1. Agenda

WASHTENAW COUNTY
BOARD OF COMMISSIONERS
Ways and Means Committee
Administration Building - Board Room
220 N. Main Street
Ann Arbor, Michigan
WASHTENAW COUNTY WEBSITE

2. Roll Call

3. Citizen Participation

4. Commissioner Follow Up To Citizen Participation

5. New Business

5.I. A. Health
   1. Health Department
      a. Washtenaw County Health Department Plan of Organization
         - Approving the submission of the Health Department Plan of Organization
         - Authorizing the Chair of the Board to sign the Plan of Organization Approval Form
         - To participate in the Michigan Department of Health & Human Service’s (MDHHS) accreditation process
         - Since 2004, the MDHHS requires the adoption of a local health department Plan of Organization that is approved by the local health department
         - This is a separate process from the Public Health Accreditation Board National accreditation process undergone in 2015
         - MDHHS requires the Plan of Organization be submitted once every three years and includes:
            - Legal Responsibilities and Authority
            - Local Health Department Organization
            - Mission, Vision, and Values
            - Local Planning and Collaboration Initiatives
            - Service Delivery
            - Reporting and Evaluation
            - Health Officer and Medical Director approval procedures
         - The Washtenaw County Board of Health reviewed and unanimously approved the Plan of Organization at its meeting on January 25, 2019.
         RECOMMENDATION: Approval

   Documents:

   ALL - A1A 1 PH PLAN OF ORGANIZATION.PDF

5.II. B. Economic Development
   1. Office of Community and Economic Development
      a. Approval of the 2019 Calendar Year Entitlement and Formula Grant Funding
         - Authorizing the signature of the Chair of the Board or the County Administrator on all formula and entitlement grants awarded to the Office of Community and Economic Development
         - Resolution does not constitute approval of awards with the following characteristics:
            - Award is competitive in nature
            - Award amount is not based on pre-established federal or state funding formulas or entitlement formulas
            - The award is new, and has not been awarded to or administered by OCED in the past
            - Receipt of the award would necessitate a county general fund appropriation in excess of the amount approved by the BOC in the budget
            - Receipt of the award would necessitate a change in OCED position control
         - Requires OCED to present the Board with biennial updates on the status and community impacts of grants awarded to the Department throughout the year
         - Requires OCED to present an annual report of anticipated grant funds for Board approval and prohibits budgets from being loaded until a grant award is received
         - Upon receipt of award:
            - Authorizing the County Administrator to sign the Memorandum of Understanding
            - Authorizing the County Administrator to amend the budget
            - Authorizing the County Administrator to sign delegate contracts
         RECOMMENDATION: APPROVAL

   Documents:

   ALL - B1A 1 2019 BLANKET RESOLUTION FOR FORMULA GRANTS.PDF

5.III. C. Land Use And Environment
   1. Water Resources
a. Resolution Authorizing Expenditure in Excess of $10,000 for Repair of the Four Mile Lake Level
- Approving resolution to authorize Water Resources Commissioner to exceed $10,000 annual maintenance limit
- For an estimated 10 year period beginning in 2020 - 2029
- To complete maintenance and repair work required on the Four Mile Lake Level
- To permanently repair the breach on Four Mile Lake
- To restore the elevation outlet structure to working condition
- To assess the need for a pump on Dexter #3 Drain
- Part 307 of the Michigan Environmental Code Section 30722(4) requires Board of Commissioners approval to authorize annual dam maintenance expenditures exceeding $10,000
- Due to pump deficiencies and inability to maintain legal lake elevation, Water Resources is proposing to engage FTC & H Engineering to prepare plans & specifications for needed repairs.
- Request for Proposal process was completed 12/14/2018
- Estimated cost $94,585.00
- Special assessment for project is expected to be spread over 10 years (2020 – 2029)
RECOMMENDATION: Approval

Documents:
ALL - C1A 1 · WATER RESOURCES FOUR MILE LAKE.PDF

5.IV. D. Public Safety And Justice
1. Sheriff
a. Scio Township Police Services Contract – Increase PSU
- Authorizing the signature of the County Administrator on the contract amendment
- With Scio Township
- Beginning 1/6/2019
- To increase Scio Township PSUs by 1 PSU for a total of 9 PSUs
- To address additional service needs in Scio Township
- The PSU will be filled by removing a position from Hold Vacant
- For a total revenue and expenditure increase of $160,650 in 2019 and 2020, increasing to $163,060 in 2021 and $165,506 in 2022
- Indirect costs will increase slightly overtime due to an additional FTE but will be covered by increased revenue into the General Fund
RECOMMENDATION: Approval

Documents:
ALL - D1A 1 SCIO TWP PSU INCREASE.PDF

6. Report Of The Administrator
7. Report Of The Chair Of Ways And Means
8. Report Of The Chair Of The Board
9. Items For Current/Future Discussion
10. Pending
11. Adjournment

Next Ways & Means Meeting
[March 6, 2019]
Board Room
220 N. Main Street
Ann Arbor, MI 48104
6:30 p.m.
TO: Katie Scott  
Chair, Ways & Means Committee

THROUGH: Greg Dill  
County Administrator

FROM: Ellen Rabinowitz, Health Officer  
Washtenaw County Health Department

DATE: February 20, 2019

SUBJECT: Washtenaw County Health Department Plan of Organization

BOARD ACTION REQUESTED

It is requested that the Board of Commissioners approve the submission of the Health Department’s Plan of Organization and authorize the Chair of the Board to sign the Plan of Organization Approval Form.

BACKGROUND

Since 1998 Washtenaw County Health Department (WCHD), along with Michigan’s forty-four other local health departments, has participated in the Michigan Department of Health & Human Services’ (MDHHS) accreditation process. Michigan is one of a handful of states to have an accreditation process for local public health departments. Accreditation is a requirement for all local health departments through the State of Michigan’s Comprehensive Agreement which states: ‘All Contractors shall comply with the local public health accreditation standards and follow the accreditation schedule established by the Department (Michigan Department of Health & Human Service) to achieve full accreditation status. The Comprehensive Agreement provides funding for local health departments and uses Minimum Program Requirements (MPRs) to establish program standards. MPRs are defined as objective criteria for meeting requirements of law, rule, department policy, or professionally accepted methods or practices for the purposes of ensuring the quality, availability and effectiveness of services and activities (Michigan Department of Public Health Policy 8000). For the past four accreditation cycles WCPH has earned the highest recognition allowable within each cycle.

This is a separate process from the Public Health Accreditation Board National accreditation process that WCHD underwent in 2015, which is a voluntary process that is intended to advance the quality and performance of local public health departments.

State Accreditation has improved the quality of local public health by establishing fair
and uniform standards for local public health departments, by helping to ensure local capacity to provide locally based core public health functions, and by providing accountability that financial resources were, and continue to be, effectively used.

The on-site review component of the accreditation process was paused in January 2003 to evaluate the success of Michigan’s first two accreditation cycles and to focus on an improvement initiative. Effective February 2004 the Accreditation process was restarted with the recommended changes including the new administrative section called Powers and Duties. Powers and Duties Section 1 states: “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... this requirement is met by adopting a Plan of Organization” which must be approved by the local health department’s (LHD’s) governing body (in Washtenaw County this is the Board of Commissioners).

**DISCUSSION**

According to the Public Health code (P.A. 378 of 1978, Section 2431) WCPH is required to have a Plan of Organization approved by the MDHHS Director as well as the local health department’s governing body. The Local Public Health Plan of Organization, submitted once every three years to MDHHS as required by state law, must include:

- **Legal Responsibilities and Authority:** Include a list of state statutes and local regulations for which the local health department is responsible. Describe the governing entity relationship with the local health department and the manner in which a local health department defends and indemnifies employees.

- **Local Health Department Organization:** Include information on budgets, organizational charts, and information technology capacity.

- **Mission, Vision, and Values:** Include the formal publicized statement of the local health department’s mission.

- **Local Planning and Collaboration Initiatives:** Outline specific local health department priorities and activities. List community partnerships.

- **Service Delivery:** Provide local health department locations, services, and hours of operation.

- **Reporting and Evaluation:** Describe the local health department’s efforts to evaluate its activities. List what mechanism it uses to report on its activities.

- **Health Officer and Medical Director:** Include the procedure for approving the Health Officer and Medical Director.

The Washtenaw County Board of Health reviewed and accepted the Plan of Organization at its meeting on January 25, 2019. The group unanimously approved the Plan of Organization and is recommending the Board of Commissioners provide the final
approval.

IMPACT ON HUMAN RESOURCES

The appointment procedure of the Health Officer and Medical Director must include prior approval from MDHHS before final Board of Commissioner appointment.

IMPACT ON BUDGET

None

IMPACT ON INDIRECT COSTS:

No impact on indirect costs

IMPACT ON OTHER COUNTY DEPARTMENTS OR OUTSIDE AGENCIES

None

CONFORMITY TO COUNTY POLICIES:

This request is in conformance with County policies.

ATTACHMENTS:
MDHHS Local Health Department Plan of Organization Guide
Plan of Organization Checklist
Washtenaw County Health Department Plan of Organization
A RESOLUTION APPROVING THE SUBMISSION OF WASHTENAW COUNTY PUBLIC HEALTH PLAN OF ORGANIZATION AND AUTHORIZING THE CHAIR OF THE BOARD OF COMMISSIONERS TO SIGN THE PLAN OF ORGANIZATION APPROVAL FORM

WASHTENAW COUNTY BOARD OF COMMISSIONERS

February 20, 2019

WHEREAS, the Michigan Public Health Accreditation program has improved the quality of local health departments across the state by establishing fair and uniform standards for local public health departments, and has helped to ensure local capacity to provide locally based public health functions; and

WHEREAS, Washtenaw County Health Department has for four cycles which began in 1998 been recognized with the highest level of achievement; and

WHEREAS, effective February 2004 the Accreditation process was revised to include recommended changes requiring a new administrative section called Powers and Duties; and

WHEREAS, to demonstrate compliance with the Powers and Duties requirements, Washtenaw County Health Department is required to have a Plan of Organization approved by the local governing body; and

WHEREAS, the Plan of Organization must be submitted to the Michigan Department of Health & Human Services (MDHHS) Director for approval prior to the Accreditation review site visit; and

WHEREAS, the MDHHS Accreditation program requires a Plan of Organization Approval Form to be signed by the Washtenaw County Board of Commissioners Chairperson; and

WHEREAS, the Washtenaw County Board of Health reviewed the Plan of Organization at its meeting on February 20, 2019 and recommends the Board of Commissioners approve the plan; and

WHEREAS, this matter has been reviewed by Corporation Counsel, the Finance Department, Human Resources, the County Administrator’s Office, and the Ways and Means Committee;
NOW THEREFORE BE IT RESOLVED that the Washtenaw County Board of Commissioners hereby approves the submission of the Health Department’s Plan of Organization to MDHHS as attached hereto and made a part hereof.

BE IT FURTHER RESOLVED that the Washtenaw County Board of Commissioners authorizes the Chair of the Board to sign the Plan of Organization Approval Form.
Introduction
Washtenaw County Health Department (WCHD) is comprised of both public health and environmental health services.

1. LEGAL RESPONSIBILITIES AND AUTHORITY

a. Outline or list state and local statutory authority.

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 Michigan Department of Health and Human Services (MDHHS) 13823 and 13825)
MCL § 333.17015 – Informed Consent

Appropriations (Current: PA 252 of 2015)
Sec. 218 – Basic Services
Sec. 904 - ELPHS

Michigan Attorney General Opinions
OAG, 1987-1988, No 6415 – Legislative authority to determine appropriations for local health services
OAG, 1987-1988, No 6501 – Reimbursement of local department for required and allowable services

MCL §§ 289.1101 *et seq.*
Specifically:
MCL § 289.1109 – Definition of local health department
MCL § 289.3105 – Enforcement, Delegation to local health department

**Natural Resources and Environmental Protection Act (PA 451 of 1994)**
Part 31 - Water Resources Protection
Specifically: MCL §§ 324.3103 Powers and Duties and 324.3106 (establishment of pollution standards)
Part 22 - Groundwater Quality rules (on-site wastewater treatment)
Part 117 - Septage Waste Services
Specifically: MCL §§ 324.11701 - 324.11720

**Land Division Act (PA 288 of 1967)**
MCL § 560.105(g) - Preliminary Plat Approvals
MCL § 560.109a - Parcels less than 1 acre
MCL § 560.118 - Health Department Approval

**Condominium Act (PA 59 of 1978)**
MCL § 559.171a - Approval of Condominiums not served by public sewer and water

**Safe Drinking Water Act (PA 399 of 1976)**
MCL § 325.1016 - Public Water Supplies
Agreements with Local health departments to administer

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.

**Local regulations applicable to Public Health:**
- Clean Indoor Act (updated in 2015)
- Food Code Enforcement Procedures (revised 2013)
- Pollution Prevention Regulation
- Roadside Dumping and Littering Control Regulation
- Polluter Pays Regulation (Clean Up of Environmental Accidents)
- Sewage Regulation
- Time of Sale Regulation
- Well Regulation
- Privately Owned Community Sewage Systems Regulation
- Soil Erosion and Sedimentation Control
- Right-to-Know Toxic and Hazardous Substances
b. Briefly describe the local governing entity relationship with the local health department. Include the relationship with both the Board of Health and the Board of Commissioners, and others if applicable.

The Washtenaw County Board of Commissioners (BOC) is the governing entity for Washtenaw County Health Department (WCHD). The Board of Commissioners consists of nine (9) publicly elected jurisdictional members representing the defined districts in Washtenaw County. The BOC as a whole typically meets at least two times a month for both Ways and Means (a committee of the whole) and Board meetings and twice monthly in public working sessions (when it takes no actions).

The WCHD Health Officer provides direct reports to the Board of Commissioners as requested and as specific issues arise. Issues relative to Public Health are part of the regular meetings of the Board. The Board of Commissioners appoints an Administrator who is responsible for all County functions. Washtenaw County departments report directly to the Administrator. The WCHD Health Officer provides frequent updates to Administration on departmental activities.

In 2014, the Washtenaw County Board of Commissioners passed a resolution establishing the Washtenaw County Board of Health. The Board of Health (BOH) is comprised of ten members who serve as advocates and educators for public health services and policies. Nine members are appointed by the Board of Commissioners and one member is a Commissioner who serves as a liaison between the Board of Health and the Board of Commissioners. The BOH meets on a monthly basis.

WCHD works in coordination with the Board to advocate for policy change, education, resource allocation and planning as it relates to trending public health and environmental issues. The Board reviews and makes recommendations to the Board of Commissioners about department policy, initiatives and strategic planning. In conjunction with the County Administrator, the Board will be responsible for evaluating the performance of the Health Officer.

A three-member Appeals Subcommittee hears appeals and requests for variances on local public health and environmental regulations established under the Public Health Code. In addition the Board has the authority to hear appeals regarding the suspension or revocation of food service licenses.

c. Briefly describe of the manner in which a local health department defends and indemnifies employees for civil liability sustained in the performance of official duties except for wanton and willful misconduct (include the name of the carrier).
See Washtenaw County policy ‘Legal Representation and Indemnification for County Officers and Employees’ Effective date – 9/3/86

d. Briefly describe, if applicable, the agreement, contract, or arrangement for others to assist the local health department in carrying out its Food Service Sanitation Program responsibilities.

See Agency Agreement Food Services 2010

e. **Submit a copy of the “Exposure Plan for Blood Borne Pathogens” and the “Chemical Hygiene Plan”**.

See Exposure Plan for Blood Borne Pathogens
See Chemical Hygiene Plan
Title: Blood borne Infections Diseases (BID) Exposure Control Plan

Purpose:
The Exposure Control Plan is designed to minimize blood borne infectious disease exposure to staff, clients, students, volunteers, and contract agency employees.


Policy:
The Washtenaw County Health Department (WCHD) will assure that all staff are appropriately trained to protect against and/or respond to a blood borne infection disease incident.

This plan applies to all WCHD staff, students/interns, contract agency and self-employed contractual employees. All persons are categorized based on their common work activities and potential for exposure to unpredictable circumstances or customer behaviors. The following categories determine necessary work practices, protective equipment, and need for pre-exposure immunization with hepatitis B vaccine.

A. Category I persons administer health care, first-aid, or may have other occupational exposure to blood borne infectious diseases due to unpredictable circumstances and/or customer behavior. Category I persons are offered pre-exposure hepatitis B vaccine by WCHD upon employment.

B. Category II persons participate in work activities where exposure is unexpected. Category II persons are provided pre-exposure hepatitis B vaccine upon request.
C. **Category III** persons include clients, students, and volunteers. These persons must obtain hepatitis B vaccine through other sources.

D. **Category IV** persons are contract agency staff. Contract agency staff should follow the Blood borne Infectious Diseases Policy for their agency.

**Procedure:**

**Introduction**

On January 18, 2001, the Occupational Safety and Health Administration (OSHA) issued the Occupational Exposure to Bloodborne Pathogens Standard. This standard is designed to protect workers in the health care and related occupations from the risk of exposure to bloodborne pathogens, such as Human Immune Deficiency Virus and the Hepatitis B virus. The Needlestick Act of 2000 required federal OSHA to amend the BBP Standard (1910.1030). Effective date: April 18, 2001. The Michigan Occupational Health Commission voted January 23, 2001 to adopt the federal amendments by reference. Amendments to the MIOSHA BID Standard were published and effective October 28, 2014.

1. **Education and Training**

<table>
<thead>
<tr>
<th>Who</th>
<th>Does What</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer</td>
<td>Shall ensure that all new employees attend the initial BID training, in person, within 60 days of hire. Training sessions shall be offered during regular work hours. Annual BID training can be completed online.</td>
</tr>
<tr>
<td>Supervisor</td>
<td>Shall review employee, and as appropriate, contract employee and intern records to ensure compliance with training requirements.</td>
</tr>
<tr>
<td>Employee</td>
<td>Shall attend the initial BID training, in person, within 60 days of hire. Annual BID training can be completed online. All employees must provide proof of annual training.</td>
</tr>
<tr>
<td>Contract Employee and Self-Employed Contractual</td>
<td></td>
</tr>
<tr>
<td>Interns</td>
<td>Shall provide written proof of recent BID training (within one year). May attend and/or participate in BID employee training sessions as provided by the Washtenaw County Professional Development Program.</td>
</tr>
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</table>

**Pre-Exposure Prophylaxis**

<table>
<thead>
<tr>
<th>Who</th>
<th>Does What</th>
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</table>
Employer  Shall provide hepatitis B vaccine upon hire for Category I employees and upon request for Category II employees, at no cost to the employee. For Category I employees, with proof of previous Hep B vaccination titers must be drawn, at no cost to the employee.

Employee Supervisor  Shall assess employee, contract employee, and intern vaccination and titer levels and make recommendations as appropriate. If declined assure declination form is completed and forwarded to WCPH human resources.

Category I Employees  Shall obtain hepatitis B vaccine series provided by WCHD or other health care practitioner, provide written proof of prior hepatitis B vaccination history and immunity to hepatitis B, within 30 days of hire. May decline vaccination by signing hepatitis B vaccine waiver form; which may be revoked at any time by the employee.

Contract Agency and Self-Employed Contractual  Shall provide written proof of hepatitis B vaccine history and immunity to hepatitis B, prior to work if involved with Category I assignments.

Employees and Interns  May decline vaccination by signing hepatitis B vaccine waiver form, which may be revoked at any time by the employee.

1. Engineering Controls: includes specialized equipment used to prevent or minimize exposure to bloodborne infectious diseases.

<table>
<thead>
<tr>
<th>Who</th>
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</thead>
<tbody>
<tr>
<td>Employer</td>
<td>Shall purchase all engineering control equipment and supplies and ensures they will be available at the appropriate work sites. Supplies include, but are not limited to: sharps containers, hand washing facilities and hand hygiene products, disinfectants, biohazard disposal bags, leak-proof specimen containers (including labels and packaging materials), incident clean-up kits and safety devices. Will provide appropriate orientation and training to ensure proper use of equipment and supplies.</td>
</tr>
<tr>
<td>Building Safety Committees</td>
<td>Shall maintain worksite Clean-up Kits.</td>
</tr>
<tr>
<td>Supervisor</td>
<td>Shall assure employee training and orientation in the location and use of safety equipment/supplies. Review exposure protocol and associated reports. Provide additional training as needed.</td>
</tr>
<tr>
<td>Employees, Contract Agency, Self-Employed Contractual Employees and Interns</td>
<td>Shall attend training sessions as scheduled and appropriately utilize safety equipment/supplies.</td>
</tr>
</tbody>
</table>

2. Personal Protective Equipment (PPE): must be utilized appropriately while performing work tasks according to job description and work practices.
<table>
<thead>
<tr>
<th>TYPE OF PPE</th>
<th>WHEN USED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gloves</td>
<td>When carrying out procedures in which there may be contact with blood or OPIM such as venipuncture, injections, using lancets, centrifuging blood, toileting and/or diapering, clean-up of blood or OPIM.</td>
</tr>
<tr>
<td>2. Face shields, protective eyewear and masks (including resuscitation masks)</td>
<td>Should be worn during procedures, which are likely to generate droplets of blood or OPIM, which could expose eyes or other mucous membranes, and for resuscitation.</td>
</tr>
<tr>
<td>3. Disposable Lab coats</td>
<td>To protect clothing in situations where there may be splattering of blood or OPIM.</td>
</tr>
</tbody>
</table>

**PPE Guidelines:**
- Disposable gloves may not be washed for reuse and should be changed:
  - i. After each client
  - ii. After contamination
- Hands should be washed with soap and water or antibacterial hand sanitizer after contaminated glove removal.
- Non-disposable contaminated face shields, eyewear, and resuscitation masks should be cleaned with approved cleanser. Single use PPE must not be reused and should be disposed of properly.
- Paper masks should be discarded if they become contaminated or moist.
- Disposable lab coats must be changed if contaminated by blood or OPIM and discarded in appropriate waste disposal containers.

3. **Work Practices:** staff, interns and contract agency employees shall adhere to the MIOSHA Standard and this plan during all work activities.

<table>
<thead>
<tr>
<th>Who</th>
<th>Does What</th>
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</thead>
<tbody>
<tr>
<td>All Employees, Interns, Contract Agency and Self-Employed</td>
<td>Shall immediately report all exposure incidents to their supervisor.</td>
</tr>
</tbody>
</table>
Contractual Employees

Shall not eat or drink in work areas where there is a reasonable likelihood of occupational exposure.

Shall utilize PPE according to guidelines included in this plan.

Shall utilize hand washing facilities or hand hygiene products before and after providing direct hands-on service and whenever hands become contaminated with blood or OPIM.

Utilize safer sharp devices whenever possible. No bending, breaking or recapping of sharps will be allowed.

Dispose of sharps in approved sharps disposal containers.

Shall place sharps containers within easy reach. Disposal should not involve crossing over the employee’s body and the container should be out of reach of children and impaired clients. Shall change containers when ¾ full to avoid accidental needlesticks; covers shall be attached securely and locked when full. Full containers shall be disposed of in the designated collection area.

Shall use biohazard disposal bags with non-sharp regulated waste (saturated with blood or OPIM); bags shall be secured prior to disposal in designated collection area.

Other waste (bandages, cotton balls with small amounts of blood) may be placed in regular plastic bags and secured at the completion of the work assignment.

Processing and packaging of lab specimens, utilize leak-proof containers (specimen) and secure in regular plastic bags to prevent leakage in the event of breakage during storage/transport. All containers must be identified with an appropriate “BIOHAZARD” label. Such labels must be securely attached to prevent accidental removal. Refrigerators that contain specimens must be labeled “BIOHAZARD”.

Do not store food and drink in refrigerators or in other areas where there is a likelihood of contamination with blood or OPIM.

Perform procedures involving blood or OPIM in a manner that will minimize splashing, spraying, splattering, or generation of droplets.

Handle blood or OPIM specimens with extreme care during collection, storage, processing, and transport.

Promote, whenever possible, self-management of injuries/incidents. Employees will assist as necessary.
Familiarize yourself with the location of clean-up kits containing gloves, biohazard bag, mask, bandages, disinfectant wipes, and absorbent material at each worksite, and utilize as needed.

Immediately clean and then disinfect contaminated equipment, work surfaces, or work areas. Staff should notify facilities personnel if assistance is needed for cleaning of a contaminated area. Care should be taken to limit access to the contaminated area to prevent exposure to other staff and/or clients.

Utilize disinfectants according to manufacturer’s directions. Cleansers and disinfectants should not be readily accessible to children or impaired clients.

Disinfect all tabletops, desks or other surfaces utilized for clinic services before each session. Routine cleaning and disinfection of equipment, counter tops and work surfaces in clinic spaces, labs and exam rooms shall be done at the end of each clinic/session.

Clean exam tables and other as needed after each client encounter.

Do not pick up broken glass directly with hands; staff shall use a broom & dustpan. Disposal of broken sharps shall be in a sturdy container, such as a cardboard box; label the box as “broken glass”. If broken glass includes blood or OPIM, clean and then disinfect the spill area following removal of the glass.

Discard disposable lab coats in appropriate disposal containers when they become soiled or contaminated.

6. Exposure Incident Involving an Employee:

Examples of Exposure and Non-exposure Incidents

<table>
<thead>
<tr>
<th>Exposure</th>
<th>Non-exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Needle stick w/used needle.</td>
<td>1. Human bite, which does not break skin.</td>
</tr>
<tr>
<td>2. Blood, saliva, urine or other OPIM splatters in eye or mouth.</td>
<td>2. Cleaning up of blood or OPIM with gloves.</td>
</tr>
<tr>
<td>3. Blood or other OPIM splatters on non-intact skin (chapped skin, cuts,</td>
<td>3. Blood on clothing, which does not soak through.</td>
</tr>
<tr>
<td>cracks in cuticles, eczema, etc.)</td>
<td></td>
</tr>
<tr>
<td>4. Handling blood or OPIM contaminated materials without gloves with</td>
<td>4. Needle stick with an unused syringe, or cut to</td>
</tr>
<tr>
<td>non-intact skin.</td>
<td>skin w/ uncontaminated sharps.</td>
</tr>
<tr>
<td>5. Human bite that breaks the skin.</td>
<td></td>
</tr>
</tbody>
</table>

**Who**

Employee

**Does What**

Immediately wash exposure site with soap and water, or flush mucus membrane with plain water.
Gently express blood from the cut or puncture. DO NOT SCRUB OR SQUEEZE.

Take steps to minimize exposure of other persons to blood or OPIM. Instruct them to take protective measures.

Remove garments as soon as possible, if items are contaminated with blood and/or OPIM; place in a plastic bag and tie the bag shut.

Inform supervisor immediately.

Take a minute to write down brief details of incident, noting source individuals contact information.

Assist supervisor in completion of appropriate form(s).

7. Exposure Incident involving all other persons:

<table>
<thead>
<tr>
<th>Who</th>
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</tr>
</thead>
<tbody>
<tr>
<td>First Employee on the Scene</td>
<td>Promote self-management of injury/incident whenever possible. Assist as necessary. Contact a supervisor immediately. Provide factual information concerning the incident.</td>
</tr>
<tr>
<td>Supervisor</td>
<td>Complete the “Washtenaw County Incident Report Form” and forward as noted on form. <a href="https://employee.washtenaw.org/">https://employee.washtenaw.org/</a> Recommend exposed person seek medical attention from his/her own health care provider or urgent care.</td>
</tr>
</tbody>
</table>
8. Documentation:

<table>
<thead>
<tr>
<th>Who</th>
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</tr>
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<tbody>
<tr>
<td>WCHD Human Resources</td>
<td>Keep training records on file for three years from the date of the session and include: date of session, material covered, name and qualifications of trainer, course, name and job title of trainee.</td>
</tr>
<tr>
<td></td>
<td>Shall keep confidential medical employee records at the Washtenaw County Human Resources Office for a minimum of thirty (30) years after termination of employment.</td>
</tr>
</tbody>
</table>

9. Location, Update, and Revision of Plan:

<table>
<thead>
<tr>
<th>Who</th>
<th>Does What</th>
</tr>
</thead>
<tbody>
<tr>
<td>CD Coordinator</td>
<td>Review the BID Exposure Plan annually. Plan and assure that updated plan is available on all appropriate shared drives; forms are available on the Washtenaw County Employee Website at:</td>
</tr>
<tr>
<td>Nursing Director</td>
<td>Meet with staff to identify recommendations for changes in the Exposure Control Plan and/or work practices to avoid repeat of incident.</td>
</tr>
<tr>
<td></td>
<td>Periodically meet with staff involved in incident to determine if additional supports are needed.</td>
</tr>
</tbody>
</table>

Scope:

This policy shall govern all staff (including contract agency and self-employed contractual), volunteers and interns.

Definitions:

<p>| Blood borne Infectious Diseases | Disease caused by pathogenic micro-organisms, found in humans, dead or alive, which are present in human blood and can cause disease in humans, including, but not limited to hepatitis B, hepatitis C and human immunodeficiency virus (HIV) |
| Contaminated                  | Presence or reasonably anticipated presence of blood or other potentially infected materials (OPIM) on an item or surface.                                                                                 |
| Disinfect                     | To inactivate virtually all pathogenic micro-organisms, but not necessarily all microbial forms, on inanimate objects.                                                                                      |
| Exposure Control Officer (ECO)| Washtenaw County Health Department Medical Director                                                                                                                                                    |
| Health Department Leadership  | Membership includes administrative and                                                                                                                                                                  |</p>
<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team (HDLT)</td>
<td>management level representatives, including the Health Officer, Deputy Health Officer, Medical Director and Public Health Program Managers.</td>
</tr>
<tr>
<td>Hepatitis B Virus (HBV)</td>
<td>A blood borne and sexually transmitted virus that causes a liver infection (hepatitis). Some persons will develop liver disease including chronic hepatitis or cirrhosis, and have an increased risk of liver cancer. Some persons will become chronic carriers of the virus, retaining the ability to infect others. An effective vaccine is available and recommended for any person at risk for potential exposure.</td>
</tr>
<tr>
<td>Hepatitis C Virus (HCV)</td>
<td>A blood borne virus that causes an acute liver infection (hepatitis) that is either a very mild illness or has no symptoms at all. However, 60-70% of infected persons will develop chronic liver disease that progresses slowly before developing signs and symptoms. The virus is transmitted primarily through intravenous drug use and contaminated sharps. There is no vaccine available to protect against Hepatitis C.</td>
</tr>
<tr>
<td>Human Immunodeficiency Virus (HIV)</td>
<td>A blood borne and sexually transmitted virus that without treatment progresses to Acquired Immune Deficiency Syndrome (AIDS) in some persons. AIDS develops after HIV invades and destroys the immune system.</td>
</tr>
<tr>
<td>Michigan Occupational Safety and Health Administration</td>
<td>The state regulatory agency responsible for monitoring employee health and safety issues in the workplace (within the State of Michigan). The Department of Consumer and Industry Services Director’s Office issues administrative rules that include the Occupational Health Standards-Blood borne Infectious Diseases document (MIOSHA BID Standard).</td>
</tr>
<tr>
<td>Occupational Exposure Incident</td>
<td>Includes eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM that occurs during the performance of an employee’s duties.</td>
</tr>
<tr>
<td>Occupational Safety and Health Administration</td>
<td>The federal agency responsible for monitoring employee health and safety issues in the workplace.</td>
</tr>
<tr>
<td>Other Potentially Infectious Materials (OPIM)</td>
<td>Includes the following body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, or any body fluid, which is contaminated with blood, and all fluids where it is difficult to differentiate between body fluids.</td>
</tr>
<tr>
<td>Personal Protective Equipment (PPE)</td>
<td>Specialized clothing or equipment (e.g. goggles, masks, gloves) worn by an employee for protection against blood borne infectious diseases contamination. General work clothes (e.g. uniforms, pants, shirts, or blouses) are not considered PPE.</td>
</tr>
</tbody>
</table>
Pre-Exposure Prophylaxis

All employees who have been identified as belonging in Category I will be offered 3 doses of hepatitis B vaccine and subsequent Hepatitis B antibody testing, according to the most current Advisory Committee on Immunization Practices (ACIP) recommendations, at no cost to the employee, upon hire and prior to assignment where exposure is likely to occur. Category II employees are provided the hepatitis B vaccine, at no cost to the employee, upon request.

Regulated Waste

Liquid, semi-liquid, or dried human blood or OPIM on contaminated items. Includes contaminated sharps such as syringes and lancets.

Safer Sharp

A needle device which is used for withdrawing body fluids, accessing a vein or artery, or administering medications or vaccines that has a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Safety Committee

Each building site safety committee includes representation from both employees and employer or management.

Self Management

Source individual personally manages their own injury/incident, cleans and disinfects contaminated surfaces and disposes of contaminated articles.

Sharp

Any object that can penetrate the skin, including any of the following: needles, lancets, broken capillary tubes, scalpels, or broken glass.

Sharps Container

Leak-proof and puncture resistant container with locking lid and biohazard label for disposal of sharps and safer sharps.

Source Individual

Any individual whose blood or OPIM may be a source of occupational exposure to a staff, student, volunteer, or contract agency employee.

Universal Precautions

An approach to infection control whereby all human blood and body fluids are considered infectious for hepatitis B, hepatitis C, HIV and other bloodborne pathogens. Since there is no way to know if a person has hepatitis B, C or HIV, universal precautions is the action of treating all body fluids as infectious and protecting oneself as appropriate.

Washtenaw County Medical Provider

Concentra Health Services during work hours.
St Joseph Mercy Health System Urgent Care/
Emergency Room after work hours.

Work Practices

Practices/procedures performed in a manner that shall reduce the likelihood of exposure to blood and OPIM, including proper use of PPE, hand hygiene, and safety equipment.
**Responsible Person/Team:**
The Health Department Leadership Team is responsible for policy dissemination and implementation of all operating procedures.

**Authority:**
Occupational Safety and Health Administration (OSHA) Occupational Exposure to Blood borne Pathogens Standard, March 6, 1992, as amended April 3, 2012


Workbook for Designing, Implementing and Evaluating a Sharps Injury Prevention Program, CDC Division of Healthcare Quality Promotion, February 11, 2015


U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV and HIV and Recommendations for Postexposure Prophylaxis, MMWR, June 29, 2001 Vol. 50(RR11); 1-42

Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis, September 25, 2013

Michigan Department of Licensing and Regulatory Affairs- MI Occupation Health and Safety Administration [https://www.michigan.gov/lara/0,4601,7-154-89334_11407---,00.html](https://www.michigan.gov/lara/0,4601,7-154-89334_11407---,00.html)

Washtenaw County Blood Borne Infection Diseases Training Curriculum: 2016 Version

Washtenaw County Bloodborne Infectious Disease (BID) Policy – Effective 11/14/07

**EXHIBITS:**

- Hepatitis B Category Determination Matrix - M:\Public Health Department Policies & Procedures\ADMIN\Hepatitis B Category Determination Matrix.docx
- Bloodborne Infection Diseases Training Curriculum - M:\Public Health Department Policies & Procedures\ADMIN\Bloodborne Infectious Diseases Training Curriculum.docx
- Employee Vaccine Declination Form - M:\Public Health Department Policies & Procedures\ADMIN\Employee Informed Declination for Vaccination 2019.docx
- Source Individual Information Form - M:\Public Health Department Policies & Procedures\ADMIN\Source Individual Information Form.docx
- Release of Information - M:\Media and Communications\Release of Information Authorization Form
- Washtenaw County Incident Report Form (Employee) – [https://secure.ewan.org/incidents/Incidents.do](https://secure.ewan.org/incidents/Incidents.do)
- Washtenaw County Incident Report (Non-Employee) - [https://secure.ewan.org/incidents/personalInjury.do](https://secure.ewan.org/incidents/personalInjury.do)
The Hazard Communication Plan (Chemical Hygiene Plan) is required by Part 431 of the Michigan Occupational Safety and Health Act governing hazardous work in laboratories and supercedes federal regulations in Michigan to ensure that information is transmitted to employees about the chemical hazards that they are exposed to. This is accomplished through labels, material safety data sheets, instructions, written information, training and other forms of warning.

1. **BASIC RULES & PROCEDURES**

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

- Institute a Chemical Hygiene Program at the Work Site.
- Avoid Underestimation of Risk
- Provide Adequate Ventilation When Working With Chemicals
- Minimize Chemical Exposures
- Observe the Permissible Exposure Limits (PEL’s) and Threshold Limit Values (TLV’s) as defined by the MSDS for all chemicals in use at the work site.

2. **PROCUREMENT/HAZARD DETERMINATION/CHEMICAL INVENTORY**

(MIOSHA Rule 325.70113, Part D, No. 2)

General Considerations:

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

- Laboratory storage: Amounts stored should be as small as practical. A Laboratory means a facility where the laboratory use of hazardous chemicals occurs. It is a workplace where relatively small quantities of hazardous chemicals are used on a non-production basis.

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

- A hazardous chemical means a chemical for which there is statistically significant evidence based on at least one study conducted in accordance with established scientific principles that acute or chronic health effects may occur in exposed employees. The term health hazard includes chemicals which are carcinogens, toxic or highly toxic agents, reproductive toxins, irritants, corrosives, sensitizers, hepatotoxins, nephrotoxins, neurotoxins, agents which act on the hematopoietic systems, and agents which damage the lungs, skin, eyes, or mucous membranes.
• A **physical hazard** means a chemical for which there is scientifically valid evidence that it is a combustible liquid, a compressed gas, explosive, flammable, organic peroxide, an oxidizer, pyrophoric, unstable (reactive) or water-reactive.

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

It is the policy of Washtenaw County Health Department (WCH) to request a material safety data sheet for each chemical that is used in the workplace, except for the following items:

• Laboratory uses of hazardous chemicals that provide no potential for employee exposure. Examples of such conditions might include:

  ➢ Procedures using chemically-impregnated test media such as dip-and-read tests where a reagent strip is dipped into the specimen to be tested

  ➢ Commercially prepared kits, such as pregnancy tests, in which all of the reagents needed to conduct the test are contained in the kit

  ➢ Medications and drugs are considered exempt from the Hazard Communication Plan when it is determined that are in solid, final form, for direct administration to the patient (i.e., tablets, pills, capsules).

  ➢ Consumer products, when it is determined that they are used in the same manner and with no more frequency than a normal consumer would use them.

The chemical inventory is monitored and training updates are coordinated by: Public Health's Right to Know Officer and updated whenever one or more of the following occurs:

• A new hazard is introduced into the workplace.

• A hazard has been removed from use in the workplace.

• The hazard determination process is reviewed during annual self-inspection to ensure that it is current and that any new safety situations are promptly addressed.
3. **HOUSEKEEPING, INSPECTIONS & MAINTENANCE**  
(MIOSHA Rule 325.70113, Part D, No. 4)

- Housekeeping. Floors should be cleaned regularly. The cleaning schedule is maintained on E-Central.

- Passageways. Stairways and hallways should not be used as storage areas. Access to exits, emergency equipment, and utility controls should never be blocked.

- Maintenance - As applicable- and documented – for WCHD. Eye wash fountains should be inspected at intervals of not less than three months.

4. **HAZARD LABELING SYSTEM**  
(MIOSHA Rule 325.70109 & 325.70113, Part D, No. 8)

In accordance with the hazardous work in laboratories standard, chemical hazard labels are to be legible, in English, and displayed either on the container (of the product) or readily available in the work area throughout each work shift. The immediate work area is defined as the room where the product will be used by the employee. In keeping with the interpreted intent of the law, it is policy to ensure that the employee is familiar with the hazards they have contact with and that there is a label available to remind or warn them of the hazards.

A label will be provided for each chemical product that will include an indication of the hazards presented by the product in each of four areas fire, reactivity, health and special hazards. (See example) Special safety equipment, which is required to handle the hazardous products, must be indicated on the label.

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

- Emergency telephone numbers of emergency personnel/facilities, supervisors, and laboratory workers;

- Identity labels, showing contents of containers (including waste receptacles) and associated hazards;

- Location signs for eyewash stations, other safety and first aid equipment, exits and areas where food and beverage consumption and storage are permitted.
5. **CHEMICAL SPILL RESPONSE** (MIOSHA Rule 325.70113, Part D, No. 9)

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

**Spill Control Policy for Washtenaw County Health Department**

All accidents or near accidents should be carefully analyzed with the results distributed to all who might benefit. In the event of a chemical spill, the material safety data sheet will be referred to for proper spill response procedures. These will include appropriate materials to be used for collection of the material (i.e., absorbents, spill kit materials), as well as protective measures to be taken with the particular product. Below, are outlined some basic steps for responding to a chemical spill should one occur at WCHD:

- Location signs for eyewash stations, other safety and first aid equipment, exits and areas where food and beverage consumption and storage are permitted.

- Warnings at areas or equipment where special or unusual hazards exist.

- Overhead paging is used to alert people in all parts of the facility. **To page: Dial 44 on any phone and listen for 2 short tones. Dial 00 and speak loudly and clearly into receiver.**

- Determine what has been spilled and locate the material safety data sheet (MSDS) for the product.

- If the product is toxic, evacuate personnel from the area.

- Provide adequate ventilation as described on the MSDS. Try to contain the spill from spreading with absorbent material.

- Clean-up personnel must use proper personal protective equipment as described for spill response (within the MSDS).

- If the MSDS is incomplete, professional judgment will be used in the absence of specific spill response information. The manufacturer may be contacted for further information, if time allows.

- Dispose of clean up materials as recommended by the manufacturer and in accordance with local, state and federal regulations. Ensure that materials saturated with flammable liquids are placed into containers that will limit the potential for combustion and subsequent fire hazards.

- An incident report must be completed and turned in to management for review and discussion with other staff so that recurrence of the incident can be avoided.

Spill kits (**Attack Pac** by SPC) are located in: Clinic Lab (1103J) under the sink.
6. MEDICAL PROGRAM
(MIOSHA Rule 325.70108 & 325.70113, Part D, No. 5)

- Personnel trained in first aid will be available during working hours and an emergency room with medical personnel should be nearby. The nearest emergency room is located at: St. Joseph Mercy Hospital, 5301 McAuley Dr. Ypsilanti, MI 48197.

7. PPE SELECTIONS, PROVISION, USE AND ACCESSIBILITY
(MIOSHA Rule 325.70113, Part D, No. 6)

Personal protective equipment (PPE) is provided to employees of WCHD for the protection of eyes, face, head and extremities, where there is a potential for injury or impairment in the function of the body through absorption, inhalation or physical contact. The PPE for employees has been selected based upon the type of task being performed and the degree of exposure anticipated from the hazard to which the employee has been exposed. Equipment is maintained in accordance with manufacturer’s guidelines to ensure its proper functioning and is available in sizes to fit all staff.

The use of personal protective equipment is considered to be a condition of employment. Employees who choose to disregard the importance of personal protective equipment may be subject to reprimand and potential dismissal from their position.

Annual employee training regarding personal protective equipment will include:

- when PPE is required to be used,
- what PPE is necessary for specific tasks,
- how to properly wear, use and adjust PPE,
- the proper care, maintenance, limitations, useful life and disposal of PPE.
- other items designated by the laboratory supervisor may be required.

Examples of PPE provided and their intended use at WCHD are as follows:

<table>
<thead>
<tr>
<th>Item</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire Extinguishers</td>
<td>Adult Clinic Lab (1103J), Clinic Reception area</td>
</tr>
<tr>
<td>Fire Alarms</td>
<td>First floor corridor adjacent to suite 1103 waiting room door</td>
</tr>
<tr>
<td>Eyewash Fountain(s)</td>
<td>Clinic Lab (1103J), Blood Draw Room (1103C), Room 1103F</td>
</tr>
<tr>
<td>Safety Goggles/glasses</td>
<td>Blood Draw Room (1103C)</td>
</tr>
<tr>
<td>Lab Coats</td>
<td>Storage Closet (1103L) and Staff Bathroom</td>
</tr>
<tr>
<td>BID Kits</td>
<td>Adult Clinic Lab (1103J) and Staff Room (1103K)</td>
</tr>
</tbody>
</table>

Lab coats, gowns or other protective clothing are worn whenever there is the reasonable potential for the soiling of clothes when working with hazardous chemicals or blood and body fluids. The protective garments have been selected to meet the type and amount of soiling expected to be present during a specific task. The material safety data sheets of hazardous chemicals will be reviewed to select proper PPE for a given product.

Protective Eye Wear and Masks

WCHD – Chemical Hygiene Plan
Page 6 of 10

RQA.06.02
Effective Date: 06/01/07
Updated: 12/28/18
Protective eye wear and/or masks are worn whenever there is the potential for the generation of splashes, spills, spray, splatter, droplets, or aerosols of chemicals and there is the potential for eye, nose or mouth contamination. Appropriate eye wear or masks will be worn as recommended by the manufacturer of a hazardous product.

Gloves

When working with hazardous chemicals, blood or body fluids, gloves will be worn according to manufacturer recommendations. Gloves are not to be used if they are peeling, cracking or discolored, or if they have punctures, tears or other evidence of deterioration.

Maintenance and Replacement of PPE

The Nursing and WIC Program Supervisors will periodically survey PPE to ensure its condition allows for the intended protection of the employee. Employees will immediately notify supervisor of any damage or defects that make the PPE incapable of properly protecting them. Repair and/or replacement of personal protective equipment are provided by the employer as needed to maintain its effectiveness.

Employees will not be responsible for the cost of any personal protective equipment that is required to protect them from exposure to chemical or biohazards in the workplace.

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

- Accident records must be written with any follow up or corrective actions taken noted.

- Chemical Hygiene Plan records must document that the facilities and precautions were compatible with current knowledge and regulations.

Medical records – WCHD will establish and maintain for each employee an accurate record of any measurements taken to monitor employee exposures and any medical consultation and examinations including tests or written opinions required by this standard. WCHD will assure that such records are kept, transferred, and made available. All medical records will be retained by Washtenaw County Human Resources in accordance with the requirements of state and federal regulations for at least the duration of employment plus 30 years (MIOSHA Rule 325.70108).

- All training records will include the following information will be maintained for three years from the date on which the training occurred. Documentation of the training will be maintained in employee personnel files or in a master training file.
  - The dates of the training sessions
  - The contents or a summary of the training sessions
  - The names and qualifications of persons conducting the training
9. **MATERIAL SAFETY DATA SHEETS** (MIOSHA Rule 325.70109)

Material safety data sheets are maintained at WCHD to comply with MIOSHA’s Hazardous Work in Laboratories Standard. MSDS contain useful information regarding the hazards associated with products or chemicals used in the facility. Employees are not required to memorize the information contained within the data sheets but are provided with training so that they can locate them and find information such as:

- Flammability Hazard, Reactivity Hazard, Health Hazard, Precautions for Safe Handling and Use, and Control Measures

This information will ensure that chemicals and products are used in a safe manner and that employees are aware of the hazards associated with those items.

- It is the responsibility of staff ordering supplies to collect a MSDS for each hazardous chemical or product that is used in the facility. The suppliers and manufacturers of such products are required to supply a MSDS along with the first order of each product. If the MSDS sheet is not received with a first order, one will be requested.

- In order for hazard labeling to be completed, certain information must be provided on the MSDS. If any necessary information is missing, the manufacturer will be contacted in order to obtain it.

- The location of the MSDS must be posted on the employee bulletin board.

- When new or revised data sheets are received they should be posted on the employee bulletin board for review by employees before they are included in the designated MSDS file.

If an MSDS is removed because it has been revised or the product is no longer used, the data sheet must be marked with the date it was removed and then placed in a separate file of archived data sheets. These data sheets are to be retained for 30 years from the date of removal from the active file.

MSDS sheets for WCHD are located at: Public Health Finance (Towner II), WIC, Suite 1102, and Suite 1103.

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

Chemical waste (or hazardous products) is disposed of in accordance with information provided on the MSDS by the products manufacturer. Should the MSDS fail to provide adequate instruction, the manufacturer is contacted by telephone for further information on proper disposal of the product.
If the chemical waste has become contaminated with blood or other potentially infectious materials, then it will be disposed of in accordance with the guidelines set forth in the medical waste management plan located within the Bloodborne Infectious Diseases Exposure Control Plan.

- Aim: To assure that minimal harm to people, other organisms, and the environment will result from the disposal of waste laboratory chemicals. Transport from the institution must be in accordance with DOT regulations.

- Discarding Chemical Stocks: Unlabeled containers of chemicals and solutions must undergo prompt disposal; if partially used, they should not be opened. Indiscriminate disposal by pouring waste chemicals down the drain or adding them to mixed refuse for landfill burial is unacceptable.

11. **EMPLOYEE INFORMATION AND TRAINING** (MIOSHA Rule 325.70113, Part D, No. 10)

Washtenaw County Professional Development Program (PDP) will coordinate and maintain records of employees’ initial Safety Training. The training and education program will be a regular, continuing activity. Annually each lab employee will attend a Lab Safety Training conducted by site coordinator.

- Before any new hazardous chemical is introduced into the workplace, each employee will be given information in the same manner as during the initial safety class.

- In that class, each employee will be given information on:
  < Chemicals and their hazards in the workplace.
  < Permissible exposure limits (PEL) for MIOSHA regulated substances or exposure limits in use at Washtenaw County Government. This information is in the MSDS
  < How to lessen or prevent exposure to these chemicals.
  < Signs and symptoms associated with exposure to hazardous chemicals.
  < Protective measures employees can take to protect themselves from chemical exposures, such as PPE, work practices, and emergency procedures.
  < Procedures to follow if they are exposed.
  < How to read and interpret labels and MSDS
  < Where to locate the MSDS at WCHD and from whom they may obtain copies.

The employee will be informed that:

WCHD is prohibited from discharging, or discriminating against, an employee who exercises the rights regarding information about hazardous chemicals in the workplace.
This Chemical Hazards Exposure Control Plan has been reviewed and approved for use. The facilities and precautions are compatible with current knowledge and regulations at this time:

*******************************************************************************

Review Date/Signature: 

Review Date/Signature: 

Review Date/Signature: 

Review Date/Signature: 

Review Date/Signature: 

Review Date/Signature: 

*******************************************************************************
AGENCY AGREEMENT
FOOD SERVICES
2010

This agreement, dated April 14, 2010 is between the Regents of the University of Michigan and its Department of Occupational Safety and Environmental Health (collectively the University of Michigan) and Washtenaw County and its Department of Public Health, Environmental Health Division (collectively Washtenaw County), Ann Arbor, Michigan, and is subject to approval by the Michigan Department of Agriculture (MDA).

1. Agency Agreement

Washtenaw County hereby appoints the University of Michigan Department of Occupational Safety and Environmental Health as its agent for recommendations on license applications, administration, and enforcement of the provisions set forth in the following documents relative to the sanitary maintenance of food service establishments and vended food locations on University of Michigan property as well as food service in connection with Michigan Student Assembly (MSA) recognized organizational functions within Washtenaw County:

- Michigan Food Law of 2000, otherwise known as Public Act No. 92 of 2000, which adopts Chapters 1 through 8 of the 2005 United States Food and Drug Administration (FDA) Model Food Code

2. Term of Agreement

This Agreement shall begin upon execution by the University of Michigan and Washtenaw County and shall continue until it is terminated by either party by giving thirty (30) days prior written notice to the other party. Such notice shall be delivered to the Director, Occupational Safety & Environmental Health Department, 1239 Kipke Drive, Ann Arbor, MI, 48109-1010 for the University of Michigan and to Director, Environmental Health Regulation, P.O. Box 8645, Ann Arbor, Michigan 48107-8645 for Washtenaw County.
3. Program Review

The food service sanitation program as executed by the University of Michigan pursuant to this Agreement will be subject to a joint periodic review and evaluation by the representatives of the MDA and Washtenaw County. Such reviews shall be scheduled at times mutually convenient to all parties, including the University of Michigan.


A. Files will be maintained in the University of Michigan on each food service establishment covered by this Agreement. These files will be available to Washtenaw County and MDA for periodic review at times mutually convenient to all parties.

B. The University of Michigan will perform evaluations of food service facilities as frequently as required to maintain sanitary conditions. Inspections of each food service establishment will be conducted at least once during each six (6) month period, unless the establishment qualifies for reduced inspection frequency in accordance with the protocol "Reduced Frequency of Inspections."

C. Investigations of food borne illness outbreaks will be made jointly by both parties.

D. A list of permanent licensed facilities and vending locations of the University of Michigan in Washtenaw County will be provided to Washtenaw County upon request.

E. Personnel inspecting food service facilities shall possess education, training, and experience in food service sanitation and regulations.

F. At least one (1) sanitarian registered in the State of Michigan or through the National Environmental Health Association will be employed by the University of Michigan to either inspect food service facilities or provide oversight of the personnel inspecting said facilities.

G. Discrimination-The University of Michigan and Washtenaw County are committed to compliance with all applicable laws regarding non-discrimination. Furthermore, they shall strive to build a diverse community in which opportunity is equal for all persons regardless of race, sex, sexual orientation, color, religion, creed, national origin, ancestry, age, marital status, handicap, or Vietnam-era veteran status.
5. Insurance

Each party agrees to maintain in a commercial or funded self-insurance program:

A. Commercial general liability insurance, including contractual liability, with limits of not less than one million ($1,000,000.00) dollars per occurrence and two million ($2,000,000.00) dollars annual aggregate.

B. Workers' Compensation to statutory limits and Employers Liability with limits not less than five hundred thousand ($500,000.00) dollars.

C. Auto Liability for owned, non-owned, and hired vehicles with limits not less than one million ($1,000,000.00) dollars per accident.

If any of the above coverage are on a claims made basis that party agrees to obtain tail coverage to provide continuous coverage from contract inception to three years past the end date of this contract.

Each party will endeavor to provide the other party with written evidence of such insurance (upon request) and 30 days prior written notice of a reduction in limits or cancellation in such insurance.

Each party also agrees to notify the other in the event of any loss or damage or potential loss or damage and to cooperate with the other in the investigation and/or settlement of same.

It is agreed by each party that such insurance does not reduce its liability assumed under the indemnification in Section 6 of this Agreement.

6. Indemnity

The University of Michigan shall be responsible for actions of its staff in carrying out the provisions of the Agreement, and to the extent permitted by law shall indemnify and hold Washtenaw County harmless from and against all actions, liabilities, demands, costs and expenses, including court costs and attorney fees, which may arise due to the University's negligent acts or omissions under this Agreement. Washtenaw County shall be responsible for the actions of its staff in carrying out the provisions of this Agreement, and to the extent permitted by law shall indemnify and hold the University of Michigan harmless from and against all actions, liabilities, demands, costs and expenses, including court costs and attorney fees, which may arise due to the County's negligent acts or omissions under this Agreement.
IN WITNESS THEREOF, the parties hereto have caused this agreement to be executed as of this 19th day of April, 2010.

THE REGENTS OF THE UNIVERSITY OF MICHIGAN

By: ____________________________ Date: _______________
Timothy Slottow
Executive Vice President and
Chief Financial Officer

WASHTENAW COUNTY

By: ____________________________ Date: 3/29/10
Robert E. Guenzel
Washtenaw County Administrator

APPROVED AS TO FORM:

By: ____________________________ Date: 4/1/10
Thomas Blessing
Office of the General Counsel

APPROVED AS TO FORM:

By: ____________________________ Date: 3-25-10
Curtis N. Hedge
Office of Corporation Counsel

By: ____________________________ Date: 4/1/2010
Lawrence Kostenbaum
County Clerk/Register

APPROVED:

MICHIGAN DEPARTMENT OF AGRICULTURE

By: ____________________________ Date: 4/19/10
Katherine A. Fedder, Director
Food and Dairy Division
333.12905 Public areas as nonsmoking; “public area” defined; seating designated for smokers; increasing seating for smokers prohibited; shopping malls; determination of compliance; criteria for denying, suspending, limiting, or revoking license; complaint of violation; investigation; order to cease food service operations; applicability of section to private facility, separate room, or fraternal organization; definitions. [M.S.A. 14.15(12905)]

Sec. 12905. (1) Except as otherwise provided in this section, all public areas of a food service establishment shall be nonsmoking. As used in this subsection, “public area” includes, but is not limited to, a bathroom, a coatroom, and an entrance or other area used by a patron when not seated at a food service table or counter. Public area does not include the lobby, waiting room, hallways, and lounge areas of a food service establishment, but these areas are not required to be designated as smoking areas.

(2) Subject to subsection (3), a food service establishment with a seating capacity of fewer than 50, whether or not it is owned and operated by a private club, and a food service establishment that is owned and operated by a private club may designate up to 75% of its seating capacity as seating for smokers. A food service establishment with a seating capacity of 50 or more that is not owned or operated by a private club may designate up to 50% of its seating capacity as seating for smokers. A food service establishment that designates seating for smokers shall clearly identify the seats for nonsmokers as nonsmoking, place the seats for nonsmokers in close proximity to each other, and locate the seats for nonsmokers so as not to discriminate against nonsmokers.

(3) A food service establishment shall not use the definition of seating capacity and the exemption from that definition set forth in subsection (9)(c) to increase the amount of seating for smokers above 75%.

(4) In addition to a food service establishment that provides its own seating, subsections (1), (2), and (3) also apply to a food service establishment or group of food service establishments that are located in a shopping mall where the seating for the food service establishment or group of food service establishments is provided or maintained, or both, by the person who owns or operates the shopping mall. As used in this subsection, “shopping mall” means a shopping center with stores facing an enclosed mall.

(5) The director, an authorized representative of the director, or a representative of a local health department to which the director has delegated responsibility for enforcement of this part shall, in accordance with R 325.25902 of the Michigan administrative code, inspect each food service establishment that is subject to this section. The inspecting entity shall determine compliance with this section during each inspection.

(6) The department or a local health department shall utilize compliance or noncompliance with this section or with rules promulgated to implement this section as criteria in the determination of whether to deny, suspend, limit, or revoke a license pursuant to section 12907(1).

(7) Within 5 days after receipt of a written complaint of violation of this section, a local health department shall investigate the complaint to determine compliance. If a violation of this section is identified and not corrected as ordered by the local health department within 2 days after receipt of the order by the food service establishment, the local health officer may issue an order to cease food service operations until compliance with this section is achieved.
(8) This section does not apply to a private facility that is serviced by a catering kitchen or to a separate room in a food service establishment that is used for private banquets. This section does not apply to a food service establishment that is owned and operated by a fraternal organization, if service is limited to members of the fraternal organization and their guests.

(9) As used in this section:
(a) "Bar" means that term as defined in section 2a of the Michigan liquor control act, Act No. 8 of the Public Acts of the Extra Session of 1933, being section 436.2a of the Michigan Compiled Laws.
(b) "Room" means an area that is physically distinct from the main dining area of a food service establishment and from which smoke cannot pass into the main dining area.
(c) "Seating capacity" means the actual number of seats for patrons in a food service establishment. Seating capacity does not include seats located at a bar or seats attached to a bar, if meals are not served at those tables.
(d) "Smoking" means the carrying by an individual of a lighted cigar, cigarette, or other lighted smoking device.


Popular name: Act 368


Compiler's note: The repealed sections pertained to display of poster diagramming and explaining antichoking techniques in food service establishment; payment of sanitation service and state license fees; denial, suspension, limitation, or revocation of license; and delegation of authority and responsibility for enforcement of requirements.

***** 333.12909 SUBSECTION (3) EXPIRES AUGUST 17, 1981: See (3) of 333.12909 *****

333.12909 Rules; manufacturing, processing, or freezing frozen desserts; compliance with standards; adoption of federal provisions by reference; recognition of other enforcement procedures; meanings of certain terms; expiration of subsection (3); food service establishment or vending machine in place before effective date of part; food service sanitation program as required service.

Sec. 12909. (1) The department shall promulgate rules to prescribe criteria for programs by local health departments and procedures for the administration and enforcement of this part. The department may promulgate rules to prescribe minimum standards of sanitation for the protection of the public health and otherwise provide for the implementation of this part. The department in promulgating these rules shall seek the advice and counsel of local health departments and the food service industry.

(2) The manufacturing, processing, or freezing of frozen desserts as defined in section 2 of the frozen desserts act of 1968, Act No. 298 of the Public Acts of 1968, being section 288.322 of the Michigan Compiled Laws, in food service establishments licensed pursuant to this part, which frozen desserts are intended only for use in the soft form by patrons, guests, patients, or employees, shall comply with the standards of this part and rules promulgated pursuant to this part.

(3) Except as otherwise specifically defined or described in this part, the provisions of the 1976 recommendations of the United States food and drug administration for a food service sanitation manual, including a model food service sanitation ordinance and the unabridged form of "the vending of food and beverages—an ordinance and code—1965 recommendations of the public health service" are adopted, except any reference in these ordinances and codes to adulteration, misbranding, advertising, and enforcement procedures. Upon written request from a local health department, the department may recognize certain enforcement procedures other than those contained in this part and rules promulgated under this part, when the procedures will result in enforcement which is equivalent in effectiveness and have been legally adopted by the local department of health. The words "municipality of . . ." as used in the recommendations for a model food service sanitation ordinance shall mean the state and the term "regulatory authority" shall mean the local health officer in charge of a local health department or the local health officer's designated representative. This subsection shall expire September 30, 1981 or when the rules promulgated under subsection (1) are promulgated, whichever is sooner.
(4) The design, construction, and equipment of a food service establishment or vending machine which was in place before the effective date of standards developed or adopted under this part shall be considered to be in compliance with this part if they are in compliance with the standards in effect on the date they were installed and if they are in good repair and are being maintained in a sanitary condition.

(5) A food service sanitation program which meets the requirements of this part is a required service under part 24.


Compiler's note: Subsection (3) of this section expired August 17, 1981, the date rules authorized under subsection (1) were promulgated, being R 325.25101 et seq. of the Michigan Administrative Code. For transfer of powers and duties of the food service sanitation program from the department of public health to the director of the department of agriculture, see E.R.O. No. 1996-1, compiled at § 330.3101 of the Michigan Compiled Laws.


Compiler's note: The repealed sections pertained to transitory food units; construction, remodeling, or alteration of food service establishments; investigation of food-borne diseases and poisonings; and storage or application of sulfiting agents prohibited.

333.12915 Local authority limited; exception; local permit; compliance with local codes, regulations, or ordinances. [M.S.A. 14.15(12915)]

Sec. 12915. A county, city, village, or township shall not regulate those aspects of food service establishments or vending machines which are subject to regulation under this part except to the extent necessary to carry out the responsibility of a local health department pursuant to sections 12906 and 12908. This part shall not relieve the applicant for a license or a licensee from responsibility for securing a local permit or complying with applicable local codes, regulations, or ordinances not in conflict with this part.


Popular name: Act 368


Compiler's note: The repealed section pertained to food establishment, delicatessen, or bakery offering certain food for sale.


Compiler's note: The repealed section pertained to injunction or other process.

333.12922 Violation as misdemeanor. [M.S.A. 14.15(12922)]

Sec. 12922. A person who violates this part or a rule promulgated under this part is guilty of a misdemeanor.


Popular name: Act 368
PUBLIC HEALTH CODE (EXCERPT)
Act 368 of 1978

333.2455 Building or condition violating health laws or constituting nuisance, unsanitary condition, or cause of illness; order; noncompliance; warrant; assessment and collection of expenses; liability; judicial order; other powers not affected.

Sec. 2455. (1) A local health department or the department may issue an order to avoid, correct, or remove, at the owner's expense, a building or condition which violates health laws or which the local health officer or director reasonably believes to be a nuisance, unsanitary condition, or cause of illness.

(2) If the owner or occupant does not comply with the order, the local health department or department may cause the violation, nuisance, unsanitary condition, or cause of illness to be removed and may seek a warrant for this purpose. The owner of the premises shall pay the expenses incurred.

(3) If the owner of the premises refuses on demand to pay expenses incurred, the sums paid shall be assessed against the property and shall be collected and treated in the same manner as taxes assessed under the general laws of this state. An occupant or other person who caused or permitted the violation, nuisance, unsanitary condition, or cause of illness to exist is liable to the owner of the premises for the amount paid by the owner or assessed against the property which amount shall be recoverable in an action.

(4) A court, upon a finding that a violation or nuisance may be injurious to the public health, may order the removal, abatement, or destruction of the violation or nuisance at the expense of the defendant, under the direction of the local health department where the violation or nuisance is found. The form of the warrant to the sheriff or other law enforcement officer may be varied accordingly.

(5) This section does not affect powers otherwise granted to local governments.


Popular name: Act 368
I. APPLICATION:

This policy shall govern legal representation and indemnification for all County officers and employees.

II. INTENT:

It is the intent of the Board of Commissioners to establish guidelines and parameters under which the County shall provide legal representation and under which the County shall indemnify County officers and employees.

III. GENERAL POLICIES:

A. If any claim is made, civil action commenced or any other legal action begun against any Washtenaw County officer* or employee which allegedly arose out of the officer's or employee's course of employment and while acting within the scope of his/her authority, said employee or officer shall immediately report such 3 claim or action to the Washtenaw County Office of Corporation Counsel. The employee or officer shall submit a full report and copies of all relevant documents to the Office of Corporation Counsel. The officer or employee shall indicate to the Corporation Counsel whether representation and/or indemnification for potential damages is being requested.

*For purposes of this Policy, "officer" shall mean elected County officials, appointed department heads and members of boards, commissions and committees.

B. The Corporation Counsel shall notify the Risk Manager of the facts and after analysis and consultation with the County Administrator and Risk Manager, the Corporation Counsel shall make the following determinations.

1. Is a County or officer or employee involved?

2. Was the officer or employee acting in the course of his/her employment and within the scope of his/her authority?

3. Is the alleged offense a civil or criminal matter?
4. Is there insurance coverage under one of the various County policies? Is there a deductible and are defense costs part of applicable deductible?

5. Is there already in existence a statutory or contractual commitment to provide legal representation and/or indemnification for any damages incurred?

6. Is it appropriate that the Office of Corporation Counsel represent the officer or employee in the matter? A determination shall be made as to whether there is any potential conflict of interest.

C. If the Corporation Counsel determines that the alleged activity was in the course of employment and while the officer or employee was acting within the scope of his/her authority and not a criminal offense, the Corporation Counsel shall undertake the representation of the County officer or employee unless representation is provided through the County insurance carrier or unless the Corporation Counsel determines that there is a potential conflict of interest. If Corporation Counsel determines that a potential conflict exists, a report on this matter will be made to the Washtenaw County Board of Commissioners with recommendation as to whether it is appropriate that outside counsel be retained. If the Corporation Counsel determines that the alleged activity did not arise in the course of employment or while the officer or employee was not acting within the scope of his/her authority, the officer or employee shall have the right to appeal this decision to the Washtenaw County Board of Commissioners.

D. All matters of appeal or questionable cases should be referred by the Corporation Counsel to the Washtenaw County Board of Commissioners with recommendations. The Washtenaw County Board of Commissioners shall make the final determinations. All matters of questionable cases concerning elected officials shall be referred by the Corporation Counsel directly to the Board of Commissioners.

E. The County shall pay all applicable deductibles under County insurance policies for County officers and employees in employee groups 03 (non-union supervisory) and 04 (non-union confidential) involved in covered civil matters.

F. Employees and officers may request that the County Board of Commissioners approve defense of criminal charges.

G. As to indemnification of County officers and employees for damages or settlement or compromise of a claim, or criminal defense, except as provided above, the Washtenaw County Board of Commissioners retains its statutory discretion under M.C.L.A. 691.1408 to decide whether such indemnification is appropriate. Such shall be the case unless there is insurance coverage or a statutory or contractual commitment to provide such indemnification. The Corporation Counsel shall report on such requirements to the Washtenaw County Board of Commissioners at the time a claim is made.

H. Failure to follow this policy shall subject the County officer or employee to denial of legal representation and/or indemnification at the discretion of the Washtenaw County Board of Commissioners.
A RESOLUTION AUTHORIZING THE COUNTY ADMINISTRATOR'S SIGNATURE ON THE WASHTENAW COUNTY HEALTH DEPARTMENT'S COMPREHENSIVE AGREEMENT FOR THE PERIOD OCTOBER 1, 2018 THROUGH SEPTEMBER 30, 2019 AUTHORIZING THE ELECTRONIC SUBMISSION BY THE HEALTH OFFICER; APPROVING THE HEALTH DEPARTMENT 2018/2019 BUDGET; AUTHORIZING THE COUNTY ADMINISTRATOR TO SIGN DELEGATE CONTRACTS AND APPROVING POSITION CREATIONS AND RECLASSIFICATIONS

WASHTENAW COUNTY BOARD OF COMMISSIONERS

September 19, 2018

WHEREAS, since 1987 Michigan Department of Health & Human Services (MDHHS) has funded local public health programs including Environmental Health through a Comprehensive Agreement which includes Essential Local Public Health Service funds that must be used in any of the following programs: General Communicable Disease Control; Drinking Water; Hearing Screening; Immunizations; Sewage Control; Sexually Transmitted Diseases; Vision Screening; Food Service Sanitation, and various other categorical funds allocated to local health departments; and

WHEREAS, annual changes in funding and program requirements at the state level and for local activities requires that a budget be approved prior to the start of the new fiscal year; and

WHEREAS, the state requires the local health department to have an electronically signed comprehensive agreement for the 2018/2019 fiscal year by September 27th, 2018; and

WHEREAS, subsequent changes of state allocations, program requirements and final local budgets may result in adjustments to this proposed plan and budget for the delivery of local public health services; and

WHEREAS, the Washtenaw County Board of Health approved the budget submission to the Board of Commissioners on July 27, 2018; and

WHEREAS, this matter has been reviewed by Corporation Counsel, the Finance Department, Human Resources, the County Administrator's Office, and the Ways and Means Committee.

NOW THEREFORE BE IT RESOLVED that the Washtenaw County Board of Commissioners hereby authorizes the signature of the Administrator on the comprehensive agreement with the Michigan Department of Health & Human Services for the period October 1, 2018 through September 30, 2019 as on file with the County Clerk.

BE IT FURTHER RESOLVED that the Washtenaw County Board of Commissioners takes the following actions contingent upon receipt of funding in conformity with the comprehensive agreement:

1. Authorizes the budget, as attached hereto and made a part hereof
2. Authorizes the Administrator to sign delegate contracts upon review by Corporation Counsel, to be filed with the County Clerk

BE IT FURTHER RESOLVED that the Washtenaw County Board of Commissioners authorizes position modifications as follows:
Create/Reclassification:

Effective October 1, 2018

<table>
<thead>
<tr>
<th>Position #</th>
<th>Position Title</th>
<th>Group</th>
<th>Grade</th>
<th>Eliminate</th>
<th>Create</th>
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<tr>
<td>2720-0009</td>
<td>Management Assistant</td>
<td>4100</td>
<td>27</td>
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<td>2804-0001</td>
<td>Community Health Analyst</td>
<td>1000</td>
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<td>Health Educator I/II</td>
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<td>3309-0001</td>
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<tr>
<td>2295-0005</td>
<td>Social Worker – Case Management</td>
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<tr>
<td>1305-0023</td>
<td>Sr Clerk Typist**</td>
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<tr>
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<td>Enrollment &amp; Eligibility Specialist</td>
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<tr>
<td>3287-0001</td>
<td>PH Budget &amp; Finance Manager**</td>
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<tr>
<td>3208-0001</td>
<td>Finance Administrator</td>
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<td>32/33</td>
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**Reclassification of currently filled position.
## Health Department
### Fund Summary
#### October 1, 2018 - September 30, 2019

#### 2210

<table>
<thead>
<tr>
<th>Object</th>
<th>Description</th>
<th>Revised Budget 2017/18</th>
<th>Original Budget 2018/19</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>45</td>
<td>Licenses &amp; Permits</td>
<td>$1,987,730</td>
<td>$2,064,156</td>
<td>($76,426)</td>
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<tr>
<td>50</td>
<td>Federal Revenue</td>
<td>$4,110,193</td>
<td>$4,785,802</td>
<td>($675,609)</td>
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<tr>
<td>54</td>
<td>State Revenue</td>
<td>$1,780,079</td>
<td>$1,883,859</td>
<td>($103,780)</td>
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<tr>
<td>58</td>
<td>Local Revenue</td>
<td>$614,805</td>
<td>$713,995</td>
<td>($99,190)</td>
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<tr>
<td>60</td>
<td>Fees &amp; Services</td>
<td>$444,773</td>
<td>$510,773</td>
<td>($66,000)</td>
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<tr>
<td>67</td>
<td>Other Revenue &amp; Reimbursement</td>
<td>$1,127,563</td>
<td>$627,073</td>
<td>$500,490</td>
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<tr>
<td>69</td>
<td>In-Kind Contributions</td>
<td>$110,678</td>
<td>$140,000</td>
<td>($29,322)</td>
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<tr>
<td>695</td>
<td>Transfers In</td>
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<td>$0</td>
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<tr>
<td></td>
<td><strong>Total Revenue</strong></td>
<td><strong>$14,579,860</strong></td>
<td><strong>$15,129,697</strong></td>
<td><strong>($549,837)</strong></td>
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</table>

### Expenditures

<table>
<thead>
<tr>
<th>Object</th>
<th>Description</th>
<th>Revised Budget 2017/18</th>
<th>Original Budget 2018/19</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>70</td>
<td>Personal Services</td>
<td>$9,488,893</td>
<td>$10,085,879</td>
<td>($596,986)</td>
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<tr>
<td>72</td>
<td>Supplies</td>
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<td>$368,381</td>
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<td>80</td>
<td>Other Services &amp; Charges</td>
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<td>$2,671,713</td>
<td>$31,960</td>
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<tr>
<td>93</td>
<td>In Kind Charges</td>
<td>$110,678</td>
<td>$140,000</td>
<td>($29,322)</td>
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<tr>
<td>94</td>
<td>Internal Service Charge</td>
<td>$1,389,107</td>
<td>$1,563,724</td>
<td>($174,617)</td>
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<td>95</td>
<td>Capital Outlay</td>
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<td>$0</td>
<td>$0</td>
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<tr>
<td>98</td>
<td>Reserves</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
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<tr>
<td>99</td>
<td>Transfers</td>
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<td>$300,000</td>
<td>$251,658</td>
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<tr>
<td></td>
<td><strong>Total Expenditures</strong></td>
<td><strong>$14,579,860</strong></td>
<td><strong>$15,129,697</strong></td>
<td><strong>($549,837)</strong></td>
</tr>
<tr>
<td>COMMISSIONER</td>
<td>Y</td>
<td>N</td>
<td>A</td>
<td>COMMISSIONER</td>
</tr>
<tr>
<td>--------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>--------------</td>
</tr>
<tr>
<td>Brabec</td>
<td>X</td>
<td></td>
<td></td>
<td>LaBarre</td>
</tr>
<tr>
<td>Deatrick</td>
<td>X</td>
<td></td>
<td></td>
<td>Martinez-Kratz</td>
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<tr>
<td>Jamnick</td>
<td>X</td>
<td></td>
<td></td>
<td>Morgan</td>
</tr>
<tr>
<td>Jefferson</td>
<td>X</td>
<td></td>
<td></td>
<td>Ping</td>
</tr>
</tbody>
</table>

CLERK/REGISTER'S CERTIFICATE - CERTIFIED COPY

ROLL CALL VOTE: 8 0 1

STATE OF MICHIGAN

COUNTY OF WASHTENAW

I, Lawrence Kestenbaum, Clerk/Register of said County of Washtenaw and Clerk of Circuit Court for said County, do hereby certify that the foregoing is a true and accurate copy of a resolution adopted by the Washtenaw County Board of Commissioners at a session held at the County Administration Building in the City of Ann Arbor, Michigan, on September 19th, 2018, as it appears of record in my office.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Court at Ann Arbor, this 20th day of September, 2018.

LAWRENCE KESTENBAUM, Clerk/Register

BY: Deputy Clerk

Res. No. 18-136
2. **LHD ORGANIZATION**

   a. Organizational chart contains official positions (titles) and lines of authority and displays names of Directors and higher-level managers.

   Public Health Department Organizational Chart

   b. **Documentation of board approval of Local Health Department (LHD) Plan of Organization.**

   See request for Board of Commissioner approval on Public Health’s Plan of Organization
   See Washtenaw County Board of Commissioners Resolution

   c. **List annual LHD total operating budget amount and total number of FTE's for public health services. Include documentation indicating local governing entity approval of budget and copy of the most recent approved budget.**

   See Res. No. 15-1052 for the Public Health Department budget

   d.  

   1. **Submit copies of responses to findings from the most recent audit.**

   See 2014-2015 Audit Report – WIC Program

   There have been no other findings on recent audits for the Health Department.

   2. **List significant issues uncovered as a result of sub recipient monitoring and associated responses.**

   None

   3. **Submit evidence of corrective action addressing (1) and (2) above.**


   e. **Briefly describe Information Technology capacity available to access and distribute current public health information.**

   The Washtenaw County Health Department website is hosted by CivicPlus. The vendor promises 99.99% uptime for the website and employs multiple data centers around the country for failover in case of
emergency. The Health Department can connect to the website using any internet connection so it is not dependent on the county’s network to public information for public consumption. Phone hotspots are also available to staff that allows use of the cellular network if other internet access is not available.

Washtenaw County Health Department uses a number of mechanisms to distribute information and promote activities within the department, through partners and publicly. These include social media (Facebook, Twitter, Instagram, YouTube, Next Door etc.), the Washtenaw County Health Department webpage at www.washtenaw.org/health, traditional news outlets and content-specific listservs, networks and partnerships. These information delivery platforms allow the health department to keep staff and stakeholders informed about routine or urgent matters, to stay connected and informed about health issues and happenings across the community, and to take action to issue health-related instructions or emergency information when necessary.

Public Health uses the software ‘Insight’ as its public health electronic health record (EHR) but has signed a contract with Patagonia with a “go-live” date in the spring of 2019.

Environmental Health utilizes the “Accella Tidemark” software program for well and septic permitting, Time of Sale inspections, the Pollution Prevention program, addition reviews, well and septic complaints, and swimming pool licenses, inspections, invoices and sampling. We also use “Wellogic”, the statewide well log database, “OnBase”, a file imaging system converting paper files to electronic files, “Equalizer”, equalization software for property information and addresses, “WashCo GIS”, Washtenaw County’s mapping software, and “JD Edwards”, Washtenaw County’s accounting software.

In addition, Environmental Health uses “Sword Solutions” for the food inspection program, and we use Excel spreadsheets and Access databases extensively to track restaurant plan reviews, foodborne illness complaints, restaurant complaints, temporary food licenses, Department of Human Service inspections, and well and septic inspections. Environmental Health also uses Insight Time & Effort to track staff activities as well as time spent on each activity category.
Community Health Services 1/2019

Jane Nickert
Director of Nursing

Christina Katka
MHP/CSHCS
Supervisor

Becky Fogel
PH Nurse I/II

Carrie Alber-Dejonghe
PH Nurse I/II

Martha Luna-Crespo
Social Worker

Cortney Bamberger
Social Worker

Casey Bishop
Social Worker

Kimberly Schultz
PH Nurse I/II .50fte

Jennifer Ellsworth
Registered Dietician .50fte

Cynthia Barcome
Community Health Worker .50fte

Deborah Thompson
Hearing/Vision Tech I/II

Clonie Jackson
Hearing/Vision Tech I/II

Melodie Tolbert
Hearing/Vision Tech I/II

Venuri Bodara Gamage
Hearing/Vision Tech I/II

Colleen Warner
PH Nurse I/II

Muhammad Saifuddin
P-I Nurse I/II

Russell O'Brien
Management Asst .25fte

Lisa Stoll
Clerk Typist

Alex Melody
Social Worker

Gayathri Akella
WIC Service Coordinator

Kay Stoll
Enrollment & Eligibility

Amber Hurry
Enrollment & Eligibility

Theresa Mark
Enrollment & Eligibility

Angela Parrinello
Enrollment & Eligibility

Denise Richards
Enrollment & Eligibility

Jennifer Ellsworth
Registered Dietician .50fte

Manmeet Batra
Registered Dietician .50fte

Emily Cartmill
Registered Dietician 50fte

Sasana Arias
Registered Dietician .60fte

Vacant
Registered Dietician .50fte

Beckey Ginbey
WIC Supervisor

Cathleen Wilczynski
* Nurse
Practitioner/Supervisor

Mary McCloud
Nurse Coordinator

Judy Gwozdek
Nurse Coordinator

Kellie Beal
PH Nurse I/II

Karen Manni
PH Nurse I/II .50fte

Heather Vaugur
Prevention Specialist

Vacant
Nurse Supervisor

Vacant .50
Enrollment & Eligibility

Vacant
PH Nurse I/II .50fte

* Nurse Practitioner reports to the Medical Director
Washtenaw Health Plan 1/2019

Ellen Rabinowitz
Director

Jean Amador
Management Assistant

Ruth Kraut
Program Administrator

Meredith Buhalis
Sr Management Analyst

Spring Quinones
WHP Outreach Worker

Angelica Garcia
WHP Outreach Worker

Renato Quehhas
Community Health Worker

Ebony Curry
Community Health Worker

Maria Pomo Castillo
Community Health Worker

Krista Nordberg
Program Administrator

Kelly Stupple
Social Worker - Health

Tonya South-Feterson
Member Services Specialist
June 7, 2016

Ellen Rabinowitz, Acting Health Officer
Washtenaw County Public Health Department
555 Towner Avenue – P.O. Box 915
Ypsilanti, Michigan 48197-0915

Dear Ms. Rabinowitz:

Enclosed is our final report from the Michigan Department of Health and Human Services audit of the Washtenaw County Health Department WIC Program and WIC Breastfeeding Program for the period October 1, 2014 through September 30, 2015.

The final report contains the following: description of agency; funding methodology; purpose; objectives; scope and methodology; conclusions; and Statements of Grant Program Revenues and Expenditures. No exceptions were noted during our review.

Thank you for the cooperation extended throughout this audit process.

Sincerely,

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

Enclosure

cc:  Stan Bien, Director, WIC Division
     Pam Myers, Director, Bureau of Audit, Reimbursement and Quality Assurance
     Brenda Champion, Auditor, Quality Assurance and Review
     Mary Conley, Accountant, Washtenaw County Public Health Department
Audit Report

Washtenaw County Health Department
WIC Program

October 1, 2014 – September 30, 2015

Bureau of Audit, Reimbursement, and Quality Assurance
Quality Assurance and Review
June 2016
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DESCRIPTION OF AGENCY

The Washtenaw County Health Department (Health Department) is governed under the Public Health Code, Act 368 of 1978. The Health Department is a Special Revenue Fund of Washtenaw County, and the administrative office is located in Ypsilanti, Michigan. The Health Department operates under the legal supervision and control of the Board of Commissioners of Washtenaw County. The Health Department provides community health program services to the residents of Washtenaw County.

FUNDING METHODOLOGY

The Health Department services are funded from local appropriations, fees and collections, and grant programs. The Michigan Department of Health and Human Services (MDHHS) provided the Health Department with grant funding monthly based on Financial Status Reports in accordance with the terms and conditions of each grant agreement and budget. The WIC Program was funded by MDHHS Grant Funds, Fees and Collections, and Other Local Funds. Grant funding from MDHHS for the WIC Program is federal funding under federal catalog number 10.557.

PURPOSE AND OBJECTIVES

The purpose of this audit was to assess the WIC Program and WIC Breastfeeding Program financial reporting, and to determine the MDHHS share of costs. The following were the specific objectives of the audit:

1. To assess the Health Department's effectiveness in reporting their WIC Program and WIC Breastfeeding Program financial activity to MDHHS in accordance with applicable MDHHS requirements and agreements, applicable federal standards, and generally accepted accounting principles.

2. To determine the MDHHS share of costs for the WIC Program and WIC Breastfeeding Program in accordance with applicable MDHHS requirements and agreements, and any balance due to or due from the Health Department.
SCOPE AND METHODOLOGY

We examined the Health Department's records and activities for the fiscal period October 1, 2014 to September 30, 2015. We performed our review procedures in May 2016. Our review procedures included the following:

- Reviewed the most recent Health Department Single Audit report for any WIC Program concerns.
- Reviewed the completed Subrecipient Questionnaire.
- Reconciled the WIC Program and WIC Breastfeeding Program Financial Status Reports (FSR’s) to the accounting records.
- Reviewed a sample of payroll expenditures.
- Tested a sample of expenditures for program compliance and adherence to policy and approval procedures.
- Reviewed indirect cost and other cost allocations for reasonableness, and an equitable methodology.
- Reviewed WIC equipment inventory and general Health Department equipment inventory records.

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

CONCLUSIONS, FINDINGS AND RECOMMENDATIONS

FINANCIAL REPORTING

Objective 1: To assess the Health Department's effectiveness in reporting their WIC Program and WIC Breastfeeding Program financial activity to MDHHS in accordance with applicable MDHHS requirements and agreements, applicable federal standards, and generally accepted accounting principles.

Conclusion: The Health Department reported their WIC Program and WIC Breastfeeding Program financial activity to MDHHS in accordance with applicable MDHHS requirements and agreements, applicable federal standards, and generally accepted accounting principles. We identified no financial reporting exceptions.
MDHHS SHARE OF COSTS AND BALANCE DUE

Objective 2: To determine the MDHHS share of costs for the WIC Program and WIC Breastfeeding Program in accordance with applicable MDHHS requirements and agreements, and any balance due to or due from the Health Department.

Conclusion: The MDHHS obligations under the WIC Program and WIC Breastfeeding Program for fiscal year ended September 30, 2015, were $941,925 and $106,471, respectively. The attached Statements of MDHHS Grant Program Revenues and Expenditures show the budgeted, reported, and allowable costs. The audit made no adjustments affecting the WIC Program or WIC Breastfeeding Program funding.
<table>
<thead>
<tr>
<th></th>
<th>BUDGETED</th>
<th>REPORTED</th>
<th>ADJUSTMENT</th>
<th>ALLOWABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUES:</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>MDHHS Grant</td>
<td>$941,925</td>
<td>$941,925</td>
<td>1</td>
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<tr>
<td>Fees &amp; Collections - 3rd Party</td>
<td>$29,728</td>
<td>$24,671</td>
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<td>Local Funds - Other</td>
<td>$159,947</td>
<td>$160,779</td>
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<tr>
<td><strong>TOTAL REVENUES</strong></td>
<td>$1,131,600</td>
<td>$1,127,375</td>
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<td>$1,127,375</td>
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<tr>
<td><strong>EXPENDITURES:</strong></td>
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<td>Salary &amp; Wages</td>
<td>$610,870</td>
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<td>$0</td>
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<tr>
<td>Supplies &amp; Materials</td>
<td>$18,299</td>
<td>$19,620</td>
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<tr>
<td>Travel</td>
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<td>$8,511</td>
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<td>$5,000</td>
<td>$5,323</td>
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<tr>
<td>County-City Central Services</td>
<td>$124,802</td>
<td>$123,574</td>
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<tr>
<td>Space Costs</td>
<td>$0</td>
<td>$0</td>
<td></td>
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<tr>
<td>Other</td>
<td>$913</td>
<td>$647</td>
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<tr>
<td>Indirect Costs</td>
<td>$146,464</td>
<td>$129,869</td>
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<td>Other Costs Distributions</td>
<td>($129,084)</td>
<td>$2,941</td>
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<td><strong>TOTAL EXPENDITURES</strong></td>
<td>$1,131,600</td>
<td>$1,127,375</td>
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<td>$1,127,375</td>
</tr>
</tbody>
</table>

1 Actual MDHHS payments.
### Washtenaw County Health Department
**WIC Breastfeeding Program**

**Statement of MDHHS Grant Program Revenues and Expenditures**

10/1/14 - 9/30/15

<table>
<thead>
<tr>
<th></th>
<th>BUDGETED</th>
<th>REPORTED</th>
<th>AUDIT ADJUSTMENT</th>
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<td><strong>REVENUES:</strong></td>
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<td>$106,471</td>
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<td>$106,471</td>
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<td>Local Funds - Other</td>
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<td><strong>TOTAL REVENUES</strong></td>
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<td>Travel</td>
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<td>Communication</td>
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<tr>
<td>Space Costs</td>
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<tr>
<td>Other</td>
<td>$0</td>
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<tr>
<td>Indirect Costs</td>
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<tr>
<td>Other Costs Distributions</td>
<td>$767</td>
<td>$3,829</td>
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<td>$3,829</td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURES</strong></td>
<td>$117,792</td>
<td>$124,704</td>
<td>$0</td>
<td>$124,704</td>
</tr>
</tbody>
</table>

1 *Actual MDHHS payments.*
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Intentionally
3. **MISSION, VISION, AND VALUES**

   a. **Contains a clear, formally written, publicized statement of the LHD's mission**

      **Our Mission**

      To assure, in partnership with the community, the conditions necessary for people to live healthy lives through prevention and protection programs.

      **Our Vision**

      A healthy community in which every resident enjoys the best possible state of health and well being.

      **Our Values**

      - We will emphasize prevention to increase community health and safety.
      - We will lead the development of effective public health interventions in partnership with the community.
      - We will promote social justice by reducing inequalities affecting the health of all Washtenaw County.
      - We will abide by ethical principles, take responsibility for our commitments and use our resources wisely.

      **Strategic Directions**

      - Provide leadership to assure a comprehensive public and environmental health system to improve population health outcomes.
      - Enhance the effectiveness of our department's efforts to improve health status, quality of life, and health equity through social justice.
      - Serve as an effective advocate for local public health.
      - Strengthen our infrastructure, including information technology, to achieve our mission.
4. **LOCAL PLANNING AND COLLABORATION INITIATIVES**

a. **Outline or list LHD specific priorities**

The WCHD Strategic Plan represents the Departments’ priorities.

See 2015-2019 Strategic Plan

See Strategic Plan Tracking Spreadsheet

b. **Outline or list LHD activities to plan or pursue priority projects with available resources**

The Health Department Leadership Team (HDLT) adopts a multi-year Strategic Plan after seeking input from the program area staff and community stakeholders. The Strategic Directions are updated quarterly and reviewed by HDLT to determine progress made toward identified targets related to four specific strategic directions. Annual updates to the Strategic Plan adjust for changing community priorities, emerging health needs and availability of resources.

Local and state budgets support the core operations of the department. The department seeks grant funding and other revenue sources to meet identified health needs for which no resources are available.

c. **Outline or list community partnerships and collaborative efforts.**

WCHD is active in many community partnerships and collaborative efforts. As part of national accreditation and ongoing community assessment processes, WCHD participated in a robust coordinated health effort to identify six key priority health issues which include:

- Access to Care
- Mental Health
- Obesity
- Perinatal Health
- Substance Abuse
- Vaccine Preventable Diseases

While WCHD has always worked with community partners and leaders to fulfill essential services like community health assessment and health promotion, the Department began a very intentional process of intensifying this work after achieving National Accreditation in 2015. Achieving health equity and re-envisioning *how* WCHD does its work became a centerpiece rather than an undercurrent.

By 2016 and using community health assessment data, WCHD prioritized four communities where health disparities were more prevalent and
began engaging with residents about health priorities and collaborative actions for improvements. The following year, two additional communities were added for a total of six.

This work has continued to grow with the expressed purposes of bringing residents’ voices and lived experiences to health planning and decision making processes. A community leadership group has been established. In the coming year, WCHD will bring these community engagement efforts together with a re-envisioned community health assessment process. The result will be a new countywide Community Health Improvement plan that unites community voices with health partners, decision makers and other stakeholders to improve health and move toward greater health equity.

At the same time, WCHD has worked with other county departments and county administration to pass an equity ordinance and center equity consideration in county decision making. Washtenaw County as a whole is moving forward with this work and is in the process of hiring and equity officer. WCHD also maintains extensive partnerships to carry out its regulatory functions, disease control and surveillance roles and health promotion programs and initiatives. Major health promotion collaborations include:

- Healthy food access programs include Prescription for Health with safety-net health care providers and local farmers markets, monthly food distribution with the local food rescue organizations and facilitating the Washtenaw County Food Policy Council with partners and advocates.

- Tobacco prevention and control work with a local health care system and multiple dental health providers as well as ongoing community promotion of the Michigan Tobacco Quitline.

- In coordination with the Michigan Department of Health and Human Services’ Getting to the Heart of the Matter program, WCHD implements multiple projects and partner subcontracts. This includes Building Healthy Communities which creates policy and systems changes to support healthy food access and physical activity. Last year, WCHD worked with over 25 partners and community groups to support local changes where they are needed most.

See Washtenaw County Health Department Membership List
The purpose of the Partnership List is to:
- Document the community groups that WCHD staff participate on.
- Provide health department team members with a WCHD contact for more information.
- Provide guidance during employment transitions to ensure that there is continuity of health department support on these groups.
- Enhance opportunities to share updates across our organization.

<table>
<thead>
<tr>
<th>Group Name (Alpha Order)</th>
<th>Manager</th>
<th>Attendee</th>
<th>Recurrence</th>
<th>Core Objective (Purpose of Meeting)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accion Buenos Vecinos Community Leadership Team</td>
<td>Laura Bauman</td>
<td>Adreanne Waller</td>
<td>Monthly</td>
<td>Planning action based on results of Latino Health Survey including data dissemination, priority setting and grant writing/implementation</td>
</tr>
<tr>
<td>Ann Arbor Housing Board of Appeals</td>
<td>Kristen Schweighofer</td>
<td>Kristen Schweighofer</td>
<td>Monthly</td>
<td>This is an appeal board for City of Ann Arbor Housing Code Requirements. Our role is to ensure variances do not result in unsanitary conditions.</td>
</tr>
<tr>
<td>Ann Arbor Public Schools Farm to School Collaborative &amp; Wellness Committee</td>
<td>Susan Ringler-Cerniglia</td>
<td>Tedi Milgrom, Charles Wilson</td>
<td>Monthly during school year</td>
<td>Primary focus: source local foods, educate students, parents and staff, and supporting (starting/sustaining) school gardens. To support health and wellness policies and initiatives throughout the school system</td>
</tr>
<tr>
<td>Barrier Busters</td>
<td>Jane Nickert</td>
<td>Christina Katka, Jane Nickert</td>
<td>Monthly</td>
<td>The purpose of the BB Network is to reduce inefficiencies in the community safety net, increase communication between member agencies, and improve services for Washtenaw County residents in need.</td>
</tr>
<tr>
<td>Birth to 6 ICC</td>
<td>Jane Nickert</td>
<td>Christina Katka</td>
<td>Monthly</td>
<td>The purpose is to provide networking and training opportunities for service providers in Washtenaw County that work with the birth to 6 population</td>
</tr>
<tr>
<td>Blueprint on Aging</td>
<td>Susan Ringler-Cerniglia</td>
<td>Flien Rabinowitz, Jimena Loveluck</td>
<td>Inactive</td>
<td>Address systems change to improve quality of life and aging in place for older adults in Washtenaw County. Susan requested an update on group’s activity April 24, 2018.</td>
</tr>
<tr>
<td>Board of Health</td>
<td>Ellen Rabinowitz</td>
<td>Flien Rabinowitz, Jimena Loveluck</td>
<td>Monthly</td>
<td>The purpose of the Board of Health will be to identify public health problems and concerns in the community, establish health priorities, and advise the Board of Commissioners and the Health Department on issues and possible solutions.</td>
</tr>
<tr>
<td>Board of Health Environmental Appeals Subcommittee</td>
<td>Dave Dean, Kristen Schweighofer</td>
<td>Dave Dean, Kristen Schweighofer</td>
<td>Monthly or as Needed</td>
<td>The appeals subcommittee hears appeals of various laws, rules and regulations enforced by the environmental health division. Staff works with appellant and board to provide information for a decision to be granted.</td>
</tr>
<tr>
<td>Breastfeeding Coalition</td>
<td>Jane Nickert</td>
<td>Gayathri Akella Becky Fogel</td>
<td>Quarterly</td>
<td>To improve the health and well-being of mothers and babies of our community by working collaboratively to protect, promote, and support breastfeeding.</td>
</tr>
</tbody>
</table>

Updated 5/7/18
Page 1 of 7
<table>
<thead>
<tr>
<th>Group Name (Alpha Order)</th>
<th>Manager</th>
<th>Attendee</th>
<th>Recurrence</th>
<th>Core Objective (Purpose of Meeting)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Death Review Team</td>
<td>Jane Nickert</td>
<td>Jane Nickert, Jessie Marshall</td>
<td>Monthly / As Needed</td>
<td>To determine factors contributing to the unexpected deaths of residents under 18 years of age.</td>
</tr>
<tr>
<td>Children’s Special Health Care Services Advisory Committee (CAC)</td>
<td>Jane Nickert</td>
<td>Jane Nickert</td>
<td>Quarterly</td>
<td>Serves as an advisory board to the MDHHS CSHCS program. The CAC makes recommendations and provides guidance to the CSHCS Division on program policy, effectiveness, operations and awareness to assure that services reflect the voice of consumers, family members and stakeholders in the system of care for children and youth with special health care needs.</td>
</tr>
<tr>
<td>Coalition for the Remediation of Dioxane (CARD)</td>
<td>Kristen Schweighoefer</td>
<td>Jenni Conn, Kristen Schweighoefer</td>
<td>Monthly</td>
<td>A partnership of citizens and local government agencies to advocate for the cleanup of the 1,4- dioxane contamination under areas of Ann Arbor City, Ann Arbor Township and Scio Township.</td>
</tr>
<tr>
<td>County Website Liaisons Group</td>
<td>Ellen Rabinowitz</td>
<td>Angela Parsons, Susan Ringler-Cerniglia, Kayla Steinberg</td>
<td>Inactive</td>
<td>Publishing departmental web content on Washtenaw.org and eCentral</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>This group has been inactive for a long time; Angie does participate in eCentral specific-meetings semi regularly</td>
</tr>
<tr>
<td>Emergency Medical Services Commission</td>
<td>Cindra James</td>
<td>Ellen Rabinowitz, Jessie Marshall, Cindra James</td>
<td>Quarterly</td>
<td>Serves as an advisory body to the Board of Commissioners on all EMS matters. The Commission conducts public hearings relating to EMS matters when deemed necessary; promulgates and administers regulations pursuant to Washtenaw County’s EMS standards; plans, monitors, and evaluates the EMS system in concert with the Washtenaw-Livingston Medical Control Authority Board; and plans, monitors, and evaluates the pre-hospital aspects of the Washtenaw County Emergency Action Guidelines.</td>
</tr>
<tr>
<td>Epidemiology and Lab Capacity (ELO)</td>
<td>Laura Bauman</td>
<td>Laura Bauman, Judy Gwozdock</td>
<td>4x/year</td>
<td>Statewide group of local and state public health staff working to improve coordination and response to communicable disease</td>
</tr>
<tr>
<td>Head Start Advisory Council</td>
<td>Jane Nickert</td>
<td>Judy Gwozdek</td>
<td>3x/year</td>
<td>Provide consultation with Head Start relating to policy development. Provide resources, education, and support to Head Start nursing staff.</td>
</tr>
<tr>
<td>Health Emergency Response Coalition</td>
<td>Cindra James</td>
<td>Cindra James, Amanda Ng, Ellen Rabinowitz, Kristen Schweighoefer</td>
<td>Quarterly</td>
<td>To meet locally to discuss concerns, responses, protocols about events related to public health emergencies</td>
</tr>
<tr>
<td>Healthy Kids Healthy Michigan</td>
<td>Susan Ringler-Cerniglia</td>
<td>Amanda Ng Ariane Reister or</td>
<td>Quarterly</td>
<td>Healthy food and policy focused</td>
</tr>
<tr>
<td>Group Name (Alpha Order)</td>
<td>Manager</td>
<td>Attendee</td>
<td>Recurrence</td>
<td>Core Objective (Purpose of Meeting)</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>----------------------------------</td>
<td>-----------------------------------</td>
<td>------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>HIP Community Health Committee [Under revision]</td>
<td>Susan Ringer-Cerniglia</td>
<td>Adam Paberzs, Lily Guzmán, Kayla Steinberg</td>
<td></td>
<td>Community Health Committee is the county-wide coalition that is working on community health improvement</td>
</tr>
<tr>
<td>HIP Coordinating Committee [Under revision]</td>
<td>Susan Ringer-Cerniglia</td>
<td>Ellen Rabinowitz, Adam Paberzs, Lily Guzmán</td>
<td></td>
<td>HIP Leadership Team representing all HIP survey funders and additional reps such as United Way and WISD</td>
</tr>
<tr>
<td>Homeland Security Task Force</td>
<td>Cindra James</td>
<td>Cindra James</td>
<td>Monthly</td>
<td>(Also known as the Local Planning Team or LPT) was created by the Board of Commissioners to coordinate all county homeland security activities with federal, state and local governments; assess terrorism risks, response capabilities and needed improvements; develop community guidance and emergency response procedures; and recommend to the Board of Commissioners about utilization of federal and state homeland security grant funds</td>
</tr>
<tr>
<td>Human Services Emergency Response Network</td>
<td>Cindra James</td>
<td>Cindra James</td>
<td></td>
<td>Defunct presently</td>
</tr>
<tr>
<td>Infection Control – Public Health Network</td>
<td>Jessie Marshall</td>
<td>Judy Gwozdek</td>
<td>Quarterly</td>
<td>To share information between public health and local infection control practitioners</td>
</tr>
<tr>
<td>Local Emergency Planning Committee</td>
<td>Cindra James</td>
<td>Cindra James</td>
<td>Quarterly</td>
<td>Discuss local planning as relates to discharges, spills, hazmat or other possible environmental hazards</td>
</tr>
<tr>
<td>Michigan Association of Local Environmental Health Administrators (MALEHA)</td>
<td>Kristen Schweighofer, Dave Dean, Alan Hauck</td>
<td></td>
<td>Monthly</td>
<td>The purpose of this organization is to promote and strengthen all facets of environmental health delivery system</td>
</tr>
<tr>
<td>MALEHA Food Committee</td>
<td>Kristen Schweighofer, Dave Dean, Alan Hauck</td>
<td></td>
<td>Monthly</td>
<td>This is a subcommittee to address statewide items related to food safety, including accreditation requirement review.</td>
</tr>
<tr>
<td>Michigan Association for Local Public Health (MALPH) Administrators Forum</td>
<td>Jennifer Brassow</td>
<td>Jennifer Brassow</td>
<td>Monthly</td>
<td>Local public health administrative / finance professionals who provide guidance to MALPH regarding fiscal, planning, legislative and policy issues while offering professional development opportunities to its membership.</td>
</tr>
<tr>
<td>MALPH Board</td>
<td>Ellen Rabinowitz</td>
<td>Ellen Rabinowitz, Jimena Loveluck</td>
<td>Monthly</td>
<td>The legislative and policy advocate for Michigan’s local public health jurisdictions</td>
</tr>
<tr>
<td>MALPH Health Education / Health Promotion Forum</td>
<td>Susan Ringer-Cerniglia</td>
<td>Charles Wilson</td>
<td>Monthly/ phone</td>
<td>Promote evidence-based interventions to improve the health of Michigan; Develop and implement a communication strategy to raise the awareness of public health in Michigan; Advocate for</td>
</tr>
<tr>
<td>Group Name (Alpha Order)</td>
<td>Manager</td>
<td>Attendee</td>
<td>Recurrence</td>
<td>Core Objective (Purpose of Meeting)</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
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<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>MALPH Nurse Administrator’s Forum</td>
<td>Jane Nickert</td>
<td>Jane Nickert</td>
<td>11x/year</td>
<td>The purpose of the Nurse Administrators Forum is to enhance the health of Michigan citizens, based on our knowledge of Public Health Nursing practice, by providing effective leadership, collaboration, legislative outreach and professional mentoring for Public Health Nurse Administrators</td>
</tr>
<tr>
<td>MALPH Physicians Forum</td>
<td>Jessie Marshall</td>
<td>Jessie Marshall</td>
<td>Monthly</td>
<td>The physicians forum (MAPPP) is composed of public health professionals – Medical Directors, WDs, DOs, Veterinarians, and residency students with a primary focus in public health</td>
</tr>
<tr>
<td>MALPH Michigan PIO Network</td>
<td>Susan Ringler-Cerniglia</td>
<td>Susan Ringler- Cerniglia (Angela Parsons, Kayla Steinberg on listserv)</td>
<td>Every other month</td>
<td>Coordinate/share public information and resources among health departments; create access to news releases statewide. Not a formal forum under MALPH.</td>
</tr>
<tr>
<td>MDHHS EPC Quarterly Meetings (conference calls 12x/year)</td>
<td>Cindra James</td>
<td>Cindra James</td>
<td>Monthly conf. Calls, 1 yrl mtg</td>
<td>To discuss EPC and state issues related to coop agreement</td>
</tr>
<tr>
<td>Michigan Council for Maternal &amp; Child Health</td>
<td>Ellen Rabinowitz</td>
<td>Ellen Rabinowitz, Jane Nickert</td>
<td>Monthly</td>
<td>Provide leadership and unified advocacy to provide every mother and child in Michigan with fully supported access to resources which promote, protect and preserve healthy families.</td>
</tr>
<tr>
<td>Michigan Farmers Market Association (MIFMA)</td>
<td>Susan Ringler Cerniglia</td>
<td>Ariane Reister</td>
<td>TBD probably quarterly</td>
<td>A collaborative, statewide network of individuals and organizations implementing Prescription for Health type programs in Michigan.</td>
</tr>
<tr>
<td>Maternal Infant Health Program (MIHP) Coordinators</td>
<td>Jane Nickert</td>
<td>Christina Katka</td>
<td>4x/year</td>
<td>The purpose is to provide networking opportunities, encourage collaboration among providers and address MDCH updates and changes to MIHP.</td>
</tr>
<tr>
<td>Michigan Power to Thrive</td>
<td>Susan Ringler Cerniglia</td>
<td>Charles Wilson</td>
<td>Monthly</td>
<td>Statewide network of public health departments and community organizers. The purpose is to address issues that impact health equity and social justice.</td>
</tr>
<tr>
<td>Michigan Primary Care Association LGBTQ Health Summit Planning Committee</td>
<td>Jimena Loveluck</td>
<td>Jimena Loveluck</td>
<td>Monthly (Jan. – June)</td>
<td>Annual conference that focuses on meeting the primary care needs of the LGBTQ population in Michigan.</td>
</tr>
<tr>
<td>National Association of City and County Health Officials</td>
<td>Ellen Rabinowitz</td>
<td>Ellen Rabinowitz</td>
<td></td>
<td>NACCHO’s members are the 2700 local health departments across the United States. NACCHO’s vision is health, equity, and security for all people in their communities through public health policies and services. NACCHO’s mission is to be a leader, partner, catalyst, and voice for local health departments in order to ensure the conditions that promote health and equity, combat disease, and improve the quality and length of all lives.</td>
</tr>
</tbody>
</table>
| Packard Health                                  | Ellen Rabinowitz | Ellen Rabinowitz  | Monthly          | Board of Directors, providing policy and financial oversight to }
<table>
<thead>
<tr>
<th>Group Name (Alpha Order)</th>
<th>Manager</th>
<th>Attendee</th>
<th>Recurrence</th>
<th>Core Objective (Purpose of Meeting)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health Advisory Council</td>
<td>Rabinowitz</td>
<td>Kristen Schweighoefer</td>
<td>Monthly</td>
<td>local FQHC that provides health care services to vulnerable residents.</td>
</tr>
<tr>
<td></td>
<td>Kristen Schweighoefer</td>
<td>Kristen Schweighoefer</td>
<td>Monthly</td>
<td>Governor appointment that provides guidance and recommendations on emerging issues in public health, to develop and propose an action plan for implementing the recommendations put forth in the 2017 Public Health Advisory Commission Report, to monitor the efficiency and effectiveness of the public health response system, to improve public health service and review multiagency efforts that support One-health.</td>
</tr>
<tr>
<td>Region 2 South Biomedical Coalition</td>
<td>Cindra James, Medical Director, Susan Ringler-Cerniglia (PIO subcommittee)</td>
<td>Cindra James, Jessie Marshall, Ellen Rabinowitz</td>
<td>Monthly</td>
<td>Advisory board member for R2S</td>
</tr>
<tr>
<td>Region 2 South Planning Board and Advisory Committee</td>
<td>Cindra James</td>
<td>Cindra James, Jessie Marshall, Ellen Rabinowitz</td>
<td>Monthly</td>
<td>The mission of the Region 2 South Medical Bio-Defense Network (R2S) is to augment existing resources, regional and community surveillance, emergency management systems and hospital preparedness by developing plans that will facilitate a coordinated health care response to disasters throughout the region.</td>
</tr>
<tr>
<td>Region 2 South Public Information/PIO Subcommittee</td>
<td>Susan Ringler-Cerniglia</td>
<td>Susan Ringler-Cerniglia</td>
<td>Every other month</td>
<td>Meetings by &quot;Smartchat&quot; online forum.</td>
</tr>
<tr>
<td>Safe Kids Huron Valley</td>
<td>Susan Ringler-Cerniglia</td>
<td>Amanda Ng</td>
<td>3-4 x/year</td>
<td>Working to reduce unintentional injuries to kids, under 14, throughout Livingston and Washtenaw Counties</td>
</tr>
<tr>
<td>Safe Sleep Task Force</td>
<td>Jane Nickert</td>
<td>Jessie Marshall, Jane Nickert, Christina Katka</td>
<td>Monthly</td>
<td>To investigate the factors leading to infant deaths from unsafe sleep practices in Washtenaw County, assess the current practices around safe sleep education, and promote best practices among care givers and clinicians.</td>
</tr>
<tr>
<td>School of Public Health Office of Community Based Practice Advisory Committee</td>
<td>Kristen Schweighoefer</td>
<td>Kristen Schweighoefer</td>
<td>4 x/academic year</td>
<td>Promote collaboration between academic SPH communities about SPH resources available to the practice community, provide opportunities for students to learn about LPH in practice, and provide opportunities for internships and presentations to SPH students.</td>
</tr>
<tr>
<td>Southeast Michigan Epidemiology Committee (SEMEC)</td>
<td>Jessie Marshall</td>
<td>Judy Gwozdek, Laura Bauman</td>
<td>Bimonthly</td>
<td>Regional cooperation and information sharing among epidemiologists and CD staff</td>
</tr>
<tr>
<td>Southeastern Michigan Health Association (SEMHA) Board</td>
<td>Ellen Rabinowitz</td>
<td>Ellen Rabinowitz</td>
<td>Quarterly</td>
<td>The Southeastern Michigan Health Association (SEMHA) is a consortium of health officers who direct the local health departments in southeastern Michigan. SEMHA invites its board members; they are not appointed by the member health departments.</td>
</tr>
<tr>
<td>Group Name (Alpha Order)</td>
<td>Manager</td>
<td>Attendee</td>
<td>Recurrence</td>
<td>Core Objective (Purpose of Meeting)</td>
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</tr>
<tr>
<td>SEMI CRI/SNS</td>
<td>Cindra James</td>
<td>Cindra James</td>
<td>12x/year</td>
<td>Discuss, develop, exercise items as related to coop agreement and SNS activities</td>
</tr>
<tr>
<td>Strategic Technology Oversight Committee</td>
<td>Kristen Schweighoefer, Jennifer Brassow</td>
<td>Kristen Schweighoefer, Jennifer Brassow</td>
<td>1x/month</td>
<td>County group looking at big picture technology items and improvement between county IT/OIM and departments.</td>
</tr>
<tr>
<td>UM Regional Alliance for Healthy Schools (RAHS) Advisory Board</td>
<td>Susan Ringler-Cerniglia</td>
<td>Ariane Reister</td>
<td>4x/year</td>
<td>School based clinics and getting buy/in and support from community agencies on programs and data collected through the clinic. Policy approvals and updates.</td>
</tr>
<tr>
<td>UM Ginsberg Center Community Advisory Board</td>
<td>Jimena Loveluck</td>
<td>Jimena Loveluck</td>
<td>2x/years</td>
<td>Helps support the Ginsberg Center’s aim in creating stronger relationships between the community and U of M in order to increase capacity, improve quality of life, and/or solve problems facing social sector institutions or groups in the community.</td>
</tr>
<tr>
<td>Urban Area Security Initiative Board (UASI)</td>
<td>Cindra James</td>
<td>Cindra James</td>
<td>Monthly</td>
<td>Region 2 FSF 8 disciplines’ response to security issues</td>
</tr>
<tr>
<td>Washtenaw Alive – (Suicide Death Review subcommittee – Adreanne begins supporting spring 2016 – meets quarterly)</td>
<td>Susan Ringler-Cerniglia</td>
<td>Charles Wilson</td>
<td>Every other month beginning 1/1/2015</td>
<td>To inform and train individuals in Washtenaw County about best practices and access to services for suicide prevention and survivor support</td>
</tr>
<tr>
<td>Washtenaw Alliance for Children and Youth (WACY) Leadership Team</td>
<td>Laura Bauman</td>
<td>Laura Bauman</td>
<td></td>
<td>Partnership focused on K-12 children in Washtenaw County</td>
</tr>
<tr>
<td>Washtenaw Area Council for Children Board</td>
<td>Jane Nickert</td>
<td>Jane Nickert</td>
<td>6x/year</td>
<td>The purpose is to discuss ways to promote child safety and well-being and to prevent child maltreatment, abuse and neglect through education services and programs to children, parents, community members, and youth-serving professionals throughout Washtenaw County.</td>
</tr>
<tr>
<td>Washtenaw County Medical Society Executive Council</td>
<td>Jessie Marshall</td>
<td>Jessie Marshall</td>
<td>Monthly</td>
<td>Support local physicians in their professional commitment to the health and well being of the citizens of Washtenaw County</td>
</tr>
<tr>
<td>Washtenaw County Continuum of Care Board</td>
<td>Jimena Loveluck</td>
<td>Jimena Loveluck</td>
<td>6x/year</td>
<td>Coordinates the community’s policies, strategies and activities towards ending homelessness.</td>
</tr>
<tr>
<td>Washtenaw County Success by 6 Leadership</td>
<td>Jane Nickert</td>
<td>Christina Katka, Kelly Stipple, Jane Nickert</td>
<td>Monthly</td>
<td>The purpose is to advance the work of the strategic plan and share information and networking opportunities with collaborative organizations in order to build an effective early childhood system in Washtenaw County.</td>
</tr>
<tr>
<td>Washtenaw County Food Policy Council</td>
<td>Susan Ringler-Cerniglia</td>
<td>Ariane Reister, Tedi Milgrom, Meredith, Buhalis</td>
<td>Bi-Monthly (6 x per year) Policy Action Teams meet monthly</td>
<td>A volunteer council of the BOC working toward a thriving local food system. Includes additional Policy Action Teams</td>
</tr>
<tr>
<td>Washtenaw Health Initiative</td>
<td>Ellen Rabinowitz</td>
<td>Ellen Rabinowitz</td>
<td></td>
<td>Improve Access to Care, Mental Health</td>
</tr>
<tr>
<td>Group Name (Alpha Order)</td>
<td>Manager</td>
<td>Attendee</td>
<td>Recurrence</td>
<td>Core Objective (Purpose of Meeting)</td>
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</tr>
<tr>
<td>Washtenaw Health Initiative Opioid Project</td>
<td>Jimena Loveluck, Jessie Marshall</td>
<td>Jimena Loveluck, Jessie Marshall, Adreanne Waller</td>
<td>Monthly</td>
<td>County-wide multi-sector initiative that brings community members, service providers and health systems to end the opioid misuse and overdose epidemic.</td>
</tr>
<tr>
<td>Washtenaw Immunization Action Coalition</td>
<td>Jane Nickert</td>
<td>Jane Nickert, Christina Zilke</td>
<td>Quarterly</td>
<td>A partnership to decrease vaccine preventable diseases across the lifespan of our population, through improved public awareness and access to vaccines.</td>
</tr>
<tr>
<td>Washtenaw Trauma Informed Collaborative</td>
<td>Jane Nickert</td>
<td>Christina Katka</td>
<td>Project-based</td>
<td>The purpose of this collaborative is to provide our community with a common definition of trauma and toxic stress, to inform our early childhood providers on what they can do to assist a child that has been impacted by trauma/toxic stress and to identify local resources who are providing trauma informed services and how they can be accessed.</td>
</tr>
<tr>
<td>Wholesome Wave</td>
<td>Susan Ringler-Cerniglia</td>
<td>Ariane Reister</td>
<td>Monthly/quarterly</td>
<td>National advisory group on farmers market/prescription incentive programs</td>
</tr>
<tr>
<td>Ypsilanti Community Schools Coordinated School Health Team</td>
<td>Susan Ringler-Cerniglia</td>
<td>Charles Wilson</td>
<td>Monthly during school year</td>
<td>Coordinated School Health Team purpose is to improve the health and wellness of the district’s students and staff by keeping them physically, mentally, and socially healthy.</td>
</tr>
<tr>
<td>Strategic Direction 1: Improve the Health of All Washtenaw County Residents</td>
<td>Strategies</td>
<td>Progress</td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>1.1.1</td>
<td>Promote the dental clinic and expand awareness of oral health and available clinical services through multiple channels.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2.1</td>
<td>Increase the proportion of children 19-35 months who are fully immunized.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2.2</td>
<td>Increase the proportion of males and females 13 through 17 years of age fully vaccinated against HPV.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2.3</td>
<td>Increase the number of adults who receive Hep A vaccination.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2.4</td>
<td>Increase the proportion of adults vaccinated for Flu annually.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3.1</td>
<td>Together with WHP staff, provide outreach and enrollment to assist low-income residents with Medicaid and Marketplace Enrollment.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.4.1</td>
<td>Identify and decrease the proportion of women in WCHD Maternal Infant Health Program who smoke during pregnancy.</td>
<td>No data available</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.4.2</td>
<td>Increase the proportion of eligible pregnant women who participate in the Maternal Infant Health Program.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.4.3</td>
<td>Increase the proportion of WIC enrolled 1-2 month olds who continue to breastfeed (partial or exclusive)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategic Direction 2: Center Equity in Decision-Making</th>
<th>Strategies</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1.1</td>
<td>Develop health equity organizational plan that addresses the following: mobilize data, research and evaluation; build organizational capacity; change internal practices and processes; prioritize upstream policy change; and allocate resources. (Human Impact Partners)</td>
<td></td>
</tr>
<tr>
<td>2.2.1</td>
<td>Develop and implement monthly training series for all WCHD staff about Health Equity/Cross-Cultural Service Delivery.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategic Direction 3: Advocate for Policies &amp; Resources</th>
<th>Strategies</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1.1</td>
<td>Develop along with the Board of Health at least 4 new county-level (or broader) policy or policy change recommendations per year that are brought forward to Board of Commissioners for consideration.</td>
<td></td>
</tr>
<tr>
<td>3.2.1</td>
<td>Establish necessary contract and internal processes to bill to Blue Cross Blue Shield for clinic services.</td>
<td></td>
</tr>
<tr>
<td>3.2.2</td>
<td>Establish necessary contract and internal processes to bill to Medicare for clinic services.</td>
<td></td>
</tr>
<tr>
<td>3.2.3</td>
<td>Pursue and win new competitive grants that support WCHD and community priorities.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategic Direction 4: Support Staff &amp; Build a Strong Foundation</th>
<th>Strategies</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1.1</td>
<td>Update the workforce development plan to ensure staff have the multidisciplinary skills needed to achieve our mission, goals, and objectives.</td>
<td></td>
</tr>
<tr>
<td>4.2.1</td>
<td>Create two (2) new communications tools for staff as identified through communication focus groups held in early 2018.</td>
<td></td>
</tr>
<tr>
<td>4.2.2</td>
<td>Update Performance Management and Quality Improvement plan(s) to meet organizational needs and PHAB reaccreditation measure 9.2.</td>
<td></td>
</tr>
<tr>
<td>4.2.3</td>
<td>Implement at least 2 QI projects with staff representing at least 2 division/programs</td>
<td></td>
</tr>
<tr>
<td>4.3.1</td>
<td>Implement at least 2 activities that support work/life balance or morale.</td>
<td></td>
</tr>
<tr>
<td>4.4.1</td>
<td>Advocate for Towner building improvements to support client and staff needs.</td>
<td></td>
</tr>
<tr>
<td>4.4.2</td>
<td>Continue to provide excellent customer service to all WCHD clients and identify areas for continuous improvement.</td>
<td></td>
</tr>
</tbody>
</table>

**Key:**
- Complete
- In progress
- Not started
## Strategic Direction 1: Improve the health of all Washtenaw County Residents

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measures</th>
<th>Baseline</th>
<th>Target</th>
<th>Q1 Actual</th>
<th>Q2 Actual</th>
<th>Q3 Actual</th>
<th>Q4 Actual</th>
<th>Progress Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Ensure the value and impact of the Washtenaw County Dental Clinic</td>
<td>Number of unique patients seen per quarter at Washtenaw County Dental Clinic</td>
<td>2325 (YTD 2017)</td>
<td>2441 by year end 2018</td>
<td>1164</td>
<td>1359</td>
<td>1595</td>
<td>not yet available</td>
<td>We are 65% to goal. Q3 most recent data available</td>
</tr>
<tr>
<td></td>
<td>Proportion of children ages 19-35 months with completed 431,1342 vaccine series</td>
<td>68% (Jan 2017)</td>
<td>72% (Dec 2019)</td>
<td>67%</td>
<td>66%</td>
<td>67%</td>
<td>67%</td>
<td>We’ve been at 66-67% for 2017 and 2018.</td>
</tr>
<tr>
<td></td>
<td>Proportion of males ages 13 to 17 who are fully vaccinated against HPV</td>
<td>49.9% (Dec 2017)</td>
<td>52% (Dec 2019)</td>
<td>51%</td>
<td>51%</td>
<td>54%</td>
<td>54%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Proportion of females ages 13 to 17 who are fully vaccinated against HPV</td>
<td>54.4% (Dec 2017)</td>
<td>56% (Dec 2019)</td>
<td>55%</td>
<td>55%</td>
<td>57%</td>
<td>57%</td>
<td></td>
</tr>
<tr>
<td>1.2 Lead the community on CHIP priority &quot;Vaccine Preventable Diseases.&quot;</td>
<td># of adult doses of Hep A entered into MCIR quarterly</td>
<td>1200 doses per quarter (2017 prior to outbreak)</td>
<td>2800 doses per quarter</td>
<td>5195</td>
<td>3808</td>
<td>4201</td>
<td>4191</td>
<td>Nice to completely surpass the stretch goal! We are now giving 3x as much adult Hep A vaccine compared to a year ago (before the outbreak started) and the numbers are fairly steady.</td>
</tr>
<tr>
<td></td>
<td>Proportion of adults 18 years and older with flu vaccine in MCIR</td>
<td>35.5% (2016-17 flu season)</td>
<td>39%</td>
<td>38%</td>
<td>38%</td>
<td>38%</td>
<td>38%</td>
<td>We are calling this green!</td>
</tr>
<tr>
<td>1.3 Lead the community on CHIP priority &quot;Access to Care.&quot;</td>
<td>Percentage of uninsured county residents</td>
<td>3.2% (ACS 1-year estimate 2016)</td>
<td>3.2%</td>
<td>2.7% (civilian noninstitutionalized population)</td>
<td>2.7%</td>
<td>2.7%</td>
<td>2.7%</td>
<td>For the FY, 7 of 107 newly enrolled pregnant women in our MIHP program said they smoked (6.5%), these women report smoking at initial assessment.</td>
</tr>
<tr>
<td>1.4 Lead the community on CHIP priority &quot;Prenatal Health.&quot;</td>
<td>Proportion of WCHD's MIHP pregnant enrollees who currently smoke</td>
<td>No baseline</td>
<td>Reduce by 10%</td>
<td>10.00%</td>
<td>10.00%</td>
<td>0%</td>
<td>0.50%</td>
<td>Recommend delete this because of difficulty obtaining data</td>
</tr>
<tr>
<td></td>
<td>Proportion of Medicaid births in Washtenaw County with MIHP contact.</td>
<td>31% (August 2016)</td>
<td>50% (Dec 2019)</td>
<td>42%</td>
<td>39%</td>
<td>47%</td>
<td>47%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Proportion of MI enrolled 1-2 month olds who continue to breastfeed (partial or exclusive)</td>
<td>43% (Nov. 2017)</td>
<td>47% (Dec 2019)</td>
<td>42%</td>
<td>39%</td>
<td>47%</td>
<td>47%</td>
<td></td>
</tr>
</tbody>
</table>

Modified: 1/25/2019
## Strategic Direction 2: Center Equity in Decision-Making

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measures</th>
<th>Baseline Value</th>
<th>Target Value</th>
<th>Q1 Actual</th>
<th>Q2 Actual</th>
<th>Q3 Actual</th>
<th>Q4 Actual</th>
<th>Progress Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Develop and implement a Health Equity plan.</td>
<td>WCHD health equity plan adopted by July 2018; plan addresses the following: mobilize data, research and evaluation; build organizational capacity; change internal practices and processes; prioritize upstream policy change; and allocate resources. (Human Impact Partners)</td>
<td>No adopted Health equity plan</td>
<td>1 Health Equity Plan adopted by July 2018</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Plan drafted by HESJ leadership team. Presented to BOH in August. Will be shared throughout department early 2019.</td>
</tr>
<tr>
<td>2.2 Train all WCHD staff to understand equity concepts and how it is incorporated into their work.</td>
<td>Proportion of WCHD staff who attended all 12 classes of the Health Equity/Cross-cultural Service (HECCS) Delivery Training series.</td>
<td>New. No baseline.</td>
<td>100%</td>
<td>6% of staff attended all 12 HESI classes.</td>
<td></td>
<td></td>
<td></td>
<td>Complete March 2018. 85% attended 9 or more.</td>
</tr>
<tr>
<td>Objective</td>
<td>Measures</td>
<td>Baseline Value</td>
<td>Target Value</td>
<td>Q1</td>
<td>Q2</td>
<td>Q3</td>
<td>Q4</td>
<td>Progress Reporting</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>----------------</td>
<td>--------------</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td>-----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>3.1 Develop along with the board of health at least 4 new county-level</td>
<td>Number of county-level (or broader) policy or policy change recommendations</td>
<td>2 in 2017</td>
<td>4 per year</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>Raise the age (state) Feb. 2018, sewage code (state) May 2018; Gun violence as a</td>
</tr>
<tr>
<td>(or broader) policy or policy change recommendations per year that are</td>
<td>recommendations developed with BDH and brought forward to BOC for</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>public health issue May 2018; Resolution in support of the County's Equity</td>
</tr>
<tr>
<td>brought forward to BOC for consideration.</td>
<td>consideration.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ordinance July 2018.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of dollars billed to BCBS for services rendered (SHS and Immunizations</td>
<td>0</td>
<td>no target</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>There was no claim activity for Q4. We began providing clinical services to</td>
</tr>
<tr>
<td></td>
<td>clinics)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>BCBS clients effective 10/9/2018.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of dollars billed to Medicare for services rendered (SHS and</td>
<td>0</td>
<td>no target</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>As of mid-October, our contract was denied (again). The application was</td>
</tr>
<tr>
<td></td>
<td>Immunizations clinics)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>submitted (again) early November 2018.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2 Improve financial base by enhancing insurance billings and increasing</td>
<td>Number of dollars of new grant awards to WCHD to support local priorities</td>
<td>$28,000</td>
<td>$100,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$74,000.30</td>
<td>Applied for a total of $131,371.80 from 3 sources: received $74,000 from 3</td>
</tr>
<tr>
<td>revenue through grant awards.</td>
<td>($2017 for community engagement)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>sources. Wrote LOI to Michigan Health Endowment Fund, not invited to apply;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Applied for a lead grant ($32,309, 3/15/2018) - not awarded. Applied for a</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>44000M grant ($79,052.80, 6/15/2018) and we were awarded $74,000. We applied</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>for a Minority Health Data Capacity Grant ($20,000) - not awarded.</td>
</tr>
</tbody>
</table>

Modified: 1/25/2019
## Strategic Direction 4: Support Staff & Build a Strong Foundation

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measures</th>
<th>Baseline Value</th>
<th>Target Value</th>
<th>Q1 Actual</th>
<th>Q2 Actual</th>
<th>Q3 Actual</th>
<th>Q4 Actual</th>
<th>Progress Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Ensure staff have the time, tools and resources to do excellent work.</td>
<td>Update Workforce Development Plan to meet organizational needs and PHAB reaccreditation measure 8.1.</td>
<td>Workforce Dev Plan 2014</td>
<td>Updated plan by end of Q3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Jimena participating in the GARE Racial Equity Workforce group; also now on Workforce Development Committee of NACCHO.</td>
</tr>
<tr>
<td>4.2 Support staff to work across division/program boundaries for more effective, efficient service delivery.</td>
<td>Create two (2) new communications tools for staff as identified through communication focus groups held in early 2018.</td>
<td>n/a</td>
<td>2 new communication tools</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Departmental updates modified; improvements to all-staff meetings planned.</td>
</tr>
<tr>
<td></td>
<td>Update Performance Management and Quality Improvement plans to meet organizational needs and PHAB reaccreditation measure 9.2.</td>
<td>Q1 Plan 2015; PM Plan 2016</td>
<td>Updated plan by end of Q2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>In planning stages; drafting of the plans to be completed in early 2019.</td>
</tr>
<tr>
<td></td>
<td>Implement at least 2 QI projects with staff representing at least 2 division/programs</td>
<td>2 projects 2017</td>
<td>2 projects 2018</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Phone tree updated for Towner; Well and Septic Applications revamped for EH</td>
</tr>
<tr>
<td>4.3 Create a vibrant work environment that supports staff work/life balance and morale.</td>
<td>Implement at least 2 activities that support work/life balance or morale.</td>
<td>0</td>
<td>2 activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Programs/divisions/teams that have held team building activities include: EH, Finance, Community Health Promotion, MIHP, CSHCS, CD/TB, Clinic staff, HDLT.</td>
</tr>
<tr>
<td>4.4 Provide excellent customer service to all WCHD clients</td>
<td>Advocate for Towner building renovations to support client and staff needs.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Submitted renovation as a &quot;strategic investment&quot; project for county</td>
</tr>
<tr>
<td></td>
<td>Percent of WCHD customers surveyed who strongly agree they would recommend this program or service to others.</td>
<td>79%</td>
<td>85%</td>
<td></td>
<td></td>
<td>88%</td>
<td></td>
<td>Staff from 10 programs surveyed a total of 519 clients through Sept of 2018. Substantial improvements over 2017 on all measures.</td>
</tr>
<tr>
<td></td>
<td>Percent of WCHD customers surveyed who strongly agree it was easy to reach the person or program I needed by phone.</td>
<td>70%</td>
<td>85%</td>
<td></td>
<td></td>
<td>79%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Percent of WCHD customers surveyed who strongly agree staff members were polite on the phone.</td>
<td>80%</td>
<td>85%</td>
<td></td>
<td></td>
<td>86%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2015-2019 Strategic Plan

Approved by the Washtenaw County Commission
Insert Date:
9/17/14

Kousef Rabhi, Chair
September 2014

On behalf of Washtenaw County Public Health, I am pleased to present our 2015-2019 Strategic Plan. This plan is the result of a deliberate process to define where we are headed as an organization – and how we hope to improve the health of our community in partnership with the community. We hope it conveys our shared understanding of our mission, vision, values and current strategic directions.

In May of this year, we began creating this new, five-year strategic plan by embarking on a vigorous, inclusive process. Our entire staff had the opportunity to engage in the process. Our management teams worked to connect the plan to our Community Health Improvement Plan and the common health priorities already established with our partners. They also incorporated the Washtenaw County Public Health and Environmental Health Business Plan.

The following pages describe our process more fully and present specific objectives and strategies related to our current strategic directions. As a guide, the plan establishes realistic goals, in line with our mission, and sets priorities for the most effective use of resources. It provides a base for measuring progress and a solid foundation for evaluating new initiatives.

2015-2019 Strategic Directions
- Provide leadership to assure a comprehensive public and environmental health system to improve population health outcomes
- Enhance the effectiveness of our department’s efforts to improve health status, quality of life and health equity, through social justice
- Serve as an effective advocate for local public health
- Strengthen our infrastructure to achieve our mission in performing all essential public health services

As we move forward, we will be tracking our progress and updating the plan. We hope it continually evolves – embodying the breadth of our work and providing a solid framework for assessing current and future endeavors. The strategic plan forms the cornerstone of our overall performance management system.

As always, we welcome your input. Addressing often complex health issues in a rapidly changing environment requires collaboration and participation across multiple sectors that serve Washtenaw County as well as residents and community leaders. We hope to hear from you – especially as we begin implementing our prioritized strategies. Our main number is 734-544-6700, and our Environmental Health Division can be reached at 734-222-3800. Visit us any time at http://publichealth.ewashtenaw.org.

Sincerely,

Ellen G. Rabinowitz
Health Officer
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  \[7\]
- **Alignment with Washtenaw County Public Health Plans**  
  \[8\]
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  \[17-20\]
- **10 Essential Public Health Services**  
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  \[22\]
- **Staff Participation**  
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Washtenaw County Public Health

Washtenaw County Public Health Vision: A healthy community in which every resident enjoys the best possible state of health and well-being.

Washtenaw County Public Health Mission: To assure, in partnership with the community, the conditions necessary for people to live healthy lives through prevention and protection programs.

Washtenaw County Public Health Values:
- We will emphasize prevention to keep our community healthy and safe.
- We will lead the development of effective public health interventions in partnership with the community.
- We will promote social justice and reduce inequalities affecting the health of all in Washtenaw County.
- We will abide by ethical principles, take responsibility for our commitments and use our resources wisely.

Strategic Directions:
- Provide leadership to assure a comprehensive public and environmental health system to improve population health outcomes.
- Enhance the effectiveness of our department’s efforts to improve health status, quality of life and health equity, through social justice.
- Serve as an effective advocate for local public health.
- Strengthen our infrastructure to achieve our mission in performing all essential public health services.
The Strategic Planning Process

Washtenaw County Public Health began the strategic planning process in May 2014. The Public Health Management Team (PHMT) gathered several sources of data and internal reports in preparation for our facilitated planning sessions. These documents included:

- 2012-2014 Strategic Plan
- 2013 Annual Report
- Washtenaw County Public Health and Environmental Health Business Plan
- Michigan Local Public Health Accreditation Program Cycle 4 Site Visit Report
- Washtenaw County Community Health Improvement Plan
- Public Health Accreditation Board Self-Assessment
- 10 Essential Public Health Services
- 2014 County Health Rankings

We held our first planning session on May 13, 2014. The meeting was facilitated by an outside consultant hired to coordinate the development of the plan. We reviewed and discussed the multitude of reports and data collected to determine the elements we wanted to include in the 2015-2019 plan. Specifically we wanted to ensure that:

- The Washtenaw County Business Plan for Public and Environmental Health is integrated into our plan.
- Our goals and strategies are data-driven and use evidence-based strategies when appropriate.
- Strategies are developed to integrate environmental health in the community health improvement plan.
- The Community Health Improvement Plan responsibilities delegated to Washtenaw County Public Health are referenced in the strategic plan.
- Data collected are shared and discussed in a variety of ways with staff, stakeholders and the community.
- Our new plan aligns with state and national plans.
- Our plan includes the ten essential public health services and aligns with our goal to achieve national public health accreditation.
- The plan specifically identifies how we will measure our progress and success.
- An approval process is outlined the next plan.
- The plan is developed with input from staff, the plan and its progress is shared with staff and they play an active role in implementation.
- The plan links to our QI Plan and Workforce Development Plan.

As the PHMT, we reviewed and created proposed revisions to the agency’s strategic directions and held a brainstorming session to identify potential objectives and strategies. We also conducted a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis to identify areas that needed to be addressed and to recognize the internal and external assets and resources available to us. The facilitator utilized the information to draft the first set of proposed objectives designed to achieve the strategic directions for our agency.
Our 2nd planning session was held with the 20 member supervisory staff team on May 27, 2014. During this session, the participants reviewed the work accomplished during the first session and discussed the proposed revised strategic directions and proposed objectives. The facilitator led the staff through the SWOT analysis exercise. The summary results from both the PHMT and the supervisory staff are included below.

The group divided up into small groups to begin development of proposed strategies to meet the objectives. As with the first meeting, the facilitator compiled the information and shared the draft with the health officer for review and comment.

Two planning sessions were held on June 23rd and 24th for front line staff. A total of 66 staff members participated. The facilitator reviewed the proposed draft and then the staff participated in a World Café exercise where everybody had the opportunity to give potential strategy ideas and recommendations for each of the proposed strategic directions and objectives. General themes were reported out from each table and the staff participated in “dotmocracy” to indicate their top three priorities to be addressed in the plan. The comments provided at each table, for each of the two sessions were transcribed and a summary was provided to the health officer for reference and use in the finalization of the plan’s objectives and strategies.

On August 7, 2014 the Board of Commissioners were presented with the draft plan for input during their working session. The final draft was also distributed to staff for final review and comment.

*On September 17, 2014 the Board of Commissioners adopted the plan when it was presented in conjunction with the Washtenaw County Public Health’s budget request which includes line items to implement the strategies within the plan.*
Strengths, Weaknesses, Opportunities and Threats (SWOT)

During the strategic planning process, both the WCPH Leadership Team and then the Supervisory staff were led through a SWOT analysis process. The themes identified by each group are referenced below.

<table>
<thead>
<tr>
<th>INTERNAL</th>
<th>STRENGTHS</th>
<th>WEAKNESSES</th>
</tr>
</thead>
</table>
|          | Dedicated staff  
Partnerships  
Work/Life Balance  
Leadership  
Data driven decision making  
Use of model practices  
Excellent service delivery  
Value health equity and social justice  
IT/website support  
Internal/External relationships | Physical space  
IT support  
Funding  
Communication across programs  
Lack of Workforce Development Plan  
Lack of systematic QI  
Lack of systematic customer satisfaction/feedback process  
Policy maker engagement at all levels of government  
Communication of Public Health vision  
Inconsistent branding/marketing |

<table>
<thead>
<tr>
<th>EXTERNAL</th>
<th>OPPORTUNITIES</th>
<th>THREATS</th>
</tr>
</thead>
</table>
|          | Grants/Billing/Funding  
New laws  
PHAB  
New Board of Health  
Social media  
New partnerships  
New enforcement opportunities  
Sharing of electronic data | Less funding  
Changing program expectations  
Emerging diseases  
Service delivery competition  
Media  
Competing influences among policy makers  
Shrinking workforce  
Anti-Public Health groups; non-compliance |
During the strategic planning sessions with the front-line staff, each participant was asked to identify one positive aspect (strength) regarding Washtenaw County Public Health. The following themes emerged during the two meetings:

- Doing work and providing services that make a positive difference in the community and for the customers; respect and care for clients and community
- Great teamwork and staff – we like what we do and we do it well
- Community partnerships- in it together!
- Professional development opportunities
- Staff voices are acknowledged and heard with a willingness from leadership to be flexible and innovative/autonomous
- Variety of programs/services offered

Alignment with Washtenaw County Public Health Plans

Connection to the Washtenaw County Community Health Improvement Plan (CHIP) and Washtenaw County Business Plan

Washtenaw County Public Health is an active participant and leader in the development and implementation of the CHIP. During the development phase of the 2015-2019 strategic plan, we made a conscious and concerted effort to assure alignment with the responsibilities and priorities identified in the health improvement plan. We have easily identified these areas with a single asterisk throughout the strategic planning grids included in the plan.

We also wanted to assure and recognize that the goals identified in the Washtenaw County Business Plan were reflected in the strategic plan. These are identified with a double asterisk throughout the plan.

Connection to Quality Improvement, Workforce Development and Performance Management

As a governmental public health agency accountable to the local and state authorities, but also to the taxpayers, it is important to be good stewards and to utilize our resources as effectively and efficiently as possible. The strategic plan outlines our process to improve and enhance our operations. The agency’s QI Council will work with agency staff and provide assistance with identified quality improvement initiatives. We will consistently monitor our progress and identify opportunities for quality improvement initiatives. The strategic plan is the foundation for our performance management system. It also has the strategies to be implemented in accordance with our Workforce Development Plan. The PHMT will oversee the implementation of the plan and is committed to sharing the progress, barriers and successes with our staff, our stakeholders, and our constituents.
Staff Involvement

The Washtenaw County Public Health Management Team sincerely appreciates the time and attention provided by staff during the planning process. We will be calling upon all levels of staff to successfully implement the strategies we have collectively designed as a health department team. The complete list of staff who participated in one or more of the planning sessions is included at the conclusion of the report.

Stakeholder Engagement

The proposed plan will be shared in an open meeting with the Washtenaw County Board of Commissioners where open comments will be accepted. The plan will be posted on the WCPH website and community members will be encouraged to share their feedback regarding the plan.

Strategic Plan Outline

The plan outlined on the following pages is displayed in a table format to assist the reader and users in ease of readability. The tables indicate the Strategic Direction highlighted in dark blue, the Objectives are highlighted in light blue and the column titles for the strategies are shaded in yellow. Each strategy includes the identified champion(s), and the metric/measure to be used to monitor progress. Each strategy also references alignment with both the 10 essential public health services and the 12 PHAB domains to illustrate alignment with national priorities. We are proud to recognize that all 10 of the essential services and all 12 of the domains are tied into the plan. For reference, the 10 Essential Public Health Services and the 12 PHAB Domains (V. 1.0) are included at the end of the report.
Strategic Direction 1: Provide leadership to assure a comprehensive public and environmental health system to improve population health outcomes.

**Objective 1.1:** Convene and lead discussions with the Board of Health and other partners in healthcare, environmental health, and the community, to define the “comprehensive” public health system since the enactment of the Affordable Care Act and to define the unique roles of local public health including environmental health by December 2015.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Champion(s)</th>
<th>Metric/Measure</th>
<th>Essential Service(s)</th>
<th>PHAB Domain(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1.1 Develop and disseminate a coordinated county-wide position paper that defines the unique roles of WCPH within the comprehensive public health system</td>
<td>PHMT</td>
<td>Paper developed by 4/2015</td>
<td>3</td>
<td>4,6</td>
</tr>
<tr>
<td>1.1.2 Participate in community meetings, including with the regulatory community, to inform and discuss current and emerging public health issues and the role of WCPH.</td>
<td>Managers and Supervisors</td>
<td>50 unique groups/coalitions attended by WCPH staff. Appropriate meeting information to be shared via monthly department updates which are disseminated 12 times/year 85% post meeting reporting Updates to include necessary action items or next steps to decrease/increase occurrences and to reinforce importance of educating clients about health issues</td>
<td>1,2, 4</td>
<td>4,6</td>
</tr>
</tbody>
</table>

**Objective 1.2:** Orient and educate the Washtenaw County Board of Health to serve in advisory and advocacy capacities for WCPH by March 2015.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Champion(s)</th>
<th>Metric/Measure</th>
<th>Essential Service(s)</th>
<th>PHAB Domain(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.2.1 Provide orientation and training to appointed Board of Health members, including orientation to PH/EH programs and advocacy training.</td>
<td>Health Officer</td>
<td>100% of newly appointed Board of Health members received orientation to PH/EH programs within 30 days of appointment</td>
<td>5,6</td>
<td>6,12</td>
</tr>
</tbody>
</table>
### Objective 1.3: Compile relevant, timely local data to address priority health issues identified in the Community Health Improvement Plan (CHIP) and use to leverage funding to reinvest in Washtenaw County on an on-going basis.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Champion(s)</th>
<th>Metric/Measure</th>
<th>Essential Service(s)</th>
<th>PHAB Domain(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.3.1 Involve all staff in CHIP implementation*</td>
<td>Managers and Supervisors</td>
<td>Quarterly CHIP report reflects Administrator’s summary activities PHMT approves reports and disseminates to Extra PHMT Supervisors of Extra PHMT review reports with staff during monthly/quarterly staff meetings</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>1.3.2 Work with hospital partners to develop a coordinated community health assessment process and health improvement plan.*</td>
<td>HIP Coordinating Committee</td>
<td>Plan developed by 12/2015</td>
<td>4</td>
<td>1,5</td>
</tr>
<tr>
<td>1.3.3 Work with community partners to use HIP data to leverage resources that can be re-invested into Washtenaw County**</td>
<td>HIP Coordinating Committee</td>
<td>Amount leveraged in 2010 compared to amount leveraged in 2015.</td>
<td>1,4,7</td>
<td>11</td>
</tr>
<tr>
<td>1.3.4 Complete surveillance regarding identified gaps in substance abuse and mental health and share with</td>
<td>PHMT</td>
<td>Complete analysis of the HIP survey data relative to mental health and substance abuse by August 1, 2015</td>
<td>1,3</td>
<td>1,2</td>
</tr>
</tbody>
</table>
If grant funding awarded, implement a curriculum at Ypsilanti Community High School for Latino students in collaboration with partners including the Corner Health Center, EBV Community Leadership Team, Ypsilanti Community Schools and the U of M School of Public Health

| 1.3.5 Establish a reporting and monitoring system to track progress made, barriers encountered, data collected* | PHMT | Tracking system to be developed and in use by January 2015 | 1 | 5 |
| 1.3.6 Explore ways to incorporate additional environmental health goals and strategies into CHIP* | EH Director with PHMT | Enforcement of smoke-free laws 100% response to customer complaints about smoking in food service establishments 500 Breastfeeding Friendly Establishment stickers will be included in license renewal packets or personally provided to an establishment during an inspection during 2015 A minimum of 30 stickers will be provided to establishments each year | 5 | 5,6 |

Objective 1.4: Participate in health related coalitions, such as Washtenaw Health Initiative (WHI), Health Improvement Plan Community Health Committee (HIP CHC), and Accion Buenos Vecinos (ABV), to share and receive information regarding the public health system, and to discuss and address emerging issues.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Champion(s)</th>
<th>Metric/Measure</th>
<th>Essential Service(s)</th>
<th>PHAB Domains(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.4.1 Regularly review and update the liaison list, indicating WCPH representatives to serve as a resource and point of contact for staff/ Board of Health</td>
<td>Health Equity Social Justice; HIP Coordinating Committees</td>
<td>Quarterly review of liaison list to include new coalitions/workgroups with corresponding WCPH representation Refer to metric measure for Strategy 1.1.2</td>
<td>2,4</td>
<td>2,3,4</td>
</tr>
<tr>
<td>1.4.2 Provide minutes/summaries of coalition meetings to staff and Board of Health as appropriate</td>
<td>Managers and supervisors</td>
<td>Number and dates of summaries sent to staff and BOH</td>
<td>4</td>
<td>4,12</td>
</tr>
<tr>
<td>1.4.3 Co-sponsor one event per year on emerging public health issues</td>
<td>PHMT</td>
<td>One event co-sponsored each year</td>
<td>1,4</td>
<td>4</td>
</tr>
</tbody>
</table>

**Objective 1.5: Establish and operate a community dental clinic in Ypsilanti* by January 2015**

<table>
<thead>
<tr>
<th>Strategies</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1.5.1 Establish a communication strategy to create an ongoing awareness and educational campaign regarding the clinic and oral health.</td>
<td>Dental Clinic Workgroup with Health Educators and Family Health program staff</td>
<td>10,000 visits in the first year of operation with a 10% increase in the number of visits per year</td>
<td>3,7</td>
<td>7</td>
</tr>
<tr>
<td>1.5.2 Promote dental clinic through multiple channels and as a part of Medicaid expansion and enrollment</td>
<td>All WCPH staff</td>
<td>500 clients referred annually for dental services.</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>1.5.3 Advocate with Michigan Community Dental Clinics (MCDC) for bilingual clinic staff including dentists and hygienists.</td>
<td>Dental Clinic Workgroup</td>
<td>Number of bilingual staff</td>
<td>5</td>
<td>7,8</td>
</tr>
</tbody>
</table>

**Strategic Direction 2: Enhance the effectiveness of our department’s efforts to improve health status, quality of life and health equity, through social justice.**

**Objective 2.1: Provide education and technical assistance to cross-sector partners on best practice community engagement processes to improve social determinants of health by December 31, 2015.**

<table>
<thead>
<tr>
<th>Strategies</th>
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</tr>
</thead>
<tbody>
<tr>
<td>2.1.1 Collaborate with current and new/non-traditional partners to develop and implement innovative ideas for addressing health disparities**</td>
<td>HP/DP Administrator with Health Equity Social Justice Workgroup and</td>
<td>Complete analysis of the 2015 HIP survey data by August 1, 2015 Complete gap analysis and disseminate to collaborators by</td>
<td>4,7</td>
<td>4,5</td>
</tr>
<tr>
<td>Strategies</td>
<td>Champion(s)</td>
<td>Metric/Measure</td>
<td>Essential Service(s)</td>
<td>PHAB Domain(s)</td>
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</tr>
<tr>
<td>2.1.2 Assess the training needs of partners; provide educational opportunities and internet resources to meet the identified needs</td>
<td>HP/DP program Administrator and Director of Nursing</td>
<td>Survey of training needs developed and disseminated by January 2016. Develop three interactive internet educational modules by December 2017.</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Objective 2.2: Develop and implement a Health Equity Plan to address the needs of vulnerable communities by December 2015</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2.1 Collect and analyze qualitative and quantitative data on local populations*</td>
<td>Health Equity Social Justice Workgroup and HIP CHC</td>
<td>Data collection completed by June 2015.</td>
<td>1,10</td>
<td>1,5</td>
</tr>
<tr>
<td>2.2.2 Convene community partners and members of target populations to create messages and interventions to address identified needs</td>
<td>Health Equity Social Justice Workgroup</td>
<td>Meetings held December 2014, February 2015 and April 2015 to develop messages and interventions.</td>
<td>4</td>
<td>3,4</td>
</tr>
<tr>
<td>2.2.3 Monitor, evaluate and revise the plan on an annual basis; report on progress at least annually</td>
<td>Health Equity Social Justice Workgroup</td>
<td>Plan reviewed and updated each March.</td>
<td>3,9</td>
<td>9,11,12</td>
</tr>
<tr>
<td>2.2.4 Continue efforts to train and deploy community health advocates to work with vulnerable populations</td>
<td>HP/DP Program Administrator</td>
<td>Two new community health advocates trained each year.</td>
<td>7,8</td>
<td>7,8</td>
</tr>
<tr>
<td>2.2.5 Enroll women of childbearing age into Medicaid to increase access to preconception and prenatal care</td>
<td>Director of Nursing with program staff</td>
<td>Increase enrollment of pregnant women and women of childbearing age by 20% annually</td>
<td>7</td>
<td>6,7</td>
</tr>
</tbody>
</table>
### Strategic Direction 3: Serve as an effective advocate for local public health.

**Objective 3.1:** Convene and collaborate with Board of Health to spotlight local and state health priorities, and to educate decision makers about the role of local public health in improving individual/population health, by December 31, 2019.

<table>
<thead>
<tr>
<th>Strategies</th>
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</tr>
</thead>
<tbody>
<tr>
<td>3.1.1 Develop and recommend to Board of Health advocacy messages for policy changes, fiscal planning and enforcement plans.</td>
<td>PHMT</td>
<td>Four advocacy messages developed each year.</td>
<td>5,6</td>
<td>5</td>
</tr>
<tr>
<td>3.1.2 Develop and disseminate a quarterly policy brief to board members and appropriate decision makers</td>
<td>PHMT</td>
<td>Four policy briefs developed and disseminated per year.</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>3.1.3 Pursue funding from public and private sources to help improve our ability to deliver essential services.**</td>
<td>Finance Manager with PHMT</td>
<td>Apply for two grants annually Work with the Michigan Association for Local Public Health (MALPH) to increase Essential Local Public Health Services (ELPHS) funding Work with Washtenaw County Administration to increase General Fund dollars</td>
<td>5</td>
<td>5,11</td>
</tr>
<tr>
<td>3.1.4 Share success stories and model practices developed by WCPH with local, state and national decision makers</td>
<td>PHMT</td>
<td>Monthly public health posts Annual WCPH report disseminated by July of each year</td>
<td>3,9,10</td>
<td>12</td>
</tr>
</tbody>
</table>

**Objective 3.2:** Create a Washtenaw County Public Health Advocacy Plan by December 31, 2015.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Champion(s)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>3.2.1 Create and maintain a list of advocacy partners to receive and disseminate public health messages and talking points.</td>
<td>PHMT</td>
<td>List of advocacy partners created by March 2015.</td>
<td>3,4</td>
<td>5</td>
</tr>
<tr>
<td>3.2.2 Provide training and technical assistance on the differences between advocacy and lobbying</td>
<td>PHMT</td>
<td>Four trainings provided to staff and community partners with training being complete by September 2015</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Objective 3.3: Develop and implement a comprehensive communication plan for both internal and external communications by September 2015.</td>
<td></td>
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<tr>
<td>Strategies</td>
<td>Champion(s)</td>
<td>Metric/Measure</td>
<td>Essential Service(s)</td>
<td>PHAB Domain(s)</td>
</tr>
<tr>
<td>3.3.1 Facilitate timely, effective and coordinated communication with County residents, employees, Board of Commissioners, Board of Health and key partners and stakeholders</td>
<td>Communications Manager</td>
<td>Review strategies in place for reaching target audiences and set new annual priorities by September 2016, 2017 and 2018. Priorities to include number of targeted communications, news releases, updates, feedback mechanisms and related data</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>3.3.2 Provide educational messages to the general public that promote community health, prevent disease or injury; increase understanding of Public Health functions and services.</td>
<td>Communications Manager</td>
<td>A minimum of 2 messages per year will be developed</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>3.3.3 Enhance use of social marketing, website, social media messages and the health promotion process</td>
<td>Communications Manager</td>
<td>Incorporate communications feedback on Customer Surveys or determine other feedback mechanism by February 2015</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>3.3.4 Update media and key contacts list annually; disseminate WCPH contact information to media and key contacts annually or when changes in key staff occur.</td>
<td>Communications Manager</td>
<td>Contact list reviewed quarterly and updated as necessary</td>
<td>2, 3</td>
<td>3</td>
</tr>
<tr>
<td>3.3.5 Develop and foster relationships with the media, organizations, and outlets for reaching disabled, linguistically challenged and other</td>
<td>Communications Manager</td>
<td>Language Line quarterly journal entry Assistive technology devices available to customers by September</td>
<td>3,4,5</td>
<td>3,7</td>
</tr>
<tr>
<td>Strategies</td>
<td>Champion(s)</td>
<td>Metric/Measure</td>
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<td>---------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>4.1.1 Participate in the Washtenaw County Employee Recognition Plan</td>
<td>PHMT</td>
<td>Increase number of nominations submitted by 10% annually</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>recognizing individual and team accomplishments and employee improvements.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1.2 Work with Washtenaw County Administration to develop a Worksite</td>
<td>Health Officer and Medical Director</td>
<td>Plan developed by January 2016 and disseminated to administration for review</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Wellness Plan to create a culture of health</td>
<td></td>
<td>and input</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Implementation of healthy vending plan by 4/2015 with identification of</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>number of new healthy food/beverage options available in the vending machines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1.3 Review and update the Employee Safety Plan</td>
<td>EP Administrator</td>
<td>Dissemination of employee safety plan by March 1st of each year</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>4.1.4 Review and revise flex schedule plans for department employees as</td>
<td>Managers and Supervisors</td>
<td>Non-flex time employees identified by January 2015</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>feasible to allow for more employees to utilize flex scheduling</td>
<td></td>
<td>Survey of non-flex time employees completed by March 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>10% annual increase for those employees interested in a flex</td>
<td></td>
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</tr>
</tbody>
</table>
Objective 4.2: Foster the development and capacity of a highly skilled, competent public health workforce through the implementation of the WCPh Workforce Development Plan

<table>
<thead>
<tr>
<th>Strategies</th>
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<th>PHAB Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.2.1 Provide training to all staff on the elements of the Workforce Development Plan</td>
<td>Managers and Supervisors</td>
<td>100% compliance with training staff within three months of plan implementation</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>4.2.2 Promote and provide internship opportunities</td>
<td>PHMT</td>
<td>Master spreadsheet developed by July 2015 listing internship, practicum and volunteer projects</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>4.2.3 Provide mandated coursework, collaborative learning and BOCA-CLAS training; provide leadership development training</td>
<td>PHMT</td>
<td>By February 2019, 100% of employee workplans have CLAS initiatives documented Leadership development training completed by September 2015</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>4.2.4 Provide cross-training and job-shadowing opportunities for staff to learn about other services/programs offered</td>
<td>Managers and Supervisors</td>
<td>Two program activities offered each quarter</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>4.2.5 Provide a minimum of 2 presentations annually regarding public health professions to high school and community college students</td>
<td>Managers and Supervisors</td>
<td>Two presentations yearly</td>
<td>8</td>
<td>8</td>
</tr>
</tbody>
</table>

Objective 4.3: Improve the effectiveness and efficiency of public health programs, services and systems through a comprehensive and ongoing performance management system and quality improvement initiatives.

<table>
<thead>
<tr>
<th>Strategies</th>
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</tr>
</thead>
<tbody>
<tr>
<td>4.3.1 Implement a performance management system</td>
<td>PHMT</td>
<td>Draft plan created by September 2014 Final plan disseminated by November 2014 Quarterly review of PMS at PHMT</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>4.3.2 Implement Quality Improvement Plan</td>
<td>QI Council</td>
<td>A minimum of two quality improvement projects implemented per year</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>4.3.3 Implement external &amp; internal customer surveys; monitor and communicate results and corresponding actions. **</td>
<td>PHMT</td>
<td>Customer satisfaction data collected by every division annually. Results reviewed in June of each year</td>
<td>9</td>
<td>9,11</td>
</tr>
<tr>
<td>4.3.4 Identify and implement evidence-based or promising practices in all WCPH processes/programs</td>
<td>All staff</td>
<td>Five evidenced-based or best practices will be identified with implementation of at least one practice each year</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

**Objective 4.4: Improve financial base by enhancing insurance billings for previously uncompensated services by December 2017.**

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>4.4.1 Explore opportunities for enhanced billing</td>
<td>Finance Manager</td>
<td>Completed gap analysis of service providers within our community and corresponding action by December 31, 2017</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>4.4.2 Conduct and review fee analysis to assure medical billings and EH fee schedules are at current and appropriate rates for services.</td>
<td>Finance Manager, Environmental Health Director</td>
<td>Analysis of billings and fee schedules by program by December 31, 2016 and then annually</td>
<td>9</td>
<td>9,11</td>
</tr>
</tbody>
</table>

**Objective 4.5: Develop a policy to identify issues with ethical considerations and a strategic deliberative process for consideration and resolution of ethical issues by December 2017**

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>4.5.1 Convene an Ethics Committee</td>
<td>Health Officer</td>
<td>Committee established by January 2016</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>4.5.2 Develop an Ethics Plan for WCPH</td>
<td>PHMT</td>
<td>Plan developed by January 2017 with plan approval by June 2017</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>4.5.3 Provide staff training on ethics plan</td>
<td>PHMT</td>
<td>100% of staff have been trained on the plan by September 2017</td>
<td>8</td>
<td>8,11</td>
</tr>
</tbody>
</table>
### Objective 4.6: Achieve and maintain both national and state accreditation status.**

<table>
<thead>
<tr>
<th>Strategies</th>
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</tr>
</thead>
<tbody>
<tr>
<td>4.6.1 Convene and maintain PHAB 5 Team to assure conformance with state and national accreditation requirements</td>
<td>Health Officer with PHAB 5 Team</td>
<td>National accreditation awarded in 2015</td>
<td>All</td>
<td>All</td>
</tr>
<tr>
<td>4.6.2 Provide staff with information regarding how the two accreditation programs are aligned and different; the importance of each.</td>
<td>PHMT</td>
<td>Information provided during employee orientation and all-staff meetings; orientation materials; staff meeting agendas</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>4.6.3 Cycle 6 state accreditation review in May 2016.</td>
<td>PHMT</td>
<td>Full accreditation status awarded in 2016</td>
<td>All</td>
<td>All</td>
</tr>
</tbody>
</table>

*Relates to Community Health Improvement Plan  ** Relates to the Washtenaw County Public and Environmental Health Business Plan
10 Essential Public Health Services

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal healthcare workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

Source: APHA 2014©
**PHAB Domains**

1. Conduct and disseminate assessments focused on population health status and public health issues facing the community
2. Investigate health problems and environmental public health hazards to protect the community
3. Inform and educate about public health issues and functions
4. Engage the community to identify and address health problems
5. Develop public health policies and plans
6. Enforce public health laws
7. Promote strategies to improve access to health care services
8. Maintain a competent public health workforce
9. Evaluate and continuously improve health department processes, programs, and interventions
10. Contribute to and apply the evidence base of public health
11. Maintain administrative and management capacity
12. Maintain capacity to engage the public health governing entity

Source: PHAB [www.phaboard.org](http://www.phaboard.org) Version 1.0
Staff Participants for each session

**Session 1 May 13, 2014: Public Health Management Team**
Ellen Rabinowitz, Health Officer
Alice Penrose, Medical Director
Cindra James, Emergency Preparedness Administrator
Kristen Schweighoefer, Environmental Health Director
Jennifer Brassow, Finance Administrator
Sharon Sheldon, Health Promotion/Disease Prevention Manager
Julie Stafford, Senior Mgt Analyst

**Session 2 May 27, 2014: Supervisors and Managers Team**
Ellen Rabinowitz, Health Officer
Alice Penrose, Medical Director
Charles Wilson, HP/DP Supervisor
Cindra James, Emergency Preparedness Administrator
Kathy Webster, Nursing Supervisor
Cathy Wilczynski, Adult Health Supervisor
Sharon Sheldon, HP/DP Manager
Dave Dean, Rural Health Supervisor
Laura Bauman, Epidemiologist
Christina Katka, MIHP Supervisor
Jennifer Brassow, Finance Administrator
Angie Parsons, Health Educator
Susan Ringler-Cerniglia, Health Educator
Russ Obrien, Administration Assistant
### Public Health All Staff Strategic Planning
#### Learning Resource Center
#### June 23\(^{th}\), 2014

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>Katie Hensley</td>
<td>Sr. Fiscal Assistant</td>
<td>Finance</td>
</tr>
<tr>
<td>Lisa Stoll</td>
<td>Child Health Representative</td>
<td>MIHP</td>
</tr>
<tr>
<td>Russ O’Brien</td>
<td>Administration</td>
<td>Public Health</td>
</tr>
<tr>
<td>Jennifer Conn</td>
<td>Environmental Analyst</td>
<td>Environmental Health</td>
</tr>
<tr>
<td>Julie Stafford</td>
<td>Sr. Mgt. Analyst</td>
<td>Administration</td>
</tr>
<tr>
<td>Dionne Jackson</td>
<td>Hearing and Vision tech</td>
<td>Family Health</td>
</tr>
<tr>
<td>Pauline Lesser</td>
<td>On-Call Peer Counselor</td>
<td>WIC</td>
</tr>
<tr>
<td>Diana Brown</td>
<td>Clerk</td>
<td>Imms</td>
</tr>
<tr>
<td>Deb Thompson</td>
<td>Hearing and Vision tech</td>
<td>Family Health</td>
</tr>
<tr>
<td>Venuri Gamage</td>
<td>Hearing and Vision tech</td>
<td>Family Health</td>
</tr>
<tr>
<td>Angela Parinello</td>
<td>Enrollment &amp; Eligibility Specialist</td>
<td>WIC</td>
</tr>
<tr>
<td>Kathy Webster</td>
<td>Nursing Supervisor</td>
<td>Communicable Disease</td>
</tr>
<tr>
<td>Alice Penrose</td>
<td>Medical Director</td>
<td>Administration</td>
</tr>
<tr>
<td>Cathy Wilczynski</td>
<td>Adult Health Supervisor</td>
<td>Communicable Disease</td>
</tr>
<tr>
<td>Cindra James</td>
<td>Emergency Preparedness Administrator</td>
<td>Administration</td>
</tr>
<tr>
<td>Katherine Keppen</td>
<td>Nurse</td>
<td>Imms</td>
</tr>
<tr>
<td>Jennifer Ellsworth</td>
<td>Registered Dietician</td>
<td>WIC</td>
</tr>
<tr>
<td>Lily Guzman</td>
<td>HIP Coordinator</td>
<td>HP/DP</td>
</tr>
<tr>
<td>Melodie Tolbert</td>
<td>Hearing and Vision tech</td>
<td>Family Health</td>
</tr>
<tr>
<td>Lorie Friedman</td>
<td>Nurse</td>
<td>Imms</td>
</tr>
<tr>
<td>Christina Katka</td>
<td>MIHP Supervisor</td>
<td>Family Health</td>
</tr>
<tr>
<td>Amanda Ng</td>
<td>Health Educator</td>
<td>HP/DP</td>
</tr>
<tr>
<td>Kyle Murphy</td>
<td>Biologics Clerk</td>
<td>Adult Health</td>
</tr>
<tr>
<td>Leah Ewart</td>
<td>Public Health Intern</td>
<td>Community Health Assessment</td>
</tr>
<tr>
<td>Emilee Sweet</td>
<td>Nurse</td>
<td>Imms</td>
</tr>
<tr>
<td>DeBarah Borden</td>
<td>Tobacco Prevention</td>
<td>HP/DP</td>
</tr>
<tr>
<td>Alan Hauck</td>
<td>Program Administrator</td>
<td>Environmental Health</td>
</tr>
<tr>
<td>Paul Hauck</td>
<td>Sanitarian</td>
<td>Environmental Health</td>
</tr>
<tr>
<td>Name</td>
<td>Title</td>
<td>Division</td>
</tr>
<tr>
<td>-----------------</td>
<td>--------------------------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>Joel Underwood</td>
<td>Health Officer</td>
<td>Public Health Administration</td>
</tr>
<tr>
<td>Sharon Sheldon</td>
<td>Manager</td>
<td></td>
</tr>
<tr>
<td>Ellen Rabinowitz</td>
<td>Health Officer</td>
<td></td>
</tr>
<tr>
<td>Joel Underwood</td>
<td>breastfeeding Coordinator</td>
<td>WIC</td>
</tr>
<tr>
<td>Gayathri Akella</td>
<td>Sanitarian</td>
<td>Environmental Health</td>
</tr>
<tr>
<td>Kim Gebhard</td>
<td>Senior Sanitarian</td>
<td>Public Health</td>
</tr>
<tr>
<td>Todd Alcock</td>
<td>Senior Sanitarian</td>
<td>Environmental Health</td>
</tr>
<tr>
<td>Perrin Bowmann</td>
<td>Sanitarian</td>
<td>Environmental Health</td>
</tr>
<tr>
<td>Charles Wilson</td>
<td>Senior Sanitarian</td>
<td>Public Health</td>
</tr>
<tr>
<td>Susan Cerniglia</td>
<td>Health Educator</td>
<td>Environmental Health</td>
</tr>
<tr>
<td>Denise Bernbeck</td>
<td>Sr. Fiscal Assistant</td>
<td>Finance</td>
</tr>
<tr>
<td>Sheri Newlin</td>
<td>Nursing Director</td>
<td>Public Health</td>
</tr>
<tr>
<td>Jane Nicke</td>
<td>Sanitarian</td>
<td>Environmental Health</td>
</tr>
<tr>
<td>Jaclyn Bates</td>
<td>Senior Sanitarian</td>
<td>Environmental Health</td>
</tr>
<tr>
<td>Jeff Leighton</td>
<td>Communicable Disease Coordinator</td>
<td></td>
</tr>
<tr>
<td>Judy Gwozdek</td>
<td>Sanitarian</td>
<td>Environmental Health</td>
</tr>
<tr>
<td>Angela Parsons</td>
<td>Health Educator</td>
<td>STD/HIV</td>
</tr>
<tr>
<td>Heather Wolf</td>
<td>Environmental Health Director</td>
<td>Environmental Health</td>
</tr>
<tr>
<td>Kristen</td>
<td>Sanitarian</td>
<td>Environmental Health</td>
</tr>
<tr>
<td>Schwengerhofer</td>
<td>Adult Health Outreach</td>
<td>Environmental Health</td>
</tr>
<tr>
<td>Jonathan Pekkas</td>
<td>Solid Waste Coordinator</td>
<td>Environmental Health</td>
</tr>
<tr>
<td>Dan Moody</td>
<td>WIC supervisor</td>
<td>Administration</td>
</tr>
<tr>
<td>Beckey Gimbrey</td>
<td>Finance Administrator</td>
<td>Environmental Health</td>
</tr>
<tr>
<td>Jennifer Brassow</td>
<td>Sanitarian</td>
<td>Environmental Health</td>
</tr>
<tr>
<td>Carl Walczesky</td>
<td>Sanitarian</td>
<td>Environmental Health</td>
</tr>
<tr>
<td>Craig Hanton</td>
<td>Sanitarian</td>
<td>Environmental Health</td>
</tr>
<tr>
<td>Susana Arias</td>
<td>WIC Registered Dietician</td>
<td>Environmental Health</td>
</tr>
<tr>
<td>Name</td>
<td>Position</td>
<td>Department</td>
</tr>
<tr>
<td>--------------------</td>
<td>-----------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Randy Spaller</td>
<td>Sanitarian</td>
<td>Environmental Health</td>
</tr>
<tr>
<td>Bob Caldwell</td>
<td>Nurse</td>
<td>Imms</td>
</tr>
<tr>
<td>Martha Luna</td>
<td>Social Worker</td>
<td>Maternal Infant Health</td>
</tr>
<tr>
<td>Noelle Bowman</td>
<td>Solid Waste Program Specialist</td>
<td>Environmental Health</td>
</tr>
<tr>
<td>Tonya Peterson</td>
<td>WIC associate</td>
<td>Family Health</td>
</tr>
<tr>
<td>Mary McCloud</td>
<td>TB coordinator</td>
<td>Tuberculosis program</td>
</tr>
<tr>
<td>Tangie Hargrove</td>
<td>Customer Service</td>
<td>Environmental Health</td>
</tr>
<tr>
<td>Tonya Harwood</td>
<td>Customer Service Supervisor</td>
<td>Environmental Health</td>
</tr>
<tr>
<td>Christie Vantongeren</td>
<td>Social Worker</td>
<td>MIHP</td>
</tr>
<tr>
<td>Melissa Robinson</td>
<td>Customer Service Specialist</td>
<td>Environmental Health</td>
</tr>
<tr>
<td>Karen Manni</td>
<td>Nurse</td>
<td>Imms</td>
</tr>
<tr>
<td>Joy Hanzell</td>
<td>WIC Registered Dietician</td>
<td>WIC</td>
</tr>
<tr>
<td>Colleen Warner</td>
<td>Nurse</td>
<td>Children’s Special Health Care Services</td>
</tr>
<tr>
<td>Cindra James</td>
<td>Emergency Preparedness Coord.</td>
<td>Public Health</td>
</tr>
</tbody>
</table>

All sessions facilitated by Mary Kushion, Consultant
5. **SERVICE DELIVERY**

   a. Outline or list the LHD’s locations (including addresses), services, and hours of operation.

   **Health Department address:**
   555 Towner
   Ypsilanti, MI 48197-0915

   **Environmental Health address:**
   705 N. Zeeb Rd.
   Ann Arbor, MI 48107

   Hours of operation: Monday – Friday
   8:30am - 5:00pm

   **Washtenaw County Dental Clinic (operated by My Community Dental Centers) address:**
   111 N. Huron
   Ypsilanti, MI 48197

   Hours of operation: Monday - Wednesday 8:00 am - 4:30 pm
   Thursday 8:00 am – 5:30 pm
   Friday 8:00 am – 4:30 pm

   See Programs and Services Guide
Environmental Health Programs & Services
(734) 222-3800
www.washtenaw.org/envhealth

Body Art
Inspect body art facilities (tattoo, piercing, branding, permanent cosmetics) to ensure safety. Call to report unlicensed or unsanitary body art procedures.

Campgrounds
Inspect temporary and permanent campgrounds to ensure safe and sanitary conditions.

Day Care Inspections
Inspect facilities as requested by the Michigan Department of Health and Human Services to ensure a safe environment and safe water supply and sewage disposal.

Environmental Education
Conduct educational outreach on radon, food safety, recycling, water quality and more; coordinate issues of the Environment public radio program on 89.1 FM-WEMU.

Food Service Sanitation
Inspect food service establishments every 180 days; investigate foodborne illness reports; respond to food service establishment complaints; inspect temporary food establishments prior to serving food to the public. Call to report a foodborne illness or restaurant complaint.

Groundwater Monitoring
Partner with local governments and citizens to develop policies and strategies to address 1,4-dioxane and other groundwater contamination.

Housing Complaints
Investigate complaints and coordinate remediation of unsanitary housing and environmental conditions. Call to report these situations.

Onsite Sewage
Conduct soil evaluations to determine the suitability of onsite sewage treatment; issue sewage permits; train and certify sewage system installation and repair contractors and certified maintenance providers.

Onsite Water Supply
Issue well permits; monitor Type II water supply facilities to ensure safety and compliance.

Pollution Prevention
Inspect facilities that store, manufacture or use hazardous, toxic or polluting materials, ensuring that these substances are used and disposed of properly.

Radon Program
Supply kits to residents to test their homes for radon. Call or visit our office to purchase a radon kit.

Recreational Water
Inspect all public swimming pools annually; sample public swimming pools biweekly; sample and monitor public bathing beaches weekly during the summer.

Time of Sale Inspection
Review inspection reports to ensure properties being sold have functioning well and sewage systems; train and certify inspectors.

Water Testing Services
Supply water testing bottles to residents to test private wells for bacteria, arsenic and other contaminants. Visit our office to purchase testing bottles.

A Sanitarian inspecting a local restaurant to ensure food safety.
# Division Performance Management

## Quarter 4 Progress Report

Progress through Sept 30, 2018

Date: 1/8/2019

## Community Health Promotion

<table>
<thead>
<tr>
<th>Objective</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revise logo, implement standard templates (email signature, business cards, letterhead, presentations)</td>
<td></td>
</tr>
<tr>
<td>Develop and implement branding guidelines and materials review processes</td>
<td></td>
</tr>
<tr>
<td>Support information sharing across organization with updated communication procedures and improved systems for storytelling</td>
<td></td>
</tr>
<tr>
<td>Continue quarterly team meetings (division)</td>
<td></td>
</tr>
<tr>
<td>Develop and carry out 4 team building activities per year</td>
<td></td>
</tr>
</tbody>
</table>

## Community Health Services

<table>
<thead>
<tr>
<th>Objective</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase the number of clients seeking sexual health services at Washtenaw County Health Department by 15% to address increases in sexually transmitted diseases in Washtenaw County</td>
<td></td>
</tr>
<tr>
<td>Sexual Health Services will implement Data to Care programming surveillance resulting in 15% of Washtenaw County residents living with HIV and not in care be reconnected to care by January 31, 2019.</td>
<td></td>
</tr>
<tr>
<td>Public health nursing will provide immunizations a minimum of one time at each of the contracted partner agencies.</td>
<td></td>
</tr>
<tr>
<td>Increase the lead testing rate for children under 6 years of age by 20% by September 30, 2018</td>
<td></td>
</tr>
<tr>
<td>Conduct a minimum of 4 trainings identified by nursing staff as necessary for assuring competence in providing services across programs</td>
<td></td>
</tr>
<tr>
<td>Increase the number of children who receive appropriate medical follow up for an identified hearing problem to at least 50%</td>
<td></td>
</tr>
<tr>
<td>Assure that a minimum of 75% of enrollees/families with an annual Plan of Care (POC) developed by CSHCS nursing staff have quarterly review of the POC.</td>
<td></td>
</tr>
</tbody>
</table>

## Emergency Preparedness

<table>
<thead>
<tr>
<th>Objective</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete required “Whole Community Inclusion Plan.” (details to come from state.)</td>
<td></td>
</tr>
<tr>
<td>EP staff will develop 10 mini-exercises to train nurses and environmental health staff on their roles during public health emergencies.</td>
<td></td>
</tr>
<tr>
<td>Visit 10 senior facilities to discuss personal preparedness.</td>
<td></td>
</tr>
</tbody>
</table>

## Environmental Health

<table>
<thead>
<tr>
<th>Objective</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Each team schedules and holds one team retreat during FY 2018.</td>
<td></td>
</tr>
<tr>
<td>Team building exercises at 2 EH all staff meetings during FY 2018.</td>
<td></td>
</tr>
<tr>
<td>75% of staff attend one or more continuing education seminars during FY 2018</td>
<td></td>
</tr>
<tr>
<td>Interview CSS and Sanitarians who implement regulation to gather feedback on current process and suggestions for improvement</td>
<td></td>
</tr>
<tr>
<td>Interview regulated community to gather feedback on current process and suggestions for improvement.</td>
<td></td>
</tr>
<tr>
<td>Go to BOH and BOC to get updated language approved.</td>
<td></td>
</tr>
<tr>
<td>Review and update, as needed, major program processes.</td>
<td></td>
</tr>
<tr>
<td>Review current space needs and anticipated needs in light of Energov Software</td>
<td></td>
</tr>
<tr>
<td>Complete at least 1 QI project</td>
<td></td>
</tr>
<tr>
<td>SMART Objective</td>
<td>Key Performance Indicator</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>How do you want to achieve your goal?</td>
<td>A Key Performance Indicator (KPI) is a measurable value that demonstrates how effectively we are achieving key objectives.</td>
</tr>
<tr>
<td>Revise logo, implement standard templates (email signature, business cards, letterhead, presentations)</td>
<td>n/a</td>
</tr>
<tr>
<td>Develop and implement branding guidelines and materials review processes</td>
<td>n/a</td>
</tr>
<tr>
<td>Support information sharing across organization with updated communication procedures and improved systems for storytelling</td>
<td>n/a</td>
</tr>
<tr>
<td>Continue quarterly team meetings (division)</td>
<td>Number of division team meetings held per year</td>
</tr>
<tr>
<td>Develop and carry out 4 team building activities per year</td>
<td>Number of team building activities carried out per year</td>
</tr>
</tbody>
</table>
### SMART Objective: Increase number of clients seeking sexual health services at a clinic

**Key Performance Indicator (KPI):** Increase number of clients seeking sexual health services at a clinic by 25% to address the need for increasing awareness in sexually transmitted diseases in Washington County.

<table>
<thead>
<tr>
<th>Month</th>
<th>Number of clients seen</th>
<th>Target Value</th>
<th>QI Actual Value</th>
<th>QI Actual Value</th>
<th>QI Actual Value</th>
<th>QI Actual Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>1234</td>
<td>1567</td>
<td>1923</td>
<td>2456</td>
<td>2987</td>
<td>3512</td>
</tr>
</tbody>
</table>

**Progress Reporting:**
- **Q1:** Program has not started. Staff dedicated time last week.
- **Q2:** Q1 did not start. We need to prioritize the need and resources.
- **Q3:** Q2 did not start. We need to prioritize the need and resources.
- **Q4:** Q3 did not start. We need to prioritize the need and resources.

**QI Needed:**
- **Funding:** Increase in funds needed to support the program.
- **Staff:** Increase in staff needed to support the program.

**Responsibility:**
- **Jill Miller:** Responsible for program development.
- **Jane Doe:** Responsible for program implementation.
<table>
<thead>
<tr>
<th>SMART Objective</th>
<th>Key Performance Indicator</th>
<th>Baseline Value</th>
<th>Target Value</th>
<th>Q1 Actual Value</th>
<th>Q2 Actual Value</th>
<th>Q3 Actual Value</th>
<th>Q4 Actual Value</th>
<th>Progress Reporting</th>
<th>01 Needed?</th>
<th>Improvement Focus Area</th>
<th>Who will monitor and report performance?</th>
</tr>
</thead>
<tbody>
<tr>
<td>How do you want to achieve your goal? A Key Performance Indicator (KPI) is a measurable value that demonstrates how effectively we are achieving key objectives.</td>
<td>How have we done in the past? Where do we want to be? Progress toward target</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Narrative description of progress toward target</td>
<td>Y/N</td>
<td>Area to focus efforts; planned next steps</td>
<td>Who will monitor and report performance?</td>
</tr>
<tr>
<td>Complete required &quot;Whole Community Inclusion Plan.&quot; (details to come from state.)</td>
<td>Whole Community Inclusion Plan (details to come from state) adopted in 2016 Vulnerable Populations section in EP plan</td>
<td>1 Whole Community Inclusion plan complete</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Waiting for state information</td>
<td>5 yr plan to be given to state in Sept.</td>
<td>Cindra James</td>
<td></td>
</tr>
<tr>
<td>EP staff will develop 10 mini-exercises to train nurses and environmental health staff on their roles during public health emergencies.</td>
<td>Number of mini-exercises developed to train nurses and environmental health staff on their roles during public health emergencies</td>
<td>0</td>
<td>10 exercises developed</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2 exercises have been developed.</td>
<td>one of new interns projects</td>
<td>Cindra James</td>
<td></td>
</tr>
<tr>
<td>Visit 10 senior facilities to discuss personal preparedness.</td>
<td>Number of senior facilities visited to educate residents about personal preparedness</td>
<td>0</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Summer Intern will most likely tackle this</td>
<td>Summer interns weren't able to work on this due to their schedules.</td>
<td>Cindra James</td>
<td></td>
</tr>
<tr>
<td>SMART Objective</td>
<td>Key Performance Indicator</td>
<td>Baseline Value</td>
<td>Target Value</td>
<td>Q1 Actual Value</td>
<td>Q2 Actual Value</td>
<td>Q3 Actual Value</td>
<td>Q4 Actual Value</td>
<td>Progress Reporting</td>
<td>Q1 Tied to?</td>
<td>Improvement Focus Area</td>
<td>Responsible Person/Party</td>
</tr>
<tr>
<td>-----------------</td>
<td>---------------------------</td>
<td>----------------</td>
<td>--------------</td>
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<td>--------------------------</td>
</tr>
<tr>
<td>How do you want to achieve your goals?</td>
<td>A Key Performance Indicator (KPI) is a measurable value that demonstrates how effectively we are achieving key objectives.</td>
<td>How have we done in the past?</td>
<td>Progress toward target</td>
<td>Narrative description of progress toward target</td>
<td>Y/N</td>
<td>Area to focus on/plan next steps</td>
<td>Who will monitor and report performance?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>See Finance &amp; Budget Objectives/Information</td>
<td>Remains on track to implement FiveGov ITK in EH by 4/1/2019 (See Finance &amp; Budget objectives)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Each team schedules and holds one team retreat during FY 2018.</td>
<td>Number of programs that held at least one staff retreat</td>
<td>One team per year typically has retreat</td>
<td>3 retreats held by year-end</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>Staff reminder of retreats</td>
<td>5</td>
<td>Q1: '15 has been included in supervisors and admin workload for FY 2018</td>
<td>Kristen Schweighofer</td>
</tr>
<tr>
<td>Team building exercises at 2-3 EK all staff meetings during FY 2018.</td>
<td>Number of team building exercises held at EK all staff meetings</td>
<td>None</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>Q2: at January all staff a paired activity was done with a &quot;marching&quot; game for activity levels</td>
<td>Kristen Schweighofer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>75% of staff attend one or more continuing education seminars during FY 2018.</td>
<td>Percent of staff that attend one or more continuing education seminars</td>
<td>Not currently tracked</td>
<td>75%</td>
<td>7%</td>
<td>49%</td>
<td>76%</td>
<td>75%</td>
<td>Q1: 2/26; Q2: 12 (plus 2 item Q1 equals 14/29)</td>
<td>Kristen Schweighofer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pollution Prevention Regulation: Interview CSS and Sanitationists who implement regulation to gather feedback on current processes and suggestions for improvement</td>
<td></td>
<td>None</td>
<td>Meet w/ staff by Feb 28</td>
<td>2 meetings held by May-June</td>
<td>2 meetings held</td>
<td>Not completed</td>
<td>Not completed</td>
<td>Energy Training involves many of the same staff and has been 11 weeks during Q2 so far</td>
<td>Kristen Schweighofer, Dave Dean</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pollution Prevention Regulation: Go to BOH and BOC to get updated language approved</td>
<td>Updated P2 regulation language approved</td>
<td>Updated regulation by September 30</td>
<td>Not completed</td>
<td>Not completed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review and updates, as needed, major program processes.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review current space needs and anticipated needs in light of Energy Software</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete at least 1 Q1 project</td>
<td>Number of Q1 projects completed within EH programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- The table represents various SMART objectives and key performance indicators for a performance management system within the Washtenaw County Health Department. Each objective is tracked for progress, and updates are provided for the first quarter of the fiscal year (FY18). The table includes details on the progress made toward achieving these objectives, with specific metrics and notes on areas requiring focus or next steps.
# SMART Objective

- **How do you want to achieve your goal?**

  A key performance indicator (KPI) as a measurable value that demonstrates how effectively we are achieving key objectives.

- **Key Performance Indicator (KPI)**

  Progress toward target

- **Target Value**

  Narrative description of progress toward target

- **Progress Value**

  If/when Area to focus efforts, planned next steps

- **2. Measures**

  Who will monitor and report performance?

## Provide services to 8255 clients and bill/recover by 8255 by 1/1/18

| Number of unduplicated 8255 clients seen in SHS and Immunization clinics | 1 | 1
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Contract is in place with 8255. Waiting for contract with WellCare as soon as we can verify insurance. WellCare services were received on April 1, 2018. Training is scheduled for May 31, 2018 with appropriate staff. Effective May 25, 2018 we will be on track to bill 8255 for uninsured and sexual health services. Effective early August 2018 Hep A clients have been paid. There was no claim activity for Hep C. We began providing clinical services to Hep C clients effective 10/10/2018. Contract is in place with 8255. Waiting for contract with WellCare as soon as we can verify insurance. WellCare services were received on April 1, 2018. Training is scheduled for May 31, 2018 with appropriate staff. Effective May 25, 2018 we will be on track to bill 8255 for uninsured and sexual health services. Effective early August 2018 Hep A clients have been paid. There was no claim activity for Hep C. We began providing clinical services to Hep C clients effective 10/10/2018.</td>
<td>Jennifer Brassow</td>
<td></td>
</tr>
</tbody>
</table>

## Provide services to Medicare and bill/recover by Medicare by 1/1/18

| Number of unduplicated Medicare clients seen in SHS and Immunization clinics | 1 | 1
<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Application was re-submitted to Medicare April 2018. As of 8/19/2018 we have access to the Medicare REPOS system. Our fiscal is actively working the contract status update. No definite date for billing for immunizations services at this time. As of mid-October an extension was denied (again). The application was submitted (again) early November 2018.</td>
<td>Jennifer Brassow</td>
<td></td>
</tr>
</tbody>
</table>

## # clients/revenue 8255 per quarter

| Number of dollars billed to 8255 for services rendered SHS and Immunization clinic | 0 | 0
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Not initiated</td>
<td>Not initiated</td>
<td>Jennifer Brassow</td>
</tr>
</tbody>
</table>

## In order to provide immunization services offer, secure required contracts for all 10 priority community locations identified by Nursing Director.

| Number of contracts completed so services can be provided at priority community locations by WSHH nurses | 0 | 0
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. City of Killeen, Texas - Immunizations are being provided at additional community locations without a formal agreement (Starken Tower, Annex, Southfield Tower, Manchester Tower, Pitfield Tower, Main St Ventures, Ingram Hall). 2. City of Killeen for Hep A, dose 2 3. County Administration for Hep A</td>
<td>Jennifer Brassow</td>
<td></td>
</tr>
</tbody>
</table>

## Run paper through MURIS by 1/31/18

<table>
<thead>
<tr>
<th>Run paper through MURIS by 1/31/18</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan was successfully run through MURIS with pay ending 1/30/18.</td>
<td>Jennifer Brassow</td>
</tr>
</tbody>
</table>

## Develop FY19 budget in MURIS by 5/31/18

| Use existing templates | Budget module has not been rolled out to departments to use as of 12/31/2017. Budget module for project ledger will not be available for FY19 budget development per county administration. | Jennifer Brassow |

## Convert 39 Telamark workflows to EnerGx by 6/30/18.

| Number of Telamark workflows converted to EnerGx by 6/30/18 | 0 | 6
<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>EnerGx Development System has not been loaded into county servers as of 6/1/2018. As of 8/30/2017 2 cases types were created in EnerGx. As of 8/31/18 all case types have been created in EnerGx. Implementation date for software has been delayed to February 2020 due to peak construction season delays and access to key team members. Implementation date for software has been delayed to February 2020 due to peak construction season delays and access to key team members. As of 8/30/2018 6 workflows have been configured by EnerGx. EnerGx development will not be identified until 1st quarter 2019.</td>
<td>Jennifer Brassow</td>
<td></td>
</tr>
</tbody>
</table>

## Identify at least 5 process automations and implement within EnerGx software by 6/30/18.

| Number of process automations identified and implemented within EnerGx software by 6/30/18 | 0 | 5
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>23 automations identified. Table will work on configuring 17 and Washetna will work on configuring 5. Due to an implementation delay in EnerGx (Feb 2020) this has been delayed.</td>
<td>Jennifer Brassow</td>
<td></td>
</tr>
</tbody>
</table>

## EnerGx Implementation Project Team.

| Number of hours EnerGx Implementation Project Team members spend validating data conversion and/or completing User Acceptance Testing by 6/30/18. | 0 | 0
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>User acceptance training will not start until after 6/30/2018. User acceptance training was not scheduled to begin this year. User acceptance training will not occur until after 9/30/2018.</td>
<td>Jennifer Brassow</td>
<td></td>
</tr>
</tbody>
</table>

## 2. Measures

- **Who will monitor and report performance?**
<table>
<thead>
<tr>
<th>SMART Objective</th>
<th>Key Performance Indicator (KPI)</th>
<th>Baseline Value</th>
<th>Target Value</th>
<th>Q1 Actual Value</th>
<th>Q2 Actual Value</th>
<th>Q3 Actual Value</th>
<th>Q4 Actual Value</th>
<th>Progress Reporting</th>
<th>Q1 Needed</th>
<th>Improvement Focus Area</th>
<th>Responsibility Target/Party</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How do you want to achieve your goal?</strong></td>
<td>A Key Performance Indicator (KPI) that demonstrates how effectively we are achieving key objectives.</td>
<td>How have we done to the past?</td>
<td>Where do we want to be?</td>
<td>Progress toward target</td>
<td>Narrative description of progress toward target</td>
<td>Y/N</td>
<td>Area to focus efforts; planned next steps</td>
<td>Who will monitor and report performance?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Advocate that BOC approves annual budget for WC dental fund of at least $25,000.</strong></td>
<td>Amount allocated annually for Washtenaw County Dental Fund</td>
<td>$0 currently budgeted</td>
<td>$25,000 per year</td>
<td>$20,000 budgeted</td>
<td>Set to start May 15th</td>
<td>Starting in early July 2018</td>
<td>This will be an annual appropriation; less than we asked for, but ongoing. Delayed by discussions with MDCC.</td>
<td>N</td>
<td>Jennifer Brassow (Budget; Ruth Kraut (enrollments))</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Eliminate the WC dental fund waitlist.</strong></td>
<td>Number of people on WC Dental Fund wait list</td>
<td>50 people currently on waitlist</td>
<td>0</td>
<td>67 on waitlist as of 2/23/2018</td>
<td>90 on waitlist as of 5/10/2018</td>
<td>Will begin scaling in Q1.</td>
<td>All people on the list were called.</td>
<td>MDCC will not consider people with Medicaid spenddown (under 150% FPL) for their lowest-cost plans. We keep trying to discuss this with them.</td>
<td>N</td>
<td>Ruth Kraut</td>
<td></td>
</tr>
<tr>
<td><strong># of people who have utilized WC dental funds per year</strong></td>
<td>Number of people who have utilized WC dental funds</td>
<td>0</td>
<td>15</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>31 people currently enrolled</td>
<td>Starting in July 2018; Will simultaneously try to enroll people in the MDCC sliding fee scale program. Had hoped to have more enrolled by this time.</td>
<td>N</td>
<td>Ruth Kraut/WCPH Finance</td>
<td></td>
</tr>
<tr>
<td><strong>Manage a WHF Plan B for an average of 2000 members/month</strong></td>
<td>Number of members on the WHF Plan B</td>
<td>1750 average members/month</td>
<td>2000 average members/month</td>
<td>1775 enrolled 12/31/2017</td>
<td>1688 enrolled 3/31/2018</td>
<td>1755 enrolled 06/30/2018</td>
<td>1815 enrolled 09/30/2017</td>
<td>Renewal season is in Q1.</td>
<td>N</td>
<td>Ruth Kraut/Krista Nordberg</td>
<td></td>
</tr>
<tr>
<td><strong>Assist at least 2400 people annually with Medicaid applications</strong></td>
<td>Number of people assisted with Medicaid applications</td>
<td>2500 applications FY16</td>
<td>2400 applications per year</td>
<td>821</td>
<td>1618</td>
<td>2309</td>
<td>3046</td>
<td>625 new; 111 renewals. Working on tracking troubleshooting cases.</td>
<td>N</td>
<td>Ruth Kraut/Krista Nordberg</td>
<td></td>
</tr>
<tr>
<td><strong>Assist at least 300 people annually with Marketplace applications, including open enrollment and special enrollment periods</strong></td>
<td>Number of people assisted with Marketplace applications, including open enrollment and special enrollment periods</td>
<td>325</td>
<td>332 applications; 457 individuals</td>
<td>Accomplished in Q1 – Open enrollment: 332 applications; 457 individuals</td>
<td>N</td>
<td>Ruth Kraut/Krista Nordberg</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Post average of 12 blog posts per quarter to healthcarecounts.org</strong></td>
<td>Number of blog posts to healthcarecounts.org</td>
<td>12 per quarter</td>
<td>12 per quarter</td>
<td>12</td>
<td>5</td>
<td>8</td>
<td>5</td>
<td>12/quarter may be overly ambitious</td>
<td>N</td>
<td>Ruth Kraut/Meredith Bahals</td>
<td></td>
</tr>
<tr>
<td><strong>Track healthcarecounts.org # of users in the last 90 days</strong></td>
<td>Number of healthcarecounts.org users</td>
<td>33,000 users last 90 days</td>
<td>36,300 users</td>
<td>33,289 users</td>
<td>44,000 users</td>
<td>49,608 users</td>
<td>49,071 users</td>
<td>Visitors are over 2/3 female, over 60% under 45, over 60% using mobile to visit</td>
<td>N</td>
<td>Ruth Kraut/Meredith Bahals</td>
<td></td>
</tr>
<tr>
<td><strong>Track healthcarecounts.org sessions in the last 90 days</strong></td>
<td>Number of healthcarecounts.org sessions</td>
<td>37,000 sessions last 90 days</td>
<td>41,000 sessions</td>
<td>46,638 sessions</td>
<td>49,000 sessions</td>
<td>55,667 sessions</td>
<td>54,875 sessions</td>
<td>Because there have been so many changes (e.g., Medicaid work requirements, changes in Marketplace), have cancelled two workshops to date. Hoping things settle down a bit so we can give accurate information!</td>
<td>N</td>
<td>Ruth Kraut/Krista Nordberg</td>
<td></td>
</tr>
<tr>
<td><strong>Implement at least 4 trainings/year to social service providers on accessing health care.</strong></td>
<td>Number of trainings to social service providers on accessing healthcare</td>
<td>6 in FY17</td>
<td>4 trainings</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>Providing additional information to Kayla for distribution to all staff, but there is more we can do.</td>
<td>N</td>
<td>Ruth Kraut/Krista Nordberg</td>
<td></td>
</tr>
<tr>
<td><strong>QI Project: Educate WCPH staff on access to healthcare issues (see SP Direction 1)</strong></td>
<td>Number of QI projects complete QI Project: Educate WCPH staff on access to healthcare issues (see SP Direction 1):</td>
<td>Participate with Community Health Promotion work on improving this; information shared through various WCPH avenues</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>Discussed MA work requirements at all staff meeting</td>
<td>Have been very open to staff shadowing but there is more we can do.</td>
<td>Providing additional information to Kayla for distribution to all staff, but there is more we can do.</td>
<td>Y</td>
<td>Ruth Kraut/Krista Nordberg</td>
<td></td>
</tr>
</tbody>
</table>
6. **REPORTING AND EVALUATION**

   a. **Briefly describe the LHD’s efforts to evaluate its activities.**

   Evaluation of activities:

   - Customer satisfaction is measured through periodically surveying clients who have received or are receiving services through WCHD programs. Results are reviewed by managers and supervisors across programs annually.

   - At the environmental health services office, client comment cards are available at all times for customers to provide feedback.

   - The Strategic Plan is reviewed by HDLT on a quarterly basis and reviewed by the Board of Health annually to determine progress toward identified goals and objectives.

   - Comprehensive Agreement reporting requirements and financial performance targets are reviewed at program budget review meetings.

   - Quality assurance reviews are conducted in a number of program areas to determine compliance with program requirements and identify areas/processes that can be improved.

   - In 2015, WCHD implemented a performance management system. Nineteen performance improvement goals were identified in the areas of health status, preventive behaviors, service delivery, data and information systems, customer focus and satisfaction, human resource development, financial systems and management practices. A performance management plan was developed and includes a process for reporting progress, identification of focused quality improvement processes, staff roles and responsibilities and a plan review process. The process continues to be evaluated and improved.

   The plan has continued with a number of different measures. In 2016 and 2017 the performance measures focused on specific health related objectives including toddler weight, toddler immunizations, lead testing, radon test kits returned and number of dental clinic visits.

   In 2018 the focus changed slightly with each of the department’s five divisions as well as the Washtenaw Health Plan identifying measures specific to the work done in each division.
- Each staff member develops an individual workplan identifying professional goals they want to achieve. This workplan serves as a basis for their annual evaluation.

- The Prescription for Health Program uses pre and post questionnaires to evaluate the impact of the program and completes annual customer satisfaction surveys among participants.

- The Building Healthy Communities program uses evidence-based measurement tools, such as the System for Observing Play and Recreation in Communities (SOPARC) whenever applicable with its community projects.

See 2018 Division Performance Management Report

b. **Outline or list the LHD's mechanism to report on its activities to the community and its board or other governing entity.**

**Community Reporting** – Washtenaw County Health Department uses the following mechanisms to report on its activities to the community, stakeholders, Board of Health and Board of Commissioners:

- Annual Report
- Active social media accounts including Facebook, Twitter, YouTube, Next Door and partner accounts on Instagram
- (Healthcare Counts and Washtenaw Markets). Washtenaw County Health Department website, revised and updated in 2018, includes regular news features, staff directories and program information.
- Regular news releases and ongoing work with local and regional media outlets.
- Professional and public list-servs or sharing and disseminating community information or alerts.
- General email accounts for residents to direct inquiries or to send reports.
- Multimedia content, including short, original videos on relevant issues and information campaigns to highlight health issues, concerns or alerts.
- Health Officer routinely meets with the County Administrator
- Health Officer provides the Board of Commissioners with periodic updates as warranted or requested
- Health Officer attends the monthly Board of Health and Board of Commissioners meetings
- Staff members participate in or facilitate advisory groups, community coalitions and workgroups according to the areas of expertise and work.
“Washtenaw County Public Health’s work to support and promote health for everyone in our local community is at the forefront of public health achievement in the state and in the country. As the national accreditation board observed, we have outstanding partnerships in place, and ‘the trust and respect’ we have earned from a multitude of partners is ‘very evident.’”

FELICIA BRABEC
Chair, Washtenaw County Board of Commissioners
Member, Washtenaw County Board of Health
2015 HIGHLIGHTS

HEALTHY FOOD
Our community programs and partnerships, like Prescription for Health, helped 1,158 lower income residents eat more fruits, vegetables and healthy foods through health care providers, senior centers, farmers markets and healthy food distributions.

NATIONAL ACCREDITATION
Washtenaw County Public Health was awarded National Accreditation August 7, 2015 - becoming the 4th local health department in Michigan and one of only 79 in the nation to achieve this honor.

WASHTENAW COUNTY DENTAL CLINIC
The clinic served 1,528 adults and kids with 3,776 visits from February to December.

The Washtenaw County Dental Assistance Fund helped 100 residents without insurance pay for dental care.
2015 HIGHLIGHTS

PREVENTING DISEASE OUTBREAKS
Our nurses monitored 49 travelers returning to Washtenaw County from Ebola-affected areas, each for a period of 21 days. Fortunately, no travelers became ill with Ebola.

COMMUNITY HEALTH ASSESSMENT
Over 2,900 local residents participated in the 2015 survey! The Health Improvement Plan of Washtenaw County has led a countywide health survey every five years since 1995. Results at hlp.washtenaw.org.

CLEAN INDOOR AIR
The Washtenaw County Clean Indoor Air Regulation was amended to ban the use of electronic smoking devices in indoor public areas that are already smoke free and in county parks. Restaurants and bars are smoke free by state law and may opt to participate.
WASHTENAW COUNTY PUBLIC HEALTH
Your local public health department

Washtenaw County Public Health promotes health and works to prevent disease or injury in our community. Our mission is to assure, in partnership with the community, the conditions necessary for people to live healthy lives through prevention and protection programs.

When everyone is healthy, we all benefit.

Strategic Priorities 2016-2018

Ensure the **Washtenaw County Dental Clinic** reaches and serves low income residents

Lead health improvements prioritized in the **Washtenaw County Community Health Improvement Plan** under perinatal health, access to care and vaccine-preventable diseases

Focus on health equity

Be a **strong voice for public health**, secure resources to improve health for all and fully support staff in accomplishing excellent, efficient work
WASHTENAW COUNTY BOARD OF HEALTH

The ten-member Washtenaw County Board of Health was seated in January 2015. The Board of Health oversees our programs and services and advises the Washtenaw County Board of Commissioners on health issues, health priorities and potential solutions.

The Board of Health is quickly becoming a vocal advocate for public health. Actions in 2015 included a position statement in favor of training and equipping law enforcement and other non-medical responders with naloxone to reverse opioid overdoses and advocating to amend the Washtenaw County Clean Indoor Air Regulation to include e-cigarettes and other electronic devices.

4 quarterly updates on opioid and heroin overdoses in Washtenaw County
96 non-medical responders trained to use naloxone to reverse overdoses
11 lives saved by Washtenaw County Sheriff deputies using naloxone through early 2016

Board of Health Members:
(Left to right, in back) Richard Fleece, Kathleen Stroud, Felicia Brabec, Michael Miller, Bonita Neighbors and Neel Hajra.
(Left to right, front) Joanne Pohl, Jimena Loveluck and Peter Jacobson. Not pictured: James Carty
DATA, PARTNERSHIPS & BEST PRACTICES

Washtenaw County Public Health leads our local community health assessment process, called the Health Improvement Plan of Washtenaw County. The HIP partnership uses data, partnerships and evidence-based strategies to tell the story of our health and to focus improvements where they are most needed and can be most effective.

With this framework, Washtenaw County Public Health provides, or helps to provide, services that address health equity and improve the health of everyone in Washtenaw County.

The HIP survey is a valuable resource for the entire community. Explore at hip.ewashtenaw.org.

2015 HIP survey funding partners:
Washtenaw County Public Health,
Saint Joseph Mercy Health System,
University of Michigan Health System,
5 Healthy Towns, Michigan Institute
for Clinical and Health Research and
United Way of Washtenaw County.

“Washtenaw County ranks among
the healthiest counties in Michigan.
But, we continue to see health
disparities within our county,
depending on where residents live,
how much they earn, their race or
educational attainment. Our HIP
survey helps us see exactly where we
need to do more to improve health
and achieve equity.”
-Ellen Rabinowitz, Health Officer

Washtenaw County Dental Clinic
partners: Saint Joseph Mercy Health
System, Washtenaw County Public
Health, Washtenaw Health Plan and
My Community Dental Centers.
ENVIRONMENTAL HEALTH IS PUBLIC HEALTH

Our Environmental Health Division inspects restaurants and food service facilities, public pools and beaches, campgrounds, child care centers, facilities storing hazardous materials, well and septic systems and body art facilities. It also investigates foodborne illness complaints, offers water testing kits and provides environmental education.

Consultation on sanitation, groundwater contamination, mold, radon, pests and more is available.

322 soil evaluations
480 sewage permits
1,100 sewage inspections
539 well permits
1,100 well/septic evaluations
5,656 water tests

37 bed bug/pest complaints
40 mold complaints
1 illegal tattooing complaint
782 radon test kits
440 swimming pool inspections

3,254 restaurant inspections
10,197 food code violations
281 temporary food licenses
188 food-related complaints
PUBLIC HEALTH = PREVENT. PROMOTE. PROTECT.

"She has been the most unbelievable resource through my entire pregnancy and post. She is professional, punctual and goes far beyond my expectations of how a social worker might assist... even just listening when I feel like I am painted in a corner. I commend you for creating a space that allows her to do such a phenomenal job. I can't tell you how grateful I am."
- Client, Maternal Infant Health Program

1,844 Maternal Infant Health Program home visits to support healthy pregnancies and a healthy first year for babies

19,183 hearing screenings
26,413 vision screenings
nearly 2,000 referrals

975 Children's Special Health Care Services enrollees assisted with case management, care coordination and support

5,500 pregnant women, infants and kids up to age five received WIC foods and nutrition education each month

80% of WIC moms started breastfeeding, one of the highest rates in Michigan
3,639 doses of vaccine administered

834 vaccine education sessions with local parents and guardians

"They went out of their way to make a very painful time in my life just a little bit easier and gave me one less thing to stress over. Thank you from the bottom of my heart. You all rock!"
- Client, Sexual Health Services

PREVENTION IN ACTION

As the local public health department, we are responsible for the surveillance, investigation, prevention and control of infectious disease.

We ensure individuals get appropriate treatment. We also work to prevent new cases and to provide information to the community about health risks. Our nurses followed up on over 500 cases of reportable diseases in 2015. Local data at publichealth.ewashtenaw.org.

2,143 individuals accessed testing, treatment or partner notification though the Sexual Health Services program
713 HIV tests with counseling
90% of new HIV cases received care

299 animal bite/exposure reports
89 animals tested for rabies;
1 positive for rabies

6 new cases of tuberculosis
200 flu-related hospitalizations in 2015-2016
71 cases of pertussis (whooping cough)
21 disease clusters or outbreaks
PROMOTING & PROTECTING HEALTH WHERE WE LIVE, WORK, LEARN & PLAY

Programs and partnerships are in place to promote healthy eating, connect residents to community health resources and to respond quickly and appropriately in the event of a large-scale public health emergency.

Tested mass vaccination plans, worked with volunteers and promoted readiness with the University of Michigan School of Public Health

37 new organizations agreed to serve as "points of dispensing," if needed, for emergency medication

Our Emergency Preparedness program develops, tests and maintains emergency response plans. Trained employees, ready volunteers and informed community partners are essential to our capacity to prevent disease and injury during emergencies.

Register Now: SPH Biopreparedness Exercise

ARE YOU PREPARED?

PHOENICIUS POX
Saturday, MARCH 28, 2015
10AM-3PM @ the RPKE CENTER, U-M Campus

sph.umich.edu/biopreparedness

285 Prescription for Health participants in 2015; 89% of those surveyed reported managing a health condition better

Prescription for Health participants ate, on average, over 1/2 cup more of fruits and vegetables per day (n=157; p<.001)
FINANCIALS

Our operating budget was $13,249,228 for the fiscal year ending September 30, 2015. The charts reflect audited figures.

The "other" category in the expense chart includes grants, contracts for the Washtenaw County Medical Examiner and the Washtenaw Health Plan as well as the construction of the Washtenaw County Dental Clinic.

2015 Public Health Expenses

- Environmental Health: 27%
- Emergency Preparedness: 2%
- Clinical & Home Visiting Services: 25%
- Health Promotion Disease Prevention: 6%
- Communicable Disease: 10%
- Community Assessment: 3%
- Other Programs: 28%

2015 Public Health Revenue

- General Fund: 34%
- Federal & State Funding: 41%
- In-Kind: 1%
- Fees & Services: 22%
- Medicaid: 2%
Washtenaw County passed the Clean Indoor Air Regulation to prevent smoking at work sites and public places.

Rules and regulations for the disposal of sewage were approved.

1941: Washtenaw County received its first shipment of Salk polio vaccine for first and second graders; by 1966, there were no new cases of polio reported in the county.

1955: Washtenaw became the first county in Michigan to have a communications network between ambulances and hospitals.

1970: The first Health Improvement Plan (HIP) survey was completed. HIP improves health in Washtenaw County by facilitating partnerships, providing data, and developing strategies.

1995: Washtenaw County Public Health was awarded national accreditation from the Public Health Accreditation Board.

2003: Washtenaw County Public Health was awarded national accreditation from the Public Health Accreditation Board.

Washtenaw County Public Health, originally called the Washtenaw County Health Department, was established with six employees and an annual budget of $18,750.
**our mission**
To assure, in partnership with the community, the conditions necessary for people to live healthy lives through prevention and protection programs.

**our core values**
- We will emphasize prevention to keep our community healthy and safe.
- We will lead the development of effective public health interventions in partnership with the community.
- We will promote social justice and reduce inequities affecting the health of all in Washtenaw County.
- We will abide by ethical principles, take responsibility for our commitments, and use our resources wisely.

**our board**
The Washtenaw County Board of Health oversees our programs and services and advises the Washtenaw County Board of Commissioners on health issues, health priorities, and potential solutions. In 2016, they took action to support equity in the county, LGBTQ safe and supportive learning environments, Tobacco 21, the Affordable Care Act, and preserving local public health authorities and powers.

**HEALTH EQUITY AND COMMUNITY VOICE**
Where we live, our access to health care and healthy food, and our educational and employment opportunities affect how healthy we are. These "social determinants of health" are not fairly distributed within our communities. We are working to expand the definition of health to address these social, economic, and environmental inequities in order to support health for everyone in Washtenaw County.

During the summer of 2016, we used our own Health Improvement Plan (HIP) and Encuesta Buenos Vecinos data, in addition to other quantitative and qualitative resources, to identify communities that experience systemic, avoidable, and unjust differences in health status and mortality rates. In community conversations, Washtenaw County Public Health staff and community members built relationships while discussing local data and health priorities. Thanks to a partnership with the Ann Arbor Area Community Foundation, mini-grants were provided for residents to implement projects that will make their communities healthier places to live, work, and play.

**2016 HIGHLIGHTS**
Community leaders led conversations in the Latino community, the South of Michigan Avenue neighborhood in Ypsilanti, West Willow, and Whitmore Lake. Left to Right: Felipe Riaño, Cherisa Allen, Jo Ann McCollum, and Marta Larson.
THIS IS PUBLIC HEALTH

**Washtenaw County Dental Clinic**
- 2,538 patients
- 6,579 patient visits

Thanks to our partners, My Community Dental Centers, Saint Joseph Mercy Health System, the Washtenaw Health Plan, and Washtenaw County!

**Animal Bite Investigations**
- 299 investigations

**80 Animals Tested for Rabies**
- 2 tested positive
  - (1 bat, 1 skunk)

**45,911 Hearing and Vision Screenings**
- + 2,870 Referrals

**Emergency Preparedness**

We tested the continuity of operation plans and a new antibiotic dispensing model, worked with seniors to promote individual preparedness, and partnered with University of Michigan School of Public Health students on environmental health and climate change.

**5,725** pregnant women, infants, and children up to age five received food and nutrition education each month through WIC.
- 81% of moms started breastfeeding.

**1,875** Maternal Infant Health Program home visits done to support healthy pregnancies and a healthy first year for babies.

**1,042** Children's Special Health Care Services enrollees were assisted with case management, care coordination, and support.

**2,967 Immunizations**

**600 TB Tests**
- We started lead blood testing in April 2016.
- No children tested had lead poisoning.

**641 HIV Screenings**
- for 585 patients

**1,044 STD Visits**
- for 741 patients

**189 Lead Tests**

**38 households, on average, were provided with free, healthy groceries every month during Healthy Food Distributions done in partnership with Food Gatherers.**

**$2,958** of coupons were redeemed at farmers markets by 179 Senior Project FRESH participants.

Building Healthy Communities supported healthy food changes at 8 city and county parks, 9 pantries in partnership with Food Gatherers, and at the Washtenaw County Children's Services.

$21,385 was spent on fruits and vegetables at farmers markets by 336 Prescription for Health participants thanks to our partnerships with 12 health clinics and social service organizations and funding from Saint Joseph Mercy Health System and other partners.
ENVIRONMENTAL HEALTH IS PUBLIC HEALTH

527 Radon Test Kits
We distributed 527 home radon test kits in 2016. 30% of tests conducted in the county had elevated radon results.

458 Swimming Pool Inspections

234 Pollution Prevention Inspections

421 Sewage Permits

1,000+ Sewage Inspections

500+ Well Permits

1,100 Well and Septic Evaluations

6,000 Water Tests

3,245 Restaurant Inspections

8,104 Food Code Violations

281 Temporary Food Licenses

221 Food-Related Complaints

29 Foodborne Illnesses

18 Body Art Facility Inspections

169 Housing Complaints (mold, bed bugs, unsanitary conditions, standing water, trash)

343 Soil Evaluations
Soil evaluations are done for new and replacement septic systems.

3 Restaurant Inspections with Zero Violations Cited

Food service establishments are inspected once every six months. Search for the inspection reports of your favorite restaurants anytime on our website.
URGENT AND EMERGENT ISSUES

We worked actively to resolve a well contamination case at a county elementary school.

Hepatitis A
Food sanitarians assisted the state in identifying food service establishments that may have received strawberries contaminated with Hepatitis A and ensured the berries were no longer available for consumption.

We worked closely with homeowners in a new housing development to track, assess, and address an elevated arsenic issue in well water.

We worked with the Michigan Department of Agriculture and Rural Development to investigate and mitigate a food manufacturer that had elevated lead levels in the water they used to prepare food.

Followed up on over 600 cases of Reportable Diseases and 35 Disease Clusters

Lyme Disease
During the summer of 2016, a Washtenaw resident who had not traveled outside of the county was diagnosed with Lyme disease. Until then, local cases of Lyme disease had been attributed to travel to west Michigan or other states. Of the 17 cases of Lyme in Washtenaw residents in 2016, four were likely exposed within the county.

Opioid Surveillance
We published five opioid reports in 2016, providing timely information on opioid-related overdoses and deaths. There were 59 opioid-related deaths in Washtenaw County residents in 2016, a two-fold increase since 2011. The median age of opioid-related death among females dropped by 14 years during these same five years. All law enforcement agencies in the county are now trained to carry naloxone, a medication that rapidly reverses opioid overdoses.

MEASLES CONTROL

MEASLES CONTROL

On the evening of October 13, 2016, a case of measles was reported to Washtenaw County Public Health. Our nurses, epidemiology team and communications team worked relentlessly for weeks to contain the local measles outbreak to a single patient.

In coordination with Michigan Medicine, we confirmed the case of measles, identified and notified individuals at risk of exposure, secured access to the Measles, Mumps, and Rubella vaccine and immunoglobulin therapy, and provided information to the public and the media. Our nurses contacted and monitored over 50 individuals who were potentially exposed to the case. This case, and our vaccination messages, received a large amount of coverage from local and regional news outlets. Thankfully, no new cases of measles were identified. If Washtenaw County Public Health had not responded so quickly and aggressively to this local measles case, a deadly outbreak could have occurred.

Local data on reportable diseases is available on our website.
1,4-DIOXANE

Since the 1,4-dioxane groundwater plume under parts of Scio Township and western Ann Arbor was discovered over 30 years ago, Washtenaw County Public Health (WCPH) has assisted state authorities with monitoring the plume and providing information to the public. In 2016, 1,4-dioxane was found in shallow groundwater in Ann Arbor, highlighting a potential new exposure pathway if contaminated groundwater were to enter resident basements. WCPH continued to support monitoring of the situation and provide information to residents. We also took legal action.

Our Environmental Health Division started off the year by providing updates about the contamination to our Board of Health and residents who occupy or own properties in Washtenaw County with drinking water wells that have had a past detection of 1,4-dioxane. Information was also shared at town hall meetings organized by State Representative Jeff Irwin and Ann Arbor Council Member Chuck Warpehoski.

We also worked with local partners to take legal steps toward protecting the health of residents. Ann Arbor Township, Scio Township, and the Sierra Club of Huron Valley petitioned to make the contamination an EPA SuperFund site. Governor Snyder signed an emergency order lowering the residential drinking water cleanup criterion from 85 parts per billion (ppb) to 7.2 ppb. Finally, WCPH, along with the City of Ann Arbor, Scio Township and the Huron River Watershed Council, filed motions to join the lawsuit between the Michigan Department of Environmental Quality and Gelman Sciences Inc., the responsible party for the contamination. The motions were granted, allowing us the opportunity to intervene in court to better protect the health of Washtenaw County residents.

“As the local public health authority, it is critical for us to be involved in these decisions moving forward. We have new rules in place in Michigan with regard to 1,4-dioxane, and we’re looking forward to seeing these used to clean up the contamination and to fully protect our residents’ health.”

- Ellen Rabinowitz, Health Officer

WORKING TOGETHER FOR HEALTH

Zika Virus outbreaks occurred in multiple countries. We coordinated 113 Zika tests in Washtenaw. Three travel-associated cases were discovered. There were no locally-acquired cases. We conducted surveillance and found no evidence of the type of mosquito that carries Zika in Washtenaw County.

Tobacco 21 was passed in Ann Arbor, increasing the minimum age of legal access to tobacco products from 18 to 21. We worked with community partners to share information, support, and testify for the legislation. Needham, MA was the first city to pass a Tobacco 21 policy and saw the prevalence of youth smoking cut in half in five years.

Intentional Food Contamination occurred in several grocery stores in Ann Arbor when a man sprayed diluted rat poison on ready-to-eat foods. State and federal partners, including the FBI, were involved in the investigation. Washtenaw County Public Health provided public information, answered questions from the public, and reviewed foodborne illness reports for possible connections. Fortunately, no negative health impacts were discovered.

We worked with local, state and federal officials to investigate Vapor Intrusion of dry cleaning chemicals from groundwater to indoor air in an Ann Arbor neighborhood next to Armen Dry Cleaners. A vapor mitigation system was installed in one building to reduce resident exposure to the chemicals.
Our operating budget was $12,410,358 for the fiscal year ending September 30, 2016. These charts reflect audited figures. The "other" category in the expense chart includes agreements for the Washtenaw County Medical Examiner, Washtenaw Health Plan, Washtenaw County Dental Clinic, and Medicaid Outreach and Advocacy.

"I finally feel like I have someone who truly cares about my children's medical needs. It can be stressful dealing with chronic illness when you have questions, or have trouble getting prescriptions filled or medical supplies. Having informed, caring people involved makes it a little easier."
- Parent of a Children's Special Health Care Services enrollee
We are grateful for strong partnerships and community leaders who make Washtenaw County a healthier place to live, work, and play.
WE ARE
PUBLIC
HEALTH
CONTACT US

Washtenaw County Dental Clinic
Saint Joseph Mercy Haab Health Building
111 North Huron Street
Ypsilanti, MI 48197
Phone: 734-480-4250
Registration/after hours: 877-313-6232
www.ewashtenaw.org/smile

Washtenaw County Public Health
Human Services Building
555 Towner Street
Ypsilanti, MI 48198
Phone: 734-544-6700
Fax: 734-544-6705
publichealth.ewashtenaw.org

Environmental Health Division
Western Service Center
705 North Zeeb Road
Ann Arbor, MI 48103
Phone: 734-222-3800
Fax: 734-222-3930
environmentalhealth.ewashtenaw.org

CONNECT WITH US

@wcpublichealth
Our Mission
To assure, in partnership with the community, the conditions necessary for people to live healthy lives through prevention and protection programs

Our Vision
A healthy community in which every resident enjoys the best possible state of health and well-being

Our Core Values
- We will emphasize prevention to keep our community healthy and safe
- We will lead the development of effective public health interventions in partnership with the community
- We will promote social justice and reduce inequities affecting the health of all in Washtenaw County
- We will abide by ethical principles, take responsibility for our commitments, and use our resources wisely

Our Strategic Directions
- Improve the Health of all Washtenaw County Residents
- Center Equity in Decision-Making
- Advocate for Policies & Resources
- Support Staff & Build a Strong Foundation

Our Board
The Washtenaw County Board of Health oversees our programs and services and advises the Washtenaw County Board of Commissioners on health issues, health priorities, and potential solutions. In 2017, they took action to oppose the repeal of the Affordable Care Act, support the adoption of an Equity Ordinance for Washtenaw County, and modernize HIV criminalization law.
2017
Environmental Health Impact

1,839 Mosquitoes Captured & Identified
4,285 Sewage Permits
458 Swimming Pool Inspections
1,480 Radon Test Kits Distributed
177 Housing Complaints

3,161 Restaurant Inspections
2,622 Pollution Prevention Inspections
6 Body Art Facility Inspections

79 Homes with Arsenic Mitigated
1,244 Time of Sale reports for septic systems and wells

109 Day Care Inspection Requests

Water Tests
Urgent & Emergent Issues

Hepatitis A
Washtenaw County officially joined a southeastern Michigan hepatitis A outbreak in October 2017 when a local restaurant worker was diagnosed with the disease. Through the rest of the year, the department:

- Shared information about risks
- Provided vaccination to nearly 1,400 adults
- Made vaccination widely available throughout the county (nearly 5,000 doses of vaccine were given to Washtenaw adults between Oct. 1 and Dec. 31 (Michigan Care Improvement Registry))
- Investigated each case of hepatitis A and contacted anyone who may have been exposed

Twelve cases of hepatitis A were reported in Washtenaw County adults in 2017, compared to one case in each 2016 and 2015.

Opioids
With 68 opioid overdose deaths, 2017 was the deadliest year on record for opioid deaths in Washtenaw County. The total number of overdoses were also a third higher in 2017 than 2016, with 6.5 overdoses each week.

The Washtenaw County Health Department monitors opioid deaths and Emergency Department admissions closely, provides regular reports with timely information, and works with community partners to connect residents to resources and start to address the dramatic increase of opioid overdoses and deaths.

1,4 Dioxane
In 2017, the Washtenaw County Health Department continued to sample drinking water wells, participate in court negotiations, and provide information to the public about the 1,4-dioxane groundwater plume under parts of Scio Township and western Ann Arbor. The Michigan Department of Environmental Quality officially implemented a revised residential drinking water criteria of 7.2 ppb (previously 85 ppb) in October.

Youth Suicide
Suicide attempts and suicide completions, especially among young people, are of growing concern in Washtenaw County. The Washtenaw County Health Department, along with Washtenaw County Community Mental Health and other community agencies and partners are working together to monitor and address both suicide attempts and completions with the goal of reversing this trend in Washtenaw County.

In February 2017, the Health Department and community partners held a town hall to address these concerns, which was attended by nearly 100 community members and health professionals.

Budding from discussions at the town hall, a new support group for parents of children with suicidal thoughts and behaviors was created.

Suicide Completions by Age Group 2009-2017
Washtenaw County Residents
Source: Washtenaw County Medical Examiner & Washtenaw County Health Department
All Are Welcome Here

The Washtenaw County Health Department launched an “All Are Welcome Here” campaign in the beginning of 2017 to make sure everyone knew it was safe to walk through our doors and participate in our services. Messaging in seven languages stayed up throughout our buildings all year to affirm that all are welcome. We also distributed the posters to many other county buildings and community partners.

The campaign started after national rhetoric, actions, and policies made many immigrant community members feel unsafe, especially in public and government spaces. Washtenaw County Health Department’s mission is to assure, in partnership with the community, a healthy community in which every resident enjoys the best possible state of health and well-being. This goal is impossible to reach if we are unable to serve every member of the Washtenaw County community, especially those who are most marginalized.

Where someone is born, where they live within the county or their race should not determine their ability to live a healthy, productive life.

"We live in Washtenaw County with a puny amount of sunshine, long winters, and crappy roads. This kind of proactive, supportive action by people devoted to public service is one reason I will likely never leave this area. These people bring the warmth of sun to the soul of our community. Thank you all for your dedication and courage."
- Washtenaw County resident

Client Stories

Even after receiving multiple shots and blood tests, Deena Hawasli was smiling after her appointment with the Washtenaw County Health Department’s immunization program.

"The staff was just all very friendly and happy," she said. "Usually, other similar environments are very stressful. Here they’re very, very sweet and paid attention to everything I asked and everything I needed. I felt very comfortable here. I felt welcomed. I definitely recommend this place to people who need immunizations or other tests for school, work, or anything else."

"His dedication to the patients and families in his care is the highest I have witnessed in health care."
- Parent of a Children’s Special Health Care Services (CSHCS) enrollee about their CSHCS nurse

“You never in 1,000 years think you’re going to find a rabies positive bat in your yard," said Rose Jerome, a Dexter resident. "But I couldn’t have asked for a better experience in a bad time. [Communicable Disease Coordinator] Judy [Gwozdek] was always available and supportive. Through the whole process, she was there guiding us through it."

Jerome’s son received post-exposure prophylaxis for rabies and their puppy was vaccinated and quarantined.
Wise Choices
The Washtenaw County Health Department launched Wise Choices in late 2017 to help people make small, healthy changes in their lives.

"Wise Choices is a great opportunity," says Ariane Reister, health educator. "It's not eliminating a doctor's visit, but supporting it. Participants get free health screenings and coaching by our fabulous public health nursing staff."

Wise Choices is funded by the Centers for Disease Control and Prevention (CDC) through the State of Michigan.

Community Leadership

In 2017, the Washtenaw County Health Department published a Health Equity and Community Voice report that documented health concerns expressed by residents in four focal communities: Whitmore Lake, West Willow, Latinx Community, and South of Michigan Avenue in Ypsilanti. Using data from a number of sources, the department identified two additional communities – MacArthur Blvd in Superior Township and Ypsilanti Youth – where unjust health disparities exist and where more community engagement was needed.

In partnership with residents and leaders from each of these communities, the Health Department began forming a leadership team to collaboratively create a new planning process that will be focused on action and accountability for addressing health inequities.

Thanks to funding provided by a group of agency and health system partners (Washtenaw Area Transportation Study, Saint Joseph Mercy Health System, Washtenaw County Parks and Recreation Commission, United Way, and Ypsilanti Area Community Fund), community leaders are working with the Health Department to implement short-term action projects in their communities, while engaging in long-term planning for health improvement.

Welcome, Jimena!
Jimena Loveluck, MSW came to us as our new deputy health officer in late 2017. Loveluck brings 25 years of public health experience and extensive knowledge in health promotion, community engagement, and combating health disparities.

Our Identity
Logo and branding are often the public’s first impression of an organization. That's why we began a logo and branding update process in 2017. Prior to the update, everything we published had a different look – meaning the public wasn’t able to make connections between our diverse array of programs and services.

Designing a new logo, creating a new tagline and developing branding guidelines and templates has helped us create a consistent brand and better communicate who we are.

With redoing our logo also came the unique opportunity to recommit to the name that the public, the State, media outlets and many others have always referred to us as - Washtenaw County Health Department.
FINANCIALS

2017 Revenue

- General Fund: 31.8%
- Federal and State Funding: 43%
- Fees and Services: 22.7%
- In-Kind: 0.8%
- Medicaid: 1.6%
- Environmental Health: 27.8%

2017 Expenses

- Community Health Services: 36.5%
- Community Health Promotion: 10.7%
- Community Assessment: 3.2%
- Other Programs: 19.9%
- Emergency Preparedness: 1.9%

Our operating budget was $13,775,547 for the fiscal year ending September 30, 2017.

These charts reflect audited figures. "Other programs" include agreements for the Washtenaw County Medical Examiner, Washtenaw Health Plan, Washtenaw County Dental Clinic, and Medicaid Outreach and Advocacy.

Getting to the Heart of the Matter

Together we're making community changes that help people eat more fruits and vegetables, be more physically active, or take better care of themselves by quitting smoking or managing a chronic health condition. Thanks to the Michigan Department of Health and Human Services' Getting to the Heart of the Matter program and our partners: Ecology Center, Food Gatherers, Livingston County Health Department, Michigan Primary Care Association, National Kidney Foundation of Michigan, Saint Joseph Mercy Ann Arbor, and residents and leaders of the Latinx community, Southside Ypsilanti, Whitmore Lake, and West Willow.
CONTACT US

Washtenaw County Dental Clinic
Haab Health Building
111 North Huron Street
Ypsilanti, MI 48197
Phone: 734-480-4250
Register: 877-313-6232
washtenaw.org/smile

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Phone: 734-222-3800
Fax: 734-222-3930
washtenaw.org/envhealth

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A RESOLUTION APPROVING THE APPOINTMENT OF ELLEN RABINOWITZ, M.U.P., AS HEALTH OFFICER FOR THE PUBLIC HEALTH DEPARTMENT EFFECTIVE MAY 19, 2014

WASHTENAW COUNTY BOARD OF COMMISSIONERS

May 7, 2014

WHEREAS, the Public Health Department was headed by Richard Fleece from May 2009 until December 28, 2013, when he retired; and

WHEREAS, Ellen Rabinowitz has served as the Interim Health Officer since November 18, 2013; and

WHEREAS, the Public Health Code, PA 368 of 1978 MCL 333.2428 requires that Health Officer appointments be made by the local governing entity, in this case the Board of Commissioners; and

WHEREAS, prior to final appointment, the Michigan Department of Community Health must approve the qualifications of the Health Officer as established by law; and

WHEREAS, Ellen Rabinowitz has 18 years of experience in public health administering a broad range of public health programs, including 11 years as the Executive Director of the Washtenaw Health Plan; and

WHEREAS, Ellen Rabinowitz fully meets the state requirement for local Health Officer; and

WHEREAS, the County Administrator recommends the appointment of Ellen Rabinowitz as Health Officer at an annual salary of $126,098.64; and

WHEREAS, this matter has been reviewed by Corporation Counsel, the Finance Department, Human Resources, and the County Administrator's Office

NOW THEREFORE BE IT RESOLVED that the Washtenaw County Board of Commissioners hereby approves the appointment of Ellen Rabinowitz as Health Officer effective May 19, 2014 subject to the approval of qualifications by the Michigan Department of Community Health.
TO: Yousef Rabhi, Chair  
Board of Commissioners

FROM: Verna J. McDaniel  
County Administrator

DATE: May 7, 2014

SUBJECT: Appointment of Ellen Rabinowitz as Health Officer for Public Health

BOARD ACTION REQUESTED:
It is requested that the Board of Commissioners appoint Ellen Rabinowitz as the Health Officer for Public Health effective May 19, 2014, at an annual salary of $126,098.64.

BACKGROUND:
Effective December 2013, the former Administrative Health Officer for Public Health, Richard Fleece resigned. Ellen Rabinowitz was appointed as the Interim Health Officer on November 18, 2013.

DISCUSSION:
The Public Health Code sets forth requirements for the qualifications of a Public Health Officer and procedures for the approval of such appointments as follows:

"A local health department shall have a full-time local health officer appointed by the local governing entity [in this case that is the Board of Commissioners]. The local health officer shall possess professional qualifications for administration of a local health department as prescribed by the department."

One prescribed option for meeting the qualifications is to possess a bachelor's degree and 8 years of full-time experience, 5 years of which shall have been in the administration of a broad range of public health programs.

Ellen Rabinowitz has worked in the Public Health Department since 1996. Based on Ms. Rabinowitz’s qualifications and years of experience overseeing a broad range of programs, including working with boards, budgets and supervision of staff, she is the preferred candidate to lead the Public Health Department. As required by the Public Health Code, the state Department of Community Health must approve all Health
Officer appointments. Therefore this action is contingent upon their approval which can take up to 30 days.

**IMPACT ON HUMAN RESOURCES:**
None

**IMPACT ON BUDGET:**
Savings of $30,266 in personnel costs due to the 80% Public Health/20% WHP position split.

**IMPACT ON INDIRECT COSTS:**
None

**IMPACT ON OTHER COUNTY DEPARTMENTS OR OUTSIDE AGENCIES:**
None

**CONFORMITY TO COUNTY POLICIES:**
County policy would allow the County Administrator to make this appointment. However, state law requires that the Board of Commissioners be the final appointing body for Public Health Officer.

**ATTACHMENTS /APPENDICES:**
Ellen Rabinowitz's Resume
7. **HEALTH OFFICER AND MEDICAL DIRECTOR**

a. **Outline the LHD procedure for the appointment of a Health Officer and Medical Director**

In the event of a vacancy for either the Health Officer (HO) or Medical Director (MD) WCPH would follow the procedure outlined below:

- Health Officer notifies County Administrator and MDHHS Office of Local Health Services of imminent vacancy.

- For Health Officer, County Administrator and County Human Resources Office establish hiring committee and initiate search for appropriate candidates. For Medical Director, Health Officer establishes hiring committee and initiates search for candidates.

- Review of position qualifications in consultation with MDHHS, Office of Local Health Services and established Washtenaw County position description.

- Position advertised and applications received.

- Applications reviewed by hiring committee.

- Interviews occur and new hire selected pending positive completion of next steps.

- Credentialing and reference checks completed.

- Submit recommended applicant to MDHHS Office of Local Health Services for review and approval.

- Appointment of HO or MD confirmed by Board of Commissioners.

Jessie Marshall was approved as the Medical Director by the Washtenaw County Board of Commissioners on June 1, 2016. A formal letter from the Michigan Department of Health and Human Services dated June 10, 2016 was received by the Health Officer approving Dr. Marshall as Medical Director for Washtenaw County. Dr. Marshall began her tenure as Medical Director on July 11, 2016.

Ellen Rabinowitz was approved as the Health Office by the Washtenaw County Board of Commissioners on May 7th 2014. This appointment was approved by MDHHS as documented in a letter to Verna McDaniel, Washtenaw County Administrator from Mikelle Robinson, Acting Senior Deputy Director, Public Health Administration on May 12, 2014.
b. Contains correspondence, such as a letter, memorandum, or other statement, from the Michigan Department of Community Health (MDCH) approving qualifications of the Health Officer and Medical Director.

See cover memos and resolution
May 12, 2014

Verna J. McDaniel
Administrator
Washtenaw County
220 N. Main Street, Box 8645
Ann Arbor MI 48107-8645

Dear Ms. McDaniel:

We received documentation requesting approval of the appointment of Ellen Rabinowitz as the Health Officer for the Washtenaw County Health Department.

After reviewing the Board of Commission meeting minutes and other credentials regarding Ms. Rabinowitz, I approve the appointment and recognize Ms. Rabinowitz as the Washtenaw County Health Officer, in accordance with the Michigan Public Health Code and the State Administrative Rules.

I look forward to continuing the positive working relationship between the Washtenaw County Health Department and the Michigan Department of Community Health. If any of the above changes, please contact Mark Miller, Director, Local Health Services, at (517) 335-9829 or by email at millerm1@micigan.gov

Sincerely,

Mikelle Robinson
Acting Senior Deputy Director
Public Health Administration

cc: Ellen Rabinowitz
June 10, 2016

Ellen Rabinowitz
Health Officer
Washtenaw County Public Health Department
555 Towne Avenue
P.O. Box 915
Ypsilanti, MI 48197-0915

Dear Health Officer Rabinowitz:

We have received correspondence requesting approval for the appointment of Jessie Marshall, MD, MPH, as the Medical Director for Washtenaw County Public Health. I am approving the appointment, effective June 10, 2016.

We look forward to continuing our working relationship with the Washtenaw County Public Health Department.

If you require further assistance, please contact Orlando Todd, Director, Office of Local Health Services, at (517) 284-4030 or email at toddo@michigan.gov.

Sincerely,

Susan Moran, MPH
Senior Deputy Director
Population Health and Community Services Administration

SM:lc

c: Office of Local Health Services
   Ellen Rabinowitz
   Jessie Marshall, MD, MPH
A RESOLUTION APPROVING THE CONTRACT BETWEEN WASHTENAW COUNTY AND THE UNIVERSITY OF MICHIGAN HEALTH SYSTEMS FOR DR. JESSIE MARSHALL TO PROVIDE MEDICAL DIRECTOR SERVICES FOR PUBLIC HEALTH EFFECTIVE JULY 11, 2016

WASHTENAW COUNTY BOARD OF COMMISSIONERS

June 1, 2016

WHEREAS the Public Health Medical Director (Position #3429 0001) is vacant; and

WHEREAS State Law (PA368 of 1978) and Administrative Rule (325.13001) requires a full time Medical Director (not less than 32 hours per week) for Counties over 150,000 in population; and

WHEREAS Administrative Rules require a Public Health Medical Director to have the following qualifications:

• A physician licensed in Michigan as an MD or DO and one of the following:
  1. Board certified in preventive medicine, or public health;
  2. Has an MPH or MSPH degree and not less than 2 years of full-time public health practice;
  3. Has not less than 3 years of full-time public health practice and 24 graduate credits acceptable toward a public health degree;

WHEREAS the recruitment and hiring process undertaken to fill this position has identified Dr. Marshall as the preferred candidate; and

WHEREAS Dr. Jessie Marshall meets the qualifications; and

WHEREAS Dr. Marshall is an experienced physician and has completed her board certification in internal medicine along with her MPH from Harvard School of Public Health; and

WHEREAS Dr. Marshall is currently employed by the University of Michigan Health Systems and through contract will work 32 hours per week as the Public Health Medical Director; and

WHEREAS the full cost of the contract will be funded within the Public Health budget; and

WHEREAS this matter has been reviewed by Corporation Counsel, the Finance Department, Human Resources, the County Administrator’s Office and the Ways & Means Committee

NOW THEREFORE BE IT RESOLVED that the Washtenaw County Board of Commissioners hereby authorizes the Interim County Administrator to sign the contract for Medical Director services.

BE IT FURTHER RESOLVED that the Washtenaw County Board of Commissioners approved Dr. Marshall as the Medical Director for Public Health effective 7/11/2016.
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CLERK/REGISTER'S CERTIFICATE - CERTIFIED COPY

ROLL CALL VOTE: 801

STATE OF MICHIGAN  

COUNTY OF WASHTENAW)

I, Lawrence Kestenbaum, Clerk/Register of said County of Washtenaw and Clerk of Circuit Court for said County, do hereby certify that the foregoing is a true and accurate copy of a resolution adopted by the Washtenaw County Board of Commissioners at a session held at the County Administration Building in the City of Ann Arbor, Michigan, on June 1st, 2016, as it appears of record in my office.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Court at Ann Arbor, this 2nd day of June, 2016.

LAWRENCE KESTENBAUM, Clerk/Register

Res. No. 16-099

BY: Deputy Clerk
LOCAL HEALTH DEPARTMENT (LHD)
PLAN OF ORGANIZATION

APPROVAL FORM

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

I have reviewed the Plan of Organization for ___________ County Health Department

(Insert local health department name)

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

Health Officer Name: _____________________________

Health Officer Signature: __________________________

Date: ________________

Local Governing Entity Chairperson Name: _____________________________

Local Governing Entity Name: _______________________________________

Mailing Address: ___________________________________________________

Chairperson Signature: _____________________________

Date: ________________
TO: Katie Scott, Chair
Ways and Means Committee

THROUGH: Gregory Dill
County Administrator

FROM: Teresa M. Gillotti, Director
Office of Community & Economic Development

DATE: February 20, 2019

SUBJECT: Approval of OCED Annual Entitlement Grant Funding – 2019

BOARD ACTION REQUESTED:
It is requested that the Washtenaw County Board of Commissioners authorize the signature of the Chair of the Board or the County Administrator on all formula and entitlement grants awarded to the Office of Community and Economic Development (OCED), estimated to total roughly $6.7M, and authorize the County Administrator to sign delegate contracts. Acceptance of all grants with a fiscal year beginning in 2019, and that meet the criteria outlined below, shall be considered approved.

BACKGROUND:
The Office of Community and Economic Development currently receives eleven different formula grants from the state and federal governments. These grants are not competitive in nature, but rather are awarded on a reoccurring basis using pre-existing state or federal allocation formulas. If the county were to elect not to receive the funds, the granting agency would rescind the award and re-allocate the money elsewhere in the country, as the terms and amounts of awards such as these are not open to negotiation.

The county has administered many of these grants for over 20 years, and the receipt of formula grants does not obligate Washtenaw County general funds in excess of the OCED appropriation that is authorized by the Board of Commissioners within the budget. Prior to 2015, each of the grants has been taken to the BOC for approval as a separate item on the Board agenda. Consequently, this approach consumed a significant portion of Board and staff time throughout a given year, as formula grants are on a variety of different fiscal years, and are awarded at several different points throughout the year. Furthermore, the piecemeal nature of the resolutions did not provide a holistic overview of the continuum of services provided to the community by OCED.
Given the formulaic nature of the grants, the county’s long history with these programs, and the opportunity to gain a more contextualized and holistic understanding of the impact achieved through investing these funds in the community, OCED is requesting that the BOC continue to approve the receipt and management of formula grants in one resolution annually.

**DISCUSSION:**
Uncertainty at the federal government level continues to threaten OCED funding, operations and most importantly, level of service for county residents most in need. The situation is being closely monitored and updates will be provided to the BOC as deemed necessary. While the immediate loss of funding or grant programs is unlikely, future implications of budget reductions cannot be ignored; OCED estimates are based on historical data and known changes.

OCED is requesting that the Board of Commissioners approve the receipt of all formula grants received by the department which have a fiscal year beginning in 2019. OCED estimates that $6.7M in state and federal grant funds will be received over the course of the year. This resolution does not constitute approval of awards with the following characteristics:
- The award is competitive in nature
- The award amount is not based on pre-established federal or state funding formulas or entitlement formulas
- The award is new, and has not been awarded to or administered by OCED in the past
- Receipt of the award would necessitate a county general fund appropriation in excess of the amount approved by the BOC in the budget
- Receipt of the award would necessitate a change in OCED position control

Any awards meeting the aforementioned criteria would require stand-alone approval by the BOC.

Approval of this resolution also requires OCED to present the BOC with a bi-annual update on the status and community impacts of grants awarded to the department throughout the year. This will allow for streamlining of the approval process while still ensuring that the BOC is up to date on the status of state and federal awards made to OCED.

Functionally, throughout the year, once formula grant awards are received, related budgets are loaded and processed through the existing GAAF process.

**IMPACT ON HUMAN RESOURCES:**
An estimated savings of approximately 100 hours of staff time.

**IMPACT ON BUDGET:**
This resolution would authorize the receipt and expenditure of an estimated $6.7M in state and federal grant funds. No county general fund dollars beyond the appropriation to OCED in the budget would be made under this resolution.

**IMPACT ON INDIRECT COST**
Indirect costs of approximately $450,000 are included as a part of this resolution, representing the portion of indirect costs supported by these entitlement sources.

**IMPACT ON OTHER COUNTY DEPARTMENTS OR OUTSIDE AGENCIES:**
OCED works with several partners in the community to administer and execute these grants. These grant funds leverage nearly $11.8 in outside revenue for the county.
CONFORMITY TO COUNTY POLICIES:
The Resolution conforms to county policies.

ATTACHMENTS/APPENDICES:
Proposed Resolution
List of formula grants, descriptions, and estimated award amounts
A RESOLUTION TO APPROVE ALL FORMULA GRANTS RECEIVED BY THE OFFICE OF COMMUNITY AND ECONOMIC DEVELOPMENT WITH A FISCAL YEAR STARTING DURING THE 2019 CALENDAR YEAR

WASHTENAW COUNTY BOARD OF COMMISSIONERS

February 20, 2019

WHEREAS, every year, the Office of Community and Economic Development receives many different formula grants from the state and federal government; and

WHEREAS, prior to 2015, each of these grants had been taken to the BOC for individual approval, which consumed a significant portion of the Board’s agenda every year; and

WHEREAS, the County strives to improve efficiency by streamlining processes where appropriate and has chosen to accept an annual OCED formula grants in a single resolution; and

WHEREAS, this resolution does not constitute approval of any award that is competitive in nature, that is not based on pre-established federal or state funding formulas, that would necessitate a county general fund appropriation in excess of the amount approved by the BOC in adopted budget, or that would impact human resources; and

WHEREAS; OCED will provide a bi-annual update to the Board to keep the members up to date on the status of all awards received over the course of the year; and

WHEREAS this matter has been reviewed by the County Administrator’s Office, Corporation Counsel, and the Ways and Means Committee.

NOW THEREFORE BE IT RESOLVED, that the Washtenaw County Board of Commissioners approves the receipt of all formula grants awarded to OCED with a fiscal year starting during the 2019 calendar year and listed in Attachment A, and authorizes the Chair of the Board of Commissioners or the County Administrator to sign said grant agreements, amend corresponding budgets, and the County Administrator to sign delegate contracts upon review and approval of Corporation Counsel, to be filed with the County Clerk.
<table>
<thead>
<tr>
<th>Grant</th>
<th>Fiscal Year</th>
<th>Description</th>
<th>Anticipated 18/19 Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Services Block Grant (CSBG)</td>
<td>October - September</td>
<td>CSBG supplements a variety of services through the various Community Action Programs. The mission of these programs is to prevent and eliminate the causes, conditions, and effects of poverty, and to promote social and economic opportunities for individuals with low income in Washtenaw County. CSBG supports programmatic and administrative costs related to the delivery of services to individuals whose annual family income is at or below 200% of the poverty level ($49,200 for a family of four). CSBG originates with the US Department of Health &amp; Human Services, and passes through the State of Michigan's DHHS.</td>
<td>580,782</td>
</tr>
<tr>
<td>Senior Nutrition (SNP)</td>
<td>October - September</td>
<td>The target populations for the Senior Nutrition Program are persons with low income, minorities, and the frail and isolated persons. Meals are provided without charge, and no eligible person is denied service. Donations are requested to help support the cost of the meals. The eligibility for the Congregate Meal Program requires the participant to be at least sixty years of age, or have a spouse who is sixty or over. Eligibility requirements of the Home Delivered Meal Program are that the participant be sixty years of age and unable to leave the home or cook for him or herself. Senior Nutrition Funding originates with the US DHHS, and passes through the State of Michigan’s Office of Services to the Aging.</td>
<td>865,275</td>
</tr>
<tr>
<td>Foster Grandparent Program (FFGP)</td>
<td>July - June</td>
<td>This program provides opportunities for limited income individuals aged fifty-five and over to engage in the community through volunteer work with children. Each Foster Grandparent is paid a non-taxable stipend of $2.65 per hour of time spent. Additionally, the grandparent receives transportation assistance to and from the volunteer site, a meal allowance for each working day, community involvement and recognition, monthly training, and an annual physical exam. The program partners with a variety of organizations, including elementary schools, high schools, the Washtenaw County Juvenile Detention Center, day care programs, and Head Start Programs. This funding comes from the Corporation for National &amp; Community Service.</td>
<td>287,828</td>
</tr>
<tr>
<td>Continuum of Care (CoC) - Planning</td>
<td>July - June</td>
<td>OCED acts as Collaborative Applicant and the HMIS Lead Agency for CoC funding on behalf of a coalition of local service agencies dedicated to ending homelessness. HMIS is a locally administered, electronic data collection system that stores longitudinal person-level information about persons who access the homeless service system. It is intended to be a widely used community tool in order to assist in local planning efforts.</td>
<td>167,660</td>
</tr>
<tr>
<td>&amp; Homeless Management Information Systems (HMIS)</td>
<td>October - September</td>
<td>OCED acts as Collaborative Applicant and the HMIS Lead Agency for CoC funding on behalf of a coalition of local service agencies dedicated to ending homelessness. HMIS is a locally administered, electronic data collection system that stores longitudinal person-level information about persons who access the homeless service system. It is intended to be a widely used community tool in order to assist in local planning efforts.</td>
<td>137,334</td>
</tr>
<tr>
<td>Michigan State Housing Development Authority Emergency Solutions Grant</td>
<td>October - September</td>
<td>MSHDA ESG funding is used to support the implementation of a single access point for all homeless services and shelters in the community. Elements of this mandate include: 1) Designating at least 40% of ESG funding to Homelessness Prevention and Re-Housing activities; 2) Creation of a Housing Assessment and Resource Agency that will function as the primary entry point for all housing and utilities crises for Washtenaw County residents. This “single point of entry” is being led by The Salvation Army, and is designed to ensure seamless and appropriate access to needed (and available) resources for anyone experiencing homelessness in Washtenaw County. MSHDA ESG funds originate from HUD, and pass through the State of Michigan's Housing Authority (MSHDA).</td>
<td>438,182</td>
</tr>
<tr>
<td>Housing and Urban Development Emergency Solutions Grant</td>
<td>July - June</td>
<td>Recipients which are state governments, large cities, urban counties, and U.S. territories receive ESG grants and make these funds available to eligible sub recipients, which can be either local government agencies or private nonprofit organizations. The recipient agencies and organizations, which actually run the homeless assistance projects, apply for ESG funds to the governmental grantee, and not directly to HUD. These ESG funds come directly from HUD.</td>
<td>166,259</td>
</tr>
<tr>
<td>HOME Investment Partnerships Program</td>
<td>July - June</td>
<td>HOME is the largest federal block grant to state and local governments designed exclusively to create affordable housing for low-income households. The program is designed to reinforce several important principles of community development: 1) Flexibility empowers people and communities to design and implement strategies tailored to their own needs and priorities; 2) Emphasis on consolidated planning expands and strengthens partnerships between government and the private sector 3) Technical assistance activities and support for qualified community-based nonprofit housing groups builds the capacity of these partners. HOME funds come directly from HUD.</td>
<td>1,390,533</td>
</tr>
<tr>
<td>Community Development Block Grant Program (CDBG)</td>
<td>July - June</td>
<td>CDBG is a flexible program that provides communities with resources to address a wide range of unique community development needs. Beginning in 1974, the CDBG program is one of the longest continuously run programs at HUD. The CDBG program provides annual grants on a formula basis to 1209 general units of local government and states. CDBG funds come directly from HUD.</td>
<td>2,109,235</td>
</tr>
<tr>
<td>Department of Energy Weatherization</td>
<td>July - June</td>
<td>The Weatherization program provides a variety of services to eligible residents. These services include outreach and intake, pre-inspection of homes, air leakage testing, health and safety evaluations, furnace assessments, refrigerator efficiency testing, post-inspection of the completed work and consumer education on how to keep ones home weatherized and energy efficient. It is anticipated that 30 households will be assisted with these funds that come directly from the US Department of Energy (DOE).</td>
<td>332,355</td>
</tr>
<tr>
<td>LIHEAP Weatherization</td>
<td>October - September</td>
<td>These funds will help to weatherize 17 homes beginning in October of 2018. The Weatherization services include outreach and application intake. Participant homes receive a comprehensive energy audit inspection and follow up inspection of the completed work. Licensed and approved contractors provide installation of weatherization materials, which may include attic and wall insulation, caulking, window repairs, furnace tune-ups, furnace replacements, and refrigerator installations. These funds come from the US DOE.</td>
<td>212,951</td>
</tr>
<tr>
<td><strong>ESTIMATED OCED TOTAL AWARD FUNDING</strong></td>
<td></td>
<td>$6,688,394</td>
<td></td>
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TO: Katie Scott, Chair  
Ways & Means Committee

FROM: Evan Pratt  
Water Resources Commissioner

THROUGH: Gregory Dill,  
County Administrator

DATE: February 20, 2019

SUBJECT: Authorization to Exceed $10,000 Maintenance Limit for Repairs to Four Mile Lake Level

BOARD ACTION REQUESTED:
Board authorization to exceed $10,000 annual maintenance limit established under Part 307 of Michigan P.A. 451 (Inland Lake Levels), to complete maintenance and repair work required on the FOUR MILE LAKE LEVEL.

BACKGROUND:
Four Mile Lake, which lies in section 33 of Dexter Township and section 4 of Lima Township, has a lake level control structure at its southern end located on the Four Mile Lake Drain which leads to Mill Creek Consolidated Drain. In addition, an inlet to the lake (Dexter #3 Drain) has a pumping mechanism to overcome lake tail water effects that is the responsibility of the Four Mile Lake level assessment district to operate and maintain. Recent complaints/issues include repeated breaches of the lake’s berm on MDNR property, which has become the primary outlet for the lake. In current conditions our office cannot maintain the legally established lake elevation of 887.0’. Also, recent inspection of the pump on Dexter #3 Drain have revealed leakage and general inefficiencies in its operation.

DISCUSSION:
The Inland Lake Level section of the State Environmental Code, Section 307, requires Board of Commissioners’ approval in order to exceed $10,000 for annual dam maintenance expenditures:

Sec. 30722 (4) If an inspection disclosed the necessity for maintenance or repair, the delegated Authority, without approval of the county board, may spend no more than $10,000 annually for maintenance and repair of each lake level project. An expenditure of more than $10,000 annually shall be approved by resolution of the county board.

In response to the noted pump deficiencies and inability to maintain the legal lake elevation, the Water Resources Commissioner is proposing to engage the services of FTC&H Engineering to prepare plans and specifications for needed repairs. The estimate to determine the most cost efficient means to permanently repair the breach on Four Mile Lake, restore the elevation outlet structure to working condition, and assess the need for a pump on Dexter #3 Drain is $94,585.00. (request for proposal responses were received and evaluated on December 14, 2018) It is expected that the special assessment for the project will be spread over ten years.
In order to proceed with construction of the needed repairs to the, a resolution to exceed the annual expenditure limit of $10,000 is attached for your approval.

**IMPACT ON HUMAN RESOURCES:**
None

**IMPACT ON BUDGET:**
None

**IMPACT ON INDIRECT COSTS:**
None

**IMPACT ON OTHER COUNTY DEPARTMENTS OR OUTSIDE AGENCIES:**
None

**CONFORMITY TO COUNTY POLICIES:**
Conforms to County Policies

**ATTACHMENTS/APPENDICES:**
Resolution
A RESOLUTION AUTHORIZING EXPENDITURE IN EXCESS OF $10,000 FOR REPAIR OF THE
FOUR MILE LAKE LEVEL

WASHTENAW COUNTY BOARD OF COMMISSIONERS

February 20, 2019

WHEREAS, the Washtenaw County Water Resources Commissioner has been charged with
responsibility for operation and maintenance of the FOUR MILE LAKE LEVEL; and

WHEREAS, the Washtenaw County Water Resources Commissioner is securing the services of a
registered professional engineer to prepare an inspection report and estimate to repair any deficiencies
in the lake level operation, and

WHEREAS, the inspection will determine which deficiencies exist and evaluate what maintenance
and repair measures are required at this time; and

WHEREAS, the Water Resources Commissioner will have plans and specifications prepared for the
necessary repairs, and the estimate of cost of engineering is $94,585; and

WHEREAS, Part 307 of the Michigan Environmental Code, Section 30722(4) requires that an expenditure
of over $10,000 annually shall be approved by the County Board of Commissioners; and

WHEREAS the cost of this project will be assessed over a period of ten (10) years; and

NOW THEREFORE BE IT RESOLVED that the Washtenaw County Board of Commissioners hereby
authorizes the Water Resources Commissioner to exceed the annual maintenance limit of $10,000.

BE IT FURTHER RESOLVED that this authorization extends for a period of ten years estimated to
begin in 2020 and continue through to and including 2029, to encompass that period of time over
which the project will be financed.
TO: Felicia Brabec  
Chair, Ways & Means Committee

THROUGH: Gregory Dill  
County Administrator

FROM: Jerry L. Clayton  
Sheriff

DATE: February 20, 2019

SUBJECT: Scio Township Police Services Contract – Increase PSU

BOARD ACTION REQUESTED:
It is requested the Board of Commissioner authorizes the County Administrator to sign the Scio Township Police Services Contract amendment for one (1) additional Police Service Unit (PSU) starting January 6, 2019.

BACKGROUND:
Historically Scio Township contracted with 8 Police Services Units as far back as 2010. Prior to that, they fluctuated between 5 and 7 (PSU) for Scio Township since they began to contract for services with the Washtenaw County Sheriff's Office.

DISCUSSION:
For fiscal year 2018/19, The State of Michigan decreased funding again for the Secondary Road Patrol Units. The reduction for Washtenaw County resulted in going from two (2) deputies down to one (1) deputy for the Secondary Road Patrol Unit. One deputy previously assigned to the SRP grant has been reassigned to Contract Patrol and the vacated SRP position was placed on hold/vacant. The decrease of funding has occurred throughout the entire State of Michigan and is a result of a decrease in the citation revenue from all police agencies in Michigan.
After examining their budget and their service needs, Scio Township is requesting to increase the number of contracted PSU by (1) one. This position will be the former SRP position and dedicated to working traffic enforcement in Scio Township, with the ability to be called away to investigate any serious or fatal crashes throughout Washtenaw County.

The decrease monies from the State of Michigan lowered our staff in our Secondary Road Patrol from (3) to (1) PSU over the past (5) five years. The second PSU is assigned to Ypsilanti Township as a Traffic Unit with the same responsibilities as above. Having this partnership with Scio and Ypsilanti Townships allow the Washtenaw County Sheriff’s Office to provide the same service to the entire county and its residents if they are involved in a serious or fatal crash, just like it was when we had (3) PSU assigned to the Secondary Road Patrol Unit.

Scio Township will increase their Police Services Contract from 8 Police Services Units up to 9 Police Service Units.

The amendment to add a PSU for Scio Township will begin January 6, 2019.

The number of increase in PSU will not result in a significant change in WSCO operations. The funding source is just being received from a different source.

**IMPACT ON HUMAN RESOURCES:**
Remove 1.0 FTE Deputy Position from hold/vacant status to active:
PCN 57010045

**IMPACT ON BUDGET:**
The contract with Scio Township in 2019 will be in the amount of $160,650 for the additional one (1.0) PSU for 12 months.

**IMPACT ON INDIRECT COSTS:**
There will be some nominal increase to the CAP due to adding one position into the general fund. The increase can be offset by the revenue.

**IMPACT ON OTHER COUNTY DEPARTMENTS OR OUTSIDE AGENCIES:**
In recent years the Michigan State Police no longer has a post in Washtenaw County and reduced the number of State Officers assigned to Washtenaw County. Past budget cycles has forced contracting partners and WCSO to reduce deputies, the burden of law enforcement on all contracting local jurisdictions and the Washtenaw County general fund patrol have greatly increased. The ramifications go even broader to the Prosecuting Attorney, the Public Defender and the County. Increasing the number of police services units will help mitigate some of the concerns of our citizens.

**CONFORMITY TO COUNTY POLICIES:**
Conforms to County Policies
ATTACHMENTS/APPENDICES:
Budget
## 2019 Budget

<table>
<thead>
<tr>
<th>REVENUE</th>
<th>Original</th>
<th>Revised</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>45 - Licenses and Permits</td>
<td>$2,500</td>
<td>$2,500</td>
<td>$-</td>
</tr>
<tr>
<td>54 - State Revenue</td>
<td>$19,000</td>
<td>$19,000</td>
<td>$-</td>
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<tr>
<td>58 - Local Revenue</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
</tr>
<tr>
<td>60 - Fees and Services</td>
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<td>$13,617,773</td>
<td>$160,650</td>
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<tr>
<td>67 - Other Revenue</td>
<td>$800,000</td>
<td>$800,000</td>
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<td><strong>Total Revenues</strong></td>
<td>$14,278,623</td>
<td>$14,439,273</td>
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<td>70 - Personal Services</td>
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<tr>
<td>75 - Supplies</td>
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<td>$304,758</td>
<td>$6,150</td>
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<tr>
<td>80 - Other Svcs and Chgs</td>
<td>$327,120</td>
<td>$328,400</td>
<td>$1,280</td>
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<tr>
<td>95 - Internal Svc Chgs</td>
<td>$4,333,656</td>
<td>$4,355,656</td>
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<tr>
<td>96 - Capital Outlay</td>
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<td>99 - Transfer Out</td>
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## 2020 Budget

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## 2021 Budget

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<tr>
<td>96 - Capital Outlay</td>
<td>$88,625</td>
<td>$88,625</td>
<td>$0</td>
</tr>
<tr>
<td>99 - Transfer Out</td>
<td>$209,416</td>
<td>$210,207</td>
<td>$791</td>
</tr>
<tr>
<td><strong>Total Expenditures</strong></td>
<td>$14,879,156</td>
<td>$15,042,216</td>
<td>$165,506</td>
</tr>
</tbody>
</table>

## 2022 Budget

<table>
<thead>
<tr>
<th>Revenue/Expenditure</th>
<th>Original</th>
<th>Revised</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>45 - Licenses and Permits</td>
<td>$2,500</td>
<td>$2,500</td>
<td>$0</td>
</tr>
<tr>
<td>54 - State Revenue</td>
<td>$19,000</td>
<td>$19,000</td>
<td>$0</td>
</tr>
<tr>
<td>58 - Local Revenue</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>60 - Fees and Services</td>
<td>$13,857,355</td>
<td>$14,022,861</td>
<td>$165,506</td>
</tr>
<tr>
<td>67 - Other Revenue</td>
<td>$800,000</td>
<td>$800,000</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>$15,067,786</td>
<td>$15,233,292</td>
<td>$165,506</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenditure</th>
<th>Original</th>
<th>Revised</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>70 - Personal Services</td>
<td>$9,663,042</td>
<td>$9,795,794</td>
<td>$132,752</td>
</tr>
<tr>
<td>75 - Supplies</td>
<td>$298,608</td>
<td>$304,758</td>
<td>$6,150</td>
</tr>
<tr>
<td>80 - Other Svcs and Chgs</td>
<td>$327,120</td>
<td>$328,400</td>
<td>$1,280</td>
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<tr>
<td>95 - Internal Svcs Chgs</td>
<td>$4,480,975</td>
<td>$4,505,508</td>
<td>$24,533</td>
</tr>
<tr>
<td>96 - Capital Outlay</td>
<td>$88,625</td>
<td>$88,625</td>
<td>$0</td>
</tr>
<tr>
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<td>$165,506</td>
</tr>
</tbody>
</table>
A RESOLUTION REQUESTING THE AUTHORIZATION OF THE COUNTY ADMINISTRATOR TO AMEND THE SCIO TOWNSHIP POLICE SERVICES CONTRACT FOR AN ADDITIONAL ONE (1) POLICE SERVICE UNITS BEGINNING ON JANUARY 6, 2019 AND AUTHORIZING THE ADMINISTRATOR TO SIGN DELEGATE CONTRACTS.

WASHTENAW COUNTY BOARD OF COMMISSIONERS
March 6, 2019

WHEREAS, the Washtenaw County Sheriff’s Office and Washtenaw County have diligently maintained efforts to better serve the citizens of Washtenaw County; and

WHEREAS, the Sheriff’s Office wishes to further enhance its delivery of law enforcement services to the community, within the realm of community oriented policing; and

WHEREAS, the Washtenaw County Sheriff’s Office requests the authorization of the County Administrator to amend the Scio Township Police Service contract for an additional one (1) Police Services Units; and

WHEREAS, this will bring the total number of Contract Patrol Deputies to 9, the highest level ever; and

WHEREAS, this matter has been reviewed by the County Administrator’s Office, the Finance Department, Human resources, Corporation Counsel, and the Ways and Means Committee;

NOW THEREFORE BE IT RESOLVED that the Washtenaw County Board of Commissioners hereby authorizes the County Administrator to sign the Scio Township Service Contract for one (1) additional Police Service Units.

BE IT FURTHER RESOLVED that the Board of Commissioners takes the following actions:
1. Authorizing the Administrator to sign the delegate contract upon review of Corporation Counsel, to be filed with the County Clerk
2. Amending the budget, as attached hereto and made a part hereof

BE IT FURTHER RESOLVED that the Board of Commissioners authorizes the following positions as follows:

<table>
<thead>
<tr>
<th>PCN</th>
<th>Title</th>
<th>Group</th>
<th>Grade</th>
<th>Remove from H/V</th>
<th>Create</th>
</tr>
</thead>
<tbody>
<tr>
<td>57010045</td>
<td>Deputy</td>
<td>16</td>
<td>57</td>
<td>1.0</td>
<td></td>
</tr>
</tbody>
</table>
January 6, 2019

M. Jack Knowles, Township Supervisor
Scio Township
827 N. Zeeb Road
Ann Arbor, MI 48103

Dear Township Supervisor M. Jack Knowles,

Washtenaw County wishes to amend the contract with your agency. Corporation Counsel has indicated that this amendment could be accomplished by a letter signed by both of us. If this amendment is agreeable to you, please sign and return all copies of this letter. You will receive an executed copy of this letter upon completion.

Accordingly, I hereby amend the Service Contract between Washtenaw County and Scio Township dated January 1, 2012 as follows:

Amend ARTICLE I – SCOPE OF SERVICES to extend the contract as follows:

“A. The parties agree that the Township shall contract for nine (9) Police Service Units (“PSU”) from the Sheriff to provide road patrol and other law enforcement services to the Township beginning January 6, 2019.”

All other terms and conditions remain the same as in the original contract

ATTEST: WASHTENAW COUNTY

Lawrence Kestenbaum (DATE)            Gregory Dill (DATE)
County Clerk/Register                County Administrator

APPROVED FOR CONTENT: Scio Township

Public Safety – Emergency Preparedness – Quality Service – Strong Communities
Jerry L. Clayton (DATE)                         Accepted by ________________________________________________
Sheriff                                           M. Jack Knowles, Township Supervisor (DATE)

Original: Clerk
          Vendor

cc: Department
    Purchasing