
BOARD OF HEALTH Meeting

Agenda for April 25, 2024 at 9:00 AM

1. Call to Order
 - a. Opening ceremonies – Pledge Allegiance to the Flag of the United States of America
 - b. Roll Call
 - c. Approval of the Agenda*
 - d. Approval of the Minutes from March 21, 2024*
2. Public Comment
3. FY23 Audit Presentation, presented by Dane Porter, CPA at Manor Costerisan
 - a. Accept and place audit report on file*
4. Health Officer's Report – pg 7
5. Medical Director's Report – pg 29
6. Departmental Reports
 - a. Area Agency on Aging – pg 32
 - b. Health Education & Promotion – pg 41
 - c. Personal Health & Disease Prevention – pg 44
 - d. Environmental Health – pg 50
7. Financial Reports
 - a. Approve Payments* - pg 60
 - b. Review Financials* - pg 63
8. Committee Reports
 - a. Finance Committee – Approval of the April 15, 2024 Finance Committee meeting. – pg 68
 - b. Program, Policies, and Appeals – Approval of the April 17, 2024 PPA Committee meeting – pg 69
9. New Business
 - a. Environmental Health Appeal – 175 Wayside Court Quincy, MI* - Separate Packet
 - b. Personnel Policy Manual Updates* – pg 71
 - c. Form 5572* - pg 132
 - d. MCBR to MERS \$302,495* - pg 134
 - e. Strategic Plan Update – pg 135
10. Public Comment

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

11. Adjournment - Next meeting: May 23, 2024

Educational Session – None

Upcoming Education Opportunities Offered After BOH Meeting:

- May
- September
- November

DRAFT - Upcoming Meeting Dates:

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

March 21, 2024 – Board of Health Meeting Minutes

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

Also present from BHSJ: Rebecca Burns, Karen Luparello, Theresa Fisher, Laura Sutter, Paul Andriacchi, Heidi Hazel, and Kris Dewey.

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

Mr. Leininger moved to approve the minutes from the February 22, 2024 meeting with support from Mr. Lanius. The motion passed unopposed.

Public Comment: No public comments were given.

Rebecca Burns, Health Officer, reviewed her monthly report. Items included: CDC Infrastructure Grant, Staffing Update, Audit, Kindergarten Oral Health Assessment, Community Health Needs Assessment by Beacon Health System, Staff Education/Training, Public Health Concerns, MALPH Day at the Capitol, Coldwater Office, Hillsdale Office, Three Rivers Office, and Sturgis Office.

Dr. Luparello reviewed the Medical Director's monthly report. This month's educational report was titled, "Respiratory Virus Guidance".

Departmental Reports:

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

Financial Reports/Expenditures

- Mr. Leininger moved to approve the expenditures for February as reported with support from Mr. Lanius. The motion passed unopposed.
- Mr. Leininger moved to place the financials for February on file with support from Mr. Matthew. The motion passed unopposed.

Committee Reports:

- Finance Committee – Did not meet.

- Program, Policy, & Appeals Committee – Mr. Leininger moved to approve the minutes from the March 20, 2024 Board of Health Program, Policy, and Appeals Committee meeting with support from Mr. Matthew. The motion passed unopposed.
- Program, Policy, & Appeals Committee (Closed Session) – Mr. Leininger moved to approve the minutes from the March 20, 2024 Board of Health Program, Policy, and Appeals Committee Closed Session meeting with support from Mr. Matthew. The motion passed unopposed.

Unfinished Business:

There was no unfinished business to discuss.

New Business:

- Mr. Leininger moved to approve the FY25 contract amendment for the St. Joseph County Transportation Authority as presented, with support from Mr. Lanius. The motion passed unopposed.
- The Intergovernmental Agreement was discussed but no action was taken.
- The FY23 Audit Report was provided but no action was taken. Dane Porter from Maner Costerisan will be providing a presentation on the audit to the Board in April.

Public Comment: No public comments were given.

With no further business, Mr. Leininger moved to adjourn the meeting with support from Mr. Lanius. The motion passed unopposed and the meeting was adjourned at 10:08 AM.

Respectfully Submitted by:



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

PUBLIC COMMENT

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FY23 Audit Report Presentation Notes Page

The Audit Report and Presentation will be provided as a separate bound report.

Health Officer's Report to the Board of Health for April 25, 2024
Prepared by: Rebecca A. Burns, M.P.H., R.S.

Agency Updates

CDC Infrastructure Grant: The carpet tile installation starts on Monday, April 22nd in Hillsdale. The paint project in Hillsdale is complete and the building looks fresh with a new coat of paint.

Staffing Update: Environmental Health: EH is looking to fill the summer Vectorborne Technician positions especially in Hillsdale and Coldwater. A conditional offer has been made for Three Rivers.

Personal Health & Disease Prevention: The agency continues to seek a part-time nurse to be located in either Coldwater or Hillsdale. We did fill the Clinic Supervisor position in Coldwater vacated by Heidi with Samantha Keeney.

Health Education & Promotion: The agency's Community Health Worker has submitted her resignation so that she can complete a master's degree in social work. This position is posted.

Administrative Services: Our Accountant, Brenae Gruner has resigned to take a new position and further her career goals. This position is posted.

Audit: Manor Costerisan will be at the meeting to present the results of the audit.

Intergovernmental Agreement: Has been approved by all 3 county commissions and I hope to have all signatures gathered by the time of the BOH meeting. Once I have that, the agreement will be forwarded to MDHHS for the next step in formal acceptance.

Kindergarten Oral Health Assessments (KOHA): We continue to work on reviewing program information from currently operating KOHA programs at other local health departments and considering the resources we have in place to support the program. As a part of this we are exploring opportunities to increase our collaboration with MCDC (My Community Dental Centers) working more closely with their CEO on the current dental fluoride treatments that we provide in our WIC program.

Community Health Needs Assessment by Beacon Health System: I continue to work with Beacon Health Systems on the CHNA process they are undergoing. The Agency also recently submitted for grant funds available from Beacon to help advance workplan objectives developed from the Community Health Improvement Plan we published last year.

Staff Education/Training: MERS (Municipal Employees Retirement System) educational sessions for staff are completed for the year. Our Health Education & Promotion team is in final preparations for the Annual Staff Training Day which is scheduled for April 26th. Topics for the day include; Quality Improvement training, Dealing with Difficult People, and Taming the Email Beast. Our offices will be closed on April 26th.

Public Health Concerns:

Measles Cases: Local health departments are now meeting bi-weekly with our MDHHS partners regarding the cases of measles in Michigan. Our work includes working to prevent additional cases, rapid response to suspect cases, training public health work to be ready to respond. The agency has received \$25,000 and we will be sending MDHHS a Measles Response Plan by the end of the month.

HPAI (Highly Pathogenic Avian Influenza): We have been reporting for over a year on HPAI infections in poultry, both commercial flocks and backyard flocks. Through genomic testing of the virus we know that the infection is coming from wild birds. Recently there have been detections of HPAI in commercial flocks in Michigan again. Unfortunately, when the virus gets into a poultry flock, the birds do not survive. You will remember the increase in the cost of eggs as a result of the infection on commercial flocks. Recently we have learned that there have been dairy herds in Michigan with HPAI infections as well. The science is still being studied, but through genomic sequencing we know that the virus is coming from wild birds as well. When cattle get HPAI, they are moved to a sick pen, given supportive therapy and recover. The milk produced, because it is pasteurized, is safe to consume. Local health departments are meeting with our partners from MDARD and MDHHS to share information and work on preparedness. When there is a positive flock or herd local health departments evaluate individuals who may have had contact and follow them to ensure they don't get sick with HPAI.

Respiratory Illnesses (Flu, RSV, COVID): The Agency continues to encourage vaccination for the flu and COVID. Flu rates are still high and as Heidi reported, Michigan has reported a pediatric flu death.

Health Concerns in Teens: As I complete this report, the medical record abstraction has been completed and our staff along with MDHHS staff are reviewing the information to see if we need to seek additional information or can identify any commonalities in the investigation of Quincy Students with neurological symptoms.

MALPH Day at the Capitol: Dr. Luparello and Kris Dewey represented the agency at the Day at the Capitol this year. They met with all 4 Representatives and Senators that represent the tri-county area to discuss activities and initiatives at BHSJCHA.

Annual Report for FY23: I'm pleased to share the fiscal year 2023 Annual Report which is attached to my report today. Now that it has been presented to you we will distribute to each county, share with our elected leaders, and post on our website.

Coldwater Office: We continue to work with Branch County on upgrades to the Coldwater office.

Hillsdale Office: Schindler elevator company has communicated that the work on the elevator is delayed due to the parts not being available yet. As I mentioned already, the carpet tile installation has started.

Sturgis: Nothing to report.

Three Rivers Office: Our office in Three Rivers will soon be receiving a "Little Free Library" from the Great Start Collaborative and SJCISD Career and Technical Education Program. This program supports early literacy and literacy for all individuals in the area.

Agreement with Hillsdale Hospital on use of Mobile Van: Hillsdale Hospital is still full steam ahead on getting approval from the accrediting body for the mobile rural health clinic and thus use of the mobile van. They have identified a driver and have just hired a Nurse Practitioner. The startup date is hoped to be the first week of June if approved by accreditors.

Annual Report 2023



BOARD OF HEALTH



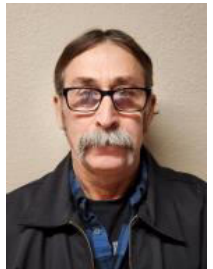
Brent Leininger
Commissioner,
Chair
Hillsdale County



Jared Hoffmaster
Commissioner,
Vice-Chair
St. Joseph
County



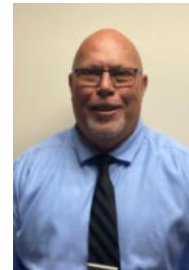
Tom Matthew
Commissioner,
Branch County



Steven Lanius
Commissioner
Hillsdale County



Randy Baker
Commissioner
St. Joseph
County



Jon Houtz
Commissioner
Branch County

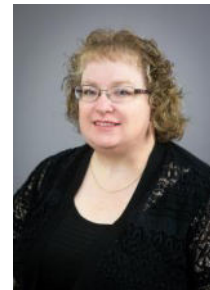
AGENCY DIRECTORS



Rebecca Burns, MPH, RS
Health Officer



Dr. Karen Luparello, DO
Medical Director



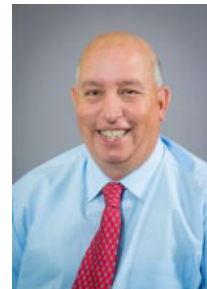
Theresa Fisher, BS
Director of
Administrative
Services



Kali Nichols, MPH
Director of Personal
Health & Disease
Prevention



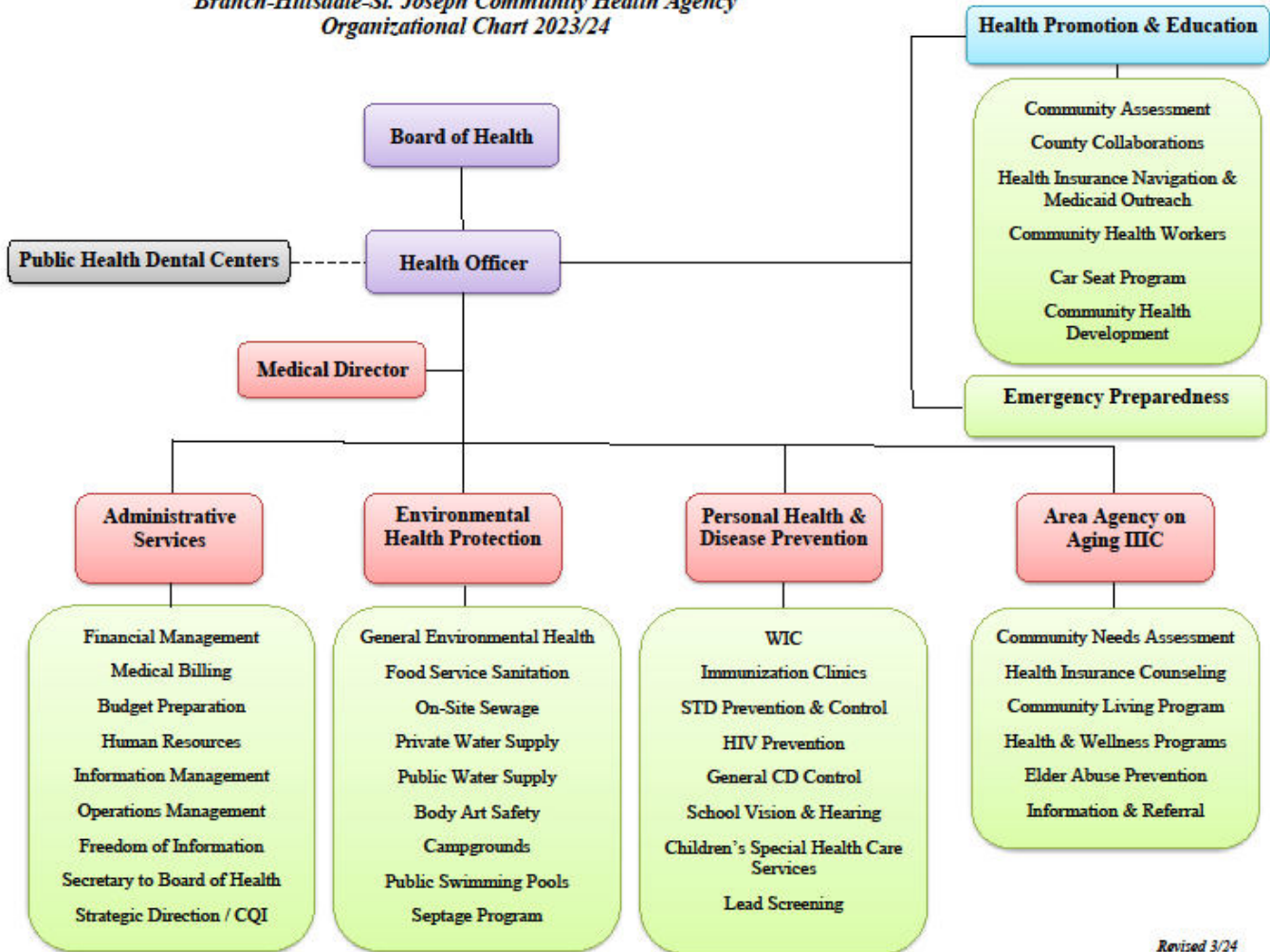
Laura Sutter, BS
Director of Area
Agency on Aging
3C



Paul Andriacchi, REHS
Director of
Environmental
Health

ORGANIZATIONAL CHART

*Branch-Hillsdale-St. Joseph Community Health Agency
Organizational Chart 2023/24*



Revised 3/24



MISSION, VISION, AND LOCATIONS

OUR MISSION: Helping people live healthier.

OUR VISION: To be the trusted health resource for all people.

OUR LOCATIONS



Branch County - Coldwater Office

570 Marshall Rd.
Coldwater, MI 49036
517-279-9561
Fax: 517-278-2923



Hillsdale County - Hillsdale Office

20 Care Dr.
Hillsdale, MI 49242
517-437-7395
Fax: 517-437-0166



St. Joseph County - Three Rivers Office

1110 Hill St.
Three Rivers, MI
269-273-2161
Fax: 269-273-2452



Satellite Clinic - Sturgis

1555 E. Chicago Rd., Suite C
Sturgis, MI
269-273-2161
Fax: 269-273-2452

LETTER TO THE COMMUNITY

To the Residents of Branch, Hillsdale, and St. Joseph Counties,

On behalf of the Board of Health, and staff of the Branch-Hillsdale-St. Joseph Community Health Agency, it is my pleasure to share with you this fiscal year (FY) 2023 Annual Report.

In May of 2023, the end of the COVID Public Health Emergency was announced. Although a majority of the fiscal year still revolved around pandemic work, it was a year of transition, as the agency sought to return to normal business. Self-serve vending machines were installed in 4 locations throughout the jurisdiction providing residents with access to free testing supplies 24/7, 365.

While the COVID emergency has ended, there continues to be action taken to respond to threats to the public's health. These actions included:

- Information was shared on steps to take to protect backyard flocks from Highly Pathogenic Avian Influenza after outbreaks occurred in "backyard" flocks as well as industrial operations.
- Smoke and particulate matter from the Canadian wildfires in Canada impacted the air quality in the United States. Information on how to find air quality data and the steps to take to protect people, especially those with sensitivity, was shared on our website, social media and media releases.
- In St. Joseph county, the City of Three Rivers, experienced an action level exceedance for lead in the drinking water. In partnership with the City, residents were provided water filters and lead testing.

The agency's staff turnover during the pandemic was significant, leaving few fully trained staff in the area of emergency preparedness. Through a review of training records, and needs of the agency by the Emergency Preparedness Coordinator, the training plan was updated with staff working to complete their requirements.

Michigan's Public Health Accreditation was paused during the pandemic but restarted in FY23 utilizing a technical assistance mindset. As this accreditation visit was focused on technical assistance there was not a grading system used to indicate compliance with minimum program requirements.

The agency completed a Community Health Needs Assessment that resulted in a Community Health Improvement Plan (CHIP). The CHIP identified a small number of strategies that could make a measurable improvement in mortality or morbidity rates for the jurisdiction.

In order to better serve our residents, the agency took on a redesign of our website. Our staff worked to create an easier to use home page with links to commonly used services.

The Environmental Health division worked to implement a new software product that provides electronic management of well, septic, and food program records and will soon allow remote application for services.

Maintaining the buildings where we deliver services ensures uninterrupted assistance to county residents. This fiscal year several projects were completed. The Hillsdale office's parking lot was replaced. Our Three Rivers office saw upgrading of exterior lighting, removing exterior wood surfaces and replacing it with low maintenance products, and replacing the dumpster corral. In Coldwater we improved the exterior with the removal of overgrown plant material around the building. Finally, in Sturgis we added new signage and expanded the existing space to better serve clients.

The team at Your Local Health Department is proud of our public health work and we look forward to continuing to serve you and your family into 2024.

Yours in Good Health,

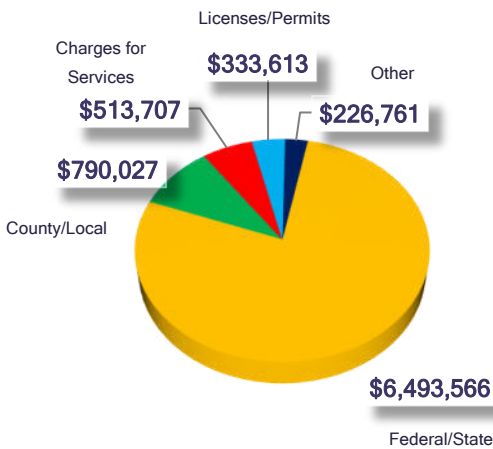


Rebecca A. Burns, MPH, RS
Health Officer

FINANCIAL STATEMENTS

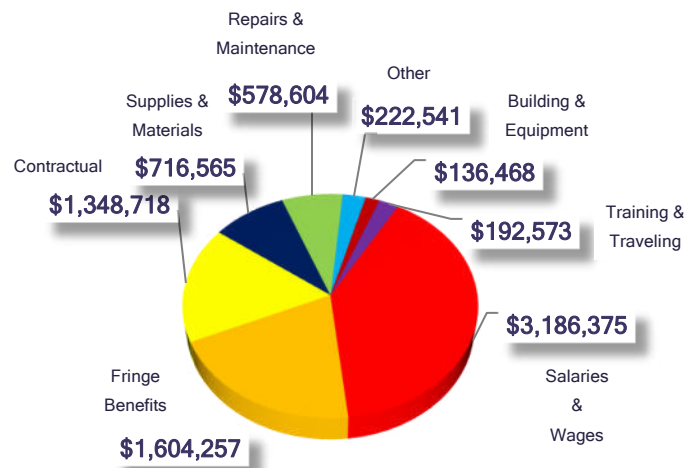
2023 REVENUE

\$8,357,674



2023 EXPENDITURES

\$7,986,101



Revenue	FY23	FY22
Licenses & Permits	\$333,613	\$330,712
Intergovernmental	\$6,493,566	\$6,374,741
County Appropriations	\$790,027	\$768,858
Charges for Services	\$513,707	\$407,052
Other	\$226,761	\$51,898
Total	\$8,357,674	\$7,933,261

Expenditures	FY23	FY22
Salaries & Wages	\$3,186,375	\$3,064,211
Fringe Benefits	\$1,604,257	\$1,633,811
Supplies & Materials	\$716,565	\$553,551
Contractual	\$1,348,718	\$1,656,836
Travel & Training	\$192,573	\$133,987
Repairs & Maintenance	\$578,604	\$392,517
Building/Equipment Lease Rental	\$136,468	\$131,440
Other	\$222,541	\$216,810
Total	\$7,986,101	\$7,783,163

PUBLIC HEALTH DENTAL SERVICES



	Coldwater	Hillsdale	Three Rivers	Sturgis	Total
Number of Patient Visits	5,339	5,399	6,034	6,463	23,235
<u>*Service Mix:</u>					
Traditional Insurance	34.0%	28.2%	30.0%	34.8%	
Medicaid Managed Care	43.5%	45.6%	35.8%	32.2%	
Healthy Kids Dental	10.8%	15.6%	19.4%	22.0%	
Medicaid-State Managed	6.5%	6.3%	7.4%	3.5%	
MyDentalPlan	5.2%	4.2%	7.3%	7.2%	

Age	Coldwater	Hillsdale	Three Rivers	Sturgis
0-4	2.2%	1.9%	2.5%	2.7%
5-14	7.6%	9.2%	12.4%	19.0%
15-20	5.2%	7.1%	9.7%	8.7%
21-60	62.4%	61.5%	55.1%	50.7%
60+	22.7%	20.3%	20.2%	19.0%

***Traditional Insurance** includes Employer plans and Medicare Advantage plans with dental coverage. **Medicaid Managed Care** includes individuals enrolled in any of the Medicaid Managed Plans. **Medicaid-State Managed** -Adult Medicaid Fee For Service (FFS) and/or Healthy Michigan Plan **MYDentalPlan** - are persons who are uninsured and on the MCDC self-funded sliding fee schedule



- *I went in for an emergency appointment, they call it if you don't have a scheduled appointment. They had me out within a couple of hours as they worked me in between existing appointments. Great job, thanks so much. Very efficient, friendly and knowledgeable. Everyone working there is very pleasant. - **Coldwater***
- *I can't believe I had this place so close and I used to drive far for dental care. The facility is very clean and the staff are very helpful and professional!!! - **Hillsdale***
- *My 5-year-old had a filling done today and left saying she wished she could hug the tooth doctors. Very awesome with kids. - **Sturgis***
- *Everyone that works there goes the extra mile to ensure you get the best help you can get....these people are absolutely amazing! - **Three Rivers***
- *I really enjoyed going to see my Dentist. They are very friendly. - **Coldwater***
- *Positive Atmosphere, I was actually relaxed. Very nice staff, and the Dentist spoke with clarity as he was thorough. First trip accomplished. - **Hillsdale***
- *They were amazing. It was an emergency. They were able to get me in . They were all super friendly. Would highly recommend them. - **Sturgis***
- *I would recommend MCDC because you guys have passion for your work and very very kind. Thank you for your service!! - **Three Rivers***

COUNTY HEALTH PROFILE

Profile 2023 County	Branch	Hillsdale	St. Joseph	Michigan
Population	43,517	45,605	60,964	9,986,857
Marriage	524	294	390	56,374
Divorce	179	197	213	28,186
% of Population >65	18.7%	20.2%	18.5%	50%
Leading causes of Death	*MDHHS data updated 12/19/2023			
Heart Disease	26.1%	23.4%	23.5%	24.6%
Cancer	17.0%	21.0%	17.8%	19.0%
Unintentional Injuries	5.0%	4.8%	6.6%	5.8%
COVID-19	6.2%	4.1%	4.8%	5.4%
Stroke	5.2%	5.1%	8.4%	5.2%
Chronic Lower Respiratory Disease	8.2%	7.4%	5.1%	4.8%
Alzheimer's Disease	3.0%	5.6%	2.3%	3.8%
Diabetes Mellitus	2.0%	3.6%	4.0%	3.1%
Kidney Disease	1.6%	1.6%	1.7%	1.9%
Chronic Liver Disease and Cirrhosis	2.0%	1.5%	1.6%	1.5%
Maternal/Infant Health Indicators				
Number of Live Births	553	436	642	100,880
Number of Teen Births (age 15-19)	28	20	45	4,758
Percentage of Teen Births (age 15-19)	4.9%	5.5%	5.6%	3.6%
% Low Birth Weight	6.7%	9.9%	6.2%	9.2%
Infant Mortality Rate (per 1,000) (Average -2018-2022)	7.4	4.1	6.9	6.5
% Received Prenatal Care during First Trimester	51.4%	75.2%	67.9%	76.3%
Economic Indicators (2023 County Health Rankings)				
% Unemployment	5.0%	5.5%	5.1%	5.9%
Median Household Income	\$60,500	\$54,900	\$58,400	\$63,400
Children in Poverty	18%	22%	17%	18%
High School Completion	89%	90%	87%	92%

WIC-WOMEN, INFANTS, & CHILDREN

What is WIC?

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a public health nutrition program under the USDA that provides the following for income-eligible women who are pregnant or post-partum, infants and children up to age five:

- Nutrition education
- Nutritious foods
- Breastfeeding support
- Healthcare referrals

WIC can help a family by:

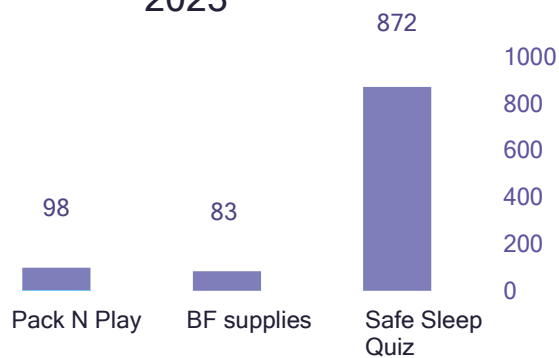
- Reducing premature births
- Reducing low birth-weight babies
- Reducing fetal and infant deaths
- Improving diet quality
- Increasing access to regular healthcare
- Increasing immunization rates
- Increasing access to prenatal care
- Increasing pregnant women's consumptions of vital nutrients

Branch-Hillsdale-St. Joseph Community Health Agency WIC Program:

Top Referral Categories

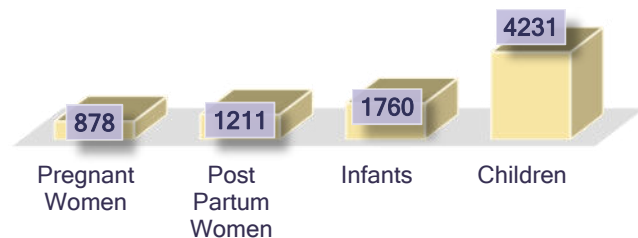
Immunizations	4106	Safe Sleep	2021	Lead Screening	1783
Medicaid Programs	3176	Physician	1858	Dietician Services	1111
Dental	2475	SNAP/Food Stamps	1786	Total	18,316

Maternal Child Health 2023



WIC: PARTICIPANT COUNT 2023

TOTAL SERVED: 8,080



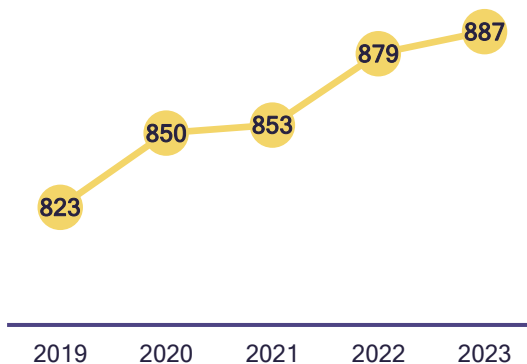
CHILDREN’S SPECIAL HEALTH CARE SERVICES

Children’s Special Health Care Services (CSHCS) provides services to children with chronic medical needs and their families. You are eligible for CSHCS if you are a Michigan resident between the ages of 0-21 years, have a qualifying medical condition and seeing a specialist. CSHCS covers up to 3,000 various conditions. The program is available to families at all income levels.

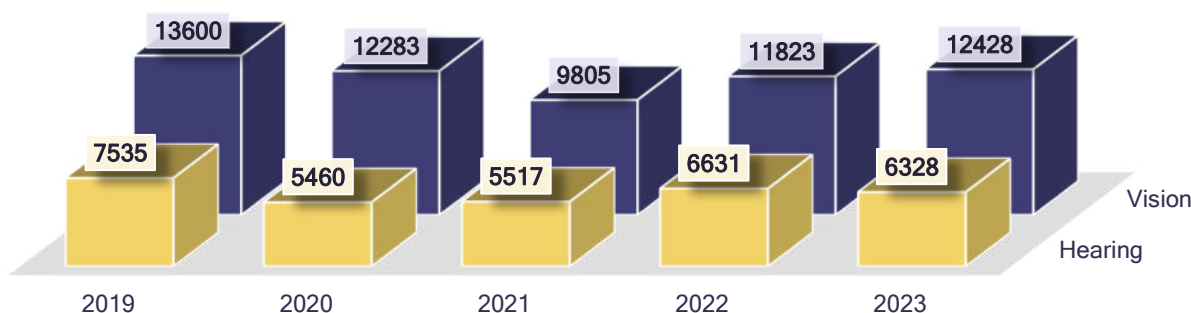
The Michigan Department of Health and Human Services (MDHHS) provides FREE hearing and vision screenings to all children in Michigan. Screenings are conducted in schools or at BHSJ Community Health Agency.

- An undiagnosed hearing and/or vision problem may interfere with development.
- Early detection and treatment of hearing and vision problems can help children succeed in school.
- Screenings are conducted by fully trained hearing and vision technicians.
- 10% of children screened for vision and 5% screened for hearing are referred to specialists.

Individuals Enrolled in CSHCS



BHSJ HEARING & VISION SCREENING



COMMUNICABLE DISEASE

Communicable disease surveillance is an essential element of public health. In 2022-2023, the jurisdiction saw an overall decrease in the number of respiratory illness cases reported. There was an increase in the number of cases related to vector-borne and food related illness. We encourage residents to continue following prevention strategies: vaccinate against disease, practice good hand hygiene, stay home when ill, use insect repellent when outdoors, cook foods thoroughly, practice safe sex, and avoid touching wild animals.

Disease	2019	2020	2021	2022	2023	Total
HIV/AIDS	3	1	2	3	1	10
Multisystem Inflammatory Syndrome	0	0	2	2	0	4
Novel Coronavirus COVID-19	0	9068	16276	11804	2748	39896
Campylobacter	42	19	31	30	44	166
Cryptosporidiosis	14	6	5	7	8	40
Giardiasis	8	6	7	7	6	34
Norovirus	18	6	6	8	3	41
Salmonellosis	27	27	19	12	16	101
Shiga toxin-producing Escherichia coli	5	3	2	4	4	18
Shigellosis	2	1	1	1	1	6
Yersinia enterocolitica	2	1	1	3	4	11
Meningitis - Aseptic	4	1	0	5	4	14
Meningitis - Bacterial Other	1	0	1	2	1	5
Meningococcal Disease	2	0	0	0	0	2
Streptococcus pneumoniae, Inv	16	10	13	15	20	74
Coccidioidomycosis	2	0	1	0	0	3
Histoplasmosis	6	5	3	0	2	16
Legionellosis	4	5	5	1	4	19
Streptococcal Dis, Inv, Grp A	9	11	6	3	18	47
Streptococcal Toxic Shock	0	0	0	0	0	0
Rabies Animal	0	0	3	1	1	5
Rabies: Potential Exposure & PEP	115	93	91	32	28	359
Chlamydia (Genital)	408	391	433	390	426	2048
Gonorrhea	166	217	242	98	102	825
Latent Tuberculosis Infection	4	0	1	5	8	18
Nontuberculous Mycobacterium	10	5	8	9	10	42
Tuberculosis	1	0	1	0	2	4
Chickenpox (Varicella)	4	0	1	1	1	7
H. influenzae Disease - Inv.	1	3	2	6	2	14
Measles	0	0	0	0	0	0
Mumps	0	0	0	0	0	0
Pertussis	14	0	5	10	4	33
Polio	0	0	0	0	0	0
Shingles	3	3	0	1	6	13
Lyme Disease	2	1	12	5	27	47
Hepatitis A	1	1	0	0	1	3
Hepatitis B, Acute	3	0	0	0	1	4
Hepatitis B, Chronic	2	1	1	2	5	11
Hepatitis B, Perinatal	0	0	0	0	0	0
Hepatitis C, Acute	0	0	1	2	3	6
Hepatitis C, Chronic	46	23	25	33	34	161
Hepatitis C, Perinatal	1	0	0	0	0	1

IMMUNIZATIONS

Immunizations is an essential service of local public health. Due to changes in health insurance plans and lessons learned during the pandemic, residents have broader access to vaccines with the addition of many local pharmacies offering routine and seasonal vaccines. These changes provide greater access to all in our communities.

Top Administered Vaccines (2023)

1. Tetanus, diphtheria, acellular pertussis (Tdap)
2. Pneumococcal (Pevnar 13)
3. Hepatitis A
4. Meningococcal (MenQuadfi)



Agency Administered Vaccines	2020/2021	2021/2022	2022/2023
Influenza Vaccines Only	955	621	821
COVID Vaccines Only	53,623	7,843	1,227
All Other Vaccines	3,450	3,437	4,904
Total Vaccines	58,028	11,901	6,952

Tuberculin Skin Tests		
2020-2021	2021-2022	2022-2023
260	256	190



What you should know about vaccines:

- We need vaccines to help protect against serious disease.
- Outbreaks of vaccine preventable disease can and still happen in our communities.
- The CDC and FDA take many steps to make sure our vaccines are safe.
- Vaccines protect our children from getting sick.
- Vaccines are for everyone.

HEALTH EDUCATION AND PROMOTION

The Health Education and Promotions team is dedicated to supporting the agency's mission and vision by collaborating across the agency and with our community partners to promote our services and improve public health. You will find us at many community events, coalition meetings, and task force meetings where we share information related to public health issues. Additionally, we are active in media relations, including social media, print media, radio, and website content. The areas where we focus our work include: Child Passenger Restraint program, Community Health Worker program, Medicaid outreach, Anti-vaping program, Vaccine hesitancy, Marijuana safety, WIC services, infectious disease, STD/STI, HIV/AIDS, school health, and environmental health.

Medical Marijuana Operation & Oversight Grant

We distributed locked medication bags and educational materials. Additionally, we promoted our message on the side of two BATA busses in Branch and one SJCTA bus in St. Joseph counties. We continue to work with the Substance Use and Abuse Task Forces in all three counties.

Community Health Worker Program (CHW)

The Agency received grant funding for this program in. This year was the first full fiscal year as a BHSJ CHA service. Community Health Workers connect residents to additional health and community resources to support health. CHW's are able to help navigate residents through the Medicaid application process, food assistance, housing, domestic concerns, community outreach, medication management, mental health referrals, etc.

In 2023, the program served 35 residents and supported approximately 100 other people who did not have an official open case.

Social Media Platforms

Our team continues to utilize Facebook, Instagram, and YouTube to promote programs and services to the communities we serve. These platforms continue to be used to bring awareness to many health and safety related topics.



Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP)

During 2022-2023, the HEP team worked on the agency's Community Health Needs Assessment and Community Health Improvement Plan (CHIP). The purpose of CHNA and CHIP is to identify community trends in morbidity and mortality, which allows health and human service organizations across the jurisdiction to work together for improvement.

The development of the CHNA and CHIP occurred in partnership between our agency, Branch County Community Network (BCCN), ProMedica Coldwater Hospital, Hillsdale Human Services Network (HSN), Hillsdale Hospital, St. Joseph Human Service Commission (HSC), Beacon Three Rivers Health and Sturgis Hospital.

EMERGENCY PREPAREDNESS

Emergency preparedness encompasses the planning and response to disasters. A disaster is defined by the World Health Organization (WHO) as a sudden phenomenon of sufficient magnitude to overwhelm the resources of a hospital, region or location requiring external support. The Emergency Preparedness team at BHSJ CHA works hard every year to be ready in any event. Emergency Preparedness is an essential service area of Public Health.

2023 Highlights

- **Community Response Activities**

- The Agency started 2023 with a February Ice Storm that hit the jurisdiction and closed our Hillsdale offices for a day. We worked with the Emergency Manager in Hillsdale County to support the response as needed.
- Over the 4th of July weekend, the City of Three Rivers had a wastewater discharge into the St. Joseph River. Our agency supported the City of Three Rivers with public notification and education.
- In August, the City of Three Rivers was notified of an Action Level Exceedance for lead in their drinking water. Our agency supported the city in their response by distributing water filters, providing education to area health care providers on lead exposure and health effects, and distribution of community educational materials. In partnership with the City of Three Rivers, there were 1,077 filtration units provided to city residents who needed assistance.
- Harmful Algal Blooms were identified in a couple of lakes in Hillsdale County during the summer and fall. The agency worked with local Lake Associations and area media to share information with residents, and provided postings at public access points to protect residents from illness related to HAB exposure.

2023 Top Hazards in Branch, Hillsdale and St. Joseph Counties

- Natural:
 - Floods
 - Tornadoes/severe storms
 - Winter Weather
- Technological:
 - Utility Disruption
 - Releases hazardous chemicals from manufacturing/agricultural

- **Plans and Training** - We are tasked to review and improve our emergency plans and training annually. Staff participated in local, regional, and state hosted exercises during 2022-2023. Our agency participates with the Regional Medical Response Coalitions, Local Emergency Planning Commissions, Medical Control Authorities, and Hazard Management Teams in all three counties. Our goal is to ensure that we are able to integrate our role in public health into a community's response.

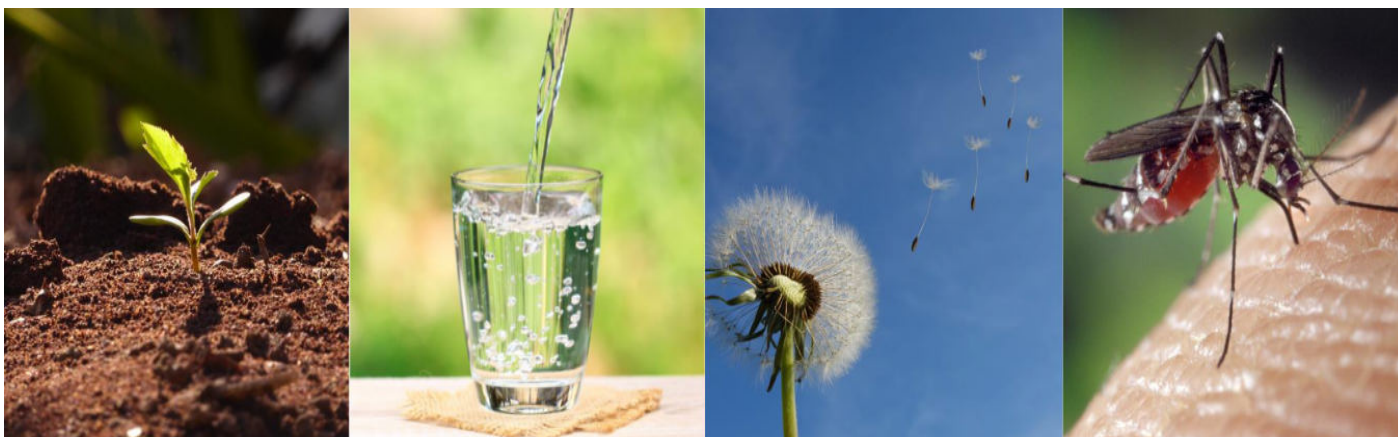
ENVIRONMENTAL HEALTH

Interactions with the environment affect quality of life, years of healthy life lived and health disparities. The World Health Organization (WHO) defines environment, as it relates to health as “all the physical, chemical and biological factors external to a person and their related behaviors. “Environmental health consists of preventing and controlling disease, injury and disability related to the interactions between people and their environment.”

The Environmental Health (EH) division has a variety of programs to serve our communities. The two most prominent programs are food service sanitation and well/septic programs. The food service program inspects restaurants, schools, industrial kitchen sites, temporary food establishments, and mobile food facilities. Our field staff conduct site evaluations and issue permits for the construction of septic systems and water wells for home and commercial sites.

Additionally, Environmental Health performs the following services:

- Campground inspections
- Public pool inspections
- General nuisance complaints
- Body Art facility inspections
- Non-community public water supply monitoring
- Daycare and Foster Care inspections
- Septage hauler inspections
- PFAS contamination investigation
- Vapor intrusion investigation
- Long term monitoring of water supplies in contaminated areas
- Vector Surveillance
 - Mosquito trapping and identification of mosquitos associated with Zika virus and Eastern Equine Encephalitis (EEE) .
 - Tick dragging and identification of ticks associated with tick-borne disease such as Lyme’s Disease, and Rocky Mountain Spotted Fever.



Food Protection

This program provides a systematic approach to minimize the risk of food-borne illness and to ensure that food meets customer's expectations through the application of statewide standards for all establishments where food is prepared and/or served to the public.

	2022	2023
Establishment Inspections	829	927
Plans Reviewed	39	35
Temporary Food Establishments	210	286
Food Manager Certification Class (# of attendees)	73	12
TOTAL	1,151	1,260

Private and Public Water Supply

These programs are designed to ensure the proper installation of residential water wells, and the monitoring and regulation of type II public water supplies to ensure safe, usable ground water.

	2022	2023
Well Construction Permits Issued	511	489
Well Permits Inspected	471	431
New Water Supplies Approved	388	428
Non-Community Water Supply Inspections	45	93
TOTAL	1,027	1,013

On-Site Sewage

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

	2022	2023
Well/Septic Evaluations	8	15
Construction Permits	501	480
Septic Systems Inspected	432	395
Vacant Land Evaluations	50	49
Change of Use Evaluations	312	367
TOTAL	1,303	1,306

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.

	2022	2023
Swimming Pool Inspections	47	46
Campground Inspections	61	61
Body Art Facility Inspections	20	21
DHS Inspections (Daycare, Foster Care, etc.)	69	58
Septage Hauler Inspections	40	39
TOTAL	212	225

AREA AGENCY ON AGING (IIIC)

Our mission is to provide a full range of high-quality services, programs, and opportunities which promote the independence and dignity of older adults, while supporting those who care for them, throughout Branch and St. Joseph Counties.

Please contact the Branch-St. Joseph Area Agency on Aging for specific information and assistance at **(517) 278-2538** or toll free **(888) 615-8009**.

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



Laura Sutter, *Director*

Over the past year, the Area Agency on Aging IIIC team continued diligent work to address community needs, offer person-centered information & assistance, and develop stronger community partnerships. Our report data reflects strong programs & providers who work very hard to meet unique needs across our two-county planning & service area.

We gratefully acknowledge our extraordinary provider network who tirelessly serve individuals with compassionate, high-quality care:

Alert Medical Alarms, Branch Area Transit Authority, Branch County Commission on Aging, Connect America, Crossroads Homecare, Guardian Medical Monitoring, HomeJoy, Helping Angels Home Care, Legal Services of South-Central Michigan, Long Term Care Ombudsman/ Region 3A Area Agency on Aging, Medical Care Alert, St. Joseph Co-Op/Hulda's Household Helpers, St. Joseph County Commission on Aging, St. Joseph County Transportation Authority, Thurston Cares Adult Day Program, and VRI Lifeline.

Elder Abuse Prevention & Awareness: The Services to Victims of Elder Abuse (SVEA) project completed its fifth year of grant activities. The year commenced with a public signing of the "Branch County Vulnerable Adult Protocol". The Protocol established the county's Interdisciplinary Team which intends to coordinate efforts, problem-solve, and develop positive solutions for individuals who've been victimized. The Branch County IDT includes community partners and public offices who are working together to raise awareness and support victims of abuse, neglect, and exploitation include: (see photo)

Branch County Sheriff's Office, Branch County Probate Court, Branch County Prosecutor's Office, Branch County Department of Health & Human Services - Adult Protective Services, ProMedica Coldwater Regional

Hospital, Branch-Hillsdale-St. Joseph Community Health Agency, Legal Services of South-Central Michigan, Branch County Coalition Against Domestic and Sexual Violence, Pines Behavioral Health and Branch-St. Joseph Area Agency on Aging (IIIC).



Victim Specialists served 62 individuals with a wide range of direct services including personal advocacy, crisis intervention, emergency financial assistance, relocation assistance, criminal justice advocacy, and personal protective orders. Victim Specialists maintained regular contact with referral sources and supported each county's multi-disciplinary team efforts. If you would like more details or to become more involved in your community's efforts to prevent abuse, neglect, or exploitation, please call our office.

Community Living Program continues to soar! - Care Consultants work with individuals who have complex medical and/or social needs to develop a person-centered support plan. 79 individuals were served in their home and supported in their community over the past year. If you would like more information about the Community Living Program or other services available in your community, please contact our office.

American Rescue Plan Act (ARPA) - The aging network in Michigan received special ARPA funding to support services for older adults as well as address unique local needs. The ARPA funds in Region IIIC were used to expand local providers infrastructure & technology and purchase equipment and supplies that are not generally authorized with traditional funding sources. Providers continued to deliver additional direct services including meals, personal care, homemaking, caregiver supports and transportation.

Senior Project FRESH - Senior Project Fresh provides free nutrition counseling and \$25 in coupons to be used at local participating farm markets for fresh fruits & vegetables. Residents who are age 60 or older and who meet certain household income/eligibility may apply for the program through our office or through our community partners. Over 140 coupon books were distributed during the spring & summer of 2023. Please contact us for more information.

COVID-19 Immunization Support and Expanding Access - these specialized grants allowed for our team to reach out and provide information regarding COVID immunization, testing, clinic sites and assist with arranging transportation or in-home vaccination. Over 70 individuals were supported through our efforts.

Program Success - Friendly Reassurance and Gap Filling services remained supportive to the needs of individuals in our communities. Friendly Reassurance calls were made regularly to address social isolation being felt by so many. Gap Filling became essential to address unique needs that we, and our community partners, couldn't provide for otherwise. Over 1,500 individuals benefitted from these supportive services.



Annual Report Data & Highlights FY 2023

Services	Totals	Units
Operations	\$63,836	N/A
Nutrition	\$491,443	149,860
In-Home	\$300,918	23,880
Community	\$73,064	4,869
Access	\$326,907	22,374
Legal	\$12,000	447

*Traditional Federal & State (OAA/OMA) funding sources only

Population Served**	
Total Population 18+*	25,563
White (non-Hispanic)	8,229
African American	132
Asian/Pacific Islander	4
American Indian/Alaskan	8
Hispanic (of any race)	32
Below Poverty	1,138
Rural	25,563

*In general, services are targeted to those who are 60 years of age or older unless otherwise allowed under eligibility criteria for a specific program.

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

Special Projects 2023

MDHHS - Division of Victim Services "Services to Victims of Elder Abuse"	\$168,716
American Rescue Plan Act of the Older American's Act	\$70,545
State In-Home Services- Direct Care Worker Pay Increase	\$52,886
COVID Immunization Support	\$24,392
COVID Expanding Older Adult Access to Vaccines	\$13,928



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Coldwater: Branch Hillsdale St. Joseph Community Health Agency

MEDICAL DIRECTOR'S REPORT

APRIL 2024

1. Watching numbers of communicable diseases.
2. Director and Administrator meetings, in person and zoom.
3. Meetings via zoom and teleconference with several associations. Measles, avian flu.
4. Continuing with Supervisor class.
5. Spring class Diversity in Healthcare. Almost done!
6. Treatment of 4 latent TB patients; all completed.
7. MALPH Day 4/10/24, and additional meeting on 4/11/24.

Avian Influenza

Avian influenza is a disease in birds caused by infections with avian influenza Type A virus. Avian influenza A has been isolated from more than 100 different species of wild birds. The viruses occur naturally among wild aquatic birds and domestic poultry and other bird and animal species. Wild aquatic birds are considered reservoirs for avian influenza A.

Infected birds shed avian influenza A virus in their saliva, nasal secretions, and feces. Susceptible birds become infected when they have contact with the virus as it is shed by infected birds. They also become infected through contact with surfaces contaminated with virus from infected birds.

Avian Influenza A viruses are classified into two categories:

Low pathogenicity avian influenza A (LPAI) viruses and Highly pathogenic avian influenza (HPAI) A viruses. The categories are based on the molecular characteristics and the virus and the viruses' ability to cause disease and mortality in chickens in a laboratory setting.

Low: cause either no signs of disease or mild disease in chickens (ruffled feathers or a drop in egg production). Most avian influenza A viruses are low and cause few signs in infected birds. Low can mutate into high.

High: cause severe disease and high mortality in infected poultry. Influenza A(H5) and A(H7). Affect multiple organs with mortality up to 90% - 100% often within 48 hours. Ducks can have no sign of illness. These viruses can spill back into wild birds and spread.

Both Low and High can spread rapidly through poultry flocks. The Low and High designations do not refer to or correlate with the severity of the illness in cases of human infection. Both Low and High have caused mild to severe illness in infected humans.

Avian influenza A viruses rarely infect people. 5 subtypes are known to have caused human infections and they most frequently identified subtypes are H5, H7, and H9. Symptoms begin within two to eight days and can seem like the common flu. Cough, fever, sore throat, muscle aches, headache, and shortness of breath may occur. The disease can carry a high mortality in humans. Some antiviral drugs, if taken within two days of symptoms, may help.

Current situation:

A person in Texas tested positive for highly pathogenic avian influenza (H5N1). This is only the second case of H5N1 bird flu in the United States. The first one was a poultry worker in Colorado in 2022.

The individual in Texas worked with dairy cows presumably infected with H5N1 bird flu viruses.

This is the first time this virus has been found in cows and would be the first instance of cow-to-human spread of the bird flu. His symptoms began with conjunctivitis.

CDC has sequenced the influenza virus genome from the patient in Texas and is comparing it with other sequenced H5N1 viruses.

No sign of person to person spread at this time.

Recommendations for poultry workers should follow worker protection and personal protective equipment recommendations.



Director's Report

Enclosures:

1. Older Michigianian's Day 2024 *"Platform for Legislative Action"*
 2. Services to Victims of Elder Abuse – 2nd quarter program report
-

Updates:

1. Services to Victims of Elder Abuse Program Updates
 - Our 2nd quarter report is enclosed and represents some very complicated cases. We are always grateful to our community partners as we navigate details and barriers to help achieve individuals' goals.
 - Contract Review Update:
April 18 – Contract Review conducted (virtual)... Interviews and documentation reviews conducted with the Admin team, Victim Specialists, Care Consultants, and Project Director. More details will be shared at the BOH meeting.
2. The FY2025 Annual Implementation Plan is coming along well... Our Press Release went out April 15th to announce our May 8th Public Hearing. Board of Health members were included in this communication as we hope you can join us for the Hearing! I will say, it is quite challenging to plan ahead when our current year financial picture and the status of our guiding federal legislation (Older American's Act) is changing & evolving. We will adjust, comply and work closely with our provider network & community partners to achieve our goals. The AIP is due to the ACLS Bureau on/before June 21st. As a result, the May Program, Policy & Appeals and Finance Committee Meetings will be busy! Thank you in advance for your involvement and input in the FY2025 Plan.
3. Also on May 8th ... We will host Ashley Ellsworth who will be conducting our AAA Annual Assessment in the Coldwater office. During our ACLS Bureau Assessment Ashley will review our operations, policies, program development efforts and assure compliance with Operating Standards for Area Agencies and Service Programs.
4. Speaking of assessments... we've received our notification from the ACLS Bureau that they'll be performing a Financial Assessment in early June. This is a routine assessment performed every few years to monitor our funding awarded to ensure it is administered in compliance with applicable laws, rules, regulations and grant award provisions. Theresa and I will assure our teams are ready.
5. Don't forget: May 1, 2024 is Older Michiganians Day! See the "Platform" for the advocacy messages this year. Please RSVP by April 26th. Personal invitations were delivered to our regions' House and Senate member(s). We have critical needs in the network including waiting lists for essential services as well as infrastructure needs for the Long-Term Care Ombudsman Program that we have in Branch and St. Joseph Counties. If you can't attend in Lansing, they'll be livestreaming the day: <https://us05web.zoom.us/j/85725469136?pwd=4j8HjaV4UaHGD6CPGbWi1oNdNI0oaz.1>
6. Current year Provider Budget Amendments are stalled due to the fact that we've not yet received our full-year Statement of Grant Award. It's our goal to review data, connect with providers and develop funding adjustments for your review in time for the May Finance Committee and BOH meetings... This will be inherently difficult as busy as May is already with advocacy events, outreach events, provider assessments and our own agency assessments... Stay tuned!



PLATFORM FOR LEGISLATIVE ACTION

SENIOR ACTION WEEK: APRIL 29 - MAY 3, 2024

OLDER MICHIGANIANS DAY: MAY 1, 2024

1. SUPPORT AND STRENGTHEN THE LONG-TERM CARE OMBUDSMAN PROGRAM

The Long-Term Care (LTC) Ombudsmen work with residents of licensed long-term care facilities such as nursing homes (NH), home for the aged (HFA), and adult foster care (AFC) homes with a goal of improving quality care for residents.

Michigan currently ranks 50th out of 53 programs in our ratio of ombudsman staff to beds. A recent review of the ombudsman program found that to reach the recommended minimum staff-to-bed ratio of 1:2000, Michigan needs to add 33 more full-time ombudsmen at a cost of about \$3 million. The funding formula used to distribute Ombudsman funding has also not been updated since 1987.

ACTION: Urge the Legislature to adequately staff Michigan's Long-Term Care Ombudsman Program by appropriating a \$3 million permanent increase in the MDHHS budget to staff 33 new full-time positions.

ACTION: Support the Commission on Services to the Aging in continuing to work on avenues to update the Ombudsman Funding Formula with current data and formula factors to distribute increased funds more equitably.

2. SUPPORT FAMILY AND INFORMAL CAREGIVERS

Family caregivers provide essential care to older adults and loved ones. It is estimated that 1.73 million Michiganians provide an estimated 1.1 billion hours of voluntary care worth approximately \$19.6 billion per year and are the largest source of long-term services and supports in the country. With the continuing direct care workforce shortage, support for caregivers is even more important to assist older adults in their homes. Without continued family-provided help, the cost to Michigan's health and Long-Term Services and Supports systems will skyrocket.

ACTION: Urge policymakers to support a permanent \$5 million appropriation in the FY25 budget distributed to AAAs to support continued development of AAA Caregiver Resource Centers, caregiver educational opportunities, services and supports with a focus on health equity.

ACTION: Urge policymakers to pass the Caring for MI Family Tax Credit to provide tax relief of up to \$5,000 per year for family caregivers.



PLATFORM FOR LEGISLATIVE ACTION

SENIOR ACTION WEEK: APRIL 29 - MAY 3, 2024
OLDER MICHIGANIANS DAY: MAY 1, 2024

3. EXPAND ACCESS TO MI CHOICE

Michigan ranks near the bottom in the proportion of taxpayer dollars spent by states to provide long-term care through home and community-based services (HCBS) versus institutional care. In Michigan during Fiscal Year 2023, only 29% of Long-term Services and Supports (LTSS) funding was allocated to HCBS while 71% went to institutional settings – far below the national average of 53% of LTSS funding going towards HCBS. The MI Choice Medicaid Waiver Program is an in-home service program that enables seniors and adults with a disability who meet eligibility requirements to receive LTSS in their home rather than a nursing facility.

ACTION: Urge the legislature to support an increase of the participant's asset limit (currently \$2,000) in the MI Choice Medicaid Waiver Program that reflects inflation that has occurred since the current rate was established.

ACTION: Urge the legislature to bring equity between HCBS and institutional care by rebalancing Medicaid LTSS funding to at least the national average of 53%.

4. INCREASE ACCESS TO HOME AND COMMUNITY-BASED SERVICES

In Michigan, there are currently 6,161 seniors on waiting lists for essential non-Medicaid in-home services provided through Michigan's Administration for Community Living Supports (ACLS). ACLS funded services include home delivered meals, in-home personal care, homemaking, and respite care that delay or prevent the need for more costly long-term care interventions.

ACTION: Support the Silver Key Coalition's request for a \$7 million increase for ACLS in-home services.

ACTION: Support the Silver Key Coalition's request to make the \$1 million increase for home delivered meals in ACLS' FY24 budget permanent.

Powering Advocacy for 50 Years



Services to Victims of Elder Abuse Grant FY23-24 2nd Quarter Report (St. Joseph County)

01/01/24 to 03/31/24

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

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

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

Demographics - New Clients	Total	Previous Qtr. Totals	YTD
Black/African-American	1	0	1
Hispanic/Latino	0	0	0
Caucasian/Non-Latino	3	5	8
Female	0	2	2
Male	4	3	7
Vulnerable: Age 18-59	1	1	2
Elderly: Age 60 and Older	3	4	7
<u>New Clients Total</u>	4	5	9
<u>Continuing Clients</u>	0	0	0
<u>Total Clients Served</u>	4	5	9

Types of Victimization	Total	Previous Qtr. Totals	YTD
Arson	0	0	0
Bullying (Verbal, Cyber or Physical)	0	2	2
Domestic or Family Violence	2	4	6
Elder Abuse or Neglect	4	3	7
Identity Theft/Fraud/Financial Crime	0	1	1
Physical Assault	2	2	4
Robbery/Burglary	0	0	0
Sexual Assault	0	0	0
Survivors of Homicide	0	0	0
Multiple Victimizations	3	5	8

Special Classification	Total	Previous Qtr. Totals	YTD
Deaf/Hard of Hearing	2	1	3
Disability	4	5	9
Homeless	2	0	2
LGBTQ	0	1	1
Veteran	1	1	2

Direct Services	Total	Previous Qtr. Totals	YTD
Crime Victims Compensation	0	0	0
Information about Criminal Justice	8	18	26
Referral to Other Services	8	15	23
Referral to Other Victim Services	1	0	1
Victim Notification	6	10	16

**Services to Victims of Elder Abuse Grant
FY23-24 2nd Quarter Report (St. Joseph County)
Continued**

Personal Advocacy	Total	Previous Qtr. Totals	YTD
Child/Dependent Assistance	0	0	0
Emergency Medical Care	1	1	2
Individual Advocacy	10	6	16
Intervention with Person or Institutions	11	4	15
Law Enforcement Interview	1	1	2
Transportation	6	4	10

Emotional Support or Safety Services	Total	Previous Qtr. Totals	YTD
Crisis Intervention	13	13	26
Emergency Financial Assistance	2	0	2

Shelter/Housing Services	Total	Previous Qtr. Totals	YTD
Relocation Assistance	9	5	14
Transitional Housing	1	0	1

Criminal Justice Assistance	Total	Previous Qtr. Totals	YTD
Criminal Advocacy	1	4	5
Law Enforcement Interview	1	1	2
Notification of Criminal Justice Event	10	18	28
Other Emergency Assistance	0	0	0
Personal Protective Order	2	0	2
Prosecution Interview	0	0	0
Restitution Assistance	2	0	2
Victim Impact Statement	2	0	2



Services to Victims of Elder Abuse Grant FY23-24 2nd Quarter Report (Branch County)

01/01/24 - 03/31/24

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

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

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

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

Special Classification	Total	Previous Qtr. Totals	YTD
Deaf/Hard of Hearing	0	0	0
Disability	2	1	3
Homeless	0	1	1
LGBTQ	0	1	1
Veteran	0	0	0

Direct Services	Total	Previous Qtr. Totals	YTD
Crime Victims Compensation	0	0	0
Information about Criminal Justice	1	3	4
Referral to Other Services	3	10	13
Referral to Other Victim Services	0	0	0
Victim Notification	0	0	0

**Services to Victims of Elder Abuse Grant
FY23-24 2nd Quarter Report (Branch County)
Continued**

Personal Advocacy	Total	Previous Qtr. Totals	YTD
Child/Dependent Assistance	0	0	0
Emergency Medical Care	0	0	0
Individual Advocacy	2	5	7
Intervention with Person or Institutions	6	5	11
Law Enforcement Interview	0	2	2
Transportation	1	0	1

Emotional Support or Safety Services	Total	Previous Qtr. Totals	YTD
Crisis Intervention	3	0	3
Emergency Financial Assistance	0	1	1

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

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



Services to Victims of Elder Abuse Grant FY23-24 2nd Quarter Report (Both Counties)

01/01/24 - 03/31/24

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

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

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Demographics - New Clients	Total	Previous Qtr. Totals	YTD
Black/African-American	1	1	2
Hispanic/Latino	0	0	0
Caucasian/Non-Latino	5	5	10
Female	0	3	3
Male	6	3	9
Vulnerable: Age 18-59	2	2	4
Elderly: Age 60 and Older	4	4	8
<u>New Clients Total</u>	6	6	12
<u>Continuing Clients</u>	0	0	0
<u>Total Clients Served</u>	6	6	12

Types of Victimization	Total	Previous Qtr. Totals	YTD
Arson	0	0	0
Bullying (Verbal, Cyber or Physical)	1	2	3
Domestic or Family Violence	2	4	6
Elder Abuse or Neglect	5	4	9
Identity Theft/Fraud/Financial Crime	2	2	4
Physical Assault	2	2	4
Robbery/Burglary	0	0	0
Sexual Assault	0	0	0
Survivors of Homicide	0	0	0
Multiple Victimizations	5	6	11

Special Classification	Total	Previous Qtr. Totals	YTD
Deaf/Hard of Hearing	2	1	3
Disability	6	6	12
Homeless	2	1	3
LGBTQ	0	2	2
Veteran	1	1	2

Direct Services	Total	Previous Qtr. Totals	YTD
Crime Victims Compensation	0	0	0
Information about Criminal Justice	9	21	30
Referral to Other Services	11	25	36
Referral to Other Victim Services	1	0	1
Victim Notification	6	10	16

**Services to Victims of Elder Abuse Grant
FY23-24 2nd Quarter Report (Both Counties)
Continued**

Personal Advocacy	Total	Previous Qtr. Totals	YTD
Child/Dependent Assistance	0	0	0
Emergency Medical Care	1	1	2
Individual Advocacy	12	11	23
Intervention with Person or Institutions	17	9	26
Law Enforcement Interview	1	3	4
Transportation	7	4	11
Emotional Support or Safety Services		Previous Qtr. Totals	YTD
Crisis Intervention	16	13	29
Emergency Financial Assistance	2	1	3

Shelter/Housing Services	Total	Previous Qtr. Totals	YTD
Relocation Assistance	9	12	21
Transitional Housing	1	0	1

Criminal Justice Assistance	Total	Previous Qtr. Totals	YTD
Criminal Advocacy	1	4	5
Law Enforcement Interview	1	3	4
Notification of Criminal Justice Event	10	20	30
Other Emergency Assistance	0	0	0
Personal Protective Order	2	0	2
Prosecution Interview	0	0	0
Restitution Assistance	2	4	6
Victim Impact Statement	2	0	2

Included in This Month’s Report:

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

1. Health Education & Promotion Department Update:

The Lock It Up Campaign is in full swing. Contracts with Branch County Transit and St. Joseph County Transit are completed. Secure storage bags are here and will be distributed in the coming weeks to our distribution partners. Distribution partners include Department of Human Services in all three counties, our Community Mental Health agencies in all three counties, Sheriff’s offices in Hillsdale and St. Joseph County, and the ISDs of Branch and St. Joseph County. Educational videos have been created by educator Josh Englehart and will be loaded to our agency’s YouTube channel soon. First quarter expense reports were submitted to all three county administrators and they have been signed off on.

Our Facebook/Instagram/YouTube topics for the month of March included, but was not limited to: National Doula Week (4th week of March) doula webpage was created/doula registry promoted, Poison Prevention Week (17th-23rd), TB awareness month, Colorectal Cancer awareness month, Nutrition Month- WIC promotion, Spring flooding/tornado awareness month, Certified food safety course promoted, and measles vaccination. We also shared recall information on the Fisher Price Rock’N’Play sleeper and Johnsonville Turkey Polish Kielbasa. We added a video covering our Children’s Special Health Care Services program to our YouTube channel.

The agency issued one press releases during the month of March. The agency was mentioned in eleven media stories including print, radio, and television during March.

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

During the month of March our CHW Rachael Wall welcomed 5 new clients. The CHW case load for March was 21 clients. The greatest areas of need for assistance, in order are, food assistance, health insurance issues, housing, and employment issues. Ms. Wall has been pursuing her Master’s Degree in Social Work and will be leaving us to complete her clinical internship. Ms. Wall has been an asset to the agency and will leave a lasting imprint on the CHW program.

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

Date	Event
3/7	HOPE Community Luncheon – St. Joseph County
3/11	King’s Cupboard – Hillsdale County
3/11	Coach Eby’s Center – Branch County
3/21	Project Connect – Hillsdale County
3/21	St. Joseph County Diaper Bank
3/22	Friendship Friday – St. Joseph County
3/23	Branch County ISD Community Easter Egg Hunt – Branch County

4/8	King’s Cupboard – Hillsdale County
4/9	Hillsdale County Preschool Round-up
4/10	St. Joseph County Community Round Table
4/10	MALPH Day at the Capital
4/18	St. Joseph County Diaper Bank
4/18	Great Start Collaborative’s Spring Fling – Hillsdale County
4/19	Friendship Friday – St. Joseph County
4/26	Agency All Staff Meeting
5/8	Senior Resource Fair – St. Joseph County
5/13	King’s Cupboard – Hillsdale
5/16	St. Joseph County Diaper Bank
5/18	Community Baby Shower – Hillsdale County
5/30	Family Fun Day – Branch County

4. Car Seat Program:

The car seat program provided 21 new seats to families and seat checked 22 in the month of March.

5. Community Health Worker and Social Media Data:

Social Media Data (As of April 1st, 2024)						
	# of Followers (Facebook & Instagram)	Instagram Reach (Amount a post is viewed, commented on, shared, etc.)	Facebook Reach (Amount a post is viewed, commented on, shared, etc.)	Number & Topic of Facebook Live Events	Agency Mentions in Local Media (radio stations, local newspaper/digital articles, etc.)	Other Activities (# and Topic)
March	4280	86 <i>(Up 19.1% from January)</i>	47,000 <i>(Up 26.8% from Feb.)</i>	None	11	None
TOTAL TO DATE (Since 10/1/2022)	10 NEW followers since last report	685	409,762	8	313	5

**HEALTH EDUCATION & PROMOTION
BOARD OF HEALTH REPORT**

Community Health Worker (CHW) Client Data - March 2024								
	# New	# Total to Date	*** "Interactions" = Supplied Resources or referred an individual to an outside agency, but not an active client (Interactions are counted under the "Referral Source" numbers, as well). **Interactions "# Total to Date" Began Reporting Numbers in January 2023.					
*** Interactions	8	99						
Clients	5	55						
	Internal (Clinic) Referral & Agency Website	External Referral (Partner Organization)	AAA	MDHHS	Internal (Clinic) Referral & Agency Website (Total to Date)	External Referral, i.e.: Partner Organization (Total to Date)	AAA (Total to Date)	MDHHS (Total to Date)
Referral Source	3	2	0	0	25	23	5	2
	Branch	St. Joseph	Hillsdale	Branch (Total to Date)	St. Joseph (Total to Date)	Hillsdale (Total to Date)		
Clients by County	1	3	1	18	30	7		
	In-Person (Office)	Phone	Email	In-Person (Home Visit)	In-Person: Office (Total to Date)	Phone (Total to Date)	Email (Total to Date)	In-Person: Home Visit (Total to Date)
Communications (sum of all communications w/each client)	7	43	4	0	95	709	25	22
	Open	Closed (Completed)	Closed (Unable to Complete)	Other (Specify)	Open, (Total # of Clients to Date)	Closed/Completed (Total to Date)	Closed: Unable to Complete (Total to Date)	Other: Specify (Total to Date)
Case Status	20	1	0	0	77	14	12	0
	Behavioral Health	Health Insurance	Housing	Immunization Information	Employment Issues	Family Planning & Pregnancy	At-Home Medical & Health Needs	Adult Education
Services Provided	4	5	5	5	6	1	0	3
Service Provided (Total to Date)	31	94	41	24	31	15	26	12
	Transportation	Food Assistance	Child Developmental /Education Issues & Screening	Childcare Services	Clothing Needs	Domestic Concerns	Other (Specify)	
Services Provided Cont.	2	14	2	1	1	2	46	
Service Provided (Total to Date)	20	61	13	19	16	17	146	

Personal Health and Disease Prevention: April 25, 2024

Heidi Hazel, BSN, RN

Communicable Disease:

The CDC issued a Health Alert Network (HAN) Health Advisory regarding a confirmed human infection with Highly Pathogenic Avian Influenza (HPAI). The presumed exposure was to infected dairy cattle on a farm in Texas. The worker developed conjunctivitis (pink eye) and then tested positive for HPAI. This is the first report of HPAI spreading from cows to humans. People with job-related exposure to infected animals are at higher risk and should take appropriate precautions (appropriate PPE when handling sick animals and good handwashing.) Signs and symptoms include acute respiratory tract infection, GI symptoms, cough, sore throat, eye discharge, and fever. There is not a vaccine available for this virus.

New confirmed measles case in Detroit. Patient was a four-year old. There was possible exposure in three healthcare locations while the patient was seeking care.

Influenza: Trends reported in MDSS by healthcare providers, labs, and schools have decreased over the past week.

COVID-19: Trends are lower than this time last year and have been decreasing since March.

Immunizations:

We continue to advertise and encourage people to stay up to date on all vaccines. Since the most important way to prevent the transmission of measles is ensuring immunization, we have increased our inventory of the Measles, Mumps and Rubella (MMR) vaccine. We continue to advertise on social media and we have noticed an increase of calls here in Branch County because of this. Our mobile unit RN also has this vaccine available while she is in the community.

Our mobile unit RN has been very busy with events in the community. Local businesses are already scheduling into the fall for the 2024-2025 influenza vaccine. On April 25th, the mobile RN will be at Prestige Staffing here in Coldwater to provide vaccines to the immigrant population. She will be offering Polio, COVID-19 and MMR vaccines.

Staffing update: Samantha Keeney, RN is the new Clinic Supervisor here in Coldwater. The part time RN position remains open.

Women, Infant, and Children (WIC):

WIC completed their Management Evaluation. It went very well this year with small items to improve on with staff. The WIC Coordinator is working on addressing any issues with staff and awaiting the official corrective action plan from the state. This typically comes a month or two after the WIC ME is completed. Other exciting things to note for WIC are they are updating the food package to support science-based recommendations from the National Academies of Science, Engineering, and Medicine (NASEM), the Dietary Guidelines for Americans. State revisions within the next 60 days include, keeping the increased cash value benefits that can go toward veggies and fruit. Other state revisions

within the next 2 years include, decreases in juice amounts, including canned fish in more food packages, non-dairy substitution options such as plant-based yogurts and cheeses, and expanding whole grains to include foods like quinoa, blue cornmeal, and teff to reflect dietary guidance and accommodate individual or cultural preferences.

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

CSHCS:

Children’s Special Health Care raised their eligibility age from 21 to 26 starting January 1, 2024. Since that time, they have enrolled 77 clients between the ages of 21-26, with a total of 866 clients on CSHCS in our three-county jurisdiction.

HEARING AND VISION:

The staff has been very busy with Kindergarten Round Ups.

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

	Mar-24					YTD 2023-2024					YTD 2022-2023				
	BR	HD	ST	TR	Total	BR	HD	ST	TR	Total	BR	HD	ST	TR	Total
CHILD IMMUNIZATIONS															
# Vaccines Given CHA	147	86	62	35	330	884	740	369	355	2,348	800	856	100	507	2,263
All VFC Doses Given	702	318	-	522	1,542	4,693	2,212	-	3,888	10,793	4,677	2,357	-	4,595	11,629
Waivers	6	5	1	8	20	81	71	4	64	220	62	79	6	39	186
ADULT IMMUNIZATIONS															
# Vaccines Given	49	8	2	5	64	595	120	43	158	916	909	431	11	306	1,657
All AVP Doses Given	35	1	-	4	40	167	111	-	45	323	80	78	-	187	345
COMMUNICABLE DISEASE															
TB Tests Done	4	14	2	3	23	32	41	4	11	88	36	47	-	8	91
STD treatments	-	1	-	-	1	2	17	-	65	84	1	4	2	33	40
HIV Testing	-	1	-	1	2	1	6	1	48	56	-	6	1	12	19
ENROLLMENTS															
Medicaid & Michild	-	-	1	2	3	9	7	2	3	21	7	4	-	10	21
REFERRAL SERVICE															
MCDC Referrals	6	2	14	33	55	33	57	76	61	227	41	79	135	256	511
MIHP referrals	1	-	35	32	68	8	1	127	138	274	29	18	108	116	271
Hearing Screens															
Pre-school	-	8	-	119	127	35	75	-	192	302	129	364	-	487	980
School Age	346	134	-	-	480	870	883	-	1,708	3,461	1,031	1,058	-	1,596	3,685
Vision Screens															
Pre-school	-	5	-	125	130	75	20	-	190	285	157	413	-	364	934
School Age	1,137	200	-	548	1,885	2,895	2,044	-	3,907	8,846	2,677	2,187	-	3,961	8,825
Children's Special Health Care Services															
Diagnostics	-	-	-	-	-	11	1	-	-	12	9	2	-	-	11
Assessments-Renewal	18	23	-	23	64	100	118	-	155	373	96	113	-	133	342
Assessments-New	4	10	-	2	16	4	29	-	20	53	14	25	-	32	71

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

Confirmed & Probable Case Totals	Mar-23				FYTD 2023-2024 (Oct-Sept)				FYTD 2022-2023 (Oct-Sept)			
	BR	HD	SJ	Total	BR	HD	SJ	Total	BR	HD	SJ	Total
	Animal Bite/Rabies potential exposure	2	5	-	7	3	21	5	29	7	29	-
Blastomycosis	-	-	-	-	-	-	-	-	-	-	-	-
Brucellosis	-	-	-	-	-	-	-	-	-	-	-	-
Campylobacter	-	-	1	1	4	4	3	11	6	4	3	13
Chicken Pox	-	-	-	-	-	-	-	-	-	-	-	-
Chlamydia	4	7	12	23	44	38	79	161	59	47	92	198
Coccidioidomycosis	-	-	-	-	-	-	-	-	-	-	1	1
CRE Carbapenem Resistant Enterobac.	-	-	-	-	2	2	1	5	1	-	-	1
Cryptosporidiosis	-	-	-	-	1	1	1	3	1	-	1	2
Giardiasis	-	-	1	1	-	3	1	4	-	1	3	4
Gonorrhea	1	2	1	4	14	14	16	44	20	19	54	93
H. Influenzae Disease - Inv.	-	-	-	-	1	-	-	1	3	-	-	3
Hepatitis B - Acute	-	-	-	-	1	-	1	2	2	-	-	2
Hepatitis B - Chronic	2	-	-	2	3	-	3	6	1	-	1	2
Hepatitis C - Acute	-	-	-	-	1	-	1	2	2	-	-	2
Hepatitis C - Chronic	-	-	-	-	2	5	5	12	11	1	4	16
Hepatitis C Unknown	-	-	-	-	-	-	-	-	-	-	-	-
Histoplasmosis	-	-	-	-	2	-	1	3	1	-	1	2
HIV/AIDS	-	-	-	-	1	-	1	2	2	-	2	4
Influenza	87	19	54	160	385	58	250	693	98	135	84	317
Kawasaki	-	-	-	-	-	-	-	-	-	-	-	-
Legionellosis	-	-	-	-	-	-	1	1	-	1	-	1
Listeriosis	-	-	-	-	-	-	-	-	-	-	-	-
Lyme Disease	-	-	1	1	-	1	5	6	-	1	1	2
Measles	-	-	-	-	-	-	-	-	-	1	-	1
Menengitis - Aseptic	-	-	1	1	1	-	2	3	-	-	1	1
Menengitis - Bacterial	-	-	-	-	-	-	1	1	-	-	-	-
Meningococcal Disease	-	-	-	-	-	-	-	-	-	-	-	-
Mumps	-	-	-	-	-	-	-	-	-	-	-	-
Mycobacterium - Other	-	-	-	-	1	1	3	5	3	3	2	8
Norovirus	-	-	-	-	-	-	-	-	1	-	2	3
Novel Coronavirus	50	22	31	103	610	666	468	1744	5,272	4,799	6,045	16116
Pertussis	-	1	-	1	-	1	-	1	-	4	-	4
Salmonellosis	-	-	-	-	3	-	-	3	2	1	1	4
Shiga Toxin-prod. (STEC)	-	-	-	-	-	1	-	1	1	1	-	2
Shigellosis	-	-	-	-	-	-	-	-	-	-	-	-
Shingles	-	-	-	-	1	1	-	2	1	-	-	1
Staphylococcus Aureus Infect.	-	-	-	-	-	-	-	-	-	-	-	-
Strep Invasive Gp A	1	1	2	4	4	5	3	12	-	-	-	-
Strep Pneumonia Inv Ds.	-	1	-	1	3	7	6	16	1	6	2	9
Syphilis - Primary	-	-	-	-	-	-	-	-	1	-	-	1

State Participation/Enrollment Ratio [2]:

Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Curr Year P/E Ratio (last 12 months)
93.6%	93.5%	93.3%	93.8%	93.8%	94.4%

Months	Enrollment [3]	Initial Participation [4]	Closeout Participation [5]	% Change in Participation [6]	Participation/ Enrollment Ratio[2]
Oct / 2022	4,125	3,844	3,866		93.19%
Nov / 2022	4,149	3,836	3,892	0.67%	92.46%
Dec / 2022	4,161	3,819	3,874	-0.46%	91.78%
Jan / 2023	4,266	3,984	4,027	3.95%	93.39%
Feb / 2023	4,283	3,938	4,005	-0.55%	91.94%
Mar / 2023	4,325	4,010	4,034	0.72%	92.72%
Apr / 2023	4,267	3,924	3,987	-1.17%	91.96%
May / 2023	4,248	3,941	3,987	0.00%	92.77%
Jun / 2023	4,244	3,921	3,972	-0.38%	92.39%
Jul / 2023	4,233	3,963	4,010	0.96%	93.62%
Aug / 2023	4,307	4,021	4,056	1.15%	93.36%
Sep / 2023	4,283	3,998	4,036	-0.49%	93.35%
Oct / 2023	4,263	3,999	4,039	0.07%	93.81%
Nov / 2023	4,252	3,953	4,007	-0.79%	92.97%
Dec / 2023	4,201	3,849	3,931	-1.90%	91.62%
Jan / 2024	4,262	3,916	3,989	1.48%	91.88%
Feb / 2024	4,269	3,953	3,997	0.20%	92.60%
Mar / 2024	4,269	3,941	(est[7]) 4,054		92.32%
Apr / 2024	0	0	(est[7]) 4,074		
May / 2024	0	0	0		
Jun / 2024	0	0	0		
Jul / 2024	0	0	0		
Aug / 2024	0	0	0		
Sep / 2024	0	0	0		

Total (Year to date)	25,516	23,611	19,963		
Curr Year Avg	4,253	3,935	3,993	598.36%	92.67%
Months with Count	6	6	5	5	6
Average to Base % [8]		105.8%	107.33%		
Last yrs Base % [9]		94.5%	95.62%		
Last yrs Average	4,241	3,933	3,979		92.75%

Estimated average participation for current year to date:

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

4,013
3,993

Funding Allocation Information

Total Funding Allocation:	\$908,156
Assigned Funding Participation Count [11]:	
Current Yr Base:	3,720
Previous Yr Base:	4,161

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

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

Sewage Disposal

The Septic Replacement Loan Program (SRLP) has partnered with EGLE to provide low interest financing to Michigan homeowners for the replacement of failing or near failing septic systems. The funding is available in two tiers: **Tier One** is an income-based loan and is an unsecured loan with no lien or collateral required. The interest rate is no higher than 1% with terms up to 10 years. **Tier 2** is a market-based loan that also has no lien or collateral requirement. This loan does have credit-based underwriting criteria and has fixed interest rates starting at around 8%, with terms up to 10 years. There are installation standards set by the program that must be met to qualify for the loan and the contractor must be registered with EGLE to do the installation. This program is just getting started this month for the Tier 2 loans and the Tier 1 loan program will be available beginning in late May.

Staffing

The last remaining full-time staff vacancy has been filled. We have hired Adam Willis to fill the open sanitarian position in the St. Joseph County office. Adam comes to us with extensive background in environmental assessments in the private sector. I believe this experience will be very helpful in his transition into the sanitarian role with our agency. Adam currently lives in Indianapolis but has purchased a home here in Three Rivers and is scheduled to start on May 6.

We are currently still seeking to fill two of the three vector tech positions for our Vector-Borne Surveillance Grant this year. We have extended a contingent offer to a person for the St. Joseph County position but we are still seeking candidates for the Branch and Hillsdale County positions. Work in that program will begin in mid to late May and conclude in late August.

Other Programs

The Department of Health and Human Services (MDHHS) recently did water sampling of two residential wells in the area adjacent to the Countryside Mobile Home Court in Coldwater Township. This investigation was prompted by PFAS chemicals that were detected in the water system for Countryside, which is a Type I water supply regulated by EGLE. The wells for the two homes were tested for PFAS chemicals and both samples came back as not detected.

ENVIRONMENTAL HEALTH SERVICE REPORT 2023/2024

	MARCH				YTD 2023/2024				YTD 2022/2023			
	BR	HD	SJ	TOTAL	BR	HD	SJ	TOTAL	BR	HD	SJ	TOTAL
WELL/SEWAGE SYSTEM EVAL.	1	-	-	1	1	-	3	4	4	1	-	5
CHANGE OF USE EVALUATIONS	2	8	7	17	15	27	35	77	13	23	27	63
CHANGE OF USE EVALUATIONS - OFFICE	9	2	8	19	25	7	41	73	24	9	45	78
ON-SITE SEWAGE DISPOSAL												
PERMITS NEW CONSTRUCTION	7	11	4	22	27	37	37	101	26	23	37	86
REPAIR/REPLACEMENT	1	3	1	5	24	23	40	87	20	21	40	81
VACANT LAND EVALUATION	-	1	-	1	6	12	3	21	5	7	5	17
PERMITS DENIED	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	8	15	5	28	59	72	80	209	51	51	82	184
SEWAGE PERMITS INSPECTED	2	3	12	17	39	53	78	170	40	63	64	165
WELL PERMITS ISSUED	11	13	10	34	66	64	90	220	76	49	93	218
WELL PERMITS INSPECTED	13	10	7	30	82	85	121	288	74	49	95	218
FOOD SERVICE INSPECTION												
ROUTINE	26	18	49	93	135	131	189	455	119	83	171	373
NEW OWNER / NEW ESTABLISHMENT	-	1	4	5	4	7	15	26	4	6	8	18
FOLLOW-UP INSPECTION	2	-	-	2	7	6	5	18	7	1	10	18
TEMPORARY	-	-	2	2	7	6	23	36	5	3	7	15
STFU/Mobile	-	-	2	2	9	9	17	35	9	7	5	21
PLAN REVIEW APPLICATIONS	1	-	4	5	5	-	10	15	5	5	7	17
FOOD COMPLAINTS RECEIVED	-	-	2	2	1	5	6	12	7	8	5	20
FOODBORNE ILLNESS INVESTIGATED	-	-	-	-	1	3	1	5	-	-	-	-
FOOD CLASSES												
MANAGEMENT CERTIFICATION CLASS	n/a	n/a	n/a	-	n/a	n/a	n/a	10	n/a	n/a	n/a	69
CAMPGROUND INSPECTION	-	-	-	-	-	-	-	-	-	-	-	-
NON-COMM WATER SUPPLY INSP.	5	-	6	11	9	4	19	32	8	2	5	15
SWIMMING POOL INSPECTION	-	-	-	-	-	6	1	7	9	5	-	14
PROPOSED SUBDIVISION REVIEW	-	-	-	-	-	-	-	-	-	-	-	-
SEPTIC TANK CLEANER	2	1	1	4	2	1	5	8	3	1	1	5
DHS LICENSED FACILITY INSP.	1	1	1	-	9	9	9	24	4	12	8	24
COMPLAINTS INVESTIGATIONS	-	1	1	2	4	14	3	21	19	8	4	31
LONG TERM MONITORING	-	-	-	-	-	-	-	-	-	-	14	14
BODY ART FACILITY INSPECTIONS	2	-	2	4	5	3	8	16	2	5	2	9



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

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

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

Inspection Type Count By County

For Date Range: 03/01/2024 - 03/31/2024

County	Inspection Type / Reason	Count
Branch County		
<i>Food Safety</i>		
	Risk Based Inspection - Follow-up	2
	Risk Based Inspection - Routine	26
	Total # of Food Safety inspections - Branch County	28
Hillsdale County		
<i>Food Safety</i>		
	Consultation - Plan Review Consultation	1
	Pre-Opening - Pre-Opening	1
	Risk Based Inspection - Routine	18
	STFU Inspection - Routine	2
	Total # of Food Safety inspections - Hillsdale County	22
St. Joseph County		
<i>Food Safety</i>		
	Consultation - Plan Review Consultation	1
	Non Foodborne Illness Complaint - Initial	2
	Pre-Opening - Pre-Opening	4
	Progress Note - New Inspection Reason	5
	Risk Based Inspection - Routine	49
	STFU Inspection - Routine	2
	Temporary Food Inspection - Routine	2
	Total # of Food Safety inspections - St. Joseph County	65

Inspection Type Count By County
For Date Range: 03/01/2024 - 03/31/2024

County	Inspection Type / Reason	Count
	<u>Total # of inspections - All counties</u>	<u>115</u>



570 Marshall Road
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Food Establishment Inspection Report by Facility Name

For Date Range: 03/01/2024 - 03/31/2024 and food Program

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
55 BELOW	Hillsdale	03/01/2024	Risk Based Inspection - Routine	1	1	2	0
A Hint of ... LLC	Litchfield	03/08/2024	Pre-Opening - Pre-Opening	0	0	0	0
Ambassador's for Christ Church		03/12/2024	Risk Based Inspection - Routine	0	0	0	1
AMERICAN LEGION #223	Constantine	03/28/2024	Progress Note - New Inspection Reason	0	0	0	0
AMERICAN LEGION POST 170	THREE RIVERS	03/01/2024	Non Foodborne Illness Complaint - Initial	0	0	0	0
AMERICAN LEGION POST 454	Colon	03/08/2024	Risk Based Inspection - Routine	0	0	0	0
APPLEBEE'S	Sturgis	03/12/2024	Risk Based Inspection - Routine	1	1	2	0
BAILEY ELEMENTARY SCHOOL	Hillsdale	03/20/2024	Risk Based Inspection - Routine	0	0	0	0
Biggby Coffee	Three Rivers	03/05/2024	Progress Note - New Inspection Reason	0	0	0	0
BIGGBY COFFEE #254 V&K CAFE DBA	COLDWATER	03/19/2024	Risk Based Inspection - Routine	0	0	0	0
BILL'S GRILL HOUSE	COLDWATER	03/14/2024	Risk Based Inspection - Routine	2	1	3	2
BOB EVAN RESTAURANTS LLC #2035	COLDWATER	03/26/2024	Risk Based Inspection - Routine	2	0	2	0
Bowman Place	Three Rivers	03/13/2024	Risk Based Inspection - Routine	0	1	1	2
BRANCH INTER. SCHOOL DISTRICT	COLDWATER	03/18/2024	Risk Based Inspection - Routine	0	1	1	0

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
Bread and Butter Kitchen	Sturgis	03/08/2024	Risk Based Inspection - Routine	1	0	1	0
Bucket List Dreams	Monroe	03/18/2024	STFU Inspection - Routine	0	0	0	0
BUFFALO WILD WINGS (STURGIS)	STURGIS	03/29/2024	Risk Based Inspection - Routine	0	3	3	1
Bull's Holy Smoke	Sturgis	03/12/2024	STFU Inspection - Routine	0	0	0	0
Burr Oak Missionary Church	Burr Oak	03/07/2024	Pre-Opening - Pre-Opening	0	0	0	1
Cazuela's Mexican Restaurant	Three Rivers	03/08/2024	Consultation - Plan Review Consultation	0	0	0	0
Centreville Baptist Church	Centreville	03/29/2024	Temporary Food Inspection - Routine	0	0	0	0
COLDWATER GARDEN	COLDWATER	03/26/2024	Risk Based Inspection - Routine	1	0	1	0
COLDWATER MASONIC TEMPLE BUILDING ASSOC	COLDWATER	03/19/2024	Risk Based Inspection - Routine	0	0	0	1
Colon United Methodist Church	Colon	03/07/2024	Risk Based Inspection - Routine	0	0	0	0
CONGRESS SCHOOL	STURGIS	03/12/2024	Risk Based Inspection - Routine	0	0	0	1
Country Table Restaurant	White Pigeon	03/26/2024	Risk Based Inspection - Routine	0	2	2	3
Cowboy Up	Mendon	03/21/2024	Risk Based Inspection - Routine	0	0	0	0
Creative Dining Services/Abbott Labs	Sturgis	03/29/2024	Risk Based Inspection - Routine	0	0	0	0
CURLY'S INC.	Colon	03/08/2024	Risk Based Inspection - Routine	0	0	0	1
DAVINCI'S	STURGIS	03/22/2024	Risk Based Inspection - Routine	0	0	0	1
DEARTH COMMUNITY CENTER	Coldwater	03/21/2024	Risk Based Inspection - Routine	0	0	0	0
El Camino Real	Three Rivers	03/01/2024	Progress Note - New Inspection Reason	0	0	0	0
ENRICHMENT CENTER	Sturgis	03/29/2024	Risk Based Inspection - Routine	0	0	0	0
Factoryville Bible Church	Athens	03/11/2024	Temporary Food Inspection - Routine	0	0	0	0
FAMILY AFFAIR RESTAURANT	MENDON	03/27/2024	Risk Based Inspection - Routine	0	0	0	2
Farmhouse Kitchen and Ale	Camden	03/20/2024	Risk Based Inspection - Routine	0	0	0	1
FIRM FOUNDATION MINISTRIES	CENTREVILLE	03/20/2024	Risk Based Inspection - Routine	0	0	0	0
FIRST CHURCH OF GOD	Three Rivers	03/11/2024	Risk Based Inspection - Routine	0	0	0	0
FIRST PRESBYTERIAN CHURCH	HILLSDALE	03/11/2024	Risk Based Inspection - Routine	0	0	0	0
FIVE STAR PIZZA	Colon	03/08/2024	Risk Based Inspection - Routine	0	0	0	1

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
Gibby's	Mendon	03/27/2024	Risk Based Inspection - Routine	0	0	0	1
GIER ELEMENTARY SCHOOL	HILLSDALE	03/20/2024	Risk Based Inspection - Routine	0	0	0	0
GIRARD HEAD START BISD	COLDWATER	03/18/2024	Risk Based Inspection - Routine	0	0	0	0
Hampton Inn--Food	Sturgis	03/20/2024	Risk Based Inspection - Routine	0	0	0	0
Hank's Tavern On The River	Three Rivers	03/04/2024	Risk Based Inspection - Routine	0	2	2	2
HILLSDALE GOLF & COUNTRY CLUB	Hillsdale	03/18/2024	Consultation - Plan Review Consultation	0	0	0	0
Hot N Now	Sturgis	03/22/2024	Risk Based Inspection - Routine	0	0	0	1
HUNGRY HOWIE'S	HILLSDALE	03/22/2024	Risk Based Inspection - Routine	0	0	0	1
Immaculate Conception Church Hall	THREE RIVERS	03/06/2024	Risk Based Inspection - Routine	0	0	0	0
Jaspars's Pizza	Mendon	03/27/2024	Risk Based Inspection - Routine	0	0	0	2
LAKE AREA CHRISTIAN SCHOOL--fixed	STURGIS	03/20/2024	Risk Based Inspection - Routine	0	0	0	0
Lakeland Elementary	Coldwater	03/05/2024	Risk Based Inspection - Routine	0	1	1	0
LINCOLN ELEMENTARY SCHOOL	COLDWATER	03/19/2024	Risk Based Inspection - Routine	0	0	0	0
LINCOLN LEARNING CENTER (BRANCH ISD)	COLDWATER	03/19/2024	Risk Based Inspection - Routine	0	0	0	0
LITTLE CAESARS #1200-002	Sturgis	03/12/2024	Non Foodborne Illness Complaint - Initial	0	0	0	0
LITTLE CAESARS PIZZA	Coldwater	03/08/2024	Risk Based Inspection - Routine	0	0	0	2
M ENTERPRISE LLC D/B/A CORNER CAFE	Sturgis	03/08/2024	Risk Based Inspection - Routine	0	1	1	0
Main Street Smokehouse	Mendon	03/27/2024	Progress Note - New Inspection Reason	0	0	0	0
Mancino's of Sturgis	Sturgis	03/15/2024	Risk Based Inspection - Routine	0	0	0	2
MAX LARSEN ELEM SCHOOL	COLDWATER	03/05/2024	Risk Based Inspection - Routine	0	0	0	1
MCDONALDS OF COLDWATER	COLDWATER	03/28/2024	Risk Based Inspection - Routine	1	0	1	1
MEEKS MILL CAFE	Constantine	03/28/2024	Risk Based Inspection - Routine	0	0	0	0
MEL'S 50s DINER	UNION CITY	03/28/2024	Risk Based Inspection - Routine	0	1	1	1
MESSIAH LUTHERAN CHURCH	Constantine	03/26/2024	Progress Note - New Inspection Reason	0	0	0	0
Michindoh Conference Center	Hillsdale	03/08/2024	Risk Based Inspection - Routine	0	0	0	1
MIDWAY LANES LLC	COLDWATER	03/04/2024	Risk Based Inspection - Routine	1	1	2	0

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
Morgan's Mexican Restaurant	White Pigeon	03/14/2024	Risk Based Inspection - Routine	0	1	0	0
NORTH ADAMS PUBLIC SCHOOLS	North Adams	03/18/2024	Risk Based Inspection - Routine	0	0	0	0
Nutrition Expression		03/05/2024	Risk Based Inspection - Routine	0	1	0	0
OSCAR BROWN'S TAVERN	COLDWATER	03/18/2024	Risk Based Inspection - Routine	1	1	2	0
Overflowing Cups & Cones	Hillsdale	03/28/2024	Risk Based Inspection - Routine	0	0	0	0
PITTSFORD AREA SCHOOLS	Pittsford	03/01/2024	Risk Based Inspection - Routine	0	0	0	0
PIZZA HUT	COLDWATER	03/08/2024	Risk Based Inspection - Routine	0	1	0	0
Ponderosa Steakhouse	Coldwater	03/08/2024	Risk Based Inspection - Routine	0	1	0	1
PRAIRIE LAKE TAVERN	Sturgis	03/07/2024	Risk Based Inspection - Routine	0	0	0	2
READING HIGH SCHOOL	READING	03/19/2024	Risk Based Inspection - Routine	0	0	0	0
Refuge Coffee House LLC	Quincy	03/06/2024	Risk Based Inspection - Routine	0	0	0	0
REYNOLDS ELEMENTARY SCHOOL	Reading	03/19/2024	Risk Based Inspection - Routine	0	0	0	0
RIVER LAKE INN	SHERWOOD TWP.	03/21/2024	Risk Based Inspection - Routine	0	0	0	1
Rosalie's Roadhouse	Jonesville	03/14/2024	Risk Based Inspection - Routine	0	0	0	0
Royal Cafe	CENTREVILLE	03/20/2024	Risk Based Inspection - Routine	0	0	0	1
Saint Paul's Lutheran Church	Centreville	03/19/2024	Pre-Opening - Pre-Opening	0	0	0	0
SAM'S PLACE	THREE RIVERS	03/28/2024	Risk Based Inspection - Routine	0	0	0	0
Samuel Mancino's Restaurant	White Pigeon	03/26/2024	Risk Based Inspection - Routine	0	0	0	1
Shawarma Station Sturgis	Sturgis	03/01/2024	Pre-Opening - Pre-Opening	0	0	0	2
SHORT'S LAMPLIGHTER, LLC	COLDWATER	03/06/2024	Risk Based Inspection - Follow-up	0	0	0	0
Sippity Split	Concord	03/30/2024	STFU Inspection - Routine	0	0	0	0
ST. JOHN'S EPISCOPAL CHURCH	Sturgis	03/04/2024	Risk Based Inspection - Routine	0	0	0	1
Starbucks Coffee Sturgis	Sturgis	03/21/2024	Risk Based Inspection - Routine	0	1	1	1
STURGES-YOUNG CENTER FOR THE ARTS	Sturgis	03/08/2024	Risk Based Inspection - Routine	0	1	0	0
Sturgis Biggby Coffee #484	Sturgis	03/21/2024	Risk Based Inspection - Routine	0	1	1	0
Sturgis Central Commons	Sturgis	03/20/2024	Risk Based Inspection - Routine	0	0	0	0

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
STURGIS HOSPITAL	Sturgis	03/06/2024	Risk Based Inspection - Routine	0	0	0	0
Subway - Hillsdale	Hillsdale	03/14/2024	Risk Based Inspection - Routine	0	1	0	0
Subway - Jonesville	Jonesville	03/28/2024	Risk Based Inspection - Routine	1	2	0	0
Taco Bell #33023	Three Rivers	03/15/2024	Risk Based Inspection - Routine	0	0	0	0
Taco Bell #37166	Hillsdale	03/22/2024	Risk Based Inspection - Routine	0	0	0	0
Tacos Guerrerenses	Constantine	03/19/2024	STFU Inspection - Routine	0	0	0	0
THE DECK DOWN UNDER	Jerome	03/06/2024	Risk Based Inspection - Routine	0	0	0	0
The Local Centreville	Centreville	03/04/2024	Pre-Opening - Pre-Opening	0	0	0	0
The Udder Side	Jonesville	03/04/2024	Risk Based Inspection - Routine	0	0	0	0
THREE RIVERS PIZZA HUT	THREE RIVERS	03/15/2024	Risk Based Inspection - Routine	0	0	0	1
TOMAHAWK TAVERN	White Pigeon	03/14/2024	Risk Based Inspection - Routine	0	0	0	0
Trainwreck Grill & Ale	Coldwater	03/22/2024	Risk Based Inspection - Follow-up	0	0	0	0
TRINITY EPISCOPAL CHURCH	Three Rivers	03/05/2024	Risk Based Inspection - Routine	0	0	0	0
Twin County Community Probation Center	Three Rivers	03/05/2024	Risk Based Inspection - Routine	0	0	0	1
UNION CHURCH OF QUINCY	QUINCY	03/06/2024	Risk Based Inspection - Routine	0	0	0	0
UNION CITY ELEMENTARY SCHOOL	UNION CITY	03/12/2024	Risk Based Inspection - Routine	0	0	0	0
UNION CITY HIGH SCHOOL	UNION CITY-PT	03/12/2024	Risk Based Inspection - Routine	0	1	1	0
UNION CITY MIDDLE SCHOOL	UNION CITY	03/12/2024	Risk Based Inspection - Routine	0	0	0	0
UNITED METHODIST CHURCH	White Pigeon	03/19/2024	Risk Based Inspection - Routine	0	0	0	0
Useless Creatures Brewing Co	Three Rivers	03/27/2024	Risk Based Inspection - Routine	0	0	0	0
WENDY'S--STURGIS	Sturgis	03/15/2024	Risk Based Inspection - Routine	1	0	1	1
WENZEL SCHOOL	STURGIS	03/11/2024	Risk Based Inspection - Routine	0	0	0	0
YOUTH FOR CHRIST	Sturgis	03/06/2024	Risk Based Inspection - Routine	0	0	0	0
				13	28	32	46

Food Inspection Codes:

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

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

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

Branch-Hillsdale-St Joseph Community Health Agency
Check/Voucher Register - Check Register for BOH
00103 - Cash - Accounts Payable
From 3/1/2024 Through 3/31/2024

<u>Payee</u>	<u>Check Amount</u>	<u>Check Number</u>	<u>Effective Date</u>
Abila	3,786.98	24-03-08 A.01	3/8/2024
Accident Fund	3,032.75	24-03-22 P.01	3/22/2024
ACD.NET	1,879.78	54308	3/8/2024
Aflac District Office	545.45	24-03-15 PR.01	3/15/2024
Aflac District Office	545.45	24-03-29 PR.02	3/29/2024
Alert Medical Alarms	229.60	54321	3/22/2024
Alerus Retirement Solutions	3,086.00	24-03-01 R.01	3/1/2024
Alerus Retirement Solutions	3,086.00	24-03-15 R.01	3/15/2024
Alerus Retirement Solutions	3,336.00	24-03-29 R.01	3/29/2024
Amazon Capital Services, Inc	504.63	24-03-08 A.02	3/8/2024
Amazon Capital Services, Inc	649.30	24-03-22 A.02	3/22/2024
Apex Painting LLC	10,100.00	24.03.15 SP.01	3/15/2024
BankSupplies	2,893.35	24-03-22 A.03	3/22/2024
Barbara P. Foley	46.16	54306	3/1/2024
Barbara P. Foley	46.16	54319	3/15/2024
Barbara P. Foley	46.16	54337	3/29/2024
Beacon Properties Administration	4,332.93	24-03-29 A.01	3/29/2024
Beth Ann's Embroidery	3,482.00	54322	3/22/2024
Blue Cross Blue Shield	70,878.41	24-03-22 P.02	3/22/2024
Branch Area Transit Authority	1,573.80	24-03-22 A.04	3/22/2024
Branch Area Transit Authority	4,200.00	24-03-22 A.05	3/22/2024
Branch County Commission	27,039.49	24-03-22 A.06	3/22/2024
Branch County Complex	5,694.28	24-03-29 A.02	3/29/2024
Branch Pediatric & Adolescent Medicine PC	80.00	54323	3/22/2024
Card Services Center	2,055.24	24-03-29 PR.01	3/29/2024
CDW GOVERNMENT INC.	325.41	24-03-08 A.03	3/8/2024
CDW GOVERNMENT INC.	889.71	24-03-22 A.07	3/22/2024
Center for Information Mgmnt	1,350.00	24-03-08 A.04	3/8/2024
Century Bank - Hillsdale Maintenance	2,000.00	24-03-29 A.03	3/29/2024
Century Bank - Three Rivers Maintenance	2,000.00	24-03-29 A.04	3/29/2024
Century Basic	976.76	24-03-01 R.02	3/1/2024
Century Basic	976.76	24-03-15 R.02	3/15/2024
Century Basic	976.76	24-03-29 R.02	3/29/2024
Century EFPTS	22.96	24-03-01 L.01	3/1/2024
Century EFPTS	26,239.73	24-03-01 R.03	3/1/2024
Century EFPTS	27,661.29	24-03-15 R.03	3/15/2024
Century EFPTS	27,082.07	24-03-29 R.03	3/29/2024
Century Mastercard	0.00	24-03-08 P.01	3/8/2024
Century Mastercard	1,710.92	24-03-08 P.14	3/8/2024
Century MERS	49,462.22	24-03-22 A.08	3/22/2024
Century State/Michigan State Treasury	6.18	24-03-01 L.02	3/1/2024
Century State/Michigan State Treasury	4,537.47	24-03-01 R.04	3/1/2024
Century State/Michigan State Treasury	4,783.75	24-03-15 R.04	3/15/2024
Century State/Michigan State Treasury	4,700.90	24-03-29 R.04	3/29/2024
Charter Communications	149.98	24-03-08 P.02	3/8/2024
Cintas Corporation Loc 351	158.38	24-03-08 P.03	3/8/2024
City Of Coldwater	60.00	24-03-08 A.05	3/8/2024
City Of Three Rivers	140.99	24-03-08 A.06	3/8/2024
City Of Three Rivers	210.00	24-03-22 A.09	3/22/2024
Clean Earth Environmental Contracting Services	777.00	54324	3/22/2024

Branch-Hillsdale-St Joseph Community Health Agency
Check/Voucher Register - Check Register for BOH
00103 - Cash - Accounts Payable
From 3/1/2024 Through 3/31/2024

Payee	Check Amount	Check Number	Effective Date
ConnectAmerica	95.00	24-03-22 A.10	3/22/2024
DELTA DENTAL	4,025.94	24-03-22 A.11	3/22/2024
DiningRD	4,471.43	24-03-08 A.07	3/8/2024
DL Gallivan Office Solutions	398.78	54309	3/8/2024
DL Gallivan Office Solutions	3,444.47	54325	3/22/2024
Dr. Karen M. Luparello	4,220.17	24-03-29 A.05	3/29/2024
Evenflo Company Inc	656.90	54326	3/22/2024
FedEx	13.34	24-03-22 P.03	3/22/2024
Frontier	328.67	24-03-08 P.04	3/8/2024
GDI Services Inc.	4,729.57	24-03-29 A.06	3/29/2024
Griffiths Mechanical Contracting, Inc.	330.38	24-03-08 A.08	3/8/2024
Griffiths Mechanical Contracting, Inc.	261.03	24-03-08 A.09	3/8/2024
Griffiths Mechanical Contracting, Inc.	350.38	24-03-08 A.10	3/8/2024
Griffiths Mechanical Contracting, Inc.	261.03	24-03-08 A.11	3/8/2024
GT INDEPENDENCE	1,693.36	24-03-22 A.12	3/22/2024
Health Equity	1,279.08	24-03-15 PR.02	3/15/2024
Health Equity	1,567.48	24-03-29 PR.03	3/29/2024
Heartsmart.com	230.00	54310	3/8/2024
Hedgerow Software US, Inc.	9,000.00	24-03-08 A.12	3/8/2024
Helping Angels Home Care LLC	662.00	24-03-22 A.13	3/22/2024
Hillsdale Board Of Public Utilities	1,986.38	24-03-08 P.05	3/8/2024
Hillsdale County Treasurer	1,001.25	24-03-08 A.13	3/8/2024
HomeJoy of Kalamzoo	4,301.47	24-03-22 A.14	3/22/2024
Hospital Network Healthcare Services	122.86	24-03-22 A.15	3/22/2024
Indiana MI Power Company	1,225.26	24-03-08 P.06	3/8/2024
iSolved Benefit Services	707.36	54327	3/22/2024
Laboratory Corporation of America	211.70	24-03-08 A.14	3/8/2024
Legal Services Of S.Central MI	1,730.00	24-03-22 A.16	3/22/2024
MACKS FIRE PROTECTION	459.00	24-03-29 A.07	3/29/2024
Macquarie Equipment Capital Inc.	1,322.75	24-03-22 A.17	3/22/2024
Maplecrest, LLC	1,265.08	24-03-29 A.08	3/29/2024
McKesson Medical-Surgical Gov. Solutions LLC	466.42	24-03-08 P.07	3/8/2024
McKesson Medical-Surgical Gov. Solutions LLC	4,156.40	24-03-22 P.04	3/22/2024
McKibbin Media Group	800.00	54311	3/8/2024
Medical Care Alert	541.90	24-03-22 A.18	3/22/2024
MERS 5% EMPLOYEES	11,727.48	24-03-22 A.19	3/22/2024
MI Municipal Risk Management Authority	10,577.00	24-03-08 A.15	3/8/2024
Michigan Gas	84.94	24-03-08 P.08	3/8/2024
Michigan Public Health Institute	4,592.80	24-03-08 A.16	3/8/2024
Michigan State Disbursement Unit	190.11	54307	3/1/2024
Michigan State Disbursement Unit	190.11	54320	3/15/2024
Michigan State Disbursement Unit	190.11	54338	3/29/2024
Midwest Communications	768.00	54312	3/8/2024
Mistel de Varona	1,282.50	54328	3/22/2024
NACCHO	990.00	54313	3/8/2024
National Registry of Food Safety Professionals	394.90	54329	3/22/2024
Nationwide	620.00	24-03-01 R.05	3/1/2024
Nationwide	620.00	24-03-15 R.05	3/15/2024
Nationwide	620.00	24-03-29 R.05	3/29/2024
Pitney Bowes Inc.	483.30	24-03-22 P.05	3/22/2024

Branch-Hillsdale-St Joseph Community Health Agency
 Check/Voucher Register - Check Register for BOH
 00103 - Cash - Accounts Payable
 From 3/1/2024 Through 3/31/2024

Payee	Check Amount	Check Number	Effective Date
Principal Life Insurance Company	2,111.46	24-03-22 P.06	3/22/2024
Prompt Care Express PC	142.00	54330	3/22/2024
Reserve Account	3,000.00	24-03-29 A.09	3/29/2024
Richard Clark	2,842.35	24-03-29 A.10	3/29/2024
Ridgeway Books LLC	42.95	54314	3/8/2024
Riley Pumpkin Farm	600.00	24-03-29 A.11	3/29/2024
Rosati Schultz Joppich Amtsbueshler	360.00	24-03-22 A.20	3/22/2024
Sanofi Pasteur Inc.	186.67	24-03-22 P.07	3/22/2024
School Health	3,768.61	54315	3/8/2024
School Health	4,649.99	54331	3/22/2024
School of Dentistry	44.00	54332	3/22/2024
Semco Energy	122.08	24-03-08 P.09	3/8/2024
Serenity Place	1,000.00	54316	3/8/2024
Shred It	163.52	24-03-08 P.10	3/8/2024
St Joseph County COA	35,004.36	24-03-22 A.21	3/22/2024
St Joseph County Transit Authority	1,751.42	24-03-22 A.22	3/22/2024
Staples	963.47	24-03-08 P.11	3/8/2024
Staples	444.90	24-03-22 P.08	3/22/2024
State of MI - EGLE	35,624.00	54317	3/8/2024
State of Mich EGLE	35.00	54333	3/22/2024
State of Michigan-Dept	11.50	54334	3/22/2024
Sturgis Hospital	2,595.74	24-03-08 A.17	3/8/2024
Swick Broadcasting Company	400.00	54318	3/8/2024
Swick Broadcasting Company	400.00	54335	3/22/2024
Thurston Woods Village	3,636.06	54336	3/22/2024
TMK Worldwide, LLC	142.00	24-03-08 A.18	3/8/2024
Verizon	1,002.94	24-03-08 P.12	3/8/2024
VRI INC.	162.00	24-03-22 A.23	3/22/2024
Wal-Mart Community	23.26	24-03-08 P.13	3/8/2024
Willowbrook Interiors	13,000.00	24-03-22 A.24	3/22/2024
Report Total	516,227.53		

Branch-Hillsdale-St Joseph Community Health Agency
Balance Sheet
As of 3/31/2024

Assets

Cash on Hand	20,698.25
Cash with County Treasurer	4,126,254.70
Community Foundation Grant	309,955.94
Cash HD Building Maintenance	20,450.00
Cash TR Building Maintenance	45,049.40
Accounts Receivable	29,247.89
Due from State	(232,859.67)
Due from Other Funding Sources	121,088.89
Prepaid Expenses	172,769.24
Biologic Inventory	<u>157,116.01</u>
Total Assets	<u><u>4,769,770.65</u></u>

Liabilities

Accounts Payable	207,927.85
Payroll Liabilites	100,915.43
Deferred Revenue	414,699.39
Biologics	<u>157,116.01</u>
Total Liabilities	<u><u>880,658.68</u></u>

Net Assets

Operation Fund Balance	400,930.90
Restricted Fund Balance	401,355.87
Designated Fund Balance	<u>3,086,825.20</u>
Total Net Assets	<u><u>3,889,111.97</u></u>

Total Liabilities and Net Assets	<u><u>4,769,770.65</u></u>
----------------------------------	-----------------------------------

Prior Year Fund Balance Comparison at 3/31/2023:

Operation Fund Balance	406,310.48
Restricted Fund Balance	365,021.81
Designated Fund Balance	<u>2,673,806.53</u>
Total Fund Balance \$	<u><u>3,445,138.82</u></u>

BHSJ Community Health Agency
 Schedule of Cash Receipts and Disbursements
 October 31, 2023 thru
 March 31, 2024

Plus: Cash Receipts	\$	772,895.13
Less: Cash Disbursements For Payroll/AP	\$	(732,271.87)
10/31/2023 Cash Balance	\$	4,733,959.51
<hr/>		
Plus: Cash Receipts	\$	398,709.71
Less: Cash Disbursements For Payroll/AP	\$	(702,704.56)
11/30/2023 Cash Balance	\$	4,429,964.66
<hr/>		
Plus: Cash Receipts	\$	840,000.78
Less: Cash Disbursements For Payroll/AP	\$	(643,359.84)
12/31/2023 Cash Balance	\$	4,626,605.60
<hr/>		
Plus: Cash Receipts	\$	926,873.43
Less: Cash Disbursements For Payroll/AP	\$	(1,015,072.00)
1/31/2024 Cash Balance	\$	4,538,407.03
<hr/>		
Plus: Cash Receipts	\$	611,090.14
Less: Cash Disbursements For Payroll/AP	\$	(612,844.47)
2/29/2024 Cash Balance	\$	4,536,652.70
<hr/>		
Plus: Cash Receipts	\$	715,228.79
Less: Cash Disbursements For Payroll/AP	\$	(815,670.85)
3/31/2024 Cash Balance	\$	4,436,210.64

BRANCH HILLSDALE ST JOSEPH COMMUNITY HEALTH AGENCY

Expense by Program - 3/31/2024

Program	Program Title	Current Month	Year to Date	Total Budget - Amend #1	Percent Total Expended	
**	371	CSHCS Vaccine Initiative	3,587.39	8,111.75	8,248.00	98.34%
*	010	Agency Support	9,735.84	81,903.06	110,220.00	74.30%
**	032	Emergency Preparedness	13,435.33	104,344.43	154,920.00	67.35%
*	107	Medicaid Outreach	709.10	7,720.05	11,952.00	64.59%
*	325	CSHCS	24,126.22	140,982.25	222,409.00	63.38%
*	345	Lead Testing	4,392.69	35,206.63	56,207.00	62.63%
*	719	Body Art	472.60	2,521.25	4,124.00	61.13%
**	327	Hearing (ELPHS)	12,640.30	59,984.86	109,251.00	54.90%
**	326	Vision (ELPHS)	10,024.61	59,090.98	110,276.00	53.58%
*	605	General EH Services	9,585.87	80,634.58	151,287.00	53.29%
	008	Salary & Fringe Payoff	1,027.91	39,729.92	80,000.00	49.66%
	115	MCH Enabling Women	1,846.05	23,370.47	47,269.00	49.44%
	138	Immunization IAP	121,912.62	636,582.50	1,307,240.00	48.69%
	021	Dental Clinic - Three Rivers	4,332.93	25,997.58	53,591.00	48.51%
	012	Area Agency on Aging	122,860.27	693,186.81	1,479,226.00	46.86%
	109	WIC	96,641.26	520,755.41	1,150,665.00	45.25%
	014	VOCA	16,851.65	87,558.70	196,382.00	44.58%
	331	STD	11,421.84	73,571.56	172,235.00	42.71%
	025	PH Workforce & Infrastructure	41,230.50	56,664.85	135,905.00	41.69%
	108	WIC Breastfeeding	7,631.32	58,065.62	139,304.00	41.68%
	332	HIV Prevention	1,386.79	12,969.42	31,407.00	41.29%
	329	MCH Enabling Children	4,057.75	19,819.46	48,084.00	41.21%
	338	Immunization Vaccine Handling	5,080.51	35,862.24	87,139.00	41.15%
	201	CSF Carseats	2,571.53	10,833.31	27,105.00	39.96%
	704	Food Service	47,238.32	259,945.94	663,330.00	39.18%
	714	Onsite Sewage Disposal	30,449.00	170,813.13	437,004.00	39.08%
	341	Infectious Disease	25,325.40	146,473.33	377,236.00	38.82%
	352	ELCCT Contact Tracing, testing doord,	9,709.42	62,740.66	165,684.00	37.86%
	015	Local Expenses - Unallowable by Grants	1,910.28	5,734.60	15,313.00	37.44%
	721	Drinking Water Supply	28,269.62	154,755.15	441,731.00	35.03%
	207	MCRH Community Health Workers	6,200.71	40,377.12	126,633.00	31.88%
	745	Type II Water	15,941.55	69,158.54	218,296.00	31.68%
	255	Community Health Direction	21,368.10	56,771.61	200,000.00	28.38%
	720	EH- Complaints	174.66	1,667.78	6,293.00	26.50%
	355	COVID-19 PH Workforce Supplemental	3,132.54	20,605.99	100,332.00	20.53%
	096	CSHCS Donations SJ	0.00	6,774.35	35,004.91	19.35%
	029	Dental Clinic - Hillsdale	965.93	4,153.28	22,000.00	18.87%

717	EGLE Swimming Pools	149.26	3,100.08	16,885.00	18.35%
101	Workforce Development	946.14	10,189.51	56,760.00	17.95%
716	EGLE Campgrounds	125.42	2,581.71	18,585.00	13.89%
723	PFAS Response - White Pigeon	1.88	993.91	8,816.00	11.27%
363	363 CVDIMS Covid Immz Supplemental	4,481.94	22,110.98	215,195.00	10.27%
718	EGLE Septage	160.77	869.00	11,032.00	7.87%
023	Capital Expenditures	0.00	2,700.00	78,000.00	3.46%
405	Grant Writing	0.37	60.29	1,804.00	3.34%
097	CSHCS Donations BR HD	124.00	715.13	22,826.36	3.13%
024	MERS Pension Underfunded Liability	0.00	5,253.47	347,085.00	1.51%
035	Vector Borne Disease Surveillance	394.81	394.81	33,025.00	1.19%
112	CSHCS Medicaid Outreach	0.00	0.00	115,856.00	0.00%
202	Oral Health	1,113.44	2,550.79	0.00	0.00%
212	Medical Marijuana BR	5,670.34	5,670.34	0.00	0.00%
230	Medical Marijuana HD	1,733.35	1,733.35	0.00	0.00%
275	Medical Marijuana SJ	584.51	584.51	0.00	0.00%
715	EGLE Long-Term Monitoring	0.00	0.00	3,842.00	0.00%
722	PFAS Response	0.00	0.00	2,116.00	0.00%
724	PFAS - Westside Landfill	<u>0.00</u>	<u>0.00</u>	<u>6,791.00</u>	<u>0.00%</u>
	Total Expense	<u>733,734.64</u>	<u>3,934,947.05</u>	<u>9,641,921.27</u>	<u>40.81%</u>

The Agency is currently 9.19% under budget.

*6/12 Months = 50%

*6/9 Months = 66.66%

Programs Over Budget as of 3/31/2024

RU 371: 98.34%	9-Month Program - This program will fall in line as year progresses. One time expenses that should all be completed by before the grant period ends in June 2024.
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RU 010: 74.30%	The current revenue for this program is over budget (at 74.30%), causing expenses to stay in this program instead of being distributed through indirect to other programs. We will continue to monitor and make necessary adjustments in the final budget amendment.
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RU 032: 67.35%	9-Month Program - slightly over budget due to increase in staff time for trainings. This program also received additional funds to make one-time medical supply purchases. We expect this program to fall in line as the year progress.
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RU 107: 64.59%	Program showing over budget because we are fully distributing the Community Health Allocation expenses to programs before using any other funding sources for that service. This program will come back in line as the year progresses because other funding sources will be used to cover those expenses and they will no longer be hitting this program.
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RU 325: 63.38%	Budget for RU 325 must be fully expended and therefore expenses can be charged to RU 112. When looking at these two budgets together as one, the program is under by budget at 41.67%.
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RU 345: 62.63%	Over budget due to increase in staff time. The CDC updated the blood reference value from 5.0 down to 3.5, which has increased the case load in this program. We are currently training staff in this program causing overages as well. We will continue to monitor and make necessary adjustments in final amendment.
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RU 719: 61.13%	Over budget due to increase in staff time for new facility and renewal inspections. This program will fall back in line with budget as year progresses.
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RU 327: 54.9%	9-Month Program - within budget
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RU 326: 53.58%	9-Month Program - within budget
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RU 605: 53.29%	Program showing over budget because we are fully distributing the Community Health Allocation expenses to programs before using any other funding sources for that service. This program will come back in line as the year progresses because other funding sources will be used to cover those expenses and they will no longer be hitting this program.
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April 15, 2024 – Board of Health Finance Committee Meeting Minutes

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

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

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

Public Comment: No public comments were given.

New Business:

- The Audit Report was discussed but no action was taken.
- Form 5572 was reviewed but no action was taken.
- Mr. Houtz moved to recommend that the full Board approve a payment of \$302,495 to the MERS Surplus Division with support from Mr. Lanius. The motion passed unopposed.

Public Comment: No public comments were given.

Mr. Lanius moved to adjourn the meeting with support from Mr. Houtz and the meeting was adjourned at 9:16 AM.

Respectfully Submitted by:



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

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

The Branch-Hillsdale-St. Joseph Community Health Agency Board of Health, Program, Policy, & Appeals Committee meeting was called to order by Committee-Chair, Brent Leininger, at 8:34 AM. Roll call was completed as follows: Brent Leininger, Jon Houtz, and Rusty Baker. Tom Matthew was absent and Jon Houtz attended in his place.

Also present from BHSJ: Rebecca Burns, Theresa Fisher, Paul Andriacchi, James Young, and Cody Johnson.

Mr. Baker moved to approve the agenda as presented, with support from Mr. Houtz. The motion passed unopposed.

Public Comment: No public comments were given.

Unfinished Business:

- Rebecca Burns provided an update on the progress of amending the intergovernmental agreement. All counties have approved the changes and she is currently working to get signatures on the document. No action was taken.

New Business:

- Mr. Baker moved to recommend that the full Board approve the Environmental Health appeal for 175 Wayside Court, Quincy, MI, contingent on a deed restriction being filed to permanently restrict the area for the reserve mound. The motion received support from Mr. Houtz. A roll call vote was taken and the motion passed 3-0 (Mr. Leininger, yes; Mr. Baker, yes; Mr. Houtz, yes).
- Mr. Houtz moved to recommend that the full Board approve the amended Personnel Policy manual as presented, with support from Mr. Baker. The motion passed unopposed.
- Discussion took place on the process to make changes to the Environmental Health Code but no action was taken.

Public Comment: No public comments were given.

With no further business, Mr. Houtz moved to adjourn the meeting with support from Mr. Baker. The motion passed unopposed and the meeting was adjourned at 10:35 AM.

Respectfully Submitted by:



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

Environmental Health Appeal
175 Wayside Court, Quincy

Materials will be provided in a separate packet.

Summary of Proposed Changes to the Personnel Policy Manual

The Agency continuously strives to provide a comprehensive set of administrative policies. As part of this process, we routinely review the existing policy document to determine 1) if the policy is still relevant and needed, 2) whether the purpose or goal of the policy is being met, and 3) to determine if changes or clarifications are needed to ensure that staff and supervisors are understanding and administering the policies in the same manor across the entire Agency.

The changes summarized below are a compilation of changes that have been identified through routine business, programmatic audits, discussions with the agency's attorney, or issues that came up that were not clearly addressed in current policy.

- Page 5-6 – The Personnel Policy Committee had a sperate document for its bylaws. The section has been updated to incorporate the items from the bylaws into the Personnel Policy Manual eliminating the need for a separate document.
- Page 9 – changed language from 3 consecutive months to 6 consecutive payrolls to clear up confusion.
- Page 13 – Added language to the policy for employee promotions, which indicates that promoted employees are placed on the wage scale at the minimum rate of pay of the higher-level, or to that salary step on the higher level which is at least a 3% increase above their current rate of pay.
- Page 14 – Added meal allowance expense dollar amounts to the policy. The amounts were not defined in the policy before, but on the agency's training form. The amounts have been updated from \$7.50 to \$10.00 for breakfast; from \$10.00 to \$15.00 for lunch; and from \$15.00 to \$20.00 for dinner. This increases the daily total from \$32.50 to \$45.00, an increase of \$12.50 per day.
- Page 16 – Adjusted language to match the column headers of the updated uniform pay scale approved by the Board in December.
- Page 26 – fixed grammatical errors
- Page 33 – Added additional language which requires employees to use any available paid time off if they fail to qualify for holiday pay. Also details that accruals will be adjusted if the employee has no paid time off to cover the missed time.
- Page 35 – Added language that requires employees to work through their notice period. This is implied on page 26, under bullet #9, but it isn't explicitly spelled out.

PURPOSE OF THE PERSONNEL POLICY MANUAL

This manual was developed to describe some of the expectations of our employees and to outline the policies, benefits, and procedures available to eligible employees. Employees should familiarize themselves with the contents of the Personnel Policy Manual as soon as possible, for it will answer many questions about employment with Branch-Hillsdale-St. Joseph Community Health Agency.

No personnel policy manual can anticipate every circumstance or question about policy. As time goes on, the need may arise and the Branch-Hillsdale-St. Joseph Community Health Agency Board of Health reserves the right to revise, supplement, or rescind any policy or portion of the manual from time to time as it deems appropriate, in its sole and absolute discretion.

This Personnel Policy Manual supersedes any and all previous personnel policies created separately and collectively by the Branch-Hillsdale-St. Joseph Community Health Agency Board of Health.

This Personnel Policy Manual shall be distributed to appropriate agency personnel at the time of hire. Copies of subsequent updates of this manual shall be provided to appropriate agency personnel as soon as possible after the adoption of such updates.

Board of Health
Branch-Hillsdale-St. Joseph
Community Health Agency

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SECTION 1: DEVELOPMENT OF PERSONNEL POLICIES

A. COMPOSITION OF THE PERSONNEL POLICY MANUAL COMMITTEE

~~The re shall be a~~ committee shall be composed of the Health Officer, a designee of the Health Officer, three (3) voting members and three (3) alternate members. There shall be one (1) a representativemember -and one (1) alternate member from each of the three counties - Branch, Hillsdale, and St. Joseph. The purpose of the committee is to provide suggestions to the Health Officer regarding personnel policies contained within.

The Health Officer and their designee serve as representatives of Administration and neither will have voting privileges. They are responsible for taking committee recommendations back to the Board of Health for approval.

B. SELECTION OF OFFICE ~~REPRESENTATIVES~~ MEMBERS AND ALTERNATES

A request for ~~volunteers as representatives~~ nominations of members shall be ~~conducted at~~ accepted from all staff in December ~~the beginning~~ of each calendar year, term beginning January 1st. Elections will be held each year to elect the alternate member for each county. Staff members ~~Representatives~~ shall serve for a two-year term ~~from for~~ their respective county's offices. Employees elected shall serve the first year as the alternate ~~representative member~~ and the second year as the ~~representative~~ voting member. There are no term limits and a member finishing their second year could be re-elected as the new alternate. Staff members may only vote for the member in their home office location.

~~In the event the office of representative~~ If there is a vacancy of the voting member or alternate representative member is vacated during the elected term, a request for a volunteer to replace the alternate will be conducted in the office involved. If the representative vacates, the current alternate representative shall move into that position. These names will be posted annually in the mail room of each office ~~the current alternate member shall move into the voting member position for the remainder of their term. If there is a vacancy of an alternate member, a special election will take place to replace the member. The newly elected member will serve the remainder of the current year as alternate and then serve the following year as the voting member.~~

The committee members, voting and alternates, will elect a chair and a secretary during the first meeting of each year. The secretary shall arrange for the minutes of each meeting to be distributed to each committee member. Committee member names shall be posted annually in the mail room of each office.

C. MEETING SCHEDULE AND PROCEDURES OF THE COMMITTEE

The committee shall meet at ~~least once a year to provide suggestions to the Health Officer regarding the personnel policies~~ the beginning of the year to set a schedule of

meetings to be held quarterly. The committee shall meet in special meetings when there are significant issues that warrant meeting more frequently. Meetings are presided over by the Chair or in his/her absence, the Health Officer. The Chair will have an agenda prepared for all meetings. All materials and the agenda will be provided to the members at least two (2) days prior to the scheduled meeting. The Secretary will prepare minutes of all meetings, share approved minutes with the staff by sharing them in the “personnel Policy” folder on the shared drive, and document draft policy changes discussed by the committee.

Each office shall have one vote. If both the ~~alternate representative voting member~~ -and ~~representative alternate member~~ from an office are present, they will be allowed only one vote. In the event of a tie vote, the issue is to be tabled until the next scheduled meeting, at which time if the issue still results in a tie ~~then~~ it is considered defeated. ~~The chair of the committee will be elected by the representatives and alternates during the first meeting. The Health Officer will not have voting privileges.~~

~~A secretary shall be selected from the committee and will arrange for minutes of each committee meeting to be distributed to each committee member.~~ The committee members are responsible for posting the minutes in each office. The announcement of personnel policy committee meetings and the minutes from the meetings will be sent to ‘everyone@bhsj.org’ through the Agency’s employee’s email system and in the Personnel Policy folder on the Coldwater shared drive. Each employee shall be responsible for reading the minutes and providing input to a member of the committee.

D. IMPLEMENTATION AND INTERPRETATION OF THE PERSONNEL POLICIES

The Health Officer shall be responsible for the implementation of the approved personnel policies within this manual. The Administrative Services Director shall be available to the employees and management regarding the interpretation of the personnel policies.

SECTION 2: EMPLOYMENT POLICIES, PROCEDURES AND REQUIREMENTS

A. EMPLOYMENT POLICIES

1. Employment Relations. The Board of Health believes that the work conditions, wages, and benefits it offers to its employees are competitive with those offered by other employers in this area and in this industry. If employees have concerns about work conditions or compensation, they are strongly encouraged to voice these concerns openly and directly with their immediate supervisors.
2. Equal Opportunity Employer. In order to provide equal employment and advancement opportunities to all individuals, employment decisions at the agency will be based on

merit, qualifications, and abilities. The agency does not discriminate in employment opportunities or practices on the basis of race, color, religion, gender, national origin, age, disability, or any other characteristic protected by law. The agency will make reasonable accommodations for qualified individuals with known disabilities. This policy governs all aspects of employment, including selection, job assignment, compensation, discipline, termination, and access to benefits and training.

3. Job Posting. The agency provides employees an opportunity to indicate their interest in open positions and advancement according to their skills and experience. Job openings will be posted and normally remain open for five (5) workdays. Each job posting will include the dates of the posting period, job title, department, grade level, essential duties and qualifications.

4. Immigration Law Compliance. In compliance with the Immigration Reform and Control Act of 1986, each new employee, as a condition of employment, must complete the Employment Eligibility Verification Form I-9 and present documentation establishing identity and eligibility.

5. Hiring of Relatives. Employment of more than one member of the family may be permitted, providing each individual possesses the necessary qualifications and competed in the usual manner with other qualified applicants.

6. Conflict of Interest. An actual or potential conflict of interest occurs when an employee is in the position to influence a decision that may result in personal gain for that employee or for a relative as a result of the agency's business dealings. If employees have any influence on transactions involving purchases, contracts, or leases, it is imperative that they disclose to their immediate supervisor as soon as possible the existence of any or potential conflict of interest so that safeguards can be established to protect all parties. For the purposes of this policy a relative is any person related by blood or marriage.

7. Outside Employment. Employees may hold outside employment as long as such employment does not present a conflict of interest or in any way interfere with the efficient discharge of duties required to satisfactorily function in the position held with the agency.

8. Pre-Employment Medical Exam and Drug Test. After an offer has been made to an applicant entering agency employment, the new hire shall undergo a medical examination and drug test at the agency's expense. The offer and assignment to duties is contingent upon satisfactory completion of these exams. Information on employees' medical condition or history will be kept separate from other employee information and will be maintained confidentially.

9. Background Check. When an offer has been made to an applicant entering agency employment, the new hire shall undergo an ICHAT background check, a search of the state and national sex offender lists, and a central registry check for anyone working with

children or vulnerable adults (as required by contracts and/or grant funding). The offer and assignment to duties is contingent upon satisfactory completion of this background check process. In order to maintain compliance with the boilerplate language in requirements of the agency's grant contracts, any findings in background checks may be reviewed by the Agency's attorney. Any finding that would cause compliance issues with the contracts will cause the conditional offer of employment to be rescinded. The Agency will conduct annual background checks on all employees.

All employees are required to notify the Administrative Services Director immediately of criminal convictions, pending felony charges, or listing on the CPS Registry. Failure to comply may result in discipline, up to and including dismissal.

10. Hire Date. The date an employee was hired. In the event that an employee had been employed and left employment and subsequently rehired, the Hire Date will be the most recent date of hire.

11. Anniversary Date. The Anniversary Date is the Hire Date or if an employee moves into a new job classification the Anniversary Date will change to the date that the new job classification becomes effective.

12. Continuous Length of Service. Continuous Length of Service is defined as the period of time in which an employee continues in agency employment without interruption subject to the conditions described in other sections of this manual.

13. Orientation. The immediate supervisor will provide each new employee an introduction to their co-worker, work environment, job responsibilities, procedures, and policies. All necessary employment forms and paperwork must be completed on the first day of work with the Administration division.

14. Probationary Period. All new and rehired employees will be on a twelve-month probationary period following their date of hire or rehire. At any time during the twelve-month probationary period, the agency may terminate employment for any or no reason. If an employee is granted an approved medical leave during their probation, the probationary period will be extended to ensure the Agency has the full twelve months of time worked to evaluate the employee. Employees in their probationary period have no bumping rights. Seniority will be calculated by the date of hire in a position.

15. Work Schedule. Work schedules may vary throughout the agency. Immediate supervisors will advise employees of their individual work schedules. Staffing needs and operational demands may necessitate variations in starting and ending times, as well as variations in the total hours that may be scheduled each day and week.

16. Performance Evaluations. Immediate supervisors and employees are encouraged to discuss job performance and goals on an informal, day-to-day basis. The immediate supervisor shall prepare the formal evaluations at three months, at six-months and at the

one-year probationary period and then every subsequent year following the hire or reassignment of employees.

17. Residency Requirement. There shall be no residency requirement that employees live within the boundaries of the areas served by the agency.

18. Approval for Hiring. Final approval of the hiring of all agency employees shall rest with the Health Officer.

19. Removal from Payroll. An employee who is defined as “casual” and does not work in within 6 consecutive payroll periods ~~three (3) consecutive months~~ shall be removed from payroll as a voluntary resignation.

20. Reporting of Accidents/Incidents. The employee must report any & all accidents/injuries within 24 hours to the Administrative Services Director.

21. Reporting of Neglect/Abuse/Exploitation. Employees must report any and all suspected case/cases of abuse, neglect, and exploitation immediately by calling State of Michigan Centralized Intake at 855-444-3911. Employee must also notify immediate supervisor.

22. Identification Badges. All employees are issued an identification badge and are required to wear it during the performance of their job duties. In the event the badge is lost, stolen, or damaged the employee must notify the Administrative Division for a replacement immediately.

23. Sign In/Sign Out Policy. All employees shall sign in when they arrive at work and sign out at the time of leaving the building at any time during the day. This is required so we know who is in the building and who isn't in the event of an emergency. Sign out sheets are in the mail room. Each staff member will be responsible for their own time in and out.

24. Drivers Licenses and Car Insurance. Every employee must possess a valid driver's license and car insurance—you will be asked to present copies of these to the Administrative Division at hire and upon renewal.

B. PERSONNEL FILE PROCEDURE

1. Contents of the Personnel File. The agency maintains a personnel file on each employee. The personnel file includes such information as the employee's job application, resume, performance evaluations, documentation of reassignments and salary increases, and other employment records.

2. Review of the Personnel File. Personnel Files are the property of the agency and access to the information they contain is restricted. Generally, only the immediate supervisor,

division director, and other agency personnel who have a legitimate reason, as determined by the Health Officer to review the information in a personnel file, are allowed to do so. Employees are entitled to inspect the contents of their personnel files. Employees who wish to inspect their own personnel file should contact the Administrative Services Director. With reasonable advance notice, employees can review the content of their personnel files in the presence of the Administrative Services Director.

3. Personnel Data Changes. Employees are responsible for promptly notifying the Administrative Division of any changes in personnel data. Changes relating to personal information such as mailing addresses, telephone numbers, individuals to be contacted in the event of an emergency, dependents covered by agency provided insurance, or marital status must be accurate and up to date.

4. Verification of Employment Requests. No information will be shared on an employee until verified with that employee. Verification needs to be made before giving any institutions any information on any employees. **No information will be shared until validated by the Administrative Services Director.**

C. PERSONAL CONDUCT REQUIREMENTS

1. General Statement of Policy. It is not possible to list all the forms of behavior that are considered unacceptable in the workplace. The agency expects employees to perform their job in a manner that will protect the interests and safety of all employees and the agency. Violation of the following Personal Conduct Requirements may lead to progressive disciplinary action, up to and including termination of employment.

2. Personal Appearance. Employees are expected to present a clean and neat appearance and to dress according to the requirements of their position. Employees who appear for work inappropriately dressed will be sent home and directed to return to work in proper attire. Under such circumstances, employees will not be compensated for the time away from work.

3. Agency Phone, Cell Phone, E-mail and Fax Usage. Employees should practice discretion when making personal phone calls and sending e-mail or faxes. Employees shall be required to reimburse the agency for any charges resulting from their personal use of the telephone, fax machine, or copier. Any employee, who has misplaced, lost, or damaged agency property must report such to their supervisor or the Administrative Services Director as soon as possible. The employee may be asked to reimburse the agency for the replacement/repair of said item or items if the loss or damage was a result of negligence by the employee.

4. Smoking Policy. In keeping with the agency's intent to provide a safe and healthful workplace, smoking or the use of E-cigarettes is prohibited in any agency facility or within 50 feet of the building.

5. Breaks and Lunch Periods. Employees will be granted two (2) paid fifteen-minute breaks during the full workday. Employees will have a ½ hour unpaid lunch period for each full workday. The timing of the breaks and lunch periods will be at the discretion of the department head and in compliance with labor law. It is the supervisor's responsibility to have staff coverage during all service hours, allowing for uninterrupted breaks and lunches.

6. Drugs and Alcohol in the Workplace. It is the agency's desire to provide a drug-free, safe and healthful workplace. Employees may not use, possess, distribute, sell, or be under the influence of illegal drugs or alcohol while on agency premises or while conducting agency business-related activities off agency premises. Please refer to the Agency's Substance Abuse Policy.

7. Harassment in the Workplace. The agency is committed to providing a workplace that is free of discrimination and unlawful verbal and physical harassment. Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, and other verbal, non-verbal, or physical conduct of a sexual nature. All allegations of harassment should be reported, in writing, to the Administrative Services Director's office as soon as possible. In the event the Administrative Services Director is the alleged harasser, the allegations of harassment should be reported, in writing, to the Health Officer.

8. Sexual Misconduct, Domestic Violence and Dating Violence in the Workplace. The agency is committed to providing a workplace that is free of discrimination, unlawful verbal and physical sexual misconduct, domestic violence and dating violence. All allegations of sexual misconduct, domestic violence and dating violence that occurs in the workplace or by an agency employee should be reported, in writing, to the Administrative Services Director's office as soon as possible. In the event the Administrative Services Director is the alleged harasser, the allegations of harassment should be reported, in writing, to the Health Officer.

9. Attendance and Punctuality at Work. To maintain a safe and productive work environment, the agency expects employees to be reliable and punctual in reporting for scheduled work. Absenteeism and tardiness place a burden on other employees and on the agency. When employees cannot avoid being late to work or unable to work as scheduled, they must notify their immediate supervisor as soon as possible in advance of anticipated tardiness or absence.

10. Solicitation. In an effort to ensure a productive and harmonious work environment, persons not employed by the agency may not solicit or distribute literature or products in the workplace at any time for any purpose without the permission of the Health Officer. Employees may not solicit or distribute literature or products concerning outside event and organizations during working time without the permission of the Health Officer.

11. Contributions. Contributions by employees to community organization fund drives shall be entirely voluntary. Agency management personnel or Board of Health shall at no time estimate or determine what amount such contributions shall be.

12. Use of Agency Equipment. Equipment essential in accomplishing job duties is expensive and may be difficult to replace. When using agency property, employees are expected to exercise care, and follow operating and safety standards and guidelines. Employees shall not engage in the improper, careless, negligent, destructive, or unsafe use or operation of agency equipment. In the event that any Agency owned or leased equipment is misplaced, stolen, lost, or damaged you must report it to the Administrative Services Director immediately. Employees may be asked to reimburse the Agency for the repair/replacement of said item or items if it is deemed the employee was careless and negligent. For legal liability reasons, employees are not to transport non-employees during work time unless special authorization is given.

13. Political Activity. Employees are subject to the rights and limitations of the Hatch Act.

14. Gifts and Favors. Employees or their immediate family shall not be permitted to accept loans, gifts of money or goods, services or other preferred arrangements for personal benefit under any circumstances directly or indirectly involving possible influence or appearance of influence upon the manner in which they perform work, make decisions to otherwise discharge their duties as an employee.

15. Confidentiality of Information. The agency shall be in compliance with the Health Insurance Portability and Accountability Act (HIPAA). Protected information contained in reports, records or communications of the agency shall be considered confidential. Unauthorized disclosure of such information by staff members shall be considered sufficient grounds for dismissal.

16. Dating Supervisors. Supervisory staff are strictly forbidden from dating staff they directly supervise. This includes consensual romantic or sexual relationships. Non-consensual relationships constitute sexual harassment and should be reported immediately so appropriate remedial action may occur.

D. EMPLOYEE CLASSIFICATIONS

1. Full Time. An employee who is regularly scheduled to work at least 37.5 hours per workweek.
2. Minimum Full Time. An employee who is regularly scheduled to work less than 37.5 hour per workweek but a minimum of 30 hours per workweek.

3. Part Time. An employee who is regularly scheduled to work at least 20 hours per workweek but less than 25 hours per workweek.
4. Casual. An employee who works irregular hours.
5. Contractual Employees. An individual performing a service, job or duty as outlined in the terms of a contract are not subject to the Agency's travel reimbursement, pay schedule, vacation or sick time schedule or other benefits unless stated in their contract, but are subject to portions of the Personnel Policy that relate to personal conduct.
6. Seasonal Employees. An employee that has been hired to work in a specific program which is suspended each year and the program is scheduled to begin again within 12 months. Employee on seasonal layoff will not earn vacation, sick time, or cash-in-lieu while on layoff. The employee while on seasonal layoff will not be covered by the Health Insurance Policy offered by the Agency and will be transferred to COBRA. The Agency will not issue payments for any benefits which come due while the employee is on seasonal layoff. Such benefits include cash-in-lieu or longevity payments. Any longevity payments normally paid or the cash-in-lieu benefit earned by the employee prior to being placed on seasonal payoff will be paid once the employee returns to work or at the end of our current fiscal year or if the employment is terminated during the seasonal layoff period.

E. EMPLOYEE PROMOTION OR RECLASSIFICATION

The rate of pay, for employees who have been promoted to a higher-level position, will be adjusted to the minimum rate of pay of the higher-level₂ or to that salary step on the higher-level which is at least a 3% increase above their current rate of pay_{2,5} whichever is higher.

The rate of pay, for employees who have been reclassified to a position in a lower level, will be paid at their current level or adjusted to their salary step rate of pay, whichever is lower.

The health officer shall authorize all reclassifications.

F. EMPLOYEE TRANSFER

The rate of pay, for employees who have transferred to a position in the same classification, the rate of pay shall be determined by the Health Officer and the division Director based on employee knowledge and training needed.

G. WORK RELATED TRAVEL

Employees who use their own personal vehicles for agency business will be reimbursed at the rate established by the Board of Health. The Board of Health set travel reimbursement at the standard mileage rate as set by the IRS each year. However, if the Health Officer determines that there are budgetary concerns of the agency, any increase in the agency's Travel Reimbursement must be postponed until the budgetary concerns have been addressed.

1. Agency Travel Policy. Travel expense reimbursement is based upon the following:

- Every employee is assigned a home base office
- Any employee or contractual employee of this Agency who drives a vehicle for business related activities or receives mileage reimbursement from this Agency must possess at all times, a valid driver's license that does not restrict their driving for Agency related business.
- Within the health district, employees are paid mileage from their home base to the place of work assignment and back to their home base. If an employee leaves from their residence to a work assignment other than their home base, the mileage is paid from their residence if the distance is less than from their home base.
- Employees who request to work at an agency office that is not their home base shall not be reimbursed for travel time and mileage from the home base to the office where they have chosen to work.
- Employees assigned by their immediate supervisor to job responsibilities at an agency office that is not their home base shall be reimbursed for mileage.
- Meal expenses incurred within a work day are reimbursed only if they are pre-approved by an immediate supervisor. Supervisors shall use discretion approving meal expenses for offsite training, hosting visiting officials, etc.
 - Breakfast \$10.00
 - Lunch \$15.00
 - Dinner \$20.00
- Reimbursement for travel outside the health district must be pre-approved by the division director.
- Travel time that occurs outside of assigned business hours will be reimbursed in accordance with the adjusted time policy.
- Reimbursement for training and related expenses (tuition, meals, etc.) must be pre-approved by the division director. To begin the pre-approval process, employees shall submit an agency Training form, detailing the anticipated training expenses, to their supervisors.
- Travel mileage between offices shall be calculated as follows:
 - Coldwater to Hillsdale, 25 miles
 - Coldwater to Three Rivers, 40 miles
 - Coldwater to Sturgis, 26 miles

- Three Rivers to Sturgis, 23 miles

H. STAFF DEVELOPMENT

The Board of Health encourages employees to develop professionally through training and continuing education. Subject to management approval and agency budgetary constraints, employees will be assisted to attend identified training and education events. Attendance at approved conferences, training, or exams shall be treated as a special work assignment. The agency will require an employee to sign a payback agreement to protect the agency from a premature departure of the employee once high-investment specialty training is concluded.

1. Staff Development Procedure. Pursuant to Section 2, Part H of the Branch-Hillsdale-St. Joseph Community Health Agency's Personnel Policies the following procedure has been developed and approved for implementation regarding employee requested training.
 - All regular full-time, minimum full-time, and regular part-time employees are eligible to apply in writing for staff development assistance.
 - Applications for staff development assistance shall be endorsed by the appropriate division director, then reviewed and approved by the health officer for being in the "best interest of the agency".
 - Approved applicants must maintain employment throughout the training period.
 - Approved applicants are eligible for reimbursement of courses taken, not to exceed \$3,000 in four consecutive quarters, three consecutive trimesters, or two consecutive semesters.
 - Pre-approval of expenses must be obtained prior to the beginning of the school term.
 - Covered course expenses are tuition and books.
 - All courses must be through an accredited institution.
 - All courses must be part of an educational program that relates to the employee's current position or a future position with the agency.
 - An employee may request reimbursement for the course or training by submitting a copy of the receipt showing that the fee had been paid by the employee along with the following:
 - ✓ An employee must obtain a grade of "C" or better at the undergraduate level and "B" or better at the graduate level.
 - ✓ Upon the completion of the course(s) and the posting of grades the employee must present the grades to the health officer.
 - Employees who leave before one year's time after the last staff development reimbursement payment must reimburse the agency a pro-rate share of that

last payment. This requirement may be waived by the health officer upon appeal.

SECTION 3: COMPENSATION POLICIES

A. MONETARY COMPENSATION

1. Rate Determination. The Board of Health shall approve an employee salary scale that seeks to assure that covered salaries are externally competitive and are internally comparable in terms of job difficulty and responsibility. A copy of the approved salary scale shall be available in each office.
2. Starting Wage. A newly hired employee will start at the minimum of the approved salary range for the position for which they were hired. The Health Officer may approve that an employee be started above the starting wage but not at a wage exceeding the maximum of the salary range. The Health Officer shall seek approval from the Board of Health of any new hire that is started above ~~the first-year step~~ two on the employee salary scale.
3. Credit Transfer. A division director may recommend to the Health Officer that an employee transferring from a full time or minimum full-time position to another full-time position or minimum full-time position at the same salary range be credited with their prior service for salary.

B. PAY PERIODS

1. Schedule. All employees are paid on two-week cycles beginning on Saturday at 0:01 a.m. and ending on Friday at midnight. Payday is on the Friday one week following the close of the pay period. If the regular payday falls on a federal banking holiday, employees can receive their paychecks the last day of work prior to the federal banking holiday.
2. Payroll Reporting Responsibility. All employees are responsible for submitting a completed time sheet to their immediate supervisor for approval and processing no later than 9 a.m. of the first work day following the end of the payroll period. The immediate supervisors are responsible for seeing that all submitted and approved time sheets are electronically processed to the agency accounting office no later than 10 a.m. of the first work day following the end of the payroll period.

C. ADDITIONAL TIME POLICY

The additional time policy applies to staff that are required to work on Saturday, Sunday or in excess of normal business hours or on Agency observed Holiday to conduct Agency work at scheduled venues. Staff will receive a minimum of two (2) hours for reporting on the weekend and if the time worked exceeds two (2) hours they will receive an additional ½ hour for each ½ hour worked. The agency recognizes two types of additional time; adjusted-time and overtime.

1. Adjusted Time Schedule

Policy: Full time staff members are limited to a 75 hour per pay period work schedule. Minimum full-time staff members are limited to a 60 hour per pay period work schedule. Part-time staff members are limited to less than 60 hours per pay period work schedule, as specified by their supervisor.

For most staff, their work schedule coincides with the Agency's regular work hours: 7.5 hours per day, Monday through Friday. (Note: While normal business hours are 8 a.m. to 4 p.m., clinic staff, working a late clinic which starts later than 8 a.m. and ends after 4 p.m., should consider a late clinic normal business hours).

Certain positions within the agency (i.e., communicable disease nurse, health educator, sanitarian, outreach worker, etc.) may have work assignments as part of their job duties/responsibilities which require work that can only be done outside of the Agency's normal work schedule. Due to these requirements, the work schedule for these employees can be adjusted, with prior written approval from their division's director, to accommodate these specific duties and responsibilities. (During the affected pay period, the employee will work to accommodate any overages in hours on one day by taking time off on one or more subsequent days. Days selected to adjust for time overages shall be low volume work days or days with limited work commitments.)

Staff members are instructed that, without prior written authorization of the health officer and their director, they are not allowed to work more than their budgeted hours as identified on their Payroll Status Wage Form and are not eligible for overtime payments.

Procedure:

- A. Employees who have work commitments which fall outside of the Agency's regular work hours of Monday through Friday will submit an adjusted time schedule form to their director for the pay period prior to the time being adjusted.
- B. The form will indicate the Employee's name, Employee Number, and the pay period being adjusted.
- C. Employees will identify the number of hours they are working each day, and include the start and end times for each day.

- D. Employees will identify the reason for the adjustment for those days where they are working outside their normal 7.5 hours per day.
 - E. Employees will document that for those days in which they are working more than 7.5 hours, they have made an appropriate adjustment on a subsequent day. Employees will do their best to work with their directors to assure that these adjustments are not made on days which will result in unnecessary work assignment shifts or undue hardship for their co-workers or to the Agency. Scheduled adjustments to offset time in excess of a 7.5-hour day should occur on days that are low volume or with limited commitments.
 - F. Employees will certify that they will not deviate from the schedule or work in excess to the schedule by signature without prior notification and approval. In addition, they will also certify they will not work in excess of budgeted hours without written approval of their director and the health officer. An employee cannot use paid time off to exceed their budgeted hours.
 - G. Once received, the director will provide written approval in a timely manner, but no later than 24 hours prior to the start of the adjustment.
 - H. Written requests and approvals can be submitted in paper form, fax or electronically, as the director prefers.
 - I. The director will keep documentation of adjusted work schedules as required by document retention policies.
 - J. Failure to submit adjusted work schedule forms and to comply with the adjusted policy and procedures will result in progressive disciplinary action.
2. Compensation for Overtime. Hourly/Professional/Technical – When the Agency’s budget permits, or as otherwise required by law. Staff that work in excess of eighty (40) hours in a single week may be compensated at one and one-half their regular rate of pay for the time in excess of 40 hours. Staff may only work in excess of their budgeted schedule with prior division Director and Health Officer written approval. Paid time off is not considered as time-worked toward the calculation for overtime. Employees will only be compensated at time and a half only if they actually worked more than 40 hours in a week.

D. LONGEVITY COMPENSATION

1. Purpose and Eligibility. Longevity Compensation is granted to regular employees based upon their consecutive years of service. Casual employees are not granted

longevity compensation.

2. Amount Granted. The amount of longevity compensation granted to an eligible employee varies with the number of consecutive years of service from their anniversary date as shown in the following schedule:

5-9 Years of Service	=	\$150
10-14 Years of Service	=	\$300
15-19 Years of Service	=	\$450
20 Years Plus of Service	=	\$600

3. Payment Schedule. Longevity compensation payments are paid out to eligible employees on the first payday following the employee’s anniversary date. Seasonal employees receive longevity as outlined under the seasonal employee definition.

E. JURY SERVICE

1. Purpose and Eligibility. Jury Service Compensation is available to eligible employees to encourage employees to fulfill their civic responsibility by serving jury duty when required. If an employee of the Branch-Hillsdale-St. Joseph Community Health Agency has been called to serve, notification to the employee’s immediate supervisor and the Administrative Services Director is required for jury service compensation.
2. Amount Compensated. Employees will be compensated at their normal rate of pay, provided they surrender all compensation received for hours served from other sources associated with their jury duty services.
3. Giving Notice. Employees must give reasonable advance notice to their immediate supervisor and the Administrative Services Director of their summons to serve as a possible juror. Employees must also give periodic updates in respect to anticipated jury service completion time.
4. Maintenance of Benefits. All paid leave benefits: vacation leave, sick leave, and holidays will continue to accrue during jury service. All insurance plans the employee participated in prior to the jury service will continue during the jury service.

F. 457 DEFERRED COMPENSATION ACCOUNTS

The agency offers two “457” or deferred compensation plans that allow employees to put pre-tax or post-tax dollars away for future retirement needs. All employees are eligible for

benefits that are subject to state and federal regulations. Employee participation is voluntary.

G. MERS RETIREMENT PROGRAM

The agency provides a compulsory retirement plan through the Municipal Employees Retirement System (MERS) for its employees classified as full time and minimum full time. In 2015, the Agency's MERS plan changed from defined benefit to defined contribution. Eligible employees contribute 3% of their gross wages to MERS. The agency contributes an amount determined by MERS as the employer match contribution for those employees under the defined benefit plan. The agency contributes 5% of an employee's gross wages to MERS for those employees on the defined contribution plan. A 55/25 waiver for all participating employees is in effect.

H. HEALTH CARE SAVINGS PLAN (MERS)

A post-employment Health Care Savings Program (HCSP) is an employer-sponsored program that allows employees to save money by getting reimbursed for medical expenses and or health insurance premiums after termination of service from their employer. All contributions made to the program are tax free, will accumulate tax free, and since payouts are used for reimbursing medical expenses they will remain tax free. The Health Care Savings Plan was suspended effective January 1, 2018.

I. BASIC FLEX

The Agency offers staff the opportunity to transfer a portion of their gross pay to a flexible spending plan. The employee determines a dollar amount to be set aside in a special account that can be used to pay for qualifying expenses as they occur. Only full-time and minimum full-time employees qualify to use Basic Flex. See the Accounting department for additional detail regarding this plan.

IRS regulations state that if an employee or an employee's spouse is enrolled in a General Purpose Flex plan, the employee would be disqualified from establishing a Health Savings Account (HSA)

J. AFLAC

The Agency offers AFLAC as part of a flexible spending plan.

K. REIMBURSEMENT FROM SOURCES OTHER THAN THE AGENCY

In the case where some other organization reimburses an employee for job-related expenses, employees shall be allowed reimbursement from one source only for job-related expenses. If reimbursement from a non-agency source is sufficient to cover expenses incurred by an employee, the employee shall submit an expense voucher to the agency, and the reimbursement from the non-agency source shall be turned into the agency.

SECTION 4: INSURANCE BENEFITS

A. HEALTH INSURANCE

1. Purpose and Eligibility. The agency provides access to health (medical, dental, and vision) insurance for eligible employees and their families. Full time and minimum full-time employees and their dependents until age 26 are eligible for access to health insurance coverage under the agency's plan. Part time and casual employees are not eligible for access to health insurance coverage through the agency's plan.
2. Start of Coverage. Application for health insurance coverage must be made with the Administrative Division upon hiring. Coverage for eligible employees should become effective the first day of employment.
3. Cash-in-Lieu of Health Insurance. Those employees that meet the following eligibility requirements:
 - are full time or minimum full time as outlined in (1.) above, and
 - provide proof of health insurance from another provider on an annual basis to the Agency,Eligible employees may elect to receive a cash-in-lieu payment. This payment is made after the conclusion of each fiscal quarter. An eligible employee as defined above, may elect to take the dental and vision plan and receive a cash-in-lieu payment that is reduced.
4. Insurance Benefit During an Unpaid Leave.
 - a) FMLA qualifying event: Employees on an unpaid leave who are eligible for FMLA are charged their regular cost of the health care plan premium during the qualifying FMLA period. A bi-weekly invoice will be provided and employees have a 30-day grace period in which to remit payment. If payment is not received, the insurance will be cancelled.
 - b) Non-qualifying FMLA leave: If an employee is taking unpaid leave, the employee is responsible for the entire cost of the health care plan premium. This rate will be figured on a daily basis of the monthly premium. Contact the Administration Division regarding what the daily charge would be based on the health care plan selected. A bi-weekly invoice will be provided and employees have a 30-day grace period in which to remit payment. If payment is not received, the insurance will be cancelled.

B. LIFE INSURANCE

1. Purpose and Eligibility. The Agency provides term life insurance in the amount of \$15,000 for eligible employees. Full time and minimum full-time employees are eligible for life insurance coverage. Part time and casual employees are not eligible for life insurance. Group life insurance coverage will decrease to \$11,000.00 on the first day of the month after an employee's 65th birthday and further shall decrease to \$8,000.00 on the first day of the month after an employee's 70th birthday.
2. Accidental Death and Dismemberment Coverage. As part of the agency's life insurance plan, each full time and minimum full-time employee is also covered up to \$15,000 for accidental death and dismemberment. Employees who are on layoff may purchase continuation life insurance coverage.

C. SHORT TERM DISABILITY INSURANCE

1. Purpose and Eligibility. The agency provides short-term (up to twenty-six weeks) disability insurance for eligible employees who are unable to work because of a qualifying disability due to injury or illness. Full time and minimum full-time employees are eligible under the agency's short-term disability plan. Part-time and casual employees are not eligible for short-term disability insurance.
2. Scope of the Plan. Eligible employees are provided with disability insurance that becomes effective 30 days after the disability and pays 70% of an employee's weekly earnings up \$750.00 during the eligibility period.
3. Restrictions. Eligible employees may not collect disability payments in addition to accrued leave time. Only one source of payment either from disability insurance payments or accrued leave time can be collected during any one-time period. Employees who are on layoff are not covered by the short-term disability insurance.
4. Relationship to Worker's Compensation. Disabilities covered by worker's compensation are excluded from the agency's short-term disability plan coverage.
5. Medical Insurance. The employee is responsible for their portion of the bi-weekly payment of the health care plan they have selected while on short term disability. Invoices will be generated and sent out bi-weekly. Employees are given a 30-day grace period to send in the payment. If payment is not received, the agency will give notice that the policy will be cancelled. If the employee does not qualify for FMLA protection, or FMLA protection has expired, the employee is responsible for paying 100% of the premium for their medical insurance.

D. UNEMPLOYMENT INSURANCE

The agency participates in the state/federal unemployment insurance program. All employees are eligible for benefits that are subject to state and federal regulations.

E. WORKER'S COMPENSATION

The agency provides a comprehensive worker's compensation program that covers employee injuries or illnesses sustained in the course of employment that requires medical, surgical, or hospital treatment. All employees are eligible for benefits that are subject to applicable legal requirements. All work-related injuries or illnesses are to be promptly reported within 24 hours to the Administrative Services Director.

F. PROFESSIONAL LIABILITY INSURANCE

The agency provides liability insurance coverage for all employees engaged in the day-to-day operations of the agency. The agency shall include surety bond coverage.

G. SOCIAL SECURITY

The agency participates in the Federal Social Security Plan. All employees shall supply the payroll department with the necessary information for reporting.

H. COBRA REQUIREMENT

1. Purpose and Eligibility. The federal Consolidated Omnibus Budget Reconciliation Act (COBRA) gives regular full-time employees and minimum full-time employees (who have participated in the health insurance plan) the opportunity to continue health insurance coverage when a "qualifying event" would normally result in the loss of health insurance eligibility.
2. Qualifying Event Defined. Under COBRA, qualifying event is defined as resignation, termination of employment, or death of an employee; reduction of employee's work hours or a leave of absence; an employee's divorce or legal separation; and a dependent child no longer meeting eligibility requirements.
3. Payment of Costs. Under COBRA, the employee or beneficiary pays the full cost of coverage at the agency's health insurance premium rates plus an administration fee.

SECTION 5: EMPLOYEE LEAVE POLICIES

A. VACATION LEAVE

1. Purpose & Eligibility. Vacation Leave with pay is available to eligible employees. Full time employees are eligible for vacation leave and minimum full-time employees are eligible for vacation leave on a pro-rata basis. Part time and casual employees do not accrue vacation leave.
2. Amount Accrued. The amount of vacation leave employees accrue each year varies with the length of consecutive years of employment. The following accrual schedule assumes a thirty-seven and one-half hour workweek:
 - First 5 years of service = Sixteen (16) days or 4.61 hours per pay period
 - After 5 years of service = Twenty-Two (22) days or 6.34 hours per pay period

- After 10 years of service = Twenty-Eight (28) days or 8.07 hours per pay period

The following accrual schedule assumes a thirty-hour workweek:

- First 5 years of service = 3.68 hours per pay period
- After 5 years of service = 5.06 hours per pay period
- After 10 years of service = 6.456 hours per pay period

3. Start of Accrual. Employees begin to accrue vacation leave from the date of employment. Earned vacation leave is available for use on the 61st day of employment.
4. Vacation Leave and Leaves without Pay. Employees who are on a leave without pay do not accrue any additional vacation leave until their return to service.
5. Requesting a Vacation Leave. Employees must request advanced approval from their immediate supervisor to utilize accrued vacation leave. Requests will be reviewed based on a number of factors, including department operational needs and staffing requirements.
6. Rate of Payout. Vacation leave will be paid out at the employee's pay rate at the time of vacation leave.
7. Maximum Accrual. Employee may accrue vacation leave up to twice the maximum annual accrual allowance schedule. Once an employee has accrued the maximum, no additional vacation leave will be accrued until the employee has used vacation leave to reduce their total below the maximum.
 - a. The following accrual maximum for employees who are full-time:
 - First 5 years of service = 240.00 hours maximum
 - After 5 years of service = 330.00 hours maximum
 - After 10 years of service = 420.00 hours maximum
 - b. The following accrual maximum for employees who are minimum full-time :
 - First 5 years of service = 210 hours maximum
 - After 5 years of service = 270 hours maximum
 - After 10 years of service = 360 hours maximum
8. Upon Termination. Upon termination of employment, employees will be paid for all unused accrued vacation leave that has been earned through the last day of work. Payment will be received as a lump sum pay off of the accrued vacation leave. Payment will be withheld if the employee owes the agency money, or will be reduced by the amount of money the employee owes the agency.

B. SICK LEAVE

1. Purpose & Eligibility. Sick Leave with pay is available to eligible employees for periods of temporary absences for the following purposes:
 - a) a personal mental or physical illness or injury or to seek treatment for such illness or injury, including a Medical/Dental or preventative care appointment;
 - b) a mental or physical illness or injury or to seek treatment for such illness or injury of a family member or any person that the employee is designated as the primary caregiver in accordance with FMLA. A family member includes any child, stepchild, foster child, parent, spouse, grandparent, grandchild, sibling, or any other individual included in the definition of “family member” under Sec. 2(g) of Paid Medical Leave Act (PMLA), MCL 408.962(g).
 - c) to permit an employee to work less than their regularly scheduled work hours until full recovery following a prolonged illness, injury or surgery;
 - d) for purposes of bereavement for events not covered under the bereavement policy;
 - e) due to the closure of the Health Department, the primary Health Department worksite the employee, or to care for the child of the employee due to the closure of the child’s place of care, if such closure is by order of a public official due to a public health emergency;
 - f) if the employee or a family member of the employee is the victim of sexual misconduct, domestic violence, dating violence, or sexual assault, for medical care or counseling, the receipt of victim services, relocation or legal services, or participation in level proceedings related to or resulting from the sexual misconduct, domestic violence, dating violence, or sexual assault;
 - g) for any other purpose not listed above but identified in Section 4 of the PMLA, MCL408.964(1)(a) – (b).
2. Amount Accrued. Each full-time employee shall accrue sick leave at the rate of 3.46 hours per pay period and each minimum full-time employee shall accrue sick leave at the rate of 2.76 hours per pay period. Each employee that works a minimum of 25 hours per week on average, but less than 30 hours per week and does not otherwise qualify as a minimum full-time employee, shall accrue sick leave at the rate of 2.31 hours per pay period. Part time and casual employees who work less than 25 hours per week on average do not accrue sick leave.
3. Start of Accrual. Employees begin to accrue sick leave from the date of employment. Earned sick leave is available for use on the 61st day of employment.
4. Sick Leave and Leaves without Pay. Employees who are on a leave without pay do not accrue any additional sick leave until their return to service.
5. Notification of Supervisor. An employee requesting to use sick leave must notify their immediate supervisor as soon as possible, preferably before the scheduled start of their next workday. The immediate supervisor must also be contacted on each additional day of absence.

6. Extended Absences. An employee who is off on sick leave three or more consecutive workdays may be required by their immediate supervisor to submit a physician's verification of illness prior to returning to service. Such verification must include the reason for the absence and any job restrictions that may exist prior to returning to work.
7. Rate of Payout. Sick leave is paid at the employee's pay rate at the time of illness or injury.
8. Maximum Accrual. Employees will be allowed to accrue sick leave up to a maximum of 263 hours. Once an employee has accrued the maximum, no additional sick leave will be accrued until the employee has used sick leave to reduce their total below the maximum. Once a year in December, an employee that has accrued sick leave over 200 hours will be paid for those hours. All payments will be made in the last payroll of the calendar year.
9. Limitation on Payment of Accrued Sick Time. Upon resignation of employment, in good standing, employees who have accrued sick leave on the date that they tender their letter of resignation will be paid their accrued and unused hours of their sick leave up to, but not to exceed, a total of 200 hours. Payment may be made in a lump sum. The purpose of this payment is to encourage an employee who intends s to resign their employment to continue working through the effective date of their resignation.

In all other cases where the conditions of this policy are not met, an employee forfeits payment for sick time that has accrued, but remains unused, on the date their employment is terminated. Resignation in good standing is defined in Section 7 (G) below.

C. BEREAVEMENT LEAVE

1. Purpose & Eligibility. Bereavement Leave with pay is available to eligible employees who need immediate time off to deal with a death in the immediate family. Immediate family shall be defined as spouse, son, daughter, parent, brother, or sister. Full time and minimum full-time employees are eligible for bereavement leave. Part time and casual employees are not eligible for paid bereavement leave.
2. Amount Available. Eligible employees may utilize up to three (3) days of bereavement leave per event.
3. Requesting Bereavement Leave. Employees should request approval from their immediate supervisor for needed bereavement leave.

4. Rate of Payout. Bereavement leave is paid at the employee's rate of pay at the time of the emergency leave.
5. Use of Bereavement Leave. Bereavement leave is set up to assist employees with the death of an immediate family member. Bereavement leave cannot be carried from one calendar year to the next.
6. Upon Termination. There is no accrued bereavement leave for employees upon termination.

D. FAMILY AND MEDICAL LEAVE

Family and Medical Leave, as specified in federal law (Family and Medical Leave Act of 1993), is available to eligible employees who wish to take time off from work duties to attend to the personal circumstances as outlined in the law. A detailed policy has been approved by the Board of Health

FAMILY AND MEDICAL LEAVE POLICY

In compliance with the Family Medical Leave Act of 1993 and the Branch-Hillsdale-St. Joseph Community Health Agency Personnel Policies:

It is the Branch-Hillsdale-St. Joseph Community Health Agency's policy to grant unpaid family and medical leaves of absence to all full-time and regular part-time employees who worked 1,250 hours or more during the 12 months prior to the request for family and medical leave. You are entitled a maximum of 12 work weeks of leave during any calendar year for one or more of the following purposes:

- To care for your child after birth, adoption or placement of a child in your home for fosters care. Such leave may be taken only in the first year after the birth, adoption or placement of the child.

We shall require medical certification (or rectification on a reasonable basis) of the existence of a "serious health condition" of you or your eligible family member, which certification shall contain the date the health condition commenced, the probable duration of the condition, the appropriate medical facts within the health care providers knowledge regarding the condition. Medical Certification Forms may be obtained from Director of Human Resources.

In certain cases, the following additional information may be required in the Medical Certification:

- If the leave is required because of the serious health condition of an employee's child, parent or spouse, a statement that the eligible

employee is needed to care for the covered individual and the amount of time necessary for such care.

- If the leave is needed because of the employee's own serious health condition, a statement that the employee is unable to perform the function of his/her position.
- For an intermittent leave or a reduced leave schedule for planned medical treatment for the employee, the dates that such treatment is expected to be given and the duration of such treatment; or if not for planned treatment but for rehabilitation, a statement of the medical necessity for and duration of such intermittent leave or reduced leave schedule.
- For an intermittent leave or leave on a reduced schedule for a child, spouse or parent, a statement that the employee's leave is necessary for the care of such individual or will assist in their recovery, and the expected duration and schedule of the intermittent leave or reduced leave schedule.

We may obtain a second opinion of another physician to verify the health condition certified by your physician.

In the event a conflict exists between the medical opinion of the employee's or covered family member's health care provider and that of the Company in the second opinion examination, a third examination will be required to be performed by a health care provider selected and paid for by the Company. In such instances, the opinion of the third health care provider will be final and binding on the Company and the employee.

Leave may be taken intermittently, when medically necessary, provided that if such leave is recurring, we may require you to transfer temporarily to an available position (at the same pay and benefits) which better accommodates recurring periods of leave.

As part of the leave granted under this policy, you must first use all accrued and unused vacation, sick or earned time off days during a period of family or medical leave.

If you are taking a family and medical leave because of a serious health condition, which makes you unable to perform the functions of your position; you may also be eligible for short- or long-term medical disability benefits. You may not elect to discontinue your family and medical leave at the time you begin receiving medical disability benefits.

All employment benefits that are calculated on an accrual basis, such as vacation, sick time or paid time off, will not accrue during a leave under this policy.

All current group medical insurance benefits will continue during periods leave under this policy, subject to continued payment of your employee premium contribution, if any, which was in effect before your leave.

Participation in pension or retirement plans will continue, subject to the terms and conditions of the plan.

An expected date of return will be determined at the beginning of the leave. If you fail to return within three (3) working days of the expected date of return, you will be considered as having voluntarily resigned employment, without further notice from the employer.

You will be required to report to your supervisor at least every four (4) weeks to report on your status and the possibility that you will be able to return to work at the end of the leave period. You must give the Director of Human Resources five (5) days' notice of the date you expect to return from such leave.

You may not accept nor seek any other employment while on such leave or your employment will be terminated.

When you are released for work by your attending physician, you may be required to make an appointment with our designated physician in order to return to work. The designated physician has the authority to delay or deny your return to work if it is determined that your ability to meet the physical requirements of your position are in question or if it is determined that your condition presents a health hazard to other employees.

- To care for a spouse, child or parent who has a serious health condition.
- To allow you to recover from or receive treatment for a serious health condition which makes you unable to perform the functions of your position.

DEFINITIONS

For purposes of this policy the following definitions apply:

Calendar Year—the employer has elected to use the “rolling year” method for determining the “12-month period” in which the 12 weeks of leave entitlement occurs. The calendar year is measured backward from the date an employee uses any FMLA leave. Each time an employee takes leave under this policy the

remaining leave entitlement would be any balance of the 12 weeks, which has not been used during the immediately preceding 12 months.

Child-includes a biological, adopted, foster child, stepchild, legal ward who is under 18 or older than 18 if incapable of self-care because of a mental or physical disability.

Parent-biological parent or individual legally recognized as a parent to an employee when the employee was a child.

Serious health condition--an illness, injury, impairment, or physical or mental condition that involves inpatient care in a hospital, hospice, or residential medical care facility, or continuing treatment by a health care provider (i.e., a doctor of medicine or osteopathy who is licensed to practice medicine or surgery by the state in which he/she practices).

PROCEDURES FOR REQUESTING AND MAINTAINING LEAVE

If the leave is based upon the expected adoption or placement of a child, or for planned medical treatment of you or your child, spouse or parent, you must provide not less than thirty (30) days' notice of the time your leave is to commence.

If you need to take Family or Medical leave, you must provide us with enough information to determine whether or not you are entitled to such leave as soon as you are able, preferably, before the leave commences.

REINSTATEMENT AFTER LEAVE

Eligible employees taking leave under this policy will be reinstated to their former position, or to an equivalent position, with equivalent benefits and other terms and conditions of employment. However, no employee is entitled under this policy to any right, benefit, or position other than that to which the employee would have been entitled had he/she not taken leave. Thus, for example, if a layoff or some other extenuating circumstances or business condition arises which affects the employee's position, reinstatement may not be possible. Additionally, employees on a leave extension are not guaranteed reinstatement.

The Branch-Hillsdale-St. Joseph Community Health Agency also reserves the right, however, to deny leave reinstatement to "key employees," where such denial is necessary to prevent substantial economic injury to the Agency's operations. Key employees will be notified of the Agency's intention as soon as a determination is made. In the event such notice is given to a key employee already on leave, the employee will be offered the opportunity to terminate his/her leave and immediately return to work. Key employees notified while on leave, who decide not to return to work, will remain on leave. Key employees are

defined as the highest paid 10 percent of the employees employed by the Agency, within 75 miles of the facility at which the employee is employed.

E. EDUCATIONAL LEAVE

1. **Purpose & Eligibility.** Educational Leave without pay is available to eligible employees who wish to take time off from work duties to pursue professional educational goals. The department head determines eligibility for educational leave with concurrence from the Health Officer.
2. **Amount Received.** Eligible employees may request educational leave for a defined period of length. Requests will be evaluated based on a number of factors, including department operational needs and staffing requirements.
3. **Requesting an Educational Leave.** Employees must request an educational leave from their immediate supervisor. Each request for educational leave must be in writing.
4. **Rate of Payout.** Educational leave will be unpaid unless the employee has accrued vacation leave to utilize.
5. **Suspension of Benefits.** All paid leave benefits: vacation leave and sick leave will be suspended during the unpaid educational leave. Health insurance benefits may continue during the unpaid educational leave. If an employee is taking unpaid leave, the employee is responsible for the entire cost of the Health Insurance premium. This rate will be figured on a daily basis of the monthly premium.

F. MILITARY LEAVE

1. **Purpose & Eligibility.** Military Leave without pay is granted to employees who are absent from work because of short term and long-term service in U.S. uniformed services in accordance with the Uniformed Services Employment and Reemployment Rights Act (USERRA) and applicable state laws.
2. **Amount Received.** Employees may request up to ten (10) days per calendar year for use as short-term military leave. Employees may request an indefinite period of time for use as long-term military leave.
3. **Requesting Military Leave.** Employee must give advance notice to their immediate supervisor, unless military necessity prevents such notice or it is otherwise impossible or unreasonable.

4. Rate of Payout. Military Leave will be unpaid unless the employee has accrued vacation leave time to utilize.
5. Continuation of Benefits. Continuation of health insurance is available as required by USERRA based on the length of the leave and subject to the terms, conditions and limitations of the health insurance plan for which the employee is eligible.
6. Termination of Benefits. The military leave and the right to restoration of his/her former position shall automatically terminate if the employee voluntarily remains in the military service beyond the requirement of minimum service.

G. LIFE ENRICHMENT LEAVE

1. Purpose & Eligibility. Life Enrichment Leave without pay is available to employees wishing to take time off from work duties to pursue personal enrichment activities. Full time and minimum full-time employees are eligible for sabbatical leave. Part time and casual employees are not eligible for sabbatical leave.
2. Amount Received. Eligible employees may request to take up to two months of life enrichment leave each calendar year. Requests will be evaluated based in a number of factors, including department operational needs and staffing requirements.
3. Requesting Life Enrichment Leave. Employees must request life enrichment leave from their immediate supervisor. Each request for life enrichment leave shall be in writing.
4. Rate of Payout: Life enrichment leave will be unpaid unless the employee has accrued vacation leave time to utilize.
5. Suspension of Benefits: All paid leave benefits: vacation and sick leave will be suspended during the unpaid life enrichment leave. Employees will be responsible for the cost of health insurance benefits.

SECTION 6: HOLIDAY POLICY

A. HOLIDAY PAY

1. Purpose & Eligibility. The agency has designated 12 days for observance of holidays. These holidays are granted with pay for eligible employees. Full time employees are eligible for holiday pay at a rate of 7.5 hours per holiday. Minimum full-time employees are eligible for holiday pay only if the holiday falls on a day that they are scheduled to work. Part time & casual employees are not eligible for holiday pay. To

be eligible for Holiday pay, employees must either have preapproved vacation days, a medical slip from a doctor, or work their scheduled work days both before and after the holiday. Employees who are on leave without pay or other extended leaves do not qualify for holiday pay.

2. Designated Holidays. The following days are designated as holidays:
 - New Year's Day
 - Martin Luther King, Jr. Day
 - Presidents' Day
 - Memorial Day
 - Independence Day
 - Labor Day
 - Veterans' Day
 - Thanksgiving
 - Day after Thanksgiving
 - Christmas Eve Day
 - Christmas Day
 - New Year's Eve Day

3. Scheduling. In the event Veterans' Day, Christmas Eve, Christmas Day, New Year's Eve Day, New Year's Day and/or Independence Day fall on Sunday the following Monday is recognized as an agency holiday. If an aforementioned holiday falls on Saturday, the preceding Friday is recognized as an agency holiday. If two holidays are observed together, and one or both fall on the weekend, the Agency will try to mirror its holiday observances with our fiduciary, Branch County.

4. Rate of Payout. Holiday days will be paid out at the employee's pay rate at the time of the holiday.

5. Compensation for a Holiday Worked: Employees (including supervisors) required to work during an agency designated holiday shall be compensated at one and one-half times the current rate of pay for the time worked in accordance with the additional time policy. Eligible employees will also receive holiday pay. Employees must receive prior approval from their division director before working on a holiday.

6. Loss of Holiday Pay: An employee who fails to qualify for holiday pay must take any available paid time off. If no paid time off is available, accruals and benefit withholdings will be adjusted accordingly.

- 5.—

SECTION 7: TERMINATION PROCEDURES

A. RESIGNATION

Resignation is a voluntary act initiated by the employee to discontinue employment with the agency. All employees should give at least ten (10) working days, but where possible twenty (20) working days, written notice of their intention to terminate employment with the agency. All employees that are ending their employment with this Agency must inform the Administration division so that all necessary paperwork can be completed prior to their resignation.

B. DISCHARGE

Discharge is a non-voluntary act initiated by the employer to discontinue the employment of the employee with the agency. Any employee may be discharged by the immediate supervisor, provided notification is given to the Health Officer and provided the steps of progressive discipline have been followed.

C. LAYOFF

Layoff is a non-voluntary act initiated by the employer to discontinue the employment of the employee with the agency for non-disciplinary reasons. Employees may be laid off for the lack of sufficient work or funds. Employees shall be laid off and recalled according to seniority within their service division. Employees on layoff may bump into a position for which they are qualified and trained that is held by a person with less seniority within their service division.

Employees who are notified of a layoff may appeal the decision of layoff utilizing the Grievance Procedure outlined in Section 8 of this manual.

D. FURLOUGH DAYS

As a result of unforeseen or unplanned budgetary deficiencies, the Health Officer may order that furlough days be taken by employees. An employee required to take a furlough day does not report to work that day and does not receive any payment for that day. When an employee is taking a required furlough day they will accrue the same benefits and seniority as when they are on a paid leave. The employee will not be able to use sick leave when taking a required furlough day.

E. JOB ELIMINATION

Job elimination is a management action taken to address a chronic and seeming permanent situation of lack of sufficient work or funds. Employees whose jobs are eliminated are not entitled to bumping rights. Employees who are notified of a job elimination may appeal the decision of job elimination utilizing the Grievance Procedure outlined in Section 8 of this manual.

F. RETURN OF AGENCY PROPERTY

Employees are responsible for all agency property and materials issued to them or in their possession or control. Employees must return all agency property and materials immediately upon request or termination. Where permitted by applicable laws, the agency may withhold from the employee's check or final paycheck the cost of any items that are not returned when required.

G. RESIGNATION IN GOOD STANDING

To resign in good standing an employee must meet all of the conditions listed below:

- 1) Meet with their immediate supervisor and agree to a written plan, acceptable to the Agency for transitional staffing of their position.
- 2) Submit a letter of resignation in accordance with "A" above
- 3) ~~B~~Be eligible for re-hire, or retirement, and have no pending or unresolved disciplinary or grievance issues.
- ~~3)~~ Work the entire notice period other than pre-approved days off or holidays.

SECTION 8: PROGRESSIVE DISCIPLINE, AND GRIEVANCE AND APPEAL PROCEDURES

A. PROBLEM RESOLUTION STATEMENT

The Branch-Hillsdale-St. Joseph Board of Health is committed to providing the best possible working conditions for its employees. Part of this commitment is encouraging an open and frank atmosphere in which any work-related problem, complaint, suggestion, or question receives a timely response from management.

Not every problem, complaint, suggestion, or question can be addressed to everyone's total satisfaction, but through understanding and discussion, employees and management can develop confidence and trust in each other.

A pre-disciplinary meeting may be used when the Administrative Services Director has been made aware of a situation, action or behavior of an employee that could result in disciplinary action against an employee. The immediate supervisor shall notify the Administrative Services Director as soon as possible when they become aware of a situation that may result in disciplinary action against an employee. The Administrative Services Director shall request, in writing, and within five (5) days of the alleged situation, that a pre-disciplinary meeting be scheduled with the immediate supervisor and employee. Within the request, the Administrative Service Director shall schedule the date, time, and location of the meeting and state the nature of the allegation(s). The employee may bring a personal representative to the meeting. The Administrative Services Director will act as the mediator of the meeting. If the situation is not resolved, the supervisor will continue with the steps listed in the next section (Progressive

Discipline). In the event the Administrative Services Director is also the Supervisor; the Health Officer will appoint another director as mediator.

Where appropriate, the following progressive discipline policy and grievance and appeal procedures are superseded by applicable state laws and rules as further outlined in B(4).

B. PROGRESSIVE DISCIPLINE

1. Purpose. The purpose of this policy is to promote the equitable and consistent administration of discipline for unsatisfactory work performance and behavior in the workplace.
2. Types of Disciplinary Action. Disciplinary action may call for any five steps – oral reprimand, written warning, suspension without pay, demotion or dismissal. Disciplinary action taken will be dependent on the severity of the problem and the number of occurrences.

Oral Reprimand – This is an action taken by the immediate supervisor in which he/she tells an employee about an action or behavior of the employee which he/she as the immediate supervisor find objectionable and/or wishes corrected. This action must be done in a private setting. The Oral Reprimand is an informal action only for the employee's benefit and is not relevant to Group I, II, or III Offenses as defined below.

Written Warning – This is an action taken by the immediate supervisor in which the supervisor writes out the action or behavior which the supervisor wishes the employee to change, cease, or begin. The written warning must describe in detail the behavior to be corrected, and must give direct and concrete orders for the future, and must point out the consequences of non-compliance with the Written Warning.

Suspension Without Pay – This is an action taken by the immediate supervisor which removes the employee from the workplace and payroll for a definite period of time. The reason(s) for the suspension must be in writing. The employee does not accrue salary, vacation or sick leave credit during the time of suspension, nor can the employee use such leave time while on suspension. At the end of suspension, the employee returns to the same salary and benefit conditions that existed prior to the suspension.

Demotion – This is an action taken by the immediate supervisor which reduces an employee's classification to a classification with a lower minimum salary. The reason(s) for the demotion must be in writing. The employee's salary must be reduced to fall within the range of the new, lower classification, but no lower annual step designation than the one held in the higher classification. The employee's job duties and responsibilities must be reduced to those of the new, lower classification.

Dismissal – This is an action taken by the immediate supervisor which permanently removes an employee from agency employment. The reason(s) for the dismissal must be in writing. Dismissed employees shall leave the premises at the time of dismissal and will be reimbursed for time remaining in the day. Dismissed employees shall be paid for all unused vacation leave that has been earned through the last day of work through a lump sum pay off. Dismissed employees shall not be entitled to any form of ‘severance pay’.

3. Group Offenses. Examples of behavior that would be cause for disciplinary action are provided below. These examples are divided into three groups of offenses. Guidelines for administering discipline are set forth within each of these groups and the immediate supervisor shall follow these guidelines when dealing with the types of behavior described.

GROUP I OFFENSES include,

- Habitual tardiness at the beginning of a work day or after lunch (Habitual shall be interpreted to mean two instances in one month without sufficient reason, as determined by the immediate supervisor.)
- Excessive absenteeism, or absenteeism without sufficient reason or proper notification
- Disregard of safety rules or common safety practices
- Abuse of break time
- Use of profanity or obscene language in the presence of fellow employees or the public
- Quarreling with fellow staff members on the premises.
- Inefficient use of work time
- Any other offenses of like consequences

The disciplinary procedure in this group shall be: 1st offense, written warning; 2nd offense, one-day suspension without pay, 3rd offense, three-day suspension without pay; 4th offense, seven-day suspension without pay, 5th offense, dismissal. The violations shall be cumulative for a period of not more than one year.

GROUP II OFFENSES, include

- Injurious or dangerous pranks
- Physical fighting on the premises
- Faulty work and/or covering up faulty work
- Making or publishing of false and vicious and/or malicious statements concerning a fellow employee
- Abuse of the public, either verbal or physical
- Willful disobedience to the proper directive of a supervisor, or other acts of insubordination

- Consumption of any alcoholic beverages during work hours
- Intentionally accessing or discussing patient information for purposes other than the care of the patient or other authorized purposes but for reasons unrelated to personal gain or other breaches of privacy by negligence
- Supervisor dating direct report
- Violation of the agency's Social Media Policy
- Any other offenses of like consequences

The disciplinary procedure in this group shall be: 1st offense, three-day suspension without pay, 2nd offense, seven-day suspension without pay, 3rd offense, dismissal. The violations shall be cumulative for a period of not more than two years.

GROUP III OFFENSES, include

- The misuse or removal from the premises, without prior authorization, of any agency records, confidential information, or of any agency property, except as necessary in the performance of the employee's job duties and responsibilities
- Theft of any property belonging to a fellow employee, a customer, or the agency
- Knowingly falsifying any time slip or other payment voucher, or intentionally giving false information to anyone whose duty it is to make such records
- Absence of three consecutive workdays without notice and without justifiable reason for the failure to report
- Using delegated job responsibilities in an unlawful manner to gain unfair advantage against a fellow employee or the public
- Intentionally accessing or discussing patient information for personal gain or with malicious intent
- Listing on the CPS Registry, Sex Offender Registry, or Criminal Background check failure
- Sexual harassment, sexual misconduct, domestic violence, and/or dating violence
- HIPAA violation
- Any other offenses of like consequences.

The disciplinary procedure in this group shall be up to and including immediate dismissal.

4. Exceptions for Severity. There are certain types of employment problems that are serious enough to justify either a three-day suspension, or, in extreme situations, dismissal from employment, without going through the normal progressive discipline steps.

5. Suspension with Pay. It may be necessary to separate an employee from the workplace while an investigation of an allegation against the employee is taking place. At such times, the employee will be placed on suspension with pay pending the investigation. The employee will retain all other fringe benefits during this time.

C. GRIEVANCE AND APPEAL PROCEDURES

1. Purpose. The purpose of this procedure is to provide a method for complaints to be voiced in an orderly manner such that the proper authorities can resolve such matters fairly and in a timely manner.

This procedure outlines for employees and management the proper steps involved when employees believe that there has been:

Alleged violations or misinterpretation of agency policies but not limited to such matters as conditions of employment, promotion, demotions, dismissals, and layoffs, and a claim of discipline without just cause; and

Alleged discrimination due to political opinion or affiliation, religious opinion or affiliation, gender, race, color, national origin, age, or physical disability.

2. Content of the Grievance. The content of the grievance shall include the following:

- Who is the grievant?
- What specific event occurred?
- When did it happen?
- Where did it happen?
- What sections(s) of the Personnel Policies have allegedly been violated?
- What adjustments or corrections are requested for each alleged violation?

3. Representation. The grievant may elect to have one representative of their choice at any step in the grievance and appeal procedure. The representative must be an employee of the agency. The name of the representative attending the grievance or appeal proceeding shall be submitted to the agency's Administrative Services Director at least two (2) working days prior to the hearing date. The grievant and one representative, shall be granted the necessary and reasonable absence from work for the scheduled proceeding under this procedure without loss of pay or leave credits.

4. Steps of a Grievance. All grievances and appeals shall be initiated and processed in the following manner:

Step 1. Employee presents the issue in writing to their immediate supervisor within ten (10) workdays after the occurrence of the alleged incident. The immediate supervisor shall respond in writing, to the employee within five (5) workdays of the initial written presentation of the issue.

Step 2. If the grievance cannot be resolved in Step 1, the employee has the option of submitting a written appeal to the Health Officer within five (5) workdays of receiving written notification from their immediate supervisor. The Health Officer shall confer orally with the employee within five (5) days of receiving the written appeal. The Health Officer shall respond back in writing within ten (10) workdays of receiving the written appeal. If the Health Officer is the immediate supervisor in Step 1 of the grievance process, skip directly to Step 3.

Step 3. If the grievance cannot be resolved in Step 2, the employee has the option of submitting the written grievance to the Board of Health within five (5) workdays of receiving the Health Officer's written response. The Board of Health's Program, Policy and Appeals Committee shall schedule a hearing with the employee at their next regularly scheduled meeting in order to review the grievance. The Program, Policy and Appeals Committee shall respond back in writing within five (5) days of hearing the grievance.

5. Time Limitations. Time for this grievance and appeal procedure shall be computed in terms of workdays, which are defined as Monday through Friday, excluding holidays. In the absence of a timely appeal by a grievant, the last decision at any step of the procedure becomes final. In the absence of a timely answer by any level of management, the grievant may appeal to the next step of the procedure within ten (10) workdays from the expiration of management's time for a decision. Time limits may be extended by mutual agreement in writing. Late appeals at any step may be filed upon showing a good cause for the delay.
6. Appeal Hearing Procedure. The appeal hearing is conducted so that the Board of Health's Program, Policy, and Appeals Committee can review pertinent facts and documents. Some guiding principles apply to the appeal hearing, including:
 - Prior to the appeal hearing, the entire appeal file shall be made available to the Committee and the grievant. The appeal file shall include the initial written grievance and all subsequent management written decisions.
 - Attendance at an appeal hearing is limited to persons determined by the Committee to have a direct connection with the grievance. When requested by the grievant, and the Committee does not object, the hearing may be open to the public.
 - As far as it is operationally possible, the agency must make its employees available as witnesses when requested.
 - The order in which the parties are heard is at the discretion of the Committee.
 - Testimony shall be under oath or by affirmation; both the grievant and their representatives shall be given the opportunity to cross-examine all witnesses who appear to testify.
 - A written record of the hearing shall be kept.
 - Each member of the Committee shall have an equal vote. Decision shall be by majority vote.

7. Freedom from Reprisal. This procedure shall be available to employees and their representatives without restraint, interference, coercion, discrimination or reprisal. No employee of the agency, whether acting in an official capacity for the agency or any other basis, shall interfere with another employee's exercise of their rights under this procedure. No employee of the agency, whether acting in an official capacity employee or any other basis, shall take or threaten to take, any act of reprisal against another staff member because they have exercised, or expressed an intention to exercise any of these rights under this procedure.
8. Group Grievances. Employees having a common complaint may file a group grievance. The grievance shall be filed at the lowest step of the procedure involving a common level of supervision. Employees must choose one spokesperson and one representative of their choice.
9. Appeal by External Applicant for Employment. An external applicant for employment who is not selected may appeal the selection decision if they believe they were discriminated against because of political opinion or affiliation, religious opinion or affiliation, gender, race, color, national origin, age, or physical disability.

Such appeals shall be made in writing and directed to the health officer within fifteen (15) workdays following notification of non-selection. The health officer shall render a written decision within five (5) workdays of receiving an appeal. If the applicant is not satisfied with the written decision of the health officer, he/she may make a written appeal to the Board of Health's Program, Policy, and Appeals Committee. All appeal-hearing procedures outlined previously would then apply.

D. WHISTLEBLOWER POLICY

Purpose: The purpose of this policy is to further define and supplement the Agency's obligations under the Whistleblowers Protection Act, MCL 15.361, et seq.

Authority: Branch-Hillsdale-St. Joseph Community Health Agency Board of Health. Administrative policies shall be subject to revision or termination by the Board of Health at its discretion. This policy replaces and supersedes any prior policy on this subject matter.

Application: This policy applies to Board of Health Members and all Branch-Hillsdale-St. Joseph Community Health Agency employees. This policy does not apply to a separate branch of government or co-employer that has its own policies covering the same matters covered in this policy.

Responsibility: The Administrative Services Director or designee shall be responsible for the administration and enforcement of this policy.

In support of this policy and in compliance with the Michigan Whistleblowers' Protection Act and certain federal statutes, it is the policy of the Branch-Hillsdale-St. Joseph Community Health Agency that no employee of the Agency will be discharged,

threatened or otherwise discriminated against regarding compensation, terms, conditions, location or privileges of employment because that employee or a person acting on behalf of the employee reports or is about to report a violation or a suspected violation of federal, state or local laws or rules or regulations. Likewise, a violation of any state or federal law protecting an employee from retaliation for reporting violations or suspected violations of the law, is prohibited.

Any employee desiring to report a violation or suspected violation of law, may do so by reporting the same to their division Director, the Health Officer, or the Administrative Services Director.

SECTION 9: EMERGENCY-WEATHER-DISASTER POLICIES

A. BAD WEATHER POLICY

The Branch-Hillsdale-St. Joseph Community Health Agency offices shall remain open to provide services to consumers unless one of the following occurs:

- Employee receives a text message alert from the agency stating an office is closed. This should occur by 7:30 a.m.
- It is announced on the Coldwater, Hillsdale, Sturgis, or Three Rivers local radio station that an office is closed. This should occur by 7:30 A.M.
- The immediate supervisor informs employees that the local agency office is closed for the day due to weather.

The Administrative Services Director is responsible for conferring with the Health Officer prior to 7 a.m. to determine whether an office shall be closed. When a determination is made to close an office, the Health Officer and Administrative Services Director, or their designee, will utilize the Staff text alert system. Staff are expected to reply to the text by texting “1” to indicate the message was received. The Emergency Call List will be used in the event of a failure within the texting system.

In the event an agency office is closed due to the weather, staff will be compensated at their normal pay rate unless they have already been granted approved leave time, either calling in sick or approved vacation time. Staff that have approved time off will be required to utilize their paid time off.

If an agency office is open, employees who are unable to report due to weather conditions may use annual vacation to be compensated. Employees must inform their immediate supervisor that they are unable to report due to weather conditions as soon as possible. Scheduled staff members are expected to use common sense and good judgment in determining their ability to report to work in bad weather.

B. BOMB THREAT PROCEDURE

When a bomb threat call comes in, the person receiving the call should remain calm and should cause no undue alarm.

The person receiving the call should do the following:

1. Write down the time the call was received and make notations, if possible, while still listening carefully.
2. If another person is available, notify them by passing a note that you have a bomb threat on the phone.

The second person should then do the following:

- a) Notify local law enforcement authorities by calling 9-1-1.
- b) Notify the person in charge: Health Officer, Administrative Services Director, or immediate supervisor
3. Keep the caller talking as long as possible. Do not hang up on the caller.
4. Try to find out where the bomb is supposed to be located. Try to pinpoint the area and time it is set to go off.
5. Try to find out something about the bomb, (size, type of explosives).
6. Record the time that the caller hangs up.
7. Try to write down or communicate as many specifics and facts that you can immediately after the call. This includes the caller ID number on your phone, any distinguishing voice characteristics, conversation details, and any background noises heard.
8. If you are alone when the call is received, follow the procedure outlined in 2 above as soon as possible after the caller hangs up.
9. If evacuation becomes necessary, this will be a decision of the Health Officer, Agency Directors, or other Supervisory staff present. If not the Health Officer, contact him/her as soon as possible.

C. DR. STRONG POLICY

Any employee who feels that he/she is being threatened or is in harm's way shall page on the overhead paging system: "Dr. Strong to (department or building area)." Employees hearing this page should immediately pick up the phone and dial 9-1-1. Employees hearing this page should **not** report to that specific location. Employees may choose to exit the building or shelter in place for safety. Once the threat is removed from the premises, return to the office gathering place (parking area, main lobby or conference room) for administration to confirm all employees are safe and accounted for.

D. EMERGENCY CONTACT PROCEDURES

In the event of an emergency, or bio-terrorism event, the Agency's text alert system will be used. Employees are expected to text "1" back to the agency to confirm message was received. The Emergency Call Down list will be used in the event of a failure in the texting system. Documentation of employee contacts is made on the Emergency Contact List Documentation Log by the supervisor and forwarded to the Emergency Preparedness Coordinator. The log sheets are retained by the Emergency Preparedness Coordinator. Instructions will be given and employees are expected to follow them in the case of any emergency situation.

Any changes in an Employee's contact information or emergency contact information should be reported to the Administrative Services Assistant and Emergency Preparedness Coordinator.

E. FIRE ALARM EMERGENCY PLAN

When the fire alarm/smoke detector is activated everyone, employees and visitors, will leave the building and go at least 100 feet from the building. Staff are to call 9-1-1.

Visitors with disabilities will be assisted by Agency staff or family member/caregiver. An employee working with a visitor at the time of the alarm is responsible for the visitor's evacuation. Visitors in the lobby should be assisted and accounted for by the staff. If there is an elevator located in the office, no one is authorized to use it.

No one will re-enter the building until they are notified to enter. All cars parked near the entrance should be moved as soon as possible.

****A Fire drill will be held once a year on a randomly selected day and time****

F. LOCK DOWN POLICY

The Branch-Hillsdale-St. Joseph Community Health Agency takes the safety and security of our staff and clients very seriously. Circumstances may present themselves whereby the Agency must secure its doors and verify the identity of all those who enter. These circumstances may be related to incidents that happen within the Agency or possibly influenced by incidents (such as a prison escape) from outside the Agency. As it is our aim to serve our clients whenever possible we have developed a series of policies that will detail the Agency's actions during such emergencies

Lock Down Initiation

The decision to lock down a clinic or building will rest with the Health Officer, Agency Director(s), or Supervisor on site. Any employee who notices an incident or is aware of a threat to another employee or client, shall immediately make the information available to one of the above persons. Appropriate action will be taken and the doors to the building will be secured with staff posted to monitor the doors. If the decision is made by the Supervisor it shall be reported as soon as possible to the Health Officer or Administrative Services Director. These actions will be in effect until such time as the Health Officer or Administrative Services Director shall determine they are no longer appropriate.

Circumstances that may initiate a lock down may consist of:

- Domestic violence threat to a client or staff member
- Workplace violence issue or threat
- Civil unrest within the community including protests and picketing of the Agency
- Prison or Jail escapes (mainly Coldwater or Hillsdale)

Lock Down Procedure (during business hours)

- Deal immediately with whatever issue has prompted the lock down and call the appropriate authorities.
- The staff member directing the lock down should remain calm as to dissuade panic among the staff or visitors.
- Secure all entry points into the buildings.
- Staff and visitors may be moved to an interior or more secure area of the building should the situation require it
- Post a staff member to monitor the entry points even if these points are not to be used to enter into the Agency office.
- All entry points to the Agency will be posted with a sign directing inquiries to a single entry point these signs will be available in the mail room of each office.
- If operations can continue, the person monitoring the designated entry point shall verify the identification and purpose of the person seeking admittance prior to their gaining entry.
- If we are unable to continue operations, a sign shall be posted at all entry points indicating that the Agency is closed and will re-open as soon as possible; we apologize for any inconvenience; please direct them to call the Agency phone number or consult our web site for further information.
- Regardless of which operational state we are in, Public Safety (Law Enforcement, Fire Department, and/or Emergency Medical Service) personnel will be admitted.

After Business Hours Lock Down

Our Agency is normally secured during our non-service hours; however, circumstances may present themselves which necessitate the Health Officer or Administrative Services Director to designate the building “locked down” until further notice. The Agency’s text alerting system will be used to notify employees as soon as practical. Employees are expected to text “1” back to the agency to confirm message was received. The Emergency Call Down list will be used in the event of a failure in the texting system. In the event that staff are already in route to work, or did not receive their text or call, they may find that one of the above lock down conditions exists. The Health Officer, Administrative Services Director, (their designee or Public Safety) should already be present and will direct the staff accordingly. It is important that staff maintain their Agency identification badge with them at all times so that they may be positively identified by whoever may be monitoring the entrance. If admitted to the building staff will be directed to a conference room where a briefing will take place to advise them of the situation

G. DISASTER INITIAL RESPONSE PLAN

The Agency is part of the National Disaster Framework, as such, we may be called up to support a local jurisdiction emergency, natural disaster, outbreak, or other. All employees

are requested to maintain personal preparedness in order to mobilize agency resource as soon as possible. The following steps are followed in the event of an Agency emergency response request:

Notification

- Employees will receive notification of situation from; Agency text message, Agency email, MiHAN alert, Phone; or other
- Advise your family members of situation and make any arrangements necessary to cover the time you may be absent from your home
- Report to the stated location for assignment to your designated location

Assignment

- Report to the Incident Commander or their designee to sign in for duty
- Receive assignment and Job Action Guidelines for that assignment
- Receive the appropriate Identification badge, vest, or other such to designate your duty or position
- Read and understand the guidelines; ask any questions prior to reporting to your station
- Upon arrival at your station identify yourself to your supervisor; any further questions regarding your assignment may be answered at this time; be sure to understand the chain of command structure related to your assignment
- Upon reporting to your station, inventory and assess the condition of any equipment you will be responsible for operating, maintaining, or using during the incident. If you require further equipment or items that are missing from inventory, report this immediately to your supervisor for re-stocking or re-supply.
- Assignment of duty may be in an area of job responsibility outside of your normal daily duties. If you feel the duty is beyond your abilities, notify your supervisor for additional training or reassignment.

H. OFFICE CLOSURE PROCEDURE

In the event of circumstances, such as mechanical failures or loss of utilities, that may warrant closure of any Agency office(s), the Agency's text alerting system will be used to notify employees as soon as practical. Employees are expected to text "1" back to the agency to confirm message was received. The Emergency Call Down list will be used in the event of a failure in the texting system. Office closure is announced on the Coldwater, Hillsdale, Sturgis, and/or Three Rivers local radio. Employees assigned to that office will be notified if they are to be temporarily reassigned to another Agency office location. All other agency offices shall be notified of the situation and will continue normal operations.

I. ROBBERY POLICY

When a robbery threat is evident, remain calm and do the following:

1. Follow the instructions of the robber and do not try to intervene.
2. Give them whatever they demand.
3. Stay calm, and listen carefully and try to remember everything about the individual for future use.
4. Call 9-1-1 as soon as possible.

J. TORNADO EMERGENCY PLAN

In the event of a **Tornado Watch** the weather radio or local radio station will be monitored and regular operations will be maintained until a warning is issued.

In the event of a **Tornado Warning** the entire staff will evacuate to the inner corridor or the restrooms Of the lowest level, avoiding the West and South walls.

- Close office windows and doors.
- Stay away from areas with windows and glass doors to avoid flying glass.
- Stay away from corners of rooms and small spaces to avoid debris.
- All persons will remain there until the warning is over.
- Visitors with disabilities will be assisted by Agency staff or family member/caregiver. An employee working with a visitor at the time of the warning is responsible for the visitor's evacuation to the shelter area. Visitors in the lobby should be assisted and accounted for by the clinic administrative staff. Visitors can not be forced to remain at the Agency's office, but they should be advised of the risk if they leave the facility.

The Clinic Administrative Assistant or EH Administrative Assistant will collect the sign-in/sign-out log and bring it to the evacuation location where employees will be accounted for. The sign-in/sign-out sheet will be evaluated to determine which staff are out working in the field.

Staff working in the field will be notified by the Agency's text alerting system as soon as practical. Employees are expected to text "1" back to the agency to confirm message was received or text "2" if they need assistance. The Emergency Call Down list will be used in the event of a failure in the texting system. Field staff are encouraged to seek shelter in a nearby home or building. If no structure is available, find the lowest lying area to seek cover.

****A Tornado drill will be held once a year on a randomly selected day and time****

K. UTILITY SHUT OFF PROCEDURES

Any employee who is notified that any area utility is going to shut down their services, at any time of the Agency's work day, must contact the Administrative Services Director . Information on the utility service, caller, and contact phone number should be obtained for the Administrative Services Director to contact. In the absence of the Administrative Services Director, contact the Health Officer. We do not want services interrupted during

business hours unless it is an emergency or the utility company cannot fix the problem after Agency hours.

L. BURGLARY OR VANDALISM TO THE AGENCY

It is possible that an early arriving employee shall discover that a window is broken, door ajar, or other condition which may mean that building has been entered or is unsecured. This staff member shall report this immediately to 9-1-1 for action by Public Safety officials. Under no circumstances should a staff member or client be allowed to enter the building until it is cleared and secured by Public Safety officials.

If this condition is found after entering the building the staff member should immediately exit the building and call 9-1-1. The staff member should then notify the Health Officer or Administrative Services Director. Until the building has been cleared by Public Safety no staff or client should be allowed to enter.

SECTION 10: INFORMATION TECHNOLOGY POLICIES

A. COMPUTER USAGE & INTERNET POLICY

1. PURPOSE: To ensure that the use of email and internet activities do not negatively impact the confidentiality, availability, integrity, and reputation of Branch-Hillsdale-St. Joseph Community Health Agency (BHSJ) and their assets and to ensure compliance with applicable federal and state laws. Any wired or wireless connecting to BHSJ network falls under this policy.

2. PHILOSOPHY: An authorized user's access to the Internet and/or email services for limited personal use is a privilege that, if not properly monitored and controlled, could result in harm to the organization or violations of certain federal and state laws. The primary use of these services is for business and clinical purposes and thus need be appropriately protected.

3. APPLICABILITY: This standard applies to all BHSJ Covered Entities.

4. DEFINITIONS:

4.1. *Protected Health Information (PHI):* Health information, including demographic information collected from an individual and created or received by a health provider, health plan, employer or health care clearinghouse that relates to the past, present, or future physical or mental health or condition of any individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual that identifies an individual or there is a reasonable basis to believe the information can be used to identify the individual and that is transmitted or maintained by electronic media or any other form or medium. PHI does not include individually identifiable health information in education records covered and protected by the Family Educational Right and Privacy Act and employment records held by a covered entity in its role as an employer.

4.2. *Sensitive Information or Data*: Data that should be kept confidential. Access to these data shall require authorization and legitimate need-to-know. It includes Protected Health Information, financial information, personnel data, trade secrets, and any information that is deemed confidential or that would negatively affect BHSJ if inappropriately handled.

5. POLICIES:

5.1. All email messages, documents, correspondence, and data obtained through BHSJ or BHSJ network resources are considered BHSJ property.

5.2. Users shall have no expectation of privacy on BHSJ computers, in email or internet use.

5.3. BHSJ may monitor messages and internet use without prior notice.

5.4. Users are responsible for reporting any suspected or confirmed violations of this policy to their supervisor or either the BHSJ IT staff.

5.5. Users shall not misuse their Internet privileges, i.e., spending excessive time on the Internet for non-work-related business or accessing inappropriate sites.

5.6. Users need to refrain from streaming music or radio due to excessive bandwidth on business or personal devices, connected wired or wireless. Refrain from use of sounds and visuals which might be disruptive to others.

5.7. Users shall delete chain and junk email messages without forwarding or replying to them. Electronic chain letters and other forms of non-business related mass mailings are prohibited.

5.8. Personnel shall not use BHSJ resources to view, record, or transmit materials which violate BHSJ policies. Inappropriate messages, pictures, and/or other visual images/materials include, but are not limited to:

5.8.1. **Fraudulent messages** - Messages sent under an anonymous or assumed name with the intent to obscure the origin of the message.

5.8.2. **Harassment messages** - Messages that harass an individual or group for any reason, including race, sex, religious beliefs, national origin, physical attributes, or sexual preference.

5.8.3. **Obscene messages** - Messages that contain obscene or inflammatory remarks.

5.8.4. **Pornographic materials** - This includes, but is not limited to pictures, audio/video files, literature, or newsgroups.

5.9. Users shall not engage in spamming activities. Electronic chain letters and other forms of non-business-related mass mailings are prohibited.

5.10. Users shall not photograph, post, or transmit patient images or information, electronically or otherwise, unless doing so is in accordance with an approved use or disclosure, and approved methods for doing so are utilized.

5.11. Users shall not share sensitive, restricted, or protected health information (PHI) to any cloud provider that has not been approved by the Information Technology Manager (including but not limited to Google Apps, DropBox.com, GoogleDocs, iCloud, etc.).

5.12. Personal email accounts shall not be used for official BHSJ business.

5.13. BHSJ reserves the right to block access to non-business-related material.

5.14. Email transmission of PHI, if necessary, shall be conducted with the highest level of security applied and only in situations where the email is necessary for the treatment of the patient, payment, and health care operations.

5.14.1. For users of the BHSJ email system only: To send email transmissions over the Internet (outside the BHSJ networks), PHI and other sensitive information shall be encrypted. Email shall not be transmitted over the Internet from any other email system unless/until an encryption method is approved for that email system.

5.15. Users shall comply with all laws related to copyright, intellectual, and personal property.

5.16. Users shall check their email regularly and delete unneeded email.

5.17. Users shall not knowingly download executable files from the Internet without approval from the IT staff.

5.18. Users shall not knowingly enable anyone to gain unauthorized access or control of any device, application, or system to the data networks

5.19. For the BHSJ network, the use of any software or service that hides the identity of the user or the location of the user while using the Internet is prohibited (including but not limited to proxy bypass or anonymization networks such as Tor).

5.20. Users shall not utilize BHSJ passwords on any non-corporate systems (i.e., banking, personal email, etc.).

5.21. Users shall not circumvent BHSJ technical security controls.

5.22. Users shall not transfer restricted or sensitive information to an unencrypted or unapproved device. Any removable storage media assigned by the Agency to individuals,

is the property of the Branch-Hillsdale-St. Joseph Community Health Agency. Removable storage media belonging to the Agency should never be used with other devices or equipment that is not owned by the Agency. Likewise, any removable storage media not belonging to the Agency should not be used with devices or equipment that are owned by the agency.

5.22.1. Users shall notify IT staff immediately in the event of a removable storage media device is lost or stolen, or if the computer is damaged.

5.23. Users shall log off application, workstations, laptops, and devices after use.

5.24. Users shall not store restricted or sensitive information on non-BHSJ equipment such as personally-owned devices unless properly authorized to do so.

5.25. Users shall not provide personal or official BHSJ information solicited by unknown individuals or suspected phishing email or websites.

5.26. Users shall follow the same security policies at any alternate workplaces as those required on the BHSJ networks.

6. **CONTACTS:** For questions regarding the requirements, implementation, and enforcement of this standard, contact the Information Technology Staff.

7. **ENFORCEMENT:** Any user found to have violated this policy may be subject to disciplinary action, up to and including termination of employment or assignment, depending on the severity of the infraction. In addition, BHSJ may report the matter to civil and criminal authorities as may be required by law.

B. SOCIAL MEDIA POLICY

This policy covers the use of social media and social networks in the workplace by employees, and by employees outside the workplace. This Policy works in conjunction with, and does not in any way substitute or replace, the Agency's Internet, Electronic Communications, Technology, Harassment and Discrimination Policies.

“Social Media” covers all web-based applications that permit the sharing and collaboration of information via internet communities, social-networking sites, video-sharing sites, wikis, blogs and micro-blogs and others. The Agency has drafted the following policies and procedures to help employees understand the unique issues raised by this evolving communication tool.

- 1) The Agency is committed to providing an environment that encourages the use of computers and electronic information as essential tools to support the Agency's business. The Agency provides a computer system, with internet access, to its employees to enable them to communicate with each other and with the Agency's suppliers and customers in an efficient and cost-effective manner. The electronic

- communications systems and equipment that is the subject of this policy is owned or leased by the Agency and is provided to employees for their use in connection with their work. It is the responsibility of each employee to ensure that this technology, including the access of social media websites, is used in accordance with these policies.
- 2) This policy covers employees who participate in personal social media or other internet activities; it applies regardless of whether the conduct occurs during working or non-working time, and regardless of whether Agency equipment is used.
 - 3) Employees should primarily use the Agency's electronic communications systems and equipment for business-related purposes. While occasional personal use of social media websites is permitted, while the employee is on lunch or breaks, such use should be limited to times when the employee is not required to be performing any duties for the Agency, when the use will not conflict with the use of the systems or equipment by any employee who desires to use it for business purposes, and may not in any event be used in a manner contrary to any of the provisions of this Social Media Policy or any other policies that cover electronic communications or workplace technology.
 - 4) Employees may not use social media in a manner that compromises the confidentiality of the Agency's confidential or proprietary information, trade secrets or other sensitive information, including PHI.
 - 5) Employees may not use social media in connection with or to support any business ventures, other than those of the Agency, during Agency work hours and/or with Agency equipment.
 - 6) Employees must refrain from any online activities that could reasonably place the Agency in a negative light or negatively impact its reputation during Agency work hours and/or with Agency equipment.
 - 7) Employees may not use or incorporate the Agency's name, logo, imagery, or derivatives thereof in their e-mail addresses, screen names, home pages, screen imagery or otherwise, absent the prior written approval of management.
 - 8) If an Agency employee administers a social media profile that relates to an Agency department, the Agency owns that social media profile. The employee must provide the login and password information to the Administrative Services Director and the IT department.
 - 9) Offensive, demeaning or disruptive messages are prohibited. This includes, but is not limited to, messages that are inconsistent with the Agency's policy concerning equal employment opportunity and its policy prohibiting sexual and other unlawful harassment. Under no circumstances may the Agency's systems or equipment be used to transmit foul, indecent, scandalous or improper information, via social media or otherwise. Moreover, the use of the Agency's electronic communications systems and equipment in support of political, religious or other controversial causes is an

inappropriate use of the system. Additionally, offensive racial or sexual comments are expressly prohibited.

- 10) Employees should assume that regardless of any privacy settings on various social media platforms, social media is not private. Information becomes public the moment it is published on the internet. Employees should assume that co-workers and members of the Agency's management will see anything and everything posted online, and should act accordingly.
- 11) Employees should not expect that anything that is sent or received using the Agency's electronic communication systems and equipment is the employee's private property. Employees should not have any expectation of privacy with respect to those communications, whether communicated via social media sites or otherwise. The Agency may, from time-to-time, as it sees fit, monitor, review, intercept or gain access to communications employees initiate or receive on the Agency's electronic communications systems and equipment. Employees' use of the Agency's systems will constitute consent to such monitoring, reviewing, interception or access. The Agency may, but has no requirement to, provide notice, either before or after any review of communications.
- 12) Periodically, the Agency may obtain photographs, videos or other likenesses of its employees at Agency-related events, such as outings, holiday parties, and charitable events. If an employee does not want his or her photograph, video or other likeness recorded at such an event posted on the Agency's website, or any social networking site, the employee must inform the Administrative Services Department in writing.
- 13) Employees should refrain from making social media postings that could be considered as creating a hostile work environment, as harassing, or otherwise inappropriate or harmful to the agency. Concerns about job performance or other potential complaints against co-workers or supervisors must be handled through the appropriate channels and remain consistent with the Agency's policies.
- 14) As with all of its policies, the interpretation of the Social Media Policy is within the sole discretion of management and the Agency reserves the right to alter, amend, modify, revoke, suspend or terminate all or any part of this Social Media Policy, at any time, in its sole discretion, with notice to all employees via their Division Directors. Moreover, this policy in no way affects or alters an employee's at-will employment status.
- 15) If, at any time, an employee is uncertain about how to apply these policies and procedures or has any question about his or her participation in social media activities, the employee should contact the Administrative Services Director. Each employee bears his or her own personal responsibility to follow this policy and use good judgment with his or her social media activities. If an employee has any doubt whether online activities violate this policy, he or she should ask their Division Director before engaging in the conduct.

- 16) Employees have an affirmative duty to report to a supervisor, or director, any conduct that violates this Social Media Policy. In such circumstances, an employee should follow the same reporting procedures set forth in the Agency's harassment policy.
- 17) Any employee who violates this Social Media Policy shall be subject to discipline, as set forth in the agency's discipline policies..

SECTION 11: INFORMATION REQUESTS-HIPAA-CONFIDENTIALITY

A. FREEDOM OF INFORMATION REQUEST PROCEDURE

Any employee or department who receives a letter requesting information on medical records or environmental issues, must forward this request on to the Administrative Services Director who in turns okays the information to be given out or denied to that particular client. A copy is given back to the employee and one copy kept in central file for future referencing.

B. MEDICAL RELEASE PROCEDURE

Any questions regarding who a Medical Release form goes to, should always be directed to the Administrative Services Director. He/she will then send it on to have copies made and sent to the proper place and a copy of the release form will be made and put in to the clients file for future reference.

C. SUBPOENA PROCEDURE

Any subpoena sent to any employee of the Agency must be presented to the Administrative Services Director so that he/she may go over the document and make sure that all rules are followed in complying with the subpoena. It will be in turn given back to the employee and a copy kept in central file for future referencing.

D. CONFIDENTIALITY / SANCTION POLICY

Purpose

HIPAA has required the BHSJCHA to create privacy and security policies in order to fulfill our duty to preserve the confidentiality and integrity of client Protected Health Information (PHI). This policy applies to all Branch-Hillsdale-St. Joseph Community Health Agency (BHSJCHA) employees (regular or temporary), contractors, volunteers, students or other observers, and any others who have access to the BHSJCHA's Protected Health Information.

The purpose of this Confidentiality/Sanction policy is to ensure that employees have the necessary client health information to provide the highest quality care possible while protecting the confidentiality of that information to the highest degree, so that clients do not fear to provide information to our agency.

The BHSJCHA will not tolerate violations of these policies and standards, and such violations may constitute grounds for disciplinary action up to and including termination, professional discipline, and criminal prosecution.

Assumptions

Information will be collected from clients only for the purposes of providing services and for supporting the delivery, payment, integrity, and quality of those services.

Employees will use their best efforts to ensure the accuracy, timeliness, and completeness of data collected from clients. Entries in records will not be altered or destroyed, only amended.

Employees will treat all written, electronic, and verbal information about clients including financial, demographic, and lifestyle information as sensitive and confidential. Employees will recognize that some medical information is particularly sensitive, such as HIV/AIDS, mental health, developmental disability, alcohol and drug abuse, sexually transmitted disease, and communicable disease information. Disclosure of such information could severely harm clients, by causing loss of employment opportunities and insurance coverage, as well as the pain of social stigma. BHSJCHA employees will treat such information with additional confidentiality protections.

Security

Employees will make every effort to maintain confidentiality of written and electronic records by ensuring that only authorized staff will have access to this information during the workday. Protected Health Information will not be left unattended in areas where visitors or other clients may see it. Charts will be placed face down on counter areas and facing the wall in bins so names are not visible, and computer screens will be turned so clients cannot see them. Schedules should not be located where clients or unauthorized persons may view them. Sign in sheets can be used, but should contain names only. All confidential records will be stored in locked areas when unattended. Records will be destroyed by shredding, in accordance with BHSJCHA record retention rules. Any confidential information that is not a part of a permanent record (and is no longer needed) will be shredded, not thrown away in the regular trash.

Precautions will also be taken with electronic devices like computers, laptops, tablets, smart phones and flash drives. Devices will be password protected and locked when not in use, and security measures in place to protect from unauthorized viewing and theft.

If records are taken off site (with Supervisor or Director permission), special care must be taken to know the whereabouts of the records at all times. Staff must take precautions to prevent the access and viewing of these records by unauthorized persons. Paper records should be stored in a locked case or box for privacy and transported in the trunk of a vehicle if possible. Computers being taken off the premises for work should be off or locked when not in actual use. If computers are traveling in a vehicle, ideally, they should also be transported in the trunk. Both paper records in the locked case and computers

must be removed from the car and taken with the employee when the employee leaves the car. A computer or paper records that are taken home (with Supervisor or Director permission) need to be kept in a locked home and not left in a vehicle overnight.

Privacy

Every effort should be made to ensure that confidential conversations remain private. Employees must use their best judgment to reduce the risk of unauthorized disclosures by closing doors or reception windows when on the phone or talking to a client, lowering voices, and meeting with clients in clinic rooms rather than in the halls or in waiting rooms.

Employees must also remember that the fact that a client chooses to obtain BHSJCHA services is in itself confidential information. We see many clients out in public during working hours and in our off-work hours. Employees should not acknowledge verbally in public awareness that a client may obtain services at the BHSJCHA. A client has the right to announce that they come to the BHSJCHA for services if they choose. We do not have a right to discuss their visit to the BHSJCHA without their permission.

Minimum Necessary

The BHSJCHA will make all reasonable efforts not to use or disclose more than the minimum amount of Protected Health Information necessary to accomplish the intended purpose. See the Minimum Necessary Policy for further information.

Receiving Confidential Information

Incoming mail is sorted daily and distributed. To protect privacy, confidential information that is received will be placed in envelopes or stapled closed prior to placing in the individual mailboxes.

Incoming confidential faxes will be received and stored in a secure area where clients have no access. They will be separated for delivery to individuals so confidentiality is maintained.

Incoming confidential information delivered by courier services must be distributed to the appropriate staff in an envelope to protect privacy, and stored in a secure area until it is reviewed.

Uses and Disclosures of Protected Health Information

The HIPAA Privacy Act allows the BHSJCHA to use and disclose Protected Health Information for purposes of treatment, payment and health care operations without authorization. Even without specific client consent, we are required to limit such uses or disclosures to the minimal amount of PHI that is reasonably required to provide these services.

Disclosures also permitted without client authorization include the following:

- Those required by law or for law enforcement purposes
- For public health activities, including communicable disease follow-up
- For reporting regarding victims of abuse, neglect, or domestic violence
- For health oversight activities

Clients must give authorization to disclose their Protected Health Information for specific purposes, which are generally other than treatment, payment or health care operations, or to disclose their confidential information to a third party specified by a client. Client authorization is also required to disclose psychotherapy notes to another entity.

Psychotherapy notes are those notes of a health professional used to analyze contents of a conversation during private, joint, or group counseling session. Psychotherapy notes do not include any information that is kept in a patient medical record. For further clarification of psychotherapy notes please consult [HHS.gov HIPAA for professionals special topics](#) .

Disclosure of PHI is on a “need to know” basis, in that only the information that is necessary to accomplish the purpose is disclosed. Documentation of what PHI is disclosed, as well as when and to whom it is disclosed is recorded in the client’s medical record.

Further detail about the uses and disclosures of Protected Health Information can be found in the HIPAA Manual where specific policies are located including Release of Information, E-mail, Fax, and Texting. All BHSJCHA employees are required to be familiar with these policies. Any questions about the uses and disclosures of Protected Health Information should be directed to a Supervisor or Director.

Sanctions

Any employee of the BHSJCHA, who believes another employee has breached the facility’s security or privacy policies, or otherwise breached the integrity or confidentiality of client or other sensitive information, should immediately report such a breach to a Supervisor or Director.

The Health Officer and Directors will convene a committee to conduct a thorough and confidential investigation into the allegations. The BHSJCHA will not retaliate against or permit reprisals against a complainant. Allegations not made in good faith, however, may result in discharge or other discipline.

Disciplinary action will follow the policy outlined in the BHSJCHA Personnel Policies. The degree of discipline is a discretionary decision which management will make based on the nature of the offense, the employee’s history, and other facts and circumstances deemed relevant. Disciplinary actions may include:

- Verbal warning
- Written warning

- Suspension
- Termination of employment

The BHSJCHA will follow the guidelines in the Personnel Policy manual to determine if a breach has occurred, the severity of a breach and the resulting sanctions recommended for the person involved in a breach.

Violation of the facility's security or privacy policies and standards may constitute a criminal offense under HIPAA, other federal laws such as the Federal Computer Fraud and Abuse Act of 1986, 18 U.S.C.1030, or state laws. Any employee who violates, or is reasonably suspected of having violated, such a law may expect that the BHSJCHA will provide information concerning the violation to appropriate law enforcement personnel and will cooperate with any law enforcement investigation or prosecution.

Further, violations of the BHSJCHA security or privacy policies and standards may constitute violations of professional ethics and be grounds for professional discipline. Any individual subject to professional ethics guidelines and/or professional discipline should expect the BHSJCHA to report such violations to appropriate licensure/accreditation agencies and to cooperate with any professional investigation or disciplinary proceedings.

All employees (regular or temporary), contractors, volunteers, students, or other observers with the BHSJCHA must follow this policy and are required to sign a Confidentiality Statement. Violation of this policy is grounds for disciplinary action, up to and including termination of employment. According to HIPAA rules, a person who knowingly obtains, misuses, or discloses Protected Health Information may incur criminal penalties that include a fine of not more than \$50,000 and/or imprisonment of not more than 1 year. If the offense is "under false pretenses," a person may incur a fine of not more than \$100,000 and/or imprisonment of not more than 5 years. If the offense is with intent to sell, transfer, or use Protected Health Information for commercial advantage, personal gain, or malicious harm, a fine of not more than \$250,000 and/or imprisonment of not more than 10 years may occur.

This Confidentiality/Sanction Policy is intended as a guide for the efficient and professional performance of employees' duties to protect the integrity and confidentiality of Protected Health Information. All employees, contractors, volunteers, students, and other observers with the BHSJCHA are expected to comply and cooperate with the facility's administration of this policy.

SECTION 12: SUBSTANCE ABUSE POLICY

The Branch-Hillsdale-St. Joseph Community Health Agency (the Employer) takes seriously the problem of drug and alcohol abuse. We are committed to provide a substance abuse free work place for our patients, clients, and employees. This policy applies to all employees of the Agency, without exception, including part-time, temporary, and on call employees, and volunteers.

POLICY:

1. No employee is allowed to consume any alcoholic beverage or unauthorized drugs while performing his/her job duties for this Agency.
2. No employee may possess, sell or give to another any alcohol, or drug, whether authorized or unauthorized, during assigned work time or while performing any services for the employer. This section shall not apply to employees who are authorized by law or job description to prescribe or dispense medication.
3. An employee may consume or possess authorized medications in the manner prescribed by the employee's physician or directed by the manufacturer.
5. The Employer will not tolerate employees who report for duty while impaired or under the influence of alcoholic beverages or unauthorized drugs.
6. All employees should report evidence of alcohol or drug abuse to a supervisor or a personnel representative immediately. In cases where the use of alcohol or drugs pose an imminent threat to the safety of persons or property, an employee must report the violation. Failure to do so could result in disciplinary action for the non-reporting employee.

DEFINITIONS:

1. Unauthorized Drug- Any drug that cannot be obtained legally or has been illegally obtained, including prescription drugs obtained without a prescription, prescribed or over the counter drugs used other than as properly instructed and drugs sold or represented as being illegal. This definition includes, but is not limited to Amphetamines, Marijuana or Cannabinoids, Cocaine, Opiates, Phencyclidine, or any of their derivatives or metabolites.
2. Authorized Drug – Prescribed drugs that are used as prescribed by a medical professional or over the counter drugs used as intended by the manufacturer.
1. Under the Influence – For the purpose of this Policy, that the employee is either visibly affected by alcohol or an unauthorized drug, or a testing device or medical test or examination demonstrates any detectable amount of an unauthorized drug, alcohol or a metabolite of either, in the employee's blood, breath, urine or body.

VIOLATION OF THE POLICY:

1. Employees who violate the Substance Abuse Policy will be subject to disciplinary action, including termination.
2. After a positive drug test, or upon reasonable suspicion that an employee has violated this policy, a pre-disciplinary hearing will be scheduled, in accordance with the Employer's Personnel Policies.

3. Any employee who suffers from drug or alcohol abuse may request employer assistance, before the occurrence of any misconduct or the commencement of disciplinary action. The employee may be eligible for referral to the Employee Assistance Program (EAP) or for a medical leave of absence. Employees with a problem are encouraged to contact the Human Resources Representative for details. Such requests are considered confidential. An employee referred to the EAP is not relieved from job expectation requirements.

DRUG TESTING:

As a part of our policy to ensure a substance abuse free workplace, employees may be asked to submit to a medical examination and/or tested for the presence of alcohol and/or drugs. The Employer reserves the right, at the employer's discretion, to examine and test for drugs and alcohol. Some such situations where testing may be requested may include, but not be limited, to the following circumstances.

1. All employees who are offered employment;
2. Where there are reasonable grounds for believing an employee is under the influence of alcohol or drugs;
3. As part of an investigation of any accident in the workplace in which there are reasonable grounds to suspect alcohol and/or drugs contributed to the accident;
4. As a follow-up to a rehabilitation program;
5. As necessary for the safety of employees, patients, clients or the public at large, where allowed by statute;
6. When an employee returns to duty after an absence other than from accrued time off such as vacation or sick leave.

It is a condition of your continued employment that you comply with this Substance Abuse Policy.

The Protecting Local Government Retirement and Benefits Act (PA 202 of 2017) & Public Act 530 of 2016 Pension Report

Enter Local Government Name	Branch-Hillsdale-St. Joseph Community Health Agency	Instructions: For a list of detailed instructions on how to complete and submit this form, visit michigan.gov/LocalRetirementReporting .
Enter Six-Digit Municode	127505	
Unit Type	Authority	
Fiscal Year End Month	September	
Fiscal Year (four-digit year only, e.g. 2019)	2023	
Contact Name (Chief Administrative Officer)	Theresa Fisher	Questions: For questions, please email LocalRetirementReporting@michigan.gov . Return this original Excel file. Do not submit a scanned image or PDF.
Title if not CAO	Administrative Services Director	
CAO (or designee) Email Address	fishert@bhsj.org	
Contact Telephone Number	517-279-9561, ext. 107	
Pension System Name (not division) 1	Municipal Employees Retirement System	If your pension system is separated by divisions, you would only enter one system. For example, one could have different divisions of the same system for union and non-union employees. However, these would be only one system and should be reported as such on this form.
Pension System Name (not division) 2		
Pension System Name (not division) 3		
Pension System Name (not division) 4		
Pension System Name (not division) 5		

Requirements (For your information, the following are requirements of P.A. 202 of 2017)

- Local governments must post the current year report on their website or in a public place.
- The local government must electronically submit the form to its governing body.
- Local governments must have had an actuarial experience study conducted by the plan actuary for each retirement system at least every 5 years.
- Local governments must have had a peer actuarial audit conducted by an actuary that is not the plan actuary OR replace the plan actuary at least every 8 years.

By emailing this report to the Michigan Department of Treasury, the local government acknowledges that this report is complete and accurate in all known respects.

Line	Descriptive Information	Source of Data	System 1
1	Is this unit a primary government (County, Township, City, Village)?	Calculated	NO
2	Provide the name of your retirement pension system	Calculated from above	Municipal Employees Retirement System
3 Financial Information			
4	Enter retirement pension system's assets (system fiduciary net position ending)	Most Recent Audit Report	15,872,809
5	Enter retirement pension system's liabilities (total pension liability ending)	Most Recent Audit Report	18,925,572
6	Funded ratio	Calculated	83.9%
7	Actuarially Determined Contribution (ADC)	Most Recent Audit Report	537,855
8	Governmental Fund Revenues	Most Recent Audit Report	8,357,674
9	All systems combined ADC/Governmental fund revenues	Calculated	6.4%
10 Membership			
11	Indicate number of active members	Actuarial Funding Valuation used in Most Recent Audit Report	21
12	Indicate number of inactive members	Actuarial Funding Valuation used in Most Recent Audit Report	21
13	Indicate number of retirees and beneficiaries	Actuarial Funding Valuation used in Most Recent Audit Report	75
14 Investment Performance			
15	Enter actual rate of return - prior 1-year period	Actuarial Funding Valuation used in Most Recent Audit Report or System Investment Provider	-10.37%
16	Enter actual rate of return - prior 5-year period	Actuarial Funding Valuation used in Most Recent Audit Report or System Investment Provider	4.95%
17	Enter actual rate of return - prior 10-year period	Actuarial Funding Valuation used in Most Recent Audit Report or System Investment Provider	6.79%
18 Actuarial Assumptions			
19	Actuarial assumed rate of investment return	Actuarial Funding Valuation used in Most Recent Audit Report	7.00%
20	Amortization method utilized for funding the system's unfunded actuarial accrued liability, if any	Actuarial Funding Valuation used in Most Recent Audit Report	Level Percent
21	Amortization period utilized for funding the system's unfunded actuarial accrued liability, if any	Actuarial Funding Valuation used in Most Recent Audit Report	11
22	Is each division within the system closed to new employees?	Actuarial Funding Valuation used in Most Recent Audit Report	Yes
23 Uniform Assumptions			
24	Enter retirement pension system's actuarial value of assets using uniform assumptions	Actuarial Funding Valuation used in Most Recent Audit Report	17,053,508
25	Enter retirement pension system's actuarial accrued liabilities using uniform assumptions	Actuarial Funding Valuation used in Most Recent Audit Report	19,720,754
26	Funded ratio using uniform assumptions	Calculated	86.5%
27	Actuarially Determined Contribution (ADC) using uniform assumptions	Actuarial Funding Valuation used in Most Recent Audit Report	666,360
28	All systems combined ADC/Governmental fund revenues	Calculated	8.0%
29 Pension Trigger Summary			
30	Does this system trigger "underfunded status" as defined by PA 202 of 2017?	Primary government triggers: Less than 60% funded AND greater than 10% ADC/Governmental fund revenues. Non-Primary government triggers: Less than	NO

The Agency should send an additional payment of \$302,495 to the MERS Surplus Division, to further support the MERS Defined Benefit (DB) underfunded pension plan. Per the most recent Annual Actuarial Report (2022), when looking at the Defined Benefit plan and the surplus fund together, the plan is only 94.1% funded. The agency would need to contribute an additional \$1,140,193 to fully fund the plan. The additional \$302,495 would come from deferred revenue from the Medicaid Cost Based Reimbursement money which was originally thought to be restricted. The agency will be in a better financial position in the future if it sends this additional funding to the MERS surplus fund.

**Table 6: Actuarial Accrued Liabilities and Valuation Assets
as of December 31, 2022**

Division	Actuarial Accrued Liability					Valuation Assets	Percent Funded	Unfunded (Overfunded) Accrued Liabilities
	Active Employees	Vested Former Employees	Retirees and Beneficiaries	Pending Refunds	Total			
01 - Gnrl	\$ 5,240,432	\$ 2,183,388	\$ 11,968,946	\$ 23,378	\$ 19,416,144	\$ 15,350,651	79.1%	\$ 4,065,493
S1 - Surplus Unassociated	0	0	0	0	0	2,925,300		(2,925,300)
Total	\$ 5,240,432	\$ 2,183,388	\$ 11,968,946	\$ 23,378	\$ 19,416,144	\$ 18,275,951	94.1%	\$ 1,140,193

Please see the Comments on Asset Smoothing in the Executive Summary of this report.

The December 31, 2022 valuation assets (actuarial value of assets) are equal to 1.157665 times the reported market value of assets. Refer to the Appendix for a description of the valuation asset derivation and a detailed calculation of valuation assets.

In late October the MDHHS Medicaid Cost Based Reimbursement program issued updated *Medicaid Cost Based Reimbursement (MCBR) Budget and Financial Status Report (FSR) MDHHS Guidance*. This guidance included a section on reporting that broke MCBR payments into 3 types, with different rules/restrictions/reporting based on the type of payment received. The new guidance indicated that initial and final settlement payments are considered unrestricted and can be used as general fund money. Upon receiving this new guidance, the accounting division reviewed all previously received payments and found that those payments total \$302,495. The funds were previously believed to be restricted, to be used only in the programs in which they were earned, but the new guidance eliminates that restriction.

Operational Plan Report

BHSJ CHA | 1-Strategic Plan - Strategic Plan



[4/19/2024]

1-Strategic Plan Vision: *The vision of the Branch-Hillsdale-St. Joseph Community Health Agency is to be the trusted health resource for all people.*

1-Strategic Plan Mission: *The mission of the Branch-Hillsdale-St. Joseph Community Health Agency, Your Local Health Department is, helping people live healthier.*

1-Strategic Plan Values:

Inclusion *Inclusion*

Innovation *Innovation*

Integrity *Integrity*

Group: - 1-Strategic Plan | - Strategic Plan

Initiative Employee Investment

1:



Goal Ensure retention of a competent and satisfied workforce

1.1:



Objective 1.1.1: Beginning in 2023, create a wage equity plan and continue to present to BOH annually **Lead:** Fisher, Theresa

Objective % Done: **0 %**

Activities Sum: **0**

Status	Number	Activity Team	Activity	Performance Metric	Status
	1.1.1.1	[L] Fisher, Theresa Gruner, Brenae	[Timeline] Seek out wage surveys conducted in past 12 months if available for review; request assistance from MALPH as appropriate by January 2023	Wage Surveys Compiled measured Annually Green <= 75% Yellow >75% and < 100% Red >= 100%	34.8% of Timeline Starting 12/14/2023
<p>Notes: [12/14/2024 - Theresa Fisher] Presented to BOH.</p> <p>[11/2/2023 10:57:35 AM - Theresa Fisher] Per Norm Hess, the MALPH LHD Services/Staffing report will not be completed and available for several more weeks. This data will not be available for this year's discussion.</p> <p>[10/3/2023 9:28:27 AM - Theresa Fisher] Sent a copy of the 2019 Compensation Study and the most recent data from the May Municipal Consulting Services study to the Board of Health. The MALPH study is still in progress and not available yet.. Still waiting for the new ELPHS allocation to be released. Expect to have enough information to bring wage increase to the BOH in December.</p> <p>[04/25/2023 - Theresa Fisher] MALPH will be updating their salary study in 2023. The existing data is from 2019. Municipal Consulting Services is in the process of doing a survey that will be ready in April of 2023. Work in this area to gather data is ongoing, but as new studies are only now being conducted, this activity timeline has been adjusted from January to June. Work should be completed by the end of June to have relevant data to present in October.</p>					
	1.1.1.2	[L] Fisher, Theresa Gruner, Brenae	[Project] Create opportunities for board members interact with employees to gain understanding of public health work and build rapport by January 2023	Interaction opportunities created, implemented and documented [between 10/1/2022 and 1/31/2023]	100% Complete
<p>Notes: [4/25/2023 - Theresa.Fisher] - Rebecca Burns set up lunch meetings to allow staff to meet the local Commissioners that represent them on the Board of Health. Hillsdale County staff met with Commissioner Leininger on February 9, 2023 (Commissioner Lanus was not able to attend). Branch County staff met with Commissioners Houtz and Matthew on February 23, 2023. St. Joseph County staff met with Commissioners Hoffmaster and Baker on March 1, 2023.</p> <p>[11/29/2022 - Theresa.Fisher] With such turnover after the election, this activity timeline should be adjusted to begin after the new Board of Health members are assigned in January of 2023. The time would be better spent on incoming members who will be with us for 2 years, not outgoing members who will be retired from our board at the end of 2022.</p>					
	1.1.1.3	[L] Fisher, Theresa Gruner, Brenae	[Timeline] Present wage equity plan to BOH in December of every year	Present Wage Equity Plan to Board of Health measured Annually Green <= 75% Yellow >75% and < 100% Red >= 100%	34.8% of Timeline Starting 12/14/2023

Notes: [12/14/2023 - Theresa Fisher] Presented to the Board of Health in December. The Board approved a standardized scale with a 7% increase.
[10/13/2023 8:50:17 AM - Theresa Fisher] The Board does not meet in October and budget data may not be complete at that time. Adjusting this activity to December of every year.



Objective 1.1.2: Review and update the agency workforce development plan by January 2024 **Lead:** Fisher, Theresa

Objective % Done: 0 % Activities Sum:


Status	Number	Activity Team	Activity	Performance Metric	Status
	1.1.2.1	[L] Fisher, Theresa Gruner, Brenae	[Project] Analyze agency-wide self-assessment of the public health core competencies to identify knowledge gaps and opportunities for staff development by December 2022	[between 10/1/2022 and 12/31/2022]	100% Complete
Notes: Survey was completed and the report was received on 9/30/2022. The report has been reviewed. The three top training areas identified are stress management, recruitment and retention, and public health 3.0. The two core competency skills that scored the lowest are Data Analytics and Assessment Skills, and Leadership and Systems Thinking Skills.					
	1.1.2.2	[L] Fisher, Theresa Gruner, Brenae	[Project] Identify the mandated trainings required for each department and program by December 2023.	[between 6/1/2023 and 12/31/2023]	70% Complete
Notes: [4/10/2024 2:55:23 PM - Theresa Fisher] The majority of the data has been collected and reviewed by the HR Support Specialist. We are currently in the processes of having Directors review and sign off on the compiled lists. [11/2/2023 10:30:08 AM - Theresa Fisher] Administrative Services staff have been working with Directors/Supervisors to compile the lists.					
	1.1.2.3	[L] Fisher, Theresa Gruner, Brenae	[Project] Create an annual training schedule and tracking system to assure the mandated trainings are completed by January 2024.	[between 9/1/2023 and 12/31/2023]	5% Complete
Notes: [4/10/2024 2:58:59 PM - Theresa Fisher] There has been much research and discussion on this activity, but we have not yet found a universal solution to track all trainings. We will continue working to identify the best way to track the vast number of different trainings required.					
	1.1.2.4	[L] Fisher, Theresa Gruner, Brenae	[Project] Compile the information necessary for new employee orientation by January 2024.	[between 9/1/2023 and 12/31/2023]	95% Complete
Notes: [4/10/2024 3:03:21 PM - Theresa Fisher] A new employee orientation checklist has been created, along with job specific checklists for each position. This item will be completed as soon as testing has been completed by using the processes with new hires.					
	1.1.2.5	[L] Fisher, Theresa Gruner, Brenae	[Project] Consider a peer-mentoring program for new employees by June 2024.	[between 2/1/2024 and 6/28/2024]	% Complete
	1.1.2.6	[L] Fisher, Theresa Gruner, Brenae	[Project] Provide staff the opportunity to review and provide input into the plan by September 2024.	[between 7/1/2024 and 9/30/2024]	% Complete



Objective 1.1.3: Evaluate our hiring strategies and opportunities for advancement by September 2023 **Lead:** Fisher, Theresa


Objective % Done: 0 % Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	1.1.3.1	[L] Fisher, Theresa Gruner, Brenae	[Project] Review each step in the recruitment and hiring/orientation process and recommend improvements by March 2023	[between 11/1/2022 and 3/31/2023]	100% Complete
Notes: [11/2/2023 10:31:37 AM - Theresa Fisher] Hiring policy/procedure reviewed and updated. Met with Directors/Supervisors on 11/1/2023 to roll out new process.					
	1.1.3.2	[L] Fisher, Theresa Gruner, Brenae	[Project] Develop materials to promote the benefits provided by the agency to be used in the recruiting process by March 2023	[between 11/1/2022 and 3/31/2023]	100% Complete
Notes: Recruitment poster created and reviewed/approved by the Personnel Policy Committee.					
	1.1.3.3	[L] Fisher, Theresa Gruner, Brenae	[Timeline] Review job descriptions for accuracy and update as appropriate; assure employees know where job descriptions are located for reference by September 2023	Review/Update Job descriptions measured Annually Green <= 75% Yellow >75% and < 100% Red >= 100% [Cycle Start Date: 12/31/2022]	130.1% of Timeline Starting 12/31/2022
Notes: [4/10/2024 3:06:13 PM - Theresa Fisher] The new HR Support Specialist is 90% done with the review process. She is currently in the process of updating the documentation and will finalize the documents soon. [2/6/2024 3:33:19 PM - Theresa Fisher] This activity will be completed by the new HR Support Specialist by the end of March. [11/2/2023 10:35:47 AM - Theresa Fisher] Adjusting project timeline to end of year and changing from project-based activity to a					

		quality assurance activity, to ensure this work is ongoing each year. Job descriptions were last reviewed/updated in September of 2022.		
	1.1.3.4	[L] Fisher, Theresa Gruner, Brenae	[Project] Explore the development of career ladders for employees to seek advancement opportunities and aid in succession planning by January 2024	[between 10/1/2023 and 1/31/2024] % Complete
	Notes: [4/10/2024 3:09:23 PM - Theresa Fisher] This activity is behind schedule, but work will begin as soon as the other related items are caught up and completed.			

Objective 1.1.4: Develop and enhance employee satisfaction beginning in October 2023 and on an ongoing basis. **Lead:** Fisher, Theresa

Objective % Done: **100 %** Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	1.1.4.1	[L] Burns, Rebecca Fisher, Theresa	[Project] Create multi-department and level employee satisfaction team by January 2023	[11/1/2022 - 12/30/2022] [between 11/1/2022 and 12/30/2022]	100% Complete
	Notes: [10/13/2023 2:21:01 PM - Theresa Fisher] Committee has been created and has reviewed the July employee satisfaction survey. They have decided to initially work on one of the problems identified in that survey, 'Staff don't know what is happening at BHSJ.' They have initiated a new email 'stream' to help address this problem, and are currently working on root cause analysis to identify the cause and other possible solutions. [9/29/2023 Theresa Fisher] The Employee Satisfaction Committee first met on May 12, 2023 and has continued to meet. The group is composed of staff from Personal Health & Disease Prevention, Administration, Environmental Health, Area Agency on Aging, Health Education & Promotion, and the Health Officer. [4/25/2023 Theresa Fisher] The Agency is still in the process of organizing this committee. Multiple calls for staff members who would like to volunteer to be a part of this committee have been made, but we are still lacking a complete committee. Work should begin shortly.				
	1.1.4.2	[L] Fisher, Theresa Gruner, Brenae	[Project] Create opportunities for staff to express their level of job satisfaction by September 2023	[between 4/3/2023 and 9/29/2023]	100% Complete
	Notes: [10/13/2023 2:17:53 PM - Theresa Fisher] Employee Satisfaction Survey completed in July. Quarterly staff meetings held on March 7, 8, & 9, June 6, 7, & 8, and October 9, 11, & 12.				

Initiative Communication and Advocacy

2:



Goal Assure a strong internal and external communication strategy to promote public health
2.1: health advocacy and to extend the reach of public health


Notes: The agency has completed the internal and external communications plans. The BOH has also approved a social media policy. The Marketing Committee and Employee Satisfaction Committee continue to follow the progress and make adjustments as needed.




Objective 2.1.1: Develop and implement an internal communication plan by June 2023 **Lead:** Dewey, Kristina

Objective % Done: **10 %** Activities Sum: **0**

Notes: The agency has developed an internal communications plan with the collaboration of the Marketing Committee and Employee Satisfaction Committee.

Status	Number	Activity Team	Activity	Performance Metric	Status
	2.1.1.1	[L] Englehart, Joshua Dewey, Kristina	[Project] Maintain a multi-departmental and multi-level staff committee to develop internal communication plan by January 2023	[10/1/2022 - 12/31/2022] [between 10/1/2022 and 12/31/2022]	90% Complete
	Notes: This project is nearly complete. The Employee Satisfaction Committee and Marketing Committee developed a work plan to address the concerns identified in the strategic plan and results of an employee survey. This work plan has been constructed in VSMG for supervisors and directors to report activity in. The agency is utilizing BHSJ Insider, a streaming application in our email server to share information across the organization. Supervisors and directors will be educated on the elements of the communications work plan including expectations and reporting requirements at a leadership meeting to be held 3rd quarter of FY 24. Leadership held monthly virtual All Staff meetings in the 2nd qtr of FY24. Staff were surveyed after the last of the 3 meetings for feedback. Results of that survey will be discussed at the Employee Satisfaction Committee with recommendation made. [11/3/2023 2:43:37 PM - Theresa Fisher] The employee satisfaction committee was working on communication as well, so the committees have been merged for this project and work is ongoing to identify exactly what the staff would like to see. Root cause analysis has been completed and the committee is currently working to identify solutions. [9/19/2023 12:58:41 PM - Joshua Englehart] - A draft for the internal and external communication plan was sent to Becky and Theresa for review. The draft was approved by the communications subcommittee during the monthly meeting on 9/1/2023, in				

		which the draft was emailed later that day and waiting for approval.		
		[4/25/2023 Theresa Fisher] The committee has been established and includes the following members: Joshua Englehart (chair), Health Educator; Rachael Wall (co-Chair), Community Health Worker; Candy Cox, Clinic Administrative Assistant; Shelby Ward, Clinic Supervisor; Brandie Lennox, EH Administrative Assistant; Stephanie Hightree, CSHCS Representative; Lisa Redmond, Outreach Specialist; and Diana Rogers, Administrative Support Clerk.		
		Work on this activity has lagged a bit, but is ongoing. The committee began meeting in early April 2023 and will meet the first Friday of each month at 9:00 AM.		
	2.1.1.2	[L] Hicks, Justin Elliott, Alan	[Project] Evaluate share drive system and provide staff access and training by June 2023	[between 3/1/2023 and 6/30/2023] 50% Complete
		<p>Notes: [4/19/2024 8:58:22 AM - Theresa Fisher] The IT team continues to work on this. As there is constantly new information shared to the drive it will never be completely done and will continue to be an ongoing effort for the IT team.</p> <p>[11/2/2023 11:00:38 AM - Theresa Fisher] Work is ongoing, but this project is much more complicated than initially thought. IT staff will be meeting with staff from each division to get input on what we must keep and what can be archived. Date for completion adjusted to April 2024.</p>		
	2.1.1.3	[L] Dewey, Kristina	[Timeline] Create and provide to all agency staff, department and program meeting schedules on an annual basis starting in 2023	Meeting Schedule Provided to Staff measured Annually Green <= 75% Yellow >75% and < 100% Red >= 100% 55.1% of Timeline Starting 10/1/2023
		<p>Notes: [4/19/2024 9:01:12 AM - Theresa Fisher] The BHSJ Insider calendar is available for all staff to review upcoming meetings. Directors should continue to keep this calendar updated with upcoming items.</p> <p>[11/2/2023 10:43:09 AM - Theresa Fisher] This information will be moved to the calendar associated with the BHSJ Insider Stream. This will allow for updates from all Supervisors/Directors and a more dynamic calendar that staff members can choose to view within their own calendar. This was discussed with all supervisors on 11/1/2023 and they were all instructed to add their meetings to the new calendar.</p> <p>[03/21/2023 - Theresa Fisher] A calendar has been created and is located M:\Staff Information\Communications. This calendar was presented to the staff at the quarterly staff meetings held on March 7, 8, & 9.</p> <p>The agency has developed a new communications strategy for keeping staff informed about meetings of agency committees. We are utilizing BHSJ Insider to share meeting dates and minutes. Based upon a poll of staff taken on 3/29/24, staff feel that this strategy is working and meeting their needs.</p>		







Objective 2.1.2: Develop and foster relationships with stakeholders to support agency mission and vision starting in 2023 and on a continual basis

Lead: Dewey, Kristina

Objective % Done: **100 %** Activities Sum: **0**

Notes: The agency continues to collaborate with community partners. We currently collaborate with the Human Services Networks in all three counties, Great Start Collaboratives, Substance Abuse Task Forces in all three counties, organizations serving under-served groups, safety coalitions, regional disaster and medical response coalitions, provider networks, Emergency Management and response agencies, and law enforcement



Status	Number	Activity Team	Activity	Performance Metric	Status
	2.1.2.1	[L] Dewey, Kristina	[Project] Assess who the current and potential stakeholders are for the agency and create opportunities for engagement by June 2023	[between 4/1/2023 and 6/30/2023]	100% Complete
		<p>Notes: [11/3/2023 1:45:08 PM - Alex Bergmooser] BHSJ has a very good understanding of our organizational partners and stakeholders throughout our 3 service counties. We engage with them regularly through community coalitions and committees and collaborative efforts.</p>			
	2.1.2.2	[L] Dewey, Kristina	[Project] Develop a stakeholder email distribution list to share relevant agency, program, and emerging health issues information by September 2023	[7/1/2023 - 9/30/2023] [7/1/2023 - 9/30/2023] [between 7/1/2023 and 9/30/2023]	75% Complete
		<p>Notes: The agency maintains multiple lists by audience. Lists are maintained within multiple agency programs to ensure targeted communications with specific groups as needed. The agency is able to share emergency information, information on emerging issues, and targeted communications as needed.</p> <p>[11/3/2023 1:48:43 PM - Alex Bergmooser] Multiple lists of the agency's stakeholders exist. These lists represent all of our stakeholder organizations; however, the lists need to be reviewed and consolidated into one main email distribution list.</p> <p>The agency has email distribution lists to community stakeholders developed and they are utilized to share information.</p>			
	2.1.2.3	[L] Dewey, Kristina	[Project] Seek out relationships with college and vocational programs to encourage public health as a career and staff recruitment by September 2024	[10/1/2023 - 9/30/2024] [between 10/1/2023 and 9/30/2024]	% Complete
		<p>Notes: This activity is ongoing. The agency has hired a new HR Assistant who will continue with the recruitment of individuals to the agency.</p>			
	2.1.2.4	[L] Dewey, Kristina	[Project] Share stakeholder events, information on social media platforms and with staff starting in April 2023	[4/1/2024 - 4/30/2024] [between 4/1/2024 and 4/30/2024]	% Complete
		<p>Notes: HEP has developed a spreadsheet of community activities that has been shared with other departments. We continue to share stakeholder events on our social media platforms.</p> <p>There is an error in the target date for this activity. It should have been targeted for April 2024, after the work to assess the current and potential stakeholders has been completed. Target date adjusted from April 2023 to April 2024.</p>			

The agency has completed their internal communications work plan and external communications plan. The agency shares information regarding stakeholder events and information on our social media platforms.

Objective 2.1.3: Develop and implement an external communication plan by January 2024 **Lead:** Dewey, Kristina




Objective % Done: **80 %** Activities Sum:

Notes: The External Communications Plan has been drafted, reviewed by the Health Officer, PIO and the External Communications Policy Subcommittee. The policy will next be sent to the full Marketing Committee at their meeting on May 3, 2024.

Status	Number	Activity Team	Activity	Performance Metric	Status
	2.1.3.1	[L] Dewey, Kristina	[Project] Maintain a multi-departmental and multi-level staff committee to develop an external communication plan by January 2024	[1/1/2023 - 1/1/2024] [between 1/1/2023 and 1/1/2024]	100% Complete
<p>Notes: This objective has been completed. HEP has a calendar of communication topics for each month. The Marketing Committee meets monthly to review the upcoming topics and add events and subjects to the calendar. The Marketing Committee has an External Communications policy that has been reviewed by the Health Officer, PIO and Sub Committee for approval at the May 3, 2024 meeting. [11/3/2023 3:12 PM - Theresa Fisher] The committee has completed research and has a model template to utilize. Work on development of the plan is ongoing.</p> <p>[4/25/2023 Theresa Fisher] Work has not yet started on this activity. The committee will first focus on the Internal Communications plan called for in 2.1.1.</p> <p>The agency has approved a new social media policy and an internal communications work plan. A new External Communications policy is currently in sub-committee and will be reviewed by the sub-committee on 04/05/2024.</p>					
	2.1.3.2	[L] Dewey, Kristina	[Project] Explore the opportunities available to provide translation services to the public through staff, partners, and media by June 2024	[1/1/2024 - 6/30/2024] [between 1/1/2024 and 6/30/2024]	100% Complete
<p>Notes: It has added a translation widget to our agency website. This allows translation of our front facing web pages to be translated into 142 languages. The agency continues to utilize the language line for customer interactions as needed. HEP has been producing signage and materials in multiple languages as needed.</p> <p>The agency has developed clinic intake tools in Haitian Creole. We have also explored working with the American Academy of Pediatrics for patient education tools for parents of young children. The agency has hired a clerk who is fluent in Spanish. HEP has been developing signage and materials in multiple languages for promotion of services. We continue to use the language line for services. HEP has been discussing with IT about the ability to translate the website.</p>					

Objective 2.1.4: Expand the behavioral health collaboration by March 2023 **Lead:** Dewey, Kristina

Objective % Done: **0 %** Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	2.1.4.1	[L] Dewey, Kristina	[Project] Develop and disseminate informational materials for the 988 Hotline by January 2023	[10/1/2022 - 12/31/2022] [10/1/2022 - 12/31/2022] [10/1/2022 - 12/31/2022] [between 10/1/2022 and 12/31/2022]	100% Complete
<p>Notes: [11/3/2023 1:51 PM - Alex Bergmooser] This activity is behind schedule. The content for the needed 988 materials has already been created and work will soon begin to develop and disseminate this content in a manner useful to the 988 system.</p> <p>The agency is promoting 9-8-8. We are following them on social media and sharing their informational posts. We are collaborating with The Pines, Lifeways, and Pivotal to promote crisis intervention services and participating in the monthly substance abuse task force meetings.</p>					
	2.1.4.2	[L] Dewey, Kristina	[Project] Assess the current behavioral health programs available within the district and share with staff and persons served by January 2023	[10/1/2022 - 12/31/2022] [between 10/1/2022 and 12/31/2022]	100% Complete
<p>Notes: [11/3/2023 2:33:14 PM - Alex Bergmooser] Stay Well resources were shared with the BHSJCHA team in December of 2022, letting them know that the resources are available for clients but can also be used by staff. Staff were also provided information on how to participate in Stay Well discussion groups in November. The assessment and compilation of available behavioral health programs is ongoing but once prepared the information will be presented on a brochure or flyer and made available to both BHSJ staff members, as well as the clients that they serve.</p> <p>Stay Well resources have been shared with all staff and the community. The Stay Well Program has ended with the end of the PHE for COVID-19. We are referring staff and clients to the services of The Pines, Lifeways, and Pivotal.</p>					
	2.1.4.3	[L] Dewey, Kristina	[Project] Continue discussions with behavioral health organizations within the district to determine how our agency can collaborate and be of assistance starting in October 2022 and ongoing basis	[10/1/2022 - 10/2/2026] [between 10/1/2022 and 10/2/2026]	100% Complete
<p>Notes: [11/3/2023 1:57:48 PM - Alex Bergmooser] Conversations are ongoing and occur monthly with behavior health organizations due to our participation in the county collaboratives, coalitions, county task forces, and other multi-organizational committees. These discussions will continue regularly and provide the agency the opportunity to support behavioral health organizations in our area when and where it is appropriate.</p> <p>Our agency continues to collaborate with The Pines, Lifeways, and Pivotal. We share information from all three partners on our</p>					

		social media. We refer clients with needs to their services. We are active participants on their Substance Abuse Task Forces. We continue to partner with agencies to address domestic violence, child abuse, suicide, and overdose prevention.		
	2.1.4.4	[L] Dewey, Kristina	[Project] Provide staff with mental health educational opportunities to recognize behaviors, situations and the prevention and intervention resources available by December 2022	[10/1/2022 - 12/31/2022] [between 10/1/2022 and 12/31/2022] 75% Complete
	<p>Notes: Staff will be provided a session at the All Staff Meeting on 4/26/2024 on dealing with difficult people and recognizing situations that may become dangerous. The agency continues to provide resources to the community and staff for mental health treatment. The agency has trained a health educator on employee wellness and there are 2 staff trained in Mental Health First Aid. All three counties have a CCBHC with whom the agency has relationships.</p> <p>[11/3/2023 1:58:31 PM - Alex Bergmooser] This activity, while behind schedule, is ongoing as the agency continues to work to identify resources and funding for behavioral health education, prevention, and intervention. As this research continues, Stay Well resources were shared with the BHSJCHA team in December of 2022; these resources were available for clients but could also be used by staff. Staff were also provided information on how to participate in Stay Well discussion groups in November of 2022</p> <p>Several staff have completed training in Mental Health First Aid and Youth Mental Health First Aid. Staff will receive education on dealing with difficult people at the All Staff Meeting to be held on April 26, 2024.</p>			

Initiative Programming and Policy

3:



Goal Ensure programming policies and procedures are meeting the requirements and 3.1: needs of the organization



Objective 3.1.1: Review all existing policies for relevance by January 2024

Lead: Burns, Rebecca

Objective % Done: 0 %

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	3.1.1.1	[L] Burns, Rebecca Fisher, Theresa	[Project] Develop and implement timelines to ensure program policy reviews and revisions take place on a scheduled basis by January 2023	[between 10/1/2022 and 12/31/2022]	100% Complete
	<p>Notes: [4/25/2023 Theresa Fisher] The VMSG Dashboard will keep track of the metric to ensure policies are reviewed every year. As policies are loaded into the dashboard, they will have dates assigned, and will automatically flag for review after 80% of the year is completed.</p>				
	3.1.1.2	[L] Burns, Rebecca Fisher, Theresa	[Project] Evaluate the existing structure to our agency personnel policy committee and identify areas of opportunity for improvements by September 2023	[between 4/1/2023 and 9/30/2023]	100% Complete
	<p>Notes: [3/11/2024 10:17:46 AM - Theresa Fisher] The Committee reviewed its structure and by-laws in November 2023. They sent out messages on BHSJ Insider about the committee, what it does, who represents staff on the committee, and some things the committee has done in the past. This has been followed up by routine messages on BHSJ Insider to let staff know of upcoming meetings and to post the minutes from the meetings. [11/2/2023 11:23:42 AM - Theresa Fisher] The Personnel Policy Committee is in the process of evaluating the committee and working to update/revise the guidance documents, potential changes, and ways to get other staff members involved to make the committee more useful.</p>				
	3.1.1.3	[L] Burns, Rebecca Fisher, Theresa	[Timeline] Present policy revisions to board of health for review and approval on an ongoing basis as necessary	measured Annually Green <= 75% Yellow >75% and < 100% Red >= 100% [Cycle Start Date: 8/24/2023]	65.5% of Timeline Starting 8/24/2023
	<p>Notes: [4/18/2024 10:57:56 AM - Rebecca Burns] PPA Committee reviewed additional updates and changes as suggested by the Personnel Policy Committee to the Personnel Policy Manual at the meeting on April 17, 2024 and voted to move the updates and changes to the full board for approval at the April 25, 2024.</p> <p>[10/13/2023 2:25:35 PM - Theresa Fisher] The Personnel Policy Committee worked on additional updates to the Personnel Policy Manual and they were presented to the Board in August. The Board approved the revisions on August 24, 2023.</p> <p>[9/29/2023 Theresa Fisher] PPC completed the review of the Exposure Control Plan and Chemical Hygiene Plan.</p> <p>[3/21/2023 Theresa Fisher] The Personnel Policy Committee (PPC) met to review the Personnel Policy manual. Updates to the Personnel Policy manual will be reviewed and approved by the Board of Health On March 23, 2023. The PPC is currently working on updates to the Exposure Control Plan and the Chemical Hygiene Plan.</p>				



Objective 3.1.2: Conduct a CHNA and use this to assess the need for additional programs and service delivery methods to meet community needs by June 2023 **Lead:** Burns, Rebecca







Objective % Done: 0 %



Activities Sum:

Notes: On October 6, 2023, the Board of Health approved a proposal from Social Data LLC to work with staff and community partners on a community health needs assessment. The work is currently ongoing

CHNA and CHIP were completed and presented to all 3 counties human service collaboratives. The Board of Health PPA Committee reviewed in June 2023 and then moved it to the full BOH

for their information at the meeting on June 22, 2023. The CHIP specifically addresses the need for additional programs and service delivery methods to meet community needs.

Status	Number	Activity Team	Activity	Performance Metric	Status
	3.1.2.1	[L] Dewey, Kristina Burns, Rebecca Fisher, Theresa	[Project] Establish a community health needs assessment team comprised of community partners and staff by January 2023	[between 10/1/2022 and 12/31/2022]	100% Complete
	<p>Notes: [4/25/2023 Theresa Fisher] The assessment team was created and began work in December 2023. The team consists of Rebecca Burns, Alex Bergmooser, Theresa Fisher from BHSJCHA, an independent contractor, Marcus Cheatham, and staff from the following community partner agencies: St. Joseph County Human Service Commission, Branch County Collaborative Network, Hillsdale County Human Service Network, Great Start Collaboratives (all 3 counties), Lifeways, Pines Behavioral Health, Pivotal (previously St. Joseph CMH).</p>				
	3.1.2.2	[L] Dewey, Kristina Burns, Rebecca Fisher, Theresa	[Project] Collect and analyze primary and secondary community data through a variety of sources and methods by June 2023	[between 1/1/2023 and 6/30/2023]	100% Complete
	<p>Notes: [11/3/2023 3:00:13 PM - Alex Bergmooser] The CHNA was completed at the end of May 2023, with both primary and secondary data being collected and analyzed from various sources.</p> <p>[4/25/2023 Theresa Fisher] Work is ongoing on the CHNA process and is on track to be completed on time.</p> <p>Marcus Cheatham provided data review to each county collaborative in December and January, to discuss the currently available information about each county.</p> <p>Updated Community Health Rankings were distributed and discussed with all elected state legislators at the Day the the Capital Event in April</p>				
	3.1.2.3	[L] Dewey, Kristina Burns, Rebecca Fisher, Theresa	[Project] Present data to partners, stakeholders, and community members to identify and prioritize health issues that will be included in community health improvement plan by June 2023	[between 11/1/2022 and 6/30/2023]	100% Complete
	<p>Notes: [11/3/2023 3:01:48 PM - Alex Bergmooser] The CHNA was completed at the end of May 2023 and the findings were then presented to our organizational partners, stakeholders, and community members in the weeks that followed so that a Community Health Improvement Plan (CHIP) could be developed.</p> <p>[4/25/2023 Theresa Fisher] Information will be shared when assessment is completed. We are still expecting to complete this work on schedule.</p>				
	3.1.2.4	[L] Dewey, Kristina Burns, Rebecca Fisher, Theresa	[Project] Determine the assets and resources available to address the prioritized health issues by June 2023	[7/1/2023 - 10/31/2023] [between 7/1/2023 and 10/31/2023]	75% Complete
	<p>Notes: The agency continues to work on the activities identified in the CHIP. A mid-year report was provided to the Hillsdale Human Services Network on 4/16/24. Meetings are set for St. Joseph County Human Services Commission and Branch County Community Network in May 2024. At these meetings, the agency reviewed the progress to date and is sharing the 2024 Count Health Rankings data.</p> <p>[11/3/2023 3:14:20 PM - Alex Bergmooser] The Community Health Improvement Plan (CHIP) was completed in late June and outlines the assets and resources needed to address the issues laid out by the CHNA. However, work is still ongoing to identify which of these assets and resources are actually available.</p> <p>[4/25/2023 - Theresa Fisher] There is an error in the planned date for this activity. This work cannot be completed until after the needs assessment is done. Date changed from June 2023 to October 2023.</p> <p>The Agency received the first draft of the CHNA in late April. The group is currently working on the CHIP.</p> <p>The CHIP has been developed and plans are being developed to support the areas of the CHIP.</p>				
	3.1.2.5	[L] Dewey, Kristina Burns, Rebecca Fisher, Theresa	[Project] Seek out public and stakeholder input regarding necessary programs and service delivery methods and identify gaps within the district by June 2023	[between 1/1/2023 and 6/30/2023]	100% Complete
	<p>Notes: [11/3/2023 3:17:46 PM - Alex Bergmooser] The input gathered through surveys, focus groups, and key partner interviews enabled the agency to complete the CHNA by late May of 2023.</p> <p>[4/25/2023 - Theresa Fisher] Work ongoing. Initial input was provided during the early planning process, to discuss the project and solicit feedback. Additionally, Focus groups with key partners are scheduled for late April and May. The Great Start Collaboratives and Pines Behavioral have scheduled focus groups.</p>				
	3.1.2.6	[L] Dewey, Kristina Burns, Rebecca Fisher, Theresa	[Project] Work with community partners to assure community needs are met that are beyond the scope of delivery by the agency by June 2023	[7/1/2023 - 10/31/2023] [between 7/1/2023 and 10/31/2023]	7% Complete

	Notes:	<p>The agency continues to work with collaborative partners and agencies on the items identified in the CHIP. The agency is currently participating in the CHNA being conducted by Beacon Health, who operates Beacon Three Rivers Health.</p> <p>[11/3/2023 3:20:05 PM - Alex Bergmooser] This activity is ongoing due to the collaborative nature of the project. The Community Health Improvement Plan (CHIP) outlines most of the objectives and will guide this process.</p> <p>[4/25/2023 - Theresa Fisher] There is an error in the planned date for this activity. This work cannot be completed until after the needs assessment is done. Date changed from June 2023 to October 2023. Some unmet needs may be beyond what the LHD can achieve. We will endeavor to try to figure out how to meet unmet needs, but should not assume we can automatically solve all.</p> <p>Meetings are ongoing with Human Services Networks in all three counties and our Behavioral Health partners. We continue to work on plans internally and with community partners to support the CHIP.</p>			
	3.1.2.7	[L] Dewey, Kristina Burns, Rebecca Fisher, Theresa	[Project] Develop goals, objectives, and a reporting process to monitor and sustain the process and health status by September 2023	[7/1/2023 - 9/30/2023] [between 7/1/2023 and 9/30/2023]	75% Complete
	Notes:	<p>With transition of leadership in the HEP department, this activity is behind schedule.</p> <p>[11/3/2023 3:31:14 PM - Alex Bergmooser] The Community Health Improvement Plan (CHIP) which was derived from the Community Health Needs Assessment (CHNA) was completed at the end of June 2023. The CHIP has not been fully input into the VMSG system at this time as there are some timeline revisions that need to be made. This project is ongoing, but approaching completion.</p> <p>With a change in supervision in HEP, this activity has been delayed. Review of the CHIP is ongoing with planning continuing.</p>			
	3.1.2.8	[L] Dewey, Kristina Burns, Rebecca Fisher, Theresa	[Timeline] Review and update the plan on an annual basis	Review and Update CHIP measured Annually Green <= 75% Yellow >75% and < 100% Red >= 100% [Cycle Start Date: 6/30/2023]	.3% of Timeline Starting 4/18/2024
	Notes:	<p>Hillsdale Human Services Network received their annual update on 4/16/2024. Meetings are set with St. Joseph and Branch counties for May.</p> <p>[11/3/2023 3:35:20 PM - Alex Bergmooser] Once the Community Health Improvement Plan (CHIP) has reached the 1-year mark, annual reviews and updates will be held.</p> <p>Materials to be developed by HEP for delivery to the Human Services Networks at their April meetings.</p>			







Objective 3.1.3: Implement the VMSG dashboard to track program compliance by December 2022

Lead: Burns, Rebecca

Objective % Done: 0 %

Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	3.1.3.1	[L] Burns, Rebecca Fisher, Theresa	[Project] Implement agency-wide educational opportunities on the use of VMSG software and dashboard functions for program compliance by December 2022	[10/1/2022 - 12/31/2022] [between 10/1/2022 and 12/31/2022]	% Complete
	Notes:	<p>[4/19/2024 9:12:40 AM - Theresa Fisher] VMSG training is ongoing to staff who have responsibilities to report or monitor in the system. As more things are loaded into the system, more and more staff will be trained. The VMSG dashboard training is also being incorporated into the new hire orientation & onboarding process.</p> <p>[10/17/2023 9:33:34 AM - Theresa Fisher] All supervisory staff and IT staff were provided training on the VMSG system over the course of 5 weeks (one session each week) to retrain and/or enhance their understanding of the system. These training sessions will be completed on October 19, 2023.</p> <p>[03/13/2023 - Theresa.Fisher] One Third (1/3) of the staff have received introductory training on the dashboard. More people will be trained as work plans where they are assigned responsibilities are added to the system.</p> <p>The Agency has engaged with VMSG to provide staff training in September and October 2023.</p>			
	3.1.3.2	[L] Burns, Rebecca Fisher, Theresa	[Project] Upload the strategic planning objectives into VMSG by December 2022	[between 10/1/2022 and 12/31/2022]	100% Complete
	Notes:	<p>[11/3/2023 2:09:43 PM - Theresa Fisher] Plan is fully operational and actively being monitored using VMSG.</p>			
	3.1.3.3	[L] Burns, Rebecca Fisher, Theresa	[Project] Upload program performance measures at least three programs into VMSG by January 2023 and quarterly thereafter until all programs are included in the software system	[between 1/1/2023 and 1/31/2023]	% Complete
	Notes:	<p>[4/19/2024 9:14:55 AM - Theresa Fisher] Utilization for all programs is still lagging. More items are being tracked with the system and it is actively being used to monitor work plans and policy revisions.</p> <p>[11/2/2023 11:28:30 AM - Theresa Fisher] Rollout continues to lag. All Supervisory staff have now completed training. Currently utilized to monitor the new MCH plan, the strategic plan, and Admin Services 2024 Goals. Continuing the process of loading all agency policies, contracts, and other plans.</p> <p>[03-31-2023 - Theresa Fisher] We currently only have MCH and the Strategic Plan live. We are working to load policies and local accreditation to the system.</p>			




	3.1.3.4	[L] Burns, Rebecca Fisher, Theresa	[Project] Monitor the VMSG dashboard on a quarterly basis for program compliance beginning in March 2023	[between 3/1/2023 and 3/31/2023]	% Complete
<p>Notes: [4/19/2024 9:16:37 AM - Theresa Fisher] Plans that have been entered into the system are actively being monitored, but there are still plans that need to be entered.</p> <p>[11/3/2023 2:11:12 PM - Theresa Fisher] We are still lagging at getting plans added, but all plans that have been added are being monitored and staff are getting more familiar with</p> <p>[03/21/2023 - Theresa Fisher] The plans that have been added are being actively monitored, but we are lagging in getting plans added.</p>					



Objective 3.1.4: Implement the VMSG dashboard to track policy compliance by January 2024 **Lead:** Burns, Rebecca

Objective % Done: **0 %** Activities Sum:

Notes: This is ahead of schedule, as it will lay the groundwork for other items to come. If policies compliance is implemented first, it makes monitoring compliance with Michigan Public Health Accreditation easier

Status	Number	Activity Team	Activity	Performance Metric	Status
	3.1.4.1	[L] Burns, Rebecca Fisher, Theresa	[Project] Implement agency-wide educational opportunities on the use of VMSG software and dashboard functions for policy compliance by January 2024	[between 1/1/2023 and 12/31/2023]	% Complete
<p>Notes: [4/19/2024 9:18 AM - Theresa Fisher] Staff are being trained on the system when they have a responsibility to report on a plan.</p>					
	3.1.4.2	[L] Burns, Rebecca Fisher, Theresa	[Project] Upload the policy performance measures of at least three programs into VMSG by January 2025 and quarterly thereafter until all policies are included in the software system	[between 1/1/2024 and 1/31/2024]	% Complete
<p>Notes: [4/19/2024 9:18:59 AM - Theresa Fisher] Policies continue to be loaded into the system. In some areas this is nearly complete, but other areas are lagging. We will continue to work on this.</p>					
	3.1.4.3	[L] Burns, Rebecca Fisher, Theresa	[Project] Monitor the VMSG dashboard on a quarterly basis for policy compliance beginning in March 2025	[between 4/1/2024 and 4/30/2024]	% Complete
<p>Notes: [4/19/2024 9:20:05 AM - Theresa Fisher] The policies which have been loaded are being actively monitored, and the dashboard is working as expected.</p>					

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