

## 1. Legal Responsibility

### A. Authority

#### i. State Statutory Authority:

The Public Health Code Act 368 of 1978 established the legal foundations of the state and local health departments as reflected in **Exhibit 1A-1** (Laws Applicable to Local Public Health). The Public Health Code MCL 333.2235 allows the state health department to grant local health departments authority to act on its behalf with primary responsibility in delivery of public health prevention and control. The Code further sets forth the specific authorities given to local health departments, health officers and medical directors and describes their specific powers and duties to protect the public health.

Under the Public Health Code Act 368 of 1978, MCL 333. 2433 (1) Local health department; powers and duties generally. “A local health department shall continually and diligently endeavor to prevent disease, prolong life, and promote the public health through organized programs, including prevention and control of environmental health hazards; prevention and control of diseases; prevention and control of health problems of particularly vulnerable population groups; development of health care facilities and health services delivery systems; and regulation of health care facilities and health services delivery systems to the extent provided by law.

Part (f) of this MCL says in addition “A local health department shall have powers necessary or appropriate to perform the duties and exercise the powers given by law to the local health officer and which are not otherwise prohibited by law.”

Health officers have broad powers to respond to local emergencies and protect the public health. For example, MCL 333.2451 authorizes the local health officer to issue an imminent danger order within the local health department jurisdiction. Section 2455 says they may order the correction of a condition violating health laws.

In order to carry out specific emergency orders and/or other powers and duties, the Branch-Hillsdale-St. Joseph Community Health Agency has legal counsel, access to the Prosecutors Office, Circuit Court and District Courts within our jurisdiction for the issuance of warrants etc. and the support of state and local law enforcement.

The law firm of Rosati, Schultz, Joppich, & Amtsbuechler acts as our legal counsel to provide guidance with legal matters within Public Health Law.

ii. Programs and Services

Part 2235 of the Public Health Code gives broad delegator power to the Michigan Department of Health and Human Services (MDHHS) to assign primary responsibility for the delivery of services to Local Health Departments (LHDs) who meet the requirements set forth in Part 24 of the Public Health Code.

The MDHHS director, in determining the organization of services and programs which the department may establish or require under this code, shall consider a local health department which meets the requirements of part 24 to be the primary organization responsible for the organization, coordination, and delivery of those services and programs in the area (**Exhibit 1A-2**) served by the local health department.

The Branch-Hillsdale-St. Joseph Community Health Agency (BHSJCHA) provides programs and services under the Comprehensive Planning, Budgeting and Contracting Agreement which includes contractual terms on behalf of MDHHS, Department of Environmental Great Lakes and Energy (EGLE) and the Michigan Department of Agriculture and Rural Development (MDARD), as well as the Local Health Department Grant Agreement with EGLE. Through these agreements BHSJCHA complies with all program and reporting requirements provided in state and federal mandates.

iii. Local Statutory Authority

Section 2435 (d) of the Michigan Public Health Code allows governing boards of local health departments to “adopt regulations to properly safeguard the public health and to prevent the spread of diseases and sources of contamination.” Under this authority Boards of Health may create proposed regulations which must be approved by the Boards of Commissioners of constituent counties. The Board of Health and the County Boards of Commissioners (for Branch, Hillsdale, & St. Joseph Counties) have established the Branch-Hillsdale-St. Joseph Community Health Agency Environmental Health Code as reflected in **Exhibit 1A-3** (Environmental Health Code), which went into effect on April 1, 1991.

B. **Governing Entity Relationship**

The BHSJCHA can trace its roots back to the 1930s but it was organized as an ‘association’ relationship in 1966. On January 1, 1972, the health district was formalized by Branch, Hillsdale, and St. Joseph Counties and has continued as a three-county district health department under the authority of Section 2415 of the Michigan Public Health Code. The local public health relationship between Branch, Hillsdale, and St. Joseph Counties was further defined in **Exhibit 1B-1**, an intergovernmental agreement creating the Branch-Hillsdale-St. Joseph Community Health Agency on January 1, 1998 and updated in 2012. The newly signed agreement became effective on January 1, 2013 and received both MDHHS’s (formerly MDCH) approval and the Governor’s approval in April of 2013.

Accordingly, BHSJCHA has a six-member Board of Health (two commissioners from each county), which is the Local Governing Entity for the BHSJCHA. The relationship between the three counties is defined in the Intergovernmental Agreement which was approved by all three counties, as provided for in section 2448 of the Public Health Code.

**C. Civil Liability**

The BHSJCHA has an intergovernmental arrangement and has been a member of the Michigan Municipal Risk Management Authority (MMRMA) since September of 1985. This arrangement provides: 1) cooperative and comprehensive risk management and loss control services; 2) provision for reinsurance, excess insurance and other provisions for payment of losses, risk financing, and related expenses; and 3) provision of administrative claims, legal defense and related general administrative services to members. This agreement indemnifies employees for civil liability sustained in the performance of official duties except for wanton and willful misconduct. This MMRMA coverage is facilitated through a regional risk manager, Lighthouse Insurance Group, as reflected in **Exhibit 1C-1** (MMRMA Coverage Overview).

**D. Delegation of Food Service Sanitation Program**

All BHSJCHA Food Services Sanitation Program responsibilities are fulfilled solely by BHSJCHA Environmental Health Sanitarians.

**E. Exposure Plan for Blood Borne Pathogens & Chemical Hygiene Plan**

BHSJCHA protects employees and clients against biological and toxic hazards as reflected in the blood borne pathogen Exposure Control Plan (**Exhibit 1E-1**) and chemical hygiene plan (**Exhibit 1E-2**).

**2. LHD Organization**

**A. Organizational Chart**

The BHSJCHA's current Organizational Chart, approved as part of the Plan of Organization, by the Board of Health on March 23, 2023, is reflected in **Exhibit 2A-1**. Further information regarding individual staff duties, functions, lines of authority and responsibilities are contained in **Exhibit 2A-2**, the agency's Reporting Relationships document and in employee job descriptions.

**B. Plan Approval**

Documentation of the BHSJCHA Board of Health's approval of the agency Plan of Organization is reflected in **Exhibit 2B-1**.

**C. Budget**

BHSJCHA currently (FY 22/23) has an annual operating budget of \$8,997,422 as reflected in the summary in **Exhibit 2C-1**. This budget was formally approved by the BHSJCHA Board of Health on January 26, 2023, as noted in **Exhibit 2C-2** (Minutes of the BHSJCHA Board of Health Regular Meeting held January 26, 2023).

The BHSJCHA currently has 72.7 Full-Time Equivalent (FTE) positions organized as shown on **Exhibit 2C-3** (Agency Staffing Plan).

#### **D. Audit Findings**

The Agency has had no audit findings in the past three years. This is reflected in the Audit reports in **Exhibits 2D-1, 2D-2, & 2D-3**.

#### **E. Information Technology**

The Branch-Hillsdale-St. Joseph Community Health Agency maintains two full-time staff to assure the ability and technical capacity to store, access, and distribute current public health information. BHSJCHA utilizes cloud-based software platforms to assure access, privacy, and security concerns. The major cloud-based software in use are: Abila's MIP for finance, CHAMP Nightingale Notes for Clinical Services, and HealthSpace for Environmental services. BHSJ also participates and utilizes the HAN, MCIR, and MDSS systems. The Agency is still in the process of digitizing its records, which are stored using Docuphase.

In addition to the cloud-based software, BHSJCHA maintains a robust information technology infrastructure. This technology includes servers, firewalls, internet access, video conferencing capabilities, phone systems, fax lines, and a host of other programs and systems that are utilized to ensure BHSJCHA can provide public health services.

BHSJCHA communicates critical health alert information to the public, community partners, and local media outlets. Public health information is disseminated via email lists and the internet via the State of Michigan's Health Alert Network (MiHAN). Other important information is distributed by website postings ([www.bhsj.org](http://www.bhsj.org)), social media (Facebook, and Instagram), phone, and press releases. This multi-distribution approach enables BHSJCHA to distribute both critical and noncritical information regarding public health in an accurate, timely fashion.

### **3. Mission, Vision, and Values**

#### **A. Agency Mission & Vision**

- **Mission Statement** – “Helping People Live Healthier.”
- **Vision Statement** – “To be the trusted health resource for all people.”
- **Values**—BHSJCHA's values of Inclusion, Innovation, and Integrity guide its interactions with staff and the public.

These statements are published and shared with those that the agency serves, community partners, and others via the agency's website ([www.bhsj.org](http://www.bhsj.org)), social media pages, the Strategic Plan, the Annual Report (**Exhibits 3A-1, 3A-2**) and in other public communications. (These items were omitted in error from the Annual Report for FY21 and FY22.)

### **4. Local Planning and Collaboration Initiatives**

#### **A. Outline of Priorities**

Strategic Planning at BHSJCHA was initiated by the agency's executive team, and coordinated by an external consultant who facilitated meetings and drafted the initial plan. The process included the agency's front-line staff, community partners, county

officials, and board of health members who were invited to participate in the initial planning survey. Additionally, front-line staff with representation from all levels and divisions within the department participated in meetings during the planning process.

The current Strategic Plan (**Exhibit 4A-1**) will guide the progress toward the strategic priorities over the next four year plan cycle. The Agency will monitor and report progress of the plan execution using the VMSG dashboard software, which will hold the entire organization accountable and track the advancement of the identified priorities.

The Strategic Priorities Identified in the 2022-2026 Strategic Plan are:

- I. Employee Investment. Ensure retention of a competent and satisfied workforce.
  - Create a wage equity plan and continue to present to BOH annually
  - Review and update the agency workforce development plan
  - Evaluate hiring strategies and opportunities for advancement
  - Develop and enhance employee satisfaction
- II. Communication and Advocacy. Assure a strong internal and external communication strategy to promote public health advocacy and to extend the reach of public health.
  - Develop and implement an internal communications plan
  - Develop and foster relationship with stakeholders to support agency mission and vision
  - Develop and implement an external communications plan
  - Expand the behavioral health collaboration
- III. Programming and Policy. Ensure programming policies and procedures are meeting the requirements and needs of the organization.
  - Review all existing policies for relevance
  - Conduct a CHNA and use this to assess the need for additional programs and service delivery methods to meet community needs
  - Implement the VMSG dashboard to track program compliance
  - Implement the VMSG dashboard to track policy compliance

**B. LHD Planning Activities for Priority Projects with Available Resources**

Here are some examples of BHSJCHA's current agency-specific priorities and initiatives:

- **Community Health Needs Assessment** – Due to a special funding grant from MDHHS for Workforce Development, BHSJCHA is in the process of completing a Community Health Needs Assessment (CHNA). The information

obtained from completion of the CHNA will be used to develop a Community Health Improvement Plan for BHSJCHA.

- **Community Health Improvement Plan** – Developing a Community Health Improvement Plan (CHIP) utilizing the data from the CHNA will help BHSJCHA target scarce resources to do the most good in our communities.
- **Performance Management by implementing VMSG Dashboard to all programs** BHSJCHA has undertaken an ambitious project to implement the performance management software VMSG Dashboard. Already in use to track the Maternal Child Health grant, BHSJCHA has also worked with the software developer to build-out Michigan Public Health Accreditation. BHSJCHA's current projects in VMSG include; the MCH grant, building out tracking the strategic plan, and implementing tracking of Michigan Public Health Accreditation. Development is slow due to the many constraints on staff time.
- **Emerging Threats; PFAS, vectorborne**, BHSJCHA sees emerging threats as an important focus area for staff time and program resources. These special projects include working with state partners from EGLE and MDHHS on local areas of PFAS contamination as well as working during the summer months on mosquito and tick collection and identification. For the 2023 vectorborne season BHSJCHA has worked with MDHHS to add surveillance for Eastern Equine Encephalitis.
- **Type II Water Expansion** With an additional infusion of grant dollars to support local public health Environmental Health staff in implementing and monitoring the Type II Noncommunity Water Supply program, BHSJCHA has been able to hire an additional Sanitarian for this work. This additional staff time will provide BHSJCHA with more opportunities to work directly in the field with supplies to ensure that safe drinking water is available to the public.
- **Community Health Worker Program** In 2022, BHSJCHA was awarded grant funds to implement a Community Health Worker Program. Community Health Workers (CHW's) act as a bridge between the community and social and healthcare services. CHW led programs have proven that they can have a significant economic effect for individuals, healthcare organizations, and society. Although still in it's first year, BHSJCHA's CHW program is helping community members while working through the challenges of starting a new program.

C. **Community Partnerships and Collaborative Efforts**

BHSJCHA's capacity to assess community health needs and address priority areas—play

the role of “Chief Health Strategist”—is severely restricted due to economic struggles of rural Michigan and underfunding of local public health. However this agency believes strongly that our partnerships with community organizations, nonprofits, and schools is

essential to build up our community members, bring visibility to needs, and work collaboratively to find new solutions.

The agency continues to provide technical assistance and data specialty support for a variety of community initiatives such as child death reviews, Great Start Collaboratives, local emergency management, and solid waste authorities.

BHSJCHA is the fiduciary for a Cross Jurisdictional Sharing grant that pulls together key leaders from local health departments in southwest Michigan to improve Workforce Development. The deliverables from this project are available to not only the local health departments in southwest Michigan but to all in Michigan. Even during the pandemic, this group continued to meet and collaborate on projects to improve the public health workforce and improve readiness for PHAB accreditation.

Our Organizational Liaison List demonstrates the collaborative approach with our community and stakeholders (**Exhibit 4C-1**).

## 5. Service Delivery

### A. Outline of Locations, Services and Hours of Operation

The BHSJCHA’s locations, services and phone numbers are noted on the agency’s website ([www.bhsj.org/locations](http://www.bhsj.org/locations)), Services Brochure (**Exhibit 5A-1**), on the Annual Report (**Exhibit 3A-1**), and on various other flyers and materials distributed by the agency. Hours of operation are typically 8:00 a.m. to 4:00 p.m., Monday through Friday, although certain programs (e.g., WIC and Immunizations) have expanded hours to meet client needs. (These items were omitted in error from the Annual Report for FY21 and FY22.)

- 570 Marshall Rd., Coldwater, MI 49036  
517-279-9561  
Monday through Friday, 8:00 AM to 4:00 PM
- 20 Care Drive, Hillsdale, MI 49242  
517-437-7395  
Monday through Friday, 8:00 AM to 4:00 PM
- 1110 Hill Street, Three Rivers, MI 49093  
269-273-2452  
Monday through Friday, 8:00 AM to 4:00 PM
- 1555 East Chicago Road, Suite C, Sturgis, MI 49091  
269-273-2161  
By Appointment Only

## 6. Reporting and Evaluation

**A. Efforts to Evaluate its Activities**

The BHSJCHA maintains several in-house programs and financial monitoring systems including monthly program service reports, monthly financial status reports, program data reports generated from the agency's Abila (accounting and payroll) system, Champ Software's Nightingale Notes and HealthSpace databases, reports from various State

data systems (e.g., WIC system, MCIR, and MDSS), and also uses various State program management evaluation reports and independent audits to evaluate program and financial operations. Agency management also utilizes criteria from MLPHAP and EGLE and MDARD self-assessment activities to evaluate program operations for compliance with Minimum Program Requirements.

**B. Mechanisms to Report on its Activities to the Community and its Governing Entity**

The Board of Health receives monthly updates on the agency's various programs and financial operations (**Exhibit 6B-1**). These monthly meetings are video recorded and made available on the agency's website and YouTube channels for viewing at any time. The Health Officer provides an annual update on agency activities to the full Boards of Commissioners of each of the three counties which includes a review of each year's Annual Report (**Exhibit 3A-2**). The agency's Annual Report is distributed widely within the community, is posted on the agency's website, and is provided to legislative representatives.

The agency leverages social media platforms, FaceBook and Instagram, as one method of communicating with the community. These social media platforms along with our agency website provide up to date messaging to community members and groups. Communication with local medical professionals is accomplished by quarterly publication of "Public Health News & Views" which contains a headline article from the Medical Director and when appropriate direct email messaging on urgent matters affecting public health.

Agency staff members participate in various collaboratives and partner with community organizations within our district to engage with the community to showcase what our agency is doing and to learn what is occurring that may impact the health and wellbeing of our residents. We often attend outreach events to promote our services to the public, and maintain communication with local leaders (superintendents, elected officials, etc.) to help ensure visibility throughout the community we serve.

**7. Health Officer and Medical Director**

**A. Procedure for Appointment of a Health Officer and Medical Director**

- **Health Officer** - As indicated in the agency's Intergovernmental Agreement (**Exhibit 1B-1**), the Board of Health has responsibility for selecting and appointing the Health Officer, who shall meet the standards of training and experience established by the agency for this position. These standards are consistent with provisions in Section 2428 of the Michigan Public Health Code (including related Administrative Rules R325.13001) and as prescribed by the MDHHS.

With the immediate or impending health officer vacancy, the Board of Health shall appoint an interim health officer that will serve as the chief executive officer of the Community Health Agency until the appointment of a permanent health officer is made. The interim appointment shall be either a member of

the top management staff from the Community Health Agency or a MDHHS-approved health officer from another neighboring health jurisdiction.

The Board of Health shall conduct the search for a replacement health officer using the Public Health Code and its administrative rules as guidance regarding the statutory requirements of the health officer's job scope, prior training, and experience.

The Board of Health shall conduct its job interviews in compliance with Michigan's Open Meetings Act.

The Board of Health shall offer an individual the position of health officer, only after obtaining written confirmation from MDHHS that the selected health officer candidate possesses the prior training and experience as required by the Public Health Code. Written confirmation from MDHHS is defined as a letter, memorandum, or written statement approving the qualifications of the health officer candidate.

- **Medical Director** – As indicated in the agency's Intergovernmental Agreement (**Exhibit 1B-1**), the Board of Health has responsibility for selecting and appointing the Medical Director, who shall meet the agency's employment standards consistent with provisions in the Michigan Public Health Code (Administrative Rules R325.13001, R325.13002 and R325.13004) and as prescribed by the MDHHS.

Upon the notification of an immediate or impending medical director vacancy, the Board of Health shall notify the Michigan Department of Community Health (MDHHS) of such event. The Board of Health shall request that MDHHS provide consultation and guidance regarding the statutory requirements of the medical director's prior training and experience.

With the immediate or impending medical director's vacancy, the Board of Health shall appoint an interim medical director that will serve as the medical director of the Community Health Agency until the appointment of a permanent medical director is made. The interim appointment shall be a MDHHS-approved medical director from another neighboring health jurisdiction.

The Board of Health shall conduct the search for a replacement medical director using the Public Health Code and its administrative rules as guidance

regarding the statutory requirements of the medical director's job scope, prior training, and experience.

The Board of Health shall conduct its job interviews in compliance with Michigan's Open Meetings Act.

The Board of Health shall offer an individual the position of medical director, only after obtaining written confirmation from MDHHS that the selected medical candidate possesses the prior training and experience as required by the Public Health Code and its administrative rules. Written confirmation from MDHHS is defined as a letter, memorandum, or written statement approving the qualifications of the medical director candidate.

**B. MDHHS Health Officer Approval**

On December 21, 2015 MDHHS approved Rebecca Burns, MPH, RS as the Health Officer for the Branch-Hillsdale-St. Joseph Community Health Agency, effective January 16, 2016 (**Exhibit 7B-1**).

**C. MDHHS Medical Director Approval**

On August 17, 2021 MDHHS approved Dr. Karen Luparello to serve as the Provisional Medical Director for the Branch-Hillsdale-St. Joseph Community Health Agency, effective September 30, 2021 (**Exhibit 7C-1**).

**8. LHD Plan of Organization Approval Form**

The approval form (Exhibit 8-1) and LHD Plan of Organization Checklist (Exhibit 8-2) verify the completion of all required plan components.

## 1. Legal Responsibility

### a. Legal Authority

- **Exhibit 1A-1** – Listing of Laws Applicable to Local Public Health
- **Exhibit 1A-2** – Matrix of Services
- **Exhibit 1A-3** - Environmental Health Code

### b. Governing Entity Relationship

- **Exhibit 1B-1** - Intergovernmental agreement creating the Branch-Hillsdale-St. Joseph Community Health

### c. Civil Liability

- **Exhibit 1C-1** – Michigan Municipal Risk Management Authority Coverage Overview

### d. Delegation of Food Service Sanitation Program

- No Exhibits

### e. Exposure Plan for Blood Borne Pathogens & Chemical Hygiene Plan

- **Exhibit 1E-1** - blood borne pathogen Exposure Control Plan
- **Exhibit 1E-2** - chemical hygiene plan

## 2. LHD Organization

### a. Organizational Chart

- **Exhibit 2A-1** – Organizational Chart
- **Exhibit 2A-2** - Reporting Relationships

### b. Plan Approval

- **Exhibit 2B-1** – Minutes from Board of Health Meeting Approving the Plan of Organization

### c. Budget

- **Exhibit 2C-1** – FY 22/23 Budget
- **Exhibit 2C-2** - Minutes of the BHSJCHA Board of Health Meeting held January 26, 2023 where budget was approved.
- **Exhibit 2C-3** - Agency Staffing Plan

### d. Audit Findings

- **Exhibit 2D-1** – Audit for year ending September 30, 2019
- **Exhibit 2D-2** – Audit for year ending September 30, 2020
- **Exhibit 2D-3** – Audit for year ending September 30, 2021

### e. Information Technology

- No Exhibits

## 3. Mission, Vision, and Values

- a. **Agency Mission & Vision**
    - **Exhibit 3A-1** – Annual Report 2019
    - **Exhibit 3A-2** – Annual Report 2021
4. **Local Planning and Collaboration Initiatives**
  - a. **Outline of Priorities**
    - **Exhibit 4A-1** – Strategic Plan
  - b. **LHD Planning Activities for Priority Projects with Available Resources**
    - No Exhibits
  - c. **Community Partnerships and Collaborative Efforts**
    - **Exhibit 4C-1** – Community Partners and Collaborative Efforts Listing
5. **Service Delivery**
  - a. **Outline of Locations, Services and Hours of Operation**
    - **Exhibit 5A-1** – Agency Services Brochure
    - **Exhibit 3A-1** – Annual Report 2019
6. **Reporting and Evaluation**
  - a. **Efforts to Evaluate its Activities**
    - No Exhibits
  - b. **Mechanisms to Report on its Activities to the Community and its Governing Entity**
    - **Exhibit 6B-1** – Board of Health Monthly Update
    - **Exhibit 3A-2** – Annual Report 2021
7. **Health Officer and Medical Director**
  - a. **Procedure for Appointment of a Health Officer and Medical Director**
    - **Exhibit 1B-1** - Intergovernmental agreement creating the Branch-Hillsdale-St. Joseph Community Health
  - b. **MDHHS Health Officer Approval**
    - **Exhibit 7B-1** – Letter from MDHHS approving Health Officer
  - c. **MDHHS Medical Director Approval**
    - **Exhibit 7C-1** – Letter from MDHHS approving Medical Director
8. **LHD Plan of Organization Approval Form**
  - **Exhibit 8-1** – Board of Health Approval Form
  - **Exhibit 8-2** – LHD Plan of Organization Checklist

# Exhibits for Section 1 – Legal Responsibility

## Section A – Legal Authority

- **Exhibit 1A-1** – Listing of Laws Applicable to Local Public Health
- **Exhibit 1A-2** – Matrix of Services
- **Exhibit 1A-3** - Environmental Health Code

## Section B – Governing Entity Relationship

- **Exhibit 1B-1** - Intergovernmental agreement creating the Branch-Hillsdale-St. Joseph Community Health

## Section C - Civil Liability

- **Exhibit 1C-1** – Michigan Municipal Risk Management Authority Coverage Overview

## Section D - Delegation of Food Service Sanitation Program

- No Exhibits

## Section E - Exposure Plan for Blood Borne Pathogens & Chemical Hygiene Plan

- **Exhibit 1E-1** - blood borne pathogen Exposure Control Plan
- **Exhibit 1E-2** - chemical hygiene plan

## **Attachment B**

### **LAWS APPLICABLE TO LOCAL PUBLIC HEALTH (LPH)**

#### **Public Health Code (Public Act 368 of 1978, as amended)**

MCL § 333.1105 – Definition of "Local Public Health Department"

MCL § 333.1111 – Protection of the health, safety, and welfare

Part 22 (MCL §§ 333.2201 *et seq.*) – State Departments

Part 23 (MCL §§ 333.2301 *et seq.*) – Basic Health Services

Part 24 (MCL §§ 333.2401 *et seq.*) – Local Health Departments

Part 51 (MCL §§ 333.5101 *et seq.*) – Prevention and Control of Diseases and Disabilities  
(General Provisions)

Part 52 (MCL §§ 333.5201 *et seq.*) – Hazardous Communicable Diseases

Part 53 (MCL §§ 333.5301 *et seq.*) – Expense of Care

MCL § 333.5923 – HIV Testing and Counseling Costs

MCL § 333.9131 – Family Planning Services

Part 92 (MCL §§ 333.9201 *et seq.*) – Immunization

Part 93 (MCL §§ 333.9301 *et seq.*) – Hearing and Vision Testing and Screening

MCL § 333.11101 – Reporting of Prohibited Donation or Sale of Blood Products

MCL § 333.12425 – Agricultural Labor Camps

Part 125 (MCL §§ 333.12501 *et seq.*) – Campgrounds and Public Swimming Pools

Part 127 (MCL §§ 333.12701 *et seq.*) – Water Supply and Sewer Systems

Part 138 (MCL §§ 333.13801 *et seq.*) – Medical Waste

MCL § 333.17015 – Informed Consent

#### **Appropriations (Current as of December 2022: Public Act 166 of 2022)**

Sec. 218 – Basic Services

Sec. 1222– Essential Local Public Health Services (ELPHS)

#### **Michigan Office of Attorney General (OAG) Opinions**

OAG, 1987-1988, No. 6415 – Legislative authority to determine appropriations for local health services

OAG, 1987-1988, No. 6501 – Reimbursement of local department for required and allowable services

OAG, 1989-1990, No. 6650 – LHD procedures for establishing sanitation fees for food service establishments

OAG, 1995-1995, No. 6891 – Application of Administrative Procedures Act of 1969 (APA) to LHD

OAG, 2007, No. 7205 – LHD's authority concerning immunization requirements

#### **Food Law (Public Act 92 of 2000, as amended)**

MCL § 289.1109 – Definition of "Local Health Department"

MCL § 289.3103, *et seq.* – Enforcement, Delegation to Local Health Department

#### **Natural Resources and Environmental Protection Act (Public Act 451 of 1994, as amended)**

Part 31 (MCL §§ 324.3101, *et seq.*) – Water Resources Protection

Water Resources Protection, Part 22 (R 323.2201, *et seq.*) – Groundwater Quality Rules (on-site wastewater treatment)

Part 117 (MCL §§ 324.11701, *et seq.*) – Septage Waste Services

**Land Division Act (Public Act 288 of 1967, as amended)**

MCL § 560.105(g) – Preliminary Plat Approvals

MCL § 560.109a – Parcels Less Than One Acre

MCL § 560.118 – Health Department Approval

**Condominium Act (Public Act 59 of 1978, as amended)**

MCL § 559.171a – Approval of Condominium Project Not Served by Public Sewer and Water

**Safe Drinking Water Act (Public Act 399 of 1976, as amended)**

MCL § 325.1016 – Agreements to Administer Act; Public Water Supplies

This document may serve as a survey of appropriate laws but may not be considered exhaustive or as a limit to responsibilities required by law.

## Attachment A

**MATRIX OF SERVICES OF LOCAL PUBLIC HEALTH**

Services	Rule or Statutory Citation	Required = Basic + Mandated + ELPHS				Allowable 2	Notes
		1	1-A	1-B	1-C		
Immunizations	MCL 333.9203; R 325.176; Annual appropriations act (example: P.A. 166 of 2022 Sec. 218 and 1222)	X	X	X	X		
Infectious/ Communicable Disease Control; Reporting (General)	MCL 333.2433; Part 51, MCL 333.5101 <i>et seq.</i> ; Part 52, MCL 333.5201 <i>et seq.</i> ; R 325.171 <i>et seq.</i> ; Annual appropriations act (example: P.A. 166 of 2022 Sec. 218 and 1222)	X	X	X	X		See below for more specific requirements.
STD Control	MCL 333.5117; R 325.174; R 325.175; R 325.177; Annual appropriations act (example: P.A. 166 of 2022 Sec. 218 and 1222)	X	X	X	X		For more on HIV/AIDs, see below.
TB Control	MCL 333.5117; R 325.174; R 325.175; Annual appropriations act (example: P.A. 166 of 2022 Sec. 218)	X	X	X			
Emergency Management – Community Health Annex	MCL 30.410; Annual appropriations act (example: P.A. 166 of 2022 Sec. 218)	X	X	X			Basic Service under annual omnibus appropriations act; Mandated Service if required under Emergency Management Act, MCL 30.401 <i>et seq.</i>
Prenatal Care	Annual appropriations act (example: P.A. 166 of 2022 Sec. 218)	X	X				
Family Planning Services for Indigent Women	MCL 333.9131	X		X			
Health Education	MCL 333.2433	X		X			See MCL 333.2237(2) for a definition of "health education."
Nutrition Services	MCL 333.2433	X		X			
HIV/AIDS Services; Reporting, Counseling, and Partner Notification	MCL 333.5114; MCL 333.5114a; MCL 333.5131 MCL 333.5923; R 325.174	X		X			
Care of Individuals with Serious Communicable Disease or Infection	MCL 333.5117; Part 53, MCL 333.5301 <i>et seq.</i> ; R 325.177	X		X			"Financial liability for care rendered under this section shall be determined in accordance with part 53." MCL 333.51147(4).
Hearing and Vision Screening	MCL 333.9301; R 325.3271 <i>et seq.</i> ; R 325.13091 <i>et seq.</i> ; Annual appropriations act	X		X	X		
Public Swimming Pool Inspections	MCL 333.12524; R 325.2111 <i>et seq.</i>	X		X			Required if "designated." MCL 333.12524(1).
Campground Inspection	MCL 333.12510; R 325.1551 <i>et seq.</i>	X		X			Required if "designated." MCL 333.12510(1).
Public/Private On- Site Wastewater	MCL 333.12751; MCL 333.12757; R 323.2210; R 323.2211	X		X	X		"Alternative waste treatment systems" are regulated by LHD.

Services	Rule or Statutory Citation	Required = Basic + Mandated + ELPHS				Allowable	Notes
Food Protection	MCL 289.3103 <i>et seq.</i> ; Annual appropriations act	X		X	X		
Pregnancy Tests; Certification Forms	MCL 333.17015(18)	X		X			
Public/Private Water Supply	MCL 333.12701 <i>et seq.</i> ; MCL 325.1001 <i>et seq.</i> ; R 325.1601 <i>et seq.</i> ; R 325.10101 <i>et seq.</i>	X			X		
Allowable Services						X	This category includes all permissive responsibilities in statute or rule that happen to be eligible for cost reimbursement.
Other Responsibilities (Upon Delegation)	MCL 333.2235(1)					X	This category is NOT connected to express responsibilities within statute, but instead refers entirely to pure delegation by the department as allowed. In addition to general provision, the Code allows delegations for specified functions.

#### MATRIX DEFINITIONS

Name	Citation	Description
1. Required Service	MCL 333.2321(2); MCL 333.2408(1)	- "A basic health service designated for delivery through a local health department [LHD] . . . for the local fiscal year covered by the appropriation"; - "[A] local health service specifically required pursuant to [Part 24] or specifically required elsewhere in state law"; or - Services designated under ELPHS.
1-A. Basic Service	MCL 333.2311; MCL 333.2321(2)	A service identified under Part 23 that is funded by appropriations to MDHHS or that is made available through other arrangements approved by the Legislature. Defined by the omnibus appropriations act and could change annually.
1-B. Mandated Service	MCL 333.2408(1)	The portion of required services that are not basic services but are "specifically required pursuant to [Part 24] or specifically required elsewhere in state law."
1-C. ELPHS	Annual appropriations act (example: P.A. 166 of 2022 Sec. 1222. (1))	Funds appropriated in the MDHHS section of the Omnibus Appropriations Act that are to be prospectively allocated to LHDs to support immunizations, infectious disease control, STD control and prevention, hearing screening, vision services, food protection, public water supply, private groundwater supply, and on-site sewage management.
2. Allowable Services	MCL 333.2403(1);	"[A] health service delivered [by an LHD] which is not a required service but which [MDHHS] determines is eligible for cost reimbursement."
Omnibus Appropriations Act	Annual appropriations act	Most recent omnibus appropriations act for MDHHS.

# **ENVIRONMENTAL HEALTH CODE**

## **Branch, Hillsdale St. Joseph County**

### **District Health Department**

As of January 1, 1998, the District Health Department was formally changed to:

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

## **ARTICLE I - TITLE, AUTHORITY, JURISDICTION, PURPOSE AND ADMINISTRATION**

### **101 - TITLE**

These Regulations shall be identified by the title: Environmental Health Code for Branch, Hillsdale and St. Joseph Counties, Michigan.

### **102 - AUTHORITY**

These Regulations are hereby adopted pursuant to authority conferred upon local health departments by Section 2441(1) of the Michigan Public Health Code, Act 368, 1978, as amended.

### **103 - JURISDICTION**

- (1) The Health Officer shall have jurisdiction throughout Branch, Hillsdale and St. Joseph Counties, which includes cities, villages and townships for the administration and enforcement of these Regulations.
- (2) Nothing contained herein shall be construed to restrict or abrogate the authority of any municipality in Branch, Hillsdale or St. Joseph Counties to adopt more restrictive regulations or ordinances.

### **104 - PURPOSE**

These Regulations are hereby adopted for the purpose of protecting public health and safety and the quality of the environment as it affects human health, and to prevent the occurrence of public health nuisances.

### **105 - RIGHT OF INSPECTION**

- (1) To assure compliance with the provisions of these Regulations, the Health Officer may conduct necessary inspections as provided by Section 2446 of the Michigan Public Health Code.
- (2) It shall be unlawful for any person to molest, willfully oppose or otherwise obstruct the Health Officer, or any other person charged with enforcement of these Regulations during the routine

performance of his or her duties.

(3) The Health Officer may request the assistance of the respective sheriff Departments or other police agencies or peace officers with Branch, Hillsdale or St. Joseph Counties Michigan when necessary to execute his or her official duty in a manner prescribed by law.

## **106 –POWER TO ISSUE VIOLATION NOTICES; POWER TO ORDER CORRECTIVE ACTIONS**

The Health Officer shall be empowered to issue a notice to any person who violates a provision of these Regulations. Such notice shall contain a description of the violation, and shall cite the specific section of the Regulation which applies. The Health Officer may also order correction of a violation, and may specify the nature of corrective action required and a reasonable time limit for such corrective action to be completed. In the case of violations which may present an imminent danger to public health and safety, immediate corrective action may be required.

### **106.1 – Interference with notice.**

No person shall remove, mutilate or conceal any notice or placard posted by the Health Officer, except by permission of the Health Officer.

## **107 - ABATEMENT OF NUISANCES, HEALTH AND SAFETY HAZARDS**

Nothing stated in these Regulations may be construed to limit the power of the Health Officer to order the immediate and complete abatement of a public health nuisance, health hazard or menace to the public, as well as any place, object or condition which the Health Officer reasonably believes would otherwise endanger the public health or safety.

## **108 – PENALTY**

### **108.1 - Penalty, Criminal**

As provided for in Sec. 2441.(2) of The Michigan Public Health Code, Act 368, P.A. 1978, as amended, a person who violates these Regulations is guilty of a misdemeanor, punishable by imprisonment for not more than 90 days, or a fine of not more than \$200.00, or both.

### **108.2 – Penalty, Civil**

The Health Officer may issue a citation within ninety (90) days of the discovery of an alleged violation of the provisions of this code. The citation shall be written and shall state with particularity the nature of the violation, including reference to the Section, Rule, a monetary civil penalty of not more than \$1000.00 for each violation or day that the violation continues. The citation shall also include the alleged violator's

right to appeal the citation pursuant to Article 120 of this Code.

### **108.3 – Penalty, Late Fee Schedule**

The Board of Health may set a fee schedule that imposes an additional penalty fee, based on extra costs, on persons who fail to meet certain provisions of this code. This shall include, but not be limited to, permits where construction is started prior to application, or the person, owner, occupant or installer fails to follow the requirements of this code. The amount of the fee shall be listed in the Health Department fee schedule.

### **109 - INJUNCTIVE PROCEEDINGS**

As provided for in Sec. 2465(1) notwithstanding the pursuit of any other remedy, the health officer, without posting bond, may maintain injunctive action to restrain, prevent or correct a violation of these Regulations.

### **110 - DELEGATION OF HEALTH DEPARTMENT AUTHORITY**

When deemed prudent and necessary, the administrator may, pursuant to Section 2435(c) of the Michigan Public Health Code, enter into an agreement, contract, or arrangement with a governmental entity or other person appropriate to assist the Health Department in carrying out its duties and functions unless otherwise prohibited by law.

### **111 - SEVERABILITY**

If any section, subsection, clause or phrase of these Regulations is for any reason declared unconstitutional or invalid, it is hereby provided that the remaining portions of these regulations shall not be affected.

### **112 - OTHER LAWS AND REGULATIONS**

These Regulations are supplemental to the Michigan Public Health Code, as amended, Act 368, P.A. 1978 and to other statutes duly enacted by the State of Michigan relating to public health and safety. These Regulations shall be liberally construed for the protection of the health, safety and welfare of the people of Branch, Hillsdale and St. Joseph Counties, Michigan and shall control or prevail over a less stringent or inconsistent provision enacted by a local governmental entity for the protection of public health.

### **113 - AMENDMENTS**

The Board of Health may amend, supplement or change these Regulations or portions thereof in compliance with the provisions of Sections 2441 and 2442 of Michigan Public Health Code, Act 368, P.A. 1978, as amended.

### **114 - REPEAL OF PREVIOUS REGULATIONS**

(1) Previous regulations entitled "Sanitary Code, Branch - Hillsdale -St. Joseph District Health Department" as

adopted by the Branch - Hillsdale - St. Joseph District Health Department Board of Health on May 27, 1975 are hereby repealed.

(2) No existing violation of any repealed regulation or portion thereof shall be made legal by virtue of adoption of these Regulations. Any unlawful action or violation occurring prior to the date of the enactment of these Regulations may and shall be continued to be prosecuted and dealt with according to the provisions of the law, code or regulation which was in effect at the time the violation or unlawful action was observed and/or documented to exist. The issuance of any permit or license that was previously mandatory shall continue under this code if a similar requirement for a permit or license is provided for herein.

#### **115 - APPROVAL AND EFFECTIVE DATE**

(1) These Regulations were reviewed and approved by the policy and appeals committee of the Branch -Hillsdale - St. Joseph District Health Department on November 15, 1990 and adopted by action of the Branch - Hillsdale - St. Joseph District Board of Health on December 20, 1990.

(2) These Regulations shall be in effect as of April 1, 1991.

#### **116 - FEES**

(1) A written receipt shall be issued by the Branch - Hillsdale - St. Joseph District Health Department for all fees collected for the enforcement and services rendered under these Regulations.

(2) All fees collected shall be deposited in the Branch - Hillsdale - St. Joseph District Health Department fund.

(3) A schedule of fees for licenses and other services authorized by these Regulations shall be adopted, and revised periodically, by the Branch - Hillsdale - St. Joseph District Board of Health.

(4) Fees paid for services or permits authorized by these Regulations shall be non-refundable unless requests for refunds are received within one year of receipt and prior to the commencement of actions by the department pursuant to the requested services or permits.

(5) All fee schedules existing prior to the adoption of these Regulations shall remain in effect until revised by the Branch Hillsdale - St. Joseph - District Board of Health.

#### **117 - POWER TO ESTABLISH POLICY AND GUIDELINES**

(1) The Health Officer is hereby granted the authority to establish policies and guidelines, not in conflict with the purpose and intent of these Regulations, for the purpose of carrying out the responsibilities herein delegated to the Health Officer by law.

(2) All such policies and guidelines shall be in writing and shall be kept in a policy file available for public inspection upon request. These policies and guidelines are subject to review and approval of the Branch - Hillsdale - St. Joseph District Board of Health.

### **118 - VARIATIONS**

Variations in tests, standards, or general requirements may be permitted by the Health Officer upon application when sufficient evidence of special factors warranting such variance in his opinion do exist. Any variance allowed by the Health Officer under the provisions of this regulation shall be in writing, including the conditions upon which all judgement and actions are based and any time limit of such variances. In no case shall a variance be construed to permit the commission of any act as may jeopardize the public health, safety or welfare of people in Branch, Hillsdale or St Joseph Counties, Michigan.

### **119 - APPEALS BOARD**

Appeals from the rulings of the Health Officer are provided for reasonable and equitable interpretations of the provisions of these regulations. The Branch -Hillsdale - St. Joseph District Board of Health, Board of Appeals shall hear any appeal presented in accordance with rules of procedure established by the Board. The Board shall furnish the appellant with a written report of its findings and decision.

### **120 - HEARING OF APPEALS**

Appeals shall be submitted in writing, addressed to the chairman of the Branch - Hillsdale - St. Joseph District Board of Health in care of the Health Officer. Hearing of an appeal shall be granted at the next scheduled or regular meeting the District Board of Health or at the discretion of the chairman thereof at a special meeting called for the purpose: provided, that no hearing shall be scheduled within less than ten (10) days of receipt of written request. The Board may grant individual variances from the requirements of these regulations when said Board has adequately determined that all of the following conditions exists:

- (1) that no substantial health or nuisance is likely to occur therefrom.
- (2) that strict compliance with the code requirements would result in unnecessary or unreasonable hardship.
- (3) that no state statute or other applicable laws would be violated by such variance.
- (4) that the proposed variance would provide essentially equivalent protection in the public interest.

## **ARTICLE II - GENERAL DEFINITIONS**

### **201 - INTERPRETATION**

When not inconsistent with the context, words used in the present tense include the future, words in the singular number include the plural number, and words in the plural number include the singular. The word "shall" is always mandatory, and not merely directive. Words, terms or expressions not defined herein shall be interpreted in the manner of their commonly accepted meanings, in accordance with standard English usage.

### **202 - ADMINISTRATOR**

Shall mean the administrative director of the Branch - Hillsdale - St. Joseph District Health Department who is the Health Officer for the District.

### **203 - APPEAL**

Shall mean a formal written request for administrative review of any decision, action, or failure to act, on the part of the Director, pursuant to the provisions of these Regulations, directed to the Board of Appeals.

### **204 - APPROVED**

Shall mean acceptable for the intended use as judged by the Health officer, in accordance with public health laws, regulations, rules, guidelines and/or other available technical data.

### **205 - BOARD OF APPEALS**

Shall mean the Policy and Appeals Committee of the Branch - Hillsdale - St. Joseph District Health Department.

### **206 - BOARD OF HEALTH**

Shall mean the District Board of Health of the Branch - Hillsdale - St. Joseph District Health Department.

### **207 - DWELLING**

Shall mean any house, building, or structure, tent, shelter, trailer, vehicle, watercraft or portion thereof which is occupied in whole or in part as home residence, living or sleeping place of one or more human beings whether permanently or transiently.

**208 - HABITABLE BUILDING**

Shall mean any structure or dwelling where persons reside, are employed, or congregate.

**209 - HEALTH DEPARTMENT**

Shall mean the Branch - Hillsdale - St. Joseph District Health Department.

**210 - HEALTH OFFICER**

Shall mean the Administrative Director of The Branch - Hillsdale - St. Joseph District Health Department, and/or his or her authorized representatives. For the purpose of these regulations authorized representatives of the Administrative Director shall include the Director of Environmental Health and the Environmental Sanitarians employed by the Branch - Hillsdale - St. Joseph District Health Department.

**211 - IMMINENT DANGER**

Shall mean a condition or practice which could reasonably be expected to cause death, disease, or serious physical harm immediately or before the imminence of the danger can be eliminated through enforcement procedures established in these regulations.

**212 - NUISANCE**

(1) Shall refer to any condition or activity on private or public property which, in the judgment of the Health Officer, may have or threaten to have a detrimental effect on the health of the public.

(2) The definition of a nuisance may include, but shall not be limited to the following:

- (a) Where sewage effluent is permitted to drain upon, or to the surface of the ground, into any ditch, storm sewer, lake, stream, pond, or other body of surface water.
- (b) Accumulations of refuse, animal manure, dead animals, mosquito breeding areas, or vermin infestations.
- (c) When the odor, appearance, or presence of an item or substance has an obnoxious or detrimental effect on or to the senses, and/or the health of persons, or obstructs the use or sale of adjacent property; and all other conditions or activities recognized as nuisances by the statutory and common law of the State of Michigan.

**213 - OWNER AND PERSON-IN-CHARGE**

Shall mean both the owner of title record, and those persons occupying or in possession of any property or premises, or their designated representative.

**214 - PERSON**

Shall mean any individual, firm, partnership, party, corporation, company, society, association, local governmental entity, or other legal entity responsible for the ownership operation of a premise, or an employee, officer, or agent thereof.

**215 - PREMISE**

Shall mean any tract of land containing a habitable building.

**216 - SAFETY HAZARD**

Shall mean any object, place, event or condition which can reasonably be expected to result in serious physical injury or death to persons exposed to the object, place. event or condition.

**ARTICLE III - TECHNICAL DEFINITIONS**  
**ON-SITE SEWAGE DISPOSAL**

**301 - ABSORPTION BED**

Shall mean a type of sub-surface soil absorption system which consists of a square or rectangular excavation not exceeding 3 feet in depth, and which contains a distribution network of several perforated pipes or tubes laid upon a bed of aggregate material of uniform thickness.

**302 – ALTERNATING SUB-SURFACE SOIL ABSORPTION SYSTEM**

Shall mean a soil absorption system consisting of two or more separate sub-surface disposal systems to allow alternate use of the individual fields over extended periods of time in order to allow extended periodic resting of each sub-surface disposal system for the purpose of extending the life of each individual sub-surface disposal system.

### **303 – AUTOMATIC SIPHON**

Shall mean a mechanical device which will automatically cause a liquid entering a receptacle to be retained until a predetermined high water level has been attained after which it is automatically released from the receptacle until a second predetermined level has been reached, at which time the flow from such receptacle ceased until the high water level has again been attained.

### **304 - AGGREGATE**

Shall mean a particulate material utilized for structural support and support and sewage effluent dispersal within a soil absorption system, consisting of washed stone, gravel, or similar materials possessing particle sizes meeting the standards for Michigan Department of Transportation's "Specification 6-A stone" or other suitable clean aggregate from 1/2 to 1-1/2 inch size.

### **305 - DRAINFIELD (TRENCH SYSTEM)**

Shall mean a type of sub-surface soil absorption system consisting of a series of interconnected excavated trenches, each of which contains a single perforated pipe or tube laid upon a bed of aggregate material of uniform thickness.

### **306 - DREDGED SOILS**

Shall mean soils (other than sand) artificially removed from a lake, river, stream, marsh, delta, canal, swamp, or pond onto another location for the purpose of creating developable land. May alternately be referred to as dredged spoils.

### **307 - EFFLUENT**

As used in these regulations shall have the same meaning as "sewage", unless the context in which it is used implies otherwise.

### **308 - FILL SAND OR FILTER MATERIAL**

Shall consist of medium to coarse, clean sand, unless otherwise specified in the regulations, or as part of a permit condition and approved by the Health Officer.

**309 - FLUSH TOILET**

Shall mean a type of water closet or plumbing receptacle containing a portion of water which receives human excreta and so designed as by means of a flush of water to discharge the contents of the receptacle to an outlet connection.

**310 - GROUND WATER**

Shall mean the water in the ground that is in the zone of saturation.

**311 - SEASONAL HIGH WATER TABLE OR GROUND WATER ELEVATION**

Shall mean the elevation of the upper surface of the zone of saturation as may occur during the normally wet periods of the year.

**312 - INFILTRATIVE SURFACE**

Shall mean that portion of the interface between a soil absorption system and surrounding soils which is intended to conduct sewage effluent away the absorption system into the surrounding soil matrix.

**313 - PERCOLATION RATE**

Shall mean a measurement of the ability of a specific soil to receive, absorb, and transport water, as determined by performance of a percolation test conducted in accordance with standard test procedures specified by the health officer.

**314 - PERMEABILITY**

Shall mean a description of the capability of a soil to transmit water and/or air.

**315 - PUBLIC SEWER**

Shall mean a system of pipes and conduits for the collection and transportation of sewage for which the ownership and responsibility for maintenance and operation resides with a governmental entity.

**316 - SEEPAGE PIT (DRY WELL)**

Shall mean a type of sub-surface absorption system which typically consists of an underground cavity lined with cement block, or precast concrete; the purpose of which is to receive sewage effluent from a septic tank, and to disperse it into the surrounding soil.

### **317 - SEPTIC TANK**

Shall mean a buried vessel which functions to receive sewage, and to partially treat sewage by combined physical separation and anaerobic decomposition, prior to its release to a sub-surface soil absorption system.

### **318 - SEWAGE**

Shall mean a combination of the domestic liquid or semi-solid wastes conducted away from a dwelling or habitable building and includes human excreta (black water), and garbage disposal wastes, dishwashers, bath water, laundry wastes, basement draining, and other commercial and industrial wastes (gray waters), excluding roof, water softener discharge, footing and storm drainage, clear cooling water waste or condensate. Commercial laundry waste and wastes from industrial and commercial processes are not considered sewage and generally require a separate permit from the Michigan Department of Natural Resources.

### **319 - SEWER**

Shall mean a watertight conduit for carrying off sewage.

### **320 - SEWAGE DISPOSAL FACILITY**

#### **320.1 – General Definition**

Shall mean any device structure, or facility which functions, either singly, or in combination with other components, to transport, store treat, or dispose of sewage.

#### **320.2 – Alternative Sewage Disposal Facility**

Shall mean a facility which employs design features, processes, or operational methods significantly different from those which apply to a conventional sewage disposal facility.

#### **320.3 – Conventional Sewage Disposal Facility**

Shall mean a facility which includes a building sewer, one or more septic tanks, a sub surface soil absorption system, and all associated connections, fittings, and appurtenances.

#### **320.4 – Experimental Sewage Disposal Facility**

Shall mean a facility which possesses unique and untested characteristics pertaining to its design, location, or principles of operation; limited use of which is authorized under the provisions of a controlled test program.

### **321 - SEWAGE SYSTEM FAILURE**

Shall mean any one of the following conditions exist:

- (a) The system cannot accept sewage effluent at the rate of application.
- (b) Sewage effluent seeps from, or ponds on or around, the system or otherwise discharges on the ground surface, or into a roadside ditch or other drainage way.
- (c) The system contaminates an aquifer capable of being used for drinking water supply or contaminates surface waters of the state.

### **322 - SUB-SURFACE SOIL ABSORPTION SYSTEM**

Shall mean any system that utilizes the soil for subsequent absorption of septic tank effluent or treated sewage; such as an absorption bed, drainfield or a seepage pit.

### **323 –SITE EVALUATION OF VACANT LAND**

Shall mean a survey conducted by the Health Officer of an undeveloped parcel of land, for the purpose of determining the suitability of such land as a site for the installation of a sewage disposal facility meeting the requirements of these regulations.

## **ARTICLE IV GENERAL PROVISIONS ON SITE SEWAGE DISPOSAL**

### **401 - PROHIBITED SEWAGE DISPOSAL PRACTICES**

It shall be unlawful for any person to discharge or deposit sewage, or to permit sewage to be deposited, upon the ground surface; into a lake, river, stream or ditch; or in any location other than a public sewer, or a sewage disposal facility acceptable to the Health Officer.

## **402 - SEWAGE DISPOSAL FACILITIES REQUIRED**

### **402.1 – Approved Sewage Disposal System on All Premises**

It shall be unlawful for any person to occupy, or permit to be occupied, any premise which is not equipped with adequate facilities for the disposal, in a sanitary manner, of sewage. Such facilities shall be constructed in accordance with the provisions of these regulations. Any dwelling or premise not meeting the requirements of this section may be placarded by the Health Officer as unfit for human habitation. Such dwellings and premises may be used only upon installation of an approved sewage disposal system meeting the requirements of this regulation and upon written approval to occupy by the Health Officer. Every sewage disposal facility installed subsequent to the effective date of these regulations shall conform to the design, location, and construction requirements contained herein.

### **402.2 – Continued Use of Existing Sewage Disposal Facilities**

Sewage disposal systems in use prior to the effective date of these Regulations may continue in use only if such usage does not create a nuisance or hazard to the public health and safety.

## **403 – SEWAGE DISPOSAL FACILITY OPERATION AND MAINTENANCE**

Every sewage disposal facility shall be operated and maintained in such a way as to prevent a nuisance or hazard to public health and safety.

## **404 - REMOVAL AND DISPOSAL OF MATERIALS FROM SEWAGE DISPOSAL FACILITIES**

All waste materials removed from sewage disposal facilities, including sewage, sludge, grease or septage, shall be handled and disposed of in a manner acceptable to the Health Officer. Persons who engage in the removal and disposal of such materials shall be licensed in accordance with applicable statutory requirements of the State of Michigan.

## **405 - REQUIREMENT FOR CONNECTION TO PUBLIC SEWER**

### **405.1 - New Development**

Newly constructed premises shall be required to utilize public sewers for wastewater disposal when such public sewers are available and of adequate capacity and when connection to public sewer is consistent with provisions of local codes and ordinances.

#### **405.2 – Existing Development**

Existing premises may be required to connect to public sewers by order of the local city, village or township, upon such public sewers becoming available. Existing premises may also be required to connect to available public sewer by the Health Officer when continued use of on-site sewage disposal facilities would constitute a hazard to public health and safety, or would result in the creation of nuisance.

#### **406 - ABANDONMENT OF SEWAGE DISPOSAL FACILITIES**

Septic tanks, dosing chambers, seepage pits or similar below grade facilities shall be emptied and completely filled with earth, sand or other inert materials when the use of such facilities is to be permanently discontinued, if the Health Officer shall so order.

### **ARTICLE V**

#### **POWERS AND DUTIES OF THE HEALTH OFFICER**

##### **500 - GENERAL PROVISIONS**

The Health Officer shall be responsible for regulating the design, installation, operation, and maintenance of all sewage disposal facilities serving single and two-family premises within Branch, Hillsdale and St. Joseph Counties, Michigan. The Health Officer shall also be empowered to exercise regulatory controls over sewage disposal facilities serving other types of premises, when so authorized by other public agencies or officials possessing statutory jurisdiction over sewage disposal facilities serving such premises.

##### **500.1 – Duty to Review Specific Sewage Facility Plans**

The Health Officer shall review and evaluate plans for all proposed sewage disposal facilities intended to serve single and two-family residential premises, and other types of sewage disposal facilities for which plan review authority is authorized by other public agencies or officials.

##### **500.2 – Power to Issue Permits for Proposed Sewage Disposal Facilities; Power to Withhold Permits**

The Health Officer shall be empowered to issue permits authorizing the installation of all sewage disposal facilities subject to his jurisdiction. If the Health Officer determines that the installation of a sewage disposal facility may endanger public health and safety or create a nuisance, he shall be authorized to withhold issuance for such facility.

### **500.3 – Duty to Investigate Complaints**

The Health Officer shall investigate complaints from persons alleging health or safety hazards, nuisances, or environmental degradation resulting from improper sewage disposal practices or from malfunctioning sewage disposal facilities. Records of such investigations shall be documented in writing and shall be retained by the Department for a reasonable period of time.

## **ARTICLE VI**

### **SEWAGE DISPOSAL FACILITY PERMITS**

#### **600 - PERMIT REQUIREMENTS**

##### **600.1 – General Requirements**

Before any person shall construct, repair, enlarge, or relocate any sewage disposal facility serving any premise within Branch, Hillsdale or St. Joseph Counties Michigan, he shall first obtain a permit authorizing such action from the Health Officer.

##### **600.2 – Permit Exceptions**

The requirement for a sewage disposal facility permit from the Health Officer shall not apply when any of the following circumstances prevail:

- a. All sewage will be discharged directly into a public sewer via a system of enclosed piping or conduits from the point of origin.
- b. The served premise falls within a category which subjects it to the legal jurisdiction of an agency of state or federal government, and such agency has not delegated authority for issuance of permits to the Department.

### **600.3 – Priority Over Building Permit**

No officer or employee of any city, village, township or county shall issue a construction permit for any new building or structure within Branch, Hillsdale, or St. Joseph Counties Michigan, which must be served by a sewage disposal facility pursuant to these Regulations, unless a permit for such sewage disposal facility has first been obtained by the owner from the Health Officer. In the case of an existing building or structure, a city, village, or township official shall notify the Health Officer prior to issuance of a construction permit to ensure that any proposed construction will not adversely affect an existing sewage disposal facility.

### **600.4 – Application for Permits**

#### **600.5 - Eligibility**

Applications for sewage disposal facility permits shall be submitted by owners of properties upon which sewage disposal facilities are to be constructed, repaired, enlarged, or relocated, or by other persons acting as authorized agents on behalf of property owners.

#### **600.6 – Application Procedures**

Applications for sewage disposal facility permits shall be submitted on forms provided for such purpose by the Health Officer. Application shall contain such reasonable information as required by the Health Officer. At his discretion the Health Officer may require substantiating data, including but not limited to engineering drawing, maps, soil analysis, test borings, percolation, ground water and flood elevations, adjacent land use, location of adjacent well water supplies and detailed plans for the proposed sewage disposal system. The actual or proposed use of the property shall be indicated in all instances.

#### **600.7 – Applicant Responsibilities**

It shall be the responsibility of the permit applicant to furnish the Health Officer with all facts, details, designs, and information required in these Regulations. Any expenses associated with the provision of such facts, details, designs, and information shall be the responsibility of the applicant. The Health Officer may, but shall not be obligated to, provide limited technical advice and assistance to applicants upon request relative to sewage disposal facility design, location, and construction. The ultimate responsibility for the adequacy of all plans, designs, and completed disposal facilities shall reside with the applicant.

### **600.8 – Permit Issuance**

The Health Officer, following his review of an application for a sewage disposal facility permit, may issue a permit to the applicant authorizing performance of the requested construction, repair, enlargement, or relocation. The permit shall describe the nature and extent of work authorized, and may contain specific requirements or limitations which the Health Officer deems necessary. A sewage disposal facility permit shall remain valid for a period of one year from date of issuance, unless an extension is requested of, and approved by, the Health Officer. A sewage disposal facility permit shall not be transferable as to permit holder or property location.

### **600.9 – Permit Denial**

#### **600.9.1 – Criteria for Permit Denial**

The Health Officer may decline to issue a sewage disposal facility permit for any of the following reasons or causes:

- a. Incomplete, inaccurate, or false information supplied by the applicant.
- b. Failure of the proposed sewage disposal facility design to conform to the requirements of Article VII of these Regulations.
- c. Failure of the proposed installation site for the sewage disposal facility to conform to the requirements of Article VII of these regulations.
- d. Failure of the applicant to submit the required application fee.
- e. The existence of any facts which give the Health Officer reasonable grounds to believe that issuance of the requested permit would create a nuisance, or a hazard to the public health and safety.

#### **600.9.2 – Voidance of Permits**

The Health Officer may declare a previously issued permit for a sewage disposal facility to be null and void, for any of the following reasons or causes:

- a. False or inaccurate information supplied by the permit holder.
- b. A change in the plans of the permit holder affecting circumstances relative to the sewage disposal facility design, location, or use.
- c. Acquisition of new information indicating that the previously approved installation site for the sewage disposal facility does not satisfy the requirements of these regulations.

## **601 - INSPECTIONS**

### **601.1 - General**

The Health Officer shall be empowered to conduct such inspections as he may deem necessary in connection with the review of applications for sewage disposal facility permits, and the construction, repair, enlargement, or relocation of such facilities.

### **601.2 – Final Inspections**

All work authorized by a permit issued by the Health Officer shall be subject to a final inspection before such work shall be approved. No sewage disposal facility or component thereof shall be given a final cover, or otherwise rendered inaccessible, until a final inspection has taken place, and the Health Officer has given his approval. Upon completion of a final inspection, the Health Officer shall notify the permit holder of his findings, and shall signify his approval or disapproval. The requirements for a final inspection may be waived by the Health Officer, if the adequacy of the completed work can be adequately verified by other means.

### **601.3 – Final Approvals Required**

No person shall utilize a sewage disposal facility which has been constructed, repaired, enlarged or relocated under authority of a permit issued by the Health Officer, unless the Health Officer signified his approval of such facility. Utilization of any sewage disposal facility which has not received such approval from the Health Officer, shall be a violation of these regulations.

### **601.4 – Occupancy Permits**

No Officer or employee of any city, village, township or county shall issue an occupancy permit for any premise within Branch, Hillsdale or St. Joseph Counties, Michigan, which must be served by a sewage disposal facility pursuant to these Regulations unless the Health Officer has signified his approval of such facility.

**ARTICLE VII**  
**SEWAGE DISPOSAL FACILITIES**  
**Location, Design, Materials, and Construction**

**700 - LOCATION; CRITERIA FOR SITE APPROVAL**

**700.1 – General Requirements**

A site proposed for the construction, repair, enlargement, or relocation of a sewage disposal facility shall be approved by the Health Officer only if the site possesses characteristics which will permit the safe and adequate operation of the facility, will not create a nuisance, and with no adverse effects to human health and safety.

**700.2 – Identification of Criteria for Site Approval**

The following characteristics as a minimum shall be evaluated by the Health Officer in making a determination as to the acceptability of a proposed sewage disposal facility site:

- a. Total usable land area
- b. Horizontal isolation
- c. Slopes
- d. Flooding Potential
- e. Groundwater elevation
- f. Soil permeability and drainage
- g. Reserve area for replacement of sub-surface disposal systems

**700.3 – Site Acceptance Criteria**

An acceptable site for a sewage disposal facility shall possess soils which are of sufficient quantity and permeability to absorb all sewage effluent to be discharged upon such site, and to insure its confinement beneath the ground surfaces at all times. The following minimum criteria shall also be determined to exist by the Health Officer as the basis for any site approval:

- a. On-site soils shall have a permeability rate of not more than 45 minutes per inch.
- b. At least 2 feet of natural permeable soil above the seasonal high water table.
- c. A disposal system shall not be installed at an elevation below the flood plain of 100 years, nor otherwise located in an area subjected to seasonal flooding or ponding of surface water.

- d. A disposal system shall not be located where any factor would prohibit use of said system.
- e. A disposal system shall not be installed where the minimum required isolation distances specified in this regulation cannot be maintained.
- f. Sufficient suitable area shall be available and reserved to provide for a minimum of one replacement system without utilization or disruption of the initial installation.
- g. Slope conditions shall not exceed 20 degrees from a horizontal plane. Grading or filling of a site to achieve acceptable slope conditions may be permitted by the Health Officer.
- h. Where the parcel of land is found to be in violation of Act 288, P>A> 1987 as amended, entitled, “Subdivision Control Act 1967”.

#### **700.4 – Permit Denial**

The Health Officer shall have the right to deny any application which does not satisfy the minimum acceptance criteria as outlined above, or where conditions exist or may be created which may endanger the public health.

#### **700.5 – Isolation Distance Requirements**

An acceptable site for a sewage disposal facility shall provide for horizontal isolation of the facility, and all components thereof, from other structures, objects, boundaries, or natural features in accordance with the minimum distances specified in Table VII - A.

Private well (single family)	50 ft	50 ft
well water suction line	50 ft	50 ft
(unprotected)		
Public/Semi-Public well	As Mandated by Michigan Law Act 399, P.A. 1976	
well water suction line	"	"
(unprotected)		
Potable Water Pressure Line	10 ft	10 ft
Surface Water Body, Stream:		
Construction (after 7/1/75)	50 ft	50 ft
Construction (Prior to 7/1/75)	25 ft	50 ft
Building Foundation	10 ft	10 ft
Drop - Off (25% or greater)	10 ft	10 ft
Footing Drains	10 ft	25 ft
Sub-surface Drains	10 ft	25 ft
Drainage ditches	10 ft	10 ft
Property Lines	5 ft	5 ft
Swimming Pools	10 ft	10 ft

#### **700.6.2 – Minimum Acceptable Permeability**

Soils to be utilized for the subsurface absorption of sewage effluent shall possess a stabilized percolation rate equal to, or less than 45 minutes per inch. Soils of acceptable permeability shall extend to a depth of at least 4 ft. beneath the lowest elevation of the proposed soil absorption device or facility. A variance may be issued for soils exceeding a percolation rate of 45 minutes where the facility to be served is limited to a single family dwelling located on a greater than 10 Acre parcel. Reasons, terms and limitations of the variance shall be stipulated by the Health Officer and the written variance agreement shall be filed as part of the permit and with the deed to the property at the Register of Deeds Office in the respective county where the system is to be located.

#### **700.6.3 - Determination of Soil Permeability**

Determinations of soil permeability shall be on physical observation of soil texture, structure, and coloration by persons trained in soil science. In the event of inconclusive, inconsistent, or disputed finding concerning soil permeability as determined by the previously cited method, the Health Officer shall be empowered to exercise his judgment concerning the permeability of the soils in question.

#### **700.6.4 – Site Modifications**

Site modifications, such as cutting, grading, or filling may be permitted in some cases for the purpose of overcoming soil permeability limitations of natural soils. Limits on the nature and extent of allowable modifications may be prescribed in guidelines prepared by the Health Officer and approved by the Board of Health.

#### **700.7.5 – Building Sewers and Septic Tank Effluent Sewers**

Sewers from the building to the septic tank, gravity sewers from the septic tank to the sub-absorption system and sewers connecting seepage pits connected in series in separate holes shall be of a material possessing physical properties equivalent or superior to schedule 40 polyvinyl chloride pipe. Building sewers shall have a minimum diameter of 4 inches and shall extend in a straight line, if practical, between the premise served and a sewage disposal facility. Short-radius 90 degree bends shall not be permitted in a building sewer.

## **701 - SEPTIC TANKS**

### **701.1 - General Provisions**

#### **701.2 - Influent Requirements**

All sewage generated by any premise shall be discharged into a septic tank prior to being discharged to any soil absorption device or facility. Wastewater from roofs, parking areas, or footing drains shall not be discharged into any septic tank.

#### **702.3 - Multiple Tanks**

At least two septic tanks, connected in series, or a two compartment septic tank may be required for a new sewage disposal facility when a garbage grinder or other plumbing fixture that is likely to cause a large volume surge discharge is proposed to be connected to the system.

#### **702.4 - Existing Septic Tanks**

When repairs are made to an existing sewage disposal facility serving a single family residence, existing septic tanks which are part of the system, and which do not meet the standards contained in these Regulations, may remain in service without modification. This provision shall apply only if the Health Officer determines that such existing tanks are in sound condition, of adequate size, adequately isolated from well water supplies, equipped with an approved outlet device, otherwise pose no dangers to human health and safety, nuisances, or degradation of the natural environment. Existing metal tanks shall not be approved.

#### **702.5 - Location**

- a. No septic tank shall be installed in any location which renders it inaccessible for cleaning and maintenance. A septic tank shall be isolated in accordance with requirements of TABLE VII - A of these Regulations.
- b. No septic tank shall be installed under any building, driveway, road or parking area; provided that the Health Officer may permit a septic tank to be installed in any location which may subject it to excessive mechanical stresses, if it is reinforced in a manner acceptable to the Health Officer.
- c. Whenever practical, septic tanks shall be installed on the same side of the served premise where

the interior plumbing exits the building.

- d. The top of a septic tank shall not be buried deeper than 20 inches beneath the finished ground surface, unless a riser is provided above the access opening at the outlet end of the septic tank. The top of the riser, when installed, shall not be buried deeper than 1 foot from the finished ground surface. The riser shall be equipped with a latch or cover of reinforced concrete, or other material of equivalent properties.

#### **702.6 - Materials**

A septic tank shall be constructed of sound and durable materials not subject to excessive corrosion or decay, and structurally capable of supporting the stresses to which it will be subjected. Such materials shall not permit water flow from surrounding soils into the septic tank.

#### **702.7 – Capacities**

##### **702.7.1 - Single Family Residential Premises Capacities**

Minimum total septic tank capacities for single and two-family residential premises shall be based upon the number of bedrooms present, in accordance with Table VII - B.

**TABLE VII - B Minimum Septic Tank Capacities Single Family Residences**

Number of Bedrooms	Minimum Required Capacity	
	Without Garbage Grinder and/or water conditioner	With Garbage Grinder and/or water conditioner
1 – 4	1000 Gallons	1500 Gallons
Over 4	add 250 gallons/bedroom	

##### **702.7.2 - Commercial, Industrial, Multiple Residential Premises <10,000 gpd**

Minimum total septic tank capacities for other than single family residential premises with an estimated discharge of less than 10,000 gallons of sewage per day shall comply with the Michigan Department of Public Health Bureau of Environmental and Occupational Health guidelines for such systems entitled " MICHIGAN CRITERIA FOR SUBSURFACE SEWAGE DISPOSAL, JUNE, 1989."

## **702.8 - Internal Dimensions & Relationships**

The distance from the bottom of a septic tank outlet to the floor of a septic tank shall not be less than 2.5 feet.

The width of a septic tank shall not be less than 2.0 feet. A septic tank shall provide an air space having a volume of at least 10 % of the liquid capacity of the tank. A minimum clearance of at least 9 inches shall be provided between the maximum liquid level of the tank and the tank top or cover.

## **702.9 – Inlets**

### **702.9.1 - Minimum Diameter**

The inlet connection to a septic tank shall not be less than 4 inches inside diameter.

### **702.9.2 - Elevations**

The bottom of an inlet connection to a septic tank shall be at least 3 inches above the maximum liquid level of the tank.

### **702.9.3 - Venting**

Inlet tees or baffles, if provided, shall be designed and installed so as to permit the venting of gases from the septic tank to the building sewer.

### **702.9.4 - Location**

Inlet connections shall be located at the end of the septic tank opposite the outlet connection.

## **702.9.5 – Outlets**

### **702.9.6 - Minimum Diameter**

The outlet opening in a septic tank shall not be less than 4 inches in diameter.

### **702.9.7 - Tees or Approved Outlet Device**

A tee or other device, approved by the Health Officer, shall be required to be installed on the outlet of a septic tank. Such a tee or approved device shall extend to a depth of at least 40 % of the distance from the maximum liquid level to the bottom of the tank. A tee or approved device shall be vented at its point of highest elevation

within the tank. A tee or approved device shall have a continuous interior minimum dimension of no less than 4 inches. A tee or approved outlet device shall be securely mounted to the tank outlet in such a manner as to prevent leakage or dislodgement.

#### **702.9.8 - Access for inspection and Cleaning**

A septic tank shall be provided with one or more secured access openings on its top surface to provide for periodic inspection, cleaning, or repair. If an inlet device is provided an access opening shall be located over each the inlet and outlet end of the septic tank, immediately above the inlet and outlet device respectively. Access openings shall have a minimum dimension of sufficient size to allow pumping of the septic tank by a Michigan Licensed Septic Tank Cleaner and to allow removal, repair or replacement of inlet or outlet devices. Hatches or covers used to secure access openings shall be equipped with permanent handles, and shall be constructed of reinforced concrete, or other material of equivalent properties.

#### **702.10 – Effluent Pump Chambers: Gravity Distribution of Effluent**

Effluent pump chambers shall be water tight and of corrosion resistant material. The chamber shall be equipped with an exposed manhole cover at ground surface for easy access to the pump. The pump chamber shall be large enough to allow locating the pump a minimum of 8 inches of the floor of the chamber and have a minimum of 50 gal. liquid capacity. The pump discharge line shall be equipped with a readily accessible disconnect device for ease of removal of the pump for servicing or replacement.

### **703 – SUB-SURFACE ABSORPTION SYSTEMS**

#### **703.1 - General Requirements**

Sewage from any septic tank, or similar device which releases partially treated sewage effluent, shall be discharged into a soil absorption system or device designed to distribute and confine such effluent beneath the surface of the ground.

#### **703.2 - Location Requirements**

##### **703.2.1 - General Requirements**

A soil absorption system or device shall be installed in such a location as to maximize its potential for long-term satisfactory operation.

#### **703.2.2 - Isolation Requirements**

A soil absorption system or device shall be isolated from other structures objects, boundaries, or natural features in accordance with the distances specified in Table VII of these Regulations.

#### **703.2.3 - Relationship to Buildings, Roads, Driveway, or Parking Areas**

A soil absorption system or device shall not be installed beneath any building, road, driveway, or parking area, or in any other location which may subject it to damage from vehicular traffic.

#### **703.2.4 - Relationship to Floodplain; Surface Drainage Pathways**

A Soil absorption system or device shall not be installed in any location subject to periodic flooding, or frequent surface run-off due to precipitation.

#### **703.2.5 - Depth to Groundwater**

The bottom of the excavation for any soil absorption system or device shall be isolated a minimum vertical distance of 4.0 feet above the seasonal high water table elevation.

#### **703.2.6 - Depth of Impermeable Soils or Underlying Materials**

The lowest point of any soil absorption system or device shall be isolated a minimum vertical distance of 4.0 feet above an impermeable soil layer, or other material of an impermeable nature.

#### **703.2.7 - Reserve Area**

A soil absorption system or device shall be located in such a manner as to provide sufficient area for installation of a future system or device of equivalent capacity.

### **703.3 - MATERIAL REQUIREMENTS**

#### **703.3.1 - Distribution Piping or Tubing**

Distribution piping or tubing materials utilized in soil absorption systems shall conform to the criteria in the then current edition "Michigan Standards for Certification and Utilization of Perforated Plastic Tubing for Drainfields", as adopted by the Michigan Department of Public Health. Other materials may be utilized subject to approval of the Health Officer.

### **703.3.2 - Drainstone and Aggregate**

Materials utilized for drainstone or aggregate in soil absorption systems shall possess physical properties and characteristics equivalent to washed 6-A aggregate.

### **703.3.3 -Fittings**

Fittings and connections shall be of a material, design, and size compatible with the piping or tubing to which they are attached

### **703.3.4 -Drainstone and Aggregate Cover**

Materials utilized to protect against infiltration of the earth or soil into completed soil absorption systems may be required by the Health Officer and, if provided shall be no thicker than necessary, and shall be biodegradable. Acceptable materials shall include untreated building paper and straw or other material approved by the Health Officer.

## **703.4 - CONSTRUCTION REQUIREMENTS, GENERAL**

### **703.4.1 -Protection of Infiltrative Surfaces**

No soil absorption system may be installed in soils having significant amounts of silt or clay, when such soils are in a wet or saturated condition. Precautions shall be taken to minimize the smearing or sealing of infiltrative surfaces caused by excavation, machinery, movement, or walking.

### **703.4.2 -Fill Materials**

No soil absorption system shall be installed in any fill material which has not achieved a stabilized condition, either by natural settling, or mechanical compaction.

### **703.4.3 -Effluent Distribution**

Every soil absorption system shall be designed in such a way as to maximize the even distribution of sewage effluent throughout all absorption surfaces of the system. If even distribution of effluent is impractical or impossible to achieve via gravity flow then provisions for mechanical dosing of effluent via pumps or siphons may be required.

#### **703.4.4 - Design Selection Criteria**

Soil absorption systems which provide for uniform distribution of sewage effluent at shallow depths shall be installed whenever practical. Preferred systems shall include trench style drainfields, and absorption bed (area excavation) installations. Seepage pits (dry wells) shall be permitted only if installation of drainfields or absorption beds are not feasible, due to space limitations, or due to excessive depths of impermeable soils overlying soils of acceptable permeability.

### **704.5 -INFILTRATIVE AREA REQUIREMENTS**

#### **704.5.1 - General Provisions**

A soil absorption system shall provide sufficient total infiltrative area to provide for the confinement of all sewage beneath the ground surface at all times. Infiltrative area requirements shall be calculated based upon the quantity of sewage flow from the premise served, and the absorptive characteristics of the underlying soils. The same total infiltrative area requirements shall apply regardless of the type or category of soil absorption system to be utilized.

#### **704.5.2 -Single and Two-Family Residential Premises**

Soil absorption systems serving single and two-family residential premises shall possess minimum total infiltrative areas in accordance with the provisions in Table VII – C.

#### **704.5.3 - Commercial, Industrial, Multi-Family Residential Premises**

Commercial, industrial, multi-family residential systems serving premises other than single family premises shall be sized and constructed in compliance with the Michigan Department of Public Health Bureau of Environmental and Occupational Health guidelines for such systems entitled “MICHIGAN CRITERIA FOR SUBSURFACE SEWAGE DISPOSAL, JUNE, 1989.”

### **705 - ABSORPTION SYSTEMS AND DEVICES: DRAINFIELDS**

#### **705.1 - Calculation of Total Infiltrative Area**

The total infiltrative area of a drainfield shall be equal to the sum of the infiltrative areas of the individual drainage trenches comprising the drainfield. The infiltrative area of a drainage trench shall be equal to the total trench bottom area, plus the side wall area beneath the top of the aggregate per 1.0 feet of trench.

**Example:** A single 2 ft. wide, 100 ft. long trench, using 4” diameter drainage pipe, and with 6” of stone under the

drainage pipes would possess an infiltrative area of: 200 Sq. ft. of trench bottom plus 200 sq. ft. of trench sidewall area for a total of 400 sq. ft. of infiltrative area.

**TABLE VII – C**  
**Minimum Required Total Infiltration Areas**  
**Single and Two-Family Residential Premises**

<b>Percolation Rate (Min. / in.)</b>	<b>Soil Texture (Approximate)</b>	<b>Required Infiltrative Area*</b>	
		<b>1-2bedrooms*</b>	<b>3-4 bedrooms*</b>
< 30 Min./In.	Coarse Sand to Sandy Loam	400 Sq. Ft. *	600 Sq. Ft. *
31 – 45 Min./In.	Silty Loam to Clay Loam	600 Sq. Ft. *	800 Sq. Ft. *
>45 Min./In.	Silt to Clay	Unacceptable**	

\*\*Acceptable for special design system if system to serve only single family dwelling located on greater than 10 acres parcel. Variance Agreement required.

\* Add 200 square feet per bedroom beyond 4 bedrooms

\* Add 100 square feet for water conditioner

\* Add 100 square feet for garbage grinder

## **705.2 - Dimensional Standards**

A drainfield shall be constructed in accordance with the dimensional standards specified in Table VII – D.

**TABLE VII - D**  
**Drainfield Dimensional Standards**

<b>Item</b>	<b>Minimum</b>	<b>Maximum</b>
Number of Trenches	2	-----
Length of Trenches	-----	100 ft.
Width of Trenches	1 ft.	3 ft.
Final Cover	1 ft.	3 ft.
Uniform Aggregate Depth		
a. Under distribution pipe	6"	18"
b. Above distribution pipe	2"	2"
Slope of Trenches and Distribution Pipes	level preferred	4" in 100 Feet
Sidewalls	4 ft.	----

### 705.3 - Dosing Requirements

Drainfields designed to accommodate sewage quantities equal to or exceeding 2000 gallons per day shall be dosed by means of pumps or siphons to insure uniform distribution of sewage. Dosing quantities and frequencies shall be reviewed and approved by the Health Officer.

## 706 – SOIL ABSORPTION SYSTEMS AND DEVICES; ABSORPTION BEDS

### 706.1 – Calculation of Total Infiltrative Area

The total infiltrative area of an absorption bed shall be equal to its entire bottom area.

### 706.2 – Dimensional Standards

An absorption bed shall be constructed in accordance with the dimensional standards specified in Table VII – F.

**TABLE VII – F**  
**Absorption Bed Dimensional Standards**

Item	Minimum	Maximum
No. of Distribution Pipes	2	----
Length of Distribution Pipes	---	100 ft.
Separation Between Distribution Pipes and Bed Sidewall	1.5 ft.	3 ft.
Distance From Final Grade To Top of Aggregate	6 in.	3 ft.
Uniform Depth of Aggregate:		
a. Beneath Distribution Pipes	6 in.	----
b. Above Distribution Pipes	2 in.	2 in.
Slope of Distribution Pipes	Level Preferred	4 in. / 100 ft.

### 706.3 – Dosing Requirements

Absorption beds designed to accommodate sewage quantities equal to or exceeding 2000 gallons per day shall be dosed by means of pumps or siphons to ensure uniform distribution of sewage. Dosing quantities and frequencies shall be reviewed and approved by the Director.

## **707 – SOIL ABSORPTION SYSTEMS AND DEVICES: SEEPAGE PITS (DRY WELLS)**

### **707.1 – Lining Materials**

Materials utilized for lining seepage pit excavation shall be durable, and shall possess sufficient structural strength to prevent collapse or cave-in of the excavation. Lining materials shall allow free passage of sewage effluent to the surrounding infiltrative surfaces, while excluding the entry of stone or soil into the lined cavity. Acceptable materials include cement blocks, bricks, pre-cast concrete, or other materials approved by the Health Officer.

### **707.2 – Hatches and Covers**

Hatches and covers shall be provided on the top surfaces of a seepage pit, to facilitate inspection and cleaning. Such hatches or covers shall be of a material possessing strength and durability equivalent to that of reinforced concrete.

### **707.3 – Infiltrative Area Requirements**

Seepage pits shall provide for a total infiltrative area, either singly, or in combination, in accordance with the infiltrative area requirements specified in Tables VII – C and VII – D. Soils possessing an average percolation rate slower than ten minutes per inch shall not be acceptable for seepage pit installation.

### **707.4 – Calculation of Infiltrative Area**

The total infiltrative area for a seepage pit, or combination of pits, shall be calculated in accordance with the following formula:

$$A = ( P_s + P_b ) \times N$$

Where:       $A$  = Total infiltrative area.

$P_s$  = Total sidewall area of pit in contact with permeable soils, from lowest inlet level to bottom of excavation.

$P_b$  = Total bottom area of excavation.

$N$  = Number of seepage pits of equal size.

### **707.5 – Dimensional Standards**

A seepage pit shall be constructed in accordance with the dimensional standards specified in Table VII – G.

**TABLE VII – G**

Item	Minimum	Maximum
Distance From bottom of Excavation to Finish Grade	----	6 ft.
Depth of Final Cover Over Top Of Pit	1 ft.	3 ft.
Aggregate Thickness:		
a. Bottom of Pit	----	----
b. Between Liner and Pit Sidewalls	1 ft.	3 ft.
Distance Between Seepage Pits*	4 ft.	----
* If placed in separate holes. Seepage pits may be placed in common excavation in series with a maximum of three seepage pits to a common excavation.		

**708 – MISCELLANEOUS SOIL ABSORPTION SYSTEMS**

Soil absorption systems other than drainfields, absorption beds, or seepage pits may be installed, when, in the judgment of the Health Officer, their use is justified, and will adequately protect public health and safety and the natural environment. The use of miscellaneous soil absorption systems shall be subject to the same conditions and limitations which apply to other categories of soil absorption systems.

**709 – ALTERNATING SUB-SURFACE SOIL ABSORPTION SYSTEM**

A device to allow separate discharge of septic tank effluent to two or more sub-surface soil absorption systems may be required when in the opinion of the Health Officer such a device is necessary to extend the life of the system. Such devices shall allow complete separation of the flow between individual sub-surface disposal systems.

**710 – ALTERNATIVE SEWAGE DISPOSAL FACILITIES****710.1 – Authorization of Guidelines**

The Health Officer shall be empowered to prepare guidelines concerning the application, location design, construction, usage, and maintenance of specific categories of alternative sewage disposal facilities, devices, or process. Such guidelines shall be reviewed and approved by the Board of Health

### **710.2 – General Provisions**

Alternative sewage disposal facilities, devices, or processes may be approved by the Health Officer. An alternative sewage disposal facility or process shall not be approved unless the Health Officer has determined that the use of such a facility, device, or process will not create a nuisance, result in a hazard to public health or safety, or endanger the natural environment. The usage of alternative sewage disposal facilities, devices, or processes shall be subject to restrictions or limitations imposed by statutes, ordinances, or rules other than those contained in these Regulations, and to policies and guidelines adopted pursuant to authority of Section 700 of these Regulations.

### **710.3 – Experimental Sewage Disposal Facilities**

In the absence of applicable guidelines and technical information concerning a new category of alternative sewage disposal facility, device, or process, the Health Officer may authorize the utilization of such an alternative facility, device, or process on a limited experimental basis if it is determined that no hazard to public health and safety, nuisance, or degradation of the natural environment will result. The Health Officer may impose special conditions and requirements pertaining to the approval and use of such a facility, including the submission of detailed engineering plans, periodic operational reports, periodic inspections, and provisions for alternate methods of sewage disposal in the event of failure of the experimental facility.

## **ARTICLE VIII – VARIANCES**

### **801 - AUTHORIZATION TO GRANT VARIANCES**

The Health Officer shall be empowered to grant variances to the requirements of these Regulations in situations when the strict application of such requirements would create a unique hardship or unfair burden upon those affected. Variances may be authorized only when it can be reasonably demonstrated that no hazard to public safety, no nuisance, and no degradation of the natural environment will result.

### **802 – DOCUMENTATION OF VARIANCES**

All variances granted by the Health Officer shall be documented in writing. Records concerning a variance shall contain a description of the variance, and a statement of the reasons why the variance was authorized. If the variance concerns requirements for a proposed sewage disposal facility, details concerning said variance shall be noted on the permit issued for the facility.

### **803 – REVIEW OF VARIANCES**

All documented variances shall be periodically reviewed and evaluated by the Health Officer to insure that they are not contrary to the purpose of the Regulations.

## **ARTICLE IX – SITE EVALUATIONS OF VACANT LAND**

### **901 – PURPOSE**

Vacant land evaluations may be conducted by the Health Officer on behalf of requesting persons for the purpose of determining the suitability of undeveloped properties as sites for installation of sewage disposal facilities. Such evaluations shall be conducted utilizing the standards and requirements specified in these Regulations. The findings of such evaluations are intended for informational purposes only.

### **902 - APPLICATIONS FOR SITE EVALUATIONS OF VACANT LAND**

Applications for vacant land evaluations shall be submitted on forms provided for such purposes by the Health Officer and shall be accompanied by the appropriate fee, as established by the Board of Health. If the applicant for an evaluation is not the owner of the property to be evaluated, the applicant shall be responsible for obtaining necessary permissions from the owner to authorize entry upon, and evaluation of said property.

### **903 - RESPONSIBILITY FOR NECESSARY EVALUATION SERVICES**

If the Health Officer determines that special evaluation procedures are necessary in order to conduct a vacant land evaluation, the responsibility for arranging for such procedures and the responsibility for paying for associated services may include excavations, soil borings, permeability tests, soil classifications or other similar tests.

### **904 - EVALUATION REPORTS**

Reporting of findings of vacant land evaluations shall be provided in writing to the applicant. The findings of such reports shall relate only to specific sites evaluated and to specific development proposal as outlined by the applicant at the time of submitting the applicant request. Opinions expressed in evaluation reports shall be subject to revision in the event of any change in conditions, including subsequent revisions to applicable statutes, rules or regulations.

**ARTICLE X**  
**WELL WATER SUPPLIES**

**1001 - WELL CONSTRUCTION REQUIREMENTS**

Requirements with respect to water well construction and water pump installations for new water wells with the counties of Branch, Hillsdale and St. Joseph shall be those requirements as set forth in Part I - R. 325.1601 (Rule 101) through and including R.325.1676 (Rule 176) of the "GROUNDWATER QUALITY CONTROL RULES" as promulgated November 23, 1966, by the Director of Public Health of The Michigan Department of Public Health pursuant to promulgation authority under Part 127, Act 368, P.A. 1978 as amended.

**1002 – ISOLATION REQUIREMENTS FOR TYPE II AND TYPE III WATER SUPPLIES**

For all water supplies serving the public, Type II and Type III, such as motels, food service establishments, gasoline stations, etc., the isolation requirements shall be as required by Act 399, P.A. of 1976 as amended.

**1003 - CONSTRUCTION PERMIT**

It shall be unlawful for any person to construct a new Private or Type II or Type III public well water supply or install a pump for such supplies unless he has obtained a permit to construct or install issued by the Health Officer.

**1003.1 - Permit Exceptions**

The requirement for a well or pump permit shall not apply under the following circumstances.

- a. Permits are not required for replacement pumps, well point, or well screens, providing the pump capacity is not increased, or the well depth or location changed.
- b. The served premise falls within a category which subjects it to the legal jurisdiction of an agency of state or federal government, and such agency has not delegated authority for issuance of permits to the Department.

**1003.2 - Application for Permits**

Application for a permit shall be filed with the Health Officer, on forms provided by the Health Officer, prior to the issuance of a construction permit for a private well or Type II or Type III public well.

### **1003.3 - Permit Issuance**

The Health Officer, following his review of an application for a Private or Type II or Type II Public well construction or pump installation, may issue a permit to the applicant authorizing performance of the requested construction or installation. The permit shall describe the nature and extent of work authorized, and may contain specific requirements or limitations which the Health Officer deems necessary.

### **1003.4 - Permit Expiration**

A well construction or pump installation permit shall remain valid for a period of 1 year from date of issuance, unless an extension is requested from, and approved by, the Health Officer. A well construction or pump installation permit shall not be transferable as to permit holder or property location.

### **1003.5 - Voidance of Permits**

The Health Officer may declare a previously issued permit for a well construction or pump installation for a private or Type II or Type III public supply to be null and void, for any of the following reasons or cause:

- a. False or inaccurate information supplied by the permit holder.
- b. A change in the plans of the permit holder affecting circumstances relative to the well water supply design, location or use.
- c. Acquisition of new information indicating that the previously approved installation site for the well water supply does not satisfy the requirements of these Regulations.

### **1003.6 - Permit Denial**

The Health Officer shall be authorized to deny a water well installation permit where the parcel of land is found to be in violation of Act 288, P.A. 1967 as amended, entitled, "Subdivision Control Act 1967", or where there is sufficient reason to believe that the site does not meet the minimum requirements for a water well installation permit.

## **1004 - INPECTION AND APPROVAL**

The Health Officer shall make such inspection as he deems necessary at the construction site of any new, replacement or addition to any well water supply system or pump installation. Failure to construct according to the applicable well construction or pump installation requirements of Section 1001 or 1001.1 of these regulations shall be deemed a violation of these regulations.

## **ARTICLE XI**

### **NUISANCES**

#### **1101 - SOLID WASTE STORAGE AND TRANSPORTATION**

##### **1101.1 -Technical Definitions**

###### **1101.1.1 - Garbage**

“Garbage” shall mean rejected food wastes including waste accumulation of animal, fruit or vegetable matter used or intended for food or that attend preparation, use cooking, dealing in or storing of meat, fish fowl, fruit or vegetable.

###### **1101.1.2 - Rubbish**

“Rubbish” shall mean non putrescible solid wastes, consisting of both combustible and noncombustible wastes, such as paper, cardboard, tin cans, yard clippings, wood, glass, bedding, crockery, or litter of any kind that will be a detriment to the public health and safety.

###### **1101.1.3 - Litter**

“Litter” shall mean “garbage” and “rubbish”, as herein defined, and all other waste material which, if thrown or deposited in an unapproved or unauthorized areas as herein prohibited, tends to create a danger to public health, safety or welfare.

##### **1101.2 - Accumulation of Garbage**

No owner of any premise or occupant of any private or two family dwelling shall permit to accumulate upon such premise any garbage except in covered containers of rodent proof, fly proof and water tight construction.

##### **1101.3 -Accumulation of Rubbish**

No owner of any premise or occupant of any private or two family dwelling shall permit to accumulate on such premise any rubbish except durable containers with close fitting covers except that bulky rubbish such limbs, weeds, large cardboard boxes, etc., may be bundled and so stored as not to provide a nuisance or a breeding place, or potential breeding place, for rodents, insects, or other vermin.

#### **1101.4 -Disposal of Garbage and Rubbish**

Garbage and rubbish shall be disposed of in a manner which creates neither a nuisance nor menace to health in accordance with the provisions of Act 641, P.A. 1978 as Amended and Rules.

#### **1101.5 - Transportation of Garbage and Rubbish**

Vehicles used in the transportation of garbage and rubbish shall be so constructed or maintained so that no portion of the contents therefrom shall be accidentally discharged from the vehicle.

#### **1101.6 -Littering**

It shall be unlawful for any person to place, deposit, throw, scatter or leave in any street, alley or public place or on any public or private property, occupied or vacant, any litter, dead animal or other noxious material.

#### **1102 - PREMISES UNFIT FOR HABITATION**

Any habitable building which the Health Officer has found to be unfit for human habitation because of any of the following defects may be declared by the Health Officer to be a nuisance and may be condemned by the Health Officer:

- a. Those which shall have been damaged by fire, wind or other cause so as to have become dangerous to life, safety, or the general health and welfare of the occupants or the public.
- b. Those which because of their conditions have become or are so dilapidated decayed unsafe unsanitary or are likely to cause sickness or disease as to work injury to the health, safety or general welfare of those living therein.
- c. Those which lack natural illumination, natural ventilation or sanitation facilities to an extent to endanger the health or safety of the occupants.
- d.

#### **1102.1 - Minimum Requirements for Habitable Dwelling**

The minimum requirements for habitable dwelling shall be those requirements contained in Article 3, Section PM 301.1 through PM 301.7; Article 3, Section PM-302.1 through PM-303.8; PM-400.1 through PM-403.10; Article 5, PM-500.1 through PM-506.1; Article 6, PM-601.1 through PM-603.2; Article 7, PM-700.1 through 704.5.1; Article 8, PM-800.1 through PM-802.4: Article 9, PM-900.1 through 902.1 of the property maintenance code of the Building Officials Conference of America, Inc., 4051 W. Flossmor Rd. Country Hills, Illinois, 60478-5795 entitled "The BOCA National Property Maintenance Code/1990, Third Edition".

### **1102.2 - Notices and Orders**

Upon determination by the Health Officer that a habitable building is unfit for human habitation, the Health Officer shall post in a conspicuous place or places a notice or notices to read substantially as follows: "This building has been inspected and found to be unfit for human habitation."

### **1102.3 - Securing of Condemned Buildings**

The owner of any building which is condemned as unfit for human habitation and vacated shall make such building safe and secure in a manner the Health Officer deems necessary to insure that the building shall not be dangerous to human life and shall not constitute either a fire hazard or a public nuisance.

### **1102.4 - Vacating of Condemned Buildings**

Any habitable building which has been condemned and placarded by the Health Officer shall be vacated within a reasonable time, as required by the Health Officer. No owner or agent shall let to any person for human for human habitation and no person shall occupy any building which has been condemned by the Health Officer, after the date on which the Health Officer has required the affected building to be vacated.

## **1103 - DISPOSAL OF INFECTIONS OR TOXIC MATERIALS**

It shall be unlawful to place or allow to remain in any place accessible to children or unauthorized persons any infectious or used bandages, and syringes or medical injection devices, and razor blades, or any drugs, vaccines, medicines, chemicals or other toxic materials. Any such materials deposited or allow to remain in a place or condition accessible to unauthorized persons shall be hereby declared to be a nuisance, and the owner or responsible person in control of the premise where said nuisance exists shall have the duty to remove or secure the materials in a manner to abate and prevent such nuisance. Disposal shall be accomplished in a manner acceptable to the Health Officer.

## **1104 - ANIMALS AND VERMIN**

It shall be unlawful for any person to create or maintain a vermin or rat infested condition on premises owned by him. When the Health Officer shall find an infestation or rodents, insects or evidence of such infestation, on or within such property, the Health Officer may order the owner or other responsible person to take whatever measures are deemed to be reasonably necessary to abate the condition.

**1104.1 - Disposal of Dead Animals**

It shall be unlawful for any person to allow a dead animal to remain for over twenty-four (24) hours after death on premises or occupied by him. Such animals shall be buried to a depth of four (4) feet or as otherwise specified by the Health Officer. The bottom of the required excavation shall be a minimum of four (4) feet above the high ground water elevation.



# AGREEMENT FOR THE OPERATION OF THE BRANCH, HILLSDALE, AND ST. JOSEPH COMMUNITY HEALTH AGENCY FOR BRANCH, HILLSDALE, AND ST. JOSEPH COUNTIES

THIS AGREEMENT made and entered into this 13<sup>th</sup> day of December A.D., 2012, by and between the Boards of Commissioners of Branch, Hillsdale, and St. Joseph Counties (hereinafter collectively referred to as "Counties").

## WITNESSETH:

WHEREAS, Act 368 of Public Acts of 1978, as amended, of the State of Michigan provides that any combination of counties may elect to establish a District Health Department by a majority vote of each County Board of Commissioners;

WHEREAS, the Counties of Branch, Hillsdale, and St. Joseph have operated the Branch-Hillsdale-St. Joseph Community Health Agency since January 1, 1972.

WHEREAS, the Counties believe that it is prudent to formalize the rights and obligations of each county and their relationship to the Branch-Hillsdale-St. Joseph Community Health Agency;

WHEREAS, the counties desire to modify the organizational framework for the Community Health Agency;

WHEREAS, Article 7, Section 28 of the Michigan Constitution of 1963 and Act 7 of the Public Acts of 1967, as amended, MCL 124.501 et seq., permit counties to, by agreement, perform functions that could be performed by individual counties;

WHEREAS, the Counties desire to enter into an agreement to continue a public entity known as the Branch-Hillsdale-St. Joseph Community Health Agency, and to specify the powers and duties under which it will operate pursuant to the above cited authority; and

WHEREAS, Section 2448 of the Public Health Code, as amended (MCL 333.2448), expressly provides for intergovernmental contracts to reorganize local health departments.

THEREFORE, for and in consideration of the mutual covenants hereinafter contained, IT IS HEREBY AGREED as follows:

## SECTION I.

### ESTABLISHMENT

Pursuant to the Public Health Code, 1978 PA 368, MCL 333.1101 et seq., as amended, and pursuant to the Michigan Constitution of 1963, Article 7, Section 28, and 1967 PA 7, as amended, MCL 124.501, et seq., the duly elected Commissioners of Branch, Hillsdale, and St. Joseph Counties, State of Michigan hereby state the desire to continue the public entity known as the Branch-Hillsdale-St. Joseph Community Health Agency (hereinafter referred to as the "Community Health Agency").

## SECTION II.

### DEFINITIONS

The following terms for this Agreement shall have the meanings attached to them:

"Board" means the Branch-Hillsdale-St. Joseph Community Health Agency Board of Health (hereinafter sometimes referred to as "Board of Health").

"Health Officer" means the health officer of the Branch-Hillsdale- St. Joseph Community Health Agency.

"Department" means the Department of Community Health of the State of Michigan.

"Director" means the director of the Department of Community Health of the State of Michigan.

## SECTION III.

### PURPOSE OF THE DEPARTMENT

The purpose of the Branch-Hillsdale-St. Joseph Community Health Agency is to provide a range of public health services for persons located within the three (3) counties as required by and permitted under 1978 PA 368, as amended. The Board shall carry out the applicable provisions of the Public Health Code and shall, subject to the rules designated by the Michigan Department of Community Health, provide services permitted under the Public Health Code.

## SECTION IV.

### AREA SERVED

The Board shall provide the services set forth herein to persons who are located within Branch, Hillsdale, and St. Joseph Counties.

## SECTION V.

### ESTABLISHMENT OF THE BOARD

The Counties hereby establish a Board of Health. The Board shall set policy and procedures governing the operation of the Community Health Agency and shall have ultimate authority regarding the exercise of the Community Health Agency powers. The Board shall be composed of six (6) members: two (2) members from Branch County, two (2) members from Hillsdale County, and two (2) members from St. Joseph County. Board members shall be appointed by the applicable Board of Commissioners and must be currently serving as County Commissioners. The Board shall elect a chairperson and vice-chairperson. The chairperson and vice-chairperson shall not be from the same county. It may create additional officers and such committees as it deems appropriate. The Board shall set its meeting dates and adopt rules of procedures and determine the number of members who will constitute a quorum of the Board; provided, however, the Board may recommend that the respective board of county commissioners dissolve the Community Health Agency only by a majority vote of the entire Board. As used in this Agreement, the terminology "entire board" shall mean the six (6) members of the Board or lesser number if a vacancy exists in the number of representatives to which each county is entitled. All meetings of the Board shall comply with Michigan's Open Meetings Act, being 1976 Public Act 267, as amended. Actions taken by the Board prior to the effective date of this Agreement are hereby ratified.

## SECTION VI.

### TERM OF BOARD MEMBERSHIP, VACANCIES, REMOVAL FROM OFFICE

The term of office of Board members shall commence January 1st and run through December 31st or until their successors are qualified and appointed to office. Board members shall be appointed by the respective Boards of Commissioners for two (2) year terms running from January 1<sup>st</sup> through December 31<sup>st</sup> commensurate with Board of Commissioners terms, or until their successors are qualified and appointed. Membership shall cease upon any member ceasing to be a County Commissioner.

Vacancies shall be filled for unexpired terms in the same manner as original appointments. A Board member may be removed from the Board by the appointing Board of Commissioners.

## SECTION VII.

### BOARD DUTIES

The Board shall:

- a) Annually examine and evaluate the public health needs of the Counties and the public and non-public services necessary to meet those needs.

- b) Review and approve an annual program statement and budget. The format and documentation of the annual program statement and budget shall be specified by the Department.
- c) Submit the annual program statement and budget to the Department by such date as is specified by the Department.
- d) Submit to each Board of Commissioners an annual request for County funds to support the Community Health Agency. Such request shall be in the form and at the time determined by the Boards of Commissioners.
- e) Take action to secure private, federal, state, and other public funds to help support its programs.
- f) Approve and authorize all contracts, which may be effectuated by delegation to the Health Officer.
- g) Review and evaluate the quality, effectiveness, and efficiency of services being provided by its programs.
- h) Appoint a health officer and a medical director, who shall each meet the standards of training and experience established by the Department.
- i) Establish general policy guidelines within which the health officer shall execute the Community Health Agency programs.
- j) Audit all claims against the Community Health Agency and apportion approved claims as provided under the approved formula established under Section 2417 of the Public Health Code, as amended (MCL 333.2417).
- k) The Community Health Agency shall maintain liability insurance in such amounts as the Board shall determine.

## SECTION VIII.

### POWERS OF THE BOARD

The Board shall have all the rights, powers, duties and obligations of a District Health Department created under MCL 333.2415, as are set forth in the Public Health Code, Public Act 368 of 1978, as amended. IN addition, the Board shall have the following powers and duties, to the extent theses powers and duties are not in consistent with the powers of a District Health Department.

- 1. To enter into contracts, including contracts for the purchase of public health services with private persons and/or entities or public agencies.
- 2. To acquire ownership, custody, operation, maintenance, lease or sale of real or personal property, subject to any limitation on the payment of funding therefore now or subsequently imposed by the Public Health Code, 1978 PA 368, as amended.
- 3. To dispose of, divide, and distribute property.
- 4. To accept gifts, grants, assistance, funds or bequests.

5. To make claims for federal or state aid payable to the participants in the programs of the Board.
6. To incur debts, liabilities or obligations which do not constitute the debts, liabilities or obligations of any of the parties to this agreements, subject to any limitations thereon which are now or hereafter imposed by the Public Health Code, 1978 PA 368, as amended.
7. To, in its own name, employ employees and agents, which employees or agents shall be considered employees or agents of the board. The Board shall have the powers, duties and responsibility for establishing policies, guidelines and procedures for employees and shall have the power, duty and responsibility to establish wages and fringe benefits such as, but not limited to, sick leave, vacation, health insurance, pension and life insurance; to provide for workers' compensation and for any and all other terms and conditions of employment of an employee of the Board. However, any employee initially transferred to the Branch-Hillsdale-St. Joseph Community Health Agency by any of the contracting Counties or from the predecessor Branch-Hillsdale-St. Joseph Community Health Agency shall continue to have all benefits, obligations and status with respect to pay, seniority credits, and sick leave, vacation, insurance and pension credits that the individual held as a County or Community Health Agency employee. The above-stated conditions and limitations upon the transfer of County or Community Health Agency employees shall not serve to limit the right of the Board to hire County or Community Health Agency employees voluntarily seeking a job change upon such terms and conditions as the Board and the individual may agree.
8. To fix and collect charges, rates, rents or fees where appropriate and to promulgate rules and regulations related thereto. They shall include the power to set fees for the Community Health Agency services as authorized by Section 2444 of the Code. All fees shall be paid into the general fund of the Community Health Agency.
9. The powers of the Community Health Agency shall be liberally construed consistent with the Constitution and statutes of this state.

## SECTION IX.

### HEALTH OFFICER

The health officer shall function as the chief executive and administrative officer of the Branch-Hillsdale-St. Joseph Community Health Agency and shall execute and administer the Branch-Hillsdale-St. Joseph Community Health Agency in accordance with the approved program statement and budget, the general policy guidelines established by the Board, the applicable procedures and regulations, and the provisions of state statute. The terms and conditions of the health officer's employment, including tenure of service, shall be as mutually agreed to by the Board and health officer and shall be specified in writing.

## SECTION X.

### FINANCES

The Board shall have the budgetary and financial control over the Community Health Agency. The Board shall base its request for county financial contributions on the proposed budgetary needs of the Community Health Agency. These financial contributions may come from the general fund of each county or from any fees collected by the Community Health Agency in that county or a combination thereof. Payment of the financial contribution of each county shall be made under such terms as shall be specified by the Board and approved by the respective boards of commissioners. The financial contribution shall be approved by each county based on the financial needs of the Community Health Agency. The contribution scheduled shall be allocated pro-rata among the counties based on the percent of population of each county as compared to the population of the tri-counties as shown in the last decennial federal census. The last decennial federal census shall be adjusted by subtracting the State prison population from Branch County's population. In the event that the services of the Community Health Agency are requested or required to be provided at the State prison, Branch County shall be responsible for any and all associated costs up to a capped amount. The capped amount shall be calculated by multiplying the current year's pro-rata rate and the prison population as recorded on January 1<sup>st</sup> of the current year. The financial contribution shall be computed annually and shall be approved as required by Section 2417 of the Public Health code (MCL 333.2417). Nothing in this Agreement shall bind a county to accept the annual allocation request by the Board.

If a county fails to allocate its full amount requested, the Board may not pass its budgetary shortfall to the other counties. However, the board in its discretion may elect one of more of the following options, taking into account the amount of the non-payment, its duration, the financial condition of the Community Health Agency and such other factors as it deems relevant:

1. Reduce services in the non-paying county consistent with the non-payment;
2. Raise fee rates for services in the amount the Board deems necessary.
3. Recommend the dissolution of the Community Health Agency.
4. Any combination of the above as determined by the Board.

State and local contributions and all other funds received shall be handled and banked directly by one of the treasurers of one of the member counties as selected by the Board, which has the duty to insure that the funds are banked and accounted for consistent with requirements of law for local governmental units.

The Board shall be credited all investment income (minus reasonable handling fees) derived from the assets of the Community Health Agency. All interest income shall also be credited into the general fund of the Community Health Agency.

#### SECTION XI.

##### AUDIT

The Community Health Agency shall conduct an annual agency audit in accordance with the law and as directed by the Board. A copy of the audit shall be given to each Board member upon its completion. If requested by a county, a representative of the auditing firm and the Community Health Agency shall appear before the Board of Commissioners of each county and answer questions regarding the audit or any other aspect of Community Health Agency activities. The counties shall have access to all Community Health Agency records except those records subject to a legally recognized privilege.

#### SECTION XII.

##### INFORMATION

The Board shall provide to Branch-Hillsdale-St. Joseph Counties, separately and/or jointly, as requested, any and all information related to the operations of the Board on a timely basis.

#### SECTION XIII.

##### NOTICES

Any notices required by this Agreement shall be deemed made when mailed certified mail, return receipt requested, to each county clerk, to each chairperson of the Board of Commissioners of each participating county, and the Health Officer of the Community Health Agency.

#### SECTION XIV.

##### COUNTY ORDINANCES

Nothing in this agreement shall restrict the right of a county to enact a local ordinance affecting its public health needs and setting fees in any such ordinance. However, any such ordinance shall not impose an obligation or duty on the Community Health Agency or its personnel unless (a) the ordinance has been approved by the Board; provided, however, that the Board's approval shall be limited to assessing the financial and personnel impact of the ordinance on the Community Health Agency, the legality and enforceability of the proposed ordinance and potential liability to the Community Health Agency. (The general public policy considerations of whether the proposed ordinance is needed is solely the responsibility of the county which is considering enacting the proposed ordinance), (b) an agreement has been reached with the county which enacted the ordinance regarding the disposition of any fees required by the ordinance; and (c) an agreement has been reached with the county which enacted the ordinance regarding the reimbursement to the Community Health Agency of any costs of enforcement.

## SECTION XV.

### ORDINANCE UNIFORMITY

Each county understands the legal and practical importance of ordinance uniformity throughout the District. Each county agrees to make every effort to keep its public health ordinances uniform with those of other counties within the tri-counties. However, this Agreement acknowledges that local conditions and political desires within a particular county may result in some unique ordinance provisions.

## SECTION XVI.

### DURATION OF THIS AGREEMENT AND RIGHTS UPON TERMINATION

- a) This Agreement shall continue indefinitely unless a county withdraws as provided by this Agreement.
- b) This Agreement may be terminated by the following method:  
The county(ies) may give written notice of its(their) desire to withdraw as a member of the Community Health Agency to the Board of Health and to the other counties which are a party to this Agreement. The effective date of the withdrawal by the withdrawing county(ies) shall be effective sixty (60) days from the date of receipt from the withdrawing county(ies). The property division provisions of paragraph XVI.c.1 shall continue to apply to all counties, including the withdrawing county, until the property division has been completed; otherwise, this Agreement shall be terminated as to the withdrawing county on the effective date of the withdrawal.
- c) Property Division.
  - 1. If the county(ies) withdraws pursuant to Paragraph (b) above, then the following procedure shall be used. The withdrawing county(ies) shall not be obligated to pay (or will be reimbursed if it already had paid) a pro-rata portion of its(their) financial contribution attributable to the remainder of the calendar year after the effective date of the dissolution. In addition, the withdrawing county(ies) shall receive all real and personal property located within the boundaries of the withdrawing county(ies). The withdrawing county(ies) will assume any existing debt applicable to the assets which it receives. The distribution of assets shall take place as soon as possible after the effective date of the dissolution.

2. Nothing contained herein shall preclude the three (3) counties from otherwise jointly agreeing in writing to any distribution of the real and personal property among themselves as they deem proper.
- d) If the withdrawing County will assume the responsibility for any health jurisdiction or function previously performed by the Community Health Agency, or if it will assume the responsibility to pay the wages of or employ any former employee of the Community Health Agency, MCL 333.2448 shall apply, and the Withdrawing County will provide an appropriate assurance or evidence to the Community Health Agency documenting its compliance. MCL 333.2448 provides:

A city, county, district, or part thereof may enter into a intergovernmental contract necessary or appropriate to a reorganization or an assumption or relinquishing of a health jurisdiction or function authorized by this part. The contract shall provide that an employee transferred shall not lose any benefits or right as a result of the transfer.

## SECTION XVII.

### STATUS OF THE BOARD

The Board established pursuant to this agreement shall be a separate legal public entity with the power to sue and be sued.

## SECTION XVIII.

### AMENDMENT PROCEDURES

This agreement may be amended only by the mutual agreement of the participating counties pursuant to resolution authorized by each of the County Boards of Commissioners and entered into in writing, and approved as may be required by the Urban Cooperation Act (MCL 124.501, et seq.) and the Public Health Code (MCL 333.1101, et seq.)

## SECTION XIX.

### CONFLICT OF PROVISIONS

If there is any conflict between this agreement and the Public Health Code (MCL 333.1101, et seq.), as existing or as subsequently amended, the Public Health Code shall prevail, and those provisions of this agreement inconsistent therewith shall be deemed null, void and of no effect.

## SECTION XX.

### CONTINUITY

All assets and liabilities as well as the contractual rights and obligations currently in the name of the existing Branch-Hillsdale-St. Joseph Community Health Agency shall continue. Each county authorizes its Chair and Clerk to execute such documents as are necessary to effectuate this provision. The created Community Health Agency hereby agrees to assume all such transfers.

SECTION XXI.

EFFECTUATION OF AGREEMENT

This agreement shall not take effect until this agreement is approved by the Governor of the State of Michigan and the Director of the State Department of Community Health as provided for by law. Upon receipt of the approval of the Governor and after filing with the County Clerk of each county and the Secretary of State, this agreement shall take effect on January 1, 2013.

The name of the entity and its administrative office's business address are Branch-Hillsdale-St. Joseph Community Health Agency, 570 Marshall Road, Coldwater, Michigan 49036. Any subsequent change thereof by the Board shall be reported in writing to the forming Counties, the State Department of Community Health and the Governor of Michigan.

The persons signing this agreement hereby verify by their signatures that they are authorized to execute this agreement pursuant to appropriate County Board of Commissioners resolution.

IN THE PRESENCE OF:

Donald Vodka  
Bob Hartz

Alan E. Ringelberg  
ALAN RINGELBERG  
Judy C. Stott  
Judy C. Stott

James F. Spinner  
Phyllis Long

BRANCH COUNTY

Mike Shuff  
BY: CHAIRPERSON, BOARD OF COMMISSIONERS

Steve Kulasak 11/27/12  
ATTEST: COUNTY CLERK

HILLSDALE COUNTY

Andy W. Allen  
BY: CHAIRPERSON, BOARD OF COMMISSIONERS

Marney M. East  
ATTEST: COUNTY CLERK

ST. JOSEPH COUNTY

Paul J. Bender  
BY: CHAIRPERSON, BOARD OF COMMISSIONERS

Paul J. Bender  
ATTEST: COUNTY CLERK

## Resolution

**To approve the intergovernmental agreement under the urban cooperation act for the Branch-Hillsdale-St. Joseph Community Health Agency for Branch, Hillsdale and St. Joseph Counties**

**WHEREAS**, pursuant to the Michigan Public Health Code, the Counties of Branch, Hillsdale and St. Joseph established the Branch-Hillsdale-St. Joseph Community Health Agency; and

**WHEREAS**, the Counties of Branch, Hillsdale, and St. Joseph wish to continue the existing tri-county public health department structure through the continuation of a separate legal entity as permitted under the Michigan Constitution of 1963, Article VII, Section 28; and the Urban Corporation Act, PA 7 of 1967, as amended, being MCLA 124.501, et seq.; and

**WHEREAS**, the respective Counties have reviewed and agreed to the terms of the "Intergovernmental Agreement for the Branch-Hillsdale-St. Joseph Community Health Agency."

**THEREFORE BE IT RESOLVED**, that the attached "Intergovernmental Agreement for the Branch-Hillsdale-St. Joseph Community Health Agency" is approve.

**BE IT FURTHER RESOLVED**, that the Board Chairperson is authorized to sign the finalized "Intergovernmental Agreement for the Branch-Hillsdale-St. Joseph Community Health Agency."

**BE IT FURTHER RESOLVED**, that a certified copy of this Resolution and the attached "intergovernmental Agreement" for the Branch-Hillsdale-St. Joseph Community Health Agency" shall be filed with the County Clerk's office and the Michigan Secretary of State's office.

**BE IT FURTHER RESOLVED**, that a copy of this Resolution, and the attached "Intergovernmental Agreement for the Branch-Hillsdale-St. Joseph Community," shall be sent to the Michigan Governor's office pursuant to the Urban Cooperation Act, PA 7 of 1967.



Dale Swift, Chairman

  
11/21/12

Teresa Kubasiak, County Clerk

**ST. JOSEPH COUNTY**  
**RESOLUTION NO. 20-2012**

**AMENDING THE INTERGOVERNMENTAL AGREEMENT FOR THE  
BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY**

**WHEREAS**, pursuant to the Michigan Public Health Code, the Counties of Branch, Hillsdale and St. Joseph established the Branch-Hillsdale-St. Joseph District Health Department January 1, 1972; and

**WHEREAS**, in December 1997 the Counties entered into a written agreement establishing the Branch-Hillsdale-St. Joseph Community Health Agency; and

**WHEREAS**, the Counties of Branch, Hillsdale, and St. Joseph wish to continue the existing tri-county public health agency structure created in 1997 as permitted under the Michigan Constitution of 1963, Article VII, Section 28; and the Urban Corporation Act, PA 7 of 1967, as amended, being MCLA 124.501, et seq.; and

**WHEREAS**, the respective Counties have chosen to amend the terms of the December 1997 "Intergovernmental Agreement for the Branch-Hillsdale-St. Joseph Community Health Agency."

**THEREFORE BE IT RESOLVED**, that the attached amended "Intergovernmental Agreement for the Branch-Hillsdale-St. Joseph Community Health Agency" is approve.

**BE IT FURTHER RESOLVED**, that the Board Chairperson is authorized to sign the finalized amended "Intergovernmental Agreement for the Branch-Hillsdale-St. Joseph Community Health Agency."

**BE IT FURTHER RESOLVED**, that a certified copy of this Resolution and the attached amended "Intergovernmental Agreement" for the Branch-Hillsdale-St. Joseph Community Health Agency" shall be filed with the County Clerk's office and the Michigan Secretary of State's office.

**BE IT FURTHER RESOLVED**, that a copy of this Resolution, and the attached amended "Intergovernmental Agreement for the Branch-Hillsdale-St. Joseph Community," shall be sent to the Michigan Governor's office pursuant to the Urban Cooperation Act, PA 7 of 1967.

STATE OF MICHIGAN     )  
                                      ) SS  
COUNTY OF ST. JOSEPH )

I, PATTIE S. BENDER, Clerk of the St. Joseph County Board of Commissioners and Clerk of the County of St. Joseph, do hereby certify that the above Resolution was duly adopted by the said Board on December 5, 2012.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of the Circuit Court at Centreville, Michigan, this 12th day of December 2012.

  
Pattie S. Bender, Clerk

November 13, 2012

**Resolution to approve the intergovernmental agreement under the urban cooperation act for the Branch-Hillsdale-St. Joseph Community Health Agency for Branch, Hillsdale and St. Joseph Counties**

**WHEREAS**, pursuant to the Michigan Public Health Code, the Counties of Branch, Hillsdale and St. Joseph established the Branch-Hillsdale-St. Joseph Community Health Agency; and

**WHEREAS**, the Counties of Branch, Hillsdale, and St. Joseph wish to continue the existing tri-county public health department structure through the continuation of a separate legal entity as permitted under the Michigan Constitution of 1963, Article VII, Section 28; and the Urban Corporation Act, PA 7 of 1967, as amended, being MCLA 124.501, *et seq.*; and

**WHEREAS**, the respective Counties have reviewed and agreed to the terms of the "Intergovernmental Agreement for the Branch-Hillsdale-St. Joseph Community Health Agency."

**THEREFORE BE IT RESOLVED**, that the attached "Intergovernmental Agreement for the Branch-Hillsdale-St. Joseph Community Health Agency" is approve.

**BE IT FURTHER RESOLVED**, that the Board Chairperson is authorized to sign the finalized "Intergovernmental Agreement for the Branch-Hillsdale-St. Joseph Community Health Agency."

**BE IT FURTHER RESOLVED**, that a certified copy of this Resolution and the attached "intergovernmental Agreement" for the Branch-Hillsdale-St. Joseph Community Health Agency" shall be filed with the County Clerk's office and the Michigan Secretary of State's office.

**BE IT FURTHER RESOLVED**, that a copy of this Resolution, and the attached "Intergovernmental Agreement for the Branch-Hillsdale-St. Joseph Community," shall be sent to the Michigan Governor's office pursuant to the Urban Cooperation Act, PA 7 of 1967.

CLERK'S CERTIFICATE  
STATE OF MICHIGAN  
COUNTY OF HILLSDALE } SS

I, MARNEY M. KAST, Clerk of the County of Hillsdale, and Clerk of the Circuit Court for said County the same being a Court of Record and having a seal, do hereby certify that this is a copy of the original record thereof now remaining in my office, and have found said copy to be, and that the same is, a true and correct transcript therefrom, and of the whole of such original record. In Testimony Whereof, I have hereunto set my hand and affixed seal of said Court, at Hillsdale, this 15th day of November, A.D. 2013. MARNEY M. KAST, COUNTY CLERK  
*[Signature]* DEPUTY CLERK

*[Signature]*  
Alan E. Ringenberg, Vice-Chair  
Human Services

*[Signature]*  
Andy Welden, Chair

Board of Commissioners

APPROVED BY THE BOARD OF COMMISSIONERS ON NOVEMBER 13, 2012.



STATE OF MICHIGAN  
DEPARTMENT OF COMMUNITY HEALTH  
LANSING

RICK SNYDER  
GOVERNOR

JAMES K. HAVEMAN  
DIRECTOR

April 2, 2013

Mr. Brad Benzing  
Hillsdale County Commissioner and Board of Health, Chairman  
570 N. Marshall Road  
Coldwater, MI 49036

Re: Intergovernmental Agreement  
Branch - Hillsdale - St. Joseph Community Health Agency

Dear Chairman Benzing:

The Michigan Department of Community Health has completed its review of your Intergovernmental Agreement for the Branch - Hillsdale - St. Joseph Community Health Agency and has found that it complies with guidance provided under the Michigan Public Health Code and the Urban Cooperation Act.

The department finds this agreement to be a most encouraging development. We are pleased to see your continued commitment to the concepts of core capacities and minimum program requirements. In addition, your Board of Health's commitment to annual examination of public health needs, and evaluation of program effectiveness and efficiency, should assist you in developing and providing quality services for all the residents of your jurisdiction.

The department approves the Intergovernmental Agreement. The Boards of Commissioners of all three counties are to be commended for formalizing the Branch - Hillsdale - St. Joseph Community Health Agency's organization in this document.

Cordially,

James K. Haveman  
Director

Cc: Mike Gadola, Legal Counsel, Office of the Governor  
Steve Todd, Health Officer, Branch - Hillsdale - St. Joseph Health Agency  
Assistant Attorney General Iris Lopez  
Assistant Attorney General Bill Morris

*Thanks - glad  
to support your efforts!*



STATE OF MICHIGAN  
EXECUTIVE OFFICE  
LANSING

RICK SNYDER  
GOVERNOR

BRIAN CALLEY  
LT. GOVERNOR

April 29, 2013

Mr. Brad Benzing  
Hillsdale County Commissioner and  
Board of Health, Chairman  
570 N. Marshall Road  
Coldwater, MI 49036

Re: Urban Cooperation Act Agreement for the Operation of the Branch, Hillsdale and  
St. Joseph Community Health Agency

Dear Mr. Benzing:

I am responding to the request for approval of the proposed Urban Cooperation Act Agreement between Branch, Hillsdale and St. Joseph Counties. The agreement was dated on December 13, 2012, between the parties, and the Director of the Department of Community Health approved it April 2, 2013. Based on the review from the Attorney General's Office, I am notifying you that I approve the proposed Urban Cooperation Act Agreement pursuant to the Urban Cooperation Act, 1967 (Ex Sess) PA 7, MCL 124.501 *et seq.*, and the Public Health Code, 1978 PA 368, MCL 333.1101 *et seq.*

Sincerely,

Rick Snyder  
Governor

c: James K. Haveman, Director, DCH  
Attorney General's Office, State Operations Division

Dep: -1 Attorney General

APR 30 2013

State of Michigan  
Attorney General's Office  
Operations Division  
RECEIVED

# MICHIGAN MUNICIPAL RISK MANAGEMENT AUTHORITY COVERAGE OVERVIEW

<b>Member:</b>	<b>Branch-Hillsdale-St. Joseph CHA</b>	<b>Member No:</b> M0001101
<b>Date of Original Membership:</b>	<b>September 24, 1985</b>	
<b>Overview Effective Dates:</b>	<b>October 01, 2022 To October 01, 2023</b>	
<b>Member Representative:</b>	<b>Theresa Fisher</b>	<b>Telephone #:</b> (517) 933-3051
<b>Regional Risk Manager:</b>	<b>Lighthouse Group, an Alera Group Agency, LLC</b>	<b>Telephone #:</b> (616) 698-7373

## A. Introduction

The Michigan Municipal Risk Management Authority (hereinafter "MMRMA") is created by authority granted by the laws of the State of Michigan to provide risk financing and risk management services to eligible Michigan local governments. MMRMA is a separate legal and administrative entity as permitted by Michigan laws. **Branch-Hillsdale-St. Joseph CHA** (hereinafter "Member") is eligible to be a Member of MMRMA. **Branch-Hillsdale-St. Joseph CHA** agrees to be a Member of MMRMA and to avail itself of the benefits of membership.

**Branch-Hillsdale-St. Joseph CHA** is aware of and agrees that it will be bound by all of the provisions of the Joint Powers Agreement, Coverage Documents, MMRMA rules, regulations, and administrative procedures.

This Coverage Overview summarizes certain obligations of MMRMA and the Member. Except for specific coverage limits, attached addenda, and the Member's Self Insured Retention (SIR) and deductibles contained in this Coverage Overview, the provisions of the Joint Powers Agreement, Coverage Documents, reinsurance agreements, MMRMA rules, regulations, and administrative procedures shall prevail in any dispute. The Member agrees that any dispute between the Member and MMRMA will be resolved in the manner stated in the Joint Powers Agreement and MMRMA rules.

## B. Member Obligation - Deductibles and Self Insured Retentions

**Branch-Hillsdale-St. Joseph CHA** is responsible to pay all costs, including damages, indemnification, and allocated loss adjustment expenses for each occurrence that is within the Member's Self Insured Retention (hereinafter the "SIR"). **Branch-Hillsdale-St. Joseph CHA's** SIR and deductibles are as follows:

**Table I**  
**Member Deductibles and Self Insured Retentions**

COVERAGE	DEDUCTIBLE	SELF INSURED RETENTION
Liability	N/A	State Pool Member
Vehicle Physical Damage	\$250 Per Vehicle	State Pool Member
Fire/EMS Replacement Cost	N/A	N/A
Property and Crime	\$1,000 Per Occurrence	N/A
Sewage System Overflow	N/A	N/A

The member must satisfy all deductibles before any payments are made from the Member's SIR or by MMRMA.

The **Branch-Hillsdale-St. Joseph CHA** is afforded all coverages provided by MMRMA, except as listed below:

1. Sewage System Overflow
2. Specialized Emergency Response Expense Recovery Coverage
- 3.
- 4.

All costs including damages and allocated loss adjustment expenses are on an occurrence basis and must be paid first from the Member's SIR. The Member's SIR and deductibles must be satisfied fully before MMRMA will be responsible for any payments. The most MMRMA will pay is the difference between the Member's SIR and the Limits of Coverage stated in the Coverage Overview.

**Branch-Hillsdale-St. Joseph CHA** agrees to maintain the Required Minimum Balance as defined in the Member Financial Responsibilities section of the MMRMA Governance Manual. The Member agrees to abide by all MMRMA rules, regulations, and administrative procedures pertaining to the Member's SIR.

### **C. MMRMA Obligations - Payments and Limits of Coverage**

After the Member's SIR and deductibles have been satisfied, MMRMA will be responsible for paying all remaining costs, including damages, indemnification, and allocated loss adjustment expenses to the Limits of Coverage stated in Table II. The Limits of Coverage include the Member's SIR payments.

The most MMRMA will pay, under any circumstances, which includes payments from the Member's SIR, per occurrence, is shown in the Limits of Coverage column in Table II. The Limits of Coverage includes allocated loss adjustment expenses.

**Table II**  
**Limits of Coverage**

Liability and Motor Vehicle Physical Damage		Limits of Coverage Per Occurrence		Annual Aggregate	
		Member	All Members	Member	All Members
1	Liability	10,000,000	N/A	N/A	N/A
2	Judicial Tenure	N/A	N/A	N/A	N/A
3	Sewage System Overflows	0	N/A	0	N/A
4	Volunteer Medical Payments	25,000	N/A	N/A	N/A
5	First Aid	2,000	N/A	N/A	N/A
6	Vehicle Physical Damage	1,500,000	N/A	N/A	N/A
7	Uninsured/Underinsured Motorist Coverage (per person)	100,000	N/A	N/A	N/A
	Uninsured/Underinsured Motorist Coverage (per occurrence)	250,000	N/A	N/A	N/A
8	Michigan No-Fault	Per Statute	N/A	N/A	N/A
9	Terrorism	5,000,000	N/A	N/A	5,000,000

Property and Crime		Limits of Coverage Per Occurrence		Annual Aggregate	
		Member	All Members	Member	All Members
1	Buildings and Personal Property	7,385,205	350,000,000	N/A	N/A
2	Personal Property in Transit	2,000,000	N/A	N/A	N/A
3	Unreported Property	5,000,000	N/A	N/A	N/A
4	Member's Newly Acquired or Constructed Property	10,000,000	N/A	N/A	N/A
5	Fine Arts	2,000,000	N/A	N/A	N/A
6	Debris Removal (25% of Insured direct loss plus)	25,000	N/A	N/A	N/A
7	Money and Securities	1,000,000	N/A	N/A	N/A
8	Accounts Receivable	2,000,000	N/A	N/A	N/A
9	Fire Protection Vehicles, Emergency Vehicles, and Mobile Equipment (Per Unit)	5,000,000	10,000,000	N/A	N/A
10	Fire and Emergency Vehicle Rental (12 week limit)	2,000 per week	N/A	N/A	N/A
11	Structures Other Than a Building	15,000,000	N/A	N/A	N/A
12	Dam/Dam Structures/Lake Level Controls	0	N/A	N/A	N/A
13	Transformers	0	N/A	N/A	N/A
14	Storm or Sanitary Sewer Back-Up	1,000,000	N/A	N/A	N/A
15	Marine Property	1,000,000	N/A	N/A	N/A
16	Other Covered Property	10,000	N/A	N/A	N/A
17	Income and Extra Expense	5,000,000	N/A	N/A	N/A
18	Blanket Employee Fidelity	1,000,000	N/A	N/A	N/A
19	Faithful Performance	Per Statute	N/A	N/A	N/A
20	Earthquake	5,000,000	N/A	5,000,000	100,000,000
21	Flood	5,000,000	N/A	5,000,000	100,000,000
22	Terrorism	50,000,000	50,000,000	N/A	N/A

Table III

Network and Information Security Liability, Media Injury Liability, Network Security Loss, Breach Mitigation Expense, PCI Assessments, Social Engineering Loss, Reward Coverage, Telecommunications Fraud Reimbursement.			
	Limits of Coverage Per Occurrence/Claim	Deductible Per Occurrence/Claim	Retroactive Date
	\$2,000,000		
<b>Coverage A</b> Network and Information Security Liability: Regulatory Fines:	Each Claim Included in limit above  Each Claim Included in limit above	\$25,000      Each Claim	7/1/2013
<b>Coverage B</b> Media Injury Liability	Each Claim Included in limit above	\$25,000      Each Claim	7/1/2013
<b>Coverage C</b> Network Security Loss  Network Security Business Interruption Loss:	Each Unauthorized Access Included in limit above  Each Business Interruption Loss Included in limit above	\$25,000      Each Unauthorized Access  Retention Period of 72 hours of Business Interruption Loss	Occurrence
<b>Coverage D</b> Breach Mitigation Expense:	Each Unintentional Data Compromise Included in limit above	\$25,000      Each Unintentional Data Compromise	Occurrence
<b>Coverage E</b> PCI Assessments:	Each Payment Card Breach \$1,000,000 Occ./\$1,000,000 Agg. Included in limit above	\$25,000      Each Payment Card Breach	Occurrence
<b>Coverage F</b> Social Engineering Loss:	Each Social Engineering Incident \$100,000 Occ./\$100,000 Agg. Included in limit above	\$25,000      Each Social Engineering Incident	Occurrence
<b>Coverage G</b> Reward Coverage	Maximum of 50% of the Covered Claim or Loss; up to \$25,000 Included in Limit above	Not Applicable	Occurrence
<b>Coverage H</b> Telecommunications Fraud Reimbursement	\$25,000 Included in limit above	Not Applicable	Occurrence

## Annual Aggregate Limit of Liability

Member Aggregate	All Members Aggregate
\$2,000,000	\$17,500,000

The total liability of MMRMA shall not exceed \$2,000,000 per Member Aggregate Limit of Liability for coverages A, B, C, D, E, F, G, and H, in any Coverage Period.

The total Liability of MMRMA and MCCRMA shall not exceed \$17,500,000 for All Members Combined Aggregate Limit of Liability for coverages A, B, C, D, E, F, G, and H, in any Coverage Period.

It is the intent of MMRMA that the coverage afforded under the Subjects of Coverage be mutually exclusive. If however, it is determined that more than one Subject of Coverage applies to one coverage event ensuing from a common nexus of fact, circumstance, situation, event, transaction, or cause, then the largest of the applicable Deductibles for the Subjects of Coverage will apply.

**Table IV****Specialized Emergency Response Expense Recovery Coverage****Limits of Coverage**

<b>Specialized Emergency Response Expense Recovery</b>	<b>Limits of Coverage per Occurrence</b>		<b>Annual Aggregate</b>	
	<b>Member</b>	<b>All Members</b>	<b>Member</b>	<b>All Members</b>
	N/A	N/A	N/A	N/A

**Table V****Specialized Emergency Response Expense Recovery Coverage****Deductibles**

<b>Specialized Emergency Response Expense Recovery</b>	<b>Deductible per Occurrence</b>
	<b>Member</b>
	N/A

**Branch-Hillsdale-St. Joseph CHA**

Coverages per Member Coverage Overview:	\$41,349
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TOTAL ANNUAL CONTRIBUTIONS: \$41,349

1. Manuscript Addendum w/o signature

**MICHIGAN MUNICIPAL RISK MANAGEMENT AUTHORITY**

Notice: MMRMA's Data Breach and Privacy Liability Coverage Document wording, effective 7/1/22, is currently under review and is subject to change. A copy of the final approved updated Data Breach and Privacy Liability Coverage Document will be available prior to 7/1/2022 for your review.

# MICHIGAN MUNICIPAL RISK MANAGEMENT AUTHORITY

Branch-Hillsdale-St. Joseph CHA  
POLICY NUMBER M0001101  
SUMMARY OF MOTOR VEHICLE TYPES  
EFFECTIVE 10/1/2022 - 10/1/2023

<u>Type of Vehicle</u>	<u>Liability Coverage Renewal Exposure</u>		<u>ACV</u>	<u>Physical Damage Coverage Renewal Exposure Data</u>			<u>Total</u>
	<u>Units</u>	<u>Contribution</u>		<u>Replacement</u>	<u>Agreed</u>	<u>Contribution</u>	
All Other Vehicles	1	1,232	97,500	0	0	265	1,497
Buses	0	0	0	0	0	0	0
Commercial - Historical	0	0	0	0	0	0	0
EMS/Ambulance	0	0	0	0	0	0	0
Fire Vehicles - Large	0	0	0	0	0	0	0
Fire Vehicles - Other	0	0	0	0	0	0	0
Garbage Trucks	0	0	0	0	0	0	0
Motorcycles	0	0	0	0	0	0	0
Motorcycles - Historical	0	0	0	0	0	0	0
Police - All Other	0	0	0	0	0	0	0
Police PPT	0	0	0	0	0	0	0
Private Passenger	0	0	0	0	0	0	0
Private Passenger - Historical	0	0	0	0	0	0	0
Service Trucks	0	0	0	0	0	0	0
Vans	0	0	0	0	0	0	0
<b>Totals</b>	1	1,232	97,500	0	0	265	1,497

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# MICHIGAN MUNICIPAL RISK MANAGEMENT AUTHORITY

**Branch-Hillsdale-St. Joseph CHA**

**POLICY NUMBER M0001101**

**SUMMARY**

**EFFECTIVE 10/1/2022 - 10/1/2023**

<u>Coverage</u>	<u>Expiring Annual Exposure</u>	<u>Annual Exposure</u>	<u>Limits of Liability</u>	<u>SIR/ Deductible</u>	<u>Expiring Contribution</u>	<u>Contribution</u>
Automobile Liability	1 Total Vehicles	1 Total Vehicles	10,000,000	50,000	1,174	1,232
Automobile Physical Damage	\$150,000 ACV	\$97,500 ACV		15,000	326	265
Fire/EMS Replacement Cost	\$0 Replacement Cost	\$0 Replacement Cost		N/A	0	0
General Liability	14,982 Outpatients	17,201 Outpatients	10,000,000	50,000	13,437	15,504
Law Enforcement Liability	N/A	N/A	N/A	N/A	0	0
Public Officials' Liability	14,982 Outpatients	17,201 Outpatients	10,000,000	50,000	6,574	7,739
Property	\$6,028,609	\$6,385,205		1,000	8,716	9,109
Data Breach and Privacy Liability			2,000,000	25,000 See Table IV	0	0
Specialized Emergency Response Expense Recovery Coverage	N/A	N/A	N/A	N/A	0	0
Sewers	N/A	N/A	N/A	N/A	0	0
<b>Subtotal</b>					30,227	33,849
MCCA Assessment	1 Total Vehicles	1 Total Vehicles			0	86
MCCA Assessment Discount					0	-86
<b>Total</b>					30,227	33,849
Stop Loss Charge	\$0 Stop Loss entry point	\$0 Stop Loss entry point			0	0
<b>Total Contribution without Retention Fund Allocation</b>					30,227	33,849
Retention Fund Allocation					7,500	7,500
<b>Total Contribution including Retention Fund Allocation</b>					37,727	41,349

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# MICHIGAN MUNICIPAL RISK MANAGEMENT AUTHORITY

**Member: Branch-Hillsdale-St. Joseph CHA**  
**POLICY NUMBER M0001101**  
**POLICY PROPERTY LIST REPORT**  
**EFFECTIVE DATES 10/1/2022 To 10/1/2023**

Location Address		Location Description		
1.	20 Care Drive, Hillsdale, MI 49242	Hillsdale Health Office		
	Building Description	Building Value	Contents Value	Total Value
	Hillsdale Health Office	\$3,088,391	\$294,664	\$3,383,055
Location Totals		\$3,088,391	\$294,664	\$3,383,055

Location Address		Location Description		
2.	1110 Hill St, Three Rivers, MI 49093	Three Rivers Health Office		
	Building Description	Building Value	Contents Value	Total Value
	Three Rivers Health Office	\$1,979,533	\$313,952	\$2,293,485
Location Totals		\$1,979,533	\$313,952	\$2,293,485

Location Address		Location Description		
3.	570 Marshall, Coldwater, MI 49036	570 Marshall		
	Building Description	Building Value	Contents Value	Total Value
	570 Marshall	\$0	\$509,172	\$509,172
Location Totals		\$0	\$509,172	\$509,172

Location Address		Location Description		
4.	1555 E. Chicago Rd, Sturgis, MI 49091--	1555 E. Chicago Rd		
	Building Description	Building Value	Contents Value	Total Value
	1555 E. Chicago Rd	\$0	\$199,493	\$199,493
Location Totals		\$0	\$199,493	\$199,493

Grand Totals			
Building Value	Contents Value	Total Value	
\$5,067,924	\$1,317,281	\$6,385,205	

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# MICHIGAN MUNICIPAL RISK MANAGEMENT AUTHORITY

**POLICY NUMBER Q000013705**  
**POLICY AUTO SCHEDULE REPORT**  
**EFFECTIVE DATES 10/1/2022 To 10/1/2023**

## Scheduled Vehicles

Year	Make	Model	VIN	License Plate	Type	Department
2019	Ford	E350	1FDWE3F63KDC63003	119x928	All Other Vehicles	Health/CMH/MCF

## Summary

Vehicle Group	Vehicles
All Other Vehicles	1 Vehicles
Buses	0 Vehicles
Commercial - Historical	0 Vehicles
EMS/Ambulance	0 Vehicles
Fire Vehicles Large	0 Vehicles
Fire Vehicles - Other	0 Vehicles
Garbage Trucks	0 Vehicles
Motorcycles	0 Vehicles
Motorcycles - Historical	0 Vehicles
Police - All Other	0 Vehicles
Police PPT	0 Vehicles
Private Passenger	0 Vehicles
Private Passenger - Historical	0 Vehicles
Service Trucks	0 Vehicles
Vans	0 Vehicles

## Grand Totals

Vehicles
1 Vehicles

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## ***SIGNATURE PAGE***

This plan has been reviewed and revised as necessary and copies of the plan have been distributed as follows:

Directors: Personal Health and Disease Prevention, Environmental Health, Administrative Services,  
Health Promotion and Education,  
Clinic Supervisor - Personal Health and Disease Prevention (Hillsdale)  
Clinic Supervisor - Personal Health and Disease Prevention (Coldwater)  
Clinic Supervisor - Personal Health and Disease Prevention (Three Rivers & Sturgis)

---

Signature, Personal Health and Disease Prevention Director

Date

---

Signature, Medical Director

Date

Annual Review Signatures: Changes will be noted specifically in memos to appropriate staff


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## PURPOSE

The Branch-Hillsdale-St. Joseph Community Health Agency is committed to providing a safe and healthy work environment for our entire staff. In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with MIOSHA Part 554 Bloodborne Infectious Diseases.

The ECP is a key document to assist our agency in implementing and ensuring compliance with the standard, thereby protecting our employees. The ECP includes:

- Determination of employee exposure;
- Implementation of various methods of exposure control, including:
  - Universal Precautions;
  - Engineering and work practice controls;
  - Standard operating procedures;
  - Personal Protective Equipment; and,
  - Housekeeping;
- Hepatitis B vaccination;
- Post-exposure evaluation and follow-up;
- Communication of hazards to employees and training;
- Recordkeeping; and,
- Procedures for evaluating circumstances surrounding an exposure incident.

The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.

## ***ACRONYM DEFINITION LIST***

Below is a list of acronyms used in the Exposure Control Plan.

<b><u>Acronym</u></b>	<b><u>Definition</u></b>
ECP	Exposure Control Plan
OSHA	Occupational Health and Safety Administration
MIOSHA	Michigan Occupational Health & Safety Administration
NIOSH	National Institute of Occupational Safety & Health
OPIM	Other Potentially Infectious Material
PPE	Personal Protective Equipment
LBS	Locally Based Services
CSHCS	Children Special Health Care Services
AAA	Area Agency on Aging
CDC	Centers for Disease Control
CHA	Community Health Agency
EPA	Environmental Health Agency
HIV	Human Immunodeficiency Virus
HBV	Hepatitis B Virus

## PROGRAM ADMINISTRATION

- The Personal Health and Disease Prevention Director, Medical Director, and the Administrative Services Director are responsible for the implementation of the Exposure Control Plan (ECP).
- The Personal Health and Disease Prevention Director is responsible for developing, reviewing, maintaining, and updating the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.

Contact location/phone number:

Coldwater Office, 570 Marshall Rd., Coldwater, MI 49036 (517) 279-9561 ext. 143

- Those employees who are determined, by their job description, to have possible occupational exposure to blood or other potentially infectious material (OPIM) must comply with the procedures and work practices outlined in this ECP. They are labeled as Category A employees.
- The Clinic Supervisors will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g. sharps containers), labels and red bags as required by the standard. The Clinic Supervisors will also ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes for all Category A employees.

Contact location/phone number: Coldwater Office

570 Marshall

Coldwater, MI 49036

(517) 279-9561 ext. 105

Hillsdale Office

20 Care Drive

Hillsdale, MI 49242

(517) 437-7395 ext. 307

Three Rivers Office/Sturgis

1110 Hill Street

Three Rivers, MI 49093

(269) 273-2161 ext. 241

- In the event that an exposure occurs the exposed employee is responsible for reporting immediately the incident to the appropriate contact person – immediate supervisor (see section entitled, “Post-Exposure Evaluation and Follow-Up”). **All available contacts will be listed in the ECP and will be posted in each clinic reception area.** The contact person is responsible for ensuring that all medical actions required are performed and that appropriate incident reporting forms (Appendix B) are completed. All necessary documentation should be forwarded by that contact person to the Administrative Services

Director for filing.

- **Personal Health and Disease Prevention Director and Clinic Supervisors** will be responsible for training, providing documentation of training to the Administrative Services Director, (HR) Human Resources, and making the written ECP available to employees, MIOSHA, and NIOSH representatives.
- All employees will have an opportunity to review this plan at any time during their work schedule. A copy of the plan will be made available free of charge and within 5 days of the request. Employees should contact their direct supervisor or Personal Health and Disease Prevention Director for a copy of the plan.

Contact location/phone number: Administrative Services Director  
Branch County Office  
570 Marshall Rd  
Coldwater, MI 49036  
517-279-9561 ext. 107

- The Division Director or the Clinic Supervisor is responsible for notifying the Personal Health and Disease Prevention Director or the Administrative Services Director of new employees that need to receive the bloodborne pathogen training ***before*** they begin employment. This will also be posted in the new employee orientation packet.
- Category A employees will receive an explanation of this ECP by their Supervisor/Director during their initial training session, which will occur at the time of initial assignment. The ECP will also be reviewed in an annual refresher training, which will be mandatory for all Category A employees. A reference copy of the plan will be available at each reception/mail room area in all of the four office locations.

Contact location/phone number:  
Coldwater Office: 570 Marshall Road, Coldwater, MI 49036 (517) 279-9561  
Hillsdale Office: 20 Care Drive, Hilldale, MI 49242 (517) 437-7395  
Three Rivers Office: 1110 Hill Street, Three Rivers, MI 49093 (269) 273-2161  
Sturgis Office: 1555 E. Chicago Road, Suite C, Sturgis, MI 49091 (269) 273-2161

## EXPOSURE DETERMINATION

- A. The following list was created by *determining which employees may incur occupational exposure to blood or other potentially infectious materials*. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment.) This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. At this facility the following job classifications are in this category (**Category A employees**):

**JOB TITLE****DEPARTMENT**

CSHCS/H&V Supervisor	Personal Health & Disease Prevention
Clinic Supervisor	Personal Health & Disease Prevention
Clinic Administrative Assistants	Personal Health & Disease Prevention
Clinic Registered Nurse	Personal Health & Disease Prevention
Clinic Clerk Technician	Personal Health & Disease Prevention
Clinic Clerk Interpreter	Personal Health & Disease Prevention
Immunization Clerk Technician	Personal Health & Disease Prevention
Emergency Preparedness Coordinator	Personal Health & Disease Prevention
COVID-19 Coordinator	Personal Health & Disease Prevention
Care Management Nurse	Area Agency on Aging

See *Appendix A* for a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for the individuals with possible occupational exposure (Category A employees).

- B. As part of the exposure determination section of our ECP, the following is a list of all job classifications at the agency in which employees *do not have* significant risk of occupational exposure (Category B employees):

**JOB TITLE****DEPARTMENT**

Health Officer	Administrative Services
Administrative Services Director	Administrative Services
Accountant	Administrative Services
Fiscal Support Specialist	Administrative Services
Administrative Support Clerk	Administrative Services
IT Network Manager	Administrative Services
Environmental Health Director	Environmental Health Services
Sanitarian	Environmental Health Services
Senior Sanitarian	Environmental Health Services
EH Supervisor	Environmental Health Services
EH Administrative Assistant	Environmental Health Services
EH Assistant Clerk	Environmental Health Services
AAA Director	Area Agency on Aging
AAA Program Specialist	Area Agency on Aging
AAA Social WK Care Consultant	Area Agency on Aging
AAA Outreach Specialist	Area Agency on Aging
VOCA Elder Abuse Victim Specialist	Area Agency on Aging
Personal Health & Disease Prevention Director	Personal Health & Disease Prevention
Breastfeeding Peer Counselor	Personal Health and Disease Prevention
CSHCS LBS-Representative	Personal Health and Disease Prevention
Vision and Hearing Technician	Personal Health and Disease Prevention
Health Analyst Supervisor	Health Education & Promotion
Health Educator	Health Education & Promotion

## METHODS OF EXPOSURE CONTROL

### ***A. Compliance Methods***

Standard Precautions will be observed at this facility in order to prevent contact with blood or other potentially infectious materials. (OPIM) All blood or OPIM will be considered infectious regardless of the perceived status of the source individual or container.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees of this facility. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used. At this facility the following engineering controls will be utilized:

- Sharps containers on-site and in the field as needed.
- Biohazard waste bags
- Safety-Glide and Vanishing Point Syringes
- Genie Retractable Lancets

### ***B. Quality Assurance is monitored by:***

- **Sharps Injury Log** derived from incident reports for patient safety, education and corrective procedures - Appendix B.
- **Employee Input Document** to be available at any time by employees for reporting unsafe conditions or monitoring effectiveness of new engineering controls or changes. Implemented through memo to staff, issues discussed and documented in Clinic Supervisor meetings or Administrative meetings. Documentation maintained in Clinic staff meeting minutes.
- **Personal Health and Disease Prevention Staff** will be expected to review the placement and use of engineering controls annually in addition to traditional updates. Documented in Clinic Staff meeting minutes.

### ***C. Handwashing***

Handwashing facilities are also available to the employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure. At each office, handwashing facilities are located in the clinic, public and employee restrooms, and break rooms. If handwashing facilities are not feasible, the Community Health Agency will provide either an antiseptic cleanser in conjunction with a clean cloth/paper towel or antiseptic towelettes. If these alternatives are used then the hands are to be washed with soap and running water as soon as feasible.

Refer to CDC Standard Precautions – Section A: Handwashing

Refer to CHA Handwashing Information Sheet – Infection Control Manual  
Exposure Control Plan (ECP)

**D. Eyewash Emergency Stations (MIOSHA Rule 4401 [3] and Rule 3220 [9][d])**

Where the eyes or body of any person may be exposed to injurious or corrosive materials, suitable facilities for quick drenching or flushing must be provided in the work area for immediate emergency use.

Corrosive materials are normally considered to be caustic compounds if they have a pH of 9.0 or greater, or acidic compounds if they have a pH of 4.0 or less in solution. The pH of a chemical usually can be obtained from the Safety Data Sheet. Eyewash availability must meet the specifications of the American National Standard for Emergency Eyewash and Shower Equipment (ANSI Z 358.1-1990).

Self-contained eyewash equipment or portable units must be capable of delivering to the eyes not less than 0.4 gallons (1.5 liters) per minute for 15 minutes (minimum total volume of six gallons or 22.7 liters). The eyewash stations must be placed within 25 feet of hazardous operation. It must be clearly marked, well lit, and easily reached.

Training will be provided by Clinic Supervisors and/or Health Education & Promotion Staff in the use of the appropriate PPE for the tasks or procedures employees will perform.

**E. PPE Accessibility**

- Clinic Supervisors from Personal Health and Disease Prevention shall ensure that appropriate PPE in the appropriate sizes are readily accessible for all Category A employees.

The following protective equipment will be provided to employees:

1. Latex gloves/non-latex gloves
2. Disposable aprons OR GOWNS
3. Protective eyewear (with solid side shield)
4. One-way resuscitation devices (in emergency kits)
5. Protective face mask (NP-95)
6. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives for employees who are allergic to the gloves normally provided.

Locations:

Branch Office: Lab room in Clinic

Hillsdale Office: Lab Room

Three Rivers Office: Lab Room in Clinic

Sturgis Office: Lab Room

**All employees using PPE must observe the following precautions:**

- Wash hands immediately or as soon as feasible after removal of gloves or another PPE.
- Remove PPE after it becomes contaminated and before leaving the work area.
- Used PPE may be disposed of in regular trash, unless grossly contaminated. If grossly contaminated, it should then be placed in a biohazard bag. Refer to Section E: Regulated Waste Disposal
- Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace glove if torn, punctured, contaminated or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash decontaminated disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

**Gloves**

Specifically, gloves must be used for the following procedures: immunizations, pelvic exams, laboratory testing and any addition project blood testing that might be implemented.

Rings must be removed prior to the use of gloves to prevent puncturing, tearing or compromising the effectiveness of the glove.

**Additional Protection**

Additional protective clothing (such as lab coats, gowns, aprons, clinic jackets, or similar outer garments) shall be worn in instances when gross contamination can reasonably be anticipated.

***F. Work Area Restrictions (MIOSHA RULES: 325.100007)***

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

All procedures will be conducted in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.

### **G. Specimens**

Specimens of blood or other potentially infectious materials will be placed in a container that prevents leakage during the collection, handling, processing, storage, and transport of the specimens.

The container used for this purpose will be labeled or color-coded in accordance with the requirements of the OSHA standard.

Any specimens that could puncture a primary container will be placed within a secondary container that is puncture resistant.

If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container that prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.

## **HOUSEKEEPING**

### **A. Cleaning Procedures**

The Branch-Hillsdale-St. Joseph Community Health Agency will assure that the worksite is maintained in a clean and sanitary condition. Each Clinic Supervisor in Personal Health and Disease Prevention will be responsible for the implementation of the housekeeping requirements at their respective sites. The clinic employees will be responsible for inspecting patient care areas at the close of each business day to ensure that no blood or OPIM contaminants are present. All contaminated work surfaces will be decontaminated after the completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as at the end of the work shift if the surface may have become contaminated since the last cleaning.

All bins, pails, cans and similar receptacles are cleaned and decontaminated as soon as feasible after visible contamination and decontaminated according to the policy and procedure guidelines posted in each clinic.

Broken glassware, which may be contaminated, should not be picked up with the hands. It must be soaked with disinfectant and then cleaned up using mechanical means, such as a brush and dust pan, tongs or forceps.

### **B. Blood or OPIM Spills**

Only Category A employees are responsible for cleaning up blood or OPIM spills.

A “Bloodborne Pathogen Clean-up Supply Kit” is available for use at all office locations. They are easily accessible, clearly labeled and examined on a regular basis

to ensure all materials are available for clean-up. A checklist is located on each supply kit. ***It is the responsibility of each person who uses the kit to replace any items that have been used. The Clinic Supervisor in each office may be contacted for location of these items.*** The clean-up kits available at the following locations:

Coldwater: Exam Room 1  
Hillsdale: Clinic Coat closet  
Three Rivers: Coat closet

Appropriate gloves, gowns and masks should be worn if necessary, to protect clothing and employee during cleaning and decontamination procedures.

The CHA uses the following EPA approved disinfectants to properly clean up blood or OPIM spills on ***non-porous surfaces*** when used according to the manufacturer's instructions, located on product labels.

- Germicidal wipe
- Citrace Deodorant Spray

A freshly prepared Chlorine Bleach solution (within the last 24 hours) may also be used for clean up when used according the manufacturer's instructions. The following guidelines must be used:

- 2.5 cups of bleach added to a gallon of water (1/10)
- Contact time for bleach is generally considered to be the time it takes to "air dry".

Porous Surfaces (i.e. carpeting) – OSHA does not have any evidence to support whether decontamination of plush carpets is possible; it is our opinion that carpeted surfaces cannot be routinely decontaminated.

### **C. Contaminated Equipment**

Employees in each work area (Personal Health and Disease Prevention, Environmental Health, etc.) are responsible for ensuring that equipment which has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless decontamination of the equipment is not feasible.

Refer to CHA Decontamination Procedures – Exposure Control Manual

### **D. Laundry Procedures**

Most items utilized are disposable. Any items that might need professional cleaning will be referred to Administrative Services Director.

The following laundering requirements must be met:

- Handle contaminated clothing as little as possible, with minimal agitation.

- **If contamination has occurred, the contaminated area should be initially treated at the time with 10 percent bleach to prevent transfer of potential pathogens and then sent to be laundered.**
- Handle wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use red biohazard bags for this purpose.
- Gloves must be worn when handling and/or sorting contaminated laundry. Other items include gown and goggles, if gross contamination present.
- Laundry services will pick up the soiled lab coats for cleaning. Employees will not be responsible for this cost.

#### ***E. Protective Coverings***

Disposable table coverings used for the infant table(s) shall be changed between each client. If disposable table covering is soiled with blood or OPIM, place it into a biohazard waste bag and use appropriate cleaner, wipe, or a 1:10 solution of bleach and water to disinfect the table top.

Centrifuge covers shall be kept on while not in use. The lid and outside of the machine can be disinfected by using a Sani-wipe. The centrifuge machine will be sent off-site for internal decontamination. Package machine in a puncture proof leak-proof box labeled as biohazard waste and make arrangements for transporting to the appropriate agency for cleaning.

Scale covers shall be changed between clients. If scale covering is soiled with blood or OPIM, use a Sani-wipe cleaner or a 1:10 solution of chlorine bleach and water.

#### ***F. Regulated Waste Disposal***

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see Labels) and closed prior to removal to prevent spillage or protrusion of contents during handling. Hazardous material handling for disposal is reviewed at intervals with the contracted vendor.

#### **Biohazard Waste**

Biohazard waste is defined as:

- Liquid or semi-liquid blood or other potentially infectious materials
- Contaminated items that would release blood or other potentially infectious material in a liquid or semi-liquid state if compressed
- Items which are caked with dried blood or other OPIM material and which are capable of releasing these materials during handling
- Contaminated sharps
- Pathological and microbiological waste that contains blood or other potentially infectious material.
- Place all bagged and labeled biohazard waste in BFI biohazard waste containment receptacle located in the clinic storage area of each office.

Branch Office:            Clinic Storage Room

Hillsdale Office:      Clinic Storage Room  
St. Joseph Office:      Clinic Storage Room

- All employees participating in off-site biohazard waste producing activities will dispose of biohazard waste at the home office following the same guidelines as stated above.

### **G. Disposal of Sharps**

Contaminated sharps are discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak-proof on sides and bottom and labeled or color-coded appropriately.

During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found.

The containers shall be maintained upright throughout their use and replaced routinely. Sharps containers in each clinic will be replaced by clinic staff at least every 90 days or whenever necessary to prevent overfilling.

When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport or shipping.

The container shall be placed in a secondary container if leakage of the primary container is possible. The second container shall be closable, constructed to contain all contents and prevent leakage during handling, storage and transport or shipping. The second container shall be labeled or color-coded to identify its contents.

Sharps containers to be disposed of will be placed in the biohazard waste box located in the clinic storeroom in each office location.

Sharps Containers will be located:

- in clinic storage areas
- in exam/clinic rooms
- with the Nurse in his/her vehicle for off-site visits
- with the necessary equipment for potential biohazard waste producing activities (immunization clinics, HIV testing, etc.) occurring off-site.

**At no time will anyone leave any sharps in the pockets of lab coats.**

### **Needles**

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. OSHA allows an exception to this if the procedure would require that the contaminated needle be recapped or removed and no alternative is feasible and the action is required by the medical procedure. If such

action is required then the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique. Contaminated needles and other contaminated sharps must be disposed of in a sharps container.

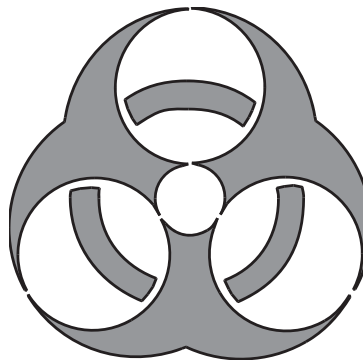
#### **H. Labels and Signs**

The following labeling method is used in this facility:

<b><u>Equipment to be labeled</u></b> (e.g. specimens, contaminated laundry, etc.)	<b><u>Label type</u></b> (size, color, etc.) (red bag, biohazard label, etc.)
Lab Chemicals	Biohazard Label/Chemical Hazard Label
Refrigerators/Freezers	Biohazard Label
Contaminated Laundry	Biohazard Bag
Contaminated Sharps	Biohazard Sharps Container

Each department of the Community Health Agency will ensure warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify the Clinic Supervisor or the Division Director if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labels.

The universal biohazard symbol shall be used. The label shall be fluorescent orange or orange-red.



**BIOHAZARD**

[Name of infectious agent]

[Special requirements for entering the area]

[Name and telephone number of the lab director or other responsible person]

Labels shall either be an integral part of the container or shall be affixed as close as safely possible to the container by string, wire, or adhesive or by another method that prevents the loss of labels or the unintentional removal of labels.

Labels required for contaminated equipment shall describe which portions of the equipment remain contaminated.

Red bags or containers may be substituted for labels. However, regulated wastes must be handled in accordance with the rules and regulations of the organization having jurisdiction.

Blood products that have been released for transfusion or other clinical use are exempted from these labeling requirements.

## **HEPATITIS B VACCINATION**

### ***A. Administration***

The Branch-Hillsdale-St. Joseph Community Health Agency shall make available the Hepatitis B vaccine and vaccination series to all Category A employees.

The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified exposure determination section of this plan. Vaccination is encouraged unless:

- Documentation exists that the employee has previously received the series.
- Antibody testing reveals that the employee is immune.
- A medical evaluation shows that the vaccination is contraindicated.

However, if an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination will be kept with the employee's other medical records, which will be maintained and filed by the Administrative Service Director.

Employees who receive the Hepatitis B vaccination series are to be tested for antibody to Hepatitis B surface antigen, one to two months after the completion of the three dose vaccination series. Employees who do not respond to the primary vaccination series must be revaccinated with second three dose series and retested, unless they are HbsAg positive (infected). Non-responders must be medically evaluated. Previously vaccinated employees who are directly exposed to blood or OPIM will also have a blood level titer drawn.

Vaccination will be provided by a Registered Nurse at this agency.

Following the medical evaluation, a copy of the health care professional's Written Opinion will be obtained and provided to the employee. It will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

### **HEPATITIS B DECLINATION STATEMENT**

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I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

---

Employees \_\_\_\_\_ Name \_\_\_\_\_ (please \_\_\_\_\_ print)

Employee \_\_\_\_\_ Signature \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date \_\_\_\_\_

## POST- EXPOSURE EVALUATION & FOLLOW-UP

### ***A. Exposure Incident***

An exposure incident is defined in the standard as “a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material that results from the performance of an employee’s duties.”

Should an exposure incident occur, contact the appropriate person from the list:

Health Education & Promotion Staff:	Health Officer
Personal Health & Disease Prevention Staff:	Clinic Supervisor
Environmental Health Staff:	Environmental Health Director

An immediately available confidential medical evaluation and follow-up will be conducted by the local hospital.

Coldwater – Branch County Community Health Center  
Hillsdale – Hillsdale Hospital  
Sturgis – Sturgis Hospital  
Three Rivers – Three Rivers Hospital

Following the initial first aid (clean wound, flush eyes or other mucous membrane, etc.) the following activities will be performed:

- A. Document the routes of exposure and how the exposure occurred as soon as possible. (Appendix Exposure Incident Report Form) Completed forms maintained in the Administrative Services Director office.
- B. If a sharps injury occurs, a sharps injury log needs to be completed. Forms maintained in the Administrative Services Director office.
- C. Identify and document the source individual *unless the employer can establish that identification is not feasible or prohibited by state or local law.* (Exposure Incident Investigation Form)
- D. Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV and HBV/HCV status; document that the source individual's test results were conveyed to the employee's health care provider (the local hospital ER physician and the primary care physician).
- E. If the source individual is already known to be HIV and/or HBV positive, new testing need not be performed.
- F. Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- G. After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV/HCV and HIV serological status. If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.
- H. Follow the "Standard Protocol for Emergency Management and Medical Follow-up for Exposure to Blood or Body Fluids-BHSJ CHA"

## **B. Administration of Post Exposure Evaluation & Follow-up**

The Administrative Services Director will ensure that health care professionals responsible for employee's hepatitis B vaccination and post-exposure evaluation/follow-up be given a copy of OSHA's bloodborne pathogens standard as well as CDC's "Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis".

The Administrative Services Director will ensure that the health care professional evaluating an employee after an exposure incident receives the following:

- a description of the employee's job duties relevant to the exposure incident
- route(s) of exposure
- circumstances of exposure
- if possible, results of the source individual's blood test
- relevant employee medical records, including vaccination status

The Administrative Services Director will provide the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

All other diagnoses must remain confidential and are not to be included in the written report to our agency.

### ***C. Procedures for Evaluating the Circumstances Surrounding an Exposure Incident***

Administrative Team and/or Communicable Disease Staff will review the circumstances of all exposure incidents to determine:

- Engineering controls in use at the time
- Work practices followed
- A description of the device being used (including type and brand)
- Protective equipment or clothing that was used at the time of the exposure incident
- Location of the incident
- Procedure being performed when the incident occurred
- Employee's training

Administrative Services Director will record all percutaneous injuries from contaminated sharps in the Sharps Injury Log.

If it is determined that ECP revisions need to be made, the director will consult with Administration and Personal Health and Disease Prevention Staff and ensure that appropriate changes are made to this ECP.

Documentation of this evaluation should accompany the exposure report and be maintained in the office of the Administrative Services Director.

## **DISCIPLINARY POLICY**

This ECP is a method to provide a safe work environment for the employees of the Branch-Hillsdale-St. Joseph Community Health Agency and shall follow the disciplinary policy set by the agency. This policy can be found in the Personnel Policies Manual.

Let it be known that disciplinary action is taken from the circumstances surrounding the employee's actions and will not be enforced with every situation that occurs in the agency.

**Group I Offense** - The disciplinary procedure in this group shall be: first offense - written warning; second offense - one-day suspension without pay; third offense - three-day suspension without pay; fourth offense - seven-day suspension without pay; and fifth offense - discharge. The violations shall be cumulated for a period of not more than one year.

Examples of this offense are, but not limited to:

- incorrect use of PPE

- incorrect cleaning procedure
- eating, smoking, applying make-up where possible contamination may occur

**Group II Offense** - The disciplinary procedure in this group shall be: first offense - three-day suspension without pay; second offense - seven days suspension without pay; third offense - discharge. The violations shall be cumulated for a period of not more than two years.

Examples of this offense are, but not limited to:

- falsifying schedules, reporting forms
- not reporting an exposure incident
- blatant disregard for PPE, or safety procedures

**Group III Offense** - This disciplinary procedure will be an immediate discharge from the agency.

Examples of this offense are, but not limited to:

- misuse or removal from the premises any agency records, confidential information, except as necessary in their performance of any employee's duty
- deliberately exposing another employee or person to biohazard waste

Employees are directed to the Personnel Policy Manual for grievance and appeal procedures.

## **BLOOD BORNE PATHOGEN TRAINING**

- A. All Category A employees will receive training during their initial orientation, which will occur at the time of initial assignment. A refresher training will be provided once every following year.
- B. All Category A employees will receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program will cover, at a minimum, the following elements:

- a copy and explanation of the bloodborne pathogens standard
- an explanation of the ECP and how to obtain a copy
- an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- an explanation of the use and limitations of engineering controls, work practices, and PPE
- an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- an explanation of the basis for PPE selection

- information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- an explanation of the signs and labels and/or color coding required by the standard and used at this facility
- an opportunity for interactive questions and answers with the person conducting the training session

### C. Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least **three years** and maintained by the Administrative Services Director.

The training records shall include:

- the dates of the training sessions
- the contents or a summary of the training sessions
- the names and qualifications of persons conducting the training
- the names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within fifteen (15) working days. Such requests should be addressed to the Administrative Services Director.

## MEDICAL RECORDS

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.20, "Access to Employee Exposure and Medical Records."

The Administrative Services Director is responsible for the maintenance of the required medical records. These **confidential** records are kept at the administrative office, 570 Marshall Road, Coldwater, MI 49036 for at least the **duration of employment plus 30 years**.

In addition to the requirements of 29 CFR 1910.20, the medical record will include:

- the name and social security number of the employee
- a copy of the employee's hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination

- a copy of all results of examinations, medical testing, and follow-up procedures as required by the bloodborne pathogens standard protocol
- a copy of all health care professional's written opinion(s) as required by the bloodborne pathogens standard protocol

Employee medical records shall be provided upon request of the employee or to anyone having written consent of the employee within fifteen (15) working days. Such requests should be sent to the Director of Human Resources.

## **OSHA RECORD KEEPING**

An exposure incident is evaluated to determine if the case meets OSHA's Record keeping requirements (29 CFR 1904). This determination and the recording activities are done by the Administrative Services Director.

## **SHARPS INJURY LOG**

All percutaneous injuries from contaminated sharps are recorded in the Sharps Injury Log (Appendix B). The log includes:

- date of the injury
- type and brand of device involved
- department of work area where the exposure occurred; and
- explanation of how the incident occurred.

The log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least five years following the end of the calendar year that they cover. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

The log is recorded and maintained to protect the confidentiality of the injured employee. This log is completed and maintained by the Administrative Services Director.

## Chemical Hygiene Plan

Branch-Hillsdale-St. Joseph Community Health Agency  
(BHSJ CHA)

The Hazard Communication Plan (Chemical Hygiene Plan) is required by Part 431 of the Michigan Occupational Safety and Health Act governing hazardous work in laboratories and supercedes federal regulations in Michigan to ensure that information is transmitted to employees about the chemical hazards that they are exposed to. This is accomplished through labels, material safety data sheets, instructions, written information, training and other forms of warning.

## **1. BASIC RULES & PROCEDURES**

The standard requires that BHSJ CHA employees work cooperatively in providing a safe and healthful work environment with training, evaluations and periodic meetings that ensure that all staff are aware of and comply with safeguards that are in place to limit accidents and injuries by the following basic rules (MIOSHA Rule 325.70113, Part E).

- Institute a Chemical Hygiene Program at the Work Site.
- Avoid Underestimation of Risk
- Provide Adequate Ventilation When Working With Chemicals
- Minimize Chemical Exposures
- Observe the Permissible Exposure Limits (PEL's) and Threshold Limit Values (TLV's) as defined by the MSDS for all chemicals in use at the work site.

## **2. PROCUREMENT/HAZARD DETERMINATION/CHEMICAL INVENTORY** (MIOSHA Rule 325.70113, Part D, No. 2)

General Considerations:

- Procurement: Before a substance is received, information on proper handling, storage, and disposal should be known to those who will handle, store, work with or dispose of the substance.
- Laboratory storage: Amounts stored should be as small as practical. A **Laboratory** means a facility where the laboratory use of hazardous chemicals occurs. It is a workplace where relatively small quantities of hazardous chemicals are used on a non-production basis. Laboratory scale means work with substances in which the containers used for reactions, transfers, and other handling of substances are designed to be easily and safely manipulated by one person.
- Distribution: When chemicals are hand carried outside of the immediate work area, the container should be placed in an outside container or bucket. Freight only elevators should be used if possible.

Information supplied by the manufacturers will be relied upon for the hazard determination.

- A **hazardous chemical** means a chemical for which there is statistically significant evidence based on at least one study conducted in accordance with established scientific principles that acute or chronic health effects may occur in exposed employees. The term **health hazard** includes chemicals which are carcinogens, toxic or highly toxic agents, reproductive toxins, irritants, corrosives, sensitizers, hepatotoxins, nephrotoxins, neurotoxins, agents which act on the hematopoietic systems, and agents which damage the lungs, skin, eyes, or mucous membranes.
- A **physical hazard** means a chemical for which there is scientifically valid evidence that it is a combustible liquid, a compressed gas, explosive, flammable, an organic peroxide, an oxidizer, pyrophoric, unstable (reactive) or water-reactive.
- A **health hazard** includes chemicals which are carcinogens, toxic or highly toxic agents, reproductive toxins, irritants, corrosives, sensitizers, hepatotoxins, nephrotoxins, neurotoxins, agents which act on the hematopoietic systems, and agents which damage the lungs, skin, eyes, or mucous membranes.

It is the policy of Branch-Hillsdale-St. Joseph Community health Agency to request a material safety data sheet for each chemical that is used in the workplace, except for the following items:

Laboratory uses of hazardous chemicals that provide no potential for employee exposure. Examples of such conditions might include:

- Procedures using chemically-impregnated test media such as dip-and-read tests where a reagent strip is dipped into the specimen to be tested; and
- Commercially prepared kits, such as pregnancy tests, in which all of the reagents needed to conduct the test are contained in the kit.
- Medications and drugs are considered exempt from the Hazard Communication Plan when it is determined that are in solid, final form, for direct administration to the patient (i.e., tablets, pills, capsules).
- Consumer products, when it is determined that they are used in the same manner and with no more frequency than a normal consumer would use them.

The chemical inventory is monitored and training updates are coordinated by: Candy Cox, Clinic Manager, and updated whenever one or more of the following occurs:

- A new hazard is introduced into the workplace.
- A hazard has been removed from use in the workplace.
- The hazard determination process is reviewed during annual self-inspection to ensure that it is current and that any new safety situations are promptly addressed.

Branch-Hillsdale-St. Joseph Community Health Agency – Chemical Hygiene Plan

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Updated 11/15/17

Effective Date: 06/01/16

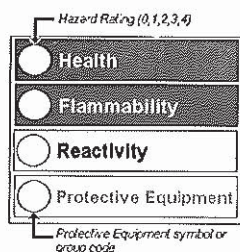
### 3. HOUSEKEEPING, INSPECTIONS & MAINTENANCE

(MIOSHA Rule 325.70113, Part D, No. 4)

- Housekeeping. Floors should be cleaned regularly. The cleaning schedule with particulars listed for Branch-Hillsdale-St. Joseph Community Health Agency is posted in the Lab QA Manual
- Inspections. Formal housekeeping and chemical hygiene inspections should be held at least quarterly for units which have frequent personnel changes and semiannually for others; informal inspections should be continual.
- Passageways. Stairways and hallways should not be used as storage areas. Access to exits, emergency equipment, and utility controls should never be blocked. The inspection schedule for Branch-Hillsdale-St. Joseph CHA is posted as follows: checked daily
- Maintenance - As applicable- and documented - for Branch-Hillsdale-St. Joseph CHA. Eye wash fountains should be inspected at intervals of not less than three months. Respirators (if supplied) for routine use should be inspected periodically by the laboratory supervisor. Safety showers (if supplied) should be tested routinely. Other safety equipment should be inspected regularly (e.g., every 3-6 months). Procedures to prevent restarting of out-of-service equipment must be established. These records are maintained by: Clinic Managers at each site

### 4. HAZARD LABELING SYSTEM (MIOSHA Rule 325.70109 & 325.70113, Part D, No. 8)

In accordance with the hazardous work in laboratories standard, chemical hazard labels are to be legible, in English, and displayed either on the container (of the product) or readily available in the work area throughout each work shift. The immediate work area is defined as the room where the product will be used by the employee. In keeping with the interpreted intent of the law, it is policy to ensure that the employee is familiar with the hazards they have contact with and that there is a label available to remind or warn them of the hazards.



A label will be provided for each chemical product that will include an indication of the hazards presented by the product in each of four areas fire, reactivity, health and special hazards. (See example) Special safety equipment, which is required to handle the hazardous products, must be indicated on the label.

Prominent signs and labels of the following types must be posted;

- Emergency telephone numbers of emergency personnel/facilities, supervisors, and laboratory workers;
- Identity labels, showing contents of containers (including waste receptacles) and associated hazards;

- Location signs for safety showers, eyewash stations, other safety and first aid equipment, exits and areas where food and beverage consumption and storage are permitted;
- Warnings at areas or equipment where special or unusual hazards exist.

## 5. **CHEMICAL SPILL RESPONSE** (MIOSHA Rule 325.70113, Part D, No. 9)

The initial step in controlling any type of spill is prevention. All hazardous chemicals should be handled with care and with appropriate PPE. The cleanup process for spills is much more costly than slowing down to be cautious when working with these items.

### Spill Control Policy for Branch-Hillsdale-St. Joseph CHA

All accidents or near accidents should be carefully analyzed with the results distributed to all who might benefit. In the event of a chemical spill, the material safety data sheet will be referred to for proper spill response procedures. These will include appropriate materials to be used for collection of the material (i.e., absorbents, spill kit materials), as well as protective measures to be taken with the particular product. Below, are outlined some basic steps for responding to a chemical spill should one occur at Local Health Department:

- Location signs for safety showers, eyewash stations, other safety and first aid equipment, exits and areas where food and beverage consumption and storage are permitted;
- Warnings at areas or equipment where special or unusual hazards exist.

There should be an alarm system to alert people in all parts of the facility including isolation areas such as cold rooms - if applicable . . . at Branch-Hillsdale-St. Joseph CHA

- Determine what has been spilled and locate the material safety data sheet (MSDS) for the product.
- If the product is toxic, evacuate personnel from the area.
- Provide adequate ventilation as described on the MSDS. Try to contain the spill from spreading with absorbent material.
- Cleanup personnel must use proper personal protective equipment as described for spill response (within the MSDS).
- If the MSDS is incomplete, professional judgment will be used in the absence of specific spill response information. The manufacturer may be contacted for further information, if time allows.
- Dispose of clean up materials as recommended by the manufacturer and in accordance with local, state and federal regulations. Ensure that materials saturated with flammable liquids are

placed into containers that will limit the potential for combustion and subsequent fire hazards.

- An incident report must be completed and turned in to management for review and discussion with other staff so that recurrence of the incident can be avoided.

Spill kits 1 spill kit per each clinic for this facility are located in each clinic's lab

## **6. MEDICAL PROGRAM**

(MIOsha Rule 325.70108 & 325.70113, Part D, No. 5)

Regular medical surveillance will be established to the extent required by regulations (per MSDS's) at: Branch-Hillsdale-St. Joseph CHA

Routine surveillance - as necessary (Per MSDS's). Anyone at Branch-Hillsdale-St. Joseph CHA whose work involves regular and frequent handling of toxicologically significant quantities of a chemical will be referred to a qualified physician to determine on an individual basis whether a regular schedule of medical surveillance is desirable.

- Personnel trained in first aid will be available during working hours and an emergency room with medical personnel should be nearby. The nearest emergency room is located at: They are site specific, each clinic has an emergency room located within 5 miles

## **7. PPE SELECTIONS, PROVISION, USE AND ACCESSIBILITY**

(MIOsha Rule 325.70113, Part D, No. 6)

Personal protective equipment (PPE) is provided to employees of Branch-Hillsdale-St. Joseph CHA for the protection of eyes, face, head and extremities, where there is a potential for injury or impairment in the function of the body through absorption, inhalation or physical contact. The PPE for employees has been selected based upon the type of task being performed and the degree of exposure anticipated from the hazard to which the employee has been exposed. Equipment is maintained in accordance with manufacturers guidelines to ensure its proper functioning and is available in sizes to fit all staff.

The use of personal protective equipment is considered to be a condition of employment. Employees who choose to disregard the importance of personal protective equipment may be subject to reprimand and potential dismissal from their position.

Annual employee training regarding personal protective equipment will include:

- when PPE is required to be used,
- what PPE is necessary for specific tasks,
- how to properly wear, use and adjust PPE,
- the proper care, maintenance, limitations, useful life and disposal of PPE.
- Other items designated by the laboratory supervisor may be required.

Examples of PPE provided and their intended use at Branch-Hillsdale-St. Joseph CHA are as follows.

Item	Location
Fire Extinguishers	Site specific – per fire Inspector’s Requirements
Fire Alarms	Site specific – per Fire Inspector’s Requirements
Emergency Phones	All phones and cell phones
Safety Showers	Non applicable
Eyewash Fountain(s)	In each laboratory
Safety Goggles/glasses	PPE stations - posted
Lab Coats	Personal lab coats in each clinic
Masks	PPE stations - posted

Lab coats, gowns or other protective clothing are worn whenever there is the reasonable potential for the soiling of clothes when working with hazardous chemicals or blood and body fluids. The protective garments have been selected to meet the type and amount of soiling expected to be present during a specific task. The material safety data sheets of hazardous chemicals will be reviewed to select proper PPE for a given product.

#### Protective Eye Wear and Masks

Protective eye wear and/or masks are worn whenever there is the potential for the generation of splashes, spills, spray, splatter, droplets, or aerosols of chemicals and there is the potential for eye, nose or mouth contamination. Appropriate eye wear or masks will be worn as recommended by the manufacturer of a hazardous product.

#### Gloves

When working with hazardous chemicals, blood or body fluids, gloves will be worn according to manufacturer recommendations. General-purpose gloves, not used for healthcare purposes, may be decontaminated and reused. Gloves are not to be used if they are peeling, cracking or discolored, or if they have punctures, tears or other evidence of deterioration.

#### Maintenance and Replacement of PPE

*Branch-Hillsdale-St. Joseph CHA* will periodically survey PPE to ensure its condition allows for the intended protection of the employee. Employees will immediately notify supervision of any damage or defects that make the PPE incapable of properly protecting them. Repair and/or replacement of personal protective equipment are provided by the employer as needed to maintain its effectiveness.

Necessary cleaning, laundering or disposal of personal protective equipment is provided by Branch-Hillsdale-St. Joseph CHA. Linens are **NOT** to be taken home by the employee for laundering.

Employees will not be responsible for the cost of any personal protective equipment that is required to protect them from exposure to chemical or biohazards in the workplace.

## **8. RECORDS (MIOSHA Rule 325.7011 & 325.70113, Part D, No. 7)**

- Accident records must be written with any follow up or corrective actions taken noted.
- Chemical Hygiene Plan records must document that the facilities and precautions were compatible with current knowledge and regulations.
- Inventory and usage records for high-risk substances, if present, will be kept at Branch-Hillsdale-St. Joseph CHA. Records of the amounts of these materials on hand, amounts used, and the names of the workers involved (if an accident occurs) will be maintained.

Medical records – Branch-Hillsdale-St. Joseph CHA will establish and maintain for each employee an accurate record of any measurements taken to monitor employee exposures and any medical consultation and examinations including tests or written opinions required by this standard Branch-Hillsdale-St. Joseph CHA will assure that such records are kept, transferred, and made available. All medical records will be retained by Branch-Hillsdale-St. Joseph CHA in accordance with the requirements of state and federal regulations for at least the duration of employment plus 30 years (MIOSHA Rule 325.70108).

- All training records will include the following information will be maintained for three years from the date on which the training occurred: Documentation of the training will be maintained in employee personnel files or in a master training file.
  - The dates of the training sessions;
  - The contents or a summary of the training sessions;
  - The names and qualifications of persons conducting the training;
  - The names and job titles of all persons attending the training sessions.
  - Material Safety Data Sheets are to be retained for 30 years from the date of removal from the active file.

## **9. MATERIAL SAFETY DATA SHEETS (MIOSHA Rule 325.70109)**

Material safety data sheets are maintained at Branch-Hillsdale-St. Joseph CHA to comply with MIOSHA's Hazardous Work in Laboratories Standard. Material safety data sheets contain useful information regarding the hazards associated with products or chemicals used in the facility. Employees are not required to memorize the information contained within the data sheets but are provided with training so that they can locate them and find information such as:

Branch-Hillsdale-St. Joseph Community Health Agency – Chemical Hygiene Plan

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- Flammability Hazard, Reactivity Hazard, Health Hazard, Precautions for Safe Handling and Use, and Control Measures.

This information will ensure that chemicals and products are used in a safe manner and that employees are aware of the hazards associated with those items.

- It is the responsibility of Branch-Hillsdale-St. Joseph CHA to collect material safety data sheets for each hazardous chemical or product that is used in the facility. The suppliers and manufacturers of such products are required to supply material safety data sheets along with the first order of each product. If a material safety data sheet is not received with a first order, one will be requested.
- In order for hazard labeling to be completed, certain information must be provided on the MSDS. If any necessary information is missing, the manufacturer will be contacted in order to obtain it.
- The location of the material safety data sheets must be posted on the employee bulletin board.
- When new or revised data sheets are received they should be posted on the employee bulletin board for review by employees before they are included in the designated MSDS file.

If an MSDS is removed because it has been revised or the product is no longer used, the data sheet must be marked with the date it was removed and then placed in a separate file of archived data sheets. These data sheets are to be retained for 30 years from the date of removal from the active file.

MSDS sheets for Branch-Hillsdale-St. Joseph CHA are located at: Sign in room at each site

## **10. WASTE MANAGEMENT (MIOSHA Rule 325.70113, Part D, No. 9)**

Chemical waste (or hazardous products) is disposed of in accordance with information provided on the MSDS by the products manufacturer at Branch-Hillsdale-St. Joseph CHA. Should the MSDS fail to provide adequate instruction, the manufacturer is contacted by telephone for further information on proper disposal of the product.

If the chemical waste has become contaminated with blood or other potentially infectious materials, then it will be disposed of in accordance with the guidelines set forth in the medical waste management plan located at Exposure control Manual located in sign in rooms at each site.

- Content: The waste disposal program at Branch-Hillsdale-St. Joseph CHA must specify how waste is to be collected, segregated, stored, and transported and include consideration of what materials can be incinerated.
- Aim: To assure that minimal harm to people, other organisms, and the environment will result from the disposal of waste laboratory chemicals. Transport from the institution must be in accordance with DOT regulations.

- Discarding Chemical Stocks: Unlabeled containers of chemicals and solutions must undergo prompt disposal; if partially used, they should not be opened. Before a worker's employment in the laboratory ends, chemicals for which that person was responsible should be discarded or returned to storage.
- Frequency of Disposal: Waste should be removed from laboratories to a central waste storage area at least once per week and from the central waste storage area at regular intervals.
- Method of Disposal: Incineration in an environmentally acceptable manner is the most practical disposal method for combustible laboratory waste. Indiscriminate disposal by pouring waste chemicals down the drain or adding them to mixed refuse for landfill burial is unacceptable.
- Hoods must not be used as a means of disposal for volatile chemicals.
- Disposal by recycling or chemical decontamination should be used when possible. Branch-Hillsdale-St. Joseph CHA's Waste Disposal Plan is located in the Laboratory QA Manual..

## 11. EMPLOYEE INFORMATION AND TRAINING (MIOSHA Rule 325.70113, Part D, No. 10)

Candy Cox, Clinic Manager, will coordinate and maintain records of training conducted for Branch-Hillsdale-St. Joseph CHA. The training and education program will be a regular, continuing activity--not simply an annual presentation at Branch-Hillsdale-St. Joseph CHA.

- Before any new hazardous chemical is introduced into the workplace, each employee will be given information in the same manner as during the initial safety class.
- Before starting work, at the time of their initial assignment, each new employee at Branch-Hillsdale-St. Joseph CHA will attend a safety class.
- In that class, each employee will be given information on:
  - < Location and availability of this Chemical Hygiene Plan
  - < Details of the written Chemical Hygiene Plan
  - < Chemicals and their hazards in the workplace.
  - < PEL's for MIOSHA regulated substances or exposure limits in use at Branch-Hillsdale-St. Joseph CHA. This information is in the MSDS
  - < How to lessen or prevent exposure to these chemicals.
  - < Signs and symptoms associated with exposure to hazardous chemicals.
  - < What Branch-Hillsdale-St. Joseph CHA has done to lessen or prevent workers' exposure to these chemicals?
  - < Protective measures employees can take to protect themselves from chemical exposures, such as PPE, work practices, and emergency procedures.
  - < Methods and observation that may be used to detect the presence of, or release of

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a hazardous chemical such as monitoring and the visual or odor of hazardous chemicals when being released.

- < Procedures to follow if they are exposed.
- < How to read and interpret labels and M.S.D.S.s.
- < Where to locate M.S.D.S.s at Branch-Hillsdale-St. Joseph CHA and from whom they may obtain copies.

The employee will be informed that:

*Branch-Hillsdale-St. Joseph CHA* is prohibited from discharging, or discriminating against, an employee who exercises the rights regarding information about hazardous chemicals in the workplace.

As an alternative to requesting an M.S.D.S. from the Branch-Hillsdale-St. Joseph CHA, the employee may obtain a copy from Consumer and Industrial Services at the Michigan Department of Community Health. A sign will be posted with the address and telephone number of the department/individual responsible for such requests.

# Exhibits for Section 2- LHD Organization

## Section A – Organizational Chart

- **Exhibit 2A-1** – Organizational Chart
- **Exhibit 2A-2** - Reporting Relationships

## Section B – Plan Approval

- **Exhibit 2B-1** – Minutes from Board of Health Meeting Approving the Plan of Organization

## Section C – Budget

- **Exhibit 2C-1** – FY 22/23 Budget
- **Exhibit 2C-2** - Minutes of the BHSJCHA Board of Health Meeting held January 26, 2023 where budget was approved.
- **Exhibit 2C-3** - Agency Staffing Plan

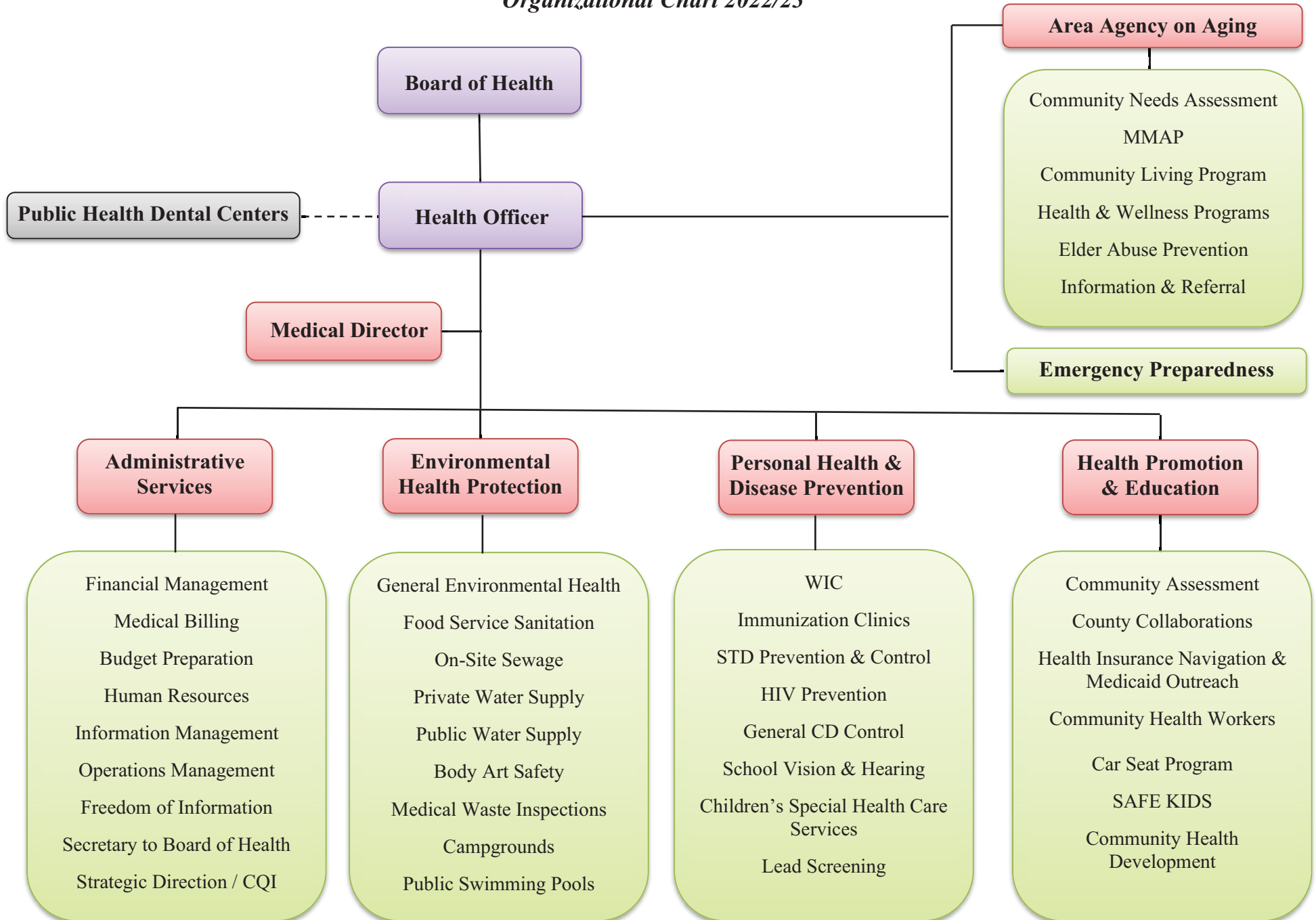
## Section D – Audit Findings

- **Exhibit 2D-1** – Audit for year ending September 30, 2019
- **Exhibit 2D-2** – Audit for year ending September 30, 2020
- **Exhibit 2D-3** – Audit for year ending September 30, 2021

## Section E – Information Technology

- No Exhibits

***Branch-Hillsdale-St. Joseph Community Health Agency  
Organizational Chart 2022/23***



## **Administration**

***Health Officer – Rebecca Burns, M.P.H., R.S.***  
***Medical Director – Karen Luparello, D.O.***

### **Area Agency on Aging IIIC (Branch and St. Joseph Counties only)**

**Laura Sutter, BS - Director**  
Linda Hershey, RN - Care Consultant  
Vanessa Squier, BA - Social Work Care Consultant  
Nichole Simon - Program Specialist  
Lisa Redmond – Outreach Specialist  
Janice Siddons – VOCA Elder Abuse Victim Specialist  
Toni Laughlin – VOCA Elder Abuse Victim Specialist

Responsible for the State & Federal funds dedicated to service persons 60 years and older. The agency develops regional plans, advocates for community needs, and acts as a liaison between local organizations and State & Federal agencies.

### **Emergency Preparedness Coordinator**

Kris Dewey, AAS, BS – Coordinator

Emergency Preparedness works with local and regional partners to develop plans that address public health emergencies. Emergency Preparedness increases community awareness of identifying infectious diseases and environmental hazards, especially those involving a bioterrorist event.

### **Health Education & Promotion**

Health Education & Promotion Supervisor / Health Analyst – **Alex Bergmooser, MPH**  
Josh Englehart, BS - Community Health Educator  
Vacant, BS – Community Health Educator

Promotes the services and programs offered by the agency through the use of print media, social media, community engagement, radio promotions, etc.; and, provides educational services to community organizations and schools on pertinent health-related topics. These educational topics and promotions have included, but are not limited to: WIC, Medicaid, anti-vaping, vaccine hesitancy, marijuana safety, infectious disease, contraceptives, STD/STI, HIV/AIDS, school health, environmental health, etc. The department serves as the Agency's representative at community events, coalitions, task forces, and any collaborative group that has a stake in the health and wellbeing of our community members.

### **Demography**

Develops strategies for the improvement of the health status of the community and the improvement of health care delivery systems through the use of community outreach, agency staff and community surveys, focus groups for underserved and at-risk populations, agency and county-based needs assessments, etc.

### **Community Health Development**

Serves as the primary grant writer for routine and special projects of the Agency. Responsible for the planning, developing, coordinating, writing and presenting of grant proposals for submission to public and private organizations. Assists with data analysis, statistical analysis, reporting and trend analysis.

### **Car-seat Technician**

Mary Proctor

### **Community Health Worker**

Rachael Wall, BS – Community Health Worker

Provides residents a trusted liaison/link/intermediary between health and social services. The Community Health Worker's objective is to facilitate access to resources, programs, and basic needs our community members deserve to maintain a reasonable quality of life, and to hopefully help improve their related health outcomes.

### **Administrative Services**

#### ***Administrative Services Director – Theresa Fisher, BS***

##### **Office Management**

**Administrative Services Director – Theresa Fisher, BS**

Diana Rogers – Administrative Support Clerk

This department is responsible for the day-to-day core support and maintenance of the Agency. Responsibilities include: Management of the Human Resource Department, maintenance of all buildings, maintenance of office equipment, issuance of keys, conference room scheduling, maintenance of personnel files (family medical leave, leaves with/out pay, disability benefits, workers compensation, American Disabilities Act), purchasing, central files and personnel policies.

##### **Financial Management Services**

Theresa Fisher, BS, Administrative Services Director

Brenae Gruner, BBA, Accountant

Christine Ash, Fiscal Support Specialist – AP/Payroll

Bonnie Angus, Fiscal Support Specialist - Medical Billing

Diana Rogers, Administrative Support Clerk - Purchasing

Is responsible for all financial operations of the Agency including, but not limited to, the compilation and reporting of financial data required of grants awarded the Agency, assuring fiscal compliance to grant requirements, and billing and collecting for services rendered.

##### **Information Technology & Management Information Systems**

Alan Elliott, BS, IT Network Manager

Justin Hicks, IT Network Manager

Is responsible for all technological operations of the Agency including the research, implementation, and maintenance of all computer hardware and software, electronic communications and the wide-area and local-area networks.

### **Environmental Health Protection Staff**

#### ***Director – Paul Andriacchi, BS, REHS***

##### **Administrative Assistants**

Lindsey Warner, Branch

Brandie Lennox, Hillsdale

Stephanie Hough, St. Joseph

Ronda Bent, Assistant Clerk, St. Joseph

**On-Site Sewage**

Sanitarians

Cody Johnson, BS - Branch

Lee Zimmerman, BS and Bethany Pirman, BS - St. Joseph

Vacant - EH Split Sanitarian - Hillsdale

Senior Sanitarians

James Young, BS, REHS - Hillsdale

Responsible for the review of sites proposed for sewage disposal, issuance and/or denial of permits, sewage disposal evaluations and inspections, plan review of proposals for alternative disposal systems, investigation and enforcement.

**Private and Public Water Supply**

Sanitarians

Cody Johnson, BS - Branch

Lee Zimmerman, BS and Bethany Pirman, BS - St. Joseph

Vacant - EH Split Sanitarian - Hillsdale

Senior Sanitarians

James Young, BS, REHS - Hillsdale

Assures the proper installation and testing of residential and Type III water wells to assure safe, usable groundwater.

**Non-Community / Type II Water**

Sanitarians

Kyle Moore, BS – St. Joseph

Senior Sanitarians

Emily Motes, BS – Coldwater / Hillsdale

The monitoring, and regulation of Type II water supplies to assure safe water is supplied to the public.

**Food Protection**

**Joe Frazier, BA, REHS - Supervisor**

Sanitarians

Annalisa Rice, BS - Hillsdale

Barb Keith, BS - St. Joseph

Vacant - EH Split Sanitarian - Hillsdale

Joe Frazier, BA, REHS - Plan Review

Senior Sanitarians

Carrie Southern, BS, RS - Branch

Responsible for food service inspection, plan review, temporary license inspection, vending machine inspection and educational programming. Foodborne illness investigation and complaint investigation.

**General Environmental Health**

Sanitarians

Cody Johnson, BS - Branch  
Lee Zimmerman, BS and Bethany Pirman, BS - St. Joseph  
Annalisa Rice, BS - Hillsdale  
Barb Keith, BS - St. Joseph  
**Vacant - EH Split Sanitarian - Hillsdale**

Senior Sanitarians  
James Young, BS, REHS - Hillsdale

Responsible for inspection of campgrounds, mobile home parks, adult and childcare facilities, children's camps, swimming pools and general complaints.

## **Personal Health & Disease Prevention Staff**

### ***Director – Kali Nichols, MPH***

#### **Clinic & Communicable Disease Coordinators**

Shelby Ward, BSN - Hillsdale  
Heidi Hazel, BSN - Coldwater  
Aimmee Mullendore, RN - Three Rivers/Sturgis

#### **Clinic Administrative Assistants**

Jolene Hurst - Hillsdale  
Candy Cox - Coldwater  
Dale Cross - Three Rivers/Sturgis

#### **Immunization Clerk Technicians**

Melissa Gilbert - Hillsdale  
Mary Kerr-Badder - Coldwater  
Jennifer Hopkins - Three Rivers/Sturgis

#### **Clinic RN's**

Alecia Campbell RN and Lisa Palmer, RN - Hillsdale  
Amber Alexander, RN and Jessica Butler, RN - Coldwater  
Tina Schneidmiller, RN and Rhonda DeBoard, RN - Three Rivers/Sturgis  
**Vacant, RN – Mobile Unit**

#### **Interpreter/Clerk Tech**

Jesusa Vela, Spanish - Three Rivers/Sturgis  
Joanna Harris, Spanish – Three Rivers

#### **Clerk Techs**

Tenia Dossett, Nikki Clore - Hillsdale  
Kimberly Boyter, Connie Garner - Coldwater  
Lori Hibbs, Grace Hall - Three Rivers/Sturgis  
Vera Jo Sierminski – Casual all offices  
Jodie Roberts – Mobile Unit

#### **Breast Feeding Support**

Erin Furr - Three Rivers & Sturgis  
Amey Elkins-Little - Hillsdale  
Lorraine Erwin – Coldwater

### **COVID-19**

Chaselyn Gibson, BA - COVID-19 Coordinator

Joanna Harris, RN - Case Investigator

Heavin Mullendore, RN - Case Investigator

Remote Case Investigators

Investigates cases of COVID-19 and other communicable diseases. Provides information and best practices. Will investigate deaths caused by COVID-19.

### **Children's Special Health Care Services**

Terri Penney, RN, Coordinator

Madonna Hilarides, RN

Nicole Ewers, CSHCS Representative - Hillsdale & Branch Counties

Stephanie Hightree, CSHCS Representative - St. Joseph County

Removes barriers to appropriate care so children with disabilities or chronic health problems can develop to their potential. The program helps pay for children with long term conditions. It also assists families in obtaining needed services from other agencies, and develops self-advocacy skills for maximum independence.

### **Vision and Hearing Technicians**

Terri Penney, RN, Coordinator

Emily Young, Certified Technician - Hillsdale County

Carol Anderson, Certified Technician - St. Joseph County

Kim Schoneboom, Certified Technician - Branch County

Nicole Ewers, Certified Tech – Casual to cover all locations

The Hearing and Vision School Screening program offers free, periodic screenings in the schools as part of the Public Health Code and this is done by technicians trained by the Michigan Department of Community Health and provided by the local health department.

Typically, vision screenings are conducted in grades preschool, kindergarten, 1, 3, 5, 7, 9 or Drivers Ed. Hearing screenings are conducted at grades preschool, kindergarten, 2, 4, 6, and for any parent or teacher who has a concern. Hearing and vision problems detected and corrected early can prevent permanent damage and learning disabilities. About 10% of children screened require referral for evaluation by a doctor.

## March 23, 2023 – Board of Health Meeting Minutes

The Branch-Hillsdale-St. Joseph Community Health Agency Board of Health meeting was called to order by Chair, Brent Leininger at 9:07 AM with the Pledge of Allegiance to the Flag of the United States. Roll call was completed as follows: Tom Matthew, Jared Hoffmaster, Brent Leininger, Rusty Baker, and Steve Lanius. The following members were absent: Jon Houtz.

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

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

Mr. Hoffmaster moved to approve the minutes from the February 23, 2023 meeting with support from Mr. Baker. The motion passed unopposed.

Public Comment: No public comments were given.

Dane Porter, CPA, Senior Manager at Maner Costerisan provided a presentation on the Audit for the year completed on September 30, 2022. The audit resulted in an unmodified opinion with no findings.

Mr. Hoffmaster moved to accept the audit and place it on file with support from Mr. Lanius. The motion passed unopposed.

Rebecca Burns, Health Officer, reviewed her monthly report. Items included: Agency Meetings and Trainings, MALPH's Day at the Capital, Michigan's Public Health Week/Hometown Health Hero Award Winners, Community Health Needs Assessment (CHNA)/Community Health Improvement Plan (CHIP), MCDC Dental Centers, COVID, Highly Pathogenic Avian Influenza, Accreditation, Personnel Policy Committee, Opioid Settlement Funds, 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, "Listeria Infection".

### Departmental Reports:

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

Financial Reports/Expenditures

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

#### Committee Reports:

- Finance Committee – The Committee met on March 23, 2023 prior to the full Board meeting. The minutes for this meeting had not been completed and will not be available for approval until the next meeting.
- Program, Policy, & Appeals Committee – Mr. Hoffmaster moved to approve the minutes for the March 15, 2023 Program, Policy, & Appeals Committee meeting with support from Mr. Lanius. The motion passed unopposed.

#### New Business:

- Mr. Hoffmaster moved to approve the appointments of Pam Riley, Michelle Lock, Trish Wood, Kelly Jonker, Amy Duff, Madelene Wirgau, and Denny Brieske to the Area Agency on Aging Advisory Committee with support from Mr. Matthew. The motion passed unopposed.
- Mr. Baker moved to approve the Personnel Policy Manual, as presented, with support from Mr. Hoffmaster. The motion passed unopposed.
- Mr. Hoffmaster moved to approve the Plan of Organization, as presented, with support from Mr. Matthew. A roll call vote was taken and the motion passed 5-0 (Mr. Matthew, Yes; Mr. Hoffmaster, Yes; Mr. Leininger, Yes; Mr. Baker, Yes; Mr. Lanius, Yes).
- Mr. Lanius moved to approve the immunization fee schedule, as presented, effective April 1, 2023 with support from Mr. Hoffmaster. A roll call vote was taken and the motion passed 5-0 (Mr. Matthew, Yes; Mr. Hoffmaster, Yes; Mr. Leininger, Yes; Mr. Baker, Yes; Mr. Lanius, Yes).

Mr. Hoffmaster left the meeting at 10:41 AM.


- Mr. Lanius moved to approve the Environmental Health fee schedule, as presented, effective April 1, 2023 with support from Mr. Baker. The motion passed unopposed.
- Mr. Baker moved to accept the proposal to acquire Hedgerow software for Environmental Health Services, with support from Mr. Lanius. A roll call vote was taken and the motion passed 4-0 (Mr. Matthew, Yes; Mr. Leininger, Yes; Mr. Baker, Yes; Mr. Lanius, Yes).
- Mr. Matthew moved to accept the bid from R. Johnson Builders Inc. in the amount of \$58,630 to complete the work, as specified in the invitation to bid building exterior renovation project, on the Three Rivers facility. The motion received support from Mr. Baker. A roll call vote was taken and the motion passed 4-0 (Mr. Matthew, Yes; Mr. Leininger, Yes; Mr. Baker, Yes; Mr. Lanius, Yes).
- Mr. Lanius moved to accept the bid from RDK's LLC Asphalt & Sealcoating in the amount of \$95,100 to mill and replace three parking lots at the Hillsdale location. The motion received support from Mr. Baker. A roll call vote was taken and the motion passed 4-0 (Mr. Matthew, Yes; Mr. Leininger, Yes; Mr. Baker, Yes; Mr. Lanius, Yes).
- Mr. Matthew moved to approve contributing up to \$10,000 toward the build out cost for the renovated space in the Sturgis office, providing we have receipts and an itemized list for expenses. The motion received support from Mr. Lanius. The motion passed unopposed.

- Mr. Baker moved to approve the Agency to send out requests to each of the three counties for opioid funding. The motion received support from Mr. Matthew. The motion passed unopposed.

Public Comment: Public comments were provided by one individual.

With no further business, Mr. Baker moved to adjourn the meeting with support from Mr. Lanius. The motion passed unopposed and the meeting was adjourned at 11:23 AM.

Respectfully Submitted by:

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

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

**FISCAL YEAR 2022-23**

**Budget Amendment #1**

**January 26, 2023**

BRANCH-HILLSDALE-ST. JOSEPH  
COMMUNITY HEALTH AGENCY  
OCTOBER 2022- SEPTEMBER 2023  
Budget Amendment #1 - 1/26/2023

**TOTAL REVENUES**

STATE/FED	ELPHS	COUNTY APPROP	FEES OTHER	Amended BUDGET	DIFFERENCE	ORIGINAL BUDGET
\$ 5,575,697	\$ 1,061,220	\$ 773,138	\$ 1,587,367	\$ 8,997,422	\$ 624,635	\$ 8,372,787
62.0%	11.8%	8.6%	17.6%			

**OTHER:**

Salary/Fringe Payoff 008				\$ 95,000	\$ 95,000	\$ 25,000	\$ 70,000
Capital Improvements 023	\$ -	\$ -	\$ 193,000	\$ -	\$ 193,000	\$120,000.00	\$ 73,000
MERS Pension Underfunded 024			\$ 22,590	\$ 22,000	\$ 44,590	\$0.00	\$ 44,590
Dental Clinic - St. Joseph Co. 021	\$ -	\$ -	\$ -	\$ 43,740	\$ 43,740	(\$9,570.00)	\$ 53,310
Dental Clinic - Hillsdale Co. 029	\$ -	\$ -	\$ -	\$ 14,000	\$ 14,000	\$0.00	\$ 14,000
CSHCS Donations - SJ 096			\$ 32,412	\$ 32,412	\$ 32,412	\$32,412.00	\$ -
CSHCS Donations - BR/HD 097			\$ 27,765	\$ 27,765	\$ 27,765	\$27,765.00	\$ -
<b>TOTAL OTHER</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 215,590</b>	<b>\$ 234,917</b>	<b>\$ 450,507</b>	<b>\$ 195,607</b>	<b>\$ 254,900</b>

**CORE SUPPORT SERVICES:**

General Administration 010	\$ -	\$ -	\$ -	\$ 76,942	\$ 76,942	\$48,452.00	\$ 28,490
Area Agency on Aging 012	\$ 1,368,420	\$ -	\$ -	\$ 91,152	\$ 1,459,572	\$119,193.00	\$ 1,340,379
VOCA 014	\$ 205,743	\$ -	\$ -	\$ -	\$ 205,743	\$0.00	\$ 205,743
Emergency Preparedness 032	\$ 130,932	\$ -	\$ 38,687	\$ -	\$ 169,619	\$5,169.00	\$ 164,450
<b>TOTAL CORE SUPPORT</b>	<b>\$ 1,705,095</b>	<b>\$ -</b>	<b>\$ 38,687</b>	<b>\$ 168,094</b>	<b>\$ 1,911,876</b>	<b>\$172,814.00</b>	<b>\$ 1,739,062</b>

**PREVENTION SERVICES:**

Medicaid Enrollment (OR) 107	\$ 7,101	\$ -	\$ 7,101	\$ -	\$ 14,202	(\$7,090.00)	\$ 21,292
WIC Breastfeeding 108	\$ 91,678	\$ -	\$ 36,301	\$ -	\$ 127,979	(\$1,326.00)	\$ 129,305
WIC - Women, Infants, & Chi 109	\$ 931,626	\$ -	\$ 60,045	\$ 80,500	\$ 1,072,171	\$31,732.00	\$ 1,040,439
CSHCS Medicaid Outreach 112	\$ 40,002	\$ -	\$ 72,252	\$ -	\$ 112,254	\$22,827.00	\$ 89,427
MCH Enabling Women 115	\$ 46,800	\$ -	\$ 864	\$ -	\$ 47,664	(\$8,132.00)	\$ 55,796
Immunization IAP (Private) 138	\$ 734,408	\$ -	\$ -	\$ 122,725	\$ 857,133	\$28,098.00	\$ 829,035
Dental Outreach 185				\$ 14,423	\$ 14,423	(\$9,129.00)	\$ 23,552
Children's Special Health Car 325	\$ 188,729	\$ -	\$ -	\$ -	\$ 188,729	\$2,000.00	\$ 186,729
School Vision 326	\$ 29,000	\$ 48,509	\$ 9,780	\$ 16,000	\$ 103,289	(\$1,031.00)	\$ 104,320
School Hearing 327	\$ 30,000	\$ 48,509	\$ 9,655	\$ 14,000	\$ 102,164	(\$2,281.00)	\$ 104,445
MCH Enabling Children 329	\$ 47,609	\$ -	\$ 942	\$ -	\$ 48,551	\$4,723.00	\$ 43,828
STD Prevention & Control 331	\$ -	\$ 98,026	\$ 41,251	\$ 800	\$ 140,077	(\$6,003.00)	\$ 146,080
HIV Prevention & Control 332	\$ 20,000	\$ -	\$ 11,480	\$ -	\$ 31,480	(\$5,980.00)	\$ 37,460
Immunization Vaccine Handlir 338	\$ 79,557	\$ 165,117	\$ 3,617	\$ 43,260	\$ 291,551	(\$13,236.00)	\$ 304,787
Infectious Disease 341	\$ 20,005	\$ 196,652	\$ 5,623	\$ 60,500	\$ 282,780	(\$13,108.00)	\$ 295,888
Lead Testing 345	\$ 18,000	\$ -	\$ 5,852	\$ -	\$ 23,852	(\$2,157.00)	\$ 26,009
Epi Lab Contact Tracing, CI, 352	\$ 606,095	\$ -	\$ 522	\$ -	\$ 606,617	(\$183.00)	\$ 606,800
COVID PH Workforce Devel 355	\$ 172,607	\$ -	\$ 297	\$ -	\$ 172,904	\$151.00	\$ 172,753
CDC COVID Immz 363	\$ 99,374	\$ -	\$ 57,122	\$ -	\$ 156,496	(\$136,201.00)	\$ 292,697
CSHCS Vaccine 371	\$ 14,007	\$ -	\$ 206	\$ -	\$ 14,213	\$139.00	\$ 14,074
AAA Expand Vaccine to Ad 374	\$ 13,577	\$ -	\$ 503	\$ -	\$ 14,080	\$14,080.00	\$ -
AAA COVID Immz Support 375	\$ 30,872	\$ -	\$ 387	\$ -	\$ 31,259	\$15,309.00	\$ 15,950
Monkeypox Response 378	\$ 15,000	\$ -	\$ 95	\$ -	\$ 15,095	\$ 15,095	\$ -
<b>TOTAL PREVENTION</b>	<b>\$ 3,236,047</b>	<b>\$ 556,813</b>	<b>\$ 323,895</b>	<b>\$ 352,208</b>	<b>\$ 4,468,963</b>	<b>(\$71,703.00)</b>	<b>\$ 4,540,666</b>

**HEALTH PROMOTION:**

Workforce Development 101	\$ 48,535	\$ -	\$ 9,263	\$ -	\$ 57,798	\$935.00	\$ 56,863
Car seat 201	\$ -	\$ -	\$ 26,983	\$ -	\$ 26,983	\$1,600.00	\$ 25,383
Community Stabilization (Ma 200	\$ -	\$ -	\$ -	\$ 98,198	\$ 98,198	\$9,310.00	\$ 88,888
MI Center Rural Health 207	\$ 291,385	\$ -	\$ 392	\$ -	\$ 291,777	\$86,409.00	\$ 205,368
Community Health Services 255	\$ -	\$ -	\$ -	\$ 125,000	\$ 125,000	\$125,000.00	\$ -
Grant Writing 405	\$ -	\$ -	\$ 3,718	\$ -	\$ 3,718	(\$7,767.00)	\$ 11,485
Tel-A-Health, Coldwater 321	\$ -	\$ -	\$ -	\$ -	\$ -	(\$33,360.00)	\$ 33,360
<b>TOTAL HEALTH PROMOTION</b>	<b>\$ 339,920</b>	<b>\$ -</b>	<b>\$ 40,356</b>	<b>\$ 223,198</b>	<b>\$ 603,474</b>	<b>\$182,127.00</b>	<b>\$ 421,347</b>

**ENVIRONMENTAL HEALTH PROTECTION**

Vector Borne Disease Surveil 035	\$ 27,000	\$ -	\$ 7,018	\$ -	\$ 34,018	\$1,181.00	\$ 32,837
General Environmental Health 605	\$ 20,572	\$ -	\$ 3,688	\$ 14,750	\$ 39,010	\$171.00	\$ 38,839
Food Protection 704	\$ -	\$ 159,151	\$ 48,166	\$ 320,000	\$ 527,317	\$19,166.00	\$ 508,151
Onsite Sewage 714	\$ 23,600	\$ 182,499	\$ 39,297	\$ 125,200	\$ 370,596	\$1,627.00	\$ 368,969
Drinking Water Supply 721	\$ 3,480	\$ 162,757	\$ 55,359	\$ 149,000	\$ 370,596	\$1,627.00	\$ 368,969
PFAS - Lear Siegler 722	\$ 1,329	\$ -	\$ 42	\$ -	\$ 1,371	\$1,371.00	\$ -
PFAS - White Pigeon 723	\$ 8,042	\$ -	\$ 23	\$ -	\$ 8,065	\$8,065.00	\$ -
PFAS - Westside Landfill 724	\$ 2,644	\$ -	\$ 457	\$ -	\$ 3,101	\$3,101.00	\$ -
Type II Water 745	\$ 207,968	\$ -	\$ 560	\$ -	\$ 208,528	\$109,481.00	\$ 99,047
<b>TOTAL ENVIRONMENTAL HEALTH</b>	<b>\$ 294,635</b>	<b>\$ 504,407</b>	<b>\$ 154,610</b>	<b>\$ 608,950</b>	<b>\$ 1,562,602</b>	<b>\$ 145,790</b>	<b>\$ 1,416,812</b>

**Total Amended Budget Revenues** **\$ 8,997,422**

**Total Original Budget Revenues** **\$ 8,372,787**

**Difference** **\$ 624,635**

**TOTAL LOCAL DOLLARS TO AGENCY FY 2022-23**

**\$ 773,138.00**

BRANCH-HILLSDALE-ST. JOSEPH  
COMMUNITY HEALTH AGENCY  
OCTOBER 2022- SEPTEMBER 2023  
Budget Amendment #1

**TOTAL EXPENSES**

	Prior Year Actual (2020-2021)	Original Budget 2022-23	Amended Budget 2022-23	DIFFERENCE
	\$ 8,461,328	\$ 8,372,787	\$ 8,997,422	624,635
<b><u>OTHER:</u></b>				
Salary/Fringe Payoff	\$ 78,688	\$ 70,000	\$ 95,000	25,000
Capital Improvements	\$ 213,232	\$ 73,000	\$ 193,000	120,000
MERS Pension Underfunded	\$ 860,141	\$ 44,590	\$ 44,590	0
Dental Clinic - St. Joseph Co.	\$ 33,300	\$ 53,310	\$ 43,740	(9,570)
Dental Clinic - Hillsdale Co.	\$ 8,048	\$ 14,000	\$ 14,000	0
CSHCS Donations - SJ	\$ -	\$ -	\$ 32,412	32,412
CSHCS Donations - BR/HD	\$ -	\$ -	\$ 27,765	27,765
<b>TOTAL OTHER</b>	<b>\$ 1,193,409</b>	<b>\$ 254,900</b>	<b>\$ 450,507</b>	<b>\$ 195,607</b>
<b><u>CORE SUPPORT SERVICES:</u></b>				
General Administration	\$ 26,466	\$ 28,490	\$ 76,942	48,452
Area Agency on Aging	\$ 1,265,156	\$ 1,340,379	\$ 1,459,572	119,193
VOCA	\$ 131,984	\$ 205,743	\$ 205,743	0
Emergency Preparedness	\$ 144,749	\$ 164,450	\$ 169,619	5,169
<b>TOTAL CORE SUPPORT</b>	<b>\$ 1,568,356</b>	<b>\$ 1,739,062</b>	<b>\$ 1,911,876</b>	<b>\$ 172,814</b>
<b><u>PREVENTION SERVICES:</u></b>				
Medicaid Outreach	\$ 11,582	\$ 21,292	\$ 14,202	(7,090)
WIC - Breastfeeding	\$ 84,407	\$ 129,305	\$ 127,979	(1,326)
WIC - Women, Infants, & Children	\$ 759,734	\$ 1,040,439	\$ 1,072,171	31,732
CSHCS Medicaid Outreach	\$ 22,505	\$ 89,427	\$ 112,254	22,827
MCH Enabling Women	\$ 34,594	\$ 55,796	\$ 47,664	(8,132)
Dental Outreach	\$ -	\$ 23,552	\$ 14,423	(9,129)
Immunization Clinics	\$ 459,010	\$ 829,035	\$ 857,133	28,098
Immunization/Vaccine Handling	\$ 290,906	\$ 304,787	\$ 291,551	(13,236)
Children's Special Health Care Services	\$ 183,779	\$ 186,729	\$ 188,729	2,000
School Vision & Hearing Clinics	\$ 159,421	\$ 208,765	\$ 205,453	(3,312)
MCH Enabling Children	\$ 28,789	\$ 43,828	\$ 48,551	4,723
STD Prevention & Control	\$ 122,088	\$ 146,080	\$ 140,077	(6,003)
HIV Prevention & Control	\$ 20,627	\$ 37,460	\$ 31,480	(5,980)
Infectious Disease	\$ 238,870	\$ 295,888	\$ 282,780	(13,108)
Lead Testing	\$ 22,064	\$ 26,009	\$ 23,852	(2,157)
COVID-19 Response	\$ 192,595	\$ -	\$ -	0
ELC Infection Prevention	\$ 76,002	\$ -	\$ -	0
Epi Lab Contact Tracing, CI, TC, VM, WA S	\$ 594,878	\$ 606,800	\$ 606,617	(183)
CRF Contact Tracing	\$ 324,621	\$ -	\$ -	0
CRF Testing	\$ 151,681	\$ -	\$ -	0
CRF Immunizations	\$ 34,863	\$ -	\$ -	0
COVID-19 Immunization	\$ 120,696	\$ -	\$ -	0
COVID PH Workforce Development	\$ -	\$ 172,753	\$ 172,904	151
CDC COVID-19 Immz	\$ 331,375	\$ 292,697	\$ 156,496	(136,201)
CSHCS Vaccine	\$ -	\$ 14,074	\$ 14,213	139
AAA Expand Vaccine to Adults	\$ -	\$ -	\$ 14,080	14,080
AAA COVID Immz Support	\$ -	\$ 15,950	\$ 31,259	15,309
Monkeypox Virus Response	\$ -	\$ -	\$ 15,095	15,095
<b>TOTAL PREVENTION</b>	<b>\$ 4,265,085</b>	<b>\$ 4,540,666</b>	<b>\$ 4,468,963</b>	<b>\$ (71,703)</b>
<b><u>HEALTH PROMOTION:</u></b>				
Workforce Development	\$ 36,901	\$ 56,863	\$ 57,798	935
Car seat	\$ 13,261	\$ 25,383	\$ 26,983	1,600
Community Stabilization (Marketing)	\$ 27,792	\$ 88,888	\$ 98,198	9,310
Community Health Services	\$ -	\$ -	\$ 125,000	125,000
MI Center Rural Health	\$ -	\$ 205,368	\$ 291,777	86,409
Medical Marihuana BR	\$ 18,104	\$ -	\$ -	0
Medical Marihuana HD	\$ 11,086	\$ -	\$ -	0
Medical Marihuana SJ	\$ 6,592	\$ -	\$ -	0
HRSA RCORP	\$ 111,653	\$ -	\$ -	0
Grant Writing	\$ -	\$ 11,485	\$ 3,718	(7,767)
Tel-A-Health	\$ 29,439	\$ 33,360	\$ -	(33,360)
<b>TOTAL HEALTH PROMOTION</b>	<b>\$ 254,827</b>	<b>\$ 421,347</b>	<b>\$ 603,474</b>	<b>\$ 182,127</b>
<b><u>ENVIRONMENTAL HEALTH PROTECTION</u></b>				
Vector Borne	\$ 21,895	\$ 32,837	\$ 34,018	1,181
General Environmental Health	\$ 30,816	\$ 38,839	\$ 39,010	171
Food Protection	\$ 390,290	\$ 508,151	\$ 527,317	19,166
Onsite Sewage	\$ 323,892	\$ 368,969	\$ 370,596	1,627
Drinking Water Supply	\$ 323,892	\$ 368,969	\$ 370,596	1,627
PFAS - Lear Siegler	\$ 54	\$ -	\$ 1,371	1,371
PFAS - White Pigeon	\$ 4,963	\$ -	\$ 8,065	8,065
PFAS - Westside Landfill	\$ -	\$ -	\$ 3,101	3,101
Type II Water	\$ 83,848	\$ 99,047	\$ 208,528	109,481
<b>TOTAL ENVIRONMENTAL HEALTH</b>	<b>\$ 1,179,651</b>	<b>\$ 1,416,812</b>	<b>\$ 1,562,602</b>	<b>\$ 145,790</b>

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Local Agency Branch-Hillsdale-St. Joseph CHA Budget Amendment #1 10/1/2022 - 9/30/2023										
PROGRAM EXPENSES	138	185	199	200	201	207	255	325	326	327
	IMMUNIZATION/ IAP	DENTAL OUTREACH	PREVENTION SERV ADM.	COMMUNITY STABILIZATION	CARSEAT	MI CENTER RURAL HEALTH	COMMUNITY HEALTH SERVICES	CSHCS OR & ADVOCACY	VISION	HEARING
1. SALARIES & WAGES	235,539	7,784	62,917	47,329	16,380	80,938	83,859	156,272	40,587	40,587
2. FRINGE BENEFITS	77,909	2,924	14,386	22,190	1,253	32,975	33,454	34,293	19,296	19,296
3. CAP EXP FOR EQUIP & FAC										
4. CONTRACTUAL (SUBCONTRACTS)										
5. SUPPLIES & MATERIALS	242,950	100	725	1,500	40	7,000	2,550	6,200	2,125	1,050
6. TRAVEL	3,500	25	2,000	1,200	3,000	11,000	4,000	6,000	3,500	3,200
7. COMMUNICATION	6,200	25	500	500	175	4,000	500	2,150	250	500
8. COUNTY/CITY CENTRAL SERVICES										
9. SPACE COSTS										
SPACE ALLOCATION	18,818	179	39,573	557	-	1,107	1,476	3,116	1,653	1,653
10. ALL OTHERS (ADP & MISC.)	348,575	25	1,170	3,100	600	119,000	8,175	16,725	10,075	10,075
TOTAL PROGRAM EXPENSES	933,491	11,061	121,271	76,376	21,448	256,020	134,014	224,756	77,486	76,361
1. INDIRECT COST	98,392	3,361	24,266	21,822	5,535	35,757	36,825	59,819	18,797	18,797
31.39020%										
2. COST ALLOCATION PLAN/OTHER										
COMMUNITY HEALTH SERVICES	2,696						(45,839)	2,696	2,696	2,696
PREVENTION SERVICES	22,554		(145,536)					13,712	4,309	4,309
IMMUNIZATION DISTRIBUTION	(200,000)									
CSHCS DISTRIBUTION								(112,254)		
ENVIRONMENTAL HEALTH										
TOTAL INDIRECT COST	(76,358)	3,361	(121,271)	21,822	5,535	35,757	(9,014)	(36,027)	25,803	25,803
TOTAL EXPENDITURES	857,133	14,423	-	98,198	26,983	291,777	125,000	188,729	103,289	102,164
SOURCE OF FUNDS										
1. FEES & COLLECTIONS - 1ST & 2ND PARTY	6,000		-						16,000	14,000
2. FEES & COLLECTIONS - 3RD PARTY	102,100		-							
3. FED/STATE FUNDING (NON-MDHS)										
4. FEDERAL MEDICAID COST BASED REIMB.	362,619								29,000	30,000
5. FEDERALLY PROVIDED VACCINES	300,000									
6. FEDERAL MEDICAID OUTREACH										
7. REQUIRED MATCH - LOCAL										
8. LOCAL - NON ELPHS										
9. LOCAL - NON ELPHS										
10. LOCAL - NON ELPHS										
11. OTHER - NON ELPHS	2,500	14,423								
12. MDHS NON COMPREHENSIVE						291,385				
13. MDHS COMPREHENSIVE	71,789							116,729		
14. ELPHS MDHS HEARING										48,509
15. ELPHS MDHS VISION									48,509	
16. ELPHS MDHS OTHER										
17. ELPHS FOOD										
18. ELPHS PRIVATE/TYPER III WATER										
19. ELPHS ON-SITE WASTEWATER TREATMENT										
20. MCH FUNDING										
21. LOCAL - COUNTY APPROPRIATIONS					26,983	392			9,780	9,655
22. INKIND MATCH										
23. MDHS FIXED UNIT RATE								72,000		
MDHS LOCAL COMM STABILIZATION				98,198			49,340			
TOTAL SOURCE OF FUNDS	845,008	14,423	-	98,198	26,983	291,777	49,340	188,729	103,289	102,164
	-	-	-	-	-	-	-	0	-	-
USE OF DESIGNATED FUND BALANCE	12,125						75,660			
USE OF FUND BALANCE										

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Local Agency Branch-Hillsdale-St. Joseph CHA Budget Amendment #1 10/1/2022 - 9/30/2023											
PROGRAM EXPENSES	329	331	332	338	341	345	352	355	363	371	
	MCH - ENABLING	SEXUAL TRANS.	HIV	IMMUNIZATION/	INFECTIOUS	LEAD	EPI LAB CAP CT, CI	COVID PH	CDC	CSHCS	
	SERVICES CHILDREN	DISEASES	PREVENTION	VACCINE HANDLING	DISEASE	TESTING	TC VM WA SERVICES	WORKFORCE DEVELOPMENT	COVID IMMZ	VACCINE	
1. SALARIES & WAGES	12,521	60,190	13,830	36,471	101,582	12,561	156,038	12,427	67,119	2,024	
2. FRINGE BENEFITS	3,695	20,673	4,768	16,153	31,581	2,477	59,624	2,979	34,588	528	
3. CAP EXP FOR EQUIP & FAC											
4. CONTRACTUAL (SUBCONTRACTS)											
5. SUPPLIES & MATERIALS	20,800	2,850	565	1,250	53,845	650	19,500	5,000	600	500	
6. TRAVEL	150	1,000	350	400	1,600	1,000	12,000	6,000	4,000	25	
7. COMMUNICATION	150	250	50	3,000	1,050	25	6,000	1,000	850	25	
8. COUNTY/CITY CENTRAL SERVICES											
9. SPACE COSTS											
SPACE ALLOCATION	282	2,011	245	975	3,144	117	2,544	161	1,648	60	
10. ALL OTHERS (ADP & MISC.)	2,000	19,205	1,800	10,300	35,900	1,220	265,000	140,500	5,750	10,250	
TOTAL PROGRAM EXPENSES	39,598	106,179	21,607	68,550	228,702	18,050	520,706	168,068	114,555	13,412	
1. INDIRECT COST	5,090	25,383	5,838	16,519	41,800	4,720	67,697	4,836	31,926	801	
31.39020%											
2. COST ALLOCATION PLAN/OTHER											
COMMUNITY HEALTH SERVICES	2,696	2,696	2,696	2,696	2,696		2,696		2,696		
PREVENTION SERVICES	1,167	5,818	1,338	3,787	9,582	1,082	15,518		7,318		
IMMUNIZATION DISTRIBUTION				200,000							
CSHCS DISTRIBUTION											
ENVIRONMENTAL HEALTH											
TOTAL INDIRECT COST	8,953	33,898	9,872	223,002	54,078	5,802	85,911	4,836	41,941	801	
TOTAL EXPENDITURES	48,551	140,077	31,480	291,551	282,780	23,852	606,617	172,904	156,496	14,213	
SOURCE OF FUNDS											
1. FEES & COLLECTIONS - 1ST & 2ND PARTY		800		500	500						
2. FEES & COLLECTIONS - 3RD PARTY				42,510	60,000						
3. FED/STATE FUNDING (NON-MDHHS)											
4. FEDERAL MEDICAID COST BASED REIMB.				42,743	18,000	10,000					
5. FEDERALLY PROVIDED VACCINES											
6. FEDERAL MEDICAID OUTREACH											
7. REQUIRED MATCH - LOCAL											
8. LOCAL - NON ELPHS											
9. LOCAL - NON ELPHS											
10. LOCAL - NON ELPHS											
11. OTHER - NON ELPHS				250							
12. MDHHS NON COMPREHENSIVE				-	1,559		606,095	172,607	99,374		
13. MDHHS COMPREHENSIVE			20,000	29,814	446					14,007	
14. ELPHS MDHHS HEARING				-							
15. ELPHS MDHHS VISION				-							
16. ELPHS MDHHS OTHER		98,026		165,117	196,652						
17. ELPHS FOOD											
18. ELPHS PRIVATE/TYPER III WATER											
19. ELPHS ON-SITE WASTEWATER TREATMENT											
20. MCH FUNDING	47,609										
21. LOCAL - COUNTY APPROPRIATIONS	942	41,251	11,480	3,617	5,623	5,852	522	297	57,122	206	
22. INKIND MATCH											
23. MDHHS FIXED UNIT RATE				7,000		8,000					
MDHHS LOCAL COMM STABILIZATION											
TOTAL SOURCE OF FUNDS	48,551	140,077	31,480	291,551	282,780	23,852	606,617	172,904	156,496	14,213	
	-	-	(0)	(0)	-	0	(0)	-	-	-	
USE OF DESIGNATED FUND BALANCE											
USE OF FUND BALANCE											

## Page 5 of 6

[illegible]

**Annual Budget  
for  
Comprehensive Local Health Services**

Local Agency Branch-Hillsdale-St. Joseph CHA Budget Amendment #1 10/1/2022 - 9/30/2023			
	724	745	
	PFAS	TYPE II	GRAND
PROGRAM EXPENSES	Westside Landfill	WATER	TOTAL
1. SALARIES & WAGES	1,171	91,240	3,482,867
2. FRINGE BENEFITS	401	50,979	1,639,243
3. CAP EXP FOR EQUIP & FAC			193,000
4. CONTRACTUAL (SUBCONTRACTS)			992,678
5. SUPPLIES & MATERIALS	25	4,350	491,475
6. TRAVEL	65	5,000	174,585
7. COMMUNICATION	25	1,300	102,000
8. COUNTY/CITY CENTRAL SERVICES			-
9. SPACE COSTS			281,498
SPACE ALLOCATION	22	1,517	(44)
10. ALL OTHERS (ADP & MISC.)	900	9,500	1,640,119
TOTAL PROGRAM EXPENSES	2,608	163,885	8,997,422
1. INDIRECT COST	493	44,643	0
31.39020%			-
2. COST ALLOCATION PLAN/OTHER			-
COMMUNITY HEALTH SERVICES			(0)
PREVENTION SERVICES			-
IMMUNIZATION DISTRIBUTION			-
CSHCS DISTRIBUTION			-
ENVIRONMENTAL HEALTH			-
TOTAL INDIRECT COST	493	44,643	(0)
TOTAL EXPENDITURES	3,101	208,528	8,997,422
SOURCE OF FUNDS			
1. FEES & COLLECTIONS - 1ST & 2ND PARTY			579,790
2. FEES & COLLECTIONS - 3RD PARTY			210,110
			789,900
3. FED/STATE FUNDING (NON-MDHHS)		207,968	1,860,655
4. FEDERAL MEDICAID COST BASED REIMB.			492,362
5. FEDERALLY PROVIDED VACCINES			300,000
6. FEDERAL MEDICAID OUTREACH			47,103
			2,700,120
7. REQUIRED MATCH - LOCAL			60,196
8. LOCAL - NON ELPHS			32,504
9. LOCAL - NON ELPHS			26,092
10. LOCAL - NON ELPHS			57,740
11. OTHER - NON ELPHS			304,808
			421,144
12. MDHHS NON COMPREHENSIVE	2,644		1,211,612
13. MDHHS COMPREHENSIVE			1,482,556
			2,694,168
14. ELPHS MDHHS HEARING			48,509
15. ELPHS MDHHS VISION			48,509
16. ELPHS MDHHS OTHER			459,795
17. ELPHS FOOD			159,151
18. ELPHS PRIVATE/TYPE III WATER			162,757
19. ELPHS ON-SITE WASTEWATER TREATMENT			182,499
			1,061,220
20. MCH FUNDING			94,409
21. LOCAL - COUNTY APPROPRIATIONS	457	560	712,942
22. INKIND MATCH			
23. MDHHS FIXED UNIT RATE			87,000
MDHHS LOCAL COMM STABILIZATION			213,538
TOTAL SOURCE OF FUNDS	3,101	208,528	8,834,637
	-	-	0
USE OF DESIGNATED FUND BALANCE			162,785
USE OF FUND BALANCE			

789,900	Fees
773,138	Local Approp
6,636,917	State/Federal
634,682	Other
162,785.00	Designated Fund Balance

8,997,422 Total Revenues

773,138.00 Agency FY County Approp.

0.00 Under (OVER) County FY Allocations

## January 26, 2023 – Board of Health Meeting Minutes

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

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

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

Mr. Hoffmaster moved to nominate Mr. Leininger as the Board Chair, with support from Mr. Matthew.

Mr. Hoffmaster moved to close the nominations for Board Chair, with support from Mr. Matthew. The motion passed unopposed.

A roll call vote was taken to elect Mr. Leininger as the Chair and the motion passed 4-0 (Mr. Matthew, Yes; Mr. Hoffmaster, Yes; Mr. Leininger, Yes; Mr. Lanius, Yes).

Mr. Leininger, the newly elected Chair took office and began running the meeting.

Mr. Matthew moved to nominate Mr. Hoffmaster as the Board Vice-Chair, with support from Mr. Lanius.

Mr. Matthew moved to close the nominations for Vice-Chair, with support from Mr. Lanius.

A roll call vote was taken to elect Mr. Hoffmaster as the Vice-Chair and the motion passed 4-0 (Mr. Matthew, Yes; Mr. Hoffmaster, Yes; Mr. Leininger, Yes; Mr. Lanius, Yes).

Mr. Hoffmaster moved to approve the minutes from the December 8, 2022, meeting with support from Mr. Lanius. The motion passed unopposed.

Public Comment: No public comments were given.

Rebecca Burns, Health Officer, reviewed her monthly report. Items included: Welcome Board of Health Members, Board of Health Lunches to Meet Our Team, Community Health Needs Assessment (CHNA)/Community Health Improvement Plan (CHIP), Hillsdale MCDC Dental Center, Community Health Worker Program, Mpox & Ebola, Flu Vaccine, COVID, Accreditation, Agency Insurance Update, Coldwater Office, Hillsdale Office, Three Rivers Office, Sturgis Office, and Health Promotion and Education.

Dr. Luparello reviewed the Medical Director's monthly report. This month's educational report was titled, "Obesity in the United States".

Committee Reports:

- Did not meet.

Financial Reports/Expenditures

- Mr. Hoffmaster moved to approve the expenditures for December as reported with support from Mr. Matthew. The motion passed unopposed.
- Mr. Hoffmaster moved to place the financials from December on file with support from Mr. Matthew. The motion passed unopposed.

Laura Sutter from BHSJ joined the meeting at 9:48 AM.

Unfinished Business

- None

New Business:

- Mr. Lanius moved to approve the changes to the ByLaws as presented with support from Mr. Hoffmaster. A roll call vote was taken and the motion failed 1-3 (Mr. Matthew, No; Mr. Hoffmaster, Yes; Mr. Leininger, No; Mr. Lanius, No).
- Mr. Leininger, Chair made the following committee appointments: Mr. Matthew, Mr. Baker, and Mr. Leininger to the Program, Policy, and Appeals Committee, with Mr. Matthew serving as the Chair.
- Mr. Leininger, Chair made the following committee appointments: Mr. Hoffmaster, Mr. Houtz, and Mr. Lanius to the Finance Committee, with Mr. Hoffmaster serving as the Chair.
- Mr. Hoffmaster moved to accept the Board of Health meeting schedule, as amended during the meeting discussion, with support from Mr. Lanius. The motion passed unopposed.
- Mr. Matthew moved to approve FY22/23 Budget Amendment #1 with support from Mr. Hoffmaster. A roll call vote was taken and the motion passed 4-0 (Mr. Matthew, Yes; Mr. Hoffmaster, Yes; Mr. Leininger, Yes; Mr. Lanius, Yes)

Departmental Reports:

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

Public Comment: Public comment was given by one person.

With no further business, Mr. Hoffmaster moved to adjourn the meeting with support from Mr. Lanius. The motion passed unopposed and the meeting was adjourned at 10:58 AM.

Respectfully Submitted by:

  
Theresa Fisher,

Administrative Services Director  
Secretary to the Board of Health

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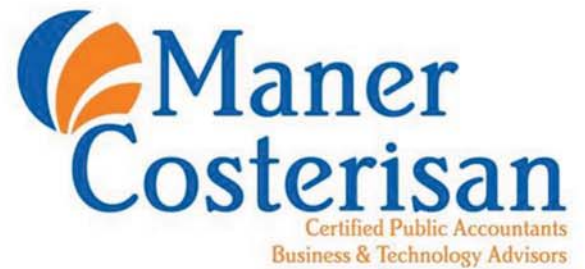
Branch-Hillsdale-St Joseph Community Health Agency  
FY2022-23 FTE

Employee Last Name	First, MI Name	Status	Admin	Emerg Prep	Medicaid Outreach	Peer Counselor	WIC	MCH Enabling Wk	Immrz	Dental Outreach	Prevention	Car Seat	CSHCS	Vision	Hearing	MCH Enabling Chk	STD	HIV Prevention	Vaccine Handling	Infect Disease	Lead Testing	COVID PPI Lab Case	COVID Immrz	CSHCS Vaccine	Meningococ Virus	
CLINIC STAFF BRANCH			10	32	107	108	109	115	138	185	199	201	325	326	327	329	331	332	338	341	345	352	363	371	378	
Nichols	Kali	Full-75	0.01	0.01			0.04	0.03			0.73								0.09			0.04	0.04		0.01	1.00
Hazel	Heidi	Full-75		0.01			0.09		0.53		0.06					0.04	0.03		0.06	0.14			0.02		0.02	1.00
Alexander	Amber	Full-75					0.45	0.02	0.31	0.02							0.08	0.02	0.04	0.05			0.01			1.00
Butler	Jessica	Full-75				0.05	0.73	0.02	0.10	0.02							0.01		0.04	0.02				0.01		1.00
Finegan	Breanna	Full-75							0.12										0.06	0.03				0.79		1.00
Cox	Candace	Full-75		0.03	0.03		0.575	0.005	0.09							0.04	0.04	0.02		0.13		0.02	0.02			1.00
Roberts	Jodi	Full-75							0.12							0.05			0.06	0.02			0.75			1.00
Garner	Connie	Full-75					1.00																			1.00
Sierminski	Vera	Casual					0.84		0.02							0.10						0.02	0.02			1.00
Boyter	Kimberly	Full-75					1.00																			1.00
Kerr-Badder	Mary	Full-75							0.91							0.04			0.04				0.01			1.00
Erwin	Lorraine	Part-40				0.98		0.02																		1.00
Proctor	Mary	Casual										1.00														1.00
CLINIC STAFF HILLSDALE			10	32	107	108	109	115	138	185	199	201	325	326	327	329	331	332	338	341	345	352	363	371	378	
Ankney	Shelby	Full-75		0.01			0.60		0.07	0.02	0.06						0.02	0.02	0.02	0.13		0.01	0.02		0.02	1.00
Campbell	Alecia	Full-75				0.03	0.64	0.03	0.10	0.02							0.08	0.01	0.02	0.06			0.01			1.00
Palmer	Lisa	Full-75					0.38	0.02	0.32	0.02								0.11	0.01	0.05	0.08			0.01		1.00
Hurst	Jolene	Full-75			0.03		0.455	0.005	0.29	0.01							0.03	0.04	0.02	0.10			0.02			1.00
Gilbert	Melissa	Full-75					0.08		0.65							0.03			0.22				0.02			1.00
Dossett	Tenia	Full-75					1.00																			1.00
Clore	Nikki	Part-45					1.00																			1.00
Elkins-Little	Amey	Part-45				0.97		0.03																		1.00
CLINIC STAFF ST JOSEPH			10	32	107	108	109	115	138	185	199	201	325	326	327	329	331	332	338	341	345	352	363	371	378	
Mullendore	Aimmee	Full-75		0.01			0.05		0.07	0.02	0.04						0.28	0.09	0.05	0.33		0.01	0.03		0.02	1.00
Deboard	Rhonda	Full-75					0.22	0.02	0.19	0.01							0.25	0.04	0.02	0.23			0.02			1.00
Schneidmiller	Tina	Full-75				0.06	0.74	0.04	0.09										0.05				0.02			1.00
Cross	Dale	Full-75			0.03		0.52	0.005	0.195							0.03	0.12	0.01		0.07			0.02			1.00
Hall	Grace	Full-75					1.00																			1.00
Hibbs	Lori	Full-75					1.00																			1.00
Vela	Jesusa	Full-75					0.58		0.38							0.02							0.02			1.00
Hopkins	Jen	Full-75							0.81							0.03			0.14				0.02			1.00
Furr	Erin	Part-40				0.95		0.05																		1.00
CSHCS STAFF			10	32	107	108	109	115	138	185	199	201	325	326	327	329	331	332	338	341	345	352	363	371	378	
Penney	Terri	Full-75											0.86	0.050	0.050						0.02			0.02		1.00
Hilarides	Madonna	Full-75											0.82								0.18					1.00
Ewers	Nicole	Full-75											0.90	0.04	0.04									0.02		1.00
Hightree	Stephanie	Part-45											1.00													1.00
Anderson	Carol	Full-75												0.50	0.50											1.00
Schoneboom	Kimberly	Full-75												0.50	0.50											1.00
Young	Emily	Part-45												0.50	0.50											1.00

Branch-Hillsdale-St. Joseph Community Health Agency  
Year Ended September 30, 2019

Audit Presentation  
March 26, 2020

Presented by:  
Dane M. Porter, CPA  
Senior Manager

A background image showing a close-up of a calculator, a pen, and a financial chart with a line graph and data points.

SETTING THE STANDARD FOR QUALITY  
GOVERNMENTAL AUDITS



## Audit Objective

- The objective, or purpose, of an audit is to express opinions on the financial statements
- The purpose is not to detect fraud or express an opinion on your internal controls

## Management's Responsibility for the Financial Statements

- Preparation and fair presentation of the financial statements in accordance with GAAP
- Including design, implementation, and maintenance of internal controls
- Also responsible for fraud detection, deterrence, and prevention

## Auditor's Responsibility

- Express opinions on the financial statements based on our audit

## Opinions

- In our opinion, the financial statements...present fairly, in all material respects,...

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY**  
**STATEMENT OF NET POSITION**  
**SEPTEMBER 30, 2019**

	<u>Governmental Activities</u>
<b>ASSETS</b>	
Current assets	
Cash	\$ 2,650,202
Accounts receivable	274,847
Due from other governmental units - Federal/State	660,494
Prepays	94,182
Inventories	<u>117,241</u>
Total current assets	3,796,966
Noncurrent assets	
Capital assets, net of accumulated depreciation	<u>160,911</u>
TOTAL ASSETS	3,957,877
<b>DEFERRED OUTFLOWS OF RESOURCES</b>	
Deferred outflows of resources related to pension	1,463,462
<b>LIABILITIES</b>	
Current liabilities	
Accounts payable	486,138
Accrued wages	82,797
Other accrued liabilities	41,054
Unearned revenue	199,720
Current portion of compensated absences	<u>135,455</u>
Total current liabilities	945,164
Noncurrent liabilities	
Net pension liability	2,937,727
Noncurrent portion of compensated absences	<u>270,909</u>
Total noncurrent liabilities	<u>3,208,636</u>
TOTAL LIABILITIES	4,153,800
<b>DEFERRED INFLOWS OF RESOURCES</b>	
Deferred inflows of resources related to pension	<u>209,893</u>
<b>NET POSITION</b>	
Investment in capital assets	160,911
Unrestricted	<u>896,735</u>
TOTAL NET POSITION	<u><u>\$ 1,057,646</u></u>

See accompanying notes to financial statements.

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY**  
**STATEMENT OF ACTIVITIES**  
**YEAR ENDED SEPTEMBER 30, 2019**

Functions/Programs	Expenses	Program Revenues		Net (Expense) Revenues and Changes in Net Position
		Charges for Services	Operating Grants and Contributions	
Governmental activities				
Personal health	\$ 3,205,189	\$ 962,253	\$ 3,572,765	\$ 1,329,829
Environmental health	1,211,849	521,766	541,372	(148,711)
Community health	151,564	137,930	66,879	53,245
Aging services	1,409,831	-	1,410,315	484
Administration	636,460	36,916	172,245	(427,299)
Total governmental activities	<u>\$ 6,614,893</u>	<u>\$ 1,658,865</u>	<u>\$ 5,763,576</u>	807,548
General revenues				
County appropriations - regular				749,897
Miscellaneous				50,114
Interest				<u>16,036</u>
Total general revenues				<u>816,047</u>
Change in net position				1,623,595
Net position, beginning of the year				<u>(565,949)</u>
Net position, end of the year				<u>\$ 1,057,646</u>

See accompanying notes to financial statements.

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY  
GOVERNMENTAL FUND  
BALANCE SHEET  
SEPTEMBER 30, 2019**

<b>ASSETS</b>	
Cash	\$ 2,650,202
Accounts receivable	274,847
Due from other governmental units - Federal/State	660,494
Prepays	94,182
Inventories	<u>117,241</u>
<b>TOTAL ASSETS</b>	<b><u>\$ 3,796,966</u></b>
<b>LIABILITIES</b>	
Accounts payable	\$ 486,138
Accrued wages	82,797
Other accrued liabilities	41,054
Unearned revenue	<u>199,720</u>
<b>TOTAL LIABILITIES</b>	<b>809,709</b>
<b>DEFERRED INFLOWS OF RESOURCES</b>	
Unavailable revenue	627,558
<b>FUND BALANCE</b>	
Nonspendable	94,182
Assigned for vacation and sick leave	406,364
Unassigned	<u>1,859,153</u>
<b>TOTAL FUND BALANCE</b>	<b><u>2,359,699</u></b>
<b>TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND FUND BALANCE</b>	<b><u>\$ 3,796,966</u></b>

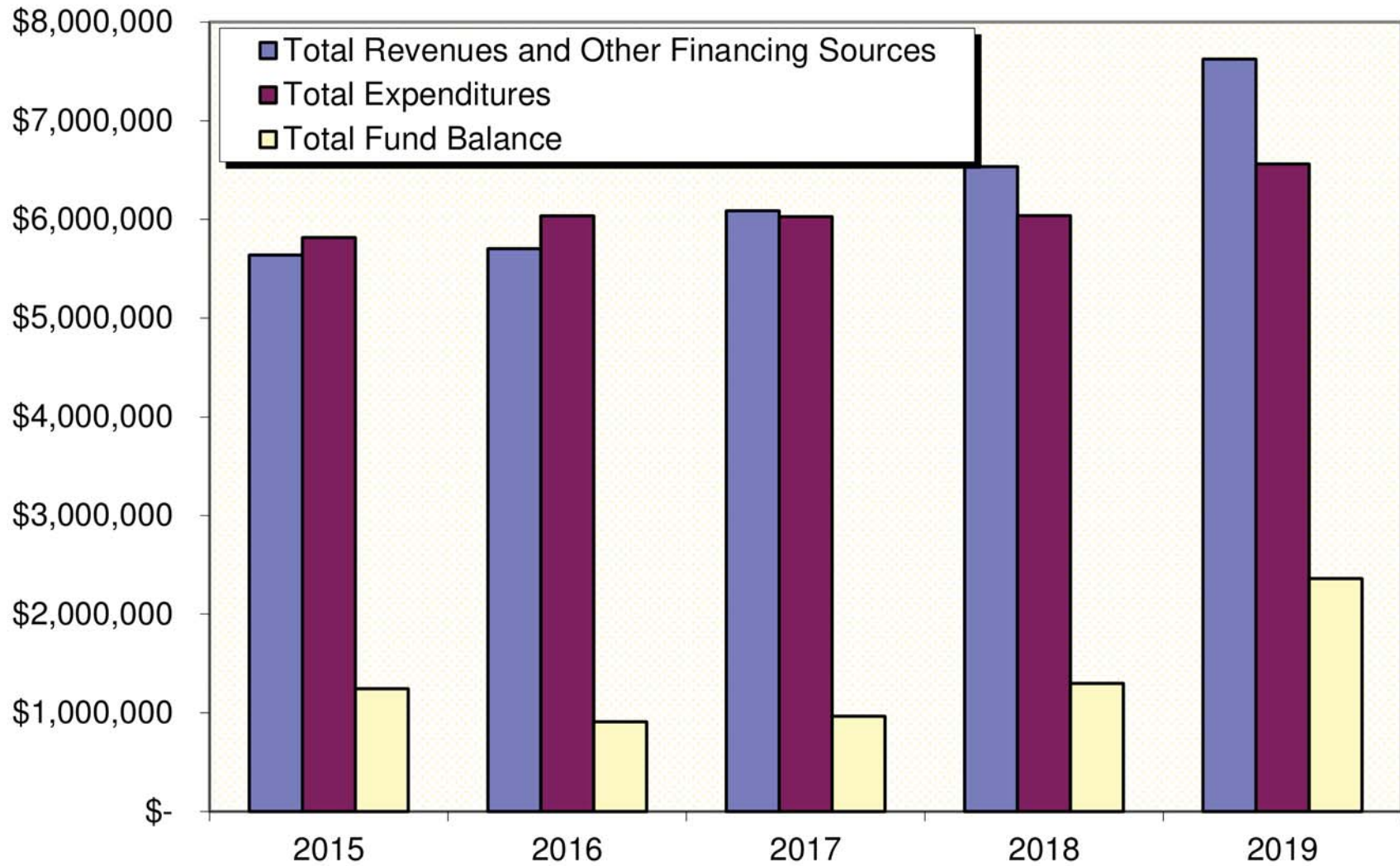
See accompanying notes to financial statements.

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY  
GOVERNMENTAL FUND  
STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN FUND BALANCE  
YEAR ENDED SEPTEMBER 30, 2019**

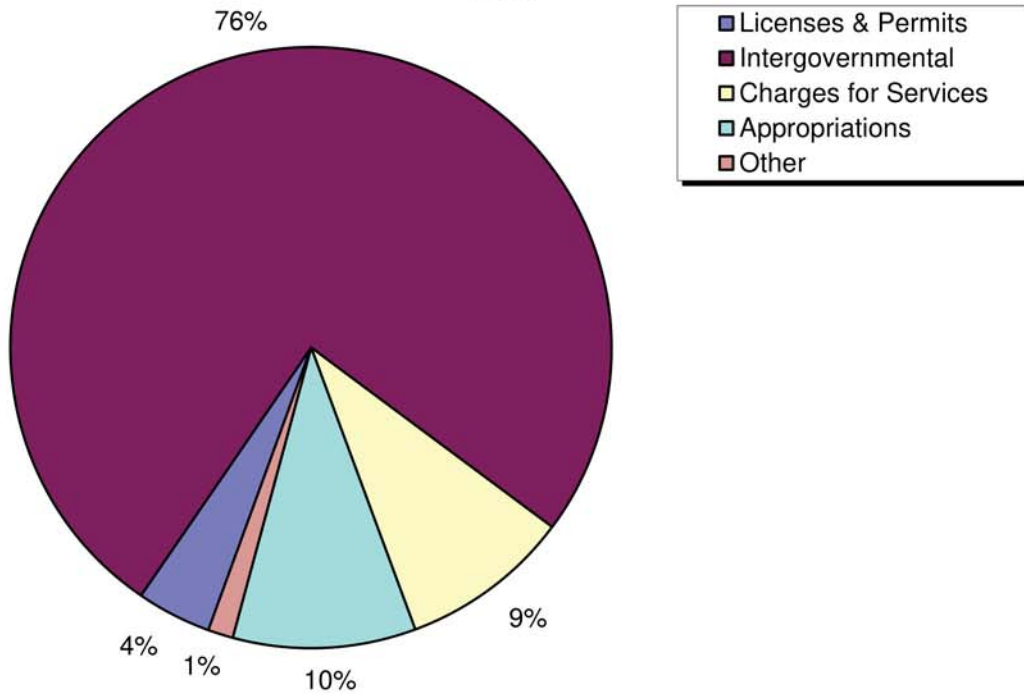
REVENUES	
Licenses and permits	\$ 304,838
Intergovernmental	
Federal/State	5,703,486
Local	60,090
County appropriations	749,897
Charges for services	700,460
Interest and rents	52,932
Other	50,114
	<hr/>
TOTAL REVENUES	7,621,817
EXPENDITURES	
Current	
Salaries and wages	2,503,660
Fringe benefits	1,386,989
Supplies and materials	850,582
Contractual	1,049,429
Communications	61,655
Travel and training	152,844
Insurance	39,112
Repairs and maintenance	253,350
Building and equipment lease and rentals	199,157
Printing and advertising	21,645
Postage	17,533
Other	25,230
	<hr/>
TOTAL EXPENDITURES	6,561,186
	<hr/>
EXCESS OF REVENUES OVER EXPENDITURES	1,060,631
Fund balance, beginning of year	1,299,068
	<hr/>
Fund balance, end of year	\$ 2,359,699
	<hr/>

See accompanying notes to financial statements.

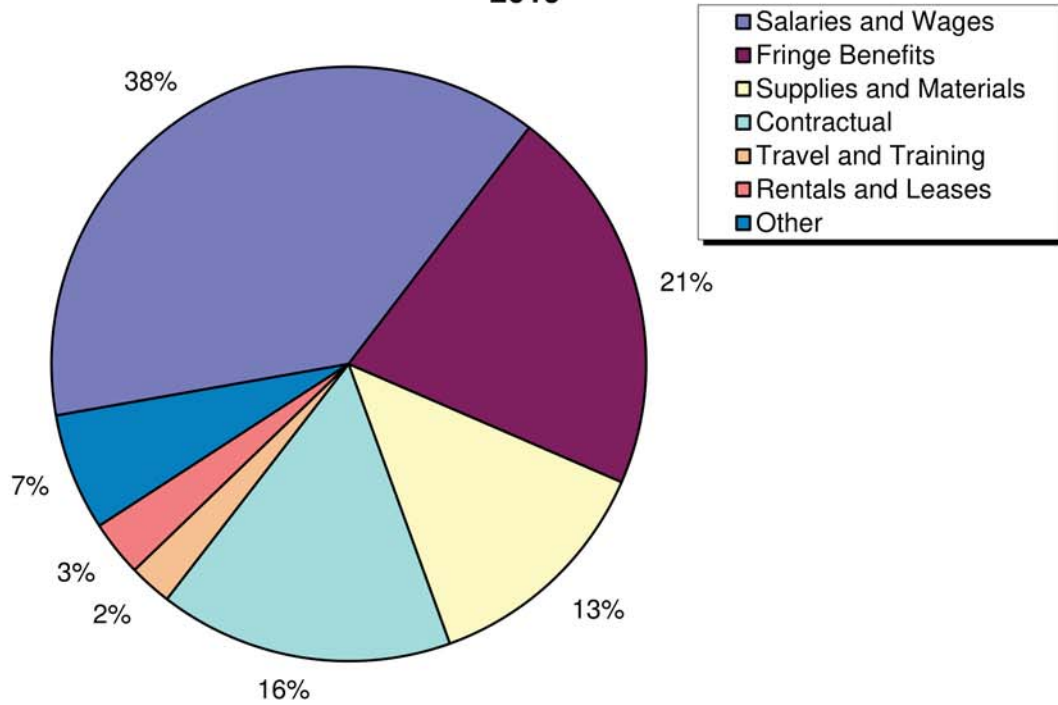
## Branch-Hillsdale-St. Joseph Community Health Agency Total Revenues, Expenditures, and Fund Balance



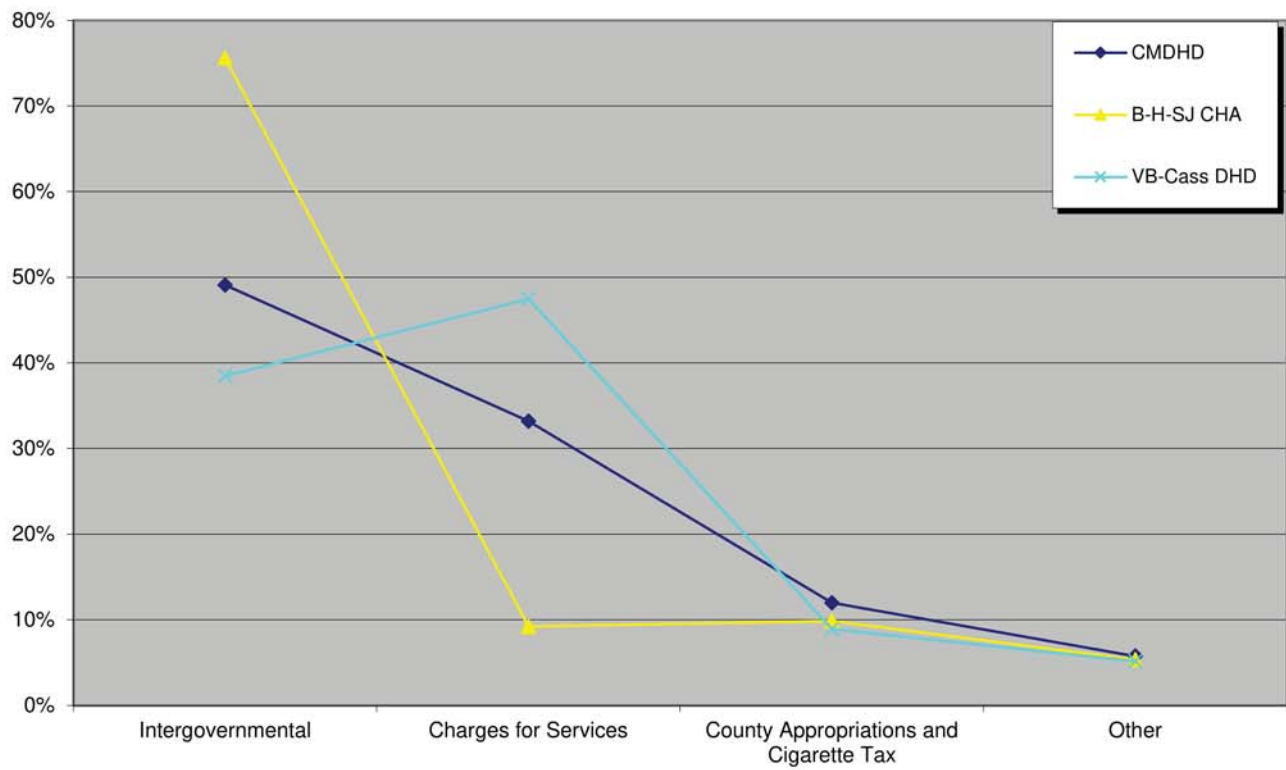
**Branch-Hillsdale-St. Joseph Community Health Agency  
Total Revenues  
2019**



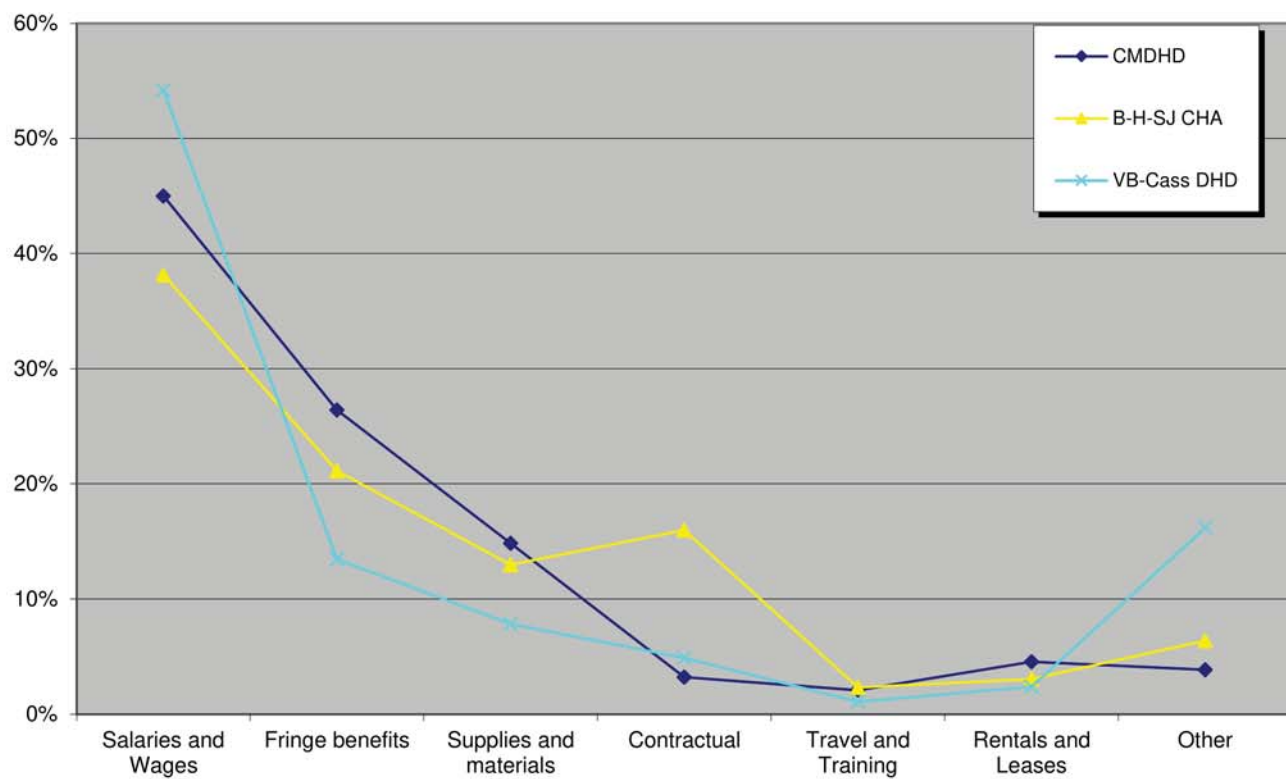
**Branch-Hillsdale-St. Joseph Community Health Agency  
Total Expenditures  
2019**



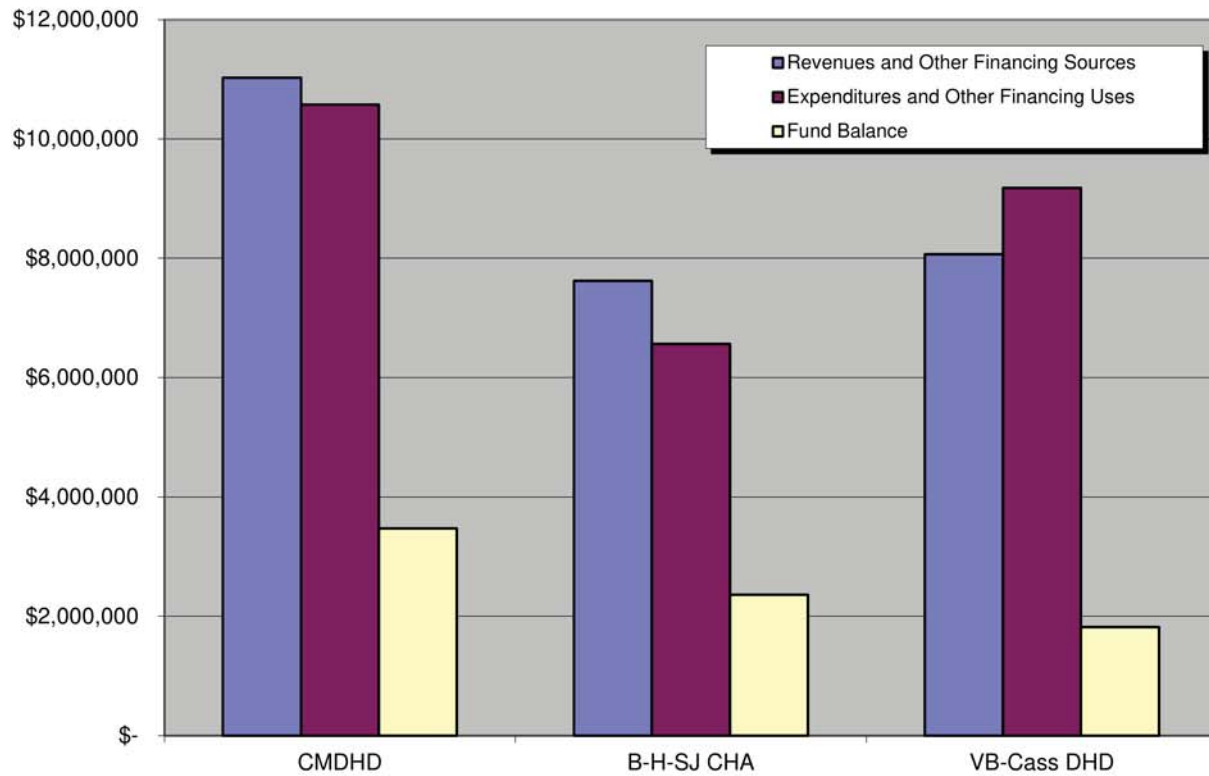
**District Health Department Comparisons  
Revenues and Other Financing Sources  
Year Ended September 30, 2019**



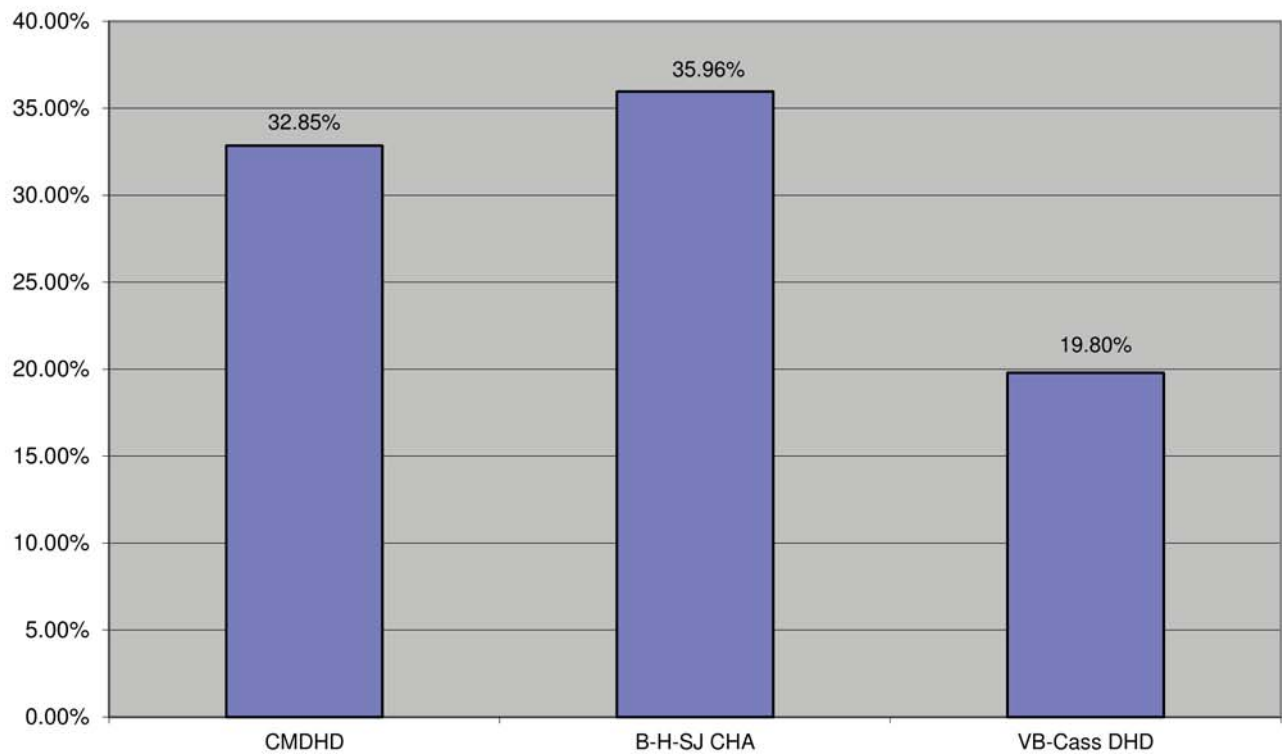
**District Health Department Comparisons  
Expenditures and Other Financing Uses  
Year Ended September 30, 2019**



**District Health Department Comparisons  
Total Revenues, Expenditures, and Fund Balances  
Year Ended September 30, 2019**



**Total Fund Balance as a Percentage of Expenditures  
September 30, 2019**



**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY  
SCHEDULE OF FINDINGS AND QUESTIONED COSTS  
YEAR ENDED SEPTEMBER 30, 2019**

**Section I - Summary of Auditor's Results**

---

**Financial Statements**

Type of auditor's report issued: Unmodified

Internal control over financial reporting:

Material weakness(es) identified?	_____	Yes	<u>  X  </u>	No
Significant deficiency(ies) identified?	_____	Yes	<u>  X  </u>	None reported
Noncompliance material to financial statements noted?	_____	Yes	<u>  X  </u>	No

**Federal Awards**

Internal control over major programs:

Material weakness(es) identified?	_____	Yes	<u>  X  </u>	No
Significant deficiency(ies) identified?	_____	Yes	<u>  X  </u>	None reported

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

Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)? \_\_\_\_\_ Yes   X   No

Identification of major programs:

CFDA Number(s)	Name of Federal Program or Cluster
93.069	Public Health Emergency Preparedness
10.557	Special Supplemental Nutrition Program for Women, Infants, and Children

Dollar threshold used to distinguish between Type A and Type B programs: \$ 750,000

Auditee qualified as low-risk auditee? \_\_\_\_\_ Yes   X   No

**Section II - Financial Statement Findings**

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None noted.

**Section III - Federal Award Findings and Questioned Costs**

---

None noted.

Questions?

Thank you for your time.

Dane M. Porter, CPA  
Senior Manager

**Maner Costerisan**  
**Certified Public Accountants**  
**Business & Technology Advisors**  
2425 E. Grand River Avenue, Suite 1  
Lansing, MI 48912  
(517) 323-7500

March 18, 2020

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

We have audited the financial statements of the governmental activities and the major fund of the Branch-Hillsdale-St. Joseph Community Health Agency (the Agency) for the year ended September 30, 2019. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated January 9, 2020. Professional standards also require that we communicate to you the following information related to our audit.

#### Significant Audit Findings

##### *Qualitative Aspects of Accounting Practices*

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by Branch-Hillsdale-St. Joseph Community Health Agency are described in Note 1 to the financial statements. No new accounting policies were adopted, and the application of existing policies was not changed during fiscal year 2019. We noted no transactions entered into by the Agency during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

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

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

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

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

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

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

#### *Difficulties Encountered in Performing the Audit*

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

#### *Corrected and Uncorrected Misstatements*

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements. In addition, none of the misstatements detected as a result of audit procedures and corrected by management were material, either individually or in the aggregate, to each opinion unit's financial statements taken as a whole.

#### *Disagreements with Management*

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

#### *Management Representations*

We have requested certain representations from management that are included in the management representation letter dated March 18, 2020.

#### *Management Consultations with Other Independent Accountants*

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

#### *Other Audit Findings or Issues*

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

#### Other Matters

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

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

Restriction on Use

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

Very truly yours,

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

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

**YEAR ENDED SEPTEMBER 30, 2019**

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## INDEPENDENT AUDITOR'S REPORT

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

### **Report on the Financial Statements**

We have audited the accompanying financial statements of the governmental activities and the major fund of the Branch-Hillsdale-St. Joseph Community Health Agency (the Agency), as of and for the year ended September 30, 2019, and the related notes to the financial statements, which collectively comprise the Agency's basic financial statements as listed in the table of contents.

### ***Management's Responsibility for the Financial Statements***

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

### ***Auditor's Responsibility***

Our responsibility is to express opinions on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

### ***Opinions***

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities and the major fund of the Branch-Hillsdale-St. Joseph Community Health Agency, as of September 30, 2019, and the respective changes in financial position thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### ***Other Matters***

#### ***Required Supplementary Information***

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

#### ***Other Information***

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the Agency's basic financial statements. The accompanying schedule of funded service categories by source is presented for purposes of additional analysis and is not a required part of the basic financial statements. The schedule of expenditures of federal awards is presented for purposes of additional analysis as required by Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, and is also not a required part of the financial statements.

The supplemental schedule of funded service categories by source and the schedule of expenditures of federal awards are the responsibility of management and were derived from and relate directly to the underlying accounting and other records used to prepare the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of funded service categories by source and the schedule of expenditures of federal awards are fairly stated, in all material respects, in relation to the basic financial statements as a whole.

**Other Reporting Required by *Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated March 18, 2020, on our consideration of the Branch-Hillsdale-St. Joseph Community Health Agency's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Branch-Hillsdale-St. Joseph Community Health Agency's internal control over financial reporting and compliance.

March 18, 2020

## **Management's Discussion and Analysis For Fiscal Year Ended September 30, 2019**

This section of the annual financial statements, titled Management's Discussion and Analysis, represents the administration's review of the Branch-Hillsdale-St. Joseph Community Health Agency's (the Agency's) financial performance during the fiscal year ended September 30, 2019. The Management's Discussion and Analysis is intended to be read in conjunction with the Agency's financial statements.

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

### **Financial Highlights**

- The assets of the Agency exceeded its liabilities at September 30, 2019, by \$1,057,646 at the government-wide level. Unrestricted net position was \$896,735 at September 30, 2019.
- The Agency's total net position increased \$1,623,595 as a result of this year's operations.
- As of September 30, 2019, the Agency's governmental fund reported an ending fund balance of \$2,359,699, an increase of \$1,060,631.
- As of September 30, 2019, the unassigned fund balance was \$1,859,153, or approximately 28% of total fund expenditures.

### **Overview of the Financial Statements**

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

**Government-wide Financial Statements:** The government-wide financial statements provide information about the activities of the entire Agency. They present an overall view of the Agency's finances, reporting the assets and liabilities on fiscal year ended September 30, 2019.

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

The statement of activities presents information showing how the government's net position changed during fiscal year 2018/2019. All changes in net position are reported as soon as the change occurs, regardless of the timing of related cash flows.

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

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

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

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

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

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

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

**Notes to the Financial Statements:** The notes provide additional information that is essential to a full understanding of the data provided in the government-wide and fund financial statements. The notes to the financial statements can be found on pages 16-29 of this report.

**Other Information:** In addition to the basic financial statements and accompanying notes, this report also presents certain required supplementary information concerning budgeted revenues and expenditures, schedule of changes in net pension liability and related ratios, and schedule of employer contributions on pages 30-34. Other supplementary information concerning support services and expenditures of federal awards can be found on pages 35-49 of this report.

### Government-wide Financial Analysis:

As noted earlier, net position may serve over time as a useful indicator of a government's financial position. In the case of Branch-Hillsdale-St. Joseph Community Health Agency, assets exceeded liabilities by \$1,057,646. A comparative analysis of net position as of September 30, 2019 and 2018 are presented below:

	<u>2019</u>	<u>2018</u>
Current assets	\$ 3,796,966	\$ 1,761,846
Capital assets	<u>160,911</u>	<u>205,452</u>
Total assets	3,957,877	1,967,298
Deferred outflows of resources related to pension	1,463,462	452,093
Current liabilities	945,164	573,089
Noncurrent liabilities	<u>3,208,636</u>	<u>2,035,468</u>
Total liabilities	4,153,800	2,608,557
Deferred inflows of resources related to pension	<u>209,893</u>	<u>376,783</u>
Net position		
Net investment in capital assets	160,911	205,452
Unrestricted	<u>896,735</u>	<u>(771,401)</u>
Total net position	<u>\$ 1,057,646</u>	<u>\$ (565,949)</u>

Unrestricted net position (the part of net position that can be used to finance day to day operations) increased by \$1,668,136. This is within our desired range.

The following table shows the changes in net position as of September 30, 2019 and 2018.

	<u>2019</u>	<u>2018</u>
Program revenues		
Charges for services	\$ 1,658,865	\$ 1,036,654
Grants and contributions	5,763,576	4,505,798
General revenues		
County appropriations	749,897	728,250
Miscellaneous	50,114	241,423
Interest	<u>16,036</u>	<u>6,010</u>
Total revenues	8,238,488	6,518,135
Program expenses	<u>6,614,893</u>	<u>6,304,263</u>
Change in net position	<u>\$ 1,623,595</u>	<u>\$ 213,872</u>

During the year charges for services increased by \$622,211 and grants and contributions increased \$1,257,778 due to receipt of Medicaid cost based reimbursement received for fiscal years 2017, 2018, and 2019. We will continue to collaborate with local health providers and using them as a resource to find new funding.

Total expenses increased approximately \$310,630 or 5% from last year.

### **Financial Analysis of the Government's Fund**

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

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

As of the end of the current fiscal year, the Branch-Hillsdale-St. Joseph Community Health Agency's governmental fund reported an ending fund balance of \$2,359,699, an increase of \$1,060,631 in comparison with the prior year. Of this total, \$94,182 is considered nonspendable as it is for prepaid expenditures. There has been \$406,364 assigned for vacation and sick leave. The unassigned fund balance at September 30, 2019, was \$1,859,153.

As a measure of the governmental fund's liquidity, it may be useful to compare unassigned fund balance to total fund expenditures. Unassigned fund balance represents approximately 28% of total fund expenditures.

### **Governmental Fund Budgetary Highlights**

Over the course of the year, the Branch-Hillsdale-St. Joseph Community Health Agency's Board of Directors amended the budget to take into account events that occurred during the year. Total expenditures budget was increased approximately 4% primarily due to maintenance costs and supplies and materials. We continue downsizing in staff and cross training them for other programs instead of replacing staff that left the Agency.

### **Capital Asset and Debt Administration**

**Capital Assets:** The Branch-Hillsdale-St. Joseph Community Health Agency's investment in capital assets as of September 30, 2019, amounts to \$160,911 (net of accumulated depreciation). Additional details related to capital assets are presented in Note 3 to the financial statements.

**Long-term Obligations:** The Branch-Hillsdale-St. Joseph Community Health Agency has a long-term obligation related to compensation (e.g., unused vacation and sick leave). The long-term obligation at September 30, 2019, amounted to \$406,364 for compensated absences. Additional details related to long-term obligations are presented in Note 4 to the financial statements.

## **Economic Factors and Next Year's Budget and Rates**

The fiscal year ending September 30, 2020 will be an uncertain year as the Nation is dealing with the Public Health Crisis created by the COVID-19 pandemic. It is unknown at this time how much funding will be available from the Federal Disaster Declaration to fund Local Public Health responses. There is also uncertainty on how this crisis may affect the State programs provided through the Comprehensive Planning, Budgeting, and Contracting (CPBC) agreement with the Michigan Department of Health and Human Services. The Agency did not receive an increase in local county appropriations in 2020. The Agency will advocate for an increase in local county appropriations every year. The Agency started receiving Medicaid Cost Based Reimbursement payments which are based on the actual costs to provide Medicaid allowable services rather than a defined claim structure. The Agency receives revenue for public health dental outreach and education from the four My Community Dental Centers (MCDC) located within Branch, Hillsdale, and St. Joseph counties, but that revenue is decreasing as MCDC struggles with keeping a full-time dentist in each office. MCDC is working on recruiting to eliminate the shortage, therefore, we anticipate this turning around in future years. The Agency continues to have budget constraints due to the MERS Retirement Defined Benefit plan not being fully funded. The Agency will continue to review and respond to grant opportunities to help in offsetting costs and increase services to the public. The Agency will receive grants for 2020 in Vectorborne Surveillance, Hepatitis A Response, Medical Marihuana Operation & Oversight, and Victims of Crime Act 'Services to Victims of Elder Abuse'.

Because the services of the Branch-Hillsdale-St. Joseph Community Health Agency are provided based on need and not the ability to pay, the Agency will continue to expand billings to insurances when available to offset costs. The Agency routinely reviews fees to ensure that the Agency billing is in line with allowed pricing for our services.

## **Requests for Information**

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

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

## **BASIC FINANCIAL STATEMENTS**

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY**  
**STATEMENT OF NET POSITION**  
**SEPTEMBER 30, 2019**

	<u>Governmental Activities</u>
<b>ASSETS</b>	
Current assets	
Cash	\$ 2,650,202
Accounts receivable	274,847
Due from other governmental units - Federal/State	660,494
Prepays	94,182
Inventories	<u>117,241</u>
Total current assets	3,796,966
Noncurrent assets	
Capital assets, net of accumulated depreciation	<u>160,911</u>
TOTAL ASSETS	3,957,877
<b>DEFERRED OUTFLOWS OF RESOURCES</b>	
Deferred outflows of resources related to pension	1,463,462
<b>LIABILITIES</b>	
Current liabilities	
Accounts payable	486,138
Accrued wages	82,797
Other accrued liabilities	41,054
Unearned revenue	199,720
Current portion of compensated absences	<u>135,455</u>
Total current liabilities	945,164
Noncurrent liabilities	
Net pension liability	2,937,727
Noncurrent portion of compensated absences	<u>270,909</u>
Total noncurrent liabilities	<u>3,208,636</u>
TOTAL LIABILITIES	4,153,800
<b>DEFERRED INFLOWS OF RESOURCES</b>	
Deferred inflows of resources related to pension	<u>209,893</u>
<b>NET POSITION</b>	
Investment in capital assets	160,911
Unrestricted	<u>896,735</u>
TOTAL NET POSITION	<u><u>\$ 1,057,646</u></u>

See accompanying notes to financial statements.

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY**  
**STATEMENT OF ACTIVITIES**  
**YEAR ENDED SEPTEMBER 30, 2019**

Functions/Programs	Expenses	Program Revenues		Net (Expense) Revenues and Changes in Net Position
		Charges for Services	Operating Grants and Contributions	
Governmental activities				
Personal health	\$ 3,205,189	\$ 962,253	\$ 3,572,765	\$ 1,329,829
Environmental health	1,211,849	521,766	541,372	(148,711)
Community health	151,564	137,930	66,879	53,245
Aging services	1,409,831	-	1,410,315	484
Administration	636,460	36,916	172,245	(427,299)
Total governmental activities	<u>\$ 6,614,893</u>	<u>\$ 1,658,865</u>	<u>\$ 5,763,576</u>	807,548
General revenues				
County appropriations - regular				749,897
Miscellaneous				50,114
Interest				<u>16,036</u>
Total general revenues				<u>816,047</u>
Change in net position				1,623,595
Net position, beginning of the year				<u>(565,949)</u>
Net position, end of the year				<u>\$ 1,057,646</u>

See accompanying notes to financial statements.

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY  
GOVERNMENTAL FUND  
BALANCE SHEET  
SEPTEMBER 30, 2019**

<b>ASSETS</b>	
Cash	\$ 2,650,202
Accounts receivable	274,847
Due from other governmental units - Federal/State	660,494
Prepays	94,182
Inventories	<u>117,241</u>
<b>TOTAL ASSETS</b>	<b><u>\$ 3,796,966</u></b>
<b>LIABILITIES</b>	
Accounts payable	\$ 486,138
Accrued wages	82,797
Other accrued liabilities	41,054
Unearned revenue	<u>199,720</u>
<b>TOTAL LIABILITIES</b>	<b>809,709</b>
<b>DEFERRED INFLOWS OF RESOURCES</b>	
Unavailable revenue	627,558
<b>FUND BALANCE</b>	
Nonspendable	94,182
Assigned for vacation and sick leave	406,364
Unassigned	<u>1,859,153</u>
<b>TOTAL FUND BALANCE</b>	<b><u>2,359,699</u></b>
<b>TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND FUND BALANCE</b>	<b><u>\$ 3,796,966</u></b>

See accompanying notes to financial statements.

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY  
RECONCILIATION OF THE GOVERNMENTAL FUND BALANCE  
SHEET TO THE STATEMENT OF NET POSITION  
SEPTEMBER 30, 2019**

**Total fund balance - governmental fund** \$ 2,359,699

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

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

The cost of capital assets is	\$ 1,205,508	
Accumulated depreciation is	<u>(1,044,597)</u>	
Capital assets, net		160,911

Various amounts due for services rendered are not expected to be collected within 60 days of year end and are not available to pay for current expenditures.		627,558
--	--	---------

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

Deferred outflows of resources related to pension	1,463,462	
Deferred inflows of resources related to pension	<u>(209,893)</u>	
		1,253,569

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

Net pension liability	(2,937,727)	
Compensated absences	<u>(406,364)</u>	
		<u>(3,344,091)</u>

<b>Net position of governmental activities</b>		<u><u>\$ 1,057,646</u></u>
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**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY  
GOVERNMENTAL FUND  
STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN FUND BALANCE  
YEAR ENDED SEPTEMBER 30, 2019**

REVENUES	
Licenses and permits	\$ 304,838
Intergovernmental	
Federal/State	5,703,486
Local	60,090
County appropriations	749,897
Charges for services	700,460
Interest and rents	52,932
Other	50,114
	<hr/>
TOTAL REVENUES	7,621,817
EXPENDITURES	
Current	
Salaries and wages	2,503,660
Fringe benefits	1,386,989
Supplies and materials	850,582
Contractual	1,049,429
Communications	61,655
Travel and training	152,844
Insurance	39,112
Repairs and maintenance	253,350
Building and equipment lease and rentals	199,157
Printing and advertising	21,645
Postage	17,533
Other	25,230
	<hr/>
TOTAL EXPENDITURES	6,561,186
	<hr/>
EXCESS OF REVENUES OVER EXPENDITURES	1,060,631
Fund balance, beginning of year	1,299,068
	<hr/>
Fund balance, end of year	\$ 2,359,699
	<hr/>

See accompanying notes to financial statements.

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY  
RECONCILIATION OF THE STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN  
FUND BALANCE OF THE GOVERNMENTAL FUND TO THE STATEMENT OF ACTIVITIES  
YEAR ENDED SEPTEMBER 30, 2019**

**Net change in fund balance - governmental fund** \$ 1,060,631

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

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

Depreciation expense (44,541)

Revenues in the statement of activities that do not provide current financial resources are not reported as revenues in the fund. In the current period, these amounts consist of:

Increase in unavailable revenue 616,671

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

(Increase) in net pension liability	(1,144,654)
(Increase) in accrued compensated absences	(42,771)
Increase in deferred outflows of resources related to pension	1,011,369
Decrease in deferred inflows of resources related to pension	<u>166,890</u>

(9,166)

**Change in net position of governmental activities**

\$ 1,623,595

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

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

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

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

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

Reporting Entity

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

Basis of Presentation

**GOVERNMENT-WIDE FINANCIAL STATEMENTS**

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

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

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

**FUND FINANCIAL STATEMENTS**

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

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

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

Basis of Presentation (continued)

FUND FINANCIAL STATEMENTS (continued)

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

Basis of Accounting

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

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

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

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

Budgets and Budgetary Accounting

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

Cash

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

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

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

Receivables and Unearned Revenue

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

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

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

Inventories

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

Prepays

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

Capital Assets

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

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

Land improvements	7 years
Equipment	4-10 years

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

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

Compensated Absences

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

Unavailable Revenue

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

Deferred Outflows/Inflows of Resources

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

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

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

Net Pension Liability

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

Comparative Data

Comparative data for the prior year has not been presented in the accompanying financial statements since its inclusion would make the statements unduly complex and difficult to read.

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

**NOTE 2 - CASH**

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

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

Deposits

There is a custodial credit risk as it relates to deposits. In the case of deposits, this is the risk that in the event of a bank failure, the Agency's deposits may not be returned to it. As of September 30, 2019, the carrying amount of the Agency's deposits was \$5,409 and the bank balance was \$542,428. As of September 30, 2019, the Agency's deposits were insured by the Federal Deposit Insurance Corporation for \$338,476. The balance of \$203,952 was uninsured and uncollateralized.

The cash balances reported in the basic financial statements include \$223 in imprest cash and \$2,644,570 in cash that is on deposit with the Branch County Treasurer. The cash on deposit with the Branch County Treasurer is part of the County pooled cash and investments. As a result, the insured and uninsured amounts related to these amounts cannot be determined.

Credit Risk

State law limits investments in certain types of investments to a prime or better rating issued by nationally recognized statistical rating organizations (NRSRO's). As of September 30, 2019, the Agency held no investments that would be required to be rated.

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

**NOTE 2 - CASH (continued)**

Interest Rate Risk

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

Concentration of Credit Risk

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

Custodial Credit Risk

The Agency will minimize custodial credit risk, which is the risk of loss due to the failure of the security issuer or backer, by limiting investments to the types of securities authorized by the Board and pre-qualifying the financial institutions, broker/dealers, intermediaries and advisors with which the Agency will do business in accordance with Board approved policy.

**NOTE 3 - CAPITAL ASSETS**

The following provides a summary of the changes in capital assets for the year ended September 30, 2019:

	Balance Oct. 1, 2018	Additions	Disposals	Balance Sept. 30, 2019
Capital assets being depreciated				
Equipment	\$ 1,182,785	\$ -	\$ -	\$ 1,182,785
Land improvements	22,723	-	-	22,723
Total capital assets being depreciated	1,205,508	-	-	1,205,508
Less accumulated depreciation for:				
Equipment	(977,333)	(44,541)	-	(1,021,874)
Land improvements	(22,723)	-	-	(22,723)
Total accumulated depreciation	(1,000,056)	(44,541)	-	(1,044,597)
Capital assets, net	<u>\$ 205,452</u>	<u>\$ (44,541)</u>	<u>\$ -</u>	<u>\$ 160,911</u>

Depreciation expense appears on the statement of activities in these governmental functions: Personal Health \$21,561; Environmental Health \$8,015; Community Health \$1,020; Aging Services \$9,484; and Administration \$4,461.

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

**NOTE 4 - LONG-TERM OBLIGATIONS**

The following is a summary of changes in long-term obligations (including current portion) of the Agency for the year ended September 30, 2019:

	Balance Oct. 1, 2018	Additions	Deletions	Balance Sept. 30, 2019	Amount Due within One Year
Compensated absences	\$ 363,593	\$ 222,688	\$ (179,917)	\$ 406,364	\$ 135,455

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

Accumulated sick and vacation leave represents a liability to the Agency, which is presented in a current and long-term portion of the liability. For this reason, the total liability is reported in the government-wide financial statements and represents a current liability of \$135,455 and a long-term liability of \$270,909 at September 30, 2019. Payments to employees for sick and vacation leave are recorded as expenditures when they are used, and payments are actually made to the employees.

**NOTE 5 - RETIREMENT PLANS**

**Defined Benefit Plan**

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

Summary of Significant Accounting Policies

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

Benefits Provided

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

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

**NOTE 5 - RETIREMENT PLANS (continued)**

Benefits Provided (continued)

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

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

At the December 31, 2018, valuation date, the following employees were covered by the benefit terms:

Inactive employees or beneficiaries receiving benefits	61
Inactive employees entitled to but not yet receiving benefits	38
Active employees	<u>40</u>
	<u><u>139</u></u>

Contributions

The Agency is required to contribute amounts at least equal to the actuarially determined rate, as established by the MERS Retirement Board. The actuarially determined rate is the estimated amount necessary to finance the cost of benefits earned by employees during the year, with an additional amount to finance any unfunded accrued liability. The employer may establish contribution rates to be paid by its covered employees.

For the year ended September 30, 2019, the Agency's average contribution rate was 19% of annual payroll. Employees are required to contribute 3.00%.

Net Pension Liability

The Agency's net pension liability was measured as of December 31, 2018, and the total pension liability used to calculate the net pension liability was determined by an annual actuarial valuation as of that date.

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

**NOTE 5 - RETIREMENT PLANS (continued)**

Net Pension Liability (continued)

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

	Increase (Decrease)		
	Total Pension Liability	Plan Fiduciary Net Position	Net Pension Liability
	(a)	(b)	(a)-(b)
<u>Changes in Net Pension Liability</u>			
Balances at December 31, 2017	\$ 14,781,402	\$ 12,988,329	\$ 1,793,073
Changes for the year			
Service cost	188,936	-	188,936
Interest on total pension liability	1,155,642	-	1,155,642
Difference between expected and actual experience	(366,923)	-	(366,923)
Employer contributions	-	304,525	(304,525)
Employee contributions	-	50,404	(50,404)
Net investment income (loss)	-	(497,015)	497,015
Benefit payments, including employee refunds	(860,670)	(860,670)	-
Administrative expense	-	(24,912)	24,912
Other changes	1	-	1
Net changes	116,986	(1,027,668)	1,144,654
Balances at December 31, 2018	<u>\$ 14,898,388</u>	<u>\$ 11,960,661</u>	<u>\$ 2,937,727</u>

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

For the year ended September 30, 2019, the Agency recognized pension expense of \$598,252. The Agency reported deferred outflows and inflows of resources related to pensions from the following sources:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences in experience	\$ -	\$ 209,893
Net difference between projected and actual earnings on pension plan investments	907,711	-
Contributions subsequent to the measurement date*	555,751	-
Total	<u>\$ 1,463,462</u>	<u>\$ 209,893</u>

\* The amount reported as deferred outflows of resources resulting from contributions subsequent to the measurement date will be recognized as a reduction in the net pension liability for the year ending September 30, 2020.

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

**NOTE 5 - RETIREMENT PLANS (continued)**

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

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

<u>Year Ending September 30,</u>	<u>Pension Expense</u>
2020	\$ 115,328
2021	101,717
2022	177,802
2023	302,971

Actuarial Assumptions

The total pension liability in the December 31, 2018, annual actuarial valuation was determined using the following actuarial assumptions, applied to all periods included in the measurement:

Inflation: 2.5%

Salary increases: 3.75% in the long-term plus a percentage based on age related scale to reflect merit, longevity, and promotional pay increases.

Investment rate of return: 7.75%, net of investment expenses, including inflation.

The mortality table used to project the mortality experience of non-disabled plan members is a 50% Male - 50% Female blend of the following tables: 1. the RP-2014 Healthy Annuitant Mortality Tables, with rates multiplied by 105%, 2. the RP-2014 Employee Mortality Tables, and 3. the RP-2014 Juvenile Mortality Tables. The mortality table used to project the mortality experience of disabled plan members is a 50% Male - 50% Female blend of the RP-2014 Disabled Retiree Mortality Tables.

The actuarial assumptions used in the valuation were based on the results of the 2009-2013 Five-Year Experience Study.

Discount Rate

The discount rate used to measure the total pension liability is 8%. The projection of cash flows used to determine the discount rate assumes that employer and employee contributions will be made at the rates agreed upon for employees and the actuarially determined rates for employers.

Projected Cash Flows

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

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

**NOTE 5 - RETIREMENT PLANS (continued)**

Projected Cash Flows (continued)

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

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

<u>Asset Class</u>	<u>Target Allocation</u>	<u>Long-Term Expected Real Rate of Return</u>
Global Equity	55.50%	6.15%
Global Fixed Income	18.50%	1.26%
Real Assets	13.50%	7.22%
Diversifying Strategies	12.50%	5.00%

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

The following presents the net pension liability of the Agency, calculated using the discount rates of 8%, as well as what the Agency's net pension liability would be using a discount rate that is 1% lower (7%) or 1% higher (9%) than the current rate.

	<u>1% Decrease</u>	<u>Current Discount Rate</u>	<u>1% Increase</u>
Net pension liability	<u>\$ 4,539,236</u>	<u>\$ 2,937,727</u>	<u>\$ 1,573,995</u>

**Defined Contribution Plan**

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

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

The Agency's contributions to the plan were \$32,043 for the year ended September 30, 2019. The Agency's employees contributed \$19,226 to the defined contribution plan for the year ended September 30, 2019.

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

**NOTE 6 - RISK MANAGEMENT**

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

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

**NOTE 7 - NONCANCELLABLE OPERATING LEASE OBLIGATIONS**

The Branch-Hillsdale-St. Joseph Community Health Agency has entered into twenty-year and five-year, noncancelable long-term leases for the Hillsdale and St. Joseph branch offices space, respectively. Rent expense for office space for the year ended September 30, 2019, amounted to \$88,500 and \$6,873 for the Hillsdale and St. Joseph branch offices, respectively.

Future minimum payments are as follows:

<u>Hillsdale</u>	
<u>Year Ending September 30,</u>	<u>Principal</u>
2020	<u>\$ 77,152</u>

<u>St. Joseph</u>	
<u>Year Ending September 30,</u>	<u>Principal</u>
2020	\$ 7,080
2021	<u>7,440</u>
	<u>\$ 14,520</u>

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

**NOTE 8 - DETAILS OF FUND BALANCE CLASSIFICATIONS**

GASB Statement No. 54, *Fund Balance Reporting and Governmental Fund Type Definitions*, established fund balance classifications that comprise a hierarchy based primarily on the extent to which a government is bound to observe constraints imposed upon the use of the resources reported in governmental funds. The following are the five fund balance classifications under this standard:

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

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

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

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

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

Fund Balance Classification Policies and Procedures

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

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

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

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

**NOTE 9 - CONTINGENT LIABILITIES**

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

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

**NOTE 10 - UPCOMING ACCOUNTING PRONOUNCEMENT**

In June 2017, the Governmental Accounting Standards Board issued GASB Statement No. 87, *Leases*. This statement will increase the usefulness of governments' financial statements by requiring recognition of certain lease assets and liabilities for leases that previously were classified as operating leases and recognized as inflows of resources or outflows of resources based on the payment provisions of the contract. It establishes a single model for lease accounting based on the foundational principle that leases are financings of the right to use an underlying asset. The Agency is currently evaluating the impact this standard will have on the financial statements when adopted during the 2020-2021 fiscal year.

## **REQUIRED SUPPLEMENTARY INFORMATION**

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY**  
**GENERAL OPERATING FUND**  
**BUDGETARY COMPARISON SCHEDULE**  
**YEAR ENDED SEPTEMBER 30, 2019**

	Original Budget	Final Amended Budget	Actual	Variance with Final Budget Positive (Negative)
<b>REVENUES</b>				
Licenses and permits	\$ 288,130	\$ 295,030	\$ 304,838	\$ 9,808
Intergovernmental				
Federal/State	4,325,765	4,556,301	5,703,486	1,147,185
Local	51,918	61,504	60,090	(1,414)
County appropriations	624,475	625,843	749,897	124,054
Charges for services	647,518	629,423	700,460	71,037
Interest and rents	44,896	47,896	52,932	5,036
Other	195,480	184,778	50,114	(134,664)
<b>TOTAL REVENUES</b>	<b>6,178,182</b>	<b>6,400,775</b>	<b>7,621,817</b>	<b>1,221,042</b>
<b>EXPENDITURES</b>				
Current				
Salaries and wages	2,500,248	2,551,822	2,503,660	48,162
Fringe benefits	1,158,796	1,104,797	1,386,989	(282,192)
Supplies and materials	749,405	845,252	850,582	(5,330)
Contractual	1,001,343	1,081,628	1,049,429	32,199
Communications	72,100	71,555	61,655	9,900
Travel and training	145,849	158,895	152,844	6,051
Insurance	37,081	39,024	39,112	(88)
Repairs and maintenance	237,411	279,223	253,350	25,873
Building and equipment lease and rentals	199,308	199,472	199,157	315
Printing and advertising	9,050	25,159	21,645	3,514
Postage	26,620	22,465	17,533	4,932
Other	40,971	21,483	25,230	(3,747)
<b>TOTAL EXPENDITURES</b>	<b>6,178,182</b>	<b>6,400,775</b>	<b>6,561,186</b>	<b>(160,411)</b>
<b>EXCESS OF REVENUES OVER EXPENDITURES</b>	<b>-</b>	<b>-</b>	<b>1,060,631</b>	<b>1,060,631</b>
Fund balance, beginning of year	1,299,068	1,299,068	1,299,068	-
Fund balance, end of year	<u>\$ 1,299,068</u>	<u>\$ 1,299,068</u>	<u>\$ 2,359,699</u>	<u>\$ 1,060,631</u>

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

	2018	2017	2016	2015	2014
Total Pension Liability					
Service cost	\$ 188,936	\$ 194,225	\$ 221,881	\$ 260,139	\$ 257,464
Interest	1,155,642	1,122,384	1,096,375	1,008,656	929,021
Difference between expected and actual experience	(366,923)	(79,298)	(233,076)	80,642	-
Changes of assumptions	-	-	-	814,056	-
Benefit payments, including employee refunds	(860,670)	(777,188)	(715,313)	(616,270)	(590,701)
Other	1	-	1	(1)	29,031
Net Change in Total Pension Liability	116,986	460,123	369,868	1,547,222	624,815
Total Pension Liability, beginning	14,781,402	14,321,279	13,951,411	12,404,189	11,779,374
Total Pension Liability, ending	<u>\$ 14,898,388</u>	<u>\$ 14,781,402</u>	<u>\$ 14,321,279</u>	<u>\$ 13,951,411</u>	<u>\$ 12,404,189</u>
Plan Fiduciary Net Position					
Contributions - employer	\$ 304,525	\$ 266,448	\$ 226,464	\$ 219,053	\$ 181,018
Contributions - employee	50,404	55,364	64,400	85,602	71,723
Net investment income (loss)	(497,015)	1,559,362	1,251,034	(173,001)	708,740
Benefit payments, including employee refunds	(860,670)	(777,188)	(715,313)	(616,270)	(590,701)
Administrative expense	(24,912)	(24,713)	(24,706)	(25,331)	(25,997)
Net Change in Plan Fiduciary Net Position	(1,027,668)	1,079,273	801,879	(509,947)	344,783
Plan Fiduciary Net Position, beginning	12,988,329	11,909,056	11,107,177	11,617,124	11,272,341
Plan Fiduciary Net Position, ending	<u>\$ 11,960,661</u>	<u>\$ 12,988,329</u>	<u>\$ 11,909,056</u>	<u>\$ 11,107,177</u>	<u>\$ 11,617,124</u>
Agency Net Pension Liability	<u>\$ 2,937,727</u>	<u>\$ 1,793,073</u>	<u>\$ 2,412,223</u>	<u>\$ 2,844,234</u>	<u>\$ 787,065</u>
Plan Fiduciary Net Position as a percentage of the Total Pension Liability	80%	88%	83%	80%	94%
Covered employee payroll	\$ 1,673,482	\$ 1,727,981	\$ 1,974,029	\$ 2,408,692	\$ 2,383,929
Agency's Net Pension Liability as a percentage of covered employee payroll	176%	104%	122%	118%	33%

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

	<u>2019</u>	<u>2018</u>	<u>2017</u>	<u>2016</u>	<u>2015</u>
Actuarially determined contributions	\$ 306,612	\$ 295,032	\$ 256,452	\$ 221,994	\$ 209,441
Contributions in relation to the actuarially determined contribution	<u>631,891</u>	<u>295,032</u>	<u>256,452</u>	<u>221,994</u>	<u>209,441</u>
Contribution deficiency (excess)	<u>\$ (325,279)</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Covered employee payroll	\$ 1,634,619	\$ 1,688,177	\$ 1,918,244	\$ 2,204,494	\$ 2,413,420
Contributions as a percentage of covered employee payroll	39%	17%	13%	10%	9%

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY**  
**NOTE TO REQUIRED SUPPLEMENTARY INFORMATION**  
**YEAR ENDED SEPTEMBER 30, 2019**

**NOTE 1 - EXCESS OF EXPENDITURES OVER APPROPRIATIONS**

Michigan Public Act 621 of 1978, Section 18 and 19, as amended, provides that a local governmental unit not incur expenditures in excess of the amounts appropriated. The Department's budgeted expenditures in the General Operating Fund have been adopted and are maintained at the functional classification level. The approved budget of the Agency has been adopted at the total expenditure level. During the year ended September 30, 2019, the Agency incurred expenditures in excess of the amounts appropriated as follows:

	<u>Amounts Appropriated</u>	<u>Amounts Expended</u>	<u>Variance</u>
Total expenditures	\$ 6,400,775	\$ 6,561,186	\$ 160,411

**NOTE 2 - EMPLOYEE RETIREMENT PLAN**

Changes of benefits terms: There were no changes of benefit terms during plan year 2018.

Changes in assumptions: There were no changes of assumptions during plan year 2018.

## **OTHER SUPPLEMENTARY INFORMATION**

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY**  
**SUPPLEMENTAL SCHEDULE: FUNDED SERVICE CATEGORIES BY SOURCE <sup>(a)</sup>**  
**AGING AND ADULT SERVICES AGENCY**  
**YEAR ENDED SEPTEMBER 30, 2019**

	Title III-B	Title III-C1	Title III-C2	Title III-D
EXPENDITURES				
Personal care	\$ 7,650	\$ -	\$ -	\$ -
Homemaker	7,651	-	-	-
Chore services	4,500	-	-	-
Home delivered meals	-	-	93,503	-
Adult day care	-	-	-	-
Care management	25,775	-	-	-
Respite care	-	-	-	-
Case coordination and support	-	-	-	-
Congregate meals	-	114,550	-	-
Transportation	35,430	-	-	-
Legal assistance	9,000	-	-	-
Caregiver Support Group	-	-	-	-
Caregiver Training	-	-	-	-
Assistive devices and technologies	-	-	-	-
Information and assistance	22,540	-	-	-
Home repair	2,600	-	-	-
Disease prevention and health promotion	-	-	-	9,067
Program development	23,100	-	-	-
Ombudsman	2,000	-	-	-
Medication management	-	-	-	-
Administration	-	-	-	-
Community living support services - RSD	934	-	-	-
Other	2,500	-	-	-
TOTAL EXPENDITURES	<u>\$ 143,680</u>	<u>\$ 114,550</u>	<u>\$ 93,503</u>	<u>\$ 9,067</u>

<sup>(a)</sup> This schedule only includes Aging Services programs.

Title III-E	Title III Administration	NSIP	Targeted Care Management	State Access	State In-Home
\$ -	\$ -	\$ -	\$ -	\$ -	\$ 77,859
-	-	-	-	-	36,853
-	-	-	-	-	-
-	-	116,937	-	-	-
-	-	-	-	-	-
29,630	-	-	-	1,231	-
8,984	-	-	-	-	15,076
5,591	-	-	-	6,953	-
-	-	22,129	-	-	-
4,085	-	-	-	-	-
-	-	-	-	-	-
3,618	-	-	-	-	-
3,617	-	-	-	-	-
-	-	-	-	-	9,003
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	7,142
-	46,258	-	-	-	-
-	-	-	-	-	-
-	-	-	68,077	-	-
<u>\$ 55,525</u>	<u>\$ 46,258</u>	<u>\$ 139,066</u>	<u>\$ 68,077</u>	<u>\$ 8,184</u>	<u>\$ 145,933</u>

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY**  
**SUPPLEMENTAL SCHEDULE: FUNDED SERVICE CATEGORIES BY SOURCE (continued)**  
**AGING AND ADULT SERVICES AGENCY**  
**YEAR ENDED SEPTEMBER 30, 2019**

	State Congregate Meals	State Home Delivered Meals	State Alternative Care	Merit Award Trust Fund Respite
EXPENDITURES				
Personal care	\$ -	\$ -	\$ 16,118	\$ -
Homemaker	-	-	16,118	-
Chore services	-	-	-	-
Home delivered meals	-	137,046	-	-
Adult day care	-	-	-	21,100
Care management	-	-	-	-
Respite care	-	-	-	2,171
Case coordination and support	-	-	-	-
Congregate meals	2,742	-	-	-
Transportation	-	-	-	10,959
Legal assistance	-	-	-	-
Caregiver Support Group	-	-	-	-
Caregiver Training	-	-	-	-
Assistive devices and technologies	-	-	-	-
Information and assistance	-	-	-	-
Home repair	-	-	-	-
Disease prevention and health promotion	-	-	-	-
Program development	-	-	-	-
Ombudsman	-	-	-	-
Medication management	-	-	-	-
Administration	-	-	-	-
Community living support services - RSD	-	-	-	-
Other	-	-	-	-
TOTAL EXPENDITURES	<u>\$ 2,742</u>	<u>\$ 137,046</u>	<u>\$ 32,236</u>	<u>\$ 34,230</u>

State Respite Care	State CG Support	Merit Award Fund Administration	State Care Management	State Administration	State Caregiver Support Administration
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
11,391	-	-	-	-	-
-	-	-	80,228	-	-
30,416	3,212	-	-	-	-
-	-	-	-	-	-
-	1,011	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	3,385	-	7,869	418
-	-	-	-	-	-
<u>\$ 41,807</u>	<u>\$ 4,223</u>	<u>\$ 3,385</u>	<u>\$ 80,228</u>	<u>\$ 7,869</u>	<u>\$ 418</u>

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY**  
**SUPPLEMENTAL SCHEDULE: FUNDED SERVICE CATEGORIES BY SOURCE (continued)**  
**AGING AND ADULT SERVICES AGENCY**  
**YEAR ENDED SEPTEMBER 30, 2019**

	State Aging New Services	Total
EXPENDITURES		
Personal care	\$ -	\$ 101,627
Homemaker	-	60,622
Chore services	-	4,500
Home delivered meals	-	347,486
Adult day care	-	32,491
Care management	12,763	149,627
Respite care	-	59,859
Case coordination and support	-	12,544
Congregate meals	-	139,421
Transportation	-	51,485
Legal assistance	-	9,000
Caregiver Support Group	-	3,618
Caregiver Training	-	3,617
Assistive devices and technologies	-	9,003
Information and assistance	-	22,540
Home repair	-	2,600
Disease prevention and health promotion	-	9,067
Program development	-	23,100
Ombudsman	-	2,000
Medication management	-	7,142
Administration	-	57,930
Community living support services - RSD	-	934
Other	-	70,577
	<hr/>	<hr/>
TOTAL EXPENDITURES	\$ 12,763	\$ 1,180,790
	<hr/>	<hr/>

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**YEAR ENDED SEPTEMBER 30, 2019**

Federal Grantor/Pass Through Grantor/Program Title	CFDA Number	Pass-Through Grantor Number	Expenditures
<b>U.S. DEPARTMENT OF AGRICULTURE</b>			
Passed through Michigan Department of Health and Human Services Special Supplemental Nutrition Program for			
Women, Infants, and Children	10.557 <sup>(a)</sup>		
FY 18-19 Resident Services		192MI003W1003	\$ 894,164
FY 18-19 Breastfeeding		192MI003W1003	28,566
FY 18-19 Breastfeeding		172MI013W5003	32,720
FY 18-19 Breastfeeding		182MI003W5003	19,636
			<u>975,086</u>
<b>U.S. DEPARTMENT OF JUSTICE</b>			
Passed through Michigan Department of Health and Human Services Crime Victim Assistance	16.575		
FY 18-19 VOCA		E20192683-00	169,435
<b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b>			
Passed through Michigan Department of Environment, Great Lakes, and Energy State Drinking Water Revolving Loan Fund Program	66.468		
FY 18-19 Standard/Operator Assistance		FS975487-17	9,479
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>			
Passed through Michigan Aging and Adult Services Agency Title III-D Special Programs for the Aging (Disease Prevention and Health Promotion Services)	93.043		
FY 18-19		N/A	9,067
Title III-B Special Programs for the Aging (Grants for Supportive Services and Senior Centers)	93.044 <sup>(b)</sup>		
FY 18-19 Administration		N/A	13,415
FY 18-19 Regular		N/A	<u>143,680</u>
			157,095
Title III-C Special Programs for the Aging (Nutrition Services)	93.045 <sup>(b)</sup>		
FY 18-19 Administration		N/A	26,367
FY 18-19 Nutrition Congregate		N/A	114,550
FY 18-19 Nutrition Home Delivered Meals		N/A	<u>93,503</u>
			234,420
National Family Caregiver Support	93.052		
FY 18-19 Administration		N/A	6,476
FY 18-19 Regular		N/A	<u>55,525</u>
			62,001
Nutrition Services Incentive Program	93.053 <sup>(b)</sup>		
FY 18-19 Administration		N/A	139,066
Medical Assistance Program	93.778		
FY 18-19 Aging		N/A	68,077

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (continued)**  
**YEAR ENDED SEPTEMBER 30, 2019**

Federal Grantor/Pass Through Grantor/Program Title	CFDA Number	Pass-Through Grantor Number	Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (continued)			
Passed through Michigan Department of Health and Human Services			
Medical Assistance Program			
FY 18-19 Medicaid Outreach	93.778	2005MI5ADM	\$ 40,616
FY 18-19 CSHCS Medicaid Outreach		2005MI5ADM	8,839
FY 18-19 CSHCS Elevated Blood Lead Case Management		1905M15MAP	5,644
FY 18-19 CSHCS Outreach and Advocacy		1905MI5ADM	<u>116,729</u>
			171,828
Public Health Emergency Preparedness	93.069 <sup>(a)</sup>		
FY 17-18		NU90TP921906	98,656
FY 18-19		NU90TP922062	<u>30,306</u>
			128,962
Immunization Grants	93.268		
FY 18-19 Vaccine Supply		NH23IP000752	356,505
FY 18-19 Immunization Fixed Fees		NH23IP000752	9,800
FY 18-19 Immunization Fixed Fees		NH23IP922635	1,650
FY 18-19 IAP		NH23IP000752	53,847
FY 18-19 IAP		NH23IP922635	<u>17,949</u>
			439,751
National State Based Tobacco Control Programs	93.305		
Local Tobacco Reduction		NU58DP006000	25,000
Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	93.323		
Epidemiology and Laboratory Capacity		NU50CK000369	19,763
Maternal and Child Health Services Block Grant	93.994		
FY 18-19 Public Health Functions and Infrastructure - MCH		B0432550	19,105
FY 18-19 Enabling Services Women - MCH		B0432550	46,863
FY 18-19 Enabling Services Children - MCH		B0432550	<u>27,074</u>
			93,042
Preventative Health Services	93.991		
Local Health Department (LHD) Sharing Support		NB010T009214	<u>44,135</u>
TOTAL U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			<u>1,592,207</u>
TOTAL FEDERAL AWARD EXPENDITURES			<u>\$ 2,746,207</u>
			(c)

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY  
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
YEAR ENDED SEPTEMBER 30, 2019**

**NOTE 1 - BASIS OF PRESENTATION**

The accompanying Schedule of Expenditures of Federal Awards includes the federal grant activity of the Branch-Hillsdale-St. Joseph Community Health Agency (the Agency) and is presented on the modified accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Therefore, some amounts presented in this schedule may differ from amounts presented in, or used in the preparation of, the basic financial statements. The Agency has elected to not use the 10 percent *de minimis* indirect rate allowed under the Uniform Guidance.

**NOTE 2 - SUBRECIPIENTS**

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

**NOTE 3 - SUMMARY OF SIGNIFICANT EXPLANATIONS OF SCHEDULE**

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

- (a) Denotes programs tested as "major programs".
- (b) Denotes programs required to be clustered by United States Department of Health and Human Services.
- (c) The following reconciles the federal revenues reported in the September 30, 2019, financial statements to the expenditures of the Agency administered federal programs reported on the Schedule of Expenditures of Federal Awards (SEFA):

Federal/State Revenue (per fund financial statements)	\$ 5,703,486
Plus: Difference between vaccines administered (revenue per financial statements) and vaccines received (expenditures per SEFA and instructions from grantor agency)	33,290
Less: Portions of grant funding considered "State" funding	<u>(2,990,569)</u>
Federal award expenditures	<u><u>\$ 2,746,207</u></u>

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

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

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the governmental activities and the major fund of the Branch-Hillsdale-St. Joseph Community Health Agency (the Agency), as of and for the year ended September 30, 2019, and the related notes to the financial statements, which collectively comprise the Agency's basic financial statements and have issued our report thereon dated March 18, 2020.

**Internal Control Over Financial Reporting**

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

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

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

## **Compliance and Other Matters**

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

## **Purpose of this Report**

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

March 18, 2020

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

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

**Report on Compliance for Each Major Federal Program**

We have audited the Branch-Hillsdale-St. Joseph Community Health Agency's (the Agency) compliance with the types of compliance requirements described in the OMB *Compliance Supplement* that could have a direct and material effect on the Agency's major federal programs for the year ended September 30, 2019. The Agency's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

***Management's Responsibility***

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its federal programs.

***Auditor's Responsibility***

Our responsibility is to express an opinion on compliance for each of the Agency's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administration Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Agency's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of the Agency's compliance.

### ***Opinion on Each Major Federal Program***

In our opinion, the Branch-Hillsdale-St. Joseph Community Health Agency complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2019.

### **Report on Internal Control Over Compliance**

Management of the Agency is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the Agency's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Agency's internal control over compliance.

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

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

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

March 18, 2020

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY  
SCHEDULE OF FINDINGS AND QUESTIONED COSTS  
YEAR ENDED SEPTEMBER 30, 2019**

**Section I - Summary of Auditor's Results**

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**Financial Statements**

Type of auditor's report issued: Unmodified

Internal control over financial reporting:

Material weakness(es) identified?	_____	Yes	<u>  X  </u>	No
Significant deficiency(ies) identified?	_____	Yes	<u>  X  </u>	None reported
Noncompliance material to financial statements noted?	_____	Yes	<u>  X  </u>	No

**Federal Awards**

Internal control over major programs:

Material weakness(es) identified?	_____	Yes	<u>  X  </u>	No
Significant deficiency(ies) identified?	_____	Yes	<u>  X  </u>	None reported

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

Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)? \_\_\_\_\_ Yes   X   No

Identification of major programs:

CFDA Number(s)	Name of Federal Program or Cluster
93.069	Public Health Emergency Preparedness
10.557	Special Supplemental Nutrition Program for Women, Infants, and Children

Dollar threshold used to distinguish between Type A and Type B programs: \$ 750,000

Auditee qualified as low-risk auditee? \_\_\_\_\_ Yes   X   No

**Section II - Financial Statement Findings**

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None noted.

**Section III - Federal Award Findings and Questioned Costs**

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None noted.

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY  
SUMMARY SCHEDULE OF PRIOR YEAR AUDIT FINDINGS  
YEAR ENDED SEPTEMBER 30, 2019**

FINDINGS/COMPLIANCE

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

No prior audit findings noted.

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

No prior audit findings noted.

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

No prior audit findings noted.

March 12, 2021

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

We have audited the financial statements of the governmental activities and the major fund of the Branch-Hillsdale-St. Joseph Community Health Agency (the Agency) for the year ended September 30, 2020. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated January 11, 2021. Professional standards also require that we communicate to you the following information related to our audit.

#### Significant Audit Findings

##### *Qualitative Aspects of Accounting Practices*

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by Branch-Hillsdale-St. Joseph Community Health Agency are described in Note 1 to the financial statements. No new accounting policies were adopted, and the application of existing policies was not changed during fiscal year 2020. We noted no transactions entered into by the Agency during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

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

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

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

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

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

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

#### *Difficulties Encountered in Performing the Audit*

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

#### *Corrected and Uncorrected Misstatements*

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. We did not detect any corrected or uncorrected misstatements.

#### *Disagreements with Management*

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

#### *Management Representations*

We have requested certain representations from management that are included in the management representation letter dated March 12, 2021.

#### *Management Consultations with Other Independent Accountants*

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

#### *Other Audit Findings or Issues*

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

#### Other Matters

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

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

Restriction on Use

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

Very truly yours,

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

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

**YEAR ENDED SEPTEMBER 30, 2020**

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## INDEPENDENT AUDITOR'S REPORT

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

### **Report on the Financial Statements**

We have audited the accompanying financial statements of the governmental activities and the major fund of the Branch-Hillsdale-St. Joseph Community Health Agency (the Agency), as of and for the year ended September 30, 2020, and the related notes to the financial statements, which collectively comprise the Agency's basic financial statements as listed in the table of contents.

### ***Management's Responsibility for the Financial Statements***

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

### ***Auditor's Responsibility***

Our responsibility is to express opinions on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

### ***Opinions***

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities and the major fund of the Branch-Hillsdale-St. Joseph Community Health Agency, as of September 30, 2020, and the respective changes in financial position thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### ***Other Matters***

#### ***Required Supplementary Information***

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

#### ***Other Information***

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the Agency's basic financial statements. The accompanying schedule of funded service categories by source is presented for purposes of additional analysis and is not a required part of the basic financial statements. The schedule of expenditures of federal awards is presented for purposes of additional analysis as required by Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, and is also not a required part of the financial statements.

The supplemental schedule of funded service categories by source and the schedule of expenditures of federal awards are the responsibility of management and were derived from and relate directly to the underlying accounting and other records used to prepare the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of funded service categories by source and the schedule of expenditures of federal awards are fairly stated, in all material respects, in relation to the basic financial statements as a whole.

### **Other Reporting Required by *Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated March 12, 2021, on our consideration of the Branch-Hillsdale-St. Joseph Community Health Agency's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Branch-Hillsdale-St. Joseph Community Health Agency's internal control over financial reporting and compliance.

March 12, 2021

## **Management's Discussion and Analysis For Fiscal Year Ended September 30, 2020**

This section of the annual financial statements, titled Management's Discussion and Analysis, represents the administration's review of the Branch-Hillsdale-St. Joseph Community Health Agency's (the Agency's) financial performance during the fiscal year ended September 30, 2020. The Management's Discussion and Analysis is intended to be read in conjunction with the Agency's financial statements.

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

### **Financial Highlights**

- The assets of the Agency exceeded its liabilities at September 30, 2020, by \$1,378,941 at the government-wide level. Unrestricted net position was \$1,243,640 at September 30, 2020.
- The Agency's total net position increased \$321,295 as a result of this year's operations.
- As of September 30, 2020, the Agency's governmental fund reported an ending fund balance of \$2,723,953, an increase of \$364,254.
- As of September 30, 2020, the assigned and unassigned fund balance was \$2,240,123 and \$367,518, respectively, or approximately 35% of total fund expenditures.

### **Overview of the Financial Statements**

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

**Government-wide Financial Statements:** The government-wide financial statements provide information about the activities of the entire Agency. They present an overall view of the Agency's finances, reporting the assets and liabilities on fiscal year ended September 30, 2020.

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

The statement of activities presents information showing how the government's net position changed during fiscal year 2019/2020. All changes in net position are reported as soon as the change occurs, regardless of the timing of related cash flows.

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

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

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

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

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

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

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

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

**Other Information:** In addition to the basic financial statements and accompanying notes, this report also presents certain required supplementary information concerning budgeted revenues and expenditures, schedule of changes in net pension liability and related ratios, and schedule of employer contributions on pages 31-35. Other supplementary information concerning support services and expenditures of federal awards can be found on pages 36-56 of this report.

### Government-wide Financial Analysis:

As noted earlier, net position may serve over time as a useful indicator of a government's financial position. In the case of Branch-Hillsdale-St. Joseph Community Health Agency, assets exceeded liabilities by \$1,378,941. A comparative analysis of net position as of September 30, 2020 and 2019 are presented below:

	2020	2019
Current assets	\$ 4,279,434	\$ 3,796,966
Capital assets	135,301	160,911
Total assets	4,414,735	3,957,877
Deferred outflows of resources related to pension	1,491,636	1,463,462
Current liabilities	1,705,327	945,164
Noncurrent liabilities	2,822,103	3,208,636
Total liabilities	4,527,430	4,153,800
Deferred inflows of resources related to pension	-	209,893
Net position		
Net investment in capital assets	135,301	160,911
Unrestricted	1,243,640	896,735
Total net position	\$ 1,378,941	\$ 1,057,646

Unrestricted net position (the part of net position that can be used to finance day to day operations) increased by \$346,905. This is within our desired range.

The following table shows the changes in net position as of September 30, 2020 and 2019.

	2020	2019
Program revenues		
Charges for services	\$ 787,462	\$ 1,658,865
Grants and contributions	5,516,230	5,763,576
General revenues		
County appropriations	756,016	749,897
Miscellaneous	80,641	50,114
Interest	56,743	16,036
Total revenues	7,197,092	8,238,488
Program expenses	6,875,797	6,614,893
Change in net position	\$ 321,295	\$ 1,623,595

During the year charges for services decreased by \$871,403 due to interruptions to operations related to the COVID-19 pandemic and grants and contributions decreased \$247,346. We will continue to collaborate with local health providers and using them as a resource to find new funding.

Total expenses increased approximately \$260,904 or 4% from last year.

### **Financial Analysis of the Government's Fund**

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

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

As of the end of the current fiscal year, the Branch-Hillsdale-St. Joseph Community Health Agency's governmental fund reported an ending fund balance of \$2,723,953, an increase of \$364,254 in comparison with the prior year. Of this total, \$116,312 is considered nonspendable as it is for prepaid expenditures. There has been \$2,240,123 assigned for various future year expenditures. The unassigned fund balance at September 30, 2020, was \$367,518.

As a measure of the governmental fund's liquidity, it may be useful to compare assigned and unassigned fund balance to total fund expenditures. Assigned and unassigned fund balance represents approximately 35% of total fund expenditures.

### **Governmental Fund Budgetary Highlights**

Over the course of the year, the Branch-Hillsdale-St. Joseph Community Health Agency's Board of Directors amended the budget to take into account events that occurred during the year. Total expenditures budget was increased by \$1,633,060, or approximately 26%, primarily due to fringe benefits to fund the Agency's net pension liability. Actual expenditures were \$518,020 under the final amended budget. The Agency contributed over \$900,000 in excess of the required contributions to the pension plan this year.

### **Capital Asset and Debt Administration**

**Capital Assets:** The Branch-Hillsdale-St. Joseph Community Health Agency's investment in capital assets as of September 30, 2020, amounts to \$135,301 (net of accumulated depreciation). Additional details related to capital assets are presented in Note 3 to the financial statements.

**Long-term Obligations:** The Branch-Hillsdale-St. Joseph Community Health Agency has a long-term obligation related to compensation (e.g., unused vacation and sick leave). The long-term obligation at September 30, 2020, amounted to \$449,539 for compensated absences. Additional details related to long-term obligations are presented in Note 4 to the financial statements.

## **Economic Factors and Next Year's Budget and Rates**

The fiscal year ending September 30, 2021 will be an uncertain year as the Nation continues to deal with the Public Health Crisis created by the COVID-19 pandemic. It is unknown at this time how much funding will be available from the Federal Disaster Declaration to fund Local Public Health responses. There is also uncertainty on how this crisis may affect the State programs provided through the Comprehensive Planning, Budgeting, and Contracting (CPBC) agreement with the Michigan Department of Health and Human Services. The Agency did not receive an increase in local county appropriations in 2021. The Agency will advocate for an increase in local county appropriations every year. The Agency started receiving catch-up payments for Medicaid Cost Based Reimbursement payments which are based on the actual costs to provide Medicaid allowable services rather than a defined claim structure. The Agency receives revenue for public health dental outreach and education from the four My Community Dental Centers (MCDC) located within Branch, Hillsdale, and St. Joseph counties, but that revenue is decreasing as MCDC struggles with keeping a full-time dentist in each office. MCDC is working on recruiting to eliminate the shortage, therefore, we anticipate this turning around in future years. The Agency continues to have budget constraints due to the MERS Retirement Defined Benefit plan not being fully funded. The Agency will continue to review and respond to grant opportunities to help in offsetting costs and increase services to the public. The Agency will receive grants for 2021 in Vectorborne Surveillance, Hepatitis A Response, Medical Marihuana Operation & Oversight, and Victims of Crime Act 'Services to Victims of Elder Abuse'.

Because the services of the Branch-Hillsdale-St. Joseph Community Health Agency are provided based on need and not the ability to pay, the Agency will continue to expand billings to insurances when available to offset costs. The Agency routinely reviews fees to ensure that the Agency billing is in line with allowed pricing for our services.

## **Requests for Information**

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

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

## **BASIC FINANCIAL STATEMENTS**

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY**  
**STATEMENT OF NET POSITION**  
**SEPTEMBER 30, 2020**

	<u>Governmental Activities</u>
<b>ASSETS</b>	
Current assets	
Cash	\$ 3,384,053
Accounts receivable	70,248
Due from other governmental units - Federal/State	603,678
Prepays	116,312
Inventories	<u>105,143</u>
Total current assets	4,279,434
Noncurrent assets	
Capital assets, net of accumulated depreciation	<u>135,301</u>
TOTAL ASSETS	<u>4,414,735</u>
<b>DEFERRED OUTFLOWS OF RESOURCES</b>	
Deferred outflows of resources related to pension	<u>1,491,636</u>
<b>LIABILITIES</b>	
Current liabilities	
Accounts payable	540,228
Accrued wages	134,690
Other accrued liabilities	105,262
Unearned revenue	775,301
Current portion of compensated absences	<u>149,846</u>
Total current liabilities	<u>1,705,327</u>
Noncurrent liabilities	
Net pension liability	2,522,410
Noncurrent portion of compensated absences	<u>299,693</u>
Total noncurrent liabilities	<u>2,822,103</u>
TOTAL LIABILITIES	<u>4,527,430</u>
<b>NET POSITION</b>	
Investment in capital assets	135,301
Unrestricted	<u>1,243,640</u>
TOTAL NET POSITION	<u><u>\$ 1,378,941</u></u>

See accompanying notes to financial statements.

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY**  
**STATEMENT OF ACTIVITIES**  
**YEAR ENDED SEPTEMBER 30, 2020**

Functions/Programs	Expenses	Program Revenues		Net (Expense) Revenues and Changes in Net Position
		Charges for Services	Operating Grants and Contributions	
Governmental activities				
Personal health	\$ 2,954,584	\$ 168,728	\$ 2,821,281	\$ 35,425
Environmental health	1,130,728	476,658	838,216	184,146
Community health	122,626	142,076	38,737	58,187
Aging services	1,499,979	-	1,636,061	136,082
Administration	1,167,880	-	181,935	(985,945)
Total governmental activities	<u>\$ 6,875,797</u>	<u>\$ 787,462</u>	<u>\$ 5,516,230</u>	<u>(572,105)</u>
General revenues				
County appropriations - regular				756,016
Miscellaneous				80,641
Interest				<u>56,743</u>
Total general revenues				<u>893,400</u>
Change in net position				321,295
Net position, beginning of the year				<u>1,057,646</u>
Net position, end of the year				<u><u>\$ 1,378,941</u></u>

See accompanying notes to financial statements.

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY  
GOVERNMENTAL FUND  
BALANCE SHEET  
SEPTEMBER 30, 2020**

<b>ASSETS</b>	
Cash	\$ 3,384,053
Accounts receivable	70,248
Due from other governmental units - Federal/State	603,678
Prepays	116,312
Inventories	<u>105,143</u>
<b>TOTAL ASSETS</b>	<b><u>\$ 4,279,434</u></b>
<b>LIABILITIES</b>	
Accounts payable	\$ 540,228
Accrued wages	134,690
Other accrued liabilities	105,262
Unearned revenue	<u>775,301</u>
<b>TOTAL LIABILITIES</b>	<b><u>1,555,481</u></b>
<b>FUND BALANCE</b>	
Nonspendable	116,312
Assigned	2,240,123
Unassigned	<u>367,518</u>
<b>TOTAL FUND BALANCE</b>	<b><u>2,723,953</u></b>
<b>TOTAL LIABILITIES AND FUND BALANCE</b>	<b><u>\$ 4,279,434</u></b>

See accompanying notes to financial statements.

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY  
RECONCILIATION OF THE GOVERNMENTAL FUND BALANCE  
SHEET TO THE STATEMENT OF NET POSITION  
SEPTEMBER 30, 2020**

**Total fund balance - governmental fund** **\$ 2,723,953**

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

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

The cost of capital assets is	\$ 1,205,508	
Accumulated depreciation is	<u>(1,070,207)</u>	
Capital assets, net		135,301

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

Deferred outflows of resources related to pension	1,491,636
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Long-term liabilities are not due and payable in the current period and therefore are not reported as liabilities in the governmental fund balance sheet. Long-term liabilities at year-end consist of:

Net pension liability	(2,522,410)	
Compensated absences	<u>(449,539)</u>	
		<u>(2,971,949)</u>

<b>Net position of governmental activities</b>	<b><u>\$ 1,378,941</u></b>
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**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY  
GOVERNMENTAL FUND  
STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN FUND BALANCE  
YEAR ENDED SEPTEMBER 30, 2020**

REVENUES	
Licenses and permits	\$ 293,813
Intergovernmental	
Federal/State	6,091,968
Local	54,177
County appropriations	756,016
Charges for services	493,647
Interest and rents	56,743
Other	78,286
	<hr/>
TOTAL REVENUES	7,824,650
	<hr/>
EXPENDITURES	
Current	
Salaries and wages	2,756,298
Fringe benefits	2,109,442
Supplies and materials	599,581
Contractual	1,286,822
Communications	50,907
Travel and training	108,643
Insurance	39,956
Repairs and maintenance	245,932
Building and equipment lease and rentals	199,248
Printing and advertising	14,118
Postage	22,886
Other	26,563
	<hr/>
TOTAL EXPENDITURES	7,460,396
	<hr/>
EXCESS OF REVENUES OVER EXPENDITURES	364,254
Fund balance, beginning of year	2,359,699
	<hr/>
Fund balance, end of year	\$ 2,723,953
	<hr/>

See accompanying notes to financial statements.

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY  
RECONCILIATION OF THE STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN  
FUND BALANCE OF THE GOVERNMENTAL FUND TO THE STATEMENT OF ACTIVITIES  
YEAR ENDED SEPTEMBER 30, 2020**

**Net change in fund balance - governmental fund** **\$ 364,254**

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

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

Depreciation expense (25,610)

Revenues in the statement of activities that do not provide current financial resources are not reported as revenues in the fund. In the current period, these amounts consist of:

(Decrease) in unavailable revenue (627,558)

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

Decrease in net pension liability	\$ 415,317
(Increase) in accrued compensated absences	(43,175)
Increase in deferred outflows of resources related to pension	28,174
Decrease in deferred inflows of resources related to pension	<u>209,893</u>

610,209

**Change in net position of governmental activities**

\$ 321,295

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

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

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

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

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

Reporting Entity

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

Basis of Presentation

**GOVERNMENT-WIDE FINANCIAL STATEMENTS**

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

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

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

**FUND FINANCIAL STATEMENTS**

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

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

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

Basis of Presentation (continued)

**FUND FINANCIAL STATEMENTS (continued)**

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

Basis of Accounting

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

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

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

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

Budgets and Budgetary Accounting

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

Cash

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

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

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

Cash (continued)

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

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

Receivables and Unearned Revenue

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

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

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

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

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

Inventories

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

Prepays

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

Capital Assets

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

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

Land improvements	7 years
Equipment	4-10 years

Compensated Absences

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

Net Pension Liability

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

Unavailable Revenue

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

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

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

Deferred Outflows/Inflows of Resources

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

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

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

Fund Balance Classification Policies and Procedures

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

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

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

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

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

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

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

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

Fund Balance Classification Policies and Procedures (continued)

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

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

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

Comparative Data

Comparative data for the prior year has not been presented in the accompanying financial statements since its inclusion would make the statements unduly complex and difficult to read.

**NOTE 2 - DEPOSITS**

As of September 30, 2020, the Agency had deposits subject to the following risks:

Custodial Credit Risk - Deposits

In the case of deposits, this is the risk that in the event of a bank failure, the Agency's deposits may not be returned to it. As of September 30, 2020, \$510,292 of the Agency's bank balance of \$850,494 was exposed to custodial credit risk because it was not covered by federal depository insurance. The Agency's carrying value on the books for deposits at the end of the year was \$4,777.

The cash balances reported in the basic financial statements include \$223 in imprest cash and \$3,379,053 in cash that is on deposit with the Branch County Treasurer. The cash on deposit with the Branch County Treasurer is part of the County pooled cash and investments. As a result, the insured and uninsured amounts related to these amounts cannot be determined.

Credit Risk

State law limits investments in certain types of investments to a prime or better rating issued by nationally recognized statistical rating organizations (NRSRO's). Obligations of the U.S. government or obligations explicitly guaranteed by the U.S. government are not considered to have credit risk and do not require disclosure of credit quality. As of September 30, 2020, the Agency did not have any investments that would be subject to rating.

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

**NOTE 2 - DEPOSITS (continued)**

Interest Rate Risk

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

Concentration of Credit Risk

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

Foreign Currency Risk

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

**NOTE 3 - CAPITAL ASSETS**

The following provides a summary of the changes in capital assets for the year ended September 30, 2020:

	Balance Oct. 1, 2019	Additions	Disposals	Balance Sept. 30, 2020
Capital assets being depreciated				
Equipment	\$ 1,182,785	\$ -	\$ -	\$ 1,182,785
Land improvements	22,723	-	-	22,723
Total capital assets being depreciated	1,205,508	-	-	1,205,508
Less accumulated depreciation for:				
Equipment	(1,021,874)	(25,610)	-	(1,047,484)
Land improvements	(22,723)	-	-	(22,723)
Total accumulated depreciation	(1,044,597)	(25,610)	-	(1,070,207)
Capital assets, net	\$ 160,911	\$ (25,610)	\$ -	\$ 135,301

Depreciation expense appears on the statement of activities in these governmental functions: Personal Health \$11,004; Environmental Health \$4,212; Community Health \$457; Aging Services \$5,587; and Administration \$4,350.

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

**NOTE 4 - LONG-TERM OBLIGATIONS**

The following is a summary of changes in long-term obligations (including current portion) of the Agency for the year ended September 30, 2020:

	Balance Oct. 1, 2019	Additions	Deletions	Balance Sept. 30, 2020	Amount Due within One Year
Compensated absences	\$ 406,364	\$ 217,902	\$ (174,727)	\$ 449,539	\$ 149,846

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

Accumulated sick and vacation leave represents a liability to the Agency, which is presented in a current and long-term portion of the liability. For this reason, the total liability is reported in the government-wide financial statements and represents a current liability of \$149,846 and a long-term liability of \$299,693 at September 30, 2020. Payments to employees for sick and vacation leave are recorded as expenditures when they are used, and payments are actually made to the employees.

**NOTE 5 - RETIREMENT PLANS**

**Defined Benefit Pension Plan**

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

Summary of Significant Accounting Policies

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

Benefits Provided

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

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

**NOTE 5 - RETIREMENT PLANS (continued)**

**Defined Benefit Pension Plan (continued)**

Benefits Provided (continued)

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

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

At the December 31, 2019, valuation date, the following employees were covered by the benefit terms:

Inactive employees or beneficiaries receiving benefits	66
Inactive employees entitled to but not yet receiving benefits	40
Active employees	<u>32</u>
	<u><u>138</u></u>

Contributions

The Agency is required to contribute amounts at least equal to the actuarially determined rate, as established by the MERS Retirement Board. The actuarially determined rate is the estimated amount necessary to finance the cost of benefits earned by employees during the year, with an additional amount to finance any unfunded accrued liability. The employer may establish contribution rates to be paid by its covered employees.

For the year ended September 30, 2020, the Agency's required contribution rate was 21% of annual payroll. Employees are required to contribute 3.00%.

Net Pension Liability

The Agency's net pension liability was measured as of December 31, 2019, and the total pension liability used to calculate the net pension liability was determined by an annual actuarial valuation as of that date.

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

**NOTE 5 - RETIREMENT PLANS (continued)**

**Defined Benefit Pension Plan (continued)**

Net Pension Liability (continued)

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

	Increase (Decrease)		
	Total Pension Liability	Plan Fiduciary Net Position	Net Pension Liability
<u>Changes in Net Pension Liability</u>	<u>(a)</u>	<u>(b)</u>	<u>(a)-(b)</u>
Balances at December 31, 2018	\$ 14,898,388	\$ 11,960,661	\$ 2,937,727
Changes for the year			
Service cost	162,697	-	162,697
Interest on total pension liability	1,161,744	-	1,161,744
Difference between expected and actual experience	24,243	-	24,243
Changes in assumptions	508,776	-	508,776
Employer contributions	-	637,262	(637,262)
Employee contributions	-	47,927	(47,927)
Net investment income (loss)	-	1,615,364	(1,615,364)
Benefit payments, including employee refunds	(915,864)	(915,864)	-
Administrative expense	-	(27,776)	27,776
Net changes	941,596	1,356,913	(415,317)
Balances at December 31, 2019	\$ 15,839,984	\$ 13,317,574	\$ 2,522,410

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

For the year ended September 30, 2020, the Agency recognized pension expense of \$605,843. The Agency reported deferred outflows and inflows of resources related to pensions from the following sources:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences in experience	\$ 12,122	\$ -
Differences in assumptions	254,388	-
Net difference between projected and actual earnings on pension plan investments	47,410	-
Contributions subsequent to the measurement date*	1,177,716	-
Total	\$ 1,491,636	\$ -

\* The amount reported as deferred outflows of resources resulting from contributions subsequent to the measurement date will be recognized as a reduction in the net pension liability for the year ending September 30, 2021.

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

**NOTE 5 - RETIREMENT PLANS (continued)**

**Defined Benefit Pension Plan (continued)**

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

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

<u>Year Ending September 30,</u>	<u>Pension Expense</u>
2021	\$ 234,457
2022	44,032
2023	169,201
2024	(133,770)

Actuarial Assumptions

The total pension liability in the December 31, 2019, annual actuarial valuation was determined using the following actuarial assumptions, applied to all periods included in the measurement:

Inflation: 2.5%

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

Investment rate of return: 7.60%, net of investment expenses, including inflation.

The mortality table used to project the mortality experience of non-disabled plan members is a 50% Male - 50% Female blend of the following tables: 1. the RP-2014 Healthy Annuitant Mortality Tables, with rates multiplied by 105%, 2. the RP-2014 Employee Mortality Tables, and 3. the RP-2014 Juvenile Mortality Tables. The mortality table used to project the mortality experience of disabled plan members is a 50% Male - 50% Female blend of the RP-2014 Disabled Retiree Mortality Tables.

The actuarial assumptions used in the valuation were based on the results of the 2009-2013 Five-Year Experience Study.

Changes in Assumptions

The actuarial assumptions were changed during the year as follows:

Reduction in discount rate from 8.00% to 7.60%.

Reduction in the investment rate of return assumption from 7.75% to 7.60%.

Reduction in the rate of wage inflation from 3.75% to 3.00%.

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

**NOTE 5 - RETIREMENT PLANS (continued)**

**Defined Benefit Pension Plan (continued)**

Discount Rate

The discount rate used to measure the total pension liability is 7.60%. The projection of cash flows used to determine the discount rate assumes that employer and employee contributions will be made at the rates agreed upon for employees and the actuarially determined rates for employers.

Projected Cash Flows

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

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

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

<u>Asset Class</u>	<u>Target Allocation</u>	<u>Long-Term Expected Real Rate of Return</u>
Global Equity	60.00%	6.15%
Global Fixed Income	20.00%	1.26%
Private Investments	20.00%	6.56%

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

The following presents the net pension liability of the Agency, calculated using the discount rates of 7.60%, as well as what the Agency's net pension liability would be using a discount rate that is 1% lower (6.60%) or 1% higher (8.60%) than the current rate.

	<u>1% Decrease</u>	<u>Current Discount Rate</u>	<u>1% Increase</u>
Net pension liability	<u>\$ 4,221,488</u>	<u>\$ 2,522,410</u>	<u>\$ 1,076,677</u>

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

**NOTE 5 - RETIREMENT PLANS (continued)**

**Defined Contribution Pension Plan**

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

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

The Agency's contributions to the plan were \$41,583 for the year ended September 30, 2020. The Agency's employees contributed \$24,950 to the defined contribution plan for the year ended September 30, 2020.

**NOTE 6 - RISK MANAGEMENT**

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

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

**NOTE 7 - NONCANCELLABLE OPERATING LEASE OBLIGATIONS**

The Branch-Hillsdale-St. Joseph Community Health Agency has entered into a five-year, noncancelable long-term lease for the St. Joseph branch office space. Rent expense for office space for the year ended September 30, 2020, amounted to \$7,080.

Future minimum payments are as follows:

<u>Year Ending September 30,</u>	<u>Principal</u>
2021	<u>\$ 7,440</u>

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

**NOTE 8 - DETAILS OF FUND BALANCE CLASSIFICATIONS**

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

As of September 30, 2020, the fund balance classifications were as follows:

Nonspendable	
Prepays	\$ 116,312
Assigned	
Vacation and sick leave	449,539
BCCF funds	309,956
Dental revenue	284,812
Aging services	29,044
Medicaid cost base reimbursement	988,831
Community stabilization	170,508
Collector fee	4,851
Family Center	2,582
Unassigned	<u>367,518</u>
	<u>\$ 2,723,953</u>

**NOTE 9 - CONTINGENT LIABILITIES**

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

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

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

**NOTE 10 - UPCOMING ACCOUNTING PRONOUNCEMENT**

In June 2017, the Governmental Accounting Standards Board issued GASB Statement No. 87, *Leases*. This statement will increase the usefulness of governments' financial statements by requiring recognition of certain lease assets and liabilities for leases that previously were classified as operating leases and recognized as inflows of resources or outflows of resources based on the payment provisions of the contract. It establishes a single model for lease accounting based on the foundational principle that leases are financings of the right to use an underlying asset. The Agency is currently evaluating the impact this standard will have on the financial statements when adopted during the 2021-2022 fiscal year.

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

**NOTE 11 - UNCERTAINTIES**

The extent of the impact of COVID-19 on the Agency's operational and financial performance will depend on certain developments, including the duration and spread of the outbreak, impact on services, employees, and vendors, all of which are uncertain and cannot be predicted. At this point, the extent to which COVID-19 may impact the financial condition and results of operations is uncertain.

## **REQUIRED SUPPLEMENTARY INFORMATION**

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY**  
**GENERAL OPERATING FUND**  
**BUDGETARY COMPARISON SCHEDULE**  
**YEAR ENDED SEPTEMBER 30, 2020**

	Original Budget	Final Amended Budget	Actual	Variance with Final Budget Positive (Negative)
<b>REVENUES</b>				
Licenses and permits	\$ 295,020	\$ 294,320	\$ 293,813	\$ (507)
Intergovernmental				
Federal/State	4,458,451	6,265,179	6,091,968	(173,211)
Local	61,504	56,673	54,177	(2,496)
County appropriations	755,695	730,767	756,016	25,249
Charges for services	593,385	448,872	493,647	44,775
Interest and rents	47,896	58,896	56,743	(2,153)
Other	133,405	123,709	78,286	(45,423)
<b>TOTAL REVENUES</b>	<b>6,345,356</b>	<b>7,978,416</b>	<b>7,824,650</b>	<b>(153,766)</b>
<b>EXPENDITURES</b>				
Current				
Salaries and wages	2,664,444	2,861,336	2,756,298	105,038
Fringe benefits	1,219,117	2,231,918	2,109,442	122,476
Supplies and materials	669,468	801,042	599,581	201,461
Contractual	1,002,172	1,295,008	1,286,822	8,186
Communications	72,050	61,770	50,907	10,863
Travel and training	152,220	142,253	108,643	33,610
Insurance	39,033	40,040	39,956	84
Repairs and maintenance	275,944	260,886	245,932	14,954
Building and equipment lease and rentals	199,104	199,311	199,248	63
Printing and advertising	7,685	22,324	14,118	8,206
Postage	21,410	30,625	22,886	7,739
Other	22,709	31,903	26,563	5,340
<b>TOTAL EXPENDITURES</b>	<b>6,345,356</b>	<b>7,978,416</b>	<b>7,460,396</b>	<b>518,020</b>
<b>EXCESS OF REVENUES OVER EXPENDITURES</b>	<b>-</b>	<b>-</b>	<b>364,254</b>	<b>364,254</b>
Fund balance, beginning of year	2,359,699	2,359,699	2,359,699	-
Fund balance, end of year	<u>\$ 2,359,699</u>	<u>\$ 2,359,699</u>	<u>\$ 2,723,953</u>	<u>\$ 364,254</u>

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

	2019	2018	2017	2016	2015	2014
Total Pension Liability						
Service cost	\$ 162,697	\$ 188,936	\$ 194,225	\$ 221,881	\$ 260,139	\$ 257,464
Interest	1,161,744	1,155,642	1,122,384	1,096,375	1,008,656	929,021
Difference between expected and actual experience	24,243	(366,923)	(79,298)	(233,076)	80,642	-
Changes of assumptions	508,776	-	-	-	814,056	-
Benefit payments, including employee refunds	(915,864)	(860,670)	(777,188)	(715,313)	(616,270)	(590,701)
Other	-	1	-	1	(1)	29,031
Net Change in Total Pension Liability	941,596	116,986	460,123	369,868	1,547,222	624,815
Total Pension Liability, beginning	14,898,388	14,781,402	14,321,279	13,951,411	12,404,189	11,779,374
Total Pension Liability, ending	<u>\$ 15,839,984</u>	<u>\$ 14,898,388</u>	<u>\$ 14,781,402</u>	<u>\$ 14,321,279</u>	<u>\$ 13,951,411</u>	<u>\$ 12,404,189</u>
Plan Fiduciary Net Position						
Contributions - employer	\$ 637,262	\$ 304,525	\$ 266,448	\$ 226,464	\$ 219,053	\$ 181,018
Contributions - employee	47,927	50,404	55,364	64,400	85,602	71,723
Net investment income (loss)	1,615,364	(497,015)	1,559,362	1,251,034	(173,001)	708,740
Benefit payments, including employee refunds	(915,864)	(860,670)	(777,188)	(715,313)	(616,270)	(590,701)
Administrative expense	(27,776)	(24,912)	(24,713)	(24,706)	(25,331)	(25,997)
Net Change in Plan Fiduciary Net Position	1,356,913	(1,027,668)	1,079,273	801,879	(509,947)	344,783
Plan Fiduciary Net Position, beginning	11,960,661	12,988,329	11,909,056	11,107,177	11,617,124	11,272,341
Plan Fiduciary Net Position, ending	<u>\$ 13,317,574</u>	<u>\$ 11,960,661</u>	<u>\$ 12,988,329</u>	<u>\$ 11,909,056</u>	<u>\$ 11,107,177</u>	<u>\$ 11,617,124</u>
Agency Net Pension Liability	<u>\$ 2,522,410</u>	<u>\$ 2,937,727</u>	<u>\$ 1,793,073</u>	<u>\$ 2,412,223</u>	<u>\$ 2,844,234</u>	<u>\$ 787,065</u>
Plan Fiduciary Net Position as a percentage of the Total Pension Liability	84%	80%	88%	83%	80%	94%
Covered payroll	\$ 1,439,800	\$ 1,673,482	\$ 1,727,981	\$ 1,974,029	\$ 2,408,692	\$ 2,383,929
Agency's Net Pension Liability as a percentage of covered payroll	175%	176%	104%	122%	118%	33%

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

	<u>2020</u>	<u>2019</u>	<u>2018</u>	<u>2017</u>	<u>2016</u>	<u>2015</u>
Actuarially determined contributions	\$ 325,829	\$ 306,612	\$ 295,032	\$ 256,452	\$ 221,994	\$ 209,441
Contributions in relation to the actuarially determined contribution	<u>1,259,227</u>	<u>631,891</u>	<u>295,032</u>	<u>256,452</u>	<u>221,994</u>	<u>209,441</u>
Contribution deficiency (excess)	<u>\$ (933,398)</u>	<u>\$ (325,279)</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Covered payroll	\$ 1,559,148	\$ 1,634,619	\$ 1,688,177	\$ 1,918,244	\$ 2,204,494	\$ 2,413,420
Contributions as a percentage of covered payroll	81%	39%	17%	13%	10%	9%

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY  
NOTE TO REQUIRED SUPPLEMENTARY INFORMATION  
YEAR ENDED SEPTEMBER 30, 2020**

**NOTE 1 - EMPLOYEE RETIREMENT PLAN**

Changes of benefits terms: There were no changes of benefit terms during plan year 2019.

Changes in assumptions:   Reduction in discount rate from 8.00% to 7.60%.  
                                      Reduction in the investment rate of return assumption from 7.75% to 7.60%.  
                                      Reduction in the rate of wage inflation from 3.75% to 3.00%.

## **OTHER SUPPLEMENTARY INFORMATION**

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY**  
**SUPPLEMENTAL SCHEDULE: FUNDED SERVICE CATEGORIES BY SOURCE <sup>(a)</sup>**  
**AGING AND ADULT SERVICES AGENCY**  
**YEAR ENDED SEPTEMBER 30, 2020**

	Title III-B	Title III-C1	Title III-C2	Title III-D
EXPENDITURES				
Personal care	\$ 21,340	\$ -	\$ -	\$ -
Homemaker	21,340	-	-	-
Chore services	3,579	-	-	-
Home delivered meals	-	-	105,413	-
Adult day care	-	-	-	-
Care management	3,710	-	-	-
Respite care	-	-	-	-
Case coordination and support	-	-	-	-
Congregate meals	-	93,089	-	-
Transportation	36,450	-	-	-
Legal assistance	9,750	-	-	-
Caregiver Support Group	-	-	-	-
Caregiver Training	-	-	-	-
Assistive devices and technologies	-	-	-	-
Information and assistance	12,667	-	-	-
Home repair	5,958	-	-	-
Disease prevention and health promotion	-	-	-	8,853
Program development	20,771	-	-	-
Ombudsman	2,000	-	-	-
Medication management	-	-	-	-
Administration	-	-	-	-
Community living support services - RSD	99	-	-	-
Other	2,823	-	-	-
TOTAL EXPENDITURES	<u>\$ 140,487</u>	<u>\$ 93,089</u>	<u>\$ 105,413</u>	<u>\$ 8,853</u>

<sup>(a)</sup> This schedule only includes Aging Services programs.

Title III-E	Title III Administration	NSIP	Targeted Care Management	State Access	State In-Home	State Congregate Meals
\$ -	\$ -	\$ -	\$ -	\$ -	\$ 54,776	\$ -
-	-	-	-	-	54,776	-
-	-	-	-	-	-	-
-	-	91,609	-	-	-	-
-	-	-	-	-	-	-
26,252	-	-	-	-	-	-
5,856	-	-	-	-	16,149	-
2,369	-	-	-	7,989	-	-
-	-	31,575	-	-	-	2,676
4,370	-	-	-	-	-	-
-	-	-	-	-	-	-
3,610	-	-	-	-	-	-
3,609	-	-	-	-	-	-
-	-	-	-	-	7,500	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	8,585	-
-	46,100	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	20,427	-	-	-
<u>\$ 46,066</u>	<u>\$ 46,100</u>	<u>\$ 123,184</u>	<u>\$ 20,427</u>	<u>\$ 7,989</u>	<u>\$ 141,786</u>	<u>\$ 2,676</u>

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY**  
**SUPPLEMENTAL SCHEDULE: FUNDED SERVICE CATEGORIES BY SOURCE (continued)**  
**AGING AND ADULT SERVICES AGENCY**  
**YEAR ENDED SEPTEMBER 30, 2020**

	State Home Delivered Meals	State Alternative Care	Merit Award Trust Fund Respite	State Respite Care
EXPENDITURES				
Personal care	\$ -	\$ 15,733	\$ -	\$ -
Homemaker	-	15,732	-	-
Chore services	-	-	-	-
Home delivered meals	133,770	-	-	-
Adult day care	-	-	19,016	20,516
Care management	-	-	-	-
Respite care	-	-	4,166	7,983
Case coordination and support	-	-	-	-
Congregate meals	-	-	-	-
Transportation	-	-	7,925	-
Legal assistance	-	-	-	-
Caregiver Support Group	-	-	-	-
Caregiver Training	-	-	-	-
Assistive devices and technologies	-	-	-	-
Information and assistance	-	-	-	-
Home repair	-	-	-	-
Disease prevention and health promotion	-	-	-	-
Program development	-	-	-	-
Ombudsman	-	-	-	-
Medication management	-	-	-	-
Administration	-	-	-	-
Community living support services - RSD	-	-	-	-
Other	-	-	-	-
TOTAL EXPENDITURES	<u>\$ 133,770</u>	<u>\$ 31,465</u>	<u>\$ 31,107</u>	<u>\$ 28,499</u>

State CG Support	Merit Award Fund Administration	State Care Management	State Administration	State Caregiver Support Administration	State Aging New Services	Program Income
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 17,582
-	-	-	-	-	-	16,332
-	-	-	-	-	-	567
-	-	-	-	-	-	58,418
-	-	-	-	-	-	2,781
-	-	80,228	-	-	12,458	-
3,691	-	-	-	-	-	8,513
-	-	-	-	-	-	-
-	-	-	-	-	-	64,626
-	-	-	-	-	-	13,922
-	-	-	-	-	-	160
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	349
-	-	-	-	-	-	182
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	2,800	-	7,679	85	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	232
<u>\$ 3,691</u>	<u>\$ 2,800</u>	<u>\$ 80,228</u>	<u>\$ 7,679</u>	<u>\$ 85</u>	<u>\$ 12,458</u>	<u>\$ 183,664</u>

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY**  
**SUPPLEMENTAL SCHEDULE: FUNDED SERVICE CATEGORIES BY SOURCE (continued)**  
**AGING AND ADULT SERVICES AGENCY**  
**YEAR ENDED SEPTEMBER 30, 2020**

	Cash Match	In-kind Match	Total
EXPENDITURES			
Personal care	\$ 12,326	\$ -	\$ 91,849
Homemaker	12,061	-	91,848
Chore services	422	-	3,579
Home delivered meals	33,385	20,628	330,792
Adult day care	5,139	-	39,532
Care management	-	21,325	122,648
Respite care	3,323	-	37,845
Case coordination and support	2,726	-	10,358
Congregate meals	6,478	4,164	127,340
Transportation	104,458	-	48,745
Legal assistance	1,457	-	9,750
Caregiver Support Group	622	-	3,610
Caregiver Training	622	-	3,609
Assistive devices and technologies	-	-	7,500
Information and assistance	-	-	12,667
Home repair	775	-	5,958
Disease prevention and health promotion	1,151	-	8,853
Program development	-	-	20,771
Ombudsman	5,727	-	2,000
Medication management	-	-	8,585
Administration	-	-	56,664
Community living support services - RSD	-	-	99
Other	388	-	23,250
TOTAL EXPENDITURES	<u>\$ 191,060</u>	<u>\$ 46,117</u>	<u>\$ 1,067,852</u>

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY**  
**SUPPLEMENTAL SCHEDULE: FUNDED SERVICE CATEGORIES BY SOURCE (continued)**  
**AGING AND ADULT SERVICES AGENCY**  
**YEAR ENDED SEPTEMBER 30, 2020**

**Families First Coronavirus Response Act (FFCRA)**

	(CMC2) Federal Admin Title III-C1	(HDC2) Federal Admin Title III-C2	Title III-C2	Cash Match
EXPENDITURES				
Home delivered meals	\$ -	\$ -	\$ 73,218	\$ -
Administration	2,809	5,618	-	2,106
TOTAL EXPENDITURES	<u>\$ 2,809</u>	<u>\$ 5,618</u>	<u>\$ 73,218</u>	<u>\$ 2,106</u>

In-kind Match	FFCRA Total
\$ - 703	\$ 73,218 11,236
<u>\$ 703</u>	<u>\$ 84,454</u>

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY**  
**SUPPLEMENTAL SCHEDULE: FUNDED SERVICE CATEGORIES BY SOURCE (continued)**  
**AGING AND ADULT SERVICES AGENCY**  
**YEAR ENDED SEPTEMBER 30, 2020**

**Coronavirus Aid, Relief, and Economic Security (CARES) Act**

	(SSC3) Federal Admin Title III-B	(HDC3) Federal Admin Title III-C	(FCC3) Federal Admin Title III-E	Title III-B
EXPENDITURES				
Case coordination and support	\$ -	\$ -	\$ -	\$ -
Home delivered meals	-	-	-	2,500
Homemaker	-	-	-	2,500
Personal care	-	-	-	2,500
Assistive devices and technologies	-	-	-	-
Friendly reassurance	-	-	-	18,697
Gap filling/special needs - RSD	-	-	-	4,119
Information and assistance	-	-	-	-
Legal assistance	-	-	-	1,100
Transportation	-	-	-	26,599
In home respite care	-	-	-	-
Administration	6,594	15,825	3,226	-
TOTAL EXPENDITURES	<u>\$ 6,594</u>	<u>\$ 15,825</u>	<u>\$ 3,226</u>	<u>\$ 58,015</u>

Title III-C	Title III-E	Cash Match	In-kind Match	CARES ACT Total
\$ -	\$ 6,000	\$ -	\$ -	\$ 6,000
139,235	-	-	-	141,735
-	-	-	-	2,500
-	-	-	-	2,500
-	1,795	-	-	1,795
-	-	-	-	18,697
-	-	-	-	4,119
-	18,089	-	-	18,089
-	-	-	-	1,100
-	-	-	-	26,599
-	2,500	-	-	2,500
-	-	6,411	2,137	34,193
<u>\$ 139,235</u>	<u>\$ 28,384</u>	<u>\$ 6,411</u>	<u>\$ 2,137</u>	<u>\$ 259,827</u>

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**YEAR ENDED SEPTEMBER 30, 2020**

Federal Grantor/Pass Through Grantor/Program Title	CFDA Number	Pass-Through Grantor Number	Expenditures
U.S. DEPARTMENT OF AGRICULTURE			
Passed through Michigan Department of Health and Human Services Special Supplemental Nutrition Program for Women, Infants, and Children	10.557		
FY 19-20 Resident Services		202MI003W1003	\$ 886,654
FY 19-20 Breastfeeding		202MI003W1003	13,375
FY 19-20 Breastfeeding		192MI003W1003	34,827
FY 19-20 Breastfeeding		182MI003W5003	32,720
TOTAL U.S. DEPARTMENT OF AGRICULTURE			967,576
DEPARTMENT OF JUSTICE			
Passed through Michigan Department of Health and Human Services Crime Victim Assistance FY 19-20 VOCA	16.575	E20202072-001	163,517
DEPARTMENT OF TREASURY			
Passed through Michigan Department of Treasury COVID-19 Coronavirus Relief Fund Public Safety Public Health Payroll Reimbursement	21.019	PSPHPR 09-20	57,399
Passed through Michigan Department of Health and Human Services COVID-19 Coronavirus Relief Fund Direct Care Worker Wage Reimbursement	21.019	SLT0047	14,723
Local Health Department Contact Tracing		SLT0040	186,871
TOTAL DEPARTMENT OF TREASURY			258,993
ENVIRONMENTAL PROTECTION AGENCY			
Passed through Michigan Department of Environment, Great Lakes, and Energy Drinking Water State Revolving Fund Cluster Capitalization Grants for Drinking Water State Revolving Funds	66.468 <sup>(c)</sup>		
FY 19-20 Standard/Operator Assistance		FS975487-18	2,625
FY 19-20 Local Assistance		FS975487-18	100
FY 19-20 Public Water Supply Supervision		FS975487-18	5,120
TOTAL ENVIRONMENTAL PROTECTION AGENCY			7,845
DEPARTMENT OF HEALTH AND HUMAN SERVICES			
Direct award Rural Health Outreach and Rural Network Development Program Rural Communities Opioid Response FY 19-20	93.912	G2540027	2,358
Passed through Michigan Aging and Adult Services Agency Title III-D Special Programs for the Aging (Disease Prevention and Health Promotion Services) FY 19-20	93.043	N/A	8,853
Aging Cluster Title III-B Special Programs for the Aging (Grants for Supportive Services and Senior Centers)	93.044 <sup>(a)(b)</sup>		
FY 19-20 Administration		N/A	13,231
COVID-19 FY 19-20 Administration		N/A	6,594
FY 19-20 Regular		N/A	140,487
COVID-19 FY 19-20 Regular		N/A	58,015
			218,327

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (continued)**  
**YEAR ENDED SEPTEMBER 30, 2020**

Federal Grantor/Pass Through Grantor/Program Title	CFDA Number	Pass-Through Grantor Number	Expenditures
DEPARTMENT OF HEALTH AND HUMAN SERVICES (continued)			
Passed through Michigan Aging and Adult Services Agency (continued)			
Aging Cluster (continued)			
Title III-C Special Programs for the Aging			
(Nutrition Services)	93.045 <sup>(a)(b)</sup>		
FY 19-20 Administration		N/A	\$ 26,617
COVID-19 FY 19-20 Administration - CARES		N/A	15,825
COVID-19 FY 19-20 Administration - FFCRA		N/A	8,427
FY 19-20 Nutrition Congregate		N/A	93,089
FY 19-20 Nutrition Home Delivered Meals		N/A	105,413
COVID-19 FY 19-20 Nutrition Home Delivered Meals - CARES		N/A	139,235
COVID-19 FY 19-20 Nutrition Home Delivered Meals - FFCRA		N/A	73,218
			<u>461,824</u>
Nutrition Services Incentive Program	93.053 <sup>(a)(b)</sup>		
FY 19-20 Nutrition Services Incentive Program		N/A	<u>123,184</u>
Total Aging Cluster			<u>803,335</u>
National Family Caregiver Support	93.052		
FY 19-20 Administration		N/A	6,252
COVID-19 FY 19-20 Administration - CARES		N/A	3,226
FY 19-20 Regular		N/A	46,066
COVID-19 FY 19-20 Regular - CARES		N/A	28,384
			<u>83,928</u>
Medical Assistance Program	93.778 <sup>(b)</sup>		
FY 19-20 Aging		N/A	<u>20,427</u>
Passed through Michigan Department of Health and Human Services			
Medical Assistance Program			
FY 19-20 Medicaid Outreach	93.778 <sup>(b)</sup>	2005MI5ADM	30,770
FY 19-20 CSHCS Medicaid Outreach		2005MI5ADM	8,103
FY 19-20 CSHCS Care Coordination <sup>(d)</sup>		2005MI5ADM	10,705
FY 19-20 CSHCS Medicaid Elevated Blood Lead Case Management		2005MI5MAP	2,419
FY 19-20 CSHCS Outreach and Advocacy <sup>(d)</sup>		2005MI5ADM	58,364
			<u>110,361</u>
Total Medicaid Cluster			<u>130,788</u>
Public Health Emergency Preparedness	93.069		
FY 19-20		NU90TP921906	11,945
FY 19-20		U3REP190584	95,944
FY 19-20		NU90TP922062	32,353
			<u>140,242</u>

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (continued)**  
**YEAR ENDED SEPTEMBER 30, 2020**

Federal Grantor/Pass Through Grantor/Program Title	CFDA Number	Pass-Through Grantor Number	Expenditures
DEPARTMENT OF HEALTH AND HUMAN SERVICES (continued)			
Passed through Michigan Department of Health and Human Services (continued)			
Tuberculosis Control Program	93.116		
FY 19-20 Tuberculosis Control		U52PS004693	\$ 68
FY 19-20 Tuberculosis Control		NU52PS910173	112
			<u>180</u>
Immunization Grants	93.268		
FY 19-20 Vaccine Supply		NH23IP922635	221,225
FY 19-20 Immunization Fixed Fees		NH23IP922635	350
FY 19-20 IAP		NH23IP922635	72,347
			<u>293,922</u>
COVID-19 Epidemiology and Laboratory Capacity for Infectious Diseases	93.323		
COVID-19 Contact Tracing Testing Coordination		NU50CK000510	132,586
COVID-19 Infection Prevention		NU50CK000510	20,000
			<u>152,586</u>
COVID-19 Public Health Crisis Response - Coronavirus	93.354		
FY 19-20 PHEP COVID-19 Response		NU90TP922074	30,000
Maternal and Child Health Services Block Grant	93.994		
FY 19-20 CSHCS Care Coordination		B04MC33846	40,137
FY 19-20 Enabling Services Women - MCH		B04MC33846	44,049
FY 19-20 Enabling Services Children - MCH		B04MC33846	33,005
			<u>117,191</u>
Preventative Health Services	93.991		
Local Health Department (LHD) Sharing Support		NB010T009277	43,076
TOTAL DEPARTMENT OF HEALTH AND HUMAN SERVICES			<u>1,806,459</u>
TOTAL FEDERAL AWARD EXPENDITURES			<u>\$ 3,204,390</u>

(e)

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY  
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
YEAR ENDED SEPTEMBER 30, 2020**

**NOTE 1 - BASIS OF PRESENTATION**

The accompanying Schedule of Expenditures of Federal Awards includes the federal grant activity of the Branch-Hillsdale-St. Joseph Community Health Agency (the Agency) and is presented on the modified accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Therefore, some amounts presented in this schedule may differ from amounts presented in, or used in the preparation of, the basic financial statements. The Agency has elected to not use the 10 percent *de minimis* indirect rate allowed under the Uniform Guidance.

**NOTE 2 - SUBRECIPIENTS**

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

**NOTE 3 - SUMMARY OF SIGNIFICANT EXPLANATIONS OF SCHEDULE**

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

- (a) Denotes programs tested as "major programs".
- (b) Denotes programs required to be clustered by United States Department of Health and Human Services.
- (c) Denotes programs required to be clustered by United States Environmental Protection Agency.
- (d) Reimbursements of this contract are passed through the State. The amount reported on the Schedule of Expenditures of Federal Awards represents the portion of the grant that is considered federal. Federal participation in this program is 50%.
- (e) The following reconciles the federal revenues reported in the September 30, 2020, financial statements to the expenditures of the Agency administered federal programs reported on the Schedule of Expenditures of Federal Awards (SEFA):

Federal/State Revenue (per fund financial statements)	\$ 6,091,968
Plus: Difference between vaccines administered (revenue per financial statements) and vaccines received (expenditures per SEFA and instructions from grantor agency)	(9,326)
Less: Portions of grant funding considered "State" funding	<u>(2,878,252)</u>
Federal award expenditures	<u><u>\$ 3,204,390</u></u>

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

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

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the governmental activities and the major fund of the Branch-Hillsdale-St. Joseph Community Health Agency (the Agency), as of and for the year ended September 30, 2020, and the related notes to the financial statements, which collectively comprise the Agency's basic financial statements and have issued our report thereon dated March 12, 2021.

**Internal Control Over Financial Reporting**

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

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

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

## **Compliance and Other Matters**

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

## **Purpose of this Report**

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

March 12, 2021

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

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

**Report on Compliance for Each Major Federal Program**

We have audited the Branch-Hillsdale-St. Joseph Community Health Agency's (the Agency) compliance with the types of compliance requirements described in the OMB *Compliance Supplement* that could have a direct and material effect on the Agency's major federal programs for the year ended September 30, 2020. The Agency's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

***Management's Responsibility***

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its federal programs.

***Auditor's Responsibility***

Our responsibility is to express an opinion on compliance for each of the Agency's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administration Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Agency's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of the Agency's compliance.

### ***Opinion on Each Major Federal Program***

In our opinion, the Branch-Hillsdale-St. Joseph Community Health Agency complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2020.

### **Report on Internal Control Over Compliance**

Management of the Agency is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the Agency's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Agency's internal control over compliance.

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

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

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

March 12, 2021

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY  
SCHEDULE OF FINDINGS AND QUESTIONED COSTS  
YEAR ENDED SEPTEMBER 30, 2020**

**Section I - Summary of Auditor's Results**

---

**Financial Statements**

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

Unmodified

Internal control over financial reporting:

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

Noncompliance material to financial statements noted?

\_\_\_\_\_ Yes   X   No

**Federal Awards**

Internal control over major programs:

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

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

Unmodified

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

\_\_\_\_\_ Yes   X   No

Identification of major programs:

CFDA Number(s)	Name of Federal Program or Cluster
93.044/93.045/93.053	Aging Cluster

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

\$ 750,000

Auditee qualified as low-risk auditee?

  X   Yes \_\_\_\_\_ No

**Section II - Financial Statement Findings**

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None noted.

**Section III - Federal Award Findings and Questioned Costs**

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None noted.

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY  
SUMMARY SCHEDULE OF PRIOR YEAR AUDIT FINDINGS  
YEAR ENDED SEPTEMBER 30, 2020**

FINDINGS/COMPLIANCE

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

No prior audit findings noted.

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

No prior audit findings noted.

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

No prior audit findings noted.



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March 11, 2022

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

We have audited the financial statements of the governmental activities and the major fund of the Branch-Hillsdale-St. Joseph Community Health Agency (the Agency) for the year ended September 30, 2021. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated January 5, 2022. Professional standards also require that we communicate to you the following information related to our audit.

#### Significant Audit Findings

##### *Qualitative Aspects of Accounting Practices*

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by Branch-Hillsdale-St. Joseph Community Health Agency are described in Note 1 to the financial statements. No new accounting policies were adopted, and the application of existing policies was not changed during fiscal year 2021. We noted no transactions entered into by the Agency during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

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

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

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

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

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

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

#### *Difficulties Encountered in Performing the Audit*

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

#### *Corrected and Uncorrected Misstatements*

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

#### *Disagreements with Management*

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

#### *Management Representations*

We have requested certain representations from management that are included in the management representation letter dated March 11, 2022.

#### *Management Consultations with Other Independent Accountants*

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

#### *Other Audit Findings or Issues*

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

#### Other Matters

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

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

Restriction on Use

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

Very truly yours,

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

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

**YEAR ENDED SEPTEMBER 30, 2021**

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## INDEPENDENT AUDITOR'S REPORT

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

### **Report on the Financial Statements**

We have audited the accompanying financial statements of the governmental activities and the major fund of the Branch-Hillsdale-St. Joseph Community Health Agency (the Agency), as of and for the year ended September 30, 2021, and the related notes to the financial statements, which collectively comprise the Agency's basic financial statements as listed in the table of contents.

### ***Management's Responsibility for the Financial Statements***

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

### ***Auditor's Responsibility***

Our responsibility is to express opinions on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

### ***Opinions***

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities and the major fund of the Branch-Hillsdale-St. Joseph Community Health Agency, as of September 30, 2021, and the respective changes in financial position thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### ***Other Matters***

#### ***Required Supplementary Information***

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

#### ***Other Information***

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the Agency's basic financial statements. The accompanying schedule of funded service categories by source is presented for purposes of additional analysis and is not a required part of the basic financial statements. The schedule of expenditures of federal awards is presented for purposes of additional analysis as required by Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, and is also not a required part of the financial statements.

The supplemental schedule of funded service categories by source and the schedule of expenditures of federal awards are the responsibility of management and were derived from and relate directly to the underlying accounting and other records used to prepare the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of funded service categories by source and the schedule of expenditures of federal awards are fairly stated, in all material respects, in relation to the basic financial statements as a whole.

### **Other Reporting Required by *Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated March 11, 2022, on our consideration of the Branch-Hillsdale-St. Joseph Community Health Agency's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Branch-Hillsdale-St. Joseph Community Health Agency's internal control over financial reporting and compliance.

March 11, 2022

## **Management's Discussion and Analysis For Fiscal Year Ended September 30, 2021**

This section of the annual financial statements, titled Management's Discussion and Analysis, represents the administration's review of the Branch-Hillsdale-St. Joseph Community Health Agency's (the Agency's) financial performance during the fiscal year ended September 30, 2021. The Management's Discussion and Analysis is intended to be read in conjunction with the Agency's financial statements.

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

### **Financial Highlights**

- The assets of the Agency exceeded its liabilities at September 30, 2021, by \$2,322,894 at the government-wide level. Unrestricted net position was \$2,036,656 at September 30, 2021.
- The Agency's total net position increased \$943,953 as a result of this year's operations.
- As of September 30, 2021, the Agency's governmental fund reported an ending fund balance of \$3,359,738, an increase of \$635,785.
- As of September 30, 2021, the assigned and unassigned fund balance was \$2,823,630 and \$436,172, respectively, or approximately 39% of total fund expenditures.

### **Overview of the Financial Statements**

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

**Government-wide Financial Statements:** The government-wide financial statements provide information about the activities of the entire Agency. They present an overall view of the Agency's finances, reporting the assets and liabilities on fiscal year ended September 30, 2021.

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

The statement of activities presents information showing how the government's net position changed during fiscal year 2020/2021. All changes in net position are reported as soon as the change occurs, regardless of the timing of related cash flows.

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

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

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

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

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

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

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

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

**Other Information:** In addition to the basic financial statements and accompanying notes, this report also presents certain required supplementary information concerning budgeted revenues and expenditures, schedule of changes in net pension liability and related ratios, and schedule of employer contributions on pages 31-35. Other supplementary information concerning support services and expenditures of federal awards can be found on pages 36-45 of this report.

### Government-wide Financial Analysis:

As noted earlier, net position may serve over time as a useful indicator of a government's financial position. In the case of Branch-Hillsdale-St. Joseph Community Health Agency, assets exceeded liabilities by \$2,322,894. A comparative analysis of net position as of September 30, 2021 and 2020 are presented below:

	2021	2020
Current assets	\$ 5,362,705	\$ 4,279,434
Capital assets	286,238	135,301
Total assets	5,648,943	4,414,735
Deferred outflows of resources related to pension	1,766,295	1,491,636
Current liabilities	2,151,514	1,705,327
Noncurrent liabilities	2,244,529	2,822,103
Total liabilities	4,396,043	4,527,430
Deferred inflows of resources related to pension	696,301	-
Net position		
Net investment in capital assets	286,238	135,301
Unrestricted	2,036,656	1,243,640
Total net position	\$ 2,322,894	\$ 1,378,941

Unrestricted net position (the part of net position that can be used to finance day to day operations) increased by \$793,016. This is within our desired range.

The following table shows the changes in net position as of September 30, 2021 and 2020.

	2021	2020
Program revenues		
Charges for services	\$ 811,998	\$ 787,462
Grants and contributions	7,458,077	5,516,230
General revenues		
County appropriations	753,310	756,016
Miscellaneous	70,812	80,641
Interest	2,916	56,743
Total revenues	9,097,113	7,197,092
Program expenses	8,153,160	6,875,797
Change in net position	\$ 943,953	\$ 321,295

During the year contributions increased \$1,728,309 due to additional State and Federal funding received related to the ongoing COVID-19 pandemic. We will continue to collaborate with local health providers and using them as a resource to find new funding.

Total expenses increased approximately \$1,277,363 or 19% from last year.

### **Financial Analysis of the Government's Fund**

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

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

As of the end of the current fiscal year, the Branch-Hillsdale-St. Joseph Community Health Agency's governmental fund reported an ending fund balance of \$3,359,738, an increase of \$635,785 in comparison with the prior year. Of this total, \$99,936 is considered nonspendable as it is for prepaid expenditures. There has been \$2,823,630 assigned for various future year expenditures. The unassigned fund balance at September 30, 2021, was \$436,172.

As a measure of the governmental fund's liquidity, it may be useful to compare assigned and unassigned fund balance to total fund expenditures. Assigned and unassigned fund balance represents approximately 39% of total fund expenditures.

### **Governmental Fund Budgetary Highlights**

Over the course of the year, the Branch-Hillsdale-St. Joseph Community Health Agency's Board of Directors amended the budget to take into account events that occurred during the year. Total expenditures budget was increased by \$3,417,012, or approximately 50%, primarily due to salaries and wages and contractual services related to ongoing pandemic, and repair and maintenance expenditures related to parking lot improvements. Actual expenditures were \$1,822,198 under the final amended budget. The Agency contributed \$783,141 in excess of the required contributions to the pension plan this year.

### **Capital Asset and Debt Administration**

**Capital Assets:** The Branch-Hillsdale-St. Joseph Community Health Agency's investment in capital assets as of September 30, 2021, amounts to \$286,238 (net of accumulated depreciation). During the year, the Agency made investments in capital assets in the amount of \$218,493, including parking lot improvements. Additional details related to capital assets are presented in Note 3 to the financial statements.

**Long-term Obligations:** The Branch-Hillsdale-St. Joseph Community Health Agency has a long-term obligation related to compensation (e.g., unused vacation and sick leave). The long-term obligation at September 30, 2021, amounted to \$445,640 for compensated absences. Additional details related to long-term obligations are presented in Note 4 to the financial statements.

## **Economic Factors and Next Year's Budget and Rates**

The fiscal year ending September 30, 2022, will be an uncertain year as the Nation continues to deal with the Public Health Crisis created by the COVID-19 pandemic. The Agency did receive an increase of \$17,122 in local county appropriations for 2022. The Agency will advocate for an increase in local county appropriations every year. The Agency continues to receive payments for Medicaid Cost Based Reimbursement, but these payments are expected to be reduced from the previous year, as services were decreased due to the pandemic; payments are based on the number of services provided and the actual costs to provide Medicaid allowable services rather than a defined claim structure. The Agency receives revenue for public health dental outreach and education from the four My Community Dental Centers (MCDC) located within Branch, Hillsdale, and St. Joseph counties, but revenue remains low as MCDC temporarily closed the Hillsdale Dental Center due to staffing issues. MCDC is working on recruiting and is now offering an incentive package to eliminate the shortage, therefore, we anticipate this turning around in future years. The Agency continues to have budget constraints due to the MERS Retirement Defined Benefit plan not being fully funded. The Agency will continue to review and respond to grant opportunities to help in offsetting costs and increase services to the public. The Agency will receive grants for 2022 in Vectorborne Surveillance, PFAS Response and Remediation, Medical Marihuana Operation & Oversight, Victims of Crime Act 'Services to Victims of Elder Abuse', Expanding Older Adult Access to COVID-19 Vaccine, COVID-19 Immunization Support, and other COVID-19 related grants.

Because the services of the Branch-Hillsdale-St. Joseph Community Health Agency are provided based on need and not the ability to pay, the Agency will continue to expand billings to insurances when available to offset costs. The Agency routinely reviews fees to ensure that the Agency billing is in line with allowed pricing for our services.

## **Requests for Information**

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

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

## **BASIC FINANCIAL STATEMENTS**

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY**  
**STATEMENT OF NET POSITION**  
**SEPTEMBER 30, 2021**

	<u>Governmental Activities</u>
<b>ASSETS</b>	
Current assets	
Cash	\$ 4,869,964
Accounts receivable	105,373
Due from other governmental units - Federal/State	208,715
Prepays	99,936
Inventories	<u>78,717</u>
Total current assets	5,362,705
Noncurrent assets	
Capital assets, net of accumulated depreciation	<u>286,238</u>
TOTAL ASSETS	<u>5,648,943</u>
<b>DEFERRED OUTFLOWS OF RESOURCES</b>	
Deferred outflows of resources related to pension	<u>1,766,295</u>
<b>LIABILITIES</b>	
Current liabilities	
Accounts payable	693,972
Accrued wages	122,013
Due to other governmental units - Federal/State	928,728
Other accrued liabilities	89,391
Unearned revenue	168,863
Current portion of compensated absences	<u>148,547</u>
Total current liabilities	<u>2,151,514</u>
Noncurrent liabilities	
Net pension liability	1,947,436
Noncurrent portion of compensated absences	<u>297,093</u>
Total noncurrent liabilities	<u>2,244,529</u>
TOTAL LIABILITIES	<u>4,396,043</u>
<b>DEFERRED INFLOWS OF RESOURCES</b>	
Deferred inflows of resources related to pension	<u>696,301</u>
<b>NET POSITION</b>	
Investment in capital assets	286,238
Unrestricted	<u>2,036,656</u>
TOTAL NET POSITION	<u><u>\$ 2,322,894</u></u>

See accompanying notes to financial statements.

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY**  
**STATEMENT OF ACTIVITIES**  
**YEAR ENDED SEPTEMBER 30, 2021**

Functions/Programs	Expenses	Program Revenues		Net (Expense) Revenues and Changes in Net Position
		Charges for Services	Operating Grants and Contributions	
Governmental activities				
Personal health	\$ 4,110,200	\$ 154,461	\$ 3,951,369	\$ (4,370)
Environmental health	1,136,687	520,268	617,620	1,201
Community health	249,378	133,629	332,102	216,353
Aging services	1,346,256	-	1,386,073	39,817
Administration	1,310,639	3,640	1,170,913	(136,086)
Total governmental activities	<u>\$ 8,153,160</u>	<u>\$ 811,998</u>	<u>\$ 7,458,077</u>	<u>116,915</u>
General revenues				
County appropriations - regular				753,310
Miscellaneous				70,812
Interest				<u>2,916</u>
Total general revenues				<u>827,038</u>
Change in net position				943,953
Net position, beginning of the year				<u>1,378,941</u>
Net position, end of the year				<u>\$ 2,322,894</u>

See accompanying notes to financial statements.

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY  
GOVERNMENTAL FUND  
BALANCE SHEET  
SEPTEMBER 30, 2021**

<b>ASSETS</b>	
Cash	\$ 4,869,964
Accounts receivable	105,373
Due from other governmental units - Federal/State	208,715
Prepays	99,936
Inventories	78,717
	<hr/>
TOTAL ASSETS	<u><u>\$ 5,362,705</u></u>
<b>LIABILITIES</b>	
Accounts payable	\$ 693,972
Accrued wages	122,013
Due to other governmental units - Federal/State	928,728
Other accrued liabilities	89,391
Unearned revenue	168,863
	<hr/>
TOTAL LIABILITIES	<u>2,002,967</u>
<b>FUND BALANCE</b>	
Nonspendable	99,936
Assigned	2,823,630
Unassigned	436,172
	<hr/>
TOTAL FUND BALANCE	<u>3,359,738</u>
	<hr/>
TOTAL LIABILITIES AND FUND BALANCE	<u><u>\$ 5,362,705</u></u>

See accompanying notes to financial statements.

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY  
RECONCILIATION OF THE GOVERNMENTAL FUND BALANCE  
SHEET TO THE STATEMENT OF NET POSITION  
SEPTEMBER 30, 2021**

**Total fund balance - governmental fund** **\$ 3,359,738**

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

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

The cost of capital assets is	\$ 1,278,550	
Accumulated depreciation is	(992,312)	
Capital assets, net		286,238

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

Deferred outflows of resources related to pension	1,766,295	
Deferred inflows of resources related to pension	(696,301)	
		1,069,994

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

Net pension liability	(1,947,436)	
Compensated absences	(445,640)	
		(2,393,076)

**Net position of governmental activities** **\$ 2,322,894**

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY  
GOVERNMENTAL FUND  
STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN FUND BALANCE  
YEAR ENDED SEPTEMBER 30, 2021**

REVENUES	
Licenses and permits	\$ 332,018
Intergovernmental	
Federal/State	7,396,988
Local	64,117
County appropriations	753,310
Charges for services	473,353
Interest and rents	6,515
Other	70,812
	<hr/>
TOTAL REVENUES	9,097,113
	<hr/>
EXPENDITURES	
Current	
Salaries and wages	3,148,037
Fringe benefits	2,128,335
Supplies and materials	746,174
Contractual	1,521,281
Communications	69,915
Travel and training	97,828
Insurance	42,727
Repairs and maintenance	486,666
Building and equipment lease and rentals	112,855
Printing and advertising	56,790
Postage	33,093
Other	17,627
	<hr/>
TOTAL EXPENDITURES	8,461,328
	<hr/>
NET CHANGE IN FUND BALANCE	635,785
Fund balance, beginning of year	2,723,953
	<hr/>
Fund balance, end of year	\$ 3,359,738
	<hr/>

See accompanying notes to financial statements.

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY  
RECONCILIATION OF THE STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN  
FUND BALANCE OF THE GOVERNMENTAL FUND TO THE STATEMENT OF ACTIVITIES  
YEAR ENDED SEPTEMBER 30, 2021**

**Net change in fund balance - governmental fund** \$ 635,785

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

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

Capital outlay	\$	218,493
Loss on disposal of capital assets		(43,275)
Depreciation expense		<u>(24,281)</u>

Excess of capital outlay over depreciation expense and other items		150,937
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Some items reported in the statement of activities do not require the use of current financial resources and therefore are not reported as expenditures in the governmental fund. These activities consist of:

Decrease in net pension liability		574,974
Decrease in accrued compensated absences		3,899
Increase in deferred outflows of resources related to pension		274,659
(Increase) in deferred inflows of resources related to pension		<u>(696,301)</u>

157,231

<b>Change in net position of governmental activities</b>		<u><u>\$ 943,953</u></u>
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**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY  
NOTES TO FINANCIAL STATEMENTS**

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

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

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

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

Reporting Entity

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

Basis of Presentation

**GOVERNMENT-WIDE FINANCIAL STATEMENTS**

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

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

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

**FUND FINANCIAL STATEMENTS**

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

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

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

Basis of Presentation (continued)

**FUND FINANCIAL STATEMENTS (continued)**

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

Basis of Accounting

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

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

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

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

Budgets and Budgetary Accounting

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

Cash

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

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

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

Cash (continued)

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

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

Receivables and Unearned Revenue

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

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

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

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

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

Inventories

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

Prepays

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

Capital Assets

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

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

Land improvements	7-20 years
Equipment	4-10 years

Compensated Absences

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

Net Pension Liability

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

Unavailable Revenue

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

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

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

Deferred Outflows/Inflows of Resources

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

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

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

Fund Balance Classification Policies and Procedures

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

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

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

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

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

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

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

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

Fund Balance Classification Policies and Procedures (continued)

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

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

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

Comparative Data

Comparative data for the prior year has not been presented in the accompanying financial statements since its inclusion would make the statements unduly complex and difficult to read.

**NOTE 2 - DEPOSITS**

As of September 30, 2021, the Agency had deposits subject to the following risks:

Custodial Credit Risk - Deposits

In the case of deposits, this is the risk that in the event of a bank failure, the Agency's deposits may not be returned to it. As of September 30, 2021, \$0 of the Agency's bank balance of \$90,428 was exposed to custodial credit risk because it was all covered by federal depository insurance. The Agency's carrying value on the books for deposits at the end of the year was \$52,148.

The cash balances reported in the basic financial statements include \$370 in imprest cash and \$4,817,446 in cash that is on deposit with the Branch County Treasurer. The cash on deposit with the Branch County Treasurer is part of the County pooled cash and investments. As a result, the insured and uninsured amounts related to these amounts cannot be determined.

Credit Risk

State law limits investments in certain types of investments to a prime or better rating issued by nationally recognized statistical rating organizations (NRSRO's). Obligations of the U.S. government or obligations explicitly guaranteed by the U.S. government are not considered to have credit risk and do not require disclosure of credit quality. As of September 30, 2021, the Agency did not have any investments that would be subject to rating.

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

**NOTE 2 - DEPOSITS (continued)**

Interest Rate Risk

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

Concentration of Credit Risk

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

Foreign Currency Risk

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

**NOTE 3 - CAPITAL ASSETS**

The following provides a summary of the changes in capital assets for the year ended September 30, 2021:

	Balance Oct. 1, 2020	Additions	Disposals	Balance Sept. 30, 2021
Capital assets being depreciated				
Equipment	\$ 1,182,785	\$ 5,261	\$ (145,451)	\$ 1,042,595
Land improvements	22,723	213,232	-	235,955
Total capital assets being depreciated	1,205,508	218,493	(145,451)	1,278,550
Less accumulated depreciation for:				
Equipment	(1,047,484)	(21,171)	102,176	(966,479)
Land improvements	(22,723)	(3,110)	-	(25,833)
Total accumulated depreciation	(1,070,207)	(24,281)	102,176	(992,312)
Capital assets, net	\$ 135,301	\$ 194,212	\$ (43,275)	\$ 286,238

Depreciation expense appears on the statement of activities in these governmental functions: Personal Health \$12,240; Environmental Health \$3,385; Community Health \$744; Aging Services \$4,009; and Administration \$3,903.

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

**NOTE 4 - LONG-TERM OBLIGATIONS**

The following is a summary of changes in long-term obligations (including current portion) of the Agency for the year ended September 30, 2021:

	Balance Oct. 1, 2020	Additions	Deletions	Balance Sept. 30, 2021	Amount Due within One Year
Compensated absences	\$ 449,539	\$ 183,004	\$ (186,903)	\$ 445,640	\$ 148,547

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

Accumulated sick and vacation leave represents a liability to the Agency, which is presented in a current and long-term portion of the liability. For this reason, the total liability is reported in the government-wide financial statements and represents a current liability of \$148,547 and a long-term liability of \$297,093 at September 30, 2021. Payments to employees for sick and vacation leave are recorded as expenditures when they are used, and payments are actually made to the employees.

**NOTE 5 - RETIREMENT PLANS**

**Defined Benefit Pension Plan**

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

Summary of Significant Accounting Policies

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

Benefits Provided

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

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

**NOTE 5 - RETIREMENT PLANS (continued)**

**Defined Benefit Pension Plan (continued)**

Benefits Provided (continued)

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

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

At the December 31, 2020, valuation date, the following employees were covered by the benefit terms:

Inactive employees or beneficiaries receiving benefits	69
Inactive employees entitled to but not yet receiving benefits	38
Active employees	<u>31</u>
	<u><u>138</u></u>

Contributions

The Agency is required to contribute amounts at least equal to the actuarially determined rate, as established by the MERS Retirement Board. The actuarially determined rate is the estimated amount necessary to finance the cost of benefits earned by employees during the year, with an additional amount to finance any unfunded accrued liability. The employer may establish contribution rates to be paid by its covered employees.

For the year ended September 30, 2021, the Agency's required contribution rate was 25% of annual payroll. Employees are required to contribute 3.00%.

Payable to the Pension Plan

At September 30, 2021, there were no amounts outstanding by the Agency for contributions to the pension plan required for the year ended September 30, 2021.

Net Pension Liability

The Agency's net pension liability was measured as of December 31, 2020, and the total pension liability used to calculate the net pension liability was determined by an annual actuarial valuation as of that date.

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

**NOTE 5 - RETIREMENT PLANS (continued)**

**Defined Benefit Pension Plan (continued)**

Net Pension Liability (continued)

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

	Increase (Decrease)		
	Total Pension Liability	Plan Fiduciary Net Position	Net Pension Liability
	(a)	(b)	(a)-(b)
Changes in Net Pension Liability			
Balances at December 31, 2019	\$ 15,839,984	\$ 13,317,574	\$ 2,522,410
Changes for the year			
Service cost	184,846	-	184,846
Interest on total pension liability	1,174,321	-	1,174,321
Difference between expected and actual experience	423,704	-	423,704
Changes in assumptions	921,539	-	921,539
Employer contributions	-	1,264,662	(1,264,662)
Employee contributions	-	48,270	(48,270)
Net investment income	-	1,994,138	(1,994,138)
Benefit payments, including employee refunds	(961,641)	(961,641)	-
Administrative expense	-	(27,686)	27,686
Net changes	1,742,769	2,317,743	(574,974)
Balances at December 31, 2020	\$ 17,582,753	\$ 15,635,317	\$ 1,947,436

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

For the year ended September 30, 2021, the Agency recognized pension expense of \$1,027,287. The Agency reported deferred outflows and inflows of resources related to pensions from the following sources:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences in experience	\$ 211,852	\$ -
Differences in assumptions	460,769	-
Net difference between projected and actual earnings on pension plan investments	-	696,301
Contributions subsequent to the measurement date*	1,093,674	-
Total	\$ 1,766,295	\$ 696,301

\* The amount reported as deferred outflows of resources resulting from contributions subsequent to the measurement date will be recognized as a reduction in the net pension liability for the year ending September 30, 2022.

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

**NOTE 5 - RETIREMENT PLANS (continued)**

**Defined Benefit Pension Plan (continued)**

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

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

<u>Year Ending September 30,</u>	<u>Pension Expense</u>
2022	\$ 522,712
2023	(24,740)
2024	(327,711)
2025	(193,941)

Actuarial Assumptions

The total pension liability in the December 31, 2020, annual actuarial valuation was determined using the following actuarial assumptions, applied to all periods included in the measurement:

Inflation: 2.5%

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

Investment rate of return: 7.60%, net of investment expenses, including inflation.

The valuation incorporates fully generational mortality. The base mortality tables used are constructed as noted and are based on amount weighted sex distinct rates. Pre-retirement mortality - 1. the Pub-2010 Juvenile Mortality Tables, 2. the Pub-2010 Employee Mortality Tables, and 3. the Pub-2010 Healthy Retiree Tables. Non-disabled retired plan members and beneficiaries - 1. 106% of the Pub-2010 Juvenile Mortality Tables, 2. 106% of the Pub-2010 Employee Mortality Tables, and 3. 106% of the Pub-2010 Healthy Retiree Tables. Disabled retired plan members - 1. The Pub-2010 Juvenile Mortality Tables, 2 - PubNS-2010 Disabled Retiree Tables.

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

Changes in Assumptions

The actuarial assumptions were changed during the year as follows:

Increase in merit and longevity pay assumption.

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

**NOTE 5 - RETIREMENT PLANS (continued)**

**Defined Benefit Pension Plan (continued)**

Discount Rate

The discount rate used to measure the total pension liability is 7.60%. The projection of cash flows used to determine the discount rate assumes that employer and employee contributions will be made at the rates agreed upon for employees and the actuarially determined rates for employers.

Projected Cash Flows

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

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

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

<u>Asset Class</u>	<u>Target Allocation</u>	<u>Long-Term Expected Real Rate of Return</u>	<u>Expected Money Weighted Rate of Return</u>
Global Equity	60.00%	5.25%	3.15%
Global Fixed Income	20.00%	1.25%	0.25%
Private Investments	20.00%	7.25%	1.45%
	<u>100.00%</u>		
Inflation			2.50%
Administration expenses netted above			<u>0.25%</u>
Investment rate of return			<u>7.60%</u>

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

**NOTE 5 - RETIREMENT PLANS (continued)**

**Defined Benefit Pension Plan (continued)**

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

The following presents the net pension liability of the Agency, calculated using the discount rates of 7.60%, as well as what the Agency's net pension liability would be using a discount rate that is 1% lower (6.60%) or 1% higher (8.60%) than the current rate.

	<u>1% Decrease</u>	<u>Current Discount Rate</u>	<u>1% Increase</u>
Net pension liability	<u>\$ 3,939,237</u>	<u>\$ 1,947,436</u>	<u>\$ 266,447</u>

**Defined Contribution Pension Plan**

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

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

The Agency's contributions to the plan were \$60,148 for the year ended September 30, 2021. The Agency's employees contributed \$36,089 to the defined contribution plan for the year ended September 30, 2021.

**NOTE 6 - RISK MANAGEMENT**

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

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

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

**NOTE 7 - DETAILS OF FUND BALANCE CLASSIFICATIONS**

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

As of September 30, 2021, the fund balance classifications were as follows:

Nonspendable	
Prepays	\$ 99,936
Assigned	
Vacation and sick leave	445,640
BCCF funds	309,956
Dental revenue	351,895
Aging services	21,409
Medicaid cost base reimbursement	1,362,489
Community stabilization	327,390
Collector fee	4,851
Unassigned	436,172
	<hr/>
	\$ 3,359,738

**NOTE 8 - CONTINGENT LIABILITIES**

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

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

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

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

**NOTE 9 - UPCOMING ACCOUNTING PRONOUNCEMENTS**

In June 2017, the Governmental Accounting Standards Board issued GASB Statement No. 87, *Leases*. This statement will increase the usefulness of governments' financial statements by requiring recognition of certain lease assets and liabilities for leases that previously were classified as operating leases and recognized as inflows of resources or outflows of resources based on the payment provisions of the contract. It establishes a single model for lease accounting based on the foundational principle that leases are financings of the right to use an underlying asset. The Agency is currently evaluating the impact this standard will have on the financial statements when adopted during the 2021-2022 fiscal year.

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

**NOTE 10 - UNCERTAINTIES**

The extent of the impact of COVID-19 on the Agency's operational and financial performance will depend on certain developments, including the duration and spread of the outbreak, impact on services, employees, and vendors, all of which are uncertain and cannot be predicted. At this point, the extent to which COVID-19 may impact the financial condition and results of operations is uncertain.

## **REQUIRED SUPPLEMENTARY INFORMATION**

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY  
GENERAL OPERATING FUND  
BUDGETARY COMPARISON SCHEDULE  
YEAR ENDED SEPTEMBER 30, 2021**

	Original Budget	Final Amended Budget	Actual	Variance with Final Budget Positive (Negative)
<b>REVENUES</b>				
Licenses and permits	\$ 297,020	\$ 302,240	\$ 332,018	\$ 29,778
Intergovernmental				
Federal/State	4,965,181	8,509,601	7,396,988	(1,112,613)
Local	61,504	93,870	64,117	(29,753)
County appropriations	748,202	749,071	753,310	4,239
Charges for services	647,911	485,492	473,353	(12,139)
Interest and rents	60,896	7,600	6,515	(1,085)
Other	85,800	135,652	70,812	(64,840)
<b>TOTAL REVENUES</b>	<b>6,866,514</b>	<b>10,283,526</b>	<b>9,097,113</b>	<b>(1,186,413)</b>
<b>EXPENDITURES</b>				
Current				
Salaries and wages	2,966,196	3,830,744	3,148,037	682,707
Fringe benefits	1,434,536	2,355,741	2,128,335	227,406
Supplies and materials	659,989	1,082,954	746,174	336,780
Contractual	996,546	1,889,788	1,521,281	368,507
Communications	61,770	88,952	69,915	19,037
Travel and training	144,875	153,707	97,828	55,879
Insurance	39,056	48,000	42,727	5,273
Repairs and maintenance	296,686	572,249	486,666	85,583
Building and equipment lease and rentals	192,355	120,001	112,855	7,146
Printing and advertising	3,410	69,365	56,790	12,575
Postage	19,795	41,965	33,093	8,872
Other	51,300	30,060	17,627	12,433
<b>TOTAL EXPENDITURES</b>	<b>6,866,514</b>	<b>10,283,526</b>	<b>8,461,328</b>	<b>1,822,198</b>
<b>NET CHANGE IN FUND BALANCE</b>	<b>-</b>	<b>-</b>	<b>635,785</b>	<b>635,785</b>
Fund balance, beginning of year	2,723,953	2,723,953	2,723,953	-
Fund balance, end of year	<u>\$ 2,723,953</u>	<u>\$ 2,723,953</u>	<u>\$ 3,359,738</u>	<u>\$ 635,785</u>

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

	2020	2019	2018	2017	2016	2015	2014
Total Pension Liability							
Service cost	\$ 184,846	\$ 162,697	\$ 188,936	\$ 194,225	\$ 221,881	\$ 260,139	\$ 257,464
Interest	1,174,321	1,161,744	1,155,642	1,122,384	1,096,375	1,008,656	929,021
Difference between expected and actual experience	423,704	24,243	(366,923)	(79,298)	(233,076)	80,642	-
Changes of assumptions	921,539	508,776	-	-	-	814,056	-
Benefit payments, including employee refunds	(961,641)	(915,864)	(860,670)	(777,188)	(715,313)	(616,270)	(590,701)
Other	-	-	1	-	1	(1)	29,031
Net Change in Total Pension Liability	1,742,769	941,596	116,986	460,123	369,868	1,547,222	624,815
Total Pension Liability, beginning	15,839,984	14,898,388	14,781,402	14,321,279	13,951,411	12,404,189	11,779,374
Total Pension Liability, ending	<u>\$ 17,582,753</u>	<u>\$ 15,839,984</u>	<u>\$ 14,898,388</u>	<u>\$ 14,781,402</u>	<u>\$ 14,321,279</u>	<u>\$ 13,951,411</u>	<u>\$ 12,404,189</u>
Plan Fiduciary Net Position							
Contributions - employer	\$ 1,264,662	\$ 637,262	\$ 304,525	\$ 266,448	\$ 226,464	\$ 219,053	\$ 181,018
Contributions - employee	48,270	47,927	50,404	55,364	64,400	85,602	71,723
Net investment income (loss)	1,994,138	1,615,364	(497,015)	1,559,362	1,251,034	(173,001)	708,740
Benefit payments, including employee refunds	(961,641)	(915,864)	(860,670)	(777,188)	(715,313)	(616,270)	(590,701)
Administrative expense	(27,686)	(27,776)	(24,912)	(24,713)	(24,706)	(25,331)	(25,997)
Net Change in Plan Fiduciary Net Position	2,317,743	1,356,913	(1,027,668)	1,079,273	801,879	(509,947)	344,783
Plan Fiduciary Net Position, beginning	13,317,574	11,960,661	12,988,329	11,909,056	11,107,177	11,617,124	11,272,341
Plan Fiduciary Net Position, ending	<u>\$ 15,635,317</u>	<u>\$ 13,317,574</u>	<u>\$ 11,960,661</u>	<u>\$ 12,988,329</u>	<u>\$ 11,909,056</u>	<u>\$ 11,107,177</u>	<u>\$ 11,617,124</u>
Agency Net Pension Liability	<u>\$ 1,947,436</u>	<u>\$ 2,522,410</u>	<u>\$ 2,937,727</u>	<u>\$ 1,793,073</u>	<u>\$ 2,412,223</u>	<u>\$ 2,844,234</u>	<u>\$ 787,065</u>
Plan Fiduciary Net Position as a percentage of the Total Pension Liability	89%	84%	80%	88%	83%	80%	94%
Covered payroll	\$ 1,590,755	\$ 1,439,800	\$ 1,673,482	\$ 1,727,981	\$ 1,974,029	\$ 2,408,692	\$ 2,383,929
Agency's Net Pension Liability as a percentage of covered payroll	122%	175%	176%	104%	122%	118%	33%

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

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

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY  
NOTE TO REQUIRED SUPPLEMENTARY INFORMATION  
YEAR ENDED SEPTEMBER 30, 2021**

**NOTE 1 - EMPLOYEE RETIREMENT PLAN**

Changes of benefits terms: There were no changes of benefit terms during plan year 2020.

Changes in assumptions: Increases in merit and longevity pay assumptions.

## **OTHER SUPPLEMENTARY INFORMATION**

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY**  
**SUPPLEMENTAL SCHEDULE: FUNDED SERVICE CATEGORIES BY SOURCE (a)**  
**AGING AND ADULT SERVICES AGENCY**  
**YEAR ENDED SEPTEMBER 30, 2021**

	Title III-B	Title III-C1	Title III-C2	Title III-D
EXPENDITURES				
Personal care	\$ 20,988	\$ -	\$ -	\$ -
Homemaker	20,987	-	-	-
Chore services	4,171	-	-	-
Home delivered meals	5,425	-	107,797	-
Adult day care	-	-	-	-
Care management	10,041	-	-	-
Respite care	-	-	-	-
Case coordination and support	-	-	-	-
Congregate meals	-	94,951	-	-
Transportation	40,200	-	-	-
Legal assistance	10,000	-	-	-
Caregiver Support Group	-	-	-	-
Caregiver Training	-	-	-	-
Assistive devices and technologies	-	-	-	-
Information and assistance	10,880	-	-	-
Home repair	870	-	-	-
Disease prevention and health promotion	-	-	-	8,821
Program development	2,932	-	-	-
Ombudsman	2,000	-	-	-
Medication management	-	-	-	-
Administration	-	-	-	-
Community living support services - RSD	5	-	-	-
Gap Filing/Special Needs (RSD)	3,368	-	-	-
Other	6,460	-	-	-
TOTAL EXPENDITURES	<u>\$ 138,327</u>	<u>\$ 94,951</u>	<u>\$ 107,797</u>	<u>\$ 8,821</u>

(a) This schedule only includes Aging Services programs.

Title III-E	Title III Administration	NSIP	Targeted Care Management	State Access	State In-Home	State Congregate Meals
\$ -	\$ -	\$ -	\$ -	\$ -	\$ 57,787	\$ -
-	-	-	-	-	57,787	-
-	-	-	-	-	-	-
-	-	93,894	-	-	-	-
-	-	-	-	-	-	-
18,097	-	-	-	-	-	-
4,897	-	-	-	-	9,799	-
9,000	-	-	-	7,989	-	-
-	-	28,681	-	-	-	2,676
13,977	-	-	-	-	-	-
-	-	-	-	-	-	-
3,933	-	-	-	-	-	-
3,933	-	-	-	-	-	-
-	-	-	-	-	9,903	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	7,153	-
-	46,594	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	38,168	-	-	-
<u>\$ 53,837</u>	<u>\$ 46,594</u>	<u>\$ 122,575</u>	<u>\$ 38,168</u>	<u>\$ 7,989</u>	<u>\$ 142,429</u>	<u>\$ 2,676</u>

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY**  
**SUPPLEMENTAL SCHEDULE: FUNDED SERVICE CATEGORIES BY SOURCE (continued)**  
**AGING AND ADULT SERVICES AGENCY**  
**YEAR ENDED SEPTEMBER 30, 2021**

	State Home Delivered Meals	State Alternative Care	Merit Award Trust Fund Respite	State Respite Care
EXPENDITURES				
Personal care	\$ -	\$ 15,700	\$ -	\$ -
Homemaker	-	15,700	-	-
Chore services	-	-	-	-
Home delivered meals	133,495	-	-	-
Adult day care	-	-	8,856	8,557
Care management	-	-	-	-
Respite care	-	-	7,967	29,153
Case coordination and support	-	-	-	-
Congregate meals	-	-	-	-
Transportation	-	-	16,589	-
Legal assistance	-	-	-	-
Caregiver Support Group	-	-	-	-
Caregiver Training	-	-	-	-
Assistive devices and technologies	-	-	-	-
Information and assistance	-	-	-	-
Home repair	-	-	-	-
Disease prevention and health promotion	-	-	-	-
Program development	-	-	-	-
Ombudsman	-	-	-	-
Medication management	-	-	-	-
Administration	-	-	-	-
Community living support services - RSD	-	-	-	-
Gap Filing/Special Needs (RSD)	-	-	-	-
Other	-	-	-	-
TOTAL EXPENDITURES	<u>\$ 133,495</u>	<u>\$ 31,400</u>	<u>\$ 33,412</u>	<u>\$ 37,710</u>

State CG Support	Merit Award Fund Administration	State Care Management	State Administration	State Caregiver Support Administration	State Aging New Services	Program Income
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 19,955
-	-	-	-	-	-	19,955
-	-	-	-	-	-	1,889
-	-	-	-	-	-	68,976
-	-	-	-	-	-	3,452
-	-	73,348	-	-	12,458	-
4,123	-	-	-	-	-	4,049
-	-	-	-	-	-	-
-	-	-	-	-	-	80,424
-	-	-	-	-	-	18,019
-	-	-	-	-	-	70
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	817
-	-	-	-	-	-	115
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	3,304	-	8,019	407	-	-
-	-	6,880	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
<u>\$ 4,123</u>	<u>\$ 3,304</u>	<u>\$ 80,228</u>	<u>\$ 8,019</u>	<u>\$ 407</u>	<u>\$ 12,458</u>	<u>\$ 217,721</u>

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY**  
**SUPPLEMENTAL SCHEDULE: FUNDED SERVICE CATEGORIES BY SOURCE (continued)**  
**AGING AND ADULT SERVICES AGENCY**  
**YEAR ENDED SEPTEMBER 30, 2021**

	Cash Match	In-kind Match	Total
EXPENDITURES			
Personal care	\$ 10,056	\$ 750	\$ 125,236
Homemaker	10,056	750	125,235
Chore services	302	300	6,662
Home delivered meals	23,758	19,640	452,985
Adult day care	2,264	-	23,129
Care management	12,700	7,500	134,144
Respite care	5,513	1,100	66,601
Case coordination and support	2,208	-	19,197
Congregate meals	10,019	1,300	218,051
Transportation	147,491	-	236,276
Legal assistance	1,494	-	11,564
Caregiver Support Group	511	-	4,444
Caregiver Training	511	-	4,444
Assistive devices and technologies	500	1,000	11,403
Information and assistance	1,500	-	12,380
Home repair	113	-	1,800
Disease prevention and health promotion	1,147	-	10,083
Program development	-	-	2,932
Ombudsman	38,013	-	40,013
Medication management	-	1,000	8,153
Administration	-	-	58,324
Community living support services - RSD	700	-	7,585
Gap Filing/Special Needs (RSD)	130	800	4,298
Other	512	800	45,940
TOTAL EXPENDITURES	<u>\$ 269,498</u>	<u>\$ 34,940</u>	<u>\$ 1,630,879</u>

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**YEAR ENDED SEPTEMBER 30, 2021**

Federal Grantor/Pass Through Grantor/Program Title	Assistance Listing Number	Pass-Through Grantor Number	Expenditures
<b>U.S. DEPARTMENT OF AGRICULTURE</b>			
Passed through Michigan Department of Health and Human Services Special Supplemental Nutrition Program for Women, Infants, and Children	10.557 <sup>(a)</sup>		
FY 20-21 Resident Services		212MI003W1003	\$ 757,761
FY 20-21 Breastfeeding		212MI003W1003	19,349
FY 20-21 Breastfeeding		202MI013W5003	65,058
<b>TOTAL U.S. DEPARTMENT OF AGRICULTURE</b>			<b>842,168</b>
<b>U.S. DEPARTMENT OF JUSTICE</b>			
Passed through Michigan Department of Health and Human Services Crime Victim Assistance FY 20-21 VOCA	16.575	E20211465-001	130,251
<b>U.S. DEPARTMENT OF TREASURY</b>			
Passed through Michigan Department of Treasury COVID-19 Coronavirus Relief Fund Public Safety Public Health Payroll Reimbursement	21.019	PSPHPR 09-20	19,091
Passed through Michigan Aging and Adult Services Agency COVID-19 Coronavirus Relief Fund Personal Care/Essential Care boxes	21.019	SLT0040	2,818
Passed through Michigan Department of Health and Human Services COVID-19 Coronavirus Relief Fund Immunizations COVID Response	21.019	SLT0040	30,587
Local Health Department Contact Tracing		SLT0040	285,352
Local Health Department Testing		SLT0040	150,007
<b>TOTAL U.S. DEPARTMENT OF TREASURY</b>			<b>487,855</b>
<b>ENVIRONMENTAL PROTECTION AGENCY</b>			
Passed through Michigan Department of Environment, Great Lakes, and Energy Drinking Water State Revolving Fund Cluster Capitalization Grants for Drinking Water State Revolving Funds	66.468 <sup>(d)</sup>		
FY 20-21 Standard/Operator Assistance		FS975487-19	3,458
FY 20-21 Local Assistance		FS975487-19	300
FY 20-21 Public Water Supply Supervision		FS975487-19	5,179
<b>TOTAL ENVIRONMENTAL PROTECTION AGENCY</b>			<b>8,937</b>
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>			
Direct award Rural Health Outreach and Rural Network Development Program Rural Communities Opioid Response FY 20-21	93.912	G2540027	111,647
Passed through Michigan Aging and Adult Services Agency Title III-D Special Programs for the Aging (Disease Prevention and Health Promotion Services) FY 20-21	93.043	N/A	8,821
Aging Cluster Title III-B Special Programs for the Aging (Grants for Supportive Services and Senior Centers) FY 20-21 Administration FY 20-21 Regular	93.044 <sup>(b)</sup>	N/A N/A	13,303 138,327
			<b>151,630</b>

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (continued)**  
**YEAR ENDED SEPTEMBER 30, 2021**

Federal Grantor/Pass Through Grantor/Program Title	Assistance Listing Number	Pass-Through Grantor Number	Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (continued)			
Passed through Michigan Aging and Adult Services Agency (continued)			
Aging Cluster (continued)			
Title III-C Special Programs for the Aging			
(Nutrition Services)	93.045 <sup>(b)</sup>		
FY 20-21 Administration		N/A	\$ 26,964
FY 20-21 Nutrition Congregate		N/A	94,951
FY 20-21 Nutrition Home Delivered Meals		N/A	107,797
FY 20-21 Supplemental Nutrition		N/A	12,795
			<u>242,507</u>
Nutrition Services Incentive Program	93.053 <sup>(b)</sup>		
FY 20-21 Nutrition Services Incentive Program		N/A	<u>122,575</u>
Total Aging Cluster			<u>516,712</u>
National Family Caregiver Support	93.052		
FY 20-21 Administration		N/A	6,327
FY 20-21 Regular		N/A	53,837
			<u>60,164</u>
Immunization Grants	93.268		
COVID-19 Immunization Support		NH23IP922635	<u>23,480</u>
Passed through Michigan Department of Health and Human Services			
Immunization Grants	93.268		
FY 20-21 Vaccine Supply		NH23IP922635	200,276
COVID-19 FY 20-21 Immunizations		NH23IP922635	118,016
FY 20-21 Immunization Fixed Fees		NH23IP922635	1,150
FY 20-21 IAP		NH23IP922635	71,789
			<u>391,231</u>
			<u>414,711</u>
Passed through Michigan Aging and Adult Services Agency			
Medical Assistance Program	93.778 <sup>(c)</sup>		
FY 20-21 Aging		N/A	<u>38,168</u>
Passed through Michigan Department of Health and Human Services			
Medical Assistance Program			
FY 20-21 Medicaid Outreach	93.778 <sup>(c)</sup>	2105MI5ADM	5,791
FY 20-21 CSHCS Medicaid Outreach		2005MI5ADM	7,734
FY 20-21 CSHCS Care Coordination <sup>(e)</sup>		2105MI5ADM	11,217
FY 20-21 CSHCS Medicaid Elevated Blood Lead Case Management		2105MI5MAP	2,325
FY 20-21 CSHCS Medicaid Elevated Blood Lead Case Management		2205MI5MAP	517
FY 20-21 CSHCS Outreach and Advocacy <sup>(e)</sup>		2105MI5ADM	58,364
			<u>85,948</u>
Total Medicaid Cluster			<u>124,116</u>
Public Health Emergency Preparedness	93.069		
FY 20-21		NU90TP922062	97,059
FY 20-21		NU90TP922062	32,634
			<u>129,693</u>

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (continued)**  
**YEAR ENDED SEPTEMBER 30, 2021**

Federal Grantor/Pass Through Grantor/Program Title	Assistance Listing Number	Pass-Through Grantor Number	Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (continued)			
Passed through Michigan Department of Health and Human Services (continued)			
Tuberculosis Control Program	93.116		
FY 20-21 Tuberculosis Control		NU52PS910173	\$ 67
FY 20-21 Tuberculosis Control		NU52PS910173	226
			<u>293</u>
COVID-19 Epidemiology and Laboratory Capacity for Infectious Diseases	93.323		
COVID-19 Contact Tracing Testing Coordination		NU50CK000510	592,418
COVID-19 Infection Prevention		NU50CK000510	76,001
			<u>668,419</u>
COVID-19 Public Health Crisis Response - Coronavirus	93.354		
FY 20-21 PHEP COVID-19 Response		NU90TP922074	191,272
Maternal and Child Health Services Block Grant	93.994		
FY 20-21 CSHCS Care Coordination		B0440141	42,034
FY 20-21 MCH - All Other		B0440141	34,594
FY 20-21 MCH - Children		B0440141	28,789
			<u>105,417</u>
Preventative Health Services	93.991		
Local Health Department (LHD) Sharing Support		NB010T009324	36,901
Passed through Michigan Department of Health and Human Services and MMAP, Inc.			
Special Programs for the Aging - Title IV and Title II Discretionary Projects	93.048	90MPPG0039	2,904
State Health Insurance Assistance Program	93.324	90SAPG0090	18,000
Community Health Access and Rural Transformation (CHART) Model	93.624	1J1CMS331626	6,323
TOTAL U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			<u>2,395,393</u>
TOTAL FEDERAL AWARD EXPENDITURES			<u>\$ 3,864,604</u>

(f)

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY  
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
YEAR ENDED SEPTEMBER 30, 2021**

**NOTE 1 - BASIS OF PRESENTATION**

The accompanying Schedule of Expenditures of Federal Awards (the "Schedule" includes the federal grant activity of the Branch-Hillsdale-St. Joseph Community Health Agency (the Agency) under programs of the federal government for the year ended September 30, 2021. The information in this schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the Agency, it is not intended to and does not present the financial position or changes in net position of the Branch-Hillsdale-St. Joseph Community Health Agency.

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

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

**NOTE 3 - SUBRECIPIENTS**

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

**NOTE 4 - SUMMARY OF SIGNIFICANT EXPLANATIONS OF SCHEDULE**

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

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

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY  
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
YEAR ENDED SEPTEMBER 30, 2021**

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

- (f) The following reconciles the federal revenues reported in the September 30, 2021, financial statements to the expenditures of the Agency administered federal programs reported on the Schedule of Expenditures of Federal Awards (SEFA):

Federal/State Revenue (per fund financial statements)	\$ 7,396,988
Less: Difference between vaccines administered (revenue per financial statements) and vaccines received (expenditures per SEFA and instructions from grantor agency)	(26,429)
Less: Portions of grant funding considered "State" funding	<u>(3,505,955)</u>
Federal award expenditures	<u><u>\$ 3,864,604</u></u>



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

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

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the governmental activities and the major fund of the Branch-Hillsdale-St. Joseph Community Health Agency (the Agency), as of and for the year ended September 30, 2021, and the related notes to the financial statements, which collectively comprise the Agency's basic financial statements and have issued our report thereon dated March 11, 2022.

**Internal Control Over Financial Reporting**

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

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

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

## **Compliance and Other Matters**

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

## **Purpose of this Report**

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

March 11, 2022



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

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

### **Report on Compliance for Each Major Federal Program**

We have audited the Branch-Hillsdale-St. Joseph Community Health Agency's (the Agency) compliance with the types of compliance requirements described in the OMB *Compliance Supplement* that could have a direct and material effect on the Agency's major federal programs for the year ended September 30, 2021. The Agency's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

#### ***Management's Responsibility***

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its federal programs.

#### ***Auditor's Responsibility***

Our responsibility is to express an opinion on compliance for each of the Agency's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administration Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Agency's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of the Agency's compliance.

### ***Opinion on Each Major Federal Program***

In our opinion, the Branch-Hillsdale-St. Joseph Community Health Agency complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2021.

### **Report on Internal Control Over Compliance**

Management of the Agency is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the Agency's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Agency's internal control over compliance.

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

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

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

March 11, 2022

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY  
SCHEDULE OF FINDINGS AND QUESTIONED COSTS  
YEAR ENDED SEPTEMBER 30, 2021**

**Section I - Summary of Auditor's Results**

---

**Financial Statements**

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

*Unmodified*

Internal control over financial reporting:

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

Noncompliance material to financial statements noted?

\_\_\_\_\_ Yes   X   No

**Federal Awards**

Internal control over major programs:

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

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

*Unmodified*

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

\_\_\_\_\_ Yes   X   No

Identification of major programs:

<u>Assistance Listing Number(s)</u>	<u>Name of Federal Program or Cluster</u>
10.557	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

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

\$ 750,000

Auditee qualified as low-risk auditee?

  X   Yes \_\_\_\_\_ No

**Section II - Financial Statement Findings**

---

None noted.

**Section III - Federal Award Findings and Questioned Costs**

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None noted.

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY  
SUMMARY SCHEDULE OF PRIOR YEAR AUDIT FINDINGS  
YEAR ENDED SEPTEMBER 30, 2021**

FINDINGS/COMPLIANCE

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

No prior audit findings noted.

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

No prior audit findings noted.

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

No prior audit findings noted.

# Exhibits for Section 3 – Mission, Vision, & Values

## Section A – Agency Mission & Vision

- **Exhibit 3A-1** – Annual Report 2019
- **Exhibit 3A-2** – Annual Report 2021



**BRANCH-HILLSDALE-ST. JOSEPH**  
**COMMUNITY HEALTH**  
**AGENCY** | YOUR LOCAL  
HEALTH DEPARTMENT

## ANNUAL REPORT 2019

# Board of Health



**Terri Norris**  
Branch County



**Bruce Caswell**  
Hillsdale County  
(Vice Chairperson)



**Allen J. Balog**  
St. Joseph County



**Don Vrablic**  
Branch County  
(Chairperson)



**Mark E. Wiley**  
Hillsdale County



**Kathy Pangle**  
St. Joseph County

## Agency Directors



**Rebecca Burns,**  
**MPH, RS**  
Health Officer



**Dr. H. Lauren**  
**Vogel, DO, MPH**  
Medical Director



**Theresa Fisher**  
Director of  
Administrative  
Services



**Paul Andriacchi,**  
**REHS**  
Director of  
Environmental  
Health

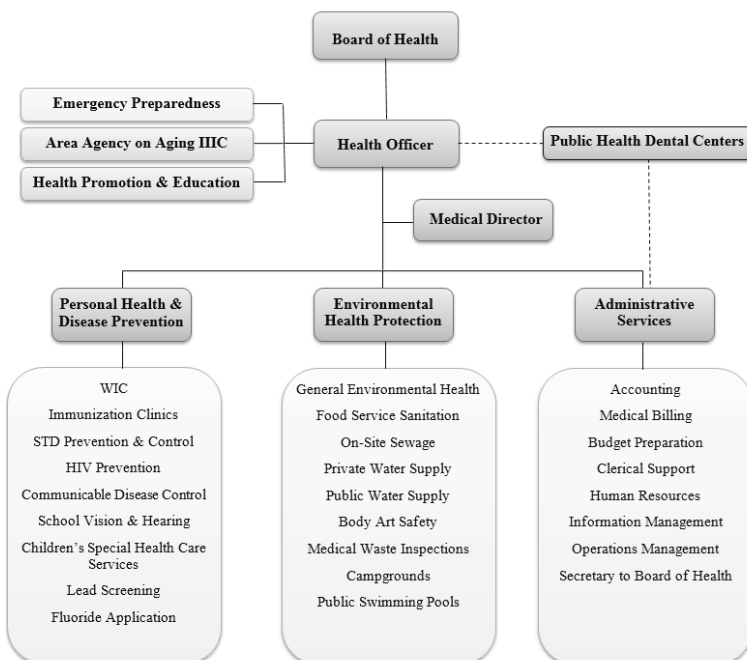


**Yvonne Atwood, RN,**  
**BSN**  
Director of Personal  
Health & Disease  
Prevention



**Laura Sutter,**  
Director of Area  
Agency on Aging  
3C

## Organizational Chart



# Letter to the Community

Letter to the Community:

Everyone at the Branch-Hillsdale-St. Joseph Community Health Agency (BHSJCHA) works hard to be “Your Local Health Department” and put our clients first. The 2019 Annual Report highlights the best from “Your Local Health Department” and we are pleased to share our year in review.

To begin Fiscal Year 2019 (FY19) Your Local Health Department received the Accreditation Certificate for the review that occurred in FY18 by a spokesperson from the Michigan Department of Health and Human Services. The Agency received Accreditation with Commendation, the highest honor.

The Area Agency on Aging IIIC (Branch & St. Joseph counties are a department within BHSJCHA) spent much of FY19 working on the Multi-Year Planning Cycle. The multi-year plan (3-year) is informed by a needs assessment conducted of local residents and providers with questions designed to learn about the needs of older adults and their caregivers. The completed needs assessment provides direction to the AAA IIIC on how to focus federal and state funds funneled through the Agency that are used to meet the real needs of residents in Branch and St. Joseph counties. Potential contractors then submit bids through a request for proposals (RFP) process. Successful bidders were approved by the Board of Health who took action on awards. Every third year this process begins again and we find it a valuable exercise in determining how to best serve the needs in the older adults in Branch and St. Joseph counties.

The Environmental Health (EH) section of Your Local Health Department focused on a new emerging threat in groundwater, PFAS, and worked to provide technical assistance to the operators of a water supply that was found to contain Legionella bacteria. The EH staff continued to work toward full implementation of the software product they acquired called HealthSpace.

The Health Education section was awarded a new grant to work on medical marijuana called the Medical Marijuana Operation & Oversight grant. The proposal accepted by our Agency focused on “Lock It Up” and provided information and tools to help residents in Branch, Hillsdale, and St. Joseph counties keep their medical marijuana out of the hands of kids. The Health Educators were careful to focus not on the use of marijuana, but simply on the safety for those that aren’t prescribed the product. The program was a great success, with more demand for the lock boxes made available than we could supply.

The Personal Health & Disease Prevention section (PHDP) saw the end of the Hepatitis A Outbreak in Michigan during FY19. The increased focus on Hepatitis A vaccination in high risk populations was integral in slowing and eventually stopping the spread. Measles became a potential threat with larger numbers of cases than expected in SE Michigan and cases in Chicago IL; putting BHSJCHA perfectly in the middle for potential spread to unvaccinated individuals. Pertussis cases in Hillsdale county were also high during FY19. Misinformation on vaccine safety (available widely on social media and the internet) have increased the number of unvaccinated individuals making it more likely that diseases once thought to be eradicated are again a risk to the public health. Finishing out FY19 was an outbreak of EEE with more human cases of the disease than all previous years combined. This particularly devastating mosquito borne disease is not new to our area but the climate conditions kept the population of mosquitos that spread the disease around longer. Finally, PHDP began utilization of the new EMR, Nightingale Notes, that offered real-time communication with MICR and an improved billing system for BHSJCHA.

The team at Your Local Health Department will continue to support you and your family.

Yours in Good Health,



Rebecca A. Burns, MPH, RS



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## ***Our vision...***

***We envision positively impacting the health of individuals, families, communities and the environment through responsiveness, competence and collaboration.***

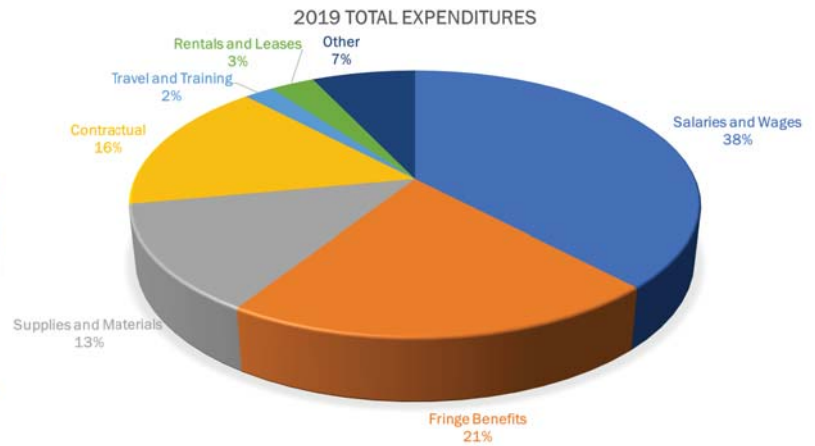
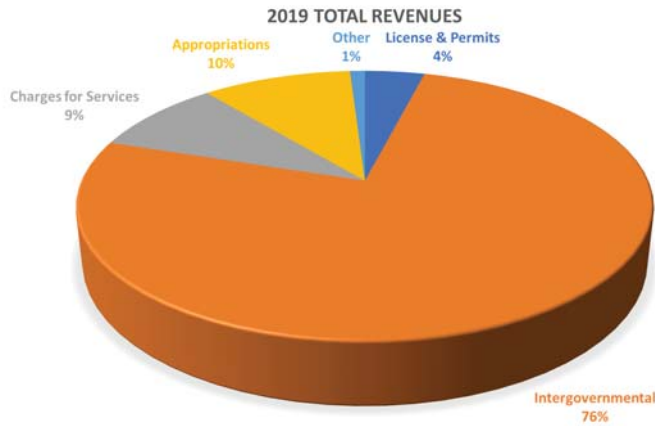
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## ***Our mission...***

***We promote optimal health to prolong life, by preventing disease and assuring protection of the public’s health in our community and environment.***

---

# Finance



**Fiscal Year 2018/2019**

**Total Annual Budget Based on Actuals: \$6,561,186**

## Public Health Dental Services



Age	Coldwater	Hillsdale	Three Rivers	Sturgis	Total
0-4	1.7%	2.3%	4.5%	4.5%	3.3%
5-14	8.3%	11.2%	17.7%	17.2%	13.7%
15-20	5.3%	5.1%	10%	6.8%	6.8%
21-60	66.7%	64.9%	54.6%	56.8%	60.6%
60+	18.1%	16.4%	13.1%	14.7%	15.5%

	Coldwater	Hillsdale	Three Rivers	Sturgis	Total
<b>Number of Patient Visits</b>	4,855	4,647	4,941	5,522	19,965
<b>Service Mix:</b>					
Medicaid	27.9%	40.2%	23.9%	18.6%	26.9%
Healthy Michigan Plan	26.8%	23.1%	22.8%	20.5%	23.5%
Traditional Insurance	26.4%	16.3%	20.0%	28.8%	23.1%
Delta Healthy Kids	9.8%	13.7%	22.3%	18.7%	16.3%
MyDP/NDP	9.2%	6.7%	10.9%	13.4%	10.2%

*"The dentist was very gentle and attentive to my concerns. His assistant was wonderful too. Best experience at a dental office I've ever had! I recommend them to everyone!" – Bobbi, My Community Dental Center, Coldwater*

*"Everyone here is amazing! They work well with my daughter and always make it a fun experience. This is by far one of the best dental places I've been to. My whole family comes here!" – Destiny, My Community Dental Center, Hillsdale*

*"Excellent experience every time I have been there. Everyone from the front staff, assistants, hygienists and the dentist are friendly, patient, and very professional. This place is the best, I would highly recommend going there!" – Jacqueline, My Community Dental Center, Three Rivers*

# County Health Profile

Profile - 2018	Branch County	Hillsdale County	St. Joseph County	Michigan
Population	43,622	45,749	61,043	9,995,915
Marriage	258	315	414	56,374
Divorce	165	187	225	28,186
% of Population 65+ years	18.2%	19.6%	18.0%	17.2%
Leading Causes of Death (2018)	Branch County	Hillsdale County	St. Joseph County	Michigan
Heart Disease	23.2%	24.5%	25.1%	25.6%
Cancer	22.4%	24.1%	18.1%	21.2%
Chronic Lower Respiratory Disease	9.1%	9.1%	6.4%	5.8%
Unintentional Injuries	7.3%	5.3%	6.8%	5.6%
Stroke	5.2%	4.9%	5.8%	5.2%
Alzheimer's Disease	3.3%	5.3%	3.1%	4.5%
Diabetes Mellitus	1.9%	2.5%	3.4%	2.9%
Kidney Disease	1.7%	1.4%	2.8%	2.0%
Pneumonia & Influenza	2.9%	1.6%	1.8%	1.9%
Intentional Self-Harm - Suicide	1.0%	1.8%	2.8%	1.6%
Maternal/Infant Health Indicators (2018)	Branch County	Hillsdale County	St. Joseph County	Michigan
Number of Live Births	603	526	777	110,093
Number of Teen Births <small>(age 15-19)</small>	45	44	69	8,445
Teen Pregnancy Rate <small>(per 1,000 births)</small>	35.0	27.7	35.8	26.4
% Low Birth Weight	5.8%	4.6%	6.2%	8.5%
% Very Low Birth Weight	1.3%	**	0.9%	1.4%
% Adequate Prenatal Care - Kessner Index <small>(2017)</small>	49.7%	51.8%	43.9%	67.9%
Infant Mortality Rate <small>(per 1,000) (Average - 2014-18)</small>	8.8	6.3	5.4	6.7
Economic Indicators (2017 County Health Rankings)	Branch County	Hillsdale County	St. Joseph County	Michigan
% Unemployment	4.7%	5.0%	4.3%	4.6%
Median Household Income	\$49,400	\$47,600	\$50,900	\$54,800
% Children Eligible for Free & Reduced Lunch <small>(185% of Poverty)</small>	52.0%	51.0%	57.0%	46.0%

\*\* Rate does not meet standards of precision or reliability.

# Personal Health & Disease Prevention

## WIC

### What is WIC?

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a public health nutrition program under the USDA that provides

- nutrition education
- nutritious foods
- breastfeeding support
- healthcare referrals

for income-eligible women who are pregnant or post-partum, infants, and children up to age 5.

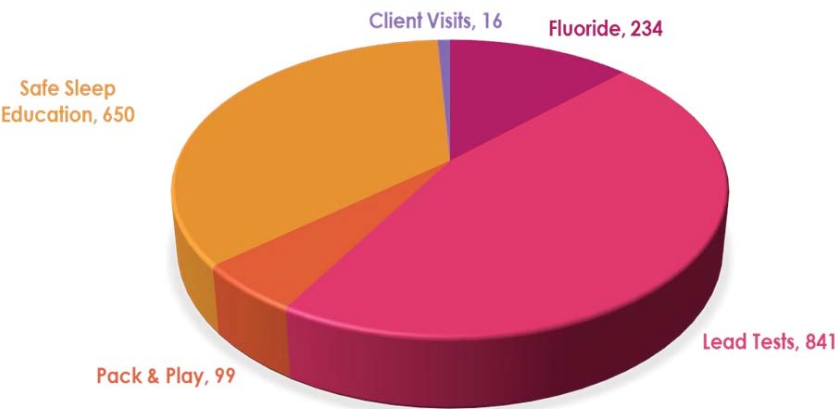
### How can WIC help my family?

WIC can...

- Reduce premature births
- Reduce low birth-weight babies
- Reduce fetal and infant deaths
- Improve diet quality
- Increase access to regular healthcare
- Increase immunization rates
- Increase access to prenatal care
- Increase pregnant women’s consumptions of vital nutrients

WIC average monthly participation				
County	2015/16	2016/17	2017/18	2018/19
Branch	1,504	1,409	1,315	1,247
Hillsdale	1,270	1,192	1,115	988
Sturgis	742	799	768	766
Three Rivers	1,358	1,128	1,024	982
Total	4,875	4,528	4,223	3,988

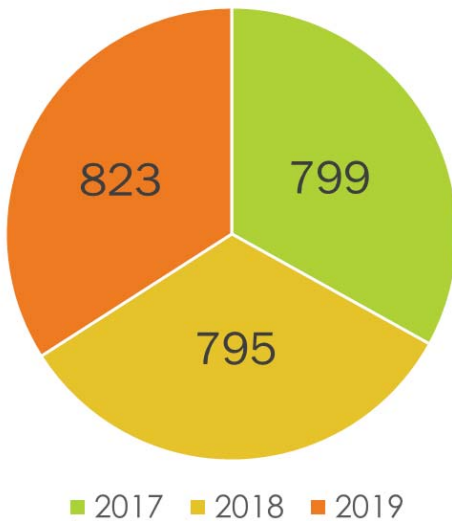
### BHSJ WIC HIGHLIGHTS: 2019



# Children's Special Health Care Services

Children's Special Health Care Services (CSHCS) provides services to children with special needs and their families. You are eligible for CSHCS if you are a Michigan resident, between the ages of 0-21 years, have a qualifying medical condition and seeing a specialist. CSHCS covers up to 3,000 various conditions and is available to families at all income levels.

Children's Special Health Care Services



Nicole Ewers, Representative, Madonna Hilarides, RN, Terri Penney, RN, Program Coordinator, Tina Lutz, Representative

The Michigan Department of Health and Human Services (MDHHS) provides FREE hearing and vision screenings to all children in Michigan. Screenings are conducted in schools or at BHSJ Community Health Agency.

- An undiagnosed hearing and/or vision problem may interfere with development
- Early detection and treatment of hearing and vision problems can help children succeed in school.
- Screenings are conducted by fully trained hearing and vision technicians.
- 10% of children screened for vision and 5% screened for hearing are referred to specialists.

BHSJ Hearing & Vision Screening

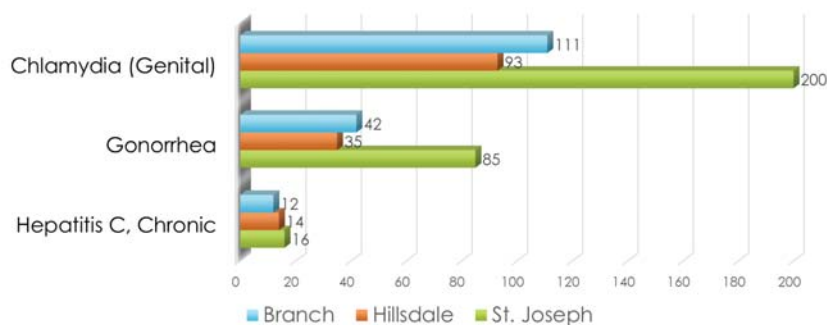


Hearing and Vision Technicians:  
Carol Anderson, Emily Young, Nicole Ewers,  
Kim Schoneboom



# Communicable Disease

Disease	2015	2016	2017	2018	2019	Total
HIV/AIDS, Adult	3	0	3	0	0	6
Campylobacter	19	40	33	39	40	171
Cryptosporidiosis	9	8	8	7	13	45
Giardiasis	2	7	6	7	6	28
Norovirus	3	0	30	1	18	52
Salmonellosis	16	29	27	28	26	126
Shiga toxin-producing Escherichia coli	0	0	0	0	5	5
Shigellosis	3	0	2	0	2	7
Yersinia enteritis	0	0	0	2	2	4
Meningitis - Aseptic	8	4	1	5	3	21
Meningitis - Bacterial Other	2	2	1	1	1	7
Meningococcal Disease	0	0	0	0	2	2
CP-CRE	0	0	0	1	3	4
Coccidioidomycosis	0	0	1	2	1	4
Cryptococcosis	1	0	0	0	0	1
Encephalitis, Primary	0	0	0	1	1	2
Guillain-Barre Syndrome	2	0	0	0	1	3
Hemolytic Uremic Syndrome	1	1	1	1	0	4
Histoplasmosis	5	3	2	0	6	16
Legionellosis	1	2	2	0	4	9
Rabies Animal	3	0	0	3	0	6
Chlamydia (Genital)	446	399	421	467	404	2137
Gonorrhea	24	45	54	119	162	404
Syphilis	2	7	9	0	0	18
Tuberculosis	1	0	0	0	0	1
Chickenpox (Varicella)	11	14	0	4	4	33
H. influenzae Disease - Inv.	0	2	2	3	1	8
Measles	0	0	0	0	0	0
Mumps	0	0	0	0	0	0
Pertussis	1	2	7	7	14	31
Lyme Disease	0	3	0	0	3	6
West Nile Virus	0	0	0	1	0	1
Zika	0	2	0	0	0	2
Hepatitis A	0	2	3	2	1	8
Hepatitis B, Acute	0	0	1	0	2	3
Hepatitis B, Chronic	3	7	4	1	1	16
Hepatitis C, Acute	2	0	0	0	0	2
Hepatitis C, Chronic	82	78	78	61	42	341



## Communicable Disease: What is it?

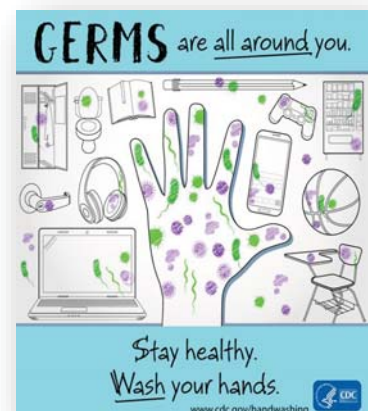
Disease caused by microorganisms such as bacteria, viruses, parasites, and fungi that can be spread, directly or indirectly, from one person to another.

Transmission can occur through insect bites, human to human contact, and ingestion of contaminated food or water.

- World Health Organization

## How can we prevent the spread of disease?

1. Properly wash your hands often.
2. Handle and prepare food safely.
3. Keep up on your vaccinations.
4. Avoid sharing personal items.
5. Stay home when you feel sick.
6. Clean and disinfect commonly used surfaces.
7. Avoid touching wild animals.



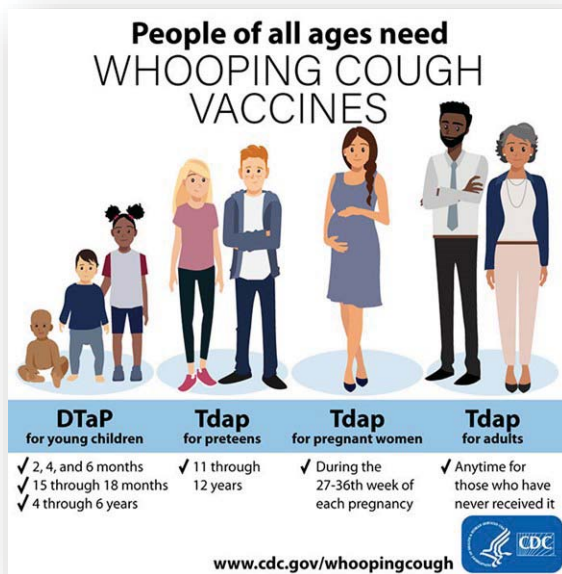
# Immunizations

BHSJ Vaccines Administered	2016/17	2017/18	2018/19
Influenza Only	1,866	1,498	2,046
Total Vaccines	10,732	9,547	10,067



## Vaccines - What should you know?

- We need vaccines to help protect against serious disease.
- Outbreaks of vaccine preventable disease can and still do happen in our communities.
- The CDC and FDA take many steps to make sure our vaccines are safe.
- Vaccines protect our children from getting sick.
- Vaccines are for everyone!

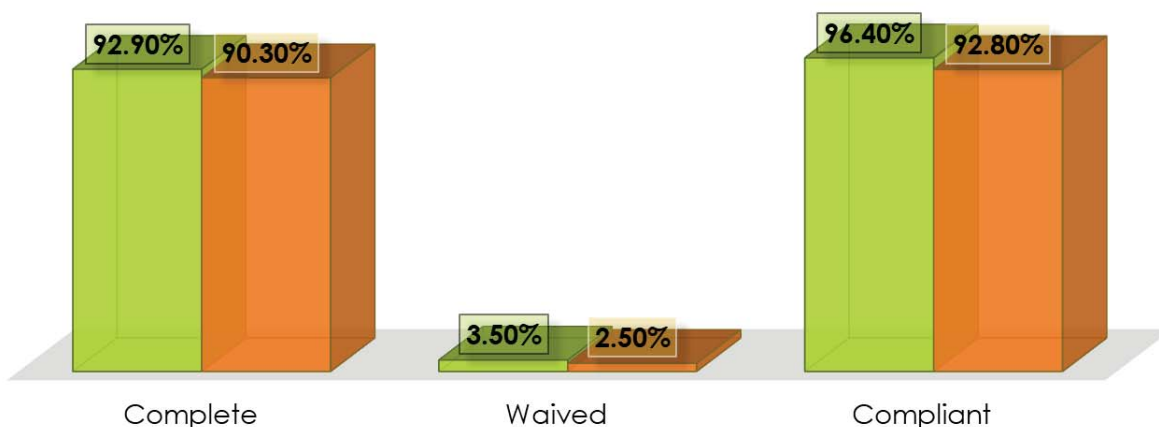


## BHSJ's Top Administered Vaccines (2019)

1. Tdap
2. Hepatitis A (Adult)
3. Hepatitis A (Pediatric)
4. HPV
5. PCV13

## BHSJ School/Childcare Compliance

■ Schools ■ Childcare



# Area Agency on Aging (IIIC)

Our mission is to provide a full range of high quality services, programs, and opportunities which promote the independence and dignity of older adults while supporting those who care for them throughout Branch and St. Joseph Counties.

Please contact the Branch-St. Joseph Area Agency on Aging for specific information and assistance at: **(517) 278-2538** or toll free **(888) 615-8009**.



Laura Sutter,  
Director

- We place the people we serve at the center of our operations, honoring their preferences and privacy.
- We assure efficient use of public and private resources.
- We develop programs and services using an inclusive process to promote healthy aging and livable communities for all ages
- We exhibit strong leadership which responds to changing needs and fosters collaboration and cooperation through the communities we serve.
- We use effective communication to carry out our mission and vision in an open, respectful and unbiased manner.



**Over the past year the Area Agency on Aging has actively developed programs and partnerships across the two-county planning & service area. Here are a few highlights:**

## **Elder Abuse Prevention &**

**Awareness:** The “Services to Victims of Elder Abuse” (SVEA) project began October 1, 2018 as a new program in our region. Our agency was chosen as one of three projects across the state pioneering efforts to directly serve victims of elder or dependent adult abuse, neglect and/or exploitation. Competitive funding was awarded by the Division of Victim Services at the Michigan Department of Health & Human Services. The funding is dedicated to support two full-time Elder Abuse Victim Specialists, present training and specialized outreach in the community and enhance collaboration among

existing elder/vulnerable adult abuse prevention groups.

Over the course of the year we served 75 victims through personal advocacy, emotional support & safety services, shelter/housing services, and assistance with the criminal justice system. In addition, we trained over 210 individuals at community partner agencies & organizations including: service clubs, fire departments, law enforcement agencies, and Branch and St. Joseph County Transportation Authorities. We are

developing a volunteer component to the program as well as specialized training for law enforcement and first responders. If you would like more details or

to become more involved in your community’s efforts to prevent vulnerable adult abuse, neglect or exploitation, feel free to call our office.



Josh Englehart and Danielle Newhouse,  
Elder Abuse Victim Specialists

## **Community Living Program**

**continues to soar!** Since 2005 the Area Agency on Aging has served older adults with complex needs through the Community Living Program. In 2019 we served over 100 individuals, many of whom have other agencies involved and are significantly at risk of needing institutional care. Our goals remain: to offer a person centered approach, honoring preferences and strengths; to serve those greatest in need; and, allow participants to age in place. If you would like more information about the Community Living Program or other supports available in your community, please contact our office!



Back (L to R): Josh Englehart, Bonnie Williamson, Karri Doty, Laura Sutter Front (L to R): Katelyn Hamlin, Dawn Elliott, Danielle Newhouse, Meggie Segura

**Senior Project FRESH** is a program aimed at helping older adults eat healthier as they age. The program provides participants free nutrition counseling and \$20 in coupons. The coupons may be redeemed for fresh fruits, vegetables, and other healthy foods sold at participating local farmers markets and roadside stands. Residents who are age 60 or older with a total household income of \$22,459 or less for an individual, or \$30,451 for a couple, are eligible to apply for the program through our office.

Three local markets participated in 2019 across our planning and service area: Hoff's Market in Coldwater, Byler's Farm Market in Sturgis, and Three Rivers Farmers Market in Three Rivers. Overall, nearly 450 residents received coupons and our local redemption rate is much higher than many other areas across the state. If you would like to participate in this program, please contact our office.



Services	Totals	Units
Operations	\$113,534	N/A
Nutrition	\$659,584	166,755
In-Home	\$321,131	39,217
Community	\$74,947	4,084
Access	\$412,429	22,306
Legal	\$10,345	351

*\* In general, services are targeted to those who are 60 year of age or older unless otherwise allowed under eligibility criteria for a specific program.*

*\*\*Data based on self-reported numbers by participants, choosing to identify race/ethnicity is not required.*

Population Served**	
Total Population 18+*	6,568
White (non-Hispanic)	6,326
African American	84
Asian/Pacific Islander	7
American Indian/Alaskan	13
Hispanic (of any race)	33
Below Poverty	2,170
Rural	6,568

# Health Education & Promotion

## Health Education

The Health Education and Promotion Division of the Branch-Hillsdale-St. Joseph Community Health Agency is responsible for a broad range of services offered to schools, communities, professional groups and individuals on a variety of health topics.

	FY 2019
Community Events/Presentations	62
Medical Marijuana Lock Boxes	1,080
Safe Kids Inspection Stations	187

The Health Education and Promotion staff attended over 60 community events in all three counties in FY 2019 to give area residents information on agency services that include WIC, Immunizations, Infant Safe Sleep, Environmental Health services, Breastfeeding, Child Passenger Safety, Tobacco Cessation, and much more.



According to the Michigan Profile for Healthy Youth (MiPHY) survey, more than 51% of students in the tri-county area have very easy or easy access to marijuana. Because of that, staff from the Health Education and Promotion Team applied for and received a grant from LARA to educate the community

on the importance of locking up Medicinal Marijuana. 1,080 lock boxes were ordered and distributed. The boxes were FREE and were given out to any tri-county resident that was in need.

To promote the importance of "Lock it Up", staff:

- Utilized over 10 community partners for distribution across the Tri-County area,
- attended community events,
- placed billboards in each county,
- posted on social media
- radio ads, and
- presented to local service groups, collaboratives, and coalitions.



Our Health Educators work with youth from our area schools to promote healthy lifestyles, including healthy relationships, drug and alcohol prevention, tobacco cessation, safe driving habits, anti-bullying, etc.

Kick Butts Day 2019 took place at the Capitol in Lansing on March 20th, 2019. Students from Coldwater



High School, Jonesville High School and Reading High School met up with others across the State to advocate for the Tobacco 21 Law. They met with legislators and spoke in the Rotunda about how tobacco has affected their lives negatively.



Left: Lock box and materials that were provided free for county residents. Above: the billboard that was displayed in all three counties.

# Emergency Preparedness

Emergency preparedness encompasses the planning and response to disasters. A disaster is defined by the World Health Organization (WHO) as a sudden phenomenon of sufficient magnitude to overwhelm the resources of a hospital, region, or location requiring external support. The Emergency Preparedness team at BHSJ works hard every year to be ready in any event. Emergency Preparedness is an essential service area of Public Health responsibility. Public Health threats are always present whether caused by natural, accidental or intentional means. The outbreaks of 2016 Zika, 2015 Avian H5N2 Flu, 2014 Ebola underscore the importance of having a prepared agency and community. Public Health provides the leadership for medical countermeasure response. We maintain numerous plans and alert systems and do training, drills and exercises with local, regional and state partners in the healthcare, law enforcement and government sectors.

## 2019 Highlights

- **PFAS Testing** - We were involved in arranging meetings and monitoring the testing done by the State to make sure our communities were informed. Surprisingly high numbers were reported in a Branch County area which had the potential to spill over into St. Joseph County; however, further testing revealed this to be an anomaly created by the discharge from a manufacturing facility.
- **Legionnaires Disease outbreak investigation** - While the situation continues to be monitored, Emergency Preparedness and Environmental Health worked closely to keep our Agency informed of the progress made.
- **Regional Table Top** - Pandemic Response. This focused on testing our abilities to communicate and coordinate with our partners in the face of a highly infectious fatal pandemic as well as our ability to deal with a large number of fatalities related to it.
- **Regional Distribution Node** - As the State had tasked us with continuing to develop strategies to be able to administer mass amounts of pharmaceuticals to the populace in short periods of time, our Regional partner Health Department's EPC's put together the first Regional Distribution Node in the history of the State. Excellent results were had including interface with the State via computers to inventory and disperse medications to our various Dispensing Sites.
- **Update of Emergency Operations Plan** - Intern from Western Michigan University, Grace Wood, assisted in this project, and was also instrumental in the creation of the Measles Outbreak Table Top Exercise.
- **Table Top Exercise - Measles Outbreak** - This exercise was well attended by the Hillsdale County partners and was facilitated by Hillsdale County Emergency Management. This exercise will be maintained as a basis for testing our community response to such events in our other two counties.

## Top Hazards for Branch, Hillsdale, and St. Joseph Counties

### Environmental:

- Floods
- Tornadoes/Severe Storms
- Winter Weather

### Chemical:

- Releases of chlorine, ammonia and other hazardous chemicals from manufacturing/agricultural businesses.



Top: Law Enforcement Officers and National Guard participate in Regional Distribution Node

Bottom: Rebecca Burns, Health Officer, Dr. Vogel, Medical Director, and Jim Cook, Emergency Preparedness Coordinator participate in the Regional Infectious Disease/Mass Fatality Exercise

# Environmental Health

## Food Protection

This program provides a systematic approach to minimize the risk of food-borne illness and to ensure that food meets consumer's expectations through application of statewide standards for all establishments where food is prepared and/or served to the public.

	2018	2019
Establishment Inspections	904	869
Plans Reviewed	19	21
Temporary Food Establishment Inspections	209	213
Food Manager Certification Classes (number of attendees)	212	187
<b>TOTAL</b>	<b>1,344</b>	<b>1,290</b>



Back (L to R): James Young, Dave Wagoner, Cody Johnson, Carrie Southern, Ben Aalberts, Lee Zimmerman, Paul Andriacchi

Front (L to R): Joe Frazier, Brandi Lennox, Elizabeth Howard, Stephanie Hough, Annalisa Rice, Stephanie Wolgast, Barb Keith, Bethany Pirman

## Other Programs

Although the well, septic, and food programs require the biggest portion of the environmental health staff focus, we do have responsibilities in other programs.

	2018	2019
Medical Waste Inspections	50	32
Swimming Pool Inspections	54	54
Campground Inspections	65	65
Body Art Facility Inspections	8	8
DHHS Inspections (daycare, foster care, etc.)	122	98
Septic Hauler Inspections	41	38
<b>TOTAL</b>	<b>340</b>	<b>295</b>

## Private and Public Water Supply

These programs are designed to assure both the proper installation of residential water wells and the monitoring and regulating of Type II Public Water Supplies to assure safe usable groundwater.

	2018	2019
Well Construction Permits Issued	553	510
Well Permits Inspected	425	410
New Water Supplies Approved	339	491
Non-Community Water Supply Inspections	34	87
<b>TOTAL</b>	<b>1,351</b>	<b>1,498</b>

## On-Site Sewage

Reviews sites proposed for sewage disposal, issuance and/or denial of permits, sewage evaluation, inspection, investigation and enforcement.

	2018	2019
Well/Septic Evaluations	30	24
Construction Permits	420	456
Septic Systems Inspected	348	361
Vacant Land Evaluations	43	32
<b>TOTAL</b>	<b>841</b>	<b>837</b>

Interactions with the environment affect quality of life, years of healthy life lived, and health disparities. The World Health Organization (WHO) defines environment, as it relates to health, as “all the physical, chemical, and biological factors external to a person, and all the related behaviors.” Environmental health consists of preventing or controlling disease, injury, and disability related to the interactions between people and their environment.





**Branch County Office**  
570 N. Marshall Rd.  
Coldwater, MI 49036  
(517) 279-9561

**Hillsdale County Office**  
20 Care Dr.  
Hillsdale, MI 49242  
(517) 437-7395

**St. Joseph County Office**  
1110 Hill St.  
Three Rivers, MI 49093  
(269) 273-2161

**St. Joseph County Off-Site Clinic**  
**Medical Commons II**  
1555 E. Chicago Rd.  
Suite C  
Sturgis, MI 49091  
Open Wednesday—Friday  
(269) 273-2161



# Annual Report 2021



# DEDICATION

This Annual Report is dedicated to the residents of Branch, Hillsdale, and St. Joseph Counties who gave of their time and talents to support the efforts of the Health Agency during the COVID-19 Pandemic response. Without them, our agency would not have been able to meet the challenges and opportunities of the past 2 years.



## BOARD OF HEALTH



**Brent Leininger**  
Commissioner  
Hillsdale County



**Jared Hoffmaster**  
Commissioner  
St. Joseph  
County



**Tom Matthew**  
Commissioner,  
Vice-Chair  
Branch County



**Mark E. Wiley**  
Commissioner,  
Hillsdale County



**Kathy Pangle**  
Commissioner,  
Chair  
St. Joseph  
County



**Jon Houtz**  
Commissioner  
Branch County

## AGENCY DIRECTORS



**Rebecca  
Burns**  
MPH, RS  
Health Officer



**Dr. H. Lauren Vogel**  
DO, MPH  
Medical Director



**Theresa Fisher**  
Director of  
Administrative  
Services



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

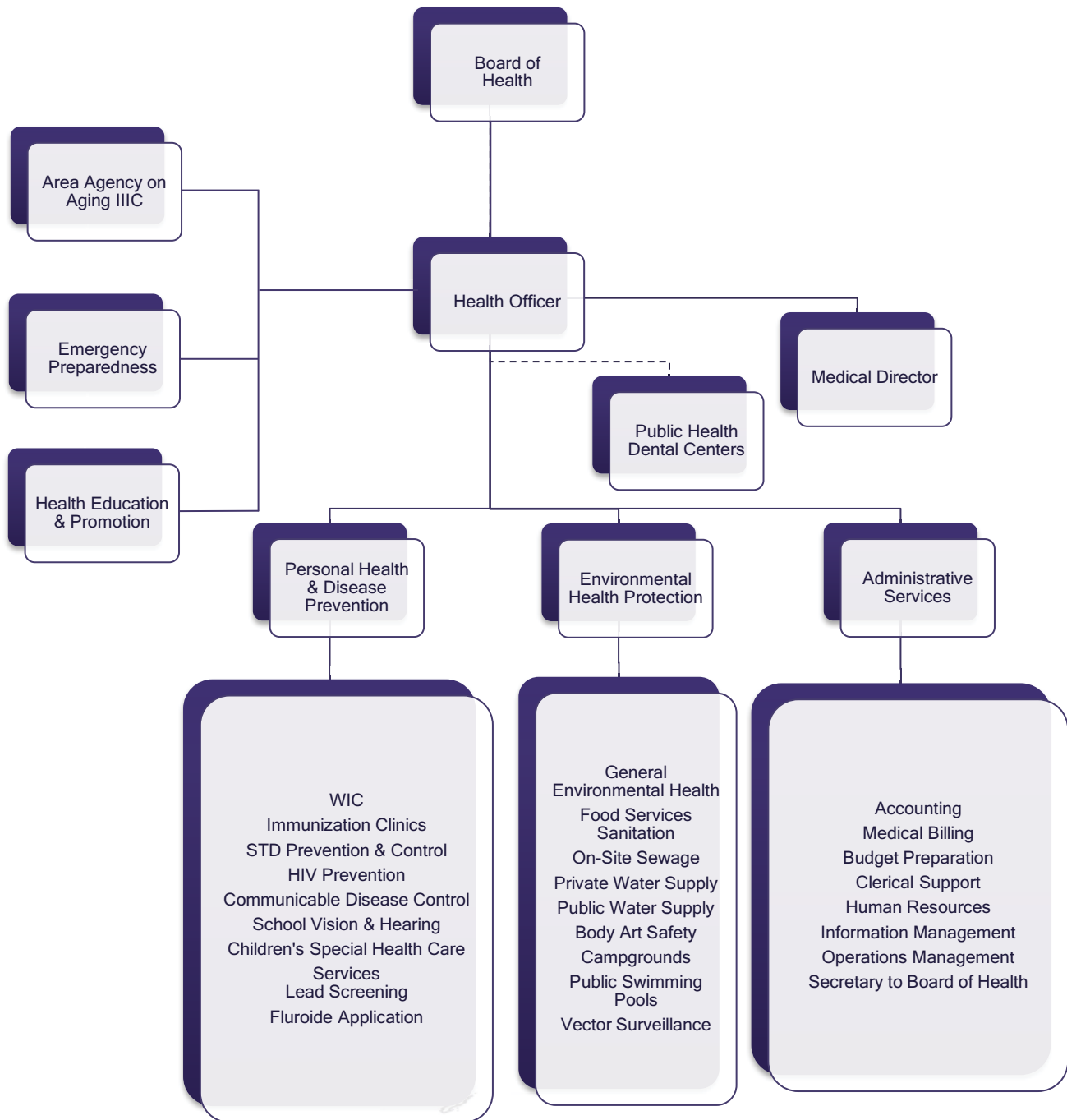


**Laura Sutter**  
Director of Area  
Agency on Aging  
3C



**Paul Andriacchi**  
REHS  
Director of  
Environmental

# ORGANIZATIONAL CHART



# LETTER TO THE COMMUNITY

Letter to the Community:

Fiscal Year 2021, year two of the COVID-19 pandemic, consumed most public health resources. The scientific community had learned a lot about COVID in year one which led to many important developments implemented in year two including: safe and effective vaccines, safe and effective treatments, and an increasing amount of knowledge about effective mitigation strategies. Although new variants of the virus continued to infect more individuals, these new prevention strategies saved countless lives. I'm pleased to highlight some of the efforts of "Your Local Health Department" in 2021 that targeted public health activities and served to protect the community members in our area:

- Vaccines to prevent COVID infection became available by December of 2020; with the tremendous efforts made by generous community volunteers and those in public health, we were able to plan for, and implement, mass vaccination clinics. Initially, two safe and effective vaccines received "Emergency Use Authorization" in the United States for people 18 years and older. During the year, we received additional vaccines and expanded into younger age groups. Initial vaccine demand was strong and, due to limited supply, was targeted for distribution to the most vulnerable members of the population. By April of 2021, the demand for vaccine had lessened, and with pharmacies and other local providers playing an important role in vaccinating tri-county residents, the mass clinics were phased out and ultimately ended.
- BHSJCHA was gifted an ultra-cold vaccine storage freezer by the COVID-19 Relief Taskforce in Branch County, providing the equipment necessary to bring the Pfizer vaccine to the tri-county area.
- COVID testing became more difficult to find during the year and to help meet the demand for free testing, BHSJCHA provided opportunities throughout the tri-county area at each of our office locations.
- BHSJCHA added to its inventory a mobile clinic van and hired a nurse to staff it and utilize it; because of this, the agency was able to begin providing vaccinations to homebound community members and congregate care homes.
- Amidst widespread safety concerns from community members, BHSJCHA continued to work closely with local school leaders on plans to protect students, teachers and staff that were returning to in-person learning and various in-person extracurricular activities.
- A local Health Order issued in September requiring quarantine of individuals with a close contact exposure at school, or in a workplace, was rescinded at the end of that month due to legislative bills targeted at public health funding.
- A surge in infections from the Delta variant were beginning as the year ended.
- Dr. H. Lauren Vogel, DO MPH, Medical Director retired and was replaced by Dr. Karen Luparello, DO from Hillsdale.
- The Agency invited WIC families of children under 1 year back for in-person appointments.
- Emphasis was placed early in the year on getting as many people as possible vaccinated for flu.
- More resources were put toward communicating through social media and our website; Instagram was added as a social media platform for the Agency, as well.

The team at Your Local Health Department is proud of our public health work and look forward to continuing to serve you and your family into 2022.

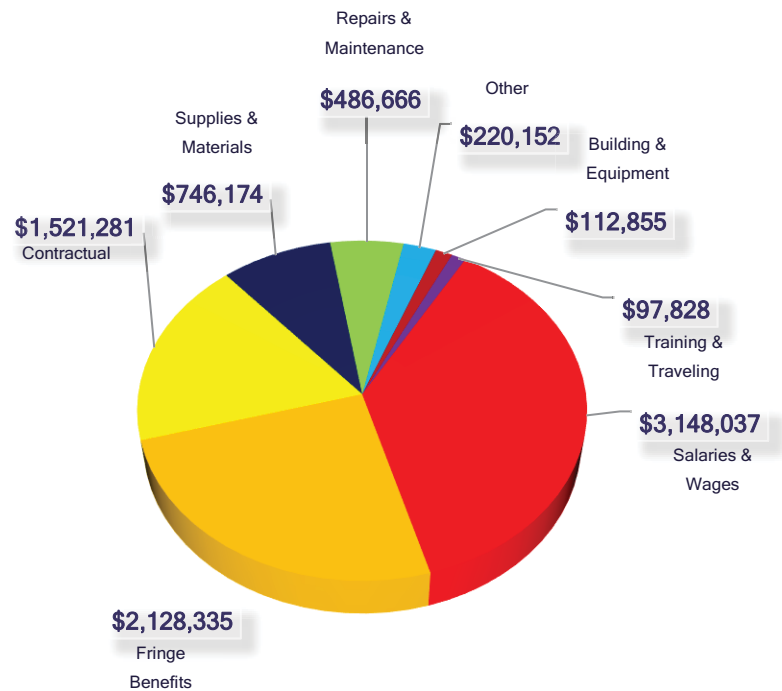
Yours in Good Health,



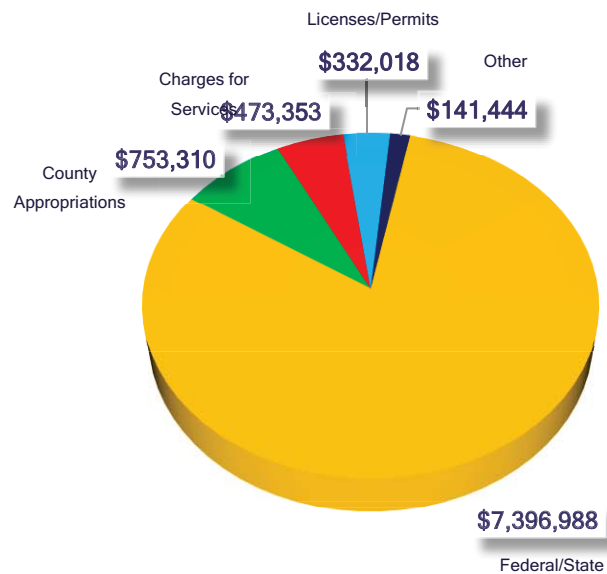
Rebecca A. Burns, MPH, RS

# FINANCIAL STATEMENTS

## 2021 EXPENDITURES



## 2021 REVENUE



# PUBLIC HEALTH DENTAL SERVICES



Age	Coldwater	Hillsdale	Three Rivers	Sturgis	Total
0-4	1.5%	1.0%	2.7%	4.0%	2.3%
5-14	7.2%	10.6%	14.0%	19.2%	12.8%
15-20	5.2%	3.3%	7.5%	7.5%	5.9%
21-60	64.8%	67.9%	60.7%	53.5%	61.7%
60+	21.4%	17.2%	15.1%	15.8%	17.4%

	Coldwater	Hillsdale**	Three Rivers	Sturgis	Total
Number of Patient Visits	5,019	1,529	5,530	5,123	17,201
Service Mix:	**Hillsdale Office temporarily closed April 2021				
Medicaid	30.3%	37.3%	24.8%	19%	27.9%
Healthy Michigan Plan	26.6%	27.7%	24.8%	18.6%	24.4%
Traditional Insurance	27.1%	18.2%	26.2%	28%	24.9%
Delta Healthy Kids	10.2%	12.8%	19.9%	23.9%	16.7%
MyDP/NDP	5.8%	3.8%	4.3%	10.4%	6.1%

“

“These people are awesome. Dr. Iveson is the best ever. I highly recommend this crew, First and foremost, ALL of the staff in the Coldwater MCDC office are friendly. They treat you with respect and kindness. Second, they care about your health over all. Third, but probably the most important, they gave me back my smile!!!! For me personally, it was a long haul. I had a few issues. I have a reseeding gum line, because of this my mouth is very sensitive, and I am a huge baby. Dr. Iverson is amazing he made sure to help control the pain all the way through my treatments. I have a full bottom denture and a partial on top. Their lab is terrific the teeth match my teeth perfectly. I love the bottom denture it looks natural and nobody can tell it is a denture. I think the whole team at MCDC Coldwater are terrific and I recommend anyone to go there.” – Rainee, Coldwater

“Every single person at MCDC in Sturgis was fantastic from beginning to end. Even the initial call to register was GREAT! It’s not often that a business has friendly people at every level but MCDC does! Everyone was friendly, they took the time to explain everything and were a joy to chat with. Best dentist experience I’ve had!” – Jacqueline, Sturgis

# COUNTY HEALTH PROFILE

Profile 2021 County	Branch	Hillsdale	St. Joseph	Michigan
<i>Population</i>	43,517	45,605	60,964	9,986,857
<i>Marriage</i>	524	294	390	56,374
<i>Divorce</i>	179	197	213	28,186
<i>% of Population &gt;65</i>	18.7%	20.2%	18.5%	50%
<b><i>Leading causes of Death</i></b>	<b>*MDCH data updated 11/8/2021</b>			
<i>Heart Disease</i>	19%	24.2%	21%	23.1%
<i>Cancer</i>	19.4%	22.2%	15.6%	18%
<i>COVID-19</i>	13%	9.4%	7.6%	9.7%
<i>Chronic Lower Respiratory Disease</i>	7.1%	6.9%	6%	4.8%
<i>Unintentional Injuries</i>	4.2 %	3.4%	6.4%	5.2%
<i>Stroke</i>	4.6%	4.1%	5.6%	5%
<i>Alzheimer's Disease</i>	6.4%	4.2%	3.7%	4.2%
<i>Diabetes Mellitus</i>	2.6%	3%	3.4%	2.9%
<i>Kidney Disease</i>	1.8%	2.7%	2.4%	1.7%
<i>Pneumonia &amp; Influenza</i>	0.4%	1.3%	1.7%	1.6%
<b><i>Maternal/Infant Health Indicators</i></b>				
<i>Number of Live Births</i>	258	390	375	104,166
<i>Number of Teen Births (age 15-19)</i>	34	20	45	4,758
<i>Percentage of Teen Births (age 15-19)</i>	13.2%	5.1%	12%	4.6%
<i>% Low Birth Weight</i>	8.8%	7%	8.3%	8.8%
<i>Infant Mortality Rate (per 1,000) (Average -2018-2020)</i>	7	4	7.2	6.6
<i>% Adequate Prenatal Care- Kessner Index (2020)</i>	45.7 %	53.1 %	48.3%	68%
<b><i>Economic Indicators (2020 County Health Rankings)</i></b>				
<i>% Unemployment</i>	3.9%	4.2%	4.3%	4.1%
<i>Median Household Income</i>	\$52,300	\$50,000	\$54,000	\$59,500
<i>Children in Poverty</i>	18%	24%	16	18%
<i>High School Completion</i>	89%	88%	87%	91%

# WIC-WOMEN, INFANTS, & CHILDREN

## What is WIC?

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a public health nutrition program under the USDA that provides the following for income-eligible women who are pregnant or post-partum, infants and children up to age five:

- Nutrition education
- Nutritious foods
- Breastfeeding support
- Healthcare referrals

## WIC can help a family by:

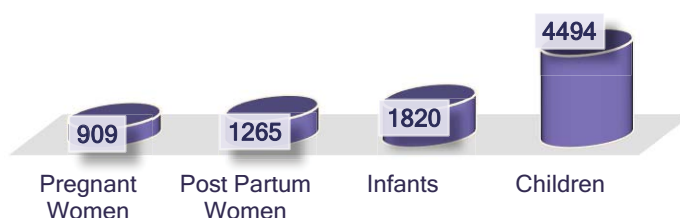
- Reducing premature births
- Reducing low birth-weight babies
- Reducing fetal and infant deaths
- Improving diet quality
- Increasing access to regular healthcare
- Increasing immunization rates
- Increasing access to prenatal care
- Increasing pregnant women's consumptions of vital nutrients

## Michigan WIC Program: Top Referral Categories

Branch	Food Stamps	Immunizations	Medicaid/Healthy Kids	Dental
Hillsdale	Immunizations	Dental	Safe Sleep Education	Medicaid/Healthy Kids
St. Joseph	Immunizations	Emergency Food Pantry	Medicaid/Healthy Kids	Physician



## WIC: PARTICIPANT COUNT OCTOBER 2020- SEPTEMBER 2021



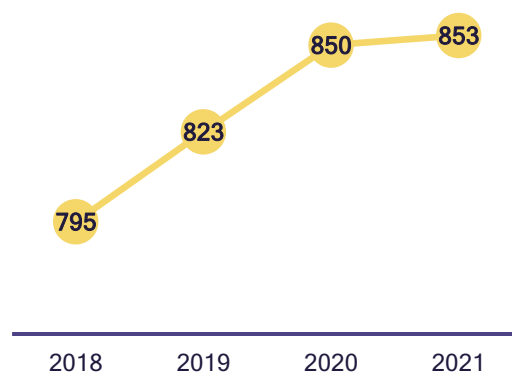
# CHILDREN'S SPECIAL HEALTH CARE SERVICES

Children's Special Health Care Services (CSHCS) provides services to children with special needs and their families. You are eligible for CSHCS if you are a Michigan resident between the ages of 0-21 years, have a qualifying medical condition and seeing a specialist. CSHCS covers up to 3,000 various conditions and is available to families at all income levels.

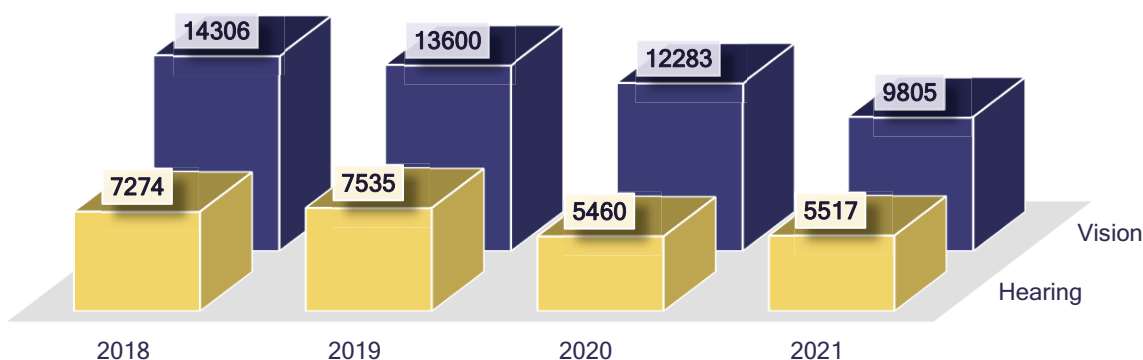
The Michigan Department of Health and Human Services (MDHHS) provides FREE hearing and vision screenings to all children in Michigan. Screenings are conducted in schools or at BHSJ Community Health Agency.

- An undiagnosed hearing and/or vision problem may interfere with development.
- Early detection and treatment of hearing and vision problems can help children succeed in school.
- Screenings are conducted by fully trained hearing and vision technicians.
- 10% of children screened for vision and 5% screened for hearing are referred to specialists.

## Individuals Enrolled in CSHCS



## BHSJ HEARING & VISION SCREENING



# COMMUNICABLE DISEASE

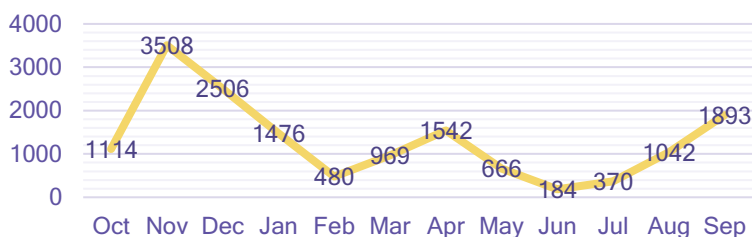
*"Communicable Disease is caused by micro-organisms such as bacteria, viruses, parasites, and fungi that can be spread directly or indirectly from one person to another. Transmission can occur through insect bites, human to human contact and indigestion of contaminated food or water."*

*- World Health Organization*

Prevent the spread of disease by doing the following:

- Properly wash your hands often
- Handle and prepare food safely
- Keep up on your vaccinations
- Avoid sharing personal items
- Stay home when you feel sick
- Clean and disinfect commonly used surfaces
- Avoid touching wild animals

2021: Confirmed COVID-19 Case Data  
(October 1, 2020-September 30, 2021)



Disease	2017	2018	2019	2020	2021	Total
HIV/AIDS	3	2	3	1	0	9
Multisystem Inflammatory Syndrome	0	0	0	0	2	2
Novel COVID-19	0	0	0	8,871	16,172	25,043
Campylobacter	33	39	42	18	29	161
Giardiasis	6	7	7	6	6	32
Norovirus	30	1	17	1	1	50
Salmonellosis	27	29	27	27	13	123
Shiga-toxin-producing Escherichia coli	0	0	5	3	2	10
Shigellosis	2	0	2	1	0	5
Yersinia enteritis	0	2	2	2	1	7
Meningitis - Aseptic	1	5	4	1	0	11
Meningitis- Bacterial Other	1	1	1	0	0	3
Meningococcal Disease	0	0	2	0	0	2
Streptococcus pneumoniae, Inv	22	16	15	10	7	70
Coccidioidomycosis	1	2	2	0	1	6
Histoplasmosis	2	1	6	5	2	16
Legionellosis	2	0	4	5	3	14
Rabies Animal	0	3	0	0	2	5
Rabies: Potential Exposure & PEP	0	0	113	92	74	279
Chlamydia (Genital)	420	468	407	389	422	2,106
Gonorrhea	54	118	166	217	238	793
Syphilis	9	0	0	0	1	10
Tuberculosis	0	0	1	0	0	1
Chickenpox (Varicella)	0	4	4	0	1	9
H. Influenza Disease- Inv.	2	3	1	3	1	10
Measles	0	0	0	0	0	0
Mumps	0	0	0	0	0	0
Pertussis	7	4	14	0	5	30
Lyme Disease	0	0	2	1	9	12
Hepatitis A	3	2	1	1	0	7
Hepatitis B, Acute	1	0	3	0	0	4
Hepatitis B, Chronic	4	1	2	1	0	8
Hepatitis C, Acute	0	0	0	0	1	1
Hepatitis C, Chronic	79	61	45	20	10	215

# IMMUNIZATIONS

## Top Administered Vaccines (2021)

1. Tetanus, diphtheria, acellular pertussis (Tdap)
2. Pneumococcal (Prevnar 13)
3. Meningococcal (Menactra)
4. Human Papillomavirus (Gardasil 9)
5. Hepatitis A



<i>Agency Administered Vaccines</i>	2018/19	2019/20	2020/2021
<i>Influenza Vaccines Only</i>	1,719	1,556	955
<i>COVID Vaccines Only</i>	**	**	53,623
<i>All Other Vaccines</i>	7,439	4,517	3,450
<i>Total Vaccines</i>	9,158	6,073	58,028

Tuberculin Skin Tests		
2018-2019	2019-2020	2020-2021
442	252	260

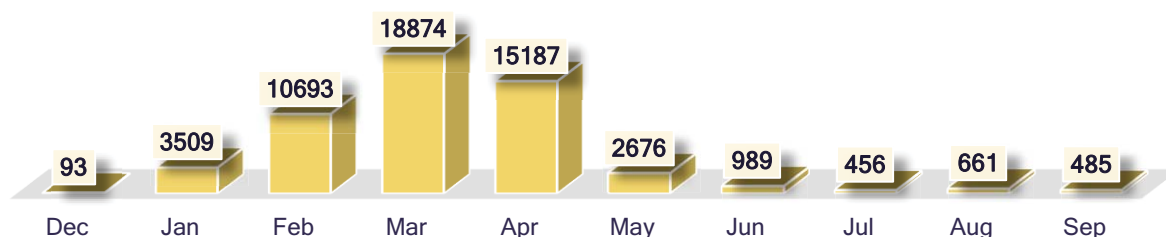


### *What you should know about vaccines:*

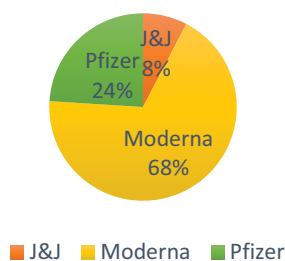
- We need vaccines to help protect against serious disease.
- Outbreaks of vaccine preventable disease can and still happen in our communities.
- The CDC and FDA take many steps to make sure our vaccines are safe.
- Vaccines protect our children from getting sick.
- Vaccines are for everyone.

# COVID -19

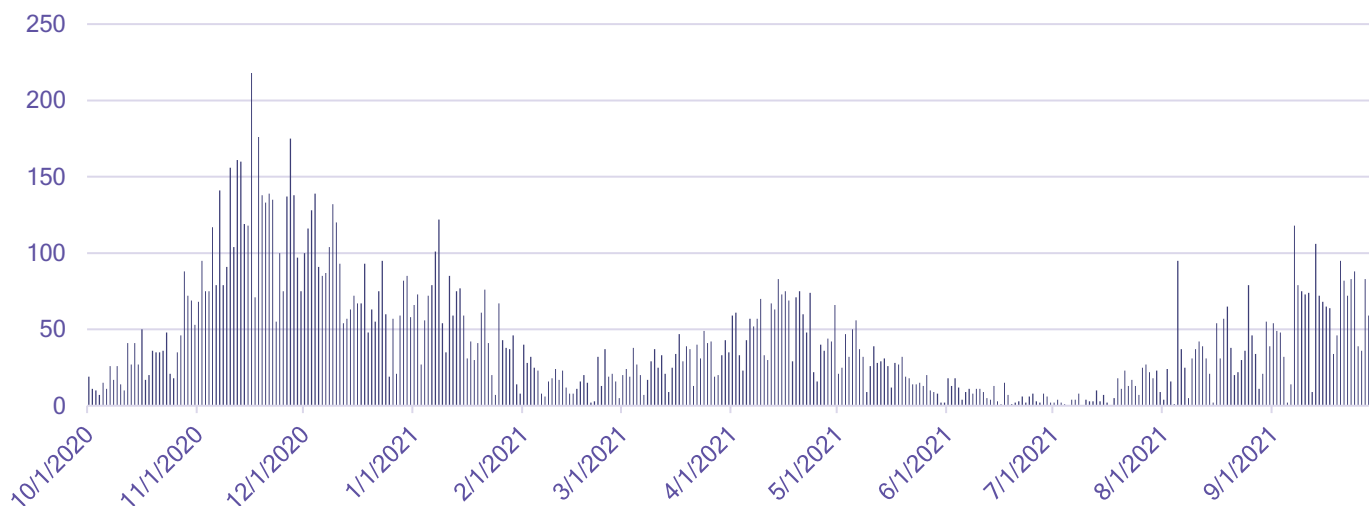
## COVID-19 VACCINES BY MONTH



## Agency Administered COVID-19 Vaccine by Types 12/1/20-09/30/21



## AGENCY COVID-19 CASE COUNT BY DAY - 10/1/2020-9/30/2021



# HEALTH EDUCATION AND PROMOTION

The Health Education and Promotion staff attended many community events in all three counties in FY 2021. We participated in all three county's fairs as well as several community festivals. The team continues to provide area residents information on agency services including WIC, Immunizations, Safe Sleep, Environmental Health Services, Breastfeeding, Child Passenger Safety, and many others.

## Medical Marijuana Operation & Oversight Grant

We continued to distribute lock boxes and educational information at outreach events. Additionally, we continued promoting safe storage and usage of marijuana through radio commercials and billboards. Furthermore, the Health Ed. & Promotion team continues to work collaboratively with the Substance Use and Abuse Task Forces in all three counties.

## HRSA Rural Communities Opioid Response Program Grant - Planning

The Health Ed. & Promotion team continued work on the RCORP III: Planning Grant that was awarded to the agency in September of 2020. Many of the project's deliverables were completed during FY 2021, including: a tri-county needs assessment and gap analysis in March of 2021; a strategic and action plan in July of 2021; and a completed memorandum of understanding for consortium members in September of 2021.

## Social Media Platforms

Our team continues to utilize Facebook and Instagram to promote health messaging to the communities we serve. These platforms were instrumental in sharing information regarding the pandemic. They continue to be used to bring awareness to many health and safety related topics. Our reach with social media doubled in FY 2021.

## School Health and Wellness

Our Health Educators work with youth from our area schools to promote healthy lifestyles, including healthy relationships, drug and alcohol prevention, tobacco cessation, safe driving habits and anti-bullying.



## Supporting Community Vaccination Efforts

The Health Education and Promotion Team supported community vaccination efforts through community "pop-up" clinics. In partnership with the United Way of St. Joseph County, Michigan National Guard, and our Mobile Clinic team, we went to numerous community fire stations, churches, schools, businesses, and festivals to provide COVID vaccination.

## Employee Wellness

Health Education and Promotion received a grant from the Michigan Association for Local Public Health to provide an Employee Wellness Day. Held in September, this event provided a day of education on stress management, self-care, and restoring balance to our lives in the pandemic. We explored yoga, meditation, and fun as stress reducing techniques.

# EMERGENCY PREPAREDNESS

Emergency preparedness encompasses the planning and response to disasters. A disaster is defined by the World Health Organization (WHO) as a sudden phenomenon of sufficient magnitude to overwhelm the resources of a hospital, region or location requiring external support. Emergency Preparedness played an integral role in the agency's COVID-19 pandemic response during 2021. The Emergency Preparedness team at BHSJ works hard every year to be ready in any event. Emergency Preparedness is an essential service area of Public Health.

## 2021 Highlights

- *Community COVID-19 Testing* - COVID testing with MI National Guard (MING) began on 6/6/20 at Doyle Community Center in Sturgis and continues today. Weekly testing clinics continue today with support from the MING and HONU (through MDHHS). As testing requirements and guidance changed throughout the pandemic our clinics were steady and even very busy at times (especially when the I-69 rest stop clinic was closed). Testing clinics were held no matter the day's weather conditions.
- *COVID Vaccination Clinics* - January 2021, we started holding mass vaccination clinics. Our first location was Sturgis High School. From the first 300 shot clinic, to clinics over 1,000 shots per day, agency staff and volunteers, assisted by the MING, were able to meet the challenge of getting out as many vaccinations as were requested. Locations varied from school gymnasiums to churches. We even utilized each county's fairgrounds for drive through clinics. There were several six-day weeks, and little rest, but our staff and volunteers never faltered.
- *Plans and Training* - We are tasked to review and improve our emergency plans and training annually. During the pandemic, our Agency and volunteers applied our plan, and adapted to every change needed. Our Emergency Response Plan was also reviewed by an outside agency. The plan will be improved in the areas noted, especially in the area of Elder Services.

### 2021 Top Hazards in Branch, Hillsdale and St. Joseph Counties

- Natural:
  - COVID-19 Pandemic
  - Floods
  - Tornadoes/severe storms
  - Winter Weather
- Technological:
  - Utility Disruption
  - Releases hazardous chemicals from manufacturing/agricultural businesses.

- *Whole Community Inclusion* - MDHHS tasked Emergency Preparedness Coordinators with a five-year project to develop a Whole Community Inclusion plan, including the performance of an exercise. We were into the second year of the plan process, when COVID-19 changed our planning and exercising work into a ***Real Event***. It was gratifying to see each county pulling together to make

sure that all were notified of the incident and steps were taken to aid all those who were affected. A "after action report" which will conclude the project will be forthcoming this year.

# ENVIRONMENTAL HEALTH

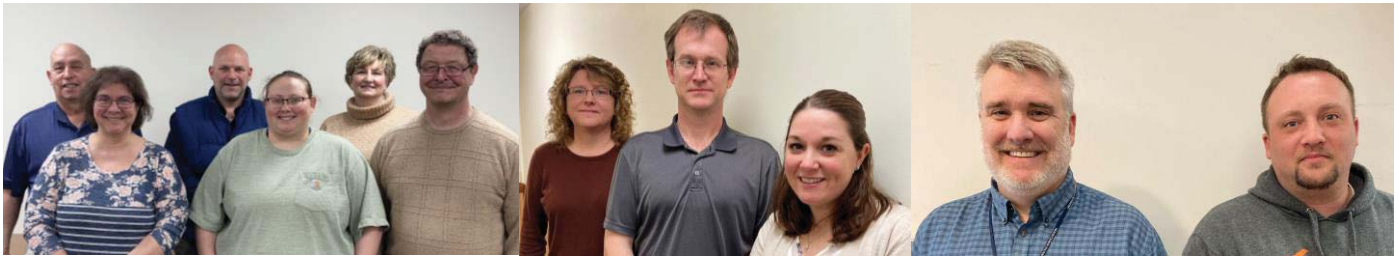
*Interactions with the environment affect quality of life, years of healthy life lived and health disparities. The World Health Organization (WHO) defines environment, as it relates to health as “all the physical, chemical and biological factors external to a person and their related behaviors. “Environmental health consists of preventing and controlling disease, injury and disability related to the interactions between people and their environment.*

The Environmental Health (EH) division has a variety of programs to serve our communities. The two most prominent programs are food service sanitation and well/septic programs. The food service program inspects restaurants, schools, industrial kitchen sites, temporary food establishments, and mobile food facilities. Our field staff conduct site evaluations and issue permits for the construction of septic systems and water wells for home and commercial sites.

Additionally, Environmental Health performs the following services:

- Campground inspections
- Public pool inspections
- General nuisance complaints
- Body Art facility inspections
- Non-community public water supply monitoring
- Daycare and Foster Care inspections
- Septage hauler inspections
- PFAS contamination investigation
- Vapor intrusion investigation
- Long term monitoring of water supplies in contaminated areas

For the past four years, the CDC and MDHHS has funded a grant project for vector surveillance. This grant focuses in two areas: 1.) Mosquito trapping and identification for the mosquitos associated with the Zika virus. 2.) Tick dragging and identification for ticks associated with Lyme disease. In addition to trapping and identification, we provide public education and public service announcements. This program offers an opportunity for college students with an interest in public health to obtain work experience during the summer months.



### ***Food Protection***

*This program provides a systematic approach to minimize the risk of food-borne illness and to ensure that food meets customer's expectations through the application of statewide standards for all establishments where food is prepared and/or served to the public.*

	<i><b>2020</b></i>	<i><b>2021</b></i>
<i>Establishment Inspections</i>	808	882
<i>Plans Reviewed</i>	13	30
<i>Temporary Food Establishments</i>	79	163
<i>Food Manager Certification Class (# of attendees)</i>	0	0
<i><b>TOTAL</b></i>	<i><b>907</b></i>	<i><b>1,075</b></i>

### ***Private and Public Water Supply***

*These programs are designed to ensure the proper installation of residential water wells, and the monitoring and regulation of type II public water supplies to ensure safe, usable ground water.*

	<i><b>2020</b></i>	<i><b>2021</b></i>
<i>Well Construction Permits Issued</i>	583	621
<i>Well Permits Inspected</i>	412	433
<i>New Water Supplies Approved</i>	388	428
<i>Non-Community Water Supply Inspections</i>	73	59
<i><b>TOTAL</b></i>	<i><b>1,456</b></i>	<i><b>1,541</b></i>



### ***On-Site Sewage***

*Reviews sites for proposed sewage disposal, issuance and/or denial of permits, sewage evaluation, inspection, investigation, and enforcement.*

	<i><b>2020</b></i>	<i><b>2021</b></i>
<i>Well/Septic Evaluations</i>	13	21
<i>Construction Permits</i>	481	542
<i>Septic Systems Inspected</i>	388	403
<i>Vacant Land Evaluations</i>	63	49
<i>Change of Use Evaluations</i>	363	365
<i><b>TOTAL</b></i>	<i><b>1,308</b></i>	<i><b>1,380</b></i>

### ***Other Programs***

*Although the well, septic, and food programs require the biggest portion of the environmental health staff focus, we do have responsibilities in other programs.*

	<i><b>2020</b></i>	<i><b>2021</b></i>
<i>Swimming Pool Inspections</i>	52	48
<i>Campground Inspections</i>	65	61
<i>Body Art Facility Inspections</i>	8	14
<i>DHHS Inspections (Daycare, Foster Care, ect.)</i>	55	53
<i>Septage Hauler Inspections</i>	38	36
<i><b>TOTAL</b></i>	<i><b>218</b></i>	<i><b>212</b></i>

# AREA AGENCY ON AGING (IIIC)

Our mission is to provide a full range of high-quality services, programs and opportunities which promote the independence and dignity of older adults while supporting those who care for them throughout the Branch and St. Joseph Counties.

Please contact the Branch-St. Joseph Area Agency on Aging for specific information and assistance at **(517) 278-2538** or toll free **(888) 615-8009**.

- We place the people we serve at the center of our operations, honoring their preferences and privacy.
- We assure efficient use of public and private resources.
- We develop programs and services using an inclusive process to promote healthy aging and livable communities for all ages.
- We exhibit strong leadership which responds to changing needs and fosters collaboration and cooperation through the communities we serve.
- We use effective communication to carry out our mission and vision in an open, respectful and unbiased manner.



**Laura Sutter, Director**

*Over the past year, the Area Agency on Aging IIIC continued to rise above challenges posed by the COVID-19 pandemic. Newly developed programs, supports and services continued to flourish to meet unique needs across our two-county planning & service area.*

*We gratefully acknowledge our extraordinary provider network, who tirelessly serve individuals with compassionate, high-quality care: A+ Nursing, Branch Area Transit Authority, Branch County Commission on Aging, Community Action Agency of Southcentral Michigan, Connect America, Crossroads Homecare, Home Care Wellness, HomeJoy, Legal Services of Southcentral Michigan, Long-Term Care Ombudsman/Area Agency on Aging 3A, Medical Care Alert, St. Joseph Co-Op/Hulda's Household Helpers, St. Joseph County Commission on Aging, St. Joseph County Transportation Authority, Thurston Cares Adult Day Program and VRI, Inc.*

**Elder Abuse Prevention and Awareness:** The Services to Victims of Elder Abuse (SVEA) project completed its third year of grant activities. Victim Specialists served 41 individuals with a wide range of direct services including personal advocacy, crisis intervention, emergency financial assistance, relocation assistance, criminal justice advocacy, and personal protective orders. Victim Specialists maintained regular contact with referral sources and each county's multi-disciplinary team/coalition group. As we look ahead, more training events and community partner networking will be a top priority in an effort to continue emphasizing awareness & prevention.

If you would like more details or to become more involved in your community's efforts to prevent abuse, neglect, or exploitation, please call our office.

**Community Living Program continues to soar!** - Care Consultants work with individuals who have complex medical/social needs to develop a person-centered support plan. Over 80 individuals were served in their home over the past year! Assessments & monitoring continued via telephone along with additional feedback from direct care staff to assure participant success and safety.

If you would like more information about the Community Living Program or other services available in your community, please contact our office.

**Personal Protective Equipment** - AAA IIIC continued to distribute personal protective equipment among community partners throughout the year including items such as: masks, face shields, hand sanitizer, gloves, gowns, shoe covers, and sanitizing wipes.

**Direct Care Worker Premium Pay** - AAA IIIC providers and vendors were allocated COVID-19 relief funds to support a \$2.00 per hour wage increase. These direct care workers provided hours of personal care, homemaking, respite care and/or adult day services during the pandemic. Over 19,000 hours were reimbursed from October 2020 - September 2021.

**Program Success** - Friendly Reassurance and Gap Filling services remained supportive to the needs of individuals across our communities. Friendly Reassurance calls were made regularly to address social isolation being felt by so many. Gap Filling became essential to address unique needs that we, and our community partners, couldn't provide for otherwise. Over 2,000 individuals benefitted from these supportive services. No Wrong Door funding was utilized to purchase technology & devices in an effort to encourage older adults to virtually participate in programming, social media, and on-line learning sessions to prevent social isolation.

**Senior Project FRESH** - Over 100 coupon books were distributed throughout the spring & summer of 2021. Senior Project Fresh provides free nutrition counseling and \$20 in coupons to be used at local participating farm markets for fresh fruits & vegetables. Residents who are age 60 or older and who meet certain household income/eligibility may apply for the program through our office or through our community partners. Please contact us for more information!

**COVID Care Packages** - The COVID Care Package effort continued into 2021 due to its success in offering community members an opportunity to stay creative, understand COVID, and remain safe at home. Please contact our office if you would like more information or to receive a Care Package.

**Call Center & Vaccination Appointments** - The AAA IIIC team transitioned from answering hundreds of incoming calls to scheduling hundreds of COVID vaccination appointments. Each call was unique and addressed multiple questions, provided information about the venues, shared information about what to expect at a large-scale clinic, as well as arranging for transportation to appointments. Our team worked in conjunction with the Community Health Agency to assure an age-friendly approach in all aspects of providing information to callers, scheduling appointments, and coordinating supports when needed.



## Area Agency on Aging Annual Report Data & Highlights FY 2021

Services	Totals	Units
Operations	\$62,711	N/A
Nutrition	\$671,036	144,613
In-Home	\$362,945	30,893
Community	\$89,451	1,267
Access	\$440,165	32,719
Legal	\$11,564	357

\*Traditional Federal & State (OAA/OMA) funding sources only

Population Served**	
Total Population 18+*	15,323
White (non-Hispanic)	13,827
African American	89
Asian/Pacific Islander	12
American Indian/Alaskan	9
Hispanic (of any race)	32
Below Poverty	988
Rural	15,323

\*In general, services are targeted to those who are 60 years of age or older unless otherwise allowed under eligibility criteria for a specific program.

\*\*Data based on self-reported numbers by participants, choosing to identify race/ethnicity is not required.

## Special Projects 2021

MDHHS - Division of Victim Services "Services to Victims of Elder Abuse"	\$131,984
CARES Direct Care Worker Premium Pay	\$39,648
COVID Personal Care/Essential Care Packages	\$2,818
COVID Immunization Support	\$14,255
COVID Supplemental Nutrition (HDC5)	\$12,795
MDHHS - Aging & Adult Services Agency "No Wrong Door"	\$8,755



Supporting Seniors, Promoting Independence

Produced by Branch Hillsdale St. Joseph Community Health Agency

Citation: Branch Hillsdale St. Joseph Community Health Agency (2021) *Annual Report 2021*. Coldwater: Branch Hillsdale St. Joseph Community Health Agency

# Exhibits for Section 4 – Local Planning and Collaboration Initiatives

## Section A – Outline of Priorities

- **Exhibit 4A-1** – Strategic Plan

## Section B – LHD Planning Activities for Priority Projects with Available Resources


- No Exhibits

## Section C – Community Partnerships and Collaborative Efforts

- **Exhibit 4C-1** – Community Partners and Collaborative Efforts Listing

# Branch-Hillsdale-St. Joseph Community Health Agency 2022-2026 Strategic Plan

Approved by the Branch-Hillsdale-St. Joseph Community Health Agency Board of  
Health and it's Health Officer



Tom Matthew, Chairperson



Rebecca A. Burns, Health Officer

September 22, 2022



**BRANCH-HILLSDALE-ST. JOSEPH**  
**COMMUNITY HEALTH**  
**AGENCY** | **YOUR LOCAL**  
**HEALTH DEPARTMENT**

In recent years the work of public health professionals and public health agencies has been spotlighted. A sometimes-forgotten piece of the healthcare system, public health is being scrutinized and politicized calling for BHSJCHA to shape a well-defined path for the future with this strategic plan. At BHSJCHA our mission of “helping people live healthier” explains the work we do whether that is issuing a permit for a new on-site sewage system, inspecting a restaurant, providing an immunization, screening a child for hearing and vision, or the many other services our staff provide. This dedication to helping residents in the tri-county area live healthier, coupled with our vision of “being the trusted health resource for all people” is not just words on paper for our staff. With everything we do at BHSJCHA we mean what we say and we strive to do everything with excellence using best practices. We do endeavor to be your trusted health resource.

As we take on the opportunity of providing public health services to all people in our tri-county service area, we value inclusion, innovation, and integrity; statements that define BHSJCHA’s commitment to how we do business. We will soon begin work on a Community Health Needs Assessment and use the data that results from that to inform a Community Health Improvement Plan. These efforts will further define the activities that our local public health Agency will engage in over the next four years.

The development of this four-year plan was a collaborative effort that included community partners and leaders, BHSJCHA staff and administration, and the BHSJCHA Board of Health. A good plan takes direction from many voices and opinions and I’m proud to present this plan which included input from a diverse set of stakeholders. The planning is done; let’s get to the work of implementation.

Sincerely,

Rebecca A. Burns, MPH, RS  
Health Officer

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

**Mission:** *The mission of the Branch-Hillsdale-St. Joseph Community Health Agency, Your Local Health Department is, helping people live healthier.*

**Vision:** *The vision of the Branch-Hillsdale-St. Joseph Community Health Agency is to be the trusted health resource for all people.*

### **Values:**

- Inclusion
- Innovation
- Integrity

### **Strategic Priorities:**

- Communication and Advocacy
- Employee Investment
- Programming and Policies

## **Background**

The Branch-Hillsdale-St. Joseph Community Health Agency (BHSJ), under the direction of public health officer, Rebecca Burns, determined the need to create an organization strategic plan to guide its activities for the next four years. The agency's executive team coordinated the planning process and hired an external consultant to facilitate meetings and draft the initial plan. The agency's front-line staff also participated in the planning process through their participation in the initial strategic planning survey and meetings during the planning process. Community partners, county officials and board of health members were also survey participants. BHSJ internal participants included representation from all levels and all divisions within the department. Evidence of multi-level staff participation are provided in Appendix A.

## **The Strategic Planning Process**

The team held its first planning session on June 30, 2022. During the initial session, the team received an overview of the strategic planning process, learned what the Public Health Accreditation Board's requirements are for a strategic plan, and reviewed the proposed plan development timeline. Department documents were reviewed in preparation for the initial meeting:

During the first meeting, the team reviewed its mission statement and compared it to the survey responses received. After much discussion, the team developed a proposed new mission statement. The team then created a new proposed vision statement for the organization. The team then turned its attention to the values. The BHSJ has a set of values and the team opted to

continue to work on potential revisions between the first and second meetings. By the end of the first meeting, the team developed a draft of the Strengths, Weaknesses, Opportunities and Challenges (SWOC) assessment and a proposed set of strategic priority areas to be further discussed and refined at the front-line staff meetings. The proposed priority areas are:

- Communication and Advocacy
- Employee Investment
- Programming and Policies

On July 15, 2022, the front-line staff met in one of two identical (morning and afternoon) sessions. Both groups reviewed the information and draft materials provided and developed at the first meeting. Both sessions generated refinements to the priority areas as well as the goals and objectives for each as well as potential strategies to achieve the objectives and ultimately the goals. Additional proposed versions of the vision statement were also developed.

The contracted consultant was then tasked with refining the objectives and strategies which will then be incorporated into the draft plan for team member review and comment.

A SurveyMonkey survey was disseminated to staff, and they were asked to rank the priority areas and the corresponding objectives. The consultant and leadership team used the results to set timelines and deadlines for the objectives and determine which areas to focus on in the first year of the plan. The survey also asked staff to select one of the proposed vision statements and indicate their level of support for the proposed mission statement and agency values. A total of 46 responses were received.

In communications with the health officer, the consultant provided the survey results and draft plan. The leadership team members developed time-framed targets for the objectives and strategies included in the plan and fine-tuned the narrative. The final draft was sent to the department staff on September 14, 2022.

### **Staff Involvement**

The front-line staff of the department were provided the opportunity to participate in a strategic planning online survey that was conducted prior to the first planning session. Staff were asked to provide feedback on the current trends they see in the community, their vision for the health department, and internal strengths and weakness and external opportunities and challenges. The information gathered was used to develop the agency's vision statement and was instrumental in the SWOC analysis. (See Table 1)

After the priority areas and proposed objectives were developed, the staff were once again asked to participate in a second online survey to prioritize the goals and strategies in order to create the time-framed targets for the objectives. The first staff and community stakeholder survey garnered 57 responses and the second survey which was sent to SFHD staff received 46 responses. Both the survey instruments and results are available upon request.

## **Stakeholder Engagement**

The final draft document of the strategic plan was shared with the BHSJ Board of Health on September 14, 2022 by email and then again on September 19, 2022 as part of the meeting packet for the Program, Policy, and Appeals Committee to receive input and feedback from both the Board and the public.

The plan was also distributed via email to the agency's community partners and stakeholders within the three-county region. Several stakeholders acknowledged receipt of the final draft and thanked the Agency for the opportunity to participate in the process. TB from St. Joseph County stated, "I did an overview look and I think it looks good!" Once the Board of Health accepts the Strategic Plan a copy will be forwarded to the MDHHS Division of Local Health Services.

A total of 16 community partners participated in the strategic planning survey that was used to develop the plan's priorities.

## **Alignment with BHSJ Organizational Plans**

### **Branch-Hillsdale-St. Joseph Community Health Agency Needs Assessment and Improvement Plan**

In 2022, the BHSJ requested bids to assist in the community health needs assessment (CHNA) and health improvement planning process. It is anticipated that the assessment process will begin in the last quarter of 2022 and that the plan will be developed by June 2023. BHSJ included the CHNA process into our strategic plan as we need to determine where service gaps exist and how the agency and in coordination with partners will work collectively to address them resulting in improving the health status within the three-county district.

It is anticipated the strategic plan will be updated to include those areas (services, policy development, interventions, etc.) where BHSJ will serve in a leadership capacity during the health improvement plan implementation.

### **Quality Improvement, Workforce Development, and Performance Management Plans**

The BHSJ has identified and implemented QI projects throughout the department over the course of the past few years as we continue to develop a culture of quality. The strategic plan will be valuable resource for us to use to identify additional QI projects as we begin implementation of our plan.

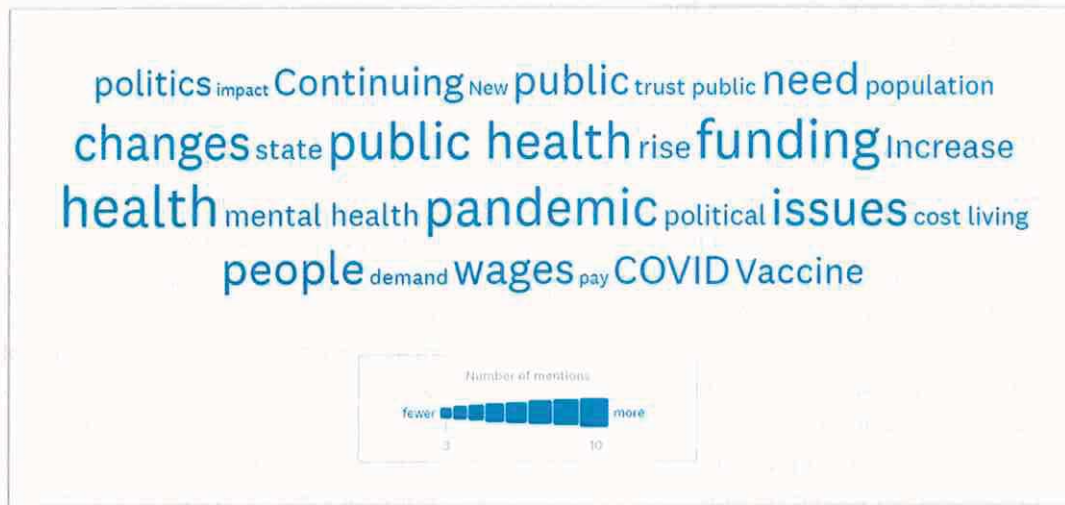
Our strategic planning process has identified the need to update our workforce development plan. One of the strategic priority areas is dedicated to the development and implementation of the BHSJ Workforce Development Plan.

We recognize we need to begin a concerted effort to create a comprehensive performance management system within the department. The strategic plan with its measurable objectives and strategies will be a cornerstone for our performance management system as we develop department-wide performance goals. We have invested in the VMSG performance management software and are committed to training staff and utilizing the system to track our performance in both programs and policies.

## External Trends and Events that Impact Our Work

As evidenced in the SWOC analysis provided on the following page, the BHSJ Community Health Agency has multiple factors that potentially impact our work. Both opportunities and challenges have been identified and are addressed in the strategic plan.

The initial SurveyMonkey survey included a question asking participants to identify current trends impacting the BHSJ Community Health Agency in the next five-ten years. In the Word Cloud illustrates the identified trends.



During all of the strategic planning sessions, discussions were held related to the current level of distrust in government and in public health. This is a primary reason our strategic plan will focus on communication and advocacy efforts to restore the public's trust in public health and achieve our agency vision to be the trusted health resource for all people.

Changes and lack of flexibility with state and federal funding to address locally identified needs continues to be a challenge and will require us to continue to advocate for more local control related to the funding allocations. We also will work with our own board of health to assure local funding is available to address the external challenges we encounter.

The fact that the level of community distress is exceedingly high and mental health fragility is present in both our staff and community members is the reason we have included an objective related to mental and behavioral health. We anticipate this will be a long-term challenge not only for our agency but for local health departments nation-wide.

SWOC WORKSHEET		
Branch-Hillsdale-St. Joseph Community Health Agency		
INTERNAL	<b>STRENGTHS</b> <ul style="list-style-type: none"> <li>• Dedicated, professional employees</li> <li>• Good leadership- ready to plans into action</li> <li>• Mobile clinic vehicle</li> <li>• Good internal communication</li> <li>• Fiscally mindful – financially efficient</li> <li>• Broad scope of public health expertise</li> <li>• Customer service</li> <li>• Positive attitudes</li> <li>• Accommodates the needs of the public in special and unique ways</li> <li>• Communication with the public</li> <li>• Attitude of excellence</li> <li>• Be able to accept donations for families</li> </ul>	<b>WEAKNESSES</b> <ul style="list-style-type: none"> <li>• Lack of leadership in holding people accountable</li> <li>• Staff turnover</li> <li>• Inability to pay competitive wages due to funding limits</li> <li>• Morale/burnout of staff</li> <li>• Multiple demands on staff/workloads</li> <li>• Communication</li> <li>• Limited support from board of health to retain staff</li> <li>• Lack of educational opportunities for staff</li> <li>• Facility appearance</li> <li>• Mental health concerns</li> </ul>
	<b>EXTERNAL</b>	<b>CHALLENGES</b> <ul style="list-style-type: none"> <li>• Lack of flexibility at state level in approaching problems</li> <li>• State and federal mandates</li> <li>• Public support and trust – misinformation on role and scope of public health</li> <li>• Sustainable funding from state and federal government</li> <li>• Political views in medical settings</li> <li>• Economy</li> <li>• Social media</li> <li>• Emerging culture that disregards practices necessary for public health</li> <li>• Individualistic attitudes</li> <li>• Changing social norms</li> <li>• Community distress and collective fragile mental health</li> </ul>
EXTERNAL	<b>OPPORTUNITIES</b> <ul style="list-style-type: none"> <li>• Expand educational outreach opportunities to public and in schools/youth programs</li> <li>• Continued work with federally qualified health centers</li> <li>• Integration and partnerships with community organizations</li> <li>• Grant and funding opportunities</li> <li>• Collaboration within MI and neighboring states to compare, contrast best practices and form a unified version of local health departments</li> <li>• Remote WIC as a permanent option</li> <li>• Be a community leader</li> <li>• Promotion of image</li> <li>• Use the mobile unit to reach out to specific communities in need</li> <li>• Educate and prepare board of health members to promote the health department with higher level officials. Utilize the skills of board members to promote the health department</li> </ul>	

## **Strategic Plan Outline**

The plan outlined on the following pages is displayed in a table format to improve readability. The tables indicate each Strategic Priority Area highlighted in blue, the Objectives are highlighted in gray, and the strategies highlighted in yellow. Each priority area includes the identified champion(s), and each strategy includes the metric/measure to be used to monitor progress.

Annual action plans will be developed and utilized to stay on track each year of the plan and to be able to analyze the work accomplished each year as well as to identify if and when adjustments to timelines and activities need to be modified.

Strategic Priority Area 1: Employee Investment	
Goal: Ensure retention of a competent and satisfied workforce	
Champion(s): Administrative Services Division Primary: Theresa Fisher  Secondary: Brenae Gruner	
Objective 1.1: Beginning in 2023, create a wage equity plan and continue to present to BOH annually	
Strategies	Metric/Measure
1.1.1 Seek out wage surveys conducted in past 12 months if available for review; request assistance from MALPH as appropriate by January 2023	
1.1.2 Create opportunities for board members interact with employees to gain understanding of public health work and build rapport by January 2023	
1.1.3 Present wage equity plan to BOH in October of every year	
Objective 1.2 Review and update the agency workforce development plan by January 2024	
Strategies	Metric/Measure
1.2.1 Analyze agency-wide self-assessment of the public health core competencies to identify knowledge gaps and opportunities for staff development by December 2022	
1.2.2 Identify the mandated trainings required for each department and program by December 2023	
1.2.3 Create an annual training schedule and tracking system to assure the mandated trainings are completed by January 2024	

1.2.4 Compile the information necessary for new employee orientation by January 2024	
1.2.5 Consider a peer-mentoring program for new employees by June 2024	
1.2.6 Provide staff the opportunity to review and provide input into the plan by September 2024	
Objective 1.3: Evaluate our hiring strategies and opportunities for advancement by September 2023	
Strategies	Metric/Measure
1.3.1 Review each step in the recruitment and hiring/orientation process and recommend improvements by March 2023	
1.3.2 Develop materials to promote the benefits provided by agency to be used in the recruiting process March 2023	
1.3.3 Review job descriptions for accuracy and update as appropriate; assure employees know where job descriptions are located for reference by September 2023	
1.3.4 Explore the development of career ladders for employees to seek advancement opportunities and aid in succession planning by January 2024	

Objective 1.4 Develop and enhance employee satisfaction beginning in October 2023 and on an ongoing basis.	
Strategies	Metric/Measure
1.4.1 Create a multi-department and level employee satisfaction team by January 2023	
1.4.2 Create opportunities for staff to express their level of job satisfaction by September 2023	

**Strategic Priority Area 2: Communication and Advocacy**

Goal: Assure a strong internal and external communication strategy to promote public health advocacy and to extend the reach of public health

Champion(s): Health Promotion & Education Section

Primary: Alex Bergmooser

Secondary: Kris Dewey

Objective 2.1 Develop and implement an internal communication plan by June 2023

Strategies	Metric/Measure
2.1.1 Maintain a multi-departmental and multi-level staff committee to develop internal communication plan by January 2023	
2.1.2 Evaluate share drive system and provide staff access and training by June 2023	
2.1.3 Create and provide to all agency staff, departmental and program meeting schedules on an annual basis starting in 2023	

Objective 2.2 Develop and foster relationships with stakeholders to support agency mission and vision starting in 2023 and on a continual basis

Strategies	Metric/Measure
2.1.1 Assess who the current and potential stakeholders are for the agency and create opportunities for engagement by June 2023	
2.1.2 Develop a stakeholder email distribution list to share relevant agency, program, and emerging health issues information by September 2023	

2.1.3 Seek out relationships with college and vocational programs to encourage public health as a career and staff recruitment by September 2024	
2.1.4 Share stakeholder events, information on social media platforms and with staff starting in April 2023	
Objective 2.3 Develop and implement an external communication plan by January 2024	
Strategies	Metric/Measure
2.3.1 Maintain a multi-departmental and multi-level staff committee to develop external communication plan by January 2024	
2.3.2 Explore the opportunities available to provide translation services to the public through staff, partners, and media by June 2024	
Objective 2.4 Expand the behavioral health collaboration by March 2023	
Strategies	Metric/Measure
2.4.1 Develop and disseminate informational materials for the 988 Hotline by January 2023	
2.4.2 Assess the current behavioral health programs available within the district and share with staff and persons served by January 2023	
2.4.3 Continue discussions with behavioral health organizations within the district to determine how	

our agency can collaborate and be of assistance starting in October 2022 and ongoing basis	
2.4.4 Provide staff with mental health educational opportunities to recognize behaviors, situations and the prevention and intervention resources available by December 2022	

Strategic Priority Area 3: Programming and Policy	
Goal: Ensure programming policies and procedures are meeting the requirements and needs of the organization	
Champion(s): BHSJCHA Directors & Health Officer Primary: Rebecca Burns  Secondary: Theresa Fisher	
Objective 3.1 Review all existing policies for relevance by January 2024	
Strategies	Metric/Measure
3.1.1 Develop and implement timelines to ensure program policy reviews and revisions take place on a scheduled basis by January 2023	
3.1.2 Evaluate the existing structure to our agency personnel policy committee and identify areas of opportunity for improvement by September 2023	
3.1.3 Present policy revisions to board of health for review and approval on an ongoing basis as necessary	
Objective 3.2 Conduct a CHNA and use this to assess the need for additional programs and service delivery methods to meet community needs by June 2023	
Strategies	Metric/Measure
3.2.1 Establish a community health needs assessment team comprised of community partners and staff	
3.2.2 Collect and analyze primary and secondary community data through a variety of sources and methods	
3.2.3 Present data to partners, stakeholders, and community members to identify and prioritize health issues that will be included in community health improvement plan	

3.2.4 Determine the assets and resources available to address the prioritized health issues	
3.2.5 Seek out public and stakeholder input regarding necessary programs and service delivery methods and identify gaps within the district by	
3.2.6 Work with community partners to assure community needs are met that are beyond the scope of delivery by the agency by June 2023	
3.2.7 Develop goals, objectives, and a reporting process to monitor and sustain the process and health status	
3.2.8 Review and update the plan on an annual basis	
Objective 3.3: Implement the VMSG dashboard to track program compliance by December 2022	
Strategies	Metric/Measure
3.3.1 Implement agency-wide educational opportunities on the use of the VMSG software and dashboard functions for program compliance by December 2022	
3.3.2 Upload the strategic planning objectives into VMSG by December 2022	
3.3.3: Upload program performance measures at least three programs into VMSG by January 2023 and quarterly thereafter until all programs are included in the software system	
3.3.4 Monitor the VMSG dashboard on a quarterly basis for program compliance beginning in March 2023	
Objective 3.4: Implement the VMSG dashboard to track policy compliance by January 2024	
Strategies	Metric/Measure

3.4.1 Implement agency-wide educational opportunities on the use of the VMSG software and dashboard functions for policy compliance by January 2024	
3.4.2 Upload the policy performance measures of at least three programs into VMSG by January 2025 and quarterly thereafter until all policies are included in the software system	
3.4.3 Monitor the VMSG dashboard on a quarterly basis for policy compliance beginning in March 2025	

## APPENDICES

### Appendix A: Strategic Planning Sessions; Participant Sign-In Sheets

#### Strategic Planning Meeting - June 30, 2022

Name	Job Title	30-Jun
Aimmee Mullendore	Clinic Supervisor	x
Alex Bergmooser	Health Analyst Supervisor	x
Joseph Frazier	EH Supervisor	x
Kali Nichols	Personal Health and Disease Prevention Director	x
Laura Sutter	AAA Director	x
Paul Andriacchi	Environmental Health Director	x
Rebecca Burns	Admin/Health Off	x
Tereasa Penney	CSHCS Hearing/Vision Supervisor	x
Theresa Fisher	Administrative Services Director	x
Heidi Hazel	Clinic Supervisor	x
Shelby Ankney	Clinic Supervisor	x
Kristina Dewey	Health Educator	x

#### Strategic Planning Meeting - July 15, 2022

Name	Job Title	15-Jul
Aimmee Mullendore	Clinic Supervisor	x
Alex Bergmooser	Health Analyst Supervisor	x
Joseph Frazier	EH Supervisor	x
Kali Nichols	Personal Health and Disease Prevention Director	x
Laura Sutter	AAA Director	x
Paul Andriacchi	Environmental Health Director	x
Rebecca Burns	Admin/Health Off	x
Tereasa Penney	CSHCS Hearing/Vision Supervisor	x
Theresa Fisher	Administrative Services Director	x
Heidi Hazel	Clinic Supervisor	x
Shelby Ankney	Clinic Supervisor	x
Kristina Dewey	Health Educator	x

#### Strategic Planning Meeting - World Café Model, July 15, 2022

The meeting was broken into two sessions, to allow all staff to participate (morning & afternoon).

Name	Job Title	AM	PM
Alex Bergmooser	Health Analyst Supervisor		X
Amber Alexander	Public Health Nurse	X	
Amey Elkins-Little	Breastfeeding Peer Counselor	X	

Strategic Planning Meeting - World Café Model, July 15, 2022 (Continued)

The meeting was broken into two sessions, to allow all staff to participate (morning & afternoon).

Name	Job Title	AM	PM
Andrea Cussigh	Community Health Worker	X	
Annalisa Rice	EH Sanitarian	X	
Barbara Keith	EH Sanitarian		X
Bethany Pirman	EH Sanitarian		X
Bonnie Angus	Immunization Biller		X
Bonnie Saddler	Finance & IT Support Specialist		X
Brandie Lennox	EH Administrative Assistant	X	
Brenae Gruner	Accountant		X
Carrie Southern	EH Sen Sanitarian		X
Christine Ash	Fiscal Support Specialist	X	
Connie Garner	Clinic Clerk Tech	X	
Cody Johnson	EH Sanitarian	X	
Diana Rogers	Administrative Support Clerk	X	
Heidi Hazel	Clinic Supervisor	X	X
James Cook	EP Coordinator	X	
Janice Siddons	VOCA Elder Abuse Victim Specialist	X	
Jennifer Hopkins	Immunization Clerk		X
Jessica Butler	Public Health Nurse		X
Jesusa Vela	Clinic Clerk Interpreter	X	
Jodie Roberts	Clinic Clerk Tech		X
Jolene Hurst	Clinic Administrative Assistant	X	
Joseph Frazier	EH Supervisor	X	
Joshua Englehart	Health Educator		X
Kimberly Boyter	Clinic Clerk Tech		X
Kristina Dewey	Health Educator		X
Laura Sutter	AAA Director	X	
Linda Hershey	Community Health Services RN	X	
Lindsey Warner	EH Administrative Assistant		X
Lisa Palmer	Clinic RN		X
Lisa Redmond	Outreach Worker	X	
Lori Hibbs	Clinic Clerk Tech	X	
Madonna Hilarides	Public Health Nurse		X
Mallory VanWagner	School Health Educator	X	
Mary Kerr-Badder	Immunization Clerk	X	
Mary Proctor	Carseat Tech		X
Melissa Gilbert	Immunization Clerk		X
Nichole Ewers	CSHCS LBS Representative	X	
Paul Andriacchi	Environmental Health Director	X	

Strategic Planning Meeting - World Café Model, July 15, 2022 (Continued)

The meeting was broken into two sessions, to allow all staff to participate (morning & afternoon).

Name	Job Title	AM	PM
Roger Zimmerman	EH Sanitarian	X	
Stephanie Hough	EH Administrative Assistant		X
Tereasa Penney	CSHCS Hearing/Vision Supervisor	X	
Tina Schneidmiller	Clinic RN		X
Vanessa Squier	AAA Social WK Care Consultant	X	
Vera Jo Sierminski	Clinic Clerk Tech	X	



## Community Partnership and Collaboration Efforts

- AAA Advisory Committee
- AAA Association of MI Board
- AAA Provider Board
- ACLS Bureau
- ADAPT Inc. Board
- Aging Services Network
- Animal Control
- BISD – Early Head Start and Family Success Program
- Branch County Community Network
- Branch County Community Review Team
- Branch County Domestic Violence Coalition
- Branch County Elder Abuse Prevention Coalition / IDT
- Branch County Great Start Collaborative
- Branch County Health Advisory Committee
- Branch County Improving Lives of Seniors
- Branch County Substance Abuse Task Force
- Branch County Suicide Prevention
- Branch County Transit Authority LAC
- CARES of Southwest Michigan
- Child Death Review Teams
- Covered Bridge Healthcare of St. Joseph County, Federally Qualified Health Center
- Early On Interagency Coordinating Council (Branch, Hillsdale, & St. Joseph)
- Emergency Preparedness Regions 1 and 5
- Emergency Preparedness/Infection Control – All local hospitals
- Hillsdale County Child Abuse Prevention and Awareness
- Hillsdale County Community Review Team
- Hillsdale County Great Start Collaborative
- Hillsdale County Great Start Collaborative, Community Resources Commission
- Hillsdale County Great Start Collaborative, Pediatric & Family Health
- Hillsdale County Human Services Network
- Hillsdale County Substance Abuse Coalition
- Hillsdale County Veterans Coalition
- Hillsdale Hospital
- Infection Control TRAH
- Lifecare Ambulance Board
- Local Emergency Managers
- MALPH Policy and Advocacy Committee
- Michigan Association of Local Public Health
- My Community Dental Centers

- Pregnancy Helpline
- Prevention Works
- Region 9 Perinatal Collaborative
- St. Joseph County Access to Healthcare
- St. Joseph County Adult Services Network
- St. Joseph County Great Start Collaborative
- St. Joseph County Human Services Commission
- St. Joseph County Interdisciplinary Team
- St. Joseph County Solid Waste Authority
- St. Joseph County Substance Abuse Task Force
- St. Joseph County Task Force on Family Violence
- St. Joseph County Transit Authority LAC
- TB Nurse Network
- Workforce Development Cross-Jurisdictional Sharing Grant

# Exhibits for Section 5 – Service Delivery

## Section A – Outline of Locations, Services and Hours of Operation

- **Exhibit 5A-1** – Agency Services Brochure
- **Exhibit 3A-1** – Annual Report 2019

# Services

## Prevention Services

### **Women Infants & Children**

Provides supplemental food and nutritional education for pregnant women, breast-feeding mothers, infants and children under 5 years of age.

### **Immunization Clinics**

Provide vaccinations, including COVID-19, to eligible individuals, including infants, children, adolescents and adults. We also offer foreign travel immunizations.

### **Communicable Disease Prevention & Control**

Provides investigation, follow-up, education and prevention of tuberculosis, sexually transmitted infections, HIV/AIDS, food borne illnesses, animal bites, infectious diseases and COVID-19.

## Health Promotion

### **Health Education**

Plan, create and implement health education and safety programs in the community. Works to provide education and resources through grant-funded initiatives such as the “Lock It Up” campaign, which encourages individuals to safely store their marijuana; and the Rural Community Opioid Response Grant which aims to combat the ongoing opioid epidemic.

### **Insurance Navigation Services**

Provides assistance for gaining access to community-based services and in completing applications for Medicaid Health Insurance (i.e., Healthy Kids, MIChild, Healthy Michigan Plan, etc.) and food/financial assistance through MI Bridges.

### **Outreach Services**

Performs outreach services in the community through the distribution of information at health fairs and other community events.

### **School Hearing & Vision**

Provides periodic hearing and vision screening to pre-school, kindergarten, and grades 1,3,5,7,9.

### **Children’s Special Health Care Services**

This county-based program helps pay for specialized medical treatment for children and some adults with chronic, severe medical conditions. Clients are eligible based on their medical diagnosis. CSHCS also assists families in obtaining needed services from other agencies.

### **Community Assessment & Demography**

Develops strategies for improvement of community health status and health care delivery systems. Activities include compiling and ranking data, coordinating community activities and developing programs to address needs.

## Environmental Health

### **On-Site Sewage**

Responsible for the review of sites proposed for sewage disposal, issuance and/or denial of permits, sewage disposal evaluations and inspections, plan review of proposals for alternative disposal systems, investigations and enforcement.

### **Private & Public Water Supply**

Assures the proper installation of water wells by permit issuance and inspection. Also responsible for monitoring and regulation of Type II water supplies to assure safe, usable groundwater.

### **Food Protection**

Responsible for restaurant inspections, plan review, temporary food permits, vending machine inspections and classes to train Certified Food Service Managers.

### **Other Programs**

Additional programs offered include:

- Radon education & testing
- Campground, swimming pool and body art facility inspections
- Housing complaint investigations
- Septage truck and disposal site inspections.
- Meth lab clean-up oversight.

## Special Projects

### **Branch St. Joseph Area Agency on Aging - Region IIIC**

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

(1-888-615-8009 or 517-278-2538)

Designated by the Health & Aging Services Administration—Bureau of Aging, Community Living, and Support to identify needs, coordinate services and advocate on behalf of older adults, disabled adults and family caregivers across Branch and St. Joseph counties. We hold these goals in high esteem through every interaction we have with individuals and their families as well as with professionals located in the community.

### **Emergency Preparedness**

Works with local and regional partners to develop plans that address public health emergencies. Increases community awareness for identifying infectious diseases and environmental hazards, especially those involving a bioterrorism event.



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



My Community Dental Centers (MCDC), in cooperation with the Branch-Hillsdale-St. Joseph Community Health Agency, is accepting NEW PATIENTS.

My Community Dental Centers offers services for all ages and focuses on providing personalized treatment plans that work for you and your loved ones. They focus on providing high-quality care, modern centers, and skilled dental teams that work hard to make sure every patient can smile with confidence!

#### Services They Offer Include:

- Oral Exams, Cleanings, X-Rays, and Sealants
- Fillings, Tooth Removal, and Other Restorative Procedures
- Partial and Full Dentures
- Emergency Care and MORE!

#### MCDC Welcomes Patients with:

- Adult Medicaid
- Healthy Kids Dental - Medicaid
- Most Private Insurances
- Payment Options for Uninsured

For a full list of services or to schedule an appointment visit, [MyDental.org](http://MyDental.org) or call 877-313-6232.

**Three Rivers Dental Clinic**  
721 6th Avenue, Suite B  
Three Rivers, MI 49093  
269-273-3247

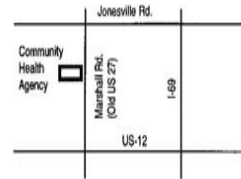
**Hillsdale Dental Clinic**  
20 Care Drive, Suite D  
Hillsdale, MI 49242  
517-437-2654

**Coldwater Dental Center**  
382 E. Chicago Rd.  
Coldwater MI, 49036

**Sturgis Dental Center**  
1525 E. Chicago Rd.  
Sturgis MI, 49091

## Office Locations

**Branch County**  
570 N. Marshall Road  
Coldwater, MI 49036  
Phone (517) 279-9561  
Fax (517) 278-2923



**Hillsdale County**  
20 Care Drive  
Hillsdale, MI 49242  
Phone (517) 437-7395  
Fax (517) 437-0166



**St. Joseph County**  
1110 Hill Street  
Three Rivers, MI 49093  
Phone (269) 273-2161  
Fax (269) 273-2452



**Sturgis WIC Satellite Clinic**  
(Call for an appointment)  
1555 E. Chicago Rd.  
Suite C  
Sturgis, MI 49091  
Phone (269) 273-2161  
Fax (269) 273-2452



## OUR VISION

We envision positively impacting the health of individuals, families, communities and the environment through responsiveness, competence and collaboration.

## OUR MISSION

We promote optimal health to prolong life, by preventing disease and assuring the protection of the public's health and environment.



# Exhibits for Section 6 – Reporting and Evaluation

## Section A – Efforts to Evaluate its Activities

- No Exhibits

## Section B – Mechanisms to Report on its Activities to the Community and its Governing Entity

- **Exhibit 6B-1** – Board of Health Monthly Update
- **Exhibit 3A-2** – Annual Report 2021

**BOARD OF HEALTH Meeting**  
**Agenda for February 23, 2023 at 9:00 AM**

1. Call to Order
  - a. Opening ceremonies – Pledge Allegiance to the Flag of the United States of America
  - b. Roll Call
  - c. Approval of the Agenda\*
  - d. Approval of the Minutes from January 26, 2023\*
2. Andrew Brege – Open Meetings Act presentations/education
3. Public Comment
4. Health Officer's Report
5. Medical Director's Report
6. Departmental Reports
  - a. Area Agency on Aging
  - b. Personal Health & Disease Prevention
  - c. Environmental Health
7. Committee Reports
  - d. Finance Committee – Did not meet.
  - e. Program, Policies, and Appeals – Did not meet.
8. Financial Reports
  - a. Approve Payments\*
  - b. Review Financials\*
9. New Business
  - a. Meeting Schedule for Board of Health Committees\*
  - b. AAA Annual Conflict of Interest/Discloser Forms  
(*need to be signed by all BOH Members*)
  - c. AAA Advisory Committee Appointments\*
10. Public Comment
11. Adjournment - Next meeting: March 23, 2023

**Public Comment:**

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

## Board of Health Members – 1/2023

### **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  
517 425-5230 (Cell)  
b.leininger@co.hillsdale.mi.us

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

### **St. Joseph County:**

Jared Hoffmaster, Commissioner  
269-506-3320 (Cell)  
hoffmasterj@stjosephcountymi.org

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

### **Program, Policy, & Appeals Committee**

Tom Matthew, Chair  
Brent Leininger  
Rusty Baker

### **Finance Committee**

Jared Hoffmaster, Chair  
Jon Houtz  
Steve Lanius

## January 26, 2023 – Board of Health Meeting Minutes

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

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

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

Mr. Hoffmaster moved to nominate Mr. Leininger as the Board Chair, with support from Mr. Matthew.

Mr. Hoffmaster moved to close the nominations for Board Chair, with support from Mr. Matthew. The motion passed unopposed.

A roll call vote was taken to elect Mr. Leininger as the Chair and the motion passed 4-0 (Mr. Matthew, Yes; Mr. Hoffmaster, Yes; Mr. Leininger, Yes; Mr. Lanius, Yes).

Mr. Leininger, the newly elected Chair took office and began running the meeting.

Mr. Matthew moved to nominate Mr. Hoffmaster as the Board Vice-Chair, with support from Mr. Lanius.

Mr. Matthew moved to close the nominations for Vice-Chair, with support from Mr. Lanius.

A roll call vote was taken to elect Mr. Hoffmaster as the Vice-Chair and the motion passed 4-0 (Mr. Matthew, Yes; Mr. Hoffmaster, Yes; Mr. Leininger, Yes; Mr. Lanius, Yes).

Mr. Hoffmaster moved to approve the minutes from the December 8, 2022, meeting with support from Mr. Lanius. The motion passed unopposed.

Public Comment: No public comments were given.

Rebecca Burns, Health Officer, reviewed her monthly report. Items included: Welcome Board of Health Members, Board of Health Lunches to Meet Our Team, Community Health Needs Assessment (CHNA)/Community Health Improvement Plan (CHIP), Hillsdale MCDC Dental Center, Community Health Worker Program, Mpox & Ebola, Flu Vaccine, COVID, Accreditation, Agency Insurance Update, Coldwater Office, Hillsdale Office, Three Rivers Office, Sturgis Office, and Health Promotion and Education.

Dr. Luparello reviewed the Medical Director's monthly report. This month's educational report was titled, "Obesity in the United States".

Committee Reports:

- Did not meet.

Financial Reports/Expenditures

- Mr. Hoffmaster moved to approve the expenditures for December as reported with support from Mr. Matthew. The motion passed unopposed.
- Mr. Hoffmaster moved to place the financials from December on file with support from Mr. Matthew. The motion passed unopposed.

Laura Sutter from BHSJ joined the meeting at 9:48 AM.

Unfinished Business

- None

New Business:

- Mr. Lanius moved to approve the changes to the ByLaws as presented with support from Mr. Hoffmaster. A roll call vote was taken and the motion failed 1-3 (Mr. Matthew, No; Mr. Hoffmaster, Yes; Mr. Leininger, No; Mr. Lanius, No).
- Mr. Leininger, Chair made the following committee appointments: Mr. Matthew, Mr. Baker, and Mr. Leininger to the Program, Policy, and Appeals Committee, with Mr. Matthew serving as the Chair.
- Mr. Leininger, Chair made the following committee appointments: Mr. Hoffmaster, Mr. Houtz, and Mr. Lanius to the Finance Committee, with Mr. Hoffmaster serving as the Chair.
- Mr. Hoffmaster moved to accept the Board of Health meeting schedule, as amended during the meeting discussion, with support from Mr. Lanius. The motion passed unopposed.
- Mr. Matthew moved to approve FY22/23 Budget Amendment #1 with support from Mr. Hoffmaster. A roll call vote was taken and the motion passed 4-0 (Mr. Matthew, Yes; Mr. Hoffmaster, Yes; Mr. Leininger, Yes; Mr. Lanius, Yes)

Departmental Reports:

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

Public Comment: Public comment was given by one person.

With no further business, Mr. Hoffmaster moved to adjourn the meeting with support from Mr. Lanius. The motion passed unopposed and the meeting was adjourned at 10:58 AM.

Respectfully Submitted by:

  
Theresa Fisher,

Administrative Services Director  
Secretary to the Board of Health



# PUBLIC COMMENT

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

**Agency Updates**

**Open Meetings Act Presentation:** At today's meeting Andrew Brege from Rosati, Schultz, Joppich, Amtsbuechler will attend to provide information and answer questions on the Open Meetings Act and statutory requirements of Boards of Health in PA 368 of 1978 as amended. Mr. Brege represents the Agency on all legal matters.

**Board of Health Lunches to Meet Our Team:** I received positive feedback from Hillsdale staff after the lunch that was held on February 9<sup>th</sup>. Staff appreciated the opportunity to meet personally and discuss the work they do at the Agency with Commissioner Leininger. The Branch County lunch is scheduled for today at noon with Commissioners Matthew and Houtz. Today I would like to schedule the lunch for our St. Joseph County staff with Commissioners Hoffmaster and Baker.

I would also invite you to consider attending the Agency's All-Staff Meeting on Friday, April 21<sup>st</sup>. That day will begin at 9 am and wrap-up at 3 pm and we will be at the ProMedica Conference Room (old Kmart building). I recognize that it would work best for you to stop in for a shorter period of time rather than all day. If you will attend, please let me know about what time you plan to arrive and if you will be joining us for lunch.

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

I have appointments with our Representatives and Senators as follows:

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

**Community Health Needs Assessment (CHNA)/Community Health Improvement Plan (CHIP):**

At this point in the project, work is focused on obtaining local data. Marcus and his student intern Thomas are in communication with local non-profit leaders to set-up focus groups; including marginalized populations such as migrant workers and religious groups like the Amish. They are also

working on completing a survey questionnaire that will be available to all residents in the tri-county service area to collect additional local data. Alex continues to work closely with Marcus and Thomas.

**Kindergarten Oral Health Assessment:** Earlier this month I was approached by the Kindergarten Oral Health Assessment (KOHA) Program consultant regarding Phase II implementation in Michigan. KOHA is a statewide programs established by Public Act 261 of 2020 with primary purpose of ensuring that children entering Kindergarten have the opportunity to receive an oral health screening. KOHA is being implemented in a phased approach with a goal for full implementation at all 45 local health departments in Michigan by the end of 2024. The Phase I health departments are underway and MDHHS is reaching out requesting local health department volunteers for Phase II. I met with the program coordinator and \$63,059.00 is the amount currently allocated for BHSJCHA for this program. MDHHS allocated \$50,000 base funding for every LHD with an additional amount based free and reduced eligible school children. I have asked that MALPH work with MDHHS on KOHA as the current funding is not sufficient given the program requirements. At this time, BHSJCHA will not be volunteering for Phase II implementation. I do believe that there is need for this program and that our incoming Kindergarten students deserve the same access to dental care and screening. I am hopeful that through the efforts of MALPH, funding changes can make this possible.

**MCDC Dental Centers:** Today I'm providing stats for all 4 of the MCDC Dental Centers located within our jurisdiction. Those pages are at the end of this report.

As a local health department with MCDC dental centers, I have a "seat" at the MCDC Advisory Committee. This group meets twice per year and we last met on February 7<sup>th</sup>. MCDC dental centers are experiencing unprecedented demand for services at all of their locations and they are working with their Providers to open up additional patient appointment times. MCDC also continues to struggle with finding Providers for all of their established dental centers. The center in Warren has been closed indefinitely, Sandusky and Roscommon continue to be closed. Hart is reopening early in March and of course Hillsdale reopened in October 2022. I am thrilled that we have all 4 of our MCDC dental centers open and seeing patients.

### **Community Health Worker (CHW)**

**Program:** Rachael, our CHW, continues to take on new clients and work with them. We will not be seeking becoming a Pathways Partner Agency at this time due to the requirements, some of which we cannot achieve at this time. This can be reconsidered as our program matures.

**COVID:** Our Agency is the first local health department and first place in Michigan to have a self-serve COVID testing kiosk installed. The kiosk's, which look like vending machines, vend a test to the patient who collects their sample, repackages the sample and returns it to the kiosk to be picked up by a courier who takes it to a lab for analysis. Individuals receive the results of their PCR test in 48-72 hours. There is no cost for the test but if the patient has insurance, it will be billed. There is no



requirement to have insurance to obtain the test kit. The most exciting part of this is that the testing is available 24/7, 365. Individuals do not need to wait until their Provider or pharmacy opens to obtain a test. With the end of the Public Health Emergency coming, I was concerned about the free testing continuing but the contractor's contract with the CDC provides this into 2024.

This is a picture of the unit in Three Rivers. They are also installed in Centreville and Sturgis with units coming to Coldwater and Hillsdale.

**Accreditation:** The Directors continue to work on preparing for our Accreditation visit in April. As I have explained the focus for this Accreditation cycle is on technical assistance. MDHHS and the Michigan Public Health Institute recognize that many routine accreditation tasks were set-aside during the pandemic and that local health departments have also turned over a tremendous number of staff. Many of our staff have never been a part of accreditation activities and are just learning about the work that we usually engage in when not dealing with a pandemic crisis. Our accreditation ranking from the previous cycle will maintain; Accredited with Commendation. We will take full advantage of the expertise of the state accreditors to learn as much as possible and make program corrections as necessary as get back to "normal".

**Personnel Policy Committee:** The Agency's Personnel Policies outline the establishment of representatives from the staff to the Personnel Policy Committee. That committee met this month and selected a Chair and Secretary. Theresa and I work with the committee on changes, updates, clarifications to the Personnel Policies that then are presented to the Board of Health for approval. I expect this to come before the Program, Policy, and Appeals Committee within the next month or two.

**State Budget:** In the Governor's proposed budget there is an increase in Essential Local Public Health Services (ELPHS) funding of \$30 million. It became especially evident during the pandemic that public health has been underfunded for years creating issues with response time and follow-up. This proposed increase would bring local public health closer to the 50/50 cost share required in the Public Health Code. Local public health will be closely watching the budget negotiations.

**Opioid Settlement Funds:** In response to conversations at the January Board of Health meeting, I did send out an email to the Board of Health and the County Administrators regarding a proposal of what our Health Promotion & Education section could provide with a small amount of this funding, focusing on youth prevention. I will continue to discuss with the counties and anticipate this will be an item for conversation with the Program, Policy & Appeals committee.

**Coldwater Office:** We continue to have one piece of the conference room equipment on back-order; a gooseneck microphone. A temporary microphone has been provided while we wait for the back-ordered item. Otherwise, the system is complete. Our staff will continue to train so that we avoid any additional issues with not having a complete audio and video recording.

**Hillsdale Office:** Theresa has received 2 bids for the parking lot project. She continues to work to get at least one more so that this can be presented to the Finance Committee.

**Three Rivers Office:** Theresa and I continue to work on bids for the wood wrap at this building. I hope to have a proposal to the Finance Committee at their next meeting.

**Sturgis:** I met with our landlord this week and reviewed the Board's previously approved space increase proposal from March 2020. I anticipate this expansion project will be on the Finance Committee's agenda in March.



## **Frequently Asked Questions -- Phase 2/3 Local Health Departments**

- ***Why was the Kindergarten Oral Health Assessment Program (KOHA) put into place?***

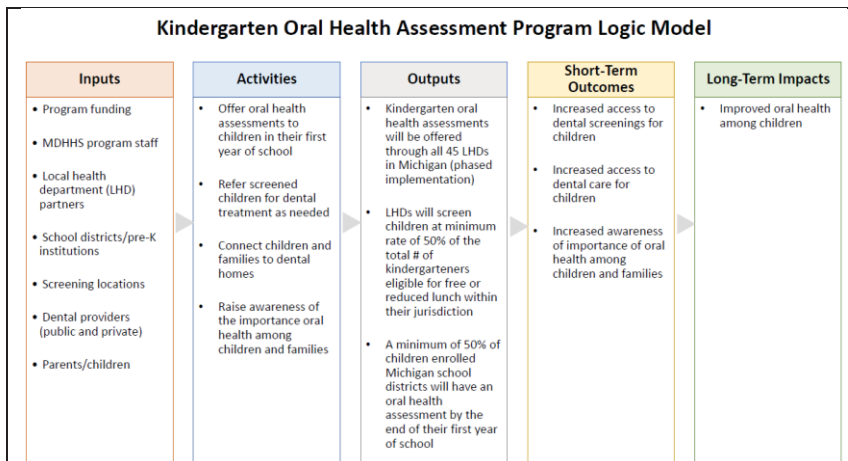
In an effort to improve the oral health of Michigan children and ensure school readiness, [Public Act 261 of 2020](#) was enacted in December of 2020 to ensure that children enrolling into their first year of school have the opportunity to receive an oral health assessment (dental screening) prior to starting school. Dental screenings can identify untreated dental disease and refer a child for care if needed, connect families to safety-net resources, and provide education to children and families about the importance of good oral health.

- ***How is MDHHS accomplishing this program?***

[Public Act 261 of 2020](#) includes the requirement that MDHHS establish and maintain an oral health assessment program in each area of the state served by a local health department (LHD). LHDs are funded by MDHHS to conduct the screenings and administer the program at the local level. The program is being implemented in a phased approach with plans for full implementation across all 45 LHDs in Michigan by the fall of 2024. Phase 1 was launched in fall 2022 within 20 local health departments, encompassing 44 counties and the City of Detroit.

- ***What are the goals of KOHA and how will impact be measured?***

The goals of KOHA are to increase the number of dental screenings in the kindergarten population, increase access to dental care, and increase awareness of the importance of oral health. We can measure these goals through programmatic data collected from the LHDs and Medicaid utilization data. The long-term impact of these goals is expected to be improvement in oral health among children. Medicaid utilization data and state oral health surveillance data can be used to measure long-term impact.



- ***Is a dental screening required for each student enrolling into school?***

No; the law recommends the screening but does not mandate it.

- ***What are LHDs expected to do?***

The dental program operates similarly to the hearing and vision screening programs. LHDs are expected to perform no-cost dental screenings on all children within their service entering kindergarten and refer for dental treatment needed, conduct local outreach and coordinate screening events with local schools and pre-K settings. LHDs submit quarterly program data to MDHHS which consists of screening data (e.g. # children screened, # screening events, etc) and a brief description of quarterly program activities.

- ***Our health department doesn't have an oral health program or any dental professionals on staff. How could we provide dental screenings?***

The screenings must be conducted by a registered dental hygienist, a dental therapist, or a dentist.

MDHHS recognizes that not all LHDs currently have an oral health program in place and is allowing LHDs to employ various models to accomplish the program:

- registered dental hygienist on staff at the health department to administer the program at the local level and conduct the screenings;
- dental coordinator position on staff at the health department to administer the program at the local level and subcontract the screening work to a licensed [P.A. 161](#) or [mobile dentistry](#) provider; or
- subcontract the entirety of the program to a licensed [P.A. 161](#) or [mobile dentistry](#) provider.



Total number of Unique Patients from 10/1/2022 to 1/31/2023 at Coldwater is **1,302**

Total number of Office Visits from 10/1/2022 to 1/31/2023 at Coldwater is **1,732**

Coldwater Unique Patients by Insurance		
	Totals	Percentage
Medicaid	407	31.26%
Traditional	285	21.89%
Healthy Michigan Plan	343	26.34%
Healthy Kids	218	16.74%
My DP	49	3.76%

Coldwater Unique Patients by Age		
	Totals	Percentage
0 to 4	40	3.1%
5 to 14	129	9.9%
15 to 20	78	6%
21 to 60	820	63%
Over 60	235	18%

Total number of Unique Patients from 10/1/2022 to 1/31/2023 at Hillsdale is **931**

Total number of Office Visits from 10/1/2022 to 1/31/2023 at Hillsdale is **1,519**

Hillsdale Unique Patients by Insurance		
	Totals	Percentage
Medicaid	302	32.44%
Traditional	138	14.82%
Healthy Michigan Plan	254	27.28%
Healthy Kids	205	22.02%
My DP	31	3.33%
Grants	1	0.11%

Hillsdale Unique Patients by Age		
	Totals	Percentage
0 to 4	37	4%
5 to 14	109	11.7%
15 to 20	77	8.3%
21 to 60	554	59.5%
Over 60	154	16.5%

Total number of Unique Patients from 10/1/2022 to 1/31/2023 at Sturgis is **1,497**

Total number of Office Visits from 10/1/2022 to 1/31/2023 at Sturgis is **2,064**

Sturgis Unique Patients by Insurance		
	Totals	Percentage
Medicaid	256	17.10%
Traditional	381	25.45%
Healthy Michigan Plan	273	18.24%
Healthy Kids	490	32.73%
My DP	97	6.48%

Sturgis Unique Patients by Age		
	Totals	Percentage
0 to 4	78	5.2%
5 to 14	378	25.3%
15 to 20	143	9.6%
21 to 60	708	47.3%
Over 60	190	12.7%

Total number of Unique Patients from 10/1/2022 to 1/31/2023 at Three Rivers is **1,455**

Total number of Office Visits from 10/1/2022 to 1/31/2023 at Three Rivers is **1,920**

Three Rivers Unique Patients by Insurance		
	Totals	Percentage
Medicaid	343	23.57%
Traditional	385	26.46%
Healthy Michigan Plan	312	21.44%
Healthy Kids	370	25.43%
My DP	45	3.09%

Three Rivers Unique Patients by Age		
	Totals	Percentage
0 to 4	54	3.7%
5 to 14	244	16.8%
15 to 20	137	9.4%
21 to 60	776	53.3%
Over 60	244	16.8%

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

- 1. Health Education & Promotion Department Update**
- 2. MCRH – Embedding a Community Health Worker (CHWs)  
Program within the Local Public Health Department Grant Update.**
- 3. Community Events Update**
- 4. Jan. Social Media Data**
- 5. List of “At Least It’s Not A Cigarette” Anti-Vaping Presentations Given**
- 6. Jan. CHW Client Data**

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

The month of January was very busy for the Health Education & Promotion team and the department is going through a lot of changes to begin 2023. Our Health Educator and Communications Specialist, Kris Dewey, has accepted the role of our Agency’s Emergency Preparedness Coordinator; during the month of January, Kris has been making the transition out of the Health Education and Promotion department and we have begun our search for her replacement. We wish Kris the best in her new role and she will certainly be missed as a member of our team. Supervisor Alex Bergmooser and Health Educator Josh Englehart having been working hard to keep the department running smoothly and to cover the roles and responsibilities that were vacated by Kris’s departure. One of those responsibilities is our social media presence for the Agency. Our Facebook/Instagram posts for the month of January included, but were not limited to, topics such as: open enrollment, winter safety guidelines, national Radon Awareness month, birth defect prevention, acid awareness week, WIC services, Cervical Cancer awareness month, and promoting the HPV vaccination.

Furthermore, Josh was also an integral part in assisting the Health Promotion & Education Supervisor, Alex Bergmooser, in completing, and submitting, the Agency’s application for the 2023 Medicinal Marijuana Operations & Oversight Grant (MMOOG). The application was submitted in mid-December and the department expects to successfully receive this funding by early February. Alex Bergmooser continues to work with Marcus Cheatham, and Central Michigan University Grad student/intern Thomas Carey to create the agency’s Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP). Alex worked with Marcus and Thomas to create a data-driven Powerpoint presentation that focused on key physical, social, mental, and environmental components of individual and community health for the members of our three counties. The data was collected, analyzed and revised for presentations at each county’s community coalition, the last of which was given on January 10<sup>th</sup> to the St. Joseph Human Services Coalition. The next step will be to gather feedback from each of these coalitions in order to narrow down the individual needs and concerns of the three counties and use that information to form community surveys and guide the priorities of focus groups that will take place in March or early April.

**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 January, our CHW Rachael Wall mostly continued her work with existing clients, while also bringing in a new client and successfully providing resources, or referrals to outside agencies, for individuals that are not counted toward her client caseload (these individuals are referred to in the dataset below as “interactions”). We anticipated a slow-down in new clients as we made our way through the holiday season; to combat this, we will begin to promote Rachael’s services heavily at the end of January and into February to hopefully generate more referrals and bring in more clients. With the help of Judy Kell, our CHW consultant, the program has really begun to gain traction and become increasingly effective. Furthermore, Judy has been busy developing a “Community Health Worker Policy Manual.” When completed, this manual will contain all of the

various policies, guidelines, forms, restrictions, etc. that are related to the Community Health Worker program. This manual will serve as the foundation of the program going forward and will give Rachael, or future Agency CHWs, the tools needed to be an effective and efficient CHW while also adhering to safety practices and Agency policies. We are very excited to see the finished product in the coming weeks.

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

Date	Event
1/10	CHNA Presentation @ St. Joseph County HSC
1/11	White Pigeon COVID Vaccine Clinic
1/24-1/26	Social Determinants of Health Summit
2/3	Certified Public Health Cohort Begins
2/16	Sturgis Fire Department Vaccine Clinic

**4. Social Media Data: January**

Social Media Data (As of February 1st, 2023)					
	# of Followers (Facebook & Instagram)	Social Media Reach (Amount a post is viewed, commented on, shared, etc.)	Number & Topic of Facebook Live Events	Agency Mentions in Local Media (radio stations, local newspaper/digital articles, etc.)	Other Activities (# and Topic)
JANUARY	4062	20,823	1 (Community Health Worker Interview with Rachael Wall)	4	None
TOTAL TO DATE (Since 10/1/2022)	13 NEW followers since last report	86,100	4	30	5

**5. “At Least It’s Not A Cigarette” Anti-Vaping Presentations Given (Total) – Locations:**

- Branch County - Pansophia Academy (Middle and High School)
- St. Joseph County - Centreville High School and Middles School (2 separate presentations)
- Hillsdale County - Camden Frontier Schools (Middle School)
- St. Joseph County - Colon Middle and High School (2 separate presentations)
- St. Joseph County - Sturgis Varsity Football Team
- Virtual Presentation URL: [bhsj.org/resources/1924](https://bhsj.org/resources/1924)

**FEB 23, 2023**

# **HEALTH EDUCATION & PROMOTION BOARD OF HEALTH REPORT FOR JAN. 2023**

## **6. Community Health Worker (CHW) Client Data: January**

Community Health Worker (CHW) Client Data - January 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	4	4 **	Interactions "# Total to Date" Began Reporting Numbers in January 2023.					
Clients	1	14						
	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	1	1	3	0	8	2	7	1
	Branch	St. Joseph	Hillsdale	Branch (Total to Date)	St. Joseph (Total to Date)	Hillsdale (Total to Date)		
Clients by County	0	1	0	4	10	0		
	In-Person (Office)	Phone	Email	In-Person (Home Visit)	In-Person: Office (Total to Date)	Phone (Total to Date)	Email (Total to Date)	In-Person: Home Visit (Total to Date)
Interactions (sum of all interactions w/each client)	2	24	1	2	15	55	1	6
	Open	Closed (Completed)	Closed (Unable to Complete)	Other (Specify)	Open (Total to Date)	Closed/Completed (Total to Date)	Closed: Unable to Complete (Total to Date)	Other: Specify (Total to Date)
Case Status	1	2	2	0	10	2	2	0
	Behavioral Health	Health Insurance	Housing	Immunization Information	Employment Issues	Family Planning & Pregnancy	At-Home Medical & Health Needs	Adult Education
Services Provided	0	4	3	0	1	0	1	1
Service Provided (Total to Date)	1	12	7	1	2	1	4	3
	Transportation	Food Assistance	Child Developmental/ Education Issues & Screening	Childcare Services	Clothing Needs	Domestic Concerns	Other (Specify)	
Services Provided Cont.	0	4	1	0	1	3		
Service Provided (Total to Date)	0	10	1	2	1	3		

## **MEDICAL DIRECTOR'S REPORT**

### **FEBRUARY 2023**

1. Morning checks on CDC website to follow COVID, influenza and RSV numbers.
2. Director and Administrator meetings, in person and zoom.
3. Meetings via zoom and teleconference with MDHHS.
4. Continue to review and sign standing orders. Working on review for inspection.
5. Winter class, Research Methods ended.
6. Started two spring classes - Culture, Nutrition and Health and Public Health Leadership.
7. Preparing to go to the Capital in Lansing for April meetings.



February is American Heart month; a time for people to focus on their cardiovascular health.

Heart disease is the leading cause of death in the United States.

The most common type of heart disease in the US is coronary artery disease (affects blood flow to heart).

### **SYMPTOMS**

Silent

Chest pain, discomfort, upper back or neck pain, indigestion, heartburn, nausea, vomiting, fatigue, upper body discomfort, dizziness, and shortness of breath – Heart Attack

Fluttering feelings in the chest (palpitations) – Arrhythmia

Shortness of breath, fatigue, swelling of feet, ankles, legs, abdomen or neck veins – Heart Failure

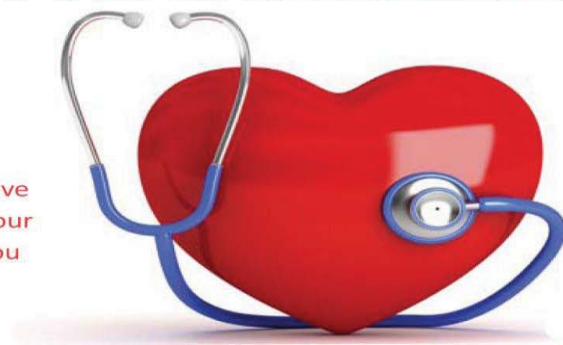
### **RISK FACTORS**

High blood pressure, high cholesterol and smoking are the key risk factors (about 47% of the US population have at least one of these risk factors).

Diabetes, obesity, unhealthy diet, physical inactivity, alcohol use

## **HEART HEALTH AWARENESS**

February is National Heart Month — a great time to make sure your ticker is tickin' properly. We've all heard it: change your diet, maintain a healthy weight, be physically active, quit smoking. But why? Can this advice **REALLY HELP** you lower your cholesterol and improve your heart health? **YES!** Making small changes in your daily routine can add up to big benefits and help you live a healthier, more balanced life.





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**Enclosures:**

1. Annual Conflict of Interest & Disclosure Statement \*
  2. Advisory Committee Bylaws – working draft
  3. Advisory Committee – (new!) Citizen Interest Form
- 

**Updates:**

1. Services to Victims of Elder Abuse Program Updates:
  - The Branch County Interdisciplinary Team/Elder Abuse Prevention Coalition met on Feb. 14<sup>th</sup> in their new format and with great attendance. As one member mentioned “I’m so glad people showed up today, this only works when people come!”. Much of our discussion focused on mental health services and guardianships, centered on one very complex situation. The Protocol will be distributed soon, with the BOH included in the distribution list.
  - On Thursday, Feb. 9<sup>th</sup> JC and I were invited to be interviewed by Ken Delaney at WTVB in Coldwater regarding the Protocol, the Interdisciplinary Team, and our collaborative efforts surrounding elder abuse prevention and awareness. It aired on Thursday, Feb. 11<sup>th</sup>... Did anyone happen to hear it?
  - St. Joseph County’s IDT remains active with great attendance. Updates from the Feb. 22<sup>nd</sup> meeting will be shared at the BOH meeting.
2. The AAA Advisory Committee’s purpose, as stated in the Bylaws and required by ACLS Bureau Operating Standards is: *“a representative group of individuals and providers whose goal it is to provide the AAA with a community’s perspective on activities and goals related to the agency. The Committee will advise the AAA on matters relating to the development and administration of the area plan and operations conducted thereunder to foster a comprehensive and coordinated service system for the aging.”*

The Advisory Committee is appointed by the Policy Board (BOH). We are working to update the Bylaws and implement a new “Interest Form” for potential members to complete for consideration of appointment. We’ve been working on building membership as we’ve lost a number of active members. In addition, the Bylaws could use some updates and so we began looking at the working draft at our 2/21/23 meeting. We’ll discuss next steps along with member Interest Forms at the BOH meeting.

3. I was able to speak with Providers who are over-spending their contracts at this point in the fiscal year. We refocused them back to the contract terms. Being too flexible, as we’ve been, complicates things when AAA’s are not issued all of our funding for the year at the beginning of the year. Things are coming back in line very quickly and we’ll continue to monitor this with the finance team.

### CITIZEN'S INTEREST FORM

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

(Please print)

Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Home Address: \_\_\_\_\_  
Street City Zip

Employment: \_\_\_\_\_

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

\_\_\_\_\_

Interests: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

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

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

Signature: \_\_\_\_\_

BRANCH-ST. JOSEPH AREA AGENCY ON AGING (IIIC)  
**ADVISORY COMMITTEE  
BY-LAWS**

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ARTICLE I.

Name and Area of Service

The name of this entity shall be the Advisory Committee to the governing Board of the Branch-St. Joseph Area Agency on Aging (IIIC) [AAA], hereinafter referred to as the Committee. The planning and service area in which this entity shall operate shall be in the geographic boundaries of Branch and St. Joseph Counties.

ARTICLE II.

Purpose

The Committee is a representative group of individuals and providers whose goal it is to provide the AAA with a community's perspective on activities and goals related to the agency. The Committee will advise the AAA on matters relating to the development and administration of the area plan and operations conducted thereunder to foster a comprehensive and coordinated service system for the aging.

ARTICLE III.

Function of the Committee

The specific duties and responsibilities of the Committee are subject to the provisions of the Older Americans Act (OAA), the Older Michiganians Act (OMA) and the Rules and Regulations of the Michigan Bureau of Aging, Community Living, and Supports (ACLS) ~~Office of Services to the Aging (OSA)~~. The Committee and the AAA function as the primary link between the Board of Health and the recipients and providers of services in the community. The Board of Health is the AAA Policy Board, which serves to review recommendations and set policy. Therefore, the function of the Advisory Committee is to:

1. Assist AAA staff in the completion and submission of the Multi-Year and Annual Implementation Plans to the Board of Health.
2. Review and comment to the Board of Health on any proposed substantive amendments to said plans.
3. Identify issues of need or concern within the community and advocate for services, policies, and programs to meet those needs.
4. Review state and federal proposals or policies which may impact on the local community and provide recommendations for action to the Board of Health.

5. Review and comment on proposed AAA policy changes to be submitted to the Board of Health.
6. Stimulate ideas for program development and for opportunities concerning older adults and their caregivers within the region.
7. Other tasks as requested by the Board of Health.

## ARTICLE IV.

### Membership

#### A. Composition

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

Committee composition should ideally be as follows:

	<u>Branch County</u>	<u>St. Joseph County</u>
Focal Point Representative *	2	2
Human Service or Social Service Representatives <i>(i.e. MDHSS, CMH)</i>	1	1
Health Services Representative <i>(i.e. hospital, physician's office)</i>	1	1
Consumers, Volunteers, or Community Leaders <i>(i.e. elected official, advocate, caregiver of someone 60+)</i>	4	4
<b>TOTAL</b>	<b>8</b>	<b>8</b>

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

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

#### B. Selection

Prospective members shall submit their names for consideration not less than two (2) months before the end of the fiscal year (July 31) or when an advertised vacancy exists. Prospective members must submit their names in writing to the Board of Health via

completion of the “Advisory Committee Citizen Interest Form” or other members may nominate individuals in a like fashion.

Upon receipt of such nominations the AAA staff shall:

- 1) Contact the nominee to assure her/his interest,
- 2) Identify the nominee’s county of affiliation, organizational affiliation (if any), and whether the person is age 60 or older,
- 3) AAA staff shall present this information to the Board of Health at a regularly scheduled meeting.

The Board of Health may request additional information from the applicant if they so desire before rendering a determination. Appointments or denial of appointments shall take place through a voice vote of the Board of Health. Notification of appointment or denial with reason stated will be made within 10 days by the AAA Director following the Board of Health meeting at which the decision was rendered.

#### C. Terms of Membership

Appointment to the Committee shall be for a minimum of two (2) calendar years commencing January 1 (or immediately following the appointment date if a vacancy appointment) and terminating December 31. Appointments may be extended or re-authorized at the discretion of the Board of Health. Barring voluntary resignation or removal for cause, at least 50% of the committee shall be re-appointed to ensure continuity of Committee functioning.

#### D. Standards of Attendance

If any member fails to attend three consecutive meetings without providing a reasonable excuse, the Committee Chairperson shall advise the member in writing. If, following the written notice, a member fails to attend the next consecutive meeting without providing a reasonable excuse, the position may be considered vacant and shall be filled in the same manner as initial appointments. If the member is an agency representative, written notice will also be given to the agency director and/or the agency’s board chairperson.

#### E. Standards of Conduct

Members of the Committee shall be bound by the Code of Ethics adopted by the Board of Health on September 26, 1996. Violations of these standards may result in removal of members from the Committee or other action as deemed appropriate by the Board of Health.

#### F. Removal of Members

All members of the Committee serve at will of the Board of Health and may be removed from the Committee, with or without cause, by majority vote of the Board of Health.

## ARTICLE V.

### Officers

#### A. Selection

The Committee shall nominate and select a Chairperson and a Vice-Chairperson from its membership on an annual basis. Such selection shall take place at the last scheduled meeting of the calendar year. Election of officers shall require a majority vote of members present.

#### B. Duties

##### 1. Chairperson

- a) To preside over all Committee meetings
- b) To review and sign any official correspondence of the Committee
- c) To work with AAA staff to set agendas for meetings

##### 2. Vice-Chairperson

- a) To assume all duties of the chairperson in her/his absence

#### C. AAA Staff Role

Staffing functions including meeting agenda, minutes, supporting materials, etc. for Committee meetings are the responsibility of AAA staff, as designated by the AAA Director.

## ARTICLE VI.

### Meetings

A. The Committee shall meet at a day and time convenient to the majority of the membership. Meetings shall rotate between St. Joseph and Branch Counties and take place not less than six (6) times per year.

B. Such meetings shall operate within compliance of the Open Meetings Act (PA 267).

C. There is no quorum requirement of the Committee.

## ARTICLE VII.

### Amendments

A. Recommendation for an amendment to these by-laws shall be submitted to the Advisory Committee in writing prior to the regularly scheduled meeting at which they will be discussed.

~~A.~~

B. Recommendation for amendment(s) shall require a majority vote among members present at a regularly scheduled meeting (or special meeting as called by the Chairperson).

B.

C. Such recommendation for amendment(s) shall be presented to the Board of Health at a regularly scheduled meeting for final review and approval.

\* \* \* \* \*

Approved by action of the Branch-Hillsdale-St. Joseph Board of Health at their January 23, 1997 meeting.

Amended by action of the Branch-Hillsdale-St. Joseph Board of Health at their January 25, 2001 meeting.

Amended by action of the Branch-Hillsdale-St. Joseph Board of Health at their <insert date> meeting.

ATTACHMENT: "AAA IIIC Advisory Committee Citizen Interest Form"

\_\_\_\_\_  
Chairperson  
BHSJ CHA Board of Health

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chairperson  
AAA IIIC Advisory Committee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Laura Sutter~~Lynelle Thrasher~~, Director  
Branch-St. Joseph Area Agency on Aging (IIIC)

\_\_\_\_\_  
Date



## Annual Conflict of Interest and Disclosure Policy

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Section 1. Purpose of Policy. This policy sets forth principles and procedures intended to maintain the integrity of the Area Agency on Aging Region 3C (AAA 3C), as well as comply with Michigan Office of Services to the Aging Operating Standards for Area Agencies on Aging. Members of the Branch-Hillsdale-St. Joseph Community Health Agency (CHA) Board of Health (serving as the AAA 3C Policy Board) are expected to conduct their personal/business affairs so that no conflict of interest or duality of interest interferes with their duties and responsibilities to the CHA/AAA 3C.

Section 2. Covered Individuals. This policy applies to the members and officers of the Board of Health.

Section 3. Conflict of Interest and Duality of Interest. This policy covers both conflicts of interests, involving the financial interests of or financial benefit to a covered individual as owner, employee, agent, consultant or otherwise, and duality of interests, involving the interests of an association, governmental entity, business or other entity (whether profit or nonprofit) in which a covered individual has a substantial personal interest as a director, officer, trustee, commissioner or substantial contributor or through another substantial relationship.

Section 4. Covered Transactions, Relationships and Affiliations. This policy applies to existing and proposed transactions, relationships and affiliations, including contracts for goods, facilities and services, leases, grants, gifts, financial assistance, partnerships, endorsements, policy positions, joint ventures and other undertakings and dealings, between the CHA/AAA 3C and (a) a covered individual; (b) a member of a covered individual's immediate family; and (c) an association, governmental entity, business or other entity (whether profit or nonprofit) with respect to which a covered individual has a conflict of interest or a duality of interests.

Section 5. Disclosure. All covered individuals shall provide a written disclosure annually to the CHA/AAA 3C of any conflict of interest or duality of interest between them and the CHA/AAA 3C as described in Section 3 and of any covered transactions, relationships, endorsements, policy positions or affiliations involving them as described in Section 4. In addition, a covered individual shall provide prompt disclosure to the Board of Health at any time that he or she becomes aware of any such conflict of interest, duality of interest or covered transaction, relationship or affiliation.

Section 6. Review, Report and Record. In the event that the CHA/AAA 3C becomes aware of a conflict of interest, or duality of interest of a covered transaction, relationship, endorsement, policy position or affiliation involving a covered individual, whether through disclosure made pursuant to Section 5 or otherwise, the matter shall be reviewed by a committee of disinterested members of the Board of Health. The review shall be reported to the Board of Health and shall be made a matter of record.

Section 7. Procedures. Any member of the Board of Health having a duality of interest or conflict of interest, real or apparent, with respect to any covered transaction, relationship, endorsement, policy position or affiliation that comes before the Board of Health shall not vote or use his or her personal influence on the matter, and shall not be counted in determining a quorum for the meeting at which the matter is voted upon. In deciding any such matter, the Board of Health shall obtain appropriate comparability data, including data as to the fair market value for any goods, services or facilities that may be involved. The minutes of the meeting shall adequately document the basis of the determination and shall reflect that the disclosure was made, that the interested Board member abstained from voting, and that his or her presence was not considered. No interested Board member and no interested officer shall take part in the discussion and, in appropriate instances, as determined by the officer conducting the meeting, shall be absent from the discussion and vote. However, an interested Board member or an interested officer may state a policy position relevant to the matter under consideration, explain the transaction or affiliation, and answer questions from Board members relating to the matter.

\_\_\_\_\_ I **do not** have a conflict of interest or duality of interest. I have read this policy and agree to follow it.

\_\_\_\_\_ I **do** have a conflict of interest or duality of interest, as follows:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I have read this policy and agree to follow it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Personal Health and Disease Prevention: February 23, 2023**

### **Communicable Disease:**

**Influenza:** seasonal influenza activity has decreased

**Mpox:** activity is low, only four cases have been reported in Michigan in 2023 so far.

### **Covid Community Levels:**

Branch County: low

Hillsdale County: low

St. Joseph County: low

### **Immunizations/STD/HIV:**

Mobile unit mileage: 17,188.1 May 2021-May 2022: approximately 430+ visits made using the unit.

We have attended several community events with our mobile unit (see pics below) along with various off-site locations and homes. The majority of the services provided out of the unit have been immunizations. Some of the events/locations include county fairs, Polish Festival, Strawberry Festival, nursing homes, schools, local business, CSHCS events, etc.

We are excited to have a nurse filled in this position so we can continue our mobile efforts in the community past the pandemic and expand our services.

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

It was announced on January 31, 2023 that the intention is to end the Covid-19 public health emergency declaration on May 11, 2023. This means that WIC waivers will expire in August, 2023. We will continue as planned with opening and offering in-person services to our clients. We are offering in-person to expecting mothers, postpartum mothers, infants, and children age 1. We continue to incorporate the remaining classes for in-person booking which will be children ages 2-4 in February-April. This will allow all of our WIC clients the opportunity for in-person appointments, if they so choose, until the waiver ends.

### **Snippet from the National WIC Association Announcement**

*Ending the public health emergency declaration will have broader consequences on federal policy, including immigration law and access to healthcare services for low-income families. WIC families will likely be impacted by the end of SNAP emergency allotments in more than 30 states starting March 1 and the end of Medicaid continuous enrollment on April 1. NWA will continue to monitor and update members on the effects of the end of the public health emergency declaration on WIC program administration and the WIC-eligible population.*

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

Children's Special Health Care covers diagnostic evaluations for individuals when their symptoms or history indicate a possibility of being eligible for the CSHCS program. This diagnostic covers the cost of the potential client to see a specialist and receive a diagnosis, not the treatment. Even if a diagnosis is not given, this initial assessment and any screenings needed are still paid for. This helps non-Medicaid parents get the treatment they need for a diagnosis that they may not be able to afford. I say non-Medicaid because if they have a Medicaid health plan then this would be covered anyways.

### **Hearing/Vision:**

We have already started scheduling for kindergarten round-ups for the spring

## Mobile Unit Pictures





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

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

Confirmed & Probable Case Totals	2022-2023				FYTD 2022-2023				2021-2022 FYTD			
	BR	HD	SJ	Total	BR	HD	SJ	Total	BR	HD	SJ	Total
Animal Bite/Rabies potential exposure	2	1	-	3	2	10	-	12	5	23	-	28
Blastomycosis	-	-	-	-	-	-	-	-	-	-	-	-
Brucellosis	-	-	-	-	-	-	-	-	-	-	-	-
Campylobacter	1	-	2	3	5	4	2	11	3	3	3	9
Chicken Pox	-	-	1	1	-	1	1	2	-	-	-	-
Chlamydia	6	4	13	23	40	33	67	140	37	34	64	135
Coccidioidomycosis	-	-	-	-	-	-	-	-	-	-	1	1
CRE Carbapenem Resistant Enterobac.	-	-	-	-	-	-	1	1	1	-	-	1
Cryptosporidiosis	-	1	-	1	-	2	1	3	-	-	1	1
Encephalitis - Primary	-	-	-	-	-	-	-	-	-	-	-	-
Giardiasis	-	-	1	1	-	-	1	1	-	1	3	4
Gonorrhea	3	2	6	11	4	9	16	29	10	16	42	68
H. Influenzae Disease - Inv.	-	-	-	-	1	-	-	1	-	-	-	-
Hepatitis B - Acute	-	-	-	-	-	-	-	-	1	-	-	1
Hepatitis B - Chronic	-	-	-	-	1	-	-	1	-	-	-	-
Hepatitis C - Acute	-	-	-	-	-	-	-	-	2	-	-	2
Hepatitis C - Chronic	1	4	2	7	7	4	4	15	8	-	2	10
Hepatitis C Unknown	-	-	-	-	-	-	-	-	-	-	-	-
Histoplasmosis	2	-	-	2	2	-	-	2	1	-	1	2
HIV/AIDS	-	-	-	-	-	-	-	-	1	-	2	3
Influenza	225	88	163	476	389	241	268	898	63	106	17	186
Kawasaki	-	-	-	-	-	-	-	-	-	-	-	-
Legionellosis	-	-	-	-	-	-	1	1	-	1	-	1
Lyme Disease	-	-	-	-	-	-	-	-	-	1	1	2
Measles	-	-	-	-	-	-	-	-	-	1	-	1
Menengitis - Aseptic	-	-	-	-	1	-	-	1	-	-	-	-
Menengitis - Bacterial	1	-	-	1	1	-	-	1	-	-	-	-
Meningococcal Disease	-	-	-	-	-	-	-	-	-	-	-	-
Mumps	-	-	-	-	-	-	-	-	-	-	-	-
Mycobacterium - Other	1	-	-	1	1	-	-	1	2	3	2	7
Norovirus	-	-	-	-	-	-	-	-	-	-	-	-
Novel Coronavirus	141	99	141	381	605	685	626	1,916	4,752	4,279	5,508	14,539
Pertussis	-	-	-	-	-	1	-	1	-	3	-	3
Salmonellosis	-	1	-	1	1	1	-	2	1	1	1	3
Scabies	-	-	-	-	1	-	-	1	-	-	-	-
Shiga Toxin-prod. (STEC)	1	-	1	2	1	-	1	2	1	1	-	2
Shigellosis	-	-	-	-	-	-	-	-	-	-	-	-
Shingles	-	-	-	-	-	-	-	-	1	-	-	1
Staphylococcus Aureus Infect.	-	-	-	-	-	-	-	-	-	-	-	-
Strep Invasive Gp A	-	1	-	1	-	1	1	2	-	-	-	-
Strep Pneumonia Inv Ds.	1	-	3	4	3	2	5	10	1	3	-	4
Syphilis - Primary	-	-	-	-	-	1	-	1	-	-	-	-
Syphilis - Secondary	-	-	-	-	-	-	-	-	-	-	2	2
Syphilis To Be Determined	-	-	-	-	-	-	-	-	-	-	-	-
Trichinosis	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis	-	-	-	-	-	1	-	1	-	-	-	-
Unusual Outbreak/Occurrence	-	-	1	1	-	-	1	1	1	2	-	3
VZ Infection, Unspecified	-	-	1	1	1	1	1	3	-	-	-	-
Yersinia Enteritis	1	-	-	1	1	-	-	1	-	-	-	-
<b>School Only Reporting</b>												
Colds W/O Fever	262	83	111	456	1,449	472	1,160	3,081	1,599	584	1,152	3,335
Flu Like Disease	103	74	185	362	648	420	877	1,945	1,154	430	1,161	2,745
GI Illness	352	324	144	820	1,347	977	1,110	3,434	1,696	852	1,184	3,732
Head Lice	18	19	30	67	84	92	237	413	80	71	164	315
Impetigo	1	3	6	10	10	11	26	47	9	1	1	11
Mononucleosis	0	-	-	-	2	1	1	4	4	3	4	11
Pink Eye	10	13	10	33	68	53	120	241	78	48	135	261
Strep Throat	139	39	27	205	373	165	193	731	279	75	208	562
	1271	756	848	2,875	5,048	3,188	4,721	12,957	9,790	6,542	9,659	25,991

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

Jan-23						YTD 2022-2023					YTD 2021-2022				
	BR	HD	ST	TR	Total	BR	HD	ST	TR	Total	BR	HD	ST	TR	Total
<b>CHILD IMMUNIZATIONS</b>															
# Vaccines Given CHA	199	93	22	94	408	599	587	23	415	1,624	699	721	-	619	2,039
All VFC Doses Given	681	323	-	811	1,815	3,454	1,627	-	3,261	8,342	3,029	1,674	-	3,041	7,744
Waivers	3	8	1	6	18	56	62	3	32	153	28	58	10	43	139
<b>ADULT IMMUNIZATIONS</b>															
# Vaccines Given	7	48	4	77	136	798	399	4	277	1,478	2,814	1,444	-	1,195	5,453
All AVP Doses Given	16	12	-	33	61	40	74	-	144	258	38	232	-	65	335
<b>COMMUNICABLE DISEASE</b>															
TB Tests Done	2	7	-	2	11	21	33	-	5	59	21	41	-	5	67
STD treatments	-	-	1	11	12	1	3	1	17	22	15	15	2	52	84
HIV Testing	-	-	1	10	11	-	4	1	11	16	-	-	2	10	12
<b>ENROLLMENTS</b>															
Medicaid & Michild	3	1	-	-	4	6	2	-	5	13	3	1	-	2	6
<b>REFERRAL SERVICE</b>															
MCDC Referrals	11	4	11	52	78	25	38	101	210	374	36	-	27	72	135
MIHP referrals	2	4	29	37	72	25	18	75	73	191	118	21	50	83	272
<b>Hearing Screens</b>															
Pre-school	-	-	-	14	14	27	207	-	238	472	54	174	64	32	324
School Age	453	229	-	116	798	974	861	-	1,070	2,905	450	426	489	924	2,289
<b>Vision Screens</b>															
Pre-school	-	-	-	2	2	48	231	-	99	378	85	202	-	78	365
School Age	825	597	-	721	2,143	2,613	1,448	-	2,614	6,675	1,896	1,004	-	2,160	5,060
<b>Children's Special Health Care Services</b>															
Diagnostics	2	1	-	-	3	3	1	-	-	4	4	4	-	1	9
Assessments-Renewal	18	20	-	23	61	61	75	-	84	220	67	65	-	73	205
Assessments-New	4	5	-	9	18	17	14	-	21	52	15	20	-	21	56

2022 - 2023 Caseload [1] Management Report	LA #: 12
	Name: Branch-Hillsdale-St. Joseph Community Health

State Participation/Enrollment Ratio [2]:

Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Curr Year P/E Ratio (last 12 months)
94.3%	94.5%	94.7%	94.7%	94.9%	94.3%

Months	Enrollment [3]	Initial Participation [4]	Closeout Participation [5]	% Change in Participation [6]	Participation/ Enrollment Ratio[2]
Oct / 2021	4,026	3,485	3,545	-0.92%	88.05%
Nov / 2021	3,978	3,319	3,413	-3.72%	85.80%
Dec / 2021	3,904	3,293	3,346	-1.96%	85.71%
Jan / 2022	3,931	3,407	3,470	3.71%	88.27%
Feb / 2022	3,932	3,405	3,487	0.49%	88.68%
Mar / 2022	4,020	3,585	3,616	3.70%	89.95%
Apr / 2022	3,974	3,583	3,643	0.75%	91.67%
May / 2022	4,024	3,628	3,674	0.85%	91.30%
Jun / 2022	4,082	3,760	3,802	3.48%	93.14%
Jul / 2022	4,073	3,702	3,782	-0.53%	92.86%
Aug / 2022	4,129	3,783	3,841	1.56%	93.02%
Sep / 2022	4,140	3,849	3,871	0.78%	93.50%
Oct / 2022	4,125	3,844	3,866	-0.13%	93.72%
Nov / 2022	4,149	3,836	3,892	0.67%	93.81%
Dec / 2022	4,161	3,819	3,874	-0.46%	93.10%
Jan / 2023	4,265	3,984	(est [7]) 4,109		
Feb / 2023	0	0	(est [7]) 3,976		
Mar / 2023	0	0	0		
Apr / 2023	0	0	0		
May / 2023	0	0	0		
Jun / 2023	0	0	0		
Jul / 2023	0	0	0		
Aug / 2023	0	0	0		
Sep / 2023	0	0	0		

Total (Year to date)	16,700	15,483	11,632		
Curr Year Avg	4,175	3,871	3,877	0.87%	89.78%
Months with Count	4	4	3	3	4
Average to Base % [8]		93.0%	93.18%		
Last yrs Base % [9]		82.9%	84.22%		
Last yrs Average	4,018	3,567	3,624		88.77%

Estimated average participation for current year to date:

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

3,943
3,877

**Funding Allocation Information**

Total Funding Allocation: \$908,156

Assigned Funding Participation Count [11]:

Current Yr Base: 4,161

Previous Yr Base: 4,303

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

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

### **Food Service Sanitation**

One of our long tenured sanitarians who has worked in the food program many years has submitted her intent to retire in May. Carrie Southern has been with our agency since 2006, and worked previously at the Barry-Eaton District Health Department and the Mid-Michigan District Health Department. Carrie has committed over 30 years of her work career to Public Health, which we are all grateful for and her service will be missed. We are planning on posting that job opening internally very soon to offer the opportunity to anyone from within who would be interested in that position (based in Branch County). We still have a 50/50 (50% food/ 50% general) sanitarian position open in Hillsdale County. To date we have yet to receive any applications that have the required educational background for the position.



### **Well and Septic**

The new Type II, Non-Community Water Supply sanitarian position has been filled. We have hired a second person to work in our Type II water supply program which historically has been managed by only one sanitarian. EGLE has fought for and received extra funding for this program which has allowed us to hire another person. Emily Motes has been working in the program since October and will be joined by Kyle Moore who started with us on February 15. The Type II program covers all three counties so we will be looking to divide the workload between the two sanitarians which will allow more efficient and timely service to the water supply operators. There are almost 250 Type II operations within our jurisdiction that require monitoring for water sampling, water treatment, system maintenance and operational educational consultation.

### **Other Programs**

There is going to be more wells sampled at PFAS contamination site near the Westside Landfill in St. Joseph County. An initial investigation of the site was done in December of 2020 when 7 wells were sampled for PFAS compounds. Only one of those wells had a detection and the detection level was below the health limit. Despite the low level of detection that home was provided with a PFAS filter system. The next round of sampling is scheduled for the late February or the beginning of March depending on when MDHHS gets signed access agreements back for the homeowners.

# EH Service Statistics Report

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

### ENVIRONMENTAL HEALTH SERVICE REPORT 2022/2023

	JANUARY				YTD 2022/2023				YTD 2021/2022			
	BR	HD	SJ	TOTAL	BR	HD	SJ	TOTAL	BR	HD	SJ	TOTAL
WELL/SEWAGE SYSTEM EVAL.	-	-	-	-	1	-	-	1	-	-	10	10
CHANGE OF USE EVALUATIONS - FIELD	1	3	1	5	6	17	18	41	6	16	10	32
CHANGE OF USE EVALUATIONS - OFFICE	2	-	2	4	16	7	20	43	5	11	33	49
<b>ON-SITE SEWAGE DISPOSAL</b>												
PERMITS NEW CONSTRUCTION	3	3	6	12	15	17	23	55	21	17	17	55
REPAIR/REPLACEMENT	2	3	8	13	13	14	24	51	23	14	23	60
VACANT LAND EVALUATION	1	2	1	4	3	4	5	12	-	7	7	14
PERMITS DENIED	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	6	8	15	29	31	35	52	118	33	38	47	129
<b>SEWAGE PERMITS INSPECTED</b>	2	3	6	11	36	56	57	149	29	33	45	107
<b>WELL PERMITS ISSUED</b>	11	5	17	33	52	32	61	145	43	42	67	152
<b>WELL PERMITS INSPECTED</b>	17	7	13	37	56	34	64	154	28	42	105	175
<b>FOOD SERVICE INSPECTION</b>												
PERMANENT	20	33	22	75	72	77	103	252	64	83	86	233
NEW OWNER / NEW ESTABLISHMENT	-	1	1	2	2	3	7	12	2	2	5	9
FOLLOW-UP INSPECTION	1	-	-	1	6	1	4	11	6	2	8	16
TEMPORARY	2	-	-	2	4	2	4	10	3	7	5	15
MOBILE, STFU	1	-	-	1	6	6	-	12	3	-	6	9
PLAN REVIEW APPLICATIONS	3	1	-	4	3	3	4	10	5	-	7	12
FOOD COMPLAINTS RECEIVED	-	3	-	3	7	7	3	17	3	3	1	7
FOODBORNE ILLNESS INVESTIGATED	-	-	-	-	-	-	-	-	-	-	-	-
<b>FOOD CLASSES</b>												
MANAGEMENT CERTIFICATION CLASS	n/a	n/a	n/a	-	n/a	n/a	n/a	57	n/a	n/a	n/a	-
<b>CAMPGROUND INSPECTION</b>	-	-	-	-	-	-	-	-	-	-	-	-
<b>NON-COMM WATER SUPPLY INSP.</b>	-	-	-	-	3	-	-	3	6	1	3	10
<b>SWIMMING POOL INSPECTION</b>	-	-	-	-	9	5	-	14	6	4	-	10
<b>PROPOSED SUBDIVISION REVIEW</b>	-	-	-	-	-	-	-	-	-	-	-	-
<b>SEPTIC TANK CLEANER</b>	-	-	-	-	-	1	-	1	-	-	-	-
<b>DHS LICENSED FACILITY INSP.</b>	-	4	1	5	2	12	4	18	5	11	12	28
<b>COMPLAINT INVESTIGATIONS</b>	1	2	-	3	12	7	4	23	6	6	6	18
<b>LONG TERM MONITORING</b>	-	-	-	-	-	-	14	14	-	-	-	-
<b>BODY ART FACILITY INSPECTIONS</b>	-	1	-	1	-	1	-	1	2	1	-	3

# Inspection Type Count

For Date Range: 1/1/2023 - 1/31/2023 and Program: Food Service

Inspection Type	Count
Complaint	3
Consult	1
Follow-Up	1
Pre-opening/New	2
Progress Note	4
Routine	75
STFU/Mobile	1
Temporary	2
Total number of inspections	89

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# Inspection Type Count by County

For Date Range: 1/1/2023 - 1/31/2023 and Program: Food Service

County	Inspection Type	Count
Branch	Follow-Up	1
	Progress Note	1
	Routine	20
	STFU/Mobile	1
	Temporary	2
Hillsdale	Complaint	3
	Consult	1
	Pre-opening/New	1
	Progress Note	1
	Routine	33
St. Joseph	Pre-opening/New	1
	Progress Note	2
	Routine	22
	Total number of inspections	89

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# Establishment Inspection Report

For Date Range: 1/1/2023 - 1/31/2023 and Program: Food Service

Name	Location	Date	Inspection Type	# P	# Pf	# P/Pf Fixed During Inspection	# Core
55 BELOW	Hillsdale	1/25/2023	Routine	0	0	0	0
ANN-DEE'S TAVERN	North Adams	1/27/2023	Routine	0	0	0	0
ARBY'S	COLDWATER	1/11/2023	Routine	0	0	0	0
Biggby Coffee #571	Jonesville	1/23/2023	Routine	0	0	0	0
BILL'S STEAKHOUSE	Coldwater	1/27/2023	Routine	0	0	0	1
Blue Flamingo	Sturgis	1/10/2023	Progress Note	0	0	0	0
BPOE 1381 (ELKS LODGE)	STURGIS	1/12/2023	Routine	1	2	1	1
Branch County Men Of Integrity	Quincy	1/13/2023	Temporary	0	0	0	0
BRONSON KNIGHTS OF COLUMBUS #2924	BRONSON	1/5/2023	Routine	1	0	1	1
Burger King #1416	Three Rivers	1/5/2023	Routine	0	2	0	11
Burger King #1419	Hillsdale	1/4/2023	Routine	0	0	0	0
Camp Selah	Reading	1/20/2023	Routine	0	0	0	0
CAVONI'S	HILLSDALE	1/17/2023	Routine	0	0	0	1
Centreville United Methodist Church	Centreville	1/23/2023	Routine	0	0	0	0
CHECKER RECORDS	HILLSDALE	1/4/2023	Routine	1	0	1	0
COLDWATER CINEMAS	COLDWATER	1/19/2023	Routine	0	0	0	1
COLDWATER UNITED METHODIST CHURCH	COLDWATER	1/11/2023	Routine	0	0	0	1
COTTAGE INN PIZZA	COLDWATER	1/11/2023	Routine	0	0	0	0
CULVER'S OF COLDWATER	COLDWATER	1/12/2023	Routine	0	0	0	1
CURLY'S INC.	Colon	1/12/2023	Routine	0	1	0	2
DENISE'S DINER	Camden	1/5/2023	Routine	0	1	1	0
DQ Grill & Chill	Coldwater	1/23/2023	Routine	0	2	2	3
Draft Horse Diner	Litchfield	1/19/2023	Routine	0	0	0	2
DZ Delicatus	Hillsdale	1/27/2023	Consult	0	0	0	0
EAGLES LODGE 1314	Sturgis	1/12/2023	Routine	1	4	2	4
El Cunado Mexican Cousine	Coldwater	1/11/2023	STFU/Mobile	0	1	1	0
El Taco Loco	Sturgis	1/12/2023	Routine	0	2	2	5
ELKS LODGE	COLDWATER	1/18/2023	Routine	0	0	0	1
First Baptist	Sturgis	1/19/2023	Pre-opening/New	0	0	0	1
FIRST BAPTIST CHURCH	COLDWATER	1/10/2023	Routine	0	0	0	0

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Name	Location	Date	Inspection Type	# P	# Pf	# P/Pf Fixed During Inspection	# Core
FIRST PRESBYTERIAN CHURCH	HILLSDALE	1/13/2023	Routine	0	0	0	0
Five Lakes Coffee	Sturgis	1/31/2023	Routine	0	0	0	0
Five Lakes Coffee INC	STURGIS	1/31/2023	Routine	0	0	0	0
FIVE STAR PIZZA	BRONSON	1/5/2023	Routine	0	0	0	2
FOE AERIE #2303	Three Rivers	1/20/2023	Routine	1	0	0	2
GIRARD UNITED METHODIST CHURCH	COLDWATER	1/23/2023	Routine	0	0	0	0
Grambys Homestyle Restaurant	Sturgis	1/12/2023	Routine	1	0	0	1
HANDMADE SANDWICHES & BEVERAGES	HILLSDALE	1/12/2023	Routine	0	0	0	1
HILLSDALE COUNTY CONSERVATION CLUB	OSSEO	1/27/2023	Routine	0	0	0	0
HILLSDALE FILLING STATION DELI	Hillsdale	1/11/2023	Routine	0	0	0	0
HILLSDALE TWP FIRE DEPT	HILLSDALE	1/6/2023	Routine	0	0	0	0
JILLY BEANS TOO	JONESVILLE	1/24/2023	Routine	0	0	0	0
JOHNNY T'S BISTRO	HILLSDALE	1/11/2023	Routine	0	0	0	0
Kentucky Fried Chicken Coldwater	COLDWATER	1/26/2023	Routine	0	0	0	1
Kentucky Fried Chicken Three Rivers	Three Rivers	1/11/2023	Routine	0	0	0	1
KING DRAGON BUFFET	Sturgis	1/19/2023	Routine	1	1	1	4
LITTLE CAESARS #1200-001	Three Rivers	1/18/2023	Routine	0	0	0	0
LITTLE CAESARS PIZZA	HILLSDALE	1/4/2023	Routine	0	0	0	0
LONE RANGER CAFE	READING	1/20/2023	Routine	2	1	3	0
LONE RANGER CAFE	READING	1/24/2023	Complaint	0	0	0	0
MAIN STREET PIZZA	JONESVILLE	1/6/2023	Routine	0	0	0	0
MARIA'S	Sturgis	1/31/2023	Routine	0	1	0	5
MASONVILLE PLACE	COLDWATER	1/10/2023	Routine	0	0	0	0
MCDONALD'S OF QUINCY	QUINCY	1/23/2023	Routine	0	1	0	1
McDONALDS OF THREE RIVERS #2196	Three Rivers	1/11/2023	Routine	0	0	0	1
MCDONALD'S-HILLSDALE	HILLSDALE	1/4/2023	Routine	0	0	0	0
MESSIAH LUTHERAN CHURCH	Constantine	1/23/2023	Progress Note	0	0	0	0
Michindoh Conference Center	Hillsdale	1/26/2023	Routine	0	0	0	0
MR GYROS	COLDWATER	1/19/2023	Routine	0	1	1	0
NEW DRAGON EXPRESS	STURGIS	1/31/2023	Routine	0	1	1	3

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Name	Location	Date	Inspection Type	# P	# Pf	# P/Pf Fixed During Inspection	# Core
NUTRITION XTREME	Jonesville	1/23/2023	Routine	0	0	0	0
OLIVIA'S CHOP HOUSE	JONESVILLE	1/10/2023	Routine	0	0	0	0
Outpost Grille	ALLEN	1/12/2023	Routine	0	0	0	0
Pigeon Inn	White Pigeon	1/10/2023	Routine	0	0	0	0
PIPER'S GRINDERS GALORE	Constantine	1/23/2023	Routine	1	0	1	0
Quality Inn & Suites	Coldwater	1/5/2023	Progress Note	0	0	0	0
Quality Inn & Suites	Coldwater	1/17/2023	Follow-Up	0	0	0	0
RAY'S TAVERN	READING	1/17/2023	Routine	0	0	0	0
READING PIZZA BARN	READING	1/5/2023	Routine	0	0	0	0
READING UNITED METHODIST CHURCH	READING	1/17/2023	Routine	0	0	0	1
ROSALIES ROADHOUSE	Jonesville	1/6/2023	Routine	0	1	1	0
Shawn Cockrell Memorial Invitational	Quincy	1/20/2023	Temporary	0	0	0	0
SHORT'S LAMPLIGHTER, LLC	COLDWATER	1/4/2023	Routine	2	0	1	4
Skate Dreams	Three Rivers	1/18/2023	Routine	0	0	0	0
Somerset Beach Campground	Somerset Center	1/24/2023	Routine	0	0	0	0
Sozo Church of Hillsdale	Hillsdale	1/13/2023	Routine	0	0	0	0
Sozo Church of Hillsdale	Hillsdale	1/30/2023	Progress Note	0	0	0	0
ST PAUL'S LUTHERAN CHURCH	HILLSDALE	1/6/2023	Routine	0	0	0	0
ST. JOE. K OF C COUNCIL 13749	WHITE PIGEON	1/10/2023	Routine	0	0	0	0
STOAGIES FAMILY ROOM CAFE	COLDWATER	1/11/2023	Routine	0	2	2	0
SUBWAY # 19719	COLDWATER	1/11/2023	Routine	2	1	1	2
Taco Bell #32989	COLDWATER	1/26/2023	Routine	0	0	0	0
THE FINISH LINE	HILLSDALE	1/11/2023	Complaint	0	0	0	0
THE GREAT WALL	HILLSDALE	1/18/2023	Routine	0	0	0	0
The Saucy Dog's BBQ	JONESVILLE	1/10/2023	Routine	0	0	0	0
The Udder Side	Jonesville	1/31/2023	Pre-opening/New	0	0	0	1
VETERANS FOREIGN WARS	STURGIS	1/19/2023	Routine	2	0	2	1
WENDY'S #4405	Hillsdale	1/18/2023	Complaint	0	0	0	0
YMCA CAMP EBERHART (Food)	Three Rivers	1/19/2023	Routine	0	0	0	0

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#### 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.

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

Check/Voucher Register - Check Register for BOH

00103 - Cash - Accounts Payable

From 1/1/2023 Through 1/31/2023

Payee	Check Amount	Check Number	Effective Date
Abila	1,852.02	23-01-31 A.01	1/31/2023
ACD.NET	2,001.85	53885	1/13/2023
Aflac District Office	596.48	53882	1/6/2023
Aflac District Office	596.48	53892	1/20/2023
AIMMEE MULLENDORE	26.60	23-01-31 A.02	1/31/2023
AleraEdge	660.00	53895	1/27/2023
Alerus Retirement Solutions	1,711.00	23-01-06 R.01	1/6/2023
Alerus Retirement Solutions	1,711.00	23-01-20 R.01	1/20/2023
Amazon Capital Services, Inc	219.21	23-01-13 A.01	1/13/2023
Amazon Capital Services, Inc	8.99	23-01-27 A.01	1/27/2023
Armstrong Nutrition Management	3,458.71	23-01-13 A.02	1/13/2023
Basic	1,263.40	23-01-27 A.02	1/27/2023
Beacon Properties Administration	3,645.00	53903	1/31/2023
Blue Cross Blue Shield	45,679.76	23-01-31 P.01	1/31/2023
Branch Area Transit Authority	2,371.68	23-01-13 A.03	1/13/2023
Branch County Commission	18,963.82	23-01-13 A.04	1/13/2023
Branch County Complex	5,694.28	23-01-31 A.03	1/31/2023
Carahsoft Technology Corp.	279.30	23-01-13 A.05	1/13/2023
Card Services Center	86.14	23-01-31 P.02	1/31/2023
Century Bank - Hillsdale Maintenance	2,000.00	23-01-31 A.04	1/31/2023
Century Bank - Three Rivers Maintenance	2,000.00	23-01-31 A.05	1/31/2023
Century Basic	911.22	23-01-06 R.02	1/6/2023
Century Basic	911.22	23-01-20 R.02	1/20/2023
Century EFPTS	24,367.64	23-01-06 R.03	1/6/2023
Century EFPTS	1,317.58	23-01-13 C.01	1/13/2023
Century EFPTS	24.08	23-01-20 DI.01	1/20/2023
Century EFPTS	68.86	23-01-20 L.01	1/20/2023
Century EFPTS	24,378.78	23-01-20 R.03	1/20/2023
Century Mastercard	249.92	23-01-13 P.01	1/13/2023
Century MERS	52,095.90	23-01-13 A.06	1/13/2023
Century State/Michigan State Treasury	4,258.88	23-01-06 R.04	1/6/2023
Century State/Michigan State Treasury	295.58	23-01-13 C.02	1/13/2023
Century State/Michigan State Treasury	6.18	23-01-20 L.02	1/20/2023
Century State/Michigan State Treasury	4,356.83	23-01-20 R.04	1/20/2023
Charter Communications	137.97	23-01-13 P.02	1/13/2023
Cintas Corporation Loc 351	171.08	23-01-13 P.03	1/13/2023
City Of Coldwater	40.00	23-01-13 A.07	1/13/2023
City Of Coldwater	40.00	23-01-27 A.03	1/27/2023
City of Jonesville	120.00	23-01-27 A.04	1/27/2023
City Of Three Rivers	140.25	23-01-13 A.08	1/13/2023
City Of Three Rivers	65.00	23-01-27 A.05	1/27/2023
Clean Earth Environmental Contracting Services	906.50	53896	1/27/2023
ConnectAmerica	168.50	23-01-13 A.09	1/13/2023
Control Solutions Inc.	350.00	23-01-13 A.10	1/13/2023
Crossroads Home Care Inc.	606.60	23-01-13 A.11	1/13/2023
Cummins Sales & Service	452.14	53904	1/31/2023
Current Office Solutions	314.80	23-01-27 A.06	1/27/2023
DL Gallivan Office Solutions	238.26	53897	1/27/2023
Dr. Karen M. Luparello	4,219.41	23-01-31 A.06	1/31/2023
Dr. Karen M. Luparello	4,290.36	23-01-31 A.07	1/31/2023
Frontier	374.09	23-01-27 P.01	1/27/2023

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

Check/Voucher Register - Check Register for BOH

00103 - Cash - Accounts Payable

From 1/1/2023 Through 1/31/2023

Payee	Check Amount	Check Number	Effective Date
GDI Services Inc.	4,561.81	23-01-31 A.08	1/31/2023
Glaxo-Smithkline Financial Inc.	10,917.79	23-01-27 A.07	1/27/2023
GT INDEPENDENCE	1,633.93	23-01-13 A.12	1/13/2023
Health Equity	1,294.10	53883	1/6/2023
Health Equity	1,263.52	53893	1/20/2023
Hillsdale County Treasurer	1,163.61	23-01-27 A.08	1/27/2023
HomeJoy of Kalamzoo	5,108.76	23-01-13 A.13	1/13/2023
Hospital Network Healthcare Services	114.51	23-01-13 A.14	1/13/2023
Indiana MI Power Company	1,243.57	23-01-13 P.04	1/13/2023
Jessica A Adams	1,625.00	23-01-13 A.15	1/13/2023
Jessica A Adams	1,800.00	23-01-27 A.09	1/27/2023
Legal Services Of S.Central MI	1,110.00	23-01-13 A.16	1/13/2023
Macquarie Equipment Capital Inc.	1,345.75	23-01-27 A.10	1/27/2023
Maplecrest, LLC	646.00	23-01-31 A.09	1/31/2023
Matasha Goosby	1,625.00	23-01-13 A.17	1/13/2023
Matasha Goosby	1,920.00	23-01-27 A.11	1/27/2023
McKesson Medical-Surgical Gov. Solutions LLC	66.32	23-01-27 P.02	1/27/2023
Medical Care Alert	711.95	23-01-13 A.18	1/13/2023
Merck Sharp & Dohme LLC	16,489.90	53898	1/27/2023
MERS 5% EMPLOYEES	11,186.57	23-01-13 A.19	1/13/2023
Michigan State Disbursement Unit	190.11	53884	1/6/2023
Michigan State Disbursement Unit	190.11	53894	1/20/2023
Miller's Sign Co, Inc.	977.00	23-01-27 A.12	1/27/2023
Mistel de Varona	472.50	53886	1/13/2023
National Registry of Food Safety Professionals	578.00	53887	1/13/2023
Nationwide	1,020.00	23-01-06 R.05	1/6/2023
Nationwide	1,020.00	23-01-20 R.05	1/20/2023
Nurse Administrator's Forum	120.00	53899	1/27/2023
Pathways Community HUB Institute, Inc.	550.00	23-01-27 A.13	1/27/2023
PFIZER INC	2,197.06	53900	1/27/2023
Principal Life Insurance Company	473.10	23-01-13 P.05	1/13/2023
Principal Life Insurance Company	1,979.70	23-01-27 P.03	1/27/2023
Proassurance Casualty Company	547.00	23-01-27 P.04	1/27/2023
Prompt Care Express PC	71.00	53888	1/13/2023
Republic Waste Services	187.50	23-01-13 P.06	1/13/2023
Richard Clark	2,225.00	23-01-31 A.10	1/31/2023
Riley Pumpkin Farm	950.00	23-01-31 A.11	1/31/2023
Rosati Schultz Joppich Amtsbueshler	105.00	23-01-27 A.14	1/27/2023
ROSE PEST SOLUTIONS	75.00	23-01-27 A.15	1/27/2023
Sanofi Pasteur Inc.	2,458.52	23-01-27 P.05	1/27/2023
Schindler Elevator Corporation	1,285.19	53901	1/27/2023
Semco Energy	206.31	23-01-13 P.07	1/13/2023
Shaffmasters U-Stor-n-Lock	150.00	23-01-13 A.20	1/13/2023
Social Data LLC	9,000.00	23-01-27 A.16	1/27/2023
St Joseph County COA	67,986.18	23-01-13 A.21	1/13/2023
St Joseph County Transit Authority	1,608.99	23-01-13 A.22	1/13/2023
St. Joseph Community Co-op	1,504.79	23-01-13 A.23	1/13/2023
State of Mich EGLE	306.00	53889	1/13/2023
State Of Michigan	319.00	53890	1/13/2023
Stratus Video, LLC	1,603.05	53905	1/31/2023

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

Check/Voucher Register - Check Register for BOH

00103 - Cash - Accounts Payable

From 1/1/2023 Through 1/31/2023

<u>Payee</u>	<u>Check Amount</u>	<u>Check Number</u>	<u>Effective Date</u>
Thurston Woods Village	7,614.03	53891	1/13/2023
Unemployment Insurance	17,410.00	23-01-27 P.06	1/27/2023
Verizon	1,039.70	23-01-13 P.08	1/13/2023
VRI INC.	243.00	23-01-13 A.24	1/13/2023
Wal-Mart Community	71.66	23-01-13 P.09	1/13/2023
Xmission	<u>395.30</u>	53902	1/27/2023
Report Total	<u><u>413,661.24</u></u>		

Branch-Hillsdale-St Joseph Community Health Agency

Balance Sheet

As of 1/31/2023

Assets

Cash on Hand	5,529.02
Cash with County Treasurer	3,994,236.13
Community Foundation Grant	309,955.94
Cash HD Building Maintenance	82,000.00
Cash TR Building Maintenance	82,000.00
Accounts Receivable	53,270.40
Due from Hillsdale County	117,796.00
Due from Branch County	55,927.75
Due from State	(700,411.04)
Due from Other Funding Sources	227,128.70
Prepaid Expenses	156,518.67
Biologic Inventory	94,427.98
Total Assets	<u>4,478,379.55</u>

Liabilities

Accounts Payable	108,132.58
Payroll Liabilites	185,451.51
Capital Improvements	25,000.00
Deferred Revenue	535,637.16
Deferred Revenue BR	37,285.00
Deferred Revenue HD	39,265.00
Deferred Revenue SJ	53,829.00
Biologics	94,427.98
Total Liabilities	<u>1,079,028.23</u>

Net Assets

Operation Fund Balance	366,399.56
Restricted Fund Balance	359,145.23
Designated Fund Balance	<u>2,673,806.53</u>
Total Net Assets	<u>3,399,351.32</u>

Total Liabilities and Net Assets	<u>4,478,379.55</u>
----------------------------------	---------------------

**Prior Year Fund Balance Comparison at 1/31/2022:**

Operation Fund Balance	221,858.89
Restricted Fund Balance	401,515.28
Designated Fund Balance	<u>2,377,990.80</u>
<b>Total Fund Balance \$</b>	<b><u>3,001,364.97</u></b>

BHSJ Community Health Agency  
Schedule of Cash Receipts and Disbursements  
July 31, 2022 thru  
December 31, 2022

<b>Plus: Cash Receipts</b>	\$ 639,313.54
<b>Less: Cash Disbursements For Payroll/AP</b>	\$ (855,549.69)
<b>7/31/2022 Cash Balance</b>	<b>\$ 4,427,972.88</b>
<b>Plus: Cash Receipts</b>	\$ 819,005.27
<b>Less: Cash Disbursements For Payroll/AP</b>	\$ (691,237.22)
<b>8/31/2022 Cash Balance</b>	<b>\$ 4,555,740.93</b>
<b>Plus: Cash Receipts</b>	\$ 739,589.44
<b>Less: Cash Disbursements For Payroll/AP</b>	\$ (970,360.46)
<b>9/30/2022 Cash Balance</b>	<b>\$ 4,324,969.91</b>
<b>Plus: Cash Receipts</b>	\$ 598,878.68
<b>Less: Cash Disbursements For Payroll/AP</b>	\$ (929,998.04)
<b>10/31/2022 Cash Balance</b>	<b>\$ 3,993,850.55</b>
<b>Plus: Cash Receipts</b>	\$ 861,921.81
<b>Less: Cash Disbursements For Payroll/AP</b>	\$ (688,089.85)
<b>11/30/2022 Cash Balance</b>	<b>\$ 4,167,682.51</b>
<b>Plus: Cash Receipts</b>	\$ 732,683.01
<b>Less: Cash Disbursements For Payroll/AP</b>	\$ (715,782.48)
<b>12/31/2022 Cash Balance</b>	<b>\$ 4,184,583.04</b>

## BRANCH HILLSDALE ST JOSEPH COMMUNITY HEALTH AGENCY

### Expense by Program - 1/31/2023

	Program	Program Title	Month	Year to Date	Original	Expended
*	010	Agency Support	12,048.81	51,959.53	76,942.00	67.53%
*	325	CSHCS	23,185.80	98,336.71	188,729.00	52.10%
*	008	Salary & Fringe Payoff	14,325.16	44,611.65	95,000.00	46.95%
*	115	MCH Enabling Women	2,226.39	20,344.87	47,663.00	42.68%
**	032	Emergency Preparedness	16,525.13	52,393.94	124,575.00	42.05%
*	012	Area Agency on Aging	61,905.99	538,285.38	1,459,572.00	36.87%
**	326	Vision (ELPHS)	8,740.19	38,033.47	103,289.00	36.82%
*	341	Infectious Disease	13,396.37	98,738.11	282,780.00	34.91%
*	107	Medicaid Outreach	473.98	4,926.52	14,202.00	34.68%
**	327	Hearing (ELPHS)	7,205.17	34,268.99	102,164.00	33.54%
	021	Dental Clinic - Three Rivers	3,645.00	14,580.00	43,740.00	33.33%
	605	General EH Services	3,079.36	12,583.56	39,010.00	32.25%
	714	Onsite Sewage Disposal	29,253.89	119,543.89	370,596.00	32.25%
	721	Drinking Water Supply	29,253.89	119,543.89	370,596.00	32.25%
	109	WIC	84,105.60	345,188.03	1,072,171.00	32.19%
	338	Immunization Vaccine Handling	23,592.94	93,674.26	291,551.00	32.12%
	138	Immunization IAP	79,024.07	273,805.00	857,133.00	31.94%
	345	Lead Testing	2,022.83	7,510.18	23,852.00	31.48%
	185	Dental Outreach	1,299.94	4,520.02	14,423.00	31.33%
	704	Food Service	39,756.66	164,803.19	527,317.00	31.25%
	108	WIC Breastfeeding	9,084.14	37,799.96	127,978.00	29.53%
	200	ELPHS Marketing	6,396.94	28,177.88	98,198.00	28.69%
	331	STD	10,783.82	40,095.99	140,077.00	28.62%
	332	HIV Prevention	2,159.68	8,980.81	31,480.00	28.52%
	014	VOCA	13,857.43	57,771.63	205,743.00	28.07%
	201	CSF Carseats	1,695.11	6,827.58	26,983.00	25.30%
	363	363 CVDIMS Covid Immz Supplemental	9,818.17	42,902.82	156,496.00	25.25%
	329	MCH Enabling Children	1,651.09	11,151.89	48,551.00	22.96%
	029	Dental Clinic - Hillsdale	824.86	3,174.69	14,000.00	22.67%
	352	ELCCT Contact Tracing, testing doord,	31,009.97	132,816.19	606,617.00	21.89%
	745	Type II Water	8,745.84	34,516.87	208,528.00	16.55%
	207	MCRH Community Health Workers	8,643.83	39,826.53	291,777.00	13.64%
	355	COVID-19 PH Workforce Supplemental	14,658.89	16,721.73	172,904.00	9.67%
	255	Community Health Direction	10,966.14	10,966.14	125,000.00	8.77%
	096	CSHCS Donations SJ	0.00	2,629.72	32,412.02	8.11%
	723	PFAS Response - White Pigeon	0.00	603.77	8,066.00	7.48%
	405	Grant Writing	(1.61)	208.54	3,718.00	5.60%

101	Workforce Development	284.67	1,949.46	57,798.00	3.37%
374	EOACV Expanding Older Adult Access	(2.61)	457.97	14,080.00	1.80%
378	Monkeypox Virus Response	68.02	428.80	15,095.00	2.84%
024	MERS Pension Underfunded Liability	542.29	1,179.44	44,590.00	2.64%
035	Vector Borne Disease Surveillance	(3.50)	615.65	34,018.00	1.80%
375	C19IS-COVID-19 Immz Support	361.85	361.85	31,259.00	1.16%
023	Capital Expenditures	0.00	600.00	193,000.00	0.31%
097	CSHCS Donations BR & HD	0.00	36.48	27,765.29	0.13%
371	CSHCS Vaccine Initiative	16.92	16.92	14,213.00	0.11%
112	CSHCS Medicaid Outreach	0.00	0.00	112,254.00	0.00%
724	PFAS Response Westside Landfill	0.00	0.00	3,101.00	0.00%
722	PFAS Response	0.00	0.00	1,371.00	0.00%
	<b>Total Expense</b>	<b><u>586,629.11</u></b>	<b><u>2,618,470.50</u></b>	<b><u>8,952,377.31</u></b>	<b><u>29.25%</u></b>

The Agency is currently 4.08% under budget.

\*4/12 Months = 33.33%

\*\*4/9 Months = 44.44%

### Programs Over Budget as of 1/31/2023

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**RU 010:** The current revenue for this program is over budget (at 67.57%), causing expenses to also show over  
**67.53%** budget. This will fall in line with budget as the year progresses.

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**RU 325:** Budget for RU 325 must be fully expended before expenses can be charged to RU 112. When looking  
**52.10%** at these two budgets together as one the program is under by budget at 32.67%.

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**RU 008:** Over budget due to annual sick time payout. This program will fall back in line with budget as year  
**46.95%** progresses.

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**RU 115:** Program is over budget due to one time expenditure- this program will fall back in line with budget as  
**42.68%** year progresses.

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**RU 032:** 9-Month Program - within budget 44.44%  
**42.05%**

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**RU 012:** Over budget due to annual membership fully expended in October and contractual service providers  
**36.87%** having full year grant awards and billing more than 1/12 of grant each month. AAA will continue to  
monitor and work with providers to ensure no over payments happen and appropriate adjustments are  
made at the next budget amendment.

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**RU 326:** 9-Month Program - within budget 44.44%  
**36.82%**

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**RU 341:** Program is over budget due to large annual Flu Vaccine purchase expended in October - this program  
**34.91%** will fall back in line with budget as year progresses.

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**RU 107:** Slightly over budget we will continue to monitor. We expect the program will fall back in line as the  
**34.68%** year progresses.

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**RU 327:** 9-Month Program - within budget 44.44%  
**33.54%**

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## 2023 Board of Health Meetings

Board of Health Meetings are the 4<sup>th</sup> Thursday at 9 am of each month with the following exceptions: there is no meeting in October, and the November and December meetings are scheduled for the 2<sup>nd</sup> Thursday of the month. Board Education will begin immediately at the conclusion of the meeting and end by noon.

Date	Time	Location	Board Education Scheduled
January 26	9:00 am	BHSJ, 570 Marshall Rd, Coldwater	Yes
February 23	9:00 am	BHSJ, 570 Marshall Rd, Coldwater	Yes
March 23	9:00 am	BHSJ, 570 Marshall Rd, Coldwater	No
April 27	9:00 am	BHSJ, 570 Marshall Rd, Coldwater	Yes
May 25	9:00 am	BHSJ, 570 Marshall Rd, Coldwater	Yes
June 22	9:00 am	BHSJ, 570 Marshall Rd, Coldwater	No
July 27	9:00 am	BHSJ, 570 Marshall Rd, Coldwater	No
August 24	9:00 am	BHSJ, 570 Marshall Rd, Coldwater	Yes
September 28	9:00 am	BHSJ, 570 Marshall Rd, Coldwater	No
November 9	9:00 am	BHSJ, 570 Marshall Rd, Coldwater	Yes
December 14	9:00 am	BHSJ, 570 Marshall Rd, Coldwater	No
January 25, 2024	9:00 am	BHSJ, 570 Marshall Rd, Coldwater	Yes

### Board of Health Committees

**Finance Committee – 3 members, one from each county**

**Program, Policy & Appeals Committee – 3 members, one from each county**

**Committees are scheduled to meet as follows:**

**Program, Policy, & Appeals Committee will meet at 1:00 PM on the following days unless noted otherwise:** ~~February 13~~(cancelled), March 13, April 10, May 8, June 12, July 10, August 14, September 11, November TBD, December TBD

**Finance Committee will meet at 11:00 AM on the following days:** ~~February 13~~(cancelled), March 13, April 10, May 8, June 12, July 10, August 14, September 11, November TBD, December TBD

### BHSJCHA Administration

Health Officer: Rebecca A. Burns, MPH, RS o: 517-933-3040 c: 269-501-2503

Medical Director: Karen Luparello, DO

Director of Administration: Theresa Fisher, BS

Director of Personal Health & Disease Prevention: Kali Nichols, MPH

Director of Environmental Health: Paul Andriacchi, REHS

Director of Area Agency on Aging IIIC: Laura Sutter, BS

**Approved by the Board of Health on January 26, 2023.**



## Annual Conflict of Interest and Disclosure Policy

---

Section 1. Purpose of Policy. This policy sets forth principles and procedures intended to maintain the integrity of the Area Agency on Aging Region 3C (AAA 3C), as well as comply with Michigan Office of Services to the Aging Operating Standards for Area Agencies on Aging. Members of the Branch-Hillsdale-St. Joseph Community Health Agency (CHA) Board of Health (serving as the AAA 3C Policy Board) are expected to conduct their personal/business affairs so that no conflict of interest or duality of interest interferes with their duties and responsibilities to the CHA/AAA 3C.

Section 2. Covered Individuals. This policy applies to the members and officers of the Board of Health.

Section 3. Conflict of Interest and Duality of Interest. This policy covers both conflicts of interests, involving the financial interests of or financial benefit to a covered individual as owner, employee, agent, consultant or otherwise, and duality of interests, involving the interests of an association, governmental entity, business or other entity (whether profit or nonprofit) in which a covered individual has a substantial personal interest as a director, officer, trustee, commissioner or substantial contributor or through another substantial relationship.

Section 4. Covered Transactions, Relationships and Affiliations. This policy applies to existing and proposed transactions, relationships and affiliations, including contracts for goods, facilities and services, leases, grants, gifts, financial assistance, partnerships, endorsements, policy positions, joint ventures and other undertakings and dealings, between the CHA/AAA 3C and (a) a covered individual; (b) a member of a covered individual's immediate family; and (c) an association, governmental entity, business or other entity (whether profit or nonprofit) with respect to which a covered individual has a conflict of interest or a duality of interests.

Section 5. Disclosure. All covered individuals shall provide a written disclosure annually to the CHA/AAA 3C of any conflict of interest or duality of interest between them and the CHA/AAA 3C as described in Section 3 and of any covered transactions, relationships, endorsements, policy positions or affiliations involving them as described in Section 4. In addition, a covered individual shall provide prompt disclosure to the Board of Health at any time that he or she becomes aware of any such conflict of interest, duality of interest or covered transaction, relationship or affiliation.

Section 6. Review, Report and Record. In the event that the CHA/AAA 3C becomes aware of a conflict of interest, or duality of interest of a covered transaction, relationship, endorsement, policy position or affiliation involving a covered individual, whether through disclosure made pursuant to Section 5 or otherwise, the matter shall be reviewed by a committee of disinterested members of the Board of Health. The review shall be reported to the Board of Health and shall be made a matter of record.

Section 7. Procedures. Any member of the Board of Health having a duality of interest or conflict of interest, real or apparent, with respect to any covered transaction, relationship, endorsement, policy position or affiliation that comes before the Board of Health shall not vote or use his or her personal influence on the matter, and shall not be counted in determining a quorum for the meeting at which the matter is voted upon. In deciding any such matter, the Board of Health shall obtain appropriate comparability data, including data as to the fair market value for any goods, services or facilities that may be involved. The minutes of the meeting shall adequately document the basis of the determination and shall reflect that the disclosure was made, that the interested Board member abstained from voting, and that his or her presence was not considered. No interested Board member and no interested officer shall take part in the discussion and, in appropriate instances, as determined by the officer conducting the meeting, shall be absent from the discussion and vote. However, an interested Board member or an interested officer may state a policy position relevant to the matter under consideration, explain the transaction or affiliation, and answer questions from Board members relating to the matter.

\_\_\_\_\_ I **do not** have a conflict of interest or duality of interest. I have read this policy and agree to follow it.

\_\_\_\_\_ I **do** have a conflict of interest or duality of interest, as follows:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I have read this policy and agree to follow it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Branch-St. Joseph Area Agency on Aging (IIIC)  
Advisory Committee  
Membership Roster 2023

**Branch County**

Name	Affiliation	Interest Form Received?	60 or greater?	New Member	Other Affiliation/Notes:
Amy Duff	Focal Point - COA Director				Re-appointment
Dennis Brieske	Community Advocate		X		Re-appointment; ACLS - State Advisory Council delegate
Richard Jacoby	Human Services - MDHHS	X		X	New appointment for previous MDHHS staff now retired
Michelle Locke	Human Services - MDHHS			X	New appointment for previous MDHHS staff now retired
James Cook	Community Advocate	X	X	X	Also requesting appointment to the MI Senior Advocates Council (previous delegate was Steve Todd)

**St. Joseph County**

Rick Shaffer	St. Joseph Co. Commissioner	X	X	X	
Madelene Wirgau	Human Services - MDHHS			X	New appointment for previous MDHHS staff
Joanna Adams	Human Services - MDHHS	X		X	New appointment for previous MDHHS staff
Pamela Riley	Focal Point - COA Director				Re-appointment
Kelly Jonker	LTC Ombudsman				Re-appointment

*serves both counties*

Other attendees:

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

ARTICLE IV.

Membership

A. Composition

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

Committee composition should ideally be as follows:

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

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

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



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

Supporting Seniors, Promoting Independence

## AREA AGENCY ON AGING REGION IIIC

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

### CITIZEN'S INTEREST FORM

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

(Please print)

Date: 02-08-2023 Telephone Number: (269) 251-8781

Email Address: [REDACTED]

Name: Rick Shaffer

Home Address: 19958 Crescent Beach Three Rivers, MI  
Street City Zip 49093

Employment: Covered Bridge Healthcare

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

Monthly Volunteer: Food Bank (St. Joseph Co.)

Interests: Distribution

Boating / Gardening

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

25 Years: Nursing Home Administrator Board Chair CMH  
Term Limited: State Representative St. Joseph Co.

Additional Comments: Years ago, active involvement (county comm)  
in establishment of AAA (IIIC)

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

☒ Age 60 or greater  
(per bylaws, 50% are 60+)

☒ Focal Point Representative  
(i.e. Commission on Aging)  
Current Comm. Appt

☒ Human Service/Social Service  
Representative (i.e. MDHHS, CMH)  
Member Human Services Comm

☒ Health Service Representative  
(i.e. hospital, physician's office)

☒ Consumer/Volunteer/Community Leader  
(i.e. elected official, advocate, caregiver of someone 60+)

Registered Nurse - Hospice

Signature: Specialty Rick Shaffer



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(Please print)

Date: 2/14/23 Telephone Number: 517-462-6883

Email Address: [REDACTED]

Name: Rick Jacoby

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

Employment: Michigan Department of Health and Human Services

Present service activities (i.e.; church, scouts, civic, etc.): Church, professional associations

Interests: I enjoy long walks on the beach and peanut butter cups. I also am a musician, and enjoy serving on my church's worship team.

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

As an Adult Services Specialist, I regularly interact with the AAA in an Adult

Protective Services capacity and regularly rely on them to help secure or provide services for our mutual clients.

Additional Comments: \_\_\_\_\_

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

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

Signature: Rick Jacoby



Area  
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Branch-St. Joseph

Supporting Seniors, Promoting Independence

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CITIZEN'S INTEREST FORM

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(Please print)

Date: 2-21-2023 Telephone Number: [REDACTED]

Email Address: [REDACTED]

Name: JAMES COOK

Home Address: 783 Ripston Rd. Bronson 49028  
Street City Zip

Employment: RETIRED

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

Interests: Fishing, Camping, Collecting

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

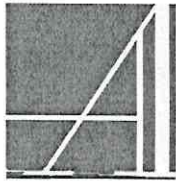
EPC of Health Dept. for 18 years; law enforcement for  
20 years

Additional Comments: \_\_\_\_\_

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

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

Signature: James S. Cook



Area  
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Aging (IIIC)  
Branch-St. Joseph

Supporting Seniors, Promoting Independence

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(Please print)

Date: 2/21/23 Telephone Number: (269) 252-1508

Email Address: [REDACTED]

Name: Joanna Adams

Home Address: 692 E Main St Centreville 49032  
Street City Zip

Employment: MDHHS

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

Interests: \_\_\_\_\_

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

Adult Services Supervisor

Additional Comments: \_\_\_\_\_

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

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

Signature: Joanna Adams

# PUBLIC COMMENT

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# Exhibits for Section 7 – Health Officer and Medical Director

## Section A – Procedure for Appointment of a Health Officer and Medical Director

- **Exhibit 1B-1** - Intergovernmental agreement creating the Branch-Hillsdale-St. Joseph Community Health

## Section B – MDHHS Health Officer Approval

- **Exhibit 7B-1** – Letter from MDHHS approving Health Officer

## Section C – MDHHS Medical Director Approval

- **Exhibit 7C-1** – Letter from MDHHS approving Medical Director



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

RICK SNYDER  
GOVERNOR

NICK LYON  
DIRECTOR

December 21, 2015

Dale Swift  
Chairman  
Branch-Hillsdale-St. Joseph Board of Health  
570 North Marshall Road  
Coldwater, MI 49036

Dear Mr. Swift:

We have received correspondence requesting approval for the appointment of Rebecca Burns as the Health Officer for the Branch-Hillsdale-St. Joseph Community Health Agency. I am approving the appointment, effective January 16, 2016.

We look forward to continuing our working relationship with you and Health Officer Burns and for continued improvement of population health service delivery to the residents of Branch, Hillsdale, and St. Joseph counties.

If you require further assistance, please contact Mark Miller, Director, Local Health Services, at (517) 335-8011 or email at millerm1@michigan.gov.

Sincerely,

Susan Moran, MPH  
Senior Deputy Director  
Population Health and Community Services Administration

SM:cr

cc: Local Health Services  
Rebecca Burns



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ELIZABETH HERTEL  
DIRECTOR

August 17, 2021

Ms. Rebecca Burns  
Health Officer  
Branch-Hillsdale-St Joseph District Health Department  
570 Marshall Rd,  
Coldwater, MI 49036

Dear Ms. Burns:

We received communication requesting approval of Dr. Karen Luparello to serve as the Provisional Medical Director for the Branch-Hillsdale-St Joseph District Health Department, effective September 30, 2021. After reviewing their credentials and based on the requirements of the Michigan Public Health Code (PA 368 of 1978, as amended), I have determined that Dr. Luparello meets the requirements for Provisional Medical Director with the following caveats: 1) Obtain an MPH or MSPH and 2) Obtain and utilize a mentor medical director, as needed.

To facilitate transition, we encourage use of the attached documents (Medical Director Change Checklist, Medical Director Orientation Checklist, and Onboarding and Mentoring for New Michigan Medical Directors). The documents were developed by Medical Directors and vetted by Michigan Association for Local Public Health (MALPH) and Michigan Association of Public Health and Preventive Medicine Physicians (MAPPP).

We look forward to working with Dr. Luparello, and all our colleagues at the Branch-Hillsdale-St Joseph District Health Department. If you have questions or need assistance, please contact Ms. Laura de la Rambelje, Director of Local Health Services, at 517-388-7302 or by email at [deLaRambeljeL@michigan.gov](mailto:deLaRambeljeL@michigan.gov).

Sincerely,

Alexis D. Travis, PhD  
Senior Deputy Director  
Public Health Administration

Attachments

AT:hm

c: Local Health Services

Dr. Karen Luparello

## 9. LHD Plan of Organization Approval Form

- **Exhibit 8-1** – Board of Health Approval Form
- **Exhibit 8-2** – LHD Plan of Organization Checklist



BRANCH-HILLSDALE-ST. JOSEPH  
**COMMUNITY HEALTH**  
**AGENCY** | YOUR LOCAL  
HEALTH DEPARTMENT  
www.bhsj.org

## RESOLUTION

WHEREAS, the Branch-Hillsdale-St. Joseph Board of Health is fully aware of the Community Health Agency's upcoming Accreditation Quality Improvement Processes scheduled for April, 2023,

WHEREAS, the Branch-Hillsdale-St. Joseph Board of Health has knowledge of the Community Health Agency's preparation of the Plan of Organization required to be submitted to the Michigan Department of Health and Human Services prior to said scheduled Accreditation On-Site review,

WHEREAS, the Branch-Hillsdale-St. Joseph Board of Health meeting of March 23, 2023 reviewed the proposed Plan of Organization,

WHEREAS, the Branch-Hillsdale-St. Joseph Board of Health is the governing entity with direct oversight for the Community Health Agency,

NOW, THEREFOR BE IT HEREBY RESOLVED, that the Branch-Hillsdale-St. Joseph Board of Health authorizes the Community Health Agency to submit the Plan of Organization in accordance with the requirements set forth by the Michigan Department of Health and Human Services.

The foregoing resolution offered by Board Member: Jared Hoffmaster.

Second offered by Board Member: Tom Matthew.

Upon roll call the resulting vote is recorded:

"Aye" 5

"Nay" 0

The Chair declared the resolution adopted.

Brent A. Leminger  
Signature of Chair

3-23-2023  
Date



BRANCH-HILLSDALE-ST. JOSEPH  
**COMMUNITY HEALTH**  
**AGENCY** | YOUR LOCAL  
HEALTH DEPARTMENT  
www.bhsj.org

This approval form is to be signed by the Health Officer and the chairperson of your agency's local governing entity. Completion of this form is required and submitted to MDHHS with the LHD Plan of Organization. If this Plan of Organization or the Health Officer changes subsequent to submission to the MDHHS Division of Local Health Services, this approval form must be re-signed by the appropriate local authorities referenced herein and re-filed with the MDHHS Division of Local Health Services.

I have reviewed the Plan of Organization for the Branch-Hillsdale-St. Joseph Community Health Agency.

The Plan and related documentation accurately reflect the organization of services and programs for the area served by the LHD. We affirm this Plan, as submitted, fulfills all the requirements set forth in the LHD Plan of Organization Guide.

Health Officer Name: Rebecca Burns, MPH, RS

Health Officer Signature: Rebecca Burns Date: 3-23-2023

Local Governing Entity Chairperson Name: Brent Leininger, Chair

Local Governing Entity Name: Branch-Hillsdale-St. Joseph Community Health Agency Board of Health

Mailing Address: 570 Marshall Rd., Coldwater, MI 49036

Chairperson Signature: Brent Leininger Date: 3-23-2023

## March 23, 2023 – Board of Health Meeting Minutes

The Branch-Hillsdale-St. Joseph Community Health Agency Board of Health meeting was called to order by Chair, Brent Leininger at 9:07 AM with the Pledge of Allegiance to the Flag of the United States. Roll call was completed as follows: Tom Matthew, Jared Hoffmaster, Brent Leininger, Rusty Baker, and Steve Lanius. The following members were absent: Jon Houtz.

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

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

Mr. Hoffmaster moved to approve the minutes from the February 23, 2023 meeting with support from Mr. Baker. The motion passed unopposed.

Public Comment: No public comments were given.

Dane Porter, CPA, Senior Manager at Maner Costerisan provided a presentation on the Audit for the year completed on September 30, 2022. The audit resulted in an unmodified opinion with no findings.

Mr. Hoffmaster moved to accept the audit and place it on file with support from Mr. Lanius. The motion passed unopposed.

Rebecca Burns, Health Officer, reviewed her monthly report. Items included: Agency Meetings and Trainings, MALPH's Day at the Capital, Michigan's Public Health Week/Hometown Health Hero Award Winners, Community Health Needs Assessment (CHNA)/Community Health Improvement Plan (CHIP), MCDC Dental Centers, COVID, Highly Pathogenic Avian Influenza, Accreditation, Personnel Policy Committee, Opioid Settlement Funds, 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, "Listeria Infection".

### Departmental Reports:

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

Financial Reports/Expenditures

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

#### Committee Reports:

- Finance Committee – The Committee met on March 23, 2023 prior to the full Board meeting. The minutes for this meeting had not been completed and will not be available for approval until the next meeting.
- Program, Policy, & Appeals Committee – Mr. Hoffmaster moved to approve the minutes for the March 15, 2023 Program, Policy, & Appeals Committee meeting with support from Mr. Lanius. The motion passed unopposed.

#### New Business:

- Mr. Hoffmaster moved to approve the appointments of Pam Riley, Michelle Lock, Trish Wood, Kelly Jonker, Amy Duff, Madelene Wirgau, and Denny Brieske to the Area Agency on Aging Advisory Committee with support from Mr. Matthew. The motion passed unopposed.
- Mr. Baker moved to approve the Personnel Policy Manual, as presented, with support from Mr. Hoffmaster. The motion passed unopposed.
- Mr. Hoffmaster moved to approve the Plan of Organization, as presented, with support from Mr. Matthew. A roll call vote was taken and the motion passed 5-0 (Mr. Matthew, Yes; Mr. Hoffmaster, Yes; Mr. Leininger, Yes; Mr. Baker, Yes; Mr. Lanius, Yes).
- Mr. Lanius moved to approve the immunization fee schedule, as presented, effective April 1, 2023 with support from Mr. Hoffmaster. A roll call vote was taken and the motion passed 5-0 (Mr. Matthew, Yes; Mr. Hoffmaster, Yes; Mr. Leininger, Yes; Mr. Baker, Yes; Mr. Lanius, Yes).

Mr. Hoffmaster left the meeting at 10:41 AM.


- Mr. Lanius moved to approve the Environmental Health fee schedule, as presented, effective April 1, 2023 with support from Mr. Baker. The motion passed unopposed.
- Mr. Baker moved to accept the proposal to acquire Hedgerow software for Environmental Health Services, with support from Mr. Lanius. A roll call vote was taken and the motion passed 4-0 (Mr. Matthew, Yes; Mr. Leininger, Yes; Mr. Baker, Yes; Mr. Lanius, Yes).
- Mr. Matthew moved to accept the bid from R. Johnson Builders Inc. in the amount of \$58,630 to complete the work, as specified in the invitation to bid building exterior renovation project, on the Three Rivers facility. The motion received support from Mr. Baker. A roll call vote was taken and the motion passed 4-0 (Mr. Matthew, Yes; Mr. Leininger, Yes; Mr. Baker, Yes; Mr. Lanius, Yes).
- Mr. Lanius moved to accept the bid from RDK's LLC Asphalt & Sealcoating in the amount of \$95,100 to mill and replace three parking lots at the Hillsdale location. The motion received support from Mr. Baker. A roll call vote was taken and the motion passed 4-0 (Mr. Matthew, Yes; Mr. Leininger, Yes; Mr. Baker, Yes; Mr. Lanius, Yes).
- Mr. Matthew moved to approve contributing up to \$10,000 toward the build out cost for the renovated space in the Sturgis office, providing we have receipts and an itemized list for expenses. The motion received support from Mr. Lanius. The motion passed unopposed.

- Mr. Baker moved to approve the Agency to send out requests to each of the three counties for opioid funding. The motion received support from Mr. Matthew. The motion passed unopposed.

Public Comment: Public comments were provided by one individual.

With no further business, Mr. Baker moved to adjourn the meeting with support from Mr. Lanius. The motion passed unopposed and the meeting was adjourned at 11:23 AM.

Respectfully Submitted by:

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

## Attachment D

**Local Health Department  
Plan of Organization Checklist**

Submitted	Description
	<b>PLAN OF ORGANIZATION</b>
<input checked="" type="checkbox"/>	<b>1. LEGAL RESPONSIBILITIES</b>
<input checked="" type="checkbox"/>	A. Outline or list State and Local Statutory Authority for your LHD.
<input checked="" type="checkbox"/>	B. Brief description of the Governing Entity Relationship with the Local Health Department (LHD).
<input checked="" type="checkbox"/>	C. Brief description of the manner in which your LHD defends and indemnifies employees for civil liability sustained in the performance of official duties except for wanton and willful misconduct (include the name of the carrier).
<input checked="" type="checkbox"/>	D. Briefly describe, if applicable, Delegation of Food Service Sanitation Program responsibilities. Include name and contracted entity or entities.
<input checked="" type="checkbox"/>	E. Exposure Plan for Blood Borne Pathogens. Chemical Hygiene Plan (Hazard Communication Plan).
<input checked="" type="checkbox"/>	<b>2. LHD ORGANIZATION</b>
<input checked="" type="checkbox"/>	A. Organizational chart contains official positions (titles) and lines of authority and displays names of Directors and higher level managers.
<input checked="" type="checkbox"/>	B. Documentation of board approval of Local Health Department Plan of Organization.
<input checked="" type="checkbox"/>	C. List annual LHD total operating budget amount and total number of FTEs for public health services. Include documentation indicating local governing entity approval of budget and copy of most recent budget.
<input checked="" type="checkbox"/>	D. 1. Responses to audit findings. 2. Sub-recipient monitoring issues and responses. 3. Corrective action regarding (1) and (2) above.
<input checked="" type="checkbox"/>	E. Briefly describe information technology capacity needed to access and distribute up-to-date public health information.
<input checked="" type="checkbox"/>	<b>3. MISSIONS, VISION AND VALUES</b>
<input checked="" type="checkbox"/>	A. Contains a clear, formally written, publicized statement of the local health department's mission (may include the LHD's Vision, Values, Goals, & Objectives).
<input checked="" type="checkbox"/>	<b>4. LOCAL PLANNING AND COLLABORATION INITIATIVES</b>
<input checked="" type="checkbox"/>	A. Outline or list LHD-specific priorities.
<input checked="" type="checkbox"/>	B. Outline or list the LHD activities to plan or pursue priority projects with available resources.
<input checked="" type="checkbox"/>	C. Outline or list community partnerships and collaborative efforts.
<input checked="" type="checkbox"/>	<b>5. SERVICE DELIVERY</b>
<input checked="" type="checkbox"/>	A. Outline or list the LHD's locations (including addresses), services, and hours of operation.
<input checked="" type="checkbox"/>	<b>6. REPORTING AND EVALUATION</b>
<input checked="" type="checkbox"/>	A. Briefly describe the LHD's efforts to evaluate its activities.
<input checked="" type="checkbox"/>	B. Outline or list the LHD's mechanism to report on its activities to the community and its governing entity. Provide copies of all annual reports that were disseminated publicly during the current MLPHAP accreditation cycle.
<input checked="" type="checkbox"/>	<b>7. HEALTH OFFICER AND MEDICAL DIRECTOR</b>
<input checked="" type="checkbox"/>	A. Procedure for appointment of a Health Officer and Medical Director
<input checked="" type="checkbox"/>	<b>B. HEALTH OFFICER:</b>
<input checked="" type="checkbox"/>	1. MDHHS Approval – Letter, memo, other.
<input checked="" type="checkbox"/>	<b>C. MEDICAL DIRECTOR:</b>
<input checked="" type="checkbox"/>	1. MDHHS Approval – Letter, memo, other.
<input checked="" type="checkbox"/>	<b>8. LHD Plan Of Organization Approval Form</b>