

BOARD OF HEALTH
Agenda for June 27, 2019 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*
2. Public Comment
3. Health Officer’s Report
4. Medical Director’s Report
5. Committee Reports
 - a. Finance Committee – Approval of minutes from 6/24/19 meeting
 - b. Program, Policies, and Appeals – Approval of minutes from 6/24/19 meeting
6. Financial Reports
 - a. Approve Payments*
 - b. Review Financials
7. Unfinished Business
 - a. AAA IIIc Inter-local Agreement
8. New Business
 - a. 2018 Annual Report*
 - b. FY2020-2022 Multi-Year Area Plan & FY2020 Annual Implementation Plan*
 - c. FY20 County Allocations for AAA3c*
 - d. FY19 Budget Amendment*
 - e. Immunization Fee Schedule*
 - f. Cost Allocation Plan*
 - g. Health Insurance Rates - 80/20 vs HardCap*
 - h. FY20 Original Budget*
9. Departmental Reports
 - a. Area Agency on Aging
 - b. Personal Health & Disease Prevention
 - c. Environmental Health
10. Adjournment - Next meeting: July 25, 2019 at the Hillsdale office

May 23, 2019 – Board of Health Meeting Minutes

The Branch-Hillsdale-St. Joseph Community Health Agency Board of Health meeting was called to order at 9:00 a.m. by Chairman, Don Vrablic, with the Pledge of Allegiance to the Flag of the United States and roll call as follows: Don Vrablic, Bruce Caswell, Terri Norris, Al Balog, and Kathy Pangle.

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

Mr. Caswell moved to approve the agenda with support from Ms. Pangle. The motion carried.

Ms. Norris moved to approve the minutes from the previous meeting with support from Ms. Pangle. The motion carried.

Public comment:

- None

Rebecca Burns, Health Officer, reviewed her monthly report. Items discussed: AAA3c 2020 Multi-Year Plan, AAA3c Interlocal Agreement Draft, Medical Marihuana Education Grant, Epi-Lab Capacity grant, New Software Updates, Health Promotion & Education Updates, Staff Vacancies/New Staff, Comprehensive Compensation Study, Measles, VOCA Federal Award Desk Review, Essential Local Public Health Services Grant, Updated PFAS messaging, Legislative Updates, and the Hepatitis A Outbreak.

Dr. Vogel, Medical Director reviewed his monthly report. This month's reports covered Kidney Disease.

Committee Reports:

- Finance Committee – Mr. Caswell moved to approve the minutes from the May 20, 2019 Finance Committee meeting with support from Ms. Norris. The motion carried.
- Program, Policy, and Appeals Committee – Mr. Vrablic moved to amend the minutes from the May 6, 2019 Program, Policy, and Appeals Committee meeting to read, "By a consensus vote the Committee agreed to bring the draft AAA3c Interlocal Agreement the full Board for approval" and approve as amended with support from with support from Ms. Pangle. The motion carried.

Financial Reports/Expenditures

- Ms. Norris moved to approve the expenditures as reported with support from Ms. Pangle. The motion carried.

Unfinished Business

- There was no unfinished business to discuss.

New Business:

- a. Ms. Pangle moved to approve the FY19 AAA Provider Budget Amendment as presented with support from Ms. Norris. The motion carried.
- b. Mr. Balog moved to table the AAA Branch-St. Joseph Interlocal Agreement as presented and send it back to the Program, Policy, and Appeals Committee with support from Ms. Norris. The motion carried.

Departmental Reports

Ms. Norris moved to adjourn the meeting with support from Ms. Pangle. The motion passed and the meeting was adjourned at 10:18 AM.

Respectfully Submitted by:

Theresa Fisher, BS

A handwritten signature in cursive script, appearing to read 'Theresa Fisher', is written over the printed name.

Health Officer's Report to the Board of Health for June 27, 2019
Prepared by: Rebecca A. Burns, M.P.H., R.S.

Agency Updates

Area Agency on Aging 3C 2020 Multi-Year Plan – It has been a busy summer for Laura and her team in AAA3C. They have been busy with the community needs assessment that formed the 2020-22 Multi-Year Plan and now the RFP process is underway. The Program, Policy & Appeals Committee is tasked with reviewing the proposals and selecting the winning bids for services and that meeting must be scheduled in advance of the August 22nd Board of Health meeting and after August 2nd when proposals are due. I would request that we review calendars today and set the date of the committee meeting.

Medical Marijuana Education Grant – The lock boxes are in and we are starting to hand them out. WWMT News 3 picked up on our press release and came down to do an interview with me last week. They carried the story on the nightly news on Friday, June 21st. We have developed an MOU that we will use when a community partner agrees to keep and hand out some of the lock boxes. You may also see billboards in the area advertising the “Lock It Up” campaign.

Medicaid Cost Based Reimbursement – The Agency has received the reimbursement from the state for FY17. This reimbursement provides an enhanced payment to the Agency for services we provide to those clients with Medicaid because the reimbursement rate does not pay for our costs to do the service. During the finance committee meeting we discussed using these funds to pay down the unfunded liability in the Agency's MERS account.

New Database Updates –

- **HealthSpace:** The Environmental Health section has implemented the food program and continue to work with the vendor to go live on general EH programs.
- **Nightingale Notes:** Champ software, the developer of Nightingale Notes, is continuing work with the state on building a connection with MICR (Immunization Registry System). Yvonne with her team are mapping out the process so that we can start using the EMR in our STD and Lead testing programs.

Health Promotion & Education Updates – The Agency's HPE team has written 7 news releases for local media and posting on our website since the last Board of Health meeting. These include:

- BHSJ Celebrates World No Tobacco Day (5-29-2019)
- Project Fresh 2019 (6-4-2019)
- AAA3C Commits to Justice on World Elder Abuse Awareness Day (6-7-2019)
- Heatstroke Preventing a Tragedy (6-11-2019)
- Lock It Up Campaign (6-20-2019)
- Whooping Cough (Pertussis) Cases on the Rise in Hillsdale County (6-21-2019)
- Firework Safety for Independence Day Celebrations (6-26-2019)

The WIC Facebook page has had a number of posts and WWMT News 3 interviewed me for the Lock It Up Campaign.

Staff Vacancies/New Staff – We have welcomed Michael French as the new Hillsdale Clinic Coordinator (RN position), Bethany Pirman as the new EH Sanitarian in Hillsdale, Angela Beagle as the new Clinic Clerk Tech in St. Joseph County, and Brittany Esterline is the new Clinic Clerk Tech in Branch County. We are welcoming soon the other new sanitarian in Hillsdale County and currently have a part-time Clinic Clerk Tech position posted in Hillsdale.

Comprehensive Compensation Study – We kicked off the study with Agency this week and have met with the company doing the work. We are on target to have the study presented at the September Board of Health meeting.

Pertussis – The Agency is investigating a higher than expected number of Pertussis cases, better known as Whooping Cough, in Hillsdale County. We are encouraging everyone with symptoms of Pertussis to seek evaluation from their provider. There is a vaccine to protect people from getting Pertussis, but boosters are needed. Those unaware of their vaccine status can call the Agency and have our staff check their immunization status and if needed, schedule an appointment to receive the vaccine.

Essential Local Public Health Services Grant – We have been notified by the state that our Essential Local Public Health Services grant will be at the same level as this current fiscal year for FY20. In FY20 we did receive a small increase in ELPHS.

Legislative Updates – None at this time.

Hepatitis A Outbreak – Our “outbreak nurse” has been very busy getting the high risk population immunized in Branch, Hillsdale, and St. Joseph counties. I am very pleased with the activity we are providing.

As I have been reporting, Michigan is in the midst of a serious Hepatitis A outbreak. Current case count as of June 19, 2019 is 916 with 735 hospitalizations and 28 deaths. The case county increased by three from last month. None of the counties in Michigan are considered to be an outbreak county, as you can see from the graphic below. The Agency continues to put special emphasis on increasing our vaccination rates for adult Hep. A, especially of the high-risk individuals. Hepatitis A vaccination is safe and effective. The following individuals should get the HAV vaccine:

- Persons who are homeless.
- Persons who are incarcerated.
- Persons who use injection and non-injection illegal drugs.
- Persons who work with the high-risk populations listed above.
- Persons who have close contact, care for, or live with someone who has HAV.
- Persons who have sexual activities with someone who has HAV.
- Men who have sex with men.
- Travelers to countries with high or medium rates of HAV.
- Persons with chronic liver disease, such as cirrhosis, hepatitis B, or hepatitis C.*
- Persons with clotting factor disorders.

**Confirmed Cases Referred August 1, 2016 - June 19, 2019
Meeting the MI Hepatitis A Outbreak Case Definition**

County (or city)	Total Cases		County (or city)	Total Cases
Macomb†	223		Saginaw†	4
City of Detroit†	173		Gratiot	3
Wayne†	164		Midland†	3
Oakland†	120		Allegan†	2
St. Clair†	33		Mecosta†	2
Ingham	30		Bay†	1
Genesee	28		Charlevoix	1
Shiawassee†	22		Clare†	1
Washtenaw†	20		Hillsdale†	1
Monroe†	18		Huron†	1
Calhoun	10		Ionia†	1
Isabella†	8		Leelanau†	1
Lapeer†	7		Lenawee†	1
Clinton†	6		Missaukee	1
Livingston†	6		Newaygo†	1
Sanilac†	6		Schoolcraft†	1
Eaton†	5		St Joseph	1
Grand Traverse†	4		Van Buren†	1
Kent†	4		Other*†	2

† Indicates no confirmed case in the past 100 days

*Jackson Michigan Department of Corrections

Indicates counties with outbreak-associated cases that are not currently included in the outbreak jurisdiction

Medical Director's Report to the Board of Health
H. Lauren Vogel, D.O., M.P.H.
June 2019 – Opioid Abuse and Naloxone

In the 2017 National Survey on Drug Use and Health data confirmed the seriousness of the evolving opioid crisis in the US.¹ Over one-third of adults surveyed were identified with an illicit drug abuse disorder. Three-quarters of persons with a substance abuse use disorder also abused alcohol. There was a strong association with drug abuse and mental health disorders. Genetics accounted for up to 60 percent of individual drug abuse risk. With these statistics, prevention and management of drug abuse was identified as complex. In Michigan, the death rate for drug overdose is higher than that for motor vehicle accidents.

With a focus on opioid abuse, the most commonly abused drugs are prescription medications. With the continuing government intervention, access to opiates has become more limited. Heroin, a cheaper and more dangerous drug, is more readily available now and it's use is increasing in all demographic groups. One danger of heroin abuse is the fact that heroin is more addictive than other opiates; Over 25 percent of users become addicted to the drug. Purchased from the street, contents of the product are not known and heroin is cut with any number of chemicals. Adding fentanyl or carfentanil to the product increases the potency of the product up to several thousand times. Carfentanil is 10,000 times more potent than morphine but more importantly, carfentanil affinity for the brain mu receptor is 135 times higher than morphine. Carfentanil is so dangerous that exposure to first responders can cause symptoms of overdose at the time of their initial contact with the patient.

Overdose with opiates or heroin can be fatal due to respiration depression and acute treatment can be life saving. Naloxone is a medication that rapidly reverses the brain effects and can restore respirations to the overdose victim. The medication has been available to first responders for several years. It can be given by injection or by nasal inhalation. The nasal preparation can be delivered by the public and in 2018, the Surgeon General issued an advisory recommending that family, friends and those at personal risk for opioid overdose carry the nasal medication with them.² Nasal naloxone can be obtained without prescription to any adult requesting it through CVS pharmacies nationwide.³ In April 2019, the FDA granted final approval for the release of generic nasal naloxone making the potential for low cost, life-saving medication available for immediate use at the site and time of an acute drug overdose.

The addict must take responsibility to keep themselves safe from inadvertent overdose. Safety points for the potential overdose victim include: Do NOT do drugs alone; Do not assume that the potency of the product is uniform. Obtain and carry naloxone whenever doing drugs. Consider substance abuse intervention. Seek mental and addiction help from professionals.

An Internet resource named **Get Naloxone Now**⁴ has developed an online training program to educate the public about how to identify an acute overdose situation, intercede to deliver the naloxone, resuscitate, stabilize the victim and assist recovery until first responders arrive. The 5 training points for the **Get Naloxone Now** training program include [1] Identify the overdose; [2] Call 9-1-1; [3] Give rescue breaths; [4] Give naloxone; [5] Stay with the victim until help arrives. The program is well written and a certificate of completion can be obtained after completing the program.

Unfortunately recidivism statistics following successful treatment of an acute drug overdose is not known but given the underlying reasons for the risk behavior the fear of death does not seem to be a deterrent. The availability of naloxone to all those at risk, and public education regarding initial management of an opiate overdose victim can be of benefit and help reduce the death rate from acute drug overdose until the development of mental health and addiction care access to those in need becomes universally available.

REFERENCE

1. 2017 NSDUH Annual National Report. SAMHSA. 2017. <https://www.samhsa.gov/data/report/2017-nsduh-annual-national-report>. Accessed June 2019.
2. US FDA. Fda Approves First Generic Naloxone Nasal Spray To Treat Opioid Overdose. April 2019. <https://www.fda.gov/news-events/press-announcements/fda-approves-first-generic-naloxone-nasal-spray-treat-opioid-overdose>. Accessed June 2019.
3. Save a Life with Naloxone. CVS Pharmacy. 2019. <https://www.cvs.com/content/prescription-drug-abuse/save-a-life>. Accessed May 2019.
4. Save a Life Now: 2015. <https://www.getnaloxonenow.org/>; <https://www.getnaloxonenow.org/signup.aspx>. Accessed May 2019.

Learn how to respond to an overdose emergency

HELP
THOSE IN NEED

GIVE
OVERDOSE RESCUE

HOPE
FOR A LIFE SAVED

Are you worried about a loved one who uses prescription narcotics or heroin?

Are you likely to encounter someone who has overdosed from prescription narcotics or heroin on your job ... or in your neighborhood?

Learn how to prevent, recognize and respond to an overdose emergency.

Go To: www.GetNaloxoneNow.org

It's free. It's online.

It's confidential.

Take the easy to access, interactive, 20-minute training.

Learn how to save a life.

Find important links to other information and resources about drug use, dependency and drug treatment ... as well as places where you can obtain the safe, easy to use, lifesaving antidote, naloxone.

Go To: www.GetNaloxoneNow.org

A training module is also available for police, firefighters and EMTs on the same website.

**BOARD OF HEALTH – Finance Committee
June 24, 2019 at 2:30 PM**

The Branch-Hillsdale-St. Joseph Community Health Agency Board of Health: Finance Committee meeting was called to order at 2:42 p.m. with roll call as follows: Bruce Caswell, Don Vrablic, and Al Balog.

Also present: Rebecca Burns, Theresa Fisher, Laura Sutter, and Brenae Corbeil.

Public comment: None at this time.

Business:

- a) Mr. Balog moved to recommend that the full Board approve the proposed FY19 budget amendment with support from Mr. Vrablic. The motion carried.
- b) Mr. Balog moved to recommend that the full Board approve the proposed FY20 original budget with support from Mr. Vrablic. The motion carried.
- c) Mr. Vrablic moved to recommend that the full Board approve maintaining the current employee health insurance plan and continuing with the 80%/20% cost sharing plan with no changes. The motion was supported by Mr. Balog and the motion carried.
- d) MERS Actuary was discussed but no action was taken.
- e) Medicaid Cost Based Reimbursement was discussed but no action was taken.
- f) Mr. Caswell moved to recommend no increase to appropriations for next fiscal year with support from Mr. Vrablic. The motion carried.
- g) Mr. Vrablic moved to recommend that the full Board support requesting Branch and St. Joseph County Board of Commissioners approve the increased allocation for AAA3c for the next fiscal year. The motion was supported by Mr. Balog. The motion passed.
- h) Mr. Balog moved to recommend that the full Board approve the proposed Immunization Fee Schedule, effective August 1, 2019, as presented with support from Mr. Vrablic. The motion carried.

Mr. Vrablic moved to adjourn the meeting with support from Mr. Balog. With no further business the meeting was adjourned at 4:01 p.m.

Respectfully submitted,
Theresa Fisher, BS



BOARD OF HEALTH – Program, Policy, & Appeals Committee
June 24, 2019 at 1:30 PM

The Branch-Hillsdale-St. Joseph Community Health Agency Board of Health: Program, Policy, and Appeals Committee meeting was called to order at 1:33 p.m. with roll call as follows: Don Vrablic, Kathy Pangle, Mark Wiley, and Al Balog.

Also present: Rebecca Burns, Laura Sutter, and Theresa Fisher.

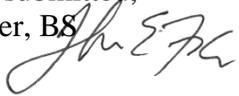
Public comment: None at this time.

Business:

- a) AAA3c Inter Local Agreement – Discussion took place. No action was taken.
- b) Mr. Wiley moved to recommend that the full Board approve the updated cost allocation plan with support from Ms. Pangle. The motion carried.

Ms. Pangle moved to adjourn the meeting with support from Mr. Wiley. The motion passed and with no further business the meeting was adjourned at 2:36.PM.

Respectfully submitted,
Theresa Fisher, BS



May1 through May 31, 2019

2nd Story Marketing, LLC.	Marketing Plan Service	1,000.00
Abila	Quarterly Subscription	5,130.56
ACD.Net	Telephones 3 offices	2,676.90
Action Quick Print Plus	Older Adult /Caregiver Survey	164.00
AFLAC	Payroll Deduction	2,278.89
Airway Oxygen	CSHCS Supplies	139.00
Alerus Financial (Retirement)	Payroll Deduction	885.00
Andrejs Rozentals	AAA Volunteer Reimbursement	147.19
Arcadia Health Services	Care Management	254.72
Armstrong Health Care	WIC / AAA Contractual Consultant	3,232.72
Asha Ritchie	Vector Borne Disease - Contractual	428.20
Auditory Instruments	Vison & Hearing Equipment Maintenance	1,294.55
Biz Aid LLC	Recycled Computer/Printers	80.00
Blue Cross Blue Shield	Health Insurance	52,588.36
Branch County Commission COA	Home & Community Based Services	8,767.87
Branch County Complex	Rent - Coldwater Office	5,694.28
Branch County Complex Quarterly	Building Repair & Maintenance	453.68
Branch County Complex Quarterly	Internet	997.50
Branch County Complex Quarterly	Maintenance (Work orders & Grounds)	360.00
Branch County Complex Quarterly	Utilities (Gas, Electric, Trash Pickup & Pest)	3,865.32
Brandie Lennox	Notary Fee	10.00
CAA of South Central	Home & Community Based Services	19,886.45
Care-N-Assist	Care Management	723.48
CDW Government Inc.	Computer Supplies 6 Invoice	11,495.00
Century Bank	Hearing Clinic Pizza	64.94
Century Bank - Master Card	Ammo Box Locks 2 Counties	812.40
Century Bank - Master Card	CSHCS Supplies	1,074.55
Century Bank - Master Card	Printing Business Cards 5 Employees	144.15
Century Bank Basic Flex Health Plan	Payroll Deduction	2,487.72
Century Bank EFPTS	Federal & Fica Taxes	59,086.03
Century Bank State	Michigan Tax	10,081.87
Charter Communications	Sturgis Internet & Phone Line	114.97
Cintas	Lab Coats - Cleaning	69.25
City of Coldwater	Water Lab Test	100.00

May1 through May 31, 2019

City Of Three Rivers	Water / Sewage & Lab Testing	182.31
Connect America	Care Management	54.50
Control Solutions, Inc.	Data Loggers Supplies	533.00
Crossroads Health & Home Services	Care Management	1,446.24
CSHCS Client	Glasses	179.00
CSHCS Client	Medication	74.51
Cummins Bridgeway LLC	Generator Maintenance - Annual Fee	413.77
Current Office Solutions	Office Supplies/Copier Charges -12 Invoices	3,746.13
Daily Reporter	AAA Public Notice	101.00
Denning Glass	Building Expense	84.60
DJC Property/Consultant	Consultant	200.00
Dr. Vogel	Medical Director - Contractual (+Training)	4,367.05
Dustin Lennox	Vector Borne Disease - Contractual	432.87
Embrace Your Health	Care Management	746.00
FedEx	Bat Head Mailing	31.01
Frontier	Sensaphone & Fax Line Service	298.65
GDI	Building Cleaning Expense - TR 2 months	3,498.00
GDI	Building Cleaning Expense - HD 2 months	5,298.00
GDI	Building Supplies Expense - TR	47.85
GlaxoSmithKline	Medical Supplies	1,440.60
Hillsdale Board Of Utilities	Building Expense - HD	1,442.86
Hillsdale County Treasurer	Building Supplies Expense - HD - Gas	62.44
Hillsdale Market	School Meeting Supplies	11.16
Hillsdale Public Health	Rent - Hillsdale Office	7,375.00
Home Care Wellness	Care Management	496.00
Indiana Michigan Power	Building Expense - TR	855.65
James Ruhl Cook	Vector Borne Disease - Contractual	387.97
Jean Howatt	Contractual / Supplies	951.09
Kelley Mapes	Supplies for Classes	27.00
Lab Corp	Lab Fees	61.80
Legal Service Of South Central Mi.	Older Adult Legal Assistance	670.00
Maner Costerisan	Auditor 17/18	1,000.00
Maplecrest	Rent - Sturgis Office	567.00
Marana Group	Postage Pick Up Service	142.00

May1 through May 31, 2019

McKesson	Medical Supplies 4 Invoices	647.07
MDHHS Bureau of Laboratories	Lead Testing	17.67
Michigan Public Health	Training - 1 Employee	45.00
Michigan Public Health	Workforce Contract	1,855.20
Michigan State Disbursement Unit	Payroll Deduction	925.50
MSU	Training - 4 CSHCS Employee's	80.00
Nationwide	Payroll Deduction	6,710.00
Next IT	Addition Charge to previous monthly cost	69.21
Optum Insight (Netwerkes.Com)	Billing Service	53.13
POC Transact Rx	Billing Service	21.00
Prince Conference Center	Training - Breastfeeding 3 employees	304.12
Prompt Care	Drug Testing - 1 Employees	69.00
R. Johnson Builders	Building Maintenance - TR	3,889.00
Richard Clark	Building Cleaning Expense - CW	1,800.00
Riley Pumpkin Farm	TR Building Expense - Mowing	75.00
Rosati Schultz Joppich Amtsbueshler	Attorney	690.00
Rose Exterminator	Building Maintenance - TR Quarterly	201.00
Sanofi Pasture	Medical Supplies 1 Invoice	363.84
SEMCO Energy	Building Expense - TR	52.21
Shred It	Document Destruction	90.00
St Joseph County COA	Home & Community Based Services	32,642.95
St Joseph Trans Authority	Older Adult Transportation	1,785.06
St. Joseph Community Co-op	Care Management	1,201.50
State Of Michigan	Approp. Match Dental Clinic	58,364.86
State Of Michigan	Brandie Lennox Notary	10.00
State Of Michigan	Food Licenses Surcharge	110.00
State Of Michigan	Water Lab Test	72.00
Three Rivers Health	Rent - Dental Clinic	2,775.00
Thurston Woods	Home & Community Based Services	2,176.96
Verizon	Cell Phones	872.11
VRI Lifeline Of Michigan	Care Management	1,437.90
Wal Mart	Flag for HD office	29.93
Xmission	Email Provider	230.10
Total Of Invoice List		353,480.93

Balance Sheet: BHSJ-CHA

5/1/2019 - 5/31/2019

Assets

Cash on Hand	3,785.18
Cash with County Treasurer	1,041,932.42
Community Foundation Grant	309,955.94
Accounts Receivable	28,750.55
Due from Dental DAPP	58,364.86
Due from State	9,739.44
Due from Other Funding Sources	182,209.24
Prepaid Expenses	101,225.74
Biologic Inventory	<u>101,570.13</u>
Total Assets	<u>1,837,533.50</u>

Liabilities

Accounts Payable	199,376.37
Payroll Liabilites	50,658.94
Capital Improvements	25,000.00
Deferred Revenue	82,678.05
Deferred Revenue BR	17,828.58
Deferred Revenue HD	19,531.17
Deferred Revenue SJ	25,641.67
Biologics	<u>101,570.13</u>
Total Liabilities	<u>522,284.91</u>

Net Assets

Operation Fund Balance	510,617.89
Restricted Fund Balance	370,146.89
Designated Fund Balance	<u>434,483.81</u>
Total Net Assets	<u>1,315,248.59</u>

Total Liabilities and Net Assets	<u>1,837,533.50</u>
Designated Fund Balance	<u>434,483.81</u>
Total Net Assets	<u>1,403,049.69</u>

Prior Year Fund Balance Comparison at 4/30/2018:

Operation Fund Balance	\$	358,992.45
Restricted Fund Balance	\$	356,076.96
Designated Fund Balance	\$	469,179.20
Total Fund Balance	\$	1,184,248.61

Expense by Program - 5/1/2019 - 5/31/2019

RU Code	RU Title	Current Month	Year to Date	Total Budget - Amend 1	Percent Expended Amend 1
* 010	Agency Support	(9,394.88)	61,534.17	58,013.00	106.06%
* 345	Lead Testing	1,350.51	12,402.98	13,422.00	92.40%
** 032	Emergency Preparedness	16,220.15	99,744.07	112,710.00	88.49%
* 022	Coalition for Tobacco Control	1,853.88	22,016.38	26,004.00	84.66%
* 115	MCH Enabling Women	2,465.95	46,200.51	58,951.00	78.37%
** 326	Vision (ELPHS)	4,501.84	68,579.60	88,398.00	77.58%
* 325	CSHCS	18,437.28	139,704.42	183,879.00	75.97%
* 338	Immunization Vaccine Handling	34,653.90	284,774.33	403,313.00	70.60%
* 008	Salary & Fringe Payoff	4,005.89	49,380.72	70,000.00	70.54%
* 745	Type II Water	7,032.17	53,340.00	78,025.00	68.36%
* 012	Area Agency on Aging	107,998.39	823,482.48	1,233,813.00	66.74%
021	Dental Clinic - Three Rivers	2,775.00	22,200.00	33,300.00	66.66%
321	CHC Tele-A-Health	3,252.00	25,573.93	38,685.00	66.10%
327	Hearing (ELPHS)	4,105.89	50,744.05	78,338.00	64.77%
108	WIC Breastfeeding	7,564.00	55,018.46	84,999.00	64.72%
109	WIC	80,827.86	587,922.99	910,907.00	64.54%
605	General EH Services	5,683.39	42,225.41	66,465.00	63.53%
714	Onsite Sewage Disposal	27,070.91	201,126.93	316,582.00	63.53%
721	Drinking Water Supply	27,070.87	201,126.33	316,582.00	63.53%
331	STD	9,745.59	84,944.08	136,347.00	62.29%
341	Infectious Disease	17,203.55	158,511.42	256,265.00	61.85%
138	Immunization IAP	45,627.27	409,809.64	665,510.00	61.57%
335	MCH Public Health Functions & Infr	445.19	15,361.61	25,569.00	60.07%
332	HIV Prevention	1,878.55	18,026.95	31,763.00	56.75%
014	VOCA	15,237.83	113,285.11	199,750.00	56.71%
101	Workforce Development	4,162.02	28,254.34	50,257.00	56.21%
704	Food Service	29,013.77	261,129.42	494,016.00	52.85%
029	Dental Clinic - Hillsdale	658.03	5,017.92	9,683.00	51.82%
329	MCH Enabling Children	890.89	16,698.90	34,976.00	47.74%
107	Medicaid Outreach	6,785.77	62,362.09	131,388.00	47.46%
+ 034	Outbreak Investigation	1,409.65	5,920.74	25,127.00	23.56%
+ 035	Vector Borne Disease Surveillance	4,341.24	4,341.24	24,390.00	17.79%
+ 212	Medical Marijuana BR	2,113.75	2,803.78	16,733.00	16.75%
+ 230	Medical Marijuana HD	2,413.37	3,433.81	22,034.00	15.58%
+ 275	Medical Marijuana SJ	1,047.09	1,917.46	18,772.00	10.21%
024	MERS Pension Underfunded Liability	32,081.18	32,081.18	0.00	0.00%
+ 350	Epi Lab Capacity	9,263.10	9,263.10	0.00	0.00%
852	Forensic Fluids	325.07	1,668.09	0.00	0.00%
023	Capital Expenditures	0.00	0.00	44,440.00	0.00%
112	CSHCS Medicaid Outreach	0.00	0.00	36,467.00	0.00%
324	Sturgis Hospital	(1.00)	0.00	0.00	0.00%
	Total Expense	532,116.91	4,081,928.64	6,395,873.00	63.82%

The Agency is currently 2.83% under budget.

*8/12 Months = 66.66%

**8/9 Months = 88.88%

**9-Month Program

Programs Over Budget as of 5/31/2019

- RU 010:** Professional Liability quarterly payment hit in April. Audit expense has been at 71%. One time purchases of computer supplies. Program will end FY at 100% as final indirect rate is charged out to programs (based on salary/fringe).
- RU 345:** Increased activity in program. This budget will be amended at amendment #2.
- RU 032:** Within budget - 9 Month program
- RU 022:**
Increased activity in program at this time of year. This budget will be amended at amendment #2.
- RU 115:** Purchased safe sleep materials in October (written into the grant), program will fall back in line with budget as FY progresses.
- RU 326:** Within budget - 9 Month program
- RU 325:** Once program is 100% expended, will allocate additional costs to RU 112 to take advantage of federal matching funds.
- RU 338:** Meridian takeback payment (not in current budget). Will be added at amendment #2)
- RU 008:** Over due to recent retirement. Should fall in line with budget as the year progresses.
- RU 745:** Slightly over budget due to increased activity, will monitor program.

Special Notes:

- RU 034:** We received an increase in funding after the current budget was completed. For management purposes, this report reflects the budget increase, not the current approved budget.
- RU 035:** We received this grant funding after the current budget was completed. For management purposes, this report reflects the proposed working budget for this grant.
- RU 212:** We received this grant funding after the current budget was completed. For management purposes, this report reflects the proposed working budget for this grant.
- RU 230:** We received this grant funding after the current budget was completed. For management purposes, this report reflects the proposed working budget for this grant.
- RU 275:** We received this grant funding after the current budget was completed. For management purposes, this report reflects the proposed working budget for this grant.
- RU 350:** We received this grant funding after the current budget was completed. For management purposes, this report reflects the proposed working budget for this grant.

BHSJ Community Health Agency
Schedule of Cash Receipts and Disbursements
December 31th 2018 thru
May 31th 2019

12/31/2018 Cash Balance	\$ 979,506.32
Plus: Cash Receipts	\$ 678,174.64
Less: Cash Disbursements For Payroll/AP	\$ (469,114.45)
1/31/2019 Cash Balance	\$ 1,188,566.51
Plus: Cash Receipts	\$ 393,866.20
Less: Cash Disbursements For Payroll/AP	\$ (425,183.21)
2/28/2019 Cash Balance	\$ 1,157,249.50
Plus: Cash Receipts	\$ 515,117.40
Less: Cash Disbursements For Payroll/AP	\$ (551,918.80)
3/31/2019 Cash Balance	\$ 1,120,448.10
Plus: Cash Receipts	\$ 648,921.72
Less: Cash Disbursements For Payroll/AP	\$ (439,606.35)
4/30/2019 Cash Balance	\$ 1,329,763.47
Plus: Cash Receipts	\$ 587,856.45
Less: Cash Disbursements For Payroll/AP	\$ (565,701.63)
5/31/2019 Cash Balance	\$ 1,351,918.29



**BRANCH-HILLSDALE-ST. JOSEPH
COMMUNITY HEALTH
AGENCY** | YOUR LOCAL
HEALTH DEPARTMENT

ANNUAL REPORT 2018



Board of Health



Terri Norris
Branch County



Bruce Caswell
Hillsdale County
(Vice Chairperson)



Allen J. Balog
St. Joseph County



Donald Vrablic
Branch County
(Chairperson)



Mark E. Wiley
Hillsdale County



Kathy Pangle
St. Joseph County

Administrative Staff



Rebecca Burns, MPH, RS
Health Officer



Dr. H. Lauren Vogel, DO, MPH
Medical Director



Theresa Fisher
Director of
Administrative Services

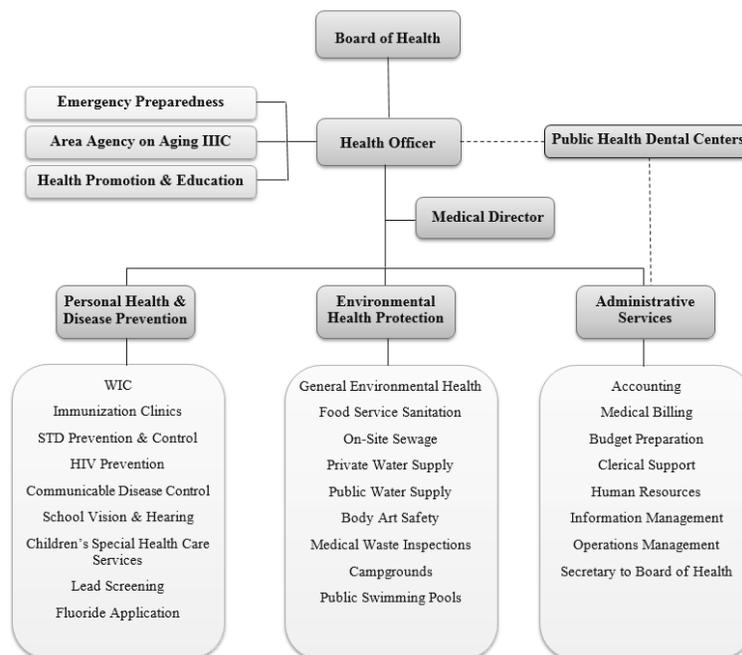


Paul Andriacchi, REHS
Director of
Environmental Health



Yvonne Atwood, RN, BSN
Director of Personal
Health & Disease
Prevention

Organizational Chart



Letter to the Community

Letter to the Community:

At the Branch-Hillsdale-St. Joseph Community Health Agency, we want to be, “Your Local Health Department” and the Agency’s team works hard every day to put our clients first. I’m pleased to provide this Annual Report that highlights how we have put the citizens of Branch, Hillsdale, and St. Joseph counties first during fiscal year 2018.

Fiscal year 2018 (FY18) found Your Local Health Department completing an accreditation review with the state departments. The Michigan Local Public Health Accreditation Program began statewide accreditation of 45 Michigan local health departments in 1998, making the Agency’s FY18 review the 7th cycle. Again, with this review the Agency received all “Mets” and “Met with Conditions” on the accreditation indicators and also choose to be reviewed in the Quality Improvement Supplement category; an optional review. The Agency programs that were reviewed include; food service, general communicable disease control, hearing, vision, immunization, onsite wastewater, HIV/AIDS & STD. We were pleased to receive Accreditation with Commendation.

The Environmental Health (EH) section of Your Local Health Department acquired a contract with a software vendor for a comprehensive EH software product called HealthSpace. The product will be customized for Branch-Hillsdale-St. Joseph and will fully integrate the drinking water and onsite wastewater programs, along with the food program, into an electronic record management system, which is new to EH.

A newly emerging contaminant in drinking water call PFAS caused the state to undergo a comprehensive water testing plan for Community Water Supplies, Non-community Water Supplies, schools and daycares. The Environmental Health section maintained oversight of test results and communicated with water supply operators and the public about what was known about the health effects of PFAS. No supplies were found to exceed the health advisory level.

The Agency went through a request for proposals process to acquire an Electronic Medical Record (EMR). The EMR product that we contracted to obtain, “Nightingale Notes” from Champ Software, was developed for public health and used widely by local public health agencies in other Midwestern states. This software will allow Your Local Health Department to streamline billing processes and collect data on our clients on their health needs which will allow us to target limited public health funding to do the most good.

Your Local Health Department trains individuals in CPR and AED. Southern Michigan Bank & Trust found the training so valuable that they gifted the Health Agency with 14 adult manikins, 1 child manikin, and 2 infant manikins to replace aging and older-technology manikins used in the courses.

Your Local Health Department and the Area Agency on Aging III C (AAA) celebrated 22 years of collaboration in FY18. AAA’s Community Living Program continues to meet the complex needs of seniors by lining up comprehensive support systems. Many of the seniors AAA helps find themselves victims, so when the opportunity to apply for grant funds through the Victim of Crime Act (VOCA) presented, AAA made application and was successful in receiving the funding.

The Agency’s marketing team implemented an updated logo for Your Local Health Department.

The team at Your Local Health Department will continue to support you and your family.

Yours in Good Health,



Rebecca A. Burns, MPH, RS



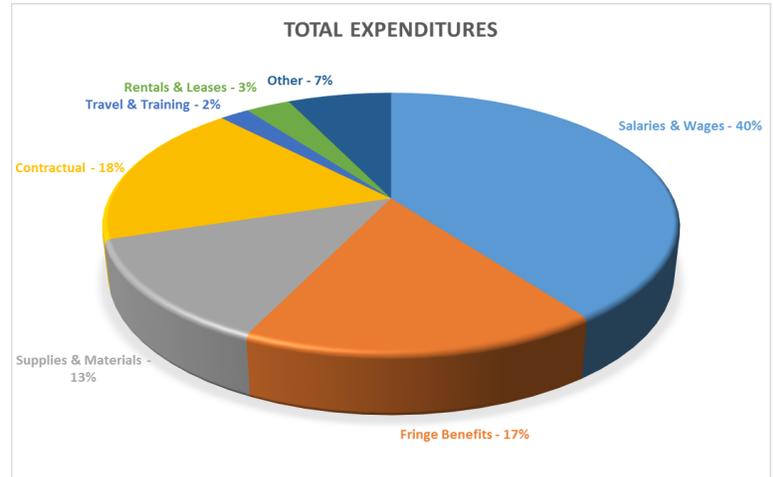
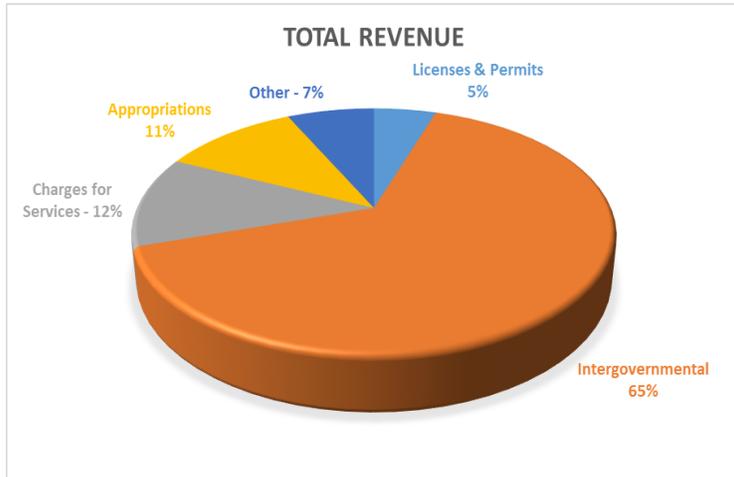
Our vision...

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 protection of the public’s health in our community and environment.

Finance



Fiscal Year 2017/2018

**Total Annual Budget Based on Actuals:
\$6,041,245**

Public Health Dental Services



Age	Coldwater	Hillsdale	Three Rivers	Sturgis	Total
0-4	3.1%	3.3%	6.3%	7%	4.9%
5-14	9.4%	13.1%	21.7%	20.4%	16.3%
15-20	6.4%	6.1%	10%	8%	7.7%
21-60	65.3%	64.7%	51%	53.8%	58.6%
60+	15.9%	12.8%	11%	10.8%	12.5%

	Coldwater	Hillsdale	Three Rivers	Sturgis	Total
Number of Patient Visits	6,087	7,234	6,880	5,816	26,017
Service Mix:					
Medicaid	30%	45.5%	23.7%	20.8%	30.7%
Healthy Michigan Plan	27.8%	23.5%	24.3%	21.2%	24.2%
Traditional Insurance	23.4%	12.7%	17%	24.4%	19%
Delta Healthy Kids	8.5%	13.5%	24.9%	20.6%	16.9%
Uninsured	10%	4.8%	10.1%	13%	9.2%

"I have never been to a medical facility where I have felt more comfortable. I started my first visit in tears, thinking dentures were my only option. I just left my 3rd cleaning appointment with a much more beautiful smile. My hygienist has been more than amazing. She makes sure I am informed and comfortable. It's like chatting with a friend. I have and will continue to recommend MCDC to everyone." - Amanda (Three Rivers)

"Not only are they caring and personable, but they truly have your best interest at heart. I would definitely recommend them to anybody who is looking for a dentist and staff that exceeds all expectations." - Mark (Sturgis)

County Health Profile

Profile - 2017	Branch County	Hillsdale County	St. Joseph County	Michigan
Population	43,410	45,879	60,947	9,962,311
Marriage	304	308	437	58,105
Divorce	140	216	247	28,136
% of Population 65+ years	17.8%	19.1%	17.6%	16.7%

Leading Causes of Death (2017) (Age Adjusted Rates per 100,000)	Branch County	Hillsdale County	St. Joseph County	Michigan
Heart Disease	183.8	215.4	195.0	195.9
Cancer	179.9	193.9	173.7	161.1
Chronic Lower Respiratory Disease	64.9	50.4	63.1	44.3
Unintentional Injuries	**	42.7	51.5	53.9
Stroke	**	**	41.5	39.2
Alzheimer's Disease	51.0	34.4	42.7	34.5
Diabetes Mellitus	**	**	29.8	22.1
Kidney Disease	**	**	24.0	14.7
Pneumonia & Influenza	**	**	**	14.1
Intentional Self-Harm - Suicide	**	**	**	13.6

Maternal/Infant Health Indicators (2017)	Branch County	Hillsdale County	St. Joseph County	Michigan
Live Births	530	534	747	113,507
Number of Teen Births (age 15-19)	32	34	55	5,307
Teen Pregnancy Rate (per 1,000 births)	31.4	28.9	37.5	27.3
% Low Birth Weight	6.4%	5.8%	8.8%	8.8%
% Very Low Birth Weight	1.5%	1.9%	1.6%	1.5%
% Adequate Prenatal Care - Kessner Index (2014-16)	50.3%	48.1%	56.0%	67.8%
Infant Mortality Rate (per 1,000) (3 year average - 2015-17)	8.8	11.2	4.8	6.7

Economic Indicators (2017)	Branch County	Hillsdale County	St. Joseph County	Michigan
% Unemployment	4.9%	5.1%	4.3%	5.4%
Median Household Income	\$47,100	\$46,800	\$46,700	\$51,100
% Children Eligible for Free & Reduced Lunch (185% of Poverty)	52.0%	53.0%	58.0%	47.0%

** Rate does not meet standards of precision or reliability.

Environmental Health



Above, Cody Johnson uses a soil auger to obtain a soil sample. This sample will be tested to gauge the suitability of the land for an on-site sewage system.

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.

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.

	2017	2018
Well Construction Permits Issued	539	553
Well Permits Inspected	351	425
New Water Supplies Approved	302	339
Non-Community Water Supply Inspections	48	34
TOTAL	1,240	1,351

On-Site Sewage

Reviews sites proposed for sewage disposal, issuance and/or denial of permits, sewage evaluation, inspection, investigation and enforcement.

	2017	2018
Well/Septic Evaluations	31	30
Construction Permits	442	420
Septic Systems Inspected	352	348
Vacant Land Evaluations	32	43
TOTAL	857	841

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.

	2017	2018
Medical Waste Inspections	50	50
Swimming Pool Inspections	58	54
Campground Inspections	67	65
Body Art Facility Inspections	9	8
DHHS Inspections (daycare, foster care, etc.)	105	122
Septic Hauler Inspections	49	41
TOTAL	338	340

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.

	2017	2018
Establishment Inspections	957	904
Plans Reviewed	19	19
Temporary Food Establishment Inspections	214	209
Food Manager Certification Classes (number of attendees)	129	212
TOTAL	1,319	1,344

Ensuring a safe and healthy environment for Branch, Hillsdale, and St. Joseph residents and visitors is the Environmental Health department's primary objective.



Above, Joe Frazier and Carrie Southern teach a food safety course in Branch County.

Inspection and licensing programs ensure food service establishments maintain sanitary conditions and follow safe food handling practices. Food service establishments (temporary and permanent) are required by law to be licensed. Food and/or waterborne illness investigations are also conducted. Each year those establishments that meet the criteria below are recognized with a Certificate of Excellence. In 2018, the Branch-Hillsdale-St. Joseph Community Health Agency's Sanitarians issued 104 certificates: 34 in Branch County, 21 in Hillsdale County, and 49 in St. Joseph County.

Definitions:

Evaluation means an inspection.

Priority and Priority Foundation Item means a provision of the FDA Food Code that, if in non-compliance, is more likely than other violations to contribute to food contamination, illness, or environmental health hazard.

Core Item means a provision of the Code that is not designated as a Priority Item or a Priority Foundation Item. This violation usually relates to general sanitation, operational controls, sanitation standard operating procedures, facilities or structures, or general maintenance.

Criteria:

- The facility must have no Priority or Priority Foundation items cited for the evaluation conducted (all types).
- The facility must have no more than 3 Core items cited per evaluation.
- The facility must currently employ a certified food safety manager (required by law since June 30, 2009).
- The facility must have been in compliance with the smoke-free law (required by law since May 1, 2010).
- The facility must be at a fixed location, which operates a minimum of 12 days per month performing food preparation at the facility.
- The facility must not have been implicated in a foodborne illness outbreak.
- The facility must not have had any investigated complaints *confirmed*.
- The facility has had no enforcement action taken against them by the agency.

Personal Health & Disease Prevention

Women, Infants & Children (WIC)

A nutrition and educational program directed toward increasing healthy outcomes for pregnant, post-partum and breast-feeding women, infants and children up to 5 years of age.

	2017	2018
Average Monthly Participation	4,528	4,223

WIC Peer Breastfeeding Support Program

A peer counseling program for WIC participants that provides mother-to-mother support to encourage breastfeeding.

	2017	2018
Breastfeeding Initiation Rates	82%	80%
Peer Counselor Contacts Made With WIC Clients	1,845	1,838

We are dedicated to providing essential services to our community that are helpful and effective. It is our goal to:

- Reduce transmission of communicable disease
- Improve health for women of childbearing age, pregnant women and children
- Improve access to health care
- Reduce preventable illnesses, injuries, and deaths in children
- Provide protection against vaccine-preventable diseases through the administration of vaccines and the assurance of effective immunization coverage



Above, clinic staff Cammie Smith (left) and Yvonne Atwood (right) are entertaining families at the 1st Annual Special Saturday Summer Fun clinic in Hillsdale County. There were Project FRESH vendors on site, face painting, immunizations, and nutrition education appointments available.

Immunizations

Services that provide immunizations for vaccine-preventable disease for children and adults. Includes collaboration and assistance with health providers in the Vaccine For Children (VFC) Program and use the Michigan Care Improvement Registry (MCIR).

	2017	2018
Children Vaccinated	7,009	5,159
Adults Vaccinated	3,743	4,196
Travel Vaccines Given	266	297
TOTAL	11,018	9,652

Communicable Disease Prevention & Control

Provides Public Health Code compliance regarding prevention, investigation, and control of defined communicable diseases, including tuberculosis, sexually transmitted diseases (STDs), HIV, animal bites and many other infectious diseases.

	2017	2018
Infectious Diseases Reported	27,831	24,987
STD Investigations	503	556
HIV Testing & Contact Follow Up	93	71
TOTAL	28,158	25,283



"CSHCS was a great support to help navigate through tough decisions on equipment (stand-up bath seat and oxygen) and a wheelchair ramp. They helped with out-of-pocket cost, medications, mileage reimbursement, transportation and in-home nursing options. We are eternally grateful for everything they did for us."

-Nicole Ewers, CSHCS Parent and Rep.
(daughter, Leigha, pictured above)

Children's Special Health Care Services (CSHCS)

CSHCS strives to enable individuals with special health care needs to have improved health outcomes and an enhanced quality of life through the appropriate use of the CSHCS system of care. Our goals are to:

- Assist individuals with special health care needs in accessing the broadest possible range of appropriate medical care, health education and supports.
- Assure delivery of these services and supports in an accessible, family centered, culturally competent, community based and coordinated manner.
- Promote and incorporate parent/professional collaboration in all aspects of the program.
- Remove barriers that prevent individuals with special health care needs from achieving these goals.

Children's Special Health Care Services

This county-based program helps pay for specialized medical treatment for children and some adults with chronic and severe medical conditions.

	2017	2018
Individuals Enrolled	799	795
Assessments	911	966
Referrals for Medical Care	29	10
TOTAL	1,739	1,763

School Age Hearing and Vision Screenings

Provides periodic hearing and vision screening to children from age three through high school.

	2017	2018
Hearing Screenings Performed	7,562	7,274
Vision Screenings Performed	13,421	14,306
TOTAL	20,983	21,580



Nicole Ewers, Representative, Madonna Hilarides, RN, Terri Penney, RN, Program Coordinator, Tina Lutz, Representative

Area Agency on Aging (IIIC)



Laura Sutter,
Director

Services	Totals	Units
Operations	\$97,850	N/A
Nutrition	\$662,586	160,705
In-Home	\$315,656	30,477
Community	\$126,022	5,699
Access	\$346,690	20,336
Legal	\$10,940	274

Population data based on self-reported numbers by participants, choosing to identify race/ethnicity is not required.

Population Served	
Total Population 18+	2,658
White (non-Hispanic)	2,372
African American	43
Asian/Pacific Islander	6
American Indian/ Alaskan	9
Hispanic (of any race)	20
Below Poverty	422
Rural	2,604

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: Our office works directly with key agencies and community partners to address elder and vulnerable adult abuse, neglect and exploitation. In the spring of 2018 we applied for a special grant through the Michigan Department of Health and Human Services, Division of Victim Services, to directly serve victims of elder or dependent adult abuse, neglect and/or exploitation. Our project proposal shared current activities and outreach efforts happening in both St. Joseph and Branch counties, as well as reflected statistics including the sharp rise in vulnerable adult referrals our office had been experiencing. We were notified

of our successful application in the summer and immediately began preparations to hire two new staff. If you would like more details or to become more involved in your community's efforts to prevent vulnerable adult abuse, neglect or exploitation, call our office!



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 2018 we served over 120 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!



Top: Elder Abuse Victim Specialists Abigail Reardon (St. Joseph County) and Joshua Englehart (Branch County)

Bottom (from left to right): Deanna Himebaugh, Sarah Watson, Megan Bentley, Laura Sutter, Jennifer McDonald, Melissa Cramton



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

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 2018
Community Events	34
Educational Presentations	52
Child Passenger Safety Checks	150
TOTAL	236

The Health Education and Promotion staff attend community events in all three counties 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.

Did you know?

When installed and used correctly, child safety seats decrease the risk of fatal injury by 71 percent among infants, 54 percent among toddlers and 45 percent among children ages 4 - 8. This is why the Branch-Hillsdale-St. Joseph Community Health Agency partners with Safe Kids

Worldwide. Together, we are educating parents on installing their specific seats correctly and working to make sure that every child that needs a seat in the tri-county area has one that fits properly. There were 150 seats checked and installed in FY18 by the Agency's Certified Child Passenger Safety Technicians.



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.



Above, students from Coldwater High School's Youth Engaged in Prevention Club (YEP) learn about the dangers and effects of drugs and alcohol. They take that knowledge and spread the word to other students in an effort to prevent drug use and underage drinking.



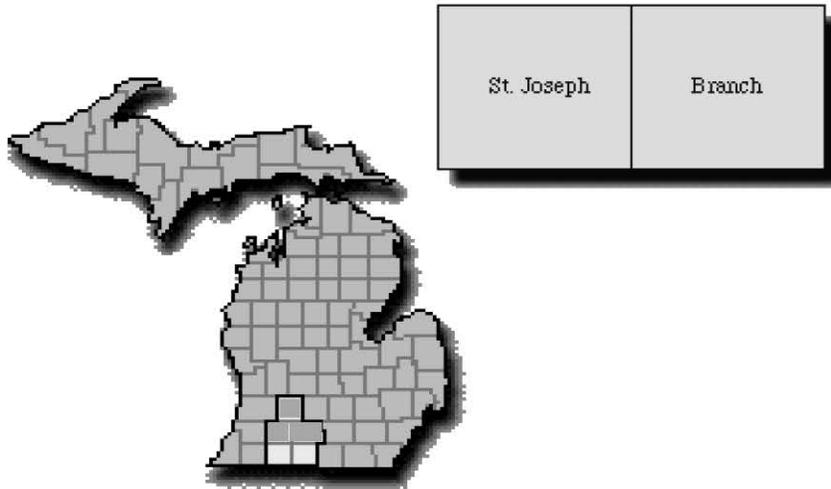
Branch County Office
570 N. Marshall Rd.
Coldwater, MI 49036
(517) 279-9561

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 & Thursday
(269) 273-2161

2020—2022 Multi Year Plan
FY 2020 ANNUAL IMPLEMENTATION PLAN
BRANCH-ST. JOSEPH AREA AGENCY ON AGING 3-C



Planning and Service Area
Branch, St. Joseph

Branch-St. Joseph Area Agency on Aging 3-C

Branch-Hillsdale-St. Joseph
Community Health Agency
570 N. Marshall Road
Coldwater, MI 49036
517-278-2538 (phone)
888-615-8009 (toll-free)
517-278-2494 (fax)

Rebecca A. Burns, Health Officer
Laura Sutter, AAA Director
www.bhsj.org/aaa

Field Representative Sherri King

Kings1@michigan.gov
517-284-0167

FY 2020 ANNUAL IMPLEMENTATION PLAN

Branch-St. Joseph Area Agency on Aging

FY 2020

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Branch-St. Joseph Area Agency on Aging

FY 2020

County/Local Unit of Govt. Review

Area Agencies on Aging must send a letter, with delivery and signature confirmation, requesting approval of the final Multi Year Plan (MYP) no later than July 1, 2019, to the chairperson of each County Board of Commissioners within the Planning and Service Area (PSA) requesting their approval by August 1, 2019. For a PSA comprised of a single county or portion of the county, approval of the MYP is to be requested from each local unit of government within the PSA. If the area agency does not receive a response from the county or local unit of government by August 3, 2019, the MYP is deemed passively approved. The area agency must notify their AASA field representative by August 7, 2019, whether their counties or local units of government formally approved, passively approved, or disapproved the MYP. The area agency may use electronic communication, including e-mail and website based documents, as an option for acquiring local government review and approval of the MYP. To employ this option the area agency must do the following:

1. Send a letter through the US Mail, with delivery and signature confirmation, to the chief elected official of each appropriate local government advising them of the availability of the final draft MYP on the area agency's website. Instructions for how to view and print the document must be included.
2. Offer to provide a printed copy of the MYP via US Mail or an electronic copy via e-mail if requested.
3. Be available to discuss the MYP with local government officials, if requested.
4. Request email notification from the local unit of government of their approval of the MYP, or their related concerns.

Describe the efforts made to distribute the MYP to, and gain support from, the appropriate county and/or units of government.

The Branch-St. Joseph Area Agency on Aging's approach to gaining support from each County Board of Commissioners is the same as it has been since our agency's designation in fiscal year 1997. Because Area Agency on Aging 3C (AAA) is an autonomous department within the Branch-Hillsdale-St. Joseph Community Health Agency, the Board of Health serves as the AAA Policy Board. The Board is comprised of two County Commissioners from each county in the public health district. The DRAFT 2020-2021 Multi Year Area Plan and 2020 Annual Implementation Plan was formally sent to Board members and Advisory Committee members on May 16, 2019 for their review and comment.

Discussion about the Plans began in March 2019 with the Director offering monthly updates to Board & Advisory Committee members along with encouragement to share input, pose questions, and attend the Public Hearings scheduled for May 30, 2019 in Coldwater and May 31, 2019 in Three Rivers. Laura Sutter, AAA Director, will make formal presentations to each County Board of Commissioners, as follows:

The process to seek County Commission support for the MYP and AIP took place as has been in place since our first year of operating as an area agency. On June 12, 2019 Laura Sutter, AAA Director, will present the Plans to the St. Joseph County Board of Commissioners Executive Committee at their 8:00am meeting. Highlights, budget and Community Needs Assessment data will be presented and discussed. A Resolution of Support will be presented and sought. Then, the MYP/AIP will be presented to Commissioners at their full

Branch-St. Joseph Area Agency on Aging

FY 2020

Board Meeting on June 18, 2019 at 5:00pm. We will include the Resolution of Support, if passed and received by the time the Plans are submitted to AASA.

Similarly, we presented to the Branch County Board of Commissioners at their Work Session on June 18, 2019 at 2:30pm. Highlights, budget, and Community Needs Assessment data will be presented and discussed. A Resolution of Support will be presented and sought. Then, the MYP/AIP will be presented to Commissioners at their full Board Meeting on June 25, 2019 at 4:00pm. Again, we will include the Resolution of Support, if passed and received by the time the Plans are submitted to AASA.

Resolutions may be found under "budgets and other documents" tab.

Plan Highlights

The purpose of the Plan Highlights is to provide a succinct description of the priorities set by the area agency for the use of Older Americans Act and State funding during FY 2020-2022. Please note there are separate text boxes for each response.

1. A brief history of the area agency and respective PSA that provides a context for the MYP. It is appropriate to include the area agency's vision and/or mission statements in this section.

The Branch-St. Joseph Area Agency on Aging (IILC) 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. As an autonomous department within the Branch-Hillsdale-St. Joseph Community Health Agency, our agency has held this mission since our designation as an Area Agency on Aging in 1996. We are one of 16 AAA's in the State of Michigan responsible for administering Older Americans Act and Older Michiganians Act funding to address the needs of older adults, age 60 and over, and family caregivers living in Branch & St. Joseph Counties.

Our Vision states: We envision inclusive communities filled with enriching activities and opportunities for older adults. Where people who have questions or needs can find assistance and support in a manner that suits their preferences.

Our Values include:

1. We place the people we serve at the center of our operations, honoring their preferences and privacy.
2. We assure efficient use of public and private resources.
3. We develop programs and services using an inclusive process to promote healthy aging and livable communities for all ages.
4. We exhibit strong leadership which responds to changing needs and fosters collaboration and cooperation throughout the communities we serve.
5. We use effective communication to carry out our mission and vision in an open, respectful and unbiased manner.

2. A summary of the area agency's service population evaluation from the Scope of Services section.

Knowing that the total population in the PSA has decreased since the 2000 Census, yet the number of people 60 years and older has increased, proves our eligible service population continues to grow, grow, and grow! The population projections are now stating that our planning & service areas largest growth in the 60+ population will begin in 2020. In general, the AAA 3C total population (all ages) has decreased since 2000 by 3.6%. Branch County has seen decreases that double those of St. Joseph County. While the total population has decreased, the population of those 60 years and older has been increasing. Specifically, the region has seen a 28% increase in its 60 year and older population. The most significant increases have been in the 60 to 74 years (38%) and in the 85 year old population (18%). Another demographic trend to note is that of the region's Hispanic population. Between 2000 and 2014, the region has seen a 62% increase in its Hispanic population. For those 60 years and older, the region has experienced a 330% increase, growing from 68 Hispanic seniors in 2000 to 296 in 2014. 21.3% of those 55 and older in PSA 3C are in poverty. Of those 65 and older, 8.1%; and of those 75+, 9% are impoverished. This data is consistent with the data shared in the last Multi Year Plan which used the 2010 Census data for poverty. Our network will remain committed to maintaining or surmounting the level of care provided to low-income and minority adults. According to the 2014 ACS, minorities comprise 2.4% of those 60+

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in the PSA. The number of Hispanic older adults has grown since the last planning document, and thus, we will be increasing outreach efforts among the Hispanic community to offer supports and services. As a percent of the total population in the region, minorities comprise just over 10%. We remain dedicated to provide outreach within minority communities, via our provider network, and with those working for our agency who may be of a minority group.

3. A summary of services to be provided under the plan which includes identification of the five service categories receiving the most funds and the five service categories with the greatest number of anticipated participants.

For the next three fiscal years, the Region 3C AAA will fund twenty (20) services across our two-county planning and service area. The continuum of services funded under the Plan is a direct result of comprehensive community input, open forum & conversation, and key leader input. The over-arching service categories include; Access, In-Home, and Community Services.

Funding used to support these services arises from both federal and state sources and is outlined in our FY2020 Area Plan Budget. Services include: Case Coordination & Support; Transportation; Home Care Assistance; Caregiver Education, Support and Training; Kinship Support Services; Care Management; Respite Care; Disease Prevention/Health Promotion; Information & Assistance; Friendly Reassurance; Legal Assistance; Home Repair; Counseling; Adult Day Services; Home Delivered Meals; Congregate Meals; Community Living Program Services; Medication Management; Assistive Devices & Technology; and Chore Services.

The five service categories receiving the most federal and/or state funds include: Home Delivered Meals, Home Care Assistance, Congregate Meals, Transportation and Respite Care (in home respite care and adult day services). With these services, we anticipate serving the greatest number of participants as well. Based on the most recent program year service trends, our anticipated service levels and associated funding is as follows:

Home Delivered Meals: \$460,000 serving over 1,400 participants

Home Care Assistance (includes personal care and homemaking): \$300,000 serving over 600 participants

Congregate Meals: \$340,000 serving over 1,000 participants

Transportation: \$100,000 serving over 700 participants

Respite Care: \$100,000 serving over 200 participants

A close "sixth" prioritized and funded service is Care Management (called Community Living Program in PSA 3C), which is easily coupled with Case Coordination & Support. Both programs are aimed to offer independent living support so participants can remain in the setting of their choice for as long as possible. The AAA administers the Community Living Program with over 130 families/individuals each year. The Community Living Program focuses on those who have complex needs and/or are at risk for needing a more formal care setting. Case Coordination and Support is contracted (currently) with both County Commission on Aging offices to support their in-home service participants with monitoring, care planning and referral making. These programs are funded at approximately \$260,000 (combined) and serve over 600 individuals each year.

4. Highlights of planned Program Development Objectives.

Over the next three fiscal years our program development objectives will include a strong focus on developing an adult day program in Branch County, furthering our work to prevent elder/vulnerable adult abuse, neglect and exploitation and exploring Communities for A Lifetime recognition for Branch County. Through collaborative efforts and engagement of our community partners we will remain dedicated to these program development efforts

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in our two-county planning and service area.

5. A description of planned special projects and partnerships.

Region 3C AAA will be engaged in the Area Agencies on Aging Association of Michigan's special project called Connected 2 Care over the next two fiscal years. Connected2Care (C2C) is a special project funded by the Michigan Health Endowment Fund to support technological enhancements across all Area Agencies on Aging and to build capacity across the network enhancing our connectivity and communication among health care providers. The project began in May 2019, with much of the work literally being done by programmers at the Center for Information Management, Inc., the developers of the networks case management information technology system called COMPASS. C2C builds upon that platform to embed key real-time health notifications in COMPASS which are then passed along to each participating AAA. This notification will provide the information necessary for our Care Consultants to follow up with participants and adjust care plans and/or offer alternate care options as immediate needs arise. This communication advantage will certainly, we predict, allow for positive health outcomes among long-term care program participants (MIChoice, Care Management, Community Living Program, and others). The communication will also "trickle down" among the provider network as well, and gain, predictably cancel/start services more promptly and saving time, funds, and staffing resources.

We will also continue our work and collaboration with our AAA network partners to continually position ourselves favorably in the ever-changing managed long-term care landscape in Michigan. With new Executive leadership, new legislative priorities and new departmental leadership - the system will be challenged moreso than ever! Constantly reviewing our systems data and participant outcomes will be held at the forefront of our discussions with key leaders locally and in Lansing.

In the spring of 2018 Region 3C AAA competitively bid upon and was awarded a Victim of Crimes Act (VOCA) grant through the Michigan Department of Victim's Services for the "Services to Victims of Elder Abuse" (SVEA) grant. \$199,750 was awarded to Region 3C to directly serve victims of elder or dependent adult abuse, neglect, and/or exploitation across Branch and St. Joseph Counties. The grant is renewable for up to three years and we intend to be successful each year so that we may continue this valuable work in our communities. Our project builds upon the successful relationships our office has worked so diligently to foster over the past 10 years. Multiple agencies and departments such as: Community Mental Health, Probate Court, Prosecuting Attorneys, law enforcement (County Sheriffs, local department and MI State Police), domestic violence/sexual assault organizations, financial institutions, health care facilities/offices, Adult Protective Services and more have come together to address abuse, neglect and exploitation awareness and prevention in our community. In addition, we've worked to develop county-specific Vulnerable Adult Protocol documents, offer trainings and seminars, and now, with the VOCA grant - we are able to directly serve victims. The VOCA-SVEA grant mandated full time staff to be hired as "elder abuse victim specialists" to serve victims and support their recovery from their crime victimization. We have two staff who are dedicated to this role who were hired in October 2019. In addition to directly serving victims, they support each county's coalition/team focused on elder/vulnerable adult abuse prevention. Monthly meetings, Protocol revision/enhancement and training development are on the top of their "to-do list" for FY2019. In 2020, we will remained focused on these aforementioned activities as well as develop a volunteer base to support victims as well. Goals to serve 100 individuals each year is quite possible, even though we are only 6 months into the project at the time the MYP/AIP is being drafted. With the VOCA-SVEA grant funding our focus on elder/vulnerable adult abuse, neglect and exploitation can be more dedicated and dynamic. We look forward to sharing our outcomes as we reach our goals implementing the project across Branch and St. Joseph Counties.

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6. A description of specific management initiatives the area agency plans to undertake to achieve increased efficiency in service delivery, including any relevant certifications or accreditations the area agency has received or is pursuing.

Our agency strives for efficiency both internally and externally among community partners. Internally, the Community Health Agency has “absorbed” the AAA as we share accounting staff, space, and various administrative roles. We are a seamless, autonomous department but yet share many responsibilities and costs of doing business with the larger agency. Externally, during our interactions and involvement throughout the planning and service area, AAA staff share best practices, suggestions and, when we can, encourage collaboration among providers and other entities to more practically serve our community.

We are especially active in the county collaborative groups and will continue to share resources for special projects and events in the coming years. Providers look to maintain efficiency and strive for cost effective service delivery. Much of this will continue to be seen with information technology and their public/private partnerships. For example, the restaurant voucher program in both Branch and St. Joseph County is a win-win for all: privately owned restaurants contracts with St. Joseph County COA (St. Joseph County senior nutrition provider) and Community Action (Branch Co. senior nutrition provider) to offer special menu items and are reimbursed with a combination of federal, state and in St. Joseph County local resources are also utilized. The program offers choice, the #1 benefit, but also supports local businesses in a cost effective and collaborative manner.

Thus far in our agency's history we've not sought accreditation for our agency/programs. We will continue to explore accreditation as a way to improve quality and better position ourselves for work with health plans, hospitals and other funding entities. Cost has been the overarching reason as to why we've not taken on the task and challenge of accreditation.

7. A description of how the area agency's strategy for developing non-formula resources, including utilization of volunteers, will support implementation of the MYP and help address the increased service demand.

Our agency has been minimally involved in working with health plans in Michigan under the Michigan Department of Health & Human Services' Integrated Care Project called "MI Health Link". MI Health Link began in 2015, seeking to integrate care for those dually eligible for Medicare and Medicaid. AAA 3C is involved in the demonstration region and we look at this initiative as an opportunity to become more engaged in service coordination/consultation and for non-formula resource development. Thus far, the majority of our work has surrounded outreach and education of those living in our PSA who become enrolled in or are seeking information about MHL. Our Medicare/Medicaid Assistance Program Regional Coordinator has been trained in MHL and provides options counseling with individuals seeking information about the health care program. We look forward to being more engaged in the project as it evolves and/or sunsets over the next two years. Overall, we welcome serving more people in our planning and service area alongside our AAA colleagues and community partners. We shall see where managed long term supports and services go...

AAA3C does not utilize volunteers directly in support of our agency's programs, however, our community partners utilize them throughout their organizations and with nearly all programs they offer. Both County Commission's on Aging departments and Community Action utilize volunteers to support agency functions and programming. From home delivered meal delivery, to activities, health and wellness class instruction and with administrative tasks, volunteers are highly revered in our local aging network.

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8. Highlights of strategic planning activities.

The Branch-Hillsdale-St. Joseph Community Health Agency is a district health department organized in accordance with the Public Health Code (P.A. 368 of 1978) in 1971 as a not-forprofit, local governmental entity. The health department is overseen by a six member board of health which consists of representatives assigned from each of the three local county commissions. The district health department provides a broad spectrum of public health services to the tri-county residents who reside in Branch, Hillsdale and St. Joseph Counties.

These three counties are located in Michigan's south/southwestern tier of border counties. Combined, the three counties are home to more than 150,714 people. The Branch-St. Joseph Area Agency on Aging (IILC) is an autonomous department within public health, and as such, participated in the Strategic Planning process and also assisted in its facilitation. The full report is attached to the MYP/AIP document for your reference as well.

The Branch-Hillsdale-St. Joseph Community Health Agency began its 2015-2019 Strategic Planning process in the fall of 2014. The process was inclusive and sought input from a number of Agency personnel, community decision makers and community partners. Initially, a 22 member strategic planning committee (SPC) was identified that represented administration, board of health and agency staff (Strategic Plan, Attachment A). Special attention was paid to assure that both middle-management and line staff members were involved in the process. Again, the Area Agency on Aging Coordinator was a member of the SPC and contributed to its development. The Plan outlines how the Agency will move forward as it seeks to maximize its performance as a public health organization of excellence and assures the delivery of public health services that addresses the community's health needs and result in health status improvement. The six strategic priorities and strategic goals identified most definitely relate to the Area Agency on Aging and our divisions' strategic direction and include: infrastructure development, quality Improvement, systems of care improvement and integration/collaboration. The Community Health Agency and the Area Agency on Aging's commitment and use of evidence-based and/or best practice models, quality improvement and collaboration are integral to fulfill both agency's mission and vision.

To help inform our strategic planning process the SPC garnered feedback from customers, CHA employees, and external stakeholders and community partners. We also analyzed the budget and staffing trends of the organization. This environmental scan unveiled four main themes including: service delivery, technology, collaboration and communication (Strategic Plan, pp. 16-17). The Area Agency on Aging program development objectives and scope of services tie into these areas of the strategic plan and will be discussed in other sections of the Plan.

The Community Health Agency will begin engaging in our 2020-2025 Strategic Planning process in the summer of 2019. As such, and for this FY2020-2022 MYP/AIP document, we do not have any new or additional highlights as we've not begun our process yet. The plan, once completed, will provide guidance for decisions about future activities and resource allocations. The 2015-2019 document has served our department well, and we are proud to be a part of the Branch-Hillsdale-St. Joseph Community Health Agency. The AAA division will stand collaboratively to engage and implement the next 5-year strategic plan and provide substantial updates in our FY2021 Annual Implementation Plan.

FY 2020 ANNUAL IMPLEMENTATION PLAN

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Public Hearings

The area agency must employ a strategy for gaining MYP input directly from the planned service population of older adults, caregivers, persons with disabilities, elected officials, partners, providers and the general public, throughout the PSA. The strategy should involve multiple methods and may include a series of input sessions, use of social media, on-line surveys, etc.

At least two public hearings on the FY 2020-2022 MYP must be held in the PSA. The hearings must be held in an accessible facility. Persons need not be present at the hearings in order to provide testimony: e-mail and written testimony must be accepted for at least a thirty-day period beginning when the summary of the MYP is made available.

The area agency must post a notice of the public hearing(s) in a manner that can reasonably be expected to inform the general public about the hearing(s). Acceptable posting methods include but are not limited to: paid notice in at least one newspaper or newsletter with broad circulation throughout the PSA; presentation on the area agency’s website, along with communication via email and social media referring to the notice; press releases and public service announcements; and, a mailed notice to area agency partners, service provider agencies, Native American organizations, older adult organizations and local units of government. The public hearing notice should be available at least thirty days in advance of the scheduled hearing. This notice must indicate the availability of a summary of the MYP at least fifteen days prior to the hearing, and information on how to obtain the summary. All components of the MYP should be available for the public hearings.

Complete the chart below regarding your public hearings. Include the date, time, number of attendees and the location and accessibility of each public hearing. Please scan any written testimony (including emails received) as a PDF and upload on this tab (to upload, click Save). A narrative description of the public input strategy and hearings is also required. Please describe the strategy/approach employed to encourage public attendance and testimony on the MYP. Describe all methods used to gain public input and the resultant impact on the MYP.

Date	Location	Time	Barrier Free?	No. of Attendees
05/30/2019	Community Health Agency, Cc	11:00 AM	Yes	4
05/31/2019	Community Health Agency, Th	02:00 PM	Yes	3

The Branch-St. Joseph Area Agency on Aging utilized multiple strategies and methods to gain the input of older adults, caregivers, people with disabilities, elected officials, community partners, direct providers of service and the general public. The intent of the Community Needs Assessment process is to identify needs, gaps in services, gather ideas and prioritize services and funding to support the aging and disability communities we serve. On April 29, 2019 we issued a press release (attached) outlining our approaches and methods to gain input for the 2019 Community Needs Assessment. A total of two (2) tools were developed to

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gain feedback; one for Older Adults/Caregivers, and one for Key Community Leaders/Providers. The press release was sent to: local hospitals, newspapers & all media outlets, human services groups/collaboratives, direct service providers, aging network providers, for-profit/non-profit service clubs & organizations, faith-based organizations, elder abuse prevention coalitions, Board of Health/County Commissioners, advocates, AAA Advisory Committee, and more! The surveys will also be distributed to current individuals receiving services in their home (home delivered meals, personal care/homemaking, respite care), local transit riders, senior center participants and dining program participants.

The needs assessment tool was also completed by over 50 individuals at Input Forums, held in three locations across the planning and service area:

Thursday, May 2, 2019, 10:00 am - Coldwater - Burnside Center, 65 Grahl Drive.

Friday, May 3, 2019, 10:00am - Sturgis - Enrichment Center, 306 N. Franks Ave.

Friday, May 3, 2019, 2:00pm - Three Rivers - Community Center, 103 S. Douglas Ave.

The press release announced dates for the Public Hearings as well as provides contact information and website information for additional background/questions. Feedback from the Input Forum attendees included comments about local service delivery systems, advocacy with local officials, and not knowing what might be available (i.e. services) if individuals' need help.

Paid Public Notice Ads to announce the Public Hearings were placed in the Coldwater Daily Reporter, Sturgis Journal, and Three Rivers Commercial News newspapers on May 1, 2019.

Public Hearings were held as scheduled and indicated above. There were four (4) attendees at the Hearing in Coldwater, 3 of the 4 were AAA and/or Community Health Agency staff. The discussion surrounded preliminary data from the Key Leader and Older Adult/Caregiver Community Needs Assessment, a few brief budget highlights, and one question surrounding the Connected2Care project. The fourth attendee in Coldwater was an aging network partner/provider.

There were three (3) attendees at the Three Rivers Hearing. There was one member of the public in attendance, who happens to be a Michigan Senior Advocate Council delegate for PSA 3C. Formal testimony was not given. Discussion around the program development objectives, Community Needs Assessment and accessing services was discussed. The AAA will accept testimony/input on the Plans through early June 2019.

Scope of Services

The numbers of potentially eligible older adults who could approach the AAA's coordinated service system are increasing because of the age wave explosion. Additionally, the quantity and intensity of services that the area agency and its providers are expected to arrange, coordinate and provide for new and existing service populations is increasing. There is an exponentially growing target population of the "old-old" (85-100+) who often present with complex problems, social and economic needs and multiple chronic conditions. They require more supports, coordination, and care management staff time to assess, provide service options, monitor progress, re-assess and advocate for the persons served and their caregivers. Area agency partnerships with the medical and broader range of long-term-care service providers will be essential to help address these escalating service demands with a collective and cohesive community response.

A number of these older individuals with complex needs also have some form of dementia. The prevalence of dementia among those 85 and older is estimated at 25-50%. The National Family Caregiving Program (Title III E funding) establishes "*Caregivers of older individuals with Alzheimer's disease*" as a priority service population. Area agencies, contracted providers and the broader community partners need to continually improve their abilities to offer dementia-capable services to optimally support persons with dementia and their caregivers.

Enhanced information and referral systems via Aging and Disability Resource Collaborations (ADRCs), 211 Systems and other outreach efforts are bringing more potential customers to area agencies and providers. With emerging service demand challenges, it is essential that the area agency carefully evaluate the potential, priority, targeted, and unmet needs of its service population(s) to form the basis for an effective PSA Scope of Services and Planned Services Array strategy. Provide a response to the following service population evaluation questions to document service population(s) needs as a basis for the area agency's strategy for its regional Scope of Services.

1. Describe key changes and current demographic trends since the last MYP to provide a picture of the potentially eligible service population using census, elder-economic indexes or other relevant sources of information.

In order to prioritize funding and program development objectives over the next three years, the area agency referenced data from multiple sources. We utilized data from the 2010 U.S. Census, the data provided by the Aging & Adult Services Agency which was sourced from the Administration for Community Living (2011-2015), American Community Survey (2010-2014) and the MDHHS Division of Vital Records & Health Statistics. In addition, we studied regional needs among older adults, current service participants, caregivers, key community leaders, and those who provide services. Feedback from the "Community Needs Assessment" clearly indicates which programs, services, and supports are most important to the public and consumers who are eligible or currently utilizing existing services/supports. Accordingly, the results were used in prioritizing funding and services throughout this planning document.

As stated in the Older Americans Act, AAA's must "give priority to those with greatest economic and social need". We look to the U.S. Census/American Community Survey for

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poverty-related data to address our progress and gaps in service levels. In the American Community Survey, 21.3% of those 55 and older in PSA 3C are in poverty. Of those 65 and older, 8.1%; and of those 75+, 9% are impoverished. In the most recent (FY17-FY19 MYP) we used the 2010 Census data for poverty. Our network will remain committed to maintaining or surmounting the level of care provided to low-income and minority adults. According to the 2014 American Community Survey, minorities comprise 2.4% of those 60+ in the PSA. The number of Hispanic older adults has grown again since the last planning document, and thus, we will be increasing outreach efforts among the Hispanic community to offer supports and services. As a percent of the total population in the region, minorities comprise just over 10%. We remain dedicated to provide outreach within minority communities, via our provider network, and with those working for our agency who may be of a minority group. For example, at the Community Health Agency, we have a number of hispanic and arabic staff who can assist us with translation, accompany us on home visits, as well as with cultural sensitivity and outreach across the PSA. Knowing that the total population in the PSA has decreased since the 2000 Census, yet the number of people 60 years and older has increased, proves our eligible service population continues to grow, grow, and grow!

The population projections are now stating that our planning & service areas largest growth in the 60+ population will be from 2020-2030. In general the AAA 3C total population (all ages) has decreased since 2000 by 3.6%. Branch County has seen decreases that double those of St. Joseph County. While the total population has decreased, the population of those 60 years and older has been increasing. Specifically, the region has seen a 28% increase in its 60 year and older population since 2000 (9% since 2010). The most significant increases have been in the 60 to 74 years (38%) and in the 85 year old population (18%). Another demographic trend to note is that of the region's Hispanic population. Between 2000 and 2014, the region has seen a 62% increase in its Hispanic population. For those 60 years and older, the region has experienced a 330% increase, growing from 68 Hispanic seniors in 2000 to 296 in 2014.

In order to gain input directly from the public, current service participants, caregivers, community leaders, and providers of service we initiated a Community Needs Assessment. Our intent was to gain insight on the perception of need for services, how individuals' obtain information about services, need for expansion, need for improvement and accessibility. We only revised the document in a few areas for this planning cycle based on the assessment completed in 2016. The areas of the Older Adult/Caregiver Assessment changed included: the addition of the question "What is the total combined income from all sources for your household" with answers including "at or below \$20,000 or \$1,666 per month or less", "above \$20,000 (\$1,667 per month or more), or "Prefer not to answer". This question was asked to gauge whether respondents are consider themselves to be low income/impoverished per federal income standards. In the Key Community Leader Assessment, we added a question to gauge how the respondent identified their affiliation as a key leader, some of the responses include: "caregiver", "community advocate, volunteer", "direct service provider", "education", "elected official", "faith based organization", "financial institution", "service club/organization", etc. We are interested in the amount of feedback we receive, from which affiliation/organization type as trends could emerge from those affiliations responses.

In total, 234 were completed by key leaders and older adults via the "Community Needs Assessment" online survey tool. We offered the survey in two different methods: an online "Survey Monkey" as well as a traditional

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hardcopy questionnaire. Key Leader Assessment had 7 questions and Older Adult/Caregiver Assessment had 20 questions - Each version contained the same question related to the list of 25 service options to rank in order of priority as "high, medium, low, or should not be publicly funded". Our provider network assisted us in distribution of the hard copy surveys to Senior Center participants, transportation authority riders, Congregate meal site participants, In-Home Service participants (Home Care Assistance, Respite Care), and Home Delivered Meal participants. The survey was open for four weeks (April 22nd to May 27th). It was promoted through the Community Health Agency's website, a news media release and through multiple group email lists. Respondents were assured that their responses were anonymous and they could call our office to complete the survey verbally if they preferred as well (30 surveys were captured over the telephone).

Feedback from the surveys represented the race/ethnicity and gender make up of our population base. We noted a decrease in respondents indicating they had a disability (63% indicated disability in 2016, 54% in 2019) and the majority of our respondents were over the age of 70 (72%), of that nearly 24% were 85 years and older. A list of 25 'fundable' AASA services was utilized to gauge priority areas, and respondents were asked to rank them on a three-point scale ranging from little need (1 point) to moderate need (2 points) to great need (3 points). A natural breaking point was observed between those that were ranked highest need and those that were considered lower needs. The highest ranked overall needs among **all respondents** included: Home Delivered Meals, Homemaking/Personal Care, Personal Emergency Response, Medicare/Medicaid Assistance, Abuse/neglect/exploitation prevention & awareness, and Care Management. Interestingly, though very highly sought services in the PSA, Chore services and Home Repair services did not make the "top 10" in prioritization. Medication management and transportation out of the county ranked higher this year.

The online "Survey Monkey" Needs Assessment introduction and direct link was emailed to multiple key community leaders including; Faith-based organizations, Health care providers (including physicians, specialty clinics, home health agencies, rural health clinics, and hospital discharge planners/social workers), aging network providers, AAA Advisory Committee, CHA/AAA Policy Board, other local elected officials, human service agencies (including multi-purpose collaborative bodies Department of Health & Human Services and Community Mental Health), service clubs and organizations (including hospital auxiliaries, United Way, Lions, Elks, and Chambers of Commerce). We more than doubled the number of key leader respondents as compared to 2016 - and were very pleased! 35 key leader respondents in 2016 versus 89 this year. Key leaders ranked the following services in greatest priority: Abuse/neglect/exploitation awareness, Home delivered meals, Personal Emergency Response system, Personal Care, and Care Management. Medicare/Medicaid Assistance and medication management were also significantly ranked.

Our collaboration with the Community Health Agency Health Promotion division should be recognized as a best practice in the tabulation of the survey results and establishment of the survey monkey tool. We would like to acknowledge their expertise and guidance in preparing, implementing, tabulating, and summarizing the data set from the surveys. We have included the actual survey tools used for gathering data as an appendix, as well as the powerpoint that was developed to share results in an organized, meaningful way!

There seem to be a few themes that are consistent throughout the data, between both older adults and key

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community leaders, which are (in order of importance):

1. Need to increase awareness of services that are available
2. Need for more information related to Medicare, Medicaid, health insurance
3. Need for more educational programs
4. Need for more services on the weekends and/or during evening hours

2. Describe identified eligible service population(s) characteristics in terms of identified needs, conditions, health care coverage, preferences, trends, etc. Include older persons as well as caregivers and persons with disabilities in your discussion.

Because of our organizational relationship with local public health, we have access to and utilize data other agencies may not... For example, the 2019 County Health Rankings were released and shared with our public health partners in April, 2019. The rankings are divided into two sections: Health Outcomes and Health Factors. Health Outcomes measure how healthy a county is. Health Factors represent those indicators that influence the county's health and contains 30 different indicators which are then organized under four separate headings: health behaviors, clinical care, social and economic, and physical environment health factors. When weighted, these factors provide the framework for identifying areas for future improvement efforts. Branch County has shown poorer Health Outcome ranking since our 2016 measurement - moving from a ranking of 51st in 2016 to 53rd in 2019. Health Outcomes looks at both the length and quality of life as measured by the number of premature deaths, and self-reports of poor or fair health, poor physical health days and poor mental health days. Branch County did report slightly higher ranking scores in the area of Health Factors, however, moving from 64th to 62nd, primarily due to adults having more access to locations for physical activity. St. Joseph County experienced higher rankings for 2019 than in 2016 in Health Outcomes which moved slightly from 59th in 2016 to 55th in 2016 due to fewer premature deaths. The largest concern among our rankings in each county are related to Clinical Care, especially compared to the State of Michigan. Our ratio of the population to primary care physicians is more than double Michigan (StJoe ratio: 3,380:1; Branch 2,070:1; Michigan 1,260:1) and, the ratio of population to mental health providers is also staggering (StJoe ratio: 580:1; Branch 700:1, Michigan 400:1). Couple the lack of medical providers available to the population along with the number of adults who are uninsured in both counties (11% StJoe, 10% Branch) and you can see a staggering affect on community health in our rural planning and service area. Knowing these health outcomes and the factors by which they are ranked can give us insight as to areas of focus for those we serve who are 60 years and older, and/or those with disabilities.

Because of our agency's collaboration & partnership with our community hospitals we participate in each county's Community Health Needs Assessment process and data collection every three years. Spring 2019 initiated this process in Branch County and St. Joseph County will be launching theirs sometime in 2020. The overarching goals of the CHNA is ensure we continue to efficiently and effectively deliver quality medical services to residents. Both a select group of local experts and community members will be surveyed (over 500) and rank "significant health needs". In the past (2016 CHNA), St. Joseph County rankings were as follows: 1. Obesity/physical inactivity; 2. Mental health/Suicide; 3. Physician Services; 4. Education/Prevention; and 5. Diabetes. Though the uninsured rates among adults has been greatly impacted by the Affordable Care Act and expanded Medicaid in Michigan, we still have some concerns with access to care. If you have insurance but no physician to see, you won't receive the care you are seeking. As an involved partner in these community health needs assessments and associated meetings, we will remain diligent to address health care access, medical care access and community based support options to impact our local communities. Once CHNA data is released, we will offer highlights in future planning documents.

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As we analyzed health data during our planning process, we note that 75% of all deaths in the region occur to those who are 65 years and older. Of those, 1/3 of deaths occurred to those in the 85+ years age group. Leading causes of death are Heart Disease, Cancer, Chronic Lower Respiratory Diseases (formerly known as COPD), Diabetes, Stroke, Alzheimer's, Unintentional Injuries, Pneumonia/Flu, Kidney Disease and Suicide. Of the 10 leading causes of death, seven (7) of them are chronic diseases which are responsible for 76% of all the region's deaths. Many chronic diseases are preventable through practicing four healthy behaviors, which include: weight control, engaging in adequate physical activity, and limiting alcohol consumption and refraining from tobacco usage.

In regard to preferences and trends in service delivery we can reference our 2019 AAA Community Needs Assessment results. Respondents who sought & received services stated that they were provided in an accessible location, in a timely manner, according to their preferences, and they were overall satisfied with the quality of service they received. We also asked older adult/caregiver respondents for feedback on service enhancement, expansion and improvement needs. Overwhelmingly, being made more aware of what services and supports are available ranked the highest. Then, additional information regarding Medicaid/Medicare/health insurance, and Veterans benefits ranked second and third. Again, we much remain dedicated to outreach, education as a way to inform residents and families near and far about the aging network!

3. Describe the area agency's Targeting Strategy (eligible persons with greatest social and/or economic need with particular attention to low-income minority individuals) for the MYP cycle including planned outreach efforts with underserved populations and indicate how specific targeting expectations are developed for service contracts.

As stated in our Request for Proposal documents, and as prescribed by the federal Older American's Act: All individuals aged 60 years and older are eligible to receive federal and state funded service, substantial emphasis must be given to serving elder persons with the greatest social or economic need. "Substantial emphasis" is regarded as an effort to service a greater percentage of older persons with economic and/or social needs than their relative percentage to the total elderly population within the geographic service area. We utilize the 2019 (current year, as applicable) Federal Poverty Guidelines, as established by the US Department of Health and Human Services to place definition to "low income" (or a person in economic need). In 2019, for an (one) individual the annual income level is \$12,490 for two people it is \$16,910. For our regional planning purposes, individuals who are members of the following racial/ethnic categories are to be considered as belonging to a minority group: African American, Native American, Asian/Pacific Islander, Multi-Racial and Other. The "Other" category consists of persons whose response to the race item on the Census could not be categorized into a specific race, e.g. "Native-American," or "Hispanic." Most persons in the "Other" category are White Hispanics/Latin American. As such, these definitions are embeded within our Request for Proposal process and are addressed in each agency/business responses to the RFP. The definitions serve as guidance and also infiltrate agencies' administrative policies/procedures for targeting. Our agency also monitors providers' compliance with targeting and prioritization of targeted populations as we visit all contract providers annually for compliance with AASA Operating Standards for Service Provision. Use and implementation of these definitions, as outlined, set our clear expectations with all of our providers. Our outreach efforts with underserved populations consists of collaborative messaging, regular meetings and contact with aging network partners, and direct contact with people in our two-county planning and service area. We participate in multiple outreach events throughout the year including; County 4-H Fairs, Older Americans Health Fair, Project Connect/Homelessness Events, VA "Stand Down" events, and COA-sponsored events at all of the local senior centers.

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4. Provide a summary of the results of a self-assessment of the area agency's service system dementia capability using the ACL/NADRC "Dementia Capability Assessment Tool" found in the Document Library. Indicate areas where the area agency's service system demonstrates strengths and areas where it could be improved and discuss any future plans to enhance dementia capability.

Upon completion of the "Dementia Capability Quality Assurance Assessment" Tool there were several strengths identified, as well as some areas that can be improved on through the next planning cycle.

The first strength identified is the agency's ability to identify people with dementia. Using various tools including standardized screeners and assessments and service provider partnerships, staff are able to efficiently evaluate participants and their caregivers. The second strength is that the entire agency staff has received some form of formal training on dementia. This allows our staff, in all of their various roles, to be sensitive to the needs of this population and effectively support those with dementia and their caregivers.

The opportunities for improvement include spreading awareness of the principles of dementia-friendly communities and begin to foster those ideas throughout our service area. The assessment also identified that there is a need for dementia specific education among service providers and the community. Having this education and training will be paramount to being able to earlier identify those who are experiencing cognitive impairments or dementia.

The future plans for the next planning cycle will be to foster the development of dementia capable activities, to enhance the knowledge base and specialized services for those with dementia and their caregivers. Our agency will work closely with community organizations and service providers to encourage and support discussions and trainings that are dementia focused. An effort will be made to share information about dementia-friendly communities and to start to the process to adopt principles related to the dementia-friendly culture.

5. When a customer desires services not funded under the MYP or available where they live, describe the options the area agency offers.

When a person desires or identifies services that are not funded under our MYP or available where they live, our response is one of "problem-solver and researcher". Our trained staff would approach the request with a kind, listening ear, offering other options that may assist. We would also research their request among our local aging network partners and key community partners to see if there may be another regional provider or option that could address the person's stated need. Further, should the person's request be a "one-time"-type service (rather than "on-going"), we may be able to utilize CLPS (a proposed regional service outlined in our MYP) to fill the direct service need. If the service was not available or affordable for the person, we would document the need and work with local community partners to examine the need and discuss the possibility of development of a new service in the future. At all points of contact with individuals seeking services/supports, our staff remain committed to using a person-centered approach to communication and problem solving.

6. Describe the area agency's priorities for addressing identified unmet needs within the PSA for FY 2020-2022 MYP.

As discussed in other sections of the Multi-Year Plan, our largest unmet need is adult day services in Branch County. Development of a provider to offer that service, in any capacity, is our priority for addressing the need in 2020. The loss of the program occurred in 2014, and we have not been successful to date in development of

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another potential service provider. There have been, from time to time over the past 5 years other community partners/entities working to develop options - specifically a child care center. In which, our office was invited and participated in multiple meetings to introduce the concept of adult day as a component program offering. Such plans for the child care center have ceased, for reasons unknown to our office. Because families have had to seek more formal (and costly) care settings we continue to work with our current providers to offer additional respite opportunities. It is our goal, and is outlined as a program development objective, to entertain a proposal(s) from potential bidders during our 2019 RFP. Should we be unsuccessful, we'll continue our outreach and work more intensely with community partners to develop capacity for a new program. Once a potential bidder(s) is identified, we will open up a Request for Proposal for the service.

7. Where program resources are insufficient to meet the demand for services, reference how your service system plans to prioritize clients waiting to receive services, based on social, functional and economic needs.

The aging network providers in Region 3C utilize the AASA Operating Standards for Service Provision requirements to maintain a list of participants seeking services/support but who are unable to be served at the time the service is sought. As stated in our contract with each provider, participants shall not be denied or limited services because of their income or financial resources. Where program resources are insufficient to meet the demand for services, each service program shall establish and utilize written procedures for prioritizing clients waiting to receive services, based on social, functional and economic needs. Indicating factors include: For Social Need: isolation, living alone, age 75 or over, minority group member, non-English speaking, etc.; For Functional Need – disability (as defined by the Rehabilitation Act of 1973 or the Americans With Disabilities Act), limitations in activities of daily living, mental or physical inability to perform specific tasks, acute and/or chronic health conditions, etc.; For Economic Need– eligibility for income assistance programs, self- declared income at or below 125% of the poverty threshold, etc. Each provider must maintain a written list of persons who seek service from a priority service category (Access, In-Home, or Legal Assistance) but cannot be served at that time. Such a list must include the date service is first sought, the service being sought and the county, or the community if the service area is less than a county, of residence of the person seeking service. The program must determine whether the person seeking service is likely to be eligible for the service requested before being placed on a waiting list. Individuals on waiting lists for services for which cost sharing is allowable, may be afforded the opportunity to acquire services on a 100% cost share basis until they can be served by funded program. Waiting lists are reported and aggregated by the Aging & Adult Services Agency as well as used for advocacy purposes. Alternative services and supports are also discussed with individuals and families so to offer temporary support until the program resources are available.

8. Summarize the area agency Advisory Council input or recommendations (if any) on service population priorities, unmet needs priorities and strategies to address service needs.

As we assess the need for services, taking into account the input from the community, barriers do exist that have significant impact on service delivery. The first, and foremost, is funding. As we are directly associated with and impacted by the legislative process, each funding cycle has its ups and downs. Providers of aging services are constantly assessing local impact of the state and federal budget and how it will “trickle down”. One advantage in our region however, is the longevity of our provider network. Combined, our existing providers have over 80 years of experience, so they are well versed at handling these hills and valleys. In addition to this experience, each county has a substantial senior millages, as well as transportation millages, to support service delivery in conjunction with OMA/OAA funds. In order to expand and diversify our scope of services, however, we will need to address public/private partnerships to accomplish larger goals in service delivery. The AAA Advisory Committee and Policy Board are updated monthly as to the progress and on going

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efforts of the AAA and provider network. Because the lack of a Branch County adult day program remains our biggest gap in services, we will engage with them more in our forthcoming development efforts.

9. Summarize how the area agency utilizes information, education, and prevention to help limit and delay penetration of eligible target populations into the service system and maximize judicious use of available funded resources.

In a rural PSA such as ours, In-Home Services and Access Services have proven to be the most important to seniors and most needed. It would be safe to say that seniors who are mobile want to remain mobile and participate in as much as they can. And, those who need a variety of in home services want to stay in their homes to receive them! Input received during the public input sessions and Public Hearings indicate in-home services, preventive health, and access to services remain of utmost importance in the PSA. We will continue our community partnerships, aggregate data from our local partners and further collaborative relationships to further our mission to provide quality services to those greatest in need, in a manner that suits their preferences.

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Planned Service Array

Complete the FY 2020-2022 MYP Planned Service Array form for your PSA. Indicate the appropriate placement for each AASA service category and regional service definition. Unless otherwise noted, services are understood to be available PSA wide.

	Access	In-Home	Community
Local Millage Funded	<ul style="list-style-type: none"> • Case Coordination and Support • Information and Assistance • Transportation 	<ul style="list-style-type: none"> • Chore • Home Care Assistance • Home Delivered Meals * • Assistive Devices & Technologies * • Respite Care • Friendly Reassurance 	<ul style="list-style-type: none"> • Congregate Meals * • Disease Prevention/Health Promotion • Home Repair • Counseling Services • Kinship Support Services • Caregiver Education, Support and Training
Provided by Area Agency	<ul style="list-style-type: none"> • Care Management • Information and Assistance 	<ul style="list-style-type: none"> • Homemaking • Medication Management • Personal Care • Assistive Devices & Technologies • Respite Care 	
Participant Private Pay	<ul style="list-style-type: none"> • Transportation 	<ul style="list-style-type: none"> • Chore • Home Care Assistance • Homemaking • Home Delivered Meals • Medication Management • Personal Care • Assistive Devices & Technologies • Respite Care 	<ul style="list-style-type: none"> • Adult Day Services • Congregate Meals • Disease Prevention/Health Promotion • Home Repair • Legal Assistance • Counseling Services
Funded by Other Sources	<ul style="list-style-type: none"> • Transportation 	<ul style="list-style-type: none"> • Homemaking • Home Delivered Meals • Medication Management • Personal Care • Assistive Devices & Technologies • Respite Care 	<ul style="list-style-type: none"> • Adult Day Services • Home Repair • Counseling Services

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<p>Contracted by Area Agency</p>	<ul style="list-style-type: none"> • Case Coordination and Support • Transportation 	<ul style="list-style-type: none"> • Chore • Home Care Assistance • Home Delivered Meals • Respite Care • Friendly Reassurance 	<ul style="list-style-type: none"> • Adult Day Services * • Congregate Meals • Disease Prevention/Health Promotion • Home Repair • Legal Assistance • Counseling Services • Kinship Support Services • Caregiver Education, Support and Training
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* Not PSA-wide

Planned Service Array Narrative

Describe the area agency's rationale/strategy for selecting the services funded under the MYP in contrast to services funded by other resources within the PSA, especially for services not available PSA wide. Utilize the provided text box to present the planned service array narrative.

Region 3C Area Agency on Aging develops a comprehensive, coordinated system of supports and services in an effort to promote the independence and well being of older adults and those who care for them across Branch and St. Joseph Counties. Through our multi-year planning and contracting process we gain input from community members, key stakeholders, providers, and community partners/organizations to develop our list of funded services. Based on the needs and projects proposed during our Request for Proposal process, a continuum of services are funded and contracted for. Services that are not contracted for directly are sought and purchased from our local Purchase of Service (POS) vendors. POS vendors can provide everything from fiscal intermediary services, personal care/homemaking, wound care, durable medical equipment/supplies, medication management, and more. County senior millages are available in each county in the PSA. They are administered by the County's Commission on Aging departments. They utilize the millage funds to match federal and state grants, as well as support senior centers, special trips and programming outside AASA funded services array.

The two services that are contracted by the Area Agency but not available PSA-wide, at the time the Plan was written are: Home repair and Adult Day Services. In spring 2014, our Branch County contracted adult day provider terminated their contract with our agency for the service. We've been searching for alternate providers, however we have not been successful in developing/locating one as of yet. Our search continues and as you will read in the program development section, it remains our highest goal for FY20. Home repair was put out for bid 2016 Request for Proposals, but as has occurred historically, there has only been one bidder who responded and their services are offered in St. Joseph County only. We are only in the beginning stages of the RFP at the time the Plans are submitted, and therefore can not report how the contracts will come through for the 2020-2022 contract cycle.

Strategic Planning

Strategic planning is essential to the success of any area agency on aging in order to carry out its mission, remain viable and capable of being customer sensitive, demonstrate positive outcomes for persons served, and meet programmatic and financial requirements of the payer (AASA). All area agencies are engaged in some level of strategic planning, especially given the changing and competitive environment that is emerging in the aging and long-term-care services network. Provide responses below to the following strategic planning considerations for the area agency's MYP. (For Item No. 3, please include specific details about the area agency's planned process for establishing service priorities, modifying service delivery and any other contingency planning methods for handling a potential 10% funding reduction from AASA).

1. Summarize an organizational Strengths Weaknesses Opportunities Threats (SWOT) Analysis.

As discussed in the Plan Highlights section of the MYP/AIP, the Community Health Agency has not undergone another strategic planning process as of the time the documents were drafted. Therefore, we rely on our current Strategic Plan which spans 2015-2019. Our next Strategic Planning process will begin later this calendar year. Information presented here, then, is from the previous plan.

Strengths: Staff members are seen as our agency's greatest asset. They are knowledgeable and caring in their approach. Staff members provide the basis for collaborative relationships and community partner engagement. Our collaborative approach and relationships with community partners is another strength. And, finally, our grassroots advocacy is seen as a strength.

Weaknesses: Communication is the most notable weakness for public health, however, was not identified within AAA. Our weaknesses are related to staffing - a lack thereof! Funding is the root cause impacting that weakness - if you don't have viable funding, you can't pay for staffing. Quality improvement initiatives therefore are impacted by few staff, and by the lack of knowledgeable staff to implement quality improvement programs. Other program development activities are also impacted by a lack of staff in that we have difficulty finding the time to complete the work and make progress in achieving goals.

Opportunities: Both collaboration and technology were identified as the greatest sources for opportunities in the future. The strategic planning committee (SPC) identified further opportunities for service integration, working with the local hospitals and federally qualified health centers (FQHCs). Expansion of case management services through the Area Agency on Aging and outreach efforts to underserved populations for health services and health insurance enrollment were seen as untapped possibilities for the future.

Challenges: Changing political climates, both federally and at the state-level, is an identified weakness. The budget process is always interesting! Mandates/requirements of AASA and other federal agencies do impact us as well as our network partners.

2. Describe how a potentially greater or lesser future role for the area agency with the Home and Community Based Services (HCBS) Waiver and/or managed health care could impact the organization.

As it stands today, the Branch-St. Joseph Area Agency on Aging (IIIC) does not have a formal role in the

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MIChoice Home & Community Based Waiver program. We have never received a contract for the program, but remain open to one should an agreement be extended. Our provider network across Branch and St. Joseph Counties has always been supportive of our agency operating the MIChoice program locally. Administratively, we would advocate and submit application for a contract should the Department open it up for bid.

The Integrated Care demonstration has been operating in our PSA since 2015. Our role thus far has been education/outreach with those potentially eligible and options counseling for those who have more in-depth questions about eligibility, coverage, plan changes/enrollment and ombudsman options. The two health plans operating in our area have chosen to work directly with the MIChoice Waiver agencies, as such, we've not been involved in negotiations. We are, however, providers for each of the Waiver agencies and would respond to referrals/service requests if authorized. We work in close collaboration with the agents and will maintain that relationship on going.

3. Describe what the area agency would plan to do if there was a ten percent reduction in funding from AASA.

Should the state and/or federal allocations to our AAA be reduced, we would take a very close look at essential services and the most utilized services across the PSA and engage our community/contracted partners to discuss strategies to maintain services to those in greatest need. Our agency works closely with each County Commission on Aging, Community Action and our County transportation authorities to provide key access and in-home services. Those access & in-home services would remain top priority for funding. Conversations with providers would occur regularly and would include prioritization strategy, identification of need, and then putting the plans into action with current participants & those seeking services. Our administrative team and Board of Health would also be engaged in the discussions. More local funding would be used to fill in gaps until budgets could be realigned and in good standing. AAA3C policies and procedures would be referenced and utilized to guide our process and discussions as well. We are well-versed at working through difficult conversations and problem solving with our community and contracted partners across the aging network.

4. Describe what direction the area agency is planning to go in the future with respect to pursuing, achieving or maintaining accreditation(s) such as National Center for Quality Assurance (NCQA), Commission on Accreditation of Rehabilitation Facilities (CARF), Joint Commission on Accreditation of Hospitals (JCAH), or other accrediting body, or pursuing additional accreditations

At this time the Branch-St. Joseph Area Agency on Aging is not planning to pursue or engage in any accreditation(s) or accreditation processes.

5. Describe in what ways the area agency is planning to use technology to support efficient operations, effective service delivery and performance, and quality improvement.

The Branch-St. Joseph Area Agency on Aging (IIRC) utilizes the MiChoice Information System, COMPASS and VendorView as our Community Living Program client tracking system. These technology tools are continually updated by the Center for Information Management (CIM, Inc.), the development company, and allow us to document, share internal/external communication, vendor service authorizations and cancellations, communication regarding preferences and specific/urgent participant needs. The programs also tracks the "business-side" of our program in terms of verifying bills, reports, utilization and budgeting. The addition of Vendor View in January 2016 has been a huge success and has proven to have an effect on improved efficiency and communication. Care Consultants utilize iphones and newly

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implemented tablet computers in the field when appropriate to document and remain timely in completion of their job duties. We continually seek improved service delivery and performance in all of our agency operations. The Community Health Agency implemented a new accounting software package in late 2016 with major efficiencies & proven success in payroll, accounts receivable/payable, budget/financial reports, audit requirements, and human resources functions as well. Over the next 2 years we are excited to be a part of the Connected2Care project that the AAA Association of Michigan is leading with a grant from the Michigan Health Endowment Fund. As discussed in the Other Grants/Intiatives section, the project goals include building upon existing technology for AAA's to receive admission, discharge and transfer data from a participating health care entity regarding a shared participant. This, again, will lead us toward improving health outcomes and participant satisfaction as we'll be more efficient in performing the case management function within our agency.

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Regional Service Definitions

If the area agency is proposing to fund a service category that is not included in the Operating Standards for Service Programs, then information about the proposed service category must be included under this section. Enter the service name, identify the service category and fund source, include unit of service, minimum standards and rationale for why activities cannot be funded under an existing service definition.

Service Name/Definition

Community Living Program Services

Promotion of an individual's health, safety, independence and reasonable participation within their local community.

Community Living Program Services include:

A. Assisting, reminding, cueing, observing, guiding and/or training in the following activities: 1) meal preparation, 2) laundry, 3) household care/maintenance, 4) activities of daily living such as bathing, eating, dressing, personal hygiene, and 5) shopping for food and other necessities of daily living.

B. Assistance, support and/or guidance with such activities as: 1) money management, 2) non-medical care (not requiring RN or MD intervention), 3) social participation, relationship maintenance, and building community connections to reduce personal isolation, 4) transportation to and from the participant's residence to community activities, 5) participation in regular community activities incidental to meeting the individual's community living preferences, 6) attendance at medical appointments, and 7) acquiring or procuring goods and services necessary for home and community living, in response to needs that cannot otherwise be met.

C. Reminding, cueing, observing and/or monitoring of medication administration.

D. Provision of respite as required by the participant's caregiver. Respite care may also include chore, homemaking, home care assistance, home health aide, meal preparation and personal care services. (and must meet related service standards)

Rationale (Explain why activities cannot be funded under an existing service definition.)

This definition has been used in our previous (FY17-19 MYP) and has been quite successful in that it offers the most flexible service components under one definition. It is utilized as an option with our Community Living Program (Care Management) participants who desire to self-direct their own care & supports. Flexibility among purchase of service vendors in their provision of authorized service, based on participant choice is also an advantage.

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Service Category	Fund Source	Unit of Service
<input type="checkbox"/> Access <input checked="" type="checkbox"/> In-Home <input type="checkbox"/> Community	<input checked="" type="checkbox"/> Title III PartB <input type="checkbox"/> Title III PartD <input type="checkbox"/> Title VII <input type="checkbox"/> State Alternative Care <input type="checkbox"/> State Access <input type="checkbox"/> State In-home <input type="checkbox"/> State Respite <input type="checkbox"/> Other _____	Fifteen (15) minutes performing CLPS activities

Minimum Standards

Minimum Standards for Agency Providers:

1. Each program shall maintain linkages and develop referral protocols with each Independent Living Consultation (ILC), CCS, CM, MIChoice Waiver and LTCC program operating in the project area.
2. All workers performing Community Living Program Services shall be competency tested for each task to be performed. The supervisor must assure that each worker can competently and confidently perform every task assigned for each participant served. Completion of a certified nursing assistant (CNA) training course by each worker is strongly recommended.
3. Community Living Program Services workers shall have previous relevant experience or training and skills in housekeeping, household management, good health practices, observation, reporting, and recording client information. Additionally, skill, knowledge, and/or experience with food preparation, safe food handling procedures, and identifying and reporting abuse and neglect are highly desirable.
4. Semi-annual in-service training is required for all Community Living Program Services workers. Required topics include safety, sanitation, emergency procedures, body mechanics, universal precautions, and household management.
5. Community Living Program Services workers may perform higher-level, non-invasive tasks such as maintenance of catheters and feeding tubes, minor dressing changes, and wound care when individually trained by the supervising RN for each participant who requires such care. The supervising RN must assure each worker's confidence and competence in the performance of each task required.
6. When the CLPS services provided to the participant include transportation described in B above, the following standards apply:
 - a. The Secretary of State must appropriately license and inspect all drivers and vehicles used for transportation. The provider must cover all vehicles used with liability insurance.
 - b. All paid drivers for transportation providers shall be physically capable and willing to assist persons requiring help to and from and to get in and out of vehicles.

Minimum Standards for Individuals Employed by Participants:

1. Individuals employed by program participants to provide community living supports shall be at least 18

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years of age and have the ability to communicate effectively, both orally and in writing, to follow instructions, and be in good standing with the law as validated by a criminal background check conducted by the area agency on aging that

Regional Service Definition: CLPS cont...

is shared with the participant. Members of a participant's family (except for spouses) may provide CLS to the participant. If providing transportation incidental to this service, the individual must possess a valid Michigan driver's license.

2. Individuals employed by program participants shall be trained in first aid, cardiopulmonary resuscitation, and in universal precautions and blood-borne pathogens. Training in cardiopulmonary resuscitation can be waived if providing services for a participant who has a "Do Not Resuscitate" (DNR) order. The supervisor must assure that each worker can competently and confidently perform every task assigned for each participant served.

3. Individuals providing Community Living Program Services shall have previous relevant experience or training and skills in housekeeping, household management, good health practices, observation, reporting, and recording information. Additionally, skills, knowledge and/or experience with food preparation, safe food handling procedures, and reporting and identifying abuse and neglect are highly desirable.

4. Individuals providing Community Living Program Services shall be deemed capable of performing the required tasks by the respective program participant.

5. Individuals providing Community Living Program Services shall minimally comply with person centered principle requirement in minimum standards.

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Access Services

Some Access Services may be provided to older adults directly through the area agency without a direct service provision request. These services include: Care Management, Case Coordination and Support, Options Counseling, Disaster Advocacy and Outreach Program, Information and Assistance, Outreach, and Merit Award Trust Fund/State Caregiver Support Program-funded Transportation. If the area agency is planning to provide any of the above noted access services directly during FY 2020-2022, complete this section.

Select from the list of access services those services the area agency plans to provide directly during FY 2020-2022, and provide the information requested. Also specify, in the appropriate text box for each service category, the planned goals and activities that will be undertaken to provide the service.

Direct service budget details for FY 2020 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and State funds) identified in the Area Plan Grant Budget, Direct Service Budget details. The Area Plan Grant Budget uploaded and saved in AMPS must include Direct Service Budget details.

Care Management

<u>Starting Date</u>	10/01/2019	<u>Ending Date</u>	09/30/2020
Total of Federal Dollars	\$52,500.00	Total of State Dollars	\$92,686.00

Geographic area to be served
Branch & St. Joseph Counties

Specify the planned goals and activities that will be undertaken to provide the service.

Goal #1: Implement more flexible service options in order to provide a more self-directed care model.

Activities:

- ~ Care Consultants will further refine and improve the intake process to assure targeting of appropriate participants to each level of care outlined in the "Access and Service Coordination Continuum"
- ~ Seek additional service providers (purchase of service vendors) to service participants in Region 3C
- ~ Communicate continued need for additional flexibility and additional staff from existing service providers to be able to accommodate participants' person-centered support plan.

Expected Outcomes:

- ~ Increase number of Purchase of Service vendors to serve CLP participants
- ~ Better identify the needs of individuals through a more comprehensive intake process
- ~ Better meet the needs of participants with additional categories/levels of care available

Goal #2: Continue staff education and skill building including staff collaboration to better serve victims of elder abuse, neglect and exploitation

Activities:

- ~ Care Consultants will continue to screen/assess participants/victims for current or past abuse, neglect and/or exploitation
- ~ Care Consultants will seek training and education sessions relevant to the prevention of abuse, neglect

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and/or exploitation

Expected Outcomes:

- ~ Care Consultants will have an increased capacity to build stronger person-centered support plans by including resources and knowledge about abuse, neglect and exploitation
- ~ Care Consultants will continue to build their skill set to provide supports/services and arrange services through attending available state & locally available training events

Goal #3: Minimize wait times for individuals seeking access/care management services

Activities:

- ~ Implement a new tiered approach to Access Services (Care Management funded)
- ~ Care Consultants will complete a thorough intake and referral making process
- ~ Care Consultants will continue to monitor the Waiting List for access services weekly

Expected Outcomes:

- ~ Individuals and caregivers will be referred to alternate resources or be able to obtain services through direct service providers in a more timely manner
- ~ Care Consultants will be able to better identify needed services as a result of implementing the tiered approach

Number of client pre-screenings:	Current Year:	65	Planned Next Year:	65
Number of initial client assessments:	Current Year:	42	Planned Next Year:	50
Number of initial client care plans:	Current Year:	42	Planned Next Year:	50
Total number of clients (carry over plus new):	Current Year:	135	Planned Next Year:	135
Staff to client ratio (Active and maintenance per Full time care	Current Year:	1:35	Planned Next Year:	1:35

Information and Assistance

Starting Date 10/01/2019 Ending Date 09/30/2020

Total of Federal Dollars \$22,000.00 Total of State Dollars

Geographic area to be served

Branch & St. Joseph Counties

Specify the planned goals and activities that will be undertaken to provide the service.

Goal #1: Provision of comprehensive, unbiased information & assistance/referral

Activities:

- ~ Continue to provide referrals according to AASA & national AIRS standards
- ~ Continue to update files and maintain data entry into the State of Michigan Aging Information System - ADRCIS database
- ~ Staff shall complete surveys with (10% as per I&A standard) callers each quarter to assure high quality information & assistance services

Expected Outcomes:

- ~ Staff will continue to provide the highest quality information & assistance/referral services to any person with an

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inquiry. Individuals will experience timely, accurate information to their questions and requests.

Goal #2: Continue ongoing outreach and education activities among local and regional aging/disability network partners and among general community audiences as well.

Activities:

- ~ Staff shall continue participation in community-based taskforces, workgroups, committee-type partnership meetings to uphold information sharing and resource collaboration.
- ~ Staff shall continue to share recent and relevant information/resources to all community and aging network partners
- ~ Staff shall continue to attend and participate in outreach events and seasonal community-based activities throughout the planning and service area.

Expected Outcome:

- ~ Local and regional aging/disability network partners will continue to seek and receive accurate information from AAA 3C.
- ~ AAA3C will continue to see an increase in information & assistance/referral calls

Goal #3: Continue to maintain accurate data and submit accurate data/program reporting related to AASA Standards and reporting requirements, for inclusion in the statewide resource database and NAPIS reporting tool.

Activities:

- ~ Staff shall continue to develop and monitor the ADRCIS resource database, implementing corrections/additions/deletions as necessary.
- ~ Staff shall continue to seek updated information through contact with programs, service agencies, and organizations for inclusion in the database.
- ~ Staff shall continue to complete accurate data entry into the database according to AASA standards.

Expected Outcome:

All requested and required data and reports will be submitted accurately and timely.

Goal #4: Continue to use and promote a person-centered approach

Activities:

- ~ Staff shall continue to use the person-centered approach in all interactions with callers, families, caregivers, participants and community partners.
- ~ Staff shall continue to be able to explain the person-centered philosophy, providing education where opportunities arise.

Expected Outcomes:

- ~ People contacting and interacting with the Area Agency on Aging 3C will indicate they have been listened to and responded to with the information/supports they were seeking and according to their preferences.
- ~ Community partners will have an increased awareness of PCT and its practice within their organizations.

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Direct Service Request

It is expected that in-home services, community services, and nutrition services will be provided under contracts with community-based service providers. When appropriate, an area agency direct service provision request may be approved by the State Commission on Services to the Aging. Direct service provision is defined as “providing a service directly to a participant.” Direct service provision by the area agency may be appropriate when, in the judgment of AASA: (a) provision is necessary to assure an adequate supply; (b) the service is directly related to the area agency’s administrative functions; or (c) a service can be provided by the area agency more economically than any available contractor, and with comparable quality. Area agencies that request to provide an in-home service, community service, and/or a nutrition service must complete the section below for each service category.

Select the service from the list and enter the information requested pertaining to basis, justification and public hearing discussion for any Direct Service Request for FY 2020-2022. Specify the planned goals and activities that will be undertaken to provide the service in the appropriate text box for each service category. Direct service budget details for FY 2020 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and State funds) identified in the Area Plan Grant Budget, Direct Service Budget details. The Area Plan Grant Budget uploaded and saved in AMPS must include Direct Service Budget details. Skip this section if the area agency is not planning on providing any in-home, community, or nutrition services directly during FY 2020-2022.

Total of Federal Dollars

Total of State Dollars

Geographic Area Served

Planned goals, objectives, and activities that will be undertaken to provide the service in the appropriate text box for each service category.

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions described below. Please select the basis for the direct service provision request (more than one may be selected).

- (A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.
- (B) Such services are directly related to the Area Agency’s administrative functions.
- (C) Such services can be provided more economically and with comparable quality by the Area Agency.

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Provide a detailed justification for the direct service provision request. The justification should address pertinent factors that may include: a cost analysis; needs assessment; a description of the area agency's efforts to secure services from an available provider of such services; or a description of the area agency's efforts to develop additional capacity among existing providers of such services. If the service is considered part of administrative activity, describe the rationale and authority for such a determination.

Describe the discussion, if any, at the public hearings related to this request. Include the date of the hearing(s).

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Regional Direct Service Request

It is expected that regionally-defined services will be provided under contracts with community-based service providers. When appropriate, a regional direct service provision request may be approved by the Michigan Commission on Services to the Aging. Regional direct-service provision by the area agency may be appropriate when, in the judgment of AASA: (a) provision is necessary to assure an adequate supply; (b) the service is directly related to the area agency’s administrative functions, or; (c) a service can be provided by the area agency more economically than any available contractor, and with comparable quality.

Area agencies that request to provide a regional service directly must complete this tab for each service category. Enter the regional service name in box and click “Add.” The regional service name will appear in the dialog box on left after screen refresh. Select the link for the regional service and enter the information requested pertaining to basis, justification and public hearing discussion for any regional direct service request for FY 2020-2022. Also specify the planned goals and activities that will be undertaken to provide the service in the appropriate text box for each service category.

Regional Direct Service Budget details for FY 2020 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and State funds) identified in the Area Plan Grant Budget, Direct Service Budget details. The Area Plan Grant Budget uploaded and saved in AMPS must include Regional Direct Service Budget details.

Please skip this section if the area agency is not planning on providing any regional services directly during FY 2020-2022.

Total of Federal Dollars

Total of State Dollars

Geographic Area Served

Planned goals and activities that will be undertaken to provide the service in the appropriate text box for each service category.

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Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions described below. Please select the basis for the direct service provision request (more than one may be selected).

- (A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.
- (B) Such services are directly related to the Area Agency's administrative functions.
- (C) Such services can be provided more economically and with comparable quality by the Area Agency.

Provide a detailed justification for the direct service provision request. The justification should address pertinent factors that may include: a cost analysis; needs assessment; a description of the area agency's efforts to secure services from an available provider of such services; or a description of the area agency's efforts to develop additional capacity among existing providers of such services. If the service is considered part of administrative activity, describe the rationale and authority for such a determination.

Describe the discussion, if any, at the public hearings related to this request. Include the date of the hearing(s).

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Program Development Objectives

For FY 2020-2022, provide information for all program development goals and objectives that will be actively addressed during the MYP. If there were no communities in the PSA during FY 2017-2019 that completed an aging-friendly community assessment and received recognition as a Community for a Lifetime (CFL), then there must be an objective that states; "At least one community in the PSA will complete an aging-friendly community assessment and receive recognition as a CFL by 9/30/2020." AASA has this same objective for all area agency regions, as part of the AASA State Plan with the Administration for Community Living (ACL).

It is recognized that some communities may not end up completing an aging-friendly community assessment, and/or achieving CFL recognition despite good faith efforts by the area agency and community partners involved. Helping raise awareness in communities about the value and importance of becoming more aging-friendly for all ages is still an important program development activity. It can help to support more livable communities and options for older adults and family members. Given the above, those area agencies required to include this CFL objective for FY 2020 will be expected to report on progress in their FY 2021 Annual Implementation Plan (AIP) that includes:

1. Any communities that achieve CFL recognition (if any) and if none;
2. The community or communities the area agency approached to encourage them to complete an aging-friendly community assessment and/or improvement activities and also;
3. Any lessons learned for the area agency and other community partners from the process of raising awareness about the value of supporting aging-friendly communities and also;
4. Improvements (if any) that were made in communities in the PSA to make them more aging-friendly.

The area agency must enter each program development goal in the appropriate text box. It is acceptable, though not required, if some of the area agency's program development goals correspond to AASA's State Plan Goals (Listed in the Documents Library). There is an entry box to identify which, if any, State Plan Goals correlate with the entered goal.

A narrative for each program development goal should be entered in the appropriate text box. Enter objectives related to each program development goal in the appropriate text box. There are also text boxes for the timeline, planned activities and expected outcomes for each objective. (See Document Library for additional instructions on completing the Program Development section.)

Area Agency on Aging Goal

- A. Work with community partners to develop an adult day program in Branch County.

State Goal Match: 2

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Narrative

Since the loss of Branch County's Senior Respite Program in 2014, an adult day program operated by Pines Behavioral Health Services, we have been engaged in development, research and feasibility of another program.

In the past we've held a number of community meetings with potential partners, yet nothing has come to fruition. At this time only private pay options are available to families/individuals seeking daytime respite care in a community setting. As a way to meet some of the need in the community, both County's Commission on Aging offices have utilized additional respite care funding to offer additional hours and contract with other home health agencies to provide respite care outside of regular business hours. We do not see this method of service provision as meeting the need of the community, nor is it a sustainable method. The priorities of our key leaders and board members remain strong, that an adult day program needs to be cultivated as soon as it is feasible.

Objectives

1. Work to develop a viable community partner to develop an adult day program for individuals and families in Branch County.

Timeline: 10/01/2019 to 09/30/2020

Activities

Work with local provider networks, faith-based organizations and community partners to identify potential adult day program providers. Build upon existing connections and re-examine feasibility of their potential to develop an adult day program.

Should an interested party(ies) be identified, the AAA will initiate a Request for Proposal for the service.

Expected Outcome

Enhance and work with potential new provider organizations who are interested in exploring, developing a proposal, and start implementation of an adult day program by the end of September 2020.

B. Work with key leaders and community partners in Branch County to explore an aging-friendly community assessment and seek designation as a Community for A Lifetime.

State Goal Match: 2

Narrative

In response to AASA's new priority program development objective area to enhance the Communities for A Lifetime (CFL), the Branch-St. Joseph Area Agency on Aging will work with and engage public, municipal and private partners to assess the aging-friendliness of Branch County to encourage them to become a CFL. St. Joseph County sought and received their CFL recognition in 2014. Connecting with key officials in Branch County, starting with Board of Health members who are appointed by the Branch County Board of Commissioners will be our start!

Objectives

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1. In FY2020, the AAA Coordinator will network and make connections with Branch County Board of Health/County Commissioners as well as the County Administrator to present the Communities for A Lifetime program. We will contact AASA staff lead for the CFL Program to participate and/or make presentation to the interested parties to allow for open dialogue, questions and answers.

Timeline: 10/01/2019 to 09/30/2020

Activities

In January 2020, AAA staff will establish meetings with Branch County officials to discuss the CFL program. In addition, we will request AASA to make a presentation in the spring to our Board of Health, County Administrator and other interested community partners.

Expected Outcome

Branch County establishes a timeline for conducting aging-friendly community assessment and establishes a target date for making an application for recognition to AASA as a Community for A Lifetime.

C. Provide advocacy, information, and training to support the rights of older/vulnerable adults to live free from abuse, neglect and/or exploitation.

State Goal Match: 1, 3

Narrative

Reports of vulnerable adult abuse, neglect, and/or exploitation have increased 20% almost every year since 2012 in both Branch and St. Joseph County (MDHHS APS data run, March 2018). In 2017, more than half of each county's substantiated cases were in the type of "neglect" and "self-neglect" (MDHHS APS data run, March 2018). A coordinated community response has been implemented in each county since 2016 and will continue to be built upon and enhanced over the next three years through additional training, education, and outreach.

Objectives

1. Increase the awareness of vulnerable adult abuse, neglect and exploitation throughout the PSA via participation in local partnerships, coalitions/taskforces, and community groups.

Timeline: 10/01/2019 to 09/30/2020

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Activities

AAA staff will notify all providers, community partners, and community advocates upon our knowledge of current scams/schemes being reported in the state or local area.

AAA staff will participate in the Branch County Elder Abuse Prevention Coalition. Efforts in FY2020 include revision and enhancement of the Vulnerable Adult Protocol and creation of a coordinated response via an Interdisciplinary Team approach to serve those identified by team members as vulnerable/at risk. Promotion of elder abuse prevention materials and local trainings will also be provided, as a collaborative effort with the AAA VOCA-funded "Elder Abuse Victim Specialists" under the Services to Victims of Elder Abuse grant.

AAA staff will continue progress with St. Joseph County officials to enhance the Interdisciplinary Team (IDT) that has been meeting since 2017. Additional efforts, as in collaboration with the VOCA-funded "Elder Abuse Victim Specialist", will include training local agencies/organizations, development of an Elder Death Review Team component, and enhancing membership on the IDT to include financial institutions. Again, these efforts across the PSA are in collaboratin with the Services to Victims of Elder Abuse grant initiative.

Expected Outcome

Increased awareness among community members, potential victims, and reporting agencies about the identification and reporting of suspected abuse, neglect and exploitation.

Enhanced collaboration and inter-agency communication as it relates to coordinated community response in vulnerable adult abuse/neglect/exploitation cases.

Increase knowledge of agencies/organizations who've been trained regarding the "red flags" of abuse/neglect/exploitation.

Advocacy Strategy

Describe the area agency's comprehensive advocacy strategy for FY 2020-2022. Describe how the agency's advocacy efforts will improve the quality of life of older adults within the PSA.

Include what advocacy efforts (if any) the area agency is engaged in that are related to the four priority advocacy areas the State Commission on Services to the Aging is focusing on: Transportation, Direct Care Worker Shortage, Reduce Elder Abuse and Eliminate the Wait List for home delivered meals and in-home services. Also identify area agency best or promising practices (if any) in these four areas that could possibly be used in other areas of the state.

The Branch-St. Joseph Area Agency on Aging will continue avid advocacy within the community and the State of Michigan. The AAA will attempt to increase general public awareness of older adult issues and share what an impact advocacy has in the legislative process. Our most significant, consistent message that we share is the importance of community-based long-term care designed to assist older adults to remain in the setting of their choice.

Our advocacy occurs at many different levels, but begins locally. We will remain involved in: community task forces, multi-purpose collaborative bodies and associated subcommittees, the AAA Association of Michigan, and by strengthening the AAA Advisory Committee. We will also continue to strengthen our relationship with the local Disability Network to develop collaborative advocacy messages, continue partnership building in our local Aging and Disability Resource Consortium, and work together on long term care issues.

The following list includes the taskforces & committees we are currently involved with and will continue involvement with over the coming fiscal year:

- ~ Branch County Improving the Lives of Seniors Committee
- ~ St. Joseph County Human Services Commission
- ~ St. Joseph County Adult Services Network
- ~ Caregiver related workgroups and planning committees (each county)
- ~ Emergency preparedness workgroups (each county)
- ~ Branch & St. Joseph County Transportation Authority - Local Advisory Committees
- ~ Elder abuse prevention workgroups (each county)
- ~ Housing taskforce/homelessness workgroups (each county)
- ~ Access to Healthcare (St. Joseph County)

Advocacy includes identifying local unmet needs and service gaps, seeking and strengthening additional resources, and further developing a coordinated system of services and programs. Through the AAA Advisory Committee and Policy Board, we coordinate advocacy efforts. The Older Michigianians Day event shall be our annual advocacy day at the state capitol along with our state-wide colleagues in aging and disability networks. The event is very energetic and well attended, with each legislator in our area targeted for a dynamic discussion on the needs of older adults and family caregivers. The AAA Advisory Committee (Council) is an appointed committee of the Branch-Hillsdale-St. Joseph Community Health Agency (CHA) Board of Health. As such, Committee is used in their title rather than Council. Advisory Committee membership consists of: Health care representatives, Human service agency representatives, AAA contracted providers, County

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Commissioners (appointed), and, ideally the majority being older adults. The Board of Health serves as the formal AAA Policy Board. County Commissioners from each county in the district are appointed to the Board of Health to set policy and provide oversight to the CHA and AAA operations. Each of these entities (Advisory Committee & Policy Board) play a key role in assisting the AAA in identifying issues related to older adults and directly involves them in advocacy efforts as key issues arise.

The following trends and issues will remain important to recognize as efforts are put forth for thought and action:

1. Health care – Maintaining adequate and affordable, quality health care is very important, including the topics of Medicare, Medicaid, and insurance/prescription medication. Furthermore, this includes working with community partners (hospitals, home health, hospice, and other related entities) to emphasize the importance of home and community- based care to allow older adults to remain in the setting of their choice to receive services.
2. Expansion of Services and Providers of Services – The AAA must advocate to maintain local determination of funding. As well as making sure there are adequate services for the projected growth in the senior population. As stated above, maintaining involvement with local task forces, collaborative initiatives, and with our elected officials, we can remain strong advocates for those who are affected by decisions at the federal, state, and local level. We will continue to monitor key changes in legislation on the local, state and federal levels to be able to respond and provide up-to-date information for our communities.

These advocacy efforts both within the region, and at the state-level improve the quality of life for older adults through engagement, education, and involvement! As a core function of an area agency, we take advocacy to heart - in everything we do.

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Leveraged Partnerships

Describe the area agency's strategy for FY 2020-2022 to partner with providers of services funded by other resources, as indicated in the PSA Planned Service Array.

1. Include, at a minimum, plans to leverage resources with organizations in the following categories:
 - a. Commissions Councils and Departments on Aging.
 - b. Health Care Organizations/Systems (e.g. hospitals, health plans, Federally Qualified Health Centers)
 - c. Public Health.
 - d. Mental Health.
 - e. Community Action Agencies.
 - f. Centers for Independent Living.
 - g. Other

Establishing a network of comprehensive supports and services to assist older adults remain as independent and healthy as possible is one of our core responsibilities as an Area Agency on Aging. The Older Michiganians Act (OMA) and Older American's Act (OAA) funding that we receive are granted to local service agencies/organizations to provide for an array of services and programs to support older adults and their families. We partner & collaborate with local Commission on Aging agencies, health care organizations, public health, mental health, Community Action, and our local Center for Independent Living (Disability Network of Southwest Michigan).

In Region 3C, federal and state funds are allocated to the following services: adult day services, caregiver education, support and training, case coordination & support, chore, congregate meals, counseling, disease prevention/health promotion, home care assistance, home delivered meals, home repair, information & assistance, legal services, in-home respite, medication management, assistive devices/technology, care management/community living program, and transportation. In addition to OMA and OAA funding, each county in the PSA has a senior millage. The Commission on Aging offices and their County Board of Commissioners are the administrators of these tax dollars.

Millage funds are used operationally and to support each AAA grant-funded service they provide. The millages are essential to each county for provision of in-home and community-based services. They expand service and support options and in many cases limit the frequency of waiting lists for services.

Branch County Commission on Aging (COA) receives .4908 mill for total COA operational costs and generates approximately \$673,000 annually for the period 2015 – 2019 with 2020-2024 already approved to go into effect. Special grant opportunities are sought for expansion of existing programs as well as one-time projects. Fundraising at the COA is also a source of revenue for various programs. Millage funds are incorporated into each of their services, including: home care assistance, chore, respite, case coordination & support, caregiver services, disease prevention/health promotion, MMAP, and transportation. The Branch COA also administers a building millage at .25 mill which generates approximately \$323,000 annually for the period 2011-2020.

St. Joseph County Commission on Aging (COA) receives .75 mill for total COA operational costs and it generates approximately \$1.4 million annually for the period 2018-2023. St. Joseph County also seeks special grant opportunities and participates in fundraising activities, as well as partners with multiple community partners to expand and enhance existing programming and services.

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The local Commission on Aging offices receive the majority of these federal funds to support some of the associated operational costs of offering the valuable service to beneficiaries. MMAP services are highly sought and utilized in the region. Over the next 3 years (FY2020-FY2022) AAA staff will continue to work directly to build capacity and a broader group of volunteers/agency partners to serve as MMAP counselors and continue in our role as Regional Coordinator designee.

We shall continue our mission to provide for 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...

2. Describe the area agency's strategy for developing, sustaining, and building capacity for Evidence-Based Disease Prevention (EBDP) programs including the area agency's provider network EBDP capacity.

Region 3C intends to build upon the successes of the existing evidence-based prevention programming currently active in each county. These programs are outlined in the FY2020 Evidence Based Programs document.

We do intend to continue seeking leaders and master trainers for the PATH, Diabetes PATH, Chronic Pain PATH and Matter of Balance programs if the need arises among our community partners. We remain hopeful that proposals may include these and other programs which meet the highest level criteria for our next contract cycle. We will continue our work on sustainability, as grant funds diminish and demand remains... In partnership with our community partners!

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Community Focal Points

Community Focal Points are contact and information points and sources where participants learn about and gain access to available services. Community Focal Points are defined by region. Please review the listing of Community Focal Points for your PSA below and edit, make corrections and/or update as necessary. Please specifically note whether or not updates have been made.

Describe the rationale and method used to assess the ability to be a community focal point, including the definition of community. Explain the process by which community focal points are selected.

The currently identified focal point agencies in Region 3C are the Branch County Commission on Aging and the St. Joseph County Commission on Aging. Logistically they serve older adults in the most populated communities in each county. They are also able to coordinate services with other appropriate entities and health care providers in these larger communities. Furthermore, their experience in service delivery speak volumes to their effectiveness. Co-location of services also occurs at the COA offices and senior centers. Disease prevention programming, adult day services, fitness activities, art & craft classes, and community presentations are offered on a regular basis. Coordination with other community agencies and organizations including: community mental health, Department of Human Services, hospitals/home health agencies, and private practitioners (chiropractors, physical therapists, podiatrists, etc.) offer additional direct services and access to services and vital information. The public is also invited to use the centers for meetings and special events. In rural regions such as Region 3C, communities vary in size. They can be as large as a county or as small as a few block neighborhood. The AAA will use the following definition of community: A group of legally recognized townships, villages, or cities where there is a history of affiliation in the areas of health, human services, or education. Using this definition, the AAA identifies six such communities in the two-county region. In Branch County, there are three: Greater Coldwater, Greater Bronson, and Greater Union City. In St. Joseph County the communities identified are Greater Sturgis, Greater Three Rivers, and Greater Centreville. While other areas in the region meet the criteria listed, they tend to be fairly small and do not have access to a full range of services. The Commissions on Aging (COA) in each county maintain sites for senior activities, health & wellness activities, and nutrition services. As mentioned above, their historic role as centers for information and supportive services make them logical choices to be considered “Community Focal Points”. The COA's have consistently demonstrated the capacity to work with other organizations to serve older adults in the most meaningful, comprehensive manner possible. Each of them maintain contracts for the majority of contracted services in the region and as such, are monitored closely each fiscal year for their effectiveness and adherence to standards for service provision.

Provide the following information for each focal point within the PSA. List all designated community focal points with name, address, telephone number, website, and contact person. This list should also include the services offered, geographic areas served and the approximate number of older persons in those areas. List your Community Focal Points in this format.

Name:	Branch County Commission on Aging/H.C. Burnside Center
Address:	65 Grahl Drive, Coldwater, MI 49036
Website:	www.burnsidecenter.com
Telephone Number:	517-279-6565
Contact Person:	Amy Duff, LMSW, Executive Director

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Service Boundaries: Branch County
No. of persons within boundary: 43,705 (9,885 or 22.62% are 60 and older)
Services Provided: Home care assistance, Information and Assistance, Caregiver Education, Support and Training, Chore, Case Coordination Support, InHome Respite, Senior Center activities, Transportation (within and outside county), Medicare/Medicaid Assistance Program, Evidence Based Disease Prevention Programming. Other services available (not directly provided by COA): Adult day services, legal services, health screenings, hearing vision screenings, computer classes, community events meetings.

Name: St. Joseph County Commission on Aging
Address: 103 S. Douglas Avenue, Three Rivers, MI 49093
Website: www.sjcco.com
Telephone Number: 269-279-8083
Contact Person: Tim Stoll, Executive Director
Service Boundaries: St. Joseph County
No. of persons within boundary: 61,020 (13,830 or 22.66% are 60 and older)
Services Provided: Home care assistance, Information and Assistance, Caregiver Education, Support and Training, Chore, Case Coordination and Support, Counseling, Kinship Care/Support, InHome Respite, Senior Center activities, Medicare/Medicaid Assistance Program, Evidence Based Disease Prevention Programming, Home Delivered Meals, Congregate Meals (including restaurant voucher program), Home Repair. Other services available (not directly provided by COA): legal services, health screenings, hearing and vision screenings, computer classes, community events/meetings.

Other Grants and Initiatives

Use this section to identify other grants and/or initiatives that your area agency is participating in with AASA and/or other partners. Grants and/or initiatives to be included in this section may include, but are not limited to:

- Tailored Caregiver Assessment and Referral® (TCARE)
- Creating Confident Caregivers® (CCC)
- Chronic Disease Self-Management Programs (CDSMPs) such as PATH
- Building Training...Building Quality (BTBQ)
- Powerful Tools for Caregivers®
- PREVNT Grant and other programs for prevention of elder abuse
- Programs supporting persons with dementia (such as Developing Dementia Dexterity and Dementia Friends)
- Medicare Medicaid Assistance Program (MMAP)
- MI Health Link (MHL)
- Respite Education & Support Tools (REST)
- Projects funded through the Michigan Health Endowment Fund (MHEF)

1. Briefly describe other grants and/or initiatives the area agency is participating in with AASA or other partners.

In the spring of 2018 Region 3C AAA competitively bid upon and was awarded a Victim of Crimes Act (VOCA) grant through the Michigan Department of Victim's Services for the "Services to Victims of Elder Abuse" (SVEA) grant. \$199,750 was awarded to Region 3C to directly serve victims of elder or dependent adult abuse, neglect, and/or exploitation across Branch and St. Joseph Counties. The grant is renewable for up to three years and we intend to be successful each year so that we may continue this valuable work in our communities. Our project builds upon the successful relationships our office has worked so diligently to foster over the past 10 years. Multiple agencies and departments such as: Community Mental Health, Probate Court, Prosecuting Attorneys, law enforcement (County Sheriffs, local department and MI State Police), domestic violence/sexual assault organizations, financial institutions, health care facilities/offices, Adult Protective Services and more have come together to address abuse, neglect and exploitation awareness and prevention in our community. In addition, we've worked to develop county-specific Vulnerable Adult Protocol documents, offer trainings and seminars, and now, with the VOCA grant - we are able to directly serve victims. The VOCA-SVEA grant mandated full time staff to be hired as "elder abuse victim specialists" to serve victims and support their recovery from their crime victimization. We have two staff who are dedicated to this role who were hired in October 2019. In addition to directly serving victims, they support each county's coalition/team focused on elder/vulnerable adult abuse prevention. Monthly meetings, Protocol revision/enhancement and training development are on the top of their "to-do list" for FY2019. In 2020, we will remain focused on these aforementioned activities as well as develop a volunteer base to support victims as well. Goals to serve 100 individuals each year is quite possible, even though we are only 6 months into the project at the time the MYP/AIP is being drafted. With the VOCA-SVEA grant funding our focus on elder/vulnerable adult abuse, neglect and exploitation can be more dedicated and dynamic. We look forward to sharing our outcomes as we reach our goals implementing the project across Branch and St. Joseph Counties.

Branch-St. Joseph Area Agency on Aging

FY 2020

Another project AAA3C will be engaged in is the AAA Association of Michigan's "Connected2Care" (C2C) project. C2C was developed in response to the significantly changing environment of health care and home and community-based services. Special invitation funding was awarded to the AAA Association by the Michigan Health Endowment Fund in 2019 for the project and began in the late spring and will run into 2021. C2C will enhance technology platforms which the aging network uses (COMPASS) in order to provide real-time admission, discharge and/or transfer notices regarding shared participants/patients. The enhanced technology will also engage our network as a health information exchange partner, expanding the reach of communication to the home and community based network of providers. There is no cost, other than minimal staff time, to participate in the project as the MHEF funds are primarily paying for the development/enhancement costs of the technology. The AAA Association will serve as the fiduciary and staff support as well, in order to organize regular meetings and participation in learning collaborative groups to discuss how the technology is working in the field and with participants/patients.

Our office will remain actively involved in the Medicare/Medicaid Assistance Program and have a staff person serve in the Regional Coordinator role. As outlined throughout the Plans, MMAP is a highly prioritized service among older adults and key leaders in the PSA. As the go-to program for health insurance information, we will also remain actively trained and provide MiHealth Link outreach, education, and enrollment assistance. During program year 2018-2019 the Regional Coordinator provided 4 presentations across the PSA, and, served nearly 80 MiHealth Link enrollees understand coverage, provide options, and give enrollment assistance. In addition, the MMAP Regional Coordinator served over 120 "regular" MMAP clients understand their benefits, make changes they determined important to them and seek alternative options for coverage. Our sites also did an amazing job with counseling over 300 individuals in one-on-one counseling sessions. MMAP clients seek appointments in comfortable, local community/senior centers, and many times, return year after year, after year!

2. Briefly describe how these grants and other initiatives will improve the quality of life of older adults within the PSA.

The Services to Victims of Elder Abuse has and will most definitely continue to improve the quality of life of older adults across the planning and service area. As a dedicated program serving as a resource to victims, people will have access to an advocate and direct assistance in recovery from their trauma. Our satisfaction surveys tabulated from November 2018 through May 2019 have all been complimentary of the program and its staff. Additional focus areas include community collaboration & outreach, and additional development & enhancement of Vulnerable Adult Protocols. We are also planning program outcome assessments in those areas to gauge our successes as well.

Connected2Care, though the main focus is technology enhancement, the results will be evident immediately. The improved communication among care coordinators within home & community based providers/agencies, health care facilities/hospitals, and speciality offices will result in better communication with older adults. Care plan adjustments can be made in a more timely fashion, with quicker informed decision-making, and fewer duplication of services across the continuum.. These anticipated results will absolutely enhance the quality of life of older adults within the PSA.

MMAP's mission is to educate, counsel and empower Michigan's older adults and individuals with disabilities, and those who serve them, so that they can make informed health benefit decisions. The trained counselors in

Branch-St. Joseph Area Agency on Aging

FY 2020

our area continuously seek training and provide high quality, unbiased information at accessible sites across the two-county planning and service area.

3. Briefly describe how these grants and other initiatives reinforce the area agency's mission and planned program development efforts for FY 2020-2022.

Provision of high quality services, programs and opportunities which promote the independence and dignity of older adults while supporting those who care for them -- SVEA directly serves and honors victims' dignity by supporting and advocating alongside them through their experiences. Referrals to community supports and finding resources to support individuals care needs are a priority of the SVEA grant initiative. Coalition building and supporting/collaborating with community partners are also goals of the project. Connected2Care will support the technology-side of supporting individuals and families, especially family members who are out of town/area. With increased communication, supports can be changed and notifications made in a more timely manner to assist individuals and families. MMAP, again, will continue their mission of educating, counseling and empowering individuals to make informed health benefit decisions.

FY 2020 ANNUAL IMPLEMENTATION PLAN

Branch-St. Joseph Area Agency on Aging

FY 2020

Appendices

Appendices A through F are presented in the list below. Select the appendix from the list on the left. Provide all requested information for each selected appendix. Note that older versions of these appendices will not be accepted and should not be uploaded as separate documents.

- Appendix A: Policy Board membership
- Appendix B: Advisory Council membership
- Appendix C: Proposal Selection Criteria
- Appendix D: Cash-in-lieu of Commodity Agreement
- Appendix E: Waiver of Minimum Percentage of a Priority Service Category
- Appendix F: Request to Transfer Funds

FY 2020 ANNUAL IMPLEMENTATION PLAN

Branch-St. Joseph Area Agency on Aging

FY 2020

APPENDIX A

Board of Directors Membership

	Asian/Pacific Islander	African American	Native American/ Alaskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	0	0	0	2	2	6
Aged 60 and Over	0	0	0	0	2	1	5

Board Member Name	Geographic Area	Affiliation	Membership Status
Terri Norris	Branch County	County Commissioner	Elected Official
Don Vrablic	Branch County	County Commissioner	Elected Official
Mark Wiley	Hillsdale County	County Commissioner	Elected Official
Bruce Caswell	Hillsdale County	County Commissioner	Elected Official
Kathy Pangle	St. Joseph County	County Commissioner	Elected Official
Allen Balog	St. Joseph County	County Commissioner	Elected Official

FY 2020 ANNUAL IMPLEMENTATION PLAN

Branch-St. Joseph Area Agency on Aging

FY 2020

APPENDIX B

Advisory Board Membership

	Asian/ Pacific Islander	African American	Native American/A laskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	1	0	0	1	4	9
Aged 60 and Over	0	0	0	0	1	0	4

Board Member Name	Geographic Area	Affiliation
Andrejs Rozentals	St. Joseph County	Community Advocate
Tim Stoll	St. Joseph County	Service Provider
Amy Duff	Branch County	Service Provider
Dennis Brieske	Branch County	Community Advocate
Marvin Merkle	Branch County	Community Advocate, Veterans Affairs
Alisha Carr	Branch County	Service Provider
Sandra Leslie	St. Joseph County	MDHHS - Adult Services
Michele Peterson	Branch County	MDHHS - Adult Services
Allen Balog	St. Joseph County	County Commissioner, appointment

Branch-St. Joseph Area Agency on Aging

FY 2020

APPENDIX C
Proposal Selection Criteria

Date criteria approved by Area Agency on Aging Board:	10/01/1996
Outline new or changed criteria that will be used to select providers: No new changes.	

FY 2020 ANNUAL IMPLEMENTATION PLAN

Branch-St. Joseph Area Agency on Aging

FY 2020

APPENDIX F
Request to Transfer Funds

1	The Area Agency on Aging requests approval to transfer funds from Title III-B Supportive Services to Title III-C Nutrition Services. The Agency assures that this action will not result in a reduction in support for in-home services and senior center staffing. Rationale for this request is below.	Amount of Transfer 0
2	The Area Agency on Aging requests approval to transfer funds from Title III-C1 Congregate Nutrition Services to Title III-B Supportive Services for in-home services. The rationale as to why congregate participation cannot be increased is described below.	Amount of Transfer 50,000
<p>As in years past, in-home and other supportive services such as care management are in greater demand in PSA 3C than that of Congregate Meals. This request of transferred funds allows us to better fulfill needs in the planning and service area.</p> <p>As such, the \$50,000 transfer out of Title III-C1 shall be allocated as follows:</p> <p>C1 to 3B --- \$35,000</p> <p>C1 to C2 --- \$15,000</p>		
3	The Area Agency on Aging requests approval to transfer funds from Title III-C1 Congregate Nutrition to Title III-B Supportive Services for participant transportation to and from meal sites to possibly increase participation in the Congregate Nutrition Program. Rationale for this request is below.	Amount of Transfer 0

FY 2020 AREA PLAN GRANT BUDGET

Rev. 03/25/2019

Agency: Branch-St. Joseph Area Agency on Aging

Budget Period: 10/01/19 to 09/30/20

PSA: 3C

Date: 05/13/19

Rev. No.: original Page 1of 3

SERVICES SUMMARY			
FUND SOURCE	SUPPORTIVE SERVICES	NUTRITION SERVICES	TOTAL
1. Federal Title III-B Services	148,970		148,970
2. Fed. Title III-C1 (Congregate)		98,606	98,606
3. State Congregate Nutrition		2,676	2,676
4. Federal Title III-C2 (HDM)		90,476	90,476
5. State Home Delivered Meals		133,769	133,769
8. Fed. Title III-D (Prev. Health)	8,794		8,794
9. Federal Title III-E (NFCSP)	53,400		53,400
10. Federal Title VII-A	-		-
10. Federal Title VII-EAP	-		-
11. State Access	7,989		7,989
12. State In-Home	142,442		142,442
13. State Alternative Care	31,465		31,465
14. State Care Management	80,228		80,228
15. St. ANS	12,458		12,458
16. St. Nursing Home Ombs (NHO)	-		-
17. Local Match			
a. Cash	252,550	39,000	291,550
b. In-Kind	15,000	38,000	53,000
18. State Respite Care (Escheat)	41,195		41,195
19. MATF	33,412		33,412
19. St. CG Support	4,123		4,123
20. TCM/Medicaid & MSO	55,000		55,000
21. NSIP		138,710	138,710
22. Program Income	85,700	272,700	358,400
TOTAL:	972,726	813,937	1,786,663

ADMINISTRATION				
Revenues	Local Cash	Local In-Kind	Total	
Federal Administration	44,472	35,902	15,000	95,374
State Administration	7,681			7,681
MATF Administration	3,304	-	-	3,304
St. CG Support Administration	407	-	-	407
Other Admin	97,800			97,800
Total AIP Admin:	153,664	35,902	15,000	204,566

Expenditures		
	FTEs	
1. Salaries/Wages	5.30	162,866
2. Fringe Benefits		31,200
3. Office Operations		10,500
Total:		204,566

Cash Match Detail		In-Kind Match Detail	
Source	Amount	Source	Amount
Branch County	15,515	Local Appropriation	15,000
St. Joseph County	20,387		
Total:	35,902	Total:	15,000

I certify that I am authorized to sign on behalf of the Area Agency on Aging. This budget represents necessary costs for implementation of the Area Plan. Adequate documentation and records will be maintained to support required program expenditures.

Signature

Title

Date

FY 2020 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL

Agency: Branch-St. Joseph Area Agency
 PSA: 3C

Budget Period: 10/01/19
 Date: 05/13/19

to 09/30/20
 Rev. No.: original

Rev. 03/25/2019
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*Operating Standards For AAA's

Op Std	SERVICE CATEGORY	Title III-B	Title III-D	Title III - E	Title VII A OMB Title VII/EAP	State Access	State In-Home	St. Alt. Care	State Care Mgmt	State NHO	St. ANS	St. Respite (Escheat)	MATF	St. CG Supp	TCM-Medicaid MSO Fund	Program Income	Cash Match	In-Kind Match	TOTAL
A	Access Services																		
A-1	Care Management	27,500		25,000					80,228		12,458				55,000			6,000	206,186
A-2	Case Coord/supp			5,000		7,989											40,000		52,989
A-3	Disaster Advocacy & Outreach Program																		-
A-4	Information & Assis	20,000		2,000														3,000	25,000
A-5	Outreach																		-
A-6	Transportation	30,000		6,000								9,000				20,000	26,000		91,000
A-7	Options Counseling																		-
B	In-Home																		
B-1	Chore	6,200														500	2,650		9,350
B-2	Home Care Assis	10,000					110,242	31,465								38,500	102,000		292,207
B-3	Home Injury Cntrl																		-
B-4	Homemaking																		-
B-6	Home Health Aide																		-
B-7	Medication Mgt						8,200												8,200
B-8	Personal Care																		-
B-9	Assistive Device&Tech						8,000												8,000
B-10	Respite Care						16,000					20,000	5,412			5,200	18,000		64,612
B-11	Friendly Reassure	4,600															1,500		6,100
C-10	Legal Assistance	9,750														200	1,400		11,350
C	Community Services																		
C-1	Adult Day Services											21,195	19,000	4,123		20,000	30,000		94,318
C-2	Dementia ADC																		-
C-6	Disease Prevent/Health Promtion		8,794													250	2,500		11,544
C-7	Health Screening																		-
C-8	Assist to Hearing Impaired & Deaf Cmty																		-
C-9	Home Repair	6,000														500	3,500		10,000
C-11	LTC Ombudsman	2,000															13,000		15,000
C-12	Sr Ctr Operations																		-
C-13	Sr Ctr Staffing																		-
C-14	Vision Services																		-
C-15	Prevnt of Elder Abuse,Neglect,Exploitation																		-
C-16	Counseling Services	5,500														100	1,500		7,100
C-17	Creat.Conf.CG@ CCC																		-
C-18	Caregiver Supplmt Services																		-
C-19	Kinship Support Services			4,000												250	2,500		6,750
C-20	Caregiver E,S,T			11,400												200	8,000		19,600
*C-8	Program Develop	22,620																6,000	28,620
	Region Specific																		
	a. CommunityLivingProgServices	4,800																	4,800
	b.																		-
	c.																		-
	d.																		-
	7. CLP/ADRC Services																		-
Sp Co	8. MATF Adm											3,304							3,304
Sp Co	9. St CG Sup Adm													407					407
	SUPPRT SERV TOTAL	148,970	8,794	53,400	-	7,989	142,442	31,465	80,228	-	12,458	41,195	36,716	4,530	55,000	85,700	252,550	15,000	976,437

FY 2020 NUTRITION / OMBUDSMAN / RESPITE / KINSHIP - PROGRAM BUDGET DETAIL

Rev. 03/25/2019

Agency: Branch-St. Joseph Area Agency on Aging Budget Period: 10/01/19 to 9/30/20
 PSA: 3C Date: 05/13/19 Rev. Number original

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FY 2020 AREA PLAN GRANT BUDGET - TITLE III-C NUTRITION SERVICES DETAIL

Op Std	SERVICE CATEGORY	Title III C-1	Title III C-2	State Congregate	State HDM	NSIP Title III-E	Program Income	Cash Match	In-Kind Match	TOTAL
	Nutrition Services									
C-3	Congregate Meals	97,656		2,676		69,355	160,000	15,000	8,000	352,687
B-5	Home Delivered Meals		90,476		133,769	69,355	112,700	24,000	30,000	460,300
C-4	Nutrition Counseling									-
C-5	Nutrition Education									-
	AAA RD/Nutritionist*	950								950
	Nutrition Services Total	98,606	90,476	2,676	133,769	138,710	272,700	39,000	38,000	813,937

*Registered Dietitian, Nutritionist or individual with comparable certification, as approved by AASA.

FY 2020 AREA PLAN GRANT BUDGET-TITLE VII LTC OMBUDSMAN DETAIL

Op Std	SERVICE CATEGORY	Title III-B	Title VII-A	Title VII-EAP	State NHO	MSO Fund	Program Income	Cash Match	In-Kind Match	TOTAL
	LTC Ombudsman Ser									
C-11	LTC Ombudsman	2,000	-		-	-	-	13,000	-	15,000
C-15	Elder Abuse Prevention	-		-			-	-	-	-
	Region Specific	-	-		-		-	-	-	-
	LTC Ombudsman Ser Total	2,000	-	-	-	-	-	13,000	-	15,000

FY 2020 AREA PLAN GRANT BUDGET- RESPITE SERVICE DETAIL

Op Std	SERVICES PROVIDED AS A FORM OF RESPITE CARE	Title III-B	Title III-E	State Alt Care	State Escheats	State In-Home	Merit Award Trust Fund	Program Income	Cash/In-Kind Match	TOTAL
B-1	Chore									-
B-4	Homemaking									-
B-2	Home Care Assistance									-
B-6	Home Health Aide									-
B-10	Meal Preparation/HDM									-
B-8	Personal Care									-
	Respite Service Total	-	-	-	-	-	-	-	-	-

FY 2020 AREA PLAN GRANT BUDGET-TITLE E- KINSHIP SERVICES DETAIL

Op Std	SERVICE CATEGORY	Title III-B	Title III-E				Program Income	Cash Match	In-Kind Match	TOTAL
	Kinship Ser. Amounts Only									
C-18	Caregiver Sup. Services	-					-		-	-
C-19	Kinship Support Services	-	4,000				250	2,500	-	6,750
C-20	Caregiver E,S,T	-	-				-	-	-	-
	Kinship Services Total	-	4,000				250	2,500	-	6,750

Planned Services Summary Page for FY 2020			PSA: 3C		
Service	Budgeted Funds	Percent of the Total	Method of Provision		
			Purchased	Contract	Direct
ACCESS SERVICES					
Care Management	\$ 206,186	11.52%	x		x
Case Coordination & Support	\$ 52,989	2.96%		x	
Disaster Advocacy & Outreach Program	\$ -	0.00%			
Information & Assistance	\$ 25,000	1.40%			x
Outreach	\$ -	0.00%			
Transportation	\$ 91,000	5.08%		x	
Option Counseling	\$ -	0.00%			
IN-HOME SERVICES					
Chore	\$ 9,350	0.52%		x	
Home Care Assistance	\$ 292,207	16.32%		x	
Home Injury Control	\$ -	0.00%			
Homemaking	\$ -	0.00%	x		
Home Delivered Meals	\$ 460,300	25.71%		x	
Home Health Aide	\$ -	0.00%			
Medication Management	\$ 8,200	0.46%	x		
Personal Care	\$ -	0.00%	x		
Personal Emergency Response System	\$ 8,000	0.45%	x		
Respite Care	\$ 64,612	3.61%	x	x	
Friendly Reassurance	\$ 6,100	0.34%		x	
COMMUNITY SERVICES					
Adult Day Services	\$ 94,318	5.27%		x	
Dementia Adult Day Care	\$ -	0.00%			
Congregate Meals	\$ 352,687	19.70%		x	
Nutrition Counseling	\$ -	0.00%			
Nutrition Education	\$ -	0.00%			
Disease Prevention/Health Promotion	\$ 11,544	0.64%		x	
Health Screening	\$ -	0.00%			
Assistance to the Hearing Impaired & Deaf	\$ -	0.00%			
Home Repair	\$ 10,000	0.56%		x	
Legal Assistance	\$ 11,350	0.63%		x	
Long Term Care Ombudsman/Advocacy	\$ 15,000	0.84%		x	
Senior Center Operations	\$ -	0.00%			
Senior Center Staffing	\$ -	0.00%			
Vision Services	\$ -	0.00%			
Programs for Prevention of Elder Abuse,	\$ -	0.00%			
Counseling Services	\$ 7,100	0.40%		x	
Creating Confident Caregivers® (CCC)	\$ -	0.00%			
Caregiver Supplemental Services	\$ -	0.00%			
Kinship Support Services	\$ 6,750	0.38%		x	
Caregiver Education, Support, & Training	\$ 19,600	1.09%		x	
AAA RD/Nutritionist	\$ 950	0.05%		x	
PROGRAM DEVELOPMENT	\$ 28,620	1.60%			x
REGION-SPECIFIC					
a. CommunityLivingProgServices	\$ 4,800	0.27%			
b.	\$ -	0.00%			
c.	\$ -	0.00%			
d.	\$ -	0.00%			
CLP/ADRC SERVICES	\$ -	0.00%	x		
SUBTOTAL SERVICES					
	\$ 1,786,663				
MATF & ST CG ADMINISTRATION					
	\$ 3,711	0.21%			x
TOTAL PERCENT			5.84%	86.59%	7.57%
TOTAL FUNDING		\$ 1,790,374	\$104,512	\$1,550,288	\$135,574

Note: Rounding variances may occur between the Budgeted Funds column total and the Total Funding under the Method of Provision columns due to percentages in the formula. Rounding variances of + or (-) \$1 are not considered material.

FY 2020 BUDGET REVIEW SPREADSHEET

Rev. 03/25/2019

Agency:	Branch-St. Joseph	3C		Fiscal Year:	FY 2020
Date of SGA:	3/22/2019	SGA No.	CostAllocPlan	Date Reviewed by AASA:	
Date of Budget:	05/13/19	Revision No.	original	Initials of Field Rep Approving:	
SGA CATEGORY	SGA AWARD	C/O AMOUNT	TOTAL	AAA COMMENTS	
Title III Administration	\$ 44,472		\$ 44,472		
State Administration	\$ 7,681		\$ 7,681		
Title III-B Services	\$ 148,970		\$ 148,970		Transfer request (See Appendix F)
Title III-C-1 Services	\$ 98,606		\$ 98,606		From (-) Title III C1 -\$50,000
Title III-C-2 Services	\$ 90,476		\$ 90,476		To Title III C2 +\$15,000
Federal Title III-D (Prev. Health)	\$ 8,794		\$ 8,794		To Title III B +\$35,000
Title III-E Services (NFCSP)	\$ 53,400		\$ 53,400		
Title VII/A Services (LTC Ombuds)	\$ -		\$ -		
Title VII/EAP Services	\$ -		\$ -		
St. Access	\$ 7,989		\$ 7,989		
St. In Home	\$ 142,442		\$ 142,442		
St. Congregate Meals	\$ 2,676		\$ 2,676		
St. Home Delivered Meals	\$ 133,769		\$ 133,769		
St. Alternative Care	\$ 31,465		\$ 31,465		
St. Aging Network Srv. (St. ANS)	\$ 12,458		\$ 12,458		
St. Respite Care (Escheats)	\$ 41,195		\$ 41,195		
Merit Award Trust Fund (MATF)	\$ 36,716		\$ 36,716		
St. Caregiver Support (St. CG Sup.)	\$ 4,530		\$ 4,530		
St. Nursing Home Ombuds (NHO)	\$ -		\$ -		
MSO Fund-LTC Ombudsman	\$ -		\$ -		
St. Care Mgt.	\$ 80,228		\$ 80,228		
NSIP	\$ 138,710		\$ 138,710		
			\$ -		
SGA TOTALS:	\$ 1,084,577	\$ -	\$ 1,084,577		
Administrative Match Requirements					
ADMINISTRATION	BUDGET	SGA	DIFFERENCE	Minimum federal administration match amount	\$14,824
Federal Administration	\$ 44,472	\$ 44,472	\$ -	Administration match expended (State Adm. + Local Match)	\$58,583
State Administration	\$ 7,681	\$ 7,681	\$ -	Is the federal administration matched at a minimum 25%?	Yes
				Does federal administration budget equal SGA?	Yes
Sub-Total:	\$ 52,153	\$ 52,153	\$ -	Does state administration budget equal SGA?	Yes
MATF	\$ 3,304				
ST CG Supp	\$ 407				
Local Administrative Match				Merit Award Trust Admin. & St. Caregiver Support Admin must be expended at or below 9% of	
Local Cash Match	\$ 35,902			Total Merit Award Trust Fund & St. Caregiver Support Admin. Funds budgeted:	8%
Local In-Kind Match	\$ 15,000			Is Merit Award Trust Fund & St CG Support Admin. budgeted at 9% or less?	Yes
Sub-Total:	\$ 50,902			Amount of MATF Funds budgeted on Adult Day Care	\$ 19,000
Other Admin	\$ 97,800			Is at least 50% of MATF budgeted on Adult Day Care services?	Yes
Total Administration:	\$ 204,566	\$ 204,566	\$ -	Title III-E Kinship Services Program Requirements	
SERVICES:	BUDGET	SGA	% BUDGETED	Are kinship services budgeted at > 5% of the AAA's Title III-E funding?	Yes
Federal Title III-B Services	\$ 148,970	\$ 148,970	100.0000%	Are kinship services budgeted at < 10% of the AAA's Title III-E funding?	Yes
Fed. Title III C-1 (Congregate)	\$ 98,606	\$ 98,606	100.0000%	[note: see TL #369 & TL#2007-141]	
State Congregate Nutrition	\$ 2,676	\$ 2,676	100.0000%	For Agencies required to budget a minimum of \$25,000 of Title III-E requirement met?	N/A
Federal C-2 (HDM)	\$ 90,476	\$ 90,476	100.0000%	Title III-B Long Term Care Ombudsman Maintenance of Effort Requirements	
State Home Delivered Meals	\$ 133,769	\$ 133,769	100.0000%	Amount required from Transmittal Letter #428. (see cell L 42)	\$1,372
Federal Title III-D (Prev. Health)	\$ 8,794	\$ 8,794	100.0000%	Budgeted amount Title III-B for LTC Ombudsman.	\$2,000
Federal Title III-E (NFCSP)	\$ 53,400	\$ 53,400	100.0000%	Is required maintenance of effort met?	Yes
St. Access	\$ 7,989	\$ 7,989	100.0000%		
St. In Home	\$ 142,442	\$ 142,442	100.0000%		
St. Alternative Care	\$ 31,465	\$ 31,465	100.0000%	Service Match Requirements	
St. Care Mgt.	\$ 80,228	\$ 80,228	100.0000%	Minimum service match amount required	\$90,599
State Nursing Home Ombs (NHO)	\$ -	\$ -	#DIV/0!	Service matched budgeted: (Local Cash + In-Kind)	\$344,550
St ANS	\$ 12,458	\$ 12,458	100.0000%	Is the service allotment matched at a minimum 10%?	Yes
Sub-Total:	\$ 811,273	\$ 811,273	100.0000%		
Local Service Match				Miscellaneous Budget Requirements / Constraints	
Local Cash Match	\$ 291,550			Amounts budgeted for OAA / AASA Priority Services:	
Local In-Kind Match	\$ 53,000			Access:	\$77,500
				In-Home:	\$20,800
				Legal:	\$9,750
Sub-Total:	\$ 344,550			Total Budgeted for Priority Services:	\$108,050
Title VII/A Services (LTC Ombuds)	\$ -	\$ -	#DIV/0!	Are Access Services budgeted at minimum 10% of Original ACL Title III-B	Yes
Title VII/EAP Services	\$ -	\$ -	#DIV/0!	Are In Home Services budgeted at minimum 10% of Original ACL Title III-B	Yes
NSIP	\$ 138,710	\$ 138,710	100.0000%	Are Legal Services budgeted at minimum 6.5% of Original ACL Title III-B	Yes
St. Respite Care (Escheats)	\$ 41,195	\$ 41,195	100.0000%	(Actual % of Legal)	6.54%
MATF	\$ 33,412	\$ 33,412	100.0000%		
St. CG Support	\$ 4,123	\$ 4,123	100.0000%	Title III-B award w/o carryover or Transfers in current SGA	\$148,970
MSO Fund-LTC Ombudsman	\$ -	\$ -	#DIV/0!	Amount budgeted for Program Development:	\$22,620
TCM-Medicaid / CM	\$ 55,000			% of Title III-B Program Development (must be 20% or less):	15.0%
Program Income	\$ 358,400			Is Program Development budgeted at 20% or less?	Yes
				Title III-D allotment with carryover:	\$8,794
Total Services:	\$ 1,786,663			Amount budgeted for EBDP Activities, per TL#2012-244:	\$8,794
Grand Total: Ser.+ Admin.	\$ 1,991,229			Is 100% of Title III-D budgeted on APPROVED EBDP?	Yes

PRIORITY SERVICE SECTION

Access Services	III-B Budget Amount
a. Care Management	\$27,500
b. Case Coord/supp	
c. Disaster Advocacy	\$0
d. Information & Assis	\$20,000
e. Outreach	\$0
f. Transportation	\$30,000
g. Options Counseling	\$0
Access Total:	\$77,500

(AAA Regional Access Service)

In Home Services	III-B Budget Amount
a. Chore	\$6,200
b. Home Care Assis	\$10,000
c. Home Injury Cntrl	
d. Homemaking	
e. Home Health Aide	\$0
f. Medication Mgt	
g. Personal Care	
h. Assistive Device&Tech	\$0
i. Respite Care	\$0
j. Friendly Reassure	\$4,600
In Home Services Total:	\$20,800

(AAA Regional In-Home Service)
(AAA Regional In-Home Service)

Kinship Services	III-E Budget Amount
1. Caregiver Supplmt - Kinship Amount Only	
2. Kinship Support	\$4,000
3. Caregiver E,S,T - Kinship Amount Only	\$0
	\$0
Kinship Services Total:	\$4,000

(Other Title III-E Kinship Service)
(Other Title III-E Kinship Service)

Title III-B Transfers reflected in SGA	Title III-B Award
Title III-B award w/o carryover in SGA	\$148,970
a. Amt. Transferred into Title III-B	
b. Amt. Transferred out of Title III-B	
AoA Title III-B Award Total:	\$148,970

(Use ONLY If SGA Reflects Transfers)

(Always Enter Positive Number)
(Always Enter Positive Number)

NOTE: AoA Title III Part B award for the current FY means total award from AoA without carryover or transfers.

**FY 2020 Annual Implementation Plan
Direct Service Budget Detail #1**

AAA: Branch-St. Joseph Area Agency on Aging

FISCAL YEAR: FY 2020

SERVICE: Care Management

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	23,550		58,000		16,300		16,500	114,350
Fringe Benefits	3,250		4,686		2,500		2,500	12,936
Travel	2,500				1,252		1,000	4,752
Training	1,500				850			2,350
Supplies	1,200				500			1,700
Occupancy	1,250				500			1,750
Communications	1,000							1,000
Equipment								0
Other:								0
Service Costs								0
Purchased Services (CM only)	18,250		30,000		14,000		35,000	97,250
								0
Totals	52,500	0	92,686	0	35,902	0	55,000	236,088

SERVICE AREA: Branch & St. Joseph Counties

(List by County/City if service area is not entire PSA)

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP? Yes ~~XX~~ No

If yes, please describe:

SCHEDULE OF MATCH & OTHER RESOURCES #1

FY 2020

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	VALUE		VALUE		
	Cash	In-Kind	Cash	In-Kind	
County Appropriations	35,902				
Medicaid Targeted Case Management			55,000		
Totals	35,902	0	55,000	0	

Difference

0

0

0

OK

OK

OK

**FY 2020 Annual Implementation Plan
Direct Service Budget Detail #2**

AAA: Branch-St. Joseph Area Agency on Aging

FISCAL YEAR: FY 2020

SERVICE: Information & Assistance

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	20,000					3,000		23,000
Fringe Benefits	2,000							2,000
Travel								0
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other:								0
Service Costs								0
Purchased Services (CM only)								0
								0
Totals	22,000	0	0	0	0	3,000	0	25,000

SERVICE AREA: Branch & St. Joseph Counties

(List by County/City if service area is not entire PSA) _____

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP? Yes ~~XX~~ No

If yes, please describe: _____

Explanation for Other Expenses: _____

SCHEDULE OF MATCH & OTHER RESOURCES #2 FY 2020

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	VALUE		VALUE		
	Cash	In-Kind	Cash	In-Kind	
Local Appropriation		3,000			
Totals	0	3,000	0	0	

Difference 0 0 0 0
 OK OK OK

COMMUNITY SERVICES

Op Std	Community Services	Federal Funds				State Funds						
		Title III-B	Title III-D **	Title III-E	Title VIIA -----	St. Nursing	St. Alternative	St. Respite Care	MI State Ombuds	St. Merit Award	St. Caregiver	St. Aging Network
C-1	Adult Day Service	X		X			X	X		X	X	X
C-2	Dementia Adult Day Care	X		X			X	X		X	X	X
C-6	Disease Prevention/Health Promotion	X	X	X								
C-7	Health Screening	X										
C-8	Assistance to Hearing Impaired & Deaf	X										
C-9	Home Repair	X										
C-10	Legal Assistance	X		X								
C-11	Long Term Care Ombudsman	X			Title VII A X	X			X			
C-12	Senior Center Operations	X										
C-13	Senior Center Staffing	X										
C-14	Vision Services	X										
C-15	Prevention of Elder Abuse, Neglect & Exploitation	X			Title VII A & EAP							
C-16	Counseling Services	X		X								
C-17	Creating Confident Caregivers® (CCC).	X	X	X								
C-18	Caregiver Supplemental Services	X		X								
C-19	Kinship Support Services	X		X								
C-20	Caregiver Education, Support & Training	X		X								

NUTRITION SERVICES

Op Std	Nutrition Service	Title III-C1 & State Congregate	Title III-C2 & State Home Delivered Meals	Title III-E	*NSIP
C-3	Congregate Meals	X			X
B-5	Home Delivered Meals		X	X	X
C-4	Nutrition Counseling	X	X	X	
C-5	Nutrition Education	X	X	X	

Requirements from AASA Transmittal letters that establish Fundable Service Categories
 Replaces: TL 367, 2005-102 & 2007-142
 See TL343 & TL2006-111 for guidance re St. MATF
 See TL 2012-244 for guidance re Title D
 See TL 2012-256 for guidance re St. ANS

*NSIP funds are designated for actual food costs for OAA Title III eligible meals

** Note for Title III D – All funds have to be used for Evidence-Based programs.
 TL #2019-384 Fundable Services Matrix, revised 2/15/2019, replaces TL #2015-301

Full Program Title Name

Title III Administration	Federal
State Administration	State
Title IIIB Supportive Services	Federal
Title IIIC-1 Services Congregate Meals	Federal
Title IIIC-2 Services Home Delivered Meals	Federal
Title IIID Services (Preventive Health)	Federal
Title IIIE Services (NFCSP) National Family Caregiver Support	Federal
Title VII/A Services (LTC Ombudsman)	Federal
Title VII/EAP Services Elder Abuse Prevention	Federal
State Access Services	State
State In-Home Services	State
State Congregate Meals	State
State Home Delivered Meals	State
State Alternative Care	State
State Aging Network Services (St. ANS)	State
State Caregiver Support	State
State Respite Care	State
State Merit Award Trust Fund (MATF)	State
State Nursing Home Ombs	State
Michigan State Ombudsman (MSO)	State
State Care Management	State
Nutrition Services Incentive Program (NSIP)	Federal

Program Title on SGA

Title III Administration
State Administration
Title IIIB Supportive Services
Title IIIC-1 Congregate Meals
Title IIIC-2 Home Delivered Meals
Title IIID Preventive Health
Title IIIE Natl. Family Caregiver
Title VII/A LTC Ombudsman
Title VII/EAP Eld Abuse Prevention
State Access Services
State In-Home Services
State Congregate Meals
State Home Delivered Meals
State Alternative Care
State Aging Network Services (St. ANS)
State Caregiver Support
State Respite Care
State Merit Award
State Nursing Home Ombs
Michigan State Ombudsman (MSO)
State Care Management
Nutrition Services Incentive Program (NSIP)

MATCHING REQUIREMENTS

Revision date 1/26/2016

Revision to Transmittal Letter #2016-320

FEDERAL ADMINISTRATION TOTAL - MATCH REQUIRED: 25%

STATE 15%^[2] (AASA)

LOCAL 10% (AAAs)

FEDERAL & STATE SERVICES TOTAL - MATCH REQUIRED: 15%

STATE 5% (AASA)

LOCAL 10% (AAAs)

Table 1 below describes these requirements by source of funds.

Table 1 AAA Local Matching Requirement by Fund Source

Funding Source	Fund Source Name	AAA Local Match Requirement	Reference
Federal	Title III Administration	15% (a)	OAA of 1965 (d)
Federal	Title IIIB Supportive Services	10%	OAA of 1965
Federal	Title IIIC-1 Congregate Meals	10%	OAA of 1965
Federal	Title IIIC-2 Home Delivered Meals	10%	OAA of 1965
Federal	Title IIID Preventive Health	10%	OAA of 1965
Federal	Title IIIE Natl. Family Caregiver	10%	OAA of 1965
Federal	Title VII/EAP Eld Abuse Prevention	No Match Required	ACL CFDA
Federal	Title VII/A LTC Ombudsman	No Match Required	AoA Fiscal Guide (b)
Federal	Nutrition Services Incentive Program	No Match Required	AoA Fiscal Guide
State	State Administration	No Match Required	AASA
State	State Access Services	10%	AASA
State	State In-Home Services	10%	AASA
State	State Congregate Meals	10%	AASA
State	State Home Delivered Meals	10%	AASA
State	State Nursing Home Ombudsman	10%	AASA
State	State Alternative Care	10%	AASA
State	MI State Ombudsman Funds (MSO)	10%	AASA
State	State Merit Award Trust Fund	No Match Required	AASA TL #1006 (7/28/09)
State	State Caregiver Support	10%	AASA
State	State Respite Care	No Match Required	Public Act 171 of 1990
State	State Care Management	10%	AASA
State	State Aging Network Services	10%	AASA

(a) 15% is an approximate amount and may vary slightly after applying the state match amount.

(b) AoA is the acronym for the federal Administration on Aging

(c) Michigan Office of Long Term Care Supports and Services (OLTCSS)

(d) OAA is the acronym for the Older Americans Act

Per AoA requirements, if the required non-federal share is not provided by the completion date of the funded project period, to meet the match percentage, AoA will reduce the Federal dollars awarded when closing out the award, which may result in a requirement to return Federal funds. AASA verifies compliance with local matching requirements based upon a review of AAA FSRs.

[2] The exact percentage amount may vary slightly in order to meet the federal requirement.

AREA AGENCY ON AGING--OPERATING BUDGET

PSA: 3C
Agency: AAA 3C

Budget Period: 10/01/19

to: 09/30/20

Date of Budget: 05/13/19

Rev. No.: Orig Page 1 of 2

Operations		Program Services/Activities								
Admin	Program Develop	Access Services	In Home Services	Community Services	Nutrition Services	NationalFam Caregive3E	Preventive Health 3D			TOTAL

REVENUES

Federal Funds	44472	22620	27500	30550	13500	327792	53400	8794				528628
State Funds	7681		164675	199319	44318	136445						552438
Local Cash	23000		12902									35902
Local In-Kind	7000		8000									15000
Interest Income												0
Fund Raising/Other	15310		39690									55000
TOTAL	97463	22620	252767	229869	57818	464237	53400	8794	0	0	0	1186968

EXPENDITURES

Contractual Services			57989	183669	57818	464237	26400	8794				798907
Purchased Services			67250	46200								113450
Wages and Salaries	63093	22620	101000	0	0	0	27000	0	0	0	0	213713
Fringe Benefits	23245		14500									37745
Payroll Taxes	1375		1228									2603
Professional Services												0
Accounting & Audit Services	750											750
Legal Fees												0
Occupancy	1700		500									2200
Insurance			300									300
Office Equipment	600		500									1100
Equip Maintenance & Repair												0
Office Supplies	750		500									1250
Printing & Publication	750		500									1250
Postage	200		300									500
Telephone	300		1750									2050
Travel	1200		5250									6450
Conferences	1500		1200									2700
Memberships	2000											2000
Special Events												0
												0
												0
TOTAL	97463	22620	252767	229869	57818	464237	53400	8794	0	0	0	1186968

ACCESS AND SERVICE COORDINATION CONTINUUM

It is essential that each PSA have an effective access and service coordination continuum. This helps participants to get the right service mix and maximizes the use of limited public funding to serve as many persons as possible in a quality way.

Instructions

The Access and Service Coordination Continuum is found in the Documents Library as a fillable pdf file. (A completed sample is also accessible there). Please enter specific information in each of the boxes below that describes the range of access and service coordination programs in the area agency PSA.

	Level 1	Level 2	Level 3	Level 4	Level 5
	<i>Least Intensive</i>				<i>Most Intensive</i>
Program	Information & Assistance				Care Management (TCM)
Participants					
What Is Provided?					
Where is the service provided?					



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

2019 Area Agency on Aging 3C Community Needs Assessment

Laura Sutter, AAA Director



**BRANCH-HILLSDALE-ST. JOSEPH
COMMUNITY HEALTH
AGENCY** | YOUR LOCAL
HEALTH DEPARTMENT

POPULATION CHANGES

Indicator	AAA 2010	AAA 2014	Projections for 2040
AAA Total Population	106,423	104,491	103,257
% Population Over 65 Years	15.4%	16%	19.1%
% Males Over 65 Years	12.9%	14.7%	17.2%
% Females Over 65 Years	16.8%	18.5%	21%

POPULATION BREAKOUTS

According to the Michigan Department of Health and Human Services Vital Records for 2014 population data:

Indicator	Branch	St. Joseph	AAA C 3
Total Population	43,545	60,946	104,491
% Population Over 60 Years	23.1%	23.1%	23.1%
% Males Over 60 Years	21%	21.3%	21.2%
% Females Over 60 Years	25.4%	24.8%	25%
% Over 60 Years - White	23.7%	23.6%	23.6%
% Over 60 Years - African American	7.7%	13.1%	11.3%
% Over 60 Years - American Indian	12.4%	13.4%	13%
% Over 60 Years - Asian	10.6%	15.5%	13.7%
% Over 60 Years - Hispanic	5.1%	4.5%	4.7%

SURVEY BASICS

- The 2019 AAA 3C Needs Assessment was conducted both in paper form and electronically.
- Two Survey Monkey electronic surveys were posted: one for Key Community Leaders and Service Providers and one for Older Adults/Caregivers. Surveys were accessed by going to the following URLs:

<https://www.surveymonkey.com/r/AAA3CNeedsAssessmentFY19>

and

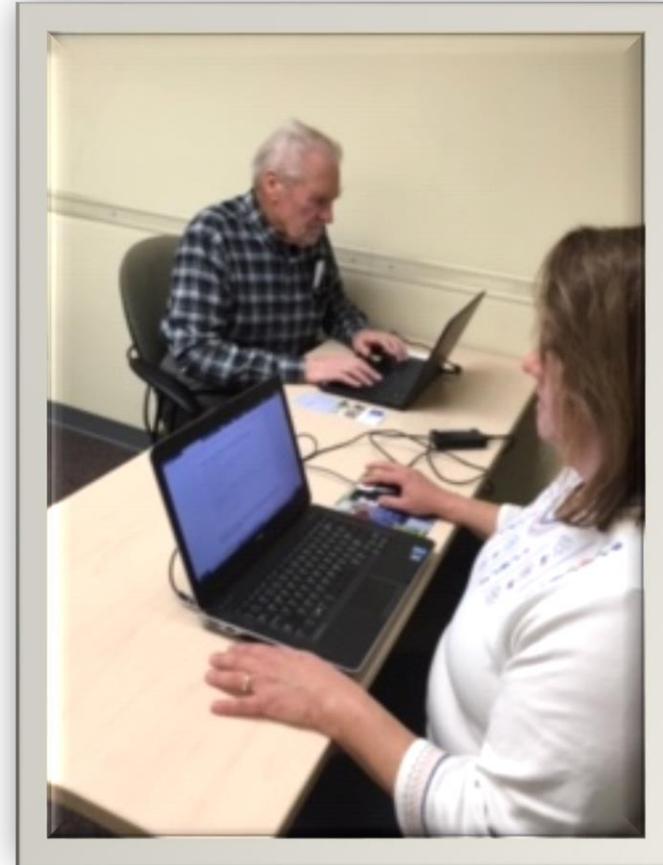
<https://www.surveymonkey.com/r/AAA3CKeyCommunityLeaderFY19>

In addition, paper surveys were distributed through multiple direct service providers and via input forum events in both counties. All surveys were input by AAA staff, or via the telephone with the respondent.

- The survey was opened for four weeks (April 22nd to May 27th) and promoted through the health department's website, news media and through various email lists.
- Respondents were assured that their survey responses were anonymous.

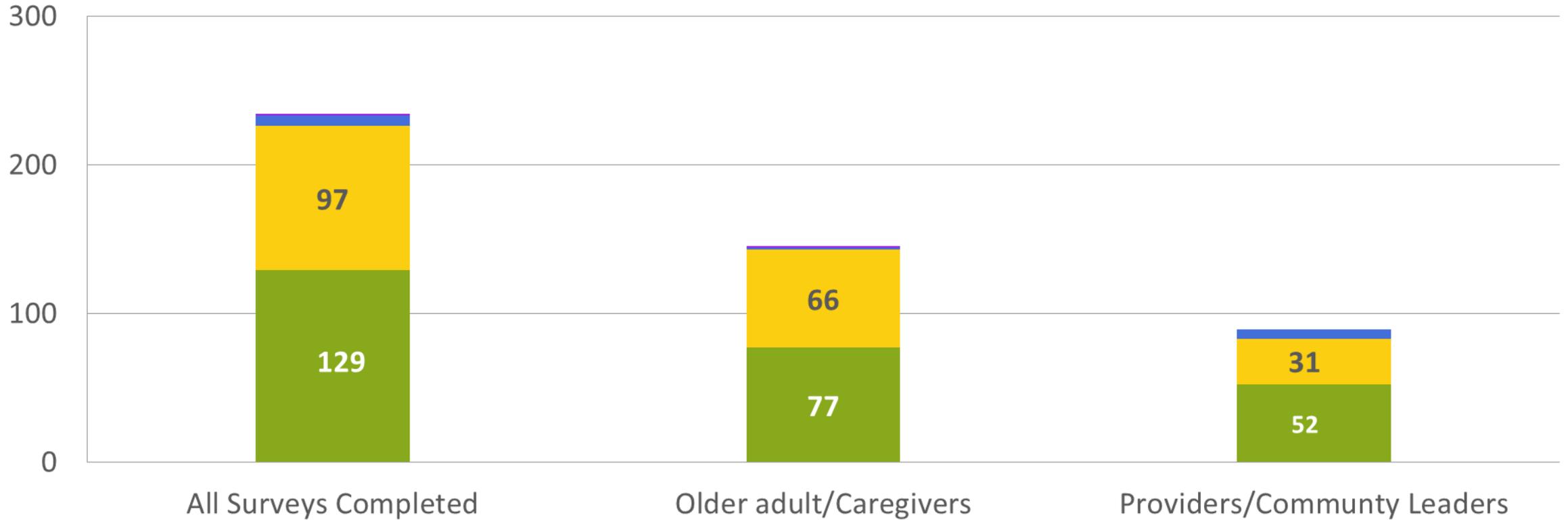
SURVEY BASICS

- In total, 234 surveys were completed by both providers/community leaders and older adults/caregivers:
 - Consumers – 145
 - Branch County – 77
 - St. Joseph County – 66
 - Other - 2
 - Providers – 89
 - Branch – 52
 - St. Joseph – 31
 - Other - 6



Rebecca Burns, Health Officer of the Branch-Hillsdale-St. Joseph Community Health Agency and Andrejs Rozentals, resident of Three Rivers complete the Needs Assessment survey online at the Input Forum which was held at the Three Rivers Community Center on Friday, May 3, 2019 at 2:00pm.

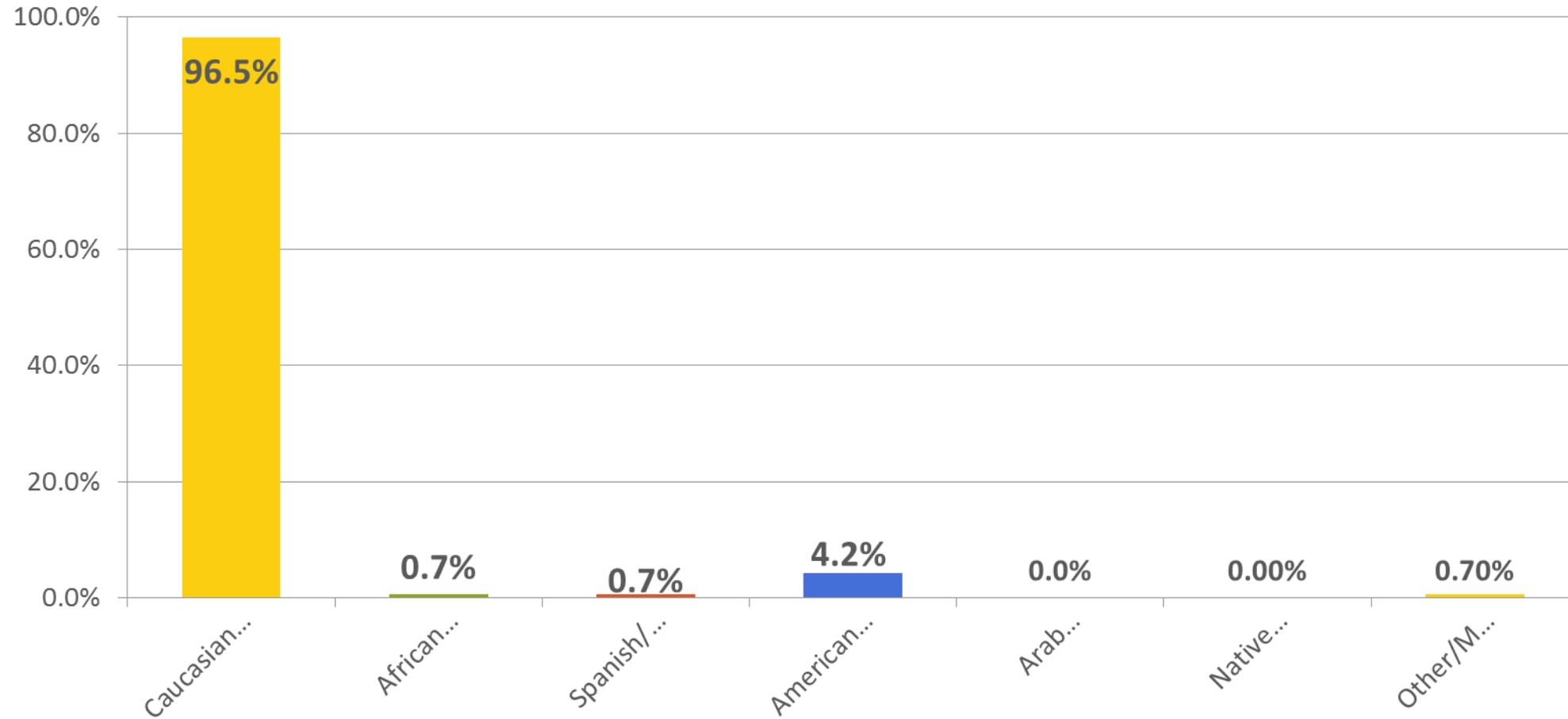
SURVEY TOTALS, N =234



■ Branch ■ St. Joseph ■ Other ■ No Response

OLDER ADULT/CAREGIVER ONLY - RACE/ETHNICITY*

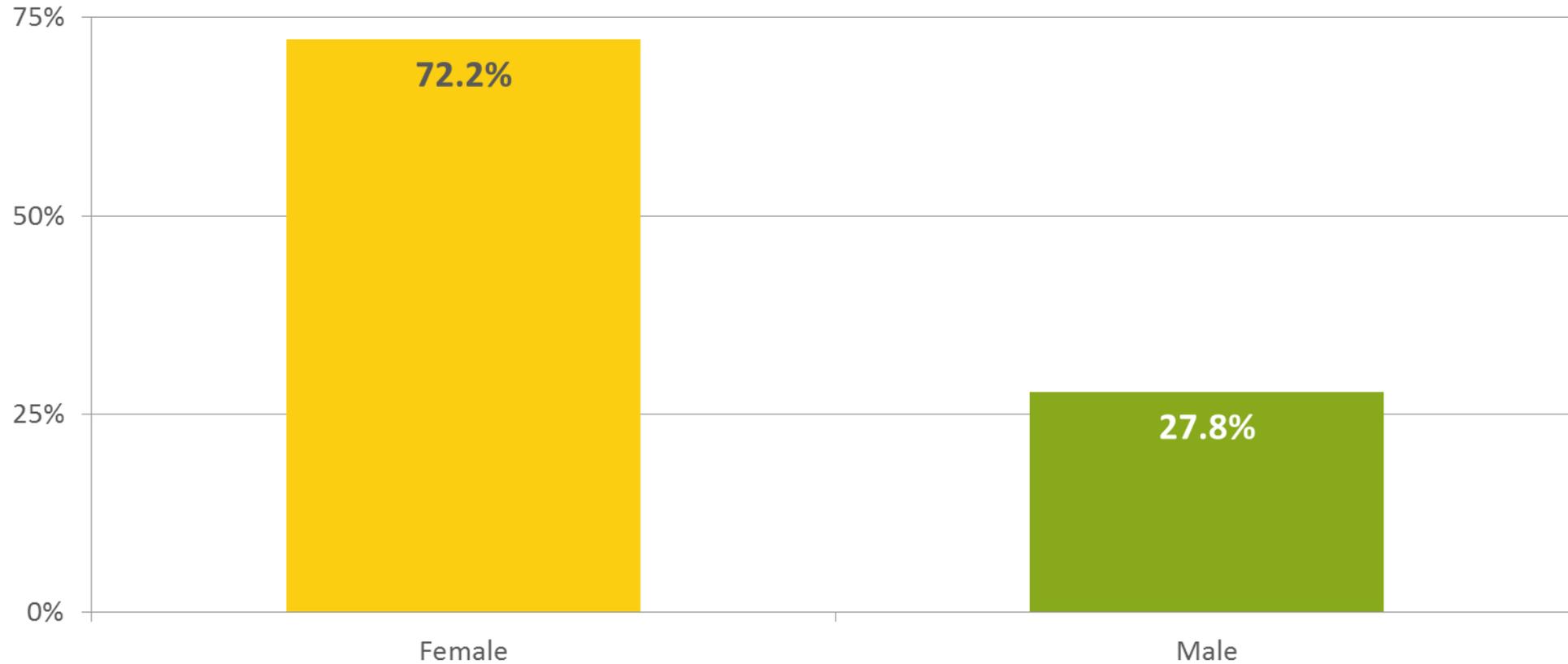
N=142 RESPONDENTS



* Check all that apply

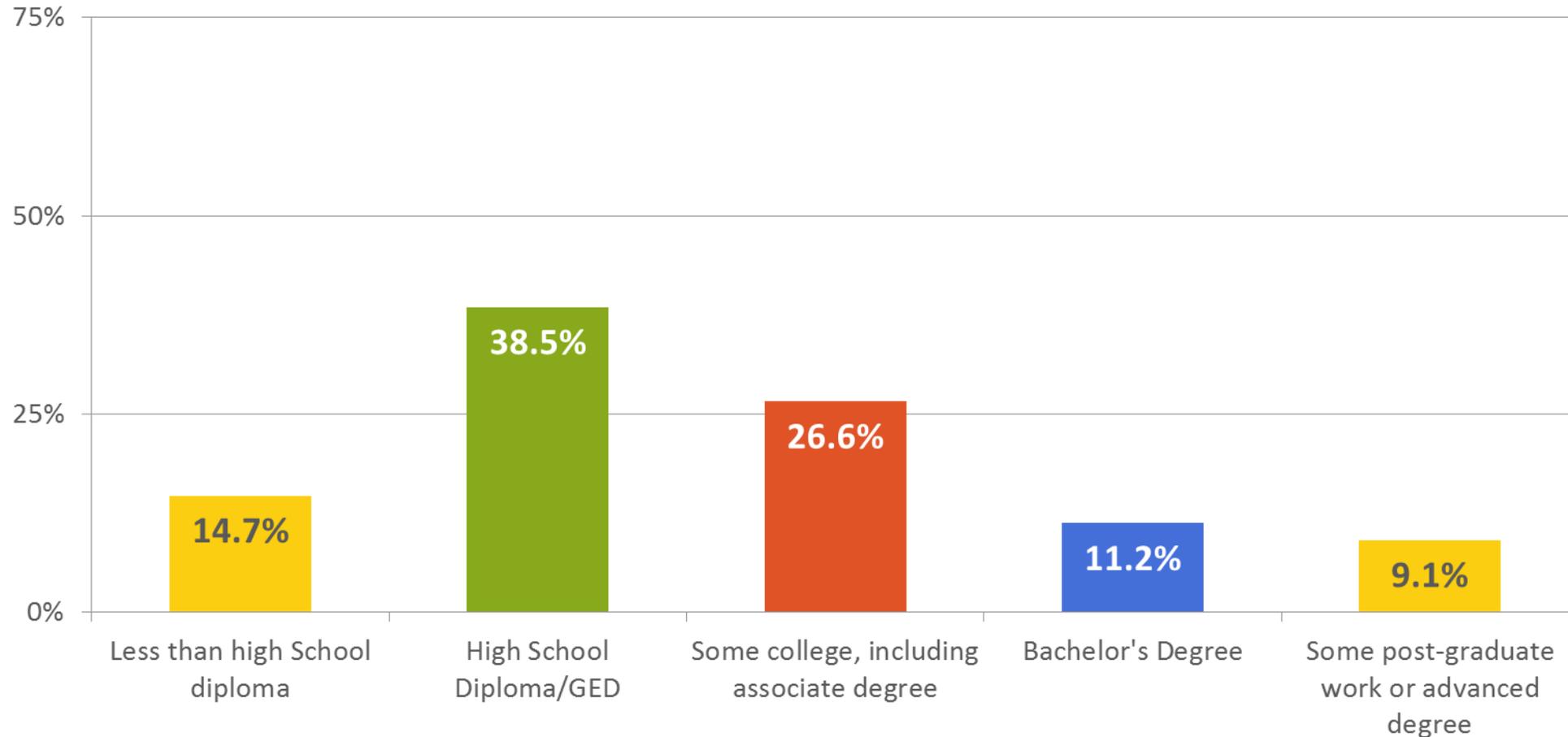
OLDER ADULT/CAREGIVER ONLY – GENDER

N=144 RESPONDENTS



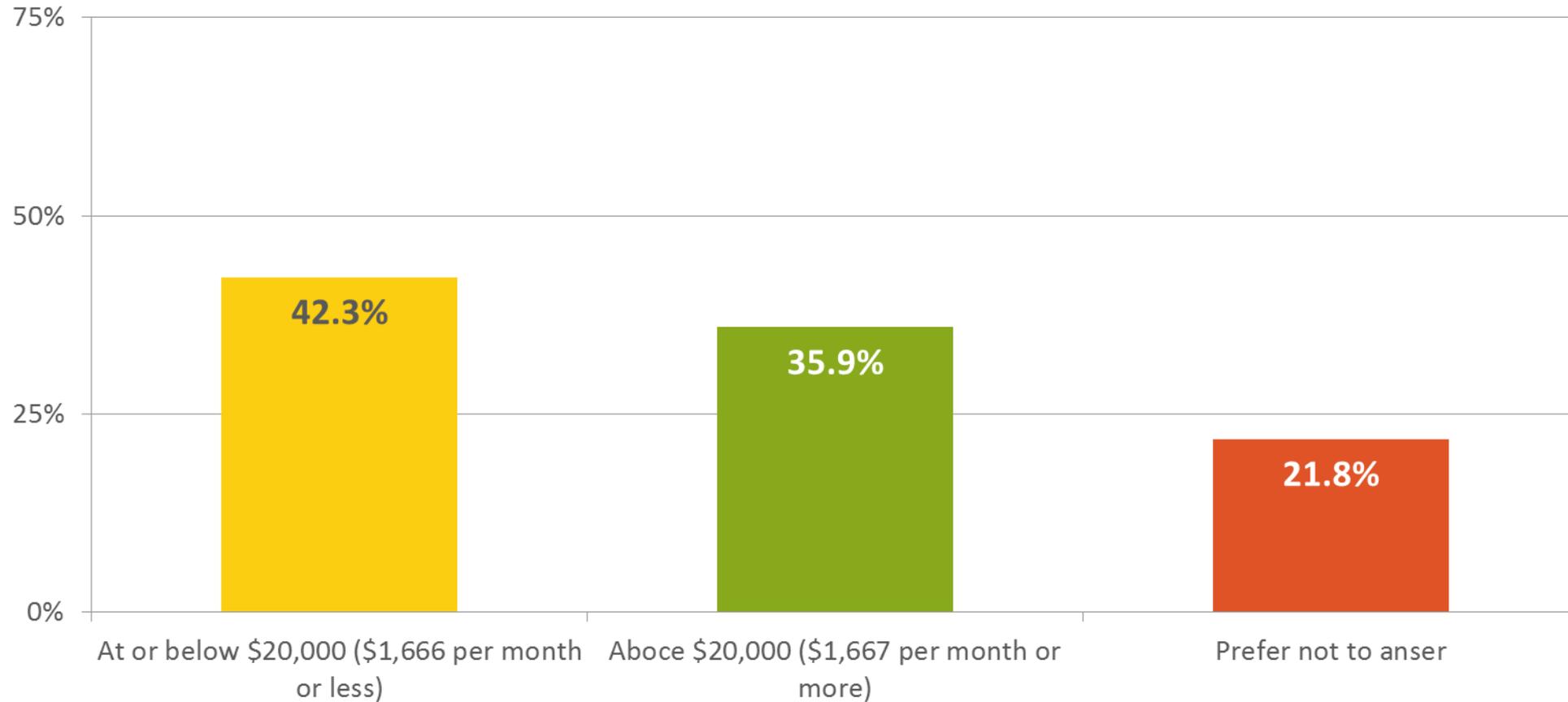
OLDER ADULT/CAREGIVER ONLY – EDUCATION LEVEL

N=143 RESPONDENTS



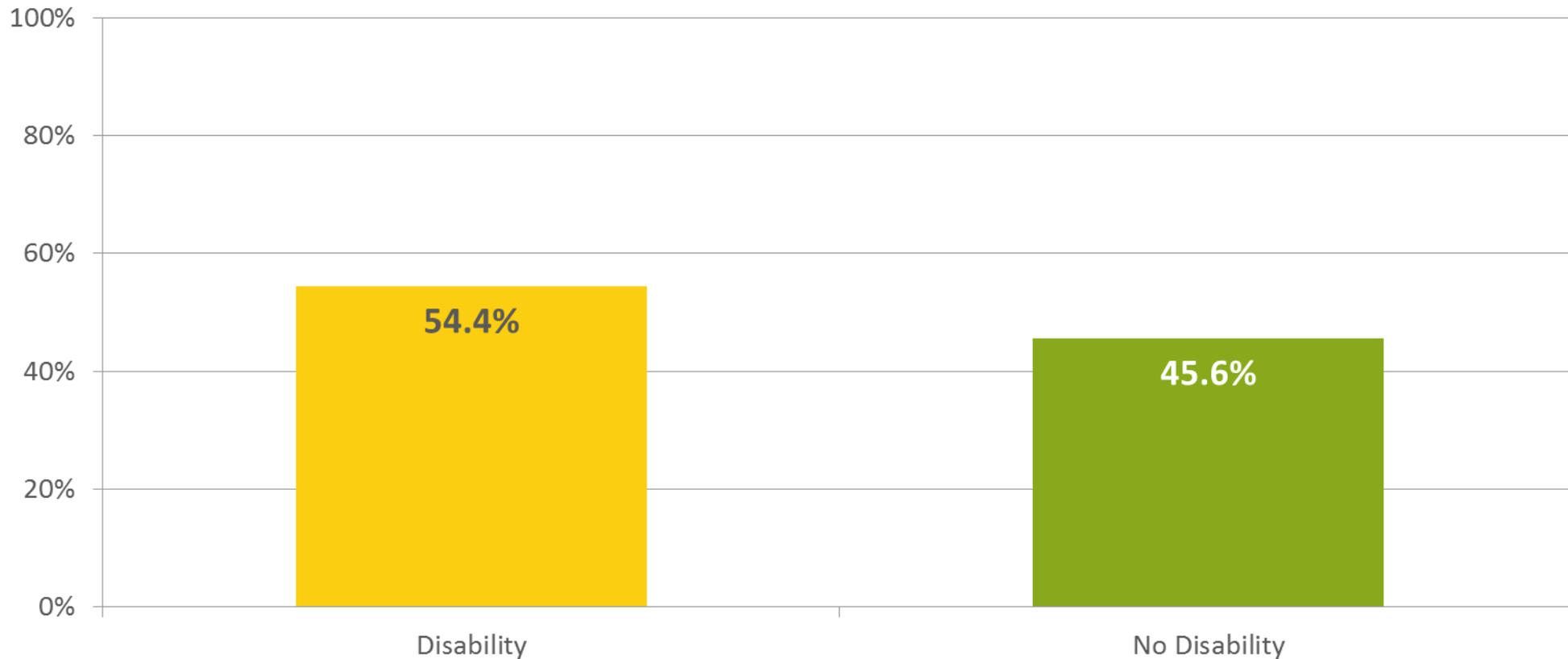
OLDER ADULT/CAREGIVER ONLY – HOUSEHOLD INCOME

N=142 RESPONDENTS



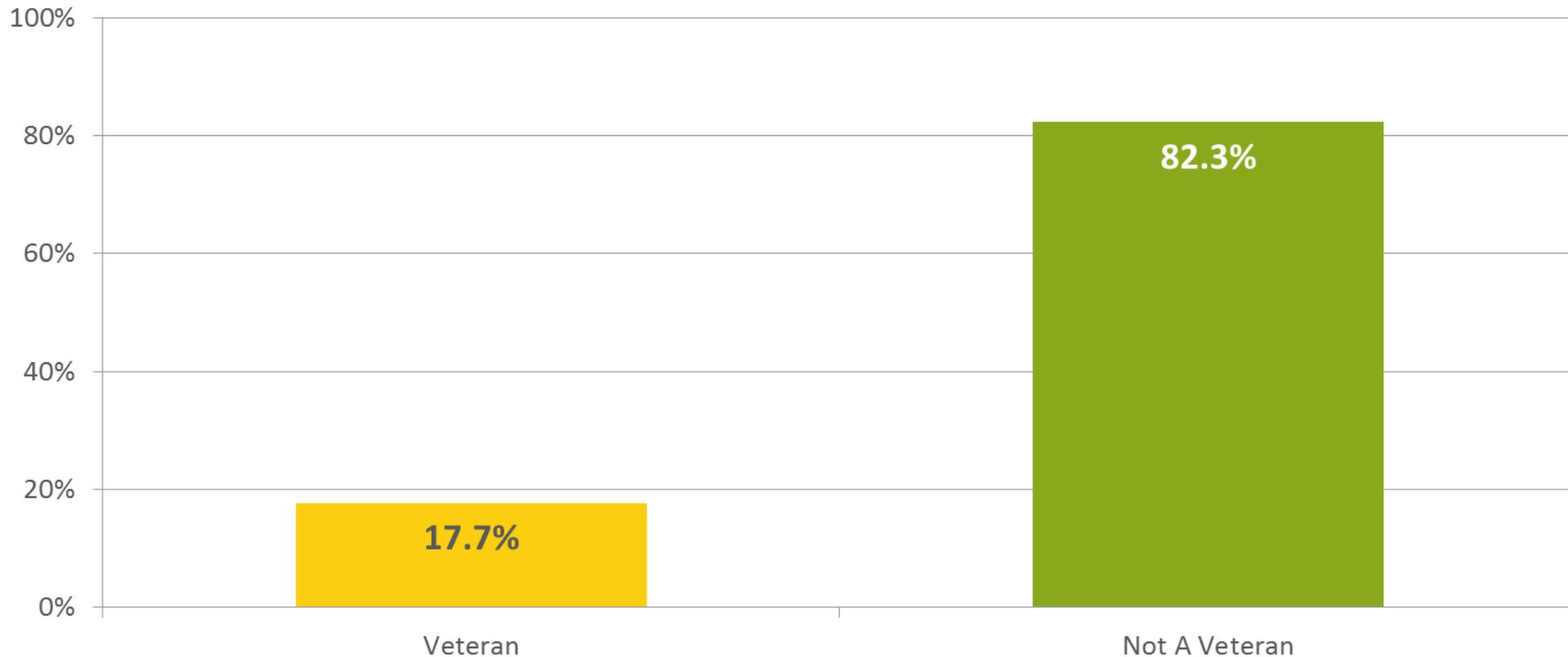
OLDER ADULT/CAREGIVER ONLY – HAVE DISABILITY

N=136 RESPONDENTS



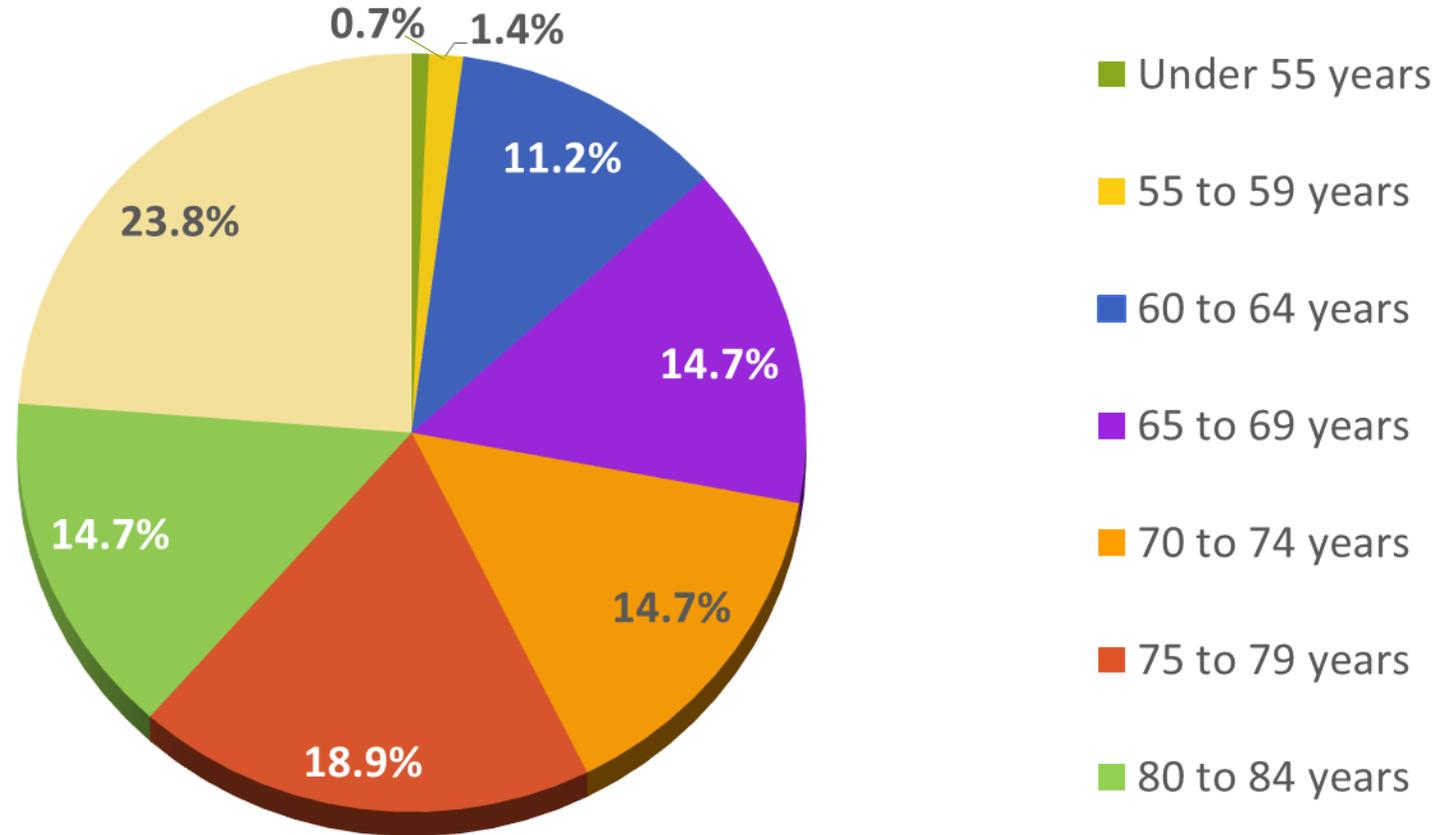
OLDER ADULT/CAREGIVER ONLY – A VETERAN

N=130 RESPONDENTS



OLDER ADULT/CAREGIVER ONLY – AGE DISTRIBUTION

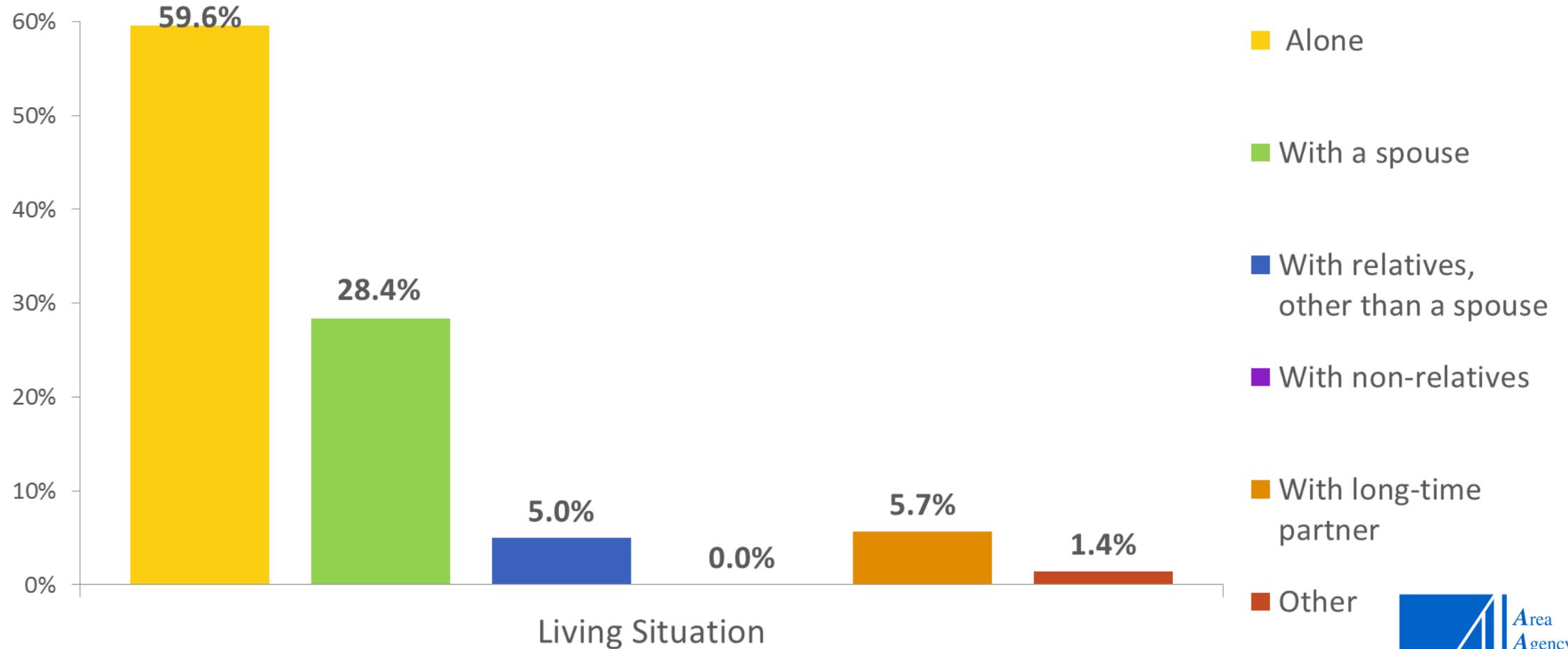
N=132 RESPONDENTS



56.8% of Respondents are 75+ years

OLDER ADULT/CAREGIVER ONLY – LIVING SITUATION

N=130 RESPONDENTS



LEADING SERVICES AND SUPPORTS

- A list of 25 services and supports were provided. The list was based on Office of Services to the Aging's list of Standardized Services.
- Respondents were asked to rank them on a three point scale ranging from little need (1 point) to moderate need (2 points) to great need (3 points).
- No points were assigned for responses of 'Don't Know'.
- A natural breaking point was observed between those that were highest need and those that were considered lower needs.
- Highest overall needs among all respondents ranged between 2.59 and 2.4 and include:
 - Home Delivered Meals
 - Transportation within the county
 - MMAP
 - Personal Emergency Response System
 - Personal Care



Area Agency on Aging Staff (from left to right):
Deanna Himebaugh, Outreach Specialist/MMAP Specialist
Sarah Watson, Program Specialist
Megan Bentley, RN, Care Consultant
Laura Sutter, Director
Jennifer McDonald, BSW, Care Consultant
Melissa Cramton, BSW, Care Consultant

The newest members of the AAA staff are the Elder Abuse Victim Specialists:
Abigail Reardon, BSW, EAVS (St. Joseph County)
Joshua Englehart, EAVS (Branch County)

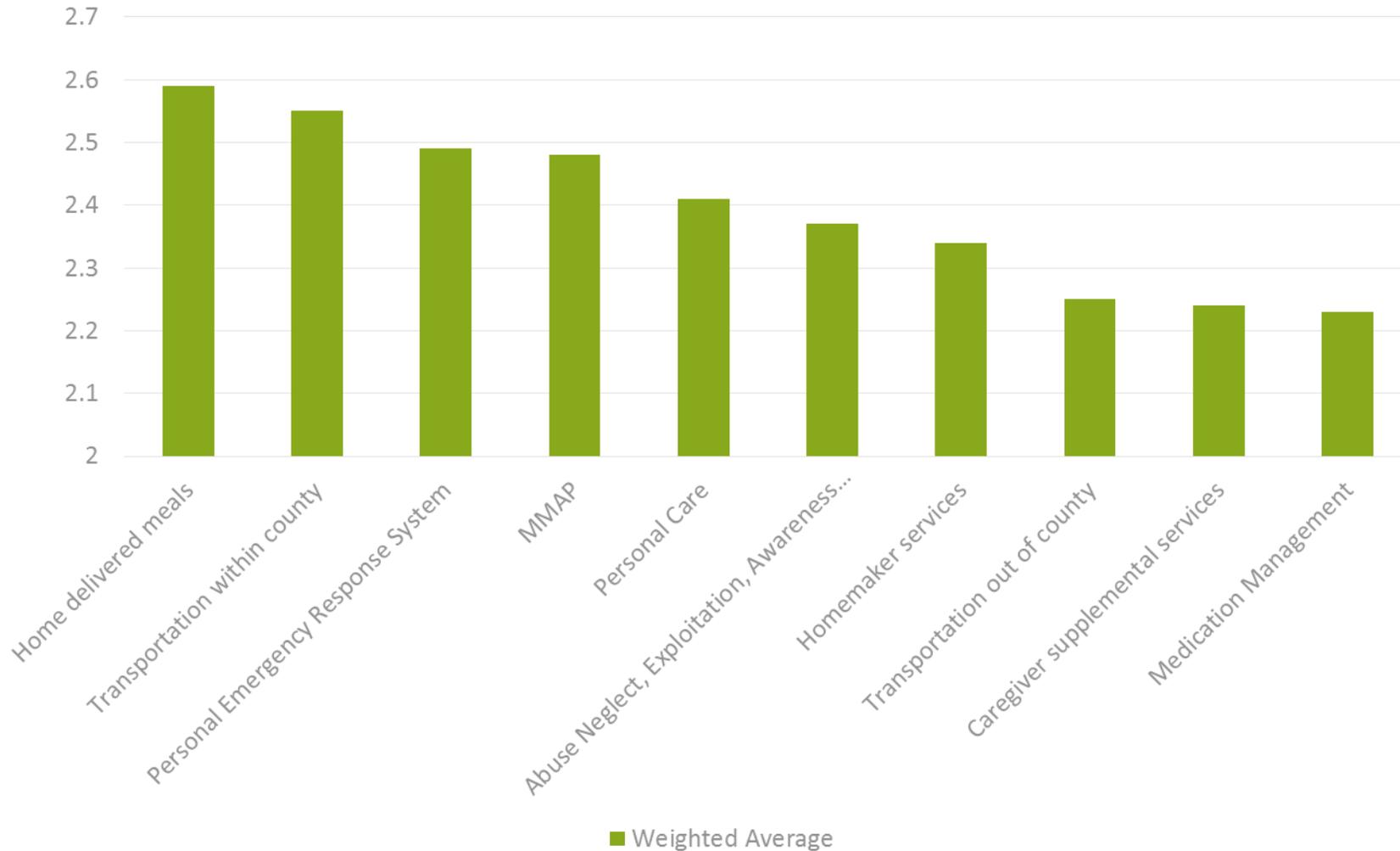
EAVS staff are funded by a special Victim of Crimes Act grant from the Division of Victim Services at MDHHS. They directly serve victims of elder/dependent adult abuse, neglect and/or exploitation.



LEADING SERVICES AND SUPPORT NEEDS – OLDER ADULTS/CAREGIVERS

N= 137 RESPONDENTS

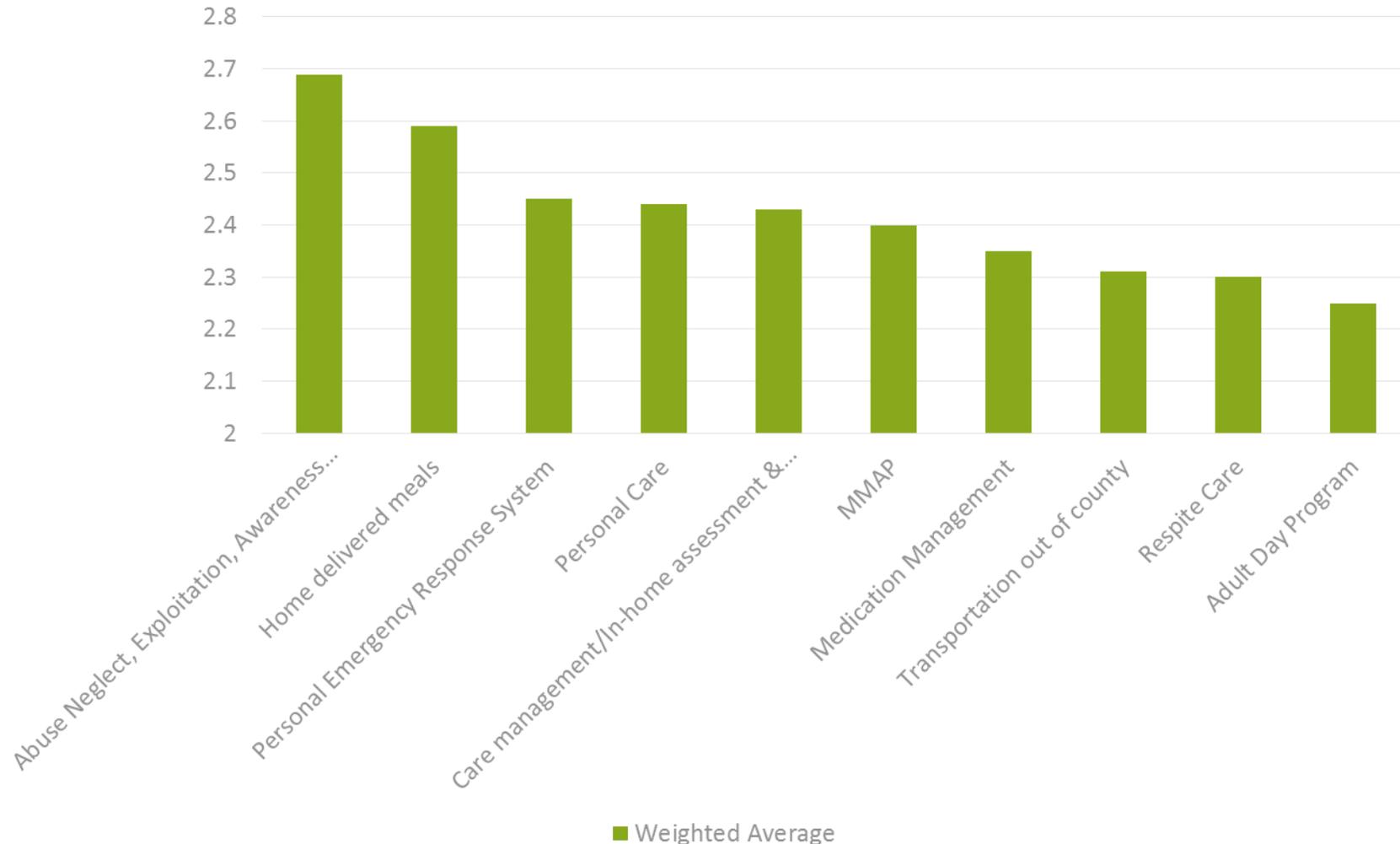
Priority of Services Offered



LEADING SERVICES AND SUPPORT NEEDS – COMMUNITY LEADERS

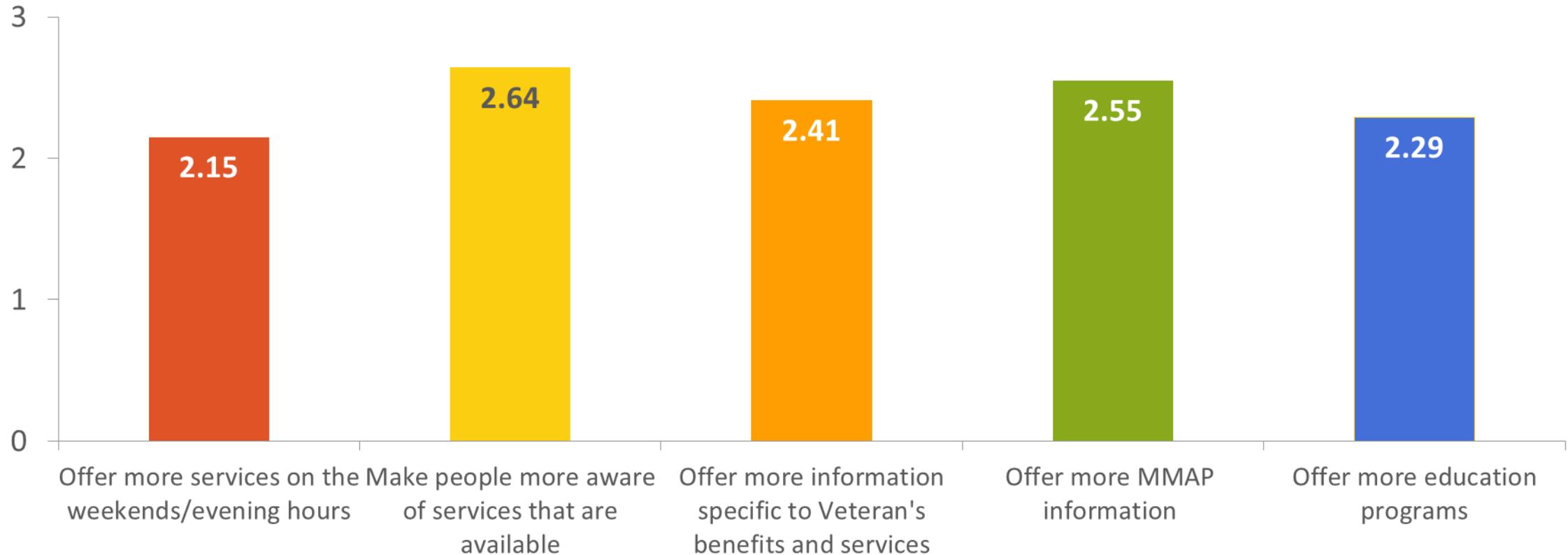
N= 89 RESPONDENTS

Priority of Services Offered



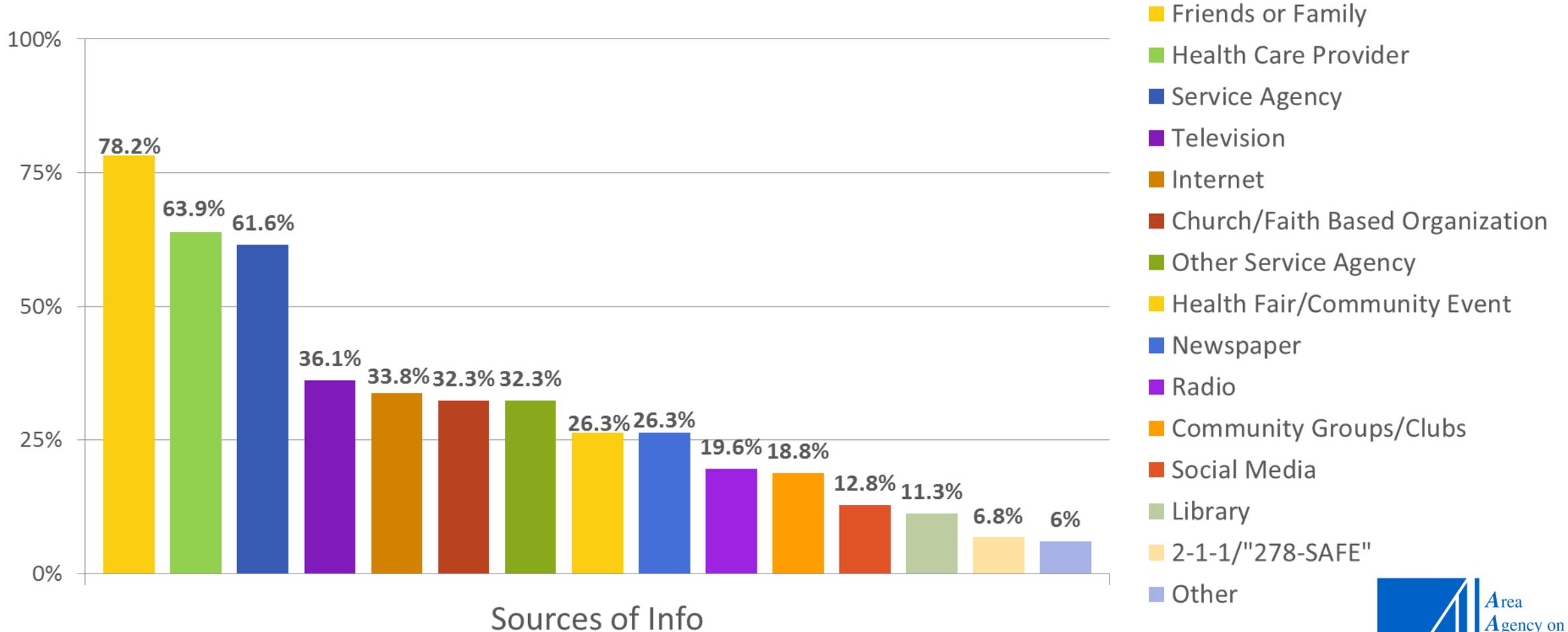
SERVICE EXPANSION IMPROVEMENTS – OLDER ADULTS/CAREGIVERS

N=144 RESPONDENTS



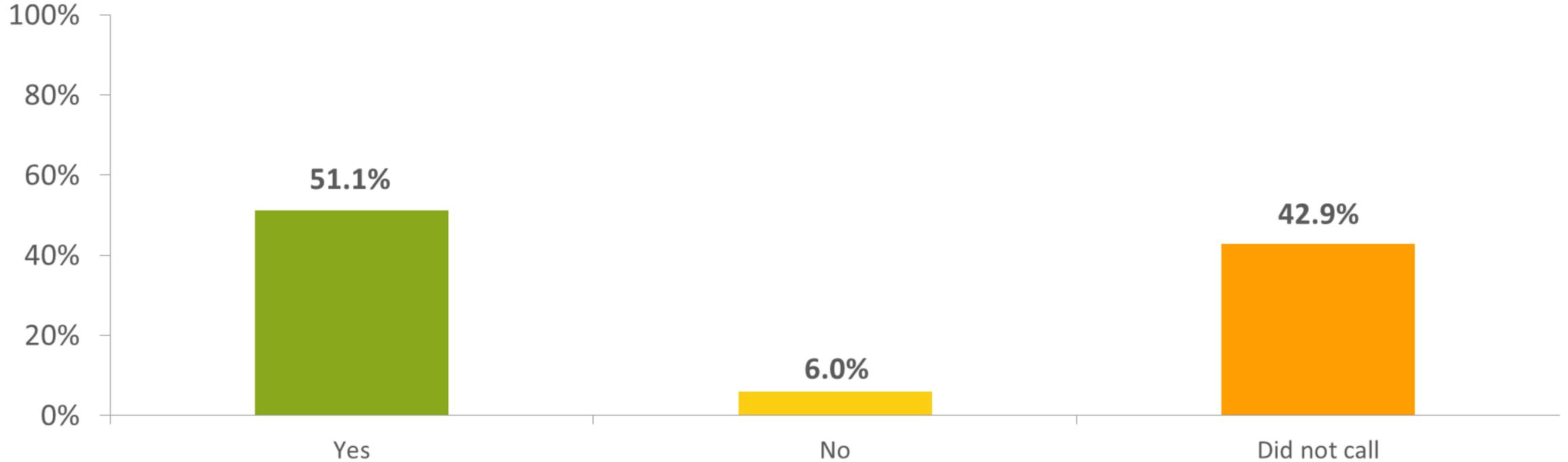
TRUSTED SOURCES OF INFORMATION – OLDER ADULTS/CAREGIVERS

N=133 RESPONDENTS



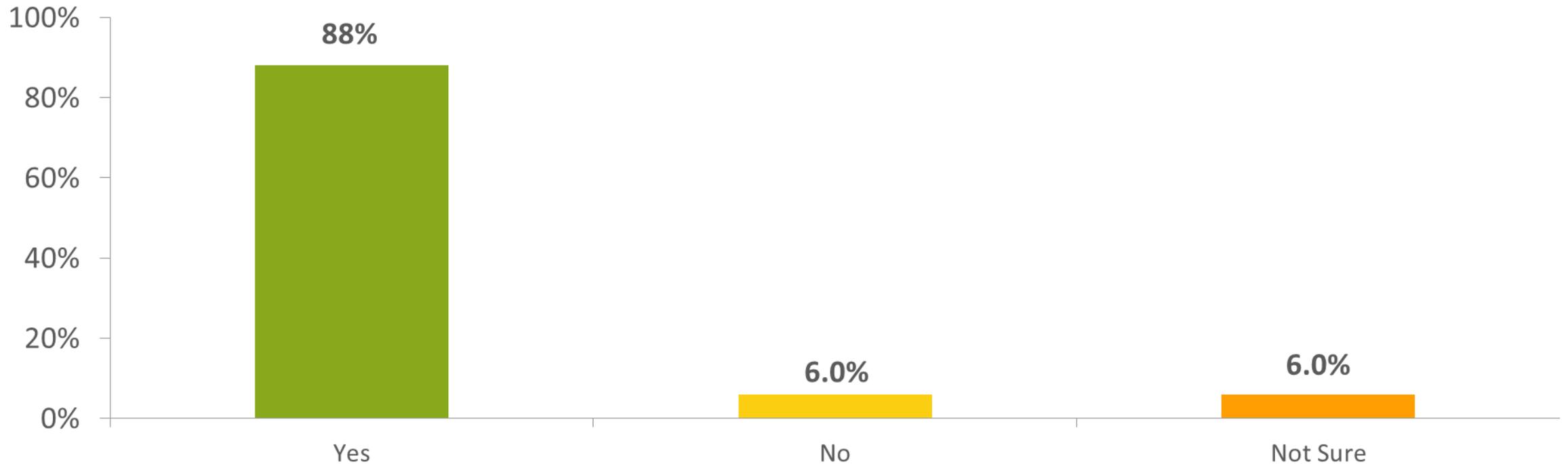
OLDER ADULTS/CARE GIVERS WHO SOUGHT OUT SERVICES AND RECEIVED THEM

N= 133 RESPONDENTS



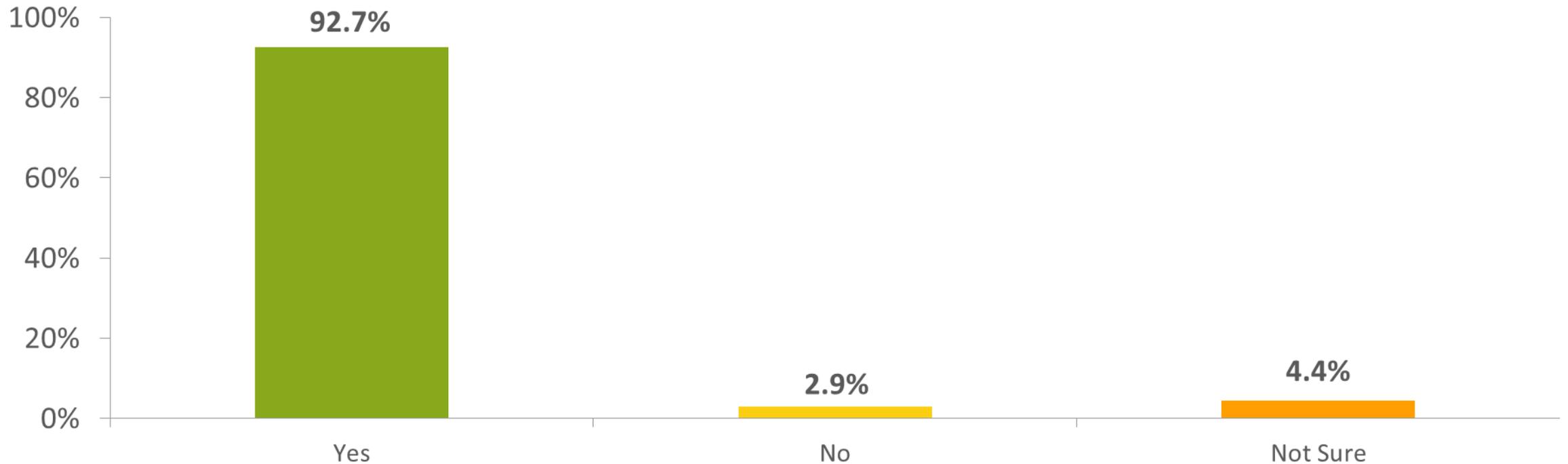
OLDER ADULTS/CARE GIVERS WHO SOUGHT OUT SERVICES AND RECEIVED THEM – DID THE SERVICE/SUPPORT START WHEN YOU EXPECTED?

N= 67 RESPONDENTS



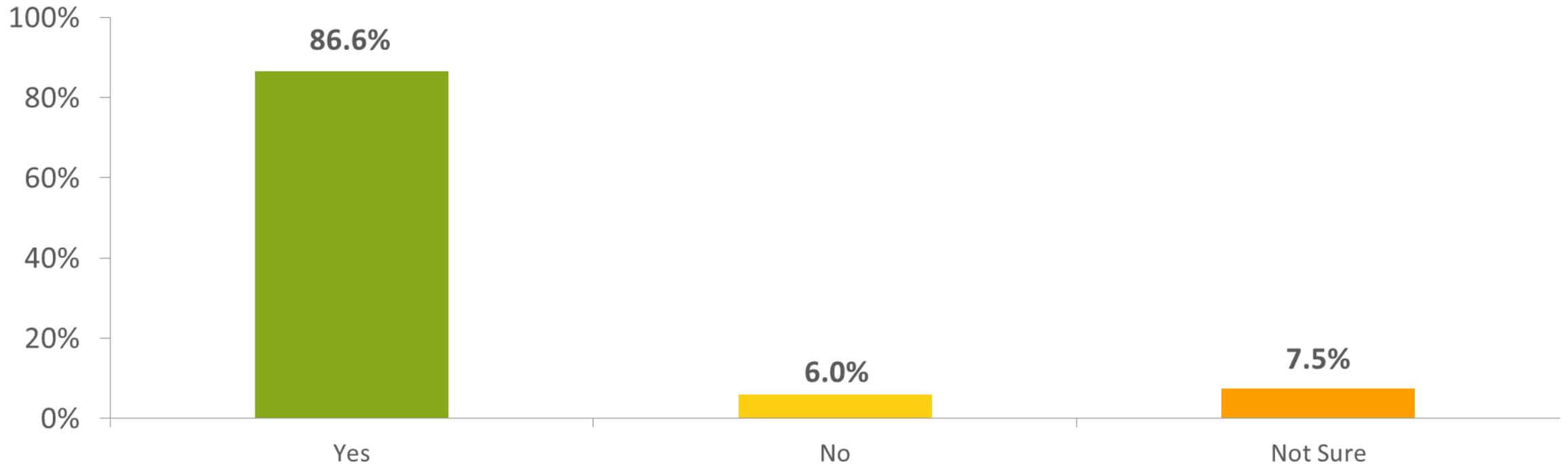
OLDER ADULTS/CARE GIVERS WHO SOUGHT OUT SERVICES AND RECEIVED THEM – WERE YOU SATISFIED WITH THE QUALITY OF SERVICE?

N= 68 RESPONDENTS



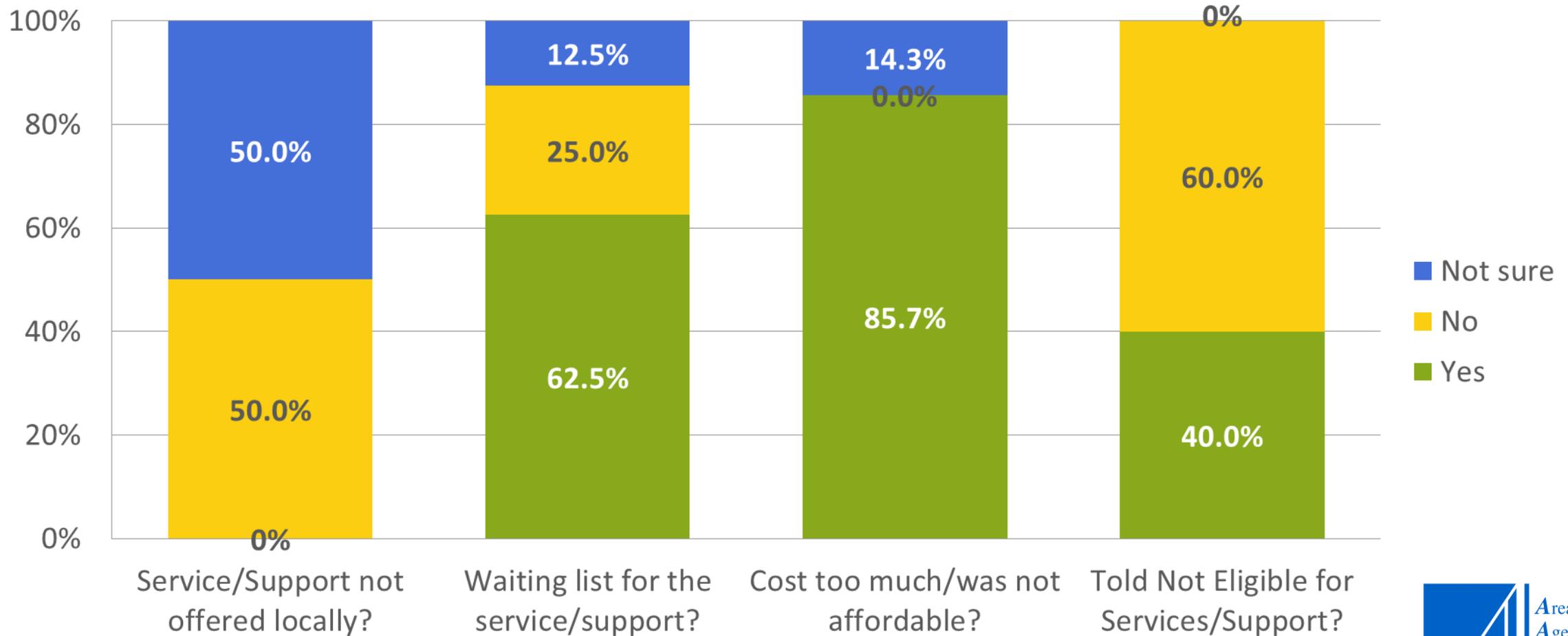
OLDER ADULTS/CARE GIVERS WHO SOUGHT OUT SERVICES AND RECEIVED THEM – WERE YOU SATISFIED WITH THE AMOUNT OF SERVICE?

N= 67 RESPONDENTS



OLDER ADULTS/CARE GIVERS WHO DID NOT RECEIVE SERVICES REASONS WHY

N= 5-8 RESPONDENTS



RESPONDENT COMMENTS

- I don't know what I would do without my girl coming in twice a week. She and COA are heaven sent. God bless her, my meals on wheels driver and everyone at COA. You are very special people. Thank you all.
- I have been very satisfied. The most important for me at this time- cleaning my 1st floor by Melanie. She's dependable and very good. A lovely, Christian person. The medical transport was a life saver. Driver knew his way around Ann Arbor and U of M hospital. Would give low grade on leaf removal. They were not thorough and were not dependable on the day to work.
- For those of who live in HUD housing and have no one in the resident office on weekends, having a weekend contact is important as seniors.
- There's not a Parkinson's Disease support group in St. Joseph or Branch county.
- It would be great to have lunch served at the senior center.
- Appreciate so much the COA- Lots of fun and great people working here.
- I believe that we need more grief counseling services in the area.
- Need rides to other medical facilities like Bronson Hospital, when elderly patients need surgeries and are going to be put under and unable to drive. Letter submitted concerns were related to: Transportation Common Chores Communication- newsletter, website, phone number. Lists of services in the community Legal aide Nutrition Tax info Caregiver information Good meals Companionship
- The staff, management etc. at COA have been great in explaining and assisting me when ever I needed help or had question. COA staff has been very attentive to my needs.
- Need additional service for injury/wound care. Changing dressing (band aids) etc. More detailed on services qualification specifics and more detailed time line as to when services will start.

CONTACT & ADDITIONAL INFORMATION

For more information or to discuss the 2019 Needs Assessment Survey results in greater detail, please contact:

Laura Sutter, Director

570 N. Marshall Road

Coldwater, MI 49036

(517) 278-2538 or Toll Free (888) 615-8009

sutterl@bhsj.org

Website: www.bhsj.org/aaa



Summary of County Allocations to the Branch-St. Joseph Area Agency on Aging 3C
As outlined in the approved Annual Implementation Plan Budget document

FY 2019

Branch County	\$15,515 (requested increase approved FY18 amount was \$12,929)
St. Joseph County	\$16,989 (requested increase not approved same as FY18)

FY 2020

Branch County	\$15,515
St. Joseph County	\$20,387

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

FISCAL YEAR 2018-2019

Amended Budget (#2)

June 27th, 2019

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

TOTAL REVENUES:

	TOTAL REVENUES		State/Federal	ELPHS	COUNTY APPROP.	FEEES OTHER	Difference
OCTOBER 2018 - SEPTEMBER 2019	\$	7,020,445	\$ 4,156,150	\$ 1,049,852	\$ 755,156	\$ 1,059,286	695,600
			59.2%	15.0%	10.8%	15.1%	
AMENDED BUDGET (#2)	TOTAL REVENUES:	\$ 7,020,445					Fund Balance Used for Operations <u>0</u>
OTHER:							
Salary/Fringe Payoff	\$	70,000				\$ 70,000	0
Capital Improvements	\$	25,000	\$ -	\$ -	\$ 25,000		(19,440)
MERS Pension Underfunded	\$	619,669	\$ 587,588	\$ -	\$ 22,590	\$ 9,491	619,669
Dental Clinic - St. Joseph Co.	\$	33,300	\$ -	\$ -	\$ -	\$ 33,300	0
Dental Clinic - Hillsdale Co.	\$	7,000	\$ -	\$ -	\$ -	\$ 7,000	(2,683)
TOTAL	\$	754,969	\$ 587,588	\$ -	\$ 47,590	\$ 119,791	\$ 597,546
CORE SUPPORT SERVICES:							
General Administration	\$	61,313	\$ -	\$ -	\$ -	\$ 61,313	3,294
Area Agency on Aging	\$	1,247,334	\$ 1,204,175	\$ -	\$ 10,655	\$ 32,504	13,967
VOCA	\$	199,750	\$ 199,750	\$ -	\$ -	\$ -	0
Emergency Preparedness	\$	159,772	\$ 128,962	\$ -	\$ 30,810	\$ -	1,197
TOTAL CORE SUPPORT	\$	1,668,169	\$ 1,532,887	\$ -	\$ 41,465	\$ 93,817	\$ 18,458
PREVENTION SERVICES:							
Outbreak Response - Hep A	\$	25,455	\$ 25,000	\$ -	\$ 455	\$ -	19,979
Vector Borne Disease Surveillance	\$	24,414	\$ 24,375	\$ -	\$ 39	\$ -	24,414
Medicaid Enrollment (OR)	\$	103,954	\$ 51,977	\$ -	\$ 51,977	\$ -	(26,376)
WIC Breastfeeding	\$	82,240	\$ 78,535	\$ -	\$ 3,705	\$ -	(469)
WIC - Women, Infants, & Children	\$	915,853	\$ 894,164	\$ -	\$ 12,689	\$ 9,000	6,220
CSHCS Medicaid Outreach	\$	39,372	\$ 14,463	\$ -	\$ 24,909	\$ -	4,005
MCH Enabling Women	\$	60,697	\$ 46,863	\$ -	\$ 13,834	\$ -	2,089
Immunization IAP (Private)	\$	696,443	\$ 371,796	\$ -	\$ 151,917	\$ 172,730	28,277
Children's Special Health Care Services	\$	183,879	\$ 180,729	\$ -	\$ -	\$ 3,150	0
School Vision	\$	93,261	\$ -	\$ 48,509	\$ 24,252	\$ 20,500	4,107
School Hearing	\$	79,097	\$ -	\$ 48,509	\$ 21,588	\$ 9,000	387
MCH Enabling Children	\$	31,089	\$ 28,441	\$ -	\$ 2,648	\$ -	(4,092)
STD Prevention & Control	\$	137,774	\$ -	\$ 98,026	\$ 38,948	\$ 800	2,518
HIV Prevention & Control	\$	32,145	\$ 20,000	\$ -	\$ 12,145	\$ -	613
MCH Public Hlt Function & Infra	\$	21,151	\$ 19,105	\$ -	\$ 2,046	\$ -	(4,444)
Immunization Vaccine Handling (Gov't)	\$	428,129	\$ 39,315	\$ 275,117	\$ 62,487	\$ 51,210	24,036
EPI Lab Capacity	\$	20,403	\$ 20,403	\$ -	\$ -	\$ -	20,403
Infectious Disease	\$	251,563	\$ -	\$ 116,652	\$ 65,871	\$ 69,040	(1,251)
Lead Testing	\$	18,727	\$ 4,000	\$ -	\$ 14,727	\$ -	5,437
Forensic Fluids	\$	1,768	\$ -	\$ -	\$ -	\$ 1,768	1,768
TOTAL PREVENTION	\$	3,247,413	\$ 1,819,166	\$ 586,813	\$ 504,236	\$ 337,198	\$ 107,620
HEALTH PROMOTION:							
Tobacco Reduction	\$	31,715	\$ 25,000	\$ -	\$ 6,715	\$ -	6,445
Workforce Development	\$	47,866	\$ 44,135	\$ -	\$ 3,731	\$ -	(2,449)
Medical Marihuana BR	\$	16,835	\$ 16,226	\$ -	\$ 609	\$ -	16,835
Medical Marihuana HD	\$	22,172	\$ 21,124	\$ -	\$ 1,048	\$ -	22,172
Medical Marihuana SJ	\$	18,890	\$ 18,245	\$ -	\$ 645	\$ -	18,890
Tel-A-Health, Coldwater	\$	39,940	\$ -	\$ -	\$ 6,540	\$ 33,400	1,279
TOTAL HEALTH PROMOTION	\$	177,418	\$ 124,730	\$ -	\$ 19,288	\$ 33,400	\$ 63,172
ENVIRONMENTAL HEALTH PROTECTION							
General Environmental Health	\$	28,197	\$ 9,500	\$ -	\$ 4,117	\$ 14,580	(37,820)
Food Protection	\$	414,663	\$ -	\$ 147,783	\$ 32,380	\$ 234,500	(76,207)
Onsite Sewage	\$	324,828	\$ 26,000	\$ 162,499	\$ 36,329	\$ 100,000	10,376
Drinking Water Supply	\$	324,828	\$ 1,000	\$ 152,757	\$ 45,071	\$ 126,000	10,376
Type II Water	\$	79,959	\$ 55,279	\$ -	\$ 24,680	\$ -	2,079
TOTAL ENVIRONMENTAL HEALTH	\$	1,172,475	\$ 91,779	\$ 463,039	\$ 142,577	\$ 475,080	\$ (91,196)

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

OCTOBER 2018- SEPTEMBER 2019

TOTAL EXPENSES

AMENDED BUDGET (#2) 6/27/2019	AMENDED BUDGET (#1) FY 2018-19	AMENDED BUDGET (#2) FY 2018-19	DIFFERENCE
\$	6,324,845	\$ 7,020,445	695,600
\$	-	\$ -	
<u>OTHER:</u>			
Salary/Fringe Payoff	\$ 70,000	\$ 70,000	0
Capital Improvements	\$ 44,440	\$ 25,000	(19,440)
MERS Pension Underfunded	\$ -	\$ 619,669	619,669
Dental Clinic - St. Joseph Co.	\$ 33,300	\$ 33,300	0
Dental Clinic - Hillsdale Co.	\$ 9,683	\$ 7,000	(2,683)
TOTAL	\$ 157,423	\$ 754,969	597,546
<u>CORE SUPPORT SERVICES:</u>			
General Administration	\$ 58,019	\$ 61,313	3,294
Area Agency on Aging	\$ 1,233,367	\$ 1,247,334	13,967
VOCA	\$ 199,750	\$ 199,750	0
Emergency Preparedness	\$ 158,575	\$ 159,772	1,197
TOTAL CORE SUPPORT	\$ 1,649,711	\$ 1,668,169	18,458
<u>PREVENTION SERVICES:</u>			
Outbreak Response - Hep A	\$ 5,476	\$ 25,455	19,979
Vector Borne Disease Surveillance	\$ -	\$ 24,414	24,414
Medicaid Outreach	\$ 130,331	\$ 103,954	(26,377)
WIC - Breastfeeding	\$ 82,709	\$ 82,240	(469)
WIC - Women, Infants, & Children	\$ 909,633	\$ 915,853	6,220
CSHCS Medicaid Outreach	\$ 35,367	\$ 39,372	4,005
MCH Enabling Women	\$ 58,608	\$ 60,697	2,089
Immunization Clinics	\$ 1,072,259	\$ 696,443	(375,816)
Immuization/Vaccine Handling	\$ -	\$ 428,129	428,129
Children's Special Health Care Services	\$ 183,879	\$ 183,879	0
School Vision & Hearing Clinics	\$ 167,864	\$ 172,358	4,494
MCH Enabling Children	\$ 35,181	\$ 31,089	(4,092)
STD Prevention & Control	\$ 135,256	\$ 137,774	2,518
HIV Prevention & Control	\$ 31,532	\$ 32,145	613
MCH Public Hlt Function & Infra	\$ 25,595	\$ 21,151	(4,444)
EPI Lab Capacity	\$ -	\$ 20,403	20,403
Infectious Disease	\$ 252,814	\$ 251,563	(1,251)
Lead Testing	\$ 13,290	\$ 18,727	5,437
TOTAL PREVENTION	\$ 3,139,794	\$ 3,245,646	105,852
<u>HEALTH PROMOTION:</u>			
Tobacco Control	\$ 25,270	\$ 31,715	6,445
Medical Marihuana BR	\$ -	\$ 16,835	16,835
Medical Marihuana HD	\$ -	\$ 22,172	22,172
Medical Marihuana SJ	\$ -	\$ 18,890	18,890
Workforce Development	\$ 50,315	\$ 47,866	(2,449)
Tel-A-Health	\$ 38,661	\$ 39,940	1,279
TOTAL HEALTH PROMOTION	\$ 114,246	\$ 177,418	63,172
<u>ENVIRONMENTAL HEALTH PROTECTION</u>			
General Environmental Health	\$ 66,017	\$ 28,197	(37,820)
Food Protection	\$ 490,870	\$ 414,663	(76,207)
Onsite Sewage	\$ 314,452	\$ 324,828	10,376
Drinking Water Supply	\$ 314,452	\$ 324,828	10,376
Forensic Fluids	\$ -	\$ 1,768	1,768
Type II Water	\$ 77,880	\$ 79,959	2,079
TOTAL ENVIRONMENTAL HEALTH	\$ 1,263,671	\$ 1,174,243	(89,428)

Annual Budget for Comprehensive Local Health Services

Local Agency Branch-Hillsdale-St. Joseph CHA	Prepared By: Theresa Fisher				
Agreement Period 10/01/18 to 09/30/19	Approved By: Board of Health				
Original	008	009	010	012	014
EXPENDITURE CATEGORY:	SALARYFRINGE PAYOFF	SPACE ALLOCATION	GENERAL ADMINISTRATION	AREA AGENCY ON AGING	VOCA
1. SALARIES & WAGES	70,000		324,160	193,995	91,499
2. FRINGE BENEFITS		-	162,810	81,116	31,819
3. CAP EXP FOR EQUIP & FAC		-	-	-	
4. CONTRACTUAL (SUBCONTRACTS)		-	-	877,074	500
5. OTHER EXPENSES:		-	-	-	
6. SUPPLIES		-	21,625	2,339	15,680
7. TRAVEL		-	10,500	11,500	8,500
8. COMMUNICATIONS		-	25,000	2,000	3,000
9. COUNTY/CITY CENTRAL SERVICES		-	-	-	
10. SPACE COSTS		329,482	-	-	
11 .ALL OTHERS (ADP & MISC.)			135,571	10,210	16,723
12. TOTAL DIRECT EXPENDITURES	70,000	329,482	679,666	1,178,234	167,721
13. ADMINISTRATIVE INDIRECT EXP		-	(756,068)	67,144	30,097
24.40598%					
15. TOTAL DIRECT & ADM EXP	70,000	329,482	(76,402)	1,245,378	197,818
16. OTHER COST DISTRIBUTIONS:					
Prevention Serv. Administration					
Immunization Distribution					
CSHCS Distribution					
General Environmental Distribution					
Space Allocation		(329,482)	137,715	1,956	1,932
17. TOTAL EXPENDITURES	70,000	-	61,313	1,247,334	199,750
			817,381		
Exclusion Items:					
18. FEES 1ST & 2ND PARTY		-	30	-	
19. FEES & COLLECTIONS 3RD PARTY		-	-	-	
20. FED/STATE FUNDING (NON-MDCH)		-	-	1,204,175	199,750
21. LOCAL (NON-LPHO)		-	-	-	
MATCH FOR FULL COST REIMB.		-	-	-	
OTHER	70,000	-	61,283	32,504	
BCCF Funds		-	-	-	
MCDC Excess Dental Revenue		-	-	-	
		-	-	-	
22. OTHER NON-LPHO		-	-	-	
23. MDCH - NON-CPBC		-	-	-	
24. MDCH - CPBC HIV Testing		-	-	-	
VFC Visits		-	-	-	
Care Coordination		-	-	-	
Nurse Ed		-	-	-	
MCH Block Grant		-	-	-	
State Allocation		-	-	-	
		-	-	-	
25. TOTAL MDCH - CPBC	-	-	-	-	-
26. TOTAL EXCLUSIONS:	70,000	-	61,313	1,236,679	199,750
Net Allowable Expenditures					
27. NET ALLOWABLE EXPENDITURES	-	-	-	10,655	-
27. STATE ELPHS		-	-	-	
28. COUNTY APPROPRIATIONS	-	-	-	10,655	-
29. USE OF FUND BALANCE					

Annual Budget for Comprehensive Local Health Services

Local Agency Branch-Hillsdale-St. Joseph CHA Agreement Period 10/01/18 to 09/30/19	018	021	022	023	024
	AGING MASTERY	DENTAL CLINIC THREE RIVERS	LOCAL TOBACCO REDUCTION	CAPITAL IMPROVEMENTS	MERS PENSION UNDERFUNDED
Original EXPENDITURE CATEGORY:					
1. SALARIES & WAGES	-		13,217		
2. FRINGE BENEFITS	-		8,052		619,669
3. CAP EXP FOR EQUIP & FAC		-	-	-	-
4. CONTRACTUAL (SUBCONTRACTS)		-	-	-	-
5. OTHER EXPENSES:		-	-	-	-
6. SUPPLIES	-	-	535	-	-
7. TRAVEL	-	-	1,400	-	-
8. COMMUNICATIONS	-	-	-	-	-
9. COUNTY/CITY CENTRAL SERVICES		-	-	-	-
10. SPACE COSTS		-	-	-	-
11 .ALL OTHERS (ADP & MISC.)	-	33,300	1,750	25,000	-
12. TOTAL DIRECT EXPENDITURES	-	33,300	24,954	25,000	619,669
13. ADMINISTRATIVE INDIRECT EXP	-	-	5,191	-	-
24.40598%					
15. TOTAL DIRECT & ADM EXP	-	33,300	30,145	25,000	619,669
16. OTHER COST DISTRIBUTIONS:					
Prevention Serv. Administration					
Immunization Distribution					
CSHCS Distribution					
General Environmental Distribution					
Space Allocation	-	-	1,570	-	-
17. TOTAL EXPENDITURES	-	33,300	31,715	25,000	619,669
Exclusion Items:					
18. FEES 1ST & 2ND PARTY		-	-	-	-
19. FEES & COLLECTIONS 3RD PARTY		-	-	-	-
20. FED/STATE FUNDING (NON-MDCH)					587,588
21. LOCAL (NON-LPHO)		-	-	-	-
MATCH FOR FULL COST REIMB.		-	-	-	-
OTHER	-	33,300		-	9,491
BCCF Funds		-	-	-	-
MCDC Excess Dental Revenue		-	-	-	-
22. OTHER NON-LPHO		-	-	-	-
23. MDCH - NON-CPBC		-	-	-	-
24. MDCH - CPBC HIV Testing		-	-	-	-
VFC Visits		-	-	-	-
Care Coordination					
Nurse Ed					
MCH Block Grant		-	-	-	-
State Allocation		-	25,000	-	-
25. TOTAL MDCH - CPBC	-	-	25,000	-	-
26. TOTAL EXCLUSIONS:	-	33,300	25,000	-	597,079
Net Allowable Expenditures					
27. NET ALLOWABLE EXPENDITURES	-	-	6,715	25,000	22,590
27. STATE ELPHS		-	-	-	-
28. COUNTY APPROPRIATIONS	-	-	6,715	25,000	22,590
29. USE OF FUND BALANCE			-	-	-

Annual Budget for Comprehensive Local Health Services

Local Agency Branch-Hillsdale-St. Joseph CHA Agreement Period 10/01/18 to 09/30/19	029	032	034	035	101
	DENTAL CLINIC HILLSDALE	PUBLIC HEALTH EMERG. PREP.	OUTBREAK INVESTIGATION	VECTOR BORNE DISEASE SURVEILLANCE	WORKFORCE 10/1/17-9/30/18
Original EXPENDITURE CATEGORY:					
1. SALARIES & WAGES		70,030	8,102	979	4,304
2. FRINGE BENEFITS		21,386	4,080	415	1,819
3. CAP EXP FOR EQUIP & FAC	-				-
4. CONTRACTUAL (SUBCONTRACTS)	-				-
5. OTHER EXPENSES:	-				-
6. SUPPLIES	-	3,180	100	200	340
7. TRAVEL	-	5,415	1,450	7,300	250
8. COMMUNICATIONS	-	27,100	100	30	-
9. COUNTY/CITY CENTRAL SERVICES	-				25
10. SPACE COSTS	-				-
11 .ALL OTHERS (ADP & MISC.)	7,000	9,042	8,227	15,120	39,550
12. TOTAL DIRECT EXPENDITURES	7,000	136,153	22,059	24,044	46,288
13. ADMINISTRATIVE INDIRECT EXP	-	22,311	2,973	340	1,494
24.40598%					
15. TOTAL DIRECT & ADM EXP	7,000	158,464	25,032	24,384	47,782
16. OTHER COST DISTRIBUTIONS:					
Prevention Serv. Administration					
Immunization Distribution					
CSHCS Distribution					
General Environmental Distribution					
Space Allocation	-	1,308	423	30	84
17. TOTAL EXPENDITURES	7,000	159,772	25,455	24,414	47,866
Exclusion Items:					
18. FEES 1ST & 2ND PARTY	-				-
19. FEES & COLLECTIONS 3RD PARTY	-				-
20. FED/STATE FUNDING (NON-MDCH)					-
21. LOCAL (NON-LPHO)	-				-
MATCH FOR FULL COST REIMB.	-	12,896			-
OTHER	7,000				
BCCF Funds	-				-
MCDC Excess Dental Revenue	-				-
	-				-
22. OTHER NON-LPHO	-				-
23. MDCH - NON-CPBC	-				-
24. MDCH - CPBC HIV Testing	-				-
VFC Visits	-				-
Care Coordination					
Nurse Ed					
MCH Block Grant	-				-
State Allocation	-	128,962	25,000	24,375	44,135
25. TOTAL MDCH - CPBC	-	128,962	25,000	24,375	44,135
26. TOTAL EXCLUSIONS:	7,000	141,858	25,000	24,375	44,135
Net Allowable Expenditures					
27. NET ALLOWABLE EXPENDITURES	-	17,914	455	39	3,731
27. STATE ELPHS	-				-
28. COUNTY APPROPRIATIONS	-	17,914	455	39	3,731
29. USE OF FUND BALANCE	-				-

Annual Budget for Comprehensive Local Health Services

Local Agency Branch-Hillsdale-St. Joseph CHA Agreement Period 10/01/18 to 09/30/19	107	108	109	112	115
	MEDICAID OUTREACH	WIC BREASTFEEDING	WIC RESIDENTIAL	CSHCS MEDICAID OUTREACH	MCH ENABLING WOMEN
Original EXPENDITURE CATEGORY:					
1. SALARIES & WAGES	46,975	41,082	382,480		18,888
2. FRINGE BENEFITS	24,285	5,832	206,851		8,133
3. CAP EXP FOR EQUIP & FAC	-	-	-	-	-
4. CONTRACTUAL (SUBCONTRACTS)	-	-	-	-	-
5. OTHER EXPENSES:	-	-	-	-	-
6. SUPPLIES	1,075	1,300	16,900	-	210
7. TRAVEL	1,700	1,800	11,000	-	150
8. COMMUNICATIONS	100	1,000	4,600	-	100
9. COUNTY/CITY CENTRAL SERVICES	-	-	-	-	-
10. SPACE COSTS	-	-	-	-	-
11 .ALL OTHERS (ADP & MISC.)	2,877	6,697	53,073	-	22,748
12. TOTAL DIRECT EXPENDITURES	77,012	57,711	674,904	-	50,229
13. ADMINISTRATIVE INDIRECT EXP	17,392	11,450	143,832	-	6,595
24.40598%					
15. TOTAL DIRECT & ADM EXP	94,404	69,161	818,736	-	56,824
16. OTHER COST DISTRIBUTIONS:					
Prevention Serv. Administration	7,807	5,140	64,738		2,969
Immunization Distribution	-				
CSHCS Distribution				39,372	
General Environmental Distribution					
Space Allocation	1,743	7,939	32,379	-	904
17. TOTAL EXPENDITURES	103,954	82,240	915,853	39,372	60,697
Exclusion Items:					
18. FEES 1ST & 2ND PARTY	-	-	-	-	-
19. FEES & COLLECTIONS 3RD PARTY	-	-	9,000	-	-
20. FED/STATE FUNDING (NON-MDCH)	51,977			14,463	
21. LOCAL (NON-LPHO)	-	-	-	-	-
MATCH FOR FULL COST REIMB.	51,977	-	-	14,463	-
OTHER	-				
BCCF Funds	-	-	-	-	-
MCDC Excess Dental Revenue	-	-	-	-	-
22. OTHER NON-LPHO	-	-	-	-	-
23. MDCH - NON-CPBC	-	-	-	-	-
24. MDCH - CPBC HIV Testing	-	-	-	-	-
VFC Visits	-	-	-	-	-
Care Coordination					
Nurse Ed					
MCH Block Grant	-	-	-	-	46,863
State Allocation	-	78,535	894,164	-	-
25. TOTAL MDCH - CPBC	-	78,535	894,164	-	46,863
26. TOTAL EXCLUSIONS:	103,954	78,535	903,164	28,926	46,863
Net Allowable Expenditures					
27. NET ALLOWABLE EXPENDITURES	-	3,705	12,689	10,446	13,834
27. STATE ELPHS	-	-	-	-	-
28. COUNTY APPROPRIATIONS	-	3,705	12,689	10,446	13,834
29. USE OF FUND BALANCE	-	-	-	-	-

Annual Budget for Comprehensive Local Health Services

Local Agency Branch-Hillsdale-St. Joseph CHA Agreement Period 10/01/18 to 09/30/19	138	199	212	230	275
	Original EXPENDITURE CATEGORY: IMMUNIZATION/ IAP	PREVENTION SERV ADM.	MEDICAL MARIHUANA BR	MEDICAL MARIHUANA HD	MEDICAL MARIHUANA SJ
1. SALARIES & WAGES	185,852	54,495	4,159	5,415	4,677
2. FRINGE BENEFITS	91,309	25,280	1,764	2,645	2,205
3. CAP EXP FOR EQUIP & FAC	-	-	-	-	-
4. CONTRACTUAL (SUBCONTRACTS)	-	-	-	-	-
5. OTHER EXPENSES:	-	-	-	-	-
6. SUPPLIES	264,980	555	-	-	-
7. TRAVEL	3,500	1,300	350	450	400
8. COMMUNICATIONS	700	500	20	20	20
9. COUNTY/CITY CENTRAL SERVICES	-	-	-	-	-
10. SPACE COSTS	-	-	-	-	-
11 .ALL OTHERS (ADP & MISC.)	338,887	1,100	8,999	11,550	9,800
12. TOTAL DIRECT EXPENDITURES	885,228	83,230	15,292	20,080	17,102
13. ADMINISTRATIVE INDIRECT EXP	67,644	19,470	1,446	1,967	1,680
24.40598%					
15. TOTAL DIRECT & ADM EXP	952,872	102,700	16,738	22,047	18,782
16. OTHER COST DISTRIBUTIONS:					
Prevention Serv. Administration	30,947.00	(174,170)			
Immunization Distribution	(300,000)	-			
CSHCS Distribution	-				
General Environmental Distribution	-				
Space Allocation	12,624	71,470	97	125	108
17. TOTAL EXPENDITURES	696,443	-	16,835	22,172	18,890
Exclusion Items:					
18. FEES 1ST & 2ND PARTY	17,000	-	-	-	-
19. FEES & COLLECTIONS 3RD PARTY	150,730	-	-	-	-
20. FED/STATE FUNDING (NON-MDCH)	300,000				
21. LOCAL (NON-LPHO)	-	-	-	-	-
MATCH FOR FULL COST REIMB.	-	-	-	-	-
OTHER	5,000	-	-	-	-
BCCF Funds	-	-	-	-	-
MCDC Excess Dental Revenue	-	-	-	-	-
-	-	-	-	-	-
22. OTHER NON-LPHO	-	-	-	-	-
23. MDCH - NON-CPBC	-	-	-	-	-
24. MDCH - CPBC HIV Testing	-	-	-	-	-
VFC Visits	-	-	-	-	-
Care Coordination					
Nurse Ed					
MCH Block Grant		-	-	-	-
State Allocation	71,796	-	16,226	21,124	18,245
25. TOTAL MDCH - CPBC	71,796	-	16,226	21,124	18,245
26. TOTAL EXCLUSIONS:	544,526	-	16,226	21,124	18,245
Net Allowable Expenditures					
27. NET ALLOWABLE EXPENDITURES	151,917	-	609	1,048	645
27. STATE ELPHS	-	-	-	-	-
28. COUNTY APPROPRIATIONS	151,917	-	609	1,048	645
29. USE OF FUND BALANCE	-	-	-	-	-

**Annual Budget
for
Comprehensive Local Health Services**

Local Agency Branch-Hillsdale-St. Joseph CHA Agreement Period 10/01/18 to 09/30/19	321	325	326	327	329
	Original CHC-TELE A HEALTH	CSHCS OR & ADVOCACY	VISION	HEARING	MCH - ENABLING SERVICES CHILDREN
EXPENDITURE CATEGORY:					
1. SALARIES & WAGES	24,168	116,924	33,214	31,189	9,139
2. FRINGE BENEFITS	6,171	30,210	18,780	18,131	4,355
3. CAP EXP FOR EQUIP & FAC	-	-	-	-	-
4. CONTRACTUAL (SUBCONTRACTS)	-	-	-	-	-
5. OTHER EXPENSES:	-	-	-	-	-
6. SUPPLIES	200	6,325	4,940	4,290	12,108
7. TRAVEL	1,000	6,000	2,500	2,500	100
8. COMMUNICATIONS	10	400	225	200	100
9. COUNTY/CITY CENTRAL SERVICES	-	-	-	-	-
10. SPACE COSTS	-	-	-	-	-
11 .ALL OTHERS (ADP & MISC.)	425	8,299	14,474	4,657	300
12. TOTAL DIRECT EXPENDITURES	31,974	168,158	74,133	60,967	26,102
13. ADMINISTRATIVE INDIRECT EXP	7,405	35,909	12,690	12,037	3,293
24.40598%					
15. TOTAL DIRECT & ADM EXP	39,379	204,067	86,823	73,004	29,395
16. OTHER COST DISTRIBUTIONS:					
Prevention Serv. Administration		16,119	5,696	5,403	1,478
Immunization Distribution					
CSHCS Distribution		(39,372)			
General Environmental Distribution		-			
Space Allocation	561	3,065	742	690	216
17. TOTAL EXPENDITURES	39,940	183,879	93,261	79,097	31,089
Exclusion Items:					
18. FEES 1ST & 2ND PARTY	-	-	10,000	9,000	-
19. FEES & COLLECTIONS 3RD PARTY	-	-	-	-	-
20. FED/STATE FUNDING (NON-MDCH)	-	-	-	-	-
21. LOCAL (NON-LPHO)	-	-	-	-	-
MATCH FOR FULL COST REIMB.	-	-	-	-	-
OTHER	33,400	3,150	-	-	-
BCCF Funds	-	-	10,500	-	-
MCDC Excess Dental Revenue	-	-	-	-	-
	-	-	-	-	-
22. OTHER NON-LPHO	-	-	-	-	-
23. MDCH - NON-CPBC	-	-	-	-	-
24. MDCH - CPBC HIV Testing	-	-	-	-	-
VFC Visits	-	-	-	-	-
Care Coordination	-	64,000	-	-	-
Nurse Ed	-	-	-	-	-
MCH Block Grant	-	-	-	-	28,441
State Allocation	-	116,729	-	-	-
25. TOTAL MDCH - CPBC	-	180,729	-	-	28,441
26. TOTAL EXCLUSIONS:	33,400	183,879	20,500	9,000	28,441
Net Allowable Expenditures					
27. NET ALLOWABLE EXPENDITURES	6,540	-	72,761	70,097	2,648
27. STATE ELPHS	-	-	48,509	48,509	-
28. COUNTY APPROPRIATIONS	6,540	-	24,252	21,588	2,648
29. USE OF FUND BALANCE	-	-	-	-	-

Annual Budget for Comprehensive Local Health Services

Local Agency Branch-Hillsdale-St. Joseph CHA						
Agreement Period 10/01/18 to 09/30/19		331	332	335	338	341
Original EXPENDITURE CATEGORY:		SEXUAL TRANS. DISEASES	HIV PREVENTION	MCH PUB. HLTH. FUNCT. & INFRA.	IMMUNIZATION/ VACCINE HANDLING	INFECTIOUS DISEASE
1. SALARIES & WAGES		54,668	13,859	8,483	43,359	92,211
2. FRINGE BENEFITS		28,661	7,654	5,148	28,015	41,302
3. CAP EXP FOR EQUIP & FAC		-	-	-	-	-
4. CONTRACTUAL (SUBCONTRACTS)		-	-	-	-	-
5. OTHER EXPENSES:		-	-	-	-	-
6. SUPPLIES		2,255	622	40	525	32,550
7. TRAVEL		700	150	1,000	100	1,800
8. COMMUNICATIONS		100	25	10	1,900	400
9. COUNTY/CITY CENTRAL SERVICES		-	-	-	-	-
10. SPACE COSTS		-	-	-	-	-
11 .ALL OTHERS (ADP & MISC.)		17,632	1,800	642	26,531	32,822
12. TOTAL DIRECT EXPENDITURES		104,016	24,110	15,323	100,430	201,085
13. ADMINISTRATIVE INDIRECT EXP		20,337	5,250	3,327	17,420	32,585
	24.40598%					
15. TOTAL DIRECT & ADM EXP		124,353	29,360	18,650	117,850	233,670
16. OTHER COST DISTRIBUTIONS:						
Prevention Serv. Administration		9,219	2,363.00	1,494.00	7,834	14,734
Immunization Distribution					300,000	
CSHCS Distribution					-	
General Environmental Distribution					-	
Space Allocation		4,202	422	1,007	2,445	3,159
17. TOTAL EXPENDITURES		137,774	32,145	21,151	428,129	251,563
Exclusion Items:						
18. FEES 1ST & 2ND PARTY		800	-	-	-	2,000
19. FEES & COLLECTIONS 3RD PARTY		-	-	-	51,210	67,040
20. FED/STATE FUNDING (NON-MDCH)						
21. LOCAL (NON-LPHO)		-	-	-	-	-
MATCH FOR FULL COST REIMB.		-	-	-	-	-
OTHER		-	-	-	-	-
BCCF Funds		-	-	-	-	-
MCDC Excess Dental Revenue		-	-	-	-	-
22. OTHER NON-LPHO		-	-	-	-	-
23. MDCH - NON-CPBC		-	-	-	-	-
24. MDCH - CPBC HIV Testing		-	-	-	-	-
VFC Visits		-	-	-	9,450	-
Care Coordination						
Nurse Ed					1,250	
MCH Block Grant		-	-	19,105	-	-
State Allocation		-	20,000	-	28,615	-
25. TOTAL MDCH - CPBC		-	20,000	19,105	39,315	-
26. TOTAL EXCLUSIONS:		800	20,000	19,105	90,525	69,040
Net Allowable Expenditures						
27. NET ALLOWABLE EXPENDITURES		136,974	12,145	2,046	337,604	182,523
27. STATE ELPHS		98,026	-	-	275,117	116,652
28. COUNTY APPROPRIATIONS		38,948	12,145	2,046	62,487	65,871
29. USE OF FUND BALANCE		-	-	-	-	-

Annual Budget for Comprehensive Local Health Services

Local Agency Branch-Hillsdale-St. Joseph CHA						
Agreement Period 10/01/18 to 09/30/19		345	350	605	704	714
Original EXPENDITURE CATEGORY:		LEAD TESTING	EPI LAB CAPACITY	GENERAL ENVIRO. HEALTH	FOOD PROTECTION	ONSITE SEWAGE DISPOSAL
1 . SALARIES & WAGES	9,725	-	355,753	199,757		
2. FRINGE BENEFITS	2,661	-	140,209	70,045		
3. CAP EXP FOR EQUIP & FAC	-	-	-	-		
4. CONTRACTUAL (SUBCONTRACTS)	-	-	-	-		
5. OTHER EXPENSES:	-	-	-	-		
6. SUPPLIES	600	15,390	11,500	14,300		
7. TRAVEL	900	-	26,500	15,000		
8. COMMUNICATIONS	20	-	2,000	1,500		
9. COUNTY/CITY CENTRAL SERVICES	-	-	-	-		
10. SPACE COSTS	-	-	-	-		
11 .ALL OTHERS (ADP & MISC.)	355	5,013	22,512	33,580		
12. TOTAL DIRECT EXPENDITURES	14,261	20,403	558,474	334,182		
13. ADMINISTRATIVE INDIRECT EXP	3,023	-	121,044	65,848		
	24.40598%					
15. TOTAL DIRECT & ADM EXP	17,284	20,403	679,518	400,030		
16. OTHER COST DISTRIBUTIONS:						
Prevention Serv. Administration	1,357					
Immunization Distribution		-	-			
CSHCS Distribution						
General Environmental Distribution		-	(676,725)			324,828
Space Allocation	86	-	25,404	14,633		-
17. TOTAL EXPENDITURES	18,727	20,403	28,197	414,663		324,828
Exclusion Items:						
18. FEES 1ST & 2ND PARTY	-	-	11,175	234,500		89,000
19. FEES & COLLECTIONS 3RD PARTY	-	-	-	-		-
20. FED/STATE FUNDING (NON-MDCH)	4,000	20,403	9,500			26,000
21. LOCAL (NON-LPHO)	-	-	-	-		-
MATCH FOR FULL COST REIMB.	-	-	-	-		-
OTHER		-	3,405			11,000
BCCF Funds	-	-	-	-		-
MDCDC Excess Dental Revenue	-	-	-	-		-
22. OTHER NON-LPHO	-	-	-	-		-
23. MDCH - NON-CPBC	-	-	-	-		-
24. MDCH - CPBC HIV Testing	-	-	-	-		-
VFC Visits	-	-	-	-		-
Care Coordination						
Nurse Ed						
MCH Block Grant	-	-	-	-		-
State Allocation	-	-	-	-		-
25. TOTAL MDCH - CPBC	-	-	-	-		-
26. TOTAL EXCLUSIONS:	4,000	20,403	24,080	234,500		126,000
Net Allowable Expenditures						
27. NET ALLOWABLE EXPENDITURES	14,727	-	4,117	180,163		198,828
27. STATE ELPHS	-	-	-	147,783		162,499
28. COUNTY APPROPRIATIONS	14,727	-	4,117	32,380		36,329
29. USE OF FUND BALANCE	-	-	-	-		-

**Annual Budget
for
Comprehensive Local Health Services**

Local Agency Branch-Hillsdale-St. Joseph CHA Agreement Period 10/01/18 to 09/30/19	721	745	852			
	Original EXPENDITURE CATEGORY:	DRINKING WATER SUPPLY	TYPE II WATER	FORENSIC FLUIDS	GRAND TOTAL	GRAND TOTAL
1. SALARIES & WAGES			37,864	1,200	2,481,822	2,551,822
2. FRINGE BENEFITS			23,086	568	1,724,466	1,724,466
3. CAP EXP FOR EQUIP & FAC	-	-	-	-	-	-
4. CONTRACTUAL (SUBCONTRACTS)	-	-	-	-	877,574	877,574
5. OTHER EXPENSES:	-	-	-	-	-	-
6. SUPPLIES	-		805	-	435,469	435,469
7. TRAVEL	-		2,200	-	127,415	127,415
8. COMMUNICATIONS	-		350	-	71,530	71,530
9. COUNTY/CITY CENTRAL SERVICES	-		-	-	25	25
10. SPACE COSTS	-		-	-	329,482	329,482
11 .ALL OTHERS (ADP & MISC.)	-		25	-	926,291	926,291
12. TOTAL DIRECT EXPENDITURES	-		64,330	1,768	7,044,074	7,044,074
13. ADMINISTRATIVE INDIRECT EXP	-		14,875	-	1	1
24.40598%					-	-
15. TOTAL DIRECT & ADM EXP	-		79,205	1,768	7,044,075	7,044,075
16. OTHER COST DISTRIBUTIONS:					-	-
Prevention Serv. Administration					3,128	3,128
Immunization Distribution					-	-
CSHCS Distribution					-	-
General Environmental Distribution	324,828				(27,069)	(27,069)
Space Allocation	-	754			311	311
17. TOTAL EXPENDITURES	324,828	79,959	1,768		7,020,445	7,020,445
					-	-
Exclusion Items:					-	-
18. FEES 1ST & 2ND PARTY	126,000	-		1,768	501,273	501,273
19. FEES & COLLECTIONS 3RD PARTY	-	-		-	277,980	277,980
20. FED/STATE FUNDING (NON-MDCH)	1,000	55,279		-	2,474,135	2,474,135
21. LOCAL (NON-LPHO)	-	-		-	-	-
MATCH FOR FULL COST REIMB.	-	-		-	79,336	79,336
OTHER	-	-		-	269,533	269,533
BCCF Funds	-	-		-	10,500	10,500
MCDC Excess Dental Revenue	-	-		-	-	-
	-	-		-	-	-
22. OTHER NON-LPHO	-	-		-	-	-
23. MDCH - NON-CPBC	-	-		-	-	-
24. MDCH - CPBC HIV Testing	-	-		-	-	-
VFC Visits	-	-		-	9,450	9,450
Care Coordination					64,000	64,000
Nurse Ed					1,250	1,250
MCH Block Grant	-	-		-	94,409	94,409
State Allocation	-	-		-	1,512,906	1,512,906
					-	-
25. TOTAL MDCH - CPBC	-	-		-	1,682,015	1,682,015
26. TOTAL EXCLUSIONS:	127,000	55,279		1,768	5,294,772	5,294,772
Net Allowable Expenditures					-	-
					-	-
27. NET ALLOWABLE EXPENDITURES	197,828	24,680		-	1,725,673	1,725,673
27. STATE ELPHS	152,757	-		-	1,049,852	1,049,852
28. COUNTY APPROPRIATIONS	45,071	24,680		-	675,821	675,821
29. USE OF FUND BALANCE	-	-		-	-	-

Annual Budget for

Comprehensive Local Health Services

Local Agency	
Branch-Hillsdale-St. Joseph CHA	
Agreement Period	
10/01/18 to 09/30/19	
Original	
EXPENDITURE CATEGORY:	
1 . SALARIES & WAGES	
2. FRINGE BENEFITS	
3. CAP EXP FOR EQUIP & FAC	
4. CONTRACTUAL (SUBCONTRACTS)	
5. OTHER EXPENSES:	
6. SUPPLIES	
7. TRAVEL	
8. COMMUNICATIONS	
9. COUNTY/CITY CENTRAL SERVICES	
10. SPACE COSTS	
11 .ALL OTHERS (ADP & MISC.)	
12. TOTAL DIRECT EXPENDITURES	
13. ADMINISTRATIVE INDIRECT EXP	
	24.40598%
15. TOTAL DIRECT & ADM EXP	
16. OTHER COST DISTRIBUTIONS:	
Prevention Serv. Administration	
Immunization Distribution	
CSHCS Distribution	
General Environmental Distribution	
Space Allocation	
17. TOTAL EXPENDITURES	
Exclusion Items:	
18. FEES 1ST & 2ND PARTY	
19. FEES & COLLECTIONS 3RD PARTY	
20. FED/STATE FUNDING (NON-MDCH)	
21. LOCAL (NON-LPHO)	
MATCH FOR FULL COST REIMB.	
OTHER	
BCCF Funds	
MCDC Excess Dental Revenue	779,253
	755,157
22. OTHER NON-LPHO	5,206,002
23. MDCH - NON-CPBC	280,033
24. MDCH - CPBC HIV Testing	
VFC Visits	7,020,445
Care Coordination	
Nurse Ed	
MCH Block Grant	
State Allocation	
25. TOTAL MDCH - CPBC	
26. TOTAL EXCLUSIONS:	
Net Allowable Expenditures	
27. NET ALLOWABLE EXPENDITURES	
27. STATE ELPHS	
28. COUNTY APPROPRIATIONS	
29. USE OF FUND BALANCE	

779,253	Fees
755,157	Local Approp
5,206,002	State/Federal
280,033	Other
7,020,445	Total Revenues
	Agency FY County
756017	Approp.
860	Under (OVER)
	County FY Allocations

VACCINE	2018	2019	NOTES
CHOLERA	\$ 365	\$ 365	SPECIAL ORDER
DT	\$ 92	\$ 95	
DTAP	\$ 50	\$ 50	
DTAP-IPV	\$ 88	\$ 93	
FLU - HIGH DOSE	\$ 85	\$ 85	
FLU - MIST		\$ 53	DIDN'T HAVE LAST YEAR
FLU - MULTI DOSE	\$ 47	\$ 47	
FLU - SYRING .25	\$ 47	\$ 47	
FLU - SYRING .50	\$ 47	\$ 47	
HEP A ADULT	\$ 112	\$ 112	
HEP B ADULT	\$ 81	\$ 84	
HEP B PED'S	\$ 55	\$ 55	
HIB	\$ 37	\$ 37	
HPV9	\$ 295	\$ 312	
IPV	\$ 63	\$ 65	
Japanese encephalitis		\$ 425	NOT USED IN 2018 SPECIAL ORDER
MEN B	\$ 218	\$ 224	
MenACWY	\$ 176	\$ 184	
MMR	\$ 117	\$ 123	
MMRV	\$ 292	\$ 308	
PCV13	\$ 262	\$ 274	
PEDIARIX	\$ 114	\$ 116	
PED'S HEP A	\$ 66	\$ 67	
PENTACEL	\$ 139	\$ 145	
PNEUMOVAX 23	\$ 149	\$ 156	
PPD	\$ 20	\$ 20	
RABAVERT (KIT -1)		\$ 401	SPECIAL ORDER
ROTA TEQ	\$ 133	\$ 133	
SHINGRIX	\$ 207	\$ 215	
TD	\$ 66	\$ 68	
TDAP	\$ 70	\$ 71	
TWINRIX	\$ 127	\$ 130	
TYPHOID	\$ 149	\$ 155	SPECIAL ORDER -
VARICELLA (VARIVAX)	\$ 185	\$ 195	
YELLOW FEVER	\$ -		Only Available in special clinics in Michigan
TRAVEL FEE	\$ 50	\$ 50	INITIAL
TRAVEL FEE	\$ 25	\$ 25	SUBSEQUENT
			Below are used only in the event we cannot get the above
PEDVAXHIB	\$ 58	\$ 58	
ADULT HEP A (VAQTA)	\$ 112	\$ 114	
DTAP (DAPTACEL)	\$ 61	\$ 63	
RABIES (IMOVAX)		\$ 492	SPECIAL ORDER - per 1 dose

PROCESS NARRATIVE

Section Title and Number: Others - IV

Process Narrative Title: 9 - Cost Allocation Plan

Policy: The agency incurs many different costs for operation. Some of these can be directly traced to a program or employee, sometimes they cannot. The costs that aren't directly traceable to specific programs /employees need to be allocated in a reasonable, allowable and consistent manner.
Purpose: To allocate various costs to programs in a consistent manner based upon certain methods, detailed below.
Scope: Any cost that's incurred by the agency.
Responsible: Finance Department

Procedure:

- 1.) **Salaries and Fringes:**
 - a. Employees enter time into an electronic time entry system, which is then approved by their supervisor. It is allocated based on the time each associate spent working in each program. If an employee takes leave time (sick/vacation), that time is distributed based on the other days worked during that payroll. If an employee uses leave time for an entire payroll, that time is distributed based on the prior payroll's spread.
 - b. *The exception to this is the LSA expense. This monthly bill is allocated based on the most recent budgeted FTE allocation that's in effect at that point in time.
- 2.) **Supplies and Materials:**
 - a. Supplies are allocated either by where they're charged on the purchase requisition (if they directly benefit the program(s)) or they're based on a spread derived on past usage of those supplies/materials.
 - b. Items such as postage, copy expenses and computer supplies are spread to the appropriate programs based on usage for that month.
- 3.) **Travel**

All travel is entered into the electronic entry system and is directly charged to the program in which it was incurred.
- 4.) **Communications**

*Distributed based on the current budgeted FTE allocation for that point in time.
- 5.) **Space/Facility Costs**

*Allocated based on the square footage of the room and the FTE(s) who occupy it. If the room is used by only one program, the entire cost is allocated to said program. Common areas (lunchroom, conference rooms) that can't be tied to a program or FTE are distributed as indirect.
- 6.) **All Others**
 - a. (Miscellaneous supplies, audit/legal expense, insurances, training expense etc.) Items/services that directly benefit a program are charged to that program.
 - b. Professional liability insurance costs are allocated based on the spread the Medical Director's costs are allocated to.
 - c. Copy expense is allocated to appropriate programs based on usage for that month.
 - d. Prevention Services costs are allocated based on the percentage of total salary/fringe each program in the spread consists of. Environmental Health (EH) costs are distributed to Onsite Sewage Disposal and Drinking Water Supply.
 - e. Any cost that can't be directly tracked to a program, associate or spread will be coded under the correct account number in administration and distributed as indirect.
- 7.) **Indirect Costs**

Distributed across all programs based on percentage of salaries/fringes in each program.

*All cost allocations for items that are based on budget spreads are brought to actual values based on actual time worked at March 31st (six months) and September 30th (year-end).

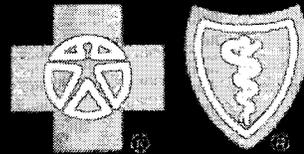
Prepared By: Theresa Fisher _____

6/27/2019 _____

Approved By: BOH _____

Date: _____

Revision Number: 2 _____



Blue Cross Blue Shield of Michigan

Large Group Community Rated Renewal Package

for

BRANCH-HILLSDALE-ST JOS D

Customer ID: 187258

For Renewal Period Beginning: October, 2019

Publication Date: 5/15/2019

**Blue Cross Blue Shield of Michigan is a nonprofit corporation and
independent licensee of the Blue Cross and Blue Shield Association**



Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

Read this important information about your 2019 Blue Cross coverage.

We've renewed you into a 2019 health plan that is compliant with the health care reform law. If you're satisfied, you don't need to do anything. Your plan will be automatically renewed. If you're considering a different plan, contact your Blue Cross agent to find out what options are available to your group.

Important items that can affect your 2019 health care plan and rates

Additional group options for 2019:

We offer several new options to enhance your group coverage

- Blue Cross® Physician Choice PPO plan (formerly Personal Choice PPO) with a tiered network design
- Specialty products such as LifeSecure®, Dearborn National™ and Assurity® Life Insurance Company can expand employee benefits with affordable plans to help with expenses beyond covered medical services
- Self-Funded Level Payment option, which provides more plan design flexibility and savings with reduced taxes and fees in addition to lower – cost pharmacy options using the Custom Select Drug list

We've enclosed your *Benefit and Rate Schedule*. It lists all the certificates and riders included in your 2019 renewal.

Thank you for your business. We're committed to delivering quality products and service to you and your employees.

If you have questions about these options, please contact your Blue Cross agent.

Sincerely,

Sandy Fester
Vice President
Middle & Small Group Business

For BCBSM Employer Groups:

Prior to your renewal's start date, you can download your new *Summary of Benefits and Coverage*.

Note: Self-funded customers receive a draft version only since they are solely responsible for compliance with the federal Summary of Benefits and Coverage rules, including SBC creation and distribution.

1. Go to bcbsm.com and click on the *Employers* tab at the top of the page.
2. Click on *Login and Employer*.

- If you need to register, click on *Register Now*.
- If you're already registered, enter your username and password.
- Click on *Login*.

Contact your Blue Cross agent to receive a copy in the mail.

For BCN Employer Groups:

Prior to your renewal's start date, you can email a copy of your benefit and rate sheet to the BCNSBCRequests@bcbsm.com mailbox to request an SBC. You can also contact your sales representative or agent for a copy of your SBC.

For employees of underwritten customers only*:

Your employees can access their own *Summary of Benefits and Coverage* through their member account at bcbsm.com once their plans start.

To receive a copy by mail, they can call the Customer Service number on the back of their Blue Cross member ID card.

* Self-funded customers are solely responsible for providing SBCs to their employees.

The Group is solely responsible for ensuring compliance with the SBC requirements, if any, applicable to account based plans the group may have, such as flexible spending, health reimbursement and health savings accounts.

Your *Summary of Benefits and Coverage* will be available online.

CID: 187258

Rate Renewal Change

BRANCH-HILLSDALE-ST JOS D

Rate Effective: 10/01/2019

Rate Renewal Change	Current Premium	Renewal Premium ¹
Total Contracts ¹	41	41
Total Monthly Premium	\$53,553	\$56,988
Total Annual Premium	\$642,640	\$683,855

Projected Change in Monthly Premium

6.41%

Factors Affecting Rate Change	Current Period ²	Renewal Period ¹
Rating Type	Community Rated	Community Rated
Member-to-Contract Ratio	2.80	2.91
Composite Demographic Factor ³	1.0475	1.0376
Participation Adjustment	NO	NO
Carriers Offered	BCBSM	BCBSM

1. Total Contracts and Renewal premiums are based on enrollment as of December 2018
2. Current Period calculations are based on prior renewal development
3. Includes age, area, industry, and participation factors



BRANCH-HILLSDALE-ST JOS D



STATE OF MICHIGAN
DEPARTMENT OF TREASURY

GRETCHEN WHITMER
GOVERNOR

RACHAEL EUBANKS
STATE TREASURER

March 25, 2019

**PUBLIC EMPLOYER CONTRIBUTIONS TO MEDICAL BENEFIT PLANS
ANNUAL COST LIMITATIONS – CALENDAR YEAR 2020**

For a medical benefit plan coverage year beginning on or after January 1, 2012, MCL 15.563, as last amended by 2018 Public Act 477, sets a limit on the amount that a public employer may contribute to a medical benefit plan.

For medical benefit plan coverage years beginning on or after January 1, 2013, MCL 15.563 provides that the dollar amounts that are multiplied by the number of employees with each coverage type be adjusted annually. Specifically, the dollar amounts shall be adjusted, by October 1 of each year after 2011 and before 2019, by the change in the medical care component of the United States consumer price index for the most recent 12-month period for which data are available. By April 1 of each year after 2018, the dollar amounts shall be adjusted by the change in the medical care component of the U.S. consumer price index for the most recent 12-month period for which data are available. For calendar year 2019, the limit on the amount that a public employer may contribute to a medical benefit plan was set to the sum of the following:

- \$ 6,685.17 times the number of employees and elected public officials with single-person coverage
- \$13,980.75 times the number of employees and elected public officials with individual-and-spouse coverage or individual-plus-1-nonspouse-dependent coverage
- \$18,232.31 times the number of employees and elected public officials with family coverage.

The limits for 2020 equal the 2019 limits increased by **2.0 percent**. The 2.0 percent is the percentage change in the medical care component from the period March 2017-February 2018 to the period March 2018-February 2019.

Thus, for medical benefit plan coverage years beginning on or after January 1, 2020, the limit on the amount that a public employer may contribute to a medical benefit plan equals the sum of the following:

- **\$ 6,818.87** times the number of employees and elected public officials with single-person coverage
- **\$14,260.37** times the number of employees and elected public officials with individual-and-spouse coverage or individual-plus-1-nonspouse-dependent coverage
- **\$18,596.96** times the number of employees and elected public officials with family coverage.


Rachael Eubanks
State Treasurer

March 25, 2019

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

FISCAL YEAR 2019-2020

Original Budget

June 27th, 2019

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

TOTAL REVENUES:

	TOTAL REVENUES	State/Federal	ELPHS	COUNTY APPROP.	FEEES OTHER	Difference
OCTOBER 2019 - SEPTEMBER 2020	\$ 6,345,356.00	\$ 3,472,599	\$ 1,049,852	\$ 755,695	\$ 1,067,210	
		54.7%	16.5%	11.9%	16.8%	
Original Budget	<u>TOTAL REVENUES:</u>					
	<u>\$ 6,345,356</u>			Fund Balance Used for Operations		<u>\$ -</u>
OTHER:						
Salary/Fringe Payoff 008	\$ 70,000				\$ 70,000	\$ -
Capital Improvements 023	\$ -	\$ -	\$ -	\$ -		(\$25,000)
MERS Pension Underfunded 024	\$ 22,590			\$ 22,590	\$ -	(\$9,491)
Dental Clinic - St. Joseph Co. 021	\$ 33,300	\$ -	\$ -	\$ -	\$ 33,300	\$0
Dental Clinic - Hillsdale Co. 029	\$ 7,000	\$ -	\$ -	\$ -	\$ 7,000	\$0
TOTAL	\$ 132,890	\$ -	\$ -	\$ 22,590	\$ 110,300	(\$34,491)
CORE SUPPORT SERVICES:						
General Administration 010	\$ 59,416	\$ -	\$ -	\$ -	\$ 59,416	(\$1,897)
Area Agency on Aging 012	\$ 1,236,679	\$ 1,204,175	\$ -	\$ -	\$ 32,504	(\$10,655)
VOCA 014	\$ 199,751	\$ 199,750	\$ -	\$ 1	\$ -	\$1
Emergency Preparedness 032	\$ 157,690	\$ 128,962	\$ -	\$ 28,728	\$ -	(\$2,082)
TOTAL CORE SUPPORT	\$ 1,653,536	\$ 1,532,887	\$ -	\$ 28,729	\$ 91,920	(\$14,633)
PREVENTION SERVICES:						
Outbreak Response - Hep A 034	\$ -	\$ -	\$ -	\$ -	\$ -	(\$25,455)
Vector Borne Disease Surveil 035	\$ -	\$ -	\$ -	\$ -	\$ -	(\$24,414)
Medicaid Enrollment (OR) 107	\$ 180,270	\$ 90,135	\$ -	\$ 90,135	\$ -	\$76,316
WIC Breastfeeding 108	\$ 96,895	\$ 78,535	\$ -	\$ 18,360	\$ -	\$14,655
WIC - Women, Infants, & Chil 109	\$ 927,872	\$ 908,156	\$ -	\$ 7,716	\$ 12,000	\$12,019
CSHCS Medicaid Outreach 112	\$ 45,116	\$ 16,573	\$ -	\$ 28,543	\$ -	\$5,744
MCH Enabling Women 115	\$ 58,033	\$ 55,375	\$ -	\$ 2,658	\$ -	(\$2,664)
Immunization IAP (Private) 138	\$ 700,193	\$ 371,796	\$ -	\$ 162,647	\$ 165,750	\$3,750
Children's Special Health Car 325	\$ 183,879	\$ 183,879	\$ -	\$ -	\$ -	\$0
School Vision 326	\$ 80,384	\$ -	\$ 48,509	\$ 17,875	\$ 14,000	(\$12,877)
School Hearing 327	\$ 82,437	\$ -	\$ 48,509	\$ 22,928	\$ 11,000	\$3,340
MCH Enabling Children 329	\$ 47,541	\$ 39,034	\$ -	\$ 8,507	\$ -	\$16,452
STD Prevention & Control 331	\$ 133,147	\$ -	\$ 98,026	\$ 34,321	\$ 800	(\$4,627)
HIV Prevention & Control 332	\$ 32,668	\$ 20,000	\$ -	\$ 12,668	\$ -	\$523
MCH Public Hlt Function & Infra	\$ -	\$ -	\$ -	\$ -	\$ -	(\$21,151)
Immunization Vaccine Handli 338	\$ 416,808	\$ 39,315	\$ 165,117	\$ 115,166	\$ 97,210	(\$11,321)
EPI Lab Capacity 350	\$ -	\$ -	\$ -	\$ -	\$ -	(\$20,403)
Infectious Disease 341	\$ 256,554	\$ -	\$ 196,652	\$ 852	\$ 59,050	\$4,991
Lead Testing 345	\$ 18,302	\$ 1,500	\$ -	\$ 16,802	\$ -	(\$425)
Forensic Fluids	\$ -	\$ -	\$ -	\$ -	\$ -	(\$1,768)
TOTAL PREVENTION	\$ 3,260,099	\$ 1,804,298	\$ 556,813	\$ 539,178	\$ 359,810	\$12,686
HEALTH PROMOTION:						
Tobacco Reduction 022						(\$31,715)
Workforce Development 101	\$ 44,515	\$ 44,135	\$ -	\$ 380	\$ -	(\$3,351)
Medical Marihuana BR 212						(\$16,835)
Medical Marihuana HD 230						(\$22,172)
Medical Marihuana SJ 275						(\$18,890)
Tel-A-Health, Coldwater 321	\$ 40,545	\$ -	\$ -	\$ 7,145	\$ 33,400	\$605
TOTAL HEALTH PROMOTION	\$ 85,060	\$ 44,135	\$ -	\$ 7,525	\$ 33,400	(\$92,358)
ENVIRONMENTAL HEALTH PROTECTION						
General Environmental Healtl 605	\$ 31,756	\$ 9,000	\$ -	\$ 9,976	\$ 12,780	\$3,559
Food Protection 704	\$ 447,730	\$ -	\$ 147,783	\$ 65,947	\$ 234,000	\$33,067
Onsite Sewage 714	\$ 327,018	\$ 26,000	\$ 182,499	\$ 19,519	\$ 99,000	\$2,190
Drinking Water Supply 721	\$ 327,018	\$ 1,000	\$ 162,757	\$ 37,261	\$ 126,000	\$2,190
Type II Water 745	\$ 80,249	\$ 55,279	\$ -	\$ 24,970	\$ -	\$290
TOTAL ENVIRONMENTAL HEALTH	\$ 1,213,771	\$ 91,279	\$ 493,039	\$ 157,673	\$ 471,780	\$41,296

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

OCTOBER 2019- SEPTEMBER 2020

TOTAL EXPENSES

Original Budget 6/27/2019	AMENDED BUDGET (#2) FY 2018-19		Original Budget 2019-20	DIFFERENCE	
	\$	6,431,089	\$	6,345,356	(85,733)
	\$	-	\$	-	
<u>OTHER:</u>					
Salary/Fringe Payoff	\$	70,000	\$	70,000	0
Capital Improvements	\$	25,000	\$	-	(25,000)
MERS Pension Underfunded	\$	32,081	\$	22,590	(9,491)
Dental Clinic - St. Joseph Co.	\$	33,300	\$	33,300	0
Dental Clinic - Hillsdale Co.	\$	7,000	\$	7,000	0
TOTAL	\$	167,381	\$	132,890	(34,491)
<u>CORE SUPPORT SERVICES:</u>					
General Administration	\$	61,313	\$	59,416	(1,897)
Area Agency on Aging	\$	1,247,334	\$	1,236,679	(10,655)
VOCA	\$	199,750	\$	199,751	1
Emergency Preparedness	\$	159,772	\$	157,690	(2,082)
TOTAL CORE SUPPORT	\$	1,668,169	\$	1,653,536	(14,633)
<u>PREVENTION SERVICES:</u>					
Outbreak Response - Hep A	\$	25,455	\$	-	(25,455)
Vector Borne Disease Surveillance	\$	24,414	\$	-	(24,414)
Medicaid Outreach	\$	103,954	\$	180,270	76,316
WIC - Breastfeeding	\$	82,240	\$	96,895	14,655
WIC - Women, Infants, & Children	\$	915,853	\$	927,872	12,019
CSHCS Medicaid Outreach	\$	39,372	\$	45,116	5,744
MCH Enabling Women	\$	60,697	\$	58,033	(2,664)
Immunization Clinics	\$	696,443	\$	700,193	3,750
Immunization/Vaccine Handling	\$	428,129	\$	416,808	(11,321)
Children's Special Health Care Services	\$	183,879	\$	183,879	0
School Vision & Hearing Clinics	\$	172,358	\$	162,821	(9,537)
MCH Enabling Children	\$	31,089	\$	47,541	16,452
STD Prevention & Control	\$	137,774	\$	133,147	(4,627)
HIV Prevention & Control	\$	32,145	\$	32,668	523
MCH Public Hlt Function & Infra	\$	21,151	\$	-	(21,151)
EPI Lab Capacity	\$	20,403	\$	-	(20,403)
Infectious Disease	\$	251,563	\$	256,554	4,991
Lead Testing	\$	18,727	\$	18,302	(425)
Forensic Fluids	\$	1,768	\$	-	(1,768)
TOTAL PREVENTION	\$	3,245,646	\$	3,260,099	14,453
<u>HEALTH PROMOTION:</u>					
Tobacco Control	\$	31,715	\$	-	(31,715)
Medical Marihuana BR	\$	16,835	\$	-	(16,835)
Medical Marihuana HD	\$	22,172	\$	-	(22,172)
Medical Marihuana SJ	\$	18,890	\$	-	(18,890)
Workforce Development	\$	47,866	\$	44,515	(3,351)
Tel-A-Health	\$	39,940	\$	40,545	605
TOTAL HEALTH PROMOTION	\$	177,418	\$	85,060	(92,358)
<u>ENVIRONMENTAL HEALTH PROTECTION</u>					
General Environmental Health	\$	28,197	\$	31,756	3,559
Food Protection	\$	414,663	\$	447,730	33,067
Onsite Sewage	\$	324,828	\$	327,018	2,190
Drinking Water Supply	\$	324,828	\$	327,018	2,190
Type II Water	\$	79,959	\$	80,249	290
TOTAL ENVIRONMENTAL HEALTH	\$	1,172,475	\$	1,213,771	41,296

Annual Budget for Comprehensive Local Health Services

Local Agency Branch-Hillsdale-St. Joseph CHA	Prepared By: Theresa Fisher				
Agreement Period 10/01/19 to 09/30/20	Approved By: Board of Health				
Original	008	009	010	012	014
EXPENDITURE CATEGORY:	SALARYFRINGE PAYOFF	SPACE ALLOCATION	GENERAL ADMINISTRATION	AREA AGENCY ON AGING	VOCA
1. SALARIES & WAGES	70,000		335,972	198,137	93,242
2. FRINGE BENEFITS		-	173,528	88,602	34,456
3. CAP EXP FOR EQUIP & FAC		-	-	-	
4. CONTRACTUAL (SUBCONTRACTS)		-	-	858,707	2,513
5. OTHER EXPENSES:		-	-	-	
6. SUPPLIES		-	15,100	425	8,030
7. TRAVEL		-	10,000	11,500	14,500
8. COMMUNICATIONS		-	25,000	2,000	3,000
9. COUNTY/CITY CENTRAL SERVICES		-	-	-	
10. SPACE COSTS		325,507	-	-	
11 .ALL OTHERS (ADP & MISC.)			108,923	10,400	13,068
12. TOTAL DIRECT EXPENDITURES	70,000	325,507	668,523	1,169,771	168,809
13. ADMINISTRATIVE INDIRECT EXP		-	(744,485)	65,054	28,972
24.40598%					
15. TOTAL DIRECT & ADM EXP	70,000	325,507	(75,962)	1,234,825	197,781
16. OTHER COST DISTRIBUTIONS:					
Prevention Serv. Administration					
Community Health Services					
Immunization Distribution					
CSHCS Distribution					
General Environmental Distribution					
Space Allocation		(325,507)	135,378	1,854	1,970
17. TOTAL EXPENDITURES	70,000	-	59,416	1,236,679	199,751
			803,901		
Exclusion Items:					
18. FEES 1ST & 2ND PARTY		-	20	-	
19. FEES & COLLECTIONS 3RD PARTY		-	-	-	
20. FED/STATE FUNDING (NON-MDCH)		-	-	1,204,175	199,750
21. LOCAL (NON-LPHO)		-	-	-	
MATCH FOR FULL COST REIMB.		-	-	-	
OTHER	70,000	-	59,396	32,504	
BCCF Funds		-	-	-	
MCDC Excess Dental Revenue		-	-	-	
		-	-	-	
22. OTHER NON-LPHO		-	-	-	
23. MDCH - NON-CPBC		-	-	-	
24. MDCH - CPBC HIV Testing		-	-	-	
VFC Visits		-	-	-	
Care Coordination		-	-	-	
Nurse Ed		-	-	-	
MCH Block Grant		-	-	-	
State Allocation		-	-	-	
		-	-	-	
25. TOTAL MDCH - CPBC	-	-	-	-	-
26. TOTAL EXCLUSIONS:	70,000	-	59,416	1,236,679	199,750
Net Allowable Expenditures		-	-		
		-	-		
27. NET ALLOWABLE EXPENDITURES	-	-	-	-	1
27. STATE ELPHS		-	-	-	
28. COUNTY APPROPRIATIONS	-	-	-	-	1
29. USE OF FUND BALANCE		-	-	-	

Annual Budget for Comprehensive Local Health Services

Local Agency Branch-Hillsdale-St. Joseph CHA Agreement Period 10/01/19 to 09/30/20	021	023	024	029	032
	DENTAL CLINIC THREE RIVERS	CAPITAL IMPROVEMENTS	MERS PENSION UNDERFUNDED	DENTAL CLINIC HILLSDALE	PUBLIC HEALTH EMERG. PREP.
Original EXPENDITURE CATEGORY:					
1. SALARIES & WAGES					69,168
2. FRINGE BENEFITS			22,590		22,386
3. CAP EXP FOR EQUIP & FAC	-	-	-	-	
4. CONTRACTUAL (SUBCONTRACTS)	-	-	-	-	
5. OTHER EXPENSES:	-	-	-	-	
6. SUPPLIES	-	-	-	-	3,180
7. TRAVEL	-	-	-	-	5,415
8. COMMUNICATIONS	-	-	-	-	28,425
9. COUNTY/CITY CENTRAL SERVICES	-	-	-	-	
10. SPACE COSTS	-	-	-	-	
11 .ALL OTHERS (ADP & MISC.)	33,300		-	7,000	7,042
12. TOTAL DIRECT EXPENDITURES	33,300	-	22,590	7,000	135,616
13. ADMINISTRATIVE INDIRECT EXP	-	-	-	-	20,771
24.40598%					
15. TOTAL DIRECT & ADM EXP	33,300	-	22,590	7,000	156,387
16. OTHER COST DISTRIBUTIONS:					
Prevention Serv. Administration					
Community Health Services					
Immunization Distribution					
CSHCS Distribution					
General Environmental Distribution					
Space Allocation	-	-	-	-	1,303
17. TOTAL EXPENDITURES	33,300	-	22,590	7,000	157,690
Exclusion Items:					
18. FEES 1ST & 2ND PARTY	-	-	-	-	
19. FEES & COLLECTIONS 3RD PARTY	-	-	-	-	
20. FED/STATE FUNDING (NON-MDCH)					
21. LOCAL (NON-LPHO)	-	-	-	-	
MATCH FOR FULL COST REIMB.	-	-	-	-	12,896
OTHER	33,300	-	-	7,000	
BCCF Funds	-	-	-	-	
MCDC Excess Dental Revenue	-	-	-	-	
22. OTHER NON-LPHO	-	-	-	-	
23. MDCH - NON-CPBC	-	-	-	-	
24. MDCH - CPBC HIV Testing	-	-	-	-	
VFC Visits	-	-	-	-	
Care Coordination					
Nurse Ed					
MCH Block Grant	-	-	-	-	
State Allocation	-	-	-	-	128,962
25. TOTAL MDCH - CPBC	-	-	-	-	128,962
26. TOTAL EXCLUSIONS:	33,300	-	-	7,000	141,858
Net Allowable Expenditures					
27. NET ALLOWABLE EXPENDITURES	-	-	22,590	-	15,832
27. STATE ELPHS	-	-	-	-	
28. COUNTY APPROPRIATIONS	-	-	22,590	-	15,832
29. USE OF FUND BALANCE					

Annual Budget for Comprehensive Local Health Services

Local Agency Branch-Hillsdale-St. Joseph CHA Agreement Period 10/01/19 to 09/30/20	101	107	108	109	112
	Original WORKFORCE 10/1/17-9/30/18	MEDICAID OUTREACH	WIC BREASTFEEDING	WIC RESIDENTIAL	CSHCS MEDICAID OUTREACH
EXPENDITURE CATEGORY:					
1. SALARIES & WAGES	5,614	80,661	53,457	397,815	
2. FRINGE BENEFITS	2,526	43,721	7,251	218,404	
3. CAP EXP FOR EQUIP & FAC	-	-	-	-	-
4. CONTRACTUAL (SUBCONTRACTS)	-	-	-	-	-
5. OTHER EXPENSES:	-	-	-	-	-
6. SUPPLIES	50	500	350	5,800	-
7. TRAVEL	250	1,400	1,800	11,000	-
8. COMMUNICATIONS	50	100	500	4,800	-
9. COUNTY/CITY CENTRAL SERVICES	-	-	-	-	-
10. SPACE COSTS	-	-	-	-	-
11 .ALL OTHERS (ADP & MISC.)	34,050	5,374	3,985	47,513	-
12. TOTAL DIRECT EXPENDITURES	42,540	131,756	67,343	685,332	-
13. ADMINISTRATIVE INDIRECT EXP	1,847	28,219	13,773	139,805	-
24.40598%					
15. TOTAL DIRECT & ADM EXP	44,387	159,975	81,116	825,137	-
16. OTHER COST DISTRIBUTIONS:					
Prevention Serv. Administration		13,201	6,443	65,403	
Community Health Services		3,374	3,374	3,374	
Immunization Distribution		-			
CSHCS Distribution					45,116
General Environmental Distribution					
Space Allocation	128	3,720	5,962	33,958	-
17. TOTAL EXPENDITURES	44,515	180,270	96,895	927,872	45,116
Exclusion Items:					
18. FEES 1ST & 2ND PARTY	-	-	-	-	-
19. FEES & COLLECTIONS 3RD PARTY	-	-	-	12,000	-
20. FED/STATE FUNDING (NON-MDCH)	-	90,135			16,573
21. LOCAL (NON-LPHO)	-	-	-	-	-
MATCH FOR FULL COST REIMB.	-	90,135	-	-	16,573
OTHER	-	-	-	-	-
BCCF Funds	-	-	-	-	-
MCDC Excess Dental Revenue	-	-	-	-	-
22. OTHER NON-LPHO	-	-	-	-	-
23. MDCH - NON-CPBC	-	-	-	-	-
24. MDCH - CPBC HIV Testing	-	-	-	-	-
VFC Visits	-	-	-	-	-
Care Coordination					
Nurse Ed					
MCH Block Grant	-	-	-	-	-
State Allocation	44,135	-	78,535	908,156	-
25. TOTAL MDCH - CPBC	44,135	-	78,535	908,156	-
26. TOTAL EXCLUSIONS:	44,135	180,270	78,535	920,156	33,146
Net Allowable Expenditures					
27. NET ALLOWABLE EXPENDITURES	380	-	18,360	7,716	11,970
27. STATE ELPHS	-	-	-	-	-
28. COUNTY APPROPRIATIONS	380	-	18,360	7,716	11,970
29. USE OF FUND BALANCE	-	-	-	-	-

Annual Budget for Comprehensive Local Health Services

Local Agency Branch-Hillsdale-St. Joseph CHA Agreement Period 10/01/19 to 09/30/20	115	138	199	321	325
Original EXPENDITURE CATEGORY:	MCH ENABLING WOMEN	IMMUNIZATION/ IAP	PREVENTION SERV ADM.	CHC-TELE A HEALTH	CSHCS OR & ADVOCACY
1. SALARIES & WAGES	16,491	187,083	59,067	24,795	121,523
2. FRINGE BENEFITS	7,789	98,944	29,369	6,850	32,165
3. CAP EXP FOR EQUIP & FAC	-	-	-	-	-
4. CONTRACTUAL (SUBCONTRACTS)	-	-	-	-	-
5. OTHER EXPENSES:	-	-	-	-	-
6. SUPPLIES	310	264,450	560	195	1,600
7. TRAVEL	200	3,000	1,300	700	5,000
8. COMMUNICATIONS	100	700	500	25	400
9. COUNTY/CITY CENTRAL SERVICES	-	-	-	-	-
10. SPACE COSTS	-	-	-	-	-
11 .ALL OTHERS (ADP & MISC.)	21,068	334,821	300	250	8,529
12. TOTAL DIRECT EXPENDITURES	45,958	888,998	91,096	32,815	169,217
13. ADMINISTRATIVE INDIRECT EXP	5,508	64,892	20,064	7,179	34,868
24.40598%	-	-	-	-	-
15. TOTAL DIRECT & ADM EXP	51,466	953,890	111,160	39,994	204,085
16. OTHER COST DISTRIBUTIONS:					
Prevention Serv. Administration	2,577	30,358.00	(182,726)		16,312
Community Health Services	3,374	3,374			3,374
Immunization Distribution		(300,000)	-		
CSHCS Distribution		-			(45,116)
General Environmental Distribution		-			-
Space Allocation	616	12,571	71,566	551	5,224
17. TOTAL EXPENDITURES	58,033	700,193	-	40,545	183,879
Exclusion Items:					
18. FEES 1ST & 2ND PARTY	-	17,000	-	-	-
19. FEES & COLLECTIONS 3RD PARTY	-	146,250	-	-	-
20. FED/STATE FUNDING (NON-MDCH)	-	300,000	-	-	-
21. LOCAL (NON-LPHO)	-	-	-	-	-
MATCH FOR FULL COST REIMB.	-	-	-	-	-
OTHER	-	2,500	-	33,400	-
BCCF Funds	-	-	-	-	-
MCDC Excess Dental Revenue	-	-	-	-	-
	-	-	-	-	-
22. OTHER NON-LPHO	-	-	-	-	-
23. MDCH - NON-CPBC	-	-	-	-	-
24. MDCH - CPBC HIV Testing	-	-	-	-	-
VFC Visits	-	-	-	-	-
Care Coordination					64,000
Nurse Ed					
MCH Block Grant	55,375		-	-	-
State Allocation	-	71,796	-	-	119,879
25. TOTAL MDCH - CPBC	55,375	71,796	-	-	183,879
26. TOTAL EXCLUSIONS:	55,375	537,546	-	33,400	183,879
Net Allowable Expenditures					
27. NET ALLOWABLE EXPENDITURES	2,658	162,647	-	7,145	-
27. STATE ELPHS	-	-	-	-	-
28. COUNTY APPROPRIATIONS	2,658	162,647	-	7,145	-
29. USE OF FUND BALANCE	-	-	-	-	-

Annual Budget for Comprehensive Local Health Services

Local Agency Branch-Hillsdale-St. Joseph CHA						
Agreement Period 10/01/19 to 09/30/20		326	327	329	331	332
Original		VISION	HEARING	MCH - ENABLING	SEXUAL TRANS.	HIV
EXPENDITURE CATEGORY:				SERVICES CHILDREN	DISEASES	PREVENTION
1. SALARIES & WAGES		33,154	33,154	16,380	51,740	12,935
2. FRINGE BENEFITS		19,238	19,238	8,086	27,880	7,471
3. CAP EXP FOR EQUIP & FAC		-	-		-	-
4. CONTRACTUAL (SUBCONTRACTS)		-	-		-	-
5. OTHER EXPENSES:		-	-		-	-
6. SUPPLIES		1,100	450	11,025	1,555	345
7. TRAVEL		2,800	2,800	25	700	150
8. COMMUNICATIONS		250	200	25	100	50
9. COUNTY/CITY CENTRAL SERVICES		-	-		-	-
10. SPACE COSTS		-			-	-
11 .ALL OTHERS (ADP & MISC.)		2,280	5,033	200	17,180	1,150
12. TOTAL DIRECT EXPENDITURES		58,822	60,875	35,741	99,155	22,101
13. ADMINISTRATIVE INDIRECT EXP		11,886	11,886	5,551	18,064	4,629
	24.40598%					
15. TOTAL DIRECT & ADM EXP		70,708	72,761	41,292	117,219	26,730
16. OTHER COST DISTRIBUTIONS:						
Prevention Serv. Administration		5,561	5,561	2,597	8,450	2,166.00
Community Health Services		3,374	3,374	3,374	3,374	3,369
Immunization Distribution						
CSHCS Distribution						
General Environmental Distribution						
Space Allocation		741	741	278	4,104	403
17. TOTAL EXPENDITURES		80,384	82,437	47,541	133,147	32,668
Exclusion Items:						
18. FEES 1ST & 2ND PARTY		14,000	11,000		800	-
19. FEES & COLLECTIONS 3RD PARTY		-	-		-	-
20. FED/STATE FUNDING (NON-MDCH)						
21. LOCAL (NON-LPHO)		-	-		-	-
MATCH FOR FULL COST REIMB.		-	-		-	-
OTHER						
BCCF Funds		-	-		-	-
MCDC Excess Dental Revenue		-	-		-	-
		-	-		-	-
22. OTHER NON-LPHO		-	-		-	-
23. MDCH - NON-CPBC		-	-		-	-
24. MDCH - CPBC HIV Testing		-	-		-	-
VFC Visits		-	-		-	-
Care Coordination						
Nurse Ed						
MCH Block Grant		-	-	39,034	-	-
State Allocation		-	-		-	20,000
25. TOTAL MDCH - CPBC		-	-	39,034	-	20,000
26. TOTAL EXCLUSIONS:		14,000	11,000	39,034	800	20,000
Net Allowable Expenditures						
27. NET ALLOWABLE EXPENDITURES		66,384	71,437	8,507	132,347	12,668
27. STATE ELPHS		48,509	48,509		98,026	-
28. COUNTY APPROPRIATIONS		17,875	22,928	8,507	34,321	12,668
29. USE OF FUND BALANCE		-	-	-	-	-

Annual Budget for Comprehensive Local Health Services

Local Agency Branch-Hillsdale-St. Joseph CHA Agreement Period 10/01/19 to 09/30/20	338	341	345	605	704
Original EXPENDITURE CATEGORY:	IMMUNIZATION/ VACCINE HANDLING	INFECTIOUS DISEASE	LEAD TESTING	GENERAL ENVIRO. HEALTH	FOOD PROTECTION
1. SALARIES & WAGES	43,551	95,648	10,018	359,341	233,838
2. FRINGE BENEFITS	30,307	44,764	2,888	159,185	73,160
3. CAP EXP FOR EQUIP & FAC		-	-	-	-
4. CONTRACTUAL (SUBCONTRACTS)	-	-	-	-	-
5. OTHER EXPENSES:	-	-	-	-	-
6. SUPPLIES	425	31,750	75	4,470	1,700
7. TRAVEL	200	1,500	500	25,000	15,000
8. COMMUNICATIONS	1,800	400	25	1,750	1,500
9. COUNTY/CITY CENTRAL SERVICES	-	-	-	-	-
10. SPACE COSTS	-	-	-	-	-
11 .ALL OTHERS (ADP & MISC.)	10,131	29,299	362	18,190	33,580
12. TOTAL DIRECT EXPENDITURES	86,414	203,361	13,868	567,936	358,778
13. ADMINISTRATIVE INDIRECT EXP	16,756	31,856	2,928	117,641	69,650
24.40598%					
15. TOTAL DIRECT & ADM EXP	103,170	235,217	16,796	685,577	428,428
16. OTHER COST DISTRIBUTIONS:					
Prevention Serv. Administration	7,839	14,902	1,370		
Community Health Services	3,369	3,369		3,369	3,369
Immunization Distribution	300,000			-	
CSHCS Distribution	-				
General Environmental Distribution	-			(681,288)	
Space Allocation	2,430	3,066	136	24,098	15,933
17. TOTAL EXPENDITURES	416,808	256,554	18,302	31,756	447,730
Exclusion Items:					
18. FEES 1ST & 2ND PARTY	-	500	-	9,375	234,000
19. FEES & COLLECTIONS 3RD PARTY	51,210	58,550	-	-	-
20. FED/STATE FUNDING (NON-MDCH)			1,500	9,000	
21. LOCAL (NON-LPHO)	-	-	-	-	-
MATCH FOR FULL COST REIMB.	-	-	-	-	-
OTHER	-	-		3,405	
BCCF Funds	46,000	-	-	-	-
MCDC Excess Dental Revenue	-	-	-	-	-
	-	-	-	-	-
22. OTHER NON-LPHO	-	-	-	-	-
23. MDCH - NON-CPBC	-	-	-	-	-
24. MDCH - CPBC HIV Testing	-	-	-	-	-
VFC Visits	9,450	-	-	-	-
Care Coordination					
Nurse Ed	1,250				
MCH Block Grant	-	-	-	-	-
State Allocation	28,615	-	-	-	-
25. TOTAL MDCH - CPBC	39,315	-	-	-	-
26. TOTAL EXCLUSIONS:	136,525	59,050	1,500	21,780	234,000
Net Allowable Expenditures					
27. NET ALLOWABLE EXPENDITURES	280,283	197,504	16,802	9,976	213,730
27. STATE ELPHS	165,117	196,652	-	-	147,783
28. COUNTY APPROPRIATIONS	115,166	852	16,802	9,976	65,947
29. USE OF FUND BALANCE	-	-	-	-	-

Annual Budget for Comprehensive Local Health Services

Local Agency Branch-Hillsdale-St. Joseph CHA Agreement Period 10/01/19 to 09/30/20					
	714	721	745		
Original EXPENDITURE CATEGORY:	ONSITE SEWAGE DISPOSAL	DRINKING WATER SUPPLY	TYPE II WATER	GRAND TOTAL	GRAND TOTAL
1. SALARIES & WAGES			37,602	2,570,386	2,640,386
2. FRINGE BENEFITS			24,516	1,205,314	1,205,314
3. CAP EXP FOR EQUIP & FAC	-	-	-	-	-
4. CONTRACTUAL (SUBCONTRACTS)	-	-	-	861,220	861,220
5. OTHER EXPENSES:	-	-	-	-	-
6. SUPPLIES	-	-	675	354,120	354,120
7. TRAVEL	-	-	2,200	116,940	116,940
8. COMMUNICATIONS	-	-	350	72,050	72,050
9. COUNTY/CITY CENTRAL SERVICES	-	-	-	-	-
10. SPACE COSTS	-	-	-	325,507	325,507
11 .ALL OTHERS (ADP & MISC.)	-	-	75	753,103	753,103
12. TOTAL DIRECT EXPENDITURES	-	-	65,418	6,328,640	6,328,640
13. ADMINISTRATIVE INDIRECT EXP	-	-	14,093	(8,593)	(8,593)
24.40598%				-	-
15. TOTAL DIRECT & ADM EXP	-	-	79,511	6,320,047	6,320,047
16. OTHER COST DISTRIBUTIONS:				-	-
Prevention Serv. Administration				14	14
Community Health Services					
Immunization Distribution				-	-
CSHCS Distribution				-	-
General Environmental Distribution	327,018	327,018		(27,252)	(27,252)
Space Allocation	-	-	738	1,962	1,962
17. TOTAL EXPENDITURES	327,018	327,018	80,249	6,345,356	6,345,356
					-
					-
Exclusion Items:				-	-
18. FEES 1ST & 2ND PARTY	90,000	126,000	-	502,695	502,695
19. FEES & COLLECTIONS 3RD PARTY	-	-	-	268,010	268,010
20. FED/STATE FUNDING (NON-MDCH)	26,000	1,000	55,279	1,903,412	1,903,412
21. LOCAL (NON-LPHO)	-	-	-	-	-
MATCH FOR FULL COST REIMB.	-	-	-	119,604	119,604
OTHER	9,000	-	-	250,505	250,505
BCCF Funds	-	-	-	46,000	46,000
MCDC Excess Dental Revenue	-	-	-	-	-
	-	-	-	-	-
22. OTHER NON-LPHO	-	-	-	-	-
23. MDCH - NON-CPBC	-	-	-	-	-
24. MDCH - CPBC HIV Testing	-	-	-	-	-
VFC Visits	-	-	-	9,450	9,450
Care Coordination				64,000	64,000
Nurse Ed				1,250	1,250
MCH Block Grant	-	-	-	94,409	94,409
State Allocation	-	-	-	1,400,078	1,400,078
				-	-
25. TOTAL MDCH - CPBC	-	-	-	1,569,187	1,569,187
26. TOTAL EXCLUSIONS:	125,000	127,000	55,279	4,659,413	4,659,413
Net Allowable Expenditures				-	-
				-	-
27. NET ALLOWABLE EXPENDITURES	202,018	200,018	24,970	1,685,943	1,685,943
27. STATE ELPHS	182,499	162,757	-	1,049,852	1,049,852
28. COUNTY APPROPRIATIONS	19,519	37,261	24,970	636,091	636,091
29. USE OF FUND BALANCE	-	-	-	-	-

Annual Budget for Comprehensive Local Health Services

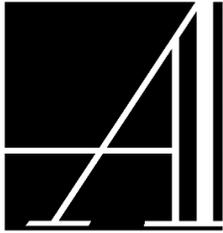
Local Agency	
Branch-Hillsdale-St. Joseph CHA	
Agreement Period	
10/01/19 to 09/30/20	
Original	
EXPENDITURE CATEGORY:	
1 . SALARIES & WAGES	
2. FRINGE BENEFITS	
3. CAP EXP FOR EQUIP & FAC	
4. CONTRACTUAL (SUBCONTRACTS)	
5. OTHER EXPENSES:	
6. SUPPLIES	
7. TRAVEL	
8. COMMUNICATIONS	
9. COUNTY/CITY CENTRAL SERVICES	
10. SPACE COSTS	
11 .ALL OTHERS (ADP & MISC.)	
12. TOTAL DIRECT EXPENDITURES	
13. ADMINISTRATIVE INDIRECT EXP	
	24.40598%
15. TOTAL DIRECT & ADM EXP	
16. OTHER COST DISTRIBUTIONS:	
Prevention Serv. Administration	
Community Health Services	
Immunization Distribution	
CSHCS Distribution	
General Environmental Distribution	
Space Allocation	
17. TOTAL EXPENDITURES	
Exclusion Items:	
18. FEES 1ST & 2ND PARTY	
19. FEES & COLLECTIONS 3RD PARTY	
20. FED/STATE FUNDING (NON-MDCH)	
21. LOCAL (NON-LPHO)	
MATCH FOR FULL COST REIMB.	
OTHER	
BCCF Funds	
MCDC Excess Dental Revenue	
22. OTHER NON-LPHO	
23. MDCH - NON-CPBC	
24. MDCH - CPBC	
HIV Testing	
VFC Visits	
Care Coordination	
Nurse Ed	
MCH Block Grant	
State Allocation	
25. TOTAL MDCH - CPBC	
26. TOTAL EXCLUSIONS:	
Net Allowable Expenditures	
27. NET ALLOWABLE EXPENDITURES	
27. STATE ELPHS	
28. COUNTY APPROPRIATIONS	
29. USE OF FUND BALANCE	

770,705	Fees
755,695	Local Approp
4,522,451	State/Federal
296,505	Other

6,345,356 Total Revenues

Agency FY County
756017 Approp.

322 Under (OVER)
County FY Allocations



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

June 27, 2019

Director's Report

Enclosure:

1. FINAL DRAFT FY2020-2022 Multi Year Area Plan/FY2020 Annual Implementation Plan *
-

Updates:

1. The FINAL DRAFT FY2020-2022 MYP/FY2020 AIP document is enclosed for your review and approval. Both county's Board of Commissioners have received a presentation at working/executive committee meetings and formal presentation at their full board meetings. Unanimous Resolutions of Support were passed by both counties as well. We appreciate the Board of Health's contribution of time and review as we went through the planning process this year! A copy of the Community Health Needs Assessment results are also attached in this final draft.

Board action is requested to approve the FY2020-2022 Multi-Year Area Plan and FY2020 Annual Implementation Plan for submission to the Aging & Adult Services Agency and the Michigan Commission on Services to the Aging. The Signature Page that Commissioner Vrablic will sign acknowledges that the Policy Board approves of and supports the entire document including: the budgets, assurances, and appendices. Thank you!

2. FY2019 Provider Amendments are coming along well. As of the time this report was written, two agencies had yet to submit their budgets... We anticipate the process will be complete in the first week of July.
3. FY2019 Provider Assessments
Each year AAA staff go on-site at each of our annual contracted providers for a comprehensive programmatic review of compliance, service targeting and adherence to established policies/procedures. I'm happy to report that these monitoring visits have gone very well this year. There are no findings for any of our providers this year. As in the past, a summary of the assessments will be provided to the Board at the July meeting.

Personal Health & Disease Prevention June Meeting 2019

Communicable Disease: (CD-TB-HIV-STD):

- ❖ There were 3 probable and 5 confirmed Pertussis cases between May 1st and June 17th. One case was in St. Joseph County and the rest were from Hillsdale. Two cases had 1 additional case that was associated with it. Each additional case was a close friend with the other. One set was from a High School and the other set from a Middle School. This happened at the end of the school year. The middle school received letters to all the students and faculty. The High School was out of session before the second case was determined. We are keeping a close watch on it.
- ❖ Measles Outbreak was announced as being over in Michigan, but there are now over 1,000 cases in the United States this year.
- ❖ Rabies: We are heading into bat season, usually July and August are the heaviest months for bat submission. This year there has been seven rabid animals (5 bats, 2 skunks) from Alpena (1), Bay (1), Jackson (1), Macomb (1) and Oakland (3). In 2018 there were 79 rabid animals, (77 bats, 2 skunks) and I believe Branch and St. Joseph each had a positive bat.
- ❖ Michigan Department of Health and Human Services (MDHHS) has been doing Syndromic Surveillance for over 10 years which currently monitors chief complaints from Emergency Room visits. There are key words that trigger the data to be collected. Recently Michigan International Speedway (MIS) held a Monster Energy NASCAR Cup Series and do this twice a year. The racetrack is located on more than 1,400 acres of land and seats more than 72,000 people in the grandstands, with tens of thousands of others in the infield, suites, and campgrounds. They were expecting to host hundreds of thousands of fans this weekend. Weather postponed a race to the following day, so attendance may have been less than expected. For MIS events they monitor ER's in Jackson, Lenawee, Monroe, and Washtenaw counties. Hillsdale is also in Region 1, so we get the heads up when Surveillance will be happening. (Chief Complaints include but not limited to GI, Respiratory, Rash, Neurological, and Heat-related illness.)

Immunizations:

No new information.

Women, Infants, and Children's Nutrition Program (WIC):

- ❖ WIC numbers continued to go up in May. We are hoping to continue on this path.
- ❖ We are having our first Hillsdale County satellite clinic in Somerset Center at the Methodist Church on Highway 12 on July 19th, 2019. DHHS is planning on having representation there as well.

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

CSHCS had their annual CSHCS meeting in Livonia May 3. We received good news that CSHCS is going to be covering continuing glucose monitors soon. This is a HUGE deal to a big portion of our diabetic clients. They were never covered before and are a high cost to our families.

Y. Atwood R.N., B.S.N. Director of Personal Health & Disease Prevention

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

May-19	2018-2019				FYTD				2017-18 FYTD			
	BR	HD	SJ	Total	BR	HD	SJ	Total	BR	HD	SJ	Total
	Amebiasis				-	-	-	-	-	-	-	-
Animal Bite	2	6	1	9	15	48	3	66	15	28	6	49
Babesiosis				-	-	-	-	-	-	-	-	-
Blastomycosis				-	-	1	-	1	-	-	-	-
Brucellosis				-	-	-	-	-	-	-	-	-
Campylobacter		1	2	3	4	6	6	16	6	4	16	26
Chicken Pox				-	-	4	5	9	1	4	-	5
Chlamydia	5	7	11	23	79	66	144	289	94	65	131	290
Coccidioidomycosis				-	-	-	1	1	-	-	-	-
Colds W/O Fever	133	90	245	468	1,272	836	1,655	3,763	1,281	892	1,562	3,735
CRE Carbapenem Resistant Enterobac.				-	-	3	-	3	1	-	-	1
Creutzfeldt-Jakob Disease				-	-	-	-	-	-	-	-	-
Cryptococcosis				-	-	-	-	-	-	-	-	-
Cryptosporidiosis				-	5	2	2	9	1	1	5	7
Cyclosporiasis				-	-	-	-	-	-	-	-	-
Dengue Fever				-	-	-	-	-	-	-	-	-
E Coli 0157				-	-	-	-	-	-	-	-	-
Encephalitis - Primary				-	-	-	-	-	-	-	-	-
Encephalitis - St. Louis				-	-	-	-	-	-	-	-	-
Flu Like Disease	136	57	145	338	1,570	1,230	2,091	4,891	1,766	1,485	3,698	6,949
GI Illness	321	169	341	831	4,198	2,362	2,642	9,202	4,278	1,917	2,826	9,021
Giardiasis				-	-	1	2	3	3	-	-	3
Gonorrhea	1	4	3	8	15	23	57	95	9	8	30	47
Granuloma Inguinale				-	-	-	-	-	-	-	-	-
Guillian-Barre Syndrome				-	-	-	-	-	-	-	-	-
H. Influenzae Disease - Inv.				-	-	-	-	-	1	-	2	3
Head Lice	30	28	91	149	253	175	563	991	336	146	473	955
Hemolytic Uremic Syndrome				-	-	-	-	-	-	-	-	-
Hepatitis A			1	1	1	-	1	2	1	-	-	1
Hepatitis B - Acute				-	-	1	-	1	1	-	1	2
Hepatitis B - Chronic				-	-	1	5	6	1	2	2	5
Hepatitis C - Acute				-	-	-	-	-	-	-	-	-
Hepatitis C - Chronic	1	6	4	11	18	26	28	72	23	27	43	93
Hepatitis C Unknown				-	-	-	-	-	-	-	-	-
Histoplasmosis				-	-	-	3	3	-	-	2	2
HIV Infection				-	-	-	-	-	-	-	-	-
HIV/AIDS				-	-	-	-	-	-	-	2	2
Impetigo	2	-	2	4	28	19	37	84	21	10	17	48
Influenza			3	3	77	118	59	254	24	58	102	184
Influenza, Novel				-	-	-	-	-	-	-	-	-
Kawasaki				-	-	-	-	-	-	-	-	-
Legionellosis				-	-	-	-	-	-	1	-	1

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

May-19

FYTD 2018/2019

FYTD 2017/2018

	May-19					FYTD 2018/2019					FYTD 2017/2018				
	BR	HD	ST	TR	Total	BR	HD	ST	TR	Total	BR	HD	ST	TR	Total
WIC Participation/Ave.	1,196	1,004	755	982	3,937	1,227	977	750	968	3,922	1,321	1,138	768	1,050	4,277
<div style="display: flex; justify-content: space-around;"> AVERAGE FOR WIC 18/19 AVERAGE FOR WIC 17/18 </div>															
CHILD IMMUNIZATIONS															
# Vaccines Given CHA	93	138	17	82	330	1,247	1,222	33	908	3,410	1,491	1,118	-	723	3,332
All VFC Doses Given	572	469		809	1,850	6,034	4,548	-	8,737	19,319	5,629	4,522	-	7,936	18,087
Waivers	6	1		5	12	45	42	-	48	135					
ADULT IMMUNIZATIONS															
# Vaccines Given	166	89	2	70	327	1,406	767	32	951	3,156	1,618	478	-	789	2,885
All VRP Doses Given	96	44		13	153	390	327	-	148	865	477	139	-	330	946
TRAVEL VACCINATIONS															
Branch Office	2				2	27	-	-	-	27	257	-	-	-	257
COMMUNICABLE DISEASE															
STD treatments	4	-	-	8	12	20	16	-	96	132	20	18	-	36	74
New STD Investigations	6	11	-	14	31	94	89	-	194	377	99	81	-	150	330
TB Tests Done	15	5	-	6	26	96	111	-	34	241	111	80	-	24	215
LTBI on Rx	1	-	-	-	1	1	-	-	1	2	1	-	-	-	1
HIV Testing	1	-	-	1	2	9	9	-	55	73	6	13	-	14	33
ENROLLMENTS															
Medicaid & Michild	-	-	-	6	6	3	-	-	28	31	16	-	-	31	47
REFERRAL SERVICE															
MCDC Referrals	17	51	2	5	75	132	244	17	25	418					
MIHP referrals					-	90	-	89	139	318	100	-	120	190	410
Hearing Screens															
Pre-school	35	-	-	53	88	263	249	-	794	1,306	261	321	-	837	1,419
School Age	-	4	-	-	4	1,132	1,137	-	1,963	4,232	1,224	1,022	-	2,233	4,479
Vision Screens															
Pre-school	38	-	-	57	95	271	240	-	834	1,345	244	302	-	930	1,476
School Age	-	95	-	-	95	2,857	2,612	-	5,360	10,829	3,066	2,533	-	5,291	10,890
Children's Special Health Care Services															
Diagnostics	1	3	-	-	4	22	49	-	1	72	2	-	-	3	5
Assessments-Renewal	28	25	-	24	77	153	163	-	221	537	140	142	-	220	502
Assessments-New	4	9	-	8	21	58	113	-	41	212	51	44	-	52	147

Branch-Hillsdale-St. Joseph Community Health Agency
Environmental Public Health Services
Report for the June 27, 2019 Board of Health Meeting
Prepared by Paul Andriacchi R.E.H.S, Director of Environmental Health

Food Service Sanitation

We recently filled the vacant food sanitarian position in Hillsdale County. Our new sanitarian is Bethany Pirman, who is a recent graduate of Lake Superior State University and comes to us with an Environmental Science major. Bethany started the first week of June and has been working very hard towards fulfilling the training requirements for our food sanitarians. Our food staff has also been very busy as they have transitioned into the new (Health Space) software system. At this point we have only rolled out the food portion of the new software with the intent of going live with the rest of the programs at some point in the near future. As with any new software system, we have been experiencing some issues in the transition, however, the company has been working with us closely to resolve the issues in a timely manner.



Well & On-Site Sewage

Activities in the well and septic programs continue to be very busy as they normally are in the summer months. We are in the process of getting our other sanitarian (50% food/50% field) position filled in Hillsdale. We have identified the person to fill that position and are awaiting the completion of the pre-employment physical to set a starting date. This position will be training and working entirely in the field programs until the end of the fiscal year. This time of year also brings forth other seasonal activities such as campgrounds, children's camps and septage hauler inspections which will keep our field staff extremely busy throughout the summer months.

General Programs

The vector-borne surveillance interns have been very busy conducting their mosquito and tick collection activities as well as a number of community outreach events. Presentations on the dangers of Lyme Disease and Zika Virus were done at meeting with several civic organizations in the area as well as at Bronson High School and Three Rivers High School. Two of our interns also did a live radio interview at WTVB (Coldwater) and spoke about strategies to keep yourself safe from mosquitoes and ticks during outdoor activities as well as the dangers of Lyme Disease and Zika virus. They have also put together informational flyers addressing the issues with Lyme Disease and Zika Virus and have so far, distributed them to all the schools in St. Joseph County.

EH Service Statistics Report

BRANCH - HILLSDALE - ST. JOSEPH COMMUNITY HEALTH AGENCY

ENVIRONMENTAL HEALTH SERVICE REPORT 2018/2019

	MAY				YTD 2018/2019				YTD 2017/2018			
	BR	HD	SJ	TOTAL	BR	HD	SJ	TOTAL	BR	HD	SJ	TOTAL
WELL/SEWAGE SYSTEM EVAL.	1	-	1	2	10	4	11	25	4	1	7	12
CHANGE OF USE EVALUATIONS - FIELD	1	7	6	14	6	27	33	66	13	18	38	69
CHANGE OF USE EVALUATIONS - OFFICE	1	3	8	12	15	8	34	57	26	-	25	51
ON-SITE SEWAGE DISPOSAL												
PERMITS NEW CONSTRUCTION	5	3	8	16	35	24	51	110	23	33	45	101
REPAIR/REPLACEMENT	8	11	16	35	29	38	84	151	38	31	58	127
VACANT LAND EVALUATION	3	2	-	5	7	6	5	18	2	3	21	26
PERMITS DENIED	-	-	-	-	-	-	1	1	-	-	-	-
TOTAL	16	16	24	56	71	68	141	280	63	67	124	254
SEWAGE PERMITS INSPECTED	14	7	16	37	48	54	93	194	52	60	80	190
WELL PERMITS ISSUED	10	5	19	34	66	71	116	253	93	91	145	329
WELL PERMITS INSPECTED	7	7	13	27	88	71	91	250	92	88	101	281
FOOD SERVICE INSPECTION												
PERMANENT	15	9	27	51	144	136	216	496	172	186	252	610
NEW OWNER / NEW ESTABLISHMENT	2	1	2	5	3	6	12	21	7	9	7	23
FOLLOW-UP INSPECTION	1	-	1	2	14	24	12	50	12	19	22	53
TEMPORARY	4	7	11	22	10	16	33	59	8	23	29	60
MOBILE/STFU	-	7	4	11	-	12	17	29	4	15	4	23
PLAN REVIEW APPLICATIONS	-	-	1	1	6	3	4	13	2	6	8	16
FOOD RELATED COMPLAINTS	-	-	2	2	3	8	5	16	6	4	4	14
FOODBORNE ILLNESS INVESTIGATED	-	-	-	-	-	1	-	1	-	-	1	1
FOOD CLASSES												
MANAGEMENT CERTIFICATION CLASS	n/a	n/a	n/a	18	n/a	n/a	n/a	101	n/a	n/a	n/a	171
FOOD HANDLERS CLASS	n/a	n/a	n/a	-	n/a	n/a	n/a	-	n/a	n/a	n/a	-
METH LAB REFERRALS	-	-	-	-	-	-	-	-	-	1	2	3
METH LAB LETTERS SENT	-	-	-	-	-	-	-	-	-	1	-	1
CAMPGROUND INSPECTION	-	-	-	-	-	-	-	-	1	-	-	1
NON-COMM WATER SUPPLY INSP.	1	-	2	3	4	10	26	40	3	2	7	12
SWIMMING POOL INSPECTION	4	6	2	12	14	10	9	33	10	10	2	22
PROPOSED SUBDIVISION REVIEW	-	-	-	-	-	-	-	-	-	-	-	-
SEPTIC TANK CLEANER	-	-	-	-	2	-	-	2	3	-	1	4
DHS LICENSED FACILITY INSP.	2	3	2	7	17	25	20	62	18	33	39	90
COMPLAINT INVESTIGATIONS	2	5	4	11	36	16	14	66	8	13	16	37
LONG TERM MONITORING	-	-	-	-	-	-	5	5	-	-	4	4
BODY ART FACILITY INSPECTIONS	-	-	-	-	-	3	5	8	2	3	1	7

Branch-Hillsdale-St Joseph Food Establishment Inspection Report

For Date Range: 05/01/2019 - 05/31/2019

Name	Location	Date	Inspection Type	# P / Pf	# P/Pf Fixed During Inspection	# Core
MCDONALD'S JLMAC, LLC	CENTREVILLE	05/01/19	COMPLAINTS		0	
LITTLE CAESARS #1200-002	STURGIS	05/17/19	COMPLAINTS	0 0	0	0
COSMOS FAMILY RESTAURANT	STURGIS	05/01/19	ENFORCEMENT A	0 0	0	0
55 BELOW	HILLSDALE	05/01/19	PREOPENING/NEV	0 0	0	1
BEN'S SOFT PRETZEL	HILLSDALE	05/10/19	PREOPENING/NEV	0 0	0	0
COLDWATER YOUTH BASEBALL/SOFTBALL	COLDWATER	05/15/19	PREOPENING/NEV	0 0	0	0
WENDY'S #4574	THREE RIVERS	05/20/19	PREOPENING/NEV	0 0	0	0
WENDY'S #4444	COLDWATER	05/20/19	PREOPENING/NEV	2 0	2	1
ANDREWS ELEM SCHOOL	THREE RIVERS	05/15/19	ROUTINE/FULL	0 0	0	0
BURR OAK SCHOOL	BURR OAK	05/01/19	ROUTINE/FULL	0 0	0	0
CHECKER RECORDS	HILLSDALE	05/24/19	ROUTINE/FULL	0 0	0	0
CITY OF COLDWATER-HERITAGE BALL DI	COLDWATER	05/15/19	ROUTINE/FULL	0 0	0	0
CONEY & SWIRLS	HILLSDALE	05/24/19	ROUTINE/FULL	0 0	0	0
DAYS INN HILLSDALE/MECHETA	HILLSDALE	05/16/19	ROUTINE/FULL	0 0	0	0
EL TACO LOCO	STURGIS	05/21/19	ROUTINE/FULL	0 0	0	4
GREAT LAKES HEALTH & FITNESS	COLDWATER	05/17/19	ROUTINE/FULL	0 0	0	0
HEALTHIER YOU	STURGIS	05/23/19	ROUTINE/FULL	0 0	0	0
HILLSDALE ACADEMY	HILLSDALE	05/24/19	ROUTINE/FULL	0 0	0	1
HIP PADDER'S CATERING	STURGIS	05/01/19	ROUTINE/FULL	0 0	0	0
HOPPIN ELEM	THREE RIVERS	05/14/19	ROUTINE/FULL	0 0	0	0
LEONIDAS SCHOOL	LEONIDAS	05/23/19	ROUTINE/FULL	0 0	0	0
MANCINO'S OF COLDWATER	COLDWATER	05/16/19	ROUTINE/FULL	0 0	0	1
MASONVILLE PLACE	COLDWATER	05/15/19	ROUTINE/FULL	0 0	0	0
MESSIAH LUTHERAN CHURCH	CONSTANTINE	05/07/19	ROUTINE/FULL	0 0	0	0
NORTON ELEM	THREE RIVERS	05/14/19	ROUTINE/FULL	0 0	0	0
NOTTAWA COMMUNTY SCHOOLS	STURGIS	05/20/19	ROUTINE/FULL	0 0	0	0
OUR BAR	LEONIDAS	05/23/19	ROUTINE/FULL	0 0	0	1
PARK COMMUNITY SCHOOL	THREE RIVERS	05/21/19	ROUTINE/FULL	0 0	0	0
RACHAEL'S	WHITE PIGEON	05/29/19	ROUTINE/FULL	0 0	0	0
RIVER LAKE INN	COLON	05/22/19	ROUTINE/FULL	0 0	0	0
SAUGANASH COUNTRY CLUB LLC	THREE RIVERS	05/28/19	ROUTINE/FULL	0 0	0	0
SMITTY'S PIZZA LLC	BRONSON	05/30/19	ROUTINE/FULL	0 0	0	0

Branch-Hillsdale-St Joseph

Food Establishment Inspection Report

For Date Range: 05/01/2019 - 05/31/2019

Name	Location	Date	Inspection Type	# P / Pf	# P/Pf Fixed During Inspection	# Core
ST. JOSEPH COUNTY UNITED WAY	CENTREVILLE	05/04/19	ROUTINE/FULL	0 0	0	0
STABLES INC	QUINCY	05/02/19	ROUTINE/FULL	0 0	0	0
STURGIS YOUNG ADULTS	STURGIS	05/21/19	ROUTINE/FULL	0 0	0	0
TACO BELL #32989	COLDWATER	05/28/19	ROUTINE/FULL	0 0	0	0
THE BUCKET INC	UNION CITY	05/07/19	ROUTINE/FULL	0 0	0	4
THE VANITY CAR WASH & ICE CREAM	HILLSDALE	05/02/19	ROUTINE/FULL	0 0	0	0
THREE RIVERS HIGH SCHOOL	THREE RIVERS	05/15/19	ROUTINE/FULL	0 0	0	0
THREE RIVERS LITTLE LEAGUE BROADW	THREE RIVERS	05/04/19	ROUTINE/FULL	0 0	0	0
THREE RIVERS MIDDLE SCHOOL	THREE RIVERS	05/17/19	ROUTINE/FULL	0 0	0	0
TRINITY LUTHERAN CHURCH SCHOOL	STURGIS	05/01/19	ROUTINE/FULL	0 0	0	0
UNITED METHODIST CHURCH	WHITE PIGEON	05/07/19	ROUTINE/FULL	0 0	0	0
WILLOWS BAR & GRILL	COLDWATER	05/07/19	ROUTINE/FULL	0 0	0	0
MCDONALD'S OF QUINCY	QUINCY	05/08/19	ROUTINE/FULL	0 0	0	2
BUFFALO WILD WINGS	COLDWATER	05/06/19	ROUTINE/FULL	0 1	0	4
MAMMA MIA'S PIZZA	BURR OAK	05/01/19	ROUTINE/FULL	0 1	0	2
MR GYROS	COLDWATER	05/06/19	ROUTINE/FULL	0 1	0	1
PIGEON INN	WHITE PIGEON	05/29/19	ROUTINE/FULL	0 1	0	1
QUINCY DAIRY QUEEN	QUINCY	05/02/19	ROUTINE/FULL	0 1	0	0
SILVER SPOONS CATERING	WHITE PIGEON	05/07/19	ROUTINE/FULL	0 1	0	0
TACO BELL #21039	HILLSDALE	05/03/19	ROUTINE/FULL	0 1	0	0
BUFFALO WILD WINGS (STURGIS)	STURGIS	05/30/19	ROUTINE/FULL	1 0	1	0
BURGER KING #13790	HILLSDALE	05/01/19	ROUTINE/FULL	1 0	1	1
HOWARDSVILLE CHRISTIAN SCHOOL	MARCELLUS	05/21/19	ROUTINE/FULL	1 0	1	0
OUTPOST GRILLE	ALLEN	05/16/19	ROUTINE/FULL	1 0	1	0
EL TACO LOCO II	COLDWATER	05/31/19	ROUTINE/FULL	1 1	1	0
HANDMADE SANDWICHES & BEVERAGES	HILLSDALE	05/16/19	ROUTINE/FULL	1 1	1	1
WINGS ETC...	STURGIS	05/21/19	ROUTINE/FULL	1 1	1	1
BAVARIAN NUT TENT	CENTREVILLE	05/07/19	STFU/MOBILE	0 0	0	0
BEACH CONCESSIONS	HILLSDALE	05/10/19	STFU/MOBILE	0 0	0	0
BEACH CONCESSIONS	HILLSDALE	05/10/19	STFU/MOBILE	0 0	0	0
BEACH CONCESSIONS	HILLSDALE	05/10/19	STFU/MOBILE	0 0	0	0
BEACH CONCESSIONS	HILLSDALE	05/17/19	STFU/MOBILE	0 0	0	0
B-S FROG POND	JONESVILLE	05/11/19	STFU/MOBILE	0 0	0	0
B-S FROG POND / YE OLD TREATS	JONESVILLE	05/17/19	STFU/MOBILE	0 0	0	0

Branch-Hillsdale-St Joseph Food Establishment Inspection Report

For Date Range: 05/01/2019 - 05/31/2019

Name	Location	Date	Inspection Type	# P / Pf	# P/Pf Fixed During Inspection	# Core
DONUTS, DOGS AND MORE	OSSEO	05/10/19	STFU/MOBILE	0 0	0	0
JAY'Z BBQ	STURGIS	05/10/19	STFU/MOBILE	0 0	0	0
PIGHEADED BBQ	LEONIDAS	05/03/19	STFU/MOBILE	0 0	0	0
THE PANINI GRILLE LLC	STURGIS	05/18/19	STFU/MOBILE	0 0	0	0
WENDY'S #4444	COLDWATER	05/22/19	FOLLOW UP		0	
EL TACO LOCO II	COLDWATER	05/31/19	FOLLOW UP		2	
BOUNDARY WATERS	STURGIS	05/01/19	FOLLOW UP		4	

COMPLAINTS 2
 ENFORCEMENT ACTION 1
 PREOPENING/NEW 5
 ROUTINE/FULL 51
 STFU/MOBILE 11
 FOLLOW UP 3
 CLOSED: 0
 CONSTRUCTION: 0
 CONSULT: 0
 FOOD BORNE INVEST.: 0
 OTHER: 0
 PERMANENTLY CLOSED: 0
 TEMPORARY: 0
 VENDING: 0
 TOTAL NUMBER OF INSPECTIONS: 73