

---

## **BOARD OF HEALTH Meeting**

### **Agenda for January 25, 2024 at 9:00 AM**

1. Call to Order
  - a. Opening ceremonies – Pledge Allegiance to the Flag of the United States of America
  - b. Roll Call
  - c. Approval of the Agenda\*
  - d. Officer Elections\*
  - e. Committee Assignments\*
  - f. Approval of the Minutes from December 14, 2023\*
2. Public Comment
3. Emergent Issues: Closed session to consider material exempt from discussion or disclosure by state or federal statute, per section 8(h) of the OMA, and section 13(1)(g) of the Freedom of Information Act, which exempts from public disclosure “information or records subject to the attorney-client privilege.”
4. Health Officer’s Report – pg 9
5. Medical Director’s Report – pg 40
6. Departmental Reports
  - a. Environmental Health – pg 42
  - b. Area Agency on Aging – pg 51
  - c. Health Education & Promotion – pg 58
  - d. Personal Health & Disease Prevention – pg 60
7. Financial Reports
  - a. Approve Payments\* - pg 65
  - b. Review Financials\* - pg 68
8. Committee Reports
  - a. Finance Committee – Approval of the January 12, 2024 Finance Committee meeting. – pg 73
  - b. Program, Policies, and Appeals – Approval of the January 17, 2024 PPA Committee meeting – pg 74
  - c. Program, Policies, and Appeals – Approval of January 17, 2024 Closed Session minutes
  - d. Approval of January 25, 2024 Closed Session Minutes

**Public Comment:**

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

9. New Business

- a. MCDC Agreement\* - pg 77
- b. Board of Health By-laws\* - pg 80
- c. BOH Contact information update – information only
- d. Employee Recognitions\* - pg 83
- e. Interior Paint Project - Hillsdale\* - pg 84
- f. Audit governance letter – information only – pg 86
- g. Board of Health Education Sessions – requesting feedback

10. Public Comment

11. Adjournment - Next meeting: February 22, 2024

Upcoming Education Opportunities Offered After BOH Meeting:

- February, April, May, September, and November

Upcoming Meeting Dates:

- February 16, 2024 @ 9:00 AM - Finance Committee (Hoffmaster, Houtz, & Lanius)
- February 21, 2024 @ 8:30 AM - PPA Committee (Matthew, Leininger, Baker)
- February 22, 2024 @ 9:00 AM – Full Board Meeting
- March 18, 2024 @ 9:00 AM - Finance Committee (Hoffmaster, Houtz, & Lanius)
- March 20, 2024 @ 8:30 AM - PPA Committee (Matthew, Leininger, Baker)
- March 28, 2024 @ 9:00 AM – Full Board Meeting
- April 15, 2024 @ 9:00 AM - Finance Committee (Hoffmaster, Houtz, & Lanius)
- April 17, 2024 @ 8:30 AM - PPA Committee (Matthew, Leininger, Baker)
- April 25, 2024 @ 9:00 AM – Full Board Meeting
- May 20, 2024 @ 9:00 AM - Finance Committee (Hoffmaster, Houtz, & Lanius)
- May 15, 2024 @ 8:30 AM - PPA Committee (Matthew, Leininger, Baker)
- May 23, 2024 @ 9:00 AM – Full Board Meeting
- June 17, 2024 @ 9:00 AM - Finance Committee (Hoffmaster, Houtz, & Lanius)
- June 19, 2024 @ 8:30 AM - PPA Committee (Matthew, Leininger, Baker)
- June 27, 2024 @ 9:00 AM – Full Board Meeting
- July 15, 2024 @ 9:00 AM - Finance Committee (Hoffmaster, Houtz, & Lanius)
- July 17, 2024 @ 8:30 AM - PPA Committee (Matthew, Leininger, Baker)
- July 25, 2024 @ 9:00 AM – Full Board Meeting
- August 19, 2024 @ 9:00 AM - Finance Committee (Hoffmaster, Houtz, & Lanius)
- August 21, 2024 @ 8:30 AM - PPA Committee (Matthew, Leininger, Baker)
- August 22, 2024 @ 9:00 AM – Full Board Meeting
- September 16, 2024 @ 9:00 AM - Finance Committee (Hoffmaster, Houtz, & Lanius)
- September 18, 2024 @ 8:30 AM - PPA Committee (Matthew, Leininger, Baker)
- September 26, 2024 @ 9:00 AM – Full Board Meeting
- November 4, 2024 @ 9:00 AM - Finance Committee (Hoffmaster, Houtz, & Lanius)
- November 6, 2024 @ 8:30 AM - PPA Committee (Matthew, Leininger, Baker)
- November 14, 2024 @ 9:00 AM – Full Board Meeting
- December 2, 2024 @ 9:00 AM - Finance Committee (Hoffmaster, Houtz, & Lanius)
- December 4, 2024 @ 8:30 AM - PPA Committee (Matthew, Leininger, Baker)
- December 12, 2024 @ 9:00 AM – Full Board Meeting

## Board of Health Members – 1/2024

### Branch County:

Tom Matthew, Commissioner  
937-524-9663 (Cell)  
tmatthew@countyofbranch.com

Jon Houtz, Commissioner  
517-617-3691  
jonhoutz@msn.com

### Hillsdale County:

Brent Leininger, Commissioner  
[2023 Chair](#)  
517-320-2410  
b.leininger@co.hillsdale.mi.us

Steve Lanius, Commissioner  
517-849-2290  
s.lanius@co.hillsdale.mi.us

### St. Joseph County:

Jared Hoffmaster, Commissioner  
[2023 Vice-Chair](#)  
269-506-3320 (Cell)  
hoffmasterj@stjosephcountymi.org

Rusty Baker, Commissioner  
269-207-8826  
bakerr@stjosephcountymi.org

### 2023 Committee Assignments

#### Program, Policy, & Appeals Committee

Tom Matthew, Chair  
Brent Leininger  
Rusty Baker

#### Finance Committee

Jared Hoffmaster, Chair  
Jon Houtz  
Steve Lanius

## December 14, 2023 – Board of Health Meeting Minutes

The Branch-Hillsdale-St. Joseph Community Health Agency Board of Health meeting was called to order by Chair, Brent Leininger at 9:00 AM with the Pledge of Allegiance to the Flag of the United States. Roll call was completed as follows: Jared Hoffmaster, Jon Houtz, Brent Leininger, Rusty Baker, and Steve Lanius. Tom Matthew was absent.

Also present from BHSJ: Rebecca Burns, Karen Luparello, Theresa Fisher, Laura Sutter, Paul Andriacchi, Kali Nichols, and Alex Bergmooser. Brenae Gruner joined the meeting late.

Mr. Houtz moved to approve the agenda as amended {reorder new business items as follows: c) wage increase, d) new positions, e) EH Supervisor wage, f) fy24 budget amendment, g) BOH By-laws, h) intergovernmental agreement, i) AAA Advisory by-laws} with support from Mr. Lanius. The motion passed unopposed.

Mr. Houtz moved to approve the minutes from the November 9, 2023 meeting with support from Mr. Hoffmaster. The motion passed unopposed.

Public Comment: No public comments were given.

Rebecca Burns, Health Officer, reviewed her monthly report. Items included: CDC Infrastructure Grant, BHSJCHA Funding, Staffing and Wage Plan, Health Education and Promotion Supervisor and Opioid Funding Request, Kindergarten Oral Health Assessments, Agreement with Hillsdale Hospital on use of Mobile Van, Public Health Concerns, Environmental Health Supervisor, Coldwater Office, Hillsdale Office, Three Rivers Office, and Sturgis Office.

Dr. Luparello reviewed the Medical Director's monthly report. This month's educational report was titled, "Twas the Night Before Christmas for the Branch-Hillsdale-St. Joseph Community Health Agency".

### Departmental Reports:

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

### Financial Reports/Expenditures

- Mr. Hoffmaster moved to approve the expenditures for October and November as reported with support from Mr. Houtz. The motion passed unopposed.
- Mr. Houtz moved to place the financials for October on file with support from Mr. Baker. The motion passed unopposed.

#### Committee Reports:

- Finance Committee – Mr. Hoffmaster moved to approve the minutes from the December 4, 2023 Board of Health Finance Committee meeting with support from Mr. Houtz. The motion passed unopposed.
- Program, Policy, & Appeals Committee – Mr. Baker moved to approve the minutes from the December 6, 2023 Board of Health Program, Policy, and Appeals Committee meeting with support from Mr. Houtz. The motion passed unopposed.

#### New Business:

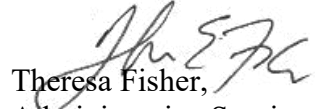
- Mr. Houtz moved to approve the EH Fee Schedule as presented, with support from Mr. Hoffmaster and the motion passed unopposed.
- Mr. Hoffmaster moved to approve the 2024 Board of Health Meeting Schedule as presented, with support from Mr. Baker. The motion passed unopposed.
- Mr. Hoffmaster moved to approve a 10% wage increase, effective January 1, 2024 for BHSJ staff, with support from Mr. Houtz. A roll call vote was taken and the motion failed 2-3 (Mr. Matthew, absent; Mr. Houtz, Yes; Mr. Hoffmaster, Yes; Mr. Leininger, No; Mr. Baker, No; Mr. Lanius, No)
- Mr. Hoffmaster moved to approve a 7% wage increase effective January 1, 2024, with adjustments to the wage scale to standardize it to 13% between levels 1-8, 16% between level 8-9, and 3.09% between each step on the scale. The motion received support from Mr. Houtz. A roll call vote was taken and the motion passed 5-0 (Mr. Matthew, absent; Mr. Houtz, Yes; Mr. Hoffmaster, Yes; Mr. Leininger, Yes; Mr. Baker, Yes; Mr. Lanius, Yes).
- Mr. Hoffmaster moved to authorize the Health Officer to post and hire the new staff positions as presented, with support from Mr. Houtz. A roll call vote was taken and the motion passed 3-2 (Mr. Matthew, absent; Mr. Houtz, Yes; Mr. Hoffmaster, Yes; Mr. Leininger, No; Mr. Baker, Yes; Mr. Lanius, No).
- The wage for the new EH Supervisor position was discussed, but no action was taken.
- Mr. Houtz moved to approve the FY24 Budget Amendment #1 as presented, with support from Mr. Baker. A roll call vote was taken and the motion passed 5-0 (Mr. Matthew, absent; Mr. Houtz, Yes; Mr. Hoffmaster, Yes; Mr. Leininger, Yes; Mr. Baker, Yes; Mr. Lanius, Yes).
- The proposed changes to the Board of Health By-Laws were discussed. In accordance with the rules for amending the By-Laws, no action was taken, but this item will be placed on the agenda for a vote in January.
- The intergovernmental agreement was discussed. No action was taken. The Program, Policy, and Appeals Committee will review and determine if changes are necessary.
- Mr. Baker moved to approve the AAA Advisory Committee By-Laws, as amended to remove the following three sentences which appears on page 3 of 6: “Further, some members of the Advisory Council/Committee will be persons in great social and economic need. The membership of the Advisory Council/Committee must make efforts to include family caregivers, and when available, representatives of tribes, pueblos, and tribal aging programs. Councils shall also include Black, people of color, and LGBTQ+ persons and representation from the various counties or units of local government generally reflect the

distribution of older persons within the planning and service are.” The motion received support from Mr. Hoffmaster and passed unopposed.

Public Comment: Public comments were provided by 2 people.

With no further business, Mr. Lanius moved to adjourn the meeting with support from Mr. Baker. The motion passed unopposed and the meeting was adjourned at 11:13 AM.

Respectfully Submitted by:



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

# PUBLIC COMMENT

•
•
•
•
•
•
•
•
•
•
•
•
•
•

Closed session to consider material exempt from discussion or disclosure by state or federal statute, per section 8(h) of the OMA, and section 13(1)(g) of the Freedom of Information Act, which exempts from public disclosure “information or records subject to the attorney-client privilege.”



## **Health Officer's Report to the Board of Health for January 25, 2024**

**Prepared by: Rebecca A. Burns, M.P.H., R.S.**

### **Agency Updates**

**Employee Recognitions:** The Agency is pleased to recognize those staff members who have achieved milestone years of employment such as 5, 10, 15, etc. years of service. For 5 years we recognize Amey Elkins-Little, Breastfeeding Peer Hillsdale county, Lori Hibbs, Clinic Clerk Tech St. Joseph county, Barb Keith, Environmental Health Sanitarian St. Joseph county, and Laura Sutter for 25 years as the Director of Area Agency of Aging 3C.

**CDC Infrastructure Grant:** The water bottle fill station upgrade to drinking fountains is now complete in our 3 main buildings. Today a bid for painting is in the board packet as recommended by the Finance committee. At the February meeting I expect you will have a carpet bid as recommended by the Finance committee. Branch county is starting to move on needed repair to the Coldwater office building.

**Staffing Update:** My team is thankful for the approval of the staffing plan at the last Board of Health meeting. As an update, this is where we are at with filling those positions and some that have recently become open:

**Environmental Health:** EH Supervisor filled internally by James Young, Senior Sanitarian leaving an open Sanitarian position in Hillsdale. Hillsdale EH Sanitarian conditional offer pending successful pre-employment screenings. New Coldwater EH Sanitarian, reposted.

**Health Education & Promotion:** Alex's position was posted internally and filled by Kris Dewey who was working as our Emergency Preparedness Coordinator.

**Personal Health & Disease Prevention:** I'm sad to report that Kali Nichols our Director has accepted a similar position with Barry/Eaton District Health Department and will be leaving us on February 2<sup>nd</sup>. The new nurse position in St. Joseph county has been offered conditional pending successful pre-employment screenings. The part-time nurse position has been reposted.

**Administrative Services:** The Human Resources Support Specialist position is posted and we are currently accepting applicants.

**Reporting to the Health Officer:** The Emergency Preparedness Coordinator position is posted and we have started interviewing candidates. The Director of Personal Health & Disease Prevention position will be posted soon.

**Request by MCDC:** MCDC has requested an amendment to our agreements for the Sturgis and Coldwater dental centers and this is an action item for the meeting today. The current agreements for Sturgis and Coldwater provide BHSJCHA with an education and outreach payment payable by chair count in the dental center. Both dental centers are 6 chair facilities with an annual payment to

BHSJCHA of \$12,000.00 per center. Without this revenue we will no longer do exclusive MCDC dental outreach but will continue to do limited outreach. Additionally, other local health departments in Michigan with similar agreements have already agreed to updated agreements which end the education and outreach payments, so this is not something that only BHSJCHA is being asked to do.

**Medicare Billing Revalidation:** Every 5 years the agency goes through a revalidation process with Medicare for billing purposes. We just recently received notification that the revalidation was approved. This is a tedious process with many submissions and push backs from Medicare and I'm thrilled to report this as completed!

**Kindergarten Oral Health Assessments (KOHA):** As I have shared previously there is funding earmarked for BHSJCHA to add on the Kindergarten Oral Health Assessment program. Senate Bill 280 was signed by Governor Whitmer on December 13<sup>th</sup> establishing the program which requires a dental oral assessment before a child's first time in kindergarten or first grade. BHSJCHA has notified MDHHS that we will accept the funding for FY24 as a planning grant which we will use to explore the feasibility of running the program beginning in FY25 in the tri-county area. The allocation for BHSJCHA is \$63,059 for FY24.

**Agreement with Hillsdale Hospital on use of Mobile Van:** Hillsdale Hospital is finding it is taking longer to get approval for the van to be used as a rural health clinic. They are now estimating March 2024 as a start.

**Public Health Concerns:**

*Bill package on Lead* is currently working its way through the state legislature. The bill package seeks to lower "elevated blood lead level" or the actionable level of lead from 10 ppb to 3.5 ppb among other things.

*Respiratory Illnesses (Flu, RSV, COVID):* I'm including the recently data compiled by state epidemiologists on the respiratory illnesses in Michigan. It is in the form of a slideshow after this written report. The Agency continues to encourage vaccination for seasonal flu and the updated COVID and new RSV vaccines.

**MALPH Day at the Capitol:** Scheduled for April 10<sup>th</sup> this year. I will be requesting appointments to meet with our local Senators and Representatives that day to discuss public health happenings at BHSJCHA. If anyone is interested in joining me, please let me know.

**Coldwater Office:** The drinking water fountains at this location have all been upgraded to a water bottle fill station which provides filtered and refrigerated drinking water. This was the last of our buildings to receive this upgrade. The Sturgis location was not targeted for this work. Branch county will be bringing through contractors on January 31<sup>st</sup> to look at work projects in the building so that they can prepare and submit a bid. These projects include restroom remodels (counters and sinks), installing new counters at the clinic front counter on the worker side, and potentially updated HVAC units among other things. I'm pleased to see progress on these much-needed project repairs.

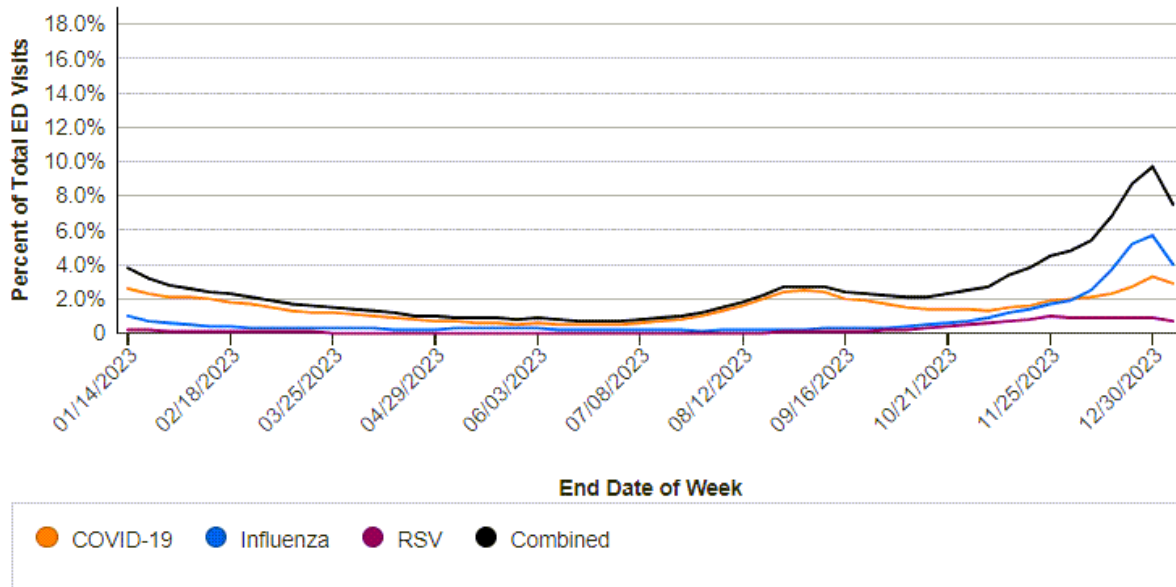
**Hillsdale Office:** Schindler elevator company has communicated that the work on the elevator will occur in March 2024. A painting bid for this office has been moved for full Board approval at today's meeting. The Finance Committee requested additional bid options for carpet and this will be ready for the February meeting.

**Sturgis:** Nothing to report.

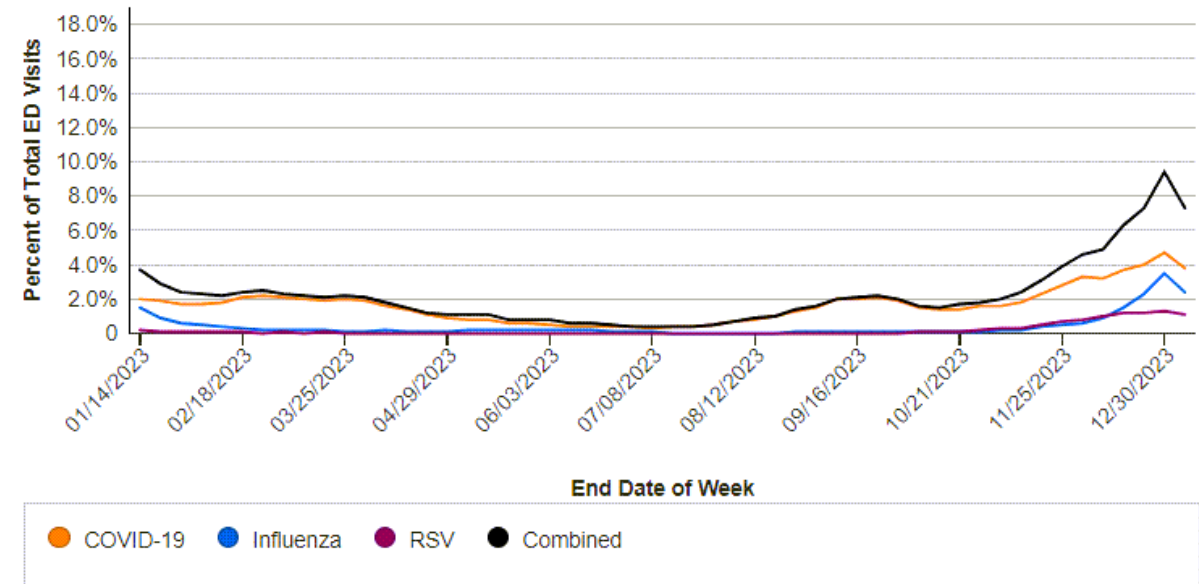
**Three Rivers Office:** Nothing to report

# MDHHS Michigan Respiratory Focus: COVID-19, Influenza, and RSV Report Date: 01/17/24

## National Respiratory Virus Activity



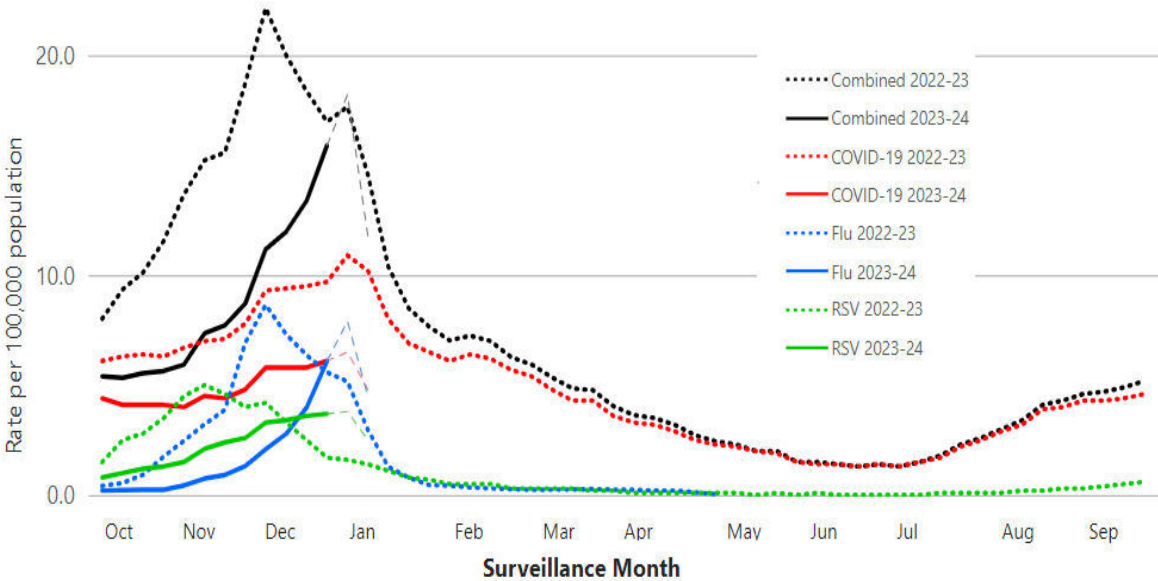
## Michigan Respiratory Virus Activity



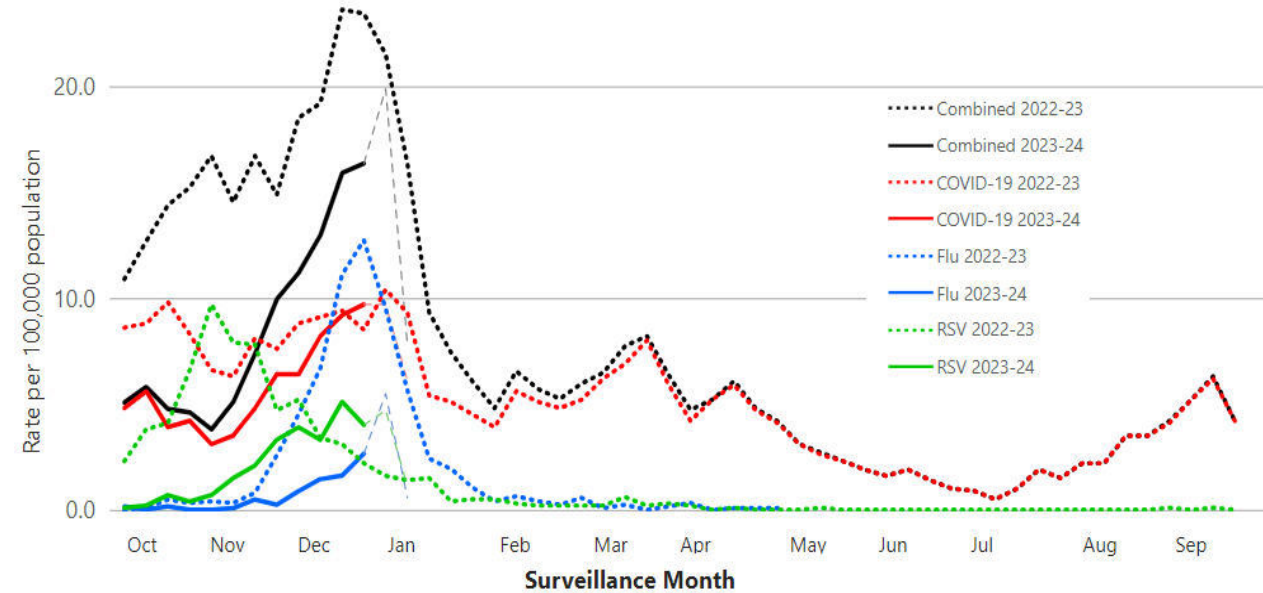
- Since the start of the 2023-24 school year, respiratory virus activity generally increased with transmission increasing more rapidly in November through December
- Nationally, COVID-19 contributed to the majority of ED visits heading into the respiratory illness season, however, in early December influenza overtook COVID as the greatest contributor\* to ED visits
- In Michigan, COVID-19, influenza, and RSV activity have plateaued and are showing decreases; influenza activity is increased quickly in December in Michigan, but COVID-19 continues to contribute the greatest respiratory burden of the three viruses

\* Contributions to percent of total national ED visits among COVID-19, influenza, and RSV only

**National Weekly Rates of Respiratory Virus-Associated Hospitalization by Season (2022-23, 2023-24)**



**Michigan Weekly Rates of Respiratory Virus-Associated Hospitalization by Season (2022-23, 2023-24)**



**Michigan Hospitalization Rates per 100,000 of Respiratory Virus-Associated Hospitalization by Season (Week Ending 1/6/24)**

Season	Combined	COVID	Flu	RSV
2023-2024	11.8	4.8	4.5	2.5
2022-2023	14.6	10.2	3.0	1.4

- COVID-19 hospitalization rates are lower, flu and RSV slightly higher, for WE 1/6/24 compared to the same time last season.

**RESP-Net data as of 1/11/2024**

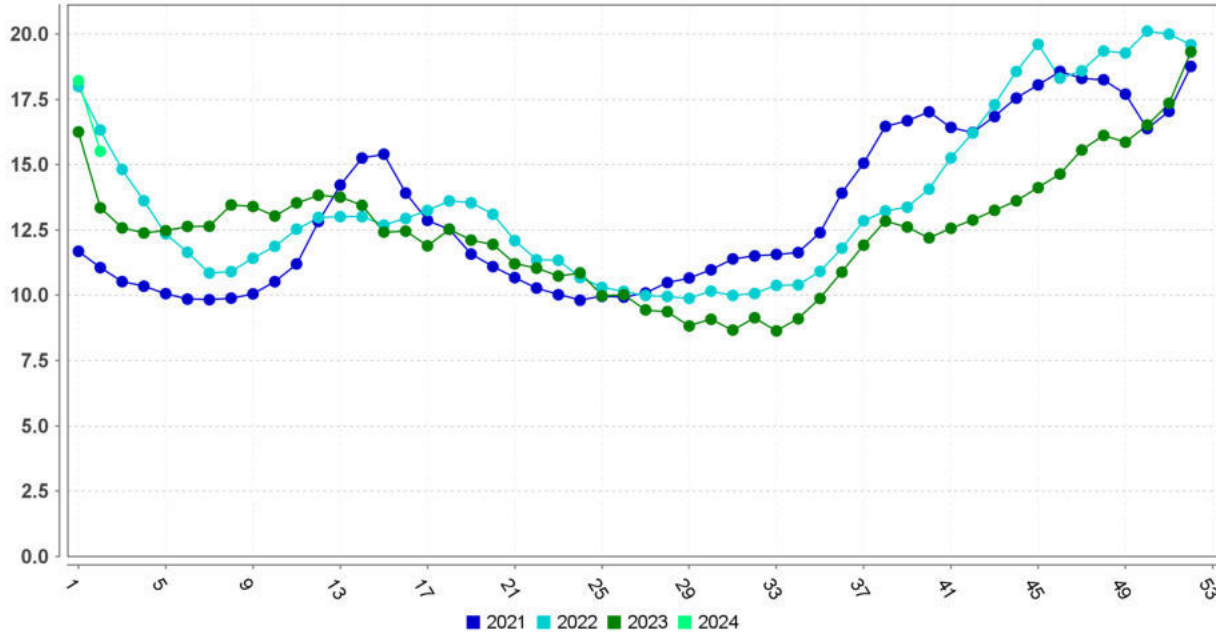
- Nationally, hospitalization rates are trending up for flu, with a slight plateau for RSV and COVID-19
- In Michigan, flu hospitalization rates continue to rise, while COVID and RSV may be reaching a plateau

*We experience reporting delays and expect rates for the most recent weeks (dashed gray line) to change as more data becomes available. Data are preliminary and subject to change.*

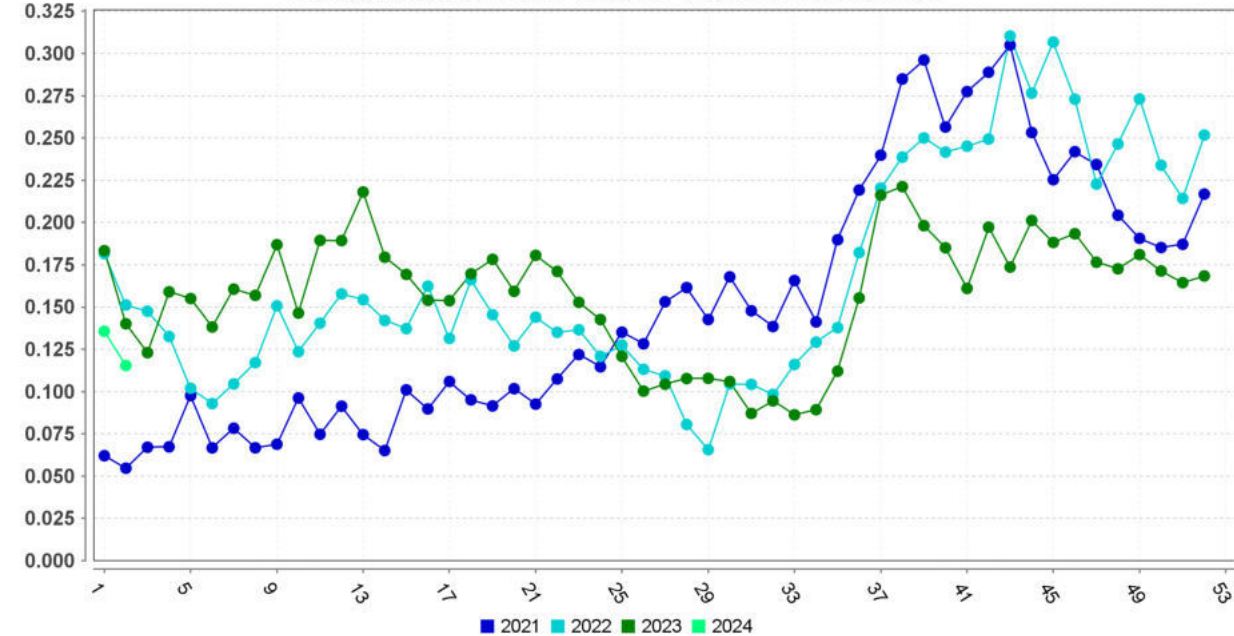
# MI Respiratory Syndromic Surveillance

Week Ending January 13, 2024

Weekly Proportion of ED Visits with a Respiratory Chief Complaint



Weekly Proportion of ED Visits for Enterovirus/Rhinovirus



- Michigan emergency department (ED) visits with a chief complaint categorized in the respiratory syndrome peaked at the end of December and are declining.
- Michigan ED visits for enterovirus/rhinovirus were at an elevated plateau through December after increasing at the start of the 2023-24 school year and have begun to decline in January.



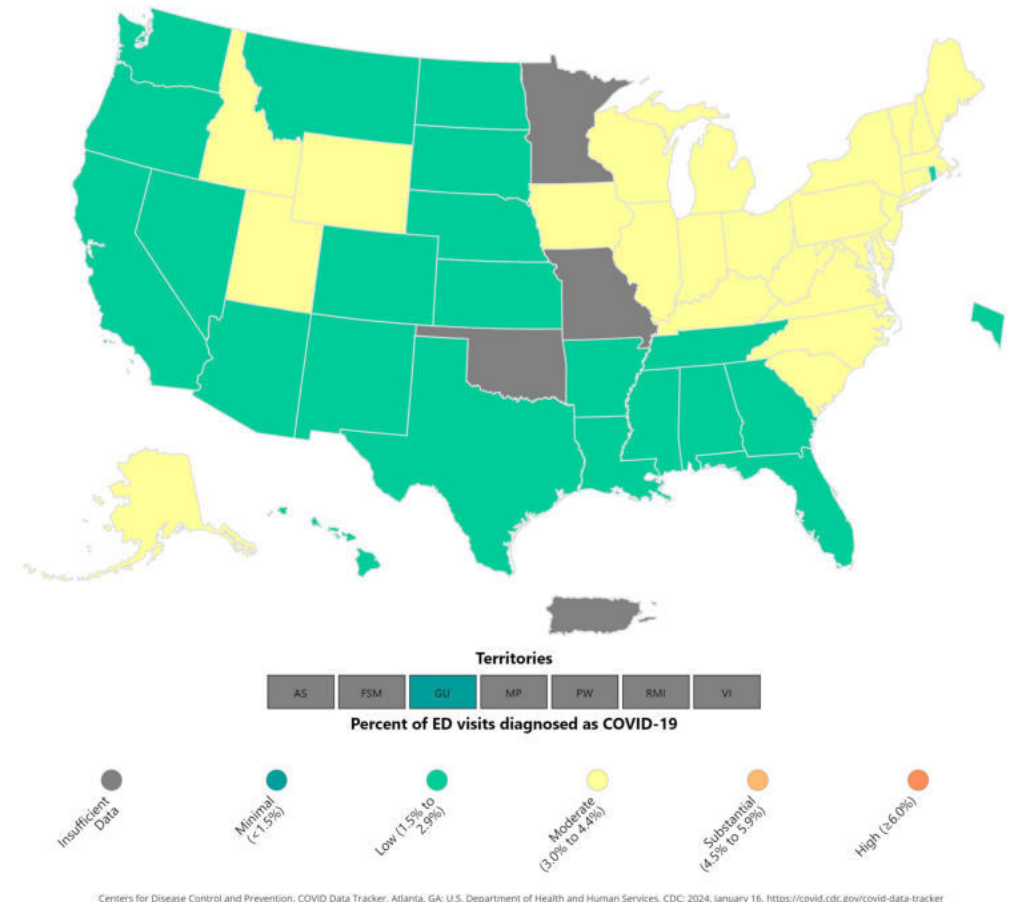
## COVID-19 Updates of Interest:

- Compared to the previous week:
  - Trend in percent test positivity has **decreased** by 0.1%
  - Trend in percent emergency department visits has **decreased** by 13.1%
  - Trend in hospital admissions has **increased** by 3.2%
  - Trend in percent COVID-19 deaths has **increased** by 14.3%
- According to CDC, JN.1 is now the most widely circulating variant of SARS-CoV-2 in the United States and globally
  - As of January 5, JN.1 is estimated to account for approximately 62% of all currently circulating SARS-CoV-2 variants



- Nationwide there was a moderate decrease percent change (-13.1%) in COVID-19 ED visits from the prior week
- Michigan's percentage of ED visits with diagnosed COVID-19 is moderate, with a moderate decrease in the percent change (-18.6%) from the prior week

Percentage of Emergency Department Visits with Diagnosed COVID-19 in the Past Week, by State/Territory—United States, Data through January 6, 2023



Centers for Disease Control and Prevention. COVID Data Tracker. Atlanta, GA: U.S. Department of Health and Human Services, CDC; 2024, January 16. <https://covid.cdc.gov/covid-data-tracker>

# MI COVID-like Illness Outpatient Surveillance

Week Ending January 13, 2024

- ED and UC visits with a COVID-19 discharge diagnosis increased steadily in November and December.
  - Visits are declining after peaking at the end of December.
- Data for the state and by PHP region show CLI visits in all regions are declining or are showing signs of a plateaued.
- Data for the state and by PHP region for visits with a COVID-19 diagnosis show regions in the low and moderate categories.

Average Weekly Percentage of Visits with Coronavirus Like Illness (CLI) Symptoms

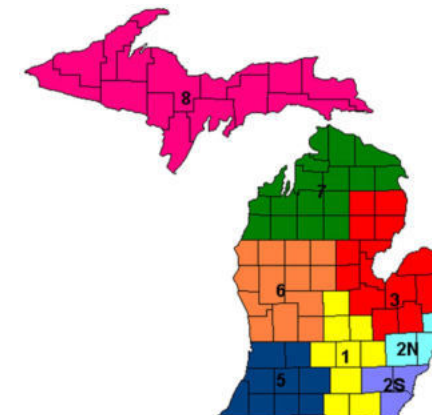
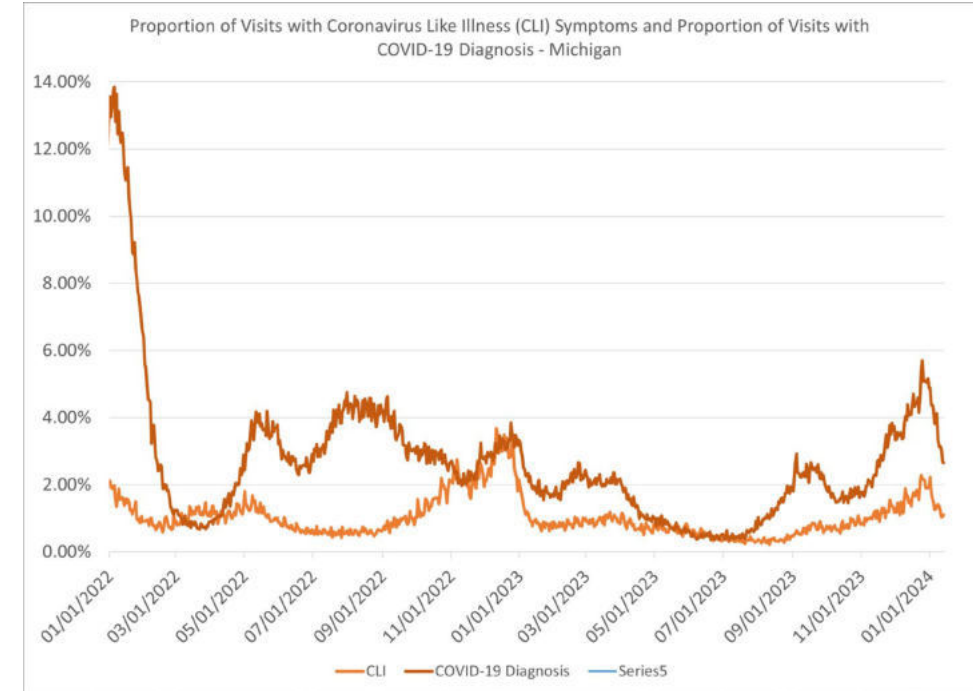
Region	State	1	2N	2S	3	5	6	7	8
Past Week	1.65%	0.85%	1.64%	1.32%	1.46%	2.26%	1.88%	3.21%	2.56%
Current Week	1.22%	0.65%	1.21%	1.11%	0.92%	1.45%	1.41%	1.95%	2.73%

Average Weekly Percentage of Visits with COVID-19 Diagnosis

Region	State	1	2N	2S	3	5	6	7	8
Past Week	4.53%	3.59%	5.86%	4.62%	4.25%	3.54%	3.89%	5.00%	4.52%
Current Week	3.32%	2.28%	4.23%	3.44%	3.35%	2.82%	2.78%	4.09%	2.66%

Interpretation of percentage of ED visits due to COVID-19, as defined by CDC

Minimal	Low	Moderate	Substantial	High
<1.5%	1.5% to 2.9%	3.0% to 4.4%	4.5% to 5.9%	≥6.0%



- Syndromic Surveillance System data is obtained from approximately 243 participating facilities (147 Emergency Department, 96 Urgent Care) across the State of Michigan.
- **Coronavirus-Like Illness (CLI) symptoms:** searches visit free-text (chief complaint, triage notes, and clinical impression) for fever or chills AND cough or shortness of breath or difficulty breathing.
- **COVID-19 Diagnosis:** This query searches for visits with a discharge diagnosis for coronavirus/COVID-19



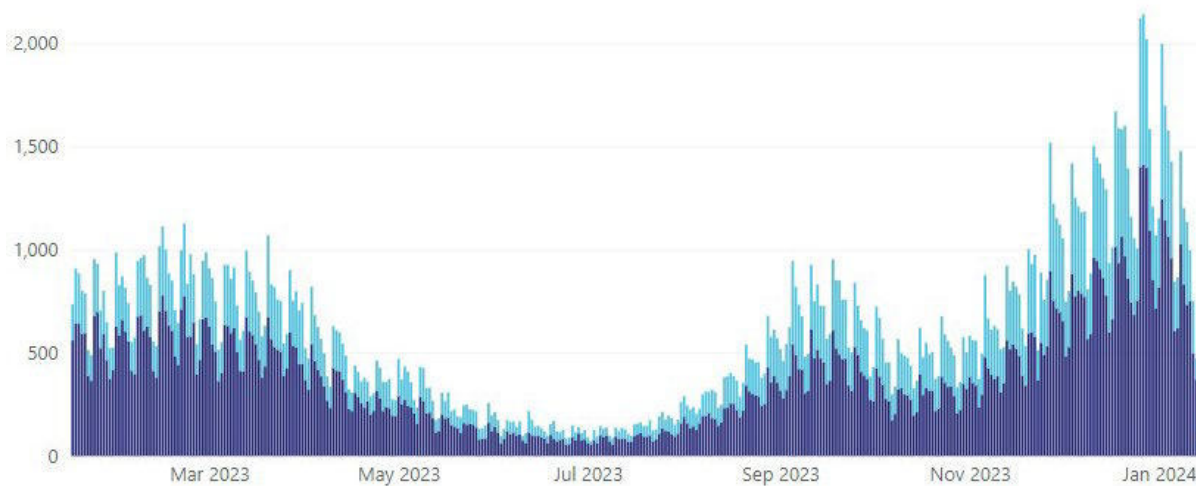
# MI COVID-19 Case and Death Statistics

Data as of January 16, 2023

Date	Weekly confirmed and probable COVID-19 cases	Average confirmed and probable COVID-19 cases per day	Deaths in confirmed and probable COVID-19 cases reported in past week
December 26	9,982	1,426	49
January 2	11,380	1,626	68
January 9	11,348	1,621	72
January 16	6,742	963	178

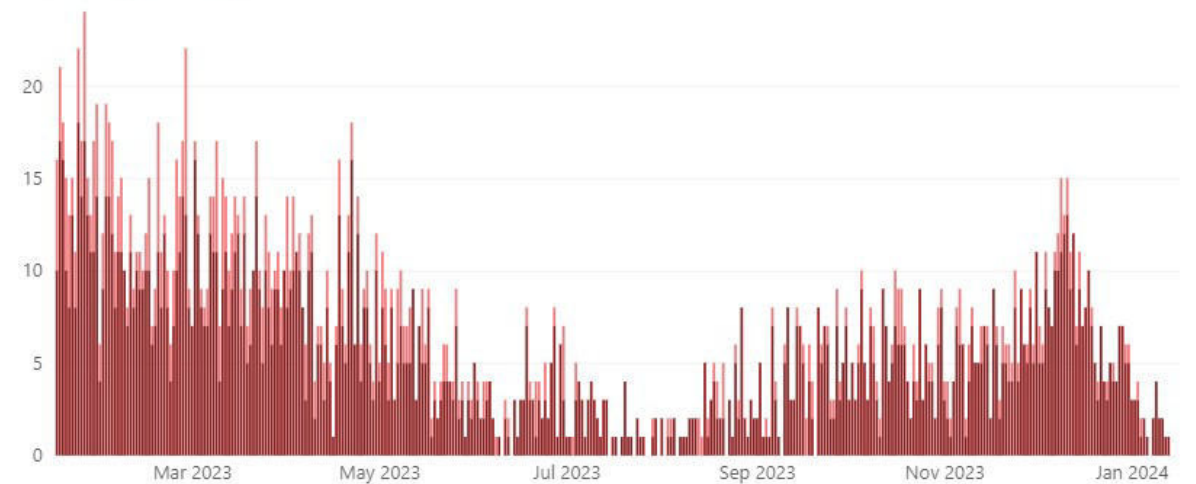
Cases by Date of Onset

CASE\_STATUS ● Confirmed ● Probable



Deaths by Date of Death

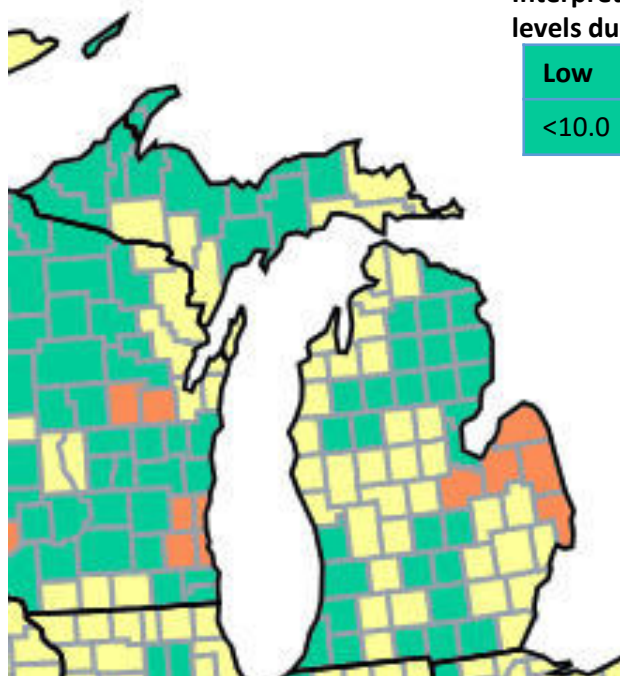
CASE\_STATUS ● Confirmed ● Probable



- **Confirmed and probable COVID-19 cases in Michigan started increasing in early November and continued to increase through the end of December and into the new year**
  - **This week, we are seeing a decrease in the number of confirmed and probable cases- unknown if this is partially due to a delay in seeking care during recent severe weather**
- **Deaths in confirmed and probable started increasing in September and have remained elevated since**

Interpretation of hospitalization levels due to COVID-19, as defined by CDC

Low	Medium	High
<10.0	10.0 to 19.9	>20.0



- Michigan is showing more counties reporting low for hospitalizations due to COVID-19 compared to previous weeks
- The five counties that are showing high hospitalizations due to COVID-19 are Saginaw, Tuscola, Huron, Sanilac, and St. Clair

## Weekly Hospitalization Rates per 100,000 of COVID-19 Associated Hospitalizations, Nationally vs MI, 2023-2024 Season



Week Ending	US	MI
10/7/2023	4.4	4.8
10/14/2023	4.1	5.6
10/21/2023	4.1	3.9
10/28/2023	4.1	4.2
11/4/2023	4.0	3.1
11/11/2023	4.5	3.5
11/18/2023	4.4	4.8
11/25/2023	4.8	6.4
12/2/2023	5.8	6.4
12/9/2023	5.8	8.2
12/16/2023	5.8	9.2
12/23/2023	6.1	9.7
12/30/2023	6.5	9.7
1/6/2024	4.8	6.1

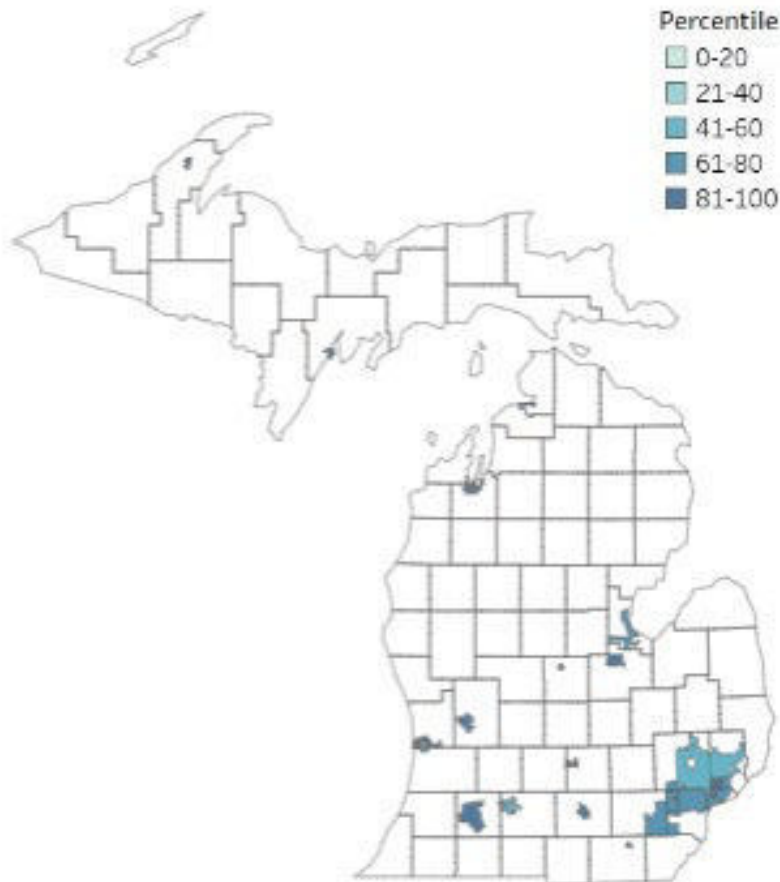
### COVID-NET as of 1/11/2024

- In Michigan, COVID-19-associated hospitalization rates have plateaued at 9.7 per 100,000 (12/23 - 12/30), with a decline to 6.1 the most recent week, likely due to reporting delays.
- MI COVID-NET rates remain higher than the national average.

# MI COVID-19 Wastewater Data

Data as of January 10, 2024

- MDHHS currently tests wastewater for the SARS-CoV-2 virus at over 400 Michigan sites as part of the Sentinel Wastewater Epidemiology Evaluation Project (SWEEP).
- In the most recent data SARS-COV-2 viral concentration is increasing at 14 of the 20 SWEEP sites.



Site	Sewershed Population	Weeks of Virus Detection	Trend As Of	15-Day Trend
Alma WWTP	8976	26	12/18/2023	↓
Battle Creek WWTP	51093	9	1/3/2024	↔
Bay City WWTP	34000	20	1/4/2024	↑
Delhi Township WWTP	22500	14	12/14/2023	↑
Escanaba WWTP	12600	27	1/3/2024	↑
GLWA Detroit River Interce..	492000	16	1/3/2024	↔
GLWA North Interceptor-Ea..	1482000	4	1/3/2024	↔
GLWA Oakwood-Northwest..	840600	2	1/3/2024	↑
Grand Rapids WWTP	265000	27	1/1/2024	↔
Holland WWTP North	45606	25	1/3/2024	↓
Holland WWTP South	36912	19	1/3/2024	↓
Jackson WWTP	90000	130	1/7/2024	↓
Kalamazoo WWTP	150000	8	12/29/2023	↑
Petoskey WWTP	7900	90	1/3/2024	↑
Portage Lake WWTP	14000	36	1/3/2024	↑
Saginaw Township WWTP	40000	24	1/4/2024	↑
Tecumseh WWTP	8680	105	1/8/2024	↔
Traverse City WWTP	45000	24	12/28/2023	↑
Warren WWTP	135000	19	12/13/2023	↓
Ypsilanti WWTP	330000	129	1/6/2024	↔



Note: Abbreviations GLWA—Great Lakes Water Authority; WWTP—Waste Water Treatment Plant

# MI COVID-19 Congregate Setting Outbreaks

Data as of January 11, 2023

## New Outbreaks by PHP Region over the past month

Date	R1	R2N	R2S	R3	R5	R6	R7	R8	Total
December 21	5	11	7	3	5	9	3	3	46
December 28	3	4	0	2	1	0	0	1	11
January 4	6	8	3	2	4	4	2	0	29
January 11	1	14	2	1	1	1	4	2	26

- The number of new COVID-19 outbreaks reported shows a pattern of decreasing from 12/21 to 1/11
  - Please note: the large decrease in outbreaks the week of 12/28 likely is due to health departments being closed for the holidays
- In general, most reported outbreaks are seen in LTCFs across the state

## New Outbreaks by Setting this week

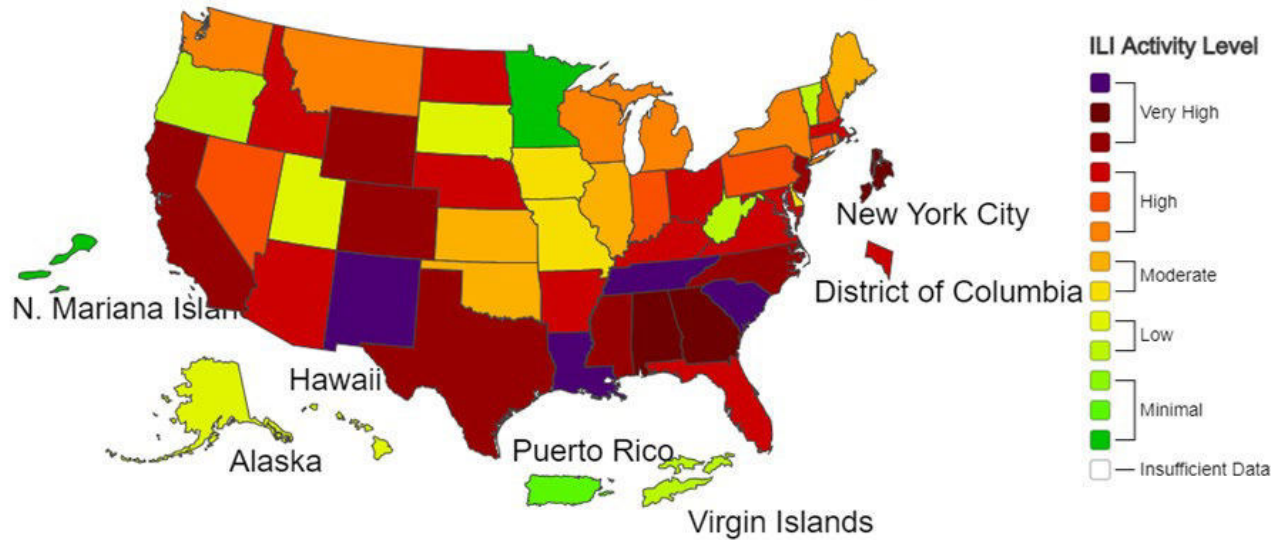
Facility Type	R1	R2N	R2S	R3	R5	R6	R7	R8	Total
Long-Term Care Facility	1	14	1	0	1	1	4	1	23
K-12 School	0	0	0	0	0	0	0	0	0
Childcare/ Youth Programs	0	0	1	0	0	0	0	0	1
Jail/Prison/ Detention Center	0	0	0	0	0	0	0	0	0
Healthcare	0	0	0	0	0	0	0	0	0
Shelters	0	0	0	1	0	0	0	1	2
<b>Total</b>	1	14	2	1	1	1	4	2	26



## Outpatient Respiratory Illness Activity Map Determined by Data Reported to ILINet

This system monitors visits for respiratory illness that includes fever plus a cough or sore throat, also referred to as ILI, not laboratory confirmed influenza and may capture patient visits due to other respiratory pathogens that cause similar symptoms.

2023-24 Influenza Season Week 1 ending Jan 06, 2024

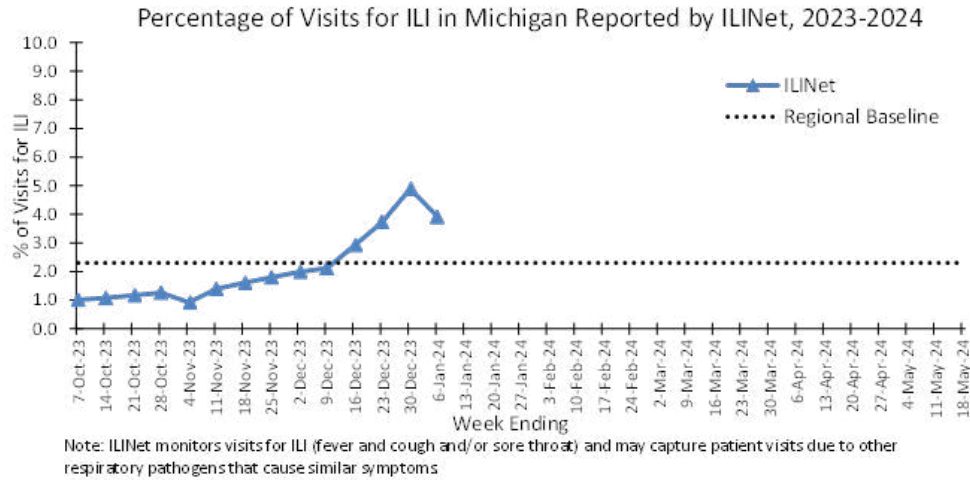


- National ILI% is at 5.7% which is a **decrease** of 1.2% from the previous week. National ILI% has been above national baseline for 10 weeks

## Influenza-associated Pediatric Mortality

Nationally, **40** influenza-associated pediatric death has been reported for the 2023-2024 flu season. No pediatric deaths have been confirmed by MDHHS for the 2023-2024 flu season to date.

- **Thirteen (13) new pediatric flu deaths were reported nationally (six were associated with influenza A and seven were associated with influenza B) leading to a total of 40 so far this season.**



**Michigan ILI Activity: 3.9% ↓**

(Last week: 4.9%)

Regional Baseline\*: 2.3%

A total of **5,688** patient visits due to ILI were reported out of **145,401** outpatient visits.

\*Regional baseline is determined by calculating the mean percentage of patient visits due to ILI during non-influenza weeks for the previous three seasons and adding two standard deviations.

ILINet data as of 1/6/24

- Michigan's ILI% is at 3.9%, which is a **decrease** of 1.0% from the previous week and has been above the regional baseline for the past 4 weeks.

### National Surveillance

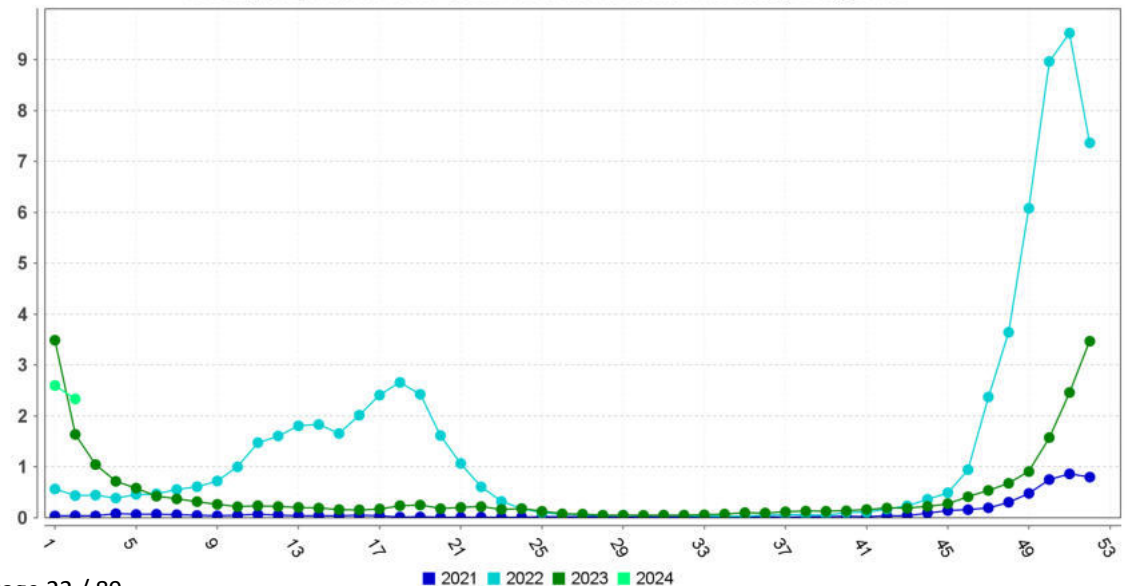
In the United States, **5.7%** of outpatient visits were due to ILI (Last week: **6.9%**)

This is **above** the national baseline of 2.9%

NSSP ESSENCE data as of 1/13/24

- ED visits with an influenza discharge diagnosis have started to decline after peaking at the end of December.

Weekly Proportion of ED Visits with an Influenza Discharge Diagnosis





- IHSP cases have decreased to 22 new cases, from 78 cases the previous week
- ISHN cases have increased to 54 new cases from 49 cases the previous week

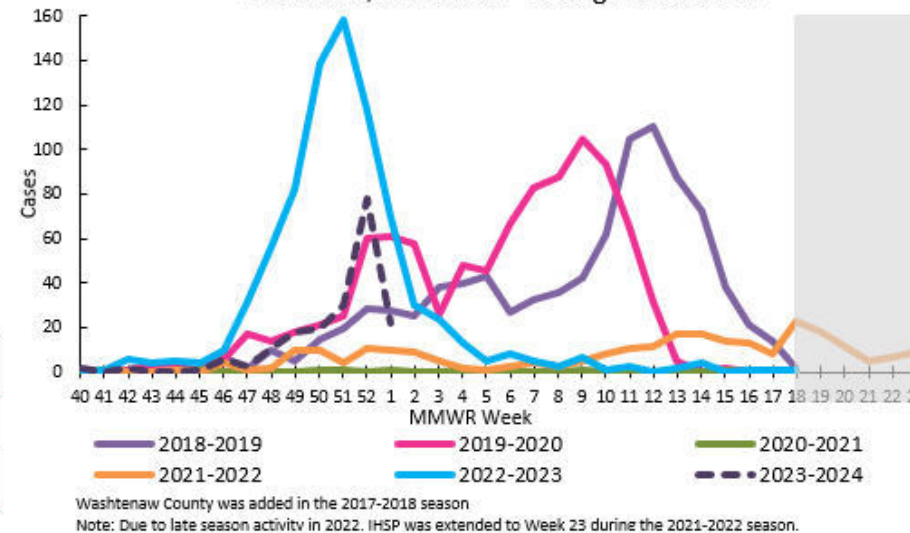
## Influenza Hospitalization Surveillance Project (IHSP)

The CDC's Influenza Hospitalization Surveillance Network (FluSurv-NET) provides population-based rates of laboratory-confirmed influenza-associated hospitalizations from October 1<sup>st</sup> through April 30<sup>th</sup> each year. Michigan participates as an IHSP state in FluSurv-NET for Clinton, Eaton, Genesee, Ingham, and Washtenaw Counties.

# of IHSP cases reported for the 2023-2024 season:

	Pediatric	Adult	Total
Week 1	1	21	22
Cumulative Cases	14	179	193

IHSP Cases, 2018-2019 Through 2022-2023



## Influenza Sentinel Hospital Network (ISHN)

ISHN is a group of hospitals in Michigan that voluntarily report weekly aggregate counts of influenza hospitalizations by age group.

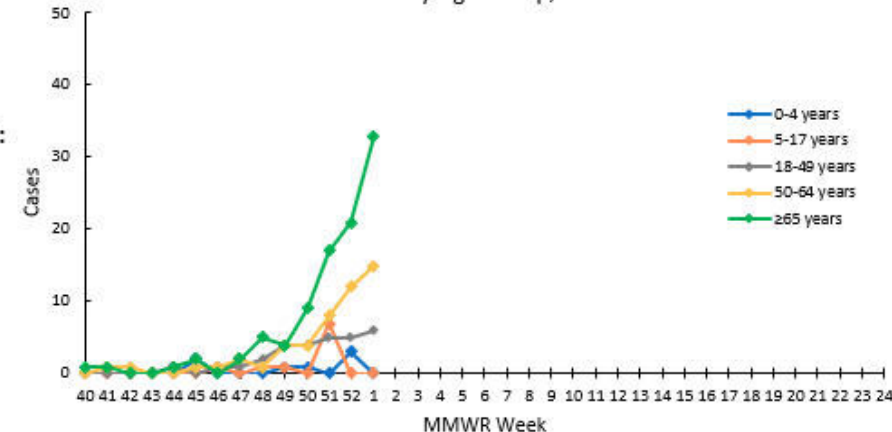
# of Sites & Hospitalizations by Region during this time period:

Region	C	N	SE	SW	Total
Reporting Sites	3	3	1	6	13
Hospitalizations	11	10	8	25	54

# of ISHN Hospitalizations reported by Region

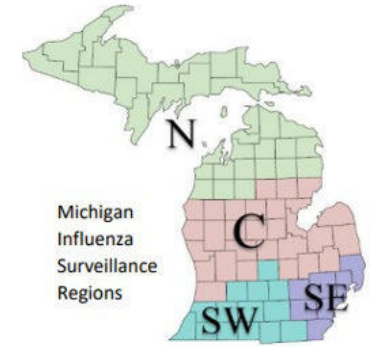
Age Group	C	N	SE	SW	Total
0-4	0	0	0	7	7
5-17	0	0	0	10	10
18-49	3	1	6	19	29
50-64	6	7	6	31	50
65+	17	20	10	49	96
Total	26	28	22	116	192

ISHN Cases by Age Group, 2023-2024



# MI Congregate Setting Influenza Outbreaks

Week Ending January 6, 2024

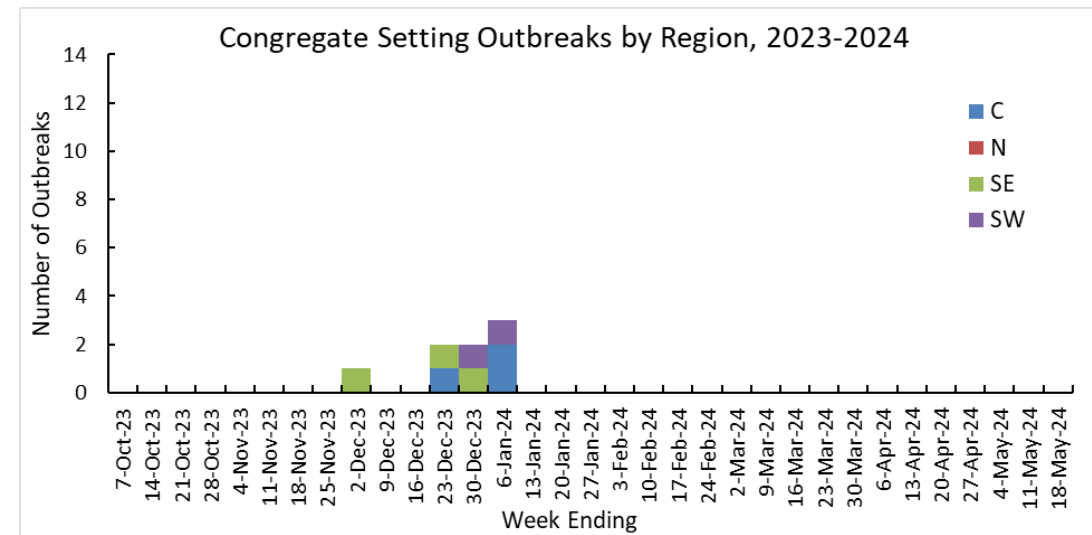


There were **3** (2C, 0N, 0SE, 1SW) influenza outbreaks reported to MDHHS during this time period. Influenza outbreaks for the 2023-2024 season are summarized below.

# of Influenza Outbreaks by Region

Facility Type	C	N	SE	SW	Total
Schools: K-12 & College	0	0	1	0	1
Long-term Care / Assisted Living Facility	3	0	2	1	6
Healthcare Facility	0	0	0	0	0
Daycare	0	0	0	0	0
Homeless Shelter	0	0	0	0	0
Correctional Facility	0	0	0	1	1
Other	0	0	0	0	0
<b>Total</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>2</b>	<b>8</b>

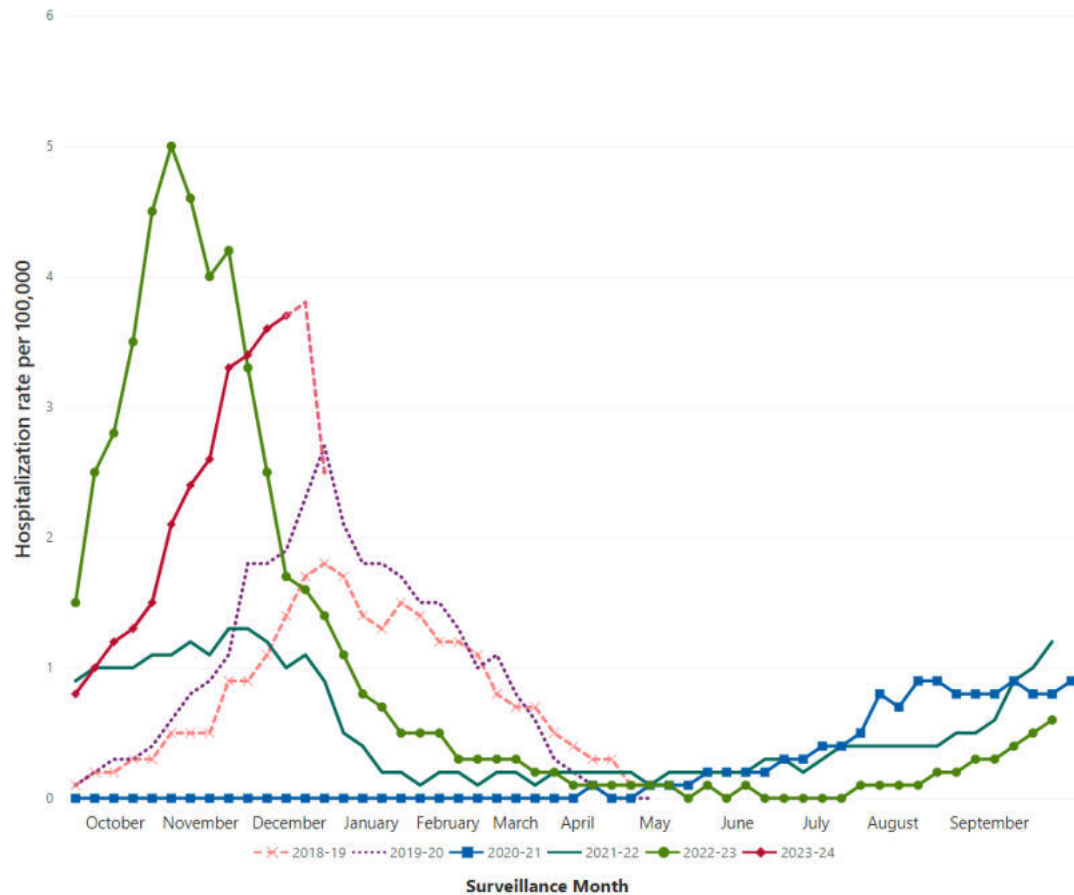
Note: Data are reported on laboratory confirmed influenza outbreaks. Non-flu, non-COVID outbreaks and ILI outbreaks without confirmatory flu testing are not reported in the table and graph. **Mixed outbreaks with confirmed flu (including COVID) will be included in the table and graph.** There were 0 mixed outbreaks reported during this time period.



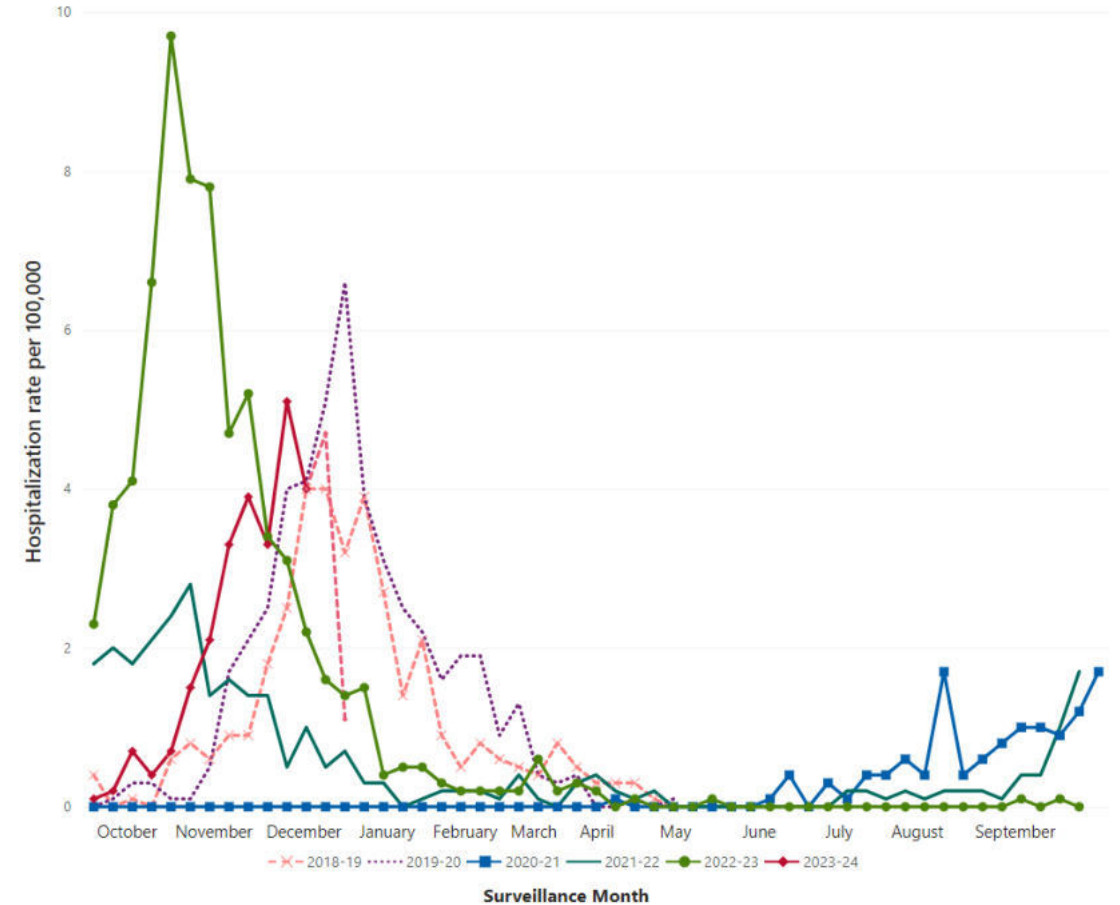
- Three new influenza outbreaks (2C, 0N, 0SE, 1SW) have been reported, putting the total to 8 influenza outbreaks so far this season.



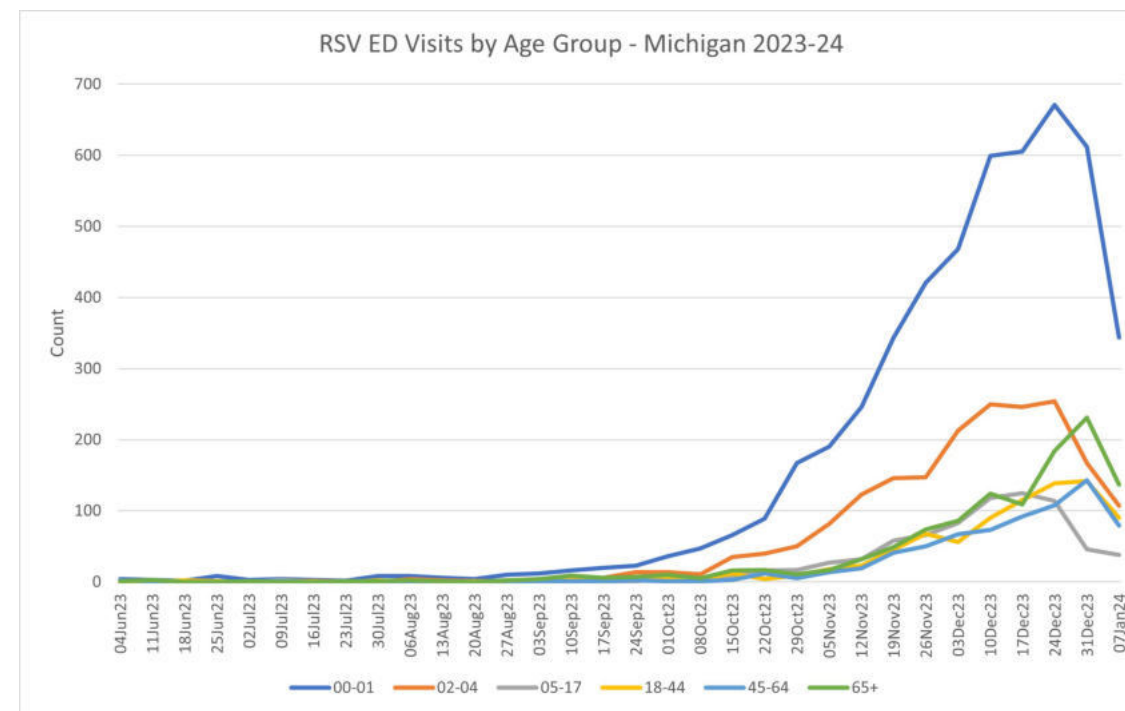
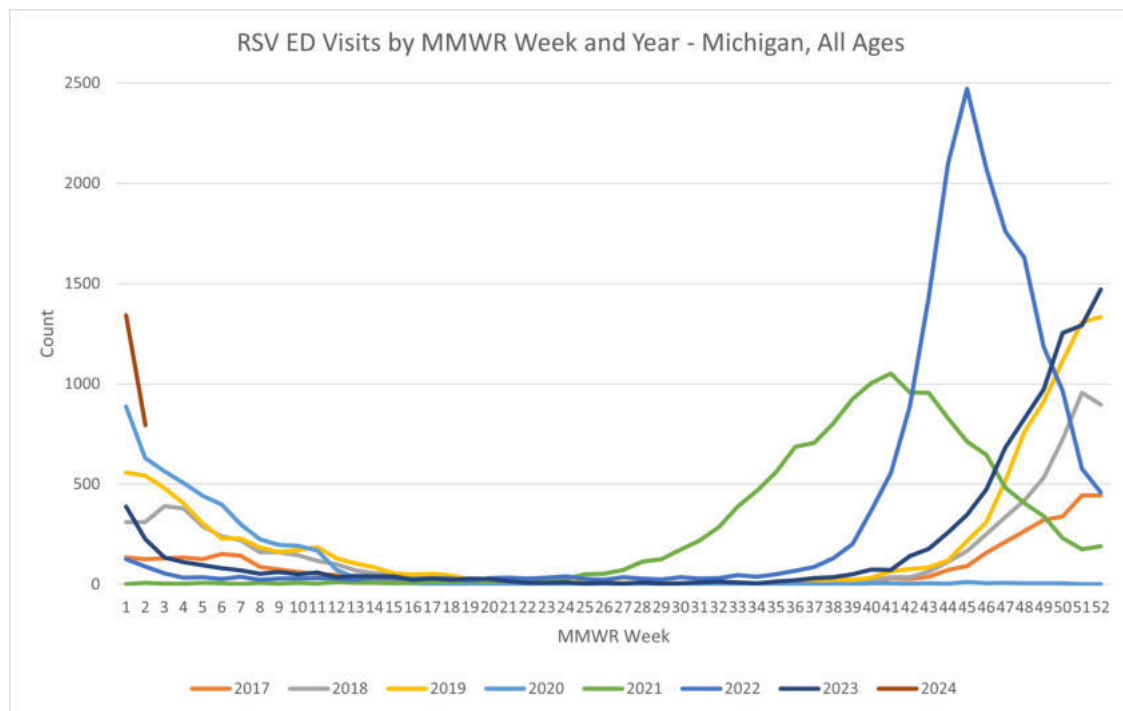
### National Weekly Rates of RSV-Associated Hospitalization by Season



### Michigan Weekly Rates of RSV-Associated Hospitalization by Season



- **Nationally, RSV hospitalizations were increasing as of the week ending 12/30. In Michigan, an increase in cases was seen the week ending 12/30 after a decline the week prior.**
- **For the week ending 1/6, rates declined to 2.5 nationally and 1.1 in Michigan but may change due to reporting delays around the holiday.**



- RSV activity continues to be high but has peaked and is declining according to visits to Emergency Departments (ED).
- ED visits for RSV are elevated for all age groups but are particularly high for those 0-1 years of age.



Summer 2023

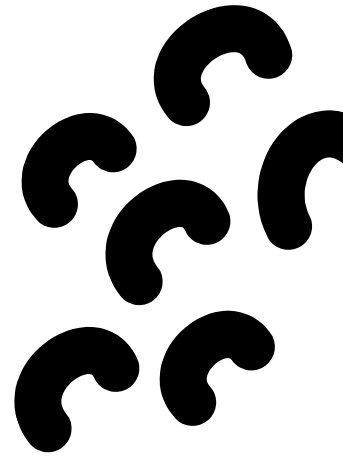


# Resources for Those New to Public Health

Compiled by the

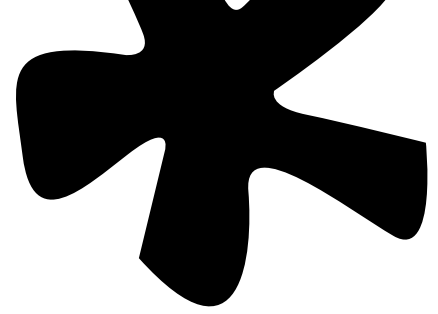
**Michigan Association for Local Public Health**

# Table of Contents



Welcome & Introduction	3
Public Health 3.0	4
The Ten Essential Services	5
Michigan's Public Health Structure	6
Local Public Health Standards	7
Local Public Health Required Services	8
Social Determinants of Health	9
Health Equity	10
Communications in Public Health	11
MALPH	12
Resources	13

# Welcome



to local public health! This document is meant to get you started on the basic principles and tenets of public health in Michigan. Local public health is the backbone to the United States' public health system, working on the frontlines of clean water, emergency preparedness and response, disease control, and much more.

The cohort of public health promotes and protects the health of those in their community and maintains an environment in which people can be healthy. Public health as a whole looks to promote wellness by intervening "upstream" against causes of illness, but also being prepared to serve their communities in the event of an emergency or outbreak.

This guide is meant to be a *first step* to get you started in local public health. The **Resources** page (p 13) is there for references, further reading, and to serve as a place to find data and rules to inform programs. Updated in 2023, we also recommend referring to the Michigan Local Public Health Accreditation Program's **Guide to Public Health for Local Governing Entities** (linked on p 7) for another overview of local public health in the state.

Thank you for choosing local public health!

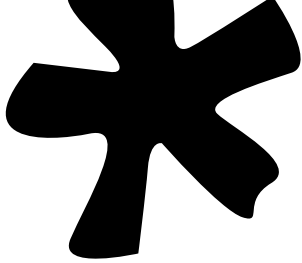
## Michigan Association for Local Public Health

Norm Hess, MSA, CPH  
Executive Director

Jodie Shaver, MPA, GMS  
Director of Member Services

Gwen Tithof, MPH  
Project Coordinator





# Public Health 3.0

is a paradigm for public health that builds upon the success of previous public health efforts and emphasizes collaboration within local communities. First introduced in 2016-17, Public Health 3.0 is based on **health equity** and the **Social Determinants of Health (SDoH)** (see more on p 8 - 9), and builds upon two centuries' worth of public health work in America.

PH 3.0 recommends that local public agencies become Chief Health Strategists in their communities, working with community organizations and residents to address SDoH upstream: the goal is healthy and safe communities in which every person has the opportunity for wellness.



## Public Health 3.0 Timeline

Source: US Department of Health and Human Services, Office of the Assistant Secretary for Health

## Public Health's Evolution

Public Health 1.0 began with the expansion of public health strategy and science in the late 1800s. Public Health 2.0, the next movement, focused on traditional agency roles in public health and encompassed the 1988 Institute of Medicine's (IOM) *The Future of Public Health Report*. Public Health 3.0 began post-Great Recession and the passage of the Affordable Care Act, and includes the 2012 IOM *For the Public's Health Reports*.

### Resources: Public Health 3.0

- [Public Health 3.0: A Call to Action for Public Health to Meet the Challenges of the 21st Century](#)
- [NACCHO: Public Health 3.0 Issue Brief](#)
- [Ohio University: How the US Public Health System Works](#) infographic

# The Framework

at the core of modern public health is the **Ten Essential Services** (below); it creates the contemporary model for public health services. In September 2020, a revised version of the Ten Essential Public Health Services framework was released, based on the work of a taskforce convened by the Public Health National Center for Innovations (PHNCI) and the de Beaumont Foundation.

## Resources: The Basics of Public Health

- [APHA: What is Public Health?](#)
- [APHA: Public Health Fact Sheet](#)
- [Foundational Values for Public Health by Lisa Lee and Christina Zarowsky](#)
- [Crash Course on YouTube: Public Health](#)
- The [Ten Essential Services](#) explained
- [US Centers for Disease Control and Prevention: PH 101](#)



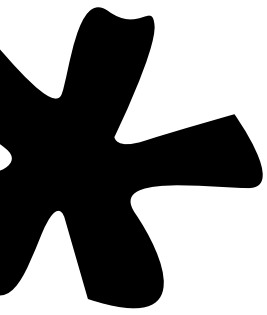
*This version emphasizes that all people should have a "fair and just opportunity to achieve optimal health and wellbeing." Public health works toward this by actively promoting and implementing policies and systems that remove systemic barriers to health equity.*

In the US, the Ten Essential Services are grouped into three major process categories:

- **Assessment** — the mechanism to determine the effectiveness of the system and its programs
- **Assurance** — activities that address whether people's health needs are being safely and effectively met; this includes regulation, health education, and direct services
- **Policy development** — the development of goals, standards, and priorities for health services

Access the Public Health National Center for Innovations' (PHNCI) 2020 Ten Essential Services toolkit [here](#).



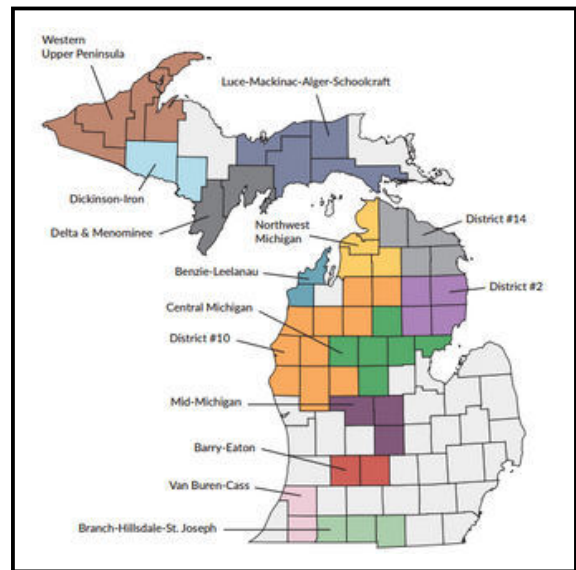


# Michigan's Public Health Structure

is largely decentralized. The state's 83 counties are covered by 45 health departments; some local health departments are single-county and some are multi-county (known as *district*) health departments. As of 2023, the City of Detroit has the only single-city health department. Each health department is part of its local respective government and considered separate from the state and the state Department of Health and Human Services (MDHHS).

## Health Officers

Each local health department in Michigan is led by a health officer, a position that requires specific qualifications and approval from MDHHS. They are the administrative head of their health department, and in select cases, qualified health officers also serve as medical director. Health officers have the authority to declare public health emergencies, as well as to take other measures to protect public health.



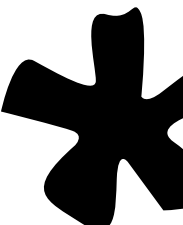
The local health departments of Michigan: single-county health departments are represented in light gray.

Common activities (as referenced in sections of the Public Health Code) performed by health officers include:

- Planning, implementing, and evaluating public health programs designed to prevent disease and promote health
- Directly performing or delegating the duties assigned to the local health department
- Issuing emergency orders to control an outbreak or epidemic
- Ordering an autopsy when of interest to public health

## Medical Directors

The medical director for the health department is a licensed physician; the position may have other requirements depending on the health department. Medical directors oversee the development and standards of medical care, advise the health officer in medical policy, and provide medical direction to the health department's staff.



Visit the MALPH LHD Directory [here](#).



# Local Public Health Standards

vary across regions and states, but in 2005, the National Association of County and City Health Officials (NACCHO) developed a document outlining universal standards for a functioning local health department. The ten core elements NACCHO defined as the evidence of a functioning local health department align with the Ten Essential Public Health Services and are listed below:

- monitor health status and understand health issues facing the community
- protect people from health problems and health hazards
- give people the information they need to make healthy choices
- engage the community to identify and solve health problems
- develop public health policies and plans
- enforce public health laws and regulations
- help people receive health services
- maintain a competent public health workforce
- evaluate and improve programs and interventions
- contribute to and apply the evidence base of public health

Find the full version of the NACCHO *Operational Definition of a Functioning Local Health Department* booklet [here](#).

## Accreditation

Michigan's local health departments are accredited by the Michigan Local Public Health Accreditation Program, which is overseen by MDHHS. Through the three-step accreditation process, local health departments are evaluated on their ability to meet program requirements.

## Local Public Health Structure, Responsibilities, and Accreditation

The State of Michigan DHHS updated their *Guide to Public Health for Local Governing Entities* in 2023. It serves to give members of local government and local public health a guide on public health in Michigan and the responsibilities of a local health department and its health officer. Find it [here](#).



# Local Public Health Required Services

are enumerated through the state government by the Michigan Constitution and Public Health Code (Act 368 of 1978); these act in conjunction to give local health its mandates and powers. The core of these duties is referred to as the Essential Local Public Health Services (ELPHS) (listed below), although other services are required of local public health through a matrix of federal and state statutes, administrative rules, federally-identified needs and funding, and community health needs.

It is also important to note that certain public health activities are shared by and conducted in coordination with other agencies:

- Food protection is conducted in conjunction with the Michigan Department of Agriculture and Rural Development (MDARD)
- Water supply and sewage management services are conducted with the Michigan Department of Environment, Great Lakes, and Energy (EGLE)

## Essential Local Public Health Services

**Food protection**  
**Public and private water supply**  
**Immunization**  
**Infectious disease control**

**Onsite sewage management**  
**Hearing screening**  
**Vision services**  
**STI control & prevention**

## Other Required LPH Programs:

- Tuberculosis control
- HIV/AIDS-related services
- Serving as an emergency management hub
- Family planning services and prenatal care
- General health education
- Nutrition services and WIC administration
- Public swimming pool inspections
- Campground inspection

Find the Michigan Public Health Code [here](#).

Muskegon County houses a list of the laws applicable to public health for LHDs on [this site](#).

# Social Determinants of Health

are - as defined by the World Health Organization - are **non-medical factors that affect health outcomes**. These are a wide range of factors, but social determinants of health (SDoH) can be considered the conditions in which people are born, develop, work, and live, which in turn are all affected by the systems that shape a person's daily life, like economic policies, political systems, and social norms. Some of the dominant SDoH in the US are represented below. (The acronym SDoH can also refer to *social drivers of health*, which emphasizes that these factors can be overcome and changed.)

SDoH have an important, inextricable impact on health. Some studies suggest that SDoH can account for up to 50% of health outcomes. Life expectancy and healthy life expectancy have both increased across the world, but those gains have been made unequally. Significant gaps remain between those who have the best and worst health, and those gaps remain due to continuing inequitable structures. Using SDoH as a framework can help public health strengthen commitment to health equity and counter the systems that contribute to poorer health.

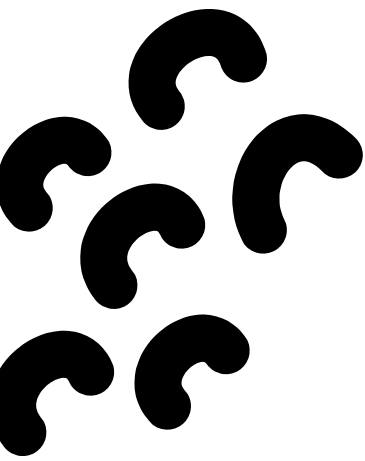
## Sustainable Development Goals

The SDGs were adopted by the United Nations in 2015 and are a call to action for global partnership in strategies to improve health, education, economic growth, and other development. The 17 SDGs are listed [here](#).



## Healthy People 2030

HP 2030 is the fifth iteration of an initiative that began in 1979 under the Surgeon General. It has its own framework for healthy living and several dozen objectives for national progress on health metrics. Read more about them [here](#).



# Health Equity

is the state in which every individual has an equal opportunity to live their **healthiest life possible**, according to Tulane University. Achieving health equity involves examining inequalities in health and healthcare, as well as those inequalities' roots in systems.

SDoH and health equity are intertwined concepts: many of the factors that are considered SDoH also contribute to health inequity, like race, sexual and gender identities, occupation, housing status, geography, and education level. In many cases, government, healthcare, and/or public health structures can perpetuate health disparities through historical and entrenched discrimination. Incorporating an equity framework into local public health programming is essential in order to remove barriers to health and care for all clients.

## Health Disparities

*preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations*

Resource for this definition and further reading found [here](#).

## Cultural Humility

Cultural humility, an expansion of **cultural competence**, is an approach to care in which people recognize and address their unconscious biases and view each interaction as an opportunity to create a shared understanding between two worldviews. Click [here](#) for further reading.

## Resources: Equity

- [AAFP: Cultural Humility](#)
- [Cultural Humility YouTube video](#)
- [TEDx Talk by Juiana Mosley: Cultural Humility](#)
- [CAP: Communities of Color and Environmental Justice](#)
- [NACHC: Using "Social Drivers"](#)
- [Tulane University: Why Racism Is a Public Health Issue](#)
- [APHA: Health Equity](#)
- [APHA: Advancing Health Equity factsheet](#)
- [AJPH: Four Levels of Racism](#)



# Communications in Public Health

is paramount in order to be able to serve our communities. The people that local health departments in Michigan serve are best able to achieve wellbeing and access client services when they understand their own health and the programs their health department is offering.

Effective communications are also necessary to influence policymakers, deliver calls to action, and establish trust in times of crisis. Through effective communications, local health departments can promote their value to their communities, inspire behavioral change, promote health and wellness, and build relationships.

## Plain Language

It is recommended that communications meant to be consumed by the public be written in plain language and simple formatting, so that the reader can find what they need, understand what they find, and use it. For the general public, it is recommended to avoid writing for above a middle-school reading level.

When creating a document for the public: **write for your audience**, focus on what your audience wants to know, and guide them through that information. Other tips from the General Services Administration:

- Try to use conversational language.
- Write short sentences, with only one idea in each sentence.
- Write short sections with useful headings.
- Design for reading when choosing typeface, headings, and color schemes.

**Translation** is an essential component of outreach and program success. To find the most common non-English languages in your community, visit [lep.gov](http://lep.gov).

## Resources: Comms

- GSA: [plainlanguage.gov](http://plainlanguage.gov)
- Inter-Tribal Council of Michigan: [Lesson in Health Communications presentation](#)
- Ohio University: [Social Media in Government infographic](#)
- CDC / NPIN: [Health Communications Strategies and Resources](#)
- MALPH: [Communications Trainings \(2022\) resources](#)
- [Michigan Translator Resource List \(2018\)](#)
- [Limited English Proficiency \(lep.gov\) data and mapping tool](#)

# MALPH

is the Michigan Association for Local Public Health, a non-profit state association founded in 1985 to represent and serve Michigan's city, county, and district health departments. Our membership consists of Michigan's 45 health departments, and our offices are headquartered in Lansing, MI.

The founders of MALPH originally established MALPH to serve as a unified voice for local health departments. We function in advocacy, as a liaison to state and national agencies, as a resource for our members, and as a home for our public health professional forums.

## MALPH's Mission

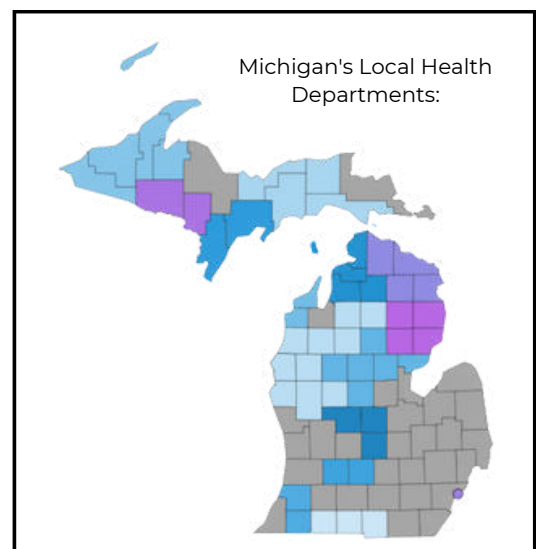
*to strengthen Michigan's system of local public health departments and local governing boards to promote, protect, and advocate improving the health of Michigan's people and their communities*

## Forums

One of MALPH's core functions is to ensure that public health professionals across health departments can correspond and share best practices. In order to coordinate between already-existing organizations, MALPH's structure includes these forums:

- Administrative officers
- Management information systems (MIS) professionals
- Environmental health directors
- Nurse administrators
- Public health physicians
- Public information officers and health educators

In addition to the forums, MALPH also hosts email listservs, keeps resource hubs on its website, and is a primary committee member for the annual Michigan Premier Public Health Conference.



## Resources: MALPH

- [MALPH Local Health Department directory](#)
- [MI Manual for Public Health Leaders](#)
- [MALPH latest news & events](#)
- Other resources on the MALPH website require log-in credentials

# Resources

<b>STATE AGENCIES</b>	<ul style="list-style-type: none"> <li><a href="#"><u>Michigan Department of Health and Human Services (MDHHS)</u></a></li> <li><a href="#"><u>Michigan Department of Agriculture and Rural Development (MDARD)</u></a></li> <li><a href="#"><u>Michigan Department of Environment, Great Lakes, and Energy (EGLE)</u></a></li> <li><a href="#"><u>Michigan Department of License and Regulatory Affairs (LARA)</u></a></li> <li><a href="#"><u>Michigan Local Public Health Accreditation Program</u></a></li> <li><a href="#"><u>Center for Medicare and Medicaid Services</u></a></li> </ul>
<b>FEDERAL &amp; GLOBAL</b>	<ul style="list-style-type: none"> <li><a href="#"><u>US Centers for Disease Control and Prevention (CDC)</u></a></li> <li><a href="#"><u>US Food and Drug Administration (FDA)</u></a></li> <li><a href="#"><u>US Environmental Protection Agency (EPA)</u></a></li> <li><a href="#"><u>USDA Food and Nutrition Service</u></a></li> <li><a href="#"><u>National Institutes of Health (NIH)</u></a></li> <li><a href="#"><u>World Health Organization (WHO)</u></a></li> <li><a href="#"><u>Global Health Council</u></a></li> </ul>
<b>TRAINING &amp; TOOLS</b>	<ul style="list-style-type: none"> <li><a href="#"><u>Public Health Center for National Innovations (PHCNI)</u></a></li> <li><a href="#"><u>Network for Public Health Law (NPHL)</u></a></li> <li><a href="#"><u>Region V Public Health Training Center (RVPHTC)</u></a></li> <li><a href="#"><u>Frameworks Institute Toolkits</u></a></li> <li><a href="#"><u>PHRASES</u></a>, from the de Beaumont Foundation</li> </ul>
<b>ASSOCIATIONS &amp; ORGS</b>	<ul style="list-style-type: none"> <li><a href="#"><u>Michigan Association for Local Public Health (MALPH)</u></a></li> <li><a href="#"><u>Michigan Public Health Institute (MPHI)</u></a></li> <li><a href="#"><u>American Public Health Association (APHA)</u></a></li> <li><a href="#"><u>Michigan Public Health Association (MPHA)</u></a></li> <li><a href="#"><u>National Association of County and City Health Officials (NACCHO)</u></a></li> <li><a href="#"><u>Association of State and Territorial Health Officials (ASTHO)</u></a></li> <li><a href="#"><u>Inter-Tribal Council of Michigan</u></a></li> <li><a href="#"><u>American Journal of Public Health (AJPH)</u></a></li> <li><a href="#"><u>Michigan Association of Counties (MAC)</u></a></li> </ul>
<b>DATA SOURCES</b>	<ul style="list-style-type: none"> <li><a href="#"><u>US Census data</u></a></li> <li><a href="#"><u>Michigan BRFSS data</u></a></li> <li><a href="#"><u>Michigan PRAMS data</u></a></li> <li><a href="#"><u>Michigan Overdose Data and Dashboard</u></a></li> <li><a href="#"><u>Michigan Profile for Health Youth (MiPHY)</u></a></li> <li><a href="#"><u>County Health Rankings</u></a></li> <li><a href="#"><u>Congressional District Health Dashboard (RWJ Foundation)</u></a></li> </ul>



## **MEDICAL DIRECTOR'S REPORT**

**JANUARY 2024**

1. Watching numbers of communicable diseases.
2. Director and Administrator meetings, in person and zoom.
3. Meetings via zoom and teleconference with several associations.
4. Continuing with Supervisor class.
5. Spring class Diversity in Healthcare begins February 1, 2024.
6. Several meetings regarding vaccinations, labs, etc. for immigrants in Coldwater community.
7. Appointments with 4 latent TB patients. Also treating one active TB patient.
8. Latest issue of News and Views last week. Asking for input to establish a monthly discussion with local providers.



## WELLNESS

<https://globalwellnessinstitute.org/what-is-wellness/>



- **Physical:** Nourishing a healthy body through exercise, nutrition, sleep, etc.
- **Mental:** Engaging the world through learning, problem-solving, creativity, etc.
- **Emotional:** Being aware of, accepting and expressing our feelings, and understanding the feelings of others.
- **Spiritual:** Searching for meaning and higher purpose in human existence.
- **Social:** Connecting and engaging with others and our communities in meaningful ways.
- **Environmental:** Fostering positive interrelationships between planetary health and human actions, choices and wellbeing.

**Branch-Hillsdale-St. Joseph Community Health Agency  
Environmental Public Health Services  
Report for the January 25, 2024 Board of Health Meeting  
Prepared by Paul Andriacchi R.E.H.S, Director of Environmental Health**

**Staffing**

With the BOH approval of new positions for EH during the last meeting, we have been working to fill those positions. One of the new positions created was for another EH supervisor for the general sanitarian staff. We filled that position internally and have promoted James Young. James has worked with the agency for 15+ years as a general program sanitarian and senior sanitarian in Hillsdale County. James has a wealth of knowledge related to the general sanitarian programs and I am very pleased to have him step up to this supervisory role.

With James taking the supervisor role, it created an opening for his sanitarian position in Hillsdale. I am happy to report that we have interviewed and made a contingent offer for this position and are awaiting completion of the pre-employment process to make that hire official. This leaves us with one more open position. The other new position is for a sanitarian that will work in both St. Joseph and Branch County, and we are still looking for qualified candidates to fill that position. We hope to have that position filled soon so we can begin training during the slower time of year.

**Other Programs**

The Type I water supply for the Countryside Mobile Home Court in Branch County has tested positive for PFAS chemicals and has been working with EGLE and MDHHS on the matter. All Type I supplies in Michigan are regulated by the state (EGLE) and not local health. Our agency was contacted by MDHHS to see if we would be interested in testing some of the wells in the area around the Mobile Home Court for PFAS. My response was that we would be interested if the state would compensate us for doing the work as they similarly do with our long-term monitoring sites. Unfortunately, they will not compensate us for that work so will be testing the wells with staff from their own agency. They have identified 5 homes in the immediate area surrounding the Mobile Home Court that will be sampled. A timeline has not yet been set for testing but I will report results when they are made available to me.

I was recently contacted by a family in Mendon experiencing some health issues that they believed to be associated with the PFAS site at the Lear Siegler plant. I contacted EGLE and MDHHS with their concerns and they plan on doing an investigation and sampling for PFAS and possibly other contaminants in the area. When the initial investigation for this site was done in 2020, all but one of the positive PFAS samples were from wells within the Village of Mendon. All of those wells were connected to the municipal water system. The single well that wasn't connected was outside of the village limits and was supplied with a filter system. The well at the home for the concerned family was tested in 2020 as part of the investigation but had no detections for PFAS at that time. I currently don't have a timetable for the start of the investigation/sampling but again I will pass that information along when it is available.

## EH Service Statistics Report

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

**ENVIRONMENTAL HEALTH SERVICE REPORT    2023/2024**

	DECEMBER				YTD 2023/2024				YTD 2022/2023			
	BR	HD	SJ	TOTAL	BR	HD	SJ	TOTAL	BR	HD	SJ	TOTAL
<b>WELL/SEWAGE SYSTEM EVAL.</b>	-	-	-	-	-	-	1	1	1	-	-	1
<b>CHANGE OF USE EVALUATIONS - FIELD</b>	2	2	5	9	9	16	15	40	5	14	17	36
<b>CHANGE OF USE EVALUATIONS - OFFICE</b>	3	-	4	7	12	3	22	37	14	7	18	39
<b>ON-SITE SEWAGE DISPOSAL</b>												
PERMITS NEW CONSTRUCTION	1	6	3	10	13	15	23	51	12	14	17	43
REPAIR/REPLACEMENT	5	3	8	16	15	14	30	59	11	11	16	38
VACANT LAND EVALUATION	-	1	-	1	6	9	3	18	2	2	4	8
PERMITS DENIED	-	-	-	-	-	-	-	-	-	-	-	-
<b>TOTAL</b>	<b>6</b>	<b>10</b>	<b>11</b>	<b>27</b>	<b>36</b>	<b>38</b>	<b>56</b>	<b>128</b>	<b>25</b>	<b>27</b>	<b>37</b>	<b>89</b>
<b>SEWAGE PERMITS INSPECTED</b>	10	13	10	33	27	40	57	124	34	53	51	138
<b>WELL PERMITS ISSUED</b>	10	8	13	31	42	32	55	129	41	27	44	112
<b>WELL PERMITS INSPECTED</b>	16	24	20	60	32	65	80	177	39	27	51	117
<b>FOOD SERVICE INSPECTION</b>												
ROUTINE	23	17	14	54	58	70	92	220	52	44	81	177
NEW OWNER / NEW ESTABLISHMENT	1	2	1	4	1	4	6	11	2	2	6	10
FOLLOW-UP INSPECTION	1	-	1	2	3	5	3	11	5	1	4	10
TEMPORARY	2	2	4	8	4	6	20	30	2	2	4	8
MOBILE, STFU	1	-	2	3	8	9	14	31	5	6	-	11
PLAN REVIEW APPLICATIONS	-	-	2	2	2	-	3	5	-	2	4	6
FOOD COMPLAINTS RECEIVED	-	1	-	1	1	4	1	6	7	4	3	14
FOODBORNE ILLNESS INVESTIGATED	-	-	-	-	1	3	1	5	-	-	-	-
<b>FOOD CLASSES</b>												
MANAGEMENT CERTIFICATION CLASS	n/a	n/a	n/a	-	-	-	-	-	22	16	19	57
<b>CAMPGROUND INSPECTION</b>	-	-	-	-	-	-	-	-	-	-	-	-
<b>NON-COMM WATER SUPPLY INSP.</b>	-	1	1	2	2	1	9	12	3	-	-	3
<b>SWIMMING POOL INSPECTION</b>	-	4	-	4	-	4	-	4	9	5	-	14
<b>PROPOSED SUBDIVISION REVIEW</b>	-	-	-	-	-	-	-	-	-	-	-	-
<b>SEPTIC TANK CLEANER</b>	-	-	-	-	-	-	-	-	-	1	-	1
<b>DHS LICENSED FACILITY INSP.</b>	-	-	1	1	2	5	3	10	2	8	3	13
<b>COMPLAINT INVESTIGATIONS</b>	1	-	-	1	1	2	-	3	11	5	4	20
<b>LONG TERM MONITORING</b>	-	-	-	-	-	-	-	-	-	-	14	14
<b>BODY ART FACILITY INSPECTIONS</b>	-	-	-	-	2	-	-	2	-	-	-	-



570 Marshall Road  
Coldwater, MI 49036  
(517) 279 - 9561 ext. 106

20 Care Drive  
Hillsdale, MI 49242  
(517) 437 - 7395 ext. 311

1110 Hill Street  
Three Rivers, MI 49093  
(269) 273 - 2161 ext. 233

## Inspection Type Count By County

For Date Range: 12/01/2023 - 12/31/2023

County	Inspection Type / Reason	Count
<b>Branch County</b>		
<u>Food Safety</u>		
	Consultation - Plan Review Consultation	1
	Risk Based Inspection - Follow-up	1
	Risk Based Inspection - Routine	23
	STFU Inspection - Routine	1
	STFU Pre-Opening - Pre-Opening	1
	Temporary Food Inspection - Routine	2
	<b>Total # of Food Safety inspections - Branch County</b>	<b>29</b>
<b>Hillsdale County</b>		
<u>Food Safety</u>		
	Non Foodborne Illness Complaint - Initial	1
	Pre-Opening - Pre-Opening	2
	Risk Based Inspection - Routine	17
	Temporary Food Inspection - Routine	2
	<b>Total # of Food Safety inspections - Hillsdale County</b>	<b>22</b>
<b>St. Joseph County</b>		
<u>Food Safety</u>		
	Pre-Opening - Pre-Opening	1
	Progress Note - New Inspection Reason	1
	Risk Based Inspection - Follow-up	1
	Risk Based Inspection - Routine	14

## Inspection Type Count By County

For Date Range: 12/01/2023 - 12/31/2023

County	Inspection Type / Reason	Count
	STFU Inspection - Routine	2
	Temporary Food Inspection - Routine	4
	<b>Total # of Food Safety inspections - St. Joseph County</b>	<b>23</b>
	<u><b>Total # of inspections - All counties</b></u>	<u><b>74</b></u>



570 Marshall Road  
Coldwater, MI 49036  
(517) 279 - 9561 ext. 106

20 Care Drive  
Hillsdale, MI 49242  
(517) 437 - 7395 ext. 311

1110 Hill Street  
Three Rivers, MI 49093  
(269) 273 - 2161 ext. 233

## Food Establishment Inspection Report by Facility Name

For Date Range: 12/01/2023 - 12/31/2023 and food Program

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
9th Street Methodist Church	Three Rivers	12/04/2023	Temporary Food Inspection - Routine	0	0	0	0
ADDISON GUN CLUB	SOMERSET TWP	12/19/2023	Risk Based Inspection - Routine	0	0	0	0
ADVENTURE ZONE, INC	COLDWATER	12/07/2023	Risk Based Inspection - Routine	0	0	0	1
Ambassador's for Christ Church		12/20/2023	Progress Note - New Inspection Reason	0	0	0	0
American Axel Manufacturing	Three Rivers	12/28/2023	Pre-Opening - Pre-Opening	0	0	0	0
Applebee's #8399	Three Rivers	12/06/2023	Risk Based Inspection - Routine	1	0	1	2
Arby's # 5968	Three Rivers	12/07/2023	Risk Based Inspection - Routine	0	0	0	0
BUNDY HILL DINER LLC	Jerome	12/13/2023	Risk Based Inspection - Routine	0	0	0	0
CHINA 1	COLDWATER	12/19/2023	Risk Based Inspection - Routine	0	1	1	2
Clemens Food Group LLC	COLDWATER	12/04/2023	Risk Based Inspection - Routine	0	0	0	2
COLDWATER BROADWAY GRILLE	COLDWATER	12/21/2023	Risk Based Inspection - Follow-up	0	0	0	0
COLDWATER HAMPTON INN/FOOD	COLDWATER	12/12/2023	Risk Based Inspection - Routine	0	0	0	1
COLDWATER UNITED METHODIST CHURCH	COLDWATER	12/07/2023	Risk Based Inspection - Routine	0	0	0	0
COMMERCIAL SPORTS BAR	COLDWATER	12/18/2023	Risk Based Inspection - Routine	0	0	0	0

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
EL CERRITO	HILLSDALE	12/07/2023	Risk Based Inspection - Routine	1	0	1	1
EL CERRITO MEXICAN RESTAURANT	COLDWATER	12/21/2023	Risk Based Inspection - Routine	0	1	1	2
El Cunado Mexican Cuisine 2	Coldwater	12/20/2023	STFU Inspection - Routine	0	0	0	0
Farrand Hall Event Center	Colon	12/01/2023	Risk Based Inspection - Routine	0	0	0	0
FIRST BAPTIST CHURCH	COLDWATER	12/07/2023	Risk Based Inspection - Routine	0	1	1	0
FIRST UNITED METHODIST CHURCH	HILLSDALE	12/06/2023	Risk Based Inspection - Routine	0	0	0	0
Five Lakes Coffee	Sturgis	12/18/2023	Risk Based Inspection - Routine	0	0	0	1
FIVE STAR PIZZA	BRONSON	12/18/2023	Risk Based Inspection - Routine	0	0	0	0
FRATERNAL ORDER OF EAGLES #1907	COLDWATER	12/20/2023	Risk Based Inspection - Routine	0	0	0	0
Freakin' Sweets	Sturgis	12/18/2023	Risk Based Inspection - Routine	0	1	1	1
Gambler's Golf & Grill	Litchfield	12/21/2023	Risk Based Inspection - Routine	0	0	0	2
GREAT LAKES HEALTH & FITNESS	COLDWATER	12/19/2023	Risk Based Inspection - Routine	0	0	0	0
HILLSDALE FREE METHODIST CHURCH	HILLSDALE	12/19/2023	Risk Based Inspection - Routine	0	0	0	0
Hillsdale High School Band	Hillsdale	12/04/2023	Temporary Food Inspection - Routine	0	0	0	0
HILLSDALE HOSPITAL	HILLSDALE	12/11/2023	Risk Based Inspection - Routine	0	0	0	1
Hillsdale Lunchbox	Hillsdale	12/01/2023	Pre-Opening - Pre-Opening	0	0	0	0
Holiday Inn Express & Suites / Food	COLDWATER	12/12/2023	Risk Based Inspection - Routine	1	1	2	1
Homestead Cinnamon Rolls	Colon	12/15/2023	STFU Inspection - Routine	0	0	0	0
Jack's Grocery	Union City	12/08/2023	Temporary Food Inspection - Routine	0	0	0	0
Jack's Grocery	Union City	12/21/2023	Temporary Food Inspection - Routine	0	0	0	0
JEANNIE'S DINER	COLDWATER	12/14/2023	Risk Based Inspection - Routine	1	0	1	1
Jimmy John's #3994	Three Rivers	12/07/2023	Risk Based Inspection - Routine	0	1	0	0
Jimmy John's #3994	Three Rivers	12/11/2023	Risk Based Inspection - Follow-up	0	0	0	0
JONESVILLE FIRST PRESBYTERIAN CHURCH	JONESVILLE	12/01/2023	Risk Based Inspection - Routine	0	0	0	0
Kick'n Kountry	Coldwater	12/18/2023	Risk Based Inspection - Routine	0	1	1	1
Kimball Camp YMCA Nature Center	Reading	12/27/2023	Risk Based Inspection - Routine	0	0	0	0
LIFESONG COMMUNITY CHURCH	OSSEO	12/07/2023	Risk Based Inspection - Routine	0	0	0	0



Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
Litchfield Fire Department	Litchfield	12/08/2023	Risk Based Inspection - Routine	0	0	0	0
LITCHFIELD-JONESVILLE LANES INC	Jonesville	12/15/2023	Risk Based Inspection - Routine	0	0	0	0
MANCINO'S OF COLDWATER	COLDWATER	12/08/2023	Risk Based Inspection - Routine	2	0	1	1
MOOSE LODGE #677	COLDWATER	12/20/2023	Risk Based Inspection - Routine	0	0	0	0
PREMIERE THEATRE/UNITED ENTERTAINMENT	Hillsdale	12/27/2023	Risk Based Inspection - Routine	1	0	1	1
Project Graduation	Three Rivers	12/18/2023	Temporary Food Inspection - Routine	0	0	0	0
Prop Blast Cafe	COLDWATER	12/20/2023	Risk Based Inspection - Routine	1	1	2	1
QUINCY UNITED METHODIST CHURCH	QUINCY	12/14/2023	Risk Based Inspection - Routine	0	0	0	0
Rollin' Smoke BBQ	Marcellus	12/18/2023	Temporary Food Inspection - Routine	0	0	0	0
Salem Church	Osseo	12/15/2023	Risk Based Inspection - Routine	0	0	0	0
Shawarma Station	Coldwater	12/13/2023	Consultation - Plan Review Consultation	0	0	0	0
Smitty's Pizza & Subs, LLC	Bronson	12/18/2023	Risk Based Inspection - Routine	0	0	0	1
SOMERSET CONGREGATIONAL CHURCH	SOMERSET	12/19/2023	Risk Based Inspection - Routine	0	0	0	0
SOUTH LANES	Three Rivers	12/08/2023	Risk Based Inspection - Routine	0	0	0	1
Spangler's Family Restaurant	Jonesville	12/11/2023	Risk Based Inspection - Routine	0	0	0	2
St. Paul's Lutheran Church	COLON	12/05/2023	Risk Based Inspection - Routine	0	0	0	0
Subway - Hillsdale	Hillsdale	12/11/2023	Non Foodborne Illness Complaint - Initial	0	0	0	0
The Chill Bean	CENTERVILLE	12/15/2023	Risk Based Inspection - Routine	0	0	0	0
The Dawn Theater	Hillsdale	12/08/2023	Risk Based Inspection - Routine	0	0	0	0
The Goodie Shop	COLDWATER	12/21/2023	Risk Based Inspection - Routine	0	1	1	2
The Parlor Ice Cream & Coffee		12/12/2023	Risk Based Inspection - Routine	1	0	1	2
The Stables	Quincy	12/05/2023	Risk Based Inspection - Routine	0	1	1	0
The Tavern	Quincy	12/11/2023	Risk Based Inspection - Routine	0	0	0	0
The Well AC	Hillsdale	12/01/2023	Pre-Opening - Pre-Opening	0	0	0	0
THREE RIVERS 6	Three Rivers	12/20/2023	Risk Based Inspection - Routine	0	0	0	1

<b>Name</b>	<b>Location</b>	<b>Date</b>	<b>Inspection Type/Reason</b>	<b># of P</b>	<b># of Pf</b>	<b>CDI</b>	<b># of C</b>
Tokyo Three Rivers Inc.	THREE RIVERS	12/08/2023	Risk Based Inspection - Routine	0	1	1	2
Two Burr Oak Girls		12/11/2023	Temporary Food Inspection - Routine	0	0	0	0
Weenie Kings 2	Three Rivers	12/05/2023	STFU Inspection - Routine	0	0	0	0
Wendy's #4574	Three Rivers	12/20/2023	Risk Based Inspection - Routine	0	0	0	0
Willow's Bar & Grill	Coldwater	12/07/2023	Risk Based Inspection - Routine	0	0	0	0
Wright-Waldron Fire & Ambulance	Waldron	12/04/2023	Temporary Food Inspection - Routine	0	0	0	0
YMCA CAMP EBERHART (Food)	Three Rivers	12/19/2023	Risk Based Inspection - Routine	1	1	2	0
Yoshis Food Truck	Coldwater	12/18/2023	STFU Pre-Opening - Pre-Opening	0	0	0	0
				<b>10</b>	<b>12</b>	<b>20</b>	<b>33</b>

#### Food Inspection Codes:

P-This indicates a priority violation which is a violation which includes a quantifiable measure to show control of hazards such as cooking, cooling, reheating and handwashing. It is in general terms a violation that can potentially lead directly to an illness.

Pf-This is a priority foundation violation which is a violation that supports a priority violation. For example, the lack of soap or towels at a handwash sink is a Pf. This supports the priority violation of not washing hands.

C-This is a core violation-This is an item the usually relates to general sanitation, operational controls and maintenance of facilities and equipment.



## Director's Report

---

### Enclosure:

1. Services to Victims of Elder Abuse 1<sup>st</sup> Q Report
- 

### Updates:

1. Services to Victims of Elder Abuse Program Updates
  - The team continues to focus on directly serving victims of abuse, neglect and exploitation. Their first quarter program report is enclosed. Slow, steady and an ideal time to take online training/webinars!
  - We've not heard a response on our mini-grant submission for the community awareness project honoring National Crime Victim's Rights Week...Stay tuned.
  - We've begun preparations for our Division of Victim Services contract review which will occur in April... Stay tuned.
2. The Branch County Commission on Aging Congregate Meal site request for Union City was approved by the ACLS Bureau. Though weather affected their start, they did open on Thursday, January 18th for a group of 12 participants. Feedback was very positive from the patrons as well as the Union City Senior Center staff. They are hoping the milder temperatures next week will lead to a larger turnout!
3. We would like to welcome Becky Shuler, RN, as our new Care Consultant! Becky has an acute care background and is quickly learning about our local aging network, our approach and our participants!
4. Our team has successfully completed our year end programmatic & financial reporting. FY2023 closeout w/ the Bureau is in process...
5. The Michigan Commission on Services to the Aging recently took action to extend the current three-year planning/contract cycle (FY2023-2025). As a result, our Multi Year Area Plan will now extend to FY 2026. The extension will align the State Plan on Aging with the networks' Plans creating more effective coordination between the ACLS Bureau and the AAAs. At the local level we are now able to extend our multi-year contracts for an additional year.
6. St. Joseph County Transportation Authority has recently requested some technical assistance regarding their grant contract. Their operations and service demand are changing. Leadership is considering to propose a contract amendment in order to streamline their operations while assuring transit service to older adults in St. Joe County. They are aware of the BOH committee process and may have materials prepared for Program, Policy and Appeals in February or March. Overall, they're not proposing any funding changes, just the scope of their service provision. We've emphasized preparing a strong rationale and thorough documentation to support the request. We will keep the Board apprised of their intent and next steps.



## Services to Victims of Elder Abuse Grant FY23-24 1st Quarter Report (St. Joseph County)

10/01/23 to 12/31/23

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

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

570 Marshall Road, Coldwater, MI 49036

[www.bhsj.org/aaa](http://www.bhsj.org/aaa)

Office: (517) 278-2538

Toll Free (888) 615-8009

### For additional information or questions please contact:

Toni Laughlin Ph: (517) 617-5592 Email: [laughlint@bhsj.org](mailto:laughlint@bhsj.org)

Wendy Nowicke Ph: (269) 501-2869 Email: [nowickew@bhsj.org](mailto:nowickew@bhsj.org)

Demographics - New Clients	Total	Previous Qtr. Totals	YTD
Black/African-American	0	0	0
Hispanic/Latino	0	0	0
Caucasian/Non-Latino	3	0	3
Female	1	0	1
Male	2	0	2
Vulnerable: Age 18-59	1	0	1
Elderly: Age 60 and Older	2	0	2
<b><u>New Clients Total</u></b>	<b>3</b>	<b>0</b>	<b>3</b>
<b><u>Continuing Clients</u></b>	<b>2</b>	<b>0</b>	<b>2</b>
<b><u>Total Clients Served</u></b>	<b>5</b>	<b>0</b>	<b>5</b>

Types of Victimization	Total	Previous Qtr. Totals	YTD
Arson	0	0	0
Bullying (Verbal, Cyber or Physical)	2	0	2
Domestic or Family Violence	4	0	4
Elder Abuse or Neglect	3	0	3
Identity Theft/Fraud/Financial Crime	1	0	1
Physical Assault	2	0	2
Robbery/Burglary	0	0	0
Sexual Assault	0	0	0
Survivors of Homicide	0	0	0
Multiple Victimizations	5	0	5

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

Direct Services	Total	Previous Qtr. Totals	YTD
Crime Victims Compensation	0	0	0
Information about Criminal Justice	18	0	18
Referral to Other Services	15	0	15
Referral to Other Victim Services	0	0	0
Victim Notification	10	0	10

**Services to Victims of Elder Abuse Grant  
FY23-24 1st Quarter Report (St. Joseph County)  
Continued**

<b>Personal Advocacy</b>	<b>Total</b>	<b>Previous Qtr. Totals</b>	<b>YTD</b>
Child/Dependent Assistance	0	0	0
Emergency Medical Care	1	0	1
Individual Advocacy	6	0	6
Intervention with Person or Institutions	4	0	4
Law Enforcement Interview	1	0	1
Transportation	4	0	4

<b>Emotional Support or Safety Services</b>	<b>Total</b>	<b>Previous Qtr. Totals</b>	<b>YTD</b>
Crisis Intervention	13	0	13
Emergency Financial Assistance	0	0	0

<b>Shelter/Housing Services</b>	<b>Total</b>	<b>Previous Qtr. Totals</b>	<b>YTD</b>
Relocation Assistance	5	0	5
Transitional Housing	0	0	0

<b>Criminal Justice Assistance</b>	<b>Total</b>	<b>Previous Qtr. Totals</b>	<b>YTD</b>
Criminal Advocacy	4	0	4
Law Enforcement Interview	1	0	1
Notification of Criminal Justice Event	18	0	18
Other Emergency Assistance	0	0	0
Personal Protective Order	0	0	0
Prosecution Interview	0	0	0
Restitution Assistance	0	0	0
Victim Impact Statement	0	0	0



## Services to Victims of Elder Abuse Grant FY23-24 1st Quarter Report (Branch County)

10/01/23 - 12/31/23

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

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

570 Marshall Road, Coldwater, MI 49036

[www.bhsj.org/aaa](http://www.bhsj.org/aaa)

Office: (517) 278-2538

Toll Free (888) 615-8009

**For additional information or questions please contact:**

Toni Laughlin      Ph: (517) 617-5592      Email: laughlint@bhsj.org

Wendy Nowicke      Ph: (269) 501-2869      Email: nowickew@bhsj.org

Demographics - New Clients	Total	Previous Qtr. Totals	YTD
Black/African-American	1	0	1
Hispanic/Latino	0	0	0
Caucasian/Non-Latino	0	0	0
Female	1	0	1
Male	0	0	0
Vulnerable: Age 18-59	1	0	1
Elderly: Age 60 and Older	0	0	0
<b><u>New Clients Total</u></b>	<b>1</b>	<b>0</b>	<b>1</b>
<b><u>Continuing Clients</u></b>	<b>0</b>	<b>0</b>	<b>0</b>
<b><u>Total Clients Served</u></b>	<b>1</b>	<b>0</b>	<b>1</b>

Types of Victimization	Total	Previous Qtr. Totals	YTD
Arson	0	0	0
Bullying (Verbal, Cyber or Physical)	0	0	0
Domestic or Family Violence	0	0	0
Elder Abuse or Neglect	1	0	1
Identity Theft/Fraud/Financial Crime	1	0	1
Physical Assault	0	0	0
Robbery/Burglary	0	0	0
Sexual Assault	0	0	0
Survivors of Homicide	0	0	0
Multiple Victimizations	1	0	1

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

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



**Services to Victims of Elder Abuse Grant  
FY23-24 1st Quarter Report (Branch County)  
Continued**

<b>Personal Advocacy</b>	<b>Total</b>	<b>Previous Qtr. Totals</b>	<b>YTD</b>
Child/Dependent Assistance	0	0	0
Emergency Medical Care	0	0	0
Individual Advocacy	5	0	5
Intervention with Person or Institutions	5	0	5
Law Enforcement Interview	2	0	2
Transportation	0	0	0

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

<b>Shelter/Housing Services</b>	<b>Total</b>	<b>Previous Qtr. Totals</b>	<b>YTD</b>
Relocation Assistance	7	0	7
Transitional Housing	0	0	0

<b>Criminal Justice Assistance</b>	<b>Total</b>	<b>Previous Qtr. Totals</b>	<b>YTD</b>
Criminal Advocacy	0	0	0
Law Enforcement Interview	2	0	2
Notification of Criminal Justice Event	2	0	2
Other Emergency Assistance	0	0	0
Personal Protective Order	0	0	0
Prosecution Interview	0	0	0
Restitution Assistance	4	0	4
Victim Impact Statement	0	0	0



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

## Services to Victims of Elder Abuse Grant FY23-24 1st Quarter Report (Both Counties)

10/01/23 - 12/31/23

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

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

570 Marshall Road, Coldwater, MI 49036

[www.bhsj.org/aaa](http://www.bhsj.org/aaa)

Office: (517) 278-2538

Toll Free (888) 615-8009

### For additional information or questions please contact:

Toni Laughlin PH: (517) 617-5592 Email: [laughlint@bhsj.org](mailto:laughlint@bhsj.org)

Wendy Nowicke Ph: (269) 501-2869 Email: [nowickew@bhsj.org](mailto:nowickew@bhsj.org)

Demographics - New Clients	Total	Previous Qtr. Totals	YTD
Black/African-American	1	0	1
Hispanic/Latino	0	0	0
Caucasian/Non-Latino	3	0	3
Female	2	0	2
Male	2	0	2
Vulnerable: Age 18-59	2	0	2
Elderly: Age 60 and Older	2	0	2
<b><u>New Clients Total</u></b>	<b>4</b>	<b>0</b>	<b>4</b>
<b><u>Continuing Clients</u></b>	<b>2</b>	<b>0</b>	<b>2</b>
<b><u>Total Clients Served</u></b>	<b>6</b>	<b>0</b>	<b>6</b>

Types of Victimization	Total	Previous Qtr. Totals	YTD
Arson	0	0	0
Bullying (Verbal, Cyber or Physical)	2	0	2
Domestic or Family Violence	4	0	4
Elder Abuse or Neglect	4	0	4
Identity Theft/Fraud/Financial Crime	2	0	2
Physical Assault	2	0	2
Robbery/Burglary	0	0	0
Sexual Assault	0	0	0
Survivors of Homicide	0	0	0
Multiple Victimizations	6	0	6

Special Classification	Total	Previous Qtr. Totals	YTD
Deaf/Hard of Hearing	1	0	1
Disability	6	0	6
Homeless	1	0	1
LGBTQ	2	0	2
Veteran	1	0	1

Direct Services	Total	Previous Qtr. Totals	YTD
Crime Victims Compensation	0	0	0
Information about Criminal Justice	21	0	21
Referral to Other Services	25	0	25
Referral to Other Victim Services	0	0	0
Victim Notification	10	0	10

**Services to Victims of Elder Abuse Grant  
FY23-24 1st Quarter Report (Both Counties)  
Continued**

<b>Personal Advocacy</b>	<b>Total</b>	<b>Previous Qtr. Totals</b>	<b>YTD</b>
Child/Dependent Assistance	0	0	0
Emergency Medical Care	1	0	1
Individual Advocacy	11	0	11
Intervention with Person or Institutions	9	0	9
Law Enforcement Interview	3	0	3
Transportation	4	0	4
<b>Emotional Support or Safety Services</b>		<b>Previous Qtr. Totals</b>	<b>YTD</b>
Crisis Intervention	13	0	13
Emergency Financial Assistance	1	0	1

<b>Shelter/Housing Services</b>	<b>Total</b>	<b>Previous Qtr. Totals</b>	<b>YTD</b>
Relocation Assistance	12	0	12
Transitional Housing	0	0	0

<b>Criminal Justice Assistance</b>	<b>Total</b>	<b>Previous Qtr. Totals</b>	<b>YTD</b>
Criminal Advocacy	4	0	4
Law Enforcement Interview	3	0	3
Notification of Criminal Justice Event	20	0	20
Other Emergency Assistance	0	0	0
Personal Protective Order	0	0	0
Prosecution Interview	0	0	0
Restitution Assistance	4	0	4
Victim Impact Statement	0	0	0

***Included in This Month's Report:***

1. HEP Update
2. Community Health Worker (CHW) Program Update
3. Community Events
4. Social Media Update
5. CHW Client Data Update

**1. Health Education & Promotion Department Update:**

The month of December was full of holiday cheer, transition, and a few events for the Health Education & Promotion staff. The team headed up the office door decorating contest! All locations were encouraged to decorate their doors and submit a photo to the contest. The winners were Bonnie Angus and Chris Ash from the finance team with their ginger bread house theme. Second place went to the Coldwater Clinic staff with their Polar Express train. Third place to Kyle Moore from the Environmental Health team in Three Rivers with a winter scene that included a railroad track, mountains, woods, a house, and with Santa, and his sleigh, flying across a full moon sky.

Alex Bergmooser, MPH, has left the agency. Kris Dewey was selected as the new Health Education and Promotion Supervisor, effective January 1, 2024. The team has been working on developing a work plan for 2024 including goals and activities to support the agency's work in the community.

During December the team participated and provided resources for several community events, such as Winterfest in Hillsdale County, December to Remember in Coldwater, Michigan Works! Resource fair, and Toys for Tots in Sturgis.

Also, as always, the HEP team has been working hard to provide messaging and important information to the public via our social media platforms. Our Facebook/Instagram topics for the month of December included, but was not limited to: Safe Sleep, Respiratory, HVP and Measles vaccines, World AIDS Day, Holiday Safety, Toy Safety, Health Insurance Open Enrollment, Winter Safety Tips, Influenza Vaccination Awareness Week, Food Safety and Safe Cooking Tips for Christmas, car seat safety, and Food/Product recalls from the USDA and FDA.

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

During the month of December our CHW Rachael Wall welcomed 1 new client while continuing to focus on her existing clients and getting those cases closed out. Rachael has been attending many of the community events, speaking at county committee meetings and building relationships with outside organizations and partners. We continue to work on the reimbursement process for those on Medicaid and Medicaid HMO plans.

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

Date	Event
1/5	Virtual presentation to Wayne State University Students
1/8	Hillsdale Kings Kupboard Monthly WIC & CHW Outreach
1/19	Friendship Friday in Sturgis
1/23-1/26	Social Determinants of Health Conference

**4. Social Media and Community Health Worker Data: December**

**Social Media Data (As of January 1st, 2024)**

	# of Followers (Facebook & Instagram)	Instagram Reach (Amount a post is viewed, commented on, shared, etc.)	Facebook Reach (Amount a post is viewed, commented on, shared, etc.)	Number & Topic of Facebook Live Events	Agency Mentions in Local Media (radio stations, local newspaper/digital articles, etc.)	Other Activities (# and Topic)
December	4217	55 <i>(Up 34.1% from October)</i>	25,314 <i>(Up 32% from November)</i>	None	5	None
<b>TOTAL TO DATE (Since 10/1/2022)</b>	1 NEW followers since last report	479	306,664	8	282	5

**Community Health Worker (CHW) Client Data - December 2023**

	# New	# Total to Date	***"Interactions" = Supplied Resources or referred an individual to an outside agency, but not an active client (Interactions are counted under the "Referral Source" numbers, as well). **Interactions "# Total to Date" Began Reporting Numbers in January 2023.					
*** Interactions	5	76**						
Clients	1	45						
	Internal (Clinic) Referral & Agency Website	External Referral (Partner Organization)	AAA	MDHHS	Internal (Clinic) Referral & Agency Website (Total to Date)	External Referral, i.e.: Partner Organization (Total to Date)	AAA (Total to Date)	MDHHS (Total to Date)
Referral Source	0	1	0	0	19	19	5	2
	Branch	St. Joseph	Hillsdale	Branch (Total to Date)	St. Joseph (Total to Date)	Hillsdale (Total to Date)		
Clients by County	1	0	0	14	26	5		
	In-Person (Office)	Phone	Email	In-Person (Home Visit)	In-Person: Office (Total to Date)	Phone (Total to Date)	Email (Total to Date)	In-Person: Home Visit (Total to Date)
Communications (sum of all communications w/each client)	0	30	2	2	78	580	21	22
	Open	Closed (Completed)	Closed (Unable to Complete)	Other (Specify)	Open, (Total # of Clients to Date)	Closed/Completed (Total to Date)	Closed: Unable to Complete (Total to Date)	Other: Specify (Total to Date)
Case Status	11	0	0	0	55	15	12	0
	Behavioral Health	Health Insurance	Housing	Immunization Information	Employment Issues	Family Planning & Pregnancy	At-Home Medical & Health Needs	Adult Education
Services Provided	1	2	2	2	0	1	0	0
Service Provided (Total to Date)	22	80	29	13	20	13	26	7
	Transportation	Food Assistance	Child Developmental /Education Issues & Screening	Childcare Services	Clothing Needs	Domestic Concerns	Other (Specify)	
Services Provided Cont.	0	2	0	0	0	0	7	
Service Provided (Total to Date)	13	36	9	18	15	12	80	

## **Personal Health and Disease Prevention: January 25, 2024**

### **Communicable Disease:**

Here are some highlights from our regional Epi's.

From the new [Michigan COVID-19 Summary Metrics](#) page:

COVID-19 related emergency department, hospital, and case data have begun to show decreases in Michigan. Activity does remain elevated compared to recent months. Nationally, emergency visits and hospitalizations have decreased, but COVID 19 related deaths, a lagging indicator, continue to rise.

Seasonal influenza activity is elevated and continues to increase in most part of the country. Michigan's activity level is high. Michigan's goal is to vaccinate 4 million residents during the 2023-2024 flu season. As of December 30<sup>th</sup>, there have been 2.6 million doses administered. Nationally, 40 influenza-associated pediatric deaths have been reported this season. No pediatric deaths have been confirmed so far this season.

### **Immunizations:**

We are now carrying limited amounts of the RSV vaccine (Abrysvo) for age 60 and older and pregnant women.

Amanda (mobile unit RN) continues to reach out to local nursing homes, schools, business facilities, etc. for vaccine clinic opportunities. We have recently visited a few of the county jails and a couple nursing homes/adult foster care homes.

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

The agency will have the WIC management evaluation for the Sturgis and Three Rivers locations on March 18<sup>th</sup>-22<sup>nd</sup>.

Staffing update: We have posted the new RN positions and the interpreter clerk. The clinic supervisor has made conditional offers to an RN and interpreter. Pre-employment items are still pending. We are still seeking a part-time RN.

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

The staff is finishing up the last sensory room in the Sturgis building.

Hearing and Vision: We have discovered that as of late it is becoming a challenge to find eye doctors in the tri-county area that take Medicaid (for eye exams). A good portion of our community members participate in Medicaid so not being able to get follow-up eye care is a huge barricade for some. When our technicians screen a child that does not pass, we send a letter home to the family along with a form for the eye doctor to send back to us. We have received quite a few calls from parents that can't find an eye doctor nearby that accepts their Medicaid health plan.

**Kali Nichols MPH**  
**Personal Health & Disease Prevention Director**

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

December-23 Confirmed & Probable Case Totals	2023-2024				FYTD 2022-2023				2021-2022 FYTD			
	BR	HD	SJ	Total	BR	HD	SJ	Total	BR	HD	SJ	Total
Animal Bite/Rabies potential exposure	-	1	1	2	1	10	2	13	4	20	-	24
Blastomycosis	-	-	-	-	-	-	-	-	-	-	-	-
Brucellosis	-	-	-	-	-	-	-	-	-	-	-	-
Campylobacter	-	1	-	1	4	4	2	10	3	3	3	9
Chicken Pox	-	-	-	-	-	-	-	-	-	-	-	-
Chlamydia	7	5	20	32	27	18	50	95	32	24	51	107
Coccidioidomycosis	-	-	-	-	-	-	-	-	-	-	1	1
CRE Carbapenem Resistant Enterobac.	1	1	-	2	2	2	1	5	1	-	-	1
Cryptosporidiosis	-	-	1	1	-	1	1	2	-	-	1	1
Giardiasis	-	-	-	-	-	2	-	2	-	1	2	3
Gonorrhea	-	5	1	6	8	8	8	24	10	15	40	65
H. Influenzae Disease - Inv.	1	-	-	1	1	-	-	1	-	-	-	-
Hepatitis B - Acute	-	-	-	-	1	-	-	1	1	-	-	1
Hepatitis B - Chronic	-	-	1	1	-	-	1	1	-	-	-	-
Hepatitis C - Acute	-	-	1	1	-	-	1	1	1	-	-	1
Hepatitis C - Chronic	1	-	-	1	2	4	5	11	7	-	2	9
Hepatitis C Unknown	-	-	-	-	-	-	-	-	-	-	-	-
Histoplasmosis	-	-	-	-	1	-	1	2	1	-	1	2
HIV/AIDS	-	-	1	1	1	-	1	2	1	-	1	2
Influenza	18	5	39	62	40	5	49	94	35	70	8	113
Kawasaki	-	-	-	-	-	-	-	-	-	-	-	-
Legionellosis	-	-	-	-	-	-	-	-	-	1	-	1
Listeriosis	-	-	-	-	-	-	-	-	-	-	-	-
Lyme Disease	-	-	-	-	-	1	4	5	-	1	1	2
Measles	-	-	-	-	-	-	-	-	-	1	-	1
Meningitis - Aseptic	-	-	1	1	-	-	1	1	-	-	-	-
Meningitis - Bacterial	-	-	-	-	-	-	1	1	-	-	-	-
Meningococcal Disease	-	-	-	-	-	-	-	-	-	-	-	-
Mumps	-	-	-	-	-	-	-	-	-	-	-	-
Mycobacterium - Other	-	-	2	2	1	1	3	5	2	1	1	4
Norovirus	-	-	-	-	-	-	-	-	-	-	-	-
Novel Coronavirus	215	267	131	613	375	461	260	1,096	2,592	2,742	3,366	8,700
Pertussis	-	-	-	-	-	-	-	-	-	2	-	2
Salmonellosis	-	-	-	-	3	-	-	3	1	1	-	2
Shiga Toxin-prod. (STEC)	-	-	-	-	-	1	-	1	-	1	-	1
Shigellosis	-	-	-	-	-	-	-	-	-	-	-	-
Shingles	-	-	-	-	1	-	-	1	1	-	-	1
Staphylococcus Aureus Infect.	-	-	-	-	-	-	-	-	-	-	-	-
Strep Invasive Gp A	1	2	-	3	2	3	-	5	-	-	-	-
Strep Pneumonia Inv Ds.	-	1	1	2	1	2	4	7	-	1	-	1
Syphilis - Primary	-	-	-	-	-	-	-	-	-	-	-	-
Syphilis - Secondary	-	-	-	-	-	-	-	-	-	-	-	-
Syphilis To Be Determined	-	-	-	-	-	1	-	1	-	-	-	-



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

	Dec-23					YTD 2023-2024					YTD 2022-2023				
	BR	HD	ST	TR	Total	BR	HD	ST	TR	Total	BR	HD	ST	TR	Total
<b>CHILD IMMUNIZATIONS</b>															
# Vaccines Given CHA	120	97	27	46	290	484	426	220	215	1,345	400	494	1	321	1,216
All VFC Doses Given	654	343	-	564	1,561	2,575	1,246	-	2,226	6,047	2,773	1,304	-	2,450	6,527
Waivers	2	-	-	2	4	66	50	1	44	161	53	54	2	26	135
<b>ADULT IMMUNIZATIONS</b>															
# Vaccines Given	59	16	3	16	94	376	87	16	118	597	791	351	-	200	1,342
All AVP Doses Given	24	11	-	4	39	70	103	-	22	195	24	62	-	111	197
<b>COMMUNICABLE DISEASE</b>															
TB Tests Done	2	-	-	1	3	10	16	1	3	30	19	26	-	3	48
STD treatments	-	2	-	5	7	2	12	-	59	73	1	3	-	6	10
HIV Testing	-	2	-	6	8	-	3	-	18	21	-	4	-	1	5
<b>ENROLLMENTS</b>															
Medicaid & Michild	1	3	-	-	4	8	6	-	-	14	3	1	-	5	9
<b>REFERRAL SERVICE</b>															
MCDC Referrals	3	8	10	-	21	19	33	42	4	98	14	34	90	158	296
MIHP referrals	-	-	10	10	20	2	1	46	46	95	23	14	46	36	119
<b>Hearing Screens</b>															
Pre-school					-	35	29	-	44	108	27	207	-	224	458
School Age	49	150		169	368	320	687	-	1,247	2,254	521	632	-	954	2,107
<b>Vision Screens</b>															
Pre-school					-	75	15	-	38	128	48	231	-	97	376
School Age	243	345		132	720	751	1,096	-	1,298	3,145	1,788	851	-	1,893	4,532
<b>Children's Special Health Care Services</b>															
Diagnostics		2			2	8	3	-	-	11	1	-	-	-	1
Assessments-Renewal	20	19		18	57	66	70	-	86	222	65	73	-	77	215
Assessments-New	5	2		4	11	15	9	-	14	38	22	16	-	15	53

State Participation/Enrollment Ratio [2]:

Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Curr Year P/E Ratio (last 12 months)
95.1%	94.2%	94.0%	93.6%	93.5%	94.7%

Months	Enrollment [3]	Initial Participation [4]	Closeout Participation [5]	% Change in Participation [6]	Participation/Enrollment Ratio[2]
Oct / 2022	4,125	3,844	3,866		93.19%
Nov / 2022	4,149	3,836	3,892	0.67%	92.46%
Dec / 2022	4,161	3,819	3,874	-0.46%	91.78%
Jan / 2023	4,266	3,984	4,027	3.95%	93.39%
Feb / 2023	4,283	3,938	4,005	-0.55%	91.94%
Mar / 2023	4,325	4,010	4,034	0.72%	92.72%
Apr / 2023	4,267	3,924	3,987	-1.17%	91.96%
May / 2023	4,248	3,941	3,987	0.00%	92.77%
Jun / 2023	4,244	3,921	3,972	-0.38%	92.39%
Jul / 2023	4,233	3,963	4,010	0.96%	93.62%
Aug / 2023	4,307	4,021	4,056	1.15%	93.36%
Sep / 2023	4,283	3,998	4,036	-0.49%	93.35%
Oct / 2023	4,263	3,999	4,039	0.07%	93.81%
Nov / 2023	4,252	3,953	4,007	-0.79%	92.97%
Dec / 2023	4,201	3,849	(est[7]) 3,962		91.62%
Jan / 2024	0	0	(est[7]) 4,011		
Feb / 2024	0	0	0		
Mar / 2024	0	0	0		
Apr / 2024	0	0	0		
May / 2024	0	0	0		
Jun / 2024	0	0	0		
Jul / 2024	0	0	0		
Aug / 2024	0	0	0		
Sep / 2024	0	0	0		

Total (Year to date)	12,716	11,801	8,046		
Curr Year Avg	4,239	3,934	4,023	296.04%	92.76%
Months with Count	3	3	2	2	3
Average to Base % [8]		0.0%	0.00%		
Last yrs Base % [9]		94.5%	95.62%		
Last yrs Average	4,241	3,933	3,979		92.75%

Estimated average participation for current year to date:

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

4,005
4,023

**Funding Allocation Information**

Total Funding Allocation:	\$0
Assigned Funding Participation Count [11]:	
Current Yr Base:	0
Previous Yr Base:	4,161

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

Branch-Hillsdale-St Joseph Community Health Agency  
Check/Voucher Register - Check Register for BOH  
00103 - Cash - Accounts Payable  
From 12/1/2023 Through 12/31/2023

<u>Payee</u>	<u>Check Amount</u>	<u>Check Number</u>	<u>Effective Date</u>
Abila	1,962.83	23-12-01 A.01	12/1/2023
Abila	1,962.85	23-12-29 A.01	12/29/2023
Accident Fund	1,845.75	23-12-29 P.01	12/29/2023
ACD.NET	1,881.38	54233	12/15/2023
Aflac District Office	514.67	23-12-08 PR.01	12/8/2023
Aflac District Office	514.67	23-12-22 PR.01	12/22/2023
Alert Medical Alarms	229.60	54234	12/15/2023
Alerus Retirement Solutions	2,336.00	23-12-08 R.01	12/8/2023
Alerus Retirement Solutions	2,336.00	23-12-22 R.01	12/22/2023
Amazon Capital Services, Inc	359.56	23-12-01 A.02	12/1/2023
Amazon Capital Services, Inc	83.58	23-12-15 A.01	12/15/2023
Amazon Capital Services, Inc	231.45	23-12-29 A.02	12/29/2023
Amy Kline	129.98	54235	12/15/2023
ASSA ABLOY Entrance Systems US Inc.	379.00	54248	12/29/2023
Barbara P. Foley	46.16	54231	12/8/2023
Barbara P. Foley	46.16	54246	12/22/2023
Beacon Properties Administration	4,332.93	54249	12/29/2023
Blue Cross Blue Shield	57,856.39	23-12-15 P.01	12/15/2023
Branch Area Transit Authority	1,573.80	23-12-15 A.02	12/15/2023
Branch County Comm Network	500.00	54219	12/1/2023
Branch County Commission	26,122.44	23-12-15 A.03	12/15/2023
Branch County Complex	5,694.28	23-12-29 A.03	12/29/2023
Card Services Center	1,538.65	23-12-01 P.01	12/1/2023
Card Services Center	138.40	23-12-29 P.02	12/29/2023
CDW GOVERNMENT INC.	6,503.57	23-12-01 A.03	12/1/2023
CDW GOVERNMENT INC.	889.06	23-12-15 A.04	12/15/2023
Center for Information Mgmnt	1,350.00	23-12-15 A.05	12/15/2023
Century Bank - Hillsdale Maintenance	2,000.00	23-12-29 A.04	12/29/2023
Century Bank - Three Rivers Maintenance	2,000.00	23-12-29 A.05	12/29/2023
Century Basic	874.45	23-12-08 R.02	12/8/2023
Century Basic	882.55	23-12-22 R.02	12/22/2023
Century EFPTS	22.96	23-12-08 L.01	12/8/2023
Century EFPTS	24,632.08	23-12-08 R.03	12/8/2023
Century EFPTS	138.22	23-12-22 L.01	12/22/2023
Century EFPTS	26,854.99	23-12-22 R.03	12/22/2023
Century EFPTS	5,141.64	23-12-22 S.01	12/22/2023
Century Mastercard	355.90	23-12-01 P.02	12/1/2023
Century MERS	47,280.32	23-12-15 A.06	12/15/2023
Century State/Michigan State Treasury	4,213.98	23-12-08 R.04	12/8/2023
Century State/Michigan State Treasury	18.55	23-12-22 L.02	12/22/2023
Century State/Michigan State Treasury	4,465.07	23-12-22 R.04	12/22/2023
Century State/Michigan State Treasury	811.05	23-12-22 S.02	12/22/2023
Charlie's Kids Foundation	1,150.03	54220	12/1/2023
Charter Communications	189.97	23-12-01 P.03	12/1/2023
Cintas Corporation Loc 351	158.38	23-12-15 P.02	12/15/2023
City Of Coldwater	40.00	23-12-15 A.07	12/15/2023
City of Jonesville	80.00	23-12-01 A.04	12/1/2023
City of Jonesville	120.00	23-12-29 A.06	12/29/2023
City Of Three Rivers	30.00	23-12-15 A.08	12/15/2023
ConnectAmerica	152.00	23-12-15 A.09	12/15/2023
Control Solutions Inc.	595.00	23-12-01 A.05	12/1/2023
Cribs for Kids, Inc.	8,123.75	54221	12/1/2023

Branch-Hillsdale-St Joseph Community Health Agency  
Check/Voucher Register - Check Register for BOH  
00103 - Cash - Accounts Payable  
From 12/1/2023 Through 12/31/2023

<u>Payee</u>	<u>Check Amount</u>	<u>Check Number</u>	<u>Effective Date</u>
Crossroads Home Care Inc.	443.76	23-12-15 A.10	12/15/2023
CSHCS	744.00	23-12-15 P.03	12/15/2023
Dan Wood Co.	727.00	23-12-15 A.11	12/15/2023
DiningRD	3,716.79	23-12-15 A.12	12/15/2023
DL Gallivan Office Solutions	333.24	54222	12/1/2023
DL Gallivan Office Solutions	488.67	54250	12/29/2023
Dr. Karen M. Luparello	4,219.42	23-12-29 A.07	12/29/2023
Ernesto Soto Gonzalez	115.00	54251	12/29/2023
Frontier	323.25	23-12-01 P.04	12/1/2023
Frontier	322.88	23-12-29 P.03	12/29/2023
GDI Services Inc.	4,697.25	23-12-29 A.08	12/29/2023
Glaxo-Smithkline Financial Inc.	4,725.84	23-12-01 A.06	12/1/2023
Glaxo-Smithkline Financial Inc.	4,700.83	23-12-29 A.09	12/29/2023
GoldFax	30.80	23-12-15 A.13	12/15/2023
GT INDEPENDENCE	105.36	23-12-15 A.14	12/15/2023
GT INDEPENDENCE	1,640.68	23-12-15 A.15	12/15/2023
Health Equity	590.56	23-12-08 PR.02	12/8/2023
Health Equity	487.02	23-12-22 PR.02	12/22/2023
Heartsmart.com	6,420.00	54223	12/1/2023
Hedgerow Software US, Inc.	9,000.00	23-12-15 A.16	12/15/2023
Helping Angels Home Care LLC	582.56	23-12-15 A.17	12/15/2023
Hillsdale Board Of Public Utilities	1,721.08	23-12-01 P.05	12/1/2023
Hillsdale Board Of Public Utilities	2,115.29	23-12-29 P.04	12/29/2023
Hillsdale County Treasurer	2,554.95	23-12-15 A.18	12/15/2023
HomeJoy of Kalamzoo	2,733.21	23-12-15 A.19	12/15/2023
Hospital Network Healthcare Services	61.43	23-12-15 A.20	12/15/2023
Indiana MI Power Company	947.11	23-12-15 P.04	12/15/2023
Knowledge Capital Alliance	4,000.00	54224	12/1/2023
Laboratory Corporation of America	45.00	23-12-15 A.21	12/15/2023
Lauren Evon	159.13	54236	12/15/2023
Legal Services Of S.Central MI	660.00	23-12-15 A.22	12/15/2023
Macquarie Equipment Capital Inc.	1,266.75	23-12-15 A.23	12/15/2023
Macquarie Equipment Capital Inc.	1,471.75	23-12-29 A.10	12/29/2023
Maplecrest, LLC	1,265.08	23-12-29 A.11	12/29/2023
McKesson Medical-Surgical Gov. Solutions LLC	980.00	23-12-01 P.06	12/1/2023
McKesson Medical-Surgical Gov. Solutions LLC	92.34	23-12-15 P.05	12/15/2023
McKesson Medical-Surgical Gov. Solutions LLC	4,798.43	23-12-29 P.05	12/29/2023
Medical Care Alert	568.35	23-12-15 A.24	12/15/2023
Megan Cornish	506.71	54252	12/29/2023
Merck Sharp & Dohme LLC	5,635.99	54225	12/1/2023
Merck Sharp & Dohme LLC	5,433.40	54253	12/29/2023
MERS 5% EMPLOYEES	10,069.01	23-12-15 A.25	12/15/2023
MI Municipal Risk Management Authority	10,577.00	23-12-15 A.26	12/15/2023
Michigan Gas	58.68	23-12-01 P.07	12/1/2023
Michigan Gas	96.80	23-12-29 P.06	12/29/2023
Michigan State Disbursement Unit	190.11	54232	12/8/2023
Michigan State Disbursement Unit	190.11	54247	12/22/2023
Mistel de Varona	1,215.00	54226	12/1/2023
Mistel de Varona	675.00	54237	12/15/2023
Nationwide	820.00	23-12-08 R.05	12/8/2023

Branch-Hillsdale-St Joseph Community Health Agency  
 Check/Voucher Register - Check Register for BOH  
 00103 - Cash - Accounts Payable  
 From 12/1/2023 Through 12/31/2023

Payee	Check Amount	Check Number	Effective Date
Nationwide	820.00	23-12-22 R.05	12/22/2023
Nissley Disposal Inc	106.00	23-12-15 P.06	12/15/2023
PFIZER INC	2,464.18	54227	12/1/2023
PFIZER INC	10,283.55	54254	12/29/2023
Pitney Bowes Inc.	483.30	23-12-15 P.07	12/15/2023
Principal Life Insurance Company	1,860.70	23-12-01 P.08	12/1/2023
Principal Life Insurance Company	1,817.23	23-12-29 P.07	12/29/2023
ProAssurance Casualty Company	688.00	54238	12/15/2023
Reserve Account	3,000.00	23-12-15 A.27	12/15/2023
Richard Clark	2,350.00	23-12-29 A.12	12/29/2023
Riley Pumpkin Farm	815.00	23-12-29 A.13	12/29/2023
Rosati Schultz Joppich Amtsbueshler	30.00	23-12-15 A.28	12/15/2023
ROSE PEST SOLUTIONS	80.00	23-12-01 A.07	12/1/2023
ROSE PEST SOLUTIONS	80.00	23-12-29 A.14	12/29/2023
Rosetta Hochstetler	199.00	54239	12/15/2023
Sanofi Pasteur Inc.	5,771.42	23-12-01 P.09	12/1/2023
Sanofi Pasteur Inc.	3,914.63	23-12-29 P.08	12/29/2023
Semco Energy	72.25	23-12-01 P.10	12/1/2023
Shaffmasters U-Stor-n-Lock	150.00	23-12-29 A.15	12/29/2023
Shred It	120.00	23-12-01 P.11	12/1/2023
Shred It	90.00	23-12-29 P.09	12/29/2023
Skippy's LLC	1,375.00	54240	12/15/2023
ST JOSEPH CO HSC	2,000.00	54241	12/15/2023
St Joseph County COA	36,108.48	23-12-15 A.29	12/15/2023
St Joseph County Transit Authority	1,789.79	23-12-15 A.30	12/15/2023
Staples	1,040.13	23-12-01 P.12	12/1/2023
Staples	67.49	23-12-15 P.08	12/15/2023
Staples	371.79	23-12-29 P.10	12/29/2023
State of Mich EGLE	18.00	54242	12/15/2023
State Of Michigan	277.00	54243	12/15/2023
State of Michigan-Dept	34.50	54228	12/1/2023
Stratus Video, LLC	2,718.81	54229	12/1/2023
Stratus Video, LLC	3,344.30	54244	12/15/2023
Thurston Woods Village	3,916.86	54245	12/15/2023
TMK Worldwide, LLC	142.00	23-12-15 A.31	12/15/2023
TMK Worldwide, LLC	142.00	23-12-29 A.16	12/29/2023
Verizon	1,023.04	23-12-15 P.09	12/15/2023
VRI INC.	189.00	23-12-15 A.32	12/15/2023
Wal-Mart Community	180.60	23-12-01 P.13	12/1/2023
Yilka Grinan Sanchez	115.00	54255	12/29/2023
Zoho Corporation	108.74	54230	12/1/2023
Report Total	447,170.46		

Branch-Hillsdale-St Joseph Community Health Agency

Balance Sheet

As of 12/31/2023

Assets

Cash on Hand	10,215.97
Cash with County Treasurer	4,316,649.66
Community Foundation Grant	309,955.94
Cash HD Building Maintenance	14,450.00
Cash TR Building Maintenance	39,049.40
Accounts Receivable	88,758.86
Due from State	(174,510.95)
Due from Other Funding Sources	320,759.51
Prepaid Expenses	174,258.22
Biologic Inventory	<u>183,571.37</u>
<b>Total Assets</b>	<b><u><u>5,283,157.98</u></u></b>

Liabilities

Accounts Payable	655,896.80
Payroll Liabilites	145,242.65
Capital Improvements	25,000.00
Deferred Revenue	380,894.91
Biologics	<u>183,571.37</u>
<b>Total Liabilities</b>	<b><u><u>1,390,605.73</u></u></b>

Net Assets

Operation Fund Balance	448,788.36
Restricted Fund Balance	356,938.69
Designated Fund Balance	<u>3,086,825.20</u>
<b>Total Net Assets</b>	<b><u><u>3,892,552.25</u></u></b>

<b>Total Liabilities and Net Assets</b>	<b><u><u>5,283,157.98</u></u></b>
---	-----------------------------------

**Prior Year Fund Balance Comparison at 12/31/2022:**

Operation Fund Balance	359,823.37
Restricted Fund Balance	365,121.02
<u>Designated Fund Balance</u>	<u>2,673,806.53</u>
<b>Total Fund Balance \$</b>	<b><u><u>3,398,750.92</u></u></b>



BHSJ Community Health Agency  
 Schedule of Cash Receipts and Disbursements  
 June 30, 2023 thru  
 November 30, 2023

Plus: Cash Receipts	\$	939,207.56
Less: Cash Disbursements For Payroll/AP	\$	(583,492.08)
<b>6/30/2023 Cash Balance</b>		<b>\$ 4,461,178.67</b>
<hr/>		
Plus: Cash Receipts	\$	934,722.29
Less: Cash Disbursements For Payroll/AP	\$	(576,189.64)
<b>7/31/2023 Cash Balance</b>		<b>\$ 4,819,711.32</b>
<hr/>		
Plus: Cash Receipts	\$	549,511.47
Less: Cash Disbursements For Payroll/AP	\$	(595,418.38)
<b>8/31/2023 Cash Balance</b>		<b>\$ 4,773,804.41</b>
<hr/>		
Plus: Cash Receipts	\$	663,939.84
Less: Cash Disbursements For Payroll/AP	\$	(744,408.00)
<b>9/30/2023 Cash Balance</b>		<b>\$ 4,693,336.25</b>
<hr/>		
Plus: Cash Receipts	\$	772,895.13
Less: Cash Disbursements For Payroll/AP	\$	(732,271.87)
<b>10/31/2023 Cash Balance</b>		<b>\$ 4,733,959.51</b>
<hr/>		
Plus: Cash Receipts	\$	398,709.71
Less: Cash Disbursements For Payroll/AP	\$	(702,704.56)
<b>11/30/2023 Cash Balance</b>		<b>\$ 4,429,964.66</b>

## BRANCH HILLSDALE ST JOSEPH COMMUNITY HEALTH AGENCY

### Expense by Program - 12/31/2023

Program	Program Title	Current		Total Budget -	Percent Total	
		Month	Year to Date	Original	Expended	
*	371	CSHCS Vaccine Initiative	2,743.26	4,517.66	8,248.00	54.77%
*	107	Medicaid Outreach	2,459.41	5,270.65	11,952.00	44.09%
*	010	Agency Support	9,320.18	48,526.00	110,220.00	44.02%
**	032	Emergency Preparedness	26,324.85	62,475.18	154,920.00	40.32%
*	115	MCH Enabling Women	3,861.85	17,649.90	47,269.00	37.33%
*	008	Salary & Fringe Payoff	26,368.28	27,702.72	80,000.00	34.62%
*	345	Lead Testing	8,824.65	19,425.67	56,207.00	34.56%
*	325	CSHCS	24,110.80	67,275.14	222,409.00	30.24%
**	327	Hearing (ELPHS)	11,726.11	32,181.22	109,251.00	29.45%
*	138	Immunization IAP	104,156.18	381,664.74	1,307,240.00	29.19%
*	605	General EH Services	11,568.29	41,539.83	151,287.00	27.45%
*	332	HIV Prevention	3,827.88	7,906.38	31,407.00	25.17%
	329	MCH Enabling Children	6,574.98	11,985.24	48,084.00	24.92%
	021	Dental Clinic - Three Rivers	4,332.93	12,998.79	53,591.00	24.25%
	012	Area Agency on Aging	109,623.83	340,088.84	1,479,226.00	22.99%
	326	Vision (ELPHS)	7,732.29	24,809.62	110,276.00	22.49%
	331	STD	14,594.61	37,452.09	172,235.00	21.74%
	338	Immunization Vaccine Handling	7,049.77	18,772.54	87,139.00	21.54%
	109	WIC	82,928.36	247,816.32	1,150,665.00	21.53%
	108	WIC Breastfeeding	8,758.24	29,810.78	139,304.00	21.39%
	014	VOCA	12,530.36	41,937.66	196,382.00	21.35%
	352	ELCCT Contact Tracing, testing doord,	11,368.95	32,762.80	165,684.00	19.77%
	015	Local Expenses - Unallowable by Grants	1,566.82	3,011.56	15,313.00	19.66%
	704	Food Service	40,623.91	124,442.46	663,330.00	18.76%
	714	Onsite Sewage Disposal	26,883.60	79,895.05	437,004.00	18.28%
	341	Infectious Disease	26,641.62	64,370.29	377,236.00	17.06%
	201	CSF Carseats	1,528.23	4,613.12	27,105.00	17.01%
	207	MCRH Community Health Workers	5,911.98	20,411.08	126,633.00	16.11%
	721	Drinking Water Supply	25,976.89	68,115.64	441,731.00	15.42%
	717	EGLE Swimming Pools	2,238.98	2,238.98	16,885.00	13.26%
	745	Type II Water	12,190.87	27,217.19	218,296.00	12.46%
	355	COVID-19 PH Workforce Supplemental	4,970.58	10,600.18	100,332.00	10.56%
	096	CSHCS Donations SJ	1,829.68	3,589.55	35,004.91	10.25%
	723	PFAS Response - White Pigeon	1.69	887.46	8,816.00	10.06%
	029	Dental Clinic - Hillsdale	589.33	1,944.66	22,000.00	8.83%
	720	EH- Complaints	250.21	321.37	6,293.00	5.10%
	363	363 CVDIMS Covid Immz Supplemental	3,499.52	10,215.76	215,195.00	4.74%

023	Capital Expenditures	0.00	2,700.00	78,000.00	3.46%
101	Workforce Development	30.95	1,922.19	56,760.00	3.38%
025	PH Workforce & Infrastructure	2,898.00	4,502.35	135,905.00	3.31%
405	Grant Writing	(2.02)	59.56	1,804.00	3.30%
718	EGLI Septage	1.72	285.81	11,032.00	2.59%
097	CSHCS Donations BR HD	159.13	351.13	22,826.36	1.53%
719	Body Art	4.74	46.08	4,124.00	1.11%
716	EGLI Campgrounds	2.95	188.70	18,585.00	1.01%
024	MERS Pension Underfunded Liability	0.00	1,754.44	347,085.00	0.50%
035	Vector Borne Disease Surveillance	0.00	0.00	33,025.00	0.00%
112	CSHCS Medicaid Outreach	0.00	0.00	115,856.00	0.00%
185	Dental Outreach	(1,914.92)	0.00	0.00	0.00%
200	ELPHS Marketing	(15,591.91)	0.00	0.00	0.00%
255	Community Health Direction	0.00	0.00	200,000.00	0.00%
715	EGLI Long-Term Monitoring	0.00	0.00	3,842.00	0.00%
722	PFAS Response	0.00	0.00	2,116.00	0.00%
724	PFAS - Westside Landfill	0.00	0.00	6,791.00	0.00%
	<b>Total Expense</b>	<b><u>641,078.61</u></b>	<b><u>1,948,254.38</u></b>	<b><u>9,641,921.27</u></b>	<b><u>20.21%</u></b>

The Agency is currently 4.79% under budget.

\*3/12 Months = 25%

\*9/9 Months = 33.33%

**Programs Over Budget as of 12/31/2023**

---

<b>RU 371:</b> <b>54.77%</b>	9-Month Program - This program will run over and fall in line as year progresses. Children Special Health group plans on completing the sensory room project to assure funds get spent before this grant period ends in June 2024.
---------------------------------	--

---

<b>RU 107:</b> <b>44.09%</b>	Program showing over budget because we are fully distributing the Community Health Allocation expense to programs before using any other funding sources for that service. This program will come back in line as the year progresses because other funding sources will be used to cover those expenses and they will no longer be hitting this program.
---------------------------------	---

---

<b>RU 010:</b> <b>44.02%</b>	The current revenue for this program is over budget (at 44.02%), causing expenses to also show over budget. We expect this to fall in line as the year progresses but will continue to monitor and make necessary adjustments in the final budget amendment.
---------------------------------	--

---

<b>RU 032:</b> <b>40.32%</b>	9-Month Program - Over budget by 6.99% due to increase in staff time due to training. This program also received additional funds to make one-time medical supply purchases. This program will fall in line as year progresses.
---------------------------------	---

---

<b>RU 115:</b> <b>37.33%</b>	Program is over budget due to large annual pack & play - this program will fall back in line with budget as year progresses.
---------------------------------	--

---

<b>RU 008:</b> <b>34.62%</b>	Over budget due to annual sick time payout. This program will fall back in line with budget as year progresses.
---------------------------------	---

---

<b>RU 345:</b> <b>34.56%</b>	Over budget due to increase in staff time caused by training additional staff in this program. We will continue to monitor and make necessary adjustments in final amendment.
---------------------------------	---

---

<b>RU 325:</b> <b>30.24%</b>	Budget for RU 325 must be fully expended before expenses can be charged to RU 112. When looking at these two budgets together as one the program is under by budget at 19.89%. This program will fall in line as year progresses.
---------------------------------	---

---

<b>RU 327:</b> <b>29.45%</b>	9-Month Program - within budget
---------------------------------	---------------------------------

---

<b>RU 138:</b> <b>29.19%</b>	Over budget due to the purchase of COVID and Flu vaccines. Program will fall in line as year progresses.
---------------------------------	--

---

<b>RU 605:</b> <b>27.45%</b>	Over budget due to a slight increase in travel and the Comm Health Service allocation (we are fully distributing the Community Health Allocation expense to programs before using any other funding sources for that service). We will continue to monitor and adjust as needed in final budget amendment.
---------------------------------	--

---

<b>RU 332:</b> <b>25.17%</b>	Program showing over budget because we are fully distributing the Community Health Allocation expense to programs before using any other funding sources for that service. This program will come back in line as the year progresses because other funding sources will be used to cover those expenses and they will no longer be hitting this program.
---------------------------------	---

---

## January 12, 2024 – Board of Health Finance Committee Meeting Minutes

The Branch-Hillsdale-St. Joseph Community Health Agency Board of Health, Finance Committee meeting was called to order by Jared Hoffmaster at 9:00 AM. Roll call was completed as follows: Jared Hoffmaster, Jon Houtz, and Steve Lanius. No members were absent.

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

Mr. Houtz moved to approve the agenda with support from Mr. Lanius. The motion passed unopposed.

Public Comment: No public comments were given.


New Business:

- Mr. Houtz moved to recommend that the full Board accept the painting bid from Apex Painting for interior painting in the Hillsdale office. The motion received support from Mr. Hoffmaster and passed unopposed.
- Mr. Lanius moved to move the agenda item for the Hillsdale carpet bids to the February meeting to allow more information to be collected. The motion received support from Mr. Houtz and passed unopposed.

Public Comment: No public comments were given.

With no further business the meeting was adjourned at 9:24 AM.

Respectfully Submitted by:

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

## January 17, 2024 – Board of Health Program, Policy, & Appeals Committee Meeting Minutes

The Branch-Hillsdale-St. Joseph Community Health Agency Board of Health, Program, Policy, & Appeals Committee meeting was called to order by Committee-Chair, Tom Matthew, at 8:30 AM. Roll call was completed as follows: Tom Matthew, and Brent Leininger. The following member was absent: Rusty Baker.

Also present from BHSJ: Rebecca Burns, and Theresa Fisher

Mr. Leininger moved to approve the agenda as amended to include Board of Health bylaws to old business under 2a, with support from Mr. Matthew. The motion passed unopposed.

Public Comment: No public comments were given.

### Old Business:

The Board of Health bylaws were discussed, but no action was taken. Changes were recommended and shared with all members at the December meeting. Approval for these changes will be an action item for the January meeting.

### New Business:

- The Intergovernmental Agreement for operation of the Branch-Hillsdale-St. Joseph Community Health Agency was discussed, but no action was taken. The committee will continue to work on changes to this agreement over the course of the next few months.
- Employee recognitions were discussed, but no action was necessary.
- Mr. Leininger moved to recommend that the full Board approve the proposed amendment to the MCDC contracts with support from Mr. Matthew. The motion passed unopposed.
- Mr. Leininger moved to go into closed session to consider material exempt from discussion or disclosure by state or federal statute, per section 8(h) of the OMA, and section 13(1)(g) of the Freedom of Information Act, which exempts from public disclosure “information or records subject to the attorney-client privilege”. The motion received support from Mr. Matthew. A roll call vote was taken and passed 2-0. (Mr. Matthew, yes; Mr. Leininger, yes).

At 9:05 AM the meeting entered closed session.

At 9:21 AM the meeting returned to open session

- Mr. Leininger moved to recommend that the full Board follow the attorney guidance with support from Mr. Matthew. The motion passed unopposed.

Public Comment: No public comments were given.

With no further business, Mr. Leininger moved to adjourn the meeting with support from Mr. Matthew. The motion passed unopposed and the meeting was adjourned at 9:31 AM.

Respectfully Submitted by:



Theresa Fisher,

Administrative Services Director  
Secretary to the Board of Health

## Approval of Closed Session Minutes



## **Partnership between Branch-Hillsdale-St. Joseph Community Health Agency (BHSJCHA) and My Community Dental Centers, Inc. (MCDC)**

The BHSJCHA and MCDC currently have public dental center program agreements in place that provide for MCDC to operate dental centers in Coldwater, Hillsdale, Three Rivers and Sturgis. This partnership has been very successful in expanding access to dental care for the underserved populations, in particular adults enrolled in traditional, fee-for-service Medicaid.

The Three Rivers and Hillsdale dental centers were opened in 2008 and 2011 respectively. These agreements were predicated on a reimbursement model that required the health department to provide quarterly Intergovernmental Transfers (IGT). The local IGT drew federal matching funds that resulted in an enhanced rate of reimbursement to MCDC for dental care provided to adults enrolled in Medicaid. A provision of the dental center program agreements, provided that MCDC would in turn pay the BHSJCHA for Community Education and Outreach Services. Payments were triggered in conjunction with the IGT.

The Coldwater and Sturgis dental centers were opened in 2017. These locations have received state funding for the required match, instead of the health department quarterly IGT. Although, not specifically outlined in the public dental center agreements, MCDC has been paying the health department a Community Education and Outreach (CEO) payment of \$2,000 per chair annually. This is consistent with other health departments with MCDC dental centers receiving state funding.

In January 2023, MDHHS increased adult Medicaid dental rates to be to the average commercial dental rates. This eliminated the need for local or state IGT, which was the mechanism to enhance payment rates to MCDC. It should be noted, that these rates had not been increased in nearly 30 years and were well below break-even. Rates are now equal to average commercial, bringing them closer to break-even.

Despite this welcome change in rates, MCDC has continued to be challenged. Since 2020 the cost of providing dental care has risen significantly. This is impacted by workforce shortages, rising wages and increased cost for supplies, PPE and equipment.

MCDC requested that effective January 2024, the organization discontinue CEO payments to local health departments. MCDC has always provided supplies and materials to our local health department for dental education and outreach. MCDC has never tied payments to additional costs or specific deliverables from the local health department.

These are the CEO payments equal to \$2,000 per chair annually. These funds would be redirected into supporting the operation of the respective dental centers.

Understanding the positive and far reaching impact that MCDC has had across the Michigan and in the counties of Branch, Hillsdale and St. Joseph to expand access to dental care and improve community well-being it is recommended that BHSJ support this request for discontinuing CEO payments. All of the other health departments impacted by this request

have agreed to the change. This includes Allegan, Bay, Berrien, Calhoun, Genesee, Ionia, Kent, LMAS, Livingston, Ottawa, Saginaw and Sanilac

Lastly, the current agreement language is vague as it relates payments to the health departments in the absence of state funding or in the event that dental rates are reduced and there is a need for local IGT in the future. Amendment language is proposed that would provide for an annual meeting to mutually agree to the scope and budget should local IGT be needed. The proposed agreement is attached for review and approval.

**PUBLIC DENTAL CENTER PROGRAM AGREEMENT AMENDMENT BETWEEN  
BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY AND  
MY COMMUNITY DENTAL CENTERS, INC.**

This PUBLIC DENTAL CENTER PROGRAM AGREEMENT AMENDMENT (“Amendment”) is effective as of the last date of signature below (the “Effective Date”), by and between Branch-Hillsdale-St. Joseph Community Health Agency, a district health department located in Branch, Hillsdale, and St. Joseph Counties, Michigan (the “County” or “Health Department”) and My Community Dental Centers, Inc., a Michigan non-profit corporation (“MCDC”), collectively the “Parties”.

WHEREAS, the Parties entered into a PUBLIC DENTAL CENTER PROGRAM AGREEMENT BETWEEN BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY AND MY COMMUNITY DENTAL CENTERS (hereinafter the “Services Agreement”) for the MCDC dental centers in Coldwater, Michigan and Sturgis, Michigan with an Effective Date of on or about May 26, 2016; and

WHEREAS, in accordance with the provisions of the Services Agreement and in consideration of the mutual covenants contained herein, the Parties mutually agree to amend the Services Agreement as follows:

1. Schedule E, Section A of the Services Agreement shall be modified to read:

*In coordination with Section B below, MCDC and the Health Department shall meet annually to review and determine a mutually agreed upon scope and budget for Public Education & Outreach Services to be provided by the Health Department pursuant to this Agreement.*

2. All other terms and conditions of the Services Agreement remain unchanged.

This Amendment may be executed in counterparts, each of which will be an original but all of which will constitute one and the same Amendment.

Intending to be legally bound, the Parties indicate their agreement to this Amendment as of the dates of signatures below.

**Branch-Hillsdale-St. Joseph  
Community Health Agency**

**My Community Dental Centers, Inc.**

By: \_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Name: Dr. Deborah Brown

Title: \_\_\_\_\_

Title: CEO

Date: \_\_\_\_\_

Date: \_\_\_\_\_

# BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY

## BY-LAWS for Board of Health

### ARTICLE I. NAME

The Boards of Commissioners of the Counties of Branch, Hillsdale and St. Joseph under Michigan's Public Health Code, Act 368, P.A. 1978, MCL 333.2415, have established a District Health Department, which is hereinafter called the Community Health Agency.

### ARTICLE II. OBJECTIVES

**Section 1.** These by-laws are subject to the Intergovernmental Agreement between Branch, Hillsdale and St. Joseph counties which governs in the case of inconsistencies.

**Section 2.** The primary purpose of this organization is to provide the necessary policies and administrative controls for Branch, Hillsdale and St. Joseph Counties to strengthen and enforce health regulations, and to improve the quality of public health services to the people residing in this health jurisdiction.

### ARTICLE III. MEMBERS

The governing body of the Community Health Agency shall be the Board of Health, hereinafter called the Board. The Board shall be composed of representatives from the respective counties' Boards of Commissioners, who are current county commissioners, and in accordance with Michigan's Public Health Code, Act 368, P.A. of 1978, MCL 333.2415.

### ARTICLE IV. OFFICERS

**Section 1.** The election of a Chairperson and Vice Chairperson and appointment of committees for the calendar year will be held at the first regularly scheduled meeting in January. The Chairperson and Vice Chairperson shall not be from the same county.

**Section 2.** Following the elections of the Chairperson and Vice Chairperson, a Board member may be designated to attend the annual meeting of the Michigan Association of Local Public Health (MALPH). The Health Officer shall be designated as the primary delegate to represent the Community Health Agency at the MALPH meetings.

**Section 3.** Current officers and committee members shall remain in place until newly elected. In the event that the current Chairperson resigns from the Board, resigns or is

removed as a county commissioner from their respective county or no longer meets the requirements to serve on the Board, the Vice Chairperson shall assume the Chairperson's duties. The Board of Health will then at the next regular meeting take nominations for the Vice Chairperson position and elect a new Vice Chairperson. As these positions are elected on a rotation between the counties the Vice Chair position will be elected from the commissioners from the county in the next rotation.

## **ARTICLE V. MEETINGS**

**Section 1.** The Board will meet on the fourth Thursday of each month at 9:00 AM unless otherwise determined by the Board. In the event that the Board meets less than once per month, claims may be negotiated, resolved or paid prior to the next Board meeting by the Health Officer and Chairperson of the Board of Health, who shall report the action to the Board at its next regular meeting as outlined in Michigan's Public Health Code, Act 368, P.A. 1978, MCL 333.2415.

**Section 2.** The agenda for each Board meeting shall be set by the Health Officer in consultation with the Chairperson of the Board. An individual wishing to suggest a topic for discussion at a Board meeting shall submit a written request for consideration to the Chairperson of the Board at least ten (10) days prior to the meeting. The request shall include the subject matter, estimate time needed, individual(s) to appear and contact information of the requestor.

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

**Section 4.** The Board shall abide by requirements of Michigan's Open Meetings Act.

**Section 5.** Special meetings of the Board of Health or its Committees may be held at any time upon call of the Board Chairperson by providing just purpose and giving at least 18 hours' notice.

**Section 6.** Voting for the expenditure of funds, the adoption of a resolution or ordinance shall be by a roll-call vote. All other votes shall be by voice vote.

**Section 7.** Meetings will be conducted according to the latest edition of Roberts' Rules of Order.

## ARTICLE VI. QUORUM

Four (4) members of the Board shall constitute a quorum for the transaction of business.

## ARTICLE VII. COMMITTEES

**Section 1.** The Finance Committee and the Program, Policy and Appeals Committee shall be two (2) standing committees established by the Board. The Board may, from time to time, establish special committees and/or additional standing committees for other matters of concern to the Community Health Agency.

**Section 2.** The Board Chairperson, with the approval of the Board, shall appoint a representative from each county to the Finance Committee and to the Program, Policy and Appeals Committee. Appointments to committees shall be made annually.

## ARTICLE VIII. CONFLICT OF INTEREST

No Board of Health member will vote or otherwise participate in a decision by the Board of Health if they have a direct personal interest, wherein they may financially or materially gain from the action of the Board of Health.

## ARTICLE IX. AMENDMENTS

These by-laws may be amended at any regular meeting by a majority vote of the Board. A proposed amendment shall be submitted in writing to all members at least ten (10) days prior to the meeting. Any amendment thereto shall become effective immediately upon its adoption.

## ~~ARTICLE X. COUNTY APPROPRIATIONS~~

~~Beginning in January of each year, the respective Treasurers of Branch, Hillsdale and St. Joseph Counties shall deposit their quarterly appropriations of county funding with the Community Health Agency by the 15<sup>th</sup> day of January, April, July and October.~~

Reviewed and amended by the Board of Health on the ~~8<sup>th</sup>-25<sup>th</sup>~~ day of ~~December~~ 2022January 2024.



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

**2024 CERTIFICATE OF RECOGNITION  
FOR YEARS OF DEDICATED SERVICE**

**Amey Elkins-Little 5 Years**

**Lori Hibbs 5 Years**

**Barbara Keith 5 Years**

**Laura Sutter 25 Years**

# Proposal #482239



**Rebecca Burns**  
20 Care Dr  
Hillsdale, MI 49242

Proposal # 482239  
Proposal Date 11/29/2023  
Proposal Amount \$36,440.00  
Job Address 20 Care Dr  
Hillsdale, MI 49242

**Apex Painting**  
3980 W Carleton Rd. Suite A  
Hillsdale, Michigan 49242  
Phone: (517) 212-0051

Product / Service	Quantity	Price	Subtotal	Tax	Total
<b>Main Floor - All Walls &amp; Ceilings Repaint</b> <ul style="list-style-type: none"> <li>• SCOPE: entry, waiting room, all hallways, and 29 separate rooms (offices, reception, break room, etc.)                             <ul style="list-style-type: none"> <li>◦ NOTE: Supply Closets Not Included (3 on main floor)</li> </ul> </li> <li>• Walls and Ceilings re-paint</li> <li>• Walls                             <ul style="list-style-type: none"> <li>◦ One color throughout                                     <ul style="list-style-type: none"> <li>▪ We recommend SW 7666 Fleur de Sel or SW 7029 Agreeable Gray</li> </ul> </li> <li>◦ Two coats, always</li> <li>◦ Nail holes filled, stickers removed &amp; light sand where there were stickers or holes</li> </ul> </li> <li>• Ceiling flat white                             <ul style="list-style-type: none"> <li>◦ 1 coat, industry standard</li> </ul> </li> </ul>	1.00	\$19,350.00	\$19,350.00	\$0.00	\$19,350.00
<b>Basement Level Repaint - Some Areas</b> <ul style="list-style-type: none"> <li>• SCOPE:                             <ul style="list-style-type: none"> <li>◦ Walls Only</li> <li>◦ Stairwell down, all hallways, 2 bathrooms, 2 conference rooms</li> <li>◦ Excludes kitchen and any other rooms</li> </ul> </li> <li>• Walls only repaint                             <ul style="list-style-type: none"> <li>◦ Nail holes filled, any stickers off and sanded</li> <li>◦ Two coats, always</li> </ul> </li> </ul>	1.00	\$6,000.00	\$6,000.00	\$0.00	\$6,000.00
<b>Drywall Repairs - Main Floor &amp; Basement</b> We noted 23 separate drywall repair areas, mostly cracks and seam failures  This line item covers all drywall repair in areas bid for re-paint on main floor and basement, no additional areas	1.00	\$2,500.00	\$2,500.00	\$0.00	\$2,500.00
<b>We Move Furniture</b> <ul style="list-style-type: none"> <li>• At least 11 spaces were "heavily furnished" and we are capable of moving large furniture to access walls for the repaint – this line item covers the labor cost of carefully moving all furniture in re-paint spaces ourselves</li> </ul>	1.00	\$2,800.00	\$2,800.00	\$0.00	\$2,800.00
<b>MATERIALS</b> <ul style="list-style-type: none"> <li>• 110 GALLONS INTERIOR LATEX WALL PAINT                             <ul style="list-style-type: none"> <li>◦ Sherwin Williams Super Paint, satin sheen (for durability/washability)</li> </ul> </li> <li>• 30 GALLONS CEILING FLAT WHITE</li> <li>• masking, tape, etc.</li> </ul>	1.00	\$5,790.00	\$5,790.00	\$0.00	\$5,790.00
<b>TIMING</b> We can adjust our schedule and start this work ASAP upon acceptance, with completion by January 1 as long as our timing and access with office workers allows for a normal momentum	1.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Subtotal</b>					\$36,440.00



Tax	\$0.00
Total	\$36,440.00

---

**Deposit Required**

\$10,932.00 (30.00%)

**Scheduled Payments**

75% Complete: \$10,000.00

Remaining Balance: \$15,508.00

**Terms and Conditions**

**Terms:** We propose hereby to furnish material and labor - complete in accordance with above specifications.

All material is guaranteed to be as specified. All work to be completed in a substantially workmanlike manner according to the specifications submitted, per standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. If either party commences legal action to enforce its rights pursuant to this agreement, the action must be brought and held in the courts having jurisdiction over Hillsdale County, Michigan. Client has a (3) day right to cancel without loss of deposit.

**Photos:**

**Sign And Date To Accept Proposal:**

Customer Signature:

Date:



2425 E. Grand River Ave.,  
Suite 1, Lansing, MI 48912  
☎ 517.323.7500  
📠 517.323.6346

January 9, 2024

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

We are engaged to audit the financial statements of the governmental activities and the major fund of the Branch-Hillsdale-St. Joseph Community Health Agency for the year ended September 30, 2023. Professional standards require that we provide you with the following information related to our audit. We would also appreciate the opportunity to meet with you to discuss this information further since a two-way dialogue can provide valuable information for the audit process.

Our Responsibilities under U.S. Generally Accepted Auditing Standards, *Government Auditing Standards*, and the Uniform Guidance

As stated in our engagement letter dated December 19, 2022, our responsibility, as described by professional standards, is to express an opinion about whether the financial statements prepared by management with your oversight are fairly presented, in all material respects, in conformity with U.S. generally accepted accounting principles. Our audit of the financial statements does not relieve you or management of your responsibilities.

In planning and performing our audit, we will consider Branch-Hillsdale-St. Joseph Community Health Agency's internal control over financial reporting in order to determine our auditing procedures for the purpose of expressing our opinion on the financial statements and not to provide assurance on the internal control over financial reporting. We will also consider internal control over compliance with requirements that could have a direct and material effect on a major federal program in order to determine our auditing procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with the Uniform Guidance.

As part of obtaining reasonable assurance about whether Branch-Hillsdale-St. Joseph Community Health Agency's financial statements are free from material misstatement, we will perform tests of its compliance with certain provisions of laws, regulations, contracts, and grants. However, providing an opinion on compliance with those provisions is not an objective of our audit. Also in accordance with the Uniform Guidance, we will examine, on a test basis, evidence about Branch-Hillsdale-St. Joseph Community Health Agency's compliance with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Compliance Supplement applicable to each of its major federal programs for the purpose of expressing an opinion on Branch-Hillsdale-St. Joseph Community Health Agency's compliance with those requirements. While our audit will provide a reasonable basis for our opinion, it will not provide a legal determination on Branch-Hillsdale-St. Joseph Community Health Agency's compliance with those requirements.

Our responsibility is to plan and perform the audit to obtain reasonable, but not absolute, assurance that the financial statements are free from material misstatement. As part of our audit, we will consider the internal control of Branch-Hillsdale-St. Joseph Community Health Agency. Such considerations will be solely for the purpose of determining our audit procedures and not to provide any assurance concerning such internal control.

We are responsible for communicating significant matters related to the audit that are, in our professional judgment, relevant to your responsibilities in overseeing the financial reporting process. However, we are not required to design procedures specifically to identify such matters.

Generally accepted accounting principles provide for certain required supplementary information (RSI) to supplement the basic financial statements. Our responsibility with respect to management's discussion and analysis, budgetary comparison schedule, schedule of changes in the net pension liability and related ratios, and schedule of employer contributions, which supplement the basic financial statements, is to apply certain limited procedures in accordance with generally accepted auditing standards. However, the RSI will not be audited and, because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance, we will not express an opinion or provide any assurance on the RSI.

We have been engaged to report on the schedule of support services and schedule of expenditures of federal awards, which accompany the financial statements but are not RSI. Our responsibility for this supplementary information, as described by professional standards, is to evaluate the presentation of the supplementary information in relation to the financial statements as a whole and to report on whether the supplementary information is fairly stated, in all material respects, in relation to the financial statements as a whole.

#### Planned Scope, Timing of the Audit, and Other

An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements; therefore, our audit will involve judgment about the number of transactions to be examined and the areas to be tested.

Our audit will include obtaining an understanding of the entity and its environment, including internal control, sufficient to assess the risks of material misstatement of the financial statements and to design the nature, timing, and extent of further audit procedures. Material misstatements may result from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the entity or to acts by management or employees acting on behalf of the entity. We will generally communicate our significant findings at the conclusion of the audit. However, some matters could be communicated sooner, particularly if significant difficulties are encountered during the audit where assistance is needed to overcome the difficulties or if the difficulties may lead to a modified opinion. We will also communicate any internal control related matters that are required to be communicated under professional standards.

We have identified the following significant risk(s) of material misstatement as part of our auditing planning:

According to GAAS, significant risks include management override of controls, and GAAS presumes that revenue recognition is a significant risk. Accordingly, we have considered these as significant risks.

We expect to begin our audit procedures in January 2024 and issue our report on or before March 31, 2024. Aaron M. Stevens, CPA is the engagement partner and is responsible for supervising the engagement and signing the report or authorizing another individual to sign it.

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

Very truly yours,

*Mary Costeiran PC*

# PUBLIC COMMENT

•
•
•
•
•
•
•
•
•
•
•
•
•
•