
BOARD OF HEALTH Meeting **Agenda for March 23, 2023 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 February 23, 2023*
2. Public Comment
3. Audit Presentation by Dane Porter, CPA, Senior Manager at Maner Costerisan
4. Health Officer's Report
5. Medical Director's Report
6. Departmental Reports
 - a. Environmental Health
 - b. Area Agency on Aging
 - c. Personal Health & Disease Prevention
 - d. Health Education & Promotion
7. Financial Reports
 - a. Approve Payments*
 - b. Review Financials*
8. Committee Reports
 - a. Finance Committee – Met March 23, 2023. Minutes not yet available.
 - b. Program, Policies, and Appeals – Approval of minutes from March 15, 2023.*
9. New Business
 - a. AAA Advisory Committee Appointments*
 - b. Personnel Policy Updates*
 - c. Plan of Organization*
 - d. Immunization Fee Schedule*
 - e. EH Fee Schedule*
 - f. EH Software*
 - g. TR Building Exterior*
 - h. HD Parking Lot Replacement*
 - i. Sturgis Expansion Project*
 - j. Request for Opioid Funding

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. Speakers are requested to provide comments that are civil and respectful. Each speaker will be allowed to speak for no more than three (3) minutes at each public comment opportunity.

10. Public Comment

11. Adjournment - Next meeting: April 27, 2023

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. Speakers are requested to provide comments that are civil and respectful. Each speaker will be allowed to speak for no more than three (3) minutes at each public comment opportunity.

February 23, 2023 – Board of Health Meeting Minutes

The Branch-Hillsdale-St. Joseph Community Health Agency Board of Health meeting was called to order by Chair, Brent Leininger at 10:00 AM with the Pledge of Allegiance to the Flag of the United States. Roll call was completed as follows: Tom Matthew, Jared Hoffmaster, Jon Houtz, Brent Leininger, and Rusty Baker. The following members were absent: Steve Lanius.

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

Mr. Hoffmaster moved to approve the agenda with support from Mr. Baker. The motion passed unopposed.

Mr. Matthew moved to approve the minutes from the January 26, 2023 meeting with support from Mr. Hoffmaster. The motion passed unopposed.

The Agency's attorney, Andrew J. Brege provided a presentation on the Open Meetings Act.

Public Comment: No public comments were given.

Rebecca Burns, Health Officer, reviewed her monthly report. Items included: Open Meetings Act Presentation, Board of Health Lunches to Meet Our Team, MALPH's Day at the Capital, Community Health Needs Assessment (CHNA)/Community Health Improvement Plan (CHIP), Kindergarten Oral Health Assessment, MCDC Dental Centers, Community Health Worker Program, COVID, Accreditation, Personnel Policy Committee, State Budget, Opioid Settlement Funds, Coldwater Office, Hillsdale Office, Three Rivers Office, Sturgis Office, and Health Promotion and Education.

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

Departmental Reports:

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

Committee Reports:

- Did not meet.

Financial Reports/Expenditures

- Mr. Hoffmaster moved to approve the expenditures for January as reported with support from Mr. Matthew. The motion passed unopposed.

- Mr. Hoffmaster moved to place the financials from January on file with support from Mr. Houtz. The motion passed unopposed.


New Business:

- Mr. Hoffmaster moved to approve the updated Board of Health Committee Meeting Schedule, with Finance Committee meeting on the third Monday of the month at 11:00 AM and the Program, Policy, and Appeals Committee meeting on the third Wednesday of the month at 8:30 AM, with no committee meetings in the month of December. The motion received support from Mr. Matthew. The motion passed unopposed.
- Mr. Hoffmaster moved to approve the appointments of Rick Shaffer, Rick Jacoby, James Cook, and Joanna Adams to the Area Agency on Aging Advisory Committee with support from Mr. Baker. The motion passed unopposed.

Public Comment: No public comments were given.

With no further business, Mr. Hoffmaster moved to adjourn the meeting with support from Mr. Baker. The motion passed unopposed and the meeting was adjourned at 12:27 PM.

Respectfully Submitted by:


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

PUBLIC COMMENT

•
•
•
•
•
•
•
•
•
•
•
•
•
•



2425 E. Grand River Ave.,
Suite 1, Lansing, MI 48912

☎ 517.323.7500

📠 517.323.6346

March 10, 2023

Board of Public Health
Branch-Hillsdale-St. Joseph Community Health Agency
Coldwater, Michigan

We have audited the financial statements of the governmental activities and the major fund of the Branch-Hillsdale-St. Joseph Community Health Agency (the Agency) for the year ended September 30, 2022. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated January 19, 2023. Professional standards also require that we communicate to you the following information related to our audit.

Significant Audit Findings

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by Branch-Hillsdale-St. Joseph Community Health Agency are described in Note 1 to the financial statements. As described in Note 9 to the financial statements, the Agency adopted Governmental Accounting Standards Board (GASB) Statement No. 87, *Leases*, during the year ended September 30, 2022. We noted no transactions entered into by the Agency during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting the financial statements of the governmental activities were:

Management's calculation of the historical termination vesting percentages for severance payments is based on an estimate of the percentage of employees who have terminated employment and payments are based on an estimate of the percentage of employees' use of compensated absences.

Management's calculation of depreciation expense for the current period is based on an estimate of the useful lives of the capital assets.

The calculation of the net pension liability, and the related deferred outflows of resources and deferred inflows of resources, is based on an actuarial study which utilized certain actuarial assumptions based on historical trends and industry standards.

We evaluated the key factors and assumptions used to develop these accounting estimates in determining that they are reasonable in relation to the financial statements taken as a whole.

The financial statement disclosures are neutral, consistent, and clear.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. No known or likely misstatements were identified during the audit.

Disagreements with Management

For purposes of this letter, a disagreement with management is a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated March 10, 2023.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Agency's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Agency's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

Other Matters

We applied certain limited procedures to the management's discussion and analysis, budgetary comparison schedule, and defined benefit pension plan schedules, which are required supplementary information (RSI) that supplements the basic financial statements. Our procedures consisted of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We did not audit the RSI and do not express an opinion or provide any assurance on the RSI.

We were engaged to report on other supplementary information, which accompanies the financial statements but is not RSI. With respect to this supplementary information, we made certain inquiries of management and evaluated the form, content, and methods of preparing the information to determine that the information complies with accounting principles generally accepted in the United States of America, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial statements. We compared and reconciled the supplementary information to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

Restriction on Use

This information is intended solely for the use of the Board of Public Health and management of the Branch-Hillsdale-St. Joseph Community Health Agency and is not intended to be, and should not be, used by anyone other than these specified parties.

Very truly yours,

Maney Costeiran PC

**BRANCH-HILLSDALE-ST. JOSEPH
COMMUNITY HEALTH AGENCY
COLDWATER, MICHIGAN**

**REPORT ON FINANCIAL STATEMENTS
(with required and other
supplementary information)**

YEAR ENDED SEPTEMBER 30, 2022

TABLE OF CONTENTS

	<u>Page</u>
INDEPENDENT AUDITOR'S REPORT.....	1-3
MANAGEMENT'S DISCUSSION AND ANALYSIS	4-8
BASIC FINANCIAL STATEMENTS.....	9
Government-wide Financial Statements	
Statement of Net Position.....	10
Statement of Activities.....	11
Fund Financial Statements	
Governmental Fund	
Balance Sheet.....	12
Reconciliation of the Governmental Fund Balance Sheet to the Statement of Net Position	13
Statement of Revenues, Expenditures, and Changes in Fund Balance	14
Reconciliation of the Statement of Revenues, Expenditures, and Changes in Fund Balance of the Governmental Fund to the Statement of Activities	15
Notes to Financial Statements	16-30
REQUIRED SUPPLEMENTARY INFORMATION	31
General Operating Fund	
Budgetary Comparison Schedule.....	32
Defined Benefit Pension Plan	
Schedule of Changes in Employer's Net Pension Liability and Related Ratios.....	33
Schedule of Employer Contributions.....	34
Note to Required Supplementary Information	35
OTHER SUPPLEMENTARY INFORMATION.....	36
Supplemental Schedule: Funded Service Categories by Source -	
Aging and Adult Services Agency.....	37-41
Schedule of Expenditures of Federal Awards.....	42-44
Notes to Schedule of Expenditures of Federal Awards.....	45-46
INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH <i>GOVERNMENT AUDITING STANDARDS</i>	47-48
INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE	49-51
SCHEDULE OF FINDINGS AND QUESTIONED COSTS	52
SUMMARY SCHEDULE OF PRIOR YEAR AUDIT FINDINGS	53



2425 E. Grand River Ave.,
Suite 1, Lansing, MI 48912

☎ 517.323.7500

📠 517.323.6346

INDEPENDENT AUDITOR'S REPORT

To the Board of Public Health
Branch-Hillsdale-St. Joseph Community Health Agency
Coldwater, Michigan

Report on the Audit of the Financial Statements

Opinions

We have audited the accompanying financial statements of the governmental activities and the major fund of the Branch-Hillsdale-St. Joseph Community Health Agency, as of and for the year ended September 30, 2022, and the related notes to the financial statements which collectively comprise the Agency's basic financial statements as listed in the table of contents.

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities and the major fund of the Branch-Hillsdale-St. Joseph Community Health Agency as of September 30, 2022, and the respective changes in financial position thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinions

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Branch-Hillsdale-St. Joseph Community Health Agency and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Branch-Hillsdale-St. Joseph Community Health Agency's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibility for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinions. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Branch-Hillsdale-St. Joseph Community Health Agency's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Branch-Hillsdale-St. Joseph Community Health Agency's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis, budgetary comparison information, and defined benefit pension plan schedules, as identified in the table of contents, be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Supplementary Information

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the Agency's basic financial statements. The accompanying other supplementary information, as listed in the table of contents, including the schedule of expenditures of federal awards, as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the other supplementary, including the schedule of expenditures of federal awards, are fairly stated, in all material respects, in relation to the basic financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated March 10, 2023 on our consideration of the Branch-Hillsdale-St. Joseph Community Health Agency's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Branch-Hillsdale-St. Joseph Community Health Agency's internal control over financial reporting and compliance.

Maney Costeiran PC

March 10, 2023

Management's Discussion and Analysis For Fiscal Year Ended September 30, 2022

This section of the annual financial statements, titled Management's Discussion and Analysis, represents the administration's review of the Branch-Hillsdale-St. Joseph Community Health Agency's (the Agency's) financial performance during the fiscal year ended September 30, 2022. The Management's Discussion and Analysis is intended to be read in conjunction with the Agency's financial statements.

Generally accepted accounting principles (GAAP) according to GASB Statement No. 34 require the reporting of two types of financial statements: government-wide financial statements and fund level financial statements.

Financial Highlights

- The assets of the Agency exceeded its liabilities at September 30, 2022, by \$2,038,099 at the government-wide level. Unrestricted net position was \$1,675,580 at September 30, 2022.
- The Agency's total net position decreased \$284,795 as a result of this year's operations.
- As of September 30, 2022, the Agency's governmental fund reported an ending fund balance of \$3,509,836, an increase of \$150,098.
- As of September 30, 2022, the assigned and unassigned fund balance was \$3,041,849 and \$356,948, respectively, or approximately 44% of total fund expenditures.

Overview of the Financial Statements

The Branch-Hillsdale-St. Joseph Community Health Agency's basic financial statements comprise three components: 1) government-wide financial statements, 2) fund financial statements, and 3) notes to the financial statements. This report also contains other supplementary information in addition to the basic financial statements themselves.

Government-wide Financial Statements: The government-wide financial statements provide information about the activities of the entire Agency. They present an overall view of the Agency's finances, reporting the assets and liabilities on fiscal year ended September 30, 2022.

The statement of net position presents information on all of the Branch-Hillsdale-St. Joseph Community Health Agency's assets, deferred outflows of resources, liabilities, and deferred inflows of resources, with the difference between them reported as net position. Over time, increases or decreases in net position may serve as a useful indicator of whether the financial position of the Agency is improving or deteriorating.

The statement of activities presents information showing how the government's net position changed during fiscal year 2021/2022. All changes in net position are reported as soon as the change occurs, regardless of the timing of related cash flows.

All of the Branch-Hillsdale-St. Joseph Community Health Agency's activities are supported by intergovernmental revenues, governmental grants, fees and charges for services, interest and rents, local revenues, and contributions. The governmental activities of the Agency are all considered health and welfare programs. The Area Agency on Aging (AAA) is an autonomous department within CHA responsible for administering Federal and State funds to local aging programs and organizations within our two-county planning and service area (Branch and St. Joseph Counties only). We are designated by the Michigan Aging and Adult Services Agency (AASA) to carry out this function. The Agency does not operate any programs that are intended to recover all or a significant portion of their costs through user fees and charges.

The government-wide financial statements include only financial information related to the Branch-Hillsdale-St. Joseph Community Health Agency.

Fund Financial Statements: A fund is a grouping of related accounts that is used to maintain control over resources that have been segregated for specific activities or objectives. The Branch-Hillsdale-St. Joseph Community Health Agency uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements. The Agency operates with one fund, which is considered a governmental fund.

Governmental funds: Governmental funds are used to account for essentially the same functions reported as governmental activities in the government-wide financial statements. However, unlike the government-wide financial statements, governmental fund financial statements focus on near-term inflows and outflows of spendable resources, as well as on balances of spendable resources available at the end of the fiscal year. Such information may be useful in evaluating a government's near-term financing requirements.

Because the focus of governmental funds is narrower than that of the government-wide financial statements, it is useful to compare the information presented for governmental funds with similar information presented for governmental activities in the government-wide financial statements. By doing so, readers may better understand the long-term impact of the government's near-term financing decisions. Both the governmental fund balance sheet and governmental fund statement of revenues, expenditures, and changes in fund balance provide a reconciliation to facilitate this comparison between governmental funds and governmental activities.

The Branch-Hillsdale-St. Joseph Community Health Agency adopts an annual appropriated budget for its Health Fund. A budgetary comparison statement has been provided for this fund to demonstrate compliance with this budget.

The basic financial statements can be found on pages 9-15 of this report.

Notes to the Financial Statements: The notes provide additional information that is essential to a full understanding of the data provided in the government-wide and fund financial statements. The notes to the financial statements can be found on pages 16-30 of this report.

Other Information: In addition to the basic financial statements and accompanying notes, this report also presents certain required supplementary information concerning budgeted revenues and expenditures, schedule of changes in net pension liability and related ratios, and schedule of employer contributions on pages 31-35. Other supplementary information concerning support services and expenditures of federal awards can be found on pages 36-46 of this report.

Government-wide Financial Analysis:

As noted earlier, net position may serve over time as a useful indicator of a government’s financial position. In the case of Branch-Hillsdale-St. Joseph Community Health Agency, assets exceeded liabilities by \$2,038,099. A comparative analysis of net position as of September 30, 2022 and 2021, are presented below:

	<u>2022</u>	<u>2021</u>
Current assets	\$ 5,275,244	\$ 5,362,705
Capital assets	<u>362,519</u>	<u>286,238</u>
Total assets	<u>5,637,763</u>	<u>5,648,943</u>
Deferred outflows of resources related to pension	<u>517,500</u>	<u>1,766,295</u>
Current liabilities	1,959,898	2,151,514
Noncurrent liabilities	<u>864,582</u>	<u>2,244,529</u>
Total liabilities	<u>2,824,480</u>	<u>4,396,043</u>
Deferred inflows of resources related to pension	<u>1,292,684</u>	<u>696,301</u>
Net position		
Investment in capital assets	362,519	286,238
Unrestricted	<u>1,675,580</u>	<u>2,036,656</u>
Total net position	<u>\$ 2,038,099</u>	<u>\$ 2,322,894</u>

Unrestricted net position (the part of net position that can be used to finance day to day operations) decreased by \$361,076.

The following table shows the changes in net position as of September 30, 2022 and 2021.

	<u>2022</u>	<u>2021</u>
Program revenues		
Charges for services	\$ 777,592	\$ 811,998
Grants and contributions	6,254,117	7,458,077
General revenues		
County appropriations	768,858	753,310
Miscellaneous	116,249	70,812
Interest	<u>16,445</u>	<u>2,916</u>
Total revenues	7,933,261	9,097,113
Program expenses	<u>8,218,056</u>	<u>8,153,160</u>
Change in net position	<u>\$ (284,795)</u>	<u>\$ 943,953</u>

During the year grant and contributions decreased \$1,203,960 due to less State and Federal funding received related to the ongoing COVID-19 pandemic. We will continue to collaborate with local health providers and using them as a resource to find new funding.

Total expenses increased approximately \$64,896 or less than 1% from last year.

Financial Analysis of the Government's Fund

As noted earlier, the Branch-Hillsdale-St. Joseph Community Health Agency uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements.

Governmental Fund: The focus of the Branch-Hillsdale-St. Joseph Community Health Agency's governmental fund is to provide information on near-term inflows, outflows, and balances of spendable resources. Such information is useful in assessing the Branch-Hillsdale-St. Joseph Community Health Agency's financing requirements. In particular, unassigned fund balance may serve as a useful measure of a government's net resources available for spending at the end of the fiscal year.

As of the end of the current fiscal year, the Branch-Hillsdale-St. Joseph Community Health Agency's governmental fund reported an ending fund balance of \$3,509,836, an increase of \$150,098 in comparison with the prior year. Of this total, \$111,039 is considered nonspendable as it is for prepaid expenditures. There has been \$3,041,849 assigned for various future year expenditures. The unassigned fund balance at September 30, 2022, was \$356,948.

As a measure of the governmental fund's liquidity, it may be useful to compare assigned and unassigned fund balance to total fund expenditures. Assigned and unassigned fund balance represents approximately 44% of total fund expenditures.

Governmental Fund Budgetary Highlights

Over the course of the year, the Branch-Hillsdale-St. Joseph Community Health Agency's Board of Directors amended the budget to take into account events that occurred during the year. Total expenditures budget was increased by \$1,309,159, or approximately 16%, primarily due to fringe benefits and contractual services related to ongoing pandemic, and supplies and materials. Actual expenditures were \$1,794,405 under the final amended budget.

Capital Asset and Debt Administration

Capital Assets: The Branch-Hillsdale-St. Joseph Community Health Agency's investment in capital assets as of September 30, 2022, amounts to \$362,519 (net of accumulated depreciation). During the year, the Agency made investments in capital assets in the amount of \$99,875, including parking lot improvements and office furniture. Additional details related to capital assets are presented in Note 3 to the financial statements.

Long-term Obligations: The Branch-Hillsdale-St. Joseph Community Health Agency has a long-term obligation related to compensation (e.g., unused vacation and sick leave). The long-term obligation at September 30, 2022, amounted to \$368,043 for compensated absences. Additional details related to long-term obligations are presented in Note 4 to the financial statements.

Requests for Information

This financial report is designed to provide a general overview of the Branch-Hillsdale-St. Joseph Community Health Agency's finances for all those with an interest in the government's finances. Questions concerning any of the information provided in this report or requests for additional financial information should be addressed to:

Rebecca A. Burns, M.P.H., R.S.
Health Officer
Branch-Hillsdale-St. Joseph Community Health Agency
570 Marshall Road
Coldwater, MI 49036
Office: 517-279-9561, ext. 148
Fax: 517-278-2923
E-mail: burnsr@bhsj.org

BASIC FINANCIAL STATEMENTS

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
STATEMENT OF NET POSITION
SEPTEMBER 30, 2022

	Governmental Activities
ASSETS	
Current assets	
Cash	\$ 4,481,165
Accounts receivable	62,084
Due from other governmental units - Federal/State	543,638
Prepays	111,039
Inventories	77,318
Total current assets	5,275,244
Noncurrent assets	
Capital assets not being depreciated	3,900
Capital assets, net of accumulated depreciation	358,619
Total noncurrent assets	362,519
TOTAL ASSETS	5,637,763
DEFERRED OUTFLOWS OF RESOURCES	
Deferred outflows of resources related to pension	517,500
LIABILITIES	
Current liabilities	
Accounts payable	522,823
Accrued wages	50,245
Due to other governmental units - Federal/State	716,492
Other accrued liabilities	47,483
Unearned revenue	428,365
Current portion of compensated absences	194,490
Total current liabilities	1,959,898
Noncurrent liabilities	
Net pension liability	691,029
Noncurrent portion of compensated absences	173,553
Total noncurrent liabilities	864,582
TOTAL LIABILITIES	2,824,480
DEFERRED INFLOWS OF RESOURCES	
Deferred inflows of resources related to pension	1,292,684
NET POSITION	
Investment in capital assets	362,519
Unrestricted	1,675,580
TOTAL NET POSITION	\$ 2,038,099

See accompanying notes to financial statements.

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
STATEMENT OF ACTIVITIES
YEAR ENDED SEPTEMBER 30, 2022**

<u>Functions/Programs</u>	<u>Expenses</u>	<u>Program Revenues</u>		<u>Net (Expense) Revenues and Changes in Net Position</u>
		<u>Charges for Services</u>	<u>Operating Grants and Contributions</u>	
Governmental activities				
Personal health	\$ 3,839,009	\$ 137,493	\$ 3,376,142	\$ (325,374)
Environmental health	1,351,884	521,180	624,044	(206,660)
Community health	334,123	93,581	196,376	(44,166)
Aging services	2,006,663	21,688	1,878,785	(106,190)
Administration	<u>686,377</u>	<u>3,650</u>	<u>178,770</u>	<u>(503,957)</u>
Total governmental activities	<u>\$ 8,218,056</u>	<u>\$ 777,592</u>	<u>\$ 6,254,117</u>	<u>(1,186,347)</u>
General revenues				
County appropriations - regular				768,858
Miscellaneous				116,249
Interest				<u>16,445</u>
Total general revenues				<u>901,552</u>
Change in net position				(284,795)
Net position, beginning of the year				<u>2,322,894</u>
Net position, end of the year				<u>\$ 2,038,099</u>

See accompanying notes to financial statements.

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
GOVERNMENTAL FUND
BALANCE SHEET
SEPTEMBER 30, 2022**

ASSETS	
Cash	\$ 4,481,165
Accounts receivable	62,084
Due from other governmental units - Federal/State	543,638
Prepays	111,039
Inventories	<u>77,318</u>
TOTAL ASSETS	<u><u>\$ 5,275,244</u></u>
 LIABILITIES	
Accounts payable	\$ 522,823
Accrued wages	50,245
Due to other governmental units - Federal/State	716,492
Other accrued liabilities	47,483
Unearned revenue	<u>428,365</u>
TOTAL LIABILITIES	<u>1,765,408</u>
 FUND BALANCE	
Nonspendable	111,039
Assigned	3,041,849
Unassigned	<u>356,948</u>
TOTAL FUND BALANCE	<u>3,509,836</u>
TOTAL LIABILITIES AND FUND BALANCE	<u><u>\$ 5,275,244</u></u>

See accompanying notes to financial statements.

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
RECONCILIATION OF THE GOVERNMENTAL FUND BALANCE
SHEET TO THE STATEMENT OF NET POSITION
SEPTEMBER 30, 2022**

Total fund balance - governmental fund \$ 3,509,836

Amounts reported for the governmental activities in the statement of net position are different because:

Capital assets used in governmental activities are not current financial resources and therefore are not reported as assets in the governmental fund.

The cost of capital assets is		\$ 1,378,425
Accumulated depreciation is		<u>(1,015,906)</u>

Capital assets, net	362,519
---------------------	---------

Governmental funds report actual pension expenditures for the fiscal year, whereas the governmental activities will recognize the net pension liability as of the measurement date. Pension contributions subsequent to the measurement date will be deferred in the statement of net position. In addition, resources related to changes of assumptions, differences between expected and actual experience, and differences between projected and actual pension plan investment earnings will be deferred over time in the government-wide financial statements. These amounts consist of:

Deferred outflows of resources related to pension		517,500
Deferred inflows of resources related to pension		<u>(1,292,684)</u>

(775,184)

Long-term liabilities are not due and payable in the current period and therefore are not reported as liabilities in the governmental fund balance sheet. Long-term liabilities at year-end consist of:

Net pension liability		(691,029)
Compensated absences		<u>(368,043)</u>

(1,059,072)

Net position of governmental activities \$ 2,038,099

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
GOVERNMENTAL FUND
STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN FUND BALANCE
YEAR ENDED SEPTEMBER 30, 2022**

REVENUES	
Licenses and permits	\$ 330,712
Intergovernmental	
Federal/State	6,286,064
Local	88,677
County appropriations	768,858
Charges for services	407,052
Interest and rents	16,445
Other	35,453
	<u>7,933,261</u>
TOTAL REVENUES	
	<u>7,933,261</u>
EXPENDITURES	
Current	
Salaries and wages	3,064,211
Fringe benefits	1,633,811
Supplies and materials	553,551
Contractual	1,656,836
Communications	70,769
Travel and training	133,987
Insurance	43,841
Repairs and maintenance	392,517
Building and equipment lease and rentals	131,440
Printing and advertising	34,696
Postage	35,347
Other	32,157
	<u>7,783,163</u>
TOTAL EXPENDITURES	
	<u>7,783,163</u>
NET CHANGE IN FUND BALANCE	
	150,098
Fund balance, beginning of year	<u>3,359,738</u>
Fund balance, end of year	<u>\$ 3,509,836</u>

See accompanying notes to financial statements.

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
RECONCILIATION OF THE STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN
FUND BALANCE OF THE GOVERNMENTAL FUND TO THE STATEMENT OF ACTIVITIES
YEAR ENDED SEPTEMBER 30, 2022**

Net change in fund balance - governmental fund \$ 150,098

Amounts reported for governmental activities in the statement of activities are different because:

Capital outlays are reported as expenditures in governmental funds. However, in the statement of activities, the cost of capital assets is allocated over their estimated useful lives as depreciation expense. In the current period, these amounts are:

Capital outlay	\$	99,875
Depreciation expense		<u>(23,594)</u>

Excess of capital outlay over depreciation expense		76,281
--	--	--------

Some items reported in the statement of activities do not require the use of current financial resources and therefore are not reported as expenditures in the governmental fund. These activities consist of:

Decrease in net pension liability		1,256,407
Decrease in accrued compensated absences		77,597
(Decrease) in deferred outflows of resources related to pension		(1,248,795)
(Increase) in deferred inflows of resources related to pension		<u>(596,383)</u>

(511,174)

Change in net position of governmental activities		<u><u>\$ (284,795)</u></u>
--	--	----------------------------

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
NOTES TO FINANCIAL STATEMENTS**

NOTE 1 - DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The Branch-Hillsdale-St. Joseph Community Health Agency (the Agency) is a joint venture between Branch, Hillsdale, and St. Joseph Counties, and was established to provide public health services. The Community Health Agency Board has representation and provides services to Branch, Hillsdale, and St. Joseph Counties. Each County provides annual appropriations and passes through the statutory amounts of cigarette tax funding to subsidize operations. The current funding formula approved by the Community Health Agency requires Branch, Hillsdale, and St. Joseph Counties to provide approximately 28%, 31%, and 41%, respectively.

The financial statements of the Agency have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP) as applied to governmental units. The Governmental Accounting Standards Board (GASB) is the accepted standard-setting body for establishing governmental accounting and financial reporting principles. The Agency's more significant accounting policies are discussed below.

The primary revenues of the Branch-Hillsdale-St. Joseph Community Health Agency are charges for services, Federal and State grants, and County appropriations.

Reporting Entity

As required by accounting principles generally accepted in the United States of America, these financial statements are exclusive presentations of the financial condition and results of operations of the Branch-Hillsdale-St. Joseph Community Health Agency.

Basis of Presentation

GOVERNMENT-WIDE FINANCIAL STATEMENTS

The statement of net position and the statement of activities (the government-wide financial statements) present information for the Agency as a whole.

The government-wide financial statements are presented using the economic resources measurement focus, similar to that used by business enterprises or not-for-profit organizations. Because another measurement focus is used in the governmental fund financial statements, reconciliations to the government-wide financial statements are provided that explain the differences in detail.

The statement of activities presents the direct functional expenses of the Agency and the program revenues that support them. Direct expenses are specifically associated with a service, program, or department and are therefore clearly identifiable to a particular function. Program revenues are associated with specific functions and include charges to recipients for goods or services and grants and contributions that are restricted to meeting the operational or capital requirements of that function. Revenues that are not required to be presented as program revenues are general revenues. This includes interest and all County appropriations and shows how governmental functions are either self-financing or supported by the general revenues of the Agency.

FUND FINANCIAL STATEMENTS

The Agency uses a single fund to maintain its financial records during the year. A fund is defined as a fiscal and accounting entity with a self-balancing set of accounts. The governmental fund financial statements present the Agency's individual major fund.

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(continued)

Basis of Presentation (continued)

FUND FINANCIAL STATEMENTS (continued)

The governmental fund financial statements are presented using the current financial resources measurement focus. With this measurement focus, only current assets, deferred outflows of resources, current liabilities, and deferred inflows of resources generally are included on the balance sheet. Operating statements of these funds present increases (i.e., revenues and other financing sources) and decreases (i.e., expenditures and other financing uses) in fund balance.

Basis of Accounting

Basis of accounting refers to the timing under which transactions are recognized for financial reporting purposes. Governmental fund financial statements use the modified accrual basis of accounting. The government-wide financial statements are prepared using the accrual basis of accounting.

Under the accrual basis of accounting, revenue is recorded in the period in which it is earned, and expenses are recorded when incurred, regardless of the timing of related cash flows. Revenues for grants and contributions are recognized when all eligibility requirements imposed by the provider have been met. Unearned revenue is recorded when resources are received by the Agency before it has legal claim to them, such as when grant monies are received prior to the incurrence of qualified expenses.

Under the modified accrual basis of accounting, revenues are recognized when susceptible to accrual (i.e., when they become both measurable and available). "Measurable" means the amount of the transaction can be determined and "available" means collectible within the current period or soon enough thereafter to be used to pay liabilities of the current period. For this purpose, the Agency considers revenues to be available if they are collected within 60 days of the end of the current period. Revenues susceptible to accrual include state and federal grants and interest revenue. Other revenues are not susceptible to accrual because generally they are not measurable until received in cash. Expenditures are recorded when the related fund liability is incurred, except for principal and interest on general long-term debt which are recorded when due.

If/when both restricted and unrestricted resources are available for use, it is the Agency's policy to use restricted resources first, then unrestricted resources as they are needed.

Budgets and Budgetary Accounting

The annual budget of the Agency is prepared by Agency management and approved by the Board at the total expenditure level. Any revisions to the original budget are approved by the Board before the end of the fiscal year.

Cash

Cash consists of the Agency's payroll and accounts payable checking accounts, branch office depository accounts, imprest cash, and cash on deposit with the Branch County Treasurer.

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(continued)

Cash (continued)

In accordance with Michigan Compiled Laws, the Agency is authorized to invest in the following investment vehicles:

- a. Bonds, securities, and other obligations of the United States or an agency or instrumentality of the United States.
- b. Certificates of deposit, savings accounts, deposit accounts, or depository receipts of a State or nationally chartered bank or a State or Federally chartered savings and loan association, savings bank, or credit union whose deposits are insured by an agency of the United States government and which maintains a principal office or branch office located in this State under the laws of this State or the United States, but only if the bank, savings and loan association, savings bank or credit union is eligible to be a depository of surplus funds belonging to the State under Section 6 of 1855 PA 105, MCL 21.146.
- c. Commercial paper rated at the time of purchase within the three highest classifications established by not less than two standard rating services, and which matures not more than 270 days after the date of purchase.
- d. The United States government or Federal agency obligations repurchase agreements.
- e. Bankers acceptances of United States Banks.
- f. Mutual funds composed of investment vehicles, which are legal for direct investment by local units of government in Michigan.

Receivables and Unearned Revenue

Receivables consist of amounts due from governmental units for various grant programs and accounts receivable for charges for services to clients and other organizations.

The Agency has recognized the revenue related to charges for services at the time the services are performed and billed to the extent such amounts are estimated to be received. Contractual adjustments by third-party payers are treated as a reduction to revenues.

In addition to grant funding received prior to meeting the revenue recognition criteria, the Agency has also recorded unearned revenue of \$77,318 in the government-wide and fund financial statements, respectively, equaling the amount of vaccine inventory received from the State of Michigan that is on hand at year-end. Unearned revenues arise when the Agency receives resources before it has a legal claim to them. In subsequent periods, when the revenue meets both the "measurable" and "available" criteria for recognition, the liability for unearned revenue is removed from the statement of net position and balance sheet, respectively, and revenue is recognized.

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
NOTES TO FINANCIAL STATEMENTS**

**NOTE 1 - DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(continued)**

Inventories

Inventories are stated at cost on a first in/first out basis. Donated vaccines inventory is stated at fair value as of the date of the donation. Inventory consists of vaccines received from the State of Michigan. They are recorded as expenditures at the time individual inventory items are used.

Prepays

Payments made to vendors for services that will benefit future periods are recorded as prepaid expenditures/expenses. Reported prepaid expenditures are equally offset by nonspendable fund balance which indicates they do not constitute "available spendable resources" even though they are a component of equity.

Capital Assets

Capital assets are recorded (net of accumulated depreciation, if applicable) in the government-wide financial statements. Capital assets are those with an initial individual cost of \$5,000 or more, with estimated useful lives of more than one year. Capital assets are not recorded in the governmental fund. Instead, capital acquisitions are reflected as expenditures in the governmental fund, and the related assets are reported in the government-wide financial statements. All purchased capital assets are valued at cost where historical records are available and at an estimated historical cost where no historical records exist. Donated capital assets are valued at their estimated acquisition cost on the date received.

The cost of normal maintenance and repairs that do not add to the value of the asset or materially extend asset lives are not capitalized. Depreciation is computed using the straight-line method over the following useful lives:

Land improvements	7-20 years
Equipment	4-10 years

Compensated Absences

The Agency employees are granted vacation and sick leave in varying amounts. In the event of termination, an employee is paid for certain portions of unused accumulated vacation and sick time. This amount, along with related payroll taxes has been recorded in the government-wide financial statements.

Net Pension Liability

The net pension liability is deemed to be a noncurrent liability and is recognized on the Agency's government-wide financial statements.

Unavailable Revenue

Governmental funds report unavailable revenues, when applicable, in connection with receivables for revenue that is not considered available to liquidate liabilities of the current period.

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(continued)

Deferred Outflows/Inflows of Resources

In addition to assets, the statement of net position will sometimes report a separate section for deferred outflows of resources. This separate financial statement element, *deferred outflows of resources*, represents a consumption of net position/fund balance that applies to a future period and so will not be recognized as an outflow of resources (expense/expenditure) until that time.

In addition to liabilities, the statement of net position and balance sheet will sometimes report a separate section for deferred inflows of resources. This separate financial statement element, *deferred inflows of resources*, represents an acquisition of net position/fund balance that applies to a future period and so will not be recognized as an inflow of resources (revenue) until that time.

The Agency will sometimes report deferred inflows of resources on the balance sheet in connection with long-term receivables that are not considered available to liquidate liabilities of the current period. The Agency also reports deferred outflows of resources and deferred inflows of resources on the statement of net position which correspond to the Agency's net pension liability and are related to differences in experience, differences in assumptions, differences between projected and actual pension plan investment earnings and contributions made subsequent to the measurement date. These amounts are deferred and recognized as an outflow of resources or an inflow of resources in the period to which they apply.

Fund Balance Classification Policies and Procedures

Fund balance classifications comprise a hierarchy based primarily on the extent to which a government is bound to observe constraints imposed upon the use of the resources reported in governmental funds. The following are the five fund balance classifications:

Nonspendable - assets that are not available in a spendable form such as inventory, prepaid expenditures, and long-term receivables not expected to be converted to cash in the near term. It also includes funds that are legally or contractually required to be maintained intact such as the corpus of a permanent fund or foundation.

Restricted - amounts that are required by external parties to be used for a specific purpose. Constraints are externally imposed by creditors, grantors, contributors or laws, regulations or enabling legislation.

Committed - amounts constrained on use imposed by formal action of the government's highest level of decision-making authority (i.e., Board, Council, etc.).

Assigned - amounts intended to be used for specific purposes. This is determined by the governing body, the budget or finance committee or a delegated municipality official.

Unassigned - all other resources; the remaining fund balance after nonspendable, restrictions, commitments, and assignments. This class only occurs in the General Fund, except for cases of negative fund balances. Negative fund balances are always reported as unassigned, no matter which fund the deficit occurs in.

For committed fund balance, the Agency's highest level of decision-making authority is the Board of Public Health. The formal action that is required to be taken to establish a fund balance commitment is the adoption of a Board resolution.

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
NOTES TO FINANCIAL STATEMENTS**

**NOTE 1 - DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(continued)**

Fund Balance Classification Policies and Procedures (continued)

For assigned fund balance, the Branch-Hillsdale-St. Joseph Community Health Agency has not approved a policy indicating who is authorized to assign amounts to a specific purpose, therefore the authority for assigning fund balance remains with the Agency's Board of Public Health.

For the classification of fund balances, the Branch-Hillsdale-St. Joseph Community Health Agency considers restricted amounts to have been spent when an expenditure is incurred for the purposes for which both restricted and unrestricted fund balance is available. Also, for the classification of fund balances, the Branch-Hillsdale-St. Joseph Community Health Agency considers committed, assigned, or unassigned amounts to have been spent when an expenditure is incurred for purposes for which amounts in any of those unrestricted fund balance classifications could be used.

Use of Estimates

The preparation of basic financial statements, in conformity with GAAP, requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, deferred inflows and outflows of resources and disclosure of contingent assets and liabilities at the date of the basic financial statements and reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

NOTE 2 - DEPOSITS

As of September 30, 2022, the Agency had deposits subject to the following risks:

Custodial Credit Risk - Deposits

In the case of deposits, this is the risk that in the event of a bank failure, the Agency's deposits may not be returned to it. As of September 30, 2022, \$627,995 of the Agency's bank balance of \$927,670 was exposed to custodial credit risk because it was all covered by federal depository insurance. The Agency's carrying value on the books for deposits at the end of the year was \$155,872.

The cash balances reported in the basic financial statements include \$323 in imprest cash and \$4,324,970 in cash that is on deposit with the Branch County Treasurer. The cash on deposit with the Branch County Treasurer is part of the County pooled cash and investments. As a result, the insured and uninsured amounts related to these amounts cannot be determined.

Credit Risk

State law limits investments in certain types of investments to a prime or better rating issued by nationally recognized statistical rating organizations (NRSRO's). Obligations of the U.S. government or obligations explicitly guaranteed by the U.S. government are not considered to have credit risk and do not require disclosure of credit quality. As of September 30, 2022, the Agency did not have any investments that would be subject to rating.

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
NOTES TO FINANCIAL STATEMENTS**

NOTE 2 - DEPOSITS (continued)

Interest Rate Risk

The Agency will minimize interest rate risk, which is the risk that the market value of securities in the portfolio will fall due to changes in market interest rates, by structuring the investment portfolio so that securities mature to meet cash requirements for ongoing operations, thereby avoiding the need to sell securities in the open market and investing operating funds primarily in shorter-term securities, liquid asset funds, money market mutual funds, or similar investment pools and limiting the average maturity in accordance with the Agency's cash requirements.

Concentration of Credit Risk

The Agency will minimize concentration of credit risk, which is the risk of loss attributed to the magnitude of the Agency's investment in a single issuer, by diversifying the investment portfolio so that the impact of potential losses from any one type of security or issuer will be minimized.

Foreign Currency Risk

The Agency is not authorized to invest in investments which have this type of risk.

NOTE 3 - CAPITAL ASSETS

The following provides a summary of the changes in capital assets for the year ended September 30, 2022:

	Balance Oct. 1, 2021	Additions	Disposals	Balance Sept. 30, 2022
Capital assets, not being depreciated				
Construction in progress	\$ -	\$ 3,900	-	\$ 3,900
Capital assets, being depreciated				
Equipment	1,042,595	36,191	-	1,078,786
Land improvements	235,955	59,784	-	295,739
Total capital assets, being depreciated	1,278,550	95,975	-	1,374,525
Less accumulated depreciation for:				
Equipment	(966,479)	(11,101)	-	(977,580)
Land improvements	(25,833)	(12,493)	-	(38,326)
Total accumulated depreciation	(992,312)	(23,594)	-	(1,015,906)
Net capital assets being depreciated	286,238	72,381	-	358,619
Capital assets, net	\$ 286,238	\$ 76,281	\$ -	\$ 362,519

Depreciation expense appears on the statement of activities in these governmental functions: Personal Health \$11,022; Environmental Health \$3,881; Community Health \$959; Aging Services \$5,761; and Administration \$1,971.

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
NOTES TO FINANCIAL STATEMENTS**

NOTE 4 - LONG-TERM OBLIGATIONS

The following is a summary of changes in long-term obligations (including current portion) of the Agency for the year ended September 30, 2022:

	Balance Oct. 1, 2021	Additions	Deletions	Balance Sept. 30, 2022	Amount Due within One Year
Compensated absences	\$ 445,640	\$ 157,899	\$ (235,496)	\$ 368,043	\$ 194,490

Employees of the Branch-Hillsdale-St. Joseph Community Health Agency are granted vacation and sick leave in varying amounts based on length of service. Upon termination of employment, employees are paid accumulated sick time at full current rate of pay up to a maximum of 260 hours and accumulated vacation at full current rate of pay up to a maximum of 420 hours.

Accumulated sick and vacation leave represents a liability to the Agency, which is presented in a current and long-term portion of the liability. For this reason, the total liability is reported in the government-wide financial statements and represents a current liability of \$194,490 and a long-term liability of \$173,553 at September 30, 2022. Payments to employees for sick and vacation leave are recorded as expenditures when they are used, and payments are actually made to the employees.

NOTE 5 - RETIREMENT PLANS

Defined Benefit Pension Plan

Plan Description

The Agency participates in the Municipal Employees' Retirement System (MERS) of Michigan. MERS is an agent multiple-employer, statewide public employee pension plan established by the Michigan's Legislature under Public Act 135 of 1945 and administered by a nine-member Retirement Board. MERS issues a publicly available financial report that includes financial statements and required supplementary information. This report may be obtained by accessing MERS website at www.mersofmich.com.

Summary of Significant Accounting Policies

For the purposes of measuring the net pension liability, deferred outflows of resources and deferred inflows of resources related to pensions, and pension expense, information about the fiduciary net position of the Municipal Employees' Retirement System of Michigan and additions to/deductions from MERS' fiduciary net position have been determined on the same basis as they are reported by MERS. For this purpose, benefit payments (including refunds of employee contributions) are recognized when due and payable in accordance with the benefit terms. Investments are reported at fair value.

Benefits Provided

The plan provides certain retirement, disability, and death benefits to plan members and beneficiaries. Public Act 427 of 1984, as amended, established and amends the benefit provisions of the participants in MERS. The MERS plan covers all eligible full-time general employees (closed to new hires after August 1, 2015) at the Agency.

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
NOTES TO FINANCIAL STATEMENTS**

NOTE 5 - RETIREMENT PLANS (continued)

Defined Benefit Pension Plan (continued)

Benefits Provided (continued)

Retirement benefits for Agency employees are calculated at 2.00% of the employee's five-year final average compensation times the employee's years of service with no maximum. Normal retirement age is 60 with an unreduced benefit at age 55 with 25 years of service or a reduced benefit at age 50 with 25 years of service or age 55 with 15 years of service. Deferred retirement benefits vest after 6 years of credited service but are not paid until the date retirement would have occurred had the member remained an employee. Employees are eligible for non-duty disability benefits after 6 years of service and for duty related disability benefits upon hire. Disability benefits are determined in the same manner as retirement benefits but are payable immediately and if duty-related without an actuarial reduction for retirement before age 60 is not applied. An employee who leaves service may withdraw his or her contributions, plus any accrued interest.

Benefit terms, within the parameters established by MERS, are generally established and amended by authority of the Board of Health.

At the December 31, 2021, valuation date, the following employees were covered by the benefit terms:

Inactive employees or beneficiaries receiving benefits	71
Inactive employees entitled to but not yet receiving benefits	39
Active employees	<u>25</u>
	<u><u>135</u></u>

Contributions

Article 9, Section 24 of the State of Michigan constitution requires that financial benefits arising on account of employee service rendered in each year be funded during that year. Accordingly, MERS retains an independent actuary to determine the annual contribution. The Agency is required to contribute amounts at least equal to the actuarially determined rate, as established by the MERS Retirement Board. The actuarially determined rate is the estimated amount necessary to finance the cost of benefits earned by employees during the year, with an additional amount to finance any unfunded accrued liability. The employer may establish contribution rates to be paid by its covered employees.

For the year ended September 30, 2022, the Agency's required contribution rate was 42% of annual payroll. Employees are required to contribute 3.00%.

Payable to the Pension Plan

At September 30, 2022, there were no amounts outstanding by the Agency for contributions to the pension plan required for the year ended September 30, 2022.

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
NOTES TO FINANCIAL STATEMENTS**

NOTE 5 - RETIREMENT PLANS (continued)

Defined Benefit Pension Plan (continued)

Net Pension Liability

The net pension liability reported at September 30, 2022 was determined using a measure of the total pension liability and the pension net position as of December 31, 2021. The December 31, 2021 total pension liability was determined by an annual actuarial valuation as of that date.

Changes in the net pension liability during the measurement year were as follows:

	Increase (Decrease)		
	Total Pension Liability (a)	Plan Fiduciary Net Position (b)	Net Pension Liability (a)-(b)
<u>Changes in Net Pension Liability</u>			
Balances at December 31, 2020	\$ 17,582,753	\$ 15,635,317	\$ 1,947,436
Changes for the year			
Service cost	165,771	-	165,771
Interest on total pension liability	1,302,936	-	1,302,936
Difference between expected and actual experience	36,501	-	36,501
Changes in assumptions	664,119	-	664,119
Employer contributions	-	1,275,772	(1,275,772)
Employee contributions	-	44,476	(44,476)
Net investment income	-	2,130,706	(2,130,706)
Benefit payments, including employee refunds	(1,043,494)	(1,043,494)	-
Administrative expense	-	(25,220)	25,220
Net changes	<u>1,125,833</u>	<u>2,382,240</u>	<u>(1,256,407)</u>
Balances at December 31, 2021	<u>\$ 18,708,586</u>	<u>\$ 18,017,557</u>	<u>\$ 691,029</u>

Pension Expenses and Deferred Outflows of Resources and Deferred Inflows of Resources Related to Pensions

For the year ended September 30, 2022, the Agency recognized pension expense of \$1,288,367. The Agency reported deferred outflows and inflows of resources related to pensions from the following sources:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Net difference between projected and actual earnings on pension plan investments	\$ -	\$ 1,292,684
Contributions subsequent to the measurement date*	<u>517,500</u>	<u>-</u>
Total	<u>\$ 517,500</u>	<u>\$ 1,292,684</u>

* The amount reported as deferred outflows of resources resulting from contributions subsequent to the measurement date will be recognized as a reduction in the net pension liability for the year ending September 30, 2023.

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
NOTES TO FINANCIAL STATEMENTS**

NOTE 5 - RETIREMENT PLANS (continued)

Defined Benefit Pension Plan (continued)

Pension Expenses and Deferred Outflows of Resources and Deferred Inflows of Resources Related to Pensions (continued)

Amounts reported as deferred outflows and inflows of resources related to pensions will be recognized in pension expense as follows:

Year Ending September 30,	Pension Expense
2023	\$ (211,313)
2024	(514,284)
2025	(380,514)
2026	(186,573)

Actuarial Assumptions

The total pension liability in the December 31, 2021, annual actuarial valuation was determined using the following actuarial assumptions, applied to all periods included in the measurement:

Inflation: 2.5%

Salary increases: 3.00% in the long-term plus a percentage based on age related scale to reflect merit, longevity, and promotional pay increases.

Investment rate of return: 7.00%, net of investment expenses, including inflation.

The base mortality tables used are constructed as described below and are based on amount weighted sex distinct rates:

- Pre-retirement mortality based on 100% of Pub-2010 Juvenile Mortality Tables for ages 0-17, 100% of PubG-2010 Employee Mortality Tables for Ages 18-80, and 100% of PubG-2010 Healthy Retiree Tables for ages 81-120.
- Non-disabled retired plan members and beneficiaries' mortality based on 106% of Pub-2010 Juvenile Mortality Tables for ages 0-17, 106% of PubG-2010 Employee Mortality Tables for Ages 18-49, and 106% of PubG-2010 Healthy Retiree Tables for ages 50-120.
- Disabled retired plan members mortality based on 100% of Pub-2010 Juvenile Mortality Tables for ages 0-17 and 100% of PubNS-2010 Disabled Retiree Tables for ages 18-120.

The actuarial assumptions used in the valuation were based on the results of the 2014-2018 Five-Year Experience Study.

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
NOTES TO FINANCIAL STATEMENTS**

NOTE 5 - RETIREMENT PLANS (continued)

Defined Benefit Pension Plan (continued)

Discount Rate

The discount rate used to measure the total pension liability is 7.25%. The projection of cash flows used to determine the discount rate assumes that employer and employee contributions will be made at the rates agreed upon for employees and the actuarially determined rates for employers.

Change in Assumptions

The actuarial assumptions were changed during the year as follows:

- Discount rate was lowered from 7.60% to 7.25%.
- Investment rate of return was lowered from 7.35% to 7.00%.

Changes in Benefits

There were no changes of benefit terms during plan year 2021.

Projected Cash Flows

Based on these assumptions, the pension plan's fiduciary net position was projected to be available to pay all projected future benefit payments of current active and inactive employees. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability.

The long-term expected rate of return on pension plan investments was determined using a model method in which the best-estimate ranges of expected future real rates of return (expected returns, net of investment and administrative expenses and inflation) are developed for each major asset class. These ranges are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage and by adding expected inflation.

The target allocation and best estimates of arithmetic real rates of return for each major asset class are summarized in the following table:

<u>Asset Class</u>	<u>Target Allocation</u>	<u>Target Allocation Gross Rate of Return</u>	<u>Long-Term Expected Real Rate of Return</u>
Global Equity	60.00%	4.50%	2.70%
Global Fixed Income	20.00%	2.00%	0.40%
Private Investments	20.00%	7.00%	1.40%
	<u>100.00%</u>		<u>4.50%</u>
	Inflation		2.50%
	Administration expenses netted above		<u>0.25%</u>
	Investment rate of return		<u>7.25%</u>

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
NOTES TO FINANCIAL STATEMENTS**

NOTE 5 - RETIREMENT PLANS (continued)

Defined Benefit Pension Plan (continued)

Sensitivity of the Net Pension Liability to Changes in the Discount Rate

The following presents the net pension liability of the Agency, calculated using the discount rates of 7.25%, as well as what the Agency's net pension liability would be using a discount rate that is 1% lower (6.25%) or 1% higher (8.25%) than the current rate.

	1% Decrease	Current Discount Rate	1% Increase
Net pension liability	\$ 2,826,263	\$ 691,029	\$ (1,108,392)

Defined Contribution Pension Plan

As of August 1, 2015, the Agency established a defined contribution pension plan through the Michigan Municipal Employees' Retirement System. All employees hired after August 1, 2015, are covered under the defined contribution plan.

The plan is administered by the Michigan Municipal Employees' Retirement System. Contributions are determined, and may be amended, by an employment agreement requiring employer and employee contributions of 5% and 3% of covered payroll, respectively.

The Agency's contributions to the plan were \$72,853 for the year ended September 30, 2022. The Agency's employees contributed \$43,712 to the defined contribution plan for the year ended September 30, 2022.

NOTE 6 - RISK MANAGEMENT

The Agency carries commercial insurance for the risk of loss due to workers' compensation claims. Settled claims relating to workers' compensation and professional liability have not exceeded the amount of insurance coverage in any of the past three fiscal years.

The Agency also participates in a State pool, the Michigan Municipal Risk Management Authority, with other municipalities for property and casualty losses. The pool is organized under Public Act 138 of 1982, as amended. The Agency has no liability for additional assessments based on the claims filed against the pool nor do they have any rights to dividends. In the event the pool's claims and expenses for a policy year exceed the total normal annual premiums for said years, all members of the specific pool's policy year may be subject to special assessment to make up the deficiency. The Agency has not been informed of any special assessments being required.

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
NOTES TO FINANCIAL STATEMENTS**

NOTE 7 - DETAILS OF FUND BALANCE CLASSIFICATIONS

For the classification of fund balances, the Agency considers restricted amounts to have been spent when an expenditure is incurred for the purposes for which both restricted and unrestricted fund balance is available. Also, for the classification of fund balances, the Agency considers committed, assigned, or unassigned amounts to have been spent when an expenditure is incurred for purposes for which amounts in any of those unrestricted fund balance classifications could be used.

As of September 30, 2022, the fund balance classifications were as follows:

Nonspendable		
Prepays	\$	111,039
Assigned		
Vacation and sick leave		368,043
BCCF funds		309,956
Dental revenue		406,581
Aging services		22,523
Medicaid cost base reimbursement		1,341,797
Community stabilization		440,098
Collector fee		4,851
Capital improvement		148,000
Unassigned		356,948
	\$	3,509,836

NOTE 8 - CONTINGENT LIABILITIES

The Agency participates in a number of Federal and State assisted grant programs which are subject to compliance audits. The periodic program compliance audits of many of the programs have not yet been completed or final resolution has not been received. Accordingly, the Agency’s compliance with applicable grant requirements will be established at some future date. The amount, if any, of expenditures which may be disallowed by the granting agencies cannot be determined at this time although the Agency expects such amounts, if any, to be immaterial.

Significant patient service revenue and account receivable balances for service fees were derived from reimbursements for providing medical services to Medicare and Medicaid recipients. Payments for these services are based upon allowable costs incurred and are subject to final audit by the intermediaries. Possible changes in the health care financing systems may have an effect on the Department’s future revenues.

The Agency is a defendant in various lawsuits. Although the outcomes of these lawsuits are not presently determinable, it is the opinion of management and the Agency’s counsel that resolution of these matters will not have a material adverse effect on the financial condition of the Agency.

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
NOTES TO FINANCIAL STATEMENTS

NOTE 9 - CHANGE IN ACCOUNTING PRINCIPLE

For the year ended September 30, 2022, the Agency implemented Governmental Accounting Standards Board (GASB) Statement No. 87, *Leases*, which was issued in June 2017. The objective of this Statement is to increase the usefulness of governments' financial statements by requiring recognition of certain lease assets and liabilities for leases that previously were classified as operating leases and recognized as inflows of resources or outflows of resources based on the payment provisions of the contract. It establishes a single model for lease accounting based on the foundational principle that leases are financing of the right to use the underlying asset. Under this Statement, a lessee is required to recognize a lease liability and an intangible right-to-use lease asset, and a lessor is required to recognize a lease receivable and a deferred inflow of resources, thereby enhancing the relevance and consistency of information about governments' leasing activities.

There was no material impact on the Agency's financial statement after the adoption of GASB Statement No. 87.

NOTE 10 - UPCOMING ACCOUNTING PRONOUNCEMENTS

In May 2020, the GASB issued Statement No. 96, *Subscription-based Information Technology Arrangements*. This Statement provides guidance on the accounting and financial reporting for subscription-based information technology arrangements (SBITAs) for government end users (governments). This Statement (1) defines a SBITA; (2) establishes that a SBITA results in a right-to-use subscription asset -an intangible asset and a corresponding subscription liability; (3) provides the capitalization criteria for outlays other than subscription payments, including implementation costs of a SBITA; and (4) requires note disclosures regarding a SBITA. To the extent relevant, the standards for SBITAs are based on the standards established in Statement No. 87, *Leases*, as amended. The Agency is currently evaluating the impact this standard will have on the financial statements when adopted during the 2022-2023 fiscal year.

In June 2022, the GASB issued Statement No. 100, *Accounting Changes and Error Corrections - an amendment of GASB Statement No. 62*. This Statement prescribes the accounting and financial reporting for (1) each type of accounting change and (2) error corrections. This Statement requires that (a) changes in accounting principles and error corrections be reported retroactively by restating prior period, (b) changes to or within the financial reporting entity be reported by adjusting beginning balances of the current period, and (c) changes in accounting estimates be reported prospectively by recognizing the change in the current period. The Agency is currently evaluating the impact this standard will have on the financial statements when adopted during the 2023-2024 fiscal year.

In June 2022, the GASB issued Statement No. 101, *Compensated Absences*. This Statement requires that liabilities for compensated absences be recognized for (1) leave that has not been used and (2) leave that has been used but not yet paid in cash or settled through noncash means. A liability should be recognized for leave that has not been used if (a) the leave is attributable to services already rendered, (b) the leave accumulates, and (c) the leave is more likely than not to be used for time off or otherwise paid in cash or settled through noncash means. This Statement also establishes guidance for measuring a liability for leave that has not been used, generally using an employee's pay rate as of the date of the financial statements. The Agency is currently evaluating the impact this standard will have on the financial statements when adopted during the 2024-2025 fiscal year.

REQUIRED SUPPLEMENTARY INFORMATION

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
GENERAL OPERATING FUND
BUDGETARY COMPARISON SCHEDULE
YEAR ENDED SEPTEMBER 30, 2022**

	Original Budget	Final Amended Budget	Actual	Variance with Final Budget Positive (Negative)
REVENUES				
Licenses and permits	\$ 317,240	\$ 340,240	\$ 330,712	\$ (9,528)
Intergovernmental				
Federal/State	6,367,847	7,562,458	6,286,064	(1,276,394)
Local	85,244	95,076	88,677	(6,399)
County appropriations	746,397	768,181	768,858	677
Charges for services	634,573	673,604	407,052	(266,552)
Interest and rents	5,000	6,000	16,445	10,445
Other	112,108	132,009	35,453	(96,556)
TOTAL REVENUES	8,268,409	9,577,568	7,933,261	(1,644,307)
EXPENDITURES				
Current				
Salaries and wages	3,552,768	3,430,841	3,064,211	366,630
Fringe benefits	1,606,517	1,764,279	1,633,811	130,468
Supplies and materials	768,025	956,229	553,551	402,678
Contractual	1,408,651	2,094,146	1,656,836	437,310
Communications	76,250	99,900	70,769	29,131
Travel and training	158,900	237,175	133,987	103,188
Insurance	46,000	50,000	43,841	6,159
Repairs and maintenance	448,353	633,745	392,517	241,228
Building and equipment lease and rentals	110,908	136,497	131,440	5,057
Printing and advertising	29,425	82,750	34,696	48,054
Postage	34,545	52,530	35,347	17,183
Other	28,067	39,476	32,157	7,319
TOTAL EXPENDITURES	8,268,409	9,577,568	7,783,163	1,794,405
NET CHANGE IN FUND BALANCE	-	-	150,098	150,098
Fund balance, beginning of year	3,359,738	3,359,738	3,359,738	-
Fund balance, end of year	<u>\$ 3,359,738</u>	<u>\$ 3,359,738</u>	<u>\$ 3,509,836</u>	<u>\$ 150,098</u>

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
SCHEDULE OF CHANGES IN EMPLOYER'S NET PENSION LIABILITY AND RELATED RATIOS
LAST EIGHT MEASUREMENT YEARS (ULTIMATELY TEN YEARS WILL BE DISPLAYED)
(AMOUNTS WERE DETERMINED AS OF 12/31 OF EACH FISCAL YEAR)

	2021	2020	2019	2018	2017	2016	2015	2014
Total Pension Liability								
Service cost	\$ 165,771	\$ 184,846	\$ 162,697	\$ 188,936	\$ 194,225	\$ 221,881	\$ 260,139	\$ 257,464
Interest	1,302,936	1,174,321	1,161,744	1,155,643	1,122,384	1,096,376	1,008,655	958,052
Difference between expected and actual experience	36,501	423,704	24,243	(366,923)	(79,298)	(233,076)	80,642	-
Changes of assumptions	664,119	921,539	508,776	-	-	-	814,056	-
Benefit payments, including employee refunds	<u>(1,043,494)</u>	<u>(961,641)</u>	<u>(915,864)</u>	<u>(860,670)</u>	<u>(777,188)</u>	<u>(715,313)</u>	<u>(616,270)</u>	<u>(590,701)</u>
Net Change in Total Pension Liability	1,125,833	1,742,769	941,596	116,986	460,123	369,868	1,547,222	624,815
Total Pension Liability, beginning	<u>17,582,753</u>	<u>15,839,984</u>	<u>14,898,388</u>	<u>14,781,402</u>	<u>14,321,279</u>	<u>13,951,411</u>	<u>12,404,189</u>	<u>11,779,374</u>
Total Pension Liability, ending	<u>\$ 18,708,586</u>	<u>\$ 17,582,753</u>	<u>\$ 15,839,984</u>	<u>\$ 14,898,388</u>	<u>\$ 14,781,402</u>	<u>\$ 14,321,279</u>	<u>\$ 13,951,411</u>	<u>\$ 12,404,189</u>
Plan Fiduciary Net Position								
Contributions - employer	\$ 1,275,772	\$ 1,264,662	\$ 637,262	\$ 304,525	\$ 266,448	\$ 226,464	\$ 219,053	\$ 181,018
Contributions - employee	44,476	48,270	47,927	50,404	55,364	64,400	85,602	71,723
Net investment income (loss)	2,130,706	1,994,138	1,615,364	(497,015)	1,559,362	1,251,034	(173,001)	708,740
Benefit payments, including employee refunds	(1,043,494)	(961,641)	(915,864)	(860,670)	(777,188)	(715,313)	(616,270)	(590,701)
Administrative expense	<u>(25,220)</u>	<u>(27,686)</u>	<u>(27,776)</u>	<u>(24,912)</u>	<u>(24,713)</u>	<u>(24,706)</u>	<u>(25,331)</u>	<u>(25,997)</u>
Net Change in Plan Fiduciary Net Position	2,382,240	2,317,743	1,356,913	(1,027,668)	1,079,273	801,879	(509,947)	344,783
Plan Fiduciary Net Position, beginning	<u>15,635,317</u>	<u>13,317,574</u>	<u>11,960,661</u>	<u>12,988,329</u>	<u>11,909,056</u>	<u>11,107,177</u>	<u>11,617,124</u>	<u>11,272,341</u>
Plan Fiduciary Net Position, ending	<u>\$ 18,017,557</u>	<u>\$ 15,635,317</u>	<u>\$ 13,317,574</u>	<u>\$ 11,960,661</u>	<u>\$ 12,988,329</u>	<u>\$ 11,909,056</u>	<u>\$ 11,107,177</u>	<u>\$ 11,617,124</u>
Agency Net Pension Liability	<u>\$ 691,029</u>	<u>\$ 1,947,436</u>	<u>\$ 2,522,410</u>	<u>\$ 2,937,727</u>	<u>\$ 1,793,073</u>	<u>\$ 2,412,223</u>	<u>\$ 2,844,234</u>	<u>\$ 787,065</u>
Plan Fiduciary Net Position as a percentage of the Total Pension Liability	96%	89%	84%	80%	88%	83%	80%	94%
Covered payroll	\$ 1,366,616	\$ 1,590,755	\$ 1,439,800	\$ 1,673,482	\$ 1,727,981	\$ 1,974,029	\$ 2,408,692	\$ 2,383,929
Agency's Net Pension Liability as a percentage of covered payroll	51%	122%	175%	176%	104%	122%	118%	33%

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
SCHEDULE OF EMPLOYER CONTRIBUTIONS
LAST EIGHT FISCAL YEARS (ULTIMATELY TEN YEARS WILL BE DISPLAYED)
(AMOUNTS WERE DETERMINED AS OF 9/30 OF EACH FISCAL YEAR)**

	<u>2022</u>	<u>2021</u>	<u>2020</u>	<u>2019</u>	<u>2018</u>	<u>2017</u>	<u>2016</u>	<u>2015</u>
Actuarially determined contributions	\$ 548,940	\$ 397,479	\$ 325,829	\$ 306,612	\$ 295,032	\$ 256,452	\$ 221,994	\$ 209,441
Contributions in relation to the actuarially determined contribution	<u>699,598</u>	<u>1,180,620</u>	<u>1,259,227</u>	<u>631,891</u>	<u>295,032</u>	<u>256,452</u>	<u>221,994</u>	<u>209,441</u>
Contribution deficiency (excess)	<u>\$ (150,658)</u>	<u>\$ (783,141)</u>	<u>\$ (933,398)</u>	<u>\$ (325,279)</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Covered payroll	\$ 1,300,578	\$ 1,573,681	\$ 1,559,148	\$ 1,634,619	\$ 1,688,177	\$ 1,918,244	\$ 2,204,494	\$ 2,413,420
Contributions as a percentage of covered payroll	54%	75%	81%	39%	17%	13%	10%	9%

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
NOTE TO REQUIRED SUPPLEMENTARY INFORMATION
YEAR ENDED SEPTEMBER 30, 2022**

NOTE 1 - EMPLOYEE RETIREMENT PLAN

Changes of benefits terms: There were no changes of benefit terms for the plan year 2021.

Changes in Assumptions: Discount rate was lowered from 7.60% to 7.25%.
Investment rate of return was lowered from 7.35% to 7.00%.

OTHER SUPPLEMENTARY INFORMATION

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
 SUPPLEMENTAL SCHEDULE: FUNDED SERVICE CATEGORIES BY SOURCE ^(a)
 AGING AND ADULT SERVICES AGENCY
 YEAR ENDED SEPTEMBER 30, 2022**

	<u>Title III-B</u>	<u>Title III-C1</u>	<u>Title III-C2</u>	<u>Title III-D</u>
EXPENDITURES				
Personal care	\$ 8,125	\$ -	\$ -	\$ -
Homemaker	8,125	-	-	-
Chore services	6,000	-	-	-
Home delivered meals	-	-	111,903	-
Adult day care	-	-	-	-
Care management	21,000	-	-	-
Respite care	-	-	-	-
Case coordination and support	-	-	-	-
Congregate meals	-	95,219	-	-
Transportation	43,435	-	-	-
Legal assistance	10,250	-	-	-
Caregiver Support Group	-	-	-	-
Caregiver Training	-	-	-	-
Assistive devices and technologies	3,474	-	-	-
Information and assistance	21,510	-	-	-
Home repair	3,480	-	-	-
Disease prevention and health promotion	-	-	-	5,231
Program development	22,000	-	-	-
Caregiver transportation	-	-	-	-
Ombudsman	2,000	-	-	-
Medication management	-	-	-	-
Administration	-	-	-	-
Gap Filing/Special Needs (RSD)	4,079	-	-	-
Other	8,832	-	-	-
	<u>\$ 162,310</u>	<u>\$ 95,219</u>	<u>\$ 111,903</u>	<u>\$ 5,231</u>
TOTAL EXPENDITURES	<u>\$ 162,310</u>	<u>\$ 95,219</u>	<u>\$ 111,903</u>	<u>\$ 5,231</u>

(a) This schedule only includes Aging Services programs.

<u>Title III-E</u>	<u>Title III Administration</u>	<u>NSIP</u>	<u>Targeted Care Management</u>	<u>State Access</u>	<u>State In-Home</u>	<u>State Congregate Meals</u>
\$ -	\$ -	\$ -	\$ -	\$ -	\$ 61,572	\$ -
-	-	-	-	-	98,592	-
29,283	-	-	-	-	-	-
-	-	122,537	-	-	-	-
-	-	-	-	-	-	-
3,500	-	-	-	-	20,000	-
6,300	-	-	-	7,989	-	-
-	-	-	-	-	-	2,676
-	-	-	-	-	-	-
5,500	-	-	-	-	-	-
5,500	-	-	-	-	-	-
-	-	-	-	-	9,000	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
11,690	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	6,151	-
-	47,384	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	58,571	-	-	-
<u>\$ 61,773</u>	<u>\$ 47,384</u>	<u>\$ 122,537</u>	<u>\$ 58,571</u>	<u>\$ 7,989</u>	<u>\$ 195,315</u>	<u>\$ 2,676</u>

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
SUPPLEMENTAL SCHEDULE: FUNDED SERVICE CATEGORIES BY SOURCE (continued)
AGING AND ADULT SERVICES AGENCY
YEAR ENDED SEPTEMBER 30, 2022

	State Home Delivered Meals	State Alternative Care	Merit Award Trust Fund Respite	State Respite Care
EXPENDITURES				
Personal care	\$ -	\$ 15,688	\$ -	\$ -
Homemaker	-	15,688	-	-
Chore services	-	-	-	-
Home delivered meals	133,392	-	-	-
Adult day care	-	-	20,712	21,000
Care management	-	-	-	-
Respite care	-	-	4,500	20,950
Case coordination and support	-	-	-	-
Congregate meals	-	-	-	-
Transportation	-	-	8,200	-
Legal assistance	-	-	-	-
Caregiver Support Group	-	-	-	-
Caregiver Training	-	-	-	-
Assistive devices and technologies	-	-	-	-
Information and assistance	-	-	-	-
Home repair	-	-	-	-
Disease prevention and health promotion	-	-	-	-
Program development	-	-	-	-
Caregiver transportation	-	-	-	-
Ombudsman	-	-	-	-
Medication management	-	-	-	-
Administration	-	-	-	-
Gap Filing/Special Needs (RSD)	-	-	-	-
Other	-	-	-	-
TOTAL EXPENDITURES	\$ 133,392	\$ 31,376	\$ 33,412	\$ 41,950

<u>State CG Support</u>	<u>Merit Award Fund Administration</u>	<u>State Care Management</u>	<u>State Administration</u>	<u>State Caregiver Support Administration</u>	<u>State Aging New Services</u>	<u>Program Income</u>
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20,263
-	-	-	-	-	-	16,794
-	-	-	-	-	-	533
-	-	-	-	-	-	26,802
-	-	-	-	-	-	5,160
-	-	76,083	-	-	12,458	-
4,123	-	4,145	-	-	-	2,672
-	-	-	-	-	-	10
-	-	-	-	-	-	25,632
-	-	-	-	-	-	24,297
-	-	-	-	-	-	39
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	614
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	3,304	-	8,146	407	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
<u>\$ 4,123</u>	<u>\$ 3,304</u>	<u>\$ 80,228</u>	<u>\$ 8,146</u>	<u>\$ 407</u>	<u>\$ 12,458</u>	<u>\$ 122,816</u>

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
SUPPLEMENTAL SCHEDULE: FUNDED SERVICE CATEGORIES BY SOURCE (continued)
AGING AND ADULT SERVICES AGENCY
YEAR ENDED SEPTEMBER 30, 2022

	Cash Match	In-kind Match	Total
EXPENDITURES			
Personal care	\$ 14,519	\$ -	\$ 120,167
Homemaker	14,519	5,226	158,944
Chore services	767	-	36,583
Home delivered meals	23,183	22,187	440,004
Adult day care	2,905	-	49,777
Care management	14,300	10,800	134,641
Respite care	4,794	-	64,684
Case coordination and support	2,978	-	17,277
Congregate meals	4,837	6,041	134,405
Transportation	142,732	-	218,664
Legal assistance	1,532	-	11,821
Caregiver Support Group	1,235	-	6,735
Caregiver Training	1,235	-	6,735
Assistive devices and technologies	-	1,000	13,474
Information and assistance	5,000	-	26,510
Home repair	452	-	3,932
Disease prevention and health promotion	1,855	-	7,700
Program development	-	-	22,000
Caregiver transportation	-	-	11,690
Ombudsman	29,957	-	31,957
Medication management	-	-	6,151
Administration	-	-	59,241
Gap Filing/Special Needs (RSD)	130	-	4,209
Other	859	2,500	70,762
	<u>267,789</u>	<u>47,754</u>	<u>1,658,063</u>
TOTAL EXPENDITURES	<u>\$ 267,789</u>	<u>\$ 47,754</u>	<u>\$ 1,658,063</u>

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
YEAR ENDED SEPTEMBER 30, 2022**

Federal Grantor/Pass Through Grantor/Program Title	Assistance Listing Number	Pass-Through Grantor Number	Expenditures
U.S. DEPARTMENT OF AGRICULTURE			
Passed through Michigan Department of Health and Human Services			
Special Supplemental Nutrition Program for			
Women, Infants, and Children			
	10.557		
FY 21-22 Resident Services		222MI003W1003	\$ 887,796
FY 21-22 Breastfeeding		222MI013W5003	19,761
FY 21-22 Breastfeeding		222MI003W1003	19,762
FY 21-22 Breastfeeding		212MI003W5003	<u>44,507</u>
TOTAL U.S. DEPARTMENT OF AGRICULTURE			<u>971,826</u>
U.S. DEPARTMENT OF JUSTICE			
Passed through Michigan Department of Health and Human Services			
Crime Victim Assistance			
	16.575		
FY 21-22 VOCA		E20211465-001	<u>135,896</u>
ENVIRONMENTAL PROTECTION AGENCY			
Passed through Michigan Department of Environment, Great Lakes, and Energy			
Drinking Water State Revolving Fund Cluster			
Capitalization Grants for Drinking Water State Revolving Funds			
	66.468 ^(d)		
FY 21-22 Standard/Operator Assistance		FS97548720	3,141
FY 21-22 Local Assistance		FS97548720	400
FY 21-22 Public Water Supply Supervision		FS97548720	<u>5,819</u>
Total Drinking Water State Revolving Fund Cluster			<u>9,360</u>
TOTAL ENVIRONMENTAL PROTECTION AGENCY			<u>9,360</u>
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			
Direct award			
Rural Health Outreach and Rural Network Development Program			
Rural Communities Opioid Response			
	93.912		
FY 21-22		G2540027	<u>8,367</u>
Passed through Michigan Department of Health and Human Services			
Aging Cluster			
Title III-B Special Programs for the Aging			
(Grants for Supportive Services and Senior Centers)			
	93.044 ^{(a)(b)}		
FY 21-22 Expanding Older Adult		2101MIVAC5	3,406
Passed through Michigan Aging and Adult Services Agency			
Aging Cluster			
Title III-B Special Programs for the Aging			
(Grants for Supportive Services and Senior Centers)			
	93.044 ^{(a)(b)}		
FY 21-22 Administration		N/A	13,509
FY 21-22 Regular		N/A	162,310
COVID-19 ARP for Supportive Services Title III-B		N/A	<u>109,868</u>
			289,093

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (continued)
YEAR ENDED SEPTEMBER 30, 2022**

Federal Grantor/Pass Through Grantor/Program Title	Assistance Listing Number	Pass-Through Grantor Number	Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (continued)			
Passed through Michigan Aging and Adult Services Agency (continued)			
Aging Cluster (continued)			
Title III-C Special Programs for the Aging			
(Nutrition Services)			
	93.045 ^{(a)(b)}		
FY 21-22 Administration		N/A	\$ 27,408
FY 21-22 Nutrition Congregate		N/A	95,219
FY 21-22 Nutrition Home Delivered Meals		N/A	111,903
FY 21-22 Supplemental Nutrition		N/A	42,751
COVID-19 ARP for Congregate Meals Title III		N/A	96,081
COVID-19 ARP for Home Delivered Meals Title III		N/A	<u>117,665</u>
			491,027
Nutrition Services Incentive Program			
	93.053 ^{(a)(b)}		
FY 21-22 Nutrition Services Incentive Program		N/A	<u>122,537</u>
Total Aging Cluster			<u>902,657</u>
Title III-D Special Programs for the Aging			
(Disease Prevention and Health Promotion Services)			
	93.043		
FY 21-22		N/A	5,231
COVID-19 ARP for Preventative Health		N/A	<u>9,078</u>
Total Special Services			14,309
National Family Caregiver Support			
	93.052		
FY 21-22 Administration		N/A	6,467
FY 21-22 Regular		N/A	61,773
COVID-19 ARP for Family Caregivers			<u>37,081</u>
			105,321
Tuberculosis Control Program			
	93.116		
FY 21-22 Tuberculosis Control		NU52PS910173	40
FY 21-22 Tuberculosis Control		NU52PS910173	2,026
FY 21-22 U4U Tuberculosis Control		NU52PS910173	<u>650</u>
			<u>2,716</u>
Immunization Cooperative Agreements			
	93.268 ^(a)		
FY 21-22 Vaccine Supply		NH23IP922635	226,952
FY 21-22 Vaccine Initiative		NH23IP922635	8,108
FY 21-22 Immunization Action Plan		NH23IP922635	71,789
FY 21-22 Immunization Fixed Fees		NH23IP922635	350
FY 21-22 COVID-19 COVID Immunization		NH23IP922635	357,836
COVID-19 Immunization Support		NH23IP922635	<u>16,393</u>
			<u>681,428</u>
COVID-19 Epidemiology and Laboratory Capacity for Infectious Diseases			
	93.323		
COVID-19 Contact Tracing Testing Coordination		NU50CK000510	414,852
COVID-19 Infection Prevention		NU50CK000510	<u>54,185</u>
			<u>469,037</u>

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (continued)
YEAR ENDED SEPTEMBER 30, 2022**

Federal Grantor/Pass Through Grantor/Program Title	Assistance Listing Number	Pass-Through Grantor Number	Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (continued)			
Passed through Michigan Department of Health and Human Services			
COVID-19 Public Health Crisis Response - Coronavirus	93.354		
FY 21-22 COVID-19 Workforce Development		NU90TP922186	\$ 14,506
Passed through Michigan Aging and Adult Services Agency			
Medicaid Cluster			
Medical Assistance Program			
FY 21-22 Aging	93.778 ^(e)	N/A	58,571
Passed through Michigan Department of Health and Human Services			
Medicaid Cluster			
Medical Assistance Program			
FY 21-22 Medicaid Outreach	93.778 ^(e)	2205MI5ADM	5,947
FY 21-22 CSHCS Medicaid Outreach		2305MI5ADM	30,017
FY 21-22 CSHCS Care Coordination ^(e)		2205MI5ADM	9,625
FY 21-22 CSHCS Care Coordination ^(f)		2205MI5MAP	3,036
FY 21-22 CSHCS Medicaid Elevated Blood Lead Case Management		2305MI5MAP	660
FY 21-22 CSHCS Medicaid Elevated Blood Lead Case Management		2205MI5MAP	528
FY 21-22 CSHCS Outreach and Advocacy ^(e)		2205MI5ADM	58,364
			<u>108,177</u>
Total Medicaid Cluster			<u>166,748</u>
National Bioterrorism Hospital Preparedness Program	93.889		
FY 21-22 Public Health Emergency Preparedness		U3REP190584	97,902
FY 21-22 Public Health Emergency Preparedness		U3REP190584	32,733
			<u>130,635</u>
Maternal and Child Health Services Block Grant	93.994		
FY 21-22 CSHCS Care Coordination		B0445223	48,644
FY 21-22 MCH - Children		B0445223	39,034
FY 21-22 MCH - All other		B0445223	42,058
			<u>129,736</u>
Preventative Health Services	93.991		
Local Health Department (LHD) Sharing Support		NB010T0009428	44,135
Passed through Michigan Department of Health and Human Services and MMAP, Inc.			
Special Programs for the Aging - Title IV and Title II Discretionary Projects	93.048	90MPPG0039	4,030
State Health Insurance Assistance Program	93.324	90SAPG0090	17,500
TOTAL U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			<u>2,691,125</u>
TOTAL FEDERAL AWARD EXPENDITURES			<u>\$ 3,808,207</u>

(g)

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
YEAR ENDED SEPTEMBER 30, 2022**

NOTE 1 - BASIS OF PRESENTATION

The accompanying Schedule of Expenditures of Federal Awards (the "Schedule" includes the federal grant activity of the Branch-Hillsdale-St. Joseph Community Health Agency (the Agency) under programs of the federal government for the year ended September 30, 2022. The information in this schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the Agency, it is not intended to and does not present the financial position or changes in net position of the Branch-Hillsdale-St. Joseph Community Health Agency.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Expenditures reported on the Schedule are reported on the modified accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. Negative amounts (if any) shown on the Schedule represent adjustments or credits made in the normal course of business to amounts reported as expenditures in prior years. Pass-through entity identifying numbers are presented where available. The Agency has elected to not use the 10-percent de minimis indirect cost rate allowed under the Uniform Guidance.

NOTE 3 - SUBRECIPIENTS

No Federal Awards were passed through by the Agency to any subrecipients during the year.

NOTE 4 - SUMMARY OF SIGNIFICANT EXPLANATIONS OF SCHEDULE

The following descriptions identified below as (a) - (g) represent explanations that cross reference to amounts on the Schedule of Expenditures of Federal Awards:

- (a) Denotes programs tested as "major programs".
- (b) Denotes programs required to be clustered by United States Department of Health and Human Services.
- (c) Denotes programs required to be clustered by United States Department of Health and Human Services.
- (d) Denotes programs required to be clustered by United States Environmental Protection Agency.
- (e) Reimbursements of this contract are passed through the State. The amount reported on the Schedule of Expenditures of Federal Awards represents the portion of the grant that is considered federal. Federal participation in this program is 50%.
- (f) Reimbursements of this contract are passed through the State. The amount reported on the Schedule of Expenditures of Federal Awards represents the portion of the grant that is considered federal. Federal participation in this program is 65.48%.

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
YEAR ENDED SEPTEMBER 30, 2022**

NOTE 4 - SUMMARY OF SIGNIFICANT EXPLANATIONS OF SCHEDULE (continued)

(g) The following reconciles the federal revenues reported in the September 30, 2022, financial statements to the expenditures of the Agency administered federal programs reported on the Schedule of Expenditures of Federal Awards (SEFA):

Federal/State Revenue (per fund financial statements)	\$ 6,286,064
Less: Difference between vaccines administered (revenue per financial statements) and vaccines received (expenditures per SEFA and instructions from grantor agency)	(1,399)
Less: Portions of grant funding considered "State" funding	<u>(2,476,458)</u>
Federal award expenditures	<u><u>\$ 3,808,207</u></u>



2425 E. Grand River Ave.,
Suite 1, Lansing, MI 48912

☎ 517.323.7500

🖨 517.323.6346

**INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND
ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS
PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS***

Board of Public Health
Branch-Hillsdale-St. Joseph Community Health Agency
Coldwater, Michigan

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the governmental activities and the major fund of the Branch-Hillsdale-St. Joseph Community Health Agency (the Agency), as of and for the year ended September 30, 2022, and the related notes to the financial statements, which collectively comprise the Agency's basic financial statements and have issued our report thereon dated March 10, 2023.

Internal Control Over Financial Reporting

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

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

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

Compliance and Other Matters

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

Purpose of this Report

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

Maney Costeiran PC

March 10, 2023



2425 E. Grand River Ave.,
Suite 1, Lansing, MI 48912

☎ 517.323.7500

🖨 517.323.6346

**INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM
AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE**

Board of Public Health
Branch-Hillsdale-St. Joseph Community Health Agency
Coldwater, Michigan

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited the Branch-Hillsdale-St. Joseph Community Health Agency's (the Agency) compliance with the types of compliance requirements described in the OMB *Compliance Supplement* that could have a direct and material effect on the Agency's major federal programs for the year ended September 30, 2022. The Agency's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the Branch-Hillsdale-St. Joseph Community Health Agency complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2022.

Basis for Opinion on Each Major Federal Program

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

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

Responsibilities of Management for Compliance

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

Auditor's Responsibilities for the Audit of Compliance

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

In performing an audit in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance, we:

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

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

Report on Internal Control Over Compliance

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

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

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

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

Maney Costeiran PC

March 10, 2023

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
YEAR ENDED SEPTEMBER 30, 2022**

Section I - Summary of Auditor's Results

Financial Statements

Type of auditor's report issued based on financial statements prepared in accordance with generally accepted accounting principles:

Unmodified

Internal control over financial reporting:

- Material weakness(es) identified? Yes No
- Significant deficiency(ies) identified? Yes None reported

Noncompliance material to financial statements noted?

Yes No

Federal Awards

Internal control over major programs:

- Material weakness(es) identified? Yes No
- Significant deficiency(ies) identified? Yes None reported

Type of auditor's report issued on compliance for major programs:

Unmodified

Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?

Yes No

Identification of major programs:

Assistance Listing Number(s)	Name of Federal Program or Cluster
93.268 93.044, 93.045, 93.053	Immunization Cooperative Agreements Aging Cluster

Dollar threshold used to distinguish between Type A and Type B programs:

\$ 750,000

Auditee qualified as low-risk auditee?

Yes No

Section II - Financial Statement Findings

None noted.

Section III - Federal Award Findings and Questioned Costs

None noted.

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
SUMMARY SCHEDULE OF PRIOR YEAR AUDIT FINDINGS
YEAR ENDED SEPTEMBER 30, 2022**

FINDINGS/COMPLIANCE

Control Deficiencies and Material Weaknesses Related to Internal Controls Over the Financial Statements.

No prior audit findings noted.

Findings Related to Compliance with Requirements Applicable to the Financial Statements.

No prior audit findings noted.

Findings Related to Compliance with Requirements Applicable to Federal Awards and Internal Control Over Compliance in Accordance with the Uniform Guidance.

No prior audit findings noted.

Health Officer's Report to the Board of Health for March 23, 2023
Prepared by: Rebecca A. Burns, M.P.H., R.S.

Agency Updates

Agency Meetings and Trainings: I want to thank all Board members who were able to attend the lunches with our staff. The meetings were well received and the staff appreciated the opportunity to meet and interact with you.

We held Quarterly Staff Meetings last week in each office. This is the time of the year that we provide annual retraining to staff on items such as HIPAA compliance, Bloodborne Pathogens, office safety, FOIA and record retention, computer security, Mandatory reporting, updating personnel contact information, agency updates on the Strategic Plan, and many other things. These meetings are held in each office from 8-10 am and the office is closed during that time so we can have full attention of our team.

The Agency's Annual All-Staff Meeting is scheduled for Friday, April 21st. That day will begin at 9 am and wrap-up at 3 pm and we will be at the ProMedica Conference Room (old Kmart building) in Coldwater. You are welcome to stop in and join us for a portion of the day. Please let me know if you plan to attend.

MALPH's Day at the Capitol: On April 11th, the Michigan Association for Local Public Health (MALPH) is sponsoring the Day at the Capitol for Local Public Health Leaders. It is a busy day that combines local public health leader visits with legislators with a morning presentation on the County Health Rankings and Legislative breakfast as well as the presentation of the Hometown Health Hero Awards at 11:30 am followed by a lunch at Boji Tower where Friends of Local Public Health are awarded. Dr. Luparello, Kris Dewey, and I are all scheduled to attend. If you are interested in attending with us, please let me know so that I can register you. We will focus on advocacy of local public health priorities.

I have appointments with our Representatives and Senators as follows:

- 9:30 am Representative Fink
- 10:00 am Representative Carra
- 2:00 pm Senator Bellino
- 2:45 pm Senator Lindsey

Michigan's Public Health Week/Hometown Health Hero Award Winners Announced: The MALPH Day at the Capitol is held during Michigan's Public Health Week (MPHW). One of the annual events is the announcement of the Hometown Health Hero. The Hometown Health Hero award has been presented each year since 2004 to individuals and/or organizations that have made significant and measurable contributions to preserve and improve their community's health. Awardees are selected solely from nominations received. The only way for someone to receive this award is to be nominated. I am excited to announce that our nominee this year has been selected as a Hometown Health Hero. The

presentation will occur on April 11th at the new Heritage Hall of the State Capitol at 11:30 am. Please let me know if you can join me, Dr. Luparello, and Kris Dewey as our Hometown Health Hero is recognized. The Agency will make a formal announcement to media about our award winner closer to April 11th, but here is the teaser, JJ Hodshire, CEO of Hillsdale Hospital, is our nominee.

Community Health Needs Assessment (CHNA)/Community Health Improvement Plan (CHIP): Marcus and Thomas were down in the tri-county area this past week providing updates to the county human service commissions in St. Joseph and Branch counties. Plans to interview focus groups are well underway and a survey document is being drafted that we will publish on our website and social media pages asking for public input on health needs.

MCDC Dental Centers: The MCDC facilities in our tri-county area are very busy with many clients needing care. I plan to provide quarterly reports on MCDC patient statistics in the coming months, so no new stats today. Unfortunately, our own staff who have our BC/BS dental plan seeking care in St. Joseph county are finding that their Provider is no longer participating with BC/BS which has caused some of our staff to seek care at MCDC further stressing the problem of a lack of care for the uninsured and those with Medicaid.

COVID: The testing kiosks have been installed in Three Rivers, Sturgis, Centreville, and Coldwater. The newest installation is in Coldwater at the Goodwill location. Just as with the first 3 kiosks installed, the new unit in Coldwater is outside and available for access by the public 24/7, 365. So far, the testing company reports that the units have processed the following number of kits: Three Rivers = 6, Sturgis and Centreville =1 each, and Coldwater =2. There have been some growing pains with this new system for some who lack a smartphone or lack familiarity with technology using a QR code for registration. We will be meeting with the company next week to explore options for access for these individuals.

Highly Pathogenic Avian Influenza (HPAI): A backyard flock of birds in Eaton County were recently found to be positive for HPAI. You will remember we were dealing with this issue last year, recommending that individuals with birds (chicken, ducks, etc.) keep them penned up so that they cannot interact with wild migratory birds who carry HPAI. When a flock is found to have HPAI it is depopulated and the farmer has to wait a period of time before they can reintroduce a new flock. There are two primary concerns from public health; the HPAI jumping from bird to human and HPAI getting into commercial flocks and creating additional disruption to the food supply.

Accreditation: The Agency's Accreditation will be in four weeks after the Board of Health meeting. One important piece of that Accreditation visit is the Plan of Organization which is before you at today's meeting. We are looking for the Board of Health to formally accept the Plan of Organization at the March meeting.

Personnel Policy Committee: Theresa and I met with the Personnel Policy Committee on updates to the Personnel Policies. The draft update is in your packet today and we are requesting that you adopt this updated version.

Opioid Settlement Funds: As requested at the previous Board of Health meeting, the Agency has prepared a request for Opioid Settlement Funds for a prevention project to be headed up by our Health Promotion & Education division. If you accept the request, I will forward to the county administrators and Hillsdale Commission Chair as a formal request.

Coldwater Office: Theresa is working with Branch County maintenance on needed updates to our restroom facilities in this office.

Hillsdale Office: The bids for the parking lot have been received and there is a recommendation in today's packet.

Three Rivers Office: In your packet today is a recommendation regarding hiring a contractor for the wood wrap project.

Sturgis: In your packet today is a recommendation to provide some funding to assist in the build-out of the expanded space at our Sturgis location.

MEDICAL DIRECTOR'S REPORT

MARCH 2023

1. Morning checks on CDC website and Johns Hopkins website to follow COVID numbers and trends.
2. Director and Administrator meetings, in person and zoom.
3. Meetings via zoom and teleconference with several associations.
4. Continue to review and sign standing orders.
5. Reviewing policies and procedures for accreditation.
6. Continuing with Leadership and Cultural Nutrition classes.
7. Communicating with area providers about issues (vaccines for children, chicken pox, communicable diseases).

LISTERIA INFECTION

As of February 14, 2023, 11 people in the United States have been infected with the same strain of Listeria. Individuals are located throughout 6 states – Maryland, New Jersey, California, Illinois, Massachusetts, and New York.

- Listeria infection is a foodborne bacterial illness caused by *Listeria monocytogenes*.
- Can be very serious for pregnant women, people older than 65 and people with weakened immune systems. It's most
- Commonly caused by eating improperly processed deli meats and unpasteurized milk products.
- Healthy people rarely become ill from listeria infection, but the disease can be fatal to unborn babies, newborns and people with weakened immune systems.
- Can lead to blood infection and meningitis.
- Prompt antibiotic treatment can help curb the effects of listeria infection.
- Listeria bacteria can survive refrigeration and even freezing.
- People who are at higher risk of serious infections should avoid eating the types of food most likely to contain listeria bacteria.
- Symptoms include fever, chills, muscle aches, nausea.
- Symptoms might begin a few days after you've eaten contaminated food, but it can take 30 days or more before the first signs and symptoms of infection begin.
- If infection spreads to your nervous system, signs and symptoms can include headaches, stiff neck, confusion, loss of balance, convulsions

- Listeria might cause only mild illness in pregnant women, but consequences for their babies can be dire: miscarriage, stillbirth, prematurity, infection after birth.
- Immunocompromised individuals are: older than 65, AIDS, chemotherapy, diabetes or kidney disease, and high dose prednisone.
- Prevention of listeria includes keeping things clean, scrubbing raw vegetables, cooking food thoroughly
- If you are at risk, don't eat soft cheeses (feta, brie, Camembert, blue cheese and Mexican-style cheeses unless it's clear that the product was made using pasteurized milk. Don't eat hot dogs or deli meats unless they are reheated until steaming hot. Wash your hands after handling food products. Don't eat refrigerated meat spreads. Don't eat smoked seafood (nova style, lox, kippered or jerky). It's OK to eat them in cooked dishes. Canned or shelf-stable smoked seafood is acceptable. Don't eat raw or lightly cooked sprouts.

**Branch-Hillsdale-St. Joseph Community Health Agency
Environmental Public Health Services
Report for the March 23, 2023 Board of Health Meeting
Prepared by Paul Andriacchi R.E.H.S, Director of Environmental Health**

Food Service Sanitation

There were three restaurants, one in each of our three counties, that had a change of name/ownership last month. In St. Joseph County, the former Las Dos Maria's in White Pigeon has a new owner and the establishment is now called Morgan's Mexican Restaurant. In Branch County, the former Los Tequillo's in Coldwater, is now under new ownership as Trainwreck Grill & Ale. Finally, in Hillsdale County, the Twisted Farmer in Camden is under new ownership as Farmhouse Kitchen & Ale. The pandemic took a big toll on many restaurants in our counties and across the country so I would like to encourage the support of these new owners as they try to make a living in their new businesses.

Our food staff, most notably, Joe Frazier (Supervisor) have been working diligently in preparing for our accreditation review next month. Although this accreditation cycle will not be a pass/fail outcome as it has been in the past, we still review our documents and procedures like we have for past accreditation reviews. A lot of work is involved in file/inspection reviews to ensure our staff is meeting the minimum program requires for report writing, inspection frequency, follow and enforcement.

Well and Septic

Just as with the food program, we are preparing for accreditation for the on-site programs as well. One of the big projects for our preparation has been reviewing and updating all of our policies and procedure for these programs. Quality assurance(QA) reviews are done for the field sanitarians as well. Each program has a set of minimum program requirements that we are expected to meet. The QA reviews are done to ensure the necessary components are being met and if not, corrective actions are in place to ensure the requirements are met moving forward. The accreditation reviewer will be at our agency the week of April 24 and the process will take up to two days to complete. I will have some key members of my staff involved as we navigate through the review.

Other Programs

The data management software the we are currently using in EH has presented us with many disappointments. We have encountered wide variety of issues with the software over the past 4+ years that the company has failed to correct. The biggest disappoint has been that they have not been able to deliver all the functionality that was promised to us at the time of purchase. We have decided that we need to move on from this company and have sent out requests for proposals to 4 software companies. We received 3 proposals back and have narrowed that list down to the top prospect. That company did a demonstration of their product for us last week which was very impressive. A proposal to hire this company is on the agenda for today's meeting.

EH Service Statistics Report

BRANCH - HILLSDALE - ST. JOSEPH COMMUNITY HEALTH AGENCY

ENVIRONMENTAL HEALTH SERVICE REPORT 2022/2023

	FEBRUARY				YTD 2022/2023				YTD 2021/2022			
	BR	HD	SJ	TOTAL	BR	HD	SJ	TOTAL	BR	HD	SJ	TOTAL
WELL/SEWAGE SYSTEM EVAL.	3	-	-	3	4	-	-	4	-	-	10	10
CHANGE OF USE EVALUATIONS - FIELD	2	4	3	9	8	21	21	50	7	16	11	34
CHANGE OF USE EVALUATIONS - OFFICE	4	1	5	10	20	8	25	53	6	11	41	58
ON-SITE SEWAGE DISPOSAL												
PERMITS NEW CONSTRUCTION ISSUED	3	1	6	10	18	18	29	65	21	19	24	64
REPAIR/REPLACEMENT ISSUED	4	1	4	9	17	15	28	60	25	17	26	68
VACANT LAND EVALUATION	-	-	-	-	3	4	5	12	-	7	7	14
PERMITS DENIED	-	-	-	-	-	-	-	-	1	-	-	1
TOTAL	7	2	10	19	38	37	62	137	36	43	57	147
SEWAGE PERMITS INSPECTED	3	2	2	5	39	58	59	154	31	39	48	112
WELL PERMITS ISSUED	6	3	15	24	62	37	79	178	31	45	120	196
WELL PERMITS INSPECTED	16	9	24	49	72	43	88	203	39	45	111	195
FOOD SERVICE INSPECTION												
PERMANENT	23	2	26	51	95	79	129	303	92	94	117	303
NEW OWNER / NEW ESTABLISHMENT	1	1	1	3	3	4	8	15	2	3	5	10
FOLLOW-UP INSPECTION	1	-	4	5	7	1	8	16	8	2	9	19
TEMPORARY	1	-	2	3	5	2	6	13	3	7	6	16
STFU/MOBILE	2	-	2	4	8	6	2	16	4	-	6	10
PLAN REVIEW APPLICATIONS	1	2	2	5	4	5	6	15	5	1	8	14
FOOD COMPLAINTS RECEIVED	-	-	-	-	7	7	3	17	4	3	1	8
FOODBORNE ILLNESS INVESTIGATED	-	-	-	-	-	-	-	-	-	-	-	-
FOOD CLASSES												
MANAGEMENT CERTIFICATION CLASS	-	-	-	-	n/a	n/a	n/a	57	n/a	n/a	n/a	-
CAMPGROUND INSPECTION	-	-	-	-	-	-	-	-	-	-	-	-
NON-COMM WATER SUPPLY INSP.	2	-	-	2	5	-	-	5	9	2	3	14
SWIMMING POOL INSPECTION	-	-	-	-	9	5	-	14	6	4	-	10
PROPOSED SUBDIVISION REVIEW	-	-	-	-	-	-	-	-	-	-	-	-
SEPTIC TANK CLEANER	-	-	-	-	-	1	-	1	-	-	-	-
DHS LICENSED FACILITY INSP.	2	-	4	6	4	12	8	24	6	14	16	36
COMPLAINT INVESTIGATIONS	7	1	-	8	19	8	4	31	6	6	7	19
LONG TERM MONITORING	-	-	-	-	-	-	14	14	-	-	-	-
BODY ART FACILITY INSPECTIONS	2	4	2	8	2	5	2	9	3	2	-	5

Inspection Type Count by County

For Date Range: 2/1/2023 - 2/28/2023 and Program: Food Service

County	Inspection Type	Count
Branch	Follow-Up	1
	Pre-opening/New	1
	Progress Note	1
	Routine	23
	STFU/Mobile	2
	Temporary	1
Hillsdale	Consult	1
	Pre-opening/New	1
	Progress Note	1
	Routine	1
	Routine - Phone	1
St. Joseph	Consult	2
	Follow-Up	4
	Pre-opening/New	1
	Progress Note	3
	Routine	26
	STFU/Mobile	2
	Temporary	2
	Total number of inspections	74

Inspection Type Count

For Date Range: 2/1/2023 - 2/28/2023 and Program: Food Service

Inspection Type	Count
Consult	3
Follow-Up	5
Pre-opening/New	3
Progress Note	5
Routine	50
Routine - Phone	1
STFU/Mobile	4
Temporary	3
Total number of inspections	74

3/14/2023 2:08:07 PM

Establishment Inspection Report

For Date Range: 2/1/2023 - 2/28/2023 and Program: Food Service

Name	Location	Date	Inspection Type	# P	# Pf	# P/Pf Fixed During Inspection	# Core
Amaz'n Nutrition	Three Rivers	2/6/2023	Routine	0	0	0	0
AMERICAN LEGION MEMORIAL POST	BRONSON	2/16/2023	Routine	0	0	0	0
AMERICAN LEGION POST 170	THREE RIVERS	2/8/2023	Progress Note	0	0	0	0
AMIGO CENTRE (Food)	Sturgis	2/28/2023	Routine	1	0	1	0
ARBY'S	THREE RIVERS	2/7/2023	Routine	0	0	0	0
Biggby Coffee	Three Rivers	2/9/2023	Routine	0	0	0	0
Biggby Coffee # 592	Coldwater	2/7/2023	Routine	1	0	0	2
Biggby Coffee #494	White Pigeon	2/10/2023	Routine	0	0	0	0
BOB EVAN RESTAURANTS LLC #2035	COLDWATER	2/9/2023	Routine	0	0	0	1
BPOE 1381 (ELKS LODGE)	STURGIS	2/16/2023	Follow-Up	2	5	5	3
Branch County 1st Precinct Delegates	Bronson	2/15/2023	Temporary	0	0	0	0
Burger King #1416	Three Rivers	2/6/2023	Follow-Up	0	0	0	4
Castaway Lounge LLC	Coldwater	2/9/2023	Routine	1	0	1	2
CHICAGO STREET PUB INC.	COLDWATER	2/10/2023	Routine	0	0	0	0
Coach Eby Youth & family Center	COLDWATER	2/15/2023	Routine	0	0	0	0
Culver's of Three Rivers	Three Rivers	2/3/2023	Routine	0	0	0	0
Culver's of Three Rivers	Three Rivers	2/9/2023	Progress Note	0	0	0	0
DQ GRILL & CHILL	Three Rivers	2/27/2023	Routine	0	0	0	1
DZ Delicatus	Hillsdale	2/17/2023	Consult	0	0	0	0
EAGLES LODGE 1314	Sturgis	2/16/2023	Follow-Up	2	8	7	5
El Camino Real	Three Rivers	2/7/2023	Routine	0	0	0	1
EL TACO LOCO II	COLDWATER	2/8/2023	Routine	0	1	0	3
ELKS LODGE #1248	THREE RIVERS	2/8/2023	Progress Note	0	0	0	0
Farmhouse Kitchen and Ale	Camden	2/21/2023	Pre-opening/New	0	0	0	2
FIRST CONGREGATIONAL CHURCH	UNION CITY	2/2/2023	Routine	0	1	1	0
FIRST CONGREGATIONAL CHURCH	BRONSON	2/28/2023	Routine	0	0	0	0
FIRST UNITED METHODIST CHURCH OF BRONSON	BRONSON	2/16/2023	Routine	0	0	0	0

3/14/2023 2:07:16 PM

Name	Location	Date	Inspection Type	# P	# Pf	# P/Pf Fixed During Inspection	# Core
FIRST UNITED METHODIST CHURCH OF STURGIS	Sturgis	2/14/2023	Routine	0	0	0	0
Goody's Sauk Trail Diner	Jerome	2/6/2023	Progress Note	0	0	0	0
GRANT'S CATERING	ANTWERP	2/18/2023	STFU/Mobile	0	0	0	0
Hank's Tavern On The River	Three Rivers	2/27/2023	Routine	0	1	0	1
Hillsdale College Dow Conference Center	Hillsdale	2/24/2023	Routine	0	0	0	0
Immaculate Conception Church Hall	THREE RIVERS	2/28/2023	Routine	0	0	0	0
Inflatable Day	Sturgis	2/10/2023	Temporary	0	0	0	0
Island Hills	Centreville	2/13/2023	Consult	0	0	0	0
It Takes A Village Diner	Burr Oak	2/21/2023	Routine	2	1	3	0
JIMMY JOHN'S	COLDWATER	2/1/2023	Routine	0	0	0	0
KING DRAGON BUFFET	Sturgis	2/6/2023	Follow-Up	0	0	0	0
Kona Ice of Steuben County	PLEASANT LAKE	2/11/2023	STFU/Mobile	0	0	0	0
LAS DOS MARIAS--OOB	White Pigeon	2/21/2023	Consult	0	0	0	0
LITTLE CAESARS #1200-002	Sturgis	2/24/2023	Routine	0	0	0	2
LITTLE CAESARS PIZZA	Coldwater	2/9/2023	Routine	0	0	0	2
M ENTERPRISE LLC D/B/A CORNER CAFE	Sturgis	2/28/2023	Routine	0	0	0	1
Main Street Cafe II	Three Rivers	2/1/2023	Routine	0	0	0	0
MaMazzoni's Italian Beef	Sturgis	2/15/2023	STFU/Mobile	0	0	0	0
MAMMA MIA'S PIZZA	Burr Oak	2/21/2023	Routine	0	0	0	6
MCDONALDS OF BRONSON	BRONSON	2/16/2023	Routine	0	0	0	4
MCDONALDS OF COLDWATER	COLDWATER	2/6/2023	Routine	1	0	1	2
McDonald's of White Pigeon	White Pigeon	2/10/2023	Routine	0	0	0	0
McTasty	Three Rivers	2/21/2023	STFU/Mobile	0	0	0	0
Morgan's Mexican Restaurant	White Pigeon	2/21/2023	Pre-opening/New	0	0	0	0
MR. B'S DAIRY BAR	THREE RIVERS	2/16/2023	Routine	1	0	1	1
Nelson's Chicken Fund Raiser	Constantine	2/28/2023	Temporary	0	0	0	0
OUR SAVIOR LUTHERAN CHURCH	UNION CITY	2/2/2023	Routine	0	0	0	0
Pipers Pizza	Sturgis	2/14/2023	Routine	4	1	3	2
PIZZA HUT	COLDWATER	2/13/2023	Routine	0	0	0	2
Ponderosa Steakhouse	Coldwater	2/14/2023	Routine	0	3	2	1

3/14/2023 2:07:16 PM

Name	Location	Date	Inspection Type	# P	# Pf	# P/Pf Fixed During Inspection	# Core
QUINCY PIZZA	QUINCY	2/7/2023	Progress Note	0	0	0	0
ST. JOHN'S EPISCOPAL CHURCH	Sturgis	2/24/2023	Routine	0	0	0	1
STURGIS HOSPITAL	Sturgis	2/24/2023	Routine	0	0	0	0
SUBWAY # 19719	COLDWATER	2/6/2023	Follow-Up	2	1	1	2
Subway At Wal-Mart	STURGIS	2/24/2023	Routine	0	0	0	0
Tasteful Kreation's	Bronson	2/16/2023	Routine	0	0	0	0
TASTY TWIST	COLDWATER	2/9/2023	Routine	0	0	0	0
THE DECK DOWN UNDER	Jerome	2/10/2023	Routine - Phone	0	2	2	0
The Landmark Tap House & Grille	Three Rivers	2/1/2023	Routine	0	0	0	0
Three Rivers Health (Food)	Three Rivers	2/24/2023	Routine	0	0	0	0
TIP-UP ISLAND	QUINCY	2/10/2023	Routine	0	0	0	0
Trainwreck Grill & Ale	Coldwater	2/7/2023	Pre-opening/New	0	0	0	0
Tropical Smoothie Cafe	Coldwater	2/1/2023	Routine	0	0	0	2
Twin County Community Probation Center	Three Rivers	2/28/2023	Routine	1	0	0	1
UNION CHURCH OF QUINCY	QUINCY	2/1/2023	Routine	0	0	0	1
UNION CITY UNITED METHODIST CHURCH	UNION CITY	2/2/2023	Routine	0	0	0	0
Useless Creatures Brewing Co	Three Rivers	2/28/2023	Routine	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.



Enclosures:

1. Advisory Committee Roster 2023
-

Updates:

1. Services to Victims of Elder Abuse Program Updates:
 - Branch and St. Joseph Co. Interdisciplinary Teams held successful meetings over the past month. We are still having great attendance and discussion. Branch County's *Vulnerable Adult Protocol* document was emailed to BOH members. As always, if you have questions or would like additional information, please let me know.
 - JC Siddons resigned her position with AAA on March 8th. We intend to hire a new Victim Specialist as quickly as possible. Toni has graciously stepped into Branch County and will continue to support victims and IDT efforts.
2. AAA Advisory Committee Updates: Thank you for taking action to re-appoint members over the past two months. The updated Membership Roster is included in the BOH packet. We are still seeking community advocates for Branch and St. Joseph County. If you know someone who may be interested, please have them contact me or point them to the [Interest Form on our website](#). Updates from our March meeting in St. Joseph County will be shared at the BOH meeting. Next up: revised Bylaws will be presented in April to the PPA Committee, and then hopefully the full Board.
3. FY2022 is officially & successfully closed with the ACLS Bureau... We've now received our full-year Statement of Grant Award for FY2023 (including a small amount of regular and ARP carry forward from FY22) and will be working with providers, the finance team and BOH Finance Committee to move forward with budget amendments.
4. OLDER MICHIGANIANS DAY SAVE THE DATE: May 17, 2023
OMD will be held in a "hybrid" approach again this year. AAA staff, Board and Advisory Committee Members are invited to attend in person on the Capital Lawn. Concurrently, a livestream event will begin at 11AM. Please let me know if you are interested in attending OMD in Lansing – it's always an exciting day! Each year this event is held in honor of "Older American's Month" and focuses on connecting with legislators, sharing local stories and advocacy priorities. More to come!
5. FY2024 Annual Implementation Plan (AIP) process has begun. Our goal is to present the DRAFT FY24 AIP to the Finance and PPA Committees at their May meetings (5/15 & 5/17). There are a few moving parts to this planning process, but May is our goal! Bureau guidance is still being issued and final approval (at the State Commission level) of multiple new Operating Standards could impact our local Annual Implementation Plan. Please mark your calendar and plan to attend the AIP Public Hearing: Monday, May 8, 2023 at 10:00am at the Community Health Agency, Coldwater office. Thank you for your on-going input and support during this planning process!

Personal Health and Disease Prevention: March 23, 2023

Communicable Disease:

Respiratory virus activity: Covid, RSV, and flu all low

HPAI: detected in poultry flock from Eaton County

Mpox: activity is low; there have been no confirmed/probable cases reported in Michigan since January

Immunizations/STD/HIV:

Covid vaccines are starting to streamline a bit with some monovalent products being phased out. We will keep you posted as more details become available.

Even though the public health emergency is coming to an end the FDA clarified that it will not terminate the emergency use authorizations for Covid-19 related tests, treatments, or vaccines.

Our Clinic Supervisory staff will soon resume going back out into assigned counties to conduct Immunization Quality Improvement for Providers (IQIP) along with Vaccines for Children (VFC) site reviews. This task was also paused due to the pandemic. Experienced staff needed to complete updated training on the program for provider visits along with new staff education/training for those who had not been trained on the process of IQIP and VFC visits.

Women, Infant, and Children (WIC):

It was announced on January 31, 2023 that the Covid-19 public health emergency declaration will end on May 11, 2023. The 60 days' notice prior to termination means that WIC waivers will expire in August, 2023 and we will be expected to have in-person services for all clients at that point. All of our clients will be offered in-person services by April.

We continue the work on recovering the Varnish program as a preventative service that was offered prior to the pandemic. We will keep you posted on when we are able to launch that service again. Our hope is within the next month or so.

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

The sensory room in the Coldwater office is complete so the team will begin working on the Three Rivers office location now.

Our CSHCS Supervisor has been working to help connect some community members with much needed dental services and ongoing assessment. Smiles on Wheels has assisted with this service and they have made good progress so far with several referrals to MCDC.

Kali Nichols MPH
Personal Health & Disease Prevention Director

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

February-23 Confirmed & Probable Case Totals	2022-2023				FYTD 2022-2023				2021-2022 FYTD			
	BR	HD	SJ	Total	BR	HD	SJ	Total	BR	HD	SJ	Total
Animal Bite/Rabies potential exposure	5	3	-	8	7	13	-	20	7	26	-	33
Blastomycosis	-	-	-	-	-	-	-	-	-	-	-	-
Brucellosis	-	-	-	-	-	-	-	-	-	-	-	-
Campylobacter	2	1	-	3	7	5	2	14	5	4	3	12
Chicken Pox	-	-	-	-	-	1	1	2	-	-	-	-
Chlamydia	7	6	16	29	47	39	83	169	47	39	76	162
Coccidioidomycosis	-	-	-	-	-	-	-	-	-	-	1	1
CRE Carbapenem Resistant Enterobac.	-	-	-	-	-	-	1	1	1	-	-	1
Cryptosporidiosis	-	-	-	-	-	2	1	3	1	-	1	2
Encephalitis - Primary	-	-	-	-	-	-	-	-	-	-	-	-
Giardiasis	-	-	-	-	-	-	1	1	-	1	3	4
Gonorrhea	1	-	5	6	5	9	21	35	12	16	45	73
H. Influenzae Disease - Inv.	-	-	-	-	1	-	-	1	3	-	-	3
Hepatitis B - Acute	-	-	-	-	-	-	-	-	1	-	-	1
Hepatitis B - Chronic	-	-	-	-	1	-	-	1	1	-	-	1
Hepatitis C - Acute	-	-	-	-	-	-	-	-	2	-	-	2
Hepatitis C - Chronic	-	2	6	8	7	6	10	23	8	1	4	13
Hepatitis C Unknown	-	-	-	-	-	-	-	-	-	-	-	-
Histoplasmosis	-	-	-	-	2	-	-	2	1	-	1	2
HIV/AIDS	-	-	-	-	-	-	-	-	2	-	2	4
Influenza	5	-	13	18	394	241	281	916	81	119	50	250
Kawasaki	-	-	-	-	-	-	-	-	-	-	-	-
Legionellosis	-	-	-	-	-	-	1	1	-	1	-	1
Lyme Disease	-	-	-	-	-	-	-	-	-	1	1	2
Measles	-	-	-	-	-	-	-	-	-	1	-	1
Menengitis - Aseptic	-	-	-	-	1	-	-	1	-	-	1	1
Menengitis - Bacterial	-	-	-	-	1	-	-	1	-	-	-	-
Meningococcal Disease	-	-	-	-	-	-	-	-	-	-	-	-
Mumps	-	-	-	-	-	-	-	-	-	-	-	-
Mycobacterium - Other	-	-	-	-	1	-	-	1	2	3	2	7
Norovirus	-	-	-	-	-	-	-	-	1	-	-	1
Novel Coronavirus	164	126	110	400	769	811	736	2,316	5,176	4,735	5,976	15,887
Pertussis	-	1	-	1	-	2	-	2	-	4	-	4
Salmonellosis	1	-	-	1	2	1	-	3	1	1	1	3
Scabies	-	-	-	-	1	-	-	1	-	-	-	-
Shiga Toxin-prod. (STEC)	-	-	-	-	1	-	1	2	1	1	-	2
Shigellosis	-	-	-	-	-	-	-	-	-	-	-	-
Shingles	-	-	-	-	-	-	-	-	1	-	-	1
Staphylococcus Aureus Infect.	-	-	-	-	-	-	-	-	-	-	-	-
Strep Invasive Gp A	-	1	1	2	-	2	2	4	-	-	-	-
Strep Pneumonia Inv Ds.	-	-	1	1	3	2	6	11	1	6	1	8
Syphilis - Primary	-	-	-	-	-	1	-	1	1	-	-	1

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

	Feb-23					YTD 2022-2023					YTD 2021-2022				
	BR	HD	ST	TR	Total	BR	HD	ST	TR	Total	BR	HD	ST	TR	Total
CHILD IMMUNIZATIONS															
# Vaccines Given CHA	92	147	51	45	335	691	734	74	460	1,959	785	806	-	640	2,231
All VFC Doses Given	590	342	-	600	1,532	4,044	1,969	-	3,861	9,874	3,621	1,956	-	3,596	9,173
Waivers	-	10	3	3	16	56	72	6	35	169	37	62	11	45	155
ADULT IMMUNIZATIONS															
# Vaccines Given	53	10	4	11	78	851	409	8	288	1,556	3,072	1,479	-	1,240	5,791
All AVP Doses Given	26	2	-	33	61	66	76	-	177	319	45	255	-	83	383
COMMUNICABLE DISEASE															
TB Tests Done	8	6	-	2	16	29	39	-	7	75	25	48	-	5	78
STD treatments	-	1	-	6	7	1	4	1	23	29	15	19	2	55	91
HIV Testing	-	1	-	-	1	-	5	1	11	17	-	-	2	13	15
ENROLLMENTS															
Medicaid & Michild	1	1	-	1	3	7	3	-	6	16	4	1	-	2	7
REFERRAL SERVICE															
MCDC Referrals	11	24	24	43	102	36	62	125	253	476	40	-	29	84	153
MIHP referrals	1	-	21	18	40	26	18	96	91	231	156	21	79	105	361
Hearing Screens															
Pre-school	35	15	-	-	50	62	222	-	238	522	54	185	64	38	341
School Age	57	9	-	476	542	1,031	870	-	1,546	3,447	599	607	489	1,340	3,035
Vision Screens															
Pre-school	35	18	-	-	53	83	249	-	99	431	85	214	-	79	378
School Age	64	376	-	1,034	1,474	2,677	1,824	-	3,648	8,149	2,571	1,473	-	2,898	6,942
Children's Special Health Care Services															
Diagnostics	5	1	-	-	6	8	2	-	-	10	5	4	-	2	11
Assessments-Renewal	21	17	-	31	69	82	92	-	115	289	85	84	-	88	257
Assessments-New	4	2	-	5	11	-	16	-	26	42	-	26	-	26	52

State Participation/Enrollment Ratio [2]:

Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Curr Year P/E Ratio (last 12 months)
94.5%	94.7%	94.7%	94.9%	95.1%	94.4%

Months	Enrollment [3]	Initial Participation [4]	Closeout Participation [5]	% Change in Participation [6]	Participation/ Enrollment Ratio[2]
Oct / 2021	4,026	3,485	3,545		86.56%
Nov / 2021	3,978	3,319	3,413	-3.72%	83.43%
Dec / 2021	3,904	3,293	3,346	-1.96%	84.35%
Jan / 2022	3,931	3,407	3,470	3.71%	86.67%
Feb / 2022	3,932	3,405	3,487	0.49%	86.60%
Mar / 2022	4,020	3,585	3,616	3.70%	89.18%
Apr / 2022	3,974	3,583	3,643	0.75%	90.16%
May / 2022	4,024	3,628	3,674	0.85%	90.16%
Jun / 2022	4,082	3,760	3,802	3.48%	92.11%
Jul / 2022	4,073	3,702	3,782	-0.53%	90.89%
Aug / 2022	4,129	3,783	3,841	1.56%	91.62%
Sep / 2022	4,140	3,849	3,871	0.78%	92.97%
Oct / 2022	4,125	3,844	3,866	-0.13%	93.19%
Nov / 2022	4,149	3,836	3,892	0.67%	92.46%
Dec / 2022	4,161	3,819	3,874	-0.46%	91.78%
Jan / 2023	4,266	3,984	4,027	3.95%	93.39%
Feb / 2023	4,281	3,938	(est[7]) 4,063		91.99%
Mar / 2023	0	0	(est[7]) 4,019		
Apr / 2023	0	0	0		
May / 2023	0	0	0		
Jun / 2023	0	0	0		
Jul / 2023	0	0	0		
Aug / 2023	0	0	0		
Sep / 2023	0	0	0		

Total (Year to date)	20,982	19,421	15,659		
Curr Year Avg	4,196	3,884	3,915	502.99%	89.92%
Months with Count	5	5	4	4	5
Average to Base % [8]		93.4%	94.08%		
Last yrs Base % [9]		82.9%	84.22%		
Last yrs Average	4,018	3,567	3,624		88.77%

Estimated average participation for current year to date:

3,957

Actual average monthly participation current year to date [10]:

3,915

Funding Allocation Information

Total Funding Allocation: \$908,156

Assigned Funding Participation Count [11]:

Current Yr Base: 4,161

Previous Yr Base: 4,303

- [1] **Caseload:** The term used to refer to the number of clients being served in a given time. This is comprised of both enrollment and participation.
- [2] **Participation/Enrollment Ratio:** The number of clients participating divided by the number enrolled.
- [3] **Enrollment:** Number of clients certified to receive benefits in the given month. Final counts available for the month that just ended.
- [4] **Initial Participation:** Number of clients receiving benefits at the beginning of the month. Comparison between this and the closeout participation is indicative of the number of participants added over the course of the month. This can be used to inform staff of participation numbers at the start of the month and enable them to proactively improve participation before it is finalized.
- [5] **Closeout Participation:** Final number of clients who received benefits for the given month. Finalized approx. 5 weeks after the month ends.
- [6] **% Change in Participation:** The % difference in closeout participation when compared to the previous month.
- [7] **est:** It is the estimated participation for the given month. This is available prior to the closeout participation being available. It is a calculated value based on prior months' participation. **NOTE: Last two non 0 values are "Estimates"**
- [8] **Average to Base %:** Compares the current year average participation to the current year base.
- [9] **Last yrs Base %:** Compares last year's average participation to the last year base.
- [10] **Actual Avg. Part. For current year to date:** It is an average that includes the participation counts for all months in the current year where participation has been finalized.
- [11] **Assigned Funding Participant Count:** The value used in the calculation to determine the funding allocated to the local agency for the fiscal year. For additional details, refer to your agency's annual funding allocation letter.

Included in This Month's Report:

- 1. Health Education & Promotion Department Update***
- 2. 2023 Medicinal Marijuana Operations & Oversight Grant (MMOOG) Update***
- 3. BHSJ CHA 2023 Community Health Needs Assessment (CHNA) & Community Health Improvement Plan (CHIP) Update***
- 4. MCRH – Embedding a Community Health Worker (CHWs) Program within the Local Public Health Department Grant Update.***
- 5. Community Events Update***
- 6. Feb. Social Media Data***
- 7. Feb. CHW Client Data***

1. Health Education & Promotion Department Update:

The month of February was very busy for the Health Education & Promotion team. Unfortunately, the department remains short-handed as the search for a second Health Educator continues, but we did have several interviews at the end of February that were very promising. We continue to monitor, update, and post relevant messaging through our social media platforms, which is being mostly managed by our Health Educator, Josh Englehart. Our Facebook/Instagram posts for the month of February included, but were not limited to, topics such as: American Heart month, Black History month, Low Vision Awareness month, Children's Special Health Care Services, Children's Dental Health Month and promotion of the My Community Dental Centers (MCDC) in our area. Furthermore, Josh is also planning to begin a video series called, "We Are Public Health." These will be short interviews with many of the Directors and Supervisors at the Agency that will be posted to our social media and website. The objective is to give a face and voice to the Agency, allowing the public to hear firsthand the work that the Agency does and to hopefully strengthen our relationship with the community members that we serve. Lastly, the department's Supervisor, Alex Bergmooser, continues his work on the Agency's Annual Report for 2022; as of the end of February, the majority of the necessary data and departmental narratives has been collected, the design of the report has been created and the final step will be to put all of it together in the coming weeks.

2. 2023 Medicinal Marijuana Operations & Oversight Grant (MMOOG)

The Agency's application for the 2023 Medicinal Marijuana Operations & Oversight Grant (MMOOG) was submitted in mid-December and we have received notification that those submissions were successful and we will be receiving the funding for this grant for all three of our counties. The campaign will still be utilizing the familiar "Lock It Up" slogan, logo, and overall messaging; however, this year we will not be using the funds to purchase lockable storage items as we have in the past. Instead, we will be using the funds to purchase more large-scale advertisement opportunities to get this message out to the public. These opportunities, although not confirmed, will hopefully include the use of mediums such as billboards, commercials on streaming television services, vinyl decals on county transportation buses, banners, yard signs, etc. We are excited to be able to begin work on this year's MMOOG grant.

3. BHSJ CHA 2023 Community Health Needs Assessment (CHNA) & Community Health Improvement Plan (CHIP)

Alex Bergmooser continues to work with Marcus Cheatham, and Central Michigan University Grad student/intern Thomas Carey to create the agency's Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP). Alex is currently working with them to finalize plans on several different data-gathering tools:

- A focus group for "Maternal and Child Health." This will be the first focus group to convene and it is being put together with the help of the Great Start Collaboratives within each county.

- A second focus group based on “Gaps in Behavioral and Mental Health Care.” This is a topic that has consistently presented itself through some of our earlier research and seems to be a vastly underserved area of care within our three counties. To help put this group together, the team has partnered with St. Joseph County Community Mental Health, Pines Behavioral Health in Branch County, and Lifeways Community Mental Health in Hillsdale County.
- A phone-based interview/survey that will be given to “Community Leadership”, which includes those in leadership positions at the various organizations and partner agencies throughout our service area.
- An online-based survey for community members to gather information as to how the BHSJ CHA can better serve its clients through the programs that we offer.

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

During the month of February, our CHW Rachael Wall continued her work with existing clients, while also bringing in several new clients as her case load rebounded from a slow month in January, which we are very happy to see. Furthermore, Alex, with the help of Judy Kell, our CHW consultant, have been working to identify possible funding sources for this program so that we can continue to offer these services past the end of this fiscal year. We are currently looking into several grants offered through the Michigan Health Endowment Fund that would make this possible and we hope to identify a grant and begin work on the application within the coming months. Furthermore, Judy and Alex have completed the “Community Health Worker Policy Manual.” This manual contains all of the various policies, guidelines, forms, restrictions, etc. that are related to the Community Health Worker program. This manual will serve as the foundation of the program going forward and will give Rachael, or future Agency CHWs, the tools needed to be an effective and efficient CHW while also adhering to safety practices and Agency policies.

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

Date	Event
2/3	Certified Public Health Cohort Begins
2/9	Working with Children and Teens Using a Trauma Responsive Lens Webinar
2/16	Sturgis Fire Department Vaccine Clinic
2/23	Changing the Narrative on Mental Health and Suicide Prevention
2/24	Branch County Mental Health Collaboration
3/8	Branch County Library: “at Least it’s not a Cigarette” Presentation
3/9	Hillsdale County Project Connect
3/28	Glen Oaks Community College Career Fair

6. Social Media Data: February

Social Media Data (As of March 1st, 2023)					
	# of Followers (Facebook & Instagram)	Social Media Reach (Amount a post is viewed, commented on, shared, etc.)	Number & Topic of Facebook Live Events	Agency Mentions in Local Media (radio stations, local newspaper/digital articles, etc.)	Other Activities (# and Topic)
FEBRUARY	4066	20,164 <i>(Down 3% from Jan)</i>	None	4	None
TOTAL TO DATE (Since 10/1/2022)	4 NEW followers since last report	106,264	4	34	5

7. Community Health Worker (CHW) Client Data: February

Community Health Worker (CHW) Client Data - February 2023								
	# New	# Total to Date	*** "Interactions" = Supplied Resources or referred an individual to an outside agency, but not an active client (Interactions are counted under the "Referral Source" numbers, as well). **Interactions "# Total to Date" Began Reporting Numbers in January 2023.					
*** Interactions	1	5**						
Clients	4	18						
	Internal (Clinic) Referral & Agency Website	External Referral (Partner Organization)	AAA	MDHHS	Internal (Clinic) Referral & Agency Website (Total to Date)	External Referral, i.e.: Partner Organization (Total to Date)	AAA (Total to Date)	MDHHS (Total to Date)
Referral Source	3	1	0	0	9	3	5	1
	Branch	St. Joseph	Hillsdale	Branch (Total to Date)	St. Joseph (Total to Date)	Hillsdale (Total to Date)		
Clients by County	1	3	0	5	13	0		
	In-Person (Office)	Phone	Email	In-Person (Home Visit)	In-Person: Office (Total to Date)	Phone (Total to Date)	Email (Total to Date)	In-Person: Home Visit (Total to Date)
Communications (sum of all communications w/each client)	6	24	0	0	21	79	1	6
	Open	Closed (Completed)	Closed (Unable to Complete)	Other (Specify)	Open, (Total # of Clients to Date)	Closed/Completed (Total to Date)	Closed: Unable to Complete (Total to Date)	Other: Specify (Total to Date)
Case Status	10	2	2	0	18	4	4	0
	Behavioral Health	Health Insurance	Housing	Immunization Information	Employment Issues	Family Planning & Pregnancy	At-Home Medical & Health Needs	Adult Education
Services Provided	1	2	4	4	2	0	1	0
Service Provided (Total to Date)	2	14	11	5	4	1	5	3
	Transportation	Food Assistance	Child Developmental/Education Issues & Screening	Childcare Services	Clothing Needs	Domestic Concerns	Other (Specify)	
Services Provided Cont.	1	2	0	1	1	0	1 (Legal Advice Resource), 3 (Non-Specific Resource)	
Service Provided (Total to Date)	1	12	1	3	2	3	4	

Branch-Hillsdale-St Joseph Community Health Agency

Check/Voucher Register - Check Register for BOH

00103 - Cash - Accounts Payable

From 2/1/2023 Through 2/28/2023

<u>Payee</u>	<u>Check Amount</u>	<u>Check Number</u>	<u>Effective Date</u>
ACD.NET	2,016.14	23-02-10 A.01	2/10/2023
Aflac District Office	596.48	53906	2/3/2023
Aflac District Office	596.48	53913	2/17/2023
Alerus Retirement Solutions	1,710.00	23-02-03 R.01	2/3/2023
Alerus Retirement Solutions	1,710.00	23-02-17 R.01	2/17/2023
Amanda Horter	286.73	53915	2/24/2023
Amazon Capital Services, Inc	140.35	23-02-10 A.05	2/10/2023
Amazon Capital Services, Inc	375.80	23-02-24 A.01	2/24/2023
Armstrong Nutrition Management	4,307.37	23-02-10 A.06	2/10/2023
Beacon Properties Administration	3,645.00	53929	2/28/2023
Blue Cross Blue Shield	67,552.70	23-02-24 P.01	2/24/2023
Branch County Commission	827.92	23-02-24 A.02	2/24/2023
Branch County Complex	9,466.29	23-02-24 A.03	2/24/2023
Branch County Complex	5,694.28	23-02-28 A.01	2/28/2023
Card Services Center	1,496.64	23-02-28 P.01	2/28/2023
CDW GOVERNMENT INC.	1,499.93	23-02-24 A.04	2/24/2023
Century Bank - Hillsdale Maintenance	2,000.00	23-02-28 A.02	2/28/2023
Century Bank - Three Rivers Maintenance	2,000.00	23-02-28 A.03	2/28/2023
Century Basic	911.22	23-02-03 R.02	2/3/2023
Century Basic	932.96	23-02-17 R.02	2/17/2023
Century EFPTS	29,737.35	23-02-03 R.03	2/3/2023
Century EFPTS	244.64	23-02-17 L.01	2/17/2023
Century EFPTS	24,138.52	23-02-17 R.03	2/17/2023
Century EFPTS	40.00	23-02-24 A.27	2/24/2023
Century Mastercard	1,537.98	23-02-10 P.01	2/10/2023
Century MERS	46,540.16	23-02-10 A.07	2/10/2023
Century State/Michigan State Treasury	4,944.05	23-02-03 R.04	2/3/2023
Century State/Michigan State Treasury	10.38	23-02-17 L.02	2/17/2023
Century State/Michigan State Treasury	4,254.84	23-02-17 R.04	2/17/2023
Charter Communications	137.97	23-02-10 P.02	2/10/2023
Cintas Corporation Loc 351	169.21	23-02-10 P.03	2/10/2023
ConnectAmerica	168.50	23-02-24 A.06	2/24/2023
Crossroads Home Care Inc.	1,415.32	23-02-24 A.07	2/24/2023
CSHCS	732.00	53916	2/24/2023
CSHCS	120.00	53917	2/24/2023
CSHCS	120.00	53918	2/24/2023
CSHCS	120.00	53919	2/24/2023
Current Office Solutions	109.96	23-02-24 A.08	2/24/2023
DL Gallivan Office Solutions	337.14	53920	2/24/2023
Dr. Karen M. Luparello	4,219.42	23-02-28 A.04	2/28/2023
Dr. Karen M. Luparello	2,083.63	23-02-28 A.05	2/28/2023
FedEx	12.87	23-02-28 P.02	2/28/2023
GDI Services Inc.	4,845.39	23-02-28 A.06	2/28/2023
Glaxo-Smithkline Financial Inc.	3,822.22	23-02-24 A.09	2/24/2023
Griffiths Mechanical Contracting, Inc.	249.00	23-02-10 A.08	2/10/2023
GT INDEPENDENCE	1,289.48	23-02-24 A.10	2/24/2023
GT INDEPENDENCE	193.16	23-02-24 A.11	2/24/2023
Health Equity	1,313.52	23-02-17 P.01	2/17/2023
Health Equity	1,263.52	53907	2/3/2023
Hillsdale Board Of Public Utilities	2,037.37	23-02-10 P.04	2/10/2023
Hillsdale County Treasurer	514.07	23-02-10 A.09	2/10/2023
Hillsdale County Treasurer	1,419.25	23-02-24 A.12	2/24/2023

Branch-Hillsdale-St Joseph Community Health Agency

Check/Voucher Register - Check Register for BOH

00103 - Cash - Accounts Payable

From 2/1/2023 Through 2/28/2023

<u>Payee</u>	<u>Check Amount</u>	<u>Check Number</u>	<u>Effective Date</u>
HomeJoy of Kalamzoo	5,837.36	23-02-24 A.13	2/24/2023
Indiana MI Power Company	1,257.00	23-02-10 P.05	2/10/2023
Jessica A Adams	2,300.00	23-02-10 A.10	2/10/2023
Jessica A Adams	2,250.00	23-02-24 A.14	2/24/2023
KALAMAZOO CHD	500.00	23-02-24 A.15	2/24/2023
Kell & Associates, LLC	1,045.00	23-02-10 A.11	2/10/2023
Kellogg Community College	171.00	23-02-10 A.02	2/10/2023
Laboratory Corporation of America	27.60	23-02-10 A.12	2/10/2023
Legal Services Of S.Central MI	1,080.00	23-02-24 A.16	2/24/2023
Macquarie Equipment Capital Inc.	1,266.75	23-02-24 A.17	2/24/2023
Maner Costerisan	11,100.00	23-02-28 A.07	2/28/2023
Maplecrest, LLC	646.00	23-02-28 A.08	2/28/2023
Matasha Goosby	2,300.00	23-02-10 A.13	2/10/2023
Matasha Goosby	2,250.00	23-02-24 A.18	2/24/2023
McKesson Medical-Surgical Gov. Solutions LLC	36.42	23-02-10 P.06	2/10/2023
Medical Care Alert	740.75	23-02-24 A.19	2/24/2023
Merck Sharp & Dohme LLC	2,675.67	53921	2/24/2023
Meridian Complete	140.91	53922	2/24/2023
MERS 5% EMPLOYEES	10,780.33	23-02-10 A.14	2/10/2023
Michigan State Disbursement Unit	190.11	53908	2/3/2023
Michigan State Disbursement Unit	190.11	53914	2/17/2023
Mistel de Varona	1,282.50	23-02-10 A.03	2/10/2023
Mistel de Varona	675.00	53923	2/24/2023
Nationwide	1,020.00	23-02-03 R.05	2/3/2023
Nationwide	1,020.00	23-02-17 R.05	2/17/2023
Prompt Care Express PC	71.00	53924	2/24/2023
Reserve Account	3,000.00	23-02-24 A.20	2/24/2023
Richard Clark	2,225.00	23-02-28 A.09	2/28/2023
Riley Pumpkin Farm	1,235.00	23-02-28 A.10	2/28/2023
Rosati Schultz Joppich Amtsbueshler	600.00	23-02-24 A.21	2/24/2023
ROSE PEST SOLUTIONS	75.00	23-02-24 A.22	2/24/2023
Sanofi Pasteur Inc.	1,916.55	23-02-24 P.02	2/24/2023
Semco Energy	189.80	23-02-10 P.07	2/10/2023
Shred It	90.00	23-02-10 P.08	2/10/2023
St Joseph County COA	5,622.87	23-02-24 A.23	2/24/2023
St Joseph County Transit Authority	1,677.14	23-02-24 A.24	2/24/2023
St. Joseph Community Co-op	1,853.40	23-02-24 A.25	2/24/2023
Staples	113.87	23-02-10 P.09	2/10/2023
Staples	1,029.62	23-02-24 P.03	2/24/2023
State of Michigan	180.00	53925	2/24/2023
State Of Michigan	100.00	53930	2/28/2023
Stephanie Hough	18.92	23-02-10 A.04	2/10/2023
Stratus Video, LLC	1,776.03	53926	2/24/2023
Thurston Woods Village	4,527.20	53927	2/24/2023
TMK Worldwide, LLC	142.00	23-02-10 A.15	2/10/2023
Verizon	1,040.42	23-02-10 P.10	2/10/2023
VRI INC.	243.00	23-02-24 A.26	2/24/2023
Wal-Mart Community	16.24	23-02-10 P.11	2/10/2023
Xmission	416.62	53928	2/24/2023
Report Total	324,849.40		

Branch-Hillsdale-St Joseph Community Health Agency

Balance Sheet

As of 2/28/2023

Assets

Cash on Hand	5,846.15
Cash with County Treasurer	3,720,962.67
Community Foundation Grant	309,955.94
Cash HD Building Maintenance	84,000.00
Cash TR Building Maintenance	84,000.00
Accounts Receivable	45,499.76
Due from Hillsdale County	117,796.00
Due from Branch County	55,927.75
Due from State	(198,633.02)
Due from Other Funding Sources	262,224.78
Prepaid Expenses	164,914.44
Biologic Inventory	92,159.17
Total Assets	<u>4,744,653.64</u>

Liabilities

Accounts Payable	401,802.62
Payroll Liabilites	173,410.77
Capital Improvements	25,000.00
Deferred Revenue	582,706.15
Deferred Revenue BR	18,643.00
Deferred Revenue HD	19,633.00
Deferred Revenue SJ	26,915.00
Biologics	92,159.17
Total Liabilities	<u>1,340,269.71</u>

Net Assets

Operation Fund Balance	366,990.07
Restricted Fund Balance	363,587.33
Designated Fund Balance	<u>2,673,806.53</u>
Total Net Assets	<u>3,404,383.93</u>

Total Liabilities and Net Assets 4,744,653.64

Prior Year Fund Balance Comparison at 2/28/2022:

Operation Fund Balance	232,875.19
Restricted Fund Balance	397,731.70
Designated Fund Balance	<u>2,377,990.80</u>
Total Fund Balance \$	<u>3,008,597.69</u>

BRANCH HILLSDALE ST JOSEPH COMMUNITY HEALTH AGENCY

Expense by Program - 2/28/2023

Program	Program Title	Month	Year to Date	Original	Expended	
*	010	Agency Support	7,419.89	59,379.42	76,942.00	77.17%
*	325	CSHCS	21,760.90	120,097.61	188,729.00	63.63%
*	032	Emergency Preparedness	11,329.44	63,723.38	124,575.00	51.15%
*	008	Salary & Fringe Payoff	1,169.95	45,781.60	95,000.00	48.19%
**	115	MCH Enabling Women	1,972.65	22,317.52	47,663.00	46.82%
*	012	Area Agency on Aging	141,101.02	679,386.40	1,459,572.00	46.54%
**	326	Vision (ELPHS)	9,308.13	47,341.60	103,289.00	45.83%
	021	Dental Clinic - Three Rivers	3,645.00	18,225.00	43,740.00	41.66%
	341	Infectious Disease	17,236.86	115,974.97	282,780.00	41.01%
	185	Dental Outreach	1,381.13	5,901.15	14,423.00	40.91%
	327	Hearing (ELPHS)	7,423.55	41,692.54	102,164.00	40.80%
	345	Lead Testing	2,204.89	9,715.07	23,852.00	40.73%
	109	WIC	83,012.61	428,200.64	1,072,171.00	39.93%
	338	Immunization Vaccine Handling	22,577.96	116,252.22	291,551.00	39.87%
	605	General EH Services	2,899.74	15,483.30	39,010.00	39.69%
	714	Onsite Sewage Disposal	27,547.53	147,091.42	370,596.00	39.69%
	721	Drinking Water Supply	27,547.53	147,091.42	370,596.00	39.69%
	107	Medicaid Outreach	641.02	5,567.54	14,202.00	39.20%
	704	Food Service	35,203.75	200,006.94	527,317.00	37.92%
	138	Immunization IAP	49,616.48	323,421.48	857,133.00	37.73%
	108	WIC Breastfeeding	8,450.17	46,250.13	127,978.00	36.13%
	331	STD	9,670.38	49,766.37	140,077.00	35.52%
	014	VOCA	13,801.94	71,573.57	205,743.00	34.78%
	332	HIV Prevention	1,875.31	10,856.12	31,480.00	34.48%
	363	363 CVDIMS Covid Immz Supplemental	9,018.73	51,921.55	156,496.00	33.17%
	200	ELPHS Marketing	3,732.92	31,910.80	98,198.00	32.49%
	201	CSF Carseats	1,502.68	8,330.26	26,983.00	30.87%
	029	Dental Clinic - Hillsdale	647.45	3,822.14	14,000.00	27.30%
	352	ELCCT Contact Tracing, testing doord,	29,814.51	162,630.70	606,617.00	26.80%
	329	MCH Enabling Children	1,482.80	12,634.69	48,551.00	26.02%
	745	Type II Water	12,816.98	47,333.85	208,528.00	22.69%
	024	MERS Pension Underfunded Liability	7,042.73	8,222.17	44,590.00	18.43%
	724	PFAS - Westside Landfill	554.99	554.99	3,101.00	17.89%
	255	Community Health Direction	10,075.57	21,041.71	125,000.00	16.83%
	207	MCRH Community Health Workers	6,191.82	46,018.35	291,777.00	15.77%
	096	CSHCS Donations SJ	1,018.73	3,648.45	32,412.02	11.25%
	355	COVID-19 PH Workforce Supplemental	2,577.29	19,299.02	172,904.00	11.16%

405	Grant Writing	1.68	210.22	3,718.00	5.65%
101	Workforce Development	1,005.98	2,955.44	57,798.00	5.11%
378	Monkeypox Virus Response	78.31	507.11	15,095.00	3.35%
374	EOACV Expanding Older Adult Access to	2.72	460.69	14,080.00	2.59%
375	C19IS-COVID-19 Immz Support	352.01	713.86	31,259.00	2.28%
035	Vector Borne Disease Surveillance	3.65	619.30	34,018.00	1.82%
097	CSHCS Donations BR HD	360.00	396.48	27,765.29	1.42%
723	PFAS Response - White Pigeon	(554.62)	49.15	8,066.00	0.60%
371	CSHCS Vaccine Initiative	49.75	66.67	14,213.00	0.46%
023	Capital Expenditures	0.00	600.00	193,000.00	0.31%
112	CSHCS Medicaid Outreach	0.00	0.00	112,254.00	0.00%
722	PFAS Response	0.00	0.00	1,371.00	0.00%
Total Expense		<u>596,574.51</u>	<u>3,215,045.01</u>	<u>8,952,377.31</u>	<u>35.91%</u>

The Agency is currently 5.75% under budget.

*5/12 Months = 41.66%

**5/9 Months = 55.55%

Programs Over Budget as of 2/28/2023

RU 010: The current revenue for this program is over budget (at 77.21%), causing expenses to also show over
77.17% budget. This will fall in line with budget as the year progresses.

RU 325: Budget for RU 325 must be fully expended before expenses can be charged to RU 112. When looking
63.63% at these two budgets together as one the program is under by budget at 39.90%.

RU 032: 9-Month Program - within budget 55.55%
51.15%

RU 008: Over budget due to annual sick time payout. This program will fall back in line with budget as year
48.19% progresses.

RU 115: Program is over budget due to one time expenditure- this program will fall back in line with budget as
46.82% year progresses.

RU 012: Over budget due to annual membership fully expended in October and contractual service providers
46.54% having full year grant awards and billing more than 1/12 of grant each month. AAA will continue to
monitor and work with providers to ensure no over payments happen and appropriate adjustments are
made at the next budget amendment.

RU 326: 9-Month Program - within budget 55.55%
45.83%

March 15, 2023 – Board of Health Program, Policy, & Appeals Committee Meeting Minutes

The Branch-Hillsdale-St. Joseph Community Health Agency Board of Health, Program, Policy, & Appeals Committee meeting was called to order by Committee-Chair, Tom Matthew at 8:30 AM with the Pledge of Allegiance to the Flag of the United States. Roll call was completed as follows: Tom Matthew, Brent Leininger, and Rusty Baker. No members were absent.

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

Mr. Leininger moved to approve the agenda with support from Mr. Baker. The motion passed unopposed.

Public Comment: No public comments were given.


New Business:

- Mr. Leininger moved to recommend that the full Board approve the appointments of Pam Riley, Michelle Lock, Trish Wood, Kelly Jonker, Amy Duff, Madelene Wirgau, and Denny Brieske to the Area Agency on Aging Advisory Committee with support from Mr. Baker. The motion passed unopposed.
- Mr. Baker moved to recommend that the full Board approve the Personnel Policy Manual, as amended during the discussion, with support from Mr. Leininger. The motion passed unopposed.
- Mr. Leininger moved to recommend that the full Board approve the Plan of Organization with support from Mr. Baker. The motion passed unopposed.

Public Comment: No public comments were given.

With no further business, Mr. Baker moved to adjourn the meeting with support from Mr. Leininger. The motion passed unopposed and the meeting was adjourned at 9:19 AM.

Respectfully Submitted by:


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

Advisory Committee
Membership Roster 2023

DRAFT - This document reflects the membership if the Program, Policy, and Appeals Committee Recommendations are approved.

Name	Affiliation	Interest Form Received?	60 or greater?	New Member	Other Affiliation/Notes:	Month/Year of Appointment	Next Reappointment	
Branch County	Amy Duff	Focal Point - COA Director	X			Re-appointment	Mar-23	Jan-25
	Dennis Brieske	Community Advocate	X	X		Re-appointment	Mar-23	Jan-25
	Richard Jacoby	Human Services - MDHHS	X		X	New appointment for previous MDHHS staff now retired	Feb-23	Jan-25
	Michelle Locke	Human Services - MDHHS	X		X	New appointment for previous MDHHS staff now retired	Mar-23	Jan-25
	James Cook	Community Advocate	X	X	X	Also appointed to the MI Senior Advocates Council	Feb-23	Jan-25
	Rick Shaffer	St. Joseph Co. Commissioner	X	X	X		Feb-23	Jan-25
St. Joseph County	Madelene Wirgau	Human Services - MDHHS	X		X	New appointment for previous MDHHS staff	Mar-23	Jan-25
	Joanna Adams	Human Services - MDHHS	X		X	New appointment for previous MDHHS staff	Feb-23	Jan-25
	Pamela Riley	Focal Point - COA Director	X			Re-appointment	Mar-23	Jan-25
	Trisha Wood	LTC Ombudsman	X			Re-appointment	Mar-23	Jan-25
	Kelly Jonker	LTC Ombudsman	X			Re-appointment	Mar-23	Jan-25

Other attendees:

Ashley Ellsworth ACLS Bureau - Field Representative
 Toni Laughlin AAA Elder Abuse Victim Specialist
 Linda/Vanessa AAA Care Consultants
 Nichole Simon AAA Program Specialist
 Laura Sutter AAA Director

Current Advisory Committee Bylaws - Membership Composition:

ARTICLE IV.

Membership

A. Composition

The Committee shall be comprised of not more than 16 members. Members must be residents of, or employed within the boundaries of Branch or St. Joseph County.

Committee composition should ideally be as follows:

	<u>Branch County</u>	<u>St. Joseph County</u>
Focal Point Representative *	2	2
Human Service or Social Service Representatives	1	1
Health Services Representative	1	1
Consumers, Volunteers, or Community Leaders	$\frac{4}{8}$	$\frac{4}{8}$
<i>TOTAL</i>	8	8

Not less than fifty (50) percent of the committee must be comprised of persons aged 60 or older. In the event that membership falls below the 50% threshold for any reason, the Board of Health shall actively and continuously recruit nominees for said vacancies until such time that the Committee once again meets this requirement.

* A focal point is defined as a facility or entity established to encourage the maximum co-location and coordination of services for older individuals. Based on this definition, the organizations that best serve as focal points are the counties two Commissions On Aging.

Advisory Interest Forms for PPA 3/15

From : Laura Sutter <sutterl@bhsj.org>
Subject : Advisory Interest Forms for PPA 3/15
To : Theresa Fisher <fishert@bhsj.org>

Mon, Mar 13, 2023 04:00 PM

📎 1 attachment

I would recommend appointment of each of the individuals (7) who've submitted an "Advisory Committee Interest Form" included in the PPA Committee meeting packet.

In some cases, there are two individuals from the same agency/affiliation (i.e. Branch County Adult Services) who would like appointment as they will share attendance at meetings and appreciate receiving meeting minutes and aging network updates as Committee members.

Thank you for your consideration!

Best,

Laura Sutter
Director

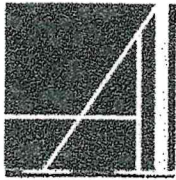
Branch-St. Joseph Area Agency on Aging (IIIC)
570 N. Marshall Road
Coldwater, MI 49036
Phone: 517-278-2538 Ext. 137
Fax: 517-278-2494
Email: sutterl@bhsj.org



Supporting Seniors, Promoting Independence

For the latest updates regarding COVID -19, please visit <http://bhsj.org/coronavirus> . If you would like to speak with a clinician regarding COVID-19, please call the Branch-Hillsdale-St. Joseph Community Health Agency at 517-279-9561 and press option 7.

NOTICE: This e-mail, including attachments, is intended for the exclusive use of the addressee and may contain proprietary, confidential or privileged information. If you are not the intended recipient, any dissemination, use, distribution or copying is strictly prohibited. If you have received this e-mail in error, please notify me via e-mail and permanently delete the original and destroy all copies. Thank you.



Area
Agency on
Aging (III C)
Branch-St. Joseph

Supporting Seniors, Promoting Independence

AREA AGENCY ON AGING REGION III C

570 N. Marshall Road
Coldwater, MI 49036
(517) 278-2538
www.bhsj.org/aaa

CITIZEN'S INTEREST FORM

The following questionnaire is designed to obtain specific information as to your interest and qualifications for serving on the Area Agency on Aging (III C) Advisory Committee. Feel free to utilize the back of this form for additional comments that you may wish to submit. Please return completed questionnaire to the Area Agency on Aging Director's Office, 570 N. Marshall Road, Coldwater, MI 49036. If you have any questions or would like to submit electronically, please call (517) 278-2538.

(Please print)

Date: 2/28/23 Telephone Number: [Redacted]
 Email Address: [Redacted]
 Name: Pamela Riley

Home Address: N/A
 Street City Zip

Employment: St Joseph County Commission on Aging

Present service activities (i.e.; church, scouts, civic, etc.): _____

Interests: _____

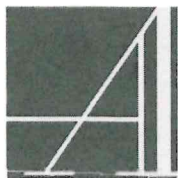
What special experience, education or interest do you have for serving on the Advisory Committee?
Provider of grant services

Additional Comments: _____

Affiliation or Member type: (Check all that apply!)

- Age 60 or greater (per bylaws, 50% are 60+)
- Focal Point Representative (i.e. Commission on Aging)
- Human Service/Social Service Representative (i.e. MDHHS, CMH)
- Health Service Representative (i.e. hospital, physician's office)
- Consumer/Volunteer/Community Leader (i.e. elected official, advocate, caregiver of someone 60+)

Signature: Pamela Riley



Area
Agency on
Aging (IIIC)
Branch-St. Joseph

Supporting Seniors, Promoting Independence

AREA AGENCY ON AGING REGION IIIC

570 N. Marshall Road
Coldwater, MI 49036
(517) 278-2538
www.bhsj.org/aaa

CITIZEN'S INTEREST FORM

The following questionnaire is designed to obtain specific information as to your interest and qualifications for serving on the Area Agency on Aging (IIIC) Advisory Committee. Feel free to utilize the back of this form for additional comments that you may wish to submit. Please return completed questionnaire to the Area Agency on Aging Director's Office, 570 N. Marshall Road, Coldwater, MI 49036. If you have any questions or would like to submit electronically, please call (517) 278-2538.

(Please print)

Date: 03/03/2023 Telephone Number [REDACTED]

Email Address: [REDACTED]

Name: Michelle Lock

Home Address: 388 Keith Wilhelm Dr. Coldwater MI 49036
Street City Zip

Employment: State of Michigan Adult Protective Services

Present service activities (i.e.; church, scouts, civic, etc.): State of Michigan DEI Committee.

Interests: Working with families, assisting others in the community, and being a resource. Passionate with helping others.

What special experience, education or interest do you have for serving on the Advisory Committee?
Worked for State of Michigan for 13 years with experiencing working with families. Numerous trainings and Masters in Counseling/Education

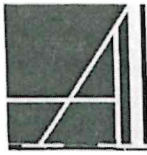
Additional Comments: Enjoy networking with service providers and in the community

Affiliation or Member type: (Check all that apply!)

Age 60 or greater (per bylaws, 50% are 60+) Focal Point Representative (i.e. Commission on Aging) Human Service/Social Service Representative (i.e. MDHHS, CMH)

Health Service Representative (i.e. hospital, physician's office) Consumer/Volunteer/Community Leader (i.e. elected official, advocate, caregiver of someone 60+)

Signature: Michelle Lock Digitally signed by Michelle Lock
Date: 2023.03.03 08:04:22 -05'00'



Area
Agency on
Aging (IIC)
Branch-St. Joseph

Supporting Seniors, Promoting Independence

AREA AGENCY ON AGING REGION IIC

570 N. Marshall Road
Coldwater, MI 49036
(517) 278-2538
www.bhsl.org/aaa

CITIZEN'S INTEREST FORM

The following questionnaire is designed to obtain specific information as to your interest and qualifications for serving on the Area Agency on Aging (IIC) Advisory Committee. Feel free to utilize the back of this form for additional comments that you may wish to submit. Please return completed questionnaire to the Area Agency on Aging Director's Office, 570 N. Marshall Road, Coldwater, MI 49036. If you have any questions or would like to submit electronically, please call (517) 278-2538.

(Please print)

Date: 3/13/2023 Telephone Number: [REDACTED]

Email Address: [REDACTED]

Name: Trish Wood

Home Address: 311 E Alcott St Kalamazoo MI 49001
Street City Zip

Employment: Area Agency on Agency 3A

Present service activities (i.e.; church, scouts, civic, etc.): _____

Interests: Elder Abuse Preventions, reading, gardening, juvenile delinquency prevention

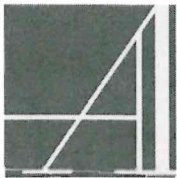
What special experience, education or interest do you have for serving on the Advisory Committee?
I have 20 years experience working with the judicial system including 8 years working
with the probate court in Kalamazoo County and knowledge about guardianships and conservatorships.

Additional Comments: _____

Affiliation or Member type: (Check all that apply!)

- Age 60 or greater (per bylaws, 50% are 60+)
- Focal Point Representative (i.e. Commission on Aging)
- Human Service/Social Service Representative (i.e. MDHHS, CMH)
- Health Service Representative (i.e. hospital, physician's office)
- Consumer/Volunteer/Community Leader (i.e. elected official, advocate, caregiver of someone 60+)

Signature: Patricia Wood



Area
Agency on
Aging (IIIC)
Branch-St. Joseph

Supporting Seniors, Promoting Independence

AREA AGENCY ON AGING REGION IIIC

570 N. Marshall Road
Coldwater, MI 49036
(517) 278-2538
www.bhsj.org/aaa

CITIZEN'S INTEREST FORM

The following questionnaire is designed to obtain specific information as to your interest and qualifications for serving on the Area Agency on Aging (IIIC) Advisory Committee. Feel free to utilize the back of this form for additional comments that you may wish to submit. Please return completed questionnaire to the Area Agency on Aging Director's Office, 570 N. Marshall Road, Coldwater, MI 49036. If you have any questions or would like to submit electronically, please call (517) 278-2538.

(Please print)

Date: 3/3/2023 Telephone Number: [REDACTED]

Email Address: [REDACTED]om

Name: Kelly Jonker

Home Address: Work Address: 311 E. Alcott Street, Kalamzoo, MI 49001
Street City Zip

Employment: LTC Ombudsman

Present service activities (i.e.; church, scouts, civic, etc.): _____

Interests: _____

What special experience, education or interest do you have for serving on the Advisory Committee?

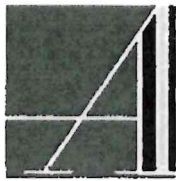
Advocate

Additional Comments: Signing- 3/3/2023 8:48 a.m. Kelly Jonker

Affiliation or Member type: *(Check all that apply!)*

- Age 60 or greater (per bylaws, 50% are 60+)
- Focal Point Representative (i.e. Commission on Aging)
- Human Service/Social Service Representative (i.e. MDHHS, CMH)
- Health Service Representative (i.e. hospital, physician's office)
- Consumer/Volunteer/Community Leader (i.e. elected official, advocate, caregiver of someone 60+)

Signature: _____



**Area
Agency on
Aging (IIIC)
Branch-St. Joseph**

Supporting Seniors, Promoting Independence

AREA AGENCY ON AGING REGION IIIC

570 N. Marshall Road
Coldwater, MI 49036
(517) 278-2538
www.bhsj.org/aaa

CITIZEN'S INTEREST FORM

The following questionnaire is designed to obtain specific information as to your interest and qualifications for serving on the Area Agency on Aging (IIIC) Advisory Committee. Feel free to utilize the back of this form for additional comments that you may wish to submit. Please return completed questionnaire to the Area Agency on Aging Director's Office, 570 N. Marshall Road, Coldwater, MI 49036. If you have any questions or would like to submit electronically, please call (517) 278-2538.

(Please print)

Date: 2/28/2023 Telephone Number: [REDACTED]

Email Address: [REDACTED]

Name: Amy Duff

Home Address: 65 Grahl Dr. Coldwater 49036
Street City Zip

Employment: Branch Co. Commission on Aging Executive Director

Present service activities (i.e.; church, scouts, civic, etc.): _____

Interests: _____

What special experience, education or interest do you have for serving on the Advisory Committee?

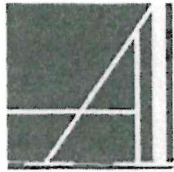
Additional Comments: _____

Affiliation or Member type: *(Check all that apply!)*

Age 60 or greater (per bylaws, 50% are 60+) Focal Point Representative (i.e. Commission on Aging) Human Service/Social Service Representative (i.e. MDHHS, CMH)

Health Service Representative (i.e. hospital, physician's office) Consumer/Volunteer/Community Leader (i.e. elected official, advocate, caregiver of someone 60+)

Signature:



Area
Agency on
Aging (IIIC)
Branch-St. Joseph

Supporting Seniors, Promoting Independence

AREA AGENCY ON AGING REGION IIIC

570 N. Marshall Road
Coldwater, MI 49036
(517) 278-2538
www.bhsj.org/aaa

CITIZEN'S INTEREST FORM

The following questionnaire is designed to obtain specific information as to your interest and qualifications for serving on the Area Agency on Aging (IIIC) Advisory Committee. Feel free to utilize the back of this form for additional comments that you may wish to submit. Please return completed questionnaire to the Area Agency on Aging Director's Office, 570 N. Marshall Road, Coldwater, MI 49036. If you have any questions or would like to submit electronically, please call (517) 278-2538.

(Please print)

Date: 02/22/2023 Telephone Number: [REDACTED]

Email Address: [REDACTED]@GOV

Name: Madelene Wirgau

Home Address: 57784 Patterson Ln. Three Rivers, MI 49093
Street City Zip

Employment: Adult Services Specialist State of Michigan

Present service activities (i.e.; church, scouts, civic, etc.): _____

Interests: Family, community, services for the elderly, music,

What special experience, education or interest do you have for serving on the Advisory Committee?

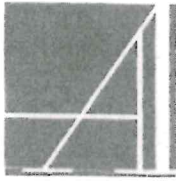
Work for state, masters in counseling, senior citizen of county

Additional Comments: need activites for the 60-group that still work

Affiliation or Member type: (Check all that apply!)

- Age 60 or greater (per bylaws, 50% are 60+)
- Focal Point Representative (i.e. Commission on Aging)
- Human Service/Social Service Representative (i.e. MDHHS, CMH)
- Health Service Representative (i.e. hospital, physician's office)
- Consumer/Volunteer/Community Leader (i.e. elected official, advocate, caregiver of someone 60+)

Signature: Madelene Wirgau 2-23-2023



Area
Agency on
Aging (IIIC)
Branch-St. Joseph

Supporting Seniors. Promoting Independence

AREA AGENCY ON AGING REGION IIIC

570 N. Marshall Road
Coldwater, MI 49036
(517) 278-2538
www.bhsj.org/aaa

CITIZEN'S INTEREST FORM

The following questionnaire is designed to obtain specific information as to your interest and qualifications for serving on the Area Agency on Aging (IIIC) Advisory Committee. Feel free to utilize the back of this form for additional comments that you may wish to submit. Please return completed questionnaire to the Area Agency on Aging Director's Office, 570 N. Marshall Road, Coldwater, MI 49036. If you have any questions or would like to submit electronically, please call (517) 278-2538.

(Please print)

Date: 2/23/2023 Telephone Number: [REDACTED]

Email Address: [REDACTED]

Name: Denny Brieske

Home Address: 613 Woodchuck Drive Coldwater 49036
Street City Zip

Employment: Retired from Michigan Works! job training

Present service activities (i.e.; church, scouts, civic, etc.): Past president and current membership chairman of Kiwanis Club of Coldwater

Interests: Research into creative aging, volunteerism, living in place and other aging issues.

What special experience, education or interest do you have for serving on the Advisory Committee?
I recently completed six years serving on the State Advisory Council on Aging. I have an MBA in business.

Additional Comments: _____

Affiliation or Member type: (Check all that apply!)

- Age 60 or greater (per bylaws, 50% are 60+)
- Focal Point Representative (i.e. Commission on Aging)
- Human Service/Social Service Representative (i.e. MDHHS, CMH)
- Health Service Representative (i.e. hospital, physician's office)
- Consumer/Volunteer/Community Leader (i.e. elected official, advocate, caregiver of someone 60+)

Signature:

Summary of Proposed Changes to the Personnel Policy Manual

The Agency continuously strives to provide a comprehensive set of administrative policies. As part of this process, we routinely review the existing policy document to determine 1) if the policy is still relevant and needed, 2) whether the purpose or goal of the policy is being met, and 3) to determine if changes or clarifications are needed to ensure that staff and supervisors are understanding and administering the policies in the same manor across the entire Agency.

The changes summarized below are a compilation of changes that have been identified through routine business, programmatic audits, discussions with the agency's attorney, or issues that came up that were not clearly addressed in current policy. These proposed changes have been reviewed by and approved by the Agency's attorney.

- A table of contents was added to the document
- Page 21 – The benefit amount for short-term disability was updated to reflect the updated amount approved by the Board of Health in October of 2022.
- Page 23 – The policy remains the same, but the language was changed to be consistent with the language for use of sick time.
- Page 23 – The statement, “Payment will be withheld if the employee owes the agency money, or will be reduced by the amount of money the employee owns the agency.” This was included to advise employees that any money they owe the agency upon their termination will be deducted from their last check.
- Page 31 – Updated the number of holidays to include Veterans’ Day, which was approved as an agency holiday by the Board in September of 2022.
- Page 31 – Updated the language to remove FMLA from the statement. If an employee is on FMLA leave, they are required to utilize their paid-time-off. While they are using paid-time-off, they qualify for holiday pay, as they have approved leave for the day before and after.
- Page 32 – Added Veterans’ Day to the list of observed holidays
- Page 32 – Added language to specify that the Agency will try to mirror its holiday observances with the fiduciary, Branch County.
- Page 36 & 37 – Moved Sexual harassment, sexual misconduct, domestic violence, and/or dating violence from group II offences to group III offences. This change was recommended by the agency's attorney.

PURPOSE OF THE PERSONNEL POLICY MANUAL

This manual was developed to describe some of the expectations of our employees and to outline the policies, benefits, and procedures available to eligible employees. Employees should familiarize themselves with the contents of the Personnel Policy Manual as soon as possible, for it will answer many questions about employment with Branch-Hillsdale-St. Joseph Community Health Agency.

No personnel policy manual can anticipate every circumstance or question about policy. As time goes on, the need may arise and the Branch-Hillsdale-St. Joseph Community Health Agency Board of Health reserves the right to revise, supplement, or rescind any policy or portion of the manual from time to time as it deems appropriate, in its sole and absolute discretion.

This Personnel Policy Manual supersedes any and all previous personnel policies created separately and collectively by the Branch-Hillsdale-St. Joseph Community Health Agency Board of Health.

This Personnel Policy Manual shall be distributed to appropriate agency personnel at the time of hire. Copies of subsequent updates of this manual shall be provided to appropriate agency personnel as soon as possible after the adoption of such updates.

Board of Health
Branch-Hillsdale-St. Joseph
Community Health Agency

Table of Contents

SECTION 1: DEVELOPMENT OF PERSONNEL POLICIES	5
A. COMPOSITION OF THE PERSONNEL POLICY MANUAL COMMITTEE.....	5
B. SELECTION OF OFFICE REPRESENTATIVES AND ALTERNATES	5
C. MEETING SCHEDULE OF THE COMMITTEE	5
D. IMPLEMENTATION AND INTERPRETATION OF THE PERSONNEL POLICIES	5
SECTION 2: EMPLOYMENT POLICIES, PROCEDURES AND REQUIREMENTS.....	6
A. EMPLOYMENT POLICIES.....	6
B. PERSONNEL FILE PROCEDURE.....	9
C. PERSONAL CONDUCT REQUIREMENTS	9
D. EMPLOYEE CLASSIFICATIONS.....	11
E. EMPLOYEE PROMOTION OR RECLASSIFICATION.....	12
F. EMPLOYEE TRANSFER.....	12
G. WORK RELATED TRAVEL.....	13
H. STAFF DEVELOPMENT	14
SECTION 3: COMPENSATION POLICIES.....	15
A. MONETARY COMPENSATION.....	15
B. PAY PERIODS	15
C. ADDITIONAL TIME POLICY.....	15
D. LONGEVITY COMPENSATION	17
E. JURY SERVICE	18
F. 457 DEFERRED COMPENSATION ACCOUNTS	18
G. MERS RETIREMENT PROGRAM.....	19
H. HEALTH CARE SAVINGS PLAN (MERS).....	19
I. BASIC FLEX.....	19
J. AFLAC.....	19
K. REIMBURSEMENT FROM SOURCES OTHER THAN THE AGENCY	19
SECTION 4: INSURANCE BENEFITS	20
A. HEALTH INSURANCE	20
B. LIFE INSURANCE.....	20
C. SHORT TERM DISABILITY INSURANCE	21
D. UNEMPLOYMENT INSURANCE	21
E. WORKER’S COMPENSATION.....	21
F. PROFESSIONAL LIABILITY INSURANCE.....	22

G.	SOCIAL SECURITY	22
H.	COBRA REQUIREMENT	22
SECTION 5: EMPLOYEE LEAVE POLICIES.....		22
A.	VACATION LEAVE.....	22
B.	SICK LEAVE.....	23
C.	BEREAVEMENT LEAVE.....	25
D.	FAMILY AND MEDICAL LEAVE.....	26
E.	EDUCATIONAL LEAVE	30
F.	MILITARY LEAVE	30
G.	LIFE ENRICHMENT LEAVE	31
SECTION 6: HOLIDAY POLICY		31
A.	HOLIDAY PAY.....	31
SECTION 7: TERMINATION PROCEDURES		32
A.	RESIGNATION	32
B.	DISCHARGE.....	33
C.	LAYOFF	33
D.	FURLOUGH DAYS	33
E.	JOB ELIMINATION	33
F.	RETURN OF AGENCY PROPERTY.....	33
G.	RESIGNATION IN GOOD STANDING.....	34
SECTION 8: PROGRESSIVE DISCIPLINE, AND GRIEVANCE AND APPEAL PROCEDURES.....		34
A.	PROBLEM RESOLUTION STATEMENT	34
B.	PROGRESSIVE DISCIPLINE	35
C.	GRIEVANCE AND APPEAL PROCEDURES	38
D.	WHISTLEBLOWER POLICY	40
SECTION 9: EMERGENCY-WEATHER-DISASTER POLICIES.....		41
A.	BAD WEATHER POLICY	41
B.	BOMB THREAT PROCEDURE.....	41
C.	DR. STRONG POLICY	42
D.	EMERGENCY CONTACT LIST PROCEDURES.....	42
E.	FIRE ALARM EMERGENCY PLAN	42
F.	LOCK DOWN POLICY	42
G.	MASTER DISASTER CHECKLIST - Approved 1/31/07	44
H.	OFFICE CLOSURE PROCEDURE	45

I.	<u>ROBBERY POLICY</u>	<u>45</u>
J.	<u>TORNADO EMERGENCY PLAN.....</u>	<u>45</u>
K.	<u>UTILITY SHUT OFF PROCEDURES</u>	<u>45</u>
L.	<u>BURGLARY OR VANDALISM TO THE AGENCY</u>	<u>45</u>
	<u>SECTION 10: INFORMATION TECHNOLOGY POLICIES.....</u>	<u>46</u>
A.	<u>COMPUTER USAGE & INTERNET POLICY.....</u>	<u>46</u>
	<u>SECTION 11: INFORMATION REQUESTS-HIPAA-CONFIDENTIALITY</u>	<u>52</u>
A.	<u>FREEDOM OF INFORMATION REQUEST PROCEDURE</u>	<u>52</u>
B.	<u>MEDICAL RELEASE PROCEDURE</u>	<u>52</u>
C.	<u>SUBPOENA PROCEDURE.....</u>	<u>52</u>
D.	<u>CONFIDENTIALITY / SANCTION POLICY</u>	<u>52</u>
	<u>SECTION 12: SUBSTANCE ABUSE POLICY.....</u>	<u>56</u>

SECTION 1: DEVELOPMENT OF PERSONNEL POLICIES

A. COMPOSITION OF THE PERSONNEL POLICY MANUAL COMMITTEE

There shall be a committee composed of the Health Officer, a designee of the Health Officer, a representative and alternate from each of three counties - Branch, Hillsdale, and St. Joseph.

B. SELECTION OF OFFICE REPRESENTATIVES AND ALTERNATES

A request for volunteers as representatives shall be conducted at the beginning of each calendar year. Representatives shall serve for a two-year term from their respective offices. Employees elected shall serve the first year as the alternate representative and the second year as the representative. In the event the office of representative or alternate representative is vacated during the elected term, a request for a volunteer to replace the alternate will be conducted in the office involved. If the representative vacates, the current alternate representative shall move into that position. These names will be posted annually in the mail room of each office.

C. MEETING SCHEDULE OF THE COMMITTEE

The committee shall meet at least once a year to provide suggestions to the Health Officer regarding the personnel policies. Each office shall have one vote. If both the alternate representative and representative from an office are present, they will be allowed one vote. In the event of a tie vote, the issue is to be tabled until the next scheduled meeting, at which time if the issue still results in a tie then it is considered defeated. The chair of the committee will be elected by the representatives and alternates during the first meeting. The Health Officer will not have voting privileges.

A secretary shall be selected from the committee and will arrange for minutes of each committee meeting to be distributed to each committee member. The committee members are responsible for posting the minutes in each office. The announcement of personnel policy committee meetings and the minutes from the meetings will be sent to 'everyone@bhsj.org' through the Agency's employee's email system and in the Personnel Policy folder on the Coldwater shared drive. Each employee shall be responsible for reading the minutes and providing input to a member of the committee.

D. IMPLEMENTATION AND INTERPRETATION OF THE PERSONNEL POLICIES

The Health Officer shall be responsible for the implementation of the approved personnel policies within this manual. The Administrative Services Director shall be available to the employees and management regarding the interpretation of the personnel policies.

SECTION 2: EMPLOYMENT POLICIES, PROCEDURES AND REQUIREMENTS

A. EMPLOYMENT POLICIES

1. Employment Relations. The Board of Health believes that the work conditions, wages, and benefits it offers to its employees are competitive with those offered by other employers in this area and in this industry. If employees have concerns about work conditions or compensation, they are strongly encouraged to voice these concerns openly and directly with their immediate supervisors.

2. Equal Opportunity Employer. In order to provide equal employment and advancement opportunities to all individuals, employment decisions at the agency will be based on merit, qualifications, and abilities. The agency does not discriminate in employment opportunities or practices on the basis of race, color, religion, gender, national origin, age, disability, or any other characteristic protected by law. The agency will make reasonable accommodations for qualified individuals with known disabilities. This policy governs all aspects of employment, including selection, job assignment, compensation, discipline, termination, and access to benefits and training.

3. Job Posting. The agency provides employees an opportunity to indicate their interest in open positions and advancement according to their skills and experience. Job openings will be posted and normally remain open for five (5) workdays. Each job posting will include the dates of the posting period, job title, department, grade level, essential duties and qualifications.

4. Immigration Law Compliance. In compliance with the Immigration Reform and Control Act of 1986, each new employee, as a condition of employment, must complete the Employment Eligibility Verification Form I-9 and present documentation establishing identity and eligibility.

5. Hiring of Relatives. Employment of more than one member of the family may be permitted, providing each individual possesses the necessary qualifications and competed in the usual manner with other qualified applicants.

6. Conflict of Interest. An actual or potential conflict of interest occurs when an employee is in the position to influence a decision that may result in personal gain for that employee or for a relative as a result of the agency's business dealings. If employees have any influence on transactions involving purchases, contracts, or leases, it is imperative that they disclose to their immediate supervisor as soon as possible the existence of any or potential conflict of interest so that safeguards can be established to protect all parties. For the purposes of this policy a relative is any person related by blood or marriage.

7. Outside Employment. Employees may hold outside employment as long as such employment does not present a conflict of interest or in any way interfere with the

efficient discharge of duties required to satisfactorily function in the position held with the agency.

8. Pre-Employment Medical Exam and Drug Test. After an offer has been made to an applicant entering agency employment, the new hire shall undergo a medical examination and drug test at the agency's expense. The offer and assignment to duties is contingent upon satisfactory completion of these exams. Information on employees' medical condition or history will be kept separate from other employee information and will be maintained confidentially.

9. Background Check. When an offer has been made to an applicant entering agency employment, the new hire shall undergo an ICHAT background check, a search of the state and national sex offender lists, and a central registry check for anyone working with children or vulnerable adults (as required by contracts and/or grant funding). The offer and assignment to duties is contingent upon satisfactory completion of this background check process. In order to maintain compliance with the boilerplate language in requirements of the agency's grant contracts, any findings in background checks may be reviewed by the Agency's attorney. Any finding that would cause compliance issues with the contracts will cause the conditional offer of employment to be rescinded. The Agency will conduct annual background checks on all employees.

All employees are required to notify the Administrative Services Director immediately of criminal convictions, pending felony charges, or listing on the CPS Registry. Failure to comply may result in discipline, up to and including dismissal.

10. Hire Date. The date an employee was hired. In the event that an employee had been employed and left employment and subsequently rehired, the Hire Date will be the most recent date of hire.

11. Anniversary Date. The Anniversary Date is the Hire Date or if an employee moves into a new job classification the Anniversary Date will change to the date that the new job classification becomes effective.

12. Continuous Length of Service. Continuous Length of Service is defined as the period of time in which an employee continues in agency employment without interruption subject to the conditions described in other sections of this manual.

13. Orientation. The immediate supervisor will provide each new employee an introduction to their co-worker, work environment, job responsibilities, procedures, and policies. All necessary employment forms and paperwork must be completed on the first day of work with the Administration division.

14. Probationary Period. All new and rehired employees will be on a twelve-month probationary period following their date of hire or rehire. At any time during the twelve-month probationary period, the agency may terminate employment for any or no reason. If an employee is granted an approved medical leave during their probation, the

probationary period will be extended to ensure the Agency has the full twelve months of time worked to evaluate the employee. Employees in their probationary period have no bumping rights. Seniority will be calculated by the date of hire in a position.

15. Work Schedule. Work schedules may vary throughout the agency. Immediate supervisors will advise employees of their individual work schedules. Staffing needs and operational demands may necessitate variations in starting and ending times, as well as variations in the total hours that may be scheduled each day and week.

16. Performance Evaluations. Immediate supervisors and employees are encouraged to discuss job performance and goals on an informal, day-to-day basis. The immediate supervisor shall prepare the formal evaluations at three months, at six-months and at the one-year probationary period and then every subsequent year following the hire or reassignment of employees.

17. Residency Requirement. There shall be no residency requirement that employees live within the boundaries of the areas served by the agency.

18. Approval for Hiring. Final approval of the hiring of all agency employees shall rest with the Health Officer.

19. Removal from Payroll. An employee who is defined as “casual” and does not work in three (3) consecutive months shall be removed from payroll.

20. Reporting of Accidents/Incidents. The employee must report any & all accidents/injuries within 24 hours to the Administrative Services Director.

21. Reporting of Neglect/Abuse/Exploitation. Employees must report any and all suspected case/cases of abuse, neglect, and exploitation immediately by calling State of Michigan Centralized Intake at 855-444-3911. Employee must also notify immediate supervisor.

22. Identification Badges. All employees are issued an identification badge and are required to wear it during the performance of their job duties. In the event the badge is lost, stolen, or damaged the employee must notify the Administrative Division for a replacement immediately.

23. Sign In/Sign Out Policy. All employees shall sign in when they arrive at work and sign out at the time of leaving the building at any time during the day. This is required so we know who is in the building and who isn't in the event of an emergency. Sign out sheets are in the mail room. Each staff member will be responsible for their own time in and out.

24. Drivers Licenses and Car Insurance. Every employee must possess a valid driver's license and car insurance—you will be asked to present copies of these to the Administrative Division at hire and upon renewal.

B. PERSONNEL FILE PROCEDURE

1. Contents of the Personnel File. The agency maintains a personnel file on each employee. The personnel file includes such information as the employee's job application, resume, performance evaluations, documentation of reassignments and salary increases, and other employment records.
2. Review of the Personnel File. Personnel Files are the property of the agency and access to the information they contain is restricted. Generally, only the immediate supervisor, division director, and other agency personnel who have a legitimate reason, as determined by the Health Officer to review the information in a personnel file, are allowed to do so. Employees are entitled to inspect the contents of their personnel files. Employees who wish to inspect their own personnel file should contact the Administrative Services Director. With reasonable advance notice, employees can review the content of their personnel files in the presence of the Administrative Services Director.
3. Personnel Data Changes. Employees are responsible for promptly notifying the Administrative Division of any changes in personnel data. Changes relating to personal information such as mailing addresses, telephone numbers, individuals to be contacted in the event of an emergency, dependents covered by agency provided insurance, or marital status must be accurate and up to date.
4. Verification of Employment Requests. No information will be shared on an employee until verified with that employee. Verification needs to be made before giving any institutions any information on any employees. **No information will be shared until validated by the Administrative Services Director.**

C. PERSONAL CONDUCT REQUIREMENTS

1. General Statement of Policy. It is not possible to list all the forms of behavior that are considered unacceptable in the workplace. The agency expects employees to perform their job in a manner that will protect the interests and safety of all employees and the agency. Violation of the following Personal Conduct Requirements may lead to progressive disciplinary action, up to and including termination of employment.
2. Personal Appearance. Employees are expected to present a clean and neat appearance and to dress according to the requirements of their position. Employees who appear for work inappropriately dressed will be sent home and directed to return to work in proper attire. Under such circumstances, employees will not be compensated for the time away from work.
3. Agency Phone, Cell Phone, E-mail and Fax Usage. Employees should practice discretion when making personal phone calls and sending e-mail or faxes. Employees shall be required to reimburse the agency for any charges resulting from their personal use of the telephone, fax machine, or copier. Any employee, who has misplaced, lost, or damaged agency property must report such to their supervisor or the Administrative

Services Director as soon as possible. The employee may be asked to reimburse the agency for the replacement/repair of said item or items if the loss or damage was a result of negligence by the employee.

4. Smoking Policy. In keeping with the agency's intent to provide a safe and healthful workplace, smoking or the use of E-cigarettes is prohibited in any agency facility or within 50 feet of the building.

5. Breaks and Lunch Periods. Employees will be granted two (2) paid fifteen-minute breaks during the full workday. Employees will have a ½ hour unpaid lunch period for each full workday. The timing of the breaks and lunch periods will be at the discretion of the department head and in compliance with labor law. It is the supervisor's responsibility to have staff coverage during all service hours, allowing for uninterrupted breaks and lunches.

6. Drugs and Alcohol in the Workplace. It is the agency's desire to provide a drug-free, safe and healthful workplace. Employees may not use, possess, distribute, sell, or be under the influence of illegal drugs or alcohol while on agency premises or while conducting agency business-related activities off agency premises. Please refer to the Agency's Substance Abuse Policy.

7. Harassment in the Workplace. The agency is committed to providing a workplace that is free of discrimination and unlawful verbal and physical harassment. Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, and other verbal, non-verbal, or physical conduct of a sexual nature. All allegations of harassment should be reported, in writing, to the Administrative Services Director's office as soon as possible. In the event the Administrative Services Director is the alleged harasser, the allegations of harassment should be reported, in writing, to the Health Officer.

8. Sexual Misconduct, Domestic Violence and Dating Violence in the Workplace. The agency is committed to providing a workplace that is free of discrimination, unlawful verbal and physical sexual misconduct, domestic violence and dating violence. All allegations of sexual misconduct, domestic violence and dating violence that occurs in the workplace or by an agency employee should be reported, in writing, to the Administrative Services Director's office as soon as possible. In the event the Administrative Services Director is the alleged harasser, the allegations of harassment should be reported, in writing, to the Health Officer.

9. Attendance and Punctuality at Work. To maintain a safe and productive work environment, the agency expects employees to be reliable and punctual in reporting for scheduled work. Absenteeism and tardiness place a burden on other employees and on the agency. When employees cannot avoid being late to work or unable to work as scheduled, they must notify their immediate supervisor as soon as possible in advance of anticipated tardiness or absence.

10. Solicitation. In an effort to ensure a productive and harmonious work environment, persons not employed by the agency may not solicit or distribute literature or products in the workplace at any time for any purpose without the permission of the Health Officer. Employees may not solicit or distribute literature or products concerning outside event and organizations during working time without the permission of the Health Officer.

11. Contributions. Contributions by employees to community organization fund drives shall be entirely voluntary. Agency management personnel or Board of Health shall at no time estimate or determine what amount such contributions shall be.

12. Use of Agency Equipment. Equipment essential in accomplishing job duties is expensive and may be difficult to replace. When using agency property, employees are expected to exercise care, and follow operating and safety standards and guidelines. Employees shall not engage in the improper, careless, negligent, destructive, or unsafe use or operation of agency equipment. In the event that any Agency owned or leased equipment is misplaced, stolen, lost, or damaged you must report it to the Administrative Services Director immediately. Employees may be asked to reimburse the Agency for the repair/replacement of said item or items if it is deemed the employee was careless and negligent. For legal liability reasons, employees are not to transport non-employees during work time unless special authorization is given.

13. Political Activity. Employees are subject to the rights and limitations of the Hatch Act.

14. Gifts and Favors. Employees or their immediate family shall not be permitted to accept loans, gifts of money or goods, services or other preferred arrangements for personal benefit under any circumstances directly or indirectly involving possible influence or appearance of influence upon the manner in which they perform work, make decisions to otherwise discharge their duties as an employee.

15. Confidentiality of Information. The agency shall be in compliance with the Health Insurance Portability and Accountability Act (HIPAA). Protected information contained in reports, records or communications of the agency shall be considered confidential. Unauthorized disclosure of such information by staff members shall be considered sufficient grounds for dismissal.

16. Dating Supervisors. Supervisory staff are strictly forbidden from dating staff they directly supervise. This includes consensual romantic or sexual relationships. Non-consensual relationships constitute sexual harassment and should be reported immediately so appropriate remedial action may occur.

D. EMPLOYEE CLASSIFICATIONS

1. Full Time. An employee who is regularly scheduled to work at least 37.5 hours per workweek.

2. Minimum Full Time. An employee who is regularly scheduled to work less than 37.5 hour per workweek but a minimum of 30 hours per workweek.
3. Part Time. An employee who is regularly scheduled to work at least 20 hours per workweek but less than 25 hours per workweek.
4. Casual. An employee who works irregular hours.
5. Contractual Employees. An individual performing a service, job or duty as outlined in the terms of a contract are not subject to the Agency's travel reimbursement, pay schedule, vacation or sick time schedule or other benefits unless stated in their contract, but are subject to portions of the Personnel Policy that relate to personal conduct.
6. Seasonal Employees. An employee that has been hired to work in a specific program which is suspended each year and the program is scheduled to begin again within 12 months. Employee on seasonal layoff will not earn vacation, sick time, or cash-in-lieu while on layoff. The employee while on seasonal layoff will not be covered by the Health Insurance Policy offered by the Agency and will be transferred to COBRA. The Agency will not issue payments for any benefits which come due while the employee is on seasonal layoff. Such benefits include cash-in-lieu or longevity payments. Any longevity payments normally paid or the cash-in-lieu benefit earned by the employee prior to being placed on seasonal payoff will be paid once the employee returns to work or at the end of our current fiscal year or if the employment is terminated during the seasonal layoff period.

E. EMPLOYEE PROMOTION OR RECLASSIFICATION

The rate of pay, for employees who have been promoted to a higher-level position, will be adjusted to the minimum rate of pay of the higher-level or to that salary step on the higher-level above their current rate of pay, whichever is higher.

The rate of pay, for employees who have been reclassified to a position in a lower level, will be paid at their current level or adjusted to their salary step rate of pay, whichever is lower.

The health officer shall authorize all reclassifications.

F. EMPLOYEE TRANSFER

The rate of pay, for employees who have transferred to a position in the same classification, the rate of pay shall be determined by the Health Officer and the division Director based on employee knowledge and training needed.

G. WORK RELATED TRAVEL

Employees who use their own personal vehicles for agency business will be reimbursed at the rate established by the Board of Health. The Board of Health set travel reimbursement at the standard mileage rate as set by the IRS each year. However, if the Health Officer determines that there are budgetary concerns of the agency, any increase in the agency's Travel Reimbursement must be postponed until the budgetary concerns have been addressed.

1. Agency Travel Policy. Travel expense reimbursement is based upon the following:
 - Every employee is assigned a home base office
 - Any employee or contractual employee of this Agency who drives a vehicle for business related activities or receives mileage reimbursement from this Agency must possess at all times, a valid driver's license that does not restrict their driving for Agency related business.
 - Within the health district, employees are paid mileage from their home base to the place of work assignment and back to their home base. If an employee leaves from their residence to a work assignment other than their home base, the mileage is paid from their residence if the distance is less than from their home base.
 - Employees who request to work at an agency office that is not their home base shall not be reimbursed for travel time and mileage from the home base to the office where they have chosen to work.
 - Employees assigned by their immediate supervisor to job responsibilities at an agency office that is not their home base shall be reimbursed for mileage.
 - Meal expenses incurred within a work day are reimbursed only if they are pre-approved by an immediate supervisor. Supervisors shall use discretion approving meal expenses for offsite training, hosting visiting officials, etc.
 - Reimbursement for travel outside the health district must be pre-approved by the division director.
 - Travel time that occurs outside of assigned business hours will be reimbursed in accordance with the adjusted time policy.
 - Reimbursement for training and related expenses (tuition, meals, etc.) must be pre-approved by the division director. To begin the pre-approval process, employees shall submit an agency Training form, detailing the anticipated training expenses, to their supervisors.
 - Travel mileage between offices shall be calculated as follows:
 - Coldwater to Hillsdale, 25 miles
 - Coldwater to Three Rivers, 40 miles
 - Coldwater to Sturgis, 26 miles
 - Three Rivers to Sturgis, 23 miles

H. STAFF DEVELOPMENT

The Board of Health encourages employees to develop professionally through training and continuing education. Subject to management approval and agency budgetary constraints, employees will be assisted to attend identified training and education events. Attendance at approved conferences, training, or exams shall be treated as a special work assignment. The agency will require an employee to sign a payback agreement to protect the agency from a premature departure of the employee once high-investment specialty training is concluded.

1. Staff Development Procedure. Pursuant to Section 2, Part H of the Branch-Hillsdale-St. Joseph Community Health Agency's Personnel Policies the following procedure has been developed and approved for implementation regarding employee requested training.
 - All regular full-time, minimum full-time, and regular part-time employees are eligible to apply in writing for staff development assistance.
 - Applications for staff development assistance shall be endorsed by the appropriate division director, then reviewed and approved by the health officer for being in the "best interest of the agency".
 - Approved applicants must maintain employment throughout the training period.
 - Approved applicants are eligible for reimbursement of courses taken, not to exceed \$3,000 in four consecutive quarters, three consecutive trimesters, or two consecutive semesters.
 - Pre-approval of expenses must be obtained prior to the beginning of the school term.
 - Covered course expenses are tuition and books.
 - All courses must be through an accredited institution.
 - All courses must be part of an educational program that relates to the employee's current position or a future position with the agency.
 - An employee may request reimbursement for the course or training by submitting a copy of the receipt showing that the fee had been paid by the employee along with the following:
 - ✓ An employee must obtain a grade of "C" or better at the undergraduate level and "B" or better at the graduate level.
 - ✓ Upon the completion of the course(s) and the posting of grades the employee must present the grades to the health officer.
 - Employees who leave before one year's time after the last staff development reimbursement payment must reimburse the agency a pro-rate share of that last payment. This requirement may be waived by the health officer upon appeal.

SECTION 3: COMPENSATION POLICIES

A. MONETARY COMPENSATION

1. Rate Determination. The Board of Health shall approve an employee salary scale that seeks to assure that covered salaries are externally competitive and are internally comparable in terms of job difficulty and responsibility. A copy of the approved salary scale shall be available in each office.
2. Starting Wage. A newly hired employee will start at the minimum of the approved salary range for the position for which they were hired. The Health Officer may approve that an employee be started above the starting wage but not at a wage exceeding the maximum of the salary range. The Health Officer shall seek approval from the Board of Health of any new hire that is started above the first-year step on the employee salary scale.
3. Credit Transfer. A division director may recommend to the Health Officer that an employee transferring from a full time or minimum full-time position to another full-time position or minimum full-time position at the same salary range be credited with their prior service for salary.

B. PAY PERIODS

1. Schedule. All employees are paid on two-week cycles beginning on Saturday at 0:01 a.m. and ending on Friday at midnight. Payday is on the Friday one week following the close of the pay period. If the regular payday falls on a federal banking holiday, employees can receive their paychecks the last day of work prior to the federal banking holiday.
2. Payroll Reporting Responsibility. All employees are responsible for submitting a completed time sheet to their immediate supervisor for approval and processing no later than 9 a.m. of the first work day following the end of the payroll period. The immediate supervisors are responsible for seeing that all submitted and approved time sheets are electronically processed to the agency accounting office no later than 10 a.m. of the first work day following the end of the payroll period.

C. ADDITIONAL TIME POLICY

The additional time policy applies to staff that are required to work on Saturday, Sunday or in excess of normal business hours or on Agency observed Holiday to conduct Agency work at scheduled venues. Staff will receive a minimum of two (2) hours for reporting on the weekend and if the time worked exceeds two (2) hours they will receive an additional ½ hour

for each ½ hour worked. The agency recognizes two types of additional time; adjusted-time and overtime.

1. Adjusted Time Schedule

Policy: Full time staff members are limited to a 75 hour per pay period work schedule. Minimum full-time staff members are limited to a 60 hour per pay period work schedule. Part-time staff members are limited to less than 60 hours per pay period work schedule, as specified by their supervisor.

For most staff, their work schedule coincides with the Agency's regular work hours: 7.5 hours per day, Monday through Friday. (Note: While normal business hours are 8 a.m. to 4 p.m., clinic staff, working a late clinic which starts later than 8 a.m. and ends after 4 p.m., should consider a late clinic normal business hours).

Certain positions within the agency (i.e., communicable disease nurse, health educator, sanitarian, outreach worker, etc.) may have work assignments as part of their job duties/responsibilities which require work that can only be done outside of the Agency's normal work schedule. Due to these requirements, the work schedule for these employees can be adjusted, with prior written approval from their division's director, to accommodate these specific duties and responsibilities. (During the affected pay period, the employee will work to accommodate any overages in hours on one day by taking time off on one or more subsequent days. Days selected to adjust for time overages shall be low volume work days or days with limited work commitments.)

Staff members are instructed that, without prior written authorization of the health officer and their director, they are not allowed to work more than their budgeted hours as identified on their Payroll Status Wage Form and are not eligible for overtime payments.

Procedure:

- A. Employees who have work commitments which fall outside of the Agency's regular work hours of Monday through Friday will submit an adjusted time schedule form to their director for the pay period prior to the time being adjusted.
- B. The form will indicate the Employee's name, Employee Number, and the pay period being adjusted.
- C. Employees will identify the number of hours they are working each day, and include the start and end times for each day.
- D. Employees will identify the reason for the adjustment for those days where they are working outside their normal 7.5 hours per day.

- E. Employees will document that for those days in which they are working more than 7.5 hours, they have made an appropriate adjustment on a subsequent day. Employees will do their best to work with their directors to assure that these adjustments are not made on days which will result in unnecessary work assignment shifts or undue hardship for their co-workers or to the Agency. Scheduled adjustments to offset time in excess of a 7.5-hour day should occur on days that are low volume or with limited commitments.
 - F. Employees will certify that they will not deviate from the schedule or work in excess to the schedule by signature without prior notification and approval. In addition, they will also certify they will not work in excess of budgeted hours without written approval of their director and the health officer. An employee cannot use paid time off to exceed their budgeted hours.
 - G. Once received, the director will provide written approval in a timely manner, but no later than 24 hours prior to the start of the adjustment.
 - H. Written requests and approvals can be submitted in paper form, fax or electronically, as the director prefers.
 - I. The director will keep documentation of adjusted work schedules as required by document retention policies.
 - J. Failure to submit adjusted work schedule forms and to comply with the adjusted policy and procedures will result in progressive disciplinary action.
2. Compensation for Overtime. Hourly/Professional/Technical – When the Agency’s budget permits, or as otherwise required by law. Staff that work in excess of eighty (40) hours in a single week may be compensated at one and one-half their regular rate of pay for the time in excess of 40 hours. Staff may only work in excess of their budgeted schedule with prior division Director and Health Officer written approval. Paid time off is not considered as time-worked toward the calculation for overtime. Employees will only be compensated at time and a half only if they actually worked more than 40 hours in a week.

D. LONGEVITY COMPENSATION

1. Purpose and Eligibility. Longevity Compensation is granted to full time and minimum full-time employees based on their consecutive years of full time and/or minimum full-time service. Part time and casual employees are not granted longevity compensation.

2. Amount Granted. The amount of longevity compensation granted to eligible employees varies with the number of consecutive years of service from their anniversary date as shown in the following schedule:

5-9 Years of Service	=	\$150
10-14 Years of Service	=	\$300
15-19 Years of Service	=	\$450
20 Years Plus of Service	=	\$600

3. Payment Schedule. Longevity compensation payments will be paid out to eligible employees during the first payday following the employee’s anniversary date. Seasonal employees receive longevity as outlined under the seasonal employee definition.

E. JURY SERVICE

1. Purpose and Eligibility. Jury Service Compensation is available to eligible employees to encourage employees to fulfill their civic responsibility by serving jury duty when required. If an employee of the Branch-Hillsdale-St. Joseph Community Health Agency has been called to serve, notification to the employee’s immediate supervisor and the Administrative Services Director is required for jury service compensation.
2. Amount Compensated. Employees will be compensated at their normal rate of pay, provided they surrender all compensation received for hours served from other sources associated with their jury duty services.
3. Giving Notice. Employees must give reasonable advance notice to their immediate supervisor and the Administrative Services Director of their summons to serve as a possible juror. Employees must also give periodic updates in respect to anticipated jury service completion time.
4. Maintenance of Benefits. All paid leave benefits: vacation leave, sick leave, and holidays will continue to accrue during jury service. All insurance plans the employee participated in prior to the jury service will continue during the jury service.

F. 457 DEFERRED COMPENSATION ACCOUNTS

The agency offers two “457” or deferred compensation plans that allow employees to put pre-tax or post-tax dollars away for future retirement needs. All employees are eligible for benefits that are subject to state and federal regulations. Employee participation is voluntary.

G. MERS RETIREMENT PROGRAM

The agency provides a compulsory retirement plan through the Municipal Employees Retirement System (MERS) for its employees classified as full time and minimum full time. In 2015, the Agency's MERS plan changed from defined benefit to defined contribution. Eligible employees contribute 3% of their gross wages to MERS. The agency contributes an amount determined by MERS as the employer match contribution for those employees under the defined benefit plan. The agency contributes 5% of an employee's gross wages to MERS for those employees on the defined contribution plan. A 55/25 waiver for all participating employees is in effect.

H. HEALTH CARE SAVINGS PLAN (MERS)

A post-employment Health Care Savings Program (HCSP) is an employer-sponsored program that allows employees to save money by getting reimbursed for medical expenses and or health insurance premiums after termination of service from their employer. All contributions made to the program are tax free, will accumulate tax free, and since payouts are used for reimbursing medical expenses they will remain tax free. The Health Care Savings Plan was suspended effective January 1, 2018.

I. BASIC FLEX

The Agency offers staff the opportunity to transfer a portion of their gross pay to a flexible spending plan. The employee determines a dollar amount to be set aside in a special account that can be used to pay for qualifying expenses as they occur. Only full-time and minimum full-time employees qualify to use Basic Flex. See the Accounting department for additional detail regarding this plan.

IRS regulations state that if an employee or an employee's spouse is enrolled in a General Purpose Flex plan, the employee would be disqualified from establishing a Health Savings Account (HSA)

J. AFLAC

The Agency offers AFLAC as part of a flexible spending plan.

K. REIMBURSEMENT FROM SOURCES OTHER THAN THE AGENCY

In the case where some other organization reimburses an employee for job-related expenses, employees shall be allowed reimbursement from one source only for job-related expenses. If reimbursement from a non-agency source is sufficient to cover expenses incurred by an employee, the employee shall submit an expense voucher to the agency, and the reimbursement from the non-agency source shall be turned into the agency.

SECTION 4: INSURANCE BENEFITS

A. HEALTH INSURANCE

1. Purpose and Eligibility. The agency provides access to health (medical, dental, and vision) insurance for eligible employees and their families. Full time and minimum full-time employees and their dependents until age 26 are eligible for access to health insurance coverage under the agency's plan. Part time and casual employees are not eligible for access to health insurance coverage through the agency's plan.
2. Start of Coverage. Application for health insurance coverage must be made with the Administrative Division upon hiring. Coverage for eligible employees should become effective the first day of employment.
3. Cash-in-Lieu of Health Insurance. Those employees that meet the following eligibility requirements:
 - are full time or minimum full time as outlined in (1.) above, and
 - provide proof of health insurance from another provider on an annual basis to the Agency,Eligible employees may elect to receive a cash-in-lieu payment. This payment is made after the conclusion of each fiscal quarter. An eligible employee as defined above, may elect to take the dental and vision plan and receive a cash-in-lieu payment that is reduced.
4. Insurance Benefit During an Unpaid Leave.
 - a) FMLA qualifying event: Employees on an unpaid leave who are eligible for FMLA are charged their regular cost of the health care plan premium during the qualifying FMLA period. A bi-weekly invoice will be provided and employees have a 30-day grace period in which to remit payment. If payment is not received, the insurance will be cancelled.
 - b) Non-qualifying FMLA leave: If an employee is taking unpaid leave, the employee is responsible for the entire cost of the health care plan premium. This rate will be figured on a daily basis of the monthly premium. Contact the Administration Division regarding what the daily charge would be based on the health care plan selected. A bi-weekly invoice will be provided and employees have a 30-day grace period in which to remit payment. If payment is not received, the insurance will be cancelled.

B. LIFE INSURANCE

1. Purpose and Eligibility. The Agency provides term life insurance in the amount of \$15,000 for eligible employees. Full time and minimum full-time employees are

eligible for life insurance coverage. Part time and casual employees are not eligible for life insurance. Group life insurance coverage will decrease to \$11,000.00 on the first day of the month after an employee's 65th birthday and further shall decrease to \$8,000.00 on the first day of the month after an employee's 70th birthday.

2. Accidental Death and Dismemberment Coverage. As part of the agency's life insurance plan, each full time and minimum full-time employee is also covered up to \$15,000 for accidental death and dismemberment. Employees who are on layoff may purchase continuation life insurance coverage.

C. SHORT TERM DISABILITY INSURANCE

1. Purpose and Eligibility. The agency provides short-term (up to twenty-six weeks) disability insurance for eligible employees who are unable to work because of a qualifying disability due to injury or illness. Full time and minimum full-time employees are eligible under the agency's short-term disability plan. Part-time and casual employees are not eligible for short-term disability insurance.
2. Scope of the Plan. Eligible employees are provided with disability insurance that becomes effective 30 days after the disability and pays 70% of an employee's weekly earnings up to ~~\$400.00~~\$750.00 during the eligibility period.
3. Restrictions. Eligible employees may not collect disability payments in addition to accrued leave time. Only one source of payment either from disability insurance payments or accrued leave time can be collected during any one-time period. Employees who are on layoff are not covered by the short-term disability insurance.
4. Relationship to Worker's Compensation. Disabilities covered by worker's compensation are excluded from the agency's short-term disability plan coverage.
5. Medical Insurance. The employee is responsible for their portion of the bi-weekly payment of the health care plan they have selected while on short term disability. Invoices will be generated and sent out bi-weekly. Employees are given a 30-day grace period to send in the payment. If payment is not received, the agency will give notice that the policy will be cancelled. If the employee does not qualify for FMLA protection, or FMLA protection has expired, the employee is responsible for paying 100% of the premium for their medical insurance.

D. UNEMPLOYMENT INSURANCE

The agency participates in the state/federal unemployment insurance program. All employees are eligible for benefits that are subject to state and federal regulations.

E. WORKER'S COMPENSATION

The agency provides a comprehensive worker's compensation program that covers employee injuries or illnesses sustained in the course of employment that requires medical,

surgical, or hospital treatment. All employees are eligible for benefits that are subject to applicable legal requirements. All work-related injuries or illnesses are to be promptly reported within 24 hours to the Administrative Services Director.

F. PROFESSIONAL LIABILITY INSURANCE

The agency provides liability insurance coverage for all employees engaged in the day-to-day operations of the agency. The agency shall include surety bond coverage.

G. SOCIAL SECURITY

The agency participates in the Federal Social Security Plan. All employees shall supply the payroll department with the necessary information for reporting.

H. COBRA REQUIREMENT

1. Purpose and Eligibility. The federal Consolidated Omnibus Budget Reconciliation Act (COBRA) gives regular full-time employees and minimum full-time employees (who have participated in the health insurance plan) the opportunity to continue health insurance coverage when a “qualifying event” would normally result in the loss of health insurance eligibility.
2. Qualifying Event Defined. Under COBRA, qualifying event is defined as resignation, termination of employment, or death of an employee; reduction of employee’s work hours or a leave of absence; an employee’s divorce or legal separation; and a dependent child no longer meeting eligibility requirements.
3. Payment of Costs. Under COBRA, the employee or beneficiary pays the full cost of coverage at the agency’s health insurance premium rates plus an administration fee.

SECTION 5: EMPLOYEE LEAVE POLICIES

A. VACATION LEAVE

1. Purpose & Eligibility. Vacation Leave with pay is available to eligible employees. Full time employees are eligible for vacation leave and minimum full-time employees are eligible for vacation leave on a pro-rata basis. Part time and casual employees do not accrue vacation leave.
2. Amount Accrued. The amount of vacation leave employees accrue each year varies with the length of consecutive years of employment. The following accrual schedule assumes a thirty-seven and one-half hour workweek:
 - First 5 years of service = Sixteen (16) days or 4.61 hours per pay period
 - After 5 years of service = Twenty-Two (22) days or 6.34 hours per pay period
 - After 10 years of service = Twenty-Eight (28) days or 8.07 hours per pay period

The following accrual schedule assumes a thirty-hour workweek:

- First 5 years of service = 3.68 hours per pay period
- After 5 years of service = 5.06 hours per pay period
- After 10 years of service = 6.456 hours per pay period

3. Start of Accrual. Employees begin to accrue vacation leave from the date of employment. Earned vacation leave is available for use ~~at the end of the first 2 months~~ on the 61st day of employment.
4. Vacation Leave and Leaves without Pay. Employees who are on a leave without pay do not accrue any additional vacation leave until their return to service.
5. Requesting a Vacation Leave. Employees must request advanced approval from their immediate supervisor to utilize accrued vacation leave. Requests will be reviewed based on a number of factors, including department operational needs and staffing requirements.
6. Rate of Payout. Vacation leave will be paid out at the employee's pay rate at the time of vacation leave.
7. Maximum Accrual. Employee may accrue vacation leave up to twice the maximum annual accrual allowance schedule. Once an employee has accrued the maximum, no additional vacation leave will be accrued until the employee has used vacation leave to reduce their total below the maximum.
 - 7.a. The following accrual ~~maximum is~~ for employees who are full-time ~~employees~~:
 - First 5 years of service = 240.00 hours maximum
 - After 5 years of service = 330.00 hours maximum
 - After 10 years of service = 420.00 hours maximum
 - b. The following accrual maximum for employees who are ~~Minimum~~ minimum full-time ~~maximum accrual is~~:
 - First 5 years of service = 210 hours maximum
 - After 5 years of service = 270 hours maximum
 - After 10 years of service = 360 hours maximum
8. Upon Termination. Upon termination of employment, employees will be paid for all unused accrued vacation leave that has been earned through the last day of work. Payment will be received as a lump sum pay off of the accrued vacation leave. Payment will be withheld if the employee owes the agency money, or will be reduced by the amount of money the employee owes the agency.

B. SICK LEAVE

1. Purpose & Eligibility. Sick Leave with pay is available to eligible employees for periods of temporary absences for the following purposes:
 - a) a personal mental or physical illness or injury or to seek treatment for such illness or injury, including a Medical/Dental or preventative care appointment;
 - b) a mental or physical illness or injury or to seek treatment for such illness or injury of a family member or any person that the employee is designated as the primary caregiver in accordance with FMLA. A family member includes any child, stepchild, foster child, parent, spouse, grandparent, grandchild, sibling, or any other individual included in the definition of “family member” under Sec. 2(g) of Paid Medical Leave Act (PMLA), MCL 408.962(g).
 - c) to permit an employee to work less than their regularly scheduled work hours until full recovery following a prolonged illness, injury or surgery;
 - d) for purposes of bereavement for events not covered under the bereavement policy;
 - e) due to the closure of the Health Department, the primary Health Department worksite the employee, or to care for the child of the employee due to the closure of the child’s place of care, if such closure is by order of a public official due to a public health emergency;
 - f) if the employee or a family member of the employee is the victim of sexual misconduct, domestic violence, dating violence, or sexual assault, for medical care or counseling, the receipt of victim services, relocation or legal services, or participation in level proceedings related to or resulting from the sexual misconduct, domestic violence, dating violence, or sexual assault;
 - g) for any other purpose not listed above but identified in Section 4 of the PMLA, MCL408.964(1)(a) – (b).

2. Amount Accrued. Each full-time employee shall accrue sick leave at the rate of 3.46 hours per pay period and each minimum full-time employee shall accrue sick leave at the rate of 2.76 hours per pay period. Each employee that works a minimum of 25 hours per week on average, but less than 30 hours per week and does not otherwise qualify as a minimum full-time employee, shall accrue sick leave at the rate of 2.31 hours per pay period. Part time and casual employees who work less than 25 hours per week on average do not accrue sick leave.

3. Start of Accrual. Employees begin to accrue sick leave from the date of employment. Earned sick leave is available for use ~~at the beginning of the third month~~ on the 61st day of employment.

4. Sick Leave and Leaves without Pay. Employees who are on a leave without pay do not accrue any additional sick leave until their return to service.

5. Notification of Supervisor. An employee requesting to use sick leave must notify their immediate supervisor as soon as possible, preferably before the scheduled start

of their next workday. The immediate supervisor must also be contacted on each additional day of absence.

6. Extended Absences. An employee who is off on sick leave three or more consecutive workdays may be required by their immediate supervisor to submit a physician's verification of illness prior to returning to service. Such verification must include the reason for the absence and any job restrictions that may exist prior to returning to work.
7. Rate of Payout. Sick leave is paid at the employee's pay rate at the time of illness or injury.
8. Maximum Accrual. Employees will be allowed to accrue sick leave up to a maximum of 263 hours. Once an employee has accrued the maximum, no additional sick leave will be accrued until the employee has used sick leave to reduce their total below the maximum. Once a year in December, an employee that has accrued sick leave over 200 hours will be paid for those hours. All payments will be made in the last payroll of the calendar year.
9. Limitation on Payment of Accrued Sick Time. Upon resignation of employment, in good standing, employees who have accrued sick leave on the date that they tender their resignation will be paid their accrued and unused hours of their sick leave up to, but not to exceed, a total of 200 hours. Payment may be made in a lump sum. The purpose of this payment is to encourage employee who intend to resign their employment to continue working through the effective date of their resignation.

In all other cases where the conditions of this policy are not met, an employee forfeits payment for sick time that has accrued, but remains unused, on the date their employment is terminated. Resignation in good standing is defined in Section 7 (G) below.

C. BEREAVEMENT LEAVE

1. Purpose & Eligibility. Bereavement Leave with pay is available to eligible employees who need immediate time off to deal with a death in the immediate family. Immediate family shall be defined as spouse, son, daughter, parent, brother, or sister. Full time and minimum full-time employees are eligible for bereavement leave. Part time and casual employees are not eligible for paid bereavement leave.
2. Amount Available. Eligible employees may utilize up to three (3) days of bereavement leave per event.
3. Requesting Bereavement Leave. Employees should request approval from their immediate supervisor for needed bereavement leave.

4. Rate of Payout. Bereavement leave is paid at the employee's rate of pay at the time of the emergency leave.
5. Use of Bereavement Leave. Bereavement leave is set up to assist employees with the death of an immediate family member. Bereavement leave cannot be carried from one calendar year to the next.
6. Upon Termination. There is no accrued bereavement leave for employees upon termination.

D. FAMILY AND MEDICAL LEAVE

Family and Medical Leave, as specified in federal law (Family and Medical Leave Act of 1993), is available to eligible employees who wish to take time off from work duties to attend to the personal circumstances as outlined in the law. A detailed policy has been approved by the Board of Health

FAMILY AND MEDICAL LEAVE POLICY

In compliance with the Family Medical Leave Act of 1993 and the Branch-Hillsdale-St. Joseph Community Health Agency Personnel Policies:

It is the Branch-Hillsdale-St. Joseph Community Health Agency's policy to grant unpaid family and medical leaves of absence to all full-time and regular part-time employees who worked 1,250 hours or more during the 12 months prior to the request for family and medical leave. You are entitled a maximum of 12 work weeks of leave during any calendar year for one or more of the following purposes:

- To care for your child after birth, adoption or placement of a child in your home for fosters care. Such leave may be taken only in the first year after the birth, adoption or placement of the child.

We shall require medical certification (or rectification on a reasonable basis) of the existence of a "serious health condition" of you or your eligible family member, which certification shall contain the date the health condition commenced, the probable duration of the condition, the appropriate medical facts within the health care providers knowledge regarding the condition. Medical Certification Forms may be obtained from Director of Human Resources.

In certain cases, the following additional information may be required in the Medical Certification:

- If the leave is required because of the serious health condition of an employee's child, parent or spouse, a statement that the eligible

employee is needed to care for the covered individual and the amount of time necessary for such care.

- If the leave is needed because of the employee's own serious health condition, a statement that the employee is unable to perform the function of his/her position.
- For an intermittent leave or a reduced leave schedule for planned medical treatment for the employee, the dates that such treatment is expected to be given and the duration of such treatment; or if not for planned treatment but for rehabilitation, a statement of the medical necessity for and duration of such intermittent leave or reduced leave schedule.
- For an intermittent leave or leave on a reduced schedule for a child, spouse or parent, a statement that the employee's leave is necessary for the care of such individual or will assist in their recovery, and the expected duration and schedule of the intermittent leave or reduced leave schedule.

We may obtain a second opinion of another physician to verify the health condition certified by your physician.

In the event a conflict exists between the medical opinion of the employee's or covered family member's health care provider and that of the Company in the second opinion examination, a third examination will be required to be performed by a health care provider selected and paid for by the Company. In such instances, the opinion of the third health care provider will be final and binding on the Company and the employee.

Leave may be taken intermittently, when medically necessary, provided that if such leave is recurring, we may require you to transfer temporarily to an available position (at the same pay and benefits) which better accommodates recurring periods of leave.

As part of the leave granted under this policy, you must first use all accrued and unused vacation, sick or earned time off days during a period of family or medical leave.

If you are taking a family and medical leave because of a serious health condition, which makes you unable to perform the functions of your position; you may also be eligible for short- or long-term medical disability benefits. You may not elect to discontinue your family and medical leave at the time you begin receiving medical disability benefits.

All employment benefits that are calculated on an accrual basis, such as vacation, sick time or paid time off, will not accrue during a leave under this policy.

All current group medical insurance benefits will continue during periods leave under this policy, subject to continued payment of your employee premium contribution, if any, which was in effect before your leave.

Participation in pension or retirement plans will continue, subject to the terms and conditions of the plan.

An expected date of return will be determined at the beginning of the leave. If you fail to return within three (3) working days of the expected date of return, you will be considered as having voluntarily resigned employment, without further notice from the employer.

You will be required to report to your supervisor at least every four (4) weeks to report on your status and the possibility that you will be able to return to work at the end of the leave period. You must give the Director of Human Resources five (5) days' notice of the date you expect to return from such leave.

You may not accept nor seek any other employment while on such leave or your employment will be terminated.

When you are released for work by your attending physician, you may be required to make an appointment with our designated physician in order to return to work. The designated physician has the authority to delay or deny your return to work if it is determined that your ability to meet the physical requirements of your position are in question or if it is determined that your condition presents a health hazard to other employees.

- To care for a spouse, child or parent who has a serious health condition.
- To allow you to recover from or receive treatment for a serious health condition which makes you unable to perform the functions of your position.

DEFINITIONS

For purposes of this policy the following definitions apply:

Calendar Year—the employer has elected to use the “rolling year” method for determining the “12-month period” in which the 12 weeks of leave entitlement occurs. The calendar year is measured backward from the date an employee uses any FMLA leave. Each time an employee takes leave under this policy the

remaining leave entitlement would be any balance of the 12 weeks, which has not been used during the immediately preceding 12 months.

Child--includes a biological, adopted, foster child, stepchild, legal ward who is under 18 or older than 18 if incapable of self-care because of a mental or physical disability.

Parent--biological parent or individual legally recognized as a parent to an employee when the employee was a child.

Serious health condition--an illness, injury, impairment, or physical or mental condition that involves inpatient care in a hospital, hospice, or residential medical care facility, or continuing treatment by a health care provider (i.e., a doctor of medicine or osteopathy who is licensed to practice medicine or surgery by the state in which he/she practices).

PROCEDURES FOR REQUESTING AND MAINTAINING LEAVE

If the leave is based upon the expected adoption or placement of a child, or for planned medical treatment of you or your child, spouse or parent, you must provide not less than thirty (30) days' notice of the time your leave is to commence.

If you need to take Family or Medical leave, you must provide us with enough information to determine whether or not you are entitled to such leave as soon as you are able, preferably, before the leave commences.

REINSTATEMENT AFTER LEAVE

Eligible employees taking leave under this policy will be reinstated to their former position, or to an equivalent position, with equivalent benefits and other terms and conditions of employment. However, no employee is entitled under this policy to any right, benefit, or position other than that to which the employee would have been entitled had he/she not taken leave. Thus, for example, if a layoff or some other extenuating circumstances or business condition arises which affects the employee's position, reinstatement may not be possible. Additionally, employees on a leave extension are not guaranteed reinstatement.

The Branch-Hillsdale-St. Joseph Community Health Agency also reserves the right, however, to deny leave reinstatement to "key employees," where such denial is necessary to prevent substantial economic injury to the Agency's operations. Key employees will be notified of the Agency's intention as soon as a determination is made. In the event such notice is given to a key employee already on leave, the employee will be offered the opportunity to terminate his/her leave and immediately return to work. Key employees notified while on leave, who decide not to return to work, will remain on leave. Key employees are

defined as the highest paid 10 percent of the employees employed by the Agency, within 75 miles of the facility at which the employee is employed.

E. EDUCATIONAL LEAVE

1. Purpose & Eligibility. Educational Leave without pay is available to eligible employees who wish to take time off from work duties to pursue professional educational goals. The department head determines eligibility for educational leave with concurrence from the Health Officer.
2. Amount Received. Eligible employees may request educational leave for a defined period of length. Requests will be evaluated based on a number of factors, including department operational needs and staffing requirements.
3. Requesting an Educational Leave. Employees must request an educational leave from their immediate supervisor. Each request for educational leave must be in writing.
4. Rate of Payout. Educational leave will be unpaid unless the employee has accrued vacation leave to utilize.
5. Suspension of Benefits. All paid leave benefits: vacation leave and sick leave will be suspended during the unpaid educational leave. Health insurance benefits may continue during the unpaid educational leave. If an employee is taking unpaid leave, the employee is responsible for the entire cost of the Health Insurance premium. This rate will be figured on a daily basis of the monthly premium.

F. MILITARY LEAVE

1. Purpose & Eligibility. Military Leave without pay is granted to employees who are absent from work because of short term and long-term service in U.S. uniformed services in accordance with the Uniformed Services Employment and Reemployment Rights Act (USERRA) and applicable state laws.
2. Amount Received. Employees may request up to ten (10) days per calendar year for use as short-term military leave. Employees may request an indefinite period of time for use as long-term military leave.
3. Requesting Military Leave. Employee must give advance notice to their immediate supervisor, unless military necessity prevents such notice or it is otherwise impossible or unreasonable.

4. Rate of Payout. Military Leave will be unpaid unless the employee has accrued vacation leave time to utilize.
5. Continuation of Benefits. Continuation of health insurance is available as required by USERRA based on the length of the leave and subject to the terms, conditions and limitations of the health insurance plan for which the employee is eligible.
6. Termination of Benefits. The military leave and the right to restoration of his/her former position shall automatically terminate if the employee voluntarily remains in the military service beyond the requirement of minimum service.

G. LIFE ENRICHMENT LEAVE

1. Purpose & Eligibility. Life Enrichment Leave without pay is available to employees wishing to take time off from work duties to pursue personal enrichment activities. Full time and minimum full-time employees are eligible for sabbatical leave. Part time and casual employees are not eligible for sabbatical leave.
2. Amount Received. Eligible employees may request to take up to two months of life enrichment leave each calendar year. Requests will be evaluated based in a number of factors, including department operational needs and staffing requirements.
3. Requesting Life Enrichment Leave. Employees must request life enrichment leave from their immediate supervisor. Each request for life enrichment leave shall be in writing.
4. Rate of Payout: Life enrichment leave will be unpaid unless the employee has accrued vacation leave time to utilize.
5. Suspension of Benefits: All paid leave benefits: vacation and sick leave will be suspended during the unpaid life enrichment leave. Employees will be responsible for the cost of health insurance benefits.

SECTION 6: HOLIDAY POLICY

A. HOLIDAY PAY

1. Purpose & Eligibility. The agency has designated ~~11~~12 days for observance of holidays. These holidays are granted with pay for eligible employees. Full time employees are eligible for holiday pay at a rate of 7.5 hours per holiday. Minimum full-time employees are eligible for holiday pay only if the holiday falls on a day that they are scheduled to work. Part time & casual employees are not eligible for holiday

pay. To be eligible for Holiday pay, employees must either have preapproved vacation days, a medical slip from a doctor, or work their scheduled work days both before and after the holiday. Employees who are on ~~FMLA~~, leave without pay, or other extended leaves do not qualify for holiday pay.

2. Designated Holidays. The following days are designated as holidays:
 - New Year's Day
 - Martin Luther King, Jr. Day
 - Presidents' Day
 - Memorial Day
 - Independence Day
 - Labor Day
 - Veterans' Day
 - Thanksgiving
 - Day after Thanksgiving
 - Christmas Eve Day
 - Christmas Day
 - New Year's Eve Day

3. Scheduling. In the event Veterans' Day, Christmas Eve, Christmas Day, New Year's Eve Day, New Year's Day and/or Independence Day fall on Sunday the following Monday is recognized as an agency holiday. If an aforementioned holiday falls on Saturday, the preceding Friday is recognized as an agency holiday. If two holidays are observed together, and one or both fall on the weekend, the Agency will try to mirror its holiday observances with our fiduciary, Branch County.

4. Rate of Payout. Holiday days will be paid out at the employee's pay rate at the time of the holiday.

5. Compensation for a Holiday Worked: Employees (including supervisors) required to work during an agency designated holiday shall be compensated at one and one-half times the current rate of pay for the time worked in accordance with the additional time policy. Eligible employees will also receive holiday pay. Employees must receive prior approval from their division director before working on a holiday.

SECTION 7: TERMINATION PROCEDURES

A. RESIGNATION

Resignation is a voluntary act initiated by the employee to discontinue employment with the agency. All employees should give at least ten (10) working days but where possible

twenty (20) working days written notice of their intention to terminate employment with the agency. All employees that are ending their employment with this Agency must inform the Administration division so that all necessary paperwork can be completed prior to their resignation.

B. DISCHARGE

Discharge is a non-voluntary act initiated by the employer to discontinue the employment of the employee with the agency. Any employee may be discharged by the immediate supervisor, provided notification is given to the Health Officer and provided the steps of progressive discipline have been followed.

C. LAYOFF

Layoff is a non-voluntary act initiated by the employer to discontinue the employment of the employee with the agency for non-disciplinary reasons. Employees may be laid off for the lack of sufficient work or funds. Employees shall be laid off and recalled according to seniority within their service division. Employees on layoff may bump into a position for which they are qualified and trained that is held by a person with less seniority within their service division.

Employees who are notified of a layoff may appeal the decision of layoff utilizing the Grievance Procedure outlined in Section 8 of this manual.

D. FURLOUGH DAYS

As a result of unforeseen or unplanned budgetary deficiencies, the Health Officer may order that furlough days be taken by employees. An employee required to take a furlough day does not report to work that day and does not receive any payment for that day. When an employee is taking a required furlough day they will accrue the same benefits and seniority as when they are on a paid leave. The employee will not be able to use sick leave when taking a required furlough day.

E. JOB ELIMINATION

Job elimination is a management action taken to address a chronic and seeming permanent situation of lack of sufficient work or funds. Employees whose jobs are eliminated are not entitled to bumping rights. Employees who are notified of a job elimination may appeal the decision of job elimination utilizing the Grievance Procedure outlined in Section 8 of this manual.

F. RETURN OF AGENCY PROPERTY

Employees are responsible for all agency property and materials issued to them or in their possession or control. Employees must return all agency property and materials immediately upon request or termination. Where permitted by applicable laws, the

agency may withhold from the employee's check or final paycheck the cost of any items that are not returned when required.

G. RESIGNATION IN GOOD STANDING

To resign in good standing an employee must meet all of the conditions listed below:

- 1) Meet with their immediate supervisor and agree to a written plan, acceptable to the Agency for transitional staffing of their position.
- 2) Submit a letter of resignation in accordance with "A" above
- 3) Be eligible for re-hire, or retirement, and have no pending or unresolved disciplinary or grievance issues.

SECTION 8: PROGRESSIVE DISCIPLINE, AND GRIEVANCE AND APPEAL PROCEDURES

A. PROBLEM RESOLUTION STATEMENT

The Branch-Hillsdale-St. Joseph Board of Health is committed to providing the best possible working conditions for its employees. Part of this commitment is encouraging an open and frank atmosphere in which any work-related problem, complaint, suggestion, or question receives a timely response from management.

Not every problem, complaint, suggestion, or question can be addressed to everyone's total satisfaction, but through understanding and discussion, employees and management can develop confidence and trust in each other.

A pre-disciplinary meeting may be used when the Administrative Services Director has been made aware of a situation, action or behavior of an employee that could result in disciplinary action against an employee. The immediate supervisor shall notify the Administrative Services Director as soon as possible when they become aware of a situation that may result in disciplinary action against an employee. The Administrative Services Director shall request, in writing, and within five (5) days of the alleged situation, that a pre-disciplinary meeting be scheduled with the immediate supervisor and employee. Within the request, the Administrative Service Director shall schedule the date, time, and location of the meeting and state the nature of the allegation(s). The employee may bring a personal representative to the meeting. The Administrative Services Director will act as the mediator of the meeting. If the situation is not resolved, the supervisor will continue with the steps listed in the next section (Progressive Discipline). In the event the Administrative Services Director is also the Supervisor; the Health Officer will appoint another director as mediator.

Where appropriate, the following progressive discipline policy and grievance and appeal procedures are superseded by applicable state laws and rules as further outlined in B(4).

B. **PROGRESSIVE DISCIPLINE**

1. Purpose. The purpose of this policy is to promote the equitable and consistent administration of discipline for unsatisfactory work performance and behavior in the workplace.
2. Types of Disciplinary Action. Disciplinary action may call for any five steps – oral reprimand, written warning, suspension without pay, demotion or dismissal. Disciplinary action taken will be dependent on the severity of the problem and the number of occurrences.

Oral Reprimand – This is an action taken by the immediate supervisor in which he/she tells an employee about an action or behavior of the employee which he/she as the immediate supervisor find objectionable and/or wishes corrected. This action must be done in a private setting. The Oral Reprimand is an informal action only for the employee’s benefit and is not relevant to Group I, II, or III Offenses as defined below.

Written Warning – This is an action taken by the immediate supervisor in which the supervisor writes out the action or behavior which the supervisor wishes the employee to change, cease, or begin. The written warning must describe in detail the behavior to be corrected, and must give direct and concrete orders for the future, and must point out the consequences of non-compliance with the Written Warning.

Suspension Without Pay – This is an action taken by the immediate supervisor which removes the employee from the workplace and payroll for a definite period of time. The reason(s) for the suspension must be in writing. The employee does not accrue salary, vacation or sick leave credit during the time of suspension, nor can the employee use such leave time while on suspension. At the end of suspension, the employee returns to the same salary and benefit conditions that existed prior to the suspension.

Demotion – This is an action taken by the immediate supervisor which reduces an employee’s classification to a classification with a lower minimum salary. The reason(s) for the demotion must be in writing. The employee’s salary must be reduced to fall within the range of the new, lower classification, but no lower annual step designation than the one held in the higher classification. The employee’s job duties and responsibilities must be reduced to those of the new, lower classification.

Dismissal – This is an action taken by the immediate supervisor which permanently removes an employee from agency employment. The reason(s) for the dismissal must be in writing. Dismissed employees shall leave the premises at the time of dismissal and will be reimbursed for time remaining in the day. Dismissed employees shall be paid for all unused vacation leave that has been earned through the last day of work

through a lump sum pay off. Dismissed employees shall not be entitled to any form of 'severance pay'.

3. Group Offenses. Examples of behavior that would be cause for disciplinary action are provided below. These examples are divided into three groups of offenses. Guidelines for administering discipline are set forth within each of these groups and the immediate supervisor shall follow these guidelines when dealing with the types of behavior described.

GROUP I OFFENSES include,

- Habitual tardiness at the beginning of a work day or after lunch (Habitual shall be interpreted to mean two instances in one month without sufficient reason, as determined by the immediate supervisor.)
- Excessive absenteeism, or absenteeism without sufficient reason or proper notification
- Disregard of safety rules or common safety practices
- Abuse of break time
- Use of profanity or obscene language in the presence of fellow employees or the public
- Quarreling with fellow staff members on the premises.
- Inefficient use of work time
- Any other offenses of like consequences

The disciplinary procedure in this group shall be: 1st offense, written warning; 2nd offense, one-day suspension without pay, 3rd offense, three-day suspension without pay; 4th offense, seven-day suspension without pay, 5th offense, dismissal. The violations shall be cumulative for a period of not more than one year.

GROUP II OFFENSES, include

- Injurious or dangerous pranks
- Physical fighting on the premises
- Faulty work and/or covering up faulty work
- Making or publishing of false and vicious and/or malicious statements concerning a fellow employee
- Abuse of the public, either verbal or physical
- ~~Sexual harassment, sexual misconduct, domestic violence, and/or dating violence~~
- Willful disobedience to the proper directive of a supervisor, or other acts of insubordination
- Consumption of any alcoholic beverages during work hours

- Intentionally accessing or discussing patient information for purposes other than the care of the patient or other authorized purposes but for reasons unrelated to personal gain or other breaches of privacy by negligence
- Supervisor dating direct report
- Violation of the agency's Social Media Policy
- Any other offenses of like consequences

The disciplinary procedure in this group shall be: 1st offense, three-day suspension without pay, 2nd offense, seven-day suspension without pay, 3rd offense, dismissal. The violations shall be cumulative for a period of not more than two years.

GROUP III OFFENSES, include

- The misuse or removal from the premises, without prior authorization, of any agency records, confidential information, or of any agency property, except as necessary in the performance of the employee's job duties and responsibilities
- Theft of any property belonging to a fellow employee, a customer, or the agency
- Knowingly falsifying any time slip or other payment voucher, or intentionally giving false information to anyone whose duty it is to make such records
- Absence of three consecutive workdays without notice and without justifiable reason for the failure to report
- Using delegated job responsibilities in an unlawful manner to gain unfair advantage against a fellow employee or the public
- Intentionally accessing or discussing patient information for personal gain or with malicious intent
- Listing on the CPS Registry, Sex Offender Registry, or Criminal Background check failure
- Sexual harassment, sexual misconduct, domestic violence, and/or dating violence
- HIPAA violation
- Any other offenses of like consequences.

The disciplinary procedure in this group shall be up to and including immediate dismissal.

4. Exceptions for Severity. There are certain types of employment problems that are serious enough to justify either a three-day suspension, or, in extreme situations, dismissal from employment, without going through the normal progressive discipline steps.

5. Suspension with Pay. It may be necessary to separate an employee from the workplace while an investigation of an allegation against the employee is taking place. At such times, the employee will be placed on suspension with pay pending the investigation. The employee will retain all other fringe benefits during this time.

C. GRIEVANCE AND APPEAL PROCEDURES

1. Purpose. The purpose of this procedure is to provide a method for complaints to be voiced in an orderly manner such that the proper authorities can resolve such matters fairly and in a timely manner.

This procedure outlines for employees and management the proper steps involved when employees believe that there has been:

Alleged violations or misinterpretation of agency policies but not limited to such matters as conditions of employment, promotion, demotions, dismissals, and layoffs, and a claim of discipline without just cause; and

Alleged discrimination due to political opinion or affiliation, religious opinion or affiliation, gender, race, color, national origin, age, or physical disability.

2. Content of the Grievance. The content of the grievance shall include the following:

- Who is the grievant?
- What specific event occurred?
- When did it happen?
- Where did it happen?
- What sections(s) of the Personnel Policies have allegedly been violated?
- What adjustments or corrections are requested for each alleged violation?

3. Representation. The grievant may elect to have one representative of their choice at any step in the grievance and appeal procedure. The representative must be an employee of the agency. The name of the representative attending the grievance or appeal proceeding shall be submitted to the agency's Administrative Services Director at least two (2) working days prior to the hearing date. The grievant and one representative, shall be granted the necessary and reasonable absence from work for the scheduled proceeding under this procedure without loss of pay or leave credits.

4. Steps of a Grievance. All grievances and appeals shall be initiated and processed in the following manner:

Step 1. Employee presents the issue in writing to their immediate supervisor within ten (10) workdays after the occurrence of the alleged incident. The immediate supervisor shall respond in writing, to the employee within five (5) workdays of the initial written presentation of the issue.

Step 2. If the grievance cannot be resolved in Step 1, the employee has the option of submitting a written appeal to the Health Officer within five (5) workdays of receiving written notification from their immediate supervisor. The Health Officer shall confer orally with the employee within five (5) days of receiving the written appeal. The Health Officer shall respond back in writing within ten (10) workdays of receiving the written appeal. If the Health Officer is the immediate supervisor in Step 1 of the grievance process, skip directly to Step 3.

Step 3. If the grievance cannot be resolved in Step 2, the employee has the option of submitting the written grievance to the Board of Health within five (5) workdays of receiving the Health Officer's written response. The Board of Health's Program, Policy and Appeals Committee shall schedule a hearing with the employee at their next regularly scheduled meeting in order to review the grievance. The Program, Policy and Appeals Committee shall respond back in writing within five (5) days of hearing the grievance.

5. Time Limitations. Time for this grievance and appeal procedure shall be computed in terms of workdays, which are defined as Monday through Friday, excluding holidays. In the absence of a timely appeal by a grievant, the last decision at any step of the procedure becomes final. In the absence of a timely answer by any level of management, the grievant may appeal to the next step of the procedure within ten (10) workdays from the expiration of management's time for a decision. Time limits may be extended by mutual agreement in writing. Late appeals at any step may be filed upon showing a good cause for the delay.
6. Appeal Hearing Procedure. The appeal hearing is conducted so that the Board of Health's Program, Policy, and Appeals Committee can review pertinent facts and documents. Some guiding principles apply to the appeal hearing, including:
 - Prior to the appeal hearing, the entire appeal file shall be made available to the Committee and the grievant. The appeal file shall include the initial written grievance and all subsequent management written decisions.
 - Attendance at an appeal hearing is limited to persons determined by the Committee to have a direct connection with the grievance. When requested by the grievant, and the Committee does not object, the hearing may be open to the public.
 - As far as it is operationally possible, the agency must make its employees available as witnesses when requested.
 - The order in which the parties are heard is at the discretion of the Committee.
 - Testimony shall be under oath or by affirmation; both the grievant and their representatives shall be given the opportunity to cross-examine all witnesses who appear to testify.
 - A written record of the hearing shall be kept.
 - Each member of the Committee shall have an equal vote. Decision shall be by majority vote.

7. Freedom from Reprisal. This procedure shall be available to employees and their representatives without restraint, interference, coercion, discrimination or reprisal. No employee of the agency, whether acting in an official capacity for the agency or any other basis, shall interfere with another employee's exercise of their rights under this procedure. No employee of the agency, whether acting in an official capacity employee or any other basis, shall take or threaten to take, any act of reprisal against another staff member because they have exercised, or expressed an intention to exercise any of these rights under this procedure.
8. Group Grievances. Employees having a common complaint may file a group grievance. The grievance shall be filed at the lowest step of the procedure involving a common level of supervision. Employees must choose one spokesperson and one representative of their choice.
9. Appeal by External Applicant for Employment. An external applicant for employment who is not selected may appeal the selection decision if they believe they were discriminated against because of political opinion or affiliation, religious opinion or affiliation, gender, race, color, national origin, age, or physical disability.

Such appeals shall be made in writing and directed to the health officer within fifteen (15) workdays following notification of non-selection. The health officer shall render a written decision within five (5) workdays of receiving an appeal. If the applicant is not satisfied with the written decision of the health officer, he/she may make a written appeal to the Board of Health's Program, Policy, and Appeals Committee. All appeal-hearing procedures outlined previously would then apply.

D. WHISTLEBLOWER POLICY

Purpose: The purpose of this policy is to further define and supplement the Agency's obligations under the Whistleblowers Protection Act, MCL 15.361, et seq.

Authority: Branch-Hillsdale-St. Joseph Community Health Agency Board of Health. Administrative policies shall be subject to revision or termination by the Board of Health at its discretion. This policy replaces and supersedes any prior policy on this subject matter.

Application: This policy applies to Board of Health Members and all Branch-Hillsdale-St. Joseph Community Health Agency employees. This policy does not apply to a separate branch of government or co-employer that has its own policies covering the same matters covered in this policy.

Responsibility: The Administrative Services Director or designee shall be responsible for the administration and enforcement of this policy.

In support of this policy and in compliance with the Michigan Whistleblowers' Protection Act and certain federal statutes, it is the policy of the Branch-Hillsdale-St. Joseph Community Health Agency that no employee of the Agency will be discharged,

threatened or otherwise discriminated against regarding compensation, terms, conditions, location or privileges of employment because that employee or a person acting on behalf of the employee reports or is about to report a violation or a suspected violation of federal, state or local laws or rules or regulations. Likewise, a violation of any state or federal law protecting an employee from retaliation for reporting violations or suspected violations of the law, is prohibited.

Any employee desiring to report a violation or suspected violation of law, may do so by reporting the same to their division Director, the Health Officer, or the Administrative Services Director.

SECTION 9: EMERGENCY-WEATHER-DISASTER POLICIES

A. BAD WEATHER POLICY

The Branch-Hillsdale-St. Joseph Community Health Agency offices shall remain open to provide services to consumers unless one of the following occurs:

- It is announced on the Coldwater, Hillsdale, Sturgis, or Three Rivers local radio station that an office is closed. This should occur by 7:30 A.M.
- The immediate supervisor informs employees that the local agency office is closed for the day due to weather.

The Administrative Services Director is responsible for conferring with the Health Officer prior to 7 a.m. to determine whether an office shall be closed. When a determination is made to close an office, the Health Officer and Administrative Services Director utilize the Emergency Call List to notify staff of the decision. In the event an agency office is closed due to the weather, staff will be compensated at their normal pay rate unless they have already been granted approved leave time, either calling in sick or approved vacation time. Staff that have approved time off will be required to utilize their paid time off.

If an agency office is open, employees who are unable to report due to weather conditions may use annual vacation to be compensated. Employees must inform their immediate supervisor that they are unable to report due to weather conditions as soon as possible. Scheduled staff members are expected to use common sense and good judgment in determining their ability to report to work in bad weather.

B. BOMB THREAT PROCEDURE

When a bomb threat call comes in, the person receiving the call should remain calm and should cause no undue alarm.

The person receiving the call should do the following:

1. Write down the time the call was received and make notations, if possible, while still listening carefully.
2. If another person is available, notify them by passing a note that you have a bomb threat on the phone.

The second person should then do the following:

- a) Notify local law enforcement authorities by calling 911.
 - b) Notify the person in charge: Health Officer, Administrative Services Director, or immediate supervisor
3. Keep the caller talking as long as possible. Do not hang up on the caller.
 4. Try to find out where the bomb is supposed to be located. Try to pinpoint the area and time it is set to go off.
 5. Try to find out something about the bomb, (size, type of explosives).
 6. Record the time that the caller hangs up.
 7. Try to write down or communicate as many specifics and facts that you can immediately after the call.
 8. If you are alone when the call is received, follow the procedure outlined in 2 above as soon as possible after the caller hangs up. If evacuation becomes necessary, this will be a joint decision of the Health Officer, Administrative Services Director, and other Administrative staff present.

C. DR. STRONG POLICY

Any employee who feels that he/she is being threatened or is in harm's way shall page on the overhead paging system: Example: "Dr. Strong to Environmental Health" Employees hearing this page should immediately pick up the phone and dial 911. Employees hearing this page should **not** report to that specific location.

D. EMERGENCY CONTACT LIST PROCEDURES

In the event of an emergency or bio-terrorism event the contact tree is in place so that each director and supervisor know who they are in charge of contacting. Contacts may be made by voice or text. Documentation of contacts is made on the Emergency Contact List Documentation Log by the supervisor and forwarded to the Administrative Services Director. The log sheets are filed by the Emergency Preparedness Coordinator. Instructions will be given and employees are to follow them in the case of any emergency situation.

E. FIRE ALARM EMERGENCY PLAN

When the fire alarm is activated by pulling the fire alarm box everyone will leave the building and go at least 100 feet from the building. People with disabilities will be assisted by staff. If there is an elevator located in the office, no one will be authorized to use it.

The clinic personnel will be responsible for seeing that all clients have left the clinic. No one will re-enter the building until they are notified to enter. All cars parked near the entrance should be moved as soon as possible.

F. LOCK DOWN POLICY

The Branch-Hillsdale-St. Joseph Community Health Agency takes the safety and security of our staff and clients very seriously. Circumstances may present themselves whereby the Agency must secure its doors and verify the identity of all those who enter. These circumstances may be related to incidents that happen within the Agency or possibly influenced by incidents (such as a prison escape) from outside the Agency. As it is our aim to serve our clients whenever possible we have developed a series of policies that will detail the Agency's actions during such emergencies

Lock Down Initiation

The decision to lock down a clinic or building will rest with the Health Officer or any other management level staff person. Any employee who notices an incident or is aware of a threat to another employee or client shall immediately make that information available to one of the above persons. Appropriate action will be taken and the doors to the building will be secured with staff posted to monitor the doors. If the decision is made by the Clinic Coordinator it shall be reported as soon as possible to the Health Officer or Administrative Services Director. These actions will be in effect until such time as the Health Officer or Administrative Services Director shall determine they are no longer appropriate.

Circumstances that may initiate a lock down may consist of:

- Domestic violence threat to a client or staff member
- Workplace violence issue or threat
- Civil unrest within the community including protests and picketing of the Agency
- Prison or Jail escapes (mainly Coldwater or Hillsdale)

Lock Down Procedure (during business hours)

- Deal immediately with whatever issue has prompted the lock down and call the appropriate authorities as necessary.
- The staff member directing the lock down should remain calm as to dissuade panic among the staff or clients
- Secure all entry points into the buildings.
- Staff and clients may be moved to an interior or more secure area of the building should the situation require it
- Post a staff member to monitor the entry points even if these points are not to be used to gain entry into the Agency
- All entry points to the Agency will be posted with a sign directing inquiries to a single entry point these signs will be available in the mail room of each office.
- If client service can continue, that person monitoring the designated entry point shall verify the identification and purpose of the person seeking admittance prior to their gaining entry.
- If we are unable to continue client service a sign shall be posted at all entry points indicating that the Agency is closed and will re-open as soon as possible; we apologize

for any inconvenience; please direct them to call the Agency phone number or consult our web site for further information.

- Regardless of which service state we are in Public Safety personnel will be admitted.

After Business Hours Lock Down

Our Agency is normally secured during our non-service hours; however, circumstances may present themselves which necessitate the Health Officer or Administrative Services Director to designate the building “locked down” until further notice. The normal procedure will be to initiate use of the Emergency Call List process as soon as practical. In the event that staff are already en route to work or did not receive their call they may find that one of the above lock down conditions exists. Either the Health Officer or Administrative Services Director (or their designee – possibly Public Safety) should already be present and will direct the staff accordingly. It is important that staff maintain their Agency identification badge with them at all times so that they may be positively identified by whoever may be monitoring the entrance. If admitted to the building staff will be directed to a conference room where a briefing will take place to advise them of the situation

G. MASTER DISASTER CHECKLIST - Approved 1/31/07

Notification

- Receive notification of situation from HAN; Phone; or other
- If you have interagency call list responsibilities – call those on your list and report back to your designated person as to the success of those calls
- Advise family members of situation and make any arrangements necessary to cover the time you may be absent
- Report for assignment to your designated location

Assignment

- Report to the Incident Commander or their designee to sign in for duty
- Receive assignment and Job Action Guidelines for that assignment
- Receive the appropriate Identification badge, vest, or other such to designate your duty or position
- Read and understand the guidelines; ask any questions prior to reporting to your station
- Upon arrival at your station identify yourself to your supervisor; any further questions regarding your assignment may be answered at this time; be sure to understand the chain of command structure related to your assignment
- Upon reporting to your station, inventory and assess the condition of any equipment you will be responsible for operating, maintaining, or using during the incident. If you require further equipment or items that are missing from inventory, report this immediately to your supervisor for re-stocking or re-supply.

H. OFFICE CLOSURE PROCEDURE

In the event of circumstances that shall warrant closure of any Agency office(s), the employees assigned to that office will be notified. All other agency offices shall be notified of the situation as well.

I. ROBBERY POLICY

When a robbery threat is evident, remain calm and do the following:

1. If another staff person is nearby, notify them by the “code” established within the agency that an emergency is happening and they should immediately contact 911 and the immediate supervisor within the building.
2. Follow the instructions of the robber and do not try to intervene. Give them whatever they demand.
3. Stay calm, and listen carefully and try to remember everything about the individual for future use.

J. TORNADO EMERGENCY PLAN

In the event of a Tornado Warning the entire staff will evacuate to the inner corridor or the restrooms. Avoiding the West and South walls. All persons will remain there until the warning is over. People with disabilities will be assisted by assigned staff. The Clinic Clerk/Manager or EH Clerk/Manager will collect the sign-in/sign-out log and bring it to the evacuation location.

In the event of a Tornado Watch the radio will be monitored and regular routine will be maintained until a warning is issued. We have an alert system with the Sheriff’s Department to notify of a warning.

The sign-in/sign-out sheet will be evaluated to determine which staff are out working in the field. These staff will be called to inform them of the Warning.

****A Tornado drill will be held once a year on a randomly selected day and time****

K. UTILITY SHUT OFF PROCEDURES

Any employee who is notified that any utility in the area is going to shut down their services at any time of the work day at the Agency, must contact the Administrative Services Director so that a judgment of necessity will be taken into consideration before the shutdown occurs. We do not want services interrupted if it is not necessary and the utility company cannot fix the problem after Agency hours.

L. BURGLARY OR VANDALISM TO THE AGENCY

It is possible that an early arriving employee shall discover that a window is broken, door ajar, or other condition which may mean that building has been entered or is unsecured. This staff member shall report this immediately to 9-1-1 for action by Public Safety officials.

Under no circumstances should a staff member or client be allowed to enter the building until it is cleared and secured by Public Safety officials.

If this condition is found after entering the building the staff member should immediately exit the building and call 9-1-1. The staff member should then notify the Health Officer or Administrative Services Director. Until the building has been cleared by Public Safety no staff or client should be allowed to enter.

SECTION 10: INFORMATION TECHNOLOGY POLICIES

A. COMPUTER USAGE & INTERNET POLICY

1. PURPOSE: To ensure that the use of email and internet activities do not negatively impact the confidentiality, availability, integrity, and reputation of Branch-Hillsdale-St. Joseph Community Health Agency (BHSJ) and their assets and to ensure compliance with applicable federal and state laws. Any wired or wireless connecting to BHSJ network falls under this policy.

2. PHILOSOPHY: An authorized user's access to the Internet and/or email services for limited personal use is a privilege that, if not properly monitored and controlled, could result in harm to the organization or violations of certain federal and state laws. The primary use of these services is for business and clinical purposes and thus need be appropriately protected.

3. APPLICABILITY: This standard applies to all BHSJ Covered Entities.

4. DEFINITIONS:

4.1. *Protected Health Information (PHI):* Health information, including demographic information collected from an individual and created or received by a health provider, health plan, employer or health care clearinghouse that relates to the past, present, or future physical or mental health or condition of any individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual that identifies an individual or there is a reasonable basis to believe the information can be used to identify the individual and that is transmitted or maintained by electronic media or any other form or medium. PHI does not include individually identifiable health information in education records covered and protected by the Family Educational Right and Privacy Act and employment records held by a covered entity in its role as an employer.

4.2. *Sensitive Information or Data:* Data that should be kept confidential. Access to these data shall require authorization and legitimate need-to-know. It includes Protected Health Information, financial information, personnel data, trade secrets, and any information that is deemed confidential or that would negatively affect BHSJ if inappropriately handled.

5. POLICIES:

5.1. All email messages, documents, correspondence, and data obtained through BHSJ or BHSJ network resources are considered BHSJ property.

5.2. Users shall have no expectation of privacy on BHSJ computers, in email or internet use.

5.3. BHSJ may monitor messages and internet use without prior notice.

5.4. Users are responsible for reporting any suspected or confirmed violations of this policy to their supervisor or either the BHSJ IT staff.

5.5. Users shall not misuse their Internet privileges, i.e., spending excessive time on the Internet for non-work-related business or accessing inappropriate sites.

5.6. Users need to refrain from streaming music or radio due to excessive bandwidth on business or personal devices, connected wired or wireless. Refrain from use of sounds and visuals which might be disruptive to others.

5.7. Users shall delete chain and junk email messages without forwarding or replying to them. Electronic chain letters and other forms of non-business related mass mailings are prohibited.

5.8. Personnel shall not use BHSJ resources to view, record, or transmit materials which violate BHSJ policies. Inappropriate messages, pictures, and/or other visual images/materials include, but are not limited to:

5.8.1. **Fraudulent messages** - Messages sent under an anonymous or assumed name with the intent to obscure the origin of the message.

5.8.2. **Harassment messages** - Messages that harass an individual or group for any reason, including race, sex, religious beliefs, national origin, physical attributes, or sexual preference.

5.8.3. **Obscene messages** - Messages that contain obscene or inflammatory remarks.

5.8.4. **Pornographic materials** - This includes, but is not limited to pictures, audio/video files, literature, or newsgroups.

5.9. Users shall not engage in spamming activities. Electronic chain letters and other forms of non-business-related mass mailings are prohibited.

5.10. Users shall not photograph, post, or transmit patient images or information, electronically or otherwise, unless doing so is in accordance with an approved use or disclosure, and approved methods for doing so are utilized.

5.11. Users shall not share sensitive, restricted, or protected health information (PHI) to any cloud provider that has not been approved by the Information Technology Manager (including but not limited to Google Apps, DropBox.com, GoogleDocs, iCloud, etc.).

5.12. Personal email accounts shall not be used for official BHSJ business.

5.13. BHSJ reserves the right to block access to non-business-related material.

5.14. Email transmission of PHI, if necessary, shall be conducted with the highest level of security applied and only in situations where the email is necessary for the treatment of the patient, payment, and health care operations.

5.14.1. For users of the BHSJ email system only: To send email transmissions over the Internet (outside the BHSJ networks), PHI and other sensitive information shall be encrypted. Email shall not be transmitted over the Internet from any other email system unless/until an encryption method is approved for that email system.

5.15. Users shall comply with all laws related to copyright, intellectual, and personal property.

5.16. Users shall check their email regularly and delete unneeded email.

5.17. Users shall not knowingly download executable files from the Internet without approval from the IT staff.

5.18. Users shall not knowingly enable anyone to gain unauthorized access or control of any device, application, or system to the data networks

5.19. For the BHSJ network, the use of any software or service that hides the identity of the user or the location of the user while using the Internet is prohibited (including but not limited to proxy bypass or anonymization networks such as Tor).

5.20. Users shall not utilize BHSJ passwords on any non-corporate systems (i.e., banking, personal email, etc.).

5.21. Users shall not circumvent BHSJ technical security controls.

5.22. Users shall not transfer restricted or sensitive information to an unencrypted or unapproved device. Any removable storage media assigned by the Agency to individuals, is the property of the Branch-Hillsdale-St. Joseph Community Health Agency. Removable storage media belonging to the Agency should never be used with other devices or equipment that is not owned by the Agency. Likewise, any removable storage media not belonging to the Agency should not be used with devices or equipment that are owned by the agency.

5.22.1. Users shall notify IT staff immediately in the event of a removable storage media device is lost or stolen, or if the computer is damaged.

5.23. Users shall log off application, workstations, laptops, and devices after use.

5.24. Users shall not store restricted or sensitive information on non-BHSJ equipment such as personally-owned devices unless properly authorized to do so.

5.25. Users shall not provide personal or official BHSJ information solicited by unknown individuals or suspected phishing email or websites.

5.26. Users shall follow the same security policies at any alternate workplaces as those required on the BHSJ networks.

6. **CONTACTS:** For questions regarding the requirements, implementation, and enforcement of this standard, contact the Information Technology Staff.

7. **ENFORCEMENT:** Any user found to have violated this policy may be subject to disciplinary action, up to and including termination of employment or assignment, depending on the severity of the infraction. In addition, BHSJ may report the matter to civil and criminal authorities as may be required by law.

B. SOCIAL MEDIA POLICY

This policy covers the use of social media and social networks in the workplace by employees, and by employees outside the workplace. This Policy works in conjunction with, and does not in any way substitute or replace, the Agency's Internet, Electronic Communications, Technology, Harassment and Discrimination Policies.

“Social Media” covers all web-based applications that permit the sharing and collaboration of information via internet communities, social-networking sites, video-sharing sites, wikis, blogs and micro-blogs and others. The Agency has drafted the following policies and procedures to help employees understand the unique issues raised by this evolving communication tool.

- 1) The Agency is committed to providing an environment that encourages the use of computers and electronic information as essential tools to support the Agency's business. The Agency provides a computer system, with internet access, to its employees to enable them to communicate with each other and with the Agency's suppliers and customers in an efficient and cost-effective manner. The electronic communications systems and equipment that is the subject of this policy is owned or leased by the Agency and is provided to employees for their use in connection with their work. It is the responsibility of each employee to ensure that this technology, including the access of social media websites, is used in accordance with these policies.

- 2) This policy covers employees who participate in personal social media or other internet activities; it applies regardless of whether the conduct occurs during working or non-working time, and regardless of whether Agency equipment is used.
- 3) Employees should primarily use the Agency's electronic communications systems and equipment for business-related purposes. While occasional personal use of social media websites is permitted, while the employee is on lunch or breaks, such use should be limited to times when the employee is not required to be performing any duties for the Agency, when the use will not conflict with the use of the systems or equipment by any employee who desires to use it for business purposes, and may not in any event be used in a manner contrary to any of the provisions of this Social Media Policy or any other policies that cover electronic communications or workplace technology.
- 4) Employees may not use social media in a manner that compromises the confidentiality of the Agency's confidential or proprietary information, trade secrets or other sensitive information, including PHI.
- 5) Employees may not use social media in connection with or to support any business ventures, other than those of the Agency, during Agency work hours and/or with Agency equipment.
- 6) Employees must refrain from any online activities that could reasonably place the Agency in a negative light or negatively impact its reputation during Agency work hours and/or with Agency equipment.
- 7) Employees may not use or incorporate the Agency's name, logo, imagery, or derivatives thereof in their e-mail addresses, screen names, home pages, screen imagery or otherwise, absent the prior written approval of management.
- 8) If an Agency employee administers a social media profile that relates to an Agency department, the Agency owns that social media profile. The employee must provide the login and password information to the Administrative Services Director and the IT department.
- 9) Offensive, demeaning or disruptive messages are prohibited. This includes, but is not limited to, messages that are inconsistent with the Agency's policy concerning equal employment opportunity and its policy prohibiting sexual and other unlawful harassment. Under no circumstances may the Agency's systems or equipment be used to transmit foul, indecent, scandalous or improper information, via social media or otherwise. Moreover, the use of the Agency's electronic communications systems and equipment in support of political, religious or other controversial causes is an inappropriate use of the system. Additionally, offensive racial or sexual comments are expressly prohibited.
- 10) Employees should assume that regardless of any privacy settings on various social media platforms, social media is not private. Information becomes public the moment it is published on the internet. Employees should assume that co-workers

and members of the Agency's management will see anything and everything posted online, and should act accordingly.

- 11) Employees should not expect that anything that is sent or received using the Agency's electronic communication systems and equipment is the employee's private property. Employees should not have any expectation of privacy with respect to those communications, whether communicated via social media sites or otherwise. The Agency may, from time-to-time, as it sees fit, monitor, review, intercept or gain access to communications employees initiate or receive on the Agency's electronic communications systems and equipment. Employees' use of the Agency's systems will constitute consent to such monitoring, reviewing, interception or access. The Agency may, but has no requirement to, provide notice, either before or after any review of communications.
- 12) Periodically, the Agency may obtain photographs, videos or other likenesses of its employees at Agency-related events, such as outings, holiday parties, and charitable events. If an employee does not want his or her photograph, video or other likeness recorded at such an event posted on the Agency's website, or any social networking site, the employee must inform the Administrative Services Department in writing.
- 13) Employees should refrain from making social media postings that could be considered as creating a hostile work environment, as harassing, or otherwise inappropriate or harmful to the agency. Concerns about job performance or other potential complaints against co-workers or supervisors must be handled through the appropriate channels and remain consistent with the Agency's policies.
- 14) As with all of its policies, the interpretation of the Social Media Policy is within the sole discretion of management and the Agency reserves the right to alter, amend, modify, revoke, suspend or terminate all or any part of this Social Media Policy, at any time, in its sole discretion, with notice to all employees via their Division Directors. Moreover, this policy in no way affects or alters an employee's at-will employment status.
- 15) If, at any time, an employee is uncertain about how to apply these policies and procedures or has any question about his or her participation in social media activities, the employee should contact the Administrative Services Director. Each employee bears his or her own personal responsibility to follow this policy and use good judgment with his or her social media activities. If an employee has any doubt whether online activities violate this policy, he or she should ask their Division Director before engaging in the conduct.
- 16) Employees have an affirmative duty to report to a supervisor, or director, any conduct that violates this Social Media Policy. In such circumstances, an employee should follow the same reporting procedures set forth in the Agency's harassment policy.
- 17) Any employee who violates this Social Media Policy shall be subject to discipline, as set forth in the agency's discipline policies..

SECTION 11: INFORMATION REQUESTS-HIPAA-CONFIDENTIALITY

A. FREEDOM OF INFORMATION REQUEST PROCEDURE

Any employee or department who receives a letter requesting information on medical records or environmental issues, must forward this request on to the Administrative Services Director who in turns okays the information to be given out or denied to that particular client. A copy is given back to the employee and one copy kept in central file for future referencing.

B. MEDICAL RELEASE PROCEDURE

Any questions regarding who a Medical Release form goes to, should always be directed to the Administrative Services Director. He/she will then send it on to have copies made and sent to the proper place and a copy of the release form will be made and put in to the clients file for future reference.

C. SUBPOENA PROCEDURE

Any subpoena sent to any employee of the Agency must be presented to the Administrative Services Director so that he/she may go over the document and make sure that all rules are followed in complying with the subpoena. It will be in turn given back to the employee and a copy kept in central file for future referencing.

D. CONFIDENTIALITY / SANCTION POLICY

Purpose

HIPAA has required the BHSJCHA to create privacy and security policies in order to fulfill our duty to preserve the confidentiality and integrity of client Protected Health Information (PHI). This policy applies to all Branch-Hillsdale-St. Joseph Community Health Agency (BHSJCHA) employees (regular or temporary), contractors, volunteers, students or other observers, and any others who have access to the BHSJCHA's Protected Health Information.

The purpose of this Confidentiality/Sanction policy is to ensure that employees have the necessary client health information to provide the highest quality care possible while protecting the confidentiality of that information to the highest degree, so that clients do not fear to provide information to our agency.

The BHSJCHA will not tolerate violations of these policies and standards, and such violations may constitute grounds for disciplinary action up to and including termination, professional discipline, and criminal prosecution.

Assumptions

Information will be collected from clients only for the purposes of providing services and for supporting the delivery, payment, integrity, and quality of those services.

Employees will use their best efforts to ensure the accuracy, timeliness, and completeness of data collected from clients. Entries in records will not be altered or destroyed, only amended.

Employees will treat all written, electronic, and verbal information about clients including financial, demographic, and lifestyle information as sensitive and confidential. Employees will recognize that some medical information is particularly sensitive, such as HIV/AIDS, mental health, developmental disability, alcohol and drug abuse, sexually transmitted disease, and communicable disease information. Disclosure of such information could severely harm clients, by causing loss of employment opportunities and insurance coverage, as well as the pain of social stigma. BHSJCHA employees will treat such information with additional confidentiality protections.

Security

Employees will make every effort to maintain confidentiality of written and electronic records by ensuring that only authorized staff will have access to this information during the workday. Protected Health Information will not be left unattended in areas where visitors or other clients may see it. Charts will be placed face down on counter areas and facing the wall in bins so names are not visible, and computer screens will be turned so clients cannot see them. Schedules should not be located where clients or unauthorized persons may view them. Sign in sheets can be used, but should contain names only. All confidential records will be stored in locked areas when unattended. Records will be destroyed by shredding, in accordance with BHSJCHA record retention rules. Any confidential information that is not a part of a permanent record (and is no longer needed) will be shredded, not thrown away in the regular trash.

Precautions will also be taken with electronic devices like computers, laptops, tablets, smart phones and flash drives. Devices will be password protected and locked when not in use, and security measures in place to protect from unauthorized viewing and theft.

If records are taken off site (with Supervisor or Director permission), special care must be taken to know the whereabouts of the records at all times. Staff must take precautions to prevent the access and viewing of these records by unauthorized persons. Paper records should be stored in a locked case or box for privacy and transported in the trunk of a vehicle if possible. Computers being taken off the premises for work should be off or locked when not in actual use. If computers are traveling in a vehicle, ideally, they should also be transported in the trunk. Both paper records in the locked case and computers must be removed from the car and taken with the employee when the employee leaves the car. A computer or paper records that are taken home (with Supervisor or Director permission) need to be kept in a locked home and not left in a vehicle overnight.

Privacy

Every effort should be made to ensure that confidential conversations remain private. Employees must use their best judgment to reduce the risk of unauthorized disclosures by closing doors or reception windows when on the phone or talking to a client, lowering voices, and meeting with clients in clinic rooms rather than in the halls or in waiting rooms.

Employees must also remember that the fact that a client chooses to obtain BHSJCHA services is in itself confidential information. We see many clients out in public during working hours and in our off-work hours. Employees should not acknowledge verbally in public awareness that a client may obtain services at the BHSJCHA. A client has the right to announce that they come to the BHSJCHA for services if they choose. We do not have a right to discuss their visit to the BHSJCHA without their permission.

Minimum Necessary

The BHSJCHA will make all reasonable efforts not to use or disclose more than the minimum amount of Protected Health Information necessary to accomplish the intended purpose. See the Minimum Necessary Policy for further information.

Receiving Confidential Information

Incoming mail is sorted daily and distributed. To protect privacy, confidential information that is received will be placed in envelopes or stapled closed prior to placing in the individual mailboxes.

Incoming confidential faxes will be received and stored in a secure area where clients have no access. They will be separated for delivery to individuals so confidentiality is maintained.

Incoming confidential information delivered by courier services must be distributed to the appropriate staff in an envelope to protect privacy, and stored in a secure area until it is reviewed.

Uses and Disclosures of Protected Health Information

The HIPAA Privacy Act allows the BHSJCHA to use and disclose Protected Health Information for purposes of treatment, payment and health care operations without authorization. Even without specific client consent, we are required to limit such uses or disclosures to the minimal amount of PHI that is reasonably required to provide these services.

Disclosures also permitted without client authorization include the following:

- Those required by law or for law enforcement purposes
- For public health activities, including communicable disease follow-up
- For reporting regarding victims of abuse, neglect, or domestic violence

- For health oversight activities

Clients must give authorization to disclose their Protected Health Information for specific purposes, which are generally other than treatment, payment or health care operations, or to disclose their confidential information to a third party specified by a client. Client authorization is also required to disclose psychotherapy notes to another entity.

Psychotherapy notes are those notes of a health professional used to analyze contents of a conversation during private, joint, or group counseling session. Psychotherapy notes do not include any information that is kept in a patient medical record. For further clarification of psychotherapy notes please consult [HHS.gov HIPAA for professionals special topics](https://www.hhs.gov/hipaa/for-professionals/special-topics) .

Disclosure of PHI is on a “need to know” basis, in that only the information that is necessary to accomplish the purpose is disclosed. Documentation of what PHI is disclosed, as well as when and to whom it is disclosed is recorded in the client’s medical record.

Further detail about the uses and disclosures of Protected Health Information can be found in the HIPAA Manual where specific policies are located including Release of Information, E-mail, Fax, and Texting. All BHSJCHA employees are required to be familiar with these policies. Any questions about the uses and disclosures of Protected Health Information should be directed to a Supervisor or Director.

Sanctions

Any employee of the BHSJCHA, who believes another employee has breached the facility’s security or privacy policies, or otherwise breached the integrity or confidentiality of client or other sensitive information, should immediately report such a breach to a Supervisor or Director.

The Health Officer and Directors will convene a committee to conduct a thorough and confidential investigation into the allegations. The BHSJCHA will not retaliate against or permit reprisals against a complainant. Allegations not made in good faith, however, may result in discharge or other discipline.

Disciplinary action will follow the policy outlined in the BHSJCHA Personnel Policies. The degree of discipline is a discretionary decision which management will make based on the nature of the offense, the employee’s history, and other facts and circumstances deemed relevant. Disciplinary actions may include:

- Verbal warning
- Written warning
- Suspension
- Termination of employment

The BHSJCHA will follow the guidelines in the Personnel Policy manual to determine if a breach has occurred, the severity of a breach and the resulting sanctions recommended for the person involved in a breach.

Violation of the facility's security or privacy policies and standards may constitute a criminal offense under HIPAA, other federal laws such as the Federal Computer Fraud and Abuse Act of 1986, 18 U.S.C.1030, or state laws. Any employee who violates, or is reasonably suspected of having violated, such a law may expect that the BHSJCHA will provide information concerning the violation to appropriate law enforcement personnel and will cooperate with any law enforcement investigation or prosecution.

Further, violations of the BHSJCHA security or privacy policies and standards may constitute violations of professional ethics and be grounds for professional discipline. Any individual subject to professional ethics guidelines and/or professional discipline should expect the BHSJCHA to report such violations to appropriate licensure/accreditation agencies and to cooperate with any professional investigation or disciplinary proceedings.

All employees (regular or temporary), contractors, volunteers, students, or other observers with the BHSJCHA must follow this policy and are required to sign a Confidentiality Statement. Violation of this policy is grounds for disciplinary action, up to and including termination of employment. According to HIPAA rules, a person who knowingly obtains, misuses, or discloses Protected Health Information may incur criminal penalties that include a fine of not more than \$50,000 and/or imprisonment of not more than 1 year. If the offense is "under false pretenses," a person may incur a fine of not more than \$100,000 and/or imprisonment of not more than 5 years. If the offense is with intent to sell, transfer, or use Protected Health Information for commercial advantage, personal gain, or malicious harm, a fine of not more than \$250,000 and/or imprisonment of not more than 10 years may occur.

This Confidentiality/Sanction Policy is intended as a guide for the efficient and professional performance of employees' duties to protect the integrity and confidentiality of Protected Health Information. All employees, contractors, volunteers, students, and other observers with the BHSJCHA are expected to comply and cooperate with the facility's administration of this policy.

SECTION 12: SUBSTANCE ABUSE POLICY

The Branch-Hillsdale-St. Joseph Community Health Agency (the Employer) takes seriously the problem of drug and alcohol abuse. We are committed to provide a substance abuse free work place for our patients, clients, and employees. This policy applies to all employees of the Agency, without exception, including part-time, temporary, and on call employees, and volunteers.

POLICY:

1. No employee is allowed to consume any alcoholic beverage or unauthorized drugs while performing his/her job duties for this Agency.

2. No employee may possess, sell or give to another any alcohol, or drug, whether authorized or unauthorized, during assigned work time or while performing any services for the employer. This section shall not apply to employees who are authorized by law or job description to prescribe or dispense medication.
3. An employee may consume or possess authorized medications in the manner prescribed by the employee's physician or directed by the manufacturer.
4. The Employer will not tolerate employees who report for duty while impaired or under the influence of alcoholic beverages or unauthorized drugs.
5. All employees should report evidence of alcohol or drug abuse to a supervisor or a personnel representative immediately. In cases where the use of alcohol or drugs pose an imminent threat to the safety of persons or property, an employee must report the violation. Failure to do so could result in disciplinary action for the non-reporting employee.

DEFINITIONS:

1. Unauthorized Drug- Any drug that cannot be obtained legally or has been illegally obtained, including prescription drugs obtained without a prescription, prescribed or over the counter drugs used other than as properly instructed and drugs sold or represented as being illegal. This definition includes, but is not limited to Amphetamines, Marijuana or Cannabinoids, Cocaine, Opiates, Phencyclidine, or any of their derivatives or metabolites.
2. Authorized Drug – Prescribed drugs that are used as prescribed by a medical professional or over the counter drugs used as intended by the manufacturer.
1. Under the Influence – For the purpose of this Policy, that the employee is either visibly affected by alcohol or an unauthorized drug, or a testing device or medical test or examination demonstrates any detectable amount of an unauthorized drug, alcohol or a metabolite of either, in the employee's blood, breath, urine or body.

VIOLATION OF THE POLICY:

1. Employees who violate the Substance Abuse Policy will be subject to disciplinary action, including termination.
2. After a positive drug test, or upon reasonable suspicion that an employee has violated this policy, a pre-disciplinary hearing will be scheduled, in accordance with the Employer's Personnel Policies.
3. Any employee who suffers from drug or alcohol abuse may request employer assistance, before the occurrence of any misconduct or the commencement of disciplinary action. The employee may be eligible for referral to the Employee Assistance Program (EAP) or for a

medical leave of absence. Employees with a problem are encouraged to contact the Human Resources Representative for details. Such requests are considered confidential. An employee referred to the EAP is not relieved from job expectation requirements.

DRUG TESTING:

As a part of our policy to ensure a substance abuse free workplace, employees may be asked to submit to a medical examination and/or tested for the presence of alcohol and/or drugs. The Employer reserves the right, at the employer's discretion, to examine and test for drugs and alcohol. Some such situations where testing may be requested may include, but not be limited, to the following circumstances.

1. All employees who are offered employment;
2. Where there are reasonable grounds for believing an employee is under the influence of alcohol or drugs;
3. As part of an investigation of any accident in the workplace in which there are reasonable grounds to suspect alcohol and/or drugs contributed to the accident;
4. As a follow-up to a rehabilitation program;
5. As necessary for the safety of employees, patients, clients or the public at large, where allowed by statute;
6. When an employee returns to duty after an absence other than from accrued time off such as vacation or sick leave.

It is a condition of your continued employment that you comply with this Substance Abuse Policy.

RESOLUTION

WHEREAS, the Branch-Hillsdale-St. Joseph Board of Health is fully aware of the Community Health Agency’s upcoming Accreditation Quality Improvement Processes scheduled for April, 2023,

WHEREAS, the Branch-Hillsdale-St. Joseph Board of Health has knowledge of the Community Health Agency’s preparation of the Plan of Organization required to be submitted to the Michigan Department of Health and Human Services prior to said scheduled Accreditation On-Site review,

WHEREAS, the Branch-Hillsdale-St. Joseph Board of Health meeting of March 23, 2023 reviewed the proposed Plan of Organization,

WHEREAS, the Branch-Hillsdale-St. Joseph Board of Health is the governing entity with direct oversight for the Community Health Agency,

NOW, THEREFOR BE IT HEREBY RESOLVED, that the Branch-Hillsdale-St. Joseph Board of Health authorizes the Community Health Agency to submit the Plan of Organization in accordance with the requirements set forth by the Michigan Department of Health and Human Services.

The foregoing resolution offered by Board Member: _____.

Second offered by Board Member: _____.

Upon roll call the resulting vote is recorded:

“Aye” _____

“Nay” _____

The Chair declared the resolution adopted.

Signature of Chair

Date

Attachment D

Local Health Department
Plan of Organization Checklist

Submitted	Description
	PLAN OF ORGANIZATION
	1. LEGAL RESPONSIBILITIES
<input type="checkbox"/>	A. Outline or list State and Local Statutory Authority for your LHD.
<input type="checkbox"/>	B. Brief description of the Governing Entity Relationship with the Local Health Department (LHD).
<input type="checkbox"/>	C. Brief description of the manner in which your LHD defends and indemnifies employees for civil liability sustained in the performance of official duties except for wanton and willful misconduct (include the name of the carrier).
<input type="checkbox"/>	D. Briefly describe, if applicable, Delegation of Food Service Sanitation Program responsibilities. Include name and contracted entity or entities.
<input type="checkbox"/>	E. Exposure Plan for Blood Borne Pathogens. Chemical Hygiene Plan (Hazard Communication Plan).
	2. LHD ORGANIZATION
<input type="checkbox"/>	A. Organizational chart contains official positions (titles) and lines of authority and displays names of Directors and higher level managers.
<input type="checkbox"/>	B. Documentation of board approval of Local Health Department Plan of Organization.
<input type="checkbox"/>	C. List annual LHD total operating budget amount and total number of FTEs for public health services. Include documentation indicating local governing entity approval of budget and copy of most recent budget.
<input type="checkbox"/>	D. 1. Responses to audit findings. 2. Sub-recipient monitoring issues and responses. 3. Corrective action regarding (1) and (2) above.
<input type="checkbox"/>	E. Briefly describe information technology capacity needed to access and distribute up-to-date public health information.
	3. MISSIONS, VISION AND VALUES
<input type="checkbox"/>	A. Contains a clear, formally written, publicized statement of the local health department's mission (may include the LHD's Vision, Values, Goals, & Objectives).
	4. LOCAL PLANNING AND COLLABORATION INITIATIVES
<input type="checkbox"/>	A. Outline or list LHD-specific priorities.
<input type="checkbox"/>	B. Outline or list the LHD activities to plan or pursue priority projects with available resources.
<input type="checkbox"/>	C. Outline or list community partnerships and collaborative efforts.
	5. SERVICE DELIVERY
<input type="checkbox"/>	A. Outline or list the LHD's locations (including addresses), services, and hours of operation.
	6. REPORTING AND EVALUATION
<input type="checkbox"/>	A. Briefly describe the LHD's efforts to evaluate its activities.
<input type="checkbox"/>	B. Outline or list the LHD's mechanism to report on its activities to the community and its governing entity. Provide copies of all annual reports that were disseminated publicly during the current MLPHAP accreditation cycle.
	7. HEALTH OFFICER AND MEDICAL DIRECTOR
<input type="checkbox"/>	A. Procedure for appointment of a Health Officer and Medical Director
	B. HEALTH OFFICER:
<input type="checkbox"/>	1. MDHHS Approval – Letter, memo, other.
	C. MEDICAL DIRECTOR:
<input type="checkbox"/>	1. MDHHS Approval – Letter, memo, other.
<input type="checkbox"/>	8. LHD Plan Of Organization Approval Form



This approval form is to be signed by the Health Officer and the chairperson of your agency's local governing entity. Completion of this form is required and submitted to MDHHS with the LHD Plan of Organization. If this Plan of Organization or the Health Officer changes subsequent to submission to the MDHHS Division of Local Health Services, this approval form must be re-signed by the appropriate local authorities referenced herein and re-filed with the MDHHS Division of Local Health Services.

I have reviewed the Plan of Organization for the Branch-Hillsdale-St. Joseph Community Health Agency.

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

Health Officer Name: Rebecca Burns, MPH, RS

Health Officer Signature: _____ Date: _____

Local Governing Entity Chairperson Name: Brent Leininger, Chair

Local Governing Entity Name: Branch-Hillsdale-St. Joseph Community Health Agency Board of Health

Mailing Address: 570 Marshall Rd., Coldwater, MI 49036

Chairperson Signature: _____ Date: _____

1. Legal Responsibility

A. Authority

i. State Statutory Authority:

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

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

Part (f) of this MCL says in addition “A local health department shall have powers necessary or appropriate to perform the duties and exercise the powers given by law to the local health officer and which are not otherwise prohibited by law.”

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

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

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

ii. Programs and Services

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

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

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

iii. Local Statutory Authority

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

B. **Governing Entity Relationship**

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

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

C. Civil Liability

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

D. Delegation of Food Service Sanitation Program

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

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

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

2. LHD Organization

A. Organizational Chart

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

B. Plan Approval

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

C. Budget

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

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

D. Audit Findings

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

E. Information Technology

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

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

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

3. Mission, Vision, and Values

A. Agency Mission & Vision

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

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

4. Local Planning and Collaboration Initiatives

A. Outline of Priorities

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

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

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

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

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

B. LHD Planning Activities for Priority Projects with Available Resources

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

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

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

C. **Community Partnerships and Collaborative Efforts**

BHSJCHA’s capacity to assess community health needs and address priority areas—play the role of “Chief Health Strategist”—is severely restricted due to economic struggles of rural Michigan and underfunding of local public health. However this agency believes strongly that our partnerships with community organizations, nonprofits, and schools is

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

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

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

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

5. Service Delivery

A. Outline of Locations, Services and Hours of Operation

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

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

6. Reporting and Evaluation

A. Efforts to Evaluate its Activities

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

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

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

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

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

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

7. Health Officer and Medical Director

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

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

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

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

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

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

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

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

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

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

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

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

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

B. MDHHS Health Officer Approval

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

C. MDHHS Medical Director Approval

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

8. LHD Plan of Organization Approval Form

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

Proposed Immunization Fee Schedule - Effective April 1, 2023

Vaccines	Cost per dose	Cost + .3 Rounded Up	Admin Fee	New Cost Update: 3/23	Last Cost Update: 03/22
DTaP (pediatric) Infanrix	\$23.82	\$31.00	\$23.00	\$54.00	\$53.00
DTaP-Hep B-IPV Pediarix	\$69.10	\$90.00	\$23.00	\$113.00	\$111.00
DTaP-IPV Kinrix, Quadracel	\$54.68	\$72.00	\$23.00	\$95.00	\$92.00
Hep A (adult) Havrix	\$68.88	\$90.00	\$23.00	\$113.00	\$75.00
Hep A(ped/adol Havrix Pediatric	\$30.70	\$40.00	\$23.00	\$63.00	\$62.00
Hep A-Hep B (Twinrix)	\$105.33	\$137.00	\$23.00	\$160.00	\$151.00
Hep B (adult) Engerix	\$47.80	\$63.00	\$23.00	\$86.00	\$83.00
Hep B (ped/adol) Engerix	\$18.39	\$24.00	\$23.00	\$47.00	\$46.00
MenB-4C (Bexsero)	\$187.04	\$244.00	\$23.00	\$267.00	\$255.00
Zoster RZV (Shingrix)	\$183.22	\$239.00	\$23.00	\$262.00	\$246.00
HPV9	\$268.77	\$350.00	\$23.00	\$373.00	\$353.00
MMR	\$89.87	\$117.00	\$23.00	\$140.00	\$137.00
MMRV (ProQuad)	\$262.37	\$342.00	\$23.00	\$365.00	\$349.00
PPSV23 (Pneumovax)	\$117.08	\$153.00	\$23.00	\$176.00	\$176.00
RV5 (Rotateq)	\$93.19	\$122.00	\$23.00	\$145.00	\$141.00
Varicella (Varivax)	\$160.00	\$208.00	\$23.00	\$231.00	\$220.00
PCV13 (Prennar13)	\$224.17	\$292.00	\$23.00	\$315.00	\$315.00
PCV20 (Prennar20)	\$251.43	\$327.00	\$23.00	\$350.00	\$344.00
Trumenba	\$160.02	\$209.00	\$23.00	\$232.00	\$218.00
DTaP-Hib-IPV (Pentacel)	\$108.72	\$142.00	\$23.00	\$165.00	\$158.00
Hib (ActHib/Hiberix)	\$12.44	\$17.00	\$23.00	\$40.00	\$39.00
Fluzone High-Dose (IIV4-HD)	\$61.47	\$80.00	\$23.00	\$103.00	\$98.00
Fluzone (IIV4) -single dose	\$19.38	\$26.00	\$23.00	\$49.00	\$48.00
Fluzone (IIV4)-multi-dose	\$18.09	\$24.00	\$23.00	\$47.00	\$46.00
IPV (polio) IPOL	\$38.73	\$51.00	\$23.00	\$74.00	\$71.00
MCV4 (MenQuadfi)	\$148.50	\$194.00	\$23.00	\$217.00	\$207.00
Td PF (adol/adult) Tenivac	\$39.68	\$52.00	\$23.00	\$75.00	\$73.00
Tdap (adol/adult) Adacel	\$47.34	\$62.00	\$23.00	\$85.00	\$82.00

Fee Increase Proposal 2023

The cost of doing business has significantly increased since the last fee adjustment was made to the Environmental Health fee schedule, which was pre-pandemic. The EH fee schedule has not been increased since January, 2019. There has been over a 20% increase in mileage reimbursement rate (the government rate has increased from \$.535/mile to \$.655/mile) in the last four years. We have also experienced increases in employee wages, building costs, utility costs as well as trying to keep up with the ever-rising cost of living rate nationwide.

Prior to preparing this fee increase proposal, I did a fee comparison with 8 other health departments. The purpose of this document was to try and gauge how our EH fees compare to other health departments, especially those in surrounding counties. Our current fees are significantly lower in almost all categories by comparison. With that knowledge in hand, along with the increases in expenses incurred over the past 4 years, we have proposed a 10% increase in our fees, with just a few exceptions. There were a few fees that I did not change, most notably the STFU fees, because those fees are set by MDARD. I did propose one fee reduction for Mobile Commissary Annual Inspections. This fee was substantially higher than other counties in my fee comparison so I made an adjustment to put it in line with the other counties. The fee that we had established for new restaurant/new owners in all the fixed and mobile food license categories has been eliminated. We felt that our plan review fee would cover the extra work involved with new establishments. The fee was originally established to cover the cost of doing an inspection within 30 days of a new establishment opening. This was a way to make sure the new operator was on track with their food handling practices. The extra fee also covered a packet that we distributed to new facilities that included a metal stem thermometer and procedure pamphlets. We will continue to do the 30-day inspections as a service to the new operators but it will be a very limited inspection that will mostly involve a general discussion on how things are going. We don't feel that the thermometer is necessary as everyone generally has their own digital thermometers anyway. There were a couple other fees that were somewhat redundant that I combined into a similar category (Senior Meal Food Prep Kitchen/Soup Pot and Commercial Demonstration Cooking) that already had the same fee. The new fee schedule, if approved would generate an additional \$56,059/year, based on a three-year average of services in each fee category.

In summary, the proposed fee increase could help us minimize local funding for EH demand services and shift those funds for other programs. Environmental Health programs are funded by state ELPHS (Essential Local Public Health Services) grants, fees we collect and local funds. Therefore, if we can minimize the local funds that are used for EH services, we will have more flexibility for funding other programs agency-wide.

	BHSJ	Proposed	Net \$ gained/yr	Kalamazoo	Calhoun	Berrien	DHD #10	Washtenaw	Cass/Van Buren	Jackson	Lenawee
Fixed Establishment-Commercial											
Annual Inspection Fee	\$395.00	\$435.00	\$11,960.00	\$570.00	\$584-\$736	\$420-\$500	\$450.00	\$475-\$1254	\$425	\$720-\$965	\$423-\$533
New Establishment/Owner Fee	\$573.00	Eliminate	-\$3,204.00								
Fixed Establishment-Non-Profit											
Annual Inspection Fee	\$236.00	\$260.00	\$1,032.00	\$165.00	N/A	N/A	\$450.00	\$272-\$739	\$100	\$480	\$285
New Establishment/Owner Fee	\$292.00	Eliminate	-\$280.00								
Senior Meal Food Service Location	\$125.00	\$135.00	\$50.00	N/A	N/A	N/A	No Charge	N/A	N/A	N/A	N/A
Limited Non-Profit	\$125.00	\$135.00	\$830.00	N/A	N/A	N/A	N/A	N/A	\$150	N/A	N/A
Senior Meal Food Prep Kitchen	\$125.00	Combine w/Senior	N/C								
Fixed Establishments-Schools											
Annual Inspection Fee	\$236.00	\$260.00	\$1,128.00	\$570.00	\$584-\$736	Exempt	\$450.00	\$272-\$739	\$100	\$405	N/A
New Establishment/Owner Fee	\$292.00	Eliminate	N/A								
Annual Inspection Fee - Satellite Service	\$125.00	\$135.00	\$250.00	N/A	N/A	Exempt	N/A	N/A	N/A	N/A	N/A
Seasonal Fixed Establishments											
Annual Inspection Fee	\$198.00	\$220.00	\$594.00	\$165.00	\$349/\$442	\$420-\$500	\$330.00	\$297-\$764	\$240	N/A	N/A
New Establishment/Owner Fee	\$573.00	Eliminate									
Late Charge - Fixed & Seasonal Fixed	\$105	\$115	\$240	\$35/day	Double	\$40.00	double	N/A	N/A	N/A	N/A
Mobile Food Service											
Mobile Annual Unit Inspection Fee	\$198.00	\$220.00	\$22.00	\$270.00	\$161.00	\$210.00	\$135.00	\$445	\$175	\$675.00	\$323
Mobile New Unit/Owner Fee	\$522.00	Eliminate	N/A								
Mobile Late Charge	\$105.00	\$115.00	N/A	35/day	double	\$40.00	double	N/A	N/A	N/A	N/A
Mobile Commissary New Owner/Establis	\$522.00	Eliminate	N/A								
Mobile Commissary Annual Inspection	\$359.00	\$250.00	-\$109.00	N/A	\$69.00	\$100.00	\$100.00	\$297.00	N/A	N/A	N/A
Mobile Commissary Late Charge	\$105.00	\$115.00	N/A	\$35/day	double	\$40.00	double	N/A	\$15/wk	25% of fee	N/A
Special Transitory Food Unit											
STFU Annual License	\$155.00	\$155.00	N/A	\$210.00	\$111.00	\$155.00	\$155.00	\$155.00	\$154	\$155.00	\$155
STFU 501(C) (3)	\$111.00	\$111.00	N/A	\$210.00	\$111.00	N/A	\$155.00	\$155	\$154	\$155.00	\$116
STFU Inspection Fee (2 Required)	\$90.00	\$90.00	N/A	\$90	\$90.00	\$90.00	\$90.00	\$90.00	\$90	\$90.00	\$90
STFU Late Charge	\$105.00	\$115.00	\$20.00	\$35/day	double	\$40.00	double	N/A	\$15/wk	25% of fee	N/A
Temporary Food Permits											
Commercial	\$102.00	\$115.00	\$1,950.00	\$160.00	\$59/\$102	\$110.00	\$100.00	\$198.00	\$140	\$144.00	119
Commercial Demonstration Cooking	\$102.00	Combine with above	N/A								
Commercial Late Charge-Application received	\$55.00	\$60.00	\$90.00	\$35/day	double	\$40.00	double	\$40.00	Double fee	25% of fee	\$50
Non-Profit	\$64.00	\$70.00	\$270.00	\$160.00	N/A	\$55.00	\$60.00	\$80	\$90	\$141	\$105
Non-Profit Cook-off Contest	\$30.00+\$5 per contestant	\$70+\$10/vendor	\$245.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Profit Cook-off Contest	NA	\$115 +	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$200+\$9/vendor	N/A
Non-Profit Late Charge-Application received let	\$20.00	\$25.00	\$25.00	\$35/day	N/A	\$40.00	double	\$20	double fee	25% of fee	\$50
Plan Review & Followup Inspections - Fixed, Mobile, STFU											
Plan Review Fee - Complete	\$507.00	\$550.00	\$1,505.00	\$640	\$404-\$540	\$90/hour	\$400.00	\$475-\$1254	\$600	\$945.00	350-600
Plan Review Fee - Remodel	\$254.00	\$270.00	\$260.00	N/A	\$258	\$90/hour	N/A	N/A	N/A	\$575	350
Late Charge	\$105.00	\$115.00	N/A	N/A	double	\$40.00	double	N/A	N/A	N/A	N/A
Follow-up & Enforcement Inspections	\$113.00	\$125.00	\$420.00	N/A	\$152.00	\$90.00	\$150.00	\$146.00	N/A	\$150-\$200	250
Food Class Fees											
NRSFP Certification Class	\$220.00	\$220.00	NC	N/A	\$156	N/A	N/A	N/A	N/A	N/A	155
Certification Exam Fee (given as part of	\$98.00	\$98.00	NC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	185
NRSFP Class Book		\$25.00 *	N/A	N/A	\$37	N/A	N/A	N/A	N/A	N/A	N/A
* New fee											
Total Revenue Increase			\$17,298								

Branch-Hillsdale-St. Joseph Community Health Agency
Environmental Health Services
2008 Fee Comparison Chart

	B-H-SJ	Proposed	Net \$ gained/yr	Washtenaw	Calhoun	Berrien	DHD #10	Cass/Van Buren	Kalamazoo	Jackson	Lenawee
Septic Permits											
New Septic	\$197.00	\$235.00	\$19,950.00	\$389.00	\$230.00	\$280.00	\$330.00	\$250.00	\$480.00	\$395.00	\$355.00
Residential Vacant Land	\$134.00	\$150.00	\$704.00	\$389.00	\$149.00	N/A	\$230.00		\$320.00	\$245.00	\$255.00
Commercial Septic	\$265.00	\$300.00	\$1,365.00	\$327-1139	N/A	N/A	\$330-400	200-250	\$560+	\$525.00	\$465.00
Commercial Vacant Land	\$168.00	\$185.00	NA	\$586.00	N/A	N/A	N/A	\$200.00	N/A	\$245.00	\$300.00
Well Permits											
Well - Residential	\$193.00	\$215.00	\$11,250.00	\$293.00	\$203.00	\$200.00	\$180.00	\$250.00	\$300.00	\$315.00	\$260.00
Commercial Well	\$227.00	\$250.00	\$1,242.00	\$519.00	\$396.00	\$300.00	\$350.00	\$250.00	\$480-\$510	\$420-\$450	\$310.00
Water Sampling Fee	\$40 + mileage	NC	NA	\$67.00	\$75.00	N/A	N/A	\$30-lead only	\$110.00	N/A	\$120.00
Well and Septic Permit Renewal											
Permit Renewal Fee	\$39.00	\$45.00	\$186.00	50% of permit fee	\$69.00	\$105.00	N/A	\$125.00	N/A	N/A	\$50.00
Land Development											
Subdivision/Site Condo	\$422.00	\$470.00	\$48.00	\$136-\$355/unit	\$139/lot	\$600 + \$20/site	N/A	\$500 + \$25/site	\$590 + \$35/lot	\$185+60-125	\$455+
Change of Use											
Office	\$30.00	\$35.00	\$1,255.00	\$34.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Field	\$99.00	\$110.00	\$1,507.00	\$203.00	N/A	N/A	N/A	N/A	N/A	\$130.00	\$155.00
Commercial	\$99.00	\$110.00	NA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Water/Sewer Evaluation											
Residential	\$204.00	\$225.00	\$315.00	\$275.00	\$187.00	\$325.00	\$275.00	\$200/\$150/\$125	\$270.00	N/A	N/A
Commercial	\$238.00	\$260.00	NA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Campground											
Inspection <250 sites	\$146.00	\$160.00	\$770.00	\$97.00	\$225-\$449	\$75-\$150	\$94-\$284	\$125.00	\$270.00	\$130-315	\$190.00
Inspection =>250 sites	\$180.00	\$200.00	\$100.00	\$97.00	\$449-\$561	\$150-\$300	\$284-\$632	\$125.00	\$270.00	\$420.00	\$284-\$632
Inspection Campground w/ Poc	\$279.00	\$310.00	\$93.00	N/A	N/A	N/A	N/A	\$250.00	N/A	N/A	N/A
Swimming Pools											
Inspection - Seasonal	\$99.00	\$110.00	\$176.00	\$225.00	\$169.00	\$100.00	\$80.00	\$125.00	\$320.00	\$370.00	\$155+\$100/pool
Inspection - Year round	\$186.00	\$215.00	\$580.00	\$225.00	\$169.00	\$100.00	\$80.00	\$125.00	\$320.00	\$370.00	\$155+\$100/pool
Inspection Pool w/Campground see above											
Total Revenue Increase			\$38,761.00								

Software Proposal

The EH division has been using a software program called Health Space for the past 4+ years. In that time, we have experienced a never-ending list of issues. The issues include but are not limited to: the software not functioning properly(not creating accurate inspections lists, inaccurate inspection calendars, inability to create inspections in the field), loss of functionality for extended periods of time during a specific day, attempting to make corrections to the software that seemed to be corrected only to fail again shortly after corrections were made and the most egregious, the software company was not able to deliver certain aspects of functionality that were promised to us at the time of purchase. Ultimately, the software has not performed up to the expectations that were presented to us. Our hope was to have a software system to manage all of our EH programs and be more efficient and user friendly for our staff. In actuality, it has done just the opposite. This has left us in a situation where we need to seek out another software company to manage our data. In early February we sent out a Request for Bids (RFB) to four software companies that specialize in public health data management systems. We received 3 proposal back for consideration and review. The proposals were evaluated on the following criteria:

- Overall proposal suitability: proposed solution(s) must meet the scope and needs included herein and be presented in a clear and organized manner
- Organizational Experience: Bidders will be evaluated on their experience as it pertains to the scope of this project
- Previous work: Bidders will be evaluated on examples of their work pertaining to design and hosting as well as client testimonials and references
- Value and cost: Bidders will be evaluated on the cost of their solution(s) based on the work to be performed in accordance with the scope of this project
- Technical expertise and experience: Bidders must provide descriptions and documentation of staff technical expertise and experience

The only proposal that fulfilled all the criteria outlined in the RFB was submitted by a company called Hedgerow. Hedgerow is being used widely in health department agencies across Michigan (and nationally) with great success. In their demonstration, they were able to show us many of their reporting capabilities which included all the mandatory reports we need to generate for our state partners. And this is a key point about Hedgerow, because they are already operational in Michigan the platform is already built to Michigan standards. We aren't being promised something that hasn't been built yet. It already is in use and works. Hedgerow has also incorporated many features that will increase staff efficiency and productivity.

Proposal to Acquire Hedgerow Environmental Health Software

One-time Professional Services Fees \$53,000

- Includes implementation, data conversion, portals configuration and interface for portal payment and document management software

After year one ongoing fee \$49,200

- Includes Hedgehog software, Hedgehog portal, Hedgehog application hosting fee, and interface maintenance

Hedgerow will accept a modified implementation and payment schedule in consideration of our ask.

- 50% due a contract signing
- 20% of implementation fees due 8/31 or when Food Safety Go Live
- 20% implementation due October 31st
- Well and Septic will Go Live prior to January 1, 2024, with remaining 10% implementation fee due.
- Licensing fees invoiced upon Well and Septic Go Live and no later than January 1, 2024 for all users/programs.
- Agency to pay Hedgerow for 2nd Go Live at value of \$6000.00, spread divided and invoiced quarterly in FY24.

Three Rivers Building Wood Elimination Project

Introduction: On December 9, 2022 the Agency placed an invitation to bid document on the website www.bhsj.org. Also, the Administrative Service Director contacted building/home improvement stores in the Three Rivers area to obtain a listing of contractors and reached out to these contractors to invite them to review and bid the project. Bids were due on January 6, 2023. One bid had been previously obtained by the contractor who assisted in the architectural review of the project, and the Administrative Services Director also attempted to reach this individual to explain the RFB.

Scope of work: The project entails wrapping, covering or otherwise eliminating exterior wood surfaces at the building located at 1110 Hill St., Three Rivers, MI. The intention is to provide surfaces that require less maintenance. Also in the scope of work is the removal of gable end wooden projections and addressing the exterior light at the main entrance.

Results of RFB: No bids were submitted for this project.

Current Actions: The Health Officer was able to locate the phone number for the one original bidder and contacted him about reviewing the RFB and resubmitting. He agreed to review and did submit an updated bid for the project. In conversations with the original contractor who worked with the architect, he also agreed to submit a bid for the project which we have received.

Recommendation by Administration: After review of both bids received, we recommend the bid by R Johnson Builders out of Sherwood, MI. This contractor has performed other work on the Three Rivers building to our satisfaction with no cost overruns. He has proven performance and understanding of the full scope of work. The bid contains a timeframe for project completion, weather dependent and describes owners liability insurance and workers comp insurance. He is a licensed builder in Michigan. The other bidder did not specify the removal of the wooden projections on the gable ends of the building which is a key element of the project, does not identify his licensure and we cannot locate a license on the MLARA site. There is also no information provided on liability or workers comp insurance.

Invitation to Bid
Building exterior renovation project per attached architectural plan at
building located at 1110 Hill Street, Three Rivers, Michigan

The Branch-Hillsdale-St. Joseph Community Health Agency (BHSJ) is accepting sealed bids from licensed contractors to renovate the existing exterior building, in accordance with the attached architectural plan, for their building located at 1110 Hill Street, Three Rivers, Michigan. All project work must be completed by September 30, 2023. The closing date for the bid is Friday, January 6, 2023 at 2:00 p.m. Proposals not physically received by the deadline will be returned, unopened. To obtain a copy of the invitation to bid, please visit our web site at www.bhsj.org. Bids must be submitted on the bid form provided in the invitation to bid.

Request for Bids:

Closing Date: January 6, 2023 at 2:00 PM

Contract Administrator: Theresa Fisher

Telephone: 517-933-3031

Email Address: fishert@bhsj.org

Website Address: www.bhsj.org

Location: 1110 Hill Street, Three Rivers, MI

Scope: The bid shall cover the procurement of a licensed contractor to renovate the exterior of the building according to the specifications detailed in the attached architectural plan. Please read this request and the specifications carefully as instructions for building construction may be located in any part of the construction drawings. Failure of the general contractor to see information in any part of the contract documents will not be a valid reason for issuing a change order.

Updates/Notifications: All notifications, releases, and amendments associated with this project will be posted at www.bhsj.org. BHSJ will make no attempt to contact contractors with updated information. It will be the responsibility of each contractor to periodically check this site for the latest details.

General Information

Contract:

Renovating the exterior of the building to cover all painted wood surfaces, to minimize building maintenance per the specifications in the attached architectural plan. Please read the plan specifications carefully as instructions for building construction may be located in any part of the construction drawings. Failure of the general contractor to see information in any part of the contract documents will not be a valid reason for issuing a change order.

Bid Submission:

Completed proposals may be submitted in a sealed envelope by mail, or hand-delivered in person. Bids should be in sealed envelopes, clearly marked as follows, and delivered to:

Branch-Hillsdale-St. Joseph Community Health Agency
EXTERIOR RENOVATION BID – Attn: Rebecca Burns
1110 Hill St.
Three Rivers, MI 49093

Bids Due: Friday, January 6, at 2:00 p.m.

Bids Opened Publicly: Friday, January 6, 2023 at 3:00 p.m. in the conference room of the building located at 1110 Hill Street, Three Rivers, MI 49093

Bids must be submitted on the bid form provided in the following pages and received in a sealed envelope.

Description:

The bid shall consist of the total cost for providing all manpower, equipment, materials, and supplies required to perform the specified renovation.

Agency's Rights:

The Branch-Hillsdale-St. Joseph Community Health Agency reserves the right to accept or reject any or all bids in the best interest of the Agency.

Contract Cancellation:

The Branch-Hillsdale-St. Joseph Community Health Agency reserves the right to cancel any Agreement signed by the parties, by providing a written 30-day notice.

General Requirements

Scope of Work:

Building exterior renovation project. All details of the scope are detailed out in the attached architectural plan. Work must be completed by September 30, 2023.

Equipment, Inspections, & Permits:

The Contractor shall supply all manpower, equipment, materials, and supplies required to perform the specified renovation. All equipment used to perform the work described in the Contract shall meet all applicable State and Local Regulations. The contractor shall be responsible to obtain and pay for all local/required permits and inspections.

Conditions to Bidding

1. **Inquiries:** All inquiries regarding this Request for Bid shall be submitted via email to Theresa Fisher, fishert@bhsj.org.
2. **Cost of Preparing Bids:** All costs associated with the preparation of bids, including the cost of determining the nature of the engagement, preparing the bid, submitting the bid, negotiating for the contract and any other costs associated with responding to this Request for Bids are the sole responsibility of the Bidder and BHSJ will not reimburse any costs incurred in preparation of the bid. All responses will become the property of BHSJ once submitted.
3. **Acceptance or Rejection:** BHSJ reserves the right to accept or reject any or all bids; to waive any informalities or technicalities; clarify any ambiguities in bids; modify any criteria in the request for bid; and unless otherwise specified, to accept any item in a bid.
4. **Evaluation of Bids:** The bid award shall be made in the best interest of BHSJ, as determined by BHSJ. Considerations are focused toward, but not limited to:
 - Price: Bidders must carefully review the scope of work and ensure their proposal includes the total cost of the project.
 - Insurance: Bidders must be licensed and maintain insurance
 - Completion Date: Bidders must specify the estimated completion date for the work.
 - Adequacy and Completeness: The submitted packet must contain all items.
5. **Review Process:** BHSJ reserves the right to make an award without further discussion of the bids submitted; therefore, proposals should be initially submitted on the most favorable term the bidder can propose. Bids will be included with information made available to the BHSJ Board of Health, which is also available to the public.
6. **Notification of Award:** It is expected that a decision will be made selecting the successful Bidder at the January 26, 2023 Board of Health meeting. Upon conclusion of final negotiations with the successful bidder, all bidders who submitted bids will be notified in writing whether they have been selected.
7. **Contractual Obligations:** This request for bid, including the terms and conditions set forth within, will be considered a contractual agreement between BHSJ and the awarded contractor once the bid is offered by BHSJ, and accepted by the awarded contractor. At the discretion of BHSJ, the awarded contractor may be required to enter into an additional contractual agreement for the services proposed in the bid.

Proposal Format

Proposals must be submitted on the attached Bid Form and submitted along with the attached Certification Form. They must be accompanied by the evidence of accords listed on the bid form and a minimum of three references.

General Provisions

1. **Contract:** This request for bid, including the terms and conditions set forth within, will be considered a contractual agreement between BHSJ and the awarded contractor once the bid is offered by BHSJ, and accepted by the awarded contractor. At the discretion of BHSJ, the awarded contractor may be required to enter into an additional contractual agreement for the services proposed in the bid.
2. **Independent Contractor:** Both parties, in the performance of this contract, shall be acting in their individual capacity and not as agents, employees, partners, joint ventures

or associates of one another. The employees or agency of one party shall not be construed to be the employees or agency of the other party for any purpose, whatsoever.

3. **Project Completion Date:** The estimated project completion date should be specified by the bidder in the bid. This project must be completed by September 30, 2023. The specific completion date will be negotiated during the award process of the successful bid.
4. **Payment:** Once a successful proposal has been chosen and the procurement model and pricing has been determined, BHSJ will negotiate with the successful bidder to ensure the appropriate payment is made at completion of the project. If the contractor requires any payments be made up-front, the contractor must make that request on the submitted pricing proposal.
5. **Financial Award:** The contractor agrees and understands that the payment of sums specified in this contract is dependent and contingent upon and subject to the appropriation and allocation of funds for the purpose set forth in this request for bids and is contingent upon fund availability.
6. **General Indemnity:** The contractor shall save and hold harmless, pay on behalf of, protect, defend, indemnify BHSJ, assume entire responsibility and liability for losses, expenses, demands and claims in connection with or arising out of any injury, or alleged injury (including death) to any person, or damage, or alleged damage, to property of others sustained or alleged to have been sustained in connection with or to have arisen out of or resulting from the performance or the intended performance of any work/service, outlined or resulting from this agreement, by the contractor or their employees, including losses, expenses or damages sustained by officials (including the Health Officer, Board of Health, as well as employees) from any and all such losses, expenses, damages, demands and claims. The contractor further agrees to defend any suit or action brought against officials (as outlined above) based on any such alleged injury or damage and to pay all damages, cost and expenses in connection therewith or resulting there from. As an integral part of this agreement, the contractor agrees to purchase and maintain, during the life of this contract, general liability insurance as outlined above. The obligations of the contractor pursuant to this paragraph shall not be limited in any way by any limitation in the amount or type of proceeds, damages, compensation, or benefits payable under any policy of insurance or self-insurance maintained by or for the use and benefit of the contractor.
7. **Hold Harmless:** The contractor shall indemnify BHSJ against all claims for injury to or death of any persons; for loss or damage to any property; and for infringement of any copyright or patent occurring in connection with or in any way incidental to or arising out of the occupancy, use, service, operations, or performance of work under this contract.

BHSJ shall not be precluded from receiving the benefits of any insurance the contractor may carry which provides for indemnification for any loss or damage to property in the contractor's custody and control, where such loss or destruction is to BHSJ property. The contractor shall do nothing to prejudice BHSJ's right to recover against third parties for any loss, destruction, or damages to BHSJ property.



Bid Form

Building Exterior Renovation Bid for BHSJ Building Located at 1110 Hill Street, Three Rivers, MI
 Closing Date: Friday, January 6, 2023, at 2:00 PM EST.

We submit a bid to furnish requirements in accordance with the specifications listed in the Building Exterior Renovation Request for Bids. I hereby certify that I (we) do not have any substantial conflict of interest sufficient to influence the bidding process on this bid. A conflict of substantial interest is one which a reasonable person would think would compromise the open competitive bid process.

Legal Name of Person or Entity Represented:
Telephone Number:
Email Address:
Mailing Address:
City, State, Zip:
Social Security / Federal Employer Identification Number: (Information will be redacted from public information)
Signature of Authorized Representative:
Typed or Printed Name of Signature:
Title:
Date:
Total Cost to Complete Project:
Proposed Payment Terms:
Estimated Completion Date: (Must be completed by September 30, 2023)
Evidence of Accords Must be Attached: <ul style="list-style-type: none"> • Copy of Certificate of General Contractor’s License • Copy of Insurance Certificate • Copy of General Liability • Copy of Workers’ Compensation Insurance
Contractors must provide a minimum of three references.

Certification Statement

By submitting this bid, the potential contactor certifies the following:

- The proposal is signed by an authorized representative of the entity.
- All costs, direct and indirect, have been determined and are included in the pricing proposal.
- No substantial conflict of interest exists which influenced the submitting bid.
- The bidder has read and understands the terms, conditions, and requirements set forth in this request for bid and agrees to them with no exceptions.

Therefore, in accordance to this request for bids and subject to all conditions here in, the undersigned offers and agrees to perform the services in accordance with the specifications and conditions of this request for bid at the price quoted, providing the bid is accepted within 60 days of the date of submission.

Individual / Entity Represented:
Signature:
Typed or printed name:
Title:
Date:



R. Johnson Builders Inc.

113 Tuttle Dr.
Sherwood, MI. 49089

Phone: 517-741-3858
Fax: 517-741-3209



Proposal

To: Branch, Hillsdale, St. Joseph Health Dept.

Location: 570 Marshall Rd.
Coldwater, MI. 49036

Job Name: Exterior Renovation of Three Rivers Office
1110 Hill St.
Three Rivers, MI.

Phone:

We hereby submit specifications and estimates for:
The exterior remodeling of office building at 1110 Hill St.
Three Rivers, MI. as per drawing/ plans provided by Driven Design
Battle Creek, MI. project # 2022.053.

This proposal includes the following;
Removal of existing materials as needed.
Supplying and installing new siding, soffitt, facia and gutters as per plan.
Supplying (1) 20 yd. construction dumpster.
Allowance for electrical work and fixtures of \$1000.00
Allowance for caulking as needed, window sill repair, brick tuck pointing

as needed. \$1000.00

Existing dusk to dawn lights will be removed and re- installed as needed.
Recessed light above main entrance will be replaced if needed.
Electrical Allowance.

Vertical posts under the ridge on each gable end will be removed as per plan, we are not sure if they are structural at this time. If they are supporting members then there will be extra costs for that.

All extra costs and allowances will be charged on a cost plus basis, as per this proposal.

Expected time frame for project is approximatley 4 weeks or 20 working days, depending on weather and any material delays.

We cannot be responsible for unforeseen costs. Any change orders will be billed as time and materials, plus 30% for profit and overhead. Labor will be charged at \$45.00 per hour per laborer, \$65.00 per hour per carpenter, and \$80.00 per hour for contractor. All sub-contractor costs and material costs are billed at cost plus the 30%.

We propose to; furnish material and labor, complete in accordance with these Specifications for the sum of \$ 58,630.00
Payable as follows: 50% to start, balance on completion.

Authorized signature: 

Date: 3/14/23

All materials guaranteed to be as specified. All work to be done in a workman like

Manner as according to standard practices. Any alterations or deviations from the above specifications involving extra costs, will be executed only upon written orders and will become an extra charge over and above the estimate. All agreements contingent upon strikes accidents or delays beyond our control. Owner to carry fire, tornado, and other necessary insurance. Our workers are fully covered by workmans compensation insurance.

Note: This proposal may be withdrawn by us if not accepted with in 30 days.

Acceptance of proposal: The 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.

Signature:

Date:

Signature:

Date:

ESTIMATE

Prepared For

Rebecca Burns

Cow-Ski Construction

55774 Skyhawk LK Rd
Marcellus, Mi 49067
Phone: (269) 568-0127
Email: cowskiconstruction@gmail.com

Estimate # 43
Date 03/12/2023

Description	Total
Fascia and Soffitt Remove and Install metal fascia and soffit	\$9,000.00
Siding Install hardi board and batten siding Includes caulking, flashing, freeze trim	\$7,500.00
Trim Install boral Finish trim under window sills	\$300.00
Material Hardi board siding/ board and batten style Aluminum soffit and fascia Fasteners Caulk Trim	\$11,000.00
Demo Remove everything needed to copy blueprint Dumpster included	\$2,500.00
Gutters Remove and install new gutters and downspouts Material included No leaf guard	\$5,000.00

Subtotal \$35,300.00

Total **\$35,300.00**

Notes:

Any wood rot or unforeseen issues will be charged at a time and material rate of \$125 per hour.
Material price is subject to change

Cow-Ski Construction

Rebecca Burns

Mill and Replace Three Parking Lots at the Hillsdale Facility Proposal

The Agency should mill and replace the three original parking lots for the Hillsdale facility. These lots were installed in the nineteen nineties, and they have reached the end of their useful life. Repairing the existing lots is not a good option, as they have extensive cracking, spider webbing, and pot holes. Leaving the lots in poor condition is a liability issue and may lead to increased costs. These lots should be milled and replaced as soon as possible.

The parking lots were put in place in the early/mid nineteen nineties, when the building was built. Depending on upkeep, conditions, and other factors, a properly installed and maintained asphalt lot can have a life span of 20-30 years. Once it reaches this age, the asphalt becomes more brittle, causing maintenance and repairs to be more extensive and costly. It is generally recommended that if your lot has reached this age, it is time for a new one.

Repairing the existing lots is not a good option, as more than 35% of their surface area would need to be removed and totally replaced due to the damage. Repair of the damaged areas and overlaying the entire lot could add an additional 8-10 years of life to the lot, but all cracks and damage to the old layer must be repaired before resurfacing. Unrepaired areas will undermine the new layer, and will rise back up in the future. With so much of the surface needing to be completely replaced due to damage, it becomes almost as costly as putting in an entirely new lot. With the price point being so similar, and the life span being only half, repair is no longer a viable option.

Leaving the lots in poor condition is a liability issue and may lead to increased costs. The cracks and holes in the lot create uneven surfaces for people to walk on which increases the risk of a slip/trip and fall accident, which the agency would be liable for. Additionally, unrepaired areas in the lot may lead to structural damage, making it much more costly to replace

Bids

Beginning in early January, the Agency reached out by phone and email to four asphalt contractors seeking bids to mill and replace the three original existing parking lots for the building located at 20 Care Drive, Hillsdale. Each contractor was asked to provide a solution that they felt would last for thirty years. These communications resulted in bids from the following contractors: Belson Asphalt Paving, RDK's Asphalt & Sealcoating, and Excell Paving Plus.

Recommendation

The Agency is recommending that the Board accept the bid from RDK's Asphalt & Sealcoating to mill and replace the three parking lots, for a total of \$95,100.00. An exact comparison of the bids could not be done, as each asphalt contractor provided slightly different recommendations to achieve the desired result of a parking lot that will last for thirty years. The bid from RDK's Asphalt & Sealcoating is within the amount the Agency will have set aside for capital improvements for the Hillsdale office and balances both quality and price.



ASPHALT & SEALCOATING
+ SNOW REMOVAL
517-437-7551

Hello!

Here is the estimate for your project! Any questions feel free to let us know! We try our best to compare bids and help you come up with the best solution! We're looking forward to working with you! If the proposal looks good, just sign a copy and send it back to us!

Thanks!
Kody, and The RDK's Team

Kody Rubin
517-425-0704

Rdkasphalt@gmail.com
RDK'S Asphalt & Sealcoating
Randy & Diana Rubin
517-437-7551
3491 Mechanic Rd, Hillsdale MI 49242



1:45 PM Thu Feb 9

58%

- ☰
- 🔍
- 🌐
- 📏
- 📅
- 📱
- 📌

LOT 1
Approx 4,900sq'

LOT 2
Approx 9,250sq'

Branch Hillsdale
Health Department

LOT 3
Approx 9,400sq'

Google Imagery date: 10/26/15-newer

Google (41°55'52"N 84°38'40"W) 1,674 ft

Randy - Diana - Kody Rubin
 3491 Mechanic Rd
 Hillsdale, MI 49242
 Office - 517-437-7551
rdkasphalt@gmail.com



Proposal & Acceptance

SUBMITTED TO Community Health Agency	PHONE 517-279-9561	DATE 2/9/23
STREET 20 Care Dr	JOB NAME Mill/Tear out - Regrade & Repave	
CITY, STATE, ZIP CODE Hillsdale, MI, 49242	EMAIL fishert@bhsj.org	

Randy Finley - C: (517) 610-9537 R.finley@co.hillsdale.mi.us
 Theresa Fisher 517-279-9561 x107 fishert@bhsj.org

Mill Down or tear out Re-grade and Re-pave (Yellow Areas on Attached Image)

For this project/estimate we will be Tearing out or Milling down the current asphalt parking lots (Yellow area on image) to full depth down to gravel. Then we would regrade the sub base, roll and compact. Then install the new asphalt in two layers, base binder, and top coat for total of approximately 4" of new asphalt.

- Whole Parking Lots approximately (Lot 1 - 4,900sq' Lot 2 - 9,242sq' Lot 3 - 9,399sq') see image
- Mill or tear out parking lot down to full depth (yellow area)
- Load & Haul old asphalt/millings away
- Haul in gravel as needed for correct sub-grade of parking lot
- Grade gravel areas to correct grade for asphalt
- Roll and compact gravel with vibratory roller
- Lay base coat of Hot Mix Asphalt commercial base approximately 2.5" thick
- Roll and compact asphalt base with vibratory roller to Approximately 2" thick
- Lay top coat of asphalt w/HMA 448-1 commercial top mix, approximately 2.5" thickness.
- Will compact top layer with vibratory roller to approximately 2" thick, for a total of approximately 4"
- Re-stripe parking lot to old or new layout
- Block off lot until ready for traffic (typically recommended 1-2 days)

Lot 1 Total: \$21,800.00
Lot 2 Total: \$36,400.00
Lot 3 Total: \$36,900.00

Recommended To Sealcoat/maintain/stripe entire new parking lot for every year for next 3 years (3 consistent years builds up sealcoat layer and extends pavement life) for an additional separate fee

THANK YOU FOR LETTING US BID ON YOUR PROJECT!

We propose hereby to furnish material and labor - In accordance with above specifications. for the sum of: **\$95,100.00**

Payment to be made as followed: **50% down payment before start, balance due at completion**

Material prices can fluctuate, This proposal may be withdrawn if not accepted within **30 days**



A 4% Surcharged will be added

Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance.

A service charge of **2% per month**, which is an annual percentage rate of 24% annually, will be made on all account balances not paid within 30 days of invoice date, together with costs of collection. Any attorney fees due to this contract to be paid by customer.

Note: This proposal may be withdrawn by RDK'S at any time for any reason

RDK'S ASPHALT WILL MAKE EVERY EFFORT TO MATCH ANY COMPETITORS PRICE, AS LONG AS WORK SPECIFICATIONS/ METHODS AND QUALITY ARE THE SAME.

Authorized Signature *Kody Rubin* 517-425-0704

Note: This proposal may be withdrawn by us if not accepted within **30 days**

PLEASE SIGN AND DATE FRONT & BACK AND RETURN ORIGINAL COPY OF THIS PROPOSAL TO RDK'S ASPHALT (VIA PAPER OR EMAIL)

Acceptance of Proposal - This proposal includes all of the standard conditions set forth on the reverse side of the document. 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: _____ Accepted by: _____

RDK'S Asphalt LLC Standard Conditions

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

1. All work is to be completed according to this proposal and in a workmanlike manner. 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. The contractor will make no warranty of merchantability, and there are no warranties which extend beyond the description contained in the proposal. Contractor shall complete the job within a reasonable time but shall 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.
2. **Permits/Fees:** The owner, and or the Purchaser of the above work shall pay for any and all permits and assessments if and as they are required.
3. **Property Lines:** The Purchaser shall establish and designate property lines and shall be obligated to pay for work performed as ordered in the event said work results in trespass on other property. Purchaser shall also be responsible for any damage caused by the Representative of such other property.
4. **Zoning Requirements & Local Regulations:** The contractor assumes no responsibility for determining whether the Purchaser has the legal right or authority to contract work to the property as directed. Notwithstanding that such work might be deemed to violate any ordinance, zoning regulations, or any law, the Purchaser shall, nevertheless, be obligated to pay for work performed as contracted.
5. **Stocking Materials & Equipment:** Contractor shall be permitted to stockpile materials and equipment necessary to the performance of its work, on the purchaser's property adjacent to the site of the work, without cost.
6. **Sub-grade:** Materials will not be placed on a wet, unstable or frozen sub-grade. A suitable sub-grade is a condition precedent to the requirement of performance of this contract.
7. **Ground Condition:** Should any unusual conditions be encountered, not specifically referred to in this proposal, any extra cost in the performance of the work occasioned by such conditions shall be paid by the Purchaser.
8. **Grade Minimum:** Contractor reserves the right to refuse to construct a pavement unless minimum grades of one percent (1%) are possible for surface drainage. If the owner directs construction with less than a minimum grade of one percent (1%), it is understood that water ponding may occur and that no warranty attaches to the work as to satisfactory drainage.
9. **Underground Appurtenances, Utilities & Services:** It is the Purchaser's responsibility to notify, "Miss Dig" or another private location service and to advise contractor of the existence and location of all underground appurtenances such as sewers, septic tanks, tree stumps, water and gas lines, electrical and phone lines, buried concrete slabs and/or footings, sprinkler systems, etc. Which might be encountered by contractor in the performance of its work hereunder. Contractor shall be deemed to have notice of the existence of only those structures specifically referred to in this proposal, and of the location thereof as indicated in this proposal. If it develops in the performance of the work that the identity or location of the underground appurtenances varies from those specified herein, any extra cost occasioned thereby in moving, protecting or covering the same, or otherwise, shall be borne by the Purchaser. The contractor is not liable for damage to underground utilities, services or structures, nor for any expense resulting from such damage caused by excavating, trenching or grading.
10. **Unknown Objects:** Contractor assumes no responsibility for unknown objects encountered during the performance of the work. Any costs incurred by the burial, removal, and disposal of such unknown objects shall be borne solely by the Purchaser and the contractor shall be reimbursed accordingly.
11. **Reflective Cracking:** When overlaying concrete, brick or asphalt pavements, the contractor is not responsible for the reflection of existing cracks or expansion joints which may appear through the new surface.
12. **Settling:** Contractor is not to be held responsible for settling due to weather on all structures and foundations.
13. **Acceptance:** The contracted work shall be deemed accepted by Customer/Purchaser at such time as the contracted work is opened for usage. If for any reason the finished course is not place prior to opening for use, Customer/Purchaser shall be responsible for cost of repair.
14. **Payment:** As stated above, payment in full is due upon completion of the job, unless otherwise stated. Interim billings for partial performance are due and payable thirty (30) days after presentment of said billings. If balance isn't paid in full, RDK's has the right to tear material back out.
15. **Warranty on Finished Asphalt (new paving only):** Contractor will warranty driveway for 1 year on workmanship only, under normal use. – This **Excludes** traffic other than normal car use – (Example: Garbage Trucks, School Buses, Fuel Trucks, Semi's, etc.) This also **Excludes** tire marks due to power steering, cracking, settling, due to weather conditions, or contamination from any petroleum product, chemicals. Use of pavement for purpose other than the disclose and intended use, or by heavier traffic than disclosed will void this warranty. It is understood that this warranty does not cover damage cause by intentional or accidental excavation, fire, flood, petroleum products, chemicals, subsurface water, overloading or other misuse. Failure of the Customer to conform to the requirements of timely payment as stipulated in the Standard Conditions above will void this warranty. This warranty does not apply to first or intermediate stages of construction. Processed material, stone, and asphalt bases are not guaranteed. This guarantee starts when the final finished asphalt surface is placed and the pavement structure is brought up to full design strength.
16. **Maintenance:** Contractor recommends sealcoating new asphalt within one (1) year of paving to ensure needed protection of new asphalt. Do not put any sharp or small items on the asphalt without putting wood board underneath, and keep edges free of weeds and grasses/weed-kill asphalt one (1) foot around perimeter twice yearly. Do not drive near or off the edges of asphalt. Do not let anything sit in one spot for a extended period of time.



"QUALITY IS NOT IN THE NAME BUT IN THE WORKMANSHIP"

Family Owned & Operated Serving SO MI, NW OH & NE IN

Specializing In: • Asphalt Paving & Repair

- Seal Coating
- Crack Repair
- Asphalt Curbing
- Infrared Repair
- Line Striping
- Resurfacing

Free Estimates / Insured

Address: 5651 Bankers Rd. Reading, MI 49274
Phone: (517) 283-3584 **Toll Free:** (800) 934-2500 **Fax:** (517) 283-1655
Email: belsonasphalt@core.com **Website:** belsonasphaltpaving.com

Proposal Submitted to: Hillsdale County Office Building	Date: 03-08-2023	Estimate #: 15199
Contact: Theresa Fisher	Phone:	Fax: 517/437-0829
Address: 33 McCollum St.	Cell Phone:	Work: 517/279-9561 X107 (Theresa)
City/State/Zip: Hillsdale, MI 49242	Email: fishert@bhsj.org	
Project Name: Parking Lot options/Health Dept./Updated		
Job Site: Branch-Hillsdale Health Dept. - 20 Care Dr. - Hillsdale		

NEW NOTES FOR THIS BID - This is somewhat of a revision from a prior bid. However, it has many changes, so please discard any prior bids submitted for this project. Per phone discussion, the 2023 paving/estimating season has not yet begun. Therefore, the pricing below is somewhat subject to changes. This is because the project requires a "Road Mill" for the removal process and the pricing for the needed machine is not yet available. Also, some of the actual asphalt plants have not given the pricing for Spring. Therefore, the pricing below may need to be revised and/or re-evaluated if this bid is accepted before the availability of needed spring pricing is received. Also, this bid now includes a third lot, which makes the scope of work, different from the proposed offer last year. Finally, this bid has removed patching options or patching with lot overlay options. This is because the customer has made it clear that the expectations for these 3 lots is to achieve the longevity of 20 years or longer. With a long explanation given over the phone, through proper maintenance, proper paving thicknesses and addressing the sub-base should it be needed, the method needed to achieve longevity is surely removal and replacement. Overlaying these lots at this point would be nice, but the deterioration process would occur much quicker, especially with reflective cracking coming from the old asphalt below. Therefore, it has been removed from the bid. **Prices do not include the need for a "Hillsdale City R.O.W. Permit" and the customer would need to obtain one, prior to the scheduled start date.**

ESTIMATE NOTES FROM OLDER 2022 BID - Removed. Refer to old bid if wanting to read these notes.

OVERLAY with PATCHING – Removed

THIS PROPOSAL INCLUDES ALL OF THE STANDARD CONDITIONS SET FORTH ON THE TERMS AND CONDITIONS FOR ESTIMATE NO.15199.

We propose hereby to furnish material and labor - complete in accordance with above specifications, for the sum of \$ _____

PAYMENT TERMS: 50% down, remainder of balance due at completion of project.

Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. Our workers, are fully covered by Workmen's Compensation Insurance. **A SERVICE CHARGE OF 1 1/2% PER MONTH**, which is an annual percentage rate of 18% per annum, will be made on all account balances not paid within 30 days of invoice date, together with costs of collection and attorney fees.

Note: This proposal may be withdrawn by us if not accepted within **10** days. **Authorized Signature:** Thomas A. Stewart

BELSON ASPHALT WILL MAKE EVERY EFFORT TO MATCH ANY COMPETITORS PRICE, AS LONG AS THE ENTIRE SCOPE OF WORK, I.E. SQ. FT./LIN. FT., COMPACTED THICKNESS, METHODS OF REPAIR, ETC., ARE THE SAME.

Phone: 517-607-9096

NOW ACCEPTING CREDIT CARDS. A 5% SURCHARGE WILL BE ADDED.

PLEASE SIGN AND DATE AND RETURN ORIGINAL COPY OF THIS PROPOSAL TO BELSON ASPHALT PAVING

ACCEPTANCE OF PROPOSAL: The above prices, specifications and conditions (INCLUDING STANDARD TERMS AND CONDITIONS FOR ESTIMATE NO. 15199) are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made according to the terms listed above.

Accepted by: Signature: _____

Date of Acceptance: _____

ASPHALT REMOVE AND REPLACE - (NOW LOTS 1, 2 & 3) - Parking Lots combined NOW total Approx. **23,097 Sq. Ft.** and are labeled in **BLUE** (Lot 1), **PINK** (Lot 2) & **ORANGE** (Lot 3). **Lot 1** is **Approx. 9,070 Sq. Ft.** **Lot 2** is **Approx. 8,996 Sq. Ft.** Finally, the newly added **Lot 3** is **ORANGE** and **approx. 5,031 Sq. Ft.** (See the new drawing submitted with this 2023 estimate). For this R&R option, to remove existing asphalt (All 3 lots) and haul away the millings. Per discussion, it is assumed that they will be wanted by the County. If not, the Fairground is nearby and would likely take them. Once removed, to clean and prepare the 3-paving area(s). To inspect the existing sub-base. If requiring gravel or any replacement of gravel, a set charge of \$40 a ton would be enforced. Prices below do not include gravel or gravel replacements. Once inspected, to rough and fine-grade, level and compact existing sub-base aggregate. Finally, using commercial grade asphalts, to furnish and install a hot mix asphalt base course and wearing course totaling an **average compacted finished thickness of (3.5" light - medium duty thicknesses with Lot 1 & Lot 3) and (4" medium duty thicknesses with Lot 2)**. All 3 are finished thicknesses. NOTE - Lot 2 has a dumpster service. Garbage trucks are very heavy and will cause excessive asphalt damage, over time. It is recommended to have the dumpster moved to the front of the lot or to pave even thicker where the truck will travel. Anything else requested by the customer, beyond what is stated in this section, will be charged additional time and materials. ***NOTE* - Any gravel needed would be charged at \$40.00 per/ton, which includes delivery and installation.**
CUSTOMER TO CALL MISS DIG, TOLL-FREE AT 811 OR (800) 482-7171 or GO ONLINE @ www.missdig811.org AND THEN CALL OUR OFFICE TO LET US KNOW WHEN IT HAS BEEN STAKED OUT, BEFORE WORK CAN BE DONE.
 This option is **\$114,850.00**. Initial here to accept this option **X** _____.

OPTIONAL ASPHALT FINE GRADE & PAVE - (NOW LOTS 1, 2 & 3) - Parking Lots combined NOW total Approx. **23,097 Sq. Ft.** and are labeled in **BLUE** (Lot 1), **PINK** (Lot 2) & **ORANGE** (Lot 3). **Lot 1** is **Approx. 9,070 Sq. Ft.** **Lot 2** is **Approx. 8,996 Sq. Ft.** Finally, the newly added (**Lot 3**) is **ORANGE** and **approx. 5,031 Sq. Ft.** (See the new drawing submitted with this 2023 estimate). For this **FG & P option**, **REMOVAL BY OTHERS - Belson Asphalt would not be the company that removes the old asphalt.** This option includes grading & paving only. The customer would use other means such as hiring someone else directly for the removal of the 3 lots. For this option, Belson Asphalt would clean and prepare the paving area (s). Then, Belson would fine-grade, level and compact existing sub-base aggregate. Finally, using commercial grade asphalts, to furnish and install a hot mix asphalt base course and wearing course totaling an **average compacted finished thickness of (3.5" light - medium duty thicknesses with Lot 1 & Lot 3) and (4" medium duty thicknesses with Lot 2)**. All 3 are finished thicknesses. NOTE - Lot 2 has a dumpster service. Garbage trucks are very heavy and will cause excessive asphalt damage, over time. It is recommended to have the dumpster moved to the front of the lot or to pave even thicker where the truck will travel. Anything else requested by the customer, beyond what is stated in this section, will be charged additional time and materials. ***NOTE* - Any gravel needed would be charged at \$40.00 per/ton, which includes delivery and installation.**
CUSTOMER TO CALL MISS DIG, TOLL-FREE AT 811 OR (800) 482-7171 or GO ONLINE @ www.missdig811.org AND THEN CALL OUR OFFICE TO LET US KNOW WHEN IT HAS BEEN STAKED OUT, BEFORE WORK CAN BE DONE.
 This option is **\$75,800.00**. Initial here to accept this option **X** _____.

LINE-STRIP - To Line-stripe all three lots as specified: They will total Approx. 58 yellow lines at 20' ea., 6 blue lines at 20' ea., 6 handicaps, 1 blue hash and 3 yellow/blue hashes. The price is the same to stripe either paving option listed above. Therefore, it is listed as a non-option, showing in the total striping only charge below.

\$635.00

Special Notes :

* Allow at least 72 hrs. of curing time before prolonged periods of parking. Depending on weather conditions, curing time may be less. Allow at least 24 hrs. before driving on new pavement.

* **If in City/Village/Twp.** limits - **CUSTOMER IS RESPONSIBLE TO OBTAIN A PERMIT (if needed)** AND THE COST THEREOF. FAILURE TO DO SO WILL RESULT IN ADDITIONAL CHARGES PLUS COST OF PERMIT. A COPY OF PERMIT TO BELSON ASPHALT IS REQUIRED PRIOR TO SCHEDULING. All prices are subject to change depending on City Right-of-Way requirements.

THIS PROPOSAL INCLUDES ALL OF THE STANDARD CONDITIONS SET FORTH ON THE TERMS AND CONDITIONS FOR ESTIMATE NO.15199.

We propose hereby to furnish material and labor - complete in accordance with above specifications, for the sum of \$ _____

PAYMENT TERMS: 50% down, remainder of balance due at completion of project.

Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. Our workers, are fully covered by Workmen's Compensation Insurance. **A SERVICE CHARGE OF 1 1/2% PER MONTH**, which is an annual percentage rate of 18% per annum, will be made on all account balances not paid within 30 days of invoice date, together with costs of collection and attorney fees.

Note: This proposal may be withdrawn by us if not accepted within **10** days. **Authorized Signature:** Thomas A. Stewart

BELSON ASPHALT WILL MAKE EVERY EFFORT TO MATCH ANY COMPETITORS PRICE, AS LONG AS THE ENTIRE SCOPE OF WORK, I.E: SQ. FT./LIN. FT., COMPACTED THICKNESS, METHODS OF REPAIR, ETC., ARE THE SAME.

Phone: 517-607-9096

NOW ACCEPTING CREDIT CARDS. A 5% SURCHARGE WILL BE ADDED.

PLEASE SIGN AND DATE AND RETURN ORIGINAL COPY OF THIS PROPOSAL TO BELSON ASPHALT PAVING

ACCEPTANCE OF PROPOSAL: The above prices, specifications and conditions (INCLUDING STANDARD TERMS AND CONDITIONS FOR ESTIMATE NO. 15199) are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made according to the terms listed above.

Accepted by: Signature: _____

Date of Acceptance: _____

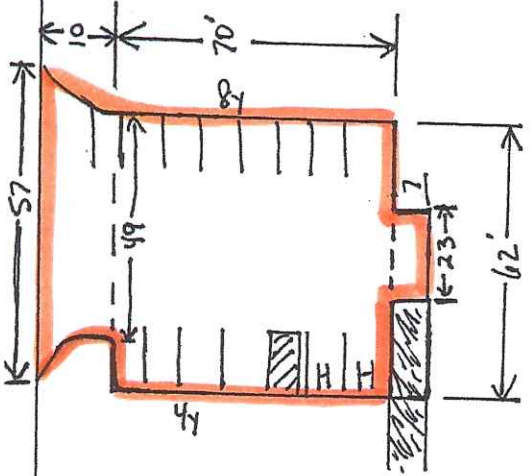
Branch - Hillsdale Health Dept.

Drawing NOT TO SCALE - for reference only

Est. on 3/8/23 TS. NOTE ↙ ↘

Pricing without prices available from milling co. or Mi. Paving.
Potential for increase, if accepted before receiving these spring prices.

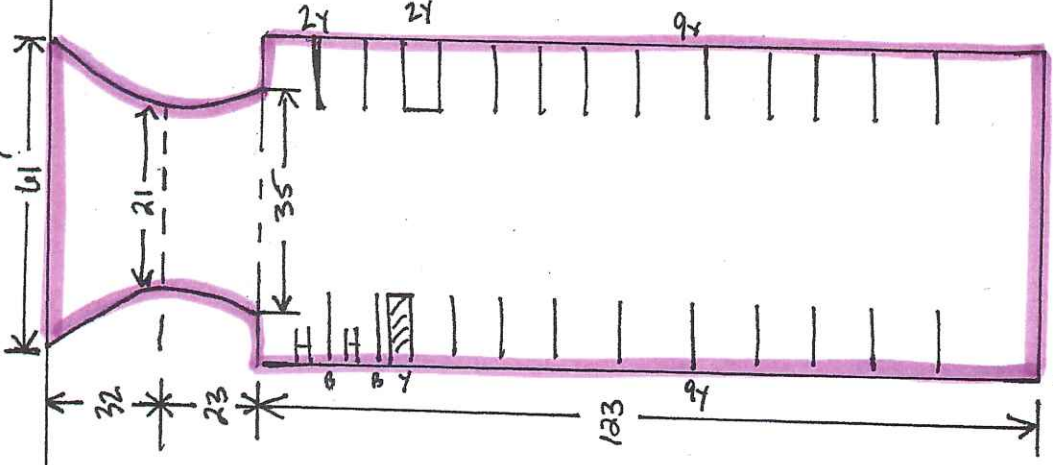
Care Dr.



Light to Medium Duty.
(Lot 3) 5,031 sqft.
R/R @ 3.5"
108 tons.

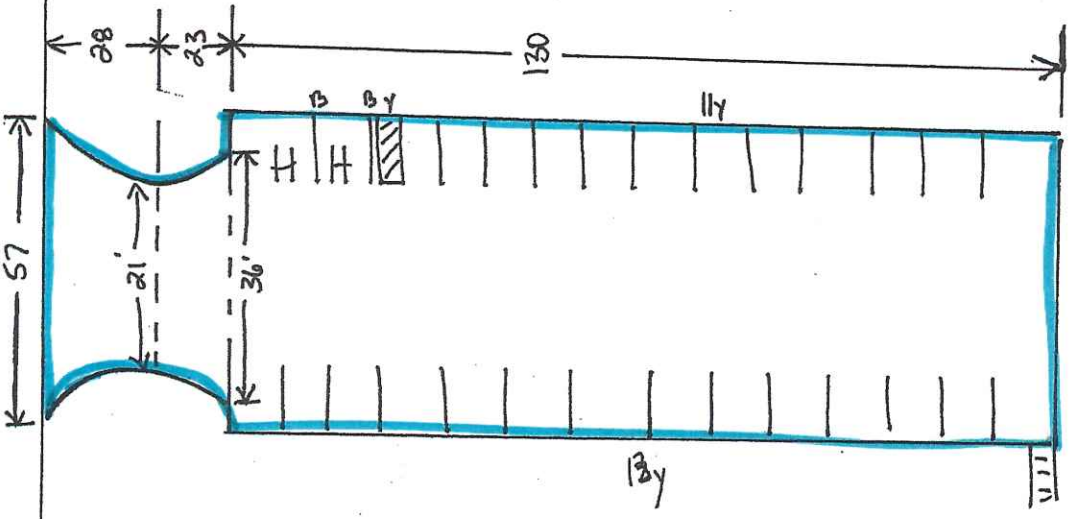
Approx.
23,097 total
sq.ft.

Care Dr.



Dumpster medium Duty (min)
(Lot 2) 8,996 sqft.
R/R @ 4" min.
220 TONS

Care Dr.



Light to medium Duty.
(Lot 1) 9070 sqft.
R/R @ 3.5"
194 tons

STANDARD TERMS AND CONDITIONS

All terms and conditions as set forth below are incorporated into this proposal: Estimate No.15199

- Warranty:** All work is to be completed according to this proposal and done in a workmanlike manner. Unless otherwise stated herein, the customer must provide a properly compacted and stable base upon which any material is to be placed. The only warranties by the contractor will be those specifically stated in writing in this proposal.
- Delays:** The contractor shall not be liable for delays caused by labor disturbances, weather conditions, acts of God, accidents, shortages of available materials and/or supplies, any delay by any government official for approval of the project, or any other cause beyond the contractor's control.
- Property lines:** The customer must designate property lines, and shall be obligated to pay for work performed as ordered even if the work trespasses on other property. No damage to the materials caused by the owner or agent of any property trespassed upon shall be the responsibility of the contractor.
- Timely payment:** Full and complete payment is due and payable upon the completion of the project described herein. The customer agrees to pay billings for partial performance within thirty (30) days of being presented with the same by mail.
- Acceptance:** The customer accepts the performance by the contractor upon opening the completed work for travel or parking. If for any reason the customer opens the work prior to application of the wearing course, the customer shall pay the cost of repair.
- Permits and Legal Forms:** The customer shall pay for any permits or assessments required. The customer shall also execute any forms regarding construction liens as presented by the contractor. The customer shall pay for any permit fees, recording fees, or other fees associated with the forms outlined herein, or shall reimburse the contractor immediately upon presentation of a receipt for the contractor's payment for the same.
- Wet or Unstable Subgrade:** No materials will be placed on a wet, unstable or frozen subgrade. Suitable subgrade is a condition precedent to the contractor's performance of this contract.
- Reflective Cracking:** When surfacing concrete, brick or asphalt pavements, the contractor is not responsible for the reflection of existing cracks or expansion joints which may appear through the new surface.
- Minimum Grade:** The contractor reserves the right to refuse to perform this contract unless minimum grades of 1% are possible to provide for surface drainage. Should the customer wish to continue this contract with a lesser grade, this shall only be done by written instructions, signed by both parties, including a waiver of any warranty or liability of the contractor for waterponding.
- Stockpiling Materials:** The contractor may stockpile materials for the work on the customer's property to the side of the work to be performed, at no cost to the contractor.
- Underground Structures, Utilities or Services:** The customer must advise the contractor of the location of all underground structures, utilities and/or services, including, but not limited to, electric, water or gas lines, buried slabs or footings, septic tanks, sprinkler systems, fuel tanks and filler pipes, wells, etc. The customer, or "MISS DIG" or a private location service, shall mark the same on the surface prior to work being performed by the contractor. The contractor shall be deemed to have notice of such items that are so identified and accurately located. Any additional costs, including labor, to the contractor, resulting from dealing with underground structures, utilities or services that are not identified by the customer, or are inaccurately described or positioned herein by the customer shall be paid by the customer.
- Soil Conditions:** Should the contractor encounter any unusual soil conditions not specifically identified in this contract, the customer shall pay for all extra costs and labor incurred on that account. Before work continues, the customer and the contractor shall identify the problem in writing, outline the additional costs and sign and date the same.
- Hidden Objects:** The customer shall reimburse the contractor for the costs of removing hidden objects not already identified in this contract.
- Zoning Requirements and Other Local Regulations:** The customer must obtain the legal right or authority to pave the property as directed from any zoning administrator or other person in charge of the appropriate ordinances for the government where the work is to be done.
- Warranty on New Driveway:** The contractor shall warranty the workmanship of any new asphalt driveway under this contract for one year. The warranty does not include problems caused by heavy traffic, such as school buses, garbage trucks, fuel trucks, dents or holes caused by flat tires or other weights pressed into the pavement, or by tire marks from power steering, cracking from weather conditions, contamination by petroleum products or breakage of pavement edges that are not properly backfilled.
- Maintenance:** We recommend sealcoating the driveway/parking lot or other work performed within one year of paving in order to protect new asphalt.
- Oral or written modifications:** This contract includes all agreements and representations between the parties. There are no oral representations between the parties, and no written understandings other than those contained herein; EXCEPTING that additional charges without further writings or change orders are permitted where provided elsewhere in this contract, **INCLUDING bids referencing payment per ton of asphalt paving material, which are solely estimates based upon visible conditions, and the customer agrees that if additional asphalt paving material is required by conditions at the site, including, but not limited to, referencing #1 above, the customer shall pay for all asphalt tonnage used at the price stated, bids referencing payment per ton of all asphalt paving material are estimates, based upon visible conditions, and the customer agrees that if additional asphalt paving material is required by conditions at the site, including, but not limited to, referencing #1 above, the customer agrees to pay for all asphalt tonnage used at the price stated, whether or not there is a change order.** OTHERWISE any changes to this contract must be in writing, dated and signed by both parties in order to be legally effective.
- Collections:** It is understood and agreed by the customer that should the customer fail to pay all amounts owed to the contractor in the time and manner outlined herein, the contractor shall have the right to record with the Register of Deeds of the county in which the work was performed a construction lien, which may thereafter be enforced in litigation or foreclosure. . The customer also agrees to further remedies, including agreement that any judgment against the customer resulting from litigation may be a judgment for "claim and delivery". This does not prevent the customer from alleging causes of action or defenses in court against the contractor.
- Attorneys' fees and costs:** If the contractor prevails in any manner in a suit for foreclosure of a lien or other collection against the customer, the customer agrees that the customer will be responsible for the contractor's court costs and interest. The customer also agrees that the contractor shall have the right to recover, as damages, reasonable attorneys' fees incurred by the contractor in any foreclosure a lien or to collect for any sums unpaid and owing by the customer at the time suit or foreclosure is started.
- Time-price differential:** Any additional costs charged to the customer that have the appearance of interest constitute a "time-price differential", being a lawful charge for paying over time rather than at once. No "time-price differential" shall be charged for any timely payment by the customer.

LIMITED WARRANTY BY CONTRACTOR

This pavement is guaranteed against failure due to improper workmanship for a period of one (1) year after construction unless otherwise stated herein or voided as provided in this section or in the sections above. Use of the pavement for other than the stated or intended use or by heavier traffic than that disclosed by the customer will void this warranty. Damages caused by intentional or accidental excavation, fire, flood, gasoline or oil deposits, chemicals, subsurface water, overloading or other misuse shall void this limited warranty. Failure by the customer to timely pay any amounts billed by the contractor will void this warranty. This warranty does not apply to first or intermediate stages of construction, and in no event are concrete bases guaranteed or subject to warranty. **This Limited Warranty is voidable at the option of the Contractor if any work is done on the pavement, including, but not limited to, sealcoating, by any person, company or contractor other than Belson Asphalt Paving Co., Inc., during the warranty period.**

Commercial and Residential
 Asphalt – Seal Coating – Grading
 Excavating – Trucking
 Concrete



305 W. CHICAGO ROAD
 COLDWATER, MICHIGAN 49036
 PHONE (517) 278-3134
 FAX (517) 278-2147

Proposal submitted to:

Branch Hillsdale St. Joe Health Agency
 Attn: Theresa Fisher
 20 Care Dr.
 Hillsdale, MI

Date:

January 20, 2023

Job Name:

Street:

City:

State:

517-279-9561

We hereby submit specifications and estimates for:

Mill 3 asphalt parking lots full depth for a total of 23,338 sq. ft. Fine grade and compact existing gravel base. Install 2" of HMA base in the south and north parking lots and 2 1/2" of HMA base in the middle parking lot for heavy duty traffic to the dumpster. Install 1 1/2" of HMA surface over 23,338 sq. ft. for all 3 parking lots. Stripe new layout for pavement markings. \$74,790.00

Price is based on all 3 parking lots being milled in the same day.

Price based on current fuel prices and anticipated asphalt cost. Actual pricing cost will be determined late March.

Price is based on current asphalt prices and conditions. We cannot hold these prices for more than 14 days.

THANK YOU FOR THE OPPORTUNITY TO BID THIS PROJECT.
 A 50% deposit required with balance due upon completion.

We hereby propose to furnish labor and materials – complete in accordance with the above specifications for the sum stated above, with payment to be made on completion.

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practice. Any alterations or deviation from above specifications involving extra costs, will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Our workers are fully covered by Workmen's Compensation Insurance.

Authorized Signature _____

Jarrod Hoath
 Jarrod Hoath, Estimator

NOTE: This proposal may be withdrawn by us if not accepted within sixty days.

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.

Accepted:

Signature _____

Date _____

Signature _____

Sturgis Satellite Clinic Expansion Project

Introduction: In 2017 the Agency opened a satellite location in Sturgis, MI at Maplecrest Plaza at the location known as Medical Commons II. Sturgis has an estimated population of 11,067 according to the ACS 2021, in a county with a total population of 60,758 as per US Census for 2021. The Agency's location in Three Rivers left residents in Sturgis who lacked good access to transportation without necessary public health services such as WIC and immunizations, so providing services in Sturgis was a priority.

Scope of work: The location we rent in Sturgis is approximately 900 sq ft. It lacks storage space, has no space for staff to take a break or lunch, and the room that was intended to be used for immunizations is not large enough once equipment for vaccine storage was placed. The landlord offered an adjoining space to the health agency in 2019. This planned expansion proposal was brought before the Board of Health in March 2020 who approved it as presented. The pandemic stopped the expansion. The landlord is still interested in this project and wants to move forward. They are accepting of the original rent proposal that was accepted by the BOH in March 2020. The landlord has requested that the health agency assist in build out costs for the expansion.

Estimate of expenses: The landlord's builder has provided an estimate of the cost of the build-out which is attached.

Recommendation by Administration: The health department's clients will benefit from a larger space in Sturgis. This additional space will allow for a larger room for vaccine storage and administration and on-site storage of medical supplies. It will also provide a space for the breastfeeding peer counselor to meet with clients in a separate larger more quiet location. Bringing public health services to the community of Sturgis continues to be a priority for the health agency. We recommend using funds not committed to the Three Rivers Wood Elimination Project this year be used to help offset some of the landlords costs of the Sturgis expansion project at an amount of \$10,000.00.

				Yearly Cost		
				per sq/ft	Cost/Year	Cost/Month
current space	969 Sq Ft					
	Currently in Year 3 of a 5					
	year lease	Year 1	July 1, 17-18	6.81	6,598.89	549.91
		Year 2	July 1, 18-19	7.02	6,802.38	566.87
		Year 3	July 1, 19-20	7.30	7,073.70	589.48
		Year 4	July 1, 20-21	7.30	7,073.70	589.48
		Year 5	July 1, 21-22	7.68	7,441.92	620.16
		Year 6	July 1, 22-23	8.00	7,752.00	646.00
		Year 7	July 1, 23-24	8.00	7,752.00	646.00
		Year 8	July 1, 24-25	8.00	7,752.00	646.00
	Year 9	July 1, 25-26	8.50	8,236.50	686.38	
	Year 10	July 1, 26-27	8.50	8,236.50	686.38	

				Yearly Cost		
				per sq/ft	Cost/Year	Cost/Month
additional space	629 Sq Ft					
		Year 3	July 1, 19-20	7.30	4,591.70	382.64
		Year 4	July 1, 20-21	7.30	4,591.70	382.64
		Year 5	July 1, 21-22	7.68	4,830.72	402.56
		Year 6	July 1, 22-23	8.00	5,032.00	419.33
		Year 7	July 1, 23-24	8.00	5,032.00	419.33
		Year 8	July 1, 24-25	8.00	5,032.00	419.33
		Year 9	July 1, 25-26	8.50	5,346.50	445.54
	Year 10	July 1, 26-27	8.50	5,346.50	445.54	

				Yearly Cost		
				per sq/ft	Cost/Year	Cost/Month
combined space	1598 Sq Ft					
		Year 3	July 1, 19-20	7.30	11,665.40	972.12
		Year 4	July 1, 20-21	7.30	11,665.40	972.12
		Year 5	July 1, 21-22	7.68	12,272.64	1,022.72
		Year 6	July 1, 22-23	8.00	12,784.00	1,065.33
		Year 7	July 1, 23-24	8.00	12,784.00	1,065.33
		Year 8	July 1, 24-25	8.00	12,784.00	1,065.33
		Year 9	July 1, 25-26	8.50	13,583.00	1,131.92
	Year 10	July 1, 26-27	8.50	13,583.00	1,131.92	

March 26, 2020 – Board of Health Meeting Minutes

The meeting was held electronically via Zoom meetings due to the COVID-19 Pandemic. The Branch-Hillsdale-St. Joseph Community Health Agency Board of Health meeting was called to order at 9:00 a.m. by Chairman, Bruce Caswell, with the Pledge of Allegiance to the Flag of the United States and roll call as follows: Allan Balog, Tom Matthew, Kathy Pangle, Mark Wiley, and Bruce Caswell. Terri Norris joined the meeting a few minutes later.

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

Ms. Pangle moved to approve the agenda with support from Mr. Wiley. The motion carried.

Ms. Norris moved to approve the minutes from the previous meeting with support from Ms. Pangle. The motion carried.

Public comment:

- Dane Porter from Costerisan presented on the 2019 Single Audit.

Rebecca Burns, Health Officer, reviewed her monthly report. Items discussed: Recognition for the Public Health Team, Program changes due to COVID-19, Local Health Officer Orders, Board Education Session, Board of Health Binders, Strategic Planning, Emergency Preparedness Special Project Funding, Hepatitis A Outbreak Carry-over Funds, Health Department Leases, Promotion & Education Updates.

Dr. Vogel, Medical Director, reviewed the Medical Director's monthly report. This month's reports covered the COVID-19.

Committee Reports:

- Finance Committee – Did not meet.
- Program, Policy, and Appeals Committee – Did not meet.

Financial Reports/Expenditures

- Ms. Norris moved to approve the expenditures as reported with support from Ms. Pangle. A roll call vote was taken and the motion passed 6-0. (Mr. Balog, Yes; Ms. Norris, Yes; Mr. Matthew, Yes; Ms. Pangle, Yes; Mr. Wiley, Yes; Mr. Caswell, Yes)

Unfinished Business

- None

New Business:

- Ms. Norris moved to support the Health Officer putting together a best practices document to be sent to employers who are open and operating essential business with support from Mr.

Matthew. A roll call vote was taken and the motion passed 6-0. (Mr. Balog, Yes; Ms. Norris, Yes; Mr. Matthew, Yes; Ms. Pangle, Yes; Mr. Wiley, Yes; Mr. Caswell, Yes)

- Ms. Norris moved to approve the planned expansion of the Sturgis office space as presented, with support from Mr. Wiley. A roll call vote was taken and the motion passed 6-0. (Mr. Balog, Yes; Ms. Norris, Yes; Mr. Matthew, Yes; Ms. Pangle, Yes; Mr. Wiley, Yes; Mr. Caswell, Yes)
- Ms. Norris moved to place the Audit on file with support from Ms. Pangle. A roll call vote was taken and the motion passed 6-0. (Mr. Balog, Yes; Ms. Norris, Yes; Mr. Matthew, Yes; Ms. Pangle, Yes; Mr. Wiley, Yes; Mr. Caswell, Yes)

Department Reports

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

With no further business the meeting was adjourned at 10:55 AM.

Respectfully Submitted by:

Theresa Fisher, BS



Opioid Settlement Funding Request

Requested By: The Branch-Hillsdale-St. Joseph Community Health Agency

- Rebecca Burns, Health Officer
 - Email/Phone: burnsr@bhsj.org / (517) 933-3040
- Alex Bergmooser, Supervisor Health Education & Promotion
 - Email/Phone: bergmoosera@bhsj.org / (517) 933-3042

Proposed Project Period: FY 2024

PROPOSAL

At the January Board of Health meeting there were inquiries about Opioid prevention trainings that came up during a discussion of BHSJCHA’s Health Education & Promotion’s recently created vaping webinar (which can be watched at: <https://bhsj.org/resources/1924>, for reference). The vaping webinar “At least it’s not a cigarette” was created by our Health Educator, Josh Englehart, whom also provided in-person presentations at various local school districts, local libraries, and community organizations such as the Coldwater Men’s Noon Club (formerly the Rotary Club). It is an impactful presentation that has been very well received by both students and adults. With this in mind, our Agency would like the opportunity to build upon this success by extending such presentations to the topic of opioid use, abuse, and most importantly, prevention.

Data provided by the MDHHS Bureau of EMS, Trauma and Preparedness for the year 2021 shows that within our three-county service area, 185 non-fatal opioid overdoses and 24 fatal opioid overdoses occurred during that time period. These numbers generally follow the same trend as other Michigan counties, as well as the state itself. Unfortunately, these numbers have either risen, or remained fairly constant, during the past several years, emphasizing the need for further resources to be allocated to combatting this epidemic. The complexity of the opioid epidemic was not created by one factor nor should one factor be focused on when looking to solutions, but with the funds that we are requesting, the hope is to provide another positive factor in this battle and provide our community members with the knowledge needed to recognize, and prevent, opioid use and abuse.

Unfortunately, the BHSJCHA Health Educators are supported by existing grant funds that the Agency receives and those grant dollars would not regularly allow for this type of presentation without additional funding. So that we can create and provide this opportunity in our communities, BHSJCHA proposes that each of our three counties provide a one-time grant of \$10,000 from the Opioid Settlement funds to the local health department. With this funding we would have Josh commit slightly more than 25% of his time to this project, with Alex providing support and oversight with 6% of his time. If the counties find value in this educational/informative type of work, we would appreciate future consideration for funding beyond this one-time project. Below you will find the full proposed budget breakdown, followed by the individual county breakdowns.

Thank you for your consideration!

TOTAL BUDGET BREAKDOWN (Budget Breakdowns by County on Following Pages):

CATEGORY	AMOUNT	NOTES
Total Salaries	\$11,241	Alex Bergmooser: 0.06 FTE -- Josh Englehart (Health Educator): 0.27 FTE
Total Fringe Benefits	\$9837	
Total Supplies & Materials	\$300	
Total Travel	\$75	
Total Communications	\$150	
Total All Other Expenses	\$5093.16	
Total Indirect	\$3243.84	
Total Other Cost Distributions	\$60	
TOTAL BUDGET	\$30,000	See following pages for per county/line-item budget breakdown 2023-03-23 BOH Materials - Page 150

Opioid Abuse Prevention - <i>Branch County</i> - FY 2024		Projected Budget
Expenditures		
Salary & Wages		
Salaries Regular Expense	70200	3,747.00
Total Salaries		3,747.00
Fringe Benefits		
FICA Expense	71440	384.00
Retirement Expense	71442	250.00
Health Ins EXP from payroll	71444	2,600.00
L S A Insurance Expense	71452	45.00
Total Fringe Benefits		3,279.00
Supplies and Materials		
Postage And Freight Expense	72600	25.00
Office Supplies Expense	72602	25.00
Computer Supplies Expense	74502	25.00
Printing and Binding	89900	25.00
Total Supplies and Materials		100.00
Travel Expense	85900	25.00
Total Travel Expense		25.00
Communications		
Telecommunications Expense	84900	50.00
Total Communications		50.00
All Other		
Advertising Expense	90100	250.00
Other Expenses Expense	94050	1,447.72
Total All Other		1,697.72
Indirect		-
Indirect	95404	1,081.28
Total Indirect		1,081.28
Other Cost Distributions		
Space Costs	95402	20.00
Total Other Cost Distributions		20.00
Total Expenditures		10,000.00
Revenue		
County Funds		
Opioid Rev	55590	10,000.00
Total		10,000.00
Local Appropriations		
Local Appropriations Revenue	58525	
Total Local Appropriations		-
Total Revenue		10,000.00
Net Revenue Over Expenditures		-

Opioid Abuse Prevention - Hillsdale County - FY 2024		Projected Budget
Expenditures		
Salary & Wages		
Salaries Regular Expense	70200	3,747.00
Total Salaries		3,747.00
Fringe Benefits		
FICA Expense	71440	384.00
Retirement Expense	71442	250.00
Health Ins EXP from payroll	71444	2,600.00
L S A Insurance Expense	71452	45.00
Total Fringe Benefits		3,279.00
Supplies and Materials		
Postage And Freight Expense	72600	25.00
Office Supplies Expense	72602	25.00
Computer Supplies Expense	74502	25.00
Printing and Binding	89900	25.00
Total Supplies and Materials		100.00
Travel Expense	85900	25.00
Total Travel Expense		25.00
Communications		
Telecommunications Expense	84900	50.00
Total Communications		50.00
All Other		
Advertising Expense	90100	250.00
Other Expenses Expense	94050	1,447.72
Total All Other		1,697.72
Indirect		
Indirect	95404	1,081.28
Total Indirect		1,081.28
Other Cost Distributions		
Space Costs	95402	20.00
Total Other Cost Distributions		20.00
Total Expenditures		10,000.00
Revenue		
County Funds		
Opioid Rev	55590	10,000.00
Total		10,000.00
Local Appropriations		
Local Appropriations Revenue	58525	
Total Local Appropriations		-
Total Revenue		10,000.00
Net Revenue Over Expenditures		-

Opioid Abuse Prevention – St. Joseph County - FY 2024		Projected Budget
Expenditures		
Salary & Wages		
Salaries Regular Expense	70200	3,747.00
Total Salaries		3,747.00
Fringe Benefits		
FICA Expense	71440	384.00
Retirement Expense	71442	250.00
Health Ins EXP from payroll	71444	2,600.00
L S A Insurance Expense	71452	45.00
Total Fringe Benefits		3,279.00
Supplies and Materials		
Postage And Freight Expense	72600	25.00
Office Supplies Expense	72602	25.00
Computer Supplies Expense	74502	25.00
Printing and Binding	89900	25.00
Total Supplies and Materials		100.00
Travel Expense	85900	25.00
Total Travel Expense		25.00
Communications		
Telecommunications Expense	84900	50.00
Total Communications		50.00
All Other		
Advertising Expense	90100	250.00
Other Expenses Expense	94050	1,447.72
Total All Other		1,697.72
Indirect		-
Indirect	95404	1,081.28
Total Indirect		1,081.28
Other Cost Distributions		
Space Costs	95402	20.00
Total Other Cost Distributions		20.00
Total Expenditures		10,000.00
Revenue		
County Funds		
Opioid Rev	55590	10,000.00
Total		10,000.00
Local Appropriations		
Local Appropriations Revenue	58525	
Total Local Appropriations		-
Total Revenue		10,000.00
Net Revenue Over Expenditures		-

PUBLIC COMMENT

•
•
•
•
•
•
•
•
•
•
•
•
•
•
•