

#### **BOARD OF HEALTH**

## Agenda for April 22, 2021 at 9:00 AM via Zoom Meetings

https://us02web.zoom.us/j/87963497048?pwd=d01nNlZRTmprYVNyVUxWdVhueGNoQT09

#### 1. Call to Order

- a. Opening ceremonies Pledge Allegiance to the Flag of the United States of America
- b. Roll Call
- c. Approval of the Agenda\*
- d. Approval of the Minutes\*
- 2. Public Comment
- 3. Health Officer's Report
- 4. Medical Director's Report
- 5. Committee Reports
  - a. Finance Committee Did not meet.
  - b. Program, Policies, and Appeals Did not meet.
- 6. Financial Reports
  - a. Approve Payments\*
  - b. Review Financials
- 7. Unfinished Business

a.

#### 8. New Business

- a. Vehicle Driving Policy\*
- b. Food Service License Fees\*
- c. Process for Approving Committee Meeting Minutes\*
- d. Employee recognition

#### 9. Departmental Reports

- a. Environmental Health
- b. Area Agency on Aging
- c. Personal Health & Disease Prevention
- 10. Adjournment Next meeting: May 27, 2021 via Zoom Meetings

Educational Presentation on the Open Meetings Act



# March 25, 2021 – Board of Health Meeting Minutes

The Branch-Hillsdale-St. Joseph Community Health Agency Board of Health meeting was called to order by Chair Kathy Pangle at 9:00 a.m. with the Pledge of Allegiance to the Flag of the United States and roll call as follows: Tom Matthew, Jon Houtz, Brent Leininger, Kathy Pangle, Mark Wiley, and Jared Hoffmaster.

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

Mr. Hoffmaster moved to approve the agenda with the proposed change of adding the Board of Health Meeting Schedule to the Agenda. The motion was supported by Mr. Wiley. A roll call vote was taken and the motion passed 6-0 (Mr. Matthew, yes; Mr. Houtz, yes; Mr. Wiley, yes; Mr. Leininger, yes; Ms. Pangle, yes; Mr. Hoffmaster, yes).

Mr. Leininger moved to approve the minutes from the previous meeting with support from Mr. Matthew. A roll call vote was taken and the motion passed 6-0 (Mr. Matthew, yes; Mr. Houtz, yes; Mr. Wiley, yes; Mr. Leininger, yes; Ms. Pangle, yes; Mr. Hoffmaster, yes).

#### Public comment:

None

Rebecca Burns, Health Officer, reviewed her monthly report. Items discussed: Vaccinations Continue, New Medical Director Candidate, Mobile Clinic Van, COVID-19 testing, COVID-19 Positivity and Risk Level, Board of Health Education, Health Education and Promotion Updates and Strategic Planning.

Dr. Vogel, Medical Director, reviewed the Medical Director's monthly report. This month's report was on Monoclonal Antibodies.

#### Committee Reports:

- o Finance Committee Did not meet.
- o Program, Policy, and Appeals Committee Did not meet.

#### Financial Reports/Expenditures

o Mr. Leininger moved to approve the expenditures as reported with support from Mr. Wiley. A roll call vote was taken and the motion passed 6-0 (Mr. Matthew, yes; Mr. Houtz, yes; Mr. Wiley, yes; Mr. Leininger, yes; Ms. Pangle, yes; Mr. Hoffmaster, yes)

#### **Unfinished Business**

o There was no unfinished business to discuss.

**New Business:** 

- o Mr. Hoffmaster moved to amend the current Board of Health Meeting Schedule, to continue with virtual meetings through May 2021, with support from Mr. Wiley. A roll call vote was taken and the motion passed 6-0 (Mr. Matthew, yes; Mr. Houtz, yes; Mr. Wiley, yes; Mr. Leininger, yes; Ms. Pangle, yes; Mr. Hoffmaster, yes)
- o Mr. Wiley moved to place the FY20 Audit Report on file with support from Mr. Matthew. A roll call vote was taken and the motion passed 6-0 (Mr. Matthew, yes; Mr. Houtz, yes; Mr. Wiley, yes; Mr. Leininger, yes; Ms. Pangle, yes; Mr. Hoffmaster, yes)

#### Departmental Reports:

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

With no further business the meeting was adjourned at 10:36 AM.

Respectfully Sur Theresa Fisher, BS Respectfully Submitted by:



Health Officer's Report to the Board of Health for April 22, 2021 Prepared by: Rebecca A. Burns, M.P.H., R.S.

#### **Agency Updates**

Vaccination Continues: A month ago I was reporting that we had just opened up vaccination to everyone 16 years of age and older in the tri-county area. We were about two weeks ahead of the state moving to this same age group, but we did it to maximize our clinics and move every dose we were receiving into an arm. Almost immediately after opening to everyone eligible, we had appointment slots not being filled and doses remaining in our refrigerators/freezers. Suddenly we had more vaccine and not enough people to take it. We altered our hours to make it possible for individuals working during the day to get an evening appointment. This had minimal effect on moving more vaccine. We are now scheduling half day clinics and have plans to move to drive through events once the fairgrounds become available.

Another strategy we employed was sharing vaccine with other registered providers in the tri-county area. Vaccine has been redistributed to Hillsdale Hospital, Sturgis Hospital, and Three Rivers Health, as well as Fred's Pharmacy in Three Rivers, White Pigeon Pharmacy, Colon Village Pharmacy, Bronson City Pharmacy, and primary care offices in Hillsdale county in Jonesville and Hillsdale. We continue to look to redistribute vaccine to other providers that can assist in getting more people vaccinated. Some pharmacy chains are also receiving vaccine directly; including Meijer, Walgreens, Walmart, Rite-Aid, etc. If an individual wants to get vaccinated, there are many places to get the vaccine in our tri-county area.

I continue to be so proud of the efforts of the BHSJCHA team, our volunteers, the Michigan National Guard, and partner agencies. This continues to be an "all hands-on deck" effort. Collectively, we do have the power to put this pandemic in the rear-view mirror. I think it is time to let you know that public health workers are tired. We have worked tirelessly this past year to engage with positive cases, provide education, and work to stop further transmission. We are supported by volunteers, MING, and most of you. But we continue to bump up against people who malign our efforts and continue to state their disbelief of the science. It is not unusual for our staff to be threatened and to feel unsafe. Public health workers are at their max with what they are continually asked to do and to do more, more, more. I pray we can maintain our current workforce, but I fear some will move on. Those that are still here do this work because they passionately believe in the value of what they do, but it continues to be harder when they feel their work is not supported.

Last month I provided an update on vaccination numbers and percentages by age group and I want to update you on that progress. For comparison purposes I'm keeping the March 23<sup>rd</sup> information here and adding the April 24<sup>th</sup> data. This information comes from the MDHHS COVID-19 Vaccine Dashboard. The dashboard indicates that vaccination in Branch and St. Joseph counties is about average with other counties in Michigan, while vaccination in Hillsdale is low.

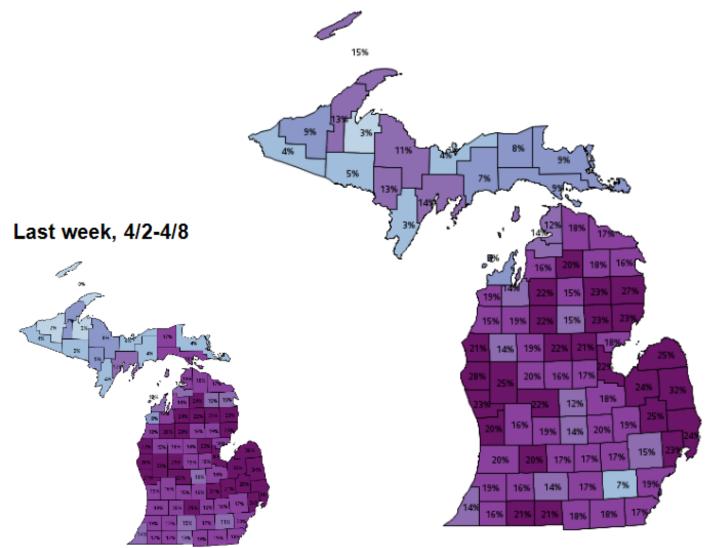
County	Dose	Age	Age 20-	Age	Age	Age 50-	Age 65+	Overall
		16-19	29	30-39	40-49	59		
St. Joseph	Initiation	73 –	423 –	742 –	989 –	3617 –	6493 –	12337
		2.4%	5.8%	10.3%	14.4%	29.4%	57.7%	_
								25.8%
	Completion	23 –	222 –	448 –	536 –	1197 –	4037 –	6463 –
		0.8%	3.1%	6.2%	7.8%	9.7%	35.9%	13.5%
Branch	Initiation	47 –	326 –	529 –	775 –	2743 –	4731 –	9151 –
		2.2%	6.5%	10.2%	15.0%	30.4%	58.2%	26.4%
	Completion	25 –	198 –	352 –	540 –	1190 –	3223 –	5528 -
		1.2%	3.9%	6.8%	10.4%	13.2%	39.6%	15.9%
Hillsdale	Initiation	37 –	248 –	448 –	618 –	2328 –	4395 –	8074 –
		1.4%	4.6%	9.4%	11.9%	23.6%	47.8%	21.8%
	Completion	16 –	163 –	322-	487 –	1149 –	3142 –	5279 –
		0.6%	3.0%	6.7%	9.4%	11.7%	34.1%	14.3%

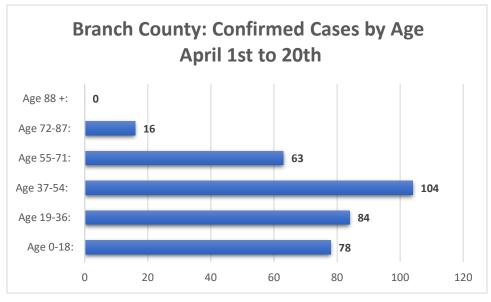
As of April 24, 2021

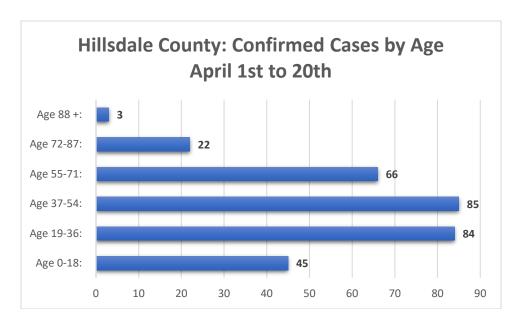
County	Dose	Age	Age 20-	Age	Age	Age 50-	Age 65+	Overall
		16-19	29	30-39	40-49	64		
St. Joseph	Initiation	404 –	1065 –	1478 –	1918 –	5323 –	7327 –	17517
		13.3%	14.7%	20.6%	27.9%	43.2%	65.1%	_
								36.6%
	Completion	208 –	678 –	1059 –	1431 –	4425 –	6664 –	14467
		6.8%	9.4%	14.8%	20.8%	35.9%	59.2%	_
								30.2%
Branch	Initiation	258 –	773 –	1042 –	1432 –	3904–	5309 –	12719
		12.2%	15.3%	20%	27.7%	43.3%	65.3%	_
								36.7%
	Completion	97 –	435 –	670 –	991 –	3039 –	4747 –	9980 –
		4.6%	8.6%	12.9%	19.1%	33.7%	58.4%	28.8%
Hillsdale	Initiation	287 –	682 –	867 –	1188 –	3783 –	5398 –	12208
		11.1%	12.6%	18.2%	22.9%	38.4%	58.7%	_
								33.0%
	Completion	76 –	328 –	570-	817 –	2855 –	4811 –	9457 –
		2.9%	6.1%	11.9%	15.8%	29.0%	52.3%	25.6%

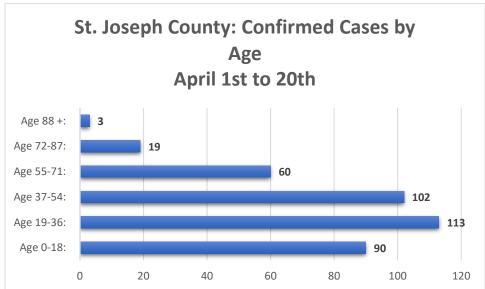
**COVID-19 Cases:** Statewide there are early indications that case counts may be leveling off. That is not what we are seeing locally, but it is hopeful news and I certainly hope it continues to be the case. I'm including a map of Michigan that shows the positivity by county for both last week and the week previous. We have increased in St. Joseph and Branch counties and held steady in Hillsdale county. I'm also including data that Kali pulled on our age groups of positives from the data we have on cases in the tri-county area. Statewide the average daily number of cases is currently highest for 20-29 year olds, while the average daily case rate is highest for 10-19 year olds. This is not exactly what we are seeing in the tri-county area. We are continuing to promote risk mitigation as the best strategy to minimize disease transmission.

# Positivity by county, 4/9-4/15









**New Medical Director Candidate:** There are two candidates thus far that have expressed interest in the Medical Director position. The application period closes at the end of this month. I will notify the Program, Policy, and Appeals Committee the first week of May of all candidates and set a date for review.

**Mobile Clinic Van:** I'm pleased to announce that we have hired Carol Drews, RN to join our team and to be responsible for holding clinics with the mobile clinic van. Carol joined us on April 5<sup>th</sup> and has been working and training at vaccine clinics and doing case investigations. We are so thrilled to have her. We have run up against some issues with getting the license plate for the van. Although the plate was applied for back in February, we have discovered after several calls to the Secretary of State's Office that our application has not been processed. Each time Theresa has been on the phone with someone from that office, something different seems to be the problem. I have requested assistance from Representatives Fink and Carra and Senators LaSata and Shirkey in helping us get a plate to we can drive the van down the road.

**COVID-19 Testing:** We continue to offer COVID-19 testing at our facility in Coldwater on Thursday's through the month of April. They are now offering the rapid test in addition to the PCR test. This arrangement is working out well and individuals are utilizing the testing site.

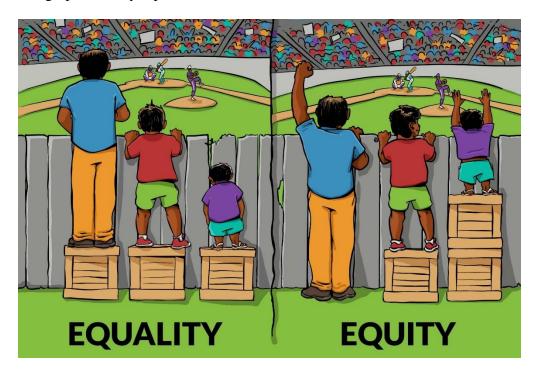
**Board of Health Education:** Today we have a guest speaker providing an educational session on the Open Meetings Act. Andrew Brege, our Agency Council, will join us to provide this training.

**Health Promotion & Education Updates** – Alex is currently reviewing resumes for two positions in his department. We are looking for a part-time School Health Educator to work the grant agreement we have with Promedica for the School Health Clinics in Branch county. We are also looking for a full-time Health Educator to provide outreach and education in the tri-county area.

**MCDC Update:** Our facility in Hillsdale has again lost the Provider, Dr. Yoder, and has temporarily closed. This happened very rapidly and unexpectedly. MCDC is contacting every patient with an appointment and working to serve them at another location near them. We will update our website and MCDC is also updating their messaging.

**Strategic Planning:** This continues to be paused.

Because I find it helpful to be reminded to consider equity in all we do in Public Health, I'm keeping this graphic on my report.



### Medical Director's Report to the Board of Health H. Lauren Vogel, D.O., M.P.H. April 2021 – Autism Spectrum Disorder – A Controversy

Scientists conducted an experiment. They placed a frog in a dish and then rang a loud bell. The frog jumped out of the dish. They then cut off the frogs legs and placed him back in the dish. When they again rang the bell the frog did not jump. The scientists concluded that cutting off a frog's legs made him deaf!

April 2021 is Autism Awareness month. Children with communication difficulties, atypical behaviors and social dysfunction can be easily identified by parents, teachers and care providers. There are numerous causes for atypical behavior in early childhood. Autism Spectrum Disorder (ASD) is only one condition associated with these symptoms. Children with hearing or visual disability often display atypical behavior. Cognitive impairment (retardation) is associated with atypical behavior and children of child abuse quickly develop atypical behaviors. Children with congenital hypothyroidism have been mistakenly misdiagnosed (personal observation). Misdiagnosis makes mistreatment pervasive.

The diagnosis of autistic behavior has evolved after first being described in 1943.<sup>1</sup> It was initially described as a severe emotional disturbance that did not affect intelligence. It was considered a form of schizophrenia with detachment from reality. In the 1950's, the cause of autism was ascribed to unemotional mothers and poor child fostering. By the 1970's this concept was discarded and stereotypical behaviors became associated with atypical brain development. The clinical spectrum was renamed as pervasive developmental disorder and cold unemotional parents were removed as the cause for the behaviors. By the 1990's continuing research documented that autism was not a single entity and several specific stereotypical conditions were combined into the autistic disorder complex.

In 2000, the psychiatric society added Asperger's syndrome, Rett syndrome and Childhood Disintegrative Disorder to Autism syndrome. Asperger's syndrome was initially described as mild autism. In 2013, the 5<sup>th</sup> edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) was published. This updated compendium was a collection of all working psychiatric diagnoses that described diagnostic criteria and differential diagnoses for these psychiatric illnesses. Asperger's and Rett syndromes, childhood disintegrative disorder and classic autism were removed and social communication disorder was added. The stereotypical social and developmental behaviors were assigned as autism spectrum disorder with sub-classes of varying severity in symptomatology.

DSM-5 is the current psychiatric compendium and describes autism as a mental disorder associated with atypical communication and interaction with others, restricted interest and repetitive behaviors and the inability to function properly in school, work, and social areas of life. It is also recognized that there is a wide and varied severity in the symptoms associated with the disorder. There is no race, ethnic or sex association with the disorder. ASD can be diagnosed at any age but the atypical social and develop-mental findings are usually apparent in early childhood. ASD is considered a life-long disorder.

The cataloging of atypical behaviors into a single entity is beneficial for the professionals that need to segregate patients for specific diagnosis, reimbursement for services and medical treatment. In many cases however, the wide variation in presenting symptoms makes an accurate diagnosis more difficult especially where multiple potential diagnoses have overlapping symptoms. The wide variation in the severity of symptoms also creates problems. In 2020, the CDC reported the incidence of ASD in the US as 1 in every 54 children with males being 4 times more likely to have the disorder. This frequency of

atypical behaviors assigned as ASD can more accurately be described as a variance in normal development instead of an evolving mental disorder.

As an example, Asperger's syndrome was described as a disorder associated with a lack of cognitive and language deficits and often associated with superior intelligence.<sup>2</sup> The educational requirements for a patient with this disorder are quite different from that required for a patient with social, developmental or cognitive impairment. Patients with Asperger's syndrome are often not accurately identified until middle childhood or later.<sup>3</sup> Probably the best example of how inaccurate diagnosis adversely affects a patient is the case of Albert Einstein who had delayed speech, difficulty with social interactions and difficulty learning in school. He was not accepted into college due to his perceived lack of ability.

The release of the DSM-5 with the description of Autism Spectrum Disorder and loss of other defined diagnoses was met with controversy. The fear that the more restrictive diagnostic criteria would eliminate insurance coverage and care services for those with milder traits was expressed and after five years of study was found to be true. People with milder traits, older people and females were being excluded. This issue has not been resolved.<sup>1</sup>

Current recommendations for infant screening include the Modified Checklist for Autism in Toddlers (M-CHAT). Toddlers scoring abnormal on this test are referred for additional examination and testing. The validity of this widely accepted and widely used screening test was studied and the results indicated that this test had a sensitivity of 52%, positive predictive value of 20% and a negative predictive value of 96%. In other words, it's not much better than a coin toss. Children with impairments not associated with ASD scored high on the M-CHAT making misdiagnosis more likely and would lead to delayed effective treatment.

Since there are no lab or psychiatric tests that confirm a diagnosis of ASD, screening relies on observed change in behavior focusing on social, emotional, and communication skills compared to other children of similar age.<sup>5</sup> Consideration of socioeconomic variables, ethnic variation, life in poverty and other definable medical conditions may be overlooked leading to misdiagnosis and mistreatment. A high index of suspicion is needed when considering ASD as a cause for atypical behavior in a young child and in the adult population. **We must not forget that frog experiment!** 

#### REFERENCE

- 1. Zeldovich L. The Evolution Of 'autism' As A Diagnosis, Explained. SpectrumNews. May 2018. https://www.spectrumnews.org/news/evolution-autism-diagnosis-explained/. Accessed August 2020.
- 2. Zeldovich L. The Evolution Of 'autism' As A Diagnosis, Explained. SpectrumNews. May 2018. <a href="https://www.spectrumnews.org/wiki/asperger-syndrome/">https://www.spectrumnews.org/wiki/asperger-syndrome/</a>. Assessed August 2020.
- 3. Autism Spectrum Disorder. NIH. March 2018. <a href="https://www.nimh.nih.gov/health/topics/autism-spectrum-disorders-asd/index.shtml">https://www.nimh.nih.gov/health/topics/autism-spectrum-disorders-asd/index.shtml</a>. Accessed August 2020.
- 4. Kim SH. et.al. Predictive Validity of the Modified Checklist for Autism in Toddlers (M-CHAT) Born Very Preterm. J Pediatr. November 2016. <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5165696/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5165696/</a>. Accessed August 2020.

5. Autism Spectrum Disorder. CD Accessed March 2021.	DC. March 2020. https://www.cdc.gov/ncbddd/autism/facts.html				

	March 1 through March 31, 2021	
A+ Nursing	Care Management	165.00
Accident Fund	Workers Comp Quarterly Payment	2,800.00
ACD.Net	Telephones 3 offices	2,718.08
Action Quick Print Plus	Printing - Permits	87.00
AFLAC	Payroll Deduction	1,069.61
Alerus Financial (Retirement)	Payroll Deduction	2,276.00
Amazon	CSHCS Client - Infant Thickener	608.62
Amazon	Medical Supplies - 14 invoices	1,876.49
Armstrong Health Care	WIC / AAA Contractual Consultant	3,568.50
Availity	Eligibility Software - EMR	55.00
Blue Cross Blue Shield	Health Insurance	56,732.46
Branch Area Transit Authority	Elderly Transportation Service	3,310.74
Branch County Commission COA	Home & Community Based Services	15,060.10
Branch County Complex	Rent - Coldwater Office	5,694.28
Branch County Fair	1/14-3/11/21 Dearth Rental	700.00
CAA of South Central	Home & Community Based Services	18,276.95
Center For Information Mgmt	Hardware/Software Maintenance AAA	450.00
Century Bank - Master Card	EH Testing Strips	48.00
Century Bank - Master Card	TR Building Expense - Drain	223.95
Century Bank - Master Card	Office Supplies	769.28
Century Bank Basic Flex Health Plan	Payroll Deduction	2,249.25
Century Bank EFPTS	Federal & Fica Taxes	47,918.47
Century Bank Mers	Forfeiture	1,954.92
Century Bank Mers	MERS DB /Retirement	38,474.92
Century Bank State	Michigan Tax	8,015.96
Charter Communications	Sturgis Internet & Phone Line	126.97
Cintas	Lab Coats/Rugs - Cleaning	115.84
City of Coldwater	Water Lab Test	160.00
City of Jonesville	Water Lab Test	80.00
City Of Three Rivers	Water / Sewage	116.25
Clean Earth Environmental Contracting Services	TR High Velocity Water Jetting	496.00
Companion Life Insurance Co.	Life Insurance Premiums	1,009.95
CPS Supply	Cleaning Supplies	322.20
Crossroads Health & Home Services	Care Management	1,517.45
Current Office Solutions	Copier Charges	637.74
Dr. Vogel	Medical Director - Contractual	4,186.67
GDI	Building Cleaning Expense - TR	1,749.00

	March 1 through March 31, 2021	
GDI	Building Cleaning Expense - HD	2,649.00
Hillsdale County Treasurer	Building Refuse Expense - HD	165.00
Hillsdale County Treasurer	Building Supplies Expense - HD - Gas 2 months	224.39
Hillsdale County Treasurer	Building Snow/Mow Expense - HD	975.00
Home Care Wellness	Care Management	985.58
HomeJoy Care-N-Assist	Care Management	3,890.96
Hospital Network Health	Medical Waste Removal	550.00
Indiana Michigan Power	Building Expense - TR	1,461.49
iSolved - Infinisource Cobra Compliance	Cobra Notices Admin. Yearly Fee	611.05
Legal Service Of South Central Mi.	Older Adult Legal Assistance	310.00
Loretta Rumsey	EH Refund	193.00
Maner Costerisan	2019-20 Audit	1,000.00
Maplecrest	Rent - Sturgis Office	590.00
Marana Group	Postage Pick Up Service	142.00
Maxim Healthcare Staffing Services Inc.	Contracted Services	25,377.90
McKesson	Medical Supplies - 20 Invoices	1,668.22
Medical Care Alert	Care Management	179.65
Mers 5% Alerus Financial DC	Defined Contributions 5% EES	4,637.96
Michigan Center for Rural Health	RCOR Planning	2,500.00
Michigan Public Health	Workforce Contract	1,784.74
Michigan State Disbursement Unit	Payroll Deduction	380.22
Nationwide	Payroll Deduction	2,380.00
OfficeTeam	Contracted Covid	7,044.54
One Stop Promotions	Promotional Supplies AAA & Voca	263.38
ProAssurance Casualty Company	Professional Liability - Physician	807.00
Rebecca Fitzmaurice	Out of Pocket Reimbursement - Hand Sanitizer	26.29
Reserve Account	Postage	3,000.00
Richard Clark	Building Cleaning Expense - Sturgis	325.00
Richard Clark	Building Cleaning Expense - CW	1,800.00
Riley Pumpkin Farm	TR Building Expense - Winter Care	50.00
Rosati Schultz Joppich Amtsbueshler	Attorney	812.00
Ruth Brown	Contractual	3,760.57
Sanofi Pasture	Medical Supplies - 2 Invoices	799.38
Schindler Elevator	Building Maintenance - HD	1,331.75
SEMCO Energy	Building Expense - TR	116.02
Shred It	Document Destruction	90.00

	March 1 through March 31, 2021	
St Joseph County COA	Home & Community Based Services	30,738.51
St Joseph Trans Authority	Older Adult Transportation	2,379.29
St. Joseph County United Way	3/8-3/17/21 Covid Clinic Lunches	558.79
Staples	Office Supplies - 7 Invoices	256.41
State Of Michigan	Food Licenses Surcharge	62.00
State Of Michigan	CSHCS Client Fees	360.00
State Of Michigan	2019 Temporary Campground Licenses	476.00
State Of Michigan EGLE	Water Lab Test	72.00
Steve Todd	Covid Clinic Supplies	238.85
Theresa Fisher	Plate & Title Fee for Mobile Clinic	25.00
Three Rivers Health	Rent - Dental Clinic	2,775.00
Thurston Woods	Home & Community Based Services	699.74
Upper Peninsula Health	1/1 -12/31/21 UPHIE Basic Service Fee	150.00
Verizon	Cell Phones	1,062.34
VRI Lifeline Of Michigan	Care Management	645.00
Xmission	Email Provider	265.50
Total Paid		339,268.17

# Branch-Hillsdale-St Joseph Community Health Agency Balance Sheet As of 3/31/2021

Assets		
Cash on Hand		4,077.95
Cash with County Treasurer		4,246,537.47
Community Foundation Grant		309,955.94
Accounts Receivable		92,367.47
Due from State		(674,359.87)
Due from Other Funding Sources		302,282.98
Prepaid Expenses		130,431.76
Biologic Inventory		78,681.30
Total Assets		4,489,975.00
Liabilities		
Accounts Payable		139,296.37
Payroll Liabilites		199,304.74
Capital Improvements		25,000.00
Deferred Revenue		1,052,394.03
Biologics		78,681.30
Total Liabilities		1,494,676.44
Net Assets		
Operation Fund Balance		581,328.30
Restricted Fund Balance		433,379.08
Designated Fund Balance		1,980,591.18
Total Net Assets		2,995,298.56
Total Liabilities and Net Assets		4,489,975.00
		<del></del>
Prior Year Fund Balance	e Comparison at 3/31/2020:	202 100 11
	Operation Fund Balance	393,498.11
	Restricted Fund Balance	425,704.96 1 775 026 63
	Designated Fund Balance Total Fund Balance	\$ 1,775,026.63 <b>2,594,229.70</b>

# BHSJ Community Health Agency Schedule of Cash Receipts and Disbursements

## October 31, 2020 thru March 31, 2021

Plus: Cash Receipts	March 31, 2021	\$ 742,412.00
Less: Cash Disbursements For Payroll/AP		\$ (703,299.71)
10/31/2020 Cash Balance		\$ 3,418,165.31
Plus: Cash Receipts		\$ 449,573.56
Less: Cash Disbursements For Payroll/AP		\$ (853,627.98)
11/30/2020 Cash Balance		\$ 3,014,110.89
Plus: Cash Receipts		\$ 737,139.69
Less: Cash Disbursements For Payroll/AP		\$ (786,499.45)
12/31/2020 Cash Balance		\$ 2,964,751.13
Plus: Cash Receipts		\$ 1,634,935.97
Less: Cash Disbursements For Payroll/AP		\$ (609,594.00)
1/31/2021 Cash Balance		\$ 3,990,093.10
Plus: Cash Receipts		\$ 541,765.32
Less: Cash Disbursements For Payroll/AP		\$ (570,712.10)
2/28/2021 Cash Balance		\$ 3,961,146.32
Plus: Cash Receipts		\$ 1,095,594.79
Less: Cash Disbursements For Payroll/AP		\$ (500,209.66)
3/31/2021 Cash Balance		\$ 4,556,531.45

#### BRANCH HILLSDALE ST JOSEPH COMMUNITY HEALTH AGENCY

#### Expense by Program - 3/1/2021 - 3/31/2021

Program	Program Title	Current Month	Year to Date	Total Budget - Amendment1	Percent Total Expended Amend1
353	CRFLCT Contact Tracing	0.00	322,774.81	322,808.00	99.98%
354	CRF LHD Testing	0.00	151,669.77	152,120.00	99.70%
010	Agency Support	6,319.25	26,922.46	26,728.00	100.72%
800	Salary & Fringe Payoff	2,118.77	55,558.57	70,000.00	79.36%
032	Emergency Preparedness	13,019.51	71,962.10	117,406.00	61.29%
360	CRFIMM - Immunization COVID Response	0.00	34,661.72	61,989.00	55.91%
326	Vision (ELPHS)	8,393.32	47,079.45	86,603.00	54.36%
012	Area Agency on Aging	134,494.97	682,099.42	1,275,371.00	53.48%
200	ELPHS Marketing	2,035.84	11,464.37	21,919.00	52.30%
327	Hearing (ELPHS)	8,642.26	43,347.54	83,736.00	51.76%
021	Dental Clinic - Three Rivers	2,775.00	16,650.00	33,300.00	50.00%
745	Type II Water	7,404.71	40,844.26	83,945.00	48.65%
321	CHC Tele-A-Health	4,022.16	20,743.63	42,782.00	48.48%
338	Immunization Vaccine Handling	27,329.84	162,886.34	344,597.00	47.26%
325	CSHCS	13,557.08	87,731.65	187,311.00	46.83%
029	Dental Clinic - Hillsdale	524.76	3,694.87	8,000.00	46.18%
605	General EH Services	2,954.57	16,202.73	35,484.00	45.66%
714	Onsite Sewage Disposal	28,068.36	153,925.82	337,097.00	45.66%
721	Drinking Water Supply	28,068.36	153,925.82	337,097.00	45.66%
351	CELC Infection Prevention	5,527.99	41,129.59	91,721.00	44.84%
345	Lead Testing	1,571.99	9,858.80	22,044.00	44.72%
704	Food Service	35,904.99	171,266.72	416,148.00	41.15%
331	STD	9,251.96	49,496.15	122,540.00	40.39%
201	CSF Carseats	1,438.62	8,008.52	20,370.00	39.31%
109	WIC	58,484.23	361,017.88	924,737.00	39.04%
341	Infectious Disease	16,885.93	101,983.95	269,355.00	37.86%
108	WIC Breastfeeding	6,837.46	36,657.35	100,799.00	36.36%
332	HIV Prevention	1,449.54	9,237.40	27,872.00	33.14%
329	MCH Enabling Children	2,035.20	12,553.92	39,034.00	32.16%
014	VOCA	10,383.31	68,776.01	226,338.00	30.38%
352	ELCCT Contact Tracing, testing doord, violation	68,797.81	254,255.68	869,197.00	29.25%
138	Immunization IAP	19,879.21	202,772.26	721,359.00	28.10%
115	MCH Enabling Women	859.91	13,928.09	55,375.00	25.15%
101	Workforce Development	91.98	10,318.40	44,135.00	23.37%
363	363 CVDIMS Covid Immz Supplemental	102,737.93	132,194.73	674,831.00	19.58%
362	COVID Immunizations	664.02	22,657.33	120,254.00	18.84%
400	HRSA 20RCORP	5,620.76	36,754.89	197,642.00	18.59%
107	Medicaid Outreach	358.70	8,517.98	80,440.00	10.58%
723	PFAS Response - White Pigeon	4.77	1,428.04	17,721.00	8.05%
024	MERS Pension Underfunded Liability	1,954.92	5,818.99	122,590.00	4.74%
212	Medical Marijuana BR	612.78	612.78	23,152.00	2.64%
230	Medical Marijuana HD	318.01	318.01	14,034.00	2.26%
275	Medical Marijuana SJ	173.54	173.54	8,402.00	2.06%
023	Capital Expenditures	0.00	0.00	128,000.00	0.00%
035	Vector Borne Disease Surveillance	0.00	0.00	27,000.00	0.00%
038	COVID-19	0.00	0.00	263,415.00	0.00%
112	CSHCS Medicaid Outreach	0.00	0.00	36,276.00	0.00%
361	CVIS Covid/Flu Immz	0.00	0.00	55,371.00	0.00%
722	PFAS Response	0.00			0.00%
	Total Total Expense	641,574.31	3,663,882.33	9,349,473.00	39.19%

The Agency is currently 10.81% under budget.

<sup>\*6/12</sup> Months = 50.00%

<sup>\*\*6/9</sup> Months = 66.66%

<sup># 3/3</sup> Months = 100% \*CRF Ended 1/31/2021

<sup>\*\*9-</sup>Month Program

<sup># 3-</sup>Month Program

## Programs Over Budget as of 3/31/2021

RU 010: 100.72%	Over budget in legal fees, audit fee expenses, and office supplies. Program will fall back in line with budget at FY progresses. Will monitor and adjust as needed in the next budget amendedment.
RU 008: 76.36%	Over budget due to annual Sick Time Payout. Program will fall back in line with budget at FY progresses
RU 032: 61.29%	9-Month Program - under budget by 5.37%
RU 326: 54.36%	9-Month Program - under budget by 12.30%
RU 012: 53.48%	Contractual service providers have full year grant awards and are billing more than 1/12 of the grant each month. AAA will continue to monitor and work with providers to ensure no over payments happen and appropritate adjustments are made at the next budget amendment.
RU 200: 52.30%	Over budget due to an increase in staff time - will monitor and adjust as needed in amended budget
RU 327: 51.76%	9-Month Program - under budget by 14.90%
	CRF - 3 Month Grant Programs Ended 1-31-31
RU 353: 99.98%	3-Month Program - Within budget, Grant Deadline was Feb 15th
RU 354: 99.70%	3-Month Program - Within budget, Grant Deadline was Feb 15th
RU 360: 52.35%	3-Month Program - Within budget, Grant Deadline was Feb 15th

#### The Protecting Local Government Retirement and Benefits Act (PA 202 of 2017) & Public Act 530 of 2016 Pension Report

Enter Six-Digit Municode Unit Type Fiscal Year End Month Fiscal Year (four-digit year only, e.g. 2019) Contact Name (Chief Administrative Officer)	Authority September 2020 Theresa Fisher Administrative Services Director fishert@bhsj.org	Instructions: For a list of detailed instructions on how to complete and submit this form, visit michigan.gov/LocalRetirementReporting.  Questions: For questions, please email LocalRetirementReporting@michigan.gov. Return this original Excel file. Do not submit a scanned image or PDF.
Pension System Name (not division) 1 Pension System Name (not division) 2 Pension System Name (not division) 3 Pension System Name (not division) 4 Pension System Name (not division) 5		If your pension system is separated by divisions, you would only enter one system. For example, one could have different divisions of the same system for union and non- union employees. However, these would be only one system and should be reported as such on this form.

Line	Descriptive Information	Source of Data	System 1	System 2	System 3	System 4	System 5
1	Is this unit a primary government (County, Township, City, Village)?	Calculated	NO	NO	NO	NO	NO
2	Provide the name of your retirement pension system	Calculated from above	Municipal Employees				
_			Retirement System				
3	Financial Information		10.01===1				
4	Enter retirement pension system's assets (system fiduciary net position ending)  Enter retirement pension system's liabilities (total pension liability ending)	Most Recent Audit Report	13,317,574				
6	Funded ratio	Most Recent Audit Report Calculated	15,839,984 84.1%				
7	Actuarially Determined Contribution (ADC)	Most Recent Audit Report	84.1%				
8	Governmental Fund Revenues	Most Recent Audit Report	7,824,650				
9	All systems combined ADC/Governmental fund revenues	Calculated	4.2%				
	Membership	Calculated	4.270				
11	Indicate number of active members	Actuarial Funding Valuation used in Most Recent Audit	40				
		Actuarial Funding Valuation used in Most Recent Audit					
12	Indicate number of inactive members	Report	19				
13	Indicate number of retirees and beneficiaries	Actuarial Funding Valuation used in Most Recent Audit Report	61				
14	Investment Performance						
15	Enter actual rate of return - prior 1-year period	Actuarial Funding Valuation used in Most Recent Audit Report or System Investment Provider	-3.64%				
16	Enter actual rate of return - prior 5-year period	Actuarial Funding Valuation used in Most Recent Audit Report or System Investment Provider	4.94%				
		Actuarial Funding Valuation used in Most Recent Audit					
17	Enter actual rate of return - prior 10-year period	Report or System Investment Provider	8.25%				
18	Actuarial Assumptions	nepore or system investment revider					
19	Actuarial assumed rate of investment return	Actuarial Funding Valuation used in Most Recent Audit Report	7.75%				
20	Amortization method utilized for funding the system's unfunded actuarial accrued liability, if any	Actuarial Funding Valuation used in Most Recent Audit Report	Level Percent				
21	Amortization period utilized for funding the system's unfunded actuarial accrued liability, if any	Actuarial Funding Valuation used in Most Recent Audit Report	15				
22	Is each division within the system closed to new employees?	Actuarial Funding Valuation used in Most Recent Audit Report	Yes				
23	Uniform Assumptions	пероте					
	Enter retirement pension system's actuarial value of assets using uniform assumptions	Actuarial Funding Valuation used in Most Recent Audit	13,101,014				
		Report  Actuarial Funding Valuation used in Most Recent Audit	10.15				
25	Enter retirement pension system's actuarial accrued liabilities using uniform assumptions	Report	16,499,897				
26	Funded ratio using uniform assumptions	Calculated	79.4%				
27	Actuarially Determined Contribution (ADC) using uniform assumptions	Actuarial Funding Valuation used in Most Recent Audit Report	494,640				
	All systems combined ADC/Governmental fund revenues	Calculated	6.3%				
29	Pension Trigger Summary						
30	Does this system trigger "underfunded status" as defined by PA 202 of 2017?	Primary government triggers: Less than 60% funded AND greater than 10% ADC/Governmental fund revenues. Non-Primary government triggers: Less than 60% funded	NO	NO	NO	NO	NO

#### Requirements (For your information, the following are requirements of P.A. 202 of 2017)

Local governments must post the current year report on their website or in a public place.

The local government must electronically submit the form to its governing body.

Local governments must have had an actuarial experience study conducted by the plan actuary for each retirement system at least every 5 years.

Local governments must have had a peer actuarial audit conducted by an actuary that is not the plan actuary OR replace the plan actuary at least every 8 years.



#### **PURPOSE**

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

#### **RESPONSIBILITIES**

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

#### DIRECTORS

Directors shall:

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

#### **SUPERVISORS**

Supervisors shall:

- Act as role models by adhering to the safe driving practices and requirements of this policy.
- Take steps to make sure that employees safely operate assigned municipal vehicles.
- Administer and enforce all municipal-wide and departmental policies and procedures regarding vehicle operation.

Prohibit non-employees from driving public entity vehicles.

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

#### **EMPLOYEES**

All vehicle operators shall:

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

#### ADMINISTRATIVE SERVICES DEPARTMENT

Administrative Services Department shall:

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

#### STANDARDS AND PROCEDURES

- All individuals who operate municipal vehicles, who operate personal vehicles on a jobrelated basis, who receive payment related to vehicle expenses, and/or who are required to drive as a necessary part of their job must possess and maintain a valid driver's license.
- Individuals who drive municipal vehicles or are required to drive as a necessary part of their
  job must notify their immediate supervisor if they receive a ticket/citation. Such notification
  must take place immediately upon reporting for work after receipt of the citation.
- Individuals are prohibited from operating a municipal vehicle or personal vehicle on business when their driving ability has been impaired for any reason, including but not limited to the ingestion of drugs, medication, or alcoholic beverages; physical impairment or

restrictions; or other situations/conditions. Any illegal use of controlled substances is strictly prohibited.

- Employees must inform the employer when taking prescribed medications that could impact their ability to operate the employer's vehicles.
- No employee will knowingly operate a vehicle found to be in violation of a state safety code or the law.
- All employees and riders will use seatbelts and/or other safety restraints provided whenever they are operating or riding in a vehicle.
- Only those employees who are determined to be safe operators will be allowed to drive a vehicle on behalf of the entity.
- Determination of safe operation may come from one of a combination of: driving record review, academic test, road test, successful completion of training/re-training, adherence to policy, etc.

#### CORRECTIVE ACTION, INCLUDING DISCIPLINE

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

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

#### **INSPECTIONS**

- All vehicles shall safety-checked at the beginning of each shift by the assigned vehicle operator to ensure safe operating condition according to department work rules.
- Vehicle deficiencies shall be reported according to department policies.
- Each department shall be responsible for ensuring that a mechanic conducts bi-annual safety inspection of all assigned vehicles.
- Vehicle inspections should be documented and records kept for at least the life of the owned vehicle, plus three years after removal from service. This may be part of the entity records retention policy.

#### **DEFINITIONS**

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

**Employee:** Any regular full-time or part-time, or temporary full-time or part-time employee, elected official, volunteer, or any other person who has reason to operate a municipal vehicle.

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

**Municipal Vehicle:** Any entity-owned, rented, leased, or borrowed motor vehicle or trailer used to conduct public entity business.

**Preventable Crash**: Any vehicle crash in which the driver/operator failed to do everything he/she reasonabl3ey could have done to prevent the crash.

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

#### APPLICANT SCREENING GUIDE

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

For purposes of determining disqualifying violations, the municipality should consider only those offenses followed by a conviction (fined, ordered to attend traffic school or remedial driver training, forfeited bond, loss of restriction of driving privileges, or jailed). For purposes of establishing time frames for disqualification, the public entity should use the date of the actual violation. Following are suggested disqualifying guidelines. Please note that additional considerations, such as commercial driver's license requirements, may apply as well:

#### The circumstances noted below will be cause for automatic disqualification:

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

court of otherwise was determine dot be liable).

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

- 4. Accumulated more than six points on the driving record.
- 5. Convicted of any alcohol/drug related offense.
- 6. Convicted of driving while license was suspended or revoked.
  In the year prior to application, the following circumstances will be cause for automatic disqualification:
- 7. Accumulated more than three points of the driving record.

## Branch-Hillsdale-St. Joseph Community Health Agency (BHSJCHA) Certification Statement for Employees Who Drive for Business Purposes

I hereby acknowledge and understand that if I am required to operate a motor vehicle as a necessary part of my job for BHSJCHA or if I operate a BHSJCHA owned/leased vehicle, I am required to possess and maintain a valid Michigan operator's license and valid insurance for my personal vehicle.
I hereby certify and affirm as follows: a. I am required to operate a motor vehicle as a necessary part of my job for the entity. Yes/No
b. I operate an entity owned/leased vehicle. Yes/No
I hereby certify and affirm that I have a valid Michigan operator's license (including but not limited to a Chauffeur's License or a Commercial Driver's License) and valid insurance on my personal vehicle.
I authorize the entity to enroll me in the Secretary of State's Subscription Service, and/or conduct an annual (or more frequent) inquiry to verify the status of my operator's license. I further agree to provide my actual operator's license for review and to submit a copy of my operator's license to an authorized entity custodian for the purpose of verifying my driving eligibility status upon verbal or written request, and within the time frame identified by the requestor. I further understand that BHSJCHA reserves the right to conduct such inquiry at its discretion.
I agree to notify my immediate supervisor or the Administrative Services Director, immediately upon reporting for work on my next scheduled work day, if I receive any ticket or citation. I further agree that I must notify my immediate supervisor or Administrative Services Director, immediately upon reporting for work on my next scheduled work day, of my receipt of an Operating While Impaired, Operating While Intoxicated, or Operating While Under the Influence of Narcotics citation. Any such ticket/citation that occurs during the work day must be reported immediately.
I agree that, as an operator of a BHSJCHA owned/leased/rented/borrowed vehicle or as an employee required to, or authorized to, operate a vehicle as part of my job responsibilities for BHSJCHA, I am prohibited from operating a BHSJCHA vehicle or personal vehicle on BHSJCHA business when my driving ability has been impaired for any reason, including but not limited to: the ingestion of drugs, medication or alcoholic beverages; physical impairment or restrictions; other situations/conditions within my control. Any illegal use of controlled substances is strictly prohibited.
I agree to immediately notify my supervisor if my operator's license is restricted, limited, modified, suspended, or revoked.
I acknowledge and understand that if I fail to immediately notify BHSJCHA of the loss or modification of any driving privileges, the receipt of a ticket/citation that affects or restricts my right to operate a motor vehicle, the receipt of any Operating While Impaired, Operating While Intoxicated, or Operating While Under the Influence of Narcotics citation, or if I otherwise violate the procedures outlined herein, I may be subject to appropriate disciplinary action, up to and including discharge.

I acknowledge and understand	that if I fail to possess a valid operator's license, I will be
prohibited from operating BHSJCHA or	wned/leased/rented/borrowed vehicle(s) and/or
operating my personal vehicle(s) on Bl	HSJCHA related business. Should this prohibition
	ed job duties, employment action (temporary or
. ,	ment action could include, but is not limited to: transfer,
• • • • • • • • • • • • • • • • • • • •	or discharge. I further acknowledge and understand that
, ,	d vehicle usage, reimbursement, compensation, or
allowance(s) toward vehicle usage sho	ould I fail to maintain a valid operator's license.
These agreements and acknow under BHSJCHA policies and procedu	ledgements do not impair any legal rights I may hold res or other similar rights.
Print Name:	Signature:
Supervisor Name:	Signature:
Date:	

Response from Andrew Brege, the Agency's Attorney, regarding the procedural question of approving the Finance Committee Meeting Minutes during the next regularly scheduled full Board meeting:

As for committee meeting minute approvals – it depends. Are these standing committees that have decision making authority, such that they themselves would qualify as a "public body" subject to the OMA? If they are merely advisory, subquorum committees, then one thing you can consider (and at least one of my other clients does) is simply have the full board review and approve all committee meeting minutes at the regular full board meetings. I like this option because it further promotes transparency, particularly since subquorum advisory committees are not otherwise fully open to the public, by making public the issues they discussed and their minutes part of the full board packet.

If the committees are not simply advisory, but are themselves a "public body" because they have decision making authority or have a quorum of the full board, then they should approve their own minutes at their next meeting, in accordance with MCL 15.269. Remember, even if they do not meet for quite a while, any "proposed" minutes must be made publicly available within 8 days of the meeting to which they refer, regardless of when those minutes may ultimately be approved. MCL 15.269(3).



# 2021 CERTIFICATE OF RECOGNITION FOR YEARS OF DEDICATED SERVICE

-----

**5 YEARS** 

**Cody Johnson** 

**15 YEARS** 

**Melissa Gilbert** 

**20 YEARS** 

**Madonna Hilarides** 

**30 YEARS** 

**Kimberly Schoneboom** 

# Branch-Hillsdale-St. Joseph Community Health Agency Environmental Public Health Services Report for the April 22, 2021 Board of Health Meeting Prepared by Paul Andriacchi R.E.H.S, Director of Environmental Health

#### **Food Service Sanitation**

The Senate recently introduced two bills (Senate Bill 353 & 354) that could have an impact on our food service licenses. The bills are proposing to waive the state portion of the food service license fees for the 2021 fiscal year. It is unclear at this point how this will play out logistically if the bills are passed. Our agency, along with all other local health departments, send out the invoices



for the food licenses in March because the current licenses expire on the last day of April. We have already collected fees from a significant number of establishments. This legislation could create an enormous bookkeeping issue if we would have to go back and issue refunds for all of the fees we have already collected. The way the billing process works is the LHD's collect their fees along with the state portion of the license fees and then we send the state portion of the fees we collected back to MDARD. This is obviously very concerning to us and health departments around the state. There was extensive discussion about the issue at our last MALEHA Forum (Environmental Health Directors) meeting and I hope to have further information to share with you about this issue duringt the Board of Health meeting.

#### Well and Septic Program

Our well and septic programs continue to be very busy. We have seen a large spike in applications again this month with no expected slow-down in site. One area where we have seen a significant increase is in the number of septic replacement systems. I believe this is another factor of the Covid pandemic. Many people have been working from home and children have done virtual learning from home which translates into an increased use of water that has put an additional burden on the sewage disposal systems.

#### **General Programs**

I don't have any updates on the PFAS sites in our area this month. However, there is some news regarding EPA funding that will help states and local communities across the country target PFAS reduction and protection of public health. The EPA recently earmarked a significant amount of money into research and clean up actions for the PFAS problem across the country I have attached a PFAS fact sheet and infographic published by the EPA that may be helpful in understanding PFAS and how EPA is working to address the issues created by the chemicals.

## **EH Service Statistics Report**

# BRANCH - HILLSDALE - ST. JOSEPH COMMUNITY HEALTH AGENCY

ENVIRONMENTAL HEALTH SERVICE REPORT 2020/2021

	DD		ARCH		DD.	YTD 20			D.D.	YTD 20		-
	ВК	Ηυ	21	TOTAL	BR	HD	SJ	TOTAL	BR	HD	SJ	TOTAL
WELL/SEWAGE SYSTEM EVAL.	-	1	1	2	2	1	5	8	4	1	7	12
CHANGE OF USE EVALUATIONS - FIELD CHANGE OF USE EVALUATIONS - OFFICE	2 8	6	4 10	12 18	17 30	24 16	16 42	57 88	12 29	26 9	14 14	52 52
ON-SITE SEWAGE DISPOSAL PERMITS NEW CONSTRUCTION	7	9	6	22	18	34	33	85	18	22	39	79
REPAIR/REPLACEMENT	7	1	29	37	37	20	71	128	27	21	40	88
VACANT LAND EVALUATION PERMITS DENIED	-	2	2 1	4 1	8	10	9	27 2	2	7	10 1	19 1
TOTAL	14	12	38	64	63	64	113	242	48	43	90	187
SEWAGE PERMITS INSPECTED	4	4	14	22	49	54	83	185	36	50	58	144
WELL PERMITS ISSUED	8	15	18	41	90	72	85	247	55	69	117	241
WELL PERMITS INSPECTED	8	14	5	27	89	80	88	257	41	62	116	219
FOOD SERVICE INSPECTION												
PERMANENT	27	20	38	85	129	108	155	410	105	138	173	416
NEW OWNER / NEW ESTABLISHMENT FOLLOW-UP INSPECTION	1 1	1	1	2 2	1	3	3	4 10	6 6	3 1	5 7	14 14
TEMPORARY	-	-	4	4	1	4	16	21	2	11	17	30
MOBILE/STFU	-	-	1	1	-	1	5	6	3	1	-	4
PLAN REVIEW APPLICATIONS FOOD RELATED COMPLAINTS	2	2 3	1	5 3	3 4	3 23	2 8	8 29	4	2 6	3 6	5 16
FOODBORNE ILLNESS INVESTIGATED	-	-	-	-	-	-	-	-	1	-	1	2
FOOD CLASSES												
MANAGEMENT CERTIFICATION CLASS	-	-	-	-	n/a	n/a	n/a	n/a	n/a	n/a	n/a	58
FOOD HANDLERS CLASS	-	-	-	-	n/a	n/a	n/a	-	n/a	n/a	n/a	-
METH LAB REFERRALS	-	-	-	_	-	-	-	_	-	-	-	-
METH LAB LETTERS SENT	-	-	-	-	-	-	-	-	-	-	-	-
CAMPGROUND INSPECTION	-	-	-	-	-	-	-	-	-	-	-	-
NON-COMM WATER SUPPLY INSP.	-	1	-	1	1	5	5	11	1	12	14	27
SWIMMING POOL INSPECTION	5	-	-	5	7	1	-	8	1	4	-	5
PROPOSED SUBDIVISION REVIEW	-	-		-	-	-	-	-	-	-	-	-
SEPTIC TANK CLEANER	-	-	2	2	-	-	2	2	-	-	-	-
DHS LICENSED FACILITY INSP.	-	5	5	10	3	18	11	32	6	27	16	49
COMPLAINT INVESTIGATIONS	1	7	-	8	1	16	5	22	6	19	13	38
LONG TERM MONITORING	-	-	-	-	-	-	-	-	-	-	-	-
BODY ART FACILITY INSPECTIONS	1	-	2	1	3	3	4	8	2	3	2	8

# Establishment Inspection Report

For Date Range: 3/1/2021 - 3/31/2021 and Program: Food Service

Name	Location	Date	Inspection # Type	\$P #	Pf # P/Pf Fixed During Inspec	Q	ore
ALLEN UNITED METHODIST CHURCH	ALLEN	3/2/2021	Routine	0	0	0	0
American Axel Cafe	Three Rivers	3/10/2021	Routine	0	1	1	0
AMERICAN LEGION 73	Sturgis	3/10/2021	Routine	0	0	0	0
AMERICAN LEGION POST 454	Colon	3/17/2021	Routine	0	0	0	0
ANDERSON ELEMENTARY SCHOOL	BRONSON	3/23/2021	Routine	0	0	0	0
Biggby Coffee	Three Rivers	3/4/2021	Follow-Up	0	0	0	0
BIGGBY COFFEE #254 V&K CAFE DBA	COLDWATER	3/25/2021	Routine	0	0	0	0
BON APPETIT MGT. CO.	HILLSDALE	3/25/2021	Routine	0	0	0	0
BROADWAY GRILLE	UNION CITY	3/9/2021	Routine	0	0	0	5
BRONSON DISTRICT - Chicago St School	BRONSON	3/31/2021	Routine	0	0	0	0
BRONSON HIGH SCHOOL	BRONSON	3/23/2021	Routine	0	0	0	0
BUNDY HILL DINER LLC	Jerome	3/11/2021	Routine	0	0	0	0
Cavoni's	Three Rivers	3/30/2021	Routine	1	0	0	1
Center Park United Methodist Church	Three Rivers	3/3/2021	Routine	0	0	0	0
Centreville United Methodist Church	Centreville	3/16/2021	Routine	0	1	0	1
CITY LIMITS DELI	LITCHFIELD TWP	3/31/2021	Routine	0	0	0	0
COLDWATER BURGER KING #4652	COLDWATER	3/23/2021	Routine	0	0	0	1
CONSTANTINE COMMUNITY SOUP KITCHEN	Constantine	3/1/2021	Routine	0	0	0	0
CONSTANTINE HIGH SCHOOL	Constantine	3/18/2021	Temporary	0	0	0	0
COTTAGE INN PIZZA	Hillsdale	3/22/2021	Routine	0	0	0	1
Country Table Restaurant	White Pigeon	3/9/2021	Routine	1	1	0	0
CULVER'S OF COLDWATER	COLDWATER	3/30/2021	Routine	1	0	1	0
D & S LOUNGE	Pittsford	3/11/2021	Routine	1	0	1	0
D J'S FAMILY RESTAURANT	PITTSFORD TWP	3/11/2021	Routine	0	0	0	0
D J'S FAMILY RESTAURANT	PITTSFORD TWP	3/11/2021	Progress Note	0	0	0	0
DAVINCI'S	STURGIS	3/24/2021	Routine	0	0	0	2

Name	Location	Date	Inspection Type	# P #	Fi) Di	P/Pf # xed Co aring spection	re
D J'S FAMILY RESTAURANT	PITTSFORD TWP	3/11/2021	Progress Note	0	0	0	0
DAVINCI'S	STURGIS	3/24/2021	Routine	0	0	0	2
Dawn's Cafe LLC	Colon	3/17/2021	Routine	0	0	0	1
DRAFT HORSE DINER	LITCHFIELD	3/31/2021	Routine	0	0	0	0
ELKS LODGE	COLDWATER	3/18/2021	Routine	0	0	0	1
ENRICHMENT CENTER	Sturgis	3/10/2021	Routine	0	0	0	0
FIRM FOUNDATION MINISTRIES	CENTREVILL E	3/16/2021	Routine	0	0	0	1
FIRST CHURCH OF GOD	Three Rivers	3/9/2021	Routine	0	0	0	0
FIRST CONGREGATIONAL CHURCH	UNION CITY	3/9/2021	Routine	0	0	0	0
FIRST PRESBYTERIAN CHURCH	THREE RIVERS	3/3/2021	Routine	0	0	0	0
FIRST UNITED METHODIST CHURCH	Three Rivers	3/3/2021	Routine	0	0	0	0
FIVE STAR PIZZA	BRONSON	3/31/2021	Routine	0	0	0	2
FOE AERIE #2303	Three Rivers	3/31/2021	Routine	0	1	1	1
FRATERNAL ORDER OF EAGLES #1907	COLDWATER	3/25/2021	Routine	0	1	0	0
Gary Nosfinger	Three Rivers	3/13/2021	Temporary	0	0	0	0
GINOLFI'S	North Adams	3/3/2021	Routine	0	1	0	0
HERE'S TO YOU PUB AND GRUB	HILLSDALE	3/18/2021	Routine	0	0	0	0
HILLCREST BAR & GRILL	Sturgis	3/18/2021	Routine	1	1	0	0
HILLSDALE COUNTY CONSERVATION CLUB	OSSEO	3/16/2021	Routine	0	0	0	0
Holiday Inn Express & SuitesFood	Three Rivers	3/18/2021	Routine	1	1	0	0
HUNGRY HOWIES	COLDWATER	3/4/2021	Routine	0	0	0	1
HUNGRY HOWIE'S	HILLSDALE	3/4/2021	Complaint	0	0	0	0
HUNGRY HOWIE'S	HILLSDALE	3/30/2021	Complaint	0	0	0	0
JEANNIE'S DINER	COLDWATER	3/31/2021	Routine	0	1	1	0
JT'S BILLIARDS BAR & GRILL LLC	COLDWATER	3/16/2021	Routine	0	4	2	4
Kentucky Fried Chicken Sturgis		3/24/2021	Routine	0	1	0	3
LA Coffee Cafe	Three Rivers	3/22/2021	Routine	0	0	0	0
LEONIDAS SCHOOL	Leonidas	3/15/2021	Progress Note	0	0	0	0
LIL PEPPI'S PIZZA	SOMERSET CENTER	3/9/2021	Routine	0	0	0	0

Name	Location	Date	Inspection Type		Fix Dij Ins	//Pf # ed Col ring pection	
LITCHFIELD CONGREGATIONAL CHURCH	Litchfield H	3/31/2021	Routine	0	0	0	0
Los Tequilas	Coldwater	3/1/2021	Follow-Up	0	0	0	0
LOYAL ORDER OF MOOSE 474	Three Rivers	3/17/2021	Routine	1	0	0	1
LOYAL ORDER OF THE MOOSE LODGE 921	Hillsdale	3/2/2021	Routine	0	0	0	0
LOYAL ORDER OF THE MOOSE LODGE 921	Hillsdale	3/31/2021	Complaint	0	0	0	0
LUIGI'S PIZZA	LITCHFIELD	3/30/2021	Routine	0	0	0	0
M & M Grill	Colon	3/17/2021	Routine	0	0	0	2
Magic Bunny BBQ	Colon	3/22/2021	STFU/Mobile	0	0	0	0
McDonald's JLMAC, LLC	Centreville	3/16/2021	Routine	0	0	0	2
Mendon United Methodist Church	MENDON	3/1/2021	Routine	0	1	0	0
NEW JERUSALEM CHRISTIAN FELLOWSHIP	CEMENT CITY	3/31/2021	Routine	0	0	0	0
NORTH ADAMS UNITED METHODIST CHURCH	North Adams	3/17/2021	Routine	0	0	0	0
Nutrition Epression		3/15/2021	Routine	0	0	0	1
OASIS RESTAURANT	Three Rivers	3/22/2021	Routine	0	0	0	2
PIZZA HUT	HILLSDALE	3/23/2021	Routine	0	0	0	0
PIZZA HUT	COLDWATER	3/25/2021	Routine	0	0	0	0
PLANET POWERSPORTS	COLDWATER	3/4/2021	Routine	0	0	0	0
PROMEDICA - COLDWATER REGIONAL HOSPITAL	COLDWATER	3/31/2021	Routine	0	0	0	0
Punjab Group Mendon Inc/Mendon Quick Sto	Mendon	3/1/2021	Routine	1	1	1	6
RED FOX SPORTSMAN CLUB	JONESVILLE	3/11/2021	Routine	0	0	0	0
Refuge Coffee House LLC	Quincy	3/26/2021	Pre- opening/New	0	0	0	1
RIVER LAKE INN	SHERWOOD TWP.	3/10/2021	Routine	0	0	0	0
Rooster's Wing Shack	THREE RIVERS	3/4/2021	Routine	0	0	0	0
RYAN ELEMENTARY SCHOOL	BRONSON	3/23/2021	Routine	0	0	0	0
SAM'S PLACE	THREE RIVERS	3/31/2021	Routine	0	0	0	0
SILVER SPOONS CATERING	White Pigeon	3/9/2021	Routine	0	0	0	1
SKATE RANCH INC	COLDWATER	3/4/2021	Routine	0	0	0	0

Vance	Location	Date	Inspection Type	#P #	Fix Du	P/Pf # ed Cor ring spection	e
SOMERSET CONGREGATIONAL CHURCH	SOMERSET	3/9/2021	Progress Note	0	0	0	0
SOUTH LANES	Three Rivers	3/30/2021	Routine	0	1	0	1
ST MARY'S ASSUMPTION CHURCH & SCHOOL	BRONSON	3/31/2021	Routine	1	0	1	1
ST PAUL LUTHERAN CHURCH	COLDWATER	3/23/2021	Routine	.0	0	0	0
STURGIS PIZZA HUT	STURGIS	3/10/2021	Routine	1	0	1	1
SUBWAY OMP INC.	STURGIS	3/24/2021	Routine	0	1	1	2
Taco Bell #33023	Three Rivers	3/24/2021	Routine	0	1	0	1
Taqueria El Tejano	Three Rivers	3/9/2021	Temporary	0	0	0	0
Taqueria El Tejano	Three Rivers	3/24/2021	Temporary	0	0	0	0
THE DECK DOWN UNDER	Jerome	3/30/2021	Consult	0	0	0	0
THE HUNT CLUB OF HILLSDALE	HILLSDALE	3/18/2021	Routine	1	0	1	0
THE OUTPOST GRILLE	Allen	3/2/2021	Pre- opening/New	0	0	0	0
The Stables	Quincy	3/31/2021	Routine	0	1	0	0
THREE RIVERS PIZZA HUT	THREE RIVERS	3/24/2021	Routine	0	0	0	2
Tokyo Three Rivers Inc.	THREE RIVERS	3/31/2021	Routine	0	0	0	1
UNION CITY ELEMENTARY SCHOOL	UNION CITY	3/26/2021	Routine	0	0	0	0
UNION CITY HIGH SCHOOL	UNION CITY- PT	3/26/2021	Routine	1	0	0	0
UNION CITY MIDDLE SCHOOL	UNION CITY	3/26/2021	Routine	0	0	0	0
VENUE 45	Three Rivers	3/2/2021	Routine - Phone	0	0	0	0
WENDY'SSTURGIS	Sturgis	3/10/2021	Routine	1	0	1	4
WENZEL SCHOOL	STURGIS	3/24/2021	Routine	0	0	0	0
YOUTH FOR CHRIST	Sturgis	3/24/2021	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.

# **Inspection Type Count**

For Date Range: 3/1/2021 - 3/31/2021 and Program: Food Service

Inspection Type Count	
Complaint	3
Consult	i
Follow-Up	2
Pre-opening/New	2
Progress Note	3
Routine	86
Routine - Phone	1
STFU/Mobile	1
Temporary	4
Total number of inspections	103

# Inspection Type Count by County

For Date Range: 3/1/2021 - 3/31/2021 and Program: Food Service

County	Inspection Type	Count
Branch	Follow-Up	1
	Pre-opening/New	1
	Routine	27
Hillsdale	Complaint	3
	Consult	1
	Pre-opening/New	1
	Progress Note	2
	Routine	21
St. Joseph	Follow-Up	1
	Progress Note	1
	Routine	38
	Routine - Phone	1
	STFU/Mobile	1
	Temporary	4
	Total number of inspection	s 103



## PFAS ACTION PLAN: COMMITMENTS MADE, RESULTS DELIVERED

JANUARY 2021

Addressing PFAS has been an active and ongoing priority for EPA. Over the past two years, EPA has delivered results for every key commitment made under the PFAS Action Plan.

Commitments Made	Results Delivered
Expand toxicity information for PFAS	Issued final PFBS assessment and revised GenX assessment in preparation for peer review. Conducted testing on another 120+PFAS. Initiated assessments on five other PFAS.
Develop new tools to characterize PFAS in the environment	Published new validated test methods to accurately test for and measure 29 PFAS chemicals.
Evaluate cleanup approaches	<ul> <li>Issued Advance Notice of Proposed Rulemaking for consideration of additional authorities for addressing PFAS in the environment.</li> <li>Issued interim guidance on disposal and destruction of PFAS and PFAS-containing materials.</li> <li>Assessed viability of multiple thermal and non-thermal destruction technologies.</li> </ul>
Develop guidance to facilitate cleanup of contaminated groundwater	Developed interim guidance to facilitate cleanup of contaminated groundwater.
Use enforcement tools to address PFAS exposure in the environment and assist states in enforcement activities	EPA has continued to address PFAS using a variety of enforcement tools, bringing PFAS actions to a total of 16. Enforcement work continues to ensure public health and environmental protections.
Use legal tools such as those in TSCA to prevent future PFAS contamination	Finalized a Significant New Use Rule requiring anyone who wishes to manufacture, import or use such products in the United States to notify EPA before doing so.
Address PFAS in drinking water using regulatory and other tools	Issued final determination to regulate PFOA and PFOS in drinking water and proposed to require monitoring for 29 PFAS in drinking water.
Develop new tools and materials to communicate about PFAS	<ul> <li>Provided technical assistance and support to more than 30 states.</li> <li>Conducted PFAS risk communication training, coordinated across the federal government, participated in conferences and meetings and worked to develop documents to explain key aspects about PFAS chemicals.</li> </ul>

## PFAS WHAT YOU NEED TO KNOW

## WHAT ARE PFAS CHEMICALS?

Per- and polyfluoroalkyl substances (PFAS) are a group of man-made chemicals that includes PFOA, PFOS and GenX chemicals. Since the 1940s, PFAS have been manufactured and used in a variety of industries around the globe, including in the United States. PFOA and PFOS have been the most extensively produced and studied of these chemicals. Both are very persistent in the environment and in the human body. Exposure to certain PFAS can lead to adverse human health effects.

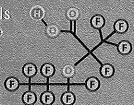
### PFOA & PFOS

U.S. manufacturers voluntarily phased out PFOA and PFOS, two specific PFAS chemicals.



## GenX Chemicals

GenX chemicals are a replacement for PFOA.



## WHAT EPA IS DOING

Some of the agency's work includes: development of additional toxicity values, analytical methods for additional PFAS and non-drinking water media as well as treatment options for PFAS in drinking water. EPA is also hosting a National Leadership Summit on PFAS in May 2018.



Established methods to measure 14 PFAS compounds in drinking water

Identified five treatment processes for PFOA and PFOS

Identified all PFAS chemicals that are legally available for production and use

Provided national monitoring data for 6 PFAS in drinking water



Issued drinking water health advisories (70 parts per trillion) for PFOA and PFOS in 2016





Provided support for 10 states with site-specific PFAS challenges and problems: NC (Cape Fear River), MI, DE, WV, CO, NY (Hoosick Falls), OH, NH, VT and NJ



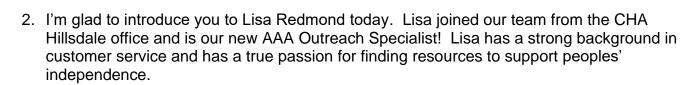
Updated website to include tools and information so that states, tribes and local communities can understand, assess and address PFAS incidents and emergencies





### **Updates:**

- 1. Services to Victims of Elder Abuse Program Updates:
  - The FY20-21 2<sup>nd</sup> quarter program reports are attached for your perusal.
  - We are actively searching for an Elder Abuse Victim Specialist in St. Joseph County
  - Feedback from the Division of Victim Services regarding the March Contract Review has not been received yet...
  - Please join us in recognizing "National Crime Victims' Rights Week" this week! We
    will be posting some items on our social media page please visit our page & "like"
    us!



We continue to search for candidates to fill our other open positions including: full-time Nurse Care Consultant and full-time Program Specialist.

- 3. We are edging closer to budget amendment time... We just received the anticipated "AASA COVID-19 Immunization Support Grant" to help with our extra staffing efforts & some creative solutions in reaching vulnerable populations to encourage vaccination. The Direct Care Worker Premium Pay guidance for the March-September 2021 timeframe was issued as this report was being written. This yet another new "pot" of funding which will be a pass-through reimbursement to agencies who employ direct care workers providing services in homes during the pandemic. We will also be holding specific conversations with providers to gather feedback & understand their needs as we're now at the 6-month point in the fiscal year. Finally, we are still hearing talk at the federal level for additional relief funding... Many, many pieces will have to come together in order to present amendments at the May meeting, but that is still our goal.
- 4. Annual provider monitoring visits have been going well, including a few 'glitches' here and there... Summary results will be shared with the Board once they're complete.



### 570 Marshall Road, Coldwater, MI 49036

www.bhsj.org/aaa

# Services to Victims of Elder Abuse Grant FY20-21 2nd Quarter Report (St. Joseph County)

1/01/21 - 3/31/21

\*Types of Victimization & Services Provided are based on number of occurences

\*Demographic Info is new clients only; all other categories include continuing clients

Office: (517) 278-2538 Toll Free (888) 615-8009

## For additional information or questions please contact:

**Danielle Newhouse** Ph: (517) 933-3032 Email: newhoused@bhsj.org **Joshua Englehart** Ph: (517) 933-3070 Email: englehartj@bhsj.org

		Previous	
Demographics - New Clients	Total	Qtr. Totals	YTD
Black/African-American	0	1	1
Multiple Races	0	0	0
Not Reported	0	0	0
Caucasian/Non-Latino	5	6	11
Female	5	5	10
Male	0	1	1
Other	0	0	0
Vulnerable: Age 18-59	1	1	2
Elderly: Age 60 and Older	4	5	9
New Clients Total	5	6	11
Continuing Clients	0	0	0
Total Clients Served	5	6	11

		Previous	
Special Classification	Total	Qtr. Totals	YTD
Deaf/Hard of Hearing	0	0	0
Disability	5	6	11
Homeless	1	0	1
LGBTQ	0	0	0
Veteran	0	1	1

		Previous	
Types of Victimization	Total	Qtr. Totals	YTD
Arson	0	0	0
Harassment/Stalking	0	6	6
Domestic or Family Violence	4	1	5
Elder Abuse or Neglect	4	3	7
Identity Theft/Fraud/Financial Crime	1	3	4
Physical Assault	1	0	1
Robbery/Burglary	0	0	0
Sexual Assault	0	0	0
Survivors of Homicide	0	0	0
Multiple Victimizations	5	3	8

		Previous	
Direct Services	Total	Qtr. Totals	YTD
Crime Victims Compensation	0	0	0
Information about Criminal Justice	5	10	15
Referral to Other Services	8	6	14
Referral to Other Victim Services	3	0	3
Victim Notification	0	0	0

## Services to Victims of Elder Abuse Grant FY20-21 2nd Quarter Report (St. Joseph Co.) Cont.

		Previous	
Personal Advocacy	Total	Qtr. Totals	YTD
Child/Dependent Assistance	0	0	0
Emergency Medical Care	0	0	0
Individual Advocacy	5	13	18
Intervention with Person or			
Institutions	15	10	25
Law Enforcement Interview	2	1	3
Transportation	0	0	0

Emotional Support or Safety		Previous	
Services	Total	Qtr. Totals	YTD
Crisis Intervention	2	2	4
Emergency Financial Assistance	0	0	0

		Previous	
Shelter/Housing Services	Total	Qtr. Totals	YTD
Relocation Assistance	1	4	5
Transitional Housing	0	0	0

		Previous	
Criminal Justice Assistance	Total	Qtr. Totals	YTD
Criminal Advocacy	0	2	2
Law Enforcement Interview	0	2	2
Notification of Criminal Justice Event	0	1	1
Other Emergency Assistance	0	0	0
Personal Protective Order	0	1	1
Prosecution Interview			
	0	0	0
Restitution Assistance	0	0	0
Victim Impact Statement	0	0	0



# Services to Victims of Elder Abuse Grant FY20-21 2nd Quarter Report (Branch County)

1/01/21 - 3/31/21

\*Types of Victimization & Services Provided are based on number of occurences

\*Demographic Info is new clients only; all other categories include continuing clients

Office: (517) 278-2538 Toll Free (888) 615-8009 <u>www.bhsj.org/aaa</u>

## For additional information or questions please contact:

**Danielle Newhouse** Ph: (517) 933-3032 Email: newhoused@bhsj.org **Joshua Englehart** Ph: (517) 933-3070 Email: englehartj@bhsj.org

		Previous	
Demographics - New Clients	Total	Qtr. Totals	YTD
Black/African-American	0	1	1
Multiple Races	0	0	0
Not Reported	0	0	0
Caucasian/Non-Latino	4	6	10
Female	3	6	9
Male	1	1	2
Other	0	1	1
Vulnerable: Age 18-59	1	2	3
Elderly: Age 60 and Older	3	6	9
New Clients Total	4	8	12
Continuing Clients	1	0	1
Total Clients Served	5	8	13

		Previous	
Special Classification	Total	Qtr. Totals	YTD
Deaf/Hard of Hearing	0	0	0
Disability	5	7	12
Homeless	1	1	2
LGBTQ	0	1	1
Veteran	1	0	1

		Previous Qtr.	
Types of Victimization	Total	Totals	YTD
Arson	0	0	0
Harassment/Stalking	0	5	5
Domestic or Family Violence	3	3	6
Elder Abuse or Neglect	4	3	7
Identity Theft/Fraud/Financial Crime	1	1	2
Physical Assault	3	1	4
Robbery/Burglary	0	0	0
Sexual Assault	0	0	0
Survivors of Homicide	0	0	0
Multiple Victimizations	4	3	7

		Previous Qtr.	
Direct Services	Total	Totals	YTD
Crime Victims Compensation	0	0	0
Information about Criminal Justice	4	3	7
Referral to Other Services	8	16	24
Referral to Other Victim Services	5	2	7
Victim Notification	0	2	2

## Services to Victims of Elder Abuse Grant FY20-21 - 2nd Quarter Report (Branch Co.) Cont.

		Previous	
Personal Advocacy	Total	Qtr. Totals	YTD
Child/Dependent Assistance	0	0	0
Emergency Medical Care	0	0	0
Individual Advocacy	5	2	7
Intervention with Person or			
Institutions	7	10	17
Law Enforcement Interview	5	4	9
Transportation	0	1	1

<b>Emotional Support or Safety</b>		Previous	
Services	Total	Qtr. Totals	YTD
Crisis Intervention	1	4	5
Emergency Financial Assistance	0	4	4

		Previous Qtr.	
Shelter/Housing Services	Total	Totals	YTD
Relocation Assistance	0	1	1
Transitional Housing	0	0	0

		Previous Qtr.	
Criminal Justice Assistance	Total	Totals	YTD
Criminal Advocacy	0	0	0
Law Enforcement Interview	0	3	3
Notification of Criminal Justice Event	0	0	0
Other Emergency Assistance	0	0	0
Personal Protective Order	1	0	1
Prosecution Interview			
	0	0	0
Restitution Assistance	0	0	0
Victim Impact Statement			
	0	0	0



570 Marshall Road, Coldwater, MI 49036

www.bhsj.org/aaa

## **Services to Victims of Elder Abuse Grant FY20-21 2nd Quarter Report (Both Counties)**

1/01/21 - 3/31/21

\*Types of Victimization & Services Provided are based on number of occurences

\*Demographic Info is new clients only; all other categories include continuing clients

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## For additional information or questions please contact:

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		Previous	
Demographics - New Clients	Total	Qtr. Totals	YTD
Black/African-American	0	2	2
Multiple Races	0	0	0
Not Reported	0	0	0
Caucasian/Non-Latino	9	12	21
Female	8	11	19
Male	1	2	3
Other	0	1	1
Vulnerable: Age 18-59	2	3	5
Elderly: Age 60 and Older	7	11	18
New Clients Total	9	14	23
Continuing Clients	1	0	1
Total Clients Served	10	14	24

		Previous	
Special Classification	Total	Qtr. Totals	YTD
Deaf/Hard of Hearing	0	0	0
Disability	10	13	23
Homeless	2	1	3
LGBTQ	0	1	1
Veteran	1	1	2

		Previous	
Types of Victimization	Total	Qtr. Totals	YTD
Arson	0	0	0
Harassment/Stalking	0	11	11
Domestic or Family Violence	7	4	11
Elder Abuse or Neglect	8	6	14
Identity Theft/Fraud/Financial Crime	2	4	6
Physical Assault	4	1	5
Robbery/Burglary	0	0	0
Sexual Assault	0	0	0
Survivors of Homicide	0	0	0
Multiple Victimizations	9	6	15

		Previous	
Direct Services	Total	Qtr. Totals	YTD
Crime Victims Compensation	0	0	0
Information about Criminal Justice	9	13	22
Referral to Other Services	16	22	38
Referral to Other Victim Services	8	2	10
Victim Notification	0	2	2

# Services to Victims of Elder Abuse Grant FY20-21 2nd Quarter Report (Both Counties)

		Previous	
Personal Advocacy	Total	Qtr. Totals	YTD
Child/Dependent Assistance	0	0	0
Emergency Medical Care	0	0	0
Individual Advocacy	10	15	25
Intervention with Person or			
Institutions	12	20	32
Law Enforcement Interview	7	5	12
Transportation	0	1	1

<b>Emotional Support or Safety</b>		Previous	
Services	Total	Qtr. Totals	YTD
Crisis Intervention	3	6	9
Emergency Financial Assistance	0	4	4

		Previous	
Shelter/Housing Services	Total	Qtr. Totals	YTD
Relocation Assistance	1	5	6
Transitional Housing	0	0	0

		Previous	
Criminal Justice Assistance	Total	Qtr. Totals	YTD
Criminal Advocacy	0	2	2
Law Enforcement Interview	0	5	5
Notification of Criminal Justice Event	0	1	1
Other Emergency Assistance	0	0	0
Personal Protective Order	0	1	1
Prosecution Interview			
	0	0	0
Restitution Assistance	0	0	0
Victim Impact Statement			
	0	0	0



Personal Health and Disease Prevention: April 22, 2021

### **Communicable Disease:**

Due to increasing case rates and variant spread in Michigan, MDHHS announced a few updates in case investigation realignment. These recommendations focus on cases to address the spread of the epidemic in younger age groups who are frequently testing via antigen tests, a prioritization of case investigations among younger versus older age groups, and continued focus on investigation of cases associated with congregate settings and outbreaks. MDHHS also announced a recommendation for local health to discontinue the 10-day asymptomatic quarantine option for close contacts. We have decided to move forward with a 14-day quarantine only during this time. Many LHD's have chosen this route as well but it's ultimately up to the health department on how they want to address quarantine of close contacts.

### **Immunizations/STI/HIV:**

As the demand for the Covid-19 vaccine decreases we continue to adapt our schedule to fit the needs of the public. Soon we will move towards half day clinics and continue announcing walk-in availability. We hope to reach other populations and those with limited transportation when the mobile clinic is accessible for mini pop-up clinics. We are also working to finish getting those vaccinated in congregate care settings like adult foster care or homebound who may have missed the pharmacy program opportunity.

A concerning issue since the pandemic has been the gradual decrease in other routine vaccinations, especially among children and adolescents. A portion is due to when our offices were closed to the public but numbers for our in-house clinics remain low. This will be another task for local health in getting children caught up on routine immunizations to prevent risk of other diseases. Our mobile clinic will be a great tool for this challenge also.

**2018-2019:** 10,067 vaccines administered by BHSJ (including Influenza) **2019-2020:** 6,561 vaccines administered by BHSJ (including Influenza)

#### Women, Infant, and Children (WIC):

The physical presence waiver that allows local agencies to provide certification appointments remotely is still in effect until mid-May.

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

Hearing and vision technicians have been busy with screenings going into April. The school year is wrapping up so this program is working to finish up before summer vacation.

St Joseph County was recently approved for a stair lift for a child on the Children's Special Health Care program. This is amazing for the family to help with everyday tasks now that the child is too grown to transfer themselves.

The state is hosting a bereavement parent mentor training for our CSHCS parents. We have been encouraging Covid shots during transitional care planning with our 16-21-year-olds.

Kali Nichols MPH Personal Health & Disease Prevention Director

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

March-21		2020-	2021			FYTD 20	20-2021		2019-20 FYTD				
	BR	HD	SJ	Total	BR	HD	SJ	Total	BR	HD	SJ	Total	
Animal Bite/Rabies potential exposure	7	3	-	10	22	23	-	45	15	21	1	37	
Campylobacter	-	_	-	-	-	2	5	7	5	2	6	13	
Chicken Pox	-	-	-	-	-	-	-	-	-	1	-	1	
Chlamydia	10	17	14	41	58	60	82	200	53	52	109	214	
Coccidioidomycosis	-	-	-	-	-	-	-	-	-	-	-	-	
Colds W/O Fever	136	124	198	458	473	447	848	1,768	572	284	1,022	1,878	
CRE Carbapenem Resistant Enterobac.	-	-	-	-	-	-	-	-	-	1	1	2	
Cryptosporidiosis	-	-	_	-	-	-	1	1	3	1	-	4	
Ehrlichiosis, Anaplasma	-	-	-	-	-	-	-	-	-	-	-	-	
Flu Like Disease	146	29	86	261	603	133	382	1,118	1,390	1,057	1,555	4,002	
GI Illness	353	81	151	585	973	496	753	2,222	2,017	1,084	1,804	4,905	
Giardiasis	-	-	_	-	-	-	-	-	2	2	5	9	
Gonorrhea	6	9	7	22	28	43	42	113	27	19	44	90	
Guillian-Barre Syndrome	-	-	-	-	-	-	-	-	1	-	-	1	
H. Influenzae Disease - Inv.	-	-	-	-	-	1	-	1	-	1	2	3	
Head Lice	25	-	38	63	91	38	164	293	236	90	317	643	
Hepatitis A	-	-	_	-	-	-	-	-	1	-	-	1	
Hepatitis B - Acute	-	-	-	-	-	-	1	1	-	-	1	1	
Hepatitis B - Chronic	-	-	-	-	1	-	-	1	-	1	-	1	
Hepatitis C - Acute	1	1	-	2	1	1	1	3	2	-	3	5	
Hepatitis C - Chronic	3	1	-	4	13	5	5	23	12	11	23	46	
Histoplasmosis	-	-	-	-	-	-	-	-	-	-	1	1	
HIV/AIDS	-	-	-	-	-	-	-	-	2	-	-	2	
Impetigo	6	-	-	6	10	3	3	16	7	3	18	28	
Influenza (School Reporting)	-	-	-	-	-	-	-		205	644	87	936	
Legionellosis	-	-	-	-	-	-	-	-	-	2	1	3	
Lyme Disease	-	-	-	-	-	-	-	-	1	-	5	6	
Menengitis - Aseptic	-	-	-	-	-	-	-	-	1	-	-	1	
Mononucleosis	-	-	1	1	2	2	2	6	6	9	19	34	
Mycobacterium - Other	-	-	1	1	-	1	1	2	-	3	3	6	
Norovirus	-	-	1	1	-	1	1	2	-	-	1	1	
Novel Coronavirus	261	316	488	1,065	3,386	3,306	4,365	11,057	5	22	8	35	
Pertussis	-	-	-	-	-	-	-	-	-	1	2	3	
Pink Eye	3	-	8	11	10	10	24	44	120	57	173	350	
Q Fever	-	-	-	-	-	-	-	-	-	-	1	1	
Salmonellosis	-	-	1	1	3	-	1	4	2	4	2	8	
Scabies	-	-	-	-	3	-	-	3	2	2	4	8	
Shiga Toxin-prod. (STEC)	-	-	-	-	-	-	-	-	2	3	2	7	
Shigellosis	-	-	-	-	-	-	-	-	-	-	2	2	
Shingles	-	-	-	-	-	-	-	-	2	1	-	3	
Staphylococcus Aureus Infect.	-	-	-	-	-	-	-	-	-	-	-	-	
Strep Invasive Gp A	-	-	-	-	-	-	1	1	4	3	4	11	
Strep Pneumonia Inv Ds.	-	-	1	1	1	1	2	4	3	2	3	8	
Strep Throat	34	15	24	73	96	74	131	301	312	288	424	1,024	

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

	Т				YTD	2020-21	1		YTD 2019-2020						
	BR	HD	ST	TR	Total	BR	HD	ST	TR	Total	BR	HD	ST	TR	Total
CHILD IMMUNIZATIONS						1									
# Vaccines Given CHA	144	219	-	240	603	574	861	87	693	2,215	1,027	946	274	562	2,809
All VFC Doses Given	791	603	-	1,078	2,472	4,952	3,519	_	6,141	14,612	5,126	3,615	-	6,139	14,880
Waivers	1	-	-	6	7	20	22	6	19	67	32	39	1	43	115
ADULT IMMUNIZATIONS												•			
# Vaccines Given	6,145	5,034		8,091	19,270	11,103	8,446	14	14,601	34,164	961	418	105	417	1,901
All AVP Doses Given	10	14	-	8	32	99	60	-	108	267	239	150	-	189	578
TRAVEL VACCINATIONS															
Branch Office	-				-	-	-	-	-	-	9	-	-	-	9
COMMUNICABLE DISEASE															
TB Tests Done	2	13	-	-	15	39	56	-	4	99	55	64	-	23	142
New LTBI on Rx	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-
															-
STD treatments	-	1	1	5	7	-	14	2	18	34	4	10	3	62	79
New STD Investigations	16	26	-	21	63	86	104	-	125	315	82	71	-	153	306
HIV Testing	-	1	-	2	3	-	2	2	4	8	-	6	-	25	31
ENROLLMENTS															
Medicaid & Michild	-	-	-	-	-	-	-	-	-	-	16	3	-	10	29
REFERRAL SERVICE															
MCDC Referrals	18	40	7	-	65	53	168	41	68	330	73	233	8	77	391
MIHP referrals	28	12	13	15	68	108	26	119	112	365	29	19	90	113	251
Hearing Screens															
Pre-school	59	67	-	22	148	59	244	-	369	672	86	102	-	313	501
School Age	163	289	-	298	750	817	922	-	1,731	3,470	1,088	795	-	1,999	3,882
Vision Screens															
Pre-school	65	73	_	23	161	65	260	-	414	739	102	86	-	330	518
School Age	428	300	-	838	1,566	2,249	1,699	-	2,621	6,569	3,151	2,139	-	4,560	9,850
Children's Special Health Care Servi	res														
Diagnostics	-	1	_	_	1	4	6	-	_	10	9	17	_	1	27
Assessments-Renewal	28	29	_	23	80	97	127	-	133	357	95	104	-	137	336
Assessments-New	4	7	-	7	18	4	27	-	36	67	28	32	_	36	96

#### **WIC CLINIC CASELOAD STATISTICS PER CLINIC**

	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	20-21 YTD	20-21 Avg	19-20 Avg	18-19 Avg	17-18 Avg	
BRANCH	1,438	1,438	1,444	1,449	1,425	1411							8,605	1,434	1,337	1,247	1,315	
HILLSDALE	1,013	988	895	867	834	834							5,431	905	1,004	988	1,115	
STURGIS	783	749	729	706	692	679							4,338	723	810	766	768	
THREE RIVERS	1,241	1,136	1,064	1,003	952	954							6,350	1,058	1,127	982	1,024	
Totals	4,475	4,311	4,132	4,025	3,905	3,878							24726	4,121	4,286	3,988	4,223	

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

