
BOARD OF HEALTH Meeting
Agenda for June 23, 2022 at 9:00 AM

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 from 5/26/2022*
2. Public Comment
3. Health Officer’s Report
4. Medical Director’s Report
5. Committee Reports
 - a. Finance Committee – Approval of minutes from the 5/26/22 and the 6/20/22 meeting*
 - b. Program, Policies, and Appeals – Approval of minutes from June 20, 2022 meeting*
6. Financial Reports
 - a. Approve Payments*
 - b. Review Financials
7. New Business
 - a. AAA FY23-25 Multi-Year Area Plan/FY23 Annual Implementation Plan*
 - b. Budget Amendment #2 FY21/22*
 - c. Coldwater Building Security Project*
 - d. Conference Room Recording*
 - e. FY22/23 Original Budget*
 - f. Three Rivers Parking Lot Replacement*
 - g. MCDC Dental Incentive Contract*
 - h. Recording Public Comment in the Minutes*
 - i. Holiday Schedule*
8. Departmental Reports
 - a. Environmental Health
 - b. Area Agency on Aging
 - c. Personal Health & Disease Prevention
9. Public Comment
10. Adjournment - Next meeting: July 28, 2022

Public Comment:

For the purpose of public participation during public hearings or during the public comment portion of a meeting, every speaker prior to the beginning of the meeting is requested but not required to provide the Board with his or her name, address and subject to be discussed. Each speaker will be allowed to speak for no more than three (3) minutes at each public comment opportunity. Board of Health By-Laws, Article IV, Section 3

May 26, 2022 – Board of Health Meeting Minutes

The Branch-Hillsdale-St. Joseph Community Health Agency Board of Health meeting was called to order by Chair, Tom Matthew at 9:04 AM with the Pledge of Allegiance to the Flag of the United States led by Mr. Leininger. Roll call was completed as follows: Tom Matthew, Mark Wiley, Brent Leininger, Kathy Pangle, Jon Houtz, and Jared Hoffmaster.

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

Mr. Wiley moved to approve the agenda, with support from Ms. Pangle. The motion passed unopposed.

Mr. Houtz moved to approve the minutes from the April 28, 2022, meeting with support from Mr. Leininger. The motion passed unopposed.

Ms. Pangle moved to clarify that each speaker is allowed to speak for three minutes at each public comment period. Speakers cannot yield time to other speakers, as the By-laws provide guidance that each speaker will be allowed to speak for no more than three minutes. The motion received support from Mr. Houtz. A roll call vote was taken and the motion passed 5-1 (Mr. Wiley, Yes; Ms. Pangle, Yes; Mr. Matthew, No; Mr. Houtz, Yes; Mr. Hoffmaster, Yes; Mr. Leininger, Yes)

Public Comment: Public comment was given by Resident Adams, Resident Eichler, and Resident Mapes.

Rebecca Burns, Health Officer, reviewed her monthly report. Items included: Area Agency on Aging IIC Budget Amendment, Strategic Planning, COVID-19 After Action Report, Highly Pathogenic Avian Influenza (HPAI), Community Health Workers, COVID Today, COVID Vaccinations, COVID-19 Testing, Coldwater Office, Sturgis Office, Hillsdale Office, Three Rivers Office, Mobile Van Repairs Scheduled, Family Planning, and Health Promotion & Education update.

Dr. Luparello reviewed the Medical Director's monthly report. This month's educational report was titled, "Syphilis".

Committee Reports:

- Finance Committee – Mr. Hoffmaster moved to approve the minutes from the May 16, 2022 meeting with support from Ms. Pangle. The motion passed unopposed.
- Program, Policy, and Appeals Committee – Mr. Wiley moved to approve the minutes from the April 28, 2022 and the minutes from the May 16, 2022 meeting with support from Mr. Hoffmaster. The motion passed unopposed.

Financial Reports/Expenditures

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

Unfinished Business

- None

New Business:

- Mr. Houtz moved to approve the AAA FY22 Provider Budget Amendments as presented, with support from Mr. Leininger. A roll call vote was taken and the motion passed 6-0 (Mr. Wiley, Yes; Ms. Pangle, Yes; Mr. Matthew, Yes; Mr. Houtz, Yes; Mr. Hoffmaster, Yes; Mr. Leininger, Yes).
- Mr. Hoffmaster moved to accept the bid from Mary Kushion Consulting, LLC for Strategic Planning, with support from Mr. Wiley. A roll call vote was taken and the motion passed 5-1 (Mr. Wiley, Yes; Ms. Pangle, Yes; Mr. Matthew, Yes; Mr. Houtz, Yes; Mr. Hoffmaster, Yes; Mr. Leininger, No).

Departmental Reports:

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

Public Comment: Public comment was given by Resident Adams, Resident Mapes, and Resident Eichler.

With no further business, Mr. Houtz moved to adjourn the meeting with support from Mr. Leininger. The motion passed and the meeting was adjourned at 10:34 AM.

An Educational Session about the Area Agency on Aging IIC Multi-Year planning process took place after the meeting.

Respectfully Submitted by:



Theresa Fisher,
Administrative Services Director
Secretary to the Board of Health

An Educational Session about the Area Agency on Aging IIC Multi-Year planning process took place after the meeting.

Health Officer's Report to the Board of Health for June 23, 2022
Prepared by: Rebecca A. Burns, M.P.H., R.S.

Agency Updates

Public Health Funding: The Michigan League for Public Policy has adopted the issue of Essential Local Public Health Services funding as a budget priority for FY 23. Please click here for more information: <https://mlpp.org/2023-budget-priority-local-health/> Also, they have recently released a new report on ELPHS funding which I have provided at the end of this report. I hope you will take a few minutes to review the report. State funding for local public health stagnated for a number of years and locally our funding is significantly lower than what we received in the early 2000's. I hope to take a deeper dive into this issue over the next few months.

NALBOH: The National Association for Local Boards of Health is holding their annual meeting in Grand Rapids in August. This is the first time that I can remember the conference being offered in Michigan. If you are interested in more information you can review the schedule at <https://www.nalboh.org/page/2022AnnualConferenceSchedule>. The Agency is not a member.

Area Agency on Aging IIC Budget Amendments: The multi-year plan is getting close to the finish line with a final vote to adopt at today's meeting. The bidding process is open and next up will be the review of competitive bids by the Program, Policy and Appeals committee.

Strategic Planning: You received a request to respond to a survey, the responses of which will be used to help inform our strategic planning process. The survey closed on Friday, June 17th. There will be two in-person meetings coming up, the first on June 30th for all Supervisors and Directors and then on July 15th all staff at the health department participate in a half-day activity.

COVID-19 After Action Report: The Agency's Emergency Preparedness Coordinator (EPC) must submit our AAR at the end of June. All Board of Health members received an invitation to participate in a survey to provide feedback. This survey is closing on June 20th with results being reviewed by our EPC, Jim, and a small group of Agency staff. It will be ready to share at the July meeting.

Highly Pathogenic Avian Influenza (HPAI): There have been no new cases of HPAI in the past 30 days which allowed MDARD to lift the ban on poultry shows in Michigan. HPAI is still present in the wild bird population and poultry owners need to continue to be vigilant to protect their birds.

Community Health Workers (CHW): The CHW's will have completed their training program by the time of the Board of Health meeting. There are additional trainings that they will still need to complete; such as assisting with a Medicaid application, but they will be ready to begin putting their newly learned skills into practice supporting the Agency's clients.

July Board of Health Meeting: I notified you previously of a commitment that would take me away for the July meeting. Since then I have learned that my son's summer marching band camp program requires that he be back in Michigan on Thursday, July 28th so I will be here for the July meeting.

COVID Today: There isn't anything new to report since last month. Cases are certainly higher than in April/May, but in general most cases are mild and not resulting in severe disease. Michigan is still listed as in Recovery Phase. Here at BHSJCHA we are planning for how we will respond to a Fall surge in cases that is expected. We are currently working to replace the COVID Coordinator position that was previously held by Kim Lussier. Kim moved on when she moved to the Kent County area.

COVID Vaccinations: By the time of the meeting, I hope to report that we have begun offering the COVID vaccine to our youngest county residents; 6 months to 5 years. Both the Pfizer and Moderna COVID vaccines are expected to receive authorization for use next week. We continue to offer the vaccine to anyone who wants it and appointments can be made on our website or by contacting our office.

COVID Testing: Free testing continues to be offered at our offices on the same schedule. Beginning in July, we will be moving the testing firm back upstairs in Hillsdale to operate out of our lobby.

Hillsdale MCDC Dental Center: MCDC is bringing in a potential dentist for the Hillsdale location on June 24th. We are all hoping this is the person that will get this dental center back open!

Coldwater Office: I met with Administrator Norman and shared concerns brought up at the Board of Health meeting and the request to go back and continue negotiating with Branch County. He is continuing to research the cost of the building remodel and will need to reach out to the bond attorney. He will let me know when he has additional information to share.

Sturgis Office: There is nothing new to report on this project to expand our space in Sturgis.

Hillsdale Office: Theresa has been provided with two bids for parking lot repairs by Randy. I am seeking bids to update the signage at this building with our new logo and colors.

Three Rivers Office: We have approved an architectural plan to remove exterior wood at this building and are now starting the bid process. Theresa has been working to get bids to replace the parking lot as well. I have been seeking bids to update our signage with our current logo and colors.

Family Planning: We are still evaluating the RFP for Family Planning but have learned that the funding available for our tri-county area is less than what we were receiving when we last conducted the program.

Health Promotion & Ed. Team Activities:

The month of May was a transitional period for the Health Promotion & Education staff as we welcomed three new Community Health Workers to our staff. This is an entirely new endeavor for the agency, and as such, it is an ongoing learning process for the Health Promotion & Education team, the Administrative staff, and the Community Health Workers, as well. However, we are confident that this process will lead to a very valuable group of employees that will be well trained, effective, and extremely competent in the unique set of duties and responsibilities that will be assigned to them. This month also marked the 1-year anniversary with our agency for our Health Educator, Kristina Dewey, who is an invaluable, and passionate, member of our team and we are extremely lucky to have her. *Congratulations, Kris!*

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

The Michigan Center for Rural Health (MCRH) – Embedding a Community Health Worker Program within the Local Public Health Department:

The Branch-Hillsdale-St. Joseph Community Health Agency, with help from the Health Promotion & Education team, successfully received grant funding that will allow us to integrate a Community Health Worker program into our list of available services. Under the supervision of the Health Promotion & Education Supervisor, the grant enabled us to hire three Community Health Workers to provide services for Branch, Hillsdale, and St. Joseph counties. These individuals have begun participation in a 6-week Community Health Worker training course that will be completed on June 22nd and they will receive certifications as Community Health Workers for their completion of the training program. The BHSJ Community Health Agency, as well as the H.P. & Ed. team, is very excited for the opportunity that this funding provides and looks forward to being able to offer our community members the unique services that these employees will be able to offer.

HRSA - The Rural Community Opioid Response Implementation Grant (Application):

The H.P. & Ed. Team has applied for the next step in the HRSA grant series, Implementation, which we were unsuccessful in securing for the current grant

cycle. We are hopeful that this new submittal will meet the requirements necessary to be awarded funding when the next performance period begins in September and we are expecting to be informed of those results within the next month or two.

MPHI – “Creating an Age-Friendly Public Health System in Michigan”:

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. As of March 31st, all of the project’s deliverables have been met, the survey results have been compiled and analyzed, and the final report was successfully submitted to our MPHI representative. On June 16th, Alex Bergmooser (BHSJCHA Health Promotion & Education Supervisor), Laura Sutter (Area Agency on Aging Director, Region 3C), Nichole Baker (AAA Aging and Adult Services Manager, Region 2), and Cami Emerson (AAA Community Health Specialist, Region 2) will present these findings and insights at the MI Public Health Conference in Grand Rapids. We look forward to the opportunity to share our experience with other organizations.

LARA – 2022 Medical Marijuana Operation and Oversight Grant (MMOOG):

BHSJ has again been awarded the “Medical Marijuana Operation and Oversight Grant”, funded through the Department of Licensing and Regulatory Affairs (LARA) Cannabis Regulatory Agency (CRA). Utilizing the familiar “Lock it up” messaging campaign, the H.P. & Ed. team has completed the first round of promotional item distribution to partner organizations and interested businesses (such as dispensaries, local healthcare centers, county administrative buildings, etc.) throughout our tri-county area. These items include lockable “bank bags”, yard signs, posters, stickers, and informational brochures. We will be preparing to expand our promotional efforts in the coming months.

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

| Date | Event |
|------|--|
| 5/3 | CHW Certification Training Begins |
| 5/5 | MALPH Health Promotion & Education Forum |
| 5/19 | Branch County ISD Health, Family Fun Day |
| 5/24 | After Action Review (Covid-19) Committee Meeting |



Local Public Health Funding in Michigan: An Evergreen Need, Even in Our “New Normal”

Simon Marshall-Shah, Policy Analyst | June 2022

Introduction

Public health protects us all. Broader than healthcare access or affordable coverage alone, public health is central not only to the health of individuals but also the health of their communities. Public health encompasses infectious disease control, environmental safety, health behavior change, quality food and water in addition to social determinants of health, or non-medical factors influenced by the conditions in which people are born, work, age and live. Broadly, public health prevents disease from occurring in the first place; promotes physical, social and environmental health; and protects entire communities through sound policy and programs.

In Michigan, the Department of Health and Human Services (MDHHS) has a core role in the delivery of public health services. Other departments, such as the Michigan Department of Agriculture and Rural Development (MDARD) and the Michigan Department of Energy, Great Lakes and Environment (EGLE) also regulate and provide public health services, including ones related to food- and environment-related safety, respectively. In 2022, just 1.2 percent (\$812.6 million) of the total state budget (1.6 percent General Fund/General Purpose, or \$183.5 million) was devoted to public health through MDHHS funding.¹ State funding for public health is thinly spread across a wide array of services that prevent, monitor and control infectious disease spread; address social determinants of health; support a number of family, maternal and children’s health services; and prepare local and state entities for emergency responses, such as COVID-19.

Despite ranking highly on measures of clinical care, like access to care and quality of care, Michigan falls short on measures of health outcomes. Greater investment in policies and programs that support health outcomes outside of clinical care is needed to influence communities’ overall health. Increased public health funding, especially targeted at the local level and to local health departments (LHDs), will support the delivery of essential public health services and improve health outcomes overall.

In addition, a strategic focus on upstream health factors and social determinants of health can help reduce existing racial health disparities in Michigan. Such disparities are not inevitable and the actions of the Michigan Coronavirus Racial Disparities Task Force provide a useful case study in how taking key actions, including greater investment in local infrastructure and capacity, can address long-standing health equity barriers. A worthwhile, forward-looking investment, greater state spending on public health will contribute to a healthier future for all Michiganders.

The Impact of COVID and Moving Toward a “New Normal”

Over the past few years, COVID has dominated conversations about public health and the policies that promote it. Communities and leaders, including public health practitioners and LHDs, have learned how best to respond and in many cases, have come together to do so effectively and saved thousands of lives in Michigan.² There are 45 LHDs across Michigan and each of them had to pivot many of their regular activities to combat the virus and address its impact in their community.³ LHDs’ actions to shift resources like funding, staffing and programming away from other services and *toward* COVID prevention and response makes clear that “normal” activities – that is, outside of an active global pandemic – encompass so much more than those exclusively related to COVID.

“ Proactive public health policies do not simply ensure someone who gets sick can be treated in a clinical setting; instead, they additionally look to solve the underlying issues that erode health and safety, using trends in population data and solutions that reach whole communities and collectively improve the social determinants of health. ”

Unfortunately, over the course of the pandemic, “public health” and related terminology have, to some degree, become buzzwords. This shift has left it open to misrepresentation and has often resulted in its being equated with policies that control the spread of COVID – and nothing else. We have seen the consequences in Michigan, as limited LHD funding, which supports the delivery of essential services well beyond COVID activities, was recently put in jeopardy regarding mask mandates.⁴

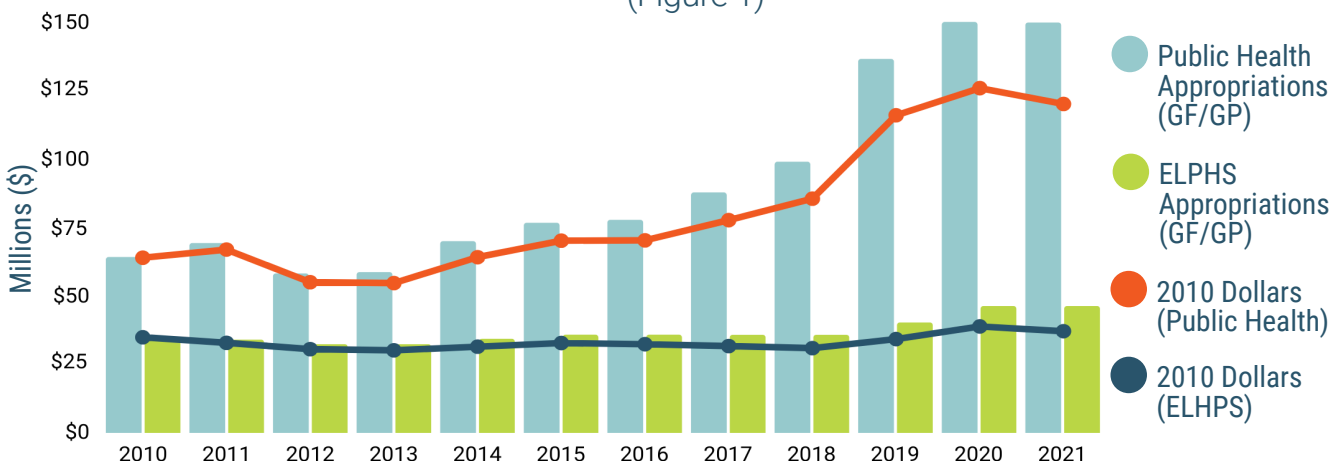
LHDs are required to provide Essential Local Public Health Services (ELPHS), which is core public health programming across seven different areas.⁵ In addition, LHDs connect families to affordable healthcare, prevent foodborne illness and collect and analyze local health data, among other activities.⁶ Over the last decade, Michigan has not substantially invested in local public health systems. Increased public health funding, for LHDs and community-based partners in particular, is necessary to continue all of these activities as we navigate a new budget year and move toward a “new normal,” two years after the pandemic was declared.

Our “new normal” must be prepared for future public health needs while also intentionally addressing systemic racism and health disparities through targeted programming and strategic policymaking. Proactive public health policies do not simply ensure someone who gets sick can be treated in a clinical setting; instead, they additionally look to solve the underlying issues that erode health and safety, using trends in population data and solutions that reach whole communities and collectively improve the social determinants of health. Greater investment in local public health through LHDs is one tangible way to ensure our “new normal” prioritizes prevention, innovative policies and community health programs that promote safety and wellbeing across Michigan.

Public Health Funding Through the Michigan Department of Health and Human Services

Budget decisions on public health within MDHHS support community public health services and health policy as well as family, maternal and children’s health services. Over the last decade, gross public health funding within this department has remained at about \$600 million per fiscal year.⁷ Across this same time frame, there have been increases in state spending for key state and local health functions like laboratory services, epidemiology and some local health services; there has also been investment in both child and adolescent health services and prenatal care outreach and support.⁸ From 2010 to 2021, GF/GP funding for public health within MDHHS has increased by 88% when adjusted for inflation, driven largely by significant increases in recent years (see Figure 1). Notably, in 2022, public health funding received an additional boost of \$26.5 million gross (\$23.2 million GF/GP) in one-time appropriations.⁹ Still, despite more recent robust investment, Michigan’s per-capita spending on public health is low when compared with other states.

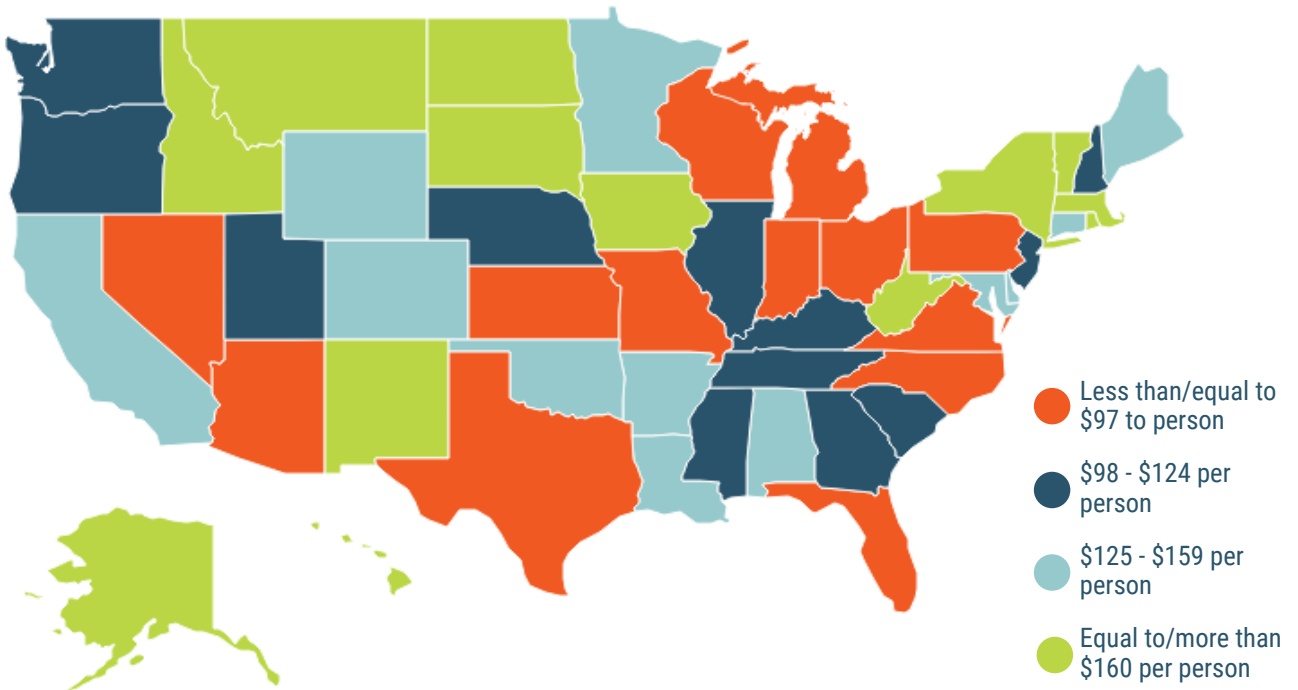
Aside from boosts in 2019 and 2020, Essential Local Public Health Services (ELPHS) funding has remained fairly flat despite consistent increases in overall public health funding
(Figure 1)



Source: Michigan League for Public Policy analysis of House Fiscal Agency Community Health Archives using Consumer Price Index Retroactive Series (2010=100). Accessed March 16, 2022.

Currently, much of Michigan’s total public health funding comes from federal dollars. For more than the past decade, over half of Michigan’s annual public health funding (within MDHHS) has come from federal sources, while approximately one quarter comes from the state’s general fund.¹⁰ Limited state investment results in lower per-capita spending on public health: \$83 per person in Michigan, below the national average of \$116, which ranks the state 40th in the nation (see Figure 2). Federal funding is critical and important to protect, but without sufficient state spending, Michigan is left sensitive to changes in federal funding—including influxes that can support one-time investments—and less able to flexibly provide sufficient and sustainable state resources to address public health concerns as they arise.

Michigan ranks 40th for per-capita public health funding, at \$83, which is below the national average of \$116 (Figure 2)



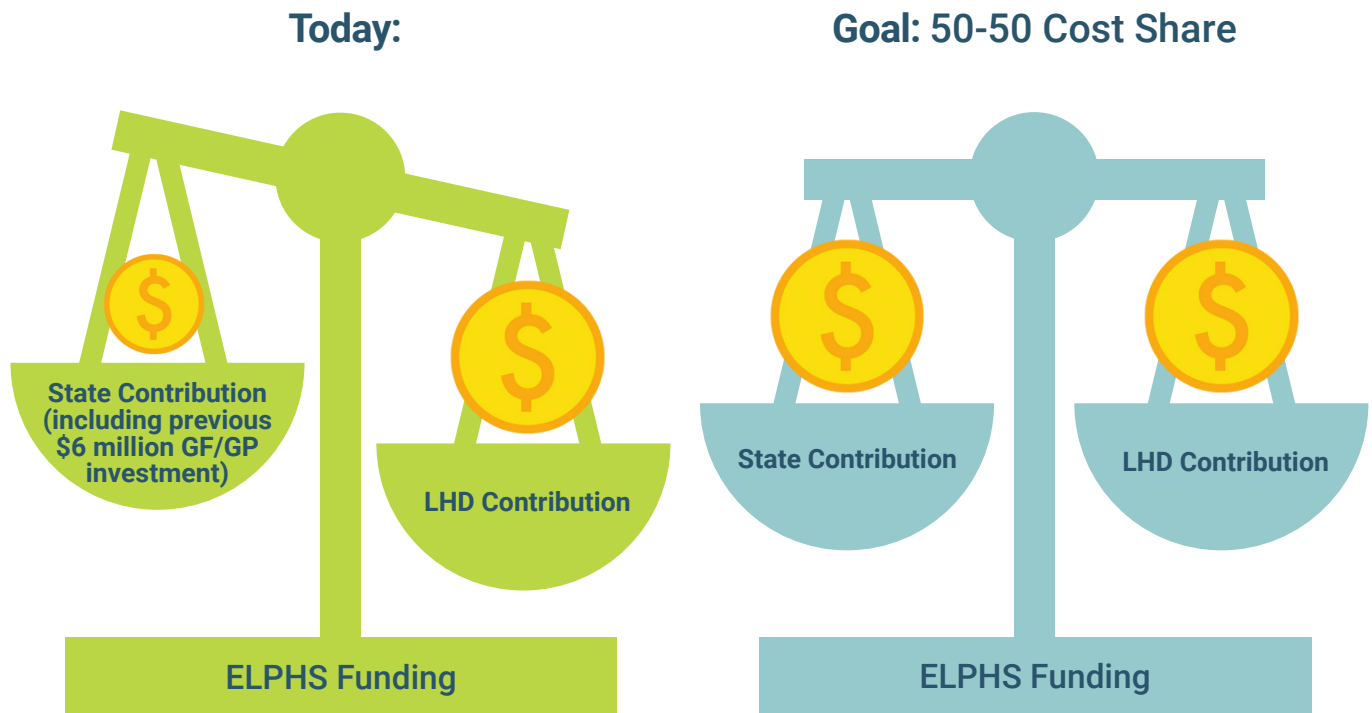
Source: America’s Health Rankings. “Public Health Funding: Edition Year 2021.” Accessed March 16, 2022. Trust for America’s Health, Centers for Disease Control and Prevention and Health Resources and Services Administration, 2019-2020. Retrieved from americashealthrankings.org. Note: \$97 per person = 25th percentile; \$124 per person = 50th percentile; and \$160 per person = 75th percentile. Public health funding includes state dollars dedicated to public health and federal dollars directed to states by the CDC and HRSA. District of Columbia not included in chart or state rankings. D.C.’s per-capita public health spending is \$874.

“LHDs receive funding from a variety of sources, such as local units of government, private funding, grants and fees, yet state funding is critical to financing the essential services that LHDs provide. Just \$2.2 million of investment above 2010 funding levels for ELPHS is minimal considering that overall public health spending has increased more substantially over the last decade.”

The increases in state public health funding over the past decade have had a more limited reach at the local level because there has been significantly less investment targeted to LHDs over the same time frame. Despite boosts in 2019 and 2020, ELPHS funding, which is distributed across all 45 LHDs to provide seven core public health services, was relatively stagnant, including flat funding of \$35.7 million from 2015 to 2018, even as overall public health investment increased (see Figure 1). While ELPHS funding saw an \$11 million nominal increase in GF/GP funding from 2010 to 2021, when adjusted for inflation, this results in only a 6% increase and is equal to an investment of just \$2.2 million above 2010 funding levels. Although LHDs receive funding from a variety of sources, such as local units of government, private funding, grants and fees, this funding from the state is critical to financing the essential services that LHDs provide.¹¹ The investment in state-funded ELPHS is minimal considering that overall public health spending has increased more substantially over the last decade.

In addition, per the Michigan Public Health Code, the money that LHDs spend on ELPHS should be reimbursed by the state at a 50 percent match.¹² However, a 2019 internal review by the Essential Local Public Health Services Funding Committee of the Public Health Advisory Council found that the state has not been meeting this 50-50 cost-sharing requirement. The analysis found that to meet this statutory requirement, the state would need to contribute an additional \$36 million to ELPHS.¹³ Although ELPHS funding increased by \$6 million in 2020, LHDs have continued to go without tens of millions of additional state dollars that they are entitled to, which would support the delivery of ELPHS across Michigan.¹⁴ The limited general fund investment coupled with the lack of adequate state matching funds for ELPHS means that more support is needed to ensure that LHDs are equipped to provide necessary services, programming and care to Michigan residents.

Despite a \$6 million investment in Essential Local Public Health Services in 2020, the state is not adequately matching Local Health Departments for their essential services.



What’s more, targeting greater investment from the state level toward LHDs’ services would provide a bang for our buck. Research has demonstrated that LHD spending is some of the most effective public health spending. It is linked to the delivery of essential services, stronger public health system performance and reduced deaths overall.^{15,16} Michigan can better support public health across the entire state by increasing the amount of state funding that LHDs receive, which could finance not only the delivery of essential services but also children’s healthcare services and initiatives that address the root causes of health disparities and focus on social determinants of health.

“Local public health spending is some of the most effective public health spending. It is linked to the delivery of essential services, stronger public health system performance and reduced deaths overall.”

The Impact of Greater Investment on Children’s Health and Community Health Outcomes

Children are among the most impacted by public health funding, particularly at the local level. Childhood lead poisoning prevention and a variety of family, maternal and children’s health services rely on local public health funding.¹⁷ These services and others are delivered in partnership with LHDs and protect our youngest Michiganders from preventable disease or worse health outcomes. For example, LHDs provide required childhood immunizations, often at free or reduced cost; provide nutritious food and formula to eligible families and young children by conducting the majority of Women, Infants, and Children (WIC) programs across Michigan; and participate in the Children’s Special Health Care Services (CSHCS) program, which is for children age 20 years or under and some adults with special healthcare needs (there are over 2,500 diagnoses that are eligible for CSHCS coverage).¹⁸

Local Health Departments provide:

Childhood vaccinations
(free/reduced cost)



Women, Infants, and Children
(WIC) programming



Children’s Special Health Care
Services (CSHCS) programming

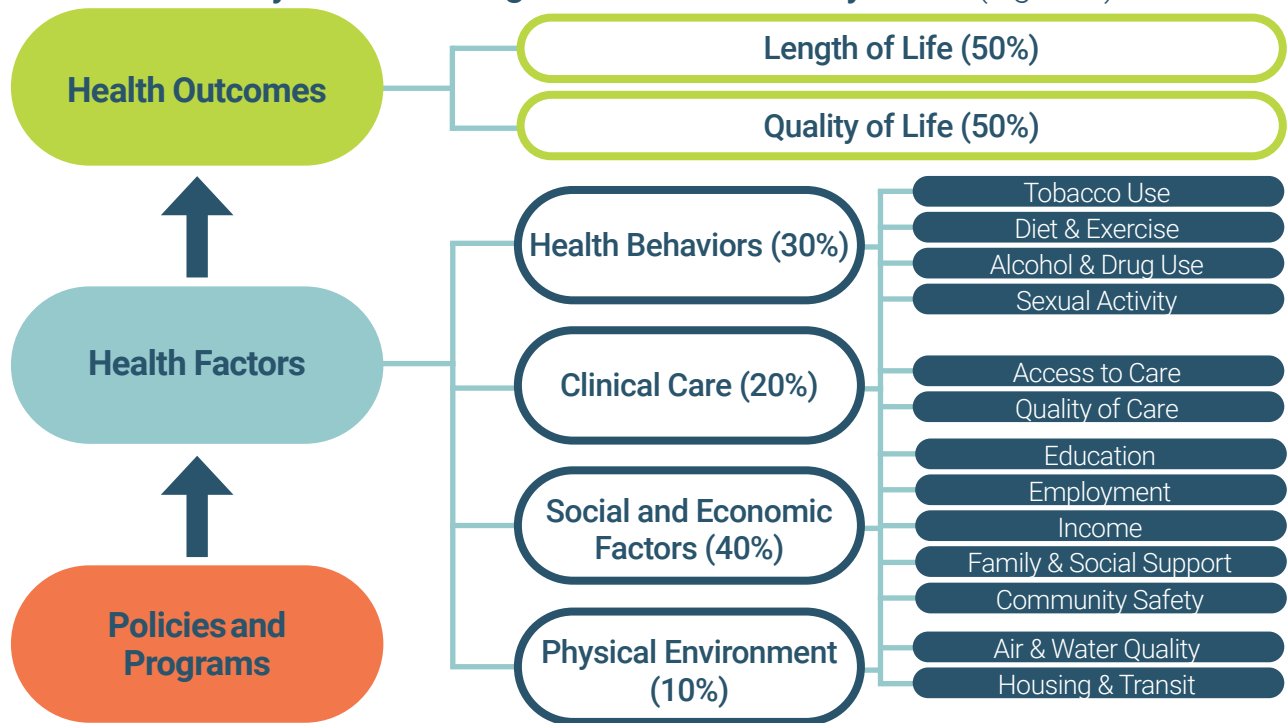


The CSHCS program in particular has seen enrollment increases that have put pressure on LHDs. From 2012 to 2018, program caseloads increased by 32 percent, from 35,431 to 46,816 in annual enrollment.¹⁹ For those enrolled in CSHCS, LHDs assist with renewals, arrange transportation, create plans for care and help clients with issues they may face in receiving care. A higher caseload puts a strain on LHDs as the demand for these services increases, as does the costs for providing them, which falls to LHDs. In January 2022, the CSHCS program expanded to include adults with sickle cell disease and cover the treatment cost for a subset of eligible enrollees; however, no additional funding for LHDs was provided.²⁰ Increased LHD funding would allow for local programming like CSHCS to not only hire more staff, but to also do more outreach and enrollment, coordinate care and ensure equitable and comprehensive access to healthcare services through LHDs across Michigan.

In addition to supporting children and other specific populations, funding dedicated to local public health efforts, including targeted programs or interventions, can have health impacts across communities as a whole. There is a measurable benefit to broadening what is treated as “healthcare” to address social determinants of health – or “upstream” societal factors that impact “downstream” health outcomes – as opposed to simply the receipt of medical care. Unfortunately, current data and health rankings demonstrate this is an area of need for Michigan. To have an impact on health outcomes and health equity, more attention on, and investment in, upstream factors is required.²¹

The County Health Rankings model demonstrates that policies and programs influence a variety of health factors, all of which ultimately affect and improve a community’s health outcomes.²² The model (see Figure 3) makes clear that 80 percent of the health factors that contribute to health outcomes are outside of clinical care (defined as access to care and quality of care). Health behaviors, for example, make up 30 percent of health factors and are influenced by socioeconomic factors (e.g., diet and exercise are influenced by the availability of healthy food or infrastructure that allows for safe walking or biking, respectively). Critically, half of the factors that impact health are attributed to social and economic factors in addition to the physical environment. Examining data on health outcomes in Michigan reveals strength in clinical care outcomes but a need to focus on the other 80 percent of health factors that influence communities’ health.

County Health Rankings Model of Community Health (Figure 3)



Source: County Health Rankings Model from the University of Wisconsin Population Health Institute, 2014.

America’s Health Rankings provides an assessment of public health on a state-by-state basis across a wide array of health-related measures. Based on these 2021 findings, Michigan ranks 13th in the nation on clinical care measures and rates highly on measures of access to care and quality of care (8th and 18th, respectively). Outcomes like a high percentage of adults having a dedicated healthcare provider and a low percentage of adults having avoided care due to cost are incorporated into this ranking. However, Michigan falls to 40th in the nation on measures of health outcomes. Outcomes related to physical health, behavioral health, chronic conditions and mortality are incorporated into this ranking.²³

Although Michigan may be doing well on clinical care factors that influence an estimated 20 percent of health outcomes, the state is neglecting other changeable health factors, like social determinants of health, by not investing in policies and programs that support health factors outside of clinical care. The impact of this decision making is measurably worse health outcomes for Michigan communities and residents. An alternative approach would include supporting and investing in policies, programs, or environmental changes that can affect communities’ health, particularly at a local level, by influencing individual behaviors as well as focusing on upstream factors like employment and community safety, among others. Increased public health funding at the local level can result in innovative, tailored interventions, more staff to facilitate programming and better partnerships among stakeholders like local health departments and community-based organizations. In addition, it can create a greater capacity to evaluate interventions’ effectiveness and sustainability and ultimately, lead to improved health among Michiganders.

“Although Michigan may be doing well on clinical care factors that influence an estimated 20 percent of health outcomes, the state is neglecting other changeable health factors, like social determinants of health, by not investing in policies and programs that support health factors outside of clinical care. The impact of this decision making is measurably worse health outcomes for Michigan communities and residents.”

Neglecting Upstream Health Factors Results in Downstream Racial Health Disparities

Captured in these America's Health Rankings data is also a measure of residential segregation between Black and white residents, which ranks Michigan among one of the most residentially segregated states in the country. To this day, a history of geographic and economic segregation in addition to institutional racism that limits access to resources continues to impact the racial and economic makeup of Michigan's communities.²⁴ One result is that Black or African American children and Hispanic or Latinx children in Michigan are disproportionately more likely to live in high-poverty areas.²⁵ Concentrated poverty pushes well-resourced institutions and services farther from reach, which includes higher-paying jobs, healthy food, better-funded schools, and physical environments free from environmental hazards and built for community safety. Notably, per the County Health Rankings model, these are the same types of social and economic factors outside of clinical care that affect health outcomes.

“Concentrated poverty pushes well-resourced institutions and services farther from reach, which includes higher-paying jobs, healthy food, better-funded schools, and physical environments free from environmental hazards and built for community safety.”

In fact, one health outcome measured by America's Health Rankings is premature death (years lost before age 75 per 100,000 population). The racial groups with the largest disparities in premature death in Michigan include Black residents and Native American/Alaskan Native residents, when compared with non-Hispanic white residents.²⁶ These racial disparities for premature death in Michigan are an example of how both racial and economic segregation and less access to beneficial social and economic health factors have led to measurably worse health for communities of color in the state – particularly Black communities. A lack of attention to social, economic and environmental health factors has contributed to the racial disparities that exist today, but improving community-wide health factors can make progress toward health equity in Michigan. For example, the case study included in this report describes the work of the Michigan Coronavirus Racial Disparities Task Force and exemplifies how such attention can dramatically reduce racial health disparities in the span of one year.

“Racial health disparities are not universal and need not be inevitabilities; community-specific, health equity-focused public health programming must be better equipped and can be most successful at the local level.”

Racial health disparities are not universal and need not be inevitabilities; community-specific, health equity-focused public health programming must be better equipped and can be most successful at the local level. Robust, intentional investment is needed to address upstream factors of health, and this funding can support LHDs, nonprofits and institutions that provide programming and conduct public health interventions that impact factors outside of clinical care. Without this investment, racial health disparities in Michigan will continue to be inadequately addressed for future generations.

Conclusion

To better protect communities across Michigan, public health services – especially those at the local level and delivered through LHDs – need more state funding. Compared with other states, Michigan's per-person public health spending is low, and LHDs must be better equipped to provide essential, local services and programming that goes well beyond COVID-related care. Increasing state funding for LHDs will have an impact on programs that support children, including the CSHCS program, and can also help address the myriad of upstream health factors aside from clinical care that ultimately influence downstream health outcomes. A greater focus on, and investment in, policies and programs that support social determinants of health, health behaviors and the physical environment will also help reduce racial health disparities in Michigan. Some of the most effective public health spending flows through local entities, and providing greater state resources for LHDs will better prevent disease, promote health and protect us all.

Case Study in Focusing on Social Determinants of Health and Local Partnerships: Michigan Coronavirus Racial Disparities Task Force²⁷

In 2020 through June 2021, Michigan experienced three waves of COVID; overall, the pandemic has disproportionately impacted racial and ethnic minorities in Michigan in terms of cases and deaths. The first wave (between March and June 2020) was especially concerning, given that early data showed that while 14 percent of the state's population is Black, 40 percent of COVID deaths were Black Michiganders – the highest death rate among all racial groups.

In April 2020, Governor Gretchen Whitmer established the first-of-its-kind Michigan Coronavirus Racial Disparities Task Force to address racial health disparities related to the COVID pandemic. The Task Force, chaired by Lieutenant Governor Garlin Gilchrist, is composed of state officials, legislators, community organizations, universities and health advocacy groups. There also continue to be opportunities for public participation. In February 2022, the Task Force released a report providing data and background information, key action steps that it has implemented and recommendations to continue to reduce racial health disparities, with a focus on impacting social determinants of health.

The Task Force has made progress on reducing racial health disparities that are a result of the COVID pandemic. For example, death rates among Black Michiganders were reduced from 15.6 per million in the first wave to 4.5 per million in the third wave, which occurred one year apart. The Task Force has identified effective strategies related to many of the root causes of health disparities. Through the lens of the **County Health Rankings model (Figure 3)**, these are solutions that affect **upstream health factors** and can improve **health outcomes**.

Policies and programs that:

- Target systemic racism in healthcare system, which contributes to disparities;
- Reduce the rate of Michiganders who are uninsured;
- Provide extended support for new parents with low incomes; and
- Are guided by the findings from race equity impact assessments, which help develop strategies and actions to **improve health outcomes**, particularly for marginalized groups.

Strategic investment in the infrastructure that impact **health factors like clinical care, social and economic factors, the environment and health behaviors**.

- Meeting marginalized communities where they are, including local testing and vaccination sites to limit travel, with culturally and linguistically appropriate services to be more accessible to residents.
- Building capacity with community leaders and organizations at the local level by directing state resources to local testing sites and hiring and training community-based staff.
- Investing in targeted and appropriate messaging driven by (and tailored to) impacted communities, to build trust, meet local needs and promote healthy behaviors related to COVID such as testing, mitigation strategies and vaccination.

Improved data collection and analysis to better **track trends** in health disparities and **measure progress** toward improved health outcomes.

The report notes that MDHHS is developing a targeted social determinants of health strategy that may include local stakeholders like health departments and community partners. One tangible step toward aligning state-level goals of the Task Force and operations of LHDs, consistent with the League's policy recommendation outlined in this budget brief, is to provide them the necessary resources to advance health equity at the community level, which includes increasing the amount of MDHHS funding that flows to local entities like LHDs.

End Notes

1 Frey, Susan. "Budget Briefing: HHS – Population Health, Aging and Adult Services." *House Fiscal Agency*. December 2021. Retrieved from https://www.house.mi.gov/hfa/PDF/Briefings/HHS_PH_BudgetBriefing_fy21-22.pdf.

2 University of Michigan Office of the Vice President for Communications. "Strict public health measures during holidays likely saved lives in Michigan, U-M researchers say." News release, January 28, 2021. Retrieved from <https://news.umich.edu/strict-public-health-measures-during-holidays-likely-saved-lives-in-michigan-u-m-researchers-say/>.

3 Michigan Department of Health and Human Services. "Local Health Departments." Accessed March 21, 2022. Retrieved from https://www.michigan.gov/mdhhs/0,5885,7-339-73970_5461_74040---,00.html.

4 Bradner, Eric. "Some Michigan health departments back off mask and quarantine orders after GOP budget provision targets their funding." CNN. Last modified October 6, 2021. Retrieved from <https://www.cnn.com/2021/10/06/politics/michigan-whitmer-local-health-departments-mask-mandates/index.html>.

5 These seven areas include: Food protection, private groundwater/public water supply, on-site sewage disposal management, hearing screening, vision services, sexually transmitted disease control and prevention, immunization, and infectious disease control. For more information, see Michigan Association for Local Public Health. "Essential Local Public Health Services (Mandated – Cost Shared Services)." Retrieved from <https://www.malph.org/sites/default/files/files/What%20Is%20Public%20Health/Mandated%20Services.pdf>.

6 Michigan League for Public Policy. "2023 State Budget Priority: Increase Essential Local Public Health Funding." Accessed March 21, 2022. Retrieved from <https://mlpp.org/2023-budget-priority-local-health/>.

7 Frey, Susan, *ibid.*

8 *Ibid.*

9 *Ibid.*

10 *Ibid.*

11 Citizens Research Council of Michigan. "An Ounce of Prevention: What Public Health Means for Michigan." August 2018. Retrieved from https://crcmich.org/PUBLICAT/2010s/2018/rpt403_public_health.pdf.

12 Michigan Public Health Code 333.2475: Reimbursement for costs of services; equitable distribution; schedule; local expenditure in excess of prior appropriation.

13 Public Health Advisory Council. "Essential Local Public Health Services Funding Report." Presented by the Essential Local Public Health Services Funding Committee. February 1, 2019. Retrieved from <https://www.malph.org/sites/default/files/PHAC%20Funding%20Formula%20Report%20Final.pdf>.

14 Michigan House Fiscal Agency. "Community Health: Line Item Summaries, FY2020." Accessed January 2022. Retrieved from <https://www.house.mi.gov/hfa/Archives/CommunityHealthArchives.asp>.

15 Committee on Public Health Strategies to Improve Health; Institute of Medicine. *For the Public's Health: Investing in a Healthier Future. Appendix D, Financing State and Local Public Health Departments: A Problem of Chronic Illness*. (Washington, DC: National Academies Press, 2012). Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK201021/>.

- 16 Leider, Jonathon P. et al. "Assessing The Value Of 40 Years Of Local Public Expenditures On Health." *Health Affairs* 37, no. 4 (2018): 560-569. doi: <https://doi.org/10.1377/hlthaff.2017.1171>.
- 17 Michigan League for Public Policy. "2023 Budget Priority: Protect Michiganders from environmental health threats." Accessed March 21, 2022. Retrieved from: <https://mlpp.org/2023-budget-priority-environmental-health/>.
- 18 Barna, Anne. "Local Public Health Services Inventory." Compiled by the Michigan Association for Local Public Health. Updated 2020. Retrieved from <https://www.malphp.org/sites/default/files/Updated%20LHD%20Final%20Inventory%202020.pdf>.
- 19 Barnett, Lonnie. "Welcome and Purpose: An Update on CSHCS Enrollment Trends and Funding Overview." 2019. Retrieved from https://www.michigan.gov/documents/mdhhs/Welcome_and_Purpose_An_Update_on_CSHCS_Enrollment_Trends_and_Funding_Overview-Lonnie_Barnett_672526_7.pdf.
- 20 Michigan Department of Health and Human Services. "Children's Special Health Care Services expands coverage to adults with sickle cell disease." News release, January 5, 2022. Retrieved from https://www.michigan.gov/mdhhs/0,5885,7-339-73970_71692_71696-575051--,00.html.
- 21 Citizens Research Council of Michigan, *ibid*.
- 22 University of Wisconsin Population Health Institute. "County Health Rankings Model." 2014. Accessed March 10, 2022. Retrieved from <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model>.
- 23 America's Health Rankings. "State Findings: Michigan, 2021." Edition Year 2021. Accessed March 16, 2022. Retrieved from <https://www.americashealthrankings.org/>.
- 24 Perdue, Kelsey. "2021 Kids Count in Michigan Data Book: A Better Future is Possible." *Michigan League for Public Policy*. 2021. Retrieved from <https://mlpp.org/2021-kids-count-michigan-data-book/>.
- 25 The Annie E. Casey Foundation. "Children living in high poverty areas by race and ethnicity in Michigan." *KIDS COUNT Data Center*. 2015-2019 American Community Survey estimates through the U.S. Census Bureau. Updated January 2021. Accessed March 16, 2022. Note: Estimates for American Indian children are suppressed due to the confidence interval around the percentage being greater than or equal to 10 percentage points. In addition, the available data are limited by grouping all Asians together rather than disaggregating by distinct nationality and ethnicity. This masks a wide variation with regard to numerous characteristics, such as household income and poverty rate.
- 26 America's Health Rankings. "Public Health Impact: Residential Segregation - Black/White, Michigan." Edition Year 2021. Accessed March 17, 2022. Retrieved from <https://www.americashealthrankings.org/>.
- 27 Michigan Coronavirus Racial Disparities Task Force. "Recommendations for Collaborative Policy, Programming and Systemic Change." *Michigan Department of Health and Human Services*. February 2022. Retrieved from https://content.govdelivery.com/attachments/MIEOG/2022/03/04/file_attachments/2094072/Racial%20Disparities%20Task%20Force_Recommendations%20for%20Collaborative%20Policy%20Programming%20and%20Systemic%20Change%20%282%29.pdf.

MEDICAL DIRECTOR REPORT

JUNE 2022

1. Morning checks on CDC website and Johns Hopkins website to follow COVID numbers and trends. Great improvement but we must maintain a sense of readiness.
2. 8AM morning telephone calls with Health Department group Wednesdays.
3. Supervisors meetings via zoom and soon in person.
4. Meetings via zoom and teleconference with MDHHS.
5. Continue to review and sign standing orders, especially with changes in vaccinations. Presently reviewing 6 months and older.
6. Quarterly newsletter will be out in early July. Going to medical providers in all three counties. Kris Dewey very helpful and proactive with this endeavor.
7. Continuing medical education program in place in order to engage providers in the tricounty area.
8. Violence in Public Health class for first summer session.

MONKEYPOX

HISTORY

Monkeypox virus, Orthopoxvirus genus (same genus that includes smallpox and cowpox) is endemic in several Central and West African countries. It is not related to chickenpox.

Monkeypox was first discovered in 1958 when two outbreaks of a pox-like disease occurred in colonies of monkeys kept for research. Despite being named “monkeypox”, the source of the disease remains unknown. African rodents and non-human primates (like monkeys) may harbor the virus and infect people. The first monkeypox case in humans was diagnosed in 1970.

Cases outside of Africa are often linked to travel or to imported animals.

The Centers for Disease Control and Prevention as of June 10, 2022, reported over 1,300 monkeypox cases globally, including **45** in the United States.

Rare, threat of disease in the US is LOW.

SYMPTOMS

Begins with a fever 5-13 days after exposure. Fever, chills, distinctive rash or lymphadenopathy. Lesions in perianal or genital area have been reported without fever.

1-2 days later a characteristic vesicular or pustular skin rash develops.

Infectious from onset of illness until all lesions have crusted over.

Human to human transmission occurs by direct contact with infected body fluids and respiratory secretions.

TREATMENT?

Monkeypox normally takes about two to four weeks to run its course.

The less severe West African form is causing the current world outbreak. No one has died from this outbreak to date. But, monkeypox can lead to other problems like pneumonia and infections in your brain (encephalitis) or eyes, which can be fatal.

There are no treatments specifically for monkeypox virus infections. However, monkeypox and smallpox viruses are genetically similar, which means that antiviral drugs and vaccines developed to protect against smallpox may be used to prevent and treat monkeypox virus infections.

Antivirals, such as tecovirimat (TPOXX), may be recommended for people who are more likely to get severely ill, like patients with weakened immune systems.

JYNNEOS™ (also known as Imvamune or Imvanex) is an attenuated live virus vaccine which has been approved by the U.S. Food and Drug Administration for the prevention of monkeypox. On November 3, 2021, the Advisory Committee on Immunization Practices (ACIP) voted to recommend the vaccine for at risk individuals.

May 26, 2022 – Board of Health, Finance Committee Meeting Minutes

The meeting was called to order at 8:04 AM by Jared Hoffmaster, with roll call as follows: Jared Hoffmaster, Brent Leininger, and Jon Houtz.

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

Public comment:

- None

New Business:

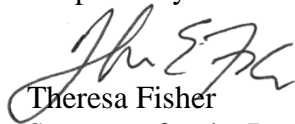
- Mr. Leininger moved to recommend that the full Board approve the AAA FY22 Provider Budget Amendments as presented, with support from Mr. Houtz. The motion passed unopposed.
- Mr. Houtz moved to recommend that the full Board accept the bid from Mary Kusion Consulting, LLC for Strategic Planning, with support from Mr. Leininger. The motion passed by a 2-1 vote.
- The Finance Committee received an update on the Coldwater building lease and discussion took place. No action was taken.
- The Finance Committee discussed funding for scrap tire collections in each county. No action was taken.

Public comment:

- None

With no further business the meeting was adjourned at 8:59AM.

Respectfully Submitted by:



Theresa Fisher
Secretary for the Board of Health

June 20, 2022 – Board of Health, Finance Committee Meeting Minutes

The meeting was called to order at 11:00 AM by Jared Hoffmaster, with roll call as follows: Jared Hoffmaster, Brent Leininger, and Jon Houtz.

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

Public comment:

- None

New Business:

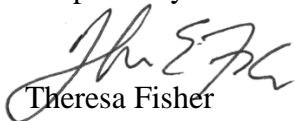
- Mr. Leininger moved to recommend that the full Board approve the FY21/22 Budget Amendment #2, as presented, with support from Mr. Houtz. The motion passed unopposed.
- Mr. Leininger moved to recommend that the full Board approve the Coldwater Building Security project, as presented, with support from Mr. Houtz. The motion passed unopposed.
- Mr. Leininger moved to recommend that the full Board approve accepting the bid from US Systems to add video recording equipment to the Coldwater Conference room. The motion received support from Mr. Houtz and passed unopposed.
- The Finance Committee reviewed the MERS Annual Actuarial Valuation Report. No action was taken. The Agency will contact the MERS Representative to schedule a presentation.
- Mr. Houtz moved to recommend that the full Board approve the FY22/23 Original Budget as presented, with support from Mr. Leininger. The motion passed unopposed.
- Mr. Houtz moved to recommend that the full Board accept the bid from TM Asphalt Sealing, LLC to replace the parking lot at the Three Rivers location. The motion received support from Mr. Leininger. The motion passed unopposed.
- Mr. Leininger moved to recommend that the full Board approve the MCDC Public Dental Center Professional Incentive Payment Agreement, with support from Mr. Houtz. The motion passed unopposed.

Public comment:

- None

With no further business, Mr. Leininger moved to adjourn the meeting, with support from Mr. Houtz. The motion passed unopposed and the meeting was adjourned at 12:13 PM.

Respectfully Submitted by:



Theresa Fisher

Secretary for the Board of Health

June 20, 2022 – Board of Health, Program, Policy, & Appeals Committee Meeting Minutes

The meeting was called to order at 1:01 PM by Tom Matthew, with roll call as follows: Mark Wiley, and Tom Matthew.

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

Public comment: None

New Business:

- Mr. Wiley moved to recommend that the full Board approve changing the way public comment is recorded in the minutes to indicate the number of citizens who commented, but nothing else. The motion received support from Mr. Matthew. The motion passed unopposed.
- Mr. Wiley moved to recommend that the full Board approve the AAA FY23-25 Multi-Year Plan/FY23 Annual Implementation Plan, as presented, with support from Mr. Matthew. The motion passed unopposed.
- Mr. Wiley moved to recommend that the full Board update the holiday schedule to include 13 paid holidays, which would include all the existing holidays, and add both Juneteenth and Veteran's Day, effective January 1, 2023. The motion died for lack of support.
- Mr. Wiley moved to bring the Holiday Schedule forward for full Board discuss, with no recommended action from the Program, Policy, & Appeals Committee. The motion was supported by Mr. Matthew. The motion passed unopposed.

Public comment: None

With no further business, Mr. Wiley moved to adjourn the meeting, with support from Mr. Matthew. The motion passed unopposed and the meeting was adjourned at 1:54 PM.

Respectfully Submitted by:



Theresa Fisher
Secretary for the Board of Health

Branch-Hillsdale-St Joseph Community Health Agency

Check/Voucher Register - Check Register for BOH

00103 - Cash - Accounts Payable

From 5/1/2022 Through 5/31/2022

| <u>Payee</u> | <u>Check Amount</u> | <u>Check Number</u> | <u>Effective Date</u> |
|--|---------------------|---------------------|-----------------------|
| 4Imprint | 4,080.29 | 53624 | 5/20/2022 |
| A+ Nursing | 476.28 | 22-05-20 A.01 | 5/20/2022 |
| ACD.NET | 2,292.02 | 53625 | 5/20/2022 |
| Action Quick Print Plus | 138.00 | 22-05-20 A.02 | 5/20/2022 |
| ADAMS OUTDOOR | 1,500.00 | 53610 | 5/6/2022 |
| ADAMS OUTDOOR | 1,500.00 | 53626 | 5/20/2022 |
| Aflac District Office | 463.58 | 53622 | 5/13/2022 |
| Aflac District Office | 463.58 | 53636 | 5/27/2022 |
| Alerus Retirement Solutions | 1,558.00 | 22-05-13 R.01 | 5/13/2022 |
| Alerus Retirement Solutions | 1,558.00 | 22-05-27 R.01 | 5/27/2022 |
| Amazon Capital Services, Inc | 1,595.05 | 22-05-06 A.01 | 5/6/2022 |
| Amazon Capital Services, Inc | 149.52 | 22-05-20 A.03 | 5/20/2022 |
| Armstrong Nutrition Management | 3,875.04 | 22-05-06 A.02 | 5/6/2022 |
| ASSA ABLOY Entrance Systems US Inc. | 339.00 | 53611 | 5/6/2022 |
| Blue Cross Blue Shield | 55,399.84 | 22-05-20 P.01 | 5/20/2022 |
| Branch County Commission | 2,660.83 | 22-05-20 A.04 | 5/20/2022 |
| Branch County Complex | 5,694.28 | 22-05-31 A.01 | 5/31/2022 |
| CAA Of South Central Michigan | 18,243.32 | 22-05-20 A.05 | 5/20/2022 |
| Card Services Center | 497.37 | 22-05-31 P.01 | 5/31/2022 |
| CDW GOVERNMENT INC. | 4,906.65 | 22-05-06 A.03 | 5/6/2022 |
| Century Bank - Hillsdale Maintenance | 2,000.00 | 22-05-31 A.02 | 5/31/2022 |
| Century Bank - Three Rivers Maintenance | 2,000.00 | 22-05-31 A.03 | 5/31/2022 |
| Century Basic | 833.15 | 22-05-13 R.02 | 5/13/2022 |
| Century Basic | 833.15 | 22-05-27 R.02 | 5/27/2022 |
| Century EFPTS | 23,311.38 | 22-05-13 R.03 | 5/13/2022 |
| Century EFPTS | 179.56 | 22-05-27 L.01 | 5/27/2022 |
| Century EFPTS | 23,009.87 | 22-05-27 R.03 | 5/27/2022 |
| Century Mastercard | 947.00 | 22-05-06 P.01 | 5/6/2022 |
| Century MERS | 55,709.06 | 22-05-20 A.06 | 5/20/2022 |
| Century State | 4,055.26 | 22-05-13 R.04 | 5/13/2022 |
| Century State | 24.74 | 22-05-27 L.02 | 5/27/2022 |
| Century State | 4,004.59 | 22-05-27 R.04 | 5/27/2022 |
| Charter Communications | 137.97 | 22-05-06 P.02 | 5/6/2022 |
| Cintas Corporation Loc 351 | 139.36 | 22-05-20 P.02 | 5/20/2022 |
| City of Jonesville | 80.00 | 22-05-20 A.07 | 5/20/2022 |
| City Of Three Rivers | 142.90 | 22-05-06 A.04 | 5/6/2022 |
| Companion Life Insurance | 1,003.71 | 53612 | 5/6/2022 |
| ConnectAmerica | 95.00 | 22-05-20 A.08 | 5/20/2022 |
| Consumers Energy | 205.04 | 53627 | 5/20/2022 |
| Crossroads Home Care Inc. | 1,177.04 | 22-05-20 A.09 | 5/20/2022 |
| Current Office Solutions | 43.94 | 22-05-06 A.05 | 5/6/2022 |
| Current Office Solutions | 348.49 | 22-05-20 A.10 | 5/20/2022 |
| Dan Wood Co. | 554.99 | 22-05-06 A.06 | 5/6/2022 |
| Dan Wood Co. | 1,764.00 | 22-05-20 A.11 | 5/20/2022 |
| Docuphase | 12,468.00 | 22-05-06 A.07 | 5/6/2022 |
| Dr. Karen M. Luparello | 4,245.19 | 22-05-31 A.04 | 5/31/2022 |
| Frontier | 295.17 | 22-05-06 P.03 | 5/6/2022 |
| GDI Services Inc. | 4,575.67 | 22-05-31 A.05 | 5/31/2022 |
| GT INDEPENDENCE | 1,196.28 | 22-05-20 A.12 | 5/20/2022 |
| Hillsdale BPU | 1,349.28 | 22-05-06 P.04 | 5/6/2022 |
| Hillsdale County Treasurer | 684.00 | 22-05-06 A.08 | 5/6/2022 |
| Hillsdale County Treasurer | 246.55 | 22-05-20 A.13 | 5/20/2022 |

Branch-Hillsdale-St Joseph Community Health Agency

Check/Voucher Register - Check Register for BOH

00103 - Cash - Accounts Payable

From 5/1/2022 Through 5/31/2022

| <u>Payee</u> | <u>Check Amount</u> | <u>Check Number</u> | <u>Effective Date</u> |
|--------------------------------------|---------------------|---------------------|-----------------------|
| HomeJoy of Kalamzoo | 3,373.55 | 22-05-20 A.14 | 5/20/2022 |
| Hospital Network Healthcare Services | 57.26 | 22-05-20 A.15 | 5/20/2022 |
| Indiana MI Power Company | 954.06 | 22-05-20 P.03 | 5/20/2022 |
| Legal Services Of S.Central MI | 820.00 | 22-05-20 A.16 | 5/20/2022 |
| Lindsey Ray | 15.00 | 53613 | 5/6/2022 |
| Maplecrest, LLC | 620.00 | 22-05-31 A.06 | 5/31/2022 |
| McKibbin Media Group | 3,240.00 | 53614 | 5/6/2022 |
| Medical Care Alert | 571.85 | 22-05-20 A.17 | 5/20/2022 |
| MERS 5% EMPLOYEES | 10,379.62 | 22-05-20 A.18 | 5/20/2022 |
| Michigan Public Health Institute | 3,213.04 | 22-05-20 A.19 | 5/20/2022 |
| Michigan State Disbursement Unit | 190.11 | 53623 | 5/13/2022 |
| Michigan State Disbursement Unit | 190.11 | 53637 | 5/27/2022 |
| Nationwide | 1,070.00 | 22-05-13 R.05 | 5/13/2022 |
| Nationwide | 1,070.00 | 22-05-27 R.05 | 5/27/2022 |
| Nurse Administrator's Forum | 203.00 | 53615 | 5/6/2022 |
| Perspective Enterprise | 835.00 | 53616 | 5/6/2022 |
| Perspective Enterprise | 247.00 | 53628 | 5/20/2022 |
| Pitney Bowes Inc. | 242.22 | 22-05-20 P.04 | 5/20/2022 |
| ProCeU LLC | 2,000.00 | 53617 | 5/6/2022 |
| Prompt Care Express PC | 497.00 | 53629 | 5/20/2022 |
| Reserve Account | 3,000.00 | 22-05-06 A.09 | 5/6/2022 |
| Richard Clark | 2,225.00 | 22-05-31 A.07 | 5/31/2022 |
| Riley Pumpkin Farm | 750.00 | 22-05-31 A.08 | 5/31/2022 |
| Rosati Schultz Joppich Amtsbueshler | 165.00 | 22-05-20 A.20 | 5/20/2022 |
| ROSE PEST SOLUTIONS | 225.00 | 22-05-20 A.21 | 5/20/2022 |
| Sanofi Pasteur Inc. | 493.78 | 53630 | 5/20/2022 |
| Semco Energy | 128.87 | 22-05-06 P.05 | 5/6/2022 |
| Shred It | 90.00 | 22-05-06 A.10 | 5/6/2022 |
| Sonit Systems | 373.75 | 53631 | 5/20/2022 |
| St Joseph County COA | 22,964.55 | 22-05-20 A.22 | 5/20/2022 |
| St Joseph County Transit Authority | 1,620.48 | 22-05-20 A.23 | 5/20/2022 |
| St. Joseph Community Co-op | 2,209.20 | 22-05-20 A.24 | 5/20/2022 |
| Staples | 70.03 | 22-05-20 P.05 | 5/20/2022 |
| State of Mich Dental | 1,538.95 | 22-05-20 A.25 | 5/20/2022 |
| State of Mich EGLE | 134.00 | 53618 | 5/6/2022 |
| State Of Michigan | 120.00 | 53619 | 5/6/2022 |
| Stephanie Hough | 15.98 | 53638 | 5/31/2022 |
| Stratus Video, LLC | 879.75 | 53620 | 5/6/2022 |
| Sturgis Media Group | 157.40 | 53632 | 5/20/2022 |
| THERMOWORKS | 42.99 | 53633 | 5/20/2022 |
| THREE RIVERS COMMERCIAL NEWS | 51.00 | 53634 | 5/20/2022 |
| Three Rivers Health | 3,645.00 | 22-05-31 A.09 | 5/31/2022 |
| Thurston Woods Village | 2,941.53 | 53635 | 5/20/2022 |
| TMK Worldwide, LLC | 142.00 | 22-05-06 A.11 | 5/6/2022 |
| Verizon | 1,406.29 | 22-05-06 P.06 | 5/6/2022 |
| VRI INC. | 428.00 | 22-05-20 A.26 | 5/20/2022 |
| Xmission | 484.18 | 53621 | 5/6/2022 |
| Report Total | 331,142.54 | | |

Branch-Hillsdale-St Joseph Community Health Agency

Balance Sheet

As of 5/31/2022

Assets

| | |
|--------------------------------|---------------------|
| Cash on Hand | 4,878.08 |
| Cash with County Treasurer | 4,254,517.15 |
| Community Foundation Grant | 309,955.94 |
| Cash HD Building Maintenance | 40,000.00 |
| Cash TR Building Maintenance | 40,000.00 |
| Accounts Receivable | 98,377.43 |
| Due from Dental DAPP | 1,538.95 |
| Due from State | (274,284.79) |
| Due from Other Funding Sources | 236,457.61 |
| Prepaid Expenses | 130,276.54 |
| Biologic Inventory | <u>73,394.35</u> |
| Total Assets | <u>4,915,111.26</u> |

Liabilities

| | |
|----------------------|---------------------|
| Accounts Payable | 162,733.02 |
| Payroll Liabilites | 105,919.81 |
| Capital Improvements | 105,000.00 |
| Deferred Revenue | 962,810.75 |
| Deferred Revenue BR | 18,643.00 |
| Deferred Revenue HD | 19,633.00 |
| Deferred Revenue SJ | 26,153.00 |
| Unavailable Revenue | (1,313.83) |
| Biologics | <u>73,394.35</u> |
| Total Liabilities | <u>1,472,973.10</u> |

Net Assets

| | |
|-------------------------|---------------------|
| Operation Fund Balance | 665,103.29 |
| Restricted Fund Balance | 397,589.07 |
| Designated Fund Balance | <u>2,379,445.80</u> |
| Total Net Assets | <u>3,442,138.16</u> |

Total Liabilities and Net Assets 4,915,111.26

Prior Year Fund Balance Comparison at 5/31/2021:

| | |
|------------------------------|----------------------------|
| Operation Fund Balance | 734,855.43 |
| Restricted Fund Balance | 419,189.55 |
| Designated Fund Balance | <u>1,977,041.96</u> |
| Total Fund Balance \$ | <u>3,131,086.94</u> |

BRANCH HILLSDALE ST JOSEPH COMMUNITY HEALTH AGENCY

Expense by Program - 5/31/2022

| Program | Program Title | Month | Year to Date | Original | Expended | |
|---------|---------------|---------------------------------------|--------------|------------|--------------|---------|
| * | 405 | Grant Writing | 95.71 | 5,911.36 | 3,005.00 | 196.71% |
| * | 021 | Dental Clinic - Three Rivers | 3,645.00 | 38,730.00 | 33,300.00 | 116.30% |
| * | 029 | Dental Clinic - Hillsdale | 668.37 | 13,222.30 | 12,000.00 | 110.18% |
| * | 010 | Agency Support | 5,104.77 | 24,268.20 | 25,749.00 | 94.24% |
| * | 325 | CSHCS | 4,226.09 | 153,801.18 | 182,729.00 | 84.16% |
| * | 032 | Emergency Preparedness | 12,796.47 | 95,252.17 | 122,421.00 | 77.80% |
| * | 008 | Salary & Fringe Payoff | 116.08 | 61,739.12 | 80,000.00 | 77.17% |
| ** | 329 | MCH Enabling Children | 2,411.45 | 29,486.10 | 39,540.00 | 74.57% |
| ** | 326 | Vision (ELPHS) | 6,510.92 | 67,988.95 | 99,069.00 | 68.62% |
| | 327 | Hearing (ELPHS) | 6,420.03 | 64,668.19 | 98,844.00 | 65.42% |
| | 012 | Area Agency on Aging | 93,040.63 | 882,768.15 | 1,352,727.00 | 65.25% |
| | 115 | MCH Enabling Women | 3,803.55 | 35,272.14 | 55,907.00 | 63.09% |
| | 331 | STD | 13,586.76 | 91,301.04 | 144,713.00 | 63.09% |
| | 341 | Infectious Disease | 23,266.95 | 176,540.47 | 287,139.00 | 61.48% |
| | 605 | General EH Services | 3,120.72 | 23,372.14 | 38,102.00 | 61.34% |
| | 714 | Onsite Sewage Disposal | 29,646.89 | 222,035.39 | 361,963.00 | 61.34% |
| | 721 | Drinking Water Supply | 29,646.89 | 222,035.39 | 361,963.00 | 61.34% |
| | 338 | Immunization Vaccine Handling | 24,098.92 | 179,721.18 | 299,428.00 | 60.02% |
| | 704 | Food Service | 39,301.34 | 290,119.52 | 485,712.00 | 59.73% |
| | 745 | Type II Water | 7,972.05 | 58,837.93 | 99,019.00 | 59.42% |
| | 109 | WIC | 85,088.53 | 554,586.63 | 967,765.00 | 57.30% |
| | 352 | ELCCT Contact Tracing, testing doord, | 25,099.55 | 325,321.69 | 667,609.00 | 48.72% |
| | 332 | HIV Prevention | 4,116.50 | 18,277.98 | 38,115.00 | 47.95% |
| | 201 | CSF Carseats | 1,431.56 | 12,333.26 | 25,889.00 | 47.63% |
| | 275 | Medical Marijuana SJ | 1,638.15 | 3,647.71 | 7,863.00 | 46.39% |
| | 321 | CHC Tele-A-Health | 2,747.02 | 18,202.13 | 40,985.00 | 44.41% |
| | 351 | CELC Infection Prevention | 4,412.68 | 40,265.37 | 90,728.00 | 44.38% |
| | 108 | WIC Breastfeeding | 9,918.96 | 50,425.78 | 116,877.00 | 43.14% |
| | 212 | Medical Marijuana BR | 2,460.28 | 9,527.61 | 22,378.00 | 42.57% |
| | 014 | VOCA | 9,268.36 | 78,842.71 | 205,743.00 | 38.32% |
| | 101 | Workforce Development | 3,681.32 | 18,759.62 | 49,230.00 | 38.10% |
| | 230 | Medical Marijuana HD | 1,883.59 | 4,586.56 | 13,159.00 | 34.85% |
| | 138 | Immunization IAP | 34,083.49 | 292,116.42 | 838,324.00 | 34.84% |
| | 363 | 363 CVDIMS Covid Immz Supplemental | 26,882.48 | 272,155.02 | 788,258.00 | 34.52% |
| | 107 | Medicaid Outreach | 1,831.65 | 6,236.91 | 18,626.00 | 33.48% |

| | | | | | |
|-----|---------------------------------------|--------------------------|----------------------------|----------------------------|----------------------|
| 112 | CSHCS Medicaid Outreach | 22,980.68 | 22,980.68 | 72,853.00 | 31.54% |
| 345 | Lead Testing | 626.41 | 7,240.42 | 25,611.00 | 28.27% |
| 200 | ELPHS Marketing | 4,460.67 | 23,391.94 | 84,883.00 | 27.55% |
| 035 | Vector Borne Disease Surveillance | 4,199.84 | 4,237.48 | 32,414.00 | 13.07% |
| 024 | MERS Pension Underfunded Liability | 1,922.51 | 4,863.40 | 44,590.00 | 10.90% |
| 400 | HRSA 20RCORP | 137.63 | 8,548.01 | 85,996.00 | 9.94% |
| 374 | EOACV Expanding Older Adult Access to | 8.99 | 568.98 | 17,163.00 | 3.31% |
| 371 | CSHCS Vaccine Initiative | 0.23 | 411.15 | 14,150.00 | 2.90% |
| 185 | Dental Outreach | 372.09 | 372.09 | 65,071.00 | 0.57% |
| 023 | Capital Expenditures | 0.00 | 0.00 | 138,000.00 | 0.00% |
| 207 | MCRH Community Health Workers | 13,544.33 | 22,677.65 | 0.00 | 0.00% |
| 723 | PFAS Response - White Pigeon | <u>0.00</u> | <u>554.99</u> | <u>0.00</u> | <u>0.00%</u> |
| | Total Total Expense | <u>572,277.09</u> | <u>4,538,203.11</u> | <u>8,655,610.00</u> | <u>52.43%</u> |

The Agency is currently 14.23% under budget.

*8/12 Months = 66.66%

**8/9 Months = 88.88%

Programs Over Budget as of 5/31/2022

| | |
|----------------------------------|---|
| RU 405: 196.71% | New Grant Writing program used to evaluate how much is spent on grant writing activities. We will monitor and amend in the final amendment. |
|----------------------------------|---|

| | |
|---------------------------------|--|
| RU 021: 116.3% | Over budget due to new lease . We will amend in the final amendment. |
|---------------------------------|--|

| | |
|----------------------------------|---|
| RU 029: 110.18% | Over budget due to painting of dental clinic. We will amend in the final amendment. |
|----------------------------------|---|

| | |
|---------------------------------|---|
| RU 010: 94.24% | Program shows over budget because we have already received 94% of the revenue budgeted, the majority of that in a one-time payment from MMRMA. This causes the indirect expenses not to be distributed to the programs as expected. Legal fees are running higher than expected. We will continue to monitor and will amend in the final amendment. |
|---------------------------------|---|

| | |
|---------------------------------|---|
| RU 325: 84.16% | 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 slightly over budget at 69.16% due to increase in staff time, will adjust in final amendment. |
|---------------------------------|---|

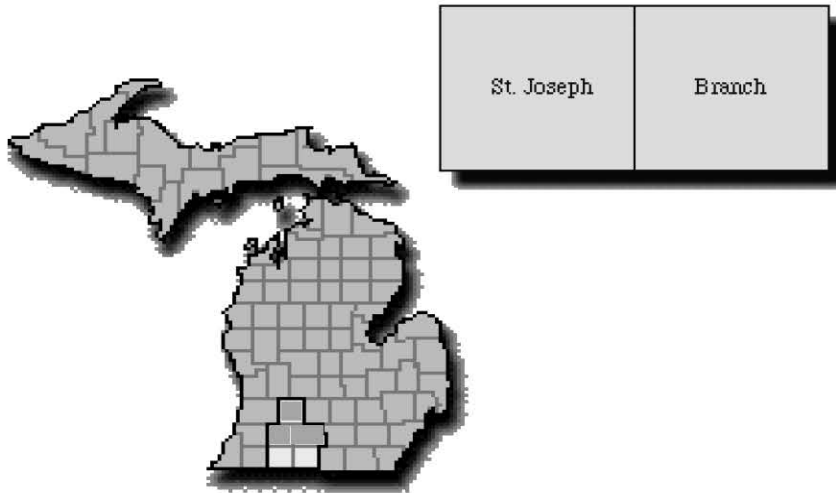
| | |
|---------------------------------|--|
| RU 032: 77.80% | 9-Month Program - within budget 88.88% |
|---------------------------------|--|

| | |
|---------------------------------|--|
| RU 008: 77.17% | Over budget due to sick/vacation time payout. This should fall back in line with budget as year progresses, but we will continue to monitor and adjust in the final amendment. |
|---------------------------------|--|

| | |
|---------------------------------|---|
| RU 329: 74.57% | Program is over budget due to increase in recalls. We will adjust in final amendment. |
|---------------------------------|---|

| | |
|---------------------------------|--|
| RU 326: 68.62% | 9-Month Program - within budget 88.88% |
|---------------------------------|--|

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BRANCH-ST. JOSEPH AREA AGENCY ON AGING 3-C



Planning and Service Area
Branch, St. Joseph

Branch-St. Joseph Area Agency on Aging 3-C

Branch-Hillsdale-St. Joseph
Community Health Agency
570 N. Marshall Road
Coldwater, MI 49036
517-278-2538 (phone)
888-615-8009 (toll-free)
517-278-2494 (fax)
Rebecca A. Burns, Health Officer
Laura Sutter, Director
Area Agency on Aging
www.bhsj.org/aaa

Field Representative Ashley Ellsworth

ellsworthA2@michigan.gov
517-241-4100

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Executive Summary

The executive summary provides a succinct description of the priorities set by the area agency for the use of Older Americans Act (OAA) and state funding during FY 2023-2025. Please include a summary of your agency that touches on each of the items listed below.

1. A brief history of the area agency and respective PSA that provides a context for the MYP/AIP. It is appropriate to include the area agency's vision and/or mission statements and a brief description of the PSA. Include information on the service population, agency strengths, challenges, opportunities, and primary focus for the upcoming three-year period.
2. A description of planned special projects and partnerships.
3. A description of specific management initiatives the area agency plans to undertake to achieve increased efficiency in service delivery, including any relevant certifications or accreditations the area agency has received or is pursuing.
4. Address the agency's response to the COVID-19 pandemic emergency, including a description of the challenges and continuing needs due to this emergency.
5. Any significant new priorities, plans or objectives set by the area agency for the use of OAA and state funding during the MYP. If there are no new activities or changes, note that in your response.
6. A description of the area agency's assessment of the needs of their service population. See *Operating Standard for AAAs C-2, 4.*

The Branch-St. Joseph Area Agency on Aging (IIC) mission is to provide a full range of high quality services, programs and opportunities which promote the independence and dignity of older adults while supporting those who care for them throughout Branch and St. Joseph Counties. As an autonomous department within the Branch-Hillsdale-St. Joseph Community Health Agency, our agency has held this mission since our designation as an Area Agency on Aging in 1996. We are one of 16 AAA's in the State of Michigan responsible for administering Older Americans Act and Older Michiganians Act funding to address the needs of older adults age 60 and over, and family caregivers living in Branch & St. Joseph Counties.

Our Vision states: We envision inclusive communities filled with enriching activities and opportunities for older adults. Where people who have questions or needs can find assistance and support in a manner that suits their preferences.

Our Values include:

1. We place the people we serve at the center of our operations, honoring their preferences and privacy.
2. We assure efficient use of public and private resources.
3. We develop programs and services using an inclusive process to promote healthy aging and livable communities for all ages.
4. We exhibit strong leadership which responds to changing needs and fosters collaboration and cooperation

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throughout the communities we serve.

5. We use effective communication to carry out our mission and vision in an open, respectful and unbiased manner.

The two-county planning and service area is completely rural yet we have a diverse population and a wide continuum of agencies providing supports and services. One of our biggest strengths, and most poignant over the past three years, has been our organizational structure as being a division within local public health. Handling a pandemic alongside a team of public health officials is much different than being a separate entity! From the start of the pandemic in spring 2020, our operations remained open and fully functioning. Continuity of our operations was prioritized so we could work remotely and then we re-integrated back into the workplace seamlessly in the summer of 2020. We focused on supporting testing events, real-time call center activities and provided other administrative support to the public health clinic operations. In late 2020, we braced for vaccine deployment and mass vaccination clinic activities. Early in 2021 we addressed over 10,000 calls and scheduled over 3,000 COVID vaccination appointments - all with a team of 5 staff. This was a tremendous effort of monumental proportions! In addition, we kept up with Friendly Reassurance calls, intakes/referrals as well as on-going AAA business and communication with all of our network providers. The new community partnerships that were built as we addressed food insecurity, housing crisis and service delays/pauses during the height of the pandemic gave the opportunity to develop new ways of delivering services. Better communication, use of volunteers and efficient sharing of resources are all ways in which we rose as a network to solve complex issues and are 'take-aways' as we reflect back upon the past two "plus" years. Personal protective equipment was distributed continuously over the past two years to agencies providing direct care and we will continue to do so until our supplies are gone. Most recently, we've focused our immunization support among adult foster care homes and homes for the aged. By coordinating communication, the facilities' needs for the type of immunization and coordinating the health department clinic team & mobile clinic unit we have been able to offer the supports on-site to staff, residents and families/friends. We also continue to address outbreaks in these types of long term care settings, offering support and ppe when requested. Additional marketing & outreach will continue into 2023 focusing on immunization supports available including advertising, direct mailing, phone outreach and coordination of the Community Health Agency's mobile unit to support those living in institutional settings or who are homebound.

Addressing social isolation and the lack of available technology/devices to connect with people virtually has been something we've encountered as a challenge. Special projects such as the Bureau's ADRC initiative has supported our unique local efforts. Devices such as Ipads, tablets and headphones were purchased to support older adults in participating in virtual learning and social media. Robotic pets were purchased for nursing homes, adult foster care homes, in home services participants and adult day programs to offer comfort. Receiving feedback from our community partners in regard to the technology will be something we focus on gathering in FY2023. This feedback will provide valued input on the impact items had on those we targeted to serve.

The Plans outline a few new approaches to deliver access services and offer outreach to our diverse communities with a focus remaining on our network competence related to diversity, equity and inclusion. Per our Community Needs Assessments, we're again informed that our communities don't know about us! We must continue to focus on our outreach efforts! Friendly Reassurance and Gap Filling are services were added a few years ago under a Bureau waiver. They've proven well-received and will remain funded services in this cycle under contract as well as to provide directly. The Plan does not outline significant new priorities, plans or

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major objectives for the use of Older Americans Act (OAA) or state funding during FY 2023. The American Rescue Plan Act funding issued to the AAA network in Michigan in early 2022 will be utilized to support direct services to older adults/caregivers, program supplies and various pieces of equipment to support direct services throughout the funding period. Some examples of the supplies and equipment that are being planned to support direct services include: home delivered meal delivery vehicles; evidence-based class supplies such as free weights, cleaning supplies, cardio drumsticks; software to enhance program administration and reporting tasks; medical transportation vehicle; and kitchen supplies/equipment. Many of the larger priced items (equipment) are to replace worn/older units as well as enhance and expand service delivery moving forward. The aging network providers across Branch and St. Joseph counties are extremely pleased to have the opportunity to improve services and expand their capacity to operate high quality, accessible services in their community. As always, we will continue to work transparently with providers, the Bureau and our leadership team to plan and address its best use according to local needs across Branch and St. Joseph counties.

For now, Region IIIC does not have any specific management initiatives under way or planned for FY2023 including any relevant certifications or accreditations. We do remain committed to working with our AAA colleagues via our state association, "Area Agencies on Aging Association of Michigan", on collaborative grant funded by the Michigan Health Endowment Fund called "Connected2Care". It's aimed to improve our data-connectedness with health plans and other health care sectors, share best practices in analysis of data and case management practices. The Association is also facilitating a contract with a consulting firm to look at more efficiently using the data we already collect from the time a phone call comes into our agencies to the time services/supports are delivered. These special projects are aimed to making all Area Agencies operate more efficiently and cohesively.

In March 2022, AAA IIIC initiated our 2022 Community Needs Assessment for both Older Adults/Caregiver and Key Community Leaders. The Surveys were similar in that they asked about service prioritization and experience as well as demographics. We also added three questions this year related to social isolation and impacts from the pandemic: "Have you felt isolated from others since the pandemic started?" "How often do you feel lonely" and "In what ways has the pandemic affected you?". One of the most resounding results from both Older adults and Key leaders is they have been affected most significantly by the lack of social opportunities throughout the pandemic. The second highest ranked impact among both groups is "change in mood" - by 30-40% of respondents! 44% of the older adult respondents reported feeling lonely "some of the time" whereas 20% of key leaders responded that way. Service prioritization remained consistent as compared to previous years Needs Assessments although Personal Emergency Response Systems (PERS)/emergency buttons ranked higher than they ever have, as well as personal money management/budgeting. Top 5 services in need, as ranked by both Older adults and Key leaders include: Home delivered meals, Personal Care, Homemaking, Respite Care and Transportation. Elder abuse prevention/awareness activities and Case management also ranked quite high in priority for both groups. Lowest priority services as ranked by respondents included: Nutrition education, ombudsman services, and counseling services. Congregate meals, interestingly was not ranked as high as it traditionally has in the past either which is surprising considering the responses related to loneliness. We delve into the data and responses more, later in the Plan as well as have the tables attached in the "budget and other documents" section. The demographic data in our planning & service area continued with steady growth in the 60 and greater age category. As compared to our statistics in 2019, the 60+ population grew from just over 23% of the total population to now nearly 26%. The total population in Branch and St. Joseph County decreased based on

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MDHHS Vital Records data in 2020. As we examined poverty data, the number of individuals older than 55 who was under poverty within the past year (2020) in St. Joseph County was 1,781 (minority in poverty 198) and Branch County was 1,240 (minority in poverty 62). This data has not significantly changed since our last Plan. Our efforts to reach individuals and families who are of racial and ethnic minorities, the LGBTQ+ community and other disadvantaged groups will remain a high priority for our agency as well as our network providers. We must prevent and address unmet need, health disparities and access to supports and service with a wholistic eye and approach.

The 2023-2025 Multi-Year Area Plan and 2023 Annual Implementation Plan has fully incorporated feedback from each of the Input Forums, Public Hearings and Board/Advisory Committee Meetings as well as the full results of the Community Needs Assessment. Our budget, program development objectives, scope of services and targeting strategies encompass the sentiments of our communities. We remain diligent and committed to serving those greatest in social, financial and/or social need in a manner that is respectful of their preferences and goals. Working in conjunction with a dynamic array of service providers & community partners at the local level, we intend to maintain high quality and accessible services for all who may seek assistance!

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County/Local Unit of Government Review

Area Agencies on Aging must send a letter, with delivery and signature confirmation, requesting approval of the final MYP/AIP by no later than June 24, 2022, to the chairperson of each County Board of Commissioners within the Planning and Service Area (PSA), requesting their approval by July 12, 2022. For a PSA comprised of a single county or portion of the county, approval of the MYP/AIP is to be requested from each local unit of government within the PSA. If the area agency does not receive a response from the county or local unit of government by July 14, 2022, the MYP/AIP is deemed passively approved. The area agency must notify their Bureau of Aging and Community Living Supports (ACLS Bureau) field representative by July 18, 2022, whether their counties or local units of government formally approved, passively approved, or disapproved the MYP/AIP. The area agency may use electronic communication, including email and website-based documents, as an option for acquiring local government review and approval of the MYP/AIP. To employ this option, the area agency must:

Send a letter through the US Mail with delivery and signature confirmation or an email requiring a response confirming receipt to the chief elected official of each appropriate local government advising them of the availability of the final draft MYP/AIP on the area agency's website. Instructions for how to view and print the document must be included. Offer to provide a printed copy of the MYP/AIP via US Mail or an electronic copy via email, if requested. Be available to discuss the MYP/AIP with local government officials, if requested. Request email notification from the local unit of government of their approval of the MYP/AIP, or their related concerns. Please describe the efforts, including the use of electronic communication, made to distribute the MYP/AIP and to gain support from the appropriate county and/or local units of government.

The Area Agency on Aging (AAA) IIIC is an autonomous department within the Branch-Hillsdale-St. Joseph Community Health Agency (CHA). The CHA Board of Health serves as the AAA Policy Board. The Board is comprised of two County Commissioners from each county in the public health district. The DRAFT 2023-2025 Multi Year Area Plan and 2023 Annual Implementation Plan was formally sent to Board Program, Policy and Appeals Committee and Advisory Committee members on May 16, 2022 for their review and comment. Discussion about the Plans began in March 2022 with the Director offering monthly updates to Board & Advisory Committee members along with encouragement to share input, pose questions, and attend Input Sessions in each county and the Public Hearings scheduled for May 31, 2022 in Coldwater and Three Rivers. A different approach was taken this planning cycle in that the MYP/AIP was sent via electronic mail to each of the County Board of Commissioners on June 1, 2022 for review and approval. Branch County requested a presentation at their regularly scheduled working meeting on July 21, 2022. St. Joseph County requested a presentation at their regularly scheduled County Commission Meeting on June 21, 2022. The AAA IIIC Director will share feedback and subsequent County action taken with our ACLS Bureau field representative.

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Public Hearings

The area agency must employ a strategy for gaining MYP/AIP input directly from the planned service population of older adults, caregivers, and persons with disabilities, along with elected officials, partners, providers and the general public, throughout the PSA. The strategy should involve multiple methods and may include a series of input sessions, use of social media, on-line surveys, etc.

At least two public hearings on the FY 2023-2025 MYP/AIP must be held in the PSA. In-person hearings are preferred, but virtual hearings are acceptable if they follow Michigan's Open Meetings Act and the requirements of the area agency's governing authorities. The hearings must be accessible. When deciding between online and in-person meetings, consider limitations to internet access and other accessibility issues with the relevant populations in your region. In person, e-mail, and written testimony must also be accepted for at least thirty days beginning when the summary of the MYP/AIP is made available.

The area agency must post a notice of the public hearing(s) in a manner that can reasonably be expected to inform the public about the hearing(s). Acceptable posting methods include but are not limited to: paid notice in at least one newspaper or newsletter with broad circulation throughout the PSA, as well as news sources geared toward communities of color, people who are lesbian, gay, bisexual, transgender queer or other (LGBTQ+), immigrant communities and/or other underrepresented groups; presentation on the area agency's website, along with communication via email and social media referring to the notice; press releases and public service announcements; and a mailed notice to area agency partners, service provider agencies, Native American organizations, older adult organizations and local units of government. See *Operating Standards for Area Agencies on Aging*, Section B-2 #3. The public hearing notice should be available at least thirty days before the scheduled hearing. This notice must indicate the availability of a summary of the MYP/AIP at least fourteen days prior to the hearing, and information on how to obtain the summary. All components of the MYP/AIP should be available for the public hearings.

Complete the chart below regarding your public hearing(s). Include the date, time, number of attendees and the location and accessibility of each public hearing. Please scan any written testimony (including emails received) as a PDF and upload on this tab.

A narrative description of the hearings and the public input strategy is also required. Please describe the strategy/approach employed to encourage public attendance and testimony on the MYP/AIP. Tell us the strategy used specifically to inform communities of color, LGBTQ+, immigrant communities and/or other underrepresented groups. Describe all methods used to gain public input and the resultant impact on the MYP/AIP. Indicate whether the meeting(s) complied with the Michigan Open Meetings Act.

| Date | Location | Time | Barrier Free? | No. of Attendees |
|------------|-----------|----------|---------------|------------------|
| 05/31/2022 | Coldwater | 10:00 AM | Yes | 4 |

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| | | | | |
|------------|--------------|----------|-----|---|
| 05/31/2022 | Three Rivers | 02:00 PM | Yes | 3 |
|------------|--------------|----------|-----|---|

The Branch-St. Joseph Area Agency on Aging utilized multiple methods to encourage public and community partner input on the MYP and AIP. The Public Hearings were advertised, 30 days in advance, as "public notice ads" in our three (3) main newspapers in the PSA: Three Rivers Commercial News, Sturgis Journal and Coldwater Daily Reporter. These print and electronic news outlets also coincide with our community focal points. The affidavit's for publication are also attached in the "budget and other documents" section of the MYP. Aging network providers, the Board of Health/AAA Policy Board and the AAA Advisory Committee were also sent updates/notices for the Public Hearings.

During each Public Hearing, Laura Sutter, AAA IIIC Director, provided an overview of each section of the Plans, highlighting Program Development, other grants/initiatives, FY23 Budget items as well as the continuum of services. Hearings were held at the BHSJ Community Health Agency offices, which are fully accessible, in Coldwater and Three Rivers. There was no formal testimony provided or received as of the date of the Public Hearings. Attendees were affiliated with County government (Board of Health members) and one direct service provider. All comments that were shared by attendees were supportive and complimentary of the Plans. The BHSJ Community Health Agency Health Officer, Rebecca Burns, also attended both Hearings. A powerpoint presentation covering the highlights of the Community Needs Assessment, including population data was also shared at each hearing.

The Board of Health (AAA IIIC Policy Board) and AAA IIIC Advisory Committee members received the draft plans on May 16, 2022 for their review, comment and upcoming discussion at meetings. Discussion about the Plans began in March 2022 with the Director offering monthly updates to all Board & Advisory Committee members along with encouragement to share input, pose questions, and attend the Public Hearings scheduled for May 31, 2022 in Coldwater and Three Rivers. Final Drafts of the Plans will be shared with both groups, again, at their June meetings.

Community Input Sessions regarding the Plans were held at local senior centers/focal points as follows:
 Thursday, May 5, 2022 at 11:00am - Sturgis Enrichment Center
 Friday, May 6, 2022 at 11:00am - Three Rivers, Rivers Enrichment Center

Both Input Sessions gathered over 50 individuals who either gave verbal feedback about the needs in their community and/or completed the Needs Assessment document. Many Forum attendees commented about the need for more awareness of services available to them, as well as how confused they felt when dealing with health insurance.

We are grateful to have the level of valuable participation and feedback from individuals at each of these Input Forums, multiple public meetings, board and advisory groups! It gives our agency the direction we need to proceed with confidence in wholeheartedly meeting the needs of older adults, people with disabilities and family caregivers across our planning and service area.

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Regional Service Definitions

If the area agency is proposing to fund a service category that is not included in the *Operating Standards for Service Programs*, then information about the proposed service category must be included under this section. Enter the service name, identify the service category and fund source, unit of service, minimum standards, and rationale for why activities cannot be funded under an existing service definition.

Service Name/Definition

Service Name: Community Living Program Services (CLPS)

Definition: Promotion of an individual's health, safety, independence and reasonable participation within their local community through provision of community living supports.

Community Living Program Services include:

A. Assisting, reminding, cueing, observing, guiding and/or training in the following activities: 1) meal preparation, 2) laundry, 3) routine, seasonal and heavy household care maintenance, 4) activities of daily living such as bathing, eating, dressing, personal hygiene, and 5) shopping for food and other necessities of daily living.

B. Assistance, support and/or guidance with such activities as: 1) money management, 2) non-medical care (not requiring RN or MD intervention), 3) social participation, relationship maintenance, and building community connections to reduce personal isolation, 4) transportation from the participant's residence to community activities, among community activities, and from the community activities back to the participant's residence, 5) participation in regular community activities incidental to meeting the individual's community living preferences, 6) attendance at medical appointments, and 7) acquiring or procuring goods and services necessary for home and community living, in response to needs that cannot otherwise be met.

C. Reminding, cueing, observing and/or monitoring of medication administration.

D. Provision of respite as required by the participant's care plan.

Rationale (Explain why activities cannot be funded under an existing service definition.)

This definition has been used since the FY17-19 MYP cycle and has been quite successful in that it offers the most flexible service components under one definition. It is utilized as an option with our Community Living Program (Care Management) participants who desire to self-direct their own care & supports.

Flexibility among purchase of service vendors in their provision of authorized service, based on participant choice is also an advantage.

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| Service Category | Fund Source | Unit of Service |
|---|---|--|
| <input type="checkbox"/> Access <input checked="" type="checkbox"/> In-Home <input checked="" type="checkbox"/> Community | <input checked="" type="checkbox"/> Title III PartB <input type="checkbox"/> Title III PartD <input type="checkbox"/> Title VII <input type="checkbox"/> State Alternative Care <input type="checkbox"/> State Access <input type="checkbox"/> State In-home <input type="checkbox"/> State Respite <input type="checkbox"/> Other _____ | Fifteen (15) minutes performing CLPS activities |

Minimum Standards

Minimum Standards for Agency Providers:

1. Each program shall maintain linkages and develop referral protocols with each Independent Living Consultation (ILC), CCS, CM, MIChoice Waiver and LTCC program operating in the project area.
2. All workers performing Community Living Program Services shall be competency tested for each task to be performed. The supervisor must assure that each worker can competently and confidently perform every task assigned for each participant served. Completion of a certified nursing assistant (CNA) training course by each worker is strongly recommended.
3. Community Living Program Services workers shall have previous relevant experience or training and skills in housekeeping, household management, good health practices, observation, reporting, and recording client information. Additionally, skill, knowledge, and/or experience with food preparation, safe food handling procedures, and identifying and reporting abuse and neglect are highly desirable.
4. Semi-annual in-service training is required for all Community Living Program Services workers. Required topics include safety, sanitation, emergency procedures, body mechanics, universal precautions, and household management.
5. Community Living Program Services workers may perform higher-level, non-invasive tasks such as maintenance of catheters and feeding tubes, minor dressing changes, and wound care when individually trained by the supervising RN for each participant who requires such care. The supervising RN must assure each worker's confidence and competence in the performance of each task required.
6. When the CLPS services provided to the participant include transportation described in B above, the following standards apply:
 - a. The Secretary of State must appropriately license and inspect all drivers and vehicles used for transportation. The provider must cover all vehicles used with liability insurance.
 - b. All paid drivers for transportation providers shall be physically capable and willing to assist persons requiring help to and from and to get in and out of vehicles.

Minimum Standards for Individuals Employed by Participants:

1. Individuals employed by program participants to provide community living supports shall be at least 18

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years of age and have the ability to communicate effectively, both orally and in writing, to follow instructions, and be in good standing with the law as validated by a criminal background check conducted by the area agency on aging that is shared with the participant. Members of a participant's family (except for spouses) may provide CLPS to the participant. If providing transportation incidental to this service, the individual must possess a valid Michigan driver's license.

2. Individuals employed by program participants shall be trained in first aid, cardiopulmonary resuscitation, and in universal precautions and blood-borne pathogens. Training in cardiopulmonary resuscitation can be waived if providing services for a participant who has a "Do Not Resuscitate" (DNR) order. The supervisor must assure that each worker can competently and confidently perform every task assigned for each participant served.

3. Individuals providing Community Living Program Services shall have previous relevant experience or training and skills in housekeeping, household management, good health practices, observation, reporting, and recording information. Additionally, skills, knowledge and/or experience with food preparation, safe food handling procedures, and reporting and identifying abuse and neglect are highly desirable.

4. Individuals providing Community Living Program Services shall be deemed capable of performing the required tasks by the respective program participant.

5. Individuals providing Community Living Program Services shall minimally comply with person centered principle requirement in minimum standards.

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| Service Name/Definition | | | | |
|--|---|---|--|------------------------------|
| Gap Filling: Services that eliminate a threat to independence, health or safety that requires immediate attention when other resources are unavailable. | | | | |
| Rationale (Explain why activities cannot be funded under an existing service definition.) | | | | |
| This regional service is requested to ensure that there are flexible, cost effective, responsive and person-centered services available in the region to meet the needs of older adults. The intent is to offer immediate relief to an individual who has a unique service need and are usually one-time or intermittent in nature. These "gap filling" services/goods promote independence, safety, and health of the individual. | | | | |
| Service Category | Fund Source | | | Unit of Service |
| <input type="checkbox"/> Access | <input checked="" type="checkbox"/> Title III PartB | <input type="checkbox"/> Title III PartD | <input type="checkbox"/> Title III PartE | 1 occurrence of good/service |
| <input checked="" type="checkbox"/> In-Home | <input type="checkbox"/> Title VII | <input type="checkbox"/> State Alternative Care | <input type="checkbox"/> State Access | |
| <input checked="" type="checkbox"/> Community | <input type="checkbox"/> State In-home | <input type="checkbox"/> State Respite | | |
| | <input type="checkbox"/> Other _____ | | | |

Minimum Standards

1. Services/goods shall be based on intake/assessment conducted by Information & Assistance staff, outreach staff, and/or care consultants.
2. Staff will verify the lack of availability under other programs/agencies and community resources.
3. Consumers will be encouraged to cost share for gap filling services.
4. Services can include home modifications and environmental aids, personal care training, private duty nursing, specialized medical equipment, chore services, utility assistance, supplies and other services deemed necessary to reduce risk to the older adult.
5. Consumers do not need to be enrolled in the Community Living Program (Care Management) to receive gap filling services.
6. The internal process for approval of gap filling will include the AAA Director's approval for use of funding for gap filling services.

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Access Services

Access services may be provided to older adults directly by the area agency without a Direct Service Provision Request. Approved access services are Care Management, Case Coordination and Support, Options Counseling, Disaster Advocacy and Outreach Programs, Information and Assistance, Outreach, and Merit Award Trust Fund (MATF)/State-Caregiver-Support-Program-funded Transportation with specific attention to outreach with underserved populations. If the area agency is planning to provide any access services directly during FY 2023-2025, complete this section.

Select from the list of all access services the ones the area agency plans to provide directly during FY 2023-2025, and provide the information requested. Specify, in the appropriate text box for each service category, the planned goals and activities that will be undertaken to provide the service.

Direct service budget details for FY 2023 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and State funds) identified in the Area Plan Grant Budget, Direct Service Budget details.

Care Management

| | | | |
|--------------------------|-------------|------------------------|--------------|
| <u>Starting Date</u> | 10/01/2022 | <u>Ending Date</u> | 09/30/2023 |
| Total of Federal Dollars | \$48,200.00 | Total of State Dollars | \$152,686.00 |

Geographic area to be served

Branch & St. Joseph

Specify the planned goals and activities that will be undertaken to provide the service.

Goal #1: Implement more flexible service options in order to provide a more self-directed care model.

Activities:

- ~ Care Consultants will further refine and improve the intake process to assure targeting of appropriate participants to each level of care outlined in the "Access and Service Coordination Continuum"
- ~ Seek additional service providers (purchase of service vendors) to serve participants in Region IIIC
- ~ Communicate continued need for additional flexibility and additional staff from existing service providers to be able to accommodate participants' person-centered support plan/care plan.
- ~ Care consultants will discuss with participants adult immunizations (including COVID-19 immunization/boosters, flu, pneumonia and shingles) for themselves, their family members and/or caregivers.

Expected Outcomes:

- ~ Increase number of Purchase of Service vendors to serve CLP participants
- ~ Better identify the needs of individuals through a more comprehensive intake process
- ~ Better meet the needs of participants with additional categories/levels of care available
- ~ Supportive immunization consultation and access for CLP participants and their caregivers intended to increase adult immunizations

Goal #2: Continue staff education and skill building including staff collaboration to better serve victims of elder abuse, neglect and exploitation

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Activities:

- ~ Care Consultants will continue to screen/assess participants/victims for current or past abuse, neglect and/or exploitation
- ~ Care Consultants will seek training and education sessions relevant to the prevention of abuse, neglect and/or exploitation

Expected Outcomes:

- ~ Care Consultants will have an increased capacity to build stronger person-centered support plans by including resources and knowledge about abuse, neglect and exploitation
- ~ Care Consultants will continue to build their skill set to provide supports/services and arrange services through attending available state & locally available training events

Goal #3: Minimize wait times for individuals seeking access/care management services

Activities:

- ~ Implement a new tiered approach to Access Services (Care Management funded)
- ~ Care Consultants will complete a thorough intake and referral making process
- ~ Care Consultants will continue to monitor the Waiting List for access services weekly

Expected Outcomes:

- ~ Individuals and caregivers will be referred to alternate resources or be able to obtain services through direct service providers in a more timely manner
- ~ Care Consultants will be able to better identify needed services as a result of implementing the tiered approach

| | | | | |
|--|---------------|------|--------------------|------|
| Number of client pre-screenings: | Current Year: | 65 | Planned Next Year: | 70 |
| Number of initial client assessments: | Current Year: | 50 | Planned Next Year: | 55 |
| Number of initial client care plans: | Current Year: | 50 | Planned Next Year: | 55 |
| Total number of clients (carry over plus new): | Current Year: | 115 | Planned Next Year: | 115 |
| Staff to client ratio (Active and maintenance per Full time care | Current Year: | 1:40 | Planned Next Year: | 1:40 |

Information and Assistance

| | | | |
|--------------------------|-------------|------------------------|------------|
| <u>Starting Date</u> | 10/01/2022 | <u>Ending Date</u> | 09/30/2023 |
| Total of Federal Dollars | \$22,900.00 | Total of State Dollars | |

Geographic area to be served

Branch & St. Joseph

Specify the planned goals and activities that will be undertaken to provide the service.

Goal #1: Provision of comprehensive, unbiased information & assistance/referral

Activities:

- ~ Continue to provide referrals according to ACLS Bureau & national AIRS standards
- ~ Continue to update files and maintain data entry into the State of Michigan Aging Information System - ADRCIS database
- ~ Staff shall complete surveys with (10% as per I&A standard) callers each quarter to assure high quality information & assistance services

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~Staff shall support education efforts among callers regarding immunization, including COVID-19 vaccination/testing/support as well as other adult immunizations, as needed.

Expected Outcomes:

~ Staff will continue to provide the highest quality information & assistance/referral services to any person with an inquiry.

~Individuals will experience timely, accurate information to their questions and requests.

Goal #2: Continue ongoing outreach and education activities among local and regional aging/disability network partners and among general community audiences as well.

Activities:

~ Staff shall continue participation in community-based taskforces, workgroups, committee-type partnership meetings to uphold information sharing and resource collaboration.

~ Staff shall continue to share recent and relevant information/resources to all community and aging network partners

~ Staff shall continue to attend and participate in outreach events and seasonal community-based activities throughout the planning and service area.

Expected Outcome:

~ Local and regional aging/disability network partners will continue to seek and receive accurate information from AAA IIIC.

~ AAA IIIC will continue to see an increase in information & assistance/referral calls

Goal #3: Continue to maintain accurate data and submit accurate data/program reporting related to ACLS Bureau Standards and reporting requirements, for inclusion in the statewide resource database and NAPIS reporting tool.

Activities:

~ Staff shall continue to develop and monitor the ADRCIS resource database for accurate data entries, as necessary.

~ Staff shall continue to seek updated information through contact with programs, service agencies, and organizations for inclusion in the database.

~ Staff shall continue to complete accurate data entry into the database according to ACLS Bureau standards.

Expected Outcome:

All requested and required data and reports will be submitted accurately and timely.

Goal #4: Continue to use and promote a person-centered approach

Activities:

~ Staff shall continue to use the person-centered approach in all interactions with callers, families, caregivers, participants and community partners.

~ Staff shall continue to be able to explain the person-centered philosophy, providing education where opportunities arise.

Expected Outcomes:

~ People contacting and interacting with the Area Agency on Aging IIIC will indicate they have been listened to and responded to with the information/supports they were seeking and according to their preferences.

~ Community partners will have an increased awareness of person-centered thinking and its practice within

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their organizations

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Direct Service Request

It is expected that in-home, community, and nutrition services will be provided under contracts with community-based service providers. However, when appropriate, area agencies may ask to provide these services directly. Direct Service Provision Requests must be approved by the Commission on Services to the Aging (CSA). Direct service provision by the area agency may be appropriate when, in the judgment of the ACLS Bureau: A) provision is necessary to ensure an adequate supply; B) the service is directly related to the area agency's administrative functions; or C) a service can be provided by the area agency more economically than any available contractor and with comparable quality. Area agencies requesting approval to provide an in-home, community, and/or a nutrition service must complete the section below for each service category.

Select the service from the list and enter the information requested pertaining to basis, justification, and public hearing discussion for any Direct Service Provision Request for FY 2023-2025. Specify in the appropriate text box for each service category the planned goals and activities that will be undertaken to provide the service.

Direct service budget details for FY 2023 are to be included under the Services Summary tab and Direct Service Budget tabs in the Area Plan Grant Budget. The funding identified should correspond to the funding (Federal OAA Title III or VII and state funds) identified in the Area Plan Grant Budget.

Skip this section if the area agency is not planning on providing any in-home, community, or nutrition services directly during FY 2023.

Friendly reassurance

Total of Federal Dollars

Total of State Dollars

Geographic Area Served Branch & St. Joseph

Planned goals, objectives, and activities that will be undertaken to provide the service in the appropriate text box for each service category.

Goal: Provide and promote Friendly Reassurance as a service offered by the AAAIIC to local aging network partners and other community partners to address social isolation among older adults in our communities.

Objective: Decrease social isolation among older adults.

Activities: Adhere to ACLS Bureau Operating Standards for Friendly Reassurance by offering weekly (or as requested by the individual) telephonic check-ins to address emotional and physical well being, talk about current events, and other topics as raised by the participant. Work with individuals on ways to stay engaged in the community and with others.

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Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions described below. Please select the basis for the direct service provision request (more than one may be selected).

(A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.

(B) Such services are directly related to the Area Agency's administrative functions.

(C) Such services can be provided more economically and with comparable quality by the Area Agency.

The direct service provision request is intended to respond to the need to reduce social isolation in PSA IIIC . At one time during the pandemic, adequacy of Friendly Reassurance was challenging due to staffing at provider agencies, therefore AAA IIIC stepped in to provide the service. Then, as feedback from providers and participants was received, we remain committed to provide it based on client choice and preference. Further, it enhances our Information & Assistance service. We want to continue to support people where they feel comfortable versus having to make referrals to other agencies (a more streamlined process for the person).

Provide a detailed justification for the direct service provision request. The justification should address pertinent factors that may include: a cost analysis; needs assessment; a description of the area agency's efforts to secure services from an available provider of such services; or a description of the area agency's efforts to develop additional capacity among existing providers of such services. If the service is considered part of administrative activity, describe the rationale and authority for such a determination.

The COVID-19 pandemic has propelled our agency into providing additional services and supports through both community partner/agencies and added to our provision of service. Since FY20 we've been providing Friendly Reassurance to those seeking the service via online request, call in and via referral from local partner agencies. We would like to continue this into FY23 as we know the issue of social isolation will remain present in our communities. We do have the service slated to be put out to bid in the FY22 RFP as well, so provider agencies may continue to offer the services with grant funds.

Describe the discussion, if any, at the public hearings related to this request. Include the date of the hearing(s).

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Regional Direct Service Request

It is expected that regionally defined services will be provided under contracts with community-based service providers, but when appropriate, a provision to provide such regional services directly by the area agency may be approved by the CSA. Regional direct-service provision by the area agency may be appropriate when, in the judgment of the ACLS Bureau: A) provision is necessary to ensure an adequate supply; B) the service is directly related to the area agency's administrative functions; or C) a service can be provided by the area agency more economically than any available contractor, and with comparable quality.

Area agencies requesting permission to provide a regional service directly must complete this tab for each service category. Enter the regional service name in the box and click "Add." The regional service name will appear in the dialog box on the left after a screen refresh. Select the link for the newly added regional service and enter the requested information pertaining to basis, justification and public hearing discussion for any regional direct service request for FY 2023-2025. Also specify in the appropriate text box for each service category the planned goals and activities that will be undertaken to provide the service. Since regional service definitions expire with the end of each multi-year plan period, please include any previously approved regional services the agency expects to continue providing directly, including COVID-19 policy-waiver-approved services. Address any discussion at the public hearing related to each regional direct service provision request.

Regional Direct Service Budget details for FY 2023-2025 are to be included under the Direct Service Budget tab and the Support Services Detail tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and State funds) identified in the Area Plan Grant Budget.

Please skip this section if the area agency is not planning on providing any regional services directly as of now.

Total of Federal Dollars

Total of State Dollars

Geographic Area Served

Planned goals and activities that will be undertaken to provide the service in the appropriate text box for each service category.

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Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions described below. Please select the basis for the direct service provision request (more than one may be selected).

- (A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.
- (B) Such services are directly related to the Area Agency's administrative functions.
- (C) Such services can be provided more economically and with comparable quality by the Area Agency.

Provide a detailed justification for the direct service provision request. The justification should address pertinent factors that may include: a cost analysis; needs assessment; a description of the area agency's efforts to secure services from an available provider of such services; or a description of the area agency's efforts to develop additional capacity among existing providers of such services. If the service is considered part of administrative activity, describe the rationale and authority for such a determination.

Describe the discussion, if any, at the public hearings related to this request. Include the date of the hearing(s).

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Program Development Objectives

Please provide information for all program development goals and objectives that will be actively addressed for this multi-year period, including the diversity, equity and inclusion goal outlined here.

Diversity, Equity, and Inclusion Goal

Aging and Community Living Services Bureau (ACLS) *Operating Standards for Area Agencies on Aging* have long required that preference be given to serving older persons in greatest social or economic need with particular attention to low-income minority elderly. Please refer to *Operating Standards for Area Agencies on Aging* sections C-2 and C-4.

With increased awareness of the effects of racial and ethnic disparities on the health, well-being, and lifespans of individuals, the State Plan on Aging for FY 2023-2025 has implemented goals that relate to identifying and increasing services to black, indigenous and people of color as well as LGBTQ+ adults over age 60.

Please assess and summarize how well the area agency is currently addressing accessibility of services for the groups listed above and complete the objective(s), strategies and activities that are indicated for quality improvement in this area. Include planned efforts to:

- 1. Increase services provided to black, indigenous and people of color and the (LGBTQ+) communities.**
- 2. Increase the number of area agency staff, providers and caregivers trained in implicit bias, cultural competencies, and root causes of racism.**
- 3. Increase availability of linguistic translation services and communications based on the cultural needs in the region in which you serve.**

Goal: Improve the Accessibility of Services to Michigan's Communities and People of Color, Immigrants and LGBTQ+ Individuals.

The area agency must enter each program development goal in the appropriate text box. It is acceptable, though not required, that some of the area agency's program development goals correspond to the ACLS Bureau's State Plan Goals (listed in the Documents Library). There is an entry box to identify which, if any, State Plan Goals correlate with the entered goal.

A narrative for each program development goal should be entered in the appropriate text box. Enter objectives related to each program development goal in the appropriate text box. There are also text boxes for the timeline, planned activities and expected outcomes for each objective. Additional instructions on completing the Program Development section can be found in the Documents Library.

Area Agency on Aging Goal

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A. Work with community partners to develop an adult day program in Branch County.

State Goal Match: 4

Narrative

Since the loss of Branch County's Senior Respite Program in 2014, an adult day program operated by Pines Behavioral Health Services, we have been engaged in development, research and feasibility of another program. In the past we've held a number of community meetings with potential partners, yet nothing has come to fruition. At this time only private pay options are available to families/individuals seeking daytime respite care in a community setting. As a way to meet some of the need in the community, both County's Commission on Aging offices have utilized additional respite care funding to offer additional hours and contract with other home health agencies to provide respite care outside of regular business hours. We do not see this method of service provision as meeting the need of the community, nor is it a sustainable method. The priorities of our key leaders and board members remain strong, that an adult day program needs to be cultivated as soon as it is feasible.

Objectives

1. Work to develop a viable community partner to develop an adult day program for individuals and families in Branch County.

Timeline: 10/01/2022 to 09/30/2023

Activities

Work with local provider networks, faith-based organizations and community partners to identify potential adult day program providers. Build upon existing connections and re-examine feasibility of their potential to develop an adult day program.

The 2022 Request for Proposals will include Adult Day Services. Should an interested party(ies) be identified outside the 2022 RFP timeline, the AAA will initiate a Request for Proposal for the service.

Expected Outcome

A new adult day program in Branch County would start-up in the first quarter of FY2023

B. Provide advocacy, information, and training to support the rights of older/vulnerable adults to live free from abuse, neglect and/or exploitation.

State Goal Match: 4

Narrative

Reports of vulnerable adult abuse, neglect, and/or exploitation have steadily increased nearly every year since 2012 in both Branch and St. Joseph County (MDHHS APS data run, March 2018). In 2017, more than half of each county's substantiated cases were in the type of "neglect" and "self-neglect" (MDHHS APS data run, March 2018). A coordinated community response has been implemented in each county since 2016 and will continue to be built upon and enhanced over the next three years through additional training, education, and outreach.

Objectives

1. Increase the awareness of vulnerable adult abuse, neglect and exploitation throughout the PSA via participation in local partnerships, coalitions/task forces, and community groups.

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Timeline: 10/01/2022 to 09/30/2023

Activities

AAA staff will notify all providers, community partners, and community advocates upon our knowledge of current scams/schemes being reported in the state or local area.

AAA staff will participate in the Branch County Elder Abuse Prevention Coalition. Efforts in FY2023 will include revision and enhancement of the Vulnerable Adult Protocol and creation of a coordinated response via an Interdisciplinary Team approach to serve those identified by team members as vulnerable/at risk. Promotion of elder abuse prevention materials and local trainings will also be provided, as a collaborative effort with the AAA VOCA-funded "Elder Abuse Victim Specialists" under the Services to Victims of Elder Abuse grant.

AAA staff will continue progress with St. Joseph County officials to enhance the Interdisciplinary Team (IDT) that has been meeting since 2017. Additional efforts, as in collaboration with the VOCA-funded "Elder Abuse Victim Specialist", will include training local agencies/organizations, development of an Elder Death Review Team component, and enhancing membership on the IDT to include financial institutions. Again, these efforts across the PSA are in collaboratin with the Services to Victims of Elder Abuse grant initiative.

Expected Outcome

Increased awareness among community members, potential victims, and reporting agencies about the identification and reporting of suspected abuse, neglect and exploitation.

Enhanced collaboration and inter-agency communication as it relates to coordinated community response in vulnerable adult abuse/neglect/exploitation cases.

Increase knowledge of agencies/organizations who've been trained regarding the "red flags" of abuse/neglect/exploitation.

C. Improve the Accessibility of Services to Michigan's Communities and People of Color, Immigrants and LGBTQ+ Individuals.

State Goal Match: 1

Narrative

AAA Region IIIC will continue to learn and support our local network providers' learning surrounding diversity, equity and inclusion. Training and development of more accomodating and culturally sensitive outreach materials are needed, broadly, among our local aging network to continue to represent all individuals including those who are black, indigenious and people of color, and, among the LGBT community. Our providers have begun training and planning for translation of materials... With this emphasis among all network providers, we shall illuminate the effects of racial and ethnic disparities on health, well being and lifespans of individuals.

Objectives

1. Assure AAA staff and local aging network providers are trained in diversity, equity and inclusion topics. This will include training topics on how to recognize and address unconscious bias.

Timeline: 10/01/2022 to 09/30/2023

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Activities

AAA IIIC staff will participate in and share training opportunities with the broad aging network on the topics of diversity, inclusion and implicit/unconscious bias.

AAA IIIC staff will inquire among contracted providers during annual assessments how many staff/volunteers have participated in DEI/implicit bias-type trainings in order to gauge how much additional training may be needed or desired.

Expected Outcome

AAA IIIC staff will have participated in all state-sponsored training opportunities related to diversity, equity and inclusion and implicit bias.

AAA IIIC providers will have at least 50% of their staff/volunteers attend training to enhance their knowledge diversity/equity/inclusion and assess their own unconscious biases.

2. Ensure that AAA3C staff and providers use outreach methods which are culturally sensitive and welcoming to all individuals. This targeted outreach includes sensitivity for individuals from other cultures, backgrounds, and whom use other language(s) than English.

Timeline: 10/01/2022 to 09/30/2023

Activities

AAA IIIC staff will request providers during annual assessment to demonstrate examples of outreach materials and methods which show how their organizations are reaching to diverse cultures and GLBT individuals .

AAA IIIC staff will also request providers to share training records specific to DEI and LGBTQ+ topics

Expected Outcome

AAA staff and Providers will have attempted multiple outreach methods and attempts to reach diverse communities and among GLBT communities to share information about supports and services .

Reporting in NAPIS of individuals served among different racial/ethnic categories as well as identity categories will be more representative and accurate of whom we serve.

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Supplemental Documents

The Supplemental Documents listed below must be included if marked "Required" or if they are applicable to your area agency. Fillable copies of documents A through F can be found in the list on the left below. Select the applicable document(s) from the list and provide all requested information for each. Note that older versions of these documents will not be accepted and should not be uploaded as separate documents.

Membership Documents

- A. Policy Board Membership - *Required***
- B. Advisory Council Membership - *Required***

Documents Requiring Special Approval by the CSA

- C. Proposal Selection Criteria - *only include if there are new or changed criteria for selecting providers.***
- D. Cash-In-Lieu-Of-Commodity Agreement - *only include if applicable***
- E. Waiver of Minimum Percentage of a Priority Service Category - *only include if the area agency is requesting to use local resources to meet part of the minimum required expenditure for a priority service category***
- F. Request to Transfer Funds - *only include if applicable***

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SUPPLEMENTAL DOCUMENT A
Board of Directors Membership

| | Asian/Pacific Islander | African American | Native American/ Alaskan | Hispanic Origin | Persons with Disabilities | Female | Total Membership |
|----------------------------|---------------------------|---------------------|--------------------------------|--------------------|---------------------------------|--------|---------------------|
| Membership Demographics | 1 | 0 | 0 | 0 | 0 | 1 | 6 |
| Aged 60 and Over | 1 | 0 | 0 | 0 | 0 | 1 | 3 |

| Board Member Name | Geographic Area | Affiliation | Membership Status |
|-------------------|-------------------|---------------------|-------------------|
| Tom Matthew | Branch County | County Commissioner | Elected Official |
| Jon Houtz | Branch County | County Commissioner | Elected Official |
| Mark Wiley | Hillsdale County | County Commissioner | Elected Official |
| Brent Leininger | Hillsdale County | County Commissioner | Elected Official |
| Kathy Pangle | St. Joseph County | County Commissioner | Elected Official |
| Jared Hoffmaster | St. Joseph County | County Commissioner | Elected Official |

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SUPPLEMENTAL DOCUMENT B
Advisory Board Membership

| | Asian/ Pacific Islander | African American | Native American/A laskan | Hispanic Origin | Persons with Disabilities | Female | Total Membership |
|----------------------------|-------------------------------|---------------------|--------------------------------|--------------------|---------------------------------|--------|---------------------|
| Membership Demographics | 0 | 0 | 0 | 0 | 1 | 6 | 8 |
| Aged 60 and Over | 0 | 0 | 0 | 0 | 1 | 2 | 4 |

| Board Member Name | Geographic Area | Affiliation |
|-------------------|-------------------|---|
| Steve Todd | St. Joseph County | Community Advocate |
| Pamela Riley | St. Joseph County | Service Provider |
| Amy Duff | Branch County | Service Provider |
| Dennis Brieske | Branch County | Community Advocate |
| Alisha Carr | Branch County | Service Provider |
| Joanna Adams | St. Joseph County | MDHHS - Adult Services Supervisor |
| Kristi Gatke | Branch County | MDHHS |
| Kathy Pangle | St. Joseph County | County Commissioner, Policy Board liaison |

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SUPPLEMENTAL DOCUMENT F
Request to Transfer Funds

| | | |
|--|--|----------------------------------|
| 1 | The Area Agency on Aging requests approval to transfer funds from Title III-B Supportive Services to Title III-C Nutrition Services. The Agency assures that this action will not result in a reduction in support for in-home services and senior center staffing. Rationale for this request is below. | Amount of Transfer 0 |
| | | |
| 2 | The Area Agency on Aging requests approval to transfer funds from Title III-C1 Congregate Nutrition Services to Title III-B Supportive Services for in-home services. The rationale as to why congregate participation cannot be increased is described below. | Amount of Transfer 60,000 |
| <p>As in years past, in-home and other supportive services such as care management/case coordination & support are in greater demand in PSA 3C than that of Congregate Meals. This request of transferred funds allows us to better fulfill needs in the planning and service area.</p> <p>As such, the \$60,000 transfer out of Title III-C1 shall be allocated as follows: C1 to 3B --- \$35,000 C1 to C2 --- \$25,000</p> | | |
| 3 | The Area Agency on Aging requests approval to transfer funds from Title III-C1 Congregate Nutrition to Title III-B Supportive Services for participant transportation to and from meal sites to possibly increase participation in the Congregate Nutrition Program. Rationale for this request is below. | Amount of Transfer 0 |
| | | |

Scope of Services

The COVID pandemic has highlighted the importance of the aging service network. People over age 65 comprised 75 percent of COVID deaths in the US, or one in 100 people in that age group by the end of 2021. Fear of contracting the virus has caused long-term social isolation, resulting in serious physical and emotional health effects. The growing availability of supports delivered remotely has been of great assistance. Maintaining adequate services for those who are homebound and their caregivers will continue to be essential. Burdens on family caregivers have increased due to the closure of some in-person services because of the pandemic as well as because of the direct care worker shortage.

Most people with dementia live at home, supported by family and friends. Evidence-based interventions are effective methods for supporting both the person living with dementia and their caregivers. Aging service providers can provide services and support to maintain independence with referrals to healthcare professionals as appropriate.

Though we have long known that racial and ethnic minorities, the LGBTQ+ community and other disadvantaged groups have higher rates of disease and early death, the factors that lead to discrimination have not been fully explored. Growing determination to address diversity, equity and inclusion are leading us to look holistically at discrimination concerns with an eye toward eliminating disparities and micro-aggressions.

Constantly changing service demand challenges make it essential that the area agency carefully evaluate the potential, priority, targeted, and unmet needs of its service population(s) to form the basis for an effective PSA Scope of Services and Planned Services Array strategy. Provide a response to the following service population evaluation questions to document service population(s) needs as a basis for the area agency's strategy for its regional Scope of Services.

1. Describe key changes and current demographic trends since the last MYP to provide a picture of the potentially eligible service population using census, elder-economic indexes or other relevant sources of information.

In order to prioritize funding and program development objectives over the next three years, the area agency referenced data from multiple sources. We utilized data from the 2020 U.S. Census, the data provided by the Aging, Community Living & Supports Bureau, American Community Survey (2020) and the MDHHS Division of Vital Records & Health Statistics. In addition, we studied regional needs among older adults, current service participants, caregivers, key community leaders, and those who provide services. Feedback from the "Community Needs Assessment" clearly indicate which programs, services, and supports are most important to the public and consumers who are eligible or currently utilizing existing services/supports. Accordingly, the results were used in prioritizing funding and services throughout this planning document. As stated in the Older Americans Act, Area Agencies on Aging must "give priority to those with greatest economic, functional and social need". We look to the U.S. Census/American Community Survey for poverty-related data to address our progress and gaps in service levels. In the American Community Survey, 3% of those 55 and older in PSA 3C are in poverty. Our network will remain committed to maintaining or surmounting the level of care provided to low-income and minority adults. According to the 2020 American Community Survey, minorities comprise 3%

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of those 60+ in the PSA, 1.41% of those are Hispanic/Latino, 1.53% are Black, .62% are Asian, and .43% are American Indian/Alaskan Native. As a percent of the total population in the region, minorities comprise just over 10%. We remain dedicated to provide outreach within minority communities, via our provider network, and with those working for our agency who may be of a minority group. For example, the Community Health Agency has spanish-speaking staff who can assist us with translation, accompany us on home visits, as well as with cultural sensitivity and outreach across the PSA. We also have access to translation services and use it, on average, once per month. Knowing that the total population in the PSA has decreased again since the 2020 Census, yet the number of people 60 years and older has increased, proves our eligible service population continues to grow, grow, and grow!

The population projections are now stating that our planning & service areas largest growth in the 60+ population will be from 2020-2030. In general the AAA IIC total population (all ages) has decreased again since 2030 by 3%. While the total population has decreased, the poulation of those 60 years and older has been increasing. Specifically, the region has seen another 6% increase it its 60 year and older population since 2019. The most significant increases have been in the 66 to 79 year categories, ranging from 8-16% growth!

In order to gain input directly from the public, current service participants, caregivers, community leaders, and providers of service we initiated a Community Needs Assessment. Our intent was to gain insight on the perception of need for services, how individuals' obtain information about services, need for expansion, need for improvement, and to try to gage how community members have been affected by the pandemic. We revised the document (both Key Leader and Older Adult Caregiver) in a few areas for this planning cycle including four (4) new questions related to gender identity, if they've felt isolation since the pandemic, if they feel lonely, and in what ways the pandemic may have affected them.

In total, 269 were completed by key leaders and older adults via the "Community Needs Assessment" online survey tool. We offered the survey in two different methods: an online "Survey Monkey" as well as a traditional hardcopy questionnaire. Key Leader Assessment had 7 questions and Older Adult/Caregiver Assessment had 20 questions - Each version contained the same question related to the list of 25 service options to rank in order of priority as "high, medium, low, or should not be publicly funded". Our provider network assisted us in distribution of the hard copy surveys to Senior Center participants, transportation authority riders, Congregate meal site participants, In-Home Service participants (Home Care Assistance, Respite Care), and Home Delivered Meal participants. The survey was open for six weeks (April 1st to May 13th). It was promoted through the Community Health Agency's website, a news media release, local networking meetings including AAA Advisory Committee and Board of Health, and through multiple group email lists. Respondents were assured that their responses were anonymous and they could call our office to complete the survey verbally, with translation, if they preferred as well. Feedback from the surveys represented the race/ethnicity and gender make up of our population base. 55 key leaders responded and 213 older adults/caregivers responded. Older adult respondents age 65-69 and 80+ represented most of the feedback. A list of 25 'fundable' ACLS Bureau services was utilized to gage priority areas, and respondents were asked to rank them on a four-point scale ranging from No priority/No funding (1 point) to Low priority/little need (2 point) to moderate need (3 points) to great need (4 points). A natural breaking point was observed between those that were ranked highest need

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and those that were considered lower needs. The highest ranked overall needs (scoring 3.15-3.39 points) among all respondents included: Home Delivered Meals, Transportation within the county, Homemaking, Personal Emergency Response (fall button), Care Management/In home assessment/monitoring, and Personal Care. Services that ranked 6th through 10th (if one considers a "top 10 list") include Medicare/Medicaid Assistance program, Chore, Friendly Reassurance, and respite care. Another interesting fact is that, of the people surveyed, the majority of seniors in both counties states that their income level was at or below \$20,000. This presents an important variable to consider when evaluating the indicated needs in our surveyed communities. Another variable to consider is that most of the people that completed the survey were aged 75+ years and lived alone. When one considers these two variables, it helps to make the data more relevant and helps one to understand why the top five needs are what they are.

Concurrently we conducted the Key Leader Needs Assessment via Survey Monkey. An email introduction and direct link was sent to multiple key community leaders from entities, including; Faith-based organizations, Health care providers (including physicians, specialty clinics, home health agencies, rural health clinics, and hospital discharge planners/social workers), aging network providers, AAA Advisory Committee, CHA/AAA Policy Board, other local elected officials, human service agencies (including multi-purpose collaborative bodies Department of Health & Human Services and Community Mental Health), service clubs and organizations (including hospital auxiliaries, United Way, Altrusa, Elks, and Chambers of Commerce). 55 key leaders responded and similarly ranked the following services of greatest need: Home delivered meals, Personal Emergency Response (fall button), Transportation, Personal Care, Care management/InHome assessment, Medicare/Medicaid Assistance Program, Respite care, and caregiver education, support and training. Knowing service priority feedback from each distinct group assisted our team in developing the plan including the budget and targeting strategies.

Our collaboration with the Community Health Agency Health Promotion division should be recognized as a best practice in the tabulation of the survey results and establishment of the survey monkey tool. We would like to acknowledge their expertise and guidance in preparing, implementing, tabulating, and summarizing the data set from the surveys. We have included the actual survey tools used for gathering data as an appendix, as well as the powerpoint that was developed to share results in an organized, meaningful way!

There seem to be a few themes that are consistent throughout the data, between both older adults and key community leaders, which are (in order of importance):

1. Need to increase awareness of services that are available
2. Need for more information related to Medicare, Medicaid, health insurance
3. Need for more educational programs
4. Need to offer more information specific to Veteran's benefits and services

2. Describe identified eligible service population(s) characteristics in terms of identified needs, conditions, health care coverage, preferences, trends, etc. Include older persons as well as caregivers and persons with disabilities in your discussion.

Knowing that the total population in the PSA has decreased since the 2020 Census, yet the number of people 60 years and older has increased, proves our eligible service population continues to grow, grow, and grow! The population projections we shared in the 2020-2022 MYP stated that our planning & service areas largest

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growth in the 60+ population would begin in 2020 and we were right! In general, the AAA 3C total population (all ages) has decreased 1% since 2019 and 2% since 2010. Branch County has seen larger decreases than those of St. Joseph County. While the total population has decreased, the population of those 60 years and older has been increasing. Specifically, the region has seen a 6% increase in its 60 year and older population since 2019. The most significant increases have been in the 70 to 74 years (16%) and in the 75 years and older population (25%). 21.3% of those 55 and older in PSA 3C are in poverty. Of those 65 and older, 8.1%; and of those 75+, 9% are impoverished. This data is consistent with the data shared in the last Multi Year Plan which used the 2010 Census data for poverty. Our network will remain committed to maintaining or surmounting the level of care provided to low-income and minority adults. According to the 2020 MDHHS Vital Records, minorities comprise 4% of those age 60 years and greater in Region IIIC. The number of Hispanic older adults has grown since the last planning document, and thus, we will be increasing outreach efforts among the Hispanic community to offer supports and services. 8.5% of the total population in St. Joseph County is Hispanic and 5.4% of the total population in Branch County is Hispanic. As a percent of the total population in the region, minorities comprise just over 10%. We remain dedicated to provide outreach within minority communities, via our provider network, and with those working for our agency who may be of a minority group.

Based on our 2022 County Health Rankings, our regions top three causes of death are: Heart Disease, Cancer and COVID-19. 9% of individuals in Branch County are uninsured, and 10% are uninsured in St. Joseph County. Adult Obesity continues to be very prevalent in our two-county planning and service area, 37% in St. Joseph County and 38% in Branch County report being obese. Adult obesity correlates to physical inactivity, which is also 29% (StJoe) and 30% (Branch). We must continue our work with key community partners and organizations to offer affordable, accessible classes for adults of any age, including fitness for older adults and people with disabilities.

3. Describe the area agency's Targeting Strategy (eligible persons with greatest social and/or economic need with particular attention to low-income minority individuals) for the MYP cycle including planned outreach efforts with underserved populations and indicate how specific targeting expectations are developed for service contracts.

As stated in our Request for Proposal documents, and as prescribed by the federal Older American's Act: All individuals aged 60 years and older are eligible to receive federal and state funded service, substantial emphasis must be given to serving elder persons with the greatest social or economic need. "Substantial emphasis" is regarded as an effort to service a greater percentage of older persons with economic and/or social needs than their relative percentage to the total elderly population within the geographic service area. We utilize the 2022 (current year, as applicable) Federal Poverty Guidelines, as established by the US Department of Health and Human Services to place definition to "low income" (or a person in economic need). In 2022, for an (one) individual the annual income level is \$13,590 for two people it is \$18,310. For our regional planning purposes, individuals who are members of the following racial/ethnic categories are to be considered as belonging to a minority group: African American/black, Native American, Asian/Pacific Islander, Multi-Racial and Other. The "Other" category consists of persons whose response to the race item on the Census could not be categorized into a specific race, e.g. "Native-American," or "Hispanic." Most persons in the "Other" category are White Hispanics/Latin American. As such, these definitions are embedded within our Request for Proposal process and are addressed in each agency/business responses to the RFP. The definitions serve as guidance and also infiltrate agencies' administrative policies/procedures for targeting. Our agency also monitors providers' compliance with targeting and prioritization of targeted populations as we visit all contract providers annually for compliance with AASA Operating Standards for Service Provision. Use and

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implementation of these definitions, as outlined, set our clear expectations with all of our providers. Our outreach efforts with underserved populations consists of collaborative messaging, regular meetings and contact with aging network partners, and direct contact with people in our two-county planning and service area. We intend to focus more upon outreach to the LGBTQ+ community and other disadvantaged groups as they may have higher rates of disease and early death. Further, we will remain focused on addressing diversity, equity and inclusion as a way to better serve our target population with a more wholistic lens, to address potential discrimination concerns, reduce disparities and micro-aggressions. We participate in multiple outreach events throughout the year including; County 4-H Fairs, Older Americans Health Fair, Project Connect/Homelessness Events, VA "Stand Down" events, and other community partner sponsored events at all of the local community centers.

4. Describe the agency's past practices, current activities and plans for addressing the needs of people living with dementia and their caregivers.

In the past, our agency has completed the "Dementia Capability Quality Assurance Assessment" Tool. Several strengths were identified as well as some areas that can be improved on through the next planning cycle. One of our current staff members is a certified dementia practitioner and therefore has specialized training to support Community Living Program participants as well as general callers seeking information and resources related to dementia care. The AAA IIC team has a kind ability to identify people with dementia. Using various tools including standardized screening and assessment. Staff are able to efficiently evaluate participants and their caregivers. The second strength is that the entire agency staff has received some form of formal training on dementia. This allows our staff, in all of their various roles, to be sensitive to the needs of this population and effectively support those with dementia and their caregivers. The opportunities for improvement include spreading awareness of the principles of dementia-friendly communities and begin to foster those ideas throughout our service area. The assessment also identified that there is a need for dementia specific education among service providers and the community. Having this education and training will be paramount to being able to earlier identify those who are experiencing cognitive impairments or dementia. In home service providers regularly train aides about dementia care, but our other service providers may not have access to this training. Public transit bus drivers and dispatch staff, for example, could greatly benefit from dementia sensitivity training. We will continue our work and planning to foster the development of dementia capable activities, to enhance the knowledge base and specialized services for those with dementia and their caregivers. Our agency will work closely with community organizations and service providers to encourage and support discussions and trainings that are dementia focused.

5. When a customer desires services not funded under the MYP or available where they live, describe the options the area agency offers.

When a person desires or identifies services that are not funded under our MYP or available where they live, our response is one of "problem-solver and researcher". Our trained staff would approach the request with a kind, listening ear, offering other options that may assist. We would also research their request among our local aging network partners and key community partners to see if there may be another regional provider or option that could address the person's stated need. Further, should the person's request be a "one-time"-type service (rather than "on-going"), we may be able to utilize CLPS (a proposed regional service outlined in our MYP) to fill the direct service need. If the service was not available or affordable for the person, we would document the need and work with local community partners to examine the need and discuss the possibility of development of a new service in the future. At all points of contact with individuals seeking services/supports, our staff remain committed to using a person-centered approach to communication and problem solving.

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6. Describe the area agency's priorities for addressing identified unmet needs within the PSA for FY 2020-2022 MYP.

As discussed in other sections of the Multi-Year Plan, our largest unmet need is adult day services in Branch County. Development of a provider to offer that service, in any capacity, is our priority for addressing the need in 2023. The loss of the program occurred in 2014, and we have not been successful to date in development of another potential service provider. Because families have had to seek more formal (and costly) care settings we continue to work with our current providers to offer additional respite opportunities. It is our goal, and is outlined as a program development objective, to entertain a proposal(s) from potential bidders during our 2022 RFP. Should we be unsuccessful, we'll continue our outreach and work more intensely with community partners to develop capacity for a new program. Once a potential bidder(s) is identified, we will open up a Request for Proposal for the service.

Due to the responses in the Community Needs Assessment, we may also continue to work with community partners, local financial institutions and providers to examine the need for "money management/personal financial assistance" because it was ranked quite high among both older adults and key leaders. Paying bills electronically, understanding billing cycles and newer payment structures are confusing to older adults and may inhibit timely, accurate payment. Further, in times of distress such as after the loss of a loved one (who primarily paid the family's bills) or health care crisis, individuals may encounter difficulty in taking care of their personal financial affairs. This need has been expressed by veteran service agencies as well as care managers as they work with individuals in their home. AAA IIC staff and leadership intend to explore this community need in greater detail over the planning cycle.

7. Where program resources are insufficient to meet the demand for services, reference how your service system plans to prioritize clients waiting to receive services, based on social, functional and economic needs.

The aging network providers in Region IIC utilize the ACLS Bureau Operating Standards for Service Provision requirements to maintain a list of participants seeking services/support but who are unable to be served at the time the service is sought. As stated in our contract with each provider, participants shall not be denied or limited services because of their income or financial resources. Where program resources are insufficient to meet the demand for services, each service program shall establish and utilize written procedures for prioritizing clients waiting to receive services, based on social, functional and economic needs. Indicating factors include: For Social Need: isolation, living alone, age 75 or over, minority group member, non-English speaking, etc.; For Functional Need – disability (as defined by the Rehabilitation Act of 1973 or the Americans With Disabilities Act), limitations in activities of daily living, mental or physical inability to perform specific tasks, acute and/or chronic health conditions, etc.; For Economic Need– eligibility for income assistance programs, self- declared income at or below 125% of the poverty threshold, etc. Each provider must maintain a written list of persons who seek service from a priority service category (Access, In-Home, or Legal Assistance) but cannot be served at that time. Such a list must include the date service is first sought, the service being sought and the county, or the community if the service area is less than a county, of residence of the person seeking service. The program must determine whether the person seeking service is likely to be eligible for the service requested before being placed on a waiting list. Individuals on waiting lists for services for which cost sharing is allowable, may be afforded the opportunity to acquire services on a 100% cost share basis until they can be served by funded program. Waiting lists are aggregated and reported to the ACLS Bureau as well as used for advocacy purposes. Alternative services and supports are also discussed with individuals and families so to offer temporary support until the program resources are available.

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8. Summarize the area agency Advisory Council input or recommendations (if any) on service population priorities, unmet needs priorities and strategies to address service needs.

As we assess the need for services, taking into account the input from the community, barriers do exist that have significant impact on service delivery. The first, and foremost, is funding. As we are directly associated with and impacted by the legislative process, each funding cycle has its ups and downs. Providers of aging services are constantly assessing local impact of the state and federal budget and how it will “trickle down”. One advantage in our region however, is the longevity of our provider network. Combined, our existing providers have over 80 years of experience, so they are well versed at handling these hills and valleys. In addition to this experience, each county has a substantial senior millages, as well as transportation millages, to support service delivery in conjunction with OMA/OAA funds. In order to expand and diversify our scope of services, however, we will need to address public/private partnerships to accomplish larger goals in service delivery. The AAA Advisory Committee and Policy Board are updated monthly as to the progress and on-going efforts of the AAA and provider network. Because the lack of a Branch County adult day program remains our biggest gap in services, we will engage with them more in our forthcoming development efforts.

9. Summarize how the area agency utilizes information, education, and prevention to help limit and delay penetration of eligible target populations into the service system and maximize judicious use of available funded resources.

In a rural PSA such as ours, In-Home Services and Access Services have proven to be the most important to seniors and most needed. It would be safe to say that seniors who are mobile want to remain mobile and participate in as much as they can. And, those who need a variety of in home services want to stay in their homes to receive them! Input received during the public input sessions and Public Hearings indicate in-home services, preventive health, and access to services remain of utmost importance in the PSA. We will continue our community partnerships, aggregate data from our local partners and further collaborative relationships to further our mission to provide quality services to those greatest in need, in a manner that suits their preferences.

10. Identify the five service categories receiving the most funds and the five service categories with the greatest number of anticipated participants.

For the next three fiscal years, the Region IIIC AAA will fund twenty one (21) services across our two-county planning and service area. The continuum of services funded under the Plan is a direct result of comprehensive community input, open forum & conversation, and key leader input. The over-arching service categories include; Access, In-Home, and Community Services.

Funding used to support these services arises from both federal and state sources and is outlined in our FY2023 Area Plan Budget.

Services include: Case Coordination & Support; Transportation; Homemaking; Personal Care; Caregiver Education, Support & Training (including kinship caregivers); Care Management; Respite Care; Disease Prevention/Health Promotion; Information & Assistance; Friendly Reassurance; Legal Assistance; Gap Filling; Home Repair; Adult Day Services; Home Delivered Meals; Congregate Meals; Community Living Program Services (regional service definition); Medication Management; Assistive Devices & Technology; Long-Term Care Ombudsman services, and Chore Services.

The five service categories receiving the most federal and/or state funds include: Home Delivered Meals,

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Homemaking, Personal Care, Congregate Meals, Transportation and Respite Care (in home respite care and adult day services). With these services, we anticipate serving the greatest number of participants as well.

Based on the most recent program year service trends, our anticipated service levels and associated funding is as follows:

Home Delivered Meals: \$460,000 serving over 1,200 participants

Personal Care and Homemaking: \$300,000 serving over 250 participants

Congregate Meals: \$220,000 serving over 650 participants

Transportation: \$220,000 serving over 1750 participants

Respite Care: \$70,000 serving over 200 participants

A close "sixth" prioritized and funded service is Care Management (called Community Living Program in PSA IIC), which is easily coupled with Case Coordination & Support. Both programs are aimed to offer independent living support so participants can remain in the setting of their choice for as long as possible. The AAA administers the Community Living Program with over 130 families/individuals each year. The Community Living Program focuses on those who have complex needs and/or are at risk for needing a more formal care setting. Case Coordination and Support is contracted (currently) with both County Commission on Aging offices to support their in-home service participants with monitoring, care planning and referral making. These programs are funded at approximately \$250,000 (combined) and serve over 600 individuals each year. Case Management/In Home Assessment & Monitoring was ranked in the top 5 as highest priority based on the Key Leader and Older Adult/Caregiver Needs Assessment.

11. Describe the area agency's efforts to ensure diversity, equity, and inclusion, including how the agency ensures that staff at their agency and subcontracting agencies is diverse, equitable, inclusive and knowledgeable of the harms of implicit bias?

Region IIC is dedicated to ensuring our agency staff and aging network providers become more knowledgeable over the next three years about diversity, equity and inclusion. We must relate this awareness in our approach, our language and in the manner in which we collect data. By examining and bettering our approach we will promote equitable service to all while honoring preferences and privacy.

In the spring of 2022 aging network providers and area agencies were invited to participate in "Building Bridges/Saving Lives: The How and Why of Data Collection" training presented by Services and Advocacy for Gay Elders (SAGE) of Metro Detroit. The AAA shared the training information directly with all service providers in the region. All six (6) AAA IIC staff participated in the training. At the time the Plan was written, we knew of two service providers who confirmed attendance and are awaiting feedback on how many others participated. Continuous training and self awareness will develop our network into a more inclusive and sensitive way of thinking and being. AAA staff will also participate in the more advanced/in depth self-study training sessions online to help support cultural responsiveness when serving GLBT older adults.

As a part of this development to better serve LGBTQ+ older adults, we will strive for more inclusive practices and fostering more diverse outreach/educational materials, examine policies and intake forms to better relate and record services to all whom we serve. As a part of our Provider Assessment responsibility, we will also examine their outreach/educational materials, policies, forms, etc to assure they're working on their agency and staff engagement to become more responsive and culturally sensitive.

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Our efforts will be enhanced by participation at all levels including front line staff to Policy Boards , thus far all have been invited and will continue to be invited to participate, learn and grow!

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Planned Service Array

Complete the FY 2023-2025 MYP/AIP Planned Service Array form for your PSA. Indicate the appropriate placement for each ACLS Bureau service category and regional service definition. Unless noted otherwise, services are understood to be available PSA-wide.

| | Access | In-Home | Community |
|----------------------------------|---|---|--|
| Contracted by Area Agency | <ul style="list-style-type: none"> • Case Coordination and Support • Transportation | <ul style="list-style-type: none"> • Chore • Homemaking • Home Delivered Meals • Personal Care • Respite Care • Friendly Reassurance • Gap Filling: Services that eliminate a threat to independence, health or safety that requires immediate attention when other resources are unavailable. | <ul style="list-style-type: none"> • Adult Day Services * • Congregate Meals • Disease Prevention/Health Promotion • Home Repair * • Legal Assistance • Long-term Care Ombudsman/Advocacy • Caregiver Education, Support and Training |
| Local Millage Funded | <ul style="list-style-type: none"> • Case Coordination and Support • Information and Assistance • Transportation | <ul style="list-style-type: none"> • Chore • Homemaking • Home Delivered Meals * • Personal Care • Assistive Devices & Technologies * • Respite Care • Friendly Reassurance | <ul style="list-style-type: none"> • Congregate Meals * • Disease Prevention/Health Promotion • Home Repair * • Caregiver Education, Support and Training |
| Participant Private Pay | <ul style="list-style-type: none"> • Transportation | <ul style="list-style-type: none"> • Chore • Homemaking • Home Delivered Meals • Medication Management • Personal Care • Assistive Devices & Technologies • Respite Care | <ul style="list-style-type: none"> • Adult Day Services * • Congregate Meals • Disease Prevention/Health Promotion • Home Repair * • Legal Assistance • Counseling Services |

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| | | | |
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| <p>Provided by Area Agency</p> | <ul style="list-style-type: none"> • Care Management • Information and Assistance | <ul style="list-style-type: none"> • Homemaking • Medication Management • Personal Care • Assistive Devices & Technologies • Respite Care • Friendly Reassurance • Service Name: Community Living Program Services (CLPS) Definition: Promotion of an individual's health, safety, independence and reasonable participation within their local community through provision of community living supports. Community Living Program Services include: A. Assisting, reminding, cueing, observing, guiding and/or training in the following activities: 1) meal preparation, 2) laundry, 3) routine, seasonal and heavy household care maintenance, 4) activities of daily living such as bathing, eating, dressing, personal hygiene, and 5) shopping for food and other necessities of daily living. B. Assistance, support and/or guidance with such activities as: 1) money management, 2) non-medical care (not requiring RN or MD intervention), 3) social participation, relationship maintenance, and building community connections to reduce personal isolation, 4) transportation from the participant's residence to community activities, among community activities, and from the community activities back to the participant's residence, 5) participation in regular community activities incidental to meeting the individual's community living preferences, 6) attendance at medical appointments, and 7) acquiring or procuring goods and services necessary for home and community living, in response to needs that cannot otherwise be met. C. Reminding, cueing, | |
|---------------------------------------|---|--|--|

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| | | | |
|--------------------------------|--|--|--|
| | | observing and/or monitoring of medication administration. D. Provision of respite as required by the participant's ca <ul style="list-style-type: none"> • Gap Filling: Services that eliminate a threat to independence, health or safety that requires immediate attention when other resources are unavailable. | |
| Funded by Other Sources | <ul style="list-style-type: none"> • Transportation | <ul style="list-style-type: none"> • Homemaking • Home Delivered Meals • Medication Management • Personal Care • Assistive Devices & Technologies • Respite Care | <ul style="list-style-type: none"> • Adult Day Services * • Home Repair • Legal Assistance • Counseling Services |

* Not PSA-wide

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Planned Service Array Narrative

Describe the area agency's rationale/strategy for selecting the services funded under the MYP/AIP in contrast to services funded by other resources within the PSA, especially for services not available PSA-wide.

Instructions

Use the provided text box to present the Planned Service Array narrative.

Region IIIC Area Agency on Aging develops a comprehensive, coordinated system of supports and services in an effort to promote the independence and well being of older adults and those who care for them across Branch and St. Joseph Counties. Through our multi-year planning and contracting process we gain input from community members, key stakeholders, providers, and community partners/organizations to develop our list of funded services. Based on the needs and projects proposed during our Request for Proposal process, a continuum of services are funded and contracted for. Services that are not contracted for directly are sought and purchased from our local Purchase of Service (POS) vendors. POS vendors can provide everything from fiscal intermediary services, personal care/homemaking, wound care, durable medical equipment/supplies, medication management, and more. County senior millages are available in each county in the PSA. They are administered by the County's Commission on Aging departments. They utilize the millage funds to match federal and state grants, as well as support senior centers, special trips and programming outside the ACLS Bureau's funded services array.

The two services that are contracted by the Area Agency but not available PSA-wide, at the time the Plan was written are: Home Repair and Adult Day Services. Since 2014 our agency has been searching for alternate providers, however we have not been successful in developing/locating one as of yet. Our search continues and as you will read in the program development section, it remains a goal for FY23. Home repair was put out for bid 2019 Request for Proposals, but as has occurred historically, there has only been one bidder who responded and their services are offered in St. Joseph County only. We are only in the beginning stages of the RFP at the time the Plans are submitted, and therefore can not report how the contracts will come through for the 2023-2025 contract cycle.

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Strategic Planning

Strategic planning is essential to the success of any area agency on aging to carry out its mission, remain viable and capable of being customer sensitive, demonstrate positive outcomes for persons served, and meet programmatic and financial requirements of the ACLS Bureau. Agencies must be proactive in establishing safeguards in case of internet failure, hacking, or other connectivity issues. The increasing frequency of climate-related disruptions make emergency planning a priority.

All area agencies are engaged in some level of strategic planning, especially given the changing and competitive environment that is emerging in the aging and long-term-care services network. Provide responses below to the following strategic planning considerations for the area agency's MYP.

1. Describe your process to analyze your agency's strengths, weaknesses, opportunities and threats.

As discussed in the Plan Highlights section of the MYP/AIP, the Community Health Agency has just begun our first Strategic Planning process since 2019. Due to the pandemic, our revision has not occurred. Narrated herein, then, are the highlights from the Strategic Plan which spanned 2015-2019... Notes for 2023 have been added to address potential revisions related to our strengths, weaknesses, opportunities and threats. Once completed, AAA staff will share the BHSJ CHA Strategic Plan with the Bureau via our Field Representative.

Strengths: Staff members are seen as our agency's greatest asset. They are knowledgeable and caring in their approach. Staff members provide the basis for collaborative relationships and community partner engagement. Our collaborative approach and relationships with community partners is another strength. And, finally, our grassroots advocacy is seen as a strength. Note for 2023: staff members are definitely seen as our agency's greatest asset and strength!

Weaknesses: Communication is the most notable weakness for public health, however, was not identified within AAA. Our weaknesses are related to staffing - a lack thereof! Funding is the root cause impacting that weakness - if you don't have viable funding, you can't pay for staffing. Quality improvement initiatives therefore are impacted by few staff, and by the lack of knowledgeable staff to implement quality improvement programs. Other program development activities are also impacted by a lack of staff in that we have difficulty finding the time to complete the work and make progress in achieving goals. Note for 2023: Staffing weakness surrounds the direct care workforce crisis impacting how we provide in home supports. Funding hasn't been as significant a weakness as in the past, however we continuously plan to assure we have a plan if there is a significant reduction in funding in years to come.

Opportunities: Both collaboration and technology were identified as the greatest sources for opportunities in the future. The strategic planning committee (SPC) identified further opportunities for service integration, working with the local hospitals and federally qualified health centers (FQHCs). Expansion of case management services through the Area Agency on Aging and outreach efforts to underserved populations for health services and health insurance enrollment were seen as untapped possibilities for the future. Note for

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2023: Collaboration and technology remain opportunities for better outreach and service to our communities in the future.

Challenges: Changing political climates, both federally and at the state-level, is an identified weakness. The budget process is always interesting! Mandates/requirements of AASA and other federal agencies do impact us as well as our network partners. Note for 2023: These challenges remain an identified weakness as noted.

2. Describe how a potentially greater or lesser future role for the area agency with the Home and Community Based Services (HCBS) Waiver and/or managed health care could impact the organization.

As it stands today, the AAA IIC does not have a formal role in the MIChoice Home & Community Based Waiver program. We have never received a contract for the program but remain open to one should an agreement be extended. Our provider network across Branch and St. Joseph Counties has always been supportive of our agency operating the MIChoice program locally. Administratively, we would advocate and submit application for a contract should the Department open it up for bid.

The Integrated Care demonstration has been operating in our PSA since 2015. Our role thus far has been education/outreach with those potentially eligible and options counseling for those who have more in-depth questions about eligibility, coverage, plan changes/enrollment and ombudsman options. The two health plans operating in our area have chosen to work directly with the MIChoice Waiver agencies, as such, we've not been involved in negotiations. We are, however, providers for each of the Waiver agencies and would respond to referrals/service requests if authorized. We work in close collaboration with the agents and will maintain that relationship on going.

3. Describe what the area agency would plan to do if there was a ten percent reduction in funding from the ACLS Bureau.

Should the state and/or federal allocations to our AAA be reduced, we would take a very close look at essential services and the most utilized services across the PSA and engage our community/contracted partners to discuss strategies to maintain services to those in greatest need. Our agency works closely with each County Commission on Aging, Community Action and our County transportation authorities to provide key access and in-home services. Those access & in-home services would remain top priority for funding. Conversations with providers would occur regularly and would include prioritization strategy, identification of need, and then putting the plans into action with current participants & those seeking services. Our administrative team and Board of Health would also be engaged in the discussions. More local funding would be used to fill in gaps until budgets could be realigned and in good standing. AAA IIC policies and procedures would be referenced and utilized to guide our process and discussions as well. We are well-versed at working through difficult conversations and problem solving with our community and contracted partners across the aging network.

4. Describe what direction the area agency is planning to go in the future with respect to pursuing, achieving or maintaining accreditation(s) such as National Center for Quality Assurance (NCQA), Commission on Accreditation of Rehabilitation Facilities (CARF), Joint Commission on Accreditation of Hospitals (JCAH), or other accrediting body, or pursuing additional accreditations

At this time, the Branch-St. Joseph Area Agency on Aging is not planning to pursue or engage in any accreditation(s) or accreditation processes.

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5. Describe in what ways the area agency is planning to use technology to support efficient operations, effective service delivery and performance, and quality improvement.

The Branch-St. Joseph Area Agency on Aging (IIC) utilizes the MiChoice Information System, COMPASS and VendorView as our Community Living Program client tracking system. These technology tools are continually updated by the Center for Information Management (CIM, Inc.), the development company, and allow us to document, share internal/external communication, vendor service authorizations and cancellations, communication regarding preferences and specific/urgent participant needs. The programs also tracks the "business-side" of our program in terms of verifying bills, reports, utilization and budgeting. The addition of Vendor View in January 2016 has been a huge success and has proven to have an effect on improved efficiency and communication. Care Consultants utilize iphones and newly implemented tablet computers in the field when appropriate to document and remain timely in completion of their job duties. We continually seek improved service delivery and performance in all of our agency operations. The Community Health Agency implemented a new accounting software package in late 2016 with major efficiencies & proven success in payroll, accounts receivable/payable, budget/financial reports, audit requirements, and human resources functions as well. We continue our participation in the state-wide "Connected2Care" project with the AAA Association of Michigan. As discussed in the Other Grants/Intiatives section, the project goals include building upon existing technology for AAA's to receive admission, discharge and transfer data from a participating health care entity regarding a shared participant. This, again, will lead us toward improving health outcomes and participant satisfaction as we'll be more efficient in performing the case management function within our agency.

6. Describe your agency's emergency planning system, how planning is updated and whether back-up systems are adequate to maintain services during potential disruptions.

The Area Agency on Aging IIC relies on our public health department IT department for data system and technology-based emergencies. The BHSJ CHA network manager maintains all back up files, processes and upgrades to all of the data systems. For public health emergencies, our Emergency Preparedness Coordinator and our "Health Alert Team" are the lead entites who intiater drills and implement the emergency plans should a disruption or incident occur. The AAA division participates in all Health Alert Team activities, communications and implementation efforts as needed. The BHSJ CHA emergency preparedness documents also include the AAA division and our aging network partners as responding entities when needed.

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Advocacy Strategy

Describe the area agency's comprehensive advocacy strategy for FY 2023-2025. Describe how the area agency's advocacy efforts will improve the quality of life of older adults within the PSA. Also give an update on current advocacy efforts. See *Operating Standards for Area Agencies on Aging* section C-6.

Include initiatives, if any, the area agency is pursuing regarding recruitment, training, wages, diversity and inclusion, credentialing, etc. related to the direct care workforce shortage. Also identify area agency best or promising practices, if any, that could possibly be used in other areas of the state. Enter your advocacy strategy in the dialogue box.

The Branch-St. Joseph Area Agency on Aging will continue avid advocacy within the community, within the State of Michigan and at the federal level. The AAA will attempt to increase general public awareness of older adult issues and share what an impact advocacy has in the legislative process. Our most significant, consistent message that we share is the importance of community-based long-term care designed to assist older adults to remain in the setting of their choice.

Our advocacy occurs at many different levels, but begins locally. We will remain involved in: community task forces, multi-purpose collaborative bodies and associated subcommittees, the AAA Association of Michigan, and by strengthening the AAA Advisory Committee. We will also continue to strengthen our relationship with the local Disability Network to develop collaborative advocacy messages, continue partnership building in our local Aging and Disability Resource Consortium, and work together on long term care issues. The following list includes the taskforces & committees we are currently involved with and will continue involvement with over the coming fiscal year:

- ~ Branch County Improving the Lives of Seniors Committee
- ~ St. Joseph County Human Services Commission
- ~ St. Joseph County Adult Services Network
- ~ Caregiver related workgroups and planning committees (each county)
- ~ Emergency preparedness workgroups (each county)
- ~ Branch & St. Joseph County Transportation Authority - Local Advisory Committees
- ~ Elder Abuse Prevention Coalition (Branch Co.) & Interdisciplinary Team (St. Joseph Co.)
- ~ Housing taskforce/homelessness workgroups (each county)
- ~ Access to Healthcare (St. Joseph County)

Advocacy includes identifying local unmet needs and service gaps, seeking and strengthening additional resources, and further developing a coordinated system of services and programs. Through the AAA Advisory Committee and Policy Board, we coordinate advocacy efforts. The Older Michigianians Day event shall be our annual advocacy day at the state capitol along with our state-wide colleagues in aging and disability networks. The event is very energetic and well attended, with each legislator in our area targeted for a dynamic discussion on the needs of older adults and family caregivers. The AAA Advisory Committee (Council) is an appointed committee of the Branch-Hillsdale-St. Joseph Community Health Agency (CHA) Board of Health. As such, Committee is used in their title rather than Council. Advisory Committee membership consists of: Health

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care representatives, Human service agency representatives, AAA contracted providers, County Commissioners (appointed), and, ideally the majority being older adults.

The Board of Health serves as the formal AAA Policy Board. County Commissioners from each county in the district are appointed to the Board of Health to set policy and provide oversight to the CHA and AAA operations. Each of these entities (Advisory Committee & Policy Board) play a key role in assisting the AAA in identifying issues related to older adults and directly involves them in advocacy efforts as key issues arise .

The following trends and issues will remain important to recognize as efforts are put forth for thought and action:

1. Health care – Maintaining adequate and affordable, quality health care is very important, including the topics of Medicare, Medicaid, and insurance/prescription medication. Furthermore, this includes working with community partners (hospitals, home health, hospice, and other related entities) to emphasize the importance of home and community- based care to allow older adults to remain in the setting of their choice to receive services.
2. Expansion of Services and Providers of Services – The AAA must advocate to maintain local determination of funding. As well as making sure there are adequate services for the projected growth in the senior population. As stated above, maintaining involvement with local task forces, collaborative initiatives, and with our elected officials, we can remain strong advocates for those who are affected by decisions at the federal , state, and local level. We will continue to monitor key changes in legislation on the local , state and federal levels to be able to respond and provide up-to-date information for our communities.

These advocacy efforts both within the region, and at the state-level improve the quality of life for older adults through engagement, education, and involvement! As a core function of an area agency, we take advocacy to heart - in everything we do.

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Leveraged Partnerships

Describe the area agency's strategy for FY 2023-2025 to partner with providers of services funded by other resources, as indicated in the PSA Planned Service Array.

- 1. Include, at a minimum, plans to leverage resources with organizations in the following categories:**
 - a. Commissions Councils and Departments on Aging.**
 - b. Health Care Organizations/Systems (e.g. hospitals, health plans, Federally Qualified Health Centers)**
 - c. Public Health.**
 - d. Mental Health.**
 - e. Community Action Agencies.**
 - f. Centers for Independent Living.**
 - g. Other**

Establishing a network of comprehensive supports and services to assist older adults remain as independent and healthy as possible is one of our core responsibilities as an Area Agency on Aging. The Older Michiganians Act (OMA) and Older American's Act (OAA) funding that we receive are granted to local service agencies/organizations to provide for an array of services and programs to support older adults and their families. We partner & collaborate with local Commission on Aging agencies, health care organizations, public health, mental health, Community Action, and our local Center for Independent Living (Disability Network of Southwest Michigan).

In Region IIIC, federal and state funds are allocated to the following services: adult day services, caregiver education, support and training, case coordination & support, chore, congregate meals, diseaseprevention/health promotion, home care assistance, home delivered meals, home repair, information & assistance, legal services, in-home respite, medication management, assistive devices/technology, care management/community living program, and transportation. In addition to OMA and OAA funding, each county in the PSA has a senior millage. The Commission on Aging offices and their County Board of Commissioners are the administrators of these tax dollars. Millage funds are used operationally and to support each AAA grant-funded service they provide. The millages are essential to each county for provision of in-home and community-based services. They expand service and support options and in many cases limit the frequency of waiting lists for services.

Branch County Commission on Aging (COA) receives .4908 mill for total COA operational costs and generates approximately \$700,000 annually for the period 2020 – 2024. Special grant opportunities are sought for expansion of existing programs as well as one-time projects. Fundraising at the COA is also a source of revenue for various programs. Millage funds are incorporated into each of their services, including: home care assistance, chore, respite, case coordination & support, caregiver services, disease prevention/health promotion, MMAP, and transportation. The Branch COA also administers a building millage at .25 mill which generates approximately \$350,000 annually for the period 2021-2030.

St. Joseph County Commission on Aging (COA) receives .75 mill for total COA operational costs and it generates approximately \$1.5 million annually for the period 2018-2023. St. Joseph County also seeks special grant opportunities and participates in fundraising activities, as well as partners with multiple community partners to expand and enhance existing programming and services. The local Commission on Aging offices

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receive the majority of these federal funds to support some of the associated operational costs of offering the valuable service to beneficiaries. MMAP services are highly sought and utilized in the region. Over the next 3 years AAA staff will continue to work directly to build capacity and a broader group of volunteers/agency partners to serve as MMAP counselors and continue in our role as Regional Coordinator designee .

We shall continue our mission to provide for a full range of high quality services , programs, and opportunities which promote the independence and dignity of older adults while supporting those who care for them...

2. Describe the area agency's strategy for developing, sustaining, and building capacity for Evidence-Based Disease Prevention (EBDP) programs including the area agency's provider network EBDP capacity.

Region IIIC intends to build upon the successes of the existing evidence-based prevention programming currently active in each county. These programs are outlined in the FY2023 Evidence Based Programs document. The program offerings may change as a result of the 2022 Request for Proposal, but we don't anticipate major changes as the current offerings are diverse , have stable class leaders, and are well-attended. We appreciate the ACLS Bureau's leadership with EBDP programming with aging network partners. This coordination, among AAA's, the Bureau and the AAA Association office has proven successful, especially as we transitioned during the pandemic from an in-person to remote learning environment. AAA IIIC staff will continue to participate in regular meetings and revise programmatic reporting among all EBDP providers to adhere to Bureau guidance as it evolves.

3. Describe the agency's strategy for developing non-formula resources and use of volunteers to support implementation of the MYP and increased service demand.

AAA IIIC does not currently utilize volunteers to support implementation of the MYP. As a part of local public health, and in response to the COVID-19 pandemic, we certainly worked alongside many, many talented, dedicated volunteers who supported our agency's response efforts including mass immunization clinics, testing and clinical support services...

Non-formula resources are discussed in the MYP under the "Grants and Other Initiatives" section, most notably the Services to Victims of Elder Abuse project funded by the Division of Victim Services. We are constantly reviewing other grant projects and funding opportunities to enhance services and supports to older adults who reside in our planning and service area.

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Community Focal Points

Community Focal Points are visible and accessible points within communities where participants learn about and gain access to available services. Community Focal Points are defined by region. Please review and update the listing of Community Focal Points for your PSA below and edit, make corrections and/or update as necessary. Please specifically note if updates have been made.

Describe the rationale and method used to assess the ability to be a community focal point, including the definition of community. Explain the process by which community focal points are selected.

The currently identified focal point agencies in Region IIC are the Branch County Commission on Aging and the St. Joseph County Commission on Aging. Logistically they serve older adults in the most populated communities in each county. They are also able to coordinate services with other appropriate entities and health care providers in these larger communities. Furthermore, their experience in service delivery speak volumes to their effectiveness. Co-location of services also occurs at the COA offices and senior centers. Disease prevention programming, congregate meals, fitness activities, art & craft classes, and community presentations are offered on a regular basis. Coordination with other community agencies and organizations including: community mental health, Department of Human Services, hospitals/home health agencies, and private practitioners (chiropractors, physical therapists, podiatrists, etc.) offer additional direct services and access to services and vital information. The public is also invited to use the centers for meetings and special events. In rural regions such as Region IIC, communities vary in size. They can be as large as a county or as small as a few block neighborhood. The AAA will use the following definition of community: A group of legally recognized townships, villages, or cities where there is a history of affiliation in the areas of health, human services, or education. Using this definition, the AAA identifies six such communities in the two-county region.

In Branch County, there are three: Greater Coldwater, Greater Bronson, and Greater Union City. In St. Joseph County the communities identified are Greater Sturgis, Greater Three Rivers, and Greater Centreville. While other areas in the region meet the criteria listed, they tend to be fairly small and do not have access to a full range of services. The Commissions on Aging (COA) in each county maintain sites for senior activities, health & wellness activities, and nutrition services. As mentioned above, their historic role as centers for information and supportive services make them logical choices to be considered "Community Focal Points". The COA's have consistently demonstrated the capacity to work with other organizations to serve older adults in the most meaningful, comprehensive manner possible. Each of them maintain contracts for the majority of contracted services in the region and as such, are monitored closely each fiscal year for their effectiveness and adherence to standards for service provision.

Provide the following information for each focal point within the PSA. List all designated community focal points with name, address, telephone number, website, and contact person. This list should also include the services offered, geographic areas served and the approximate number of older persons in those areas. List your Community Focal Points in this format.

| | |
|-------------------|--|
| Name: | Branch County Commission on Aging/Burnside Senior Center |
| Address: | 65 Grahl Drive, Coldwater, MI 49036 |
| Website: | www.burnsidecenter.com |
| Telephone Number: | 517-279-6565 |

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Contact Person: Amy Duff, LMSW, Executive Director
Service Boundaries: Branch County
No. of persons within boundary: 43,517 (25.9% are 60 and older)
Services Provided: Home care assistance, Information and Assistance, Caregiver Education, Support and Training, Chore, Case Coordination Support, InHome Respite, Senior Center activities, Transportation (within and outside county), Medicare/Medicaid Assistance Program, Evidence Based Disease Prevention Programming. Other services available (not directly provided by COA): legal services, health screenings, hearing vision screenings, computer classes, community events meetings.

Name: St. Joseph County Commission on Aging, Oaks Enrichment Center
Address: 306 N. Franks Ave, Sturgis, MI 49091
Website: www.sjccoa.com
Telephone Number: 269-279-8083
Contact Person: Pamela Riley, Executive Director
Service Boundaries: St. Joseph County
No. of persons within boundary: 60,964 (25.4% are 60 and older)
Services Provided: Home care assistance, Information and Assistance, Caregiver Education, Support and Training, Chore, Case Coordination and Support, Kinship Care/Support, InHome Respite, Senior Center activities, Medicare/Medicaid Assistance Program, Evidence Based Disease Prevention Programming, Home Delivered Meals, Congregate Meals (including restaurant voucher program), Home Repair. Other services available (not directly provided by COA): legal services, health screenings, hearing and vision screenings, computer classes, community events/meetings.

Name: St. Joseph County Commission on Aging, Rivers Enrichment Center & Residence
Address: 1200 W. Broadway St., Three Rivers, MI 49093
Website: www.sjccoa.com
Telephone Number: 269-279-8083
Contact Person: Pamela Riley, Executive Director
Service Boundaries: St. Joseph County
No. of persons within boundary: 60,964 (25.4% are 60 and older)

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Branch-St. Joseph Area Agency on Aging

FY 2023

Services Provided:

Home care assistance, Information and Assistance, Caregiver Education, Support and Training, Chore, Case Coordination and Support, Kinship Care/Support, InHome Respite, Senior Center activities, Medicare/Medicaid Assistance Program, Evidence Based Disease Prevention Programming, Home Delivered Meals, Congregate Meals (including restaurant voucher program), Home Repair. Other services available (not directly provided by COA): legal services, health screenings, hearing and vision screenings, computer classes, community events/meetings.

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS

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Branch-St. Joseph Area Agency on Aging

FY 2023

Other Grants and Initiatives

Use this section to identify other grants and/or initiatives that your area agency is participating in with the ACLS Bureau and/or other partners. Grants and/or initiatives to be included in this section may include, but are not limited to:

- Tailored Caregiver and Referral® (TCARE)
- Creating Confident Caregivers® (CCC)
- Evidence Based Disease Prevention (EBDP) Programs (see Doc Library for listing)
- Building Training...Building Quality (BTBQ)
- Powerful Tools for Caregivers®
- PREVNT Grant and other programs for prevention of elder abuse
- Programs supporting persons with dementia (such as Developing Dementia Dexterity and Dementia Friends)
- Medicare Medicaid Assistance Program (MMAP)
- MI Health Link (MHL)
- Respite Education & Support Tools (REST)
- Care Transitions Project

1. Briefly describe other grants and/or initiatives the area agency is participating in with ACLS Bureau or other partners.

In the spring of 2018 Region IIIC AAA competitively bid upon and was awarded a Victim of Crimes Act (VOCA) grant through the Michigan Department of Victim's Services for the "Services to Victims of Elder Abuse" (SVEA) grant. Funds are awarded to Region IIIC annually for each project period to directly serve victims of elder or dependent adult abuse, neglect, and/or exploitation across Branch and St. Joseph Counties. Our project builds upon the successful relationships our office has worked so diligently to foster over the past 10 years. Multiple agencies and departments such as: Community Mental Health, Probate Court, Prosecuting Attorneys, law enforcement (County Sheriffs, local department and MI State Police), domestic violence/sexual assault organizations, financial institutions, health care facilities/ offices, Adult Protective Services and more have come together to address abuse, neglect and exploitation awareness and prevention in our community. In addition, we've worked to develop county-specific Vulnerable Adult Protocol documents, offer trainings and seminars, and now, with the VOCA grant - we are able to directly serve victims. The VOCA-SVEA grant mandated full time staff to be hired as "elder abuse victim specialists" to serve victims and support their recovery from their crime victimization. We have two staff who are dedicated to this role. In addition to directly serving victims, they support each county's coalition/team focused on elder/vulnerable adult abuse prevention. Monthly meetings, Protocol revision/enhancement and training development are on the top of their "to-do list" each year. Having this VOCA-SVEA grant funding, our focus on elder/vulnerable adult abuse, neglect and exploitation offers more dedicated and dynamic staff time to address these local issues. We look forward to sharing our outcomes as we reach our goals implementing the project across Branch and St. Joseph Counties.

Another project AAA IIIC will remain engaged in is the AAA Association of Michigan's "Connected2Care" (C2C) project. C2C was developed in response to the significantly changing environment of health care and home and community-based services. Special invitation funding was awarded to the AAA Association by the

STATE OF MICHIGAN
Michigan Department of Health & Human Services
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FY 2023

Michigan Health Endowment Fund in 2019 and was again awarded in 2022 to continue our successes. C2C has enhanced technology platforms which the aging network uses (COMPASS) in order to provide real-time admission, discharge and/or transfer notices regarding shared participants/patients. The enhanced technology also engages our network as a health information exchange partner, expanding the reach of communication to the home and community based network of providers. There is no cost, other than minimal staff time, to participate in the project as the MHEF funds are primarily paying for the development/enhancement costs of the technology. The AAA Association will serve as the fiduciary and staff support as well, in order to organize regular meetings and participation in learning collaborative groups to discuss how the technology is working in the field and with participants/patients.

Our office will remain actively involved in the Medicare/Medicaid Assistance Program and have a staff person serve in the Regional Coordinator role. As outlined throughout the Plans, MMAP is a highly prioritized service among older adults and key leaders in the PSA. As the go-to program for health insurance information, we will also remain actively trained and provide MiHealth Link outreach, education, and enrollment assistance. During program year 2021-2022 the Regional Coordinator provided 4 presentations across the PSA, and, served nearly 80 MiHealth Link enrollees understand coverage, provide options, and give enrollment assistance. In addition, the MMAP Regional Coordinator served over 120 "regular" MMAP clients understand their benefits, make changes they determined important to them and seek alternative options for coverage. Our sites also did an amazing job with counseling over 300 individuals in one-on-one counseling sessions. MMAP clients seek appointments in comfortable, local community/senior centers, and many times, return year after year, after year!

2. Briefly describe how these grants and other initiatives will improve the quality of life of older adults within the PSA.

The Services to Victims of Elder Abuse has and will most definitely continue to improve the quality of life of older adults across the planning and service area. As a dedicated program serving as a resource to victims, people will have access to an advocate and direct assistance in recovery from their trauma. Our satisfaction surveys tabulated from November 2018 through May 2022 have all been complimentary of the program and its staff. Additional focus areas include community collaboration & outreach, and additional development & enhancement of Vulnerable Adult Protocols. We are also planning program outcome assessments in those areas to gauge our successes as well.

Connected2Care, though the main focus is technology enhancement, the results will be evident immediately. The improved communication among care coordinators within home & community based providers/agencies, health care facilities/hospitals, and speciality offices will result in better communication with older adults. Care plan adjustments can be made in a more timely fashion, with quicker informed decision-making, and fewer duplication of services across the continuum.. These anticipated results will absolutely enhance the quality of life of older adults within the PSA.

MMAP's mission is to educate, counsel and empower Michigan's older adults and individuals with disabilities, and those who serve them, so that they can make informed health benefit decisions. The trained counselors in our area continuously seek training and provide high quality, unbiased information at accessible sites across the two-county planning and service area.

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

Branch-St. Joseph Area Agency on Aging

FY 2023

3. Briefly describe how these other grants and initiatives reinforce the area agency's planned program development efforts for FY 2023-2025.

Provision of high quality services, programs and opportunities which promote the independence and dignity of older adults while supporting those who care for them -- SVEA directly serves and honors victims' dignity by supporting and advocating alongside them through their experiences. Referrals to community supports and finding resources to support individuals care needs are a priority of the SVEA grant initiative . Coalition building and supporting/collaborating with community partners are also goals of the project. Connected2Care will support the technology-side of supporting individuals and families, espeically family members who are out of town/area. With increased communication, supports can be changed and notifications made in a more timely manner to assist individuals and families. MMAP, again, will continue their mission of educating, counseling and empowering individuals to make informed health benefit decisions.

FY 2023 AREA PLAN GRANT BUDGET

Rev. 10/8/21

Agency: Branch-St. Joseph AAA

Budget Period: 10/01/22 to 09/30/23

PSA: IIC

Date: 05/23/22

Rev. No.: orig Page 1of 3

| SERVICES SUMMARY | | | |
|------------------------------------|---------------------|--------------------|------------------|
| FUND SOURCE | SUPPORTIVE SERVICES | NUTRITION SERVICES | TOTAL |
| 1. Federal Title III-B Services | 152,205 | | 152,205 |
| 2. Fed. Title III-C1 (Congregate) | | 94,779 | 94,779 |
| 3. State Congregate Nutrition | | 2,676 | 2,676 |
| 4. Federal Title III-C2 (HDM) | | 107,797 | 107,797 |
| 5. State Home Delivered Meals | | 133,467 | 133,467 |
| 8. Fed. Title III-D (Prev. Health) | 8,821 | | 8,821 |
| 9. Federal Title III-E (NFCSP) | 55,740 | | 55,740 |
| 10. Federal Title VII-A | - | | - |
| 10. Federal Title VII-EAP | - | | - |
| 11. State Access | 7,989 | | 7,989 |
| 12. State In-Home | 142,429 | | 142,429 |
| 13. State Alternative Care | 31,394 | | 31,394 |
| 14. State Care Management | 80,228 | | 80,228 |
| 15. St. ANS | 12,458 | | 12,458 |
| 16. St. Nursing Home Ombs (NHO) | - | | - |
| 17. Local Match | | | |
| a. Cash | 280,554 | 55,231 | 335,785 |
| b. In-Kind | 17,250 | 41,900 | 59,150 |
| 18. State Respite Care (Escheat) | 39,281 | | 39,281 |
| 19. MATF | 33,416 | | 33,416 |
| 19. St. CG Support | 4,123 | | 4,123 |
| 20. TCM/Medicaid & MSO | 60,000 | | 60,000 |
| 21. NSIP | | 122,575 | 122,575 |
| 22. Program Income | 82,650 | 173,000 | 255,650 |
| TOTAL: | 1,008,538 | 731,425 | 1,739,963 |

| ADMINISTRATION | | | | |
|-------------------------------|----------------|---------------|---------------|----------------|
| Revenues | | Local Cash | Local In-Kind | Total |
| Federal Administration | 46,594 | 32,504 | 20,250 | 99,348 |
| State Administration | 8,053 | | | 8,053 |
| MATF Administration | 3,300 | - | - | 3,300 |
| St. CG Support Administration | 407 | - | - | 407 |
| Other Admin | 96,800 | | | 96,800 |
| Total AIP Admin: | 155,154 | 32,504 | 20,250 | 207,908 |

| Expenditures | | |
|----------------------|------|----------------|
| | FTEs | |
| 1. Salaries/Wages | 5.00 | 170,600 |
| 2. Fringe Benefits | | 32,600 |
| 3. Office Operations | | 4,708 |
| Total: | | 207,908 |

| Cash Match Detail | | In-Kind Match Detail | |
|-------------------|---------------|----------------------|---------------|
| Source | Amount | Source | Amount |
| Branch County | 15,515 | Local Appropriation | 20,250 |
| St. Joseph County | 16,989 | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total: | 32,504 | Total: | 20,250 |

BGP Allocation Amount 1,244,532

I certify that I am authorized to sign on behalf of the Area Agency on Aging. This budget represents necessary costs for implementation of the Area Plan. Adequate documentation and records will be maintained to support required program expenditures.

Rebecca A. Burns
Signature

Health Officer
Title

05/23/22
Date

FY 2023 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL

Agency: Branch-St. Joseph AAA
 PSA: IIIC

Budget Period: 10/01/22 to 09/30/23
 Date: 05/23/22 Rev. No.: orig

Rev. 10/8/21
 page 2 of 3

Operating Standards For AAA's

| Op | Std | SERVICE CATEGORY | Title III-B | Title III-D | Title III - E | Title VII A Title VII/EAP | OMB | State Access | State In-Home | St. Alt. Care | State Care Mgmt | State NHO | St. ANS | St. Respite (Escheat) | MATF | St. CG Supp | TCW-Medicaid MSO Fund | Program Income | Cash Match | In-Kind Match | TOTAL |
|-----------------------------|-----|--|-------------|-------------|---------------|------------------------------|-----|-----------------|------------------|------------------|--------------------|--------------|---------|--------------------------|--------|-------------|--------------------------|-------------------|---------------|------------------|-----------|
| A Access Services | | | | | | | | | | | | | | | | | | | | | |
| A-1 | | Care Management | 22,200 | | 26,000 | | | | | | 80,228 | | 12,458 | | | | 60,000 | | 32,504 | 8,000 | 241,390 |
| A-2 | | Case Coord/supp | | | 7,000 | | | 7,989 | | | | | | | | | | | 30,000 | | 44,989 |
| A-3 | | Disaster Advocacy & Outreach Program | | | | | | | | | | | | | | | | | | | - |
| A-4 | | Information & Assis | 22,900 | | | | | | | | | | | | | | | | | 3,000 | 25,900 |
| A-5 | | Outreach | | | | | | | | | | | | | | | | | | | - |
| A-6 | | Transportation | 30,000 | | 7,000 | | | | | | | | | | 8,000 | | | 22,000 | 28,000 | | 95,000 |
| A-7 | | Options Counseling | | | | | | | | | | | | | | | | | | | - |
| B In-Home | | | | | | | | | | | | | | | | | | | | | |
| B-1 | | Chore | 10,000 | | | | | | | | | | | | | | | 500 | 2,650 | | 13,150 |
| B-2 | | Home Care Assis | | | | | | | | | | | | | | | | | | | - |
| B-3 | | Home Injury Cntrl | | | | | | | | | | | | | | | | | | | - |
| B-4 | | Homemaking | | | | | | | 60,229 | 15,697 | | | | | | | | 16,500 | 50,000 | | 142,426 |
| B-6 | | Home Health Aide | | | | | | | | | | | | | | | | | | | - |
| B-7 | | Medication Mgt | | | | | | | 9,000 | | | | | | | | | | | | 9,000 |
| B-8 | | Personal Care | | | | | | | 53,200 | 15,697 | | | | | | | | 16,500 | 50,500 | | 135,897 |
| B-9 | | Assistive Device&Tech | | | | | | | 8,000 | | | | | | | | | | | | 8,000 |
| B-10 | | Respite Care | | | | | | | 12,000 | | | | | 16,581 | 5,416 | | | 5,200 | 18,550 | | 57,747 |
| B-11 | | Friendly Reassure | 10,000 | | | | | | | | | | | | | | | | 600 | 1,500 | 12,100 |
| C-10 | | Legal Assistance | 12,000 | | | | | | | | | | | | | | | 500 | 1,500 | | 14,000 |
| C Community Services | | | | | | | | | | | | | | | | | | | | | |
| C-1 | | Adult Day Services | | | | | | | | | | | | 22,700 | 20,000 | 4,123 | | 20,000 | 31,250 | | 98,073 |
| C-2 | | Dementia ADC | | | | | | | | | | | | | | | | | | | - |
| C-6 | | Disease Prevent/Health Promion | | 8,821 | | | | | | | | | | | | | | 250 | 2,500 | | 11,571 |
| C-7 | | Health Screening | | | | | | | | | | | | | | | | | | | - |
| C-8 | | Assist to Hearing Impaired & Deaf Cmty | | | | | | | | | | | | | | | | | | | - |
| C-9 | | Home Repair | 10,500 | | | | | | | | | | | | | | | 500 | 3,500 | | 14,500 |
| C-11 | | LTC Ombudsman | 2,000 | | | | | | | | | | | | | | | | 18,000 | | 20,000 |
| C-12 | | Sr Ctr Operations | | | | | | | | | | | | | | | | | | | - |
| C-13 | | Sr Ctr Staffing | | | | | | | | | | | | | | | | | | | - |
| C-14 | | Vision Services | | | | | | | | | | | | | | | | | | | - |
| C-15 | | Prevnt of Elder Abuse,Neglect,Exploitation | | | | | | | | | | | | | | | | | | | - |
| C-16 | | Counseling Services | | | | | | | | | | | | | | | | | | | - |
| C-17 | | Creat.Conf.CG@ CCC | | | | | | | | | | | | | | | | | | | - |
| C-18 | | Caregiver Supplmt Services | | | | | | | | | | | | | | | | | | | - |
| C-19 | | Kinship Support Services | | | | | | | | | | | | | | | | | | | - |
| C-20 | | Caregiver E,S,T | | | 15,740 | | | | | | | | | | | | | 700 | 11,000 | | 27,440 |
| *C-8 | | Program Develop | 22,005 | | | | | | | | | | | | | | | | | 3,000 | 25,005 |
| Region Specific | | | | | | | | | | | | | | | | | | | | | |
| | | Community Living Program Services | 5,100 | | | | | | | | | | | | | | | | | 1,100 | 6,200 |
| | | Gap Filling | 5,500 | | | | | | | | | | | | | | | | | 650 | 6,150 |
| | | c. | | | | | | | | | | | | | | | | | | | - |
| | | d. | | | | | | | | | | | | | | | | | | | - |
| | | 7. CLP/ADRC Services | | | | | | | | | | | | | | | | | | | - |
| Sp Co | | 8. MATF Adm | | | | | | | | | | | | | 3,300 | | | | | | 3,300 |
| Sp Co | | 9. St CG Sup Adm | | | | | | | | | | | | | | 407 | | | | | 407 |
| SUPPRT SERV TOTAL | | | 152,205 | 8,821 | 55,740 | - | - | 7,989 | 142,429 | 31,394 | 80,228 | - | 12,458 | 39,281 | 36,716 | 4,530 | 60,000 | 82,650 | 280,554 | 17,250 | 1,012,245 |

FY 2023 NUTRITION / OMBUDSMAN / RESPITE / KINSHIP - PROGRAM BUDGET DETAIL

Rev. 10/8/21

Agency: Branch-St. Joseph AAA Budget Period: 10/01/22 to 9/30/23
 PSA: IIIC Date: 05/23/22 Rev. Number orig

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FY 2023 AREA PLAN GRANT BUDGET - TITLE III-C NUTRITION SERVICES DETAIL

| Op Std | SERVICE CATEGORY | Title III C-1 | Title III C-2 | State Congregate | State HDM | NSIP Title III-E | Program Income | Cash Match | In-Kind Match | TOTAL |
|--------|---------------------------------|---------------|----------------|------------------|----------------|------------------|----------------|---------------|---------------|----------------|
| | Nutrition Services | | | | | | | | | |
| C-3 | Congregate Meals | 93,829 | | 2,676 | | | 48,000 | 15,000 | 6,500 | 166,005 |
| B-5 | Home Delivered Meals | | 107,797 | | 133,467 | 122,575 | 125,000 | 40,231 | 35,400 | 564,470 |
| C-4 | Nutrition Counseling | | | | | | | | | - |
| C-5 | Nutrition Education | | | | | | | | | - |
| | AAA RD/Nutritionist* | 950 | | | | | | | | 950 |
| | Nutrition Services Total | 94,779 | 107,797 | 2,676 | 133,467 | 122,575 | 173,000 | 55,231 | 41,900 | 731,425 |

*Registered Dietitian, Nutritionist or individual with comparable certification, as approved by AASA.

FY 2023 AREA PLAN GRANT BUDGET-TITLE VII LTC OMBUDSMAN DETAIL

| Op Std | SERVICE CATEGORY | Title III-B | Title VII-A | Title VII-EAP | State NHO | MSO Fund | Program Income | Cash Match | In-Kind Match | TOTAL |
|--------|--------------------------------|--------------|-------------|---------------|-----------|----------|----------------|---------------|---------------|---------------|
| | LTC Ombudsman Ser | | | | | | | | | |
| C-11 | LTC Ombudsman | 2,000 | - | - | - | - | - | 18,000 | - | 20,000 |
| C-15 | Elder Abuse Prevention | - | | - | | | - | - | - | - |
| | Region Specific | - | - | - | | | - | - | - | - |
| | LTC Ombudsman Ser Total | 2,000 | - | - | - | - | - | 18,000 | - | 20,000 |

FY 2023 AREA PLAN GRANT BUDGET- RESPITE SERVICE DETAIL

| Op Std | SERVICES PROVIDED AS A FORM OF RESPITE CARE | Title III-B | Title III-E | State Alt Care | State Escheats | State In-Home | Merit Award Trust Fund | Program Income | Cash/In-Kind Match | TOTAL |
|--------|---|-------------|-------------|----------------|----------------|---------------|------------------------|----------------|--------------------|----------|
| B-1 | Chore | | | | | | | | | - |
| B-4 | Homemaking | | | | | | | | | - |
| B-2 | Home Care Assistance | | | | | | | | | - |
| B-6 | Home Health Aide | | | | | | | | | - |
| B-10 | Meal Preparation/HDM | | | | | | | | | - |
| B-8 | Personal Care | | | | | | | | | - |
| | Respite Service Total | - | - | - | - | - | - | - | - | - |

FY 2023 AREA PLAN GRANT BUDGET-TITLE E- KINSHIP SERVICES DETAIL

| Op Std | SERVICE CATEGORY | Title III-B | Title III-E | | | | Program Income | Cash Match | In-Kind Match | TOTAL |
|--------|----------------------------------|-------------|--------------|--|--|--|----------------|------------|---------------|--------------|
| | Kinship Ser. Amounts Only | | | | | | | | | |
| C-18 | Caregiver Sup. Services | - | | | | | - | | - | - |
| C-19 | Kinship Support Services | - | - | | | | - | - | - | - |
| C-20 | Caregiver E,S,T | | 5,000 | | | | - | - | - | 5,000 |
| | Kinship Services Total | - | 5,000 | | | | - | - | - | 5,000 |

| Planned Services Summary Page for FY 2023 | | | PSA: IIIC | | |
|---|----------------|----------------------|---------------------|-------------|-----------|
| Service | Budgeted Funds | Percent of the Total | Method of Provision | | |
| | | | Purchased | Contract | Direct |
| ACCESS SERVICES | | | | | |
| Care Management | \$ 241,390 | 13.84% | x | | x |
| Case Coordination & Support | \$ 44,989 | 2.58% | | x | |
| Disaster Advocacy & Outreach Program | \$ - | 0.00% | | | |
| Information & Assistance | \$ 25,900 | 1.49% | | | x |
| Outreach | \$ - | 0.00% | | | |
| Transportation | \$ 95,000 | 5.45% | | x | |
| Option Counseling | \$ - | 0.00% | | | |
| IN-HOME SERVICES | | | | | |
| Chore | \$ 13,150 | 0.75% | | x | |
| Home Care Assistance | \$ - | 0.00% | | | |
| Home Injury Control | \$ - | 0.00% | | | |
| Homemaking | \$ 142,426 | 8.17% | x | x | |
| Home Delivered Meals | \$ 564,470 | 32.37% | | x | |
| Home Health Aide | \$ - | 0.00% | | | |
| Medication Management | \$ 9,000 | 0.52% | x | | |
| Personal Care | \$ 135,897 | 7.79% | x | x | |
| Personal Emergency Response System | \$ 8,000 | 0.46% | x | | |
| Respite Care | \$ 57,747 | 3.31% | x | x | |
| Friendly Reassurance | \$ 12,100 | 0.69% | | x | x |
| COMMUNITY SERVICES | | | | | |
| Adult Day Services | \$ 98,073 | 5.62% | | x | |
| Dementia Adult Day Care | \$ - | 0.00% | | | |
| Congregate Meals | \$ 166,005 | 9.52% | | x | |
| Nutrition Counseling | \$ - | 0.00% | | | |
| Nutrition Education | \$ - | 0.00% | | | |
| Disease Prevention/Health Promotion | \$ 11,571 | 0.66% | | x | |
| Health Screening | \$ - | 0.00% | | | |
| Assistance to the Hearing Impaired & Deaf | \$ - | 0.00% | | | |
| Home Repair | \$ 14,500 | 0.83% | | x | |
| Legal Assistance | \$ 14,000 | 0.80% | | x | |
| Long Term Care Ombudsman/Advocacy | \$ 20,000 | 1.15% | | x | |
| Senior Center Operations | \$ - | 0.00% | | | |
| Senior Center Staffing | \$ - | 0.00% | | | |
| Vision Services | \$ - | 0.00% | | | |
| Programs for Prevention of Elder Abuse, | \$ - | 0.00% | | | |
| Counseling Services | \$ - | 0.00% | | | |
| Creating Confident Caregivers® (CCC) | \$ - | 0.00% | | | |
| Caregiver Supplemental Services | \$ - | 0.00% | | | |
| Kinship Support Services | \$ - | 0.00% | | | |
| Caregiver Education, Support, & Training | \$ 27,440 | 1.57% | | x | |
| AAA RD/Nutritionist | \$ 950 | 0.05% | | x | |
| PROGRAM DEVELOPMENT | \$ 25,005 | 1.43% | | | x |
| REGION-SPECIFIC | | | | | |
| Community Living Program Services | \$ 6,200 | 0.36% | x | | |
| Gap Filling | \$ 6,150 | 0.35% | x | x | |
| c. | \$ - | 0.00% | | | |
| d. | \$ - | 0.00% | | | |
| CLP/ADRC SERVICES | \$ - | 0.00% | | | |
| SUBTOTAL SERVICES | | | | | |
| | \$ 1,739,963 | | | | |
| MATF & ST CG ADMINISTRATION | | | | | |
| | \$ 3,707 | 0.21% | | | x |
| TOTAL PERCENT | | 100.00% | 10.39% | 79.68% | 9.92% |
| TOTAL FUNDING | | \$ 1,743,670 | \$181,125 | \$1,389,505 | \$173,040 |

Note: Rounding variances may occur between the Budgeted Funds column total and the Total Funding under the Method of Provision columns due to percentages in the formula. Rounding variances of + or (-) \$1 are not considered material.

FY 2023 BUDGET REVIEW SPREADSHEET

Rev. 10/8/21

| Agency: | Branch-St. Joseph of AAA Regions | | | Fiscal Year: | FY 2023 |
|-------------------------------------|----------------------------------|-------------------|---------------------|---|---|
| Date of SGA: | 11/1/3021 | SGA No. | | Date Reviewed by AASA: | |
| Date of Budget: | 05/23/22 | Revision No. | orig | Initials of Field Rep Approving: | |
| SGA CATEGORY | SGA AWARD | C/O AMOUNT | TOTAL | AAA COMMENTS | |
| Title III Administration | \$ 46,594 | | \$ 46,594 | | |
| State Administration | \$ 8,053 | | \$ 8,053 | | |
| Title III-B Services | \$ 152,205 | | \$ 152,205 | | Transfer Request submitted (Appendix F) |
| Title III-C-1 Services | \$ 94,779 | | \$ 94,779 | | From Title IIIC1 (\$60,000) |
| Title III-C-2 Services | \$ 107,797 | | \$ 107,797 | | To Title IIIC2 \$25,000 |
| Federal Title III-D (Prev. Health) | \$ 8,821 | | \$ 8,821 | | To Title IIIB \$35,000 |
| Title III-E Services (NFCSP) | \$ 55,740 | | \$ 55,740 | | |
| Title VII/A Services (LTC Ombuds) | \$ - | | \$ - | | |
| Title VII/EAP Services | \$ - | | \$ - | | |
| St. Access | \$ 7,989 | | \$ 7,989 | | |
| St. In Home | \$ 142,429 | | \$ 142,429 | | |
| St. Congregate Meals | \$ 2,676 | | \$ 2,676 | | |
| St. Home Delivered Meals | \$ 133,467 | | \$ 133,467 | | |
| St. Alternative Care | \$ 31,394 | | \$ 31,394 | | |
| St. Aging Network Srv. (St. ANS) | \$ 12,458 | | \$ 12,458 | | |
| St. Respite Care (Escheats) | \$ 39,281 | | \$ 39,281 | | |
| Merit Award Trust Fund (MATF) | \$ 36,716 | | \$ 36,716 | | |
| St. Caregiver Support (St. CG Sup.) | \$ 4,530 | | \$ 4,530 | | |
| St. Nursing Home Ombuds (NHO) | \$ - | | \$ - | | |
| MSO Fund-LTC Ombudsman | \$ - | | \$ - | | |
| St. Care Mgt. | \$ 80,228 | | \$ 80,228 | | |
| NSIP | \$ 122,575 | | \$ 122,575 | | |
| | | | \$ - | | |
| SGA TOTALS: | \$ 1,087,732 | \$ - | \$ 1,087,732 | | |
| Administrative Match Requirements | | | | | |
| ADMINISTRATION | BUDGET | SGA | DIFFERENCE | Minimum federal administration match amount | \$15,531 |
| Federal Administration | \$ 46,594 | \$ 46,594 | \$ - | Administration match expended (State Adm. + Local Match) | \$60,807 |
| State Administration | \$ 8,053 | \$ 8,053 | \$ - | Is the federal administration matched at a minimum 25%? | Yes |
| | | | | Does federal administration budget equal SGA? | Yes |
| Sub-Total: | \$ 54,647 | \$ 54,647 | \$ - | Does state administration budget equal SGA? | Yes |
| MATF | \$ 3,300 | | | | |
| ST CG Supp | \$ 407 | | | | |
| Local Administrative Match | | | | Merit Award Trust Admin. & St. Caregiver Support Admin must be expended at or below 9% of | |
| Local Cash Match | \$ 32,504 | | | Total Merit Award Trust Fund & St. Caregiver Support Admin. Funds budgeted: | 8% |
| Local In-Kind Match | \$ 20,250 | | | Is Merit Award Trust Fund & St CG Support Admin. budgeted at 9% or less? | Yes |
| Sub-Total: | \$ 52,754 | | | Amount of MATF Funds budgeted on Adult Day Care | \$ 20,000 |
| Other Admin | \$ 96,800 | | | Is at least 50% of MATF budgeted on Adult Day Care services? | Yes |
| Total Administration: | \$ 207,908 | \$ 207,908 | \$ - | Title III-E Kinship Services Program Requirements | |
| SERVICES: | BUDGET | SGA | % BUDGETED | Are kinship services budgeted at > 5% of the AAA's Title III-E funding? | Yes |
| Federal Title III-B Services | \$ 152,205 | \$ 152,205 | 100.0000% | | |
| Fed. Title III C-1 (Congregate) | \$ 94,779 | \$ 94,779 | 100.0000% | [note: see TL #369 & TL#2007-141] | |
| State Congregate Nutrition | \$ 2,676 | \$ 2,676 | 100.0000% | For Agencies required to budget a minimum of \$25,000 of Title III-E requirement met? | N/A |
| Federal C-2 (HDM) | \$ 107,797 | \$ 107,797 | 100.0000% | Title III-B Long Term Care Ombudsman Maintenance of Effort Requirements | |
| State Home Delivered Meals | \$ 133,467 | \$ 133,467 | 100.0000% | Amount required from Transmittal Letter #2020-431. (see cell L 42) | #N/A |
| Federal Title III-D (Prev. Health) | \$ 8,821 | \$ 8,821 | 100.0000% | Budgeted amount Title III-B for LTC Ombudsman. | \$2,000 |
| Federal Title III-E (NFCSP) | \$ 55,740 | \$ 55,740 | 100.0000% | Is required maintenance of effort met? | #N/A |
| St. Access | \$ 7,989 | \$ 7,989 | 100.0000% | | |
| St. In Home | \$ 142,429 | \$ 142,429 | 100.0000% | | |
| St. Alternative Care | \$ 31,394 | \$ 31,394 | 100.0000% | Service Match Requirements | |
| St. Care Mgt. | \$ 80,228 | \$ 80,228 | 100.0000% | Minimum service match amount required | \$92,678 |
| State Nursing Home Ombs (NHO) | \$ - | \$ - | #DIV/0! | Service matched budgeted: (Local Cash + In-Kind) | \$394,935 |
| St ANS | \$ 12,458 | \$ 12,458 | 100.0000% | Is the service allotment matched at a minimum 10%? | Yes |
| Sub-Total: | \$ 829,983 | \$ 829,983 | 100.0000% | | |
| Local Service Match | | | | Miscellaneous Budget Requirements / Constraints | |
| Local Cash Match | \$ 335,785 | | | Amounts budgeted for OAA / AASA Priority Services: | |
| Local In-Kind Match | \$ 59,150 | | | Access: | \$75,100 |
| | | | | In-Home: | \$20,000 |
| | | | | Legal: | \$12,000 |
| Sub-Total: | \$ 394,935 | | | Total Budgeted for Priority Services: | \$107,100 |
| Title VII/A Services (LTC Ombuds) | \$ - | \$ - | #DIV/0! | Are Access Services budgeted at minimum 10% of Original ACL Title III-B | Yes |
| Title VII/EAP Services | \$ - | \$ - | #DIV/0! | Are In Home Services budgeted at minimum 10% of Original ACL Title III-B | Yes |
| NSIP | \$ 122,575 | \$ 122,575 | 100.0000% | Are Legal Services budgeted at minimum 6.5% of Original ACL Title III-B | Yes |
| St. Respite Care (Escheats) | \$ 39,281 | \$ 39,281 | 100.0000% | (Actual % of Legal) | 7.88% |
| MATF | \$ 33,416 | \$ 33,416 | 100.0000% | | |
| St. CG Support | \$ 4,123 | \$ 4,123 | 100.0000% | Title III-B award w/o carryover or Transfers in current SGA | \$152,205 |
| MSO Fund-LTC Ombudsman | \$ - | \$ - | #DIV/0! | Amount budgeted for Program Development: | \$22,005 |
| TCM-Medicaid / CM | \$ 60,000 | | | % of Title III-B Program Development (must be 20% or less): | 14.0% |
| Program Income | \$ 255,650 | | | Is Program Development budgeted at 20% or less? | Yes |
| | | | | Title III-D allotment with carryover: | \$8,821 |
| Total Services: | \$ 1,739,963 | | | Amount budgeted for EBDP Activities, per TL#2012-244: | \$8,821 |
| Grand Total: Ser.+ Admin. | \$ 1,947,871 | | | Is 100% of Title III-D budgeted on APPROVED EBDP? | Yes |

PRIORITY SERVICE SECTION

| Access Services | III-B Budget Amount |
|------------------------|----------------------------|
| a. Care Management | \$22,200 |
| b. Case Coord/supp | \$0 |
| c. Disaster Advocacy | \$0 |
| d. Information & Assis | \$22,900 |
| e. Outreach | \$0 |
| f. Transportation | \$30,000 |
| g. Options Counseling | \$0 |
| Access Total: | \$75,100 |

(AAA Regional Access Service)

| In Home Services | III-B Budget Amount |
|--------------------------------|----------------------------|
| a. Chore | \$10,000 |
| b. Home Care Assis | \$0 |
| c. Home Injury Cntrl | \$0 |
| d. Homemaking | \$0 |
| e. Home Health Aide | \$0 |
| f. Medication Mgt | \$0 |
| g. Personal Care | \$0 |
| h. Assistive Device&Tech | \$0 |
| i. Respite Care | \$0 |
| j. Friendly Reassure | \$10,000 |
| In Home Services Total: | \$20,000 |

(AAA Regional In-Home Service)
(AAA Regional In-Home Service)

| Kinship Services | III-E Budget Amount |
|--|----------------------------|
| 1. Caregiver Supplmt - Kinship Amount Only | |
| 2. Kinship Support | \$0 |
| 3. Caregiver E,S,T - Kinship Amount Only | \$5,000 |
| | \$0 |
| Kinship Services Total: | \$5,000 |

(Other Title III-E Kinship Service)
(Other Title III-E Kinship Service)

| Title III-B Transfers reflected in SGA | Title III-B Award |
|---|--------------------------|
| Title III-B award w/o carryover in SGA | \$152,205 |
| a. Amt. Transferred into Title III-B | |
| b. Amt. Transferred out of Title III-B | |
| AoA Title III-B Award Total: | \$152,205 |

(Use ONLY If SGA Reflects Transfers)

(Always Enter Positive Number)
(Always Enter Positive Number)

NOTE: AoA Title III Part B award for the current FY means total award from AoA without carryover or transfers.

**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #1**

AAA: Branch-St. Joseph AAA

FISCAL YEAR: FY 2023

SERVICE: Care Management

| LINE ITEM | Federal OAA Title III Funds | Other Fed Funds (non-Title III) | State Funds | Program Income | Match | | Other Resources | Total Budgeted |
|------------------------------|--------------------------------|------------------------------------|----------------|-------------------|---------------|--------------|--------------------|-------------------|
| | | | | | Cash | In-Kind | | |
| Wages/Salaries | 30,600 | | 45,000 | | 16,500 | 4,500 | 16,500 | 113,100 |
| Fringe Benefits | 5,300 | | 4,686 | | 4,004 | 2,000 | 5,500 | 21,490 |
| Travel | 3,000 | | | | | 1,000 | | 4,000 |
| Training | 2,000 | | | | | 500 | | 2,500 |
| Supplies | 4,500 | | | | | | | 4,500 |
| Occupancy | 1,500 | | | | | | | 1,500 |
| Communications | 1,300 | | | | | | | 1,300 |
| Equipment | | | | | | | | 0 |
| Other: | | | | | | | | 0 |
| Service Costs | | | | | | | | 0 |
| Purchased Services (CM only) | 5,100 | | 43,000 | | 12,000 | | 38,000 | 98,100 |
| | | | | | | | | 0 |
| Totals | 53,300 | 0 | 92,686 | 0 | 32,504 | 8,000 | 60,000 | 246,490 |

SERVICE AREA: Branch & St. Joseph Counties

(List by County/City if service area is not entire PSA)

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP? Yes No

If yes, please describe:

SCHEDULE OF MATCH & OTHER RESOURCES #1

FY 2023

| SOURCE OF FUNDS | MATCH | | OTHER RESOURCES | | Explanation for Other Expenses: |
|-----------------------------------|---------------|--------------|-----------------|----------|---------------------------------|
| | VALUE | | VALUE | | |
| | Cash | In-Kind | Cash | In-Kind | |
| County Appropriation | 32,504 | | | | |
| Local appropriation | | 8,000 | | | |
| Medicaid Targeted Case Management | | | 60,000 | | |
| | | | | | |
| Totals | 32,504 | 8,000 | 60,000 | 0 | |

Difference

0

0

0

OK

OK

OK

**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #2**

AAA: Branch-St. Joseph AAA

FISCAL YEAR: FY 2023

SERVICE: Information & Assistance

| LINE ITEM | Federal OAA Title III Funds | Other Fed Funds (non-Title III) | State Funds | Program Income | Match | | Other Resources | Total Budgeted |
|------------------------------|--------------------------------|------------------------------------|----------------|-------------------|----------|--------------|--------------------|-------------------|
| | | | | | Cash | In-Kind | | |
| Wages/Salaries | 20,500 | | | | | 3,000 | | 23,500 |
| Fringe Benefits | 2,400 | | | | | | | 2,400 |
| Travel | | | | | | | | 0 |
| Training | | | | | | | | 0 |
| Supplies | | | | | | | | 0 |
| Occupancy | | | | | | | | 0 |
| Communications | | | | | | | | 0 |
| Equipment | | | | | | | | 0 |
| Other: | | | | | | | | 0 |
| Service Costs | | | | | | | | 0 |
| Purchased Services (CM only) | | | | | | | | 0 |
| | | | | | | | | 0 |
| Totals | 22,900 | 0 | 0 | 0 | 0 | 3,000 | 0 | 25,900 |

SERVICE AREA: Branch & St. Joseph counties

(List by County/City if service area is not entire PSA)

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP? Yes No

If yes, please describe:

Explanation for Other Expenses:

SCHEDULE OF MATCH & OTHER RESOURCES #2

FY 2023

| SOURCE OF FUNDS | MATCH | | OTHER RESOURCES | | Explanation for Other Expenses: |
|---------------------|----------|--------------|-----------------|----------|---------------------------------|
| | VALUE | | VALUE | | |
| | Cash | In-Kind | Cash | In-Kind | |
| Local Appropriation | | 3,000 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals | 0 | 3,000 | 0 | 0 | |

Difference

OK

0

OK

0

OK

0

**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #3**

AAA: Branch-St. Joseph AAA

FISCAL YEAR: FY 2023

SERVICE: Gap Filling

| LINE ITEM | Federal OAA Title III Funds | Other Fed Funds (non-Title III) | State Funds | Program Income | Match | | Other Resources | Total Budgeted |
|------------------------------|--------------------------------|------------------------------------|----------------|-------------------|----------|------------|--------------------|-------------------|
| | | | | | Cash | In-Kind | | |
| Wages/Salaries | | | | | | 650 | | 650 |
| Fringe Benefits | | | | | | | | 0 |
| Travel | | | | | | | | 0 |
| Training | | | | | | | | 0 |
| Supplies | 2,500 | | | | | | | 2,500 |
| Occupancy | | | | | | | | 0 |
| Communications | | | | | | | | 0 |
| Equipment | | | | | | | | 0 |
| Other: | | | | | | | | 0 |
| Service Costs | | | | | | | | 0 |
| Purchased Services (CM only) | | | | | | | | 0 |
| | | | | | | | | 0 |
| Totals | 2,500 | 0 | 0 | 0 | 0 | 650 | 0 | 3,150 |

SERVICE AREA: Branch & St. Joseph Counties

(List by County/City if service area is not entire PSA)

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP? Yes X No

If yes, please describe:

SCHEDULE OF MATCH & OTHER RESOURCES #3

FY 2023

| SOURCE OF FUNDS | MATCH | | OTHER RESOURCES | | Explanation for Other Expenses: |
|---------------------|----------|------------|-----------------|----------|---------------------------------|
| | VALUE | | VALUE | | |
| | Cash | In-Kind | Cash | In-Kind | |
| Local Appropriation | | 650 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals | 0 | 650 | 0 | 0 | |

Difference

OK

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AREA AGENCY ON AGING--OPERATING BUDGET

PSA: 3C
Agency: 1-St. Joseph AAA

Budget Period: 10/01/22

to: 09/30/23

Date of Budget: 05/23/22

Rev. No.: Orig Page 1 of 2

| Operations | | Program Services/Activities | | | | | | | | | | |
|------------|-----------------|-----------------------------|-----------------|--------------------|--------------------|----------------------|----------------------|--|--|--|--|-------|
| Admin | Program Develop | Access Services | InHome Services | Community Services | Nutrition Services | NatIFam Caregiver 3E | Preventive Health 3D | | | | | TOTAL |

REVENUES

| | | | | | | | | | | | | |
|--------------------|------------------|-----------------|------------------|------------------|-----------------|------------------|-----------------|----------------|------------|------------|------------|--------------------|
| Federal Funds | \$46,594 | \$22,900 | \$75,100 | \$32,000 | \$15,500 | \$325,151 | \$55,740 | \$8,821 | | | | \$581,806 |
| State Funds | \$8,053 | | \$108,675 | \$195,820 | \$51,823 | \$136,143 | | | | | | \$500,514 |
| Local Cash | \$20,000 | | \$12,504 | | | | | | | | | \$32,504 |
| Local In-Kind | \$9,250 | | \$11,000 | | | | | | | | | \$20,250 |
| Interest Income | | | | | | | | | | | | \$0 |
| Fund Raising/Other | \$26,800 | | \$70,000 | | | | | | | | | \$96,800 |
| TOTAL | \$110,697 | \$22,900 | \$277,279 | \$227,820 | \$67,323 | \$461,294 | \$55,740 | \$8,821 | \$0 | \$0 | \$0 | \$1,231,874 |

EXPENDITURES

| | | | | | | | | | | | | |
|-----------------------------|------------------|-----------------|------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------------|
| Contractual Services | | | \$99,079 | \$179,720 | \$64,823 | \$461,294 | \$35,740 | \$8,821 | | | | \$849,477 |
| Purchased Services | | | \$52,500 | \$48,100 | \$2,500 | | \$20,000 | | | | | \$123,100 |
| Wages and Salaries | \$51,600 | \$22,900 | \$96,100 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$170,600 |
| Fringe Benefits | \$33,140 | | \$17,300 | | | | | | | | | \$50,440 |
| Payroll Taxes | | | | | | | | | | | | \$0 |
| Professional Services | | | | | | | | | | | | \$0 |
| Accounting & Audit Services | \$1,700 | | | | | | | | | | | \$1,700 |
| Legal Fees | | | | | | | | | | | | \$0 |
| Occupancy | \$2,500 | | \$1,500 | | | | | | | | | \$4,000 |
| Insurance | | | | | | | | | | | | \$0 |
| Office Equipment | | | | | | | | | | | | \$0 |
| Equip Maintenance & Repair | | | | | | | | | | | | \$0 |
| Office Supplies | \$6,000 | | \$4,500 | | | | | | | | | \$10,500 |
| Printing & Publication | \$4,500 | | | | | | | | | | | \$4,500 |
| Postage | \$1,500 | | | | | | | | | | | \$1,500 |
| Telephone | \$2,257 | | \$1,300 | | | | | | | | | \$3,557 |
| Travel | \$3,500 | | \$3,000 | | | | | | | | | \$6,500 |
| Conferences | \$1,500 | | \$2,000 | | | | | | | | | \$3,500 |
| Memberships | \$2,500 | | | | | | | | | | | \$2,500 |
| Special Events | | | | | | | | | | | | \$0 |
| | | | | | | | | | | | | \$0 |
| | | | | | | | | | | | | \$0 |
| TOTAL | \$110,697 | \$22,900 | \$125,700 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$259,297 |

AREA AGENCY ON AGING--WAGES AND SALARIES

PSA: 3C

Budget Period: 10/01/22

to: 09/30/23

Date of Budget: 05/23/22

Agency: ch-St. Joseph AAA

Rev. No.: Orig

Page 2 of 2

| JOB CLASSIFICATION | FTEs | Operations | | Program Services/Activities | | | | | | | | | TOTAL | |
|---------------------|------|------------|-----------------|-----------------------------|-----------------|--------------------|--------------------|----------------------|----------------------|-----|-----|-----|-------|-----------|
| | | Admin | Program Develop | Access Services | InHome Services | Community Services | Nutrition Services | NatlFam Caregiver 3E | Preventive Health 3D | 0 | 0 | 0 | | |
| AAA Director | 0.95 | \$27,600 | \$10,500 | \$5,000 | | | | | | | | | | \$43,100 |
| Program Specialist | 1.00 | \$18,000 | \$4,500 | \$8,500 | | | | | | | | | | \$31,000 |
| RN Care Consultant | 1.00 | | \$1,500 | \$40,100 | | | | | | | | | | \$41,600 |
| SW Care Consultant | 1.00 | | \$1,500 | \$35,000 | | | | | | | | | | \$36,500 |
| Outreach Specialist | 1.00 | \$4,000 | \$4,900 | \$7,500 | | | | | | | | | | \$16,400 |
| Finance/Admin | 0.05 | \$2,000 | | | | | | | | | | | | \$2,000 |
| | | | | | | | | | | | | | | \$0 |
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| | | | | | | | | | | | | | | \$0 |
| TOTAL | 5.00 | \$51,600 | \$22,900 | \$96,100 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$170,600 |

**BRANCH-HILLSDALE-ST.JOSEPH
COMMUNITY HEALTH AGENCY**

FISCAL YEAR 2021-2022

Budget Amendment #2

June 23, 2022

BRANCH-HILLSDALE-ST. JOSEPH
 COMMUNITY HEALTH AGENCY
 OCTOBER 2021- SEPTEMBER 2022
 Amend #2 Budget - 6/23/2022

TOTAL REVENUES

| | STATE/FED | ELPHS | COUNTY APPROP | FEES OTHER | AMEND #2 BUDGET | DIFFERENCE | AMEND #1 BUDGET |
|--|--------------|--------------|------------------|---------------|--------------------|------------|--------------------|
| | \$ 6,520,490 | \$ 1,061,220 | \$ 768,181 | \$ 1,227,676 | \$ 9,577,567 | \$ 880,741 | \$ 8,696,826 |
| | 68.1% | 11.1% | 8.0% | 12.8% | | | |

OTHER:

| | | | | | | | |
|------------------------------------|-------------|-------------|-------------------|-------------------|-------------------|---------------------|-------------------|
| Salary/Fringe Payoff 008 | | | | \$ 90,000 | \$ 90,000 | \$ 10,000 | \$ 80,000 |
| Capital Improvements 023 | \$ - | \$ - | \$ 253,000 | \$ 8,000 | \$ 261,000 | \$123,000.00 | \$ 138,000 |
| MERS Pension Underfunded 024 | | | \$ 62,590 | \$ 22,000 | \$ 84,590 | \$40,000.00 | \$ 44,590 |
| Dental Clinic - St. Joseph Co. 021 | \$ - | \$ - | \$ - | \$ 53,310 | \$ 53,310 | \$20,010.00 | \$ 33,300 |
| Dental Clinic - Hillsdale Co. 029 | \$ - | \$ - | \$ - | \$ 20,000 | \$ 20,000 | \$8,000.00 | \$ 12,000 |
| TOTAL OTHER | \$ - | \$ - | \$ 315,590 | \$ 193,310 | \$ 508,900 | \$201,010.00 | \$ 307,890 |

CORE SUPPORT SERVICES:

| | | | | | | | |
|----------------------------|---------------------|-------------|------------------|-------------------|---------------------|---------------------|---------------------|
| General Administration 010 | \$ - | \$ - | \$ - | \$ 29,899 | \$ 29,899 | \$4,150.00 | \$ 25,749 |
| Area Agency on Aging 012 | \$ 1,889,083 | \$ - | \$ - | \$ 103,076 | \$ 1,992,159 | \$639,432.00 | \$ 1,352,727 |
| VOCA 014 | \$ 205,743 | \$ - | \$ - | \$ - | \$ 205,743 | \$0.00 | \$ 205,743 |
| Emergency Preparedness 032 | \$ 130,635 | \$ - | \$ 34,348 | \$ - | \$ 164,983 | \$1,335.00 | \$ 163,648 |
| TOTAL CORE SUPPORT | \$ 2,225,461 | \$ - | \$ 34,348 | \$ 132,975 | \$ 2,392,784 | \$644,917.00 | \$ 1,747,867 |

PREVENTION SERVICES:

| | | | | | | | |
|-----------------------------------|---------------------|-------------------|-------------------|-------------------|---------------------|----------------------|---------------------|
| Medicaid Enrollment (OR) 107 | \$ 6,562 | \$ - | \$ 6,562 | \$ - | \$ 13,124 | (\$5,502.00) | \$ 18,626 |
| WIC Breastfeeding 108 | \$ 89,014 | \$ - | \$ 10,042 | \$ - | \$ 99,056 | (\$17,821.00) | \$ 116,877 |
| WIC - Women, Infants, & Chi 109 | \$ 908,156 | \$ - | \$ 36,377 | \$ 5,000 | \$ 949,533 | (\$18,231.00) | \$ 967,764 |
| CSHCS Medicaid Outreach 112 | \$ 31,384 | \$ - | \$ 57,334 | \$ - | \$ 88,718 | \$15,867.00 | \$ 72,851 |
| MCH Enabling Women 115 | \$ 55,375 | \$ - | \$ - | \$ - | \$ 55,375 | (\$531.00) | \$ 55,906 |
| Immunization IAP (Private) 138 | \$ 652,016 | \$ - | \$ - | \$ 113,850 | \$ 765,866 | (\$72,458.00) | \$ 838,324 |
| Dental Outreach 185 | | | | \$ 62,591 | \$ 62,591 | (\$2,476.00) | \$ 65,067 |
| Children's Special Health Car 325 | \$ 186,729 | \$ - | \$ - | \$ - | \$ 186,729 | \$4,000.00 | \$ 182,729 |
| School Vision 326 | \$ 27,000 | \$ 48,509 | \$ 8,124 | \$ 20,000 | \$ 103,633 | \$4,564.00 | \$ 99,069 |
| School Hearing 327 | \$ 25,000 | \$ 48,509 | \$ 7,565 | \$ 20,000 | \$ 101,074 | \$2,230.00 | \$ 98,844 |
| MCH Enabling Children 329 | \$ 39,034 | \$ - | \$ 6,883 | \$ - | \$ 45,917 | \$6,378.00 | \$ 39,539 |
| STD Prevention & Control 331 | \$ - | \$ 98,026 | \$ 50,361 | \$ 800 | \$ 149,187 | \$4,475.00 | \$ 144,712 |
| HIV Prevention & Control 332 | \$ 20,000 | \$ - | \$ 14,202 | \$ - | \$ 34,202 | (\$3,913.00) | \$ 38,115 |
| Immunization Vaccine Handlir 338 | \$ 82,814 | \$ 165,117 | \$ 2,205 | \$ 44,750 | \$ 294,886 | (\$4,542.00) | \$ 299,428 |
| Infectious Disease 341 | \$ 7,566 | \$ 196,652 | \$ 29,093 | \$ 63,000 | \$ 296,311 | \$9,172.00 | \$ 287,139 |
| Lead Testing 345 | \$ 17,998 | \$ - | \$ 2,981 | \$ - | \$ 20,979 | (\$4,632.00) | \$ 25,611 |
| ELC Infection Prevention 351 | \$ 90,000 | \$ - | \$ 162 | \$ - | \$ 90,162 | (\$566.00) | \$ 90,728 |
| Epi Lab Contact Tracing, Cl, 352 | \$ 516,095 | \$ - | \$ 1,100 | \$ - | \$ 517,195 | (\$150,427.00) | \$ 667,622 |
| CDC COVID Immz 363 | \$ 784,102 | \$ - | \$ 2,605 | \$ - | \$ 786,707 | (\$1,550.00) | \$ 788,257 |
| COVID PH Workforce Devel 355 | \$ 172,607 | \$ - | \$ 789 | \$ - | \$ 173,396 | \$173,396.00 | \$ - |
| CSHCS Vaccine 371 | \$ 14,007 | \$ - | \$ 378 | \$ - | \$ 14,385 | \$238.00 | \$ 14,147 |
| AAA COVID Vaccine 374 | \$ 16,983 | \$ - | \$ 9 | \$ - | \$ 16,992 | (\$171.00) | \$ 17,163 |
| TOTAL PREVENTION | \$ 3,742,442 | \$ 556,813 | \$ 236,772 | \$ 329,991 | \$ 4,866,018 | (\$62,500.00) | \$ 4,928,518 |

HEALTH PROMOTION:

| | | | | | | | |
|---------------------------------|-------------------|-------------|------------------|------------------|-------------------|--------------------|-------------------|
| Workforce Development 101 | \$ 48,535 | \$ - | \$ 3,483 | \$ - | \$ 52,018 | \$2,788.00 | \$ 49,230 |
| Carseat 201 | \$ - | \$ - | \$ 23,597 | \$ - | \$ 23,597 | (\$2,292.00) | \$ 25,889 |
| Community Stabilization (Ma 200 | \$ 53,824 | \$ - | \$ - | \$ - | \$ 53,824 | (\$31,057.00) | \$ 84,881 |
| MI Center Rural Health 207 | \$ 168,000 | \$ - | \$ 546 | \$ - | \$ 168,546 | \$168,546.00 | \$ - |
| Community Health Services 255 | \$ 20,000 | \$ - | \$ - | \$ - | \$ 20,000 | \$20,000.00 | \$ - |
| Medical Marihuana BR 212 | \$ 22,176 | \$ - | \$ 469 | \$ - | \$ 22,645 | \$268.00 | \$ 22,377 |
| Medical Marihuana HD 230 | \$ 12,966 | \$ - | \$ 410 | \$ - | \$ 13,376 | \$217.00 | \$ 13,159 |
| Medical Marihuana SJ 275 | \$ 7,744 | \$ - | \$ 354 | \$ - | \$ 8,098 | \$235.00 | \$ 7,863 |
| HRSA RCORP 400 | \$ 11,000 | \$ - | \$ 280 | \$ - | \$ 11,280 | (\$74,715.00) | \$ 85,995 |
| Grant Writing 405 | \$ - | \$ - | \$ 11,183 | \$ - | \$ 11,183 | \$8,181.00 | \$ 3,002 |
| Tel-A-Health, Coldwater 321 | \$ - | \$ - | \$ 76 | \$ 33,000 | \$ 33,076 | (\$7,908.00) | \$ 40,984 |
| TOTAL HEALTH PROMOTION | \$ 344,245 | \$ - | \$ 40,398 | \$ 33,000 | \$ 417,643 | \$84,263.00 | \$ 333,380 |

ENVIRONMENTAL HEALTH PROTECTION

| | | | | | | | |
|-----------------------------------|-------------------|-------------------|-------------------|-------------------|---------------------|------------------|---------------------|
| Vector Borne Disease Surveil 035 | \$ 27,000 | \$ - | \$ 6,876 | \$ - | \$ 33,876 | \$1,462.00 | \$ 32,414 |
| General Environmental Health 605 | \$ 21,252 | \$ - | \$ 1,199 | \$ 15,700 | \$ 38,151 | \$50.00 | \$ 38,101 |
| Food Protection 704 | \$ 68,200 | \$ 159,151 | \$ 24,031 | \$ 234,500 | \$ 485,882 | \$170.00 | \$ 485,712 |
| Onsite Sewage 714 | \$ 20,800 | \$ 182,499 | \$ 27,931 | \$ 131,200 | \$ 362,430 | \$467.00 | \$ 361,963 |
| Drinking Water Supply 721 | \$ 1,400 | \$ 162,757 | \$ 41,273 | \$ 157,000 | \$ 362,430 | \$467.00 | \$ 361,963 |
| PFAS - Mendon 722 | \$ 1,329 | \$ - | \$ 36 | \$ - | \$ 1,365 | \$1,365.00 | \$ - |
| PFAS - White Pigeon 723 | \$ 8,042 | \$ - | \$ 154 | \$ - | \$ 8,196 | \$8,196.00 | \$ - |
| Type II Water 745 | \$ 60,319 | \$ - | \$ 39,573 | \$ - | \$ 99,892 | \$874.00 | \$ 99,018 |
| TOTAL ENVIRONMENTAL HEALTH | \$ 208,342 | \$ 504,407 | \$ 141,073 | \$ 538,400 | \$ 1,392,222 | \$ 13,051 | \$ 1,379,171 |

Total Amend #2 Budget Revenues \$ 9,577,567

Total Amend #1 Budget Revenues \$ 8,696,826

Difference \$ 880,741

TOTAL LOCAL DOLLARS TO AGENCY FY 2021-22
\$ 768,181.00

BRANCH-HILLSDALE-ST. JOSEPH
 COMMUNITY HEALTH AGENCY
 OCTOBER 2021- SEPTEMBER 2022
 Amend #2 Budget - 6/23/2022

TOTAL EXPENSES

| | Prior Year Actual (2020-2021) | Original Budget 2021-22 | Amendment #1 Budget 2021-22 | Amendment #2 Budget 2021-22 | DIFFERENCE |
|---|----------------------------------|----------------------------|--------------------------------|--------------------------------|--------------------|
| | \$ | \$ | \$ | \$ | \$ |
| OTHER: | | | | | |
| Salary/Fringe Payoff | \$ 78,688 | \$ 70,000 | \$ 80,000 | \$ 90,000 | 10,000 |
| Capital Improvements | \$ 213,232 | \$ 123,000 | \$ 138,000 | \$ 261,000 | 123,000 |
| MERS Pension Underfunded | \$ 860,141 | \$ 44,590 | \$ 44,590 | \$ 84,590 | 40,000 |
| Dental Clinic - St. Joseph Co. | \$ 33,300 | \$ 33,300 | \$ 33,300 | \$ 53,310 | 20,010 |
| Dental Clinic - Hillsdale Co. | \$ 8,048 | \$ 8,000 | \$ 12,000 | \$ 20,000 | 8,000 |
| TOTAL OTHER | \$ 1,193,409 | \$ 278,890 | \$ 307,890 | \$ 508,900 | \$ 201,010 |
| CORE SUPPORT SERVICES: | | | | | |
| General Administration | \$ 26,466 | \$ 25,248 | \$ 25,749 | \$ 29,899 | 4,150 |
| Area Agency on Aging | \$ 1,265,156 | \$ 1,215,907 | \$ 1,352,727 | \$ 1,992,159 | 639,432 |
| VOCA | \$ 131,984 | \$ 215,779 | \$ 205,743 | \$ 205,743 | 0 |
| Emergency Preparedness | \$ 144,749 | \$ 161,867 | \$ 163,648 | \$ 164,983 | 1,335 |
| TOTAL CORE SUPPORT | \$ 1,568,356 | \$ 1,618,801 | \$ 1,747,867 | \$ 2,392,784 | \$ 644,917 |
| PREVENTION SERVICES: | | | | | |
| Medicaid Outreach | \$ 11,582 | \$ 33,680 | \$ 18,626 | \$ 13,124 | (5,502) |
| WIC - Breastfeeding | \$ 84,407 | \$ 127,545 | \$ 116,877 | \$ 99,056 | (17,821) |
| WIC - Women, Infants, & Children | \$ 759,734 | \$ 1,003,801 | \$ 967,764 | \$ 949,533 | (18,231) |
| CSHCS Medicaid Outreach | \$ 22,505 | \$ 74,645 | \$ 72,851 | \$ 88,718 | 15,867 |
| MCH Enabling Women | \$ 34,594 | \$ 65,322 | \$ 55,906 | \$ 55,375 | (531) |
| Dental Outreach | \$ - | \$ - | \$ 65,067 | \$ 62,590 | (2,477) |
| Immunization Clinics | \$ 459,010 | \$ 878,758 | \$ 838,324 | \$ 765,866 | (72,458) |
| Immunization/Vaccine Handling | \$ 290,906 | \$ 333,610 | \$ 299,428 | \$ 294,886 | (4,542) |
| Children's Special Health Care Services | \$ 183,779 | \$ 186,729 | \$ 182,729 | \$ 186,729 | 4,000 |
| School Vision & Hearing Clinics | \$ 159,421 | \$ 215,625 | \$ 197,913 | \$ 204,708 | 6,795 |
| MCH Enabling Children | \$ 28,789 | \$ 43,042 | \$ 39,539 | \$ 45,917 | 6,378 |
| STD Prevention & Control | \$ 122,088 | \$ 145,565 | \$ 144,712 | \$ 149,187 | 4,475 |
| HIV Prevention & Control | \$ 20,627 | \$ 43,537 | \$ 38,115 | \$ 34,202 | (3,913) |
| Infectious Disease | \$ 238,870 | \$ 280,699 | \$ 287,139 | \$ 296,311 | 9,172 |
| Lead Testing | \$ 22,064 | \$ 26,451 | \$ 25,611 | \$ 20,979 | (4,632) |
| CSHCS Vaccine | \$ - | \$ - | \$ 14,147 | \$ 14,385 | 238 |
| AAA COVID Vaccine | \$ - | \$ - | \$ 17,163 | \$ 16,992 | (171) |
| COVID-19 Response | \$ 192,595 | \$ - | \$ - | \$ - | 0 |
| ELC Infection Prevention | \$ 76,002 | \$ 91,484 | \$ 90,728 | \$ 90,162 | (566) |
| Epi Lab Contact Tracing, CI, TC, VM, WA S | \$ 594,878 | \$ 530,396 | \$ 667,622 | \$ 517,195 | (150,427) |
| CRF Contact Tracing | \$ 324,621 | \$ - | \$ - | \$ - | 0 |
| CRF Testing | \$ 151,681 | \$ - | \$ - | \$ - | 0 |
| CRF Immunizations | \$ 34,863 | \$ - | \$ - | \$ - | 0 |
| COVID-19 Immz Influenza | \$ - | \$ - | \$ - | \$ - | 0 |
| COVID-19 Immunization | \$ 120,696 | \$ - | \$ - | \$ - | 0 |
| COVID PH Workforce Development | \$ - | \$ - | \$ - | \$ 173,396 | 173,396 |
| CDC COVID-19 Immz | \$ 331,375 | \$ 800,946 | \$ 788,257 | \$ 786,707 | (1,550) |
| ELC Contact Tracing and Wraparound | \$ - | \$ - | \$ - | \$ - | 0 |
| TOTAL PREVENTION | \$ 4,265,085 | \$ 4,881,835 | \$ 4,928,518 | \$ 4,866,018 | \$ (62,500) |
| HEALTH PROMOTION: | | | | | |
| Workforce Development | \$ 36,901 | \$ 52,504 | \$ 49,230 | \$ 52,018 | 2,788 |
| Car seat | \$ 13,261 | \$ 26,597 | \$ 25,889 | \$ 23,597 | (2,292) |
| Community Stabilization (Marketing) | \$ 27,792 | \$ 57,445 | \$ 84,881 | \$ 53,824 | (31,057) |
| Community Health Services | \$ - | \$ - | \$ - | \$ 20,000 | 20,000 |
| MI Center Rural Health | \$ - | \$ - | \$ - | \$ 168,546 | 168,546 |
| Medical Marihuana BR | \$ 18,104 | \$ - | \$ 22,377 | \$ 22,645 | 268 |
| Medical Marihuana HD | \$ 11,086 | \$ - | \$ 13,159 | \$ 13,376 | 217 |
| Medical Marihuana SJ | \$ 6,592 | \$ - | \$ 7,863 | \$ 8,098 | 235 |
| HRSA RCORP | \$ 111,653 | \$ - | \$ 85,995 | \$ 11,280 | (74,715) |
| Grant Writing | \$ - | \$ - | \$ 3,002 | \$ 11,183 | 8,181 |
| Tel-A-Health | \$ 29,439 | \$ 36,927 | \$ 40,984 | \$ 33,076 | (7,908) |
| TOTAL HEALTH PROMOTION | \$ 254,827 | \$ 173,473 | \$ 333,380 | \$ 417,643 | \$ 84,263 |
| ENVIRONMENTAL HEALTH PROTECTION | | | | | |
| Vector Borne | \$ 21,895 | \$ 33,267 | \$ 32,414 | \$ 33,876 | 1,462 |
| General Environmental Health | \$ 30,816 | \$ 37,362 | \$ 38,101 | \$ 38,151 | 50 |
| Food Protection | \$ 390,290 | \$ 481,416 | \$ 485,712 | \$ 485,882 | 170 |
| Onsite Sewage | \$ 323,892 | \$ 354,941 | \$ 361,963 | \$ 362,430 | 467 |
| Drinking Water Supply | \$ 323,892 | \$ 354,941 | \$ 361,963 | \$ 362,430 | 467 |
| PFAS - Mendon | \$ 54 | \$ - | \$ - | \$ 1,365 | 1,365 |
| PFAS - White Pigeon | \$ 4,963 | \$ - | \$ - | \$ 8,196 | 8,196 |
| Type II Water | \$ 83,848 | \$ 94,315 | \$ 99,018 | \$ 99,892 | 874 |
| TOTAL ENVIRONMENTAL HEALTH | \$ 1,179,651 | \$ 1,356,242 | \$ 1,379,171 | \$ 1,392,222 | \$ (13,051) |

**Annual Budget
for
Comprehensive Local Health Services**

| Local Agency Branch-Hillsdale-St. Joseph CHA Budget Amendment #2 10/1/2021 - 9/30/2022 | | Prepared By: Brenae Gruner & Theresa Fisher Approved By: Board of Health | | | | | | |
|---|-------------------------|---|---------------------------|-------------------------|---------|-------------------------------|-------------------------|-----------------------------|
| | 008 | 009 | 010 | 012 | 014 | 021 | 023 | 024 |
| | SALARY/FRINGE PAYOFF | SPACE ALLOCATION | GENERAL ADMINISTRATION | AREA AGENCY ON AGING | VOCA | DENTAL CLINIC THREE RIVERS | CAPITAL IMPROVEMENTS | MERS PENSION UNDERFUNDED |
| PROGRAM EXPENSES | | | | | | | | |
| 1. SALARIES & WAGES | 90,000 | | 342,308 | 209,755 | 88,918 | | | |
| 2. FRINGE BENEFITS | | | 599,136 | 73,398 | 42,863 | | | 84,590 |
| 3. CAP EXP FOR EQUIP & FAC | | | | | | | 261,000 | |
| 4. CONTRACTUAL (SUBCONTRACTS) | | | | 1,537,091 | 1,500 | | | |
| 5. SUPPLIES & MATERIALS | | | 30,000 | 11,800 | 6,800 | | | |
| 6. TRAVEL | | | 10,000 | 10,000 | 6,000 | | | |
| 7. COMMUNICATION | | | 28,000 | 4,000 | 1,500 | | | |
| 8. COUNTY/CITY CENTRAL SERVICES | | | | | | | | |
| 9. SPACE COSTS | | 261,564 | | | | | | |
| SPACE ALLOCATION | | (261,564) | 106,952 | 4,962 | 3,083 | - | - | - |
| 10. ALL OTHERS (ADP & MISC.) | | | 233,275 | 49,495 | 12,421 | 53,310 | | |
| TOTAL PROGRAM EXPENSES | 90,000 | - | 1,349,670 | 1,900,501 | 163,085 | 53,310 | 261,000 | 84,590 |
| 1. INDIRECT COST | | - | (1,319,771) | 91,658 | 42,658 | - | - | - |
| 32.37045% | | | | | | | | |
| 2. COST ALLOCATION PLAN/OTHER | | | | | | | | |
| COMMUNITY HEALTH SERVICES | | | | | | | | |
| PREVENTION SERVICES | | | | | | | | |
| IMMUNIZATION DISTRIBUTION | | | | | | | | |
| CSHCS DISTRIBUTION | | | | | | | | |
| ENVIRONMENTAL HEALTH | | | | | | | | |
| TOTAL INDIRECT COST | - | - | (1,319,771) | 91,658 | 42,658 | - | - | - |
| TOTAL EXPENDITURES | 90,000 | - | 29,899 | 1,992,159 | 205,743 | 53,310 | 261,000 | 84,590 |
| SOURCE OF FUNDS | | | | | | | | |
| 1. FEES & COLLECTIONS - 1ST & 2ND PARTY | | | 40 | | | | | |
| 2. FEES & COLLECTIONS - 3RD PARTY | | | | | | | | |
| 3. FED/STATE FUNDING (NON-MDHHS) | | | | 1,889,083 | 205,743 | | | |
| 4. FEDERAL MEDICAID COST BASED REIMB. | | | | | | | | |
| 5. FEDERALLY PROVIDED VACCINES | | | | | | | | |
| 6. FEDERAL MEDICAID OUTREACH | | | | | | | | |
| 7. REQUIRED MATCH - LOCAL | | | | | | | | |
| 8. LOCAL - NON ELPHS | | | | 32,504 | | | | |
| 9. LOCAL - NON ELPHS | | | | 70,572 | | | | |
| 10. LOCAL - NON ELPHS | | | | | | 53,310 | | |
| 11. OTHER - NON ELPHS | 90,000 | | 29,859 | | | | 8,000 | 22,000 |
| 12. MDHHS NON COMPREHENSIVE | | | | | | | | |
| 13. MDHHS COMPREHENSIVE | | | | | | | | |
| 14. ELPHS MDHHS HEARING | | | | | | | | |
| 15. ELPHS MDHHS VISION | | | | | | | | |
| 16. ELPHS MDHHS OTHER | | | | | | | | |
| 17. ELPHS FOOD | | | | | | | | |
| 18. ELPHS PRIVATE/TYPE III WATER | | | | | | | | |
| 19. ELPHS ON-SITE WASTEWATER TREATMENT | | | | | | | | |
| 20. MCH FUNDING | | | | | | | | |
| 21. LOCAL - COUNTY APPROPRIATIONS | | | | | | | 253,000 | 62,590 |
| 22. INKIND MATCH | | | | | | | | |
| 23. MDHHS FIXED UNIT RATE | | | | | | | | |
| MDHHS LOCAL COMM STABILIZATION | | | | | | | | |
| TOTAL SOURCE OF FUNDS | 90,000 | - | 29,899 | 1,992,159 | 205,743 | 53,310 | 261,000 | 84,590 |
| | - | - | - | 0 | 0 | - | - | - |
| USE OF DESIGNATED FUND BALANCE | | | | | | | | |
| USE OF FUND BALANCE | | | | | | | | |

**Annual Budget
for
Comprehensive Local Health Services**

| Local Agency Branch-Hillsdale-St. Joseph CHA Budget Amendment #2 10/1/2021 - 9/30/2022 | | 029 | 032 - 9 Mth | 32 - 3 Mth | 35 | 101 | 107 | 108 | 109 |
|---|--|----------------------------|-------------------------------|-------------------------------|-------------------------|-----------|----------------------|----------------------|--------------------|
| PROGRAM EXPENSES | | DENTAL CLINIC HILLSDALE | PUBLIC HEALTH EMERG. PREP. | PUBLIC HEALTH EMERG. PREP. | VECTOR BORNE DISEASE | WORKFORCE | MEDICAID OUTREACH | WIC BREASTFEEDING | WIC RESIDENTIAL |
| 1. SALARIES & WAGES | | | 50,044 | 16,681 | 18,226 | 4,477 | 2,294 | 42,663 | 413,884 |
| 2. FRINGE BENEFITS | | | 22,512 | 7,504 | 1,531 | 1,337 | 949 | 4,905 | 172,487 |
| 3. CAP EXP FOR EQUIP & FAC | | | | | | | | | |
| 4. CONTRACTUAL (SUBCONTRACTS) | | | | | | | | | |
| 5. SUPPLIES & MATERIALS | | | 680 | 1,630 | 310 | 100 | 925 | 4,400 | 24,313 |
| 6. TRAVEL | | | 4,000 | 1,000 | 5,822 | 100 | 350 | 3,800 | 8,000 |
| 7. COMMUNICATION | | | 17,000 | 4,000 | 25 | 50 | 100 | 950 | 12,500 |
| 8. COUNTY/CITY CENTRAL SERVICES | | | | | | | | | |
| 9. SPACE COSTS | | | | | | | | | |
| SPACE ALLOCATION | | - | 837 | 279 | 317 | 122 | 95 | 5,236 | 30,456 |
| 10. ALL OTHERS (ADP & MISC.) | | 20,000 | 3,250 | 4,250 | 1,250 | 43,950 | 1,600 | 13,600 | 61,500 |
| TOTAL PROGRAM EXPENSES | | 20,000 | 98,323 | 35,344 | 27,481 | 50,136 | 6,313 | 75,554 | 723,140 |
| 1. INDIRECT COST | | - | 23,487 | 7,829 | 6,395 | 1,882 | 1,050 | 15,398 | 189,811 |
| 32.37045% | | | | | | | | | |
| 2. COST ALLOCATION PLAN/OTHER | | | | | | | | | |
| COMMUNITY HEALTH SERVICES | | | | | | | 5,590 | 5,590 | 5,590 |
| PREVENTION SERVICES | | | | | | | 171 | 2,514 | 30,991 |
| IMMUNIZATION DISTRIBUTION | | | | | | | | | |
| CSHCS DISTRIBUTION | | | | | | | | | |
| ENVIRONMENTAL HEALTH | | | | | | | | | |
| TOTAL INDIRECT COST | | - | 23,487 | 7,829 | 6,395 | 1,882 | 6,811 | 23,502 | 226,392 |
| TOTAL EXPENDITURES | | 20,000 | 121,810 | 43,173 | 33,876 | 52,018 | 13,124 | 99,056 | 949,533 |
| SOURCE OF FUNDS | | | | | | | | | |
| 1. FEES & COLLECTIONS - 1ST & 2ND PARTY | | | | | | | | | |
| 2. FEES & COLLECTIONS - 3RD PARTY | | | | | | | | | 5,000 |
| 3. FED/STATE FUNDING (NON-MDHHS) | | | | | | | | | |
| 4. FEDERAL MEDICAID COST BASED REIMB. | | | | | | | | | |
| 5. FEDERALLY PROVIDED VACCINES | | | | | | | | | |
| 6. FEDERAL MEDICAID OUTREACH | | | | | | | 6,562 | | |
| 7. REQUIRED MATCH - LOCAL | | | 9,790 | 3,273 | | | 6,562 | | |
| 8. LOCAL - NON ELPHS | | | | | | | | | |
| 9. LOCAL - NON ELPHS | | | | | | | | | |
| 10. LOCAL - NON ELPHS | | 20,000 | | | | | | | |
| 11. OTHER - NON ELPHS | | | | | | | | | |
| 12. MDHHS NON COMPREHENSIVE | | | | | | | | | |
| 13. MDHHS COMPREHENSIVE | | | 97,902 | 32,733 | 27,000 | 48,535 | - | 89,014 | 908,156 |
| 14. ELPHS MDHHS HEARING | | | | | | | | | |
| 15. ELPHS MDHHS VISION | | | | | | | | | |
| 16. ELPHS MDHHS OTHER | | | | | | | | | |
| 17. ELPHS FOOD | | | | | | | | | |
| 18. ELPHS PRIVATE/TYPER III WATER | | | | | | | | | |
| 19. ELPHS ON-SITE WASTEWATER TREATMENT | | | | | | | | | |
| 20. MCH FUNDING | | | | | | | | | |
| 21. LOCAL - COUNTY APPROPRIATIONS | | | 14,118 | 7,167 | 6,876 | 3,483 | | 10,042 | 36,377 |
| 22. INKIND MATCH | | | | | | | | | |
| 23. MDHHS FIXED UNIT RATE | | | | | | | | | |
| MDHHS LOCAL COMM STABLIZATION | | | | | | | | | |
| TOTAL SOURCE OF FUNDS | | 20,000 | 121,810 | 43,173 | 33,876 | 52,018 | 13,124 | 99,056 | 949,533 |
| USE OF DESIGNATED FUND BALANCE | | - | 0 | 0 | - | - | - | - | - |
| USE OF FUND BALANCE | | | | | | | | | |

**Annual Budget
for
Comprehensive Local Health Services**

| Local Agency Branch-Hillsdale-St. Joseph CHA Budget Amendment #2 10/1/2021 - 9/30/2022 | | 112 | 115 | 138 | 185 | 199 | 200 | 201 | 207 |
|---|--|----------------------------|-----------------------|----------------------|--------------------|-------------------------|----------------------------|---------|---------------------------|
| PROGRAM EXPENSES | | CSHCS MEDICAID OUTREACH | MCH ENABLING WOMEN | IMMUNIZATION/ IAP | DENTAL OUTREACH | PREVENTION SERV ADM. | COMMUNITY STABILIZATION | CARSEAT | MI CENTER RURAL HEALTH |
| 1. SALARIES & WAGES | | | 9,661 | 197,607 | 5,817 | 45,906 | 25,531 | 13,823 | 57,335 |
| 2. FRINGE BENEFITS | | | 2,821 | 77,260 | 2,340 | 10,932 | 13,344 | 1,057 | 42,308 |
| 3. CAP EXP FOR EQUIP & FAC | | | | | | | | | |
| 4. CONTRACTUAL (SUBCONTRACTS) | | | | | | | | | |
| 5. SUPPLIES & MATERIALS | | | 2,650 | 212,100 | 575 | 500 | 250 | 100 | 9,500 |
| 6. TRAVEL | | | 1,000 | 4,000 | 25 | 1,500 | 500 | 3,000 | 5,000 |
| 7. COMMUNICATION | | | 500 | 2,000 | 100 | 500 | 250 | 300 | 3,000 |
| 8. COUNTY/CITY CENTRAL SERVICES | | | | | | | | | |
| 9. SPACE COSTS | | | | | | | | | |
| SPACE ALLOCATION | | - | 179 | 16,751 | 95 | 35,738 | 215 | - | 897 |
| 10. ALL OTHERS (ADP & MISC.) | | | 28,275 | 347,056 | 51,000 | 1,170 | 1,150 | 500 | 18,250 |
| TOTAL PROGRAM EXPENSES | | - | 45,085 | 856,774 | 59,951 | 96,246 | 41,240 | 18,780 | 136,291 |
| 1. INDIRECT COST | | - | 4,040 | 88,976 | 2,640 | 18,399 | 12,584 | 4,817 | 32,255 |
| 32.37045% | | | | | | | | | |
| 2. COST ALLOCATION PLAN/OTHER | | | | | | | | | |
| COMMUNITY HEALTH SERVICES | | | 5,590 | 5,590 | | | | | |
| PREVENTION SERVICES | | | 660 | 14,528 | | (114,645) | | | |
| IMMUNIZATION DISTRIBUTION | | | | (200,000) | | | | | |
| CSHCS DISTRIBUTION | | 88,718 | | | | | | | |
| ENVIRONMENTAL HEALTH | | | | | | | | | |
| TOTAL INDIRECT COST | | 88,718 | 10,290 | (90,907) | 2,640 | (96,246) | 12,584 | 4,817 | 32,255 |
| TOTAL EXPENDITURES | | 88,718 | 55,375 | 765,866 | 62,592 | - | 53,824 | 23,597 | 168,546 |
| SOURCE OF FUNDS | | | | | | | | | |
| 1. FEES & COLLECTIONS - 1ST & 2ND PARTY | | | | 8,000 | | - | | | |
| 2. FEES & COLLECTIONS - 3RD PARTY | | | | 103,350 | | - | | | |
| 3. FED/STATE FUNDING (NON-MDHHS) | | | | | | | | | |
| 4. FEDERAL MEDICAID COST BASED REIMB. | | | | 280,227 | | | | | |
| 5. FEDERALLY PROVIDED VACCINES | | | | 300,000 | | | | | |
| 6. FEDERAL MEDICAID OUTREACH | | 31,384 | | | | | | | |
| 7. REQUIRED MATCH - LOCAL | | 31,384 | | | | | | | |
| 8. LOCAL - NON ELPHS | | | | | | | | | |
| 9. LOCAL - NON ELPHS | | | | | | | | | |
| 10. LOCAL - NON ELPHS | | | | | | | | | |
| 11. OTHER - NON ELPHS | | | | 2,500 | 62,592 | | | | |
| 12. MDHHS NON COMPREHENSIVE | | | | | | | | | |
| 13. MDHHS COMPREHENSIVE | | | | 71,789 | | | | | 168,000 |
| 14. ELPHS MDHHS HEARING | | | | | | | | | |
| 15. ELPHS MDHHS VISION | | | | | | | | | |
| 16. ELPHS MDHHS OTHER | | | | | | | | | |
| 17. ELPHS FOOD | | | | | | | | | |
| 18. ELPHS PRIVATE/TYPER III WATER | | | | | | | | | |
| 19. ELPHS ON-SITE WASTEWATER TREATMENT | | | | | | | | | |
| 20. MCH FUNDING | | | 55,375 | | | | | | |
| 21. LOCAL - COUNTY APPROPRIATIONS | | 25,950 | (0) | | | | | 23,597 | 546 |
| 22. INKIND MATCH | | | | | | | | | |
| 23. MDHHS FIXED UNIT RATE | | | | | | | | | |
| MDHHS LOCAL COMM STABILIZATION | | | | | | | 53,824 | | |
| TOTAL SOURCE OF FUNDS | | 88,718 | 55,375 | 765,866 | 62,592 | - | 53,824 | 23,597 | 168,546 |
| | | - | - | (0) | | - | - | - | - |
| USE OF DESIGNATED FUND BALANCE | | | | | | | | | |
| USE OF FUND BALANCE | | | | | | | | | |

**Annual Budget
for
Comprehensive Local Health Services**

| Local Agency Branch-Hillsdale-St. Joseph CHA Budget Amendment #2 10/1/2021 - 9/30/2022 | | 212 | 230 | 255 | 275 | 321 | 325 | 326 | 327 |
|---|---------------|---------------------|------------------------|------------------------------|------------------------|----------------------|------------------------|----------------|---------|
| | | MARIJUANA BRANCH | MARIJUANA HILLSDALE | COMMUNITY HEALTH SERVICES | MARIJUANA ST JOSEPH | CHC-TELE A HEALTH | CSHCS OR & ADVOCACY | VISION | HEARING |
| PROGRAM EXPENSES | | | | | | | | | |
| 1. SALARIES & WAGES | 4,488 | 3,640 | 52,958 | 2,524 | 20,551 | 144,057 | 39,807 | 38,153 | |
| 2. FRINGE BENEFITS | 1,643 | 1,158 | 22,126 | 888 | 1,604 | 33,810 | 20,552 | 20,510 | |
| 3. CAP EXP FOR EQUIP & FAC | | | | | | | | | |
| 4. CONTRACTUAL (SUBCONTRACTS) | | | | | | | | | |
| 5. SUPPLIES & MATERIALS | 100 | 100 | 2,500 | 100 | 750 | 4,600 | 1,575 | 1,150 | |
| 6. TRAVEL | 25 | 25 | 3,000 | 25 | 250 | 6,000 | 3,000 | 3,200 | |
| 7. COMMUNICATION | 25 | 25 | 500 | 25 | 500 | 1,250 | 500 | 500 | |
| 8. COUNTY/CITY CENTRAL SERVICES | | | | | | | | | |
| 9. SPACE COSTS | | | | | | | | | |
| SPACE ALLOCATION | 54 | 50 | 1,686 | 32 | - | 2,738 | 1,027 | 1,027 | |
| 10. ALL OTHERS (ADP & MISC.) | 14,325 | 6,825 | 7,950 | 3,400 | 2,250 | 10,425 | 8,855 | 8,855 | |
| TOTAL PROGRAM EXPENSES | 20,660 | 11,823 | 90,720 | 6,994 | 25,905 | 202,880 | 75,315 | 73,395 | |
| 1. INDIRECT COST | 1,985 | 1,553 | 24,305 | 1,104 | 7,172 | 57,576 | 19,538 | 18,989 | |
| 32.37045% | | | | | | | | | |
| 2. COST ALLOCATION PLAN/OTHER | | | | | | | | | |
| COMMUNITY HEALTH SERVICES | | | (95,024) | | - | 5,590 | 5,590 | 5,590 | |
| PREVENTION SERVICES | | | | | | 9,401 | 3,190 | 3,101 | |
| IMMUNIZATION DISTRIBUTION | | | | | | | | | |
| CSHCS DISTRIBUTION | | | | | | (88,718) | | | |
| ENVIRONMENTAL HEALTH | | | | | | | | | |
| TOTAL INDIRECT COST | 1,985 | 1,553 | (70,720) | 1,104 | 7,172 | (16,151) | 28,318 | 27,680 | |
| TOTAL EXPENDITURES | 22,645 | 13,376 | 20,000 | 8,098 | 33,076 | 186,729 | 103,633 | 101,074 | |
| SOURCE OF FUNDS | | | | | | | | | |
| 1. FEES & COLLECTIONS - 1ST & 2ND PARTY | | | | | | | 20,000 | 20,000 | |
| 2. FEES & COLLECTIONS - 3RD PARTY | | | | | | | | | |
| 3. FED/STATE FUNDING (NON-MDHHS) | 22,176 | 12,966 | | 7,744 | | | | | |
| 4. FEDERAL MEDICAID COST BASED REIMB. | | | | | | | 27,000 | 25,000 | |
| 5. FEDERALLY PROVIDED VACCINES | | | | | | | | | |
| 6. FEDERAL MEDICAID OUTREACH | | | | | | | | | |
| 7. REQUIRED MATCH - LOCAL | | | | | | | | | |
| 8. LOCAL - NON ELPHS | | | | | | | | | |
| 9. LOCAL - NON ELPHS | | | | | | | | | |
| 10. LOCAL - NON ELPHS | | | | | 33,000 | | | | |
| 11. OTHER - NON ELPHS | | | | | | | | | |
| 12. MDHHS NON COMPREHENSIVE | | | | | | | | | |
| 13. MDHHS COMPREHENSIVE | | | | | | 116,729 | | | |
| 14. ELPHS MDHHS HEARING | | | | | | | | 48,509 | |
| 15. ELPHS MDHHS VISION | | | | | | | | 48,509 | |
| 16. ELPHS MDHHS OTHER | | | | | | | | | |
| 17. ELPHS FOOD | | | | | | | | | |
| 18. ELPHS PRIVATE/TYPER III WATER | | | | | | | | | |
| 19. ELPHS ON-SITE WASTEWATER TREATMENT | | | | | | | | | |
| 20. MCH FUNDING | | | | | | | | | |
| 21. LOCAL - COUNTY APPROPRIATIONS | 469 | 410 | | 354 | 76 | | 8,124 | 7,565 | |
| 22. INKIND MATCH | | | | | | | | | |
| 23. MDHHS FIXED UNIT RATE | | | | | | 70,000 | | | |
| MDHHS LOCAL COMM STABILIZATION | | | 20,000 | | | | | | |
| TOTAL SOURCE OF FUNDS | 22,645 | 13,376 | 20,000 | 8,098 | 33,076 | 186,729 | 103,633 | 101,074 | |
| | (0) | - | - | - | - | - | - | - | (0) |
| USE OF DESIGNATED FUND BALANCE | | | | | | | | | |
| USE OF FUND BALANCE | | | | | | | | | |

**Annual Budget
for
Comprehensive Local Health Services**

| Local Agency Branch-Hillsdale-St. Joseph CHA Budget Amendment #2 10/1/2021 - 9/30/2022 | | 329 | 331 | 332 | 338 | 341 | 345 | 351 | 352 |
|---|--|---------------------------------|---------------------------|-------------------|-----------------------|-----------------------|-----------------|--------------------------|------------------------------------|
| PROGRAM EXPENSES | | MCH - ENABLING SERV CHILDREN | SEXUAL TRANS. DISEASES | HIV PREVENTION | IMMZ/ VACCINE HAND | INFECTIOUS DISEASE | LEAD TESTING | ELC COVID INFECT PREV | EPI LAB CAP CT, C TC VM WA SERV |
| 1. SALARIES & WAGES | | 8,263 | 58,977 | 11,468 | 32,544 | 108,199 | 10,068 | 44,242 | 193,427 |
| 2. FRINGE BENEFITS | | 3,864 | 24,844 | 4,726 | 16,061 | 41,693 | 2,216 | 15,248 | 58,397 |
| 3. CAP EXP FOR EQUIP & FAC | | | | | | | | | |
| 4. CONTRACTUAL (SUBCONTRACTS) | | | | | | | | | |
| 5. SUPPLIES & MATERIALS | | 20,800 | 5,225 | 3,265 | 3,750 | 40,820 | 1,900 | 3,050 | 23,300 |
| 6. TRAVEL | | 500 | 800 | 400 | 400 | 1,600 | 800 | 3,200 | 3,000 |
| 7. COMMUNICATION | | 150 | 200 | 50 | 3,000 | 800 | 25 | 500 | 5,800 |
| 8. COUNTY/CITY CENTRAL SERVICES | | | | | | | | | |
| 9. SPACE COSTS | | | | | | | | | |
| SPACE ALLOCATION | | 183 | 1,783 | 206 | 789 | 3,067 | 125 | 416 | 5,855 |
| 10. ALL OTHERS (ADP & MISC.) | | 2,000 | 20,205 | 2,400 | 14,450 | 38,100 | 1,220 | 4,250 | 127,000 |
| TOTAL PROGRAM EXPENSES | | 35,761 | 112,034 | 22,515 | 70,994 | 234,278 | 16,354 | 70,905 | 416,779 |
| 1. INDIRECT COST | | 3,926 | 27,133 | 5,242 | 15,734 | 48,520 | 3,976 | 19,257 | 81,517 |
| 32.37045% | | | | | | | | | |
| 2. COST ALLOCATION PLAN/OTHER | | | | | | | | | |
| COMMUNITY HEALTH SERVICES | | 5,590 | 5,590 | 5,590 | 5,590 | 5,590 | | | 5,590 |
| PREVENTION SERVICES | | 641 | 4,430 | 856 | 2,569 | 7,922 | 649 | | 13,310 |
| IMMUNIZATION DISTRIBUTION | | | | | 200,000 | | | | |
| CSHCS DISTRIBUTION | | | | | | | | | |
| ENVIRONMENTAL HEALTH | | | | | | | | | |
| TOTAL INDIRECT COST | | 10,156 | 37,153 | 11,688 | 223,892 | 62,032 | 4,626 | 19,257 | 100,416 |
| TOTAL EXPENDITURES | | 45,917 | 149,187 | 34,202 | 294,886 | 296,311 | 20,979 | 90,162 | 517,195 |
| SOURCE OF FUNDS | | | | | | | | | |
| 1. FEES & COLLECTIONS - 1ST & 2ND PARTY | | | 800 | | 600 | 500 | | | |
| 2. FEES & COLLECTIONS - 3RD PARTY | | | | | 43,900 | 62,500 | | | |
| 3. FED/STATE FUNDING (NON-MDHHS) | | | | | | | | | |
| 4. FEDERAL MEDICAID COST BASED REIMB. | | | | | 46,000 | 5,500 | 9,650 | | |
| 5. FEDERALLY PROVIDED VACCINES | | | | | | | | | |
| 6. FEDERAL MEDICAID OUTREACH | | | | | | | | | |
| 7. REQUIRED MATCH - LOCAL | | | | | | | | | |
| 8. LOCAL - NON ELPHS | | | | | | | | | |
| 9. LOCAL - NON ELPHS | | | | | | | | | |
| 10. LOCAL - NON ELPHS | | | | | | | | | |
| 11. OTHER - NON ELPHS | | | | | 250 | | | | |
| 12. MDHHS NON COMPREHENSIVE | | | | | | | | | |
| 13. MDHHS COMPREHENSIVE | | | | 20,000 | 29,814 | 2,066 | | 90,000 | 516,095 |
| 14. ELPHS MDHHS HEARING | | | | | | | | | |
| 15. ELPHS MDHHS VISION | | | | | | | | | |
| 16. ELPHS MDHHS OTHER | | | 98,026 | | 165,117 | 196,652 | | | |
| 17. ELPHS FOOD | | | | | | | | | |
| 18. ELPHS PRIVATE/TYPER III WATER | | | | | | | | | |
| 19. ELPHS ON-SITE WASTEWATER TREATMENT | | | | | | | | | |
| 20. MCH FUNDING | | 39,034 | | | | | | | |
| 21. LOCAL - COUNTY APPROPRIATIONS | | 6,883 | 50,361 | 14,202 | 2,205 | 29,093 | 2,981 | 162 | 1,100 |
| 22. INKIND MATCH | | | | | | | | | |
| 23. MDHHS FIXED UNIT RATE | | | | | 7,000 | | 8,348 | | |
| MDHHS LOCAL COMM STABLIZATION | | | | | | | | | |
| TOTAL SOURCE OF FUNDS | | 45,917 | 149,187 | 34,202 | 294,886 | 296,311 | 20,979 | 90,162 | 517,195 |
| | | - | - | (0) | (0) | - | 0 | - | (0) |
| USE OF DESIGNATED FUND BALANCE | | | | | | | | | |
| USE OF FUND BALANCE | | | | | | | | | |

**Annual Budget
for
Comprehensive Local Health Services**

| Local Agency Branch-Hillsdale-St. Joseph CHA Budget Amendment #2 10/1/2021 - 9/30/2022 | | | | | | | | | |
|---|----------------|------------|---------|-----------|--------|---------|----------------|------------|---------------|
| | 355 | 363 | 371 | 374 | 400 | 405 | 605 | 704 | 714 |
| | COVID PH | CDC | CSHCS | AAA | HRSA | GRANT | GENERAL | FOOD | ONSITE SEWAGE |
| PROGRAM EXPENSES | WORKFORCE DEVI | COVID IMMZ | VACCINE | COVID VAC | RCORP | WRITING | ENVIRO. HEALTH | PROTECTION | DISPOSAL |
| 1. SALARIES & WAGES | 39,944 | 300,389 | 3,728 | 3,434 | 6,799 | 6,178 | 369,745 | 245,351 | |
| 2. FRINGE BENEFITS | 15,315 | 72,577 | 417 | 1,838 | 1,144 | 1,461 | 135,910 | 76,435 | |
| 3. CAP EXP FOR EQUIP & FAC | | | | | | | | | |
| 4. CONTRACTUAL (SUBCONTRACTS) | | | | | | | | | |
| 5. SUPPLIES & MATERIALS | 5,000 | 15,800 | 3,400 | 1,910 | 350 | 530 | 14,800 | 5,950 | |
| 6. TRAVEL | 6,000 | 16,000 | 350 | 28 | 100 | 25 | 29,000 | 14,000 | |
| 7. COMMUNICATION | 1,000 | 6,000 | 300 | 25 | 25 | 25 | 2,000 | 1,400 | |
| 8. COUNTY/CITY CENTRAL SERVICES | | | | | | | | | |
| 9. SPACE COSTS | | | | | | | | | |
| SPACE ALLOCATION | 250 | 3,406 | 49 | 50 | 91 | 91 | 18,609 | 13,092 | |
| 10. ALL OTHERS (ADP & MISC.) | 88,000 | 226,500 | 4,800 | 8,000 | 200 | 400 | 23,675 | 19,900 | |
| TOTAL PROGRAM EXPENSES | 155,508 | 640,672 | 13,044 | 15,286 | 8,709 | 8,710 | 593,739 | 376,129 | - |
| 1. INDIRECT COST | 17,887 | 120,731 | 1,342 | 1,707 | 2,571 | 2,473 | 163,683 | 104,164 | - |
| 32.37045% | | | | | | | | | |
| 2. COST ALLOCATION PLAN/OTHER | | | | | | | | | |
| COMMUNITY HEALTH SERVICES | | 5,590 | | | | | 5,590 | 5,590 | |
| PREVENTION SERVICES | | 19,712 | | | | | | | |
| IMMUNIZATION DISTRIBUTION | | | | | | | | | |
| CSHCS DISTRIBUTION | | | | | | | | | |
| ENVIRONMENTAL HEALTH | | | | | | | (724,861) | | 362,430 |
| TOTAL INDIRECT COST | 17,887 | 146,033 | 1,342 | 1,707 | 2,571 | 2,473 | (555,588) | 109,753 | 362,430 |
| TOTAL EXPENDITURES | 173,396 | 786,705 | 14,385 | 16,992 | 11,280 | 11,183 | 38,151 | 485,882 | 362,430 |
| SOURCE OF FUNDS | | | | | | | | | |
| 1. FEES & COLLECTIONS - 1ST & 2ND PARTY | | | | | | | 14,700 | 234,500 | 131,200 |
| 2. FEES & COLLECTIONS - 3RD PARTY | | | | | | | | | |
| 3. FED/STATE FUNDING (NON-MDHHS) | | | | | 11,000 | | 15,252 | | 20,800 |
| 4. FEDERAL MEDICAID COST BASED REIMB. | | | | | | | | | |
| 5. FEDERALLY PROVIDED VACCINES | | | | | | | | | |
| 6. FEDERAL MEDICAID OUTREACH | | | | | | | | | |
| 7. REQUIRED MATCH - LOCAL | | | | | | | | | |
| 8. LOCAL - NON ELPHS | | | | | | | | | |
| 9. LOCAL - NON ELPHS | | | | | | | | | |
| 10. LOCAL - NON ELPHS | | | | | | | | | |
| 11. OTHER - NON ELPHS | | | | | | | 1,000 | | |
| 12. MDHHS NON COMPREHENSIVE | | | | | | | | | |
| 13. MDHHS COMPREHENSIVE | 172,607 | 784,102 | 14,007 | 16,983 | | | | | |
| 14. ELPHS MDHHS HEARING | | | | | | | | | |
| 15. ELPHS MDHHS VISION | | | | | | | | | |
| 16. ELPHS MDHHS OTHER | | | | | | | | | |
| 17. ELPHS FOOD | | | | | | | | 159,151 | |
| 18. ELPHS PRIVATE/TYPER III WATER | | | | | | | | | |
| 19. ELPHS ON-SITE WASTEWATER TREATMENT | | | | | | | | | 182,499 |
| 20. MCH FUNDING | | | | | | | | | |
| 21. LOCAL - COUNTY APPROPRIATIONS | 789 | 2,603 | 378 | 9 | 280 | 11,183 | 1,199 | 24,031 | 27,931 |
| 22. INKIND MATCH | | | | | | | | | |
| 23. MDHHS FIXED UNIT RATE | | | | | | | | | |
| MDHHS LOCAL COMM STABLIZATION | | | | | | | - | 6,000 | 68,200 |
| TOTAL SOURCE OF FUNDS | 173,396 | 786,705 | 14,385 | 16,992 | 11,280 | 11,183 | 38,151 | 485,882 | 362,430 |
| | - | - | 0 | 0 | - | | (0) | - | - |
| USE OF DESIGNATED FUND BALANCE | | | | | | | | | |
| USE OF FUND BALANCE | | | | | | | | | |

Annual Budget for Comprehensive Local Health Services

| Local Agency Branch-Hillsdale-St. Joseph CHA Budget Amendment #2 10/1/2021 - 9/30/2022 | | | | | |
|---|--------------------------|----------------|----------------------|------------------|----------------|
| | 721 | 722 | 723 | 745 | |
| PROGRAM EXPENSES | DRINKING WATER SUPPLY | PFAS Mendon | PFAS White Pigeon | TYPE II WATER | GRAND TOTAL |
| 1. SALARIES & WAGES | | 517 | 2,344 | 44,113 | 3,430,837 |
| 2. FRINGE BENEFITS | | 344 | 1,181 | 25,049 | 1,762,283 |
| 3. CAP EXP FOR EQUIP & FAC | | | | | 261,000 |
| 4. CONTRACTUAL (SUBCONTRACTS) | | | | | 1,538,591 |
| 5. SUPPLIES & MATERIALS | | | | 4,525 | 471,883 |
| 6. TRAVEL | | 50 | 300 | 2,000 | 158,175 |
| 7. COMMUNICATION | | | | 500 | 99,900 |
| 8. COUNTY/CITY CENTRAL SERVICES | | | | | - |
| 9. SPACE COSTS | | | | | 261,564 |
| SPACE ALLOCATION | | 15 | 30 | 767 | 138 |
| 10. ALL OTHERS (ADP & MISC.) | | 160 | 3,200 | 550 | 1,593,197 |
| TOTAL PROGRAM EXPENSES | - | 1,086 | 7,055 | 77,504 | 9,577,567 |
| 1. INDIRECT COST | - | 279 | 1,141 | 22,388 | 0 |
| 32.37045% | | | | | - |
| 2. COST ALLOCATION PLAN/OTHER | | | | | - |
| COMMUNITY HEALTH SERVICES | | | | | 0 |
| PREVENTION SERVICES | | | | | - |
| IMMUNIZATION DISTRIBUTION | | | | | - |
| CSHCS DISTRIBUTION | | | | | - |
| ENVIRONMENTAL HEALTH | 362,430 | | | | - |
| TOTAL INDIRECT COST | 362,430 | 279 | 1,141 | 22,388 | 0 |
| TOTAL EXPENDITURES | 362,430 | 1,365 | 8,196 | 99,892 | 9,577,567 |
| SOURCE OF FUNDS | | | | | |
| 1. FEES & COLLECTIONS - 1ST & 2ND PARTY | 157,000 | | | | 587,340 |
| 2. FEES & COLLECTIONS - 3RD PARTY | | | | | 214,750 |
| | | | | | 802,090 |
| 3. FED/STATE FUNDING (NON-MDHHS) | 1,400 | | | 60,319 | 2,246,483 |
| 4. FEDERAL MEDICAID COST BASED REIMB. | | | | | 393,377 |
| 5. FEDERALLY PROVIDED VACCINES | | | | | 300,000 |
| 6. FEDERAL MEDICAID OUTREACH | | | | | 37,946 |
| | | | | | 2,977,806 |
| 7. REQUIRED MATCH - LOCAL | | | | | 51,009 |
| 8. LOCAL - NON ELPHS | | | | | 32,504 |
| 9. LOCAL - NON ELPHS | | | | | 70,572 |
| 10. LOCAL - NON ELPHS | | | | | 106,310 |
| 11. OTHER - NON ELPHS | | | | | 216,201 |
| | | | | | 425,587 |
| 12. MDHHS NON COMPREHENSIVE | | | | | - |
| 13. MDHHS COMPREHENSIVE | | 1,329 | 8,042 | | 3,214,903 |
| | | | | | 3,214,903 |
| 14. ELPHS MDHHS HEARING | | | | | 48,509 |
| 15. ELPHS MDHHS VISION | | | | | 48,509 |
| 16. ELPHS MDHHS OTHER | | | | | 459,795 |
| 17. ELPHS FOOD | | | | | 159,151 |
| 18. ELPHS PRIVATE/TYPER III WATER | 162,757 | | | | 162,757 |
| 19. ELPHS ON-SITE WASTEWATER TREATMENT | | | | | 182,499 |
| | | | | | 1,061,220 |
| 20. MCH FUNDING | | | | | 94,409 |
| 21. LOCAL - COUNTY APPROPRIATIONS | 41,273 | 36 | 154 | 39,573 | 717,171 |
| 22. INKIND MATCH | | | | | |
| 23. MDHHS FIXED UNIT RATE | | | | | 85,348 |
| MDHHS LOCAL COMM STABILIZATION | | | | | 148,024 |
| TOTAL SOURCE OF FUNDS | 362,430 | 1,365 | 8,196 | 99,892 | 9,577,567 |
| | - | - | - | - | 0 |
| USE OF DESIGNATED FUND BALANCE | | | | | - |
| USE OF FUND BALANCE | | | | | - |

| | |
|-----------|-------------------------|
| 802,090 | Fees |
| 768,181 | Local Approp |
| 7,581,709 | State/Federal |
| 425,587 | Other |
| - | Designated Fund Balance |

9,577,567 Total Revenues

768,181.00 Agency FY County Approp.

(0.00) Under (OVER) County FY Allocations

The Agency wrote for and has received a RAP grant from MMRMA to increase security and reduce liability and risk. The cost of the project is expected to cost \$17,688, and the grant will pay for \$8,061 of the project. Making this change will add to the existing security system which already controls some interior doors in Coldwater and the exterior doors in both the Three Rivers and Hillsdale office. The work will be completed by Michigan Security and Lock.

Branch County owns the building, and the Branch County Administrator wrote a letter of support which was included in the grant application.

Completing the proposed changes should mitigate liability losses by strengthening control over who enters the building and maintaining entry logs to establish when entry is made. Furthermore, these changes have already been made to other BHSJ facilities and have proven to be successful.

The project plan from the grant application is as follows:

The Agency would like to increase security and limit liability by installing electronic access key fob locks to 4 exterior doors and 3 interior doors in the Branch County office, replacing the current keyed entry system. Traditional keyed doors can become an instant security issue by a single lost or stolen key. Additionally, keyed systems require more time to resolve potential threats because a lock-smith must be called to re-key the locks. Replacing traditional keys, with an electronic key fob system will limit the Agency's liability because it tracks entry and saves a great deal of time when it becomes necessary to revoke or alter an individual's access to the building.

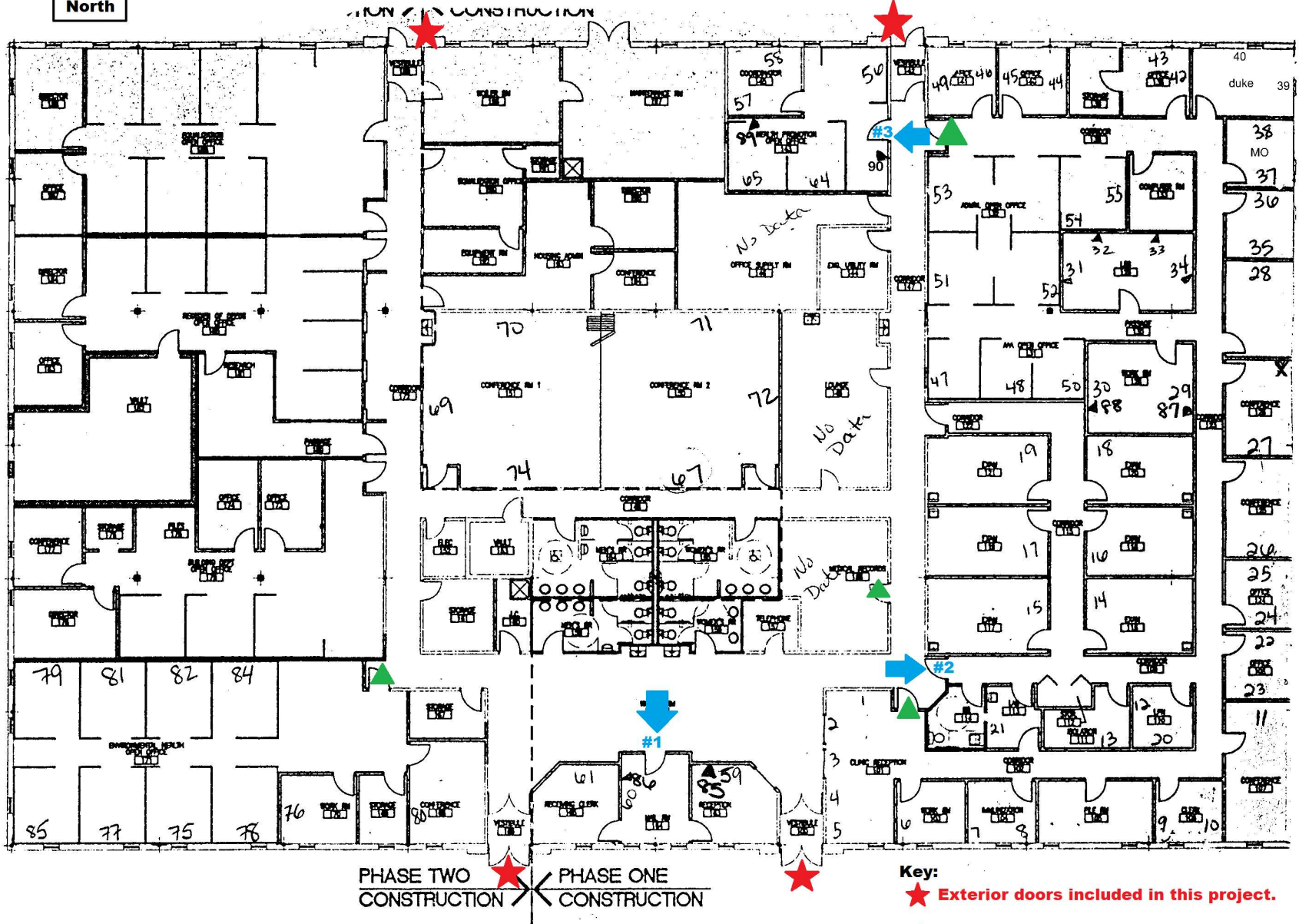
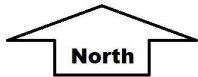
The building has 4 exterior doors to enter, which would all be changed over to an electronic access key fob system, eliminating the need to issue keys to personnel. These doors are marked with a red star on the attached diagram. This change will address who can enter the building, what hours the building can be accessed, and allow for monitoring entry.

The building has some interior doors that were converted over to an electronic access key fob system approximately 10-12 years ago (marked with a green triangle on the attached diagram). At that time, not all interior doors were converted leaving some areas that still require a key to access. There are 3 additional interior doors that we would like to add to the existing system.

1. The mailroom and IT suite door is situated in the client waiting room. This door has a 5 digit push button lock on it. Staff have to be careful when entering this area because the code can be witnessed by anyone sitting in the waiting room unless precautions are taken. If an unauthorized person entered this area, it would not be immediately noticed as they would not be in view of a staff member. The area contains all incoming and outgoing mail, and the fax machine that receives documents that could contain protected health information. This area is marked on the attached diagram with a blue #1.

2. The suite on the east side of the building has 4 doors that can be used for entry. Two of these doors were converted over to the key fob system (marked with a green triangle on the attached diagram), but the most utilized door was not. Staff take patients back into the clinical area for their appointments through a door that is not currently on the fob system. This door is routinely left unlocked during business hours to facilitate efficient clinic flow, but that creates a security risk. By including a fob on this door, staff could easily fob into this area with clients while maintaining the security of the area. The area is marked on the attached diagram with a blue #2.

3. The suite occupied by Health Education & Promotion is the only other suite occupied by Agency in the building that will not have key fob access. Adding the fob system to this area will allow for consistency within the building and monitor who has access to this area. The area is marked on the attached diagram with a blue #3.



G9
A102

PHASING PLAN

1/16"=1'-0"



BRANCH COUNTY **COURTHOUSE**

31 DIVISION STREET • COLDWATER • MICHIGAN • 49036
TELEPHONE (517) 279-4301

FAX (517) 278-4130

RE: Key FOBs

Apr. 4, 2022

MMRMA,

I strongly support the Health Department's requested to improve their access system. This upgrade will strengthen security and mitigate risk. Our current and most recent environment illustrate this need as security is essential to ensure individual's health information is not compromised and staff feels secure in the work place. This upgrade will provide for access monitoring, prompt response to access control, and security assurance. I believe this will greatly alleviate risk, limit liability, and provide greater control in this building and the work areas.

Branch County thanks you for your consideration. If you have any questions please feel free to contact me.

Sincerely,

Bud Norman, ICMA-CM, MBA, Ph.D.
County Administrator-Controller

The Agency reached out to two different vendors for quotes to install equipment that could be used to capture Board Meetings in the Branch-Hillsdale-St. Joseph Community Health Agency's large conference room. Both vendors provided quotes, with different options and emphasis.

The Agency recommends accepting the quote from US Systems Inc, which is the company that was recommended by Hillsdale County's Director of Information Technology. The system they proposed will allow for live streaming on the internet, as well as recording, mics, sound, and integrated video presentations.

US Systems Inc.
 41 Highland Ave
 Hillsdale, MI 49242 US
 +1 5175819519
 scott.pienta@ussystemsinc.net

Estimate

| ADDRESS |
|---|
| BHSJ Health Dept. 570 N. Marshall Rd. Coldwater, MI 49036 |

| SHIP TO |
|---|
| BHSJ Health Dept. 570 N. Marshall Rd. Coldwater, MI 49036 |

| ESTIMATE # | DATE |
|------------|------------|
| 3566 | 06/08/2022 |

| DATE | ACTIVITY | DESCRIPTION | QTY | RATE | AMOUNT |
|------|---|--|-----|----------|----------|
| | JBL26CT | JBL Control Series 6" In Ceiling Speaker w/ 70/100v tap and backcan | 8 | 87.50 | 700.00 |
| | JBL CSMA280 | 8 input - 2 x 80W DriveCore Mixer-Amp, Fanless, 4ohm/8ohm/70V/100V, 1U Full-Rack, Mounting kit | 1 | 729.00 | 729.00 |
| | AKG Wireless Boundary Mic | AKG Wireless boundary Microphone with on/off | 4 | 305.00 | 1,220.00 |
| | AKG Wireless Lapel Perception System | Frequency agile wireless microphone system including SR45 Stationary Receiver, PT45 Pocket Transmitter, SMPS Switched Mode Power Supply (EU/US/UK), CK99 Lavalier Microphone, 1 AA Battery | 4 | 219.00 | 876.00 |
| | AKG ST6 | Professional Tabletop Stand for use with all 3 pin XLR microphones | 1 | 115.00 | 115.00 |
| | AKG DGN99 | PA/Paging gooseneck mic with rugged, all-metal body. No phantom power needed. 3m cable | 1 | 169.00 | 169.00 |
| | Nebula 20 Series | Professional LIVE Streaming PC with 500GB Boot drive SSD and 2 TB HDD Storage, NVidia graphics card and streaming software included | 1 | 4,800.00 | 4,800.00 |
| | Minray 12xPTZ | Minray 12x PTZ Camera with NDI, HDMI, SDI outputs 1080p /720p | 2 | 949.00 | 1,898.00 |
| | Minray Bullet | 20x Bullet Camera | 2 | 499.00 | 998.00 |
| | Lead Technician - Level 2 | Lead Technician - Level 2 | 28 | 85.00 | 2,380.00 |
| | Lead Technician - Level 1 | Technician - Level 1 | 28 | 75.00 | 2,100.00 |
| | Misc. Supplies | Misc. Construction Supplies (Conduit sleeves, Cat6e, camera | 1 | 790.00 | 790.00 |

| DATE | ACTIVITY | DESCRIPTION | QTY | RATE | AMOUNT |
|------|---|---|-----|--------|--------|
| | Misc. Supplies | Misc. Construction Supplies (2 Computer Monitors, X keys24, associated cabling) | 1 | 723.00 | 723.00 |
| | JBL Commercial series Volume Control | Wall Controller with Volume Control; US Version (White) For use with CSM-21, CSM-32, All CSMA | 2 | 65.00 | 130.00 |
| | Misc. Supplies | Misc. Construction Supplies - PoE Switch for Steaming gear | 1 | 305.00 | 305.00 |

SUBTOTAL 17,933.00

TAX 0.00

TOTAL \$17,933.00

Accepted By

Accepted Date



QUOTE ID: 117814

7/26/2021

QUOTATION

Page 1 of 4

AV Systems

BHSJ Coldwater
Alan Elliot

BHSJ Coldwater
Alan Elliot
570 Marshall Rd.
Coldwater, MI 49036

Tel: .

Tel: 517-279-9561

| Qty | Description | Unit Price | Extended |
|-----|-------------|------------|----------|
|-----|-------------|------------|----------|

We are pleased to submit the following quotation. Torrence to provide the equipment listed including wire and device installation, programming, customer training, and warranty.
 Torrence will provide backboxes for supplied devices and wiremold to conceal exposed wire where necessary. (not expected)
 Customer to provide all 120VAC circuits. including conduits, raceways, backboxes, permits, and fees, and all network configuration and telco interconnections.
 Any existing equipment being reused is assumed to be in 100% working condition and NOT covered under this warranty. Any failed equipment will be quoted separately at additional time and material. All work to performed 9am-5pm M-F, 8 continuous hours ONLY.
 This quote does not include Tax.

Basic Presentation Audio System

- This option provides the following:
- Loudspeaker/amplification to cover (2) rooms separate or combined
 - Toggle switch to separate or combine audio.
 - Basic operation of audio for video only

- 1 Unified Core with 8 local audio I/O channels, 64x64 network I/O
- 1 400W FlexAmp technology Hi-Z / Lo-Z amplifier, 2 x 200W
- 8 6.5" Two-way ceiling speaker, 70/100V
- 500 1P 16G STRD UNSHLD PLENII
- 500 1P 22G STRD SHLD PLEN II
- 2 Digital/Analog Audio Converter
- 1 Wall Mounted Toggle Switch Plate
- 1 Patch Cables
- Installation Labor - Loudspeakers
- Installation Labor - TV Electronics
- Installation Labor - Wall Switch
- Engineering Labor - Process
- Engineering Labor - Programming
- Engineering Labor - Commissioning

Base Audio System Total..... 11,305.00

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OPTION 1: Phone Conferencing

This option adds the following to the base system:

- Ceiling mounted microphones
- VOIP or POTS connection to facility telephone system
- Wall Mounted touch screen for placing calls and controlling volumes (replaces wall mounted room combine toggle switch also)

- 1 Q-SYS Core 8 Flex, Core Nano, NV-32-H (Core Capable) Scripting E
- 1 Q-SYS Core 8 Flex, Core Nano, NV-32-H (Core Capable) UCI Deploym
- 1 10-port network switch preconfigured for Q-SYS Audio, Video and
- 1 Q-SYS 8.0ö PoE Touch Screen Controller for In-Wall Mounting. Inc
- 2 LINEAR ARRAY MIC, WHITE, 4 FT
- 4 TILE BRIDGE FOR 2 FT MXA710
- 500 4P 23G SLD CAT 6 PLENUM
- 1 Mounting Hardware
- 1 Patch Cables
- Installation Labor - Microphones
- Installation Labor - Touch Panel
- Installation Labor - Head End
- Engineering Labor - Programming
- Engineering Labor - Commissioning

OPTION 1 TOTAL.....

15,437.00

(Add to base)

Continue Next Page...

OPTION 2: Video Conferencing

This option provides the following addition to the base audio and option 1:
-Video conference camera mounted at TV
-USB/HDMI wall connections beneath TV

- 1 Compact USB3/USB2/HDMI PTZ Camera - White
- 1 Wall Mount WHITE for CV610-U3 cameras
- 1 DECORA HDMI/USB DONGLE F/
- 1 50Ft Active High Speed HDMI Cbl 4K60 CL3
- 1 50FT PLEUSB2.0AM/FACTEXT
- 1 HDMIM - HDMIM 15' Cable With Ethernet
- 1 USBAM - USBBM 15' Cable - Black
- 200 1P 22G STRD SHLD PLEN II
- 200 4P 23G SLD CAT 6 PLENUM
- 200 1P 16G STRD UNSHLD PLENII
- 1 Mounting Hardware
- 1 Patch Cables
- Installation Labor - Camera
- Installation Labor - Wall Plate
- Engineering Labor - Programming
- Engineering Labor - Commissioning

OPTION 2 TOTAL.....
(Add to base)

6,850.00

Payment Terms, Refer to Terms and Conditions
This QUOTATION is Valid for 30 Days.

Terms: Net 10 Days

Signature: _____ Date: _____

Antonio Valdez, Sales Engineer, avaldez@torrencesound.com

Accepted: (Customer) _____ By _____ Date: _____

TERMS AND CONDITIONS OF SALE

These terms and conditions shall be part of the Contract of Sale for any products and services ordered by the Buyer from Torrence Sound.

ACCEPTANCE: All orders, quotations, shipments and deliveries shall, at all times, be subject to approval by Torrence Sound's Credit Department.

TERMS OF SALE: If the Buyer cancels this order in whole or in part after written acceptance, the Buyer agrees to reimburse Torrence Sound for any costs incurred by Torrence Sound prior to receiving notice of cancellation.

All material returned for credit is subject to a 20% restocking charge.

Orders canceled after acceptance in good faith by Torrence Sound will be subject to cancellation charges.

All verbal orders must be confirmed in writing and must be clearly identified as a "confirming" order.

CREDIT: Accounts will be opened only with firms or individuals on approved credit. Torrence Sound reserves the privilege of declining to make delivery of goods or services except for cash whenever, for any reason, doubt as to the Buyer's responsibility develops.

TERMS OF PAYMENT: Payment terms are Net 10 unless an amendment or waiver is in writing and is signed by a duly authorized representative of Torrence Sound.

Discounts, retainages and partial payments are not allowed unless such amendment is in writing on a date subsequent to the effective date hereof and is signed by a duly authorized representative of Torrence Sound.

Upon the failure of the Buyer to provide satisfactory security to fully satisfy Torrence Sound's demands, Torrence Sound reserves the right to discontinue making shipments, performing work and to cancel the balance of the sale, thereby terminating all obligation on the part of Torrence Sound for delivery of the goods or any part of the goods sold. Such cancellation, however, shall not affect the Buyer's obligation to pay for any part of the products or services previously sold, delivered or installed.

A late payment charge of one and one-half per cent (1.5%) per month will be applicable and charged on the 31st day from invoice date. Torrence Sound will add a service charge automatically on all invoices requiring the services of a collection agency.

The Buyer agrees to reimburse Torrence Sound for all expenses incurred including collection fees, court costs, and reasonable attorney fees.

CHANGE IN TERMS: No amendment or waiver of the terms contained herein shall be effective unless such amendment or waiver is in writing on a date subsequent to the effective date hereof and is signed by a duly authorized representative of Torrence Sound.

PAYMENT FOR SHIPMENTS: The Buyer shall pay Torrence Sound for each shipment even if such shipment represents only a portion of the products or services purchased under the Buyer's purchase order unless such amendment is in writing on a date subsequent to the effective date hereof and is signed by a duly authorized representative of Torrence Sound.

SUSPENSION OF PERFORMANCE: If, in Torrence Sound's judgment, reasonable doubt exists as to the Buyer's financial responsibility, or if the Buyer is past due in payment of any amount owing to Torrence Sound, Torrence Sound reserves the right, without liability and without prejudice to any other remedies, to suspend performance, decline to ship, stop any material in transit, until Torrence Sound receives payment of all amounts, whether or not due, owing to Torrence Sound, or adequate assurances of such payment.

PRICING: All prices are F.O.B. Torrence Sound, Perrysburg, Ohio unless otherwise specified.

TAXES: The amount of any sales, revenue, excise or other taxes applicable to the sale of the products and services described herein shall be added to the purchase price and shall be paid by the Buyer, or in lieu thereof the Buyer shall provide Torrence Sound with an applicable tax exemption certificate.

RISK OF LOSS: Risk of loss on all products ordered from Torrence Sound shall pass to the Buyer upon delivery of the product to the Buyer or the job site.

RETURN GOODS POLICY: Custom manufactured orders or non-standard products are not subject to cancellation by the Buyer.

STORAGE: In the event the Buyer is unable to accept delivery of equipment, Torrence Sound may invoice the Buyer for material stored in its own facility.

CONFIDENTIAL INFORMATION: All drawings, diagrams, specifications, devices and other information furnished by Torrence Sound are proprietary. Such information has been developed at great expense and contains trade secrets of Torrence Sound. The Buyer may not reproduce or distribute such information except to the Buyer's employees who may use the articles as part of their duties.

MISCELLANEOUS: The Buyer may not assign its rights and obligations under this contract without the express written consent of Torrence Sound.

**BRANCH-HILLSDALE-ST.JOSEPH
COMMUNITY HEALTH AGENCY**

FISCAL YEAR 2022-23

Original Budget

June 23, 2022

BRANCH-HILLSDALE-ST. JOSEPH
 COMMUNITY HEALTH AGENCY
 OCTOBER 2022- SEPTEMBER 2023
 Original Budget - 6/23/2022

TOTAL REVENUES

| | STATE/FED | ELPHS | COUNTY APPROP | FEES OTHER | Original BUDGET | DIFFERENCE | AMEND #2 BUDGET |
|--|--------------|--------------|------------------|---------------|--------------------|----------------|--------------------|
| | \$ 5,349,570 | \$ 1,061,220 | \$ 768,181 | \$ 1,193,816 | \$ 8,372,787 | \$ (1,204,780) | \$ 9,577,567 |
| | 63.9% | 12.7% | 9.2% | 14.3% | | | |

OTHER:

| | | | | | | | |
|------------------------------------|-------------|-------------|------------------|-------------------|-------------------|-----------------------|-------------------|
| Salary/Fringe Payoff 008 | | | | \$ 70,000 | \$ 70,000 | \$ (20,000) | \$ 90,000 |
| Capital Improvements 023 | \$ - | \$ - | \$ 73,000 | \$ - | \$ 73,000 | (\$188,000.00) | \$ 261,000 |
| MERS Pension Underfunded 024 | | | \$ 22,590 | \$ 22,000 | \$ 44,590 | (\$40,000.00) | \$ 84,590 |
| Dental Clinic - St. Joseph Co. 021 | \$ - | \$ - | \$ - | \$ 53,310 | \$ 53,310 | \$0.00 | \$ 53,310 |
| Dental Clinic - Hillsdale Co. 029 | \$ - | \$ - | \$ - | \$ 14,000 | \$ 14,000 | (\$6,000.00) | \$ 20,000 |
| TOTAL OTHER | \$ - | \$ - | \$ 95,590 | \$ 159,310 | \$ 254,900 | (\$254,000.00) | \$ 508,900 |

CORE SUPPORT SERVICES:

| | | | | | | | |
|----------------------------|---------------------|-------------|------------------|-------------------|---------------------|-----------------------|---------------------|
| General Administration 010 | \$ - | \$ - | \$ - | \$ 28,490 | \$ 28,490 | (\$1,409.00) | \$ 29,899 |
| Area Agency on Aging 012 | \$ 1,254,975 | \$ - | \$ - | \$ 85,404 | \$ 1,340,379 | (\$651,780.00) | \$ 1,992,159 |
| VOCA 014 | \$ 205,743 | \$ - | \$ - | \$ - | \$ 205,743 | \$0.00 | \$ 205,743 |
| Emergency Preparedness 032 | \$ 130,932 | \$ - | \$ 33,518 | \$ - | \$ 164,450 | (\$533.00) | \$ 164,983 |
| TOTAL CORE SUPPORT | \$ 1,591,650 | \$ - | \$ 33,518 | \$ 113,894 | \$ 1,739,062 | (\$653,722.00) | \$ 2,392,784 |

PREVENTION SERVICES:

| | | | | | | | |
|-----------------------------------|---------------------|-------------------|-------------------|-------------------|---------------------|-----------------------|---------------------|
| Medicaid Enrollment (OR) 107 | \$ 10,646 | \$ - | \$ 10,646 | \$ - | \$ 21,292 | \$8,168.00 | \$ 13,124 |
| WIC Breastfeeding 108 | \$ 89,014 | \$ - | \$ 40,291 | \$ - | \$ 129,305 | \$30,249.00 | \$ 99,056 |
| WIC - Women, Infants, & Chi 109 | \$ 908,156 | \$ - | \$ 122,283 | \$ 10,000 | \$ 1,040,439 | \$90,906.00 | \$ 949,533 |
| CSHCS Medicaid Outreach 112 | \$ 31,635 | \$ - | \$ 57,792 | \$ - | \$ 89,427 | \$709.00 | \$ 88,718 |
| MCH Enabling Women 115 | \$ 55,375 | \$ - | \$ 421 | \$ - | \$ 55,796 | \$421.00 | \$ 55,375 |
| Immunization IAP (Private) 138 | \$ 663,785 | \$ - | \$ - | \$ 165,250 | \$ 829,035 | \$63,169.00 | \$ 765,866 |
| Dental Outreach 185 | | | | \$ 23,552 | \$ 23,552 | (\$39,039.00) | \$ 62,591 |
| Children's Special Health Car 325 | \$ 186,729 | \$ - | \$ - | \$ - | \$ 186,729 | \$0.00 | \$ 186,729 |
| School Vision 326 | \$ 25,000 | \$ 48,509 | \$ 10,811 | \$ 20,000 | \$ 104,320 | \$687.00 | \$ 103,633 |
| School Hearing 327 | \$ 25,000 | \$ 48,509 | \$ 10,936 | \$ 20,000 | \$ 104,445 | \$3,371.00 | \$ 101,074 |
| MCH Enabling Children 329 | \$ 39,034 | \$ - | \$ 4,794 | \$ - | \$ 43,828 | (\$2,089.00) | \$ 45,917 |
| STD Prevention & Control 331 | \$ - | \$ 98,026 | \$ 47,254 | \$ 800 | \$ 146,080 | (\$3,107.00) | \$ 149,187 |
| HIV Prevention & Control 332 | \$ 20,000 | \$ - | \$ 17,460 | \$ - | \$ 37,460 | \$3,258.00 | \$ 34,202 |
| Immunization Vaccine Handlir 338 | \$ 84,814 | \$ 165,117 | \$ 6,496 | \$ 48,360 | \$ 304,787 | \$9,901.00 | \$ 294,886 |
| Infectious Disease 341 | \$ 166 | \$ 196,652 | \$ 36,070 | \$ 63,000 | \$ 295,888 | (\$423.00) | \$ 296,311 |
| Lead Testing 345 | \$ 6,000 | \$ - | \$ 20,009 | \$ - | \$ 26,009 | \$5,030.00 | \$ 20,979 |
| ELC Infection Prevention 351 | \$ - | \$ - | \$ - | \$ - | \$ - | (\$90,162.00) | \$ 90,162 |
| Epi Lab Contact Tracing, Cl, 352 | \$ 606,095 | \$ - | \$ 705 | \$ - | \$ 606,800 | \$89,605.00 | \$ 517,195 |
| CDC COVID Immz 363 | \$ 262,000 | \$ - | \$ 30,697 | \$ - | \$ 292,697 | (\$494,010.00) | \$ 786,707 |
| COVID PH Workforce Devel 355 | \$ 172,607 | \$ - | \$ 146 | \$ - | \$ 172,753 | (\$643.00) | \$ 173,396 |
| CSHCS Vaccine 371 | \$ 14,007 | \$ - | \$ 67 | \$ - | \$ 14,074 | (\$311.00) | \$ 14,385 |
| AAA COVID Vaccine 374 | \$ 15,755 | \$ - | \$ 195 | \$ - | \$ 15,950 | (\$1,042.00) | \$ 16,992 |
| TOTAL PREVENTION | \$ 3,215,818 | \$ 556,813 | \$ 417,073 | \$ 350,962 | \$ 4,540,666 | (\$325,352.00) | \$ 4,866,018 |

HEALTH PROMOTION:

| | | | | | | | |
|---------------------------------|-------------------|-------------|------------------|------------------|-------------------|-------------------|-------------------|
| Workforce Development 101 | \$ 48,535 | \$ - | \$ 8,328 | \$ - | \$ 56,863 | \$4,845.00 | \$ 52,018 |
| Car seat 201 | \$ - | \$ - | \$ 25,383 | \$ - | \$ 25,383 | \$1,786.00 | \$ 23,597 |
| Community Stabilization (Ma 200 | \$ 88,888 | \$ - | \$ - | \$ - | \$ 88,888 | \$35,064.00 | \$ 53,824 |
| MI Center Rural Health 207 | \$ 205,108 | \$ - | \$ 260 | \$ - | \$ 205,368 | \$36,822.00 | \$ 168,546 |
| Community Health Services 255 | \$ - | \$ - | \$ - | \$ - | \$ - | (\$20,000.00) | \$ 20,000 |
| Medical Marihuana BR 212 | \$ - | \$ - | \$ - | \$ - | \$ - | (\$22,645.00) | \$ 22,645 |
| Medical Marihuana HD 230 | \$ - | \$ - | \$ - | \$ - | \$ - | (\$13,376.00) | \$ 13,376 |
| Medical Marihuana SJ 275 | \$ - | \$ - | \$ - | \$ - | \$ - | (\$8,098.00) | \$ 8,098 |
| HRSA RCORP 400 | \$ - | \$ - | \$ - | \$ - | \$ - | (\$11,280.00) | \$ 11,280 |
| Grant Writing 405 | \$ - | \$ - | \$ 11,485 | \$ - | \$ 11,485 | \$302.00 | \$ 11,183 |
| Tel-A-Health, Coldwater 321 | \$ - | \$ - | \$ 360 | \$ 33,000 | \$ 33,360 | \$284.00 | \$ 33,076 |
| TOTAL HEALTH PROMOTION | \$ 342,531 | \$ - | \$ 45,816 | \$ 33,000 | \$ 421,347 | \$3,704.00 | \$ 417,643 |

ENVIRONMENTAL HEALTH PROTECTION

| | | | | | | | |
|-----------------------------------|-------------------|-------------------|-------------------|-------------------|---------------------|------------------|---------------------|
| Vector Borne Disease Surveil 035 | \$ 27,000 | \$ - | \$ 5,837 | \$ - | \$ 32,837 | (\$1,039.00) | \$ 33,876 |
| General Environmental Health 605 | \$ 17,252 | \$ - | \$ 7,137 | \$ 14,450 | \$ 38,839 | \$688.00 | \$ 38,151 |
| Food Protection 704 | \$ 66,000 | \$ 159,151 | \$ 49,000 | \$ 234,000 | \$ 508,151 | \$22,269.00 | \$ 485,882 |
| Onsite Sewage 714 | \$ 27,600 | \$ 182,499 | \$ 27,670 | \$ 131,200 | \$ 368,969 | \$6,539.00 | \$ 362,430 |
| Drinking Water Supply 721 | \$ 1,400 | \$ 162,757 | \$ 47,812 | \$ 157,000 | \$ 368,969 | \$6,539.00 | \$ 362,430 |
| PFAS - Mendon 722 | \$ - | \$ - | \$ - | \$ - | \$ - | (\$1,365.00) | \$ 1,365 |
| PFAS - White Pigeon 723 | \$ - | \$ - | \$ - | \$ - | \$ - | (\$8,196.00) | \$ 8,196 |
| Type II Water 745 | \$ 60,319 | \$ - | \$ 38,728 | \$ - | \$ 99,047 | (\$845.00) | \$ 99,892 |
| TOTAL ENVIRONMENTAL HEALTH | \$ 199,571 | \$ 504,407 | \$ 176,184 | \$ 536,650 | \$ 1,416,812 | \$ 24,590 | \$ 1,392,222 |

Total Original Budget Revenues \$ 8,372,787

Total Amend #2 Budget Revenues \$ 9,577,567

Difference \$ (1,204,780)

TOTAL LOCAL DOLLARS TO AGENCY FY 2022-23

\$ 768,181.00

BRANCH-HILLSDALE-ST. JOSEPH
 COMMUNITY HEALTH AGENCY
 OCTOBER 2022- SEPTEMBER 2023
 Original Budget - 6/23/2022

TOTAL EXPENSES

| | Prior Year Actual (2020-2021) | Amendment #2 Budget 2021-22 | Original Budget 2022-23 | DIFFERENCE |
|--|----------------------------------|--------------------------------|----------------------------|-------------|
| | \$ 8,461,328 | \$ 9,577,567 | \$ 8,372,787 | (1,204,780) |

OTHER:

| | | | | |
|--------------------------------|---------------------|-------------------|-------------------|-------------------|
| Salary/Fringe Payoff | \$ 78,688 | \$ 90,000 | \$ 70,000 | (20,000) |
| Capital Improvements | \$ 213,232 | \$ 261,000 | \$ 73,000 | (188,000) |
| MERS Pension Underfunded | \$ 860,141 | \$ 84,590 | \$ 44,590 | (40,000) |
| Dental Clinic - St. Joseph Co. | \$ 33,300 | \$ 53,310 | \$ 53,310 | 0 |
| Dental Clinic - Hillsdale Co. | \$ 8,048 | \$ 20,000 | \$ 14,000 | (6,000) |
| TOTAL OTHER | \$ 1,193,409 | \$ 508,900 | \$ 254,900 | \$ 201,010 |

CORE SUPPORT SERVICES:

| | | | | |
|---------------------------|---------------------|---------------------|---------------------|-------------------|
| General Administration | \$ 26,466 | \$ 29,899 | \$ 28,490 | (1,409) |
| Area Agency on Aging | \$ 1,265,156 | \$ 1,992,159 | \$ 1,340,380 | (651,779) |
| VOCA | \$ 131,984 | \$ 205,743 | \$ 205,743 | 0 |
| Emergency Preparedness | \$ 144,749 | \$ 164,983 | \$ 164,450 | (533) |
| TOTAL CORE SUPPORT | \$ 1,568,356 | \$ 2,392,784 | \$ 1,739,063 | \$ 644,917 |

PREVENTION SERVICES:

| | | | | |
|--|---------------------|---------------------|---------------------|--------------------|
| Medicaid Outreach | \$ 11,582 | \$ 13,124 | \$ 21,291 | 8,167 |
| WIC - Breastfeeding | \$ 84,407 | \$ 99,056 | \$ 129,305 | 30,249 |
| WIC - Women, Infants, & Children | \$ 759,734 | \$ 949,533 | \$ 1,040,439 | 90,906 |
| CSHCS Medicaid Outreach | \$ 22,505 | \$ 88,718 | \$ 89,427 | 709 |
| MCH Enabling Women | \$ 34,594 | \$ 55,375 | \$ 55,796 | 421 |
| Dental Outreach | \$ - | \$ 62,590 | \$ 23,552 | (39,038) |
| Immunization Clinics | \$ 459,010 | \$ 765,866 | \$ 829,035 | 63,169 |
| Immunization/Vaccine Handling | \$ 290,906 | \$ 294,886 | \$ 304,787 | 9,901 |
| Children's Special Health Care Services | \$ 183,779 | \$ 186,729 | \$ 186,729 | 0 |
| School Vision & Hearing Clinics | \$ 159,421 | \$ 204,708 | \$ 208,765 | 4,057 |
| MCH Enabling Children | \$ 28,789 | \$ 45,917 | \$ 43,828 | (2,089) |
| STD Prevention & Control | \$ 122,088 | \$ 149,187 | \$ 146,080 | (3,107) |
| HIV Prevention & Control | \$ 20,627 | \$ 34,202 | \$ 37,460 | 3,258 |
| Infectious Disease | \$ 238,870 | \$ 296,311 | \$ 295,888 | (423) |
| Lead Testing | \$ 22,064 | \$ 20,979 | \$ 26,009 | 5,030 |
| CSHCS Vaccine | \$ - | \$ 14,385 | \$ 14,074 | (311) |
| AAA COVID Vaccine | \$ - | \$ 16,992 | \$ 15,950 | (1,042) |
| COVID-19 Response | \$ 192,595 | | | 0 |
| ELC Infection Prevention | \$ 76,002 | \$ 90,162 | | (90,162) |
| Epi Lab Contact Tracing, CI, TC, VM, WA S. | \$ 594,878 | \$ 517,195 | \$ 606,800 | 89,605 |
| CRF Contact Tracing | \$ 324,621 | | | 0 |
| CRF Testing | \$ 151,681 | | | 0 |
| CRF Immunizations | \$ 34,863 | | | 0 |
| COVID-19 Immunization | \$ 120,696 | | | 0 |
| COVID PH Workforce Development | \$ - | \$ 173,396 | \$ 172,753 | (643) |
| CDC COVID-19 Immz | \$ 331,375 | \$ 786,707 | \$ 292,697 | (494,010) |
| TOTAL PREVENTION | \$ 4,265,085 | \$ 4,866,018 | \$ 4,540,665 | \$ (62,500) |

HEALTH PROMOTION:

| | | | | |
|-------------------------------------|-------------------|-------------------|-------------------|------------------|
| Workforce Development | \$ 36,901 | \$ 52,018 | \$ 56,863 | 4,845 |
| Car seat | \$ 13,261 | \$ 23,597 | \$ 25,383 | 1,786 |
| Community Stabilization (Marketing) | \$ 27,792 | \$ 53,824 | \$ 88,888 | 35,064 |
| Community Health Services | \$ - | \$ 20,000 | \$ 205,368 | 185,368 |
| MI Center Rural Health | \$ - | \$ 168,546 | \$ - | (168,546) |
| Medical Marihuana BR | \$ 18,104 | \$ 22,645 | \$ - | (22,645) |
| Medical Marihuana HD | \$ 11,086 | \$ 13,376 | \$ - | (13,376) |
| Medical Marihuana SJ | \$ 6,592 | \$ 8,098 | \$ - | (8,098) |
| HRSA RCORP | \$ 111,653 | \$ 11,280 | \$ - | (11,280) |
| Grant Writing | \$ - | \$ 11,183 | \$ 11,485 | 302 |
| Tel-A-Health | \$ 29,439 | \$ 33,076 | \$ 33,360 | 284 |
| TOTAL HEALTH PROMOTION | \$ 254,827 | \$ 417,643 | \$ 421,347 | \$ 84,263 |

ENVIRONMENTAL HEALTH PROTECTION

| | | | | |
|-----------------------------------|---------------------|---------------------|---------------------|--------------------|
| Vector Borne | \$ 21,895 | \$ 33,876 | \$ 32,837 | (1,039) |
| General Environmental Health | \$ 30,816 | \$ 38,151 | \$ 38,839 | 688 |
| Food Protection | \$ 390,290 | \$ 485,882 | \$ 508,151 | 22,269 |
| Onsite Sewage | \$ 323,892 | \$ 362,430 | \$ 368,969 | 6,539 |
| Drinking Water Supply | \$ 323,892 | \$ 362,430 | \$ 368,969 | 6,539 |
| PFAS - Mendon | \$ 54 | \$ 1,365 | | (1,365) |
| PFAS - White Pigeon | \$ 4,963 | \$ 8,196 | | (8,196) |
| Type II Water | \$ 83,848 | \$ 99,892 | \$ 99,047 | (845) |
| TOTAL ENVIRONMENTAL HEALTH | \$ 1,179,651 | \$ 1,392,222 | \$ 1,416,812 | \$ (13,051) |

**Annual Budget
for
Comprehensive Local Health Services**

| Local Agency Branch-Hillsdale-St. Joseph CHA Original Budget 10/1/2022 - 9/30/2023 | | Prepared By: Brenae Gruner & Theresa Fisher Approved By: Board of Health | | | | | | | | |
|---|------------------------|---|---------------------------|-------------------------|---------|-------------------------------|-------------------------|-----------------------------|----------------------------|--|
| | 008 | 009 | 010 | 012 | 014 | 021 | 023 | 024 | 029 | |
| | SALARYFRINGE PAYOFF | SPACE ALLOCATION | GENERAL ADMINISTRATION | AREA AGENCY ON AGING | VOCA | DENTAL CLINIC THREE RIVERS | CAPITAL IMPROVEMENTS | MERS PENSION UNDERFUNDED | DENTAL CLINIC HILLSDALE | |
| PROGRAM EXPENSES | | | | | | | | | | |
| 1. SALARIES & WAGES | 70,000 | | 365,062 | 205,301 | 94,841 | | | | | |
| 2. FRINGE BENEFITS | | | 534,941 | 73,313 | 44,069 | | | 44,590 | | |
| 3. CAP EXP FOR EQUIP & FAC | | | | | | | 73,000 | | | |
| 4. CONTRACTUAL (SUBCONTRACTS) | | | | 928,403 | 1,500 | | | | | |
| 5. SUPPLIES & MATERIALS | | | 22,600 | 8,400 | 6,000 | | | | | |
| 6. TRAVEL | | | 8,000 | 12,000 | 8,000 | | | | | |
| 7. COMMUNICATION | | | 28,000 | 4,000 | 2,000 | | | | | |
| 8. COUNTY/CITY CENTRAL SERVICES | | | | | | | | | | |
| 9. SPACE COSTS | | 261,564 | | | | | | | | |
| SPACE ALLOCATION | | (261,564) | 108,149 | 4,962 | 3,083 | - | - | - | - | |
| 10. ALL OTHERS (ADP & MISC.) | | | 187,275 | 22,884 | 5,807 | 53,310 | | | 14,000 | |
| TOTAL PROGRAM EXPENSES | 70,000 | - | 1,254,027 | 1,259,264 | 165,300 | 53,310 | 73,000 | 44,590 | 14,000 | |
| 1. INDIRECT COST | | - | (1,225,537) | 81,116 | 40,443 | - | - | - | - | |
| 29.11423% | | | | | | | | | | |
| 2. COST ALLOCATION PLAN/OTHER | | | | | | | | | | |
| COMMUNITY HEALTH SERVICES | | | | | | | | | | |
| PREVENTION SERVICES | | | | | | | | | | |
| IMMUNIZATION DISTRIBUTION | | | | | | | | | | |
| CSHCS DISTRIBUTION | | | | | | | | | | |
| ENVIRONMENTAL HEALTH | | | | | | | | | | |
| TOTAL INDIRECT COST | - | - | (1,225,537) | 81,116 | 40,443 | - | - | - | - | |
| TOTAL EXPENDITURES | 70,000 | - | 28,490 | 1,340,380 | 205,743 | 53,310 | 73,000 | 44,590 | 14,000 | |
| SOURCE OF FUNDS | | | | | | | | | | |
| 1. FEES & COLLECTIONS - 1ST & 2ND PARTY | | | 40 | | | | | | | |
| 2. FEES & COLLECTIONS - 3RD PARTY | | | | | | | | | | |
| 3. FED/STATE FUNDING (NON-MDHHS) | | | | 1,254,976 | 205,743 | | | | | |
| 4. FEDERAL MEDICAID COST BASED REIMB. | | | | | | | | | | |
| 5. FEDERALLY PROVIDED VACCINES | | | | | | | | | | |
| 6. FEDERAL MEDICAID OUTREACH | | | | | | | | | | |
| 7. REQUIRED MATCH - LOCAL | | | | | | | | | | |
| 8. LOCAL - NON ELPHS | | | | 32,504 | | | | | | |
| 9. LOCAL - NON ELPHS | | | | 30,000 | | | | | | |
| 10. LOCAL - NON ELPHS | | | | | | 53,310 | | | 14,000 | |
| 11. OTHER - NON ELPHS | 70,000 | | 28,450 | 22,900 | | | | 22,000 | | |
| 12. MDHHS NON COMPREHENSIVE | | | | | | | | | | |
| 13. MDHHS COMPREHENSIVE | | | | | | | | | | |
| 14. ELPHS MDHHS HEARING | | | | | | | | | | |
| 15. ELPHS MDHHS VISION | | | | | | | | | | |
| 16. ELPHS MDHHS OTHER | | | | | | | | | | |
| 17. ELPHS FOOD | | | | | | | | | | |
| 18. ELPHS PRIVATE/TYPER III WATER | | | | | | | | | | |
| 19. ELPHS ON-SITE WASTEWATER TREATMENT | | | | | | | | | | |
| 20. MCH FUNDING | | | | | | | | | | |
| 21. LOCAL - COUNTY APPROPRIATIONS | | | | | - | | 73,000 | 22,590 | | |
| 22. INKIND MATCH | | | | | | | | | | |
| 23. MDHHS FIXED UNIT RATE | | | | | | | | | | |
| MDHHS LOCAL COMM STABILIZATION | | | | | | | | | | |
| TOTAL SOURCE OF FUNDS | 70,000 | - | 28,490 | 1,340,380 | 205,743 | 53,310 | 73,000 | 44,590 | 14,000 | |
| USE OF DESIGNATED FUND BALANCE | - | - | - | (0) | (0) | - | - | - | - | |
| USE OF FUND BALANCE | | | | | | | | | | |

**Annual Budget
for
Comprehensive Local Health Services**

| Local Agency Branch-Hillsdale-St. Joseph CHA Original Budget 10/1/2022 - 9/30/2023 | | 032 - 9 Mth | 32 - 3 Mth | 35 | 101 | 107 | 108 | 109 | 112 | 115 |
|---|---------|-------------------------------|-------------------------------|-------------------------|-----------|----------------------|----------------------|--------------------|----------------------------|-----------------------|
| PROGRAM EXPENSES | | PUBLIC HEALTH EMERG. PREP. | PUBLIC HEALTH EMERG. PREP. | VECTOR BORNE DISEASE | WORKFORCE | MEDICAID OUTREACH | WIC BREASTFEEDING | WIC RESIDENTIAL | CSHCS MEDICAID OUTREACH | MCH ENABLING WOMEN |
| 1. SALARIES & WAGES | 52,735 | 17,578 | 19,136 | 7,357 | 4,252 | 53,275 | 469,390 | | | 12,480 |
| 2. FRINGE BENEFITS | 22,570 | 7,523 | 1,764 | 2,279 | 1,784 | 6,642 | 208,361 | | | 5,236 |
| 3. CAP EXP FOR EQUIP & FAC | | | | | | | | | | |
| 4. CONTRACTUAL (SUBCONTRACTS) | | | | | | | | | | |
| 5. SUPPLIES & MATERIALS | 710 | 485 | 210 | 50 | 575 | 2,900 | 14,700 | | | 3,650 |
| 6. TRAVEL | 4,000 | 1,000 | 5,000 | 250 | 250 | 3,200 | 8,745 | | | 1,600 |
| 7. COMMUNICATION | 17,000 | 4,000 | 25 | 50 | 100 | 1,800 | 4,000 | | | 500 |
| 8. COUNTY/CITY CENTRAL SERVICES | | | | | | | | | | |
| 9. SPACE COSTS | | | | | | | | | | |
| SPACE ALLOCATION | 837 | 279 | 317 | 122 | 95 | 5,236 | 30,456 | | - | 179 |
| 10. ALL OTHERS (ADP & MISC.) | 3,250 | 3,250 | 300 | 43,950 | 3,650 | 26,800 | 59,000 | | | 17,475 |
| TOTAL PROGRAM EXPENSES | 101,102 | 34,116 | 26,752 | 54,058 | 10,706 | 99,853 | 794,652 | | - | 41,120 |
| 1. INDIRECT COST | 21,924 | 7,308 | 6,085 | 2,805 | 1,757 | 17,444 | 197,322 | | - | 5,158 |
| 29.11423% | | | | | | | | | | |
| 2. COST ALLOCATION PLAN/OTHER | | | | | | | | | | |
| COMMUNITY HEALTH SERVICES | | | | | 8,472 | 8,472 | 8,472 | | | 8,472 |
| PREVENTION SERVICES | | | | | 356 | 3,536 | 39,993 | | | 1,045 |
| IMMUNIZATION DISTRIBUTION | | | | | | | | | | |
| CSHCS DISTRIBUTION | | | | | | | | | 89,427 | |
| ENVIRONMENTAL HEALTH | | | | | | | | | | |
| TOTAL INDIRECT COST | 21,924 | 7,308 | 6,085 | 2,805 | 10,586 | 29,452 | 245,787 | | 89,427 | 14,676 |
| TOTAL EXPENDITURES | 123,026 | 41,424 | 32,837 | 56,863 | 21,291 | 129,305 | 1,040,439 | | 89,427 | 55,796 |
| SOURCE OF FUNDS | | | | | | | | | | |
| 1. FEES & COLLECTIONS - 1ST & 2ND PARTY | | | | | | | | | | |
| 2. FEES & COLLECTIONS - 3RD PARTY | | | | | | | 10,000 | | | |
| 3. FED/STATE FUNDING (NON-MDHHS) | | | | | | | | | | |
| 4. FEDERAL MEDICAID COST BASED REIMB. | | | | | | | | | | |
| 5. FEDERALLY PROVIDED VACCINES | | | | | | | | | | |
| 6. FEDERAL MEDICAID OUTREACH | | | | | | 10,646 | | | 31,635 | |
| 7. REQUIRED MATCH - LOCAL | 9,820 | 3,273 | | | | 10,646 | | | 31,635 | |
| 8. LOCAL - NON ELPHS | | | | | | | | | | |
| 9. LOCAL - NON ELPHS | | | | | | | | | | |
| 10. LOCAL - NON ELPHS | | | | | | | | | | |
| 11. OTHER - NON ELPHS | | | | | | | | | | |
| 12. MDHHS NON COMPREHENSIVE | | | | | | | | | | |
| 13. MDHHS COMPREHENSIVE | 98,199 | 32,733 | 27,000 | 48,535 | - | 89,014 | 908,156 | | | |
| 14. ELPHS MDHHS HEARING | | | | | | | | | | |
| 15. ELPHS MDHHS VISION | | | | | | | | | | |
| 16. ELPHS MDHHS OTHER | | | | | | | | | | |
| 17. ELPHS FOOD | | | | | | | | | | |
| 18. ELPHS PRIVATE/TYPER III WATER | | | | | | | | | | |
| 19. ELPHS ON-SITE WASTEWATER TREATMENT | | | | | | | | | | |
| 20. MCH FUNDING | | | | | | | | | | 55,375 |
| 21. LOCAL - COUNTY APPROPRIATIONS | 15,008 | 5,418 | 5,837 | 8,328 | | 40,291 | 122,283 | | 26,157 | 421 |
| 22. INKIND MATCH | | | | | | | | | | |
| 23. MDHHS FIXED UNIT RATE | | | | | | | | | | |
| MDHHS LOCAL COMM STABILIZATION | | | | | | | | | | |
| TOTAL SOURCE OF FUNDS | 123,026 | 41,424 | 32,837 | 56,863 | 21,291 | 129,305 | 1,040,439 | | 89,427 | 55,796 |
| USE OF DESIGNATED FUND BALANCE | (0) | (0) | - | - | (0) | - | - | - | - | - |
| USE OF FUND BALANCE | | | | | | | | | | |

**Annual Budget
for
Comprehensive Local Health Services**

| Local Agency Branch-Hillsdale-St. Joseph CHA Original Budget 10/1/2022 - 9/30/2023 | | | | | | | | | |
|---|----------------------|--------------------|-------------------------|---------------------------|---------|---------------------------|------------------------------|----------------------|------------------------|
| | 138 | 185 | 199 | 200 | 201 | 207 | 255 | 321 | 325 |
| PROGRAM EXPENSES | IMMUNIZATION/ IAP | DENTAL OUTREACH | PREVENTION SERV ADM. | COMMUNITY STABLIZATION | CARSEAT | MI CENTER RURAL HEALTH | COMMUNITY HEALTH SERVICES | CHC-TELE A HEALTH | CSHCS OR & ADVOCACY |
| 1. SALARIES & WAGES | 213,312 | 11,567 | 54,301 | 42,175 | 15,600 | 102,612 | 69,884 | 22,742 | 146,515 |
| 2. FRINGE BENEFITS | 90,459 | 5,027 | 16,424 | 21,925 | 1,193 | 22,420 | 29,841 | 1,740 | 33,147 |
| 3. CAP EXP FOR EQUIP & FAC | | | | | | | | | |
| 4. CONTRACTUAL (SUBCONTRACTS) | | | | | | | | | |
| 5. SUPPLIES & MATERIALS | 242,600 | 575 | 850 | 2,050 | 100 | 6,650 | 3,450 | 700 | 5,100 |
| 6. TRAVEL | 3,000 | 250 | 1,300 | 500 | 3,000 | 9,000 | 3,000 | 250 | 6,000 |
| 7. COMMUNICATION | 2,000 | 100 | 500 | 500 | 100 | 4,000 | 250 | 250 | 2,250 |
| 8. COUNTY/CITY CENTRAL SERVICES | | | | | | | | | |
| 9. SPACE COSTS | | | | | | | | | |
| SPACE ALLOCATION | 16,751 | 202 | 35,763 | 275 | - | 1,034 | 1,745 | - | 2,738 |
| 10. ALL OTHERS (ADP & MISC.) | 346,075 | 1,000 | 1,170 | 2,800 | 500 | 23,250 | 6,825 | 550 | 9,025 |
| TOTAL PROGRAM EXPENSES | 914,197 | 18,721 | 110,308 | 70,225 | 20,493 | 168,966 | 114,995 | 26,232 | 204,775 |
| 1. INDIRECT COST | 88,441 | 4,831 | 20,591 | 18,662 | 4,889 | 36,402 | 29,034 | 7,128 | 52,307 |
| 29.11423% | | | | | | | | | |
| 2. COST ALLOCATION PLAN/OTHER | | | | | | | | | |
| COMMUNITY HEALTH SERVICES | 8,472 | | | | | | (144,029) | - | 8,472 |
| PREVENTION SERVICES | 17,925 | | (130,899) | | | | | | 10,602 |
| IMMUNIZATION DISTRIBUTION | (200,000) | | | | | | | | |
| CSHCS DISTRIBUTION | | | | | | | | | (89,427) |
| ENVIRONMENTAL HEALTH | | | | | | | | | |
| TOTAL INDIRECT COST | (85,162) | 4,831 | (110,308) | 18,662 | 4,889 | 36,402 | (114,995) | 7,128 | (18,046) |
| TOTAL EXPENDITURES | 829,035 | 23,552 | - | 88,888 | 25,383 | 205,368 | - | 33,360 | 186,729 |
| SOURCE OF FUNDS | | | | | | | | | |
| 1. FEES & COLLECTIONS - 1ST & 2ND PARTY | 15,000 | | - | | | | | | |
| 2. FEES & COLLECTIONS - 3RD PARTY | 147,750 | | - | | | | | | |
| 3. FED/STATE FUNDING (NON-MDHHS) | | | | | | | | | |
| 4. FEDERAL MEDICAID COST BASED REIMB. | 291,996 | | | | | | | | |
| 5. FEDERALLY PROVIDED VACCINES | 300,000 | | | | | | | | |
| 6. FEDERAL MEDICAID OUTREACH | | | | | | | | | |
| 7. REQUIRED MATCH - LOCAL | | | | | | | | | |
| 8. LOCAL - NON ELPHS | | | | | | | | | |
| 9. LOCAL - NON ELPHS | | | | | | | | | |
| 10. LOCAL - NON ELPHS | | | | | | | | 33,000 | |
| 11. OTHER - NON ELPHS | 2,500 | 23,552 | | | | | | | |
| 12. MDHHS NON COMPREHENSIVE | | | | | | | | | |
| 13. MDHHS COMPREHENSIVE | 71,789 | | | | | 205,108 | | | 116,729 |
| 14. ELPHS MDHHS HEARING | | | | | | | | | |
| 15. ELPHS MDHHS VISION | | | | | | | | | |
| 16. ELPHS MDHHS OTHER | | | | | | | | | |
| 17. ELPHS FOOD | | | | | | | | | |
| 18. ELPHS PRIVATE/TYPER III WATER | | | | | | | | | |
| 19. ELPHS ON-SITE WASTEWATER TREATMENT | | | | | | | | | |
| 20. MCH FUNDING | | | | | | | | | |
| 21. LOCAL - COUNTY APPROPRIATIONS | | | | | 25,383 | 260 | | 360 | |
| 22. INKIND MATCH | | | | | | | | | |
| 23. MDHHS FIXED UNIT RATE | | | | | | | | | 70,000 |
| MDHHS LOCAL COMM STABLIZATION | | | | 88,888 | | | | | |
| TOTAL SOURCE OF FUNDS | 829,035 | 23,552 | - | 88,888 | 25,383 | 205,368 | - | 33,360 | 186,729 |
| (0) | | | | | 0 | | | | |
| USE OF DESIGNATED FUND BALANCE | | | | | | | | | |
| USE OF FUND BALANCE | | | | | | | | | |

**Annual Budget
for
Comprehensive Local Health Services**

| Local Agency Branch-Hillsdale-St. Joseph CHA Original Budget 10/1/2022 - 9/30/2023 | | | | | | | | | | |
|---|----------------|----------------|-------------------------------------|---------------------------|-------------------|-----------------------------------|-----------------------|-----------------|---|--|
| | 326 | 327 | 329 | 331 | 332 | 338 | 341 | 345 | 352 | |
| | VISION | HEARING | MCH - ENABLING SERVICES CHILDREN | SEXUAL TRANS. DISEASES | HIV PREVENTION | IMMUNIZATION/ VACCINE HANDLING | INFECTIOUS DISEASE | LEAD TESTING | EPI LAB CAP CT, CI TC VM WA SERVICES | |
| PROGRAM EXPENSES | | | | | | | | | | |
| 1. SALARIES & WAGES | 39,538 | 39,538 | 7,987 | 59,695 | 13,831 | 39,618 | 114,859 | 14,236 | 232,089 | |
| 2. FRINGE BENEFITS | 20,560 | 20,560 | 3,547 | 24,032 | 5,543 | 18,951 | 40,027 | 2,791 | 94,826 | |
| 3. CAP EXP FOR EQUIP & FAC | | | | | | | | | | |
| 4. CONTRACTUAL (SUBCONTRACTS) | | | | | | | | | | |
| 5. SUPPLIES & MATERIALS | 1,575 | 1,250 | 14,500 | 2,325 | 415 | 750 | 37,820 | 650 | 15,500 | |
| 6. TRAVEL | 3,000 | 3,200 | 800 | 850 | 350 | 400 | 1,600 | 1,000 | 8,000 | |
| 7. COMMUNICATION | 250 | 500 | 300 | 200 | 50 | 3,000 | 800 | 25 | 6,000 | |
| 8. COUNTY/CITY CENTRAL SERVICES | | | | | | | | | | |
| 9. SPACE COSTS | | | | | | | | | | |
| SPACE ALLOCATION | 1,027 | 1,027 | 183 | 1,783 | 214 | 789 | 3,076 | 125 | 5,194 | |
| 10. ALL OTHERS (ADP & MISC.) | 8,855 | 8,855 | 4,000 | 19,405 | 1,800 | 12,300 | 35,000 | 1,220 | 122,250 | |
| TOTAL PROGRAM EXPENSES | 74,805 | 74,930 | 31,317 | 108,291 | 22,203 | 75,807 | 233,182 | 20,047 | 483,858 | |
| 1. INDIRECT COST | 17,497 | 17,497 | 3,358 | 24,377 | 5,641 | 17,052 | 45,094 | 4,957 | 95,179 | |
| 29.11423% | | | | | | | | | | |
| 2. COST ALLOCATION PLAN/OTHER | | | | | | | | | | |
| COMMUNITY HEALTH SERVICES | 8,472 | 8,472 | 8,472 | 8,472 | 8,472 | 8,472 | 8,472 | | 8,472 | |
| PREVENTION SERVICES | 3,546 | 3,546 | 681 | 4,941 | 1,143 | 3,456 | 9,140 | 1,005 | 19,291 | |
| IMMUNIZATION DISTRIBUTION | | | | | | 200,000 | | | | |
| CSHCS DISTRIBUTION | | | | | | | | | | |
| ENVIRONMENTAL HEALTH | | | | | | | | | | |
| TOTAL INDIRECT COST | 29,516 | 29,516 | 12,511 | 37,790 | 15,256 | 228,980 | 62,706 | 5,962 | 122,942 | |
| TOTAL EXPENDITURES | 104,320 | 104,445 | 43,828 | 146,080 | 37,460 | 304,787 | 295,888 | 26,009 | 606,800 | |
| SOURCE OF FUNDS | | | | | | | | | | |
| 1. FEES & COLLECTIONS - 1ST & 2ND PARTY | 20,000 | 20,000 | | 800 | | 500 | 500 | | | |
| 2. FEES & COLLECTIONS - 3RD PARTY | | | | | | 47,610 | 62,500 | | | |
| 3. FED/STATE FUNDING (NON-MDHS) | | | | | | | | | | |
| 4. FEDERAL MEDICAID COST BASED REIMB. | 25,000 | 25,000 | | | | 45,000 | - | - | | |
| 5. FEDERALLY PROVIDED VACCINES | | | | | | | | | | |
| 6. FEDERAL MEDICAID OUTREACH | | | | | | | | | | |
| 7. REQUIRED MATCH - LOCAL | | | | | | | | | | |
| 8. LOCAL - NON ELPHS | | | | | | | | | | |
| 9. LOCAL - NON ELPHS | | | | | | | | | | |
| 10. LOCAL - NON ELPHS | | | | | | | | | | |
| 11. OTHER - NON ELPHS | | | | | | 250 | | | | |
| 12. MDHHS NON COMPREHENSIVE | | | | | | | - | | | |
| 13. MDHHS COMPREHENSIVE | | | | | 20,000 | 29,814 | 166 | | 606,095 | |
| 14. ELPHS MDHHS HEARING | | 48,509 | | | | | | | | |
| 15. ELPHS MDHHS VISION | 48,509 | | | | | | | | | |
| 16. ELPHS MDHHS OTHER | | | | 98,026 | | 165,117 | 196,652 | | | |
| 17. ELPHS FOOD | | | | | | | | | | |
| 18. ELPHS PRIVATE/TYPER III WATER | | | | | | | | | | |
| 19. ELPHS ON-SITE WASTEWATER TREATMENT | | | | | | | | | | |
| 20. MCH FUNDING | | | 39,034 | | | | | | | |
| 21. LOCAL - COUNTY APPROPRIATIONS | 10,811 | 10,936 | 4,794 | 47,254 | 17,460 | 6,496 | 36,070 | 20,009 | 705 | |
| 22. INKIND MATCH | | | | | | | | | | |
| 23. MDHHS FIXED UNIT RATE | | | | | | 10,000 | | 6,000 | | |
| MDHHS LOCAL COMM STABILIZATION | | | | | | | | | | |
| TOTAL SOURCE OF FUNDS | 104,320 | 104,445 | 43,828 | 146,080 | 37,460 | 304,787 | 295,888 | 26,009 | 606,800 | |
| USE OF DESIGNATED FUND BALANCE | | | | | | | | | | |
| USE OF FUND BALANCE | | | | | | | | | | |

**Annual Budget
for
Comprehensive Local Health Services**

| Local Agency Branch-Hillsdale-St. Joseph CHA Original Budget 10/1/2022 - 9/30/2023 | | | | | | | | | |
|---|-----------------------|------------|---------|--------------|---------|----------------|------------|---------------|--------------|
| | 355 | 363 | 371 | 375 | 405 | 605 | 704 | 714 | 721 |
| | COVID PH | CDC | CSHCS | AAA COVID | GRANT | GENERAL | FOOD | ONSITE SEWAGE | DRINKING |
| PROGRAM EXPENSES | WORKFORCE DEVELOPMENT | COVID IMMZ | VACCINE | IMMZ SUPPORT | WRITING | ENVIRO. HEALTH | PROTECTION | DISPOSAL | WATER SUPPLY |
| 1. SALARIES & WAGES | 38,391 | 142,297 | 3,477 | 5,025 | 5,900 | 398,417 | 260,889 | | |
| 2. FRINGE BENEFITS | 17,916 | 38,931 | 880 | 1,987 | 1,488 | 137,681 | 80,226 | | |
| 3. CAP EXP FOR EQUIP & FAC | | | | | | | | | |
| 4. CONTRACTUAL (SUBCONTRACTS) | | | | | | | | | |
| 5. SUPPLIES & MATERIALS | 5,000 | 5,650 | 1,550 | 975 | 55 | 6,800 | 3,450 | | |
| 6. TRAVEL | 6,000 | 5,000 | 350 | 500 | 25 | 27,000 | 15,000 | | |
| 7. COMMUNICATION | 1,000 | 1,450 | 300 | 100 | 25 | 2,000 | 1,500 | | |
| 8. COUNTY/CITY CENTRAL SERVICES | | | | | | | | | |
| 9. SPACE COSTS | | | | | | | | | |
| SPACE ALLOCATION | 53 | 3,089 | 49 | 47 | 91 | 18,726 | 13,101 | | |
| 10. ALL OTHERS (ADP & MISC.) | 88,000 | 24,350 | 6,200 | 5,275 | 1,750 | 21,600 | 26,200 | | |
| TOTAL PROGRAM EXPENSES | 156,359 | 220,767 | 12,805 | 13,909 | 9,334 | 612,223 | 400,366 | - | - |
| 1. INDIRECT COST | 16,393 | 52,763 | 1,268 | 2,041 | 2,151 | 156,081 | 99,313 | - | - |
| 29.11423% | | | | | | | | | |
| 2. COST ALLOCATION PLAN/OTHER | | | | | | | | | |
| COMMUNITY HEALTH SERVICES | | 8,472 | | | | 8,472 | 8,472 | | |
| PREVENTION SERVICES | | 10,694 | | | | | | | |
| IMMUNIZATION DISTRIBUTION | | | | | | | | | |
| CSHCS DISTRIBUTION | | | | | | | | | |
| ENVIRONMENTAL HEALTH | | | | | | (737,938) | | 368,969 | 368,969 |
| TOTAL INDIRECT COST | 16,393 | 71,929 | 1,268 | 2,041 | 2,151 | (573,385) | 107,785 | 368,969 | 368,969 |
| TOTAL EXPENDITURES | 172,753 | 292,696 | 14,074 | 15,950 | 11,485 | 38,839 | 508,151 | 368,969 | 368,969 |
| SOURCE OF FUNDS | | | | | | | | | |
| 1. FEES & COLLECTIONS - 1ST & 2ND PARTY | | | | | | 13,450 | 234,000 | 131,200 | 157,000 |
| 2. FEES & COLLECTIONS - 3RD PARTY | | | | | | | | | |
| 3. FED/STATE FUNDING (NON-MDHHS) | | | | 15,755 | | 17,252 | | 27,600 | 1,400 |
| 4. FEDERAL MEDICAID COST BASED REIMB. | | | | | | | | | |
| 5. FEDERALLY PROVIDED VACCINES | | | | | | | | | |
| 6. FEDERAL MEDICAID OUTREACH | | | | | | | | | |
| 7. REQUIRED MATCH - LOCAL | | | | | | | | | |
| 8. LOCAL - NON ELPHS | | | | | | | | | |
| 9. LOCAL - NON ELPHS | | | | | | | | | |
| 10. LOCAL - NON ELPHS | | | | | | | | | |
| 11. OTHER - NON ELPHS | | | | | | 1,000 | | | |
| 12. MDHHS NON COMPREHENSIVE | | | | | | | | | |
| 13. MDHHS COMPREHENSIVE | 172,607 | 262,000 | 14,007 | | | | | | |
| 14. ELPHS MDHHS HEARING | | | | | | | | | |
| 15. ELPHS MDHHS VISION | | | | | | | | | |
| 16. ELPHS MDHHS OTHER | | | | | | | | | |
| 17. ELPHS FOOD | | | | | | | 159,151 | | |
| 18. ELPHS PRIVATE/TYPER III WATER | | | | | | | | | 162,757 |
| 19. ELPHS ON-SITE WASTEWATER TREATMENT | | | | | | | | 182,499 | |
| 20. MCH FUNDING | | | | | | | | | |
| 21. LOCAL - COUNTY APPROPRIATIONS | 146 | 30,696 | 67 | 195 | 11,485 | 7,137 | 49,000 | 27,670 | 47,812 |
| 22. INKIND MATCH | | | | | | | | | |
| 23. MDHHS FIXED UNIT RATE | | | | | | | | | |
| MDHHS LOCAL COMM STABILIZATION | | | | | | | 66,000 | | |
| TOTAL SOURCE OF FUNDS | 172,753 | 292,696 | 14,074 | 15,950 | 11,485 | 38,839 | 508,151 | 368,969 | 368,969 |
| USE OF DESIGNATED FUND BALANCE | (0) | - | - | - | - | - | - | - | - |
| USE OF FUND BALANCE | | | | | | | | | |

**Annual Budget
for**

Comprehensive Local Health Services

| Local Agency Branch-Hillsdale-St. Joseph CHA Original Budget 10/1/2022 - 9/30/2023 | | |
|---|---------|-----------|
| | 745 | |
| | TYPE II | GRAND |
| PROGRAM EXPENSES | WATER | TOTAL |
| 1. SALARIES & WAGES | 47,187 | 3,513,090 |
| 2. FRINGE BENEFITS | 25,717 | 1,710,910 |
| 3. CAP EXP FOR EQUIP & FAC | | 73,000 |
| 4. CONTRACTUAL (SUBCONTRACTS) | | 929,903 |
| 5. SUPPLIES & MATERIALS | 1,300 | 421,920 |
| 6. TRAVEL | 2,000 | 153,420 |
| 7. COMMUNICATION | 300 | 89,225 |
| 8. COUNTY/CITY CENTRAL SERVICES | | - |
| 9. SPACE COSTS | | 261,564 |
| SPACE ALLOCATION | 767 | (0) |
| 10. ALL OTHERS (ADP & MISC.) | 550 | 1,219,756 |
| TOTAL PROGRAM EXPENSES | 77,821 | 8,372,788 |
| 1. INDIRECT COST | 21,226 | 0 |
| 29.11423% | | - |
| 2. COST ALLOCATION PLAN/OTHER | | - |
| COMMUNITY HEALTH SERVICES | | (0) |
| PREVENTION SERVICES | | - |
| IMMUNIZATION DISTRIBUTION | | - |
| CSHCS DISTRIBUTION | | - |
| ENVIRONMENTAL HEALTH | | - |
| TOTAL INDIRECT COST | 21,226 | 0 |
| TOTAL EXPENDITURES | 99,047 | 8,372,787 |
| SOURCE OF FUNDS | | |
| 1. FEES & COLLECTIONS - 1ST & 2ND PARTY | | 592,490 |
| 2. FEES & COLLECTIONS - 3RD PARTY | | 267,860 |
| | | 860,350 |
| 3. FED/STATE FUNDING (NON-MDHHS) | 60,319 | 1,583,045 |
| 4. FEDERAL MEDICAID COST BASED REIMB. | | 386,996 |
| 5. FEDERALLY PROVIDED VACCINES | | 300,000 |
| 6. FEDERAL MEDICAID OUTREACH | | 42,281 |
| | | 2,312,321 |
| 7. REQUIRED MATCH - LOCAL | | 55,374 |
| 8. LOCAL - NON ELPHS | | 32,504 |
| 9. LOCAL - NON ELPHS | | 30,000 |
| 10. LOCAL - NON ELPHS | | 100,310 |
| 11. OTHER - NON ELPHS | | 170,652 |
| | | 333,466 |
| 12. MDHHS NON COMPREHENSIVE | | - |
| 13. MDHHS COMPREHENSIVE | | 2,701,952 |
| | | 2,701,952 |
| 14. ELPHS MDHHS HEARING | | 48,509 |
| 15. ELPHS MDHHS VISION | | 48,509 |
| 16. ELPHS MDHHS OTHER | | 459,795 |
| 17. ELPHS FOOD | | 159,151 |
| 18. ELPHS PRIVATE/TYPER III WATER | | 162,757 |
| 19. ELPHS ON-SITE WASTEWATER TREATMENT | | 182,499 |
| | | 1,061,220 |
| 20. MCH FUNDING | | 94,409 |
| | | |
| 21. LOCAL - COUNTY APPROPRIATIONS | 38,728 | 712,807 |
| 22. INKIND MATCH | | |
| 23. MDHHS FIXED UNIT RATE | | 86,000 |
| | | |
| MDHHS LOCAL COMM STABILIZATION | | 154,888 |
| | | |
| TOTAL SOURCE OF FUNDS | 99,047 | 8,372,787 |
| | 0 | 0 |
| USE OF DESIGNATED FUND BALANCE | | - |
| USE OF FUND BALANCE | | |

| | |
|-----------|-------------------------|
| 860,350 | Fees |
| 768,181 | Local Approp |
| 6,410,790 | State/Federal |
| 333,466 | Other |
| - | Designated Fund Balance |

8,372,787 Total Revenues

768,181.00 Agency FY County Approp.

(0.00) Under (OVER) County FY Allocations

Three Rivers Parking Lot Replacement

The Agency reached out to four local vendors to obtain quotes for replacing the parking lot in the Three Rivers location. Three of the four vendors returned the call and indicated they were interested in looking at the project. The Agency has received proposals from two of the three companies who expressed interest. The third company (that expressed interest) has not responded to a June 9th inquiry asking for an update on when the Agency could expect to receive the quote.

The Finance Committee has recommended that the full Board move forward with the quotes it has, and accept the bid from TM Asphalt Sealing, LLC.

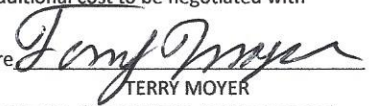
Proposal

TM Asphalt Sealing, LLC
 Asphalt repair, maintenance and new installation
 24890 Flach Road
 Mendon, Michigan 49072
 (269) 496-7281
tmasphalt@yahoo.com

| | | | | | |
|---|----------------------------|----------|-----------------------------|------|--------|
| Submit | St Joseph Community Health | Phone | 517-437-7395 | Date | 6-2-22 |
| Street | 1110 Hill St. | Job | Theresa Fisher 517-933-3031 | | |
| City, State, Zip | Three Rivers, MI. 49093 | Location | Fishert@bhst.org | | |
| <p>Approx. 22,109 sq. ft.</p> <ol style="list-style-type: none"> 1. Rotomill & remove existing as lots 2. Fine grade& compact existing gravel base. 3. Furnish & install an average thickness of 3" of commercial base course asphalt & 1 1/2" commercial surface course asphalt. (Drive east side 5,607 sq. ft. for garbage truck) 4. Furnish & install an average thickness of 1 1/2" of commercial base course asphalt & 1 1/2" commercial surface course asphalt (16,502 sq. ft. remainder of lot) 5. Stripe for parking <p>COAT=\$ 59,784.00</p> <p>OPTION= Return in 1 year and apply 2 costs asphalt sealer and restripe -----COST=\$3,816.00</p> | | | | | |

We propose hereby to furnish material and labor – complete in accordance with above specifications, for the sum of: Payment to be made as follows: ON COMPLETION Dollars(\$ _____).

All work will be completed in a workman-like manner according to standard practices. Any alteration or deviation from the above specifications involving additional costs will be executed upon verbal or written authorization and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accident or delays beyond our control. The client agrees to cover all costs arising from any litigation, should it become necessary. Our workers are fully covered by Workman’s Compensation Insurance. All down payments are non-refundable. New pavement is very tender for a period of months after installation. It will be very susceptible to power steering twists and tire indentations, especially during hot, day-time hours. Caution should be taken to avoid sharp turning or turning wheels while not moving. Small objects, with any weight, placed on new pavement will tend to sink into the asphalt, i.e., kick-stands, ladders and grills, Please avoid these situations. Any lawn restoration is the responsibility of owner unless otherwise specified. Resurfacing over existing asphalt or concrete that have cracks will result in reflective cracking in new surface. If gravel base is found to be insufficient, there will be an additional cost to be negotiated with owner.

Note: This proposal may be withdrawn by us if not accepted within **20** days Authorized Signature  TERRY MOYER

NOTE: As liquid asphalt costs are subject to change, any cost increases or decreases will be determined by the differential in invoiced cost of materials from the supplier from date of bid to date of installation.

Acceptance of Proposal – The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Date of Acceptance _____ Signature _____
 Signature _____

Terms: Net 30 days, unless otherwise specified, 1 1/2 % monthly service charge will be assessed on all accounts past due.
TMs Asphalt Sealing is not responsible for flaking of sealer caused by certain types of tree sap and water puddling areas.

1110 Hill St.

Generated by Wheel it Off on Jun 1, 2022 at 11:51:57 AM

PerimetroKey: 1,550 ft

Area: 2,457 sq yd





Lakeland Asphalt Corp.
 548 Avenue A
 Battle Creek, MI 49037
 www.lakelandasphalt.com

Phone: 269-964-1720
 Fax: 269-964-8202



Submitted to:

Branch County Health Department
 570 Marshall Rd
 Coldwater, MI 49036
 Theresa Fisher
fishertbhsi.org

Job:

4.0" Remove & Replace Parking Lot
 Health Department-Three Rivers
 1110 Hill St
 Three Rivers, MI 49093

Date:

6/9/2022

We hereby submit specifications and estimates for:

Syds: 2,531

Scope of Work:

- Rotomill remove asphalt up to a depth of 4.0", 2,531 syds
- Furnish, install and compact up to 100 tons of new stabilizing aggregate base material
- Fine grade and compact area, 2,531 syds
- Furnish, install and compact an average of 2.0" of MDOT, 13A leveling course asphalt
- Apply a bond coat for proper adhesion
- Furnish, install and compact an average of 2.0" of MDOT, 5E1 wearing course asphalt, 2,531 syds

\$86,927.00

THIS CONTRACT INCLUDES ALL OF THE STANDARD
 CONDITIONS SET FORTH ON THE REVERSE SIDE.

Authorized Signature
Daniel Belt
 Project Manager
 269-908-1184

Note: This contract may be withdrawn by us if not
 accepted within 15 days.

VISA **PAYMENT IN FULL UPON** **RECEIPT OF INVOICE** **MasterCard**
3% processing fee applies to all credit card payments

ACCEPTANCE OF CONTRACT & STANDARD CONDITIONS

I (We) have read the above contract INCLUDING THE STANDARD CONDITIONS ON THE REVERSE SIDE,
 and hereby accept the prices, specifications, and standard conditions as stated. You are hereby authorized
 to begin the work as proposed at your earliest convenience. We also acknowledge receipt of this Contract
 and agree that it is accurate and as contracted.

Date: _____ **Signature:** _____ (owner/officer)

Signature: _____ (owner/officer)



Lakeland Asphalt Corp.

548 Avenue A
Battle Creek, MI 49037

www.lakelandasphalt.com

Phone: 269-964-1720

Fax: 269-964-8202

STANDARD CONDITIONS OF THIS CONTRACT

All terms and provisions of the conditions, as set forth below, shall be agreed to and accepted as being part of this Contract.

1. Lakeland Asphalt Corporation warrants and guarantees the quality of materials and workmanship to be free of any defects for a period of one year from the date of installation of asphalt driveway. All work is to be completed according to this contract. Unless otherwise provided in the contract, the customer is to provide a properly compacted and stable base upon which any material is to be placed. We make no warranty of the merchantability, and there are no warranties which extend beyond the description contained in this contract. For contracts that include removals, the phrase "Full Depth Removal" shall not exceed the depths of proposed new material depths unless otherwise specifically described so in the issued proposal or by written agreement by an authorized representative of owner/customer in the form of formal change order
2. We will not be liable for delays caused by labor disturbances, weather conditions, acts of God, accidents, shortages of necessary materials and/or supplies, or any other cause beyond our control.
3. Any damage to or caused by appurtenances, including but not limited to stumps, buried concrete slabs and footings, septic tanks, sprinkler systems or utilities not specifically described on the plans or accurately marked on the site so as to make us aware of the exact location and depth, will be the customer's responsibility; and any extra work involved will become an extra charge above the original quoted pricing.
4. Extra work not included in this Contract will be performed only upon written order by the customer of their authorized representative.
5. Work contracted under the terms of this Contract is subject to and includes applicable state sales tax if a valid sales tax exemption certificate is not provided by the customer.
6. Lakeland Asphalt Corporation will not proceed with the work as specified in this Contract until satisfied with the customer's ability and intent to pay according to the terms outlined herein.
7. PAYMENT IS DUE UPON CUSTOMER'S RECEIPT OF INVOICES issued per periodic progress estimates for work completed to date. If prompt payment is not received, Lakeland Asphalt Corporation will suspend work in progress.
8. Nothing herein contained shall be construed as a waiver of modification of Lakeland Asphalt Corporation's statutory lien rights, which lien rights Lakeland Asphalt Corporation will exercise if payment by customer is not properly made.

9. A SERVICE CHARGE OF 2% PER MONTH, which is an annual percentage rate of 24% per annum, will be made on all account balances not paid within 30 days of invoice date. In the event Lakeland Asphalt Corporation deems it necessary, a lien may be filed on the property subject to this contract. In such event, a charge of \$250.00 shall be added to the contract price. In the event litigation is required to collect monies owed on this contract, customer shall pay court costs and actual attorney fees.
10. Our workers are fully covered by workers compensation insurance.
11. Any signature on this contract for work on property shall be deemed to be signed by and on behalf of any other owner who does not sign. Likewise, service of process on one such owner shall bind and be deemed effective for all owners.

A residential builder or a residential maintenance and alteration contractor is required to be licensed under Article 24 of Act 299 of the Public Acts of 1980, as amended, being Sections 399.2401 to 399.2412 of the Michigan Compiled Laws. 338.881 to 338.892 of the Michigan Compiled Laws. That a plumber is required to be licensed under Act 266 of the Public Acts of 1929, as amended, being Sections 338.901 to 338.917 of the Michigan Compiled Laws. If the contractor is required to be licensed to provide the contracted improvements, that the contractor is so licensed. If a license is required, the contractor's license number is N/A.

I (We) have read the Standard Conditions and hereby accept the prices, specifications, and standard conditions as stated. You are hereby authorized to begin the work as proposed at your earliest convenience. We also acknowledge receipt of this Contract and agree that it is accurate and as contracted.

Date: _____ Signature: _____ (owner/officer)

Signature: _____ (owner/officer)

Please sign and return one copy of these STANDARD CONDITIONS to Lakeland Asphalt Corp.

Public Dental Center Professional Incentive Payment Agreement

between

**Branch-Hillsdale-St. Joseph Community Health Agency
("Health Department")**

and

My Community Dental Centers, Inc. ("MCDC")

This agreement is between My Community Dental Centers, Inc., a Michigan non-profit ("MCDC"), and the Branch-Hillsdale-St. Joseph Community Health Agency, a Michigan Public Health Agency established under the Michigan Public Health Code ("the Agency"), and effective June __, 2022, for the provision of funding to be used as an incentive supplemental payment for a dental professional.

Whereas, both MCDC and the Agency agree that dental care for all residents is important for an individual's overall health and that establishment and continuation of a public health dental center is necessary to meet the need for dental services in Hillsdale County; and,

Whereas, MCDC and the Agency have executed a Public Center Dental Program agreement dated January 1, 2021, to provide said dental care in Hillsdale County, the terms of which are restated and incorporated herein; and,

Whereas, past recruiting efforts to hire a dentist for the Hillsdale Dental Center have not been successful; and,

Whereas, MCDC is competing with other commercial dental companies for a limited number of dental professionals, including dentists; and,

Whereas, it is common for dental recruiters to offer monetary incentives to attract and retain dental professionals, including dentists;

Therefore, the Agency by vote of its Board of Health on January 27, 2022 has agreed to support a monetary incentive for one dentist in the Hillsdale Dental Center in the amount of \$50,000 to be paid to the dentist in the last year of a four-year service commitment, pursuant to the terms contained herein.

MCDC may advertise and publish as part of its recruiting efforts to obtain a dentist for the Hillsdale Dental Center a \$50,000 incentive payment to be paid out in the last year of a four-year service commitment.

Upon hire of a new dentist for the Hillsdale Dental Center, MCDC shall execute a contract with said newly-hired dentist, as an employee or independent contractor of MCDC, that

provides for payment of a \$50,000 incentive payment to be paid out during the fourth year of service to the Hillsdale Dental Center.

MCDC shall provide notice to the Agency, addressed to the Health Officer, upon execution of said agreement with the dentist, within 30 days of execution.

MCDC shall provide notice to the Agency, addressed to the Health Officer, not sooner than 30 days before the start of the fourth year of service of the dentist. Within 30 days of receipt of this notice, the Agency shall provide the \$50,000 incentive payment to MCDC, to be paid out by MCDC pursuant to the terms of its agreement with the dentist. In the event the dentist does not fulfill his or her obligations, including provision of four years of service to the Hillsdale Dental Clinic, and therefore, the incentive payment is not disbursed in full or in part, MCDC shall return any unused portion to the Agency.

It is further understood and agreed by the Agency and MCDC that while any newly-hired dentist may be an employee or independent contractor of MCDC, under no circumstances will said dentist be considered an employee of the Agency. Nothing in the funding of this incentive payment shall change the employment status of the dentist or any other MCDC employees, and the relationship between MCDC to the Agency shall remain that of an independent contractor. As such, the dentist, as an employee, agent, or independent contractor of MCDC, shall not be considered an employee or agent of the Agency for any purpose whatsoever, including but not limited to federal, state, county, and local income taxes, social security and/or Medicare tax, worker's compensation contributions, unemployment tax, and/or any other payroll-based tax.

For the Agency:

For MCDC:

Rebecca A Burns, MPH, RS
Health Officer
570 Marshall Road
Coldwater, MI 49036

Deborah E. Brown, DMD, MHA, FACHE
Chief Executive Officer
3890 Charlevoix Road, Suite 300
Petoskey, MI 49770

Date

Date

Recording Public Comment in the Minutes

During the September 2021 meeting there was discussion about what to include in the minutes for public comment. At that time, I was asked to include the name of the person speaking in the minutes.

At the May 2022 meeting a member of the public asked that their name not be included in the minutes.

Information for discussion:

- The Open Meeting Act rules do not specify what needs to be recorded for public comment. There is no right or wrong way to record public comment in the minutes. There are some pitfalls you should avoid, to limit making errors that would waste public time and money. Some sources suggest to keep the information as simple as possible and just record, "public comment was given".
- We may not always know who is speaking. The By-Laws state, "For the purpose of public participation during public hearings or during the public comment portion of a meeting, every speaker prior to the beginning of the meeting is requested but not required to provide the Board with his or her name, address and subject to be discussed." If someone chooses not to provide their information, the Agency would need to handle their comments differently than other comments. Treating people differently tends to create perceptions that are not always favorable.
- If a name is recorded incorrectly, like a spelling error, or because it was hard to hear or understand what was said, it could cause that member of the public to dispute the meeting minutes.
- The purpose of the minutes is to create a record of the actions taken by the Board. Specifying detail about public comments could lead to issues and does not change the record of what business was conducted by the Board at the meeting.

Agency Observed Holidays – 11 Days

- New Year's Day
- Martin Luther King, Jr. Day
- Presidents' Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving
- Day after Thanksgiving
- Christmas Eve Day
- Christmas Day
- New Year's Eve Day

Branch, Hilldale, and St. Joseph Counties are still moving through the process of how they will handle Juneteenth.

State Observed Holidays – 14 Days on Even Years, 13 Days on Odd Years
Per <https://www.michigan.gov/som/government/state-holidays>

- New Year's Day
- Martin Luther King, Jr. Day
- President's Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- General Election Day, even-numbered years only
- Veterans Day
- Thanksgiving Day and the day after
- Christmas Eve and Christmas Day
- New Year's Eve

Branch-Hillsdale-St. Joseph Community Health Agency
Environmental Public Health Services
Report for the June 23, 2022 Board of Health Meeting
Prepared by Paul Andriacchi R.E.H.S, Director of Environmental Health

Food Service Sanitation

The food staff will be conducting our first Food Service Manager Certification Class since the onset of the pandemic, on June 28 in our Coldwater office. We have a full class of 25 participants scheduled to attend.

The building administrator for White Pigeon informed us of a complaint they received regarding a previously licensed catering facility. The building that the catering company was operating in was condemned due to deteriorating building conditions. Our office revoked the food service license and informed the owner they could no longer operate in that location. The complaint alleged that food service operations were still be conducted in the facility so a search warrant was granted to the building official and upon inspection he observed evidence that the catering kitchen had been recently used. We followed up with a cease and desist order to the operator, furthermore the building official has a court hearing regarding this issue at the end of the month and will be asking to have the utilities disconnected and the building boarded up.



Well and Septic

We became aware of a situation in which a well and a septic system were installed in Branch County without permits. We have reached out to the property owner and the well driller to try to gain compliance. The property owner installed the septic system himself so we have required him to pay for a permit, the fee was doubled in accordance with our policy. We are also requiring him to abandon the drainfield he installed and have a new one constructed to the requirements of the permit. The well driller was called into our office for an informal hearing. As a result of the hearing the he was required to pay for a permit (again the double fee) and was assessed a fine of \$100 based on the regulations outlined our civil monetary penalties document. The meeting was followed up with a letter to the well driller outlining his violations of the well code and our requirements for compliance. A copy of the letter was forwarded to EGLE for potential further enforcement.

Other Programs

The Michigan Department of Health and Human Services (MDHHS) conducted a video conference on June 15 regarding a change in the EPA's lifetime health advisory (LHA) limits on 4 PFAS chemicals. The lifetime health advisory limits are the amount of exposure to a specific chemical you can have over your lifetime in which you can expect no significant health effects. Three of the chemicals (GenX, PFOA and PFOS) have a significantly lower limit than the current limit advised by MDHHS. The fourth chemical (PFBS) has a significantly higher limit than MDHHS. These LHA limits are only advisory numbers and are not used in enforcement or determining the need to use bottled water.

EH Service Statistics Report

BRANCH - HILLSDALE - ST. JOSEPH COMMUNITY HEALTH AGENCY

ENVIRONMENTAL HEALTH SERVICE REPORT 2021/2022

| | MAY | | | | YTD 2021/2022 | | | | YTD 2020/2021 | | | |
|---|-----|----|----|-------|---------------|-----|-----|-------|---------------|-----|-----|-------|
| | BR | HD | SJ | TOTAL | BR | HD | SJ | TOTAL | BR | HD | SJ | TOTAL |
| WELL/SEWAGE SYSTEM EVAL. | - | - | - | - | - | 1 | 10 | 11 | 2 | 2 | 5 | 9 |
| CHANGE OF USE EVALUATIONS - FIELD | 2 | 6 | 6 | 14 | 10 | 27 | 22 | 59 | 24 | 34 | 27 | 85 |
| CHANGE OF USE EVALUATIONS - OFFICE | 7 | 7 | 10 | 24 | 19 | 23 | 68 | 110 | 46 | 27 | 84 | 157 |
| ON-SITE SEWAGE DISPOSAL | | | | | | | | | | | | |
| PERMITS NEW CONSTRUCTION | 3 | 11 | 10 | 24 | 34 | 39 | 55 | 128 | 32 | 56 | 53 | 141 |
| REPAIR/REPLACEMENT | 9 | 11 | 13 | 33 | 45 | 43 | 63 | 151 | 60 | 40 | 107 | 207 |
| VACANT LAND EVALUATION | 2 | 4 | 1 | 7 | 4 | 13 | 16 | 33 | 10 | 14 | 11 | 35 |
| PERMITS DENIED | 1 | - | - | 1 | 3 | - | - | 3 | - | - | 3 | 3 |
| TOTAL | 15 | 26 | 24 | 65 | 74 | 95 | 134 | 315 | 102 | 110 | 172 | 386 |
| SEWAGE PERMITS INSPECTED | 9 | 15 | 12 | 36 | 49 | 61 | 77 | 181 | 62 | 77 | 124 | 262 |
| WELL PERMITS ISSUED | 17 | 21 | 16 | 54 | 71 | 85 | 180 | 336 | 122 | 115 | 133 | 370 |
| WELL PERMITS INSPECTED | 7 | 5 | 10 | 22 | 77 | 79 | 152 | 308 | 98 | 99 | 109 | 306 |
| FOOD SERVICE INSPECTION | | | | | | | | | | | | |
| PERMANENT | 17 | 16 | 32 | 65 | 160 | 170 | 211 | 541 | 171 | 148 | 216 | 553 |
| NEW OWNER / NEW ESTABLISHMENT | - | 2 | 1 | 3 | 3 | 8 | 8 | 19 | 3 | 4 | 5 | 12 |
| FOLLOW-UP INSPECTION | 1 | 1 | - | 2 | 11 | 4 | 9 | 24 | 5 | 2 | 5 | 16 |
| TEMPORARY | 2 | 6 | 10 | 18 | 5 | 19 | 19 | 43 | 5 | 11 | 33 | 49 |
| MOBILE/STFU | 3 | 6 | 5 | 14 | 10 | 9 | 17 | 36 | 1 | 3 | 19 | 23 |
| PLAN REVIEW APPLICATIONS | 2 | - | 4 | 6 | 8 | 2 | 17 | 27 | 5 | 3 | 6 | 14 |
| FOOD RELATED COMPLAINTS | 1 | 2 | 1 | 4 | 7 | 8 | 3 | 18 | 8 | 31 | 10 | 43 |
| FOODBORNE ILLNESS INVESTIGATED | 1 | - | - | 1 | 2 | - | - | 2 | - | - | 1 | 1 |
| FOOD CLASSES | | | | | | | | | | | | |
| MANAGEMENT CERTIFICATION CLASS | - | - | - | - | n/a | n/a | n/a | - | n/a | n/a | n/a | n/a |
| FOOD HANDLERS CLASS | - | - | - | - | n/a | n/a | n/a | - | n/a | n/a | n/a | n/a |
| METH LAB REFERRALS | | | | | | | | | | | | |
| METH LAB LETTERS SENT | - | - | - | - | - | - | - | - | - | - | - | - |
| CAMPGROUND INSPECTION | - | 4 | 1 | 5 | - | 4 | 1 | 5 | - | 3 | - | 3 |
| NON-COMM WATER SUPPLY INSP. | - | 8 | 1 | 9 | 9 | 13 | 7 | 29 | 4 | 7 | 11 | 15 |
| SWIMMING POOL INSPECTION | 2 | 9 | 2 | 13 | 8 | 13 | 2 | 23 | 9 | 8 | 1 | 18 |
| PROPOSED SUBDIVISION REVIEW | 1 | - | - | 1 | 1 | - | - | 1 | - | - | - | - |
| SEPTIC TANK CLEANER | 1 | - | - | 1 | 1 | - | - | 1 | 2 | - | 4 | 6 |
| DHS LICENSED FACILITY INSP. | - | 1 | 3 | 4 | 7 | 19 | 22 | 48 | 3 | 21 | 18 | 42 |
| COMPLAINT INVESTIGATIONS | 4 | 8 | 1 | 13 | 14 | 19 | 12 | 45 | 3 | 18 | 6 | 27 |
| LONG TERM MONITORING | - | - | - | - | - | - | - | - | - | - | - | - |
| BODY ART FACILITY INSPECTIONS | 1 | 1 | - | 2 | 4 | 3 | - | 8 | 4 | 3 | 4 | 9 |

Inspection Type Count

For Date Range: 5/1/2022 - 5/31/2022 and Program: Food Service

| Inspection Type | Count |
|-----------------------------|-------|
| Complaint | 4 |
| Consult | 3 |
| Enforcement | 1 |
| Follow-Up | 2 |
| Pre-opening/New | 3 |
| Progress Note | 4 |
| Routine | 65 |
| STFU/Mobile | 14 |
| Temporary | 18 |
| Total number of inspections | 114 |

6/14/2022 5:14:54 PM

Inspection Type Count by County

For Date Range: 5/1/2022 - 5/31/2022 and Program: Food Service

| County | Inspection Type | Count |
|------------|-----------------------------|-------|
| Branch | Complaint | 1 |
| | Follow-Up | 1 |
| | Routine | 17 |
| | STFU/Mobile | 3 |
| | Temporary | 2 |
| Hillsdale | Complaint | 2 |
| | Consult | 1 |
| | Enforcement | 1 |
| | Follow-Up | 1 |
| | Pre-opening/New | 2 |
| | Progress Note | 2 |
| | Routine | 16 |
| | STFU/Mobile | 6 |
| | Temporary | 6 |
| St. Joseph | Complaint | 1 |
| | Consult | 2 |
| | Pre-opening/New | 1 |
| | Progress Note | 2 |
| | Routine | 32 |
| | STFU/Mobile | 5 |
| | Temporary | 10 |
| | Total number of inspections | 114 |

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Establishment Inspection Report

For Date Range: 5/1/2022 - 5/31/2022 and Program: Food Service

| Name | Location | Date | Inspection Type | # P | # Pf | # P/Pf Fixed During Inspection | # Core |
|---|--------------|-----------|-----------------|-----|------|--------------------------------|--------|
| ADVENTURE ZONE, INC | COLDWATER | 5/19/2022 | Routine | 0 | 0 | 0 | 1 |
| AMERICAN LEGION 73 | Sturgis | 5/18/2022 | Routine | 1 | 0 | 1 | 2 |
| AMERICAN LEGION POST 454 | Colon | 5/20/2022 | Routine | 0 | 0 | 0 | 0 |
| BEACH CONCESSIONS #82 | Hillsdale | 5/6/2022 | STFU/Mobile | 0 | 0 | 0 | 0 |
| BEACH CONCESSIONS #90 | Hillsdale | 5/6/2022 | STFU/Mobile | 0 | 0 | 0 | 0 |
| BEACH CONCESSIONS #91 | Hillsdale | 5/6/2022 | STFU/Mobile | 0 | 0 | 0 | 0 |
| BIRD LAKE BIBLE SCHOOL | OSSEO | 5/11/2022 | Routine | 0 | 0 | 0 | 0 |
| BON APPETIT MGT CO. | HILLSDALE | 5/18/2022 | Routine | 0 | 0 | 0 | 0 |
| BON APPETIT MGT. CO. | HILLSDALE | 5/10/2022 | Routine | 0 | 1 | 0 | 1 |
| BON APPETIT MGT. CO. | HILLSDALE | 5/18/2022 | Routine | 1 | 0 | 1 | 0 |
| Branch County Coalition Against Domestic Violence - Duck Race | Coldwater | 5/27/2022 | Temporary | 0 | 0 | 0 | 0 |
| BROADWAY GRILLE | UNION CITY | 5/5/2022 | Follow-Up | 0 | 4 | 2 | 4 |
| Bronson Nutrition | Bronson | 5/31/2022 | Routine | 0 | 0 | 0 | 0 |
| B-S FROG POND | Jonesville | 5/21/2022 | STFU/Mobile | 0 | 0 | 0 | 0 |
| Buck Yeah | Three Rivers | 5/24/2022 | Temporary | 0 | 0 | 0 | 0 |
| BUNDY HILL DINER LLC | Jerome | 5/31/2022 | Routine | 1 | 0 | 0 | 0 |
| Burbon Bacon & Blues 22 | Sturgis | 5/27/2022 | Temporary | 0 | 0 | 0 | 0 |
| BURR OAK SCHOOL | CENTREVILLE | 5/17/2022 | Routine | 0 | 0 | 0 | 0 |
| CITY LIMITS DELI | LITCHFIELD | 5/3/2022 | Follow-Up | 1 | 0 | 0 | 0 |
| CITY LIMITS DELI | LITCHFIELD | 5/16/2022 | Enforcement | 0 | 0 | 0 | 0 |
| COLDWATER BROADWAY GRILLE | COLDWATER | 5/26/2022 | Routine | 2 | 1 | 0 | 9 |
| COLDWATER FREE METHODIST CHURCH | COLDWATER | 5/17/2022 | Routine | 0 | 0 | 0 | 0 |
| COLDWATER HAMPTON INN/FOOD | COLDWATER | 5/24/2022 | Routine | 1 | 1 | 2 | 0 |
| COLON MASONIC LODGE #73 F&A | Colon | 5/12/2022 | Routine | 0 | 0 | 0 | 0 |
| CONSTANTINE LITTLE LEAGUE | Three Rivers | 5/31/2022 | Routine | 0 | 0 | 0 | 0 |
| Crazy Carol @ Firm Foundations | Allegan | 5/18/2022 | Temporary | 0 | 0 | 0 | 0 |
| CROCKETT'S SMOKED BBQ AND DELI | Coldwater | 5/13/2022 | STFU/Mobile | 0 | 1 | 0 | 0 |

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| Name | Location | Date | Inspection Type | # P | # Pf | # P/Pf Fixed During Inspection | # Core |
|--|--------------|-----------|-----------------|-----|------|--------------------------------|--------|
| Cronkrite Beverage Catering | Coldwater | 5/4/2022 | STFU/Mobile | 0 | 0 | 0 | 0 |
| CULVER'S OF STURGIS | STURGIS | 5/25/2022 | Routine | 1 | 0 | 1 | 1 |
| Dairy Queen | Sturgis | 5/10/2022 | Routine | 0 | 0 | 0 | 1 |
| Dawn's Cafe LLC | Colon | 5/20/2022 | Routine | 0 | 0 | 0 | 0 |
| Dougies | Howe | 5/12/2022 | STFU/Mobile | 0 | 0 | 0 | 0 |
| DR. ROBERT W. BROWNE RECREATION CENTER | COLDWATER | 5/19/2022 | Routine | 0 | 0 | 0 | 0 |
| DRAFT HORSE DINER | LITCHFIELD | 5/3/2022 | Progress Note | 0 | 0 | 0 | 0 |
| Drop It Like It's Tot | Huntertown | 5/17/2022 | Temporary | 0 | 0 | 0 | 0 |
| Eicher's Subs on the Go | Montpelier | 5/14/2022 | Temporary | 0 | 0 | 0 | 0 |
| EL CERRITO | HILLSDALE | 5/12/2022 | Routine | 1 | 0 | 1 | 0 |
| EL CERRITO MEXICAN RESTAURANT | COLDWATER | 5/24/2022 | Routine | 0 | 0 | 0 | 0 |
| EL CERRITO MEXICAN RESTAURANT | COLDWATER | 5/24/2022 | Routine | 0 | 0 | 0 | 6 |
| El Sembrador LLC | Sturgis | 5/25/2022 | Routine | 0 | 1 | 1 | 5 |
| El Taco Loco | Sturgis | 5/18/2022 | Routine | 0 | 2 | 2 | 3 |
| ENRICHMENT CENTER | Sturgis | 5/9/2022 | Routine | 0 | 0 | 0 | 0 |
| Family fun day | Three Rivers | 5/13/2022 | Temporary | 0 | 0 | 0 | 0 |
| Farrand Hall | Colon | 5/21/2022 | Temporary | 0 | 0 | 0 | 0 |
| FIRST UNITED METHODIST CHURCH | HILLSDALE | 5/12/2022 | Routine | 0 | 0 | 0 | 0 |
| FIRST UNITED METHODIST CHURCH OF STURGIS | Sturgis | 5/18/2022 | Routine | 0 | 0 | 0 | 0 |
| FIVE STAR PIZZA | UNION CITY | 5/5/2022 | Routine | 0 | 0 | 0 | 0 |
| FIVE STAR PIZZA | Colon | 5/12/2022 | Routine | 0 | 0 | 0 | 0 |
| Freakin' Sweets | Sturgis | 5/18/2022 | Consult | 0 | 0 | 0 | 0 |
| Freakin' Sweets | Sturgis | 5/23/2022 | Pre-opening/New | 0 | 0 | 0 | 0 |
| Gambler's Golf & Grill | Litchfield | 5/16/2022 | Consult | 0 | 0 | 0 | 0 |
| Gambler's Golf & Grill | Litchfield | 5/26/2022 | Pre-opening/New | 0 | 0 | 0 | 1 |
| Grambys Homestyle Restaurant | Sturgis | 5/18/2022 | Routine | 1 | 1 | 2 | 1 |
| GREAT LAKES HEALTH & FITNESS | COLDWATER | 5/11/2022 | Routine | 0 | 0 | 0 | 0 |
| Healthies Sturgis | Sturgis | 5/18/2022 | Routine | 0 | 0 | 0 | 1 |
| HILLSDALE ACADEMY | HILLSDALE | 5/13/2022 | Routine | 0 | 0 | 0 | 0 |
| HILLSDALE FREE METHODIST CHURCH | HILLSDALE | 5/17/2022 | Routine | 0 | 0 | 0 | 0 |

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| Name | Location | Date | Inspection Type | # P | # Pf | # P/Pf Fixed During Inspection | # Core |
|--------------------------------------|-----------------|-----------|-----------------|-----|------|--------------------------------|--------|
| HILLSDALE LODGE BPO ELKS #1575 | HILLSDALE | 5/20/2022 | Routine | 0 | 0 | 0 | 1 |
| HIP PADDER'S CATERING | STURGIS | 5/9/2022 | Routine | 0 | 0 | 0 | 0 |
| Jay'z BBQ | STURGIS | 5/7/2022 | STFU/Mobile | 0 | 0 | 0 | 0 |
| Jay'z BBQ | STURGIS | 5/12/2022 | STFU/Mobile | 0 | 0 | 0 | 0 |
| JONESVILLE FIRST PRESBYTERIAN CHURCH | JONESVILLE | 5/21/2022 | Routine | 0 | 0 | 0 | 1 |
| La Palma | Sturgis | 5/18/2022 | Routine | 1 | 2 | 1 | 3 |
| LAKE AREA CHRISTIAN SCHOOL--fixed | STURGIS | 5/23/2022 | Routine | 0 | 0 | 0 | 2 |
| LIL PEPPI'S PIZZA | SOMERSET CENTER | 5/31/2022 | Progress Note | 0 | 0 | 0 | 0 |
| Litchfield Fire Department | Litchfield | 5/27/2022 | Pre-opening/New | 0 | 1 | 0 | 0 |
| LITTLE CAESARS #1200-002 | Sturgis | 5/27/2022 | Progress Note | 0 | 0 | 0 | 0 |
| Los Tequilas | Coldwater | 5/2/2022 | Complaint | 1 | 1 | 2 | 1 |
| Magic Capital Grille LLC | Colon | 5/13/2022 | Routine | 2 | 0 | 1 | 1 |
| MAMMA MIA'S PIZZA | Burr Oak | 5/17/2022 | Routine | 0 | 0 | 0 | 3 |
| MANCINO'S OF COLDWATER | COLDWATER | 5/10/2022 | Routine | 0 | 0 | 0 | 0 |
| Mema's Kitchen | Three Rivers | 5/9/2022 | Temporary | 0 | 0 | 0 | 0 |
| Mema's Kitchen | Three Rivers | 5/25/2022 | Temporary | 0 | 0 | 0 | 0 |
| Mendon United Methodist Church | MENDON | 5/10/2022 | Progress Note | 0 | 0 | 0 | 0 |
| MONTGOMERY FIRE DEPARTMENT | MONTGOMERY | 5/28/2022 | Routine | 0 | 0 | 0 | 0 |
| Nelson Chicken BBQ | White Pigeon | 5/20/2022 | Temporary | 0 | 0 | 0 | 0 |
| NEW YORK TACO | Hillsdale | 5/19/2022 | Routine | 0 | 0 | 0 | 1 |
| Nottawa Communtly Schools | Sturgis | 5/23/2022 | Routine | 0 | 0 | 0 | 0 |
| Ohana Kalea Shave Ice LLC | Howe | 5/3/2022 | STFU/Mobile | 0 | 0 | 0 | 0 |
| PATHFINDER: FOOD | Centreville | 5/12/2022 | Routine | 0 | 0 | 0 | 0 |
| QUINCY JR SR HIGH SCHOOL | QUINCY | 5/25/2022 | Routine | 0 | 0 | 0 | 1 |
| QUINCY UNITED METHODIST CHURCH | QUINCY | 5/25/2022 | Routine | 0 | 0 | 0 | 0 |
| SCOOPS | LITCHFIELD | 5/3/2022 | Routine | 0 | 0 | 0 | 1 |
| Small Town Girl Concessions | Coldwater | 5/27/2022 | STFU/Mobile | 0 | 0 | 0 | 0 |
| Soccor Hot Dog Cook Out | Colon | 5/7/2022 | Temporary | 0 | 0 | 0 | 0 |
| SOMERSET BEACH CAMPGROUND | SOMERSET CENTER | 5/25/2022 | Complaint | 0 | 0 | 0 | 0 |

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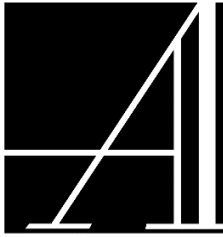
| Name | Location | Date | Inspection Type | # P | # Pf | # P/Pf Fixed During Inspection | # Core |
|--------------------------------------|--------------|-----------|-----------------|-----|------|--------------------------------|--------|
| SOMERSET CONGREGATIONAL CHURCH | SOMERSET | 5/26/2022 | Routine | 0 | 1 | 1 | 0 |
| SOUTHWEST MICHIGAN SPEEDWAY | White Pigeon | 5/26/2022 | Routine | 0 | 0 | 0 | 0 |
| Spangler's Family Restaurant | Jonesville | 5/26/2022 | Routine | 0 | 0 | 0 | 1 |
| ST. CHARLES SCHOOL | COLDWATER | 5/10/2022 | Routine | 0 | 0 | 0 | 0 |
| St. Joseph County Commision on Aging | Three Rivers | 5/10/2022 | Routine | 0 | 0 | 0 | 0 |
| Starbucks Coffee #61499 | Three Rivers | 5/10/2022 | Routine | 0 | 0 | 0 | 0 |
| STREET DOGS | Hillsdale | 5/19/2022 | STFU/Mobile | 0 | 0 | 0 | 0 |
| STURGIS PIZZA HUT | STURGIS | 5/23/2022 | Routine | 0 | 0 | 0 | 1 |
| Sugar Kanes Concessions #1 | Indian River | 5/20/2022 | Temporary | 0 | 0 | 0 | 0 |
| Sugar Kanes Concessions #2 | Indian River | 5/20/2022 | Temporary | 0 | 0 | 0 | 0 |
| Taco Bell #32990 | Sturgis | 5/12/2022 | Routine | 0 | 0 | 0 | 0 |
| Taqueria El Tejano | Three Rivers | 5/31/2022 | Complaint | 0 | 0 | 0 | 0 |
| The Coney Cart | Osseo | 5/17/2022 | STFU/Mobile | 0 | 0 | 0 | 0 |
| The Stables | Quincy | 5/4/2022 | Routine | 0 | 1 | 1 | 0 |
| THE UDDER SIDE | JONESVILLE | 5/10/2022 | Complaint | 0 | 0 | 0 | 0 |
| THREE RIVERS HIGH SCHOOL | THREE RIVERS | 5/25/2022 | Routine | 0 | 0 | 0 | 0 |
| THREE RIVERS MIDDLE SCHOOL | Three Rivers | 5/25/2022 | Routine | 0 | 0 | 0 | 0 |
| Trinity Lutheran Church School | Sturgis | 5/9/2022 | Routine | 0 | 0 | 0 | 0 |
| Two Bandits Brewing Co. | Coldwater | 5/17/2022 | Routine | 0 | 1 | 0 | 0 |
| Useless Creatures Brewing Co | Three Rivers | 5/10/2022 | Consult | 0 | 0 | 0 | 0 |
| VETERANS FOREIGN WARS | STURGIS | 5/25/2022 | Routine | 1 | 1 | 1 | 0 |
| Waldron Community Days | Waldron | 5/30/2022 | Temporary | 0 | 0 | 0 | 0 |
| Waldron Fire Department | Waldron | 5/14/2022 | Temporary | 0 | 0 | 0 | 0 |
| WBET Radiothon | Centreville | 5/26/2022 | Temporary | 0 | 0 | 0 | 0 |
| Welton Foods Pizza Trailer | Centreville | 5/2/2022 | STFU/Mobile | 0 | 0 | 0 | 0 |
| WING HOUSE | COLDWATER | 5/19/2022 | Routine | 0 | 0 | 0 | 0 |
| WINGS ETC... | Sturgis | 5/9/2022 | Routine | 0 | 5 | 1 | 1 |
| WOODBIDGE TOWNSHIP FIRE DEPT | Hillsdale | 5/28/2022 | 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

Enclosures:

1. *FINAL DRAFT* FY23-25 Multi Year Area Plan & FY23 Annual Implementation Plan *
 2. ACLS Bureau correspondence dated 6/8/22: Assessment observation performed on 5/19/22 indicated all policies, standards and assessment tools are in compliance. No findings.
-

Updates:

1. Services to Victims of Elder Abuse Program Updates:
 - Our new Victim Specialists are busy providing direct services to multiple new participants. Toni and JC have really “hit the ground running”! Further, they’ve both navigated reaching out to local community partners, law enforcement agencies, judges and prosecutors to engage their input on next steps to reconvene our local efforts.
 - We are preparing to submit a grant to the ACLS Bureau for FY23 “Prevent Elder and Vulnerable Adult Abuse, Exploitation, Neglect Today” (PREVNT) funding. There is valid interest among local law enforcement agencies/community partners as well as strong data to support the need to enhance our efforts and response to financial exploitation cases by using a Certified Fraud Examiner. The fraud examiner would directly assist with cases and/or local investigation, as needed/requested. We will keep you posted if we are awarded!
2. *Final Draft* FY23-25 Multi-Year Area Plan and FY23 Annual Implementation Plan:
 - Public Hearing section has been updated since last month to reflect the feedback & process of our (2) local hearings. The Executive Summary was updated to reflect our plans for and use of the American Rescue Plan funds.
 - The Plans were sent to each County Administrator on June 1st. I’ve been asked to present highlights at the Branch County Commission Working Meeting on July 21, 2022, and, present highlights at the St. Joseph County Board of Commissioners Meeting on June 21, 2022.
 - Feedback from the County Commission Meetings will be shared (and submitted with the Plans, if possible) with the Bureau of Aging, Community Living, and Supports.
 - The MYP/AIP will be submitted electronically on June 24, 2022. The signature page document will be available at the BOH meeting for “sign off”!
3. The FY2022 Request for Proposals for aging services across Branch and St. Joseph counties is OPEN and available on our [website](#)! All potential bidders were notified in advance of ads appearing in local newspapers. We are looking forward to seeing new ideas, projects and potential partnerships!



STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ELIZABETH HERTEL
DIRECTOR

June 8, 2022

Rebecca Burns, Health Officer
Branch-St. Joseph Area Agency on Aging
570 N. Marshall Road
Coldwater, MI 49036

Dear Ms. Burns:

The Michigan Department of Health and Human Services, Bureau of Aging, Community Living, and Supports (ACLS Bureau) has a responsibility to review the assessment process used by Area Agencies on Aging as they monitor the performance of agencies awarded funds under the Older Americans Act and from the Michigan Legislature. The intent of the ACLS Bureau's review is to ensure the assessment process complies with the ACLS Bureau's *Operating Standards for Area Agencies on Aging* and *Operating Standards for Service Programs*.

On May 19, 2022, ACLS Bureau staff monitored the Branch-St. Joseph Area Agency on Aging's (AAA) staff's assessment of the Thurston Cares Adult Day Center. ACLS Bureau staff observed Branch-St. Joseph AAA's use of the assessment tool, contracting standards, service definitions, minimum standards, and established assessment procedures. ACLS Bureau staff found the assessment to be compliant with all applicable Operating Standards.

We appreciate the time and cooperation provided by your staff. If you have questions, please contact your Technical Assistance & Quality Improvement (TAQI) Section Field Representative, Ashley Ellsworth, at Ellswortha2@michigan.gov or 517-294-9680.

Sincerely,

Cindy Masterson, Director
Operations & Aging Network Support Division

CM/ae/cll

cc: Tom Matthew, Board Chair, Branch-St. Joseph AAA
Laura Sutter, Director, Branch-St. Joseph AAA
Jen Hunt, Manager, TAQI Section
Ashley Ellsworth, Field Representative, TAQI Section

Personal Health and Disease Prevention: June 23, 2022

Communicable Disease:

Updates as of June 9th, 2022

Covid-19

- CDC rescinds order requiring persons to show a negative Covid-19 test result or documentation of recovery from Covid-19 before boarding a flight to the US, effective June 12th, 2022.

Highly Pathogenic Avian Influenza (HPAI)

- HPAI has been detected in Branch, Kalamazoo, Livingston, Macomb, Menominee, Muskegon, Oakland, Saginaw, Washtenaw, and Wexford counties
- Highly pathogenic avian influenza (HPAI) detections in backyard/commercial flocks in Michigan have slowed; detections in wild birds are still occurring. No new reported human cases in United States (1 case in Colorado to date).

Monkey Pox

- 35 human monkeypox cases have been identified in 14 states (none reported in Michigan to date)
- Global: 1088 confirmed cases from 29 countries
- See Monkeypox Facts included

Other

- Hepatitis A outbreak associated with organic strawberries, 17 cases from 3 states (CA, MN, ND)
- Salmonella outbreak associated with Jif peanut butter, 16 cases from 12 states (none reported in Michigan)

Immunizations/STD/HIV:

We have been preparing for the arrival of the pediatric Covid-19 vaccine. This includes Pfizer that is expected to be authorized for 6 months through 4 years old and Moderna expected to be authorized for 6 months through 5 years old. We have pre-ordered both types of vaccine and are now awaiting official approval and guidance from the FDA and CDC. We expect to have the vaccine in-house the week of June 20th.

Women, Infant, and Children (WIC):

We will be focusing on ME preparation in WIC until it is complete in mid-July. We have hired a short-term contractual IBCLC to meet our policy requirements at this time.

Our offices will begin scheduling WIC clients back in-person the week of July 18th. Some clients will continue to remain remote until the waiver no longer allows this.

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

CSHCS is still working to implement sensory items in various clinic spaces from the vaccine grant received. They are starting with the Coldwater office first.

Kali Nichols MPH

Personal Health & Disease Prevention Director

Monkeypox: Get the Facts

- Monkeypox is a rare disease caused by the monkeypox virus
- Monkeypox can make you sick including a rash or sores (pox), often with an earlier flu-like illness
- Monkeypox can spread to anyone through close, personal, often skin-to-skin contact including:
 - Direct contact with monkeypox rash, sores or scabs
 - Contact with objects, fabrics (clothing, bedding, or towels), and surfaces that have been used by someone with monkeypox
 - Through respiratory droplets or oral fluids from a person with monkeypox
- This contact can happen during intimate sexual contact including:
 - Oral, anal, and vaginal sex or touching the genitals or anus of a person with monkeypox
 - Hugging, massage, or kissing and talking closely
 - Touching fabrics and objects during sex that were used by a person with monkeypox, such as bedding, towels and sex toys
- We know the virus can be spread in fluid or pus from monkeypox sores, and are trying to better understand if the virus could be present in semen, vaginal fluids or other body fluids



What Are the Symptoms?

- Early flu-like symptoms of monkeypox can include:
 - Fever
 - Headache
 - Muscle aches and backache
 - Swollen lymph nodes
 - Chills
 - Exhaustion



- A rash or sores, sometimes located on or near the genitals or anus, but sometimes in other areas like the hands, feet, chest or face – sores will go through several stages before healing
- Sores may be inside the body, including the mouth, vagina, or anus
- Some people experience a rash or sores first, followed by other symptoms and some only experience a rash or sores
- Monkeypox can be spread from the time symptoms start until all sores have healed and a fresh layer of skin has formed – this can take several weeks

If You Have a New or Unexplained Rash, Sores, or Other Symptoms...

- See your healthcare provider – if you don't have a provider or health insurance, visit a public health clinic near you
- When you see a healthcare provider for possible monkeypox, remind them that this virus is circulating in the community
- Avoid sex or being intimate with anyone until you have been checked out



If You or Your Partner Have Monkeypox...

- Follow the treatment and prevention recommendations of your healthcare provider
- Avoid sex or being intimate with anyone until all your sores have healed and you have a fresh layer of skin formed.



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

| | May-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 | 65 | 66 | - | 55 | 186 | 929 | 1,157 | - | 761 | 2,847 | 1,383 | 1,207 | 87 | 1,347 | 4,024 |
| All VFC Doses Given | 637 | 347 | - | 654 | 1,638 | 5,617 | 3,179 | - | 5,597 | 14,393 | 6,228 | 4,175 | - | 7,557 | 17,960 |
| Waivers | 3 | 9 | 2 | 9 | 23 | 59 | 100 | 14 | 60 | 233 | 27 | 22 | 8 | 24 | 81 |
| ADULT IMMUNIZATIONS | | | | | | | | | | | | | | | |
| # Vaccines Given | 150 | 76 | - | 67 | 293 | 3,625 | 1,684 | - | 1,431 | 6,740 | 15,961 | 12,598 | 14 | 22,076 | 50,649 |
| All AVP Doses Given | 4 | 17 | - | 19 | 40 | 58 | 313 | - | 133 | 504 | 117 | 72 | - | 125 | 314 |
| TRAVEL VACCINATIONS | | | | | | | | | | | | | | | |
| Branch Office | - | | | | - | - | - | - | - | - | - | - | - | - | - |
| COMMUNICABLE DISEASE | | | | | | | | | | | | | | | |
| TB Tests Done | 7 | 6 | - | 2 | 15 | 47 | 81 | - | 13 | 141 | 48 | 71 | - | 4 | 123 |
| New LTBI on Rx | - | - | - | - | - | - | - | - | - | - | 1 | - | - | - | 1 |
| | | | | | | | | | | | | | | | - |
| STD treatments | - | 1 | - | 4 | 5 | 19 | 23 | 2 | 69 | 113 | - | 17 | 2 | 25 | 44 |
| New STD Investigations | 14 | 17 | - | 11 | 42 | 75 | 78 | - | 149 | 302 | 114 | 119 | - | 183 | 416 |
| HIV Testing | - | 1 | - | 4 | 5 | - | 1 | 2 | 25 | 28 | 1 | 2 | 2 | 4 | 9 |
| ENROLLMENTS | | | | | | | | | | | | | | | |
| Medicaid & Michild | 2 | 1 | - | 1 | 4 | 11 | 3 | - | 3 | 17 | 2 | - | - | - | 2 |
| REFERRAL SERVICE | | | | | | | | | | | | | | | |
| MCDC Referrals | 3 | - | 11 | 41 | 55 | 49 | - | 124 | 188 | 361 | 63 | 228 | 60 | 86 | 437 |
| MIHP referrals | 41 | - | 6 | 17 | 64 | 267 | 23 | 106 | 147 | 543 | 135 | 36 | 149 | 148 | 468 |
| Hearing Screens | | | | | | | | | | | | | | | |
| Pre-school | - | - | - | 24 | 24 | 246 | 336 | 64 | 373 | 1,019 | 155 | 337 | - | 401 | 893 |
| School Age | - | 115 | - | 391 | 506 | 895 | 850 | 489 | 2,038 | 4,272 | 828 | 922 | - | 1,782 | 3,532 |
| Vision Screens | | | | | | | | | | | | | | | |
| Pre-school | - | - | - | 22 | 22 | 302 | 387 | - | 445 | 1,134 | 211 | 362 | - | 493 | 1,066 |
| School Age | - | - | - | 68 | 68 | 2,959 | 1,863 | - | 3,970 | 8,792 | 2,249 | 1,699 | - | 3,193 | 7,141 |
| Children's Special Health Care Services | | | | | | | | | | | | | | | |
| Diagnostics | 2 | 1 | - | 1 | 4 | 13 | 10 | - | 4 | 27 | 7 | 11 | - | - | 18 |
| Assessments-Renewal | 23 | 29 | - | 21 | 73 | 132 | 156 | - | 159 | 447 | 137 | 177 | - | 184 | 498 |
| Assessments-New | 2 | 2 | - | 2 | 6 | 19 | 36 | - | 47 | 102 | 20 | 36 | - | 52 | 108 |

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

May-22

| Confirmed & Probable Case Totals | 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 | 3 | 6 | - | 9 | 10 | 43 | - | 53 | 28 | 34 | - | 62 |
| Brucellosis | - | - | - | - | - | - | - | - | - | - | 1 | 1 |
| Campylobacter | 2 | 2 | - | 4 | 9 | 7 | 3 | 19 | - | 4 | 6 | 10 |
| Chicken Pox | - | - | - | - | - | - | - | - | - | - | - | - |
| Chlamydia | 11 | 13 | 7 | 31 | 76 | 66 | 104 | 246 | 74 | 71 | 119 | 264 |
| Coccidioidomycosis | - | - | - | - | - | - | 1 | 1 | - | - | - | - |
| CRE Carbapenem Resistant Enterobac. | - | - | - | - | 1 | - | - | 1 | - | 1 | - | 1 |
| Cryptosporidiosis | 2 | - | - | 2 | 3 | - | 1 | 4 | - | 1 | 1 | 2 |
| Encephalitis - Primary | - | - | - | - | - | - | - | - | - | 1 | - | 1 |
| Giardiasis | - | - | - | - | - | 1 | 3 | 4 | - | - | - | - |
| Gonorrhea | 3 | 4 | 4 | 11 | 24 | 24 | 62 | 110 | 40 | 47 | 63 | 150 |
| H. Influenzae Disease - Inv. | - | - | - | - | 3 | 1 | - | 4 | - | 1 | - | 1 |
| Hepatitis B - Acute | - | - | - | - | 4 | - | - | 4 | - | - | 1 | 1 |
| Hepatitis B - Chronic | 2 | - | - | 2 | 3 | - | 1 | 4 | 1 | - | 1 | 2 |
| Hepatitis C - Acute | - | - | - | - | 2 | 1 | - | 3 | 3 | 2 | 2 | 7 |
| Hepatitis C - Chronic | - | - | 1 | 1 | 13 | 1 | 5 | 19 | 15 | 5 | 5 | 25 |
| Hepatitis C Unknown | - | - | - | - | - | - | - | - | - | 1 | - | 1 |
| Histoplasmosis | - | - | - | - | 1 | - | 1 | 2 | - | - | - | - |
| HIV/AIDS | - | - | - | - | 2 | - | 2 | 4 | - | - | - | - |
| Influenza | 6 | 3 | 15 | 24 | 115 | 151 | 116 | 382 | - | - | - | - |
| Kawasaki | - | - | - | - | - | - | - | - | - | - | - | - |
| Legionellosis | - | - | - | - | - | 1 | - | 1 | - | - | - | - |
| Lyme Disease | - | 1 | - | 1 | - | 2 | 1 | 3 | - | 1 | - | 1 |
| Measles | - | - | - | - | - | 1 | - | 1 | - | - | - | - |
| Menengitis - Aseptic | - | 1 | - | 1 | - | 1 | 1 | 2 | - | - | - | - |
| Menengitis - Bacterial | - | - | - | - | - | - | - | - | 1 | - | - | 1 |
| Meningococcal Disease | - | - | - | - | - | - | - | - | - | - | - | - |
| Mumps | - | - | - | - | - | - | - | - | 1 | - | - | 1 |
| Mycobacterium - Other | - | 1 | - | 1 | 3 | 7 | 2 | 12 | - | 2 | 1 | 3 |
| Norovirus | - | 1 | - | 1 | 1 | 2 | 2 | 5 | - | 1 | 1 | 2 |
| Novel Coronavirus | 165 | 259 | 208 | 632 | 5,499 | 5,137 | 6,341 | 16,977 | 4,182 | 4,025 | 5,392 | 13,599 |
| Pertussis | - | 2 | - | 2 | - | 8 | - | 8 | - | - | - | - |
| Salmonellosis | - | 1 | 2 | 3 | 2 | 2 | 3 | 7 | 5 | 1 | 2 | 8 |
| Scabies | - | - | - | - | - | - | - | - | 6 | - | - | 6 |
| Shiga Toxin-prod. (STEC) | - | - | 1 | 1 | 1 | 1 | 1 | 3 | - | 1 | - | 1 |
| Shingles | - | - | - | - | 1 | - | - | 1 | - | - | - | - |
| Staphylococcus Aureus Infect. | - | - | - | - | - | - | - | - | - | - | - | - |
| Strep Invasive Gp A | - | 1 | - | 1 | - | 1 | - | 1 | - | - | 1 | 1 |
| Strep Pneumonia Inv Ds. | - | - | - | - | 2 | 7 | 2 | 11 | 1 | 1 | 4 | 6 |
| Syphilis - Primary | - | - | - | - | 1 | - | - | 1 | - | - | - | - |