
**BOARD OF HEALTH Meeting
Agenda for May 23, 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 April 25, 2024*
2. Public Comment
3. Health Officer’s Report – pg 6
4. Medical Director’s Report – pg 25
5. Departmental Reports
 - a. Health Education & Promotion – pg 28
 - b. Personal Health & Disease Prevention – pg 31
 - c. Environmental Health – pg 37
 - d. Area Agency on Aging – pg 49
6. Financial Reports
 - a. Approve Payments* - pg 50
 - b. Review Financials* - pg 53
7. Committee Reports
 - a. Finance Committee – Did not meet.
 - b. Program, Policies, and Appeals – Approval of the May 15, 2024 PPA Committee meeting – pg 57
8. Unfinished Business
 - a. Public Health Intergovernmental Agreement – pg 58
9. New Business
 - a. FY25 Annual Implementation Plan for Area Agency on Aging Region III C – pg 59
10. Public Comment
11. Adjournment - Next meeting: June 27, 2024

Educational Session –

<p>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.</p>
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Upcoming Education Opportunities Offered After BOH Meeting:

- September
- November

DRAFT - Upcoming Meeting Dates:

- 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

April 25, 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, Jon Houtz, Brent Leininger, Rusty Baker, and Steve Lanus. No members were absent.

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

Mr. Leininger moved to approve the agenda as amended, removing item 9a. The motion received support from Mr. Lanus. The motion passed unopposed.

Mr. Leininger moved to approve the minutes from the March 21, 2024 meeting with support from Mr. Lanus. The motion passed unopposed.

Public Comment: No public comments were given.

Dane Porter, CPA, Senior Manager at Manor Costerisan provided a presentation on the FY23 Financial Audit.

Mr. Baker moved to accept the audit and place it on file with support from Mr. Houtz. The motion passed unopposed.

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

Mr. Houtz moved to accept the Annual Report and place it on file with support from Mr. Baker. The motion passed unopposed.

Dr. Luparello reviewed the Medical Director's monthly report. This month's educational report was titled, "Avian Influenza".

Departmental Reports:

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

Financial Reports/Expenditures

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

Committee Reports:

- Finance Committee – Mr. Houtz moved to approve the minutes from the April 15, 2024 Finance Committee meeting with support from Mr. Lanius. The motion passed unopposed.
- Program, Policy, & Appeals Committee – Mr. Leininger moved to approve the minutes from the April 17, 2024 Board of Health Program, Policy, and Appeals Committee meeting with support from Mr. Baker. The motion passed unopposed.

Unfinished Business:

There was no unfinished business to discuss.

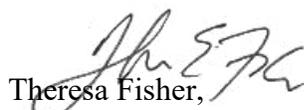
New Business:

- Mr. Leininger moved to approve the updated Personnel Policy Manual as presented with support from Mr. Baker. The motion passed unopposed.
- Mr. Houtz moved to approve and place on file form 5572 with support from Mr. Leininger. The motion passed unopposed.
- Mr. Houtz moved to approve the payment of \$302,495 to the MERS Surplus Division to support the underfunded MERS DB Pension plan, with support from Mr. Lanius. The motion passed unopposed.
- Theresa Fisher provided an update on the agency's progress on the strategic plan. No action was taken.

Public Comment: Public comment was given by one individual.

With no further business, Mr. Baker moved to adjourn the meeting with support from Mr. Leininger. The motion passed unopposed and the meeting was adjourned at 10:56 AM.

Respectfully Submitted by:


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

PUBLIC COMMENT

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Health Officer's Report to the Board of Health for May 23, 2024
Prepared by: Rebecca A. Burns, M.P.H., R.S.

Agency Updates

CDC Infrastructure Grant: The carpet tile project in the Hillsdale building is now complete. I plan to schedule a walk-through of the building for Board of Health members and Hillsdale County Commissioners and ask for suggested day and time. This could also be open house style. Please let me know your preference.

Staffing Update: Personal Health & Disease Prevention: The agency continues to seek a part-time nurse to be located in either Coldwater or Hillsdale. Also we are seeking to fill a Clinic Clerk position in Three Rivers and a part-time Clinic Clerk assigned to the mobile unit.

Administrative Services: We are still working to fill the Accountant position.

Intergovernmental Agreement: Attached to the report today is a letter from the office of the Governor acknowledging receipt of the agreement and providing information on the next step at the AG's office. What I have found is that this process is not well understood at the state and they are having to figure out how to proceed. With this letter, we seem to be on the path to approval now.

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. Although I have received messaging from Beacon that they plan to approve our request for the grant funds, we have yet to receive them.

Public Health Concerns:

Measles Cases: Local health departments continue to meet bi-weekly or as needed with our MDHHS partners. As I reported last month; the agency was provided \$25,000 to work on getting ready to respond to a case of measles and improving vaccination rate of MMR. Our Measles Readiness and Response Plan was submitted to MDHHS. We have sent out letters to families that are lagging on MMR vaccination. There have been 5 measles cases reported in Michigan so far this year (4 confirmed and 1 probable).

HPAI (Highly Pathogenic Avian Influenza): Highly pathogenic avian influenza (HPAI) activity has increased in the past month in Michigan. HPAI has been detected in cattle herds in 9 counties and poultry flocks in 4 counties. There have been no human infections identified in Michigan to date. Over

Tick Season: It is also tick season. I have had some requests from Hillsdale county regarding ticks being more prevalent this year. Our warm winter and early warm and wet spring weather are perfect for ticks which is likely increasing the population. There are several strategies that people can take to minimize ticks and this is a great resource: [Ticks and Your Health 05 19.pdf \(michigan.gov\)](#) I have also attached this to the back of my report.

Respiratory Illnesses (Flu, RSV, COVID): Respiratory illness rates for flu, COVID-19, and RSV are decreasing in Michigan.

Health Concerns in Teens: The agency has drafted a letter to be sent to the Quincy Schools community regarding the results of the investigation. It is currently being reviewed by MDHHS, who partnered with us in the investigation, for edits. In our final meeting with MDHHS staff that included a physician on their team as well as Dr. Luparello; the thoroughness of the investigation and extensive process was noted. I will share the letter with you as soon it is ready to send.

Annual Report for FY23: I have reached out to each county regarding providing a presentation on the Annual Report. Printed copies of the report have been mailed to our State Representatives and Senators.

Indispensable Supervisor Training: The Supervisors and Directors are nearing the end of this training program with one more module to complete in the next 3 weeks. This last module focuses on how to continue to improve as a supervisor after the class has ended.

Coldwater Office: County Administrator Bud Norman is working to set-up a meeting for us and the paint contractor that will be painting the Coldwater building. This project will be starting soon. I have not been informed of a start date on the bathroom remodeling.

Hillsdale Office: Schindler elevator company has indicated they will be on-site June 5-7 to conduct the work on the elevator.

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: I recently met with Hillsdale Hospital CEO JJ Hodshire regarding our agreement. The hospital continues to struggle with adequate staffing and at this time will not be able to move forward with providing off-site mobile clinics in Hillsdale county. When the hospital is able to satisfy the staffing shortage, we can again look at a sharing agreement.

Board Education: Because the April meeting had an extensive agenda we delayed Board Education to May. The planned topic is the Environmental Health Code.



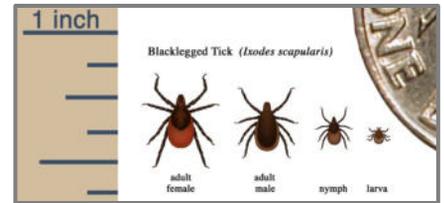
Ticks and Your Health

**Preventing tick-borne illness
in Michigan**

**Michigan Department of Health and Human Services
Michigan Department of Natural Resources
Michigan State University**

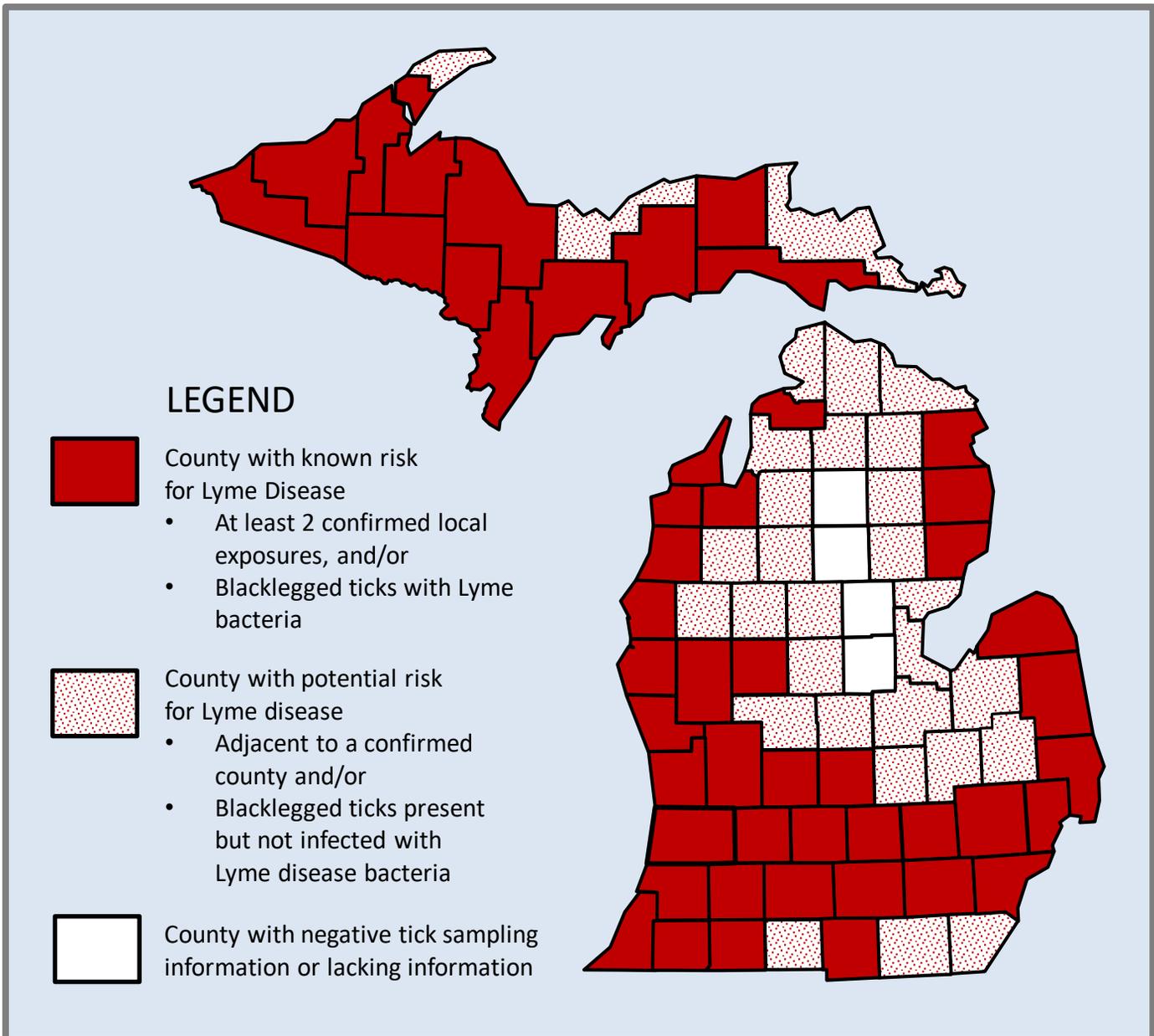
2023 Michigan Lyme Disease Risk Map

Lyme disease is an emerging disease transmitted by the blacklegged tick in Michigan. Local risk for Lyme disease varies depending on whether infected ticks are in the area. Several local and state agencies partner to conduct surveillance for Lyme disease in people and animals. The below map classifies risk based upon field collected and infected ticks and reported human cases of Lyme disease in Michigan (see the legend for specific criteria). The map is updated as new information becomes available.



Blacklegged ticks are active from March to November in Michigan. They are commonly found in wooded and brushy habitats.

For more information about Lyme disease prevention, visit www.michigan.gov/lyme



Updated May 2023

General Information

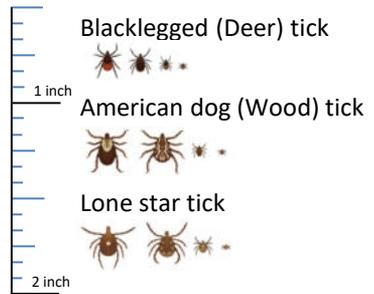
Ticks are closely related to insects and spiders, and there are over 20 known tick species in Michigan. Usually they feed on wildlife, however people may be bitten when they spend time in areas where ticks live. Ticks are most often found in natural areas such as tall grasses, wooded areas, or fields near wooded areas. Ticks do not normally come indoors unless they are carried inside on people or pets.

Several kinds of ticks will bite people and pets, and some can carry dangerous bacteria, viruses, or parasites. Not all tick bites will make you sick, but tick-borne diseases do occur in Michigan, and can be serious or fatal if not properly treated.

Ticks have three life stages – larvae, nymph and adult (see size comparison photo). All stages can bite people.

When a tick bites, it does not hurt. It will stay attached for several days as it swells up with blood to several times its normal size (see photo below). Ticks can attach anywhere on the body, but are often found in the hairline, ears, waistline, armpit, and groin.

Actual Size Comparison



Tick stages: female, male, nymph, larva

It is important to take steps to prevent tick bites when spending time in wooded or grassy environments. Examples include avoiding areas with a lot of ticks, using insect repellents, checking skin and clothing for ticks often, and showering after coming indoors (see page 10 for more information).



Left to right: American dog tick female, Lone star tick female, engorged blacklegged tick female, blacklegged tick female, blacklegged tick nymph.

Tell your doctor if you are ill and have had a tick bite, or been in an area with ticks. This may help them decide how best to treat your illness.

Common Ticks in Michigan

Ticks are best identified by an experienced professional. See the section on “Tick Identification” (page 11) for information on how to get your tick identified by an expert.

The most common ticks submitted by Michigan residents are:

American dog tick (wood tick)

70%

of all ticks submitted in Michigan

Where found:
Widespread throughout the Lower and Upper Peninsulas of Michigan in wooded and grassy areas.

Key facts:

American dog ticks are large brown ticks with ornate white markings. It is mainly the adult ticks, active from April through July that will bite people and pets.



Diseases they may carry:
Rocky Mountain spotted fever and tularemia

Blacklegged tick (deer tick)

20%

of all ticks submitted in Michigan

Where found:
Spreading throughout the Lower and Upper Peninsulas of Michigan in wooded and grassy areas.

Key facts:

The blacklegged tick is a small tick with black legs, and has a round black shield behind its head. The adult tick is active in the spring and the fall, and the nymph stage is active throughout the summer months. Both stages can transmit diseases.



Diseases they may carry:
Lyme disease, anaplasmosis, babesiosis, deer tick virus, and Ehrlichia muris-like disease

* Sesame seed

Lone star tick

5%

of all ticks submitted in Michigan

Where found: Rare in Michigan, but becoming more common. Usually found in wooded areas.

Key facts: The adult female has a distinctive “lone star” marking. All stages of this tick will readily bite people and their pets.



Diseases they may carry: Ehrlichiosis and tularemia

Woodchuck tick

3%

of all ticks submitted in Michigan

Where found: Normally found in the dens of wild animals such as woodchuck and skunk dens.

Key facts: Normally bite pets when they are near animal dens. People spending time in the woods near animal dens may also be bitten.



Diseases they may carry: Powassan encephalitis, a potentially serious viral illness

Brown dog tick (kennel tick)

1%

of all ticks submitted in Michigan

Where found: Able to survive and breed in indoor environments as well as outdoors in grassy and brushy areas.

Key facts: May be hard to distinguish from other ticks because of “plain” brown appearance. It is often found in shelters, breeding facilities, and dog kennels. Proper cleaning in these facilities can prevent infestations.



Diseases they may carry: Rocky Mountain spotted fever, canine babesiosis, and canine ehrlichiosis

* Sesame seed

Other tick species

There are many other tick species in Michigan. Most are seen less frequently on people and pets, and are not associated with human illness.

Lyme Disease

Lyme disease is an illness caused by the bacterium *Borrelia burgdorferi*. In the midwestern and eastern U.S. people and animals get Lyme disease from the bite of an infected blacklegged tick. In most cases, the tick must be attached for 36 to 48 hours or more before the Lyme disease bacterium can be transmitted. **Avoiding tick bites and promptly removing ticks are the best ways to prevent infection.**

The most important factors in preventing Lyme disease are:

1. Knowing where blacklegged ticks can be found (see the map at the front of this brochure)
2. Preventing tick bites
3. Removing ticks promptly if they do bite
4. Seeking prompt medical care if illness occurs after a tick bite

The symptoms of Lyme disease may include:

3-30 days

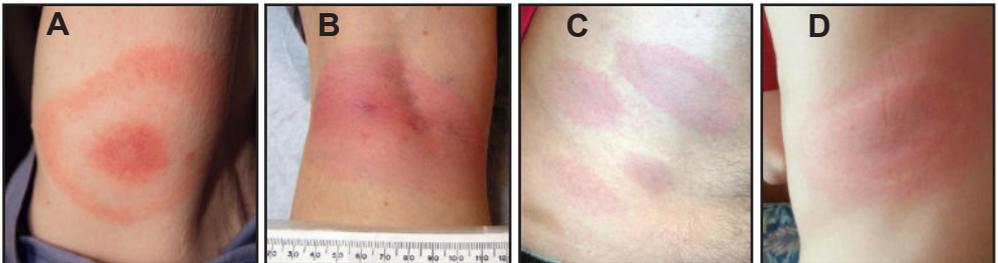
after a bite from an infected blacklegged tick

Early localized Lyme disease

- Chills and fever
- Headaches
- Muscle and joint pain
- An expanding skin rash, called erythema migrans, in 70% to 80% of people

Erythema migrans (EM) rash: It's not always a "bull's eye"

Most people recognize the classic target or bull's-eye shaped rash. However, most EM rashes actually look like a solid red or reddish-blue oval. There may also be multiple rashes. An EM rash may begin at the site of a tick bite and expand over a period of days. The rash may feel warm to the touch, but is not usually itchy or painful.



Any of the above rashes could be a sign of Lyme disease (from left to right): A) Classic bull's eye rash with "target" appearance; B) Solid red lesion; C) Multiple red, oval lesions; D) Reddish-blue rash with expanding and clearing ring.

Weeks to Months

without treatment

Disseminated Lyme disease

- Additional EM rashes on other parts of the body
- Loss of muscle tone or droop on one or both sides of the face (facial palsy)
- Headache or stiff neck
- Arthritis with joint swelling, usually in one or more large joints, especially the knees
- Heart palpitations or dizziness due to changes in heart rhythm

Consult with your physician if you think you have Lyme disease. If your doctor wants to order a blood test, the MDHHS laboratory offers the nationally-standardized test for Lyme disease.

Other Tick-Borne Illnesses

Ticks may spread other diseases to people and pets and although they are less common than Lyme disease, it is just as important to protect yourself. If you are bitten by a tick, monitor your health. If you have symptoms of fever, headache, body aches, or rash within a month after being bitten by a tick, or after being in an area with ticks, see your healthcare provider. Tick-borne diseases often begin with “flu-like” symptoms, but may rapidly progress to more serious illness.

Treatment

Most tick-borne diseases, including Lyme disease, tularemia, Rocky Mountain spotted fever (RMSF), anaplasmosis, and ehrlichiosis, are treatable with antibiotics. People and pets treated in the early stages of these diseases usually recover rapidly and completely. The antibiotic doxycycline is the most effective treatment of Lyme disease and ALL rickettsial diseases, including RMSF, anaplasmosis, and ehrlichiosis. Doxycycline is the treatment recommended by the American Academy of Pediatrics (AAP) and the Centers for Disease Control and Prevention (CDC) for patients of ALL ages.

For additional details about Lyme disease and other tick-borne diseases in Michigan, please see the table on the next page.

Rocky Mountain spotted fever usually causes a rash that begins on the arms or legs, and spreads to the trunk of the body.



Diseases Spread by Ticks in Michigan

Disease	Tick Vector (in Michigan)	Time from bite to symptoms	Signs & Symptoms	Rash Appearance	Treatment and Comments
Lyme disease (<i>Borrelia burgdorferi</i>)	<i>Ixodes scapularis</i> (blacklegged tick)	3-30 days	<p>Early localized disease:</p> <ul style="list-style-type: none"> Fever and chills Headaches Muscle and joint pain Erythema migrans rash <p>Disseminated disease: (weeks to months after exposure):</p> <ul style="list-style-type: none"> Multiple EM lesions Arthritis in large joints, especially the knee Facial palsy Meningitis Irregular heart beat or palpitations Shooting pains, numbness or tingling in the hands or feet 	<p>Erythema migrans (EM): Occurs 3-30 days after tick bite. Red or reddish-blue rash expands slowly from the bite over several days into a circle or oval shape. It may eventually look like a "target" or "bull's eye."</p> <p>The rash may feel warm to the touch, but is not usually itchy or painful.</p>	<p>Disease transmission does not occur unless tick is attached longer than 24-48 hours.</p> <p>Treatable with antibiotics, preferably doxycycline.</p>
Rocky Mountain spotted fever (<i>Rickettsia rickettsii</i>)	<i>Dermacentor variabilis</i> (American dog tick)	2-14 days	<ul style="list-style-type: none"> Fever and chills Rash Severe headache Muscle pain Nausea, vomiting, abdominal pain Red eyes 	<p>Rash has both flat discolored areas of skin and small raised bumps that expand over time. Occurs 2-5 days after fever onset, does not occur in up to 10% of people.</p> <p>Later, rash might evolve to pinpoint-sized red dots under the surface of the skin.</p>	<p>Rash often begins at the extremities, including palms and soles between days 3-5, then makes its way centrally towards the body's trunk.</p> <p>Disease transmission can occur in as little as 4-6 hours after tick attaches.</p> <p>Treatable with doxycycline.</p>
Anaplasmosis (<i>Anaplasma phagocytophilum</i>)	<i>Ixodes scapularis</i> (blacklegged tick)	7-14 days	<ul style="list-style-type: none"> Fever and chills Headache or fatigue Muscle aches Other signs may include nausea, abdominal pain, cough, confusion 	<p>Rare</p>	<p>Serious illness that can be fatal if not treated early.</p> <p>Treatable with doxycycline.</p>

Ehrlichiosis (<i>Ehrlichia chaffeensis</i>)	<i>Amblyomma americanum</i> (Lone Star tick)	7-14 days	<ul style="list-style-type: none"> • Fever and chills • Headache or fatigue • Muscle aches • Other signs may include nausea, vomiting, diarrhea, red eyes, confusion and occasionally rash 	Rash may look like red spots or pinpoint dots in <30% of adults and ~60% of children	Treatable with doxycycline.
Babesiosis (<i>Babesia microti</i>)	<i>Ixodes scapularis</i> (Blacklegged tick)	1-8 weeks	<ul style="list-style-type: none"> • Fever (may come and go) • Chills and sweats • Headache or fatigue • Body ache • Nausea 	None	Treatable with a combination of antibiotics and other drugs. Some infected people may have no symptoms.
Tularemia (<i>Francisella tularensis</i>)	<i>Dermacentor variabilis</i> (American dog tick) <i>Amblyomma americanum</i> (Lone Star tick) Deer flies	On average 3-5 days, but can vary from 1-21 days	<ul style="list-style-type: none"> • Fever and chills • Headache • Muscle pain and joint stiffness • Lymph node swelling • Pneumonia • Skin ulcer at site of bite or wound 	None	Other routes of infection include contact with blood or tissue of infected animals, especially rabbits. Symptoms vary depending on the route of exposure. Treatable with antibiotics.
Deer tick virus or Powassan Encephalitis (<i>Flavivirus</i>)	<i>Ixodes scapularis</i> (Blacklegged tick) <i>Ixodes cookei</i> (Woodchuck tick)	1-4 weeks	<ul style="list-style-type: none"> • Fever and chills • Headache • Nausea, vomiting • Confusion, seizures, weakness and movement disorders • Meningitis or encephalitis 	None	May start as a flu-like illness, and may progress to meningitis or encephalitis. No specific antiviral therapy is available, treatment is supportive.
Disease	Tick Vector (in Michigan)	Time from bite to symptoms	Signs & Symptoms	Rash Appearance	Treatment and Comments

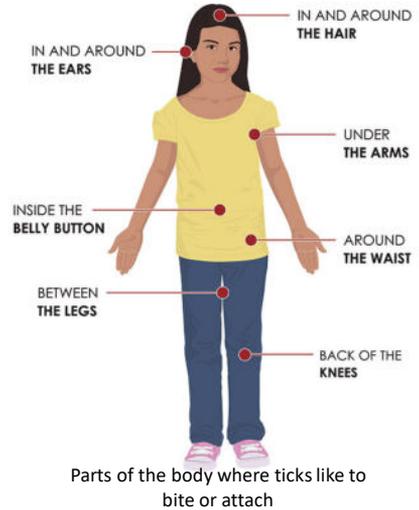
Prevention

Avoid areas with a lot of ticks

- Ticks like shady, moist areas in wooded and grassy locations. Be extra careful in warmer months (April-September) when ticks are most active.
- When spending time in areas with ticks, try to stay on well groomed trails and avoid contact with high grass, brush and ground that's covered in fallen leaves.

Check your skin and clothes for ticks every day

- Wear light-colored clothing so ticks can be spotted easily.
- Perform tick checks after being outdoors, even in your own yard. Use a mirror to inspect all parts of your body carefully, including your armpits, scalp, and groin.
- Shower soon after coming indoors to find and wash off ticks.
- Remove ticks from your clothes before going indoors. To kill ticks that you may have missed, place clothes in a dryer on high heat for at least ten minutes.



Use of insect repellents

- Insect repellents can be applied to clothing and skin –
 - Environmental Protection Agency (EPA) approved repellents registered for ticks include products containing:
 - DEET
 - Picaridin
 - Oil of Lemon Eucalyptus
 - Store repellents away from children and pets, and follow label guidelines for proper application.
 - For children, spray repellent onto your own hands and then apply it to the child's skin, avoiding the hands, eyes, nose and mouth.



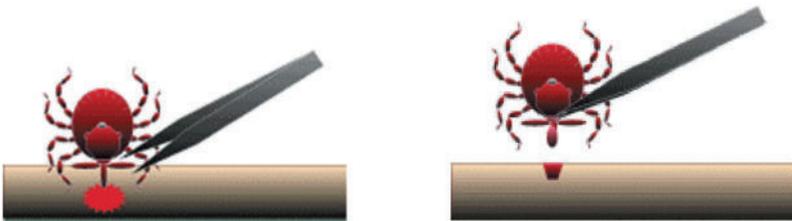
- Permethrin is another type of repellent that can kill ticks. Permethrin should NOT be applied directly to skin, but can be applied to clothing, shoes, and outdoor gear. Such products once applied will continue to repel ticks even after several washings.
- Whenever using an insect repellent, always read and follow the label directions for proper application and safety concerns.

Tick Removal

Ticks can attach to any part of the body, but prefer areas such as the groin, armpit, ankle and scalp.

To remove attached ticks:

1. Use fine-tipped tweezers to grasp the tick as close to the skin surface as possible.
2. Pull upward with steady, even pressure. Do not twist or jerk the tick; this can cause the mouth-parts to break off and remain in the skin. If this happens, remove the mouth-parts with tweezers. If you are unable to remove the mouth easily with clean tweezers, leave it alone and let the skin heal.
3. After removing the tick, thoroughly clean the bite area and your hands with rubbing alcohol or soap and water.



Tick Identification

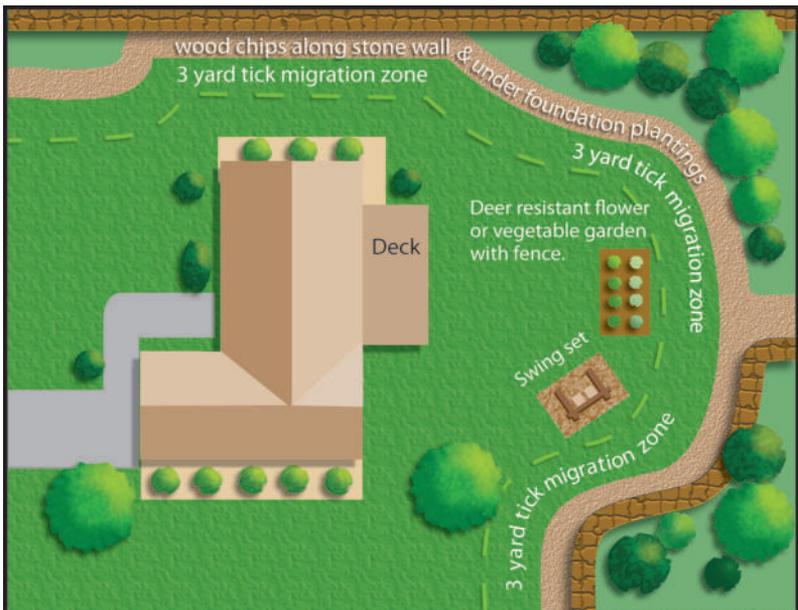
Expert tick identification is available free of charge for Michigan residents through the Michigan Department of Health and Human Services (MDHHS). You can either email a picture of the tick to MDHHS-Bugs@michigan.gov, or you can mail the tick to the MDHHS for identification. Free tick submission kits are available from your local health department.

For more information go to www.michigan.gov/lyme

Ways to keep your home tick free

If your yard has grassy or wooded areas with wildlife, including deer and small mammals, there are ways you can create a “tick safe zone” around your home. Ticks need moist, shaded places to survive. While it is not always possible to keep all ticks away, these steps will help to reduce ticks around the home:

- Keep grass mowed and remove dead leaves, brush and weeds that may give ticks a place to live
- Move wood piles and bird feeders away from the home
- Seal small openings around the home, garage or shed to reduce rodent activity
- Keep dogs and cats out of wooded and grassy areas to reduce ticks brought into the home by pets
- Move swing sets and sand boxes away from the woodland edge and place them on a bed of wood chips or mulch
- Trim shrubbery and branches around the yard to let in sunlight
- A well sunlit three-foot wide barrier of wood chips, mulch, or gravel between lawns and wooded or shrubby/grassy areas will help to keep ticks from surviving or reaching the yard
- Pesticides can be applied to reduce tick populations or create a barrier for the yard. Do not use pesticides near streams or any body of water, and **always follow the label directions**



Tick Prevention in Pets

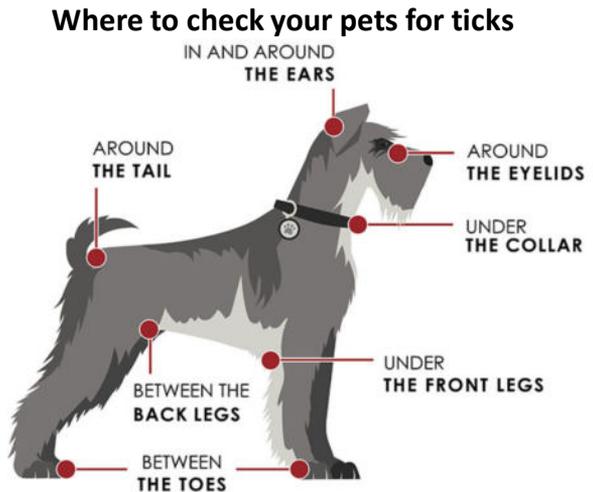
Animals may become sick with the same tick-borne diseases that affect people. Pets may also carry ticks inside, which may then bite people. Tick prevention for your pets is very similar to prevention for people. If your pet spends time in places that may have ticks (high grass, brush and ground that's covered in fallen leaves), tick prevention can protect your pet's and your family's health.

The best way to stop ticks from biting your pets is to use flea and tick preventives and check them regularly for ticks. There are a number of products that can be used to prevent ticks and fleas on pets. Talk with your veterinarian about the best options for tick prevention for your pet.

Note: Cats are extremely sensitive to a variety of chemicals. Do not apply any tick prevention products to your cats without first asking your veterinarian!

Visual and hands-on inspections are especially important to make sure a tick is not hidden in your pet's fur.

- Make sure to run your hands over the animal's body to feel for any bumps.
- Be sure to check around the animal's ears, chest, underbelly, legs, feet (including between the toes) and tail.
- A Lyme disease vaccine for dogs is available. Ask your veterinarian if this is a good choice for your pet.



If a tick is found on your pet, remove it in the same way you would from a person. Signs of tickborne disease may not appear for 7-21 days or longer after a tick bite, so watch your pet closely for changes in behavior or appetite. If you notice any signs of illness, talk to your veterinarian.

Ticks and Wildlife

In Michigan, many species of wildlife including mice, chipmunks, and white-tailed deer, can carry ticks. If you come into contact with wildlife, ticks from those animals could find their way onto you or your pet. Wild animals are the natural hosts for ticks and do not normally show signs of illness from tick-borne diseases. Importantly, hunters and trappers are not at risk of getting a tick-borne disease from directly handling (ie. field-dressing a harvested animal) or eating properly cooked game meat. **There is, however, one exception:** Hunters and trappers handling rabbits, hares, beavers, and muskrats can get tularemia if they get blood or tissue from an infected animal into their eyes, nose, or a cut.

It is always important when skinning/cleaning carcasses to **wear gloves, and wash hands thoroughly with soap and water afterwards**. This may prevent bacteria present on the carcass or in the bodily fluids of wild animals from making you sick.



Additional Information

For more information about ticks and tick-borne diseases, visit the Centers for Disease Control and Prevention website at www.cdc.gov or consult one of the agencies listed below:

Michigan Department of Health & Human Services

Bureau of Epidemiology and Population Health

517-335-8165

333 South Grand Ave., 3rd Floor

Lansing, MI 48933

www.michigan.gov/mdhhs

www.michigan.gov/lyme

Michigan Department of Natural Resources

Wildlife Disease Laboratory

517-336-5030

4125 Beaumont Rd., Rm 250

Lansing, MI 48910

www.michigan.gov/dnr

Michigan State University

Department of Fisheries and Wildlife

517-355-4478

480 Wilson Rd.

East Lansing, MI 48824

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.



www.michigan.gov/lyme

Images in this brochure courtesy of:

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Graham Hickling, University of Tennessee

Jean Tsao, Michigan State University

Centers for Disease Control and Prevention

MEDICAL DIRECTOR'S REPORT

May 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,
MDHHS
4. Continuing with Supervisor class.
5. Finished MPH program. Documentation coming soon and will forward.
6. Continuing treatment of one active TB patient.



It is never too early to consider oral health exams for children. Kids should start seeing a dentist regularly by the age of one and brushing and flossing habits should start at age three. By the time children reach age five or six, baby teeth will start to fall out and care for permanent teeth will begin.

The goal of a kindergarten dental screening is to check a child's mouth for tooth decay and gauge whether or not oral health issues could occur in the future. A dentist or dental hygienist examines the child for signs of tooth decay and provides resources for intervention.

Kindergarten dental screenings would mitigate dental problems in the future and by limiting oral pain, children can concentrate better in class. The screenings also spread community awareness on the importance of oral health.

Michigan and the Kindergarten Oral Health Assessment Program (KOHA)

Public Act 316 of 2023 was brought forward in an effort to improve the oral health of Michigan children. Act 316 states that beginning in the 2024-2025 school year, all children in Michigan enrolling into their first year of school are required to have an oral health assessment. KOHA is administered by the Michigan Department of Health and Human Services (MDHHS). KOHA was signed into law because tooth decay (cavities) remain the most chronic disease of childhood and is responsible for 51 million missed school hours national each year. In Michigan, almost half of Head Start children have tooth decay and close to one-third have untreated decay. In 2015 the Michigan Department of Community Health reported that one in four Michigan third-graders have untreated dental disease.

Oral health problems can cause distracting pain, and a child may be unable to eat foods essential for growth. They also might be unable to sleep well at night, all of which can prevent children from reaching their full learning potential.

MDHHS must establish and maintain a dental oral health assessment program in each area of the state served by a local health department. MDHHS is funding local health departments to conduct the assessments. The program is being implemented in a phased approach with a goal for full implementation across all 45 local health departments in Michigan by 2025.

• Is a dental assessment required for each student enrolling into school?

Yes, beginning in the 2024-2025 school year.

- **When should the dental assessment be done?**

The assessment should be done prior to starting school but not earlier than 6 months before the start of school. MDHHS does allow local health department screeners to conduct in-school screenings on Jan-24 kindergarteners up until May 31st of the kindergarten year; this provides an opportunity for children to receive a no-cost assessment if they did not have it done prior to starting school.

- **Where can children get screened?**

The dental assessments can be done at a private dental office, through the local health department or at a pre-enrollment event (e.g. Roundups, registration events) where dental assessments are offered. There is no cost for the assessment if it is done by the local health department.

- **How can our school assist with this requirement?**

Schools should include information about the dental assessments and the KOHA Assessment form (MDHHS-6067) in their school registration packets. Schools should use their distribution channels (e.g. parent letters, social media) to promote the assessments and raise awareness of the importance of good oral health. Schools should consider working with the local health department to offer dental assessments at pre-enrollment events. Schools are responsible for keeping a record of assessment in a child's school health record.

- **How can we help parents who do not have a dentist?**

Consider assisting families with enrollment into Michigan's Healthy Kids Dental Program. You can also contact the local health department for help finding a dental home for a family and assistance with community dental resources. The Michigan Oral Health Directory lists dental safety-net resources by county.

- **Do schools have to report any data to MDHHS?**

Schools are required to submit school dental assessment data to MDHHS by November 1st of each year. This requirement will begin in the 2024-2025 school year. Instructions for school district reporting of data will be announced once the reporting mechanism is implemented. There is no reporting due for the 2023- 2024 school year. More information and supportive materials can be found on the MDHHS KOHA website

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:

Health Education & Promotion are preparing a media launch for the Lock It Up Campaign with a press release and radio tour. Educator Josh Englehart has been working with Branch County ISD to promote the video series and develop additional resources at their request.

The team is gearing up for the summer event season. Although we will not attend the county fairs, we are still invited to many local events.

Our Facebook/Instagram/YouTube topics for the month of April included, but was not limited to: Cannabis Awareness Month- shared lock it up video/page, Minority Health Month, Child Abuse Prevention Month- safe sleep tips, National Public Health Week and Michigan Public Health Week- 1st and 2nd week, highlighted public health campaigns and programs such as, Environmental Health, Emergency Preparedness and STI prevention, Project Child Safe/Gun locks, Solar Eclipse safety, Avian Influenza- protect your flock, BC3NP- Breast/Cervical Cancer Screening program, WIC Retention and Recruitment April Toolkit, National Pet Day- April 11 (Tick/Lyme disease prevention), Measles, and Drug Take Back Day (April 27th) promoted drug take back locations in the tri-county area.

The agency issued one press releases during the month of April.

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

We celebrated Rachael Wall’s last day with the agency on May 10, 2024. Rachael has begun her Master’s program internship, and we wish her all the best. Interviews have been conducted for this vacancy and an offer of employment should be coming soon. The attached report includes April and May activities. The agency has made progress in the process of submitting claims to Medicaid for services provided by our CHW. Our first set of claims were sent the week of May 6, 2024. The areas of highest need for the program were housing, health insurance assistance, employment, and food assistance.

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

Date	Event
5/4	McKinney Vento event at Dearth Center
5/8	Senior Resource Fair – St. Joseph County
5/13	King’s Cupboard – Hillsdale
5/16	Salem Church Outreach in Waldron – Hillsdale County
5/16	St. Joseph County Diaper Bank
5/18	Community Baby Shower – Hillsdale County

5/20	Three Rivers Preschool Round Up – St. Joseph County
5/21	End of Year Event with Sturgis Head Start – St. Joseph County
5/23	Great Start Literacy Event – Hillsdale County
5/24	Friendship Friday – St. Joseph County
5/30	Family Fun Day – Branch County
6/4	Three Rivers Event – St. Joseph County
6/10	King’s Cupboard – Hillsdale County
6/18	Safety Fair – Hillsdale County
6/20	St. Joseph County Diaper Bank
6/22	Vet Connect – Hillsdale County
6/28	Friendship Friday – St. Joseph County

4. Car Seat Program:

The car seat program provided 23 new seats to families and seat checked 4 in the month of April.

5. Community Health Worker and Social Media Data:

Social Media Data (As of May 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)
April	4267	94 <i>(Up 16% from Feb)</i>	24,400 <i>(Down 8% from March)</i>	None	1	None
TOTAL TO DATE (Since 10/1/2022)	12 NEW followers since last report	779	434,162	8	314	5

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

Community Health Worker (CHW) Client Data - April-May 10, 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	10	109						
Clients	0	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	0	0	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	0	0	0	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)	2	81	7	0	97	790	32	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	26	15	5	0	103	39	17	0
	Behavioral Health	Health Insurance	Housing	Immunization Information	Employment Issues	Family Planning & Pregnancy	At-Home Medical & Health Needs	Adult Education
Services Provided	5	8	10	0	7	1	0	3
Service Provided (Total to Date)	36	102	51	24	38	16	26	15
	Transportation	Food Assistance	Child Developmental /Education Issues & Screening	Childcare Services	Clothing Needs	Domestic Concerns	Other (Specify)	
Services Provided Cont.	0	6	0	2	0	3	29	
Service Provided (Total to Date)	20	67	13	21	16	20	175	

Personal Health and Disease Prevention: May 23, 2024
Heidi Hazel, BSN, RN

Communicable Disease:

Highly Pathogenic Avian Influenza (HPAI) continues to be a concern in Michigan. There are currently 14 cattle herds in 9 counties (Allegan, Barry, Clinton, Gratiot, Montcalm, Ionia, Ottawa, Isabella, and Ionia) and 7 commercial poultry farms in 4 counties (Ionia, Newaygo, Ottawa, and Gratiot). Biosecurity remains the best tool to stop the spread. On May 1st, a “Determination of Extraordinary Emergency HPAI Risk Reduction and Response” order was issued. This order requires all dairy operations to adopt biosecurity measures to reduce the risk of introducing the virus to their farms (poultry and dairy). MSU Extension has a page that discusses the importance of biosecurity and why it is important along with preventative practices. This information can be found here: [MSU Biosecurity Recommendations](#).

It is tick season! - With the rising temperatures, this means Lyme disease, the most common vector-borne disease in the US will be on the rise. Symptoms of Lyme disease include fever, fatigue, headache, and erythema migraine rash. Lyme disease can spread to the heart, nervous system and joints if left untreated. It is important to wear an EPA-registered insect repellent, eliminate standing water sources and cover up with long pants/shirts. MDARD offers guidance on creating tick-safe zones around your home and that can be viewed here: [MDARD Tick-Safe Zones](#). If you do find a tick you can email a picture of the tick to MDHHS-Bugs@michigan.gov, or you can mail the tick to the MDHHS for identification. MDHHS will identify the tick but they won't test for disease agents.

Influenza: Michigan's Influenza Like Illness (ILI) activity level is now being listed as minimal. Michigan has had four pediatric influenza deaths this season.

Measles: Michigan has had four confirmed and one probable case this year. The last one being a Detroit resident on April 10th.

Mpox: There have been 16 confirmed/probable cases reported in Michigan since February.

Immunizations:

This month, each location is offering a Saturday immunization clinic. These clinics are advertised on social media. Our Mobile Unit is back making monthly visits to the local jails. The last visit on May 2nd was very productive. Our nurses administered 20 vaccinations and only one was a COVID vaccine so it's exciting to see more interest in other ACIP recommended vaccines. We also attended the Senior Resource Fair in Three Rivers and traveled to the Career Center to administer TB tests.

Staffing update: We are currently looking for a part-time clerk tech for the Mobile Unit. The part time RN position remains open.

Women, Infant, and Children (WIC):

WIC should be starting Produce Connection for clients next month (used to be called project FRESH). Produce Connection helps provide nutritious produce to the WIC clients by providing them with locally grown, fresh, unprepared vegetables and fruits from authorized growers. Another change in this program

is that clients will have produce connection added onto their WIC EBT card and will no longer need to get paper coupons from the clinic.

The WIC average caseload numbers have increased this past year from 3720 to 3871. We submitted the WIC Corrective Action Plan to the state for review and will begin implementing our audit tools. Staff just returned from the WIC conference and they received good information to share with WIC clients.

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

CSHCS:

It is the time of year that Summer Camp applications are being accepted. These camps are directed for youth to attend a camp related to the child's diagnosis or disability. There are scholarships also available to help families pay for the costs of these camps.

HEARING AND VISION:

April consisted of Kindergarten Round Ups. The last day for three of the Hearing and Vision clerks was May 17th.

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

Confirmed & Probable Case Totals	Apr-24				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	1	-	-	1	4	21	5	30	7	37	-
Blastomycosis	-	-	-	-	-	-	-	-	-	-	-	-
Brucellosis	-	-	1	1	-	-	1	1	-	-	-	-
Campylobacter	1	-	-	1	5	4	3	12	7	5	3	15
Chicken Pox	-	-	-	-	-	-	-	-	-	-	-	-
Chlamydia	7	6	17	30	51	44	96	191	65	53	97	215
Coccidioidomycosis	-	-	-	-	-	-	-	-	-	-	1	1
CRE Carbapenem Resistant Enterobac.	-	-	-	-	2	2	1	5	1	-	-	1
Cryptosporidiosis	-	-	-	-	1	1	1	3	1	-	1	2
Giardiasis	-	-	-	-	-	3	1	4	-	1	3	4
Gonorrhea	1	5	1	7	15	19	17	51	21	20	58	99
H. Influenzae Disease - Inv.	-	-	-	-	1	-	-	1	3	1	-	4
Hepatitis B - Acute	-	-	-	-	1	-	1	2	4	-	-	4
Hepatitis B - Chronic	-	-	-	-	3	-	3	6	1	-	1	2
Hepatitis C - Acute	-	-	-	-	1	-	1	2	2	1	-	3
Hepatitis C - Chronic	-	-	-	-	2	5	5	12	13	1	4	18
Hepatitis C Unknown	-	-	-	-	-	-	-	-	-	-	-	-
Histoplasmosis	-	-	-	-	2	-	1	3	1	-	1	2
HIV/AIDS	-	-	-	-	1	-	1	2	2	-	2	4
Influenza	41	2	21	64	426	60	271	757	109	148	101	358
Kawasaki	-	-	-	-	-	-	-	-	-	-	-	-
Legionellosis	-	-	1	1	-	-	2	2	-	1	-	1
Listeriosis	-	-	-	-	-	-	-	-	-	-	-	-
Lyme Disease	2	-	3	5	2	1	8	11	-	1	1	2
Measles	-	-	-	-	-	-	-	-	-	1	-	1
Menengitis - Aseptic	-	-	-	-	1	-	2	3	-	-	1	1
Menengitis - Bacterial	-	-	1	1	-	-	2	2	-	-	-	-
Meningococcal Disease	-	-	-	-	-	-	-	-	-	-	-	-
Mumps	-	-	-	-	-	-	-	-	-	-	-	-
Mycobacterium - Other	-	-	-	-	1	1	3	5	3	6	2	11
Norovirus	-	-	-	-	-	-	-	-	1	1	2	4
Novel Coronavirus	9	12	11	32	619	678	479	1,776	5,334	4,878	6,133	16,345
Pertussis	-	-	-	-	-	1	-	1	-	6	-	6
Salmonellosis	2	-	1	3	5	-	1	6	2	1	1	4
Shiga Toxin-prod. (STEC)	-	1	-	1	-	2	-	2	1	1	-	2
Shigellosis	-	-	-	-	-	-	-	-	-	-	-	-
Shingles	-	-	-	-	1	1	-	2	1	-	-	1
Staphylococcus Aureus Infect.	-	-	-	-	-	-	-	-	-	-	-	-
Strep Invasive Gp A	-	-	-	-	4	5	3	12	-	-	-	-
Strep Pneumonia Inv Ds.	1	-	1	2	4	7	7	18	2	7	2	11
Syphilis - Primary	1	2	-	3	1	2	-	3	1	-	-	1

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

	Apr-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	110	82	26	60	278	994	822	395	415	2,626	847	969	109	540	2,465
All VFC Doses Given	651	364	-	591	1,606	5,344	2,576	-	4,479	12,399	5,210	2,709	-	5,099	13,018
Waivers	9	17	5	6	37	90	88	9	70	257	72	88	7	44	211
ADULT IMMUNIZATIONS															
# Vaccines Given	56	7	3	13	79	651	127	46	171	995	932	451	13	314	1,710
All AVP Doses Given	26	2	-	8	36	193	113	-	53	359	99	78	-	187	364
COMMUNICABLE DISEASE															
TB Tests Done	4	16	-	1	21	36	57	4	12	109	43	50	-	8	101
STD treatments	-	6	1	14	21	2	23	1	79	105	1	4	2	37	44
HIV Testing	2	1	-	8	11	3	7	1	56	67	-	7	1	16	24
ENROLLMENTS															
Medicaid & Michild	-	-	-	-	-	9	7	2	3	21	8	4	-	11	23
REFERRAL SERVICE															
MCDC Referrals	4	6	9	40	59	37	63	85	101	286	48	88	152	292	580
MIHP referrals	-	-	27	29	56	8	1	154	167	330	30	19	112	130	291
Hearing Screens															
Pre-school	169	44	-	255	468	204	119	-	447	770	295	475	-	679	1,449
School Age	214	62	-	67	343	1,084	945	-	1,775	3,804	1,079	1,058	-	1,625	3,762
Vision Screens															
Pre-school	192	45	-	273	510	267	65	-	463	795	327	528	-	570	1,425
School Age	286	195	-	560	1,041	3,181	2,239	-	4,467	9,887	2,786	2,187	-	4,299	9,272
Children's Special Health Care Services															
Diagnostics	3	-	-	-	3	14	1	-	-	15	29	4	-	-	33
Assessments-Renewal	20	21	-	36	77	120	139	-	191	450	115	133	-	165	413
Assessments-New	9	7	-	2	18	13	36	-	22	71	21	29	-	40	90

State Participation/Enrollment Ratio [2]:

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Curr Year P/E Ratio (last 12 months)
93.5%	93.3%	93.8%	93.8%	94.2%	94.3%

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	4,271	3,941	3,997	0.00%	92.27%
Apr / 2024	4,305	3,984	(est[7]) 4,097		92.54%
May / 2024	0	0	(est[7]) 4,110		
Jun / 2024	0	0	0		
Jul / 2024	0	0	0		
Aug / 2024	0	0	0		
Sep / 2024	0	0	0		

Total (Year to date)	29,823	27,595	23,960		
Curr Year Avg	4,260	3,942	3,993	698.99%	92.67%
Months with Count	7	7	6	6	7
Average to Base % [8]		106.0%	107.35%		
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]:

4,021
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 May 23, 2024 Board of Health Meeting
Prepared by Paul Andriacchi R.E.H.S, Director of Environmental Health

Food Service Sanitation

A food manager's certification class was held in our Three Rivers office in April and had a total of 12 students. We have another class scheduled for Branch County in June.

The food staff is gearing up for the busy temporary food season through the summer months. We have been working on cross-training all of our sanitarians so they can chip in with all the weekend work associated with many of the temporary and STFU inspections that need to be completed during non-business hours.

Staffing

Staffing for the Vector Borne Disease Surveillance and Prevention Program has been completed. A vector tech has been hired for each of the three counties to conduct the work in this grant program. This will be the

sixth year we have participated in the grant and this year we have 3 brand new technicians. The techs will be attending a day long training session at the MDHHS lab in Lansing and will also receive training from our staff. Work in this program will continue through the summer, ending in late August. This year we are again doing a hybrid program in St. Joseph County where we will incorporate EEE (Eastern Equine Encephalitis) surveillance at one site along with the normal Zika related mosquito surveillance at 4 other sites. Another component of the program is conducting tick drags in an effort to identify black-legged ticks associated with Lyme Disease. The mosquitoes associated with EEE and Zika virus are entirely different species and are found in different habitats so our traps must be located in specific targeted areas to increase our probability of trapping the intended species.

Other Programs

I reported a couple months ago that an expanded water sampling investigation was going to take place at the Lear Siegler PFAS site in Mendon. The samples were tested for metals and PFAS covered a total of 10 residential wells. There were two residential wells that had lead levels above the health limit of 4 ppb (one at 5 ppb and one at 10ppb). These homeowners were informed of the results and were encourage to get a treatment unit installed to remove the lead. Once the PFAS samples are made available I will report those results. Any residents that have PFAS chemicals detected in their water will be provided with a Point of Use (POU) filter at no charge. This filter is also capable of removing any lead that may be in the water as well.

EH Service Statistics Report

BRANCH - HILLSDALE - ST. JOSEPH COMMUNITY HEALTH AGENCY

ENVIRONMENTAL HEALTH SERVICE REPORT

2023/2024

	APRIL				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	-	4	5	5	1	-	6
CHANGE OF USE EVALUATIONS - FIELD	4	5	3	12	19	32	38	89	15	29	31	75
CHANGE OF USE EVALUATIONS - OFFICE	5	4	3	12	30	11	44	85	31	10	54	95
ON-SITE SEWAGE DISPOSAL												
PERMITS NEW CONSTRUCTION	8	8	7	23	35	45	44	124	30	25	43	98
REPAIR/REPLACEMENT	11	8	11	30	35	31	51	117	29	31	51	111
VACANT LAND EVALUATION	-	3	-	3	6	15	3	24	5	7	6	18
PERMITS DENIED	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	19	15	18	56	78	87	98	265	64	63	100	227
SEWAGE PERMITS INSPECTED	8	11	5	24	47	64	83	194	47	72	77	194
WELL PERMITS ISSUED	13	8	17	38	79	72	107	258	88	57	110	255
WELL PERMITS INSPECTED	7	13	9	29	89	98	130	317	79	57	109	245
FOOD SERVICE INSPECTION												
PERMANENT	15	27	33	75	150	158	222	530	137	107	217	461
NEW OWNER / NEW ESTABLISHMENT	1	4	2	7	5	11	17	33	4	9	9	22
FOLLOW-UP INSPECTION	2	1	1	4	9	7	6	22	8	1	11	20
TEMPORARY	4	3	8	15	11	9	31	51	5	3	13	21
MOBILE/STFU	8	5	15	28	17	14	32	63	11	11	14	36
PLAN REVIEW APPLICATIONS	-	1	1	2	5	1	11	17	6	6	7	19
FOOD RELATED COMPLAINTS	1	-	-	1	2	5	6	13	7	8	6	21
FOODBORNE ILLNESS INVESTIGATED	-	-	-	-	1	3	1	5	-	-	-	-
FOOD CLASSES												
MANAGEMENT CERTIFICATION CLASS				12	n/a	n/a	n/a	22	n/a	n/a	n/a	69
				-				-				-
				-	-	-	-	-	-	-	-	-
				-	-	-	-	-	-	-	-	-
CAMPGROUND INSPECTION	-	-	1	1	-	-	1	1	-	-	-	-
NON-COMM WATER SUPPLY INSP.	1	11	5	17	10	15	24	49	9	2	8	20
SWIMMING POOL INSPECTION	-	-	1	1	-	6	2	8	9	5	1	15
PROPOSED SUBDIVISION REVIEW	-	-	-	-	-	-	-	-	-	-	-	-
SEPTIC TANK CLEANER	1	-	5	6	3	1	10	14	3	1	2	6
DHS LICENSED FACILITY INSP.	2	3	1	6	11	12	10	33	5	14	9	28
COMPLAINT INVESTIGATIONS	-	10	1	11	4	24	4	32	23	9	5	37
LONG TERM MONITORING	-	-	-	-	-	-	-	14	-	-	-	14
BODY ART FACILITY INSPECTIONS	1	-	-	1	6	3	8	17	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: 04/01/2024 - 04/30/2024

County	Inspection Type / Reason	Count
Branch County		
<i>Food Safety</i>		
	Non Foodborne Illness Complaint - Initial	1
	Pre-Opening - Pre-Opening	1
	Progress Note - New Inspection Reason	1
	Risk Based Inspection - Follow-up	2
	Risk Based Inspection - Routine	15
	STFU Inspection - Routine	8
	Temporary Food Inspection - Routine	4
	Total # of Food Safety inspections - Branch County	32
Hillsdale County		
<i>Food Safety</i>		
	Consultation - Plan Review Consultation	1
	Pre-Opening - Pre-Opening	4
	Risk Based Inspection - Follow-up	1
	Risk Based Inspection - Routine	27
	STFU Inspection - Routine	5
	Temporary Food Inspection - Routine	3
	Total # of Food Safety inspections - Hillsdale County	41
St. Joseph County		
<i>Food Safety</i>		
	Consultation - Plan Review Consultation	1

Inspection Type Count By County

For Date Range: 04/01/2024 - 04/30/2024

County	Inspection Type / Reason	Count
	Non Foodborne Illness Complaint - Initial	3
	Plan Review Activity - Initial	1
	Pre-Opening - Pre-Opening	2
	Progress Note - New Inspection Reason	4
	Risk Based Inspection - Follow-up	1
	Risk Based Inspection - Routine	33
	STFU Inspection - Routine	15
	STFU Pre-Opening - Pre-Opening	2
	Temporary Food Inspection - Routine	8
	Total # of Food Safety inspections - St. Joseph County	70
	<u>Total # of inspections - All counties</u>	<u>143</u>



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

Food Establishment Inspection Report by Facility Name

For Date Range: 04/01/2024 - 04/30/2024 and food Program

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
Amaz'n Nutrition	Three Rivers	04/17/2024	Pre-Opening - Pre-Opening	0	0	0	0
American Axel Manufacturing	Three Rivers	04/15/2024	Pre-Opening - Pre-Opening	0	0	0	0
AMERICAN LEGION #223	Constantine	04/02/2024	Progress Note - New Inspection Reason	0	0	0	0
AMERICAN LEGION #223	Constantine	04/23/2024	Risk Based Inspection - Routine	0	0	0	1
AMERICAN LEGION MEMORIAL POST	BRONSON	04/04/2024	Risk Based Inspection - Routine	0	0	0	0
AMERICAN LEGION POST 170	THREE RIVERS	04/05/2024	Risk Based Inspection - Routine	0	0	0	1
AMERICAN LEGION REC CLUB	QUINCY	04/22/2024	Risk Based Inspection - Routine	0	0	0	0
ANDREWS ELEM SCHOOL	Three Rivers	04/19/2024	Risk Based Inspection - Routine	0	0	0	0
Andrews Elementary School	Three Rivers	04/19/2024	Temporary Food Inspection - Routine	0	0	0	0
Angel's Concessions	Sturgis	04/29/2024	STFU Inspection - Routine	0	0	0	0
Ashley Hitt Boutique	Three Rivers	05/02/2024	Temporary Food Inspection - Routine	0	0	0	0
Azteca Mexican Restaurant	Bronson	04/04/2024	Risk Based Inspection - Routine	0	4	4	1
Bass Boosters	Three Rivers	04/16/2024	STFU Inspection - Routine	0	0	0	0
BEACH CONCESSIONS #88	Hillsdale	04/18/2024	STFU Inspection - Routine	0	0	0	0
Big Wheels BBQ	CONSTANTINE	04/19/2024	STFU Inspection - Routine	0	0	0	0

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
Biggby Coffee North Sturgis	Sturgis	05/01/2024	Risk Based Inspection - Routine	1	0	1	1
BILL'S GRILL HOUSE	COLDWATER	04/15/2024	Risk Based Inspection - Follow-up	1	0	1	0
BILL'S GRILL HOUSE	COLDWATER	04/25/2024	Risk Based Inspection - Follow-up	0	0	0	0
BRANCH AREA CAREERS CENTER	COLDWATER	04/08/2024	Risk Based Inspection - Routine	0	0	0	0
Brewhouse BBQ	Sturgis	04/25/2024	STFU Inspection - Routine	0	0	0	0
BRONSON HIGH SCHOOL	BRONSON	04/03/2024	Risk Based Inspection - Routine	0	0	0	1
Buck Yeah STFU	Three Rivers	04/24/2024	STFU Inspection - Routine	0	0	0	0
BUFFALO WILD WINGS (STURGIS)	STURGIS	04/29/2024	Risk Based Inspection - Follow-up	0	0	0	0
Burger King #1416	Three Rivers	04/03/2024	Non Foodborne Illness Complaint - Initial	0	0	0	0
CAMDEN UNITED METHODIST CHURCH	Camden	04/11/2024	Risk Based Inspection - Routine	0	0	0	0
CAMDEN-FRONTIER SCHOOL	Camden	04/11/2024	Risk Based Inspection - Routine	0	1	0	0
Cazuela's Mexican Restaurant	Three Rivers	04/17/2024	Risk Based Inspection - Routine	0	0	0	0
CENTRAL ELEMENTARY SCHOOL	White Pigeon	04/24/2024	Risk Based Inspection - Routine	0	0	0	1
CHARLIES PRIDE BBQ	COLDWATER	04/24/2024	STFU Inspection - Routine	0	1	1	0
Chickens on Fire	Coldwater	04/16/2024	Risk Based Inspection - Routine	0	0	0	0
Chunky Butts BBQ & Grill	Osseo	04/22/2024	STFU Inspection - Routine	0	0	0	0
COLDWATER MASONIC TEMPLE BUILDING ASSOC	COLDWATER	04/19/2024	Progress Note - New Inspection Reason	0	0	0	0
COLON ELEM SCHOOL	Sturgis	04/02/2024	Risk Based Inspection - Routine	0	0	0	1
COLON HIGH SCHOOL	COLON	04/02/2024	Risk Based Inspection - Routine	0	1	1	0
Community Action Agency (Greenfield)	Hillsdale	04/30/2024	Risk Based Inspection - Routine	0	0	0	0
COMMUNITY ACTION AGENCY (HEAD START)	HILLSDALE	04/30/2024	Risk Based Inspection - Routine	0	0	0	0
COMMUNITY CHURCH OF NORTH ADAMS	North Adams	04/29/2024	Risk Based Inspection - Routine	0	0	0	0
CONSTANTINE COMMUNITY SOUP KITCHEN	Constantine	04/22/2024	Risk Based Inspection - Routine	0	0	0	0
Constantine Fire Department	Constantine	04/29/2024	Risk Based Inspection - Routine	0	0	0	0
CONSTANTINE HIGH SCHOOL	Constantine	04/18/2024	Risk Based Inspection - Routine	0	0	0	0
CONSTANTINE MIDDLE SCHOOL	Constantine	04/29/2024	Risk Based Inspection - Routine	0	0	0	1

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
Cottage Inn Pizza Sturgis	Sturgis	04/16/2024	Risk Based Inspection - Routine	0	0	0	1
DAVIS MIDDLE SCHOOL	HILLSDALE	04/23/2024	Risk Based Inspection - Routine	0	0	0	0
Deadlift Coffee Company LLC	Three Rivers	04/16/2024	Risk Based Inspection - Routine	1	0	1	0
Dine and Dash Specialty Meats STFU	White Pigeon	04/20/2024	STFU Inspection - Routine	0	0	0	0
DJ's Family Restaurant	Pittsford	04/02/2024	Risk Based Inspection - Routine	0	0	0	1
EASTSIDE ELEM SCHOOL	Constantine	04/29/2024	Risk Based Inspection - Routine	0	0	0	0
El Cunado Mexican Cousine	Coldwater	04/22/2024	STFU Inspection - Routine	0	0	0	0
El Sabor Latino	Coldwater	04/22/2024	STFU Inspection - Routine	0	0	0	1
El Sabor Latino	Coldwater	04/23/2024	STFU Inspection - Routine	0	0	0	0
Elotes Don Martin	Sturgis	04/02/2024	STFU Inspection - Routine	0	0	0	0
Ethan's Donut Factory	Hillsdale	04/03/2024	Consultation - Plan Review Consultation	0	0	0	2
Ethan's Donut Factory	Hillsdale	04/16/2024	Pre-Opening - Pre-Opening	0	0	0	0
FIRST PRESBYTERIAN CHURCH	THREE RIVERS	04/05/2024	Risk Based Inspection - Routine	0	0	0	0
FIVE STAR PIZZA	UNION CITY	04/08/2024	Risk Based Inspection - Routine	0	0	0	0
Frank Beck Chevrolet	Jonesville	04/15/2024	Temporary Food Inspection - Routine	0	0	0	0
Freakin Pizza Parlor	Sturgis	04/25/2024	Consultation - Plan Review Consultation	0	0	0	0
Goody's Sauk Trail Diner	Jerome	04/25/2024	Risk Based Inspection - Routine	0	0	0	0
Gamma B's	Three Rivers	04/29/2024	STFU Pre-Opening - Pre-Opening	0	0	0	0
Healthies of Hillsdale	Hillsdale	04/16/2024	Risk Based Inspection - Routine	0	0	0	0
HILLSDALE BREWING COMPANY	HILLSDALE	04/19/2024	Risk Based Inspection - Routine	0	0	0	0
Hillsdale College - Beverage Cart	Hillsdale	04/05/2024	Pre-Opening - Pre-Opening	0	0	0	0
Hillsdale College - Grill Cart	Hillsdale	04/05/2024	Pre-Opening - Pre-Opening	0	0	0	0
Hillsdale College - Ice Cream Cart	Hillsdale	04/05/2024	Pre-Opening - Pre-Opening	0	0	0	0
HILLSDALE COLLEGE BIERMANN ATHLETIC CENT	HILLSDALE	04/29/2024	Risk Based Inspection - Routine	0	0	0	0
Hillsdale College Dining Hall	Hillsdale	04/05/2024	Risk Based Inspection - Routine	1	0	1	0
Hillsdale College Dow Conference Center	Hillsdale	04/05/2024	Risk Based Inspection - Routine	1	0	1	0

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
Hillsdale County ISD - Hillsdale Preparatory	Hillsdale	04/29/2024	Risk Based Inspection - Routine	0	0	0	0
Hillsdale County ISD - YAP	Hillsdale	04/23/2024	Risk Based Inspection - Routine	0	0	0	0
HILLSDALE GOLF & COUNTRY CLUB	Hillsdale	04/17/2024	Risk Based Inspection - Routine	0	1	1	1
HILLSDALE HIGH SCHOOL	Hillsdale	04/23/2024	Risk Based Inspection - Routine	0	0	0	0
Hillside Lanes & Lane 17	Hillsdale	04/16/2024	Risk Based Inspection - Routine	0	0	0	0
HIP PADDER'S CATERING	STURGIS	04/16/2024	Risk Based Inspection - Routine	0	0	0	0
Holiday Inn Express & Suites--Food	Three Rivers	04/16/2024	Risk Based Inspection - Routine	1	0	1	0
Hoosier Mama Food Truck - Hoosier Mama Food Truck	Auburn	04/24/2024	STFU Inspection - Routine	0	0	0	0
Hoosier Mama Food Truck - Hoosier Mama Food Truck	Auburn	04/30/2024	STFU Inspection - Routine	0	0	0	0
HOPPIN ELEM	THREE RIVERS	04/22/2024	Risk Based Inspection - Routine	0	0	0	0
Hot N Now	Sturgis	04/29/2024	Non Foodborne Illness Complaint - Initial	0	0	0	0
HUNGRY HOWIES	COLDWATER	04/08/2024	Risk Based Inspection - Routine	0	1	1	0
Iglesia Rias de Aqua Viva	Sturgis	05/02/2024	Temporary Food Inspection - Routine	0	0	0	0
J Dawgz and Catering	Coldwater	04/24/2024	STFU Inspection - Routine	0	0	0	0
JENNINGS ELEMENTARY SCHOOL	QUINCY	04/01/2024	Risk Based Inspection - Routine	0	0	0	0
Jim's Place	Coldwater	04/19/2024	Pre-Opening - Pre-Opening	0	0	0	0
JONESVILLE HIGH SCHOOL	JONESVILLE	04/10/2024	Risk Based Inspection - Routine	0	0	0	1
JONESVILLE MIDDLE SCHOOL	JONESVILLE	04/10/2024	Risk Based Inspection - Routine	0	0	0	0
Kentucky Fried Chicken Sturgis		04/29/2024	Risk Based Inspection - Routine	0	0	0	2
Kona Ice of Steuben County	PLEASANT LAKE	04/18/2024	STFU Inspection - Routine	0	0	0	0
LAKE LEANN GOLF COURSE	Jerome	04/25/2024	Risk Based Inspection - Routine	1	0	1	1
Lawless's BBQ, LLC	Jonesville	04/16/2024	STFU Inspection - Routine	0	0	0	0
LEGG MIDDLE SCHOOL	COLDWATER	04/19/2024	Risk Based Inspection - Routine	0	0	0	0
LITCHFIELD COMMUNITY SCHOOL	LITCHFIELD	04/25/2024	Risk Based Inspection - Routine	0	0	0	0
LITCHFIELD CONGREGATIONAL CHURCH	Litchfield	04/25/2024	Risk Based Inspection - Routine	0	0	0	0

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
MaMazzoni's Italian Beef	Sturgis	04/15/2024	STFU Inspection - Routine	0	0	0	0
McDONALDS OF STURGIS 2180	Sturgis	04/02/2024	Risk Based Inspection - Routine	0	0	0	1
McDONALDS OF THREE RIVERS #2196	Three Rivers	04/01/2024	Non Foodborne Illness Complaint - Initial	0	0	0	0
Mema Kitchen - STFU	Three Rivers	04/22/2024	STFU Inspection - Routine	0	0	0	0
Mendon United Methodist Church	MENDON	04/02/2024	Risk Based Inspection - Routine	0	0	0	1
MESSIAH LUTHERAN CHURCH	Constantine	04/04/2024	Risk Based Inspection - Routine	0	0	0	0
Morgan's Mexican Restaurant	White Pigeon	04/01/2024	Progress Note - New Inspection Reason	0	0	0	0
Morgan's Mexican Restaurant	White Pigeon	04/24/2024	Progress Note - New Inspection Reason	0	0	0	0
MYSTIC STAR #354/MASONIC TEMPLE	BRONSON	04/04/2024	Risk Based Inspection - Routine	0	0	0	0
New School Relocs	Nottawa	04/22/2024	Temporary Food Inspection - Routine	0	0	0	0
NORTON ELEM	THREE RIVERS	04/24/2024	Risk Based Inspection - Routine	0	0	0	0
PARK COMMUNITY SCHOOL	THREE RIVERS	04/24/2024	Risk Based Inspection - Routine	0	0	0	0
PENNY'S	HILLSDALE	04/09/2024	Risk Based Inspection - Routine	0	0	0	1
QUINCY JR SR HIGH SCHOOL	QUINCY	04/01/2024	Risk Based Inspection - Routine	0	0	0	0
QUINCY PIZZA	QUINCY	04/22/2024	Risk Based Inspection - Routine	0	0	0	1
RACHAEL'S	White Pigeon	04/22/2024	Progress Note - New Inspection Reason	0	0	0	0
RED FOX SPORTSMAN CLUB	JONESVILLE	04/05/2024	Risk Based Inspection - Routine	0	0	0	0
RIVERSIDE ELEM SCHOOL	Constantine	04/18/2024	Risk Based Inspection - Routine	0	0	0	0
SALVATION ARMY	Sturgis	05/01/2024	Risk Based Inspection - Routine	0	0	0	1
Sapura		04/19/2024	Temporary Food Inspection - Routine	0	0	0	0
Smokin' Ain't Easy BBQ	Three Rivers	04/25/2024	Temporary Food Inspection - Routine	0	0	0	0
ST MARY'S ASSUMPTION CHURCH & SCHOOL	BRONSON	04/10/2024	Risk Based Inspection - Routine	0	0	0	0
STURGIS HIGH SCHOOL	Sturgis	04/02/2024	Risk Based Inspection - Routine	0	0	0	0
Subway - Jonesville	Jonesville	04/10/2024	Risk Based Inspection - Follow-up	0	0	0	0
Sweet Basil	White Pigeon	04/05/2024	STFU Pre-Opening - Pre-Opening	0	0	0	0
Sweet Elizas Baking Co	Centreville	04/22/2024	Temporary Food Inspection - Routine	0	0	0	0

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
Taco Bell #32990	Sturgis	05/01/2024	Risk Based Inspection - Routine	0	0	0	1
Taqueria El Cunado	Constantine	04/18/2024	STFU Inspection - Routine	0	0	0	0
Taqueria El Cunado	Constantine	04/29/2024	STFU Inspection - Routine	0	0	0	0
Taqueria Munoz	Sturgis	04/30/2024	STFU Inspection - Routine	0	0	0	0
The Bistro Barrel	Burr Oak	04/22/2024	Temporary Food Inspection - Routine	0	0	0	0
The Donut Hut	Hillsdale	04/09/2024	Risk Based Inspection - Routine	0	0	0	0
The Dude Abides	Coldwater	04/22/2024	Temporary Food Inspection - Routine	0	0	0	0
The Goat Cannabis	Three Rivers	04/01/2024	Temporary Food Inspection - Routine	0	0	0	0
The Joint...Smokin' Good Foods LLC	Hillsdale	04/11/2024	STFU Inspection - Routine	0	0	0	0
The Landmark Tap House & Grille	Three Rivers	04/01/2024	Risk Based Inspection - Routine	0	0	0	0
The Pretzel Wagon 1	Constantine	04/20/2024	STFU Inspection - Routine	0	0	0	0
The Remedy Church	Reading	04/04/2024	Temporary Food Inspection - Routine	0	0	0	0
The Remedy Church	Reading	04/19/2024	Temporary Food Inspection - Routine	0	0	0	0
Three Rivers Lions Club	Three Rivers	05/02/2024	Temporary Food Inspection - Routine	0	0	0	0
Trinity Lutheran Church School	Sturgis	04/16/2024	Risk Based Inspection - Routine	0	0	0	0
Walmart - Temporary	Coldwater	04/29/2024	Temporary Food Inspection - Routine	0	0	0	0
Weenie Kings	THREE RIVERS	04/23/2024	STFU Inspection - Routine	0	0	0	0
Weenie Kings 2	Three Rivers	04/25/2024	STFU Inspection - Routine	0	0	0	0
WHITE PIGEON HIGH SCHOOL	WHITE PIGEON	04/24/2024	Risk Based Inspection - Routine	0	0	0	1
Wieners and Tacos on the Fly	Hillsdale	04/19/2024	STFU Inspection - Routine	0	0	0	0
WILLIAMS ELEMENTARY SCHOOL	JONESVILLE	04/10/2024	Risk Based Inspection - Routine	0	0	0	0
Wine About it LLC	White Pigeon	04/15/2024	Risk Based Inspection - Routine	0	0	0	0
WINGS ETC...	Sturgis	04/17/2024	Plan Review Activity - Initial	0	0	0	1
ZHENG'S SUPER GRAND BUFFET	COLDWATER	04/12/2024	Non Foodborne Illness Complaint - Initial	0	0	0	0
ZHENG'S SUPER GRAND BUFFET	COLDWATER	04/12/2024	Risk Based Inspection - Routine	0	1	0	7
				<u>7</u>	<u>10</u>	<u>15</u>	<u>33</u>

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
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Food Inspection Codes:

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

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

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



Director's Report

Enclosure:

1. FY2025 Annual Implementation Plan *DRAFT* *
-

Updates:

1. Services to Victims of Elder Abuse Program: Contract Review Highlights
The DVS Contract Review (held virtually on 4/18/24) was a success. A lengthy, detailed report has been issued and our teams are already working on the report recommendations. Revisions are requested for the following policies: confidentiality, sexual misconduct, non-discrimination statement, grievance procedure, working with minors, breach of PII. The majority of the feedback with these policies centers around adding new VOCA-specific verbiage and/or specifying a protected class which were not in place @ the time of policy development and/or during the 2021 Review. We will bring these changes up through CHA policy revision processes to assure compliance. And now for the best part! Here are a few of the reviewers' comments:
"The review team observed that AAIIIC VOCA program staff engage in a high level of meaningful support and advocacy with clients."
"The review team commends AAIIIC for the program's survivor-centered, autonomy-focused approach to providing services based on each survivors' unique experiences, wishes, needs and goals."
"The review team noted that staff interviewed exhibited a strong commitment to the program and to providing quality victim services."
2. The FY2025 Annual Implementation Plan: The enclosed DRAFT has been updated to incorporate the input we have received and captures the discussion that took place during the Public Hearing on May 8th. We had record attendance at our Public Hearing – 8 attendees! We appreciate your involvement and action at today's BOH meeting.
3. Assessment Updates:
 - ACLS Assessment of AAIIIC May 8th: Ashley Ellsworth was on-site to conduct our annual compliance and AIP assessment – with great success! A feedback letter is forthcoming. We do not anticipate any findings or recommendations.
 - ACLS Observation of AAA Provider Assessment May 8th: Ashley accompanied our team at the Branch Area Transit Authority to assure we are following our policies and Bureau Standards. We were given the opportunity to experience the BATA bus also! It was a great day and she commented on the diversity of riders as well as BATA's caring & responsive drivers.
 - ACLS Financial Assessment: In process & upcoming – early June. We're busy preparing documents and associated reports for the Bureau team review.
4. Older Michiganians Day Update: Rebecca, Jim Cook and I attended the May 1st event along with 300 other advocates from around the state of Michigan! We met with Representative Carra and Senator Lindsey on the capital lawn to share our thoughts on the Platform and many issues we are facing across Branch and St. Joseph County. It was a great day!
5. FY24 Provider Budget Amendments continue to be 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 at the June Finance Committee and BOH meetings.

Branch-Hillsdale-St Joseph Community Health Agency
Check/Voucher Register - Check Register for BOH
00103 - Cash - Accounts Payable
From 4/1/2024 Through 4/30/2024

Payee	Check Amount	Check Number	Effective Date
ACD.NET	1,875.04	54349	4/19/2024
Action Quick Print Plus	178.00	24-04-05 A.01	4/5/2024
Aflac District Office	545.45	24-04-12 PR.01	4/12/2024
Aflac District Office	545.45	24-04-26 PR.01	4/26/2024
AleraEdge	1,298.00	54350	4/19/2024
Alert Medical Alarms	229.60	54351	4/19/2024
Alerus Retirement Solutions	3,336.00	24-04-12 R.01	4/12/2024
Alerus Retirement Solutions	3,336.00	24-04-26 R.01	4/26/2024
Alliance Electric of Michigan	420.00	54339	4/5/2024
Amazon Capital Services, Inc	686.62	24-04-05 A.02	4/5/2024
Amazon Capital Services, Inc	770.26	24-04-19 A.01	4/19/2024
Apex Painting LLC	15,408.00	24-04-05 A.03	4/5/2024
Area Agencies On Aging Mich.	2,469.00	24-04-05 A.04	4/5/2024
Barbara P. Foley	46.16	54347	4/12/2024
Barbara P. Foley	46.16	54358	4/26/2024
Beacon Properties Administration	4,332.93	24-04-30 A.01	4/30/2024
Beth Ann's Embroidery	253.78	54340	4/5/2024
Blue Cross Blue Shield	63,746.13	24-04-19 P.01	4/19/2024
Branch Area Transit Authority	1,573.80	24-04-19 A.02	4/19/2024
Branch County Commission	32,406.55	24-04-19 A.03	4/19/2024
Branch County Complex	5,694.28	24-04-30 A.02	4/30/2024
Candy Cox	103.55	54360	4/30/2024
Card Services Center	790.10	24-04-30 P.02	4/30/2024
Century Bank - Hillsdale Maintenance	2,000.00	24-04-30 A.03	4/30/2024
Century Bank - Three Rivers Maintenance	2,000.00	24-04-30 A.04	4/30/2024
Century Basic	976.76	24-04-12 R.02	4/12/2024
Century Basic	976.76	24-04-26 R.02	4/26/2024
Century EFPTS	2,161.73	24-04-12 C.01	4/12/2024
Century EFPTS	112.18	24-04-12 L.01	4/12/2024
Century EFPTS	27,579.17	24-04-12 R.03	4/12/2024
Century EFPTS	28,116.79	24-04-26 R.03	4/26/2024
Century EFPTS	149.88	240426 LG	4/26/2024
Century Mastercard	3,795.51	24-04-05 P.01	4/5/2024
Century MERS	49,306.56	24-04-05 A.05	4/5/2024
Century State/Michigan State Treasury	405.50	24-04-12 C.02	4/12/2024
Century State/Michigan State Treasury	16.35	24-04-12 L.02	4/12/2024
Century State/Michigan State Treasury	4,803.38	24-04-12 R.04	4/12/2024
Century State/Michigan State Treasury	4,894.32	24-04-26 R.04	4/26/2024
Century State/Michigan State Treasury	60.92	240426 LG001	4/26/2024
Charter Communications	149.98	24-04-05 P.02	4/5/2024
Cintas Corporation Loc 351	141.08	24-04-05 P.03	4/5/2024
City Of Three Rivers	30.00	24-04-19 A.04	4/19/2024
ConnectAmerica	95.00	24-04-19 A.05	4/19/2024
Control Solutions Inc.	918.00	24-04-19 A.06	4/19/2024
Crossroads Home Care Inc.	445.68	24-04-19 A.07	4/19/2024
Cummins Sales & Service	462.71	54341	4/5/2024
Daniel Schultz	85.00	54352	4/19/2024
DELTA DENTAL	3,517.76	24-04-19 A.08	4/19/2024
DiningRD	4,389.08	24-04-19 A.09	4/19/2024
DL Gallivan Office Solutions	526.72	54342	4/5/2024
Dr. Karen M. Luparello	4,337.43	24-04-30 A.05	4/30/2024
Frontier	273.20	24-04-05 P.04	4/5/2024

Branch-Hillsdale-St Joseph Community Health Agency
Check/Voucher Register - Check Register for BOH
00103 - Cash - Accounts Payable
From 4/1/2024 Through 4/30/2024

<u>Payee</u>	<u>Check Amount</u>	<u>Check Number</u>	<u>Effective Date</u>
GDI Services Inc.	250.81	24-04-19 A.10	4/19/2024
GDI Services Inc.	4,398.00	24-04-30 A.06	4/30/2024
GT INDEPENDENCE	1,658.24	24-04-19 A.11	4/19/2024
Health Equity	1,387.48	24-04-12 PR.02	4/12/2024
Health Equity	1,387.48	24-04-26 PR.02	4/26/2024
Helping Angels Home Care LLC	662.00	24-04-19 A.12	4/19/2024
Hillsdale Board Of Public Utilities	1,929.57	24-04-05 P.05	4/5/2024
Hillsdale County Treasurer	5,428.06	24-04-05 A.06	4/5/2024
HomeJoy of Kalamzoo	3,153.63	24-04-19 A.13	4/19/2024
Hospital Network Healthcare Services	129.50	24-04-19 A.14	4/19/2024
Indiana MI Power Company	1,043.88	24-04-19 P.02	4/19/2024
KALAMAZOO CHD	500.00	24-04-19 A.15	4/19/2024
Laboratory Corporation of America	187.40	24-04-19 A.16	4/19/2024
Legal Services Of S.Central MI	1,120.00	24-04-19 A.17	4/19/2024
Macquarie Equipment Capital Inc.	1,322.75	24-04-19 A.18	4/19/2024
Maner Costerisan	3,600.00	24-04-05 A.07	4/5/2024
Maplecrest, LLC	1,265.08	24-04-30 A.07	4/30/2024
Mark Barton	210.00	54343	4/5/2024
McKesson Medical-Surgical Gov. Solutions LLC	671.34	24-04-05 P.06	4/5/2024
McKesson Medical-Surgical Gov. Solutions LLC	5,063.04	24-04-19 P.03	4/19/2024
Medical Care Alert	568.35	24-04-19 A.19	4/19/2024
MERS 5% EMPLOYEES	20,635.02	24-04-05 A.08	4/5/2024
Michigan Gas	86.55	24-04-05 P.07	4/5/2024
Michigan State Disbursement Unit	190.11	54348	4/12/2024
Michigan State Disbursement Unit	190.11	54359	4/26/2024
Mistel de Varona	675.00	54344	4/5/2024
Mistel de Varona	675.00	54353	4/19/2024
Nationwide	620.00	24-04-12 R.05	4/12/2024
Nationwide	620.00	24-04-26 R.05	4/26/2024
Nissley Disposal Inc	106.00	24-04-05 P.08	4/5/2024
ProAssurance Indemnity Company, Inc	412.00	24-04-19 P.04	4/19/2024
Randall Dean Consulting & Training, LLC	1,500.00	54354	4/19/2024
Republic Waste Services	210.00	24-04-05 P.09	4/5/2024
Richard Clark	2,515.29	24-04-30 A.08	4/30/2024
Riley Pumpkin Farm	680.00	24-04-30 A.09	4/30/2024
Rosati Schultz Joppich Amtsbueshler	885.00	24-04-19 A.20	4/19/2024
ROSE PEST SOLUTIONS	80.00	24-04-19 A.21	4/19/2024
Sanofi Pasteur Inc.	9,835.69	24-04-19 P.05	4/19/2024
Semco Energy	77.71	24-04-05 P.10	4/5/2024
Shaffmasters U-Stor-n-Lock	150.00	24-04-05 A.09	4/5/2024
Shred It	90.00	24-04-05 P.11	4/5/2024
St Joseph County COA	34,933.54	24-04-19 A.22	4/19/2024
St Joseph County Transit Authority	1,937.78	24-04-19 A.23	4/19/2024
Staples	20.18	24-04-05 P.12	4/5/2024
Staples	809.97	24-04-19 P.06	4/19/2024
State of MI - EGLE	511.00	54355	4/19/2024
State of Mich Dental	1,275.67	24-04-19 A.24	4/19/2024
State Of Michigan	199.00	54345	4/5/2024
State of Michigan-Dept	11.50	54356	4/19/2024
Stratus Video, LLC	2,783.61	54346	4/5/2024
Thurston Woods Village	2,406.41	54357	4/19/2024

Branch-Hillsdale-St Joseph Community Health Agency
 Check/Voucher Register - Check Register for BOH
 00103 - Cash - Accounts Payable
 From 4/1/2024 Through 4/30/2024

<u>Payee</u>	<u>Check Amount</u>	<u>Check Number</u>	<u>Effective Date</u>
TMK Worldwide, LLC	142.00	24-04-05 A.10	4/5/2024
Upper Peninsula Health Care Solutions, Inc.	150.00	24-04-19 A.25	4/19/2024
Verizon	2,892.91	24-04-05 P.13	4/5/2024
VRI INC.	162.00	24-04-19 A.26	4/19/2024
Wal-Mart Community	<u>13.05</u>	24-04-05 P.14	4/5/2024
Report Total	<u>407,237.02</u>		

Branch-Hillsdale-St Joseph Community Health Agency
Balance Sheet - Unposted Transactions Included In Report
As of 4/30/2024

Current Period Balance

Assets

Cash on Hand	22,496.25
Cash with County Treasurer	4,546,693.13
Community Foundation Grant	309,955.94
Cash HD Building Maintenance	22,450.00
Cash TR Building Maintenance	47,049.40
Accounts Receivable	51,966.28
Due from Dental DAPP	1,275.67
Due from State	(352,998.35)
Due from Other Funding Sources	109,012.87
Prepaid Expenses	151,246.35
Biologic Inventory	<u>153,037.37</u>
Total Assets	<u><u>5,062,184.91</u></u>

Liabilities

Accounts Payable	503,716.64
Payroll Liabilites	113,321.53
Deferred Revenue	542,088.24
Deferred Revenue BR	38,371.00
Deferred Revenue HD	40,532.00
Deferred Revenue SJ	53,829.00
Biologics	<u>153,037.37</u>
Total Liabilities	<u><u>1,444,895.78</u></u>

Net Assets

Operation Fund Balance	429,741.69
Restricted Fund Balance	403,217.24
Designated Fund Balance	<u>2,784,330.20</u>
Total Net Assets	<u><u>3,617,289.13</u></u>

Total Liabilities and Net Assets	<u><u>5,062,184.91</u></u>
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BRANCH HILLSDALE ST JOSEPH COMMUNITY HEALTH AGENCY

Expense by Program - 4/30/2024

Program	Program Title	Current Month	Year to Date	Total Budget - Amend #1	Percent Total Expended	
+	371	CSHCS Vaccine Initiative	(0.32)	8,111.43	8,248.00	98.34%
+	024	MERS Pension Underfunded Liability	302,495.00	307,748.47	347,085.00	88.66%
+	010	Agency Support	10,214.40	92,117.46	110,220.00	83.57%
+	325	CSHCS	25,983.56	166,965.81	222,409.00	75.07%
**	032	Emergency Preparedness	11,149.59	115,494.02	154,920.00	74.55%
+	345	Lead Testing	5,026.50	40,233.13	56,207.00	71.58%
+	107	Medicaid Outreach	528.74	8,248.79	11,952.00	69.01%
+	719	Body Art	114.18	2,635.43	4,124.00	63.90%
**	327	Hearing (ELPHS)	7,759.63	67,744.49	109,251.00	62.00%
**	326	Vision (ELPHS)	9,270.37	68,361.35	110,276.00	61.99%
+	605	General EH Services	12,893.66	93,528.24	151,287.00	61.82%
	021	Dental Clinic - Three Rivers	4,332.93	30,330.51	53,591.00	56.59%
	138	Immunization IAP	95,064.45	731,646.95	1,307,240.00	55.96%
	115	MCH Enabling Women	3,028.46	26,398.93	47,269.00	55.84%
	012	Area Agency on Aging	109,937.99	803,124.80	1,479,226.00	54.29%
	109	WIC	91,367.02	612,122.43	1,150,665.00	53.19%
	014	VOCA	16,473.81	104,032.51	196,382.00	52.97%
	008	Salary & Fringe Payoff	2,381.66	42,111.58	80,000.00	52.63%
	108	WIC Breastfeeding	14,288.22	72,353.84	139,304.00	51.93%
	331	STD	12,065.79	85,637.35	172,235.00	49.72%
	329	MCH Enabling Children	3,787.48	23,606.94	48,084.00	49.09%
	338	Immunization Vaccine Handling	6,476.35	42,338.59	87,139.00	48.58%
	201	CSF Carseats	1,919.69	12,753.00	27,105.00	47.05%
	704	Food Service	48,409.21	308,355.15	663,330.00	46.48%
	332	HIV Prevention	1,600.34	14,569.76	31,407.00	46.39%
	714	Onsite Sewage Disposal	30,856.43	201,669.56	437,004.00	46.14%
	341	Infectious Disease	25,957.51	172,430.84	377,236.00	45.70%
	015	Local Expenses - Unallowable by Grants	1,129.97	6,864.57	15,313.00	44.82%
	352	ELCCT Contact Tracing, testing doord,	10,432.45	73,173.11	165,684.00	44.16%
	025	PH Workforce & Infastructure	0.00	56,664.85	135,905.00	41.69%
	721	Drinking Water Supply	28,415.89	183,171.04	441,731.00	41.46%
	255	Community Health Direction	23,459.36	80,230.97	200,000.00	40.11%
	745	Type II Water	13,093.79	82,252.33	218,296.00	37.67%
	101	Workforce Development	10,965.22	21,154.73	56,760.00	37.27%
	207	MCRH Community Health Workers	6,621.37	46,998.49	126,633.00	37.11%
	720	EH- Complaints	589.61	2,257.39	6,293.00	35.87%
	096	CSHCS Donations SJ	3,311.41	10,085.76	35,004.91	28.81%

355	COVID-19 PH Workforce Supplemental	1,881.50	22,487.49	100,332.00	22.41%
029	Dental Clinic - Hillsdale	518.89	4,672.17	22,000.00	21.23%
717	EGL E Swimming Pools	250.25	3,350.33	16,885.00	19.84%
716	EGL E Campgrounds	115.06	2,696.77	18,585.00	14.51%
363	363 CVDIMS Covid Immz Supplemental	4,042.73	26,153.71	215,195.00	12.15%
723	PFAS Response - White Pigeon	0.00	993.91	8,816.00	11.27%
718	EGL E Septage	198.28	1,067.28	11,032.00	9.67%
097	CSHCS Donations BR HD	270.74	985.87	22,826.36	4.31%
023	Capital Expenditures	0.00	2,700.00	78,000.00	3.46%
405	Grant Writing	(0.02)	60.27	1,804.00	3.34%
035	Vector Borne Disease Surveillance	496.81	891.62	33,025.00	2.69%
112	CSHCS Medicaid Outreach	0.00	0.00	115,856.00	0.00%
202	Oral Health	547.28	3,098.07	0.00	0.00%
212	Medical Marijuana BR	483.81	6,154.15	0.00	0.00%
230	Medical Marijuana HD	407.73	2,141.08	0.00	0.00%
275	Medical Marijuana SJ	1,587.37	2,171.88	0.00	0.00%
715	EGL E Long-Term Monitoring	0.00	0.00	3,842.00	0.00%
722	PFAS Response	0.00	0.00	2,116.00	0.00%
724	PFAS - Westside Landfill	0.00	0.00	6,791.00	0.00%
	Total Expense	<u>962,202.15</u>	<u>4,897,149.20</u>	<u>9,641,921.27</u>	<u>50.79%</u>

The Agency is currently 7.54% under budget.

+ Indicates program running over budget

**Within budget - 9 month program

To be within budget, programs should be:

Programs Over Budget as of 4/30/2024

RU 371: 98.34%	Grant ends in June and has been completely expended. This should fall in line as the year progresses because we are no longer working on this project.
---------------------------------	--

RU 024 88.66%	This program will fall back in line as the year progresses. There was a large one time payment in April which causes the program to show as over budget.
--------------------------------	--

RU 010: 83.57%	The current revenue for this program is over budget (at 83.58%), causing expenses to also show over budget. We expect this to fall in line as the year progresses but will continue to monitor and make necessary adjustments in the final budget amendment.
---------------------------------	--

RU 325: 75.07%	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 49.36%.
---------------------------------	---

RU 032: 74.55%	Within budget, as this is a 9-Month Program.
---------------------------------	--

RU 345: 71.58%	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 will continue to monitor and make necessary adjustments in final amendment.
---------------------------------	--

RU 107: 69.01%	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.
---------------------------------	--

RU 719: 63.09%	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: 62.0%	Within budget, as this is a 9-Month Program.
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RU 326: 61.99%	Within budget, as this is a 9-Month Program.
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RU 605: 61.82%	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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May 15, 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 8:30 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, and Laura Sutter.

Mr. Houtz moved to approve the agenda as presented, with support from Mr. Baker. 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. The signed document has been forwarded to MDHHS for approval.

New Business:

- Mr. Baker moved to recommend that the full Board approve the FY25 Annual Implementation Plan for the Area Agency on Aging Region III C, with support from Mr. Houtz. The motion passed unopposed.
- The Financial Controls Policy was discussed, but no action was taken. The document will be amended based on discussion and brought back to next month's meeting.

Public Comment: No public comments were given.

With no further business, Mr. Baker moved to adjourn the meeting with support from Mr. Houtz. The motion passed unopposed and the meeting was adjourned at 9:19 AM.

Respectfully Submitted by:



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



STATE OF MICHIGAN
OFFICE OF THE GOVERNOR
LANSING

GRETCHEN WHITMER
GOVERNOR

GARLIN GILCHRIST II
LT. GOVERNOR

May 16, 2024

Jared Hoffmaster
St. Joseph County Commissioner and
Chair of the Board of Health
570 Marshall Rd.
Coldwater, MI 49036

Re: Proposed Interlocal Agreement- Branch, Hillsdale and St. Joseph Counties

Dear Mr. Hoffmaster:

On behalf of Governor Whitmer, I am responding to an email from Victoria Convertino, Public Health Attorney with the Michigan Department of Health and Human Services, sent on your behalf, which included an attached proposed interlocal agreement for the Operation of the Branch, Hillsdale, and St. Joseph Community Health Agency for Branch, Hillsdale, and St. Joseph Counties.

I am forwarding the information received to the Attorney General's Office for legal review of this proposed interlocal agreement. Our office will respond upon completion of that review and recommendation.

Please contact me if you have any questions or concerns.

Sincerely,

/s/Kristina Gierhart

Kristina Gierhart
Executive Assistant for Legal Services
Office of Governor Whitmer
(517) 241-5630

c: Attorney General's Office, State Operations Division

2023-2026 Multi Year Plan
FY 2024 ANNUAL IMPLEMENTATION PLAN
BRANCH-ST. JOSEPH AREA AGENCY ON AGING 3-C

DRAFT



Planning and Service Area
Branch, St. Joseph

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

Branch-St. Joseph
Community Health Agency
570 N. Marshall Road
Coldwater, MI 49036
517-278-2538 (phone)
888-615-8009 (toll-free)
517-278-2494 (fax)
Rebecca A. Burns, Health Officer
Laura Sutter, Director
Area Agency on Aging
www.bhsj.org/aaa

Regional Aging Representative

Ashley Ellsworth
EllsworthA2@michigan.gov
517-294-9680

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS
FY2023-2026 Multi Year Plan

Branch-St. Joseph Area Agency on Aging

FY 2025

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County/Local Unit of Government Review

Public Hearings

Regional Service Definitions

Access Services

Direct Service Request

Regional Direct Service Request

Approved MYP Program Development Objectives

2025 Program Development Objectives

Supplemental Documents

Planned Service Array

Planned Service Array Narrative

Executive Summary

Include a summary that describes the AAA and the implementation plan including a brief description of the PSA, the AAA's mission, and primary focus for FY 2025.

Instructions

Please include in the Executive Summary a brief description of the following:

A. The PSA and any significant new priorities, plans, or objectives set by the AAA for the use of federal and state funding during FY 2025. If there are no new activities or changes, note that in your response.

B. Describe how the AAA educates the public, its partners, and service providers on the Administration for Community Living (ACL) and the ACLS Bureau expectations regarding targeting older adults in the greatest social and/or economic need including populations that have been historically underserved.

C. Current information about contingency planning for potential reduced federal funding (if plans include the pursuit of alternative funding, identify specific funding sources).

D. Progress made through advocacy efforts to date and focus of advocacy efforts in FY 2025.

E. A brief description of AAA's successes over the past year and any anticipated challenges.

The Branch-St. Joseph Area Agency on Aging (Region IIIC AAA) mission is to provide a full range of high-quality services, programs and opportunities which promote the independence and dignity of older adults, while supporting those who care for them throughout Branch and St. Joseph Counties. As an autonomous department within the Branch-Hillsdale-St. Joseph Community Health Agency, our agency has held this mission since our designation as an Area Agency on Aging in 1996. We are one of 16 AAAs in the State of Michigan responsible for administering Older Americans Act (OAA) and Older Michiganians Act (OMA) funding to address the needs of older adults age 60 and over, and family caregivers living in Branch and St. Joseph Counties.

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

Our Values include:

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

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The two-county planning and service area (PSA) is entirely rural, yet we have a diverse population and a wide continuum of agencies providing supports and services. We also acknowledge diverse and growing community partnerships which continue to develop and thrive. Further, one of our most unique features as an area agency is our organizational structure. We are a division within local public health. The cross-agency collaboration and efficiencies are evident in every aspect of our day-to-day work and proved successful by working alongside a team of public health officials during a pandemic! We continue to thrive as a small but mighty agency.

Our staff of 5 full-time employees continues to answer these calls in real time. As a core function, we continue person-centered Information and Assistance (I&A), referral and over the phone options counseling with families, individuals and professional seeking answers. We will continue to serve vulnerable adults who've been victims of abuse, neglect and/or exploitation through our Victim Assistance Program funded by the Michigan Department of Health and Human Services (MDHHS) Division of Victim Services. Friendly Reassurance calls and Gap Filling services have continued and address unique situations and needs among those individuals who reside alone and without many family supports. Further, the community partnerships that were built as we addressed food insecurity, housing emergencies and service delays during the pandemic have remained intact and further leveraged to support ongoing needs. We've also continued to focus on immunization support and outreach in our communities. Offering information about accessing clinic services, testing support and a way to get to the clinic of their choice. Our link with the Community Health Agency clinic division has supported coordinated communication, work with long term care facilities in support of their immunization efforts and access for hard to reach/homebound individuals via the mobile clinic unit. These efforts to promote and link individuals to adult immunizations will, forever, be a part of what we do.

Targeting our resources toward those whom are 60 or greater, in the greatest social and/or economic need, is something we also do every day. Staff time and grant funding are limited, therefore focusing on those who need us the most are at the forefront of our operational goals. At the time of a call or inquiry, we're listening, observing, and responding with respectful questions to understand stated needs. We will continue our efforts to reach those who don't speak English, are of another culture or have been historically underserved. Our providers, like us, strive to be open to all individuals seeking information and/or supports and we show this through staff training and the way we offer outreach in our communities. Focusing on certain neighborhoods or attending new community partners' events, for example, are real examples of how we are focusing on inclusion via outreach and education.

The FY25 AIP does not outline any significant new priorities, plans or major objectives for the use of Older Americans Act (OAA) or state funding during FY 2025. As always, we will continue to work transparently with providers, the ACLS Bureau and our leadership team to address local needs and utilize federal and state funds in an efficient manner. Advocacy efforts are ongoing with our elected officials in the State Legislature and US Congress. We utilize our established relationships with fellow AAAs, Area Agencies on Aging Association of Michigan (4AM), the Michigan Senior Advocates Council and local Advisory Committee members to share our local stories, invite legislators to local events and also participate in home visits when possible. FY 2025 will be a continuation of these efforts, both locally and in Lansing, with legislators and their staff. Funding challenges in Region IIIC will arise in FY25 as the ARPA funds will have been expended and regular federal and/or state funds are reduced. Waiting lists will persist. Our messages and advocacy will need to continue to paint an accurate picture of how it "looks" in Region IIIC. We remain

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diligent and committed to serving those greatest in social and/or financial need in a manner that is respectful of their preferences and goals. Working in conjunction with a dynamic array of service providers and community partners at the local level, we intend to maintain high quality and accessible services for all who may seek assistance.

County/Local Unit of Government Review

The Michigan Department of Health and Human Services (MDHHS) recognizes the importance of local collaboration including consultation of the complete AIP for each AAA with their county/local unit of government to encourage and foster collaboration between Older Americans Act (OAA) programming and that provided by other non OAA resources.

The Area Agency on Aging (AAA) must send a notification of the complete AIP to the chairperson of each County Board of Commissioners. Notification can be sent via U.S. Mail or by electronic means, with delivery and signature confirmation, no later than June 21, 2024. For a Planning and Service Area (PSA) comprised of a single county or portion of the county, notification of the AIP is to be sent to each local unit of government. The AAA must notify their Bureau of Aging, Community Living, and Supports (ACLS Bureau) Field Representative by July 22, 2024, of any comments or feedback received from their county/local unit of government. If no comments or feedback were received, please indicate that in your response. AAAs are encouraged to provide a copy of their official press release for public hearing to their county/local unit of government as well. The AAA may use electronic communication, including email and website-based documents, as an option for local government notification and consultation of the AIP. To employ this option, the AAA must do the following:

- Send a letter through the U.S. Mail, with delivery and signature confirmation, or an email requiring a response confirming receipt to the chief elected official of each appropriate local government advising them of the availability of the final draft AIP on the AAA's website.
- Offer to provide a printed copy of the AIP via U.S. Mail, or an electronic copy via email, if requested.
- Be available to discuss the AIP with local government officials, if requested.
- Request email notification from the local unit of government of their feedback of the AIP or concerns.

Instructions

Describe the AAA's efforts, including use of electronic communication, to distribute the AIP to the appropriate county and/or local units of government to gain support.

TRIBAL NOTIFICATION

The Michigan Department of Health and Human Services (MDHHS) has an established relationship of working directly with the Federally Recognized Sovereign Indian Tribes of Michigan (Tribes). As part of this work, MDHHS recognizes the importance of Tribal notification including consultation of the complete AIP for each AAA within their PSA to encourage and foster collaboration between Title III and Title VI programming as outlined in the Older Americans Act (OAA).

AAAs, please send an official notification of your complete AIP for any Tribe(s) within your PSA for their review and consultation. If there are no Tribes within the PSA, please indicate that in your response and if a Tribe crosses more than one PSA, each AAA is still expected to send their AIP to Tribes within the PSA. Notification can be sent via U.S. Mail or by electronic means, with delivery and signature confirmation, no later than June 21, 2024. The AAA will notify their ACLS Bureau Field

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Representative by July 22, 2024, of any comments or feedback received from their Tribe(s). If no comments or feedback are received, please indicate that in your response. The AAA may use electronic communication, including email and website-based documents, as an option for Tribe notification and consultation of the AIP. To employ this option, the AAA must do the following:

- Send a letter through the U.S. Mail, with delivery and signature confirmation, or an email requiring a response confirming receipt to the Chairperson of the Tribal Council advising them of the availability of the final draft AIP on the AAA's website (instructions for how to view and print the document must be included).
- Offer to provide a printed copy of the AIP via U.S. Mail, or an electronic copy via email, if requested.
- Be available to discuss the AIP with Tribal elders and/or Tribal officials, if requested.
- Request email notification from the Tribe of their comments and feedback of the AIP or concerns.

Instructions

Describe the AAA's efforts, including use of electronic communication, to distribute the AIP to the appropriate Tribe(s) within your PSA for notification and consultation. Describe any current and future collaborative efforts with Tribe(s) within your PSA including any anticipated outreach efforts. AAAs, note whether your Policy and Advisory Boards have representation from the Tribe(s) and/or elders within your PSA. If not, describe the AAAs efforts to build and foster relationships with the Tribe(s) to encourage potential representation on these respective boards.

The Branch-St. Joseph Area Agency on Aging (AAA) is an autonomous department within the Branch-Hillsdale-St. Joseph Community Health Agency (CHA). The CHA Board of Health serves as the AAA Policy Board. The Board of Health is comprised of two County Commissioners from each county in the public health jurisdiction. The FY 2025 Area Implementation Plan (AIP) was formally presented to the Board of Health's Program, Policy and Appeals Committee on May 15, 2024 for discussion and thorough review. The Committee took action to bring the FY 2025 AIP to the full Board of Health at their regular meeting on May 23, 2024. At the May 23rd Board of Health meeting, the Board of Health <<INSERT BOH ACTION TAKEN support/unanimously supported the FY 2025 AIP for submission to the ACLS Bureau>>.

The AAIIIC Advisory Committee received an electronic copy of the FY2025 Annual Implementation Plan draft on April 24, 2024 in advance of the Public Hearing being held on May 8, 2024. Discussion about the Plan began in February 2024, with the Director offering monthly updates to Board and Advisory Committee members along with encouragement to share input, pose questions, and attend the Public Hearing in Coldwater. The Advisory Committee <<unanimously>> supported the FY 2025 AIP at their May 21, 2024 meeting.

The FY25 AIP final draft will be sent via electronic mail <<INSERT DATE>> to both County Administrators after the AIP was approved by the Board of Health at their May meeting. Should county's wish to have an AIP presentation, the AAA Director and/or Health Officer will present highlights, as in the past, to County Boards of Commissioners at their requested meeting date/time. The Branch-St. Joseph AAA Director will

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share feedback and any subsequent county action taken with our ACLS Bureau Field Representative .

And finally, there are no Federally Recognized Sovereign Indian Tribes in planning and service area Region IIC (Branch and St. Joseph County).

Public Hearings

At least one public hearing on the FY 2025 AIP must be held in the PSA. Hearing(s) must be made accessible to all. Persons need not be present at the hearing(s) to provide testimony. E-mail and written testimony must be accepted for at least a 30-day period beginning when the summary of the AIP is made available.

The AAA must post a notice of the public hearing(s) in a manner that can reasonably be expected to inform the public about the hearing(s). Acceptable posting methods include, but are not limited to: paid notice in at least one newspaper or newsletter with broad circulation throughout the PSA; as well as news sources geared toward communities of color, tribal, Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+), immigrant communities and/or other underrepresented groups; presentation on the AAA's website, along with communication via email and social media referring to the notice; press releases and public service announcements; and a notice to AAA partners, service provider agencies, older adult organizations, and local units of government. See Operating Standards for AAAs, Section B-2 #3. The public hearing notice should be available at least 30 days in advance of the scheduled hearing. This notice must indicate the availability of a summary of the AIP at least 14 days prior to the hearing, along with information on how to obtain the summary. All components of the AIP should be available for the public hearing(s).

Instructions

Complete the chart below regarding your public hearing(s). Include the date, time, number of attendees and the location and accessibility of each public hearing. Please scan any written testimony (including emails received) as a PDF and upload on this tab.

In addition, the AAA should also upload a copy of your official notice and/or press release(s) for a public hearing. Please describe the strategy/approach employed to encourage public attendance and testimony on the AIP. Describe all methods used to gain public input and any impacts on the AIP. Describe how the AAA factored the accessibility issues of the service population and others in choosing the format of the meeting.

For FY 2025, AAAs please describe how the agency involved the Policy and Advisory Boards with encouraging and promoting participation at the public hearings(s). Did a representative from either the Policy and/or Advisory Board attend the hearing(s)?

Date	Location	Time	Barrier Free?	No. of Attendees
05/08/2024	BHSJ Community Health Ager	10:30 AM	Yes	8

The Region IIIC AAA utilized multiple methods to encourage public and community partner input on the AIP. The Public Hearing was released via formal Press Release on April 15, 2024 to all print and radio news outlets across the two-county PSA. Press Releases also go to network television stations who carry national affiliation. Paid advertisements were not sought this year as the pricing is so cost prohibitive. The full Press Release is attached in the "budget and other documents" section of the AIP and complies with

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Bureau Operating Standards for AAA's.

Aging network providers, the Board of Health (AAA IIC Policy Board) and the AAA Advisory Committee were also engaged in and sent notices for the Public Hearings. The FY 2025 AIP Draft (including the budget) was posted on our AAA website along with the Public Hearing listed in the "Upcoming Events" section. Virtual participation in the Public Hearing was also an option. The virtual meeting link was publicized within our Public Notice and posted on our website.

The Public Hearing was hosted at the main office of the Community Health Agency/ Region IIC AAA at 10:30 am on Wednesday, May 8, 2024. The Plan was discussed and a summary of each section was presented by the Area Agency on Aging Director. Rick Shaffer, St. Joseph County Commissioner & St. Joseph County resident, shared history and background of the creation of Region IIC AAA from his perspective during his previous tenure on the County Board of Commissioners. He stated that Branch and St. Joseph counties were not receiving their fair share from the former Region 3 AAA. Branch and St. Joseph County Boards of Commissioners advocated strongly to bring the AAA local. This effort to bring the AAA local included strong public support. Rick acknowledged continued success of the Area Agency on Aging Region IIC over the years and complimented its leadership and strong advocacy. He further stated the region needs to maintain its independence as its own planning and service area. Rick also noted that affordable, accessible housing is a strong need in our area and is supportive of efforts to address this on-going issue. Candy Cox, a BHSJ Community Health Agency employee and Branch County resident also shared comments during the Hearing. Candy shared her support for development of an adult day program in Branch County as it is greatly needed. She also supported the ideas about approaching a local skilled nursing facility because they are well-staffed, well-trained in dementia care, and they have a strong administrator. Candy also shared that Meals on Wheels through Burnside Center has been a huge benefit to Branch County residents. Jim Cook, MSAC Delegate and AAIIIC Advisory Committee Chairperson, shared his support for the Plan as presented. Jim complimented the AAA for their advocacy and outreach work including a special emphasis on our agency's efforts to reach those with communication barriers or who are non-english speaking.

There were no Public Hearing participants present via the virtual meeting platform. The Public Hearing concluded at 11:07am.

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Regional Service Definitions

If the AAA is proposing to fund a new (not previously approved in this multi-year planning cycle) service category that is not included in the Operating Standards for Service Programs, then information about the proposed service category must be included in this section.

Instructions
Enter the new regional service name, identify the service category, and fund source, include unit of service, minimum standards and why activities cannot be funded under an existing service definition.

Service Name/Definition

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

Service Category	Fund Source			Unit of Service
Access	Title III PartB	Title III PartD	Title III PartE	
In-Home	Title VII	State Alternative Care	State Access	
Community	State In-home	State Respite		
	Other _____			

Minimum Standards

Access Services

Access services may be provided to older adults directly through the AAA without a direct service provision request. These services include Care Transition Coordination & Support; Care Management; Case Coordination and Support; Options Counseling; Disaster Advocacy and Outreach Programs; Information and Assistance; Outreach, with specific attention to outreach with underserved populations, and Merit Award Trust Fund/State Caregiver Support-funded transportation. If the AAA is planning to provide any of the above noted access services directly during FY 2025, complete this section.

Instructions

Select from the list of access services those services the AAA plans to provide directly during FY 2025, and provide the information requested. Specify, in the appropriate text box for each service category, the planned goals and activities that will be undertaken to provide the service.

The Area Plan Grant Budget that is uploaded and saved in AMPS must include each access service to be provided directly in the Direct Service Budget details tab. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and state funds) identified in the Area Plan Grant Budget's Support Services Detail tab. The method of provision must be specified in the Service Summary tab.

Care Management

<u>Starting Date</u>	10/01/2024	<u>Ending Date</u>	09/30/2025
Total of Federal Dollars	\$44,954.00	Total of State Dollars	\$91,973.00

Geographic area to be served
 Branch & St. Joseph counties

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

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

Activities:

- ~ Care Consultants will further refine and improve the intake process to assure targeting of appropriate participants to each level of care outlined in the "Access and Service Coordination Continuum"
- ~Seek additional service providers (Purchase of Service vendors) to serve participants in Region IIIC AAA
- ~Communicate continued need for additional flexibility and additional staff from existing service providers to be able to accommodate participants' person-centered support plan/care plan
- ~Care consultants will discuss with participants adult immunizations (including COVID-19 immunization/boosters, flu, pneumonia and shingles) for themselves, their family members and/or caregivers

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

Activities:

- ~ Care Consultants will continue to screen/assess participants/victims for current or past abuse, neglect and/or exploitation

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~ Care Consultants will seek training and education sessions relevant to the prevention of abuse, neglect and/or exploitation

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

Activities:

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

Number of client pre-screenings:	Current Year: 60	Planned Next Year: 70
Number of initial client assessments:	Current Year: 50	Planned Next Year: 60
Number of initial client care plans:	Current Year: 50	Planned Next Year: 60
Total number of clients (carry over plus new):	Current Year: 80	Planned Next Year: 90
Staff to client ratio (Active and maintenance per Full time care manager):	Current Year: 1:35	Planned Next Year: 1:40

Information and Assistance

<u>Starting Date</u>	10/01/2024	<u>Ending Date</u>	09/30/2025
Total of Federal Dollars	\$25,057.00	Total of State Dollars	\$0.00

Geographic area to be served

Branch & St. Joseph counties

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

Goal #1: Provision of comprehensive, unbiased Information and Assistance (I&A)/referral

Activities:

- ~ Continue to provide referrals according to the ACLS Bureau and national Alliance for Information and Referral Systems (AIRS) standards
- ~ Continue to update files and maintain data entry into the State of Michigan Aging Information System - Aging and Disability Resource Center Information Center (ADRCIS) database
- ~ Staff shall complete surveys with (10% as per I&A standard) callers each quarter to assure high quality information & assistance services
- ~ Staff shall support education efforts among callers regarding immunization, including COVID-19 vaccination/testing/support as well as other adult immunizations, as needed

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

Activities:

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

Goal #3: Continue to maintain accurate data and submit accurate data/program reporting related to ACLS

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Bureau Standards and reporting requirements, for inclusion in the statewide resource database and National Aging Program Information Systems (NAPIS) reporting tool

Activities:

- ~ Staff shall continue to develop and monitor the ADRCIS resource database for accurate data entries , as necessary
- ~ Staff shall continue to seek updated information through contact with programs , service agencies, and organizations for inclusion in the database
- ~ Staff shall continue to complete accurate data entry into the database according to the ACLS Bureau standards

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

Activities:

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

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Direct Service Request

This section applies only if the AAA is submitting a new request to provide an in-home, community, or nutrition service directly that was not previously approved in this multi-year planning cycle.

It is expected that in-home, community, and nutrition services will be provided under contracts with community-based service providers, but when appropriate, AAAs can request to provide these services directly. Direct service provision requests must be approved by the Commission on Services to the Aging (CSA). Direct service provision is defined as “providing a service directly to a senior, such as preparing meals, doing chore services, or working with seniors in an adult day setting.” Direct service provision by the AAA may be appropriate when, in the judgment of the ACLS Bureau: A) provision is necessary to ensure an adequate supply; B) the service is directly related to the AAA’s administrative functions; or C) a service can be provided by the AAA more economically than any available contractor, and with comparable quality.

Instructions

Select the service from the list and enter the information requested pertaining to basis, justification, and public hearing discussion for any new Direct Service Request for FY 2025. Specify in the appropriate text box for each service category the planned goals and activities that will be undertaken to provide the service.

Direct service budget details for FY 2025 are to be included under the Direct Service Budget tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and state funds) identified on the Support Services Detail page.

Please skip this section if the AAA is not submitting a new request to provide an in-home, community, or nutrition service directly during FY 2025.

Total of Federal Dollars

Total of State Dollars

Geographic Area Served

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

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

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

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

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

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Regional Direct Service Request

This section applies only if the AAA is submitting a new request to provide a regional service directly that was not previously approved in the multi-year planning cycle.

It is expected that regionally defined services, as identified in the category above, will be provided under contract with community-based service providers, but when appropriate, a regional service provision request may be approved by the CSA to be provided directly. The basis for requesting direct provision of a regional direct service by the AAA would be if, in the judgment of the ACLS Bureau: A) provision is necessary to assure an adequate supply; B) the service is directly related to the AAA's administrative functions; or C) a service can be provided by the AAA more economically than any available contractor, and with comparable quality.

Instructions

AAAs that have a new request to provide a regional service directly must complete this tab for each service category. Enter the regional service name in the box and click "Add." The regional service name will appear in the dialog box on the left after the screen refreshes. Select the link for the newly added regional direct service and enter the information requested pertaining to basis, justification, and public hearing discussion for any new regional direct service request for FY 2025. Also specify in the appropriate text box for each service category the planned goals and activities that will be undertaken to provide the service.

Regional Direct Service Budget details for FY 2025 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and state funds) identified in the Area Plan Grant Budget, Support Services Detail page.

Total of Federal Dollars

Total of State Dollars

Geographic Area Served

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

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

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

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

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

Approved MYP Program Development Objectives

APPROVED MYP GOALS AND OBJECTIVES

Goals and objectives previously set by the AAA and approved by the CSA in this multi-year planning cycle are included as read-only. For each of these established objectives, a text box is included for the AAA to provide information on progress toward the objectives to date. This text box is editable.

Instructions

Please provide information on progress to date for each established objective under the section tab entitled "Progress."

For the Diversity, Equity, and Inclusion (DEI) objective, the ACLS Bureau Operating Standards for AAAs have long required that preference be given to serving older persons in greatest social or economic need with particular attention to low-income minority elderly.

Please refer to Operating Standards for AAAs sections C-2 and C-4 along with the Document Library for the ACLS Bureau training completed on Embedding Diversity, Equity & Inclusion (DEI) within Aging Services across Michigan for the MYP Cycle.

Within the progress tab, ensure to address, at a minimum, the below:

Objective 1- Increase services provided to veterans Black, Indigenous (Tribal), and People of Color (BIPOC), and LGBTQ+ seniors served in your region. Please share progress made from FY 2023 through FY 2024 on this objective including any data that the AAA has collected and/or tracked that supports efforts to outreach and/or serve more BIPOC and LGBTQ+ seniors within the PSA. New for FY 2025 AIP, AAAs please describe current methods of outreach and/or targeting of older adults who have served in the US military and ways the AAA could potentially increase services and coordination for veterans and their spouses within the PSA.

Objective 2- Increase the number of AAA staff, providers, caregivers, and volunteers trained in implicit bias, cultural competencies, and root causes of racism. Please describe how the AAA ensures cultural competency trainings reflect the demographics of the seniors residing within the PSA and how the AAA evaluates how staff, providers, caregivers, and volunteers apply this training.

Objective 3- Increase availability of linguistic translation services and communications based on the cultural needs in the region in which you serve. Please include the top 3 requested linguistic translation services for your PSA. How does the AAA ensure staff are trained to identify a possible linguistic translation need of a senior, caregiver, and/or family member?

Area Agency on Aging Goal

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

Objectives

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

Branch-St. Joseph Area Agency on Aging

FY 2025

Branch County.

Timeline: 10/01/2022 to 09/30/2023

Progress

We've been giving our community partners some additional time to recoup from the pandemic as previously reported. We intend to approach them in early fall 2024 to discuss a Branch County Adult Day program. We had last approached specific contacts in 2019, then the pandemic began in 2020, so we've paused our efforts. Our most viable entity to examine the feasibility of an adult day program is our County Medical Care facility, MapleLawn. We will work to set meetings to discuss these efforts in fall 2024.

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

Objectives

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

Timeline: 10/01/2022 to 09/30/2023

Progress

FY2024 has definitely been a very busy year for our team in responding to victims of abuse, neglect and exploitation. As of the end of the second quarter, we've served nearly 20 individuals and also worked with multiple new community partners through our Interdisciplinary Team efforts in each county. Our team has been working diligently to provide victim-centered advocacy, support, resources and safety planning to assure victims stated goals are achieved. Each county's Interdisciplinary Team is meeting monthly, discussing complex cases and working to address community-specific issues related to the prevention of abuse, neglect and exploitation. Ongoing communication and collaboration with local community partners, including law enforcement and other first responders, has been a strongly held priority for our agency. Additional community partners include the Twin County Probation, Hope United (a faith-community collaborative), Restored Hope Furniture Ministry, Keystone Place, Integrated Services, and multiple food pantries. In 2025 our efforts will process and further develop these relationships as well as revising the "St. Joseph County Vulnerable Adult Protocol" to address new laws/mandates and practices.

C. Improve the Accessibility of Services to Michigan's Communities and People of Color, Immigrants and LGBTQ+ Individuals.

Objectives

1. Assure AAA staff and local aging network providers are trained in diversity, equity and inclusion topics. This will include training topics on how to recognize and address unconscious bias.

Timeline: 10/01/2022 to 09/30/2023

Progress

All new AAA staff (new RN Care Consultant and new Elder Abuse Victim Specialist) have completed multiple trainings surrounding diversity, equity and inclusion. Our HR staff person at the Community Health Agency is assisting us establish a baseline orientation and training checklist to include DEI training. Our local aging network partners are monitored annually in which their progress is also discussed and noted. As of July 2023,

Branch-St. Joseph Area Agency on Aging

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all contracted providers (8 total with over 300 staff total) had participated in some form of cultural diversity training and/or implicit bias training. We intend to continue monitoring the networks' success in maintaining these trainings annually during our monitoring visits.

To address Objective 3:

Increase availability of linguistic translation services and communications based on the cultural needs in the region in which you serve. Please include the top 3 requested linguistic translation services for your PSA. How does the AAA ensure staff are trained to identify a possible linguistic translation need of a senior, caregiver, and/or family member?

Linguistic translation services have been requested multiple times by our local Branch County Commission on Aging office to support an individual seeking, first, health insurance counseling and most recently additional information related to other in-home supports and services. Our BHSJ Community Health Agency Personal Health & Disease Prevention Division has a translation service available and is quite user friendly to use via an iPad and internet-based translation.

Our most requested languages via our translation service are Arabic, Spanish, American Sign Language, and Haitian Creole. All staff (providers and their volunteers where applicable) are oriented and trained on identifying the need for possible translation and how to utilize the service.

The BHSJ Community Health Agency also just updated their entire website, including the Area Agency on Aging page, to offer Google translation to visitors. We'll share statistics once they become available.

2. Ensure that AAA3C staff and providers use outreach methods which are culturally sensitive and welcoming to all individuals. This targeted outreach includes sensitivity for individuals from other cultures, backgrounds, and whom use other language(s) than English.

Timeline: 10/01/2022 to 09/30/2023

Progress

The Region IIIC AAA brochure is currently being translated into Arabic and Spanish and is due from the printer any day now as the AIP is being written! Thanks to the ACLS Bureau for supporting our efforts to translate our main outreach tool into languages spoken in our planning and service area.

In May 2023, our provider assessments/monitoring visits will begin. During these visits we will be discussing, observing and noting providers outreach methods including items published, images used, and language used in their materials. More to come on this objective!

2025 Program Development Objectives

FY 2025 AIP COLLABORATION WITH STATE PLAN GOALS

Please provide information for any new goals and objectives that are proposed by the AAA during FY 2025.

Instructions

The AAA may enter a new goal in the appropriate text box. It is acceptable, though not required, if some of the AAA's goals correspond to the ACLS Bureau's state plan goals. There is an entry box to identify which, if any, state plan goal(s) correlate with the entered goal. See the Document Library for Michigan's State Plan on Aging for FY 2024 – FY 2026.

A narrative for each goal should be entered in the appropriate text box. Enter objectives related to each program development goal in the appropriate text box.

Complete the information in the text boxes for the timeline, planned activities and expected outcomes for each objective (see Document Library for additional instructions on completing this section).

Area Agency on Aging Goal

A.

State Goal Match:

Narrative

Objectives

1.

Timeline: to

Activities

Expected Outcome

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS
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Supplemental Documents

Document A: Policy Board Membership (Required).

Document B: Advisory Council Membership (Required).

SUPPLEMENTAL DOCUMENTS FOR SPECIAL APPROVAL

Select the supplemental document(s) from the list below only if applicable to the AAA's FY 2025 AIP. Provide all requested information for each selected document. Note that older versions of these documents will not be accepted and should not be uploaded as separate documents.

Document C: Proposal Selection Criteria - should only be completed if there are new or changed criteria for selecting providers (only if applicable).

Document D: Cash-In-Lieu-Of-Commodity Agreement (only if applicable).

Document E: Waiver of Minimum Percentage of a Priority Service Category (only if applicable).

Document F: Request to Transfer Funds (only if applicable).

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Michigan Department of Health & Human Services
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SUPPLEMENTAL DOCUMENT A
Board of Directors Membership

	Asian	Black or African American	American Indian or Alaska Native	Hispanic or Latino	Native Hawaiian or Other Pacific	Middle Eastern or North African	White	Total Membership
Membership Demographics	1	0	0	0	0	0	3	6
Age 60 and Over	1	0	0	0	0	0	1	2
Identifies as Female	0	0	0	0	0	0	0	0
Identifies as Male	1	0	0	0	0	0	2	3
Identifies as Transgender, Non-Binary, or Another Gender	0	0	0	0	0	0	0	0
Gender Undisclosed or Declined to Answer	0	0	0	0	0	0	0	0
Persons with Disabilities	0	0	0	0	0	0	0	0
Persons who Served in the US Military	0	0	0	0	0	0	0	0

STATE OF MICHIGAN
Michigan Department of Health & Human Services
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Board Member Name	Geographic Area	Affiliation	Membership Status
Jon Houtz	Branch County	County Commissioner	Elected Official
Brent Leininger	Hillsdale County	County Commissioner	Elected Official
Jared Hoffmaster	St. Joseph County	County Commissioner	Elected Official
Rusty Baker	St. Joseph County	County Commissioner	Elected Official
Tom Matthew	Branch County	County Commissioner	Elected Official
Steve Lanius	Hillsdale County	County Commissioner	Elected Official

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Michigan Department of Health & Human Services
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SUPPLEMENTAL DOCUMENT B
Advisory Board Membership

	Asian	Black or African American	American Indian or Alaska Native	Hispanic or Latino	Native Hawaiian or Other Pacific	Middle Eastern or North African	White	Total Membership
Membership Demographics	0	1	0	0	0	0	8	10
Age 60 and Over	0	0	0	0	0	0	4	4
Identifies as Female	0	1	0	0	0	0	4	5
Identifies as Male	0	0	0	0	0	0	4	0
Identifies as Transgender, Non-Binary, or Another Gender	0	0	0	0	0	0	0	0
Gender Undisclosed or Declined to Answer	0	0	0	0	0	0	0	0
Persons with Disabilities	0	0	0	0	0	0	0	0
Persons who Served in the US Military	0	0	0	0	0	0	0	0

Board Member Name	Geographic Area	Affiliation
Amy Duff	Branch County	Focal Point
Pamela Riley	St. Joseph County	Focal Point
Richard Jacoby	Branch County	Human Service/Social Service Representative
Madelene Wirgau	St. Joseph County	Human Service/Social Service Representative
Sandra Leslie	St. Joseph County	Human Service/Social Service Representative
Trish Wood	Branch, St. Joseph County	Health Services Representative

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Kelly Jonker	Branch, St. Joseph County	Health Services Representative
Denny Brieske	Branch County	Consumer/Volunteer/Community Leader
James Cook	Branch County	Consumer/Volunteer/Community Leader
Rick Shaffer	St. Joseph County	Consumer/Volunteer/Community Leader

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SUPPLEMENTAL DOCUMENT F
Request to Transfer Funds

1	The Area Agency on Aging requests approval to transfer funds from Title III-B Supportive Services to Title III-C Nutrition Services. The Agency assures that this action will not result in a reduction in support for in-home services and senior center staffing. Rationale for this request is below.	Amount of Transfer 0
2	The Area Agency on Aging requests approval to transfer funds from Title III-C1 Congregate Nutrition Services to Title III-B Supportive Services for in-home services. The rationale as to why congregate participation cannot be increased is described below.	Amount of Transfer 60,000
<p>As a result of our community needs assessment for many years, in home and other supportive services such as care management/case coordination & support are in greater demand in Region IIIC than of Congregate Meals. This request to transfer funds allows us to better fulfill needs throughout the planning and service area.</p> <p>As such, the \$60,000 transfer out of Title IIIC-1 shall be allocated as follows: C1 to 3B --- \$35,000 C1 to C2 --- \$25,000</p>		
3	The Area Agency on Aging requests approval to transfer funds from Title III-C1 Congregate Nutrition to Title III-B Supportive Services for participant transportation to and from meal sites to possibly increase participation in the Congregate Nutrition Program. Rationale for this request is below.	Amount of Transfer 0

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Michigan Department of Health & Human Services
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Planned Service Array

Complete the FY 2025 AIP Planned Service Array form for your PSA. Indicate the appropriate placement for each ACLS Bureau service category and regional service definition. Unless noted otherwise, services are understood to be available PSA-wide.

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

* Not PSA-wide

Planned Service Array Narrative

Describe the area agency's rationale/strategy for selecting the services funded under the AIP in contrast to services funded by other resources within the PSA, especially for services not available PSA-wide.

Instructions

Use the provided text box to detail the Planned Service Array narrative.

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

The two services that are contracted by the Area Agency but not available PSA-wide are Home Repair and Adult Day Services. Since 2014 our agency has been searching for alternate providers, however we have not been successful in developing/locating one as of yet. Our search continues and as you will read in the program development section, it remains a goal for FY 2025. Home repair was put out for bid in the 2022 Request for Proposals, but as has occurred historically, there has only been one bidder who responded and their services are offered in St. Joseph County only.

There are also two services not listed on the Planned Service Array table which are approved Regional Service Definitions that are available PSA wide: Community Living Program Services (CLPS) and Gap Filling. Both services are based upon other regions' successes, and now include multiple years of success in Region IIIC! CLPS offers clients of our Care Management Program flexibility in their service plans and offers the most flexibility to the agency(ies) providing direct care and support to them. Gap filling is also a flexible definition to offer a good or service not met by other means/services to support an individuals' safety and well being.

Caregiver Support, Caregiver Education and Caregiver Training are also listed as one service (Caregiver EST) in the Planned Services Array table, however, the Operating Standards have been updated and we are proposing to utilize all three separate services in Region IIIC, beginning October 1, 2024.

FY 2025 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL

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

Budget Period: 10/01/24 to 09/30/25
 Date: 04/05/24 Rev. No.: Original

Rev. 2/23/24
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*Operating Standards For AAA's

Op Std	SERVICE CATEGORY	Title III-B	Title III-D	Title III-E	Title VII A Title VII/EAP	OMB	State Access	State In-Home	St. Alt. Care	State Care Mgmt	State NHO	St. ANS	St. Respite (Escheat)	MATF	St. CG Suppt	TUM/Medicaid MSO Fund	Program Income	Cash Match	In-Kind Match	TOTAL
A	Access Services																			
A-1	Care Management	44,954							80,228			11,745				60,000		35,902	10,000	242,829
A-2	Case Coordination/Support			7,000			7,532											15,000		29,532
A-3	Disaster Advocacy & Outreach Program																			-
A-4	Information & Assistance			25,057															5,000	30,057
A-5	Outreach																			-
A-6	Transportation	30,000		7,000										8,000			22,000	28,000		95,000
A-7	Options Counseling																			-
A-8	Care Transition Coordination and Support																			-
B	In-Home																			
B-1	Chore	10,000															500	2,500		13,000
B-2	Home Care Assistance																			-
B-3	Home Injury Control																			-
B-4	Homemaking							92,110	14,725								16,500	40,000		163,335
B-6	Home Health Aide																			-
B-7	Medication Management							9,300												9,300
B-8	Personal Care							70,000	14,726								16,000	45,000		145,726
B-9	Assistive Device & Technology							10,000												10,000
B-10	Respite Care							17,825					12,812	5,016			4,000	18,000		57,653
B-11	Friendly Reassurance	10,000																600	1,500	12,100
C	Community Services																			
C-1	Adult Day Services												18,700	18,485	3,887		15,000	31,000		87,072
C-6	Disease Prevention/Health Promotion		8,707														500	2,500		11,707
C-7	Health Screening																			-
C-8	Assistance to Hearing Impaired & Deaf Community																			-
C-9	Home Repair	6,500															500	3,500		10,500
C-10	Legal Assistance	13,000															500	1,800		15,300
C-11	LTC Ombudsman	2,000																18,000		20,000
C-12	Senior Center Operations																			-
C-13	Senior Center Staffing																			-
C-14	Vision Services																			-
C-15	Programs for Prevention of Elder Abuse, Neglect, Exploitation																			-
C-16	Counseling Services																			-
C-18	Caregiver Supplement Services																			-
C-19	Kinship Support Services																			-
C-21	Caregiver Education			8,400													500	10,000		18,900
C-22	Caregiver Training			500																500
C-23	Caregiver Support Groups			8,000																8,000
*C-8	Program Development	23,000																		-
	Region Specific																			
	Community Living Program Services	5,000																	1,500	6,500
	Gap Filling	5,500																	650	6,150
	c.																			-
	d.																			-
	e.																			-
	f.																			-
Sp Co	8. MATF Adm													3,115						3,115
Sp Co	9. St CG Sup Adm														384					384
	SUPPORT SERVICE TOTAL	149,954	8,707	55,957	-	-	7,532	199,235	29,451	80,228	-	11,745	31,512	34,616	4,271	60,000	76,000	251,802	22,650	1,023,660

FY 2025 NUTRITION / OMBUDSMAN / RESPITE / KINSHIP - PROGRAM BUDGET DETAIL

Rev. 2/23/24

Agency: Branch-St. Joseph Area Agency | Budget Period: 10/01/24 to 9/30/25
 PSA: 3C | Date: 04/05/24 | Rev. Number | Original

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FY 2025 AREA PLAN GRANT BUDGET - TITLE III-C NUTRITION SERVICES DETAIL

Op Std	SERVICE CATEGORY	Title III C-1	Title III C-2	State Congregate	State HDM	NSIP	Title III-E	Program Income	Cash Match	In-Kind Match	TOTAL
	Nutrition Services										
C-3	Congregate Meals	91,044		2,523				55,000	15,000		163,567
B-5	Home Delivered Meals		127,204		125,206	121,695		125,000	90,250		589,355
C-4	Nutrition Counseling										-
C-5	Nutrition Education										-
B-12	Carry-out Meal (COM)										-
	AAA RD/Nutritionist*	950									950
	Nutrition Services Total	91,994	127,204	2,523	125,206	121,695	-	180,000	105,250	-	753,872

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

FY 2025 AREA PLAN GRANT BUDGET-TITLE VII LTC OMBUDSMAN DETAIL

Op Std	SERVICE CATEGORY	Title III-B	Title VII-A	Title VII-EAP	State NHO	MSO Fund	Program Income	Cash Match	In-Kind Match	TOTAL
	LTC Ombudsman Ser									
C-11	LTC Ombudsman	2,000	-	-	-	-	-	18,000	-	20,000
C-15	Elder Abuse Prevention	-	-	-	-	-	-	-	-	-
	Region Specific	-	-	-	-	-	-	-	-	-
	LTC Ombudsman Ser Total	2,000	-	-	-	-	-	18,000	-	20,000

FY 2025 AREA PLAN GRANT BUDGET- RESPITE SERVICE DETAIL

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

FY 2025 AREA PLAN GRANT BUDGET-TITLE E- KINSHIP SERVICES DETAIL

Op Std	SERVICE CATEGORY	Title III-B	Title III-E				Program Income	Cash Match	In-Kind Match	TOTAL
	Kinship Ser. Amounts Only									
C-18	Caregiver Sup. Services	-					-		-	-
C-19	Kinship Support Services	-	-				-		-	-
C-21	Caregiver Education	-	2,500				-		-	2,500
C-22	Caregiver Training	-					-		-	-
C-23	Caregiver Support Groups	-	2,500				-		-	2,500
	Kinship Services Total	-	2,500				-		-	2,500

Planned Services Summary Page for FY 2025			PSA: 3C			
Service	Budgeted Funds	Percent of the Total	Method of Provision			
			Purchased	Contract	Direct	
ACCESS SERVICES						
Care Management	\$ 242,829	13.66%	x		x	
Case Coordination & Support	\$ 29,532	1.66%		x		
Disaster Advocacy & Outreach Program	\$ -	0.00%				
Information & Assistance	\$ 30,057	1.69%			x	
Outreach	\$ -	0.00%				
Transportation	\$ 95,000	5.34%		x		
Option Counseling	\$ -	0.00%				
Care Transition Coordination and Support	\$ -	0.00%				
IN-HOME SERVICES						
Chore	\$ 13,000	0.73%		x		
Home Care Assistance	\$ -	0.00%				
Home Injury Control	\$ -	0.00%				
Homemaking	\$ 163,335	9.19%	x	x		
Home Delivered Meals	\$ 589,355	33.16%		x		
Home Health Aide	\$ -	0.00%				
Medication Management	\$ 9,300	0.52%	x			
Personal Care	\$ 145,726	8.20%	x	x		
Personal Emergency Response System	\$ 10,000	0.56%	x			
Respite Care	\$ 57,653	3.24%	x	x		
Friendly Reassurance	\$ 12,100	0.68%		x	x	
COMMUNITY SERVICES						
Adult Day Services	\$ 87,072	4.90%	x	x		
Congregate Meals	\$ 163,567	9.20%		x		
Nutrition Counseling	\$ -	0.00%				
Nutrition Education	\$ -	0.00%				
Disease Prevention/Health Promotion	\$ 11,707	0.66%		x		
Health Screening	\$ -	0.00%				
Assistance to the Hearing Impaired & Deaf Community	\$ -	0.00%				
Home Repair	\$ 10,500	0.59%		x		
Legal Assistance	\$ 15,300	0.86%		x		
Long Term Care Ombudsman/Advocacy	\$ 20,000	1.13%		x		
Senior Center Operations	\$ -	0.00%				
Senior Center Staffing	\$ -	0.00%				
Vision Services	\$ -	0.00%				
Programs for Prevention of Elder Abuse, Neglect, & Counseling Services	\$ -	0.00%				
Carry-Out Meal (COM)	\$ -	0.00%				
Caregiver Supplemental Services	\$ -	0.00%				
Kinship Support Services	\$ -	0.00%				
Caregiver Education	\$ 18,900	1.06%		x		
Caregiver Training	\$ 500	0.03%		x		
Caregiver Support Groups	\$ 8,000	0.45%		x		
AAA RD/Nutritionist	\$ 950	0.05%		x		
PROGRAM DEVELOPMENT	\$ 27,000	1.52%			x	
REGION-SPECIFIC						
Community Living Program Services	\$ 6,500	0.37%	x			
Gap Filling	\$ 6,150	0.35%	x	x		
c.	\$ -	0.00%				
d.	\$ -	0.00%				
e.	\$ -	0.00%				
f.	\$ -	0.00%				
SUBTOTAL SERVICES						
	\$ 1,774,033					
MATF & ST CG ADMINISTRATION						
	\$ 3,499	0.20%			x	
TOTAL PERCENT			100.00%	13.26%	78.59%	8.16%
TOTAL FUNDING		\$ 1,777,532		\$235,545	\$1,396,980	\$145,007

Note: Rounding variances may occur between the Budgeted Funds column total and the Total Funding under the Method of Provision columns due to

percentages in the formula. Rounding variances of + or (-) \$1 are not considered material.

FY 2025 BUDGET REVIEW SPREADSHEET

Rev. 2/23/24

Agency:	Branch-St. Joseph	3C		Fiscal Year:	FY 2025
Date of SGA:	Cost Allocation Plan	SGA No.	1/10/2024	Date Reviewed by AASA:	
Date of Budget:	04/05/24	Revision No.	Original	Initials of Field Rep Approving:	
SGA CATEGORY	SGA AWARD	C/O AMOUNT	TOTAL	AAA COMMENTS	
Title III Administration	\$ 48,202		\$ 48,202		
State Administration	\$ 8,371		\$ 8,371		
Title III-B Services	\$ 149,954		\$ 149,954	Transfer Request submitted (Appendix F) and reflected in corresponding "SGA AWARD" cell:	
Title III-C-1 Services	\$ 91,994		\$ 91,994	From Title III C1 (\$60,000)	
Title III-C-2 Services	\$ 127,204		\$ 127,204	To Title III C2 \$25,000	
Federal Title III-D (Prev. Health)	\$ 8,707		\$ 8,707	To Title III B \$35,000	
Title III-E Services (NFCSP)	\$ 55,957		\$ 55,957		
Title VII/A Services (LTC Ombuds)	\$ -		\$ -		
Title VII/EAP Services	\$ -		\$ -		
St. Access	\$ 7,532		\$ 7,532		
St. In Home	\$ 199,235		\$ 199,235		
St. Congregate Meals	\$ 2,523		\$ 2,523		
St. Home Delivered Meals	\$ 125,206		\$ 125,206		
St. Alternative Care	\$ 29,451		\$ 29,451	AASA COMMENTS	
St. Aging Network Srv. (St. ANS)	\$ 11,745		\$ 11,745		
St. Respite Care (Escheats)	\$ 31,512		\$ 31,512		
Merit Award Trust Fund (MATF)	\$ 34,616		\$ 34,616		
St. Caregiver Support (St. CG Sup.)	\$ 4,271		\$ 4,271		
St. Nursing Home Ombuds (NHO)	\$ -		\$ -		
MSO Fund-LTC Ombudsman	\$ -		\$ -		
St. Care Mgt.	\$ 80,228		\$ 80,228		
NSIP	\$ 121,695		\$ 121,695		
			\$ -		
SGA TOTALS:	\$ 1,138,403	\$ -	\$ 1,138,403		
Administrative Match Requirements					
ADMINISTRATION	BUDGET	SGA	DIFFERENCE		
Federal Administration	\$ 48,202	\$ 48,202	\$ -	Minimum federal administration match amount	\$16,067
State Administration	\$ 8,371	\$ 8,371	\$ -	Administration match expended (State Adm. + Local Match)	\$69,273
				Is the federal administration matched at a minimum 25%?	Yes
				Does federal administration budget equal SGA?	Yes
Sub-Total:	\$ 56,573	\$ 56,573	\$ -	Does state administration budget equal SGA?	Yes
MATF	\$ 3,115				
ST CG Supp	\$ 384				
Local Administrative Match				Merit Award Trust Admin. & St. Caregiver Support Admin must be expended at or below 9% of	
Local Cash Match	\$ 35,902			Total Merit Award Trust Fund & St. Caregiver Support Admin. Funds budgeted:	3115.009875
Local In-Kind Match	\$ 25,000			Is Merit Award Trust Fund & St CG Support Admin. budgeted at 9% or less?	Yes
Sub-Total:	\$ 60,902				
Other Admin	\$ 96,800				
		AIP TOT ADMIN	DIFFERENCE		
Total Administration:	\$ 217,774	\$ 217,774	\$ -	Title III-E Kinship Services Program Requirements	
SERVICES:	BUDGET	SGA	% BUDGETED		
Federal Title III-B Services	\$ 149,954	\$ 149,954	100.0000%	Are kinship services budgeted at > 5% of the AAA's Title III-E funding?	Yes
Fed. Title III C-1 (Congregate)	\$ 91,994	\$ 91,994	100.0000%		
State Congregate Nutrition	\$ 2,523	\$ 2,523	100.0000%	[note: see TL #369 & TL#2007-141]	
Federal C-2 (HDM)	\$ 127,204	\$ 127,204	100.0000%	For Agencies required to budget a minimum of \$25,000 of Title III-E requirement met?	N/A
State Home Delivered Meals	\$ 125,206	\$ 125,206	100.0000%	Title III-B Long Term Care Ombudsman Maintenance of Effort Requirements	
Federal Title III-D (Prev. Health)	\$ 8,707	\$ 8,707	100.0000%	Amount required from Transmittal Letter #2020-431. (see cell L 42)	\$2,000
Federal Title III-E (NFCSP)	\$ 55,957	\$ 55,957	100.0000%	Budgeted amount Title III-B for LTC Ombudsman.	\$2,000
St. Access	\$ 7,532	\$ 7,532	100.0000%	Is required maintenance of effort met?	Yes
St. In Home	\$ 199,235	\$ 199,235	100.0000%		
St. Alternative Care	\$ 29,451	\$ 29,451	100.0000%	Service Match Requirements	
St. Care Mgt.	\$ 80,228	\$ 80,228	100.0000%	Minimum service match amount required	\$99,291
State Nursing Home Ombs (NHO)	\$ -	\$ -	#DIV/0!	Service matched budgeted: (Local Cash + In-Kind)	\$379,702
St ANS	\$ 11,745	\$ 11,745	100.0000%	Is the service allotment matched at a minimum 10%?	Yes
Sub-Total:	\$ 889,736	\$ 889,736	100.0000%		
Local Service Match				Miscellaneous Budget Requirements / Constraints	
Local Cash Match	\$ 357,052			Amounts budgeted for OAA / AASA Priority Services:	
Local In-Kind Match	\$ 22,650			Access:	\$74,954
				In-Home:	\$20,000
				Legal:	\$13,000
Sub-Total:	\$ 379,702			Total Budgeted for Priority Services:	\$107,954
Title VII/A Services (LTC Ombuds)	\$ -	\$ -	#DIV/0!	Are Access Services budgeted at minimum 10% of Original ACL Title III-B	Yes
Title VII/EAP Services	\$ -	\$ -	#DIV/0!	Are In Home Services budgeted at minimum 10% of Original ACL Title III-B	Yes
NSIP	\$ 121,695	\$ 121,695	100.0000%	Are Legal Services budgeted at minimum 6.5% of Original ACL Title III-B	Yes
St. Respite Care (Escheats)	\$ 31,512	\$ 31,512	100.0000%	(Actual % of Legal)	8.67%
MATF	\$ 31,501	\$ 31,501	100.0000%		
St. CG Support	\$ 3,887	\$ 3,887	100.0000%	Title III-B award w/o carryover or Transfers in current SGA	\$149,954
MSO Fund-LTC Ombudsman	\$ -	\$ -	#DIV/0!	Amount budgeted for Program Development:	\$23,000
TCM-Medicaid / CM	\$ 60,000			% of Title III-B Program Development (must be 20% or less):	15.3%
Program Income	\$ 256,000			Is Program Development budgeted at 20% or less?	Yes
				Title III-D allotment with carryover:	\$8,707
Total Services:	\$ 1,774,033			Amount budgeted for EBDP Activities, per TL#2012-244:	\$8,707
Grand Total: Ser.+ Admin.	\$ 1,991,807			Is 100% of Title III-D budgeted on APPROVED EBDP?	Yes

PRIORITY SERVICE SECTION

Access Services	III-B Budget Amount
a. Care Management	\$44,954
b. Case Coord/supp	\$0
c. Disaster Advocacy	\$0
d. Information & Assis	\$0
e. Outreach	\$0
f. Transportation	\$30,000
Access Total:	\$74,954

(AAA Regional Access Service)

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

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

Kinship Services	III-E Budget Amount
1. Caregiver Supplmt - Kinship Amount Only	
2. Kinship Support	\$0
3. Caregiver Education - Kinship Amount Only	\$2,500
4. Caregiver Training - Kinship Amount Only	
5. Caregiver Support Groups - Kinship Amount Only	\$2,500
Kinship Services Total:	\$5,000

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

Title III-B Transfers reflected in SGA	Title III-B Award
Title III-B award w/o carryover in SGA	\$149,954
a. Amt. Transferred into Title III-B	
b. Amt. Transferred out of Title III-B	
AoA Title III-B Award Total:	\$149,954

(Use ONLY If SGA Reflects Transfers)

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

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

**FY 2025 Annual Implementation Plan
Direct Service Budget Detail #1**

AAA: Branch-St. Joseph Area Agency on Aging

FISCAL YEAR: FY 2025

SERVICE: Care Management (Community Living Prog.)

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	33,054		40,073		10,000	6,000	35,000	124,127
Fringe Benefits	5,700		4,500		1,500	3,000	10,000	24,700
Travel	2,000				1,000			3,000
Training					1,000			1,000
Supplies	200							200
Occupancy	1,500					1,000		2,500
Communications	1,500							1,500
Equipment								0
Other:								0
Service Costs								0
Purchased Services (CM only)	1,000		47,400		22,402		15,000	85,802
								0
Totals	44,954	0	91,973	0	35,902	10,000	60,000	242,829

SERVICE AREA: Branch & St. Joseph counties

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

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

If yes, please describe:

SCHEDULE OF MATCH & OTHER RESOURCES #1

FY 2025

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	VALUE		VALUE		
	Cash	In-Kind	Cash	In-Kind	
County Appropriation	35,902				
Local Resources		10,000			
Medicaid Targeted Care Management			60,000		
Totals	35,902	10,000	60,000	0	

Difference

0 0 0 0

OK OK OK

**FY 2025 Annual Implementation Plan
Direct Service Budget Detail #2**

AAA: Branch-St. Joseph Area Agency on Aging

FISCAL YEAR: FY 2025

SERVICE: Information & Assistance

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	23,057					5,000		28,057
Fringe Benefits	2,000							2,000
Travel								0
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other:								0
Service Costs								0
Purchased Services (CM only)								0
								0
Totals	25,057	0	0	0	0	5,000	0	30,057

SERVICE AREA: Branch & St. Joseph counties

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

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

If yes, please describe: _____

Explanation for Other Expenses: _____

SCHEDULE OF MATCH & OTHER RESOURCES #2 FY 2025

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	VALUE		VALUE		
	Cash	In-Kind	Cash	In-Kind	
Local Resources		5,000			
Totals	0	5,000	0	0	

Difference OK 0 OK 0 OK 0

**FY 2025 Annual Implementation Plan
Direct Service Budget Detail #3**

AAA: Branch-St. Joseph Area Agency on Aging

FISCAL YEAR: FY 2025

SERVICE: Gap Filling

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries						650		650
Fringe Benefits								0
Travel								0
Training								0
Supplies	2,500							2,500
Occupancy								0
Communications								0
Equipment								0
Other:								0
Service Costs								0
Purchased Services (CM only)								0
								0
Totals	2,500	0	0	0	0	650	0	3,150

SERVICE AREA: Branch & St. Joseph counties

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

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

If yes, please describe:

SCHEDULE OF MATCH & OTHER RESOURCES #3

FY 2025

SOURCE OF FUNDS	MATCH		OTHER RESOURCES		Explanation for Other Expenses:
	VALUE		VALUE		
	Cash	In-Kind	Cash	In-Kind	
Local Resources		650			
Totals	0	650	0	0	

Difference

OK

0

OK

0

OK

0

Operating Standard Service Number	Operating Standard Service Name	Federal Funds				State Funds						
		Title III-B Supportive Services	Title III-D Services (Preventive Health) **	Title III-E Services National Family Caregiver Support (NFCSP)	Title VIIA Services (Long-Term Care Ombudsman) and Title VII Elder Abuse Prevention (EAP)	State Nursing Home Ombudsman (NHO)	State Alternate Care	State Respite Care (Escheats)	MI State Ombudsman (MSO)	State Merit Award Trust Fund (MATF)	State Caregiver Support (St. CG Sup.)	State Aging Network Services (St. ANS)
C-1	Adult Day Service	X		X			X	X		X	X	X
C-6	Disease Prevention/Health Promotion	X	X	X								
C-7	Health Screening	X										
C-8	Assistance to Hearing Impaired & Deaf	X										
C-9	Home Repair	X										
C-10	Legal Assistance	X		X								
C-11	Long Term Care Ombudsman	X			Title VII A X	X			X			
C-12	Senior Center Operations	X										
C-13	Senior Center Staffing	X										
C-14	Vision Services	X										
C-15	Prevention of Elder Abuse, Neglect & Exploitation	X			Title VII A & EAP							
C-16	Counseling Services	X		X								
C-18	Caregiver Supplemental Services	X		X								
C-19	Kinship Support Services	X		X								
C-21	Caregiver Education	X		X								
C-22	Caregiver Training	X		X								
C-23	Caregiver Support Groups	X		X								

NUTRITION SERVICES

Operating Standard Service Number	Operating Standard Service Name	Federal Funds				State Funds		Requirements from ACLS Bureau Transmittal Letters (TL) that establishes Fundable Service Categories Replaces: TL 367, 2005-102, and 2007-142 See TL 343 and TL2 006-111 for guidance re St. MATF See TL 2012-244 for guidance regarding Title III-D See TL 2012-256 for guidance regarding State Aging Network - Revised 7/26/17
		Title III-C1 Congregate	Title III-C2 Home Delivered Meals	Title III-E Services National Family Caregiver Support (NFCSP)	Nutrition Services Incentive Program *(NSIP)	State Congregate	State Home Delivered Meals	
C-3	Congregate Meals	X			X	X		
B-5	Home Delivered Meals		X	X	X		X	
C-4	Nutrition Counseling	X	X	X		X	X	
C-5	Nutrition Education	X	X	X		X	X	
B-12	Carry-Out Meal (COM)		X	X	X		X	

*NSIP funds are designated for actual food costs for Older Americans Act Title III eligible meals.

**Title III D - All Funds must be used for Evidence-Based programs.

Title III Administration
State Administration
Title IIIB Supportive Services
Title IIIC-1 Services Congregate Meals
Title IIIC-2 Services Home Delivered Meals
Title IIID Services (Preventive Health)
Title IIIE Services (NFCSP) National Family Caregiver Support
Title VIIA Services (LTC Ombudsman)
Title VII/EAP Services Elder Abuse Prevention
State Access Services
State In-Home Services
State Congregate Meals
State Home Delivered Meals
State Alternative Care

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Title III Administration
State Administration
Title IIIB Supportive Services
Title IIIC-1 Congregate Meals
Title IIIC-2 Home Delivered Meals
Title IIID Preventive Health
Title IIIE Natl. Family Caregiver
Title VIIA LTC Ombudsman
Title VII/EAP Eld Abuse Prevention
State Access Services
State In-Home Services
State Congregate Meals
State Home Delivered Meals
State Alternative Care

State Aging Network Services (St. ANS)
State Caregiver Support
State Respite Care
State Merit Award Trust Fund (MATF)
State Nursing Home Ombs
Michigan State Ombudsman (MSO)
State Care Management
Nutrition Services Incentive Program (NSIP)

State
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Federal

State Aging Network Services (St. ANS)
State Caregiver Support
State Respite Care
State Merit Award
State Nursing Home Ombs
Michigan State Ombudsman (MSO)
State Care Management
Nutrition Services Incentive Program (NSIP)

PUBLIC COMMENT

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