

1. Legal Responsibility

A. Authority

i. State Statutory Authority:

The Public Health Code Act 368 of 1978 established the legal foundations of the state and local health departments as reflected in **Exhibit 1A-1** (Laws Applicable to Local Public Health). The Public Health Code MCL 333.2235 allows the state health department to grant local health departments authority to act on its behalf with primary responsibility in delivery of public health prevention and control. The Code further sets forth the specific authorities given to local health departments, health officers and medical directors and describes their specific powers and duties to protect the public health.

Under the Public Health Code Act 368 of 1978, MCL 333. 2433 (1) Local health department; powers and duties generally. “A local health department shall continually and diligently endeavor to prevent disease, prolong life, and promote the public health through organized programs, including prevention and control of environmental health hazards; prevention and control of diseases; prevention and control of health problems of particularly vulnerable population groups; development of health care facilities and health services delivery systems; and regulation of health care facilities and health services delivery systems to the extent provided by law.

Part (f) of this MCL says in addition “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.”

Health officers have broad powers to respond to local emergencies and protect the public health. For example, MCL 333.2451 authorizes the local health officer to issue an imminent danger order within the local health department jurisdiction. Section 2455 says they may order the correction of a condition violating health laws.

In order to carry out specific emergency orders and/or other powers and duties, the Branch-Hillsdale-St. Joseph Community Health Agency has legal counsel, access to the Prosecutors Office, Circuit Court and District Courts within our jurisdiction for the issuance of warrants etc. and the support of state and local law enforcement.

The law firm of Rosati, Schultz, Joppich, & Amtsbuechler acts as our legal counsel to provide guidance with legal matters within Public Health Law.

ii. Programs and Services

Part 2235 of the Public Health Code gives broad delegator power to the Michigan Department of Health and Human Services (MDHHS) to assign primary responsibility for the delivery of services to Local Health Departments (LHDs) who meet the requirements set forth in Part 24 of the Public Health Code.

The MDHHS director, in determining the organization of services and programs which the department may establish or require under this code, shall consider a local health department which meets the requirements of part 24 to be the primary organization responsible for the organization, coordination, and delivery of those services and programs in the area (**Exhibit 1A-2**) served by the local health department.

The Branch-Hillsdale-St. Joseph Community Health Agency (BHSJCHA) provides programs and services under the Comprehensive Planning, Budgeting and Contracting Agreement which includes contractual terms on behalf of MDHHS, Department of Environmental Great Lakes and Energy (EGLE) and the Michigan Department of Agriculture and Rural Development (MDARD), as well as the Local Health Department Grant Agreement with EGLE. Through these agreements BHSJCHA complies with all program and reporting requirements provided in state and federal mandates.

iii. Local Statutory Authority

Section 2435 (d) of the Michigan Public Health Code allows governing boards of local health departments to “adopt regulations to properly safeguard the public health and to prevent the spread of diseases and sources of contamination.” Under this authority Boards of Health may create proposed regulations which must be approved by the Boards of Commissioners of constituent counties. The Board of Health and the County Boards of Commissioners (for Branch, Hillsdale, & St. Joseph Counties) have established the Branch-Hillsdale-St. Joseph Community Health Agency Environmental Health Code as reflected in **Exhibit 1A-3** (Environmental Health Code), which went into effect on April 1, 1991.

B. **Governing Entity Relationship**

The BHSJCHA can trace its roots back to the 1930s but it was organized as an ‘association’ relationship in 1966. On January 1, 1972, the health district was formalized by Branch, Hillsdale, and St. Joseph Counties and has continued as a three-county district health department under the authority of Section 2415 of the Michigan Public Health Code. The local public health relationship between Branch, Hillsdale, and St. Joseph Counties was further defined in **Exhibit 1B-1**, an intergovernmental agreement creating the Branch-Hillsdale-St. Joseph Community Health Agency on January 1, 1998 and updated in 2012. The newly signed agreement became effective on January 1, 2013 and received both MDHHS’s (formerly MDCH) approval and the Governor’s approval in April of 2013.

Accordingly, BHSJCHA has a six-member Board of Health (two commissioners from each county), which is the Local Governing Entity for the BHSJCHA. The relationship between the three counties is defined in the Intergovernmental Agreement which was approved by all three counties, as provided for in section 2448 of the Public Health Code.

C. Civil Liability

The BHSJCHA has an intergovernmental arrangement and has been a member of the Michigan Municipal Risk Management Authority (MMRMA) since September of 1985. This arrangement provides: 1) cooperative and comprehensive risk management and loss control services; 2) provision for reinsurance, excess insurance and other provisions for payment of losses, risk financing, and related expenses; and 3) provision of administrative claims, legal defense and related general administrative services to members. This agreement indemnifies employees for civil liability sustained in the performance of official duties except for wanton and willful misconduct. This MMRMA coverage is facilitated through a regional risk manager, Lighthouse Insurance Group, as reflected in **Exhibit 1C-1** (MMRMA Coverage Overview).

D. Delegation of Food Service Sanitation Program

All BHSJCHA Food Services Sanitation Program responsibilities are fulfilled solely by BHSJCHA Environmental Health Sanitarians.

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

BHSJCHA protects employees and clients against biological and toxic hazards as reflected in the blood borne pathogen Exposure Control Plan (**Exhibit 1E-1**) and chemical hygiene plan (**Exhibit 1E-2**).

2. LHD Organization

A. Organizational Chart

The BHSJCHA's current Organizational Chart, approved as part of the Plan of Organization, by the Board of Health on March 23, 2023, is reflected in **Exhibit 2A-1**. Further information regarding individual staff duties, functions, lines of authority and responsibilities are contained in **Exhibit 2A-2**, the agency's Reporting Relationships document and in employee job descriptions.

B. Plan Approval

Documentation of the BHSJCHA Board of Health's approval of the agency Plan of Organization is reflected in **Exhibit 2B-1**.

C. Budget

BHSJCHA currently (FY 22/23) has an annual operating budget of \$8,997,422 as reflected in the summary in **Exhibit 2C-1**. This budget was formally approved by the BHSJCHA Board of Health on January 26, 2023, as noted in **Exhibit 2C-2** (Minutes of the BHSJCHA Board of Health Regular Meeting held January 26, 2023).

The BHSJCHA currently has 72.7 Full-Time Equivalent (FTE) positions organized as shown on **Exhibit 2C-3** (Agency Staffing Plan).

D. Audit Findings

The Agency has had no audit findings in the past three years. This is reflected in the Audit reports in **Exhibits 2D-1, 2D-2, & 2D-3**.

E. Information Technology

The Branch-Hillsdale-St. Joseph Community Health Agency maintains two full-time staff to assure the ability and technical capacity to store, access, and distribute current public health information. BHSJCHA utilizes cloud-based software platforms to assure access, privacy, and security concerns. The major cloud-based software in use are: Abila's MIP for finance, CHAMP Nightingale Notes for Clinical Services, and HealthSpace for Environmental services. BHSJ also participates and utilizes the HAN, MCIR, and MDSS systems. The Agency is still in the process of digitizing its records, which are stored using Docuphase.

In addition to the cloud-based software, BHSJCHA maintains a robust information technology infrastructure. This technology includes servers, firewalls, internet access, video conferencing capabilities, phone systems, fax lines, and a host of other programs and systems that are utilized to ensure BHSJCHA can provide public health services.

BHSJCHA communicates critical health alert information to the public, community partners, and local media outlets. Public health information is disseminated via email lists and the internet via the State of Michigan's Health Alert Network (MiHAN). Other important information is distributed by website postings (www.bhsj.org), social media (Facebook, and Instagram), phone, and press releases. This multi-distribution approach enables BHSJCHA to distribute both critical and noncritical information regarding public health in an accurate, timely fashion.

3. Mission, Vision, and Values

A. Agency Mission & Vision

- **Mission Statement** – “Helping People Live Healthier.”
- **Vision Statement** – “To be the trusted health resource for all people.”
- **Values**—BHSJCHA's values of Inclusion, Innovation, and Integrity guide its interactions with staff and the public.

These statements are published and shared with those that the agency serves, community partners, and others via the agency's website (www.bhsj.org), social media pages, the Strategic Plan, the Annual Report (**Exhibits 3A-1, 3A-2**) and in other public communications. (These items were omitted in error from the Annual Report for FY21 and FY22.)

4. Local Planning and Collaboration Initiatives

A. Outline of Priorities

Strategic Planning at BHSJCHA was initiated by the agency's executive team, and coordinated by an external consultant who facilitated meetings and drafted the initial plan. The process included the agency's front-line staff, community partners, county

officials, and board of health members who were invited to participate in the initial planning survey. Additionally, front-line staff with representation from all levels and divisions within the department participated in meetings during the planning process.

The current Strategic Plan (**Exhibit 4A-1**) will guide the progress toward the strategic priorities over the next four year plan cycle. The Agency will monitor and report progress of the plan execution using the VMSG dashboard software, which will hold the entire organization accountable and track the advancement of the identified priorities.

The Strategic Priorities Identified in the 2022-2026 Strategic Plan are:

- I. Employee Investment. Ensure retention of a competent and satisfied workforce.
 - Create a wage equity plan and continue to present to BOH annually
 - Review and update the agency workforce development plan
 - Evaluate hiring strategies and opportunities for advancement
 - Develop and enhance employee satisfaction
- II. Communication and Advocacy. Assure a strong internal and external communication strategy to promote public health advocacy and to extend the reach of public health.
 - Develop and implement an internal communications plan
 - Develop and foster relationship with stakeholders to support agency mission and vision
 - Develop and implement an external communications plan
 - Expand the behavioral health collaboration
- III. Programming and Policy. Ensure programming policies and procedures are meeting the requirements and needs of the organization.
 - Review all existing policies for relevance
 - Conduct a CHNA and use this to assess the need for additional programs and service delivery methods to meet community needs
 - Implement the VMSG dashboard to track program compliance
 - Implement the VMSG dashboard to track policy compliance

B. LHD Planning Activities for Priority Projects with Available Resources

Here are some examples of BHSJCHA's current agency-specific priorities and initiatives:

- **Community Health Needs Assessment** – Due to a special funding grant from MDHHS for Workforce Development, BHSJCHA is in the process of completing a Community Health Needs Assessment (CHNA). The information

obtained from completion of the CHNA will be used to develop a Community Health Improvement Plan for BHSJCHA.

- **Community Health Improvement Plan** – Developing a Community Health Improvement Plan (CHIP) utilizing the data from the CHNA will help BHSJCHA target scarce resources to do the most good in our communities.
- **Performance Management by implementing VMSG Dashboard to all programs** BHSJCHA has undertaken an ambitious project to implement the performance management software VMSG Dashboard. Already in use to track the Maternal Child Health grant, BHSJCHA has also worked with the software developer to build-out Michigan Public Health Accreditation. BHSJCHA’s current projects in VMSG include; the MCH grant, building out tracking the strategic plan, and implementing tracking of Michigan Public Health Accreditation. Development is slow due to the many constraints on staff time.
- **Emerging Threats; PFAS, vectorborne**, BHSJCHA sees emerging threats as an important focus area for staff time and program resources. These special projects include working with state partners from EGLE and MDHHS on local areas of PFAS contamination as well as working during the summer months on mosquito and tick collection and identification. For the 2023 vectorborne season BHSJCHA has worked with MDHHS to add surveillance for Eastern Equine Encephalitis.
- **Type II Water Expansion** With an additional infusion of grant dollars to support local public health Environmental Health staff in implementing and monitoring the Type II Noncommunity Water Supply program, BHSJCHA has been able to hire an additional Sanitarian for this work. This additional staff time will provide BHSJCHA with more opportunities to work directly in the field with supplies to ensure that safe drinking water is available to the public.
- **Community Health Worker Program** In 2022, BHSJCHA was awarded grant funds to implement a Community Health Worker Program. Community Health Workers (CHW’s) act as a bridge between the community and social and healthcare services. CHW led programs have proven that they can have a significant economic effect for individuals, healthcare organizations, and society. Although still in it’s first year, BHSJCHA’s CHW program is helping community members while working through the challenges of starting a new program.

C. **Community Partnerships and Collaborative Efforts**

BHSJCHA’s capacity to assess community health needs and address priority areas—play

the role of “Chief Health Strategist”—is severely restricted due to economic struggles of rural Michigan and underfunding of local public health. However this agency believes strongly that our partnerships with community organizations, nonprofits, and schools is

essential to build up our community members, bring visibility to needs, and work collaboratively to find new solutions.

The agency continues to provide technical assistance and data specialty support for a variety of community initiatives such as child death reviews, Great Start Collaboratives, local emergency management, and solid waste authorities.

BHSJCHA is the fiduciary for a Cross Jurisdictional Sharing grant that pulls together key leaders from local health departments in southwest Michigan to improve Workforce Development. The deliverables from this project are available to not only the local health departments in southwest Michigan but to all in Michigan. Even during the pandemic, this group continued to meet and collaborate on projects to improve the public health workforce and improve readiness for PHAB accreditation.

Our Organizational Liaison List demonstrates the collaborative approach with our community and stakeholders (**Exhibit 4C-1**).

5. Service Delivery

A. Outline of Locations, Services and Hours of Operation

The BHSJCHA’s locations, services and phone numbers are noted on the agency’s website (www.bhsj.org/locations), Services Brochure (**Exhibit 5A-1**), on the Annual Report (**Exhibit 3A-1**), and on various other flyers and materials distributed by the agency. Hours of operation are typically 8:00 a.m. to 4:00 p.m., Monday through Friday, although certain programs (e.g., WIC and Immunizations) have expanded hours to meet client needs. (These items were omitted in error from the Annual Report for FY21 and FY22.)

- 570 Marshall Rd., Coldwater, MI 49036
517-279-9561
Monday through Friday, 8:00 AM to 4:00 PM
- 20 Care Drive, Hillsdale, MI 49242
517-437-7395
Monday through Friday, 8:00 AM to 4:00 PM
- 1110 Hill Street, Three Rivers, MI 49093
269-273-2452
Monday through Friday, 8:00 AM to 4:00 PM
- 1555 East Chicago Road, Suite C, Sturgis, MI 49091
269-273-2161
By Appointment Only

6. Reporting and Evaluation

A. Efforts to Evaluate its Activities

The BHSJCHA maintains several in-house programs and financial monitoring systems including monthly program service reports, monthly financial status reports, program data reports generated from the agency’s Abila (accounting and payroll) system, Champ Software’s Nightingale Notes and HealthSpace databases, reports from various State

data systems (e.g., WIC system, MCIR, and MDSS), and also uses various State program management evaluation reports and independent audits to evaluate program and financial operations. Agency management also utilizes criteria from MLPHAP and EGLE and MDARD self-assessment activities to evaluate program operations for compliance with Minimum Program Requirements.

B. Mechanisms to Report on its Activities to the Community and its Governing Entity

The Board of Health receives monthly updates on the agency’s various programs and financial operations (**Exhibit 6B-1**). These monthly meetings are video recorded and made available on the agency’s website and YouTube channels for viewing at any time. The Health Officer provides an annual update on agency activities to the full Boards of Commissioners of each of the three counties which includes a review of each year’s Annual Report (**Exhibit 3A-2**). The agency’s Annual Report is distributed widely within the community, is posted on the agency’s website, and is provided to legislative representatives.

The agency leverages social media platforms, FaceBook and Instagram, as one method of communicating with the community. These social media platforms along with our agency website provide up to date messaging to community members and groups. Communication with local medical professionals is accomplished by quarterly publication of “Public Health News & Views” which contains a headline article from the Medical Director and when appropriate direct email messaging on urgent matters affecting public health.

Agency staff members participate in various collaboratives and partner with community organizations within our district to engage with the community to showcase what our agency is doing and to learn what is occurring that may impact the health and wellbeing of our residents. We often attend outreach events to promote our services to the public, and maintain communication with local leaders (superintendents, elected officials, etc.) to help ensure visibility throughout the community we serve.

7. Health Officer and Medical Director

A. Procedure for Appointment of a Health Officer and Medical Director

- **Health Officer** - As indicated in the agency’s Intergovernmental Agreement (**Exhibit 1B-1**), the Board of Health has responsibility for selecting and appointing the Health Officer, who shall meet the standards of training and experience established by the agency for this position. These standards are consistent with provisions in Section 2428 of the Michigan Public Health Code (including related Administrative Rules R325.13001) and as prescribed by the MDHHS.

With the immediate or impending health officer vacancy, the Board of Health shall appoint an interim health officer that will serve as the chief executive officer of the Community Health Agency until the appointment of a permanent health officer is made. The interim appointment shall be either a member of

the top management staff from the Community Health Agency or a MDHHS-approved health officer from another neighboring health jurisdiction.

The Board of Health shall conduct the search for a replacement health officer using the Public Health Code and its administrative rules as guidance regarding the statutory requirements of the health officer's job scope, prior training, and experience.

The Board of Health shall conduct its job interviews in compliance with Michigan's Open Meetings Act.

The Board of Health shall offer an individual the position of health officer, only after obtaining written confirmation from MDHHS that the selected health officer candidate possesses the prior training and experience as required by the Public Health Code. Written confirmation from MDHHS is defined as a letter, memorandum, or written statement approving the qualifications of the health officer candidate.

- **Medical Director** – As indicated in the agency's Intergovernmental Agreement (**Exhibit 1B-1**), the Board of Health has responsibility for selecting and appointing the Medical Director, who shall meet the agency's employment standards consistent with provisions in the Michigan Public Health Code (Administrative Rules R325.13001, R325.13002 and R325.13004) and as prescribed by the MDHHS.

Upon the notification of an immediate or impending medical director vacancy, the Board of Health shall notify the Michigan Department of Community Health (MDHHS) of such event. The Board of Health shall request that MDHHS provide consultation and guidance regarding the statutory requirements of the medical director's prior training and experience.

With the immediate or impending medical director's vacancy, the Board of Health shall appoint an interim medical director that will serve as the medical director of the Community Health Agency until the appointment of a permanent medical director is made. The interim appointment shall be a MDHHS-approved medical director from another neighboring health jurisdiction.

The Board of Health shall conduct the search for a replacement medical director using the Public Health Code and its administrative rules as guidance

regarding the statutory requirements of the medical director's job scope, prior training, and experience.

The Board of Health shall conduct its job interviews in compliance with Michigan's Open Meetings Act.

The Board of Health shall offer an individual the position of medical director, only after obtaining written confirmation from MDHHS that the selected medical candidate possesses the prior training and experience as required by the Public Health Code and its administrative rules. Written confirmation from MDHHS is defined as a letter, memorandum, or written statement approving the qualifications of the medical director candidate.

B. MDHHS Health Officer Approval

On December 21, 2015 MDHHS approved Rebecca Burns, MPH, RS as the Health Officer for the Branch-Hillsdale-St. Joseph Community Health Agency, effective January 16, 2016 (**Exhibit 7B-1**).

C. MDHHS Medical Director Approval

On August 17, 2021 MDHHS approved Dr. Karen Luparello to serve as the Provisional Medical Director for the Branch-Hillsdale-St. Joseph Community Health Agency, effective September 30, 2021 (**Exhibit 7C-1**).

8. LHD Plan of Organization Approval Form

The approval form (Exhibit 8-1) and LHD Plan of Organization Checklist (Exhibit 8-2) verify the completion of all required plan components.