Adeline Hambley
Sent: Wednesday, August 30, 2023 12:50 PM
To: Gretchen Cosby
Subject: FW: Final Public Health FY2024 Budget
Attachments: 82421-packet.PDF.pdf

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

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From: Adeline Hambley <ahambley@miottawa.org>
Sent: Friday, August 25, 2023 4:00 PM
To: Marcia Mansaray <mmansaray@miottawa.org>; Gwen Unzicker <gunzicker@miottawa.org>; Nina Baranowski <nbaranowski@miottawa.org>
Subject: Fwd: Final Public Health FY2024 Budget

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
(616) 393-5625

From: John Gibbs <jgibbs@miottawa.org>
Sent: Friday, August 25, 2023 3:52:38 PM
To: Karen Karasinski <kkarasinski@miottawa.org>
Cc: Adeline Hambley <ahambley@miottawa.org>
Subject: Final Public Health FY2024 Budget

Hi Karen,

Good afternoon.

Please take the following action to draft Public Health's budget:

1. Set the Public Health general fund contribution to $2.5 million, and then have Public Health use a portion ($1.3 million) of their $3 million fund balance to reach $3.8 million, the average general fund contribution from 2009

Adeline Hambley

From: Adeline Hambley
Sent: Wednesday, August 30, 2023 1:07 PM
To: Adeline Hambley; Alison Clark; Deborah Price; Derel Glashower; Gwen Unzicker; Kris Conrad; Lisa Uganski; Marcia Mansaray; Nina Baranowski; Sandra Lake; Spencer Ballard; Tony Benjamin
Subject: FW: Meeting
Attachments: 2022_2023 PH information sharing.pdf

FYI.

I also forwarded to Gretchen a previous email with Annual Report that was shared with the full Board, as well as emails to Administrator Gibbs.

If you could have your teams work on the PH Impact document in teams this week, I can work on compiling info early next week to share with Commissioner Cosby.

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

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From: Adeline Hambley
Sent: Wednesday, August 30, 2023 12:46 PM
To: Gretchen Cosby <gcosby@miottawa.org>
Subject: RE: Meeting

Commissioner Cosby,
I wanted to share some information to get you started. Attached is a pdf of communication reaching out and various information shared in the past. This might be helpful to find past documents shared.

The following links also provide some great info on program performance highlights:

- https://www.miottawa.org/Health/OCHD/admin.htm#ARPT
  Bottom of the page are the annual reports, these reports provide an excellent highlight of services and outcomes
- https://www.miottawa.org/Health/OCHD/data.htm#CommunicableDisease
  The communicable disease reports will provide a nice summary of annual reportable diseases in Ottawa County, which, as you know, all require work on behalf of public health.

Adeline Hambley

From: Adeline Hambley
Sent: Wednesday, August 30, 2023 3:31 PM
To: Karen Karasinski
Cc: Nina Baranowski; Marcia Mansaray
Subject: RE: Proposed budget cut spreadsheet

How are cuts to various programs being determined? Beyond maintenance of effort there are minimum program requirements required in law.

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

miOttawa Department of Public Health

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From: Karen Karasinski <kkarasinski@miottawa.org>
Sent: Wednesday, August 30, 2023 3:27 PM
To: Adeline Hambley <ahambley@miottawa.org>
Cc: Nina Baranowski <nbaranowski@miottawa.org>; Marcia Mansaray <mmansaray@miottawa.org>
Subject: RE: Proposed budget cut spreadsheet

Hi Addie,

We're still trying to balance it so it makes sense. I will share as soon as I can.

Karen

From: Adeline Hambley <ahambley@miottawa.org>
Sent: Wednesday, August 30, 2023 3:25 PM
To: Karen Karasinski <kkarasinski@miottawa.org>
Cc: Nina Baranowski <nbaranowski@miottawa.org>; Marcia Mansaray <mmansaray@miottawa.org>
Subject: Proposed budget cut spreadsheet

Hi Karen,

I have heard that there is a proposed budget cut spreadsheet for Public Health, can you please share?

Thank you!

Adeline Hambley, MBA, PMP, REHS

Adeline Hambley

From: Alison Clark
Sent: Wednesday, August 30, 2023 5:18 PM
To: Adeline Hambley
Subject: FW: For Immediate Release: Adeline Hambley Provides Update to Public Health Budget Cuts
Attachments: 2023.08.28 FY 24 PH Budget Information Update.pdf; 2023.08.30 PH Budget Timeline Communication.pdf

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From: Alison Clark
Sent: Wednesday, August 30, 2023 5:18 PM
Subject: For Immediate Release: Adeline Hambley Provides Update to Public Health Budget Cuts

FOR IMMEDIATE RELEASE
August 30, 2023

Adeline Hambley, Health Officer at the Ottawa County Department of Public Health is today providing an update to the ongoing Public Health budget process.

As of today, Ottawa County Fiscal Services is creating a new Public Health budget at the direction of Administrator John Gibbs, without input from leadership at the health department. Public Health has not been consulted about this budget, or provided with any information on the proposed budget or suggested cuts. Despite Hambley's best efforts to inform and educate County Administration on the complexity of funding mechanisms and statuatory program requirements of a local health department in Michigan, and her offers to discuss public health programs, funding, and legal requirements on numerous occasions, the Health Officer was not included in this process.

The Ottawa County general fund contribution to Public Health will be $3.8 million (of which $1.3 million is from Public Health Fund Balance). The County Administrative costs to Public Health will be subtracted from this $3.8 million budget ($1,664,989). Of note, the average County Administrative cost to Public Health for the period of 2009 to 2019 - the same period Public Health funding is being required to meet - was $328,789. Although Public Health is being expected to receive the average general fund contribution for the period of 2009 to 2019, Public Health is being expected to pay County Administrative costs of $1,664,989 in FY 2024. Any remaining eligible Public Health Fund Balance will be moved to the County Contingency Fund.

- The proposal from the Administrator demands cuts be made across all Public Health programs, while maintaining the required State of Michigan minimum maintenance of effort. While the budget requirements for the maintenance of effort may be met, cuts of this magnitude will not allow the health department to demonstrate adequate provision of required services.

- At this time, Hambley has met all requests by County Administration to the best of her ability, including providing four budget scenarios which outline the consequences of not meeting the State's minimum requirements for all essential local public health services, such as food inspections; drinking water and sewage disposal permitting and inspecting; hearing and vision services for children, and communicable disease surveillance;

PS000173

- To our knowledge, no other Ottawa County department has been asked to make reductions of any kind or are being required to utilize fund balance monies to meet their FY 2024 budget needs;
- To our knowledge, no other department has had a budget created for it by County Adminsitration without input from the department head or other leadership;
- County Administration has obstructed the department's ability to communicate with the public and are using the health department's platforms to communicate their own messages.

Additional details, which were provided to Administrator Gibbs this week, and a timeline of the budget process are in the documents attached.

Hambley will be available for interviews this evening and tomorrow, Thursday, August 31.

Thanks,
Alison

Alison Clark
(she/her/hers)
Communications Specialist/Public Information Officer
12251 James Street, Suite 400 I Holland, MI 49424
Office: (616) 494-5597 I (616) 550-3641

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PS000174

Your August 25, 2023, email request sent at 3:52 PM states:

> *Hi Karen,*
>
> *Good afternoon.*
>
> *Please take the following action to draft Public Health's budget:*
>
> 1. *Set the Public Health general fund contribution to $2.5 million, and then have Public Health use a portion ($1.3 million) of their $3 million fund balance to reach $3.8 million, the average general fund contribution from 2009 to 2019. Please transfer $1.5 million of the remaining Public Health fund balance to the County's contingency fund (unless specific parameters prevent it).*
> 2. *Eliminate all COVID positions approved at the August 24, 2021 Full Board of Commissioners meeting, totaling $2,179,153. (See the attached for more info)*
> 3. *Eliminate the following COVID-19 related grants, and any general fund contribution to programs funded by these grants*
>   - *PHEP 9 Month Grant*
>   - *PHEP 3 Month Grant*
>   - *PHEP to provide training for a new Public Health Emergency Preparedness Manager*
>   - *Immunization Action Plan (Note: keep grant, remove general fund contribution)*
>   - *Immunization ELPHS (Note: keep grant, remove general fund contribution)*
>   - *COVID-19 SUD*
>   - *GCD ELPHS - Disease Control*
>   - *Contact Tracing*
>   - *COVID Immunization*
>   - *Reopening Schools HRA*
>   - *NNICE Vaccine COVID-19*
>   - *COVID Workforce Development to expand*
>
> *For any additional details, please work with Nina and Kris to set the exact budget numbers within the above parameters.*

Since there have been several budget requests over the past week and a half and a lot of information provided to you from the Public Health and Fiscal Services departments already, it may be helpful to review some of what has already been communicated between January 2023 and today before addressing the points in your email.

The department budgets you are recommending to the Board of Commissioners have been presented and discussed numerous times during creation and planning, as well as publicly.

- November 2022 – January 2023: review of actuals for fiscal year 2022 and setting budget targets for fiscal year 2024
- Numerous presentations on health department programs and services to board of commissioners through annual report, Health and Human Services Committee meetings, grant presentations and via email. Multiple offers extended to meet and discuss programs more in-depth.
- Budget calendar followed with planning occurring up to entry into financial system in May.
- June 19, 2024: budget presentation with County Administrator, Fiscal Services, Public Health, and Commissioner Sylvia Rhodea
- Finance and Administration Committee and the Finance and Administration Committee's special budget work sessions
    - August 1, 2023, August 10, 2023, and August 21, 2023
- Board of Commissioner's meetings

PS000175

- August 8, 2023

- August 17, 2023: first request to set budget for general fund contribution "to pre-COVID levels, adjust for inflation" (2019 general fund of $4.5 million specifically mentioned) and exclude all COVID grants and provide by August 18, 2023
- August 21, 2023: first discussion at Finance and Administration Committee budget work session to significantly reduce budget as presented
- August 22, 2023: email received with direction to a budget in two days with a reduced general fund contribution of $2.5 million and removal of all COVID-related grants funding
- August 22, 2023: additional information provided to Administrator Gibbs by Public Health to explain the various limitations of funding and providing a detailed historical perspective of funding, inflation, and population growth
- August 23, 2023: directive to produce a budget with general fund as close to $2.5 million as possible and discontinue all COVID-related grants by August 24, 2023
- August 24, 2023: additional clarification and information provided by Public Health as to the outcomes of funding at this level
- August 25, 2023: request to Karen (Fiscal Services) with the request as shown earlier in document
- August 28, 2023: meeting with Fiscal Services to review request after Karen was able to meet with you and discuss

PS000176

As already mentioned multiple times during budget presentations to you and to the commissioners, the requested FY 2024 Public Health budget isn't directly comparable to the 2022 and 2023 budgets as shown because the COVID-19 grants awarded to support local response and recovery came later in the budget process compared to 2024. Therefore, FY 2022 and FY 2023 adopted budgets appear smaller than the requested FY 2024 budget as the grant awards are included, where previously they were not. The two tables below help to compare Public Health budget amounts from 2022 to 2024 without COVID-19-related grants.

Table 1. COVID Grants that Inflate Perceived Difference Between 2024 and Prior Years 2023 & 2022*

2024 COVID-19-Related Grant	Amount
Epi Lab Capacity Infection Prevention	$1,246,340.00
Immunization	$359, 090.00
Reopening Schools HRA	$308,000.00
Workforce Development	$345,213.00
TOTAL	**$2,258,643.00**

*Statistics from the August 10, 2023, Special Work Session, Finance and Administration packet.

As was discussed at the budget review meeting with Administration, Fiscal Services, Public Health, and Commissioner Rhodea on June 19, 2024, when COVID-19 grants are removed, the Public Health requested budget for FY 2024 is level or lower than the prior two years' baseline budgets. The FY 2024 budget is not inflated by COVID-19 spending, but primarily by inflation of the dollar and increases in costs as seen in every other Ottawa County department.

Table 2. Equivalent Comparison of 2022, 2023 and 2024 Public Health Budget without COVID Grants*

	2022 Budget Actuals	2023 Adopted Budget	2024 Requested Budget
Baseline Amount	$15,652,730	$15,258,827	$17,378,138
- COVID Grants	NA	NA	- $2,258,643
Adjusted Amount	**$15,653,730**	**$15,258,827**	**$15,119,496**

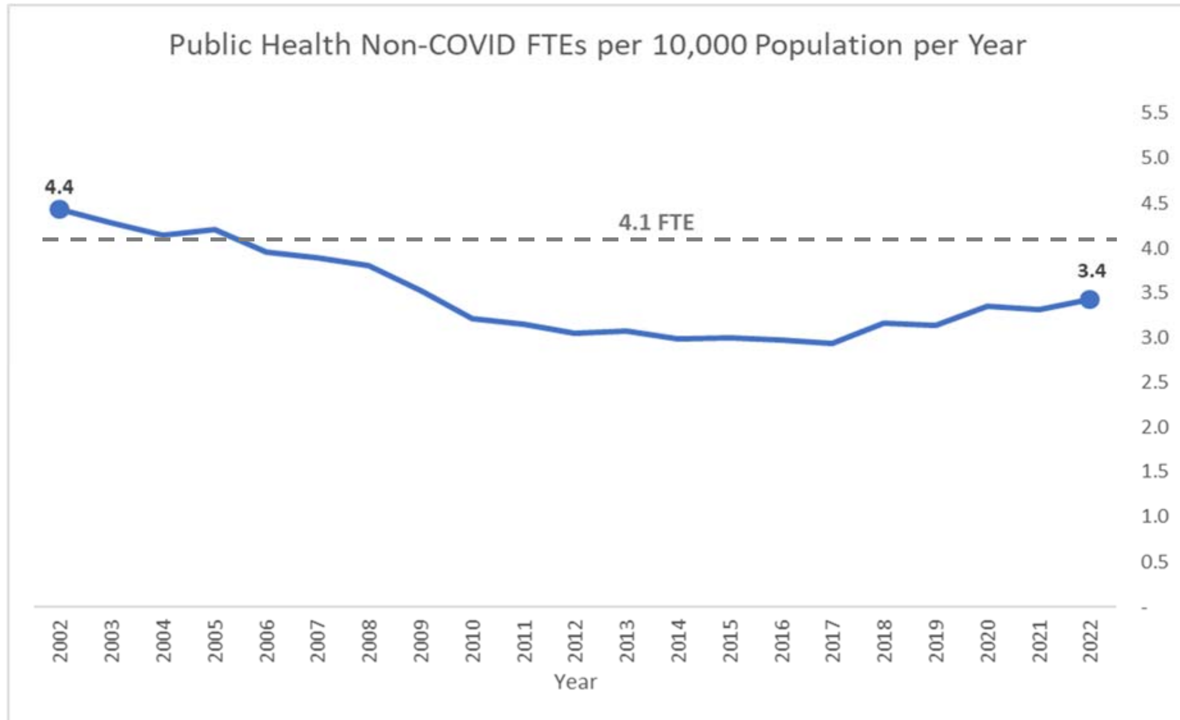
*Statistics from the Public Health (221) Special Revenue Fund Budget Summary, Finance and Administration packet.

While your proposed FY 2024 budget for all County departments combined is up 5%-6% compared to FY 2023, Public Health identified efficiencies before presenting our budget to you in June. As a result, we came to you without a baseline increase in our budget for two consecutive years. As noted by you and the Board, this is effectively a 5%-6% reduction and meets the Board's goal for all departments to achieve in the FY 2025 budget process – a difficult feat in any year, but even more so over two years with of inflation.

> *"In 2022, inflation reached some of the highest levels seen since 1981, hitting 9.1% in the middle of 2022 in the wake of the COVID-19 pandemic."*
>
> *U.S. Bureau of Labor Statistics*

Of course, there are factors to consider which cause budget increases to deliver services to the community that are unrelated to COVID-19. It may help you as you advise the Board to have a historical understanding of Public Health staffing levels and how they compare to the average of medium-sized local health departments in the United States. Figure 1 shows non-COVID staffing rates for Public Health from 2002 to 2022. The dashed gray line indicates the U.S. average since 2016. Ottawa has been under that level since 2006.

Figure 1. Ottawa County, as a medium-sized county, has been consistently staffed below the U.S. average local health department staffing level per 10,000 population*



*2019 National Profile of Local Health Departments (LHDs) Study.

PS000178

Besides inflationary pressures driving up costs of operation, population increases also drive increases in services. As the fastest growing county in Michigan, our population has grown by over 40,000 people since 2009.

Figure 2. Communicable diseases have increased year-over-year, more than doubling since 2009

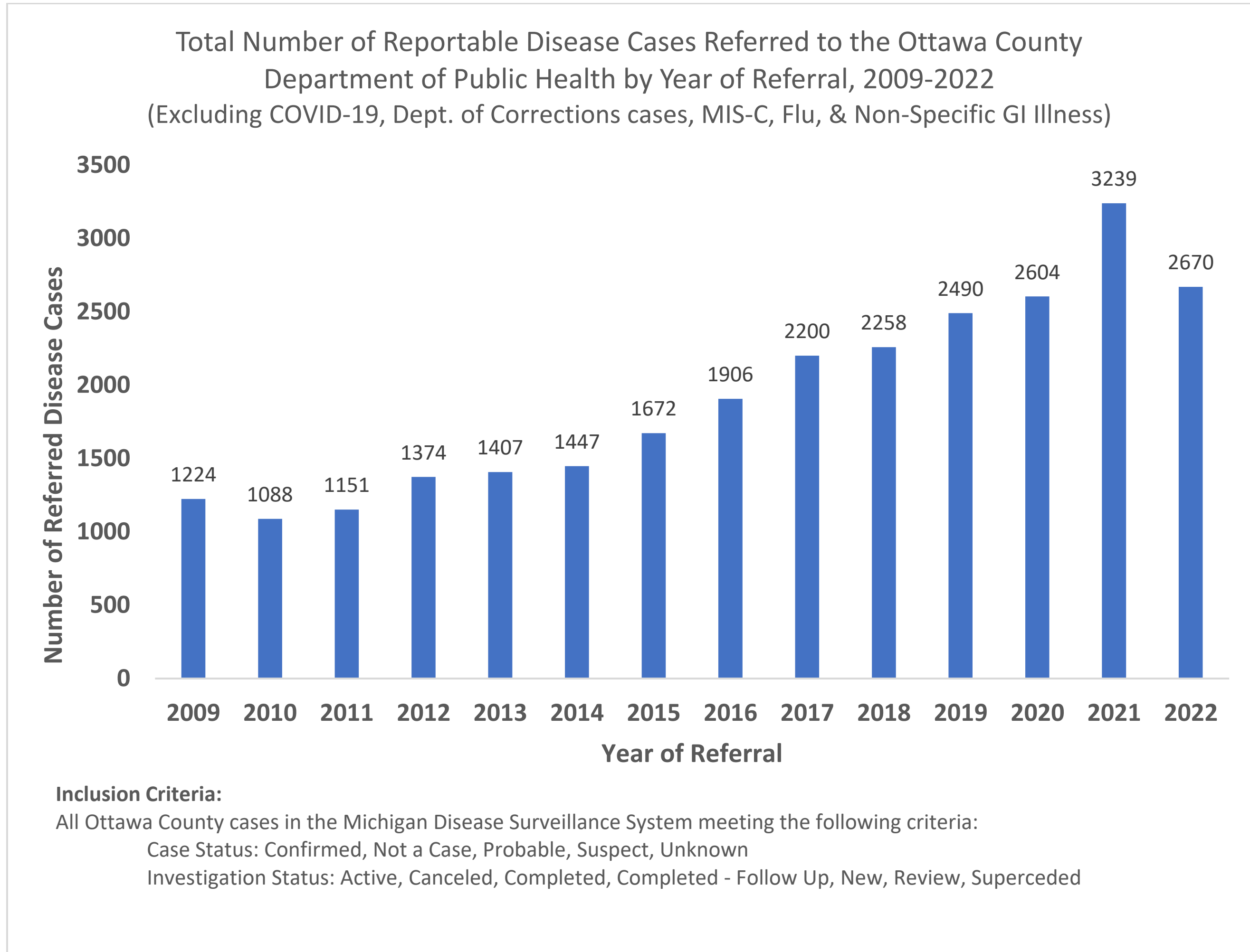
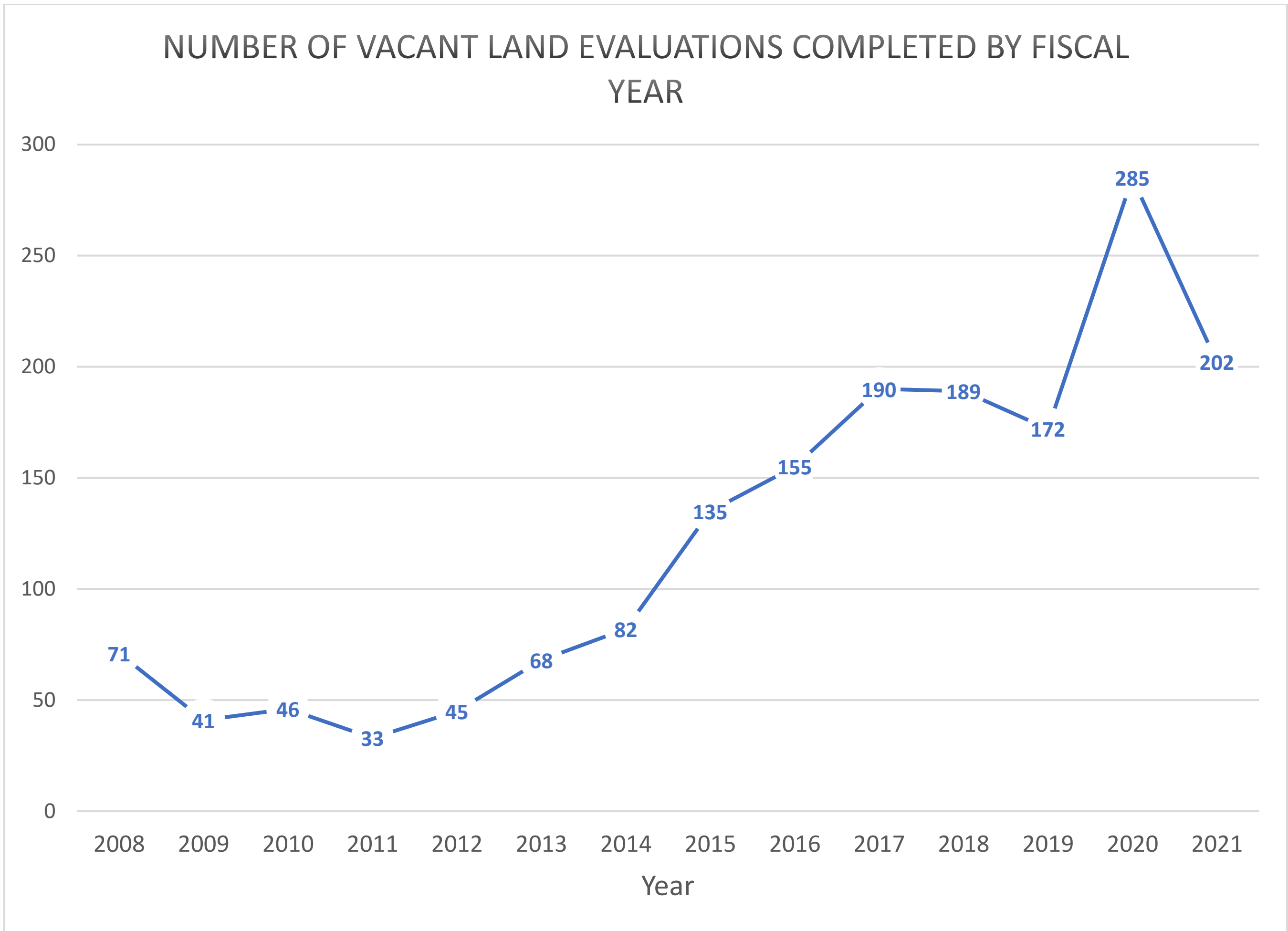


Figure 3. Vacant Land Evaluations have increased significantly since The Great Recession, and is a great indicator for population growth and overall increase in service requests



Request 1: *Set the Public Health general fund contribution to $2.5 million, and then have Public Health use a portion ($1.3 million) of their $3 million fund balance to reach $3.8 million, the average general fund contribution from 2009 to 2019. Please transfer $1.5 million of the remaining Public Health fund balance to the County's contingency fund (unless specific parameters prevent it).*

Response: The local governing entity, i.e., County Administration, must exhibit the maintenance of effort (MOE) in relation to funding the essential health and safety services that protect public health in Ottawa County. This amount cannot include the indirect expenses for county central services (administrator, corporate counsel, IT, etc.) when being calculated. The initial request to create a budget of $2.5 million total general fund would not meet this maintenance of effort as required, thus per the state Omnibus budget:

20 Sec. 1222. (1) Funds appropriated in part 1 for essential
21 local public health services shall be prospectively allocated to
22 local health departments to support immunizations, infectious
23 disease control, sexually transmitted disease control and
24 prevention, hearing screening, vision services, food protection,
25 public water supply, private groundwater supply, and on-site sewage
26 management. Food protection shall be provided in consultation with
27 the department of agriculture and rural development. Public water
28 supply, private groundwater supply, and on-site sewage management
29 shall be provided in consultation with the department of

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1 environment, Great Lakes, and energy.
2 (2) Distributions in subsection (1) shall be made only to
3 counties that maintain local spending in the current fiscal year of
4 at least the amount expended in fiscal year 1992-1993 for the
5 services described in subsection (1).

As explained in my response on August 24, 2023, that a total general fund contribution of $2.5 million falls significantly short of the maintenance of effort (MOE) needed to operate all mandated essential public health services at a minimally serviceable level, let alone meet the general fund needs for other required or desirable services that Ottawa County residents have relied on and have contributed to a comparatively healthy, thriving community in the past.

- Remember that for any general fund contribution to satisfy MOE, it cannot count the portion of general funds needed to pay for indirect expenses paid by County Administration for central services (administrator, corporate counsel, IT, etc.). In this case, that amount is $1,664,989.
- Public Health does not have a $3 million fund balance.
    - Public Health's fund balance at the beginning of the FY 2024 budget process is $3,046,360
    - Of the fund balance
        - $554,565 is an endowment for the Pathways to Better Health program, and are restricted funds.
        - $1,097,882 is the unused portion of an ARPA awarded project to reimburse the expected shortfall of Medicaid cost-based reimbursement payments in 2023 and 2024 due to reduced clinical services during the pandemic. These funds are restricted for Public Health use specific to this purpose. Changes in use would need to be made by vote of the Board of Commissioners.

OCDPH MEDICAID REIMBURSEMENTS | $1,507,178

WHO: Ottawa County Department of Public Health (OCDPH)

NEED/IMPACT: OCDPH assists underserved and under-represented adults, children and families with a variety of health-related services. Normally the OCDPH receives reimbursements for providing these services from the state Medicaid Cost Based (CBR) fund.

However, CBR payments are two years behind because of the pandemic. Because of the reduction in services caused by the pandemic, OCDPH is poised to lose $1.5 million in revenue over the next two fiscal years.

With these ARPA funds, OCDPH will be able to ensure essential health services continue and avoid cuts.

Contract fully executed?*

N/A

** No contract, through County department*

Funds distributed?

Yes ✓ *(funds transferred to Health Fund)*

No

-
    -
        - Remaining fund balance of $1,394,356 is unrestricted, however of note, $722,606 was already in the FY24 budget as originally proposed.

Table 3. The Original Budget Provides Adequate General Fund to Maintain Services Without Delays or Higher Fees and Operate Lawfully

Health Operation Funds Original Budget vs. Commissioner Requested Budget			
	Original Budget as Submitted	**Commissioner Requested Budget**	**% Change**
Total General Fund Contribution	$6,678,063	$3,800,000	**-43%**
Minus County Administrative Expenses (Administration, Corporate Counsel, IT, Fiscal, HR, etc.)	($1,664,989)	($1,664,989)	0%
General Fund Available for Public Health Operations & MOE	**$4,763,989**	**$2,135,011**	**-55%**

Does not include $250,000 CMH Millage Transfer (Pathways)

PS000183

The MOE for Public Health is based on a calculation from Fiscal Year 1993. At that time the total general fund provided was $2,958,616, of which $2,039,774 went to public health operations to provide services to the community.

OTTAWA COUNTY
COST SHARING BASE YEAR MAINTENANCE OF EFFORT CALCULATION
FOR THE FISCAL YEAR 10/01/92 THROUGH 09/30/93

		LOCAL FISCAL PERIOD #1 10/01/92 TO 09/30/93	LOCAL FISCAL PERIOD #2 TO
1	General Fund Expenditures (From County Annual Report)	2,958,616	
LESS:			
2	County Central Service Cost Allocation Plan expenditures INCLUDED in item #1 above:	12,038 144,476	
3	Reallocations included in item #1 above Animal Control	55,467	
4	Fees collected for Health Department services that are returned to the Health Department through item #1 above		
5	Other adjustments needed, (e.g., non-public health activities) Explanation: Cigarette Tax included in item #1	328,227	
	Contribution to Fund Balance for period	378,634	
6	Adjusted General Fund expenditures for use in determining local maintenance of effort. (Item #1 less 2,3,4,5)	2,039,774	
7	Percentage of local fiscal period that pertains to 10/01/92 – 09/30/93 fiscal year	100.00%	
8	Item #6 times item #7	2,039,774	
9	Total of the two numbers in item #8. This represents the base year Local Maintenance of effort needed to be maintained in future years.	$2,039,774	

NOTE: Please attach a copy of the pages of the county's two annual reports that cover Health Department expenditures

CERTIFICATION: I certify that this is a true and correct statement of expenditures. Appropriate documentation is available and will be maintained.

William Lamain
Health Officer

8/16/94
Date

NOTE:
- $6,258,978 is the equivalent value of $2,958,616 (1993) in 2023
- 202,165 population of Ottawa County in 1993 (~100,000 less people)
- Per MDHHS, the same methodology used for the FY 1993 calculation must be used to calculate the MOE each year 2023

<u>Request 2</u>: *Eliminate all COVID positions approved at the August 24, 2021 Full Board of Commissioners meeting, totaling $2,179,153. (See the attached for more info)*

Response: Of the positions approved to meet the health and safety needs of the Ottawa County community – including individual residents, businesses, and other institutions – during a historic, global pandemic, approximately 3-4 FTE are planned to be staffed in FY 2024. These positions are supporting the department's requirement to prevent and control the spread of about 100 communicable diseases as a basic essential public health service.

- Their wages and benefits are paid through the Epi Lab Capacity Infection Prevention grant from the Michigan Department of Health and Human Services (MDHHS).
- The remaining positions are vacant and the costs have been backed out of the requested FY 2024 budget.
- The savings would result from four people--an estimated total of $221,876.
- It should be noted that over $300,000 of indirect costs for County administrative services (administration, corporate counsel, IT, etc.) are covered by these grants and will need to be reallocated to other programs through this action.

<u>Request 3</u>: *Eliminate the following COVID-19 related grants, and any general fund contribution to programs funded by these grants*

- *PHEP 9 Month Grant*
- *PHEP 3 Month Grant*
- *PHEP to provide training for a new Public Health Emergency Preparedness Manager*
- *Immunization Action Plan (Note: keep grant, remove general fund contribution)*
- *Immunization ELPHS (Note: keep grant, remove general fund contribution)*
- *COVID-19 SUD*
- *GCD ELPHS - Disease Control*
- *Contact Tracing*
- *COVID Immunization*
- *Reopening Schools HRA*
- *NNICE Vaccine COVID-19*
- *COVID Workforce Development*

Response: The criteria by which this list was determined is unclear. Some of these "grants" are funds provided by MDHHS or the State of Michigan (SOM) to share in the cost of required programs or services. Additional information about each is provided below.

- *PHEP 9 Month Grant* – Created after 9/11/2001 by the Department of Homeland Security to prepare for and respond to terrorist threats, natural disasters and other threats to public health and safety. Works closely with Ottawa County Emergency Management, local police, fire, EMS and healthcare.
  - A mandated program and mandated minimum of 1 FTE.
  - PHEP has a 10% match requirement, which equals $15,963 in FY 2024. The program budget currently has $57,185 in general fund contribution/fund balance budgeted to it, of which $22,669 is allocated to pay for County Administration central services (administrator, corporate counsel, IT, etc.). These funds are required maintain the 1 FTE position, program operational costs, and to maintain compliance with the law.
  - The PHEP program currently has $159,628 budgeted in grant funding.
- *PHEP 3 Month Grant* – See above.

PS000185

- *PHEP to provide training for a new Public Health Emergency Preparedness Manager* – the description is inaccurate. Since this is a mandated program and a unique and highly skilled position, the State of Michigan included training in the approved workplan and budget for the replacement position. There is no contract for Ottawa County.
- *Immunization Action Plan (Note: keep grant, remove general fund contribution)* – there is no general fund contribution for this grant
- *Immunization ELPHS (Note: keep grant, remove general fund contribution)* – this is a mandated basic essential local public health service (ELPHS), and these funds are the portion paid by MDHHS to support this required service for Ottawa County residents.
    - Increases the need for County general fund dollars to replace the loss of the MDHHS contribution.
    - There is a 35.06% Cost Based Reimbursement local match requirement. A CBR local match is considered any source of funding that is NOT federal. The 35.06% CBR local match requirement is $510,300. The general fund is currently budgeted to contribute $204,279 towards the $510,300 CBR match.
    - The MDHHS grant counts towards our CBR requirement, posing a fiscal and potentially legal challenge if they are eliminated. More general funds would be needed to cover the match if the grant is eliminated.
    - This is an MOE grant, which has a general fund match requirement.
    - As with other mandated basic essential local public health services, not accepting these may risk all ELPHS funding being withheld by the State of Michigan, and/or legal challenges for Ottawa County.
- *COVID-19 SUD* – Public is mandated to provide health education. The level of health education and prevention is based on community demand.
    - This grant is part of a package of several Lakeshore Regional Entity (LRE) grants that provide funds for Substance Abuse and Substance Use Disorder, primarily in youth. Any connection to COVID would be to prevent/reduce increases in substance and opiate use that may have occurred during a portion of the pandemic.
    - The FY 2024 grant notification; this grant was reduced to $10,000 in FY 2024. FY 2023 grant was $45,873, which is what was budgeted for FY 2024. This amount would be reduced to $10,000, if the grant is approved.
- *GCD ELPHS - Disease Control* – this is a mandated basic essential local public health service, and these funds are the portion paid by MDHHS to support this required service for Ottawa County residents.
    - There are about 100 communicable diseases that require Public Health staff to follow up on to prevent additional cases and control spread that can lead to unnecessary and preventable financial and health costs to the community.
    - The Communicable Disease program has $888,606 budgeted general fund/fund balance.
    - There is a 35.06% Cost Based Reimbursement local match requirement. A CBR local match is considered any source of funding that is NOT federal. The CBR local match for this program is $459,763. The general fund current match requirement is $151,757. If the GCD ELPHS grant ($220,368) is NOT accepted, our local general fund match requirement would increase another $220,368.
    - This is an MOE grant, which has a general fund match requirement.
    - As with other mandated basic essential local public health services, not accepting these may risk all ELPHS funding being withheld by the State of Michigan, and/or legal challenges for Ottawa County.
- *Contact Tracing* – This grant rarely has to do with contact tracing but supports overall infection prevention; it has become more flexible to include non-COVID-19 related activities.
    - The grant can defray costs of staff time and supplies for infection prevention activities, including outbreak response activities for nearly 100 reportable communicable diseases.

    - This grant is budgeted to cover at least $204,731 in payments to indirect costs related to County administration central services (Administration, corporate counsel, IT, HR, etc.)
- *COVID Immunization* –While this *grant* isn't required, Ottawa County, through Public Health, is still mandated to control the spread of COVID-19. As new variants appear, there is a possibility of encountering a more dangerous variant, or one that leads to similar outcomes but evades current immunity from prior infection or vaccination. Public health is still required to stock COVID-19 vaccines and provide those to adults who need or want a COVID-19 vaccine, or parents who want them for their children.
    - Public Health will be one of the few places that can still provide a limited supply of these vaccines without cost to the individual. If these funds are not used to defray costs of staff time and supplies, then the general fund must cover this required work.
    - This grant was budgeted to cover $101,190 in indirect/CAP expense.
- *Reopening Schools HRA* - $345,213 grant, funds can be utilized for infection prevention activities in schools in addition to COVID-19 prevention and control.
- *NNICE Vaccine COVID-19* – Grant expires/is completed at end of FY 2023.
- *COVID Workforce Development* – This grant defrays a portion of costs of staff educational activities and technology that could potentially be used for prevention and control of COVID-19.

PS000187

After speaking with Karen, here is how the latest budget revision request would impact public health programs. All items below the yellow highlight (Pathways) would need to be cut due to lack of funding. Pathways would need to utilize restricted funding from the Public Health fund balance to cover the $217,972 listed.

Of note:

- There would need to be approximately $1 million in cost reductions or fee increases to continue to provide all mandated services with the $3.8 million total general fund that being proposed.
- As the programs below the highlighted yellow line are no longer funded, they would be eliminated, and all of their indirect County Administrative expenses would need to be redistributed to all of the remaining programs. This would create a larger cut, or a higher fee increase, than $1 million to the mandated programs to cover this additional indirect cost and continue to operate.

ORG	Org Description	Match Required	General Fund Contribution/Fund Balanc
22129510	EH Food Services (ELPHS)	MOE requirement	642,993
22129517	EH Wastewater (ELPHS)	MOE requirement	285,288
22129520	Vision (ELPHS)	Yes-35.06% CBR Match, MOE Requirement	259,432
22129521	Hearing (ELPHS)	Yes-35.06% CBR Match, MOE Requirement	271,509
22129533	Immunizations (ELPHS)	Yes-35.06% CBR Match, MOE Requirement	248,543
22129544	Sexually Transmitted Disease (STD) (ELPHS)	Yes-35.06% CBR Match, MOE Requirement	168,091
22129546	Communicable Disease (ELPHS)	Yes-35.06% CBR Match, MOE Requirement	888,606
22129503	PHEP (Mandated)	Yes- 10% Match	57,185
22129509	EH Field Services (Mandated)	N/A	199,037
22129511	EH Type 2 (Mandated)	N/A	31,736
22129513	EH Real Estate (Mandated, Local Code)	N/A	225,596
22129531	Family Planning (Mandated Minimal Level)	Yes- 10% CBR Match. Title	712,774
22129584	Health Education (Mandated)	N/A	778,234
TOTAL for Mandated Services* *includes County Admin OH costs in the amount assessed to each program *total amount proposed by Gibbs is $3.8 million *unclear if state would withhold ELPHS funds for failure to meet all mandates or if would only withhold for failure to meet ELPHS funding requirements			**4,769,024**
22129525	Pathways to Better Health (Identified Community Need)	N/A	217,972
22129532	Dental Grants-Seal (Identified Community Need)	N/A	16,124
22129534	Dental Services-MOS (Identified Community Need)	N/A	534,867
22129539	Children's Special Health Care (CSCHS)	N/A	389,726
22129542	Maternal Infant Health Program (MIHP) (Identified Community Need)	Yes-35.06% CBR Match, MOE Requirement	934,764
22129545	Medicaid Outreach	Yes-50% Match	368,632
22129556	Ottawa Food (Identified Community Need)	N/A	8,950
22129561	Local Grant-CSCHS	N/A	8,360

Note: Essential Local Public Health Service
Note: Other Mandated Services
Note: Identified as a community need in Ottawa County

PS000188

Public Health Budget Timeline of Communication

- **August 16, 2023**: Administrator Gibbs requested additional information on open positions.
- **August 16, 2023**: Health Officer Hambley provided information requested. Offered to answer any additional questions.
- **August 17, 2023**: Administrator Gibbs requested Public Health to create a budget at 2019 funding levels, adjusted for inflation and discontinue all COVID-related grants.
- **August 18, 2023**: Health Officer Hambley provided a document with background information on funding, estimated funding level when corrected for inflation, and additional information on grants
- **August 22, 2023:** Administrator Gibbs requested Public Health to bring budget in line with "historical levels" (gives figure of $2.5 million) and to discontinue all COVID-related grants. NOTE-review of Public Health funding since 2001 shows that at no time was the general fund contribution as low as $2.5 million.
- **August 22, 2023**: Health Officer Hambley provided a response with additional information regarding significant impact to public health services and likely elimination with this level of funding cut. Offered to meet and discuss.
- **August 23, 2023**: Administrator Gibbs requested to proceed with producing a budget as close to the below directed level as possible and to discontinue all COVID-related grants.
- **August 24, 2023**: Health Officer Hambley provided a response to this request outlining the scenarios of funding the Health Department at this level. As the County would no longer be in compliance with state law and funding levels, Ottawa County would not receive any state funding and would no longer be able to operate. Offered to meet and discuss.
- **August 25, 2023**: Administrator Gibbs requested Fiscal Services Director, copies Health Officer, to create a budget with $2.5 million general fund and $1.3 million public health fund balance for a total general fund of $3.8 million. Directive given to move remaining public health fund balance to County contingency fund and specifies programs and grants to eliminate or stop funding.
- **August 28, 2023**: Health Officer Hambley provided a response to Administrator Gibbs and stresses the importance of Public Health working together with Fiscal Services on any budget requests.
- **August 29, 2023**: Fiscal Services reported that a general fund amount of $5.4 million total was being considered to maintain most services and service levels.
- **August 30, 2023**: Health Officer Hambley provided a response to Administrator Gibbs proposing again that Public Health and Fiscal Services work together to determine the operations and funding for Public Health.
- **August 30, 2023**: Fiscal Services reported that the final proposed general fund amount received from Administrator Gibbs is $3.8 million and that they were provided direction to reduce funding in every Public Health line item to meet this funding level. NOTE: Public Health has not been consulted nor been provided any information on suggested cuts.

Adeline Hambley

From:	Adeline Hambley
Sent:	Wednesday, August 30, 2023 5:26 PM
To:	Adeline Hambley; Alison Clark; Deborah Price; Derel Glashower; Gwen Unzicker; Kris Conrad; Lisa Uganski; Marcia Mansaray; Nina Baranowski; Sandra Lake; Spencer Ballard; Tony Benjamin
Subject:	FW: For Immediate Release: Adeline Hambley Provides Update to Public Health Budget Cuts
Attachments:	2023.08.28 FY 24 PH Budget Information Update.pdf; 2023.08.30 PH Budget Timeline Communication.pdf

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

miOttawa Department of
Public Health

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From: Alison Clark <aclark@miottawa.org>
Sent: Wednesday, August 30, 2023 5:18 PM
To: Adeline Hambley <ahambley@miottawa.org>
Subject: FW: For Immediate Release: Adeline Hambley Provides Update to Public Health Budget Cuts

---

From: Alison Clark
Sent: Wednesday, August 30, 2023 5:18 PM
Subject: For Immediate Release: Adeline Hambley Provides Update to Public Health Budget Cuts

miOttawa Department of
Public Health

FOR IMMEDIATE RELEASE
August 30, 2023

Adeline Hambley, Health Officer at the Ottawa County Department of Public Health is today providing an update to the ongoing Public Health budget process.

As of today, Ottawa County Fiscal Services is creating a new Public Health budget at the direction of Administrator John Gibbs, without input from leadership at the health department. Public Health has not been consulted about this budget,

PS000190

Adeline Hambley

From: Adeline Hambley
Sent: Wednesday, August 30, 2023 6:40 PM
To: Jacob Bonnema; Doug Zylstra
Subject: FW: For Immediate Release: Adeline Hambley Provides Update to Public Health Budget Cuts
Attachments: 2023.08.28 FY 24 PH Budget Information Update.pdf; 2023.08.30 PH Budget Timeline Communication.pdf

FYI

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

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From: Alison Clark <aclark@miottawa.org>
Sent: Wednesday, August 30, 2023 5:18 PM
To: Adeline Hambley <ahambley@miottawa.org>
Subject: FW: For Immediate Release: Adeline Hambley Provides Update to Public Health Budget Cuts

---

From: Alison Clark
Sent: Wednesday, August 30, 2023 5:18 PM
Subject: For Immediate Release: Adeline Hambley Provides Update to Public Health Budget Cuts

FOR IMMEDIATE RELEASE
August 30, 2023

Adeline Hambley, Health Officer at the Ottawa County Department of Public Health is today providing an update to the ongoing Public Health budget process.

As of today, Ottawa County Fiscal Services is creating a new Public Health budget at the direction of Administrator John Gibbs, without input from leadership at the health department. Public Health has not been consulted about this budget, or provided with any information on the proposed budget or suggested cuts. Despite Hambley's best efforts to inform

PS000191

Adeline Hambley

From: John Gibbs
Sent: Friday, September 1, 2023 10:10 AM
To: Adeline Hambley
Subject: Finance Committee Meeting Tuesday 9/5

Follow Up Flag: Follow up
Flag Status: Flagged

Hi Addie,

Good morning and I hope all is well.

Please attend the Finance Committee meeting next Tuesday 9/5 as Chair Cosby will be giving an update on the FY24 Health Dept Budget.

Thank you,

John Gibbs | *County Administrator*
12220 Fillmore Street | West Olive, Michigan 49460 | 616-738-4642

PS000192

Adeline Hambley

From: Adeline Hambley
Sent: Friday, September 1, 2023 1:33 PM
To: John Gibbs
Subject: RE: Finance Committee Meeting Tuesday 9/5

John,

I received the proposed changes from Fiscal Services around 12:45 today, if there are any changes between now and 10am on Tuesday could you please notify me.

Thank you!

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

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From: John Gibbs <jgibbs@miottawa.org>
Sent: Friday, September 1, 2023 10:10 AM
To: Adeline Hambley <ahambley@miottawa.org>
Subject: Finance Committee Meeting Tuesday 9/5

Hi Addie,

Good morning and I hope all is well.

Please attend the Finance Committee meeting next Tuesday 9/5 as Chair Cosby will be giving an update on the FY24 Health Dept Budget.

Thank you,

John Gibbs | *County Administrator*

Adeline Hambley

From: Adeline Hambley
Sent: Friday, September 1, 2023 4:32 PM
To: Gretchen Cosby
Subject: FW: Finance Committee Meeting Tuesday 9/5
Attachments: PH Position By Program.pdf

Commissioner Cosby,

I received a request from Administrator Gibbs to attend the Finance Committee meeting on Tuesday 9/5 meeting as you will be giving an update on the PH budget. I received a summary document of proposed budget changes for FY24 PH Budget today, but haven't yet received any details. If you would like to meet to discuss any potential legal issues with the budget as proposed prior to the meeting on Tuesday morning, please feel free to reach out. I am hoping to receive more details on the proposed cuts soon so I can review for potential impacts and liabilities.

Also, attached is the Public Health positions (FTEs) by program document you requested. This document was previously shared with Administrator Gibbs and Commissioner Rhodea at the Administration budget meeting June.

Here is my cell to best reach me after 5pm today (text or call is fine): (616) 690-6593

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

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From: John Gibbs <jgibbs@miottawa.org>
Sent: Friday, September 1, 2023 10:10 AM
To: Adeline Hambley <ahambley@miottawa.org>
Subject: Finance Committee Meeting Tuesday 9/5

Hi Addie,

Good morning and I hope all is well.

Please attend the Finance Committee meeting next Tuesday 9/5 as Chair Cosby will be giving an update on the FY24 Health Dept Budget.

Thank you,

John Gibbs | *County Administrator*

PS000194

Fund 2210- Public Health Positions

Cost Center #	Cost Center	Position Title	FY24 FTE	Vacant	Intergovernmental Revenue	Charges for Services	Fines & Forfeits	Licences & Permits	Other Revenue	Operating Transfer In
22106010	Administration	Administrative Assistant	1	No	***					
22106010	Administration	Public Health Finance Manager	1	No	***					
22106010	Administration	Business Analyst	1	No	***					
22106010	Administration	Custodian	0.10	No	***					
22106010	Administration	Deputy Health Administrator	1	No	***					
22106010	Administration	Epidemiologist	2	No	***					
22106010	Administration	Health Administrative Specialist	0.20	No	***					
22106010	Administration	Medical Director	1	No	***					
22106010	Administration	Public Health Communications Specialist	1	No	***					
22106010	Administration	Public Health Officer	1	No	***					
22106010	Administration	Senior Epidemiologist	1	No	***					
22106010	Administration	Budget/Audit Analyst	1	No	***					
		Total for Admin Division	**11.30**							

***Positions are allocated across all programs, there is no direct funding.**

Cost Center #	Cost Center	Position Title	FY24 FTE	Vacant	Intergovernmental Revenue	Charges for Services	Fines & Forfeits	Licences & Permits	Other Revenue	Operating Transfer In
22106011	Public Health Preparedness	Public Health Preparedness Coordinator	1	No	72%	0%	0%	0%	0%	28%
		Total for PHEP Division	**1**							

Cost Center #	Cost Center	Position Title	FY24 FTE	Vacant	Intergovernmental Revenue	Charges for Services	Fines & Forfeits	Licences & Permits	Other Revenue	Operating Transfer In
22106021	Food Services	EH Specialist	2.80	No	15%	3%	1%	36%	1%	44%
22106021	Food Services	Senior Environmental Health Specialist	4	No	15%	3%	1%	36%	1%	44%
22106021	Food Services	EH Team Supervisor	1	No	15%	3%	1%	36%	1%	44%
22106022	Type 2	Senior Environmental Health Specialist	1	No	83%	0%	0%	1%	0%	16%
22106025	EH Admin	EH Technical Support Clerk	1	No	***					
22106025, 22725250	EH Admin	EH Clerk	1.80	No	***					
22106025, 22725250	EH Admin	EH Manager	1	No	***					
22106020	Field Services	EH Specialist	1	No	20%	18%	0%	25%	0%	37%
22106024	Real Estate	EH Technician	3	No	20%	18%	0%	25%	0%	37%
22106027, 22106020, 22106024	Onsite, Field, Real Estate	EH Team Supervisor	1	No	20%	18%	0%	25%	0%	37%
22106027, 22106020	Onsite, Field	EH Specialist	2	No	20%	18%	0%	25%	0%	37%
22106027, 22106020	Onsite, Field	EH Technician	1.00	No	20%	18%	0%	25%	0%	37%
22106027, 22106020	Onsite, Field	Senior Environmental Health Specialist	3.00	No	20%	18%	0%	25%	0%	37%
		Total for EH Division	**23.50**							

***Positions are allocated across all EH programs, there is no direct funding.**

Cost Center #	Cost Center	Position Title	FY24 FTE	Vacant	Intergovernmental Revenue	Charges for Services	Fines & Forfeits	Licences & Permits	Other Revenue	Operating Transfer In
22106030, 22106031	Hearing & Vision	Hearing & Vision Tech	5	No	45%	0%	0%	0%	0%	55%
22106030, 22106031	Hearing & Vision	CSHCS/HV Clerk	1	No	45%	0%	0%	0%	0%	55%
22106035	Pathways	Nurse Supervisor	1	No	0%	19%	0%	0%	7%	74%
22106035	Pathways	Community Health Worker	8	1 FTE Vacant	0%	19%	0%	0%	7%	74%
22106050	Childrens Special Health Care	Community Health Nurse	2.50	No	52%	0%	0%	0%	0%	48%
22106050	Childrens Special Health Care	CSHCS Clerk	1	No	52%	0%	0%	0%	0%	48%
22106050	Childrens Special Health Care	CSHCS Representative	1	No	52%	0%	0%	0%	0%	48%
22106050	Childrens Special Health Care	Public Health Team Supervisor	1	No	52%	0%	0%	0%	0%	48%
22106053	Maternal Infant Health Program	Community Services Manager	1	No	26%	0%	0%	0%	0%	74%
22106053	Maternal Infant Health Program	Community Health Clerk	1	No	26%	0%	0%	0%	0%	74%
22106053	Maternal Infant Health Program	Community Health Nurse	3.20	No	26%	0%	0%	0%	0%	74%
22106053	Maternal Infant Health Program	Maternal and Infant Health Clerk	1	No	26%	0%	0%	0%	0%	74%
22106053	Maternal Infant Health Program	Nutritionist	0.50	No	26%	0%	0%	0%	0%	74%
22106053	Maternal Infant Health Program	Public Health Social Worker	2	No	26%	0%	0%	0%	0%	74%
22106053	Maternal Infant Health Program	Public Health Team Supervisor	1	No	26%	0%	0%	0%	0%	74%
		Total for Community Services Division	**30.20**							

Fund 2210- Public Health Positions

Cost Center #	Cost Center	Position Title	FY24 FTE	Vacant	Intergovernmental Revenue	Charges for Services	Fines & Forfeits	Licences & Permits	Other Revenue	Operating Transfer In
22106041	Clinic Admin	Office Supervisor/Clinical Support	1	No	***					
22106041	Clinic Admin	Clinic Health Manager	1	1 FTE Vacant	***					
22106041	Clinic Admin	Clinic Support	8	No	***					
22106042	Family Planning	Nurse Practitioner	1.30	.6 FTE Vacant	39%	4%	0%	0%	0%	57%
22106042	Family Planning	Medical Assistant	1.0	No	39%	4%	0%	0%	0%	57%
22106042	Family Planning	Community Health Nurse	4.20	1 FTE Vacant	39%	4%	0%	0%	0%	57%
22106042	Family Planning	Health Technician	0.80	No	39%	4%	0%	0%	0%	57%
22106042, 22106055	Family Planning, Sexual Transmitted Diseases	Nurse Practioner Supervisor	1.0	No	39%	4%	0%	0%	0%	57%
22106055	Sexually Transmitted Disea	Health Educator	0.91	.8 FTE Vacant	39%	4%	0%	0%	0%	57%
22106044	Immunization	Community Health Nurse	3.20	No	75%	8%	0%	0%	0%	17%
22106044	Immunization	Health Technician	1	No	75%	8%	0%	0%	0%	17%
22106044	Immunization	Public Health Team Supervisor	1	No	75%	8%	0%	0%	0%	17%
22106059	Communicable Disease	Nurse Practioner Supervisor	4	No	26%	0%	0%	0%	7%	68%
22106059	Communicable Disease	Public Health Team Supervisor	1	No	26%	0%	0%	0%	7%	68%
		Total for Clinic Division	**29.41**							

*****Positions are allocated across all patient care programs, there is no direct funding.**

Cost Center #	Cost Center	Position Title	FY24 FTE	Vacant	Intergovernmental Revenue	Charges for Services	Fines & Forfeits	Licences & Permits	Other Revenue	Operating Transfer In
22106043, 22106046	Seal, Oral Health Kindergarden Assessment	Dental Health Coordinater	0.80	No	87%	3%	0%	0%	0%	10%
22106045	Miles of Smiles	Dental Assistant Clinic Manager	0.80	No	14%	1%	0%	0%	1%	84%
22106045	Miles of Smiles	Dental Hygienist Manager	0.80	No	14%	1%	0%	0%	1%	84%
22106045	Miles of Smiles	Oral Health Team Supervisor	1.0	No	14%	1%	0%	0%	1%	84%
22106310, 22106048, 22106051	Health Education, Substan	Health Educator	2.57	No	5%	4%	0%	0%	8%	83%
22106310	Health Education	Health Promotion Clerk	1	No	5%	4%	0%	0%	8%	83%
22106310	Health Education	Health Promotion Manager	1	No	5%	4%	0%	0%	8%	83%
22106310	Health Education	Health Promotion Team Supervisor	1	No	5%	4%	0%	0%	8%	83%
		Total for Health Promotion Division	**8.97**							

Cost Center #	Cost Center	Position Title	FY24 FTE	Vacant	Intergovernmental Revenue	Charges for Services	Fines & Forfeits	Licences & Permits	Other Revenue	Operating Transfer In
22106082, 22106091	Contact Tracing, Testing, Infection Prevention, COVID Immunization	Clinic Support	4	4 FTE Vacant	100%	0%	0%	0%	0%	0%
22106082, 22106091	Contact Tracing, Testing, Infection Prevention, COVID Immunization	Community Health Nurse	2	2 FTE Vacant	100%	0%	0%	0%	0%	0%
22106082, 22106091	Contact Tracing, Testing, Infection Prevention, COVID Immunization	EH Specialist	1	No	100%	0%	0%	0%	0%	0%
22106082, 22106091	Contact Tracing, Testing, Infection Prevention, COVID Immunization	Health Educator	7	4.4 FTE Vacant	100%	0%	0%	0%	0%	0%
22106082, 22106091	Contact Tracing, Testing, Infection Prevention, COVID Immunization	Epidemiologist	1	No	100%	0%	0%	0%	0%	0%
22106082, 22106091	Contact Tracing, Testing, Infection Prevention, COVID Immunization	Health Technician	1	No	100%	0%	0%	0%	0%	0%
22106082, 22106091	Contact Tracing, Testing, Infection Prevention, COVID Immunization	Public Health Communications Specialist	1	1 FTE Vacant	100%	0%	0%	0%	0%	0%
22106082, 22106091	Contact Tracing, Testing, Infection Prevention, COVID Immunization	Public Health Team Supervisor	1	1 FTE Vacant	100%	0%	0%	0%	0%	0%
		Total for Emerging Threats Division	**18.00**							

TOTAL FTE **122.38**

PS000196

Adeline Hambley

From: Adeline Hambley
Sent: Monday, September 4, 2023 1:56 PM
To: John Gibbs
Subject: RE: Adeline H. Monthly w/John G.

Hi John,

I will need to reschedule this meeting. As medical POA for my mother, I have to meet a care provider on Wednesday morning for next steps with her Alzheimer's care.

Thank you,

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

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-----Original Appointment-----
From: John Gibbs <jgibbs@miottawa.org>
Sent: Thursday, January 26, 2023 2:07 PM
To: John Gibbs; Adeline Hambley
Cc: Patrick Waterman
Subject: Adeline H. Monthly w/John G.
When: Wednesday, September 6, 2023 10:30 AM-11:30 AM (UTC-05:00) Eastern Time (US & Canada).
Where: Administrator Conference Room

Adeline Hambley

From: John Gibbs
Sent: Tuesday, September 5, 2023 2:39 PM
To: Adeline Hambley
Subject: RE: Adeline H. Monthly w/John G.

Hi Addie, thank you for the heads up, and I hope it goes well,

John Gibbs | *County Administrator*
12220 Fillmore Street | West Olive, Michigan 49460 | 616-738-4642

From: Adeline Hambley <ahambley@miottawa.org>
Sent: Monday, September 4, 2023 1:56 PM
To: John Gibbs <jgibbs@miottawa.org>
Subject: RE: Adeline H. Monthly w/John G.

Hi John,

I will need to reschedule this meeting. As medical POA for my mother, I have to meet a care provider on Wednesday morning for next steps with her Alzheimer's care.

Thank you,

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
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-----Original Appointment-----
From: John Gibbs <jgibbs@miottawa.org>
Sent: Thursday, January 26, 2023 2:07 PM

PS000198

Adeline Hambley

From: Adeline Hambley
Sent: Wednesday, September 6, 2023 1:02 PM
To: Allison Miedema
Subject: FW: Health & Human Services Committee Dental Update
Attachments: 2023.06.19 Oral Health Services Overview_Pending Grants.pdf

Commissioner Miedema,

Attached is information on the Miles of Smiles program (page 1-3 of attached document). Please let me know if you would like additional information.

Thank you,

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

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From: Adeline Hambley
Sent: Monday, June 19, 2023 6:36 PM
To: Sylvia Rhodea <srhodea@miottawa.org>; Gretchen Cosby <gcosby@miottawa.org>; Lucy Ebel <lebel@miottawa.org>; Jacob Bonnema <jbonnema@miottawa.org>; Joe Moss <jmoss@miottawa.org>; Rebekah Curran <rcurran@miottawa.org>; Roger Belknap <rbelknap@miottawa.org>; Doug Zylstra <dzylstra@miottawa.org>; Allison Miedema <amiedema@miottawa.org>
Cc: John Gibbs <jgibbs@miottawa.org>
Subject: Health & Human Services Committee Dental Update

Chair Rhodea, Vice Chair Cosby, and Health & Human Services Committee members,

Please see attached for an information packet on OCDPH Oral Health Services (I will also bring some printed copies to the meeting). I wanted to provide a brief overview of the Oral Health Services Program as well as a bit of information on a couple of related grants/agreements that are moving through the review process. Delta Dental Foundation awarded a grant for $10,000 to help fund services provided on the Miles of Smiles mobile unit. There is also an agreement extension between OCDPH and My Community Dental Centers. Kim Singh, from My Community Dental Centers, will be there to provide a brief overview of My Community Dental Centers and to help answer any questions you may have. I look forward to seeing you tomorrow.

Thank you!

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
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PS000200

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ORAL HEALTH SERVICES PROGRAM GOALS

GOAL 1

Increase access to school-based oral health disease prevention programs for targeted dentally at-risk children in Ottawa County.

GOAL 2

Reduce dental disease for children that are provided dental services on the Miles of Smiles mobile dental unit.

GOAL 3

Provide Ottawa County elementary schools and Head Start Centers with oral health education and resources.

GOAL 4

Increase access to care for at-risk adults in Ottawa County.

Many systemic health conditions show up in the mouth first

3,725

Students received oral health classroom education in the Sealant Program
(2021/2022 school year)

751

Preventative & Restorative dental appointments on Miles of Smiles mobile dental unit
(2021/2022 school year)

PS000201

The Miles of Smiles 40ft mobile unit is equipped with a waiting area, laboratory, two operatories, digital x-ray and a wheel chair lift.

The **Miles of Smiles** Mobile Dental Unit provides on-site preventative and restorative dental services for low income children at schools, head start centers, health department clinics, migrant summer schools, and other sites for the dentally underserved.

Local dentists volunteer their services on Miles of Smiles to help:

- Children 0-20 years
- Children who do not have a dentist
- Medicaid/Healthy Kids Dental
- Uninsured/Low Income
- Select adult populations
  - Holland Free Health Clinic
  - Maternal Infant Health Program
  - Community Mental Health

SEAL! MICHIGAN

The Seal! Michigan Program is a school-based sealant program that focuses on second, sixth, and seventh grade children. Sealants are placed by a dental hygienist using portable equipment in the school.

Dental sealants are a white liquid painted on the grooves of the back teeth that hardens to prevent or seal out decay. Sealants have been proven to **reduce decay by more than 70%.**

Regular dental exams could help keep your whole body healthy

The Ottawa County Department of Public Health provides free dental health assessments for qualifying children, contact us @ **(616) 393 -5694** or **miottawa.org/dental**

PS000202

MOUTH connection BODY

BRAIN

Oral diseases are associated with stroke. Harmful bacteria in your mouth can make you more susceptible to developing blood clots, thus increasing the chance of a stroke.[1]

LUNGS

Once dental plaque is established in the mouth, it can spread to the lungs and cause pneumonia and bronchitis. Maintaining good oral health can decrease the incidence of respiratory infections.[2]

HEART

High levels of inflammation associated with periodontal disease contribute to heart conditions. And those with gum disease are twice as likely to have a heart attack.[3]

PANCREAS

When you're diabetic, your pancreas doesn't make enough insulin. Uncontrolled diabetes can lead to gingivitis and other oral manifestations.[4]

KIDNEYS

The mouth is a gateway for bacteria. Poor oral health causes infections to progress faster, increasing the kidneys' workload.[5]

the CONNECTION continued

PREGNANCY

Expecting moms with periodontal disease are more likely to have a pre-term birth.[6]

OSTEOPOROSIS

Gum disease causes bone loss that can lead to tooth loss.[7]

BREAST CANCER

Women with periodontal disease have higher rates of breast cancer.[8]

1 https://www.nature.com/articles/srep20074
2 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3084574/
3 http://newsletters.pennnet.com/dentalenl/412315033.html
4 http://www.ada.org/en/member-center/oral-health-topics/diabetes
5 https://www.perio.org/consumer/kidney-disease
6 http://www.adha.org/downloads/acc0508supplement.pdf
7 https://www.webmd.com/oral-health/features/oral-overall-health#1
8 http://www.ncbi.nlm.nih.gov/pubmed/20960226

PS000203

Delta Dental Foundation Grant Agreement Front Page

GRANT AGREEMENT

This Grant Agreement ("Agreement") is made as of March 23, 2023 ("the "Effective Date"), and entered by and between Delta Dental Foundation, with its principal place of business at 4100 Okemos Road, Okemos, Michigan 48864, (hereinafter referred to as "DDF"), and County of Ottawa with its principal place of business at 12220 Filmore Street, West Olive, MI 49460 (hereinafter referred to as "Grantee") (collectively the "Parties").

WHEREAS, Grantee has submitted a proposal to DDF received on January 4, 2023 (the "Proposal") to fund the Miles of Smiles Oral Health Initiative described therein (the "Project"); and

WHEREAS, DDF agrees to make a grant to Grantee for $10,000 to fund the Project, subject to the terms and conditions set forth herein (the "Grant").

NOW, THEREFORE, the Parties agree to as follows:

1. **Scope of Project**. Grantee shall perform the Project as set forth in the Proposal, a copy which is provided as Attachment A, and which is incorporated by reference herein. Any variations in the Project or the use of Grant funds from that described in the Proposal requires the advance express written approval of DDF.

2. **Project Period**. The Project has been approved for a period of 12 months beginning April 1, 2023 and ending on April 1, 2024 (the "Project Period").

Should Grantee desire to extend the duration of the Project Period, Grantee shall submit a written request to DDF no later than sixty (60) days prior to the Project Period end date. If DDF approves the extension, the Parties shall execute an amendment to this Agreement. An extension of the Project Period will not result in an increase in funding.

3. **Expenditures.** All expenditures of Grant funds by Grantee must be spent within the Project Period and must be consistent with the project budget as set forth in the Proposal (the "Project Budget") and as approved by DDF, a copy of which is attached hereto as Attachment B.

Any deviation from the Project Budget, such as under-spending or overspending Grant funds requires prior written approval of DDF and may require an amendment to this Agreement, at the discretion of DDF. Deviations from the Project Budget are not authorized retroactively.

4. **Records and Reports**. Grantee agrees to keep a record of all receipts and expenditures relating to this Grant and to provide DDF with any requested interim reports in addition to a final written report summarizing the Project ("General Grant Report") promptly, but no later than thirty (30) days following the end of the Project Period. A copy of the report is available online at www.deltadental.foundation/general-grant-requests. Grantee report(s) should describe the progress in achieving the purposes of the Grant and include a detailed financial report and project status reports along with any other information reasonably requested by DDF in a format acceptable to DDF. If Grantee's organization obtains any audited financial statements covering any part of the Project Period of this Grant, please provide a copy to DDF as well. Grantee is required to keep the financial records with respect to this Grant, along with copies of any reports submitted to DDF, for at least four (4) years following the end of the Project Period.

Date the funds are requested: Delta Dental Foundation Grant Purpose

Mar 1 2023

Provide a brief description of the program for which funds are requested.

Describe your funding request including the purpose and expected overall change your organization expects to see as a result.

For more than 27 years, the Ottawa County Department of Public Health (OCDPH) Miles of Smiles (MOS) program has met a critical oral health care need by providing dental services to Medicaid insured and financially qualifying uninsured Ottawa County residents. The MOS dental program demonstrates sustainability and commitment from the County of Ottawa. Miles of Smiles provides on-site, diagnostic, preventative, restorative, and surgical dental services and is a dental home for many Ottawa County residents; the majority of them being children. MOS visits Head Start Centers, Early Childhood Centers, summer migrant programs, the Holland Free Health Clinic, Community Mental Health, and approximately 25 schools in Ottawa County.

The Miles of Smiles mobile unit is a 40-foot, custom designed dental office on wheels. The unit is equipped with two dental treatment rooms, a reception area, sterilization center, digital x-ray system, wheelchair lift, and cloud-based dental software.

OCDPH/MOS is requesting $15,000 from the Delta Dental Foundation to provide comprehensive dental services to an estimated 42 uninsured Ottawa County residents at approximately 73 appointments. See Additional attachments- 1999-2022 Miles of Smiles Production Report; Medicaid vs. Non-Medicaid, Oral Health Fact Sheet, and MOS photos.

Overview of My Community Dental Centers (MCDC)

- Established in 2006, statewide non-profit 501c3 dedicated to expanding access to dental care for the underserved – persons enrolled in Medicaid and low-income uninsured
- Currently operate 34 dental centers in partnership with 23 local health departments
- Currently, less than 10% of private practice dentists accept Medicaid adults due to historically low reimbursement rates
- Partnership model with local health departments enabled enhanced reimbursement for adults enrolled in the traditional, fee-for-service Medicaid program.

MCDC Grand Haven

- Located at 805. S. Beacon, opened in October 2018
- MCDC paid for facility renovation and equipment - including 8 dental chairs, leased with 3rd party
- Hours of Operation, Monday – Thursday 7:30-5:30
- **2022 Annual Impact**
    - **2,350** Unique Patients
    - **5,441** Patient Visits
    - **202** Same Day Emergency Appointments
    - **64%** of Adult Patient Visits Enrolled in Medicaid; **24%** had traditional insurance
- Sliding fee scheduled based on household income
- Reduced fee schedule for Veterans

MCDC Partnership with Ottawa County Health Department

- Shared vision of ensuring access to quality dental care – focused on the underserved
- MCDC provided expertise, successful track record and financial support to establish the dental center in Grand Haven
- Health department provided community education and outreach – promoting the importance of a dental home and regular dental care
- There is no financial commitment from Ottawa County to support dental center operations
- The partnership has positively impacted community health and well-being
- **Entering into a 5 year contract extension will reaffirm this partnership and ensure continued access to dental care for all Ottawa county residents.**

My Community Dental Centers
2940 Parkview Dr., Petoskey, MI 49770
MyDental.org | p: 231.547.7638 | f: 231.582.2967
TIN: 30-0393232 | NPI: 1700072543

MCDC Contract Extension Agreement--Original Services Agreement Overview

SERVICES AGREEMENT
BETWEEN
OTTAWA COUNTY
FOR OTTAWA COUNTY HEALTH DEPARTMENT
AND
MY COMMUNITY DENTAL CENTERS

This Services Agreement (this "**Agreement**" or **Services Agreement")**) is formed between the County of Ottawa, Michigan ("**Ottawa County**" or the "**County**"), acting through its agent Ottawa County Health Department, a single county health department located in Holland, Michigan (the "**Health Department**"), and My Community Dental Centers, Inc., a Michigan non-profit corporation ("**MCDC**") (each individually referred to as a "**Party**" and collectively referred to as the "**Parties**").

WHEREAS, the Health Department has been created pursuant to Michigan Public Health Code (PA 368 of 1978, as amended) ("**MPHC**") §§ 333.2413, 333.2415 or 333.2421, as applicable; and

WHEREAS, pursuant to MPHC § 333.2433(1), the Health Department has the purpose of endeavoring to prevent disease, prolong life, and promote the public health through organized programs, including the prevention and control of health problems of particularly vulnerable groups and the development of health care facilities and health services delivery systems; and

WHEREAS, pursuant to the MPHC §§ 333.2433 and 333.2473 the Health Department must provide or demonstrate the provision of priority health services and may work with community partners as necessary or appropriate to provide such services; and

WHEREAS, dental health for the underserved has been identified as a priority health service by the State of Michigan; and

WHEREAS, MCDC is a nonprofit corporation, exempt from federal income tax under Section 501(a) of the Code, as an organization described in Section 501(c)(3) of the Code, which was formed to efficiently provide certain dental center services to underserved individuals for local health departments throughout Michigan; and

WHEREAS, the Health Department wishes to enter into an agreement with MCDC and MCDC wishes to enter into an agreement with the Health Department, pursuant to which MCDC will provide dental center services focused on meeting the needs and demands of the underserved who reside within the community through a Public Dental Center Program at one or more clinic locations in Ottawa County, Michigan.

NOW THEREFORE, the Parties agree as follows:

1. PUBLIC DENTAL CLINIC PROGRAM AND SERVICES

MCDC and the Health Department will work in partnership to establish and administer a program for the purpose of meeting the dental health needs of the underserved within the Ottawa

County community (the "**Community**") and pursuant to the Health Department's powers and duties to prevent disease and promote the public health (the "**Public Dental Center Program**"). The Parties will coordinate their efforts so as to administer the Public Dental Center Program as follows:

A. Dental Center Services. MCDC will provide the dental center services described in Schedule A to this Agreement (the "**Dental Center Services**"), to underserved adults and children in the Community at the clinic location(s) listed in Schedule B to this Agreement (the "**Public Dental Center Location(s)**"), which will be updated as needed to incorporate any new locations. MCDC will not limit or turn-away patients based on their having health coverage through Michigan Medicaid Fee-for-Service or an inability to pay.

B. Administration Services. The Health Department will administer Dental Center Services, as health care services offered by the Health Department through MCDC, by overseeing, coordinating, and contributing to the Public Dental Center Program as outlined in Schedule C to this Agreement (the "**Administration Services**").

C. Outreach & Education Services. The Health Department will provide certain public health outreach and education services, as described in Schedule D to this Agreement ("**Public Outreach & Education Services**").

Adeline Hambley

From: Adeline Hambley
Sent: Wednesday, September 6, 2023 1:21 PM
To: Marcia Mansaray; Gwen Unzicker; Lisa Uganski
Subject: FW: Health & Human Services Committee Dental Update
Attachments: 2023.06.19 Oral Health Services Overview_Pending Grants.pdf

FYI, so you are in the loop. Lisa, I'll let you know if she has additional questions.

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

miOttawa Department of
Public Health

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From: Adeline Hambley
Sent: Wednesday, September 6, 2023 1:02 PM
To: Allison Miedema <amiedema@miottawa.org>
Subject: FW: Health & Human Services Committee Dental Update

Commissioner Miedema,

Attached is information on the Miles of Smiles program (page 1-3 of attached document). Please let me know if you would like additional information.

Thank you,

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

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Adeline Hambley

From: Allison Miedema
Sent: Wednesday, September 6, 2023 8:06 PM
To: Adeline Hambley
Subject: RE: Health & Human Services Committee Dental Update

Thank you, Adeline.
Allison

From: Adeline Hambley <ahambley@miottawa.org>
Sent: Wednesday, September 6, 2023 1:02 PM
To: Allison Miedema <amiedema@miottawa.org>
Subject: FW: Health & Human Services Committee Dental Update

Commissioner Miedema,

Attached is information on the Miles of Smiles program (page 1-3 of attached document). Please let me know if you would like additional information.

Thank you,

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
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12251 James Street, Suite 400 | Holland, MI | 49424
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From: Adeline Hambley
Sent: Monday, June 19, 2023 6:36 PM
To: Sylvia Rhodea <srhodea@miottawa.org>; Gretchen Cosby <gcosby@miottawa.org>; Lucy Ebel <lebel@miottawa.org>; Jacob Bonnema <jbonnema@miottawa.org>; Joe Moss <jmoss@miottawa.org>; Rebekah Curran <rcurran@miottawa.org>; Roger Belknap <rbelknap@miottawa.org>; Doug Zylstra <dzylstra@miottawa.org>; Allison Miedema <amiedema@miottawa.org>
Cc: John Gibbs <jgibbs@miottawa.org>
Subject: Health & Human Services Committee Dental Update

Chair Rhodea, Vice Chair Cosby, and Health & Human Services Committee members,

Please see attached for an information packet on OCDPH Oral Health Services (I will also bring some printed copies to the meeting). I wanted to provide a brief overview of the Oral Health Services Program as well as a bit of information on a couple of related grants/agreements that are moving through the review process. Delta Dental Foundation awarded a

PS000209

Adeline Hambley

From: Jacob Bonnema
Sent: Friday, September 8, 2023 5:28 PM
To: Roger Belknap; Joe Moss; Sylvia Rhodea; Gretchen Cosby; Rebekah Curran; Allison Miedema; Lucy Ebel; Kyle Terpstra
Cc: Karen Karasinski; Adeline Hambley; John Gibbs
Subject: Maintaining serviceable budget requirements for Title X

Importance: High

Dear fellow commissioners,

I'm writing to you today to encourage you to reconsider your position on cutting funding to the local health department for family planning services. As you know, the Ottawa County health department has been the recipient of federal grant money to run a Title X program (family planning). Because Title X requires local match funds, if we cut the budget, which cuts those matching funds, the Ottawa County health department will no longer be eligible for the program. If that happens, the Michigan Department of Health and Human Services (MDHHS) will be compelled to reach out to another provider to institute a Title X program in Ottawa County.

Based on emails I have received from our county health department director, it appears MDHHS, in anticipation of our budgetary cuts, has already reached out to Planned Parenthood to solicit them to open shop in Ottawa County for the purposes of providing Title X family planning services. If that is allowed to happen, Planned Parenthood, the nation's number one abortion provider, will have a foothold in our community and will begin providing abortions along with their family planning program. I encourage you to appropriate the necessary funding in the budget to provide the necessary matching funds to the county health department and maintain their eligibility to receive the Title X grant, thereby keeping Planned Parenthood out of Ottawa County and protecting innocent lives.

Sincerely,
Jacob

Jacob D. Bonnema
County Commissioner | Zeeland
12220 Fillmore Street | West Olive, Michigan 49460

Ottawa County

PS000210

Adeline Hambley

From: John Gibbs
Sent: Friday, September 8, 2023 7:10 PM
To: Adeline Hambley
Cc: Karen Karasinski; Nina Baranowski
Subject: Quantifying Mandated Service Level Requirements

Hi Addie,

Good evening.

Please provide the minimum required service level for each mandated line item of the Public Health budget, as well as documentation to support the number given.

Thank you!

- John

PS000211

Adeline Hambley

From: Adeline Hambley
Sent: Saturday, September 9, 2023 3:06 PM
To: John Gibbs
Cc: Karen Karasinski; Nina Baranowski
Subject: Re: Quantifying Mandated Service Level Requirements

Draft

Hi John,

When do you want this information? I'll do my best to work on this as soon as possible, but my recollection is that the budgets originally submitted for the core essential/mandated programs were at the minimum levels in an attempt to keep budget flat for core (non-Covid) programs from last year. The identified community need programs (such as maternal infant health, and children's special healthcare, and dental program) budgets were also kept at levels that allow us to maintain same level of service as previous years.

It should also be noted that all positions that were added specifically for COVID are tied to the COVID grants, so once the COVID funding is removed from the budget those additional positions go away as well. Currently only 4.3 FTEs of the added COVID positions are filled, meaning all the remaining are vacant and all remaining public health staff are for core programs that existed pre-COVID.

The funding and service requirements are complex which is why we work closely with fiscal services for months creating the submitted budgets. I leave for a conference on Sunday evening and returning Tuesday evening, and I will need to touch base with fiscal services and managers on Monday, so it will be later Monday when I can share more detailed information.

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
(616) 393-5625

From: John Gibbs <jgibbs@miottawa.org>
Sent: Friday, September 8, 2023 7:09:33 PM
To: Adeline Hambley <ahambley@miottawa.org>
Cc: Karen Karasinski <kkarasinski@miottawa.org>; Nina Baranowski <nbaranowski@miottawa.org>
Subject: Quantifying Mandated Service Level Requirements

Hi Addie,

Good evening.

Please provide the minimum required service level for each mandated line item of the Public Health budget, as well as documentation to support the number given.

Thank you!

PS000212

Adeline Hambley

From: Adeline Hambley
Sent: Saturday, September 9, 2023 3:13 PM
To: Marcia Mansaray; Gwen Unzicker; Nina Baranowski; Alison Clark; Sandra Lake; Lisa Uganski; Deborah Price; Spencer Ballard; Derel Glashower; Jessica Behringer
Subject: Fwd: Quantifying Mandated Service Level Requirements

FYI. I will work on a draft this weekend and share so you can add anything I may have missed. Essentially I am going to pull from law and MPRs for accreditation. Debbie, I may need additional info on service requirements for Title X funding.

Ignore "draft" at the top. I worked on it on my phone in different app before sending as I didn't want to email accidentally. 🤦‍♀️

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
(616) 393-5625

From: Adeline Hambley <ahambley@miottawa.org>
Sent: Saturday, September 9, 2023 3:06:22 PM
To: John Gibbs <jgibbs@miottawa.org>
Cc: Karen Karasinski <kkarasinski@miottawa.org>; Nina Baranowski <nbaranowski@miottawa.org>
Subject: Re: Quantifying Mandated Service Level Requirements

Draft

Hi John,

When do you want this information? I'll do my best to work on this as soon as possible, but my recollection is that the budgets originally submitted for the core essential/mandated programs were at the minimum levels in an attempt to keep budget flat for core (non-Covid) programs from last year. The identified community need programs (such as maternal infant health, and children's special healthcare, and dental program) budgets were also kept at levels that allow us to maintain same level of service as previous years.

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The funding and service requirements are complex which is why we work closely with fiscal services for months creating the submitted budgets. I leave for a conference on Sunday evening and returning Tuesday evening, and I will need to touch base with fiscal services and managers on Monday, so it will be later Monday when I can share more detailed information.

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
(616) 393-5625

PS000213

Adeline Hambley

From: Adeline Hambley
Sent: Sunday, September 10, 2023 11:41 PM
To: Marcia Mansaray; Spencer Ballard; Lisa Uganski; Alison Clark
Subject: DRAFT for Minimum Service Levels
Attachments: 2023.09.10 PH Minimum Service Levels.docx; 2023 Regulations_Laws for LHDs.pdf; Family-Planning_Cycle-8_MPR-and-Indicator-Guide.pdf; Immunization_Cycle-8_MPR-and-Indicator-Guide.pdf; HIV-STI_Cycle-8_MPR-and-Indicator-Guide.pdf; Communicable-Disease_Cycle-8_MPRs-and-Indicator-Guide.pdf; Powers-and-Duties_Cycle-8_MPR-and-Indicator-Guide.pdf; Ottawa FY21 Evaluation Summary.pdf

Hi everyone,

Attached word doc is draft response. Attached are various attachments that I would include—I focused on those programs that are essential or mandated programs identified for reduced funding. Spencer—you may have more recent assessments for Type 2. However, I don't think the standards have changed, so the FY21 assessment attached is likely ok. Lisa—I included you as well so that you can help with any needed information for health education/nutrition. I included Alison as she might have some ideas on how best to package the information.

Other items to consider:

- PHEP grant info not included (maybe Nina can pull grant requirements, or there is something else that should be included here for that?)
- I think it could be good to perhaps include potential negative impacts to the community beyond loss of state funding and LHD designation (so loss of local control)—the document everyone has been working on would need to be cleaned up and maybe just a highlight those programs impacted by potential cuts? (would need clarification from Fiscal Services on what those are since the numbers previously provided and the numbers in the budget posted on Friday do not line up)
- Not sure if we want to include some overall increases in services—like previously used for CD investigations and vacant land (pasted below)—perhaps others? Check-in with managers to see if there are similar graphs they can provide (again—would be beneficial to highlight those programs with proposed cuts due to limited time
- I attached the Powers and Duties section to relate to health education and nutrition, but I didn't include a paragraph in my draft response. I am not sure if it fits with flow to add a paragraph regarding health education/nutrition or if it would be better to have some graphs showing the number of families reached/people helped? I think it could be helpful to add a few sentences regarding the combining of health education and nutrition into one account for the FY24 budget, thus the increase in the amount requested for the health education line in 2024. However, the amount was reduced, and the nutrition budget line was left at zero---so reducing amount from what was originally requested essentially is cutting nutrition program in FY24 budget and this is a required mandated program. I think it could be beneficial to add this notation as well as some stats about the number of people helped through health ed/nutrition programs (I would go back to at least 2019, but farther back if possible).
- Might be helpful to restate the SOCO from email sent on Saturday—cuts in the original budget for the essential and mandated programs will result in cuts to positions that existed pre-COVID and will result in cuts to services to the community.

I think that is everything. I REALLY appreciate your help in reviewing and finalizing this info. I know it is a short turnaround, but I want to be able to get as comprehensive answer as I can back to Administrator Gibbs by 5 tomorrow so it can be shared with BOC for consideration. I will be checking my email and will have my laptop with me tomorrow, but for more immediate response, please text me.

PS000214

You all are the best!

CD and vacant land graphs:

Besides inflationary pressures driving up costs of operation, population increases also drive increases in services. As the fastest growing county in Michigan, our population has grown by over 40,000 people since 2009.

Figure 2. Communicable diseases have increased year-over-year, more than doubling since 2009

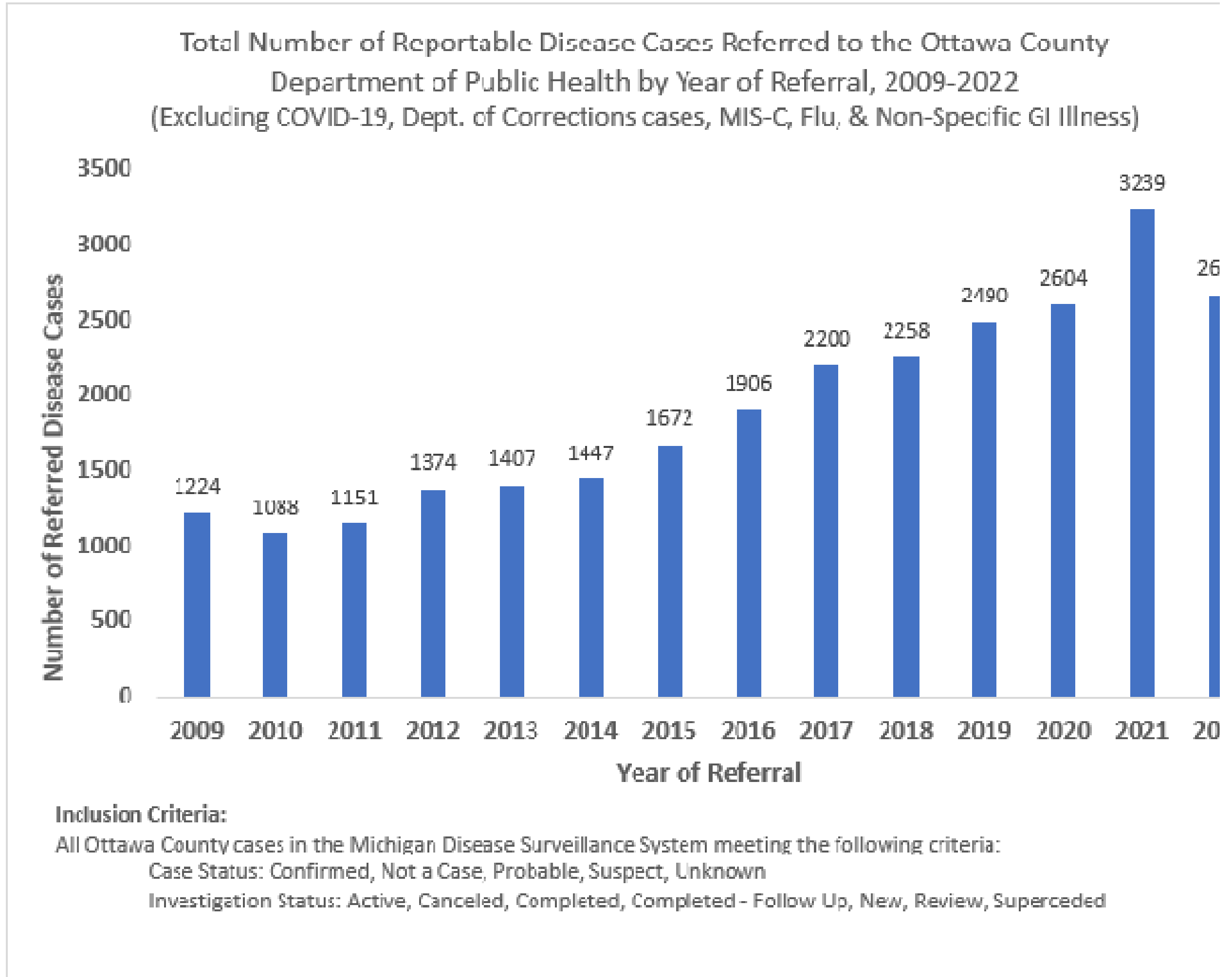
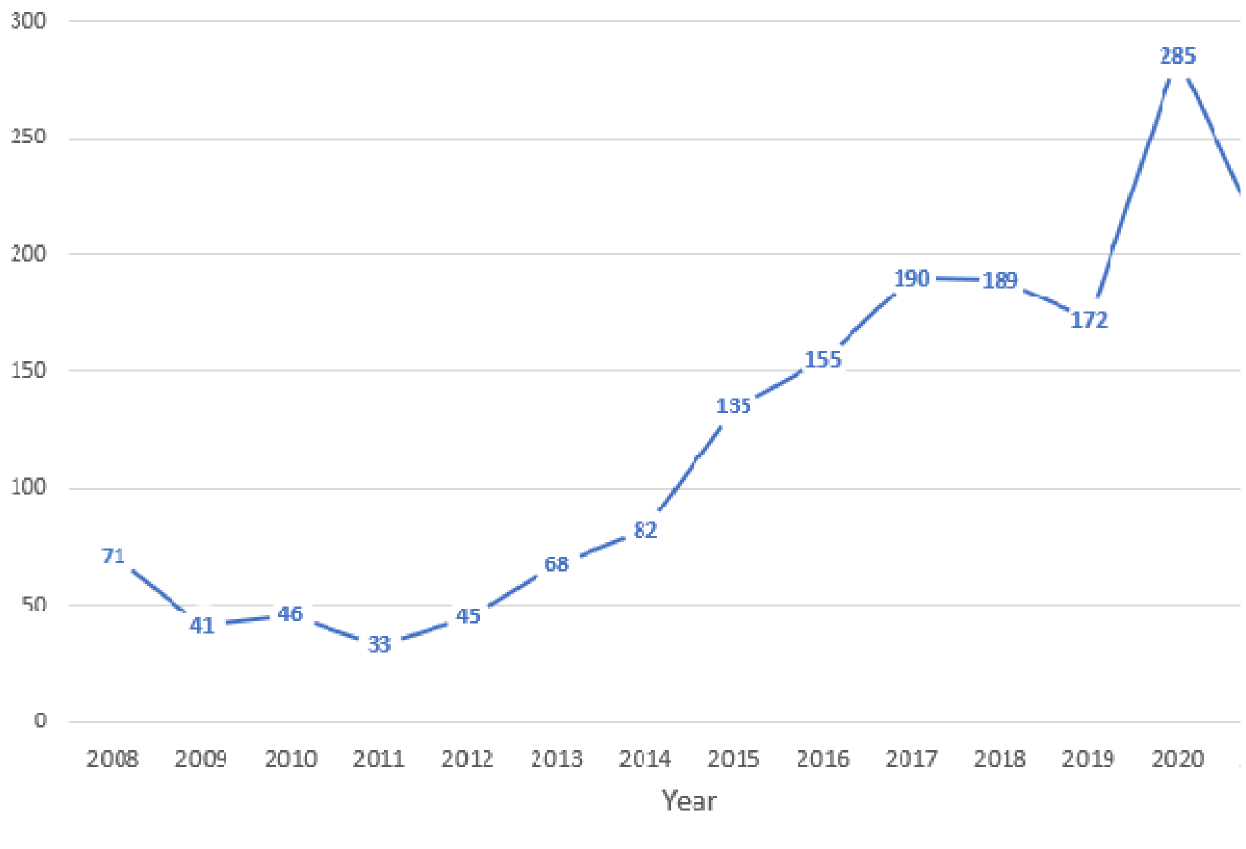


Figure 3. Vacant Land Evaluations have increased significantly since The Great Recession, and is a great indicator for population growth and overall increase in service requests

PS000215



PS000216

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

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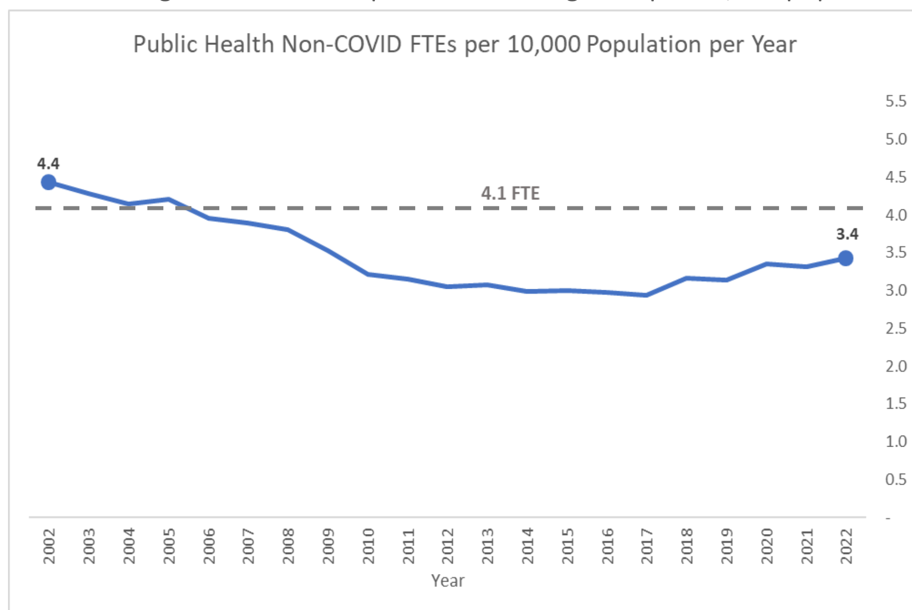
The minimum service levels for local health department programs are established in various laws and statutes. The attached Regulations and Laws document provides a summary of the laws and statutes that apply. Many minimum program requirements (MPRs) are set and evaluated by the State of Michigan to ensure that the local health department is meeting the minimum service requirements for their community. The MPRs for various programs are attached. As the staffing needed to meet these MPRs will vary depending on population size and community needs, there is not a set "X number of nurses for X program" type of equation. The local health department is required to staff at a level to ensure delivery of programs and services to the community that meets these standards. Some programs, such as the Private and Type 3 well program, are evaluated annually by the Environment, Great Lakes, and Energy (EGLE) department. The Noncommunity Type 2 well program is similarly evaluated. Examples of those assessments are attached as well.

Minimum service levels can also be established locally. For example, the Board of Commissioners, due to demand from builders, homeowners, and Realtors, established a 10-business day or less turnaround time for well/septic permits and real estate transfer evaluations. As such, the minimum service level for these programs, besides meeting the state established MPRs, has to be staffed at levels that allow for this standards as set by the Board.

Current staffing levels allow us to meet the MPRs and other program requirements as required in statute. The OCDPH has not had the luxury of having staffing beyond minimum levels since before 2008. Reducing staffing will mean that we will not be able to meet the minimum program requirements. Failure to meet the minimum service level requirements, or MPRs, will risk loss of state funding and will not meet designation as a local health department.

The graph below provides a historical view of Public Health staffing at Ottawa County and how it compares to the average of medium-sized local health departments in the United States.
Figure 1 shows staffing rates for core Public Health programs from 2002 to 2022. The dashed gray line indicates the U.S. average since 2016. Ottawa has been under that level since 2006.

Figure 1. Ottawa County, as a medium-sized county, has been consistently staffed below the U.S. average local health department staffing level per 10,000 population*



*2019 National Profile of Local Health Departments (LHDs) Study.

The following is a summary of laws applicable to Local Public Health (this is not an exhaustive list):

Public Health Code (PA 368 of 1978), MCL 333.1101, et. seq., as amended
MCL § 333.1105 (2) – Definition of "Local public health department"
MCL § 333.1105 (3) – Definition of "Local health officer"
MCL § 333.1111 (2) – Protection of the health, safety, and welfare
Part 22 (MCL §§ 333.2201 *et seq.*) – State Departments
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 (General Provisions)
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 Services
Part 92 (MCL §§ 333.9201 *et seq.*) – Immunization
Part 93 (MCL §§ 333.9301 *et seq.*) – Hearing and Vision Testing and Screening; Oral Health Screening
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

Appropriations (Current as of December 2022: Public Act 166 of 2022-23)
Sec. 218 – Basic Services
Sec. 1222 – Essential Local Public Health Services (ELPHS)

Michigan Office of Attorney General (OAG) 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
OAG, 1989-1990, No. 6650 – LHD procedures for establishing sanitation fees for food service establishments
OAG, 1995-1995, No. 6891 – Application of Administrative Procedures Act of 1969 (APA) to LHD
OAG, 2007, No. 7205 – LHD's authority concerning immunization requirements

Food Law (Public Act 92 of 2000, as amended)
MCL § 289.1109 – Definition of "Local Health Department"
MCL § 289.3105, et seq. – Enforcement, Delegation to Local Health Department

Natural Resources and Environmental Protection Act (Public Act 451 of 1994, as amended)
Part 31 (MCL §§ 324.3101, et seq.) – Water Resources Protection
Water Resources Protection, Part 22 (R 323.2201, et seq.) – Groundwater Quality Rules (on-site wastewater treatment)
Part 115 (MCL §§ 324.11501, et seq.) – Solid Waste Management
Part 117 (MCL §§ 324.11701, et seq.) – Septage Waste Services

Land Division Act (Public Act 288 of 1967, as amended)
MCL § 560.105(g) – Preliminary Plat Approvals
MCL § 560.109a – Parcels Less Than One Acre
MCL § 560.118 – Health Department Approval

Condominium Act (Public Act 59 of 1978, as amended)
MCL § 559.171a – Approval of Condominium Project Not Served by Public Sewer and Water

Safe Drinking Water Act (Public Act 399 of 1976, as amended)
MCL § 325.1016 – Agreements to Administer Act; Public Water Supplies

Housing Law of Michigan (Public Act 167 of 1917, as amended) Section 85
MCL § 125.485 – Health order; infected and uninhabitable dwellings to be vacated

Ottawa County Codes and Regulations
Ottawa County Solid Waste Management Plan
Ottawa County Code Book Article 2 – Environmental Ordinances
- 200.1 Landfill Operational Standards
- 200.3 Phosphorous Use Regulation
- 200.4 Pollution Control
  - 200.4.1 Groundwater Use Ordinance (SW Landfill Vicinity)
  - 200.4.2 Ground Use Ordinance (SW Landfill)

Ottawa County Environmental Health Regulations, as amended July 26, 2016
Regulation Eliminating Smoking in Public and Private Worksites and Public Places, as amended

This document may serve as a survey of appropriate laws but shall not be considered exhaustive or as a limit to responsibilities required by law.

PS000220

Required Programs and Services

MCL 333.2235 gives authority to MDHHS to assign primary responsibility for the delivery of services to local health departments (LHDs) that meet the requirements set forth in Part 24 of the Public Health Code (see MCL 333.2235 et seq.).

MCL 333.2235 (2) provides, in part, that " ... a local health department that meets the requirements of Part 24 to be the primary organization responsible for the organization, coordination, and delivery of those services and programs in the area served by the local health department."

The OCDPH provides programs and services under the Comprehensive Agreement for local health departments contract (which includes contractual terms on behalf of the Michigan Department of Environment, Great Lakes, and Energy (EGLE), the Michigan Department of Agriculture and Rural Development (MDARD), and MDHHS) and the local health department agreement with EGLE Drinking Water and Environmental Health Division contract. The OCDPH complies with all program requirements provided in state and federal mandates.

MATRIX OF SERVICES OF LOCAL PUBLIC HEALTH

Services	Rule or Statutory Citation	Required =	Basic	+ Mandated	+ ELPHS
		I	1A.	1B.	1C.
Immunizations	MCL 333.9203 R325.176 Annual appropriations act for MDHHS (example: P.A. 166 of 2022-23 Sec. 218 and 1222)	X	X	X	X
Infectious/ Communicable Disease Control; Reporting (General)	MCL 333.2433; Part 51, MCL 333.5101 et seq.; Part 52, MCL 333.5201 et seq.; R 325.171 et seq.; Annual appropriations act for MDHHS (example: P.A. 166 of 2022 Sec. 218 and 1222)	X	X	X	X
STD Control	MCL 333.5117; R 325.174; R 325.175; R 325.177; Annual appropriations act for MDHHS (example: P.A. 166 of 2022 Sec. 218 and 1222)	X	X	X	X
TB Control	MCL 333.5117; R 325.174; R 325.175; Annual appropriations act for MDHHS (example: P.A. 166 of 2022 Sec. 218)	X	X	X	
Emergency Management – Community Health Annex	MCL 30.410; Annual appropriations act for MDHHS (example: P.A. 166 of 2022 Sec. 218)	X	X	X	

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Prenatal Care	Annual appropriations act for MDHHS (example: P.A. 166 of 2022)	X	X		
Family Planning Services for Indigent Women	MCL 333.9131; R325.151 et seq.	X		X	
Health Education	MCL 333.2433 (2) (d)	X		X	
Nutrition Services	MCL 333.2433 (2) (g)	X		X	
Oral Health Screening	MCL 333.9312; MCL 333.9316; MCL 333.16625 (2) Annual appropriations act (example: P.A. 166 of 2022)	X		X	
HIV/AIDS Services; Reporting, Counseling, and Partner notification	MCL 333.5114; MCL 333.5114a; MCL 333.5131 MCL 333.5923; R 325.174	X		X	
Care of Individuals with Serious Communicable Disease or infection	MCL 333.5117; Part 53, MCL 333.5301 et seq.; R 325.177	X		X	
Hearing and Vision Screening	MCL 333.9301; R 325.3271 et seq.; R 325.13091 et seq.; Annual appropriations act	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	
Uninhabitable Housing	Housing Law of Michigan, P.A. 167 of 1917 Section 85	X		X	
Public/Private Sewer	MCL 333.12751; MCL 333.12757; R 323.2210; R 323.2211	X		X	X
Food Protection	P.A. 92 of 2000 (MCL 289.3105); Annual appropriations act	X		X	X
Pregnancy Tests; Certification Forms	MCL 333.17015(18)	X		X	
Public/Private Water Supply	MCL 333.12701 et seq.; MCL 325.1001 et seq.; R 325.1601 et seq.; R 325.10101 et seq.	X		X	X
Sanitation & Environmental Protection	Natural Resources and Environmental Protection Act, Public Act 451 of 1994 – Part 115 Ottawa County Solid Waste Management Plan	X		X	

**All Rules and Statutory citations are "as amended."*

PS000222

Section III: General Communicable Disease Control

MPR 1

The local health department must have a system in place that allows for the referral of disease incidence and reporting information from physicians, laboratories, and other reporting entities to the local health department.

References: **Michigan Administrative Code R 325.174 (1) (5); R325.173 (7).*

Indicator 1.1

The local health department shall maintain annually reviewed policies and procedures.

This indicator may be met by:

- Maintaining the following policies and procedures for:
    - Receiving case reports from citizens, physicians, health care facilities, laboratories, and other reporting entities;
    - Entering the received reports into the Michigan Disease Surveillance System (MDSS);
    - Timely submission of case reports via MDSS to the Michigan Department of Health & Human Services (MDHHS);
    - Completion of case reports;
    - How and when data is collected, collated, and analyzed and who within the local health department is responsible for such activities; **AND**
- Evidence that policies and procedures are reviewed annually.

Documentation Required:

- Providing the above policies and procedures.
- Summary sheet or other documentation illustrating that policies and procedures were reviewed and approved by one of the following individuals: Communicable Disease (CD)/Nursing Supervisor, Medical Director, or Health Officer.

Evaluation Question:

None

Indicator 1.2

The local health department collects, collates, and analyzes CD surveillance data that is reported to their jurisdiction by physicians, laboratories, and other authorized reporting entities.

This indicator may be met by:

- The local health department conducts weekly analysis of reported disease cases that shall be documented in a log (e.g., weekly MDSS line list, or report) and signed-off by the CD/Nursing Supervisor, Epidemiologist, or Medical Director.
- Weekly Surveillance log (e.g., weekly MDSS line list, or report of cases).

Documentation Required:

Evidence that weekly surveillance log is monitored and signed-off on a weekly basis by the CD/Nursing Supervisor, Epidemiologist, or Medical Director. It is highly recommended that weekly analyses are maintained electronically.

Evaluation Question:

None

Indicator 1.3

The local health department electronically submits CD cases and case report forms that are complete, accurate, and timely to MDHHS by utilization of the MDSS.

Note: A random sample of case reports will be pulled out of MDSS by the Reviewer prior to the Review for evaluation of this indicator.

This indicator may be met by:

- Evidence of MDSS and case report form utilization; **AND**
- Entry within 1 business day of received CD reports into the MDSS; **AND**
- Within 7 days of receipt, at least 90% of case demographic data (name, address, age/date of birth, sex, race, and ethnicity) and pertinent case data (onset date, diagnosis date, hospitalization status) is completed in MDSS; **AND**
- Upon case completion, at least 90% of the detailed case report form's available fields are accounted for/filled in/completed. Information that cannot be obtained should be documented. To meet this indicator, 90% of the cases pulled by the Reviewer (e.g., 18/20) will have to meet the above criteria; **AND**
- Cases are updated, reactivated, and/or reclassified in MDSS as new information is obtained (e.g., laboratory serogroups and serotype results, patient outcome, and outbreak identification).
- **(Special Recognition)** The local health department may also have an internal review or audit process for improvement of data quality.

Documentation Required:

- Documentation indicating the staff responsible for MDSS case entry.
- Evidence of case completion efforts, reporting timeline requirements, and staff instructions to update case report forms in MDSS as new information is obtained.

Documentation Requested:

(Special Recognition) Provide evidence of internal review process or audit that includes an aspect of data quality improvement.

Evaluation Question:

None

Indicator 1.4

The local health department shall create an annual report that includes aggregate CD data for dissemination throughout the local health department's jurisdiction.

This indicator may be met by:

- The local health department maintains and displays CD case counts in an annual report that can be distributed to interested entities such as community physicians, infection control, and private citizens. The annual report should include aggregate data to illustrate the jurisdiction's CD trends.
- **(Special Recognition)** The local health department may also disseminate a quarterly update with similar data to the above groups of people.

Documentation Required:

- Annual report of communicable diseases within your jurisdiction. The report should include an analysis and interpretation of public health data with conclusions drawn from the data.
  - Examples: comparing a 5-year disease average to current year disease counts; or including a narrative about data findings or discussing a specific condition of interest (e.g., local increase in HCV).
- List of stakeholders who receive Annual Report/quarterly updates.

Documentation Requested:
(Special Recognition) Quarterly updates or other news bulletins that get disseminated through the local health department's jurisdiction.

Section III: General Communicable Disease Control

MPR 2

The local health department shall perform investigations of communicable diseases as required by Michigan law.

References: *PA 368 of 1978, MCL 333.2433 (2)(a)(c)(i)(iii); Michigan Administrative Code R 325.174 (1) (5); R 325.173 (7).*

Indicator 2.1

The local health department shall maintain annually reviewed policies and procedures.

This indicator may be met by:

- Maintaining the following policies and procedures for:
  - Investigating individual case reports;
  - Initiation of outbreak investigations;
  - Specific reportable diseases; **AND**
- Evidence that policies and procedures are reviewed annually.

Documentation Required:

- Providing the above policies and procedures.
- Summary sheet or other documentation illustrating that policies and procedures were reviewed and approved by one of the following individuals: CD/Nursing Supervisor, Medical Director, or Health Officer.

Evaluation Question:

None

Indicator 2.2

The local health department shall initiate CD investigations as required by Michigan laws, rules, and/or executive orders.

This indicator may be met by:

- The local health department investigates individual case reports; **AND**
- The local health department conducts investigations of CD outbreaks and clusters; **AND**
- The local health department maintains protocols of specific CDs that are required to be reported by Michigan laws or rules.

Documentation Required:

- Documents and/or records that illustrate how the local health department investigates individual case reports received. This includes identifying who initiates the investigation, what action shall be taken, and the appropriate timelines to be followed.
- Documents and/or records that illustrate how the local health department conducts investigations of CD outbreaks and clusters. This should include identification of roles, corresponding responsibilities during an outbreak, and communication with MDHHS CD personnel.
- Documents and/or records that illustrate the use of disease specific protocols.

Evaluation Question:

None

Indicator 2.3

The local health department shall notify MDHHS immediately of a suspected CD outbreak in their jurisdiction.

This indicator may be met by:

- The local health department notifies MDHHS within 24 hours when their jurisdiction suspects a CD outbreak. Notification can be via phone, fax, MDSS (must include an outbreak identifier), or Notification of Serious Communicable Disease form; **AND**
- The local health department has a protocol that declares who at the local health department notifies MDHHS and what specific information should be relayed (e.g., possible pathogen, source, number ill, facility); **AND**
- The local health department maintains a file of outbreaks investigated in their jurisdiction. This review will exclude isolated complaints on the Environmental Health (EH) foodborne illness complaint log. However, reports (6-point narratives) from outbreaks that are co-investigated by both EH and CD will need to be provided for this review, as epidemiological components of the outbreak will be reviewed.
- **(Special Recognition)** To improve reporting and public health control measures, the LHD reports all outbreaks into MDSS via the aggregate form. Large outbreaks are managed using the MDSS Outbreak Management System (OMS).

Documentation Required:

- The local health department chosen means for MDHHS notification.
- Protocol for notifying MDHHS.
- Outbreak investigation folder.

Documentation Requested:

(Special Recognition)

- Outbreak file contains evidence that outbreaks were entered into MDSS via the aggregate form (e.g., exported line list, MDSS investigation IDs) **OR** outbreak file contains evidence that OMS was utilized to manage one or more outbreaks.

Evaluation Question:

None

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Section III: General Communicable Disease Control

MPR 3

The local health department shall enforce Michigan law governing the control of communicable disease as required by administrative rule and statute.

References: *PA 368 of 1978, MCL § 333.2433(1)(2); MCL § 333.2451(1); *Michigan Administrative Code R 325.174 (1) (5).*

Indicator 3.1

The local health department shall maintain annually reviewed policies and procedures.

This indicator may be met by:

- Maintaining the following policies and procedures:
  - Case follow-up and completion;
  - Guidance to prevent disease transmission; **AND**
- Evidence that policies and procedures are reviewed annually.

Documentation Required:

- Providing the above policies and procedures.
- Summary sheet or other documentation illustrating that policies and procedures were reviewed and approved by one of the following individuals: CD/Nursing Supervisor, Medical Director, or Health Officer.

Evaluation Question:

None

Indicator 3.2

The local health department performs activities necessary for case follow-up, which includes guidance to prevent disease transmission.

This indicator may be met by:

- The local health department can demonstrate timely case follow-up, follow-up efforts, and completion/updates of cases in MDSS; **AND**
- The local health department maintains control guidelines or other guidance materials to assist in the control of disease spread (e.g., Norovirus Control Guidelines in Nursing Homes, etc.) that can be distributed to community partners; **OR**
- Additional educational materials, fact sheets, or other guidance documents that will assist the local health department with prevention of disease transmission.

PS000229

- **(Special Recognition)** Provide communicable disease presentations to educational venues such as conferences and community health education fairs.

Documentation Required:

Records and/or documentation that demonstrates timely case follow-up, follow-up efforts, and completion/updates of cases in MDSS.

Documentation Requested:

- Control guidelines or other guidance materials to assist in the control of disease spread (e.g., Norovirus Control Guidelines in Nursing Homes, etc.) that can be distributed to community partners.
- Additional educational materials, fact sheets, or other guidance documents that will assist the local health department with prevention of disease transmission.
- **(Special Recognition)** CD presentations to educational venues such as conferences and community health education fairs.

Evaluation Question:

None

Indicator 3.3

Presence of adequately prepared staff capable of enforcing Michigan law governing the control of CDs.

This indicator may be met by:

- Staff has access to current and up-to-date reference materials (e.g., Control of Communicable Diseases Manual; Red Book; Brick Book; Michigan Communicable Disease Handbook; CDC Core Curriculum on Tuberculosis; MMWR case definitions; FIRST, Rabies, Head lice, and Scabies manuals, etc.); **AND**
- Attendance of professional development activities (which may offer CME, CEU, or contact hours), which may include in-services, conferences, seminars, and trainings.

Documentation Required:

- Local health department has documentation of CD staff participation in professional development activities, conferences, seminars, and/or trainings.
- The documentation for the above indicator may include either a copy of the CEU certificate or a listing of activities attended for a given year, along with the date of the activity.

Evaluation Question:

None

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Section III: General Communicable Disease Control

Indicator 3.4

The local health department shall complete and submit the necessary foodborne or waterborne outbreak investigation forms.

This indicator may be met by:

- For foodborne outbreaks, the local health department completes and submits the CDC 52.13 (foodborne) outbreak form to MDHHS and the Michigan Department of Agriculture and Rural Development (MDARD) within 60 days of the date the first case became ill.

- For waterborne outbreaks, the local health department completes and submits the CDC 52.12 (waterborne) outbreak form to MDHHS within 60 days of the date the first case became ill.

- In the event that an investigation is still ongoing 60 days post first illness onset date, a preliminary 52.12 or 52.13 report (which includes data such as county of outbreak, onset date, exposure date, number of cases, and laboratory results) must be submitted to MDHHS within 60 days of the date the first case became ill; the completed final outbreak report form must then be sent to the appropriate agency(s) within 90 days.

Documentation Required:

Copies of completed CDC 52.13 and CDC 52.12 forms

Evaluation Question:

None

PS000231

Section IX: Family Planning

MPR 1

Provide Family Planning services following Title X Requirements for provision of services: Services must be voluntary, provided without any coercion, provided in a client-centered manner that protects the dignity of the individual, provided without discrimination, with priority to individuals from low-income families, without residency or referral criteria, with safeguards for the privacy and confidentiality of individuals being served (Tenets of Title X Services)

References: *42 CFR (10-2021 edition) §59.5 (a)(2)-(6); 42 CFR §59.5 (b)(5); 42 CFR §59.10; Health Insurance Portability and Accountability Act of 1996 (HIPAA);* ***The*** *Privacy Act of 1974****,*** *5 U.S.C. § 552a; Elliott-Larsen Civil Rights Act, 1976 PA 453, as amended, MCL 37.2101 to 37.2804, Executive Directive 2019-09*

Indicator 1.1

Voluntary. Services must be provided solely on a voluntary basis, without any coercion to accept services or accept any particular methods of family planning. Acceptance of services must not be made a prerequisite to eligibility or receipt of services or participation in any other program.

See Michigan Title X Family Planning Standards & Guidelines **(8.1; 8.1.A, B, C, D; 19.F.1; 20.A; 29.D.2.e)**

To fully meet this indicator:

- The agency providing family planning services assures that services will be provided to clients:
  - On a voluntary basis **(8.1)**
  - Without coercion to accept services or any particular method of family planning **(8.1.A; 19.F.1)**
  - Without making acceptance of services a prerequisite to eligibility for any other service or assistance in other programs **(8.1.B)**
- The agency general consent for services includes that services are provided on a voluntary basis, without coercion to accept services or any particular method of family planning and without prerequisite to accept any other service. **(8.1.D; 19.F.1)**
- The client's voluntary general consent must be obtained prior to receiving any clinical services. All consents are included in the client's record. **(19.F; 20.A; 29.D.2.e)**
- Staff have been informed that they may be subject to prosecution under federal law if they coerce or try to coerce any person to accept abortion or sterilization. **(8.1.C)**

Documentation Required:

- Policy and procedures that address voluntary participation without coercion, eligibility, or prerequisite.
- Agency general consent for services form
- Documentation that staff has been informed of the possibility of prosecution if they coerce any client to accept abortion or sterilization.

Evaluation Questions:

- Are there written policies in place that reflect that all services are voluntary, provided without coercion, and provided without making acceptance of services a prerequisite to eligibility for any other service or assistance in other programs?
- Does the agency general consent for services include that services are voluntary, provided without coercion, and provided without a prerequisite to accept any other service?

Indicator 1.2

Section IX: Family Planning

Dignity & Respect. Provide services in a manner that is client-centered, culturally and linguistically appropriate, inclusive and trauma-informed which protects the dignity of the individual.

See Michigan Title X Family Planning Standards & Guidelines **(8.5.2;9.2;13.1;13.4;13.4.A;19.A.1-6;29.D.3e, f)**

To fully meet this indicator:

- The agency provides services in a client-centered manner that protects the dignity of each individual. **(9.2; 19.A.1-6)**
- Has written policy and/or procedures to assure that services are client-centered, culturally and linguistically appropriate, inclusive and trauma-informed. **(9.2; 8.5.2;13;19.A.1.)**
- Service delivery to all clients includes the following: **(19.A)**
  - Assuring clients are treated courteously and with dignity and respect
  - Addressing the needs of diverse clients
  - The opportunity to participate in planning their own medical treatment
  - Encouraging clients to voice any questions or concerns they may have
- Provide an explanation of range of available services, and agency fees and financial arrangements to clients **(19.A.6)**
- Upon request, clients are given access to or provided a copy of their medical record. **(29.D.3.e, f)**
- The agency obtains Michigan Department of Health and Human Service (MDHHS) approval prior to conducting any clinical or sociological research using Title X clients as subjects. **(13.4; 13.4 A)**

Documentation Required:

- Policy and Procedure Manuals
- Client records
- Client bill of rights or other documents outlining patient rights and responsibilities
- Client Satisfaction Surveys

Evaluation Questions:

- Do policies and procedures address treating clients with dignity and respect for diverse cultural and social practices, and assure client confidentiality?

Indicator 1.3

Non-Discrimination. Projects must provide services in a manner that does not discriminate against any client based on religion, race, color, national origin, disability, age sex, sexual orientation, gender identity, sex characteristics, number of pregnancies, marital status, partisan considerations, disability or genetic information. Projects must provide services without imposing any residency requirements or requiring the patient be referred by a physician.

See Michigan Title X Family Planning Standards & Guidelines **(9; 9.3; 9.9; 13.1; 13.1.D.1-4;13.5. A.1-2; 19.A.6; 19.F.2)**

To fully meet this indicator:

- The agency has written policies and procedures on non-discrimination in providing services without regard to religion, race, color, national origin, disability, age sex, sexual orientation, gender identity, sex characteristics, number of pregnancies, marital status, partisan considerations, disability or genetic information. **(9; 9.3)**

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Section IX: Family Planning

- There is a written policy that services are provided without residency requirements or physician referral. **(9.9)**
- The agency complies with [45 CFR Part 84], so that, when viewed in its entirety, the agency is readily accessible to people with disabilities **(13.1)**
- The local agency has a written plan including all required components to ensure meaningful access to services for persons with limited English proficiency **(13.1.D. 1-4)**
- Consent forms are language appropriate for Limited English Proficiency (LEP) clients or are translated by an interpreter. **(13.1.D.4; 19.B.1; 19.F.2)**
- The agency complies with the Office of Population Affairs FPAR requirements, including a system to assure accurate collection of race and ethnicity data (FPAR Tables 2 and 3) **(13.5.A.1,2)**

Documentation Required:

- Non-discrimination policy, including policy on residency and physician referral
- Copy/location of agency's posted or distributed non-discrimination policy
- LEP plan
- Consent forms written in languages other than English, as appropriate
- Client demographic data form

Evaluation Questions:

- Are facilities accessible to individuals with disabilities including:
  - Entrance ramps are clearly marked and easily accessible?
  - Toilets accessible to the handicapped?
  - Handicapped parking?
- Does the LEP plan include:
  - A statement of agency's commitment to provide meaningful access to LEP individuals?
  - A statement that services will not be denied to clients because of LEP?
  - A statement that clients will not be asked or required to provide their own interpreter?
  - Language Assistance, oral interpretation, and/or written translation?
  - Providing notice to LEP persons?
  - Routine updating of the LEP plan?
  - Staff training?
- Is there a policy prohibiting residency requirement and physician referral?

Indicator 1.4

Priority to Low-income Populations. Provide that priority in the provision of services will be given to persons from low-income families

See Michigan Title X Family Planning Standards & Guidelines **(5; 8.4; 9.1)**

To fully meet this indicator:

- The agency has written policies and/or procedures to assure that no one is denied services or is subject to any variation in quality of services because of inability to pay **(8.4)**
- Low-income and high priority populations to be served are identified in the agency's annual plan **(5; Section 1.B Annual Health Care Plan Guidance)**
- Have policy and/or procedures to ensure that low-income clients are given priority to receive services **(9.1)**

Documentation Required:

- Sliding fee scale
- Non-discrimination policy for ability to pay

- Policy and/or Procedures that assure low-income clients are prioritized

Indicator 1.5

Confidentiality. Projects must have policies, procedures and safeguards to protect client confidentiality. Information obtained about individuals receiving services must not be disclosed without the individual's documented consent, except as required by law or as necessary to provide services to the individual. Information may otherwise be disclosed only in summary, statistical or other form that does not identify the individual. *(from old MPRs 3&11.6)*

See Michigan Title X Family Planning Standards & Guidelines **(10.1.A, B, C; 10.2; 10.3; 19.A. 3; 19.F.1; 21. H.3; 29.D.1.c; 29.D.3.a-f)**

To fully meet this indicator:

- Client confidentiality is assured by the following: **(10.1. A., B., C.; 19.A.3; 19.F.1; 29.D.3a)**
  - Confidentiality is assured in agency policy and procedures
  - A confidentiality assurance statement appears in the general consent for services in the client record.
  - All agency personnel assure confidentiality, such as a confidentiality statement
- The clinic has safeguards to provide for the confidentiality and privacy of the client as required by the Privacy Act. **(10.1,10.2; 29.D.3.a-f)**
- HIPAA regulations regarding personal health information are followed. **(29.D.1.c)**
- Systems are in place to keep client records confidential. **(29.D.1.b.4; 29.D.3)**
- The agency does not disclose client information without the client's consent, except as required by law or as necessary to provide services. **(10.2; 29.D.3.c)**
  - Agency general consent informs clients of potential disclosure of health information to a policyholder if the policyholder is someone other than the client. **(10.2.A; 21.H.3.a-c.)**
  - The agency provides confidential services to minors and observes all state laws regarding mandatory reporting and informs minors of situations of potential disclosure. **(21.H. 3; See under Indicator 9.1**)
- Information collected for reporting purposes is disclosed only in summary or statistical form **(10.3; 29.D.3.d)**

Documentation Required:

- Policy and Procedure Manuals
- Client records
- General Consent for Services

Evaluation Questions:

- Does the physical layout of the clinic ensure that services are provided in a way that protects confidentiality and privacy?

MPR 2

Provide for orientation and in-service training for all project personnel.

References: *42 CFR §59.5 (b)(4); MDHHS Michigan Title X Family Planning Standards & Guidelines; CFR Part 84; 29 CFR Part 1910 Subpart E.*

Indicator 2.1

Section IX: Family Planning

Staff Orientation and Training. Provide for orientation and in-service training for all project personnel

See Michigan Title X Family Planning Standards & Guidelines (8.5.1.A-D; 8.5.3; 8.5.4; 8.6.1-9; 13.2; 18.B; 29.B.2.d; 29.B.3.a; 29.C; 29.C.3 29.E.2.b)

To fully meet this indicator:

- The current MDHHS Title X Family Planning Standards and Guidelines Manual must be available to staff at each site. **(18.B)**
- The agency must have written personnel policies that comply with federal and state requirement and Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act of 1973, and Title 1 of Americans with Disabilities Act (Public Law 101-336). These policies should include: **(8.5.1)**
  - Staff recruitment and selection
  - Performance evaluation
  - Staff promotion
  - Staff termination
  - Compensation and benefits
  - Grievance procedures
  - Patient confidentiality
  - Duties, responsibilities, and qualifications of each position
  - Licenses for positions requiring licensure
- Personnel records are kept confidential. **(8.5.1.A)**
- Performance evaluations of program staff are conducted according to the agency personnel policy. **(8.5.1.B)**
- Organizational chart and personnel policies are available to all personnel. **(8.5.1.C)**
- Job descriptions are available for all positions and updated as needed. **(8.5.1 D)**
- The agency must have a qualified Family Planning project coordinator. **(8.5.3)**
- All clinicians, including mid-level practitioners, must maintain current licensure and certification, including drug control licenses. **(8.5.4; 29.E.2.b)**
- The agency must have written plans, protocols procedures for non-medical emergency situations, such as fire, tornado, bomb, terrorism, etc. **(13.2, 29. C)**
- The agency provides for orientation and in-service training for all program personnel, including staff of sub-recipient agencies and service sites. **(8.6.1)**
- The agency provides staff training on encouraging family involvement in the decision of minors to seek family planning services and on counseling minors on how to resist being coerced into engaging in sexual activities at least every two years. **(8.6.2)**
- The agency provides staff training regarding prevention, transmission and infection control in the health care setting of sexually transmitted infections including HIV as required by OSHA regulations. **(8.6.3)**
- The agency provides staff training in emergency procedures or natural disaster and staff understands their role. **(8.6.4, 13.2, 29.C)**
- The agency provides staff training in the unique social practices, customs, and beliefs of the under-served populations of their service area at least every two years. **(8.6.5)**
- The agency provides staff training on content related to mandated reporting and human trafficking, including information on agency policy and procedures on mandatory reporting at least every two years. **(8.6.6)**
- The agency provides training regarding the nature and safety of pharmaceuticals to clinical staff involved in dispensing medications at least every two years. **(8.6.7; 29.B.2.d; 29.B.4.a)**
- Licensed medical staff providing direct patient care is trained in CPR and have current certification. **(29.C.3; 29.E.2.b)**

Documentation Required:

- Policies and procedures for non-medical emergencies, including fire, natural disaster, robbery, power failure, and harassment.

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- Agency personnel policies.
- Position descriptions.
- Copies of licenses for those positions requiring licensure.
- Documentation of staff orientation and in-service training, including:
  - Staff training on the unique social practices, customs, and beliefs of the under-served populations in their service area
  - Evidence of staff trained in the prevention, transmission and infection control in the healthcare setting of sexually transmitted infections including HIV
  - Pharmaceutical training for clinical staff involved in dispensing medications
  - CPR training and certification for all licensed medial staff providing direct care
  - Staff training in emergency procedures and plans
  - Staff training on blood born pathogen transmission/OSHA training
  - Staff training on encouraging family involvement in the decision of minors to seek family planning services and on counseling minors on how to resist being coerced into engaging in sexual activities
  - Staff training on mandatory reporting and human trafficking, including information on agency policies and procedures.
- Documentation of staff continuing education
- Documentation of performance evaluations as required by agency personnel policy

MPR 3

Provide, to maximum feasible extent, an opportunity for participation in the development, implementation, and evaluation of the project by persons broadly representative of all significant elements of the population to be served, and by others in the community knowledgeable about the community's needs for family planning services. Projects must provide for an advisory committee.

Reference: *42 CFR §59.5 (b)(4); MDHHS Michigan Title X Family Planning Standards & Guidelines; CFR Part 84; 29 CFR Part 1910 Subpart E.*

Indicator 3.1
Opportunity for Community Participation, Advisory Committee

See Michigan Title X Family Planning Standards & Guidelines (11.1; 11.1.A; 11.1A.1,2,3; 11.2)

To fully meet this indicator:

- The agency must provide an opportunity for participation in the development, implementation, and evaluation of the project. **(11.1)**
  - The agency must have a governing board, program specific Family Planning Advisory Council (FPAC) or other appropriate advisory group: **(11.1.A)**
    - The council or board is broadly representative of the population served and includes people knowledgeable about family planning. (**11.1.A.1)**
    - Responsibilities of the council/board must include the following: **(11.1.A.2)**
      - Review the agency's program plan, assess accomplishments and suggest future program goals and objectives.
      - Review the agency's progress toward meeting the needs of the priority population and for making clinic services and policies responsive to the needs of the community.
    - There is documentation that the council/board meets at least once a year. **(11.1.A.2)**

- Minutes are kept of all meetings **(11.1A.3)**

Documentation Required:

- Governing Board or FPAC Roster
- Governing Board or FPAC meeting schedule
- Governing Board or FPAC meeting minutes

Indicator 3.2

Information and Education (I&E) Advisory Committee

See Michigan Title X Family Planning Standards & Guidelines (12; 12.1; 12.2; 12.3; 12.4.A-H; 12.5)

To fully meet this indicator:

- The agency must have an I & E committee that reviews and approves all informational and educational materials (print or electronic) developed or made available by the project prior to their distribution. (The Family Planning Advisory Committee/Advisory Board may take on this role so long as it meets the following requirements.) **(12; 12.1)**
  - I & E committee membership is broadly representative of the community served, in terms of demographic characteristics of the community for which materials are intended. **(12.2)**
  - The size of I & E committee is at least five members and up to the number determined needed to broadly reflect the community served. **(12.3)**
  - The I & E committee must have a written description of the review and approval process in a policy statement, by-laws or other committee documents. **(12.4.A)**
  - The I & E committee must consider: **(12.4.D)**
    - The educational and cultural backgrounds of the individuals to who the materials are addressed
    - The standards of the population to be served with respect to such materials
    - Review the content to assure the information is medically accurate, culturally/linguistically appropriate, inclusive and trauma-informed.
    - Determine whether the material is suitable for the population or community served.
  - The considerations of materials by I & E committee members must be documented using an approved MDHHS evaluation form. **(12.4.C)**
  - I & E committee approval of educational materials requires at least one half of voting members. **(12.4.E)**
- I & E Committee must meet at least once a year or more often as needed**. (12.4.F)**
- The agency must maintain a written record of the determinations and approval process including: **(12.4.G)**
  - Minutes of all meetings, including a record of determinations regarding the materials reviewed
  - Completed evaluation forms or a compiled summary of the evaluations
  - A master listing of approved materials and dates approved
- Staff overseeing work of the I & E Committee must bring previously approved materials for review and/or update at least every three years. **(12.4.H)**
- Federal grant support must be acknowledged in publications produced with family planning grant funds. **(12.5)**
  - Acknowledgement includes the following language, unless the agency has requested and received a waiver for alternate language from MDHHS: "This [publication/program/website, etc.] was supported by the Office of Population Affairs (OPA) of the U.S. Department, of Health and Human Services (HHS) as part of a financial award totaling $XX with XX percentage funded by OPA/OASH/HHS and $XX amount and XX percentage funded by non-government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by OPA/OASH/HHS, or the U.S. Government. For more information, please visit: https://opa.hhs.gov/."

Documentation Required:

- I & E Committee Roster indicating community representation of each I & E Committee member
- I & E Committee Meeting Minutes
- I & E determinations related to materials, including individual evaluation forms or a record of individual evaluations
- A Master List of approved materials with dates approved

Evaluation Questions:

- Does the I & E committee review the content of all informational and educational materials to assure the information is correct and appropriate for the intended audience?
- Does the I & E committee membership broadly represent the community served? Does not include program staff and prioritizes client and community representation?
- Does the I & E committee roster indicate community representation for each committee member?
- Is there a written record of the determinations of I & E committee members for all materials reviewed: Meeting minutes; Master list of approved materials with dates approved; Individual evaluation forms, or a compiled summary of member evaluations?
- Is there acknowledgement of Title X grant funding on all publications produced by the project? Does acknowledgement contain the required language and grant award number current at the time of publication?
- Are previously approved materials reviewed or updated at least every three years?

MPR 4

Provide for opportunities for community education, participation, and engagement to achieve community understanding of the objectives of the program; inform the community of the availability of services; and promote participation in the project by diverse persons to whom family planning services may be beneficial to ensure access to equitable, affordable, client-centered quality family planning services.

Reference: *42 CFR §59.5 (b)(3)(i-iii).*

Indicator 4.1

See Michigan Title X Family Planning Standards & Guidelines (4; 5; 8.7. A; 11.2; 11.3)

To fully meet this indicator:

- The agency must establish and implement planned activities to provide community education programs to facilitate awareness and access to family planning services and encourage participation by diverse persons in the communities served. **(11.2: 11.3)**
- The agency must submit an Annual Health Care Plan that includes written plans for: (**4; 5; 8.7.A; 11.2; Section I.B. Annual Health Care Plan Guidance)**
  - Community education activities
  - Community project promotion activities
- The agency must include priority populations based on an assessment of community needs in the target groups identified for program promotion activities. **(11.2,3; 8.7.A)**

Documentation Required:

- Annual Health Care Plan

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- Documentation of community education activities (such as, flyers, community meeting agendas, brochures, reports, logs)
- Documentation of activities program promotion activities (such as Outreach logs, news releases, articles, PSA's, and advertisements)
- Newsletters and other communications/educational tools as available

MPR 5

Provide for billing and collecting client fees to include the following: Clients with family income at or below 100% of the Federal Poverty Level (FPL) are not charged, except where payment will be made by an authorized third party. Charges will be made for services to clients with family income between 101-250% of FPL in accordance with a schedule of discounts based on ability to pay. Charges to clients with family income that exceeds 250% of FPL will be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services.

References: *42 CFR §59.5 (a)(7)-(9).*

Indicator 5.1

See Michigan Title X Family Planning Standards & Guidelines (8.4; 8.4. A-C; 8.4.1; 8.4.2; 8.4.3; 8.4.4; 8.4.5; 8.4.5.B; 8.4.8 A-B; 8.4.9)

To fully meet this indicator:

The local agency must have written policies and procedures for billing and collecting client fees; these policies must include the following:

- Clients must not be denied services or be subjected to any variation in quality of services because of inability to pay. **(8.4)**
- Individual eligibility for a discount must be documented on the client's record/file. **(8.4.A)**
- The agency relies on client self-report of income for determining eligibility for a discount, except where the agency may use income verification data provided by the client because of participation in other programs operated by the agency. **(8.4.B)**
- The agency's schedule of discounts must be developed with sufficient proportional increments to assure billing is based on ability to pay. Sub-recipients must use the mandated quartile proportional increments distributed by MDHHS unless they have requested and received an MDHHS approved waiver to use other proportional increments. **(8.4.C)**
- Clients whose documented income is at or below 100% of the federal poverty level are not charged; although the agency bills all third parties authorized or legally obligated to pay for services. **(8.4.1)**
- For clients with family incomes between 101% and 250% of the current federal poverty level, the agency has a schedule of discounts that is proportional and based on ability to pay. **(8.4.2)**

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- For clients from families whose income exceeds 250% of federal poverty level, the agency has a schedule of fees designed to recover the reasonable cost of providing services **(8.4.4)**
- The agency has a documented process for determining the costs of providing services and indicates how the schedule of fees is determined to recover reasonable costs of providing services. **(8.4.4)**
- Fees are waived for individuals with family incomes above the federal poverty level who, as determined by the site manager, are unable, for good cause, to pay for family planning services. Instances where fees are waived are documented in the client record. **(8.4.3)**
- The agency reviews program costs and reassess the fee schedule at least every two years, utilizing the MDHHS Family Planning Program cost analysis tool unless the agency has a waiver to use a different methodology for reviewing costs. **(8.4.4)**
- The agency charges minors obtaining confidential services based on the resources of the minor and not on the family income. **(8.4.5)**
- The agency does not have a policy or fee schedule that is different for minors than the fee schedule for other populations receiving family planning services. **(8.4.5.B)**
- The agency has the capacity to provide a bill for the services to a client who requests a bill. **(8.4.8.A)**
- The agency's policies on billing and collections include a policy on the "aging" of outstanding accounts. **(8.4.8.B)**
- Voluntary donations from clients are permissible; however, clients are not pressured to make donations and donations are never a prerequisite to provision of services or supplies. **(8.4.9)**

Documentation Required:

- Client records showing eligibility for discount for services
- Billing records
- Proportional sliding fee schedule established using current DHHS Poverty Guidelines
- Written agency policy and procedures for charging, billing, and collecting client fees
- Agency procedure for aging outstanding accounts

Evaluation Questions:

- Are fees waived for individuals with family incomes above the federal poverty level who, as determined by the site director, are unable to pay for services? Is this written in policy? Are incidents where fees are waived for good cause documented in the client record?

MPR 6

Provide that where there is a third party (including a government agency) authorized or legally obligated to pay for services, all reasonable efforts are be made to obtain the third-party payment without application of any discounts. Where the cost of services is to be reimbursed under title XIX, XX, or XXI of the Social Security Act, an agreement required.

Reference: *42 CFR §59.5 (a)(10); 42 CFR §59.5 (a)(8)(I, ii)*

Indicator 6.1

See Michigan Title X Family Planning Standards & Guidelines (8.4.6.; 8.4.6.A; 8.4.7; 8.4.8)

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To fully meet this indicator:

- Where there is legal obligation or authorization for third party reimbursement; all reasonable efforts must be made to obtain third party payment, without application of any discounts. **(8.4.6)**
- With regard to insured clients whose family income is at or below 250% federal poverty level; where deductible, copayments or additional fees apply, clients are never charged more than they would pay if services were charged based on the schedule of discounts. **(8.4.6.A)**
- Where reimbursement is available from Title XIX or Title XX of the Social Security Act, the agency has written agreements/registration with Title XIX, or XX agencies, for reimbursement from these agencies**. (8.4.7)**
- The agency makes reasonable efforts to collect charges without jeopardizing client confidentiality. **(8.4.8)**

Documentation Required:

- Client records showing third party pilling and reimbursement for services
- Written policy and/or procedures for charging, billing, and collecting client fees from third party payers
- Billing for Title XIX, XX, or XXI and receipts of reimbursements

Evaluation Questions:

- Do agency staff follow the billing and client fee collection procedures?

MPR 7

Provide that all services purchased for project participants are authorized by the project director or designee on the project staff. And provide that any family planning services provided by contract or similar arrangements with other service providers, are provided in accordance with a plan which establishes rates and method of payment for care. These payments must be made under agreements with a schedule of rates and payments procedures maintained by the agency. The agency must be prepared to substantiate that these rates are reasonable and necessary.

Reference: *42 CFR §59.5 (b)(7,9).*

Indicator 7.1

See Michigan Title X Family Planning Standards & Guidelines (8.3.2; 8.3.3; 8.3.4; 21.B.7; 29.A.4; 29. B.3.b, c, d.)

To fully meet this indicator:

- All services purchased for project participants must be authorized by the project director or their designee on the project staff (**8.3.3)**
- The agency must have proper segregation between requisition, procuring, receiving, and payment functions for pharmaceuticals and supplies. (**29.B.3.b, c)**
- There must be an inventory system to control purchase, use, and reordering of pharmaceuticals and supplies. **(29.B.3.c, d)**
- Safeguards must be in place to assure that drugs purchased through the 340B program for Title X are only used for clients of the family planning program and in compliance with state and federal laws. **(29.B.3; 29 B.4.d.3)**
- The agency must have in place formal arrangements regarding provision of services and reimbursement of costs for contractual services. **(8.3.2; 8.3.4)**
- If a delegate agency provides required services by referral, formal arrangements with the referral provider must be in place that include a description of the services provided and includes cost reimbursement information. **(8.3.4; 29.A.4; 21.B.7)**

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- If a delegate agency subcontracts for services, a formal agreement must be in place that assures consistency with Title X program requirements, must be identified in the annual plan and must have MDHHS approval. **(8.3.2)**

Documentation Required:

- Policies and procedures
- Records of pharmaceutical requisitions
- Documentation of Inventory system
- Records of equipment purchases over the past three years
- Copies of contractual agreements for family planning services purchased.
- Copies of referral agreements between for providing required services.
- Copies of subcontract agreements

MPR 8

Provide all core family planning services as outlined in *Providing Quality Family Planning Services (QFP): Recommendations of the CDC and U.S. Office of Population Affairs.* These include a broad range of acceptable and effective medically approved family planning methods (including natural family planning methods) and services (including pregnancy testing and counseling; assistance to achieve pregnancy; basic infertility services; STI services; preconception health services; and adolescent-friendly health services); and related preventive health services.

References: *42 CFR §59.5(a)(1); 42 CFR CH. I §59.5 (b)(1); 42 CFR §59.5 (a)(5); MMWR/ April 25, 2014/Vol 63 /No. 4. Providing Quality Family Planning Services; Recommendations of CDC and the US OPA; MMWR/ July 29, 2016/Vol.65/No.4. US Selected Practice Recommendations for Contraceptive Use, 2016; MMWR/ Centers for Disease Control and Prevention (CDC) Selective Practice Recommendations (SPR); MMWR/July 29, 2016/Vol 65/No.3 US Medical Eligibility Criteria for Contraceptive Use, 2016; MMWR/Vol.70/No.4 Sexually Transmitted Infection Treatment Guidelines, 2021; Michigan Title X Family Planning Standards & Guidelines*

Indicator 8.1

The agency must provide **Contraceptive Services**, including a **broad range of medically (FDA) approved contraceptive products and natural family planning methods and services.**

See Michigan Title X Family Planning Standards & Guidelines (8.2; 8.2A; 8.2.B; 9.8; 18. A, B; 19. B, C; 19.K.1, 2; 19.L, M; 21; 21.A; 21. A, B, C, D, E, F,G; 29.B.7; 29.D.2.c.4)

To fully meet this indicator:

- The agency provides a broad range of medically approved services, including FDA approved contraceptive products and natural family planning methods, and temporary and permanent contraception either on-site or by referral. **(9.8; 18. A)**

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- Written protocols and procedures to offer contraceptive services that are current and consistent with national standards of care, including the QFP, must be in place and available at each clinic site. **(18.B; 21; 21.A)**
- Provide that individual education and counseling is offered prior to the client making an informed choice regarding family planning services. **(19.B.C.)**
- Methods provided and for which written protocols must be in place, include: **(21. B, C, D)**
  - Reversible Contraception
    - Hormonal contraceptives
      - at least 2 delivery methods combined hormonal contraceptives on site
      - at least 1 method progestin-only hormonal contraceptive on site
      - at least a second progestin-only method available on site within 2 weeks
    - Condoms (at least male condoms)
    - At least one type of long acting reversible contraceptive (LARC) method is provided, either on site or by paid referral.
    - At least one type of natural family planning method is provided.
    - Education materials and information regarding all methods including:
      - Hormonal contraceptives
      - Abstinence
      - Fertility awareness-based methods
      - Barrier methods
      - LARCs (Intrauterine devices or Implants)
      - Sterilization
      - Emergency contraception
  - Emergency Contraception
    - Emergency Contraception education and provision or referral are provided as appropriate.
    - A written protocol is in place
  - Permanent Contraception (Sterilization)
    - Education and information regarding sterilization is provided for clients as appropriate.
    - The agency has a list of community providers where clients can be referred for sterilization (Paid referrals for sterilization are not required)
    - All federal regulations on sterilization are met if the procedure is performed by the agency
- The agency does not provide abortion as a method of family planning and has a written policy that no Title X funds are used to provide or promote abortion as a method of family planning. **(8.2; 8.2A)**
    - The agency follows Title X guidance regarding abortion-related services. **(8.2.B)**
- Clients who are undecided on a contraceptive method are informed about all methods that can be safely used based on the CDC MEC. **(21.G)**
- Client education and information about contraceptive methods is medically accurate, balanced, and provided in a nonjudgmental manner. **(21.G)**
- Client education about contraceptive methods that can be safely used includes: **(21.G.1. a-i)**
  - Method effectiveness
  - Correct and consistent use of the method
  - Benefits and Risks
  - Potential side effects
  - Protection from STDs
  - Starting the method
  - Danger signs
  - Availability of emergency contraception
  - Follow-up visits
- Documentation of contraceptive education and counseling must be in the client's medical record**. (21.G.3)**
- An informed consent for the procedure is obtained prior to inserting an IUD or implant. **(21.G.7)**
- Medical records of transfer clients receiving prescriptive methods contain: **(29.B.7)**

  - A general consent for services
  - A completed client history that has been reviewed
  - A documented blood pressure (BP), if the client desires to continue a combined hormonal method
  - Documentation of the prescription in the client record method
- Medical history elements required for the contraceptive client: **(21.E.1)**
  - Reproductive goals
  - Allergies
  - Medications
  - Immunizations (Michigan Care Improvement Registry "MCIR" is strongly recommended)
  - Menstrual history
  - Gynecologic and Obstetrical history
  - Recent intercourse
  - Recent delivery, miscarriage or termination
  - Contraceptive use
    - Contraceptive experiences and preferences
    - Partner history (use of contraception, pregnant, has children, miscarriage or termination)
    - Condom use, allergies to condoms
    - Interest in Sterilization if age appropriate (≥ 21 per federal law requirement)
  - Current Infectious or chronic health condition (e.g., hypertension)
  - Characteristics and exposures that might affect the client's medical eligibility criteria (MEC) for contraceptive methods. (e.g., age, postpartum, breastfeeding, smoking)
  - Social history/risk behaviors
  - Sexual history and risk assessment
  - Mental health
  - Intimate partner violence
- Taking of a medical history must not be a barrier to making condoms available in the clinical setting **(21.E)**
- The following physical and laboratory assessment are provided for contraceptive clients: **(21.F.1)**
  - For clients seeking combined hormonal method and needing screening for hypertension, the following **must** be provided:
    - Blood Pressure (screen for hypertension)
  - For clients seeking IUD insertion, fitting diaphragm or cervical cap, bimanual exam and cervical inspection **must** be provided.
    - CT and GC testing must be available for clients requesting IUD insertion, if indicated.
  - Pap screening and clinical breast exam **must** be provided based on current recommendations for timing and testing components. (See Related Preventive Health Services section.)
  - Chlamydia testing **must** be offered annually for all females < 25 years, sexually active females ≥25 years with risk factors (infected partner, partner with other concurrent partners, symptoms, history of STI or multiple partners in the last year) (See page 113-114 in the STI section referencing the pre-paid forms.)
  - For male clients, laboratory tests are not required unless indicated by history.
- Revisits are individualized based on the client's need for education, counseling and clinical care beyond that provided at the visit. **(19.K.1,2; 19.L, M; 29.D.c.4)**

Documentation Required:

- Protocol and procedures manual specific to all contraceptive methods services
- Educational materials for all methods
- Access to clients' records
- Consent forms used for procedures

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Indicator 8.2

Offer **pregnancy testing and counseling services**, including offering pregnant clients the opportunity to be provided information and counseling on options.

See Michigan Title X Family Planning Standards & Guidelines (8.2 A; 9.10; 9.11; 19. K. 1,2; 19.L, M; 24; 24 A-E; 29.D.2.c.4)

To fully meet this indicator:

The agency must:

- Provide pregnancy testing, information and counseling to all clients in need of this service. **(9.10; 24)**
- Have written protocols and procedures to offer pregnancy testing and counseling services that are current and consistent with national standards of care available at each clinic site **(24)**
- Pregnancy diagnosis services include the following: **(24.A)**
    - General consent for services
    - Reproductive Goals discussion
    - Pertinent medical history
    - Environmental risk assessment
    - Testing with highly sensitive pregnancy test
    - Test results given to the client
    - Counseling and referral resources as appropriate
    - Chlamydia testing must be offered to females <25 years of age and as indicated by risk factors for females 25 years old or older
- If a pregnancy test is positive, and if ectopic pregnancy or other pregnancy abnormalities are suspected, immediate referral for diagnosis and treatment must occur. **(24.B.4)**
- The agency offers pregnant clients information and counseling regarding the following options: **(9.10.a,b; 24.C)**
    - Prenatal care and delivery
    - Infant care, foster care or adoption services
    - Pregnancy termination
- When providing pregnancy options information and counseling, the agency provides neutral, factual information and non-directive, unbiased counseling on each of the options and provides referrals upon request, except with respect to any option(s) about which the pregnant client does not wish to receive such information and counseling. **(9.10.c; 24.D)**
- Clients considering or choosing to continue the pregnancy are provided a referral for prenatal care and initial prenatal counseling upon request. **(24.G)**
- Clients considering or choosing to terminate the pregnancy are provided current information about the legal status of abortion in Michigan and are provided a referral upon request.
- For clients with a negative test, appropriate information about family planning services must be offered. **(24.H,I)**
- Revisits are individualized based on the client's need for education, counseling, contraceptive or preventive care, or repeat testing. **(19.K,L,M)**

Documentation Required:

- Protocol and procedures for pregnancy diagnosis and counseling(24.H
- Client medical records
- Educational materials related to pregnancy
- Current referral lists

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Evaluation Questions:

- Are referral lists current and do they include a full range of providers for pregnancy care?
- Is Chlamydia testing incorporated into pregnancy testing visits?

Indicator 8.3

Offer services to clients who desire to **achieve pregnancy**.

See Michigan Title X Family Planning Standards & Guidelines (19.K.1,2; 19.L, M; 23; 23. A, B; 23.D.10; 29.D.2.c.4)

To fully meet this indicator:

- Written protocols and procedures for achieving pregnancy that are current and consistent with national standards of care must be available at each clinic site **(23)**
- Client assessment includes: **(23.A)**
  - Reproductive goals
  - When pregnancy is desired
  - Length of time they have been attempting pregnancy.
    - If less than 1 year, provide counseling on maximizing fertility success
  - History of pregnancies or infertility
  - Partner engagement and support system issues
- Medical history includes: **(23.B)**
  - Immunizations
  - Medications
  - Present infectious or chronic health conditions
  - Genetic conditions
  - Environmental exposures or risks for both partners, (e.g., smoking, alcohol, Zika risk)
  - Social history/risk behaviors
  - Sexual health risk assessment
  - Mental health
  - Reproductive history
    - History of prior pregnancy/birth outcomes (preterm, cesarean delivery, miscarriage, or stillbirth)
    - Past medical/surgical history that might impair reproductive health
    - Medical conditions associated with reproductive failure that could reduce sperm quality
  - Family history
  - Intimate partner violence
- Physical Assessment includes:
  - Height, weight, BMI (screen for obesity)
  - Blood Pressure (screen for hypertension)
  - Physical exam as needed to evaluate issues raised by review of systems or complaints raised by the client.
  - STI or preconception care screening or referral for infertility or other health services as indicated.
- Client education and counseling must be documented in the medical record. **(23.D.10)**
- Revisits are individualized based on the client's need for education, counseling and clinical care beyond that provided at the visit. **(19.K.1,2; 19.L, M; 29.D.c.4)**

Documentation Required:

- Protocol and procedures for achieving pregnancy
- Client medical records
- Educational materials related to achieving pregnancy

- Current referral list

Indicator 8.4

Offer **basic infertility** services to clients desiring these services. Infertility is defined as the failure of a couple to achieve pregnancy after 12 months or longer of regular unprotected intercourse.

See Michigan Title X Family Planning Standards & Guidelines (19.K.1,2; 19.L, M; 25; 25.C.1,2. a-o; 25.C.3.a-f; 25.D.1,2. a-j; 25.F.1; 29.D.c.4)

To fully meet this indicator:

- The agency offers basic infertility services to clients desiring these services**. (25)**
- Written protocols and procedures to offer basic infertility services are current and consistent with national standards of care. **(25)**
- Evaluation as early as 6 months after regular unprotected intercourse provided for:
    - Female clients >35
    - History of oligo-amenorrhea
    - Known or suspected uterine or tubal disease or endometriosis
    - Partner known to be sub-fertile
- Medical history elements for both clients includes: **(25.C.1,2. a-p)**
    - Reproductive history (methods of contraception, coital frequency and timing, duration of infertility, prior infertility, gonadal toxin exposure, including heat)
    - Past surgeries
    - Previous hospitalizations
    - Serious illnesses or injuries
    - Past infections
    - Medical conditions associated with reproductive failure (e.g., thyroid disorders, hirsutism, diabetes mellites, or other endocrine disorders)
    - Childhood disorders
    - Cervical cancer screening results and any follow-up treatment
    - Medications (prescription and nonprescription)
    - Allergies
    - Social history/risk behaviors
    - Family history of reproductive failures
    - Level of fertility awareness
    - Previous evaluation and treatment results; gravidity, parity, pregnancy outcome(s), and associated complications; age at menarche, cycle length and characteristics, and onset/severity of dysmenorrhea
    - Sexual history (pelvic inflammatory disease, history of/exposure to STIs both partners, problems with sexual dysfunction)
    - Review of systems (symptoms of thyroid disease, pelvic or abdominal pain, dyspareunia, galactorrhea, and hirsutism)
- The following physical examination is offered for both clients if clinically indicated: **(25.C.3.a,b)**
    - Female physical examination:
        - Height, weight, and body mass index (BMI) calculation
        - Thyroid examination (i.e., enlargement, nodule, or tenderness)
        - Clinical breast examination (CBE)
        - Signs of androgen excess
        - A pelvic examination (i.e., pelvic or abdominal tenderness, organ enlargement/mass; vaginal or cervical abnormality, secretions, discharge; uterine size, shape, position, and mobility; adnexal mass or tenderness; and cul-de-sac mass, tenderness, or nodularity)
        - STI/HIV testing, as indicated

        - Chlamydia testing must be offered for females < 25 and females ≥ 25 with risk factors.
    - Male physical examination:
        - Examination of the penis (including location of the urethral meatus)
        - Palpation of the tests and measurement of their size
        - Presence and consistency of both the vas deferens and epididymis
        - Presence of a varicocele
        - Secondary sex characteristics
        - STI/HIV testing, as indicated
- Revisits are individualized based on the client's need for education, counseling and clinical care beyond that provided at the visit. **(19.K.1,2; 19.L, M; 29.D.c.4)**
    - Clients are referred for further diagnosis and treatment if indicated or requested. **(25.E)**

Documentation Required:

- Protocol and procedure manual
- Infertility educational materials
- Referral provider list

Indicator 8.5

Provide **Sexually Transmitted Infection (STI) Services** to clients desiring these services

See Michigan Title X Family Planning Standards & Guidelines (19.K.1,2; 19.L, M; 21.F.1.d, e; 26; 26.A; 26.B.1-7; 26.C; 26.D.1,2; 26.E; 26.I.1; 29.D.c.4)

To fully meet this indicator:

- Written protocols and procedures to offer STI services that are current and consistent with national standards of care must be available at each clinic site **(26)**
- Medical history elements required for STI services clients include: **(26.A, B.1-6)**
    - Reproductive Goals
    - Allergies
    - Medications
    - Medical conditions
    - Sexual health assessment
    - Intimate partner violence
    - Immunization status
- Physical and Laboratory assessment required for STI services clients include: **(26.C; 26.D.1,2; 26.E; 26.I; 21.F.1.d, e)**
    - Physical exam as indicated based on history or symptoms
    - Chlamydia (CT) and Gonorrhea (GC) testing must be offered annually to clients with risk factors
        - Chlamydia testing must be offered to females <25 years of age and as indicated by risk factors for females 25 years old or older
    - When provided on site, agencies must follow current CDC Guidelines and follow state and local reporting requirements
- Agency complies with state and local STI reporting requirements. **(26. I.1)**
- Revisits are individualized based on the client's need for education, counseling and clinical care beyond that provided at the visit. **(19.K.1,2; 19.L, M; 29.D.c.4)**

Documentation Required:

- Protocol and procedure manuals
- Access to client medical records

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Evaluation Questions:

- Are medical history, physical examination and laboratory screening elements based on the specific services provided to the client?
- Is Chlamydia testing offered annually to females <25 and as indicated by risk factors for women over 25?

Indicator 8.6

Offer **Preconception Health Services** to clients desiring these services

See Michigan Title X Family Planning Standards & Guidelines: **(19.K.1,2; 19.L, M; 22; 22.A, B, C, D; 29.D.c.4**)

.

To fully meet this indicator:

- Written protocols and procedures to offer preconception health services that are current and consistent with national standards of care must be available at each clinic site, **(22)**
- Medical history elements required for preconception health clients: **(22.A. 1-11)**
  - Reproductive goals
  - Sexual health/risk assessment
  - Reproductive history
    - History of prior pregnancy/birth outcomes (e.g., preterm, cesarean delivery, miscarriage, or stillbirth)
    - Past medical/surgical history that might impair reproductive health (e.g., conditions that could reduce sperm quality, varicocele)
  - Environmental exposures, hazards and toxins (smoking, alcohol, other drugs, Zika risk)
  - Medications
  - Genetic conditions
  - Family history
  - Social history/risk behaviors
  - Intimate partner violence
  - Immunizations (MCIR is strongly recommended)
  - Depression
- The following physical and laboratory assessment must be provided for all preconception health clients (**22.C; 22.D)**
  - Height, weight, BMI
  - Blood pressure
  - Laboratory testing must be recommended based on risk assessment
    - Chlamydia testing must be offered to females <25 years of age and as indicated by risk factors for females 25 years old or older
- Revisits are individualized based on the client's need for education, counseling and clinical care beyond that provided at the visit. **(19.K.1,2; 19.L, M; 29.D.c.4)**

Documentation Required:

- Protocol and procedure manual
- Access to client medical records
- Educational materials regarding preconception

Indicator 8.7

Offer **Related Preventive Health Services** to women and men desiring these services

See Michigan Title X Family Planning Standards & Guidelines (28; 28.A, B, C)

To fully meet this indicator:

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- Written protocols and procedures to offer preventive health services that are current and consistent with national standards of care must be available at each clinic site. **(28)**
- Clinics must offer/provide and stress the importance of clinical breast exam (CBE) and cervical cancer screening. **(28.A.1,2)**
  - Agencies must comply with current MDHHS Family Planning Breast and Cervical Cancer Screening Protocol. **(28)**
  - Agencies must participate in the Family Planning/Breast and Cervical Cancer Control Navigation Program (FP/BCCCP) Joint Project for both breast and cervical cancer diagnostic services. **(28)**
- Coordination of care must go through the BCCCNP Coordinator unless other referral/payment arrangements are in place. **(28)**
- Clinics must stress the importance of: **(28.B.1,2)**
  - Screening mammography for women aged 40-64 years as indicated.
  - Screening for women aged 25-64 as appropriate.
- Clinics should conduct a genital examination for young male clients as indicated. **(28.C.1-3)**

Documentation Required:

- Protocol and procedure manuals
- Access to client medical records
- Referral/follow-up logs

Evaluation Questions:

- Are protocols and procedures to offer family planning related preventive health services in place?
- Is the current MDHHS Family Planning Breast and Cervical Cancer Screening protocol in use?

MPR 9

Provide family planning and related preventive health services to minors in an adolescent-friendly manner consistent with Title X legislative mandates.

Reference: *42 CFR §59.5 (a)(1); Legislative mandates in title X appropriations related to services to minors.*

Indicator 9.1

Provide Services for Minor Clients

See: Michigan Title X Family Planning Standards & Guidelines: (8.3.7.C; 9.8; 9.12; 9.12.A, B; 10.1.D; 10.4; 13.5; 13.5.C;17; 19.D.1-5; 21. G; 21.H; 21.H.2; 21.H.3; 21.H.4; 21.H.6)

To fully meet this indicator:

- The agency provides family planning and related preventive health services to minors. **(9; 17)**
- The agency must not require written consent of parents or guardians for the provision of services to minors nor notify parents or guardians before or after a minor has requested and/or received family planning services. **(10.1 D; 19. D.1.a)**
- The agency provides confidential services to minors and has policies and procedures in place to assure compliance with state laws regarding mandated reporting of child abuse, child molestation, sexual abuse, incest and human trafficking. **(8.3.7.C; 9.11.B; 13.5; 10.4; 13.5.C; 19.D.1; 21.H.3)**
- Minor clients who are undecided on a contraceptive method are informed about all methods that can safely be used based on CDC Medical Eligibility Criteria. **(21.G)**
- Comprehensive information is provided to minor clients about how to prevent pregnancy. **(21.H; 19.D.5)**

- Written protocols and procedures are in place that address counseling for minors, including:
  - Encouraging family participation in the decision of minors to seek family planning services **(9.11.A; 19.D. 2; 21.H.4)**
  - Counseling on how to resist attempts to be coerced into sexual activities **(9.11.A; 19.D.3)**
  - Informing minors that services are confidential, and that in special cases (e.g., child abuse) reporting is required **(19.D.1.b; 21.H.3.a)**
  - Informing Minors of potential for disclosure of confidential information to policyholders where the policyholder is someone other than the client. **(10.2.A; 19.D. c)**
  - Education and counseling are documented in the client record **(21.G; 21.H.6)**
- Confidentiality is never invoked to circumvent reporting requirements for child abuse and neglect. **(9.12.B; 10.4)**

Documentation Required:

- Protocols and procedures that address services and counseling for minors.
- Access to records of minor clients to review documentation
- Educational materials that address contraceptives and services to minors.

Evaluation Questions:

- Are policies and procedures in place to comply with mandatory reporting requirements?
- Are policies/procedures in place to inform minors of potential for disclosure of PHI to policyholders where the policyholder is someone other than the client?

MPR 10

Provide family planning medical services under the direction of a clinical services provider with special training or experience in family planning.

Reference: *42 CFR §59.5 (b)(6)*

Indicator 10.1

Medical direction by a clinical services provider with family planning expertise.

See: Michigan Title X Family Planning Standards & Guidelines: (8.5.4; 8.5.4.A, B; 8.5.5; 8.6.9; 9.6; 18.A, B; 29.A; 29.B.2, 3; 29.E.2.c, e)

To fully meet this indicator:

- The medical director must be a licensed, qualified clinical services provider, with special training or experience in family planning. **(8.5.4)**
  - Where a designated medical director is not specialty trained, OB-GYN or with direct experience providing family planning services to clients, at least 4 hours training specific to family planning or reproductive health every two years is documented. **(8.5.4.A; 8.6.9)**
- All family planning services must be provided using written clinical protocols that are in accordance with nationally recognized standards of care, signed by the medical director responsible for program medical services. **(9.6; 18.A; 29.A)**
- The medical director approves and signs protocols and standing orders annually (within the past 12 months). **(9.6; 18.A, B; 29.E.2.e)**
- Clinicians performing medical functions do so under the protocols and/or standing orders approved by the medical director. **(8.5.5)**
- The medical director directs medical services and participates in quality assurance activities. **(29.E.2.c)**

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- Medical Audits to determine conformity with agency protocols and must be conducted quarterly by the medical director
  - At least 2-3 charts per clinician must be reviewed by the medical director quarterly. **(29.E.2.c)**

Documentation Required:

- Evidence that all mid-level providers have agreed to follow clinic procedures, protocols, and standing orders are signed and approved by the medical director
- Medical director's professional and drug control licenses for each clinic location
- Documentation of quality assurance medical audits
- Approved protocols and standing orders
- Curricula vitae of medical director

Evaluation Questions:

- Are medical audits regularly performed by the medical director to assure conformity with agency protocols on a quarterly basis?
- Is there documentation of medical director training where it is required?

MPR 11

Provide for emergency medical management to address medical emergency situations.

Reference: *29 CFR 1910, subpart E; 42 CFR §59.5 (b)(1)*

Indicator 11.1

Medical Emergency/Situations and Equipment and Supplies.

See Michigan Title X Family Planning Standards & Guidelines (19.J, L; 29.A.5; 29.B.7; 29. C.1, 2, 4)

To fully meet this indicator:

- Emergency arrangements must be available for after hours and weekend care and should be posted. **(19.J, L)**
- There must be protocols and procedures for the following on-site medical emergency situations: **(29.C.1)**
  - Vaso-vagal reactions/Syncope (fainting)
  - Anaphylaxis
  - Cardiac arrest
  - Shock
  - Hemorrhage
  - Respiratory difficulties
- Protocols must be in place for emergencies requiring EMS transport, after hour's management of contraceptive emergencies, and clinic emergencies **(29.C.2)**
- Procedures for maintenance of emergency resuscitative drugs, supplies, and equipment must be in place **(29.C.4)**
- At a minimum each clinical site must have the following: **(29.B.7)**
  - Emergency drugs and supplies for treatment of vaso-vagal reaction
  - Emergency drugs and supplies for treatment of anaphylactic shock
- When a client is referred for emergency clinical care the agency must: **(29.A.5)**
  - Document that the client was advised of the referral and importance of follow-up

- o Document that the client was advised of their responsibility to comply with the referral

Documentation Required:

- Protocol and procedure manual
- Evidence of emergency drug and supply maintenance

MPR 12

Projects must operate in accordance with federal and state law regarding the provision of pharmaceuticals including, security and record keeping for drugs and devices.

***Reference:** 42 CFR §59.5 (b)(1); PA 368 Sec. 333.17745, 333.17745a, 333.17747.*

Indicator 12.1

Pharmaceuticals/ Prescriptions

See Michigan Title X Family Planning Standards & Guidelines (19.J.1,2; 21.B.6; 21.B.11; 29.B; 29.B.2.a, b, c; 29.B.4.d, e, f; 29.B.5; 29.B.6; 29.B.7; 29.C.1,4)

To fully meet this indicator:

- Agencies must operate in accordance with Federal and State laws relating to security and record keeping for drugs and devices. **(29.B)**
- Inventory, supply, and provision of pharmaceuticals must be conducted in accordance with Michigan state pharmacy laws and profession practice regulations. **(29.B)**
- Prescribing, dispensing or delegating dispensing of prescription medications at clinical service sites must be done by a clinical services provider holding a Drug Control License for each clinic location where the storage and dispensing of pharmaceuticals occur. **(8.5.4.A; 29.B.2)**
- Dispensing prescribers only dispense drugs to their clients, with the exception of dispensing prescriptions for expedited partner therapy (EPT) as authorized under Michigan law. **(29.B.3)**
- All medications dispensed in Title X clinics must be pre-packaged. **(29.B.2.a)**
- All prescriptions dispensed (including samples) must be labeled with the following: **(29.B.2.b)**
    - Name/address of dispensing agency
    - Date of prescription
    - Name of the client
    - Name, strength, quantity of drug dispensed
    - Directions for use, including frequency of use
    - Prescriber name
    - Expiration date
    - Record number
- All clients receive verbal and written instructions for each drug dispensed, including instructions on how to use, danger signs, how to obtain emergency care, return schedule, and follow-up. **(19.J.1,2; 29.B.2.c)**
- Sub-recipients must have adequate controls over access to medications and supplies, including. **(29.B.4.d)**
    - Contraceptive and therapeutic pharmaceuticals must be kept in a secure place, either under direct observation or locked.
    - o Access to the pharmaceuticals must be limited to health care professionals responsible for distributing these items.
- Sub-recipient has policies and procedures in place to assure 340B Program compliance: **(29.B.5.a-d)**

- Safeguards are in place to assure supplies purchased through 340B are provided only to clients of the family program.
- Medicaid billing procedures are in place to guard against duplicate discounts.
- Agency maintains purchase and inventory control records that document compliance with 340B requirements.
- Agency current 340B certification for each clinical site.

- A current, listing all drugs available for Title X clients, must be maintained and reviewed at least annually that includes: **(29.B.5; 21.B.6)**
  - Methods available on site
  - Methods available on site within two weeks
  - Methods available by paid referral
  - Methods available by unpaid referral
- There must be an adequate supply and variety of drugs and devices to meet client contraceptive needs. **(29.B.6)**
- There must be emergency drugs and supplies for the treatment of vaso-vagal reactions and anaphylactic shock at each site where medical services are provided. **(29.B.7; 29.C.1,4)**
- A system must be in place to monitor expiration dates and ensuring disposal of all expired drugs, including drugs for medical emergencies. **(29.B.4.e; 29.C.4)**
- There must be a system in place for silent notification in case of drug recall. **(29.B.4.f)**
- Writing of prescriptions follows the MDHHS prescription policy including: (**21.B.11; 29.B)**
  - Prescriptions may be written for items on the agency formulary, on the client's insurance plan formulary, or for a client's method of choice when unavailable at the service site. **(21.B.8,11; 29.B)**
  - Accepting a written prescription must not pose a barrier for the client

Documentation Required:

- Protocol and procedure manual.
- Access to client medical records
- Pharmacy logs
- Inventory logs
- Formulary for Pharmaceuticals

MPR 13

Projects must operate in accordance with federal and state law and guidelines regarding the provision of laboratory services related to family planning and preventive health

Reference: *42 CFR §59.5 (b)(1); 29 CFR 1910.1030; 42 CFR 493.*

Indicator 13.1
Laboratory Testing and Follow-up

See Michigan Title X Family Planning Standards & Guidelines (9.6; 9.7; 17; 19.I; 21.F.1.c, d; 24.A; 26; 28; 28.A.2; 29.E.2. f, g, h)

To fully meet this indicator:

- Written laboratory protocols and procedures must be in place that include: **(9.6; 9.7 17; 19. I; 21.F.1.c, d; 24.A; 26; 28; 28.A.2.)**
  - Pregnancy testing must be provided on site

- Pap testing must be provided on site
- STI and HIV testing, or referral for testing
- Laboratory tests must be provided if indicated for a specific method of contraception

- Laboratory audits to assure quality and CLIA compliance must be in place. **(29.E.2.g)**
- Infection control policies and procedures reflecting current CDC recommendations and OSHA regulations must be in place. **(29.E.2.f)**
- Equipment maintenance and calibration must be documented. **(29.E.2.h)**

Documentation Required:

- Protocol and procedure manual
- Access to client medical records
- Appropriate CLIA certificate
- Laboratory logs
- Equipment maintenance logs

MPR 14

Projects must establish a medical record for all clients who receive clinical services, including pregnancy testing, counseling and emergency contraception. Medical records must comply with Health Insurance Portability & Accountability Act of 1996 (HIPAA) privacy and security standards and document quality care standards.

Reference: *42 CFR §59.5 (b)(1); Health Insurance Portability and Accountability Act of 1996 (HIPAA)*

Indicator 14.1

Medical Records and Quality Assurance System

See Michigan Title X Family Planning Standards & Guidelines (29.D.1.a, b; 29.D.2; 29.E; 29.e.2.d, i)

To fully meet this indicator:

- A medical record is established for all clients who receive a clinical service. **(29.D.1.a)**
- Medical records are: **(29.D.1.b)**
  - Complete, legible and accurate
  - Signed and dated by the clinical health professional making the entry, including name, date, and title, as a permanent part of the record
  - Readily accessible
- Medical records contain the following: (**29.D.2)**
  - Personal data sufficient to identify the client:
    - Name
    - Unique client number
    - Address
    - Phone/How to contact
    - Age
    - Sex
    - Race & Ethnicity (FPAR requirement)
    - Income assessment

- Allergies
- Medical history, as indicated by service(s) provided
- Physical exam, as indicated by services(s) provided
- Documentation of clinical findings, diagnostic/therapeutic orders, including:
  - Treatments initiated and special instructions
  - Continuing care, referral and follow-up
  - Scheduled revisits
- Documentation of all medical encounters, including telephone encounters
- Documentation of all counseling, education, and social services
- Signed general consent for services
- Contraceptive method chosen by the client

- A quality assurance system must be in place to provide ongoing evaluation of family planning services that includes: (**29. E.)**
  - Chart Audits/Record Monitoring to determine completeness and accuracy of the medical record must be conducted quarterly by the quality assurance committee or identified personnel
    - At least 3% of quarterly caseload, randomly selected are reviewed quarterly **(29.E.2.d)**
  - A process to implement corrective actions when deficiencies are noted must be in place. **(29.E.2.i)**

Documentation Required:

- Service protocol and procedure manuals
- Access to client medical records
- Documentation of Audits and/or Record Monitoring

Evaluation Questions:

- Do medical records contain documentation of all medical encounters: medical history and physical exam appropriate to the service(s) provided; documentation of all clinical findings including laboratory test results and follow-up; treatments initiated and special instructions; referrals and follow-up; and scheduled revisits?
- Are Chart Audits/ Record Monitoring Audits to determine completeness and accuracy of medical records being conducted quarterly by a QA committee member or identified personnel?

MPR 15

Provide for coordination and use of referrals and linkages with primary healthcare providers and other providers of healthcare services, local health and human service departments, hospitals, voluntary agencies, and health services projects supported by other federal programs.
Provide for social services related to family planning, including counseling, referral to other social and medical services agencies, and ancillary services which may be necessary to facilitate clinic attendance.
Provide that referral services as convenient as feasible to promote access to services.

References: *42 CFR §59.5 (b)(8); 42 CFR §59.5 (b)(2)*

Indicator 15.1

Provide for Coordination of referral arrangements for other health care, related social services and counseling

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See Michigan Title X Family Planning Standards & Guidelines (9.5; 9.7; 9.7.A; 17; 19.K; 21.G; 29.A; 29.A.1-6; 29.D.2.c, f)

To fully meet this indicator:

- Projects must provide for referrals to other medical facilities as medically indicated. **(9.5; 17)**
- Provide that referrals and follow-up are provided, as indicated, including: **(19.K; 29.A. 1-5)**
  - Referrals made as result of abnormal physical exam or laboratory findings
  - Paid referrals for required services not provided on site
  - Referrals for services determined to be necessary but beyond the scope of family planning
- Referral and follow up procedures must be sensitive to the client's concerns for confidentiality and privacy. **(29.A.1)**
- Client consent for release of information to providers must be obtained, except as may be necessary to provide care or as required by law. **(29.A.2)**
- The agency must have written protocols/procedures for follow-up on referrals that are made as a result of abnormal physical examination or laboratory test findings. These protocols must include a system to document referrals and follow up procedures, including: **(29.A.3a.b.c; 29.D.2.c; 29.E.2.a)**
  - A method to identify clients needing follow up
  - A tracking system to document referrals and follow up procedures
  - A method to track follow-up results on necessary referrals
  - Documentation in the client record of contact and follow up
    - Documentation of reasons when follow up was not completed
  - Referral procedures must be sensitive to client confidentiality and privacy concerns.
- For services determined to be necessary but beyond the scope of Family Planning, clients must be referred to other providers for care, the agency must: **(9.5; 9.7.A; 29.A.1,5)**
  - Document that the client was advised of the referral and the importance of follow up
  - Document that the client was advised of their responsibility to comply with the referral
  - Referrals are made to providers conveniently located for clients where feasible.
- Social services related to family planning, including counseling services must be provided either on-site or by referral **(9.4; 9.7; 9.11; 17; 19.C, K; 29.A.6)**
- Counseling must be accurate, balanced, and non-judgmental on the contraceptive methods, STIs and HIV. **(9.11; 21.G)**
- The agency must offer education on HIV and AIDS, risk reduction information and either on-site testing or referral for this service. **(17; 26.G)**
- Counseling and referral services must be in place to address identified intimate partner violence and human trafficking **(9.4. A, B)**
- Counseling must be provided by staff that is sensitive to and able to deal with the cultural and other characteristics of the client population. **(8.5.2)**
- Referral lists for social services agencies and medical referral resources must be current and reviewed annually. **(24.B.7; 29.A.6)**
- The client counseling must be documented in the client's record. **(21.G; 29.D.2.f)**
- Agency must maintain a referral list, updated annually, that include health care providers, local health and human service departments, hospitals, voluntary agencies, and health service projects supported by other federal programs. **(29.A.6)**

Documentation Required:

- Protocol/procedure for counseling and referring to other health care, local health and human service departments, hospitals, voluntary agencies or health services projects
- Current referral list, updated annually
- Documentation of referrals and follow-up
- Client medical records with counseling documentation

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Evaluation Questions:

- Are counseling services provided based on the individual client needs/request for services?

Section VII: HIV/AIDS & STI

All Minimum Program Requirements (MPRs) and Indicators listed below must be met in order to pass the HIV/AIDS and STI section of the Accreditation Review.

Sources of authority: *The Michigan Public Health Code, MCL 333.2433, 333.5101, 333.5111, 333.5114, 333.5114a, 333.5115, 333.5117, 333.5123, 333.5127, 333.5129, 333.5131, 333.5133, 333.5201, 333.5203, 333.5204, 333.5205, 333.5207, 333.16267, 333.20169*

Mich. Admin. Code. R. 325.171-174, R. 325.177, R. 325.179b, R. 325.181

MPR 1

Provide and/or refer clients for HIV and STI screening and treatment, regardless of client ability to pay.

Reference: *The Michigan Public Health Code, MCL 333.5114a, MCL 333.5127, 333.5129, 333.5131, 333.5133, 333.5204, 333.5205, 333.5207, Mich. Admin. R. 325.177.*

Indicator 1.1

Provide HIV and STI screening and treatment services in accordance with the Michigan Public Health Code and Michigan Department of Health and Human Services (MDHHS) accreditation and current quality assurance standards.

This indicator may be met by:

- Implementing recruitment and promotional strategies designed to increase awareness and stimulate testing among high risk individuals.
- Assessing client risk for HIV and STIs.
- Providing risk reduction/prevention counseling, in accordance with current CDC guidance.
- Providing STI testing in accordance to client risk and MDHHS criteria.
- Providing HIV testing for all clients screened and/or treated for STIs.
- Providing STI testing for clients testing positive for HIV.
- Providing appropriate HIV and STI treatment or referral, according to current CDC treatment guidelines and current MDHHS policy.

Documentation Required:

- Evidence of recruitment, outreach, and promotional activities. Evidence may include, but is not limited to: press releases, flyers, posters, billboards, and/or social media posts.
- Written clinic-specific protocol and procedures for provision of HIV and STI screening and clinical services. Protocol and procedures **MUST** address:
  - Timely admission, examination, and treatment of clients presenting for HIV and STI services;
  - Assessment of client risk for HIV and STIs;
  - Criteria for prioritizing clients for HIV and STI screening;
  - Appropriate STi treatment;
  - Routine provision of HIV testing for clients screened and/or treated for STis;
  - Provision of STi testing for clients testing positive for HIV;
  - Provision of risk reduction and prevention counseling;
  - Follow up for disclosure of test results for clients who do not complete return clinic visits.
- Evidence that all staff have received orientation/training or an annual review on clinic protocol and procedures. Evidence may include current training records, orientation checklists, or sign-in sheets.

Evaluation Questions

Section VII: HIV/AIDS & STI

- Are HIV and STI clinical and prevention services responsive to Michigan Public Health Code, MDHHS accreditation, and current quality assurance standards?
- What recruitment and promotional strategies are used to promote awareness of services and to stimulate HIV and STI testing?

Indicator 1.2

Provide court-ordered HIV and STI counseling, testing, and referral services and victim notification activities in accordance with the Michigan Public Health Code, MCL 333.5129, and MDHHS guidance.

This indicator may be met by:

Providing HIV and STI counseling, testing, and referral services on the basis of court order and for notification of victims.

Documentation Required:

- Written protocol and procedures for providing or arranging for the provision of court-ordered HIV and STI counseling, testing, and referral services and victim notification.
- Evidence that staff have received orientation and training on court-ordered testing policies and procedures. Evidence may include current training records, orientation checklists, or sign-in sheets.

Evaluation Question:

Are court-ordered HIV and STI counseling, testing, and referral services and victim notification services provided in accordance with the Michigan Public Health Code and current MDHHS guidelines?

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Section VII: HIV/AIDS & STI

MPR 2

Perform activities necessary to control the spread of HIV and STI; conduct reporting and follow-up of HIV, AIDS, and STI cases.

Reference: *The Michigan Public Health Code, MCL 333.5111, 333.5114, 333.5129, 333.5131, 333.5133, 333.5201-5207, Mich. Admin. R. 325.172-174, 325.177, 325.179b, 325.181*

Indicator 2.1

Reporting of HIV, AIDS, and STI cases is in compliance with the Michigan Communicable Disease Rules and the Michigan Public Health Code and in accordance with current MDHHS policy.

This indicator may be met by:

- Submitting HIV and STI case reports in a timely and appropriate manner.
- Providing education and technical assistance to physicians, laboratories, and other providers regarding the submission of HIV and STI case reports.

Documentation Required:

- Locally developed protocol and procedures for completion and submission of case reports.
- Evidence that staff with responsibility for case reporting have received orientation and training to policies and procedures regarding submission of case reports. Evidence may include current training records, orientation checklists, or sign-in sheets.
- Evidence of provision of technical assistance and education to physicians, laboratories, and other providers that addresses case reporting. Evidence may include Memorandums of Understanding (MOUs), Memorandums of Agreement (MOAs), meeting minutes, blast faxes, email, or other communication.

Evaluation Question:

- Are all HIV, AIDS, and STI cases reported in compliance with Michigan Communicable Disease Rules and the Michigan Public Health Code and in accordance with current MDHHS policy?
- What practices are regularly conducted to ensure timely and appropriate reporting of case reports from physicians, laboratories, and other providers?

Indicator 2.2

Confidentiality of written and electronic HIV, AIDS, and STI reports and associated patient medical records are maintained in compliance with the Michigan Public Health Code, the Health Insurance Portability and Accountability Act (HIPAA), and program standards issued by MDHHS.

This indicator may be met by:

Maintaining confidentiality of all HIV, AIDS, and STI reports, records, and data pertaining to HIV and STI testing, treatment, and reporting, pursuant to the Michigan Public Health Code, HIPAA, and program standards issued by MDHHS.

Documentation Required:

PS000262

Section VII: HIV/AIDS & STI

- Locally developed written protocol and procedures that address HIV, AIDS, and STI case reporting and medical record confidentiality, including electronic medical records and laboratory management system reports, if in use.
- Evidence that staff have received and implemented appropriate orientation and training on confidentiality protocol and procedures. Evidence may include current training records, orientation checklists, or sign-in sheets.

Evaluation Questions:

- Is the confidentiality of case reports and client medical records protected pursuant to the Michigan Public Health Code, HIPAA, and program standards issued by MDHHS?
- Does the local health department have written procedures that address HIV, AIDS, and STI client privacy?

Indicator 2.3

Investigate and respond to situations involving health threats to others, pursuant to the Michigan Public Health Code.

This indicator may be met by:

Investigating and responding to situations involving health threats to others in a way that is appropriate and in accordance with the Michigan Public Health Code.

Documentation Required:

- Locally developed written protocol and procedures for investigating and responding to situations involving health threat to others.
- Evidence that staff have received and implemented appropriate orientation and training on protocol and procedures for investigating and responding to situations involving health threats to others. Evidence may include current training records, orientation checklists, or sign-in sheets.

Evaluation Question:

How does the local health jurisdiction carry out its responsibilities with regard to investigating and responding to situations involving health threats to others?

PS000263

Section VII: HIV/AIDS & STI

MPR 3

Develop and maintain a system for staff-assisted referral of clients to medical and other prevention services, including mechanisms for monitoring and documenting referrals.

Reference: *The Michigan Public Health Code, MCL 333.5114a, 333.5129*

Indicator 3.1

Clients diagnosed with HIV or other STIs receive medical and other prevention services, which are responsive to their needs and in accordance with MDHHS program standards and guidelines.

This indicator may be met by:

- Facilitating referral to and linkage with prevention, treatment, and support services appropriate and responsive to client needs.
- Establishing, maintaining, and documenting linkages with health care and other community resources that are necessary and appropriate for the prevention and control of HIV and STIs and for addressing the prevention and care needs of clients.
- Providing education and technical assistance to local physicians, hospitals, other providers, and community groups to increase awareness about HIV and STIs, encourage screening for and treatment of HIV and STIs, support referral and linkages to needed services, and promote health department assisted PS.

Documentation Required:

- Written referral and linkage protocol and procedures which address:
    - Assessment and prioritization of client needs for prevention, treatment, and other services, especially as it relates to pregnant women, acute infections, co-infections, and other high risk or priority populations;
    - Provision of, or referral to, other prevention services (e.g., substance abuse disorder treatment);
    - Provision of assisted referral to specialty medical care for clients diagnosed with HIV, in order to evaluate and treat HIV infection;
    - Provision of screening for STI, especially syphilis, gonorrhea, and chlamydia, among clients diagnosed with HIV;
    - For HIV-positive clients, confirmation of referral completion. Successful linkage with partner services and medical specialty care for HIV positive clients is prioritized.
- Evidence that staff has received orientation and training on facilitated referrals. Evidence may include current training records, orientation checklists, or sign-in sheets.
- A current and comprehensive community resources referral directory. The directory should provide staff with specific information regarding services, eligibility, agency contacts, and other information necessary to make and support successful referrals.
- Evidence of provision of education and technical assistance to local providers that facilitate successful referrals, including the topic areas covered and target audience. Evidence may include MOUs, MOAs, meeting minutes, blast faxes, email, or other communication.
- Evidence of dissemination of the agency's annual report that addresses HIV, AIDS, and STI morbidity and mortality, including trends.

Section VII: HIV/AIDS & STI

Evaluation Questions:

- Are clients diagnosed with HIV and STIs successfully linked to needed medical and prevention services?
- Does the health department maintain active relationships with other providers/organizations, which are relevant and appropriate to addressing client needs for prevention, treatment, and support services?
- Are appropriate referrals made to address the needs of clients and in accordance with current MDHHS quality assurance standards?

PS000265

Section VII: HIV/AIDS & STI

MPR 4

Conduct partner services (PS), by referral or through state or local staff, for HIV, syphilis, gonorrhea, and chlamydia.

Reference: *The Michigan Public Health Code, MCL 333.5114a, 333.5129, Mich. Admin. Code R. 325.173, Recommendations for Conducting Integrated Partner Services for HIV/STI Prevention (2011).*

Indicator 4.1

Individuals diagnosed with HIV, syphilis, gonorrhea, and/or chlamydia receive counseling regarding the availability of partner services (PS) and are offered assistance in notifying their sex and/or needle-sharing partners of their exposure.

This indicator may be met by:

- Providing PS, by referral or through state or local staff, which is responsive to client needs and is provided in accordance with the Michigan Public Health Code and current MDHHS standards and guidelines.
- Maintaining staffing adequate to meet PS needs.
- Maintaining relationships, for example, via memoranda of understanding/agreement (MOU/MOA), with health care providers, community-based organizations, and others that provide HIV and STI testing, in order to facilitate access to health department assisted PS among clients diagnosed with HIV and STIs.
- Maintaining timely entry of index client(s) and/or identified partner(s) documentation into the designated data system in use (i.e. Aphirm and MDSS), in accordance with current MDHHS policy.

Documentation Required:

- Written PS protocol and procedures that addresses:
  - Criteria and procedures for prioritizing partners and associates of index clients in accordance with current MDHHS standards and guidelines;
  - Prioritization of pregnant women, acute infections, co-infections, and other high risk or priority populations;
  - Field investigations and the proper documentation of (via Patient Field Template for PS or equivalent form);
  - Use of electronic, social media, and other communication strategies for notifying partners (including client notification of partners);
  - Provision of or referral for screening for HIV and STIs;
  - Provision of risk reduction/prevention counseling.
- Written policies to enable and support PS staff to work a flexible schedule outside the confines of the local health department.
- Evidence that staff with responsibility for PS has received orientation/training and maintains necessary certifications. Evidence may include current training records, orientation checklists, or sign-in sheets.
- Evidence of mechanisms and practices that facilitate efficient communication about PS with health care providers, community based organizations and other providers of HIV and STI testing services. Evidence may include meeting minutes, blast faxes, MOUs, or MOAs.

Evaluation Questions:

Are PS activities responsive to Michigan Public Health Code and current MDHHS standards and guidance?

PS000266

Section VII: HIV/AIDS & STI

MPR 5

Provide quality assured and evidence-based HIV and STI prevention and treatment services.

Indicator 5.1
Monitor and evaluate HIV and STI prevention and treatment services.

This indicator may be met by:

- Conducting routine, data-driven monitoring and evaluation activities.
- Conducting routine quality assurance of HIV and STI prevention and treatment services responsive to MDHHS quality assurance standards and guidelines.

Documentation Required:

- Evidence that data are routinely applied to program monitoring and evaluation activities. Examples include: use of trend data to trigger adjustment in outreach activities; case conferencing that allows for coordinated prevention activities; quality improvement projects utilizing the Plan, Do, Study, Act cycle; development of a LHD strategic plan; or use of county, state, or national data to inform programmatic decisions.
- Written protocol and procedures for quality assurance activities associated with provision of HIV and STI prevention and treatment services. Protocol and procedures must address methods to regularly address staff competency and performance.
- Evidence of use of multiple strategies to conduct agency-developed quality assurance.
- Evidence that staff has participated in quality assurance activities.
- Evidence that staff and supervisors have participated in training and professional development activities designed to improve their capacity to provide high quality HIV and STI prevention and treatment services. Evidence may include current training records, orientation checklists, or sign-in sheets.
- Evidence of completion and timely submission of quarterly medication log (340B), pursuant to guidance issued by MDHHS for 340B program requirements.
- Evidence of completion and timely submission of quality assurance reports, pursuant to guidance issued by MDHHS, including rapid test quality assurance logs and STI Quarterly Medication Inventory Report.

Evaluation Questions:

Are quality assurance activities routinely conducted and responsive to MDHHS issued quality assurance standards and guidelines?

PS000267

Section V: Immunizations

MPR 1

The local health department (LHD) shall offer immunization services to the public following a comprehensive plan to assure full immunization of all citizens living in the jurisdiction.

References: *Omnibus Reconciliation Act of 1993, section 1928 and Part IV- Immunizations, Sec. 13631; Current Vaccines for Children (VFC) Operations Guide; Current Immunization Program Operations Manual (IPOM); PA 368 of 1978, MCL 333.9203; MCL 333.2433(1); WIC Policy Memorandum #2001; Current Comprehensive Agreement (annual); Resource Book for VFC Providers (updated annually); Current Advisory Committee on Immunization Practices (ACIP) General Recommendations on Immunization*

Indicator 1.1

The LHD shall offer vaccines to the public for protection in case of an epidemic or threatened epidemic of a vaccine preventable disease.

This indicator may be met by:

The LHD shows evidence of the capability to vaccinate susceptible individuals in the event of a vaccine preventable disease outbreak or threatened epidemic of a vaccine preventable disease.

Documentation Required:

- Written policies/protocols/operating procedures for public health preparedness during a vaccine preventable disease outbreak or threatened epidemic of a vaccine preventable disease.

Evaluation Questions:

- Has the policy/protocol/operating procedure for setting up a mass vaccination clinic in case of an outbreak of a vaccine preventable disease been reviewed and updated annually?
- Does the LHD policy/protocol/operating procedure for setting up clinics in settings other than the health department's clinics coincide with the current CDC Storage and Handling Guidance for maintaining vaccine viability?
- Does the LHD have access to the CDC Manual for Surveillance of Vaccine-Preventable Diseases and to the most current MDHHS Vaccine Preventable Disease Investigation Guidelines?

Indicator 1.2

LHD conducts free periodic immunization clinics for those residing in its jurisdiction. Clarification: "free periodic immunization clinics" refers to public vaccine, particularly Vaccines for Children Program (VFC) vaccine, Adult Vaccine Program (AVP) vaccine, and Section 317 funded vaccine. The LHD must be conducting clinics and administering vaccines.

Section V: Immunizations

This indicator may be met by:

a) The LHD offers all vaccines recommended by the Vaccines for Children (VFC) Program to those residing in its jurisdiction.
b) The LHD is a VFC provider.

Documentation Required:

- Written policies/protocols/operating procedures for the appropriate vaccination of all LHD clients
- Documentation of all walk-in and appointment based clinic hours and locations showing availability to meet the public demand
- LHD VFC enrollment and profile forms for the past three years

Evaluation Questions:

- Does the LHD provide age appropriate vaccine as recommended by VFC?
- How does the LHD meet the public demand to vaccinate individuals?
- How are clinic hours publicized?
- Are walk-in clients accepted?
- Are appointments able to be scheduled within a four week time period?
- Does the LHD offer vaccines through other special MDHHS publicly funded vaccine programs?

Indicator 1.3

The local health department uses the IAP mechanism to improve jurisdiction and LHD immunization rates, assure convenient, accessible clinic hours, coordinate immunization services, provide educational and technical services, and develop private and public partnerships.

This indicator may be met by:

a) The LHD submits semi-annual Immunization Action Plan (IAP) reports on or before the due date each year.

b) The LHD submits an annual IAP plan by the due date each year.

c) At least one representative from each local health department will attend the IAP meetings held twice a year.

PS000269

Section V: Immunizations

Documentation Required:

- IAP reports submitted and on file at the LHD for the last 3 years
- IAP plans submitted and on file at the LHD for the last 3 years

Evaluation Questions:

- Did at least one representative from each local health department attend in entirety each of the bi-annual IAP meetings according to MDHHS IAP Coordinator Meeting sign-in sheets?
- Did the LHD submit all IAP reports on time in the last 3 years?
- Did the LHD submit an annual IAP plan on time for the last 3 years?

Indicator 1.4

The local health department shows evidence of clientele reminder/recall for Advisory Committee on Immunization Practices (ACIP) vaccines not up to date.

This indicator may be met by:

a) The LHD will maintain a policy/protocol/operating procedure on the process for their recall efforts.

b) The LHD conducts quarterly reminder and/or recall efforts for their health department clients and details which methods were used on a chart or a graph (cards, letters, phone calls, other methods of outreach).

c) The LHD participates in collaborative efforts with private providers to promote/implement a recall system.

Documentation Required:

- Current policy/protocol/operating procedure on LHD reminder/recall.
- Documentation of reminder/recall efforts on a graph or spreadsheet outlining the number of reminder and/or recall notices sent to LHD clients, details about which methods were used (cards, letters, phone calls, emails, texts, or other methods of outreach), date, antigens/ages recalled, and number of letters/phone calls/etc.
- Review of three client records that have been tracked showing response to recall
- Documentation of ongoing efforts to work with private providers to promote reminder/recall activities (e.g. educational, MCIR-related, or other collaborative efforts)

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Section V: Immunizations

Evaluation Question:

- How does the LHD determine the focus areas for their reminder/recall efforts?

Section V: Immunizations

MPR 2

The local health department adheres to immunization policies and professional standards of practice as detailed in the *Standards for Child and Adolescent Immunization Practices* and the *Standards for Adult Immunization Practices.*

References: *Omnibus Reconciliation Act of 1993, section 1928 and Part IV- Immunizations, Sec. 13631; The National Vaccine Advisory Committee (NVAC) The Standards for Child and Adolescent Immunization Practices; Standards for Adult Immunization Practices; Current Immunization Program Operations Manual; Current AIM Provider Toolkit (annual); Current Advisory Committee on Immunization Practices (ACIP) General Recommendations on Immunization*

Indicator 2.1

The LHD adheres to guidelines found in the Standards for Child and Adolescent Immunization Practices and Standards for Adult Immunization Practices regarding vaccination policies for their own clients.

This indicator may be met by:

a) Barriers to vaccination should be identified and minimized at the local health department.

b) Patient "out-of-pocket" costs are minimized.

c) Vaccinations are coordinated with other healthcare services being provided at the health department.

d) Clients seeking healthcare services at a local health department should be assessed at every encounter to determine which vaccines are indicated.

e) Office or clinic-based patient record reviews and vaccination coverage assessments are performed annually.

Documentation Required:

- Fee schedule
- Method of notification used to let clients know that immunization fees can be waived for publicly purchased vaccines

Evaluation Questions:

- Do other LHD programs, including those that serve adolescents and adults, screen and refer clients to the immunization clinic or private provider?
- Has the LHD addressed focus efforts identified for improved immunization processes during the last Assessment, Feedback, Incentive, and eXchange (AFIX) review?

For technical assistance, please contact Terri Adams at 517-284-4872 or Adamst2@michigan.gov

PS000272

Section V: Immunizations

- How does the LHD perform clinic based patient record reviews?
- Does the LHD perform vaccination coverage assessments for their clients?

Indicator 2.2

The LHD adheres to guidelines found in the Standards for Child and Adolescent Immunization Practices and Standards for Adult Immunization Practices when administering vaccines to clients.

This indicator may be met by:

a) All locations where vacines are administered have written up-to-date vaccination protocols that are easily accessible at all locations where vaccines are administered.

b) Local health department staff should simultaneously administer as many indicated vaccine doses as possible.

c) Only true contraindications should be used when vaccinating individuals.

d) Proper counseling of persons receiving vaccines should be performed, explaining immunization risks and benefits, including the distribution of the Michigan VIS.

e) All required fields for vaccination must be properly documented and records are easily accessible.

Documentation Required:

- One complete up-to-date Immunization Manual, signed annually by the LHD Medical Director, available (standing orders and emergency treatment orders) at each immunization clinic site
- LHD immunization screening tool
- Current guide to contraindications located at each clinic site (i.e., most current CDC Guide to Contraindications to Vaccinations or AIM Provider Tool Kit Guide to Contraindications)
- LHD educational materials explaining immunization risks and benefits including VIS
- Current immunization educational/promotional materials at each site

Evaluation Questions:

- Are current ACIP recommendations published in the Morbidity and Mortaility Weekly Report (MMWR), ACIP/VFC resolutions, and guidelines to contraindications for pediatric and adult immunizations included in the standing orders?
- Are the vaccine protocols/standing orders easily accessible to all LHD staff?

Section V: Immunizations

- Does a review of LHD client vaccine administration records show that there are no missed opportunities to vaccinate?
- Does a review of LHD client vaccine administration records at all clinics show that all required immunization documentation is correct?
- How are declinations to immunization for clients of all ages documented at the LHD?

Indicator 2.3

The LHD adheres to guidelines found in the Standards for Child and Adolescent Immunization Practices and Standards for Adult Immunization Practices regarding immunization policies for local health department staff.

This indicator may be met by:

a) LHD ensures that immunization staff has been properly trained and updated on immunization practices.

b) Personnel who have contact with patients are encouraged to be appropriately vaccinated.

Documentation Required:

- Policy/Protocol/Operating Procedure on staff orientation including the required annual staff training.
- Log or chart documenting evidence of a minimum of 6 hours of annual staff training regarding current immunization practices/standards during the past three years and a list of CE/CNE's for those who administer vaccine to ensure immunization staff has been properly trained
- Log or chart documenting evidence of a minimum of 6 hours of annual training regarding current immunization practices/updates during the past three years that the Medical Director has received
- Public Health Nurse (PHN) immunization orientation plan to assure immunization staff has been properly trained
- Evidence of encouragement and/or programs to vaccinate LHD staff

Evaluation Questions

- Has the IAP Coordinator and all staff administering vaccines received at least 6 hours of annual training related to immunization?
- Does the LHD have an Immunization Nurse Education (INE) session annually for all immunization staff?

Section V: Immunizations

- Has the Medical Director received at least 6 hours of annual training related to immunization?
- How does the LHD assure proper vaccination of all staff?
- How does the LHD handle immunization education for part time or temporary staff?

Indicator 2.4

The LHD adheres to guidelines found in the Standards for Child and Adolescent Immunization Practices and Standards for Adult Immunization Practices by promoting immunizations within their jurisdiction.

This indicator may be met by:

a) Patient-oriented and community-based approaches to increase immunization levels within the health jurisdiction (e.g. use of community data/demographics, client surveys, and foreign language materials as appropriate for community, etc.)

Documentation Required:

- Evidence of community-based approaches (e.g. use of community data/demographics, client surveys, and foreign language materials as appropriate for community, coalitions, etc.)
- Policies and/or written agreement with WIC clinics in the jurisdiction to promote immunization of WIC clients
- WIC MCIR immunization coverage levels for all WIC clinics within the LHD jurisdiction

Evaluation Questions:

- What efforts does the LHD undertake to promote adult immunizations?
- Does the LHD carry all age appropriate vaccines for their adult clients?
- How does the LHD promote the vaccination of all of the adults in their jurisdiction?
- How is the LHD promoting the use of MCIR for all adult immunizations?
- How does the LHD identify and address immunization disparity issues within their jurisdiction?

PS000275

Section V: Immunizations

MPR 3

The LHD shall comply with federal requirements of the Vaccines for Children (VFC) entitlement program.

References: *Current Immunization Program Operations Manual (IPOM); Omnibus Reconciliation Act of 1993, section 1928 and Part IV- Immunizations, Sec. 13631; Current Vaccines for Children (VFC) Operations Guide; CDC Manual for the Surveillance of Vaccine-Preventable Diseases; Resource Book for VFC Providers MDHHS (updated annually); ACIP/VFC Recommendations; Current Comprehensive Agreement MDHHS VFC/AFIX Site Visit Guidance*

Indicator 3.1

The local health department shall assure adequate storage and handling of vaccines that it administers and distributes. **(Immunization Program Operations Manual - 2013-2017 and Omnibus Reconciliation Act of 1993)**

This indicator may be met by:

a) Annual enhanced VFC site visits at each LHD vaccine storage site with no outstanding issues.

b) The local health department has appropriate equipment and monitoring devices to safely store vaccine at each of its clinic sites.

c) The local health department can demonstrate that all staff responsible for storage and handling of vaccines are familiar with and have access to the most current CDC storage and handling guidelines and other guidelines, information, and policies related to storage and handling that are provided by MDHHS.

d) The local health department has procedures in place to assure appropriate storage of vaccines and demonstrates these procedures.

e) The local health department uses appropriate storage and handling methods in the ordering of vaccines and the transport of vaccines to off-site clinics and to other providers.

Documentation Required:

- Enhanced VFC site visit questionnaires, and enhanced VFC site visit follow-up forms (if applicable) for all LHD vaccine storage sites, which address the required documentation listed below:
    - Up-to-date written policies and procedures for the safe storage of vaccines, that are consistent with the most recent CDC storage and handling guidelines, at each LHD clinic site where vaccine is stored and these policies and procedures readily available to all staff involved in vaccine storage and handling.
    - Written emergency procedure within the Immunization Manual for responding to vaccine storage problems that is up-to-date and easily accessible to all staff responsible for handling vaccines.

PS000276

Section V: Immunizations

- o The name and location of an adequate back-up storage site and the written agreement updated annually stating that the site will serve as back-up for vaccine storage.

- o The past 90 days of temperature logs, monitored and recorded twice daily for each of the units used to store vaccine.

- o Calibration charts from the last three months showing weekly documentation of the alarm temperature, and Data Logger or other continuous temperature recording device reading as compared to a certified thermometer reading. Calibration charts must also show documentation of any adjustments made to the alarm or other temperature monitoring devices during each weekly time period to bring all devices within three degrees Fahrenheit or 1.5 degrees Celsius of the certified thermometer temperature.

- o Written policy within the Immunization Manual requiring the use of coolers and appropriate coolant when transporting vaccine following the most current CDC guidelines.

Evaluation Questions:

- Does the enhanced VFC site visit questionnaires, and enhanced VFC site visit follow-up forms (if applicable), show compliance with the following questions for all LHD vaccine storage sites?

- Does the local health department have adequate equipment to store frozen vaccine at all of its clinical sites where vaccine is routinely administered?

- Does the local health department have adequate equipment to store refrigerated vaccines at its own facilities' clinical sites?

- Are plug guards or other mechanisms to prevent unwanted disconnection from the power supply present for each refrigerator and freezer used to store vaccine and a 'DO NOT DISCONNECT' warning which is visible at the outlet and circuit breaker used for each unit?

- Does each refrigerator/freezer have a certified recording thermometer, and, for each unit used in the routine storage of vaccines, which exceed $1,000 in total value per unit, an alarm system in place and operational?

- Is a certified thermometer located centrally in each vaccine storage unit/compartment?

- Does the local health department have the current CDC Vaccine Storage and Handling Toolkit in view and at all vaccine storage sites?

- Does a visual inspection of vaccine storage equipment and vaccines demonstrate that the local health department complies with CDC storage and handling guidelines?

- Does a check of alarm show appropriate settings for the following: current status/settings, power supply with battery backup, and that the alarm system is operational?

Section V: Immunizations

- Does the LHD have a written back-up generator plan if there is a generator in use?
- Does a review of the Data Logger thermometer (or other continuous monitoring thermometer) for the past 90 days show temperatures within range at all times, that the Data Logger has been downloaded weekly and that the graphs match the calibration chart readings?
- Is the vaccine monitoring system functional and a review of the settings of the system shows the ability to notify personnel in case of a vaccine management emergency?
- There are no accident reports attributable to negligence on the part of the LHD filed, without satisfactory resolution of the problem, for any of its sites since its last Accreditation On-Site Review
- Are vaccines handled appropriately in the clinic setting between main storage and administration of the vaccine?

Indicator 3.2

The local health department shall assure that all requirements for participation in vaccine programs (including VFC and other vaccine distribution programs) are met. **(Reference: Vaccines for Children Operations Guidelines, November 2012)**

This indicator may be met by:

- The local health department reviews the Michigan Department of Health and Human Services (MDHHS) VFC provider enrollment form and profile form for the agency and for each participating health care provider, including each community/migrant/rural health center in its jurisdiction via the MCIR, by the submission due date: April 1.

  a) The local health department completes the Michigan Department of Health and Human Services vaccine dose reporting forms, temperature charts, and vaccine inventory forms and submits to MDHHS as supporting documentation with orders.

  b) The LHD processes provider VFC vaccine orders in a timely manner and assures that ordering requirements are met for each scheduled order.

  c) The local health department adheres to ACIP recommendations published in the MMWR, ACIP/VFC resolutions, and guidelines to contraindications for pediatric, adolescent and adult immunizations.

  d) The local health department maintains on file a sample of informational material provided to private providers regarding requirements for the VFC Program during the enrollment process.

  e) The local health department will perform VFC/AFIX site visits to VFC providers in its jurisdiction, according to minimum and maximum standards formulated by MDHHS.

Section V: Immunizations

f) The local health department documents and reports to MDHHS appropriate follow-up plans resulting from VFC/AFIX site visits.

g) The LHD assures that all providers resolve VFC vaccine losses according to MDHHS/CDC procedures and timelines.

h) The local health department assesses and documents each client's eligibility for the VFC Program and other publicly funded vaccine programs.

i) The LHD works with providers to avoid vaccine fraud, abuse and wastage.

Documentation Required:

- Documentation of required number of VFC/AFIX site visits completed for the past 3 years with all follow-up plans addressed. VFC Providers must have a VFC/AFIX visit at least every other year. The city of Detroit is expected to visit 100% of their providers annually using Quality Assurance Specialists (QAS) as assigned to Detroit.
- Documentation of required AFIX visits and all AFIX follow-up visits.
- Written protocols or procedures in the Immunization Manual used to assure written documentation and assessment of each client's eligibility for the VFC Program and other publicly funded vaccine programs.
- Protocol within the Immunization Manual describing the process for recruiting and enrolling new providers into the VFC program.
- Current policy/protocol/operating procedure on the timely processing of VFC provider vaccine orders to include the review and assessment of supporting documentation according to MDHHS guidance.
- Current policy/protocol/operating procedure on the Lost/Waste/Borrowed vaccines report including monthly submission of report for all VFC providers utilizing the MCIR Loss Report function.
- Current policy/protocol/operating procedure for the LHD and all VFC providers residing in the jurisdiction on the timely replacement of VFC Vaccine due to loss according to MDHHS/CDC guidance.
- LHD billing shows that VFC eligible children are not billed more than the maximum amount allowed for the vaccine administration fee by Centers for Medicare & Medicaid Services CMS.
- LHD protocol for follow-up on publicly purchased vaccine wastage and/or suspected fraud/abuse of publicly purchased vaccine.

Section V: Immunizations

Evaluation Questions:

- Does a review of LHD vaccine orders show that the LHD has submitted and reviewed the supporting documentation required with their own vaccine orders?
- Is the LHD following the current policy/protocol/operating procedure on the timely processing of VFC provider vaccine order?
- Does a review of provider vaccine orders show that the LHD has reviewed the order and required supporting documentation submitted with the order?
- Is the LHD profile consistent with the amount of vaccine ordered?
- How does the LHD target providers for VFC/AFIX site visits with storage and handling issues or other vaccine management issues?
- Does the LHD conduct the combined VFC/AFIX visit at site visits for providers who have any children in the 24 – 36 month age range?
- Does the LHD conduct VFC/AFIX visits at site visits with providers who have any adolescents in the 156-216 month age range?
- Can the LHD show examples of efforts to educate providers on vaccines, immunization guidelines and publicly purchased vaccine program guidelines?
- Are LHDs training and educating providers on creating and submitting the Return/ Waste reports on a minimum of a monthly basis?
- Are all vaccine loss reports within the health jurisdiction reported according to MDHHS procedures?
- Are VFC Vaccine losses handled according to MDHHS/CDC guidance?
- Are there any outstanding unresolved VFC Vaccine Losses for the LHD or the VFC Providers in the jurisdiction?
- Does the LHD have a least one Nurse trained in the MDHHS Immunization Nurse Educator Program?

PS000280

Section V: Immunizations

MPR 4

The local health department shall be an active participant and user of the Michigan Care Improvement Registry (MCIR).

References: *Michigan Administrative Code, R 325.164 (4.2); PA 368 of 1978; Current Comprehensive Agreement; PA 540 of 1996; Michigan Administrative Code, R 325.163, Michigan Administrative Code, R 333.2433(2b, 2d)*

Indicator 4.1

The local health department shall sustain an immunization level for their jurisdiction in MCIR of at least 72% for children who are aged 24 to 36 months for four (4) doses of DTaP vaccine; three (3) doses of polio vaccine; one (1) dose of MMR vaccine; three (3) doses of Hib vaccine (or complete series); three (3) doses of hepatitis B vaccine; one (1) dose of varicella vaccine (or documented immunity); and four (4) doses of pneumococcal conjugate vaccine (or complete series).

The local health department shall also assess the immunization coverage level for their jurisdiction in MCIR children aged 24 to 36 months for four (4) doses of DTaP vaccine; three (3) doses of polio vaccine; one (1) dose of MMR vaccine; three (3) doses of Hib vaccine (or complete series); three (3) doses of hepatitis B vaccine; one (1) dose of varicella vaccine (or documented immunity), four (4) doses of pneumococcal conjugate vaccine (or complete series); and two (2) doses of hepatitis A vaccine.

This indicator may be met by:

a) A jurisdiction rate, at or above, 72% for the 4:3:1:3:3:1:4 vaccine series as shown by MCIR county profile report(s) created within 30 days of the Accreditation On-Site Review.

Documentation Required:

- MCIR Profile Report(s) showing the number and percent of children aged 24 to 36 months who have received four (4) doses of DTaP vaccine; three (3) doses of polio vaccine; one (1) dose of MMR vaccine; three (3) doses of Hib vaccine (or complete series); three (3) doses of hepatitis B vaccine; one (1) dose of varicella vaccine (or documented immunity), and four (4) doses of pneumococcal conjugate vaccine (or complete series), (4:3:1:3:3:1:4 series) for all counties in the jurisdiction within 30 days of the Accreditation On-Site Review.

- MCIR Profile Report(s) showing the number and percent of children aged 24 to 36 months who have received four (4) doses of DTaP vaccine; three (3) doses of polio vaccine; one (1) dose of MMR vaccine; three (3) doses of Hib vaccine (or complete series); three (3) doses of hepatitis B vaccine; one (1) dose of varicella vaccine (or documented immunity), four (4) doses of pneumococcal conjugate vaccine (or complete series), and two (2) doses of hepatitis A vaccine. (4:3:1:3:3:1:4:2 series) for all counties in the jurisdiction within 30 days of the Accreditation On-Site Review.

PS000281

Section V: Immunizations

- Written protocol included in the Immunization Manual to detailing strategies on increasing immunization coverage levels for the 4:3:1:3:3:1:4:2 series in the MCIR for children aged 24 to 36 months which includes efforts to reach identified pocket of need areas.

Evaluation Questions:

- Has the local health department reached at least a 72% level for children aged 24 to 36 months within the local health department's jurisdiction as recorded in the MCIR for the 4:3:1:3:3:1:4 series within 30 days of the Accreditation On-Site Review?

- Does the LHD assess, on a monthly basis, the rates for 4:3:3:1:3:3:1:4:2?

Indicator 4.2

The local health department shall monitor and evaluate adolescent immunization coverage levels for children aged 156 months but not yet 216 months in their jurisdiction in the MCIR for one (1) dose Td/Tdap; three (3) doses of polio vaccine; two (2) doses of MMR vaccine; three (3) doses of hepatitis B vaccine; two (2) doses of varicella vaccine (or documented immunity); one (1) dose meningococcal conjugate vaccine (MenACWY); and completion of the human papillomavirus (HPV) vaccine series.

This indicator may be met by:

- The LHD runs and evaluates on a monthly basis the MCIR adolescent immunization coverage level reports for children aged 156 months but not yet 216 months in their jurisdiction in the MCIR for one (1) dose Td/Tdap plus the primary series; three (3) doses of polio vaccine; two (2) doses of MMR vaccine; three (3) doses of hepatitis B vaccine; two (2) doses of varicella vaccine (or documented immunity), one dose meningococcal conjugate vaccine (MenACWY), and completion of the human papillomavirus (HPV) vaccine series.

Documentation Required:

- MCIR adolescent coverage level reports for all counties in the jurisdiction for the three months prior to the review showing coverage levels for one (1) dose Td/Tdap plus the primary series, three (3) doses of polio vaccine; two (2) doses of MMR vaccine; three (3) doses of hepatitis B vaccine; two (2) dose of varicella vaccine (or documented immunity)), one dose meningococcal conjugate (MenACWY) vaccine, completion of the human papillomavirus (HPV) vaccine series.

- Written protocol included in the Immunization Manual to conduct efforts to increase adolescent immunization coverage levels within the jurisdiction.

Evaluation Question:

- What efforts has the LHD conducted to target and increase adolescent immunization coverage levels for all of the recommended antigens in the jurisdiction?

- What efforts has the LHD conducted to increase the immunization coverage levels for human papillomavirus (HPV) vaccine in the jurisdiction?

Section V: Immunizations

Indicator 4.3

The local health department shall submit immunization data to MCIR according to the statutory time lines.

This indicator may be met by:

a) There is evidence that 90% of clients below the age of 20 years receiving immunizations at the local health department (all clinics in jurisdiction combined) have their immunization data submitted to MCIR within 72 hours. **(Reference: Administrative Rule 325.163, § 5)**

Documentation Required:

- MCIR Business Objects reports for all counties within the jurisdiction for 90 consecutive days prior to the review showing 72 hour data submission

Evaluation Question:

- Did 90% of the clients below the age of 20 years receiving immunizations at the local health department (all clinics in jurisdiction combined) have their immunization data submitted to the MCIR within 72 hours of vaccine administration?

Section V: Immunizations

MPR 5

The local health department uses the combined MCIR and School Immunization Record-keeping System (SIRS) web-based program (MCIR/SIRS) to track immunization levels of childcare center enrollees and school children.

References: *Current Comprehensive Agreement; PA 368 of 1978, MCL 333.9208, MCL 333.9209, MCL 333.9211, MCL 333.9212, MCL 333.9215, MCL 333.9221; PA 94 of 1979, MCL 388.1767; PA 451 of 1976, MCL 380.1177.*

Indicator 5

The local health department uses the MCIR/SIRS web-based reporting program to assure complete and accurate data has been submitted for school entrants new to the school district, all children attending Kindergarten, and seventh grade students, by December 15 and March 15 of each school year.

The local health department will assure complete and accurate reporting of childcare center immunization data by February 1st of each year to MDHHS utilizing the MCIR/SIRS reporting program. (**Reference: PH code 333.9208)**

This indicator may be met by:

a) The local health department will assure complete and accurate school immunization data for all schools in the jurisdiction have been reported December 15 and March 15 of each year to MDHHS.

b) The local health department will assure complete and accurate childcare immunization data has been reported by February 1st of each year to MDHHS.

Documentation Required:

- MDHHS Protocols for the current school year.
- Policy/protocol/operating procedure on the LHD process that details the methods used for reviewing and assuring that childcare and school immunization data are complete and accurate.
- IP-100 and IP-101 County status reports for each reporting period for the past three years.
- Documentation showing timely submission of complete and accurate school data by December 15 and March 15 of each year.
- Documentation showing timely submission of complete and accurate childcare data by February 1 of each year.
- Evidence of follow-up for non-compliant or delinquent childcare centers and schools which appear on the status reports.

For technical assistance, please contact Terri Adams at 517-284-4872 or Adamst2@michigan.gov

PS000284

Section V: Immunizations

Evaluation Questions:

- Does the LHD update/maintain the childcare and school facility master listings in MCIR/SIRS?
- What methods are used by the LHD to promote that data submitted by childcare centers and schools is complete and accurate?
- How does the LHD monitor and evaluate the immunization completion rate of children in childcare?
- How does the LHD monitor and evaluate the immunization completion rate of school age children?
- Does the LHD's Waiver Policy follow MDHHS Administrative Rules?

PS000285

Section V: Immunizations

MPR 6

The local health department complies with vaccine safety recommendations.

References: *Vaccine Adverse Event Reporting System (VAERS); The National Childhood Vaccine Injury Act of 1986 (NCVIA); Federal Register 42 USC § 300aa-25, 42 USC§ 300aa-26; Resource Book for VFC Providers MDHHS (updated annually); Current Advisory Committee on Immunization Practices (ACIP) General Recommendations on Immunization*

Indicator 6.1

The local health department vaccine programs conform to VAERS (Vaccine Adverse Event Reporting System) program requirements.

This indicator may be met by:

a) The LHD maintains on file written VAERS policies, procedures, and reports complying with program requirements.

Documentation Required:

- VAERS written policy in the Immunization Manual which includes information on utilization of up to date reporting forms (available at the U.S. Department of Health & Human Services VAERS website) and the ability to submit VAERS reports online.

- Copies of all VAERS reports filed by the LHD in the last three years (either electronically or on paper forms) showing correct documentation on up to date forms.

Evaluation Question:

- How is the LHD educating all immunization providers (both VFC and non-VFC) who administer vaccines within the jurisdiction on entering reportable adverse events after vaccination into the VAERS system?

Indicator 6.2

The local health department provides the appropriate Vaccine Information Statements (VIS) to every client or parent/guardian prior to administering vaccines and educates all immunization providers in the jurisdiction about the use and sources of these statements.

This indicator may be met by:

a) The LHD distributes VIS to all clients receiving vaccine listed on the National Vaccine Injury Compensation Program table at the clinic and documents the VIS date and date VIS given on the client's vaccine administration record.
b) There is a protocol in place to assure that all providers within the jurisdiction who administer vaccines (both VFC and non-VFC providers) are informed concerning the requirements for use of Vaccine Information Statements (VIS), and changes to VIS versions.

Section V: Immunizations

c) The local health department maintains an appropriate supply of VIS on site for distribution to all immunization providers.

d) The local health department will provide written notice to individuals receiving a vaccination that the immunization data will be added to the registry. This is commonly done using the Michigan version of the Vaccine Information Statement (VIS) which includes the MCIR language.

Documentation Required:

- Up to date Michigan VIS versions for all recommended vaccines included on the National Vaccine Injury Compensation Program table are available for distribution to clients and private providers.
- Protocol which describes the plan for VIS education and distribution to all immunization providers (both VFC and non-VFC) who administer vaccines within the jurisdiction.

Evaluation Question:

- Does the LHD use the version of the VIS that contains the MCIR statement informing an individual of their right to opt out of the MCIR?
- How does the LHD maintain the VIS dates in their electronic medical records/electronic health records (EMR/EHR) (if applicable)?

Indicator 6.3

The local health department has a referral system if problems arise after a client receives vaccine.

This indicator may be met by:

a) The LHD provides instructions for patients receiving vaccines concerning possible reactions and follow-up care.

Documentation Required:

- Example(s) of patient information handouts given to each patient, listing possible reactions to vaccines, which include phone numbers to contact if questions arise.

Evaluation Question:
None

PS000287

Michigan Department of Environment, Great Lakes, and Energy
Drinking Water and Environmental Health Division
Noncommunity Public Water Supplies Program
Local Health Department (LHD) Evaluation Summary
Fiscal Year (FY) 2021

County/District:	Ottawa County Health Department (OCHD)
Evaluator(s):	Ross Gladding, Emma Byrne
Date(s) of Evaluation:	December 6, 2021
Type of Evaluation:	Standard

Evaluation Structure: Information from quarterly review, inventory records, program files, and site visits are used to assess contract and Minimum Program Requirements (MPR) compliance. Files selected for review are chosen based on reported activity in the program element (e.g., monitoring violation, sanitary survey, water well permit issuance). An Evaluation Worksheet details the files reviewed and is provided with this summary.

OCHD meets all MPRs (1-4) for the Noncommunity Water Supply Program: ☒ Yes ☐ No

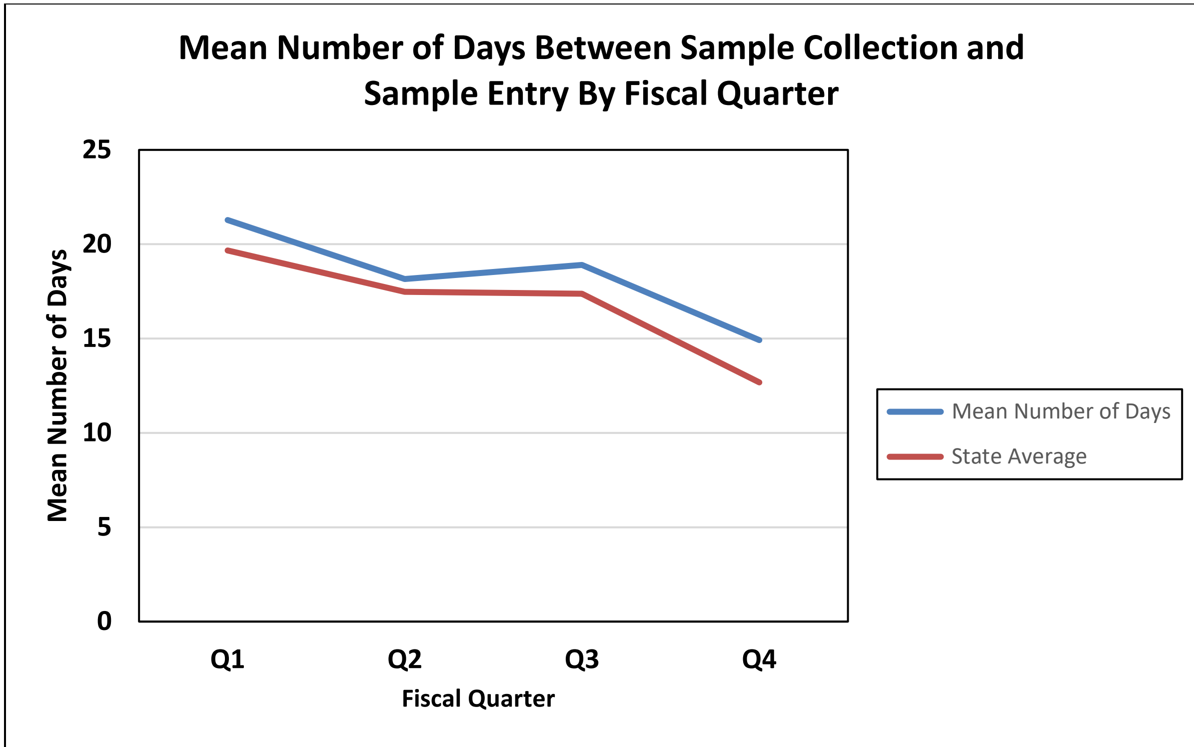
MPR 1	☒ Satisfactory	☐ Unsatisfactory
MPR 2	☒ Satisfactory	☐ Unsatisfactory
MPR 3	☒ Satisfactory	☐ Unsatisfactory
MPR 4	☒ Satisfactory	☐ Unsatisfactory

MPR 1
The LHD shall maintain a current inventory and facility file of all noncommunity public water supplies within its jurisdiction and submit revisions to EGLE quarterly.
Indicators:

A. Evidence of accuracy by comparing the noncommunity inventory with lists of licensed facilities (i.e., food service, campgrounds, DSS, migrant labor camps, hospitals, grocery stores, food processing plants, schools, state/federal facilities, etc.) meeting the definition of noncommunity water systems and facilities invoiced for the annual fee.
B. Documentation of submittal of inventory data, from existing and newly constructed noncommunity facilities.
C. Evidence and records indicating the use of water supply serial numbers (WSSNs) on all noncommunity facility documents. Documents, including well records, well permits, deviations, sanitary surveys, water sample results, compliance violations, and enforcement records, and associated notes and correspondence are easily identified and readily available.

Inventory components maintained and updated: ☒ Yes ☐ No
  Number of active transient systems: 168
  Number of active nontransient systems: 30
Noncommunity Coordinator attends training: No trainings offered during timeframe
LHD communicates with EGLE routinely: Coordinator regularly reaches out when necessary and is responsive to EGLE's requests.
Facility files maintained and updated regularly: ☒ Yes ☐ No
Capacity Development Plans completed for all new nontransient supplies: ☒ Yes ☐ No

PS000288



Quarterly report submission is satisfactory in the evaluation period:

Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
☐	☐	☒

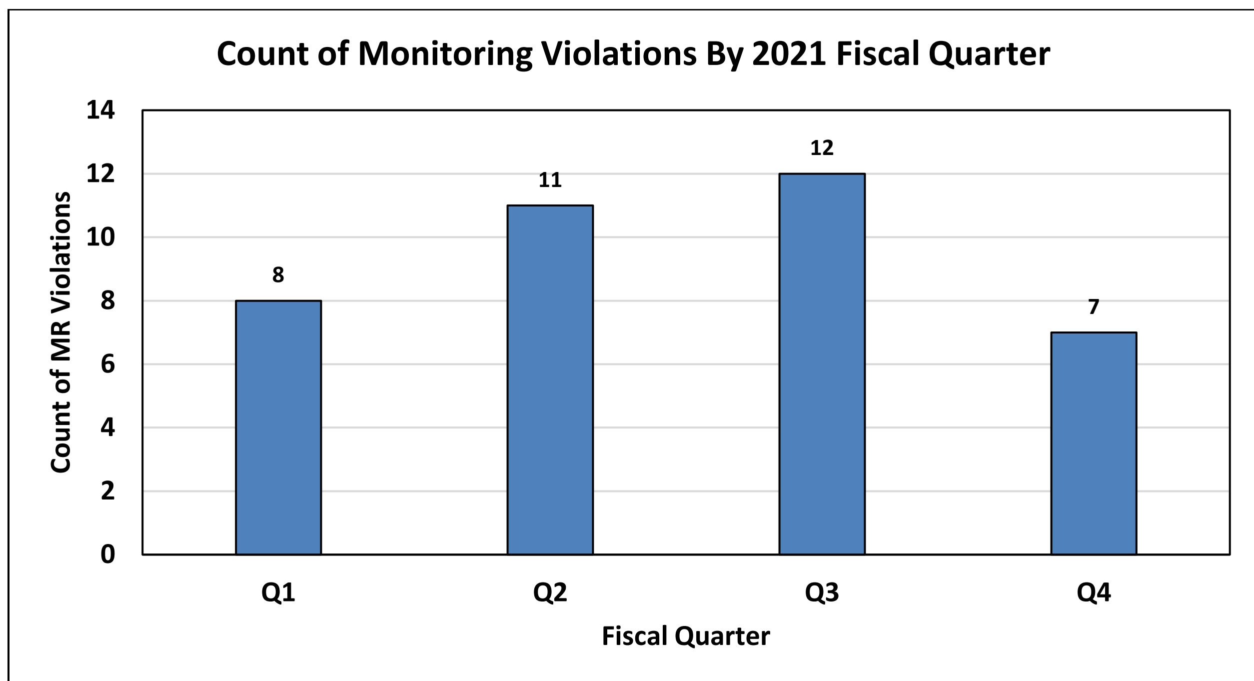
MPR 1 Comments

OCHD has created a very impressive data management system. Their files are very well organized and easy to maneuver. It is likely that the workability of this system is what aids OCHD in consistently submitting their quarterly reviews on-time and complete. OCHD's coordinator does a good job on updating the files with relevant information and correspondence so that other people can follow the chronology of the file.

PS000289

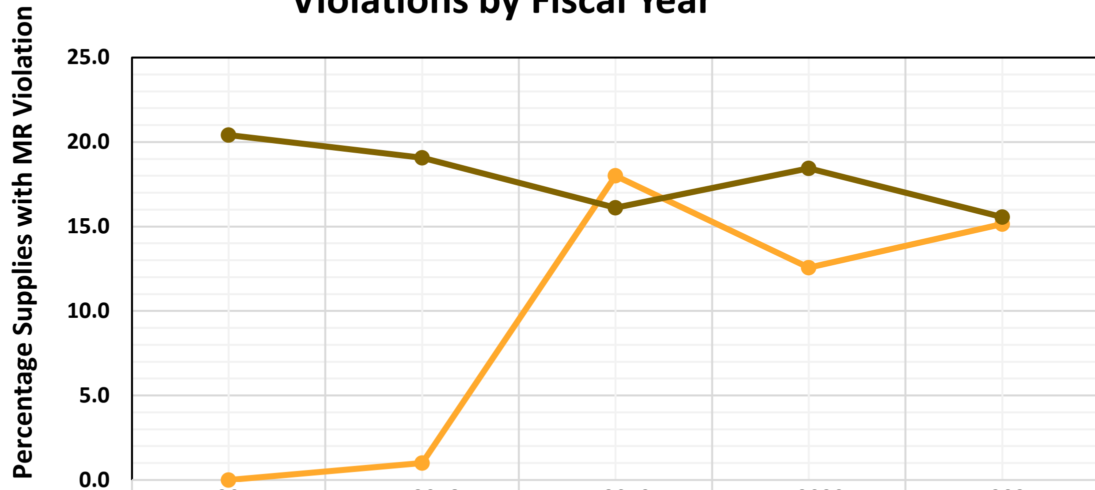
MPR 2
The LHD shall provide notification, oversight, and enforcement of all required construction, water quality monitoring, and treatment for public health purposes at noncommunity public water supplies.
Indicators:

A. Procedure in place to track required routine, repeat, and special water quality monitoring and results.
B. Evidence and correspondence indicating owners are notified of routine, repeat, and special monitoring requirements. Documentation indicating prompt action is taken when routine samples are not collected or where initial sample results indicate potential violation of state drinking water standards or where sample analyses are unreliable due to overgrowth, excessive transit time, or where the presence of organic chemical contamination is indicated.
C. Documentation of violation notices of required monitoring, maximum contaminant level (MCL) violations, or the occurrence of unregulated compounds provided to the owner and EGLE in a timely manner. Notices of violation include the contaminant, public health effects information, specified precautionary measures, and public notice requirements, where applicable. Appropriate LHD enforcement action is taken and documented.



PS000290

Percentage of Supplies with Acute Contaminant MR Violations by Fiscal Year



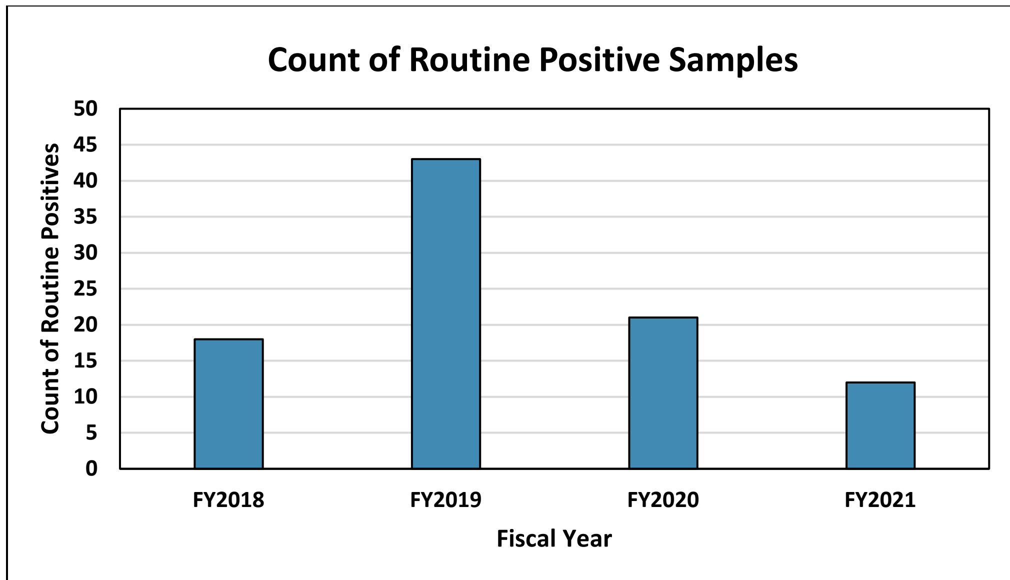
	FY2017	FY 2018	FY2019	FY2020	FY2021
Ottawa	0.0	1.0	18.0	12.6	15.2
State Average	20.4	19.1	16.1	18.4	15.6

Fiscal Year

Ottawa State Average

Monitoring violation rate satisfactory: ☒ Yes ☐ No

Appropriate follow up taken on monitoring violations	Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
	☐	☒	☐



Level 1 Assessments reviewed and documented satisfactorily: ☒ Yes ☐ No
Treatment surveillance visits completed timely and documented: ☒ Yes ☐ No ☐ NA
Number of systems that require a treatment surveillance visit: 3
Seasonal System Tracking conducted and documented satisfactorily: ☒ Yes ☐ No
Site visits to remain on annual monitoring conducted and documented: ☐ Yes ☐ No ☒ NA
Does LHD increase bacteria monitoring appropriately: ☒ Yes ☐ No ☐ NA
Does LHD reduce bacteria monitoring appropriately: ☒ Yes ☐ No ☐ NA

MPR 2 Comments

OCHD appears to regularly monitor the required aspects of the program. Their monitoring violation numbers are in line with the State averages, which implies the LHD has communicated the requirements with the supplies and/or reaches out to ensure compliance before the deadline.

When the LHD is required to enforce violations, they do so in a timely manner with the proper documentation.

When long-term tracking is required in the case of reducing or increasing monitoring, OCHD completes these actions in a timely manner. As mentioned in MPR1, OCHD has a great data management system that has many workflows to help complete these actions.

MPR 3
The LHD shall take prompt action to protect the public health and pursue compliance with applicable public or private notice and water quality standards when it is determined that sewage, surface water, chemicals, or other serious contamination can gain entrance into the ground water or a water supply, or there is a confirmed maximum contaminant level violation.
Indicators:

A. Correspondence and records (including sanitary surveys, inspection reports, water sample results, violation and enforcement documents) indicating condition were appropriately identified, acted upon, and followed up on.
B. Documentation, including notification to owner of monitoring requirements, notices of violation of construction and drinking water standards, precautionary measures, and public notice requirements are readily available.

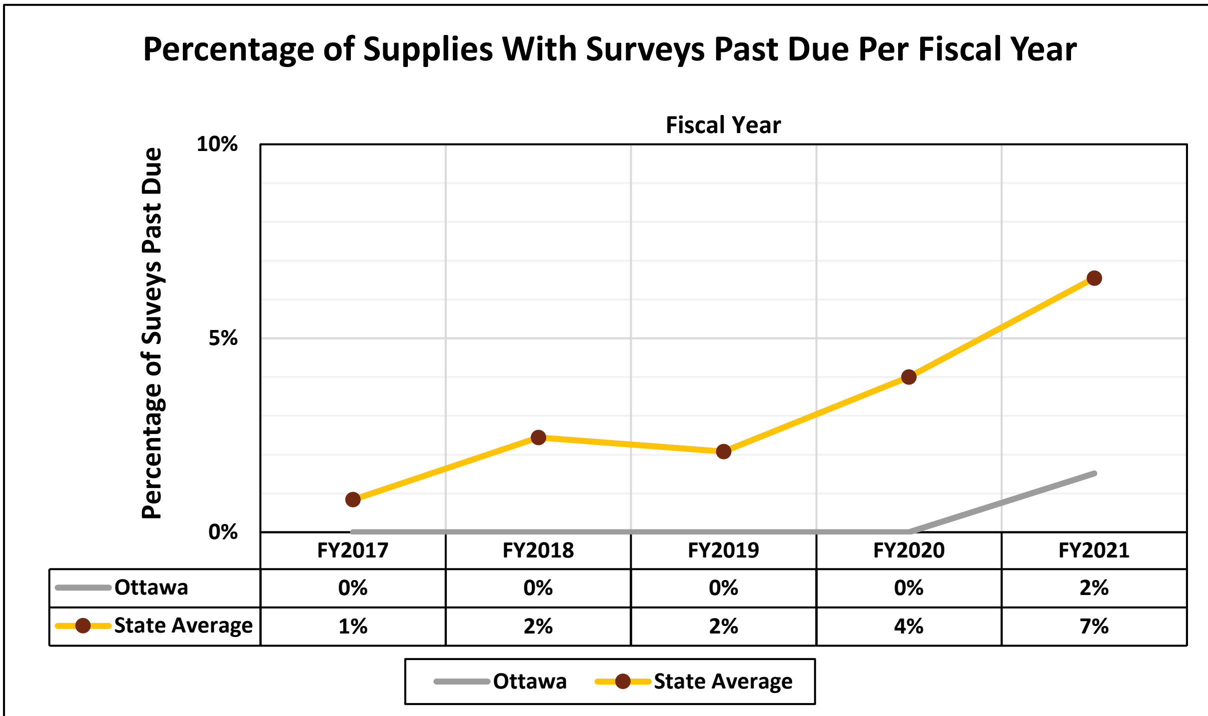
Level 2 Assessments conducted and documented satisfactorily:	☐ Yes	☐ No	
Imminent water quality contamination risks handled appropriately:	☐ Yes	☐ No	☒ NA
Appropriate follow-up taken on all MCL violations:	☐ Yes	☐ No	☒ NA
Appropriate follow-up taken on all ALEs:	☐ Yes	☐ No	☒ NA
Significant construction deficiencies handled appropriately:	☐ Yes	☐ No	☒ NA

LHD responds to elevated lead levels appropriately:	Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
	☐	☒	☐

MPR 3 Comments
OCHD did not have any events in 2021 that require ALE or MCL related responses.

MPR 4
The LHD shall complete a sanitary survey on each noncommunity water supply at the frequency specified in the Safe Drinking Water Act (Act 399) and shall issue permits for new noncommunity water supply wells as required in Act 399. Indicators:

A. Evidence supporting completion of surveys, including sanitary survey log records, scheduling of surveys and reinspections, inventory updates, and related correspondence.
B. Documentation, records, and correspondence, including complete sanitary survey reports, appropriate water sample results, well records, notification to owners of compliance status, appropriate future monitoring requirements, and corrective action, violation, and enforcement information, where applicable.
C. Evidence and procedures supporting receipt of well permit applications, timely application review, issuance of permits and final inspection, including well permit and water sample tracking logs or records.
D. Documentation and correspondence, including properly reviewed, issued, and inspected well permits, deviations, appropriate water sample analyses, owner notification, timely submittal and review of well records, and approval of completed systems prior to use by the public. Records of violation and enforcement activities where applicable.



	FY2017	FY2018	FY2019	FY2020	FY2021
Ottawa	0%	0%	0%	0%	2%
State Average	1%	2%	2%	4%	7%

Sanitary surveys completed every five years according to contract and the Groundwater Rule: ☒ Yes ☐ No
Number of surveys past due: 3
Number of survey follow-ups past due: 2
Number of surveys incomplete: 0
Permit process and final inspections completed appropriately: ☒ Yes ☐ No ☐ No Permits Issued
Source Water Assessments completed in FY21: 0

MPR 4 Comments

OCHD has consistently outperformed their peers when considering sanitary surveys past due, follow-up past due, and incomplete surveys. Their reports are completed in a timely fashion with the rare exception.

When EGLE has conducted joint surveys with OCHD the coordinator exhibits a strong understanding of the program along with a solid technical expertise in the field.

Section I: Powers and Duties

MPR 1

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

Reference: *P.A. 368 of 1978, Section 2433*

Indicator 1.1

A local health department shall implement and enforce laws for which responsibility is vested in the local health department. (Section 2433 (2) (a)).

This indicator may be met by:

- Lists of state and local laws and regulations for which the local health department is responsible in preventing disease, prolonging life, and promoting public health (see Attachment A for state laws that may be applicable).
- Documents setting out the local health department's policies and procedures for enforcement of those laws and regulations for which it is responsible.

Documentation Required:

Documents setting out the policies and procedures for enforcement, including warning orders and notices, engagement of the court to enforce orders in cases of noncompliance, and the issuance of emergency orders to the mass populace, which may include involuntary detention and treatment.

Evaluation Question:

None.

Indicator 1.2

A local health department shall utilize vital and health statistics and provide for epidemiological and other research studies for the purpose of protecting the public health. (Section 2433 (2) (b)).

This indicator may be met by:

- Demonstrating access to vital and health statistics for both intern and external customers.

- Documents that demonstrate both qualitative and quantitative analysis and interpretation of vital and health statistics in reports for, at a minimum, the major causes of morbidity, mortality and environmental health hazards within the jurisdiction.

Documentation Required:

See the 'This indicator may be met by:' section of this indicator.

Evaluation Question:

None.

Indicator 1.3

A local health department shall make investigations and inquiries as to the causes of disease and especially epidemics, the causes of morbidity and mortality, and the causes, prevention, and control of environmental health hazards, nuisances, and sources of illness. (Section 2433 (2) (c)).

This indicator may be met by:

- A written description of the organizational arrangements and capacity to conduct such investigations, including policies and procedures for doing the same.
- Documentation of required reports to the State of Michigan related to disease outbreaks and environmental health hazards.
- Documents which demonstrate the investigation of causes of morbidity and mortality and the causes, prevention, and control of environmental health hazards, nuisances, and sources of illness within the jurisdiction.

Documentation Required:

See the 'This indicator may be met by:' section of this indicator.

Evaluation Question:

None.

Indicator 1.4

A local health department shall plan, implement, and evaluate health education through the provision of expert technical assistance, or financial support, or both. (Section 2433 (2) (d)).

This indicator may be met by:

Documentation which demonstrates involvement in activities to educate the population about the major causes of morbidity, mortality, and environmental health hazards.

Documentation Required:

See the 'This indicator may be met by:' section of this indicator.

Evaluation Question:

None.

PS000296

Section I: Powers and Duties

Indicator 1.5

A local health department shall provide or demonstrate the provision of required services as set forth in Section 2473(2). (Section 2433 (2) (e)). See Attachment A for required services. Note: A LHD may indicate that it is not providing one or more required services. See Attachment B for excerpt from the Public Health Code (P.A. 368, Sept. 30, 1978).

This indicator may be met by:

Documentation that required services set forth in Attachment A are available in the jurisdiction either by direct delivery or through other community providers.

Documentation Required:

See the 'This indicator may be met by:' section of this indicator.

Evaluation Question:

None.

Indicator 1.6

A local health department shall have powers necessary or appropriate to perform the duties and exercise the powers given by law to the local health officer and which are not otherwise prohibited by law. (Section 2433 (2) (f)).

This indicator may be met by:

A current Plan of Organization adopted by the local governing entity and approved by the Director of the Michigan Department of Health & Human Services (MDHHS), containing an organizational chart which includes the names of all local health department leadership, must be on file with MDHHS at all times.

Documentation Required:

See the 'This indicator may be met by:' section of this indicator.

Evaluation Question:

Did the local health department maintain continuity of operations during the entire accreditation cycle with both a Health Officer and Medical Director in good standing per the Michigan Public Health Code and Michigan Administrative Code?

Indicator 1.7

A local health department shall plan, implement, and evaluate nutrition services by provision of expert technical assistance or financial support, or both. (Section 2433 (2) (g)).

This indicator may be met by:

Documentation which demonstrates involvement in activities to provide and/or support Nutrition Services in the jurisdiction.

PS000297

Documentation Required:

See the 'This indicator may be met by:' section of this indicator.

Evaluation Question:

None.

Indicator 1.8 (Not Scored; Demonstration Population Health 3.0 Indicator for Cycle 7)

A local health department may take on a role as the "Chief Community Health Convener". This role involves the health department leading their community's health promotion efforts in partnership with stakeholders with a direct or indirect interest in improving the population's health and leaders in widely diverse sectors including, but not limited to: social services, environmental health, education, transportation, public safety, and community economic development. Emphasis is placed on catalyzing and taking actions that improve the community's well-being. (Section 2433).

This indicator may be met by:

1) Documentation that the local health department has developed at least one (1) initiative focused on convening meetings with clinical providers and insurers to develop linkages between population health and clinical care in its jurisdiction; or

2) Documentation that the local health department has developed at least one (1) initiative focused on collaboration with community partners that have the potential to make a positive impact on the living conditions of the more vulnerable segments of the community.

Documentation Required:
See the 'This indicator may be met by:' section of this indicator.

Evaluation Questions:

1) Has the local health department convened at least one meeting between the aforementioned sectors for either of the projects?
2) Were future objectives and action items identified during the completion of the project?
3) Were there subsequent meetings, discussions, or correspondence that led toward to completion of the aforementioned objectives and action items?
4) Were any of the objectives or action items not completed? If so, please explain the circumstances.
5) Did the project clearly define the linkages between population health and clinical care in Option 1 or the threshold for a positive impact on the living conditions of the more vulnerable segments referenced in Option 2?
6) If Option 2 was selected, did the project clearly define the processes used to identify the more vulnerable segments of the community?

PS000298

Section I: Powers and Duties

Attachment A

MATRIX OF SERVICES OF LOCAL PUBLIC HEALTH

Services	Rule or Statutory Citation	Required =	Basic +	Mandated +	LPHO	Allowable	Notes
		I	I.A.	I.B.	I.C.	2	
Immunizations	PA 349 of 2004 – Sec. 218 and 904; MCL 333.9203, R325.176	X	X	X	X		
Infectious/Communicable Disease Control	MCL 333.2433; Parts 51 and 52; PA 349 of 2004 – Sec. 218 and 904; R325.171 et seq.	X	X	X	X		
STD Control	PA 349 of 2004 -- Sec. 218 and 904; R325.177	X	X	X	X		
TB Control	PA 349 of 2004 – Sec. 218	X	X	X			
Emergency Management – Community Health Annex	PA 349 of 2004 – Sec. 218 MCL 30.410	X	X	X			Basic Service under Appropriations Act and Mandated Service, if required, under Emergency Management Act.
Prenatal Care	PA 349 of 2004 – Sec. 218	X	X				
Family planning services for indigent women	MCL 333.9131; R325.151 et seq.	X		X			
Health Education	MCL 333.2433	X		X			
Nutrition Services	MCL 333.2433	X		X			
HIV/AIDS Services; reporting, counseling and partner notification	MCL 333.5114a; MCL 333.5923; MCL 333.5114	X		X			
Care of individuals with serious Communicable disease or infection	MCL 333.5117; Part 53; R325.177	X		X			(4) Financial liability for care rendered under this section shall be determined in accordance with part 53.
Hearing and Vision Screening	MCL 333.9301; PA 349 of 2004 – Sec. 904; R325.3271 et seq.; R325.13091 et seq.	X		X	X		
Public Swimming Pool Inspections	MCL 333.12524; R325.2111 et seq.	X		X			Required, if "designated"
Campground Inspection	MCL 333.12510; R325.1551 et seq.	X		X			Required, if "designated"
Public/Private On-Site Wastewater	MCL 333.12751 to MCL 333.12757 et. seq., R323.2210 and R323.2211	X		X	X		Alternative waste treatment systems regulated by local public health.

Section I: Powers and Duties

Food Protection	PA 92 of 2000 MCL 289.3105; PA 349 of 2004 – Sec. 904	X		X	X		
Pregnancy test related to informed consent to abortion	MCL 333.17015(18)	X		X			
Public/Private Water Supply	MCL 333.1270 to MCL 333.12715; R325.1601 et. seq.; MCL 325.1001 to MCL 325.1023; R325.10101 et. seq.	X			X		
Allowable Services						X	This category would include all permissive responsibilities in statute or rule that happen to be eligible for cost reimbursement.
Other Responsibilities as delegated and agreed-to	MCL333.2235(1)					X	This category is NOT connected to express responsibilities within statute, but refers entirely to pure delegation by the department as allowed. In addition to general provision, the Code allows delegations for specified functions.

PS000300

Section I: Powers and Duties

MATRIX DEFINITIONS

Name	Citation	Description
1. Required Service	MCL 333.2321(2); MCL 333.2408; R325.13053	Means: (A) a basic service designated for delivery through Local Public Health Department (LPH), (B) local health service specifically required pursuant to Part 24 or specifically required elsewhere in state law, or (C) services designated under LPHO.
1.A. Basic Service	MCL 333.2311; MCL 333.2321	A service identified under Part 23 that is funded by appropriations to MDHHS or that is made available through other arrangements approved by the legislature. Defined by the current Appropriations Act and could change annually. For FY 2005: immunizations, communicable disease control, STD control, TB control, prevention of gonorrhea eye infection in newborns, screening newborns for 8 conditions, community health annex of the MEMP, and prenatal care.
1.B. Mandated Service	MCL 333.2408	The portion of required services that are not basic services, but are "required pursuant to this part [24] or specifically required elsewhere in state law."
1.C. LPHO	PA 349 of 2004 – Sec. 904	Funds appropriated in part 1 of the MDHHS Appropriations Act that are to be prospectively allocated to LPH to support immunizations, infectious disease control, STD control and prevention, hearing screening, vision services, food protection, public water supply, private groundwater supply, and on-site sewage management.
2. Allowable Services	MCL 333.2403; R325.13053	"Means a health service delivered [by LPH] which is not a required service but which the department determines is eligible for cost reimbursement".
PA 349 of 2004		Fiscal year 2005 Appropriations Act for the Department of Health & Human Services.

Attachment B

LAWS APPLICABLE TO LOCAL PUBLIC HEALTH (LPH)

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

Appropriations (Current: PA 349 of 2004)
Sec. 218 – Basic Services
Sec. 904 - LPHO

Michigan Attorney General Opinions

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

PS000302

Section I: Powers and Duties

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

Safe Drinking Water Act (PA 399 of 1976 as amended)
MCL § 325.1016 - Public Water Supplies
Agreements with Local health departments to administer

This document may serve as a survey of appropriate laws, but may not be considered exhaustive or as a limit to responsibilities required by law.

Section I: Powers and Duties

Attachment C

Public Health Code (P.A. 368 of 1978):

333.2475 Reimbursement for costs of services; equitable distribution; schedule; local expenditure in excess of prior appropriation.

Sec. 2475.

(1) The department shall reimburse local governing entities for the reasonable and allowable costs of required and allowable health services delivered by the local governing entity as provided by this section. Subject to the availability of funds actually appropriated, reimbursements shall be made in a manner to provide equitable distribution among the local governing entities and pursuant to the following schedule beginning in the second state fiscal year beginning on or after the effective date of this part:

(a) First year, 20%.
(b) Second year, 30%.
(c) Third year, 40%.
(d) Fourth year and thereafter, 50%.

(2) Until the 50% level is reached, a local governing entity is not required to provide for required services if the local expenditure necessary to provide the services is greater than those funds appropriated and expended in the full state fiscal year immediately before the effective date of this part.

Adeline Hambley

From: Marcia Mansaray
Sent: Monday, September 11, 2023 7:37 AM
To: Karen Karasinski; Nina Baranowski
Cc: Adeline Hambley
Subject: Budget Numbers

Hi Karen,

John Gibbs asked for serviceable levels for each mandated program and the evidence for them. As we work on this for John, we are also still working on the impacts the proposed budget will have on public health services. I want to make sure we are working with the correct general fund and fund balance figures overall and by program Org. Do you know if the Excel spreadsheet Fiscal created with the Orange, Blue and Green programs plus Nina and Joe's spreading of indirect is what we should be working from still, or do the numbers contained in all the various sheets in the 2024 Proposed Budget, including the top sheet and few new pages following the title page, better reflect the current situation for Public Health?

Thank you!

Marcia Mansaray, M.Sc.
Deputy Health Officer
Ottawa County Public Health
Office: (616) 494-5598

PS000305

Adeline Hambley

From: Nina Baranowski
Sent: Monday, September 11, 2023 8:49 AM
To: Marcia Mansaray; Karen Karasinski
Cc: Adeline Hambley
Subject: RE: Budget Numbers
Attachments: FY24 Reductions.docx

Follow Up Flag: Flag for follow up
Flag Status: Flagged

Good morning, Marcia-

Attached is the list of ideas that you and I put together (options to balance the budget for programs with major cuts) last week. The last page of the document (column that is green), shows what each ORG is currently (with CAP and indirect respread) without any additional FTE (Family Planning, Real Estate, Health Education, etc.). The CAP and indirect will have to be respread again once decisions are solidified around FTE reductions. The green column shows you what the current budget reductions would need to be in each program (ORG). For MOS, we did backout the Oral Health Supervisor because we wanted a more realistic spread of PH admin and CAP to the other programs.

The green column also reflects the reductions we identified in the PH admin ORG (itemized below):

C	D	E	F	G	H	I	J
Amount	Details						
(19,429)	Payroll Savings Position # 61760001 by .2FTE. Sundy Roman Employee #1730						
(20,000)	Eliminate Qualtrics Core Xm						
(1,000)	Eliminate IRB Review						
(1,700)	Reduce Operational Supplies Misc.						
(948)	Eliminate Steamyard Application						
(4,633)	Eliminate 1 License for SAS Software Epi						
(1,000)	Eliminate Service Contract - Ergonomic assessments as needed						
(1,188)	Eliminate Hootsuite- One year subscription for social media manager						
(1,000)	Reduce Translation and Interpreter fees						
(2,500)	Eliminate Community Access Line of the Lakeshore annual contribution						
(4,000)	Reduce Travel Mileage						
(6,520)	Reduce Advertising						
(7,340)	Reduce Conferences & Training Fees						
(71,258)							

From: Marcia Mansaray <mmansaray@miottawa.org>
Sent: Monday, September 11, 2023 7:37 AM
To: Karen Karasinski <kkarasinski@miottawa.org>; Nina Baranowski <nbaranowski@miottawa.org>
Cc: Adeline Hambley <ahambley@miottawa.org>
Subject: Budget Numbers

Hi Karen,

PS000306

John Gibbs asked for serviceable levels for each mandated program and the evidence for them. As we work on this for John, we are also still working on the impacts the proposed budget will have on public health services. I want to make sure we are working with the correct general fund and fund balance figures overall and by program Org. Do you know if the Excel spreadsheet Fiscal created with the Orange, Blue and Green programs plus Nina and Joe's spreading of indirect is what we should be working from still, or do the numbers contained in all the various sheets in the 2024 Proposed Budget, including the top sheet and few new pages following the title page, better reflect the current situation for Public Health?

Thank you!

Marcia Mansaray, M.Sc.
Deputy Health Officer
Ottawa County Public Health
Office: (616) 494-5598

PS000307

- **22129513 Real Estate- Reduction of $66,874**

  Option A: Payroll Savings 1 FTE Health Tech- Position #29270002. This position will be vacant on 10/1. Remaining staff may need to work overtime in the spring and summer to accommodate demand.

- **22129531 Family Planning-Reduction of $285,003**

In total, there are 10.3 FTE budgeted in FP, but we do contra adjustments because these employees work in also work in the STD (ELPHS program) and HIV prevention. Already backed out 2.6 FTE's in June.

Option A: Increase general fund contribution to prevent the loss of the Family Planning grant ($207,395).

Option B:

- Layoff 2.8 FTE's:
  i. Community Health Nurse 1 FTE Position #007922 $101,646
  ii. Community Health Nurse .8FTE Position #24000016 $101,597
  iii. Medical Assistant 1 FTE Position #34030001 $80,881

  The employees who work in Family Planning also work in the STD (ELPHS program) and HIV prevention.

- This program already took a payroll savings for 2.6 FTE's:
  i. .6FTE Nurse Practitioner Position # 007940
  ii. 1 FTE Community Health Nurse Position #007922
  iii. 1 FTE Clinic Manager
- Billing revenue decreased.
- CBR payback in two years.
- Unable to meet Title X grant requirements, example: contractual caseload. Family Planning Title X grant would be reallocated to another organization.

Option C:

- CSCHS $28,432 and $31,360 MIHP. Then reduce expense in CSCHS and/or MIHP to fund FP at current operations.

- **22129545 Medicaid Outreach- Reduction $77,548**

Option A: Increase federal grant revenue and decrease GF contribution, adjust any remaining minor discrepancies through payroll contra lines to clinic ORG.

- **22129534 Miles of Smile- Reduction of $118,440**

PS000308

Option A: Payroll savings Oral Health Supervisor or continue the Oral Health Supervisor position at .2FTE (if employee will stay).

- **22129544 STD (ELPHS)- Reduction of $57,933**
- **22129546 Communicable Diseases (ELPHS)- Reduction of $344,451**
- **22129533 Immunization (ELPHS)- Reduction of $105,318**
  Total $507,702

Option A: budget additional state grant revenue to cover shortage above. Estimate to receive an additional $507,702 in grant revenue.

Additional note:

- Salaries and indirect overstated in real estate and should be moved to wastewater. Wastewater expense will increase, which will reduce the $101,575 overage.
- Move Food ELPHS (grant revenue) to immunization budget b/c they always overspend in vaccine line. Food ELPHS Grant $217,667, Food Budget Overage Is $132,785. Move $132,785 of grant revenue to Imms budget.

- **22129584 Health Education- Reduction of $375,692**

In total, there are 4.63 FTE's and a 1000-hour temp position in this ORG, with 7 of 6 positions filled. The Health Promotions team oversees wellness, nutrition, substance use and dental.

Option A: Increase general fund contribution to prevent the reduction of services in Health Education.

Option B:

- Layoff: 1.9FTE & 1 Temp (3 filled positions)
  i. **Health Promotion Clerk 1 FTE Position #65340001 $91,878**
  ii. Health Educator Position #25910001 .6 FTE $57,474
  iii. **Health Educator .9FTE Position # 25910005 $83,731**
  iv. **Health Educator 1000 Hour Temp Position $26,530**

- Payroll Savings: .53 FTE (1 vacant position, but is part of our LRE grant award)
  i. **Health Educator Position #25910002 .53FTE VACANT $55,248**

- Reduce operational budget by half, approx. $30k, to save
  Health Educator Position #25910001 .6 FTE $57,474

- LRE Substance Use Disorder grants contract signed by LRE board on 9/27/23:
    i. Grant funding awarded and currently budgeted for:
        1. Health Educator 1000 hour (filled)
        2. Health Educator 1 FTE or 2 1000-hour temps (vacant)
        3. Health Promotion Supervisor .1FTE (filled)

These are ESTIMATES of project funding allocations for your agency that will be presented to the LRE board(s) as noted in your letter:

Projected Funding Allocations				
	LRE *ESTIMATES of project funding allocations*	**ORG**	**FY24 Munis Budget**	**Notes:**
SUD Block	$85,000	22129537	$16,517	Increase budget by $68,483
PA2	$71,822	22129537	$75,408	Decrease budget by $3,586
Projected Specialty Grant Allocations				
Prevention III (ARPA)	$8,810	22129536	$8,810	100% operational
Covid 19 FY 24 *	$10,000	22129541	$45,873	Decrease budget by $45,873.
SOR3*	$28,000	22129540	$28,000	No BA Needed

Updated with new PH indirect cuts and spread to all programs:

		Updated 'Project Cost' Amount	Previous 'Project Cost' Amount	Change
	Sum of Total			
	ORG	Total		
	22129502	-	-	-
PHEP	22129503	(2,173)	-	(2,173)
Field	22129509	(2,629)	-	(2,629)
Food	22129510	132,785	145,495	(12,710)
Type 2	22129511	(1,960)	-	(1,960)
Real Estate	22129513	(66,874)	(63,377)	(3,497)
N/A	22129515	-	-	-
N/A	22129516	-	-	-
Wastewater	22129517	101,575	112,348	(10,773)
N/A	22129519	-	-	-
Vision	22129520	39,456	43,642	(4,186)
Hearing	22129521	37,201	41,146	(3,945)
Pathways	22129525	(7,598)	-	(7,598)
IAP	22129527	2,575	4,795	(2,220)
N/A	22129530	-	-	-
FP	22129531	(285,003)	(267,784)	(17,219)
SEAL	22129532	(825)	-	(825)
Imms	22129533	(105,318)	(97,695)	(7,623)
MOS	22129534	63,205	(118,440)	181,645 *
OHKA	22129535	2,077	2,670	(593)
N/A	22129536	-	-	-
Substance Abuse	22129537	2,104	3,140	(1,036)
N/A	22129538	-	-	-
CSCHS	22129539	28,432	37,373	(8,941)
N/A	22129540	0	584	(584)
MIHP	22129542	31,360	43,424	(12,064)
N/A	22129543	-	-	-
STD	22129544	(57,933)	(54,166)	(3,767)
Medicaid Outreach	22129545	(77,548)	(71,626)	(5,922)
CD	22129546	(344,451)	(333,460)	(10,991)
Ottawa Foods	22129556	(76)	(76)	-
MCH	22129559	228	424	(196)
MCH	22129560	1,128	2,101	(973)
N/A	22129561	-	-	-
COVID Inequities	22129580	(1,854)	107	(1,961)
N/A	22129582	0	250	(250)
Health Education	22129584	(375,692)	(367,097)	(8,595)
	Grand Total	[illegible]		

PS000311

Adeline Hambley

From: Marcia Mansaray
Sent: Monday, September 11, 2023 10:59 AM
To: Alison Clark; Sandra Lake; Lisa Uganski; Deborah Price; Spencer Ballard
Cc: Nina Baranowski; Adeline Hambley
Subject: Fwd: Budget Numbers
Attachments: FY24 Reductions.docx

See attached and Nina's note below to have a sense of where we stand right now.

Alison is working on edits for Addie's high level response to Mr. Gibbs' request for serviceable levels for mandated/required programs.

Next is drafting easy to understand impacts to programs for release late tomorrow or after Tuesday, based on how the public hearing meeting goes.

Marcia Mansaray, M.Sc.
Deputy Health Officer
Ottawa County Public Health
Office: (616) 494-5598

From: Nina Baranowski <nbaranowski@miottawa.org>
Sent: Monday, September 11, 2023 8:49:21 AM
To: Marcia Mansaray <mmansaray@miottawa.org>; Karen Karasinski <kkarasinski@miottawa.org>
Cc: Adeline Hambley <ahambley@miottawa.org>
Subject: RE: Budget Numbers

Good morning, Marcia-

Attached is the list of ideas that you and I put together (options to balance the budget for programs with major cuts) last week. The last page of the document (column that is green), shows what each ORG is currently (with CAP and indirect respread) without any additional FTE (Family Planning, Real Estate, Health Education, etc.). The CAP and indirect will have to be respread again once decisions are solidified around FTE reductions. The green column shows you what the current budget reductions would need to be in each program (ORG). For MOS, we did backout the Oral Health Supervisor because we wanted a more realistic spread of PH admin and CAP to the other programs.

The green column also reflects the reductions we identified in the PH admin ORG (itemized below):

PS000312

Adeline Hambley

From: Lisa Uganski
Sent: Monday, September 11, 2023 11:27 AM
To: Marcia Mansaray; Alison Clark; Sandra Lake; Deborah Price; Spencer Ballard
Cc: Nina Baranowski; Adeline Hambley
Subject: RE: Budget Numbers

Thanks Marcia and Nina. One thing I did notice under Health Education is that it says, "7 of 6 positions filled." I believe it should say 6 of 7.

Lisa Uganski, MPH, RD, CHES
(she/her/hers)
Health Planning & Promotion Manager
12251 James Street, Suite 400 I Holland, MI 49424
Office: (616) 393-5770 I Fax (616) 393-5624

miOttawa Department of
Public Health

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From: Marcia Mansaray <mmansaray@miottawa.org>
Sent: Monday, September 11, 2023 10:59 AM
To: Alison Clark <aclark@miottawa.org>; Sandra Lake <slake@miottawa.org>; Lisa Uganski <luganski@miottawa.org>; Deborah Price <dprice@miottawa.org>; Spencer Ballard <sballard@miottawa.org>
Cc: Nina Baranowski <nbaranowski@miottawa.org>; Adeline Hambley <ahambley@miottawa.org>
Subject: Fwd: Budget Numbers

See attached and Nina's note below to have a sense of where we stand right now.

Alison is working on edits for Addie's high level response to Mr. Gibbs' request for serviceable levels for mandated/required programs.

Next is drafting easy to understand impacts to programs for release late tomorrow or after Tuesday, based on how the public hearing meeting goes.

Marcia Mansaray, M.Sc.
Deputy Health Officer
Ottawa County Public Health
Office: (616) 494-5598

PS000313

Adeline Hambley

From: Nina Baranowski
Sent: Monday, September 11, 2023 11:55 AM
To: Marcia Mansaray; Alison Clark; Sandra Lake; Lisa Uganski; Deborah Price; Spencer Ballard
Cc: Adeline Hambley
Subject: RE: Budget Numbers

Follow Up Flag: Flag for follow up
Flag Status: Flagged

Hey team- As a side note, just remember that if staffing reductions do take place, HR will need to identify who that is (seniority, bargaining agreements, etc.). So please ignore position numbers (which identify a employee) as I expect some changes there.

Thanks,

Nina

From: Marcia Mansaray <mmansaray@miottawa.org>
Sent: Monday, September 11, 2023 10:59 AM
To: Alison Clark <aclark@miottawa.org>; Sandra Lake <slake@miottawa.org>; Lisa Uganski <luganski@miottawa.org>; Deborah Price <dprice@miottawa.org>; Spencer Ballard <sballard@miottawa.org>
Cc: Nina Baranowski <nbaranowski@miottawa.org>; Adeline Hambley <ahambley@miottawa.org>
Subject: Fwd: Budget Numbers

See attached and Nina's note below to have a sense of where we stand right now.

Alison is working on edits for Addie's high level response to Mr. Gibbs' request for serviceable levels for mandated/required programs.

Next is drafting easy to understand impacts to programs for release late tomorrow or after Tuesday, based on how the public hearing meeting goes.

Marcia Mansaray, M.Sc.
Deputy Health Officer
Ottawa County Public Health
Office: (616) 494-5598

From: Nina Baranowski <nbaranowski@miottawa.org>
Sent: Monday, September 11, 2023 8:49:21 AM
To: Marcia Mansaray <mmansaray@miottawa.org>; Karen Karasinski <kkarasinski@miottawa.org>
Cc: Adeline Hambley <ahambley@miottawa.org>
Subject: RE: Budget Numbers

Good morning, Marcia-

PS000314

Adeline Hambley

From: John Gibbs
Sent: Monday, September 11, 2023 1:46 PM
To: Adeline Hambley
Cc: Karen Karasinski; Nina Baranowski
Subject: RE: Quantifying Mandated Service Level Requirements

Hi Addie, good afternoon. Thank you for providing the requested information at your earliest convenience today.

Regards,

John Gibbs | *County Administrator*
12220 Fillmore Street | West Olive, Michigan 49460 | 616-738-4642

From: Adeline Hambley <ahambley@miottawa.org>
Sent: Saturday, September 9, 2023 3:06 PM
To: John Gibbs <jgibbs@miottawa.org>
Cc: Karen Karasinski <kkarasinski@miottawa.org>; Nina Baranowski <nbaranowski@miottawa.org>
Subject: Re: Quantifying Mandated Service Level Requirements

Draft

Hi John,

When do you want this information? I'll do my best to work on this as soon as possible, but my recollection is that the budgets originally submitted for the core essential/mandated programs were at the minimum levels in an attempt to keep budget flat for core (non-Covid) programs from last year. The identified community need programs (such as maternal infant health, and children's special healthcare, and dental program) budgets were also kept at levels that allow us to maintain same level of service as previous years.

It should also be noted that all positions that were added specifically for COVID are tied to the COVID grants, so once the COVID funding is removed from the budget those additional positions go away as well. Currently only 4.3 FTEs of the added COVID positions are filled, meaning all the remaining are vacant and all remaining public health staff are for core programs that existed pre-COVID.

The funding and service requirements are complex which is why we work closely with fiscal services for months creating the submitted budgets. I leave for a conference on Sunday evening and returning Tuesday evening, and I will need to touch base with fiscal services and managers on Monday, so it will be later Monday when I can share more detailed information.

Adeline Hambley, MBA, PMP, REHS

PS000315

From:	Alison Clark
Sent:	Monday, September 11, 2023 3:07 PM
To:	Adeline Hambley; Marcia Mansaray; Spencer Ballard; Lisa Uganski
Subject:	RE: DRAFT for Minimum Service Levels
Attachments:	2023.09.10 PH Minimum Service Levels.Version 2.docx

Addie,

Attached is a revised version of your document. Marcia and I didn't include any of the impacts. That feels like it should be a separate piece since John only asked for the minimum required service levels and documentation to support in his most recent email. If it's ok with Sarah, I would suggest sending the document attached here and the other attachments you had in your email. I think we can give a fuller picture of potential impacts if we don't try to combine it with the MPR information. Of course, if you want it added here, just let me know! Let me know if you have questions or want to see revisions.

From: Adeline Hambley <ahambley@miottawa.org>
Sent: Sunday, September 10, 2023 11:41 PM
To: Marcia Mansaray <mmansaray@miottawa.org>; Spencer Ballard <sballard@miottawa.org>; Lisa Uganski <luganski@miottawa.org>; Alison Clark <aclark@miottawa.org>
Subject: DRAFT for Minimum Service Levels

Hi everyone,

Attached word doc is draft response. Attached are various attachments that I would include—I focused on those programs that are essential or mandated programs identified for reduced funding. Spencer—you may have more recent assessments for Type 2. However, I don't think the standards have changed, so the FY21 assessment attached is likely ok. Lisa—I included you as well so that you can help with any needed information for health education/nutrition. I included Alison as she might have some ideas on how best to package the information.

Other items to consider:

- PHEP grant info not included (maybe Nina can pull grant requirements, or there is something else that should be included here for that?)
- I think it could be good to perhaps include potential negative impacts to the community beyond loss of state funding and LHD designation (so loss of local control)—the document everyone has been working on would need to be cleaned up and maybe just a highlight those programs impacted by potential cuts? (would need clarification from Fiscal Services on what those are since the numbers previously provided and the numbers in the budget posted on Friday do not line up)
- Not sure if we want to include some overall increases in services—like previously used for CD investigations and vacant land (pasted below)—perhaps others? Check-in with managers to see if there are similar graphs they can provide (again—would be beneficial to highlight those programs with proposed cuts due to limited time
- I attached the Powers and Duties section to relate to health education and nutrition, but I didn't include a paragraph in my draft response. I am not sure if it fits with flow to add a paragraph regarding health education/nutrition or if it would be better to have some graphs showing the number of families reached/people helped? I think it could be helpful to add a few sentences regarding the combining of health education and nutrition into one account for the FY24 budget, thus the increase in the amount requested for the health education line in 2024. However, the amount was reduced, and the nutrition budget line was left at zero---so reducing amount from what was originally requested essentially is cutting nutrition program in FY24 budget and this is a required mandated program. I think it could be beneficial to add this notation as well as some stats

PS000316

Adeline Hambley

From: Spencer Ballard
Sent: Monday, September 11, 2023 3:46 PM
To: Alison Clark; Adeline Hambley; Marcia Mansaray; Lisa Uganski
Subject: RE: DRAFT for Minimum Service Levels

This looks good to me. Maybe add to that second to last paragraph a statement that shows exactly how many FTE we had pre-covid, and how many we have now (without the grant staff positions) broken down by program area? I added part of a position to food safety during that time period, but I doubt many of the programs being targeted grew at all. That might add a bit of transparency to the claim that we are at about the same levels.

Spencer Ballard, RS, MPA
Environmental Health (EH) Manager
12251 James Street, Suite 200 I Holland, MI 49424
Office: (616) 393-5631

We value your feedback! Customer service is important to us, please ***CLICK HERE*** *to complete a brief survey about your experience.*

miOttawa Department of
Public Health

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From: Alison Clark <aclark@miottawa.org>
Sent: Monday, September 11, 2023 3:07 PM
To: Adeline Hambley <ahambley@miottawa.org>; Marcia Mansaray <mmansaray@miottawa.org>; Spencer Ballard <sballard@miottawa.org>; Lisa Uganski <luganski@miottawa.org>
Subject: RE: DRAFT for Minimum Service Levels

Addie,

Attached is a revised version of your document. Marcia and I didn't include any of the impacts. That feels like it should be a separate piece since John only asked for the minimum required service levels and documentation to support in his most recent email. If it's ok with Sarah, I would suggest sending the document attached here and the other attachments you had in your email. I think we can give a fuller picture of potential impacts if we don't try to combine it with the MPR information. Of course, if you want it added here, just let me know! Let me know if you have questions or want to see revisions.

From: Adeline Hambley <ahambley@miottawa.org>
Sent: Sunday, September 10, 2023 11:41 PM
To: Marcia Mansaray <mmansaray@miottawa.org>; Spencer Ballard <sballard@miottawa.org>; Lisa Uganski <luganski@miottawa.org>; Alison Clark <aclark@miottawa.org>
Subject: DRAFT for Minimum Service Levels

PS000317

Adeline Hambley

From:	Adeline Hambley
Sent:	Monday, September 11, 2023 5:39 PM
To:	John Gibbs
Cc:	Karen Karasinski; Nina Baranowski
Subject:	RE: Quantifying Mandated Service Level Requirements
Attachments:	2023.09.11 OCDPH PH Required Minimum Service Levels.pdf; I_2023 Regulations_Laws for LHDs.pdf; II_Food-Service_Cycle-8_MPR-and-Indicator-Guide-2-1.pdf; III_Communicable-Disease_Cycle-8_MPRs-and-Indicator-Guide.pdf; IV_Hearing_Cycle-8_MPRs-and-Indicator-Guide.pdf; IX_Family-Planning_Cycle-8_MPR-and-Indicator-Guide.pdf; Noncommunity Water Supply Ottawa FY21 Evaluation Summary.pdf; Private T3 Wells FY 2019 P3 Evaluation Report SA Only - completed.pdf; V_Immunization_Cycle-8_MPR-and-Indicator-Guide.pdf; VI_Onsite-Wastewater_Cycle-8_MPR-and-Indicator-Guide.pdf; VII_HIV-STI_Cycle-8_MPR-and-Indicator-Guide.pdf; VIII_Vision_Cycle-8_MPRs-and-Indicator-Guide.pdf

Hi John,

Attached is more information regarding the minimum service levels for mandated and essential services (named 2023.09.11 OCDPH PH Required Minimum Service Levels) as well as supporting documentation for minimum program requirements.

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

miOttawa Department of
Public Health

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From: John Gibbs <jgibbs@miottawa.org>
Sent: Monday, September 11, 2023 1:46 PM
To: Adeline Hambley <ahambley@miottawa.org>
Cc: Karen Karasinski <kkarasinski@miottawa.org>; Nina Baranowski <nbaranowski@miottawa.org>
Subject: RE: Quantifying Mandated Service Level Requirements

Hi Addie, good afternoon. Thank you for providing the requested information at your earliest convenience today.

Regards,

John Gibbs | *County Administrator*

Your September 8, 2023, email request at 7:09 pm states:

Hi Addie,

Good evening.

Please provide the minimum required service level for each mandated line item of the Public Health budget, as well as documentation to support the number given.

Thank you!

- John

The minimum service levels, or minimum program requirements (MPRs), for local health department (LHD) programs are established in various laws and statutes. MPRs are set and evaluated by the State of Michigan during accreditation to ensure that the local health department is meeting the minimum service requirements for their community. The attached Regulations and Laws document provides a summary of many of the laws and statutes that apply. The MPRs for the essential and mandated programs are also attached.

As the MPRs are the minimum requirements for programs receiving funds from the state, the State of Michigan evaluates LHD programs for compliance with the MPRs. Failure to meet the minimum requirements will result in action by the state. If cuts to programs are at such a level that the state anticipates that the LHD will be unable to meet the requirements, they can pre-emptively take action to ensure the community receives the services required by law. This action could be providing the funds that would have originally gone to Ottawa County to a neighboring LHD to provide services, thus forming a District Health Department, or the State of Michigan providing services.

The accreditation process that occurred in July, evaluated programs and compliance with MPRs. Ottawa County met the minimum requirements with staffing levels similar to those in 2019, prior to the COVID pandemic. No areas were identified that could withstand cuts to personnel or services while still meeting the minimum standards.

Minimum service levels can also be established locally. For example, in 2014 due to demand from builders, homeowners, and Realtors, the Board of Commissioners established a 10-business day or less turnaround time for well/septic permits and real estate transfer evaluations. As such, the minimum service level for these programs must meet the state established MPRs, and also be staffed at levels that allow for the standards set by the Board in the local code.

Some programs, such as the Private and Type 3 well program, are evaluated annually by the Michigan Department of Environment, Great Lakes, and Energy (EGLE). The Noncommunity Type 2 well program is similarly evaluated. Examples of these assessments are attached.

Michigan's Guide to Public Health for Local Governing Entities provides an overview of the legal authority for public health and the demonstration of provision of service, as well as provides an overview of public health.

PS000319

As the staffing needed to meet these MPRs will vary depending on population size and community needs, there is not a set number of employees for each program. Rather, the MPRs state specific metrics that must be met in the delivery of programs. The local health department is required to staff at a level which ensures delivery of programs and services to the community that meets these standards. For example, the Communicable Disease Program MPR 1.3 below. The program must be staffed at such a level to meet these requirements, as well as the others as stated in the attached 9 page document that outlines MPRs for this program.

Indicator 1.3

The local health department electronically submits CD cases and case report forms that are complete, accurate, and timely to MDHHS by utilization of the MDSS.

Note: A random sample of case reports will be pulled out of MDSS by the Reviewer prior to the Review for evaluation of this indicator.

This indicator may be met by:

- Evidence of MDSS and case report form utilization; **AND**
- Entry within 1 business day of received CD reports into the MDSS; **AND**
- Within 7 days of receipt, at least 90% of case demographic data (name, address, age/date of birth, sex, race, and ethnicity) and pertinent case data (onset date, diagnosis date, hospitalization status) is completed in MDSS; **AND**
- Upon case completion, at least 90% of the detailed case report form's available fields are accounted for/filled in/completed. Information that cannot be obtained should be documented. To meet this indicator, 90% of the cases pulled by the Reviewer (e.g., 18/20) will have to meet the above criteria; **AND**
- Cases are updated, reactivated, and/or reclassified in MDSS as new information is obtained (e.g., laboratory serogroups and serotype results, patient outcome, and outbreak identification).
- **(Special Recognition)** The local health department may also have an internal review or audit process for improvement of data quality.

The current staffing levels maintained in my original budget request of $6,678,063 from the general fund allows us to meet the MPRs and other program requirements as required in statute for essential and mandated programs. In addition, as I mentioned in my email response to your request on Saturday, September 9, for the identified community need programs (Maternal Infant Health, Children's Special Health Care Services, and dental services) the original budget request stated the amount that allows us to maintain the same level of service as previous years.

The current proposed budget of $4,606,006 from the general fund may require reducing staffing to a level that will not allow us to meet minimum program requirements in some areas (Immunizations, Sexually Transmitted Disease, Communicable Disease, Real Estate Transfer Evaluations, Family Planning, Health Education and Nutrition/Wellness). Failure to meet these MPRs will risk loss of state funding and our designation as a local health department.

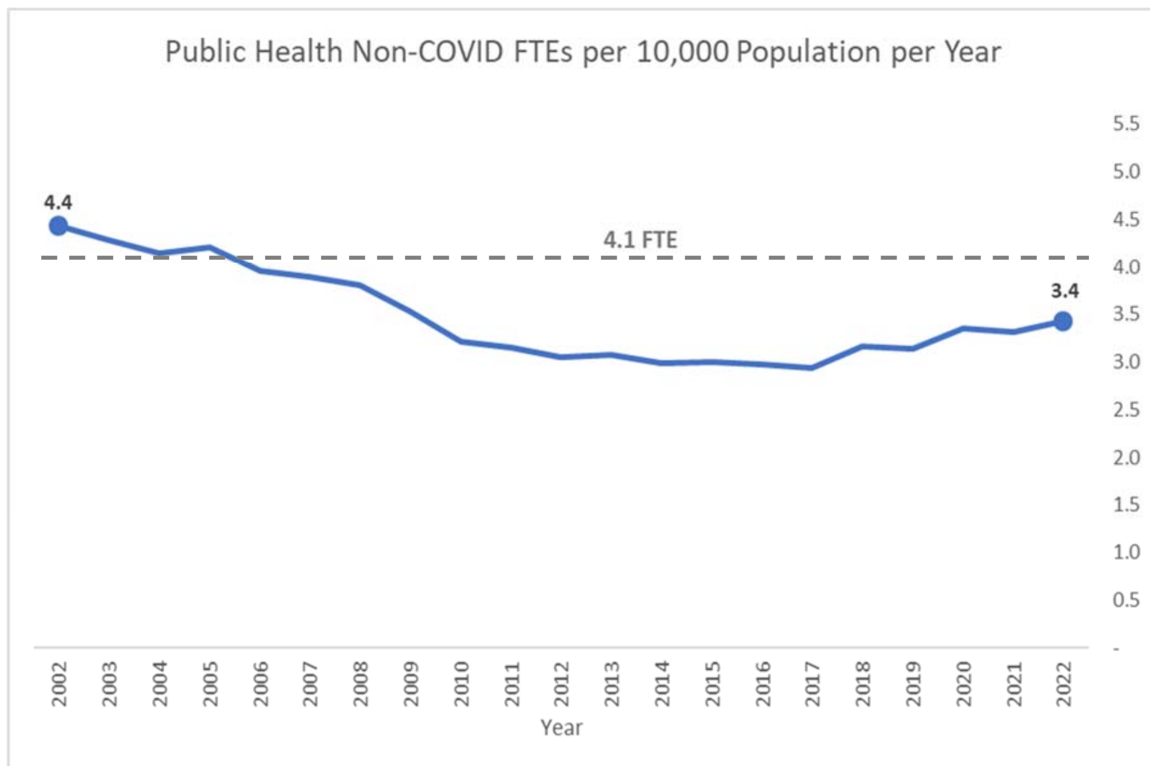
As I also mentioned in my email response to you, it should be noted that all COVID specific positions are tied to the COVID grants. Currently, there are only 4.3 FTEs of the added COVID positions that are filled by temporary staff, meaning all the remaining COVID positions that were created are vacant. Once COVID funding is removed from the budget, the 4.3 FTE positions will also go away. The approximately 100 remaining public health staff are for core programs that existed pre-COVID.

PS000320

Finally, it should also be noted that OCDPH has not had the luxury of having staffing greater than the minimum levels since before 2008. The graph shown below in Figure 1 provides a historical view of core Public Health staffing in Ottawa County from 2002 to 2022, and how it compares to the average of local health departments in the United States. As a medium-sized county, OCDPH has been consistently staffed below the U.S. average for local health department staffing per 10,000 population and has been under the U.S. average since 2006.

The blue line represents Ottawa County staffing, and the dashed gray line indicates the U.S. average since 2016. The U.S. average local public health staffing was higher in the years before 2016.

Figure 1[1].



Adeline Hambley
Administrative Health Officer

[1] 2019 National Profile of Local Health Departments

PS000321

The following is a summary of laws applicable to Local Public Health (this is not an exhaustive list):

Public Health Code (PA 368 of 1978), MCL 333.1101, et. seq., as amended
MCL § 333.1105 (2) – Definition of "Local public health department"
MCL § 333.1105 (3) – Definition of "Local health officer"
MCL § 333.1111 (2) – Protection of the health, safety, and welfare
Part 22 (MCL §§ 333.2201 *et seq.*) – State Departments
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 (General Provisions)
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 Services
Part 92 (MCL §§ 333.9201 *et seq.*) – Immunization
Part 93 (MCL §§ 333.9301 *et seq.*) – Hearing and Vision Testing and Screening; Oral Health Screening
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

Appropriations (Current as of December 2022: Public Act 166 of 2022-23)
Sec. 218 – Basic Services
Sec. 1222 – Essential Local Public Health Services (ELPHS)

Michigan Office of Attorney General (OAG) 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
OAG, 1989-1990, No. 6650 – LHD procedures for establishing sanitation fees for food service establishments
OAG, 1995-1995, No. 6891 – Application of Administrative Procedures Act of 1969 (APA) to LHD
OAG, 2007, No. 7205 – LHD's authority concerning immunization requirements

Food Law (Public Act 92 of 2000, as amended)
MCL § 289.1109 – Definition of "Local Health Department"
MCL § 289.3105, et seq. – Enforcement, Delegation to Local Health Department

Natural Resources and Environmental Protection Act (Public Act 451 of 1994, as amended)
Part 31 (MCL §§ 324.3101, et seq.) – Water Resources Protection
Water Resources Protection, Part 22 (R 323.2201, et seq.) – Groundwater Quality Rules (on-site wastewater treatment)
Part 115 (MCL §§ 324.11501, et seq.) – Solid Waste Management
Part 117 (MCL §§ 324.11701, et seq.) – Septage Waste Services

Land Division Act (Public Act 288 of 1967, as amended)
MCL § 560.105(g) – Preliminary Plat Approvals
MCL § 560.109a – Parcels Less Than One Acre
MCL § 560.118 – Health Department Approval

Condominium Act (Public Act 59 of 1978, as amended)
MCL § 559.171a – Approval of Condominium Project Not Served by Public Sewer and Water

Safe Drinking Water Act (Public Act 399 of 1976, as amended)
MCL § 325.1016 – Agreements to Administer Act; Public Water Supplies

Housing Law of Michigan (Public Act 167 of 1917, as amended) Section 85
MCL § 125.485 – Health order; infected and uninhabitable dwellings to be vacated

Ottawa County Codes and Regulations
Ottawa County Solid Waste Management Plan
Ottawa County Code Book Article 2 – Environmental Ordinances
- 200.1 Landfill Operational Standards
- 200.3 Phosphorous Use Regulation
- 200.4 Pollution Control
  - 200.4.1 Groundwater Use Ordinance (SW Landfill Vicinity)
  - 200.4.2 Ground Use Ordinance (SW Landfill)

Ottawa County Environmental Health Regulations, as amended July 26, 2016
Regulation Eliminating Smoking in Public and Private Worksites and Public Places, as amended

This document may serve as a survey of appropriate laws but shall not be considered exhaustive or as a limit to responsibilities required by law.

PS000323

Required Programs and Services

MCL 333.2235 gives authority to MDHHS to assign primary responsibility for the delivery of services to local health departments (LHDs) that meet the requirements set forth in Part 24 of the Public Health Code (see MCL 333.2235 et seq.).

MCL 333.2235 (2) provides, in part, that " ... a local health department that meets the requirements of Part 24 to be the primary organization responsible for the organization, coordination, and delivery of those services and programs in the area served by the local health department."

The OCDPH provides programs and services under the Comprehensive Agreement for local health departments contract (which includes contractual terms on behalf of the Michigan Department of Environment, Great Lakes, and Energy (EGLE), the Michigan Department of Agriculture and Rural Development (MDARD), and MDHHS) and the local health department agreement with EGLE Drinking Water and Environmental Health Division contract. The OCDPH complies with all program requirements provided in state and federal mandates.

MATRIX OF SERVICES OF LOCAL PUBLIC HEALTH

Services	Rule or Statutory Citation	Required =	Basic	+ Mandated	+ ELPHS
		I	1A.	1B.	1C.
Immunizations	MCL 333.9203 R325.176 Annual appropriations act for MDHHS (example: P.A. 166 of 2022-23 Sec. 218 and 1222)	X	X	X	X
Infectious/ Communicable Disease Control; Reporting (General)	MCL 333.2433; Part 51, MCL 333.5101 et seq.; Part 52, MCL 333.5201 et seq.; R 325.171 et seq.; Annual appropriations act for MDHHS (example: P.A. 166 of 2022 Sec. 218 and 1222)	X	X	X	X
STD Control	MCL 333.5117; R 325.174; R 325.175; R 325.177; Annual appropriations act for MDHHS (example: P.A. 166 of 2022 Sec. 218 and 1222)	X	X	X	X
TB Control	MCL 333.5117; R 325.174; R 325.175; Annual appropriations act for MDHHS (example: P.A. 166 of 2022 Sec. 218)	X	X	X	
Emergency Management – Community Health Annex	MCL 30.410; Annual appropriations act for MDHHS (example: P.A. 166 of 2022 Sec. 218)	X	X	X	

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Prenatal Care	Annual appropriations act for MDHHS (example: P.A. 166 of 2022)	X	X		
Family Planning Services for Indigent Women	MCL 333.9131; R325.151 et seq.	X		X	
Health Education	MCL 333.2433 (2) (d)	X		X	
Nutrition Services	MCL 333.2433 (2) (g)	X		X	
Oral Health Screening	MCL 333.9312; MCL 333.9316; MCL 333.16625 (2) Annual appropriations act (example: P.A. 166 of 2022)	X		X	
HIV/AIDS Services; Reporting, Counseling, and Partner notification	MCL 333.5114; MCL 333.5114a; MCL 333.5131 MCL 333.5923; R 325.174	X		X	
Care of Individuals with Serious Communicable Disease or infection	MCL 333.5117; Part 53, MCL 333.5301 et seq.; R 325.177	X		X	
Hearing and Vision Screening	MCL 333.9301; R 325.3271 et seq.; R 325.13091 et seq.; Annual appropriations act	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	
Uninhabitable Housing	Housing Law of Michigan, P.A. 167 of 1917 Section 85	X		X	
Public/Private Sewer	MCL 333.12751; MCL 333.12757; R 323.2210; R 323.2211	X		X	X
Food Protection	P.A. 92 of 2000 (MCL 289.3105); Annual appropriations act	X		X	X
Pregnancy Tests; Certification Forms	MCL 333.17015(18)	X		X	
Public/Private Water Supply	MCL 333.12701 et seq.; MCL 325.1001 et seq.; R 325.1601 et seq.; R 325.10101 et seq.	X		X	X
Sanitation & Environmental Protection	Natural Resources and Environmental Protection Act, Public Act 451 of 1994 – Part 115 Ottawa County Solid Waste Management Plan	X		X	

**All Rules and Statutory citations are "as amended."*

PS000325

Section II: Food Service

MPR 1
Plan Review

Materials necessary for auditing the MPR

- Plan review log book or tracking system
- Facility files selected for the review
- Department's program policy manual

Sample Selection:

- Use "Annex 6 - Office Sample Size Chart" to determine the number of records for review. The maximum sample size is ten.
- Follow "Annex 5 - Approved Random Sampling Methods" guide to select the sample.
- Using the logbook, randomly select the records for review for establishments that have been constructed, altered, converted, or remodeled since the last Review Cycle. If possible, do not select facilities that were reviewed using the April 28, 2003 memo for pre-existing food service establishments. Limit the sample to only those establishments for which the plans review process has been fully completed.

Program Indicators:

- Does the department review complete sets of plans and specifications?
  a. Application form/transmittal letter summarizing scope of plans or project (FL 6105)
  b. Completed worksheet
  c. Menu
  d. Standard Operating Procedures (SOP)*
  e. Layout (plans), including scaled drawings**
  f. Equipment specifications or equivalent information such as make and model number
  g. A copy of the pre-opening evaluation report is in the file
  h. The evaluation report has a notation which indicates the establishment is approved to operate
  i. The evaluation report verifies that there were no Priority, or no more than two Priority, foundation violations present prior to opening
  j. Use of plan reviewer's checklist
  k. Calculations to show what is needed and what is proposed for hot water, dry storage, and refrigerated storage for all establishments, including documentation of approval for less than the required calculations, engineering documentation, or other justification for approval
  l. Applicant is informed in writing of any deficiencies - All identified deficiencies are addressed in writing, email, a documented phone call, or on revised plans
  m. Plan approval letter is in the file that includes reference to a unique identifier (i.e. date, location address, specified code number) marked on the approved plans and specifications - See MDARD "Model Plan Review Approval" letter for an example

(Note: Scope of project should be on the application/transmittal letter but may be found elsewhere in the plan review paperwork.)

PS000326

Section II: Food Service

*Acceptable SOP Documentation:
1. A notation on the plan review checklist to indicate either:
   - SOPs have been submitted in compliance with the requirements of the Food Code; or
   - SOPs are not required (construction does not affect operation – i.e. new walk-in cooler).

OR

2. When SOPs are reviewed just prior to opening, notations on the pre-opening EVALUATION report to indicate that SOPs have been submitted in compliance with the requirements of the Food Code have been established.

OR

3. Use of the "SOP Cover Sheet" which was designed to document SOP review.

Actual SOP documents do not have to be maintained in the plan review file, since they may consist of CDs, videos, etc., or an office may maintain a copy of a chain's SOPs in a central file.

**Scaled drawings mean either:
1. Drawings that are proportional between two sets of dimensions (i.e. 1/4 inch of the drawing = 1 foot of the actual object); or
2. All objects on the drawing are proportional in size to each other. Dimensions are included.

An establishment file will be considered to meet the standard when 80% of the program indicators reviewed are met. The evaluation may be terminated when 40% of the files selected for review indicate the MPR is "Not Met."

<u>How to judge compliance with MPR 1</u>

- **Met** – 80% of the establishment files evaluated indicate that the department reviews complete sets of plans and properly documents the plan review process.
- **Not Met** – Overall, less than 80% of the evaluated files meet the indicators; the plan review process does not assure complete sets of plans and the plan review processes are poorly documented (give specific examples and percentages).

<u>Tips for passing MPR 1</u>

- If plan review training is necessary, contact your Michigan Department of Agriculture and rural Development (MDARD) Plan Review Specialist. Use MDARD's plan review manual, checklist, calculators, and other plan review form letters and materials.
- Organize the records to be audited. Arrange the files in chronological order. Fasten the material together so that it cannot fall out of the file and become disorganized. Discard materials that were either not required to be submitted or used during the review.
- Review the MDARD's "Sanitarian Training Module on Plan Review."
- Conduct quality control evaluations of selected completed plan reviews.

PS000327

Section II: Food Service

MPR 2
Evaluation Frequency

Materials necessary for auditing the MPR

- MDARD print-out of licensed establishments
- Local health department files
- Local health department database (optional)

Sample Selection

- This sample of fixed food service establishments is used to evaluate MPRs 2, 4, 5, 6, 7, and 8.
- Use "Annex 6 - Office Sample Size Chart" and "Annex 5 - Approved Random Sampling Methods" guide to determine the number of establishments for review.
- Where there are multiple offices, a proportional sample should be selected to reflect the percentage of establishments regulated by each individual office (i.e. 35% of the establishments are located in County A and 65% are in County B).
- If possible, make certain the total sample size includes at least one (1) mobile food service establishment, and one (1) special transitory food unit (STFU) file.
- Obtain the folder for each of the establishments in the sample.

Program Indicators

- Discussion: Not all of the establishments in the sample require the same number of evaluations. Variations may be due to the fact that some establishments may have either opened or closed during the three-year review period. Some may be seasonal operations. Some may have been evaluated shortly before the review period thus pushing the first evaluation six (6) months back into the review period. Some may be using the Risked Based Evaluation Schedule (see MDARD memo dated November 13, 2008.) The evaluation must take these factors into consideration.

- Evaluation Method (Example for facilities using a six-month evaluation schedule.): Determine the number of evaluations that were required and actually conducted during the three year review period. Start with the first evaluation in the review period.

- Examples:
    a. Regular fixed: Count forward from the first evaluation in the review period in six-month intervals. At each interval, determine if an evaluation has been made. Allow one extra month grace period. Determine the percentage of evaluations that were made at the required intervals for each folder.

       Example folder for Bill's Burgers
       Accreditation period: February 10, 2003 – February 10, 2006
       First Evaluation: April 20, 2003
       Next routine: November 15, 2003 (ok < 7 months from last evaluation)
       Next routine: May 10, 2004

PS000328

Next routine Missed – no evaluations
Next routine: April 30, 2005
Next routine: November 13, 2005 (ok < 7 months from last evaluation)
Number of required Evaluations = 6
Number of evaluations conducted at proper frequency = 5
Percentage of evaluations = 83%

b. Seasonal Fixed Establishments: Determine if one evaluation was made during each operating season in the review period. (NOTE: Seasonal establishments under the Food Law, are required to have one inspection which can be done any time throughout the operating season. A seasonal fixed operation that is established under an RBE schedule to be evaluated every 12 months may show a frequency of every 12 months, but must minimally show an evaluation at least once in operating period.) Determine the percentage of evaluations that were made at the required interval for each establishment.

Example folder for Seasonal Fixed: Clarkston Dairy Fill
Accreditation Period: February 10, 2003 – February 10, 2006
Operating period: May - October
First evaluations in period: May 20, 2003
Next routine: August 30, 2004
Next routine: September 30, 2005
Next routine: No evaluation (OK- not due until October 2006)
Number of evaluations due = 3
Number of evaluations conducted at proper frequency = 3
Percentage of evaluations = 100%

1. **How to judge compliance with MPR 2**
   - Evaluation frequency based upon Food Law, Section 3123.
   - An individual establishment will be considered to meet evaluation frequency when 80% of the required routine evaluations have been made (i.e. six evaluations required; five evaluations conducted).
   - **Met** – 80% of the establishments in the sample meet evaluation frequency (i.e. if there are 22 establishments in a sample, 18 establishments are required to meet evaluation frequency).
   - **Met with Conditions** – Less than 80% of the establishments in the sample meet evaluation frequency; however, at least 80% of the total number of evaluations required for all of the establishments in the sample have been conducted. This indicator will be required to be met at the next scheduled accreditation evaluation. Failure to meet this indicator at the next evaluation will result in a "Not Met."
   - **Not Met** – Less than 80% of the establishments meet evaluation frequency requirements. Less than 80% of the total number of evaluations required for all of the establishments in the sample have been conducted.

EVALUATION FREQUENCY USING A RISKED BASED EVALUATION SCHEDULE

PS000329

Section II: Food Service

A local health department may utilize an optional Michigan Department of Agriculture and Rural Development (MDARD) "Risk Based Evaluation Schedule." For those agencies, evaluation frequencies will be audited utilizing that schedule. See Risked Based Evaluation Schedule, MDARD memo dated November 13, 2008.

Tips for Passing MPR 2

- Arrange files in chronological order.
- Schedule routine evaluations to be conducted one month prior to the next evaluation due date. This will allow a 60-day window for meeting the MPR.
- Plan ahead. Each local health department has the option of using a Risk Based Evaluation Schedule to manage their program more effectively. If a facility is on a reduced evaluation schedule, have the new schedule clearly designated, so the auditor can determine frequency compliance. (Example: marked in the file or in a database, etc.)

PS000330

Section II: Food Service

MPR 3
Temporary Food Service Establishment Evaluations

Materials necessary for auditing the MPR

- Local health department temporary food service establishment files (licenses and evaluations) for the three- year review time period.

Sample Selection

- Use the "Annex 6 – Office Sample Size Chart" to determine the number of records for review.
- Use "Annex 5 – Approved Random Sampling Methods" to select the sample.
- Use the total number of temporary food service establishment licenses issued over the past three years as the basis for determining sample size. (The annual number of licenses may be located on the MDARD Annual Report. Use this number and multiply by three to obtain the number of licenses over the three-year review period.)
- Where there are multiple offices, a proportional sample should be selected to reflect the percentage of establishments regulated by each individual office (i.e. 35% of the establishments are located in County A and 65% are in County B).
- Select a proportional amount for each year reviewed.

Program Indicators

- Determine if the local health department has conducted an operational evaluation OR office consultation, for low risk establishments only, of each temporary food service establishment prior to licensure.
- Determine if the temporary food establishment application sections of page one: Applicant/Business Contact Information, Public Event Information, and the Food column of the table on page two are completed. Determine if all fields of the license form have been completed with the evaluation date, the date the license was approved, and the sanitarian's signature. Determine if Appendix A of the application form when used has been completed.
- Determine if a temporary food service license was issued with uncorrected Priority or more than two uncorrected Priority Foundation violations.

Note: As stated in FL section 3115(3): "If a temporary food establishment (TFE) will serve only low-risk food, instead of conduction of an inspection under subsection (2), a LHD, based on a public health risk assessment, may conduct an in-office consultation, including food safety education, and operational review of the proposed temporary food establishment with the license applicant. The person in charge of the TFE must be present during the in-office consultation."

A notation on the Temporary Food License that an office consultation was conducted or other similar documentation will meet this indicator.

An individual licensing record would not be considered to meet the standards if any one of the above conditions is observed.

How to judge compliance with MPR 3

- **Met** – At least 80% of the licensing records in the sample meet the standards.
- **Met with Conditions** – Overall, operational evaluations are being properly conducted and there are no unresolved critical violations in at least 80% of the records in the sample; however, there are some occasional recordkeeping problems that tip the scale below the 80% cut-off. This indicator will be required to be met at the next scheduled accreditation evaluation. Failure to meet this indicator at the next evaluation will result in a "Not Met."
- **Not Met** – Less than 80% of the licensing records in the sample meet the standards.

Tips for passing MPR 3

- Conduct an operational evaluation OR office consultation visit of all temporary food service establishments prior to licensure.
- Use the MDARD "Food Service Establishment Evaluation Report," form (FI-214).
- Review the application, license, and evaluation reports to make certain they are complete and accurate.
- Do not make notes on evaluation reports that resemble violations (i.e. hold all cold foods at 41°F and below). Use "Fact Sheets," "Temporary Food Establishment Operations Checklist," etc. to convey educational information.
- All Priority or more than two Priority Foundation violations must be corrected before issuing a Temporary Food Establishment License.
- Conduct quality assurance reviews of the completed licenses and evaluation.

PS000332

Section II: Food Service

MPR 4
Evaluation Procedures

Materials necessary for auditing the MPR

- The materials and sample used to evaluate MPRs 2 and 3 are used to evaluate MPR 4.

Program Indicators

- Determine if the local health department uses an evaluation report form approved by MDARD.
- Administrative information about the establishment's legal identity, address, and other information is entered on the evaluation report form.
- The report findings properly document and identify Priority, Priority Foundation, and Core violations.
- The evaluation report summarizes the findings relative to compliance with the law.
- The report is legible.
- The report conveys a clear message.
- The narrative clearly states the violations observed and necessary corrections.
- Timeframes for correcting Priority, Priority Foundation, and Core violations are specified.
- The evaluation report is signed and dated by the sanitarian.
- The evaluation report is signed by an establishment representative.

(Note: The pre-opening inspection that is marked "Approved to Open" is considered to be a routine inspection.)

An establishment folder will be considered to meet the standard when 80% of the evaluation records reviewed meet all of the above concerns (i.e. five out of six evaluation reports meet all of the standards).

How to judge compliance with MPR 4

- **Met** – 80% of the establishments in the sample meet the standard.
- **Met with Conditions** – Priority, Priority Foundation, and Core violations are being properly identified in 80% of the establishments. Approved evaluation report forms are used; however, occasional clerical omissions bring the compliance rate slightly below 80%. This indicator will be required to be met at the next scheduled accreditation evaluation. Failure to meet this indicator at the next evaluation will result in a "Not Met."
- **Not Met** – Less than 80% of the establishments in the sample meet the standard.

Tips for passing MPR 4

- Use an approved computer generated evaluation report writing system.
- Use the MDARD evaluation report form.
- Develop an in-house quality assurance system whereby a supervisor or trainer reviews reports periodically.

PS000333

MPR 5

Demonstration of Staff Field Review

Materials necessary for auditing the MPR

# inspectors per agency	Establishments visited per agency
1-2	Minimum of 2 inspections
3-6	4 inspections
7+	75% of inspectors, max of 12 inspections

- Show demonstration of risk-based evaluations by a variety of program staff, when possible, each establishment visit must be with a different inspector. A maximum of one standardized trainer who is currently conducting routine inspections may be used.
- A list of all staff doing routine inspections shall be provided to MDARD prior to the audit. The list of inspectors going out with MDARD will be provided to the local health department on the Friday prior to the audit. MDARD will use a random number generator to choose the inspectors being evaluated, and MDARD will also chose the establishments by random numbers. Only high risk facilities (Z) will be chosen for this review.
- Demonstrate that Risk Factors and Good Retail Practices in the establishments are correctly identified and resolved. MDARD will use the Accreditation MPR 5 Field Worksheet for scoring the inspections.

How to judge compliance with MPR 5

- **Met** – 80-100% department compliance with risk based evaluation methodology.
- **Met with Conditions** – 70-79% department compliance with risk-based evaluation methodology.
- **Not Met** – Less than 70% department compliance with risk-based evaluation methodology.

Tips for passing MPR 5

- Make certain staff is appropriately trained to conduct risk-based evaluations.
- Have inspectors document observed violations, whether corrected at time of evaluation or not.
- Conduct internal quality assurance audits to make certain that staff is properly identifying intervention and risk factor violations and good retail practice violations.
- Utilize the Accreditation MPR 5 Field Worksheet or similar document when training and/or evaluating food service inspection staff.

PS000334

Section II: Food Service

MPR 6
Records

Materials necessary for auditing the MPR/Sample Selection

- The materials and sample used to evaluate MPRs 1, 3, 4, 9, and 10 are used to evaluate MPR 6.

Program Indicators

- Records are maintained in accordance with "Annex 3 – Excerpt from MDCH General Schedule #7."
- The local health department staff can retrieve the records necessary for the audit.
- Applications and licenses are processed in accordance with law. Complete application information includes:
  a. The date of issuance
  b. The date(s) of operational inspections for STFUs
  c. Signatures (approved electronic signatures are acceptable) of the operator and signature of a person designated by the department and/or their assignees are provided
  d. Pre-opening evaluation report is dated either before, or on the same day the license is signed

How to judge compliance with MPR 6

- **Met** – 80% of overall records are in compliance.
- **Met with Conditions** - 70-79% of compliance overall record keeping.
- **Not Met** – Less than 70% of compliance in record keeping.

Tips for passing MPR 6

- Assign one person the responsibility for maintaining the filing system.
- Use "out-cards" when removing records from the filing system.
- Do not hold licensing materials. Process them immediately. Follow the enforcement procedure if there are problems preventing licensure.

PS000335

Section II: Food Service

MPR 7
Enforcement

Materials necessary for auditing the MPR

- Copy of the local health department's enforcement policy.
- The records and sample used to evaluate MPR 4.

Program Indicators

- Determine if the enforcement policy affords notice and opportunity for a hearing equivalent to the Administrative Procedures Act, Act 306 P.A.1969.
- The policy is compatible with Chapter 8 of the 2009 Food Code, and the Michigan Food Law.
- Determine if the department's policy has enforcement procedures for addressing unauthorized construction, operating without a license, imminent health hazards, continuous or recurring Priority and Priority Foundation violations.
- Verify if the policy has been adopted and signed by the health officer or designee.
- Review the past three years of evaluation reports from the sample of establishments to determine if the department's enforcement policy is being followed. An individual establishment folder will be considered to be in compliance when the appropriate action specified in the enforcement policy is taken to eliminate (see MDARD's "Model Enforcement Policy" for definitions):
  - Operation without a license.
  - Imminent health hazards.
  - Continuous Priority, Priority Foundation, and Core violations.
  - Recurring Priority and Priority Foundation violations.

How to judge compliance with MPR 7

- **Met** – At least 80% of the establishment folders reviewed indicate the enforcement policy is being followed. An enforcement policy that meets the evaluation criteria has been adopted.
- **Met with Conditions** – An enforcement policy that meets the evaluation criteria has been adopted. At least 80% of the establishment folders indicate the enforcement policy is being followed; however, there is at least one example of a significant lack of enforcement action that could have public health consequences. This indicator will be required to be met at the next scheduled accreditation evaluation. Failure to meet this indicator at the next evaluation will result in a "Not Met."
- **Not Met** – Less than 80% of the establishment folders indicate the enforcement policy is being followed. An enforcement policy that meets the evaluation criteria has not been adopted.

Tips for passing MPR 7

- Use MDARD's "Model Enforcement Policy."
- Make certain that the model has been adopted by the health officer or designee. The mere presence of a draft of MDARD's model policy in a folder is not sufficient.
- Conduct routine quality assurance reviews to make certain staff are following the enforcement policy.

Section II: Food Service

MPR 8
Follow-up Evaluation

Materials necessary for auditing the MPR/ sample selection

- The materials and samples used to evaluate MPR 4 are used to evaluate this MPR.

Program Indicator

- A follow-up evaluation shall be conducted by a local health department, preferably within 10 calendar days, but no later than 30 calendar days, to confirm correction of all previously identified Priority and Priority Foundation violations
- Information about the corrective action is described on the evaluation report. This includes violations that are corrected at the time of evaluation. For evaluations that do not require an onsite follow-up review, see MDARD memo dated 2-19-10
- A separate report form is used to record the results of the follow-up evaluation.
- An individual establishment will be considered to meet the standard when 80% of the follow-up evaluations are conducted within 30 calendar days.
- If not more than 2 Priority Foundation item violations are noted and the director determines that the violations are not a risk to food safety, the director may confirm correction of the priority foundation item violations at the next routine evaluation.

How to judge compliance with MPR 8.

- **Met** - at least 80% of the establishments in the sample meet the standard.
- **Not met -** less than 80% of the establishments in the sample meet the standard.

Tips for passing MPR 8

- Create a tracking system to assure that follow-up evaluations are conducted.
- Do not write phrases on the report such as "OK" and "Corrected" at time of evaluation for Priority and Priority foundation violations.
- Document the specific action that has been taken to correct the Priority or Priority foundation violations.

PS000337

Section II: Food Service

MPR 9
License Limitations

Materials necessary for auditing the MPR

- Local health department policy manual
- Local health department list of establishments having licenses limited during the Accreditation Review period

Sample Selection

- Ask the local health department for a list of establishments having a license limitation issued during the review period.

Program Indicators

- Determine if the reasons for limiting a license are in accordance with the Food Law:
  a. The site, facility, sewage disposal system, equipment, water supply, or the food supply's protection, storage, preparation, display, service, or transportation facilities are not adequate to accommodate the proposed or existing menu or otherwise adequate to protect public health.
  b. Food establishment personnel are not practicing proper food storage, preparation, handling, display, service, or transportation.
- Determine if proper notice of the limitations have been provided to the applicant along with an opportunity for an administrative hearing.

How to judge compliance with MPR 9

Note: It is unlikely that many licenses will have been limited over the three year review cycle; therefore, a percentage allowance is not feasible.

- **Met** – The department issues limited licenses in accordance with the Food Law.
- **Met with Conditions** – Overall the department issues limited licenses in accordance with the Food Law, but there are some minor deviations that need attention. This indicator will be required to be met at the next scheduled accreditation evaluation. Failure to meet this indicator at the next evaluation will result in a "Not Met."
- **Not Met** – The department does not issue limited licenses in accordance with the Food Law.

Tips for passing MPR 9

- Develop a form letter for issuing limited licenses that includes legal notice requirements.
- Develop an internal review procedure that promotes uniformity.

PS000338

Section II: Food Service

MPR 10
Variances

Materials necessary for auditing the MPR

- Local health department policy manual
- Local health department list of variances evaluated during the Accreditation Review period

Sample Selection

- Ask the local health department for a list of establishments having been issued a variance during the review period.

Program Indicators

- Determine if variances are required for specialized processing methods as required by Section 3-502.11 of the Food Code.
- Determine if the applicant's variance request is maintained in the file.
- Determine if the applicant has provided a statement of the proposed variance of the Food Code citing relevant code section numbers, an analysis of the rationale for how the public health hazards addressed by relevant code sections will be alternately addressed by the proposal, and a Hazard Analysis Critical Control Point (HACCP) plan if required (FC sections 8-103.11).
- Determine if staff is following the department's procedures.

How to judge compliance with MPR 10

Note: It is unlikely that many variances will have been issued over the three-year review cycle; therefore, a percentage allowance is not feasible.

- **Met** – The department issues variances in accordance with the Food Code.
- **Met with Conditions**– Overall the department issues variances in accordance with the Food Code but there are some minor deviations that need attention. This indicator will be required to be met at the next scheduled accreditation evaluation. Failure to meet this indicator at the next evaluation will result in a "Not Met."
- **Not Met** – The department does not issue variances in accordance with the Food Code.

Tips for passing MPR 10

- Develop in-house procedures for issuing variances.
- Form an internal review procedure that promotes uniformity.

PS000339

MPR 11

Consumer Complaint Investigation (Non-foodborne Illness)

Materials necessary for auditing the MPR

- Local health department complaint tracking system
- Selected complaint files
- Local health department policy manual

Sample Selection

- Use "Annex 6 - Office Sample Size Chart" to determine the number of records for review.
- Follow "Annex 5 - Approved Random Sampling Methods" guide to select the sample from the complaint tracking system.
- Use the total number of complaints received over the past three years as the basis for determining sample size.

Program Indicators

- Determine if a consumer complaint tracking system has been created.
- Determine if consumer complaint investigations are initiated within 5 working days.
- Determine if the findings (a brief notation that explains the results and conclusions of the investigation) are noted either in the logbook or on the filed complaint record.

How to Judge Compliance with MPR 11

- **Met** – The department maintains a consumer complaint tracking system. At least 80% of the records reviewed indicate the department initiates complaint investigations within five working days and documents the findings.
- **Met with Conditions** - The department maintains a consumer complaint tracking system. At least 80% of the records reviewed indicate the department initiates investigations within five working days, but there are some minor documentation problems. This indicator will be required to be met at the next scheduled accreditation evaluation. Failure to meet this indicator at the next evaluation will result in a "Not Met."
- **Not Met** – The department does not maintain a complaint log book and/or less than 80% of the records reviewed indicate the department initiates complaint investigations within five working days, and/or the department does not document the findings.

PS000340

Section II: Food Service

MPR 12

Staff Training and Qualifications - Technical Training

Materials Necessary for Auditing the MPR

- Training files for every new employee hired or assigned to the food service program during the last Accreditation Review period

Sample Selection

- The training record for each employee is reviewed.

Program Indicator

- Determine if the training record indicates each individual has completed training in the six designated skill areas:
  a. Public health principles
  b. Communication skills
  c. Microbiology
  d. Epidemiology
  e. Food Law, Food Code, related policies
  f. HACCP (must complete training within 12 months of being assigned to the program. Employees that are not fully assigned to the food program or part time employees have 18 months to complete training.)
- The local health department's judgment as to the completeness and complexity of the training for each skill area must be documented.
- Documentation of previous training or evaluations performed under a training plan by the Director of a new sanitarian that has completed training at another local health department or has similar experience.

Note: Employees only involved in the evaluation of specialty food service establishments are not included in the evaluation for MPR 12.

How to Judge Compliance with MPR 12

- **Met** – The training record for each employee indicates that training has been completed in the six designated skill areas within 12 months from the date of being assigned to the program. Employees that are not fully assigned to the food program or part time employees have completed training in18 months.
- **Met with Conditions** - The training record for each employee indicates that training has been completed in the six designated skill areas, but the training period exceeded 12 months for full time employees or 18 months for the employees that are not fully assigned to the food program. This indicator will be required to be met at the next scheduled accreditation evaluation. Failure to meet this indicator at the next evaluation will result in a "Not Met."
- **Not Met** – Either training records are not maintained or the records indicate that training has not been completed in the six designated skill areas.

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Tips for Passing MPR 12

- Completion of recommended ORA University (ORAU) curriculum or equivalent courses.
- To assess the technical training of a newly hired / newly assigned food inspector, use the Technical Training section of the MDARD: FOOD PROGRAM TRAINING NEWLY HIRED / NEWLY ASSIGNED FOOD PROGRAM INSPECTORS (Can be found in Resources for Regulators / Training http://www.michigan.gov/mdard/0,4610,7-125-50772_50775_51204---,00.html)
- To assess the technical training of a Previously Trained / Experienced Inspector, use the Technical Training Requirements section of the MDARD: FOOD PROGRAM TRAINING - Assessing the Risk Based Inspection Skills of a Previously Trained / Experienced Inspector (Can be found in Resources for Regulators / Training / http://www.michigan.gov/mdard/0,4610,7-125-50772_50775_51204---,00.html)

PS000342

MPR 13

Fixed Food Service Evaluation Skills

Materials Necessary for Auditing the MPR

- Training files for every new employee hired or assigned to the food service program during the last Accreditation Review period.

Sample Selection

- The training record for each employee is reviewed.

Program Indicator

- Determine if the training record indicates if 25 joint evaluations, 25 independent evaluations under the review of the "Standardized Field Trainer" (either on-site or paperwork review), and five standardization evaluation inspections have been conducted with the "Standardized Field Trainer" within 12 months of employment or assignment to the food program. Employees that are not fully assigned to the food program or part time employees have 18 months to complete training. Employees only involved in the evaluation of specialty food service establishments are exempt.
- Documentation of previous training or evaluations performed under a training plan by the Director of a new sanitarian that has completed training at another local health department or has similar experience.

How to Judge Compliance with MPR 13

- **Met** - The training record for each employee with no previous applicable experience indicates 25 joint evaluations with the standardized trainer, 25 independent evaluations under the review of the standardized trainer, and five evaluation inspections have been conducted with the standardized trainer within 12 months of employment or assignment to the food program. Employees not fully assigned to the food program have completed the training in 18 months.
- **Met with Conditions** – The training record for each employee indicates 25 joint evaluations, 25 independent evaluations under the review of the trainer, and five evaluation inspections have been conducted with the standardized trainer, but there is evidence that independent evaluations were being conducted prior to the completion of training. This indicator will be required to be met at the next scheduled accreditation evaluation. Failure at the next evaluation to meet this indicator will result in a "Not Met".
- **Not Met** – Either training records are not maintained or the records indicate 25 joint evaluations, 25 independent evaluations, and five evaluation inspections have not been completed within 12 months of employment or assignment to the food program, and the employee is conducting independent evaluations. For employees not fully assigned to the food program, training was not completed within 18 months of employment or assignment to the food program, and the employee is conducting independent evaluations.

Tips for Meeting MPR 13

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- A training assessment is recommended for a sanitarian new to a department who has become qualified and experienced while working in another local health department. The assessment should consist of a document review of the inspector's credentials as well as a field skill review. A training plan should be developed based on the review. To assess the training of a newly hired / newly assigned food inspector, use the Fixed Food Service Evaluation Skills Training section of the MDARD: FOOD PROGRAM TRAINING - NEWLY HIRED / NEWLY ASSIGNED FOOD PROGRAM INSPECTORS: (Can be found in Resources for Regulators / Training / http://www.michigan.gov/mdard/0,4610,7-125-50772_50775_51204---,00.html)
- To assess training of a Previously Trained / Experienced Inspector, use the Fixed Food Service Evaluation Skills Training Requirements section of the MDARD: FOOD PROGRAM TRAINING - Assessing the Risk Based Inspection Skills of a Previously Trained / Experienced Inspector: (Can be found in Resources for Regulators / Training / http://www.michigan.gov/mdard/0,4610,7-125-50772_50775_51204---,00.html)

PS000344

MPR 14

Specialty Food Service Evaluation Skills

Materials Necessary for Auditing the MPR

- Supervisor endorsement for every newly assigned employee to the specialty food service program. Employees include those who may be occasionally asked to evaluate specialty food service establishments (temporary, Special Transitory Food Unit, mobile).

Sample Selection

- Supervisor endorsement for each employee is reviewed.

Program Indicators

- Determine if the supervisor has endorsed all employees who evaluate specialty food service establishments (mobile, STFU, temporary) as having knowledge of the Food Law, Food Code, public health principles, and communication skills. Each employee must be endorsed for each type of specialty food service facility they evaluate. Automatic endorsement is received when an employee has met the requirements of MPR 12 and 13.

How to Judge Compliance with MPR 14

- **Met** – Supervisor endorsement for each newly assigned employee involved in the evaluation of specialty food service establishments is completed before conducting independent evaluations. OR the employee has met the requirements of MPR 12 and 13.
- **Met with Conditions** - The supervisor endorsement for each newly assigned employee involved in the evaluation of specialty food service establishments is completed, but a newly assigned employee conducted independent evaluations prior to supervisor endorsement. This indicator will be required to be met at the next scheduled accreditation evaluation. Failure to meet this indicator at the next evaluation will result in a "Not Met."
- **Not Met** – Supervisor did not evaluate and endorse a newly assigned inspector before conducting independent evaluations for each type of assigned establishment.

Tips for meeting MPR 14

- Develop a formal written training plan for employees occasionally assigned to various aspects of the program.
- Maintain a training folder for each employee.

PS000345

Section II: Food Service

MPR 15

Foodborne Illness Investigations- Timely Response

Materials Necessary for Auditing the MPR

- Local health department foodborne illness investigation policy manual
- Complaint log or tracking system
- MDARD list of local health department foodborne illness investigation reports
- Foodborne illness investigation records generated since the last Accreditation Review

Sample

- A maximum random sample of 10 foodborne illness investigation records for the review period will be evaluated.

Program Indicators

- Determine if foodborne illness complaint investigations are initiated within 24 hours. "Initiated" includes the initial contact, phone calls, file reviews, etc., made by the person responsible for conducting the investigation.
- Determine if the LHD has promptly reported potential foodborne outbreaks to MDARD by forwarding information required on the Form 'A" intake. (Pursuant to FL section 3129 (1))
- Determine if the LHD immediately notified MDARD when their investigation indicated that a source of a foodborne disease or poisoning was from an MDARD licensed Food Establishment by sending an FI-238. (Pursuant to FL section 3129(2))
- Determine if the local health department has submitted a copy of the final written report to the MDARD within 90 days after the investigation has been completed.

How to Evaluate Compliance with MPR 15

- **Met** – At least 80% of the foodborne illness investigations records reviewed contain all of the following elements: a) all foodborne illness complaint investigations are initiated within 24 hours, and b) all final written reports are submitted to MDARD within 90 days of investigation completion.
- **Met with Conditions** – Compliance with the above 70% of the time. This indicator will be required to be met at the next scheduled accreditation evaluation. Failure to meet this indicator at the next evaluation will result in a "Not Met."
- **Not Met** – Compliance with the above less than 70% of the time.

PS000346

MPR 16
Foodborne Illness Investigation Procedures

Materials Necessary for Auditing the MPR

- Local health department foodborne illness investigation policy manual
- Complaint log or tracking system
- Documentation of complaint log/tracking system reviews
- MDARD list of local health department foodborne illness investigation reports
- Foodborne illness investigation records generated since the last Accreditation Review

Sample

- A maximum random sample of 10 foodborne illness investigation records for the Review period will be evaluated.

Program Indicators

- Determine if the complaint log or tracking system is systematically reviewed each time a FBI complaint is received to determine if isolated complaints may indicate the occurrence of a foodborne illness outbreak.
- Determine if documentation of the date of the log review and who conducted the review is on the complaint intake form A or in the complaint database.
- Determine if the department has and follows standard operating procedures for foodborne disease surveillance and investigating foodborne illness outbreaks that include:
  a. A description of the foodborne illness investigation team and the duties of each member.
  b. Identify who will review log or tracking system for trends and how the reviews will be documented.
  c. Outline the methods used to communicate foodborne illness as stated in the Food Law 3131.(1) "A local health department shall develop and implement a communications system with other applicable governmental agencies, individuals, and organizations including, but not limited to, hospital emergency rooms and state and local police. The communications system shall provide the means to contact specific local health department employees and basic information necessary to initiate a foodborne illness outbreak investigation. The information provided in the communications system shall be updated annually."

- Determine if department uses the proper forms for investigating foodborne illness complaints.
  a. For all alleged FBI complaints a Form A or equivalent, and
  b. any of the following documents:
     (1) LHD Electronic database form
     (2) IAFP form C1/C2 OR equivalent
     (3) The Michigan Gastrointestinal Illness Complaint Interview Form
     (4) MDSS interview form or;
     (5) An outbreak-specific questionnaire (if one is used)
- Determine that copies of completed forms are available for review during the audit, may be electronic.

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- Determine if the department uses procedures consistent with those described in the International Association for Food Protection publication "Procedures to Investigate a Foodborne Illness, 5th edition" or as contained in section 3131(2) of the Michigan Food Law.

Note: Documentation of notification to other State or Local agencies is completed on Form A or other effective means as stated in MPR 15.

How to Evaluate Compliance with MPR 16

- **Met** – Standard operating procedures that meet MPR 16 are in place and are followed.
- **Met with Conditions** – Overall the department has and follows standard operating procedures that meet MPR16, however, some minor exceptions need to be addressed. This indicator will be required to be met at the next scheduled accreditation evaluation. Failure to meet this indicator at the next evaluation will result in a "Not Met."
- **Not Met** – Written operating procedures that meet MPR 16 have not been provided and/or the procedures outlined in MPR 16 for investigating foodborne illness outbreaks are not being followed.

Tips for Passing MPR 15 and 16

- Staff conducting foodborne illness investigations should periodically review "Procedures to Investigate Foodborne Illness, 5th edition" or as contained in section 3131(2) of the Michigan Food Law.
- Assemble the foodborne illness investigation team at least once annually to review procedures.
- Contact local governmental agencies and organizations at least annually to review foodborne illness reporting and investigation responsibilities. Be certain to include local hospitals and the medical community in the policy.

PS000348

Section II: Food Service

Important Factor I
Industry and Community Relations (Equivalent to FDA Retail Standard 7)

Important Factor 1a - Industry Education Outreach

Materials Necessary for Auditing Important Factor 1a

- Evidence of educational outreach to industry and community groups
- Completion of the attached forms is recommended
- Educational Outreach
  a. Outreach encompasses industry and consumer groups as well as media and elected officials.
  b. Outreach efforts may include industry recognition programs, websites, newsletters, *Fight BAC!*™ campaigns, food safety month activities, food worker training, school-based activities, customer surveys, or other activities that increase awareness of the risk factors, and control methods to prevent foodborne illness.
  c. Outreach activities may also include posting inspection information on a website or in the press.

How to Evaluate Compliance with Important Factor Ia

Met –Agency participation in at least one activity listed under the program indicator (educational outreach) annually is sufficient to meet this standard.

Tips for meeting important factor 1a

- Place food safety information on the department's website.
- Food safety training provided to the industry

OR

Important Factor 1b - Community Relations

Materials Necessary for Auditing Important Factor Ib

- Documentation to provide evidence of annual surveys or meetings held with industry and community for the purpose of soliciting food service program related recommendations and feedback

Program Indicators
- Community and Consumer Interaction
  a. The jurisdiction sponsors or actively participates in meetings such as food safety task forces, advisory boards, or advisory committees.
  b. These forums shall present information on food safety, food safety strategies, and interventions to control risk factors.
  c. Offers of participation must be extended to industry and consumer representatives.

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- Outcome
    a. The desired outcome of this standard is enhanced communication with industry and consumers through forums designed to solicit input to improve the food safety program.
    b. A further outcome is the reduction of risk factors through educational outreach and cooperative efforts with stakeholders.
- Documentation
    a. Quality records needed for this standard reflect activities over the most recent three-year period and include:
        1. Minutes, agendas, or other records that forums were conducted.
        2. For formal, recurring meetings, such documents as bylaws, charters, membership criteria and lists, frequency of meetings, roles, etc.
        3. Documentation of performed actions or activities designed with input from industry and consumers to improve the control of risk factors.
        4. Documentation of food safety educational efforts. Statements of policies and procedures may suffice if activities are continuous, and documenting multiple incidents would be cumbersome (i.e. recognition provided to establishments with exemplary records or an on-going website).

How to Evaluate Compliance with Important Factor Ib

- **Met** –Agency participation in at least one activity listed under the program indicator section for Important Factor 1b (industry and community relations) annually is sufficient to meet this standard.

Tips for meeting Important Factor 1b

- Example: Hold an annual meeting with a school or school district in your jurisdiction (industry involvement); invite the parent / teacher organization (community involvement); and discuss food safety and interventions to control risk factors.
- Place food safety information on the department's website.

Note: Special comments will be added if a LHD meets both Important Factor 1a and 1b.

PS000350

Section II: Food Service

Important Factor II
Continuing Education and Training

Materials Necessary for Auditing Important Factor II

- Certificates earned from the successful completion of course elements of the uniform curriculum
- Contact hour certificates for continuing education
- Other employee training records

Program Indicators

- Each employee conducting inspections accumulates 20 contact hours of continuing education every 36 months after the initial training (18 months) is completed. The candidate qualifies for one contact hour for each hour's participation in any of the following activities:
  a. Attendance at regional seminars / technical conferences
  b. Professional symposiums / college courses
  c. Workshops
  d. Food-related training provided by government agencies

- The number of contact hours of training can be pro-rated for employees who have been on the job less than the 36-month Review period. Employees who have limited food service responsibilities (i.e. inspect only temporary food service, or seasonal food service) are not obligated to meet Important Factor II requirements.

How to Determine Compliance with Important Factor II

- **Met** – Every employee assigned to the food service program has received at least 20 contact hours of training every 36 months after the initial training (18 months) is completed.

PS000351

Important Factor III
Program Support

Materials Necessary for Auditing Important Factor III

- The total number of full time employees (FTE) assigned to the food service program
- The total number of licensed food service establishments

Comment

- Important Factor III is derived from the U.S. Food and Drug Administration "National Recommended Retail Food Regulatory Program Standards; Standard 8 – Program Support and Resources." The FDA Standard 8 requires a staffing level of one FTE devoted to the food program for every 280 to 320 evaluations performed. Evaluations for the purpose of this calculation include routine evaluations, re-evaluations, complaint investigations, outbreak investigations, follow-up evaluations, risk assessment reviews, process reviews, variance process reviews, and other direct establishment contact time such as on-site training.
- An average workload figure of 150 establishments per FTE, with two evaluations per year, was originally recommended in the "1976 Food Service Sanitation Manual." Annex 4 of the Food Code since 1993, has included a recommendation that 8 to 10 hours be allocated for each establishment per year to include all of the activities reflected here in the definition of an evaluation. The range of 280 to 320 broadly defined evaluations per FTE is consistent with the previous recommendations.
- The 2003 Accreditation Tool standard indicated a staffing level of 125 to 225 establishments per FTE met the "Important Factor V – Program Support and Resources" standard.

Program Indicators

- Determine the actual number of FTEs assigned to the food service program.
- Determine the number of FTEs needed to evaluate all annually licensed food service establishments (except temporary food service establishments).
  a. Recommended number of FTEs: Divide the total number of licensed establishments by 150.
  b. Minimum number of FTEs: Divide the total number of licensed establishments by 225.
- Determine the average number of FTEs required to evaluate temporary food service establishments.
  a. Divide the total number of temporary food service licenses issued per year by 300.
- Determine if the department is on a Risk Based Inspection Schedule.

How to Determine Compliance with Important Factor III

- **Met** – The actual number of FTEs assigned to the food service program meets or exceeds the calculated minimum number of FTEs required. (Minimum number FTEs for annually licensed establishments plus average number for temporary food service establishments.)

PS000352

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Important Factor IV
Quality Assurance Program

Materials Necessary for Auditing Important Factor IV

- Local health department quality assurance written procedures
- Employee training and quality control records

Program Indicators

- Determine if:
  a. A written procedure has been developed that describes the jurisdiction's quality assurance program and includes a description of the actions that will be implemented if the review identifies deficiencies in quality or consistency.
  b. The quality assurance program includes a review of a least 15 evaluation reports for each sanitarian and/or an equivalent sample of foodborne illness investigation records every 36 months.
  c. Every employee assigned to the food service program has completed at least 3 joint evaluations with the standardized trainer every 36 months.
  d. The quality assurance program assures that evaluation reports are accurate and properly completed, regulatory requirements are properly interpreted, variances are properly documented, the enforcement policy is followed, foodborne illness investigations are properly conducted, and foodborne illness reports are properly completed.

How to determine compliance with Important Factor IV

- **Met** – A written quality assurance program has been developed. A quality assurance review is conducted at least once every 36 months. At least 15 evaluation reports for each sanitarian's food evaluation and/or foodborne illness investigation records have been reviewed. Every employee assigned to the food service program has completed at least 3 joint evaluations with the trainer every 36 months.

PS000353

Annex I - Corrective Plan of Action

A corrective plan of action (CPA) is expected from a local health department for each MPR indicator that has been found "Not Met" during the evaluation. The Accreditation program procedure requires the original CPA to be submitted to the accreditation administrative staff. To expedite review and acceptance by MDARD, local health departments are encouraged to send a copy directly to MDARD as soon as the CPA is completed.

Deadline for Submission
The Accreditation Program Protocols and Policies 2002 states, "local health departments must submit corrective plans of action to the Accreditation Program within two months of their on-site review." For more information on the Accreditation Program Protocols and Policies, see https://accreditation.localhealth.net/.

1. **Content**
   - For each "Not Met" MPR, the written corrective plan of action must include:
     a. A statement summarizing the problem (i.e. 45% of the food service establishments are presently being evaluated at the required frequency).
     b. A statement summarizing the standard (i.e. all food service establishments are required to be evaluated once every six months).
     c. A detailed plan for correcting the problem, including the names of the individuals responsible for each task, training needs, time lines, etc.
     d. A procedure for monitoring the plan to make certain the plan is being carried out as intended.
     e. A description of the corrective action that will be taken if the plan is not followed.
     f. A method for evaluating results and for basing a request to the MDARD to conduct an on-site follow-up to verify that the plan has worked.

2. **Follow-up Review**
   - Within no less than 90 days and no longer than one year of the Accreditation Review, the local health department must submit a written request for MDARD to conduct a follow-up review to demonstrate compliance with the "Not Met" indicators. A minimum of 90 days of continuous compliance is required for the indicator to be found "Met."

PS000354

Copy of Form Found On the MPHI Accreditation Site for Completion of CPA

Instructions and Guidance:

- Please send any additional materials to accompany this Corrective Plan of Action directly to the reviewer(s) whom performed the applicable section review.
- If local health department staff need assistance in developing Corrective Plan(s) of Action please contact the applicable section reviewer(s).
- The Corrective Plan(s) of Action must be submitted by the local health department within 60 days of the last day of the On-site Review.
- Follow-up action on the Corrective Plan(s) of Action must take place within 365 days of the last day of the On-site Review.
- In order to complete the Corrective Plan of Action submission process, the health officer must login to the Web Reporting Module using their health officer account. Once logged in, the health officer may make any final edits necessary to the form and then publish the form by checking the 'Publish' box and clicking the 'Save' button.

Date: ______________________

Local Health Dept Name: ______________________

Your Name: * ______________________

Title: * ______________________

Local Health Department Staff Responsible for Implementing Corrective Plan of Action

Name: * ______________________

Title: * ______________________

Phone: * * ______________________

Fax: * * ______________________

Indicator Not Met ______________________

Indicator Description: ______________________

Corrective Plan of Action (be specific and include details)

Describe Corrective Plan of Action:* *

Projected Completion Date: ______________________

Please explain how the Corrective Plan of Action will correct the deficiency:* *

For technical assistance, please contact Shane Green 517-930-6737, greens2@michigan.gov

PS000355

Section II: Food Service

Are there additional materials accompanying this CPA:

○ Yes ◉ No

Additional Material: Reviewer: Date Sent:

Electronic Signature:*

NOTICE: By placing your name in this box, you agree that this plan has been reviewed and approved by appropriate administrative staff, including your Health Officer.

☑ Publish Save Return to CPA Page

Element I (problem summary): The Accreditation Review determined that 70% of restaurants reviewed had consumer advisory violations and 60% of restaurants reviewed had date marking violations. Indicator 2.8

guidance states that no violation category can be identified in the field review in more than 40% of the establishments visited.

Element 3 (detailed plan):

a. Within seven days of MDARD's acceptance of the CPA, the Environmental Health (EH) Director will convene a staff meeting for the five staff involved in routine evaluations of food establishments. This meeting will discuss and begin implementation of the CPA.
b. The agency has just completed sending each food establishment: a consumer advisory pamphlet; an MDARD date marking fact sheet; and a cover letter outlining the problem, explaining the need for increased attention to these two areas by operators, explaining the public health reasons for these requirements, and advising operators of the increased focus on these areas during upcoming evaluations. In addition, copies of these documents will be carried by inspectors during routine evaluations for distribution as needed.
c. Within 20 days of acceptance of the CPA, the agency standardized trainer will conduct a four-hour, office-based training on date marking and consumer advisory requirements. The training will involve sanitarians completing practical exercises to improve skills in problem areas. Our MDARD area consultant will be asked to review the training curriculum in advance.
d. The agency standardized trainer will initially conduct three joint evaluations with each sanitarian within the first 30 days after completion of office training to assure that the date marking and consumer advisory requirements are being applied properly and uniformly. The joint visits will be made to the same types of facilities that were visited during the MDARD review.
e. Staff will cite violations observed during routine evaluations for date marking and consumer advisories, inform establishments, in writing, of requirements for correction and conduct follow-ups as necessary to assure compliance.
f. Enforcement action according to the agency enforcement policy will be conducted against establishments which fail to correct date marking and consumer advisory violations. In summary, the enforcement steps are: If a violation is noted on two routine evaluations and corrected each time or if a violation is not corrected after the first follow-up evaluation, the sanitarian will work with the PIC to develop and implement a RISK CONTROL PLAN. Should the risk control plan not be effective in gaining long-term compliance, an office conference will be held as the first step in progressive enforcement.
g. A follow-up mailing to licensed establishments will be made after MDARDs next review to advise (and hopefully praise) industry of the success of their efforts. This follow-up will be incorporated into the department's food safety newsletter sent approximately twice per year.

Element 4 (monitoring procedure):

A. An office quality assurance review will be conducted by the EH Director and standardized trainer. Files for full-service establishments will be selected for review. The review will determine that consumer advisory and date marking violations are properly documented and corrected.
B. A trend analysis will be conducted to determine the percentage of facilities receiving violations for the two problem areas, to determine consistency between staff, determine violation percentages for full service facilities as compared to the MDARD evaluation report and track trends over time.
C. The agency standardized trainer will initially conduct a minimum of one joint evaluation with each sanitarian approximately 90 days after completion of the previous joint evaluations to assure that the date marking and consumer advisory requirements are being applied properly and uniformly. The joint visits will be made to the same types of facilities that were visited during the MDARD review.

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Element 5 (correction if plan not followed): Additional training will be provided for specific staff as needed, based on the monitoring plan results.

Element 6 (Method for verification): Once the office and field reviews determine that the plan has been successful in reducing the level of violation for the problem areas in full service facilities to less than 20%, and within the one year follow-up deadline, an MDARD revisit will be requested.

PS000358

Annex 2 - Moot Point Principle

The Principle
The principle applies when an MPR deficiency has been detected by the local health department during a review cycle through the normal quality assurance process, action has been taken to correct the deficiency, and there is no likelihood that the deficiency will recur.

Application
The MPR in question is considered to be "Met" providing the following elements are documented and demonstrated:

- The deficiency has been completely corrected and in place for at least 12 months prior to the evaluation.
- The deficiency is not likely to recur.

Example showing when a moot point principle is applicable: Concrete steps have been taken to prevent recurrence.

- Problem: Evaluations were not being conducted at the proper frequency.
- Solution: One additional sanitarian was assigned to the program. A computer tracking system has been installed. Computer generated reports are routinely evaluated by management. Corrective action is taken as needed. Evaluations are now being conducted at the proper frequency.

Example showing when a moot point principle is not applicable: Improvements are noticed but concrete action to prevent recurrence is not documented.

- Problem: Evaluations were not being conducted at the proper frequency.
- Solution: Evaluation frequency was satisfactory during the 12-month period prior to the review. There is no documented management oversight system or other improvements to explain why the change occurred and why the problem will not recur.

PS000359

Annex 3 – Excerpt from MDHHS General Schedule #7

Record Type	Minimum Retention Period (Years)
Evaluation Reports	CR + 5
License Applications	CR + 5
Annual Food Service Establishment Licenses	CR + 5
Routine Correspondence	CR + 3
Temporary Food Establishment Licenses	CR + 3
Legal Documents	CR + 10
Enforcement Actions	CR + 10
Food Outbreak Investigations	CR + 5
Water Supply Information	PERM – May destroy after 3 years if the establishment is connected to municipal water
Sewage Disposal Information	PERM – May destroy after 3 years if the establishment is connected to municipal sewer
Construction Plans & Specifications	5
Permanently closed establishment Plans and Specifications	3
Consumer Complaints	CR + 3

CR = Creation
PERM = Permanent

Reference: Michigan Food Law 2000, as amended Section 3121(2), (3), (4)

Annex 4 - Procedure for Conducting Accreditation Re-evaluations of Local Health Departments

Purpose
To determine if a local health department has met the minimum program requirements (MPRs) that were found to be "Not Met" during the initial Accreditation Review.

Background
The Michigan Local Public Health Accreditation Program requires a local health department to request a re-evaluation for all MPRs that were found to be "Not Met" between 90 days and one year of the Accreditation Review. Failure to request a re-evaluation within one year will result in "Not Accredited" status.

Re-evaluation to Determine Compliance Using Option 1 or 2

Option 1 MDARD will follow the Policy/Procedure and Evaluation described below to evaluate the MRP as "Met" / "Not Met" / "Met with Conditions".

Option 2 OFFICE: With the use of Option 2, the only time MDARD would do an Accreditation revisit would be if the CPA put in place and evaluated after at least 90 days by the local health department was not effective.

FIELD: Since a self-assessment is not done by the local health department for Option 2 (QA should show field compliance) the local health department staff is evaluated during the Accreditation visit. If MPR 5 receives a Not Met, a CPA and revisit are required.

Policy/Procedure
- The re-evaluation will assess only those MPRs found to be "Not Met" during the initial evaluation.
- The re-evaluation will encompass the time period beginning with the implementation of the CPA.
- For review of office MPRs: "Annex 6 - Office Sample Size Chart" and "Annex 5 - Approved Random Sampling Methods" guide will be used. Files selected for review will be limited to those reflecting work performed under the CPA. The re-evaluation may intentionally include previously reviewed records and establishments in order to assess progress.
- For review of Field MPRs: MDARD would randomly choose facilities to assign all the staff who participated in initial on-site review.

Evaluation
MDARD will review the following:
- The deficiencies found in the original evaluation
- The CPA
- The action taken to resolve the deficiencies
- Results of the action

PS000361

How to Judge Compliance

- **Met** - The program indicator meets the definition of "Met" in the MPR Indicator Guide used during the original evaluation.
- **Met with Conditions** - Substantial progress has been made. Continued implementation of the CPA will reasonably result in compliance.
- **Not Met** - Not in compliance without a reasonable expectation of being in compliance in the near future.

Exit Interview

An Exit Conference will be conducted with the appropriate management staff.

Notification

MDARD will enter the results of the re-evaluation into the Michigan Local Public Health Accreditation Program website.

Waiver of On-Site Review

The MDARD may waive the On-Site Review if it is possible to determine compliance from documentation submitted to MDARD.

PS000362

Annex 5 - Approved Random Sampling Methods

Random number sampling introduces less bias than any other sampling method available. The objective is that every item on the list being used has an equal chance of being selected. For Accreditation, the MDARD uses a simple random sampling method to draw all samples. The MDARD may place criteria on certain samples, thereby rejecting the selected document or file as not meeting predefined criteria, and then randomly selecting another, until one is drawn that meets the criteria.

See the Self-Assessment Guidance Document for examples.

To use a random selection method, it is necessary to have a list of the items to be selected from (i.e. licensed establishment list, plan review log, complaint log, etc.)

Method #1: Random number generating calculator, computer software, or hard copy random number table.

Select random numbers between the minimum and maximum number from the list being used. For example, you have a list of 175 fixed food service establishments, and you want to select five establishments from the list.

Use the calculator, software, or random number table to select five random numbers from 1 to 175. Should the same number be generated twice, reject the duplicate and select another random number. For example, let's say the numbers selected are: 32, 86, 12, 143, and 106. You would then count from the beginning of the establishment list and choose the 12th, 32nd, 86th, 106th, and 143rd establishments.

Method #2: Select every Kth facility

Select random numbers between the minimum and maximum number from the list being used. For example, you have a list of 175 fixed food service establishments, and you want to select five establishments from the list.

1. Number the list, starting with 1.
2. Have another individual select a number from 1-175 (the selected number may include 1 and 175). Let's say 40 is selected. Use the selected number 40 as the starting point.
3. Divide the total number of establishments 175 by the sample size 5. [175/5 = 35.] This means that every 35th establishment file will be selected for review.
4. Now find the 40th establishment from the beginning of the list. This is the first file that will be reviewed. Next count forward 35 establishments to find the second file to be reviewed. Continue until five establishment files have been selected. When you reach the end of the list, continue counting from the beginning. You should have selected the following establishments: 40, 75, 110, 145, and 5. Should you need to select more than five, start over with #2 above to avoid selecting items previously selected.

PS000363

Annex 6 – Office Sample Size Chart

Determine the number of food establishments licensed, plan reviews conducted, temporary licenses issued, complaints investigated, etc., that a sample is to be drawn from. Find that number under population size, and then find the number of files to be reviewed under sample size.

Population Size	Sample Size (n)*
4	3
5	4
6-7	5
8-9	6
10-13	7
14-16	9
17-19	10
20-23	11
24-27	12
28-32	13
33-39	14
40-47	15
48-58	16
59-73	17
74-94	18
95-129	19
130-192	20
193-340	21
341-1154	22
1155 +	23

PS000364

Annex 7 – Computer Records

This Annex has been removed for Cycle 7.

PS000365

Annex 8 - Accreditation Review Document Summary

The following are the typical documents needed by food service program reviewers that must be available during a review.

MDARD Provided Documents

- ❑ Licensed facility list to draw samples from and lists of files randomly selected for review.
- ❑ Log of foodborne illness reports submitted to MDARD.
- ❑ Field and office review worksheets.

Local Health Department Provided Documents

- ❑ For Evaluation of Minimum Program Requirements (MPRs)
- ❑ Documentation relating to moot point principle. See MPR Indicator Guide, Cycle 7, Annex 2.
- ❑ Plan Review Log.
- ❑ Plans review files selected for review (all documents and plans relating to review). List of specific files selected will be provided during review.
- ❑ Establishment file for plans selected (pre-opening evaluation and license are needed).
- ❑ Establishment files selected for review (complete and current file, may include, fixed, mobile, STFU, etc.). List of specific files selected will be provided during review.
- ❑ Temporary licenses and evaluations for review period.
- ❑ List of establishments having their licenses limited during review period. Enough information should be on this list to allow these files to be retrieved and reviewed, if requested.
- ❑ List of variances evaluated during review period. Enough information should be on this list to allow these files to be retrieved and reviewed, if requested.
- ❑ Consumer food complaint log and selected complaint files.
- ❑ Foodborne illness complaint log and selected complaint and outbreak investigation files.
- ❑ IAFP 5th edition "Procedures to Investigate Foodborne Illness."
- ❑ Training files for every new employee hired or assigned to the food program since the last accreditation visit. Employees include those who may be occasionally asked to evaluate specialty food service establishments (temporary, STFU, mobile).
- ❑ Policy and procedure documents relating to:
    - plan review (including forms used)
    - conducting evaluations and preparing evaluation reports
    - licensing, including license limitations
    - enforcement, including documentation of policy adoption (by whom and date adopted)
    - variances
    - consumer complaint investigation
    - foodborne illness complaint and outbreak investigation

For Evaluation of Important Factors

- ❑ I - Documentation - quality records needed for this standard reflect activities over the most recent three-year period and include:
    - Minutes, agendas, or other records that forums were conducted,
    - For formal, recurring meetings, such documents as by- laws, charters, membership criteria, and lists, frequency of meetings, roles, etc.,
    - Documentation of performed actions or activities designed with input from industry and consumers to improve the control of risk factors, or

- o Documentation of food safety educational efforts. Statements of policies and procedures may suffice if activities are continuous, and documenting multiple incidents would be cumbersome (i.e. recognition provided to establishments with exemplary records or an on-going website).

- ❑ Employee training records.
- ❑ III- Documentation of the total number of FTE's assigned to the food service program.
- ❑ IV- Food service program's quality assurance written procedures.

Annex 9 – Approximate Review Timeline for a Single Office Agency

USING OPTION 1

Day	Activity	Documents Needed*	Provided By
1	Field Review: LHD review list of staff and facilities chosen by MDARD and arrange staff assignments as needed.	List of staff and facilities chosen by MDARD for review provided to LHD Friday before on-site visit.	MDARD
	Office Review: MDARD reviewer looks at policies as needed at this point.	Food service policy manual, plus any moot point documentation.	LHD
	MDARD reviewer draws sample of plan review files to be reviewed.	Plan review log for review period. Need to be able to determine which plans were received during review period and which have been completed through pre-opening evaluation.	LHD
	LHD staff pull plans for review.	Plan review documents, including pre-opening evaluation and license application.	MDARD
	MDARD reviewer reviews plans.		LHD
	LHD staff pull establishment files for review.	List of establishment files to be reviewed.	
	MDARD reviewer begins file review if time permits.	Establishment files.	
2	Field: LHD staff accompanies MDARD field reviewer.		MDARD
	Office: MDARD reviewer reads policies.	Food service policy and enforcement policy manuals.	LHD
	MDARD reviewer starts or continues establishment fixed file reviews.	Fixed files for review	
	MDARD reviewer reviews files.		
3	Field: LHD staff accompanies MDARD field reviewer.	Establishment files for facilities visited	LHD

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Day	Activity	Documents Needed*	Provided By
3	Field: LHD staff accompanies MDARD field reviewer.	Establishment files for facilities visited	LHD
	Office: MDARD reviewer schedules exit interview.		LHD
	LHD staff pulls temporary food services licenses.		
	MDARD reviewer selects sample and reviews selected temporary food service files.	Temporary food service licenses issued during review period, organized by year.	LHD
	MDARD reviewer reviews limited licenses and variances, if any for review period.		LHD
	MDARD reviewer selects consumer and foodborne illness complaint sample.	Logs for limited licenses and variances. Files containing limited licenses and/or variances for review.	
	MDARD reviewer reviews FBI policy		LHD
	LHD staff pull selected consumer and foodborne illness complaint files.	FBI policy	LHD
	MDARD reviewer reviews selected consumer and foodborne illness complaint files.	Consumer and foodborne illness complaint logs for review period.	
	MDARD reviewer reviews training documentation for new staff assigned to the food program during the review period.	Selected consumer and foodborne illness complaint files. Training documentation for new staff. Supervisor endorsement documentation for new staff doing specialty foods.	

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Day	Activity	Documents Needed*	Provided By
4	Field: MDARD reviewer summarizes results of joint field evaluations and prepares for exit interview. Office: MDARD reviewer reviews documentation relating to important factors and interviews EH director regarding important factor related information. Program managers need to advise MDARD reviewer which IF's the agency is not attempting to meet. MDARD reviewer summarizes review information and prepares for exit interview.	 Documentation showing how agency is meeting important factor standards. See documentation summary, MPR Guidance Document, Annex 8. Copies of various materials made for exit interview. Secretarial assistance usually needed.	LHD LHD

*For a more complete description of documents needed, see, MPR Guidance Document, Annex 8 - Accreditation Review Document Summary.

NOTES: Multiple Offices- When an agency has food program files in multiple offices, all the various records that each office maintains will need to be made available during the visit. For example, during a partial day visit to an office in a district the following types of files are normally reviewed: plans, establishment files, complaint and foodborne illness files, temporary food service licenses, and employee training records.

The MDARD reserves up to five days to conduct each Review, in the event additional time is needed due to larger than normal sample sizes or delays. The MDARD also increases the number of staff assigned to conduct Reviews, if needed, to maintain a particular schedule.

PS000370

ANNEX 10- ADJUSTMENT OF MPR REVIEW PERIOD

MDARD's intent is to not review the same timeframe twice during different review cycles. Therefore, the Accreditation Review period for specific MPRs will be shortened if:

- That MPR had a follow-up during the previous cycle.
- That follow-up's Review time frame overlapped into the next cycle's normal Review period.

For example, if the follow-up Review for MPR 6 was completed 10 months into the next Review period, the On-Site initial Review will be reduced by 10 months for that specific MPR.

PS000371

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Annex 11- Cycle 7 Food Program Review Options

Review Options

Compliance with program standards can be demonstrated in one of two ways.

Option 1 - MDARD conducts the office and field Review to determine compliance with the standards.

Option 2 - The local health department demonstrates how the agency is in compliance to the MDARD auditor.

Option 2 Review Elements

The Review shall consist of the following elements:

- Oral presentation / discussion outlining the food safety program's ongoing.
  a. quality assurance activities
  b. self-assessment against established program standards
- Self-assessment document review presented to the auditor by the agency staff to verify that the self-assessment was completed accurately and properly. Field assessment is demonstrated by the local health department's quality assurance program and will be reviewed by the auditors.
  a. The agency will receive the rating it gave itself on any MPRs, providing the audit verifies the rating as correct. Should an agency assess any indicator as:
     1. "Not met" or "met with conditions".
     2. Puts a corrective action plan in place.
     3. Shows 90 days compliance with that plan by conducting another self-assessment of that indicator.
     4. Then the agency shall receive a "met" or "met with conditions" on that MPR.
  a. Should the self-assessment show an incorrect rating or a program element that was not properly or completely reviewed, that element shall be jointly reviewed with the MDARD auditor and local health department staff to determine the correct rating.
  b. The auditor may review a number of the original documents assessed to determine if the self-assessment is correct and accurate.
- Field demonstration in agency-selected food establishments of the department's risk-based evaluation processes.
  a. The field demonstration shall consist of visiting food establishments of varying risk levels, providing 50% of the establishments visited are at the highest risk level.

# Inspectors per agency	Minimum # establishments visits per agency
1-4	2
5-10	4
11+	6

- Number of visits may be increased upon joint agreement between the auditor and the local health department management that an increased number of visits would provide a more accurate assessment. The MDARD auditor may allow staff to conduct a practice evaluation, as time and need allows.
  a. Show demonstration of risk-based evaluations by a variety of program staff. When possible, each establishment visit must be with a different inspector. A maximum of one standardized trainer who is currently conducting routine inspections may be used.
  b. Demonstrate that risk factors present in the establishment are correctly identified.
  c. Demonstrate how the presence of those risk factors is communicated orally and in writing to the establishment and resolved.

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d. MPR 5 - The rating determination shall be based upon:
   1. The oral discussion of field quality assurance activities.
   2. A review of the written quality assurance documentation, including frequency and use of risk-based methodology. A field exercise demonstrating that food program inspectors are properly utilizing a risk–based evaluation methodology using the Field Evaluation Worksheet.

How to Judge Compliance with MPRs 7 and 8 Using Review Option 2

- **Met** - Both of the following are done:
  - Staff quality assurance field reviews are being conducted at a frequency in accordance Important Factor IV.
  - Field exercise demonstrates that food program inspectors are properly utilizing a risk-based evaluation methodology.
- **Met with Conditions** - The conditions for a met are generally achieved; however, the field quality assurance frequency is below the standards and/or the field demonstration shows a moderate number of problems.
- **Not Met** - Field quality assurance reviews are not being done and/or significant problems were documented during the field demonstration.

Tips for Passing MPR 5 Using Review Option 2

- Formally standardize evaluation staff.
- Agencies having only one food inspector should use a standardized trainer from another agency to conduct field quality assurance reviews.

The MDARD may conduct additional surveys in agency regulated food establishments during the visit for statewide, risk-reduction survey purposes. These evaluations will not be used to determine whether any MPRs are "met" or "not met". Results of these visits will be provided to the agency for consultative purposes.

Criteria to Qualify for Option 2

All local health departments are encouraged to utilize this review option. However, an agency best prepared to use this option has adequate program resources and is conducting thorough quality assurance program reviews. Agencies meeting all elements of part A and 80% of the elements of part B are automatically approved to use Option 2. Should an agency not meet the automatic approval criteria, the application must be submitted to MDARD at least one year prior to their On-Site Review visit for a case-by-case review.

Quality assurance may be accomplished through an agency specific plan, designed to meet agency needs. However, during the oral phase of the evaluation, the agency must be prepared to discuss the specific, substantive activities being carried out.

Part A:

- For automatic approval to use review Option 2, meet 100% of the following:
  a. Meet 90% of the food program MPRs during the agency's last Accreditation Review.
  b. Complete one or more documented program self-assessments covering the following time period:
     1. For agencies that did not use Option 2 during their previous Accreditation Review:
        a. Complete one or more self-assessments covering the first two years of the current Accreditation Review period (two-year total).

PS000373

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   b. Example: On-Site Review is scheduled for March 2011. Normal review period is March 2008-March 2011. Assessment(s) must be completed around March 2010 and cover March 2008-March 2010.
2. For agencies that used Option 2 during their previous Accreditation Review:
   a. Complete one or more self-assessments covering the last year of the previous Accreditation Review period and the first two years of the current Accreditation Review period (three years total).
   b. Example: On-Site Review is scheduled for March 2012. Normal review period is March 2009-March 2012. Assessment(s) must be completed around March 2011 and cover March 2008-March 2011.
3. Self-assessments must be completed approximately 12 months before the scheduled Accreditation Review date. This review shall be completed using the MDARD Self-Assessment Guide (MPR 5 does not need to be reviewed)."
4. Conduct quality assurance reviews of existing staff in field. (i.e. see Important Factor IV).

Part B:

- For automatic approval to use review Option 2, meet 80% of the following applicable criteria (i.e.18 of 21, 17 of 21, 16 of 20, etc.). Only item numbers 14,15,17,18, and 19 may be considered not applicable due to their being no activity in that program area during the review period.

Program Advancement	
	1. Maintain at least one food program staff member that is MDARD standardized.
	2. Enroll in FDA Voluntary Retail Standards.
	3. Maintain a tracking system to monitor risk factor occurrence in establishments; compare with state risk-reduction surveys and local historical records for the purpose of program improvement.
	4. Regularly utilize and document use of long-term control measures (i.e. such as risk control plans) with food establishments to assist in obtaining long-term compliance.
Plan Review	
	5. Conduct ongoing quality assurance on the following program area: **Plan reviews properly conducted and documented.**
	6. Conduct ongoing quality assurance on the following program area: **Pre-opening evaluations properly conducted and documented.**
	7. Conduct ongoing quality assurance on the following program area: **Unauthorized construction recognized and controlled.**
Evaluations	
	8. Conduct ongoing quality assurance on the following program area: **Evaluation frequency meets required schedules.**
	9. Conduct ongoing quality assurance on the following program area: **Follow-up evaluations meet required schedules.**
	10. Conduct ongoing quality assurance on the following program area: **Evaluation procedures meet MPR 4 requirements.**
	11. Conduct ongoing quality assurance on the following program area: **Temporary food service establishment evaluations properly conducted and documented.**
	12. Conduct ongoing quality assurance on the following program area: **Enforcement conducted per department policy.**

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Miscellaneous	
	13. Conduct ongoing quality assurance on the following program area: **Records properly maintained and filed.**
	14. Conduct ongoing quality assurance on the following program area: **License limitations issued and documented per law.**
	15. Conduct ongoing quality assurance on the following program area: **Variances issued and documented per law.**
	16. Conduct ongoing quality assurance on the following program area: **Consumer complaint investigations (non-illness) properly conducted and documented.**
Training	
	17. Conduct ongoing quality assurance on the following program area: **Technical training for staff conducted per MPR 12 requirements.**
	18. Conduct ongoing quality assurance on the following program area: **Fixed food service evaluation skills for staff conducted per MPR 13 requirements.**
	19. Conduct ongoing quality assurance on the following program area: **Specialty food service evaluation skills conducted per MPR 14 requirements.**
Foodborne Illness	
	20. Conduct ongoing quality assurance on the following program area: **Foodborne illness investigation conducted per MPR 15 requirements.**
	21. Conduct ongoing quality assurance on the following program area: **Foodborne illness investigations conducted per MPR 16 requirements.**

PS000375

Annex 12 - Cycle 7
Accreditation Review Option 2 Application

E-mail completed application to: greens2@michigan.gov when you have completed your self-assessment process. The self-assessment should be completed **1 year** before the agency's scheduled Accreditation On-Site visit.

Agency Name:
Application completed by (name and title):
Phone:
E-Mail:
Date completed:

Our agency wishes to use review option 2 for our upcoming Accreditation On-Site Review.

Criteria to qualify for option 2:
All LHD's are encouraged to utilize this review option. However, an agency best prepared to use this option is conducting thorough quality assurance program reviews. Agencies meeting all elements of part A and 80% of the elements of part B are automatically approved to use option 2.

Should an agency not meet the automatic approval criteria, the application must be submitted to MDARD at least one year prior to their On-Site Review for a case-by-case review.

Quality assurance may be accomplished through an agency specific plan, designed to meet agency needs. However, during the oral phase of the evaluation, the agency must be prepared to discuss the specific, substantive activities being carried out.

Part A: Mark all items as Met, Not Met (NM) or Not Applicable (NA).

MET NM	Meet 90% of the food program MPRs during the agency's last Accreditation Review.
MET Date(s) completed: ______ NM	Complete a documented program self-assessment covering the normal Accreditation Review period 12 months before the scheduled review date (time may be shortened during for some agencies during initial implementation period). This review shall be completed using the MDARD Self-Assessment Guide (MPR 5 does not need to be reviewed).
MET NM	Conduct quality assurance reviews of existing staff in field (i.e. FDA Voluntary Retail Standard 2 or Important Factor IV contain quality assurance guides).

Part B: Mark all items as Met, Not Met (NM) or Not Applicable (NA).

For automatic approval to use review Option 2, meet 80% of the following applicable criteria (i.e.18 of 21, 17 of 21, 16 of 20, etc.). Only item numbers 14,15,17,18, and 19 may be considered not applicable due to their being no activity in that program area during the review period."

Program Advancement

Section II: Food Service

MET NM	1. Maintain at least one food program agency staff member that is MDARD standardized.
MET NM	2. Enroll in FDA Voluntary Retail Standards
MET NM	3. Maintain a tracking system to monitor risk factor occurrence in establishments, compare with state risk-reduction surveys and local historical records for the purpose of program improvement.
MET NM	4. Regularly utilize and document use of long term control measures (i.e. such as risk control plans) with food establishments to assist in obtaining long term compliance.
Plan Review	
MET NM	5. Conduct ongoing quality assurance on the following program area: **Plan reviews properly conducted and documented**
MET NM	6. Conduct ongoing quality assurance on the following program area: **Pre-opening evaluations properly conducted and documented**
MET NM	7. Conduct ongoing quality assurance on the following program area: **Unauthorized construction recognized and controlled**
Evaluations	
MET NM	8. Conduct ongoing quality assurance on the following program area: **Evaluation frequency meets required schedules**
MET NM	9. Conduct ongoing quality assurance on the following program area: **Follow-up evaluations meet required schedules**
MET NM	10. Conduct ongoing quality assurance on the following program area: **Evaluation procedures meet MPR 4 requirements**
MET NM	11. Conduct ongoing quality assurance on the following program area: **Temporary food service establishment evaluations properly conducted and documented**
MET NM	12. Conduct ongoing quality assurance on the following program area: **Enforcement conducted per department policy**
Miscellaneous	
MET NM	13. Conduct ongoing quality assurance on the following program area: **Records properly maintained and filed**
MET NM NA	14. Conduct ongoing quality assurance on the following program area: **License limitations issued and documented per law**
MET NM NA	15. Conduct ongoing quality assurance on the following program area: **Variances issued and documented per law**
MET NM	16. Conduct ongoing quality assurance on the following program area: **Consumer complaint investigations (non-illness) properly conducted and documented**
Training	
MET NM NA	17. Conduct ongoing quality assurance on the following program area: **Technical training for staff conducted per MPR 12 requirements**

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Section II: Food Service

MET NM NA	18. Conduct ongoing quality assurance on the following program area: **Fixed food service evaluation skills for staff conducted per MPR 13 requirements**
MET NM NA	19. Conduct ongoing quality assurance on the following program area: **Specialty food service evaluation skills conducted per MPR 14 requirements**
Foodborne Illness	
MET NM	20. Conduct ongoing quality assurance on the following program area: **Foodborne illness investigation conducted per MPR 15 requirements**
MET NM	21. Conduct ongoing quality assurance on the following program area: **Foodborne illness investigations conducted per MPR 16 requirements**

Agency Comments (Additional brief documents may be attached, if desired):

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Annex 13- Report Marking Instructions for Option 2 Field Evaluation Worksheets (2005 Food Code, Annex 5, Part 4 (A-H) References)

Review

The Accreditation process for field evaluations for Cycle 7, Option 2, will be based on the local health department evaluator's knowledge, skills, and abilities; not on the condition of the food service establishment. The Field Evaluation Worksheet, in combination with a review of existing quality assurance documentation, will be used to judge MPR 5. For this document, the evaluator is the local health department, food service inspector; and the auditor is the MDARD, food service specialist conducting the accreditation.

The evaluator must demonstrate knowledge of foodborne illness risk factors and interventions along with good retail practices (GRPs).

Communication

The Field Evaluation Worksheet along with the risk-based inspection process evaluated during Cycle 7 Accreditation, Option 2, stresses open communication between the evaluator and operator. To be an effective communicator, the evaluator is expected to ask questions relative to the flow of food through the establishment, preparation and cooking procedures, employee health, and normal everyday operation of the facility (i.e., GRPs). Response statements made by the person in charge (PIC) or food employees should be used to support or augment direct observations. When observations are made while a food is undergoing a process (i.e., cooling and reheating), the evaluator should ask the PIC or food employees questions to support the actual observations and determine Food Code/Food Law compliance.

Option 2 field exercises focus on an audit of the evaluator, not the establishment.
There are some differences in the Accreditation process when choosing Option 2 that must be discussed and understood, prior to the Accreditation exercise, by the auditor and the evaluator. These include the following:

- There will be no interaction, guidance or training from the MDARD auditor to the food service evaluator during the audit. It is expected that the evaluator will verbally address all findings of either compliance or noncompliance throughout the entire Accreditation exercise. **Communication** is the only way for the auditor to know what the evaluator is seeing, and how compliance is determined.
- At the end of the Accreditation exercise the evaluator will be given time to look over their notes, check sheets, or any other guidance form that they use for the evaluation to ensure they have completed the inspection. Any additional information obtained by the evaluator, prior to leaving the facility, may be communicated to the auditor.
- Once the auditor and evaluator leave the facility, the Accreditation exercise is over. No changes may be made to the auditor's report.
- To maintain consistency throughout the process, there will be no feedback given from the auditor to the evaluator after the Accreditation exercise. On the same note, there will be no feedback given from the auditor to the Environmental Health Director or Food Supervisor until all Accreditation exercises are complete, and compliance with MPR 5 is determined.

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GUIDELINES FOR DETERMINING EVALUATOR COMPETENCY

YES/NO
Due to the nature of the Accreditation exercise, the evaluator is being reviewed, not the establishment or person in charge (PIC). The evaluator's knowledge is demonstrated by both direct observations and supportive questioning.

- To mark a YES under Competency Demonstrated:
  a. The evaluator must verify risk factors, interventions, and GRPs not only by observation, but also through questions asked about procedures, practices, and monitoring.
- A Competency Demonstrated will be marked as NO if:
  a. An observation is missed by the evaluator (i.e. no cooking temperatures were taken of food cooked and served during the Accreditation exercise).
  b. The procedure is not being performed at the time of the evaluation and no line of questioning is conducted to determine compliance (i.e. reheating is performed by the food service establishment but not during the evaluation and questions on procedures for reheating are not asked by the evaluator).
  c. The procedure is being performed at time of the evaluation and observed as a possible violation, but the candidate does not determine the root cause in order to verify which Food Code section to cite.

No Opportunity to Demonstrate Competency
No opportunity to demonstrate competency during the Accreditation process will only be marked if the establishment never performs the procedure or process. For instance, if the food service establishment is only a cook-serve establishment, processes such as hot-holding, cooling, and reheating for hot-holding are not performed; therefore, these items would be marked as No Opportunity to Demonstrate Competency.

Field Evaluation Worksheet Competency Guidelines
The following guidance may be used to determine the evaluator's competency in each of the categories listed below.

II. Inspections, Observations, and Performance

(C) Risk Based Inspection/Active Managerial Control

1. **Verified demonstration of knowledge of the person in charge.**
   - For the evaluator to be marked YES in this category the following items must be evaluated:
     a. PIC present.
   - Determine presence of PIC:
     a. The person responsible for monitoring and managing shall be immediately available and knowledgeable in operational procedures and Food Code/Food Law requirements.
     b. Demonstration of knowledge.
   - Determine that the PIC meets at least one of these three criteria:
     a. Certification by an ACCREDITED PROGRAM per §2-102.20.
     b. Compliance with the Code and Law by having no violations of critical items during the current inspection.
     c. Correct responses to the inspector's questions regarding public health practices and principles applicable to the operation.

Section II: Food Service

NOTE: In lieu of a certification, the evaluator should assess the PIC's knowledge by asking open-ended questions that would evaluate the PIC's knowledge in each of the areas enumerated in §2-102.11(C). Questions can be asked during the initial interview, menu review, or throughout the inspection as appropriate. The evaluator should ask a sufficient number of questions to enable the evaluator to make an informed decision concerning the PIC's knowledge of the code requirements and public health principles as they apply to the operation.

- PIC duties.
  a. Determine if the PIC is ensuring that employees are complying with the duties listed in §2-103.11.

NOTE: Since marking this item out of compliance requires judgment by the evaluator, it is important that this item not be marked for an isolated incident, but rather for an overall evaluation of the PIC's ability to ensure compliance with the duties described in §2-103.11.

2. **Verified the restriction or exclusion of ill employees.**
   - In order for the evaluator to be marked YES in this category the following items must be evaluated: Whether or not the PIC…
     a. Is aware of the requirement for employees to report specific symptoms and diagnosed illnesses, and knows what the symptoms and illnesses are (i.e., having it posted-§2-201.11).
     b. Can convey knowledge of an employee health policy or have access to an employee health policy (written not required), and identify what actions are necessary when an employee does report symptom or diagnosed illness (§2-201.12).
     c. Is aware of requirements covering an employee returning to work (§2-201.13).

NOTE: The policy must reflect the current Food Code provisions. Verbal communication of the employee health policy must be specific to the types of illnesses and symptoms that require reporting. Nonspecific statements such as "sick or ill employees are not allowed to work," do not fully address the employee illness requirements of §2-201.12. Further questioning would be warranted.

3. **Verified the availability of a consumer advisory for foods of animal origin served raw or undercooked.**
   - In order for the evaluator to be marked YES in this category the following items must be evaluated:
     a. Determine whether raw or undercooked foods are served or sold routinely or seasonally.
     b. Determine that a consumer advisory with a disclosure and reminder is present as specified under § 3-603.11 of the Food Code or as stated in the Michigan Food Law 2000, as amended.

4. **Verified approved food sources (e.g., food from regulated food processing plants; shellfish documentation; wild game and mushrooms, game animal processing; parasite destruction for certain species of fish intended for raw consumption; receiving temperatures).**
   - In order for the evaluator to be marked YES in this category the following items must be evaluated:
     a. All foods are from a regulated food processing plant or other approved source (no home prepared items).
     b. Foods are received at proper temperatures, protected from contamination during transportation, and received safe and unadulterated.
     c. Determine if any specialty food items are served or specialty processing is done (i.e. wild game or mushrooms, game animal processing, and parasite destruction).

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Section II: Food Service

NOTE: Include questions on segregation of distressed products, temperature monitoring, and how receiving procedures meet Food Code requirements.

5. **Verified cooking temperatures to destroy bacteria and parasites.**
   - In order for the evaluator to be marked YES in this category the following items must be evaluated:
     a. Every effort should be made to assess the cooking temperatures of a variety of products served in the food establishment.
     b. Determine if PIC and employees know and are following proper cooking time and temperature parameters (include microwave cooking requirements).
     c. The presence of required thermometers and their proper use should be assessed.

NOTE: The evaluator should involve the PIC and/or employees in this verification process in order to determine compliance with cooking time/temperature requirements (i.e. having the PIC take the temperatures). Observations need to be supported by proper questioning.

6. **Verified reheating temperatures of TCS food for hot holding.**
   - In order for the evaluator to be marked YES in this category the following items must be evaluated:
     a. Which foods are reheated for hot holding.
     b. How reheating is done (include reheating in microwave) and if employee and PIC are knowledgeable of required parameters.
     c. Temperature of foods being reheated when possible.

NOTE: If items are found "reheating" on the steam table, further inquiry is needed to assess whether the equipment in question is capable of reheating the food to the proper temperature within the maximum time limit. If an operation does not reheat for hot holding, then this category would be marked as No Opportunity to Demonstrate Competency.

7. **Verified cooling temperatures of TCS food to prevent the outgrowth of spore-forming or toxin-forming bacteria.**
   - In order for the evaluator to be marked YES in this category the following items must be evaluated:
     a. Determine types of foods that are cooled.
     b. Determine procedures for meeting required cooling parameters.
     c. Determine if procedures are being followed (i.e. methods and monitoring) and employee's and PIC's knowledge of cooling requirements.
     d. Verify food temperatures when possible.

NOTE: Problems with cooling can often be discovered through inquiry alone. Even when no cooling is taking place, inspectors should ask food employees and managers questions about the cooling procedures in place. Due to the time parameters involved in cooling, inspectors should always inquire at the beginning of the inspection if there are any products currently being cooled. This provides an opportunity to take initial temperatures of the products and still have time to recheck temperatures later in the inspection in order to verify that critical limits are being met. Information gained from food employees and management, in combination with temperature measurements taken, should form the basis for assessing compliance of cooling during an inspection.

PS000382

Section II: Food Service

8. **Verified cold holding temperatures of foods requiring time/temperature control for safety (TCS food), or when necessary, verified that procedures are in place to use time alone to control bacterial growth and toxin production.**
   - In order for the evaluator to be marked YES in this category the following items must be evaluated:
     a. Determine compliance by taking food temperatures in multiple cold holding units.
     b. Evaluate operational procedures that are in place to maintain cold holding requirements (i.e. monitoring of food temperatures, and the ambient temperatures of equipment, by the operator).
     c. If time alone is used, review written policy and determine that policy meets requirements of the Food Code and is being followed.

9. **Verified hot holding temperatures of TCS food or when necessary, that procedures were in place to use time alone to prevent the outgrowth of spore-forming bacteria.**
   a. In order for the evaluator to be marked YES in this category the following items must be evaluated:
     a. Determine compliance by taking food temperatures in multiple hot holding units.
     b. Evaluate operational procedures that are in place to maintain hot holding requirements (i.e. monitoring of food temperatures, and the ambient temperatures of equipment, by the operator).
     c. If time alone is used, review written policy, determine that policy meets requirements, and is being followed.

10. **Verified date marking of ready-to-eat foods TCS food held for more than 24 hours.**
    - In order for the evaluator to be marked YES in this category the following items must be evaluated:
      a. Determine those foods requiring date marking.
      b. Evaluate whether the system in place to control for L. monocytogenes meets the intent of the Food Code and is being followed.

NOTE: With exceptions, all ready-to-eat, potentially hazardous foods (TCS foods) prepared on-site and held for more than 24 hours should be date marked to indicate the day or date by which the food need to be served or discarded.

11. **Verified food safety practices for preventing cross-contamination of ready-to-eat food.**
    - In order for the evaluator to be marked YES in this category the following items must be evaluated:
      a. Determine proper separation of raw animal foods and ready-to-eat foods from each other by cooking temperature.
      b. Evaluate practices to eliminate the potential for contamination of utensils, equipment, and single-service items by environmental contaminants, employees, and consumers.
      c. Evaluate food storage areas for proper storage, separation, segregation, and protection from contamination.

12. **Verified food contact surfaces are clean and sanitized, protected from contamination from soiled cutting boards, utensils, aprons, etc., or raw animal foods.**
    - In order for the evaluator to be marked YES in this category the following items must be evaluated:
      a. Evaluate food-contact surfaces of equipment and utensils to verify that these are maintained, cleaned, and sanitized.
      b. Assess how utensils and cookware are washed, rinsed, and sanitized.
      c. Evaluate type of sanitizer, concentration, proper use, and use of chemical test strips.

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Section II: Food Service

13. Verified employee hand washing (including facility availability).

- In order for the evaluator to be marked YES in this category the following items must be evaluated:
  a. Evaluate proper hand washing method, including appropriate times.
  b. Evaluate location, accessibility, and cleanliness of hand wash sinks.

14. Verified good hygienic practices (i.e., eating, drinking, tasting, sneezing, coughing, or runny nose; no work with food/utensils).

- In order for the evaluator to be marked YES in this category the following items must be evaluated:
  a. Evaluate policy for handling employees with sneezing, coughing, or runny nose.
  b. Evaluate availability and use of employee break area (where employees eat, drink, or smoke).
  c. Evaluate use of hair restraints.

15. Verified no bare hand contact with ready-to-eat foods (or use of a pre-approved, alternative procedure).

- In order for the evaluator to be marked YES in this category the following items must be evaluated:
  a. Evaluate operation's policy for handling ready-to-eat foods.
  b. Evaluate employee practices of handling ready-to-eat foods.
  c. Evaluate alternative procedure for bare hand contact if applicable (i.e., review policy, question employees about the use of the policy, and determine proper use of policy).

16. Verified proper use, storage, and labeling of chemicals; sulfites.

- In order for the evaluator to be marked YES in this category the following items must be evaluated:
  a. Evaluate proper storage and labeling of chemicals.
  b. Evaluate if chemicals are approved for use in food establishment (include drying agents, veggie/fruit chemical wash, food coloring, sulfite agents, insecticides, and pesticides).
  c. Evaluate proper use of chemicals.

17. Identified food processes and/or procedures that require an HACCP Plan per the jurisdiction's regulations.

- In order for the evaluator to be marked YES in this category the following items must be evaluated:
  a. Determine if any process or procedure requires a HACCP plan.
  b. Review the written HACCP policy (as stated in the Food Code §8-201.14).
  c. Evaluate appropriateness, effectiveness, and implementation of the plan.

PS000384

(E) Good Retail Practices

GRPs are the foundation of a successful food safety management system. GRPs found to be out-of-compliance may give rise to conditions that may lead to foodborne illness (e.g., sewage backing up in the kitchen). To effectively demonstrate knowledge of certain risk factors, the evaluator must also address related GRPs (i.e., when evaluating if food contact surfaces are clean and sanitized, test kits would be part of the assessment of the ware washing process).

The evaluator is being audited on their overall assessment of GRPs by using observations and/or questions.

- In order for the Evaluator to be marked YES in this category the following items must be evaluated:
    a. Evaluate the protection of products from contamination by biological, chemical, and physical food safety hazards.
    b. Evaluate control of bacterial growth that can result from temperature abuse during storage.
    c. Evaluate the maintenance of equipment, especially equipment used to maintain product temperatures.

NOTE: Examples of concerns addressed by the basic operation and sanitation programs include the following:

- Pest control
- Food protection (non-critical)
- Equipment maintenance
- Water
- Plumbing
- Toilet facilities
- Sewage
- Garbage and refuse disposal
- Physical facilities
- Personnel

PS000385

Section III: General Communicable Disease Control

MPR 1

The local health department must have a system in place that allows for the referral of disease incidence and reporting information from physicians, laboratories, and other reporting entities to the local health department.

References: **Michigan Administrative Code R 325.174 (1) (5); R325.173 (7).*

Indicator 1.1

The local health department shall maintain annually reviewed policies and procedures.

This indicator may be met by:

- Maintaining the following policies and procedures for:
  - Receiving case reports from citizens, physicians, health care facilities, laboratories, and other reporting entities;
  - Entering the received reports into the Michigan Disease Surveillance System (MDSS);
  - Timely submission of case reports via MDSS to the Michigan Department of Health & Human Services (MDHHS);
  - Completion of case reports;
  - How and when data is collected, collated, and analyzed and who within the local health department is responsible for such activities; **AND**
- Evidence that policies and procedures are reviewed annually.

Documentation Required:

- Providing the above policies and procedures.
- Summary sheet or other documentation illustrating that policies and procedures were reviewed and approved by one of the following individuals: Communicable Disease (CD)/Nursing Supervisor, Medical Director, or Health Officer.

Evaluation Question:

None

Indicator 1.2

The local health department collects, collates, and analyzes CD surveillance data that is reported to their jurisdiction by physicians, laboratories, and other authorized reporting entities.

This indicator may be met by:

- The local health department conducts weekly analysis of reported disease cases that shall be documented in a log (e.g., weekly MDSS line list, or report) and signed-off by the CD/Nursing Supervisor, Epidemiologist, or Medical Director.
- Weekly Surveillance log (e.g., weekly MDSS line list, or report of cases).

Documentation Required:

Evidence that weekly surveillance log is monitored and signed-off on a weekly basis by the CD/Nursing Supervisor, Epidemiologist, or Medical Director. It is highly recommended that weekly analyses are maintained electronically.

Evaluation Question:

None

Indicator 1.3

The local health department electronically submits CD cases and case report forms that are complete, accurate, and timely to MDHHS by utilization of the MDSS.

Note: A random sample of case reports will be pulled out of MDSS by the Reviewer prior to the Review for evaluation of this indicator.

This indicator may be met by:

- Evidence of MDSS and case report form utilization; **AND**
- Entry within 1 business day of received CD reports into the MDSS; **AND**
- Within 7 days of receipt, at least 90% of case demographic data (name, address, age/date of birth, sex, race, and ethnicity) and pertinent case data (onset date, diagnosis date, hospitalization status) is completed in MDSS; **AND**
- Upon case completion, at least 90% of the detailed case report form's available fields are accounted for/filled in/completed. Information that cannot be obtained should be documented. To meet this indicator, 90% of the cases pulled by the Reviewer (e.g., 18/20) will have to meet the above criteria; **AND**
- Cases are updated, reactivated, and/or reclassified in MDSS as new information is obtained (e.g., laboratory serogroups and serotype results, patient outcome, and outbreak identification).
- **(Special Recognition)** The local health department may also have an internal review or audit process for improvement of data quality.

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Documentation Required:

- Documentation indicating the staff responsible for MDSS case entry.
- Evidence of case completion efforts, reporting timeline requirements, and staff instructions to update case report forms in MDSS as new information is obtained.

Documentation Requested:

(Special Recognition) Provide evidence of internal review process or audit that includes an aspect of data quality improvement.

Evaluation Question:

None

Indicator 1.4

The local health department shall create an annual report that includes aggregate CD data for dissemination throughout the local health department's jurisdiction.

This indicator may be met by:

- The local health department maintains and displays CD case counts in an annual report that can be distributed to interested entities such as community physicians, infection control, and private citizens. The annual report should include aggregate data to illustrate the jurisdiction's CD trends.
- **(Special Recognition)** The local health department may also disseminate a quarterly update with similar data to the above groups of people.

Documentation Required:

- Annual report of communicable diseases within your jurisdiction. The report should include an analysis and interpretation of public health data with conclusions drawn from the data.
    - Examples: comparing a 5-year disease average to current year disease counts; or including a narrative about data findings or discussing a specific condition of interest (e.g., local increase in HCV).
- List of stakeholders who receive Annual Report/quarterly updates.

Documentation Requested:

(Special Recognition) Quarterly updates or other news bulletins that get disseminated through the local health department's jurisdiction.

Section III: General Communicable Disease Control

MPR 2

The local health department shall perform investigations of communicable diseases as required by Michigan law.

References: *PA 368 of 1978, MCL 333.2433 (2)(a)(c)(i)(iii); Michigan Administrative Code R 325.174 (1) (5); R 325.173 (7).*

Indicator 2.1

The local health department shall maintain annually reviewed policies and procedures.

This indicator may be met by:

- Maintaining the following policies and procedures for:
  - Investigating individual case reports;
  - Initiation of outbreak investigations;
  - Specific reportable diseases; **AND**
- Evidence that policies and procedures are reviewed annually.

Documentation Required:

- Providing the above policies and procedures.
- Summary sheet or other documentation illustrating that policies and procedures were reviewed and approved by one of the following individuals: CD/Nursing Supervisor, Medical Director, or Health Officer.

Evaluation Question:

None

Indicator 2.2

The local health department shall initiate CD investigations as required by Michigan laws, rules, and/or executive orders.

This indicator may be met by:

- The local health department investigates individual case reports; **AND**
- The local health department conducts investigations of CD outbreaks and clusters; **AND**
- The local health department maintains protocols of specific CDs that are required to be reported by Michigan laws or rules.

Documentation Required:

- Documents and/or records that illustrate how the local health department investigates individual case reports received. This includes identifying who initiates the investigation, what action shall be taken, and the appropriate timelines to be followed.
- Documents and/or records that illustrate how the local health department conducts investigations of CD outbreaks and clusters. This should include identification of roles, corresponding responsibilities during an outbreak, and communication with MDHHS CD personnel.
- Documents and/or records that illustrate the use of disease specific protocols.

Evaluation Question:

None

Indicator 2.3

The local health department shall notify MDHHS immediately of a suspected CD outbreak in their jurisdiction.

This indicator may be met by:

- The local health department notifies MDHHS within 24 hours when their jurisdiction suspects a CD outbreak. Notification can be via phone, fax, MDSS (must include an outbreak identifier), or Notification of Serious Communicable Disease form; **AND**
- The local health department has a protocol that declares who at the local health department notifies MDHHS and what specific information should be relayed (e.g., possible pathogen, source, number ill, facility); **AND**
- The local health department maintains a file of outbreaks investigated in their jurisdiction. This review will exclude isolated complaints on the Environmental Health (EH) foodborne illness complaint log. However, reports (6-point narratives) from outbreaks that are co-investigated by both EH and CD will need to be provided for this review, as epidemiological components of the outbreak will be reviewed.
- **(Special Recognition)** To improve reporting and public health control measures, the LHD reports all outbreaks into MDSS via the aggregate form. Large outbreaks are managed using the MDSS Outbreak Management System (OMS).

Documentation Required:

- The local health department chosen means for MDHHS notification.
- Protocol for notifying MDHHS.
- Outbreak investigation folder.

Section III: General Communicable Disease Control

Documentation Requested:

(Special Recognition)

- Outbreak file contains evidence that outbreaks were entered into MDSS via the aggregate form (e.g., exported line list, MDSS investigation IDs) **OR** outbreak file contains evidence that OMS was utilized to manage one or more outbreaks.

Evaluation Question:

None

PS000391

Section III: General Communicable Disease Control

MPR 3

The local health department shall enforce Michigan law governing the control of communicable disease as required by administrative rule and statute.

References: *PA 368 of 1978, MCL § 333.2433(1)(2); MCL § 333.2451(1); *Michigan Administrative Code R 325.174 (1) (5).*

Indicator 3.1

The local health department shall maintain annually reviewed policies and procedures.

This indicator may be met by:

- Maintaining the following policies and procedures:
  - Case follow-up and completion;
  - Guidance to prevent disease transmission; **AND**
- Evidence that policies and procedures are reviewed annually.

Documentation Required:

- Providing the above policies and procedures.
- Summary sheet or other documentation illustrating that policies and procedures were reviewed and approved by one of the following individuals: CD/Nursing Supervisor, Medical Director, or Health Officer.

Evaluation Question:

None

Indicator 3.2

The local health department performs activities necessary for case follow-up, which includes guidance to prevent disease transmission.

This indicator may be met by:

- The local health department can demonstrate timely case follow-up, follow-up efforts, and completion/updates of cases in MDSS; **AND**
- The local health department maintains control guidelines or other guidance materials to assist in the control of disease spread (e.g., Norovirus Control Guidelines in Nursing Homes, etc.) that can be distributed to community partners; **OR**
- Additional educational materials, fact sheets, or other guidance documents that will assist the local health department with prevention of disease transmission.

- **(Special Recognition)** Provide communicable disease presentations to educational venues such as conferences and community health education fairs.

Documentation Required:

Records and/or documentation that demonstrates timely case follow-up, follow-up efforts, and completion/updates of cases in MDSS.

Documentation Requested:

- Control guidelines or other guidance materials to assist in the control of disease spread (e.g., Norovirus Control Guidelines in Nursing Homes, etc.) that can be distributed to community partners.
- Additional educational materials, fact sheets, or other guidance documents that will assist the local health department with prevention of disease transmission.
- **(Special Recognition)** CD presentations to educational venues such as conferences and community health education fairs.

Evaluation Question:

None

Indicator 3.3

Presence of adequately prepared staff capable of enforcing Michigan law governing the control of CDs.

This indicator may be met by:

- Staff has access to current and up-to-date reference materials (e.g., Control of Communicable Diseases Manual; Red Book; Brick Book; Michigan Communicable Disease Handbook; CDC Core Curriculum on Tuberculosis; MMWR case definitions; FIRST, Rabies, Head lice, and Scabies manuals, etc.); **AND**
- Attendance of professional development activities (which may offer CME, CEU, or contact hours), which may include in-services, conferences, seminars, and trainings.

Documentation Required:

- Local health department has documentation of CD staff participation in professional development activities, conferences, seminars, and/or trainings.
- The documentation for the above indicator may include either a copy of the CEU certificate or a listing of activities attended for a given year, along with the date of the activity.

Evaluation Question:

None

Section III: General Communicable Disease Control

Indicator 3.4

The local health department shall complete and submit the necessary foodborne or waterborne outbreak investigation forms.

This indicator may be met by:

- For foodborne outbreaks, the local health department completes and submits the CDC 52.13 (foodborne) outbreak form to MDHHS and the Michigan Department of Agriculture and Rural Development (MDARD) within 60 days of the date the first case became ill.

- For waterborne outbreaks, the local health department completes and submits the CDC 52.12 (waterborne) outbreak form to MDHHS within 60 days of the date the first case became ill.

- In the event that an investigation is still ongoing 60 days post first illness onset date, a preliminary 52.12 or 52.13 report (which includes data such as county of outbreak, onset date, exposure date, number of cases, and laboratory results) must be submitted to MDHHS within 60 days of the date the first case became ill; the completed final outbreak report form must then be sent to the appropriate agency(s) within 90 days.

Documentation Required:

Copies of completed CDC 52.13 and CDC 52.12 forms

Evaluation Question:

None

PS000394

Section IV: Hearing

MPR 1

The local health department shall provide hearing screening services for preschool age children between the ages of 3 and 5 years.

Reference: *Michigan Administrative Code, R 325.3274(1).*

Indicator 1.1

Program activity reports and statistics document the provision of hearing screening to children between the ages of 3 and 5 years in preschool, Head Start, and child care programs.

This indicator may be met by:

- A schedule or agency calendar documenting hearing technician assignments and/or responsibilities for the current year showing preschool children who were scheduled and received hearing screening services; **AND**
- A written policy or program plan articulating procedures for hearing screening for children between the ages of 3 and 5 years; **AND**
- A list of all preschool, Head Start, and child-care programs scheduled to receive hearing screening services for the current year; **AND**
- The local health department quarterly statistical records indicating the number of preschool age children screened for the past year.

Documentation Required:
See the 'This indicator may be met by:' section for this indicator.

Evaluation Question:
None

For technical assistance, please contact Jennifer Dakers at 517-335-8353 or dakersj@michigan.gov

PS000395

Section IV: Hearing

MPR 2

The local health department shall provide hearing screening services for school-age children every other year through grade 4.

Reference: *Michigan Administrative Code, R 325.3274(2).*

Indicator 2.1

Program activity reports and statistics document the provision of hearing screening in private and public (including charter) schools for all estimated children in need (e.g., total number of children in grades K, 2, and 4).

This indicator may be met by:

- A schedule or agency calendar documenting hearing technician assignments and/or responsibilities for the current year; **AND**
- A written policy or program plan articulating the level of frequency for hearing screening for school-age children; **AND**
- A list of all schools scheduled to receive hearing screening services for the current year; **AND**
- The local health department quarterly statistical records indicating the number of school-age children screened for the past year.

Documentation Required:

See the 'This indicator may be met by:' section for this indicator.

Evaluation Question:

None

PS000396

Section IV: Hearing

MPR 3

The local health department shall assure that hearing screening is conducted in accordance with the Michigan Department of Health & Human Services (MDHHS) Hearing Technician's Manual (DCH0519B, Rev. 6/03).

References: *Michigan Administrative Code, R 325.3272; R 325.3273.*

Indicator 3.1

All Stage I hearing screening is conducted individually with a pure tone audiometer at the frequencies of 1000, 2000, and 4000 Hertz at the intensities of 20, 20, and 25 decibels, respectively in each ear.

This indicator may be met by:

- The local health department maintains on file the MDHHS Hearing Technician's Manual (DCH-0519B, Rev. 6/03) and observation of operating protocols as evidenced through the Technician Observation Program (TOP) indicates compliance with the manual; **AND**
- Appropriate and operational supplies and equipment for hearing technicians to perform preschool and school-age hearing screening.

Documentation Required:

See the 'This indicator may be met by:' section for this indicator.

Evaluation Question:

None

Indicator 3.2

Hearing screening records indicate that a standard air conduction threshold audiogram reading of 250, 500, 1000, 2000, 4000, and 8000 Hertz and unmasked bone conduction thresholds at 250, 500, 1000, 2000, and 4000 Hertz is conducted during Stage II for any child responding inappropriately to any stimulation in either ear during the Intermediate Sweep.

This indicator may be met by:

- The local health department maintains on file the Michigan Department of Health & Human Services Hearing Technician's Manual (DCH-0519B, Rev. 6/03) and observation of operating protocols as evidenced through the Technician Observation Program (TOP) indicates compliance with the manual; **AND**
- Appropriate and operational supplies and equipment for hearing technicians to perform preschool and school-age hearing screening.

Documentation Required:

See the 'This indicator may be met by:' section for this indicator.

PS000397

Section IV: Hearing

Evaluation Question:

None

Indicator 3.3

Hearing screening records indicate that any child whose audiogram indicates abnormal hearing is referred for a physician's evaluation and placed on a roster for periodic retesting based on recommended referral criteria.

This indicator may be met by:

The local health department's files on children whose audiograms indicate abnormal hearing confirms that these children are referred for a physician's evaluation and are placed on a roster for periodic retesting based on recommended referral criteria (until two normal, consecutive audiograms obtained).

Documentation Required:

See the 'This indicator may be met by:' section for this indicator.

Evaluation Question:

None

PS000398

Section IV: Hearing

MPR 4

Where follow-up treatment is required, the local health department shall assure that a written statement indicating necessary course of action is provided to the parent or guardian of the child.
Reference: *PA 368 of 1978, MCL 333.9305(1).*

Indicator 4.1

Documentation exists that written statements indicating the necessary course of action has been provided to parents or guardians of children whenever follow-up examination or treatment is necessary as a result of hearing screening.

This indicator may be met by:

The local health department maintains on file parent letters indicating confirmation of the process for follow-up of children referred from Stage II screening.

Documentation Required:

See the 'This indicator may be met by:' section for this indicator.

Evaluation Question:

None

Indicator 4.2

Documentation demonstrates that children referred for examination or treatment have received the recommended services.

This indicator may be met by:

The local health department maintains on file otology clinic reports, documentation from physicians (DCH-0381 or letter), or confirmation from parents that children have received treatment.

Documentation Required:

See the 'This indicator may be met by:' section for this indicator.

Evaluation Question:

None

PS000399

Section IV: Hearing

MPR 5

The local health department shall assure that individuals administering the screening and testing are trained in accordance with curriculum approved by MDHHS.
Reference: Michigan Administrative Code, R 325.3273.

Indicator 5.1

All hearing technicians have attended a MDHHS approved training (Stage I and Stage II) and received passing grades in both written testing and practical application.

This indicator may be met by:

Hearing technician certificates confirming that technicians have participated and passed the approved MDHHS training course for the Hearing Screening Program.

Documentation Required:

See the 'This indicator may be met by:' section for this indicator.

Evaluation Question:

None

Indicator 5.2

All hearing technicians have attended at least one MDHHS approved skills workshop within the last 24 months.

This indicator may be met by:

The local health department maintains on file attendance certificates from MDHHS Annual Technician Workshops.

Documentation Required:

See the 'This indicator may be met by:' section for this indicator.

Evaluation Question:

None

Section IV: Hearing

MPR 6

A local health department shall conduct periodic free hearing programs for the testing and screening of children residing in its jurisdiction. The time and place of the programs shall be publicized.
Reference: *PA 368 of 1978, MCL 333.9301.*

Indicator 6.1

All hearing screening services are provided to children without charge to parents or guardians.

This indicator may be met by:

- A written policy or program plan articulating the opportunity to receive free preschool and school-age hearing screening services; **AND**
- Documentation of public bulletins, public service announcements and media advertisements that publicize opportunities for free preschool and school-age screening.

Documentation Required:

See the 'This indicator may be met by:' section for this indicator.

Evaluation Question:

None

Section V: Immunizations

MPR 1

The local health department (LHD) shall offer immunization services to the public following a comprehensive plan to assure full immunization of all citizens living in the jurisdiction.

References: *Omnibus Reconciliation Act of 1993, section 1928 and Part IV- Immunizations, Sec. 13631; Current Vaccines for Children (VFC) Operations Guide; Current Immunization Program Operations Manual (IPOM); PA 368 of 1978, MCL 333.9203; MCL 333.2433(1); WIC Policy Memorandum #2001; Current Comprehensive Agreement (annual); Resource Book for VFC Providers (updated annually); Current Advisory Committee on Immunization Practices (ACIP) General Recommendations on Immunization*

Indicator 1.1

The LHD shall offer vaccines to the public for protection in case of an epidemic or threatened epidemic of a vaccine preventable disease.

This indicator may be met by:

The LHD shows evidence of the capability to vaccinate susceptible individuals in the event of a vaccine preventable disease outbreak or threatened epidemic of a vaccine preventable disease.

Documentation Required:

- Written policies/protocols/operating procedures for public health preparedness during a vaccine preventable disease outbreak or threatened epidemic of a vaccine preventable disease.

Evaluation Questions:

- Has the policy/protocol/operating procedure for setting up a mass vaccination clinic in case of an outbreak of a vaccine preventable disease been reviewed and updated annually?

- Does the LHD policy/protocol/operating procedure for setting up clinics in settings other than the health department's clinics coincide with the current CDC Storage and Handling Guidance for maintaining vaccine viability?

- Does the LHD have access to the CDC Manual for Surveillance of Vaccine-Preventable Diseases and to the most current MDHHS Vaccine Preventable Disease Investigation Guidelines?

Indicator 1.2

LHD conducts free periodic immunization clinics for those residing in its jurisdiction. Clarification: "free periodic immunization clinics" refers to public vaccine, particularly Vaccines for Children Program (VFC) vaccine, Adult Vaccine Program (AVP) vaccine, and Section 317 funded vaccine. The LHD must be conducting clinics and administering vaccines.

Section V: Immunizations

This indicator may be met by:

a) The LHD offers all vaccines recommended by the Vaccines for Children (VFC) Program to those residing in its jurisdiction.
b) The LHD is a VFC provider.

Documentation Required:

- Written policies/protocols/operating procedures for the appropriate vaccination of all LHD clients
- Documentation of all walk-in and appointment based clinic hours and locations showing availability to meet the public demand
- LHD VFC enrollment and profile forms for the past three years

Evaluation Questions:

- Does the LHD provide age appropriate vaccine as recommended by VFC?
- How does the LHD meet the public demand to vaccinate individuals?
- How are clinic hours publicized?
- Are walk-in clients accepted?
- Are appointments able to be scheduled within a four week time period?
- Does the LHD offer vaccines through other special MDHHS publicly funded vaccine programs?

Indicator 1.3

The local health department uses the IAP mechanism to improve jurisdiction and LHD immunization rates, assure convenient, accessible clinic hours, coordinate immunization services, provide educational and technical services, and develop private and public partnerships.

This indicator may be met by:

a) The LHD submits semi-annual Immunization Action Plan (IAP) reports on or before the due date each year.

b) The LHD submits an annual IAP plan by the due date each year.

c) At least one representative from each local health department will attend the IAP meetings held twice a year.

PS000403

Section V: Immunizations

Documentation Required:

- IAP reports submitted and on file at the LHD for the last 3 years
- IAP plans submitted and on file at the LHD for the last 3 years

Evaluation Questions:

- Did at least one representative from each local health department attend in entirety each of the bi-annual IAP meetings according to MDHHS IAP Coordinator Meeting sign-in sheets?
- Did the LHD submit all IAP reports on time in the last 3 years?
- Did the LHD submit an annual IAP plan on time for the last 3 years?

Indicator 1.4

The local health department shows evidence of clientele reminder/recall for Advisory Committee on Immunization Practices (ACIP) vaccines not up to date.

This indicator may be met by:

a) The LHD will maintain a policy/protocol/operating procedure on the process for their recall efforts.

b) The LHD conducts quarterly reminder and/or recall efforts for their health department clients and details which methods were used on a chart or a graph (cards, letters, phone calls, other methods of outreach).

c) The LHD participates in collaborative efforts with private providers to promote/implement a recall system.

Documentation Required:

- Current policy/protocol/operating procedure on LHD reminder/recall.
- Documentation of reminder/recall efforts on a graph or spreadsheet outlining the number of reminder and/or recall notices sent to LHD clients, details about which methods were used (cards, letters, phone calls, emails, texts, or other methods of outreach), date, antigens/ages recalled, and number of letters/phone calls/etc.
- Review of three client records that have been tracked showing response to recall
- Documentation of ongoing efforts to work with private providers to promote reminder/recall activities (e.g. educational, MCIR-related, or other collaborative efforts)

Section V: Immunizations

Evaluation Question:

- How does the LHD determine the focus areas for their reminder/recall efforts?

Section V: Immunizations

MPR 2

The local health department adheres to immunization policies and professional standards of practice as detailed in the *Standards for Child and Adolescent Immunization Practices* and the *Standards for Adult Immunization Practices.*

References: *Omnibus Reconciliation Act of 1993, section 1928 and Part IV- Immunizations, Sec. 13631; The National Vaccine Advisory Committee (NVAC) The Standards for Child and Adolescent Immunization Practices; Standards for Adult Immunization Practices; Current Immunization Program Operations Manual; Current AIM Provider Toolkit (annual); Current Advisory Committee on Immunization Practices (ACIP) General Recommendations on Immunization*

Indicator 2.1

The LHD adheres to guidelines found in the Standards for Child and Adolescent Immunization Practices and Standards for Adult Immunization Practices regarding vaccination policies for their own clients.

This indicator may be met by:

a) Barriers to vaccination should be identified and minimized at the local health department.

b) Patient "out-of-pocket" costs are minimized.

c) Vaccinations are coordinated with other healthcare services being provided at the health department.

d) Clients seeking healthcare services at a local health department should be assessed at every encounter to determine which vaccines are indicated.

e) Office or clinic-based patient record reviews and vaccination coverage assessments are performed annually.

Documentation Required:

- Fee schedule
- Method of notification used to let clients know that immunization fees can be waived for publicly purchased vaccines

Evaluation Questions:

- Do other LHD programs, including those that serve adolescents and adults, screen and refer clients to the immunization clinic or private provider?
- Has the LHD addressed focus efforts identified for improved immunization processes during the last Assessment, Feedback, Incentive, and eXchange (AFIX) review?

Section V: Immunizations

- How does the LHD perform clinic based patient record reviews?

- Does the LHD perform vaccination coverage assessments for their clients?

Indicator 2.2

The LHD adheres to guidelines found in the Standards for Child and Adolescent Immunization Practices and Standards for Adult Immunization Practices when administering vaccines to clients.

This indicator may be met by:

a) All locations where vacines are administered have written up-to-date vaccination protocols that are easily accessible at all locations where vaccines are administered.

b) Local health department staff should simultaneously administer as many indicated vaccine doses as possible.

c) Only true contraindications should be used when vaccinating individuals.

d) Proper counseling of persons receiving vaccines should be performed, explaining immunization risks and benefits, including the distribution of the Michigan VIS.

e) All required fields for vaccination must be properly documented and records are easily accessible.

Documentation Required:

- One complete up-to-date Immunization Manual, signed annually by the LHD Medical Director, available (standing orders and emergency treatment orders) at each immunization clinic site
- LHD immunization screening tool
- Current guide to contraindications located at each clinic site (i.e., most current CDC Guide to Contraindications to Vaccinations or AIM Provider Tool Kit Guide to Contraindications)
- LHD educational materials explaining immunization risks and benefits including VIS
- Current immunization educational/promotional materials at each site

Evaluation Questions:

- Are current ACIP recommendations published in the Morbidity and Mortaility Weekly Report (MMWR), ACIP/VFC resolutions, and guidelines to contraindications for pediatric and adult immunizations included in the standing orders?

- Are the vaccine protocols/standing orders easily accessible to all LHD staff?

PS000407

Section V: Immunizations

- Does a review of LHD client vaccine administration records show that there are no missed opportunities to vaccinate?

- Does a review of LHD client vaccine administration records at all clinics show that all required immunization documentation is correct?

- How are declinations to immunization for clients of all ages documented at the LHD?

Indicator 2.3

The LHD adheres to guidelines found in the Standards for Child and Adolescent Immunization Practices and Standards for Adult Immunization Practices regarding immunization policies for local health department staff.

This indicator may be met by:

a) LHD ensures that immunization staff has been properly trained and updated on immunization practices.

b) Personnel who have contact with patients are encouraged to be appropriately vaccinated.

Documentation Required:

- Policy/Protocol/Operating Procedure on staff orientation including the required annual staff training.

- Log or chart documenting evidence of a minimum of 6 hours of annual staff training regarding current immunization practices/standards during the past three years and a list of CE/CNE's for those who administer vaccine to ensure immunization staff has been properly trained

- Log or chart documenting evidence of a minimum of 6 hours of annual training regarding current immunization practices/updates during the past three years that the Medical Director has received

- Public Health Nurse (PHN) immunization orientation plan to assure immunization staff has been properly trained

- Evidence of encouragement and/or programs to vaccinate LHD staff

Evaluation Questions

- Has the IAP Coordinator and all staff administering vaccines received at least 6 hours of annual training related to immunization?

- Does the LHD have an Immunization Nurse Education (INE) session annually for all immunization staff?

PS000408

Section V: Immunizations

- Has the Medical Director received at least 6 hours of annual training related to immunization?
- How does the LHD assure proper vaccination of all staff?
- How does the LHD handle immunization education for part time or temporary staff?

Indicator 2.4

The LHD adheres to guidelines found in the Standards for Child and Adolescent Immunization Practices and Standards for Adult Immunization Practices by promoting immunizations within their jurisdiction.

This indicator may be met by:

a) Patient-oriented and community-based approaches to increase immunization levels within the health jurisdiction (e.g. use of community data/demographics, client surveys, and foreign language materials as appropriate for community, etc.)

Documentation Required:

- Evidence of community-based approaches (e.g. use of community data/demographics, client surveys, and foreign language materials as appropriate for community, coalitions, etc.)
- Policies and/or written agreement with WIC clinics in the jurisdiction to promote immunization of WIC clients
- WIC MCIR immunization coverage levels for all WIC clinics within the LHD jurisdiction

Evaluation Questions:

- What efforts does the LHD undertake to promote adult immunizations?
- Does the LHD carry all age appropriate vaccines for their adult clients?
- How does the LHD promote the vaccination of all of the adults in their jurisdiction?
- How is the LHD promoting the use of MCIR for all adult immunizations?
- How does the LHD identify and address immunization disparity issues within their jurisdiction?

PS000409

Section V: Immunizations

MPR 3

The LHD shall comply with federal requirements of the Vaccines for Children (VFC) entitlement program.

References: *Current Immunization Program Operations Manual (IPOM); Omnibus Reconciliation Act of 1993, section 1928 and Part IV- Immunizations, Sec. 13631; Current Vaccines for Children (VFC) Operations Guide; CDC Manual for the Surveillance of Vaccine-Preventable Diseases; Resource Book for VFC Providers MDHHS (updated annually); ACIP/VFC Recommendations; Current Comprehensive Agreement MDHHS VFC/AFIX Site Visit Guidance*

Indicator 3.1

The local health department shall assure adequate storage and handling of vaccines that it administers and distributes. **(Immunization Program Operations Manual - 2013-2017 and Omnibus Reconciliation Act of 1993)**

This indicator may be met by:

a) Annual enhanced VFC site visits at each LHD vaccine storage site with no outstanding issues.

b) The local health department has appropriate equipment and monitoring devices to safely store vaccine at each of its clinic sites.

c) The local health department can demonstrate that all staff responsible for storage and handling of vaccines are familiar with and have access to the most current CDC storage and handling guidelines and other guidelines, information, and policies related to storage and handling that are provided by MDHHS.

d) The local health department has procedures in place to assure appropriate storage of vaccines and demonstrates these procedures.

e) The local health department uses appropriate storage and handling methods in the ordering of vaccines and the transport of vaccines to off-site clinics and to other providers.

Documentation Required:

- Enhanced VFC site visit questionnaires, and enhanced VFC site visit follow-up forms (if applicable) for all LHD vaccine storage sites, which address the required documentation listed below:
    - Up-to-date written policies and procedures for the safe storage of vaccines, that are consistent with the most recent CDC storage and handling guidelines, at each LHD clinic site where vaccine is stored and these policies and procedures readily available to all staff involved in vaccine storage and handling.
    - Written emergency procedure within the Immunization Manual for responding to vaccine storage problems that is up-to-date and easily accessible to all staff responsible for handling vaccines.

Section V: Immunizations

- o The name and location of an adequate back-up storage site and the written agreement updated annually stating that the site will serve as back-up for vaccine storage.

- o The past 90 days of temperature logs, monitored and recorded twice daily for each of the units used to store vaccine.

- o Calibration charts from the last three months showing weekly documentation of the alarm temperature, and Data Logger or other continuous temperature recording device reading as compared to a certified thermometer reading. Calibration charts must also show documentation of any adjustments made to the alarm or other temperature monitoring devices during each weekly time period to bring all devices within three degrees Fahrenheit or 1.5 degrees Celsius of the certified thermometer temperature.

- o Written policy within the Immunization Manual requiring the use of coolers and appropriate coolant when transporting vaccine following the most current CDC guidelines.

Evaluation Questions:

- Does the enhanced VFC site visit questionnaires, and enhanced VFC site visit follow-up forms (if applicable), show compliance with the following questions for all LHD vaccine storage sites?

- Does the local health department have adequate equipment to store frozen vaccine at all of its clinical sites where vaccine is routinely administered?

- Does the local health department have adequate equipment to store refrigerated vaccines at its own facilities' clinical sites?

- Are plug guards or other mechanisms to prevent unwanted disconnection from the power supply present for each refrigerator and freezer used to store vaccine and a 'DO NOT DISCONNECT' warning which is visible at the outlet and circuit breaker used for each unit?

- Does each refrigerator/freezer have a certified recording thermometer, and, for each unit used in the routine storage of vaccines, which exceed $1,000 in total value per unit, an alarm system in place and operational?

- Is a certified thermometer located centrally in each vaccine storage unit/compartment?

- Does the local health department have the current CDC Vaccine Storage and Handling Toolkit in view and at all vaccine storage sites?

- Does a visual inspection of vaccine storage equipment and vaccines demonstrate that the local health department complies with CDC storage and handling guidelines?

- Does a check of alarm show appropriate settings for the following: current status/settings, power supply with battery backup, and that the alarm system is operational?

Section V: Immunizations

- Does the LHD have a written back-up generator plan if there is a generator in use?
- Does a review of the Data Logger thermometer (or other continuous monitoring thermometer) for the past 90 days show temperatures within range at all times, that the Data Logger has been downloaded weekly and that the graphs match the calibration chart readings?
- Is the vaccine monitoring system functional and a review of the settings of the system shows the ability to notify personnel in case of a vaccine management emergency?
- There are no accident reports attributable to negligence on the part of the LHD filed, without satisfactory resolution of the problem, for any of its sites since its last Accreditation On-Site Review
- Are vaccines handled appropriately in the clinic setting between main storage and administration of the vaccine?

Indicator 3.2

The local health department shall assure that all requirements for participation in vaccine programs (including VFC and other vaccine distribution programs) are met. **(Reference: Vaccines for Children Operations Guidelines, November 2012)**

This indicator may be met by:

- The local health department reviews the Michigan Department of Health and Human Services (MDHHS) VFC provider enrollment form and profile form for the agency and for each participating health care provider, including each community/migrant/rural health center in its jurisdiction via the MCIR, by the submission due date: April 1.

  a) The local health department completes the Michigan Department of Health and Human Services vaccine dose reporting forms, temperature charts, and vaccine inventory forms and submits to MDHHS as supporting documentation with orders.

  b) The LHD processes provider VFC vaccine orders in a timely manner and assures that ordering requirements are met for each scheduled order.

  c) The local health department adheres to ACIP recommendations published in the MMWR, ACIP/VFC resolutions, and guidelines to contraindications for pediatric, adolescent and adult immunizations.

  d) The local health department maintains on file a sample of informational material provided to private providers regarding requirements for the VFC Program during the enrollment process.

  e) The local health department will perform VFC/AFIX site visits to VFC providers in its jurisdiction, according to minimum and maximum standards formulated by MDHHS.

Section V: Immunizations

f) The local health department documents and reports to MDHHS appropriate follow-up plans resulting from VFC/AFIX site visits.

g) The LHD assures that all providers resolve VFC vaccine losses according to MDHHS/CDC procedures and timelines.

h) The local health department assesses and documents each client's eligibility for the VFC Program and other publicly funded vaccine programs.

i) The LHD works with providers to avoid vaccine fraud, abuse and wastage.

Documentation Required:

- Documentation of required number of VFC/AFIX site visits completed for the past 3 years with all follow-up plans addressed. VFC Providers must have a VFC/AFIX visit at least every other year. The city of Detroit is expected to visit 100% of their providers annually using Quality Assurance Specialists (QAS) as assigned to Detroit.
- Documentation of required AFIX visits and all AFIX follow-up visits.
- Written protocols or procedures in the Immunization Manual used to assure written documentation and assessment of each client's eligibility for the VFC Program and other publicly funded vaccine programs.
- Protocol within the Immunization Manual describing the process for recruiting and enrolling new providers into the VFC program.
- Current policy/protocol/operating procedure on the timely processing of VFC provider vaccine orders to include the review and assessment of supporting documentation according to MDHHS guidance.
- Current policy/protocol/operating procedure on the Lost/Waste/Borrowed vaccines report including monthly submission of report for all VFC providers utilizing the MCIR Loss Report function.
- Current policy/protocol/operating procedure for the LHD and all VFC providers residing in the jurisdiction on the timely replacement of VFC Vaccine due to loss according to MDHHS/CDC guidance.
- LHD billing shows that VFC eligible children are not billed more than the maximum amount allowed for the vaccine administration fee by Centers for Medicare & Medicaid Services CMS.
- LHD protocol for follow-up on publicly purchased vaccine wastage and/or suspected fraud/abuse of publicly purchased vaccine.

PS000413

Section V: Immunizations

Evaluation Questions:

- Does a review of LHD vaccine orders show that the LHD has submitted and reviewed the supporting documentation required with their own vaccine orders?
- Is the LHD following the current policy/protocol/operating procedure on the timely processing of VFC provider vaccine order?
- Does a review of provider vaccine orders show that the LHD has reviewed the order and required supporting documentation submitted with the order?
- Is the LHD profile consistent with the amount of vaccine ordered?
- How does the LHD target providers for VFC/AFIX site visits with storage and handling issues or other vaccine management issues?
- Does the LHD conduct the combined VFC/AFIX visit at site visits for providers who have any children in the 24 – 36 month age range?
- Does the LHD conduct VFC/AFIX visits at site visits with providers who have any adolescents in the 156-216 month age range?
- Can the LHD show examples of efforts to educate providers on vaccines, immunization guidelines and publicly purchased vaccine program guidelines?
- Are LHDs training and educating providers on creating and submitting the Return/ Waste reports on a minimum of a monthly basis?
- Are all vaccine loss reports within the health jurisdiction reported according to MDHHS procedures?
- Are VFC Vaccine losses handled according to MDHHS/CDC guidance?
- Are there any outstanding unresolved VFC Vaccine Losses for the LHD or the VFC Providers in the jurisdiction?
- Does the LHD have a least one Nurse trained in the MDHHS Immunization Nurse Educator Program?

Section V: Immunizations

MPR 4

The local health department shall be an active participant and user of the Michigan Care Improvement Registry (MCIR).

References: *Michigan Administrative Code, R 325.164 (4.2); PA 368 of 1978; Current Comprehensive Agreement; PA 540 of 1996; Michigan Administrative Code, R 325.163, Michigan Administrative Code, R 333.2433(2b, 2d)*

Indicator 4.1

The local health department shall sustain an immunization level for their jurisdiction in MCIR of at least 72% for children who are aged 24 to 36 months for four (4) doses of DTaP vaccine; three (3) doses of polio vaccine; one (1) dose of MMR vaccine; three (3) doses of Hib vaccine (or complete series); three (3) doses of hepatitis B vaccine; one (1) dose of varicella vaccine (or documented immunity); and four (4) doses of pneumococcal conjugate vaccine (or complete series).

The local health department shall also assess the immunization coverage level for their jurisdiction in MCIR children aged 24 to 36 months for four (4) doses of DTaP vaccine; three (3) doses of polio vaccine; one (1) dose of MMR vaccine; three (3) doses of Hib vaccine (or complete series); three (3) doses of hepatitis B vaccine; one (1) dose of varicella vaccine (or documented immunity), four (4) doses of pneumococcal conjugate vaccine (or complete series); and two (2) doses of hepatitis A vaccine.

This indicator may be met by:

a) A jurisdiction rate, at or above, 72% for the 4:3:1:3:3:1:4 vaccine series as shown by MCIR county profile report(s) created within 30 days of the Accreditation On-Site Review.

Documentation Required:

- MCIR Profile Report(s) showing the number and percent of children aged 24 to 36 months who have received four (4) doses of DTaP vaccine; three (3) doses of polio vaccine; one (1) dose of MMR vaccine; three (3) doses of Hib vaccine (or complete series); three (3) doses of hepatitis B vaccine; one (1) dose of varicella vaccine (or documented immunity), and four (4) doses of pneumococcal conjugate vaccine (or complete series), (4:3:1:3:3:1:4 series) for all counties in the jurisdiction within 30 days of the Accreditation On-Site Review.

- MCIR Profile Report(s) showing the number and percent of children aged 24 to 36 months who have received four (4) doses of DTaP vaccine; three (3) doses of polio vaccine; one (1) dose of MMR vaccine; three (3) doses of Hib vaccine (or complete series); three (3) doses of hepatitis B vaccine; one (1) dose of varicella vaccine (or documented immunity), four (4) doses of pneumococcal conjugate vaccine (or complete series), and two (2) doses of hepatitis A vaccine. (4:3:1:3:3:1:4:2 series) for all counties in the jurisdiction within 30 days of the Accreditation On-Site Review.

Section V: Immunizations

- Written protocol included in the Immunization Manual to detailing strategies on increasing immunization coverage levels for the 4:3:1:3:3:1:4:2 series in the MCIR for children aged 24 to 36 months which includes efforts to reach identified pocket of need areas.

Evaluation Questions:

- Has the local health department reached at least a 72% level for children aged 24 to 36 months within the local health department's jurisdiction as recorded in the MCIR for the 4:3:1:3:3:1:4 series within 30 days of the Accreditation On-Site Review?

- Does the LHD assess, on a monthly basis, the rates for 4:3:3:1:3:3:1:4:2?

Indicator 4.2

The local health department shall monitor and evaluate adolescent immunization coverage levels for children aged 156 months but not yet 216 months in their jurisdiction in the MCIR for one (1) dose Td/Tdap; three (3) doses of polio vaccine; two (2) doses of MMR vaccine; three (3) doses of hepatitis B vaccine; two (2) doses of varicella vaccine (or documented immunity); one (1) dose meningococcal conjugate vaccine (MenACWY); and completion of the human papillomavirus (HPV) vaccine series.

This indicator may be met by:

- The LHD runs and evaluates on a monthly basis the MCIR adolescent immunization coverage level reports for children aged 156 months but not yet 216 months in their jurisdiction in the MCIR for one (1) dose Td/Tdap plus the primary series; three (3) doses of polio vaccine; two (2) doses of MMR vaccine; three (3) doses of hepatitis B vaccine; two (2) doses of varicella vaccine (or documented immunity), one dose meningococcal conjugate vaccine (MenACWY), and completion of the human papillomavirus (HPV) vaccine series.

Documentation Required:

- MCIR adolescent coverage level reports for all counties in the jurisdiction for the three months prior to the review showing coverage levels for one (1) dose Td/Tdap plus the primary series, three (3) doses of polio vaccine; two (2) doses of MMR vaccine; three (3) doses of hepatitis B vaccine; two (2) dose of varicella vaccine (or documented immunity)), one dose meningococcal conjugate (MenACWY) vaccine, completion of the human papillomavirus (HPV) vaccine series.

- Written protocol included in the Immunization Manual to conduct efforts to increase adolescent immunization coverage levels within the jurisdiction.

Evaluation Question:

- What efforts has the LHD conducted to target and increase adolescent immunization coverage levels for all of the recommended antigens in the jurisdiction?

- What efforts has the LHD conducted to increase the immunization coverage levels for human papillomavirus (HPV) vaccine in the jurisdiction?

Section V: Immunizations

Indicator 4.3

The local health department shall submit immunization data to MCIR according to the statutory time lines.

This indicator may be met by:

a) There is evidence that 90% of clients below the age of 20 years receiving immunizations at the local health department (all clinics in jurisdiction combined) have their immunization data submitted to MCIR within 72 hours. **(Reference: Administrative Rule 325.163, § 5)**

Documentation Required:

- MCIR Business Objects reports for all counties within the jurisdiction for 90 consecutive days prior to the review showing 72 hour data submission

Evaluation Question:

- Did 90% of the clients below the age of 20 years receiving immunizations at the local health department (all clinics in jurisdiction combined) have their immunization data submitted to the MCIR within 72 hours of vaccine administration?

Section V: Immunizations

MPR 5

The local health department uses the combined MCIR and School Immunization Record-keeping System (SIRS) web-based program (MCIR/SIRS) to track immunization levels of childcare center enrollees and school children.

References: *Current Comprehensive Agreement; PA 368 of 1978, MCL 333.9208, MCL 333.9209, MCL 333.9211, MCL 333.9212, MCL 333.9215, MCL 333.9221; PA 94 of 1979, MCL 388.1767; PA 451 of 1976, MCL 380.1177.*

Indicator 5

The local health department uses the MCIR/SIRS web-based reporting program to assure complete and accurate data has been submitted for school entrants new to the school district, all children attending Kindergarten, and seventh grade students, by December 15 and March 15 of each school year.

The local health department will assure complete and accurate reporting of childcare center immunization data by February 1st of each year to MDHHS utilizing the MCIR/SIRS reporting program. (**Reference: PH code 333.9208)**

This indicator may be met by:

a) The local health department will assure complete and accurate school immunization data for all schools in the jurisdiction have been reported December 15 and March 15 of each year to MDHHS.

b) The local health department will assure complete and accurate childcare immunization data has been reported by February 1st of each year to MDHHS.

Documentation Required:

- MDHHS Protocols for the current school year.
- Policy/protocol/operating procedure on the LHD process that details the methods used for reviewing and assuring that childcare and school immunization data are complete and accurate.
- IP-100 and IP-101 County status reports for each reporting period for the past three years.
- Documentation showing timely submission of complete and accurate school data by December 15 and March 15 of each year.
- Documentation showing timely submission of complete and accurate childcare data by February 1 of each year.
- Evidence of follow-up for non-compliant or delinquent childcare centers and schools which appear on the status reports.

For technical assistance, please contact Terri Adams at 517-284-4872 or Adamst2@michigan.gov

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Section V: Immunizations

Evaluation Questions:

- Does the LHD update/maintain the childcare and school facility master listings in MCIR/SIRS?
- What methods are used by the LHD to promote that data submitted by childcare centers and schools is complete and accurate?
- How does the LHD monitor and evaluate the immunization completion rate of children in childcare?
- How does the LHD monitor and evaluate the immunization completion rate of school age children?
- Does the LHD's Waiver Policy follow MDHHS Administrative Rules?

PS000419

Section V: Immunizations

MPR 6

The local health department complies with vaccine safety recommendations.

References: *Vaccine Adverse Event Reporting System (VAERS); The National Childhood Vaccine Injury Act of 1986 (NCVIA); Federal Register 42 USC § 300aa-25, 42 USC§ 300aa-26; Resource Book for VFC Providers MDHHS (updated annually); Current Advisory Committee on Immunization Practices (ACIP) General Recommendations on Immunization*

Indicator 6.1

The local health department vaccine programs conform to VAERS (Vaccine Adverse Event Reporting System) program requirements.

This indicator may be met by:

a) The LHD maintains on file written VAERS policies, procedures, and reports complying with program requirements.

Documentation Required:

- VAERS written policy in the Immunization Manual which includes information on utilization of up to date reporting forms (available at the U.S. Department of Health & Human Services VAERS website) and the ability to submit VAERS reports online.
- Copies of all VAERS reports filed by the LHD in the last three years (either electronically or on paper forms) showing correct documentation on up to date forms.

Evaluation Question:

- How is the LHD educating all immunization providers (both VFC and non-VFC) who administer vaccines within the jurisdiction on entering reportable adverse events after vaccination into the VAERS system?

Indicator 6.2

The local health department provides the appropriate Vaccine Information Statements (VIS) to every client or parent/guardian prior to administering vaccines and educates all immunization providers in the jurisdiction about the use and sources of these statements.

This indicator may be met by:

a) The LHD distributes VIS to all clients receiving vaccine listed on the National Vaccine Injury Compensation Program table at the clinic and documents the VIS date and date VIS given on the client's vaccine administration record.
b) There is a protocol in place to assure that all providers within the jurisdiction who administer vaccines (both VFC and non-VFC providers) are informed concerning the requirements for use of Vaccine Information Statements (VIS), and changes to VIS versions.

Section V: Immunizations

c) The local health department maintains an appropriate supply of VIS on site for distribution to all immunization providers.

d) The local health department will provide written notice to individuals receiving a vaccination that the immunization data will be added to the registry. This is commonly done using the Michigan version of the Vaccine Information Statement (VIS) which includes the MCIR language.

Documentation Required:

- Up to date Michigan VIS versions for all recommended vaccines included on the National Vaccine Injury Compensation Program table are available for distribution to clients and private providers.
- Protocol which describes the plan for VIS education and distribution to all immunization providers (both VFC and non-VFC) who administer vaccines within the jurisdiction.

Evaluation Question:

- Does the LHD use the version of the VIS that contains the MCIR statement informing an individual of their right to opt out of the MCIR?
- How does the LHD maintain the VIS dates in their electronic medical records/electronic health records (EMR/EHR) (if applicable)?

Indicator 6.3

The local health department has a referral system if problems arise after a client receives vaccine.

This indicator may be met by:

a) The LHD provides instructions for patients receiving vaccines concerning possible reactions and follow-up care.

Documentation Required:

- Example(s) of patient information handouts given to each patient, listing possible reactions to vaccines, which include phone numbers to contact if questions arise.

Evaluation Question:
None

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Section VI: Onsite Wastewater Treatment Management

MPR 1

The local health department shall have a wastewater treatment regulation capable of protecting the public health legally adopted under enabling state legislation. The regulation shall authorize an enforcement process that is utilized and includes the capability to deny permits, issue orders for corrections of failed systems, and/or other remedies for construction without a permit or for violating an order.

References: *Sections 2433 through 2446 of the Public Health Code, 1978 PA 368, as amended; Part 31, Water Resources Protection, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended; and Part 22, administrative rules.*

Indicator 1.1

Documentation that a wastewater treatment regulation is contained in a local sanitary code or ordinance legally adopted by the authorized local governing entity.

To fully meet this indicator:

The local health department maintains on file a copy of the local sanitary code and documentation confirming it has been legally adopted.

Documentation Required:

- Local health department sanitary code, ordinance and/or other regulation(s).
- Documentation from the authorized local governmental bodies that confirms the sanitary code, ordinance and/or other regulation(s) have been legally adopted.

Compliance Measurement:

Determine that documentation is provided that demonstrates the wastewater treatment regulation, contained in the local sanitary code, ordinance, and/or other regulation(s) specific to wastewater treatment systems, are legally adopted by the authorized local governing entity.

Evaluating Compliance:

Met – The local sanitary code, ordinance, and/or other regulation(s) have been lawfully adopted.

Met with Conditions –The local sanitary code, ordinance, and/or other regulation(s) have been lawfully adopted; however, evidence exists that the agency is operating outside of the authority of the local sanitary code, ordinance, and/or other regulation(s).

Not Met – The local sanitary code, ordinance, and/or other regulation(s) are not lawfully adopted.

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Section VI: Onsite Wastewater Treatment Management

Indicator 1.2

Evidence that the local wastewater treatment regulation authorizes enforcement measures including permit denials, correction orders, and/or other remedies.

To fully meet this indicator:

The local health department maintains on file the specific sanitary code provisions that define the basis of denial and enforcement.

Documentation Required:

- Local health department sanitary code, ordinance, and/or other regulation(s).
- Local health department onsite wastewater policy manual.

Compliance Measurement:

- Determine that the local sanitary code or ordinance and other regulations authorize an enforcement process that includes:
  - Capability to deny permits,
  - Issue orders for system failure corrections,
  - Other remedies for construction without a permit or violating an order.
- Determine that the local sanitary code, or written guidelines, or policies, are in existence that directs enforcement activities.

Evaluating Compliance:

Met – The On-Site Review determines all of the following:

- The local sanitary code, ordinance, and/or other regulation(s) contain provisions for enforcement.
- The local sanitary code or written guidelines or policies exist that provide direction on uniform procedures for enforcement.

Met with Conditions – The On-Site Review determines that the local sanitary code, ordinance, and/or other regulation(s) contain provisions for enforcement; however, evidence exists that the code or agency's written guidelines and/or policies provide inadequate direction on enforcement procedures.

Not Met – The local sanitary code, ordinance, and/or other regulations do not contain provisions for enforcement.

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Section VI: Onsite Wastewater Treatment Management

Indicator 1.3

Evidence that actual enforcement measures are utilized.

To fully meet this indicator:

The local health department maintains on file, retrievable documentation for denials and/or enforcement actions.

Documentation Required:

- Logbooks, computer database, and/or other method used to document and track enforcement.
- Examples of enforcement.

Compliance Measurement:

- Determine if permit denials exist.
- Determine if enforcement actions exist, which could include any of the following:
  - Record of actions taken on complaints regarding onsite wastewater
  - Installation compliance orders
  - Record of actions taken against recalcitrant installation contractors
- Determine that the agency is following the code provisions or written guidelines or policies.

Evaluating Compliance:

Met – The On-Site Review determines all of the following:

- Evidence of enforcement exists in logbooks, computer database, and/or other examples of enforcement actions.
- The agency is following the code provisions, written guidelines, or policies.

Met with Conditions – The On-Site Review determines any of the following:

- There is evidence of enforcement action being taken; however, such actions are not being routinely documented.
- The agency is inconsistently following code or the written guidelines and/or policies.

Not Met – The On-Site Review determines any of the following:

- Enforcement measures as provided by the local sanitary code, ordinance, and/or other regulation(s), and/or the agency's written guidelines, and/or policies to direct staff on uniform enforcement procedures are not being taken by the agency.
- The agency cannot provide retrievable documentation of enforcement actions authorized by the code.

PS000424

Section VI: Onsite Wastewater Treatment Management

MPR 2

The local health department shall evaluate all parcels of land and authorize the installation of any onsite wastewater treatment system in accordance with applicable regulation(s). The evaluation shall employ a site specific physical assessment of the soil's treatment and transport capacity and determine compliance with applicable regulations. Site conditions, including soil profile data obtained from on-site evaluations, shall be accurately documented. Documentation shall be maintained in an organized and functional filing system that provides retrievable information.

***References**: Sections 2433 through 2446 of the Public Health Code, 1978 PA 368, as amended; Part 31, Water Resources Protection, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended; Part 22, administrative rules; and Part 4, Department of Environmental Quality Administrative Rules for On-Site Water Supply and Sewage Disposal for Land Divisions and Subdivisions, R 560.406 to R 560.428.*

Indicator 2.1

Documentation of a site evaluation visit, which includes the soil characteristics, seasonal high water table, slope, isolation distances, location, and available area for initial and replacement systems.

To fully meet this indicator:

The local health department maintains on file recorded results of site evaluation visits that accurately document the required information.

Documentation Required:

- Sample – Random selection of wastewater permit documents (per Appendix A – Permit Selection Protocol) inclusive of site evaluation documentation.
- Local health department onsite wastewater policy manual.

Compliance Measurement:

- Determine that documentation of all site evaluations minimally identify the following essential elements:
    - The location of the soil boring(s) or excavation(s), which establish the approved area for the proposed absorption system to be installed, shall be documented in a verifiable manner (see Appendix B).
    - Soil profile data
        - Soil texture for each distinct horizon* inclusive of topsoil to the depth of the boring or excavation.
        - The use of non-USDA textural terms in the logging of the soil profile would not result in a "Not Met" during Cycle 8.
        - The use of a generic descriptor for topsoil would not result in a "Not Met" during Cycle 8.
        - Thickness of each soil horizon to the depth of the boring or excavation.

*Note: A horizon for the purpose of this guidance is defined as a soil layer which has a uniform texture.

- Seasonal high water table

- Clearly document if absent, and
- Specific depth when present in the soil profile.

- Determine site factors that may affect system design and construction, including slope and required isolation distance, are evaluated and noted on documentation when applicable.

- Determine that the location and area available for initial and replacement systems is considered as part of the site evaluation*.

*Note: The requirement for identifying a replacement system applies to issuance of new construction permits only.

Evaluating Compliance:

Met – At least 80 percent or more of site evaluation documents reviewed contain all of the essential elements.

Met with Conditions – At least 70 percent or more of site evaluation documents reviewed contain all of the essential elements and/or greater than 30 percent of the site evaluation documents reviewed contain non-USDA soil texture terminology in the logging of the soil profile.

Not Met – Less than 70 percent of the documents reviewed contain all of the essential elements.

Indicator 2.2

Permit documentation of the system location, design installation requirements, pertinent site characteristics, and nature of the building development.

To fully meet this indicator:

The local health department maintains on file the detailed plan and specifications prepared for each system for which a permit has been issued. The plan and specifications shall accurately define initial and replacement system location*, size, other pertinent construction details, and include documentation of variances, when granted.

*Note: The requirement for identifying a replacement system applies to issuance of new construction permits only.

Documentation Required:

- Sample – Random selection of wastewater permit documents (per Appendix A – Permit Selection Protocol).

- Local health department onsite wastewater policy manual.

Section VI: Onsite Wastewater Treatment Management

Compliance Measurement:

Permit documentation includes the following essential elements:

- Absorption System Location – The approved location for the absorption system identified during the site evaluation shall be communicated by an acceptable method (see Appendix B) as part of the following:
    - Drawing, or
    - Description
- Design/Installation Requirements
    - Specifications for system components that are to be installed, including treatment units, sizing of septic tank(s) and pump tank(s); type of absorption system, size and depth; and type of fill, if needed,
    - Requirements for inspections are identified.
- Pertinent Site Characteristics
    - Isolation to water wells, surface water, slope, or other factors are identified as appropriate.
- Replacement Area **-** A replacement area is identified as part of a new construction permit as follows:
    - Drawing, or
    - Description

Evaluating Compliance:

Met – At least 80 percent or more of wastewater permit documents reviewed contain all of the essential elements.

Met with Conditions – At least 70 percent or more of wastewater permit documents reviewed contain all of the essential elements.

Not Met – Less than 70 percent of the documents reviewed contain all of the essential elements.

Indicator 2.3

There is evidence of an organized filing system allowing for retrieval of information.

To fully meet this indicator:

The local health department maintains an organized filing system with retrievable information.

Section VI: Onsite Wastewater Treatment Management

Documentation Required:

- Filing system, computer database and/or other method used to retain information relevant to the wastewater treatment program.
- Local health department onsite wastewater policy manual.

Compliance Measurement:

Determine that the results of site evaluations and wastewater permit information are retained in an organized manner and is retrievable.

Evaluating Compliance:

Met – There is an organized filing system, computer database, and/or other method that allows for the consistent retrieval of information.

Met with Conditions – There is an established filing system, computer database, and/or other method to retain information; however, it is not maintained up-to-date to allow for consistent retrieval of information.

Not Met – There is no evidence of an organized filing system, computer database and/or other method to retain information.

Section VI: Onsite Wastewater Treatment Management

MPR 3

The local health department shall conduct an inspection during construction or prior to covering of the system, or shall apply an alternate method to assure the completed wastewater treatment system complies with permit requirements. Documentation of an inspection or alternate approval method shall be maintained with the permit.

References: *Sections 2433 through 2446 of the Public Health Code, 1978 PA 368, as amended; Part 31, Water Resources Protection, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended; and Part 22, administrative rules.*

Indicator 3.1

Documentation of construction and/or final inspection by the local health department or record of an alternate process to support the approval of the installation in accordance with the permit.

To fully meet this indicator:

The local health department shall conduct an inspection of all systems prior to final cover. The local health department maintains on file an accurate individual record of each inspection conducted during construction of each system. Unless otherwise specifically authorized, installer affidavits, which provide an accurate record of system installation, are maintained on file in isolated cases, representing no more than 10 percent of the total number of final inspections requested, where constraints prohibit inspection by the local health department in a timely manner.

Documentation Required:

- Logbooks and/or computer database.
- Sample – Random selection of wastewater permit documents (per Appendix A – Permit Selection Protocol) inclusive of a final inspection or installer affidavits.
- Local health department onsite wastewater policy manual.

Compliance Measurement:

- Determine that the final inspection completed by the local health department includes a drawing and verification of system components including the following essential elements:
    - Septic Tank(s), pump chamber, and enhanced treatment units
        - Size (septic tanks and pump chambers), as specified on the permit and/or documentation of size installed, if different
        - Make and Model Number of treatment unit(s), if applicable
        - Location – See Appendix C
    - Absorption Area
        - Size as specified on the permit and/or documentation of size installed, if different
        - Location – See Appendix C
    - Documentation of follow-up inspections when required by the local health department
    - Date of final inspection

  - Name or initials of staff person conducting the inspection

- Affidavits – If used:

  - Unless specific authorization has been granted, determine that no more than 10 percent of the total numbers of final inspections are installer affidavits through the logbook and/or database, or other method that documents affidavit use.
  - Determine that documentation of installer affidavits for final inspections include the following essential elements:
    - A drawing and component verification which identifies the essential elements and key components outlined in Compliance Measurement for Indicator 3.1
    - Date of the installation
    - The installer's name

Evaluating Compliance:

Met – The On-Site Review determines all of the following:

- No more than 10 percent of the final inspections are by affidavit without specific authorization.

- At least 80 percent of the final inspection documents (including affidavits, if used) reviewed contain all of the essential elements.

Met with Conditions – The On-Site Review determines all of the following:

- No more than 10 percent of the final inspections are by affidavit without specific authorization.

- At least 70 percent of the final inspection documents reviewed contain all of the essential elements.

Not Met – The On-Site Review determines any of the following:

- More than 10 percent of the final inspections are by affidavit.

- Less than 70 percent of the final inspection documents reviewed contain all of the essential elements.

Section VI: Onsite Wastewater Treatment Management

MPR 4

The local health department shall respond to all wastewater system complaints and maintain records of complaint resolutions.

***References**: Sections 2433 through 2446 of the Public Health Code, 1978 PA 368, as amended; Part 31, Water Resources Protection, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended; and Part 22, administrative rules.*

Indicator 4.1

Documentation that all complaints are recorded, evaluated, and investigated, as appropriate.

To fully meet this indicator:

The local health department maintains complaint forms and a filing system containing results of complaint investigations and documentation of final resolution.

Documentation Required:

- Logbooks, computer database, and/or a filing system for complaints regarding onsite wastewater.
- Sample – Random selection of complaints regarding onsite wastewater.
- Local health department onsite wastewater policy manual.

Compliance Measurement:

- Determine that a computer database, and/or filing system exists for retention of the results of complaint investigations.
- Determine that complaints regarding onsite wastewater are logged, investigated, and final resolution is documented as appropriate.
- Determine that a tracking system exists for complaints regarding onsite wastewater to assure final resolution.

Evaluating Compliance:

Met – Complaints as received are logged and investigated; an effective tracking system exists which is used to determine complaint status; and a record of final resolution is documented.

Met with Conditions – The majority of complaints as received are logged and investigated; however, the tracking system is not utilized effectively and as a result, a record of final resolution is not documented in all instances.

Not Met – Complaints as received are not logged and/or not investigated.

Section VI: Onsite Wastewater Treatment Management

MPR 5

The local health department shall investigate, document and evaluate the probable cause(s) of system failure.

References: *Sections 2433 through 2446 of the Public Health Code, 1978 PA 368, as amended; Part 31, Water Resources Protection, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended; and Part 22, administrative rules.*

Indicator 5.1

Approval of permits where the system has failed*, includes retrievable documentation, when available, of the age, design, site conditions, and any other pertinent data allowing for assessment of probable reason(s) for failure, and there is an annual summary of data submitted to the Michigan Department of Environment, Great Lakes, and Energy (EGLE).

*Note: For the purpose of this guidance, a system consists of a tank or tanks, absorption system, and associated appurtenances. A system is considered to have failed when sewage backs up into the home or structure, discharges to the ground surface, contaminates surface water, or drinking water supplies, any part of the system is bypassed, the system is the source of an illicit discharge, there is an absence of an absorption system, or there is a structural failure of a septic tank or other associated appurtenances.

To fully meet this indicator:

- The local health department maintains a filing system for all failed systems that includes retrievable documentation; **AND**
- Annual failed system data summaries are prepared and are on file.

Documentation Required:

- Filing system and/or computer database for retention of evaluation data regarding failed systems.
- Copy of the form that is utilized for the collection of site/system data when the available standardized form in Appendix D, is not utilized. The collection form shall contain the following minimum data elements:
  - System age
  - Design – type and sizing
  - Site conditions – soil texture and seasonal high water table
  - The probable cause(s) of failure
- Sample – Random selection of failed systems evaluation forms.
- Local health department onsite wastewater policy manual.

Compliance Measurement:

- Determine that evaluations are conducted on all failed wastewater treatment systems.
- Determine that the filing system and/or computer database or other method exists for data retention.
- Determine that annual failed system data summaries are routinely provided to the EGLE.

For technical assistance, please contact Regina Young at 517-331-5086 or YoungR15@michigan.gov

Section VI: Onsite Wastewater Treatment Management

Evaluating Compliance:

Met – The On-Site Review determines all of the following:

- A filing system and/or computer database exists for retention of evaluation information and allows for ease of retrieval.
- All of the minimum data elements are being collected on at least 80 percent of failed system evaluations reviewed.
- Annual summaries of failed system data are provided to EGLE for input into the state-wide failed system database (see Appendix D).

Not Met – The On-Site Review determines any of the following:

- Evaluations of failed onsite wastewater treatment systems are not occurring, or minimum data elements are being collected on less than 80 percent of failed system evaluations reviewed.
- A filing system and/or computer database does not exist for retention of failed system data.
- Annual failed system data submissions have not been provided to EGLE for input into the state-wide data summary system (see Appendix D).

Section VI: Onsite Wastewater Treatment Management

Appendix A

PERMIT SELECTION PROTOCOL

Goal – To collect and evaluate a representative random number of finalized wastewater permits to evaluate compliance with the Onsite Wastewater Treatment Management program Indicators VI-2.1, VI-2.2, and VI-3.1.

Method

- The sample size for permit reviews will be determined by taking an annual average of permits issued over the review cycle period (previous three years) by 4 percent, or
- Five (5) permits for each staff member with assigned responsibility for the onsite wastewater program will be sampled.

Whichever method above produces the highest permit sample population will be utilized.

Rationale: There is great variability in health departments within the State in terms of the total number of wastewater permits issued and staff members working in the Onsite Wastewater Program. This system has been developed to balance the variability and create a fair and equitable review process.

Examples:

1. A department that has reported issuing 200 wastewater permits in a fiscal year with two staff members working the Onsite Wastewater Program will have a permit sample size of 10 permits.
   - 200 permits x 4% = 8 permits sampled
   - 2 staff members x 5 permits each = 10 permits sampled
2. A department that has reported issuing 1050 wastewater permits in a fiscal year with eight staff members working the Onsite Wastewater Program will have a permit sample size of 42 permits.
   - 1050 permits x 4% = 42 permits sampled
   - 8 staff members x 5 permits each = 40 permits sampled
3. A department that has reported issuing 350 wastewater permits in a fiscal year with four staff members working the Onsite Wastewater Program will have a permit sample size of 20 permits.
   - 350 permits x 4% = 14 permits sampled
   - 4 staff members x 5 permits each = 20 permits sampled

At the time of review, where information which suggests that original random sample of permits has resulted in the selection of a permit or permits which are not representative of the program, the evaluator is allowed discretion with concurrence of the local health department to eliminate and replace permits and/or increase the overall sample size.

Appendix B

For technical assistance, please contact Regina Young at 517-331-5086 or YoungR15@michigan.gov

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Section VI: Onsite Wastewater Treatment Management

SOIL BORING/EXCAVATION LOCATION DOCUMENTATION

The wastewater treatment system location and design will be based on the information provided by the site and soil evaluation. A site and soil evaluator should be capable of properly conducting site and soil investigations and accurately recording required information so as to be able to communicate the location of the approved area. Various acceptable methods are utilized to record the location of soil boring(s) and/or excavation(s). Soil investigations which have been accurately located allow for the translation of this information onto the subsequent permit documentation utilized in communicating the system design to the installer.

The location of the soil boring(s) or excavation(s) which establish the area for the proposed absorption system shall be documented. Based on completed reviews of local health departments, a range of acceptable methods have been observed. Acceptable methods for documenting the soil boring/excavation location(s) as part of a site evaluation under the Onsite Wastewater Treatment Management program, indicator VI-2.1 include:

1. Two distance measurements from one or more reliable reference points* to the soil boring/excavation location(s).

2. Single compass bearing and distance measurement from a reliable reference point* to the soil boring/excavation location(s).

3. Scaled drawing which shows the soil boring/excavation location(s).

4. In cases of repair/replacement systems, a single distance measurement from an existing permanent benchmark** such as a home, garage, shed, etc. located in close proximity (50 feet) to the soil boring/excavation location(s).

5. Other verifiable method which has been authorized based upon communication with the EGLE. As an example, a number of local health departments have requested and received authorization to utilize a Global Positioning System (GPS) and/or Geographical Information System (GIS) technology to document the soil boring/excavation location(s) and related distance measurements.

*A reliable reference point is one of a permanent nature expected to be present at the time of absorption system installation.

** A benchmark is a specific point of reference from which measurements are made, which is expected to remain unchanged throughout the life of the system installation.

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Section VI: Onsite Wastewater Treatment Management

For soil textures, the following major soil classes of the United States Department of Agriculture (USDA) Textural Classification System (Soil Textural Triangle) and the corresponding abbreviations will be the basis for reporting.

Sand (S)
Loamy Sand (LS)
Sandy Loam (SL)
Loam (L)
Silt Loam (SIL)
Silt (SI)
Sandy Clay Loam (SCL)
Clay Loam (CL)
Silty Clay Loam (SICL)
Sandy Clay (SC)
Silty Clay (SIC)
Clay (C)

Distinctions in the sand and loamy sand classes may be made to refine the major texture classes to form the following subclasses.

Coarse Sand (COS)
Fine Sand (FS)
Very Fine Sand (VFS)
Loamy Coarse Sand (LCOS)
Loamy Fine Sand (LFS)
Loamy Very Fine Sand (LVFS)
Coarse Sandy Loam (COSL)
Fine Sandy Loam (FSL)
Very Fine Sandy Loam (VFSL)

Field descriptions of soil may also include horizon designation, color, wetness (moist, dry), structure, compaction, and presence of rock fragments.

Texture Modifiers: It is recognized that a number of modifiers can be used to further describe textured soils. Typical modifiers may include, but are not limited to, Medium, Very, Extremely, Gravelly, Cobbly, Stony, and Bouldery.

Terms used in lieu of texture: Soils not defined by the USDA Soil Textural Triangle (soil particle > 2mm or organic soils) can also be described. These may include, but are not limited to Gravel, Cobbles, Stones, Peat, Muck, Marl, Fill and Topsoil with a textural class where distinguishable.

Appendix C

FINAL INSPECTION DOCUMENTATION
Locating Key Components

Documentation obtained during the final inspection process not only assures that the system has been properly constructed in accord with the permit requirements but provides necessary information on location of key components including the septic tank, absorption system, and other specific components such as pump chambers, enhanced treatment units, etc. The availability of a final inspection drawing which accurately locates these key components serves as an important record for the homeowner, maintenance provider, and local health department necessary to provide for effective on-going system management after construction.

Based upon completed reviews of local health departments, various acceptable methods are utilized to document the location of key components which allow for them to be relocated at a later date. With rare exception, at the time of final inspection there are a variety of potential permanent benchmarks** located in close proximity to the installation. Acceptable methods for documenting the location of key components include:

1. Two distance measurements from one or more permanent benchmarks** to septic tanks, pump chambers, enhanced treatment units and absorption areas. Additional options available to absorption areas only, include:

    i. A single distance measurement from a permanent benchmark** is acceptable to the absorption area in instances where the system is located within close proximity (25') to the permanent benchmark**,

    ii. A single distance measurement from a permanent benchmark** is acceptable to a mound system which creates a distinct and separate visible land feature.

2. Single bearing and distance measurement from a permanent benchmark**.

3. Scaled drawing which shows the component location(s).

4. Notation on a drawing of general location of at-grade or above-grade septic tank risers, pump chamber lids, treatment unit access lids, or absorption system observation ports where utilized.

5. Other verifiable method which has been authorized based upon communication with the EGLE. As an example, a number of local health departments have requested and received authorization to utilize a Global Positioning System (GPS) and/or Geographical Information System (GIS) based technology to document the location of key components and related distance measurements.

** A benchmark is a specific point of reference from which measurements are made which is expected to remain unchanged throughout the life of the system installation.

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Appendix D

Failed System Evaluation
Data Collection and Submissions

For the purpose of this guidance, a failed system shall be defined as follows: **A system consists of a tank or tanks, absorption system, and associated appurtenances. A system is considered to have failed when sewage backs up into the home or structure, discharges to the ground surface, contaminates surface water or drinking water supplies, any part of the system is bypassed, the system is the source of an illicit discharge, there is an absence of an absorption system, or there is a structural failure of a septic tank or other associated appurtenances.**

Indicator 5.1 (Failed System Evaluation) is comprised of three distinct components; (1) collection of failed system/site data, (2) reporting of summarized failed system data to the Michigan Department of Environment, Great Lakes, and Energy (EGLE), and (3) an annual summary report generated by EGLE and distributed to local health departments.

EGLE Failed System Data Collection Forms (Non-Residential and Residential) – are the mechanisms for capturing all the minimum data elements of this indicator. All failed system data collection forms utilized must contain the minimum data elements captured in these forms. The option to utilize the EGLE standard data collection forms is at the discretion of the local health department. Individual health departments may create and utilize their own forms to collect and analyze information in addition to the minimum elements of this indicator. Consultation with EGLE is recommended if a health department specific form will be utilized to meet this indicator.

Note: Guidance for completion of the data collection forms has been created to foster consistency in the process of data collection. See the document entitled, "Failed System Data Collection Form – Guidance".

EGLE Failed System Data Submission Forms (Non-Residential and Residential) – are the mechanisms that will be utilized to summarize the data collected on the EGLE Failed System Data Collection Forms (or equivalent forms as discussed above) and for the annual submission of failed system data to EGLE. Data submissions shall be received within 30 days after the close of each calendar year (February 1). Other methods of data summary and submission may be utilized by local health departments. Consultation with EGLE is recommended when a health department specific form/database will be utilized to meet this indicator.

The third component will be an annual report generated by EGLE that will be distributed to all local health departments. EGLE annual report will summarize all local health department data submissions.

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☐ Failed per "failure" definition ☐ Non-Failure Date: ______________

EGLE Failed System Data Collection Form – Non-Residential

Address: _______________________________Township: __________________County: _________________

Facility Type: ☐ Church ☐ Dental/Medical ☐ Gas Station ☐ Grocery Store ☐ Industrial

☐ Multi-Family ☐ Office/Retail ☐ Restaurant ☐ School ☐ Other ________________________

Estimated Flows: ☐ <1,000 ☐ 1,000 – 6,000 ☐ >6,001 – 10,000 ☐ >10,000
(gallons per day)

Septic Tank Type:
☐ Single ☐ Two Compartment ☐ More Than One Tank ☐ No Tank

Septic Tank Capacity – Gallons:
☐ <1,000 ☐ 1,000 – 1,500 ☐ >1,500 – 2,000 ☐ >2,000 – 3,000

☐ >3,000 ☐ Unknown

Advanced Treatment Unit ☐ Yes ☐ No If yes, Treatment Unit Name: ____________________

System Design:

☐ Gravity Bed ☐ Dosed Bed ☐ Pressure Dosed Bed ☐ None

☐ Gravity Trenches ☐ Dosed Trenches ☐ Pressure Dosed Trenches ☐ Unable to Determine

☐ Gravity Mound ☐ Dosed Mound ☐ Pressure Dosed Mound

☐ Chambers ☐ Drywells ☐ Other __________________________

System Age: ☐ 0 – 5 ☐ 6 – 10 ☐ 11 – 15 ☐ 16 – 20 ☐ 21 – 25
(years)
☐ 26 – 30 ☐ 31 – 40 ☐ > 40 ☐ Unknown

Soil Texture:

☐ Coarse Sand, Medium Sand ☐ Fine Sand, Loamy Sand ☐ Sandy Loam

☐ Loam, Sandy Clay Loam ☐ Clay Loam, Silt Loam ☐ Clay, Silt

☐ Organic soil, Fill soil

Seasonal High Water Table: ☐ 0 – 12 ☐ 13 – 24 ☐ 25 – 36 ☐ 37 – 48 ☐ > 48
(inches below grade)

System Size: Bed __________ ft^2 Trenches____________bottom area ft^2 ☐ Unable to Determine

Probable Cause(s) of Failure:

For technical assistance, please contact Regina Young at 517-331-5086 or YoungR15@michigan.gov

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- ☐ Septic Tank Failure
- ☐ Infrequent Tank Pumping
- ☐ Pipe Filled with Solids
- ☐ Damaged/Collapsed Piping System
- ☐ Hydraulic Overload
- ☐ System Undersized
- ☐ Insufficient Isolation to Water Table
- ☐ Root Intrusion
- ☐ Installation Error
- ☐ Unsuitable Fill
- ☐ Dirty Stone
- ☐ Excess Cover
- ☐ Lack of Maintenance
- ☐ Soil Clogging
- ☐ Unable to Determine
- ☐ Other: ______________________________

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☐ Failed per "failure" definition ☐ Non-Failure Date: ______________

EGLE Failed System Data Collection Form – Residential

Address: ______________________________ Township: __________________ County: __________________

Dwelling Type: ☐ Single Family ☐ Two-Family

Dwelling Size: ☐ 2 Bedrooms ☐ 3 Bedrooms ☐ 4 Bedrooms ☐ >4 Bedrooms

Septic Tank Type:
☐ Single ☐ Two Compartment ☐ More Than One Tank ☐ No Tank

Septic Tank Capacity – Gallons:
☐ <1,000 ☐ 1,000 – 1,500 ☐ >1,500 – 2,000 ☐ >2,000 – 3,000
☐ >3,000 ☐ Unknown

Advanced Treatment Unit ☐ Yes ☐ No If yes, Treatment Unit Name: ____________________

System Design:
☐ Gravity Bed ☐ Dosed Bed ☐ Pressure Dosed Bed ☐ None
☐ Gravity Trenches ☐ Dosed Trenches ☐ Pressure Dosed Trenches ☐ Unable to Determine
☐ Gravity Mound ☐ Dosed Mound ☐ Pressure Dosed Mound
☐ Chambers ☐ Drywells ☐ Other __________________________

System Age: (years)
☐ 0 – 5 ☐ 6 – 10 ☐ 11 – 15 ☐ 16 – 20 ☐ 21 – 25
☐ 26 – 30 ☐ 31 – 40 ☐ > 40 ☐ Unknown

Soil Texture:
☐ Coarse Sand, Medium Sand ☐ Fine Sand, Loamy Sand ☐ Sandy Loam
☐ Loam, Sandy Clay Loam ☐ Clay Loam, Silt Loam ☐ Clay, Silt
☐ Organic soil, Fill soil

Seasonal High Water Table: (inches below grade) ☐ 0 – 12 ☐ 13 – 24 ☐ 25 – 36 ☐ 37 – 48 ☐ > 48

System Size: Bed __________ ft² Trenches____________bottom area ft² ☐ Unable to Determine

Probable Cause(s) of Failure:

For technical assistance, please contact Regina Young at 517-331-5086 or YoungR15@michigan.gov

PS000441

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- ☐ Septic Tank Failure
- ☐ Infrequent Tank Pumping
- ☐ Pipe Filled with Solids
- ☐ Damaged/Collapsed Piping System
- ☐ Hydraulic Overload
- ☐ System Undersized
- ☐ Insufficient Isolation to Water Table
- ☐ Root Intrusion
- ☐ Installation Error
- ☐ Unsuitable Fill
- ☐ Dirty Stone
- ☐ Excess Cover
- ☐ Lack of Maintenance
- ☐ Soil Clogging
- ☐ Unable to Determine
- ☐ Other: ______________________________

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Failed System Data Collection Form – Guidance

In October 2014, a workgroup, consisting of representatives of Michigan Department of Environment, Great Lakes, and Energy (EGLE) and the Michigan Association of Local Environmental Health Administrators (MALEHA) On-Site Sewage and Land Use Committee, completed an effort to revise the definition of failure under Indicator 5.1. Approval of permits where the system has failed, includes retrievable documentation, when available, of the age, design, site conditions; and any other pertinent data allowing for assessment of probable reason(s) for failure and there is an annual summary of data submitted to the EGLE. The newly revised definition not only defined what a wastewater system consisted of, but also introduced new terminology and broadened the conditions that may be observed and reported by local health departments as a failure.

During the spring of 2015, the workgroup reconvened to review and discuss the newly revised definition of failure. The workgroup recognized that consistency in data collection and reporting of failure under the new definition could be improved provided there is a clear understanding of the failure conditions discussed in the revised definition of failure. As a result of the workgroup effort, this guidance for local health departments has been expanded to clarify terminology and pertinent examples of the failure conditions that may be identified in the process of evaluating an onsite wastewater system.

Important! The information collected is intended to be representative of the wastewater system which has failed and requires a permit for correction. For the purpose of this guidance, a system consists of a tank or tanks, absorption system and associated appurtenances. A system is considered to have failed when sewage backs up into the home or structure, discharges to the ground surface, contaminates surface water or drinking water supplies, any part of the system is bypassed, the system is the source of an illicit discharge, there is an absence of an absorption system, or there is a structural failure of a septic tank or other associated appurtenances.

A. Associated Appurtenances – Examples include:
d-box (distribution box, diverter box), aeration system and chamber, added treatment devices, pumps and pump chambers, valves, effluent filters, baffles, syphons, pump vaults, floats, sweep valves and boxes, control panels, junction boxes, or similar auxiliary devices.

B. System Bypass – an intentional redirecting of a system component and includes advanced treatment system is bypassed, unplugged aeration device, disconnected absorption system/drain field, overflow or cheater pipe, bypass valve, pump placed into septic tank to bypass field, or other methods of system operation not functioning as designed.

C. Illicit Discharge – Examples include:
wastewater sent to a storm drain, wastewater sent to surface water, an open trench discharge, wastewater sent to a field tile or other system not designed for sanitary wastewater, or other physical connection to a location or system not intended to receive sanitary wastewater.

For Non-Residential systems: Indicate the facility type and estimated gallons per day flow.

For **Facility Type**, the following further descriptions are provided:

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- **Gas Station –**
  - This category would include stand-alone gas stations and gas station/convenience stores.

- **Multi-Family –**
  - This category would include community onsite systems serving apartments/townhouses, mobile home parks, and other residential developments such as condominiums and subdivisions.

For Residential systems: Indicate the dwelling type and size.

For either Non-Residential or Residential systems, the following applies:

Septic Tank Type: Indicate the type of tank arrangement providing the primary treatment (excluding any separate pumping or dosing tanks) or the complete absence of a tank.

Septic Tank Capacity – Gallons: Indicate the total volume of the tank(s) that provide the primary treatment (excluding any separate pumping or dosing tanks).

Advanced Treatment Unit: Indicate the presence or absence of an advanced treatment unit as a component to the failed system. Provide the name of the treatment unit when present.

System Design: Indicate the type of design of the failed system when determined or if available. If no information is available, or if efforts are undertaken to locate the system at the site, such as using a tile probe or soil auger and a system is located, however the specific design cannot be determined, indicate "Unable to Determine".
Note: If it is determined that there is no system; such as a tile to a ditch or field tile or other nonexistent system, indicate "None".

- Whenever "None" is indicated, completion of the remainder of the form is optional.

System Age: Indicate the age of the failed system as appropriate. If no information is provided or available as to the system age, indicate "Unknown".

Soil Texture: indicate only the soil texture representative of the infiltrative surface of the failed system. Do not report multiple soil textures representative of a typical soil profile description. In instances where there is no soil absorption system as noted above in "System Design", "None", the reporting of soil texture is optional.

Seasonal High Water Table: Indicate the depth of seasonal high water table representative of location of the failed system, based upon the natural ground surface.

System Size: Indicate the size of the failed system when determined or if available. If no information is available from any source, indicate "Unable to Determine".

Probable Cause(s) of Failure: Indicate all elements believed to be contributing to the cause of the failure.

PS000444

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Note: If desired, it is acceptable for individual county or district health departments modifying their agency's data collection form and agency guidance to capture a single, predominant cause for failure, in lieu of reporting multiple causes, as long as the agency is capable of generating the annual data summary consistent with

EGLE failed system data collection elements.

In recognition for further guidance, the following examples are provided:

- **Septic Tank Failure –**
    - There is a structural failure of the septic tank.
    - The septic tank is below its normal operating level indicating a leaking tank.
- **Hydraulic Overload –**
    - The system is receiving large quantities of ground water or surface water (could include; footing/foundation drainage via a sump pump or discharges from a water softener).
    - The design of the failed system was for a two-bedroom house, however, it is determined that the number of occupants is well beyond two people per bedroom.
- **System Undersized –**
    - The size of the failed system was based on site limitations such as insufficient space based on soils and/or space limitations.
- **Soil Clogging –**
    - The failed system is longer accepting wastewater effluent and the failure is reflective of a system that has functioned as designed during its normal life expectancy.

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EGLE Failed System Data Submission Form – Non-Residential

Calendar Year: ____

Local Health Department: ____

Total number of Non-Residential failures: ____

Facility Type; Totals:

____ Church	____ Dental/Medical	____ Gas Station	____ Grocery Store
____ Industrial	____ Multi-Family	____ Office/Retail	____ Restaurant
____ School	____ Other:____________		

Estimated Flows; Totals:
(gallons per day)

____ <1,000	____ >1,000 – 6,000	____ >6,001 – 10,000	____ >10,000

Septic Tank Type; Totals:

____ Single	____ Two Compartment	____ More Than One Tank	____ No Tank

Septic Tank Capacity – Gallons; Totals:

____ <1,000	____ >1,000 – 1,500	____ >1,500 – 2,000	____ >2,000 – 3,000
____ >3,000	____ Unknown		

Advanced Treatment Unit; Totals ____ Yes ____ No
If yes, Treatment Unit Name(s): ____________________

System Design; Totals:

____ Gravity Bed	____ Dosed Bed	____ Pressure Dosed Bed
____ Gravity Trenches	____ Dosed Trenches	____ Pressure Dosed Trenches
____ Gravity Mound	____ Dosed Mound	____ Pressure Dosed Mound
____ Chambers	____ Drywells	____ None

For technical assistance, please contact Regina Young at 517-331-5086 or YoungR15@michigan.gov

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☐ Other ______________________________ ☐ Unable to Determine

System Age Totals in Years; Totals:

☐ 0 – 5 ☐ 6 – 10 ☐ 11 – 15 ☐ 16 – 20

☐ 21 – 25 ☐ 26 – 30 ☐ 31 – 40 ☐ > 40

☐ Unknown

Soil Texture Totals:

☐ Coarse Sand, Medium Sand ☐ Fine Sand, Loamy Sand ☐ Sandy Loam

☐ Loam, Sandy Clay Loam ☐ Clay Loam, Silt Loam ☐ Clay, Silt

☐ Organic soil, Fill soil

Seasonal High Water Table; Totals:
(inches below grade)

☐ 0 – 12 ☐ 13 – 24 ☐ 25 - 36 ☐ 37 – 48 ☐ > 48

Bed Size ft²; Totals:

☐ 100 – 300 ☐ 301 – 500 ☐ 501 – 700 ☐ 701 – 900

☐ 901 – 1100 ☐ 1101 – 1300 ☐ 1301 – 1500 ☐ 1501 – 1700

☐ 1701 – 1900 ☐ 1901 – 2100 ☐ > 2100 ☐ Unable to Determine

Trench Size ft²; Totals:

☐ 100 – 300 ☐ 301 – 500 ☐ 501 – 700 ☐ 701 – 900

☐ 901 – 1100 ☐ 1101 – 1300 ☐ 1301 – 1500 ☐ 1501 – 1700

☐ 1701 – 1900 ☐ 1901 – 2100 ☐ > 2100 ☐ Unable to Determine

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Probable Cause(s) of Failure; Totals:

Septic Tank Failure	Infrequent Tank Pumping	Pipe Filled with Solids
Damaged/Collapsed Piping System	Hydraulic Overload	System Undersized
Insufficient Isolation to Water Table	Root Intrusion	Installation Error
Unsuitable Fill	Dirty Stone	Excess Cover
Lack of Maintenance	Soil Clogging	Unable to Determine
Other: ______		

PS000448

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EGLE Failed System Data Submission Form – Residential

Calendar Year: ☐

Local Health Department: ☐

Total number of Residential failures: ☐

Dwelling Type; Totals:

☐ Single Family ☐ Two-Family

Dwelling Size; Totals:

☐ 2 Bedrooms ☐ 3 Bedrooms ☐ 4 Bedrooms ☐ >4 Bedrooms

Septic Tank Type; Totals:

☐ Single ☐ Two Compartment ☐ More Than One Tank ☐ No Tank

Septic Tank Capacity – Gallons; Totals:

☐ <1,000 ☐ >1,000 – 1,500 ☐ >1,500 – 2,000 ☐ >2,000 – 3,000

☐ >3,000 ☐ Unknown

Advanced Treatment Unit; Totals ☐ Yes ☐ No
If yes, Treatment Unit Name(s): ____
____

System Design; Totals:

☐ Gravity Bed ☐ Dosed Bed ☐ Pressure Dosed Bed

☐ Gravity Trenches ☐ Dosed Trenches ☐ Pressure Dosed Trenches

☐ Gravity Mound ☐ Dosed Mound ☐ Pressure Dosed Mound

☐ Chambers ☐ Drywells ☐ None

☐ Other ________________________________ ☐ Unable to Determine

System Age Totals in Years; Totals:

For technical assistance, please contact Regina Young at 517-331-5086 or YoungR15@michigan.gov

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☐ 0 – 5 ☐ 6 – 10 ☐ 11 – 15 ☐ 16 – 20

☐ 21 – 25 ☐ 26 – 30 ☐ 31 – 40 ☐ > 40

☐ Unknown

Soil Texture Totals:

☐ Coarse Sand, Medium Sand ☐ Fine Sand, Loamy Sand ☐ Sandy Loam

☐ Loam, Sandy Clay Loam ☐ Clay Loam, Silt Loam ☐ Clay, Silt

☐ Organic soil, Fill soil

Seasonal High Water Table; Totals:
(inches below grade)

☐ 0 – 12 ☐ 13 – 24 ☐ 25 - 36 ☐ 37 – 48 ☐ > 48

Bed Size ft²; Totals:

☐ 100 – 300 ☐ 301 – 500 ☐ 501 – 700 ☐ 701 – 900

☐ 901 – 1100 ☐ 1101 – 1300 ☐ 1301 – 1500 ☐ 1501 – 1700

☐ 1701 – 1900 ☐ 1901 – 2100 ☐ > 2100 ☐ Unable to Determine

Trench Size ft²; Totals:

☐ 100 – 300 ☐ 301 – 500 ☐ 501 – 700 ☐ 701 – 900

☐ 901 – 1100 ☐ 1101 – 1300 ☐ 1301 – 1500 ☐ 1501 – 1700

☐ 1701 – 1900 ☐ 1901 – 2100 ☐ > 2100 ☐ Unable to Determine

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Probable Cause(s) of Failure; Totals:

Septic Tank Failure	Infrequent Tank Pumping	Pipe Filled with Solids
Damaged/Collapsed Piping System	Hydraulic Overload	System Undersized
Insufficient Isolation to Water Table	Root Intrusion	Installation Error
Unsuitable Fill	Dirty Stone	Excess Cover
Lack of Maintenance	Soil Clogging	Unable to Determine

Other: ____

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Appendix E

Onsite Wastewater Treatment Management Program Self-Assessment Review Option

Michigan local health departments (LHDs), in partnership with the Michigan Department of Environment, Great Lakes, and Energy (EGLE), are committed to the protection of public health and the environment through the effective Onsite Wastewater Treatment Management Programs. Structured evaluations of LHDs by EGLE staff on a 3-year basis, as part of the Michigan Local Public Health Accreditation Program (MLPHAP), have been utilized to measure the success of programs in meeting minimum program requirements (MPRs). Historical reviews clearly confirm that a commitment to ongoing quality assurance at LHDs have consistently resulted in accreditation reviews where there were few, if any, major deficiencies noted. It is the purpose of this guidance to establish the alternative option for accreditation review based upon annual LHD self-assessment and reporting which effectively communicates ongoing compliance status.

A significant component to the success of a self-assessment approach is the designation at the LHD of a key staff person or persons responsible for program training, oversight, and monitoring. They would be relied upon as the in-house expert related to program implementation consistent with the MPRs and ongoing quality assurance monitoring. Designated staff would also be expected to serve as the primary point of communication and reporting to EGLE in all matters related to accreditation specific to the Onsite Wastewater Treatment Management Program. This would include submission of annual self-assessment reports, failed system data summaries, and quarterly onsite wastewater program activity reports.

All LHDs are encouraged to utilize the self-assessment approach. However, a LHD best prepared to use this option is conducting thorough routine and ongoing quality assurance program reviews. For LHDs wishing to be authorized to utilize this approach, a written request must be submitted to EGLE for a case-by-case review. The quality assurance process, designed to meet LHD needs, is expected to be outlined by the LHD in the written request to EGLE. At the time of the scheduled accreditation review, the LHD must be prepared to discuss the specific activities being carried out.

LHDs desiring to utilize the self-assessment option are encouraged to submit their request. The self-assessment review option becomes stand-alone where a LHD has requested and been granted EGLE authorization at least 12 months prior to the scheduled accreditation review date.

Under this option, the overall accreditation review shall consist of the following elements:

- Annually, the LHD is expected to submit a program self-assessment to EGLE. The report will follow a standardized format that is available from EGLE. Annual assessments shall be transmitted each year to the EGLE in the same month as the scheduled accreditation review.
- EGLE will be responsible for providing a timely review and provide a formal response to the LHD for each self-assessment report submitted.
- As part of the ongoing self-assessment process, during the time period leading to the scheduled accreditation review by EGLE, a LHD may determine that one or more indicators are “not being met” or “met with conditions.” The LHD has full discretion to:
    - Put a corrective plan of action in place, the details of which shall be communicated with EGLE.
    - Show 90 days of compliance with the plan.

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- At the time of the scheduled accreditation review, the LHD shall receive a "Met" or "Met with Conditions" on that MPR, where EGLE verifies corrective actions have resulted in compliance.

- At the time of the scheduled accreditation review, the LHD will arrange to meet with EGLE to review and discuss the documentation outlining the Onsite Wastewater Treatment Management Program's compliance. It is anticipated that the meeting would be arranged at a time, date, and location selected by the LHD and attended by the evaluator, designated LHD quality assurance staff, and others chosen by the LHD. Discussions at that time would focus on:
    - Quality assurance activities
    - Self-assessment and compliance rating against established program standards. On or before the time of the scheduled accreditation review, the current year self-assessment document will be presented to EGLE by the LHD staff to verify that the self-assessment was completed accurately and properly.
        - The LHD will receive the rating it gave itself on any MPRs, providing EGLE verifies the rating as correct.
        - Should a LHD assess any indicators as "Not Met," which are verified at the time of accreditation review, they will be subject to the established formal accreditation Corrective Plan of Action process.
        - Should the self-assessment show an incorrect rating or a program element that was not properly or completely reviewed, that element shall be jointly reviewed with EGLE and LHD staff to determine the correct rating.
        - EGLE may review a number of the original documents assessed to determine if the self-assessment is correct and accurate.

PS000453

Section VII: HIV/AIDS & STI

All Minimum Program Requirements (MPRs) and Indicators listed below must be met in order to pass the HIV/AIDS and STI section of the Accreditation Review.

Sources of authority: *The Michigan Public Health Code, MCL 333.2433, 333.5101, 333.5111, 333.5114, 333.5114a, 333.5115, 333.5117, 333.5123, 333.5127, 333.5129, 333.5131, 333.5133, 333.5201, 333.5203, 333.5204, 333.5205, 333.5207, 333.16267, 333.20169*

Mich. Admin. Code. R. 325.171-174, R. 325.177, R. 325.179b, R. 325.181

MPR 1

Provide and/or refer clients for HIV and STI screening and treatment, regardless of client ability to pay.

Reference: *The Michigan Public Health Code, MCL 333.5114a, MCL 333.5127, 333.5129, 333.5131, 333.5133, 333.5204, 333.5205, 333.5207, Mich. Admin. R. 325.177.*

Indicator 1.1

Provide HIV and STI screening and treatment services in accordance with the Michigan Public Health Code and Michigan Department of Health and Human Services (MDHHS) accreditation and current quality assurance standards.

This indicator may be met by:

- Implementing recruitment and promotional strategies designed to increase awareness and stimulate testing among high risk individuals.
- Assessing client risk for HIV and STIs.
- Providing risk reduction/prevention counseling, in accordance with current CDC guidance.
- Providing STI testing in accordance to client risk and MDHHS criteria.
- Providing HIV testing for all clients screened and/or treated for STIs.
- Providing STI testing for clients testing positive for HIV.
- Providing appropriate HIV and STI treatment or referral, according to current CDC treatment guidelines and current MDHHS policy.

Documentation Required:

- Evidence of recruitment, outreach, and promotional activities. Evidence may include, but is not limited to: press releases, flyers, posters, billboards, and/or social media posts.
- Written clinic-specific protocol and procedures for provision of HIV and STI screening and clinical services. Protocol and procedures **MUST** address:
  - Timely admission, examination, and treatment of clients presenting for HIV and STI services;
  - Assessment of client risk for HIV and STIs;
  - Criteria for prioritizing clients for HIV and STI screening;
  - Appropriate STi treatment;
  - Routine provision of HIV testing for clients screened and/or treated for STis;
  - Provision of STi testing for clients testing positive for HIV;
  - Provision of risk reduction and prevention counseling;
  - Follow up for disclosure of test results for clients who do not complete return clinic visits.
- Evidence that all staff have received orientation/training or an annual review on clinic protocol and procedures. Evidence may include current training records, orientation checklists, or sign-in sheets.

Evaluation Questions

Section VII: HIV/AIDS & STI

- Are HIV and STI clinical and prevention services responsive to Michigan Public Health Code, MDHHS accreditation, and current quality assurance standards?
- What recruitment and promotional strategies are used to promote awareness of services and to stimulate HIV and STI testing?

Indicator 1.2

Provide court-ordered HIV and STI counseling, testing, and referral services and victim notification activities in accordance with the Michigan Public Health Code, MCL 333.5129, and MDHHS guidance.

This indicator may be met by:

Providing HIV and STI counseling, testing, and referral services on the basis of court order and for notification of victims.

Documentation Required:

- Written protocol and procedures for providing or arranging for the provision of court-ordered HIV and STI counseling, testing, and referral services and victim notification.
- Evidence that staff have received orientation and training on court-ordered testing policies and procedures. Evidence may include current training records, orientation checklists, or sign-in sheets.

Evaluation Question:

Are court-ordered HIV and STI counseling, testing, and referral services and victim notification services provided in accordance with the Michigan Public Health Code and current MDHHS guidelines?

PS000455

Section VII: HIV/AIDS & STI

MPR 2

Perform activities necessary to control the spread of HIV and STI; conduct reporting and follow-up of HIV, AIDS, and STI cases.

Reference: *The Michigan Public Health Code, MCL 333.5111, 333.5114, 333.5129, 333.5131, 333.5133, 333.5201-5207, Mich. Admin. R. 325.172-174, 325.177, 325.179b, 325.181*

Indicator 2.1

Reporting of HIV, AIDS, and STI cases is in compliance with the Michigan Communicable Disease Rules and the Michigan Public Health Code and in accordance with current MDHHS policy.

This indicator may be met by:

- Submitting HIV and STI case reports in a timely and appropriate manner.
- Providing education and technical assistance to physicians, laboratories, and other providers regarding the submission of HIV and STI case reports.

Documentation Required:

- Locally developed protocol and procedures for completion and submission of case reports.
- Evidence that staff with responsibility for case reporting have received orientation and training to policies and procedures regarding submission of case reports. Evidence may include current training records, orientation checklists, or sign-in sheets.
- Evidence of provision of technical assistance and education to physicians, laboratories, and other providers that addresses case reporting. Evidence may include Memorandums of Understanding (MOUs), Memorandums of Agreement (MOAs), meeting minutes, blast faxes, email, or other communication.

Evaluation Question:

- Are all HIV, AIDS, and STI cases reported in compliance with Michigan Communicable Disease Rules and the Michigan Public Health Code and in accordance with current MDHHS policy?
- What practices are regularly conducted to ensure timely and appropriate reporting of case reports from physicians, laboratories, and other providers?

Indicator 2.2

Confidentiality of written and electronic HIV, AIDS, and STI reports and associated patient medical records are maintained in compliance with the Michigan Public Health Code, the Health Insurance Portability and Accountability Act (HIPAA), and program standards issued by MDHHS.

This indicator may be met by:

Maintaining confidentiality of all HIV, AIDS, and STI reports, records, and data pertaining to HIV and STI testing, treatment, and reporting, pursuant to the Michigan Public Health Code, HIPAA, and program standards issued by MDHHS.

Documentation Required:

PS000456

Section VII: HIV/AIDS & STI

- Locally developed written protocol and procedures that address HIV, AIDS, and STI case reporting and medical record confidentiality, including electronic medical records and laboratory management system reports, if in use.
- Evidence that staff have received and implemented appropriate orientation and training on confidentiality protocol and procedures. Evidence may include current training records, orientation checklists, or sign-in sheets.

Evaluation Questions:

- Is the confidentiality of case reports and client medical records protected pursuant to the Michigan Public Health Code, HIPAA, and program standards issued by MDHHS?
- Does the local health department have written procedures that address HIV, AIDS, and STI client privacy?

Indicator 2.3

Investigate and respond to situations involving health threats to others, pursuant to the Michigan Public Health Code.

This indicator may be met by:

Investigating and responding to situations involving health threats to others in a way that is appropriate and in accordance with the Michigan Public Health Code.

Documentation Required:

- Locally developed written protocol and procedures for investigating and responding to situations involving health threat to others.
- Evidence that staff have received and implemented appropriate orientation and training on protocol and procedures for investigating and responding to situations involving health threats to others. Evidence may include current training records, orientation checklists, or sign-in sheets.

Evaluation Question:

How does the local health jurisdiction carry out its responsibilities with regard to investigating and responding to situations involving health threats to others?

PS000457

Section VII: HIV/AIDS & STI

MPR 3

Develop and maintain a system for staff-assisted referral of clients to medical and other prevention services, including mechanisms for monitoring and documenting referrals.

Reference: *The Michigan Public Health Code, MCL 333.5114a, 333.5129*

Indicator 3.1

Clients diagnosed with HIV or other STIs receive medical and other prevention services, which are responsive to their needs and in accordance with MDHHS program standards and guidelines.

This indicator may be met by:

- Facilitating referral to and linkage with prevention, treatment, and support services appropriate and responsive to client needs.
- Establishing, maintaining, and documenting linkages with health care and other community resources that are necessary and appropriate for the prevention and control of HIV and STIs and for addressing the prevention and care needs of clients.
- Providing education and technical assistance to local physicians, hospitals, other providers, and community groups to increase awareness about HIV and STIs, encourage screening for and treatment of HIV and STIs, support referral and linkages to needed services, and promote health department assisted PS.

Documentation Required:

- Written referral and linkage protocol and procedures which address:
    - Assessment and prioritization of client needs for prevention, treatment, and other services, especially as it relates to pregnant women, acute infections, co-infections, and other high risk or priority populations;
    - Provision of, or referral to, other prevention services (e.g., substance abuse disorder treatment);
    - Provision of assisted referral to specialty medical care for clients diagnosed with HIV, in order to evaluate and treat HIV infection;
    - Provision of screening for STI, especially syphilis, gonorrhea, and chlamydia, among clients diagnosed with HIV;
    - For HIV-positive clients, confirmation of referral completion. Successful linkage with partner services and medical specialty care for HIV positive clients is prioritized.
- Evidence that staff has received orientation and training on facilitated referrals. Evidence may include current training records, orientation checklists, or sign-in sheets.
- A current and comprehensive community resources referral directory. The directory should provide staff with specific information regarding services, eligibility, agency contacts, and other information necessary to make and support successful referrals.
- Evidence of provision of education and technical assistance to local providers that facilitate successful referrals, including the topic areas covered and target audience. Evidence may include MOUs, MOAs, meeting minutes, blast faxes, email, or other communication.
- Evidence of dissemination of the agency's annual report that addresses HIV, AIDS, and STI morbidity and mortality, including trends.

PS000458

Section VII: HIV/AIDS & STI

Evaluation Questions:

- Are clients diagnosed with HIV and STIs successfully linked to needed medical and prevention services?
- Does the health department maintain active relationships with other providers/organizations, which are relevant and appropriate to addressing client needs for prevention, treatment, and support services?
- Are appropriate referrals made to address the needs of clients and in accordance with current MDHHS quality assurance standards?

PS000459

Section VII: HIV/AIDS & STI

MPR 4

Conduct partner services (PS), by referral or through state or local staff, for HIV, syphilis, gonorrhea, and chlamydia.

Reference: *The Michigan Public Health Code, MCL 333.5114a, 333.5129, Mich. Admin. Code R. 325.173, Recommendations for Conducting Integrated Partner Services for HIV/STI Prevention (2011).*

Indicator 4.1

Individuals diagnosed with HIV, syphilis, gonorrhea, and/or chlamydia receive counseling regarding the availability of partner services (PS) and are offered assistance in notifying their sex and/or needle-sharing partners of their exposure.

This indicator may be met by:

- Providing PS, by referral or through state or local staff, which is responsive to client needs and is provided in accordance with the Michigan Public Health Code and current MDHHS standards and guidelines.
- Maintaining staffing adequate to meet PS needs.
- Maintaining relationships, for example, via memoranda of understanding/agreement (MOU/MOA), with health care providers, community-based organizations, and others that provide HIV and STI testing, in order to facilitate access to health department assisted PS among clients diagnosed with HIV and STIs.
- Maintaining timely entry of index client(s) and/or identified partner(s) documentation into the designated data system in use (i.e. Aphirm and MDSS), in accordance with current MDHHS policy.

Documentation Required:

- Written PS protocol and procedures that addresses:
    - Criteria and procedures for prioritizing partners and associates of index clients in accordance with current MDHHS standards and guidelines;
    - Prioritization of pregnant women, acute infections, co-infections, and other high risk or priority populations;
    - Field investigations and the proper documentation of (via Patient Field Template for PS or equivalent form);
    - Use of electronic, social media, and other communication strategies for notifying partners (including client notification of partners);
    - Provision of or referral for screening for HIV and STIs;
    - Provision of risk reduction/prevention counseling.
- Written policies to enable and support PS staff to work a flexible schedule outside the confines of the local health department.
- Evidence that staff with responsibility for PS has received orientation/training and maintains necessary certifications. Evidence may include current training records, orientation checklists, or sign-in sheets.
- Evidence of mechanisms and practices that facilitate efficient communication about PS with health care providers, community based organizations and other providers of HIV and STI testing services. Evidence may include meeting minutes, blast faxes, MOUs, or MOAs.

Evaluation Questions:

Are PS activities responsive to Michigan Public Health Code and current MDHHS standards and guidance?

For technical assistance, please contact Alison Johnson (JohnsonA129@michigan.gov) or Hanya Ombima (OmbimaH@michigan.gov).

PS000460

Section VII: HIV/AIDS & STI

MPR 5

Provide quality assured and evidence-based HIV and STI prevention and treatment services.

Indicator 5.1

Monitor and evaluate HIV and STI prevention and treatment services.

This indicator may be met by:

- Conducting routine, data-driven monitoring and evaluation activities.
- Conducting routine quality assurance of HIV and STI prevention and treatment services responsive to MDHHS quality assurance standards and guidelines.

Documentation Required:

- Evidence that data are routinely applied to program monitoring and evaluation activities. Examples include: use of trend data to trigger adjustment in outreach activities; case conferencing that allows for coordinated prevention activities; quality improvement projects utilizing the Plan, Do, Study, Act cycle; development of a LHD strategic plan; or use of county, state, or national data to inform programmatic decisions.
- Written protocol and procedures for quality assurance activities associated with provision of HIV and STI prevention and treatment services. Protocol and procedures must address methods to regularly address staff competency and performance.
- Evidence of use of multiple strategies to conduct agency-developed quality assurance.
- Evidence that staff has participated in quality assurance activities.
- Evidence that staff and supervisors have participated in training and professional development activities designed to improve their capacity to provide high quality HIV and STI prevention and treatment services. Evidence may include current training records, orientation checklists, or sign-in sheets.
- Evidence of completion and timely submission of quarterly medication log (340B), pursuant to guidance issued by MDHHS for 340B program requirements.
- Evidence of completion and timely submission of quality assurance reports, pursuant to guidance issued by MDHHS, including rapid test quality assurance logs and STI Quarterly Medication Inventory Report.

Evaluation Questions:

Are quality assurance activities routinely conducted and responsive to MDHHS issued quality assurance standards and guidelines?

PS000461

Section VIII: Vision

MPR 1

The local health department shall provide vision screening services for preschool children between the ages of 3 and 5 years at program centers.

Reference: *Michigan Administrative Code, R 325.13094 (1).*

Indicator 1.1

There is documentation that children between the ages of 3 and 5 years were scheduled for and received vision screenings in preschool, Head Start, and child care programs.

This indicator may be met by:

- A written policy or program plan articulating procedures for vision screening children between the ages of 3 and 5 years; **AND**
- An agency calendar or appointment book documenting vision technician assignments and/or responsibilities for the past year; **AND**
- A list of preschool, Head Start, and child care programs scheduled to receive vision screening services for the current year; **AND**
- Local health department quarterly Reporting Forms (DCH-0604) indicating the number of preschool children screened, passed, failed, referred, and receiving care.

Documentation Required:

See above.

Evaluation Question:

None

PS000462

Section VIII: Vision

MPR 2

The local health department shall provide vision screening services for school-age children in grades 1, 3, 5, 7, & 9 or in grades 1, 3, 5, & 7, and in conjunction with driver training classes at schools (public, private, charter, etc.)

Reference: *Michigan Administrative Code R 325.13094 (2).*

Indicator 2.1

Program activity reports and statistics document the provision of vision screening in public and private schools for all estimated children in need (e.g., total number of children in grades1 ,3, 5, 7, and 9)

This indicator may be met by:

- A chart or schedule documenting agency vision technician assignments and/or responsibilities for the current year; **AND**
- A written policy or program plan articulating the level of frequency for vision screening school-age children; **AND**
- Local Health Department Quarterly Reporting Forms (DCH-0604) indicating the number of school-age children screened, passed, failed, referred, and receiving care since the last accreditation site visit.

Documentation Required:

See above.

Evaluation Question:

None

PS000463

Section VIII: Vision

MPR 3

The local health department shall assure that vision screening is conducted in accordance with the Michigan Department of Health and Human Services (MDHHS) Vision Technician's Manual (latest edition).

Reference: *Michigan Administrative Code R 325.13092.*

Indicator 3.1

Appropriate screening equipment and supplies are in working order and used in the screening of preschool, ages 3-5 years, and school-age children.

This indicator may be met by:

- The local health department has on file the MDHHS Vision Technician Screening Manual (latest edition); **AND**
- Preschool supplies and equipment used by vision technicians including a tape measure, training cards, the LEA Symbols flash card acuity test, and a Stereo Butterfly Test for the screening of preschool children for binocular and monocular visual acuity, two-line difference acuity, and near stereopsis; **AND**
- School-age supplies and equipment used by vision technicians including a functioning stereoscopic instrument for the screening of school-age children for monocular visual acuity, far phoria, and two-line difference acuity, black wooden "E", or comparable orientation "E", and the plus lens test.

Documentation Required:

See above.

Evaluation Question:

None

PS000464

Section VIII: Vision

MPR 4

Where follow-up treatment is required, the local health department shall assure that a written statement indicating the necessary course of action is provided to the parent or guardian of the child.

Reference: *PA 368 of 1978, MCL 333.9305 (1).*

Indicator 4.1

Documentation exists that written statements indicating the necessary course of action have been provided to parents or guardians of children whenever follow-up examination or treatment is necessary as a result of vision screening.

This indicator may be met by:

- DCH-0503 Room Summary Forms and DCH-0503P Preschool Daily Report Forms (or equivalents) confirming follow-up information on children referred to an eye care practitioner, and sample parent letters for inspection to confirm agency process for follow-up of children referred to an eye care practitioner

Documentation Required:

See above.

Evaluation Question:

None

Indicator 4.2

Documentation demonstrates that a child referred for examination or treatment has received the recommended services.

This indicator may be met by:

- DCH-0503 Room Summary Forms and DCH-0503P Preschool Daily Report Forms (or equivalents), or letters confirming the follow-up of children referred to an eye care practitioner.

Documentation Required:

See above.

Evaluation Question:

None

PS000465

Section VIII: Vision

MPR 5

The local health department shall assure that individuals administering the screening and testing are trained in accordance with curriculum approved by the MDHHS.

Reference: *Michigan Administrative Code R 325.13093.*

Indicator 5.1

All vision technicians have been trained in accordance with curriculum approved by MDHHS, all vision technicians have attended an MDHHS approved vision technician workshop once in the last two years.

This indicator may be met by:

- Vision training certificates are on file confirming that technicians have participated in the approved MDHHS training course to become qualified to screen preschool and school-age children; **AND**
- Workshop certificates are on file confirming that technicians have participated in the approved MDHHS vision technician workshop once in the last two years; **AND**
- Appraisal forms to confirm the participation of the vision technicians in the State-developed Technician Assessment Program (TAP), where preschool screening procedures are observed and evaluated by an outside monitor with a minimum of at least 5 children, ages 3-5 years; **AND**
- Appraisal forms to confirm the participation of the vision technicians in the State-developed TAP, where school-age screening procedures are observed and evaluated by an outside monitor with a minimum of at least 5 children in grades 1,3,5,7 and 9.

Documentation Required:

See above.

Evaluation Question:

None

For technical assistance, please contact Rachel Schumann at 517-335-6596 or schumannr@michigan.gov

PS000466

Section VIII: Vision

MPR 6

A local health department shall conduct periodic free vision programs for the testing and screening of children residing in its jurisdiction. The time and place of the programs shall be publicized.

Reference: *PA 368 of 1978, MCL 333.9301.*

Indicator 6.1

All vision screening services are provided to children without charge to parents or guardians.

This indicator may be met by:

- Public announcements and media advertisement publicizing opportunities for scheduling preschool children for vision screening at local health departments.
- Documentation of public bulletins and public service announcements, since the last accreditation site visit, that includes language indicating free vision testing is available.
- An annual timetable for the purpose of notifying the public of vision screening dates, locations, and procedures for scheduling preschool children, ages 3 through 5 years, and school-age children in grades 1, 3, 5, 7, and 9, or in conjunction with driver's training.

Documentation Required:

See above.

Evaluation Question:

None

PS000467

Section IX: Family Planning

MPR 1

Provide Family Planning services following Title X Requirements for provision of services: Services must be voluntary, provided without any coercion, provided in a client-centered manner that protects the dignity of the individual, provided without discrimination, with priority to individuals from low-income families, without residency or referral criteria, with safeguards for the privacy and confidentiality of individuals being served (Tenets of Title X Services)

References: *42 CFR (10-2021 edition) §59.5 (a)(2)-(6); 42 CFR §59.5 (b)(5); 42 CFR §59.10; Health Insurance Portability and Accountability Act of 1996 (HIPAA);* ***The*** *Privacy Act of 1974,* *5 U.S.C. § 552a; Elliott-Larsen Civil Rights Act, 1976 PA 453, as amended, MCL 37.2101 to 37.2804, Executive Directive 2019-09*

Indicator 1.1

Voluntary. Services must be provided solely on a voluntary basis, without any coercion to accept services or accept any particular methods of family planning. Acceptance of services must not be made a prerequisite to eligibility or receipt of services or participation in any other program.

See Michigan Title X Family Planning Standards & Guidelines **(8.1; 8.1.A, B, C, D; 19.F.1; 20.A; 29.D.2.e)**

To fully meet this indicator:

- The agency providing family planning services assures that services will be provided to clients:
  - On a voluntary basis **(8.1)**
  - Without coercion to accept services or any particular method of family planning **(8.1.A; 19.F.1)**
  - Without making acceptance of services a prerequisite to eligibility for any other service or assistance in other programs **(8.1.B)**
- The agency general consent for services includes that services are provided on a voluntary basis, without coercion to accept services or any particular method of family planning and without prerequisite to accept any other service. **(8.1.D; 19.F.1)**
- The client's voluntary general consent must be obtained prior to receiving any clinical services. All consents are included in the client's record. **(19.F; 20.A; 29.D.2.e)**
- Staff have been informed that they may be subject to prosecution under federal law if they coerce or try to coerce any person to accept abortion or sterilization. **(8.1.C)**

Documentation Required:

- Policy and procedures that address voluntary participation without coercion, eligibility, or prerequisite.
- Agency general consent for services form
- Documentation that staff has been informed of the possibility of prosecution if they coerce any client to accept abortion or sterilization.

Evaluation Questions:

- Are there written policies in place that reflect that all services are voluntary, provided without coercion, and provided without making acceptance of services a prerequisite to eligibility for any other service or assistance in other programs?
- Does the agency general consent for services include that services are voluntary, provided without coercion, and provided without a prerequisite to accept any other service?

Indicator 1.2

Section IX: Family Planning

Dignity & Respect. Provide services in a manner that is client-centered, culturally and linguistically appropriate, inclusive and trauma-informed which protects the dignity of the individual.

See Michigan Title X Family Planning Standards & Guidelines **(8.5.2;9.2;13.1;13.4;13.4.A;19.A.1-6;29.D.3e, f)**

To fully meet this indicator:

- The agency provides services in a client-centered manner that protects the dignity of each individual. **(9.2; 19.A.1-6)**
- Has written policy and/or procedures to assure that services are client-centered, culturally and linguistically appropriate, inclusive and trauma-informed. **(9.2; 8.5.2;13;19.A.1.)**
- Service delivery to all clients includes the following: **(19.A)**
  - Assuring clients are treated courteously and with dignity and respect
  - Addressing the needs of diverse clients
  - The opportunity to participate in planning their own medical treatment
  - Encouraging clients to voice any questions or concerns they may have
- Provide an explanation of range of available services, and agency fees and financial arrangements to clients **(19.A.6)**
- Upon request, clients are given access to or provided a copy of their medical record. **(29.D.3.e, f)**
- The agency obtains Michigan Department of Health and Human Service (MDHHS) approval prior to conducting any clinical or sociological research using Title X clients as subjects. **(13.4; 13.4 A)**

Documentation Required:

- Policy and Procedure Manuals
- Client records
- Client bill of rights or other documents outlining patient rights and responsibilities
- Client Satisfaction Surveys

Evaluation Questions:

- Do policies and procedures address treating clients with dignity and respect for diverse cultural and social practices, and assure client confidentiality?

Indicator 1.3

Non-Discrimination. Projects must provide services in a manner that does not discriminate against any client based on religion, race, color, national origin, disability, age sex, sexual orientation, gender identity, sex characteristics, number of pregnancies, marital status, partisan considerations, disability or genetic information. Projects must provide services without imposing any residency requirements or requiring the patient be referred by a physician.

See Michigan Title X Family Planning Standards & Guidelines **(9; 9.3; 9.9; 13.1; 13.1.D.1-4;13.5. A.1-2; 19.A.6; 19.F.2)**

To fully meet this indicator:

- The agency has written policies and procedures on non-discrimination in providing services without regard to religion, race, color, national origin, disability, age sex, sexual orientation, gender identity, sex characteristics, number of pregnancies, marital status, partisan considerations, disability or genetic information. **(9; 9.3)**

PS000469

Section IX: Family Planning

- There is a written policy that services are provided without residency requirements or physician referral. **(9.9)**
- The agency complies with [45 CFR Part 84], so that, when viewed in its entirety, the agency is readily accessible to people with disabilities **(13.1)**
- The local agency has a written plan including all required components to ensure meaningful access to services for persons with limited English proficiency **(13.1.D. 1-4)**
- Consent forms are language appropriate for Limited English Proficiency (LEP) clients or are translated by an interpreter. **(13.1.D.4; 19.B.1; 19.F.2)**
- The agency complies with the Office of Population Affairs FPAR requirements, including a system to assure accurate collection of race and ethnicity data (FPAR Tables 2 and 3) **(13.5.A.1,2)**

Documentation Required:

- Non-discrimination policy, including policy on residency and physician referral
- Copy/location of agency's posted or distributed non-discrimination policy
- LEP plan
- Consent forms written in languages other than English, as appropriate
- Client demographic data form

Evaluation Questions:

- Are facilities accessible to individuals with disabilities including:
  - Entrance ramps are clearly marked and easily accessible?
  - Toilets accessible to the handicapped?
  - Handicapped parking?
- Does the LEP plan include:
  - A statement of agency's commitment to provide meaningful access to LEP individuals?
  - A statement that services will not be denied to clients because of LEP?
  - A statement that clients will not be asked or required to provide their own interpreter?
  - Language Assistance, oral interpretation, and/or written translation?
  - Providing notice to LEP persons?
  - Routine updating of the LEP plan?
  - Staff training?
- Is there a policy prohibiting residency requirement and physician referral?

Indicator 1.4

Priority to Low-income Populations. Provide that priority in the provision of services will be given to persons from low-income families

See Michigan Title X Family Planning Standards & Guidelines **(5; 8.4; 9.1)**

To fully meet this indicator:

- The agency has written policies and/or procedures to assure that no one is denied services or is subject to any variation in quality of services because of inability to pay **(8.4)**
- Low-income and high priority populations to be served are identified in the agency's annual plan **(5; Section 1.B Annual Health Care Plan Guidance)**
- Have policy and/or procedures to ensure that low-income clients are given priority to receive services **(9.1)**

Documentation Required:

- Sliding fee scale
- Non-discrimination policy for ability to pay

- Policy and/or Procedures that assure low-income clients are prioritized

Indicator 1.5

Confidentiality. Projects must have policies, procedures and safeguards to protect client confidentiality. Information obtained about individuals receiving services must not be disclosed without the individual's documented consent, except as required by law or as necessary to provide services to the individual. Information may otherwise be disclosed only in summary, statistical or other form that does not identify the individual. *(from old MPRs 3&11.6)*

See Michigan Title X Family Planning Standards & Guidelines **(10.1.A, B, C; 10.2; 10.3; 19.A. 3; 19.F.1; 21. H.3; 29.D.1.c; 29.D.3.a-f)**

To fully meet this indicator:

- Client confidentiality is assured by the following: **(10.1. A., B., C.; 19.A.3; 19.F.1; 29.D.3a)**
  - Confidentiality is assured in agency policy and procedures
  - A confidentiality assurance statement appears in the general consent for services in the client record.
  - All agency personnel assure confidentiality, such as a confidentiality statement
- The clinic has safeguards to provide for the confidentiality and privacy of the client as required by the Privacy Act. **(10.1,10.2; 29.D.3.a-f)**
- HIPAA regulations regarding personal health information are followed. **(29.D.1.c)**
- Systems are in place to keep client records confidential. **(29.D.1.b.4; 29.D.3)**
- The agency does not disclose client information without the client's consent, except as required by law or as necessary to provide services. **(10.2; 29.D.3.c)**
  - Agency general consent informs clients of potential disclosure of health information to a policyholder if the policyholder is someone other than the client. **(10.2.A; 21.H.3.a-c.)**
  - The agency provides confidential services to minors and observes all state laws regarding mandatory reporting and informs minors of situations of potential disclosure. **(21.H. 3; See under Indicator 9.1**)
- Information collected for reporting purposes is disclosed only in summary or statistical form **(10.3; 29.D.3.d)**

Documentation Required:

- Policy and Procedure Manuals
- Client records
- General Consent for Services

Evaluation Questions:

- Does the physical layout of the clinic ensure that services are provided in a way that protects confidentiality and privacy?

MPR 2

Provide for orientation and in-service training for all project personnel.

References: *42 CFR §59.5 (b)(4); MDHHS Michigan Title X Family Planning Standards & Guidelines; CFR Part 84; 29 CFR Part 1910 Subpart E.*

Indicator 2.1

Section IX: Family Planning

Staff Orientation and Training. Provide for orientation and in-service training for all project personnel

See Michigan Title X Family Planning Standards & Guidelines (8.5.1.A-D; 8.5.3; 8.5.4; 8.6.1-9; 13.2; 18.B; 29.B.2.d; 29.B.3.a; 29.C; 29.C.3 29.E.2.b)

To fully meet this indicator:

- The current MDHHS Title X Family Planning Standards and Guidelines Manual must be available to staff at each site. **(18.B)**
- The agency must have written personnel policies that comply with federal and state requirement and Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act of 1973, and Title 1 of Americans with Disabilities Act (Public Law 101-336). These policies should include: **(8.5.1)**
  - Staff recruitment and selection
  - Performance evaluation
  - Staff promotion
  - Staff termination
  - Compensation and benefits
  - Grievance procedures
  - Patient confidentiality
  - Duties, responsibilities, and qualifications of each position
  - Licenses for positions requiring licensure
- Personnel records are kept confidential. **(8.5.1.A)**
- Performance evaluations of program staff are conducted according to the agency personnel policy. **(8.5.1.B)**
- Organizational chart and personnel policies are available to all personnel. **(8.5.1.C)**
- Job descriptions are available for all positions and updated as needed. **(8.5.1 D)**
- The agency must have a qualified Family Planning project coordinator. **(8.5.3)**
- All clinicians, including mid-level practitioners, must maintain current licensure and certification, including drug control licenses. **(8.5.4; 29.E.2.b)**
- The agency must have written plans, protocols procedures for non-medical emergency situations, such as fire, tornado, bomb, terrorism, etc. **(13.2, 29. C)**
- The agency provides for orientation and in-service training for all program personnel, including staff of sub-recipient agencies and service sites. **(8.6.1)**
- The agency provides staff training on encouraging family involvement in the decision of minors to seek family planning services and on counseling minors on how to resist being coerced into engaging in sexual activities at least every two years. **(8.6.2)**
- The agency provides staff training regarding prevention, transmission and infection control in the health care setting of sexually transmitted infections including HIV as required by OSHA regulations. **(8.6.3)**
- The agency provides staff training in emergency procedures or natural disaster and staff understands their role. **(8.6.4, 13.2, 29.C)**
- The agency provides staff training in the unique social practices, customs, and beliefs of the under-served populations of their service area at least every two years. **(8.6.5)**
- The agency provides staff training on content related to mandated reporting and human trafficking, including information on agency policy and procedures on mandatory reporting at least every two years. **(8.6.6)**
- The agency provides training regarding the nature and safety of pharmaceuticals to clinical staff involved in dispensing medications at least every two years. **(8.6.7; 29.B.2.d; 29.B.4.a)**
- Licensed medical staff providing direct patient care is trained in CPR and have current certification. **(29.C.3; 29.E.2.b)**

Documentation Required:

- Policies and procedures for non-medical emergencies, including fire, natural disaster, robbery, power failure, and harassment.

Section IX: Family Planning

- Agency personnel policies.
- Position descriptions.
- Copies of licenses for those positions requiring licensure.
- Documentation of staff orientation and in-service training, including:
  - Staff training on the unique social practices, customs, and beliefs of the under-served populations in their service area
  - Evidence of staff trained in the prevention, transmission and infection control in the healthcare setting of sexually transmitted infections including HIV
  - Pharmaceutical training for clinical staff involved in dispensing medications
  - CPR training and certification for all licensed medial staff providing direct care
  - Staff training in emergency procedures and plans
  - Staff training on blood born pathogen transmission/OSHA training
  - Staff training on encouraging family involvement in the decision of minors to seek family planning services and on counseling minors on how to resist being coerced into engaging in sexual activities
  - Staff training on mandatory reporting and human trafficking, including information on agency policies and procedures.
- Documentation of staff continuing education
- Documentation of performance evaluations as required by agency personnel policy

MPR 3

Provide, to maximum feasible extent, an opportunity for participation in the development, implementation, and evaluation of the project by persons broadly representative of all significant elements of the population to be served, and by others in the community knowledgeable about the community's needs for family planning services. Projects must provide for an advisory committee.

Reference: *42 CFR §59.5 (b)(4); MDHHS Michigan Title X Family Planning Standards & Guidelines; CFR Part 84; 29 CFR Part 1910 Subpart E.*

Indicator 3.1
Opportunity for Community Participation, Advisory Committee

See Michigan Title X Family Planning Standards & Guidelines (11.1; 11.1.A; 11.1A.1,2,3; 11.2)

To fully meet this indicator:

- The agency must provide an opportunity for participation in the development, implementation, and evaluation of the project. **(11.1)**
  - The agency must have a governing board, program specific Family Planning Advisory Council (FPAC) or other appropriate advisory group: **(11.1.A)**
    - The council or board is broadly representative of the population served and includes people knowledgeable about family planning. (**11.1.A.1)**
    - Responsibilities of the council/board must include the following: **(11.1.A.2)**
      - Review the agency's program plan, assess accomplishments and suggest future program goals and objectives.
      - Review the agency's progress toward meeting the needs of the priority population and for making clinic services and policies responsive to the needs of the community.
    - There is documentation that the council/board meets at least once a year. **(11.1.A.2)**

- Minutes are kept of all meetings **(11.1A.3)**

Documentation Required:

- Governing Board or FPAC Roster
- Governing Board or FPAC meeting schedule
- Governing Board or FPAC meeting minutes

Indicator 3.2
Information and Education (I&E) Advisory Committee

See Michigan Title X Family Planning Standards & Guidelines (12; 12.1; 12.2; 12.3; 12.4.A-H; 12.5)

To fully meet this indicator:

- The agency must have an I & E committee that reviews and approves all informational and educational materials (print or electronic) developed or made available by the project prior to their distribution. (The Family Planning Advisory Committee/Advisory Board may take on this role so long as it meets the following requirements.) **(12; 12.1)**
    - I & E committee membership is broadly representative of the community served, in terms of demographic characteristics of the community for which materials are intended. **(12.2)**
    - The size of I & E committee is at least five members and up to the number determined needed to broadly reflect the community served. **(12.3)**
    - The I & E committee must have a written description of the review and approval process in a policy statement, by-laws or other committee documents. **(12.4.A)**
    - The I & E committee must consider: **(12.4.D)**
        - The educational and cultural backgrounds of the individuals to who the materials are addressed
        - The standards of the population to be served with respect to such materials
        - Review the content to assure the information is medically accurate, culturally/linguistically appropriate, inclusive and trauma-informed.
        - Determine whether the material is suitable for the population or community served.
    - The considerations of materials by I & E committee members must be documented using an approved MDHHS evaluation form. **(12.4.C)**
    - I & E committee approval of educational materials requires at least one half of voting members. **(12.4.E)**
- I & E Committee must meet at least once a year or more often as needed**. (12.4.F)**
- The agency must maintain a written record of the determinations and approval process including: **(12.4.G)**
    - Minutes of all meetings, including a record of determinations regarding the materials reviewed
    - Completed evaluation forms or a compiled summary of the evaluations
    - A master listing of approved materials and dates approved
- Staff overseeing work of the I & E Committee must bring previously approved materials for review and/or update at least every three years. **(12.4.H)**
- Federal grant support must be acknowledged in publications produced with family planning grant funds. **(12.5)**
    - Acknowledgement includes the following language, unless the agency has requested and received a waiver for alternate language from MDHHS: "This [publication/program/website, etc.] was supported by the Office of Population Affairs (OPA) of the U.S. Department, of Health and Human Services (HHS) as part of a financial award totaling $XX with XX percentage funded by OPA/OASH/HHS and $XX amount and XX percentage funded by non-government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by OPA/OASH/HHS, or the U.S. Government. For more information, please visit: https://opa.hhs.gov/."

Documentation Required:

- I & E Committee Roster indicating community representation of each I & E Committee member
- I & E Committee Meeting Minutes
- I & E determinations related to materials, including individual evaluation forms or a record of individual evaluations
- A Master List of approved materials with dates approved

Evaluation Questions:

- Does the I & E committee review the content of all informational and educational materials to assure the information is correct and appropriate for the intended audience?
- Does the I & E committee membership broadly represent the community served? Does not include program staff and prioritizes client and community representation?
- Does the I & E committee roster indicate community representation for each committee member?
- Is there a written record of the determinations of I & E committee members for all materials reviewed: Meeting minutes; Master list of approved materials with dates approved; Individual evaluation forms, or a compiled summary of member evaluations?
- Is there acknowledgement of Title X grant funding on all publications produced by the project? Does acknowledgement contain the required language and grant award number current at the time of publication?
- Are previously approved materials reviewed or updated at least every three years?

MPR 4

Provide for opportunities for community education, participation, and engagement to achieve community understanding of the objectives of the program; inform the community of the availability of services; and promote participation in the project by diverse persons to whom family planning services may be beneficial to ensure access to equitable, affordable, client-centered quality family planning services.

Reference: *42 CFR §59.5 (b)(3)(i-iii).*

Indicator 4.1

See Michigan Title X Family Planning Standards & Guidelines (4; 5; 8.7. A; 11.2; 11.3)

To fully meet this indicator:

- The agency must establish and implement planned activities to provide community education programs to facilitate awareness and access to family planning services and encourage participation by diverse persons in the communities served. **(11.2: 11.3)**
- The agency must submit an Annual Health Care Plan that includes written plans for: (**4; 5; 8.7.A; 11.2; Section I.B. Annual Health Care Plan Guidance)**
    - Community education activities
    - Community project promotion activities
- The agency must include priority populations based on an assessment of community needs in the target groups identified for program promotion activities. **(11.2,3; 8.7.A)**

Documentation Required:

- Annual Health Care Plan

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- Documentation of community education activities (such as, flyers, community meeting agendas, brochures, reports, logs)
- Documentation of activities program promotion activities (such as Outreach logs, news releases, articles, PSA's, and advertisements)
- Newsletters and other communications/educational tools as available

MPR 5

Provide for billing and collecting client fees to include the following: Clients with family income at or below 100% of the Federal Poverty Level (FPL) are not charged, except where payment will be made by an authorized third party. Charges will be made for services to clients with family income between 101-250% of FPL in accordance with a schedule of discounts based on ability to pay. Charges to clients with family income that exceeds 250% of FPL will be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services.

References: *42 CFR §59.5 (a)(7)-(9).*

Indicator 5.1

See Michigan Title X Family Planning Standards & Guidelines (8.4; 8.4. A-C; 8.4.1; 8.4.2; 8.4.3; 8.4.4; 8.4.5; 8.4.5.B; 8.4.8 A-B; 8.4.9)

To fully meet this indicator:

The local agency must have written policies and procedures for billing and collecting client fees; these policies must include the following:

- Clients must not be denied services or be subjected to any variation in quality of services because of inability to pay. **(8.4)**
- Individual eligibility for a discount must be documented on the client's record/file. **(8.4.A)**
- The agency relies on client self-report of income for determining eligibility for a discount, except where the agency may use income verification data provided by the client because of participation in other programs operated by the agency. **(8.4.B)**
- The agency's schedule of discounts must be developed with sufficient proportional increments to assure billing is based on ability to pay. Sub-recipients must use the mandated quartile proportional increments distributed by MDHHS unless they have requested and received an MDHHS approved waiver to use other proportional increments. **(8.4.C)**
- Clients whose documented income is at or below 100% of the federal poverty level are not charged; although the agency bills all third parties authorized or legally obligated to pay for services. **(8.4.1)**
- For clients with family incomes between 101% and 250% of the current federal poverty level, the agency has a schedule of discounts that is proportional and based on ability to pay. **(8.4.2)**

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- For clients from families whose income exceeds 250% of federal poverty level, the agency has a schedule of fees designed to recover the reasonable cost of providing services **(8.4.4)**
- The agency has a documented process for determining the costs of providing services and indicates how the schedule of fees is determined to recover reasonable costs of providing services. **(8.4.4)**
- Fees are waived for individuals with family incomes above the federal poverty level who, as determined by the site manager, are unable, for good cause, to pay for family planning services. Instances where fees are waived are documented in the client record. **(8.4.3)**
- The agency reviews program costs and reassess the fee schedule at least every two years, utilizing the MDHHS Family Planning Program cost analysis tool unless the agency has a waiver to use a different methodology for reviewing costs. **(8.4.4)**
- The agency charges minors obtaining confidential services based on the resources of the minor and not on the family income. **(8.4.5)**
- The agency does not have a policy or fee schedule that is different for minors than the fee schedule for other populations receiving family planning services. **(8.4.5.B)**
- The agency has the capacity to provide a bill for the services to a client who requests a bill. **(8.4.8.A)**
- The agency's policies on billing and collections include a policy on the "aging" of outstanding accounts. **(8.4.8.B)**
- Voluntary donations from clients are permissible; however, clients are not pressured to make donations and donations are never a prerequisite to provision of services or supplies. **(8.4.9)**

Documentation Required:

- Client records showing eligibility for discount for services
- Billing records
- Proportional sliding fee schedule established using current DHHS Poverty Guidelines
- Written agency policy and procedures for charging, billing, and collecting client fees
- Agency procedure for aging outstanding accounts

Evaluation Questions:

- Are fees waived for individuals with family incomes above the federal poverty level who, as determined by the site director, are unable to pay for services? Is this written in policy? Are incidents where fees are waived for good cause documented in the client record?

MPR 6

Provide that where there is a third party (including a government agency) authorized or legally obligated to pay for services, all reasonable efforts are be made to obtain the third-party payment without application of any discounts. Where the cost of services is to be reimbursed under title XIX, XX, or XXI of the Social Security Act, an agreement required.

Reference: *42 CFR §59.5 (a)(10); 42 CFR §59.5 (a)(8)(I, ii)*

Indicator 6.1

See Michigan Title X Family Planning Standards & Guidelines (8.4.6.; 8.4.6.A; 8.4.7; 8.4.8)

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To fully meet this indicator:

- Where there is legal obligation or authorization for third party reimbursement; all reasonable efforts must be made to obtain third party payment, without application of any discounts. **(8.4.6)**
- With regard to insured clients whose family income is at or below 250% federal poverty level; where deductible, copayments or additional fees apply, clients are never charged more than they would pay if services were charged based on the schedule of discounts. **(8.4.6.A)**
- Where reimbursement is available from Title XIX or Title XX of the Social Security Act, the agency has written agreements/registration with Title XIX, or XX agencies, for reimbursement from these agencies**. (8.4.7)**
- The agency makes reasonable efforts to collect charges without jeopardizing client confidentiality. **(8.4.8)**

Documentation Required:

- Client records showing third party pilling and reimbursement for services
- Written policy and/or procedures for charging, billing, and collecting client fees from third party payers
- Billing for Title XIX, XX, or XXI and receipts of reimbursements

Evaluation Questions:

- Do agency staff follow the billing and client fee collection procedures?

MPR 7

Provide that all services purchased for project participants are authorized by the project director or designee on the project staff. And provide that any family planning services provided by contract or similar arrangements with other service providers, are provided in accordance with a plan which establishes rates and method of payment for care. These payments must be made under agreements with a schedule of rates and payments procedures maintained by the agency. The agency must be prepared to substantiate that these rates are reasonable and necessary.

Reference: *42 CFR §59.5 (b)(7,9).*

Indicator 7.1

See Michigan Title X Family Planning Standards & Guidelines (8.3.2; 8.3.3; 8.3.4; 21.B.7; 29.A.4; 29. B.3.b, c, d.)

To fully meet this indicator:

- All services purchased for project participants must be authorized by the project director or their designee on the project staff (**8.3.3)**
- The agency must have proper segregation between requisition, procuring, receiving, and payment functions for pharmaceuticals and supplies. (**29.B.3.b, c)**
- There must be an inventory system to control purchase, use, and reordering of pharmaceuticals and supplies. **(29.B.3.c, d)**
- Safeguards must be in place to assure that drugs purchased through the 340B program for Title X are only used for clients of the family planning program and in compliance with state and federal laws. **(29.B.3; 29 B.4.d.3)**
- The agency must have in place formal arrangements regarding provision of services and reimbursement of costs for contractual services. **(8.3.2; 8.3.4)**
- If a delegate agency provides required services by referral, formal arrangements with the referral provider must be in place that include a description of the services provided and includes cost reimbursement information. **(8.3.4; 29.A.4; 21.B.7)**

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- If a delegate agency subcontracts for services, a formal agreement must be in place that assures consistency with Title X program requirements, must be identified in the annual plan and must have MDHHS approval. **(8.3.2)**

Documentation Required:

- Policies and procedures
- Records of pharmaceutical requisitions
- Documentation of Inventory system
- Records of equipment purchases over the past three years
- Copies of contractual agreements for family planning services purchased.
- Copies of referral agreements between for providing required services.
- Copies of subcontract agreements

MPR 8

Provide all core family planning services as outlined in *Providing Quality Family Planning Services (QFP): Recommendations of the CDC and U.S. Office of Population Affairs.* These include a broad range of acceptable and effective medically approved family planning methods (including natural family planning methods) and services (including pregnancy testing and counseling; assistance to achieve pregnancy; basic infertility services; STI services; preconception health services; and adolescent-friendly health services); and related preventive health services.

References: *42 CFR §59.5(a)(1); 42 CFR CH. I §59.5 (b)(1); 42 CFR §59.5 (a)(5); MMWR/ April 25, 2014/Vol 63 /No. 4. Providing Quality Family Planning Services; Recommendations of CDC and the US OPA; MMWR/ July 29, 2016/Vol.65/No.4. US Selected Practice Recommendations for Contraceptive Use, 2016; MMWR/ Centers for Disease Control and Prevention (CDC) Selective Practice Recommendations (SPR); MMWR/July 29, 2016/Vol 65/No.3 US Medical Eligibility Criteria for Contraceptive Use, 2016; MMWR/Vol.70/No.4 Sexually Transmitted Infection Treatment Guidelines, 2021; Michigan Title X Family Planning Standards & Guidelines*

Indicator 8.1

The agency must provide **Contraceptive Services**, including a **broad range of medically (FDA) approved contraceptive products and natural family planning methods and services.**

See Michigan Title X Family Planning Standards & Guidelines (8.2; 8.2A; 8.2.B; 9.8; 18. A, B; 19. B, C; 19.K.1, 2; 19.L, M; 21; 21.A; 21. A, B, C, D, E, F,G; 29.B.7; 29.D.2.c.4)

To fully meet this indicator:

- The agency provides a broad range of medically approved services, including FDA approved contraceptive products and natural family planning methods, and temporary and permanent contraception either on-site or by referral. **(9.8; 18. A)**

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- Written protocols and procedures to offer contraceptive services that are current and consistent with national standards of care, including the QFP, must be in place and available at each clinic site. **(18.B; 21; 21.A)**
- Provide that individual education and counseling is offered prior to the client making an informed choice regarding family planning services. **(19.B.C.)**
- Methods provided and for which written protocols must be in place, include: **(21. B, C, D)**
  - Reversible Contraception
    - Hormonal contraceptives
      - at least 2 delivery methods combined hormonal contraceptives on site
      - at least 1 method progestin-only hormonal contraceptive on site
      - at least a second progestin-only method available on site within 2 weeks
    - Condoms (at least male condoms)
    - At least one type of long acting reversible contraceptive (LARC) method is provided, either on site or by paid referral.
    - At least one type of natural family planning method is provided.
    - Education materials and information regarding all methods including:
      - Hormonal contraceptives
      - Abstinence
      - Fertility awareness-based methods
      - Barrier methods
      - LARCs (Intrauterine devices or Implants)
      - Sterilization
      - Emergency contraception
  - Emergency Contraception
    - Emergency Contraception education and provision or referral are provided as appropriate.
    - A written protocol is in place
  - Permanent Contraception (Sterilization)
    - Education and information regarding sterilization is provided for clients as appropriate.
    - The agency has a list of community providers where clients can be referred for sterilization (Paid referrals for sterilization are not required)
    - All federal regulations on sterilization are met if the procedure is performed by the agency
- The agency does not provide abortion as a method of family planning and has a written policy that no Title X funds are used to provide or promote abortion as a method of family planning. **(8.2; 8.2A)**
    - The agency follows Title X guidance regarding abortion-related services. **(8.2.B)**
- Clients who are undecided on a contraceptive method are informed about all methods that can be safely used based on the CDC MEC. **(21.G)**
- Client education and information about contraceptive methods is medically accurate, balanced, and provided in a nonjudgmental manner. **(21.G)**
- Client education about contraceptive methods that can be safely used includes: (**21.G.1. a-i)**
  - Method effectiveness
  - Correct and consistent use of the method
  - Benefits and Risks
  - Potential side effects
  - Protection from STDs
  - Starting the method
  - Danger signs
  - Availability of emergency contraception
  - Follow-up visits
- Documentation of contraceptive education and counseling must be in the client's medical record**. (21.G.3)**
- An informed consent for the procedure is obtained prior to inserting an IUD or implant. **(21.G.7)**
- Medical records of transfer clients receiving prescriptive methods contain: **(29.B.7)**

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- A general consent for services
- A completed client history that has been reviewed
- A documented blood pressure (BP), if the client desires to continue a combined hormonal method
- Documentation of the prescription in the client record method

- Medical history elements required for the contraceptive client: **(21.E.1)**
  - Reproductive goals
  - Allergies
  - Medications
  - Immunizations (Michigan Care Improvement Registry "MCIR" is strongly recommended)
  - Menstrual history
  - Gynecologic and Obstetrical history
  - Recent intercourse
  - Recent delivery, miscarriage or termination
  - Contraceptive use
    - Contraceptive experiences and preferences
    - Partner history (use of contraception, pregnant, has children, miscarriage or termination)
    - Condom use, allergies to condoms
    - Interest in Sterilization if age appropriate (≥ 21 per federal law requirement)
  - Current Infectious or chronic health condition (e.g., hypertension)
  - Characteristics and exposures that might affect the client's medical eligibility criteria (MEC) for contraceptive methods. (e.g., age, postpartum, breastfeeding, smoking)
  - Social history/risk behaviors
  - Sexual history and risk assessment
  - Mental health
  - Intimate partner violence
- Taking of a medical history must not be a barrier to making condoms available in the clinical setting **(21.E)**
- The following physical and laboratory assessment are provided for contraceptive clients: **(21.F.1)**
  - For clients seeking combined hormonal method and needing screening for hypertension, the following **must** be provided:
    - Blood Pressure (screen for hypertension)
  - For clients seeking IUD insertion, fitting diaphragm or cervical cap, bimanual exam and cervical inspection **must** be provided.
    - CT and GC testing must be available for clients requesting IUD insertion, if indicated.
  - Pap screening and clinical breast exam **must** be provided based on current recommendations for timing and testing components. (See Related Preventive Health Services section.)
  - Chlamydia testing **must** be offered annually for all females < 25 years, sexually active females ≥25 years with risk factors (infected partner, partner with other concurrent partners, symptoms, history of STI or multiple partners in the last year) (See page 113-114 in the STI section referencing the pre-paid forms.)
  - For male clients, laboratory tests are not required unless indicated by history.
- Revisits are individualized based on the client's need for education, counseling and clinical care beyond that provided at the visit. **(19.K.1,2; 19.L, M; 29.D.c.4)**

Documentation Required:

- Protocol and procedures manual specific to all contraceptive methods services
- Educational materials for all methods
- Access to clients' records
- Consent forms used for procedures

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Indicator 8.2

Offer **pregnancy testing and counseling services**, including offering pregnant clients the opportunity to be provided information and counseling on options.

See Michigan Title X Family Planning Standards & Guidelines (8.2 A; 9.10; 9.11; 19. K. 1,2; 19.L, M; 24; 24 A-E; 29.D.2.c.4)

To fully meet this indicator:

The agency must:

- Provide pregnancy testing, information and counseling to all clients in need of this service. **(9.10; 24)**
- Have written protocols and procedures to offer pregnancy testing and counseling services that are current and consistent with national standards of care available at each clinic site **(24)**
- Pregnancy diagnosis services include the following: **(24.A)**
    - General consent for services
    - Reproductive Goals discussion
    - Pertinent medical history
    - Environmental risk assessment
    - Testing with highly sensitive pregnancy test
    - Test results given to the client
    - Counseling and referral resources as appropriate
    - Chlamydia testing must be offered to females <25 years of age and as indicated by risk factors for females 25 years old or older
- If a pregnancy test is positive, and if ectopic pregnancy or other pregnancy abnormalities are suspected, immediate referral for diagnosis and treatment must occur. **(24.B.4)**
- The agency offers pregnant clients information and counseling regarding the following options: **(9.10.a,b; 24.C)**
    - Prenatal care and delivery
    - Infant care, foster care or adoption services
    - Pregnancy termination
- When providing pregnancy options information and counseling, the agency provides neutral, factual information and non-directive, unbiased counseling on each of the options and provides referrals upon request, except with respect to any option(s) about which the pregnant client does not wish to receive such information and counseling. **(9.10.c; 24.D)**
- Clients considering or choosing to continue the pregnancy are provided a referral for prenatal care and initial prenatal counseling upon request. **(24.G)**
- Clients considering or choosing to terminate the pregnancy are provided current information about the legal status of abortion in Michigan and are provided a referral upon request.
- For clients with a negative test, appropriate information about family planning services must be offered. **(24.H,I)**
- Revisits are individualized based on the client's need for education, counseling, contraceptive or preventive care, or repeat testing. **(19.K,L,M)**

Documentation Required:

- Protocol and procedures for pregnancy diagnosis and counseling(24.H
- Client medical records
- Educational materials related to pregnancy
- Current referral lists

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Evaluation Questions:

- Are referral lists current and do they include a full range of providers for pregnancy care?
- Is Chlamydia testing incorporated into pregnancy testing visits?

Indicator 8.3

Offer services to clients who desire to **achieve pregnancy**.

See Michigan Title X Family Planning Standards & Guidelines (19.K.1,2; 19.L, M; 23; 23. A, B; 23.D.10; 29.D.2.c.4)

To fully meet this indicator:

- Written protocols and procedures for achieving pregnancy that are current and consistent with national standards of care must be available at each clinic site **(23)**
- Client assessment includes: **(23.A)**
  - Reproductive goals
  - When pregnancy is desired
  - Length of time they have been attempting pregnancy.
    - If less than 1 year, provide counseling on maximizing fertility success
  - History of pregnancies or infertility
  - Partner engagement and support system issues
- Medical history includes: **(23.B)**
  - Immunizations
  - Medications
  - Present infectious or chronic health conditions
  - Genetic conditions
  - Environmental exposures or risks for both partners, (e.g., smoking, alcohol, Zika risk)
  - Social history/risk behaviors
  - Sexual health risk assessment
  - Mental health
  - Reproductive history
    - History of prior pregnancy/birth outcomes (preterm, cesarean delivery, miscarriage, or stillbirth)
    - Past medical/surgical history that might impair reproductive health
    - Medical conditions associated with reproductive failure that could reduce sperm quality
  - Family history
  - Intimate partner violence
- Physical Assessment includes:
  - Height, weight, BMI (screen for obesity)
  - Blood Pressure (screen for hypertension)
  - Physical exam as needed to evaluate issues raised by review of systems or complaints raised by the client.
  - STI or preconception care screening or referral for infertility or other health services as indicated.
- Client education and counseling must be documented in the medical record. **(23.D.10)**
- Revisits are individualized based on the client's need for education, counseling and clinical care beyond that provided at the visit. **(19.K.1,2; 19.L, M; 29.D.c.4)**

Documentation Required:

- Protocol and procedures for achieving pregnancy
- Client medical records
- Educational materials related to achieving pregnancy

- Current referral list

Indicator 8.4

Offer **basic infertility** services to clients desiring these services. Infertility is defined as the failure of a couple to achieve pregnancy after 12 months or longer of regular unprotected intercourse.

See Michigan Title X Family Planning Standards & Guidelines (19.K.1,2; 19.L, M; 25; 25.C.1,2. a-o; 25.C.3.a-f; 25.D.1,2. a-j; 25.F.1; 29.D.c.4)

To fully meet this indicator:

- The agency offers basic infertility services to clients desiring these services**. (25)**
- Written protocols and procedures to offer basic infertility services are current and consistent with national standards of care. **(25)**
- Evaluation as early as 6 months after regular unprotected intercourse provided for:
  - Female clients >35
  - History of oligo-amenorrhea
  - Known or suspected uterine or tubal disease or endometriosis
  - Partner known to be sub-fertile
- Medical history elements for both clients includes: **(25.C.1,2. a-p)**
  - Reproductive history (methods of contraception, coital frequency and timing, duration of infertility, prior infertility, gonadal toxin exposure, including heat)
  - Past surgeries
  - Previous hospitalizations
  - Serious illnesses or injuries
  - Past infections
  - Medical conditions associated with reproductive failure (e.g., thyroid disorders, hirsutism, diabetes mellites, or other endocrine disorders)
  - Childhood disorders
  - Cervical cancer screening results and any follow-up treatment
  - Medications (prescription and nonprescription)
  - Allergies
  - Social history/risk behaviors
  - Family history of reproductive failures
  - Level of fertility awareness
  - Previous evaluation and treatment results; gravidity, parity, pregnancy outcome(s), and associated complications; age at menarche, cycle length and characteristics, and onset/severity of dysmenorrhea
  - Sexual history (pelvic inflammatory disease, history of/exposure to STIs both partners, problems with sexual dysfunction)
  - Review of systems (symptoms of thyroid disease, pelvic or abdominal pain, dyspareunia, galactorrhea, and hirsutism)
- The following physical examination is offered for both clients if clinically indicated: **(25.C.3.a,b)**
  - Female physical examination:
    - Height, weight, and body mass index (BMI) calculation
    - Thyroid examination (i.e., enlargement, nodule, or tenderness)
    - Clinical breast examination (CBE)
    - Signs of androgen excess
    - A pelvic examination (i.e., pelvic or abdominal tenderness, organ enlargement/mass; vaginal or cervical abnormality, secretions, discharge; uterine size, shape, position, and mobility; adnexal mass or tenderness; and cul-de-sac mass, tenderness, or nodularity)
    - STI/HIV testing, as indicated

    - Chlamydia testing must be offered for females < 25 and females ≥ 25 with risk factors.
  - Male physical examination:
    - Examination of the penis (including location of the urethral meatus)
    - Palpation of the tests and measurement of their size
    - Presence and consistency of both the vas deferens and epididymis
    - Presence of a varicocele
    - Secondary sex characteristics
    - STI/HIV testing, as indicated
- Revisits are individualized based on the client's need for education, counseling and clinical care beyond that provided at the visit. **(19.K.1,2; 19.L, M; 29.D.c.4)**
  - Clients are referred for further diagnosis and treatment if indicated or requested. **(25.E)**

Documentation Required:

- Protocol and procedure manual
- Infertility educational materials
- Referral provider list

Indicator 8.5

Provide **Sexually Transmitted Infection (STI) Services** to clients desiring these services

See Michigan Title X Family Planning Standards & Guidelines (19.K.1,2; 19.L, M; 21.F.1.d, e; 26; 26.A; 26.B.1-7; 26.C; 26.D.1,2; 26.E; 26.I.1; 29.D.c.4)

To fully meet this indicator:

- Written protocols and procedures to offer STI services that are current and consistent with national standards of care must be available at each clinic site **(26)**
- Medical history elements required for STI services clients include: **(26.A, B.1-6)**
  - Reproductive Goals
  - Allergies
  - Medications
  - Medical conditions
  - Sexual health assessment
  - Intimate partner violence
  - Immunization status
- Physical and Laboratory assessment required for STI services clients include: **(26.C; 26.D.1,2; 26.E; 26.I; 21.F.1.d, e)**
  - Physical exam as indicated based on history or symptoms
  - Chlamydia (CT) and Gonorrhea (GC) testing must be offered annually to clients with risk factors
    - Chlamydia testing must be offered to females <25 years of age and as indicated by risk factors for females 25 years old or older
  - When provided on site, agencies must follow current CDC Guidelines and follow state and local reporting requirements
- Agency complies with state and local STI reporting requirements. **(26. I.1**)
- Revisits are individualized based on the client's need for education, counseling and clinical care beyond that provided at the visit. **(19.K.1,2; 19.L, M; 29.D.c.4)**

Documentation Required:

- Protocol and procedure manuals
- Access to client medical records

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Evaluation Questions:

- Are medical history, physical examination and laboratory screening elements based on the specific services provided to the client?
- Is Chlamydia testing offered annually to females <25 and as indicated by risk factors for women over 25?

Indicator 8.6

Offer **Preconception Health Services** to clients desiring these services

See Michigan Title X Family Planning Standards & Guidelines: **(19.K.1,2; 19.L, M; 22; 22.A, B, C, D; 29.D.c.4**)

.

To fully meet this indicator:

- Written protocols and procedures to offer preconception health services that are current and consistent with national standards of care must be available at each clinic site, **(22)**
- Medical history elements required for preconception health clients: **(22.A. 1-11)**
  - Reproductive goals
  - Sexual health/risk assessment
  - Reproductive history
    - History of prior pregnancy/birth outcomes (e.g., preterm, cesarean delivery, miscarriage, or stillbirth)
    - Past medical/surgical history that might impair reproductive health (e.g., conditions that could reduce sperm quality, varicocele)
  - Environmental exposures, hazards and toxins (smoking, alcohol, other drugs, Zika risk)
  - Medications
  - Genetic conditions
  - Family history
  - Social history/risk behaviors
  - Intimate partner violence
  - Immunizations (MCIR is strongly recommended)
  - Depression
- The following physical and laboratory assessment must be provided for all preconception health clients **(22.C; 22.D)**
  - Height, weight, BMI
  - Blood pressure
  - Laboratory testing must be recommended based on risk assessment
    - Chlamydia testing must be offered to females <25 years of age and as indicated by risk factors for females 25 years old or older
- Revisits are individualized based on the client's need for education, counseling and clinical care beyond that provided at the visit. **(19.K.1,2; 19.L, M; 29.D.c.4)**

Documentation Required:

- Protocol and procedure manual
- Access to client medical records
- Educational materials regarding preconception

Indicator 8.7

Offer **Related Preventive Health Services** to women and men desiring these services

See Michigan Title X Family Planning Standards & Guidelines (28; 28.A, B, C)

To fully meet this indicator:

Section IX: Family Planning

- Written protocols and procedures to offer preventive health services that are current and consistent with national standards of care must be available at each clinic site. **(28)**
- Clinics must offer/provide and stress the importance of clinical breast exam (CBE) and cervical cancer screening. **(28.A.1,2)**
  - Agencies must comply with current MDHHS Family Planning Breast and Cervical Cancer Screening Protocol. **(28)**
  - Agencies must participate in the Family Planning/Breast and Cervical Cancer Control Navigation Program (FP/BCCCP) Joint Project for both breast and cervical cancer diagnostic services. **(28)**
- Coordination of care must go through the BCCCNP Coordinator unless other referral/payment arrangements are in place. **(28)**
- Clinics must stress the importance of: **(28.B.1,2)**
  - Screening mammography for women aged 40-64 years as indicated.
  - Screening for women aged 25-64 as appropriate.
- Clinics should conduct a genital examination for young male clients as indicated. **(28.C.1-3)**

Documentation Required:

- Protocol and procedure manuals
- Access to client medical records
- Referral/follow-up logs

Evaluation Questions:

- Are protocols and procedures to offer family planning related preventive health services in place?
- Is the current MDHHS Family Planning Breast and Cervical Cancer Screening protocol in use?

MPR 9

Provide family planning and related preventive health services to minors in an adolescent-friendly manner consistent with Title X legislative mandates.

Reference: *42 CFR §59.5 (a)(1); Legislative mandates in title X appropriations related to services to minors.*

Indicator 9.1

Provide Services for Minor Clients

See: Michigan Title X Family Planning Standards & Guidelines: (8.3.7.C; 9.8; 9.12; 9.12.A, B; 10.1.D; 10.4; 13.5; 13.5.C;17; 19.D.1-5; 21. G; 21.H; 21.H.2; 21.H.3; 21.H.4; 21.H.6)

To fully meet this indicator:

- The agency provides family planning and related preventive health services to minors. **(9; 17)**
- The agency must not require written consent of parents or guardians for the provision of services to minors nor notify parents or guardians before or after a minor has requested and/or received family planning services. **(10.1 D; 19. D.1.a)**
- The agency provides confidential services to minors and has policies and procedures in place to assure compliance with state laws regarding mandated reporting of child abuse, child molestation, sexual abuse, incest and human trafficking. **(8.3.7.C; 9.11.B; 13.5; 10.4; 13.5.C; 19.D.1; 21.H.3)**
- Minor clients who are undecided on a contraceptive method are informed about all methods that can safely be used based on CDC Medical Eligibility Criteria. **(21.G)**
- Comprehensive information is provided to minor clients about how to prevent pregnancy. **(21.H; 19.D.5)**

Section IX: Family Planning

- Written protocols and procedures are in place that address counseling for minors, including:
  - Encouraging family participation in the decision of minors to seek family planning services **(9.11.A; 19.D. 2; 21.H.4)**
  - Counseling on how to resist attempts to be coerced into sexual activities **(9.11.A; 19.D.3)**
  - Informing minors that services are confidential, and that in special cases (e.g., child abuse) reporting is required **(19.D.1.b; 21.H.3.a)**
  - Informing Minors of potential for disclosure of confidential information to policyholders where the policyholder is someone other than the client. **(10.2.A; 19.D. c)**
  - Education and counseling are documented in the client record **(21.G; 21.H.6)**
- Confidentiality is never invoked to circumvent reporting requirements for child abuse and neglect. **(9.12.B; 10.4)**

Documentation Required:

- Protocols and procedures that address services and counseling for minors.
- Access to records of minor clients to review documentation
- Educational materials that address contraceptives and services to minors.

Evaluation Questions:

- Are policies and procedures in place to comply with mandatory reporting requirements?
- Are policies/procedures in place to inform minors of potential for disclosure of PHI to policyholders where the policyholder is someone other than the client?

MPR 10

Provide family planning medical services under the direction of a clinical services provider with special training or experience in family planning.

Reference: *42 CFR §59.5 (b)(6)*

Indicator 10.1

Medical direction by a clinical services provider with family planning expertise.

See: Michigan Title X Family Planning Standards & Guidelines: (8.5.4; 8.5.4.A, B; 8.5.5; 8.6.9; 9.6; 18.A, B; 29.A; 29.B.2, 3; 29.E.2.c, e)

To fully meet this indicator:

- The medical director must be a licensed, qualified clinical services provider, with special training or experience in family planning. **(8.5.4)**
  - Where a designated medical director is not specialty trained, OB-GYN or with direct experience providing family planning services to clients, at least 4 hours training specific to family planning or reproductive health every two years is documented. **(8.5.4.A; 8.6.9)**
- All family planning services must be provided using written clinical protocols that are in accordance with nationally recognized standards of care, signed by the medical director responsible for program medical services. **(9.6; 18.A; 29.A)**
- The medical director approves and signs protocols and standing orders annually (within the past 12 months). **(9.6; 18.A, B; 29.E.2.e)**
- Clinicians performing medical functions do so under the protocols and/or standing orders approved by the medical director. **(8.5.5)**
- The medical director directs medical services and participates in quality assurance activities. **(29.E.2.c)**

- Medical Audits to determine conformity with agency protocols and must be conducted quarterly by the medical director
  - At least 2-3 charts per clinician must be reviewed by the medical director quarterly. **(29.E.2.c)**

Documentation Required:

- Evidence that all mid-level providers have agreed to follow clinic procedures, protocols, and standing orders are signed and approved by the medical director
- Medical director's professional and drug control licenses for each clinic location
- Documentation of quality assurance medical audits
- Approved protocols and standing orders
- Curricula vitae of medical director

Evaluation Questions:

- Are medical audits regularly performed by the medical director to assure conformity with agency protocols on a quarterly basis?
- Is there documentation of medical director training where it is required?

MPR 11

Provide for emergency medical management to address medical emergency situations.

Reference: *29 CFR 1910, subpart E; 42 CFR §59.5 (b)(1)*

Indicator 11.1

Medical Emergency/Situations and Equipment and Supplies.

See Michigan Title X Family Planning Standards & Guidelines (19.J, L; 29.A.5; 29.B.7; 29. C.1, 2, 4)

To fully meet this indicator:

- Emergency arrangements must be available for after hours and weekend care and should be posted. **(19.J, L)**
- There must be protocols and procedures for the following on-site medical emergency situations: **(29.C.1)**
  - Vaso-vagal reactions/Syncope (fainting)
  - Anaphylaxis
  - Cardiac arrest
  - Shock
  - Hemorrhage
  - Respiratory difficulties
- Protocols must be in place for emergencies requiring EMS transport, after hour's management of contraceptive emergencies, and clinic emergencies **(29.C.2)**
- Procedures for maintenance of emergency resuscitative drugs, supplies, and equipment must be in place **(29.C.4)**
- At a minimum each clinical site must have the following: **(29.B.7)**
  - Emergency drugs and supplies for treatment of vaso-vagal reaction
  - Emergency drugs and supplies for treatment of anaphylactic shock
- When a client is referred for emergency clinical care the agency must: **(29.A.5)**
  - Document that the client was advised of the referral and importance of follow-up

- Document that the client was advised of their responsibility to comply with the referral

Documentation Required:

- Protocol and procedure manual
- Evidence of emergency drug and supply maintenance

MPR 12

Projects must operate in accordance with federal and state law regarding the provision of pharmaceuticals including, security and record keeping for drugs and devices.

Reference: *42 CFR §59.5 (b)(1); PA 368 Sec. 333.17745, 333.17745a, 333.17747.*

Indicator 12.1

Pharmaceuticals/ Prescriptions

See Michigan Title X Family Planning Standards & Guidelines (19.J.1,2; 21.B.6; 21.B.11; 29.B; 29.B.2.a, b, c; 29.B.4.d, e, f; 29.B.5; 29.B.6; 29.B.7; 29.C.1,4)

To fully meet this indicator:

- Agencies must operate in accordance with Federal and State laws relating to security and record keeping for drugs and devices. **(29.B)**
- Inventory, supply, and provision of pharmaceuticals must be conducted in accordance with Michigan state pharmacy laws and profession practice regulations. **(29.B)**
- Prescribing, dispensing or delegating dispensing of prescription medications at clinical service sites must be done by a clinical services provider holding a Drug Control License for each clinic location where the storage and dispensing of pharmaceuticals occur. **(8.5.4.A; 29.B.2)**
- Dispensing prescribers only dispense drugs to their clients, with the exception of dispensing prescriptions for expedited partner therapy (EPT) as authorized under Michigan law. **(29.B.3)**
- All medications dispensed in Title X clinics must be pre-packaged. **(29.B.2.a)**
- All prescriptions dispensed (including samples) must be labeled with the following: **(29.B.2.b)**
  - Name/address of dispensing agency
  - Date of prescription
  - Name of the client
  - Name, strength, quantity of drug dispensed
  - Directions for use, including frequency of use
  - Prescriber name
  - Expiration date
  - Record number
- All clients receive verbal and written instructions for each drug dispensed, including instructions on how to use, danger signs, how to obtain emergency care, return schedule, and follow-up. **(19.J.1,2; 29.B.2.c)**
- Sub-recipients must have adequate controls over access to medications and supplies, including. **(29.B.4.d)**
  - Contraceptive and therapeutic pharmaceuticals must be kept in a secure place, either under direct observation or locked.
  - Access to the pharmaceuticals must be limited to health care professionals responsible for distributing these items.
- Sub-recipient has policies and procedures in place to assure 340B Program compliance: **(29.B.5.a-d)**

Section IX: Family Planning

  - Safeguards are in place to assure supplies purchased through 340B are provided only to clients of the family program.
  - Medicaid billing procedures are in place to guard against duplicate discounts.
  - Agency maintains purchase and inventory control records that document compliance with 340B requirements.
  - Agency current 340B certification for each clinical site.
- A current, listing all drugs available for Title X clients, must be maintained and reviewed at least annually that includes: **(29.B.5; 21.B.6)**
  - Methods available on site
  - Methods available on site within two weeks
  - Methods available by paid referral
  - Methods available by unpaid referral
- There must be an adequate supply and variety of drugs and devices to meet client contraceptive needs. **(29.B.6)**
- There must be emergency drugs and supplies for the treatment of vaso-vagal reactions and anaphylactic shock at each site where medical services are provided. **(29.B.7; 29.C.1,4)**
- A system must be in place to monitor expiration dates and ensuring disposal of all expired drugs, including drugs for medical emergencies. **(29.B.4.e; 29.C.4)**
- There must be a system in place for silent notification in case of drug recall. **(29.B.4.f)**
- Writing of prescriptions follows the MDHHS prescription policy including: (**21.B.11; 29.B)**
  - Prescriptions may be written for items on the agency formulary, on the client's insurance plan formulary, or for a client's method of choice when unavailable at the service site. **(21.B.8,11; 29.B)**
  - Accepting a written prescription must not pose a barrier for the client

Documentation Required:

- Protocol and procedure manual.
- Access to client medical records
- Pharmacy logs
- Inventory logs
- Formulary for Pharmaceuticals

MPR 13

Projects must operate in accordance with federal and state law and guidelines regarding the provision of laboratory services related to family planning and preventive health

Reference: *42 CFR §59.5 (b)(1); 29 CFR 1910.1030; 42 CFR 493.*

Indicator 13.1

Laboratory Testing and Follow-up

See Michigan Title X Family Planning Standards & Guidelines (9.6; 9.7; 17; 19.I; 21.F.1.c, d; 24.A; 26; 28; 28.A.2; 29.E.2. f, g, h)

To fully meet this indicator:

- Written laboratory protocols and procedures must be in place that include: **(9.6; 9.7 17; 19. I; 21.F.1.c, d; 24.A; 26; 28; 28.A.2.)**
  - Pregnancy testing must be provided on site

    - Pap testing must be provided on site
    - STI and HIV testing, or referral for testing
    - Laboratory tests must be provided if indicated for a specific method of contraception
- Laboratory audits to assure quality and CLIA compliance must be in place. **(29.E.2.g)**
- Infection control policies and procedures reflecting current CDC recommendations and OSHA regulations must be in place. **(29.E.2.f)**
- Equipment maintenance and calibration must be documented. **(29.E.2.h)**

Documentation Required:

- Protocol and procedure manual
- Access to client medical records
- Appropriate CLIA certificate
- Laboratory logs
- Equipment maintenance logs

MPR 14

Projects must establish a medical record for all clients who receive clinical services, including pregnancy testing, counseling and emergency contraception. Medical records must comply with Health Insurance Portability & Accountability Act of 1996 (HIPAA) privacy and security standards and document quality care standards.

Reference: *42 CFR §59.5 (b)(1); Health Insurance Portability and Accountability Act of 1996 (HIPAA)*

Indicator 14.1

Medical Records and Quality Assurance System

See Michigan Title X Family Planning Standards & Guidelines (29.D.1.a, b; 29.D.2; 29.E; 29.e.2.d, i)

To fully meet this indicator:

- A medical record is established for all clients who receive a clinical service. **(29.D.1.a)**
- Medical records are: **(29.D.1.b)**
    - Complete, legible and accurate
    - Signed and dated by the clinical health professional making the entry, including name, date, and title, as a permanent part of the record
    - Readily accessible
- Medical records contain the following: (**29.D.2)**
    - Personal data sufficient to identify the client:
        - Name
        - Unique client number
        - Address
        - Phone/How to contact
        - Age
        - Sex
        - Race & Ethnicity (FPAR requirement)
        - Income assessment

- Allergies
- Medical history, as indicated by service(s) provided
- Physical exam, as indicated by services(s) provided
- Documentation of clinical findings, diagnostic/therapeutic orders, including:
  - Treatments initiated and special instructions
  - Continuing care, referral and follow-up
  - Scheduled revisits
- Documentation of all medical encounters, including telephone encounters
- Documentation of all counseling, education, and social services
- Signed general consent for services
- Contraceptive method chosen by the client

- A quality assurance system must be in place to provide ongoing evaluation of family planning services that includes: (**29. E.)**
  - Chart Audits/Record Monitoring to determine completeness and accuracy of the medical record must be conducted quarterly by the quality assurance committee or identified personnel
    - At least 3% of quarterly caseload, randomly selected are reviewed quarterly **(29.E.2.d)**
  - A process to implement corrective actions when deficiencies are noted must be in place. **(29.E.2.i)**

Documentation Required:

- Service protocol and procedure manuals
- Access to client medical records
- Documentation of Audits and/or Record Monitoring

Evaluation Questions:

- Do medical records contain documentation of all medical encounters: medical history and physical exam appropriate to the service(s) provided; documentation of all clinical findings including laboratory test results and follow-up; treatments initiated and special instructions; referrals and follow-up; and scheduled revisits?
- Are Chart Audits/ Record Monitoring Audits to determine completeness and accuracy of medical records being conducted quarterly by a QA committee member or identified personnel?

MPR 15

Provide for coordination and use of referrals and linkages with primary healthcare providers and other providers of healthcare services, local health and human service departments, hospitals, voluntary agencies, and health services projects supported by other federal programs.
Provide for social services related to family planning, including counseling, referral to other social and medical services agencies, and ancillary services which may be necessary to facilitate clinic attendance.
Provide that referral services as convenient as feasible to promote access to services.

References: *42 CFR §59.5 (b)(8); 42 CFR §59.5 (b)(2)*

Indicator 15.1

Provide for Coordination of referral arrangements for other health care, related social services and counseling

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See Michigan Title X Family Planning Standards & Guidelines (9.5; 9.7; 9.7.A; 17; 19.K; 21.G; 29.A; 29.A.1-6; 29.D.2.c, f)

To fully meet this indicator:

- Projects must provide for referrals to other medical facilities as medically indicated. **(9.5; 17)**
- Provide that referrals and follow-up are provided, as indicated, including: **(19.K; 29.A. 1-5)**
  - Referrals made as result of abnormal physical exam or laboratory findings
  - Paid referrals for required services not provided on site
  - Referrals for services determined to be necessary but beyond the scope of family planning
- Referral and follow up procedures must be sensitive to the client's concerns for confidentiality and privacy. **(29.A.1)**
- Client consent for release of information to providers must be obtained, except as may be necessary to provide care or as required by law. **(29.A.2)**
- The agency must have written protocols/procedures for follow-up on referrals that are made as a result of abnormal physical examination or laboratory test findings. These protocols must include a system to document referrals and follow up procedures, including: **(29.A.3a.b.c; 29.D.2.c; 29.E.2.a)**
  - A method to identify clients needing follow up
  - A tracking system to document referrals and follow up procedures
  - A method to track follow-up results on necessary referrals
  - Documentation in the client record of contact and follow up
    - Documentation of reasons when follow up was not completed
  - Referral procedures must be sensitive to client confidentiality and privacy concerns.
- For services determined to be necessary but beyond the scope of Family Planning, clients must be referred to other providers for care, the agency must: **(9.5; 9.7.A; 29.A.1,5)**
  - Document that the client was advised of the referral and the importance of follow up
  - Document that the client was advised of their responsibility to comply with the referral
  - Referrals are made to providers conveniently located for clients where feasible.
- Social services related to family planning, including counseling services must be provided either on-site or by referral **(9.4; 9.7; 9.11; 17; 19.C, K; 29.A.6)**
- Counseling must be accurate, balanced, and non-judgmental on the contraceptive methods, STIs and HIV. **(9.11; 21.G)**
- The agency must offer education on HIV and AIDS, risk reduction information and either on-site testing or referral for this service. **(17; 26.G)**
- Counseling and referral services must be in place to address identified intimate partner violence and human trafficking **(9.4. A, B)**
- Counseling must be provided by staff that is sensitive to and able to deal with the cultural and other characteristics of the client population. **(8.5.2)**
- Referral lists for social services agencies and medical referral resources must be current and reviewed annually. **(24.B.7; 29.A.6)**
- The client counseling must be documented in the client's record. **(21.G; 29.D.2.f)**
- Agency must maintain a referral list, updated annually, that include health care providers, local health and human service departments, hospitals, voluntary agencies, and health service projects supported by other federal programs. **(29.A.6)**

Documentation Required:

- Protocol/procedure for counseling and referring to other health care, local health and human service departments, hospitals, voluntary agencies or health services projects
- Current referral list, updated annually
- Documentation of referrals and follow-up
- Client medical records with counseling documentation

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Evaluation Questions:

- Are counseling services provided based on the individual client needs/request for services?

PS000495

Michigan Department of Environment, Great Lakes, and Energy
Drinking Water and Environmental Health Division
Noncommunity Public Water Supplies Program
Local Health Department (LHD) Evaluation Summary
Fiscal Year (FY) 2021

County/District:	Ottawa County Health Department (OCHD)
Evaluator(s):	Ross Gladding, Emma Byrne
Date(s) of Evaluation:	December 6, 2021
Type of Evaluation:	Standard

Evaluation Structure: Information from quarterly review, inventory records, program files, and site visits are used to assess contract and Minimum Program Requirements (MPR) compliance. Files selected for review are chosen based on reported activity in the program element (e.g., monitoring violation, sanitary survey, water well permit issuance). An Evaluation Worksheet details the files reviewed and is provided with this summary.

OCHD meets all MPRs (1-4) for the Noncommunity Water Supply Program: ☒ Yes ☐ No

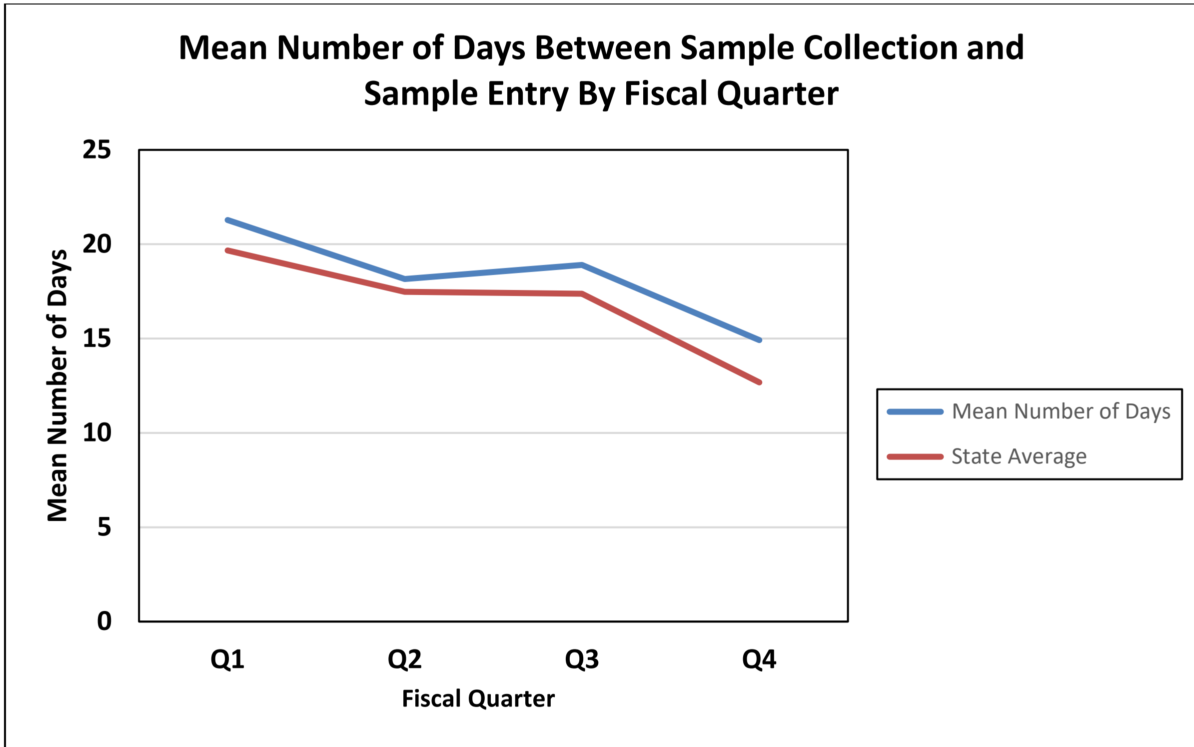
MPR 1 ☒ Satisfactory ☐ Unsatisfactory
MPR 2 ☒ Satisfactory ☐ Unsatisfactory
MPR 3 ☒ Satisfactory ☐ Unsatisfactory
MPR 4 ☒ Satisfactory ☐ Unsatisfactory

MPR 1
The LHD shall maintain a current inventory and facility file of all noncommunity public water supplies within its jurisdiction and submit revisions to EGLE quarterly.
Indicators:

A. Evidence of accuracy by comparing the noncommunity inventory with lists of licensed facilities (i.e., food service, campgrounds, DSS, migrant labor camps, hospitals, grocery stores, food processing plants, schools, state/federal facilities, etc.) meeting the definition of noncommunity water systems and facilities invoiced for the annual fee.
B. Documentation of submittal of inventory data, from existing and newly constructed noncommunity facilities.
C. Evidence and records indicating the use of water supply serial numbers (WSSNs) on all noncommunity facility documents. Documents, including well records, well permits, deviations, sanitary surveys, water sample results, compliance violations, and enforcement records, and associated notes and correspondence are easily identified and readily available.

Inventory components maintained and updated: ☒ Yes ☐ No
Number of active transient systems: 168
Number of active nontransient systems: 30
Noncommunity Coordinator attends training: No trainings offered during timeframe
LHD communicates with EGLE routinely: Coordinator regularly reaches out when necessary and is responsive to EGLE's requests.
Facility files maintained and updated regularly: ☒ Yes ☐ No
Capacity Development Plans completed for all new nontransient supplies: ☒ Yes ☐ No

PS000496



Quarterly report submission is satisfactory in the evaluation period:

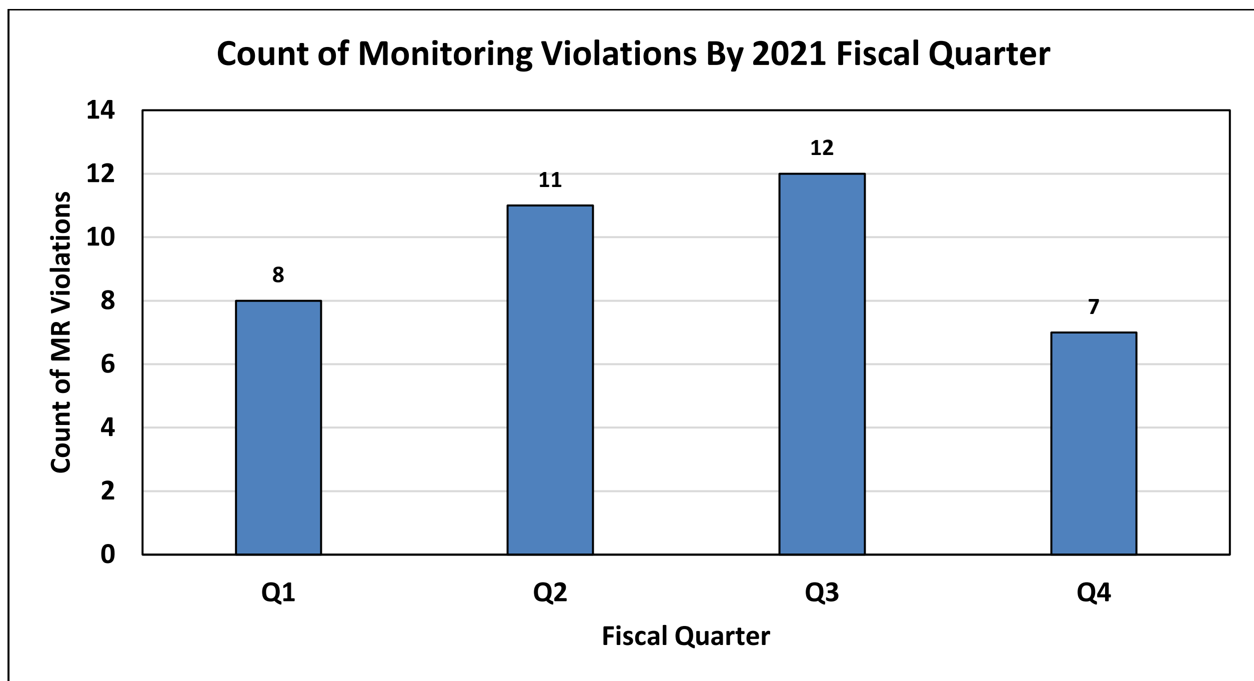
Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
☐	☐	☒

MPR 1 Comments

OCHD has created a very impressive data management system. Their files are very well organized and easy to maneuver. It is likely that the workability of this system is what aids OCHD in consistently submitting their quarterly reviews on-time and complete. OCHD's coordinator does a good job on updating the files with relevant information and correspondence so that other people can follow the chronology of the file.

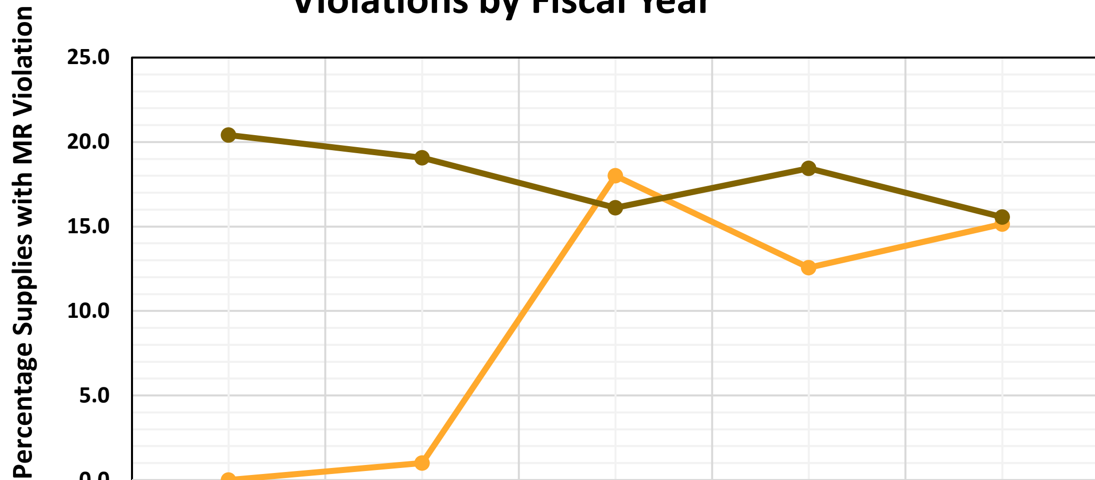
MPR 2
The LHD shall provide notification, oversight, and enforcement of all required construction, water quality monitoring, and treatment for public health purposes at noncommunity public water supplies.
Indicators:

A. Procedure in place to track required routine, repeat, and special water quality monitoring and results.
B. Evidence and correspondence indicating owners are notified of routine, repeat, and special monitoring requirements. Documentation indicating prompt action is taken when routine samples are not collected or where initial sample results indicate potential violation of state drinking water standards or where sample analyses are unreliable due to overgrowth, excessive transit time, or where the presence of organic chemical contamination is indicated.
C. Documentation of violation notices of required monitoring, maximum contaminant level (MCL) violations, or the occurrence of unregulated compounds provided to the owner and EGLE in a timely manner. Notices of violation include the contaminant, public health effects information, specified precautionary measures, and public notice requirements, where applicable. Appropriate LHD enforcement action is taken and documented.



PS000498

Percentage of Supplies with Acute Contaminant MR Violations by Fiscal Year



	FY2017	FY 2018	FY2019	FY2020	FY2021
Ottawa	0.0	1.0	18.0	12.6	15.2
State Average	20.4	19.1	16.1	18.4	15.6

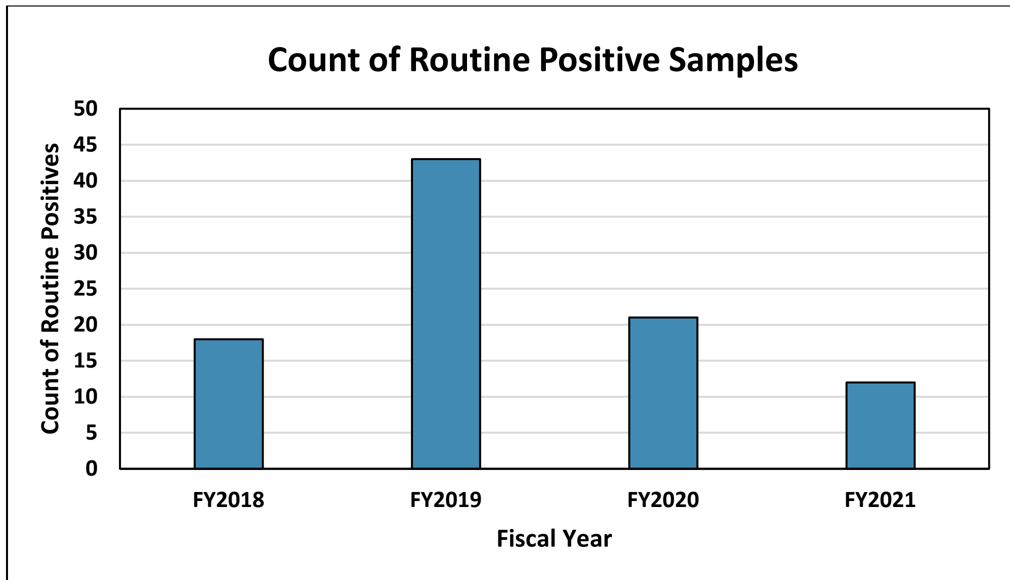
Fiscal Year

Ottawa State Average

Monitoring violation rate satisfactory: ☒ Yes ☐ No

Appropriate follow up taken on monitoring violations	Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
	☐	☒	☐

PS000499



Level 1 Assessments reviewed and documented satisfactorily: ☒ Yes ☐ No
Treatment surveillance visits completed timely and documented: ☒ Yes ☐ No ☐ NA
Number of systems that require a treatment surveillance visit: 3
Seasonal System Tracking conducted and documented satisfactorily: ☒ Yes ☐ No
Site visits to remain on annual monitoring conducted and documented: ☐ Yes ☐ No ☒ NA
Does LHD increase bacteria monitoring appropriately: ☒ Yes ☐ No ☐ NA
Does LHD reduce bacteria monitoring appropriately: ☒ Yes ☐ No ☐ NA

MPR 2 Comments

OCHD appears to regularly monitor the required aspects of the program. Their monitoring violation numbers are in line with the State averages, which implies the LHD has communicated the requirements with the supplies and/or reaches out to ensure compliance before the deadline.

When the LHD is required to enforce violations, they do so in a timely manner with the proper documentation.

When long-term tracking is required in the case of reducing or increasing monitoring, OCHD completes these actions in a timely manner. As mentioned in MPR1, OCHD has a great data management system that has many workflows to help complete these actions.

MPR 3
The LHD shall take prompt action to protect the public health and pursue compliance with applicable public or private notice and water quality standards when it is determined that sewage, surface water, chemicals, or other serious contamination can gain entrance into the ground water or a water supply, or there is a confirmed maximum contaminant level violation.
Indicators:

A. Correspondence and records (including sanitary surveys, inspection reports, water sample results, violation and enforcement documents) indicating condition were appropriately identified, acted upon, and followed up on.
B. Documentation, including notification to owner of monitoring requirements, notices of violation of construction and drinking water standards, precautionary measures, and public notice requirements are readily available.

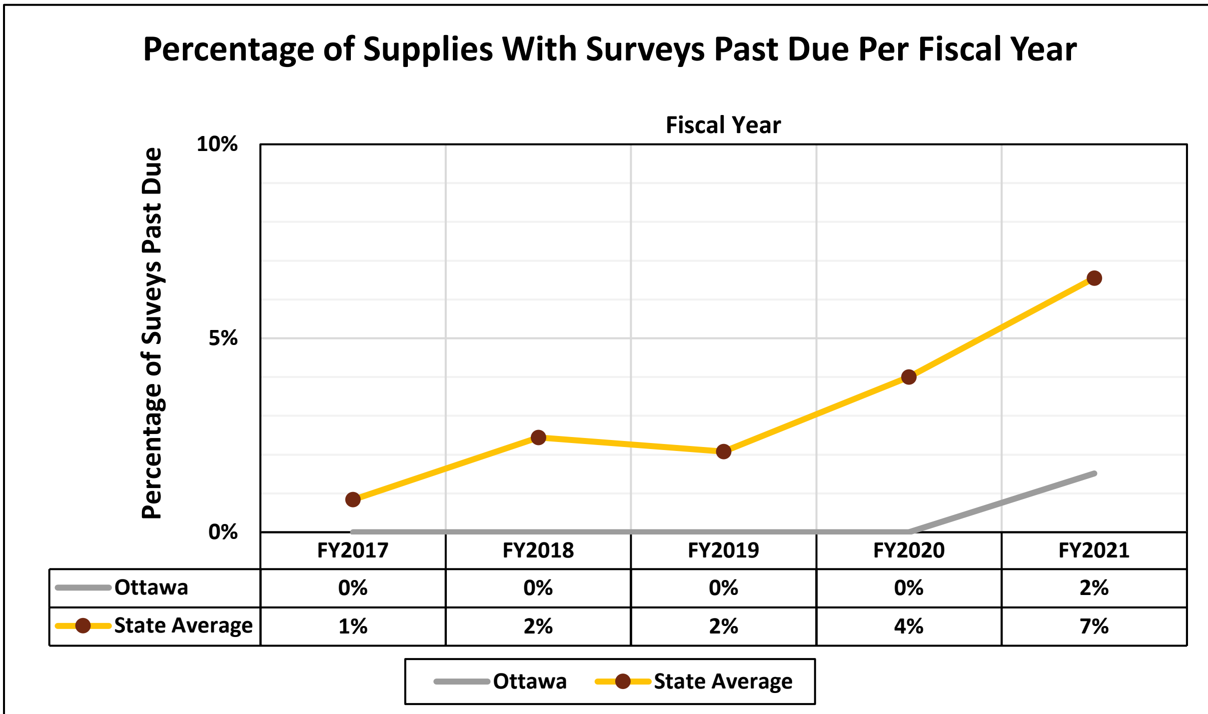
Level 2 Assessments conducted and documented satisfactorily:	☐ Yes	☐ No	
Imminent water quality contamination risks handled appropriately:	☐ Yes	☐ No	☒ NA
Appropriate follow-up taken on all MCL violations:	☐ Yes	☐ No	☒ NA
Appropriate follow-up taken on all ALEs:	☐ Yes	☐ No	☒ NA
Significant construction deficiencies handled appropriately:	☐ Yes	☐ No	☒ NA

	Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
LHD responds to elevated lead levels appropriately:	☐	☒	☐

MPR 3 Comments
OCHD did not have any events in 2021 that require ALE or MCL related responses.

MPR 4
The LHD shall complete a sanitary survey on each noncommunity water supply at the frequency specified in the Safe Drinking Water Act (Act 399) and shall issue permits for new noncommunity water supply wells as required in Act 399. Indicators:

A. Evidence supporting completion of surveys, including sanitary survey log records, scheduling of surveys and reinspections, inventory updates, and related correspondence.
B. Documentation, records, and correspondence, including complete sanitary survey reports, appropriate water sample results, well records, notification to owners of compliance status, appropriate future monitoring requirements, and corrective action, violation, and enforcement information, where applicable.
C. Evidence and procedures supporting receipt of well permit applications, timely application review, issuance of permits and final inspection, including well permit and water sample tracking logs or records.
D. Documentation and correspondence, including properly reviewed, issued, and inspected well permits, deviations, appropriate water sample analyses, owner notification, timely submittal and review of well records, and approval of completed systems prior to use by the public. Records of violation and enforcement activities where applicable.



	FY2017	FY2018	FY2019	FY2020	FY2021
Ottawa	0%	0%	0%	0%	2%
State Average	1%	2%	2%	4%	7%

Sanitary surveys completed every five years according to contract and the Groundwater Rule: ☒ Yes ☐ No
Number of surveys past due: 3
Number of survey follow-ups past due: 2
Number of surveys incomplete: 0
Permit process and final inspections completed appropriately: ☒ Yes ☐ No ☐ No Permits Issued
Source Water Assessments completed in FY21: 0

MPR 4 Comments

OCHD has consistently outperformed their peers when considering sanitary surveys past due, follow-up past due, and incomplete surveys. Their reports are completed in a timely fashion with the rare exception.

When EGLE has conducted joint surveys with OCHD the coordinator exhibits a strong understanding of the program along with a solid technical expertise in the field.

DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY
DRINKING WATER AND ENVIRONMENTAL HEALTH DIVISION
ENVIRONMENTAL HEALTH SECTION
WELL CONSTRUCTION PROGRAM

LOCAL HEALTH DEPARTMENT EVALUATION
PRIVATE AND TYPE III WATER SUPPLY PROGRAM – FISCAL YEAR 2019
(OCTOBER 1, 2018, THROUGH SEPTEMBER 30, 2019)

Authorized by the Public Health Code, 1978 PA 368, as amended

TYPE NAME OF DEPARTMENT HERE

SELF ASSESSMENT EVALUATION

Explanation of Performance Status

The Private and Type III Water Supply Program has been evaluated for compliance with the Minimum Program Requirements (MPRs) and Indicators using the format provided herein. Program status is summarized in this report.

MET = 80% or higher in compliance with all indicator requirements
MET WITH CONDITIONS = 70%-79% in compliance with the indicator requirements
NOT MET = 69% or less in compliance with the indicator requirements

Performance Status for the Private and Type III Water Supply Program

MPR	Met	Met with Conditions	Not Met
MPR #5	☒ Met	☐ Met with Conditions	☐ Not Met
MPR #6	☒ Met	☐ Met with Conditions	☐ Not Met
MPR #7	☒ Met	☐ Met with Conditions	☐ Not Met

Number of Technical Staff in the Private and Type III Water Supply Program 5

Matthew Allen, Environmental Health Supervisor
Evaluator(s) Name Here
Title Here

10/31/2019
Date

PS000503

MPR 5
The local health department (LHD) shall maintain and review for timeliness, completeness, and accuracy, all water well records submitted by Contractors and property owners who install or plug their own well. Inaccurate or incomplete records shall be corrected. Appropriate enforcement action shall be taken to obtain well records from contractors and property owners who fail to comply with the State Well Code.

Indicator A: Evidence of a water well record processing system.
Well records are easily retrievable ☒Yes ☐No
The number of wells drilled and plugged is tracked ☒Yes ☐No

Indicator B: Technical staff reviews all well records for timeliness, completeness, and accuracy. Inaccurate and incomplete records (electronic and non-electronic) are corrected. Non-electronic well records are date-stamped before they are sent to the DEQ.
LHD adequately reviews and corrects well records before they are sent to DEQ ☒Yes ☐No
LHD forwards well records to DEQ within 30 days ☒Yes ☐No
LHD date stamps non-electronic well records ☒Yes ☐No

Indicator C: Documentation of enforcement action to contractors regarding the submission of timely, complete, and accurate water well records. Written enforcement notices shall be copied to DEQ.
LHD returns well records to contractor and/or corrects items after verification ☒Yes ☐No
Written enforcement notices are in contractor files ☒Yes ☐No
LHD Follows-up on non-submittal and/or late well records ☒Yes ☐No
Is there a pattern of noncompliance by a contractor ☐Yes ☒No ☐NA

MPR 5 In general, describe how you meet this MPR:
We have transitioned to digital storage of parcel records and are currently implementing a software program that we will use for permitting and final inspection of wells and septic systems. Well records/logs are reviewed by staff as they are received. If any information is missing we contact the well driller and fill in what is needed. If we have previously contact a well driller for missing info, we will return the well log and require them to update it. We maintain a digital record of non-compliance issues/enforcement. There were no enforcement actions in FY 2019.

MPR 6
The LHD shall have a Private and Type III Public Water Supply Program, which includes a permit and inspection program established by a locally adopted ordinance that requires contractors or property owners to obtain a permit to construct a water well.
Conduct activities to evaluate well/pump installations and water samples required under code for compliance with applicable state and local regulations.
Conduct activities to evaluate well abandonment status to determine compliance with state or local regulations.

Indicator A: Local ordinance requiring a permit before the installation of a water well.
LHD has a permit program ☒Yes ☐ No
Detailed site plan available with application from applicant or LHD at time of PDSE ☒Yes ☐ No

Indicator B: Completion of predrilling site evaluation (office evaluation or field evaluation) of all proposed well drilling sites.
Documentation that staff has access to and utilizes groundwater contamination internet sites, maps, or resources to assess contamination potential (both manmade and naturally occurring) at sites of proposed wells.
If applicable, the permit shall include a notice on the well permit where areas of groundwater concern are identified; such as known natural or manmade contaminants, low production areas, or flowing wells.
LHD completes 100% predrilling site evaluations ☒Yes ☐ No
Known contamination sites are identified prior to issuing water well permits ☒Yes ☐ No

PS000504

Permits contain sources of contamination, water quantity or quality problems in the area, isolation distances, water sampling requirements and recommendations, special construction requirements and requirement to plug abandoned well(s) .... ☒Yes ☐ No

Indicator C: All newly-completed wells shall have at least one on-site evaluation prior to, during, or after construction.

An onsite evaluation (before, during, or after construction) is performed on at least 80% of all wells installed .... ☒Yes ☐ No

Indicator D: A minimum of 10% of all newly-completed wells will have a final inspection to ensure compliance with well construction code.

LHD conducts final inspections on a minimum of 10% of all newly completed wells .... ☒Yes ☐ No

Percent final inspections completed 57%%

LHD inspects minimum components during final inspection .... ☒Yes ☐ No

Indicator E: Documentation that all newly-completed wells are approved only after meeting the minimum criteria such as a safe coliform sample, permit requirements, complete and accurate well record, and final inspection (if applicable).

LHD issues written approvals and non-approvals .... ☒Yes ☐ No

LHD notifies well owners in writing of the need to obtain bacteriological sample prior to placing water system into service .... ☒Yes ☐ No

LHD responds to positive bacteriological test results on new wells with responsible party .... ☒Yes ☐ No

Indicator F: Documentation of deviations being issued pursuant to provisions of the State Well Code.

LHD documents deviations in writing .... ☒Yes ☐ No ☐ NA

LHD issues deviations in concurrence with well code and public health protection .... ☒Yes ☐ No ☐ NA

Indicator G: Documentation of the review of plugging of abandoned wells and dry holes. Provide documentation of status of wells that remain in service.

LHD notifies of well plugging requirement on replacement well permits .... ☒Yes ☐ No ☐ NA

Plugging records comply with the code .... ☒Yes ☐ No ☐ NA

LHD provides proper documentation for abandoned wells left in service .... ☒Yes ☐ No ☐ NA

LHD requires known dry holes to have drilling and plugging record .... ☐Yes ☐ No ☒ NA

Indicator H: Documentation of enforcement actions when State Well Code violations are identified and follow-up inspections are performed.

Enforcement documented .... ☐Yes ☐ No ☒ NA

Enforcement follow-up documented .... ☐Yes ☐ No ☒ NA

Enforcement notices contain all key elements .... ☐Yes ☐ No ☒ NA

Enforcement notices copied to DEQ .... ☐Yes ☐ No ☒ NA

Indicator I: Documentation of investigation of written contractor/customer complaints and/or water well quality complaints related to well construction with technical assistance from DEQ, where appropriate.

LHD has mechanism for tracking complaints .... ☒Yes ☐ No

LHD handles complaints promptly and completely .... ☒Yes ☐ No

LHD documents complaint findings correctly .... ☒Yes ☐ No

MPR 6 In general, describe how you meet this MPR:

OCDPH conducts an onsite pre drilling site inspection for well permits prior to issuance. The only exception is when we receive an out of water permit. In an out of water situation, an office review and conversation with the driller occurs prior to giving verbal permission and completing the permit. We conduct a final inspection on approximately 57% of the well permits we issue. We will send reminders out quarterly where we have received a well log, but have not been able to contact the owners or builders. 2 complaints were received in FY 2019 that dealt with well water. Both were responded to the same day they came in. We worked with a driller on one complaint until issues were resolved, and the second complaint was actually a type 1 water supply. We forwarded information to EGLE and followed up with EGLE staff and homeowners until issue was resolved.

PS000505

MPR 7
The LHD shall assist DEQ in the investigation of all known or suspected cases of drinking water contamination for sites under the regulatory review of DEQ.
The LHD shall investigate all known or suspected cases of groundwater contamination, for sites of naturally-occurring or nonpoint source contaminants.
The LHD shall maintain documentation of sites of known or suspected groundwater contamination and use this information when processing well permit applications.

Indicator A: Conduct and document investigations to assist DEQ in assessing water supply sources in areas of potential and existing groundwater contamination.

Public is educated on water quality concerns .... ☒Yes ☐ No
Groundwater contamination investigations documented .... ☒Yes ☐ No
Documents related to sites of known or suspected groundwater contamination maintained .... ☒Yes ☐ No

Indicator B: Provide information and education on general water quality concerns to the general public. Send health advisory letters to all residents involved in drinking water quality investigations or a Maximum Contaminant Level (MCL) exceedance.

LHD follows-up on positive coliform samples (newly-constructed wells only) .... ☒Yes ☐ No
LHD sends written health advisories to well owner when a chemical MCL is exceeded .... ☒Yes ☐ No

Indicator C: Documentation of a policy/procedure to address proposed well sites near known or suspected groundwater contamination, to protect public health and the groundwater resource.

LHD has policy / procedure to evaluate proposed well sites near known or suspected groundwater contamination .... ☒Yes ☐ No
LHD policy / procedure contains required information .... ☒Yes ☐ No
LHD policy / procedure used consistently by all staff .... ☒Yes ☐ No

MPR 7 In general, describe how you meet this MPR:

OCDPh is on the steering committee for the Ottawa County Groundwater Study. Recently this committee purchased billboard space to educate homeowners on declining static water levels in central Ottawa County,a dn have conducted numerous education presentations to townships and muncipalities on the groundwater issues facing Ottawa County, including declining static water level and rising chloride and sodium levels. Positive coliform samples are followed up by contacting homeowner or driller, educating on next steps and preforming a resample or having well driller re-sample well. If unable to communicate or conduct a second round of sampling, well final is sent out as unacceptable due to positive coliform. Steps that need to be taken are included to bring well into compliance.

PS000506

P3 Permit Review Worksheet (for MPR 5 & MPR 6)

Permit	Sanitarian Name					
	Permit Identifier					
	Well Address					
	New or Replacement					
	Minimum Isolation Requirements (Y/N)					
	Water Sample Requirements (Y/N)					
	Site Plan (Y/N)					
	Deviation Issued (Y/N)					
	Water Quality/Quantity Concerns (Y/N)					
	Contamination Areas (Y/N)					
	Special Construction Requirements (Y/N)					
	Well Plugging Required (Y/N/NA)					
Well Record	Received within 60 Days (Y/N)					
	Complete, Accurate, Complies with Permit (Y/N)					
	Date Stamped (Y/N)					
	Abandoned Well Plugged (Y/N/NA)					
	Plugged Well in Compliance (Y/N/NA)					
	Unplugged Well Documented (Y/N/NA)					
Inspection	Pump / Pressure Tank Approved (Y/N)					
	Sample Tap Approved (Y/N)					
	Pressure Relief Valve Installed (Y/N)					
	Well Cap / Conduit Approved (Y/N)					
	Casing 12” Above Grade (Y/N)					
	Seal Around Annular Space / Grouting (Y/N)					
	Isolation Distances Approved (Y/N)					
Approval	Water Samples Received (Y/N)					
	Bacteria Results (ND/POS/NA)					
	Additional Sampling Required (Y/N)					
	Follow Up on Unsafe Samples (Y/N/NA)					
	Non Approval Letter Sent (Y/N/NA)					
	Approval Letter Sent (Y/N/NA)					
	Enforcement (Y/N/NA)					

PS000507

Comments/Notes:

Permit Identifier: Field Verified ☐Yes ☐ No

Permit Identifier: Field Verified ☐Yes ☐ No

Permit Identifier: Field Verified ☐Yes ☐ No

Permit Identifier: Field Verified ☐Yes ☐ No

Permit Identifier: Field Verified ☐Yes ☐ No

PS000508

Adeline Hambley

From:	Adeline Hambley
Sent:	Monday, September 11, 2023 5:42 PM
To:	Marcia Mansaray; Alison Clark; Spencer Ballard; Lisa Uganski; Sandra Lake; Deborah Price; Gwen Unzicker; Jessica Behringer; Nina Baranowski
Subject:	FW: Quantifying Mandated Service Level Requirements
Attachments:	2023.09.11 OCDPH PH Required Minimum Service Levels.pdf; I_2023 Regulations_Laws for LHDs.pdf; II_Food-Service_Cycle-8_MPR-and-Indicator-Guide-2-1.pdf; III_Communicable-Disease_Cycle-8_MPRs-and-Indicator-Guide.pdf; IV_Hearing_Cycle-8_MPRs-and-Indicator-Guide.pdf; IX_Family-Planning_Cycle-8_MPR-and-Indicator-Guide.pdf; Noncommunity Water Supply Ottawa FY21 Evaluation Summary.pdf; Private T3 Wells FY 2019 P3 Evaluation Report SA Only - completed.pdf; V_Immunization_Cycle-8_MPR-and-Indicator-Guide.pdf; VI_Onsite-Wastewater_Cycle-8_MPR-and-Indicator-Guide.pdf; VII_HIV-STI_Cycle-8_MPR-and-Indicator-Guide.pdf; VIII_Vision_Cycle-8_MPRs-and-Indicator-Guide.pdf

FYI

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

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From: Adeline Hambley
Sent: Monday, September 11, 2023 5:39 PM
To: John Gibbs <jgibbs@miottawa.org>
Cc: Karen Karasinski <kkarasinski@miottawa.org>; Nina Baranowski <nbaranowski@miottawa.org>
Subject: RE: Quantifying Mandated Service Level Requirements

Hi John,

Attached is more information regarding the minimum service levels for mandated and essential services (named 2023.09.11 OCDPH PH Required Minimum Service Levels) as well as supporting documentation for minimum program requirements.

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

Adeline Hambley

From:	Adeline Hambley
Sent:	Monday, September 11, 2023 5:42 PM
To:	Jacob Bonnema; Doug Zylstra
Subject:	FW: Quantifying Mandated Service Level Requirements
Attachments:	2023.09.11 OCDPH PH Required Minimum Service Levels.pdf; I_2023 Regulations_Laws for LHDs.pdf; II_Food-Service_Cycle-8_MPR-and-Indicator-Guide-2-1.pdf; III_Communicable-Disease_Cycle-8_MPRs-and-Indicator-Guide.pdf; IV_Hearing_Cycle-8_MPRs-and-Indicator-Guide.pdf; IX_Family-Planning_Cycle-8_MPR-and-Indicator-Guide.pdf; Noncommunity Water Supply Ottawa FY21 Evaluation Summary.pdf; Private T3 Wells FY 2019 P3 Evaluation Report SA Only - completed.pdf; V_Immunization_Cycle-8_MPR-and-Indicator-Guide.pdf; VI_Onsite-Wastewater_Cycle-8_MPR-and-Indicator-Guide.pdf; VII_HIV-STI_Cycle-8_MPR-and-Indicator-Guide.pdf; VIII_Vision_Cycle-8_MPRs-and-Indicator-Guide.pdf

Per your request—additional information provided regarding the budget.

Adeline Hambley, **MBA, PMP, REHS**
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
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Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

PS000510

Adeline Hambley

From: Adeline Hambley
Sent: Monday, September 11, 2023 7:58 PM
To: Gretchen Cosby
Subject: FW: Quantifying Mandated Service Level Requirements
Attachments: 2023.09.11 OCDPH PH Required Minimum Service Levels.pdf; I_2023 Regulations_Laws for LHDs.pdf; II_Food-Service_Cycle-8_MPR-and-Indicator-Guide-2-1.pdf; III_Communicable-Disease_Cycle-8_MPRs-and-Indicator-Guide.pdf; IV_Hearing_Cycle-8_MPRs-and-Indicator-Guide.pdf; IX_Family-Planning_Cycle-8_MPR-and-Indicator-Guide.pdf; Noncommunity Water Supply Ottawa FY21 Evaluation Summary.pdf; Private T3 Wells FY 2019 P3 Evaluation Report SA Only - completed.pdf; V_Immunization_Cycle-8_MPR-and-Indicator-Guide.pdf; VI_Onsite-Wastewater_Cycle-8_MPR-and-Indicator-Guide.pdf; VII_HIV-STI_Cycle-8_MPR-and-Indicator-Guide.pdf; VIII_Vision_Cycle-8_MPRs-and-Indicator-Guide.pdf

Commissioner Cosby,

Forwarding to you to be sure that you have this information as well.

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

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Sent: Monday, September 11, 2023 5:39 PM
To: John Gibbs <jgibbs@miottawa.org>
Cc: Karen Karasinski <kkarasinski@miottawa.org>; Nina Baranowski <nbaranowski@miottawa.org>
Subject: RE: Quantifying Mandated Service Level Requirements

Hi John,

Attached is more information regarding the minimum service levels for mandated and essential services (named 2023.09.11 OCDPH PH Required Minimum Service Levels) as well as supporting documentation for minimum program requirements.

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

Adeline Hambley

From: Gretchen Cosby
Sent: Tuesday, September 12, 2023 2:52 PM
To: Adeline Hambley
Subject: RE: Quantifying Mandated Service Level Requirements

Hi Adeline,

Thank you for the information you have provided. Can you give me the specific dollar amount needed for each program the Health Department is mandated to provide? I want to make sure we are meeting all MDHHS requirements, not just the minimums.

Sincerely,.

Gretchen Cosby

Gretchen Cosby MSN, RN | *County Commissioner, District 1*
Subscribe to County News
12220 Fillmore Street | West Olive, Michigan 49460 | 616-980-7773

Ottawa County

From: Adeline Hambley <ahambley@miottawa.org>
Sent: Monday, September 11, 2023 7:58 PM
To: Gretchen Cosby <gcosby@miottawa.org>
Subject: FW: Quantifying Mandated Service Level Requirements

Commissioner Cosby,

Forwarding to you to be sure that you have this information as well.

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
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Adeline Hambley

From: Jordan Epperson
Sent: Friday, September 15, 2023 5:36 AM
To: Adeline Hambley; Jennifer Brozowski; spanjerk@michigan.gov
Cc: John Gibbs; Sylvia Rhodea
Subject: Health and Human Services Agency Updates

Good Morning,

As you know, there is a Health and Human Services Committee Meeting this upcoming Tuesday at 9AM. Please let me know if you would like to attend and provide the committee with an agency update/report, and if you do plan on attending, please provide me with a brief overview on your update to the committee. If you do not plan on attending the meeting or providing an update, please just feel free to ignore this message.

Thank you,

Jordan Epperson | *Senior Executive Aide*
Office of the Administrator
Ottawa County
12220 Fillmore Street | West Olive, Michigan 49460
Jepperson@miottawa.org | 616-738-4898

PS000513

Adeline Hambley

From: Adeline Hambley
Sent: Friday, September 15, 2023 1:20 PM
To: Jennifer Brozowski; Jordan Epperson; spanjerk@michigan.gov
Cc: John Gibbs; Sylvia Rhodea
Subject: RE: Health and Human Services Agency Updates

I plan to attend as well, and will provide a summary of my remarks shortly.

Thank you,

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

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From: Jennifer Brozowski <jbrozowski@miottawa.org>
Sent: Friday, September 15, 2023 11:53 AM
To: Jordan Epperson <jepperson@miottawa.org>; Adeline Hambley <ahambley@miottawa.org>; spanjerk@michigan.gov
Cc: John Gibbs <jgibbs@miottawa.org>; Sylvia Rhodea <srhodea@miottawa.org>
Subject: RE: Health and Human Services Agency Updates

Good morning,

I plan to be in attendance for Tuesday's meeting. I will be discussing program updates in the areas of our Community Services Block Grant, our water program, data system changes, and partnership with Feeding America.

Thank you for coordinating.

Jennifer Brozowski | *Program Director* | Community Action Agency
12251 James St Suite 300 | Holland, Michigan 49424 | 616-494-5499
jbrozowski@p Ottawa.org | www.p Ottawa.org

Click here to take a brief survey about your recent experience with OCCAA.

Adeline Hambley

From: Adeline Hambley
Sent: Friday, September 15, 2023 5:40 PM
To: Jennifer Brozowski; Jordan Epperson; spanjerk@michigan.gov
Cc: John Gibbs; Sylvia Rhodea
Subject: RE: Health and Human Services Agency Updates
Attachments: Adeline Hambley Response to September 12 Public Hearing.pdf

Information below and in the attachment is the information I plan to discuss on Tuesday. Can you confirm if I will be recognized by the Chair, or if I need to speak in public comment?

FOR IMMEDIATE RELEASE
September 15, 2023

Contact: Alison Clark, aclark@miottawa.org, (

(HOLLAND, MI) – Today, the Ottawa County Board of Commissioners posted an updated summary of changes to the proposed county budget following the public hearing on September 12, and in advance of the Finance and Administration Committee's Budget Work Session scheduled for Tuesday, September 19. This summary reflects additional changes to the Public Health budget. **We are providing this update for informational purposes as you review the additional, proposed changes.**

What's changed since the September 12 Board of Commissioners Public Hearing?

- Total General Fund allocation to Public Health has not changed.
- An epidemiologist, a specific, mandated public health position, whose work is not COVID-related, is targeted to be eliminated to restore funding that was cut from the Miles of Smiles program in the September 12 County Administration version of the Public Health budget. The funds from this position will be moved to the Public Health fund balance, which will subsequently be used for Miles of Smiles.
- The Communicable Disease, Immunizations, and Sexually Transmitted Disease programs (all essential public health services) that saw reductions in the proposed budget discussed at the public hearing will now be fully funded using State of Michigan funds from the FY24 General Omnibus budget for essential local public health services. **This is not an increase in the County General Fund allocation to Public Health**. The State of Michigan voted to increase its contribution to local public health funding through the Essential Local Public Health Services block grant in the approved State budget, which fulfills the state's commitment to local health departments. These additional funds were not intended to make up for budget reductions by a local jurisdiction, but were attempting to correct the chronic underfunding of public health. The amount allocated to each jurisdiction has not been determined, nor has a distribution date been set.
- All other public health budget reductions remain in place, including cuts to Health Education (which includes Nutrition and Wellness programs) and Family Planning. These programs are mandated public health services. This could impact programs and services like access to affordable women's health care, including cancer screening and pregnancy services; access to healthy food for children and families; suicide prevention services for youth and adults; and prevention programs that promote healthy lifestyles.

As we've stated before, reducing the operating budgets to these mandated programs will restrict or prevent the most marginalized residents in Ottawa County from accessing resources and programs to which they are entitled under the law.

In the attached document, Health Officer Adeline Hambley addresses statements made at the September 12 Board of Commissioners meeting.

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

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From: Adeline Hambley
Sent: Friday, September 15, 2023 1:20 PM
To: Jennifer Brozowski <jbrozowski@miottawa.org>; Jordan Epperson <jepperson@miottawa.org>; spanjerk@michigan.gov
Cc: John Gibbs <jgibbs@miottawa.org>; Sylvia Rhodea <srhodea@miottawa.org>
Subject: RE: Health and Human Services Agency Updates

I plan to attend as well, and will provide a summary of my remarks shortly.

Thank you,

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

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From: Jennifer Brozowski <jbrozowski@miottawa.org>
Sent: Friday, September 15, 2023 11:53 AM
To: Jordan Epperson <jepperson@miottawa.org>; Adeline Hambley <ahambley@miottawa.org>; spanjerk@michigan.gov

PS000516

I would like to correct several inaccurate statements made at the September 12 public hearing on the Ottawa County FY 24 budget. I have repeatedly provided information about public health and the statutory requirements of a local public health department, along with offers to meet to discuss, all of which have gone unrecognized since the County Administration began ordering large cuts to the Public Health budget on August 17. At this point, any request for more information and data by the Administration and/or some of the Commissioners is not offered in good faith, as there seems to be no intention of considering such information when making decisions about the Public Health budget or staff. The only recourse remaining is for me to be transparent with the community and provide information as it becomes available so that the community is aware of the potential impacts to services.

1. Administrator Gibbs continues to use the narrative that these budget reductions are "returning to pre-COVID budget levels". This is false if the funding proposed results in cuts to programs or people that existed prior to the COVID-19 pandemic years. As I have mentioned previously, the original $2.5 million general fund contribution suggested by Commissioner Moss was significantly lower than any pre-COVID funding level, all the way back to 2001.

2. Administrator Gibbs stated there would be "no cuts to children's programs". This is false, at least under the most recent version of the Administration's budget cuts to Public Health. The mandated Health Education program includes programming to children and families, including Ottawa Food, the Ottawa Area Suicide Prevention Coalition, Migrant Farmworker Health, Meet Up and Eat Up, and Safe Homes. Nutrition services are mandated public health services. Current funding proposed for this program would result in the layoff of over half of the Health Education team – staff who have been working on core public health programs. This is not a return to "pre-COVID," but a significant cut that will have significant impact on programs and services that existed before COVID-19. I also believe that this is a form of unlawful retaliation toward me and toward Public Health generally for reasons having nothing to do with any legitimate fiscal or other concern.

3. Administrator Gibbs claimed that he "has yet to see any minimum service levels" from Public Health. This is false. I received your request for an answer to this question at 7:10 pm on Friday, September 8, 2023, and responded with information on Monday, September 11. The State of Michigan establishes minimum service level **requirements** for essential and mandated local public health services. There are not provided in the form of a chart that specifies the number of employees required to meet the minimum level for each program, but rather are very clear performance-based metrics. By law, the state department of Health and Human Services must establish minimum standards of scope, quality, and administration for the delivery of required and allowable services. These minimum service level requirements were shared with Administrator Gibbs on Monday, September 11. He is right – as I told him, they are complex. He is also right Public Health met these standards during the previous accreditation cycle. However, the budget levels proposed on Tuesday, while higher than the $2.5 million I was originally given by Administration, would still result in cuts to programs and staffing that existed pre-COVID, and would not allow us to meet these requirements set by the State.

PS000517

4. Commissioner Cosby stated that “she has yet to get the requested information in its entirety,” but has “gotten it in drips and drabs.” The information Commissioner Cosby references is her request for information about public health programs, FTEs, volumes, or number of residents served, and program outcomes – which she first asked for in an email on August 25. It is false to state that she hasn’t received this information from me. I could not prioritize creating a custom report detailing this information because it was requested at the same time, I was creating new and unreasonable budgets for Administrator Gibbs with only two days of notice. Commissioner Cosby was provided with information on programming, previous accreditation reports, previous annual reports, previous communicable disease reports and FTE documents that were also provided to Administrator Gibbs on June 19.

5. Commissioner Cosby also asked for a one-page report for the “business leader to use when reporting on their businesses to the BOC”. Public Health is not a business – it is a service to the community that the Board of Commissioners is required to provide.

   “Pursuant to section 51 of article 4 the state constitution of 1963, the department (state) 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…”

   and

   “The department (state) also shall promote an adequate and appropriate system of local health services throughout the state and shall endeavor to develop and establish arrangements and procedures for the effective coordination and integration of all public health services…”

   The services provided by local public health are established by the state constitution, further solidified in statute, and are in fact a right inherent to the people of Michigan, and not a business designed to make a profit for Ottawa County.

6. Commissioner Cosby also stated that I wasn’t “following the chain of command” and that by turning to the media, I was creating “unnecessary fear in our county”. This too is false.

   As the appointed Health Officer for Ottawa County, it is a matter of law that I am the administrative officer of the health department and may take actions and make determinations necessary and appropriate to carry out the local health department’s functions, delegated under the law to protect public health and prevent disease. Therefore, there is no “chain of command” breached as asserted by Commissioner Cosby when the Health Officer releases information to the public that is important to the public health of the community. Certainly, budget cuts to the level that the health department will no longer operate are important information to communicate to the community. I stand by the statements I have made, as I did while under oath in front of the Finance and Administration Committee. They were truthful, and any fear

PS000518

created in the community was not caused by my communicating impacts of the actions proposed by the board.

7. Finally, Administrator Gibbs stated that “family formation,” and “stable two parent married families” are the biggest indicator of health outcomes. He also stated that “it is not as though the county health department is the one and only thing that determines health outcomes”.

As the appointed local health officer for Ottawa County, I don’t disagree with the assertion by Administrator Gibbs that the health outcomes of the county “rise and fall solely on the dollar amount of funding to the county health department”. Rather, the health of all citizens of Ottawa County relies on a complex network in the community from non-profit community groups, doctors, dentists, hospitals, state and federal agencies, business, agriculture, and faith-based organizations working together. However, a health department that is properly funded is a necessary ingredient to this success. Beyond that, it is one required to be provided to the community by law by the local governing entity (the Board of Commissioners).

The services provided by local public health departments are centered on community health and the prevention of the spread of disease and disease vectors. However, it is also a safety net provider to those marginalized and vulnerable groups in the community. The programs now targeted for budget reductions are those programs that provide services to vulnerable members of the community. Reducing the operating budgets to these mandated programs will restrict or prevent the most marginalized residents in Ottawa County from accessing resources and programs to which they are entitled under the law.

Adeline Hambley
Administrative Health Officer

Adeline Hambley

From: Adeline Hambley
Sent: Friday, September 15, 2023 5:41 PM
To: Adeline Hambley; Alison Clark; Deborah Price; Derel Glashower; Gwen Unzicker; Jessica Behringer; Kris Conrad; Lisa Uganski; Marcia Mansaray; Nina Baranowski; Sandra Lake; Spencer Ballard; Tony Benjamin
Subject: FW: Health and Human Services Agency Updates
Attachments: Adeline Hambley Response to September 12 Public Hearing.pdf

FYI. There was a date missing in original release, it is corrected in this attachment.

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

miOttawa Department of
Public Health

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From: Adeline Hambley
Sent: Friday, September 15, 2023 5:40 PM
To: Jennifer Brozowski <jbrozowski@miottawa.org>; Jordan Epperson <jepperson@miottawa.org>; spanjerk@michigan.gov
Cc: John Gibbs <jgibbs@miottawa.org>; Sylvia Rhodea <srhodea@miottawa.org>
Subject: RE: Health and Human Services Agency Updates

Information below and in the attachment is the information I plan to discuss on Tuesday. Can you confirm if I will be recognized by the Chair, or if I need to speak in public comment?

miOttawa Department of
Public Health

FOR IMMEDIATE RELEASE
September 15, 2023

Contact: Alison Clark, aclark@miottawa.org, [redacted]

(HOLLAND, MI) – Today, the Ottawa County Board of Commissioners posted an updated summary of changes to the proposed county budget following the public hearing on September 12, and in advance of the Finance and Administration Committee's Budget Work Session scheduled for Tuesday, September 19. This summary reflects

PS000520

Adeline Hambley

From: Sylvia Rhodea
Sent: Monday, September 18, 2023 10:16 AM
To: Adeline Hambley
Subject: RE: Health and Human Services Agency Updates

Follow Up Flag: Follow up
Flag Status: Flagged

Thank you. Yes, we look forward to hearing your report.

Sylvia Rhodea | *County Commissioner* | District 8
12220 Fillmore Street | West Olive, Michigan 49460 | 616-250-2932

From: Adeline Hambley <ahambley@miottawa.org>
Sent: Friday, September 15, 2023 5:40 PM
To: Jennifer Brozowski <jbrozowski@miottawa.org>; Jordan Epperson <jepperson@miottawa.org>; spanjerk@michigan.gov
Cc: John Gibbs <jgibbs@miottawa.org>; Sylvia Rhodea <srhodea@miottawa.org>
Subject: RE: Health and Human Services Agency Updates

Information below and in the attachment is the information I plan to discuss on Tuesday. Can you confirm if I will be recognized by the Chair, or if I need to speak in public comment?

miOttawa Department of
Public Health

FOR IMMEDIATE RELEASE
September 15, 2023

Contact: Alison Clark, aclark@miottawa.org,

(HOLLAND, MI) – Today, the Ottawa County Board of Commissioners posted an updated summary of changes to the proposed county budget following the public hearing on September 12, and in advance of the Finance and Administration Committee's Budget Work Session scheduled for Tuesday, September 19. This summary reflects

PS000521

Adeline Hambley

From: John Gibbs
Sent: Monday, September 18, 2023 1:18 PM
To: Adeline Hambley
Subject: Title X Question

Hi Addie,

Good afternoon.

Could you confirm that Title X will not rejected by the Health Department if the original funding level requested by Public Health for Family Planning is maintained.

Thank you,

John Gibbs | *County Administrator*
12220 Fillmore Street | West Olive, Michigan 49460 | 616-738-4642

PS000522

Adeline Hambley

From: Adeline Hambley
Sent: Monday, September 18, 2023 2:44 PM
To: John Gibbs
Subject: RE: Title X Question

Hi John,

Short answer:

> Yes. the amount originally requested for the Family Planning budget would allow us to maintain the minimum level of service to retain Title X funding.

A bit more information/background:

> The staff do both family planning (FP) and sexually transmitted disease (STD) services. There would normally be 8 full-time equivalents (FTE) plus a 1.0 FTE Clinic Services Manager who oversees a total of five programs.
>
> In an effort to keep the budget costs flat from fiscal year 2023, as was requested by Fiscal Services at the beginning of the budget process, the program funding requested allowed for maintenance of minimum serviceable levels for programs. To meet this funding level, the following positions were not filled in the fiscal year 2024 budget Public Health originally proposed: 1.0 FTE Clinic Manager and 1.1 FTE clinical staff. This means that the STD and FP services were already planned to operate during FY 2024 with 6.4 FTE of staff (~3.5 FTE in Family Planning Services). The funding requested allowed us to maintain the two mandated programs as well as to meet the requirements to maintain local control of Title X funds.
>
> Requirements for the federal and state Title X grant funds:
> *Note--clients seen in this program often take more time and follow-up than the average patient in Ottawa County*
>
> - A minimum of 603 patients
>   - Federal reduction for all Title X clinics following the COVID pandemic to allow for services to rebuild; this was previously set at 1,300 for OCDPH.
> - Family planning education and services for indigent women: 1,200-1,300+ women
> - Court-ordered pregnancy tests: 4-5 hours every three weeks for one clinician
>
> The Public Health budget proposed was already very lean and going into the year with vacant positions, so any cuts proposed to the budget line would reduce staffing to a level that would not allow us to meet the requirements above. As I have previously explained, there is a reason that the Ottawa County Board of Commissioners voted to support a women's health/family planning clinic in 1971. For over 50 years the Board has wanted to maintain local control of Title X funding in the community, as once funding is lost to another Title X provider it is extremely difficult to restart as the Title X provider in the community.

Please let me know if you have additional questions. Thank you!

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

PS000523

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Public Health

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From: John Gibbs <jgibbs@miottawa.org>
Sent: Monday, September 18, 2023 1:18 PM
To: Adeline Hambley <ahambley@miottawa.org>
Subject: Title X Question

Hi Addie,

Good afternoon.

Could you confirm that Title X will not rejected by the Health Department if the original funding level requested by Public Health for Family Planning is maintained.

Thank you,

John Gibbs | *County Administrator*
12220 Fillmore Street | West Olive, Michigan 49460 | 616-738-4642

Ottawa County
Where Freedom Rings

PS000524

Adeline Hambley

From: Adeline Hambley
Sent: Monday, September 18, 2023 3:00 PM
To: Marcia Mansaray; Gwen Unzicker; Alison Clark; Deborah Price
Subject: FW: Title X Question

FYI—wanted to keep you in the loop. In latest posting of the budget (dated 9/18/23) Family Planning is fully funded for what was originally requested by PH (or at least it's equivalent—as it is slightly different due to CAP/admin spread to accounts).

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

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From: Adeline Hambley
Sent: Monday, September 18, 2023 2:44 PM
To: John Gibbs <jgibbs@miottawa.org>
Subject: RE: Title X Question

Hi John,

Short answer:

> Yes. the amount originally requested for the Family Planning budget would allow us to maintain the minimum level of service to retain Title X funding.

A bit more information/background:

> The staff do both family planning (FP) and sexually transmitted disease (STD) services. There would normally be 8 full-time equivalents (FTE) plus a 1.0 FTE Clinic Services Manager who oversees a total of five programs.
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PS000525

Adeline Hambley

From:	Adeline Hambley
Sent:	Monday, September 18, 2023 6:34 PM
To:	John Gibbs; Gretchen Cosby
Subject:	Impacts of Proposed Public Health Budget Cuts
Attachments:	2023.09.18 Impacts of Proposed Public Health Budget Cuts.pdf

Good evening,

Given the most recent updates to the Public Health funding, the attached document was created to outline the potential impacts to Public Health for the reduction of funding for mandated Health Education/Nutrition Services and elimination of a second FTE in epidemiology. Both actions resulting in a ~50% cut to funding and/or staffing levels in these programs. I hope this helps to provide clarity on the impacts of the revised budget posted September 18, 2023.

Thank you,

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

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PS000526

Administration:

Epidemiology:

1. OCDPH Epidemiology leads outbreak investigations helping to minimize the spread of disease and find the source. Without Epidemiology there could be a delay in the identification and containment of outbreaks, leading to increased cases and potential hospitalization and/or fatalities. There is a financial cost to businesses and residents, as well as increased liability for delays in illness outbreaks identification and containment. Cost estimates for Foodborne Illness for the 15 most common pathogens in 2018 was over $17 billion in the United States[1].
2. OCDPH Epidemiology analyzes health data and publishes health reports that identify trends and risk factors for over 100 diseases and many health events, including but not limited to infectious diseases, overdoses, and suicides. Without Epidemiology, Ottawa County would lack ongoing reports on disease trends and lack insights into which local populations are most affected by contagious diseases, suicide, and overdose -- information vital to helping prevent these events. Additionally, OCDPH's local public health accreditation could be jeopardized without ready availability of annual disease reports (General Communicable Disease MPR, Indicator 1.4).
3. Over the past decade, multiple diseases have emerged that necessitated public health response including Ebola, Zika, measles, Hepatitis A, and others. Epidemiological capacity is vital for setting up data systems, deployment of containment activities, and reporting case statistics and response information back to the community. Without Epidemiology, there may be less robust response to emerging disease threats and reduced access to timely information by the public.
4. OCDPH Epidemiology provides critical information to a variety of stakeholders and institutions in the community, including presentations given at universities, K-12 schools, community foundations, and other organizations. OCDPH Epidemiology also serves as a resource to county citizens, local businesses, healthcare, and faith leaders in the community on various topics. Without Epidemiology, a local expert will be unavailable to provide useful information and offer knowledgeable interpretation on local health topics. Since 2018, OCDPH Epidemiology has provided epidemiological information at over 100 events, the vast majority right here in Ottawa County.
5. OCDPH Epidemiology supports data-driven decision making by providing data-driven insights that guide local government officials, community leaders, and the public to make decisions. The development of reports and highly interactive, accessible, and on-demand data dashboards for several communicable diseases has informed decision making across the county. The absence of OCDPH Epidemiology jeopardizes this level of data transparency and might lead to uninformed choices that could adversely affect the health and well-being of the community. One example of OCDPH Epidemiology's data

[1] https://www.ers.usda.gov/data-products/chart-gallery/gallery/chart-detail/?chartId=101488

PS000527

dashboarding is the Ottawa County COVID-19 Data Hub, which received over 2 million pageviews through the pandemic.

6. Without OCDPH Epidemiology, facilitating community partnerships such as the Healthy Ottawa Collaborative (a partnership of local hospitals, OCDPH, and United Way) would be more difficult due to a lack of a trusted neutral partner with analysis and data management expertise and historical knowledge to help moderate meetings and move the group toward completion of a Community Health Needs Assessment (CHNA), which is required by the IRS for non-profit healthcare institutions.
7. OCDPH Epidemiology supports evaluation and quality improvement programs within Public Health, by designing plans and surveys, and by collaborating with other county departments and partners to optimize the utility of public health programs and interventions. Without OCDPH Epidemiology, Public Health would have reduced access to expertise for planning innovation projects, collecting data, interpreting results, and changing processes to create efficiencies and better outcomes.
8. Epidemiology is a required function for State and local health departments under statute.
    a. MCL 333.2221 requires the State Health Department, MDHHS, to perform epidemiological function such as "Collect and utilize vital and health statistics and provide for epidemiological and other research studies for the purpose of protecting the public health." and "Make investigations and inquiries as to the causes of disease and especially of epidemics; the causes of morbidity and mortality; the causes, prevention, and control of environmental health hazards, nuisances, and sources of illness."
    b. Like the State Health Department, each local health department has the same mandates found under MCL 333.2433.
9. Studies have established benchmarks to determine sufficient epidemiology capacity for State[2] and Big City[3] Health Departments to be between 1 and 1.4 full-time epidemiology staff per 100,000 population respectively. Ottawa County's population is just over 300,000.
    a. OCDPH currently has 4 full-time epidemiologists, the staffing level recommended for a local health department serving the health and safety of a large city, which is likely comparable to Ottawa County. OCDPH is optimally staffed using this 2017 benchmark. The Board of Commissioners is proposing to cut all COVID-19 related grant funding, which will eliminate 1 OCDPH epidemiologist – a 25% reduction.

[2] Assessment of epidemiology capacity in state health departments, 2001-2006 - PubMed (nih.gov)

[3] Epidemiology Workforce Capacity in 27 Large Urban Health Departments in the United States, 2017 - Meghan D. McGinty, Nancy Binkin, Jessica Arrazola, Mia N. Israel, Chrissie Juliano, 2019 (sagepub.com)

PS000528

b. The three remaining epidemiologists maintain a serviceable level of capacity needed for the health and safety of Ottawa County residents, using the 2001-2006 capacity benchmark for U.S. State health departments.

c. On Friday, September 15, 2023, the Board of Commissioners proposed eliminating a second epidemiologist position to essentially utilize the salary and fringe benefit dollars of the position to restore the funding previously cut for the 2024 Miles of Smiles (MOS) mobile dental office. This action reduces current OCDPH epidemiology capacity by 50% and is below serviceable levels for a population over 300,000 in the fastest growing county in Michigan.

PS000529

Health Education & Nutrition Wellness

PUBLIC DEFENDER	(3,651,812.85)	(4,525,525.17)	(4,525,525.17)	(5,157,117.78)	(631,592.61)	13.96%
PUBLIC HEALTH	**(15,978,033.75)**	**(15,260,791.00)**	**(19,300,063.77)**	**(13,657,614.22)**	**1,604,473.78**	-10.51%
ADMINISTRATION	(454,484.78)	1,656,418.77	(479,793.23)	858,199.00	(798,219.77)	-48.19%
BEACH MONITORING	(4,195.54)	(10,212.00)	(10,212.00)	(10,696.00)	(484.00)	4.74%
CDBG CARES	0.00	0.00	0.00	0.00	0.00	0.00%
CDC FLU GRANT	0.00	0.00	0.00	0.00	0.00	0.00%
CHILDRENS SPECIAL HEALTH CARE	(689,928.96)	(806,394.00)	(806,394.00)	(822,046.00)	(15,652.00)	1.94%
CLINIC ADMIN	0.00	0.00	0.00	0.00	0.00	0.00%
COMMUNICABLE DISEASE	(874,870.77)	(1,398,895.28)	(1,378,359.28)	(1,196,748.00)	202,147.28	-14.45%
COMMUNITY SUPPORT AGRICULTURE	0.00	0.00	0.00	0.00	0.00	0.00%
COVID 19 BLOCK GRANT SUD	0.00	0.00	(45,873.00)	0.00	0.00	0.00%
COVID 19 INEQUITIES	(11,895.00)	0.00	(288,105.00)	0.00	0.00	0.00%
COVID 19 RESPONSE	0.00	0.00	0.00	0.00	0.00	0.00%
COVID IMMUNIZATIONS	(571,469.74)	0.00	(359,089.77)	0.00	0.00	0.00%
COVID MI IMMS SUPPLEMENTAL	0.00	0.00	0.00	0.00	0.00	0.00%
COVID WORKFORCE	0.00	0.00	(345,213.00)	0.00	0.00	0.00%
CRF IMMS COVID RESPONSE	0.00	0.00	0.00	0.00	0.00	0.00%
CRF LHD TESTING	0.00	0.00	0.00	0.00	0.00	0.00%
CRG LHD CONTACT TRACING	0.00	0.00	0.00	0.00	0.00	0.00%
CSHCS VACCINE INITIATIVE	(13,367.55)	(21,321.00)	(21,321.00)	(11,447.00)	9,874.00	-46.31%
DENTAL MILES OF SMILE	(506,320.98)	(603,525.00)	(603,525.00)	(609,171.00)	(5,646.00)	0.94%
DENTAL SEAL	(92,633.05)	(86,174.00)	(86,174.00)	(78,196.00)	7,978.00	-9.26%
EH ADMIN	0.00	0.00	0.00	0.00	0.00	0.00%
EH FIELD SERVICES	(332,521.99)	(335,254.00)	(334,858.00)	(284,674.00)	50,580.00	-15.09%
EH FOOD SERVICES	(1,274,741.21)	(1,411,601.00)	(1,411,601.00)	(1,470,646.00)	(59,045.00)	4.18%
EH FOOD SERVICES GRANT	0.00	0.00	0.00	0.00	0.00	0.00%
EH REAL ESTATE	(481,535.91)	(515,827.00)	(515,827.00)	(429,515.00)	86,312.00	-16.73%
EH TYPE 2	(135,261.03)	(200,526.00)	(200,592.00)	(195,229.00)	5,297.00	-2.64%
ELC COVID CONTACT TRACING TEST	(1,263,334.13)	0.00	(1,495,609.00)	0.00	0.00	0.00%
ELC COVID INFEC PREVENTION	(135,000.00)	0.00	0.00	0.00	0.00	0.00%
ENVIRONMENTAL SUSTAINABILITY	(577,960.15)	(576,100.00)	(576,100.00)	(561,380.00)	14,720.00	-2.56%
FAMILY PLANNING	(964,410.64)	(1,292,213.71)	(1,273,613.71)	(1,063,501.00)	496,496.71	-38.42%
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
HEALTH EDUCATION	(269,394.04)	(381,810.68)	(799,019.68)	(421,090.00)	(39,279.32)	10.29%
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
HIV PREVENTION SERVICES	0.00	0.00	(20,000.00)	(20,000.00)	(20,000.00)	#DIV/0!
IMMS BILLING PROJECT	0.00	0.00	0.00	0.00	0.00	0.00%
IMMUNIZATION ACTION PLAN	(250,453.87)	(142,426.00)	(142,426.00)	(148,620.00)	(6,194.00)	4.35%

Health Education & Nutrition Wellness Combined into Health Education budget line in FY23. Total request by Public Health for FY24 $814,234. Proposed funding of $421,090 is a 48% cut to Health Education & Nutrition Wellness

COUNTY OF OTTAWA
ALL FUNDS COMPARATIVE ANALYSIS - REVENUE by DEPARTMENT by COST CENTER

DEPARTMENT	FY22 ACTUALS	FY23 ADOPTED BUDGET	FY23 REVISED BUDGET	FY24 REQUESTED BUDGET	FY23 ADOPTED to FY24 REQ BUDGET	% CHANGE
IMMUNIZATIONS	(1,038,385.03)	(1,475,737.00)	(1,527,737.00)	(1,370,257.00)	105,480.00	-7.15%
LHD COVID HOMELESS MATCH	(4,474.89)	0.00	0.00	0.00	0.00	0.00%
LHD SHARING GRANT	(50,527.09)	(46,785.00)	(44,038.00)	(43,962.00)	2,823.00	-6.03%
LOCAL FOOD RESCUE BI	0.00	0.00	0.00	0.00	0.00	0.00%
LRE ARPA	(8,786.49)	0.00	(8,810.00)	(8,810.00)	(8,810.00)	#DIV/0!
MARKETING CAMPAIGN	0.00	0.00	0.00	0.00	0.00	0.00%
MATERNAL INFANT HEALTH PROGRAM	(998,021.10)	(1,228,496.00)	(1,228,496.00)	(1,270,941.00)	(42,445.00)	3.46%
MCH BLOCK GRANT	0.00	0.00	0.00	0.00	0.00	0.00%
MCH DIRECT SERVICES WOMEN	0.00	0.00	0.00	0.00	0.00	0.00%
MCH ENABLING SERVICE CHILDREN	(11,118.49)	(7,200.00)	(7,200.00)	(15,000.00)	(7,800.00)	108.33%
MCH ENABLING SERVICES WOMEN	(67,054.75)	(63,820.00)	(63,820.00)	(66,214.00)	(2,394.00)	3.75%
MCH FUNCTIONS & INFRASTRUCTURE	(7,194.21)	(12,010.00)	(12,010.00)	0.00	12,010.00	-100.00%
MEDICAID OUTREACH	(417,892.12)	(471,726.00)	(471,726.00)	(550,683.00)	(78,957.00)	16.74%
MEDICAL EXAMINERS	(65,664.97)	(72,000.00)	(72,000.00)	(65,000.00)	7,000.00	-9.72%
MEDICAL MARIJUANA	(38,697.47)	(37,148.00)	(38,637.00)	(38,637.00)	(1,489.00)	4.01%
MEET UP & EAT UP	(2,001.74)	0.00	0.00	0.00	0.00	0.00%
MINORITY HEALTH GRANT	(40,859.15)	(42,000.00)	(42,000.00)	0.00	42,000.00	-100.00%
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
NUTRITION WELLNESS	(330,483.29)	(429,943.00)	0.00	0.00	429,943.00	-100.00%
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
ORAL HEALTH KINDER ASSESSMENT	(15,420.56)	(71,021.00)	(87,649.00)	(78,021.00)	(7,000.00)	9.86%

PS000530

Health Education: The following programs are all at risk of reduction or elimination based on proposed budget allocations. Staff time funded by the Health Education budget is the cornerstone to the success of these community programs.

1. *Step It Up!* is a free, 8-week walking program created in partnership by Ottawa County's Parks & Recreation Department, the Department of Public Health, and the Department of Strategic Impact. *Step it Up!* offers group walks, an adventure series, weekly strength training and healthy eating tips, and provides accountability with physical activity goal setting and reporting. The goal is to get community members active, visiting new parks, exercising outdoors more frequently, and improving their overall health. In the Spring of 2022, 1,061 people enrolled in *Step It Up!* and 70% of participants reported an improvement in their physical and mental health as a result of participating in the program. Further, over 50% of participants reported being more comfortable exercising outdoors and doing so more frequently because of *Step It Up!*
2. The *Senior Project Fresh* (SPF) program, aimed at helping older adults eat healthier as they age, provides income-eligible residents 60 and older with free nutrition education and $25 in coupons that can be exchanged for fresh fruits, vegetables, and other healthy foods sold at local farmers' markets and roadside stands. SPF coupons are distributed directly to seniors at senior living facilities and local food distributions, meeting them where they are in the community. Through this program led by Health Education staff, over 350 low-income seniors in Ottawa County gain increased access to locally grown produce, and approximately $8,750 goes to local growers in our community.
3. *Ottawa Food,* a collaboration of over 45 agencies and individuals, has been operating since 2010 to ensure that community members have access to healthy, local, and affordable food. As with any successful community collaboration, a champion is needed to ensure that *Ottawa Food* members stay engaged and that the strategic plan is implemented in a timely manner. The continued success of *Ottawa Food* can be attributed to the Ottawa Food Coordinator position which is funded by the OCDPH Health Education budget to fulfill statutory requirements to provide health education and nutrition services (MCL 333.2433*(d) (g)*).

   Ottawa Food leads many important food-related efforts in Ottawa County, including:

   a. A *Gleaning Program* at local farmers markets (gleaned over 22,000 pounds of food so far this year), a Produce Donation Program at local farmers markets (received over 2,100 pounds of fresh produce so far this year), and a *Pick for Pantries Program* where residents can donate a portion of what they pick. All food received through these programs is distributed through local agencies to households facing food insecurity.

   b. An online search engine for residents to search for local food resources and a *Local Food Resource Guide* that is printed and distributed twice a year.

   c. Addresses the *Healthy Ottawa* Priority Area of Healthy Behaviors and the statutory requirement for local health departments in Michigan to provide nutrition services.

PS000531

   d. The *Real Food Can* campaign to help promote awareness in Ottawa County about how real, healthy food can be simple, affordable, convenient, and delicious. The *Real Food Can* website (https://realfoodcan.com/) provides recipes and other resources for preparing healthy and affordable food.

   e. Expansion of *Lakeshore Food Rescue*, an initiative of Community Action House in partnership with *Ottawa Food*, to expand food rescue across Ottawa County. This program has rescued more than 1 million pounds of food and redirected it to households experiencing hunger in Ottawa County. Loss of this *Ottawa Food* initiative, and others, could be devastating to the approximately 22,000 food insecure residents in Ottawa County.

4. The *Suicide Prevention Coalition* was formed 5 years ago by OCDPH in collaboration with a variety of community partners and stakeholders (health systems, schools, mental health organizations) in response to concerning local data. Some important initiatives developed out of this coalition include:

   a. Supporting the *Blue Envelope* team response training to school staff throughout Ottawa County (over 2,000 staff trained that responded to nearly 600 youth incidents in 2023).

   b. Promoting the *be nice.* program (over 12,000 students actively involved) and QPR (Question, Persuade, Refer) trainings throughout the community (1,200 trainings in 2022).
   c. Partnered with Ottawa County Veterans Affairs to promote suicide prevention within the veteran community, including promotion of *Man Therapy*.

   d. Maintaining a resource list of support organizations and services within the community for suicide prevention.

   e. 8,000 *Safe Home* Lock it Up bags distributed in the community.

5. *ServSafe* classes are offered monthly to local restaurant managers and staff. The Michigan Food Law requires that each licensed food service establishment employ a certified manager that has passed an American National Standards Institute (ANSI) accredited examination. To help meet the rising needs for this requirement, OCDPH has been offering *ServSafe* classes in Ottawa County since 2015. This is an important program to ensure food safety standards are being met as Ottawa County continues to grow.

6. Substance use disorder prevention services in Ottawa County are provided by OCDPH Health Education staff in partnership with Lakeshore Regional Entity.

   a. This includes *TIPS trainings* (alcohol/server retailer training) which address the problems of intoxication, drunk driving, and underage drinking. The legal requirement per the Michigan Liquor Code is that effective 2001, an on-premises liquor license holder must always have 1 certified person on staff while serving alcohol unless they have had a 50% transfer of ownership. Since 2019, by providing *TIPS trainings*, OCDPH has helped over 100 small businesses in Ottawa County save nearly $50,000 in training costs alone and meet Michigan Liquor

PS000532

Code Requirements. Outside the cost, Ottawa County has seen a 29% decrease from 2006-2021 in the rate of alcohol involved crashes in 18-24 years old.

b. OCDPH offers *Prime for Life* classes twice a month for students in juvenile court and schools. *Prime for Life*, an evidence-based program, is used to prevent alcohol and drug problems and to provide early intervention. Over the past two years, 180 students participated in this program.
c. OCDPH health educators provide monthly *Vape Education* classes to youth who have been caught vaping at school. Over the past two years, 155 youth received Vape Education. Health educators also provide vape education materials to multiple school districts to reduce out-of-school suspension time.
d. Health Education staff provide *vendor education* yearly to over 300 retailers to reduce youth access to alcohol and nicotine. This ensures local businesses are compliant with state liquor and tobacco laws (avoiding potential legal action on the business).
e. Health Education staff have prioritized providing educational resources to parents regarding substance use education and emerging trends. Some examples include community presentations based on identified needs and community requests; Lock it up bag distribution; distribution of educational materials; partnership with Ottawa Substance Abuse Prevention coalition; and Talksooner.org.

7. Health Education staff utilize a *Cross Jurisdictional Sharing Grant* that encourages partnerships between local health departments to share resources for training, healthy food access, suicide prevention, physical fitness, STI prevention, and more. For the past few years, OCDPH has received over $40,000/year in funding to do this work.

Health Planning:

1. A 50% reduction of the Health Education program may prevent OCDPH from facilitating *Healthy Ottawa*, a partnership of three local hospital systems, OCDPH, Ottawa CMH, Community SPOKE, and United Way of Ottawa and Allegan Counties.
    a. The Patient Protection and Affordable Care Act of 2010 (PPACA) requires nonprofit hospitals (all Ottawa County hospitals systems are nonprofit) to conduct a Community Health Needs Assessment and to do so in partnership and consultation with Public Health or suffer penalty of fines or loss of nonprofit status. The Community Health Needs Assessment and companion health improvement plan are part of a nonprofit hospital system's IRS filing.
    b. OCDPH's involvement in *Healthy Ottawa* not only satisfies the requirements of the PPACA, but also the statutory requirement for local health departments to oversee the prevention and control of health problems of particularly vulnerable population groups;
    c. *Healthy Ottawa* would lose a trusted neutral partner with subject matter expertise and historical knowledge to help lead meetings and move the group toward completion of a required Community Health Needs Assessment, and development of a Community Health Improvement Plan, which addresses the top three health issues identified in Ottawa County.

PS000533

Adeline Hambley

From: Adeline Hambley
Sent: Monday, September 18, 2023 9:44 PM
To: Jordan Epperson
Subject: Fwd: Impacts of Proposed Public Health Budget Cuts
Attachments: 2023.09.18 Impacts of Proposed Public Health Budget Cuts.pdf

Jordan,

I meant to cc you on this email—updated impacts based on new budget posted this afternoon.

Thank you,

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
(616) 393-5625

From: Adeline Hambley
Sent: Monday, September 18, 2023 6:34:02 PM
To: John Gibbs <jgibbs@miottawa.org>; Gretchen Cosby <gcosby@miottawa.org>
Subject: Impacts of Proposed Public Health Budget Cuts

Good evening,

Given the most recent updates to the Public Health funding, the attached document was created to outline the potential impacts to Public Health for the reduction of funding for mandated Health Education/Nutrition Services and elimination of a second FTE in epidemiology. Both actions resulting in a ~50% cut to funding and/or staffing levels in these programs. I hope this helps to provide clarity on the impacts of the revised budget posted September 18, 2023.

Thank you,

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

miOttawa Department of
Public Health

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PS000534

Adeline Hambley

From: Gretchen Cosby
Sent: Wednesday, September 20, 2023 4:15 PM
To: Adeline Hambley
Cc: John Gibbs
Subject: Follow-up information

Hi Adeline,

I wanted to follow up on the finance discussion yesterday related to the programs and budget for FY24.

It is my understanding that Fiscal Services confirmed today there are 3 epidemiologists planned for next year. Could you please confirm that is your understanding as well? Also could you please provide the documentation you mentioned for this requirement? I believe you stated this is a population-based requirement, I think the number quoted was 1 to 1.4 per 100,000 community members. Is this a a state requirement and did that requirement change recently? It looks like the county had 1 or 2 epidemiologists until-2019.

Are there any areas or state program requirements or laws the current DPH budget of $14.397 million does not meet/accomplish in FY24.. Can you please have the requested information to me early tomorrow because the agenda packet is released on Friday.

Thank you,

Gretchen Cosby

Gretchen Cosby MSN, RN | *County Commissioner, District 1*
Subscribe to County News
12220 Fillmore Street | West Olive, Michigan 49460 | 616-980-7773

Ottawa County

PS000535

Adeline Hambley

From: Adeline Hambley
Sent: Thursday, September 21, 2023 11:51 AM
To: Gretchen Cosby
Cc: John Gibbs
Subject: RE: Follow-up information
Attachments: 2023.09.18 EMAIL Impacts of Proposed Public Health Budget Cuts.pdf; 2023.09.18 Impacts of Proposed Public Health Budget Cuts.pdf

Good morning,

Attached are the email and impacts of the proposed budgets as was previously sent on this past Monday, September 18. This document outlines the statute and minimum capacities sources as well.

It is my understanding that in the budget that was posted Monday afternoon, Administrator Gibbs had instructed Fiscal to cut our third 1.0 FTE epidemiology position, which Fiscal did. This cut was in addition to the elimination of our fourth 1.0 FTE epidemiology position that was funded via COVID grants and is being cut as of October 1, since we anticipate that the County Commission's final budget vote will require the County to reject grant funding otherwise available for the fourth position.

After the committee meetings on Tuesday, Fiscal Services informed me that Administrator Gibbs has taken the position that our third epidemiology position is no longer being cut, leaving us with 3.0 FTE epidemiologists. However, the funding for this position was still not restored to the budget. I am currently reviewing possible options to fund this position since epidemiology is a mandated function. Regarding your question about previous numbers of FTEs in epidemiology at the health department, the health department has slowly added epi positions over time as the County population continues to grow and after funding levels recover from the severe cuts necessitated in fiscal year 2009 by the recession. This has been a very slow process, and funding still has not returned to levels pre-2009. However, I firmly believe we need to have at least 3.0 FTE epidemiologists to be able to meet all the requirements of this mandated function.

One possible way of solving this issue in the current budget (the version as of Tuesday 9/19/23) would be to permit the health department to accept the COVID grant and use that to pay for our third epidemiologist (i.e., the money we were using to pay for our fourth epi). If it helps the Board to consider such a move, I can assign our third epi to work only on the dozens of our communicable diseases which the COVID grant permits us to track and address other than COVID.

I am still reviewing potential areas impacted by the cuts remaining in the budget that was approved by committee on Tuesday. I can only state for certainty that there would be no issues with state program requirements and services provided to the community for the budget as I originally submitted. However, with the budget proposal as it currently stands, I believe essential local public health services will meet state requirements and Family Planning will meet the state/federal Title X funding requirements. Health Education & Nutrition programming and Epidemiology are both mandated programs, but we are currently reviewing these to determine programming and funding impacts. At this point, given the nearly 50% cut in funding, there will obviously be impacts to programs and services provided by the Health Education & Nutrition program (a list of Health Education & Nutrition programming/services is also in the document attached). I am examining all potential options at this point to maintain programs and services in the community, including reduced hours, or closure, of the outer offices in Grand Haven and/or Hudsonville. We are looking at potentially providing "pop-up" services to residents in the area versus maintaining our own brick and mortar location as a method to provide what we are mandated to do under this anticipated budget cut.

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It would be helpful to me to know as soon as possible the Board's/Administration's position on whether I have the ability to move allocated funds as I believe necessary under the general umbrella of what is appropriate to the health department, or if the Board/Administration is going to take the position that I do not have the ability to do that without Board approval. Administrator Gibbs seemed to suggest at various points during committee meetings yesterday that I have this power, but then I understand that he also said at a later point when Marcia asked him about this that he was not sure and may have suggested that he would check into it. I plan to follow up with him about this as well, but this is an important issue. My position is that I do have the legal authority to move money around in the total public health budget as I believe is necessary and appropriate, but it would be good if everyone had clarity about this (or at least had clarity on everyone's respective positions on it) prior to September 26.

Please let me know if you have any questions.

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

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From: Gretchen Cosby <gcosby@miottawa.org>
Sent: Wednesday, September 20, 2023 4:15 PM
To: Adeline Hambley <ahambley@miottawa.org>
Cc: John Gibbs <jgibbs@miottawa.org>
Subject: Follow-up information

Hi Adeline,

I wanted to follow up on the finance discussion yesterday related to the programs and budget for FY24.

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Thank you,

Gretchen Cosby

Gretchen Cosby MSN, RN | *County Commissioner, District 1*
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PS000537

From:	Adeline Hambley
To:	John Gibbs; Gretchen Cosby
Subject:	Impacts of Proposed Public Health Budget Cuts
Date:	Monday, September 18, 2023 6:34:00 PM
Attachments:	2023.09.18 Impacts of Proposed Public Health Budget Cuts.pdf image001.png

Good evening,

Given the most recent updates to the Public Health funding, the attached document was created to outline the potential impacts to Public Health for the reduction of funding for mandated Health Education/Nutrition Services and elimination of a second FTE in epidemiology. Both actions resulting in a ~50% cut to funding and/or staffing levels in these programs. I hope this helps to provide clarity on the impacts of the revised budget posted September 18, 2023.

Thank you,

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

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Public Health

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Administration:

Epidemiology:

1. OCDPH Epidemiology leads outbreak investigations helping to minimize the spread of disease and find the source. Without Epidemiology there could be a delay in the identification and containment of outbreaks, leading to increased cases and potential hospitalization and/or fatalities. There is a financial cost to businesses and residents, as well as increased liability for delays in illness outbreaks identification and containment. Cost estimates for Foodborne Illness for the 15 most common pathogens in 2018 was over $17 billion in the United States[1].
2. OCDPH Epidemiology analyzes health data and publishes health reports that identify trends and risk factors for over 100 diseases and many health events, including but not limited to infectious diseases, overdoses, and suicides. Without Epidemiology, Ottawa County would lack ongoing reports on disease trends and lack insights into which local populations are most affected by contagious diseases, suicide, and overdose -- information vital to helping prevent these events. Additionally, OCDPH's local public health accreditation could be jeopardized without ready availability of annual disease reports (General Communicable Disease MPR, Indicator 1.4).
3. Over the past decade, multiple diseases have emerged that necessitated public health response including Ebola, Zika, measles, Hepatitis A, and others. Epidemiological capacity is vital for setting up data systems, deployment of containment activities, and reporting case statistics and response information back to the community. Without Epidemiology, there may be less robust response to emerging disease threats and reduced access to timely information by the public.
4. OCDPH Epidemiology provides critical information to a variety of stakeholders and institutions in the community, including presentations given at universities, K-12 schools, community foundations, and other organizations. OCDPH Epidemiology also serves as a resource to county citizens, local businesses, healthcare, and faith leaders in the community on various topics. Without Epidemiology, a local expert will be unavailable to provide useful information and offer knowledgeable interpretation on local health topics. Since 2018, OCDPH Epidemiology has provided epidemiological information at over 100 events, the vast majority right here in Ottawa County.
5. OCDPH Epidemiology supports data-driven decision making by providing data-driven insights that guide local government officials, community leaders, and the public to make decisions. The development of reports and highly interactive, accessible, and on-demand data dashboards for several communicable diseases has informed decision making across the county. The absence of OCDPH Epidemiology jeopardizes this level of data transparency and might lead to uninformed choices that could adversely affect the health and well-being of the community. One example of OCDPH Epidemiology's data

[1] https://www.ers.usda.gov/data-products/chart-gallery/gallery/chart-detail/?chartId=101488

PS000539

dashboarding is the Ottawa County COVID-19 Data Hub, which received over 2 million pageviews through the pandemic.

6. Without OCDPH Epidemiology, facilitating community partnerships such as the Healthy Ottawa Collaborative (a partnership of local hospitals, OCDPH, and United Way) would be more difficult due to a lack of a trusted neutral partner with analysis and data management expertise and historical knowledge to help moderate meetings and move the group toward completion of a Community Health Needs Assessment (CHNA), which is required by the IRS for non-profit healthcare institutions.
7. OCDPH Epidemiology supports evaluation and quality improvement programs within Public Health, by designing plans and surveys, and by collaborating with other county departments and partners to optimize the utility of public health programs and interventions. Without OCDPH Epidemiology, Public Health would have reduced access to expertise for planning innovation projects, collecting data, interpreting results, and changing processes to create efficiencies and better outcomes.
8. Epidemiology is a required function for State and local health departments under statute.
   a. MCL 333.2221 requires the State Health Department, MDHHS, to perform epidemiological function such as "Collect and utilize vital and health statistics and provide for epidemiological and other research studies for the purpose of protecting the public health." and "Make investigations and inquiries as to the causes of disease and especially of epidemics; the causes of morbidity and mortality; the causes, prevention, and control of environmental health hazards, nuisances, and sources of illness."
   b. Like the State Health Department, each local health department has the same mandates found under MCL 333.2433.
9. Studies have established benchmarks to determine sufficient epidemiology capacity for State[2] and Big City[3] Health Departments to be between 1 and 1.4 full-time epidemiology staff per 100,000 population respectively. Ottawa County's population is just over 300,000.
   a. OCDPH currently has 4 full-time epidemiologists, the staffing level recommended for a local health department serving the health and safety of a large city, which is likely comparable to Ottawa County. OCDPH is optimally staffed using this 2017 benchmark. The Board of Commissioners is proposing to cut all COVID-19 related grant funding, which will eliminate 1 OCDPH epidemiologist – a 25% reduction.

[2] Assessment of epidemiology capacity in state health departments, 2001-2006 - PubMed (nih.gov)

[3] Epidemiology Workforce Capacity in 27 Large Urban Health Departments in the United States, 2017 - Meghan D. McGinty, Nancy Binkin, Jessica Arrazola, Mia N. Israel, Chrissie Juliano, 2019 (sagepub.com)

PS000540

b. The three remaining epidemiologists maintain a serviceable level of capacity needed for the health and safety of Ottawa County residents, using the 2001-2006 capacity benchmark for U.S. State health departments.

c. On Friday, September 15, 2023, the Board of Commissioners proposed eliminating a second epidemiologist position to essentially utilize the salary and fringe benefit dollars of the position to restore the funding previously cut for the 2024 Miles of Smiles (MOS) mobile dental office. This action reduces current OCDPH epidemiology capacity by 50% and is below serviceable levels for a population over 300,000 in the fastest growing county in Michigan.

PS000541

Health Education & Nutrition Wellness

PUBLIC DEFENDER	(3,651,812.85)	(4,525,525.17)	(4,525,525.17)	(5,157,117.78)	(631,592.61)	13.96%
PUBLIC HEALTH	**(15,978,033.75)**	**(15,260,791.00)**	**(19,300,063.77)**	**(13,657,614.22)**	**1,604,473.78**	-10.51%
ADMINISTRATION	(454,484.78)	1,656,418.77	(479,793.23)	858,199.00	(798,219.77)	-48.19%
BEACH MONITORING	(4,195.54)	(10,212.00)	(10,212.00)	(10,696.00)	(484.00)	4.74%
CDBG CARES	0.00	0.00	0.00	0.00	0.00	0.00%
CDC FLU GRANT	0.00	0.00	0.00	0.00	0.00	0.00%
CHILDRENS SPECIAL HEALTH CARE	(689,928.96)	(806,394.00)	(806,394.00)	(822,046.00)	(15,652.00)	1.94%
CLINIC ADMIN	0.00	0.00	0.00	0.00	0.00	0.00%
COMMUNICABLE DISEASE	(874,870.77)	(1,398,895.28)	(1,378,359.28)	(1,196,748.00)	202,147.28	-14.45%
COMMUNITY SUPPORT AGRICULTURE	0.00	0.00	0.00	0.00	0.00	0.00%
COVID 19 BLOCK GRANT SUD	0.00	0.00	(45,873.00)	0.00	0.00	0.00%
COVID 19 INEQUITIES	(11,895.00)	0.00	(288,105.00)	0.00	0.00	0.00%
COVID 19 RESPONSE	0.00	0.00	0.00	0.00	0.00	0.00%
COVID IMMUNIZATIONS	(571,469.74)	0.00	(359,089.77)	0.00	0.00	0.00%
COVID MI IMMS SUPPLEMENTAL	0.00	0.00	0.00	0.00	0.00	0.00%
COVID WORKFORCE	0.00	0.00	(345,213.00)	0.00	0.00	0.00%
CRF IMMS COVID RESPONSE	0.00	0.00	0.00	0.00	0.00	0.00%
CRF LHD TESTING	0.00	0.00	0.00	0.00	0.00	0.00%
CRG LHD CONTACT TRACING	0.00	0.00	0.00	0.00	0.00	0.00%
CSHCS VACCINE INITIATIVE	(13,367.55)	(21,321.00)	(21,321.00)	(11,447.00)	9,874.00	-46.31%
DENTAL MILES OF SMILE	(506,320.98)	(603,525.00)	(603,525.00)	(609,171.00)	(5,646.00)	0.94%
DENTAL SEAL	(92,633.05)	(86,174.00)	(86,174.00)	(78,196.00)	7,978.00	-9.26%
EH ADMIN	0.00	0.00	0.00	0.00	0.00	0.00%
EH FIELD SERVICES	(332,521.99)	(335,254.00)	(334,858.00)	(284,674.00)	50,580.00	-15.09%
EH FOOD SERVICES	(1,274,741.21)	(1,411,601.00)	(1,411,601.00)	(1,470,646.00)	(59,045.00)	4.18%
EH FOOD SERVICES GRANT	0.00	0.00	0.00	0.00	0.00	0.00%
EH REAL ESTATE	(481,535.91)	(515,827.00)	(515,827.00)	(429,515.00)	86,312.00	-16.73%
EH TYPE 2	(135,261.03)	(200,526.00)	(200,592.00)	(195,229.00)	5,297.00	-2.64%
ELC COVID CONTACT TRACING TEST	(1,263,334.13)	0.00	(1,495,609.00)	0.00	0.00	0.00%
ELC COVID INFEC PREVENTION	(135,000.00)	0.00	0.00	0.00	0.00	0.00%
ENVIRONMENTAL SUSTAINABILITY	(577,960.15)	(576,100.00)	(576,100.00)	(561,380.00)	14,720.00	-2.56%
FAMILY PLANNING	(964,410.64)	(1,292,213.71)	(1,273,613.71)	(1,063,501.00)	496,496.71	-38.42%
HEALTH EDUCATION	(269,394.04)	(381,810.68)	(799,019.68)	(421,090.00)	(39,279.32)	10.29%
HIV PREVENTION SERVICES	0.00	0.00	(20,000.00)	(20,000.00)	(20,000.00)	#DIV/0!
IMMS BILLING PROJECT	0.00	0.00	0.00	0.00	0.00	0.00%
IMMUNIZATION ACTION PLAN	(250,453.87)	(142,426.00)	(142,426.00)	(148,620.00)	(6,194.00)	4.35%

Health Education & Nutrition Wellness Combined into Health Education budget line in FY23. Total request by Public Health for FY24 $814,234. Proposed funding of $421,090 is a 48% cut to Health Education & Nutrition Wellness

COUNTY OF OTTAWA
ALL FUNDS COMPARATIVE ANALYSIS - REVENUE by DEPARTMENT by COST CENTER

DEPARTMENT	FY22 ACTUALS	FY23 ADOPTED BUDGET	FY23 REVISED BUDGET	FY24 REQUESTED BUDGET	FY23 ADOPTED to FY24 REQ BUDGET	% CHANGE
IMMUNIZATIONS	(1,038,385.03)	(1,475,737.00)	(1,527,737.00)	(1,370,257.00)	105,480.00	-7.15%
LHD COVID HOMELESS MATCH	(4,474.89)	0.00	0.00	0.00	0.00	0.00%
LHD SHARING GRANT	(50,527.09)	(46,785.00)	(44,038.00)	(43,962.00)	2,823.00	-6.03%
LOCAL FOOD RESCUE BI	0.00	0.00	0.00	0.00	0.00	0.00%
LRE ARPA	(8,786.49)	0.00	(8,810.00)	(8,810.00)	(8,810.00)	#DIV/0!
MARKETING CAMPAIGN	0.00	0.00	0.00	0.00	0.00	0.00%
MATERNAL INFANT HEALTH PROGRAM	(998,021.10)	(1,228,496.00)	(1,228,496.00)	(1,270,941.00)	(42,445.00)	3.46%
MCH BLOCK GRANT	0.00	0.00	0.00	0.00	0.00	0.00%
MCH DIRECT SERVICES WOMEN	0.00	0.00	0.00	0.00	0.00	0.00%
MCH ENABLING SERVICE CHILDREN	(11,118.49)	(7,200.00)	(7,200.00)	(15,000.00)	(7,800.00)	108.33%
MCH ENABLING SERVICES WOMEN	(67,054.75)	(63,820.00)	(63,820.00)	(66,214.00)	(2,394.00)	3.75%
MCH FUNCTIONS & INFRASTRUCTURE	(7,194.21)	(12,010.00)	(12,010.00)	0.00	12,010.00	-100.00%
MEDICAID OUTREACH	(417,892.12)	(471,726.00)	(471,726.00)	(550,683.00)	(78,957.00)	16.74%
MEDICAL EXAMINERS	(65,664.97)	(72,000.00)	(72,000.00)	(65,000.00)	7,000.00	-9.72%
MEDICAL MARIJUANA	(38,697.47)	(37,148.00)	(38,637.00)	(38,637.00)	(1,489.00)	4.01%
MEET UP & EAT UP	(2,001.74)	0.00	0.00	0.00	0.00	0.00%
MINORITY HEALTH GRANT	(40,859.15)	(42,000.00)	(42,000.00)	0.00	42,000.00	-100.00%
NUTRITION WELLNESS	(330,483.29)	(429,943.00)	0.00	0.00	429,943.00	-100.00%
ORAL HEALTH KINDER ASSESSMENT	(15,420.56)	(71,021.00)	(87,649.00)	(78,021.00)	(7,000.00)	9.86%

PS000542

Health Education: The following programs are all at risk of reduction or elimination based on proposed budget allocations. Staff time funded by the Health Education budget is the cornerstone to the success of these community programs.

1. *Step It Up!* is a free, 8-week walking program created in partnership by Ottawa County's Parks & Recreation Department, the Department of Public Health, and the Department of Strategic Impact. *Step it Up!* offers group walks, an adventure series, weekly strength training and healthy eating tips, and provides accountability with physical activity goal setting and reporting. The goal is to get community members active, visiting new parks, exercising outdoors more frequently, and improving their overall health. In the Spring of 2022, 1,061 people enrolled in *Step It Up!* and 70% of participants reported an improvement in their physical and mental health as a result of participating in the program. Further, over 50% of participants reported being more comfortable exercising outdoors and doing so more frequently because of *Step It Up!*
2. The *Senior Project Fresh* (SPF) program, aimed at helping older adults eat healthier as they age, provides income-eligible residents 60 and older with free nutrition education and $25 in coupons that can be exchanged for fresh fruits, vegetables, and other healthy foods sold at local farmers' markets and roadside stands. SPF coupons are distributed directly to seniors at senior living facilities and local food distributions, meeting them where they are in the community. Through this program led by Health Education staff, over 350 low-income seniors in Ottawa County gain increased access to locally grown produce, and approximately $8,750 goes to local growers in our community.
3. *Ottawa Food,* a collaboration of over 45 agencies and individuals, has been operating since 2010 to ensure that community members have access to healthy, local, and affordable food. As with any successful community collaboration, a champion is needed to ensure that *Ottawa Food* members stay engaged and that the strategic plan is implemented in a timely manner. The continued success of *Ottawa Food* can be attributed to the Ottawa Food Coordinator position which is funded by the OCDPH Health Education budget to fulfill statutory requirements to provide health education and nutrition services (MCL 333.2433*(d) (g)*).

   Ottawa Food leads many important food-related efforts in Ottawa County, including:

   a. A *Gleaning Program* at local farmers markets (gleaned over 22,000 pounds of food so far this year), a Produce Donation Program at local farmers markets (received over 2,100 pounds of fresh produce so far this year), and a *Pick for Pantries Program* where residents can donate a portion of what they pick. All food received through these programs is distributed through local agencies to households facing food insecurity.

   b. An online search engine for residents to search for local food resources and a *Local Food Resource Guide* that is printed and distributed twice a year.

   c. Addresses the *Healthy Ottawa* Priority Area of Healthy Behaviors and the statutory requirement for local health departments in Michigan to provide nutrition services.

PS000543

   d. The *Real Food Can* campaign to help promote awareness in Ottawa County about how real, healthy food can be simple, affordable, convenient, and delicious. The *Real Food Can* website (https://realfoodcan.com/) provides recipes and other resources for preparing healthy and affordable food.

   e. Expansion of *Lakeshore Food Rescue*, an initiative of Community Action House in partnership with *Ottawa Food*, to expand food rescue across Ottawa County. This program has rescued more than 1 million pounds of food and redirected it to households experiencing hunger in Ottawa County. Loss of this *Ottawa Food* initiative, and others, could be devastating to the approximately 22,000 food insecure residents in Ottawa County.

4. The *Suicide Prevention Coalition* was formed 5 years ago by OCDPH in collaboration with a variety of community partners and stakeholders (health systems, schools, mental health organizations) in response to concerning local data. Some important initiatives developed out of this coalition include:

   a. Supporting the *Blue Envelope* team response training to school staff throughout Ottawa County (over 2,000 staff trained that responded to nearly 600 youth incidents in 2023).

   b. Promoting the *be nice.* program (over 12,000 students actively involved) and QPR (Question, Persuade, Refer) trainings throughout the community (1,200 trainings in 2022).
   c. Partnered with Ottawa County Veterans Affairs to promote suicide prevention within the veteran community, including promotion of *Man Therapy*.

   d. Maintaining a resource list of support organizations and services within the community for suicide prevention.

   e. 8,000 *Safe Home* Lock it Up bags distributed in the community.

5. *ServSafe* classes are offered monthly to local restaurant managers and staff. The Michigan Food Law requires that each licensed food service establishment employ a certified manager that has passed an American National Standards Institute (ANSI) accredited examination. To help meet the rising needs for this requirement, OCDPH has been offering *ServSafe* classes in Ottawa County since 2015. This is an important program to ensure food safety standards are being met as Ottawa County continues to grow.

6. Substance use disorder prevention services in Ottawa County are provided by OCDPH Health Education staff in partnership with Lakeshore Regional Entity.

   a. This includes *TIPS trainings* (alcohol/server retailer training) which address the problems of intoxication, drunk driving, and underage drinking. The legal requirement per the Michigan Liquor Code is that effective 2001, an on-premises liquor license holder must always have 1 certified person on staff while serving alcohol unless they have had a 50% transfer of ownership. Since 2019, by providing *TIPS trainings*, OCDPH has helped over 100 small businesses in Ottawa County save nearly $50,000 in training costs alone and meet Michigan Liquor

PS000544

Code Requirements. Outside the cost, Ottawa County has seen a 29% decrease from 2006-2021 in the rate of alcohol involved crashes in 18-24 years old.

b. OCDPH offers *Prime for Life* classes twice a month for students in juvenile court and schools. *Prime for Life*, an evidence-based program, is used to prevent alcohol and drug problems and to provide early intervention. Over the past two years, 180 students participated in this program.
c. OCDPH health educators provide monthly *Vape Education* classes to youth who have been caught vaping at school. Over the past two years, 155 youth received Vape Education. Health educators also provide vape education materials to multiple school districts to reduce out-of-school suspension time.
d. Health Education staff provide *vendor education* yearly to over 300 retailers to reduce youth access to alcohol and nicotine. This ensures local businesses are compliant with state liquor and tobacco laws (avoiding potential legal action on the business).
e. Health Education staff have prioritized providing educational resources to parents regarding substance use education and emerging trends. Some examples include community presentations based on identified needs and community requests; Lock it up bag distribution; distribution of educational materials; partnership with Ottawa Substance Abuse Prevention coalition; and Talksooner.org.

7. Health Education staff utilize a *Cross Jurisdictional Sharing Grant* that encourages partnerships between local health departments to share resources for training, healthy food access, suicide prevention, physical fitness, STI prevention, and more. For the past few years, OCDPH has received over $40,000/year in funding to do this work.

Health Planning:

1. A 50% reduction of the Health Education program may prevent OCDPH from facilitating *Healthy Ottawa*, a partnership of three local hospital systems, OCDPH, Ottawa CMH, Community SPOKE, and United Way of Ottawa and Allegan Counties.
   a. The Patient Protection and Affordable Care Act of 2010 (PPACA) requires nonprofit hospitals (all Ottawa County hospitals systems are nonprofit) to conduct a Community Health Needs Assessment and to do so in partnership and consultation with Public Health or suffer penalty of fines or loss of nonprofit status. The Community Health Needs Assessment and companion health improvement plan are part of a nonprofit hospital system's IRS filing.
   b. OCDPH's involvement in *Healthy Ottawa* not only satisfies the requirements of the PPACA, but also the statutory requirement for local health departments to oversee the prevention and control of health problems of particularly vulnerable population groups;
   c. *Healthy Ottawa* would lose a trusted neutral partner with subject matter expertise and historical knowledge to help lead meetings and move the group toward completion of a required Community Health Needs Assessment, and development of a Community Health Improvement Plan, which addresses the top three health issues identified in Ottawa County.

PS000545

Adeline Hambley

From: Adeline Hambley
Sent: Thursday, September 21, 2023 11:52 AM
To: Adeline Hambley; Alison Clark; Deborah Price; Derel Glashower; Gwen Unzicker; Jessica Behringer; Kris Conrad; Lisa Uganski; Marcia Mansaray; Nina Baranowski; Sandra Lake; Spencer Ballard; Tony Benjamin
Subject: FW: Follow-up information
Attachments: 2023.09.18 EMAIL Impacts of Proposed Public Health Budget Cuts.pdf; 2023.09.18 Impacts of Proposed Public Health Budget Cuts.pdf

FYI

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

miOttawa Department of
Public Health

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From: Adeline Hambley
Sent: Thursday, September 21, 2023 11:51 AM
To: Gretchen Cosby <gcosby@miottawa.org>
Cc: John Gibbs <jgibbs@miottawa.org>
Subject: RE: Follow-up information

Good morning,

Attached are the email and impacts of the proposed budgets as was previously sent on this past Monday, September 18. This document outlines the statute and minimum capacities sources as well.

It is my understanding that in the budget that was posted Monday afternoon, Administrator Gibbs had instructed Fiscal to cut our third 1.0 FTE epidemiology position, which Fiscal did. This cut was in addition to the elimination of our fourth 1.0 FTE epidemiology position that was funded via COVID grants and is being cut as of October 1, since we anticipate that the County Commission's final budget vote will require the County to reject grant funding otherwise available for the fourth position.

After the committee meetings on Tuesday, Fiscal Services informed me that Administrator Gibbs has taken the position that our third epidemiology position is no longer being cut, leaving us with 3.0 FTE epidemiologists. However, the funding for this position was still not restored to the budget. I am currently reviewing possible options to fund this position since epidemiology is a mandated function. Regarding your question about previous numbers of FTEs in epidemiology at the health department, the health department has slowly added epi positions over time as the County population continues to grow and after funding levels recover from the severe cuts necessitated in fiscal year 2009 by

PS000546

Adeline Hambley

From: Adeline Hambley
Sent: Thursday, September 21, 2023 11:51 AM
To: Doug Zylstra; Jacob Bonnema
Subject: FW: Follow-up information
Attachments: 2023.09.18 EMAIL Impacts of Proposed Public Health Budget Cuts.pdf; 2023.09.18 Impacts of Proposed Public Health Budget Cuts.pdf

Another budget update per your request.

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

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PS000547

Adeline Hambley

From: Adeline Hambley
Sent: Tuesday, September 26, 2023 9:36 AM
To: John Gibbs
Subject: PH budget & BOC meeting

Good morning,

Please let me know if you need me to attend the Board of Commissioners meeting to answer questions on the budget for the Public Health Department. I am reviewing potential areas impacted by the cuts remaining in the budget that was posted in the Board packet for the meeting on September 26. At this point, given the nearly 50% cut in funding, there will obviously be impacts to programs and services provided by the Health Education & Nutrition program. I am examining all potential options at this point to maintain programs and services in the community, including reduced hours, or closure, of the outer offices in Grand Haven and/or Hudsonville. We are looking at potentially providing "pop-up" services to residents in the area versus maintaining our own brick and mortar location as a method to provide what we are mandated to do under this anticipated budget cut.

As previously stated, it would be helpful to know as soon as possible the Board's/Administration's position on whether I will be able to move allocated funds as I believe necessary under the general umbrella of what is appropriate to the operations of the health department, or if the Board/Administration is going to take the position that I do not have the ability to do that without Board approval. My position is that I do have the legal authority to move money within the total public health budget as I believe is necessary and appropriate, but it would be good if everyone had clarity about this at the BOC meeting on September 26.

Please let me know if you have any questions.

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

miOttawa Department of
Public Health

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PS000548

Adeline Hambley

From: Adeline Hambley
Sent: Tuesday, September 26, 2023 9:39 AM
To: Marcia Mansaray; Alison Clark; Kris Conrad
Subject: FW: PH budget & BOC meeting

FYI—wanted to keep you in the loop in case anyone from Fillmore reaches out as I am out of the office this morning. Alison, I wanted to keep you informed of what issues/talking points are at the moment.

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

miOttawa Department of Public Health

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As previously stated, it would be helpful to know as soon as possible the Board's/Administration's position on whether I will be able to move allocated funds as I believe necessary under the general umbrella of what is appropriate to the operations of the health department, or if the Board/Administration is going to take the position that I do not have the ability to do that without Board approval. My position is that I do have the legal authority to move money within the total public health budget as I believe is necessary and appropriate, but it would be good if everyone had clarity about this at the BOC meeting on September 26.

Please let me know if you have any questions.

Adeline Hambley, MBA, PMP, REHS

Adeline Hambley

From:	Adeline Hambley
Sent:	Wednesday, September 27, 2023 10:13 AM
To:	Jacob Bonnema; Doug Zylstra; Roger Bergman
Subject:	Notice of Hearing for Removal of Officer
Attachments:	2023.09.27 Fwd_ Hambley Notice of Hearing and Charges, and Resolution Proposal.pdf; Notice of Hearing and Charges, Final, Signed.pdf; Exhibits, Notice of Hearing, Charges Final.pdf; 2023.09.27 SH Response Fwd_ Hambley Notice of Hearing and Charges, and Resolution Proposal.pdf

Good morning,

I know you have asked to be informed of significant changes as I become aware of them. I wanted to let you know about the notice I recently received for removal from David Kallman on behalf of Joe Moss. Please see attached for the Notice of Hearing for Removal of Officer that was received last night. I would appreciate if you did not release this information to the public at this point as we are working on a response.

Thank you!

Adeline Hambley, MBA, PMP, REHS
Administrative Health Officer
Ottawa County Dept. of Public Health
12251 James Street, Suite 400 | Holland, MI | 49424
616-393-5625 | miOttawa.org/health

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From: David Kallman <dave@kallmanlegal.com>
Sent: Tuesday, September 26, 2023 11:10:17 PM
To: Sarah Riley Howard <showard@pinskysmith.com>
Cc: Stephen Kallman <steve@kallmanlegal.com>
Subject: Hambley Notice of Hearing and Charges, and Resolution Proposal

Sarah:

Please see the attached Notice of Hearing and Charges against Adeline Hambley pursuant to MCL 46.11(n) issued by Commission Chair Moss. A hearing will be set for October 19, 2023 at 8:00 a.m. However, I am sending this to you as a courtesy ahead of time because this Notice of Hearing and Charges have not yet been made public and have not been filed with the County Clerk.

Commission Chair Moss plans to file the Notice and Charges with the County Clerk at 10am on Thursday, September 28th. However, prior to that occurring, I wanted to reach out and see if there is any interest from your client to resolve all of her disputes amicably with one global resolution where the parties can go their separate ways.

If there is any interest in discussing an amicable resolution, let me know.

Thank you,

David Kallman

Kallman Legal Group, PLLC

Attorney at Law

5600 W. Mount Hope Hwy.

Lansing, MI 48917

Phone: (517) 322-3207

Fax: (517) 322-3208

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From: Sarah Riley Howard
Sent: Wednesday, September 27, 2023 8:41 AM
To: David Kallman <dave@kallmanlegal.com>
Cc: Stephen Kallman <steve@kallmanlegal.com>
Subject: RE: Hambley Notice of Hearing and Charges, and Resolution Proposal

David and Stephen,

I spoke to my client this morning. She is not interested in a negotiated resolution of her case which would involve her resignation or her removal as Health Officer. Accordingly, we intend to oppose the charges at the proceeding that your email states that Mr. Moss intends to post notice with the Clerk for October 19, 2023.

As an initial matter, I may object to your unilateral selection of a judge once I've had more than a few hours to consider it. I suggest that we discuss logistical plans for this proceeding when we both have an opportunity, as in how witness testimony will be presented, how exhibits will be offered, the format of the proceeding, whether my client will have the opportunity to compel witness testimony, and so forth. I take it from your email that the entire Commission does not yet have notice of this. I object to the sufficiency of proceeding on any charges, including your attachment, which the entire Commission has not voted to issue at a properly-noticed public meeting.

Sarah

SARAH RILEY HOWARD
Employment & Civil Rights Attorney
showard@pinskysmith.com
616.451.8496

PINSKY SMITH PC
Protecting Working People, Their Unions and their Families

McKay Tower
146 Monroe Center NW, Suite 418
Grand Rapids, Michigan 49503-2818
info@pinskysmith.com | www.pinskysmith.com

Adeline Hambley

From: Joe Moss
Sent: Wednesday, September 27, 2023 10:29 AM
To: Adeline Hambley
Subject: Notice of special meeting and hearing on October 19, 2023
Attachments: Notice of Hearing.pdf; Notice of Hearing and Exhibits.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Ms. Hambley,

The Ottawa County Board of Commissioners will meet on October 19, 2023 to consider the attached information.

Thank you,

Joe Moss | *Chairperson*
12220 Fillmore Street | West Olive, Michigan 49460 | 616-250-0249 | District 5

Ottawa County
Where Freedom Rings

PS000553

Adeline Hambley

From: Alison Clark
Sent: Wednesday, September 27, 2023 5:31 PM
To: Adeline Hambley; Alison Clark; Deborah Price; Derel Glashower; Gwen Unzicker; Jessica Behringer; Kris Conrad; Lisa Uganski; Marcia Mansaray; Sandra Lake; Spencer Ballard; Tony Benjamin; Nina Baranowski
Subject: FW: Media Release: Adeline Hambley Provides Response to FY24 Public Health Budget Approval; Notice of Hearing for Removal of Officer also attached
Attachments: September 27 Adeline Hambley Response to FY24 Budget Approval.pdf; Public Health General Fund Allocation By Year.png; 2023.09.26 Kallman_Howard Notice of Hearing Emails_Notice_Exhibits.pdf

FYI here is what was sent to media today.

From: Alison Clark
Sent: Wednesday, September 27, 2023 2:57 PM
Subject: Media Release: Adeline Hambley Provides Response to FY24 Public Health Budget Approval; Notice of Hearing for Removal of Officer also attached

FOR IMMEDIATE RELEASE
September 27, 2023

Contact: Alison Clark, aclark@miottawa.org, [redacted]

(HOLLAND, MI.) – Attached is Adeline Hambley's response to the approval of the FY24 Ottawa County Department of Public Health budget. As you are likely aware by now, Hambley's attorney Sarah Riley Howard, received a Notice of Hearing for Removal of Officer at 11:10 pm on Tuesday, September 26. The Notice was filed today with the Ottawa County Clerk. The Notice and Attorney Riley Howard's response are attached.

Hambley is available for interviews about the approved budget and its impacts. Sarah Riley Howard may be contacted for interviews about the Notice. She can be reached at (616) 901-9140.

Thank you,
Alison

Alison Clark
(she/her/hers)
Communications Specialist/Public Information Officer
12251 James Street, Suite 400 I Holland, MI 49424
Office: (616) 494-5597

9/27/23

The public health budget approved at last night's Ottawa County Board of Commissioners meeting still represents over $4 million in reductions through the county's general fund allocation and the removal of various grants. This is a 23.3% reduction in requested revenue from public health for FY24.

Despite Administrator Gibbs' and various Commissioners' continued claims that they have instructed me not to cut the Ottawa Food program, I have never received such communication. In addition, I have confirmed with County Fiscal Services that the third epidemiologist is not fully funded using county general fund allocation. Furthermore, it is false to characterize this budget as the "second highest level in the past 15 years" to public health. More details on these issues are provided below.

1. **The county stated in its 9/27/23 media release on the budget that the budget "fully funds critical programs such as Ottawa Food, Communicable Disease, and others"**.
   This is false. The county is not fully funding Ottawa Food, Communicable Disease, and other programs. It is using State of Michigan Essential Local Public Health Services block grant funds earmarked for the chronic underfunding of local public health to "fully fund" the Communicable Disease, Immunizations, and STD programs. Ottawa Food is not fully funded because the Health Education and Nutrition/Wellness budgets were cut by 48%.

2. **Administrator Gibbs claims he instructed me "numerous times" not to cut Ottawa Food.**
   This is false. I have never received any instruction not to cut Ottawa Food from either Administrator Gibbs or any Commissioner. The last communication I received from Administrator Gibbs was on September 18 regarding the family planning budget.

3. **Administrator Gibbs claims the third epidemiologist position has been fully funded in public health administration.**
   This is false. This is not being funded with funds provided through the county or in public health administration but will be funded through additional State of Michigan Essential Local Public Health Services block grant funds. The amount of this grant will not be known for several more weeks.

4. **Commissioner Moss claims this approved budget "is funded at $14,397,715, the 2nd highest level in the past 15 years".**
   This is false. Commissioners are quoting total budgeted and actual expenditures, which includes various grant funds and other sources of revenue. The amount allocated in the FY24 budget is not the highest general fund allocation provided to public health for operational expenses, which primarily includes the cost of staff salaries and fringe benefits, and a smaller amount for program operations. In addition, the general fund allocation requires public health pay back to the county the cost allocation plan (county indirect expenses including HR, Administration, IT, Fiscal Services, etc.) thereby reducing the amount available for operations. Public health was funded at higher levels from the county in 2021, 2022, 2023, and in the years before 2008. Inflation and cost of living have increased since that time.

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Ottawa County Department of Public Health General Fund Funding by Year		
Fiscal Year	**Adopted Budget or Actual***	**County General Fund Allocation**
2024	Adopted Budget	$4,873,790
2023	Adopted Budget	$6,428,063
2022	Actual	$5,863,429
2021	Actual	$4,919,202
2020	Actual	$3,942,278
2019	Actual	$4,360,714
2018	Actual	$3,332,994
2017	Actual	$3,986,576
2016	Actual	$3,379,710
2015	Actual	$2,837,174
2014	Actual	$3,018,782
2013	Actual	$3,550,000
2012	Actual	$3,166,575
2011	Actual	$3,059,837
2010	Actual	$3,499,252
2009	Actual	$3,256,958
2008	Actual	$4,901,489
2007	Actual	$5,926,606
2006	Actual	$5,646,605
2005	Actual	$5,645,922
2004	Actual	$5,126,234
2003	Actual	$3,986,714
2002	Actual	$3,793,131
2001	Actual	$3,582,314
**actual are audited amounts, not yet avaiable for 2023 or 2024*		

I remain frustrated that other county departments are not being required to make cuts of any kind and are being funded with inflation and cost of living in mind.

As I have stated before, these reductions include cuts to mandated health education, and nutrition and wellness programs, as well as a reduction in funding for one epidemiologist for disease surveillance. Moreover, it is the statutory responsibility of the Health Officer to determine where budget funds are allocated, in accordance with the law and Ottawa County employee bargaining agreements.

Although this approval was expected, I remain steadfast in my belief that these actions represent unlawful retaliation against me and the department.

It has been difficult to create a plan for how these cuts will be implemented given the number of times the public health budget has been changed over the past several weeks. Our task now will be to identify exactly how these cuts will be passed along to Ottawa County residents. What is certain is that

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these reductions will affect the most marginalized in the community by eliminating necessary programs and resources.

I will continue to provide transparent and credible information to the community about these impacts as I know more.

As you are likely aware by now, my attorney, Sarah Riley Howard, received a Notice of Hearing for Removal of Officer at 11:10 pm on Tuesday, September 26. That Notice and Attorney Riley Howard's response is attached.

Adeline Hambley
Administrative Health Officer

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