



Livingston County Health Department Plan of Organization 2025



Part 1—Legal Responsibilities

A. Outline or list State and Local Statutory Authority for your LHD.

Refer to Attachment A.

B. Brief description of the Governing Entity relationship with the Local Health Department (LHD).

The local governing entity is a nine-member elected Board of Commissioners who meet twice monthly and act as the policy making, authoritative body. The Livingston County Health Department (LCHD) is considered a county department under the authority of the Livingston County Board of Commissioners. The General Government/Health and Human Services Committee, a four-member Standing Committee of the Board, meets monthly and acts as the Board of Health for the Health Department. This committee works in conjunction with the County Administrator to ensure adequate and full administration and implementation of Board policy affecting the LCHD and various other county departments. The Health Officer reports to the County Administrator.

The Health Officer meets regularly with the County Administrator and reports as needed to the General Government/Health and Human Services Committee regarding governance in response to state and local laws and related issues. The Health Officer keeps the General Government/Health and Human Services Committee informed of all public health required services and legal mandates as required by the Public Health Code. The full Board of Commissioners is responsible for approval of the LCHD budget and fee schedule, approves the Plan of Organization, and appoints the Health Officer with concurrence by the Michigan Department of Health and Human Services. The County Board of Commissioners and the Health Officer use the County Administrator as their liaison for most communications but may contact each other directly.

C. Brief description of the manner in which your LHD defends and indemnifies employees for civil liability sustained in the performance of official duties except for wanton and willful misconduct.

As stated in MCL 333.2228 (2) “The director or an employee or representative of the department is not personally liable for damages sustained in the performance of departmental functions, except for wanton and willful misconduct.”

Livingston County also carries personal liability insurance with the Michigan Municipal Risk Management Authority (MMRMA). Refer to Attachment B.

D. Briefly describe, if applicable, Delegation of Food Service Sanitation Program responsibilities.

Not applicable.

E. Exposure Plan for Blood Borne Pathogens and Chemical Hygiene Plan (Hazard Communication Plan).

Refer to Attachment C

Part 2—LHD Organization

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

Refer to Attachment D.

B. Documentation of board approval of Local Health Department Plan of Organization.

Refer to Attachment E.

C. List annual LHD total operating budget amount and total number of FTEs for public health services. Include documentation indicating local governing entity approval of budget and copy of most recent approved budget.

2025 total operating budget: \$7,039,278

2025 total FTE's: 40.60

Refer to Attachment F.

D. Responses to audit findings, subrecipient monitoring issues and responses, corrective action regarding (1) and (2) above.

Refer to Attachment G (two attachments).

E. Briefly describe information technology capacity needed to access and distribute up-to-date public health information.

Livingston County has an internal Information Technology Department that support hardware, software, and network services. For continuity of operations LCHD maintains several methods for retrieving and sending public health information.

The following list includes software applications to access public health information:

- Alchemer – Prescription for Health client information, tick identification, and foodborne illness
- ArcGIS – geographically display EH or Disease information
- BS&A – permitting for well and septic
- CDC Website – Medical topics and recommendations
- CHAMPS
- Children's Special Health Care Services state database
- complaints/outbreaks
- Database Security Application (DSA)
- DCH – File transfer for lead
- EpiInfo- Outbreak analysis
- Evaluation Web
- EPI-X – National communicable disease specific information
- Laser Fische – historical document management system for EH programs
- Livingston Parcel Viewer – Intranet based GIS

- MI-CLEAR
- OnBase – current document management system for EH programs
- MCIR – Immunization database
- MDSS – Communicable disease reporting
- MICL-PPP – Michigan Childhood Lead Poison Prevention Program
- MIHAN – Health alerting system, including LHD documentation
- Patagonia – Electronic Medical Records
- MI-WIC – WIC online statewide data entry system
- MMWR – Medical articles and recommendations from the CDC
- Netwerkes.com – Billing and eligibility information
- Outlook – Used for staff communication
- Rooftop antenna – Ability to view local news and emergency information
- Sword Solutions – Food service information, pool, and campground

The following list includes technology used to distribute public health information:

- 800 MHz radios – Ability to receive OPHP information and communicate with county-wide emergency planners
- Amateur radio – Ability to share information through radio waves
- Billboards along major roadways
- Broadcast fax – Ability to send information to multiple groups, including physicians, restaurants, media, schools, etc.
- Cell phones – Ability to share information via telephone
- Facebook – Ability to broadcast information for the community to “follow”
- GetConnected – Ability to share information with Medical Reserve Corps Volunteers
- Instagram– Ability to broadcast information for the community to “follow”
- Internet – Ability to broadcast information for the community to retrieve
- Intranet – Ability to broadcast information to LHD and all county employees
- LivGov Alert System
- Local radio and newspapers
- Microsoft Teams – Ability to communicate with staff and to share information via virtual meetings
- MIHAN – Health alerting system
- Outlook – Used for general communication
- VIOP – Ability to share information via county computer network and fixed telephone lines
- Webcasting – Ability to receive webcasts
- Wordpress (LCHD website)
- YouTube – Ability to broadcast information for the community to “follow”
- Zoom – Ability to share information via virtual meetings

Part 3—Missions, Vision, and Values

- A. Contains a clear, formally written, publicized statement of the local health department’s mission (may include the LHD’s Vision, Values, Goals, Objectives).**

Mission: Livingston County Health Department will protect, preserve, and promote the health and safety of the people of Livingston County.

Vision: Livingston County will be a safe and healthy community where all people realize their fullest

health potential and live enriched and productive lives.

The LCHD Mission Statement is publicized in our Annual Report and on our website.

Refer to Attachment H for the latest Annual Report.

Refer to Attachment I for a screenshot of our website homepage.

Part 4—Local Planning and Collaboration Initiatives

A. Outline or list LHD-specific priorities.

Refer to Attachment H.

B. Outline or list the LHD activities to plan or pursue priority projects with available resources.

Refer to Attachments H and I. Additionally, the department’s Strategic Plan 2016-2020 and the community’s 2015 Community Health Improvement Plan are available on the department’s website under [Publications](#).

Currently working in collaboration with Trinity Health on our shared implementation strategies based on their CHNA that was completed in 2024. LCHD is in the process of finalizing/updating our CHNA report with our consultant.

C. Outline or list community partnerships and collaborative efforts.

- Abilities Alliance
- Community Connect Planning Committee
- Child Abuse Prevention (CAP) Council
- Child Death Review Team
- Cities Readiness Initiative
- City of Brighton Well Head Protection Committee
- City of Howell Wellhead Protection
- Community Health Worker Collaborative
- Community Needs Assessment & Evaluation Committee
- District 1 Regional Medical Response Coalition
- Epidemiology Laboratory Capacity meeting
- Fair & Equitable Employer Committee (LC Strategic Plan)
- Great Start Livingston Collaborative
- Greater Detroit BioWatch Risk Communications Sub-Committee
- Hartland Township Wellhead Protection
- Health & Human Services Safety Committee (LC Strategic Plan)
- Health Education & Promotion Forum
- Healthcare Systems Collaboration
- Home Health and Safety Taskforce
- Homebuilders Association
- Howell City Brownfield Development Committee
- HSCB Funding Partners
- Human Services Collaborative Body (HSCB)
- Livingston County Community Alliance
- Livingston County Community Alliance Data Task Force
- Livingston County Community Alliance Marijuana Subcommittee
- Livingston County Local Emergency Planning Committee
- Livingston County Phase II Watershed Planning Committee
- Livingston County Solid Waste Planning Committee
- Livingston Leadership Council on Aging
- Liv.Well Community Health

- MALPH Administrators Forum
- MALPH Management Information Systems Forum
- Marihuana Outreach and Oversight Grant
- MDEQ Part 201 Workgroup
- Michigan Environmental Health Association (MEHA)
- MHOG Wellhead Protection Committee
- Michigan Association for Local Public Health (MALPH)
- Michigan Association of Local Environmental Health Administrators (MALEHA)
- Michigan Network of Accreditation Coordinators (MI-NAC)
- Michigan Public Information Officer (MiPIO) Network
- MRC Michigan Coordinator Group
- MALPH - Nurse Administrators Forum
- Physical Well-Being Committee
- Livingston County Hunger Council
- Livingston County Mental Health Awareness Workgroup
- Oversight Policy Board (OPB)
- Prescription for Health Grant
- Public Health Advisory Committee (LHP)
- Region 1 Infection Control, Communicable Disease, & Epidemiology (RICE) meeting
- Safe Kids Huron Valley
- SEMHA IAP
- Sexual Assault Response Team
- SHIFT District Leadership Team
- Southeastern Michigan Health Association (SEMHA)
- Substance Use Disorder Prevention and Treatment Workgroup
- UMSPH Practice Advisory Council
- Volunteer Livingston Volunteer Coordinator Coalition

Part 5—Service Delivery

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

Livingston County Health Department
 2300 East Grand River Avenue, Suite 102
 Howell, Michigan 48843

Hours of Operation: Monday through Friday
 8:00 AM – 5:00 PM

- Additional clinic evening hours are available throughout the year.
- 24/7 on call via 911

Refer to Attachment J for services.

Part 6—Reporting and Evaluation

A. Briefly describe the LHD's efforts to evaluate its activities.

Livingston County Health Department (LCHD) participates in an accreditation review process administered every three years to assure and enhance the quality of local public health in Michigan. This process evaluates all of our programs to ensure we meet minimum program requirements and allows for continual quality improvement through corrective plans of action.

All grant funded programs must meet the guidelines specifying program objects, evaluation, and reporting procedures in order to receive funding.

Personal and Preventive Health Services (PPHS) staff are committed to continuous quality improvement and have adapted a quality assurance framework. The process includes an annual environmental survey, client survey, and staff survey. Survey results are shared with staff and management and help direct activities for improvement in designated areas where additional training or guidance is needed to assure that program requirements are being met. Staff meetings occur at varying frequencies. Program Coordinators and clerical meetings are held monthly to provide an opportunity for program in-services and updates. Division meetings are less frequent, but at a minimum twice per year.

Environmental Health Services (EH) conducts regular monthly staff meetings to discuss emerging issues and updates with all staff present. Program Coordinators meet separately monthly to discuss higher level management updates. Programs such as the private and public water supply programs conduct annual self-assessments or an onsite review by EGLE staff to determine program compliance. In addition, food, well, and wastewater program staff perform routine quality assurance reviews of their programs. A customer satisfaction survey is housed on the EH homepage and is available to all EH customers at any time.

LCHD had developed a performance management system as part of our PHAB accreditation process, which included goal and quality improvement activities to drive improvement. During the pandemic, this system was not maintained. This pause has allowed LCHD management to reevaluate, refine, and have plans to implement a revised system soon. Performance evaluations of staff also provide an opportunity to set priorities and programmatic goals within the agency and are integrated into routine staff meetings to track progress.

B. Outline or list the LHD's mechanism to report on its activities to the community and its governing entity.

- Annual Reports
- CD Update (quarterly)
- Division reports/updates (monthly)
- Emails to community partners (ex: Livingston Google Group listserv)
- Email updates to medical providers
- MRC Update & Newsletter (quarterly)
- Periodic reports to the General Government/Health and Human Services Committee of the Board of Commissioners
- Presentations to community groups and organizations
- Press releases

- Reports (ex: outcome reports, health data reports, etc.)
- Select reports to the Board of Commissioners
- Social media presence via department Facebook and Instagram pages
- Steaming Kettle News (food sanitation)
- Updates through attendance at HSCB meetings and various committees of the HSCB
- Website updates
- WIC Newsletter (quarterly)

Part 7—Health Officer and Medical Director

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

All candidates are required to meet the requirements for the Health Officer and Medical Director positions as specified in the Michigan Public Health Code and will have resumes submitted to the Michigan Department of Health and Human Services (MDHHS) for review and approval prior to final appointment by the Board of Commissioners.

B. Health Officer: MDCH Approval

Refer to Attachment K.

C. Medical Director: MDCH Approval

Refer to Attachment L.

Part 8—LHD Plan of Organization Approval Form

Refer to Attachment M.



Section I: Powers and Duties

LAWS APPLICABLE TO LOCAL PUBLIC HEALTH (LPH)

Public Health Code (PA 368 of 1978)

- MCL § 333.1105 – Definition of Local Public Health Department
- MCL § 333.1111 – Protection of the health, safety, and welfare
- Part 22 (MCL §§ 333.2201 *et seq.*) – State Department
- Part 23 (MCL §§ 333.2301 *et seq.*) – Basic Health Services
- Part 24 (MCL §§ 333.2401 *et seq.*) – Local Health Departments
- Part 51 (MCL §§ 333.5101 *et seq.*) – Prevention and Control of Diseases and Disabilities
- Part 52 (MCL §§ 333.5201 *et seq.*) – Hazardous Communicable Diseases
- Part 53 (MCL §§ 333.5301 *et seq.*) – Expense of Care
- MCL § 333.5923 – HIV Testing and Counseling Costs
- MCL § 333.9131 – Family Planning
- Part 92 (MCL §§ 333.9201 *et seq.*) – Immunization
- Part 93 (MCL §§ 333.9301 *et seq.*) – Hearing and Vision
- MCL § 333.11101 – Prohibited Donation or Sale of Blood Products
- MCL § 333.12425 – Agricultural Labor Camps
- Part 125 (MCL §§ 333.12501 *et seq.*) – Campgrounds, etc.
- Part 127 (MCL §§ 333.12701 *et seq.*) – Water Supply and Sewer Systems
- Part 138 (MCL §§ 333.13801 *et seq.*) – Medical Waste
 - (Required to investigate if complaint made and transmit report to MDHHS – 13823 and 13825)
- MCL § 333.17015 – Informed Consent

Appropriations (Current: PA 349 of 2004)

- Sec. 218 – Basic Services
- Sec. 904 - LPHO

Michigan Attorney General Opinions

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

Food Law of 2000 (PA 92 of 2000)

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



Section I: Powers and Duties

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

Part 31- Water Resources Protection

Specifically:

MCL §§ 324.3103 powers and duties and 324.3106 (establishment of pollution standards)

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

Part 117 - Septage Waste Services

Specifically:

MCL §§ 324.11701 - 324.11720

Land Division Act (PA 288 of 1967)

MCL § 560.105(g) - Preliminary Plat Approvals

MCL § 560.109a - Parcels less than 1 acre

MCL § 560.118 - Health Department Approval

Condominium Act (PA 59 of 1978 as amended)

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

Safe Drinking Water Act (PA 399 of 1976 as amended)

MCL § 325.1016 - Public Water Supplies

Agreements with Local health departments to administer

This document may serve as a survey of appropriate laws, but may not be considered exhaustive or as a limit to responsibilities required by law.

MICHIGAN MUNICIPAL RISK MANAGEMENT AUTHORITY COVERAGE OVERVIEW

Member:	County of Livingston	Member No: M0001289
Date of Original Membership:	February 1, 1980	
Overview Effective Dates:	July 01, 2024 To July 01, 2025	
Member Representative:	Cindy Catanach Arbanas	Telephone #: (517) 540-8727
Regional Risk Manager:	Ibex Insurance Services	Telephone #: (248) 538-0470

A. Introduction

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

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

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

B. Member Obligation - Deductibles and Self Insured Retentions

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

Table I
Member Deductibles and Self Insured Retentions

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

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

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

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

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

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

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

C. MMRMA Obligations - Payments and Limits of Coverage

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

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

Table II
Limits of Coverage

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

Property and Crime	Limits of Coverage Per Occurrence		Annual Aggregate	
	Member	All Members	Member	All Members
1 Buildings and Personal Property	171,521,643	350,000,000	N/A	N/A
2 Personal Property in Transit	2,000,000	N/A	N/A	N/A
3 Unreported Property	5,000,000	N/A	N/A	N/A
4 Member's Newly Acquired or Constructed Property	10,000,000	N/A	N/A	N/A
5 Fine Arts	2,000,000	N/A	N/A	N/A
6 Debris Removal (25% of Insured direct loss plus)	25,000	N/A	N/A	N/A
7 Money and Securities	1,000,000	N/A	N/A	N/A
8 Accounts Receivable	2,000,000	N/A	N/A	N/A
9 Fire Protection Vehicles, Emergency Vehicles, and Mobile Equipment (Per Unit)	5,000,000	10,000,000	N/A	N/A
10 Fire and Emergency Vehicle Rental (12 week limit)	2,000 per week	N/A	N/A	N/A
11 Structures Other Than a Building	15,000,000	N/A	N/A	N/A
12 Dam/Dam Structures/Lake Level Controls	2,205,000	N/A	N/A	N/A
13 Transformers	60,000	N/A	N/A	N/A
14 Storm or Sanitary Sewer Back-Up	1,000,000	N/A	N/A	N/A
15 Marine Property	1,000,000	N/A	N/A	N/A
16 Other Covered Property	20,000	N/A	N/A	N/A
17 Income and Extra Expense	5,000,000	N/A	N/A	N/A
18 Blanket Employee Fidelity	1,000,000	N/A	N/A	N/A
19 Faithful Performance	Per Statute	N/A	N/A	N/A
20 Earthquake	5,000,000	N/A	5,000,000	100,000,000
21 Flood	5,000,000	N/A	5,000,000	100,000,000
22 Terrorism	50,000,000	50,000,000	N/A	N/A

Table III

Network and Information Security Liability, Media Injury Liability, Network Security Loss, Breach Mitigation Expense, PCI Assessments, Social Engineering Loss, Reward Coverage, Telecommunications Fraud Reimbursement, Extortion.				
	Limits of Coverage Per Occurrence/Claim	Deductible Per Occurrence/Claim		Retroactive Date
	\$2,000,000			
Coverage A Network and Information Security Liability: Regulatory Fines:	Each Claim Included in limit above Each Claim Included in limit above	\$25,000	Each Claim	7/1/2013
Coverage B Media Injury Liability	Each Claim Included in limit above	\$25,000	Each Claim	7/1/2013
Coverage C Network Security Loss Network Security Business Interruption Loss:	Each Unauthorized Access Included in limit above Each Business Interruption Loss Included in limit above	\$25,000	Each Unauthorized Access Retention Period of 72 hours of Business Interruption Loss	Occurrence
Coverage D Breach Mitigation Expense:	Each Unintentional Data Compromise Included in limit above	\$25,000	Each Unintentional Data Compromise	Occurrence
Coverage E PCI Assessments:	Each Payment Card Breach \$1,000,000 Occ./\$1,000,000 Agg. Included in limit above	\$25,000	Each Payment Card Breach	Occurrence
Coverage F Social Engineering Loss:	Each Social Engineering Incident \$100,000 Occ./\$100,000 Agg. Included in limit above	\$25,000	Each Social Engineering Incident	Occurrence
Coverage G Reward Coverage	Maximum of 50% of the Covered Claim or Loss; up to \$25,000 Included in Limit above		Not Applicable	Occurrence
Coverage H Telecommunications Fraud Reimbursement	\$25,000 Included in limit above		Not Applicable	Occurrence
Coverage I Extortion Coverage	Each Claim Included in limit above	\$25,000	Each Extortion Loss	Occurrence

Annual Aggregate Limit of Liability

Each Member Aggregate	All Members Aggregate
\$2,000,000	\$17,500,000

The Each Member Aggregate Limit of Liability for the combined total of all coverage payments of MMRMA and MCCRMA shall not exceed \$2,000,000 per Member for all Subjects of Coverage in any Coverage Period, regardless of the number of coverage events.

The All Member Aggregate Limit of Liability for the combined total of all coverage payments of MMRMA and MCCRMA shall not exceed \$17,500,000 for All Members for all Subjects of Coverage in any Coverage Period, regardless of the number of Members or the number of coverage events.

It is the intent of MMRMA that the coverage afforded under the Subjects of Coverage be mutually exclusive. If however, it is determined that more than one Subject of Coverage applies to one coverage event ensuing from a common nexus of fact, circumstance, situation, event, transaction, or cause, then the largest of the applicable Deductibles for the Subjects of Coverage will apply.

Table IV
Specialized Emergency Response Expense Recovery Coverage
Limits of Coverage

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

Table V
Specialized Emergency Response Expense Recovery Coverage
Deductibles

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

D. Contribution for MMRMA Participation

County of Livingston

Period: July 01, 2024 To July 01, 2025

Coverages per Member Coverage Overview:	\$1,450,955
Stop Loss Coverage:	\$39,899
Member Loss Fund Deposit:	\$40,000
TOTAL ANNUAL CONTRIBUTIONS:	\$1,530,854

E. List of Addenda

1. Limited Liability Coverage For Use or Operations of Unmanned Aircraft
2. Manuscript Addendum w/o signature
3. Stop Loss Program Participation Agreement

This document is for the purpose of quotation only and does not bind coverage in the Michigan Municipal Risk Management Authority, unless accepted and signed by both the authorized Member Representative and MMRMA Representative below.

Accepted By:
County of Livingston

Proposal No:
Q000014541

MMRMA

Cynthia Albanco
Member Representative


MMRMA Representative

01/21/24
Date

6-21-24
Date

ADDENDUM

**STOP LOSS PROGRAM
PARTICIPATION AGREEMENT**

Optional

The Stop Loss Program limits the Member's cash payments during a July 1 - June 30 year for those costs falling within the Member's SIR. The Stop Loss Program responds only to cumulative Member SIR payments, including damages, indemnification, and allocated loss adjustment expenses, within a July 1 - June 30 calendar year. The paid costs include payments for any coverage provided to the Member by MMRMA provided that the costs are actually paid within the July 1 - June 30 period. On July 1 of each year, the Member's paid costs accumulate from zero.

If the Member has chosen to participate in the Stop Loss Program, and if the Member's paid costs exceed the member's entry point, the Stop Loss Program will pay, until July 1, all costs that would, in the absence of the Stop Loss Program, be paid from the Member's SIR. **County of Livingston's** entry point is **\$375,000**. Withdrawing Members do not participate in the Stop Loss Program after the date of withdrawal.

The Member agrees to be bound by MMRMA rules relating to the Stop Loss Program.

Accepted by:

Cynthia Albanas

Member Representative

Date: _____

6/21/24

MMRMA

[Signature]

Authorized Representative

Date: _____

6.21.24

MICHIGAN MUNICIPAL RISK MANAGEMENT AUTHORITY

IT IS HEREBY AGREED AND UNDERSTOOD THE FOLLOWING IS AMENDED TO READ:

Table II Property and Crime

13. Transformers

Limits of Coverage Per Occurrence:

Member - \$2,500,000 All Members – N/A

Annual Aggregate:

Member – N/A All Members N/A

ADDENDUM

LIMITED LIABILITY COVERAGE FOR USE OR OPERATIONS OF UNMANNED AIRCRAFT
(Optional)

This addendum modifies the Liability and Motor Vehicle Physical Damage Coverage Document

A. LIMITATIONS OF COVERAGE, PROCEDURES, EXCLUSIONS, DEFINITIONS.

1. MMRMA will pay for any loss as defined in Sections 1 and 2 of the Liability and Motor Vehicle Physical Damage Coverage Document, caused by the use or operation of an Unmanned Aircraft, the actual loss up to a \$1,000,000 limit per occurrence and subject to a \$2,000,000 annual member aggregate.
2. The Member Duties, Responsibilities, Other Conditions stated in Section 7 of the Liability and Motor Vehicle Physical Damage Coverage Document shall apply to Limited Liability Coverage for use or operations of Unmanned Aircraft.
3. As respects this Limited Liability Coverage for Use or Operations of Unmanned Aircraft Addendum, Section 7; Member Duties, Responsibilities, Other Conditions, of the Liability and Motor Vehicle Physical Damage Coverage Document is amended to include the following:

P. FAA COMPLIANCE

The terms of this Addendum apply only if the Member is in compliance with all FAA rules and regulations governing the use or operation of an unmanned aircraft, at time of occurrence.

4. The Liability and Motor Vehicle Physical Damage Coverage Document Section 4, Definitions, shall apply to this Limited Liability Coverage For Use Or Operation Of An Unmanned Aircraft Addendum.
5. As respects this Limited Liability Coverage For Use Or Operations Of Unmanned Aircraft Addendum, Section 2; Exclusion C, of the Liability and Motor Vehicle Physical Damage Coverage Document is deleted in its entirety and replaced by the following:

EXCLUSIONS

- C. Ownership, maintenance, loading or unloading, use or operation of any aircraft (other than unmanned aircraft), airfields, or runways; watercraft over 75 feet in length;

Period: 07/01/2024 to 07/01/2025

LIMITED LIABILITY COVERAGE FOR USE OR OPERATIONS OF UNMANNED AIRCRAFT
(Optional)

Accepted By:
County of Livingston

Member ID:
1289

MMRMA

Cynthia Albanas

Member Representative

6/21/24

Date

[Signature]

MMRMA Representative

6-21-24

Date



LIVINGSTON COUNTY Health Department

Chemical Hygiene: Exposure Control Standard Operating Procedures 2023

Approved by LCHD Medical Director on: [Click or tap to enter a date.](#)

Signature:  _____ Dr. Juan Marquez

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CHEMICAL HYGIENE PLAN

Legal / Regulatory / Statutory Reference- [MIOSHA Rule 408.1024](#) and [29 CFR 1910.1200](#)

The Hazard Communication Plan (Chemical Hygiene Plan) is required by [Part 431 of the Michigan Occupational Safety and Health Act](#) governing hazardous work in laboratories and supersedes federal regulations in Michigan to ensure that information is transmitted to employees about the chemical hazards that they are exposed to. This is accomplished through labels, material safety data sheets, instructions, written information, training, and other forms of warning.

Chemical Handling Procedures and Basic Rules

Livingston County Health Department (LCHD) employees work cooperatively in providing a safe and healthful work environment with training, evaluations, and periodic meetings that ensure all staff are aware of and comply with safeguards that are in place to limit accidents and injuries by the following basic rules:

1. Chemical Hygiene Plan is updated annually and in place.
2. Workplace risk is assessed and communicated to all employees in a timely manner. Avoid underestimation of risk.
3. Workplace controls are in place and utilized whenever hazardous chemicals are used. This may include, but not be limited to, personal protective equipment appropriate for the hazard, adequate ventilation, and hazard communication.
4. Chemical exposure will be minimized at all times.
5. Any appropriate Permissible Exposure Limits (PELs) or Threshold Level Values (TLVs) as defined by the SDS for all chemicals in use at the worksite will be observed and maintained.

Chemical Procurement, Hazard Determination, Inventory, Storage, and Distribution Procedures

General Considerations:

1. One person (Chemical Hygiene Coordinator) in each division, Personal/ Preventive Health Services (PPHS) and Environmental Health (EH), will be responsible for all aspects of this plan.

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- The Coordinator will determine quantity and timing of hazardous chemical supplies procurement, storage, and distribution.
 - Procurement will be routed through the LCHD Finance Office for ordering and billing purposes.
 - The coordinator will be responsible to ensure, information on proper handling, storage, and disposal will be known to those who will handle, store, work with or dispose of the substance prior to use of the chemical.
2. Long-term storage will occur in each division's storage room. Laboratory and field activity quantities will be maintained at each utilization site as needed (amounts stored should be as small as practical). 1 combined Safety Data Sheets (SDS) book will be maintained for both PPHS and EH and will be stored in the front/reception office.
 3. Chemicals will be purchased in small easy to use sizes. Laboratory scale means working with substances in which the containers used for reactions, transfers, and other handling of substances are designed to be easily and safely manipulated by one person.
 4. Distribution of workplace chemicals is handled on a case-by-case basis by the division (Chemical Hygiene Coordinator) with appropriate precautions. When chemicals are hand-carried outside of the immediate work area, the container should be placed in an outside container or bucket.
 5. Information supplied by the manufacturers will be relied upon for hazard and risk 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.
 - A **physical hazard** means a chemical for which there is scientifically valid evidence that it is a combustible liquid, a compressed gas, explosive, flammable, an organic peroxide, an oxidizer, pyrophoric, unstable (reactive), or water reactive.
 - A **health hazard** includes chemicals that are carcinogens, toxic or highly toxic agents, reproductive toxins, irritants, corrosives, sensitizers, hepatotoxins, nephrotoxins, neurotoxins, agents which act on the hematopoietic systems, and agents that damage the lungs, skin, eyes, or mucous membranes.
 6. It is the policy of the LCHD to request SDSs for each potentially hazardous chemical. Examples of laboratory uses of hazardous chemicals that provide no potential for employee exposure might include:
 - commercially prepared kits such as pregnancy tests, in which all of the reagents needed to conduct the test are contained in the kit
 - procedures using chemically impregnated test media such as dip-and-read

- tests where a reagent strip is dipped into the specimen to be tested
- 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
 - medications and drugs that are in solid, final form, for direct administration to the patient (i.e., tablets, pills, capsules) are considered exempt from the Chemical Hygiene Plan
7. In all such cases, determination for hazard communication and record-keeping will be made by the division Chemical Hygiene Coordinator based upon lack of employee exposure potential.
 8. The chemical inventory is monitored by each division's Chemical Hygiene Coordinator 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.

Housekeeping, Maintenance, and Inspection Procedures

1. An annual review of the building maintenance procedures will take place. An inventory of hazardous products and materials will be updated as needed. Confirmation that SDSs are posted for maintenance staff and LCHD staff will occur. Eyewash fountains should be inspected at intervals of not less than three months by the Communicable Disease Supervisor. And other safety equipment should be inspected regularly (e.g., every 3-6 months).
2. Storage practices will ensure hallways and other passageways are not utilized for this purpose. Access to exits, emergency equipment, and utility controls should never be blocked.
3. Inspections of LCHD Chemical Hygiene related areas such as, spill kits, SDS binder, and signage will occur on an annual basis to be conducted by division Chemical Hygiene Coordinators and will be documented in the [LCHD Annual Chemical Hygiene Inspection Log](#). As other safety equipment is acquired, it will be added to this inspection schedule as required.

Hazard Labeling and Signage

1. In accordance with the [Hazardous Work in Laboratories Standard](#), chemical hazard labels are to be legible, in English, and displayed either on the container (of the product) or readily available in the work area throughout each work shift. 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 LCHD policy to ensure that the employee is familiar with the hazards they have contact with and that there is a label available to remind or warn them of the hazards.
2. A label will be provided for each chemical product that will include an indication of the hazards presented by the product in each of the four areas: fire, reactivity, health, and special hazards. Special safety equipment, which is required to handle hazardous products, must be indicated on the label.
3. Other signs posted in prominent locations shall consist of the following:
 - telephone numbers of emergency personnel/facilities, and supervisors
 - location signs for eyewash station, other safety and first aid equipment, fire extinguishers, exits, and food and beverage consumption prohibition signs posted in laboratory rooms
 - warnings at areas or equipment where special or unusual hazards exist
 - the location of the SDS binder and the name and number of the Chemical Hygiene Coordinator ([This Workplace Covered by the Michigan Right to Know Law](#))

Chemical Spill Response and Cleanup Procedures

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.

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 SDS will be referred to for proper spill response procedures. These will include appropriate materials to be used for the 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 LCHD:

1. Upon review of available SDSs and other pertinent manufacturer-supplied material, appropriate spill cleanup materials may be stored on-site.
2. All hazardous chemicals will be labeled properly with applicable handling precautions included.

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3. Location signs for fire extinguishers, exits, and an eyewash station will be displayed.
4. The paging system will be utilized to alert PPHS employees that a chemical spill has occurred. EH employees will be alerted by word of mouth in case of an accidental spill due to the large open layout of this division.
5. If an accidental spill occurs, the following steps will be taken:
 - a) determine what has been spilled and consult the SDS for the product
 - b) if the product is toxic, evacuate personnel from the immediate area
 - c) if the quantity and toxicity of material warrants it, evacuate larger areas
 - d) ensure adequate ventilation exists
 - e) contain the spill by utilizing absorbent material on hand
 - f) ensure proper personal protective equipment is used as per the consulted SDS
 - g) if SDS information is incomplete, professional judgment will help determine how to contain and/or clean up the spill
 - h) the manufacturer may be contacted for further information if time allows
 - i) disposal of cleanup materials will be as recommended by the manufacturer and in accordance with local, state, and federal regulations
 - j) any materials saturated with flammable liquids shall be placed into containers that will limit fire hazards and combustion potential
 - k) an [incident report](#) will be completed and submitted to the Division Director who will review and forward recommendations to the LCHD Management Team
 - l) all accidents will be analyzed to determine if changes in protocols, procedures, or materials are required
6. One Universal Spill Kit will be located in Immunization Room 1, One in the WIC Office and one in EH.
7. Any use of a spill kit must be reported to the Chemical Hygiene Coordinator. The Coordinator is responsible for immediate replenishment.

Medical Program Compliance

1. Due to the limited extent and quantity of toxic chemicals in the LCHD workplace, the need for regular medical surveillance will be decided upon on a case-by-case basis. The LCHD Medical Director will make this determination for any individual exposed to workplace chemicals. This determination will be based upon the employee's frequency and duration of exposure to toxicologically significant quantities of a chemical during their work schedule.
2. If an employee needs medical attention as a result of a chemical spill, the nearest medical emergency room is located at Trinity Health Hospital--Livingston, 620 Byron Road, in Howell. The phone number for emergency services is (517) 545-6100, or 911 can be contacted if necessary.

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Personal Protective Equipment (PPE)

1. Personal protective equipment (PPE) will be provided to LCHD employees for the protection of the eyes, face, head, and extremities, wherever there is a potential for injury or impairment in the function of the body through absorption, inhalation, or physical contact of hazardous substances. The PPE that is provided to employees has been selected based on the work task being performed and the degree of exposure anticipated from the work hazard. Equipment and/or workplace controls will be maintained in accordance with manufacturers' guidelines to ensure proper functioning and is available in sizes to fit all staff.
2. The use of PPE is considered to be a condition of employment. Employees who choose to disregard the importance of PPE may be subject to reprimand.
3. Annual employee training regarding PPE will include:
 - Use of steel toe work boots, hardhats, gloves, and eye protection for EH employees with certain job duties. Detailed examples of appropriate circumstances will be presented to division employees. Necessary PPE will be distributed to appropriate personnel.
 - Use of appropriate smocks/lab coats, eyewear/masks, and gloves for PPHS employees in certain job duties. The use of protective clothing will occur whenever there is a reasonable potential for the soiling of clothes with hazardous chemicals. The garments will be selected to meet the type and amount of soiling expected to be present during any specific work task based upon submitted SDS information. Protective eyewear and/or masks will be worn whenever there is the potential for the generation of splashes, spills, spray, splatter, droplets, or aerosols of chemicals in the workplace as recommended by SDS information. Gloves will be worn according to SDS 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.
 - All aspects of appropriate PPE will be covered during training including proper adjustments, care, maintenance, useful life, and disposal.
4. The EH and PPHS Supervisors will be responsible for the procurement, maintenance, and replacement of PPE for their respective divisions. Periodic surveys of division PPE will occur at least annually to ensure that the condition, quantity, and intended purposes of the PPE are being achieved. It is expected that employees notify their supervisor regarding any damage, defects, or unmet needs concerning PPE.
5. Any cleaning, laundering, or disposal of PPE will be provided by LCHD. PPE should not be taken home by the employee for laundering.

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6. Repair and/or replacement of PPE is provided by the employer as needed to maintain its effectiveness.
7. Employees will not be responsible for the cost of any PPE that is required to protect them from exposure to chemical, biological or safety hazards in the workplace.

Records Maintenance

1. Any incident requiring medical attention or resulting from a spilled hazardous product must be recorded in written form. Any follow-up or corrective actions taken will be noted in the incident report. The incident records will be kept in a locked file in the Medical Director's office.
2. Chemical Hygiene Plan records must document that the facilities and precautions were compatible with current knowledge and regulations.
3. If substances considered high-risk by the Chemical Hygiene Coordinators are stored and/or used, then inventory and usage records will be kept.
4. If an incident occurs, names of workers involved, and records of the amounts of these materials used and kept on hand will be maintained in the incident record.
5. Any medical records of LCHD employees monitored for exposure to a hazardous substance will be reviewed by the employee's supervisor and stored in a locked file in the Medical Director's office.
6. Medical records may include measurements taken to monitor exposure, consultations, examinations, tests, or written opinions required by this standard. The LCHD will assure that such records are kept, transferred, and made available.
7. All medical records will be retained by LCHD in accordance with state and federal regulations for at least the duration of employment plus 30 years.
8. All training records conducted in accordance with the Chemical Hygiene Plan will include the following information, and will be maintained for three years from the date on which the training occurred:
 - documentation of the training will be maintained in a master training file in EH and the Chemical Hygiene Plan SOP binder in PPHS.
 - dates of all training sessions.
 - a summary of the training sessions.
 - the names and qualifications of persons conducting the training.

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- the names and job titles of all persons attending the training sessions.
9. SDSs are to be retained for 30 years from the date of removal from the active file.

SDS Maintenance and Location

1. An SDS binder is stored in the front/reception office. All employees are informed of the location of these sheets and how to utilize them.
2. Information contained on the SDSs includes **flammability, reactivity, and health hazards, precautions for safe handling and use, and spill control measures**. This information will ensure that chemicals and products are used safely and that employees are aware of the hazards associated with those items.
3. It is the responsibility of the LCHD to collect, store, and maintain SDSs for each hazardous substance or product utilized in the workplace. The supplier and manufacturer of such products is required to supply SDSs along with the first order of each product. If the SDS is not received with a first order, one will be requested.
4. Any necessary information that is missing on a submitted SDS will be requested from the supplier or manufacturer.
5. Whenever new or revised SDSs are received by the Chemical Hygiene Coordinators, they will be posted on the employee bulletin boards for a minimum of thirty days and then inserted into the designated SDS files.
6. If an SDS is removed or revised, the data sheet must be marked with the date it was removed and placed in a separate file of archived datasheets. These archived sheets will be retained for thirty years from the date of removal from the active files.

Waste Management

1. Hazardous chemical waste or products are handled and disposed of in accordance with information provided on the appropriate SDS. Should information be lacking on the SDS, the manufacturer and/or the supplier will be contacted for additional disposal instructions.
2. If the chemical waste or product is contaminated with blood or other potentially infectious material, then the waste will be disposed of in accordance with the guidelines outlined in the Medical Waste Management section within the Exposure Control Bloodborne Pathogens SOP located in the Nursing Village.
3. Chemical waste will be disposed of in the following hierarchy of options:
 - disposal of waste via the Livingston County Household Hazardous Waste Program
 - in the event the waste is not accepted by the Livingston County Household Hazardous Waste Program, disposal shall occur through contracted services in place at the LCHD at the time of disposal for the particular type of waste (bloodborne, infectious, etc.)
 - if a contracted service does not exist for the particular waste, then Facility Services Supervisor will be contacted
4. Pouring waste chemicals down the drain or adding them to solid waste refuse is unacceptable.
5. Disposal by recycling or decontamination should be used when possible.
6. The goal of waste management is to assure that minimal harm to people, other organisms, and the environment will result from the disposal of waste laboratory chemicals.
7. Unlabeled containers of chemicals and solutions must undergo prompt disposal; if partially used, they should not be opened. Before a worker's employment ends, chemicals for which that person was responsible should be discarded or returned to storage.
8. Waste should be removed to a central waste storage area at least once per week and from the central waste storage area at regular intervals.
9. Hoods must not be used as a means of disposal for volatile chemicals.

Employee Information and Training

1. LCHD employees will receive chemical hygiene training at the time of initial assignment, annually, and job specific training will be done before a new chemical is introduced into the workplace.
 - Discuss the location of the chemical hygiene plan and provide a review of the plan.
 - Advise employees about hazardous chemicals, physical hazards of chemicals, and health hazards of chemicals, as well as chemicals that provide no potential for employee exposure.

2. Personal protective equipment (PPE) is provided to LCHD employees for the protection of the eyes, face, head, and extremities where there is potential for injury or impairment in the function of the body through absorption, inhalation, or physical contact. The PPE has been selected based on the type of task performed and the degree of exposure anticipated from the hazard to which the employee has been exposed.
 - Types of PPE used at LCHD.
 - How to procure PPE.
 - PPE required for specific tasks.
 - Proper use, care, maintenance, and disposal of PPE.

3. Material Safety Data Sheets (SDS)
 - location of SDSs, posting of SDSs for a new chemical introduced into the workplace, and location of SDSs for chemicals removed from the workplace.
 - review of SDS chemicals used, including a review of flammability, reactivity, health hazards, precautions for safe handling and use, control measures, signs and symptoms of exposure, and emergency and first aid procedures.

4. Chemical Spill Response
The initial step in controlling any type of spill is prevention. All chemicals should be handled with care and with appropriate PPE.
 - Determine what has been spilled and locate SDS for the product. Notify the supervisor that a spill has occurred.
 - If the product is toxic evacuate personnel from the area.
 - Follow emergency first aid procedures stated in SDS to assist exposed employees. For serious exposures that require medical attention, call 911. The exposed person will be transported to Trinity Health Livingston Hospital for treatment.
 - Follow precautions for safe handling and use stated in SDS for steps to be taken in case a material is released or spilled.

- Clean-up personnel must use proper PPE as described for spill response within the SDS.
 - Dispose of clean-up materials as recommended by the manufacturer in accordance with state, local, and federal regulations.
 - An [incident report](#) must be completed and submitted to your supervisor for review. Incorporate suggestions for avoiding repetition of the incident.
 - Spill kits are located in Immunization room 1, the WIC office, and EH.
 - Fire extinguishers are located at all exit locations, the entrance to OLHSA, Conference Room A, the Immunization lobby, the housekeeping room by WIC, the PPHS coffee area, and in Environmental Health storage area/kitchen room.
 - An Evacuation Route Guidance is located at the four hallway corners by OLHSA, Drain, EH, Finance Office.
 - Eyewash stations are located in WIC Room #3, and the Lab Room #9
5. LCHD is prohibited from discharging, or discriminating against, an employee who exercises the rights regarding information about hazardous chemicals in the workplace. As an alternative to requesting an SDS from LCHD, the employee may obtain a copy from Consumer and Industrial Services at the Michigan Department of Health and Human Services.
6. ECP Trainer and Chemical Hygiene Trainer will be responsible for employee chemical hygiene training and maintenance of training attendance records

Annual Review of Documentation by Management

PPHS Director/EH Director will be responsible for the annual program review evaluation and update.

Resources

- MIOSHA Michigan's Right to Know Law and Hazard Communication Standard
 - [*The Michigan Right to Know Law Compliance Guide*](#)
 - [*Michigan's Hazard Communication Standards*](#)
 - [*Federal OSHA Hazard Communication Standard*](#)
 - [*Sample Posters: SDS Location, New/Revised SDS*](#)
 - [*Right to Know Law Amendments*](#)
- [Chemical Exposure Incident Form](#)
- [This Workplace Covered by the Michigan Right to Know Law Sign](#)

Revision Tracking Log

Name	Position	Revision	Date of Review



LIVINGSTON COUNTY Health Department

Personal and Preventative Health Services

Bloodborne Pathogen Exposure Control

Standard Operating Procedures

2024

Approved by LCHD Medical Director on: Click or tap to enter a date.

Signature:

A handwritten signature in black ink, appearing to be 'JL Marquez', written over a faint, larger version of the signature.

Dr. Juan Luis Marquez

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GOAL

The goal of the Bloodborne Pathogen Exposure Control Plan (ECP) is to provide a safe working environment for employees who are anticipated to come in contact with human blood or other potentially infectious materials during the course of their work. The plan has been designed to minimize or eliminate potential exposures to bloodborne pathogens and meet the requirements of the OSHA Standard for Bloodborne Pathogens (.29CFR1910.1030) (United States Department of Labor) and with MIOSHA Rule 325.70001; "Bloodborne Infectious Disease". (Department of Labor and Economic Opportunity)

PURPOSE

The Livingston County Health Department is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with [MIOSHA Part 554 Bloodborne Infectious Diseases](#).

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

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
 1. Universal precautions
 2. Engineering and work practice controls
 3. Standard operating procedures
 4. Personal protective equipment; and,
 5. Housekeeping
 6. Hepatitis B vaccination
 7. Post-exposure evaluation and follow-up
 8. Communication of hazards to employees and training
 9. Recordkeeping
 10. Procedures for evaluating circumstances surrounding an exposure incident

EMPLOYEE EXPOSURE DETERMINATION

Exposure Categories

LCHD employees will be placed in categories according to their potential for occupational exposure. Employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP ([MIOSHA Rule 325.70003](#)) (Department of Labor and Economic Opportunity). New or re-assigned employees shall be assigned to the appropriate risk category by their immediate supervisor. The immediate supervisor shall ensure that Category A employees receive occupational exposure training at the time of initial assignment and yearly, thereafter. Additional training shall be provided when changes such as modification of tasks or procedures affect the employee's occupational exposure.

Training by Category:

LCHD Staff fall into two categories:

Category A: Employees with occupational exposure: PPHS staff, Health Promotion staff, EP staff, MRC, Body Art

Category B: Employees with no occupational exposure

Category A:

- At Orientation
- At the time of initial assignment to tasks where occupational exposure may take place
- When changes such as modification of tasks or procedures or institution of new tasks occur
- At least annually thereafter

Category B:

- At Orientation
- When changes such as modification of tasks or procedures or institution of new tasks occur that may change their exposure level

Category A Employees-

This category includes personnel who are exposed to blood, secretions and/or excretions containing visible blood or other potentially infectious materials that may result from the performance of their duties.

This group includes Personal and Preventive Health Services staff, Health Promotion, Emergency Preparedness staff, and MRC.

All employees in this category must use appropriate protective measures as outlined in the exposure control policies and procedures provided to them. LCHD will provide hepatitis B vaccine to all PPHS employees.

Category B Employees-

This category includes all personnel who have no occupational exposure such as Administrative and Environmental Health personnel.

Universal Precautions

Universal Precautions must be observed by all employees ([MOISHA Rule 325.70005](#)) (Department of Labor and Economic Opportunity).

This method of infection control requires the employer and employee to assume that all human blood and body fluids containing visible blood are infectious for HIV and other bloodborne pathogens.

In order to observe universal precautions, LCHD shall provide the appropriate personal protective equipment and clothing for employees at risk for exposure to blood and body fluids.

The level of protection must be commensurate with the anticipated level of exposure. The LCHD employee's immediate supervisor is responsible for facilitating the ordering and distribution of PPE and clothing.

Exposure Control Plan

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP (Exposure Control Plan) upon hire.

The ECP will also be reviewed annually. All employees have an opportunity to review this plan at any time during their work shifts by contacting the Exposure Control/BBP Coordinator.

Training will include:

- An explanation of the OSHA standard.
- An accessible copy of the OSHA standard.
- An explanation of the epidemiology and symptoms of bloodborne diseases.
- An explanation of the exposure control plan, implementation of plan and how to obtain a copy.
- An explanation of how to recognize tasks/activities that may involve exposure to blood or other potentially infectious materials.
- An explanation of the use of methods that will prevent or reduce exposure: i.e., engineering controls, work practices and personal protective equipment available at LCHD.

- Information regarding types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
- Information about the hepatitis B vaccine, its efficacy, safety, method of administration benefits and provision at no cost to the employee.
- An explanation of the procedure to follow if an exposure incident occurs, method of reporting and medical follow-up available.
- Information on the post-exposure evaluation and follow-up that is provided.
- An explanation of signs and symbols and color-coding of biohazards.

The Exposure Control/BBP Coordinator is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures, which affect occupational exposure, and to reflect new or revised employee positions with occupational exposure ([MIOSHA Rule 325.70004](#)) (Department of Labor and Economic Opportunity).

Engineering Controls

Gloves

Latex & vinyl gloves shall be worn in all situations where the potential for exposure to blood or body fluids exists. Gloves shall be worn when performing the following:

- phlebotomy
- microblood sampling-finger/heel/great toe sticks
- cleaning contaminated objects or any situation that exposure to blood and body fluids can be anticipated.

Gloves are not necessary when giving IM or subcutaneous injections as long as bleeding that could result in hand contact with blood or other potentially infectious material (OPIM) is not anticipated.

Gloves should be examined prior to use for any defects in manufacturing that could potentially permit exposure. They should also be replaced if they become torn or punctured.

Hands are washed before and after gloves are used for a procedure. Personnel shall wash their hands with soap and water as soon as possible after removing gloves and/or after an exposure to blood or body fluids. Hand sanitizer and antiseptic towelettes are available for use in rooms without hand washing facilities.

Non-latex gloves will be provided for employees who are allergic to latex. Employees are expected to notify their supervisor if they are allergic to latex.

Protective Clothing

Protective clothing shall be worn during procedures that may generate splashes of blood or body fluids or when contamination of clothing with body fluids is likely. In the event an employee's clothing becomes soiled with blood, or if blood penetrates the protective article and soils the employee's clothing the soiled article(s) must be changed as soon as possible. The contaminated article(s) should be placed in a red biohazard bag. Place the red biohazard bag in the hamper in the coat room.

Controls During an Emergency Situation

In the event that CPR needs to be performed on a client, it should be administered in such a fashion as to minimize any potential exposure to the attending clinician.

*Mouth-to-mouth resuscitation is not permitted. Ventilation should be provided using a bag-valve mask.

Sharps Safety

1. All sharps, needles, and lancets must be disposed of in a puncture resistant container with visible biohazard label immediately after use.
2. Needles must NEVER be recapped, purposely bent, or broken by hand to be removed from syringes.
3. Safety syringes will be used in immunization clinic. If employees are aware of any new safety devices on the market, samples can be ordered and evaluated.
 - Once a year, an evaluation of potential new products will be done and documented as stated in the Needlestick Safety and Prevention Act. (Library of Congress, 2000)

Specimen Safety and Handling

1. All specimens should be handled using **Universal Precautions**.
2. All specimens should be labeled appropriately with a biohazard label.
3. PPE should be worn when appropriate.

Point of Care Testing

[Alere Determine](#)

[ChemBio Sure Check Rapid HIV](#)

[HR Summit 23 HCV Rapid Test](#)

[HemoCue Analyzer](#)

For this test, a finger stick for two (2) drops of blood is obtained using a sterile lancet, and pipette. The blood is placed on the test strip. Gloves are used by staff during these procedures. All supplies containing blood are disposed of in Sharps containers.

Work Practice Controls

1. Eating, drinking, applying cosmetics, or handling contact lenses is strictly prohibited in work areas where any potential for occupational exposure exists. Hand cream is permitted.
2. Storage of food and beverages in the designated specimen or vaccine refrigerator is prohibited.
3. Gloves shall be used when cleaning areas and equipment contaminated or possibly contaminated with body fluids.
4. Super Sani-Cloth Germicidal Disposable Wipes will be used according to directions after:
 - the completion of procedures
 - immediately, or as soon as possible when surfaces are overtly contaminated
 - after any spill of blood or other potentially infectious materials
 - at the end of the work shift if the surface may have become contaminated since the last cleaning. Gloves should be worn at all times when using Sani Wipes.

Medical Waste Management Plan

1. Sharps such as needles, syringes, vacutainer needles, glass capillary tubes, glass slides, and lancets are considered Medical Waste and are collected in plastic puncture resistant sharps containers labeled "biohazard infectious waste".
2. When a sharps container is filled to the level indicated on the container, or has reached the 60-day expiration date, the plastic cap provided on the top of the sharps container is removed and placed over the opening. This tightly seals the container opening. The sharps containers and biohazard bags are placed in the plastic-lined, cardboard medical waste receptacle that is labeled with a biohazard infectious waste symbol, located in the storage room.
3. LCHD uses Hospital Network Healthcare Services (HNHS) for medical waste collection.
 - HNHS collects sharps containers and biohazard bags on a monthly basis.
 - An annual schedule is provided at the beginning of each calendar year.
 - Changes due to county holidays or lack of waste to be collected must be communicated to HNHS by phone or email. Lack of waste to collect without cancellation will result in a \$35 fee.
 - The courier will pick up the closed and taped waste receptacle as scheduled.
 - A receipt is given at time of pickup that indicates how many units were collected. The original receipt is forwarded to the Financial Services Coordinator.

- HNHS will transport and dispose of medical waste in accordance with federal, state, and local laws or regulations. HNHS will provide LCHD a completed certificate of disposal/destruction of medical waste within sixty days of receipt of medical waste.
 - Payment will be withheld until the certificate of disposal/destruction for medical waste is received by the health department.
4. Training of personnel who handle and dispose of medical waste
- All PPHS staff will be provided annual BBP training
 - New employees receive BBP training upon hire
 - All staff responsible for preparing or signing off on medical waste for transport are additionally required to complete Medical Waste Transportation Training provided by HNHS. This training must be completed within 90 days of employment or change of job function. Retraining is required every 3 years. Staff may not prepare or sign off on medical waste transport without certification of training.

Employee Hepatitis B Immunization Program

See the Vaccine Preventable Disease section of the Immunization SOP for details.

[LCHD Hepatitis B Vaccination Acceptance-Declination Statement](#)

POST EXPOSURE EVALUATION AND FOLLOW-UP

Many factors need to be considered in assessing the need for follow-up of occupational exposure are type of exposure, type and amount of fluid/tissue exposed to, infectious status of source, and susceptibility of exposed person.

Types of Exposures

1. Parenteral- injection of substance into the body through any route such as needle stick or cut
2. Mucous Membrane- splashes to the eyes, nose, or mouth
3. Cutaneous- exposure involving large amounts of blood or prolonged contact with blood when skin is chapped person has skin abrasions or dermatitis

Exposure Evaluation

An occupational exposure includes contact with blood or other potentially infectious body fluids through mucous membrane contact (nose, mouth, eye), through parenteral contact (needlestick, human bite that penetrates the skin, or cut), or non-intact skin (cuts, abrasions, dermatitis) contact.

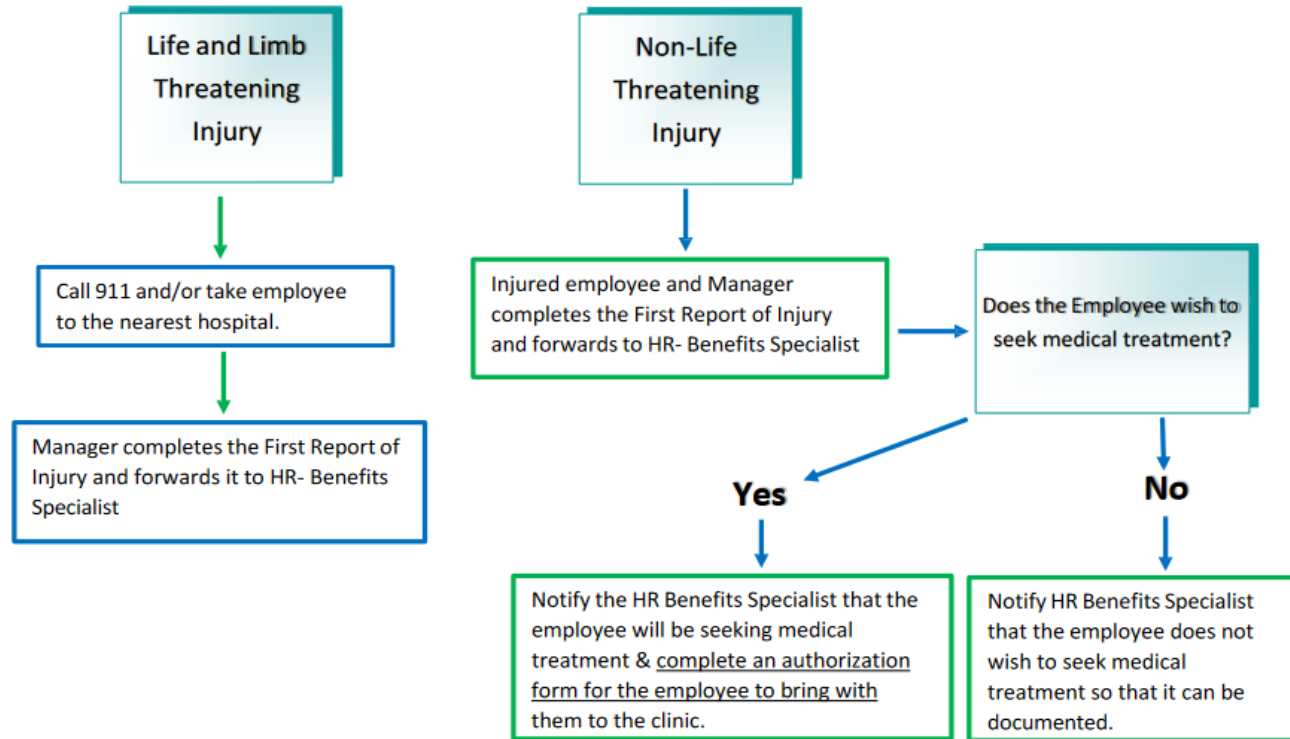
Types of exposures that need to be reported include, but are not limited to:

1. Blood splashed into eyes or mouth.
2. Blood into open cuts or breaks in skin
3. Needlestick
4. Exposure to oral secretions (performing unprotected mouth-to-mouth resuscitation, or a human bite) resulting in blood exposure of either person involved (not recommended).

The Livingston County Workplace Injury Flowchart will be utilized to guide injury follow-up.

Livingston County Workplace Injury Flow Chart

All work-related injuries must be reported to the HR Benefits Specialist as soon possible.



If injury occurs Monday – Friday between 8:00 a.m. – 8:00 p.m. – OR – Saturday – Sunday between 8:00 a.m. and 6:00 p.m.:

- Have employee go to IEP Urgent Care at 8273 Grand River Avenue (I-96 and Grand River), Brighton, MI 48116

If the injury occurs outside of these hours:

- Have the employee go to the nearest Urgent Care or Hospital
 - **PLEASE NOTE:** If an employee is seen in this manner, they need to follow up the next day at IEP. Urgent Care or Hospital will treat the injury only. They will not release the employee back to work with or without restrictions.

Actions to take at the time of exposure:

1. Immediately clean parenteral or cutaneous exposure with soap and water
2. Treat mucous membrane exposures by irrigating with clean water (use eye wash if applicable)
3. Immediately after the exposure occurs the employee will report the incident to their supervisor as soon as possible.
 - An employee who incurs an exposure during non-business work hours should also inform their on-site supervisor as soon as possible. If supervisor is unavailable, call PPHS director on cell phone.
4. The supervisor will inform the Medical Director, Health Officer and PPHS Director as necessary.
5. If the source is known, they will be tested for HBsAg, anti-HCV, and HIV antibody blood tests unless the source individual is known to be infected with HBV, HCV, or HIV.
 - [LCHD Source Consent Form](#) needs to be signed as consent OR declination of testing
 - The source blood will be sent to BOL for testing
6. The employee (with supervisor assistance) will complete the [First Report of Injury form](#) which will immediately be forwarded to Stacy Bono at HR.
7. The exposed employee will be offered a confidential post-exposure evaluation follow-up in accordance with OSHA standards.
 - Post-exposure evaluation and follow-up will be done at [IEP Urgent Care in Brighton](#) as soon as possible after the exposure. The employee may decline an evaluation.
8. The exposed employee will take a copy of the completed First Report of Injury form with them to IEP Urgent Care.

9. When able, the exposed employee should fill out the Bloodborne Pathogen Exposure Incident form

- <https://survey.alchemer.com/s3/7873495/LCHD-Bloodborne-Pathogen-Exposure-Incident-Form>
- This form describes how the incident occurred and can assist in preventing similar incidents in the future

Medical Records

A confidential medical record shall be established for each employee with an occupational exposure.

- Employee medical files will be kept in a locked file on the s drive.
- The medical record must also contain the information that has been provided to the health care professional.
- No medical record or part of a medical record will be disclosed without written consent of the employee.
- Medical records must be maintained 30 years past the last date of employment of the employee.

Training Records

BBP Training records will be kept for three years.

Record Requests

1. Both medical and training records will be made available to the employee upon request.
2. Medical records can be obtained by the employee or anyone having the employee's written consent.


PROGRAM ADMINISTRATION

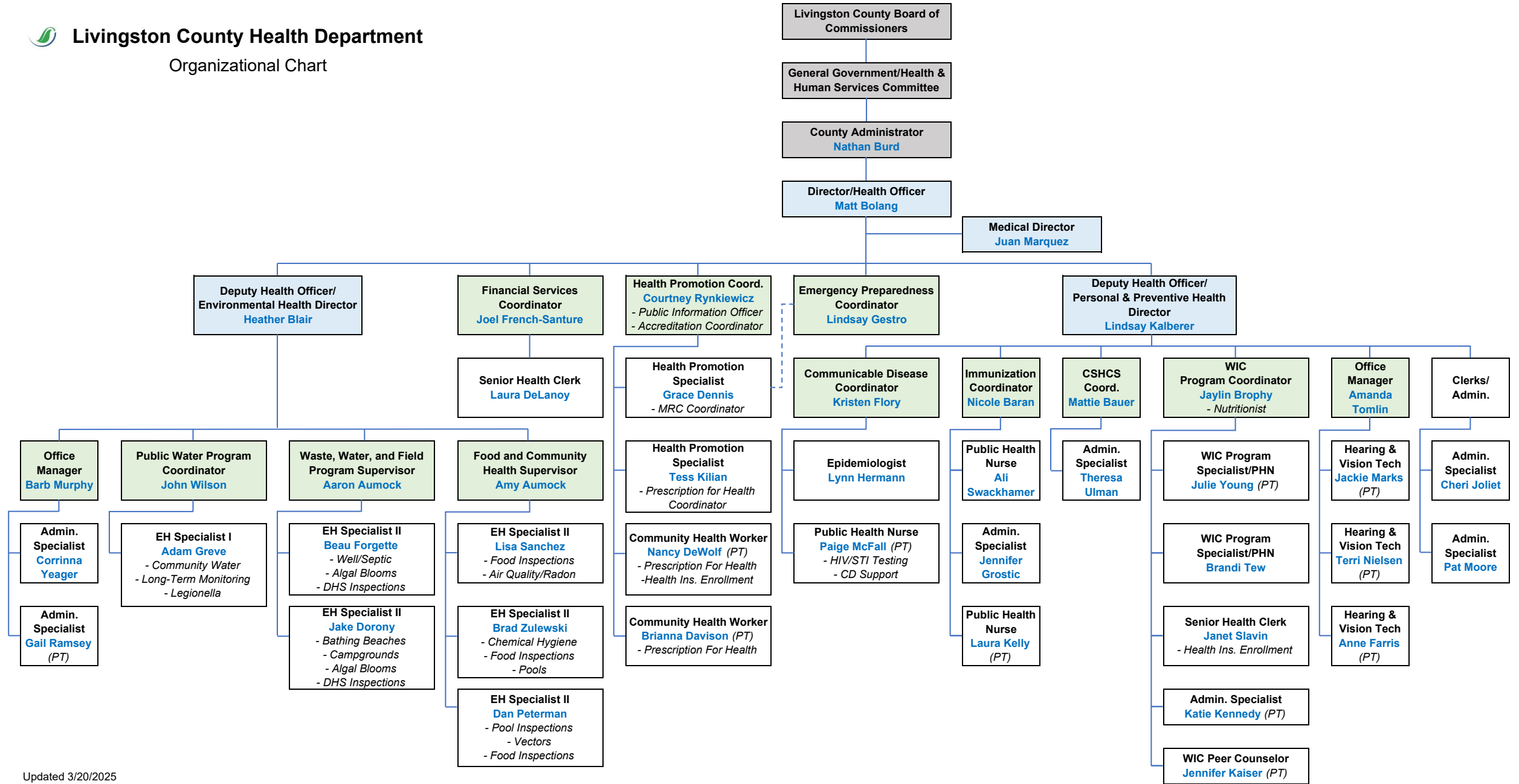
The PPHS Director is responsible for the implementation of the BBP- Exposure Control Program (ECP).

1. will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures
2. will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. Will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes
3. ensure that a medical consultation was offered after exposure and that appropriate employee health and MIOSHA records are maintained.
4. ensure that appropriate training is completed and documented

REVISION TRACKING LOG

Name	Position	Revision	Date of Review

 **Livingston County Health Department**
Organizational Chart



RESOLUTION

NO:

2017-03-055

LIVINGSTON COUNTY

DATE:

March 20, 2017

RESOLUTION APPROVING THE 2017 PLAN OF ORGANIZATION FOR THE HEALTH DEPARTMENT – GENERAL GOVERNMENT / FINANCE / BOARD

WHEREAS, the Health Department participates in the state accreditation process for local public health agencies; and

WHEREAS, the Health Department is required to submit a Plan of Organization whenever changes to the Department occur but at a minimum once every three years prior to the Michigan Local Public Health Accreditation Program review; and

WHEREAS, the accreditation review is scheduled for the week of June 5, 2017; and,

WHEREAS, the Health Department is submitting the 2017 Plan of Organization for review and approval by the Board of Commissioners.

THEREFORE BE IT RESOLVED that the Livingston County Board of Commissioners hereby approves the Health Department’s 2017 Plan of Organization.

#

MOVED: Commissioner Dolan

SECONDED: Commissioner Bezotte

CARRIED: 5-0-4

Roll Call Vote: Yes: Dolan, Green, Helzerman, Bezotte, Griffith; No: None;

Absent: Lawrence, Domas, Parker, Childs

RESOLUTION

NO: 2024-11-154

LIVINGSTON COUNTY

DATE: November 25, 2024

Resolution Adopting the 2025 Livingston County Operating Budget – Board of Commissioners

- WHEREAS,** in accordance with the provisions of Public Act 2 of 1968, Public Act 621 of 1978, the Uniform Budgeting and Accounting Act for Local Government, requires that each local unit of government adopt a balanced budget for all required funds; and
- WHEREAS,** a balanced budget is one in which planned expenditures are equal to or less than revenues, plus budgeted fund balance reserves and a structural balanced budget is one in which recurring revenues sufficiently support recurring expenditures; and
- WHEREAS,** the General Fund budget, as presented, represents a structural balanced budget. Special Revenue Funds and Enterprise Funds are expected to operate within the grants, contracts, charges for service, and other revenue generated specific to that fund: and
- WHEREAS,** Elected Officials, Judges and Department Directors were requested to submit a line-item budget; and
- WHEREAS,** the County Administrator presented a proposed budget to the Board of Commissioners, as required by statute, which implements board policies; and
- WHEREAS,** after review of the County departments’ requests; including the Courts, under the scope of its policy; and analyzing the County Administrator’s recommendations, the Finance and Asset Management Committee requested revisions and is recommending adoption of the Proposed 2025 Budget to the Board of Commissioners; and
- WHEREAS** the County of Livingston was allocated 5.0 mills by the County Tax Allocation Board and on the 28th of May 2024, the Livingston County Board of Commissioners approved and authorized to be levied on the summer tax billing against the Taxable Valuation of the County at the rate of 3.1947; and
- WHEREAS** on the 12th of August 2024, the Livingston County Board of Commissioners resolved the Ambulance Millage be levied on the winter tax billing against the Taxable Valuation of the County at a rate of .2823; and
- WHEREAS** on the 26th of August 2024, the Livingston County Board of Commissioners resolved the Veteran’s Relief Millage to be levied on the winter tax billing against the Taxable Valuation of the County at the rate of .0918; and
- WHEREAS** it is recommended that the 2025 General Fund, Special Revenue and Enterprise Funds budgets be approved as shown in the Proposed 2025 Budget Plan, as well as approval of the informational summary of projected revenues and expenditures for Internal Service Funds; and
- WHEREAS** the recommended 2025 Budget was posted on the County website and filed with the Livingston County Clerk for public viewing on the 25th day of October 2024: pursuant to state statute.

THEREFORE, BE IT RESOLVED that the 2025 General Fund Budget is approved in the amount of \$64,343,033, Special Revenue Funds for a total amount of \$42,165,192, and Enterprise Funds for a total amount of \$16,698,064, and revenues shall be appropriated, and expenditures budgeted on a fund and cost center (department) basis in the amounts set forth below:

SHERIFF		
Sheriff	10130100	\$11,936,035
Secondary Road Patrol Appropriation	10130106	\$29,000
Jail	10135100	\$14,696,195
Animal Control	10130143	\$284,487
Sheriff Donation Fund	23030100	\$2,500
JAG Grant	23430150	\$7,500
OHSP Traffic Grant	23530151	\$32,000
Marine Safety Grant	23433150	\$11,000
State Training Grant	23530100	\$12,000
Secondary Road Patrol Traffic Grant	23530176	\$204,876
Dept of Justice Equitable	25830100	\$69,400
Correction Officer Training	26435100	\$20,000
Drug Law Enforcement	26530100	\$5,000
US Treasury Equitable	27230100	\$15,000
Victims Services Unit	27830100	\$900
Sheriff ARPA	28630100	\$16,034
Jail Commissary Fund	59535100	\$378,746

OTHER PUBLIC SAFETY		
Emergency Management	10142600	\$314,917
EMPG Emergency Mgt Perf Grant	23442650	\$21,213
Homeland Security Grant	23442652	\$204,940
Indigent Defense 10196631-995013	26028000 <i>General Fund Appropriation</i>	\$3,080,415 \$944,190
911 Central Dispatch	26132500	\$5,440,044
911 Central Dispatch Enhanced	26132525	\$362,000
911 Central Dispatch Personal Training	26132526	\$25,744
Community Corrections	27536300	\$137,365
911 ARPA	28632500	\$58,326

INFRASTRUCTURE & DEVELOPMENT		
Drain Commissioner	10144200	\$3,456,368
Department of Public Works	10144100	\$258,242
Drains Public Benefit	10144500	\$375,000

INFRASTRUCTURE & DEVELOPMENT		
Planning	10170100	\$464,445
Economic Development	10172800	\$175,000
Community Action Programs	10169300	\$684,254
County Parks Donation Fund	20977000	\$1,000
Scrap Tire Cleanup Grant	23544170	\$10,000
Landfill	51744100	\$129,408
101966000 995001	General Fund Appropriation	\$90,000
Building and Safety	54937100	\$3,511,262
Regional Wastewater Op & Maintenance	57500275	\$20,410
Septage Receiving Station O & M	57800275	\$3,011,200
Drain Equipment	63944200	\$1,935

HEALTH & HUMAN SERVICES		
MSU Cooperative Extension	10171000	\$267,519
Animal Services	10143000	\$871,167
Medical Examiner	10164800	\$725,039
Mental Health	10164900	\$600,470
Agency on Aging (Senior Services)	10167200	\$89,424
Health/Human GF Appropriation	10196650	\$500,000
EMS (Ambulance)	21065100	\$15,038,011
EMS Training & Education	21065124	\$417,082
Health	22160100	\$7,039,278
Animal Shelter Donation Fund	23243000	\$36,000
Veterans Donation Fund	23368900	\$4,000
Veterans Treatment Court Grant	23528173	\$99,306
Mental Health Grant	23528174	\$174,312
Community Block Grant	24469000	\$50,100
Veteran Services Fund	29568900	\$1,136,773
Veterans SVS Fund Grant	29768900	\$135,290

GENERAL GOVERNMENT		
Board Of Commissioners	10110100	\$865,932
County Administration	10117200	\$534,750
Fiscal Services	10121200	\$884,879
County Clerk	10121500	\$600,420
County Clerk Circuit Court	10121599	\$1,174,452
Internal /External Audit (BOC)	10122300	\$130,215
Tax Allocation Board	10124800	\$2,500
Plat Board	10124900	\$500
County Treasurer	10125300	\$1,299,971

GENERAL GOVERNMENT		
Equalization	10125700	\$822,870
Elections	10126200	\$225,509
Facilities Services	10126500	\$231,281
Register of Deeds	10171100	\$915,318
Atty Counsel (Civil Counsel)	10126600	\$279,972
Human Resources	10127000	\$864,379
Insurance Policies & Bonds	10185100	\$1,400,000
Unemployment Insurance	10187000	\$10,000
Chargebacks	10189900	\$500
Capital Replacement Appropriations	10196600	\$1,700,000
Contingencies	10196800	\$1,116,925
Survey & Remonumentation	24524500	\$108,479
Homestead Property Exemption	25522300	\$3,200
Register of Deeds Automation	25671101	\$524,706
Concealed Pistol License Fund	26321500	\$135,371
Opioid Settlement Fund	28400001	\$100,000
County Clerk ARPA	28621500	\$15,000
IT ARPA	28622800	\$9,000
Insurance Policies ARPA	28685100	\$98,360
Social Welfare Fund	29067000	\$7,000
10196610 -995003	<i>General Fund Appropriation</i>	<i>\$7,000</i>
Airport	58159500	\$2,110,956
Livingston Essential Transportation Service	58859600	\$7,536,082
10196600-995012	<i>General Fund Appropriation</i>	<i>\$65,000</i>

BE IT FURTHER RESOLVED that the Board of Commissioners requested, and the Courts presented line-item budget requests and those are authorized in the amounts set forth below:

COURTS		
Judicial Central Services	10128100	\$3,422,669
Appellate Court	10128200	\$80,000
Circuit Court	10128300	\$1,604,822
Juvenile Court	10128400	\$881,006
Guardianship	10128500	\$8,400
District Court	10128600	\$2,390,524
Probate Court	10129400	\$1,039,395
Probation	10129500	\$73,582
Prosecuting Attorney	10129600	\$3,355,971
Family Support GF Appropriation	10129617	\$115,000
Court Security	10130400	\$362,539
Friend of the Court GF Appropriation	10196610	\$900,000
Family Counseling FOC	21429800	\$12,000

COURTS		
Friend of the Court	21528900	\$3,319,799
CPLR Grant Fund	22028400	\$63,240
ADC Adult Drug Court	23428150	\$93,219
Family Support	23429657	\$404,774
Adult Drug Court	23528170	\$158,764
Juvenile Drug Court	23528171	\$37,279
Swift & Sure Grant	23528172	\$101,665
Crime Victims' Rights	23529678	\$179,782
Drug Fund – Prosecuting Atty	25729900	\$100
Law Library	26929200	\$6,500
Child Care - Juvenile 10196610-995002	29266200 <i>General Fund Appropriation</i>	\$2,272,113 \$100,000
Child Care - Social Services 10196610-995002	29266300 <i>General Fund Appropriation</i>	\$745,792 \$100,000

BE IT FURTHER RESOLVED that the projected expenditures for Internal Service Funds for a total amount of \$35,844,096 is also approved; but not as part of the Livingston County Budget for 2025, pursuant to Public Act 2 of 1968, as amended, in the amounts set forth below:

INTERNAL SERVICE FUNDS		
Facility Services	631	\$3,779,852
Information Technology	636	\$6,572,008
Carpool	661	\$2,931,482
Benefits	677	\$12,221,359
Pension	678	\$10,342,795

BE IT FURTHER RESOLVED that the County Elected Officials and County Department Heads are responsible for the appropriations authorized for their departments in the FY 2025 Budget and may expend up to, but shall not exceed, the total appropriation by fund, authorized for their department.

BE IT FURTHER RESOLVED that Board of Commissioners authorize a 3% across the board cost of living adjustment wage increase for all regular permanent employees in the non-union and, subject to union approval, the union divisions effective January 1, 2025.

BE IT FURTHER RESOLVED that Board of Commissioners authorizes \$22 million of General Fund, fund balance be assigned for cash flow purposes in 2025.

BE IT FURTHER RESOLVED that Board of Commissioners authorizes the remaining 2023 and 2024 year-end balance of General Fund “Vision Tour Contingency” funds be committed in General Fund, fund balance. Vision Tour Contingency will require Board authorization to utilize on a project-by-

project basis. A budget amendment to increase the operating budget for specified project and reduction of committed Vision Tour fund balance of like amount will also require Board authorization.

BE IT FURTHER RESOLVED that County revenues and expenditures may vary from those currently projected and accordingly may be amended from time to time by the Board of Commissioners during the 2025 fiscal year as deemed necessary. It is the responsibility of the Chief Judges, County Elected Officials and County Department Heads to monitor their respective budgets. If projected expenditures exceed the authorized budget or projected revenues are less than budgeted, then the Department Head shall come before the Board of Commissioners and present a corrective plan of action to the Finance and Asset Management Committee.

BE IT FURTHER RESOLVED that all County Elected Officials and County Department Heads shall review departmental charges for services and fees and make appropriate recommendations, with justification, for fee adjustments to the Board of Commissioners to cover the costs of providing services.

BE IT FURTHER RESOLVED budgeted items under \$100,000 that are included in the adopted 2025 Budget and specifically included in the department line-item detail at a level deemed sufficient by the County Administrator and/or Deputy County Administrator/Financial Officer, and that follow the County Procurement Policy, are authorized to purchase, or enter into contract as of January 1, 2025. Variances from the amount listed in the detail for that item that are more than \$50,000 will require Board authorization prior to purchase or entering into contract. The County Administrator may approve variances up to \$50,000 of the original line-item detail amount.

BE IT FURTHER RESOLVED that 2025 funding is appropriated for the intended purpose identified and requested by departments in their 2025 budget requests. Fiscal Services may place a temporary hold on specific budgeted amounts within the General Fund until a quote, selected bid, or sufficient supporting documentation for the project/expense is received. Funds will be liquidated from the temporary hold based on documented need or until the department gets Board authorization to move funding elsewhere.

BE IT FURTHER RESOLVED that the County Administrator is authorized to execute transfers between cost centers/departments and accounts within a fund in amounts not to exceed \$50,000 per transfer. The Finance and Asset Management Committee will be notified quarterly of any such transfers.

BE IT FURTHER RESOLVED that any services funded by State/Federal grants which costs exceed grant funding and which services are not basic to the health and safety of the residents of Livingston County and/or which are provided by others; shall be discontinued and the grant funding declined.

BE IT FURTHER RESOLVED that any services that lose funding (either charges-for-services, fees, or contractual, etcetera), have ongoing costs exceeding the revenue generated, provide services that are not basic to the health and safety of the residents of Livingston County, and/or the services are readily provided by others; shall have those reductions brought before the Board of Commissioners and expenditures shall be adjusted to commensurate with funding levels.

BE IT FURTHER RESOLVED that these funds shall be appropriated contingent upon compliance with the County Procurement Policy. All Judges, County Elected Officials and County Department Heads shall abide by this Policy, as adopted, and amended from time to time by this Board, for all purchases made with funds appropriated by the Board of Commissioners; and.

BE IT FURTHER RESOLVED that all Judges, County Elected Officials and County Department Heads shall abide by the County Claims & Payable Policy, as adopted, and amended by this Board from time to time.

BE IT FURTHER RESOLVED that all Judges, County Elected Officials, County Department Heads, and employees shall abide by the County Employee Business Expense Policy, as adopted, and amended by this Board from time to time.

BE IT FURTHER RESOLVED that all Judges, County Elected Officials and County Department Heads shall abide by the Budget Transfer Policy, as adopted, and amended by this Board from time to time.

BE IT FURTHER RESOLVED that the mileage reimbursement rate for employees and elected officials for use of their personal vehicles to travel/perform county business be established at current IRS rate per mile and updated effective January 1st of each year.

BE IT FURTHER RESOLVED that the County utilizes a Position Control module in the County's ERP system to maintain all Board authorized positions. Resolutions for new positions or department reorganizations coming before the Board of Commissioners for approval will clearly state the funding source and amount requested for that position on the resolution, the position control number if applicable, position description, employee group and FTE. Positions being funded by grants or other stated sources of funding will be identified as Term position and will not be made active in the County Position Control module until an approved categorized budget from the

awarding agency is received by Fiscal Services, as the position will be tied to this funding source in Position Control.

BE IT FURTHER RESOLVED positions that will become vacant where the department head deems it necessary to temporarily double fill for greater than 30 calendar days for either transition or succession planning purposes will need to bring the request to the Board for approval and authorization of funding.

BE IT FURTHER RESOLVED all permanent and term positions authorized, are identified by a unique Position Control Number, position title, and FTE in the 2025 budget and include the authorization by the Board of Commissioners of the position changes reflected in the table below, effective January 1, 2025.

Position	Title	Department	Fund	Change
21500108	Vital Records Clerk	Clerk	101	1.00
21500107	Irregular Election/Vital Records Clerk	Clerk	101	(0.05)
30100124	Financial Analyst	Sheriff	101	0.50
30100110	Central Records Specialist	Sheriff	101	0.50
22800119	Administrative Specialist	IT	636	0.15
05400103	Airport Worker (Pooled)	Airport	581	0.69
60100119	WIC Program Specialist	Health	221	0.27
60100154	Public Health Nurse	Health	221	(0.50)
60100114	Public Health Nursing Supervisor	Health	221	(1.00)
17290105	Assistant Public Defender I	Public Defender	260	(1.00)
17290111	Assistant Public Defender II	Public Defender	260	(1.00)
53800192	19 Hr CDL Driver - Irregular	LETS	588	0.12
53800193	19 Hr CDL Driver - Irregular	LETS	588	0.12
53800194	19 Hr NON-CDL Driver	LETS	588	0.12
53800195	19 Hr NON-CDL Driver	LETS	588	0.12
Net additions/deletions in FTEs				0.04

BE IT FURTHER RESOLVED that Capital Projects, projects with an expected cost greater than \$50,000 a year, are appropriated in Fund 403 Capital Replacement Fund in FY 2025 for the full term of the project and will carryforward to future years as needed, until complete. Capital Projects must follow the County Procurement Policy. The following capital project appropriations, in the amount of \$1,270,000, are authorized in Fund 403 for 2025:

Project	CIP Project ID	Department	Amount
Jail Mail Scanner	30100.2023.0001	Sheriff	\$145,000
Perimeter & Safety Fencing	30100.2024.0002	Sheriff	\$140,000
Judicial Center Renovation (leased space)	26700.2025.0001	Prosecutor	\$75,000
Office Security	27000.2025.0001	Human Resources	\$75,000
Admin & Courthouse Concrete	26500.2025.0002	Facility Services	\$165,000
Jail Rooftop HVAC Units	26500.2022.0001	Facility Services	\$100,000
East Complex Rooftop HVAC Units	26500.2022.0003	Facility Services	\$240,000
Data Center & Software Update	22800.2025.0002	IT	\$140,000
Fiber Inventory & Maintenance	22800.2025.0004	IT	\$90,000
SharePoint Upgrade	22800.2025.0007	IT	\$100,000
Total Capital Fund 403			\$1,270,000

BE IT FURTHER RESOLVED that Capital Projects that have been approved by the Board of Commissioners must be started, with expenditures incurred, by the fiscal year following the budget year the project was approved, or the project authorization will expire and must be presented again to the Board of Commissioners for approval.

BE IT FURTHER RESOLVED additional capital projects may be determined in 2025 depending on need, funding availability, and decisions by the Board of Commissioners for use of remaining General Fund Vision Tour funds.

BE IT FURTHER RESOLVED that the Livingston County Board of Commissioners hereby authorizes the systematic transfer of funds in accordance with the 2025 Budget Plan, and as amended from time to time through budget transfers and/or amendments, for the following: Internal Service Fund direct charges for services, indirect costs per the approved cost allocation plan, benefit charges, and inter-department billings to reimburse for services provided. The Board of Commissioners authorizes the appropriate journal entries and work order module entries needed to effectuate the systematic transfers and authorizes revisions to the systematic transfers resulting from an amended budget.

BE IT FURTHER RESOLVED that the Livingston County Board of Commissioners authorizes the transfer of funds up to approved appropriated amounts from the General Fund to Special Revenue Funds for required matching of actual grant expenditures throughout the year and authorizes the appropriate adjusting journal entries to effectuate the transfers upon request.

BE IT FURTHER RESOLVED that the Livingston County Board of Commissioners authorizes an amendment to the Livingston County Retiree Healthcare Plan, Section 1:207 Prescription Drug Coverage, Item 2, to allow for a one-time adjustment to the base amount of the annual cash payout to \$620 for single coverage and \$1,240 for two person coverage, for the partial reimbursement of Medicare Part B, subject to payout at the same percentage of coverage determined by service credit earned by the non-union employee at the time of retirement, and limited to those retirees eligible to receive this specific benefit.

#

MOVED: R. Deaton
SECONDED: F. Sample
CARRIED: Roll Call Vote: Yes (8): R. Deaton, M. Smith, N. Fiani, J. Gross, D. Helzerman, D. Domas, F. Sample, and J. Drick; No (1): W. Nakagiri; Absent (0): None

Livingston County Health Department

Women, Infants, and Children Program

For the Period October 1, 2022 – September 30, 2023

Audit Report – Issued November 2024



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

November 14, 2024

Matt Bolang, Health Officer
Livingston County Health Department
2300 East Grand River, Suite #102
Howell, Michigan 48843

Dear Matt Bolang:

This is our audit report to our audit of the Women, Infants, and Children (WIC) Program funded by the Michigan Department of Health and Human Services and administered by Livingston County Health Department for the audit period October 1, 2022, through September 30, 2023.

The Michigan Department of Health and Human Services (MDHHS) is committed to ensuring high standards of integrity and accountability for public funds. To that end, we periodically perform audits to assess compliance with fiscal reporting and other requirements contained in MDHHS agreements, Federal regulations, and policies and procedures.

The report includes the Statements of Audited Grant Revenues and Expenses, Grant Award Information, and Scope and Methodology. We noted no exceptions during our review.

Thank you for the cooperation extended throughout the audit process.

Sincerely,

A handwritten signature in black ink that reads "Eric McGaugh".

Eric McGaugh, Audit Manager
WIC and Family Planning Audit Section
Bureau of Audit – Audit Division

c: Shannah Havens, MDHHS, Audit
Bryce Wooton, MDHHS, Audit
Cindy Keller, MDHHS, Audit
Erin DeRubeis, MDHHS, Audit
Christina Herring, MDHHS, WIC
Cecilia Hutson, MDHHS, WIC
Lindsay Kalberer, Livingston County Health Department
Joel French-Santure, Livingston County Health Department
Barton Maas, Livingston County Health Department

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Livingston County Health Department
WIC Breastfeeding Program
Statement of Audited Grant Revenues and Expenses
10/01/2022 - 09/30/2023

	REPORTED	AUDITED	AUDIT ADJUSTMENT	EXCEPTION REFERENCE
REVENUES				
MDHHS Grant	\$ 29,833	\$ 29,833	\$ -	
Local Funds - Other	\$ 3,740	\$ 3,740	\$ -	
Fees and Collections - 1st and 2nd Party	\$ -	\$ -	\$ -	
Fees and Collections - 3rd Party	\$ -	\$ -	\$ -	
Federal Cost Based Reimbursement	\$ -	\$ -	\$ -	
Total Revenues	\$ 33,573	\$ 33,573	\$ -	
EXPENSES				
Salaries and Wages	\$ 16,603	\$ 16,603	\$ -	
Fringe Benefits	\$ 1,426	\$ 1,426	\$ -	
Contractual Services	\$ -	\$ -	\$ -	
Supplies and Materials	\$ 426	\$ 426	\$ -	
Travel	\$ -	\$ -	\$ -	
Communication	\$ 444	\$ 444	\$ -	
Space Costs	\$ 1,290	\$ 1,290	\$ -	
Other	\$ 2,283	\$ 2,283	\$ -	
County-City Central Services	\$ -	\$ -	\$ -	
Indirect Costs	\$ 3,128	\$ 3,128	\$ -	
Cost Allocation/Other Cost Distributions	\$ 7,972	\$ 7,972	\$ -	
Total Expenses	\$ 33,573	\$ 33,573	\$ -	

**Livingston County Health Department
WIC Resident Services Program
Statement of Audited Grant Revenues and Expenses
10/01/2022 - 09/30/2023**

	REPORTED	AUDITED	AUDIT ADJUSTMENT	EXCEPTION REFERENCE
REVENUES				
MDHHS Grant	\$ 387,090	\$ 387,090	\$ -	
Other Non-ELPHS	\$ 766	\$ 766	\$ -	
Local Funds - Other	\$ 43,002	\$ 43,002	\$ -	
Fees and Collections - 1st and 2nd Party	\$ -	\$ -	\$ -	
Fees and Collections - 3rd Party	\$ -	\$ -	\$ -	
Federal Cost Based Reimbursement	\$ -	\$ -	\$ -	
Total Revenues	\$ 430,857	\$ 430,857	\$ -	
EXPENSES				
Salaries and Wages	\$ 190,392	\$ 190,392	\$ -	
Fringe Benefits	\$ 80,145	\$ 80,145	\$ -	
Contractual Services	\$ -	\$ -	\$ -	
Supplies and Materials	\$ 13,962	\$ 13,962	\$ -	
Travel	\$ 1,000	\$ 1,000	\$ -	
Communication	\$ 3,592	\$ 3,592	\$ -	
Space Costs	\$ 10,368	\$ 10,368	\$ -	
Other	\$ 20,212	\$ 20,212	\$ -	
County-City Central Services	\$ -	\$ -	\$ -	
Indirect Costs	\$ 46,947	\$ 46,947	\$ -	
Cost Allocation/Other Cost Distributions	\$ 64,239	\$ 64,239	\$ -	
Total Expenses	\$ 430,857	\$ 430,857	\$ -	

GRANT AWARD INFORMATION

Program Title	WIC Breastfeeding
MDHHS Agreement No.	E20233228
MDHHS Agreement Period	10/01/2022 – 09/30/2023
MDHHS Audit Period	10/01/2022 – 09/30/2023
Exceptions Related to Agreement	Not Applicable
Amount to be Returned	\$-0-
See the Statement of Audited Grant Revenues and Expenses for line item details.	

Program Title	WIC Resident Services
MDHHS Agreement No.	E20231757
MDHHS Agreement Period	10/01/2022 – 09/30/2023
MDHHS Audit Period	10/01/2022 – 09/30/2023
Exceptions Related to Agreement	Not Applicable
Amount to be Returned	\$-0-
See the Statement of Audited Grant Revenues and Expenses for line item details.	

SCOPE AND METHODOLOGY

We examined the Health Department's records and activities for the period October 1, 2022, through September 30, 2023.

Our audit procedures included the following:

- Reviewed the most recent Single Audit and Financial Statement Audit Reports for any WIC Program related concerns.
- Reviewed the Grant Agreement, Budgets, and Program Specific Assurances and Requirements.
- Reviewed policies to ensure they meet applicable requirements and guidelines.
- Reviewed the most recently completed Subrecipient Questionnaire.
- Reconciled the WIC Program Financial Status Reports (FSRs) and MDHHS payment schedules to the accounting records.
- Tested a selection of payroll and non-payroll expenditures for program compliance; and adherence to policies, Federal and program guidelines, and approval procedures.
- Reviewed building space/lease costs for proper reporting and compliance with Federal requirements.
- Reviewed equipment purchases over \$2,500 for the WIC Program.
- Reviewed indirect cost and other cost allocations for reasonableness, and an equitable methodology.

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

GLOSSARY OF ABBREVIATIONS AND TERMS

FSR	Financial Status Report
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MDHHS	Michigan Department of Health and Human Services
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WIC	Women, Infants, and Children
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WICBF	Women, Infants, and Children Breastfeeding
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Livingston County, Michigan

Federal Awards Supplemental Information
December 31, 2023

Independent Auditor's Reports

Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance 1

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Based on an Audit of Financial Statements Performed in Accordance with *Government
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Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance

Independent Auditor's Report

To the Board of Commissioners
Livingston County, Michigan

We have audited the financial statements of the governmental activities, the business-type activities, the aggregate discretely presented component units, each major fund, and the aggregate remaining fund information of Livingston County, Michigan (the "County") as of and for the year ended December 31, 2023 and the related notes to the financial statements, which collectively comprise the County's basic financial statements. We issued our report thereon dated June 18, 2024, which contained an unmodified opinion on the financial statements. Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the basic financial statements. We have not performed any procedures with respect to the audited financial statements subsequent to June 18, 2024. We did not audit the financial statements of the Livingston County Road Commission, which represent 74 percent, 79 percent, and 72 percent of the assets, net position, and revenue, respectively, of the aggregate discretely presented component units. Those financial statements were audited by other auditors, whose report thereon has been furnished to us, and our opinion, insofar as it relates to the amounts included for the Livingston County Road Commission, is based on the report of the other auditors.

The accompanying schedule of expenditures of federal awards is presented for the purpose of additional analysis, as required by the Uniform Guidance, and is not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Plante & Moran, PLLC

September 3, 2024

Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of
Financial Statements Performed in Accordance with *Government Auditing Standards*

Independent Auditor's Report

To Management and the Board of Commissioners
Livingston County, Michigan

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the basic financial statements of the governmental activities, the business-type activities, the aggregate discretely presented component units, each major fund, and the aggregate remaining fund information of Livingston County, Michigan (the "County") as of and for the year ended December 31, 2023 and the related notes to the financial statements, which collectively comprise the County's basic financial statements, and have issued our report thereon dated June 18, 2024. Our report includes a reference to other auditors who audited the financial statements of the Livingston County Road Commission, as described in our report on Livingston County, Michigan's financial statements. The financial statements of the Livingston County Road Commission were not audited in accordance with *Government Auditing Standards*, and, accordingly, this report does not include reporting on internal control over financial reporting or compliance and other matters associated with the Livingston County Road Commission that are reported on separately by those auditors who audited the financial statements of the Livingston County Road Commission.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the County's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the County's internal control. Accordingly, we do not express an opinion on the effectiveness of the County's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the County's financial statements will not be prevented, or detected and corrected, on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that have not been identified.

To Management and the Board of Commissioners
Livingston County, Michigan

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the County's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the County's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the County's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



June 18, 2024



Report on Compliance for Each Major Federal Program and Report on Internal Control Over Compliance Required by the Uniform Guidance

Independent Auditor's Report

To the Board of Commissioners
 Livingston County, Michigan

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited Livingston County, Michigan's (the "County") compliance with the types of compliance requirements identified as subject to audit in the U.S. Office of Management and Budget (OMB) *Compliance Supplement* that could have a direct and material effect on each of the County's major federal programs for the year ended December 31, 2023. The County's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the County complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of the major federal programs for the year ended December 31, 2023.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (the "Uniform Guidance"). Our responsibilities under those standards and the Uniform Guidance are further described in the *Auditor's Responsibilities for the Audit of Compliance* section of our report.

We are required to be independent of the County and to meet our other ethical responsibilities in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of the County's compliance with the compliance requirements referred to above.

Other Matter - Federal Expenditures Not Included in the Compliance Audit

The County's basic financial statements include the operations of the Livingston County Road Commission, which expended \$1,879,881 in federal awards that is not included in the County's schedule of expenditures of federal awards during the year ended December 31, 2023. Our compliance audit, described in the *Opinion on Each Major Federal Program* section, does not include the operations of the Livingston County Road Commission because the component unit engaged other auditors to perform an audit.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to the County's federal programs.

To the Board of Commissioners
Livingston County, Michigan

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the County's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the County's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the County's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the County's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the County's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control Over Compliance

Our consideration of internal control over compliance was for the limited purpose described in the *Auditor's Responsibilities for the Audit of Compliance* section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance and, therefore, material weaknesses or significant deficiencies may exist that have not been identified. However, as discussed below, we did identify a certain deficiency in internal control over compliance that we consider to be a material weakness.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A material weakness in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. We consider the deficiency in internal control over compliance described in the accompanying schedule of findings and questioned costs as Finding 2023-001 to be a material weakness. A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention of those charged with governance.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

Government Auditing Standards requires the auditor to perform limited procedures on the County's response to the internal control over compliance finding identified in our audit and described in the accompanying schedule of findings and questioned costs. The County's response was not subjected to the other auditing procedures applied in the audit of compliance, and, accordingly, we express no opinion on it.

To the Board of Commissioners
Livingston County, Michigan

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Plante & Moran, PLLC

September 3, 2024

Livingston County, Michigan

Schedule of Expenditures of Federal Awards

Year Ended December 31, 2023

Federal Agency/Pass-through Agency/Program Title	Assistance Listing Number	Pass-through Entity Identifying Number	Total Amount Provided to Subrecipients	Federal Expenditures
Clusters:				
Federal Transit Cluster - U.S. Department of Transportation - Passed through the State of Michigan Department of Transportation:				
Federal Section 5307 ARPA - 2021	20.507	N/A	\$ -	\$ 79,288
Federal Section 5307 Preventative Maintenance - 2023	20.507	PA# 2022-0086/P6	-	375,838
Federal Section 5307 Preventative Maintenance - 2024	20.507	PA# 2022-0086/??	-	133,093
Federal Section 5307 Capital - 2021	20.507	PA#2017-0082/P23	-	136,624
Federal Section 5307 Capital - 2022	20.507	PA# 2022-0086/P6	-	241,847
Federal Section 5307 Capital - 2023	20.507	PA# 2022-0086/P6	-	48,589
Federal Section 5307 Capital - 2024	20.507	PA# 2022-0086/??	-	5,111
Federal Section 5307 Program Income - 2023	20.507	N/A	-	164,399
Federal Section 5307 Program Income - 2024	20.507	N/A	-	38,046
Federal Section 5307 Area Urban Operating - 2023	20.507	N/A	-	1,259,811
Federal Section 5307 Area Urban Operating - 2024	20.507	N/A	-	467,926
CMAQ Capital Bus Purchase - 2020	20.507	PA# 2017-0082/P18	-	94,693
CMAQ Capital Bus Purchase - 2021	20.507	PA# 2017-0082/P24	-	613,000
Transportation Block Grant Capital - 2021	20.507	PA# 2017-0082/P24	-	70,000
Transportation Block Grant STUL Capital Surface - 2022	20.507	PA# 2022-0086/P7	-	60,807
Federal Section 5339 Bus & Bus Facilities - 2022	20.526	PA# 2022-0086/6	-	149,515
Federal Section 5339 Bus & Bus Facilities - 2021	20.526	PA# 2017-0082/P23	-	107,840
Federal Section 5339 Bus & Bus Facilities - 2020	20.526	PA#2017-0082/P17	-	23,798
Total Federal Transit Cluster			-	4,070,225
Transit Services Programs Cluster - U.S. Department of Transportation:				
Enhanced Mobility of Seniors and Individuals with Disabilities - 2023	20.513		-	48,070
Enhanced Mobility of Seniors and Individuals with Disabilities - 2024	20.513		-	15,328
Total Transit Services Programs Cluster			-	63,398
Highway Safety Cluster - U.S. Department of Transportation National Highway Traffic Safety Administration - Passed through Michigan State Police Office of Highway Safety Planning - State and Community Highway Safety				
	20.600	PT-22-06/PT-23-06	-	31,167
Drinking Water State Revolving Fund Cluster - U.S. Environmental Protection Agency - Passed through the Michigan Department of Environmental Quality - State Drinking Water Revolving Fund - Standard				
	66.468	N/A	-	3,512
Medicaid Cluster - U.S. Department of Health and Human Services - Passed through the State of Michigan Department of Community Health:				
Medicaid Outreach Activities	93.778	20210261/20220350	-	32,714
CSHCS Medicaid Outreach Activities	93.778	20210261/20220350	-	31,729
CSHCS Care Coordination	93.778	20210261/20220350	-	1,604
CSHCS Medicaid Blood Lead	93.778	N/A	-	403
CSHCS Outreach & Advocacy	93.778	20210261/20220350	-	41,321
CHRT Health Equity Grant	93.778	N/A	-	33,434
Total Medicaid Cluster			-	141,205
Other programs:				
U.S. Department of Agriculture - Passed through State of Michigan Department of Health - Special Supplemental Food Program for Women, Infants, and Children				
	10.557	20210261/20220350	-	417,409
U.S. Department of Health and Human Services:				
Congressional directives				
	93.493		-	1,024,472
Passed through the State of Michigan Department of Health and Human Services:				
Public Health Emergency Preparedness				
Public Health Emergency Preparedness	93.069	20210261/20220350	-	218,835
Project Grants and Cooperative Agreements for Tuberculosis Control Programs	93.116	20210261/20220350	-	454
Preventive Health and Health Services Block Grant	93.991	N/A	-	18,750
COVID-19 - Epidemiology and Laboratory Capacity for Infectious Diseases	93.323	N/A	-	380,078
COVID-19 - Public Health Emergency Response: Cooperative Agreement for Emergency Response:Public Health Crisis Response	93.354	N/A	-	13,864
Maternal and Child Health Services:				
Maternal and Child Health Services	93.994	20210261/20220350	-	39,492
CSHCS Care Coordination	93.994	20210261/20220350	-	8,745
Total Maternal and Child Health Services			-	48,237
Immunization:				
Immunization IAP & Field Service Rep	93.268	20210261/20220350	-	85,642
Immunization - Vaccine for Children	93.268	20210261/20220350	-	63,871
COVID-19 immunization	93.268	N/A	-	125,741
Immunization - Vaccine for Children	93.268	N/A	-	2,577
Total immunization			-	277,831
Child Support Enforcement - Cooperative Agreement				
Child Support Enforcement - Cooperative Agreement	93.563	CSFOC17-47001	-	1,483,660
Child Support Enforcement - Cooperative Agreement Incentives	93.563	CSFOC17-47002	-	288,578
Child Support Enforcement - Family Support Cooperative Agreement	93.563	CSPA17-47002	-	224,417
Total Child Support Enforcement			-	1,996,655

See notes to schedule of expenditures
of federal awards.

Livingston County, Michigan

Schedule of Expenditures of Federal Awards (Continued)

Year Ended December 31, 2023

Federal Agency/Pass-through Agency/Program Title	Assistance Listing Number	Pass-through Entity Identifying Number	Total Amount Provided to Subrecipients	Federal Expenditures
Other programs (continued):				
U.S. Department of Health and Human Services (continued):				
Passed through the State of Michigan Department of Health and Human Services (continued):				
Opioid STR2	93.788	SCAO-25089-2022	\$ -	\$ 8,237
Foster Care Title IV-E	93.658	N/A	-	56,051
Total passed through the State of Michigan Department of Human Services			-	3,018,992
Total U.S. Department of Health and Human Services - Nonclusters			-	4,043,464
U.S. Department of Homeland Security:				
Passed through Michigan State Police:				
Emergency Management Performance Grant (EMPG)	97.042	N/A	-	41,744
Homeland Security:				
Homeland Security Grant Program FY 20	97.067	N/A	-	31,314
Homeland Security Grant Program FY 21	97.067	N/A	-	22,330
Homeland Security Grant Program FY 22	97.067	N/A	-	20,887
Total Homeland Security			-	74,531
Total passed through the Michigan State Police			-	116,275
Passed through State of Michigan Department of Natural Resources -				
Federal Boating Safety Assistance - Marine Safety Grant	97.012	N/A	-	10,100
Total U.S. Department of Homeland Security			-	126,375
U.S. Department of Transportation:				
Formula Grants for Rural Areas:				
Federal Section 5311 Rural Operating - 2020	20.509		-	108,000
Federal Section 5311 Rural Operating - 2021	20.509		-	25,000
Total Formula Grants for Rural Areas			-	133,000
Passed through Michigan State Police - Hazardous Materials Emergency Preparedness Grant	20.703	N/A	-	3,584
Passed through Michigan Department of Transportation - Airport Improvement Program	20.106	N/A	-	18,865
Total U.S. Department of Transportation - Nonclusters			-	155,449
U.S. Department of the Treasury -				
COVID-19 - Coronavirus State and Local Fiscal Recovery Funds	21.027		-	18,470,704
U.S. Department of Justice:				
Equitable Sharing Program	16.922		-	20,417
Passed through Michigan Department of Health and Human Services:				
Juvenile Justice & Delinquency Prevention	16.540	E20203313-001	-	12,859
Drug Court Discretionary Grant Program:				
Adult Drug Court	16.585	N/A	-	81,195
SCAO Adult Drug Court	16.585	N/A	-	47,259
Veterans Drug Court	16.585	N/A	-	16,630
Total Drug Court Discretionary Grant Program			-	145,084
Total passed through the Michigan Department of Health and Human Services			-	157,943
Passed through Michigan State Police:				
COVID-19 - Coronavirus Emergency Supplemental Funding	16.034	CESF-2022-048	-	30,915
Edward Byrne Memorial Justice Assistance	16.738	N/A	-	4,500
Emergency Law Enforcement Assistance Grant	16.824	EFLEA-2023-11	-	1,825
Total passed through the Michigan State Police			-	37,240
Total U.S. Department of Justice			-	215,600
Total federal awards			\$ -	\$ 27,738,508

See notes to schedule of expenditures of federal awards.

Notes to Schedule of Expenditures of Federal Awards

Year Ended December 31, 2023

Note 1 - Basis of Presentation

The accompanying schedule of expenditures of federal awards (the "Schedule") includes the federal grant activity of Livingston County, Michigan (the "County") under programs of the federal government for the year ended December 31, 2023. The information in the Schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (the "Uniform Guidance"). Because the Schedule presents only a selected portion of the operations of the County, it is not intended to and does not present the financial position, changes in net position, or cash flows of the County.

Note 2 - Summary of Significant Accounting Policies

Expenditures reported in the Schedule are reported on the same basis of accounting as the financial statements. Such expenditures are recognized following the cost principles contained in Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, wherein certain types of expenditures are not allowable or are limited as to reimbursement. The pass-through entity identifying numbers are presented where available.

The County has elected not to use the 10 percent *de minimis* indirect cost rate to recover indirect costs, as allowed under the Uniform Guidance.

Schedule of Findings and Questioned Costs

Schedule of Findings and Questioned Costs

Year Ended December 31, 2023

Section I - Summary of Auditor's Results

Financial Statements

Type of auditor's report issued: Unmodified

Internal control over financial reporting:

- Material weakness(es) identified? _____ Yes X No
- Significant deficiency(ies) identified that are not considered to be material weaknesses? _____ Yes X None reported
- Noncompliance material to financial statements noted? _____ Yes X None reported

Federal Awards

Internal control over major programs:

- Material weakness(es) identified? X Yes _____ No
- Significant deficiency(ies) identified that are not considered to be material weaknesses? _____ Yes X None reported

Any audit findings disclosed that are required to be reported in accordance with Section 2 CFR 200.516(a)? X Yes _____ No

Identification of major programs:

Assistance Listing Number	Name of Federal Program or Cluster	Opinion
21.027	COVID-19 - Coronavirus State and Local Fiscal Recovery Funds	Unmodified
93.493	Congressional Directives	Unmodified

Dollar threshold used to distinguish between type A and type B programs: \$832,155

Auditee qualified as low-risk auditee? _____ Yes X No

Section II - Financial Statement Audit Findings

Current Year None

Schedule of Findings and Questioned Costs (Continued)

Year Ended December 31, 2023

Section III - Federal Program Audit Findings

Reference Number	Finding	Questioned Costs
2023-001	<p>Assistance Listing Number, Federal Agency, and Program Name - 93.493, Congressional Directives</p> <p>Federal Award Identification Number and Year - 2023</p> <p>Pass-through Entity - N/A</p> <p>Finding Type - Material weakness</p> <p>Repeat Finding - No</p> <p>Criteria - The Uniform Guidance requires organizations to properly reflect federal expenditures in the schedule of expenditures of federal awards (SEFA), as determined by 2 CFR 200.502.</p> <p>Condition - The total amount of expenditures originally reported on the SEFA excluded \$1,024,472 of expenditures related to the Congressional Directives program.</p> <p>Questioned Costs - None</p> <p>Identification of How Questioned Costs Were Computed - N/A</p> <p>Context - All of the expenditures that were incurred related to the Congressional Directives program were originally excluded from the SEFA. The adjustment resulted in an additional major program. Although the SEFA was originally incorrect, the SEFA was corrected after this error was noted by the auditor.</p> <p>Cause and Effect - Internal control procedures over determining the correct amount of expenditures to record on the SEFA did not operate effectively. This resulted in an adjustment to the schedule of expenditures of federal awards.</p> <p>Recommendation - Internal control procedures should continue to be enforced to ensure the proper expenditures are reported in the schedule of federal awards.</p> <p>Views of Responsible Officials and Corrective Action Plan - Livingston County, Michigan will implement a review process going forward to ensure all expenses fall within the grant period.</p>	None



2023

Annual Report



LIVINGSTON COUNTY
Health Department

WELCOME

From the Health Officer:

It is my pleasure to present to you the 2023 Livingston County Health Department (LCHD) annual report. Contained within you will find a summary of our activities along with a few highlighted programs and responses from the year. Of note, LCHD has recently trained staff to better respond and support infection control at our congregate care facilities, we remodeled one of our exam rooms to accommodate patients who have sensory needs and provided some information about our response to harmful algal blooms in our county lakes.

During the last year there have been some significant changes in Health Department leadership due to recent retirements and staff leaving the department for other opportunities. I'm excited to share that Heather Blair was promoted in December 2022 as the Director of Environmental Health and Lindsay Kalberer was promoted in December 2023 as the Director of Personal and Preventive Health Services. Both positions also serve as Deputy Health Officers for the department and may fill in if I am not available. Heather and Lindsay bring a wealth of experience to their positions, and I am confident in their ability to help lead the department.

Our Community Health Needs Assessment process is moving forward and we expect survey data back soon. Once received, we will analyze the data to assess priorities and work with our community partners to ensure we are addressing the needs of Livingston County residents. We continue to work closely with our local health care systems in the county as we identify opportunities to partner and collaborate to meet the health needs of our residents and align our shared priorities to more effectively deliver services.

In closing, I want to recognize our talented and dedicated staff who work in our community to protect, preserve, and promote the health of our residents. We have an excellent team at LCHD and I look forward to our continued success into the future.

In good health,



Matt Bolang
Health Officer



**PERSONAL AND PREVENTIVE
HEALTH SERVICES**

- 1,417 Immunizations provided to children & adults
- 59 Tuberculin skin tests administered
- 360 Animal bites reported and investigated
- 312 Sexually transmitted disease cases investigated
- 18 HIV/AIDS tests administered
- 654 Families supported by Children’s Special Health Care Services
- 20,599 Hearing/vision screenings with 1,396 children referred for further evaluation
- 4,035 WIC clients served and 952 families

ENVIRONMENTAL HEALTH

- 1,308 Food establishments inspected
- 28 Food establishment plans reviewed
- 69 Food service complaints investigated
- 2,205 Well inspections completed
- 377 Well permits issued
- 1,466 Septic inspections completed
- 321 Septic system permits issued
- 382 Non-community public water supplies regulated
- 69 Public swimming pools regulated
- 14 Public beaches regulated
- 23 Camps inspected
- 24 Body art facilities inspected
- 77 General complaints investigated

EMERGENCY PREPAREDNESS

- 99 Hours donated by Medical Reserve Corp (MRC) (~\$4,480 in volunteer hrs)
- 419 Fifth grade students provided preparedness training by MRC
- 26 Vaccinations provided to high-risk, homebound individuals
- 11 Staff preparedness trainings held
- Participated in 22 local, state, and/or regional drills, trainings, and exercises
- Presented preparedness training project at Michigan conference
- Represented Michigan at a federal preparedness planning conference

HEALTH PROMOTION

- 125 Prescription for Health program participants spent \$16,689 worth of tokens on fruits and vegetables
- 325 Lock bags distributed
- 5 Press releases sent to local media
- 10 Media inquiry responses
- 676 Social media posts published
- 6 Webinars cohosted
- 12 Newsletters published
- 23 Outreach events hosted or attended
- Completely refreshed the LCHD website
- Assisted Trinity Health Livingston with a Community Health Needs Assessment

2023 *at a Glance*

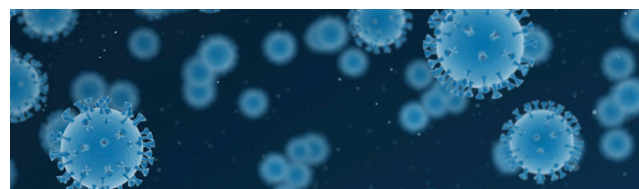
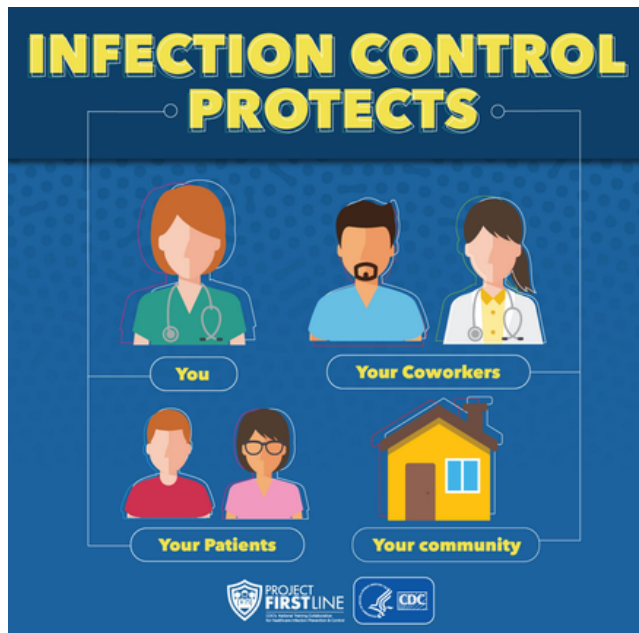
Highlights:

MI - ECHO PROGRAM

In 2023, LCHD sought to expand its expertise in infection prevention by participating in Michigan’s Infection Control – Educational Collaborative for Better Health Outcome (MI-ECHO) program through the Michigan Department of Health and Human Services (MDHHS). The program empowers local health departments to provide and strengthen infection prevention practices, containment strategies, and prevention plans in congregate care settings.

LCHD regularly works with congregate care facilities, including skilled nursing facilities, to respond to respiratory outbreaks, multidrug resistant organisms (e.g., *Candida auris*, Carbapenem-resistant Enterobacterales), *Legionella*, Pertussis, and invasive Group A strep. Our staff also frequently provide guidance regarding enhanced barrier precautions, and cleaning/disinfection best practices.

Expanding LCHD infection prevention expertise and capacity will strengthen these collaborative relationships with congregate care settings, expedite response to facility concerns, and lead to better outcomes for some of Livingston County’s most vulnerable residents.



IMPROVING ACCESS FOR PERSONS OF ALL ABILITIES



The Children's Special Health Care Services (CSHCS) team recognized the intimidating experience receiving vaccinations can be for children, especially young children with disabilities or sensory sensitivities. To improve client experiences for people of all abilities, the CSHCS team consulted multiple community partners to identify best practices for reducing stress during an immunization visit.

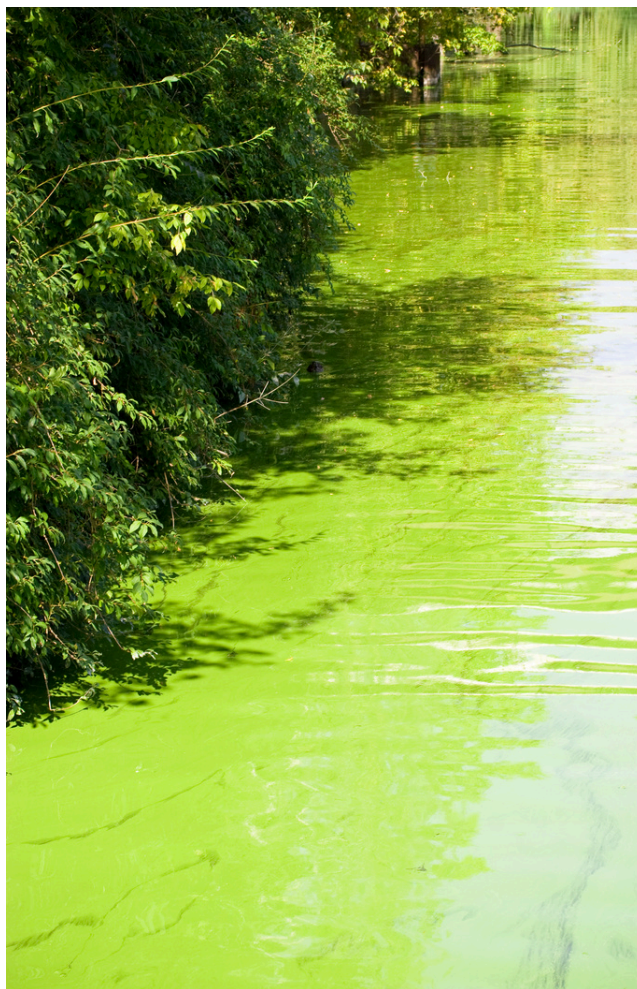
The consultation led to a redesign of the lobby and a clinic room to create a more relaxing and calming sensory experience. Through grant funding, CSHCS was able to

create a more inviting and inclusive lobby and a clinic room that features: a wheelchair accessible scale, a floor standing bubble tube with fish, brightly colored décor, multiple wall mounted toys, bean bags, light covers and fun gadgets to distribute. CSHCS was also able to research and obtain distraction devices that minimize discomfort and anxiety while receiving vaccines.

This adjusted approach and use of the redesigned rooms has proven to be an asset to our community as it has reduced the levels of stress in what is traditionally an uncomfortable situation.

HARMFUL ALGAL BLOOMS

An increase in the reporting of Harmful algal blooms (HABs), particularly cyanobacteria or blue-green algae and the presence of algal toxins in these blooms, has become a significant public health concern. Blooms occur when a type of algae known as cyanobacteria grows excessively in water bodies during periods of warm temperatures, increased exposure to sunlight, and high nutrient levels.



HABs can produce cyanotoxins called microcystins that are harmful to people and pets. These toxins can cause skin irritation, respiratory problems, gastrointestinal distress, and neurological effects. It is not possible to determine whether algal blooms contain harmful toxins by looking at them. Collecting test samples is the best way to identify HABs.

LCHD works to mitigate the impact of HABs through:

- **Coordination and Collaboration** – Partnering with the Michigan Department of Great Lakes and Energy (EGLE) for a comprehensive response, monitoring, and public intervention.
- **Water Testing** – Testing water bodies for the presence of harmful algae and their toxins. This helps with early detection and assessment of potential risks.
- **Public Awareness and Communication** – Issuing advisories to the public when HABs are detected or suspected. This includes information on avoiding contact with affected water for people and pets, providing information on the risks of HABs, and preventive measures.

When an HAB is reported, an Environmental Health Specialist gathers data that supports a potential bloom and collects a water sample from the area

HARMFUL ALGAL BLOOMS

affected in the water body. Staff then perform water testing to determine if the toxin, microcystin, is present. If the toxin is present, an advisory is sent to impacted residents and other local entities as appropriate such as lake associations and township officials.

In 2023, LCHD investigated 15 algal blooms in Livingston County. Microcystin was detected in two water bodies. A [map depicting reported blooms and the cyanotoxin test results](#) keeps residents

informed on the location of HABs in Livingston County.

HABs present a complex challenge in identifying and collecting water samples promptly. Rain and wind can break up blooms and make it difficult to verify their presence. Therefore, by monitoring the history of HABs, educating the public, and implementing timely response strategies, LCHD strives to mitigate the risks associated with HABs and protect public health.



Disease Trends:

COMMUNICABLE DISEASES

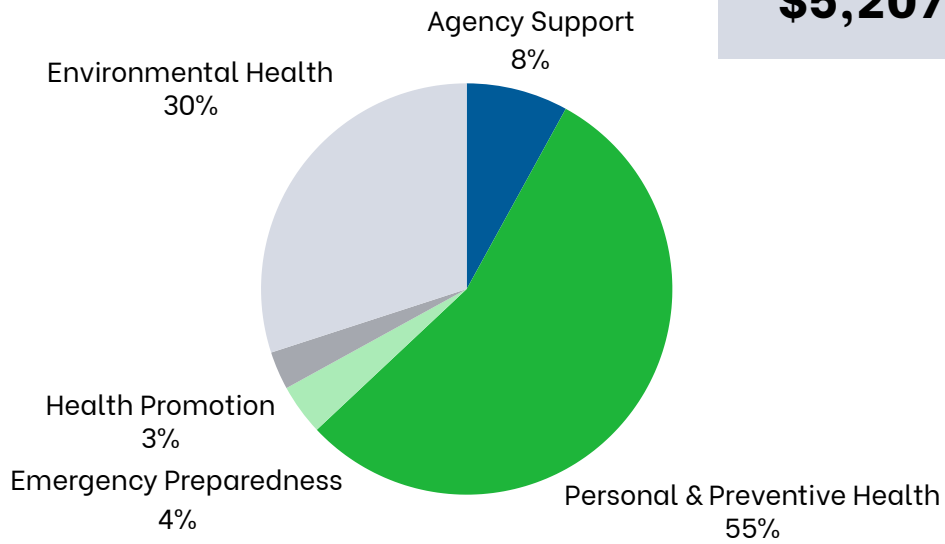
The public health system depends on communicable disease reporting to monitor community health. An effective disease surveillance system is essential to quickly detect outbreaks before they spread. Disease reporting is required by physicians, labs, schools, and daycares. LCHD performs disease surveillance, case/outbreak investigation, contact tracing, education, and immunization for over 70 reportable diseases. These public health strategies are used to understand disease transmission and implement county-level interventions to reduce the spread of diseases.

Communicable Diseases in Livingston County	2019	2020	2021	2022	2023
<i>Campylobacter</i>	38	15	21	27	39
Chlamydia	354	301	323	232	255
Giardiasis	3	7	10	11	10
Gonorrhea	47	67	49	42	45
Hepatitis A	0	0	0	0	1
Hepatitis B, acute	0	0	1	1	2
Hepatitis C, acute	1	1	1	3	3
Hepatitis C, chronic	71	59	62	48	35
Meningitis aseptic/viral	14	5	5	9	9
Meningococcal Disease	1	0	0	0	0
Pertussis	18	3	8	13	6
Salmonellosis	17	9	9	16	29
Shiga toxin-producing <i>Escherichia coli</i> (STEC)	4	3	2	10	11
Shigellosis	0	1	2	3	4
Tuberculosis	1	0	1	2	0

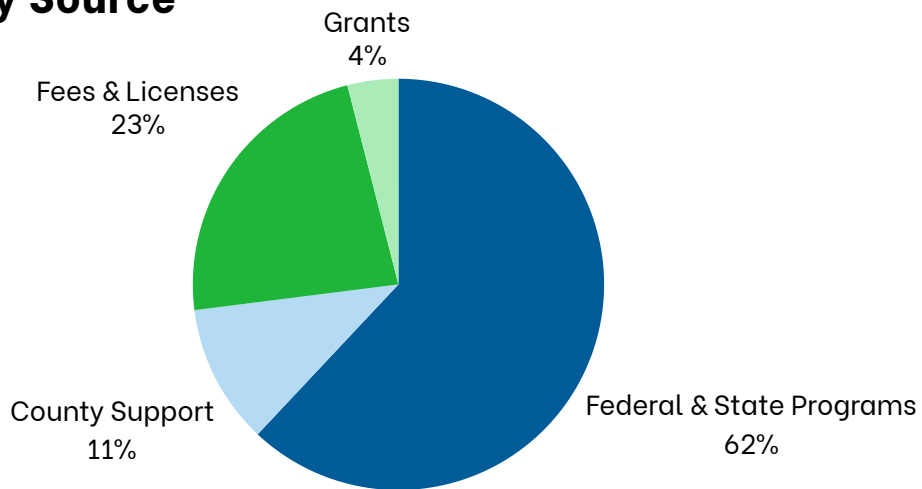
FINANCIAL OVERVIEW

Expenses by Division

Total operating budget:
\$5,207,488



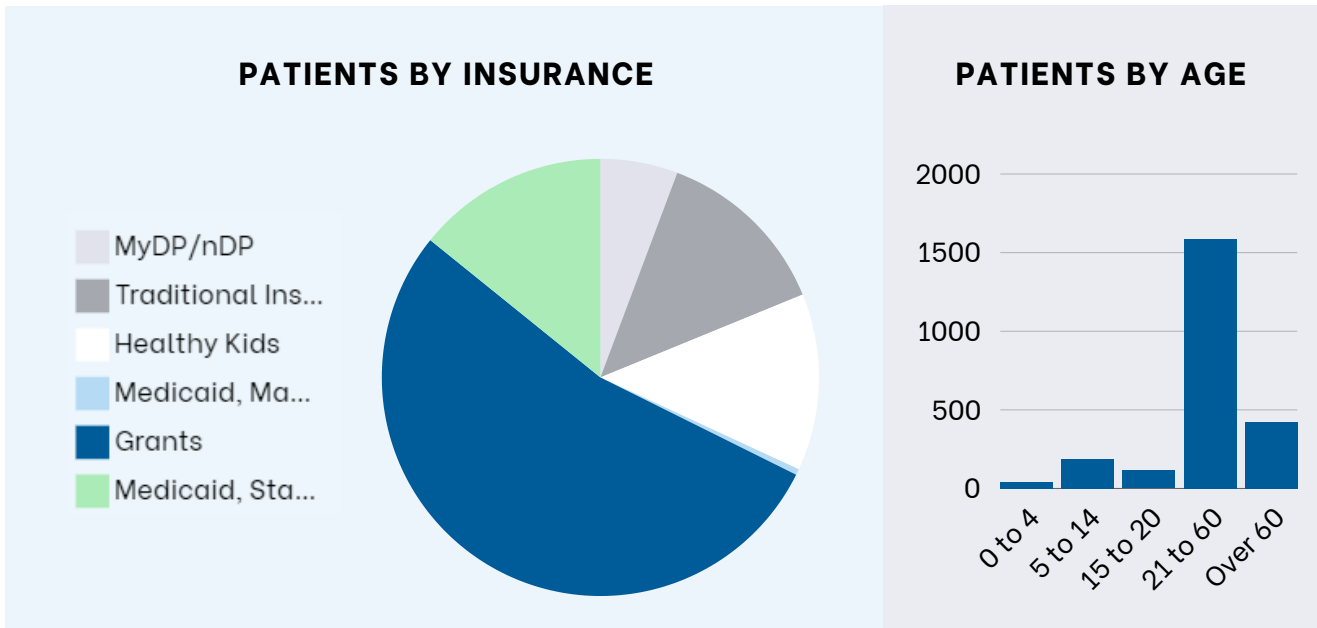
Revenues by Source



MY COMMUNITY DENTAL CENTERS



The partnership between LCHD and MCDC was formed to address the need for dental services to Medicaid enrollees and low-income, uninsured residents throughout Livingston County. MCDC provides services on behalf of LCHD, with the mission to improve the lives of patients and enhance community health by setting the highest standard of oral health care. At MCDC, it is all about the people- they strive to provide each patient with pleasant and stress-free dental care at a cost they can afford.



MCDC served 2,349 patients with 5,693 office visits in 2023.





LIVINGSTON COUNTY Health Department

Mission

Livingston County Health Department will protect, preserve, and promote the health and safety of the people of Livingston County.

Vision

Livingston County will be a safe and healthy community where all people realize their fullest health potential and live enriched and productive lives.

Matt Bolang

Director/Health Officer

Dr. Juan Marquez

Medical Director

Heather Blair

Deputy Health Officer
Director of Environmental Health

Lindsay Kalberer

Deputy Health Officer
Director of Personal & Preventive
Health Services

www.LCHD.org

2300 E. Grand River Ave., Suite 102, Howell, MI 48843

517-546-9850



Attachment I

- Brighton Oil Tank Explosion
- LCHD Launches International Travel Clinic

Follow Page Share

 **Livingston County Health Department**
2 hours ago

Check out this soup recipe using mostly WIC-approved foods! 😊
Call 517-546-5459 to learn more about Livingston County WIC. Once you sign up, they can provide you with a full list of WIC-approved foods, along with other fun recipes!
#HealthyStartsHere #NationalNutritionMonth

VEGETABLE SOUP



INGREDIENTS

- 2 tablespoons of vegetable oil
- 3 cups of sweet potato (diced)
- 1 cup of onion (chopped)
- 5 cloves garlic (minced or 2 tsp garlic powder)
- 1 1/2 teaspoons of red pepper flakes (optional)
- 2 teaspoons of black pepper
- 15 1/2 oz black beans
- 15 1/2 oz kidney beans



LIVINGSTON COUNTY Health Department

OUR MISSION

Livingston County Health Department will protect, preserve, and promote the health and safety of the people of Livingston County.

OUR VISION

Livingston County will be a safe and healthy community where all people realize their fullest health potential and live enriched and productive lives.

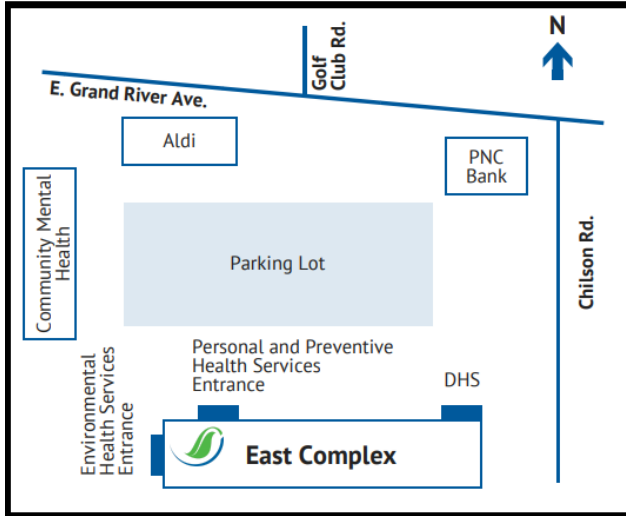
[Health Department Directory](#)



Livingston County Health Department Staff – Public Health Week 2022

Livingston County Health Department

2300 East Grand River Avenue, Suite 102
Howell, MI 48843-7578



Personal and Preventive Health Services

Phone: 517-546-9850 Fax: 517-546-6995

Environmental Health Services

Phone: 517-546-9858 Fax: 517-546-9853

Hours

Monday - Friday 8:00 am - 5:00 pm
Closed on County Holidays

After Hours

To report public health emergencies and communicable disease outbreaks after hours, call 911.

Find LCHD Online

www.LCHD.org



www.facebook.com/myLCHD

About Us

Our MISSION is to protect, preserve, and promote the health and safety of the people of Livingston County.

Our VISION is that Livingston County will be a safe and healthy community where all people realize their fullest health potential and live enriched and productive lives.



The Livingston County Health Department (LCHD) is nationally accredited by the Public Health Accreditation Board. National accreditation assures LCHD is striving to achieve best practices in public health and ensures that the programs and services LCHD offers are as responsive as possible to the needs of the community. National accreditation holds LCHD accountable for its efforts towards creating a safe and healthy community for all.

This institution is an equal opportunity provider.
Revised June 2019



LIVINGSTON COUNTY Health Department



Services Directory

www.LCHD.org

Environmental Health Services

Air Quality

Offers information and consultation for various sources of air pollutants:

- Radon
- Asbestos
- Vapor intrusion
- Carbon dioxide
- Mercury
- Environmental tobacco smoke
- Mold
- Volatile organic compounds
- Lead

Community Health and Safety

Inspects all public swimming pools, bathing beaches, child foster care facilities, and public campgrounds. Serves as a emergency resource to local Emergency Management during potential contamination events that could impact the public's health.

Food Protection

Inspects all food service establishments to ensure proper food handling and to review standard operations to eliminate potential food-borne illnesses. Trains and certifies food service employees and managers.

Wastewater Management

Grants permits for all residential and small commercial onsite sewage treatment systems. Evaluates conditions for suitability of onsite sewage treatment and septic system construction. Investigates complaints of improper operation and maintenance of onsite wastewater treatment facilities.

Water Quality

Grants permits for all residential and small public water supply systems. Maps and monitors sites of environmental concern with the county.

Health Promotion and Education

Promotes health and prevents disease through education, assessment of community health status, grant-funded projects, and partnerships in the community.



Personal and Preventive Health Services

Children's Special Health Care Services

Provides assistance to families of children with special needs, such as program enrollment, case management, care coordination, travel assistance to appointments, and some medical costs.

Communicable Disease Control

Follows up on all reportable communicable diseases, including food borne illness outbreaks and STIs, to provide education and assure treatment to prevent the spread. Provides assessment for rabies exposure with animal bites and bat encounters.

Hearing and Vision Screening

Offers free hearing and vision screening for children ages 3 to 21. Most screenings take place in the child's school, including charter and private schools. Limited office appointments at LCHD.

Immunizations

Vaccines prevent disease. We provide immunizations for both children and adults. Walk-in hours every Wednesday from 8:30 am - 4:30 pm. Extended hours to 7:00 pm on the 2nd and 4th Wednesdays of the month. Call for current pricing.

TB Testing

Offers TB testing on a walk-in basis every Wednesday from 8:30 am - 4:30 pm. Clients must be available to return Friday to have the test read. Call for current pricing.

HIV Testing

Provides free confidential or anonymous HIV rapid testing with same day results. Call for an appointment.

Nurses Welcome Newborns

Provides valuable information and resources during a free home visit by a Public Health Nurse. All parents of newborns are eligible. Call for a home visit.

Healthcare Enrollment Assistance

Are you covered? LCHD can assist with health care enrollment for Healthy Kids, Healthy Michigan Plan, MI Child, and MOMS.

Women, Infants, and Children

Provides nutrition education and supplemental food benefits to pregnant women and children up to five years of age who are income eligible. Call the WIC office at 517-546-5459.



Emergency Preparedness

Emergency Preparedness

Protects the public by promoting and ensuring the health and safety of the whole community before, during, and after public health emergencies.

Medical Reserve Corps

Coordinates volunteer teams of local medical, non-medical, public health, and other professionals who contribute their skills and expertise during times of disaster and public health emergencies.



Livingston Dental Center

My Community Dental Center (MCDC)

Livingston Dental Center

1335 Byron Road
Howell, MI 48843
Phone: 877-313-6232
www.mydental.org



MCDC accepts:

- Medicaid plans
- MICHild
- Healthy Michigan Plan
- Private insurance
- Uninsured

www.LCHD.org

More information on the programs and services we offer is on our website. Resources available on our website include:

- Important health updates
- Local restaurant inspection results
- Information on public health topics
- Water well and septic system records



Protect. Preserve. Promote.

RESOLUTION

NO: 2022-11-172

LIVINGSTON COUNTY

DATE: November 14, 2022

Resolution Authorizing the Appointment of the Public Health Officer – Board of Commissioners

WHEREAS, Dianne McCormick, former Health Officer at the Livingston County Health Department, completed her last day of work on July 1, 2022; and

WHEREAS, state law requires the Board of Commissioners to appoint the Health Officer; and

WHEREAS, the following process for selection of this vacant Health Officer position has been implemented:

- ① The Personnel Committee directed the Human Resources department to post the Health Officer position, using the usual posting process, for fourteen (14) calendar days.
- ② The Personnel Committee of the Board of Commissioners reviewed all applications received.
- ③ The Personnel Committee, acting as a committee as a whole, determined which candidates met the qualifications described in the job description and interviewed four (4) candidates on October 31, 2022.
- ④ The Board of Commissioners will nominate from the list of 4 candidates. A roll call vote will occur until one candidate receives 5 votes.

THEREFORE, BE IT RESOLVED that Matt Bolang be appointed as Health Officer for the Livingston County Health Department.

#

MOVED: C. Reader

SECONDED: B. Plank

CARRIED: Yes (6): M. Zajac, C. Griffith, M. Smith, C. Reader, J. Gross, and B. Plank; No (3): W. Nakagiri, D. Helzerman, J. Drick; Absent (0): None



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

December 2, 2022

Mr. Nathan Burd
Interim County Administrator
Livingston County Administrator
304 E. Grand River Ave, Suite 202
Howell, MI 48843

Dear Mr. Burd:

We received communication requesting approval of Mr. Matt Bolang to serve as the fully appointed Health Officer for the Livingston County Health Department, effective November 14, 2022.

After reviewing Mr. Bolang's credentials and based on the requirements of the Michigan Public Health Code (PA 368 of 1978, as amended), I have determined that Mr. Bolang meets the requirements as Health Officer, and therefore I approve this request.

We look forward to working with Mr. Bolang and all our colleagues at the Livingston County Health Department. If you have questions or need assistance, please contact Ms. Laura de la Rambelje, Director of Local Health Services, at 517-388-7302 or by email at deLaRambeljeL@michigan.gov.

Sincerely,

A handwritten signature in black ink that reads "Sarah Lyon-Callo".

Sarah Lyon-Callo, MS, PhD
Interim Senior Deputy Director / State Epidemiologist
Public Health Administration

SC:hm

c: Local Health Services
Mr. Matt Bolang

RESOLUTION

NO: 2019-11-169

LIVINGSTON COUNTY

DATE: November 12, 2019

Resolution Authorizing Livingston County Health Department to Enter into an Agreement with Washtenaw County Public Health to Share Medical Director Services– Health Department

- WHEREAS,** Livingston County’s current Medical Director is planning on retiring in early 2020; and
- WHEREAS,** It has been determined that shared Medical Director services would be mutually beneficial for Washtenaw and Livingston County Health Departments; and
- WHEREAS,** Michigan Public Health Code (Act 368 of 1978) states a Medical Director working in multiple counties may divide their time among the counties as necessary but must be full time (32 plus hours per week); and
- WHEREAS,** expanding the responsibilities of Medical Director services to include both Livingston and Washtenaw Counties will result in a savings of overall expense for both counties, without sacrificing quality of service for either county; and
- WHEREAS,** Livingston County is entering into an agreement to reimburse Washtenaw County our portion of the costs including salary and fringes; and
- WHEREAS,** Expenses for the Medical Director services for Livingston County Health Department will not exceed the proposed 2020 budgeted amount of \$85,360.
- WHEREAS,** this Resolution has been recommended for adoption by the Health & Human Services, and Finance Committees.

THEREFORE BE IT RESOLVED that the Livingston County Board of Commissioners hereby authorizes entering in to a contract for shared Medical Director services between Livingston and Washtenaw Counties contingent upon an acceptable agreement which demonstrates Livingston County’s expenses will not exceed fiscal year 2020 budgeted amounts;

BE IT FURTHER RESOLVED that the Livingston County Board of Commissioners hereby authorizes any future budget amendments necessary to effectuate this agreement.

BE IT STILL FURTHER RESOLVED that the Chair of the Board of Commissioners be authorized to sign the above referenced contract upon review and approval by Civil Counsel.

#

MOVED: W. Green
SECONDED: G. Childs
CARRIED: Roll Call Vote: Yes (7): W. Green, W. Nakagiri, D. Helzerman, R. Bezotte, G. Childs, D. Parker, and D. Dolan; No (0): None; Absent (2): K. Lawrence, and C. Griffith



STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ROBERT GORDON
DIRECTOR

April 6, 2020

Ms. Dianne McCormick
Health Officer
Livingston County Health Dept.
2300 East Grand River, Suite #102
Howell, MI 48843-7578

Dear Ms. McCormick:

Thank you for your recent communication requesting the approval of Dr. Juan Marquez to serve as the Medical Director for Livingston County Health Department, effective April 1, 2020.

We recognize that Livingston County entered into an intergovernmental agreement with Washtenaw County to share the latter's Medical Director per the rules in the Michigan Administrative Code. After reviewing Dr. Marquez's credentials and based on the requirements of the Michigan Public Health Code (PA 368 of 1978, as amended), I have determined that he meets the requirements to be approved as the Medical Director.

If you have any questions or need assistance, please contact Laura de la Rambelje, Acting Director of the Office of Local Health Services, at 517-284-9002 or by email at deLaRambeljeL@michigan.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Joneigh S. Khaldun".

Joneigh S. Khaldun MD, MPH, FACEP
Chief Medical Executive
Chief Deputy Director for Health

JK:hm

c: Office of Local Health Services
Dr. Juan Marquez

Revenue # B1491

**AGREEMENT
BETWEEN
LIVINGSTON COUNTY AND WASHTENAW COUNTY
FOR
MEDICAL DIRECTOR**

THIS AGREEMENT IS MADE THIS 2nd day of March, 2020, by the **COUNTY OF LIVINGSTON**, on behalf of its Health Department, located 2300 E Grand River Ave, Suite 102, Howell, MI 48843 ("**Livingston**") and the **COUNTY OF WASHTENAW**, on behalf of its Health Department, a municipal corporation, with offices located in the County Administration Building, 220 North Main Street, Ann Arbor, Michigan 48104 ("**County**").

In consideration of the promises below, the parties mutually agree as follows:

ARTICLE I - SCOPE OF SERVICES

The COUNTY will retain as its employee a Medical Director (MD), who will also act as Medical Director for the Livingston County Health Department (LCHD). When acting in the capacity of Medical Director for LCHD, the Medical Director shall perform the following functions/duties:

- A. Act as the Medical Director of the Livingston County Health Department.
- B. Take such actions and make determinations necessary or appropriate for a Medical Director to carry out LCHD's required or delegated functions under the Michigan Public Health Code (Act 368 of 1978) and to protect public health and prevent diseases.

ARTICLE II - COMPENSATION

Livingston shall reimburse Washtenaw for 34% of the personnel costs associated with the MD and shall follow the "Medical Director Cost Analysis," included herein as Attachment A. For the purposes of this Agreement, LCHD Medical Director's personnel costs shall include salary, fringe benefit costs, and any other costs paid to or on behalf of the Medical Director. Insurance costs shall be the individual responsibility of each party as set forth in Article VIII.

Washtenaw shall invoice Livingston monthly for Livingston's portion of the Medical Director's personnel costs. Each invoice, in addition to a statement of the total sum due, shall contain such cost break downs, details and information as Livingston and Washtenaw may mutually agree upon. All invoices complying with this Agreement shall be paid in full within thirty (30) days of Livingston's receipt of the invoice.

In addition to the personnel costs to be reimbursed to Washtenaw, Livingston and Washtenaw will share in the costs of travel reimbursement, conference reimbursement, professional development, and mobile phone services at a cost sharing model of 34% Livingston / 66% Washtenaw. Any travel, conference and professional development costs associated for the sole benefit of Livingston County will be reimbursed at 100%. Mileage rates will always follow the standard automobile mileage rate established by the IRS.

It is understood and agreed that the total sum that Livingston shall pay in any given calendar year for Medical Director costs and expenses shall not exceed the sum that Livingston County Board of Commissioners have allocated for such costs and expenses in Livingston's budget for that calendar year. It is agreed that the County shall advise Livingston of the anticipated Medical Director costs and expenses for the next calendar year in sufficient time for Livingston to factor such costs and expenses into that next calendar year's budget and/or to advise the County of any objections or concerns Livingston may have with respect to said costs and expenses.

Changes to compensation as dictated by Washtenaw County Board of Commissioners shall be incorporated into this Agreement through contract amendment.

ARTICLE III - TERM

The initial term of this Agreement begins on the date this Agreement has been fully signed by the authorized representatives of both parties, and Medical Malpractice Insurance covering the Medical Director's services in Livingston has been obtained by Livingston and is active, and shall remain in effect to December 31, 2020. Thereafter, this Agreement shall be automatically renewed for successive one (1) year terms, subject to the termination provision set forth in Article X of this Agreement.

ARTICLE IV - RESPONSIBILITY FOR MATERIALS, SUPPLIES AND FACILITIES AND SUPPORTING PERSONNEL.

Livingston shall provide all necessary materials, supplies, facilities and supporting personnel for the performance of the services required for LCHD under this Agreement.

ARTICLE V - PATIENT RECORDS AND COMPLIANCE WITH HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996

LCHD shall have sole and exclusive right to the retention of all records pertaining to its patients and services rendered pursuant to this Agreement. The Medical Director shall have the right to access any LCHD records including patient records required for the performance of services to be provided pursuant to this Agreement. In receiving such access, the Medical Director shall comply with all applicable requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, as amended, including the amendments made to HIPAA by the Health Information Technology for Economic and Clinical Health Act ("HITECH Act"), part of the American Recovery and Reinvestment Act of 2009 ("ARRA") and the Genetic Information Nondiscrimination Act of 2008 ("GINA"), and its rules and regulations promulgated pursuant thereto, 45 CFR Parts 160 and 164, as amended. Access shall be limited to the minimum necessary to provide the applicable services. Breach of this section shall be a material breach of this Agreement.

ARTICLE VI - EQUAL EMPLOYMENT OPPORTUNITY

The County will not discriminate against any employee or applicant for employment because of race, creed, color, sex, sexual orientation, national origin, physical handicap, age, height, weight, marital status, veteran status, religion and political belief (except as it relates to a bona fide occupational qualification reasonably necessary to the normal operation of the business).

The County will take affirmative action to eliminate discrimination based on sex, race, or a handicap in the hiring of applicant and the treatment of employees. Affirmative action will include, but not be limited to: Employment; upgrading, demotion or transfer; recruitment advertisement; layoff or termination; rates of pay or other forms of compensation; selection for training, including apprenticeship.

The County agrees to post notices containing this policy against discrimination in conspicuous places available to applicants for employment and employees. All solicitations or advertisements for employees, placed by or on the behalf of the County, will state that all qualified applicants will receive consideration for employment without regard to race, creed, color, sex, sexual orientation, national origin, physical handicap, age, height, weight, marital status, veteran status, religion and political belief.

ARTICLE VII - EQUAL ACCESS

The County shall provide the services set forth in Article I without discrimination on the basis of race, color, religion, national origin, sex, sexual orientation, marital status, physical handicap, or age.

ARTICLE VIII - INSURANCE

Livingston County and Washtenaw County will maintain at its own expense during the term of this Contract, the following insurance:

1. Commercial General Liability Insurance with a combined single limit of \$1,000,000 each occurrence for bodily injury and property damage. It is understood and agreed that Livingston shall meet its General Liability Insurance obligation through its self-insurance program administered by the Michigan Municipal Risk Management Authority (MMRMA) and that said coverage shall extend to general liability of the Medical Director when acting in the capacity of LCHD's Medical Director.
2. Professional Liability coverage with a minimum limit of \$1,000,000 each occurrence to cover the professional liability when the Medical Director is providing a service to the respective County. Said insurance shall include tail coverage of not less than three (3) years.

ARTICLE IX - ASSIGNS AND SUCCESSORS

This Agreement is binding on Livingston and the County, their successors and assigns. Neither the County nor Livingston will assign or transfer its interest in this Agreement without the written consent of the other.

ARTICLE X - TERMINATION OF CONTRACT

Section 1 - Termination without cause. Either party may terminate this Agreement by giving ninety (90) days written notice to the other party.

ARTICLE XI - CHANGES IN SCOPE OR SCHEDULE OF SERVICES

Changes mutually agreed upon by Livingston and the County, will be incorporated into this Agreement by written amendments signed by both parties.

ARTICLE XII - CHOICE OF LAW AND FORUM

This Agreement is to be interpreted by the laws of Michigan. The parties agree that the proper forum for litigation arising out of this Agreement is in Washtenaw County, Michigan.

ARTICLE XIII - EXTENT OF CONTRACT

This Agreement represents the entire agreement between the parties and supersedes all prior representations, negotiations or agreements whether written or oral.

ARTICLE XIV - ELECTRONIC SIGNATURES

All parties to this Agreement agree that either electronic or handwritten signatures are acceptable to execute this Agreement.

WASHTENAW COUNTY

COUNTY OF LIVINGSTON

By: *Gregory Dill* 03/23/2020
Gregory Dill (DATE)
County Administrator

By: *Carol S. Griffith* 2/26/2020
Carol S. Griffith (DATE)
Chairwoman - Livingston County
Board of Commissioners

ATTESTED TO:

Lawrence Kestenbaum 03/23/2020
By: SIGNED BY DEPUTY E. GOLEMBIEWSKI FOR L. KESTENBAUM
Lawrence Kestenbaum (DATE)
County Clerk/Register

APPROVED AS TO FORM:
COHL, STOKER & TOSKEY, P.C.
By: ROBERT D. TOWNSEND - 2/19/2020

APPROVED AS TO CONTENT:

By: *Jimena Loveluck* 3/2/20
Jimena Loveluck (DATE)
Health Officer

APPROVED AS TO FORM:
Michelle K. Billard 03/19/2020
Michelle K. BILLARD (DATE)
Office of Corporation Counsel PR1507
OFFICE OF CORPORATION COUNSEL

Revenue # _____

ATTACHMENT A

ATTACHMENT A

Medical Director Cost Analysis

37.5 hours per week

Contract with Livingston effective 3/30/2020 (beginning of our pay period)

Census = 2019

Livingston County
Washtenaw County

189,886 34%
369,208 66%
559,094

starts 3/2/2020

Year 2020
4% increase
2% structural
\$ 80.35

Year 2021
4% increase
2% structural
\$ 85.17

Year 2022
4% increase
2% structural
\$ 90.35

Hourly Rate (our mid range)

Salary Cost \$ 331,975 \$ 166,083 \$ 176,181

Fringe Detail
Medical*
Dental
Unemployment

10 months
\$ 8,890
\$ 583
\$ 45

proposed fringes - 2021
\$ 12,647
\$ 777
\$ 60

proposed fringes - 2022
\$ 13,280
\$ 777
\$ 60

FICA
LIFE
Long Term Disability
VEBA
RET
Severance
Liability / Tuition

7.65% \$ 10,096
0.20% \$ 264
0.20% \$ 264
13.38% \$ 17,658
15.98% \$ 21,090
1.25% \$ 1,650
0.70% \$ 924

7.65% \$ 12,705
0.20% \$ 332
0.20% \$ 332
13.42% \$ 22,288
16.86% \$ 28,002
1.25% \$ 2,076
0.70% \$ 1,163

7.65% \$ 13,478
0.20% \$ 352
0.20% \$ 352
13.49% \$ 23,767
17.43% \$ 30,708
1.25% \$ 2,202
0.70% \$ 1,233

Fringe Cost \$ 61,463 \$ 80,382 \$ 86,210

Total Personnel Cost \$ 193,438 \$ 246,466 \$ 262,392

Livingston 34% (effective 3/30/2020 - 12/31/2020)
Washtenaw 66% (100% for 3/2/2020 - 3/29/2020)

\$ 59,763 \$ 83,798 \$ 89,213
\$ 133,675 \$ 162,667 \$ 173,179

Attachment M

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 Division of Local Health Services, this approval form must be re-signed by the appropriate local authorities referenced herein and re-filed with the MDHHS Division of Local Health Services.

I have reviewed the Plan of Organization for Livingston County Health Department. (Insert LHD)

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

Health Officer Name: Matt Bolang

Health Officer Signature: _____

Date: _____

Local Governing Entity Chairperson Name:

Jay R. Drick

Local Governing Entity Name:

Livingston County Board of Commissioners

Mailing Address:

304 E. Grand River Ave. Howell, MI 48843

Chairperson Signature: _____

Date: _____