



Branch-Hillsdale-St. Joseph Community Health Agency

Total Site Visit Report

04/24/2023

Powers and Duties

Minimum Program Requirement #1

A local health department shall continually and diligently endeavor to prevent disease, prolong life, and promote the public health through organized programs, including prevention and control of environmental health hazards; prevention and control of diseases; prevention and control of health problems of particularly vulnerable population groups; development of health care facilities and health services delivery systems; and regulation of health care facilities and health services delivery systems to the extent provided by law.

Indicator 1.1 A local health department shall implement and enforce laws for which responsibility is vested in the local health department. (Section 2433 (2) (a)).

- Lists of state and local laws and regulations for which the local health department is responsible in preventing disease, prolonging life, and promoting public health (see Attachment A for state laws that may be applicable).
- Documents setting out the local health department's policies and procedures for enforcement of those laws and regulations for which it is responsible.

Site Visit Summary:

The Branch-Hillsdale-St. Joseph Community Health Agency (BHSJCHA) provided a comprehensive list of state and local laws and regulations for which it is responsible, in addition to policies and procedures the local health department follows to enforce those laws and regulations. BHSJCHA also provided examples of the Health Officer issuing emergency orders for the isolation of unvaccinated children during a chickenpox outbreak in a local school, as well as a brief quarantine order for children exposed and at risk of developing and spreading COVID-19. The BHSJCHA leadership team noted that the matrix of applicable laws and regulations provided by the State Accreditation team was helpful.

Areas of Strength:

The BHSJCHA has recently begun to use VMSG (Vision, Mission, Services, and Goals) Dashboard, a Public Health Performance Management System, to organize and track progress on multiple projects and program areas within the health department. In the opinion of the Reviewers, the dashboard will be particularly useful in ensuring that policies and procedures are monitored on a regular basis, as well as improving awareness of pertinent policies for new personnel. The dashboard will show tasks that are overdue and even email responsible staff when documents need to be reviewed and/or updated to reflect current policies and procedures.

Needed Supports:

BHSJCHA staff noted the value of the publication Michigan's Guide to Public Health for Local Governing Entities and requested the updated version be disseminated as soon as possible, in addition to summarizing the information into a one-page infographic document. BHSJCHA staff also suggested state staff consider creating and sharing templates of standard local health department documents and orders. For example, there were instances where multiple versions of a document appeared to be in use. It may very well be the result of local program staff receiving updated documentation from state personnel and then the updated documents not being forwarded to the leadership team at BHSJCHA; however, it was a concern expressed during the discussion.

Support to be Provided by the State Program:

At this time, there were no related supports offered by the Powers and Duties State Program. The requests have been discussed with the appropriate State of Michigan personnel. Further discussion with the BHSJCHA may occur at a later date.

Other Information:

The BHSJCHA recognized a need to improve the review of policies and procedures and to facilitate improvements, and the VMSG Dashboard was sourced as a solution. The Reviewers observed multiple policy and procedure documents being available to internal staff. The discussion with the BHSJCHA Leadership Team indicated additional improvements to further improve the utilization of the application.

Indicator 1.2

A local health department shall utilize vital and health statistics and provide for epidemiological and other research studies for the purpose of protecting the public health. (Section 2433 (2) (b)).

- Demonstrating access to vital and health statistics for both intern and external customers.
- Documents that demonstrate both qualitative and quantitative analysis and interpretation of vital and health statistics in reports for, at a minimum, the major causes of morbidity, mortality and environmental health hazards within the jurisdiction.

Site Visit Summary:

The BHSJCHA website hosts a “Health Data” website with links to internal and external public health data for Branch, Hillsdale and St. Joseph counties and the district health department as a whole. The page is overseen by a staff person in the Health Education and Promotion Department who sources the data and conducts analyses for grant applications and other purposes. BHSJCHA is also nearing completion of a Community Health Needs Assessment (CHNA) with the help of an external consultant.

Areas of Strength:

As mentioned above, BHSJCHA staff reported conducting a CHNA to better understand the data in their community. Agency staff noted that this is the first time the health department has conducted their own CHNA; in prior years, the BHSJCHA has supported the CHNAs of local hospitals. BHSJCHA staff also reported participating in data collection related to mosquito-borne infections, including surveillance for the Zika virus for the last several years and Eastern Equine Encephalitis (EEE) later in 2023.

Needed Supports:

Though BHSJCHA staff noted the value of the support they received from their regional epidemiologists, having an epidemiologist on staff would bring many benefits to the health department. In the opinion of the Reviewers, having a BHSJCHA epidemiologist could allow the agency to conduct additional and more in-depth analyses of public health needs and concerns within the jurisdiction, including predictive analytics, which could help the health department anticipate future needs and use limited resources most effectively.

Support to be Provided by the State Program:

At this time, there were no related supports offered by the Powers and Duties State Program. The requests have been discussed with the appropriate State of Michigan personnel. Further discussion with the BHSJCHA may occur at a later date.

Other Information:

The BHSJCHA worked with a former Health Officer at a Michigan local health department to create the first draft of the most recent Community Health Needs Assessment. Further, while mosquito surveillance activities have enabled data collection related to the Zika Virus, the BHSJCHA has planned to begin surveillance activities for the purposes of collecting data related to Eastern Equine Encephalitis.

A local health department shall make investigations and inquiries as to the causes of disease and especially epidemics, the causes of morbidity and mortality, and the causes, prevention, and control of environmental health hazards, nuisances, and sources of illness. (Section 2433 (2) (c)).

- A written description of the organizational arrangements and capacity to conduct such investigations, including policies and procedures for doing the same.
- Documentation of required reports to the State of Michigan related to disease outbreaks and environmental health hazards.
- Documents which demonstrate the investigation of causes of morbidity and mortality and the causes, prevention, and control of environmental health hazards, nuisances, and sources of illness within the jurisdiction.

Site Visit Summary:

During the site visit, BHSJCHA staff demonstrated the comprehensive nature of protocols and procedures the health department follows related to communicable disease, outbreak and pest investigations, food, and waterborne illness investigations, chain of custody protocols, and much more. Due to the COVID-19 Pandemic, agency staff reported that all communicable disease policies have been recently reviewed and updated. The BHSJCHA is implementing the VMSG dashboard to ensure all policies and procedures are reviewed at least annually moving forward. BHSJCHA also reported recently hiring a new Emergency Preparedness Coordinator, who is building relationships with local emergency managers, police and state liaisons, in addition to reviewing existing policies and procedures. To serve non-English speaking members of the community for vaccination and other health needs, agency staff reported using Stratus software for translation, in addition to employing one bilingual Spanish-English staff member.

Areas of Strength:

In the opinion of the Reviewers, the inclusion of the Area Agency on Aging (AAA) under the BHSJCHA umbrella has proved to be a real strength for the agency. According to BHSJCHA staff, the health department and AAA work together seamlessly to better serve the jurisdiction. In the early days of the pandemic, the AAA and health department were able to collaborate to best allocate limited COVID-19 supplies. Agency staff described how the AAA provided surge capacity in terms of staffing phone lines for members of the public who did not have access or the capacity to use the Internet, including for vaccine scheduling. In addition, BHSJCHA staff reported that the AAA provided food boxes and COVID-19 kits for seniors; coupled with the vaccinations provided by clinical staff, these efforts may have prevented illness and premature deaths among older adults in the jurisdiction.

BHSJCHA staff also reported recently acquiring a mobile health unit, which played an important role in serving the public during the COVID-19 Pandemic and has been used in several health education activities. The BHSJCHA hopes to use it more extensively in the future for vaccinations and WIC (Women, Infants, and Children) in outlying communities in the jurisdiction where there is limited access to healthcare.

As mentioned in a prior indicator, agency staff also reported participation in mosquito surveillance activities, including Zika for the last several years and EEE starting this year.

Needed Supports:

BHSJCHA staff indicated that filling a vacant nursing position for the mobile health unit has been a major struggle, with the current job posting being open for over a year. This has limited the BHSJCHA's ability to use the mobile unit to its full potential. BHSJCHA staff noted that salary is likely the major barrier to the position being filled, as nurses can earn significantly more at area hospitals.

Support to be Provided by the State Program:

At this time, there were no related supports offered by the Powers and Duties State Program. The requests have been discussed with the appropriate State of Michigan personnel. Further discussion with the BHSJCHA may occur at a later date.

Other Information:

The BHSJCHA provided evidence of investigating disease throughout the three-county jurisdiction. Examples of investigatory work included the COVID-19 Virus, Zika Virus, foodborne illnesses, and sexually transmitted infections.

Indicator 1.4

A local health department shall plan, implement, and evaluate health education through the provision of expert technical assistance, or financial support, or both. (Section 2433 (2) (d)).

- Documentation which demonstrates involvement in activities to educate the population about the major causes of morbidity, mortality, and environmental health hazards.

Site Visit Summary:

According to BHSJCHA staff, the agency's Health Education and Promotion Division has been active in the community, despite all Division staff members being relatively new to the agency. Recent work discussed with the Reviewer included anti-vaping presentations; the development of a Medical Marijuana flyer and "Lock it Up" campaign featured on a local bus; the development of educational materials for Safe Sleep, Breastfeeding, Adult immunizations, Community Health Workers, and much more. Agency staff highlighted a regular "Public Health Views and News" newsletter the agency distributes to and doctors. It was noted that the BHSJCHA has increased its social media presence on Instagram and Facebook, where the agency now has over four thousand followers. During the COVID-19 Pandemic, the Health Officer gave regular briefings, and the BHSJCHA developed numerous educational materials. The Health Education and Promotion Division has also been active in seeking grant funding to further their work, including applications to state and federal funders.

Areas of Strength:

In the opinion of the Reviewers, one area of strength for the BHSJCHA is that the agency ensures services are available to minority ethnic, racial, and faith-based groups in the community. BHSJCHA staff reported having improved relationships with the Amish community in the jurisdiction, particularly through the Children's Special Health Care Services program. The agency also reported using Stratus, an application that provides medical interpreters, to serve non-English speaking community. BHSJCHA also reported employing a Spanish-speaking employee and translating many educational materials into Spanish. Certain materials are also available in Arabic

Another point of strength noted by the Reviewer is that the BHSJCHA reports continued participation in the jurisdiction's SAFE KIDS Coalition, a group dedicated to reducing death and injury to children aged 14 and under. The agency reports retaining a contractor who provides free car seat inspections to the public.

Needed Supports:

The BHSJCHA staff shared that the agency has a very limited budget for community events and prevention work, as this type of outreach is funded primarily through local dollars. In the opinion of the Reviewers, the amount of discretionary funding available may present a challenge when the results of the CHNA are available. The CHNA may identify important public health issues in the community, but without dedicated funds, the BHSJCHA may not be able to address these problems.

To help make the case for further funding, BHSJCHA staff shared that return-on-investment (ROI) analyses of public health interventions would be useful. Reviewers agreed to bring these comments to leadership to see if there may be resources that would be of assistance to BHSJCHA in this matter.

Support to be Provided by the State Program:

At this time, there were no related supports offered by the Powers and Duties State Program. The requests have been discussed with the appropriate State of Michigan personnel. Further discussion with the BHSJCHA may occur at a later date.

Other Information:

Again, it is prudent to mention how advantageous the Stratus application has been in removing communication barriers between personnel and constituents. Additional software applications may prove to have utility in the future. BHSJCHA also provides educational materials on the website.

A local health department shall provide or demonstrate the provision of required services as set forth in Section 2473(2). (Section 2433 (2) (e)). See Attachment A for required services. Note: A LHD may indicate that it is not providing one or more required services. See Attachment B for excerpt from the Public Health Code (P.A. 368, Sept. 30, 1978).

- Documentation that required services set forth in Attachment A are available in the jurisdiction either by direct delivery or through other community providers.

Site Visit Summary:

BHSJCHA staff provided ample evidence of the provision of required services as set forth in Section 2473(2), including a copy of the most recent Annual Report, Communicable Disease reports, information packets prepared for the Board of Health, etc. BHSJCHA provides referrals for other required services, including reproductive and dental health.

Areas of Strength:

Despite considerable staff turnover, the BHSJCHA reported continuity for staff at the leadership level, which has allowed for continuity in the agency's services. The BHSJCHA had the capacity to invite certain program clients back onsite earlier than most local health departments in Michigan. Furthermore, a holistic approach is taken to service delivery when a WIC client is on site. The other services that may benefit the constituent are offered at that time, and personnel assist in facilitating the provision of service.

Agency staff also reported an earlier return to certain in-person services during the pandemic than many of their local public health colleagues in response to the needs and desires of the community.

Needed Supports:

As mentioned above, staff indicated that the agency has seen major turnover in the last several years. Staff reported that 58% of employees have worked at the BHSJCHA for less than four years and 27% for less than one year. During Exit Interviews, departing staff reported that the low salary offered at the agency was the primary reason they were leaving their position. In addition, BHSJCHA staff noted the high cost of having to retrain and hire new employees, in addition to the burden it places on existing staff to train new employees on top of their normal job functions.

A position that has been particularly hard for the agency to fill is the Mobile Health Unit Nurse - BHSJCHA staff reported that the job has been vacant for over a year. BHSJCHA staff shared that this position is critical for the agency to provide immunization and WIC services in the field, in particular to underserved rural communities that lack access to health care and reliable transportation to the health department for services.

BHSJCHA staff also noted that they do not currently have the capacity to provide telehealth services. This is an area of interest for the health department, particularly for communicable disease investigations, some components of human immunodeficiency virus (HIV) testing and discussing results, and tuberculosis monitoring. Specifically, Reviewers and BHSJCHA staff discussed the merits of- a secure method for remotely monitoring that tuberculosis patients are self-administering required medications.

Support to be Provided by the State Program:

At this time, there were no related supports offered by the Powers and Duties State Program. The requests have been discussed with the appropriate State of Michigan personnel. Further discussion with the BHSJCHA may occur at a later date.

Other Information:

The BHSJCHA goes above and beyond to provide constituents with more than only the mandated services in an effort to improve the public's health.

Indicator 1.6

A local health department shall have powers necessary or appropriate to perform the duties and exercise the powers given by law to the local health officer and which are not otherwise prohibited by law. (Section 2433 (2) (f)).

- A current Plan of Organization adopted by the local governing entity and approved by the Director of the Michigan Department of Health & Human Services (MDHHS), containing an organizational chart which includes the names of all local health department leadership, must be on file with MDHHS at all times.

Site Visit Summary:

BHSJCHA staff provided a succinct and complete Plan of Organization document that met all the requirements for this indicator.

Areas of Strength:

As mentioned above, the BHSJCHA provided thorough documentation for this indicator. This is particularly laudable given that the BHSJCHA is only the second local health department to be evaluated during Cycle 8 of the Accreditation process. BHSJCHA staff noted that the checklist provided by the state Accreditation team and a template provided by another health department were useful in putting together concise documentation for Accreditation and the site visit.

Needed Supports:

BHSJCHA staff reported some confusion around what was needed for Accreditation Cycle 8 in terms of the level of detail for the Site Visit. BHSJCHA staff suggested that additional communications to the local health departments through the Michigan Association for Local Public Health (MALPH) may be useful in preparing other local health departments for the Accreditation process.

Support to be Provided by the State Program:

Reviewers agreed to discuss the request to clarify Cycle 8 requirements with the state Accreditation program, including presenting on the topic during MALPH executive committee meetings.

Other Information:

The Reviewers would again like to extend their appreciation for the Plan of Organization's thoroughness and the Leadership Team's preparation in advance of the Site Review. Additionally, the intentions expressed by the Leadership Team to utilize the VMSG Dashboard for Accreditation Reviewers to utilize in future cycles are appreciated.

Indicator 1.7

A local health department shall plan, implement, and evaluate nutrition services by provision of expert technical assistance or financial support, or both. (Section 2433 (2) (g)).

- Documentation which demonstrates involvement in activities to provide and/or support Nutrition Services in the jurisdiction.

Site Visit Summary:

BHSJCHA staff reported several initiatives they participate in with regard to nutrition. The agency participates in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and Project Fresh for Seniors and WIC recipients, which provides funds to use in local farmers' markets. During the COVID-19 pandemic, the BHSJCHA AAA also provided food boxes for seniors in the jurisdiction.

Areas of Strength:

BHSJCHA staff reported that the agency has begun a voluntary transition back to in-person appointments for the WIC program already. Since the ability to conduct virtual appointments may soon be ending with the end of the Public Health Emergency, this puts the agency in a good place to continue providing services with little interruption. In addition, BHSJCHA staff reported that in-person visits allow agency staff to provide a holistic approach to service provision for clients, including blood lead testing, fluoride varnishing, immunizations, nutrition information, and dental referrals. Offering these additional services is likely of major benefit to the population served by the program. Agency staff reported a caseload of about four thousand WIC participants, with a gradual trend upwards over the years. In 2022, BHSJCHA staff reported that the program brought \$2,261,000 food dollars that went back into constituent-operated community businesses.

Through a Michigan Centers for Rural Health grant, BHSJCHA staff reported that they have been able to hire a Community Health Worker for the first time. Agency staff reported that this employee has been invaluable in helping address the social needs of the public served by BHSJCHA. The employee will also be a major asset in helping clients with the Medicaid redetermination process, which was paused during the COVID-19 Pandemic.

Needed Supports:

BHSJCHA staff reported that the agency no longer has employees certified by the International Board of Lactation Consultant Examiners (ICBLCE), which requires the agency to contract out certain services. Additional funds or programs to subsidize the cost of trainings could be helpful for staff to achieve certification and keep more services in-house.

Additionally, the BHSJCHA Leadership Team conveyed that new WIC clients often encounter difficulties respective to item restrictions; specifically, the size of products that is permissible. Moreover, there was discussion that some retailers display inadequate WIC-related signage, which further exacerbates the issue. The merits of WIC using QR codes to simplify the transfer of information to new clients were discussed.

Support to be Provided by the State Program:

At this time, there were no related supports offered by the Powers and Duties State Program. The requests have been discussed with the appropriate State of Michigan personnel. Further discussion with the BHSJCHA may occur at a later date.

Other Information:

The nutrition services offered also include Project Fresh, Senior Fresh, and other initiatives that benefit the constituents of the tri-county jurisdiction. Furthermore, there is a Community Health Worker on staff that works on Medicaid redetermination and service recommendations to constituents, including health behavior and education.

Indicator 1.8

A local health department may take on a role as the “Chief Community Health Convener”. This role involves the health department leading their community’s health promotion efforts in partnership with stakeholders with a direct or indirect interest in improving the population’s health and leaders in widely diverse sectors including, but not limited to: social services, environmental health, education, transportation, public safety, and community economic development. Emphasis is placed on catalyzing and taking actions that improve the community’s well-being. (Section 2433).

- Documentation that the local health department has developed at least one (1) initiative focused on convening meetings with clinical providers and insurers to develop linkages between population health and clinical care in its jurisdiction; or
- Documentation that the local health department has developed at least one (1) initiative focused on collaboration with community partners that have the potential to make a positive impact on the living conditions of the more vulnerable segments of the community.

Site Visit Summary:

BHSJCHA staff reported having played an extensive role as a community convener and educator during the COVID-19 Pandemic. For a lengthy period of time, the Health Officer reported holding daily briefings for the community and frequent meetings with school and hospital leadership. The agency also reported supporting local Federally Qualified Health Centers with their outreach and vaccination for the migrant farmworker community. In addition, BHSJCHA staff reported partnerships with area prisons to provide vaccinations and other services, as well as leadership of and participation in various county collaboratives with other organizations.

Areas of Strength:

BHSJCHA staff provided several examples that stood out to the Reviewers. As mentioned above, the agency has good relationships with area prisons, which allows the health department to serve a vulnerable population. Agency staff also reported that the BHSJCHA AAA is a lead community convener with regard to vulnerable older adults, convening representatives from the court system, prosecutors, the Michigan Department of Health and Human Services, and other agencies to discuss and address issues facing seniors. BHSJCHA staff also reported that the BHSJCHA Medical Director was able to provide a continuing education opportunity for physicians on the topic of health equity.

A specific example highlighting the BHSJCHA's strength as a community convener stood out to the Reviewers. The BHSJCHA Leadership Team described how the Hillsdale site for the My Community Dental Center faced seemingly insurmountable odds to stay open. The BHSJCHA was able to effectively convene stakeholders, obtain buy-in to an initiative, and incentivize the hiring of a dentist to keep the site operational. Agency staff believed that without their intervention, the clinic would have closed; as it is the only one servicing the area, closure would have been a major concern for the communities that are served

Needed Supports:

As mentioned in earlier Indicators, BHSJCHA staff reported having a very limited budget for community outreach and meetings. The Reviewers can see how additional funds could be useful to address health issues affecting the community, particularly given the fact that the agency serves three counties, each with unique needs.

BHSJCHA staff also noted that the "Chief community convener" terminology used for this indicator does not fully reflect the role of local health departments in the community. Agency staff explained that though the BHSJCHA sometimes does play a leadership role in community convenings, there are many other community initiatives where the agency serves as a partner.

Support to be Provided by the State Program:

BHSJCHA staff noted that, particularly during the early days of the COVID-19 Pandemic, much of the communication coming from state government was confusing, and local health departments were rarely given advance notice of new rules they were expected to implement. Agency staff requested that improving communication and giving advance notice where possible be a point of emphasis in the future. However, staff did note that communication has generally been good recently. Reviewers agreed to bring these comments back to the state Accreditation team for discussion and follow-up.

The merits of amending the language "Chief Health Convener" during the next State Local Workgroup for Cycle Nine Powers and Duties were discussed. In short, a local health department can be responsible for the bulk of the labor on a public health initiative, and there still be the possibility that the local health department is not considered the official lead on the initiative. The Reviewers are privy to similar instances of this concern occurring in other jurisdictions.

Other Information:

Early in the COVID-19 Pandemic, the BHSJCHA identified that the migrant population throughout the three counties was receiving inadequate attention, especially from employers, with respect to providing factual information relevant to the use of sick time. As such, the BHSJCHA worked with the local Federally Qualified Health Centers to better serve this population and protect all the constituents in the jurisdiction.

Minimum Program Requirement #QI-1

Use a performance management system to monitor achievement of organizational objectives.

Indicator QI-1.1 Staff at all organizational levels are engaged in establishing and/or updating a performance management system.

- Agency leadership and management are supportive of and engaged in establishing and/or updating a performance management system.
- Agency staff at all other levels are engaged in establishing and/or updating a performance management system.

Site Visit Summary:

The Branch-Hillsdale-St. Joseph Community Health Agency (BHSJCHA) provided relevant documentation related to their performance management system. The health department uses the VMSG performance management system, which currently includes performance measures related to the Maternal Child Health Grant and their most recent Strategic Plan. During the visit, BHSJCHA provided additional information regarding adding other program performance measures to the system, tracking policies and establishing timeframes for review, and current timelines for reporting data.

Areas of Strength:

The health department has a strong performance management system that works well and fits their needs. Staff are able to create reports and information is presented in a way that is easily understood.

Needed Supports:

It is recommended that BHSJCHA continue to add performance measures and policies for all programs, within the department, into their VMSG system. Also, the health department should set a consistent schedule for inputting data, reviewing progress towards goals, and reporting/sharing of results both internally and with the Board of Health (BoH). It is encouraged that this information be specified and included in the performance management plan.

Support to be Provided by the State Program:

As BHSJCHA continues to work on their performance management system, the health department can utilize supports through the MPH technical assistance bank of hours.

Indicator QI-1.2 The agency has adopted a department-wide performance management system.

- The agency has adopted a performance management system.

Site Visit Summary:

The health department is currently in the beginning stages of drafting their performance management plan. BHSJCHA does not have an existing performance management committee but expressed strong interest in engaging staff to help support the process of developing the plan and implementing the system.

Areas of Strength:

BHSJCHA has significant momentum around their performance management system. It is encouraged that they continue with this work while engaging other champions.

Needed Supports:

The health department engaged in a strategic planning process that included staff from varying levels. It is recommended that the health department does the same when developing a performance management plan. When creating a performance management plan, consider including the following:

- Performance standards, including goals, targets, and indicators, and the communication of expectations (including roles/responsibilities of staff)
- Performance measurement, including data systems and collection.
- Progress reporting including analysis of data, communication of analysis results (both internally and externally), and a regular reporting cycle.
- A process to use data analysis and manage change for quality improvement (QI) toward creating a learning organization (provide information related to the connection between performance management and quality improvement).

Support to be Provided by the State Program:

As BHSJCHA continues to work on their performance management plan, the health department can utilize supports through the MPHI technical assistance bank of hours.

Indicator QI-1.3 The agency has implemented a performance management system.

- The agency has a functioning performance management committee or team that is responsible for implementing the performance management system.
- The agency has established goals and objectives with identified time frames for measurement across programs and functions.
- The agency has implemented a process for monitoring the performance toward set goals and objectives.
- The agency analyzes progress toward achieving goals and objectives, and identifies areas in need of focused improvement processes.
- Through analysis of collected data, the agency identifies results and identifies next steps.
- The agency has completed a performance management self-assessment.

Site Visit Summary:

BHSJCHA is currently monitoring progress towards the goals in their performance management system. However, it is a small group of staff who have taken on this responsibility.

Areas of Strength:

The health department has been working with the VMSG performance management system, has learned how the system works, and is able to run data reports.

Needed Supports:

As the performance management system continues to grow, it is recommended that the health department establish a performance management committee to help support monitoring progress towards goals, data collection, and data analysis. It is also recommended that the health department review the Public Health Foundations Performance Management Self-Assessment as it could provide valuable information about gaps in their performance management system and identify opportunities for improvement.

(
https://www.phf.org/focusareas/performancemanagement/toolkit/Pages/PM_Toolkit_Self_Assessment.aspx)

Support to be Provided by the State Program:

As BHSJCHA continues to work on their performance management system, the health department can utilize supports through the MPH technical assistance bank of hours.

Indicator QI-1.4 The agency systematically assesses customer satisfaction with agency services and makes improvements.

- The agency has collected, analyzed, and made conclusions from feedback from at least two different customer groups.
- The agency has taken actions based on customer feedback.

Site Visit Summary:

BHSJCHA provided examples of their customer satisfaction and staff input surveys. The health department has done a good job collecting data from across the different programs and from staff. The health department now has the opportunity to review and identify potential opportunities for improvement based on the feedback.

Areas of Strength:

The health department has existing surveys that they can use to collect data on a regular basis. BHSJCHA also incorporated feedback from staff surveys into the development of priorities and action items in their most recent strategic plan.

Needed Supports:

It is recommended that BHSJCHA continues to collect data/feedback from customers across all programs. After data collection, it is vital that the programs review the data and identify opportunities for improvement based on the feedback. It is also recommended that BHSJCHA collects satisfaction data from staff on a regular basis. After data collection, it is important to review the data and identify opportunities for improvement. It is strongly encouraged that you include staff from all levels in the discussion around making improvements based on feedback and not just leadership.

Support to be Provided by the State Program:

As BHSJCHA reviews data and identifies opportunities for improvement, the health department can utilize supports through the MPH technical assistance bank of hours.

Indicator QI-1.5 The agency provides opportunities for staff involvement in the department's performance management.

- The agency provides opportunities for staff involvement in the department's performance management.

Site Visit Summary:

The health department has plans to train additional staff on how to use the VMSG performance management system.

Areas of Strength:

In the past, BHSJCHA had a list of performance management training opportunities. It is encouraged that the health department review this list and see if these trainings are still available.

Needed Supports:

It is recommended that BHSJCHA provide all staff with an overview of what performance management is and its importance/relevance to the health department. Providing staff with a basic understanding will set the stage for their future and continuous involvement. Performance management trainings can be completed as part of new employee orientation, but training opportunities should also be available to all staff throughout the year. As staff are trained, it is important to track the date, type of training, and the number of staff who participate as this can serve as documentation for accreditation requirements.

Support to be Provided by the State Program:

As BHSJCHA identifies training opportunities for staff, the health department can utilize supports through the MPHI technical assistance bank of hours.

Minimum Program Requirement #QI-2

Develop and implement quality improvement processes integrated into organizational practice, programs, processes, and interventions.

Indicator QI-2.1 The agency has established a QI program based on organizational policies and direction.

- Establishment and implementation of an agency QI Plan.
- The QI plan is aligned with the agency's identified priorities and incorporated into its performance management system.
- The QI plan has been shared with agency staff.

Site Visit Summary:

The health department does not have a current quality improvement plan but have plans to develop and connect it to their performance management plan. However, BHSJCHA will use their 2015 quality improvement plan as a starting point for drafting a new plan.

Areas of Strength:

BHSJCHA has engaged in quality improvement activities in the past and can use that experience to help guide them as they develop their quality improvement plan.

Needed Supports:

Similar to the performance management plan, it is encouraged that the health department engage staff from all levels in developing the quality improvement plan. It is also recommended that the quality improvement ties directly to the performance management plan, that include the following:

- Key quality terms
- Current and desired future state of quality in the organization.
- Key elements of the QI effort's structure (group or committee, membership, roles and responsibilities, etc.)
- QI training available and conducted.
- Project identification, and how it is aligned with department's strategic direction and performance management plan.
- QI goals, objectives, and measures with time-framed targets.
- How the plan is monitored and evaluated?
- How QI efforts are communicated?

After developing the quality improvement plan, the health department should put the plan in a location that is easily accessible by all staff.

Support to be Provided by the State Program:

As BHSJCHA continues to work on their quality improvement plan, the health department can utilize supports through the MPH technical assistance bank of hours.

Indicator QI-2.2 Engage local governing entity in establishing organizational policies and direction for implementing QI.

- Agency engagement with local governing entity to establish QI policies and direction for implementation.

Site Visit Summary:

BHSJCHA is interested in engaging their Board of Health in the agency's quality improvement and performance management efforts by utilizing the updated reporting capabilities in the VMSG system.

Areas of Strength:

BHSJCHA meets with the Board of Health on a regular basis to update them on progress towards strategic planning goals and performance measures.

Needed Supports:

It is recommended that BHSJCHA provides the Board of Health with an overview of the quality improvement plan and updates the Board of Health regularly on quality improvement activities.

Support to be Provided by the State Program:

As BHSJCHA continues to work on their quality improvement plan, the health department can utilize supports through the MPH technical assistance bank of hours.

Indicator QI-2.3 The agency has implemented QI activities.

- The agency has engaged in QI activities based on the QI Plan.

- Agency staff participate in QI activities based on the QI Plan.

Site Visit Summary:

The health department is not currently engaging in quality improvement activities.

Areas of Strength:

BHSJCHA has access to customer and staff satisfaction survey data. The data that the health department collects on a regular basis can be used to identify quality improvement opportunities.

Needed Supports:

After the health department establishes a quality improvement plan, they can begin engaging in and documenting quality improvement activities.

Support to be Provided by the State Program:

As BHSJCHA continues to work towards engaging in quality improvement activities, they can utilize supports through the MPHI technical assistance bank of hours.

Indicator QI-2.4 Assure QI training and technical assistance are available to staff.

- QI training and technical assistance are available for staff and have occurred.

Site Visit Summary:

The health department does not currently have quality improvement trainings or technical assistance available.

Areas of Strength:

Since BHSJCHA has engaged in quality improvement activities before, the health department can showcase past projects. This will help staff understand what has been done in the past and what is to come.

Needed Supports:

It is recommended that you provide an overview of quality improvement to all staff at the health department. The MDHHS Public Health Administration is funding an MPHI QI Train-the-Trainer that will take place in August. This workshop will provide information on what quality improvement is and tools that can be used to support activities.

Support to be Provided by the State Program:

As BHSJCHA continues to work towards identifying training opportunities, they can utilize supports through the MPHI technical assistance bank of hours.

Food Service

Minimum Program Requirement #1

Plan Review

Indicator No
Indicators

Follow this link in order to fill out requirements for the MPR

- Does the department review complete sets of plans and specifications?

Site Visit Summary:

Discussions were had with Branch-Hillsdale-St. Joseph Community Health Agency (BHSJCHA) regarding their plan review process and quality assurance (QA) as it applies to the minimum program requirement (MPR). BHSJCHA uses a plan reviewer's checklist to verify that each element has been reviewed and documented for 100% of the plan reviews conducted. BHSJCHA utilizes the Accreditation worksheet for MPR 1 to conduct QA on a minimum of five plan reviews per year.

Areas of Strength:

BHSJCHA maintains a QA system for plan reviews in addition to maintaining written policies and procedures.

Needed Supports:

BHSJCHA did not identify any challenges or barriers to MPR 1. BHSJCHA mentioned that it would be beneficial to have plan review guidance documents in alternative languages.

Support to be Provided by the State Program:

BHSJCHA stated that they would like to have additional food staff trained on conducting plan reviews and see more plan review trainings that staff can attend.

Other Information:

BHSJCHA demonstrates that they have solid oversight of their plan review processes and meet the requirements in MPR 1.

Minimum Program Requirement #2

Evaluation Frequency

Indicator No
Indicators

Follow this link in order to fill out requirements for the MPR

- Regular fixed: Count forward from the first evaluation in the review period in six-month intervals. At each interval, determine if an evaluation has been made. Allow one extra month grace period. Determine the percentage of evaluations that were made at the required intervals for each folder.
- Seasonal Fixed Establishments: Determine if one evaluation was made during each operating season in the review period. Determine the percentage of evaluations that were made at the required interval for each establishment.

Site Visit Summary:

BHSJCHA uses an electronic software system to run monthly reports for facility evaluations that are due. It was discussed that the BHSJCHA Food Program supervisor runs a report dating back one year to determine if any inspections were missed. BHSJCHA also maintains a separate spreadsheet for tracking inspections.

Areas of Strength:

BHSJCHA maintains a written QA procedure regarding the completion of evaluations at proper frequency and conducts randomized report reviews for all staff conducting food service evaluations.

Needed Supports:

BHSJCHA did not identify any needed support as it applies to MPR 2.

Support to be Provided by the State Program:

BHSJCHA identified barriers to evaluations being completed every 6 months as stated in the Michigan Food Law. BHSJCHA relayed the need for additional staff and the challenges of completing evaluations within normal business hours of the agency. BHSJCHA discussed since the COVID-19 Pandemic, facilities have shifted their days and hours of operation, and more facilities are operating outside the normal business hours of BHSJCHA. BHSJCHA does not utilize risk-based inspection frequency model for evaluation currently. The Reviewers discussed the options of utilizing risk-based inspection frequency model for doing inspections to increase available time for conducting evaluations.

Other Information:

BHSJCHA discussed a barrier with their current electronic software system. The current electronic system does not properly track evaluations that have been missed; therefore, the software system does not provide continuous reminders for missed evaluations. BHSJCHA is in the process of switching over to a new electronic software system that should resolve barriers in the future.

Minimum Program Requirement #3

Temporary Food Service Establishment Evaluations

Indicator No
Indicators

Follow this link in order to fill out requirements for the MPR

- Determine if the local health department has conducted an operational evaluation OR office consultation, for low risk establishments only, of each temporary food service establishment prior to licensure.
- Determine if the temporary food establishment application sections of page one: Applicant/Business Contact Information, Public Event Information, and the Food column of the table on page two are completed. Determine if all fields of the license form have been completed with the evaluation date, the date the license was approved, and the sanitarian’s signature. Determine if Appendix A of the application form when used has been completed.
- Determine if a temporary food service license was issued with uncorrected Priority or more than two uncorrected Priority Foundation violations.

Site Visit Summary:

BHSJCHA conducts site evaluations for 100% of the temporary food service establishment applications. BHSJCHA maintains a QA procedure for reviewing temporaries and utilizes the MPR 3 worksheet for documenting the reviews. BHSJCHA requires temporary food service establishment applications to be submitted with at least ten days’ notice. A late fee is applied if the submission is less than ten days prior to the event. BHSJCHA will not issue a license to an applicant if the application is received with less than two days’ notice. This policy is in place due to not having the appropriate number of staff to cover events, especially at last-minute notice.

Areas of Strength:

BHSJCHA maintains a QA policy and temporary food service establishment report review using the MPR worksheet.

Needed Supports:

BHSJCHA did not identify any issues or barriers with the indicators of MPR 3 but did discuss that having to cite a violation according to MPR 4 standards on a temporary is challenging. The Reviewers discussed that this issue will be brought to Cycle 9 MPR Workgroup for how violations are documented on the temporary evaluation report form.

Support to be Provided by the State Program:

BHSJCHA identified needed support for temporary food service evaluation training for food and field staff. The Reviewers communicated that a formal training is being developed and should be available Spring of 2024. The Reviewers also offered an in-house, office consultation for BHSJCHA staff, and to contact the specialty foods consultant with the Michigan Department of Agriculture and Rural Development (MDARD) to make arrangements.

Other Information:

BHSJCHA is recognized for conducting site evaluations on 100% of their temporary food service license applications and is commended for their work on their QA of the temporary food service establishment program.

Minimum Program Requirement #4

Evaluation Procedures

Indicator No
Indicators

Follow this link in order to fill out requirements for the MPR

- Determine if the local health department uses an evaluation report form approved by MDARD.
- Administrative information about the establishment’s legal identity, address, and other information is entered on the evaluation report form.
- The report findings properly document and identify Priority, Priority Foundation, and Core violations.
- The evaluation report summarizes the findings relative to compliance with the law.
- The report is legible.
- The report conveys a clear message.
- The narrative clearly states the violations observed and necessary corrections.
- Timeframes for correcting Priority, Priority Foundation, and Core violations are specified.
- The evaluation report is signed and dated by the sanitarian.
- The evaluation report is signed by an establishment representative.

Site Visit Summary:

BHSJCHA utilizes an electronic inspection system for writing evaluation reports. BHSJCHA maintains a QA policy that encompasses a review of written reports by conducting a randomized sample for all staff and utilizes MPR 4 worksheet for documenting the QA review.

Areas of Strength:

BHSJCHA maintains a written QA policy for evaluation review of staff's evaluation reports.

Needed Supports:

BHSJCHA did not identify barriers to MPR 4 but did discuss the presence of the person in charge (PIC) signature on evaluation reports. The Reviewers discussed if BHSJCHA has documentation of how facility received the evaluation report, a signature by PIC is not required.

Support to be Provided by the State Program:

BHSJCHA indicated that it would be beneficial if MDARD held a report writing training on how to properly cite and document observed violations in addition to other elements of report writing as it relates to MPR 4. The Reviewers discussed that MDARD is in the process of building a report writing training that applies to methodology of report writing.

Other Information:

BHSJCHA is recognized for their QA review on facility evaluation reports to maintain consistency among staff.

Minimum Program Requirement #5

Demonstration of staff Field Review

Indicator No
Indicators

Follow this link in order to fill out requirements for the MPR

- Show demonstration of risk-based evaluations by a variety of program staff, when possible, each establishment visit must be with a different inspector. A maximum of one standardized trainer who is currently conducting routine inspections may be used.
- A list of all staff doing routine inspections shall be provided to MDARD prior to the audit. The list of inspectors going out with MDARD will be provided to the local health department on the Friday prior to the audit. MDARD will use a random number generator to choose the inspectors being evaluated, and MDARD will also chose the establishments by random numbers. Only high risk facilities (Z) will be chosen for this review.
- Demonstrate that Risk Factors and Good Retail Practices in the establishments are correctly identified and resolved. MDARD will use the Accreditation MPR 5 Field Worksheet for scoring the inspections.

Site Visit Summary:

BHSJCHA conveyed their methodology and processes for ensuring staff conduct effective risk-based inspections. The BHSJCHA Food Program Standardized Trainer evaluates staff on their abilities to conduct risk-based inspections by completing joint inspections at food service establishments that have complex food practices on a quarterly basis.

Areas of Strength:

BHSJCHA conducts field QA reviews for all Food Program staff on a repeating, quarterly basis to ensure consistency and uniformity on how their staff conduct risk-based inspections.

Needed Supports:

BHSJCHA did not identify any barriers to MPR 5 and risk-based inspections.

Support to be Provided by the State Program:

BHSJCHA did not identify any needed support as it applies to conducting risk-based inspections and indicated MDARD has been very supportive in this area.

Other Information:

BHSJCHA is to be applauded for the QA system and frequency they have in place for ensuring risk-based inspections are completed by staff.

Minimum Program Requirement #6

Records

Indicator No Indicators Follow this link in order to fill out requirements for the MPR

- Records are maintained in accordance with “Annex 3 – Excerpt from MDCH General Schedule #7.”
- The local health department staff can retrieve the records necessary for the audit.
- Applications and licenses are processed in accordance with law. Complete application information includes:
 - * The date of issuance
 - * The date(s) of operational inspections for STFUs
 - * Signatures (approved electronic signatures are acceptable) of the operator and signature of a person designated by the department and/or their assignees are provided
 - * Pre-opening evaluation report is dated either before, or on the same day the license is signed

Site Visit Summary:

BHSJCHA conducts QA review of records, as they do QA on other Food Program activities and utilizes the Michigan General Schedule 7 for retention time of records. BHSJCHA is working towards becoming completely digital for record maintenance and retention.

Areas of Strength:

BHSJCHA conducts QA reviews on their records and is moving toward a completely digital system.

Needed Supports:

BHSJCHA did not identify any needed support as it applies to MPR 6.

Support to be Provided by the State Program:

BHSJCHA did not identify any barriers as it relates to MPR 6.

Minimum Program Requirement #7

Enforcement

Indicator No Indicators Follow this link in order to fill out requirements for the MPR

- Determine if the enforcement policy affords notice and opportunity for a hearing equivalent to the Administrative Procedures Act, Act 306 P.A.1969.
- The policy is compatible with Chapter 8 of the 2009 Food Code, and the Michigan Food Law.
- Determine if the department’s policy has enforcement procedures for addressing unauthorized construction, operating without a license, imminent health hazards, continuous or recurring Priority and Priority Foundation violation
- Verify if the policy has been adopted and signed by the health officer or designee.
- Review the past three years of evaluation reports from the sample of establishments to determine if the department’s enforcement policy is being followed. An individual establishment folder will be considered to be in compliance when the appropriate action specified in the enforcement policy is taken to eliminate (see MDARD’s “Model Enforcement Policy” for definitions):
 - * Operation without a license.
 - * Imminent health hazards.
 - * Continuous Priority, Priority Foundation, and Core violations.
 - * Recurring Priority and Priority Foundation violations.

Site Visit Summary:

BHSJCHA maintains a written enforcement policy that contains all the elements of MPR 7. QA review of enforcement is also completed when QA is conducted on written reports to identify triggers of when enforcement review is needed. BHSJCHA uses the MPR 7 worksheets for this QA review.

Areas of Strength:

BHSJCHA maintains a written enforcement policy and continuous QA is conducted during the evaluation report reviews.

Needed Supports:

BHSJCHA did not indicate any barriers as it relates to MPR 7.

Support to be Provided by the State Program:

BHSJCHA indicated they would like a guidance document or an MDARD procedure for when a facility reaches the license revocation or summary suspension stage for enforcement. The Reviewers and BHSJCHA discussed the difference between continuous and recurring violations, establishing triggers for each of these situations, and how it applies to a repeat violation on multiple routine inspections as opposed to repeat of a violation from a routine and a follow-up inspection. The Reviewers discussed possible adjustments in the Food Program Policy to allow flexibility in the enforcement action that is taken when an enforcement trigger is reached.

Minimum Program Requirement #8

Follow-up Evaluation

Indicator No Indicators Follow this link in order to fill out requirements for the MPR

- A follow-up evaluation shall be conducted by a local health department, preferably within 10 calendar days, but no later than 30 calendar days, to confirm correction of all previously identified Priority and Priority Foundation violations

- Information about the corrective action is described on the evaluation report. This includes violations that are corrected at the time of evaluation. For evaluations that do not require an onsite follow-up review, see MDARD memo dated 2-19-10
- A separate report form is used to record the results of the follow-up evaluation.
- An individual establishment will be considered to meet the standard when 80% of the follow-up evaluations are conducted within 30 calendar days.
- If not more than 2 Priority Foundation item violations are noted and the director determines that the violations are not a risk to food safety, the director may confirm correction of the priority foundation item violations at the next routine evaluation.

Site Visit Summary:

The Reviewers had conversations with BHSJCHA regarding their methodology in ensuring that Priority (P) and Priority Foundation (Pf) violations are corrected appropriately and in a timely manner. BHSJCHA indicated that they do not carry over two or less uncorrected Pf violations to the next routine evaluation and that all P and Pf violations are verified within 30 days. Reporting is accomplished by use of the electronic software system for tracking of uncorrected P and Pf violations in addition to utilizing a separate spreadsheet for tracking. BHSJCHA conducts QA review on MPR 8 while conducting QA on evaluation reports to ensure items are corrected on time and corrective action is appropriate. The MPR 8 worksheet is utilized for the QA review.

Areas of Strength:

BHSJCHA has a strong QA system in place with tracking systems to ensure P and Pf violations are corrected appropriately and on time.

Needed Supports:

BHSJCHA did not indicate any barriers to MPR 8.

Support to be Provided by the State Program:

BHSJCHA did not indicate any needed support as it applies to MPR 8. The Reviewers discussed that a follow-up just needs to be completed within 30 days, but the violation does not necessarily need to be corrected and that an additional 30 days may be given if circumstances warrant it. The Reviewers also discussed that not all follow-up evaluations need to be an in-person visit; photo evidence or other documents may be utilized for verification of correction. Lastly, Reviewers communicated that alternate verification of correction methods would still necessitate a report to be generated to properly document the correction.

Other Information:

Special recognition is given to BHSJCHA for their control over follow-up evaluations.

Minimum Program Requirement #9

License Limitations

Indicator No Follow this link in order to fill out requirements for the MPR
Indicators

- Determine if the reasons for limiting a license are in accordance with the Food Law:
 - * The site, facility, sewage disposal system, equipment, water supply, or the food supply's protection, storage, preparation, display, service, or transportation facilities are not adequate to accommodate the proposed or existing menu or otherwise adequate to protect public health.
 - * Food establishment personnel are not practicing proper food storage, preparation, handling, display, service, or transportation.
- Determine if proper notice of the limitations have been provided to the applicant along with an opportunity for an administrative hearing.

Site Visit Summary:

BHSJCHA maintains a written policy for issuing license limitations that allow for the opportunity of a hearing.

Areas of Strength:

A written policy as it pertains to license limitations is maintained by BHSJCHA.

Needed Supports:

BHSJCHA did not identify barriers as it applies to MPR 9.

Support to be Provided by the State Program:

BHSJCHA did not indicate any needed support as it applies to license limitations.

Minimum Program Requirement #10

Variances

Indicator No
Indicators

Follow this link in order to fill out requirements for the MPR

- Determine if variances are required for specialized processing methods as required by Section 3-502.11 of the Food Code.
- Determine if the applicant's variance request is maintained in the file.
- Determine if the applicant has provided a statement of the proposed variance of the Food Code citing relevant code section numbers, an analysis of the rationale for how the public health hazards addressed by relevant code sections will be alternately addressed by the proposal, and a Hazard Analysis Critical Control Point (HACCP) plan if required (FC sections 8-103.11).
- Determine if staff is following the department's procedures.

Site Visit Summary:

BHSJCHA maintains a written policy for issuing variances that follows Food Code parameters.

Areas of Strength:

A written policy as it pertains to granting variances is maintained by BHSJCHA.

Needed Supports:

BHSJCHA did not identify barriers as it applies to MPR 10.

Support to be Provided by the State Program:

BHSJCHA indicated needed support from MDARD Food Service Programming in providing training as it applies to specialized food processes and variances.

Other Information:

BHSJCHA is to be recognized for maintaining a variance policy that aligns with the Michigan Modified Food Code requirements.

Minimum Program Requirement #11

Consumer Complaint Investigation (non-foodborne illness)

Indicator No Indicators Follow this link in order to fill out requirements for the MPR

- Determine if a consumer complaint tracking system has been created.
- Determine if consumer complaint investigations are initiated within 5 working days.
- Determine if the findings (a brief notation that explains the results and conclusions of the investigation) are noted either in the logbook or on the filed complaint record.

Site Visit Summary:

BHSJCHA maintains two complaint tracking systems for non-foodborne illness complaints. Written policy states that non-foodborne illness complaints will be investigated within 24 to 72 hours.

Areas of Strength:

BHSJCHA has a good written policy as it applies to the investigation of non-foodborne illness complaints. Also, BHSJCHA conducts QA checks on non-foodborne illness complaints by pulling a representative sample for review. The MPR 11 Worksheet is used to document this review.

Needed Supports:

BHSJCHA did not indicate any barriers as it applies to MPR 11.

Support to be Provided by the State Program:

BHSJCHA indicated it would be beneficial to receive better communication from the MDARD call center when it receives non-foodborne illness complaints on food establishments that fall under BHSJCHA regulatory authority.

Other Information:

BHSJCHA is to be commended on having a good written policy and QA program as they relate to non-foodborne illness complaint investigations.

Minimum Program Requirement #12

Staff Training and Qualifications-- Technical Training

Indicator No
Indicators

Follow this link in order to fill out requirements for the MPR

- Determine if the training record indicates each individual has completed training in the six designated skill areas:
 - * Public health principles
 - * Communication skills
 - * Microbiology
 - * Epidemiology
 - * Food Law, Food Code, related policies
 - * HACCP (must complete training within 12 months of being assigned to the program. Employees that are not fully assigned to the food program or part time employees have 18 months to complete training.)
- The local health department's judgment as to the completeness and complexity of the training for each skill area must be documented.
- Documentation of previous training or evaluations performed under a training plan by the Director of a new sanitarian that has completed training at another local health department or has similar experience.

Site Visit Summary:

BHSJCHA utilizes the training classes listed in the MDARD's new hire training document for meeting this MPR. They also have a system of tracking the training of staff by maintaining training files for each staff member.

Areas of Strength:

BHSJCHA maintains copies of all training certificates, which are kept in a training binder for each new program staff member.

Needed Supports:

BHSJCHA indicated a challenge/barrier related to this MPR is the need for additional training on Hazardous Analysis Critical Control Point (HACCP), especially to clarify what this indicator is asking for. Additional options for HACCP training that go into more detail about the HACCP system would also be beneficial.

Support to be Provided by the State Program:

BHSJCHA did indicate MDARD Food Service Program support would be beneficial in the form of additional training in the area of how to communicate with difficult people.

Minimum Program Requirement #13

Fixed Food Service Evaluation Skills

Indicator No
Indicators

Follow this link in order to fill out requirements for the MPR

- Determine if the training record indicates 25 joint evaluations, 25 independent evaluations under the review of the trainer (either on-site or paperwork review), and five evaluation inspections have been conducted with the standardized trainer within 12 months of employment or assignment to the food program. Employees that are not fully assigned to the food program or part time employees have 18 months to complete training. Employees only involved in the evaluation of specialty food service establishments are exempt.

- Documentation of previous training or evaluations performed under a training plan by the Director of a new sanitarian that has completed training at another local health department or has similar experience.

Site Visit Summary:

BHSJCHA utilizes MDARD's Food Service Program new hire training document for meeting this MPR and for the completion of the 25/25/5 field inspections. BHSJCHA indicated it takes about seven months to complete this training.

Areas of Strength:

BHSJCHA maintains a tracking sheet for the field training with the Standardized Trainer to ensure training is completed in timely manner.

Needed Supports:

BHSJCHA did not indicate any barriers as it applies to MPR 13 indicators and stated that the amount of field training (25/25/5) is a good number of inspections since the number of different food processes to see takes a significant amount of field training to witness.

Support to be Provided by the State Program:

BHSJCHA suggested support to have an MDARD Local Health Services model a risk-based inspection for new staff. The Reviewers discussed this availability for MDARD Food Service Program and suggested that BHSJCHA contact their MDARD regional Food Safety Specialist to set up a time to model an evaluation..

Minimum Program Requirement #14

Specialty Food Service Evaluation Skills

Indicator No
Indicators

Follow this link in order to fill out requirements for the MPR

- Determine if the supervisor has endorsed all employees who evaluate specialty food service establishments (mobile, STFU, temporary) as having knowledge of the Food Law, Food Code, public health principles, and communication skills. Each employee must be endorsed for each type of specialty food service facility they evaluate. Automatic endorsement is received when an employee has met the requirements of MPR 12 and 13.

Site Visit Summary:

BHSJCHA stated they are planning to implement this MPR this summer for training of on-site staff for temporary foods. The Reviewers discussed that the actual training is up to BHSJCHA and only needs to endorse each staff person in the specialty food service they plan to conduct once training is complete.

Areas of Strength:

BHSJCHA are not currently using the endorsement process for specialized food service establishments at this time.

Needed Supports:

BHSJCHA did not indicate any barriers or challenges as it applies to specialty food service.

Support to be Provided by the State Program:

BHSJCHA did not indicate any support needed from the Food Service Program as it applies to specialty food service.

Minimum Program Requirement #15

Foodborne Illness Investigations- Timely Response

Indicator No
Indicators

Follow this link in order to fill out requirements for the MPR

- Determine if foodborne illness complaint investigations are initiated within 24 hours. "Initiated" includes the initial contact, phone calls, file reviews, etc., made by the person responsible for conducting the investigation.
- Determine if the LHD has promptly reported potential foodborne outbreaks to MDARD by forwarding information required on the Form 'A' intake. (Pursuant to FL section 3129 (1))
- Determine if the LHD immediately notified MDARD when their investigation indicated that a source of a foodborne disease or poisoning was from an MDARD licensed Food Establishment by sending an FI-238. (Pursuant to FL section 3129(2))
- Determine if the local health department has submitted a copy of the final written report to the MDARD within 90 days after the investigation has been completed.

Site Visit Summary:

BHSJCHA maintains a foodborne illness (FBI) investigation policy that states FBI complaints are to be investigated within 24 hours, utilizing Form A for outbreaks and notifying MDARD using FI-238. Final FBI outbreak reports are sent to MDARD within 90 after completion of investigation. A QA cover sheet is utilized for all incoming FBI complaints to ensure they are investigated according to MPR 15 and 16.

Areas of Strength:

BHSJCHA maintains a well-written procedure and QA process for the investigation of FBI complaints.

Needed Supports:

BHSJCHA did indicate a barrier related to MPR 15 is that information on Form A would fall under The Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulation, and an encrypted e-mail system, which BHSJCHA does not have at this time, needs to be used when sending that form

Support to be Provided by the State Program:

BHSJCHA did indicate for support that it would be beneficial to receive better communication with MDARD Food Service Program field staff who receive foodborne illness complaints in which BHSJCHA has responsibility for conducting epidemiology investigations.

Other Information:

BHSJCHA is to be commended on their well-written policy and QA program relating to FBI investigation.

Minimum Program Requirement #16

Foodborne Illness Investigation Procedures

Indicator No
Indicators

Follow this link in order to fill out requirements for the MPR

- Determine if the complaint log or tracking system is systematically reviewed each time a FBI complaint is received to determine if isolated complaints may indicate the occurrence of a foodborne illness outbreak.
- Determine if documentation of the date of the log review and who conducted the review is on the complaint intake form A or in the complaint database.
- Determine if the department has and follows standard operating procedures for foodborne disease surveillance and investigating foodborne illness outbreaks that include:
 - * A description of the foodborne illness investigation team and the duties of each member.
 - * Identify who will review log or tracking system for trends and how the reviews will be documented.
 - * Outline the methods used to communicate foodborne illness as stated in the Food Law 3131.(1) “A local health department shall develop and implement a communications system with other applicable governmental agencies, individuals, and organizations including, but not limited to, hospital emergency rooms and state and local police. The communications system shall provide the means to contact specific local health department employees and basic information necessary to initiate a foodborne illness outbreak investigation. The information provided in the communications system shall be updated annually.”
- Determine if department uses the proper forms for investigating foodborne illness complaints.

For all alleged FBI complaints a Form A or equivalent, and any of the following documents:

 - * LHD Electronic database form
 - * IAFP form C1/C2 OR equivalent
 - * The Michigan Gastrointestinal Illness Complaint Interview Form
 - * MDSS interview form or;
 - * An outbreak-specific questionnaire (if one is used)
- Determine that copies of completed forms are available for review during the audit, may be electronic.
- Determine if the department uses procedures consistent with those described in the International Association for Food Protection publication “Procedures to Investigate a Foodborne Illness, 5th edition” or as contained in section 3131(2) of the Michigan Food Law.

Site Visit Summary:

BHSJCHA maintains an illness tracking list for all three counties in their jurisdiction. However, this list is not exclusive to FBI complaints and results in additional work for the Food Program Supervisor in identifying trends as it applies to foodborne illnesses since all illness complaints are documented in their current list. The Reviewers discussed the option of creating a separate spreadsheet that is exclusive to FBI complaints which would be easier for trend analysis and documenting who and when the trend analysis is conducted.

Areas of Strength:

BHSJCHA's current FBI procedure contains all the elements for this MPR and its indicators. Policy also dictates the use of Form A and the Michigan (MI) Gastrointestinal Illness Complaint Form. QA is conducted on FBI complaints roughly every quarter.

Needed Supports:

BHSJCHA did not have any barriers as it applies to MPR 16 indicators.

Support to be Provided by the State Program:

BHSJCHA indicated support of additional training as it applies to FBI investigations. The Reviewers discussed that MDARD Food Service Program does currently have an Outbreak Ready course available and to watch the various list serves for when next class is occurring.

Other Information:

BHSJCHA is to be commended on their well-written FBI investigation policy and QA procedures.

Important Factor I

Industry and Community Relations (Equivalent to FDA Retail Standard 7)

Indicator No
Indicators

Follow this link in order to fill out requirements for the MPR

- Community and Consumer Interaction
 - * The jurisdiction sponsors or actively participates in meetings such as food safety task forces, advisory boards, or advisory committees.
 - * These forums shall present information on food safety, food safety strategies, and interventions to control risk factors.
 - * Offers of participation must be extended to industry and consumer representatives.

- Outcome
 - * The desired outcome of this standard is enhanced communication with industry and consumers through forums designed to solicit input to improve the food safety program.
 - * A further outcome is the reduction of risk factors through educational outreach and cooperative efforts with stakeholders.

- Documentation

Quality records needed for this standard reflect activities over the most recent three-year period and include:

 - * Minutes, agendas, or other records that forums were conducted.
 - * For formal, recurring meetings, such documents as bylaws, charters, membership criteria and lists, frequency of meetings, roles, etc.
 - * Documentation of performed actions or activities designed with input from industry and consumers to improve the control of risk factors.
 - * Documentation of food safety educational efforts. Statements of policies and procedures may suffice if activities are continuous, and documenting multiple incidents would be cumbersome (i.e. recognition provided to establishments with exemplary records or an on-going website).

Site Visit Summary:

BHSJCHA conducts trainings for vendors at fairs, offers certified manager courses, and offers educational handouts on their website.

Areas of Strength:

BHSJCHA performs industry educational outreach and community relations.

Needed Supports:

BHSJCHA did not indicate any barriers to this Important Factor.

Support to be Provided by the State Program:

BHSJCHA did not indicate any additional support needed from MDARD Food Service Program.

Important Factor II

Continuing Education and Training

Indicator No
Indicators

Follow this link in order to fill out requirements for the MPR

- Each employee conducting inspections accumulates 20 contact hours of continuing education every 36 months after the initial training (18 months) is completed. The candidate qualifies for one contact hour for each hour's participation in any of the following activities:
 - * Attendance at regional seminars / technical conferences
 - * Professional symposiums / college courses
 - * Workshops
 - * Food-related training provided by government agencies
- The number of contact hours of training can be pro-rated for employees who have been on the job less than the 36-month Review period. Employees who have limited food service responsibilities (i.e. inspect only temporary food service, or seasonal food service) are not obligated to meet Important Factor II requirements.

Site Visit Summary:

BHSJCHA is not pursuing this Important Factor at this time. The Reviewers discussed that the twenty contact hours are prorated for employees not on staff all three years.

Areas of Strength:

BHSJCHA is not pursuing this Important Factor at this time.

Needed Supports:

BHSJCHA did not indicate any barriers pertaining to this Important Factor.

Support to be Provided by the State Program:

BHSJCHA did not indicate any support needed pertaining to this Important Factor.

Important Factor III

Program Support

Indicator No
Indicators

Follow this link in order to fill out requirements for the MPR

- Determine the actual number of FTEs assigned to the food service program.
- Determine the number of FTEs needed to evaluate all annually licensed food service establishments (except temporary food service establishments).
 - * Recommended number of FTEs: Divide the total number of licensed establishments by 150.
 - * Minimum number of FTEs: Divide the total number of licensed establishments by 225.
- Determine the average number of FTEs required to evaluate temporary food service establishments.
 - * Divide the total number of temporary food service licenses issued per year by 300.
- Determine if the department is on a Risk Based Inspection Schedule.

Site Visit Summary:

BHSJCHA is not pursuing this Important Factor at this time. The Reviewers discussed the calculation of the recommended full-time staff for the Food Program. Based on the number of establishments, the recommended number of full-time staff is 4.9.

Areas of Strength:

BHSJCHA is not pursuing this Important Factor at this time.

Needed Supports:

BHSJCHA expressed challenges in completing quality risk-based inspections and temporaries that are submitted on short notice due to staffing levels. BHSJCHA indicated a need for greater funding to increase staffing levels that will then ensure meeting minimum program requirements and provide a stronger quality food program which is a benefit to the public.

Support to be Provided by the State Program:

BHSJCHA did not indicate any support needed pertaining to this Important Factor.

Important Factor IV

Quality Assurance Program

Indicator No
Indicators

Follow this link in order to fill out requirements for the MPR

- A written procedure has been developed that describes the jurisdiction’s quality assurance program and includes a description of the actions that will be implemented if the review identifies deficiencies in quality or consistency.
- The quality assurance program includes a review of a least 15 evaluation reports for each sanitarian and/or an equivalent sample of foodborne illness investigation records every 36 months.
- Every employee assigned to the food service program has completed at least 3 joint evaluations with the standardized trainer every 36 months.
- The quality assurance program assures that evaluation reports are accurate and properly completed, regulatory requirements are properly interpreted, variances are properly documented, the enforcement policy is followed, foodborne illness investigations are properly conducted, and foodborne illness reports are properly completed.

Site Visit Summary:

BHSJCHA maintains a written QA policy and reviews at least fifteen reports per year per staff person. They also have staff go out with the Standardized Trainer once a quarter for field evaluation.

Areas of Strength:

BHSJCHA has a robust QA program.

Needed Supports:

BHSJCHA did not indicate any barriers to this Important Factor.

Support to be Provided by the State Program:

BHSJCHA did not indicate any support needed from MDARD Food Service Program related to this Important Factor.

General Communicable Disease Control

Minimum Program Requirement #1

The local health department must have a system in place that allows for the referral of disease incidence and reporting information from physicians, laboratories, and other reporting entities to the local health department.

Indicator 1.1 The local health department shall maintain annually reviewed policies and procedures.

- Maintaining the following policies and procedures for receiving case reports from citizens, physicians, health care facilities, laboratories, and other reporting entities;
- Maintaining the following policies and procedures for entering the received reports into the Michigan Disease Surveillance System (MDSS);
- Maintaining the following policies and procedures for timely submission of case reports via MDSS to the Michigan Department of Health & Human Services (MDHHS);
- Maintaining the following policies and procedures for completion of case reports;
- Maintaining the following policies and procedures for how and when data is collected, collated, and analyzed and who within the local health department is responsible for such activities; **AND**
- Evidence that policies and procedures are reviewed annually.

Site Visit Summary:

Branch Hillsdale St. Joseph Community Health Agency (BHSJCHA) provided a copy of their Communicable Disease (CD) Manual and the associated signature page documenting policy review. The manual and policies were reviewed by both the Public Health Department Program (PHDP) Director and Medical Director in March 2023. Policy A included receiving incoming reports, entry into the Michigan Disease Surveillance System (MDSS), and analysis of data. Policy B included timeliness and completion.

Areas of Strength:

The CD Manual is in a digital format. Policy A specifies monitoring of the pending work queue (deduplication) at least once daily. A loss to follow-up protocol is outlined. The above policies and procedures are well-organized, concise, and easy to follow.

Other Information:

Consider adding hyperlinks within the manual that jump to the various sections in the table of contents. It may be helpful to add a section on out-of-state referrals since there is a specific process for that in MDSS. Some local health departments (LHDs) include a timeframe for separate phone calls to a case within their loss to follow-up protocol (e.g. three calls separated by at least 24 hours).

Indicator 1.2 The local health department collects, collates, and analyzes CD surveillance data that is reported to their jurisdiction by physicians, laboratories, and other authorized reporting entities.

- The local health department conducts weekly analysis of reported disease cases that shall be documented in a log (e.g., weekly MDSS line list, or report) and signed-off by the CD/Nursing Supervisor, Epidemiologist, or Medical Director.
- Weekly Surveillance log (e.g., weekly MDSS line list, or report of cases).

Site Visit Summary:

BHSJCHA maintains a weekly line list generated for MDSS Report #1 that is collated into a single file for the year. BHSJCHA also distributes a list of open investigations to Registered Nurses daily and a sorted weekly list to the Health Alert Team. The BHSJCHA CD Manual specifies that the weekly line list is generated by the PHDP Director and contains a link to detailed instructions for the line list.

Areas of Strength:

Maintaining each weekly line list within tabs in a single Excel file makes it easier to reference past weeks for trend comparisons. The file has a signature page tab with hyperlinks to each weekly tab and a column for trends/comments. The daily lists to nurses and weekly sorted list to the Health Alert Team go beyond the requirements of the indicator and are excellent practices.

Indicator 1.3 The local health department electronically submits CD cases and case report forms that are complete, accurate, and timely to MDHHS by utilization of the MDSS.

Note: A random sample of case reports will be pulled out of MDSS by the Reviewer prior to the Review for evaluation of this indicator.

- Evidence of MDSS and case report form utilization; **AND**
- Entry within 1 business day of received CD reports into the MDSS; **AND**
- Within 7 days of receipt, at least 90% of case demographic data (name, address, age/date of birth, sex, race, and ethnicity) and pertinent case data (onset date, diagnosis date, hospitalization status) is completed in MDSS; **AND**
- Upon case completion, at least 90% of the detailed case report form's available fields are accounted for/filled in/completed. Information that cannot be obtained should be documented. To meet this indicator, 90% of the cases pulled by the Reviewer (e.g., 18/20) will have to meet the above criteria; **AND**
- Cases are updated, reactivated, and/or reclassified in MDSS as new information is obtained (e.g., laboratory serogroups and serotype results, patient outcome, and outbreak identification).
- **(Special Recognition)** The local health department may also have an internal review or audit process for improvement of data quality.

Site Visit Summary:

The BHSJCHA CD Manual specifies the criteria of entry within one business day, 90% demographic data within 7 days, and 90% completion of the case detail form within Policy B: Investigation of Communicable Disease. The Reviewer selected 20 cases for review from the disease groups: Foodborne (9), Meningitis (5), Other (5), and Vaccine Preventable Diseases (VPDs) (1). Case selection was restricted to those with referral data after 10/1/22 and which had been marked Completed. All cases either met the 90% complete criteria or had documentation in the case notes describing the reason for lack of completeness. BHSJ did a great job documenting contact attempts and that education was provided.

Needed Supports:

BHSJ should work to improve documentation of onset dates and workplace. It would be a good practice to record in some way that a case does not work instead of leaving the field blank (e.g. DNW, retired). Also, a process for documentation of serotype for STEC and salmonellosis cases into the Case Detail form should be developed to ensure those fields aren't left blank when results are received late in the investigation.

Other Information:

Special Recognition: BHSJCHA was doing a quarterly internal review before the COVID-19 Pandemic hit. Documentation was based on the Excel template CD accreditors use for case review. The Reviewer suggests resuming the quarterly case audits. Consider creating a standard procedure for the process if not already available (number of cases, frequency, how selected, who does the audit).

Indicator 1.4

The local health department shall create an annual report that includes aggregate CD data for dissemination throughout the local health department's jurisdiction.

- The local health department maintains and displays CD case counts in an annual report that can be distributed to interested entities such as community physicians, infection control, and private citizens. The annual report should include aggregate data to illustrate the jurisdiction's CD trends.
- **(Special Recognition)** The local health department may also disseminate a quarterly update with similar data to the above groups of people.

Site Visit Summary:

BHSJCHA provided website links to their last annual report (2020) as well as stakeholder lists. The 2020 Annual Report contained five years of aggregate data for select communicable diseases as well as a graph of monthly COVID-19 case counts. The 2021 annual report appears to have been skipped, and a 2022 report is pending.

Needed Supports:

To meet Indicator 1.4 standards moving forward, BHSJCHA should add an analysis/interpretation aspect to their annual report. The topic and format are flexible, but ideally, this content would be something of special relevance to your jurisdiction that year.

Headings on the monthly CD reports could be confusing for the public. The first set of columns is labeled 2022-23 but contains case counts for a single month. The acronym FYTD (Fiscal Year to Date) is not defined. Consider listing the FYTD months below each heading (October 2022 – September 2023).

Other Information:

Special Recognition: BHSJCHA posts both monthly communicable disease data and quarterly Public Health News and Views to their website. The monthly CD data postings contained aggregate counts for the month, fiscal year, and prior fiscal year for select diseases. The four most recent News and Views reviewed each contained a focus on communicable disease-related issues (e.g., monkeypox, ripleidemic, mosquito-borne diseases)

The local health department shall perform investigations of communicable diseases as required by Michigan law.

Indicator 2.1 The local health department shall maintain annually reviewed policies and procedures.

- Maintaining the following policies and procedures for investigating individual case reports;
- Maintaining the following policies and procedures for initiation of outbreak investigations;
- Maintaining the following policies and procedures for specific reportable diseases; **AND**
- Evidence that policies and procedures are reviewed annually.

Site Visit Summary:

BHSJCHA provided a copy of their CD Manual and the associated signature page documenting policy review. The manual and policies were reviewed by both the PHDP Director and Medical Director in March 2023. Policy B addresses investigation of individual case reports. Policy C covers outbreak investigation and reporting. BHSJCHA maintains approximately eleven different protocols for specific reportable diseases, and these are linked to within the CD Manual.

Indicator 2.2 The local health department shall initiate CD investigations as required by Michigan laws, rules, and/or executive orders.

- The local health department investigates individual case reports; **AND**
- The local health department conducts investigations of CD outbreaks and clusters; **AND**
- The local health department maintains protocols of specific CDs that are required to be reported by Michigan laws or rules.

Site Visit Summary:

BHSJCHA Policy C: Outbreak Investigation Responsibilities and Reporting defines an outbreak and outlines required reporting to Michigan Department of Health & Human Services (MDHHS) and Michigan Department of Agriculture and Rural Development (MDARD). An outbreak flowchart is available, along with typical questions that should be addressed during an outbreak investigation. The Outbreak Action Plan contains detailed steps to be taken during an outbreak investigation. This includes internal/external notifications, what details should be collected and shared with MDHHS, reporting in MDSS, generation of a line list (and a link to a template), and specification that the 52.14 report (if needed) be submitted within 60 days of onset of the first case.

BHSJCHA Disease Specific Protocols included enteric disease, head lice, Haemophilus influenzae type B (HIB), pertussis, and rabies. Typical content included assessment, treatment/prophylaxis, nursing actions, and links to relevant resources from Centers for Disease Control (CDC) or MDHHS.

Other Information:

Some Disease-Specific Protocols were brief, and there is an opportunity to provide more guidance to the investigator on details that aren't addressed by the CDC/MDHHS guidance or that would be specific to BHSJCHA. As an example, the Enteric Disease protocol could mention data review if a cluster is identified, serotype details (updating MDSS, notification from MDHHS if there is a Pulsed Field Gel Electrophoresis (PFGE) match and what that indicates), whether any information is shared internally with Environmental Health. The Rabies protocol could include specifics to BHSJCHA – where shipping materials are kept in each office, who to consult for complicated rabies prophylaxis questions, where to direct individuals for prophylaxis, and whether specific veterinary offices should be utilized in situations where a head from a larger animal needs to be sent to MDHHS Bureau of Labs.

Indicator 2.3

The local health department shall notify MDHHS immediately of a suspected CD outbreak in their jurisdiction.

- The local health department notifies MDHHS within 24 hours when their jurisdiction suspects a CD outbreak. Notification can be via phone, fax, MDSS (must include an outbreak identifier), or Notification of Serious Communicable Disease form; **AND**
- The local health department has a protocol that declares who at the local health department notifies MDHHS and what specific information should be relayed (e.g., possible pathogen, source, number ill, facility); **AND**
- The local health department maintains a file of outbreaks investigated in their jurisdiction. This review will exclude isolated complaints on the Environmental Health (EH) foodborne illness complaint log. However, reports (6-point narratives) from outbreaks that are co-investigated by both EH and CD will need to be provided for this review, as epidemiological components of the outbreak will be reviewed.
- **(Special Recognition)** To improve reporting and public health control measures, the LHD reports all outbreaks into MDSS via the aggregate form. Large outbreaks are managed using the MDSS Outbreak Management System (OMS).

Site Visit Summary:

BHSJCHA POLICY C: Outbreak Investigation Responsibilities & Reporting specifies that MDHHS will be notified of outbreaks within 24 hours by phone, email, or MDSS entry. The Outbreak Action Plan contains a list of what specific information should be relayed. The policy specifies that all outbreaks will be entered into MDSS aggregate and that for large outbreaks, Outbreak Management System (OMS) will be utilized.

Areas of Strength:

BHSJCHA has a Health Alert Team consisting of key staff across multiple departments as well as their two MDHHS Regional Epidemiologists. These are managed in a group email, and example notifications were shared for COVID-19, Giardiasis, and Highly Pathogenic Avian Influenza (HPAI).

Needed Supports:

The Reporting to MDHHS section does not specify who at BHSJCHA is responsible for reporting. It is recommended that phone/fax for MDHHS be included within the procedure, as well as the MDHHS after-hours number. The list of information to share related to an outbreak could be cross-posted within this section to ensure it is not missed. The Cluster and Facility Outbreak Notification Report Form could be referenced within the protocol (it's also helpful to have in hard copy should a facility call to report an outbreak and mirrors the structure of the MDSS Aggregate Outbreak entry).

Other Information:

Special Recognition: BHSJCHA utilizes MDSS Aggregate for outbreak reporting. The Reviewer found ten COVID-19 outbreaks since 10/1/22 that were entered into MDSS, and the use of MDSS Aggregate is also outlined in the BHSJCHA CD Manual.

Minimum Program Requirement #3

The local health department shall enforce Michigan law governing the control of communicable disease as required by administrative rule and statute.

Indicator 3.1 The local health department shall maintain annually reviewed policies and procedures.

- Maintaining the following policies and procedures case follow-up and completion;
- Maintaining the following policies and procedures for guidance to prevent disease transmission; **AND**
- Evidence that policies and procedures are reviewed annually.

Site Visit Summary:

BHSJCHA provided a copy of their CD Manual and the associated signature page documenting policy review. The manual and policies were reviewed by both the PHDP Director and Medical Director in March 2023. Policy B specifies that the Public Health Nurse (PHN) will provide health education to cases during the investigation and also outlines the case completion protocol.

Indicator 3.2 The local health department performs activities necessary for case follow-up, which includes guidance to prevent disease transmission.

- The local health department can demonstrate timely case follow-up, follow-up efforts, and completion/updates of cases in MDSS; **AND**
- The local health department maintains control guidelines or other guidance materials to assist in the control of disease spread (e.g., Norovirus Control Guidelines in Nursing Homes, etc.) that can be distributed to community partners; **OR**
- Additional educational materials, fact sheets, or other guidance documents that will assist the local health department with prevention of disease transmission.
- **(Special Recognition)** Provide communicable disease presentations to educational venues such as conferences and community health education fairs.

Site Visit Summary:

The BHSJCHA CD Manual contains a Resources for Disease/Conditions section with hyperlinks to MDHHS and CDC resources. This includes Communicable Disease Information and Resources (CDINFO's) main page and A-Z list, MDHHS VPD Guidance, and the Michigan manuals for bed bugs, scabies, and head lice. The BHSJCHA website has a page on Communicable Disease Prevention with resources on schools and daycare reporting, pool cleanliness and hygiene, MRSA guidance for schools, and tips for proper handwashing. BHSJCHA also posts educational information on communicable disease to their Instagram and Facebook pages. Examples included the COVID-19 vaccine, safe gatherings, and National Hepatitis Day.

Other Information:

Special Recognition: BHSJCHA hosted weekly school superintendent calls during the COVID-19 Pandemic to provide updates and maintain communication. A Long-Term COVID (LTC) Briefing was also held in May of 2020 to address a variety of topics (symptoms, Personal protective equipment (PPE), testing, and work restrictions). Meeting notes were distributed (these were very detailed and are something all agencies should strive for).

Indicator 3.3

Presence of adequately prepared staff capable of enforcing Michigan law governing the control of CDs.

- Staff has access to current and up-to-date reference materials (e.g., Control of Communicable Diseases Manual; Red Book; Brick Book; Michigan Communicable Disease Handbook; CDC Core Curriculum on Tuberculosis; MMWR case definitions; FIRST, Rabies, Head lice, and Scabies manuals, etc.); **AND**
- Attendance of professional development activities (which may offer CME, CEU, or contact hours), which may include in-services, conferences, seminars, and trainings.

Site Visit Summary:

BHSJCHA has physical copies of the Control of CD Manual, Red Book, and Pink Book in each office location. Other resources are accessed online, and links are present in the BHSJCHA CD Manual. Trainings and conference certificates were provided for BHSJCHA nurses. This included the

MDHHS CD Conference, World Tuberculosis (TB) Day Virtual Conference, Human Immunodeficiency Virus (HIV) Basic Knowledge Training, and Bloodborne Pathogen Training. It was noted that there has been significant staff turnover and that attending conferences was difficult during the pandemic. Available professional development opportunities are shared with staff, and staff are asked to send copies of certificates to their supervisor and Human Resources (HR) for tracking. BHSJCHA requires appropriate staff to attend all major MDHHS conferences, and attending other conferences is encouraged.

Indicator 3.4

The local health department shall complete and submit the necessary foodborne or waterborne outbreak investigation forms.

- For foodborne outbreaks, the local health department completes and submits the CDC 52.13 (foodborne) outbreak form to MDHHS and the Michigan Department of Agriculture and Rural Development (MDARD) within 60 days of the date the first case became ill.
- For waterborne outbreaks, the local health department completes and submits the CDC 52.12 (waterborne) outbreak form to MDHHS within 60 days of the date the first case became ill.

- In the event that an investigation is still ongoing 60 days post first illness onset date, a preliminary 52.12 or 52.13 report (which includes data such as county of outbreak, onset date, exposure date, number of cases, and laboratory results) must be submitted to MDHHS within 60 days of the date the first case became ill; the completed final outbreak report form must then be sent to the appropriate agency(s) within 90 days.

Site Visit Summary:

No National Outbreak Reporting System (NORS) forms were submitted by BHSJCHA from October 2022 to present. Only one outbreak report was received, and a 52.12/52.13 was not necessary.

Areas of Strength:

The requirement for submission of the NORS form within 60 days of the date the first case became ill is specified in the BHSJ CD Manual.

Hearing

Minimum Program Requirement #1

The local health department shall provide hearing screening services for preschool age children between the ages of 3 and 5 years.

Indicator 1.1 Program activity reports and statistics document the provision of hearing screening to children between the ages of 3 and 5 years in preschool, Head Start, and child care programs.

- A schedule or agency calendar documenting hearing technician assignments and/or responsibilities for the current year showing preschool children who were scheduled and received hearing screening services; **AND**
- A written policy or program plan articulating procedures for hearing screening for children between the ages of 3 and 5 years; **AND**
- A list of all preschool, Head Start, and child-care programs scheduled to receive hearing screening services for the current year; **AND**
- The local health department quarterly statistical records indicating the number of preschool age children screened for the past year.

Site Visit Summary:

This Site Visit was conducted on Monday, April 24, 2023, with Terri Penney, Hearing and Vision Coordinator, Kali Nichols, Director of Personal Health and Disease Prevention, and Carol Anderson, Emily Young, and Nicole Ewers, Hearing and Vision Screening Program Technicians. Kim Schoneboom, Hearing Technician, retired last week after 22 years in her position. Thank you, Kim, for your many years of service!

A calendar showing all preschool programs, Head Start centers, and large childcare centers scheduled for screening was available for review. A comprehensive list of all preschool programs within the county was also provided.

Areas of Strength:

Preschool screenings take place in Great Start Readiness Programs, Head Start centers, public and private preschools, Young 5's, and Early Childhood Special Education (ECSE) programs. Kindergarten round-ups take place in the summer. During the COVID-19 Pandemic, many schools conducted virtual round-ups. To provide hearing screenings to entering kindergarten children, appointments were scheduled in the Branch-Hillsdale-St. Joseph Community Health Agency (BHSJCHA) office. Terri stated that these were well-attended clinics.

Minimum Program Requirement #2

The local health department shall provide hearing screening services for school-age children every other year through grade 4.

Indicator 2.1 Program activity reports and statistics document the provision of hearing screening in private and public (including charter) schools for all estimated children in need (e.g., total number of children in grades K, 2, and 4).

- A schedule or agency calendar documenting hearing technician assignments and/or responsibilities for the current year; **AND**
- A written policy or program plan articulating the level of frequency for hearing screening for school-age children; **AND**
- A list of all schools scheduled to receive hearing screening services for the current year; **AND**
- The local health department quarterly statistical records indicating the number of school-age children screened for the past year.

Site Visit Summary:

A calendar showing all private and public schools scheduled for screening was available for review. A comprehensive list of all Branch-Hillsdale-St. Joseph area schools were also provided.

The frequency of screening for the school-age population includes kindergarten, second, and fourth grades.

Carol mentioned that providing screening services during the COVID-19 Pandemic was challenging in several ways. Wearing masks while maintaining a social distance of 6 feet made communication difficult. Screening schedules were frequently changing due to quarantined classrooms or unexpected school closures. School district policies regarding exposures varied greatly. The screenings took longer because of extra time spent sanitizing tables, chairs, and equipment. The size of the groups of children brought to the screening room at one time was reduced in deference to social distancing.

Areas of Strength:

Carol mentioned that throughout the COVID-19 pandemic, screening proceeded without too many interruptions. Children attended school virtually from March through June of 2020, but all schools returned to in-person instruction in the fall of 2020 and continued through the 2021/2022 school year. Schools welcomed the technicians in to screen, and they experienced minimal and only temporary shutdowns.

Terri provided an update on the screenings that the technicians are now able to provide to over twelve Amish schools. She shared the amount of time and effort it took to gain their trust and establish rapport, as the Amish community prefers to live separately from non-Amish people. Many of the families are low-income and don't get regular health care. The technicians identified many children with hearing and vision loss. The numbers were significant enough that the BHSJCHA now hosts four Amish Field Clinics per year in collaboration with the University of Michigan. An Ear, Nose, and Throat doctor, audiologist, speech pathologist, and geneticist attend the clinics and provide services to the children. So far, over forty children have been fit with hearing aids. The BHSJCHA also assists Amish families with transportation through Children's Special Health Care Services (CSHCS) when appointments are necessary in Ann Arbor. CSHCS also provides diagnostic coverage for hearing services, and Nicole is a great asset as not only a hearing technician but a representative of CSHCS. The relationship that has been established with the Amish community is a fantastic connection that has had a positive effect on many children and their families. Congratulations on this huge accomplishment!

Minimum Program Requirement #3

The local health department shall assure that hearing screening is conducted in accordance with the Michigan Department of Health & Human Services (MDHHS) Hearing Technician's Manual (DCH0519B, Rev. 6/03).

Indicator 3.1 All Stage I hearing screening is conducted individually with a pure tone audiometer at the frequencies of 1000, 2000, and 4000 Hertz at the intensities of 20, 20, and 25 decibels, respectively in each ear.

- The local health department maintains on file the MDHHS Hearing Technician's Manual (DCH-0519B, Rev. 6/03) and observation of operating protocols as evidenced through the Technician Observation Program (TOP) indicates compliance with the manual; **AND**
- Appropriate and operational supplies and equipment for hearing technicians to perform preschool and school-age hearing screening.

Site Visit Summary:

The Stage I preliminary screening is a quick and cost-effective screening designed to separate children who hear well from those who may have difficulty. Children who miss any sounds will receive additional screening in approximately four weeks.

To update, reinforce, and clarify Hearing Screening Program protocols and policies, all newly trained technicians participate in the Quality Assurance program known as TOP (Technician Observation Program) within the first year after they were trained. After the initial Quality Assurance visit, technicians are seen every three years. This is an opportunity for technicians to ask questions, gain confidence, and improve their skills.

Indicator 3.2 Hearing screening records indicate that a standard air conduction threshold audiogram reading of 250, 500, 1000, 2000, 4000, and 8000 Hertz and unmasked bone conduction thresholds at 250, 500, 1000, 2000, and 4000 Hertz is conducted during Stage II for any child responding inappropriately to any stimulation in either ear during the Intermediate Sweep.

- The local health department maintains on file the Michigan Department of Health & Human Services Hearing Technician’s Manual (DCH-0519B, Rev. 6/03) and observation of operating protocols as evidenced through the Technician Observation Program (TOP) indicates compliance with the manual; **AND**
- Appropriate and operational supplies and equipment for hearing technicians to perform preschool and school-age hearing screening.

Site Visit Summary:

Stage II of the Hearing Screening Program includes an intermediate sweep and/or audiogram. An audiogram can take approximately fifteen minutes to complete on one child and is a detailed report of how a child hears at many frequencies for air and bone conduction.

Carol was trained in 2006 and has been through the TOP process many times. She is conscientious and dedicated to the children she serves. Emily was trained in 2018, and her first TOP was conducted in 2019 by this Reviewer. She is very personable and works well with the children as well as the school personnel. She is overdue for her next observation due to the COVID-19 Pandemic. It will most likely occur within the next school year. Because of the COVID-19 Pandemic, Nicole was not able to have her first TOP conducted per the traditional timeline. She attended the Comprehensive Hearing Training in 2019 but works primarily in Children's Special Health Care Services. She stated that she screens in the Hearing Program at least twice per month. This Reviewer will plan to see Nicole for her first TOP next Fall since, for the remainder of the school year, Nicole will be doing kindergarten round-ups. It is preferable to do the TOP on days when the technicians perform audiograms so the TOP observer can provide support and Technical Assistance during the Stage II screening process.

Indicator 3.3

Hearing screening records indicate that any child whose audiogram indicates abnormal hearing is referred for a physician’s evaluation and placed on a roster for periodic retesting based on recommended referral criteria.

- The local health department’s files on children whose audiograms indicate abnormal hearing confirms that these children are referred for a physician’s evaluation and are placed on a roster for periodic retesting based on recommended referral criteria (until two normal, consecutive audiograms obtained).

Site Visit Summary:

All parents receive written notification if their child’s audiogram meets at least one referral criterion. Carol, Emily, and Nicole create a list of all children who were referred for medical intervention so that they will automatically receive an audiogram annually until they have two normal, consecutive results.

Minimum Program Requirement #4

Where follow-up treatment is required, the local health department shall assure that a written statement indicating necessary course of action is provided to the parent or guardian of the child.

Indicator 4.1

Documentation exists that written statements indicating the necessary course of action has been provided to parents or guardians of children whenever follow-up examination or treatment is necessary as a result of hearing screening.

- The local health department maintains on file parent letters indicating confirmation of the process for follow-up of children referred from Stage II screening.

Site Visit Summary:

Examples of the various parent letters were provided. The letters are mailed to families within two weeks following the audiograms.

Indicator 4.2 Documentation demonstrates that children referred for examination or treatment have received the recommended services.

- The local health department maintains on file otology clinic reports, documentation from physicians (DCH-0381 or letter), or confirmation from parents that children have received treatment.

Site Visit Summary:

The Hearing Screening Program follow-up protocol includes mailing parent letters within two weeks of when the audiogram was conducted. A form is included for the child's primary care or ENT physician to complete. Once this is faxed or mailed back to the BHSJCHA, it completes the referral and follow-up process for the current year. If nothing is received within eight weeks, Carol stated that a second contact with the family is made by letter. Texting for follow-up was also discussed.

Needed Supports:

Barriers to care include few ENTs in the immediate area. Families of children who need to see a specialist are required to travel, and if transportation is an issue, then care may not be sought. This Reviewer shared that the University of Michigan will soon launch a Mobile Health Unit. The specifics are unknown at this point, but the possibility of the mobile unit traveling from school to school to conduct Otology Clinics could assist many families in need.

Minimum Program Requirement #5

The local health department shall assure that individuals administering the screening and testing are trained in accordance with curriculum approved by MDHHS.

Indicator 5.1 All hearing technicians have attended a MDHHS approved training (Stage I and Stage II) and received passing grades in both written testing and practical application.

- Hearing technician certificates confirming that technicians have participated and passed the approved MDHHS training course for the Hearing Screening Program.

Site Visit Summary:

Staffing at the BHSJCHA has been consistent for the past several years. Since Kim recently retired, Terri plans to hire a replacement in July. Preliminary training will be provided so the new hire can assist with preliminary hearing screenings until the two-week Comprehensive Hearing Training is offered in the Fall.

Needed Supports:

Additional funding to increase the technician's rate of pay would increase longevity and attract staff to the technician positions.

Indicator 5.2 All hearing technicians have attended at least one MDHHS approved skills workshop within the last 24 months.

- The local health department maintains on file attendance certificates from MDHHS Annual Technician Workshops.

Minimum Program Requirement #6

A local health department shall conduct periodic free hearing programs for the testing and screening of children residing in its jurisdiction. The time and place of the programs shall be publicized.

Indicator 6.1 All hearing screening services are provided to children without charge to parents or guardians.

- A written policy or program plan articulating the opportunity to receive free preschool and school-age hearing screening services; **AND**
- Documentation of public bulletins, public service announcements and media advertisements that publicize opportunities for free preschool and school-age screening.

Site Visit Summary:

Parents are notified of hearing screenings at their child's school through a phone notification system. This is a great way to provide the information quickly and easily.

Immunization

Minimum Program Requirement #1

The local health department (LHD) shall offer immunization services to the public following a comprehensive plan to assure full immunization of all citizens living in the jurisdiction.

Indicator 1.1 The LHD shall offer vaccines to the public for protection in case of an epidemic or threatened epidemic of a vaccine preventable disease.

- The LHD shows evidence of the capability to vaccinate susceptible individuals in the event of a vaccine preventable disease outbreak or threatened epidemic of a vaccine preventable disease.

Site Visit Summary:

The Branch-Hillsdale-St. Joseph Community Health Agency (BHSJCHA) showed evidence of public health preparedness for Vaccine-Preventable Disease (VPD). BHSJCHA staff has bookmarked links on their desktop to the current Centers for Disease Control (CDC) VPD Investigation Manual and the current Michigan Department of Health and Human Services (MDHHS) VPD Investigation Guidelines. BHSJCHA has policies and procedures for setting up clinics outside of BHSJCHA offices. BHSJCHA has an Emergency Preparedness Manual located on the shared drive. The BHSJCHA Emergency Preparedness Manual has not been updated since August 2019. BHSJCHA has experienced extreme staff turnover in the past four years. They have hired a new Emergency Preparedness staff member who is in the process of updating their manual.

BHSJCHA is also implementing a Public Health Performance Management Dashboard system: Vision-Mission-Services-Goals (VMSG). All documents relating to Emergency Preparedness and other important BHSJCHA public health related materials will be stored within this system.

This Reviewer recommended that the new Emergency Preparedness manager and the Immunization Action Plan (IAP) coordinator work together to assure proper setup of mass vaccination clinics (including the most current vaccine storage and handling requirements) be located with the BHSJCHA Emergency Preparedness Manual.

Areas of Strength:

New BHSJCHA staff are working hard to review all policies, protocols, and procedures making necessary changes and updates. Heidi Hazel, their IAP, has only been with BHSJCHA for about one year and has made great strides in improving their immunization policies and procedures! BHSJCHA has worked tirelessly to protect the citizens residing in the jurisdiction from vaccine-preventable diseases. Countless COVID-19 clinics were helped within the community in response to the pandemic. BHSJCHA provided Monkeypox (MPox) vaccines as well during the current outbreak.

Indicator 1.2

LHD conducts free periodic immunization clinics for those residing in its jurisdiction. Clarification: “free periodic immunization clinics” refers to public vaccine, particularly Vaccines for Children Program (VFC) vaccine, Adult Vaccine Program (AVP) vaccine, and Section 317 funded vaccine. The LHD must be conducting clinics and administering vaccines.

- The LHD offers all vaccines recommended by the Vaccines for Children (VFC) Program to those residing in its jurisdiction.
- The LHD is a VFC provider.

Site Visit Summary:

BHSJCHA are Vaccines for Children (VFC) providers and offer and recommend VFC vaccines to all clients entering their health department offices. VFC program enrollments and profiles have been submitted on time and are kept on file in the Michigan Care Improvement Registry (MCIR). Immunization clinics are scheduled amongst the three clinics to meet the demands of the jurisdiction. Days and hours are posted in calendar form on the BHSJCHA website. Walk-in clients are accepted and immunizations are administered as staff are available. Clients do not wait to receive immunizations, as additional clinics are added during busier times, and BHSJCHA clinics offer late hours during the month. Vaccine appointments at BHSJCHA can be scheduled within two weeks. Their immunization administration fee for vaccines is \$23.00, which is within the current guidelines.

Women, Infants, and Children (WIC) program participants are assessed for all needed vaccinations and receive immunizations during the WIC appointments. Immunization Outreach in the community includes flu, Hepatitis A, Coronavirus vaccine (COVID-19), school immunization clinics, and other members of the community who express a need. BHSJCHA participates in the Michigan Adult Vaccine Program (MIAVP), the High-Risk Hepatitis A and Hepatitis B Program, COVID-19, and MPox vaccine programs.

BHSJCHA promote their Immunization Program on their website, brochures, and in local newspapers. Health Department hours are posted on the doors of each location as well as their website. BHSJCHA has vaccine inventories that support the use of age-appropriate vaccines for all age groups, including VFC, MI-AVP, and Private Pay clients. Vaccines, which have limited use, such as Diphtheria Tetanus (DT), are ordered as needed per the BHSJCHA policy.

Areas of Strength:

There have been many new Immunization staff hired during the pandemic. The new staff members are focused on bettering the immunization program. They are dedicated to BHSJCHA and all the immunization work that is required to protect the community.

BHSJCHA has a mobile vaccine clinic vehicle, but the nursing position to run this program has not been able to be filled for the last two years. Immunization staffing positions have not received good response when there is a posting of a job available

Indicator 1.3

The local health department uses the IAP mechanism to improve jurisdiction and LHD immunization rates, assure convenient, accessible clinic hours, coordinate immunization services, provide educational and technical services, and develop private and public partnerships.

- The LHD submits semi-annual Immunization Action Plan (IAP) reports on or before the due date each year.
- The LHD submits an annual IAP plan by the due date each year.
- At least one representative from each local health department will attend the IAP meetings held twice a year.

Site Visit Summary:

BHSJCHA utilizes the Immunization Action Plan (IAP) mechanism to assure protection against VPDs. The 2022 Fall IAP plan and April 2023 IAP report were submitted on time during this reporting period. Great care has been taken in writing their IAP reports and plans. The report and plan were detailed and comprehensive. There have been BHSJCHA representatives at each of the biannual IAP meetings during this review period.

Indicator 1.4

The local health department shows evidence of clientele reminder/recall for Advisory Committee on Immunization Practices (ACIP) vaccines not up to date.

- The LHD will maintain a policy/protocol/operating procedure on the process for their recall efforts.
- The LHD conducts quarterly reminder and/or recall efforts for their health department clients and details which methods were used on a chart or a graph (cards, letters, phone calls, other methods of outreach).
- The LHD participates in collaborative efforts with private providers to promote/implement a recall system.

Site Visit Summary:

BHSJCHA has a current recall policy and procedure in their Immunization Manual. BHSJCHA has a detailed recall spreadsheet that was available for review, which included specific information on the type of recall and the number of letters sent at the time of recall. BHSJCHA will run recalls monthly with the determined ages/antigens utilizing the MDHHS Immunization County Report Card and current immunization profile/IQIP reports to determine recall needs. BHSJCHA will also be conducting a countywide pediatric/adolescent recall annually. BHSJCHA sends recall letters from MCIR and is considering using the pharmaceutical company postcards to notify their clients of needed vaccines.

BHSJCHA showed three recent client records of children who were vaccinated as a response to recall letters. BHSJCHA shows ongoing efforts to work with private providers to promote MCIR recall. Quarterly provider meetings will be reinstated this year, and recall will be discussed at least annually at these meetings. Recall processes are also discussed at the VFC provider’s annual VFC Compliance visits and will be discussed at the Immunization Quality Improvement for Providers (IQIP) visits, where quality improvement strategies will be implemented. Providers with soon-to-expire vaccines are contacted to run recalls for specific ages and antigens to use vaccines in stock before expiration.

This Reviewer recommends that BHSJCHA communicate with the vaccine providers in the community when they are performing a jurisdictional recall for immunizations. Information to the provider can include what ages/antigens are being recalled in order for the providers to be prepared for an influx of patients due to the recall. It could also encourage the providers to assure that all data is entered into the MCIR timely to prevent letters from being mailed to children who have already received vaccines.

This Reviewer also recommends that the exact date of each recall is added to their recall spreadsheet.

Minimum Program Requirement #2

The local health department adheres to immunization policies and professional standards of practice as detailed in the *Standards for Child and Adolescent Immunization Practices* and the *Standards for Adult Immunization Practices*.

Indicator 2.1 The LHD adheres to guidelines found in the Standards for Child and Adolescent Immunization Practices and Standards for Adult Immunization Practices regarding vaccination policies for their own clients.

- Barriers to vaccination should be identified and minimized at the local health department.
- Patient “out-of-pocket” costs are minimized.
- Vaccinations are coordinated with other healthcare services being provided at the health department.
- Clients seeking healthcare services at a local health department should be assessed at every encounter to determine which vaccines are indicated.

- Office or clinic-based patient record reviews and vaccination coverage assessments are performed annually.

Site Visit Summary:

Barriers to vaccinations are minimized in several ways at BHSJCHA. Walk-ins are accepted and added to the schedule or immunized that day. Additional immunization clinics are added to meet increased need, such as back to school and influenza season. BHSJCHA participates in all of the federally funded vaccine programs, including VFC, MI-AVP, and the federal COVID-19 and MPox vaccine programs. The administration fee is \$23.00 per injection and can be waived if necessary. BHSJCHA policy states clients will not be denied services for inability to pay. Clients are counseled one-on-one in the clinic rooms regarding the sliding fee schedule or the ability to waive vaccine administration fees. No client is denied services if they are unable to pay the administration fee. All BHSJCHA services collaborate care and assure that all clients are assessed for needed immunizations and information/administration of vaccines is provided to the client when needed. BHSJCHA WIC staff assess immunization status of children at the visit, as well as mothers and fathers. BHSJCHA Communicable Disease (CD) department will address immunizations during phone investigations. Project Connect Community Food Pantry and Homeless Events are also provided immunization outreach. MDHHS Immunization Report Card is shared with staff, providers, and residents/physicians.

There are plans being created for BHSJCHA to implement a Quality Improvement (QI) program for consistent review of charts and documentation within this year. Their Immunization Field Representative will offer help when needed. Their Electronic Medical Record (EMR), Nightingale Notes, was put into operation in mid-2019. Most of the fields used for documentation are forced and must be entered with the federally required immunization documentation prior to the submission of the data into the EMR. The immunization data is automatically transferred into MCIR through the bidirectional data transfer.

Indicator 2.2

The LHD adheres to guidelines found in the Standards for Child and Adolescent Immunization Practices and Standards for Adult Immunization Practices when administering vaccines to clients.

- All locations where vaccines are administered have written up-to-date vaccination protocols that are easily accessible at all locations where vaccines are administered.
- Local health department staff should simultaneously administer as many indicated vaccine doses as possible.
- Only true contraindications should be used when vaccinating individuals.
- Proper counseling of persons receiving vaccines should be performed, explaining immunization risks and benefits, including the distribution of the Michigan VIS.
- All required fields for vaccination must be properly documented and records are easily accessible.

Site Visit Summary:

BHSJCHA provided an up-to-date immunization manual, which is posted on their intranet and accessible to all staff at each clinic location. The manual has been reviewed and signed on 3-23-23 by their medical director, Dr. Karen Luparello, DO. BHSJCHA utilizes immunization standing orders from Immunization Action Coalition (IAC). Dr. Luparello signs immunization orders annually and when recommendations for vaccines are updated by the Advisory Committee on Immunization Practices (ACIP) and/or when there is a new IAC Standing Order. Emergency treatment orders presented were current and signed. BHSJCHA ensures that all clients are screened appropriately prior to vaccinations being administered by utilizing forms published for use by IAC. BHSJCHA also has on hand copies of these forms in Arabic and Spanish, all current versions.

After-the-Shots resources utilized for both pediatric/adolescents and adults. The most current CDC Vaccine Guide to Contraindications and Precautions, Pink Book, and client educational materials were available and up to date. Vaccine Information Statements (VIS) are distributed for each vaccine administered. All VIS are up-to-date and contained the MCIR language that states the immunization documentation is entered into the MCIR.

BHSJCHA has a new Electronic Health Record (EHR), Nightengale Notes, in place with federally required documentation in forced fields to assure all documentation is recorded for each vaccine administered. A review of 10 vaccine administration records demonstrated evidence that all federally required documentation was complete for each record reviewed. Refusal to vaccinate forms are filled out and signed for every vaccine that is offered, including COVID-19, and not administered and scanned into the EHR. This Reviewer recommends that the Immunization Manual and Emergency treatment orders be saved to a desktop file at each of the BHSJCHA offices in case of internet failure. There was one immunizing nurse without their credentials in the EHR.

This Reviewer recommends that the EHR be updated with staff credentials as part of the new hire process.

Areas of Strength:

Heidi Hazel has updated all immunization-related policies and procedures and created an intranet file to assure that all of BHSJCHA offices have access to updated materials in a timely manner. Great job!

BHSJCHA has bilingual staff in Spanish and Arabic for clients who are not fluent in English.

Support to be Provided by the State Program:

BHSJCHA has an influx of French/Creole-speaking patients. It would be beneficial to have more immunization materials in these languages.

Indicator 2.3

The LHD adheres to guidelines found in the Standards for Child and Adolescent Immunization Practices and Standards for Adult Immunization Practices regarding immunization policies for local health department staff.

- LHD ensures that immunization staff has been properly trained and updated on immunization practices.
- Personnel who have contact with patients are encouraged to be appropriately vaccinated.

Site Visit Summary:

All BHSJCHA staff who administer vaccines have had at least six hours of immunization education for 2022 documented on a spreadsheet. BHSJCHA's Medical Director has documented evidence of annual immunization education for 2022. There was evidence of additional immunization education for all staff in 2023. There is a policy in place to assure that all immunization staff and Medical Director receive/record at least 6 hours of immunization training annually.

BHSJCHA has a policy on new staff orientation including annual training for new staff, immunization technicians, and registered nurses. There is an orientation checklist, which includes vaccine storage and handling and all other necessary immunization procedures and protocols.

BHSJCHA does not have a mandatory vaccination policy for staff. Staff are offered flu and COVID-19 vaccines annually and staff are assessed for any other needed vaccines at that time. All immunizations are offered to BHSJCHA staff free of charge at any time. BHSJCHA offers vaccines to staff wishing to be vaccinated. This service is extended to visiting residents, student nurses and student social workers. BHSJCHA's IAP is currently working on new staff immunization policies.

BHSJCHA has one trained Immunization Nurse Educator (INE) on staff. The new coordinators at Hillsdale and Branch counties will receive INE training when the MDHHS INE Program is operating again. There are plans in place to present an INE training for all immunization staff annually when the program is operational. BHSJCHA is also planning to present an INE training to private providers and staff annually at each of the county's Immunization Provider Meetings.

Areas of Strength:

BHSJCHA is assessing and recommending the COVID-19 vaccine to all clients presenting for Local Health Department (LHD) services. They also have the client sign a refusal to vaccinate if COVID-19 vaccine is refused.

Indicator 2.4

The LHD adheres to guidelines found in the Standards for Child and Adolescent Immunization Practices and Standards for Adult Immunization Practices by promoting immunizations within their jurisdiction.

- Patient-oriented and community-based approaches to increase immunization levels within the health jurisdiction (e.g. use of community data/demographics, client surveys, and foreign language materials as appropriate for community, etc.)

Site Visit Summary:

BHSJCHA presented evidence of community-based approaches to increase immunizations in the jurisdiction. BHSJCHA utilizes many social media methods, such as Facebook, Instagram, and YouTube, for getting immunization messages out to the public. Clinics and/or informational materials are offered at local assisted living/nursing home facilities, Project Connect events, school-based clinics, and pharmacies. BHSJCHA will be reinstating their client satisfaction surveys this year.

BHSJCHA has staff to translate in Spanish and Arabic, foreign language materials and signs are posted, and can use Stratus translation services for all other languages. There are printed materials available in some languages for use with non-English speaking clients. There is a large Amish population in this jurisdiction. BHSJCHA are reimplementing their outreach efforts to this community.

BHSJCHA has a detailed policy in place regarding WIC clients and vaccinations. WIC promotes immunizations, and clients can be vaccinated on the same day as their WIC appointment. The staff will assess the mother/father's immunization status as well as the child being seen and will offer vaccines at that time. WIC policy also states the recommendation of Tdap for pregnant mothers and to check their vaccination status and offer needed immunizations. There is a WIC office at each clinic. BHSJCHA has reopened their Sturgis clinic for WIC and Immunizations. This is a large pocket of need area in that location. In-person visits have resumed for all of their WIC Clients.

The immunization coverage level for the 4:3:1:3:3:1:4 (4 DtaP, 3 Haemophilus influenzae Type B vaccine (Hib), 1 Measles, Mumps, and Rubella combination vaccine (MMR), 3 Hepatitis B, 3 Polio, 1 Varicella, and 4 PCV) vaccine series is 75.4% for WIC children aged 19-36 months at BHSJCHA and 51.9% when 2 Hepatitis A vaccines are added to the above-described series. BHSJCHA WIC coverage levels have been increasing this year after the decline due to the COVID-19 Pandemic.

BHSJCHA promotes adult immunizations through media outreach, communication with local providers, and emails of current immunization news. BHSJCHA demonstrated evidence of appropriate vaccine inventory for all of their clients: children, adolescents, and adults. BHSJCHA has the capability to bill some insurance companies and is working on contracts with others. Manufacturers' Vaccine Assistance programs are being utilized when applicable. All adults entering the clinics for services are assessed and offered immunizations. BHSJCHA ensures adult immunizations are being recorded in MCIR. All private vaccine providers are strongly encouraged by BHSJCHA to enter their adult immunizations.

Minimum Program Requirement #3

The LHD shall comply with federal requirements of the Vaccines for Children (VFC) entitlement program.

Indicator 3.1 The local health department shall assure adequate storage and handling of vaccines that it administers and distributes. **(Immunization Program Operations Manual - 2013-2017 and Omnibus Reconciliation Act of 1993)**

- Annual enhanced VFC site visits at each LHD vaccine storage site with no outstanding issues.
- The local health department has appropriate equipment and monitoring devices to safely store vaccine at each of its clinic sites.
- The local health department can demonstrate that all staff responsible for storage and handling of vaccines are familiar with and have access to the most current CDC storage and handling guidelines and other guidelines, information, and policies related to storage and handling that are provided by MDHHS.
- The local health department has procedures in place to assure appropriate storage of vaccines and demonstrates these procedures.

- The local health department uses appropriate storage and handling methods in the ordering of vaccines and the transport of vaccines to off-site clinics and to other providers.

Site Visit Summary:

BHSJCHA's VFC Site Visits are in the process of being completed. There have not been consistent site visits due to the COVID-19 pandemic response. The Immunization Field Representative will complete all required visits for this year and annually thereafter.

Each of the BHSJCHA clinic locations has appropriate refrigerator and freezer units for the safe storage of vaccines. Current certified digital data loggers are centrally placed in each unit. Temperatures for each unit are read and documented twice daily, along with a daily reading of the minimum/maximum temperature for the prior 24 hours. Data loggers are downloaded weekly or in the event of a temperature excursion per policy. The Sensaphone Alarm system is in place and checked weekly for accurate settings. There are current policies and procedures for the safe storage of vaccines, correct vaccine transport in case of emergency, regular vaccine storage unit management and care, and ordering vaccines and balancing inventories according to CDC and MDHHS guidelines.

There are no vaccine losses attributable negligence on the part of BHSJCHA staff. Proper immunization procedures are in place and all staff are trained in required vaccine management and storage and handling guidelines.

BHSJCHA has a generator in place for safe storage of vaccines in the event of a power failure. There is an updated, detailed generator policy with routine testing in place.

Indicator 3.2

The local health department shall assure that all requirements for participation in vaccine programs (including VFC and other vaccine distribution programs) are met. **(Reference: Vaccines for Children Operations Guidelines, November 2012)**

- The local health department reviews the Michigan Department of Health and Human Services (MDHHS) VFC provider enrollment form and profile form for the agency and for each participating health care provider, including each community/migrant/rural health center in its jurisdiction via the MCIR, by the submission due date: April 1.
- The local health department completes the Michigan Department of Health and Human Services vaccine dose reporting forms, temperature charts, and vaccine inventory forms and submits to MDHHS as supporting documentation with orders.
- The LHD processes provider VFC vaccine orders in a timely manner and assures that ordering requirements are met for each scheduled order.
- The local health department adheres to ACIP recommendations published in the MMWR, ACIP/VFC resolutions, and guidelines to contraindications for pediatric, adolescent and adult immunizations.
- The local health department maintains on file a sample of informational material provided to private providers regarding requirements for the VFC Program during the enrollment process.
- The local health department will perform VFC/AFIX site visits to VFC providers in its jurisdiction, according to minimum and maximum standards formulated by MDHHS.
- The local health department documents and reports to MDHHS appropriate follow-up plans resulting from VFC/AFIX site visits.

- The LHD assures that all providers resolve VFC vaccine losses according to MDHHS/CDC procedures and timelines.
- The local health department assesses and documents each client's eligibility for the VFC Program and other publicly funded vaccine programs.
- The LHD works with providers to avoid vaccine fraud, abuse and wastage.

Site Visit Summary:

Current VFC Enrollment and Profile forms for BHSJCHA and their VFC providers were received by MDHHS by the required submission date. BHSJCHA completes the MDHHS vaccine dose reporting forms, temperature charts, and vaccine inventory forms and submits to MDHHS as supporting documentation with orders. BHSJCHA has 27 current VFC providers in their jurisdiction. There is a policy in place regarding timely review and submission to MDHHS of their VFC provider vaccine orders. Per BHSJCHA policy, MCIR is checked twice daily, at minimum, for provider orders. Five provider orders were reviewed from BHSJCHA. All orders reviewed had appropriate supporting documentation, doses administered reports, temperature logs, and ending inventory reports. BHSJCHA order review policy indicates that the Immunization Tech will ensure all orders are accurate and complete with supporting documentation.

BHSJCHA adheres to ACIP recommendations as published in the Morbidity and Mortality Weekly Report (MMWR), ACIP/VFC Resolutions, and Guidelines to Contraindications for pediatric, adolescent, and adult administered immunizations. BHSJCHA is currently catching up with their VFC/IQIP visits in the jurisdiction. Many of their VFC providers are overdue for their VFC Compliance visit. New staff, COVID-19, and changing to an EHR have made it difficult to complete these visits. BHSJCHA will complete all overdue/due VFC Compliance visits by the end of June, and their IAP will ensure that this will occur.

BHSJCHA will document and report VFC Compliance visits and all follow-up Corrective Plans of Action resulting from any VFC site visit into CDC's Provider Education Assessment and Reporting (PEAR) online reporting program.

BHSJCHA clients receiving VFC vaccines are charged an administration fee of \$23.00 per injection. The fee may be waived in the event of a hardship, and donations for vaccine administration are accepted by BHSJCHA. BHSJCHA assesses and documents each client's eligibility for the VFC Program and other publicly funded vaccine programs per their eligibility policy. BHSJCHA works with providers to avoid vaccine fraud, abuse, and wastage. Fraud and Abuse policy includes information from VFC Resource Guide within their Loss/Waste procedure. BHSJCHA will reinstitute vaccine provider meetings this year. Meetings will be held one to three times a year and focus on improving vaccine documentation and storage and handling, along with a focus on reporting lost or wasted vaccines.

All BHSJCHA policies and protocols will be reviewed annually.

Areas of Strength:

BHSJCHA has been a part of the COVID-19 vaccination program from the very beginning. They have the ability to store the COVID-19 vaccine in ultra-cold freezers to extend viability of the vaccine. BHSJCHA has held many outside clinics within the jurisdiction and in their own clinics in order to provide protection from the COVID-19 Pandemic. Great care has been taken to administer the correct COVID-19 vaccine to the correct patient with taking age, type of vaccine, and health status into consideration. Thank you for protecting the BHSJCHA community from COVID-19!

Needed Supports:

This Reviewer found many loss/waste transactions from their VFC providers that have not been processed, and lost vaccine has not been addressed. The Immunization Field Representative, Barbara Day, will hold a training for all of the coordinators and immunization clerks for BHSJCHA on the process for reviewing/evaluating their VFC provider's loss/waste vaccine. This will include helping to create a process for BHSJCHA that will be used to assure proper management of VFC vaccine loss and waste.

Minimum Program Requirement #4

The local health department shall be an active participant and user of the Michigan Care Improvement Registry (MCIR).

Indicator 4.1 The local health department shall sustain an immunization level for their jurisdiction in MCIR of at least 72% for children who are aged 24 to 36 months for four (4) doses of DTaP vaccine; three (3) doses of polio vaccine; one (1) dose of MMR vaccine; three (3) doses of Hib vaccine (or complete series); three (3) doses of hepatitis B vaccine; one (1) dose of varicella vaccine (or documented immunity); and four (4) doses of pneumococcal conjugate vaccine (or complete series).

The local health department shall also assess the immunization coverage level for their jurisdiction in MCIR children aged 24 to 36 months for four (4) doses of DTaP vaccine; three (3) doses of polio vaccine; one (1) dose of MMR vaccine; three (3) doses of Hib vaccine (or complete series); three (3) doses of hepatitis B vaccine; one (1) dose of varicella vaccine (or documented immunity), four (4) doses of pneumococcal conjugate vaccine (or complete series); and two (2) doses of hepatitis A vaccine.

- A jurisdiction rate, at or above, 72% for the 4:3:1:3:3:1:4 vaccine series as shown by MCIR county profile report(s) created within 30 days of the Accreditation On-Site Review.

Site Visit Summary:

The jurisdictional immunization rate for BHSJCHA for the children aged 24-36 months for the vaccine series 4:3:1:3:3:1:4 (4 DtaP, 3 IPV, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella, and 4 PCV) is currently at 65% for Branch County (412 children complete out of 638), 67% for Hillsdale County (320 children complete out of 481), and 62% for St. Joseph County (417 children complete out of 670).

The jurisdictional immunization rate for BHSJCHA for the children aged 24- 36 months for the vaccine series 4:3:1:3:3:1:4:2 (4 DtaP, 3 IPV, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella, 4 PCV, and 2 Hepatitis A) is currently at 52% for Branch County (331 children complete out of 638), 57% for Hillsdale County (272 children complete out of 481), and 48% for St. Joseph County (319 children complete out of 670). BHSJCHA is an active participant and user of the MCIR. BHSJCHA has policies in place to increase all immunization coverage levels in children, adolescents, and adults in the jurisdiction.

BHSJCHA Immunization staff monitor immunization coverage levels from the MDHHS Immunization Report Card, MCIR Profile reports, and other MCIR quality improvement reports. BHSJCHA staff are assessing coverage rates and planning strategies to raise all coverage rates for children, adolescents, and adults.

Indicator 4.2 The local health department shall monitor and evaluate adolescent immunization coverage levels for children aged 156 months but not yet 216 months in their jurisdiction in the MCIR for one (1) dose Td/Tdap; three (3) doses of polio vaccine; two (2) doses of MMR vaccine; three (3) doses of hepatitis B vaccine; two (2) doses of varicella vaccine (or documented immunity); one (1) dose meningococcal conjugate vaccine (MenACWY); and completion of the human papillomavirus (HPV) vaccine series.

- The LHD runs and evaluates on a monthly basis the MCIR adolescent immunization coverage level reports for children aged 156 months but not yet 216 months in their jurisdiction in the MCIR for one (1) dose Td/Tdap plus the primary series; three (3) doses of polio vaccine; two (2) doses of MMR vaccine; three (3) doses of hepatitis B vaccine; two (2) doses of varicella vaccine (or documented immunity), one dose meningococcal conjugate vaccine (MenACWY), and completion of the human papillomavirus (HPV) vaccine series.

Site Visit Summary:

BHSJCHA runs and evaluates the MCIR Adolescent Immunization Coverage Level reports for children aged 156 months but not yet 216 months in their jurisdiction in the MCIR for one (1) dose Td/Tdap plus the primary series; three (3) doses of polio vaccine; two (2) doses of MMR vaccine; three (3) doses of hepatitis B vaccine; two (2) doses of varicella vaccine (or documented immunity), one dose meningococcal conjugate vaccine (MenACWY), and completion of the human papillomavirus (HPV) vaccine series. Branch County has a completion rate of 40% (1,517 complete out of 3,840 adolescents) for the listed series. Hillsdale County has a completion rate of 38% (1,153 complete out of 3,033 adolescents) for the listed series. St Joseph County has a completion rate of 36% (1,851 complete out of 5,204 adolescents) for the listed series.

BHSJCHA is formulating plans to increase coverage level percentages for the adolescents residing in the jurisdiction.

Indicator 4.3 The local health department shall submit immunization data to MCIR according to the statutory time lines.

- There is evidence that 90% of clients below the age of 20 years receiving immunizations at the local health department (all clinics in jurisdiction combined) have their immunization data submitted to MCIR within 72 hours. **(Reference: Administrative Rule 325.163, § 5)**

Areas of Strength:

98% of the vaccines administered to clients below the age of 20 years at BHSJCHA were entered into the MCIR within 72 hours. BHSJCHA enters immunization data into the MCIR using HL7 Bi-directional query through their EHR. This has streamlined the process of data entering into the MCIR within statutory timelines and decreased the time it would take the staff to enter doses into the MCIR individually.

Timely submission of immunization data in the MCIR is a great service to your families!

Minimum Program Requirement #5

The local health department uses the combined MCIR and School Immunization Record-keeping System (SIRS) web-based program (MCIR/SIRS) to track immunization levels of childcare center enrollees and school children.

Indicator 5.1 The local health department uses the MCIR/SIRS web-based reporting program to assure complete and accurate data has been submitted for school entrants new to the school district, all children attending Kindergarten, and seventh grade students, by December 15 and March 15 of each school year.

The local health department will assure complete and accurate reporting of childcare center immunization data by February 1st of each year to MDHHS utilizing the MCIR/SIRS reporting program. **(Reference: PH code 333.9208)**

- The local health department will assure complete and accurate school immunization data for all schools in the jurisdiction have been reported December 15 and March 15 of each year to MDHHS.

- The local health department will assure complete and accurate childcare immunization data has been reported by February 1st of each year to MDHHS.

Site Visit Summary:

BHSJCHA utilize the MDHHS IP-100 and IP-101 protocols for Schools and Childcare Centers along with their own protocols when completing their annual immunization reporting. BHSJCHA presented the most current protocols at this review.

Each of the BHSJCHA coordinators is responsible for MCIR/SIRS reporting in their respective counties. IP-100 and IP-101 County Status reports for the current School and Childcare reporting year show delinquent sites and missing grades for childcare centers and schools. There was some documentation submitted for review by BHSJCHA on follow-up actions; however, there is no protocol in place for all BHSJCHA coordinators to follow regarding the follow-up documentation for school and childcare issues. Two of the three coordinators have only been working for BHSJCHA for about one year and are eager to learn more about complete and accurate reporting.

Areas of Strength:

BHSJCHA has an updated Waiver policy in place which includes the new data entry process into the MCIR for School and Childcare reporting.

Needed Supports:

The Immunization Field Representative, Barbara Day, will work with BHSJCHA coordinators on developing a process for monitoring and assuring that all schools and childcare facilities report the immunizations of the required children. Barbara will also hold a training prior to the next reporting cycle for the coordinators and other staff involved in the immunization reporting process on how to run the necessary reports and other tips for successful and accurate School/Childcare immunization reporting.

Minimum Program Requirement #6

The local health department complies with vaccine safety recommendations.

Indicator 6.1 The local health department vaccine programs conform to VAERS (Vaccine Adverse Event Reporting System) program requirements.

- The LHD maintains on file written VAERS policies, procedures, and reports complying with program requirements.

Site Visit Summary:

BHSJCHA maintains on file written Vaccine Adverse Event Reporting System (VAERS) policies and procedures complying with program requirements. The policy will be reviewed annually. BHSJCHA filed 3 reports electronically. Currently, there is no way to view the entire online report due to the VAERS system. In the future, BHSJCHA staff will screenshot the reports and keep them in a file. BHSJCHA staff review the VAERS reporting system with all private providers at their annual VFC Compliance visits.

Indicator 6.2 The local health department provides the appropriate Vaccine Information Statements (VIS) to every client or parent/guardian prior to administering vaccines and educates all immunization providers in the jurisdiction about the use and sources of these statements.

- The LHD distributes VIS to all clients receiving vaccine listed on the National Vaccine Injury Compensation Program table at the clinic and documents the VIS date and date VIS given on the client's vaccine administration record.
- There is a protocol in place to assure that all providers within the jurisdiction who administer vaccines (both VFC and non-VFC providers) are informed concerning the requirements for use of Vaccine Information Statements (VIS), and changes to VIS versions.
- The local health department maintains an appropriate supply of VIS on site for distribution to all immunization providers.
- The local health department will provide written notice to individuals receiving a vaccination that the immunization data will be added to the registry. This is commonly done using the Michigan version of the Vaccine Information Statement (VIS) which includes the MCIR language.

Site Visit Summary:

BHSJCHA distributes VIS to all clients receiving vaccines listed on the National Vaccine Injury Compensation Program table at their clinics. It also documents the VIS date and date given on the client's vaccine administration record per policy. VIS utilized by BHSJCHA are the most current versions and contain the statement that all immunization data will be entered into the MCIR. BHSJCHA are aware that there are foreign language VIS available and obtains them for clients from the michigan.gov/immunize website. BHSJCHA provides notification of changes in VIS to their VFC and Non-VFC providers by blast emails. Copies of current VIS are made available to all private providers from BHSJCHA. Immunization IAP assures that all updated VIS dates are entered into their EHR, Nightengale Notes.

While there is a current policy on assuring all clients receive up-to-date VIS, there is no written policy on making the VIS available to their vaccinating providers. This Reviewer will supply BHSJCHA with examples from other counties for suggestions.

Indicator 6.3 The local health department has a referral system if problems arise after a client receives vaccine.

- The LHD provides instructions for patients receiving vaccines concerning possible reactions and follow-up care.

Site Visit Summary:

BHSJCHA uses the most current immunize.org "After the Shots" handout for counseling on expected reactions and follow-up care post-immunization. This handout for children includes information on appropriate antipyretic dosages and contact information if a problem arises. BHSJCHA also uses an aftercare handout for adults receiving vaccinations.

Onsite Wastewater Treatment Management

Minimum Program Requirement #1

The local health department shall have a wastewater treatment regulation capable of protecting the public health legally adopted under enabling state legislation. The regulation shall authorize an enforcement process that is utilized and includes the capability to deny permits, issue orders for corrections of failed systems, and/or other remedies for construction without a permit or for violating an order.

Indicator 1.1 Documentation that a wastewater treatment regulation is contained in a local sanitary code or ordinance legally adopted by the authorized local governing entity.

- The local health department maintains on file a copy of the local sanitary code and documentation confirming it has been legally adopted.

Site Visit Summary:

The Branch-Hillsdale-St. Joseph Community Health Agency (BHSJCHA) confirmed that the Environmental Health Code (EHC), which was reviewed and approved November 15, 1990, adopted by the Board of Health on December 20, 1990, and effective April 1, 1991, contains wastewater treatment regulation. There have been no amendments since the last Accreditation Site Visit.

Areas of Strength:

The EHC is available for residents and installation contractors electronically on the BHSJ.org Environmental Health webpage.

The following comments reflect areas of strength and general observations by the Reviewers regarding the BHSJCHA Environmental Health staff and the onsite wastewater treatment management program.

During an introductory meeting with the Environmental Health staff, the Reviewers discussed challenges and successes. The field staff referenced the financial challenges that some residents experience when funding repairs or replacements of sewage systems. Properties near surface water bodies commonly present challenges for onsite wastewater systems. BHSJCHA staff discussed situations that demonstrated a high level of effort to assist the community, problem-solve difficult sites, and seek innovative solutions.

BHSJCHA staff identified a small number of septic system installers and well drillers in each county with opportunity to maintain positive relationships with them.

BHSJCHA field staff recognized the low number of failed sewage systems from those sites where the staff member permitted the system's installation.

BHSJCHA identified their continual focus on community relations and building support. BHSJCHA demonstrated a clear vision of the as-is conditions and next steps to improve trust and develop more positive relationships.

The Reviewers also discussed program strengths, weaknesses, and opportunities for growth with management staff. The staff is recognized as a strength by BHSJCHA management. BHSJCHA is currently seeking to fill a new vacant sanitarian position intended to work half-time in the food safety program and half-time in the Onsite Wastewater and Drinking Water Programs.

The experience level of the current onsite sewage program field staff is varied and ranges from three to thirty-three years. The Reviewers acknowledge that the diverse range of experience and skills serves as a positive foundation for the program.

BHSJCHA provided access to documentation dating to January 2023 for Onsite Wastewater Treatment Program. This provided the Reviewers with a window of understanding of the documentation, implementation of procedures, conformance with the provisions of the EHC, and overall findings by BHSJCHA of conditions in the community.

Needed Supports:

Staffing changes periodically require management staff to perform program-level activities. These and other activities served to limit the ability to complete QA/QC reviews at the expected or desired frequency. During the Exit Interview, the Reviewers relayed the observation of the level of supervisory support for the onsite wastewater program. Michigan Department of Environment, Great Lakes, and Energy (EGLE) supports any efforts of BHSJCHA in assessing oversight and supervision of the program relevant to fulfilling minimum program requirements.

Support to be Provided by the State Program:

Program staff identified their experience with the Michigan Environmental Health and Drinking Water Information System (MiEHDWIS) application and reported concerns of too frequent need to renew access of MI Login in order to access MiEHDWIS. Since use of MiEHDWIS is sporadic and currently infrequent, BHSJCHA suggested this be improved. In addition, BHSJCHA identified that MiEHDWIS users should be provided access to see entities and activities associated with their health jurisdiction area. The Reviewers will convey this input to the applicable EGLE staff.

Other Information:

BHSJCHA historically used an annual self-assessment review option which provided a level of internal quality assurance and quality control. BHSJCHA last provided self-assessment to EGLE in 2019. No EGLE review of that individual assessment was performed since EGLE transitioned during Cycle 7 to reviews at time of Site Visits. EGLE no longer reviews annually submitted self-assessment materials. The Reviewers provided information regarding self-assessment, including steps that BHSJCHA may take to formally discontinue the Self-assessment Review Option as per Appendix E of the Minimum Program Requirement (MPR) Indicator Guide. BHSJCHA and EGLE discussed the merits of BHSJCHA performing internal QA/QC along with EGLE reviews during Accreditation Site Visits.

The EHC, 702.7.2 - *Commercial, Industrial, Multiple Residential Premises less than 10,000 gallons per day* adopts the Michigan Criteria for Subsurface Sewage Disposal (MCSSD) for non-residential use premises.

Indicator 1.2

Evidence that the local wastewater treatment regulation authorizes enforcement measures including permit denials, correction orders, and/or other remedies.

- The local health department maintains on file the specific sanitary code provisions that define the basis of denial and enforcement.

Site Visit Summary:

The EHC includes provisions for permit denials, correction orders, and/or other remedies.

Areas of Strength:

BHSJCHA staff have access to a comprehensive list of Policy Statements and Implementing Procedures. These written guidelines provide direction on uniform procedures for implementation and enforcement of the EHC.

A correction order for a sewage failure (sewage surfacing on the ground) was provided along with the originally filed complaint. BHSJCHA's Policy Statement and Implementing Procedures regarding complaints provides uniform steps for investigation, timing, and correction order letters.

Needed Supports:

The Reviewer recommends that BHSJCHA evaluate correction order letters (templates or examples) to assure that citation of appropriate sections of the EHC are included as directed in the policy.

Other Information:

Of the documentation provided - activities since January 2023, no denials were observed by the Reviewers.

The EHC enables the establishment of policies and guidelines. BHSJCHA provided policies including, but not limited to the following topics:

Alternative sewage disposal facilities guidelines, application receiving, change of use, complaints, evaluations of existing well and on-site, failed system data collection, final inspection policy letter, final inspection, greater than one-acre policy, loan evaluation policy, On-site septic, Quality Assurance & Quality Improvement (self-assessment), Permit issuance and appeals, septic installer registration policy, stoneless chambers and stoneless tubing, wastewater holding tank policy.

Indicator 1.3 Evidence that actual enforcement measures are utilized.

- The local health department maintains on file, retrievable documentation for denials and/or enforcement actions.

Site Visit Summary:

The limited review period - since January 2023, offered only limited discussion or enforcement related documentation at the time of the Site Visit.

Areas of Strength:

Variance documentation was complete including owner's written request and description of the specific variation. Review, including Site Visits by the Environmental Health Director and approval, were documented. BHSJCHA reported that a site visit is also performed by the Director prior to hearing of a case by the Board of Appeal.

BHSJCHA and the Reviewers discussed the appeals process and the public health principles applied by the Board of Appeals. Historically, few appeals have been filed. No appeals have been reported since Cycle 8 began on January 2023.

Needed Supports:

The Reviewers recommend that BHSJCHA review the Policy Statement and Implementing Procedure titled: Permit Issuance and Appeals of Rulings of the Health Officer. This policy describes the appeal procedure and is silent on a topic where clarity is warranted. Specifically, the policy should address that any decision of BHSJCHA pursuant to the Michigan Criteria for Subsurface Sewage Disposal (MCSSD), including systems treating less than 1,000 gallons per day, shall only be made to the State and not heard by the local Board of Appeals.

Minimum Program Requirement #2

The local health department shall evaluate all parcels of land and authorize the installation of any on-site wastewater treatment system in accordance with applicable regulation(s). The evaluation shall employ a site specific physical assessment of the soil's treatment and transport capacity and determine compliance with applicable regulations. Site conditions, including soil profile data obtained from on-site evaluations, shall be accurately documented. Documentation shall be maintained in an organized and functional filing system that provides retrievable information.

Indicator 2.1 Documentation of a site evaluation visit, which includes the soil characteristics, seasonal high water table, slope, isolation distances, location, and available area for initial and replacement systems.

- The local health department maintains on file recorded results of site evaluation visits that accurately document the required information.

Site Visit Summary:

BHSJCHA and EGLE discussed the site evaluation observations of the field staff and management as well as the general site conditions found within the community.

BHSJCHA reported site evaluations conducted by hand augers for assessment of new construction and replacement system sites. Evaluations using test pits are also performed.

Areas of Strength:

The paper forms used to capture site evaluation information include essential elements for soil profile data. Soil texture for multiple horizons, USDA terms and acronyms, documentation of the presence/absence of mottles (seasonal high-water table), and specific depth to limiting layer/water table may be recorded.

Multiple examples of clearly drawn and readable site plans were observed.

BHSJCHA has selected Hedgerow Software and will soon begin work to change their database for Environmental Health services, including site evaluation, permit, and final inspection documentation.

Needed Supports:

Multiple methods for documentation of soil boring/excavation locations were observed. Documentation including one measured distance (no compass bearing) along with a global positioning system (GPS) coordinate did not clearly locate the boring or approved system area. Other documentation was observed with a measured distance and two compass-bearing references resulting in an unclear boring location. The Reviewers recommend that BHSJCHA refer to the MPR Indicator Guide and Appendix B for acceptable methods for documenting soil boring/excavation(s) locations. Through this report, the Reviewers relay that the most common method is two distance measurements from one or more reliable reference points to the soil boring/excavation location(s).

Varying methods for soil profile logging were observed; depth interval, horizon thickness, and bottom of the layer. Unclear or incomplete logging was observed. The Reviewers recommend that BHSJCHA review the options and identify uniform methods for capturing clear soil profile data in conformance with the MPR Indicator Guide and Appendix B. The Reviewers shared that logging horizon thickness is the most common method.

Support to be Provided by the State Program:

All local health departments may request training from EGLE using the MiEHDWIS application and by filing a training request. EGLE periodically conducts two-day soil training on United States Department of Agriculture (USDA) Soil Classification and Identification. Training in multiple other areas and topics may also be requested.

Indicator 2.2

Permit documentation of the system location, design installation requirements, pertinent site characteristics, and nature of the building development.

- The local health department maintains on file the detailed plan and specifications prepared for each system for which a permit has been issued. The plan and specifications shall accurately define initial and replacement system location*, size, other pertinent construction details, and include documentation of variances, when granted.

*Note: The requirement for identifying a replacement system applies to issuance of new construction permits only.

Site Visit Summary:

The Reviewers and BHSJCHA discussed the permitting observations of the field staff and management, and the community needs. Permitting practices for sites with limited available land area and/or challenging soil and/or water table conditions were discussed.

Non-residential use sites are reviewed and permitted following the MCSSD.

Areas of Strength:

The paper forms used to capture permit documentation include elements for building information, nature of the building development (use), and design installation requirements.

BHSJCHA permit details require forty-eight (48") inch separation to water table or limiting layer for new and replacement permits.

Permits conforming with the provisions of the EHC and/or guidelines were observed by the Reviewers. The Reviewers observed no apparent need or requests for changes after permit issuance.

Trench-type absorption systems are more regularly permitted than bed systems. Trench systems provide more treatment and/or dispersal benefits and promote aerated treatment conditions.

The Reviewers observed an example of a follow-up letter that was sent prior to expiration (when a final inspection was not requested or completed). This letter advised the applicant of options to respond and next steps to extend the permit.

BHSJCHA will soon begin work to customize and implement use of Hedgerow Software for Environmental Health services, including site evaluation, permit, and final inspection documentation. The Reviewers recognize that it is a significant undertaking to modernize software and associated processes.

Needed Supports:

One permit form is used for residential and non-residential use permits. Single-family residential design factors (such as number of bedrooms) are captured. For non-residential permits, a place on the form to circle the type of building use (such as commercial) is present. The Reviewers observed multiple non-residential use permits. Some included clear basis of design as part of a separate permit letter. Other permit documentation had no letter, missing, or unclear basis of design. The Reviewers recommend that BHSJCHA assess permit forms and documentation to assure that both clear basis of design and building use are reflected.

The Reviewers recommend that BHSJCHA review the intended information to be shared on the form field "Other Deed Document." Information added such as "site restrictions," provides limited information for the permit applicant, installer, or owner. Restrictions and advisories as required by health departments as part of an approval pursuant to the Administrative Rules R560.401 - 428 are often shared as attached, numbered pages at time of permit issuance. Or another permit reference is used to capture the nature of the restrictions for owners' use and knowledge.

The Reviewers recommend that Quality Assurance (QA)/Quality Control (QC) to assure that the system is permitted in the approved area (as defined in the site evaluation documentation), that a direction or North arrow is present, and that replacement area is shown.

Support to be Provided by the State Program:

The Reviewer will evaluate potential worksheet or other tool for capturing the Basis of Design and to assist in conformance with requirements for a design basis per the MCSSD.

BHSJCHA staff relayed the value of timely technical assistance by EGLE when site-specific requests are filed. Most permit applicants seek expedient determinations. BHSJCHA identified less than desired timing in obtaining answers from various EGLE program staff. The Reviewers acknowledged the issue. Requests for assistance may be filed using MiEHDWIS and/or emails, including the Onsite Wastewater Program (OWP) staff. OWP often assists health departments by coordinating with other EGLE program staff or through direct referral. When assistance by OWP is sought by BHSJCHA, the suggestion for answers in approximately one week is noted. BHSJCHA is encouraged to check on the status of a request of OWP at any time.

All local health departments may request training from EGLE using the Michigan Environmental Health and Drinking Water Information System (MiEHDWIS) application and by filing a site-specific request for technical assistance. Training requests in multiple other onsite wastewater topics, including training on the Part 4 Administrative Rules (R560.401-428), may also be filed through the application.

Indicator 2.3 There is evidence of an organized filing system allowing for retrieval of information.

- The local health department maintains an organized filing system with retrievable information.

Site Visit Summary:

The document management and database software were discussed. BHSJCHA reported about the recent launch of unsuccessful database software that was unable to meet program needs. The database was only briefly used and accounted for lost time.

The iSynergy document management system is used and meets BHSJCHA’s electronic records management needs. The Administrative Assistants upload documents into the system at various stages for ready retrieval.

BHSJCHA acknowledged that updates to all policies will be needed as Hedgerow is integrated into their work.

Areas of Strength:

BHSJCHA’s commitment to integrating new database technologies was evident. Staff reported that their experience with the unsuccessful and very briefly used database will assist them in development of Hedgerow.

Converting to an electronic filing system is a significant accomplishment that provides multiple benefits for the staff and enhances service delivery for the community.

A majority of the files that were requested based on random selection protocol were readily located and retrieved.

Minimum Program Requirement #3

The local health department shall conduct an inspection during construction or prior to covering of the system, or shall apply an alternate method to assure the completed wastewater treatment system complies with permit requirements. Documentation of an inspection or alternate approval method shall be maintained with the permit.

Indicator 3.1 Documentation of construction and/or final inspection by the local health department or record of an alternate process to support the approval of the installation in accordance with the permit.

- The local health department shall conduct an inspection of all systems prior to final cover. The local health department maintains on file an accurate individual record of each inspection conducted during construction of each system. Unless otherwise specifically authorized, installer affidavits, which provide an accurate record of system installation, are maintained on file in isolated cases, representing no more than 10 percent of the total number of final inspections requested, where constraints prohibit inspection by the local health department in a timely manner.

Site Visit Summary:

During site visit discussions, BHSJCHA staff and the Reviewers discussed practices related to final inspections and the local installers. While registration is not required, installers may register through completion of steps defined by policy. Violations warranting removal of a registered installer from the list are identified. Periodic installers meetings are held, but none have occurred since Accreditation Cycle 7.

Final inspections are performed by BHSJCHA field staff. A Certificate of Compliance for Sewage System Installation form is used for installer recorded information to support that the system was installed in accordance with the approved specifications outlined on the permit. This form captures the essential elements of MPR 3.1 but does not include the calculated absorption (drainage) system size or soil cover depth. A recent affidavit document was observed and complete.

Areas of Strength:

Details of the constructed system are recorded on the Final On-site Septic System Construction Inspection form and include essential elements such as the calculated total size of the absorption (drainage) system. The form also captures the depth of soil cover, which serves to confirm isolation and compliance with permit and EHC requirements.

BHSJCHA provides the permit applicant with a final approval letter, the above final inspection form, and a drawing. Educational material with helpful information about maintaining, using, and protecting the system is included with the letter and documentation. Continual public education and awareness related to onsite sewage systems was reported.

BHSJCHA reported close and positive working relationships with the local sewage system installers.

BHSJCHA has selected a provider and will soon begin work to change the database for Environmental Health services, including site evaluation, permit, and final inspection documentation.

Needed Supports:

Varying forms of final inspection drawings were observed. Some were completed on the backside of a paper/labeled document, but when scanned to the electronic records management system, the connection of a printed document to site address is not reflected on that page. Or drawings are being created on blank paper with no site address (or parcel identifier) or date. Other drawings were added on the permit document - page 2, after drawing a solid line next to the original permit drawing. A drawing as part of an affidavit (Certification of Compliance forms) was observed with installation date, owner name and address. The Reviewers recommend that all pages or drawings accompanying the Final On-site Septic System Construction Inspection form be titled as the final inspection, include the site address, include the person creating the drawing - installers name, and date of inspection (installation date for affidavits). The Reviewers recommend that the method for documenting final inspections and drawings be consistent between all program staff and clearly capture the essential elements as defined in the MPR Indicator Guide and Appendix C.

Minimum Program Requirement #4

The local health department shall respond to all wastewater system complaints and maintain records of complaint resolutions.

Indicator 4.1 Documentation that all complaints are recorded, evaluated, and investigated, as appropriate.

- The local health department maintains complaint forms and a filing system containing results of complaint investigations and documentation of final resolution.

Site Visit Summary:

An Environmental Health Complaint form and filing system is used to track complaints, investigations, and documentation of findings/resolution. Copies of complaint log spreadsheets were provided for complaints dating back to Spring of 2022. Randomly selected complaints from each office were observed by the Reviewers. Documentation observed included the nature of the complaint, investigation findings and corresponding date(s), and enforcement where necessary.

Areas of Strength:

BHSJCHA maintains copies of completed complaints in the i-Synergy software. Complaint documentation was stored in HealthSpace software for a brief time prior to discontinuing its use. BHSJCHA has selected a new database, Hedgerow, and will soon begin work to design and implement its use for Environmental Health services, including complaint tracking and documentation.

BHSJCHA acknowledge that monitoring complaints, their status, and resolution in the new software will require new processes and procedures.

Needed Supports:

The Reviewers recommend that a central staff member (such as a Supervisor or EH Director/manager) monitor the complaint tracking system (in Access) for the status of sewage complaints and that uniform use of the database fields be followed. The Reviewers observed that the tracking system has an entry for each inspection and a data field of "Closed Y/N." There are different ways that the tracking system is being used. Some users are changing the "Closed Y/N field" to reflect "Y" *for each inspection entry* when the overall complaint is closed. Others are completing the "Closed Y/N" field with "Y" for the *last inspection entry* only. The second method results in some inspection entries remaining "N", even though the (most recent) inspection served to close the complaint.

Minimum Program Requirement #5

The local health department shall investigate, document and evaluate the probable cause(s) of system failure.

Indicator 5.1 Approval of permits where the system has failed*, includes retrievable documentation, when available, of the age, design, site conditions, and any other pertinent data allowing for assessment of probable reason(s) for failure, and there is an annual summary of data submitted to the Michigan Department of Environmental Quality (DEQ).

*Note: For the purpose of this guidance, a system consists of a tank or tanks, absorption system, and associated appurtenances. A system is considered to have failed when sewage backs up into the home or structure, discharges to the ground surface, contaminates surface water, or drinking water supplies, any part of the system is bypassed, the system is the source of an illicit discharge, there is an absence of an absorption system, or there is a structural failure of a septic tank or other associated appurtenances.

- The local health department maintains a filing system for all failed systems that includes retrievable documentation; **AND**
- Annual failed system data summaries are prepared and are on file.

Site Visit Summary:

BHSJCHA management staff identified challenges with the current Access database used for recording failed system data. BHSJCHA uses a copy of the EGLE-provided Access Database, and retrieval for quarterly reporting of the failed systems evaluated has been difficult at best to retrieve. The Reviewers attempted to demonstrate the method to obtain quarterly counts but were unable to open the data tables. It was identified that entries for multiple years were being added to a database intended for a single calendar year.

The Reviewers described a pilot program using a template created in Microsoft Forms that was developed by EGLE. A brief demonstration of the pilot method was given during the site visit. BHSJCHA expressed interest in the new method.

The processes for failed system data collection and annual summary reporting were reviewed. BHSJCHA uses the failed system data collection forms for residential and non-residential, as found in the Indicator Guide. When a permit application is filed, the administrative assistant enters the application into the permit tracking database and scans the application to the iSynergy electronic document management system. A copy of the application and the data collection form is provided to the program staff assigned to the application. When the permit is approved, a copy of the data tracking form is added to the electronic file, and the data entered into the EGLE-provided Access Database. If the application is returned without the completed form, the administrative assistant seeks a copy of the completed form for failed systems.

Areas of Strength:

Copies of the completed data collection form were observed, with several of the files randomly selected from a list of recent permit/final inspection activities.

This comment is relevant to work involving a failed system investigation. BHSJCHA relayed recent work in an area with surface water contamination. Activities including locating the difficult-to-see straight-pipe-over-the-bank discharge and enforcement to cause the correction followed. BHSJCHA worked with the local community action agency through which the property owner obtained financing for the construction of a sewage absorption system.

Needed Supports:

The last failed data summary report submitted to EGLE was for 2019. No data summaries were submitted for 2020 (Cycle 7 was paused) or 2021 and 2022. Failed data summaries are due annually by February 1 of the following year.

The Reviewers recommend that BHSJCHA seek options for tracking failed system data. In the absence of a local method, the Reviewers suggested that BHSJCHA may discontinue the use of the current multi-year version (but retain on file). With the assistance of information technology support staff, BHSJCHA may evaluate the software version of Access used, the software permissions, and operations necessary to view the Access data tables. Using instructions recently provided by EGLE, BHSJCHA may restore the use of the Access database and create a blank copy for use during calendar year 2023. Alternatively, BHSJCHA may obtain the necessary Microsoft Subscription to access the Forms application. With EGLE’s assistance, BHSJCHA may request to join the pilot if desired.

The Reviewers recommend that BHSJCHA implement a process to verify that each failed system is evaluated, data collected and tracked, and data summaries sent to EGLE annually by February 1. The tracking mechanism used needs to allow for viewing of the entered data and reporting of counts for the applicable reporting period.

Support to be Provided by the State Program:

The Reviewers that are assisting health departments with failed system database tracking needs will provide additional training, assistance, and guidance upon request. The Reviewer that is leading the Microsoft Forms pilot will set up a meeting to provide individual demonstration and training to key Environmental Health Administrative Assistant(s) and management staff. Note: This option is only available to those who have the Microsoft Forms application.

Other Information:

BHSJCHA asked for information related to financial assistance for owners of failed systems and for replacement systems. The Reviewers identified that Michigan legislature approved funding for a Failed Septic System Loan Program. The loan program is now under development. Information regarding the program and other pre-existing options that owners may pursue can be obtained through EGLE in the near future.

HIV/AIDS & STI

Minimum Program Requirement #1

Provide and/or refer clients for HIV and STI screening and treatment, regardless of client ability to pay.

Indicator 1.1 Provide HIV and STI screening and treatment services in accordance with the Michigan Public Health Code, Michigan Department of Health and Human Services (MDHHS) accreditation and current quality assurance standards.

- Implementing recruitment and promotional strategies designed to increase awareness and stimulate testing among high risk individuals.
- Assessing client risk for HIV and STIs.
- Providing risk reduction/prevention counseling, in accordance with current Centers for Disease Control and Prevention (CDC) guidance.
- Providing STI testing in accordance to client risk and MDHHS criteria.
- Providing HIV testing for all clients screened and/or treated for STIs.
- Providing STI testing for clients testing positive for HIV.
- Providing appropriate HIV and STI treatment or referral, according to current CDC treatment guidelines and current MDHHS policy.

Site Visit Summary:

The BHSJCHA is able to meet all of the requirements for this indicator.

The Branch-Hillsdale-St. Joseph Community Health Agency (BHSJCHA) does submit human immunodeficiency virus (HIV) and Sexually Transmitted Infection (STI) case reports in a timely and appropriate manner. BHSJCHA staff are actively using all of their current resources to reach their communities for recruitment and promotion of screening, testing, and risk reduction.

For example:

The BHSJCHA collaborates with a Federally Qualified Health Department (FQHC) in Centerville called Covered Bridge to do community collaboration and get people tested and treated. Covered Bridge is an adolescent clinic (adolescents age ranging from 10-21 years of age), as well as an adolescent mental health services clinic. The clinic is also able to give birth control to their adolescent clients.

The BHSJCHA also utilizes local community physicians (located in Branch Hill and St. Joseph) to refer patients to when sliding-scale services are needed.

The BHSJCHA also works with school-based clinics for STI testing.

A campaign called "Wear One" was started - which includes condoms, lube, and an info sheet (how to use a condom, where you can be tested) for free. The "Wear One" kit is available at places like local bars and college campuses.

Areas of Strength:

The BHSJCHA HIV/STI leadership staff (specifically Aimmee Mullendore, Clinic Supervisor and Communicable Disease Nurse and Kali Nichols, Clinic Director and Personal Health & Disease Prevention Director, are using many different avenues to promote screening and testing services. Some of the innovative ways they are reaching the local tri-county community include:

Implementing a QR code for testing services during the Branch County Pride event, then making that QR code available for all counties at all times.

Using BHSJCHA's social media account (for example, Facebook) to publicize their STI curbside testing services. Visiting a local Radio station to promote screening and testing services.

Creating Standard Orders (from the Medical Director) to get people treated during COVID-19 Pandemic.

Updating STI Treatment Guidelines to include an "empirically treat" approach to treatment (approving the use of similar medications). This allows BHSJCHA to treat more clients from the community.

Needed Supports:

BHSJCHA asked for advice on how to navigate a high STI prevalence, with getting the word out about testing to the community and balancing those goals with a small team.

Support to be Provided by the State Program:

Aim mee Mullendore, Clinic Supervisor and Communicable Disease Nurse, is always able to get free STI tests from the state and appreciates that support.

Other Information:

No additional information.

Indicator 1.2

Provide court-ordered HIV and STI counseling, testing, and referral services and victim notification activities in accordance with section 5129 of 1978 PA 368; the Michigan Public Health Code, MCL 333.5129, and MDHHS guidance.

- Providing HIV and STI counseling, testing, and referral services on the basis of court order and for notification of victims.

Site Visit Summary:

The BHSJCHA is able to meet all of the requirements for this indicator. BHSJCHA staff have seen only one court-ordered testing request in the last five years.

BHSJCHA does have a policy in place for court-ordered testing. The Reviewers were able to view that policy as well as the court-ordered testing instructions, Procedure Order, Protocol, Victim Authorization, and all other Operations Manual documents electronically.

Areas of Strength:

The BHSJCHA program staff is very organized and detailed in their court-ordered testing documentation. All documents are stored safely on a shared drive but are available to staff when necessary.

Needed Supports:

No supports were requested.

Support to be Provided by the State Program:

No supports were requested.

Other Information:

No additional information.

Minimum Program Requirement #2

Perform activities necessary to control the spread of HIV and STI infection; conduct reporting and follow-up of HIV, AIDS, and STI cases.

Indicator 2.1

Reporting of HIV, AIDS, and STI cases is in compliance with the Michigan Communicable Disease Rules and the Michigan Public Health Code and in accordance with current MDHHS policy.

- Submitting HIV and STI case reports in a timely and appropriate manner.

- Providing education and technical assistance to physicians, laboratories, and other providers regarding the submission of HIV and STI case reports.

Site Visit Summary:

The BHSJCHA is able to meet all of the requirements for this indicator.

BHSJCHA program staff were able to describe and show (via electronic documents) their processes for reporting

HIV and STI cases in a timely and appropriate manner. BHSJCHA Program staff attempt to contact patients via phone and mailed letters. The program staff also uses a "lost to follow-up" procedure.

BHSJCHA program staff also provides education and technical assistance to their internal staff and physicians at referral sites.

For example:

BHSJCHA HIV/STI leadership staff (specifically Aimmee Mullendore, Clinic Supervisor and Communicable Disease Nurse, and Kali Nichols, Clinic Director and Personal Health & Disease Prevention Director) hold all nurse meetings where HIV/STI data is shared along with a Feedback Report, which is shared with tri-county Clinic Supervisors quarterly.

Aimmee Mullendore makes contact with individual physicians and referral sites (like Sturgis Emergency Room and Wellnow Urgent Care Center) immediately when updates and changes are needed. (For example, to keep physicians updated on current recommendations for medications).

Areas of Strength:

The Clinic Director performs Communicable Disease audits, collects Feedback Reports, and shares data with BHSJCHA staff regularly, which shows a dedication to quality and efforts towards improvements throughout the tri-county health agency.

The Clinic Supervisor is always available to physicians and referral sites for assistance and is a helpful resource for all tri-county health agency staff.

Needed Supports:

No supports were requested.

Support to be Provided by the State Program:

No supports were requested.

Other Information:

No additional information.

Indicator 2.2

Confidentiality of written and electronic HIV, AIDS, and STI reports and associated patient medical records are maintained in compliance with the Michigan Public Health Code, the Health Insurance Portability and Accountability Act (HIPAA), and program standards issued by MDHHS.

- Maintaining confidentiality of all HIV, AIDS, and STI reports, records, and data pertaining to HIV and STI testing, treatment, and reporting, pursuant to the Michigan Public Health Code, HIPAA, and program standards issued by MDHHS.

Site Visit Summary:

The BHSJCHA is able to meet all of the requirements for this indicator.

HIV & STI client information is saved securely on a shared drive. Other BHSJCHA forms, such as the STI Questionnaire, Intake Form, and HIPPM form, are completed by security-enabled iPad.

Other reports and records are kept in BHSJCHA Electronic Medical Records system and Medical Office Simulation Software (MOSS); therefore, no hard copies of STI client information or case information are kept.

Hard copies of HIV client information are kept in a locked and secured cabinet in a non-public room, and the door is locked every night. The hard copy information is kept for 90 days and then shredded.

Other HIV data is stored virtually within Evaluation Web.

Areas of Strength:

BHSJCHA staff have done an excellent job at updating their client intake processes to include technology (like the iPads) to ease health agency staff burden as well as clients.

Needed Supports:

No supports were requested.

Support to be Provided by the State Program:

No supports were requested.

Other Information:

No additional information.

Indicator 2.3

Investigate and respond to situations involving health threats to others, pursuant to the Michigan Public Health Code.

- Investigating and responding to situations involving health threats to others in a way that is appropriate and in accordance with the Michigan Public Health Code.

Site Visit Summary:

The BHSJCHA is able to meet all of the requirements for this indicator.

BHSJCHA investigates and responds appropriately to all health threats to other issues. Documentation on petition to transport, an affidavit, and other documents were shown to the Reviewers (electronically) during the Site Visit.

Areas of Strength:

The BHSJCHA program staff is very organized and detailed with their documentation. All documents are stored safely on a shared drive but are available to staff when necessary.

Needed Supports:

No supports were requested.

Support to be Provided by the State Program:

No supports were requested.

Other Information:

No additional information.

Develop and maintain a system for staff-assisted referral of clients to medical and other prevention services, including mechanisms for monitoring and documenting referrals.

Indicator 3.1 Clients diagnosed with HIV or other STIs receive medical and other prevention services, which are responsive to their needs and in accordance with MDHHS program standards and guidelines.

- Facilitating referral to and linkage with prevention, treatment, and support services appropriate and responsive to client needs.
- Establishing, maintaining, and documenting linkages with health care and other community resources that are necessary and appropriate for the prevention and control of HIV and STIs and for addressing the prevention and care needs of clients.
- Providing education and technical assistance to local physicians, hospitals, other providers, and community groups to increase awareness about HIV and STIs, encourage screening for and treatment of HIV and STIs, support referral and linkages to needed services, and promote health department assisted partner services (PS).

Site Visit Summary:

The BHSJCHA is able to meet all of the requirements for this indicator.

BHSJCHA program staff utilize electronic resources to link clients to HIV & STI services, but also other services like immunizations, mental health services, drug & substance abuse, and more. For example, BHSJCHA program staff use Evaluation Web, their Electronic Medical Record (EMR) system, and Misys Open Source Solutions (MOSS) to document client immunization and mental health needs.

BHSJCHA program staff speak with clients about Partner Services (PS) at every opportunity, and many of the program staff have had PS training.

Areas of Strength:

BHSJCHA HIV/STI leadership staff (Aimmee Mullendore and Kali Nichols) are very connected to the greater tri-county community and maintain excellent relationships with other local services. This connection enhances the great work being done at BHSJCHA.

Needed Supports:

No supports were requested.

Support to be Provided by the State Program:

BHSJCHA HIV/STI leadership staff are interested in HIV-specific PS training from the HIV/AIDS & STI State Program, whenever it's available.

Other Information:

No additional information.

Minimum Program Requirement #4

Conduct partner services (PS), by referral or through state or local staff, for HIV, syphilis, gonorrhea, and chlamydia.

Indicator 4.1 Individuals diagnosed with HIV, syphilis, gonorrhea, and/or chlamydia receive counseling regarding the availability of partner services (PS) and are offered assistance in notifying their sex and/or needle-sharing partners of their exposure.

- Providing PS, by referral or through state or local staff, which is responsive to client needs and is provided in accordance with the Michigan Public Health Code and current MDHHS standards and guidelines.
- Maintaining staffing adequate to meet PS needs.
- Maintaining relationships, for example, via memoranda of understanding/agreement (MOU/MOA), with health care providers, community-based organizations, and others that provide HIV and STI testing, in order to facilitate access to health department assisted PS among clients diagnosed with HIV and STIs.
- Maintaining timely entry of index client(s) and/or identified partner(s) documentation into the designated data system in use (i.e. Afirm and MDSS), in accordance with current MDHHS policy.

Site Visit Summary:

The BHSJCHA is able to meet all of the requirements for this indicator. The BHSJCHA Partner Services Policy, Guidelines, and Recommendations are saved electronically to a secured shared drive. All documents were shown to the Reviewers.

BHSJCHA HIV/STI Program staff offer MSPOT, an anonymous email service, to clients who would like to notify partners to get testing. Program staff also use "postcards," which can be given from a physician's office to indicate that the client's partner(s) should get tested. The postcard is "stamped" with the appropriate STI to get tested for.

Areas of Strength:

BHSJCHA HIV/STI leadership staff (particularly Aimmee Mullendore) is passionate about Partner Services and connects with clients through in-person conversations to obtain partner information. Many clients are willing to contact partners themselves to get tested because of the care that Aimmee takes in educating the clients themselves.

Needed Supports:

No supports were requested.

Support to be Provided by the State Program:

No supports were requested.

Other Information:

No additional information.

Minimum Program Requirement #5

Provide quality assured and evidence-based HIV and STI prevention and treatment services.

Indicator 5.1 Monitor and evaluate HIV and STI prevention and treatment services.

- Conducting routine, data-driven monitoring, and evaluation activities.
- Conducting routine quality assurance of HIV and STI prevention and treatment services responsive to MDHHS quality assurance standards and guidelines.

Site Visit Summary:

The BHSJCHA is able to meet all of the requirements for this indicator.

BHSJCHA HIV/STI leadership staff (specifically Kali Nichols) review data entry audits through Evaluation Web. Kali also sends daily HIV & STI line lists to all tri-county nurses.

Monthly HIV & STI reports are posted on the Board of Health website, as well as an annual report.

BHSJCHA HIV/STI leadership staff expressed plans to do additional chart audits, specifically on STIs, as well as conduct more data reviews for future evaluation and quality improvement activities.

Areas of Strength:

Although BHSJCHA HIV/STI leadership staff aren't able to perform as many Quality Assurance and evaluation activities as they would like, they were able to detail what they are currently doing (which does meet the MPR requirement) as well as what they have planned for the near future.

Needed Supports:

No supports were requested.

Support to be Provided by the State Program:

No supports were requested.

Other Information:

No additional information.

Vision

Minimum Program Requirement #1

The local health department shall provide vision screening services for preschool children between the ages of 3 and 5 years at program centers.

- Indicator 1.1 There is documentation that children between the ages of 3 and 5 years were scheduled for and received vision screenings in preschool, Head Start, and child care programs.
- A written policy or program plan articulating procedures for vision screening children between the ages of 3 and 5 years; **AND**
 - An agency calendar or appointment book documenting vision technician assignments and/or responsibilities for the past year; **AND**
 - A list of preschool, Head Start, and child care programs scheduled to receive vision screening services for the current year; **AND**
 - Local health department quarterly Reporting Forms (DCH-0604) indicating the number of preschool children screened, passed, failed, referred, and receiving care.

Site Visit Summary:

The Vision Screening Program Site Review for Branch/Hillsdale/St. Joseph Community District Agency (BHSJCHA) was conducted on Monday, April 24, 2023, at the Coldwater office. Those in attendance included Carol Anderson, Nicole Ewers, Emily Young, Vision Technicians; Terri Penney, RN, Hearing and Vision Supervisor; and Kali Nichols, MPH, Personal Health/Disease Director. The Exit Interview was conducted with the same attendees. All Indicators are met for this cycle. The main goal of the Vision Screening Program is to prevent Amblyopia. Amblyopia is a permanent vision loss with onset typically at 6-7 years of age if not identified and treated during the preschool years.

Resources were available outlining the schedules and responsibilities of the technicians during the Covid-19 Pandemic years (2020-2022). Written policy is on file for the screening of preschool children ages 3-5 years and for those entering Kindergarten for the first time.

The technician screening responsibilities are outlined in a calendar format for the current year. Vision screening statistics are submitted to the Michigan Department of Health and Human Services (MDHHS) Vision Consultant on a quarterly basis as required by the Public Health Code (PHC).

Areas of Strength:

Most preschools reopened by the Fall of 2020 after the initial Covid-19 Pandemic closures, and vision screening services were continued by BHSJCHA Vision staff. Clinics were offered at the office for those who missed a scheduled on-site screening date and to accommodate any sites that remained closed. All of the counties are offering Kindergarten Entry screenings either through Round-Ups or at the health department clinics.

Other Information:

The Reviewer recommends that BHSJCHA review any opportunities to include screening of preschool children in the Amish communities they serve.

Minimum Program Requirement #2

The local health department shall provide vision screening services for school-age children in grades 1, 3, 5, 7, & 9 or in grades 1, 3, 5, & 7, and in conjunction with driver training classes at schools (public, private, charter, etc.)

Indicator 2.1

Program activity reports and statistics document the provision of vision screening in public and private schools for all estimated children in need (e.g., total number of children in grades 1, 3, 5, 7, and 9)

- A chart or schedule documenting agency vision technician assignments and/or responsibilities for the current year; **AND**
- A written policy or program plan articulating the level of frequency for vision screening school-age children; **AND**
- Local Health Department Quarterly Reporting Forms (DCH-0604) indicating the number of school-age children screened, passed, failed, referred, and receiving care since the last accreditation site visit.

Site Visit Summary:

A schedule with the technician's responsibilities for the current year is on file for the screening of school-age children. A written policy is on file for vision screenings in grades 1,3,5,7 and 9. Vision statistics are submitted to the MDHHS Vision Consultant on a quarterly basis as required in the Public Health Code.

Areas of Strength:

Most schools that had closed due to the Covid-19 pandemic were reopened by the Fall of 2020. Many makeup clinics were offered to aid families in getting their children screened if they were missed in the previous year. Use of the Plusoptix photoscreeners helped with screening those children who have special needs, and behavioral and developmental disorders, and to maintain social distancing during the pandemic. All Amish communities are provided screening services. Following earlier screenings, most of the Amish children had glasses and contact lenses when seen in the 2022-23 school year.

Other Information:

The Amish communities throughout the BHSJCHA service area present many barriers to providing screenings and the vision team works diligently to ensure that all Amish children are provided screenings. Screenings typically identify a large number of children with Amblyopia, a condition that left untreated in the early years of childhood (ages 3-6 years) can result in a permanent loss of vision. Amish children begin school at the age of 7, which further complicates the prevention of Amblyopia. The communities tend to be very poor, moderately poor, and those with more resources. It is difficult to provide services to those who do not have Medicaid or financial resources for exams and glasses. There is a transport service available for those who need travel support.

Kudos to the vision team for the excellent work they are doing to identify, screen, and refer Amish children with visual needs in addition to the services provided to all school-age children in the BHSJCHA counties.

Minimum Program Requirement #3

The local health department shall assure that vision screening is conducted in accordance with the Michigan Department of Health and Human Services (MDHHS) Vision Technician's Manual (latest edition).

Indicator 3.1 Appropriate screening equipment and supplies are in working order and used in the screening of preschool, ages 3-5 years, and school-age children.

- The local health department has on file the MDHHS Vision Technician Screening Manual (latest edition); **AND**
- Preschool supplies and equipment used by vision technicians including a tape measure, training cards, the LEA Symbols flash card acuity test, and a Stereo Butterfly Test for the screening of preschool children for binocular and monocular visual acuity, two-line difference acuity, and near stereopsis; **AND**
- School-age supplies and equipment used by vision technicians including a functioning stereoscopic instrument for the screening of school-age children for monocular visual acuity, far phoria, and two-line difference acuity, black wooden "E", or comparable orientation "E", and the plus lens test.

Site Visit Summary:

The 2017 edition of the Vision Technician Screening Manual is on file. Each technician carries their manual with them in the field as a reference source if needed during screenings. Preschool supplies and equipment are available for each technician to conduct both the preschool and school-age screening tests.

Areas of Strength:

BHSTCHA has 3 Titmus V3 (General Model) vision screeners for the screening of school-age children. They have four Plusoptix™ photoscreeners for screening of preschool and school-age children who are unable to attend to the MDHHS screening protocols.

Needed Supports:

A request for funds for future equipment replacement was made so that units can be replaced as technology changes or as needed.

Minimum Program Requirement #4

Where follow-up treatment is required, the local health department shall assure that a written statement indicating the necessary course of action is provided to the parent or guardian of the child.

Indicator 4.1 Documentation exists that written statements indicating the necessary course of action have been provided to parents or guardians of children whenever follow-up examination or treatment is necessary as a result of vision screening.

- DCH-0503 Room Summary Forms and DCH-0503P Preschool Daily Report Forms (or equivalents) confirming follow-up information on children referred to an eye care practitioner, and sample parent letters for inspection to confirm agency process for follow-up of children referred to an eye care practitioner

Site Visit Summary:

Room Summary Forms (school-age) and Preschool Daily Report Forms are on file indicating the children who were screened, rescreened, and referred for care when indicated. An initial referral letter is sent to the parent of guardian informing them that the child is required to have an eye examination by a licensed ophthalmologist or optometrist. A second letter is sent within 60 days if no follow-up has been received. A phone call is made for those with special concerns.

Areas of Strength:

BHSJCHA is doing an excellent job of providing referral for the children who fail their screenings. They have continued to identify as many children as possible during the pandemic years. Kudos to the vision team for this commitment to children's vision!

Needed Supports:

The Reviewer recommends that the program revisit the idea of texting referral information in order to reach parents/guardians more efficiently and to improve getting children to care. This would also lower mailing, envelopes, and time costs for BHSJCHA.

Other Information:

There is a request to increase the budget for the purpose of having at least once technician, full or part-time, available in the summer to conduct referrals and follow-up.

Indicator 4.2 Documentation demonstrates that a child referred for examination or treatment has received the recommended services.

- DCH-0503 Room Summary Forms and DCH-0503P Preschool Daily Report Forms (or equivalents), or letters confirming the follow-up of children referred to an eye care practitioner.

Site Visit Summary:

Copies of parent/guardian referral letters are on file confirming that children who failed their initial and rescreen vision tests have been seen by an ophthalmologist or optometrist.

Areas of Strength:

Follow-up is about 50-70% for those who are referred for care. Children who fail while wearing their glasses are not followed up, but a courtesy letter is sent to the parent informing them of the need to confirm with the eye doctor that the prescription is correct.

Minimum Program Requirement #5

The local health department shall assure that individuals administering the screening and testing are trained in accordance with curriculum approved by the MDHHS.

Indicator 5.1 All vision technicians have been trained in accordance with curriculum approved by MDHHS, and that all vision technicians have attended an MDHHS approved vision technician workshop once in the last two years.

- Vision training certificates are on file confirming that technicians have participated in the approved MDHHS training course to become qualified to screen preschool and school-age children; **AND**
- Workshop certificates are on file confirming that technicians have participated in the approved MDHHS vision technician workshop once in the last two years; **AND**
- Appraisal forms to confirm the participation of the vision technicians in the State-developed Technician Assessment Program (TAP), where preschool screening procedures are observed and evaluated by an outside monitor with a minimum of at least 5 children, ages 3-5 years; **AND**
- Appraisal forms to confirm the participation of the vision technicians in the State-developed TAP, where school-age screening procedures are observed and evaluated by an outside monitor with a minimum of at least 5 children in grades 1,3,5,7 and 9.

Site Visit Summary:

Vision Training Certificates are on file confirming that the technicians have successfully completed the MDHHS Comprehensive Vision Training and are qualified to screen preschool and school-age children following the appropriate protocols. There are currently three technicians. Carol Anderson and Nicole Ewers are full-time and Emily Young is part-time. With a recent retirement, a new technician will be hired and trained in the fall of 2023.

Workshop certificates are on file and confirm that the vision technicians have attended the annual workshop for the purpose of updating screening knowledge and skills at least once every two years. Each has participated in the Technician Assessment Program (TAP) where an MDHHS contracted evaluator observes the screening of preschool and school-age children.

Areas of Strength:

The technicians work in their own counties but are able to help each other when the schedule indicates need. They attended the virtual technician workshops during the pandemic, which kept their screening skills up to date as they continued screening in many school and preschool settings that remained open.

Other Information:

The vision technicians do a wonderful job of screening, identifying those who could benefit from eye care, and following up to provide children with their best vision for learning and success in life skills. Congratulations on your great work!!!

Minimum Program Requirement #6

A local health department shall conduct periodic free vision programs for the testing and screening of children residing in its jurisdiction. The time and place of the programs shall be publicized.

Indicator 6.1 All vision screening services are provided to children without charge to parents or guardians.

- Public announcements and media advertisement publicizing opportunities for scheduling preschool children for vision screening at local health departments.

- Documentation of public bulletins and public service announcements, since the last accreditation site visit, that includes language indicating free vision testing is available.
- An annual timetable for the purpose of notifying the public of vision screening dates, locations, and procedures for scheduling preschool children, ages 3 through 5 years, and school-age children in grades 1, 3, 5, 7, and 9, or in conjunction with driver's training.

Site Visit Summary:

Media advertising and Public Service Announcements (PSAs) are utilized in communicating the availability of free vision screenings at the LHD clinic sites. Schools aid in creating Kindergarten-Entry flyers and posting them on parent email and on social media sites used by the schools. BHSJCHA also provides posters, flyers, and links to vision information on their website.

Family Planning

Minimum Program Requirement #1

Provide Family Planning services following Title X Requirements for provision of services: Services must be voluntary, provided without any coercion, provided in a client-centered manner that protects the dignity of the individual, provided without discrimination, with priority to individuals from low-income families, without residency or referral criteria, with safeguards for the privacy and confidentiality of individuals being served (Tenets of Title X Services)

References: 42 CFR (10-2021 edition) §59.5 (a)(2)-(6); 42 CFR §59.5 (b)(5); 42 CFR §59.10; Health Insurance Portability and Accountability Act of 1996 (HIPAA); The Privacy Act of 1974, 5 U.S.C. § 552a; Elliott-Larsen Civil Rights Act, 1976 PA 453, as amended, MCL 37.2101 to 37.2804, Executive Directive 2019-09

Indicator 1.1

Voluntary. Services must be provided solely on a voluntary basis, without any coercion to accept services or accept any particular methods of family planning. Acceptance of services must not be made a prerequisite to eligibility or receipt of services or participation in any other program.

See Michigan Title X Family Planning Standards & Guidelines (8.1; 8.1.A, B, C, D; 19.F.1; 20.A; 29.D.2.e)

- The agency providing family planning services assures that services will be provided to clients:
 - * On a voluntary basis **(8.1)**
 - * Without coercion to accept services or any particular method of family planning **(8.1.A; 19.F.1)**
 - * Without making acceptance of services a prerequisite to eligibility for any other service or assistance in other programs **(8.1.B)**
- The agency general consent for services includes that services are provided on a voluntary basis, without coercion to accept services or any particular method of family planning and without prerequisite to accept any other service. **(8.1.D; 19.F.1)**
- The client's voluntary general consent must be obtained prior to receiving any clinical services. All consents are included in the client's record. **(19.F; 20.A; 29.D.2.e)**
- Staff have been informed that they may be subject to prosecution under federal law if they coerce or try to coerce any person to accept abortion or sterilization. **(8.1.C)**

Indicator 1.2

Dignity & Respect. Provide services in a manner that is client-centered, culturally and linguistically appropriate, inclusive and trauma-informed which protects the dignity of the individual.

See Michigan Title X Family Planning Standards & Guidelines (8.5.2;9.2;13.1;13.4;13.4.A;19.A.1-6;29.D.3e, f)

- The agency provides services in a client-centered manner that protects the dignity of each individual. (9.2; 19.A.1-6)
- Has written policy and/or procedures to assure that services are client-centered, culturally and linguistically appropriate, inclusive and trauma-informed. (9.2; 8.5.2;13;19.A.1.)
- Service delivery to all clients includes the following: (19.A)
 - * Assuring clients are treated courteously and with dignity and respect
 - * Addressing the needs of diverse clients
 - * The opportunity to participate in planning their own medical treatment
 - * Encouraging clients to voice any questions or concerns they may have
- Provide an explanation of range of available services, and agency fees and financial arrangements to clients (19.A.6)
- Upon request, clients are given access to or provided a copy of their medical record. (29.D.3.e, f)
- The agency obtains Michigan Department of Health and Human Service (MDHHS) approval prior to conducting any clinical or sociological research using Title X clients as subjects. (13.4; 13.4 A)

Indicator 1.3

Non-Discrimination. Projects must provide services in a manner that does not discriminate against any client based on religion, race, color, national origin, disability, age sex, sexual orientation, gender identity, sex characteristics, number of pregnancies, marital status, partisan considerations, disability or genetic information. Projects must provide services without imposing any residency requirements or requiring the patient be referred by a physician.

See Michigan Title X Family Planning Standards & Guidelines (9; 9.3; 9.9; 13.1; 13.1.D.1-4;13.5.A.1-2; 19.A.6; 19.F.2)

- The agency has written policies and procedures on non-discrimination in providing services without regard to religion, race, color, national origin, disability, age sex, sexual orientation, gender identity, sex characteristics, number of pregnancies, marital status, partisan considerations, disability or genetic information. (9; 9.3)
- There is a written policy that services are provided without residency requirements or physician referral. (9.9)
- The agency complies with [45 CFR Part 84], so that, when viewed in its entirety, the agency is readily accessible to people with disabilities (13.1)
- The local agency has a written plan including all required components to ensure meaningful access to services for persons with limited English proficiency (13.1.D. 1-4)

- Consent forms are language appropriate for Limited English Proficiency (LEP) clients or are translated by an interpreter. (13.1.D.4; 19.B.1; 19.F.2)
- The agency complies with the Office of Population Affairs FPAR requirements, including a system to assure accurate collection of race and ethnicity data (FPAR Tables 2 and 3) (13.5.A.1,2)

Indicator 1.4

Priority to Low-income Populations. Provide that priority in the provision of services will be given to persons from low-income families

See Michigan Title X Family Planning Standards & Guidelines (5; 8.4; 9.1)

- The agency has written policies and/or procedures to assure that no one is denied services or is subject to any variation in quality of services because of inability to pay (8.4)
- Low-income and high priority populations to be served are identified in the agency's annual plan (5; **Section 1.B Annual Health Care Plan Guidance**)
- Have policy and/or procedures to ensure that low-income clients are given priority to receive services (9.1)

Indicator 1.5

Confidentiality. Projects must have policies, procedures and safeguards to protect client confidentiality. Information obtained about individuals receiving services must not be disclosed without the individual's documented consent, except as required by law or as necessary to provide services to the individual. Information may otherwise be disclosed only in summary, statistical or other form that does not identify the individual. (from old MPRs 3&11.6)

See Michigan Title X Family Planning Standards & Guidelines (10.1.A, B, C; 10.2; 10.3; 19.A. 3; 19.F.1; 21.H.3; 29.D.1.c; 29.D.3.a-f)

- Client confidentiality is assured by the following: (10.1. A., B., C.; 19.A.3; 19.F.1; 29.D.3a)
 - * Confidentiality is assured in agency policy and procedures
 - * A confidentiality assurance statement appears in the general consent for services in the client record.
 - * All agency personnel assure confidentiality, such as a confidentiality statement
- The clinic has safeguards to provide for the confidentiality and privacy of the client as required by the Privacy Act. (10.1,10.2; 29.D.3.a-f)
- HIPAA regulations regarding personal health information are followed. (29.D.1.c)
- Systems are in place to keep client records confidential. (29.D.1.b.4; 29.D.3)
- The agency does not disclose client information without the client's consent, except as required by law or as necessary to provide services. (10.2; 29.D.3.c)
 - * Agency general consent informs clients of potential disclosure of health information to a policyholder if the policyholder is someone other than the client. (10.2.A; 21.H.3.a-c.)
 - * The agency provides confidential services to minors and observes all state laws regarding mandatory reporting and informs minors of situations of potential disclosure. (21.H. 3; **See under Indicator 9.1**)

- Information collected for reporting purposes is disclosed only in summary or statistical form **(10.3; 29.D.3.d)**

Minimum Program Requirement #2

Provide for orientation and in-service training for all project personnel.

References: 42 CFR §59.5 (b)(4); MDHHS Michigan Title X Family Planning Standards & Guidelines; CFR Part 84; 29 CFR Part 1910 Subpart E.

Indicator 2.1 **Staff Orientation and Training.** Provide for orientation and in-service training for all project personnel

See Michigan Title X Family Planning Standards & Guidelines (8.5.1.A-D; 8.5.3; 8.5.4; 8.6.1-9; 13.2; 18.B; 29.B.2.d; 29.B.3.a; 29.C; 29.C.3 29.E.2.b)

- The current MDHHS Title X Family Planning Standards and Guidelines Manual must be available to staff at each site. **(18.B)**
- The agency must have written personnel policies that comply with federal and state requirement and Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act of 1973, and Title 1 of Americans with Disabilities Act (Public Law 101-336). These policies should include: **(8.5.1)**
 - * Staff recruitment and selection
 - * Performance evaluation
 - * Staff promotion
 - * Staff termination
 - * Compensation and benefits
 - * Grievance procedures
 - * Patient confidentiality
 - * Duties, responsibilities, and qualifications of each position
 - * Licenses for positions requiring licensure
- Personnel records are kept confidential. **(8.5.1.A)**
- Performance evaluations of program staff are conducted according to the agency personnel policy. **(8.5.1.B)**
- Organizational chart and personnel policies are available to all personnel. **(8.5.1.C)**
- Job descriptions are available for all positions and updated as needed. **(8.5.1 D)**
- The agency must have a qualified Family Planning project coordinator. **(8.5.3)**
- All clinicians, including mid-level practitioners, must maintain current licensure and certification, including drug control licenses. **(8.5.4; 29.E.2.b)**
- The agency must have written plans, protocols procedures for non-medical emergency situations, such as fire, tornado, bomb, terrorism, etc. **(13.2, 29. C)**

- The agency provides for orientation and in-service training for all program personnel, including staff of sub-recipient agencies and service sites. **(8.6.1)**
- The agency provides staff training on encouraging family involvement in the decision of minors to seek family planning services and on counseling minors on how to resist being coerced into engaging in sexual activities at least every two years. **(8.6.2)**
- The agency provides staff training regarding prevention, transmission and infection control in the health care setting of sexually transmitted infections including HIV as required by OSHA regulations. **(8.6.3)**
- The agency provides staff training in emergency procedures or natural disaster and staff understands their role. **(8.6.4, 13.2, 29.C)**
- The agency provides staff training in the unique social practices, customs, and beliefs of the underserved populations of their service area at least every two years. **(8.6.5)**
- The agency provides staff training on content related to mandated reporting and human trafficking, including information on agency policy and procedures on mandatory reporting at least every two years. **(8.6.6)**
- The agency provides training regarding the nature and safety of pharmaceuticals to clinical staff involved in dispensing medications at least every two years. **(8.6.7; 29.B.2.d; 29.B.4.a)**
- Licensed medical staff providing direct patient care is trained in CPR and have current certification. **(29.C.3; 29.E.2.b)**

Minimum Program Requirement #3

Provide, to maximum feasible extent, an opportunity for participation in the development, implementation, and evaluation of the project by persons broadly representative of all significant elements of the population to be served, and by others in the community knowledgeable about the community's needs for family planning services. Projects must provide for an advisory committee.

Reference: 42 CFR §59.5 (b)(4); MDHHS Michigan Title X Family Planning Standards & Guidelines; CFR Part 84; 29 CFR Part 1910 Subpart E.

Indicator 3.1 **Opportunity for Community Participation, Advisory Committee**

See Michigan Title X Family Planning Standards & Guidelines (11.1; 11.1.A; 11.1A.1,2,3; 11.2)

- The agency must provide an opportunity for participation in the development, implementation, and evaluation of the project. **(11.1)**
 - - * The agency must have a governing board, program specific Family Planning Advisory Council (FPAC) or other appropriate advisory group: **(11.1.A)**
 - * The council or board is broadly representative of the population served and includes people knowledgeable about family planning. **(11.1.A.1)**
 - * Responsibilities of the council/board must include the following: **(11.1.A.2)**
 - * Review the agency's program plan, assess accomplishments and suggest future program goals and objectives.
 - * Review the agency's progress toward meeting the needs of the priority population and for making clinic services and policies responsive to the needs of the community.
 - * There is documentation that the council/board meets at least once a year. **(11.1.A.2)**

Indicator 3.2

Information and Education (I&E) Advisory Committee

See Michigan Title X Family Planning Standards & Guidelines (12; 12.1; 12.2; 12.3; 12.4.A-H; 12.5)

- The agency must have an I & E committee that reviews and approves all informational and educational materials (print or electronic) developed or made available by the project prior to their distribution. (The Family Planning Advisory Committee/Advisory Board may take on this role so long as it meets the following requirements.) **(12; 12.1)**
 - * I & E committee membership is broadly representative of the community served, in terms of demographic characteristics of the community for which materials are intended. **(12.2)**
 - * The size of I & E committee is at least five members and up to the number determined needed to broadly reflect the community served. **(12.3)**
 - * The I & E committee must have a written description of the review and approval process in a policy statement, by-laws or other committee documents. **(12.4.A)**
 - * The I & E committee must consider: **(12.4.D)**
 - * The educational and cultural backgrounds of the individuals to who the materials are addressed
 - * The standards of the population to be served with respect to such materials
 - * Review the content to assure the information is medically accurate, culturally/linguistically appropriate, inclusive and trauma-informed.
 - * Determine whether the material is suitable for the population or community served.
 - * The considerations of materials by I & E committee members must be documented using an approved MDHHS evaluation form. **(12.4.C)**
 - * I & E committee approval of educational materials requires at least one half of voting members. **(12.4.E)**
- I & E Committee must meet at least once a year or more often as needed. **(12.4.F)**
- The agency must maintain a written record of the determinations and approval process including: **(12.4.G)**
 - * Minutes of all meetings, including a record of determinations regarding the materials reviewed
 - * Completed evaluation forms or a compiled summary of the evaluations
 - * A master listing of approved materials and dates approved
- Staff overseeing work of the I & E Committee must bring previously approved materials for review and/or update at least every three years. **(12.4.H)**

- Federal grant support must be acknowledged in publications produced with family planning grant funds. **(12.5)**
 - * Acknowledgement includes the following language, unless the agency has requested and received a waiver for alternate language from MDHHS: “This [publication/program/website, etc.] was supported by the Office of Population Affairs (OPA) of the U.S. Department, of Health and Human Services (HHS) as part of a financial award totaling \$XX with XX percentage funded by OPA/OASH/HHS and \$XX amount and XX percentage funded by non-government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by OPA/OASH/HHS, or the U.S. Government. For more information, please visit: <https://opa.hhs.gov/>.”

Minimum Program Requirement #4

Provide for opportunities for community education, participation, and engagement to achieve community understanding of the objectives of the program; inform the community of the availability of services; and promote participation in the project by diverse persons to whom family planning services may be beneficial to ensure access to equitable, affordable, client-centered quality family planning services.

Reference: 42 CFR §59.5 (b)(3)(i-iii).

Indicator 4.1 See Michigan Title X Family Planning Standards & Guidelines (4; 5; 8.7. A; 11.2; 11.3)

- The agency must establish and implement planned activities to provide community education programs to facilitate awareness and access to family planning services and encourage participation by diverse persons in the communities served. **(11.2; 11.3)**
- The agency must submit an Annual Health Care Plan that includes written plans for: **(4; 5; 8.7.A; 11.2; Section I.B. Annual Health Care Plan Guidance)**
 - * Community education activities
 - * Community project promotion activities
- The agency must include priority populations based on an assessment of community needs in the target groups identified for program promotion activities. **(11.2,3; 8.7.A)**

Minimum Program Requirement #5

Provide for billing and collecting client fees to include the following: Clients with family income at or below 100% of the Federal Poverty Level (FPL) are not charged, except where payment will be made by an authorized third party. Charges will be made for services to clients with family income between 101-250% of FPL in accordance with a schedule of discounts based on ability to pay. Charges to clients with family income that exceeds 250% of FPL will be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services.

References: 42 CFR §59.5 (a)(7)-(9).

Indicator 5.1 See Michigan Title X Family Planning Standards & Guidelines (8.4; 8.4. A-C; 8.4.1; 8.4.2; 8.4.3; 8.4.4; 8.4.5; 8.4.5.B; 8.4.8 A-B; 8.4.9)

- The local agency must have written policies and procedures for billing and collecting client fees; these policies must include the following:
- Clients must not be denied services or be subjected to any variation in quality of services because of inability to pay. **(8.4)**

- Individual eligibility for a discount must be documented on the client's record/file. **(8.4.A)**
- The agency relies on client self-report of income for determining eligibility for a discount, except where the agency may use income verification data provided by the client because of participation in other programs operated by the agency. **(8.4.B)**
- The agency's schedule of discounts must be developed with sufficient proportional increments to assure billing is based on ability to pay. Sub-recipients must use the mandated quartile proportional increments distributed by MDHHS unless they have requested and received an MDHHS approved waiver to use other proportional increments. **(8.4.C)**
- Clients whose documented income is at or below 100% of the federal poverty level are not charged; although the agency bills all third parties authorized or legally obligated to pay for services. **(8.4.1)**
- For clients with family incomes between 101% and 250% of the current federal poverty level, the agency has a schedule of discounts that is proportional and based on ability to pay. **(8.4.2)**
- For clients from families whose income exceeds 250% of federal poverty level, the agency has a schedule of fees designed to recover the reasonable cost of providing services **(8.4.4)**
- The agency has a documented process for determining the costs of providing services and indicates how the schedule of fees is determined to recover reasonable costs of providing services. **(8.4.4)**
- Fees are waived for individuals with family incomes above the federal poverty level who, as determined by the site manager, are unable, for good cause, to pay for family planning services. Instances where fees are waived are documented in the client record. **(8.4.3)**
- The agency reviews program costs and reassess the fee schedule at least every two years, utilizing the MDHHS Family Planning Program cost analysis tool unless the agency has a waiver to use a different methodology for reviewing costs. **(8.4.4)**
- The agency charges minors obtaining confidential services based on the resources of the minor and not on the family income. **(8.4.5)**
- The agency does not have a policy or fee schedule that is different for minors than the fee schedule for other populations receiving family planning services. **(8.4.5.B)**
- The agency has the capacity to provide a bill for the services to a client who requests a bill. **(8.4.8.A)**
- The agency's policies on billing and collections include a policy on the "aging" of outstanding accounts. **(8.4.8.B)**
- Voluntary donations from clients are permissible; however, clients are not pressured to make donations and donations are never a prerequisite to provision of services or supplies. **(8.4.9)**

Minimum Program Requirement #6

Provide that where there is a third party (including a government agency) authorized or legally obligated to pay for services, all reasonable efforts are made to obtain the third-party payment without application of any discounts. Where the cost of services is to be reimbursed under title XIX, XX, or XXI of the Social Security Act, an agreement required.

Reference: 42 CFR §59.5 (a)(10); 42 CFR §59.5 (a)(8)(i, ii)

Indicator 6.1 See Michigan Title X Family Planning Standards & Guidelines (8.4.6.; 8.4.6.A; 8.4.7; 8.4.8)

- Where there is legal obligation or authorization for third party reimbursement; all reasonable efforts must be made to obtain third party payment, without application of any discounts. **(8.4.6)**
- With regard to insured clients whose family income is at or below 250% federal poverty level; where deductible, copayments or additional fees apply, clients are never charged more than they would pay if services were charged based on the schedule of discounts. **(8.4.6.A)**
- Where reimbursement is available from Title XIX or Title XX of the Social Security Act, the agency has written agreements/registration with Title XIX, or XX agencies, for reimbursement from these agencies. **(8.4.7)**
- The agency makes reasonable efforts to collect charges without jeopardizing client confidentiality. **(8.4.8)**

Minimum Program Requirement #7

Provide that all services purchased for project participants are authorized by the project director or designee on the project staff. And provide that any family planning services provided by contract or similar arrangements with other service providers, are provided in accordance with a plan which establishes rates and method of payment for care. These payments must be made under agreements with a schedule of rates and payments procedures maintained by the agency. The agency must be prepared to substantiate that these rates are reasonable and necessary.

Reference: 42 CFR §59.5 (b)(7,9).

Indicator 7.1 See Michigan Title X Family Planning Standards & Guidelines (8.3.2; 8.3.3; 8.3.4; 21.B.7; 29.A.4; 29. B.3.b, c, d.)

- All services purchased for project participants must be authorized by the project director or their designee on the project staff **(8.3.3)**
- The agency must have proper segregation between requisition, procuring, receiving, and payment functions for pharmaceuticals and supplies. **(29.B.3.b, c)**
- There must be an inventory system to control purchase, use, and reordering of pharmaceuticals and supplies. **(29.B.3.c, d)**
- Safeguards must be in place to assure that drugs purchased through the 340B program for Title X are only used for clients of the family planning program and in compliance with state and federal laws. **(29.B.3; 29 B.4.d.3)**

- The agency must have in place formal arrangements regarding provision of services and reimbursement of costs for contractual services. **(8.3.2; 8.3.4)**
- If a delegate agency provides required services by referral, formal arrangements with the referral provider must be in place that include a description of the services provided and includes cost reimbursement information. **(8.3.4; 29.A.4; 21.B.7)**
- If a delegate agency subcontracts for services, a formal agreement must be in place that assures consistency with Title X program requirements, must be identified in the annual plan and must have MDHHS approval. **(8.3.2)**

Minimum Program Requirement #8

Provide all core family planning services as outlined in *Providing Quality Family Planning Services (QFP): Recommendations of the CDC and U.S. Office of Population Affairs*. These include a broad range of acceptable and effective medically approved family planning methods (including natural family planning methods) and services (including pregnancy testing and counseling; assistance to achieve pregnancy; basic infertility services; STI services; preconception health services; and adolescent-friendly health services); and related preventive health services.

References: 42 CFR §59.5(a)(1); 42 CFR CH. 1 §59.5 (b)(1); 42 CFR §59.5 (a)(5); MMWR/ April 25, 2014/Vol 63 /No. 4. *Providing Quality Family Planning Services; Recommendations of CDC and the US OPA; MMWR/ July 29, 2016/Vol.65/No.4. US Selected Practice Recommendations for Contraceptive Use, 2016; MMWR/ Centers for Disease Control and Prevention (CDC) Selective Practice Recommendations (SPR); MMWR/July 29, 2016/Vol 65/No.3 US Medical Eligibility Criteria for Contraceptive Use, 2016; MMWR/Vol.70/No.4 Sexually Transmitted Infection Treatment Guidelines, 2021; Michigan Title X Family Planning Standards & Guidelines*

Indicator 8.1 The agency must provide **Contraceptive Services**, including a **broad range of medically (FDA) approved contraceptive products and natural family planning methods and services.**

See Michigan Title X Family Planning Standards & Guidelines (8.2; 8.2A; 8.2.B; 9.8; 18. A, B; 19. B, C; 19.K.1, 2; 19.L, M; 21; 21.A; 21. A, B, C, D, E, F,G; 29.B.7; 29.D.2.c.4)

- The agency provides a broad range of medically approved services, including FDA approved contraceptive products and natural family planning methods, and temporary and permanent contraception either on-site or by referral. **(9.8; 18. A)**
- Written protocols and procedures to offer contraceptive services that are current and consistent with national standards of care, including the QFP, must be in place and available at each clinic site. **(18.B; 21; 21.A)**
- Provide that individual education and counseling is offered prior to the client making an informed choice regarding family planning services. **(19.B.C.)**

- Methods provided and for which written protocols must be in place, include: **(21. B, C, D)**
 - * Reversible Contraception
 - * Hormonal contraceptives
 - * at least 2 delivery methods combined hormonal contraceptives on site
 - * at least 1 method progestin-only hormonal contraceptive on site
 - * at least a second progestin-only method available on site within 2 weeks
 - * Condoms (at least male condoms)
 - * At least one type of long acting reversible contraceptive (LARC) method is provided, either on site or by paid referral.
 - * At least one type of natural family planning method is provided.
 - * Education materials and information regarding all methods including:
 - * Hormonal contraceptives
 - * Abstinence
 - * Fertility awareness-based methods
 - * Barrier methods
 - * LARCs (Intrauterine devices or Implants)
 - * Sterilization
 - * Emergency contraception
 - * Emergency Contraception
 - * Emergency Contraception education and provision or referral are provided as appropriate.
 - * A written protocol is in place
 - * Permanent Contraception (Sterilization)
 - * Education and information regarding sterilization is provided for clients as appropriate.
 - * The agency has a list of community providers where clients can be referred for sterilization (Paid referrals for sterilization are not required)
 - * All federal regulations on sterilization are met if the procedure is performed by the agency
- The agency does not provide abortion as a method of family planning and has a written policy that no Title X funds are used to provide or promote abortion as a method of family planning. **(8.2; 8.2A)**
 - * The agency follows Title X guidance regarding abortion-related services. **(8.2.B)**
- Clients who are undecided on a contraceptive method are informed about all methods that can be safely used based on the CDC MEC. **(21.G)**
- Client education and information about contraceptive methods is medically accurate, balanced, and provided in a nonjudgmental manner. **(21.G)**
- Client education about contraceptive methods that can be safely used includes: **(21.G.1. a-i)**
 - * Method effectiveness
 - * Correct and consistent use of the method
 - * Benefits and Risks
 - * Potential side effects
 - * Protection from STDs
 - * Starting the method
 - * Danger signs
 - * Availability of emergency contraception
 - * Follow-up visits
- Documentation of contraceptive education and counseling must be in the client's medical record. **(21.G.3)**
- An informed consent for the procedure is obtained prior to inserting an IUD or implant. **(21.G.7)**

- Medical records of transfer clients receiving prescriptive methods contain: **(29.B.7)**
 - * A general consent for services
 - * A completed client history that has been reviewed
 - * A documented blood pressure (BP), if the client desires to continue a combined hormonal method
 - * Documentation of the prescription in the client record method
- Medical history elements required for the contraceptive client: **(21.E.1)**
 - * Reproductive goals
 - * Allergies
 - * Medications
 - * Immunizations (Michigan Care Improvement Registry “MCIR” is strongly recommended)
 - * Menstrual history
 - * Gynecologic and Obstetrical history
 - * Recent intercourse
 - * Recent delivery, miscarriage or termination
 - * Contraceptive use
 - * Contraceptive experiences and preferences
 - * Partner history (use of contraception, pregnant, has children, miscarriage or termination)
 - * Condom use, allergies to condoms
 - * Interest in Sterilization if age appropriate (≥ 21 per federal law requirement)
 - * Current Infectious or chronic health condition (e.g., hypertension)
 - * Characteristics and exposures that might affect the client’s medical eligibility criteria (MEC) for contraceptive methods. (e.g., age, postpartum, breastfeeding, smoking)
 - * Social history/risk behaviors
 - * Sexual history and risk assessment
 - * Mental health
 - * Intimate partner violence
- Taking of a medical history must not be a barrier to making condoms available in the clinical setting **(21.E)**
- The following physical and laboratory assessment are provided for contraceptive clients: **(21.F.1)**
 - * For clients seeking combined hormonal method and needing screening for hypertension, the following **must** be provided:
 - * Blood Pressure (screen for hypertension)
 - * For clients seeking IUD insertion, fitting diaphragm or cervical cap, bimanual exam and cervical inspection **must** be provided.
 - * CT and GC testing must be available for clients requesting IUD insertion, if indicated.
 - * Pap screening and clinical breast exam **must** be provided based on current recommendations for timing and testing components. (See Related Preventive Health Services section.)
 - * Chlamydia testing **must** be offered annually for all females < 25 years, sexually active females ≥ 25 years with risk factors (infected partner, partner with other concurrent partners, symptoms, history of STI or multiple partners in the last year) (See page 113-114 in the STI section referencing the pre-paid forms.)
 - * For male clients, laboratory tests are not required unless indicated by history.
- Revisits are individualized based on the client’s need for education, counseling and clinical care beyond that provided at the visit. **(19.K.1,2; 19.L, M; 29.D.c.4)**

Indicator 8.2

Offer **pregnancy testing and counseling services**, including offering pregnant clients the opportunity to be provided information and counseling on options.

See Michigan Title X Family Planning Standards & Guidelines (8.2 A; 9.10; 9.11; 19. K. 1,2; 19.L, M; 24; 24 A-E; 29.D.2.c.4)

- Provide pregnancy testing, information and counseling to all clients in need of this service. **(9.10; 24)**
- Have written protocols and procedures to offer pregnancy testing and counseling services that are current and consistent with national standards of care available at each clinic site **(24)**
- Pregnancy diagnosis services include the following: **(24.A)**
 - * General consent for services
 - * Reproductive Goals discussion
 - * Pertinent medical history
 - * Environmental risk assessment
 - * Testing with highly sensitive pregnancy test
 - * Test results given to the client
 - * Counseling and referral resources as appropriate
 - * Chlamydia testing must be offered to females <25 years of age and as indicated by risk factors for females 25 years old or older
- If a pregnancy test is positive, and if ectopic pregnancy or other pregnancy abnormalities are suspected, immediate referral for diagnosis and treatment must occur. **(24.B.4)**
- The agency offers pregnant clients information and counseling regarding the following options: **(9.10.a,b; 24.C)**
 - * Prenatal care and delivery
 - * Infant care, foster care or adoption services
 - * Pregnancy termination
- When providing pregnancy options information and counseling, the agency provides neutral, factual information and non-directive, unbiased counseling on each of the options and provides referrals upon request, except with respect to any option(s) about which the pregnant client does not wish to receive such information and counseling. **(9.10.c; 24.D)**
- Clients considering or choosing to continue the pregnancy are provided a referral for prenatal care and initial prenatal counseling upon request. **(24.G)**
- Clients considering or choosing to terminate the pregnancy are provided current information about the legal status of abortion in Michigan and are provided a referral upon request.
- For clients with a negative test, appropriate information about family planning services must be offered. **(24.H,I)**
- Revisits are individualized based on the client's need for education, counseling, contraceptive or preventive care, or repeat testing. **(19.K,L,M)**

Indicator 8.3

Offer services to clients who desire to **achieve pregnancy**.

See Michigan Title X Family Planning Standards & Guidelines (19.K.1,2; 19.L, M; 23; 23. A, B; 23.D.10; 29.D.2.c.4)

- Written protocols and procedures for achieving pregnancy that are current and consistent with national standards of care must be available at each clinic site **(23)**

- Client assessment includes: **(23.A)**
 - * Reproductive goals
 - * When pregnancy is desired
 - * Length of time they have been attempting pregnancy.
 - * If less than 1 year, provide counseling on maximizing fertility success
 - * History of pregnancies or infertility
 - * Partner engagement and support system issues

- Medical history includes: **(23.B)**
 - * Immunizations
 - * Medications
 - * Present infectious or chronic health conditions
 - * Genetic conditions
 - * Environmental exposures or risks for both partners, (e.g., smoking, alcohol, Zika risk)
 - * Social history/risk behaviors
 - * Sexual health risk assessment
 - * Mental health
 - * Reproductive history
 - * History of prior pregnancy/birth outcomes (preterm, cesarean delivery, miscarriage, or stillbirth)
 - * Past medical/surgical history that might impair reproductive health
 - * Medical conditions associated with reproductive failure that could reduce sperm quality
 - * Family history
 - * Intimate partner violence

- Physical Assessment includes:
 - * Height, weight, BMI (screen for obesity)
 - * Blood Pressure (screen for hypertension)
 - * Physical exam as needed to evaluate issues raised by review of systems or complaints raised by the client.
 - * STI or preconception care screening or referral for infertility or other health services as indicated.

- Client education and counseling must be documented in the medical record. **(23.D.10)**

- Revisits are individualized based on the client's need for education, counseling and clinical care beyond that provided at the visit. **(19.K.1,2; 19.L, M; 29.D.c.4)**

Indicator 8.4

Offer **basic infertility** services to clients desiring these services. Infertility is defined as the failure of a couple to achieve pregnancy after 12 months or longer of regular unprotected intercourse.

See Michigan Title X Family Planning Standards & Guidelines (19.K.1,2; 19.L, M; 25; 25.C.1,2. a-o; 25.C.3.a-f; 25.D.1,2. a-j; 25.F.1; 29.D.c.4)

- The agency offers basic infertility services to clients desiring these services. **(25)**

- Written protocols and procedures to offer basic infertility services are current and consistent with national standards of care. **(25)**

- Evaluation as early as 6 months after regular unprotected intercourse provided for:
 - * Female clients >35
 - * History of oligo-amenorrhea
 - * Known or suspected uterine or tubal disease or endometriosis
 - * Partner known to be sub-fertile

- Medical history elements for both clients includes: **(25.C.1,2. a-p)**
 - * Reproductive history (methods of contraception, coital frequency and timing, duration of infertility, prior infertility, gonadal toxin exposure, including heat)
 - * Past surgeries
 - * Previous hospitalizations
 - * Serious illnesses or injuries
 - * Past infections
 - * Medical conditions associated with reproductive failure (e.g., thyroid disorders, hirsutism, diabetes mellites, or other endocrine disorders)
 - * Childhood disorders
 - * Cervical cancer screening results and any follow-up treatment
 - * Medications (prescription and nonprescription)
 - * Allergies
 - * Social history/risk behaviors
 - * Family history of reproductive failures
 - * Level of fertility awareness
 - * Previous evaluation and treatment results; gravidity, parity, pregnancy outcome(s), and associated complications; age at menarche, cycle length and characteristics, and onset/severity of dysmenorrhea
 - * Sexual history (pelvic inflammatory disease, history of/exposure to STIs both partners, problems with sexual dysfunction)
 - * Review of systems (symptoms of thyroid disease, pelvic or abdominal pain, dyspareunia, galactorrhea, and hirsutism)

- The following physical examination is offered for both clients if clinically indicated: **(25.C.3.a,b)**
 - * Female physical examination:
 - * Height, weight, and body mass index (BMI) calculation
 - * Thyroid examination (i.e., enlargement, nodule, or tenderness)
 - * Clinical breast examination (CBE)
 - * Signs of androgen excess
 - * A pelvic examination (i.e., pelvic or abdominal tenderness, organ enlargement/mass; vaginal or cervical abnormality, secretions, discharge; uterine size, shape, position, and mobility; adnexal mass or tenderness; and cul-de-sac mass, tenderness, or nodularity)
 - * STI/HIV testing, as indicated
 - * Chlamydia testing must be offered for females < 25 and females ≥ 25 with risk factors.

 - * Male physical examination:
 - - - * Examination of the penis (including location of the urethral meatus)
 - * Palpation of the tests and measurement of their size
 - * Presence and consistency of both the vas deferens and epididymis
 - * Presence of a varicocele
 - * Secondary sex characteristics
 - * STI/HIV testing, as indicated

- Revisits are individualized based on the client's need for education, counseling and clinical care beyond that provided at the visit. **(19.K.1,2; 19.L, M; 29.D.c.4)**
 - * Clients are referred for further diagnosis and treatment if indicated or requested. **(25.E)**

Indicator 8.5

Provide **Sexually Transmitted Infection (STI) Services** to clients desiring these services

See Michigan Title X Family Planning Standards & Guidelines (19.K.1,2; 19.L, M; 21.F.1.d, e; 26; 26.A; 26.B.1-7; 26.C; 26.D.1,2; 26.E; 26.I.1; 29.D.c.4)

- Written protocols and procedures to offer STI services that are current and consistent with national standards of care must be available at each clinic site **(26)**

- Medical history elements required for STI services clients include: **(26.A, B.1-6)**
 - * Reproductive Goals
 - * Allergies
 - * Medications
 - * Medical conditions
 - * Sexual health assessment
 - * Intimate partner violence
 - * Immunization status

- Physical and Laboratory assessment required for STI services clients include: **(26.C; 26.D.1,2; 26.E; 26.I; 21.F.1.d, e)**
 - * Physical exam as indicated based on history or symptoms
 - * Chlamydia (CT) and Gonorrhea (GC) testing must be offered annually to clients with risk factors
 - * Chlamydia testing must be offered to females <25 years of age and as indicated by risk factors for females 25 years old or older
 - * When provided on site, agencies must follow current CDC Guidelines and follow state and local reporting requirements

- Agency complies with state and local STI reporting requirements. **(26. I.1)**

- Revisits are individualized based on the client's need for education, counseling and clinical care beyond that provided at the visit. **(19.K.1,2; 19.L, M; 29.D.c.4)**

Indicator 8.6

Offer **Preconception Health Services** to clients desiring these services

See Michigan Title X Family Planning Standards & Guidelines: **(19.K.1,2; 19.L, M; 22; 22.A, B, C, D; 29.D.c.4)**

- Written protocols and procedures to offer preconception health services that are current and consistent with national standards of care must be available at each clinic site, **(22)**

- Medical history elements required for preconception health clients: **(22.A. 1-11)**
 - * Reproductive goals
 - * Sexual health/risk assessment
 - * Reproductive history
 - * History of prior pregnancy/birth outcomes (e.g., preterm, cesarean delivery, miscarriage, or stillbirth)
 - * Past medical/surgical history that might impair reproductive health (e.g., conditions that could reduce sperm quality, varicocele)
 - * Environmental exposures, hazards and toxins (smoking, alcohol, other drugs, Zika risk)
 - * Medications
 - * Genetic conditions
 - * Family history
 - * Social history/risk behaviors
 - * Intimate partner violence
 - * Immunizations (MCIR is strongly recommended)
 - * Depression

- The following physical and laboratory assessment must be provided for all preconception health clients **(22.C; 22.D)**
 - * Height, weight, BMI
 - * Blood pressure
 - * Laboratory testing must be recommended based on risk assessment
 - * Chlamydia testing must be offered to females <25 years of age and as indicated by risk factors for females 25 years old or older

- Revisits are individualized based on the client's need for education, counseling and clinical care beyond that provided at the visit. **(19.K.1,2; 19.L, M; 29.D.c.4)**

Indicator 8.7

Offer **Related Preventive Health Services** to women and men desiring these services

See Michigan Title X Family Planning Standards & Guidelines (28; 28.A, B, C)

- Written protocols and procedures to offer preventive health services that are current and consistent with national standards of care must be available at each clinic site. **(28)**

- Clinics must offer/provide and stress the importance of clinical breast exam (CBE) and cervical cancer screening. **(28.A.1,2)**
 - * Agencies must comply with current MDHHS Family Planning Breast and Cervical Cancer Screening Protocol. **(28)**
 - * Agencies must participate in the Family Planning/Breast and Cervical Cancer Control Navigation Program (FP/BCCCP) Joint Project for both breast and cervical cancer diagnostic services. **(28)**

- Coordination of care must go through the BCCCNP Coordinator unless other referral/payment arrangements are in place. **(28)**

- Clinics must stress the importance of: **(28.B.1,2)**
 - * Screening mammography for women aged 40-64 years as indicated.
 - * Screening for women aged 25-64 as appropriate.

- Clinics should conduct a genital examination for young male clients as indicated. **(28.C.1-3)**

Minimum Program Requirement #9

Provide family planning and related preventive health services to minors in an adolescent-friendly manner consistent with Title X legislative mandates.

Reference: 42 CFR §59.5 (a)(1); Legislative mandates in title X appropriations related to services to minors.

Indicator 9.1 **Provide Services for Minor Clients**

See: Michigan Title X Family Planning Standards & Guidelines: (8.3.7.C; 9.8; 9.12; 9.12.A, B; 10.1.D; 10.4; 13.5; 13.5.C; 17; 19.D.1-5; 21. G; 21.H; 21.H.2; 21.H.3; 21.H.4; 21.H.6)

- The agency provides family planning and related preventive health services to minors. **(9; 17)**
- The agency must not require written consent of parents or guardians for the provision of services to minors nor notify parents or guardians before or after a minor has requested and/or received family planning services. **(10.1 D; 19. D.1.a)**
- The agency provides confidential services to minors and has policies and procedures in place to assure compliance with state laws regarding mandated reporting of child abuse, child molestation, sexual abuse, incest and human trafficking. **(8.3.7.C; 9.11.B; 13.5; 10.4; 13.5.C; 19.D.1; 21.H.3)**
- Minor clients who are undecided on a contraceptive method are informed about all methods that can safely be used based on CDC Medical Eligibility Criteria. **(21.G)**
- Comprehensive information is provided to minor clients about how to prevent pregnancy. **(21.H; 19.D.5)**
- Written protocols and procedures are in place that address counseling for minors, including:
 - * Encouraging family participation in the decision of minors to seek family planning services **(9.11.A; 19.D. 2; 21.H.4)**
 - * Counseling on how to resist attempts to be coerced into sexual activities **(9.11.A; 19.D.3)**
 - * Informing minors that services are confidential, and that in special cases (e.g., child abuse) reporting is required **(19.D.1.b; 21.H.3.a)**
 - * Informing Minors of potential for disclosure of confidential information to policyholders where the policyholder is someone other than the client. **(10.2.A; 19.D. c)**
 - * Education and counseling are documented in the client record **(21.G; 21.H.6)**
- Confidentiality is never invoked to circumvent reporting requirements for child abuse and neglect. **(9.12.B; 10.4)**

Minimum Program Requirement #10

Provide family planning medical services under the direction of a clinical services provider with special training or experience in family planning.

Reference: 42 CFR §59.5 (b)(6)

Indicator 10.1 **Medical direction by a clinical services provider with family planning expertise.**

See: Michigan Title X Family Planning Standards & Guidelines: (8.5.4; 8.5.4.A, B; 8.5.5; 8.6.9; 9.6; 18.A, B; 29.A; 29.B.2, 3; 29.E.2.c, e)

- The medical director must be a licensed, qualified clinical services provider, with special training or experience in family planning. **(8.5.4)**
 - * Where a designated medical director is not specialty trained, OB-GYN or with direct experience providing family planning services to clients, at least 4 hours training specific to family planning or reproductive health every two years is documented. **(8.5.4.A; 8.6.9)**
- All family planning services must be provided using written clinical protocols that are in accordance with nationally recognized standards of care, signed by the medical director responsible for program medical services. **(9.6; 18.A; 29.A)**
- The medical director approves and signs protocols and standing orders annually (within the past 12 months). **(9.6; 18.A, B; 29.E.2.e)**
- Clinicians performing medical functions do so under the protocols and/or standing orders approved by the medical director. **(8.5.5)**
- The medical director directs medical services and participates in quality assurance activities. **(29.E.2.c)**

*

Medical Audits to determine conformity with agency protocols and must be conducted quarterly by the medical director

*

At least 2-3 charts per clinician must be reviewed by the medical director quarterly. **(29.E.2.c)**

Minimum Program Requirement #11

Provide for emergency medical management to address medical emergency situations.

Reference: 29 CFR 1910, subpart E; 42 CFR §59.5 (b)(1)

Indicator 11.1 **Medical Emergency/Situations and Equipment and Supplies.**

See Michigan Title X Family Planning Standards & Guidelines (19.J, L; 29.A.5; 29.B.7; 29. C.1, 2, 4)

- Emergency arrangements must be available for after hours and weekend care and should be posted. **(19.J, L)**
- There must be protocols and procedures for the following on-site medical emergency situations: **(29.C.1)**
 - * Vaso-vagal reactions/Syncope (fainting)
 - * Anaphylaxis
 - * Cardiac arrest
 - * Shock
 - * Hemorrhage
 - * Respiratory difficulties
- Protocols must be in place for emergencies requiring EMS transport, after hour's management of contraceptive emergencies, and clinic emergencies **(29.C.2)**

- Procedures for maintenance of emergency resuscitative drugs, supplies, and equipment must be in place **(29.C.4)**
- - At a minimum each clinical site must have the following: **(29.B.7)**
 - * Emergency drugs and supplies for treatment of vaso-vagal reaction
 - * Emergency drugs and supplies for treatment of anaphylactic shock
- When a client is referred for emergency clinical care the agency must: **(29.A.5)**
 - * Document that the client was advised of the referral and importance of follow-up
 - * Document that the client was advised of their responsibility to comply with the referral

Minimum Program Requirement #12

Projects must operate in accordance with federal and state law regarding the provision of pharmaceuticals including, security and record keeping for drugs and devices.

Indicator 12.1 **Pharmaceuticals/ Prescriptions**

See Michigan Title X Family Planning Standards & Guidelines (19.J.1,2; 21.B.6; 21.B.11; 29.B; 29.B.2.a, b, c; 29.B.4.d, e, f; 29.B.5; 29.B.6; 29.B.7; 29.C.1,4)

- Agencies must operate in accordance with Federal and State laws relating to security and record keeping for drugs and devices. **(29.B)**
- Inventory, supply, and provision of pharmaceuticals must be conducted in accordance with Michigan state pharmacy laws and profession practice regulations. **(29.B)**
- Prescribing, dispensing or delegating dispensing of prescription medications at clinical service sites must be done by a clinical services provider holding a Drug Control License for each clinic location where the storage and dispensing of pharmaceuticals occur. **(8.5.4.A; 29.B.2)**
- Dispensing prescribers only dispense drugs to their clients, with the exception of dispensing prescriptions for expedited partner therapy (EPT) as authorized under Michigan law. **(29.B.3)**
- All medications dispensed in Title X clinics must be pre-packaged. **(29.B.2.a)**
- All prescriptions dispensed (including samples) must be labeled with the following: **(29.B.2.b)**
 - * Name/address of dispensing agency
 - * Date of prescription
 - * Name of the client
 - * Name, strength, quantity of drug dispensed
 - * Directions for use, including frequency of use
 - * Prescriber name
 - * Expiration date
 - * Record number

- Sub-recipients must have adequate controls over access to medications and supplies, including. **(29.B.4.d)**
 - * Contraceptive and therapeutic pharmaceuticals must be kept in a secure place, either under direct observation or locked.
 - * Access to the pharmaceuticals must be limited to health care professionals responsible for distributing these items.
- Sub-recipient has policies and procedures in place to assure 340B Program compliance: **(29.B.5.a-d)**
 - * Safeguards are in place to assure supplies purchased through 340B are provided only to clients of the family program.
 - * Medicaid billing procedures are in place to guard against duplicate discounts.
 - * Agency maintains purchase and inventory control records that document compliance with 340B requirements.
 - * Agency current 340B certification for each clinical site.
- A current, listing all drugs available for Title X clients, must be maintained and reviewed at least annually that includes: **(29.B.5; 21.B.6)**
 - * Methods available on site
 - * Methods available on site within two weeks
 - * Methods available by paid referral
 - * Methods available by unpaid referral
- A current, listing all drugs available for Title X clients, must be maintained and reviewed at least annually that includes: **(29.B.5; 21.B.6)**
 - * Methods available on site
 - * Methods available on site within two weeks
 - * Methods available by paid referral
 - * Methods available by unpaid referral
- There must be an adequate supply and variety of drugs and devices to meet client contraceptive needs. **(29.B.6)**
- There must be emergency drugs and supplies for the treatment of vaso-vagal reactions and anaphylactic shock at each site where medical services are provided. **(29.B.7; 29.C.1,4)**
- A system must be in place to monitor expiration dates and ensuring disposal of all expired drugs, including drugs for medical emergencies. **(29.B.4.e; 29.C.4)**
- There must be a system in place for silent notification in case of drug recall. **(29.B.4.f)**
- Writing of prescriptions follows the MDHHS prescription policy including: **(21.B.11; 29.B)**
 - * Prescriptions may be written for items on the agency formulary, on the client's insurance plan formulary, or for a client's method of choice when unavailable at the service site. **(21.B.8,11; 29.B)**
 - * Accepting a written prescription must not pose a barrier for the client

Minimum Program Requirement #13

Laboratory Testing and Follow-up

See Michigan Title X Family Planning Standards & Guidelines (9.6; 9.7; 17; 19.I; 21.F.1.c, d; 24.A; 26; 28; 28.A.2; 29.E.2. f, g, h)

Indicator 13.1 See Michigan Title X Family Planning Standards & Guidelines

- 4
- 5
- Section 1 Annual Plan Instructions, pp. 50,51
- 11.2; 11.3

- Written laboratory protocols and procedures must be in place that include: **(9.6; 9.7 17; 19. I; 21.F.1.c, d; 24.A; 26; 28; 28.A.2.)**
 - * Pregnancy testing must be provided on site
 - * Pap testing must be provided on site
 - * STI and HIV testing, or referral for testing
 - * Laboratory tests must be provided if indicated for a specific method of contraception

- Laboratory audits to assure quality and CLIA compliance must be in place. **(29.E.2.g)**

- Infection control policies and procedures reflecting current CDC recommendations and OSHA regulations must be in place. **(29.E.2.f)**

- Equipment maintenance and calibration must be documented. **(29.E.2.h)**

Minimum Program Requirement #14

Projects must establish a medical record for all clients who receive clinical services, including pregnancy testing, counseling and emergency contraception. Medical records must comply with Health Insurance Portability & Accountability Act of 1996 (HIPAA) privacy and security standards and document quality care standards.

Reference: 42 CFR §59.5 (b)(1); Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Indicator 14.1 **Medical Records and Quality Assurance System**

See Michigan Title X Family Planning Standards & Guidelines (29.D.1.a, b; 29.D.2; 29.E; 29.e.2.d, i)

- A medical record is established for all clients who receive a clinical service. **(29.D.1.a)**

- Medical records are: **(29.D.1.b)**
 - * Complete, legible and accurate
 - * Signed and dated by the clinical health professional making the entry, including name, date, and title, as a permanent part of the record
 - * Readily accessible

- Medical records contain the following: **(29.D.2)**
 - * Personal data sufficient to identify the client:
 - * Name
 - * Unique client number
 - * Address
 - * Phone/How to contact
 - * Age
 - * Sex
 - * Race & Ethnicity (FPAR requirement)
 - * Income assessment
 - * Allergies
 - * Medical history, as indicated by service(s) provided
 - * Physical exam, as indicated by services(s) provided
 - * Documentation of clinical findings, diagnostic/therapeutic orders, including:
 - * Treatments initiated and special instructions
 - * Continuing care, referral and follow-up
 - * Scheduled revisits
 - * Documentation of all medical encounters, including telephone encounters
 - * Documentation of all counseling, education, and social services
 - * Signed general consent for services
 - * Contraceptive method chosen by the client

- A quality assurance system must be in place to provide ongoing evaluation of family planning services that includes: **(29. E.)**
 - * Chart Audits/Record Monitoring to determine completeness and accuracy of the medical record must be conducted quarterly by the quality assurance committee or identified personnel
 - * At least 3% of quarterly caseload, randomly selected are reviewed quarterly **(29.E.2.d)**
 - * A process to implement corrective actions when deficiencies are noted must be in place. **(29.E.2.i)**

Minimum Program Requirement #15

Provide for coordination and use of referrals and linkages with primary healthcare providers and other providers of healthcare services, local health and human service departments, hospitals, voluntary agencies, and health services projects supported by other federal programs.

Provide for social services related to family planning, including counseling, referral to other social and medical services agencies, and ancillary services which may be necessary to facilitate clinic attendance.

Provide that referral services as convenient as feasible to promote access to services.

References: 42 CFR §59.5 (b)(8); 42 CFR §59.5 (b)(2)

Indicator 15.1 **Provide for Coordination of referral arrangements for other health care, related social services and counseling**

See Michigan Title X Family Planning Standards & Guidelines (9.5; 9.7; 9.7.A; 17; 19.K; 21.G; 29.A; 29.A.1-6; 29.D.2.c, f)

- Projects must provide for referrals to other medical facilities as medically indicated. **(9.5; 17)**

- Provide that referrals and follow-up are provided, as indicated, including: **(19.K; 29.A. 1-5)**
 - * Referrals made as result of abnormal physical exam or laboratory findings
 - * Paid referrals for required services not provided on site
 - * Referrals for services determined to be necessary but beyond the scope of family planning

- Referral and follow up procedures must be sensitive to the client’s concerns for confidentiality and privacy. **(29.A.1)**
- Client consent for release of information to providers must be obtained, except as may be necessary to provide care or as required by law. **(29.A.2)**
- The agency must have written protocols/procedures for follow-up on referrals that are made as a result of abnormal physical examination or laboratory test findings. These protocols must include a system to document referrals and follow up procedures, including: **(29.A.3a.b.c; 29.D.2.c; 29.E.2.a)**
 - * A method to identify clients needing follow up
 - * A tracking system to document referrals and follow up procedures
 - * A method to track follow-up results on necessary referrals
 - * Documentation in the client record of contact and follow up
 - * Documentation of reasons when follow up was not completed
 - * Referral procedures must be sensitive to client confidentiality and privacy concerns.
- For services determined to be necessary but beyond the scope of Family Planning, clients must be referred to other providers for care, the agency must: **(9.5; 9.7.A; 29.A.1,5)**
 - * Document that the client was advised of the referral and the importance of follow up
 - * Document that the client was advised of their responsibility to comply with the referral
 - * Referrals are made to providers conveniently located for clients where feasible.
- Social services related to family planning, including counseling services must be provided either on-site or by referral **(9.4; 9.7; 9.11; 17; 19.C, K; 29.A.6)**
- Counseling must be accurate, balanced, and non-judgmental on the contraceptive methods, STIs and HIV. **(9.11; 21.G)**
- The agency must offer education on HIV and AIDS, risk reduction information and either on-site testing or referral for this service. **(17; 26.G)**
- Counseling and referral services must be in place to address identified intimate partner violence and human trafficking **(9.4. A, B)**
- Counseling must be provided by staff that is sensitive to and able to deal with the cultural and other characteristics of the client population. **(8.5.2)**
- Referral lists for social services agencies and medical referral resources must be current and reviewed annually. **(24.B.7; 29.A.6)**
- The client counseling must be documented in the client’s record. **(21.G; 29.D.2.f)**
- Agency must maintain a referral list, updated annually, that include health care providers, local health and human service departments, hospitals, voluntary agencies, and health service projects supported by other federal programs. **(29.A.6)**

Women, Infants, and Children (WIC)

Minimum Program Requirement #1

The WIC Management Evaluation and Corrective Plan of Action (as required) are conducted and satisfactorily completed on a biennial basis as mandated by the United States Department of Agriculture.

Indicator 1.1 The previous WIC Management Evaluation Review (12 Months prior to the Accreditation Date) and its follow-up Corrective Plan of Action (CPA) is successfully completed, near completion or progressing toward completion; or there were no citations found during the Management Evaluation Review. (7 CFR 246.9 (a), WIC Policy 1.05)

- **The WIC Management Evaluation (ME) must have all Met Indicators, or the WIC ME CPA for each of the indicators must be Met/Completed.**

See WIC 2016 Schedule for applicable WIC ME, WIC Follow-Up CPA.

Site Visit Summary:

The Branch-Hillsdale-St. Joseph Community Health Agency (BHSJCHA) WIC (Women, Infants, and Children) Program has completed the 2020 WIC Management Evaluation and follow-up.

Areas of Strength:

3.1 The WIC staff at BHSJCHA displays excellent customer service skills when communicating with their clients. Comments from clients, when they were asked how they were treated in WIC, were, "Very, very good! The ladies have been so nice to me over the years. I really like them." and "The staff here are awesome! They really care. You can tell they like their job."

5.6 There have been numerous outreach efforts to recruit new families and welcome back families that have not been participating in WIC. Consistently running reports, following up on ISD (Intermediate School District) referrals, and being flexible with appointment times have helped to make these efforts successful.

Prior to the pandemic, BHSJCHA WIC staff sent representation every day to the St. Joseph County Fair to share agency and WIC information. They also attended a back-to-school event handing out school supplies and drawing a picture for any mom that made an appointment with WIC.

6.5 The breastfeeding staff is dedicated to helping breastfeeding moms to reach their breastfeeding goals. The peer counselor from St Joe's gave out Certificates of Appreciation to businesses that support WIC moms returning to work by allowing them the time needed to express milk during their workdays.

8.1 The BHSJCHA WIC Program has provided \$2,479,883 in food dollars in 2019, which supports local WIC families and businesses.

Children's Special Health Care Services (CSHCS)

Minimum Program Requirement #1

The local health department (LHD) Children's Special Health Care Services (CSHCS) program shall assure that adequate, trained personnel are available to provide outreach, enrollment, and support services for children and youth with special health care needs (CYSHCN) and their families.

Indicator 1.1

LHD CSHCS shall maintain a staffing configuration that includes a Registered Nurse and a program representative to provide program services to CSHCS client caseload and meet program requirements. When changes occur, the LHD shall submit a CSHCS staff roster to the MDHHS CSHCS program and shall notify the MDHHS within 30 days when changes to the roster occur.

- There shall be evidence that the staffing is adequate to provide the required program services to the community and caseload. The table below provides recommended staffing levels based on caseload. It is incumbent on each LHD to determine the appropriate staffing levels/configuration to meet the needs of the community and of the CSHCS enrolled caseload.

Caseload Ranges	Recommended Registered Nurse FTE	Recommended Program Representative FTE
<150	.25	.25
150-400	.50	.25-.50
401-600	1.0	.50
601-800	1.0-1.5	1.0
801-1,300	2.0	1.0-1.5
1,301-2,000	2.0-2.5	1.5-2.0
2,001-2,800	3.0	2.0
2,801-3,300	5.0	5.0
>3,300	6.0	6.0

- There shall be evidence of a current, accurate staff roster. If changes have been made to the staffing, documentation exists showing that the revised roster was sent to MDHHS.

Areas of Strength:

The Branch-Hillsdale-St. Joseph Community Health Agency (BHSJCHA) Children's Special Health Care Services (CSHCS) team is meeting our recommended levels of staffing to service their client caseload range of 801- 1300.

Other Information:

CSHCS strives to enable individuals with special health care needs to have improved health outcomes and an enhanced quality of life through the appropriate use of the CSHCS system of care. In order to maintain these quality services for our vulnerable population, as well as specific high-risk communities (i.e., Amish), we encourage and support BHSJCHA in maintaining these recommended staffing levels in the CSHCS program.

Indicator 1.2

New LHD CSHCS employees shall take required courses, as listed on the CSHCS website, within 90 days of employment. All LHD CSHCS staff shall take these courses within 90 days of notification that the training courses have been updated. At least one person from each health department's CSHCS program shall participate in CSHCS state-office regional meetings.

- There shall be evidence that exists of timely staff training using required courses within the specified timeframes.
- There shall be evidence of routine staff training/updating through participation in the CSHCS sponsored regional LHD meetings by at least one person from each health department.

Support to be Provided by the State Program:

The BHSJCHA CSHCS team voiced an interest in trainings specific to understanding TEFRA (Tax Equity and Fiscal Responsibility Act) and transition topics (specifically alternatives to guardianship and college opportunities for individuals with intellectual disabilities).

Minimum Program Requirement #2

In accordance with the security and privacy provisions of the Health Insurance Portability and Accountability Act (HIPAA), the local health department CSHCS program shall manage CSHCS client protected health information (PHI) in a secure and private manner that results in coordinated care.

- Indicator 2.1 The LHD CSHCS program staff shall routinely use the CSHCS database to securely manage CSHCS client PHI and effectively and efficiently coordinate care.
- There shall be evidence of proficient and regular use of the CSHCS database by LHD CSHCS program staff to successfully carry out local CSHCS functions.
- Indicator 2.2 The LHD CSHCS program staff shall use the secure electronic method of communication for sharing of PHI designated by CSHCS (e.g. DMP).
- There shall be evidence of proficient and regular use of the designated electronic system for sharing PHI, by the appropriate LHD CSHCS program staff to successfully carry out CSHCS functions.
- Indicator 2.3 LHD CSHCS shall have a shared, comprehensive client record for CSHCS enrollees that reflects communication among the staff and includes dates and staff identifier.
- There shall be evidence that the LHD maintains comprehensive client record on all CSHCS enrollees that all local CSHCS staff use to record contacts and document services provided.

Needed Supports:

The BHSJCHA CSHCS team has encountered challenges in keeping a comprehensive client record due to limited time working the CSHCS program during the COVID-19 Pandemic and while working in other Local Health Department programs (i.e., Lead, Hearing & Vision). The CSHCS comprehensive record contained some gaps and missing follow-up details.

Other Information:

The BHSJCHA CSHCS team shared that they may be getting Nightingale Notes in the future, but currently, the program has not been written for CSHCS yet. They are currently using an ACCESS Database that they are fond of and prefer to keep. The BHSJCHA CSHCS team has researched and explored the Virtual Integrated Patient Record (VIPR) program as a possible access point for obtaining additional medical records needed to maintain CSHCS eligibility for clients.

- Indicator 2.4 LHD CSHCS shall only access the minimum information necessary in the CSHCS database or other electronic data systems to complete tasks for CSHCS clients.
- There shall be evidence that LHD CSHCS staff implement the privacy provisions of HIPAA in carrying out their CSHCS tasks using the CSHCS electronic data systems and that staff receive the local health department's policy and procedure regarding HIPAA compliance.
- Indicator 2.5 LHD CSHCS shall offer families a private location for the exchange of confidential information.
- There shall be evidence that the LHD CSHCS program has a private location and it is offered to CSHCS families where they can privately exchange confidential information.

Minimum Program Requirement #3

The local health department CSHCS program shall have family-centered policies and procedures in place, as well as accurate and timely reporting.

- Indicator 3.1 LHD CSHCS shall regularly use the most current Children’s Special Health Care Services Guidance Manual for Local Health Departments (Guidance Manual) and the Medicaid Provider Manual to effectively and consistently carry out local program expectations, policies, and requirements.
- There shall be evidence that the LHD CSHCS program staff routinely use the CSHCS Guidance Manual and Medicaid Provider Manual in carrying out local program expectations, policies, and requirements.

- Indicator 3.2 LHD CSHCS shall have written policies and procedures in accordance with CSHCS published policy that are reviewed annually and updated as needed regarding local CSHCS program functions.
- There shall be evidence of written policies and procedures (electronic or hard-copy) that stipulate local procedures in accordance with current CSHCS published policy.
 - There shall be evidence that the written policies and procedures are reviewed annually and updated as necessary. See Addendum 1 for the minimum list of policy statements to submit with procedures.

Areas of Strength:

The BHSJCHA CSHCS team has a comprehensive, high-quality policy and procedure manual that is helpful and useful for all staff! The Reviewers observed all required policy and procedure elements as well as additional policy and procedures for other important tasks that BHSJCHA CSHCS staff need to reference on occasion (i.e., denials, county transfers, bereavement, respite, quality improvement, etc.).

- Indicator 3.3 LHD CSHCS shall facilitate family input regarding the local CSHCS program at least annually.
- There shall be evidence of outreach for family involvement for input regarding possible improvements to the overall local CSHCS program..

Areas of Strength:

The BHSJCHA CSHCS team has remained steadfast in sending families their survey within the annual update packet and has reached an impressive average return rate between 30- 40%! Families overwhelmingly shared how helpful BHSJCHA CSHCS staff are and how beneficial the CSHCS program has been to their families. In June 2020, the BHSJCHA CSHCS team hosted a virtual Parent Advisory Meeting where fifteen parents participated! The virtual format worked very well for families in this community, and staff are considering resuming this opportunity to re-engage with local families.

Minimum Program Requirement #4

The local health department CSHCS program shall collaborate with community partners and provide outreach, case-finding, program representation, and referral services to CYSHCN/families in a family-centered manner.

- Indicator 4.1 LHD CSHCS shall routinely conduct outreach, case-finding, and program representation which includes, but is not limited to, the provision of information regarding CSHCS policy on diagnostic referrals, program eligibility, and covered services to families, local hospitals, providers, the community and other agencies.

- There shall be evidence of outreach, case-finding, and program representation to families and community organizations.

Areas of Strength:

The BHSJCHA CSHCS team has always done an amazing job with outreach and has taken advantage of unique challenges within their community to turn them into success stories by partnering with outside organizations. BHSJCHA CSHCS staff have teamed up with Smiles on Wheels to help families with no insurance get dental cleanings at a clinic offered once a month. This proved to be a critical service during the COVID-19 Pandemic when a local child had multiple cavities, no access to care, and required a cleaning prior to an upcoming heart surgery. Another successful partnership has been with the University of Michigan (U of M) mobile hearing clinic, serving clients quarterly. Over forty children in this community have benefited from hearing aids and education provided by this collaboration between U of M and BHSJCHA CSHCS staff!

Indicator 4.2

LHD CSHCS shall partner with and refer CYSHCN and CSHCS clients to other needed services/programs and/or assist in making applications for other programs in the community for which the child and/or family may be eligible.

- There shall be evidence of referral procedures and practices for families of CYSHCN and those enrolled in the CSHCS program. The LHD CSHCS shall have evidence of partnering with and assisting families in applying for other programs for which they might be eligible such as Early On, WIC, MICHild, Healthy Kids, Medicaid, SSI, and Medicare.

Areas of Strength:

The BHSJCHA CSHCS team makes every effort to assist children with the services they need, whether they are able to join the CSHCS program or not. This team is present within schools, community events, and regular meetings with other community organizations (i.e., Early On, Medicaid, Great Start, etc.).

Indicator 4.3

LHD CSHCS shall inform all families about the Family Center for Children and Youth with Special Health Care Needs (Family Center). Written documents sent to families from the LHD shall contain the Family Phone Line toll-free number and the CSHCS website (www.michigan.gov/cshcs).

- There shall be evidence of informing clients/families about the Family Center, to include the Family Phone Line when appropriate, as well as inclusion of the required information on family-focused materials and correspondence to families.

Needed Supports:

The BHSJCHA CSHCS team previously had outlets where information regarding the Family Center and other opportunities for families could be shared. Still, systems are changing, which makes sharing information electronically more challenging. Staff is working to collect email addresses from families to potentially send out emails with these opportunities (i.e., camp scholarships, newsletters, etc.).

Minimum Program Requirement #5

The local health department CSHCS program shall assist families in the CSHCS application and renewal process as well as the application processes for other relevant programs.

Indicator 5.1

LHD CSHCS shall assist any family who is referred to or who contacts the local health department with needs regarding completion of CSHCS application processes and/or forms.

- There shall be evidence that the LHD CSHCS has assisted families who have been referred or who have contacted the LHD for help with the CSHCS application process and/or forms.

Indicator 5.2 LHD CSHCS shall locate individuals or families who do not return a CSHCS Application within 30 days after being invited to join CSHCS, to offer assistance with application completion.

- The LHD CSHCS program shall have evidence of attempting to locate those who have not returned an application within 30 days of being invited to join CSHCS and of offering to assist with completing the application.

Indicator 5.3 LHD CSHCS shall assist clients/families who have received a CSHCS 90-day temporary eligibility period (TEP).

- There is evidence that the LHD CSHCS program contacts families that have a TEP and offers/provides assistance during their 90 day TEP to avoid loss of CSHCS coverage.

Minimum Program Requirement #6

The local health department CSHCS program shall provide information and support services to CSHCS enrollees and their families.

Indicator 6.1 LHD CSHCS shall initiate contact to inform CSHCS clients/families of applicable CSHCS and related benefits upon enrollment and as needed according to individual circumstances. Following initial enrollment, CSHCS enrolled families shall be contacted at least annually to provide updated information about the CSHCS program, benefits, assess family needs, and update client information.

- There shall be evidence that, at enrollment, the LHD initiates a contact with CSHCS clients/families and informs them about CSHCS and the CSHCS benefits that are applicable to their circumstances at that time as well as other benefits that might address their needs. There shall also be evidence that the LHD contacts enrolled clients/families at least annually to provide updated information about the CSHCS program, benefits, assess family needs, and update client information.

Indicator 6.2 LHD CSHCS shall assist the CSHCS enrolled client/family with needs related to CSHCS care and services as appropriate, for example: adding authorized providers, billing problems, hospice, insurance issues, premium assistance, application to the CSN fund, applications for home care and/or respite services, TEFRA, language interpretation services, and others.

- There shall be evidence that the LHD CSHCS assists enrolled clients/families with their needs related to care and services.

Areas of Strength:

The BHSJCHA CSHCS team continues to do fantastic work with families and providers, especially when it comes to billing resolution and pharmacy issues. The Reviewers saw ample evidence that these challenges are prevalent in this community, and BHSJCHA CSHCS staff are crucial in identifying solutions to these complicated issues. The BHSJCHA CSHCS team has done wonderful work in assisting families with applications to the Children with Special Needs Fund! Local families have received modified buggies, wheelchair ramps, stair lifts, etc., with the help of staff securing bids and helping fill out the required paperwork.

- Indicator 6.3 LHD CSHCS program shall facilitate transition for CSHCS enrolled youth, young adults, and their families. When already in contact with the family, the LHD CSHCS program shall begin the transition process by the age of 14, but may begin earlier as appropriate.
- There shall be evidence that the LHD facilitates transition of youth and young adults toward aspects of adult life, including adult health care, work, and independence following the CSHCS guidelines. There shall be evidence that transition processes were begun prior to age 14 if the LHD was already in contact with the family.
- Indicator 6.4 LHD CSHCS shall assist and authorize in-state travel and assist with obtaining authorization for out-of-state travel for CSHCS enrolled families as needed following CSHCS policies and procedures.
- There shall be evidence that the LHD CSHCS is assisting and authorizing in-state travel and assisting with obtaining authorization for out-of-state travel following CSHCS published policy for CSHCS enrolled client/families as needed and guidance in the Guidance Manual.
- Indicator 6.5 LHD CSHCS shall assist with funded out-of-state care for CSHCS-enrolled families as needed.
- There shall be evidence that the LHD CSHCS is assisting clients/families as needed with out-of-state care.
- Indicator 6.6 The LHD CSHCS program shall provide Level I and Level II care coordination and make case management available to CSHCS families as needed, according to current CSHCS policies and procedures.
- There shall be evidence that the LHD CSHCS program is providing Level I and Level II care coordination services and making case management services available to clients/families as needed in accordance with current CSHCS policies and procedures.

Needed Supports:

The BHSJCHA CSHCS team would be able to serve additional families and bill additional units of care coordination and case management if CSHCS staff members were able to work exclusively in the CSHCS program. The Reviewers recommend that BHSJCHA CSHCS staff strive to document encounters with families as they happen (if there are multiple calls made, charting should reflect that) and bill as they go to capture the vast amount of work they are completing. Ensure documentation is captured to justify billing opportunities and make updates to the Plan of Care (including goals) when the plan is revisited with the family.