

BOARD OF HEALTH
Agenda for April 23, 2020 at 9:00 AM
VIA Zoom Meetings

<https://zoom.us/j/97891775658?pwd=Ylh5SG5jN0R2WG5KWINyblhWNkVSdz09>

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 – Approval of the Minutes from the March 31, 2020 meeting*
 - 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. Food License Late Fee Deadline Extension*
 - b. Compensation for Exempt Employees*
9. Departmental Reports
 - a. Personal Health & Disease Prevention
 - b. Environmental Health
 - c. Area Agency on Aging
10. Adjournment - Next meeting: May 28, 2020 at the Coldwater office

Educational Discussion - Additional COVID-19 Information

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



Health Officer's Report to the Board of Health for April 23, 2020
Prepared by: Rebecca A. Burns, M.P.H., R.S.

Agency Updates

Recognition for the Best Team on Earth! - A lot has happened in a month, but what hasn't changed is the amazing team at BHSJCHA. I can't say enough about these folks and their pride in their work and concern about the residents of Branch, Hillsdale, and St. Joseph counties. So, I didn't want this board meeting to go by without recognizing them again.

Program Changes Due To COVID-19 - We have continued to evaluate staffing and what we can accomplish given the restrictions in Michigan. The Agency did lay-off seven staff members two weeks ago. The three Hearing & Vision Techs and four sanitarians from Environmental Health. The Hearing & Vision Techs were laid off due to school continuing to be closed for the rest of the year. The EH division without the ability to conduct restaurant inspections due to social distancing, was without enough work to keep staff busy in their programs. I'm pleased to report that EH activities are increasing with the good weather and we are calling back two of the Sanitarians next week.

We have implemented Agency wide A and B teams. And have been alternating days in the office with a 7-day work week. It still provides everyone with two days off in a 7-day period. It also allows us to operate two independent teams and maintain social distancing. Regarding programming:

- WIC is done entirely by phone
- Immunizations are currently cancelled. We are making appointments for June,
- CSHCS is done entirely by phone
- Hearing & Vision is paused and staff laid off.
- STD's will be seen by appointment if symptomatic
- Well and Septic Permits will continue to be issued, especially the emergency ones
- Food inspections are mostly paused and majority of staff laid off
- Car Seat Program mostly paused, our tech did assist with an emergency situation
- AAA3C is following participants by phone

EOC's, State Calls: As a district health department we have three times the meetings with three counties. Jim Cook our Emergency Preparedness Coordinator is kept very busy keeping up with all the meetings and I attend when I can. Every day the state hosts a call with Health Officers as we strategize on efforts to improve the situation in Michigan. Local health departments are working with the state now on improving contact tracing around the state. Contact tracing is essential paired with adequate testing capacity to identify cases and the contacts of cases to stop further transmission of disease.

Local Health Officer Orders: As Michigan begins to strategize about reopening, we will be watching for an increase in cases and will need to keep the opportunity for issuing an order from the local Health Officer as an option as needed.

Board Education Session: The next educational session for the Board of Health is next month (May) and the topic is Finance.

Strategic Planning: This is at a total pause due to COVID-19.

Hepatitis A Outbreak Carry-over Funds: We were awarded \$25,000 in Hep A Outbreak carryover funds. We will use these dollars to replace the aging vaccine refrigerator in Coldwater and to purchase some portable vaccine refrigerators. The portable units will position us to provide vaccines outside of the office at areas around the county. We believe this will be important once we are able to restart seeing patients as many will need to catch-up on missed vaccines.

Health Department Leases

20 Care Drive, Hillsdale, MI I am keeping this in my report until a final decision has been made as to how to proceed after August. As I reported in December, the final payment for the mortgage on the building we occupy in Hillsdale will be made in August 2020. I understand that the Hillsdale County Commission has had some discussion regarding this building and potentially adopting an agreement similar to the one the Agency has with St. Joseph County.

570 Marshall Road, Coldwater MI – I reached out to County Administrator Bud Norman to request an extension through October 30th. The extension of our current agreement was accepted by the county and has been signed by both parties. Administrator Norman and I have an appointment scheduled in mid-June to get back to working on the new agreement.

1555 E. Chicago Road, Ste. C, Sturgis, MI – There has been no movement with this project due the social distancing measures put in place in Michigan. I have reached out to the landlord to set a date to discuss further.

Health Promotion & Education Updates – Our Health Educator, Rochelle Agar, delivered a beautiful baby boy on March 28th, Jones David Agar weighed 9 lbs 11 oz and was 22 inches long. Wow! We are looking forward to welcoming her back in mid-June. Our other health educator, Kelley Mapes, has been continuing work with the Medical Marijuana grant and messaging out about the WIC program and how to sign-up for nutrition benefits. The Annual Report is nearly complete, the completion has been disrupted to COVID-19 and Rochelle's maternity leave.

Budget Amendment – We are currently working on the budget amendment and will soon start work on the FY21 proposed budget. These are both anticipated at the June meeting.

Communicable Disease & Contact Tracing – There has been a lot of information in the news media and also in Governor Whitmer's press conferences about contact tracing. I've also spent some time in each EOC explaining what the health department is actually doing. Here are a couple of slides that are part of training for volunteers on contact tracing that help explain what it is and why we do it.

Outbreak Investigation



There are many steps to every infectious disease outbreak investigation



Some of the steps include:

Verifying the diagnosis
Creating a case definition
Identifying and counting cases
Developing and testing hypotheses
Establishing control measures



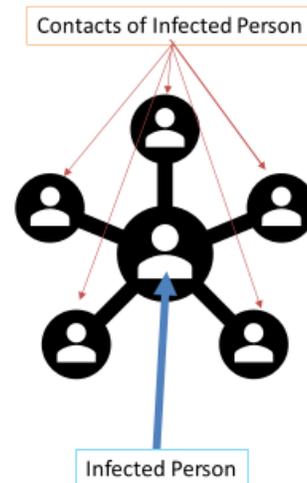
Each outbreak is different but most outbreaks involve these steps



Contact tracing is part of the effort to identify and count cases and prevent further transmission

Contact Tracing

- What is contact tracing?
 - Contact tracing is identifying persons who may have come into contact with someone who has an infectious disease.
 - These people are referred to as “contacts”.
 - Contact tracing is one tool that can be used to contain an outbreak.



Medical Director's Report to the Board of Health
H. Lauren Vogel, D.O., M.P.H.
April 2020 – A Look Into History – The Spanish Influenza

Those who do not know history are prone to repeat it. A review of the medical literature from 100 years ago can shed light on COVID-19 from today.

From August 24, 1918: "SPANISH INFLUENZA" Journal of A.M.A August 1918

A pandemic of an acute influenza-like disease is passing over Europe, civilized and barbarian. Fortunately the outbreak in England and among the Allied troops on the continent is now on the wane. In view of the likelihood that the pandemic will reach this country, all observations in regard to its manifestations and nature are of special interest. Among the young and healthy there seem to have been no serious consequences, and no definite statements are made as to the death rate, which in any event thus far has been very low.

From J.A.M.A 71(13) September 1918

During the past two weeks, August 28 to September 11, there has begun a severe and rapidly spreading epidemic of influenza in the First Naval District. More than 2,000 cases have been reported in these two weeks, and there are indications of a rapid spread of the infection. The outstanding feature of this epidemic is its high degree of communicability.

Philadelphia detected its first case of a deadly, fast-spreading strain of influenza on September 17, 1918. The next day, in an attempt to halt the virus' spread, city officials launched a campaign against coughing, spitting, and sneezing in public. Yet 10 days later and despite the prospect of an epidemic at its doorstep the city hosted a parade that 200,000 people attended.

Shortly after health measures were put in place in Philadelphia, a case popped up in St. Louis. Two days later, the city shut down most public gatherings and quarantined victims in their homes. The cases slowed. By the end of the pandemic, between 50 and 100 million people were dead worldwide, including more than 500,000 Americans but the death rate in St. Louis was less than half of the rate in Philadelphia.

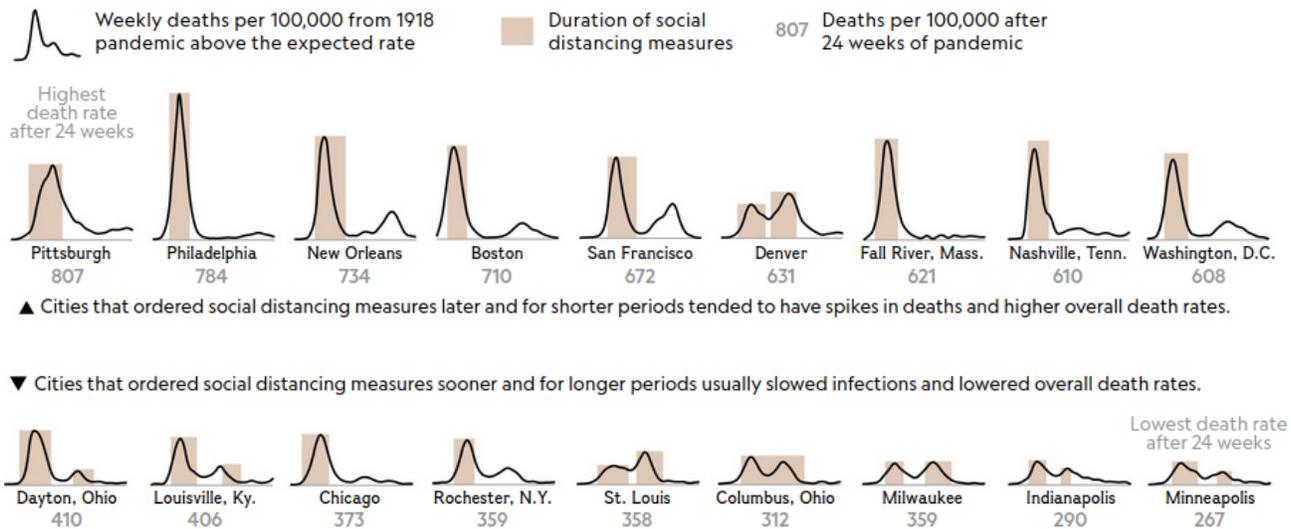
Public health interventions were the first line of defense against the epidemic in the absence of a vaccine. These measures include closing schools, shops, and restaurants; placing restrictions on transportation; mandating social distancing, and banning public gatherings. Of course, getting citizens to comply with such orders was another story: In 1918, a San Francisco health officer shot three people when one refused to wear a mandatory face mask. In Arizona, police handed out \$10 fines for those caught without the protective gear. But eventually, the most drastic and sweeping measures paid off.

After implementing a multitude of strict closures and controls on public gatherings, St. Louis, San Francisco, Milwaukee, and Kansas City responded fastest and most effectively: Interventions there were credited with cutting transmission rates by 30 to 50 percent. New York City, which reacted earliest to the crisis with mandatory quarantines and staggered business hours, experienced the lowest death rate on the Eastern seaboard.

In 1918, the studies found, the key to flattening the curve was social distancing. In 2007, two studies published in the *Proceedings of the National Academy of Sciences* sought to understand how responses influenced the disease’s spread in different cities. By comparing fatality rates, timing, and public health interventions, they found death rates were around 50 percent lower in cities that implemented preventative measures early on, versus those that did so late or not at all. The most effective efforts had simultaneously closed schools, churches, and theaters, and banned public gatherings. This allowed time for vaccine development and lessened the strain on health care systems.

The studies reached another important conclusion: That relaxing intervention measures too early could cause an otherwise stabilized city to relapse. St. Louis, for example, was so emboldened by its low death rate that the city lifted restrictions on public gatherings less than two months after the outbreak began. A rash of new cases soon followed. Of the cities that kept interventions in place, none experienced a second wave of high death rates.¹

Social distancing isn’t a new idea—it saved thousands of American lives during the 1918 pandemic. It will work for the COVID-19 pandemic if enforced.



RILEY D. CHAMPINE, NG STAFF. SOURCE: MARKEL H, LIPMAN HB, NAVARRO JA, ET AL. NONPHARMACEUTICAL INTERVENTIONS IMPLEMENTED BY US CITIES DURING THE 1918-1919 INFLUENZA PANDEMIC. JAMA.

REFERENCE

1. Hatchett RJ. Champine RD. How some cities ‘flattened the curve’ during the 1918 flu pandemic, National Geographic. March 2020. <https://www.nationalgeographic.com/history/2020/03/how-cities-flattened-curve-1918-spanish-flu-pandemic-coronavirus/>. Accessed April 2020.

REFERENCE

1. Hatchett RJ. et.al. Social distancing isn't a new idea—it saved thousands of American lives during the last great pandemic. Here's how it worked. National Geographic. March 2020.
<https://www.nationalgeographic.com/history/2020/03/how-cities-flattened-curve-1918-spanish-flu-pandemic-coronavirus/>. Accessed April 2020.

Spanish Influenza Teaching Points

- Ignore history and you'll get to repeat it
- The 1918 Influenza pandemic parallels the COVID-19 pandemic for contagiousness and spread
- The seriousness of the Spanish flu was initially ignored as not being dangerous
- In spite of the emerging citywide epidemic (Philadelphia) the city held a parade
- Some cities shut down public gatherings and quarantined people in their homes – Their death rate was about one-half of the cities with a late shutdown
- Public health interventions were the most effective means of containing the pandemic and reducing deaths.
- Relaxing quarantine too early (st. Louis) experienced a resurgence of influenza with a resultant higher death rate.
- Viruses were suggested in 1892 but were not identified until 1933. The cause for the 1918 pandemic now known due to H1N1 was unknown in 1918.
- Quarantine and masking of patients and staff were a new therapy for both bacterial and viral disease and in 1918 proved effective in control of military patients with respiratory infections that included meningitis, diphtheria, scarlet fever, mumps, measles, German measles, whooping pneumonia, cough, streptococcus tonsillitis, bronchitis and bronchopneumonia
 - Penicillin was the first antibiotic, discovered in 1929, not commercially used until the early 1940's.

COVID-19 Evidence Bites

Review of a recent scientific article on COVID-19 provides some up to date information of interest about the pandemic.¹

Flattening of the curve

Flattening the curve relates to reducing the rate of infection and does not specifically deal with the number of infected. Slowing the rate of infection allows our national medical system to function most effectively with the staffing and equipment at hand. Social distancing is the most effective means to achieve this reduction in infection rate. Eliminating social distancing while the virus remains active in a community will result in a surge of infected cases.

What Is The True Accuracy of The Swab (RNA-PCR) Test?

The RNA-PCR for covid19 is inaccurate. A positive result correctly identifies the virus but may only identify 30-50% of those actually infected with COVID-19 at the time of testing. Nasal specimens were found to be accurate 63% of the time in a recent scientific study. A negative NP swab test does not rule out covid19 infection and does not eliminate the potential for contagiousness of the subject.

What is the Survival Rate for Covid-19 With Invasive Mechanical Ventilation?

The need for mechanical ventilation infers severe decompensating disease and a poor prognosis. In Chinese data, only 14% of those requiring mechanical ventilation survived. US data is not available but seems consistent with the Chinese data.

How Likely Is Someone To Contract Covid-19 After Close Contact With Symptomatic Cases?

Unlikely! Studies have indicated that <5% of close contacts and about 15% of household contacts develop the infection. This may be due to the influence of social distancing of those ill.

Can Covid-19 Be Transmitted by Asymptomatic People?

Possible but less common than expected. When contact tracing is completed the large majority of infections have come from exposure to symptomatic persons.

If You Have An Upper Respiratory Infection, How Likely Is It To Be Covid-19?

With influenza waning and in the midst of the covid19 pandemic, URI symptoms with fever should be considered due to covid19 as more likely than any other cause. Lack of testing makes true definition impossible however.

How Long Am I Infectious Once I Have Covid-19?

There are no studies to confirm this. If hospitalization was not required (mild illness) infectivity ends when the fever is resolved. So 3 days post fever and 7 days since onset of symptoms is a good determinant. In a Chinese study, viral shedding was evident up to one month after symptoms improved in some patients.

Can Covid-19 Be Transmitted Through Airborne Spread?

Evidence for airborne spread is rare to non-existent. Social distancing and hand washing are the most effective means in preventing spread of covid19.

What Therapies Show Promise For Managing The Covid-19 Pandemic?

Many scientific studies are currently underway and are assessing Hydroxychloroquine therapy, convalescent plasma for ventilated patients, protease inhibitors and nucleotide analogs. While none of the studies are complete, preliminary unpublished findings have not shown any significant benefit to date. Initial reports for these studies are anticipated in late April.

The best management for covid19 is prevention and this is why all people with a URI should be immediately isolating and quarantining themselves for 14 days.

Is the projection data for COVID-19 accurate?

Projection of death rates remains the most accurate way of tracking the infection. Without extensive testing the infection rate and recovery data cannot be determined. From data published, Michigan and Indiana deaths are following the projections and imply that our death rates will decrease significantly in the next 3 weeks.²

REFERENCE

1. Zehtabchi S. theNNT. April 2020. <https://www.thennt.com/review-covid-analysis-april-2020/>. Accessed April 2020.
2. Coronavirus Worldwide Graphs. Worldometer. April 2020. <https://www.worldometers.info/coronavirus/worldwide-graphs/>. Accessed April 2020.

March 31, 2020 – Board of Health Finance Committee 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 Finance Committee meeting was called to order at 9:02 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, Mark Wiley, and Bruce Caswell. Terri Norris joined the meeting at approximately 9:04.

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

Public comment:

- None

New Business:

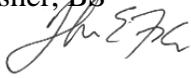
- Ms. Norris moved to approve the proposed Lease Agreement with Branch County as presented with support from Mr. Balog. A roll call vote was taken and the motion failed 0-3). (Mr. Balog, No; Ms. Norris, No; Mr. Caswell, No)
- Ms. Norris moved to recommend the Health Officer return to Branch County and request a six-month extension of the current lease so that the parties can negotiate further. The motion was supported by Mr. Balog. A roll call vote was taken and the motion passed (3-0). (Mr. Balog, Yes; Ms. Norris, Yes; Mr. Caswell, Yes)
- Ms. Norris moved to recommend that based on the COVID-19 crisis for the year 2020 the full Board approve temporarily amending the fee schedule to move the assessment of late fees for food service licenses to July 1, 2020. The motion was supported by Mr. Balog. A roll call vote was taken and the motion passed (3-0). (Mr. Balog, Yes; Ms. Norris, Yes; Mr. Caswell, Yes)
- Mr. Balog moved to recommend that the full Board approve compensating exempt employees for their hours worked at their regular rate of pay with support from Ms. Norris.
 - Mr. Balog moved to amend the motion to, recommend that the full Board approve compensating exempt employees for their hours worked at their regular rate of pay as long as the funds to do so would come entirely from additional funds received for COVID-19 from state and federal sources. The amendment was supported by Ms. Norris. A roll call vote was taken to approve the amendment to the motion and the amendment passed (3-0). (Mr. Balog, Yes; Ms. Norris, Yes; Mr. Caswell, Yes)

A roll call vote was taken on the motion, as amended, and the motion passed (3-0). (Mr. Balog, Yes; Ms. Norris, Yes; Mr. Caswell, Yes)

With no further business the meeting was adjourned at 9:53 AM.

Respectfully Submitted by:

Theresa Fisher, BS

A handwritten signature in black ink, appearing to read 'Theresa Fisher', written in a cursive style.

March 01 through March 31, 2020		
Accident Fund	Workers Comp Quarterly Payment	2,595.25
ACD.Net	Telephones 3 offices	2,227.14
Action Quick Print Plus	Printing - Well Permits	48.00
AFLAC	Payroll Deduction	1,399.32
Alerus Financial (Retirement)	Payroll Deduction	590.00
Amazon	Office Supplies 1 Invoice	65.98
Armstrong Health Care	WIC / AAA Contractual Consultant	3,524.80
Availity	Eligibility Software - EMR	110.00
Blue Cross Blue Shield	Health Insurance	59,144.20
Branch Area Transit Authority	Elderly Transportation Service	3,319.62
Branch County Commission COA	Home & Community Based Services	10,005.90
Branch County Complex	Rent - Coldwater Office	5,694.28
Branch County Fair	2020 Fair Booth Rental	130.00
CAA of South Central	Home & Community Based Services	18,874.87
Care-N-Assist	Care Management	1,424.32
Cat Rec	CSHCS Client - Ramp	1,081.93
CDW Government Inc.	Computer Supplies 1 Invoice	1,495.20
Center For Information Mgmt..	Hardware/Software Maintenance AAA	450.00
Century Bank - Master Card	3 I pads for Census/Clinic	1,875.80
Century Bank - Master Card	Bus Cards- Kali	21.19
Century Bank - Master Card	CSHCS - 2 Clients	687.00
Century Bank - Master Card	EH Office Supplies	26.48
Century Bank - Master Card	Filing W-2 & 1099	200.39
Century Bank - Master Card	Lunch for Strategic Planning Meeting	178.49
Century Bank - Master Card	Training - Cook	350.00
Century Bank Basic Flex Health Plan	Payroll Deduction	1,936.94
Century Bank EFPTS	Federal & Fica Taxes	44,119.23
Century Bank Mers	MERS DB /Retirement	31,359.74
Century Bank State	Michigan Tax	7,417.38
Charter Communications	Sturgis Internet & Phone Line	126.97
Cintas	Lab Coats & Rugs Cleaning	115.84
City Of Three Rivers	Water / Sewage & Lab Testing	184.84
Companion Life Insurance Co.	Life Insurance Premiums	1,024.23
Connect America	Care Management	54.50
Crossroads Health & Home Services	Care Management	1,179.04
CSHCS Clients	Portable Nebulizer Battery	52.99
CSHCS Clients	Prescription out of pocket	33.70
CSHCS Clients	Prescription out of pocket	50.00

March 01 through March 31, 2020		
Current Office Solutions	Office Supplies/Copier Charges 8 Invoices	1,776.51
Dan Wood	Installed PFAS Filtration Unit	554.99
Danielle Newhouse	Reimbursement - Gift Basket items for Symposium	42.36
Dr. Vogel	Medical Director - Contractual	4,506.95
Frontier	Sensaphone & Fax Line Service	271.32
GDI	Building Cleaning Expense - HD	2,649.00
GDI	Building Cleaning Expense - TR	1,749.00
GDI	Building Supplies Expense - TR	41.08
GlaxoSmithKline	Medical Supplies 4 Invoices	7,419.82
Graphics 3	Printing - AAA Business Cards	475.70
Greg Shirk	Refund - Site Evaluation	109.00
Hemocue	Medical Supplies	453.00
Hillsdale County Treasurer	Building Labor Expense - HD	280.00
Hillsdale County Treasurer	Building Refuse Expense - HD Months	160.00
Hillsdale County Treasurer	Building Snow/Mow Expense - HD	930.00
Hillsdale County Treasurer	Building Supplies Expense - HD	776.47
Hillsdale County Treasurer	Building Supplies Expense - HD - Gas	179.68
Hillsdale Public Health	Rent - Hillsdale Office	7,375.00
Home Care Wellness	Care Management	263.68
Hospital Network Health	Medical Waste Removal	110.00
Indiana Michigan Power	Building Expense - TR	1,253.60
Joseph Frazier	Reimbursement - NEHA Training	130.00
Kari Doty	Reimbursement - Gift Basket items for Symposium	111.40
Kathy Mikolajczyk	Reimbursement - Meijer- 40 Bottles Clorox Wipes	177.61
Lab Corp	Lab Fees	36.90
Legal Service Of South Central Mi.	Older Adult Legal Assistance	830.00
Maner Costerisan	2018-19 Audit	11,000.00
Maplecrest	Rent - Sturgis Office	590.00
Martha Trejo Sandy	Mileage	132.48
McKesson	Medical Supplies 2 Invoices	317.61
MDHHS Bureau of Laboratories	Lead Testing	64.51
Medical Care Alert	Care Management	59.90
Meggie Segura	Reimbursement - Gift Basket items for Symposium	26.18
Mers 5% Alerus Financial DC	Defined Contributions 5% EES	5,894.39
Michigan Municipal Risk	Professional Liability - Agency	6,814.50
Michigan Public Health	Workforce Contract	3,580.72
Michigan State Disbursement Unit	Payroll Deduction	380.22
National Environmental Health	Professional Food Manager Books	3,800.00

March 01 through March 31, 2020		
National Recoveries Inc.	Payroll Deduction	436.16
Nationwide	Payroll Deduction	3,790.00
One Stop Promotions	AAA Supplies	516.00
Optum Insight (Netwerkes.Com)	Billing Service	39.33
ProAssurance Casualty Company	Professional Liability - Physician	852.00
Prometric	Food Safety Exams	375.00
Prompt Care	Drug Testing - 1 Employee	69.00
R. Johnson Builders	Building Maintenance - TR	1,621.33
Richard Clark	Building Cleaning Expense - CW	1,800.00
Richard Clark	Building Cleaning Expense - Sturgis	325.00
Riley Pumpkin Farm	TR Building Expense - Snow Plowing	450.00
Rosati Schultz Joppich Amtsbueshler	Attorney	315.00
Sanofi Pasture	Medical Supplies 2 Invoices	2,141.91
SEMCO Energy	Building Expense - TR	98.04
Shaffmaster U-Stor	Storage 3 Months	150.00
Shred It	Document Destruction	90.00
Smile Makers	Stickers	104.85
St Joseph County COA	Home & Community Based Services	29,549.17
St Joseph County Grange Fair	2020 Fair Booth Rental	275.00
St Joseph Trans Authority	Older Adult Transportation	1,715.43
St. Joseph Community Co-op	Care Management	625.60
Staples	Office Supplies 4 Invoices	867.24
State Of Michigan	CSHCS Clients - 2 - Fee	410.00
State Of Michigan	Food Licenses Surcharge	218.00
State Of Michigan EGLE	Water Lab Test	51.00
Three Rivers Health	Rent - Dental Clinic	2,775.00
Three Rivers Petty Cash	Petty Cash	28.87
Thurston Woods	Home & Community Based Services	4,429.25
Unemployment Insurance Agency	Unemployment 2019 Interest	26.69
Verizon	Cell Phones	743.89
VRI Lifeline Of Michigan	Care Management	761.00
Wal Mart	Clorox Wipes	128.30
Wal Mart	Provider Meeting Supplies	74.01
Xmission	Email Provider	228.43
Total Of Invoice List		324,579.64

BHSJ Community Health Agency
 Schedule of Cash Receipts and Disbursements
 September 30th 2019 thru
 February 29th 2020

Plus: Cash Receipts	\$	566,895.86
Less: Cash Disbursements For Payroll/AP	\$	(489,215.25)
<hr/>		
9/30/2019 Cash Balance	\$	2,644,569.78
Plus: Cash Receipts	\$	626,443.53
Less: Cash Disbursements For Payroll/AP	\$	(497,659.75)
<hr/>		
10/31/2019 Cash Balance	\$	2,773,353.56
Plus: Cash Receipts	\$	324,732.73
Less: Cash Disbursements For Payroll/AP	\$	(851,819.49)
<hr/>		
11/30/2019 Cash Balance	\$	2,246,266.80
Plus: Cash Receipts	\$	1,186,074.50
Less: Cash Disbursements For Payroll/AP	\$	(562,760.11)
<hr/>		
12/31/2019 Cash Balance	\$	2,869,581.19
Plus: Cash Receipts	\$	952,886.58
Less: Cash Disbursements For Payroll/AP	\$	(541,221.21)
<hr/>		
1/31/2020 Cash Balance	\$	3,281,246.56
Plus: Cash Receipts	\$	404,443.37
Less: Cash Disbursements For Payroll/AP	\$	(1,082,139.35)
<hr/>		
2/29/2020 Cash Balance	\$	2,603,550.58

Branch-Hillsdale-St Joseph Community Health Agency

Balance Sheet

As of 3/31/2020

Assets

Cash on Hand	4,315.53
Cash with County Treasurer	2,397,710.86
Community Foundation Grant	309,955.94
Accounts Receivable	118,250.38
Due from State	82,905.01
Due from Other Funding Sources	172,852.87
Prepaid Expenses	124,722.08
Biologic Inventory	<u>89,952.58</u>
Total Assets	<u>3,300,665.25</u>

Liabilities

Accounts Payable	108,622.42
Payroll Liabilites	165,860.68
Capital Improvements	25,000.00
Deferred Revenue	316,999.87
Biologics	<u>89,952.58</u>
Total Liabilities	<u>706,435.55</u>

Net Assets

Operation Fund Balance	393,498.11
Restricted Fund Balance	425,704.96
Designated Fund Balance	<u>1,775,026.63</u>
Total Net Assets	<u>2,594,229.70</u>

Total Liabilities and Net Assets	<u>3,300,665.25</u>
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Prior Year Fund Balance Comparison at 3/31/2019:

Operation Fund Balance	351,159.84
Restricted Fund Balance	384,722.35
Designated Fund Balance	<u>434,483.81</u>
Total Fund Balance \$	<u>1,170,366.00</u>

Branch-Hillsdale-St Joseph Community Health Agency
Statement of Revenue and Expenditures

Expense by Program - 3/1/2020 - 3/31/2020

Program Code	Program Title	Current Month	Year to Date	Total Budget - Amendment 1	Percent Expended Amend 1
*	024 MERS Pension Underfunded	5,894.39	598,563.43	610,000.00	98.12%
*	345 Lead Testing	2,669.14	14,871.54	20,895.00	71.17%
**	032 Emergency Preparedness	17,559.19	85,892.07	133,874.00	64.15%
**	327 Hearing (ELPHS)	8,155.43	49,329.21	84,366.00	58.47%
*	325 CSHCS	19,892.21	109,086.99	196,729.00	55.45%
*	012 Area Agency on Aging	108,921.70	645,751.21	1,200,801.00	53.77%
*	008 Salary & Fringe Payoff	0.00	37,364.98	70,000.00	53.37%
*	321 CHC Tele-A-Health	4,177.25	21,825.55	41,424.00	52.68%
**	326 Vision (ELPHS)	8,041.87	49,402.66	95,098.00	51.94%
*	745 Type II Water	7,870.34	42,396.34	83,492.00	50.77%
	021 Dental Clinic - Three Rivers	2,775.00	16,650.00	33,300.00	50.00%
	108 WIC Breastfeeding	8,418.79	47,094.15	95,825.00	49.14%
	029 Dental Clinic - Hillsdale	597.95	3,920.04	8,000.00	49.00%
	605 General EH Services	2,547.96	14,112.84	29,289.00	48.18%
	714 Onsite Sewage Disposal	29,975.41	168,750.16	351,469.00	48.01%
	721 Drinking Water Supply	29,975.41	168,750.16	351,469.00	48.01%
	010 Agency Support	(53,449.38)	33,342.88	69,916.00	47.68%
	338 Immunization Vaccine Handling	32,688.88	198,114.49	416,027.00	47.62%
	109 WIC	82,033.84	473,294.31	996,126.00	47.51%
	341 Infectious Disease	20,769.40	125,350.67	272,814.00	45.94%
	704 Food Service	41,325.34	223,843.42	488,288.00	45.84%
	331 STD	12,459.53	67,270.40	149,117.00	45.11%
	332 HIV Prevention	2,048.59	14,023.82	35,154.00	39.89%
	014 VOCA	15,578.12	78,625.99	205,743.00	38.21%
	138 Immunization IAP	32,988.56	278,113.43	739,402.00	37.61%
	115 MCH Enabling Women	2,197.33	22,266.27	60,081.00	37.06%
	101 Workforce Development	4,384.10	15,989.18	50,182.00	31.86%
	329 MCH Enabling Children	1,024.99	11,988.26	39,034.00	30.71%
#	038 COVID-19 Response	46,533.52	46,533.52	168,070.00	27.68%
	107 Medicaid Outreach	6,386.14	42,580.58	171,920.00	24.76%
	722 PFAS Response	3,181.93	3,754.36	16,566.00	22.66%
#	230 Medical Marijuana HD	980.43	3,303.15	17,093.00	19.32%
#	275 Medical Marijuana SJ	923.99	1,633.37	10,922.00	14.95%
#	212 Medical Marijuana BR	943.25	2,466.25	25,961.00	9.49%
	023 Capital Expenditures	0.00	0.00	25,000.00	0.00%
	035 Vector Borne Disease	0.00	0.00	24,387.00	0.00%
	112 CSHCS Medicaid Outreach	0.00	0.00	55,119.00	0.00%
	Total Total Expense	<u>510,470.60</u>	<u>3,716,255.68</u>	<u>7,442,953.00</u>	<u>49.93%</u>

The Agency is currently .07% under budget.

*6/12 Months = 50%

**6/9 Months = 66.66%

**9-Month Program

Budget Not Approved

Programs Over Budget as of 3/31/2020

RU 024: Over budget due to lump sum MERS payment. Program will fall back in line with budget as FY progresses.
98.12%

RU 345: Over budget due to increase in staff time and travel time in program - will monitor and adjust in amended budget
71.17%

RU 032: 9 Month Program - within budget 66.66%
64.16%

RU 327: 9 Month Program - within budget 66.66%
58.47%

RU 325: Budget for RU 325 must be totally expended before expenses can be charged to RU 112. When looking at these 2 budgets together as one, the program is actual under spent at .06%.
55.45%

RU 012: 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 appropriate adjustments are made at the next budget amendment.
53.77%

RU 008: Over budget due to annual Sick Time Payout. Program will fall back in line with budget as FY progresses.
53.37%

RU 321: Over budget due to increase in staff time in program - will monitor.
52.68%

RU 326: 9 Month Program - within budget 66.66%
51.94%

RU 745: Program is slightly over budget due to a slight increase in staff time - will monitor.
50.77%

Food License Deadline Extension Proposal

The annual food license renewal process requires all food service establishments to renew their licenses by April 30 of each year. In light of the Covid-19 crisis and the closure of restaurants and bars with the exception of take-out and delivery service, I am proposing that the current system for assessing late fees by our Agency be delayed so that late fees would not be assessed to establishments until July 1st. Doing this will provide food service establishments an extra 60 days to pay their license fee without penalty.

The executive order has put a severe hardship on food service operators and I believe its important to try and help them as much as possible in keeping their businesses going. The framework of this proposal is being instituted throughout many jurisdictions throughout the State of Michigan and I believe it to be a positive step in trying to keep our local businesses operational. I would sincerely appreciate your consideration of this proposal.

Respectfully Submitted,

Paul Andriacchi REHS

EH Director

Compensation Proposal for Exempt Staff

The Agency is committed to providing the residents of Branch, Hillsdale, and St. Joseph counties the best public health response possible. The staff are extremely dedicated and are working very hard because they believe in public health and know they are making a difference and saving lives.

The Agency put together an essential services staffing plan which was fully implemented on 3/28/2020. We have modified work schedules to maintain phone support 7 days a week and many staff members are working remotely. We have a talented team and we are working to ensure all staff members are trained to help with this response. This leaves us with a great deal of flexibility for a portion of the important work that needs to be done. However, much of the work that involves management of the situation is accomplished by exempt supervisory staff that include nurses and administrators.

Public health nurses are considered hourly workers and any additional time they work is covered under the personnel policy:

Compensation for Overtime. Hourly/Professional/Technical – When the Agency’s budget permits, staff that work in excess of eighty (80) hours in a single pay period may be compensated at one and one-half their regular rate of pay for the time in excess of 80 hours. Staff may only work in excess of their budgeted schedule with prior division Director and Health Officer written approval.

However, Clinic Supervisors and the CSHCS Supervisor (these are RN’s), the EH Supervisor, and Directors are considered exempt employees. As exempt employees the Agency is not required to compensate them for additional time. Due to the excessive work load caused by the COVID-19 pandemic, the nursing staff and some administrators have needed to work many hours (both day and night and on the weekends) to keep up with the required response effort.

I am recommending that the Board of Health authorize compensation of these exempt staff members by paying them at their regular rate of pay for all hours worked. The Agency will utilize funds provided by MDHHS for COVID-19 response for this purpose.

Rebecca Burns

Additional Information

Exempt employees who work in the public setting are required to fully account for time. This requires that they work the full number of hours in a normal pay cycle or take sick/vacation time to account for the missed hours. In essence, even though they are exempt, they are required to keep time and are paid according to the same rules as hourly workers. The only difference is that hourly workers are compensated if they work additional hours, while exempt employees are not.

The Agency's attorney has confirmed that paying these exempt workers for the additional time spent working will not compromise or change their exempt status. This compensation, although not required, could be in any form that Agency sees fit.

Response to Questions about How Staff Time is Tracked and Approved

In accordance with the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards provided by the Office of Management and Budget 2 CFR 200, the Agency is required to maintain records that "accurately reflect the work performed." These records must be supported by internal controls which provide reasonable assurances that time being charged to the grants is accurate, allowable, and allocated correctly. To meet these requirements, the Agency utilizes the Abila EWS system, which is a robust system that can track time and utilization for multiple grants at the same time.

Staff are required to enter the actual time they spent working into the Abila EWS timesheet program, separated out by how many hours they spent working in each program, each day. At the end of the pay period, the staff must electronically submit their timesheet to their supervisor. By submitting their time, they are attesting to the following statement, "By submitting this time, I certify that, to the best of my knowledge, this is an after-the-fact determination of my actual activities for this time period."

The Agency has internal controls in place that require supervisors to double check timesheet entries for accuracy before they are approved. Supervisors are required to utilize a Supervisor Timesheet Approval Checklist, to ensure that they are double checking critical items including time worked, programs worked, mileage charged, vacation/sick time claimed, and to assure that the staff are working in the programs they are budgeted to work in. Additionally, any time claimed that is beyond what an employee is budgeted for, must have preapproval from their Director and/or the Health Officer. This provides reasonable assurance that the time being claimed is accurate, allowable, and allocated correctly. Only after it has been reviewed and approved is it sent on to payroll to process.

The Agency has been audited several times for compliance with Governmental Accounting Standards Board (GASB) rules and 2 CFR 200 since implementation of this time tracking system in 2015. This system along with the internal controls have been sufficient to meet the rigorous requirements of both GASB and 2 CFR 200.



Personal Health and Disease Prevention: April 23, 2020

Communicable Disease:

The agency is still adjusting to the “new normal” in our clinics when dealing with Covid-19 but I do feel that we have been able to figure a system where the cases are now evenly distributed throughout the counties. This has provided some relief for our supervisory staff where they can now focus more on leading and training others. We have continued to recruit additional staff outside of the clinic who have been amazing in supporting us through triage calls and learning how to conduct case investigations as well as contact tracing.

As of April 17th, we have responded to approximately 630 Covid-19 confirmed or related cases in a matter of two months (*includes those that were not a case and suspect*). I’m unable to accurately include contact tracing but I would guess that number would put us around 1000 cases in such a short time period.

Immunizations/STI/HIV

Immunizations are still suspended but we are working hard to get patients on the schedule for June. We will continue to evaluate this decision.

We have been able to serve our STI/HIV patients and the process of reaching them by phone is going well.

Women, Infant, and Children (WIC):

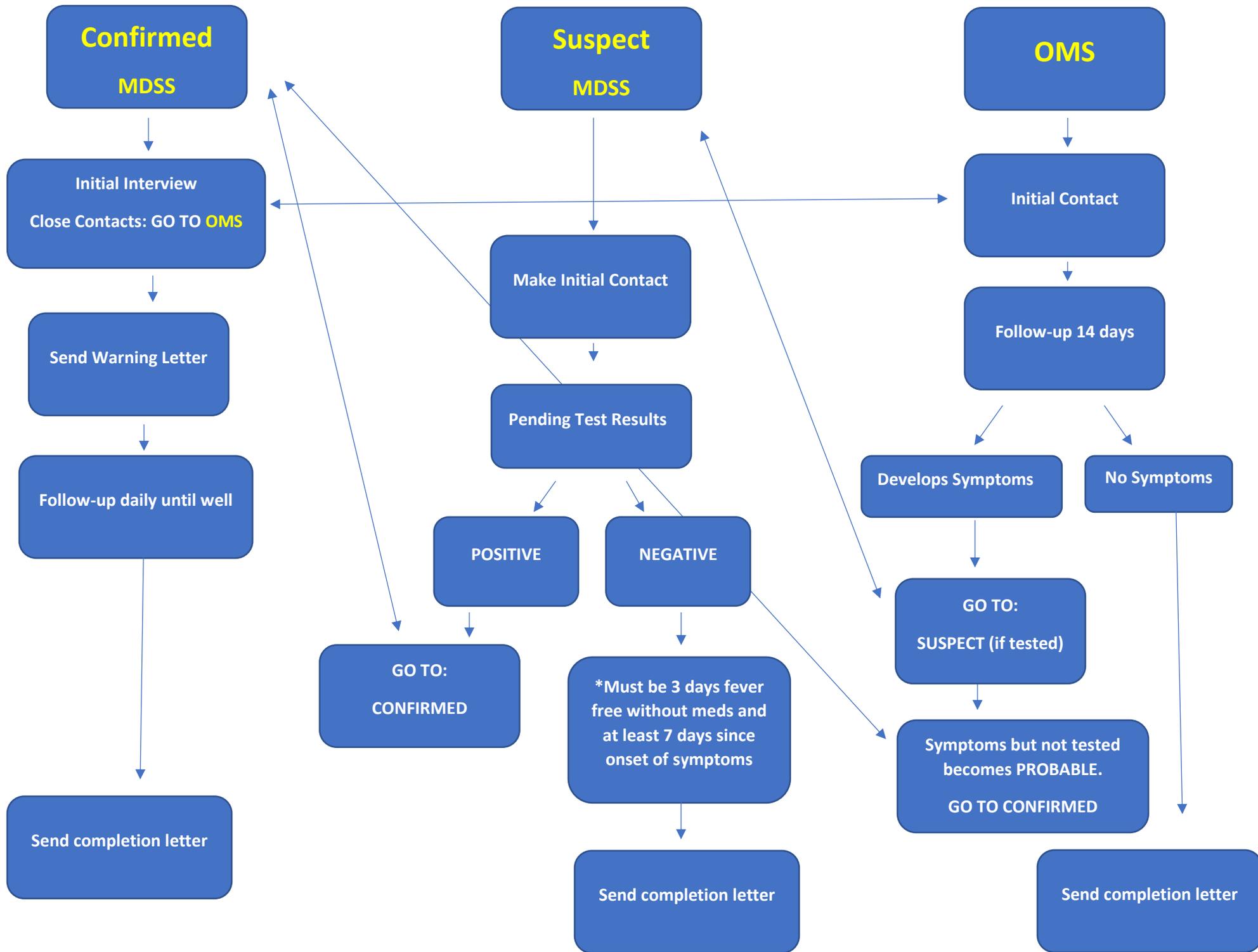
Our WIC services have tremendously increased and we continue to add more clinic days to accommodate the growth. We are working hard to encourage our WIC services and let people know that we are here for them during this difficult time. This service is essential especially now and we are proud to offer it.

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

Children's Special Health Care has changed some of the policies for connecting with families. Plan of Cares and transition education are being completed over the phone. We are connecting with those coming up for renewals by phone and mailings. Annual updates and packets for children aging off the program are being mailed. Zoom meetings with these clients are being conducted if they feel they need it. We are receiving an abundance of phone calls from parents that are worried about being able to get necessary prescriptions which we are also able to handle over the phone.

-Kali Nichols, MPH

Personal Health & Disease Prevention Director



NOTE: This information is frequently updated. This tool was created to accommodate the Covid-19 response for BHSJCHA provided the resources we have to respond.

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

March-20	2019-2020				FYTD 2019-2020				2018-19 FYTD			
	BR	HD	SJ	Total	BR	HD	SJ	Total	BR	HD	SJ	Total
	Animal Bite/Rabies potential exposure	6	4	-	10	15	21	1	37	11	33	1
Campylobacter	1	-	-	1	5	2	6	13	4	4	3	11
Chicken Pox	-	-	-	-	-	1	-	1	-	4	5	9
Chlamydia	8	5	14	27	53	52	109	214	66	49	117	232
Colds W/O Fever (School Reporting)	99	53	214	366	1,083	544	1,819	3,446	1,004	697	1,238	2,939
CRE Carbapenem Resistant Enterobac.	-	-	-	-	-	1	1	2	-	3	-	3
Cryptosporidiosis	1	-	-	1	3	1	-	4	4	1	1	6
Encephalitis - Primary	-	-	-	-	-	-	-	-	-	-	-	-
Flu Like Disease (School Reporting)	198	226	342	766	2,305	1,631	2,066	6,002	1,373	1,115	1,766	4,254
GI Illness (School Reporting)	282	164	327	773	2,689	1,529	2,139	6,357	3,583	1,996	2,056	7,635
Giardiasis	-	-	2	2	2	2	5	9	-	1	2	3
Gonorrhea	6	6	9	21	27	19	44	90	13	15	48	76
Guillian-Barre Syndrome	-	-	-	-	1	-	-	1	-	-	-	-
H. Influenzae Disease - Inv.	-	-	-	-	-	1	2	3	-	-	-	-
Head Lice (School Reporting)	24	5	51	80	281	110	380	771	206	133	410	749
Hepatitis A	-	-	-	-	1	-	-	1	1	-	-	1
Hepatitis B - Acute	-	-	-	-	-	-	1	1	-	1	-	1
Hepatitis B - Chronic	-	-	-	-	-	1	-	1	-	1	3	4
Hepatitis C - Acute	-	-	1	1	2	-	3	5	-	-	-	-
Hepatitis C - Chronic	1	-	1	2	12	11	23	46	16	18	23	57
Histoplasmosis	-	-	1	1	-	-	1	1	-	-	2	2
Impetigo (School Reporting)	1	-	2	3	8	4	25	37	25	16	30	71
Influenza (School Reporting)	55	143	26	224	409	939	113	1,461	74	111	52	237
Legionellosis	-	1	-	1	-	2	1	3	-	-	-	-
Lyme Disease	-	-	-	-	1	-	5	6	-	1	2	3
Menengitis - Aseptic	-	-	-	-	1	-	-	1	-	1	1	2
Menengitis - Bacterial	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal Disease	-	-	-	-	-	-	-	-	-	-	-	-
Mononucleosis (School Reporting)	1	-	2	3	9	12	22	43	63	15	7	85
Mycobacterium - Other	-	-	-	-	-	3	3	6	3	1	2	6
Norovirus	-	-	1	1	-	-	1	1	-	8	-	8
Pertussis	-	-	-	-	-	1	2	3	3	1	-	4
Pink Eye (School Reporting)	12	4	19	35	137	76	193	406	115	125	174	414
Q Fever	-	-	-	-	-	-	1	1	-	-	-	-
Salmonellosis	-	-	-	-	2	4	2	8	5	2	1	8

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

March-20

	2019-2020				FYTD 2019-2020				2018-19 FYTD			
	BR	HD	SJ	Total	BR	HD	SJ	Total	BR	HD	SJ	Total
Scabies	-	-	-	-	44	2	4	50	7	5	19	31
Shiga Toxin-prod. (STEC)	-	-	-	-	2	3	2	7	1	2	-	3
Strep Invasive Gp A	1	-	1	2	4	3	4	11	1	1	2	4
Strep Pneumonia Inv Ds.	-	-	1	1	3	2	3	8	1	5	2	8
Strep Throat (School Reporting)	25	77	61	163	415	373	484	1,272	591	269	382	1,242
Syphilis - Primary	-	-	-	-	-	-	-	-	-	-	-	-
Syphilis To Be Determined	-	-	-	-	2	-	-	2	-	-	1	1
VZ Infection, Unspecified	-	-	1	1	1	1	3	5	-	-	1	1

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

Mar-20

YTD 2019/2020

YTD 2018-2019

	BR	HD	ST	TR	Total	BR	HD	ST	TR	Total	BR	HD	ST	TR	Total
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CHILD IMMUNIZATIONS

# Vaccines Given CHA	72	81	34	23	210	1,027	946	274	562	2,809	1,023	961	-	661	2,645
All VFC Doses Given	458	424		629	1,511	5,126	3,615	-	6,139	14,880	4,828	3,578	-	6,902	15,308
Waivers	2	-	-	-	2	32	39	1	43	115	35	39	-	38	112

ADULT IMMUNIZATIONS

# Vaccines Given	89	72	8	48	217	961	418	105	417	1,901	1,117	589	-	808	2,514
All AVP Doses Given	41	35	-	19	95	239	150	-	189	578	260	240	-	435	935

TRAVEL VACCINATIONS

Branch Office	-	-	-	-	-	9	-	-	-	9	23	-	-	-	23
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COMMUNICABLE DISEASE

TB Tests Done	1	9	-	1	11	55	64	-	23	142	62	98	-	20	180
New LTBI on Rx	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
STD treatments	2	1	3	17	23	4	10	3	62	79	11	12	-	76	99
New STD Investigations	14	11	-	23	48	82	71	-	153	306	79	64	-	158	301
HIV Testing	-	-	-	3	3	-	6	-	25	31	6	9	-	51	66

ENROLLMENTS

Medicaid & Michild	3	-	-	1	4	16	3	-	10	29	3	-	-	17	20
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REFERRAL SERVICE

MCDC Referrals	15	24	-	9	48	73	233	8	77	391	81	141	12	18	252
MIHP referrals	-	4	10	17	31	29	19	90	113	251	85	-	73	120	278

Hearing Screens

Pre-school	7	-	-	145	152	86	102	-	313	501	111	163	-	502	776
School Age	-	57	-	43	100	1,088	795	-	1,999	3,882	1,078	1,056	-	1,876	4,010

Vision Screens

Pre-school	7	-	-	155	162	102	86	-	330	518	107	148	-	515	770
School Age	-	63	-	250	313	3,151	2,139	-	4,560	9,850	2,724	2,322	-	4,786	9,832

Children's Special Health Care Services

Diagnostics	-	1	-	-	1	9	17	-	1	27	16	40	-	-	56
Assessments-Renewal	19	23	-	19	61	95	104	-	137	336	108	113	-	174	395
Assessments-New	3	6	-	6	15	28	32	-	36	96	48	80	-	30	158

Branch-Hillsdale-St. Joseph Community Health Agency
Environmental Public Health Services
Report for the April 23, 2020 Board of Health Meeting
Prepared by Paul Andriacchi R.E.H.S, Director of Environmental Health

Food Service Sanitation/Well and Septic



Work assignments have changed dramatically in environmental health since the Governor's executive orders were instituted. We are only conducting food service inspections if there is a complaint or a potential food borne illness that we would need to investigate. For our field staff, we are still doing inspections for new wells and septic systems because these contractors are considered essential workers. We are not processing any new applications for wells and septic systems unless they qualify as an emergency such as no water or sewage on the ground. In all cases where we are sending our staff out, we have instructed them to observe social distancing guidelines.

As a consequence of the limited fieldwork we are able to conduct, we were forced to move to a temporary lay off of some of the environmental health staff. The lay-off affected 4 environmental health staff members and was put into effective on April 11. The lay-off is temporary, it was done according to seniority and those staff members will be called back to work as soon as the executive order to stay at home is lifted.

The remaining staff has been assigned additional tasks associated with the Covid-19 response. We have assigned our clerical staff some call back duties in association with Covid-19 cases and we have our sanitarians making calls to congregate living facilities such as adult care facilities and long-term care facilities and some of the larger businesses. The calls are designed to gather information for the best contact for each facility should be have a case that we need to track back on. They are also going over protocols for social distancing, monitoring employee's health and asking if they are in need of PPE.

General Programs

The PFAS investigation in White Pigeon has come to a standstill at this point. EGLE has identified an additional 14 homes that will be included in an expanded investigation. However, these wells will not be able to be tested until the executive order has been lifted. Knowing that these wells could potentially be impacted by PFAS, we have decided to provide all these homes with vouchers for bottled water until testing can be done. We are also providing of these homes with a countertop water filter capable of filtering 1 gallon of water at a time. The thought process for this is that the local grocery store where the vouchers for the water can be redeemed may encounter times where they will have shortages of bottled water. The filter will ensure these residents will have some source for safe water if there is a shortage of bottled water. The initial round of sampling in the study area revealed 14 homes with at least some detection of PFAS chemicals, 3 of which had concentrations over the health limit of 70 ppt. All 14 homes will be provided with a point of use filter to use for consumption. To this point 9 of the 14 homes have had the filters installed (including all 3 that were in excess of 70 ppt.). The remainder of the homes have asked to delay the installation until after the coronavirus pandemic has settled down. EGLE is still planning on holding public meeting for both the White Pigeon and Mendon PFAS investigation sites and I will pass along the dates for those meeting when they become available.

EH Service Statistics Report

BRANCH - HILLSDALE - ST. JOSEPH COMMUNITY HEALTH AGENCY

ENVIRONMENTAL HEALTH SERVICE REPORT 2019/2020

	MARCH				YTD 2019/2020				YTD 2018/2019			
	BR	HD	SJ	TOTAL	BR	HD	SJ	TOTAL	BR	HD	SJ	TOTAL
WELL/SEWAGE SYSTEM EVAL.	-	-	1	1	4	1	7	12	9	3	10	22
CHANGE OF USE EVALUATIONS - FIELD	5	4	5	14	12	26	14	52	4	16	19	39
CHANGE OF USE EVALUATIONS - OFFICE	5	2	1	8	29	9	14	52	9	4	25	38
ON-SITE SEWAGE DISPOSAL												
PERMITS NEW CONSTRUCTION	3	1	6	10	18	22	39	79	26	19	30	75
REPAIR/REPLACEMENT	7	4	6	17	27	21	40	88	18	21	52	91
VACANT LAND EVALUATION	-	2	3	5	2	7	10	19	4	4	4	12
PERMITS DENIED	-	-	-	-	-	-	1	1	-	-	1	1
TOTAL	10	7	15	32	48	43	90	187	48	44	87	179
SEWAGE PERMITS INSPECTED	5	3	12	20	36	50	58	144	25	38	66	128
WELL PERMITS ISSUED	10	9	17	36	55	69	117	241	45	52	74	171
WELL PERMITS INSPECTED	1	6	10	17	41	62	116	219	70	56	77	203
FOOD SERVICE INSPECTION												
PERMANENT	12	17	25	54	105	138	173	416	109	104	154	367
NEW OWNER / NEW ESTABLISHMENT	1	-	-	1	6	3	5	14	1	5	8	14
FOLLOW-UP INSPECTION	1	-	1	2	6	1	7	14	11	22	10	43
TEMPORARY	-	-	1	1	2	11	17	30	4	9	18	31
MOBILE/STFU	-	-	-	-	3	1	-	4	-	2	4	6
PLAN REVIEW APPLICATIONS	-	-	-	-	-	2	3	5	5	3	2	10
FOOD RELATED COMPLAINTS	-	-	1	1	4	6	6	16	3	7	3	13
FOODBORNE ILLNESS INVESTIGATED	-	-	-	-	1	-	1	2	-	-	-	-
FOOD CLASSES												
MANAGEMENT CERTIFICATION CLASS	n/a	n/a	n/a	-	n/a	n/a	n/a	58	n/a	n/a	n/a	83
FOOD HANDLERS CLASS	n/a	n/a	n/a	-	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.	-	2	4	6	1	12	14	27	3	10	20	33
SWIMMING POOL INSPECTION	-	-	-	-	1	4	-	5	10	4	-	14
PROPOSED SUBDIVISION REVIEW	-	-	-	-	-	-	-	-	-	-	-	-
SEPTIC TANK CLEANER	-	-	-	-	-	-	-	-	-	-	-	-
DHS LICENSED FACILITY INSP.	3	6	-	9	6	27	16	49	14	17	18	49
COMPLAINT INVESTIGATIONS	-	2	1	3	6	19	13	38	24	10	7	41
LONG TERM MONITORING	-	-	-	-	-	-	-	-	-	-	5	5
BODY ART FACILITY INSPECTIONS	-	-	-	1	2	3	2	8	-	3	5	8

Establishment Inspection Report

For Date Range: 3/1/2020 - 3/31/2020 and Program: Food Service

Name	Location	Date	Inspection Type	# P	# Pf	# P/Pf Fixed During Inspection	# Core
AMERICAN LEGION POST 170	THREE RIVERS	3/24/2020	Progress Note	0	0	0	0
Ben's Soft Pretzels	JONESVILLE	3/20/2020	Routine	0	0	0	0
BIGGBY COFFEE #254 V&K CAFE DBA	COLDWATER	3/4/2020	Follow-Up	0	0	0	0
Biggby Coffee #494	White Pigeon	3/10/2020	Routine	0	0	0	0
BURR OAK GRANGE #1350	Burr Oak	3/2/2020	Routine	0	0	0	0
BURR OAK SCHOOL	BURR OAK	3/2/2020	Routine	1	0	1	0
CAMDEN CAFE	Camden	3/3/2020	Routine	1	0	1	1
Cavoni's	Three Rivers	3/24/2020	Routine	0	0	0	1
Centreville United Methodist Church	Centreville	3/5/2020	Routine	0	1	0	0
CLEMEN'S FOOD GROUP-AVI FOODSYSTEMS	COLDWATER	3/9/2020	Routine	2	2	4	8
COLDWATER FREE METHODIST CHURCH	COLDWATER	3/12/2020	Routine	0	0	0	0
COLDWATER HIGH SCHOOL	COLDWATER	3/12/2020	Routine	0	0	0	0
COLDWATER UNITED METHODIST CHURCH	COLDWATER	3/4/2020	Routine	1	1	1	2
COLDWATER WINGS ETC	COLDWATER	3/20/2020	Routine	1	0	1	1
Community Action	COLDWATER	3/5/2020	Routine	0	0	0	0
Country Table Restaurant	White Pigeon	3/10/2020	Routine	0	1	1	0
Cowboy Up	Mendon	3/24/2020	Progress Note	0	0	0	0
Cronkhite Beverage Catering	Coldwater	3/5/2020	Routine	0	0	0	0
CULVER'S OF STURGIS	STURGIS	3/10/2020	Routine	0	0	0	0
DAVINCI'S	STURGIS	3/31/2020	Routine	0	0	0	0
EL CERRITO	HILLSDALE	3/24/2020	Routine	0	0	0	0
EL CERRITO MEXICAN RESTAURANT	COLDWATER	3/13/2020	Routine	1	1	2	2
El Sembrador LLC	Sturgis	3/10/2020	Routine	0	1	1	3
Factoryville Bible Church	Athens	3/13/2020	Temporary	0	0	0	0
FIRM FOUNDATION MINISTRIES	CENTREVILLE	3/5/2020	Routine	0	0	0	0
FIRST CHURCH OF GOD	Three Rivers	3/9/2020	Routine	0	0	0	0
FIRST PRESBYTERIAN CHURCH	HILLSDALE	3/6/2020	Routine	0	0	0	0
GIER ELEMENTARY SCHOOL	HILLSDALE	3/9/2020	Routine	0	1	0	0

Name	Location	Date	Inspection Type	# P	# Pf	# P/Pf Fixed During Inspection	# Core
HILLSDALE COLLEGE BIERMANN ATHLETIC CENT	HILLSDALE	3/11/2020	Routine	0	0	0	0
HILLSDALE COUNTY 4H BUILDING	HILLSDALE TWP	3/19/2020	Routine	0	0	0	0
HILLSDALE HIGH SCHOOL	HILLSDALE	3/9/2020	Routine	0	1	1	0
HILLSDALE HIGH SCHOOL	HILLSDALE	3/9/2020	Routine	0	0	0	0
HIP PADDER'S CATERING	STURGIS	3/4/2020	Routine	0	0	0	0
Holiday Inn Express & Suites / Food	COLDWATER	3/31/2020	Routine	0	0	0	0
Holiday Inn Express & Suites--Food	Three Rivers	3/12/2020	Routine	0	0	0	0
HOT 'N NOW	STURGIS	3/4/2020	Routine	1	0	1	1
JEFFERSON ELEMENTARY SCHOOL	COLDWATER	3/13/2020	Routine	0	0	0	0
LA Coffee Cafe	Three Rivers	3/17/2020	Routine	0	0	0	0
LAKE AREA CHRISTIAN SCHOOL--fixed	STURGIS	3/17/2020	Progress Note	0	0	0	0
LITCHFIELD CONGREGATIONAL CHURCH	Litchfield	3/3/2020	Routine	0	0	0	0
LITCHFIELD-JONESVILLE LANES INC	Jonesville	3/4/2020	Routine	0	0	0	0
MAX LARSEN ELEM SCHOOL	COLDWATER	3/12/2020	Routine	0	0	0	0
McDonald's JLMAC, LLC	Centreville	3/5/2020	Routine	0	0	0	0
McDONALDS OF THREE RIVERS #2196	Three Rivers	3/6/2020	Follow-Up	0	0	0	0
MCDONALD'S-JONESVILLE	JONESVILLE	3/20/2020	Routine	0	0	0	0
MIKE'S PIZZA-SUB	Sturgis	3/10/2020	Routine	0	0	0	0
MONTGOMERY FIRE DEPARTMENT	MONTGOME RY	3/9/2020	Routine	0	0	0	0
MR. B'S DAIRY BAR	THREE RIVERS	3/13/2020	Complaint	0	0	0	0
OASIS RESTAURANT	Three Rivers	3/18/2020	Routine	1	1	0	1
PATHFINDER	Centreville	3/5/2020	Routine	0	0	0	1
PIZZA HUT	HILLSDALE	3/5/2020	Routine	0	0	0	0
Punjab Group Mendon Inc/Mendon Quick Sto		3/18/2020	Routine	1	0	0	1
RAY'S TAVERN	READING	3/20/2020	Progress Note	0	0	0	0
Scooter's Cafe	Constantine	3/19/2020	Progress Note	0	0	0	0
SHORT'S LAMPLIGHTER, LLC	COLDWATER	3/11/2020	Routine	2	0	1	3

Name	Location	Date	Inspection Type	# P	# Pf	# P/Pf Fixed During Inspection	# Core
SOMERSET BEACH CAMPGROUND	SOMERSET CENTER	3/11/2020	Routine	0	0	0	0
St. John's Lutheran Church	Burr Oak	3/2/2020	Routine	0	0	0	0
SUBWAY-Jonesville	JONESVILLE	3/20/2020	Routine	0	0	0	0
Taco Bell #33023	Three Rivers	3/24/2020	Routine	0	0	0	0
The Local Eatery	Hillsdale	3/18/2020	Routine	0	0	0	0
The Stables	Quincy	3/12/2020	Pre-opening/New	1	0	0	0
Three Rivers Life Skills Center	Three Rivers	3/17/2020	Progress Note	0	0	0	0
THREE RIVERS PIZZA HUT	THREE RIVERS	3/24/2020	Routine	0	0	0	1
VETERANS FOREIGN WARS	STURGIS	3/4/2020	Routine	0	0	0	0
Viva Fajita	Mendon	3/18/2020	Routine	0	1	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 by County

For Date Range: 3/1/2020 - 3/31/2020 and Program: Food Service

County	Inspection Type	Count
Branch	Follow-Up	1
	Pre-opening/New	1
	Routine	12
Hillsdale	Progress Note	1
	Routine	17
St. Joseph	Complaint	1
	Follow-Up	1
	Progress Note	5
	Routine	25
	Temporary	1
	Total number of inspections	65

Inspection Type Count

For Date Range: 3/1/2020 - 3/31/2020 and Program: Food Service

Inspection Type	Count
Complaint	1
Follow-Up	2
Pre-opening/New	1
Progress Note	6
Routine	54
Temporary	1
Total number of inspections	65



Director's Report

Enclosures:

1. "Take Care of You and Those You Love, How to Take Your Temperature" flyer
 2. "Staying Safe at Home During the Coronavirus Crisis" flyer
-

Updates:

1. AAA staff have remained busy as ever during the crisis! We have been busy making telephone calls to connect with participants, as well as taking new referrals coming through the state "COVID line" initiated by the Aging & Adult Services Agency. Our goal is to provide prompt contacts, offer caring support, education and resources to reassure people about how to remain safe at home.
2. AASA initiated another new project in the last week that we've successfully coordinated locally. "Quarantine Boxes" ("Qboxes) were purchased by AASA and are now being shipped to one location in each planning & service area across the state... We are expecting 250 Qboxes next week! Each box consists of 25lbs of shelf stable food and totals 22 meals. Recipes are included for breakfast, lunch and dinner. The Food Bank Council of Michigan put them together with the help of the National Guard. We are working locally with Branch County Area Food Bank, Community Action, St. Joseph County Commission on Aging, and the St. Joseph County United Way to distribute boxes to individuals 60+ who don't already receive food assistance/HDM but are in need due to the crisis.
3. Our division purchased 200 digital thermometers for community members who have been identified by our CHA nursing staff or AAA staff as needing a thermometer to self-monitor. I've attached 2 documents which will be distributed with the thermometer. The "Take Care of You" flyer was designed by our very own Karri Doty in AAA. The other was distributed by our National Association of AAA's and was customized for our region.
4. Our contracted providers continue to deliver meals and provide limited amount of in-home supportive services. We are making referrals to local law enforcement, fire departments and other organizations to help fulfill needs... Many requests have surrounded grocery delivery and prescription medication delivery. Our local first responders & volunteers are stepping up to help and it is greatly appreciated!
5. The Aging & Adult Services Agency is expected to issue a second special grant award sometime at the end of April (via federal "CARES Act"). Our first special award was received at the end of March (via the "Families First Coronavirus Act"). Both awards will be incorporated into the upcoming budget amendments for finance committee review and BOH approval. These funds can be used for direct services, including unique needs, as well as some administrative purposes.



Staying Safe at Home During the Coronavirus Crisis

To avoid being exposed to the coronavirus, it's important for everyone to stay at home. This is particularly true for older adults and people with some chronic conditions, who have a higher risk for complications from COVID-19—the illness caused by the coronavirus. The Eldercare Locator and the Alliance for Aging Research have teamed up to bring you the facts—so you can keep yourself and loved ones safe and healthy during this public health emergency.

Why Older Adults and People with Chronic Conditions are at Higher Risk

Our immune systems weaken as we age, making it harder to fight off infectious diseases. Cancer treatment, immune deficiencies, smoking and prolonged use of medications that weaken the immune system can also make it harder for the body to fight off the virus. People with certain chronic health conditions—including heart disease, lung diseases, obesity, diabetes or liver disease—also have a harder time fighting the virus.

Protecting Yourself

There is currently no vaccine available to prevent COVID-19 and no medication to treat it, so the best way to prevent illness is to avoid being exposed to the virus. COVID-19 is thought to spread primarily through respiratory droplets from coughs or sneezes. It may also be transmitted after you have

touched a surface or object with the virus on it and then touch your mouth, nose or eyes. The Centers for Disease Control and Prevention (CDC) advises older adults to:

- Stay home
- If you do need to go out in public, stay at least 6 feet apart from others and wear a simple cloth face covering to help prevent the spread of the disease to others
- Avoid high-touch surfaces like elevator buttons, door handles and counters. If you must touch these surfaces, use a tissue or disposable wipe to touch them
- Don't touch your face, nose, eyes or mouth
- Wash your hands with soap and water often; hand sanitizers are ok to use if they contain at least 60% alcohol

Symptoms of COVID-19

Not everyone with COVID-19 will experience symptoms, or the symptoms may be mild enough that you don't realize you are infected, even though you are contagious. Symptoms of COVID-19 typically appear 2 to 14 days after exposure and may include:

- Fever
- Cough (usually a dry or unproductive cough)
- Difficulty breathing or shortness of breath
- Fatigue
- Loss of smell and taste
- Body aches
- Nausea, diarrhea, stomach aches or vomiting

What to Do if You Get Sick

Call your health care provider if you think you may have been exposed to someone with COVID-19 and begin to develop symptoms. They can advise you on whether to get tested for the virus. **In most cases, it's best to stay at home to avoid infecting others—or becoming infected yourself.**

Most people who become infected with COVID-19 can recover at home. For some people, however, the virus can be serious or fatal. Call 911 and seek immediate medical care if you experience:

- Trouble breathing
- Persistent pain or pressure in the chest
- Confusion not experienced previously
- Bluish lips or face
- Any other severe symptoms

Protecting Yourself from Scams

Unfortunately, there are scammers trying to take advantage of this crisis by pretending to sell you tests or medicines. According to the Consumer Financial Protection Bureau (www.consumerfinance.gov), the best defense is to say NO to anyone you don't know who contacts you (by phone, in person,

by text message or email) and asks for your Social Security Number, bank account number, credit card information, Medicare ID number, driver's license number or any other personally identifiable information.

Need Support to Stay Safe at Home?

Every community has resources to help older adults age well at home—for example, programs that provide home-delivered meals, transportation to medical appointments, in-home services, resources for caregivers and other supports that can help older adults live independently and safely at home. While some activities are paused during this crisis, especially those that bring people together in group settings, local Area Agencies on Aging are adapting programs to meet the increasing need for social engagement.

Older adults and caregivers can always contact their local Area Agency on Aging to find out what help may be available locally. To learn what's available in your area, contact the Eldercare Locator at (800) 677-1116 or eldercare.acl.gov. You can also get answers to commonly asked questions about the pandemic at www.coronavirus.gov.

In your community, contact:



Connecting You to Community Services



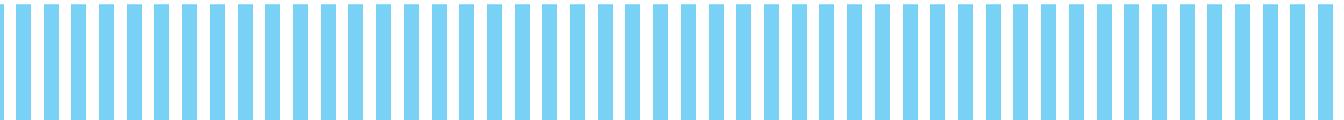
advocacy | action | answers on aging



This fact sheet was developed by the Alliance for Aging Research and the Eldercare Locator, which is administered by the National Association of Area Agencies on Aging (n4a) and funded by the U.S. Administration for Community Living.

April 2020 / Updated versions may be found at eldercare.acl.gov or www.agingresearch.org/COVID19safety.

This project was supported, in part, by grant number 901R0002, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, DC 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.



TAKE CARE OF YOURSELF AND THOSE YOU LOVE

How to take your temperature with a digital thermometer

Orally

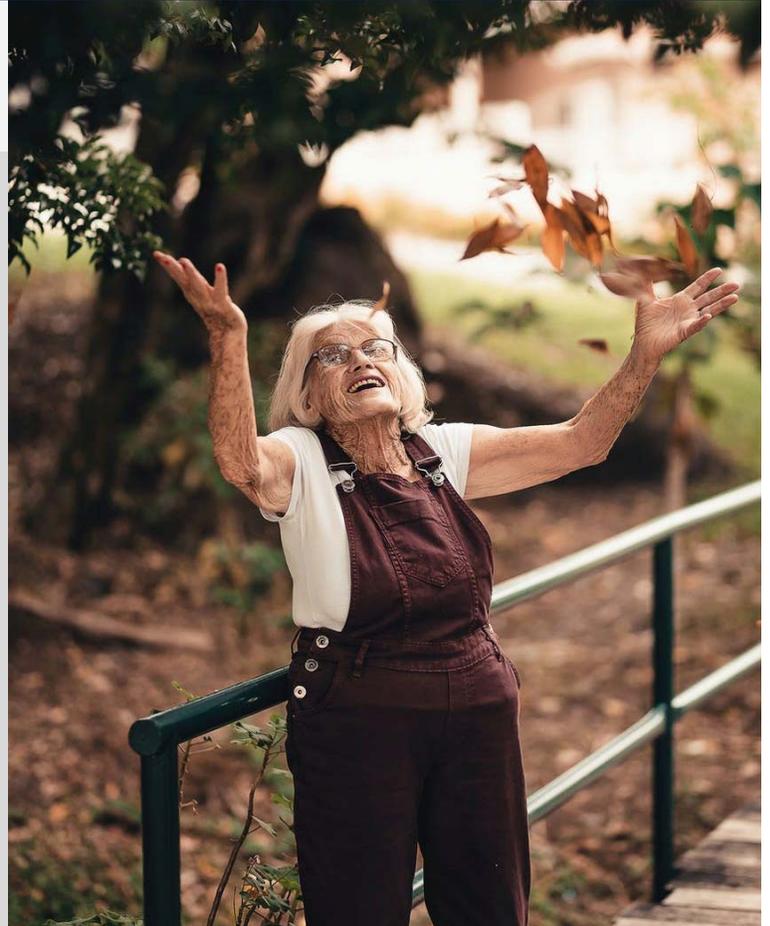
Most accurate method for those who can fully close their mouth. Place under tongue, push button on thermometer & wait for the beep.

Rectally

Generally recommended for children under 3 years old. Gently slide the probe into the rectum about 1/2 inch, push button on thermometer & wait for the beep.

Axillary

The least accurate method. Place the probe in the center of armpit and close arm, push button on thermometer & wait for the beep.



Clean your thermometer with rubbing alcohol before and after each use

Normal temperature - 98.6°

Fever - 100.4° and higher

Acceptable temperature - 97° - 99°

High grade fever - 102° and higher

When to call your doctor

If you have a persistent fever for several days or if your fever is accompanied with a headache, dizziness, nausea, chest pain, vomiting, shortness of breath or body aches.

How to treat your fever

Rest, drink plenty of fluids and take over the counter medications as recommended.



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