

**BOARD OF HEALTH via Zoom Meetings
Agenda for December 13, 2021 at 8:00 AM**

<https://us02web.zoom.us/j/82922270788?pwd=aUJZWVd0UmJZdEZCWHhwYk5ST3lnUT09>

The meeting shall be closed to physical attendance.

1. Call to Order
 - a. Opening ceremonies – Pledge Allegiance to the Flag of the United States of America
 - b. Roll Call
 - c. Approval of the Agenda*
 - d. Approval of the Minutes*
2. Public Comment
3. Health Officer’s Report
4. Medical Director’s Report
5. Committee Reports
 - a. Finance Committee – Minutes from the December 6, 2021 Meeting*
 - b. Program, Policies, and Appeals – Minutes from the December 6, 2021 Meeting*
6. Financial Reports
 - a. Approve Payments*
 - b. Review Financials
7. Unfinished Business
 - a.
8. New Business
 - a. FOIA Appeal Adams*
 - b. FOIA Appeal Mapes*
 - c. Driving Policy*
 - d. Cost of Living Increase*
 - e. Health Officer Contract*
9. Departmental Reports
 - a. Environmental Health
 - b. Area Agency on Aging
 - c. Personal Health & Disease Prevention
10. Public Comment

11. Health Officer's Annual Evaluation – Closed Session Requested by Rebecca Burns

12. Adjournment - Next meeting: January 27, 2022

November 5, 2021 – Board of Health Meeting Minutes

The Branch-Hillsdale-St. Joseph Community Health Agency Board of Health meeting was called to order by Chair, Kathy Pangle at 9:00 a.m. with the Pledge of Allegiance to the Flag of the United States and roll call as follows: Kathy Pangle, Tom Matthew (remotely from Kinderhook, Branch County, MI), Jon Houtz, and Brent Leininger (remotely from Hillsdale, Hillsdale County, MI). Mr. Wiley joined the meeting at 9:07 a.m.

Also present from BHSJ: Rebecca Burns, Theresa Fisher, Laura Sutter, Kali Nichols, and Paul Andriacchi.

Mr. Houtz moved to approve the agenda with the proposed change to move public comment to the end of the meeting after department reports, with support from Mr. Leininger. The motion passed.

Mr. Houtz moved to approve the minutes from the September 30, 2021 meeting with a friendly amendment to correct the minutes to include the names of those who participated in public comment if they are available. The motion received support from Mr. Leininger and the motion passed.

Committee Reports:

- Finance Committee – Mr. Houtz moved to approve the minutes from the October 13, 2021 Finance Committee Meeting with support from Mr. Leininger. The motion passed unopposed.
- Program, Policy, and Appeals Committee – Mr. Houtz moved to approve the minutes from the October 11, 2021 Program, Policy, & Appeals Committee meeting with correction, to remove Mr. Leininger as a member of the Committee who attended the meeting. The motion received support from Mr. Matthew. The motion passed unopposed.

Financial Reports/Expenditures

- Mr. Houtz moved to approve the expenditures as reported with support from Mr. Wiley. The motion passed unopposed.

New Business:

- Mr. Houtz moved to approve the amended By-Laws, as presented, with support from Ms. Pangle. A roll call vote was taken and the motion passed 3-2. (Mr. Wiley, yes; Ms. Pangle, yes; Mr. Matthew, no; Mr. Houtz, yes; and Mr. Leininger, no).
- Mr. Matthew moved to increase the number of public comment periods on the meeting agenda, as proposed, with support from Mr. Houtz. A roll call vote was taken and the motion passed 5-0. (Mr. Wiley, yes; Ms. Pangle, yes; Mr. Matthew, yes; Mr. Houtz, yes; and Mr. Leininger, yes).

- Mr. Houtz moved to approve the payment of \$25,671 to reimburse Branch County for over payment of local appropriations due to an accounting error during the years 2012-2021. The motion received support from Mr. Wiley. A roll call vote was taken and the motion passed 5-0. (Mr. Wiley, yes; Ms. Pangle, yes; Mr. Matthew, yes; Mr. Houtz, yes; and Mr. Leininger, yes).
- Mr. Houtz moved to increase the request for local appropriations by \$0.13 to a total of \$5.15 per capita, based on the population of the 2020 census for each county, less the number of incarcerated persons in Branch County, which is listed as 1,423. The motion received support from Mr. Wiley. A roll call vote was taken and the motion passed 4-1. (Mr. Wiley, yes; Ms. Pangle, yes; Mr. Matthew, yes; Mr. Houtz, yes; and Mr. Leininger, no).

Rebecca Burns, Health Officer, reviewed her monthly report. Items discussed: Area Agency on Aging IIIC, COVID Vaccine, COVID-19 Testing, COVID-19 Data Round-Up, COVID Quarantine Order Lawsuit, School Communication Re: COVID, CDC Foundation Surge Support Staff, Agency Staff Training & Awards Day, Committee Meeting Request, Medical Director, Sturgis Office, Health Officer Request for Closed Session, & Board of Health Education.

A 5-minute recess was taken.

- Mr. Matthew moved to enter closed session to session. The motion failed for lack of support.
- Mr. Wiley made a motion of support for the Health Officer in regard to the short-term Deputy Medical Director contract to assure that the Agency is covered by a Medical Director, while the current Medical Director is unavailable, as it will protect the organization and the public. The motion received support from Mr. Houtz. A roll call vote was taken and the motion passed 3-2. (Mr. Wiley, yes; Ms. Pangle, yes; Mr. Matthew, no; Mr. Houtz, yes; and Mr. Leininger, no).

Rebecca Burns, reviewed the Medical Director's monthly report. This month's educational report was titled Diabetes Mellitus.

Unfinished Business

- None

Departmental Reports:

- Personal Health & Disease Prevention
- Environmental Health
- Area Agency on Aging

Public comment: Public comment was given by Resident Adams and Resident Mapes.

With no further business, Mr. Wiley moved to adjourn the meeting with support from Mr. Houtz. The motion passed and the meeting was adjourned at 11.20 AM.

Respectfully Submitted by:

Theresa Fisher, BS



Health Officer's Report (Initial) to the Board of Health for December 9, 2021
Prepared by: Rebecca A. Burns, M.P.H., R.S.

Agency Updates

MI Backpack Pilot COVID Testing Program: MDHHS has rolled out a home testing program for students and staff in K-12 schools. I shared this opportunity with all Superintendents in the tri-county area and had 4 schools elect to participate. The program provides one at-home test kit per participant that contains two at-home tests. Schools and the students and staff that participate have one more strategy in addition to other mitigation strategies to create a safer environment for schools.

Omicron Variant: There is much to be learned about the Omicron variant. As we have experienced throughout the pandemic as science learns, recommendations change and this will be happening again. The fact that things change in concert with new scientific understandings is positive. It means that we continue to learn and do better with new information. Although there has been much criticism of changing recommendations, this criticism is misplaced and demonstrates a lack of understanding of the scientific process. Here is what we know at this point about Omicron:

- Omicron is a “variant of concern” or VOC as classified by the WHO. The US DHHS classified Omicron as a VOC on 11/30/21.
- First reported to the WHO by South Africa on 11/24/21.
- Identified the first case in the United States on 12/1/21, second case on 12/2/21. The second case had no history of international travel but did attend a convention in the days preceding symptom onset.
- “Omicron has many concerning spike protein substitutions, some of which are known from other variants to be associated with reduced susceptibility to available monoclonal antibody therapeutics or reduced neutralization by convalescent and vaccinee sera.” Reference: <https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/scientific-brief-omicron-variant.html>
- MDHHS has notified local health departments in Michigan of a new requirement to contact individuals meeting the travel criteria for COVID-19 Omicron Variant monitoring. This is increased surveillance to help in understanding the risk Omicron may pose in Michigan and in the United States.

COVID Vaccinations: The Agency gave 2,318 doses of COVID vaccine during the month of November. This includes vaccinations of all formulations Pfizer, Moderna, J&J, and Pediatric Pfizer for 1st, 2nd, 3rd, and booster doses. The clinics scheduled in December are seeing increased demand and some are being expanded or moved to larger venues to accommodate this increase. Appointments can be made at www.bhsj.org/scheduling or those needing assistance can call our office and a staff member will assist them in scheduling their vaccination appointment. We also have been working collaboratively with the St. Joseph County United Way to bring vaccination opportunities to the Food Distribution sites in the county. During the month of December several of the Food Distribution sites will have WBET live, the United Way providing free hot dogs, and a state vaccination contractor offering COVID vaccination.

Pharmacies, provider offices, and other locations throughout the counties also provide COVID vaccinations.

COVID-19 Testing: I have been able to provide additional COVID testing in Hillsdale County by utilizing the currently not in use MCDC lobby in the lower level of the Hillsdale location. Honu the state contractor that has been providing testing for us at our offices is now operating out of this space 3 days per week; Tuesday, Friday, and Saturday. Hours continue to be 9 am to 3:30 pm. Testing is done at no charge and both antigen and PCR tests are available. Testing in our facilities continues; in Coldwater on Thursdays, in Three Rivers on Fridays. The testing and vaccination opportunity at Glen Oaks Community College continues on Tuesday's and will restart for the Winter Semester after the holiday break. This a collaboration between Glen Oaks, BHSJCHA, and MING.

COVID-19 Data Round-Up: All three counties remain at risk factor High due to the weekly positivity rate being above 10 and the weekly rate per 100,000 being above 100K. Positivity rate is considered underreported due to individuals choosing not to test or administering home tests and not reporting results. I'm also including the number of deaths attributed to COVID infection for the month of November. The data is available on the mstartmap.info site as of 12/1/21:

County	7-Day Positivity Rate	Weekly Cases per 100,000	# Deaths in November '21
Branch	28.4%	496.4	13
Hillsdale	35.9%	489	18 + 1 probable
St. Joseph	30.5%	397	8 + 4 probable

COVID Quarantine Order Lawsuit: I have shared with all of you the briefs filed by our counsel for the lawsuit brought by the Moms for Liberty against Reading Schools, BHSJCHA, and myself. I have nothing new to report as of the preparation of this report.

The other lawsuit filed by students of Coldwater Schools versus the school and the local health department is expected to be withdrawn based on attorney communication. There is nothing new to report on this case either.

School Communication: Weekly meetings continue to be held with school Superintendents or their designee. Recent discussion during these meetings have included COVID testing and clarification of isolation and quarantine.

Agency Screeners & COVID Workplan for Healthcare: Since the Agency reopened to the public, we have had paid Screeners checking in visitors. We will be ending the practice of having a paid Screener at the end of December. I am also taking this opportunity to review current MIOSHA requirements for healthcare and make changes to our COVID Workplan to be completed by January 1st.

Finance Committee Meeting Requested in January: I'm requesting a meeting of the Finance Committee in January on or after the 17th to review the proposed budget amendment.

Sturgis Office: I have begun to reengage with the landlord of our space in Sturgis. We are now working with then on a layout for expansion that both parties can agree to.

MCDC Hillsdale Location: In an effort to enhance what has already been done to bring on a new dentist for the MCDC dental center located in Hillsdale and at this point has been unsuccessful, I am meeting with Hillsdale Hospital, the Hillsdale Community Foundation, MCDC leaders, and Dr. Luparello on December 9th in the afternoon. I've included the information MCDC has put together for that meeting for your review.

Health Officer Report Final Items

NACCHO Adaptive Leadership Academy: I have been selected to participate in the Adaptive Leadership Academy Pilot Program offered through the National Association of County and City Health Officials (NACCHO). The program runs from December 2021 through June 2022. It was a competitive application process with almost 100 applicants from around the nation vying for 20 slots. I'm very excited to have been selected! The orientation meeting was this week where I had the opportunity to meet one of the other participants, she was from PA, and to learn about the core program. This is not my first time electing to take a leadership course as I participated in courses during college and am a proud graduate of Wood Badge offered through the Boy Scouts of America.

Cases Continue to be High: I have heard from local hospitals that they are overwhelmed with COVID patients. Patients that they would normally transfer out to a larger hospital can't be because the larger hospitals do not have room to accept them. The majority of patients needing hospitalization continue to be unvaccinated. Vaccination does make a difference.

Data as of December 1, 2021

County	7-Day Positivity Rate	Weekly Cases per 100,000	
Branch	28.4%	496.4	
Hillsdale	35.9%	489	
St. Joseph	30.5%	397	

Data as of December 8, 2021

County	7-Day Positivity Rate	Weekly Cases per 100,000	
Branch	28.1%	726.2	
Hillsdale	37.5%	686.3	
St. Joseph	26.5%	547.9	

MI Backpack Update: During the weekly Superintendent call today I heard from Superintendents that they are in receipt of the test kits for their students and staff and are moving forward with sending these home with families that choose to participate. Each week, 2 home test kits can be provided to each student or staff member.



My Community Dental Centers Hillsdale

REQUEST FOR SUPPORT

Dear Friends and Partners,

Without preventive and timely dental care oral health problems become more serious and more costly. 100% of dental disease is preventable. Poor oral health leads to poor overall health outcomes and higher health care costs. People with poor oral health also face a higher risk of other health problems, like cardiovascular disease and stroke. Moreover, poor oral health exacerbates dozens of chronic conditions, including respiratory illness, cancer, and diabetes – all of which also increase a person's risk of complications and even death due to COVID -19.

For more than 15 years, My Community Dental Centers has been committed to expanding access to quality dental care for all, with an emphasis on care to the underserved. As a non-profit 501 c 3 safety-net dental provider we currently operate 34 dental centers throughout the State of Michigan serving 87,000 patients annually.

According to recent census data 21% (9,832) of residents living in Hillsdale County are enrolled in Medicaid with an additional 8.3% (3,886) enrolled in the Healthy Michigan Plan for adults ages 19-64. Twenty percent of the population in Hillsdale County is age 65 or older, with 15% enrolled in Medicare. Medicare does not provide dental benefits leaving a majority of seniors without dental insurance.

Hillsdale County has been designated by the Health Resources and Services Administration (HRSA) as a Dental Health Professional Shortage Area (HPSA). According to the 2020 County Health Rankings report the ratio of dentists to the population in Hillsdale County was 3,040:1 compared to a statewide ratio of 1,310:1.

In 10 years since its opening, the MCDC dental center in Hillsdale has had a measurable and lasting impact on the health and well-being of the residents of Hillsdale County and surrounding communities. The center serves approximately 2,900 unduplicated patients providing over 4,700 visits on an annual basis. Our greatest achievements lie in the stories and testimonials of those who have been served. But there are still so many waiting for dental care.

WE NEED YOUR SUPPORT.

In April 2021, we were forced to temporarily close our Hillsdale center due to an inability to attract/ hire a dentist. The position has been open for over a year and MCDC has continued to actively recruit. MCDC has also tried unsuccessfully to secure a temporary dentist via a third-party contractual- locum tenens. If a dentist is not secured in 2022 the center will be closed indefinitely.

With your financial support, our goal is to attract and secure a dentist committed to serving Hillsdale and surrounding communities. Our financial target is to raise \$100,000 in community support, with contributions of an additional \$50,000 from MCDC (\$150,000 total). Through this collaborative effort, we will offer a one-time financial incentive package consisting of loan repayment, sign-on, and/or retention bonus to secure a full-time dentist willing to commit to at least 2-3 years working at MCDC Hillsdale.

A public health dental center located in Hillsdale makes it possible for thousands of residents of Hillsdale County and surrounding communities to receive dental care. Together with you as our partners, we are confident that we can work together to continue to meet the dental needs of our communities. Your investment in this initiative will make an immediate impact and improve the lives of people in the Hillsdale community.

Thank you for your consideration,



DR. DEBORAH BROWN
Chief Executive Officer



REBECCA BURNS
Health Officer



My Community
Dental Centers

We're making a huge
impact on
Hillsdale County's
oral health.



275 Patients

**Served for Same Day
Emergencies in 2020**

MCDC provides emergency dental visits at less than 1/3 of the cost of an emergency room visit and is essential in keeping people out of costly emergency departments.



44

**Emergency Visits
Per Month**

During the first three months of 2021, the Hillsdale Center averaged 44 same day emergency visits per month.



12,746

**Office Visits
in 2018-2020**

The Hillsdale center served approximately 2,900 unduplicated patients providing over 4,700 visits on an annual basis.

"Got me in same day as a new patient with an emergency. They figured out why my face was swollen and why I was in so much pain. I left with a treatment plan, prescriptions, and a scheduled future appointment where they're going to do a cleaning and filing in one day. I appreciate their efficiency, how quickly I was seen and sent on my way with everything I needed, and their "chair side manner" was excellent. Although this experience is only my first appointment with them, I feel confident about my decision to start using them for my dental care."

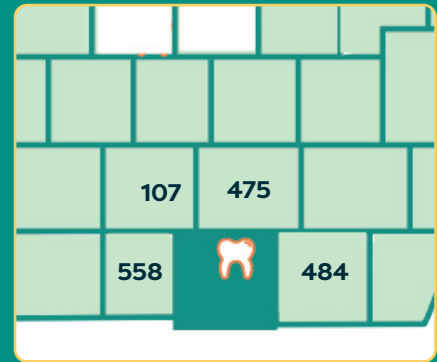
MCDC helps divert
nearly 4 million in
costs annually from
emergency room
visits for dental
emergencies.

Unique Patients in Hillsdale County

Below are unique patients by zip code from 2017 -2021:

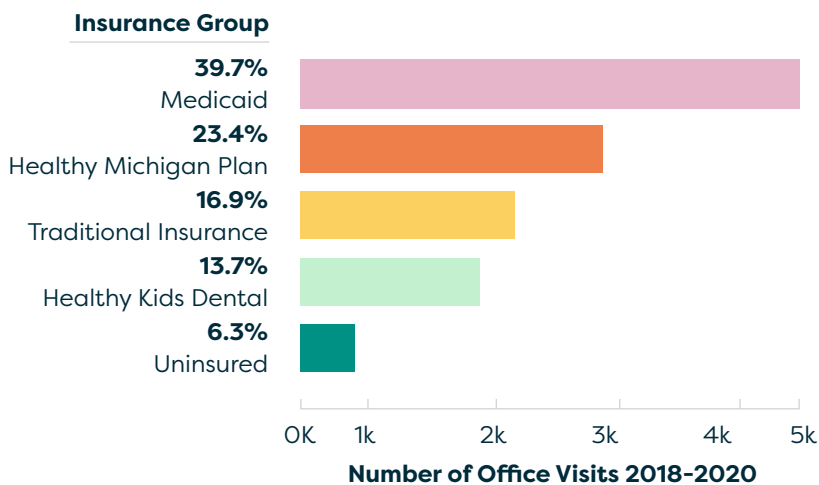
ZIP CODE	UNIQUE PATIENTS	ZIP CODE	UNIQUE PATIENTS
49242	1,785	49249	129
49250	534	49262	118
49266	369	49227	116
49232	306	49233	39
49274	299	49282	25
49271	196	49258	10
49525	175	49239	7
49288	133	49257	1
TOTAL 4,238			

Unique Patients in Surrounding Counties

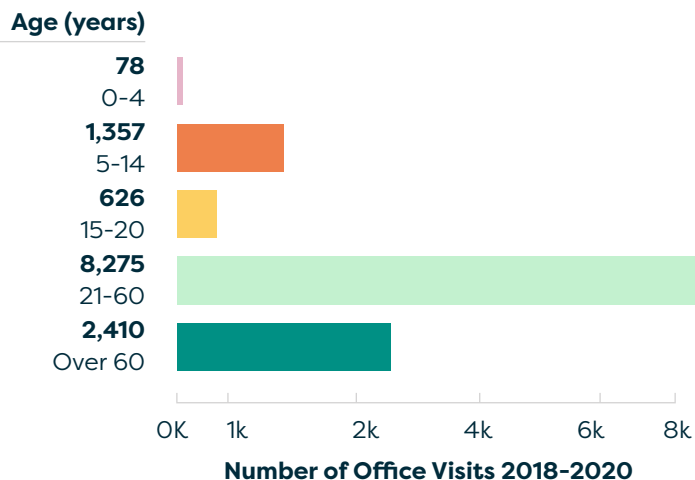


***Based on 2017- 2021 Patient Data

Office Visits by Insurance



Office Visits by Age



Client Testimonials

I recommend this place 100%. The Staff is very very aware of your feelings they care and they show it. NEVER had a problem and they will refer you to another office for EXTRA care if needed. Give them a try you can't go wrong.

Shelia, Hillsdale

From the moment I arrived at my appointment, to the moment it ended, I was greeted with a sincere and friendly welcome accompanied with, professionalism. It truly has been a while since I have felt this comfortable. This is my least favorite place to be and everyone eased my anxiety. Thank you!

Linda, Hillsdale

According to the 2020
County health rankings report
the ratio of dentists to the population
in Hillsdale County was

3,040:1

compared to a statewide ratio of

1,310:1

Today, our dental care is limited by our inability to serve without a provider, leaving thousands of Hillsdale community members without access to critical dental care.

**Help us continue serving
thousands in need of dental
care.**



Providing exceptional dental care and making a difference in patients' lives.

My Community Dental Centers is committed to expanding access to quality dental care for all, with an emphasis on care to the underserved. As a non-profit 501 c 3 safety-net dental provider we currently operate 34 dental centers throughout the State of Michigan.

Our centers are operated in partnership with local health departments. In 2010, we were pleased to open our dental center in Hillsdale in partnership with the Branch, Hillsdale, St. Joseph Community Health Agency. The center was opened to address the identified barrier of residents' ability to access local, timely, and affordable dental care.

Established in 2006, MCDC offers comprehensive, patient-centered care. We strive for continuous improvement of quality designed to exceed the expectation of those who seek treatment. Our goal is to provide a quality dental home, helping individuals and families achieve better health and lead productive lives.

At MCDC, it is all about the people. Together, we strive to provide each of our patients with pleasant and stress-free dental care at a cost they can afford. Our centers are equipped with modern technology including electronic patient records, digital radiography, and state-of-the-art dental equipment to ensure operational efficiencies.

We improve lives by offering a full range of general dentistry services, including but not limited to:

- Oral exams/cleanings
- Fillings
- Tooth removal
- Partials and dentures
- Other dental procedures
- Specialty service at select locations

See our full scope of procedures at mydental.org



Health Promotion & Ed. Team Activities: The month of November was eventful for the Health Promotion & Education staff. We continue to work alongside our clinical staff to help support, and promote, the 3rd dose, and booster shots, of the Covid-19 vaccination; additionally, the H.P. & Ed. Team continues to urge our community members to receive their flu shots through the use of our social media platforms and website. On November 12th, The Health Promotion & Education team held the (usually) annual All-Staff meeting at the ProMedica conference room in Coldwater. The full day event featured training sessions, team-building exercises, and a variety of staff awards recognizing the hard work and dedication of our agency's employees. Furthermore, our department is working on several projects aimed at updating, and improving, the information and data that we supply to our community members. This includes, but is not limited to, updating health-related data and subsequent links on the Agency's website, revising our marketing techniques and policies as we head into the new year, and creating more unique and relatable ways to promote our messages through the use of our social media platforms.

Grant Updates: The H.P. & Ed. team is also involved in several ongoing grant projects and campaigns:

- HRSA - The Rural Community Opioid Response Planning Grant:** This grant, that was awarded to BHSJCHA in Sept. of 2020, has completed a large majority of the project's deliverables, including: the community needs assessment and gap analysis; the project action plan and strategic plan; the Memorandum of Understanding, and most recently, submitted the first of the required PIMS (Performance Improvement Measurement System) reports. As was discussed in last month's report, the Agency was unsuccessful in its bid for further funding through the Implementation portion of this grant. However, HRSA has decided to extend this funding opportunity for a 4th cycle and the Health Promotion & Education team will be working to revise the original application in order to have it prepared for the submission deadline on January 13th

MPHI – “Creating an Age-Friendly Public Health System in Michigan” Update: BHSJCHA, in partnership with the Area Agency on Aging (AAA 3C) & Region 2 Area Agency on Aging (R2AAA) were awarded this grant in May of 2021. The goal of this project is to utilize the available funds to review and revise our current practices and policies as they relate to the aging population in hopes of creating a more age-friendly public health system. In pursuit of this, we have begun to work through the deliverables and goals that were laid out in the project's action plan. A major component of the plan was to gather information through the creation, and distribution, of surveys that were uniquely created for both community members, as well as staff members. These surveys are intended to gather a well-rounded view of the current public health system, as it relates to the aging population, and provide valuable insights into what changes our agency can make in order to better serves these individuals.

LARA – 2022 Medical Marijuana Operation and Oversight Grant: The BHSJ CHA will once again be applying for the above grant that is offered through the Department of Licensing and Regulatory Affairs (LARA) Marijuana Regulatory Agency (MRA). The H.P. & Ed. Team is currently working to revise the application in preparation for the January 1st submittal deadline. Unlike the 2021 grant cycle, which was a strictly promotional and media-based campaign, the 2022 cycle (if awarded) will look to partner with the quickly-expanding number of marijuana dispensaries within our 3 counties to spread the “Lock it Up” message. Our hope is to form a relationship with these businesses and help them to spread the message of safe marijuana use, and storage, to their clients. As we did with the 2021 campaign, we will also be looking to partner with 2nd Story Marketing in Coldwater to help develop, create, and distribute promotional items throughout the grant period.

Community Events: We have participated, or will be participating in the following events:

Date	Event
11/12	BHSJ CHA All-Staff Event
12/15	WMU-Final Health Communication Presentation

MEDICAL DIRECTOR REPORT

During the month of November 2021 activities continued to be directed toward COVID, vaccinations, third doses and boosters.

1. 8AM morning telephone calls with Health Department group to continue with awareness of activities throughout the departments.
2. This month I have not had a physical presence at the office. I plan to resume days in the offices soon.
3. 10AM Wednesday school Superintendent calls. These are valuable to discuss ongoing CDC recommendations and how they continue to apply to students and staff.
4. Paperwork for licensing for the BHSJ Health Department.
5. Standing orders were updated for boosters, for 5-11 year old COVID vaccines and most recently for boosters for 18 and up.
6. I am presently working on my third and final exam in my Biostatistics course. I have been accepted into the University of Massachusetts Master to complete my Masters in Public Health. I am presently registering for two spring classes.

Future Endeavors:

I am continually brainstorming future endeavors. I look forward to new projects when COVID is under control. I would love to focus on family planning and diabetes awareness and education.

NATIONAL INFLUENZA VACCINATION WEEK

DECEMBER 5-11, 2021

From December 5-11, 2021 we will be observing National Influenza Vaccination Week, reminding everyone 6 months and older that there's still time to get a flu vaccine.

Influenza (flu) is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and lungs. Some people, such as older people, young children, and people with certain health conditions are at higher risk of serious flu complications. There are two main types of influenza (flu) viruses: Types A and B. The influenza A and B viruses that routinely spread in people (human influenza viruses) are responsible for seasonal flu epidemics each year.

The best way to reduce the risk of flu and its potentially serious complications is by getting vaccinated each year.

Influenza (flu) can cause mild to severe illness, and at times can lead to death. Flu is different from a cold. Flu usually comes on suddenly. People who have flu often feel some or all of these symptoms:

- fever* or feeling feverish/chills
- cough
- sore throat
- runny or stuffy nose
- muscle or body aches
- headaches
- fatigue (tiredness)
- some people may have vomiting and diarrhea, though this is more common in children than adults.

*It's important to note that not everyone with flu will have a fever.

How Flu Spreads

Most experts believe that flu viruses spread mainly by tiny droplets made when people with flu cough, sneeze or talk. These droplets can land in the mouths or

noses of people who are nearby. Less often, a person might get flu by touching a surface or object that has flu virus on it and then touching their own mouth, nose or possibly their eyes.

How Many People Get Sick with Flu Every Year?

A 2018 CDC study published in [Clinical Infectious Diseases](#)^{external icon} looked at the percentage of the U.S. population who were sickened by flu using two different methods and compared the findings. Both methods had similar findings, which suggested that on average, about 8% of the U.S. population gets sick from flu each season, with a range of between 3% and 11%, depending on the season.

Why is the 3% to 11% estimate different from the previously cited 5% to 20% range?

The commonly cited 5% to 20% estimate was based on a study that examined both symptomatic and asymptomatic influenza illness, which means it also looked at people who may have had the flu but never knew it because they didn't have any symptoms. The 3% to 11% range is an estimate of the proportion of people who have symptomatic flu illness.

Who is most likely to be infected with influenza?

The same [CID study](#)^{external icon} found that children are most likely to get sick from flu and that people 65 and older are least likely to get sick from influenza. Median incidence values (or attack rate) by age group were 9.3% for children 0-17 years, 8.8% for adults 18-64 years, and 3.9% for adults 65 years and older. This means that children younger than 18 are more than twice as likely to develop a symptomatic flu infection than adults 65 and older.

How is seasonal incidence of influenza estimated?

Influenza virus infection is so common that the number of people infected each season can only be estimated. These statistical estimations are based on CDC measured flu hospitalization rates that are adjusted to produce an estimate of the total number of influenza infections in the United States for a given flu season.

The estimates for the number of infections are then divided by the census population to estimate the seasonal incidence (or attack rate) of influenza.

Period of Contagiousness

You may be able to spread flu to someone else before you know you are sick, as well as while you are sick.

- People with flu are most contagious in the first 3-4 days after their illness begins.
- Some otherwise healthy adults may be able to infect others beginning 1 day **before** symptoms develop and up to 5 to 7 days **after** becoming sick.
- Some people, especially young children and people with weakened immune systems, might be able to infect others for an even longer time.

Onset of Symptoms

The time from when a person is exposed and infected with flu to when symptoms begin is about 2 days, but can range from about 1 to 4 days.

Complications of Flu

Complication of flu - pneumonia, ear infections, sinus infections and worsening of chronic medical conditions, such as congestive heart failure, asthma, or diabetes.

People at High Risk from Flu

Anyone can get flu (even healthy people), and serious problems related to flu can happen at any age, but some people are at high risk of developing serious flu-related complications if they get sick. This includes people 65 years and older, people of any age with certain chronic medical conditions (such as asthma, diabetes, or heart disease), pregnant women, and children younger than 5 years.

Preventing Seasonal Flu

The first and most important step in preventing flu is to get a flu vaccine each year. Flu vaccine has been shown to reduce flu related illnesses and the risk of serious flu complications that can result in hospitalization or even death. CDC also recommends everyday preventive actions (like staying away from people who are sick, covering coughs and sneezes and frequent handwashing) to help

slow the spread of germs that cause respiratory (nose, throat, and lungs) illnesses, like flu.

Diagnosing Flu

It is very difficult to distinguish flu from other viral or bacterial respiratory illnesses based on symptoms alone. There are tests available to diagnose flu.

Treating Flu

There are influenza antiviral medications that can be used to treat flu illness. Symptomatic care is also important. The best treatment is prevention.

December 6, 2021 – Board of Health Finance Committee Meeting Minutes

The Branch-Hillsdale-St. Joseph Community Health Agency Board of Health Finance Committee meeting was called to order by Committee Chair, Jon Houtz at 2:33 p.m. with roll call as follows: Jon Houtz (remotely from Coldwater, MI), and Brent Leininger (remotely from Hillsdale, MI). The meeting was a hybrid style meeting, but all committee members joined remotely.

Also present from BHSJ: Rebecca Burns, and Theresa Fisher.

Public comment: Public Comment was given by Resident Mapes.

Unfinished Business

- None

New Business:

- Mr. Houtz moved to recommend that the full Board approve the donation of \$1,000 to ProMedica Coldwater Regional Hospital to support the completion of the 2022 Branch Community Health Needs Assessment. The motion failed for lack of support.
- Mr. Houtz moved to recommend that the full Board approve the proposed 2% cost of living increase for the staff of BHSJ, with support from Mr. Leininger. A roll call vote was taken and the motion passed 2-0 (Mr. Houtz, yes; Mr. Leininger, yes).

Public comment: Public Comment was given by Resident Mapes and Resident Wortz.

With no further business the meeting was adjourned at 3:07 PM.

Respectfully Submitted by:

Theresa Fisher, BS



December 6, 2021 – Board of Health Program, Policy, & Appeals Committee Meeting Minutes

The Branch-Hillsdale-St. Joseph Community Health Agency Board of Health Program, Policy, & Appeals Committee meeting was called to order by Chair, Kathy Pangle at 1:02 p.m. with roll call as follows: Mark Wiley, Kathy Pangle (remotely from Mendon, MI), and Tom Matthew (remotely from Coldwater, MI).

Also present from BHSJ: Rebecca Burns, and Theresa Fisher.

Public comment: Public Comment was given by Resident Wortz and Resident Mapes.

Unfinished Business

- None

New Business:

- Mr. Wiley moved to recommend that the full Board deny the FOIA appeal request by Ms. Adams as no records were found or withheld, with support from Mr. Matthew. A roll call vote was taken and the motion passed 3-0. (Mr. Wiley, yes; Ms. Pangle, yes; and Mr. Matthew, yes).
- Ms. Pangle moved to recommend that the full Board deny the FOIA appeal request by Ms. Mapes as no records were found or withheld, with support from Mr. Wiley. A roll call vote was taken and the motion passed 3-0. (Mr. Wiley, yes; Ms. Pangle, yes; and Mr. Matthew, yes).
- Mr. Wiley moved to recommend that the full Board approve the updated driving policy as presented with support from Ms. Pangle. A roll call vote was taken and the motion passed 3-0. (Mr. Wiley, yes; Ms. Pangle, yes; and Mr. Matthew, yes).
- Mr. Wiley moved to include only the 5 results that have a name attached to them in the composite report for the Health Officer's evaluation, unless the Administrative Services Director could confirm the origin of the sixth survey, in which case all could be included. The motion received support from Commissioner Pangle, and passed by 2-1 (Commissioner Wiley, yes; Commissioner Pangle, yes; Commissioner Matthew, no).
- Mr. Wiley moved to recommend that the full Board approve including language into the Health Officer's contract and the Board of Health By-Laws which 1) moves the Health Officer's annual evaluation to earlier in the year (Sept.-Oct.), 2) share all evaluations with the entire Board, rather than creating a composite list, and 3) require a name to be part of the evaluation. The motion received support from Ms. Pangle. A roll call vote was taken and the motion passed 3-0. (Mr. Wiley, yes; Ms. Pangle, yes; and Mr. Matthew, yes).
- Mr. Wiley moved to recommend that the full Board enter into an agreement for a three-year contract renewal with Health Officer Burns. The contract should be drawn up with the

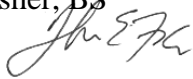
annual salary and merit pay left blank, so that it can be filled in during the full Board meeting. The contract should also include language which 1) moves the Health Officer's annual evaluation to earlier in the year (Sept.-Oct.), 2) shares all evaluations with the entire Board, rather than creating a composite list, and 3) requires a name to be part of the evaluation. The motion received support from Ms. Pangle. A roll call vote was taken and the motion passed 3-0. (Mr. Wiley, yes; Ms. Pangle, yes; and Mr. Matthew, yes).

Public comment: Public Comment was given by Resident Wortz.

With no further business the meeting was adjourned at 2:08 PM.

Respectfully Submitted by:

Theresa Fisher, BS

A handwritten signature in cursive script, appearing to read 'Theresa Fisher', is written over the printed name.

Branch-Hillsdale-St Joseph Community Health Agency

Check/Voucher Register - Check Register for BOH

00103 - Cash - Accounts Payable

From 10/1/2021 Through 10/31/2021

<u>Payee</u>	<u>Check Amount</u>	<u>Check Number</u>	<u>Effective Date</u>
2nd Story Marketing LLC	600.00	53446	10/22/2021
A+ Nursing	240.00	21-10-22 A.01	10/22/2021
Abila	5,689.01	21-10-08 A.01	10/8/2021
ACD.NET	2,614.10	53418	10/8/2021
Action Quick Print Plus	96.00	21-10-08 A.02	10/8/2021
ADAMS OUTDOOR	4,600.00	53419	10/8/2021
Aflac District Office	595.73	53415	10/1/2021
Aflac District Office	595.73	53444	10/15/2021
Aflac District Office	595.73	53455	10/29/2021
Alerus Financial	1,263.00	21-10-01 R.01	10/1/2021
Alerus Financial	1,293.00	21-10-15 R.01	10/15/2021
Alerus Financial	1,293.00	21-10-29 R.01	10/29/2021
Amazon Capital Services, Inc	664.41	21-10-08 A.03	10/8/2021
Amazon Capital Services, Inc	204.87	21-10-22 A.02	10/22/2021
Area Agencies On Aging Mich.	4,470.00	21-10-22 A.03	10/22/2021
Armstrong Nutrition Management	3,324.50	21-10-08 A.04	10/8/2021
Auditory Instruments Inc.	250.00	21-10-08 A.05	10/8/2021
Auditory Instruments Inc.	90.00	21-10-08 A.06	10/8/2021
Auditory Instruments Inc.	90.00	21-10-08 A.07	10/8/2021
Auditory Instruments Inc.	75.00	21-10-08 A.08	10/8/2021
Auditory Instruments Inc.	75.00	21-10-08 A.09	10/8/2021
Auditory Instruments Inc.	75.00	21-10-08 A.10	10/8/2021
Auditory Instruments Inc.	380.00	21-10-22 A.04	10/22/2021
Availity	55.00	21-10-08 P.01	10/8/2021
Blue Cross Blue Shield	60,232.50	21-10-22 P.01	10/22/2021
Branch Area Transit Authority	6,146.43	21-10-22 A.05	10/22/2021
Branch County Commission	11,750.49	21-10-22 A.06	10/22/2021
Branch County Complex	6,080.06	21-10-22 A.07	10/22/2021
Branch County Complex	5,694.28	21-10-29 A.01	10/29/2021
Bronson Healthcare Group	347.29	53420	10/8/2021
CAA Of South Central Michigan	13,296.75	21-10-22 A.08	10/22/2021
Candy Cox	24.22	53421	10/8/2021
Card Services Center	439.10	21-10-29 P.01	10/29/2021
Center for Information Mgmt	600.00	21-10-08 A.11	10/8/2021
Century Bank - Hillsdale Maintenance	2,000.00	21-10-29 A.02	10/29/2021
Century Bank - Three Rivers Maintenance	2,000.00	21-10-29 A.03	10/29/2021
Century Basic	646.16	21-10-01 R.02	10/1/2021
Century Basic	611.16	21-10-15 R.02	10/15/2021
Century Basic	611.16	21-10-29 R.02	10/29/2021
Century EFPTS	122.32	21-10-01 L.01	10/1/2021
Century EFPTS	23,145.59	21-10-01 R.03	10/1/2021
Century EFPTS	1,597.14	21-10-15 C.01	10/15/2021
Century EFPTS	118.27	21-10-15 L.01	10/15/2021
Century EFPTS	23,441.98	21-10-15 R.03	10/15/2021
Century EFPTS	30,926.59	21-10-29 R.03	10/29/2021
Century Mastercard	1,190.73	21-10-08 P.02	10/8/2021
Century MERS	164,818.20	21-10-08 A.12	10/8/2021
Century State	10.79	21-10-01 L.02	10/1/2021
Century State	3,943.61	21-10-01 R.04	10/1/2021
Century State	339.50	21-10-15 C.02	10/15/2021
Century State	16.97	21-10-15 L.02	10/15/2021
Century State	4,010.29	21-10-15 R.04	10/15/2021

Branch-Hillsdale-St Joseph Community Health Agency

Check/Voucher Register - Check Register for BOH

00103 - Cash - Accounts Payable

From 10/1/2021 Through 10/31/2021

<u>Payee</u>	<u>Check Amount</u>	<u>Check Number</u>	<u>Effective Date</u>
Century State	4,640.34	21-10-29 R.04	10/29/2021
Charter Communications	137.97	21-10-08 P.03	10/8/2021
Cintas Corporation Loc 351	139.79	21-10-08 P.04	10/8/2021
City Of Coldwater	40.00	21-10-08 A.13	10/8/2021
City of Jonesville	120.00	21-10-22 A.09	10/22/2021
City Of Three Rivers	40.00	21-10-08 A.14	10/8/2021
Companion Life Insurance	989.53	53422	10/8/2021
ConnectAmerica	38.00	21-10-22 A.10	10/22/2021
Courtney Taylor	445.00	53423	10/8/2021
Crossroads Home Care Inc.	650.44	21-10-22 A.11	10/22/2021
Current Office Solutions	2,008.44	21-10-08 A.15	10/8/2021
Current Office Solutions	2,339.26	21-10-22 A.12	10/22/2021
Denny Sturgis Construction, Inc	168.00	53424	10/8/2021
Dr. Karen M. Luparello	4,242.66	21-10-29 A.04	10/29/2021
E3 Gordon Stowe	4,400.00	53425	10/8/2021
FedEx	95.83	53426	10/8/2021
Forestry Supplies Inc.	69.25	53447	10/22/2021
Frontier	306.11	21-10-08 P.05	10/8/2021
GDI Services Inc.	4,721.66	21-10-29 A.05	10/29/2021
Glaxo-Smithkline Financial Inc.	4,624.63	21-10-08 A.16	10/8/2021
GRAPHICS 3 INC	319.82	21-10-08 A.17	10/8/2021
Helmer Scientific	5,261.16	53427	10/8/2021
Hillsdale Board Of Public Utilities	1,238.42	21-10-08 P.06	10/8/2021
Hillsdale County Treasurer	147.55	21-10-29 A.06	10/29/2021
HomeJoy of Kalamzoo	3,496.71	21-10-22 A.13	10/22/2021
Hospital Network Healthcare Services	220.00	21-10-22 A.14	10/22/2021
Indiana MI Power Company	576.71	21-10-08 P.07	10/8/2021
KALAMAZOO CHD	500.00	21-10-22 A.15	10/22/2021
Kalamazoo Pediatric Dentistry	303.00	53448	10/22/2021
Karri Doty	1,346.32	21-10-08 A.18	10/8/2021
Karri Doty	1,320.00	21-10-29 A.07	10/29/2021
Katelyn Hamlin	450.68	53443	10/8/2021
Kristina Dewey	125.00	21-10-08 A.19	10/8/2021
LARRY'S LOCK & SAFE SERVICE, INC	188.30	21-10-08 A.20	10/8/2021
Legal Services Of S.Central MI	600.00	21-10-22 A.16	10/22/2021
Maplecrest, LLC	620.00	21-10-29 A.08	10/29/2021
Marana Group	142.00	21-10-08 A.21	10/8/2021
Mary Kushion Consulting, LLC	4,750.00	53428	10/8/2021
Maxim Healthcare Staffing Services Inc.	4,323.32	21-10-22 A.17	10/22/2021
Maxim Healthcare Staffing Services Inc.	4,200.36	53429	10/8/2021
McKesson Medical-Surgical Gov. Solutions LLC	1,372.51	21-10-08 P.08	10/8/2021
McKesson Medical-Surgical Gov. Solutions LLC	638.95	21-10-22 P.02	10/22/2021
Medical Care Alert	254.50	21-10-22 A.18	10/22/2021
Merck & Co. Inc.	13,588.67	53430	10/8/2021
Merit Network Inc.	2,796.00	21-10-22 A.19	10/22/2021
MERS 5% EMPLOYEES	4,595.50	21-10-08 A.22	10/8/2021
MI Municipal Risk Management Authority	18,863.50	21-10-08 A.23	10/8/2021
Michala Warren	750.40	53431	10/8/2021
Michigan State Disbursement Unit	190.11	53416	10/1/2021
Michigan State Disbursement Unit	190.11	53445	10/15/2021

Branch-Hillsdale-St Joseph Community Health Agency

Check/Voucher Register - Check Register for BOH

00103 - Cash - Accounts Payable

From 10/1/2021 Through 10/31/2021

<u>Payee</u>	<u>Check Amount</u>	<u>Check Number</u>	<u>Effective Date</u>
Michigan State Disbursement Unit	190.11	53456	10/29/2021
Midwest Communications	500.00	53432	10/8/2021
National Assoc. of Area Agencies on Aging	1,475.00	53449	10/22/2021
Nationwide	1,240.00	21-10-01 R.05	10/1/2021
Nationwide	1,240.00	21-10-15 R.05	10/15/2021
Nationwide	1,240.00	21-10-29 R.05	10/29/2021
OfficeTeam	3,699.00	21-10-08 P.09	10/8/2021
OfficeTeam	2,955.15	21-10-22 P.03	10/22/2021
PFIZER INC	4,111.46	53433	10/8/2021
Pitney Bowes Inc.	179.70	21-10-22 P.04	10/22/2021
Plusoptix Inc	4,995.00	53434	10/8/2021
Prompt Care Express PC	207.00	53450	10/22/2021
REBECCA BURNS	30.00	21-10-22 A.20	10/22/2021
Republic Waste Services	150.00	53435	10/8/2021
Reserve Account	3,000.00	21-10-22 A.21	10/22/2021
Richard Clark	2,225.00	21-10-29 A.09	10/29/2021
Riley Pumpkin Farm	350.00	21-10-29 A.10	10/29/2021
Rosati Schultz Joppich Amtsbueshler	3,435.00	21-10-22 A.22	10/22/2021
Ruth E. Brown	1,792.00	21-10-08 A.24	10/8/2021
Ruth E. Brown	2,100.00	21-10-22 A.23	10/22/2021
Sanofi Pasteur Inc.	5,682.98	53436	10/8/2021
Sanofi Pasteur Inc.	22,808.21	53451	10/22/2021
School Health	3,565.43	53437	10/8/2021
Semco Energy	48.20	21-10-08 P.10	10/8/2021
Shred It	120.00	21-10-08 A.25	10/8/2021
St Joseph County COA	68,242.05	21-10-22 A.24	10/22/2021
St Joseph County Transit Authority	3,414.96	21-10-22 A.25	10/22/2021
Staples	917.89	21-10-08 P.11	10/8/2021
State Of Michigan	4,408.00	53438	10/8/2021
State of Michigan - WIC Division	3,194.80	53457	10/29/2021
State of Michigan-Dept	11.50	53439	10/8/2021
Stratus Video, LLC	978.57	53452	10/22/2021
Sturgis Hospital	244.56	53453	10/22/2021
Swick Broadcasting Company	510.00	53440	10/8/2021
Three Rivers Health	2,775.00	21-10-29 A.11	10/29/2021
Three Rivers Media	1,398.00	53441	10/8/2021
Thurston Woods Village	2,346.06	53454	10/22/2021
Verizon	990.23	21-10-08 P.12	10/8/2021
VRI INC.	523.00	21-10-22 A.26	10/22/2021
Wal-Mart Community	18.19	21-10-08 P.13	10/8/2021
Xmission	265.50	53442	10/8/2021
Report Total	654,554.72		

BHSJ Community Health Agency
 Schedule of Cash Receipts and Disbursements
 May 31, 2021 thru
 October 31, 2021

Plus: Cash Receipts	\$ 586,165.15
Less: Cash Disbursements For Payroll/AP	\$ (520,740.93)
5/31/2021 Cash Balance	\$ 5,172,296.40
Plus: Cash Receipts	\$ 548,307.83
Less: Cash Disbursements For Payroll/AP	\$ (659,133.45)
6/30/2021 Cash Balance	\$ 5,061,470.78
Plus: Cash Receipts	\$ 959,998.90
Less: Cash Disbursements For Payroll/AP	\$ (1,190,541.86)
7/31/2021 Cash Balance	\$ 4,830,927.82
Plus: Cash Receipts	\$ 629,403.59
Less: Cash Disbursements For Payroll/AP	\$ (827,719.38)
8/31/2021 Cash Balance	\$ 4,632,612.03
Plus: Cash Receipts	\$ 690,645.28
Less: Cash Disbursements For Payroll/AP	\$ (505,811.49)
9/30/2021 Cash Balance	\$ 4,817,445.82
Plus: Cash Receipts	\$ 650,967.79
Less: Cash Disbursements For Payroll/AP	\$ (916,244.11)
10/31/2021 Cash Balance	\$ 4,552,169.50

Branch-Hillsdale-St Joseph Community Health Agency

Balance Sheet

As of 10/31/2021

Assets

Cash on Hand	4,512.30
Cash with County Treasurer	4,242,213.56
Community Foundation Grant	309,955.94
Cash HD Building Maintenance	26,000.00
Cash TR Building Maintenance	26,000.00
Accounts Receivable	111,099.10
Due from State	(887,333.92)
Due from Other Funding Sources	279,609.51
Due from Branch County	53,485.75
Prepaid Expenses	114,760.82
Biologic Inventory	<u>84,240.76</u>
Total Assets	<u>4,364,543.82</u>

Liabilities

Accounts Payable	499,853.74
Payroll Liabilites	79,151.30
Capital Improvements	77,000.00
Deferred Revenue	253,515.31
Deferred Revenue BR	35,206.00
Deferred Revenue HD	39,062.00
Deferred Revenue SJ	51,283.00
Unavailable Revenue	(15,428.40)
Biologics	<u>84,240.76</u>
Total Liabilities	<u>1,103,883.71</u>

Net Assets

Operation Fund Balance	467,222.39
Restricted Fund Balance	415,446.92
Designated Fund Balance	<u>2,377,990.80</u>
Total Net Assets	<u>3,260,660.11</u>

Total Liabilities and Net Assets 4,364,543.82

Prior Year Fund Balance Comparison at 10/31/2020:

Operation Fund Balance	457,923.36
Restricted Fund Balance	456,394.42
Designated Fund Balance	<u>1,788,692.19</u>
Total Fund Balance \$	<u>2,703,009.97</u>

Programs Over Budget as of 10/31/2021

RU 010: Shows as over budget because we have already received 56% of the revenue budgeted, in a one-time payment from MMRMA. This causes the indirect expenses not to be distributed to the programs as expected. This will fall back in line as the year progresses.
56.71%

RU 008: Over budget due to sick/vacation time payout when a long-term employee retired. Program will fall back in line with budget as year progresses.
24.71%

RU 341: Over budget due to large annual flu vaccine purchase expended in October - this program will fall back in line with budget as year progresses.
12.94%

RU 352: Over budget due to increase in staff time as covid cases have increased. Will continue to monitor program and adjust in amendment as needed.
11.37%

RU 012: Over budget due to annual membership fully expended in October - this program will fall back in line with budget as year progresses.
9.03%

RU 325: Budget for RU 325 must be fully expended before expenses can be charged to RU 112. When looking at these two budgets together as one the program is under spent at 6.43%
8.99%

RU 032: 9-Month Program - within budget 11.11%
8.92%

BRANCH HILLSDALE ST JOSEPH COMMUNITY HEALTH AGENCY

Expense by Program - 10/31/2021

Program	Program Title	Current Month	Year to Date	Total Budget - Original	Percent Total Expended	
*	010	Agency Support	14,318.70	14,318.70	25,248.00	56.71%
*	008	Salary & Fringe Payoff	17,299.20	17,299.20	70,000.00	24.71%
*	341	Infectious Disease	36,340.59	36,340.59	280,700.00	12.94%
*	352	ELCCT Contact Tracing, testing doord,	60,320.99	60,320.99	530,395.00	11.37%
*	012	Area Agency on Aging	109,848.97	109,848.97	1,215,907.00	9.03%
*	325	CSHCS	16,803.31	16,803.31	186,729.00	8.99%
**	032	Emergency Preparedness	10,803.86	10,803.86	121,043.00	8.92%
	021	Dental Clinic - Three Rivers	2,775.00	2,775.00	33,300.00	8.33%
	605	General EH Services	2,776.30	2,776.30	37,363.00	7.43%
	714	Onsite Sewage Disposal	26,374.93	26,374.93	354,941.00	7.43%
	721	Drinking Water Supply	26,374.93	26,374.93	354,941.00	7.43%
	704	Food Service	34,625.72	34,625.72	481,416.00	7.19%
	331	STD	10,443.84	10,443.84	145,565.00	7.17%
	745	Type II Water	6,709.14	6,709.14	94,314.00	7.11%
	338	Immunization Vaccine Handling	22,468.14	22,468.14	333,609.00	6.73%
	326	Vision (ELPHS)	7,220.38	7,220.38	108,400.00	6.66%
	029	Dental Clinic - Hillsdale	498.51	498.51	8,000.00	6.23%
	345	Lead Testing	1,630.81	1,630.81	26,451.00	6.16%
	201	CSF Carseats	1,626.23	1,626.23	26,597.00	6.11%
	109	WIC	61,100.36	61,100.36	1,003,801.00	6.08%
	327	Hearing (ELPHS)	6,486.96	6,486.96	107,225.00	6.04%
	351	CELC Infection Prevention	5,271.09	5,271.09	91,481.00	5.76%
	321	CHC Tele-A-Health	1,884.47	1,884.47	36,926.00	5.10%
	014	VOCA	10,042.42	10,042.42	215,779.00	4.65%
	138	Immunization IAP	39,229.52	39,229.52	878,758.00	4.46%
	200	ELPHS Marketing	2,050.52	2,050.52	57,445.00	3.56%
	108	WIC Breastfeeding	4,424.11	4,424.11	127,545.00	3.46%
	332	HIV Prevention	1,419.87	1,419.87	43,537.00	3.26%
	363	363 CVDIMS Covid Immz Supplemental	24,250.89	24,250.89	800,946.00	3.02%
	107	Medicaid Outreach	560.17	560.17	33,680.00	1.66%
	115	MCH Enabling Women	1,050.33	1,050.33	65,323.00	1.60%
	329	MCH Enabling Children	316.92	316.92	43,042.00	0.73%
	101	Workforce Development	179.96	179.96	52,504.00	0.34%

400	HRSA 20RCORP	1,879.38	1,879.38	0.00	0.00%
023	Capital Expenditures	0.00	0.00	123,000.00	0.00%
024	MERS Pension Underfunded Liability	0.00	0.00	44,590.00	0.00%
035	Vector Borne Disease Surveillance	0.00	0.00	33,263.00	0.00%
112	CSHCS Medicaid Outreach	<u>0.00</u>	<u>0.00</u>	<u>74,645.00</u>	<u>0.00%</u>
Total Total Expense		<u>569,406.52</u>	<u>569,406.52</u>	<u>8,268,409.00</u>	<u>6.89%</u>

The Agency is currently 1.44% under budget.

*1/12 Months = 8.33%

**1/9 Months = 11.11%

FOIA Appeal – Adams

On October 18, 2021 the FOIA Coordinator received a FOIA request from Ms. Adams, requesting “all the original documentation used to put this County/Country/World into a forced lockdown.” Her email request was also copied to cdcinfo@cdcinqury.onmicrosoft.com and foiarequest@hhs.gov. As the Branch-Hillsdale-St. Joseph Community Health Agency did not put the County/Country/World into a forced lockdown it is unable to provide documentation used to support those alleged actions.

On October 25, 2021 the FOIA Coordinator responded to Ms. Adams request advising her that we failed to identify records that would respond to her request. In accordance with 15 CFR Part 4.3, Records, which states, “Under the FOIA, the Department has no obligation to create, compile, or obtain from outside the Department a record to satisfy a request...” Ms. Adams was also advised that although this did not constitute a denial, because no records were found or withheld, she has the right to an appeal.

Additionally, Ms. Adams was advised that while we do not have the records she requested, some of the information may be available from other sources, such as the Michigan Department of Health and Human Services, the Centers for Disease Control, or the Food and Drug Administration.

The Freedom of Information Act (FOIA) requires the Agency to provide documents of “Public Record” but it is under no obligation to research, obtain, and compile records from other sources. Additionally, the purpose is not to exchange dialog and answer questions posed, but to provide “Public Records.” The Agency is obligated by law to provide specific documents identified in the request, but no documents were identified that would respond to the request as written.

Zimbra

fishert@bhsj.org

Re: APPEAL

From : Theresa Fisher <fishert@bhsj.org>

Wed, Dec 01, 2021 08:55 AM

Subject : Re: APPEAL

📎 1 attachment

To : Karla <mikarla907@gmail.com>

Cc : Rebecca Burns <burnsr@bhsj.org>

Ms. Adams,

I am writing to advise you of a schedule change for your FOIA appeal. The matter be decided at the December 9, 2021 meeting as I originally advised, but it will first be heard at the December 6, 2021 Board of Health Program, Policy, & Appeals Committee meeting. The Committee is an advisory Committee and they will typically make a recommendation that is voted on during the next Board meeting, which would be the December 9, 2021 meeting. I will provide the Committee members with the appeal letter you provided. You are welcome to attend both meetings.

Regards,
t

Theresa Fisher
Administrative Services Director
Branch-Hillsdale-St. Joseph
Community Health Agency
517-279-9561 x 107

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From: "Theresa Fisher" <fishert@bhsj.org>
To: "Karla" <mikarla907@gmail.com>
Cc: "Rebecca Burns" <burnsr@bhsj.org>
Sent: Wednesday, November 10, 2021 1:34:37 PM

Subject: Re: APPEAL

Ms. Adams,

We have received your request for an appeal to the Board of Health related to your FOIA request dated October 18, 2021. The appeal will be presented to the Board at their next scheduled board meeting, which is December 9, 2021, and pursuant to MCL 15.240(3), that is the date the Board will be considered to have received the appeal.

Regards,

Theresa Fisher
Administrative Services Director
Branch-Hillsdale-St. Joseph
Community Health Agency
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From: "Rebecca Burns" <burnsr@bhsj.org>
To: "Theresa Fisher" <fishert@bhsj.org>
Sent: Sunday, November 7, 2021 10:08:25 PM
Subject: Fwd: APPEAL

Forwarding. We can discuss Monday.

**Rebecca A. Burns, M.P.H., R.S.
Health Officer**

Branch-Hillsdale-St. Joseph Community Health Agency "Your Local Health Department"
570 Marshall Rd, Coldwater, MI 49036
P: 517-933-3040 F: 517-278-2923 C: 269-501-2503

E: burnsr@bhsj.org



Visit: www.bhsj.org for Public Health Resources & Events

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From: "Karla" <mikarla907@gmail.com>
To: "Rebecca A. Burns, M.P.H., R.S." <burnsr@bhsj.org>
Sent: Sunday, November 7, 2021 3:32:10 PM
Subject: APPEAL

I am requesting an appeal on this FIOA as the office should have records pertaining to this as your job was to keep the community safe and informed.

Thanks

----- Forwarded message -----
From: **Theresa Fisher** <fishert@bhsj.org>
Date: Mon, Oct 25, 2021, 4:38 PM
Subject: Re: FOIA COVID-19
To: Karla <mikarla907@gmail.com>
Cc: Rebecca Burns <burnsr@bhsj.org>

Dear Ms. Adams,

This letter is in reference to your Freedom of Information Act (FOIA) request dated October 18, 2021 for records used to put the County/Country/World into a forced lockdown.

Our search of the Branch-Hillsdale-St. Joseph Community Health Agency records failed to identify records in our files that would respond to your request. In accordance with 15 CFR Part 4.3, Records, which states, "Under the FOIA, the Department has no obligation to create, compile, or obtain from outside the Department a record to satisfy a request...."

I regret that we are unable to assist you. Although this does not constitute a denial because no records were found or withheld, you may appeal.

You have the right to submit a written appeal to the Health Officer who is Rebecca Burns, that specifically states the word "appeal" and identifies the reason or reasons for reversal of this denial.

In addition, you may also seek judicial review of this denial pursuant to MCL 15.240. If you seek judicial review and the Court determines that the public records are not exempt from disclosure, you have the right to receive attorney fees and damages in an amount not to exceed \$500.00.

If you have any questions regarding your request, you may contact Theresa Fisher, Administrative Services Director at 517-279-9561 extension 107 or fishert@bhsj.org.

While we do not have the records you have requested, some of the information may be available from other sources, such as the Michigan Department of Health and Human Services, the Centers for Disease Control, or the Food and Drug Administration.

Regards,

Theresa Fisher
 Administrative Services Director
 Branch-Hillsdale-St. Joseph
 Community Health Agency
 517-279-9561 x 107

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From: "Karla" <mikarla907@gmail.com>
To: "Theresa Fisher" <fishert@bhsj.org>, "CDCInfo" <cdcinfo@cdcinqury.onmicrosoft.com>, foiarequest@hhs.gov
Sent: Monday, October 18, 2021 11:07:25 AM
Subject: FOIA COVID-19

Good morning,

My name is Karla Adams, I am a precinct delegate for Hillsdale, Mi I am requesting documentation on Covid-19, and all the original documentation used to put this County/Country/World into a forced lockdown starting with;

ISOLATION OF COVID-19 WITHOUT A HUMAN HOST CARRIER, NOT CULTURED IN A LAB OR GROWN, COVID-19 IN RAW ORIGINAL FORM.

CAN COVID-19 BE PATENTED? CAN A NATURAL OCCURRING VIRUS BE PATENTED? DOCUMENTATION ON HOW THE PCR TEST CAN LEGALLY BE USED TO TEST FOR COVID-19.

THE ABSOLUTE ACCURACY OF THE PCR POLYMERASE CHAIN REACTION TEST DOCUMENTATION PROVING THE TEST WAS MADE FOR COVID-19.

IF ANY OF THE COVID-19 "VACCINES" ARE APPROVED FOR USE IN THE USA UNDER NON-EMERGENCY USE?

SURVIVAL RATE FOR SOMEONE INFECTED WITH COVID-19 ALL AGES

COVID-19 "VACCINE" DEATHS AND SIDE EFFECTS.

THANK YOU,

Karla Adams
517-343-9086



FOIA Appeal – Mapes

On November 10, 2021 the FOIA Coordinator received a FOIA request from Ms. Mapes, requesting a copy of the zoom recording of the November 6, 2021 Board of Health Meeting. On November 11, 2021, Ms. Mapes sent an updated request, to ask for the zoom recording for the November 5, 2021 Board of Health Meeting. On November 12, 2021 the FOIA Coordinator responded to the request indicating that no such document exists, and advised Ms. Mapes that this did not constitute a denial because no records were found or withheld, but she still has the right to an appeal.

On November 15, 2021 Ms. Mapes sent another request for the same information, which had already been responded to on November 12, 2021. Ms. Mapes immediately received an automated email response indicating that the FOIA Coordinator was out of the office and would return on November 22, 2021. The FOIA Coordinator did not receive the request until November, 22, 2021, when she returned to the office. Ms. Mapes request was responded to on November 30, 2021, which is within the 5-business day window for response time, due to the Thanksgiving Holiday.

The Agency is under no obligation to respond multiple times for requests that have already been responded to. Ms. Mapes was notified that there is no such recording available within 2 business days of her original request. The Agency does not record the Board of Health zoom meetings and therefore cannot provide copies of them. Pursuant to MCL 15.233(4) and (5), the agency is not required to create a compilation or new public record. As Ms. Mapes was originally advised, this does not constitute a denial, because nothing was withheld from her, we simply do not have what she is asking for.

Zimbra

fishert@bhsj.org

Re: FOIA request appeal

From : Theresa Fisher <fishert@bhsj.org>

Tue, Nov 30, 2021 04:25 PM

Subject : Re: FOIA request appeal

To : Kelley Mapes <kelleymapes@gmail.com>

Cc : Rebecca Burns <burnsr@bhsj.org>

Ms. Mapes,

We have received your request for an appeal to the Board of Health, dated Sunday, November 20, 2021, related to your FOIA request. The appeal will be presented to the Board at their next scheduled board meeting, which is December 9, 2021, and pursuant to MCL 15.240(3), that is the date the Board will be considered to have received the appeal.

The matter will first be heard at the December 6, 2021 Board of Health Program, Policy, & Appeals Committee meeting. The Committee is an advisory Committee and they will typically make a recommendation that is voted on during the next Board meeting, which would be the December 9, 2021 meeting. I will provide the Committee members with the appeal letter you provided. You are welcome to attend both meetings.

Regards,

Theresa Fisher
Administrative Services Director
Branch-Hillsdale-St. Joseph
Community Health Agency
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From: "Kelley Mapes" <kelleymapes@gmail.com>
To: "Rebecca Burns" <burnsr@bhsj.org>, "Theresa Fisher" <fishert@bhsj.org>, tinstoll@frontier.com, "m wiley" <m.wiley@co.hillsdale.mi.us>,

lkolcz@countyofbranch.com, "Thomas Matthew" <tmatthew@countyofbranch.com>, "Jon Houtz" <jonhoutz@msn.com>, rhazelbaker@countyofbranch.com, "Ingles, Douglas" <d.ingles@co.hillsdale.mi.us>, "k schmitt" <k.schmitt@co.hillsdale.mi.us>, "b benzing" <b.benzing@co.hillsdale.mi.us>, "Brent Leininger" <b.leininger@co.hillsdale.mi.us>, "Daren Wiseley" <dwise@defendyourrights.law>

Sent: Sunday, November 28, 2021 11:56:26 PM

Subject: FOIA request appeal

Rebecca Burns,

I am attaching a FOIA appeal. After 3 requests and a denial I was advised by Theresa Fisher to appeal the denial if I felt it was warranted.

Best,

Kelley Mapes / Community Member

Freedom of Information Act Appeal

Branch-Hillsdale-St. Joseph Community Health Agency
570 N. Marshall Road
Coldwater, Michigan 49036

Rebecca Burns / Health Officer,

This is an appeal under the Freedom of Information Act.

On 11/12/2021, I received a response to my request in a letter signed by Theresa Fisher / Administrative Services Director. I **appeal the denial of my request**. The zoom video that was withheld must be disclosed under the Freedom of Information Act (FOIA) because the Board of Health meeting on November 5, 2021 was a public meeting that I attended as a Community Member and it is an Open Meeting that I have a right to attend.

On 11/10/2021, I requested a copy of the zoom meeting via website or on a flash drive. I dated the FOIA request November 6, 2021 because it was incorrectly dated on the meeting minutes on the BHSJ website.

On 11/11/2021, I requested for a second time a copy of the zoom meeting via website or on a flash drive. I dated the FOIA request November 5, 2021 as this was the correct date. This way I was covered with the correct date and the incorrect date that was posted on the Branch-Hillsdale-St. Joseph Community Health Agency website.

On 11/12/2021, Theresa Fisher implied based on a review of agency records, it was determined that no such document exists. Pursuant to MCL 15.233(4) and (5), the agency is not required to create a compilation or new public record. Although this does not constitute a denial because no records were found or withheld, I am advising you of your rights. You have the right to submit a written appeal to the Health Officer who is Rebecca Burns, that specifically states the word "appeal" and identifies the reason or reasons for reversal of this denial. In addition you may seek judicial review of this denial pursuant to MCL 15.240. If you seek judicial review and the Court determines that the public records are not exempt from disclosure, you have the right to receive attorney fees and damages in an amount not to exceed \$500.00. If you have questions regarding your request, you may contact Theresa Fisher, Administrative Services, Director at 517-279-9561 extension 107 or fishert@bhsj.org.

On 11/15/2021, On the Branch-Hillsdale-St. Joseph Community Health Agency website the meeting minutes are still dated 11/6/2021 which is a Saturday. Under the Freedom of Information Act I am requesting for a third time the Board of Health meeting via zoom dated November 5, 2021, that I participated as a community member and was present for Public Comment. I would like a web address where it can be viewed or placed on a flash drive. I am requesting this FOIA based on the date change. Meeting minutes have now been corrected on the website so there should be no further confusion as to what day the meeting really took place.

On 11/15/2021, I received an email from Theresa Fisher stating that she is out of the office and will return on November 22, 2021. She has neglected for forward the requested items in a timely manner. She did read the email FOIA request because she changed/corrected the incorrect dates on the meeting minutes on the website, but neglected to forward my FOIA request due to her negligence or admit the mistake was made or thank me for bringing it to her attention. I would like to see the policy that is in place for when the Administrative Services Director is absent who does she have taking her messages so that FOIA requests are completed in a timely manner? This might be something that should be discussed at a future Board of Health meeting.

I feel that any fees should be waived due to the negligence of the incorrectly dated documents. The agency is well past the 10-day limit to provide the item requested. I am sure that the agency will do the right thing as I have provided more than enough requests and information for something that should already be posted on your website for the public to have access and review. I am sure you have nothing to hide!

If you need to discuss this request, please feel free to email me at kelleymapes@gmail.com.

Thank you for your consideration of this appeal.

Sincerely,

Kelley Mapes
5151 Weston Road
Allen, Michigan 49227
517-398-6607

PURPOSE

Branch-Hillsdale-St. Joseph Community Health Agency (BHSJCHA) places the highest value on the safety and health of its employees and the well-being of the public. BHSJCHA acknowledges that the safe operation of motor vehicles by ~~Agency municipal~~ employees is essential to ensuring their safety and well-being, and its goal is to ensure that all individuals who are granted the privilege of driving an ~~municipal-Agency~~ vehicle are safe and properly licensed operators. BHSJCHA has full authority to determine who shall drive a vehicle, to establish vehicle operator standards, and to revoke the right to drive for failure to meet the standards. This policy defines the minimum standards for all ~~municipal-Agency~~ employees. Nothing herein shall limit individual departments from setting higher standards that may be needed to meet their particular needs.

RESPONSIBILITIES

BHSJCHA's safe driver program depends on the participation and cooperation of employees at all levels of the organization. The specific responsibilities of the employees are identified below:

DIRECTORS

Directors shall:

- Act as role models by adhering to the safe driving practices and requirements of this policy.
- Prohibit employees who appear to be impaired, due to ingestion of a substance, fatigue, or for some other reason, from operating a vehicle for the employer.
- Take documented steps to make sure all employees are informed of and trained on this policy and others that relate to the safe operation of vehicles and equipment.
- Take documented and regularly scheduled steps to provide required maintenance of all entity vehicles and retain records attesting to vehicle maintenance.
- Train employees in the safe operation of all assigned motor vehicles.
- Enforce ~~municipal-wide and departmental~~Agency vehicle operating standards and procedures.
- Schedule and document inspection of all assigned vehicles to make sure they are inspected as prescribed by the administration.
- Make sure thorough and timely accident investigations are conducted and reported.
- Identify all employees who operate a vehicle on the job and include those employees in the ~~municipality's~~Agency's Driving Record Subscription Service.
- Discipline employees who violate policies or laws related to safe operation of a vehicle.
- Have departmental policies that set forth discipline for failure to follow policy.

SUPERVISORS

Supervisors shall:

- Act as role models by adhering to the safe driving practices and requirements of this policy.
- Take steps to make sure that employees safely operate assigned ~~municipal~~Agency vehicles.

- Administer and enforce all ~~municipal-wide and departmental~~Agency policies and procedures regarding vehicle operation.
- Prohibit non-employees from driving ~~public-entity~~Agency vehicles.

NOTE: Any supervisor who fails to report the information outlined herein will be subject to appropriate disciplinary action, up to and including discharge.

EMPLOYEES

All vehicle operators shall:

- Operate their assigned ~~municipal~~-Agency vehicles in compliance with established policy and in a safe manner.
- Maintain a valid driver's license (correct license/endorsement for the type of vehicle driven).
- Advise the ~~duty~~ supervisor immediately of the loss or modification of a valid driver's license by suspension, revocation, expiration, modification, or any other vehicle-related violation. Failure to comply may result in discipline, up to and including dismissal.
- Perform safety checks of vehicles at the beginning of each work shift as described in the unit work rules.
- Promptly report to a ~~an on-duty~~ supervisor any vehicle safety defect found during inspection. Failure to report safety defects or operation of a vehicle with detected defects may result in discipline, up to and including employee dismissal.
- Maintain an assigned ~~municipal~~-Agency vehicle's cab, bed, and/or body in a clean and safe condition.
- Properly use furnished seat belts and/or other vehicles safety devices.
- Be in possession of a driver's license at all times when driving. Proof of insurance must accompany any driver using a personal vehicle when driving on behalf of the public entity.
- Prohibit non-employees from driving ~~public-entity~~Agency vehicles.
- Promptly report any accident or traffic violation involving the employer's vehicles.
- Avoid using communications devices, or any other device that may result in distracted driving, while operating a vehicle, as set forth in employer policies.
- Avoid operating any vehicle while the ability to do so is impaired by fatigue, a substance such as drugs or alcohol, or for any other reason.

ADMINISTRATIVE SERVICES DEPARTMENT

Administrative Services Department shall:

- Establish and maintain the Driving Record Subscription Service to monitor employee driving records.
- In cooperation with the other departments, ensure that all employees who operate vehicles have a valid driver's license for the vehicle types driven.
- Report employee driving record activity to employees' departments for review of policy compliance.
- Provide consultation and training to the departments, supervisors, staff, and volunteers as needed.

STANDARDS AND PROCEDURES

- All individuals who operate ~~municipal~~-Agency vehicles, who operate personal vehicles on a job-related basis, who receive payment related to vehicle expenses, and/or who are required to drive as a necessary part of their job must possess and maintain a valid driver's license.
- Individuals who drive ~~municipal~~-Agency vehicles or are required to drive as a necessary part of their job must notify their immediate supervisor if they receive a ticket/citation. Such notification must take place immediately upon reporting for work after receipt of the citation.

- Individuals are prohibited from operating an municipal Agency vehicle or personal vehicle on business when their driving ability has been impaired for any reason, including but not limited to the ingestion of drugs, medication, or alcoholic beverages; physical impairment or restrictions; or other situations/conditions. Any illegal use of controlled substances is strictly prohibited.
- Employees must inform the employer when taking prescribed medications that could impact their ability to operate the employer's vehicles.
- No employee will knowingly operate a vehicle found to be in violation of a state safety code or the law.
- All employees and riders will use seatbelts and/or other safety restraints provided whenever they are operating or riding in a vehicle.
- Only those employees who are determined to be safe operators will be allowed to drive a vehicle on behalf of the entity.
- Determination of safe operation may come from one of a combination of: driving record review, academic test, road test, successful completion of training/re-training, adherence to policy, etc.

CORRECTIVE ACTION, INCLUDING DISCIPLINE

The following are minimum standards to be considered by each department with the Administrative Services department when reviewing vehicle crashes and administering appropriate corrective action.

- The first goal of an investigation of a crash or other incident should be root cause analysis of the crash or deviation of policy to determine what happened. Further analyses may include a full review of the driving history record, policy, training records, and prior discipline (if any) for purposed of determining any fault of the employee that may have contributed to the accident. That determination may warrant further training, discipline, or a combination of both.
- The goal of corrective action is to ensure that employees who are entrusted with the operation of vehicles are safe drivers. Discipline may also be an appropriate form of corrective action.
- An unacceptable motor vehicle driving record is one indication that an employee may not be a safe driver. The administration will identify employees who develop unacceptable driving records and notify the appropriate department. Departments are encouraged to immediately enroll these employees in municipal Agency-sponsored driver's training programs, or consult with the administrative service department about other appropriate training opportunities, and monitor the employees' driving performance.
- Crashes involving stationary objects are the most frequent and preventable type of vehicular crash. Preventable crashes involving stationary objects may result in disciplinary action, up to and including dismissal. Involvement in a preventable crash shall be considered unsatisfactory job performance that may result in disciplinary action, up to and including dismissal.
- Failure to comply with any part of this policy shall be considered unsatisfactory job performance that may result in disciplinary action, up to and including dismissal.

INSPECTIONS

- All vehicles shall be safety-checked at the beginning of each work day that it is used ~~shift~~ by the assigned vehicle operator to ensure safe operating condition and document vehicle damage according to department work rules using the Agency's inspection forms. The vehicle operator should review the previous driver's inspection form. Completed inspection forms are to be placed in the maintenance binder for the vehicle.

- Vehicle deficiencies shall be reported ~~immediately according to~~ [Administrative Services Director and Emergency Preparedness Coordinator department policies](#).
- ~~The Emergency Preparedness Coordinator will conduct a quarterly inspection of the vehicle documenting on the forms provided by the Agency. The completed quarterly inspection forms shall be scanned and emailed to the Health Officer and Administrative Services Director after each inspection. The original form shall be placed in the inspection and maintenance binder for the vehicle. Each department shall be responsible for ensuring that a mechanic conducts bi-annual safety inspection of all assigned vehicles.~~
- Vehicle inspections should be documented and records kept for at least the life of the owned vehicle, plus three years after removal from service. This may be part of the entity records retention policy.

DEFINITIONS

Driving Record Subscription Services: A program provided by the Michigan Department of State by which a driving record can be automatically produced and sent to an enrolled ~~municipality~~ [Agency](#) when a conviction is posted to an employee's driving record.

Employee: Any regular full-time or part-time, or temporary full-time or part-time employee, elected official, volunteer, or any other person who has reason to operate a ~~municipal~~ [Agency](#) vehicle.

Exposure: A potential loss in the form of auto liability, auto physical damage, or employee health and safety.

~~Municipal~~ [Agency](#) Vehicle: Any ~~entity~~ [Agency](#)-owned, rented, leased, or borrowed motor vehicle or trailer used to conduct public entity business.

Preventable Crash: Any vehicle crash in which the driver/operator failed to do everything he/she reasonably could have done to prevent the crash.

Vehicle Crash: Any occurrence involving an entity-owned, rented, leased, borrowed, or travel-reimbursed motor vehicle or trailer that results in a death, personal injury, or property damage.

APPLICANT SCREENING GUIDE

Conviction of law violations or civil infractions may serve as a basis for disqualification. The applicant's total record will be evaluated. The applicant must have a last two years of documented driving experience. The evaluation will consider the pattern of law violations, including, but not limited to, the seriousness, surrounding circumstances, frequency, and dates of any such violations. For example, multiple convictions for the same offense can be disqualifying, as they indicate a pattern of inadequate responsibility and disregard for law and order, which may affect safety. Likewise, traffic misdemeanors which do not carry points (e.g. improper plates, expired plates) or civil infraction may indicate an inability to follow rules and a disregard for the law.

For purposes of determining disqualifying violations, the ~~municipality~~ [Agency](#) should consider only those offenses followed by a conviction (fined, ordered to attend traffic school or remedial driver training, forfeited bond, loss of restriction of driving privileges, or jailed). For purposes of establishing time frames for disqualification, the public entity should use the date of the actual

violation. Following are suggested disqualifying guidelines. Please note that additional considerations, such as commercial driver's license requirements, may apply as well:

The circumstances noted below will be cause for automatic disqualification:

1. Conviction of a driving-related felony.
2. Loss of driving privilege through suspension or revocation of license due to an unsatisfactory driving record as defined by the Michigan Department of State.
Exception: Applications from those who maintain a driving record free of license suspension or revocation and moving violation conviction(s) or civil infraction determination(s) in the five years previous to making application to the ~~municipality~~ Agency will be accepted.
3. An at-fault crash resulting in a fatality (an at-fault crash is defined as one in which the applicant has been fined, sued, and received an adverse judgement, applicant's insurance company settled for damages to another party, or applicant settled out of court of otherwise was determine dot be liable).

In the five years prior to application, the following circumstances will be cause for automatic disqualification:

4. Accumulated more than six points on the driving record.
5. Convicted of any alcohol/drug related offense.
6. Convicted of driving while license was suspended or revoked.

In the year prior to application, the following circumstances will be cause for automatic disqualification:

7. Accumulated more than three points of the driving record.

Approved by the Board of Health on 4/22/2021
Branch-Hillsdale-St. Joseph Community Health Agency (BHSJCHA)
Certification Statement for Employees Who Drive for Business Purposes

_____ I hereby acknowledge and understand that if I am required to operate a motor vehicle as a necessary part of my job for BHSJCHA or if I operate a BHSJCHA owned/leased vehicle, I am required to possess and maintain a valid Michigan operator's license and valid insurance for my personal vehicle.

_____ I hereby certify and affirm as follows:

a. I am required to operate a motor vehicle as a necessary part of my job for the entity.

Yes/No

b. I operate an entity owned/leased vehicle. Yes/No

_____ I hereby certify and affirm that I have a valid Michigan operator's license (including but not limited to a Chauffeur's License or a Commercial Driver's License) and valid insurance on my personal vehicle.

_____ I authorize the entity to enroll me in the Secretary of State's Subscription Service, and/or conduct an annual (or more frequent) inquiry to verify the status of my operator's license. I further agree to provide my actual operator's license for review and to submit a copy of my operator's license to an authorized entity custodian for the purpose of verifying my driving eligibility status upon verbal or written request, and within the time frame identified by the requestor. I further understand that BHSJCHA reserves the right to conduct such inquiry at its discretion.

_____ I agree to notify my immediate supervisor or the Administrative Services Director, immediately upon reporting for work on my next scheduled work day, if I receive any ticket or citation. I further agree that I must notify my immediate supervisor or Administrative Services Director, immediately upon reporting for work on my next scheduled work day, of my receipt of an Operating While Impaired, Operating While Intoxicated, or Operating While Under the Influence of Narcotics citation. Any such ticket/citation that occurs during the work day must be reported immediately.

_____ I agree that, as an operator of a BHSJCHA owned/leased/rented/borrowed vehicle or as an employee required to, or authorized to, operate a vehicle as part of my job responsibilities for BHSJCHA, I am prohibited from operating a BHSJCHA vehicle or personal vehicle on BHSJCHA business when my driving ability has been impaired for any reason, including but

not limited to: the ingestion of drugs, medication or alcoholic beverages; physical impairment or restrictions; other situations/conditions within my control. Any illegal use of controlled substances is strictly prohibited.

_____ I agree to immediately notify my supervisor if my operator's license is restricted, limited, modified, suspended, or revoked.

_____ I acknowledge and understand that if I fail to immediately notify BHSJCHA of the loss or modification of any driving privileges, the receipt of a ticket/citation that affects or restricts my right to operate a motor vehicle, the receipt of any Operating While Impaired, Operating While Intoxicated, or Operating While Under the Influence of Narcotics citation, or if I otherwise violate the procedures outlined herein, I may be subject to appropriate disciplinary action, up to and including discharge.

_____ I acknowledge and understand that if I fail to possess a valid operator's license, I will be prohibited from operating BHSJCHA owned/leased/rented/borrowed vehicle(s) and/or operating my personal vehicle(s) on BHSJCHA related business. Should this prohibition prevent me from performing my assigned job duties, employment action (temporary or permanent) could occur. This employment action could include, but is not limited to: transfer, reassignment, demotion, suspension, or discharge. I further acknowledge and understand that the entity reserves the right to suspend vehicle usage, reimbursement, compensation, or allowance(s) toward vehicle usage should I fail to maintain a valid operator's license.

_____ These agreements and acknowledgements do not impair any legal rights I may hold under BHSJCHA policies and procedures or other similar rights.

Print Name: _____ Signature: _____

Supervisor Name: _____ Signature: _____

Date: _____

BHSJCHA Daily Trip Inspection and Mileage Log

Driver name: _____ Date: _____

Odometer Start: _____ Odometer Finish: _____ Trip Details (explanation of where driven):

Pre-Trip Checklist: Vehicle Exterior, Engine and Exhaust

Item	Action	Satisfactory	Substandard	N/A	Comments
Headlights/Brake Lights	Test high beam/low beam				
Windows, Vehicle Body	Good condition, scratches, dents, chips identified				
Emergency Lights	Test				
Wiper Blades	Good condition				
Tires	Check inflation				
Side Mirrors	Clean; adjusted correctly				
Lift Gate	Operates correctly				
Leaks	Check under vehicle				
Engine Operation	No unusual engine noise				
Exhaust	Tailpipe unobstructed; no exhaust smell inside vehicle				

Pre-Trip Checklist: Vehicle Interior

Item	Action	Satisfactory	Substandard	N/A	Comments
Safety Belts	Examine for wear				
Instrument Panel Warning Symbols	Check for warning symbols				
Brakes	Test for soft or hard pedal				
Automatic transmission	Check action gears; listen for unusual sounds				
Steering	Adjust for driver				
Reversing alarm	Test				
HVAC	Test heating, cooling, fan				
Load restraint	Ensure items securely stored or strapped down				
Smartphone	Safely secured				
Fuel	Sufficient				
Spare tire/Jack	Provided, inflated				
Safety triangles, emergency blanket, first aid kit	Provided				
Fire extinguisher	Charged, expiry checked				

Post-Trip Comments: Note any concerns that have arisen from driving the vehicle today.

Driver Signature: _____

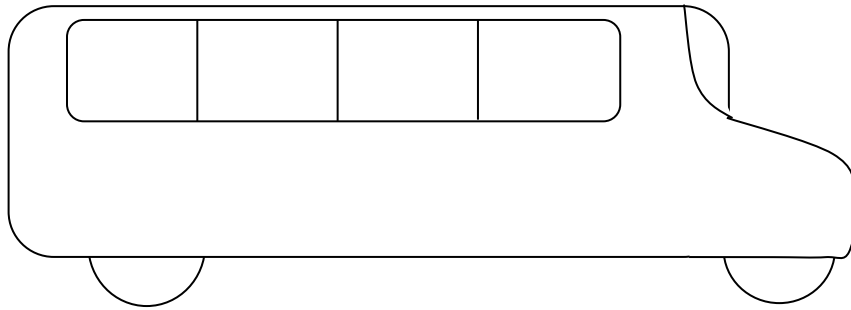
Instructions: To be completed daily. Completed form to be placed in the designated binder; binder to be kept in the mailroom when vehicle is not in use.

Vehicle Exterior Damage Chart

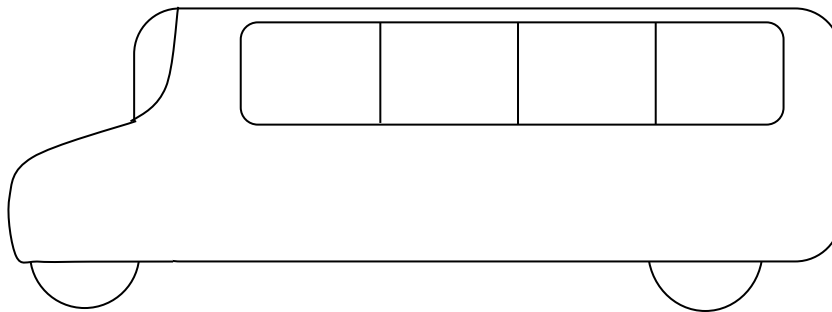
Driver: _____ Vehicle # _____ Ending Mileage: _____ Date: _____

On the illustrations below, locate and note any body damage or problems using the following code: **X** dents or scratches; indicate any other damage by circling the area and then describe the damage in the space provided below the chart:

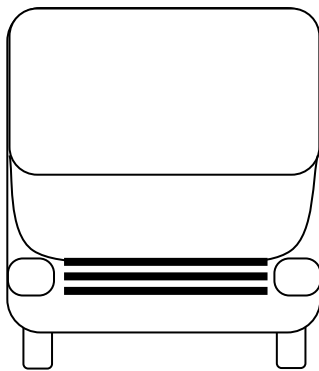
RIGHT SIDE



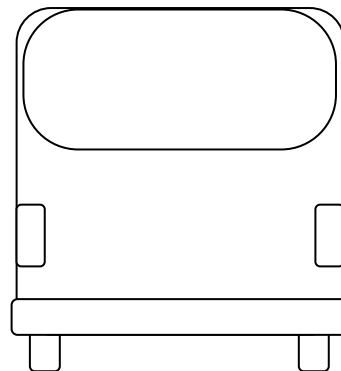
LEFT SIDE



FRONT SIDE



BACK SIDE



Explanation of damage: _____

Drivers Name: _____ Verified By: _____ Date: _____

BHSJCHA Quarterly Inspection and Maintenance Log

Inspected by: _____

Date: _____

Odometer today: _____

Odometer at Last Vehicle Oil Change: _____

Due for Maintenance: Yes No specify what is needed _____

Vehicle Exterior, Engine and Exhaust

Item	Action	Satisfactory	Needs Attention	N/A	Comments
Headlights/Brake Lights	Test high beam/low beam				
Windows, Vehicle Body	Good condition, scratches, dents, chips identified				
Emergency Lights	Test				
Wiper Blades	Good condition				
Tires	Check inflation				
Side Mirrors	Clean; adjusted correctly				
Lift Gate	Operates correctly				
Leaks	Check under vehicle				
Engine Operation	No unusual engine noise				
Exhaust	Tailpipe unobstructed; no exhaust smell inside vehicle				

Vehicle Interior

Item	Action	Satisfactory	Needs Attention	N/A	Comments
Safety Belts	Examine for wear				
Instrument Panel Warning Symbols	Check for warning symbols				
Brakes	Test for soft or hard pedal				
Automatic transmission	Check action gears; listen for unusual sounds				
Steering	Adjust for driver				
Reversing alarm	Test				
HVAC	Test heating, cooling, fan				
Load restraint	Ensure items securely stored or strapped down				
Refrigeration	Present and working				
Cabinets/Counters	Evaluate condition				

Spare tire/Jack	Provided, inflated				
Safety triangles, emergency blanket, first aid kit	Provided				
Fire extinguisher	Charged, expiry checked				

Comments: Note any concerns that have arisen from inspection. Document any damage and note if preexisting from previous inspection or new. Utilize the Vehicle Exterior Damage Chart form and attach to this report. If maintenance is due, schedule and report what is being done, when, and where to Health Officer and Administrative Services Director.

Signature of Emergency Preparedness Coordinator: _____

Instructions: To be completed once per quarter. Scan and email completed forms to Health Officer and Administrative Services Director. Original form to be placed in the designated binder; binder to be kept in the mailroom when vehicle is not in use.

November 16, 2021

Dear Community Health Partner,

The purpose of this letter is to request your help in funding the **2022 Branch County Community Health Needs Assessment (CHNA)**. A community health assessment gives organizations comprehensive information about the community's current health status, needs, and issues. This information helps develop a three-year community health improvement plan by justifying how and where resources should be allocated to best meet community needs. It is a valuable tool for all social service agencies, schools, government officials and policy makers, health care organizations, and in fact any group interested in the health and well-being of Branch County residents.

This required CHNA will be conducted by the Hospital Council of Northwest Ohio (www.hcno.org) and will cost \$45,000. **As a valuable organization committed to delivering services, care, programs, education, and/or interventions to Branch County families, we invite you to help underwrite this valuable assessment and plan with a financial commitment that is meaningful and right to you and your organization.** Please note if necessary, multi-year pledges are welcomed in order to be fiscal-year friendly. Every contribution makes an impact!

A representative from our organizations will be following up with you via a phone call and/or email in the next several weeks. Until then, please do not hesitate in reaching out to either one of us with questions or to share news of your determined commitment.

We appreciate your thoughtful review of our collaborative funding request.

Sincerely,



Daniel Schwanke, President
ProMedica Coldwater Regional Hospital
daniel.schwanke@promedica.org
(517) 279-5489



Rebecca A. Burns, Health Officer
Branch, Hillsdale, St. Joseph Community
Health Agency
burnsr@bhsj.org
(517) 933-3040

January 2022 SALARY SCHEDULE - Proposed

HOURLY/PROFESSIONAL/TECHNICAL

LEVEL	CLASSIFICATION	Hire in Rate	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	% less than Recommended in 2019 Study	Recommended Maximum 2019 Study (6 year rate)
1	EH ASSISTANT CLERK	11.84	12.23	12.63	13.03	13.42	13.81	14.21	3.67%	14.75
2	WIC BF PEER COUNSELOR	13.32	13.77	14.22	14.66	15.11	15.54	15.99	3.65%	16.6
2	CSHCS REPRESENTATIVE	13.32	13.77	14.22	14.66	15.11	15.54	15.99		
2	ADMIN SUPPORT CLERK	13.32	13.77	14.22	14.66	15.11	15.54	15.99		
2	VISION/HEARING TECH	13.32	13.77	14.22	14.66	15.11	15.54	15.99		
2	IMMZ CLERK	13.32	13.77	14.22	14.66	15.11	15.54	15.99		
2	CLINIC CLERK TECH	13.32	13.77	14.22	14.66	15.11	15.54	15.99		
3	EH ADMIIN ASSISTANT	15.06	15.56	16.05	16.55	17.06	17.56	18.06	3.71%	18.76
3	CLINIC ADMIN ASST	15.06	15.56	16.05	16.55	17.06	17.56	18.06		
3	AAA Program Specialist	15.06	15.56	16.05	16.55	17.06	17.56	18.06		
3	AAA OUTREACH SPECIALIST	15.06	15.56	16.05	16.55	17.06	17.56	18.06		
4	AAA VOCA SPECIALIST	17.01	17.58	18.15	18.72	19.29	19.85	20.42	3.68%	21.2
4	FISCAL SUPPORT SPECIALIST	17.01	17.58	18.15	18.72	19.29	19.85	20.42		
5	OPEN GRADE	19.24	19.87	20.51	21.15	21.80	22.44	23.08	3.62%	23.95
6	EH SANITARIAN	21.73	22.45	23.17	23.90	24.62	25.35	26.07	3.69%	27.07
6	AAA SW CARE CONSULTANT	21.73	22.45	23.17	23.90	24.62	25.35	26.07		
6	HEALTH EDUCATOR	21.73	22.45	23.17	23.90	24.62	25.35	26.07		
7	SENIOR EH SANITARIAN	24.55	25.37	26.19	27.01	27.83	28.65	29.47	3.57%	30.56
7	FINANCE AND IT SUPPORT SPECIALIST	24.55	25.37	26.19	27.01	27.83	28.65	29.47		
7	COMM HEALTH SERV RN	24.55	25.37	26.19	27.01	27.83	28.65	29.47		
7	PUBLIC HEALTH RN	24.55	25.37	26.19	27.01	27.83	28.65	29.47		
7	ACCOUNTANT	24.55	25.37	26.19	27.01	27.83	28.65	29.47		
7	EMERGENCY PREP COORD	24.55	25.37	26.19	27.01	27.83	28.65	29.47		
7	IT NETWORK MANAGER	24.55	25.37	26.19	27.01	27.83	28.65	29.47		

SALARIED MANAGERIAL

LEVEL	CLASSIFICATION	Hire in Rate	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6		
8	CLINIC SUPERVISOR	27.74	28.66	29.59	30.52	31.45	32.36	33.29	3.67%	34.56
8	COMM HEALTH SERV SUPERVISOR	27.74	28.66	29.59	30.52	31.45	32.36	33.29		
8	EH SUPERVISOR	27.74	28.66	29.59	30.52	31.45	32.36	33.29		
9	ENVIRONMENTAL HEALTH DIR.	32.27	33.34	34.43	35.50	36.58	37.65	38.73	3.66%	40.2
9	PREV.HEALTH/DISEASE PREV. DIR.	32.27	33.34	34.43	35.50	36.58	37.65	38.73		
9	ADMINISTRATIVE SERVICES DIR.	32.27	33.34	34.43	35.50	36.58	37.65	38.73		
9	AAA DIRECTOR	32.27	33.34	34.43	35.50	36.58	37.65	38.73	3.66%	

We are proposing a 2% increase. With this increase, staff will still be an average of 3.66% lower than what was recommended in an independent salary study 2 years ago, not considering any changes to the cost-of-living. The Federal Register reports the SSA provided a 1.3% cost-of-living increase to SSI benefits in December of 2020, and will provide a additional 5.9% cost-of-living increase to SSI benefits in December of 2021. This is an increase of 7.2% over the 2 year period. The last increase for staff at BHSJ was in January 1, 2020. When adding 7.2% cost-of-living to the 2019 study recommendation to adjust for the increase cost-of-living, our staff will be compensated at an average of 10.86% under the adjusted recommendation, if they receive this 2% increase. We continue to fall further behind due to budget constraints.

	Total Wages	FICA	MERS	
No Raise	3,197,801.82	244,631.84	256,411.97	
2% Raise	3,243,597.69	248,135.22	260,205.05	
Increase	45,795.87	3,503.38	3,793.08	53,092.34

2% Market

Status	Position	Wage Code	Hourly Rate 10/1/2021	Raise 1/1/2022	Total Wages	FICA	MERS	Insurance	LSA
AAA									
Full-75	AAA Director	9	34.80	35.50	69,738.90	5,335.03	9,693.71	18,655.82	217.56
Full-75	VOCA Specialist-BR	4	18.35	18.72	36,456.86	2,788.95	1,822.84	18,655.82	217.56
Part-45	AAA Outreach	3	15.25	15.56	30,297.94	2,317.79	1,514.90	14,729.38	217.56
Full-75	AAA Program Specialist	3	14.76	15.06	29,324.43	2,243.32	1,466.22	18,655.82	217.56
Full-75	VOCA Specialist-TR	4	16.68	17.01	35,638.99	2,726.38	1,781.95	-	217.56
Full-75	AAA SW Care Consultant	6	21.3	21.73	42,317.78	3,237.31	2,115.89	6,179.14	217.56
Full-75	AAA Comm Health RN	7	24.07	24.55	47,821.07	3,658.31	2,391.05	18,655.82	217.56
ADMIN									
Full-75	Health Officer	10	41.85	42.69	83,745.49	6,406.53	11,640.62	18,655.82	217.56
Full-75	Admin Service Director	9	35.86	36.58	71,844.86	5,496.13	9,986.43	6,179.14	217.56
Full-75	Fiscal Support Specialist	4	17.24	17.58	34,251.57	2,620.25	1,712.58	6,179.14	217.56
Full-75	Accountant	7	25.68	26.19	52,252.38	3,997.31	2,612.62	18,655.82	217.56
Full-75	IT Manager	7	27.28	27.83	54,198.54	4,146.19	2,709.93	14,729.38	217.56
Full-75	Admin Support Clerk	2	13.06	13.32	25,946.96	1,984.94	1,297.35	18,655.82	217.56
Full-75	Finance and IT Support Specialist	7	28.89	29.47	57,847.21	4,425.31	8,040.76	6,179.14	217.56
Part-45	Fiscal Support Specialist Biller	4	16.68	17.01	19,805.83	1,515.15	-	-	-
CLINIC STAFF - BRANCH									
Full-75	PH/DP Director-BR	9	33.75	34.43	67,052.81	5,129.54	3,352.64	6,179.14	217.56
Full-75	Clinic Supervisor-BR	8	27.2	27.74	54,039.60	4,134.03	3,787.73	18,655.82	217.56
Full-75	Public Health RN-BR	7	28.89	29.47	60,497.21	4,628.04	8,409.11	-	217.56
Full-75	Public Health RN-BR	7	24.87	25.37	51,910.47	3,971.15	2,595.52	-	217.56
Full-75	Clinic Admin Asst-BR	3	17.71	18.06	35,785.34	2,737.58	4,974.16	14,729.38	217.56
Full-75	Clinic Clerk Tech-BR	2	13.06	13.32	25,946.96	1,984.94	1,297.35	6,179.14	197.28
Full-75	Clinic Clerk Tech-BR	2	13.06	13.32	25,946.96	1,984.94	1,297.35	18,655.82	217.56

Full-75	Immz Tech-BR	2	13.06	13.32	25,946.96	1,984.94	1,297.35	6,179.14	197.28
Part-45	Brf Peer Counselor-BR	2	13.5	13.32	15,638.40	1,196.34	-	-	-
Full-75	Mobile Clinic Nurse	7	24.87	25.37	49,410.47	3,779.90	2,470.52	6,179.14	217.56
Full-75	Mobile Clinic Tech	2	13.06	13.32	25,946.96	1,984.94	1,297.35	18,655.82	197.28
Casual	Car Seat - BR	C	20	20.40	15,912.00	1,217.27	-	-	-
CLINIC STAFF - HILLSDALE									
Full-75	Clinic Supervisor-HD	8	28.1	28.66	55,827.68	4,270.82	2,791.38	6,179.14	217.56
Full-75	Public Health RN-HD	7	24.87	25.37	49,410.47	3,779.90	2,470.52	18,655.82	217.56
Full-75	Comm Health RN-TR	7	25.68	26.19	51,019.74	3,903.01	2,550.99	18,655.82	217.56
Casual	Public Health RN-HD	7	28.89	29.47	18,130.68	1,387.00	-	-	-
Full-75	Clinic Admin Asst-HD	3	17.71	18.06	35,185.34	2,691.68	1,759.27	6,179.14	217.56
Full-75	Immz Tech-HD	2	16.3	16.63	32,534.03	2,488.85	4,522.23	18,655.82	217.56
Full-75	Clinic Clerk Tech-HD	2	14.81	15.11	29,423.77	2,250.92	1,471.19	14,729.38	207.48
Full-75	Clinic Clerk Tech-HD	2	15.68	15.99	31,302.24	2,394.62	1,565.11	18,655.82	217.56
Part-45	Clinic Clerk Tech HD	2	13.5	13.77	16,029.90	1,226.29	-	-	-
Part-45	Brf Peer Counselor-HD	2	14.37	14.66	17,062.94	1,305.31	-	-	-
CLINIC STAFF - THREE RIVERS									
Full-75	Clinic Supervisor-TR	8	32.64	33.29	65,147.52	4,983.79	9,055.51	14,729.38	217.56
Full-75	Comm Health RN-TR	7	28.89	29.47	57,697.21	4,413.84	8,019.91	18,655.82	217.56
Full-75	Comm Health RN-TR	7	28.89	29.47	57,547.21	4,402.36	7,999.06	18,655.82	217.56
Full-75	Clinic Admin Asst-TR	3	17.71	18.06	38,135.34	2,917.35	5,300.81	-	217.56
Full-75	Clinic Clerk Tech-TR	2	13.06	13.32	28,446.96	2,176.19	1,422.35	-	217.56
Full-75	Clinic Clerk Tech-TR	2	13.06	13.32	25,946.96	1,984.94	1,297.35	18,655.82	197.28
Full-75	Immz Tech-TR	2	13.06	13.32	28,446.96	2,176.19	1,422.35	-	197.28
Part-45	Brf Peer Counselor-TR	2	13.06	13.32	15,507.44	1,186.32	-	-	-
CLINIC STAFF -									
Full-75	Comm Health Serv Supervisor-HD	8	31.73	32.36	63,189.58	4,834.00	3,159.48	6,179.14	217.56
Full-75	V/H Tech TR	2	15.68	15.99	23,360.83	1,787.10	3,247.16	14,729.38	217.56
Full-75	CSHCS Rep-BR	2	14.81	15.11	29,423.77	2,250.92	1,471.19	6,179.14	207.48
Full-75	Public Health RN CSHCS-TR	7	28.89	29.47	59,497.21	4,551.54	8,270.11	652.32	217.56
Part-45	CSHCS Rep-TR	2	13.06	13.32	15,507.44	1,186.32	-	-	-
Full-75	V/H Tech-BR	2	15.68	15.99	26,010.83	1,989.83	3,615.51	-	217.56
Part-45	V/H Tech-HD	2	14.81	15.11	13,029.10	996.73	-	-	-
ENVIORMENTAL HEALTH									
Full-75	EH Director-TR	9	37.97	38.73	75,586.90	5,782.40	10,506.58	14,729.40	217.56
Full-75	EH Supervisor-BR	8	32.64	33.29	67,797.52	5,186.51	9,423.86	-	217.56

Full-75	EH Asst-BR	3	16.73	17.06	33,688.33	2,577.16	4,682.68	18,655.82	217.56
Full-75	EH San-BR	6	25.56	26.07	50,931.33	3,896.25	2,546.57	14,729.38	217.56
Full-75	Senior EH San-BR	7	28.89	29.47	59,347.21	4,540.06	8,249.26	652.32	217.56
Full-75	EH San-TR	6	23.43	23.90	46,549.55	3,561.04	2,327.48	6,179.14	217.56
Full-75	EH Asst-TR	3	17.71	18.06	35,635.34	2,726.10	4,953.31	18,655.82	217.56
Full-75	EH San-TR	6	23.43	23.90	46,549.55	3,561.04	2,327.48	6,179.14	217.56
Full-75	EH San-TR	6	25.56	26.07	51,231.33	3,919.20	7,121.15	18,655.82	217.56
Full-75	EH Asst-HD	3	17.71	18.06	37,985.34	2,905.88	5,279.96	-	217.56
Full-75	EH San-HD	6	22.72	23.17	45,346.96	3,469.04	2,267.35	6,179.14	217.56
Full-75	EH San-HD	6	22.72	23.17	45,138.96	3,453.13	2,256.95	14,729.38	217.56
Full-75	EH San-HD	6	25.56	26.07	51,381.33	3,930.67	7,142.00	6,179.14	217.56
Full-75	Senior EH San-HD	7	25.68	26.19	53,819.74	4,117.21	7,480.94		217.56
Part-45	EH Asst Clerks-TR	1	11.61	11.84	13,785.71	1,054.61	-		-
HEALTH PROMOTIONS									
Full-75	Health Education Coord BR	8	28.1	28.66	55,827.68	4,270.82	2,791.38	6,179.14	217.56
Full-75	Health Educator-BR	6	22.01	22.45	43,728.37	3,345.22	2,186.42	18,655.82	217.56
Full-75	Health Educator-BR	6	22.01	22.45	43,728.37	3,345.22	2,186.42	18,655.82	217.56
Part-40	Tela Health Health Educator-BR	6	22.01	22.45	23,348.21	1,786.14	-	-	
Full-75	EP Coord - BR	7	28.89	29.47	57,847.21	4,425.31	8,040.76	14,729.38	217.56
TEMP EMPLOYEES - VECTOR									
Part-30	Vector Borne -May-Sept	C	14	14	5,880.00	449.82	-		
Part-30	Vector Borne May-Sept	C	14	14	5,880.00	449.82	-		
Part-30	Vector Borne May-Sept	C	14	14	5,880.00	449.82	-		
COVID CLINIC STAFF									
Full-75	COVID Nurse -HD	7	24.87	25.37	49,410.47	3,779.90	2,470.52	14,729.40	217.56
Full-75	RN Case Investigator-TR	7	24.07	24.55	47,821.07	3,658.31	2,391.05	18,654.84	217.56
Part-45	Screener - TR	2	13.5	13.77	6,075.00	464.74	-		-
Casual	Public Health RN-TR	7	24.07	24.55	19,150.09	1,464.98	-		-
Full-75	Public Health RN-HD	7	24.87	25.37	51,910.47	3,971.15	2,595.52	-	217.56
Full-75	COVID Supervisor	C	40	40	78,300.00	5,989.95	-	-	-
					3,243,597.69	248,135.22	260,205.05	697,456.12	13,802.28
					Total Wages	FICA	MERS	Insurance	LSA

Social Security

Cost-Of-Living Adjustments

Automatic Determinations COLA determination SSI payment rates increase with COLA

Since 1975, Social Security general benefit increases have been cost-of-living adjustments or COLAs. The 1975-82 COLAs were effective with Social Security benefits payable for June in each of those years; thereafter COLAs have been effective with benefits payable for December.

Prior to 1975, Social Security benefit increases were set by legislation.

Social Security Cost-Of-Living Adjustments

<u>Year</u>	<u>COLA</u>	<u>Year</u>	<u>COLA</u>	<u>Year</u>	<u>COLA</u>
1975	8.0	1995	2.6	2015	0.0
1976	6.4	1996	2.9	2016	0.3
1977	5.9	1997	2.1	2017	2.0
1978	6.5	1998	1.3	2018	2.8
1979	9.9	1999 ^a	2.5	2019	1.6
1980	14.3	2000	3.5	2020	1.3
1981	11.2	2001	2.6	2021	5.9
1982	7.4	2002	1.4		
1983	3.5	2003	2.1		
1984	3.5	2004	2.7		
1985	3.1	2005	4.1		
1986	1.3	2006	3.3		
1987	4.2	2007	2.3		
1988	4.0	2008	5.8		
1989	4.7	2009	0.0		

1990	5.4	2010	0.0
1991	3.7	2011	3.6
1992	3.0	2012	1.7
1993	2.6	2013	1.5
1994	2.8	2014	1.7

^a The COLA for December 1999 was originally determined as 2.4 percent based on CPIs published by the Bureau of Labor Statistics. Pursuant to Public Law 106-554, however, this COLA is effectively now 2.5 percent.

The first COLA, for June 1975, was based on the increase in the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) from the second quarter of 1974 to the first quarter of 1975. The 1976-83 COLAs were based on increases in the CPI-W from the first quarter of the prior year to the corresponding quarter of the current year in which the COLA became effective. After 1983, COLAs have been based on increases in the CPI-W from the third quarter of the prior year to the corresponding quarter of the current year in which the COLA became effective.

SSI COLAs

COLAs for the Supplemental Security Income (SSI) program are generally the same as those for the Social Security program. However, COLAs for SSI have generally been effective for the month following the effective month of Social Security benefit increases. See SSI historical payment standards for more detail.

Transmission of material in this release is embargoed until
8:30 a.m. (ET) January 13, 2021

USDL-21-0024

Technical information: (202) 691-7000 • cpi_info@bls.gov • www.bls.gov/cpi
Media Contact: (202) 691-5902 • PressOffice@bls.gov

CONSUMER PRICE INDEX – DECEMBER 2020

(NOTE: This news release was reissued January 19, 2021, correcting 29 seasonally adjusted CPI-U special relative series in tables 2 and 6. Additional information is available at www.bls.gov/errata/home.htm?errataID=82899.)

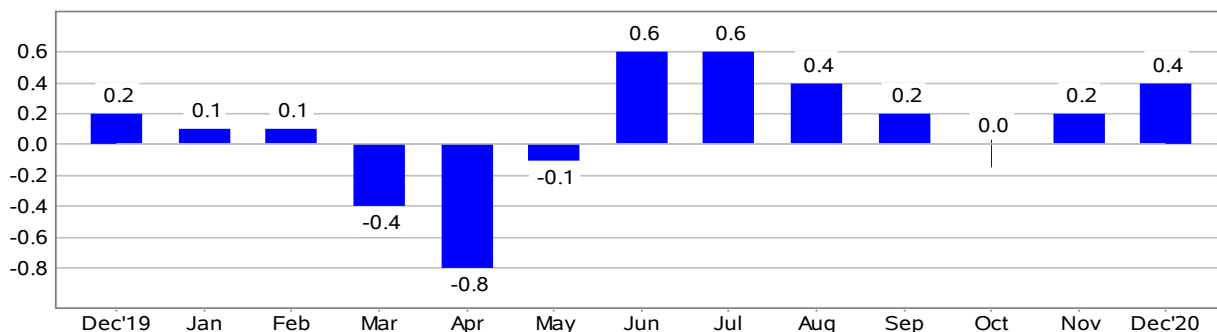
The Consumer Price Index for All Urban Consumers (CPI-U) increased 0.4 percent in December on a seasonally adjusted basis after rising 0.2 percent in November, the U.S. Bureau of Labor Statistics reported today. Over the last 12 months, the all items index increased 1.4 percent before seasonal adjustment.

The seasonally adjusted increase in the all items index was driven by an 8.4-percent increase in the gasoline index, which accounted for more than 60 percent of the overall increase. The other components of the energy index were mixed, resulting in an increase of 4.0 percent for the month. The food index rose in December, as both the food at home and the food away from home indexes increased 0.4 percent.

The index for all items less food and energy increased 0.1 percent in December after rising 0.2 percent in the previous month. The indexes for apparel, motor vehicle insurance, new vehicles, personal care, and household furnishings and operations all rose in December. The indexes for used cars and trucks, recreation, and medical care were among those to decline over the month.

The all items index rose 1.4 percent for the 12 months ending December, a slightly larger increase than the 1.2-percent rise reported for the period ending November. The index for all items less food and energy rose 1.6 percent over the last 12 months, as it did in the periods ending October and November. The food index rose 3.9 percent over the last 12 months, while the energy index fell 7.0 percent.

Chart 1. One-month percent change in CPI for All Urban Consumers (CPI-U), seasonally adjusted, Dec. 2019 - Dec. 2020
Percent change



**Transmission of material in this release is embargoed until
8:30 a.m. (ET) November 10, 2021**

USDL-21-1973

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CONSUMER PRICE INDEX – OCTOBER 2021

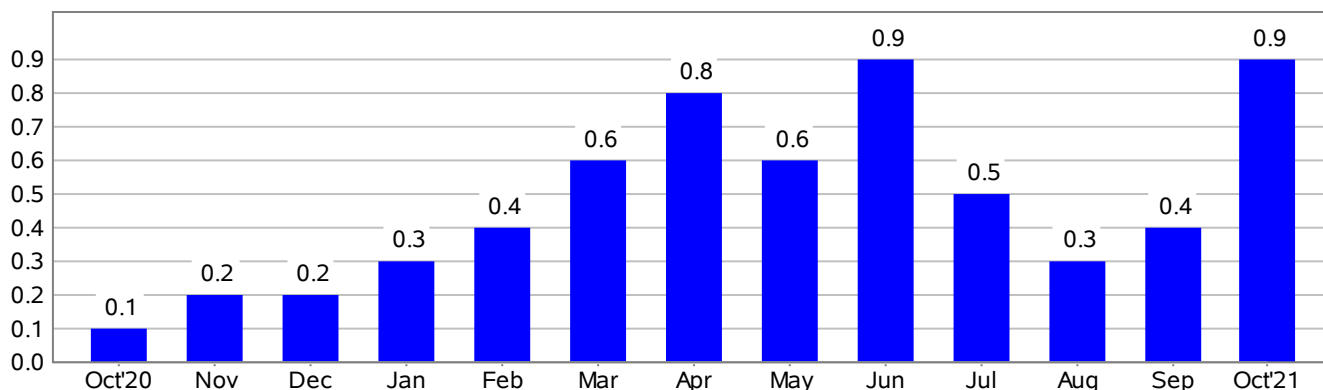
The Consumer Price Index for All Urban Consumers (CPI-U) increased 0.9 percent in October on a seasonally adjusted basis after rising 0.4 percent in September, the U.S. Bureau of Labor Statistics reported today. Over the last 12 months, the all items index increased 6.2 percent before seasonal adjustment.

The monthly all items seasonally adjusted increase was broad-based, with increases in the indexes for energy, shelter, food, used cars and trucks, and new vehicles among the larger contributors. The energy index rose 4.8 percent over the month, as the gasoline index increased 6.1 percent and the other major energy component indexes also rose. The food index increased 0.9 percent as the index for food at home rose 1.0 percent.

The index for all items less food and energy rose 0.6 percent in October after increasing 0.2 percent in September. Most component indexes increased over the month. Along with shelter, used cars and trucks, and new vehicles, the indexes for medical care, for household furnishing and operations, and for recreation all increased in October. The indexes for airline fares and for alcoholic beverages were among the few to decline over the month.

The all items index rose 6.2 percent for the 12 months ending October, the largest 12-month increase since the period ending November 1990. The index for all items less food and energy rose 4.6 percent over the last 12 months, the largest 12-month increase since the period ending August 1991. The energy index rose 30.0 percent over the last 12 months, and the food index increased 5.3 percent.

Chart 1. One-month percent change in CPI for All Urban Consumers (CPI-U), seasonally adjusted, Oct. 2020 - Oct. 2021
Percent change



BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY



CLASSIFICATION AND COMPENSATION STUDY

MUNICIPAL CONSULTING SERVICES LLC

MUNICIPAL CONSULTING SERVICES LLC

October 25, 2019

Rebecca A. Burns, M.P.H., R.S.
Health Officer
Branch-Hillsdale-St. Joseph Community Health Agency
570 Marshall Rd.
Coldwater, MI 49036

Dear Ms. Burns,

We have completed the classification and compensation study for Branch-Hillsdale-St. Joseph Community Health Agency. This final report presents the results of the study as well as the documentation required to implement and maintain a classification and compensation system on an ongoing basis.

The report is organized in a series of sections and appendices as follows:

- Section I: Overview of the classification and compensation study;
- Section II: Results of the study and suggestions for implementation;
- Section III: Classification and compensation system maintenance;
- Section IV: Employee benefits comparison;
- Appendix A: Job analysis questionnaire;
- Appendix B: Job evaluation plan and rankings;
- Appendix C: Market survey results;
- Appendix D: Suggested grade and salary structure with additional information;
- Appendix E: Summary of employee benefits comparison.

In summary, the study has resulted in a comprehensive pay system analysis based on fundamental principles of wage and salary administration. Major tasks in the study process have included:

- Development of a list of comparable employers;
- Interviews with department heads;
- Establishment of internal positional ranking;
- Development of a market survey and analysis of the resulting survey data;
- Development of a pay grade structure and corresponding suggestions for implementation of a new compensation system.

Primary components of the completed pay system include:

- The development of a pay grade structure based on an evaluation of internal position requirements;
- Pay ranges that provide a basis for evaluating the current pay levels of employees;
- A sample progression schedule for moving employees through pay ranges;

- Comparative summary analysis of employee benefits;
- The data and information necessary for informed decision-making regarding pay and benefit levels for affected employees;
- A final report developed as a system that can be used for ongoing pay system administration.

We have appreciated the opportunity to assist Branch-Hillsdale-St. Joseph Community Health Agency in this important study. Should you have any questions related to this report please contact me at 734.904.4632.

Very truly yours,

A handwritten signature in black ink that reads "Mark Nottley". The signature is written in a cursive style with a large, stylized "M" and "N".

Mark W. Nottley, Principal
Municipal Consulting Services LLC

SECTION I

**OVERVIEW OF THE CLASSIFICATION AND
COMPENSATION STUDY**

SECTION I

OVERVIEW OF THE CLASSIFICATION AND COMPENSATION STUDY

The classification and compensation analysis contained in this report has been designed specifically for job classifications in Branch-Hillsdale-St. Joseph Community Health Agency (BHSJ). It encompasses fundamental principles related to wage and salary administration and the proper evaluation of internal and external pay factors.

In the following subsections we provide information concerning the project approach, the results of the study and the components of the classification and compensation system that we are suggesting for employees.

JOB ANALYSIS AND JOB DESCRIPTION DEVELOPMENT: THE FIRST MAJOR TASK

To accurately evaluate compensation, it is necessary to gain a strong working knowledge of each affected position. To accomplish this, we performed the following tasks:

- A variety of data was requested and reviewed including job descriptions, the current pay schedule, personnel policies pertaining to pay and other information related to compensation and pay practices.
- Employees completed a job analysis questionnaire concerning their respective duties and positional requirements (see Appendix A).
- Following review of the above information, interviews were conducted with department heads to gain additional insight into each job.
- Comprehensive job descriptions were then developed for each position utilizing the assembled information. The findings, conclusions and recommendations in the report are based on the duties and responsibilities specified in the job descriptions. The job descriptions have been submitted electronically to BHSJ in a Word format to allow for any future changes to job duties or requirements.

BHSJ should retain the job analysis questionnaire for future reference purposes, and as a tool to be used to maintain accurate job descriptions.

If modifying or creating new classifications, BHSJ should employ a similar job analysis methodology (i.e. questionnaire completion, department head interview, job description development or modification).

JOB EVALUATION: ESTABLISHING INTERNAL RANKING

Following the job analysis process, we proceeded to determine the relative internal value of the studied positions. This process involved:

- Development and weighting of a job evaluation plan (see Appendix B).
- The evaluation of each position as measured against specific job evaluation factors including:
 - Education and relevant experience
 - Judgment and independence of action
 - Internal and external relations
 - Supervisory or managerial responsibility
 - Job complexity
 - Responsibility for the welfare and safety of others
 - Technology use
 - Impact on programs, services and operations
 - Document concentration
 - Work environment.
- The ranking of each position based on the resulting point totals (the ranking results are also included in Appendix B).

MARKET SURVEY: DETERMINING PAY COMPARABILITY

As a next step in the process, we proceeded to design and conduct a salary and employee benefits survey. This included the following tasks:

- A list of comparable employers was developed based on discussion with BHSJ's Health Officer and Director of Administration as well as our knowledge of health departments in Michigan. This list included similarly-sized health agencies or others that are in geographic proximity and/or share attributes held by BHSJ. (The list of surveyed health agencies is presented in Appendix C with supporting demographic data.)
- A survey instrument was then developed which provided a description of each studied position and elicited information concerning wage levels and employee benefits.
- Completed surveys were received from eleven health agencies including:
 - Barry/Eaton District Health Department
 - Berrien County Health Department
 - Calhoun County Health Department
 - Central Michigan District Health Department
 - District Health Department #10

- Jackson County Health Department
- Kalamazoo County Health and Human Services
- Lenawee County Health Department
- Mid-Michigan District Health Department
- Monroe County Health Department
- Van Buren/Cass County District Health Department.

Additionally, wage data was collected for select positions (including registered nurses) from local area community mental health agencies as well as state-wide area agencies on aging.

It should be mentioned that each organization surveyed in this study is unique in its own regard, with different organizational structures and alternative allocations of duties among employees. Further, not every employer delivers the same mix of services found in BHSJ. Consequently, we have carefully scrutinized the assembled data and used only the information that is applicable to BHSJ's positional pool.

Essentially, the focus of our market analysis was to determine the likely job market for each of BHSJ's positions. Our objective was to identify positions with similar responsibilities, requiring similar knowledge, skill and expertise. (See Appendix C for the wage survey results and all related materials.)

PAY STRUCTURE: DEVELOPING PAY GRADES AND SALARY RANGES

The job evaluation results (contained in Appendix B) and the market survey data (contained in Appendix C) provided the basis for developing a suggested grade structure and corresponding pay ranges (contained in Appendix D and discussed in Section II). Related to this:

- The grade structure organizes the classifications into nine pay grades, based on the job evaluation rating results. (The job evaluation point range parameters established for each pay grade should remain constant for ongoing program integrity.)
- Proposed salary ranges were then developed from an analysis of the salary survey. The ranges are designed to have maximum values that approximate the reported average market levels for range maximums. The widths of the pay ranges (i.e. 20%) were determined based on discussion with BHSJ and are very close to what is currently used.

OVERVIEW OF THE FOLLOWING SECTIONS OF THE REPORT

The suggested pay ranges are discussed in greater detail in the following Section II of the report along with approaches for implementation of the pay/grade structure and related pay system.

Section III of the report focuses on techniques for maintaining the pay system for ongoing use in the event that BHSJ elects to adopt the pay system.

Lastly, Section IV provides discussion regarding the comparison of employee benefits. BHSJ may find this information to be useful in evaluating the impact of employee benefits on total compensation or in comparing particular benefit levels. All employee benefit survey results are summarized in a matrix in Appendix E of the report.

SECTION II

RESULTS OF THE STUDY AND SUGGESTIONS FOR IMPLEMENTATION

SECTION II

RESULTS OF THE STUDY AND SUGGESTIONS FOR IMPLEMENTATION

In regard to implementing the compensation study results, it is our policy to provide suggestions and supporting data for consideration, but not attempt to establish compensation policies for our clients. Adoption of the study's findings is a policy matter to be decided by the Board of Health who must consider financial and other policy constraints. Within this context we offer the following.

SUGGESTED PAY GRADES AND RANGES

As discussed in Section I, job analysis and market survey provide the basis for the suggested pay grades and ranges contained in Exhibit 1 below. Midpoints are structured to reflect market averages, as determined by the market survey. The suggested grade and salary structure is also illustrated in Appendix D with information pertaining to point parameters and market averages.

Exhibit 1
Branch-Hillsdale-St. Joseph Community Health Agency
Classification and Compensation Study
Suggested Pay Grades and Ranges

Pay Grade	Title	Minimum of New Range	Midpoint of New Range	Maximum of New Range
1	Environmental Health Assistant Clerk	\$12.29	\$13.52	\$14.75
2	WIC Breastfeeding Peer Counselor	\$13.83	\$15.22	\$16.60
2	Administrative Support Clerk			
2	CSHCS-Representative			
2	Vision and Hearing Technician			
2	Immunization Clerk			
2	Clinic Clerk Technician			
3	Area Agency on Aging Program Specialist	\$15.63	\$17.19	\$18.76
3	Area Agency on Aging Outreach Specialist			
3	Environmental Health Administrative Assistant			
3	Clinic Administrative Assistant			
4	Area Agency on Aging - VOCA Elder Abuse Victim Specialist	\$17.66	\$19.43	\$21.20
4	Fiscal Support Specialist			
5	OPEN GRADE	\$19.96	\$21.96	\$23.95
6	Health Educator	\$22.55	\$24.81	\$27.07
6	Environmental Health Sanitarian I			
6	Area Agency on Aging Social Work Care Consultant			

Exhibit 1
Branch-Hillsdale-St. Joseph Community Health Agency
Classification and Compensation Study
Suggested Pay Grades and Ranges (cont'd)

Pay Grade	Title	Minimum of New Range	Midpoint of New Range	Maximum of New Range
7	Environmental Health Sanitarian II	\$25.49	\$28.04	\$30.58
7	Finance and IT Support Specialist			
7	Area Agency on Aging RN Care Consultant			
7	Community Health Services Registered Nurse			
7	Public Health Registered Nurse			
7	Accountant			
7	Emergency Preparedness Coordinator			
7	IT Network Manager			
8	Clinic Supervisor			
8	Community Health Services Supervisor			
8	Environmental Health Supervisor			
9	Area Agency on Aging Director	\$33.50	\$36.85	\$40.20
9	Environmental Health Director			
9	Personal Health and Disease Prevention Director			
9	Administrative Services Director			

In regard to the above, incumbent employees have salaries that are below or within the suggested salary ranges. These situations are discussed separately below.

Employees with wage level below the range minimum

An employee with a current wage level below the minimum of the suggested range is referred to as a “green circle.” in human resources’ terminology. For BHSJ, there are 22 positions with 40 employees with green circle status. The following Exhibit 2 specifies incumbents with current wage levels below the minimum of the suggested ranges as well as the hourly cost impact required to move each employee to the range minimum.

Exhibit 2
Branch-Hillsdale-St. Joseph Community Health Agency
Classification and Compensation Study
Cost to Move Green-Circled Positions to Range Minimum

Position	Current Salary	Range Minimum	Cost to Achieve Range Minimum Hourly	Estimated # of Hours per Year	Cost to Achieve Range Minimum Annualized
WIC Breastfeeding Peer Counselor (BC)	\$13.04	\$13.83	\$0.79	1,040	\$821.60
WIC Breastfeeding Peer Counselor (AE)	\$13.04	\$13.83	\$0.79	1,040	\$821.60
WIC Breastfeeding Peer Counselor (KL)	\$12.36	\$13.83	\$1.47	1,170	\$1,719.90
Administrative Support Clerk	\$12.72	\$13.83	\$1.11	1,170	\$1,298.70
CSHCS-Representative (NE)	\$13.45	\$13.83	\$0.38	1,950	\$741.00
CSHCS-Representative (TL)	\$13.04	\$13.83	\$0.79	1,170	\$924.30
Vision and Hearing Technician (EY)	\$13.04	\$13.83	\$0.79	1,170	\$924.30
Clinic Clerk Technician (AB)	\$12.36	\$13.83	\$1.47	1,950	\$2,866.50
Clinic Clerk Technician (BE)	\$12.36	\$13.83	\$1.47	1,950	\$2,866.50
Clinic Clerk Technician (RF)	\$13.04	\$13.83	\$0.79	1,950	\$1,540.50
Clinic Clerk Technician (LH)	\$13.04	\$13.83	\$0.79	1,950	\$1,540.50
Clinic Clerk Technician (CK)	\$12.36	\$13.83	\$1.47	1,950	\$2,866.50
Area Agency on Aging Outreach Specialist	\$13.74	\$15.63	\$1.89	1,170	\$2,211.30
Environmental Health Administrative Assistant (EH)	\$14.96	\$15.63	\$0.67	1,950	\$1,306.50
Area Agency on Aging - VOCA Elder Abuse Victim Specialist (JE)	\$16.56	\$17.66	\$1.10	1,950	\$2,145.00
Area Agency on Aging - VOCA Elder Abuse Victim Specialist (DN)	\$16.12	\$17.66	\$1.54	1,950	\$3,003.00
Environmental Health Sanitarian I (BA)	\$20.82	\$22.55	\$1.73	1,950	\$3,373.50
Environmental Health Sanitarian I (BK)	\$21.44	\$22.55	\$1.11	1,950	\$2,164.50
Environmental Health Sanitarian I (BP)	\$20.24	\$22.55	\$2.31	1,950	\$4,504.50
Environmental Health Sanitarian I (AR)	\$20.24	\$22.55	\$2.31	1,950	\$4,504.50
Area Agency on Aging Social Work Care Consultant (KP)	\$20.24	\$22.55	\$2.31	1,170	\$2,702.70
Area Agency on Aging Social Work Care Consultant (AR)	\$20.24	\$22.55	\$2.31	1,950	\$4,504.50
Finance and IT Support Specialist	\$24.07	\$25.49	\$1.42	1,950	\$2,769.00

Exhibit 2
Branch-Hillsdale-St. Joseph Community Health Agency
Classification and Compensation Study
Cost to Move Green-Circled Positions to Range Minimum (cont'd)

Position	Current Salary	Range Minimum	Cost to Achieve Range Minimum Hourly	Estimated # of Hours per Year	Cost to Achieve Range Minimum Annualized
Community Health Services Registered Nurse	\$24.07	\$25.49	\$1.42	1,950	\$2,769.00
Public Health Registered Nurse (MA)*	\$24.07	\$25.49	\$1.42	520	\$738.40
Public Health Registered Nurse (RD)	\$24.07	\$25.49	\$1.42	1,950	\$2,769.00
Public Health Registered Nurse (CJ)	\$24.07	\$25.49	\$1.42	1,560	\$2,215.20
Public Health Registered Nurse (RP)	\$24.07	\$25.49	\$1.42	1,560	\$2,215.20
Public Health Registered Nurse (TS)	\$24.07	\$25.49	\$1.42	1,950	\$2,769.00
Public Health Registered Nurse (CS)	\$24.07	\$25.49	\$1.42	1,950	\$2,769.00
Accountant	\$23.09	\$25.49	\$2.40	1,950	\$4,680.00
IT Network Manager	\$21.44	\$25.49	\$4.05	1,950	\$7,897.50
Clinic Supervisor (DF)	\$28.03	\$28.80	\$0.77	1,950	\$1,501.50
Clinic Supervisor (YA)	\$28.03	\$28.80	\$0.77	1,950	\$1,501.50
Clinic Supervisor (AM)	\$28.03	\$28.80	\$0.77	1,950	\$1,501.50
Community Health Services Supervisor	\$26.44	\$28.80	\$2.36	1,950	\$4,602.00
Environmental Health Supervisor	\$28.03	\$28.80	\$0.77	1,950	\$1,501.50
Area Agency on Aging Director	\$30.99	\$33.50	\$2.51	1,950	\$4,894.50
Environmental Health Director	\$32.70	\$33.50	\$0.80	1,950	\$1,560.00
Administrative Services Director	\$31.93	\$33.50	\$1.57	1,950	\$3,061.50
TOTAL COST TO ACHIEVE			\$57.52		\$101,067.20

*Employee's annual hours were reported as casual. For calculation purposes the estimated number of hours per year is based on 10 hours per week.

It is suggested that the green-circled positions be moved to the minimum of the range, thereby assuring consistent application of the developed pay system. This could be a one-time adjustment or realized over a period of time. Summarily, the timing of these pay adjustments (if at all) will be a Board decision considered within the context of the Board's compensation philosophy and BHSJ's ability-to-pay.

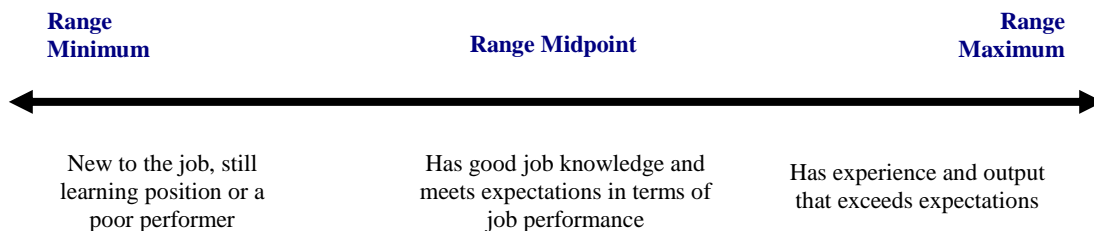
Employees with salaries falling within the range

The salaries of the other employees fall within the suggested salary ranges. Whether the wages of these employees should, or should not be adjusted, is an issue that BHSJ must consider within the larger context of compensation philosophy. In our experience, organizations have widely differing philosophies concerning pay levels. As examples:

- Some organizations choose to maintain employee wages low in relation to the market; this approach typically encourages turnover.
- Other organizations seek to maintain the midpoint level of the market, thus providing compensation at an average level.
- Some organizations prefer to move employees through an established pay range over the course of employment, sometimes exceeding the market average as a means of rewarding longer-term job commitment and job knowledge.

In regard to the above, the continuum provided in Chart 1 illustrates how compensation levels within the suggested range may be considered with regard to job knowledge and expertise and how this is philosophically linked to the salary range. Understanding this concept may assist BHSJ’s Board in considering the rationale for a step system as later discussed.

Chart 1: Continuum of Job Competency



As seen in Chart 1, newer employees who are not functioning on an independent level may be appropriately placed at or near the range minimum. Over time, training and experience on the job will typically lead to increased competency for most individuals. Employees will progressively move to the middle of the range, near the midpoint as job experience is acquired. As employees continue to acquire competency and value with passing years, it is conceivable that they would receive salaries toward the top of the range. The issue of range placement is discussed below.

CURRENT RANGE PLACEMENT: A COMPA-RATIO ANALYSIS

With the adoption of a new pay structure the range position of each incumbent can be illustrated. Related to this, we have prepared a schedule illustrating the current range position of each employee. Exhibit 3 depicts the numerical relationship between employees' current salaries and suggested range midpoints.

Exhibit 3
Branch-Hillsdale-St. Joseph Community Health Agency
Classification and Compensation Study
Compa-Ratio Analysis

Position	Current Wage	Recommended Mid-Point	Compa-Ratio
Environmental Health Assistant Clerk	\$13.45	\$13.52	0.99
WIC Breastfeeding Peer Counselor (BC)	\$13.04	\$15.22	0.86
WIC Breastfeeding Peer Counselor (AE)	\$13.04	\$15.22	0.86
WIC Breastfeeding Peer Counselor (KL)	\$12.36	\$15.22	0.81
Administrative Support Clerk	\$12.72	\$15.22	0.84
CSHCS-Representative (NE)	\$13.45	\$15.22	0.88
CSHCS-Representative (TL)	\$13.04	\$15.22	0.86
Vision and Hearing Technician (CA)	\$14.63	\$15.22	0.96
Vision and Hearing Technician (KS)	\$14.63	\$15.22	0.96
Vision and Hearing Technician (EY)	\$13.04	\$15.22	0.86
Immunization Clerk (MG)	\$16.30	\$15.22	1.07
Immunization Clerk (HS)	\$16.30	\$15.22	1.07
Immunization Clerk (JV)	\$14.96	\$15.22	0.98
Clinic Clerk Technician (AB)	\$12.36	\$15.22	0.81
Clinic Clerk Technician (BE)	\$12.36	\$15.22	0.81
Clinic Clerk Technician (RF)	\$13.04	\$15.22	0.86
Clinic Clerk Technician (JF)	\$14.63	\$15.22	0.96
Clinic Clerk Technician (LH)	\$13.04	\$15.22	0.86
Clinic Clerk Technician (SJ)	\$14.23	\$15.22	0.93
Clinic Clerk Technician (MT)	\$14.63	\$15.22	0.96
Clinic Clerk Technician (CK)	\$12.36	\$15.22	0.81
Area Agency on Aging Outreach Specialist	\$13.74	\$17.19	0.80
Environmental Health Administrative Assistant (SH)	\$16.30	\$17.19	0.95
Environmental Health Administrative Assistant (EH)	\$14.96	\$17.19	0.87
Environmental Health Administrative Assistant (BL)	\$16.30	\$17.19	0.95
Clinic Administrative Assistant (CC)	\$16.30	\$17.19	0.95
Clinic Administrative Assistant (DC)	\$16.30	\$17.19	0.95
Clinic Administrative Assistant (JH)	\$16.30	\$17.19	0.95
Area Agency on Aging - VOCA Elder Abuse Victim Specialist (JE)	\$16.56	\$19.43	0.85
Area Agency on Aging - VOCA Elder Abuse Victim Specialist (DN)	\$16.12	\$19.43	0.83
Fiscal Support Specialist (RC)	\$17.99	\$19.43	0.93
Fiscal Support Specialist (KM)	\$19.02	\$19.43	0.98
Health Educator (RA)	\$23.38	\$24.81	0.94

Exhibit 3
Branch-Hillsdale-St. Joseph Community Health Agency
Classification and Compensation Study
Compa-Ratio Analysis (cont'd)

Position	Current Wage	Recommended Mid-Point	Compa-Ratio
Health Educator (KM)	\$24.07	\$24.81	0.97
Environmental Health Sanitarian I (BA)	\$20.82	\$24.81	0.84
Environmental Health Sanitarian I (CJ)	\$22.70	\$24.81	0.91
Environmental Health Sanitarian I (BK)	\$21.44	\$24.81	0.86
Environmental Health Sanitarian I (BP)	\$20.24	\$24.81	0.82
Environmental Health Sanitarian I (DW)	\$24.07	\$24.81	0.97
Environmental Health Sanitarian I (JY)	\$24.07	\$24.81	0.97
Environmental Health Sanitarian I (RZ)	\$24.07	\$24.81	0.97
Environmental Health Sanitarian I (AR)	\$20.24	\$24.81	0.82
Area Agency on Aging Social Work Care Consultant (KP)	\$20.24	\$24.81	0.82
Area Agency on Aging Social Work Care Consultant (AR)	\$20.24	\$24.81	0.82
Environmental Health Sanitarian II	\$26.71	\$28.04	0.95
Finance and IT Support Specialist	\$24.07	\$28.04	0.86
Community Health Services Registered Nurse	\$24.07	\$28.04	0.86
Public Health Registered Nurse (MA)	\$24.07	\$28.04	0.86
Public Health Registered Nurse (RD)	\$24.07	\$28.04	0.86
Public Health Registered Nurse (CJ)	\$24.07	\$28.04	0.86
Public Health Registered Nurse (RP)	\$24.07	\$28.04	0.86
Public Health Registered Nurse (TS)	\$24.07	\$28.04	0.86
Public Health Registered Nurse (CS)	\$24.07	\$28.04	0.86
Accountant	\$23.09	\$28.04	0.82
Emergency Preparedness Coordinator	\$26.71	\$28.04	0.95
IT Network Manager	\$21.44	\$28.04	0.76
Clinic Supervisor (DF)	\$28.03	\$31.68	0.88
Clinic Supervisor (YA)	\$28.03	\$31.68	0.88
Clinic Supervisor (AM)	\$28.03	\$31.68	0.88
Community Health Services Supervisor	\$26.44	\$31.68	0.83
Environmental Health Supervisor	\$28.03	\$31.68	0.88
Area Agency on Aging Director	\$30.99	\$36.85	0.84
Environmental Health Director	\$32.70	\$36.85	0.89
Administrative Services Director	\$31.93	\$36.85	0.87
OVERALL COMPA-RATIO AVERAGE			0.89

A compa-ratio of less than one is below the range midpoint, or market average, and a number greater than one indicates a salary exceeding the midpoint. Exhibit 3 shows that BHSJ's

employees are paid (based on our assumed midpoint), on average, 0.89 of what their counterparts in comparable communities earn, or roughly 11% below the market average.

MOVING EMPLOYEES THROUGH THE RANGES OVER TIME

As previously discussed, with market competitive pay ranges in place, BHSJ will need to establish a plan for moving employees through the pay ranges over time. BHSJ has historically used a traditional step system. This type of system provides a rational basis for determining salary adjustments and moving employees through the ranges, thereby acknowledging time on the job and increased proficiency (as previously illustrated in Chart 1).

To facilitate implementation of the new pay system, the following Exhibit 4 illustrates a step-system option for Branch-Hillsdale-St. Joseph Community Health Agency.

The example step system shown in Exhibit 4 contains seven steps. As discussed earlier in the report, the pay ranges are 20% in width. In actuality, BHSJ could use any number of steps; the step system below is only an example based on what is currently used.

Exhibit 4
Branch-Hillsdale-St. Joseph Community Health Agency
Classification and Compensation Study
Traditional Step System – 7 Step Example (20% Width)

Grade	Minimum			Midpoint			Maximum
	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7
1	\$12.29	\$12.70	\$13.11	\$13.52	\$13.93	\$14.34	\$14.75
2	\$13.83	\$14.29	\$14.75	\$15.22	\$15.68	\$16.14	\$16.60
3	\$15.63	\$16.15	\$16.67	\$17.19	\$17.71	\$18.23	\$18.76
4	\$17.66	\$18.25	\$18.84	\$19.43	\$20.02	\$20.61	\$21.20
5	\$19.96	\$20.63	\$21.29	\$21.96	\$22.63	\$23.29	\$23.95
6	\$22.55	\$23.30	\$24.06	\$24.81	\$25.56	\$26.32	\$27.07
7	\$25.49	\$26.34	\$27.19	\$28.04	\$28.89	\$29.74	\$30.58
8	\$28.80	\$29.76	\$30.72	\$31.68	\$32.64	\$33.60	\$34.56
9	\$33.50	\$34.62	\$35.73	\$36.85	\$37.97	\$39.08	\$40.20

As noted above, the example step system shown in Exhibit 4 contains seven steps within a 20% wide range. This seven step example allows for the reflection of range midpoints at Step 4 and provides a logical pattern of increases based on the suggested range width. BHSJ provides the first step increase at six months following performance review. The employee is then awarded a step increase after each subsequent year of employment.

When considering a step system, it may be helpful to think of it as a way to join job performance and competency in a position with the appropriate pay levels or step placement (as depicted previously in the continuum shown in Chart 1). For example, new employees at BHSJ are hired at the range minimum (Step 1), in cases in which labor market conditions permit. New hires will

typically need time to become familiar with the organization and learn the nuances of the position. During this period a salary at or near the range minimum is appropriate (Steps 1 and Step 2 at six months). Ideally, employees would then move one step higher each year (presuming adequate performance and budgetary wherewithal) until midpoint is achieved. As illustrated in the previous Chart 1, at this point in the employment cycle, the employee will presumably have gained competence in the job and related duties. In following years the employee is awarded for the higher experience and expertise that has accumulated – moving one step higher each year until range maximum is achieved.

PLACEMENT OF EXISTING EMPLOYEES WITHIN THE NEW PAY GRADE STRUCTURE VIA THE STEP SYSTEM

Implementation of the new pay grade structure will be subject to the Board of Health's acceptance. Should the Board also decide to implement our suggested step system, it will be necessary to place employees on a step within the new pay structure. For employees, some salary adjustment will need to be done to align them on a step within the new system.

One common method would be to move each employee to the next highest step in his/her respective salary range. This will result in an initial pay increase that will vary from employee to employee depending on their current distance from the next highest step. However, the primary purpose of this approach is to establish the pay system and the relative positioning of each employee within a suggested step level within the new pay ranges.

While recognizing that conditions will change before actual implementation, it is our intention to provide some preliminary cost estimate for the above adjustment. A later update will be needed; our objective is to provide only a starting point.

Related to this, the following Exhibit 5 contains cost estimation for system implementation consistent with the Exhibit 4 step system illustrated above. Key features include the following:

- Green-circled employees are placed at range minimum.
- All other employees are moved to the next highest step above current wage.

As seen below, moving employees to the next highest step would result in a cost of \$118,761.50. This is the total estimated initial cost for implementation of the step system as presented.

Exhibit 5
Branch-Hillsdale-St. Joseph Community Health Agency
Classification and Compensation Study
Costing Analysis – Move All Employees to Next Highest Step

Position	Current Wage	Grade	Next Step	Amount	Cost to Move to Next Step Hourly	Estimated # of Hours per Year	Cost to Move to Next Step Annualized
Environmental Health Assistant Clerk	\$13.45	1	4	\$13.52	\$0.07	1,170	\$81.90
WIC Breastfeeding Peer Counselor (BC)	\$13.04	2	1	\$13.83	\$0.79	1,040	\$821.60
WIC Breastfeeding Peer Counselor (AE)	\$13.04	2	1	\$13.83	\$0.79	1,040	\$821.60
WIC Breastfeeding Peer Counselor (KL)	\$12.36	2	1	\$13.83	\$1.47	1,170	\$1,719.90
Administrative Support Clerk	\$12.72	2	1	\$13.83	\$1.11	1,170	\$1,298.70
CSHCS-Representative (NE)	\$13.45	2	1	\$13.83	\$0.38	1,950	\$741.00
CSHCS-Representative (TL)	\$13.04	2	1	\$13.83	\$0.79	1,170	\$924.30
Vision and Hearing Technician (CA)	\$14.63	2	3	\$14.75	\$0.12	1,950	\$234.00
Vision and Hearing Technician (KS)	\$14.63	2	3	\$14.75	\$0.12	1,950	\$234.00
Vision and Hearing Technician (EY)	\$13.04	2	1	\$13.83	\$0.79	1,170	\$924.30
Immunization Clerk (MG)	\$16.30	2	7	\$16.60	\$0.30	1,950	\$585.00
Immunization Clerk (HS)	\$16.30	2	7	\$16.60	\$0.30	1,950	\$585.00
Immunization Clerk (JV)	\$14.96	2	4	\$15.22	\$0.26	1,950	\$507.00
Clinic Clerk Technician (AB)	\$12.36	2	1	\$13.83	\$1.47	1,950	\$2,866.50
Clinic Clerk Technician (BE)	\$12.36	2	1	\$13.83	\$1.47	1,950	\$2,866.50
Clinic Clerk Technician (RF)	\$13.04	2	1	\$13.83	\$0.79	1,950	\$1,540.50
Clinic Clerk Technician (JF)*	\$14.63	2	3	\$14.75	\$0.12	520	\$62.40
Clinic Clerk Technician (LH)	\$13.04	2	1	\$13.83	\$0.79	1,950	\$1,540.50
Clinic Clerk Technician (SJ)	\$14.23	2	2	\$14.29	\$0.06	1,950	\$117.00
Clinic Clerk Technician (MT)	\$14.63	2	3	\$14.75	\$0.12	1,950	\$234.00
Clinic Clerk Technician (CK)	\$12.36	2	1	\$13.83	\$1.47	1,950	\$2,866.50
Area Agency on Aging Outreach Specialist	\$13.74	3	1	\$15.63	\$1.89	1,170	\$2,211.30
Environmental Health Administrative Assistant (SH)	\$16.30	3	3	\$16.67	\$0.37	1,950	\$721.50
Environmental Health Administrative Assistant (EH)	\$14.96	3	1	\$15.63	\$0.67	1,950	\$1,306.50
Environmental Health Administrative Assistant (BL)	\$16.30	3	3	\$16.67	\$0.37	1,950	\$721.50
Clinic Administrative Assistant (CC)	\$16.30	3	3	\$16.67	\$0.37	1,950	\$721.50

Exhibit 5
Branch-Hillsdale-St. Joseph Community Health Agency
Classification and Compensation Study
Costing Analysis – Move All Employees to Next Highest Step (cont'd)

Position	Current Wage	Grade	Next Step	Amount	Cost to Move to Next Step Hourly	Estimated # of Hours per Year	Cost to Move to Next Step Annualized
Clinic Administrative Assistant (DC)	\$16.30	3	3	\$16.67	\$0.37	1,950	\$721.50
Clinic Administrative Assistant (JH)	\$16.30	3	3	\$16.67	\$0.37	1,950	\$721.50
Area Agency on Aging - VOCA Elder Abuse Victim Specialist (JE)	\$16.56	4	1	\$17.66	\$1.10	1,950	\$2,145.00
Area Agency on Aging - VOCA Elder Abuse Victim Specialist (DN)	\$16.12	4	1	\$17.66	\$1.54	1,950	\$3,003.00
Fiscal Support Specialist (RC)	\$17.99	4	2	\$18.25	\$0.26	1,950	\$507.00
Fiscal Support Specialist (KM)	\$19.02	4	4	\$19.43	\$0.41	1,950	\$799.50
Health Educator (RA)	\$23.38	6	3	\$24.06	\$0.68	1,950	\$1,326.00
Health Educator (KM)	\$24.07	6	4	\$24.81	\$0.74	1,950	\$1,443.00
Environmental Health Sanitarian I (BA)	\$20.82	6	1	\$22.55	\$1.73	1,950	\$3,373.50
Environmental Health Sanitarian I (CJ)	\$22.70	6	2	\$23.30	\$0.60	1,950	\$1,170.00
Environmental Health Sanitarian I (BK)	\$21.44	6	1	\$22.55	\$1.11	1,950	\$2,164.50
Environmental Health Sanitarian I (BP)	\$20.24	6	1	\$22.55	\$2.31	1,950	\$4,504.50
Environmental Health Sanitarian I (DW)	\$24.07	6	4	\$24.81	\$0.74	1,950	\$1,443.00
Environmental Health Sanitarian I (JY)	\$24.07	6	4	\$24.81	\$0.74	1,950	\$1,443.00
Environmental Health Sanitarian I (RZ)	\$24.07	6	4	\$24.81	\$0.74	1,950	\$1,443.00
Environmental Health Sanitarian I (AR)	\$20.24	6	1	\$22.55	\$2.31	1,950	\$4,504.50
Area Agency on Aging Social Work Care Consultant (KP)	\$20.24	6	1	\$22.55	\$2.31	1,170	\$2,702.70
Area Agency on Aging Social Work Care Consultant (AR)	\$20.24	6	1	\$22.55	\$2.31	1,950	\$4,504.50
Environmental Health Sanitarian II	\$26.71	7	3	\$27.19	\$0.48	1,950	\$936.00
Finance and IT Support Specialist	\$24.07	7	1	\$25.49	\$1.42	1,950	\$2,769.00
Community Health Services Registered Nurse	\$24.07	7	1	\$25.49	\$1.42	1,950	\$2,769.00
Public Health Registered Nurse (MA)*	\$24.07	7	1	\$25.49	\$1.42	520	\$738.40

Exhibit 5
Branch-Hillsdale-St. Joseph Community Health Agency
Classification and Compensation Study
Costing Analysis – Move All Employees to Next Highest Step (cont'd)

Position	Current Wage	Grade	Next Step	Amount	Cost to Move to Next Step Hourly	Estimated # of Hours per Year	Cost to Move to Next Step Annualized
Public Health Registered Nurse (RD)	\$24.07	7	1	\$25.49	\$1.42	1,950	\$2,769.00
Public Health Registered Nurse (CJ)	\$24.07	7	1	\$25.49	\$1.42	1,560	\$2,215.20
Public Health Registered Nurse (RP)	\$24.07	7	1	\$25.49	\$1.42	1,560	\$2,215.20
Public Health Registered Nurse (TS)	\$24.07	7	1	\$25.49	\$1.42	1,950	\$2,769.00
Public Health Registered Nurse (CS)	\$24.07	7	1	\$25.49	\$1.42	1,950	\$2,769.00
Accountant	\$23.09	7	1	\$25.49	\$2.40	1,950	\$4,680.00
Emergency Preparedness Coordinator	\$26.71	7	3	\$27.19	\$0.48	1,950	\$936.00
IT Network Manager	\$21.44	7	1	\$25.49	\$4.05	1,950	\$7,897.50
Clinic Supervisor (DF)	\$28.03	8	1	\$28.80	\$0.77	1,950	\$1,501.50
Clinic Supervisor (YA)	\$28.03	8	1	\$28.80	\$0.77	1,950	\$1,501.50
Clinic Supervisor (AM)	\$28.03	8	1	\$28.80	\$0.77	1,950	\$1,501.50
Community Health Services Supervisor	\$26.44	8	1	\$28.80	\$2.36	1,950	\$4,602.00
Environmental Health Supervisor	\$28.03	8	1	\$28.80	\$0.77	1,950	\$1,501.50
Area Agency on Aging Director	\$30.99	9	1	\$33.50	\$2.51	1,950	\$4,894.50
Environmental Health Director	\$32.70	9	1	\$33.50	\$0.80	1,950	\$1,560.00
Administrative Services Director	\$31.93	9	1	\$33.50	\$1.57	1,950	\$3,061.50
TOTAL COST OF IMPLEMENTATION					\$66.71		\$118,761.50

*Employee's annual hours were reported as casual. For calculation purposes the estimated number of hours per year is based on 10 hours per week.

As noted above, the total cost to move all employees to the next highest step would be \$118,761.50. This would be done as a means of correlating the wages of employees to the steps included in the new pay system. The above is only an example.

PLACING NEW EMPLOYEES IN THE STEP SYSTEM

As discussed above, original appointment to any position will ideally be made at the minimum rate of the suggested pay range. Advancement can then proceed through successive increases. However, each new hire will inevitably be unique, and may in fact represent a situation in which greater experience and expertise are objectives in recruitment. Moreover, a shortage may exist in

the labor pool for some positions, thus dictating the need to offer a higher salary. Therefore, each new hire should be assessed individually and placed at a range level consistent with BHSJ’s needs and market demands. In light of the competitive environment for some professional positions, we would suggest that BHSJ retain a high level of latitude in assessing individual situations and new hires.

HEALTH OFFICER COMPENSATION

The Health Officer has an employment contract with the Branch-Hillsdale-St. Joseph Community Health Agency and, as such, is not included in the suggested pay grade structure for administrative employees presented in Exhibit 1. However, wage data has been collected for the position (as summarized in Appendix C-2). Related to this:

- All eleven of the health departments surveyed for the study have an incumbent health officer. A comparison of base wages for the incumbents indicates the following:
 - BHSJ’s Health Officer has an hourly rate of \$38.75 based on BHSJ’s 37.5 hour workweek. The average of the eleven surveyed health departments is \$54.24 (again based on the respective agencies’ workweek). In comparison to the market average, BHSJ’s Health Officer is 30% lower on hourly wage.
 - If computed from an annual wage (as also reported by many of the survey participants) rather than being computed hourly from the general workforce weekly hours, the market average is \$112,362 as opposed to \$75,562 for BHSJ’s Health Officer or roughly 33% lower for BHSJ.

Summarily, BHSJ’s Health Officer is significantly lower on base salary than the survey sample: roughly 30%. To provide additional illustration of a competitive pay level, we have developed a pay range using the same range width as was used in Exhibit 1 for the suggested pay grade structure for other BHSJ employees. The average salary of the eleven health departments is used for the range maximum in this example; it could also be credibly argued that this number would more appropriately indicate the midpoint of the market since six of the eleven reported market salaries exceed this number. However, a significant pay disparity can still be seen using the more conservative approach.

Exhibit 6
Model Pay Range for the Health Officer Using the Market Average
As the Range Maximum (a conservative estimate)

<u>Minimum of Range</u>	<u>Midpoint of Range</u>	<u>Maximum of Range</u>
\$88,294	\$99,331	\$110,368

Summarily, even using a conservatively designed salary range, BHSJ's Health Officer still has an annual salary that is \$12,732 below what would be the range minimum. Presuming satisfaction with the Health Officer's performance, this level of pay disparity could be cause for concern.

SECTION III

**CLASSIFICATION AND COMPENSATION SYSTEM
MAINTENANCE**

SECTION III

CLASSIFICATION AND COMPENSATION SYSTEM MAINTENANCE

A classification and compensation program, once designed and implemented, is not self-sustaining. It needs proper maintenance to continue to serve its purpose. Maintaining the program requires reviewing, adjusting and controlling salary structures so they continue to be effective. Key points are discussed below.

MAINTAINING THE PAY GRADE STRUCTURE

As a result of reorganization, new programs or changes in management procedures, new jobs may be established and the complexity of existing jobs may change.

For new positions, BHSJ should define the particular duties of the position and create an accurate job description (Appendix A can be used to document new duties). For altered positions, differences like increased requirements for education and/or experience, an increase in the technical nature of the job, new requirements for a specialized skill, additional supervisory responsibilities or other significant changes could warrant a reevaluation of the grade assignment. The job evaluation plan contained in Appendix B can be used to evaluate both new and altered positions for reclassification.

UPDATING THE COMPENSATION PLAN'S PAY RANGES

Economic conditions, the availability of people, and the prevailing labor market rates will all impact salary structures. To accurately reflect the labor market, the compensation plan must be reviewed and adjusted annually.

In this sense, pay adjustments will be a two-step process:

1. A general "across the " adjustment to each pay range should be made to reflect inflationary or cost of living increases;
2. Individual-level adjustments based on steps (and satisfactory performance) should then be considered.

To adjust the pay plan, BHSJ could consider utilizing the Consumer Price Index (CPI). Related, there are a number of CPI indices that are reported. If this approach is taken, BHSJ should consider the CPI-U for the Midwest Region for the annual update.

However, by all indications, the wage market is tightening and wages are increasing at a faster rate than CPI or other inflation indicators. Until such time that balance is restored to these economic indicators, BHSJ may be better served to use another metric. As one option, BHSJ

could consult the Bureau of Labor Statistics' Employment Cost Index or another reliable labor costs' metric.

Whichever approach is used, the first adjustment to the salary ranges should be made at the beginning of fiscal year (FY) 2020. It should be noted that range increases do not necessarily equate to pay increases; this latter point is a matter to be decided by BHSJ's Board of Health.

As the system ages and operations and duties continue to evolve, the pay system will eventually need major update and revision. When this becomes apparent, a full study should be conducted to check the adequacy of pay rates and the appropriateness of job descriptions. The typical life cycle of a pay plan is ten years if properly maintained.

SECTION IV
EMPLOYEE BENEFITS COMPARISON

SECTION IV

EMPLOYEE BENEFITS COMPARISON

In addition to pay data, employee benefit information was also solicited from the eleven health agencies included in our survey grouping. Ten of the eleven health agencies responded to the request for benefit data – District Health Department #10 provided limited information that was insufficient for our comparison.

The collected information (summarized in Appendix E) has not been utilized in developing the pay structure. Essentially, it is provided as supplementary information, which may assist BHSJ in determining relative comparability. Benefits can generally be viewed as a compliment to the base salary. If benefit levels are generous, an organization may choose to maintain employees at a lower level of the pay range. In contrast, lower benefit levels may be offset by higher salaries.

For the benefits comparison, we have requested the surveyed health agencies' administrative non-union offerings. In reviewing the benefits data (contained in Appendix E), we have noted the following:

PAID TIME OFF

"Paid time off" typically includes holidays, vacation leave, personal days and sick time. Findings include the following:

- A five-year employee at BHSJ receives 44 combined (potential) off-days per annum while the average five-year employee in the ten health agencies receives approximately 37 days. Much of this differential appears to be the result of the elimination of sick-time and conversion to all purpose time off (PTO) by some of the agencies.
- BHSJ allows a maximum sick-time bank of 260 hours with a buy-back provision at retirement of 100% of value, or annual buy-back of any time exceeding 260 hours. Among the surveyed health agencies, conditions and buy-backs vary significantly. Five report buy-backs at retirement at levels similar to BHSJ, but three of the five are only at 50% of value.
- For four health agencies, sick-time has been converted to all purpose time off (PTO). This is a growing practice often intended to simplify off-time and minimize or eliminate banked payouts and related future liabilities.

INSURANCE BENEFITS

Health, life and disability insurance offerings are addressed below. The specifics of health care coverage differ widely among employers making comparison of health plans a difficult task.

However, there are cost and program features that can be readily summarized or quantified and may be of interest to BHSJ. These are summarized below:

- In the past, health agencies commonly provided full-family health coverage to employees at little or nominal cost. Rising costs have since made health care cost containment a priority. With the passage of PA 152, public sector employees that have not opted out are now required to share costs either through an 80/20 cost split or the institution of premium caps. All ten of the surveyed health agencies have adopted PA 152, as has BHSJ.
- In regard to the total cost for single/family coverage for the core plan (most prevalent), BHSJ expends \$599 per annum for a single plan and \$1,812 for a family plan. The survey data contained in Appendix E illustrates the per policy cost (single/family) for all ten respondents. The average of these is \$538 for single coverage and \$1,594 for family. Related, in regard to gross cost, BHSJ is higher than the average of our sample for both single and family coverage (i.e. 11% and 13%). This information may be useful to BHSJ by providing a “snapshot” of costs among comparable employers. It should be noted that this cost comparison represents cost to the health agencies before any employee premium cost sharing, an area of cost recovery discussed in the next bullet.
- BHSJ requires employee cost sharing for health care premiums at 20% of total premium cost as do five of the ten agencies. One other is at 10% while four others have no cost sharing. While there are other factors to consider, the rough calculation of removing employee costs from the gross health care cost listed above yields a net cost estimate of \$479 single plan and \$1,449 family plan for BHSJ as compared to \$472 single and \$1,399 family for the ten surveyed health agencies. Summarily, net health care cost is much more comparable when employee cost sharing is included.
- BHSJ provides dental coverage for employees at 80% of cost borne by the employer. Seven of the ten surveyed health agencies also provide this benefit to employees with percent of cost ranging from 100% to 80% of premium cost paid by the employer. One other employer provides a flat \$1,000 maximum for dental and optical coverage and two others provide no dental coverage.
- BHSJ and five of the agencies provide optical coverage ranging from 80% to 100% of premium cost paid by the employer. Four others provide no coverage and one other employer provides a flat \$1,000 maximum for dental and optical coverage.
- BHSJ provides a \$208 monthly payment for employees opting out of BHSJ’s coverage. Nine of the responding communities also have this benefit option at levels lower than the typical premium cost. In this situation, the payment in lieu of provision can provide a cost advantage to any of these health agencies in an area of rising costs – should any employee be eligible for, and choose this option.
- BHSJ offers an IRS Section 125 Flex Benefit Plan – seven of the ten surveyed health agencies also extend this benefit. It is an innovative device for securing an employee

benefit at minimal (i.e. administrative) cost to the employer. Benefits include pre-tax treatment for dependent care and medical expenses within specified limitations.

- BHSJ provides short-term disability insurance (STD) but does not provide employer-paid long-term disability coverage (LTD). Among the surveyed health agencies, six of the ten provide STD, and four provide LTD. In some public institutions, STD is used progressively as an option to sick-time accruals and banks. Typically, this would involve conversion to a system of (all purpose) personal time off and the elimination of sick-time and related banks (as discussed earlier). The disability coverage would then serve as the compensatory method for extended sick-time occurrence. This is becoming an increasingly popular option in the public sector.
- In regard to life insurance, public sector employers often cover employees at dollar amounts lower than their private sector counterparts. This is not readily explainable since term life insurance is a relatively modest cost portion of any benefit package. BHSJ provides term life insurance of \$15,000. Some of the health agencies used in the comparison link life insurance amount to annual salary while others offer a flat dollar amount. Due to the variances in how the benefit is computed it is not possible to calculate an accurate average, but BHSJ is lower on this benefit amount than any of the nine surveyed agencies that provide life insurance.

RETIREMENT BENEFITS

Retirement plans are classified as either defined contribution (investment-based, variable) or defined benefit (traditional pension, fixed). Key findings pertaining to retirement benefits include the following:

- Three of the ten health agencies as well as BHSJ have defined contribution retirement plans for newer employees. The DC plan is a “pay as you go” approach in which accrued liability and future pension obligations are avoided. As such, it represents a transparent and portable retirement option. BHSJ provides a maximum 5% employer contribution in the DC plan. The average employer contribution for the three surveyed agencies providing this type of plan is 6.7%.
- Seven of the ten surveyed health agencies report defined benefit (DB) retirement programs for employees that are still open. These traditional plans pay a fixed pension to eligible retirees. Consistent with BHSC’s approach, the larger trend is away from DB plans as health agencies attempt to reduce future liabilities and increase financial transparency.
- Retiree health care coverage is a significant benefit offering due to the uncertainty surrounding future health care costs. With these costs increasing at double-digit rates, many communities have eliminated this benefit. BHSJ no longer provides retiree health care. Four of the ten health agencies provide this benefit though one of the four has eliminated it for new hires.

- An emerging trend involves replacing retiree health care with a Health Savings Plan (HSP). Only one of the health agencies provides HSP with a \$1,850 annual employer contribution.

LONGEVITY AND OTHER BENEFIT ISSUES

Longevity payments are found primarily in the public, as opposed to the private sector. The rationale for this compensation component is simply that tenure in the job increases job knowledge and capability and should be compensated. In this sense, longevity is closely linked to organized labor's philosophical position that pay should be based on seniority as opposed to the more discretionary notion of merit. As health agencies have become more budget conscious over the prior two decades, elimination of longevity payments has been a frequent management objective.

BHSJ provides this benefit at a maximum of \$600 per annum. Only two of the ten surveyed health agencies provide longevity pay, with the maximum benefit as high as \$1,000. Both agencies have eliminated the benefit for new hires.

OTHER BENEFIT ISSUES

Appendix E also summarizes other items that may be of interest to BHSJ including specific questions pertaining to benefit detail not discussed above. Many benefit offerings are relatively uniform between the health agencies. However, there are differences. In considering total compensation or possible areas for change, BHSJ may wish to consider focusing on those areas of greatest interest.

CLOSING AND SUMMARY

As discussed in Section II of the report, BHSJ's wage levels are below market for many positions. However, in the area of employee benefits there are areas where BHSJ is higher than the selected labor market or could potentially benefit from changes. More specifically:

- Off-time is at a higher level in BHSJ with employees receiving 44 combined (potential) off-days per annum for a five-year employee while the average five-year employee in the ten surveyed health agencies is 37. One reason for the differential is the conversion to PTO days (with elimination of sick-time) in four of the ten agencies. PTO is a growing concept in the public sector. An additional possible benefit is the elimination or reduction of the liability associated with booked sick-time. As such, PTO conversion might warrant future consideration for BHSJ.
- BHSJ provides longevity pay unlike many of the surveyed agencies. As discussed, the rationale for longevity is the value added by increased seniority. However, if BHSJ

continues to use a step system (as suggested), the concept of longevity pay may be seen as redundant since the step system is based on the same premise.

Here are also efficiencies in BHSJ's benefit package that should be noted. Specifically:

- Health care costs are contained and the 20% employee premium cost sharing ensures that both employees and the employer have a stake in maintaining affordable coverage.
- BHSJ does not offer retiree health care coverage for employees; a huge liability to carry.
- BHSJ has converted to a defined contribution plan with a relatively modest 5% employer contribution. This pay-as-you-go plan avoids the future liability of continuing with a DB plan. Further, BHSJ is comparatively low on DC contribution level by the employer in comparison to the surveyed agencies.

Summarily, over time, BHSJ's management and Board of Health, appear to have incrementally modified benefits to ensure a competitive benefit package that is also cost-sustainable. BHSJ is to be commended for its efforts in this area. The additional suggestions that we have made could be future considerations to further these efforts.

As noted, benefits can generally be viewed as a compliment to the base salary. If benefit levels are generous, an organization may choose to maintain employees at a lower level of the pay range. In contrast, lower benefit levels may be offset by higher salaries. For BHSJ, in comparison to the survey group, there does not appear (on average) a level of difference that should significantly influence management decisions on base wage levels either negatively or positively. However, there are always continuing opportunities to tailor a benefit package to achieve cost savings. BHSJ has taken advantage of some and will undoubtedly continue on this path. Related to this, the comparative data may be useful in revealing some trends that are of interest to BHSJ.

Health Officer Compensation Information

The current Health Officer has been in her position for 6 years, which is where other employees top out on the Agency's salary scale. Consequently, there could be an argument made that she should be compensated at the high end of the scale. Therefore, all proposals below are calculated from the high end of the salary scale.

In an independent classification and compensation study done in 2019, the recommendation salary range for the Health Officer salary was \$88,294 at the low end, and \$110,368 at the high end. When taking these numbers and creating a scale, that is comparable to the scale for other BHSJ employees, we would get the following:

2019 Proposed Salary from Compensation Study	Hire in	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Health Officer Salary	\$88,294	\$91,973	\$95,652	\$99,331	\$103,010	\$106,689	\$110,368

Option #1: Increase the Health Officer's Salary to \$106,328.

The Agency has recommended a 2% increase for all staff members. If this increase goes through, other staff at the Agency will be compensated at an average of 3.66% less than the recommended scale in 2019. Utilizing the same 3.66% reduction from the proposed wages, the Health Officer's salary would be \$106,328.50.

Option #2: Increase the Health Officer's Salary to \$83,245.

The Health Officer's current salary is \$81,613.44. If she were to receive the same 2% that is being recommended for staff, she would receive a salary of \$83,245.71. This would be 25% lower than the 2019 recommendation.

Option #3: Increase the Health Officer's Salary by a different Percentage

Due to budget constraints, the agency would have a difficult time adopting Proposal #1. However, option #2 perpetuates, a significant disparity in compensation levels between how the Health Officer is compensated, and how the staff are compensated, when compared to the recommendations in the 2019 study. Therefore, it seems practical to try to find some middle ground that will allow an option for somewhere in the middle of the first 2 proposals.

- A) Providing the Health Officer with a 10% increase would increase the Health Officer's salary to \$89,774, which is 18.6% lower than the 2019 proposed study, and is marginally over the proposed hire in rate (see chart above).
- B) Providing the Health Officer with a 15% increase would increase the Health Officer's salary to \$93,855, which is 15% lower than the 2019 proposed study (see chart above)
- C) Providing the Health Officer with a 20% increase would increase the Health Officer's salary to \$97,936, which is 11.3% lower than the 2019 proposed study (see chart above).

LETTER OF AGREEMENT
December 8, 2021

LETTER OF AGREEMENT, by and between Rebecca Burns and the Branch-Hillsdale-St. Joseph Community Health Agency for the position of Health Officer.

This is intended to be a binding contract by and between the parties effective January 1, 2022 through December 31, 2024. Either party may terminate this agreement with or without cause upon giving a 60-day notice to the other party of the intention.

The agreed upon base salary by both parties shall be \$_____ for each year of this contract. During the terms of this contract the Health Officer shall be granted any percentage increase in pay as approved by the Board of Health for employees of this agency.

The Board of Health shall evaluate the performance of the Health Officer annually at the September or October Board of Health meeting using the following process:

- Each Commissioner assigned to the Board of Health will be provided the evaluation tool after the Board of Health meeting proceeding the evaluation.
- Evaluation responses will include the authors name and are due back to the Secretary of the Board prior to the scheduled evaluation.
- Each evaluation response in whole will be provided in the evaluation packet for the Health Officer and Board of Health members.

Upon a satisfactory evaluation, the Board of Health may award up to \$_____ in merit pay.

It is hereby agreed by both parties that the Health Officer position shall be a full-time position. The duties of the position shall be defined in the job description created by the Agency and in compliance with the requirements of the State of Michigan.

It is hereby agreed by both parties that Rebecca Burns, a current employee of this Agency, will retain her current fringe benefits which are consistent with the benefits listed in the Agency's Personnel Policies; health insurance, life insurance, disability insurance, MERS, etc.

It is hereby agreed by both parties that Rebecca Burns shall be paid the agency rate per mile for necessary business travel for the completion of her assigned duties in accordance with the Agency's Travel Policy.

It is hereby agreed by both parties that Rebecca Burns shall retain her current accrued vacation and sick time and earn future vacation and sick time in compliance with the Personnel Policies of the Agency at the rate of 10 years or more of service.

It is hereby agreed by both parties that Rebecca Burns shall be reimbursed the amount of expenses incurred for the successful completion of trainings, classes, or conferences taken as deemed necessary for the position.

It is hereby agreed by both parties that if termination of this contract becomes necessary with or without cause that Rebecca Burns shall be paid any and all accrued time (vacation and sick leave) upon termination earned to date.

The terms of this contract may continue for 60 days after December 31, 2024 as long as it is mutually agreed by both parties.

Kathy Pangle, Chair, Board of Health

Date: _____

Rebecca Burns, MPH, RS, Health Officer

Date: _____

LETTER OF AGREEMENT
January 24, 2019

LETTER OF AGREEMENT, by and between Rebecca Burns and the Branch-Hillsdale-St. Joseph Community Health Agency for the position of Health Officer.

This is intended to be a binding contract by and between the parties effective January 1, 2019 through December 31, 2021. Either party may terminate this agreement with or without cause upon giving a 60-day notice to the other party of the intention.

The agreed upon base salary by both parties shall be \$75,568 for each year of this contract. During the terms of this contract the Health Officer shall be granted any percentage increase in pay as approved by the Board of Health for employees of this agency.

The Board of Health shall evaluate the performance of the Health Officer annually. Upon a satisfactory evaluation, the Board of Health may award up to \$3,500.00 in merit pay.

It is hereby agreed by both parties that the Health Officer position shall be a full-time position. The duties of the position shall be defined in the job description created by the Agency and in compliance with the requirements of the State of Michigan.

It is hereby agreed by both parties that Rebecca Burns, a current employee of this Agency, will retain her current fringe benefits which are consistent with the benefits listed in the Agency's Personnel Policies; health insurance, life insurance, disability insurance, MERS, etc.

It is hereby agreed by both parties that Rebecca Burns shall be paid the agency rate per mile for necessary business travel for the completion of her assigned duties in accordance with the Agency's Travel Policy.

It is hereby agreed by both parties that Rebecca Burns shall retain her current accrued vacation and sick time and earn future vacation and sick time in compliance with the Personnel Policies of the Agency at the rate of 10 years or more of service.

It is hereby agreed by both parties that Rebecca Burns shall be reimbursed the amount of expenses incurred for the successful completion of trainings, classes, or conferences taken as deemed necessary for the position.

It is hereby agreed by both parties that if termination of this contract becomes necessary with or without cause that Rebecca Burns shall be paid any and all accrued time (vacation and sick leave) upon termination earned to date.

The terms of this contract may continue for 60 days after December 31, 2021 as long as it is mutually agreed by both parties.



Don Vrablic, Chair, Board of Health

Date: 01.24.2019



Rebecca Burns, MPH, RS, Health Officer

Date: 1-24-2019

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY



CLASSIFICATION AND COMPENSATION STUDY

MUNICIPAL CONSULTING SERVICES LLC

the labor pool for some positions, thus dictating the need to offer a higher salary. Therefore, each new hire should be assessed individually and placed at a range level consistent with BHSJ's needs and market demands. In light of the competitive environment for some professional positions, we would suggest that BHSJ retain a high level of latitude in assessing individual situations and new hires.

HEALTH OFFICER COMPENSATION

The Health Officer has an employment contract with the Branch-Hillsdale-St. Joseph Community Health Agency and, as such, is not included in the suggested pay grade structure for administrative employees presented in Exhibit 1. However, wage data has been collected for the position (as summarized in Appendix C-2). Related to this:

- All eleven of the health departments surveyed for the study have an incumbent health officer. A comparison of base wages for the incumbents indicates the following:
 - BHSJ's Health Officer has an hourly rate of \$38.75 based on BHSJ's 37.5 hour workweek. The average of the eleven surveyed health departments is \$54.24 (again based on the respective agencies' workweek). In comparison to the market average, BHSJ's Health Officer is 30% lower on hourly wage.
 - If computed from an annual wage (as also reported by many of the survey participants) rather than being computed hourly from the general workforce weekly hours, the market average is \$112,362 as opposed to \$75,562 for BHSJ's Health Officer or roughly 33% lower for BHSJ.

Summarily, BHSJ's Health Officer is significantly lower on base salary than the survey sample: roughly 30%. To provide additional illustration of a competitive pay level, we have developed a pay range using the same range width as was used in Exhibit 1 for the suggested pay grade structure for other BHSJ employees. The average salary of the eleven health departments is used for the range maximum in this example; it could also be credibly argued that this number would more appropriately indicate the midpoint of the market since six of the eleven reported market salaries exceed this number. However, a significant pay disparity can still be seen using the more conservative approach.

Exhibit 6
Model Pay Range for the Health Officer Using the Market Average
As the Range Maximum (a conservative estimate)

<u>Minimum of Range</u>	<u>Midpoint of Range</u>	<u>Maximum of Range</u>
\$88,294	\$99,331	\$110,368

Summarily, even using a conservatively designed salary range, BHSJ's Health Officer still has an annual salary that is \$12,732 below what would be the range minimum. Presuming satisfaction with the Health Officer's performance, this level of pay disparity could be cause for concern.

December 12, 2019 – Board of Health Meeting Minutes

The Branch-Hillsdale-St. Joseph Community Health Agency Board of Health meeting was called to order at 9:00 a.m. by Al Balog, with the Pledge of Allegiance to the Flag of the United States and roll call as follows: Tom Matthew, Terri Norris, Kathy Pangle, and Al Balog.

Also present from BHSJ: Rebecca Burns, Dr. Vogel, Theresa Fisher, Paul Andriacchi, Laura Sutter, Kali Nichols, and Brenae Corbeil.

Ms. Norris moved to approve the agenda with the addition of one item of new business, AAA delegate to the Michigan Senior Advocates Council, with support from Ms. Pangle. The motion carried.

Ms. Norris moved to approve the minutes from the October 24, 2019 meeting with support from Ms. Pangle. The motion carried.

Public comment:

- None

Rebecca Burns, Health Officer, reviewed her monthly report. Items discussed: Budget Amendment #1, Comprehensive Compensation Study, Personnel Policy Changes, AAA County Appropriations, Strategic Plan, New Software Updates, Health Promotion & Education Updates, Staff Vacancies/New Staff, Hepatitis A Outbreak, and Health Department Leases.

Dr. Vogel, Medical Director reviewed his monthly report. This month's report is on Vitamin D Deficiency.

Committee Reports:

- Committee of the Whole – Minutes from November 19, 2019.
 - Ms. Norris moved to approve the minutes from the November 19, 2019 Committee of the Whole meeting with support from Ms. Pangle. The motion carried.
- Finance Committee – Did not meet.
- Program, Policy, and Appeals Committee – Did not meet.

Financial Reports/Expenditures

- Ms. Norris moved to approve the expenditures with support from Mr. Matthew. The motion carried.

Unfinished Business

- None at this time.

New Business:

- Ms. Norris moved to approve the changes to the Personnel Policy Manual with support from Ms. Pangle. The motion carried.
- Ms. Norris moved to approve the proposed Budget Amendment #1 with support from Ms. Pangle. The motion carried.
- Ms. Norris moved to appoint Steve Todd as the AAA Delegate to the Michigan Senior Advocates Council with support from Mr. Matthew. The motion carried.

Departmental Reports

- Environmental Health
- Area Agency on Aging
- Personal Health & Disease Prevention

Ms. Pangle moved to enter closed session with support from Ms. Norris. The motion passed with the following roll call vote: Ms. Pangle, aye; Ms. Norris, aye; Mr. Matthew aye; and Balog, aye.

At 11:25 the meeting returned to open session.

Ms. Norris moved to increase the base salary for the Health Officer, beginning January 1, 2020, to \$81,613.44 per year, which is an 8% increase over the current salary, supported by Ms. Pangle. The motion passed with the following roll call vote: Ms. Pangle, aye; Ms. Norris, aye; Mr. Matthew, aye; and Balog, aye.

Ms. Norris moved to pay a one-time merit bonus to the Health Officer in the amount of \$3,500.00 as allowable in her contract, with support from Mr. Matthew. The motion passed with the following roll call vote: Ms. Pangle, aye; Ms. Norris, aye; Mr. Matthew, aye; and Balog, aye.

Ms. Norris moved to adjourn the meeting with support from Ms. Pangle. The motion passed and the meeting was adjourned at 11:37 AM.

Respectfully Submitted by:
Theresa Fisher, BS



2019/2020 SALARY SCHEDULE

HOURLY/PROFESSIONAL/TECHNICAL

<u>LEVEL</u>	<u>CLASSIFICATION</u>	<u>Hire in Rate</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Year 5</u>	<u>Year 6</u>
1	EH ASSISTANT CLERK	11.61	11.99	12.38	12.77	13.16	13.54	13.93
2	WIC BF PEER COUNSELOR	13.06	13.50	13.94	14.37	14.81	15.24	15.68
2	CSHCS REPRESENTATIVE	13.06	13.50	13.94	14.37	14.81	15.24	15.68
2	ADMIN SUPPORT CLERK	13.06	13.50	13.94	14.37	14.81	15.24	15.68
2	VISION/HEARING TECH	13.06	13.50	13.94	14.37	14.81	15.24	15.68
2	IMMZ CLERK	13.06	13.50	13.94	14.37	14.81	15.24	15.68
2	CLINIC CLERK TECH	13.06	13.50	13.94	14.37	14.81	15.24	15.68
3	EH ASSISTANT	14.76	15.25	15.74	16.23	16.73	17.22	17.71
3	CLINIC ADMIN ASST	14.76	15.25	15.74	16.23	16.73	17.22	17.71
3	AAA Program Specialist	14.76	15.25	15.74	16.23	16.73	17.22	17.71
3	AAA OUTREACH SPECIALIST	14.76	15.25	15.74	16.23	16.73	17.22	17.71
4	AAA VOCA SPECIALIST	16.68	17.24	17.79	18.35	18.91	19.46	20.02
4	FISCAL SUPPORT SPECIALIST	16.68	17.24	17.79	18.35	18.91	19.46	20.02
5	OPEN GRADE	18.86	19.48	20.11	20.74	21.37	22.00	22.63
6	EH SANITARIAN	21.30	22.01	22.72	23.43	24.14	24.85	25.56
6	AAA SW CARE CONSULTANT	21.30	22.01	22.72	23.43	24.14	24.85	25.56
6	HEALTH EDUCATOR	21.30	22.01	22.72	23.43	24.14	24.85	25.56
7	SENIOR EH SANITARIAN	24.07	24.87	25.68	26.48	27.28	28.09	28.89
7	FINANCE AND IT SUPPORT SPECIALIST	24.07	24.87	25.68	26.48	27.28	28.09	28.89
7	COMM HEALTH SERV RN	24.07	24.87	25.68	26.48	27.28	28.09	28.89
7	PUBLIC HEALTH RN	24.07	24.87	25.68	26.48	27.28	28.09	28.89
7	ACCOUNTANT	24.07	24.87	25.68	26.48	27.28	28.09	28.89
7	EMERGENCY PREP COORD	24.07	24.87	25.68	26.48	27.28	28.09	28.89
7	IT NETWORK MANAGER	24.07	24.87	25.68	26.48	27.28	28.09	28.89

SALARIED MANAGERIAL

<u>LEVEL</u>	<u>CLASSIFICATION</u>	<u>Hire in Rate</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Year 5</u>	<u>Year 6</u>
8	CLINIC SUPERVISOR	27.20	28.10	29.01	29.92	30.83	31.73	32.64
8	COMM HEALTH SERV SUPERVISOR	27.20	28.10	29.01	29.92	30.83	31.73	32.64
8	EH SUPERVISOR	27.20	28.10	29.01	29.92	30.83	31.73	32.64
9	ENVIRONMENTAL HEALTH DIR.	31.64	32.69	33.75	34.80	35.86	36.91	37.97
9	PREV.HEALTH/DISEASE PREV. DIR.	31.64	32.69	33.75	34.80	35.86	36.91	37.97
9	ADMINISTRATIVE SERVICES DIR.	31.64	32.69	33.75	34.80	35.86	36.91	37.97
9	AAA DIRECTOR	31.64	32.69	33.75	34.80	35.86	36.91	37.97

Adopted by the Board of Health December 12, 2019 - Effective January 1, 2020



Local Public Health Department Salary Survey

Health Department	Health Officer Salary Range	Population	Per Capita Income
Branch-Hillsdale-St. Joseph CHA	\$81,607.50 ('19 contract \$75,568)	151,547	\$25,716 (avg)
Berrien County HD	\$94,894 - \$127,167	154,316	\$30,864
Kalamazoo County HD	\$110,780 - \$135,948	261,670	\$31,975
Cass/VanBuren DHD	\$110,000 - \$120,000	127,176	\$29,672 (avg)
Mid-Michigan DHD	\$98,093 - \$115,190	187,503 (3 counties)	\$27,526 (avg)
Barry-Eaton DHD	\$108,326	171,598	\$32,593.50 (avg)
Allegan County HD	\$86,944 - \$126,089.60	120,502	\$29,215
Central Michigan DHD	\$107,000 - \$114,000	117,594 (5 counties)	\$24,211 (avg)
Calhoun County HD		134,310	\$28,175
Lenawee County HD	\$80,721.05 - \$92,866.59	99,423	\$27,850

December 6, 2021

Re: Health Officer Agreement/Contract

Commissioners,

Health Officers employed at single county health departments report to a County Administrator and I have not found an example of one of these that are employed by contract. Health Officers employed at a district health department (a district health department is formed as specified in the Public Health Code) generally have an agreement or contract. There are 4 agreements/contracts provided from the following: BHSJCHA, Barry Eaton DHD, Central Michigan DHD, Cass/VanBuren DHD. The examples do not include current salary rates with the exception of Cass/VanBuren DHD. Salary amounts for Central Michigan DHD and Barry Eaton DHD are as follows:

From Central Michigan District Health Department Health Officer on 10/6/21:

It's basically the same contract instead of the amount. The board wanted to get me competitive with other Health Officer's, so they gave me a 21K raise over three years. 7K a year. I should be at \$107K now, topping out at \$114K next October 1, which will be the last year of the contract.

From Barry Eaton District Health Department Health Officer on 10/8/21:

My current wage is \$108,326

Provided a new agreement is to be offered, the document will be drafted that resembles the current agreement unless new elements or other changes are to be made. This document will be prepared for the December 9th Board of Health meeting.

Rebecca A. Burns, MPH, RS

CONTRACTUAL AGREEMENT
Between
Danielle Persky
and the
Van Buren/Cass District Health Department

I. Purpose:

This contract is executed by and between the Van Buren/Cass District Health Department (the Department) and Danielle Persky (Health Officer) for the purpose of providing direction and leadership for the department as required by the public health code (Act 368 of Public Acts of 1978) Part 24 Local Health Department

II. Position Description and Responsibilities:

A. The Health Officer agrees to the following conditions, but not limited to:

1. Meet the qualifications as set forth in MCL 2428 Sec.2428.
 - a. A local health department shall have a full-time local health officer appointed by the local governing entity or in case of a district health by the district board of health. The local health officer shall possess professional qualifications for administration of a local health department as prescribed by the department.
 - b. The local health officer shall act as the administrative officer of the board of health and local health department and may take actions and make determinations necessary or appropriate to carry out the local health department's functions under this part or functions delegated under this part and to protect the public health and prevent disease.
2. The Health Officer shall recruit a full staff of professional and technical health workers. This activity shall be guided by established specifications for certain health workers included in the State Administrative Code and Human Resource Compliance with all applicable government regulations.
3. Design, enhance and implement public health programs to effectively and efficiently meet the needs of the Van Buren/Cass District Health Department's service area.
4. Share information with the community and other health personnel, institutions and organizations ensuring that whenever feasible they have an opportunity to be involved in the development and/or implementation of county supported programs.
5. Assist in the preparation of program plans and budget for all public health services.

6. Provide documentation for all spending of public funds according to the priorities that have been established.
7. Organize and lead a well-prepared staff of nurses, sanitarians, support staff and other public health professionals to carry out established programs.
8. Assure that the department adheres to and is in compliance with applicable laws, rules, regulations, policies and procedures that govern public health departments and its programs.
9. Maintain a close working liaison with the Michigan Department of Health and Human Services and other state and federal agencies.

B. The Board of Health agrees to the following conditions:

1. Beginning August 11, 2021, reimburse the Health Officer the amount of \$110,000.00 with increases to be determined by the board.
2. Reimbursement shall be made in 26 equal payments in accordance with current payroll policies and procedures.
3. The Health Officer shall be eligible for all employee benefits and wage increase as outlined in the annual employment plan.
4. Provide reimbursement for travel expenses in accordance with current travel policy.

III. Agreement Period:

This agreement shall be in effect July 15, 2021 until full Health Officer status has been met. This agreement may be terminated by failure of either party to carry out the terms of this agreement.

IV. Amendments:

This contract may be amended by mutual agreement of both parties. Such amendments shall be attached to and become part of this agreement.

V. Signatures:

 Don Hanson Chairperson
 District Board of Health

 Danielle Persky
 Health Officer

 Date

 Date

EMPLOYMENT AGREEMENT

THIS EMPLOYMENT AGREEMENT, is entered into this day July 26, 2012, by and between the BARRY-EATON DISTRICT HEALTH DEPARTMENT BOARD ("Board"), AND COLETTE SCRIMGER ("Employee").

WITNESSETH:

WHEREAS, the Board requires the services of a qualified person to serve as the Barry-Eaton District Health Department's Health Officer; and

WHEREAS, the Employee desires to provide such services and is qualified to perform the same.

NOW, THEREFORE, for and in consideration of the mutual covenants hereinafter contained, IT IS HEREBY AGREED between the parties as follows-

- I. **Employment.** The Employee shall be employed as Health Officer of the Barry-Eaton District Health Department ("Department"), upon the terms and conditions hereinafter set forth. It is expressly understood and agreed by the Board and the Employee that the Employee shall be an "at-will" employee of the Board. Either the Employee or the Board may terminate this agreement with or without cause.
- II. **Duties.** The Employee shall perform such duties and responsibilities as required and directed by the Board in accordance with the Board's Bylaws and also in accordance with the laws of the State of Michigan, and shall perform such other duties and functions as may be required. The Employee's duties are summarized in the Health Officer Position Description, which is attached to this agreement as Exhibit "A".
- III. **Term.** The term of this Agreement shall be for a period commencing on the 29th day of September 2012, and continuing until terminated by either the Board or Employee, with or without cause, upon ninety (90) days prior written notice to the other party. Such notice shall not be required if the Employee is terminated by the Board for "just cause" as defined below. In the event the Board terminates this agreement less than one year from date of execution, the Employee shall continue to receive the salary indicated herein for a period of ninety (90) days from the date the employee is notified of termination unless the employee is terminated for "just cause." For the purposes of this agreement "just cause" is defined as:
 - Conviction of or pleading guilty to a felony;
 - Embezzlement;
 - Dishonesty;
 - Theft;
 - Misappropriation of funds;
 - Incompetency or neglect of duty;
 - Reporting to work or working in an intoxicated condition;
 - Illegal activity on the Department's premises during work or non-work hours;

- Breach of section 9 of this agreement regarding non-discrimination.

In the event the Board terminates this Agreement as authorized herein, it shall have the option of either requiring the Employee to continue to perform services under this Agreement until the effective date of termination, or to require the Employee to cease employment and the performance of services at any time during the ninety (90) day notice period. If the Employee is required to cease employment and performance of services during the ninety (90) day notice period, the employee shall continue to receive the salary and benefits set forth in this Agreement until the effective date of the termination, provided the Employee does not obtain other employment nor receive unemployment benefits during this period and provided that the Employee is not terminated for "just cause" as defined above. Should the Employee obtain other employment, or receive unemployment benefits, the salary and benefits shall cease upon the effective date of the receipt of such other employment or unemployment benefits.

IV. **Return of Property.** Upon termination of employment, the Employee shall return all documents, correspondence, files, papers or property of any kind, of all type or nature pertaining to the Board, which the Employee may possess or control, and shall sign a statement verifying return of such property.

V. **Compensation.**

- A. Effective September 29, 2012, the Board shall pay, and the Employee shall receive, an annual salary at Wage Band M-6, Step 3 on the Agency Salary Schedule of Eighty Seven Thousand, Eight Hundred Seventeen Dollars and Sixty Cents (\$87,817.60) to be paid in bi-weekly installment payments for services rendered pursuant to this Agreement. Upon completion of an Executive Development program, employee is to be moved to Wage Band M-6, Step 4 on the Agency Salary Schedule with an annual salary of Eighty Nine Thousand, Nine Hundred Eighty Dollars and Eighty Cents (\$89,980.80). An annual review is to be done by the Board prior to employee's anniversary date and next step increase. It is agreed between the parties that the Employee is exempt from the overtime provisions of the Federal Fair Labor Standards Act and that the Employee shall not be entitled to and shall not receive overtime compensation. In the event of termination of employment, the Employee's salary shall be pro-rated to the effective date of termination.
- B. The Board may further increase the salary and/or other benefits of the Employee in such amounts and to the extent as the Board, in its sole discretion, may desire.

VI. **Other Compensation.**

- A. In addition to the above identified annual salary, the Employee shall receive an annual \$2,000 contribution to a deferred compensation plan or equivalent vehicle established under the program offered by the agency. The contribution will be made on or before December 31st of each year. This will represent the current year's contribution.

VII. **Fringe Benefits** The Employee shall be entitled to the following fringe benefits under the same terms as provided to all non-union employees by the Board:

1. Health Insurance (including; hospital, surgical and medical care expense benefits; major medical expense benefits; disability insurance and dental/optical expense benefits).
2. The employee is eligible for the waiver of medical insurance provisions as available to other Board employees.

3. Sick leave accrual, use and payment for unused accumulation consistent with the provisions of the Personnel Policies of the Board of Health.
4. The employee shall be entitled to earn 24 days paid vacation per calendar year, which may not exceed 240 hours of accumulation without the expressed approval of the Board.
5. Upon termination, as provided for in Section 3, the employee shall be paid at their current rate of pay, for all accrued annual leave. In the case of death of the employee, salary for accrued annual leave shall be paid to the beneficiary designated, along with any other compensation due.
6. Professional Liability Insurance.
7. Retirement Benefits under the current Barry-Eaton MERS Plan for management employees.
8. Travel Reimbursement consistent with the provisions of the Personnel Policies of the Board of Health.
9. Life Insurance to be afforded at one time the employee's annual pay rounded to the next thousand and to increase with future salary increases.

VIII. **Professional Development.** The Employee may attend professional meetings at the local, state, and national level, as outlined in the job description. However, out of state travel and travel that exceeds a total expenditure of \$1500.00 must have the prior approval of the Chairman of the Board. Travel for the purposes of this section shall include conference registrations, airfare, hotel, meals, etc. The Board agrees, within budget limitations, and subject to the Board's approval, to pay for the professional dues and subscriptions of the Employee necessary for the Employee's continuation and full participation in national, state and local associations and organizations necessary and desirable for the Employee's continued professional participation, growth and advancement and for the good of the Department.

IX. **Mileage Reimbursement.** The Employee shall be reimbursed for motor vehicle mileage incurred in the course of Department business at a rate per mile as established by the Board when the Employee must drive his own vehicle.

X. **Non-Discrimination** The Employee, as required by law, shall not discriminate against any person seeking services from the Department or against any employee or applicant for employment with respect to hire, tenure, terms, conditions or privileges of employment, or matters directly or indirectly related to employment because of a handicap that is unrelated to the individual's ability to perform the duties of a particular job or position, or because of race, color, height, weight, marital status, religion, national origin, age, or sex. Breach of this covenant may be regarded as a material breach of this Agreement.

XI. **Employees Best Efforts** The Employee agrees that all services required by this agreement will be performed faithfully and to the best of the employee's ability, experience and talents. The Employee shall report to the Board and such other representatives as may be designated by the Board.

XII. **Outside Employment** The Employee shall not engage in any employment or business outside of this Agreement, except when approved in advance by the Board and under the following circumstances:

A. The Employee, while engaging in outside or supplemental employment shall:

1. Not use the Department's facilities as a source of referral for private customers or clients.
2. Not be engaged in outside employment during the Employee's regular working hours.
3. Not use the name of the Department or its members as a credential in advertising or soliciting customers or clients.
4. Not use the Department's supplies, facilities, staff or equipment in conjunction with any outside or supplemental employment or private practice.
5. Maintain a clear separation of outside or supplemental employment from activities performed for the Department.
6. Not cause any conflict of interest, or any possible appearance of conflict of interest, or any impairment of the independent and impartial performance of the Employee's duties.

B. The Board and Department shall not be liable, either directly or indirectly, for any activities performed during outside or supplemental employment.

XIII. **Compliance With The Law** The Employee shall perform all duties and obligations hereunder in complete compliance with all applicable federal, state and local laws, ordinances, rules and regulations.

XIV. **Complete Agreement** This Agreement constitutes the complete agreement concerning the employment arrangement between the parties and shall, as of the effective date hereof, supersede any and all prior contracts, oral or written, between the parties, if any. It is understood and agreed that this Agreement shall supersede and take precedence over any other document, handbook, benefit plan or other material which could otherwise be construed as being contractual in nature, whether in existence prior to, currently or subsequent to the execution of this Agreement, unless such other document, handbook, plan or material is made expressly applicable to the Employee by this Agreement or by formal action of the Board. It is further understood that no Board personnel has authority to enter into any employment contract with the Employee for any specified period of time, or to make any agreement contrary to the provisions herein, except when the same is approved by a formal action of the Board.

XV. **Applicable Law** This Agreement shall be construed according to the laws of the State of Michigan.

XVI. **Waivers** No failure or delay on the part of either of the parties to this Agreement in exercising any right, power, or privilege hereunder shall operate as a waiver thereof, nor shall a single or partial exercise of any right, power or privilege preclude any other or further exercise of any other right, power or privilege.

XVII. **Assignments or Subcontracting** The Employee may not assign, subcontract or otherwise transfer any duties and/or obligations under this Agreement.

XVIII. **Modification of Agreement** Modifications, amendments, or waivers of any provisions of this Agreement may be made only by the written mutual consent of the parties hereto.

XIX. **Disregarding Titles** The titles of the sections set forth in this Agreement are inserted for the convenience of reference only and shall be disregarded when construing or interpreting any of the provisions of this Agreement-

XX. **Invalid Provisions** If any provision of this Agreement is held to be invalid, the remainder of the Agreement shall not be affected thereby, except where the invalidity of the provision would result in the illegality and/or unenforceability of this Agreement.

XXI. **Certification.** The persons signing this Agreement on behalf of the parties hereto certify by their signatures that they are duly authorized to sign this Agreement on behalf of said parties and that this Agreement has been authorized by said parties.

IN WITNESS WHEREOF, the authorized representatives of the parties hereto have fully executed this Agreement on the day and year first above written.

WITNESSED BY:

BARRY-EATON DISTRICT HEALTH
DEPARTMENT - BOARD OF
HEALTH:

J. Donnini July 30, 2012
Date

Joseph C. Brehler
Joe Brehler, Board Chairperson

EMPLOYEE:

J. Donnini 7/31/12
Date

Colette Scrimger
Colette Scrimger

NOTARY

Janey S Donnini
Notary Public, State of Michigan
County of Barry
My Commission Expires: 8/16/2017
Acting in the County of: Eaton

Central Michigan District Board of Health

Health Officer Contract

THIS AGREEMENT, made this ____ day of _____, 2013 by and between the **Central Michigan District Board of Health** (hereinafter called the "BOARD") and **Steven C. Hall** (hereinafter called "Health Officer") is as follows:

WITNESSETH:

WHEREAS, the BOARD wishes to retain the services of STEVEN C. HALL as HEALTH OFFICER; and

WHEREAS, STEVEN C. HALL wishes to be employed by the BOARD in the capacity of HEALTH OFFICER and has credentials and experience acceptable to the Employer and the Michigan Department of Community Health; and

WHEREAS, it is to the advantage of both the BOARD and the HEALTH OFFICER to specify the conditions under which the HEALTH OFFICER is to work and to be compensated.

NOW THEREFORE, it is mutually agreed by the parties as follows:

1. EMPLOYMENT

The BOARD hereby employs STEVEN C. HALL as the HEALTH OFFICER and STEVEN C. HALL hereby accepts such employment upon the terms and conditions hereinafter set forth.

2. TERMS

The BOARD appointed and employed the HEALTH OFFICER and enters into this contract beginning August 12, 2013 extending through September 30, 2015, unless terminated earlier as provided hereunder. The HEALTH OFFICER is employed at the will and pleasure of the BOARD. In the event that the BOARD shall terminate this Agreement, the HEALTH OFFICER shall be entitled to thirty(30) days written notice, 90(Ninety) days of severance pay and 90(Ninety) days of continued health insurance coverage, unless the BOARD terminates for just cause. In the case of a just cause termination, the BOARD is not obligated to pay the severance pay and insurance, but the HEALTH OFFICER is entitled to accrued, but unpaid benefits.

In the event the HEALTH OFFICER shall terminate this Agreement, the BOARD shall be entitled to thirty (30) days written notice of the termination. Thirty (30) days notice shall be a prerequisite to HEALTH OFFICER'S receiving accrued,

but unpaid benefits. Failure to provide thirty (30) days written notice to the BOARD by the HEALTH OFFICER shall void the responsibility of the BOARD to pay accrued, but unpaid benefits unless otherwise approved by the BOARD.

The following shall be considered “just cause” and shall be grounds for the immediate termination of this agreement by the BOARD:

1. conviction of or pleading guilty or nolle contender to a felony;
2. embezzlement;
3. dishonesty;
4. theft;
5. misappropriation of funds;
6. incompetence or neglect of duty;
7. reporting to work or working in an intoxicated condition;
8. illegal activity on health department premises during work or non-work hours;
9. insubordination;
10. violation of any part of this agreement

The parties agree that the above is not intended to be an exhaustive definition of “just cause” for termination of employment.

In the event the HEALTH OFFICER’S employment is terminated by the majority vote of the BOARD for just cause and the HEALTH OFFICER disputes same, that dispute shall be submitted to binding arbitration in accordance with the Employment Dispute Resolution Rules established by the American Arbitration Association. The arbitrator shall have no authority to neither add to, subtract from, or modify this Agreement, nor provide the HEALTH OFFICER any compensation or benefits in excess of those, which are authorized under this Agreement. Further, the arbitrator shall have no authority to award compensation to the HEALTH OFFICER for a period beyond the expiration of this Agreement which is September 30, 2015.

3. COMPENSATION

For all services rendered by the HEALTH OFFICER, the BOARD shall pay the HEALTH OFFICER an annual salary of \$82,000.00 for the period of August 12, 2013 to September 30, 2014. The BOARD shall negotiate the annual salary of the HEALTH OFFICER for the period of October 1, 2014 to September 30, 2015. The HEALTH OFFICER shall be paid in the same manner and intervals as regular non-union, management employees. The BOARD shall evaluate the HEALTH OFFICER annually in October of each year. In the event of termination, the HEALTH OFFICER shall be paid pro-rata to the effective date of termination.

4. DUTIES

The attached job description of the HEALTH OFFICER'S responsibilities, attached hereto as **Exhibit "A"**, is the HEALTH OFFICER'S current responsibilities and may be relied upon by the HEALTH OFFICER. The BOARD may from time to time, by resolution alter the HEALTH OFFICER'S responsibilities, provided that such alterations shall not be effective until a copy of such resolution shall be delivered to the HEALTH OFFICER. The HEALTH OFFICER, to the best of his ability, will follow department policy, rules and regulations. The HEALTH OFFICER is exempt from the Fair Labor Standards Act (FLSA) overtime provision and she may be required to work overtime without additional compensation. While the HEALTH OFFICER is not entitled to overtime, his schedule may be flexed if the workload allows.

5. HEALTH OFFICER'S BEST EFFORTS

The HEALTH OFFICER agrees that at all times he will faithfully and to the best of his ability, experience and talents perform all the duties that may be required of him. The HEALTH OFFICER shall report to the BOARD and such specific Board members as may be designated by the BOARD from time to time in its discretion.

6. FRINGE BENEFITS

The HEALTH OFFICER shall be entitled to health insurance, life insurance, sick leave, holiday pay, retirement, professional fees, mileage reimbursement for department business, personal leave days, and vacation days during each year of the term of this contract as outlined in the CMDHD Non-Union Salaried Employees Information sheet shown as Exhibit "B".

7. OUTSIDE EMPLOYMENT

The HEALTH OFFICER must receive written approval of the BOARD before engaging in outside or supplemental employment. In no case shall outside or supplemental employment conflict with or impair the HEALTH OFFICER'S responsibilities to the BOARD.

8. WAIVER OF BREACH

A waiver of the BOARD of a breach of any provision of this Agreement shall not operate or be construed as a waiver of any subsequent breach.

9. ASSIGNMENT

This Agreement is not assignable by either party hereto.

10. NON-DISCRIMINATION

The HEALTH OFFICER agrees not to discriminate against an employee or applicant for employment with respect to hire, tenure, term, conditions or privileges of employment because of race, color, religion, national origin, age, sex, sexual orientation, handicap, height, weight, or marital status. Breach of this covenant shall be regarded as a material breach of the contract and shall be considered just cause for termination.

The BOARD agrees not to discriminate against the HEALTH OFFICER with respect to hire, tenure, term, conditions or privileges of employment because of race, color, religion, national origin, age, sex, sexual orientation, handicap, height, weight, or marital status.

11. RETURN OF DOCUMENTS

Upon termination/resignation of employment, the HEALTH OFFICER agrees to return to the BOARD all documents, correspondence, papers and other property pertaining to the BOARD then in the HEALTH OFFICER'S possession.

12. PREVIOUS AGREEMENTS

This Employment Agreement thereto hereby supersedes all previous Agreements and any Amendments and the same shall be null and void.

WITNESSED BY:

CENTRAL MICHIGAN DISTRICT
BOARD OF HEALTH CHAIR

EMPLOYEE

**Branch-Hillsdale-St. Joseph Community Health Agency
Environmental Public Health Services
Report for the December 6, 2021 Board of Health Meeting
Prepared by Paul Andriacchi R.E.H.S, Director of Environmental Health**

Food Service Sanitation

There were two new establishments that recently opened in the tri-county area and both of them were in Hillsdale County. The first restaurant was a new Dairy Queen (Chill and Grill) in Hillsdale that opened in November. The second establishment is called Twisted Farmer Pub which is located in Camden. This facility is using local food growers in a farm to table approach to their business. They are opened for lunch and dinner and I would encourage you to support our new businesses when you are in the area.



Well and Septic

I was recently contacted by an EH Director from one of our adjacent counties regarding a new well drilling company. The well drilling company was found to have a number of major construction violations on the well inspections that they conducted. After some investigation I found that this same company has also drilled a number of wells in both Branch and Hillsdale County. Our sanitarians have done inspections on most of the wells they drilled and have not found violations. However, we did find some well logs that had been submitted by this company in which they never contacted us to conduct an inspection. We have been working with EGLE in getting all of our information to them as they have already started enforcement proceedings with the company. At this point the company has been served with a cease and desist order and are no longer conducting drilling operations. We will continue to work with EGLE and the other local health department in reporting any violations that have occurred in our jurisdiction.

General Programs

We have been continuing our work with the software company Health Space to get our general programs on line with the new software program. We have been live with the food program for quite some time, however, getting all of the forms, letters and historical data moved to the new software has taken more time than we had expected. We continue to have weekly meetings with Health Space staff and are getting very close to having everything in place to “go live” with the additional programs in the new system.

EH Service Statistics Report

BRANCH - HILLSDALE - ST. JOSEPH COMMUNITY HEALTH AGENCY

ENVIRONMENTAL HEALTH SERVICE REPORT 2021/2022

	OCTOBER				YTD 2021/2022				YTD 2020/2021			
	BR	HD	SJ	TOTAL	BR	HD	SJ	TOTAL	BR	HD	SJ	TOTAL
WELL/SEWAGE SYSTEM EVAL.	-	-	2	2	-	-	2	2	1	-	-	1
CHANGE OF USE EVALUATIONS	2	6	1	9	2	6	1	9	4	10	-	14
CHANGE OF USE EVALUATIONS - OFFICE	1	3	11	15	1	3	11	15	8	4	12	24
ON-SITE SEWAGE DISPOSAL												
PERMITS NEW CONSTRUCTION	5	5	1	11	5	5	1	11	4	9	8	21
REPAIR/REPLACEMENT	6	5	7	18	6	5	7	18	14	7	16	37
VACANT LAND EVALUATION	-	2	2	4	-	2	2	4	1	3	1	5
PERMITS DENIED	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL		12	10	33	-	12	10	33	19	19	25	63
SEWAGE PERMITS INSPECTED	7	9	13	29	7	9	13	29	10	18	20	48
WELL PERMITS ISSUED	13	12	24	49	13	12	24	49	20	16	19	55
WELL PERMITS INSPECTED	3	7	24	34	3	7	24	34	20	17	3	40
FOOD SERVICE INSPECTION												
ROUTINE	11	20	38	69	11	20	38	69	25	20	40	85
NEW OWNER / NEW ESTABLISHMENT	-	2	-	2	-	2	-	2	-	1	-	1
FOLLOW-UP INSPECTION	-	-	5	5	-	-	5	5	1	-	-	1
TEMPORARY	1	5	4	10	1	5	4	10	1	4	4	9
STFU/Mobile	1	-	4	5	1	-	4	5	-	-	1	1
PLAN REVIEW APPLICATIONS	1	-	1	2	1	-	1	2	-	-	-	-
FOOD COMPLAINTS RECEIVED	1	3	-	4	1	3	-	4	-	5	2	7
FOODBORNE ILLNESS INVESTIGATED	-	-	-	-	-	-	-	-	-	-	-	-
FOOD CLASSES												
MANAGEMENT CERTIFICATION CLASS	-	-	-	-	-	-	-	-	-	-	-	-
FOOD HANDLERS CLASS	-	-	-	-	-	-	-	-	-	-	-	-
METH LAB REFERRALS												
METH LAB LETTERS SENT	-	-	-	-	-	-	-	-	-	-	-	-
CAMPGROUND INSPECTION												
	-	-	-	-	-	-	-	-	-	-	-	-
NON-COMM WATER SUPPLY INSP.												
	-	1	-	1	-	1	-	1	-	-	4	4
SWIMMING POOL INSPECTION												
	-	-	-	-	-	-	-	-	-	-	-	-
PROPOSED SUBDIVISION REVIEW												
	-	-	-	-	-	-	-	-	-	-	-	-
SEPTIC TANK CLEANER												
	-	-	-	-	-	-	-	-	-	-	-	-
DHS LICENSED FACILITY INSP.												
	2	4	3	9	2	4	3	9	1	4	3	8
COMPLAINTS INVESTIGATIONS												
	2	5	3	10	2	5	3	10	-	-	1	1
LONG TERM MONITORING												
	-	-	-	-	-	-	-	-	-	-	-	-
BODY ART FACILITY INSPECTIONS												
	-	-	-	-	-	-	-	-	-	-	-	-

Inspection Type Count

For Date Range: 10/1/2021 - 10/31/2021 and Program: Food Service

Inspection Type	Count
Complaint	4
Consult	1
Follow-Up	5
Pre-opening/New	2
Progress Note	6
Routine	69
STFU/Mobile	5
Temporary	10
Total number of inspections	102

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Inspection Type Count by County

For Date Range: 10/1/2021 - 10/31/2021 and Program: Food Service

County	Inspection Type	Count
Branch	Complaint	1
	Progress Note	2
	Routine	11
	STFU/Mobile	1
	Temporary	1
Hillsdale	Complaint	3
	Consult	1
	Pre-opening/New	2
	Progress Note	4
	Routine	20
St. Joseph	Temporary	5
	Follow-Up	5
	Routine	38
	STFU/Mobile	4
	Temporary	4
	Total number of inspections	102

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Establishment Inspection Report

For Date Range: 10/1/2021 - 10/31/2021 and Program: Food Service

Name	Location	Date	Inspection Type	# P	# Pf	# P/Pf Fixed During Inspection	# Core
ADDISON GUN CLUB	SOMERSET TWP	10/28/2021	Progress Note	0	0	0	0
AMERICAN LEGION POST 454	Colon	10/26/2021	Routine	0	0	0	0
ANDERSON ELEMENTARY SCHOOL	BRONSON	10/8/2021	Routine	0	0	0	0
ANDREWS ELEM SCHOOL	Three Rivers	10/5/2021	Routine	0	0	0	0
BAILEY ELEMENTARY SCHOOL	Hillsdale	10/15/2021	Routine	0	0	0	0
Betzer Community Church	Pittsford	10/16/2021	Temporary	0	0	0	0
BON APPETIT MGT. CO.	HILLSDALE	10/12/2021	Routine	0	0	0	0
BPOE 1381 (ELKS LODGE)	STURGIS	10/5/2021	Follow-Up	0	2	0	0
Branch County 4-H Super Stars	Coldwater	10/8/2021	Temporary	0	0	0	0
BRONSON HIGH SCHOOL	BRONSON	10/8/2021	Routine	0	0	0	0
BUFFALO WILD WINGS (STURGIS)	STURGIS	10/20/2021	Routine	1	0	0	2
Center Park United Methodist Church	Three Rivers	10/6/2021	Routine	0	0	0	0
CENTRAL ELEMENTARY SCHOOL	White Pigeon	10/4/2021	Routine	0	0	0	1
CENTREVILLE ELEMENTARY	Centreville	10/25/2021	Routine	0	0	0	0
CENTREVILLE HIGH SCHOOL	Centreville	10/25/2021	Routine	0	0	0	0
CITY LIMITS DELI	LITCHFIELD TWP	10/12/2021	Routine	1	1	0	7
COLDWATER BROADWAY GRILLE	COLDWATER	10/7/2021	Routine	1	2	0	3
COLDWATER MASONIC TEMPLE BUILDING ASSOC	COLDWATER	10/22/2021	Progress Note	0	0	0	0
COLON ELEM SCHOOL	Colon	10/19/2021	Routine	0	0	0	1
COLON HIGH SCHOOL	COLON	10/19/2021	Routine	0	0	0	0
COLON MASONIC LODGE #73 F&A	Colon	10/19/2021	Routine	0	1	0	0
CONSTANTINE HIGH SCHOOL	Constantine	10/19/2021	Routine	0	0	0	0
CONSTANTINE MIDDLE SCHOOL	Constantine	10/19/2021	Routine	0	0	0	0
Cronkhite Beverage Catering	Coldwater	10/16/2021	STFU/Mobile	0	0	0	0
CULVER'S OF STURGIS	STURGIS	10/20/2021	Routine	0	0	0	3

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Name	Location	Date	Inspection Type	# P	# Pf	# P/Pf Fixed During Inspection	# Core
DAVIS MIDDLE SCHOOL	HILLSDALE	10/27/2021	Routine	0	0	0	0
Dawn's Cafe LLC	Colon	10/25/2021	Routine	0	0	0	0
Deadlift Coffee Tin	Three Rivers	10/26/2021	STFU/Mobile	0	0	0	0
DRAFT HORSE DINER	LITCHFIELD	10/20/2021	Routine	1	0	1	2
EASTSIDE ELEM SCHOOL	Constantine	10/19/2021	Routine	0	0	0	0
EASTWOOD SCHOOL	Sturgis	10/13/2021	Routine	0	0	0	0
El Sembrador LLC	Sturgis	10/20/2021	Routine	0	0	0	6
FIRST UNITED METHODIST CHURCH	HILLSDALE	10/27/2021	Routine	0	0	0	0
FIVE STAR PIZZA	Colon	10/19/2021	Routine	0	1	0	2
FIVE STAR PIZZA	UNION CITY	10/21/2021	Routine	0	0	0	0
FOE JONESVILLE 4290	JONESVILLE	10/26/2021	Progress Note	0	0	0	0
FOE JONESVILLE 4290	JONESVILLE	10/29/2021	Progress Note	0	0	0	0
GIER ELEMENTARY SCHOOL	HILLSDALE	10/27/2021	Routine	0	0	0	0
Go Cafe	Centreville	10/26/2021	Routine	0	0	0	0
GREENFIELD SCHOOL	Hillsdale	10/15/2021	Routine	0	0	0	0
HANDMADE SANDWICHES & BEVERAGES	HILLSDALE	10/1/2021	Complaint	1	0	0	0
Hillsdale Dairy Queen	Hillsdale	10/28/2021	Pre-opening/New	0	0	0	2
HILLSDALE HOSPITAL	HILLSDALE	10/13/2021	Routine	0	0	0	0
Holiday Inn Express & Suites--Food	Three Rivers	10/11/2021	Follow-Up	0	1	0	1
HOPPIN ELEM	THREE RIVERS	10/6/2021	Routine	0	0	0	0
Howardsville Christian School	MARCELLUS	10/27/2021	Routine	0	0	0	0
JEANNIE'S DINER	COLDWATER	10/19/2021	Routine	0	0	0	0
JENNINGS ELEMENTARY SCHOOL	QUINCY	10/26/2021	Routine	0	0	0	0
Jerolene Elementary	Sturgis	10/5/2021	Routine	1	0	0	0
Jonesville Lions Club	Jonesville	10/31/2021	Temporary	0	0	0	0
JONESVILLE MIDDLE SCHOOL	JONESVILLE	10/15/2021	Progress Note	0	0	0	0
Keim's Elephant Ear Express	Osceola	10/9/2021	Temporary	0	0	0	0
KING DRAGON BUFFET	Sturgis	10/28/2021	Routine	2	3	0	5
LITCHFIELD COMMUNITY SCHOOL	LITCHFIELD	10/20/2021	Routine	0	0	0	0
Litchfield Rotary Club	Litchfield	10/8/2021	Temporary	0	0	0	0

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Name	Location	Date	Inspection Type	# P	# Pf	# P/Pf Fixed During Inspection	# Core
LITCHFIELD-JONESVILLE LANES INC	Jonesville	10/15/2021	Routine	0	1	0	0
LUGI'S PIZZA	LITCHFIELD	10/12/2021	Routine	0	0	0	0
MAMMA MIA'S PIZZA	Burr Oak	10/26/2021	Routine	0	0	0	3
MCDONALDS OF COLDWATER	COLDWATER	10/20/2021	Complaint	0	0	0	0
MCDONALDS OF COLDWATER	COLDWATER	10/20/2021	Progress Note	0	0	0	0
Mema Kitchen	Three Rivers	10/7/2021	Temporary	0	0	0	0
MENDON GRADE SCHOOL	Mendon	10/21/2021	Routine	0	1	0	1
MENDON JR & SR HIGH SCHOOL	MENDON	10/21/2021	Routine	0	1	0	0
Mendon United Methodist Church	MENDON	10/21/2021	Routine	0	2	0	0
MOSHERVILLE LADIES AID SOCIETY	SCIPIO TWP	10/13/2021	Routine	0	1	0	0
NORTON ELEM	THREE RIVERS	10/5/2021	Routine	0	0	0	0
Ohana Kalea Shave Ice LLC	Howe	10/5/2021	STFU/Mobile	0	0	0	0
PARK COMMUNITY SCHOOL	THREE RIVERS	10/6/2021	Routine	0	0	0	0
PATHFINDER: FOOD	Centreville	10/26/2021	Routine	0	0	0	0
PENNY'S	HILLSDALE	10/13/2021	Routine	0	1	1	0
PROMEDICA - COLDWATER REGIONAL HOSPITAL	COLDWATER	10/19/2021	Routine	0	0	0	0
Punjab Group Mendon Inc/Mendon Quick Sto	Mendon	10/15/2021	Follow-Up	1	0	0	0
QUINCY JR SR HIGH SCHOOL	QUINCY	10/26/2021	Routine	0	0	0	0
READING HIGH SCHOOL	READING	10/20/2021	Routine	0	1	0	0
READING HIGH SCHOOL	READING	10/26/2021	Consult	0	0	0	0
REYNOLDS ELEMENTARY SCHOOL	Reading	10/20/2021	Routine	0	0	0	0
RIVERSIDE ELEM SCHOOL	Constantine	10/19/2021	Routine	0	0	0	0
ST PAUL LUTHERAN CHURCH	COLDWATER	10/19/2021	Routine	0	0	0	0
St. Joseph County Commision on Aging	Three Rivers	10/7/2021	Routine	0	0	0	1
STURGIS ADULT ED	Sturgis	10/13/2021	Routine	0	0	0	0
STURGIS HIGH SCHOOL	Sturgis	10/13/2021	Routine	1	0	0	2
STURGIS MIDDLE SCHOOL	STURGIS	10/5/2021	Routine	0	0	0	0
Tacos Guerrerenses	Constantine	10/4/2021	Temporary	0	0	0	0

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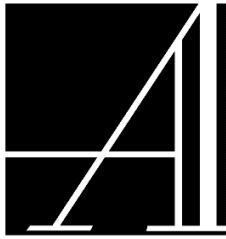
Name	Location	Date	Inspection Type	# P	# Pf	# P/Pf Fixed During Inspection	# Core
Tacos Guerrerenses	Constantine	10/19/2021	STFU/Mobile	0	0	0	0
The BUCKET INC	UNION CITY-PT	10/21/2021	Routine	0	0	0	0
THE LOCAL EATERY	Hillsdale	10/13/2021	Routine	1	0	1	0
THE SALVATION ARMY	HILLSDALE	10/12/2021	Routine	0	0	0	0
The Stables	Quincy	10/22/2021	Routine	0	0	0	0
THE UDDER SIDE	JONESVILLE	10/25/2021	Routine	0	0	0	0
Three Rivers Promise	Three Rivers	10/10/2021	Temporary	0	0	0	0
Twisted Farmer Pub	Camden	10/27/2021	Pre-opening/New	0	1	1	1
Viva Fajita	Mendon	10/27/2021	Routine	0	0	0	0
WALDRON AREA SCHOOL	WRIGHT TWP	10/5/2021	Complaint	0	0	0	0
WALL SCHOOL	STURGIS	10/5/2021	Routine	0	0	0	0
Weenie Kings 2	Three Rivers	10/28/2021	STFU/Mobile	0	0	0	0
WENDY'S #4405	Hillsdale	10/27/2021	Complaint	0	0	0	0
WHITE PIGEON HIGH SCHOOL	WHITE PIGEON	10/4/2021	Routine	0	0	0	0
WILLIAMS ELEMENTARY SCHOOL	JONESVILLE	10/28/2021	Routine	0	0	0	0
WINGS ETC...	Sturgis	10/5/2021	Follow-Up	3	2	0	0
WINGS ETC...	Sturgis	10/13/2021	Follow-Up	1	0	0	0
WOODBRIIDGE TOWNSHIP FIRE DEPT	Hillsdale	10/31/2021	Temporary	0	0	0	0
Zilantros Mexican Street Food	Hudson	10/14/2021	Temporary	0	0	0	0

Food Inspection Codes:

P-This indicates a priority violation which is a violation which includes a quantifiable measure to show control of hazards such as cooking, cooling, reheating and handwashing. It is in general terms a violation that can potentially lead directly to an illness.

Pf-This is a priority foundation violation which is a violation that supports a priority violation. For example, the lack of soap or towels at a handwash sink is a Pf. This supports the priority violation of not washing hands.

C-This is a core violation-This is an item the usually relates to general sanitation, operational controls and maintenance of facilities and equipment.



Director's Report

Updates:

1. Services to Victims of Elder Abuse Program Updates
 - The team is working on keeping up communications with our local Elder Abuse Prevention Coalition and Interdisciplinary Team regarding current scams & swindles... We are in the process of developing an "alert"-type message and campaign to encourage people to share their stories under the theme: "Report It – Don't Ignore It". Because of the prevalence of so many individuals coming forward sharing their experiences, we're compelled to share messaging around this topic and work locally to combat this form of abuse. Stay tuned!
 - We are working with the CHA Admin team regarding policy enhancements as related to the contract review and new Division of Victim Service contract stipulations.
2. I will have some exciting introductions to make at the Board of Health Meeting regarding our AAA IIC Team!
3. We have received official notification from the Bureau of Aging, Community Living, and Supports (ACLS) with a Statement of Grant Award for the FY2022 "Direct Care Worker Pay Increase". The DCW funds are strictly pass-through funds and they are limited based on the state's intrastate funding formula. There are a few new rules & reimbursement methodologies for this year which we have applied to our local contracts management. As such, all of our providers have received their notifications and will be submitting cash requests for eligible hours & associated costs for October and November activity. As of today, we've only received funding for the period of October 1 – December 31, 2021 (just over \$13,000). At this point, I am not sure if the award will be adequate to reimburse all providers requests.
4. The American Rescue Plan Act (ARPA) funding is still tied up in debate and has yet to be allocated to the aging network. We are hearing this may occur in January 2022... We will keep the Board updated.
5. Our team is quite tied up in programmatic & financial reporting at this time of year... another monumental year in terms of calls to our agency and service delivery on the part of our providers. Amid such a staffing transition, I remain confident in our team and our efforts!



Personal Health and Disease Prevention: December 9, 2021

Communicable Disease:

A new variant of concern has hit the news. This variant is named B.1.1.529 (Omicron). The variant was first identified in South Africa and additional cases have been identified in other countries. The BOL is prioritizing sequencing for this variant based on certain criteria, mainly travel related. Not all specimens are sequenced.

We brought on four new case investigators through the CDC Foundation but we are still not able to reach all of the incoming cases. Several other health departments are experiencing this as well. We continue to prioritize the younger population (0-18) first and have been discussing abbreviated investigations techniques so we can expand on who we contact and hopefully make the process faster. We will also be implementing through the state and PEG a messaging system that goes out to confirmed/probable Covid-19 cases. This message will notify cases of their illness and provide them with educational resource links. Later down the road a fully integrated system between MDSS and PEG will be available and we will choose that route to help increase case contact. This will send an online accessible form to the patient that can be fill out at a convenient time for them versus having to wait for a health department call.

The latest Flu Focus states low activity in Michigan for influenza and currently no influenza-associated pediatric deaths have been reported.

Immunizations/STD/HIV:

The eligibility criteria for booster dose have expanded with those 18 years and older who had a primary series vaccination now being eligible for a booster dose. Currently booster doses are not recommended in people less than 18 years of age. We are offering every type of vaccine and dosage at all of our scheduled clinics listed on the BHSJ website.

In mid-December, distributors will begin transitioning to the Pfizer fully licensed vaccine formulation (Comirnaty) for ages 12+. Smaller pack ordering will also be made available for easier use.

Women, Infant, and Children (WIC):

Our final report for our 20/21 Maternal Child Health grant was submitted and approved. This grant allows us to send immunization recall letters out, provide safe sleep education, and safe sleep materials (pack n plays/sleep sacks). A good portion of the clients who benefit from this grant are on our WIC program. This grant year (much like the last) was a bit of a challenge since for a long period of time we weren't seeing people in our offices. Overall, we had a good outcome with this grant and for the past 4 years infant mortality rates have decreased in the tri-county area.

Children's Special Health Care Services (CSHCS), Lead, and Hearing & Vision:

We have a new CSHCS rep that started in our Three Rivers office, we are very excited for that! Hearing and Vision techs have been struggling to get everyone screened with children being out ill or quarantined. Setting up multiple trips to schools on the schedules to accommodate has been a constant work in progress, but we are doing it.

Kali Nichols MPH
Personal Health & Disease Prevention Director

**Branch - Hillsdale - St. Joseph Community Health Agency
Personal Health and Disease Prevention**

	Oct-21					YTD 2021-2022					YTD 2020-2021				
	BR	HD	ST	TR	Total	BR	HD	ST	TR	Total	BR	HD	ST	TR	Total
CHILD IMMUNIZATIONS															
# Vaccines Given CHA	105	161	-	141	407	105	161	-	141	407	107	218	42	132	499
All VFC Doses Given	915	662	-	798	2,375	915	662	-	798	2,375	1,153	771	-	1,349	3,273
Waivers	11	31	6	18	66	11	31	6	18	66	13	19	-	10	42
ADULT IMMUNIZATIONS															
# Vaccines Given	444	239	-	205	888	444	239	-	205	888	179	39	7	48	273
All AVP Doses Given	5	47	-	23	75	5	47	-	23	75	24	6	-	17	47
TRAVEL VACCINATIONS															
Branch Office	-				-	-	-	-	-	-	-	-	-	-	-
COMMUNICABLE DISEASE															
TB Tests Done	4	22	-	-	26	4	22	-	-	26	10	3	-	1	14
New LTBI on Rx	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
STD treatments	-	-	1	5	6	-	-	1	5	6	-	2	1	4	7
New STD Investigations	14	18	-	41	73	14	18	-	41	73	13	20	-	23	56
HIV Testing	-	-	1	1	2	-	-	1	1	2	-	-	1	-	1
ENROLLMENTS															
Medicaid & Michild	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
REFERRAL SERVICE															
MCDC Referrals	5	-	11	21	37	5	-	11	21	37	11	12	4	13	40
MIHP referrals	13	-	10	12	35	13	-	10	12	35	2	5	28	17	52
Hearing Screens															
Pre-school	43	118	-	24	185	43	118	-	24	185	-	50	-	98	148
School Age	140	73	-	352	565	140	73	-	352	565	148	237	-	271	656
Vision Screens															
Pre-school	74	138	-	14	226	74	138	-	14	226	-	59	-	117	176
School Age	152	181	-	655	988	152	181	-	655	988	672	352	-	415	1,439
Children's Special Health Care Services															
Diagnostics	1	1	-	1	3	1	1	-	1	3	1	-	-	-	1
Assessments-Renewal	24	31	-	33	88	24	31	-	33	88	19	29	-	28	76
Assessments-New	3	7	-	5	15	3	7	-	5	15	2	7	-	7	16

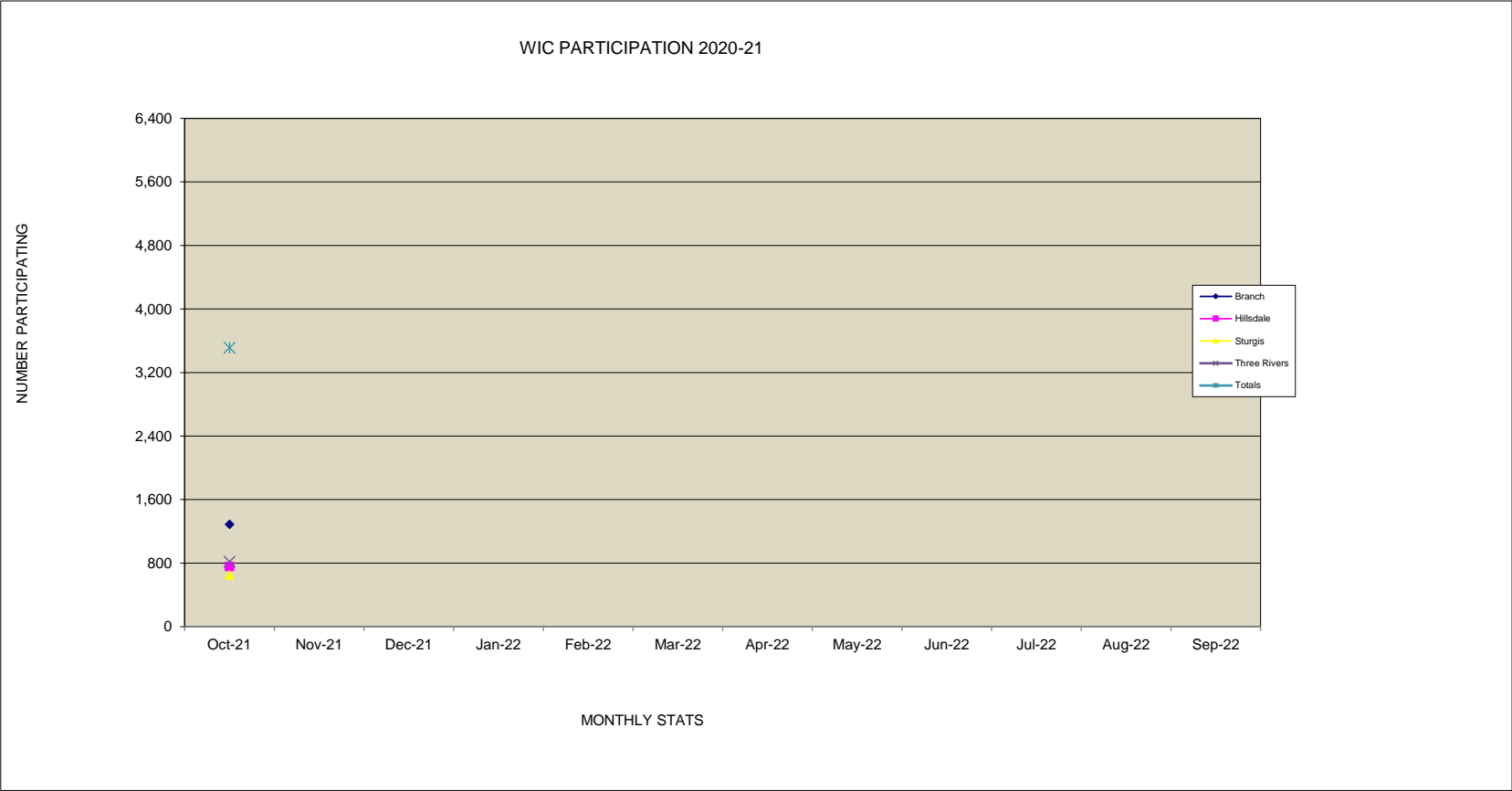
**Branch - Hillsdale - St. Joseph Community Health Agency
Personal Health and Disease Prevention**

October-21	2021-2022				FYTD 2021-2022				2020-2021 FYTD			
	BR	HD	SJ	Total	BR	HD	SJ	Total	BR	HD	SJ	Total
Animal Bite/Rabies potential exposure	1	8	-	9	1	8	-	9	6	4	-	10
Brucellosis	-	-	-	-	-	-	-	-	-	-	-	-
Campylobacter	1	1	3	5	1	1	3	5	-	1	1	2
Chicken Pox	-	-	-	-	-	-	-	-	-	-	-	-
Chlamydia	10	11	20	41	10	11	20	41	9	10	15	34
Coccidioidomycosis	-	-	1	1	-	-	1	1	-	-	-	-
CRE Carbapenem Resistant Enterobac.	-	-	-	-	-	-	-	-	-	-	-	-
Cryptosporidiosis	-	-	-	-	-	-	-	-	-	-	-	-
Encephalitis - Primary	-	-	-	-	-	-	-	-	-	-	-	-
Giardiasis	-	-	1	1	-	-	1	1	-	-	-	-
Gonorrhea	4	7	21	32	4	7	21	32	4	10	8	22
H. Influenzae Disease - Inv.	-	-	-	-	-	-	-	-	-	-	-	-
Hepatitis B - Acute	-	-	-	-	-	-	-	-	-	-	-	-
Hepatitis B - Chronic	-	-	-	-	-	-	-	-	1	-	-	1
Hepatitis C - Acute	-	-	-	-	-	-	-	-	-	-	-	-
Hepatitis C - Chronic	3	-	-	3	3	-	-	3	2	1	2	5
Hepatitis C Unknown	-	-	-	-	-	-	-	-	-	-	-	-
HIV/AIDS	1	-	-	1	1	-	-	1	-	-	-	-
Influenza	-	-	-	-	-	-	-	-	-	-	-	-
Kawasaki	-	-	-	-	-	-	-	-	-	-	-	-
Legionellosis	-	1	-	1	-	1	-	1	-	-	-	-
Lyme Disease	-	-	1	1	-	-	1	1	-	-	-	-
Malaria	-	-	-	-	-	-	-	-	-	-	-	-
Measles	-	1	-	1	-	1	-	1	-	-	-	-
Menengitis - Aseptic	-	-	-	-	-	-	-	-	-	-	-	-
Menengitis - Bacterial	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal Disease	-	-	-	-	-	-	-	-	-	-	-	-
Mumps	-	-	-	-	-	-	-	-	-	-	-	-
Mycobacterium - Other	-	-	1	1	-	-	1	1	-	-	-	-
Norovirus	-	-	-	-	-	-	-	-	-	-	-	-
Novel Coronavirus	550	765	967	2,282	550	765	967	2,282	334	229	571	1,134
Pertussis	-	-	-	-	-	-	-	-	-	-	-	-
Salmonellosis	-	1	-	1	-	1	-	1	2	-	-	2
Scabies	-	-	-	-	-	-	-	-	2	-	-	2
Shiga Toxin-prod. (STEC)	-	1	-	1	-	1	-	1	-	-	-	-
Staphylococcus Aureus Infect.	-	-	-	-	-	-	-	-	-	-	-	-
Strep Invasive Gp A	-	-	-	-	-	-	-	-	-	-	1	1
Strep Pneumonia Inv Ds.	-	-	-	-	-	-	-	-	1	-	1	2
Strep Pneumoniae, Drug Res.	-	-	-	-	-	-	-	-	-	-	-	-
Syphilis - Primary	-	-	-	-	-	-	-	-	-	-	-	-
Syphilis - Secondary	-	-	-	-	-	-	-	-	-	-	-	-
Syphilis To Be Determined	-	-	-	-	-	-	-	-	-	-	-	-

WIC CLINIC CASELOAD STATISTICS PER CLINIC

	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	21-22 YTD	21-22 Avg	20-21 Avg	19-20 Avg	18-19 Avg
BRANCH	1,287												1,287	1,287	1,387	1,337	1,247
HILLSDALE	758												758	758	841	1,004	988
STURGIS	650												650	650	710	810	766
THREE RIVERS	818												818	818	981	1,127	982
Totals	3,513												3513	3,513	3,919	4,286	3,988

This reflects WIC clients who have enrolled and are using their WIC benefits. These are the numbers that our funding is dependent upon. We need to maintain a caseload at 97% or greater than our assigned caseload.



Copies of the closed session documents will be passed out after the Board enters closed session. The copies will be numbered and must be returned and accounted for prior to leaving the closed session.