



***District Health
Department #10***
Healthy People, Healthy Communities

Serving the counties of Crawford, Kalkaska, Lake, Manistee, Mason, Mecosta,
Missaukee, Newaygo, Oceana and Wexford

Board of Health Bylaws

DISTRICT HEALTH DEPARTMENT #10

BYLAWS

ARTICLE I

NAME

The name of this organization shall be DISTRICT HEALTH DEPARTMENT #10

ARTICLE II

PURPOSE

Section 1 The purpose of District Health Department #10 Board of Health is to promote public health services in accordance with PA 368.

Section 2 It is the responsibility of this Board to assure that the health department shall continually and diligently endeavor to prevent disease, prolong life and promote the public health through organized programs, including: prevention and control of environmental health hazards; prevention and control of diseases; provision of health education to individuals and groups; prevention and control of health problems of particularly vulnerable population groups, development of health care facilities and health services delivery systems; and regulation of health care facilities and health services delivery systems to the extent provided by law.

Section 3 It is the responsibility of the Board to insure the delivery and provision of the required public health services that meet the standards for quality, service, scope of qualifying services, professional personnel and administrative functions.

ARTICLE III

MEMBERS

Section 1 Crawford, Kalkaska, Lake, Manistee, Mason, Mecosta, Missaukee, Newaygo, Oceana, and Wexford County Boards of Commissioners have agreed to the formation of a District Health Department and a District Board of Health as its governing board. The Chairperson of each of the constituent County Boards of Commissioners shall appoint two (2) County Commissioners to the District Board of Health. The Chairperson shall also appoint a commission member to be an alternate member of the District Board of Health to act in the absence of either of the two duly appointed health members. Such alternate shall have full voting rights when serving in the capacity as alternate to one of the primary Health Board members.

New member counties may be admitted from time-to-time in conformance with the then existing state law.

Section 2 Each member so appointed shall hold office for a term of one (1) year. Vacancies occurring during the term shall be appointed by the county in the same manner as the original appointment. If a Board member misses two consecutive meetings and the alternate is not utilized, the county chairperson will be notified.

ARTICLE IV

OFFICERS

Section 1 The officers of the Board of Health shall be a Chairperson, Vice-Chairperson and Secretary. Their term of office shall be for one (1) year and, their duties shall be those usually devolving upon such officers, and they shall serve until their successors have been elected.

Section 2 The officers shall be elected by the majority of the membership (11 or more affirmative votes) at the annual meeting held in January of each year. Nominations for officers will be taken from the floor.

Section 3 The officers may be re-elected to serve up to three (3) consecutive years in the same position based upon majority vote (11 or more affirmative votes) of the Board of Health. The officers must be from separate counties.

ARTICLE V

COMMITTEE REPRESENTATION

The Board of Health shall maintain three standing committees: Executive, Personnel and Finance. The Chairperson of the Board of Health shall appoint members to the committees in the following manner taking care to ensure that each member of the Board of Health serves on at least one committee:

Section 1 Executive Committee: Shall be composed of Chairperson, Vice-Chairperson, Secretary and Chairpersons of the Personnel Committee and Finance Committee. The past Chairperson shall serve as an ex-officio member of the executive committee for one year following the election of a new Chairperson.

Section 2 Election of Personnel Committee Chairperson shall occur first in even years and the election of the Finance Committee Chairperson shall occur first in odd years.

Section 3 Personnel Committee: The Chairperson shall approve the appointment of ten (10) members. The Committee Chairperson of the Personnel Committee shall be from a county other than the counties represented by the Chairperson, Vice-Chairperson, and Secretary of the Board of Health and/or the Finance Committee Chairperson. The Personnel Committee shall elect a vice-chairperson. No two members shall be from the same county.

Section 4 Finance Committee: The Chairperson shall approve the appointment of ten (10) members. Committee Chairperson shall be from a county other than those counties represented by the Chairperson, Vice-Chairperson, and Secretary of the Board of Health and the Chairperson of the Personnel Committee. The finance committee shall elect a vice-chairperson. No two members shall be from the same county.

Section 5 The bylaws committee will be appointed by the Board Chairperson on a yearly basis and shall include only one member from each county.

Section 6 Other committees may be appointed by the Chairperson as and when the need may arise.

Section 7 Powers of the Executive Committee: The Executive Committee as described in Section 1 above shall have the power, authority and discretion to deal with the following items at the committee level:

- A. Approve expenditure of budgeted agency funds up to a maximum of \$10,000.
- B. Take such actions as are pre-authorized by the full Board of Health.
- C. The Committee is authorized to submit grants and approve grant awards.
- D. The Committee is authorized to address specific issues or take required action as specifically authorized by quorum of the Board of Health.
- E. Resolve extraordinary personnel issues that are deemed urgent and require immediate attention.
- F. Any other duties or responsibilities assigned by quorum Board of Health.
- G. The Chair of Board is Chair of Executive Committee.

Action taken by the Executive Committee shall be reported back at the next full Board of Health meeting. Any other action contemplated by the Executive Committee shall be by recommendation to and formal action of the District Board of Health.

ARTICLE VI

MEETINGS

- Section 1 The January meeting in each year shall be the annual meeting at which officers shall be elected and adopt the meeting schedule for the year.
- Section 2 The Board of Health shall meet monthly.
- Section 3 Committee meetings shall be held upon the recommendation of the Board of Health, Board Chairperson, or Health Officer.

ARTICLE VII

AMENDING THE BYLAWS

Section 1 The Bylaws of this organization may be amended by a two-thirds (2/3) vote of the full membership of the Board of Health at any meeting provided that notice of the proposed amendment or amendments has been given at the preceding meeting.

ARTICLE VIII

PARLIAMENTARY AUTHORITY

Robert's Rules of Order shall be the Board's final authority on all questions of procedure and parliamentary law not covered by the Bylaws, Board Rules, or the laws of the State of Michigan.

ARTICLE IX

QUORUM

Section 1 Eleven (11) or more of the members on the roll of this Board shall constitute a quorum.

Section 2 A quorum must be present in person or via teleconference at any meeting at which business is transacted or a vote taken committing the Board to any proposal or action. Final passage of action items requires the majority vote of the membership (11 affirmative votes.) Without a quorum, meetings may be held at which the admission of new members may be announced, a program may be presented, or the members may engage in discussion of matters of general interest.

Section 3 A quorum for a board of health appointed committee shall consist of 50% of the membership of the committee.

ARTICLE X

APPOINTMENT OF HEALTH OFFICER

The District Board of Health shall appoint a Health Officer and Medical Director in conformance with the provisions of the Michigan Public Health Code. Appointment or removal of the Director shall require concurrence of not less than two-thirds (2/3) of the members of the District Board of Health.

ARTICLE XI

DISPUTE RESOLUTION

Disputes or disagreements which cannot be settled by good-faith negotiations between or among District members concerning the terms or conditions of membership, participation, structure or operation of a district shall be subject to the following dispute resolution process.

1. Executive Committee. Any disputes or issues of contention shall be first brought to the Executive Committee for full and complete discussion. The Executive Committee shall report its recommendations to the full Board of Health at its next regularly scheduled meeting.

2. Mediation. The parties may elect to submit any dispute to a non-binding mediation panel composed of three members selected as follows: Each disputing side shall select one mediator. The two mediators shall then select a neutral third mediator.

3. Selected Fact-Finder. The parties may, as an alternative to mediation, choose to be bound by the decision of a neutral fact-finder, to be selected by mutual agreement of the parties. The fact-finder will gather pertinent facts concerning any dispute between the parties and will assist the parties in crystallizing disputed issues and engaging in creative problem solving. The procedures outlined in Paragraph 2 above concerning conduct of hearing and admissibility of testimony in evidence shall also apply to procedures involving a single, neutral fact-finder.

4. Costs. Each party shall equally share in the costs and expenses associated with dispute resolution, such as arbitrator or mediator fees and expenses. Each party shall be responsible for its own legal expenses.

5. Findings. All findings and conclusions made as a result of alternative dispute resolution shall be made public.

6. Submissibility of Non-arbitrable Matters. Certain matters shall be deemed ineligible for submission to any other alternative dispute resolution procedures outlined above. These matters include duties and responsibilities imposed by State or federal law or regulations upon District members individually or collectively.

ARTICLE XII

WITHDRAWAL PROCEDURES

Although it is the desire of the District Health Department #10 to encourage the retention of its constituent counties as members of the District, it is recognized that there may be legitimate reasons for a constituent county to withdraw from the District Health Department #10.

It is also recognized that such a withdrawal must be accomplished without violating or abrogating the District Health Department's responsibilities to provide services to the citizens of the District. Further, it is recognized that failure to follow orderly reasonable withdrawal procedures could cause an enormous financial hardship upon the District and adversely affect its ability to provide required services.

Withdrawal of a member county shall only be accomplished upon the following specific conditions:

1. The county wishing to withdraw shall give notice at least two (2) years prior to its anticipated date of withdrawal.

2. During the notice period, the county shall continue full participation in District Health Department #10 and continue to meet its responsibilities as may be required by the then existing Bylaws, policies and procedures.

3. Twelve (12) months prior to the scheduled departure date, Board of Health members representing the withdrawing county shall relinquish any offices as chairperson, vice-chairperson, or secretary then held on the Board as membership on committees shall not be affected on the Board.

4. The withdrawing county shall obtain the consent of and meet all of the requirements of the Michigan Department of Community Health and comply with all of the provisions of the Public Health Code and its attendant regulations relating to the formation of a public health department prior to its scheduled departure date.

5. Chairperson of the District Health Department #10 shall appoint a Withdrawal Committee consisting of at least one (1) member from each constituent county, which shall be charged with the responsibility of overseeing the withdrawal and addressing all issues that may arise as a result of the proposed withdrawal process, including but not limited to allocation of resources, allocation of debt, labor and employment issues, leaseholds, leasehold improvements, real estate, contracts and sub-contracts for providing and receiving services, and rights and responsibilities under any applicable federal, state or local grants or programs.

6. The District Board of Health shall approve the withdrawal by a majority vote of its membership (11 affirmative votes). Such approval shall not be unreasonably withheld.

7. The withdrawing county shall be charged and accountable for the actual costs involved with its disassociation from the district. Such costs include but are not limited to reasonable and customary accounting and auditing expenses, legal expenses and any costs or penalties assessed by state or local governments, private or public contracts, or any other entities which are directly or indirectly attributable to the county=s proposed withdrawal. If the withdrawing county disagrees with the withdrawal costs as determined under this paragraph, the party shall select an independent accounting firm to establish the reasonableness of those costs. Ongoing expenditures directly attributable to the management and operation of District Health Department #10 shall be the sole responsibility of District Health Department #10 during this withdrawal period until such time as the withdrawing entity is able to provide services through its own resources. Nothing in this provision shall prohibit the withdrawing county from contracting with District Health Department #10 for services as the parties may mutually agree on fee-for-service basis.

8. Any disagreements or disputes arising out of the process shall be subject to the Dispute Resolution process contained in Article XI of these Bylaws for commencing litigation.