

## **BOARD OF HEALTH Meeting** **Agenda for August 22 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 June 27, 2024\*
2. MERS Defined Benefit Actuarial Study, presented by Marne Daggett, Regional Manager
3. Public Comment
4. Health Officer’s Report – pg 36
5. Medical Director’s Report – pg 55
6. Departmental Reports
  - a. Health Education & Promotion – pg 57
  - b. Environmental Health – pg 60
  - c. Area Agency on Aging – pg 71
  - d. Personal Health & Disease Prevention – pg 75
7. Financial Reports
  - a. Approve Payments\* - pg 81
  - b. Review Financials\* - pg 84
8. Committee Reports
  - a. Finance Committee – Approval of the August 19, 2024 Finance Committee meeting. – pg 87
  - b. Program, Policies, and Appeals – Approval of the August 21, 2024 PPA Committee meeting – pg 88
  - c.
9. New Business
  - a. Kindergarten Oral Health Assessment Program\* - pg 89
  - b. Medical Director Contract \* - pg 99
  - c. Building Security Improvement Project \* - pg 104
  - d. AAA FY25 Provider Allocations \* - pg 116
  - e. Financial Controls Policy\* - pg 120
  - f. Quality Improvement Plan – pg 151
  - g. September Board meeting schedule

**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.

10. Public Comment

11. Adjournment - Next meeting: September 26, 2024

Educational Session – Upcoming in September

Upcoming Education Opportunities Offered After BOH Meeting:

- September
- November

Upcoming Meeting Dates:

- 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

## June 27, 2024 – Board of Health Meeting Minutes

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

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

Mr. Leininger moved to approve the agenda as amended to include item 8-d under new business for July BOH Meeting dates, with support from Mr. Baker. The motion passed unopposed.

Mr. Leininger moved to approve the minutes from the May 23, 2024 meeting with support from Mr. Baker. The motion passed unopposed.

Public Comment: Public comment was provided by one person.

Rebecca Burns, Health Officer, reviewed her monthly report. Items included: Budgets, MERS update, National Labor Relations Board, CDC Infrastructure Grant, Staffing Update, Intergovernmental Agreement, Kindergarten Oral Health Assessment, Community Health Needs Assessment by Beacon Health System, Public Health Concerns, Highly Pathogenic Avian Influenza, Annual Report, Coldwater Office, Hillsdale Office, Three Rivers Office, Sturgis Office, and Board Education.

Dr. Luparello reviewed the Medical Director's monthly report. This month's educational report was titled, "It's Finally Summer, Why Can't I Swim in the Lake".

### Departmental Reports:

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

### Financial Reports/Expenditures

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

### Committee Reports:

- Finance Committee – Mr. Leininger moved to approve the minutes from the June 17, 2024 Board of Health Finance Committee meeting with support from Mr. Baker. The motion passed unopposed.
- Program, Policy, & Appeals Committee – Did not meet.

Unfinished Business:

- None

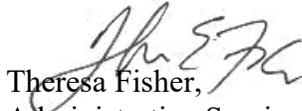
New Business:

- Mr. Baker moved to approve the AAA IIC provider budget amendments as presented with support from Mr. Matthew. The motion passed unopposed.
- Mr. Matthew moved to approve the BHSJ FY24 Budget Amendment #2 as presented with support from Mr. Leininger. The motion passed unopposed.
- Mr. Baker moved to approve the BHSJ FY25 Original Budget as presented with support from Mr. Leininger. The motion passed unopposed.
- Mr. Baker moved to cancel the July Board of Health meeting, including the committee meetings. The motion received support from Mr. Lanius and passed unopposed.

Public Comment: No public comments were given.

With no further business, Mr. Matthew moved to adjourn the meeting with support from Mr. Baker. The motion passed unopposed and the meeting was adjourned at 10:25 AM.

Respectfully Submitted by:

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



# Municipal Employees' Retirement System of Michigan

Annual Actuarial Valuation Report

December 31, 2023 - Branch-Hillsdale-St Joseph Comm Hlth Agcy (1202)





Spring 2024

Branch-Hillsdale-St Joseph Comm Hlth Agcy

In care of:  
Municipal Employees' Retirement System of Michigan  
1134 Municipal Way  
Lansing, Michigan 48917

This report presents the results of the Annual Actuarial Valuation, prepared for Branch-Hillsdale-St Joseph Comm Hlth Agcy (1202) as of December 31, 2023. The report includes the determination of liabilities and contribution rates resulting from the participation in the Municipal Employees' Retirement System of Michigan ("MERS"). This report contains the minimum actuarially determined contribution requirement, in alignment with the MERS Plan Document, Actuarial Policy, the Michigan Constitution, and governing statutes. Branch-Hillsdale-St Joseph Comm Hlth Agcy is responsible for the employer contributions needed to provide MERS benefits for its employees and former employees.

The purposes of this valuation are to:

- Measure funding progress as of December 31, 2023,
- Establish contribution requirements for the fiscal year beginning January 1, 2025,
- Provide information regarding the identification and assessment of risk,
- Provide actuarial information in connection with applicable Governmental Accounting Standards Board (GASB) statements, and
- Provide information to assist the local unit of government with State reporting requirements.

This valuation assumed the continuing ability of the plan sponsor to make the contributions necessary to fund this plan. A determination regarding whether or not the plan sponsor is actually able to do so is outside our scope of expertise and was not performed.

The findings in this report are based on data and other information through December 31, 2023. The valuation was based upon information furnished by MERS concerning Retirement System benefits, financial transactions, plan provisions and active members, terminated members, retirees and beneficiaries. We checked for internal reasonability and year-to-year consistency, but did not audit the data. We are not responsible for the accuracy or completeness of the information provided by MERS.

The Municipal Employees' Retirement Act, PA 427 of 1984 and the MERS' Plan Document Article VI Sec. 71 (1)(d), provides the MERS Board with the authority to set actuarial assumptions and methods after consultation with the actuary. As the fiduciary of the plan, the MERS Retirement Board sets certain assumptions for funding and GASB purposes. These assumptions are reviewed regularly through a comprehensive study, most recently in the fall of 2021. The MERS Retirement Board adopted a Dedicated Gains Policy at the February 17, 2022 Board meeting. The Dedicated Gains Policy automatically reduces the assumed rate of investment return in conjunction with recognizing excess investment gains to mitigate the impact on employer contributions the first year. The policy was effective with the December 31, 2021 annual actuarial valuation.

The Michigan Department of Treasury provides required assumptions to be used for purposes of Public Act 202 reporting. These assumptions are for reporting purposes only and do not impact required contributions. Please refer to the State Reporting page found at the end of this report for information for this filing.

For a full list of all the assumptions used, please refer to the division-specific assumptions described in table(s) in this report, and to the Appendix on the MERS website at:

<https://www.mersofmich.com/Portals/0/Assets/Resources/AAV-Appendix/MERS-2023AnnualActuarialValuation-Appendix.pdf>

The actuarial assumptions used for this valuation, including the assumed rate of investment return, are reasonable for purposes of the measurement. The combined effect of the assumptions is expected to have no significant bias (i.e., not significantly optimistic or pessimistic).

In December 2021, the Actuarial Standards Board (ASB) adopted a revision to the Actuarial Standard of Practice (ASOP) No. 4, *Measuring Pension Obligations and Determining Pension Plan Costs or Contributions*. Beginning with the December 31, 2023 annual actuarial valuation, the revised ASOP No. 4 requires the calculation and disclosure of a liability referred to by the ASOP as the "Low-Default-Risk Obligation Measure" (LDRM). The LDRM calculation is provided in aggregate, along with aggregate employer results, in a separate report titled "Summary Report of the 78<sup>th</sup> Annual Actuarial Valuations," and will be available on the MERS website during the fall of 2024.

This report has been prepared by actuaries who have substantial experience valuing public employee retirement systems. To the best of our knowledge, the information contained in this report is accurate and fairly presents the actuarial position of Branch-Hillsdale-St Joseph Comm Hlth Agcy as of the valuation date. All calculations have been made in conformity with generally accepted actuarial principles and practices, with the Actuarial Standards of Practice issued by the Actuarial Standards Board, and with applicable statutes.

Rebecca L. Stouffer, Mark Buis, Kurt Dosson, and Shana M. Neeson are members of the American Academy of Actuaries. These actuaries meet the Academy's Qualification Standards to render the actuarial opinions contained herein. The signing actuaries are independent of the plan sponsor. GRS maintains independent consulting agreements with certain local units of government for services unrelated to the actuarial consulting services provided in this report.



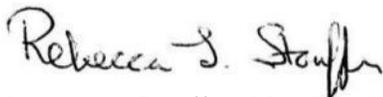
The Retirement Board of the Municipal Employees' Retirement System of Michigan confirms that the System provides for payment of the required employer contribution as described in Section 20m of Act No. 314 of 1965 (MCL 38.1140m).

This information is purely actuarial in nature. It is not intended to serve as a substitute for legal, accounting, or investment advice.

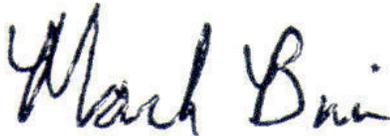
This report was prepared at the request of the MERS Retirement Board and may be provided only in its entirety by the municipality to other interested parties (MERS customarily provides the full report on request to associated third parties such as the auditor for the municipality). GRS is not responsible for the consequences of any unauthorized use. This report should not be relied on for any purpose other than the purposes described herein. Determinations of financial results, associated with the benefits described in this report, for purposes other than those identified above may be significantly different.

If you have reason to believe that the plan provisions are incorrectly described, that important plan provisions relevant to this valuation are not described, that conditions have changed since the calculations were made, that the information provided in this report is inaccurate or is in anyway incomplete, or if you need further information in order to make an informed decision on the subject matter in this report, please contact your Regional Manager at 1.800.767.MERS (6377).

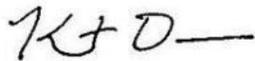
Sincerely,  
Gabriel, Roeder, Smith & Company



Rebecca L. Stouffer, ASA, FCA, MAAA



Mark Buis, FSA, FCA, EA, MAAA



Kurt Dosson, ASA, FCA, MAAA



Shana M. Neeson, ASA, FCA, MAAA



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# Executive Summary

## Funded Ratio

The funded ratio of a plan is the percentage of the dollar value of the actuarial accrued liability that is covered by the actuarial value of assets. While the funded ratio may be a useful plan measurement, understanding a plan's funding trend may be more important than a particular point in time. Refer to Table 7 to find a history of this information.

	12/31/2023	12/31/2022
Funded Ratio*	92%	94%

\* Reflects assets from Surplus divisions, if any.

Throughout this report are references to valuation results generated prior to the 2018 valuation date. Results prior to 2018 were received directly from the prior actuary or extracted from the previous valuation system by MERS's technology service provider.



## Required Employer Contributions

Your required employer contributions are shown in the following table. Employee contributions, if any, are in addition to the employer contributions.

Effective with the December 31, 2021 valuation, the MERS Retirement Board adopted a Dedicated Gains Policy which allows for recognition of asset gains in excess of a set threshold in combination with lowering the assumed rate of investment return. Effective with the 2020 and 2019 valuations respectively, the MERS Retirement Board adopted updated demographic and economic assumptions. **The combined impact of the prior 2020 and 2019 demographic and economic assumption changes is fully reflected in the 2023 annual actuarial valuation, evidenced with the Phase-in and No Phase-in contribution requirements being equal.** There is no phase-in of dedicated gains.

By default, MERS will invoice you based on the amount in the “No Phase-in” columns. This amount will be considered the minimum required contribution unless you request to be billed the “Phase-in” rates. If you wish to be billed using the phased-in rates, please contact MERS, at which point the alternate minimum required contribution will be the amount in the “Phase-in” columns.

	Percentage of Payroll				Monthly \$ Based on Projected Payroll			
	Phase-in	No Phase-in	Phase-in	No Phase-in	Phase-in	No Phase-in	Phase-in	No Phase-in
Valuation Date:	12/31/2023	12/31/2023	12/31/2022	12/31/2022	12/31/2023	12/31/2023	12/31/2022	12/31/2022
Fiscal Year Beginning:	January 1, 2025	January 1, 2025	January 1, 2024	January 1, 2024	January 1, 2025	January 1, 2025	January 1, 2024	January 1, 2024
Division 01 - Gnrl	-	-	-	-	\$ 53,958	\$ 53,958	\$ 42,484	\$ 45,735
Total Municipality - Estimated Monthly Contribution					\$ 53,958	\$ 53,958	\$ 42,484	\$ 45,735
Total Municipality - Estimated Annual Contribution					\$ 647,496	\$ 647,496	\$ 509,808	\$ 548,820

Employee contribution rates:

Valuation Date:	Employee Contribution Rate	
	12/31/2023	12/31/2022
Division 01 - Gnrl	3.00%	3.00%

The employer may contribute more than the minimum required contributions, as these additional contributions will earn investment income and may result in lower future contribution requirements. Employers making contributions in excess of the minimum requirements may elect to apply the excess contribution immediately to a particular division, or segregate the excess into one or more “Surplus” divisions. An election in the first case would immediately reduce any unfunded accrued liability and lower the amortization payments throughout the remaining amortization period. An election to set up one or more Surplus divisions would not immediately lower future contributions, however the assets from the Surplus division(s) could be transferred to an unfunded division in the future to reduce the unfunded liability in future years, or to be used to pay all or a portion of the minimum required contribution in a future year. For purposes of this report, the assets in any Surplus division have been included in the municipality’s total assets, unfunded accrued liability, and funded status; however, these assets are not used in calculating the minimum required contribution.

**MERS strongly encourages employers to contribute more than the minimum contribution shown above. With the implemented dedicated gains policy, market gains and losses will continue to be smoothed over five years; however, since excess returns are used to lower the investment assumption, there will be fewer gains to smooth in down markets. Having additional funds in Surplus divisions will assist plans with navigating any market volatility.**



The required employer contribution rates, or dollars if the division is closed, determined in this report are reasonable under Actuarial Standard of Practice (ASOP) No. 4, Measuring Pension Obligations and Determining Pension Plan Costs or Contributions, based on:

- The use of reasonable actuarial assumptions and cost methods,
- The use of reasonable amortization and asset valuation methods; and
- Application of the MERS funding policy which will accumulate sufficient assets to make benefit payments when due, assuming all assumptions will be realized, and the required employer contributions are made when due.

### How and Why Do These Numbers Change?

In a defined benefit plan, contributions vary from one annual actuarial valuation to the next as a result of the following:

- Changes in benefit provisions (see Table 2),
- Changes in actuarial assumptions and methods (see the Appendix); and
- Experience of the plan (investment experience and demographic experience); this is the difference between actual experience of the plan and the actuarial assumptions.

These impacts are reflected in various tables in the report. For more information, please contact your Regional Manager.

### Comments on Investment Rate of Return Assumption

A defined benefit plan is funded by employer contributions, participant contributions, and investment earnings. Investment earnings have historically provided a significant portion of the funding. The larger the share of benefits being provided from investment returns, the smaller the required contributions, and vice versa. Determining the contributions required to prefund the promised retirement benefits requires an assumption of what investment earnings are expected to add to the fund over a long period of time. This is called the **Investment Return Assumption**.

The MERS Investment Return Assumption is **6.93%** per year. This, along with all of our other actuarial assumptions, is reviewed at least every five years in an Experience Study that compares the assumptions used against actual experience and recommends adjustments if necessary. If your municipality would like to explore contributions at lower assumed investment return assumptions, please review the “What If” projection scenarios later in this report.

### Assumption and Method Changes in 2023

Effective February 17, 2022, the MERS Retirement Board adopted a dedicated gains policy that automatically lowers the assumed rate of investment return by using excess asset gains to mitigate large increases in required contributions to the Plan. Full details of this dedicated gains policy are available in the Actuarial Policy found on the MERS [website](#). Some goals of the dedicated gains policy are to:

- Provide a systematic approach to lower the assumed rate of investment return between experience studies; and



- Use excess gains to cover both the increase in normal cost and any increase in UAL payment the first contribution year after application (i.e., minimize the first-year impact (i.e., increase) in employer contributions).

The dedicated gains policy was implemented with the December 31, 2021 annual actuarial valuation and was reflected in the computed employer contribution amounts beginning in fiscal year 2023.

Investment performance measured for the one-year period ending December 31, 2023 resulted in current year excess gains for use in lowering the assumed rate of investment return. As a result, the assumed rate of investment return was lowered from 7.00% to 6.93%. The December 31, 2023 valuation liabilities were developed using this new, lower assumption. Additionally, as a result of recognizing excess market gains, the valuation assets used to fund these liabilities are 1.4% higher than if there were no dedicated gains policy. The combined impact of these changes will minimize the first-year impact on employer contributions and may result in an increase or a decrease in employer contributions.

There were no other assumption or method changes in 2023.

## Future Assumption and Method Changes

As the fiduciary of the plan, the MERS Retirement Board sets certain assumptions for funding and GASB purposes. These assumptions are reviewed periodically through a comprehensive study, called an Experience Study. The next Experience Study will commence during the fall of 2024.

## Protecting MI Pension Grant Program

On July 1, 2022, Michigan lawmakers passed the State budget for the 2022-23 fiscal year. As a part of the budget, \$750 million was earmarked for underfunded municipal pension plans in counties, cities, townships, villages and road commissions across the State. Known as the **Protecting MI Pension Grant Program**, the legislation is designed to support municipal plans that are under 60% funded.

Funds received by municipalities were deposited into the MERS trust during August 2023 and are reflected in this valuation.

## Comments on Asset Smoothing

To avoid dramatic spikes and dips in annual contribution requirements due to short-term fluctuations in asset markets, MERS applies a technique called **asset smoothing**. This spreads out each year's investment gains or losses over the prior year and the following four years. After initial application of asset smoothing, remaining excess market gains are used to buy down the assumed rate of investment return and increase the level of valuation assets, to the extent allowed by the dedicated gains policy. This smoothing method is used to determine your actuarial value of assets (valuation assets), which is then used to determine both your funded ratio and your required contributions. **The (smoothed) actuarial rate of return for 2023 was 5.54%, while the actual market rate of return was 10.94%.** The actuarial rate of return is below the assumed rate of return, which will put upward pressure on the employer contribution requirements determined in this valuation. To see historical details of the market rate of return compared to the smoothed actuarial rate of return, refer to this report's Appendix or view the "[How Smoothing Works](#)" video on the [Defined Benefit resource page](#) of the MERS website.



As of December 31, 2023, the actuarial value of assets is 110% of market value due to asset smoothing. This means that there are deferred investment losses, which will put upward pressure on contributions in the short term.

If the December 31, 2023 valuation results were based on market value instead of actuarial value:

- The funded percent of your entire municipality would be 84% (instead of 92%); and
- Your total employer contribution requirement for the fiscal year starting January 1, 2025 would be \$829,392 (instead of \$647,496).

## **Alternate Scenarios to Estimate the Potential Volatility of Results ("What If Scenarios")**

The calculations in this report are based on assumptions about long-term economic and demographic behavior. These assumptions will never materialize in a given year, except by coincidence. Therefore, the results will vary from one year to the next. The volatility of the results depends upon the characteristics of the plan. For example:

- Open divisions that have substantial assets compared to their active employee payroll will have more volatile employer contribution rates due to investment return fluctuations.
- Open divisions that have substantial accrued liability compared to their active employee payroll will have more volatile employer contribution rates due to demographic experience fluctuations.
- Small divisions will have more volatile contribution patterns than larger divisions because statistical fluctuations are relatively larger among small populations.
- Shorter amortization periods result in more volatile contribution patterns.

Many assumptions are important in determining the required employer contributions. In the following table, we show the impact of varying the Investment Return assumption. Lower investment returns would generally result in higher required employer contributions, and vice versa. The three economic scenarios below provide a quantitative risk assessment for the impact of investment returns on the plan's projected financial condition for funding purposes.

The relative impact of the economic scenarios below will vary from year to year, as the participant demographics change. The impact of each scenario should be analyzed for a given year, not from year to year. The results in the table are based on the December 31, 2023 valuation and are for the municipality in total, not by division.

It is important to note that calculations in this report are mathematical estimates based upon assumptions regarding future events, which may or may not materialize. Actuarial calculations can and do vary from one valuation to the next, sometimes significantly depending on the group's size. Projections are not predictions. Future valuations will be based on actual future experience.



12/31/2023 Valuation Results	Lower Future Annual Returns	Lower Future Annual Returns	Valuation Assumptions
<b>Investment Return Assumption</b>	<b>4.93%</b>	<b>5.93%</b>	<b>6.93%</b>
Accrued Liability	\$ 25,104,368	\$ 22,429,610	\$ 20,191,197
Valuation Assets <sup>1</sup>	\$ 18,667,832	\$ 18,667,832	\$ 18,667,832
Unfunded Accrued Liability	\$ 6,436,536	\$ 3,761,778	\$ 1,523,365
<b>Funded Ratio</b>	74%	83%	92%
Monthly Normal Cost	\$ 13,538	\$ 9,861	\$ 7,148
Monthly Amortization Payment	\$ 89,714	\$ 67,335	\$ 46,810
<b>Total Employer Contribution<sup>2</sup></b>	\$ 103,252	\$ 77,196	\$ 53,958

<sup>1</sup> The Valuation Assets include assets from Surplus divisions, if any.

<sup>2</sup> If assets exceed accrued liabilities for a division, the division may have an overfunding credit to reduce the division's employer contribution requirement. If the overfunding credit is larger than the normal cost, the division's full credit is included in the municipality's amortization payment above but the division's total contribution requirement is zero. This can cause the displayed normal cost and amortization payment to not add up to the displayed total employer contribution.

## Projection Scenarios

The next two pages show projections of the plan's funded ratio and computed employer contributions under the actuarial assumptions used in the valuation and alternate economic assumption scenarios. All three projections account for the past investment experience that will continue to affect the actuarial rate of return in the short term.

The 6.93% scenario provides an estimate of computed employer contributions based on current actuarial assumptions, and a projected 6.93% market return. The other two scenarios may be useful if the municipality chooses to budget more conservatively and make contributions in addition to the minimum requirements. The 5.93% and 4.93% projection scenarios provide an indication of the potential required employer contribution if these assumptions were met over the long term.

Your municipality includes one or more Surplus divisions. Extra contributions in a Surplus division may be used to reduce future employer contributions or to accelerate the date by which the municipality becomes 100% funded. The timing and use of these Surplus assets within the plan is discretionary. Certain employers have special funding arrangements that may differ from the Actuarial Policy.

The Funded Percentage graph shows projections of funded status under the 6.93% investment return assumption, both including the Surplus assets (contributed as of the valuation date), and without the Surplus assets. The graph including the Surplus assets assumes these Surplus assets grow with interest and are not used to lower future employer contributions. We modeled the projections including the Surplus assets in this fashion because the use of these assets within the plan is discretionary by the employer and we do not know when and how the employer will use them. Once the employer uses these Surplus assets, any future employer contributions are expected to be lower than those shown in the projections.

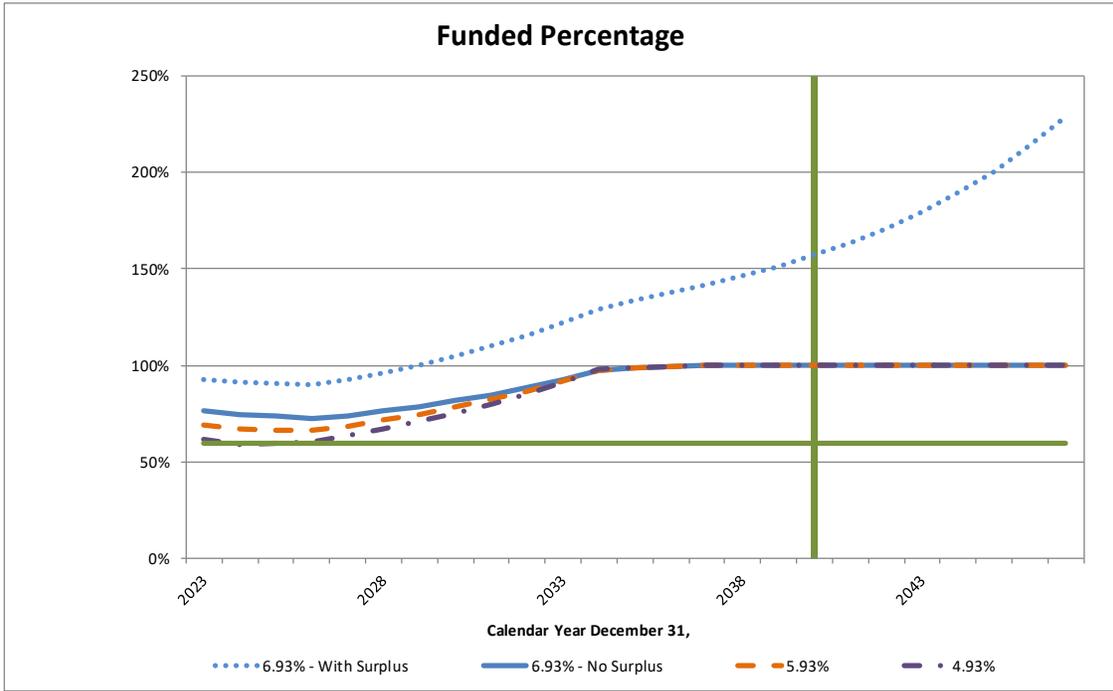


Valuation Year Ending 12/31	Fiscal Year Beginning 1/1	Actuarial Accrued Liability	Valuation Assets <sup>2</sup>	Funded Percentage	Estimated Annual Employer Contribution
<b>6.93%<sup>1</sup></b>					
2023	2025	\$ 20,191,197	\$ 15,442,416	76%	\$ 647,496
2024	2026	\$ 20,400,000	\$ 15,200,000	75%	\$ 723,000
2025	2027	\$ 20,500,000	\$ 15,100,000	74%	\$ 802,000
2026	2028	\$ 20,500,000	\$ 14,900,000	73%	\$ 883,000
2027	2029	\$ 20,500,000	\$ 15,200,000	74%	\$ 913,000
2028	2030	\$ 20,500,000	\$ 15,600,000	76%	\$ 934,000
<b>5.93%<sup>1</sup></b>					
2023	2025	\$ 22,429,610	\$ 15,442,416	69%	\$ 926,352
2024	2026	\$ 22,600,000	\$ 15,100,000	67%	\$ 1,010,000
2025	2027	\$ 22,700,000	\$ 15,100,000	67%	\$ 1,090,000
2026	2028	\$ 22,700,000	\$ 15,000,000	66%	\$ 1,180,000
2027	2029	\$ 22,600,000	\$ 15,500,000	69%	\$ 1,200,000
2028	2030	\$ 22,500,000	\$ 16,100,000	72%	\$ 1,230,000
<b>4.93%<sup>1</sup></b>					
2023	2025	\$ 25,104,368	\$ 15,442,416	62%	\$ 1,239,024
2024	2026	\$ 25,200,000	\$ 14,900,000	59%	\$ 1,330,000
2025	2027	\$ 25,300,000	\$ 15,100,000	60%	\$ 1,400,000
2026	2028	\$ 25,200,000	\$ 15,200,000	60%	\$ 1,500,000
2027	2029	\$ 25,100,000	\$ 15,900,000	63%	\$ 1,530,000
2028	2030	\$ 25,000,000	\$ 16,700,000	67%	\$ 1,560,000

<sup>1</sup> Represents both the interest rate for discounting liabilities and the future investment return assumption on the Market Value of assets.

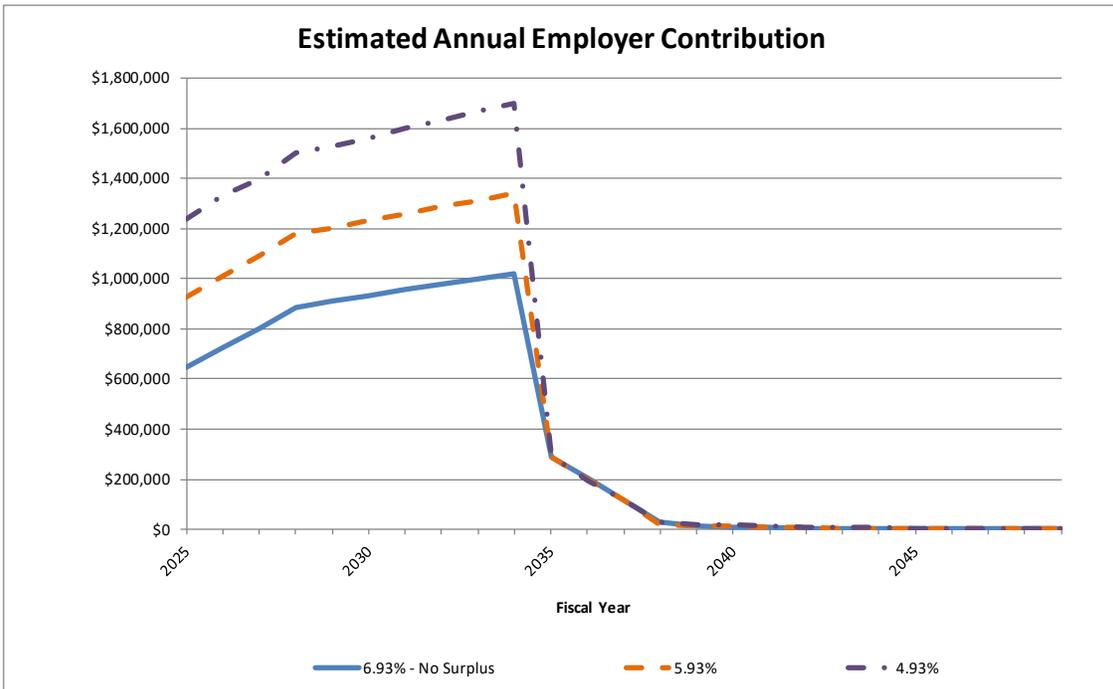
<sup>2</sup> Valuation Assets do not include assets from Surplus divisions, if any.





**Notes:**

Assumes assets from the Surplus division(s) will grow with interest and will not be used to lower employer contributions of non-surplus divisions during the projection period. Also assumes no additional contributions in future years to the surplus division(s). The green indicator lines have been added at 60% funded and 17 years following the valuation date for PA 202 purposes.



**Notes:**

Projected employer contributions do not reflect the use of any assets from the Surplus division(s).



## Table 1: Employer Contribution Details for the Fiscal Year Beginning January 1, 2025

Division	Total Normal Cost	Employee Contribution Rate	Employer Contributions <sup>1</sup>			Computed Employer Contribution With Phase-In	Blended ER Rate No Phase-In <sup>5</sup>	Blended ER Rate With Phase-In <sup>5</sup>	Employee Contribution Conversion Factor <sup>2</sup>
			Employer Normal Cost <sup>6</sup>	Payment of the Unfunded Accrued Liability <sup>4</sup>	Computed Employer Contribution No Phase-In				
<b>Percentage of Payroll</b>									
01 - Gnrl	13.09%	3.00%	-	-	-	-			
<b>Estimated Monthly Contribution<sup>3</sup></b>									
01 - Gnrl			\$ 7,148	\$ 46,810	\$ 53,958	\$ 53,958			
<b>Total Municipality</b>			<b>\$ 7,148</b>	<b>\$ 46,810</b>	<b>\$ 53,958</b>	<b>\$ 53,958</b>			
<b>Estimated Annual Contribution<sup>3</sup></b>			<b>\$ 85,776</b>	<b>\$ 561,720</b>	<b>\$ 647,496</b>	<b>\$ 647,496</b>			

- <sup>1</sup> The above employer contribution requirements are in addition to the employee contributions, if any.
- <sup>2</sup> If employee contributions are increased/decreased by 1.00% of pay, the employer contribution requirement will decrease/increase by the Employee Contribution Conversion Factor. The conversion factor is usually under 1% because employee contributions may be refunded at termination of employment and not used to fund retirement pensions. Employer contributions will all be used to fund pensions.
- <sup>3</sup> For divisions that are open to new hires, estimated contributions are based on projected fiscal year payroll. Actual contributions will be based on actual reported monthly pays, and will be different from the above amounts. For divisions that will have no new hires (i.e., closed divisions), invoices will be based on the above dollar amounts which are based on projected fiscal year payroll. See description of Open Divisions and Closed Divisions in the Appendix.
- <sup>4</sup> Note that if the overfunding credit is larger than the normal cost, the full credit is shown above but the total contribution requirement is zero. This will cause the displayed normal cost and unfunded accrued liability contributions not to add across.
- <sup>5</sup> For linked divisions, the employer will be invoiced the Computed Employer Contribution No Phase-in rate shown above for each linked division (a contribution rate for the open division; a contribution dollar for the closed-but-linked division), unless the employer elects to contribute the Blended Employer Contribution rate shown above, by contacting MERS at 800-767-MERS (6377).
- <sup>6</sup> For divisions with a negative employer normal cost, employee contributions cover the normal cost and a portion of the payment of any unfunded accrued liability.

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



## Table 2: Benefit Provisions

### 01 - Gnrl: Closed to new hires

	2023 Valuation	2022 Valuation
<b>Benefit Multiplier:</b>	2.00% Multiplier (no max)	2.00% Multiplier (no max)
<b>Normal Retirement Age:</b>	60	60
<b>Vesting:</b>	6 years	6 years
<b>Early Retirement (Unreduced):</b>	55/25	55/25
<b>Early Retirement (Reduced):</b>	50/25 55/15	50/25 55/15
<b>Final Average Compensation:</b>	5 years	5 years
<b>COLA for Future Retirees:</b>	2.50% (Non-Compound)	2.50% (Non-Compound)
<b>COLA for Current Retirees:</b>	2.50% (Non-Compound)	2.50% (Non-Compound)
<b>Employee Contributions:</b>	3.00%	3.00%
<b>DC Plan for New Hires:</b>	8/1/2015	8/1/2015
<b>Act 88:</b>	Yes (Adopted 8/16/1963)	Yes (Adopted 8/16/1963)



### Table 3: Participant Summary

Division	2023 Valuation		2022 Valuation		2023 Valuation		
	Number	Annual Payroll <sup>1</sup>	Number	Annual Payroll <sup>1</sup>	Average Age	Average Benefit Service <sup>2</sup>	Average Eligibility Service <sup>2</sup>
01 - Gnrl							
Active Employees	17	\$ 961,350	21	\$ 1,127,922	54.3	20.7	21.8
Vested Former Employees	21	225,142	21	225,142	52.6	12.2	13.1
Retirees and Beneficiaries	79	1,225,911	75	1,133,860	72.9		
Pending Refunds	16		16				
<b>Total Municipality</b>							
<b>Active Employees</b>	<b>17</b>	<b>\$ 961,350</b>	<b>21</b>	<b>\$ 1,127,922</b>	<b>54.3</b>	<b>20.7</b>	<b>21.8</b>
<b>Vested Former Employees</b>	<b>21</b>	<b>225,142</b>	<b>21</b>	<b>225,142</b>	<b>52.6</b>	<b>12.2</b>	<b>13.1</b>
<b>Retirees and Beneficiaries</b>	<b>79</b>	<b>1,225,911</b>	<b>75</b>	<b>1,133,860</b>	<b>72.9</b>		
<b>Pending Refunds</b>	<b><u>16</u></b>		<b><u>16</u></b>				
<b>Total Participants</b>	<b>133</b>		<b>133</b>				

<sup>1</sup> Annual payroll for active employees; annual deferred benefits payable for vested former employees; annual benefits being paid for retirees and beneficiaries.

<sup>2</sup> Descriptions can be found under Miscellaneous and Technical Assumptions in the Appendix.

## Table 4: Reported Assets (Market Value)

Division	2023 Valuation		2022 Valuation	
	Employer and Retiree <sup>1</sup>	Employee <sup>2</sup>	Employer and Retiree <sup>1</sup>	Employee <sup>2</sup>
01 - Gnrl	\$ 13,144,034	\$ 900,208	\$ 12,354,248	\$ 905,763
\$1 - Surplus Unassociated	2,933,383	0	2,526,897	0
<b>Municipality Total<sup>3</sup></b>	<b>\$ 16,077,417</b>	<b>\$ 900,208</b>	<b>\$ 14,881,145</b>	<b>\$ 905,763</b>
<b>Combined Assets<sup>3</sup></b>	<b>\$16,977,625</b>		<b>\$15,786,908</b>	

<sup>1</sup> Reserve for Employer Contributions and Benefit Payments.

<sup>2</sup> Reserve for Employee Contributions.

<sup>3</sup> Totals may not add due to rounding.

The December 31, 2023 valuation assets (actuarial value of assets) are equal to 1.099555 times the reported market value of assets (compared to 1.157665 as of December 31, 2022). Refer to the Appendix for a description of the valuation asset derivation and a detailed calculation of valuation assets.

Assets in the Surplus division(s) are employer assets that have been reserved separately and may be used within the plan at the employer's discretion at some point in the future. These assets are not used in calculating the employer contribution for the fiscal year beginning January 1, 2025.



### Table 5: Flow of Valuation Assets

Year Ended 12/31	Employer Contributions		Employee Contributions	Investment Income (Valuation Assets)	Benefit Payments	Employee Contribution Refunds	Net Transfers	Valuation Asset Balance
	Required	Additional						
2013	\$ 141,200	\$ 0	\$ 73,865	\$ 688,536	\$ (525,060)	\$ (1,511)	\$ 0	\$ 11,969,423
2014	181,018	0	71,723	681,958	(587,518)	(3,183)	0	12,313,421
2015	219,053	0	85,602	609,083	(613,919)	(2,351)	0	12,610,889
2016	226,464	0	64,400	640,744	(703,219)	(12,094)	0	12,827,184
2017	266,448	0	55,364	763,561	(767,980)	(9,208)	0	13,135,369
2018	258,445	46,080	50,404	471,387	(854,096)	(6,575)	0	13,101,014
2019	276,576	360,686	47,927	622,746	(910,624)	(5,240)	0	13,493,085
2020	316,727	947,935	48,270	1,173,623	(961,641)	0	0	15,017,999
2021	419,196	856,576	44,476	2,569,385	(1,023,634)	(19,860)	0	17,864,138
2022	592,188	218,996	36,767	639,569	(1,066,392)	(9,315)	0	18,275,951
2023	519,744	123,800	30,777	898,713	(1,181,153)	0	0	18,667,832

**Notes:**

Transfers in and out are usually related to the transfer of participants between municipalities, and to employer and employee payments for service credit purchases (if any) that the governing body has approved.

The investment income column reflects the recognized investment income based on Valuation Assets. It does not reflect the market value investment return in any given year.

The Valuation Asset balance includes assets from Surplus divisions, if any.

Years where historical information is not available will be displayed with zero values.



**Table 6: Actuarial Accrued Liabilities and Valuation Assets  
as of December 31, 2023**

Division	Actuarial Accrued Liability					Valuation Assets	Percent Funded	Unfunded (Overfunded) Accrued Liabilities
	Active Employees	Vested Former Employees	Retirees and Beneficiaries	Pending Refunds	Total			
01 - Gnrl	\$ 4,921,126	\$ 2,350,606	\$ 12,894,968	\$ 24,497	\$ 20,191,197	\$ 15,442,416	76.5%	\$ 4,748,781
S1 - Surplus Unassociated	0	0	0	0	0	3,225,416		(3,225,416)
<b>Total</b>	<b>\$ 4,921,126</b>	<b>\$ 2,350,606</b>	<b>\$ 12,894,968</b>	<b>\$ 24,497</b>	<b>\$ 20,191,197</b>	<b>\$ 18,667,832</b>	<b>92.5%</b>	<b>\$ 1,523,365</b>

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

The December 31, 2023 valuation assets (actuarial value of assets) are equal to 1.099555 times the reported market value of assets. Refer to the Appendix for a description of the valuation asset derivation and a detailed calculation of valuation assets.



## Table 7: Actuarial Accrued Liabilities - Comparative Schedule

Valuation Date December 31	Actuarial Accrued Liability	Valuation Assets	Percent Funded	Unfunded (Overfunded) Accrued Liabilities
2009	\$ 10,250,691	\$ 10,640,897	104%	\$ (390,206)
2010	10,697,591	11,006,427	103%	(308,836)
2011	10,827,507	11,330,296	105%	(502,789)
2012	11,406,292	11,592,393	102%	(186,101)
2013	12,163,363	11,969,423	98%	193,940
2014	12,735,860	12,313,421	97%	422,439
2015	14,333,735	12,610,889	88%	1,722,846
2016	14,703,549	12,827,184	87%	1,876,365
2017	15,161,226	13,135,369	87%	2,025,857
2018	15,274,448	13,101,014	86%	2,173,434
2019	16,238,893	13,493,085	83%	2,745,808
2020	18,048,699	15,017,999	83%	3,030,700
2021	19,207,905	17,864,138	93%	1,343,767
2022	19,416,144	18,275,951	94%	1,140,193
2023	20,191,197	18,667,832	92%	1,523,365

Notes: Actuarial assumptions were revised for the 2009, 2010, 2011, 2012, 2015, 2019, 2020, 2021 and 2023 actuarial valuations.

The Valuation Assets include assets from Surplus divisions, if any.

Years where historical information is not available will be displayed with zero values.

Throughout this report are references to valuation results generated prior to the 2018 valuation date. Results prior to 2018 were received directly from the prior actuary or extracted from the previous valuation system by MERS's technology service provider.



# Tables 8 and 9: Division-Based Comparative Schedules

## Division 01 - Gnrl

**Table 8-01: Actuarial Accrued Liabilities - Comparative Schedule**

Valuation Date December 31	Actuarial Accrued Liability	Valuation Assets	Percent Funded	Unfunded (Overfunded) Accrued Liabilities
2013	\$ 12,163,363	\$ 11,969,423	98%	\$ 193,940
2014	12,735,860	12,313,421	97%	422,439
2015	14,333,735	12,610,889	88%	1,722,846
2016	14,703,549	12,827,184	87%	1,876,365
2017	15,161,226	13,135,369	87%	2,025,857
2018	15,274,448	13,101,014	86%	2,173,434
2019	16,238,893	13,147,917	81%	3,090,976
2020	18,048,699	13,590,913	75%	4,457,786
2021	19,207,905	15,297,229	80%	3,910,676
2022	19,416,144	15,350,651	79%	4,065,493
2023	20,191,197	15,442,416	76%	4,748,781

Notes: Actuarial assumptions were revised for the 2015, 2019, 2020, 2021 and 2023 actuarial valuations.

The percent funded does not reflect valuation assets from Surplus divisions, if any.

**Table 9-01: Computed Employer Contributions - Comparative Schedule**

Valuation Date December 31	Active Employees		Computed Employer Contribution <sup>1</sup>	Employee Contribution Rate <sup>2</sup>
	Number	Annual Payroll		
2013	61	\$ 2,317,690	9.00%	3.00%
2014	61	2,383,929	9.50%	3.00%
2015	58	2,408,692	\$ 27,324	3.00%
2016	49	1,974,029	\$ 25,380	3.00%
2017	42	1,727,981	\$ 25,608	3.00%
2018	40	1,673,482	\$ 27,694	3.00%
2019	32	1,439,800	\$ 34,933	3.00%
2020	31	1,590,755	\$ 49,349	3.00%
2021	25	1,366,616	\$ 43,312	3.00%
2022	21	1,127,922	\$ 45,735	3.00%
2023	17	961,350	\$ 53,958	3.00%

1 For open divisions, a percent of pay contribution is shown. For closed divisions, a monthly dollar contribution is shown.

2 For each valuation year, the computed employer contribution is based on the employee rate. If the employee rate changes during the applicable fiscal year, the computed employer contribution will be adjusted.

Note: The contributions shown in Table 9 reflect the employer contribution requirement without phase-in. If applicable, the current phase-in contribution is shown in Table 1.

See the Benefit Provision History, later in this report, for past benefit provision changes.

Years where historical information is not available will be displayed with zero values.



## Division S1 - Surplus Unassociated

**Table 8-S1: Actuarial Accrued Liabilities - Comparative Schedule**

Valuation Date December 31	Actuarial Accrued Liability	Valuation Assets	Percent Funded	Unfunded (Overfunded) Accrued Liabilities
2013	\$ 0	\$ 0		\$ 0
2014	0	0		0
2015	0	0		0
2016	0	0		0
2017	0	0		0
2018	0	0		0
2019	0	345,168		(345,168)
2020	0	1,427,086		(1,427,086)
2021	0	2,566,909		(2,566,909)
2022	0	2,925,300		(2,925,300)
2023	0	3,225,416		(3,225,416)

Notes: Actuarial assumptions were revised for the 2015, 2019, 2020, 2021 and 2023 actuarial valuations.

Years where historical information is not available will be displayed with zero values.



# Table 10: Division-Based Layered Amortization Schedule

## Division 01 - Gnrl

**Table 10-01: Layered Amortization Schedule**

Type of UAL	Date Established	Original Balance <sup>1</sup>	Original Amortization Period <sup>2</sup>	Amounts for Fiscal Year Beginning 1/1/2025		
				Outstanding UAL Balance <sup>3</sup>	Remaining Amortization Period <sup>2</sup>	Annual Amortization Payment
Initial	12/31/2015	\$ 1,722,846	21	\$ 1,563,809	10	\$ 190,248
(Gain)/Loss	12/31/2016	35,723	19	32,558	10	3,960
(Gain)/Loss	12/31/2017	138,446	17	126,242	10	15,360
(Gain)/Loss	12/31/2018	137,878	15	126,581	10	15,396
(Gain)/Loss	12/31/2019	391,419	14	363,431	10	44,220
Assumption	12/31/2019	530,789	14	484,304	10	58,920
Experience	12/31/2020	1,339,721	13	1,276,412	10	155,292
Experience	12/31/2021	(580,117)	12	(568,570)	10	(69,168)
Experience	12/31/2022	348,501	11	355,434	10	43,236
Experience	12/31/2023	801,452	10	856,993	10	104,256
<b>Total</b>				<b>\$ 4,617,194</b>		<b>\$ 561,720</b>

<sup>1</sup> For each type of UAL (layer), this is the original balance as of the date the layer was established.

<sup>2</sup> According to the MERS amortization policy, each type of UAL (layer) is amortized over a specific period (see Appendix on MERS website).

<sup>3</sup> This is the remaining balance as of the valuation date, projected to the beginning of the fiscal year shown above.

The unfunded accrued liability (UAL) as of December 31, 2023 (see Table 6) is projected to the beginning of the fiscal year for which the contributions are being calculated. This allows the 2023 valuation to take into account the expected future contributions that are based on past valuations. Each type of UAL (layer) is amortized over the appropriate period. Please see the Appendix on the MERS website for a detailed description of the amortization policy.

Note: The original balance and original amortization periods prior to 12/31/2018 were received from the prior actuary.



## GASB Statement No. 68 Information

The following information has been prepared to provide some of the information necessary to complete GASB Statement No. 68 disclosures. GASB Statement No. 68 is effective for fiscal years beginning after June 15, 2014. Additional resources, including an Implementation Guide, are available at <http://www.mersofmich.com/>.

Actuarial Valuation Date:		12/31/2023
Measurement Date of the Total Pension Liability (TPL):		12/31/2023
At 12/31/2023, the following employees were covered by the benefit terms:		
Inactive employees or beneficiaries currently receiving benefits:		79
Inactive employees entitled to but not yet receiving benefits (including refunds):		37
Active employees:		<u>17</u>
		133
Total Pension Liability as of 12/31/2022 measurement date:	\$	18,925,572
Total Pension Liability as of 12/31/2023 measurement date:	\$	19,689,207
Service Cost for the year ending on the 12/31/2023 measurement date:	\$	121,515
Change in the Total Pension Liability due to:		
- Benefit changes <sup>1</sup> :	\$	0
- Differences between expected and actual experience <sup>2</sup> :	\$	352,701
- Changes in assumptions <sup>2</sup> :	\$	136,880
Average expected remaining service lives of all employees (active and inactive):		1

<sup>1</sup> A change in liability due to benefit changes is immediately recognized when calculating pension expense for the year.

<sup>2</sup> Changes in liability due to differences between actual and expected experience, and changes in assumptions, are recognized in pension expense over the average remaining service lives of all employees.

Covered employee payroll (Needed for Required Supplementary Information):	\$	961,350
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Note: Covered employee payroll may differ from the GASB Statement No. 68 definition.

Sensitivity of the Net Pension Liability to changes in the discount rate:

	1% Decrease (6.18%)	Current Discount Rate (7.18%)	1% Increase (8.18%)
Change in Net Pension Liability as of 12/31/2023:	\$ 2,143,666	\$ 0	\$ (1,812,843)

Note: The current discount rate shown for GASB Statement No. 68 purposes is higher than the MERS assumed rate of return. This is because for GASB Statement No. 68 purposes, the discount rate must be gross of administrative expenses, whereas for funding purposes it is net of administrative expenses.



## GASB Statement No. 68 Information

This page is for those municipalities who need to “roll forward” their total pension liability due to the timing of completion of the actuarial valuation in relation to their fiscal year-end.

The following information has been prepared to provide some of the information necessary to complete GASB Statement No. 68 disclosures. GASB Statement No. 68 is effective for fiscal years beginning after June 15, 2014. Additional resources, including an Implementation Guide, are available at [www.mersofmich.com](http://www.mersofmich.com).

Actuarial Valuation Date:		12/31/2023
Measurement Date of the Total Pension Liability (TPL):		12/31/2024
At 12/31/2023, the following employees were covered by the benefit terms:		
Inactive employees or beneficiaries currently receiving benefits:		79
Inactive employees entitled to but not yet receiving benefits (including refunds):		37
Active employees:		<u>17</u>
		133
Total Pension Liability as of 12/31/2023 measurement date:	\$	19,206,568
Total Pension Liability as of 12/31/2024 measurement date:	\$	19,867,739
Service Cost for the year ending on the 12/31/2024 measurement date:	\$	113,105
Change in the Total Pension Liability due to:		
- Benefit changes <sup>1</sup> :	\$	0
- Differences between expected and actual experience <sup>2</sup> :	\$	370,827
- Changes in assumptions <sup>2</sup> :	\$	135,475
Average expected remaining service lives of all employees (active and inactive):		1

<sup>1</sup> A change in liability due to benefit changes is immediately recognized when calculating pension expense for the year.

<sup>2</sup> Changes in liability due to differences between actual and expected experience, and changes in assumptions, are recognized in pension expense over the average remaining service lives of all employees.

Covered employee payroll (Needed for Required Supplementary Information):	\$	961,350
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Note: Covered employee payroll may differ from the GASB Statement No. 68 definition.

Sensitivity of the Net Pension Liability to changes in the discount rate:

	1% Decrease <u>(6.18%)</u>	Current Discount Rate <u>(7.18%)</u>	1% Increase <u>(8.18%)</u>
Change in Net Pension Liability as of 12/31/2024:	\$ 2,119,451	\$ 0	\$ (1,796,009)

Note: The current discount rate shown for GASB Statement No. 68 purposes is higher than the MERS assumed rate of return. This is because for GASB Statement No. 68 purposes, the discount rate must be gross of administrative expenses, whereas for funding purposes it is net of administrative expenses.



# Benefit Provision History

The following benefit provision history is provided by MERS. Any corrections to this history or discrepancies between this information and information displayed elsewhere in the valuation report should be reported to MERS. All provisions are listed by date of adoption.

## 01 - Gnrl

1/1/2021	Contract Employees - Included
1/1/2021	Seasonal Employees - Included
1/1/2021	Service Credit Qualification - 75 hours
1/1/2021	Custom Wages
12/1/2020	Non-Accelerated Amortization
1/1/2018	Non Standard Compensation Definition
1/1/2017	Service Credit Purchase Estimates - No
8/1/2015	Accelerated to 15-year Amortization
8/1/2015	DC Adoption Date 08-01-2015
10/1/2012	Exclude Temporary Employees requiring less than 12 months
1/1/2002	6 Year Vesting
1/1/2002	2.00% Multiplier
1/1/1992	E1 2.5% COLA for past retirees (01/01/1992)
1/1/1992	E2 2.5% COLA for future retirees (01/01/1992)
1/1/1990	Benefit F55 (With 25 Years of Service)
1/1/1989	1.70% Multiplier
1/1/1989	Member Contribution Rate 3.00%
1/1/1988	E1 2.5% COLA for past retirees (01/01/1988)
1/1/1967	1.20% Multiplier on FAC < \$4,200 and 1.70% Multiplier on FAC > \$4,200
8/16/1963	Covered by Act 88
7/1/1958	Benefit FAC-5 (5 Year Final Average Compensation)
7/1/1958	10 Year Vesting
7/1/1958	1.00% Multiplier on FAC < \$4,200 and 1.50% Multiplier on FAC > \$4,200
7/1/1958	Member Contribution Rate 3.00% Under \$4,200.00 - Then 5.00%
	Fiscal Month - January
	Normal Retirement Age (DB) - 60
	Early Reduced (.5%) at Age 50 with 25 Years or Age 55 with 15 Years

## S1 - Surplus Unassociated

Fiscal Month - January



# Plan Provisions, Actuarial Assumptions, and Actuarial Funding Method

Details on MERS plan provisions, actuarial assumptions, and actuarial methodology can be found in the Appendix. Some actuarial assumptions are specific to this municipality and its divisions. These are listed below.

## Increase in Final Average Compensation

Division	FAC Increase Assumption
All Divisions	2.00%

## Miscellaneous and Technical Assumptions

Loads – None.

**Amortization Policy for Closed Not Linked Divisions:** The default funding policy for closed not linked divisions, including open divisions with zero active members, is to follow a non-accelerated amortization, where each closed period decreases by one year each year until the period is exhausted. In select instances, closed not linked division(s) may follow an accelerated amortization policy.



## Risk Commentary

Determination of the accrued liability, the employer contribution, and the funded ratio requires the use of assumptions regarding future economic and demographic experience. Risk measures, as illustrated in this report, are intended to aid in the understanding of the effects of future experience differing from the assumptions used in the course of the actuarial valuation. Risk measures may also help with illustrating the potential volatility in the accrued liability, the actuarially determined contribution and the funded ratio that result from the differences between actual experience and the actuarial assumptions.

Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; changes in economic or demographic assumptions due to changing conditions; increases or decreases expected as part of the natural operation of the methodology used for these measurements (such as the end of an amortization period, or additional cost or contribution requirements based on the Plan's funded status); and changes in plan provisions or applicable law. The scope of an actuarial valuation does not include an analysis of the potential range of such future measurements.

Examples of risk that may reasonably be anticipated to significantly affect the plan's future financial condition include:

- **Investment Risk** – actual investment returns may differ from the expected returns;
- **Asset/Liability Mismatch** – changes in asset values may not match changes in liabilities, thereby altering the gap between the accrued liability and assets and consequently altering the funded status and contribution requirements;
- **Salary and Payroll Risk** – actual salaries and total payroll may differ from expected, resulting in actual future accrued liability and contributions differing from expected;
- **Longevity Risk** – members may live longer or shorter than expected and receive pensions for a period of time other than assumed; and
- **Other Demographic Risks** – members may terminate, retire or become disabled at times or with benefits other than assumed resulting in actual future accrued liability and contributions differing from expected.

The effects of certain trends in experience can generally be anticipated. For example, if the investment return since the most recent actuarial valuation is less (or more) than the assumed rate, the cost of the plan can be expected to increase (or decrease). Likewise, if longevity is improving (or worsening), increases (or decreases) in cost can be anticipated.



## Plan Maturity Measures

Risks facing a pension plan evolve over time. A young plan with virtually no investments and paying few benefits may experience little investment risk. An older plan with a large number of members in pay status and a significant trust may be much more exposed to investment risk. Generally accepted plan maturity measures include the following:

December 31,	Ratio of:				
	Market Value of Assets to Total Payroll	Actuarial Accrued Liability to Payroll	Actives to Retirees and Beneficiaries	Market Value of Assets to Benefit Payments	Net Cash Flow to Market Value of Assets (BOY)
2018	7.1	9.1	0.7	13.9	-3.9%
2019	9.2	11.3	0.5	14.5	-1.9%
2020	9.7	11.3	0.4	16.1	2.6%
2021	13.1	14.1	0.4	17.1	1.8%
2022	14.0	17.2	0.3	14.7	-1.3%
2023	17.7	21.0	0.2	14.4	-3.2%

### Ratio of Market Value of Assets to Total Payroll

The relationship between assets and payroll is a useful indicator of the potential volatility of contributions. For example, if the market value of assets is 2.0 times the payroll, a return on assets 5% different than assumed would equal 10% of payroll. A higher (lower) or increasing (decreasing) level of this maturity measure generally indicates a higher (lower) or increasing (decreasing) volatility in plan sponsor contributions as a percentage of payroll.

### Ratio of Actuarial Accrued Liability to Payroll

The relationship between actuarial accrued liability and payroll is a useful indicator of the potential volatility of contributions for a fully funded plan. A funding policy that targets a funded ratio of 100% is expected to result in the ratio of assets to payroll and the ratio of liability to payroll converging over time.

### Ratio of Actives to Retirees and Beneficiaries

A young plan with many active members and few retirees will have a high ratio of actives to retirees. A mature open plan may have close to the same number of actives to retirees resulting in a ratio near 1.0. A super-mature or closed plan may have significantly more retirees than actives resulting in a ratio below 1.0.

### Ratio of Market Value of Assets to Benefit Payments

The MERS' Actuarial Policy requires a total minimum contribution equal to the excess (if any) of three times the expected annual benefit payments over the projected market value of assets as of the participating municipality or court's Fiscal Year for which the contribution applies. The ratio of market value of assets to benefit payments as of the valuation date provides an indication of whether the division is at risk for triggering the minimum contribution rule in the near term. If the division triggers this minimum contribution rule, the required employer contributions could increase dramatically relative to previous valuations.

### Ratio of Net Cash Flow to Market Value of Assets

A positive net cash flow means contributions exceed benefits and expenses. A negative cash flow means existing funds are being used to make payments. A certain amount of negative net cash flow is generally expected to occur when benefits are prefunded through a qualified trust. Large negative net cash flows as a percent of assets may indicate a super-mature plan or a need for additional contributions.



# State Reporting

The following information has been prepared to provide some of the information necessary to complete the Public Act 202 pension reporting requirements for the State of Michigan’s Local Government Retirement System Annual Report (Form No. 5572). Additional resources are available at [www.mersofmich.com](http://www.mersofmich.com) and on the State [website](#).

Form 5572		
Line Reference	Description	Result
<b>10</b>	<b>Membership as of December 31, 2023</b>	
11	Indicate number of active members	17
12	Indicate number of inactive members (excluding pending refunds)	21
13	Indicate number of retirees and beneficiaries	79
<b>14</b>	<b>Investment Performance for Calendar Year Ending December 31, 2023<sup>1</sup></b>	
15	Enter actual rate of return - prior 1-year period	11.60%
16	Enter actual rate of return - prior 5-year period	8.07%
17	Enter actual rate of return - prior 10-year period	6.49%
<b>18</b>	<b>Actuarial Assumptions</b>	
19	Actuarial assumed rate of investment return <sup>2</sup>	6.93%
20	Amortization method utilized for funding the system's unfunded actuarial accrued liability, if any	Level Percent
21	Amortization period utilized for funding the system's unfunded actuarial accrued liability, if any <sup>3</sup>	10
22	Is each division within the system closed to new employees? <sup>4</sup>	Yes
<b>23</b>	<b>Uniform Assumptions</b>	
24	Enter retirement pension system's actuarial value of assets using uniform assumptions	\$17,689,903
25	Enter retirement pension system's actuarial accrued liabilities using uniform assumptions <sup>5</sup>	\$20,252,892
27	Actuarially Determined Contribution (ADC) using uniform assumptions, Fiscal Year Ending December 31, 2024	\$688,200

1. The Municipal Employees’ Retirement System’s investment performance has been provided to GRS from MERS Investment Staff and is included here for reporting purposes. The investment performance figures reported are net of investment expenses on a rolling calendar year basis for the previous 1-, 5-, and 10-year periods as required under PA 530.
2. Net of administrative and investment expenses.
3. Populated with the longest amortization period remaining in the amortization schedule, across all divisions in the plan. This is when each division and the plan in total is expected to reach 100% funded if all assumptions are met.
4. If all divisions within the employer are closed, “yes.” If at least one division is open (including shadow divisions), “no.”
5. Line 25 actuarial accrued liability is determined under PA 202 uniform assumptions which differ from the valuation assumptions. In particular, the assumed rate of return for PA 202 purposes is 6.90%.



# PUBLIC COMMENT

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**Health Officer's Report to the Board of Health for August 22, 2024**  
**Prepared by: Rebecca A. Burns, M.P.H., R.S.**

**Agency Updates**

**MERS Update:** Marne Dagget from MERS is attending the meeting on August 22<sup>nd</sup> to provide information on the annual actuarial report and answer any questions.

**Health Officer Evaluation:** I am requesting that my annual Health Officer evaluation be conducted in closed session during the September Board of Health meeting.

**Retirement:** This is Paul's last meeting before retirement. Join me in celebrating his retirement.

**New Accountant:** Jennifer Hull is joining us today at the meeting so you can meet her. Jen has been working closely with Theresa learning the role here. We are thrilled to have her!

**Environmental Health Staffing:** We are not receiving much for qualified applicants for the EH Director or Supervisor positions. I've checked in with colleagues around the state who are also seeking similar positions and they are having the same struggle.



**National Labor Relations Board:** Nothing new to report on this; our attorney reports communication with NLRB but the matter is not yet resolved. (Removed due to jurisdictional issue.)

**Quality Improvement Plan:** We are bringing to the PPA Committee the Quality Improvement Policy and Plan that has been developed for our Agency. Having these pieces in place and implemented is part of the Accreditation Quality Improvement Supplemental. Bringing them to our governing entity for awareness and discussion is one of the requirements. Although not an action item, we welcome your feedback on our plan and will be bringing you presentations or updates from time to time to share our progress on performance management.

**Staffing Update: Personal Health & Disease Prevention:** We are seeking to fill the Mobile Clerk position in Coldwater.

**Area Agency on Aging:** Is looking for a AAA Outreach Specialist.

**Environmental Health:** Two positions open; Environmental Health Supervisor and Environmental Health Director.

**Intergovernmental Agreement:** I am pleased to report that the agreement has made it through all of the levels of government and has been approved. Attached to my report today is the letter approving the agreement from Governor Whitmer and all documents leading up to the final approval.

**Kindergarten Oral Health Assessments (KOHA):** I am proposing we start up KOHA services for FY25. The finance committee will review the proposal during their meeting to allow us to seek to employ a dental hygienist as an independent contractor for this program.

**Safety & Security in BHSJCHA facilities:** The finance committee will be reviewing a proposal by the company that has installed our FOB Door Readers to further expand on the system we currently have in place. The additional locations we are planning to install readers on are utilized by staff to access interior areas of the building and currently have to be left unlocked or opened by use of a key. With issuance of a badge reader or fob to staff we eliminate keys which can be lost or duplicated and unlocked doors, making our offices more secure and safer for staff. We appreciate your consideration and plan to pay for these with the same funding we used for painting and carpet in Hillsdale. Thank you.

**Feonix Mobility Wallet Awarded:** BHSJCHA, along with a small group of other Hillsdale County agencies, have been awarded funding by Feonix Mobility to pay for transportation costs to get clients to us to receive services. Hillsdale County is without a county transportation system which causes residents who lack their own transportation to elect not to receive a service or if they did make an appointment to often cancel or no-show for that appointment. Residents can immediately be referred to the program by completing the form at the following link: [Community Partner - Mobility Wallet Referral Form \(jotform.com\)](#). Residents and others can also reach out to one of our Community Health Workers for assistance accessing the program. BHSJCHA has \$10,000 in our “wallet” which can be used for these transportation costs. These funds do not come to BHSJCHA like other grants do, they are held by Feonix for our use. The program also needs drivers who are currently compensated at .67 cents per mile to take riders. You can learn more about this program at: [Home - Feonix](#) or by reaching out to our Health Education & Promotion team.

**Medical Director Contract:** Dr. Luparello’s contract is ending on September 30, 2024. I have discussed the terms of a new contract with her and that proposal will be brought to the Finance Committee and then to the full Board. Dr. Luparello when she started as Medical Director was granted Provisional status as she was lacking the Masters in Public Health degree. MDHHS has recognized Dr. Luparello as no longer provisional now that she has received her MPH.

**Community Health Needs Assessment by Beacon Health System:** The agency continues our collaboration with Beacon Health Systems around the Community Health Needs Assessment.

**Public Health Concerns:**

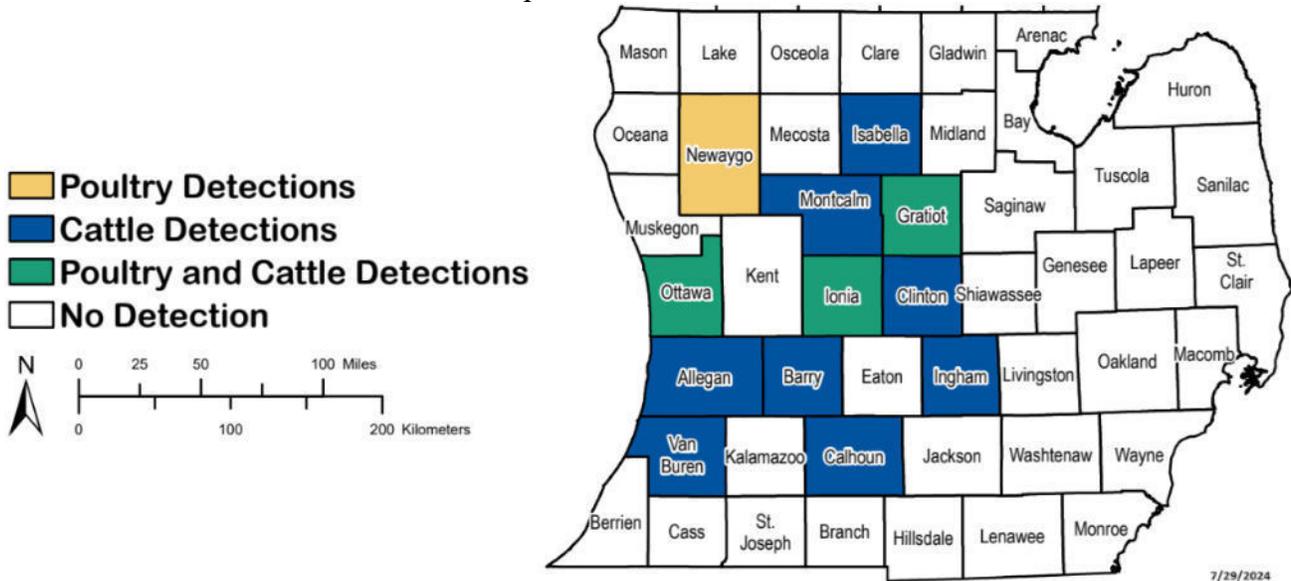
*Three Rivers ALE for Lead:* The City of Three Rivers notified residents of a continued lead action level exceedance for the drinking water system on August 8, 2024. The City announced the first lead action level exceedance on August 3, 2023. The ALE means that locations within the drinking water system have lead test results over 15 parts per billion, which is the EPA drinking water maximum. The City of Three Rivers continues to offer short-term solutions for drinking water customers which include:

- Free filters provided by MDHHS who meet eligibility criteria
- Free replacement cartridges provided by MDHHS for those that have a filter, need a replacement cartridge and meet eligibility criteria
- Continuation of the free lead copper testing program for location with unknown service line material.
- Free in-home site visits to confirm the service line material where it enters the home

Our Agency continues to be a location where the filters and cartridges can be accessed.

*Health Concerns in Teens:* We continue to wait for the final documents we prepared to finish review by MDHHS so that they can be released to the public in our investigation of Quincy School students.

*HPAI (Highly Pathogenic Avian Influenza):* We continue to see reports of infected dairy herds in Michigan. Since the last report there were new dairies reported with HPAI in Ottawa, Clinton, Gratiot, and VanBuren counties. The order of Extraordinary Emergency issued by Director Boring was amended on June 26<sup>th</sup> and an FAQ is posted on the state webpage regarding the amendment. There are no detections in Branch, Hillsdale, or St. Joseph counties at this time.



2024 HPAI Detections by County: [click to download PDF](#)

*Rabies Season:* Last month the Rabies Positive Animals map in Michigan showed 18 positively identified animals and now the map shows 23. BHSJCHA encourages residents to prevent wild animals from entering the home and if they wake up to a bat in their bedroom to contact one of our communicable disease nurses to discuss exposure risk and next steps.

*Measles Cases:* There has now been a seventh measles case reported in Michigan. This most recent case was identified in a Wayne County resident. BHSJCHA continues to encourage residents to know their vaccination status and take action to get vaccinated if they are not up-to-date.

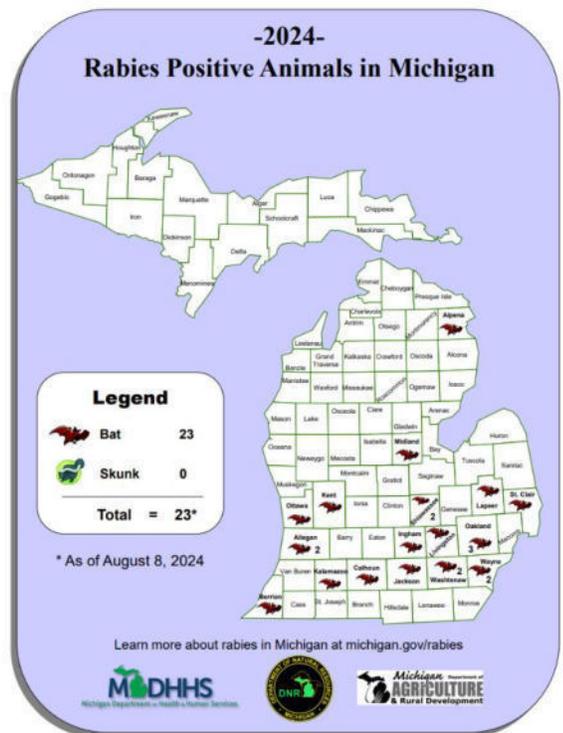
**Coldwater Office:** Administrator Norman has told me that the county is in the final design for replacement counter tops in the restrooms and clinic intake area. We are scheduled to touch base on this in early September.

**Hillsdale Office:** Nothing to report.

**Sturgis:** Nothing to report.

**Three Rivers Office:** Nothing to report

**Board Education:** The next Board education is scheduled for September. I welcome your suggestions of topics you want to hear about.



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

THIS AGREEMENT made and entered into this 21<sup>st</sup> day of March, A.D., 2024, by and between the Boards of Commissioners of Branch, Hillsdale, and St. Joseph Counties (hereinafter collectively referred to as "Counties").

## WITNESSETH:

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

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

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

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

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

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

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

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

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

## SECTION VIII.

### POWERS OF THE BOARD

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

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

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

## SECTION IX.

### HEALTH OFFICER

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

SECTION X.

FINANCES

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

Beginning in January of each year, the respective Treasurers of Branch, Hillsdale and St. Joseph Counties shall deposit their quarterly appropriations of county funding with the Community Health Agency by the 15th day of January, April, July and October. Payments can be made via check or electronic funds transfer (EFT).

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

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

State and local contributions and all other funds received shall be handled and banked directly by one of the treasurers of one of the member counties as selected by the Board, which has the duty

to insure that the funds are banked and accounted for consistent with requirements of law for local governmental units.

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

#### SECTION XI.

##### AUDIT

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

#### SECTION XII.

##### INFORMATION

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

#### SECTION XIII.

##### NOTICES

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

#### SECTION XIV.

##### COUNTY ORDINANCES

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

ordinance; and (c) an agreement has been reached with the county which enacted the ordinance regarding the reimbursement to the Community Health Agency of any costs of enforcement.

SECTION XV.

ORDINANCE UNIFORMITY

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

SECTION XVI.

DURATION OF THIS AGREEMENT  
AND RIGHTS UPON TERMINATION

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

receives. The distribution of assets shall take place as soon as possible after the effective date of the dissolution.

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

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

#### SECTION XVII.

##### STATUS OF THE BOARD

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

#### SECTION XVIII.

##### AMENDMENT PROCEDURES

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

#### SECTION XIX.

##### CONFLICT OF PROVISIONS

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

#### SECTION XX.

##### CONTINUITY

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

EFFECTUATION OF AGREEMENT

This agreement shall not take effect until this agreement is approved by the Governor of the State of Michigan and the Director of the State Department of Community Health as provided for by law. Upon receipt of the approval of the Governor and after filing with the County Clerk of each county and the Secretary of State, this agreement shall take effect on January 1, 2025.

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

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

IN THE PRESENCE OF:

Teresa Kubasiak  
[Signature]

BRANCH COUNTY

[Signature]  
BY: CHAIRPERSON, BOARD OF COMMISSIONERS *T.M. Stoll*  
Teresa Kubasiak  
ATTEST: COUNTY CLERK *Teresa Kubasiak*

[Signature]  
[Signature]

HILLSDALE COUNTY

[Signature]  
BY: CHAIRPERSON, BOARD OF COMMISSIONERS *Mark Wiley*  
Marney M. Kast  
ATTEST: COUNTY CLERK *Marney M. Kast*

[Signature]  
[Signature]

ST. JOSEPH COUNTY

[Signature]  
BY: CHAIRPERSON, BOARD OF COMMISSIONERS *Ken Malone*  
Ladina M. Clark  
ATTEST: COUNTY CLERK *Chief Deputy Ladina M. Clark*

**BRANCH COUNTY BOARD OF COMMISSIONERS**  
**MARCH SESSION (FIRST DAY)**  
**March 12, 2024**

1/ The Board of Commissioners of the County of Branch met, pursuant to adjournment in the Commissioner's room at the Courthouse, on Tuesday, March 12, 2024.

Vice-Chairman Matthew called the meeting to order at 4:30pm.

Present: Commissioners Randall Hazelbaker, Tom Matthew and Jon Houtz, County Clerk Teresa Kubasiak and Administrator Bud Norman.

Absent: Commissioners Alan McClellan and Tim Stoll

Commissioner Hazelbaker led the Board in the Pledge of Allegiance.

2/ Motion by Commissioner Houtz, seconded by Commissioner Hazelbaker to approve the agenda. MOTION CARRIED

3/ Motion by Commissioner Houtz, seconded by Commissioner Hazelbaker, to approve the minutes of the February 20, 2024 Board meeting. MOTION CARRIED

Public Comment:

Megan Wilczynski of MSUE informed the Board that a group of students from Branch County will be attending the 4-H Capitol Experience in Lansing to learn about how government works.

4/ Motion by Commissioner Houtz, seconded by Commissioner Hazelbaker, to approve the hiring of two temporary contracted employees to help during the Courthouse renovation project. MOTION CARRIED

5/ Motion by Commissioner Matthew, seconded by Commissioner Houtz, to approve the Community Health Agency agreement, as presented. MOTION CARRIED

6/ Motion by Commissioner Houtz, seconded by Commissioner Hazelbaker, to accept the painting contract submitted by Coldwater Painting in the amount of \$232,780, after confirming they are bonded and insured. MOTION CARRIED

7/ Motion by Commissioner Matthew, seconded by Commissioner Houtz, to approve for RFP's to be sent out for work on the entrance of the Courthouse and mechanical work. MOTION CARRIED

Consent Agenda:

approve the Bills and Accounts in the amount of \$458,845.90, Payroll totaling \$1,603,878.40 and total Taxes of \$365,247.23.

approve for the Commission on Aging to put a millage renewal proposal on the August 6, 2024 Primary ballot.

8/ Motion by Commissioner Hazelbaker seconded by Commissioner Houtz, that authorization is given to approve the following items by Consent Agenda: Bills & Accounts, COA Millage Renewal Request. MOTION CARRIED

9/ Motion by Commissioner Matthew, seconded by Commissioner Houtz, to approve the contract with Michigan Leadership Institute in the amount of \$10,250 to help with the search for a new Administrator. MOTION CARRIED

10/ Commissioner Houtz nominated Lori LaBundy, Kimberly Lindsey, Thomas Schmelzer and Joe Scheid to be re-appointed to fill expiring positions on the Mental Health Board.

Public Comment:

Resident, Dean Genter commented on the work to be done on the Coldwater River.

Committee/Liaison Reports:

Houtz – stated that Maple Lawn was at 113 residents and is now at capacity with 114 residents.

Hazelbaker –the Chamber Awards dinner was held. It was very well attended.

Matthew – reminder of the Conservation District annual meeting on 3/14 at 4pm. He also congratulated the 4-H students heading to Lansing for the Leadership Conference.

11/ Motion by Houtz, seconded by Hazelbaker to adjourn at 4:52pm. MOTION CARRIED

Chairman

Clerk

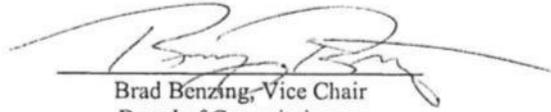
24-034

March 26, 2024

**TO THE HONORABLE BOARD OF COMMISSIONERS:**

We recommend approval of the intergovernmental agreement for the operation of the Branch-Hillsdale-St. Joseph Health Department and authorize the Chairperson to sign the agreement.

Respectfully submitted,



Brad Benzing, Vice Chair  
Board of Commissioners

Approved by the Board of Commissioners  
on March 26, 2024.

Regular session of the Board of County Commissioners for the County of St. Joseph, State of Michigan, was held in the Commission Chambers on March 19, 2024, at 5:00 pm.

Chairman Malone called the meeting to order.

The invocation was given by Commissioner Shaffer.

Chief Deputy County Clerk Clark called the roll, and the following commissioners were present.

Dennis Allen	Luis Rosado
Rusty Baker	Rick Shaffer
Terrance Conklin	Ken Malone

Also present: Jessica Miller, Assistant to County Administrator; Angie Steinman, Finance Director

**Adoption of Agenda**

It was moved by Commissioner Baker and seconded by Commissioner Allen to approve the agenda as presented. Motion carried.

**Minutes**

It was moved by Commissioner Rosado and seconded by Commissioner Allen to approve the minutes of February 20, 2024. Motion carried.

**Public Comment**

Craig Crabill of Sturgis read a letter from Barry County Sheriff's Office regarding an investigation of election fraud in their county.

Michael Whitney of Constantine handed out an invitation to a meeting with Dr. Douglas Frank, on May 21, 2024.

Rebecca Shank talked about the need to have a tourism guide for our county again.

**Presentation**

Julie Pioch, District 13 MSU-e Director Michigan, presented Michigan State University's Annual Report. Pioch stated that the staff is at 100% and full of talent. Eric Anderson was leaving, and Nicole Ritchie would be taking his place for Field Crops. Pioch introduced Kayla Mitchell, the new 4-H Program Coordinator. Mitchell announced that 4-H Youth Camp was back and that the County Conservation Tour was scheduled May 14<sup>th</sup> and 15<sup>th</sup>.

**County Administrator's Report**

Jessica Miller wanted the Commission to know there would be a ribbon cutting with Barton Group for the Three Rivers Campus. A final date had not been determined, but possible dates were April 29<sup>th</sup> or 30<sup>th</sup>.

**Committee Appointments**

It was moved by Commissioner Baker and seconded by Commissioner Allen to reappoint Henry Miller and Carolyn Grace to the 2024 Agriculture Preservation Board. Motion carried.

It was moved by Commissioner Allen and seconded by Commissioner Baker to reappoint Bill Walters, Nathan Brown, and Frederick Yager to the 2024 VA Advisory Board. Motion carried.

**Commission on Aging Millage Renewal**

**Resolution 4-2024**

**WHEREAS**, St. Joseph County Commission on Aging requested that the Board of Commissioners consider a millage ballot question to be placed on the August 2024 ballot; and

**WHEREAS**, St. Joseph County Prosecuting Attorney Dave Marvin has reviewed and approved the language.

**NOW THEREFORE BE IT RESOLVED** that the St. Joseph County Board of Commissioners hereby approves the following ballot millage renewal question language for a special election to be called and held in August of 2024:

Shall the Constitutional limitation upon the total amount of taxes which may be assessed in one year upon all property within the County of St. Joseph, State of Michigan, be renewed by the County and authorized to levy  $\frac{1}{4}$  of a mill (\$0.75 per \$1,000.00 of taxable valuation) for a period of six (6) years, 2024, 2025, 2026, 2027, 2028, and 2029, inclusive, for the sole purpose of operating millage for the continuation of Senior Services through the St. Joseph County Commission on Aging? It is estimated that if this tax levy were spread in 2024 it would generate \$1,849,040.00 in additional revenue.

It was moved by Commissioner Rosado and seconded by Commissioner Conklin to adopt the Commission on Aging Millage Renewal and Resolution. Motion carried 5-0 upon roll call vote.

**Branch, Hillsdale, and St. Joseph Community Health Agency Agreement**

It was moved by Commissioner Baker and seconded by Commissioner Shaffer to approve the Intergovernmental Agreement. Motion carried.

**Deputy Medical Examiner Appointments**

It was moved by Commissioner Rosado and seconded by Commissioner Baker to approve the appointment of; Anna Lane Tart, MD, Jared Brooks, MD, Amanda O. Fisher-Hubbard, MD, Edmund Donoghue, MD, and Christine James, DO with terms expiring December 31, 2024. Motion carried.

**Budget Amendments**

It was moved by Commissioner Allen and seconded by Commissioner Rosado to approve the budget amendments as presented. Motion carried.

**Commissioner Comments**

Commissioner Shaffer invited everyone to the Human Service Commission Senior Resource Fair. The fair would be held in Three Rivers.

Commissioner Baker wished the Mendon Girls Basketball Team good luck at Quarter Finals.

Commissioner Allen thanked the public for coming out.

Commissioner Malone wished Mendon Girls Basketball Team good luck.

**Adjournment**

It was moved by Commissioner Baker and seconded by Commissioner Conklin to adjourn the meeting at 5:25 pm. Motion carried.

*Lindsay Oswald, County Clerk*  
Ladena M. Clark, Chief Deputy County Clerk



STATE OF MICHIGAN  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ELIZABETH HERTEL  
DIRECTOR

July 19, 2024

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

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

Dear Mr. Hoffmaster:

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

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

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

Sincerely,

A handwritten signature in blue ink, appearing to read "Elizabeth Hertel".

Elizabeth Hertel

EH:hb



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



STATE OF MICHIGAN  
OFFICE OF THE GOVERNOR  
LANSING

GRETCHEN WHITMER  
GOVERNOR

GARLIN GILCHRIST II  
LT. GOVERNOR

August 6, 2024

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

Re: **Branch, Hillsdale and St. Joseph Health Agency – Agreement Amendments**

Dear Mr. Hoffmaster:

I have reviewed the proposed amended Agreement for the Operation of the Branch, Hillsdale, and St. Joseph Community Health Agency for Branch, Hillsdale, and St. Joseph Counties. The proposed amended agreement has been reviewed by the Department of Attorney General, which found it to be compliant with the Urban Cooperation Act and the Public Health Code. Therefore, I approve the amended agreement.

Please contact my office if you have any questions or concerns.

Sincerely,

A handwritten signature in blue ink that reads "Gretchen Whitmer".

Gretchen Whitmer  
Governor

c: George M. Elworth, Assistant Attorney General

## **MEDICAL DIRECTOR'S REPORT**

**August 2024**

1. Watching numbers of communicable diseases (especially Avian Influenza with fair season).
2. Director and Administrator meetings, in person and zoom.
3. Meetings via zoom and teleconference with several associations.
4. Joined TB sub committee of physician public health group.
5. Continuing treatment of one active TB patient and two latent TB patients. Investigating several other suspected patients.
6. Physician summer newsletter complete.
7. Working on possible clinic days where I can be present and be of some value.

## **PARVOVIRUS B19/FIFTH DISEASE/ERYTHEMA INFECTIOSUM**

- Parvovirus B19 infection is usually mild in people who are otherwise healthy.
- Common symptoms include "slapped cheek" rash in children, and joint pains in adults.
- Complications can occur among people with underlying blood disorders or weakened immune system.
- Infection early during pregnancy can cause a slight increase in the risk of a miscarriage.

Parvovirus B19 infection usually causes no symptoms or mild illness, such as flu-like symptoms, rashes and joint pains. In individuals with blood disorders or a weakened immune system, infection can cause a low blood count. Infection during pregnancy can sometimes lead to additional complications.

### **Rashes**

The clinical presentation most often associated with parvovirus B19 infection is a red rash on the face, also called a "slapped cheek" rash. This is also known as Fifth Disease (or Erythema Infectiosum). This rash typically appears a few days after the fever or flu-like symptoms. It is more common in children than adults.

Parvovirus B19 infection can also cause a general rash on the chest, back, buttocks, or arms and legs. The rash may be itchy. It usually goes away in 7 to 10 days but can come and go for several weeks. As it starts to go away, it may look lacy.

### **Joint Pain**

Infection with parvovirus B19 can lead to pain and swelling in the joints, called polyarthopathy syndrome. This is more common in adults and children and is most common in women.

Adults may experience joint pain without other symptoms. Joints are affected on both sides, usually in the hands, feet and knees. The joint pain usually lasts 1 to 3 weeks but can last for months or longer. It usually goes away without any long-term problems.

Parvovirus B19 infections are usually mild and will go away on their own. Children and adults who are otherwise healthy usually recover completely.

Treatment usually involves relieving symptoms, such as fever, itching, and joint pain and swelling. For persons who develop a low blood count, treatment may include supportive care, blood products, and other specialized therapies.

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

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

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

The Lock It Up campaign for 2024 will be ending in September. This year we changed our strategy and sought partnership with local dispensaries to widen our distribution, utilized boosting on social media, and created an educational set of videos on YouTube. So far, the campaign has distributed over 750 secure storage bags through our partner agencies, reached over 24,000 social media impressions, and had 871 views of the videos on YouTube. By the end of September, we hope to complete the distribution of an additional 350 bags, bringing the total to 1,100 bags.

The HEP staff coordinated our employee wellness event in August. The staff requested a fun event surrounding food. We were able to have Sweet Basil's Pizza truck at all 3 offices during the week of August 5<sup>th</sup>. Staff were treated to a pizza, cookie, and lemon shake up of their choice. Staff were also shown appreciation by the purchase of computer padded backpacks with the agency's logo on them. Staff enjoyed the opportunity to have lunch together and be outdoors. We are in the process of evaluating options for additional supports to staff to help with work/life stressors in a longer-term fashion. Our office will also be working with our Human Services and IT staff to promote the PH WINS survey. This is a national survey of public health staff to identify

Our team has been working with the quality improvement teams across the organization. We are providing technical assistance and support as teams identify the barriers and opportunities that impact their identified departmental goal. Departmental teams are looking to improve processes and increase community impact. Josh Englehart will soon join Theresa Fisher, Kris Dewey, and Isabella Stycos as Quality Improvement Process Trainers in the agency.

The HEP staff in conjunction with IT have been working on electronic bulletin boards for each of the offices. These electronic bulletin boards allow us to change content daily, if desired, to ensure clients are seeing messages that are timely and relevant. We are also hoping to add video streaming to the bulletin boards with entertaining and health related content to keep the children engaged.

The agency issued one press release since the last Board of Health Meeting regarding awareness of Pertussis (Whooping Cough). Residents were encouraged to know their own, and their children's, vaccination status. We also coordinated radio interviews for the Vector Surveillance Technicians with week of August 5<sup>th</sup>. Paul Andriacchi and our Technicians were interviewed during the morning drive on WCSR, WTVB, and WBET about the program and its importance to community health.

Social Media continues to spread our message to the community. In July we covered the following topics:

<ul style="list-style-type: none"> <li>-Lock it up campaign</li> <li>-Flood tips</li> <li>-Tick/Mosquito Tips</li> <li>-Safe Sleep Tips</li> <li>-Extreme Heat Tips</li> <li>-PFAS- White Pigeon Meeting</li> <li>-Beacon Community Health Needs Assessment</li> <li>-Algal Bloom awareness/tips</li> <li>-WIC social media toolkit and 24/25 income guidelines</li> <li>-Hearing/Vision Clinics for August</li> <li>-Fair Safety Reminders</li> </ul>	<ul style="list-style-type: none"> <li>-4th of July Safety Tips</li> <li>-Summer Meals information</li> <li>-Benefits of working in public health and job openings</li> <li>-Saturday August Vaccine Clinic</li> <li>-MDHHS' Program for Breast Cancer in Young Adults</li> </ul> <p>Recalls:</p> <ul style="list-style-type: none"> <li>-<a href="#">Wiers Farm, Inc Expands Voluntary Recall on Whole and Salad Cucumbers Due to Possible Contamination with Listeria   FDA</a></li> </ul>
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**2. The Michigan Center for Rural Health (MCRH) – Embedding a Community Health Worker Program within the Local Public Health Department Grant:**

Lisa Redmond and Ali Salim have completed the Michigan Community Health Worker training course. This course was held 2 days a week for 7 weeks. Lisa and Ali participated in the graduation ceremonies on August 1, 2024. They have been participating in community events, attending community collaboration meetings, and servicing clients. On the 12<sup>th</sup> of August, Lisa Redmond met with 37 individuals at King’s Kupboard in Hillsdale County. The team has serviced 10 clients in July with the greatest needs being assistance with Medicaid applications/redeterminations and finding financial resources through MDHHS. The week of August 26<sup>th</sup> is the National Community Health Worker Awareness Week. We will be using this week to promote our CHW services to the community.

**3. Car Seat Program:** Mary Proctor provided 12 car seats and checked an additional 4 for families during July. She has an additional 15 referrals she is working on as well. There will be a car seat check event on August 22 at the Market House in Hillsdale from 5-7 p.m. which we will be supporting as well.

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

Date	Event
8/3	Sturgis Community Resource Sharing – St. Joseph County
8/5	Presentation of BHSJ services at the GW Carver Community Center – St. Joseph County
8/6	All Staff Food Truck Event – Three Rivers
8/7	All Staff Food Truck Event - Coldwater
8/8	All Staff Food Truck Event - Hillsdale
8/10	Huss PROJECT Back to School Event – St. Joseph County
8/12	King’s Kupboard – Hillsdale County
8/12	Vaping presentation at Colon Community Schools – St. Joseph County
8/15	Diaper Bank – St Joseph County
8/17	Litchfield’s Sweet Corn Days – Hillsdale County
8/19	Waldron Schools Open House – Hillsdale County
8/22	Car Seat Safety Check at Market House – Hillsdale County
8/23	Friendship Fridays – St. Joseph County
8/26	Eby Center Community Dinner – Branch County
9/9	King’s Cupboard – Hillsdale County

<b>9/19</b>	Diaper Bank – St. Joseph County
<b>9/23</b>	Coach Eby Center – Branch County
<b>9/28</b>	Community Baby Shower – Branch County
<b>10/11</b>	Project Connect/Veteran Stand Down – St. Joseph County

**Social Media Data (As of August 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)
<b>July</b>	4,312	503 <i>(Up 96.5% from June)</i>	38,100 <i>(Down 9% from June)</i>	None	8	0
<b>TOTAL TO DATE (Since 10/1/2022)</b>	21 NEW followers since last report	1,584	536,762	8	334	8

**Branch-Hillsdale-St. Joseph Community Health Agency  
Environmental Public Health Services  
Report for the August 22, 2024 Board of Health Meeting  
Prepared by Paul Andriacchi R.E.H.S, Director of Environmental Health**

### **Food Service Program**

Our staff recently concluded the food establishment inspections for the vendors at the Branch County Fair. This year there was a total of 16 food establishments that were inspected. We have developed a very good working relationship with the Branch County Fair Board and the licensing and inspection process went very well this year. In previous years we had some issues with vendors still trying to obtain their food licenses from MDARD who had historically issued licenses and conducted inspections at all county fairs across the state. A number of years ago MDARD contacted local health departments to access their interest in taking over some of the fair food inspections duties and we opted in for the Branch County Fair only.

### **Other Programs**

We will be continuing to wrap up our seasonal inspections during the month of August. The seasonal inspections include: campgrounds, outdoor swimming pools, children's camps and septage trucks, septage land application site and municipal septage receiving plants. Work in these areas adds workload to the general sanitarians who are in the midst of the "busy season" with an abundance of applications for well and septic services.

### **PFAS**

I reported last month that we had received the latest round of PFAS samples from the site near Westside Landfill in Three Rivers. Prior to this round of testing we had 5 homes that had PFAS chemicals identified in the water, two of which had exceedances for PFOA. This latest round identified 3 more homes with PFAS chemicals, none of which were in exceedance of health standards. As we have done in the past, even those wells that did not have exceedances will be provided with a filter. The three new homes with PFAS, will be contacted in the near future to have the filter installed in their homes.

I also reported last month that we have been working with EGLE, MDHHS and the Village of White Pigeon to get the municipal water system extended to the township in the area of PFAS contamination near the White Pigeon Paper Plant. The village was offered a grant to help pay for the water extension but a contingency of the grant was to get a 50% participation from the effected homeowners. At this point they are lacking one more signature to achieve the 50% participation level. Fortunately, we just got word from the state that they will be releasing funds to extend the water to those who have signed up with the hopes that one additional signature will be obtained before the project deadline of 1/1/26.

**Closing note:** This will be my last report and my last BOH meeting and I wanted to thank the board for your support of me, our agency and our programs over the years I have been Environmental Health Director.

## EH Service Statistics Report

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

ENVIRONMENTAL HEALTH SERVICE REPORT      2023/2024

	JULY				YTD 2023/2024				YTD 2022/2023			
	BR	HD	SJ	TOTAL	BR	HD	SJ	TOTAL	BR	HD	SJ	TOTAL
<b>WELL/SEWAGE SYSTEM EVAL.</b>	-	-	1	1	1	-	7	8	5	3	3	11
<b>CHANGE OF USE EVALUATIONS - FIELD</b>	4	2	4	10	31	52	54	137	30	56	43	129
<b>CHANGE OF USE EVALUATIONS - OFFICE</b>	5	2	9	16	55	15	75	145	53	15	90	158
<b>ON-SITE SEWAGE DISPOSAL</b>												
PERMITS NEW CONSTRUCTION	6	6	18	30	53	61	88	202	43	45	66	154
REPAIR/REPLACEMENT	8	6	21	35	59	49	95	203	48	59	80	187
VACANT LAND EVALUATION	3	2	2	7	13	19	8	40	10	8	11	29
PERMITS DENIED	-	-	-	-	-	-	-	-	-	-	2	2
<b>TOTAL</b>	17	14	41	72	127	125	191	445	101	112	159	372
<b>SEWAGE PERMITS INSPECTED</b>	8	15	10	33	93	103	113	309	76	110	113	297
<b>WELL PERMITS ISSUED</b>	10	13	30	53	113	103	180	396	127	90	167	384
<b>WELL PERMITS INSPECTED</b>	13	6	17	36	114	128	164	406	99	76	141	316
<b>FOOD SERVICE INSPECTION</b>												
PERMANENT	22	25	15	62	221	226	304	751	203	189	281	673
NEW OWNER / NEW ESTABLISHMENT	2	1	2	5	8	13	28	49	8	10	14	32
FOLLOW-UP INSPECTION	2	-	-	2	13	8	10	31	14	6	12	32
TEMPORARY	20	7	12	39	52	28	64	144	24	27	61	112
MOBILE, STFU	1	2	9	12	29	26	65	120	21	30	54	105
PLAN REVIEW APPLICATIONS	2	2	2	6	8	3	14	25	8	9	11	28
FOOD RELATED COMPLAINTS	3	-	1	4	5	6	10	21	9	12	7	28
FOODBORNE ILLNESS INVESTIGATED	1	-	-	1	3	4	1	8	-	-	-	-
<b>FOOD CLASSES</b>												
MANAGEMENT CERTIFICATION CLASS	n/a	n/a	n/a	-	n/a	n/a	n/a	22	n/a	n/a	n/a	81
<b>CAMPGROUND INSPECTION</b>	14	8	11	33	14	10	13	37	19	2	16	37
<b>NON-COMM WATER SUPPLY INSP.</b>	5	2	1	8	22	22	28	72	18	9	21	48
<b>SWIMMING POOL INSPECTION</b>	1	-	1	2	9	16	7	32	9	14	12	35
<b>PROPOSED SUBDIVISION REVIEW</b>	-	-	-	-	-	-	-	-	-	-	-	-
<b>SEPTIC TANK CLEANER</b>	1	6	6	13	10	11	16	37	10	1	2	13
<b>DHS LICENSED FACILITY INSP.</b>	-	2	10	12	13	16	23	52	7	24	14	45
<b>COMPLAINT INVESTIGATIONS</b>	-	2	3	5	6	32	14	52	34	17	8	59
<b>LONG TERM MONITORING</b>	-	-	-	-	-	-	-	-	-	-	14	15
<b>BODY ART FACILITY INSPECTIONS</b>	-	-	-	-	6	3	8	17	3	5	3	11



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: 07/01/2024 - 07/31/2024

County	Inspection Type / Reason	Count
<b>Branch County</b>		
<i>Food Safety</i>		
	Foodborne Illness Complaint - Initial	1
	Non Foodborne Illness Complaint - Initial	2
	Plan Review Activity - Initial	1
	Pre-Opening - Pre-Opening	1
	Risk Based Inspection - Follow-up	2
	Risk Based Inspection - Routine	22
	STFU Inspection - Routine	1
	STFU Pre-Opening - Pre-Opening	1
	Temporary Food Inspection - Routine	20
	<b>Total # of Food Safety inspections - Branch County</b>	<b>51</b>
<b>Hillsdale County</b>		
<i>Food Safety</i>		
	Risk Based Inspection - Routine	25
	STFU Inspection - Routine	2
	STFU Pre-Opening - Pre-Opening	1
	Temporary Food Inspection - Routine	7
	<b>Total # of Food Safety inspections - Hillsdale County</b>	<b>35</b>
<b>St. Joseph County</b>		
<i>Food Safety</i>		
	Consultation - Plan Review Consultation	1

## Inspection Type Count By County

For Date Range: 07/01/2024 - 07/31/2024

County	Inspection Type / Reason	Count
	Non Foodborne Illness Complaint - Initial	1
	Pre-Opening - Pre-Opening	1
	Progress Note - New Inspection Reason	2
	Risk Based Inspection - Routine	15
	STFU Inspection - Routine	9
	STFU Pre-Opening - Pre-Opening	1
	Temporary Food Inspection - Routine	12
	<b>Total # of Food Safety inspections - St. Joseph County</b>	<b>42</b>
	<b><u>Total # of inspections - All counties</u></b>	<b><u>128</u></b>



570 Marshall Road  
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1110 Hill Street  
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(269) 273 - 2161 ext. 233

## Food Establishment Inspection Report by Facility Name

For Date Range: 07/01/2024 - 07/31/2024 and Food Program

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
9th Street Methodist Church	Three Rivers	07/15/2024	Pre-Opening - Pre-Opening	0	0	0	0
ADDISON GUN CLUB	SOMERSET TWP	07/18/2024	Risk Based Inspection - Routine	0	0	0	0
AMERICAN LEGION POST 360	READING	07/31/2024	Risk Based Inspection - Routine	0	0	0	0
APPLEBEE'S # 8393	COLDWATER	07/16/2024	Risk Based Inspection - Routine	0	0	0	1
ARBY'S	COLDWATER	07/25/2024	Risk Based Inspection - Routine	0	1	1	1
ARBY'S #7394	HILLSDALE	07/08/2024	Risk Based Inspection - Routine	0	0	0	0
BEACH CONCESSIONS #82	Hillsdale	07/03/2024	STFU Inspection - Routine	0	0	0	0
Beached Boys Grill	Angola	07/30/2024	Temporary Food Inspection - Routine	0	0	0	0
Bellic River Group DBA Ben's Soft Pretzels	Shipshewana	07/29/2024	Temporary Food Inspection - Routine	0	0	0	0
Ben's Soft Pretzels	Goshen	07/26/2024	STFU Inspection - Routine	0	0	0	0
BEST WESTERN PLUS	Coldwater	07/25/2024	Risk Based Inspection - Routine	1	0	1	1
BIGGBY COFFEE	HILLSDALE	07/08/2024	Risk Based Inspection - Routine	0	0	0	0
Biggby Coffee #494	White Pigeon	07/15/2024	Temporary Food Inspection - Routine	0	0	0	0
BILL'S STEAKHOUSE	Bronson	07/31/2024	Risk Based Inspection - Routine	0	1	1	1

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
Bobilya Chrysler Plymouth Dodge Inc.	Coldwater	07/26/2024	Temporary Food Inspection - Routine	0	0	0	0
Broadway Grille - Union City	Union City	07/18/2024	Risk Based Inspection - Routine	2	0	2	2
Bronson Kiwanis Club	Bronson	07/22/2024	Temporary Food Inspection - Routine	0	0	0	0
BRONSON KNIGHTS OF COLUMBUS #2924	BRONSON	07/30/2024	Risk Based Inspection - Routine	1	1	2	0
Bronson Polish Fest / UCT 452	Bronson	07/22/2024	Temporary Food Inspection - Routine	0	0	0	0
BUFFALO WILD WINGS	COLDWATER	07/16/2024	Risk Based Inspection - Routine	1	0	1	2
Burger King #1416	Three Rivers	07/10/2024	Risk Based Inspection - Routine	0	1	1	1
Burger King #1419	Hillsdale	07/08/2024	Risk Based Inspection - Routine	0	0	0	0
Burnside Senior Center	Coldwater	07/25/2024	Risk Based Inspection - Routine	0	0	0	0
Burr Oak Fire Dept	Burr Oak	07/29/2024	Temporary Food Inspection - Routine	0	0	0	0
Burr Oak Heritage Festival	Burr Oak	07/19/2024	Temporary Food Inspection - Routine	0	0	0	0
Camp Selah	Reading	07/02/2024	Risk Based Inspection - Routine	0	0	0	0
Castaway Lounge LLC	Coldwater	07/22/2024	Temporary Food Inspection - Routine	0	0	0	0
Center Park United Methodist Church	Three Rivers	07/18/2024	Risk Based Inspection - Routine	0	0	0	0
CHECKER RECORDS	HILLSDALE	07/22/2024	Risk Based Inspection - Routine	1	0	1	0
CHINA 1	COLDWATER	07/02/2024	Risk Based Inspection - Routine	0	1	0	0
CITY OF HILLSDALE - SANDY BEACH	HILLSDALE	07/22/2024	Risk Based Inspection - Routine	1	0	1	1
COLDWATER BROADWAY GRILLE	COLDWATER	07/11/2024	Non Foodborne Illness Complaint - Initial	1	1	2	0
COLDWATER BURGER KING #4652	COLDWATER	07/15/2024	Non Foodborne Illness Complaint - Initial	0	0	0	0
COLDWATER CINEMAS	COLDWATER	08/01/2024	Risk Based Inspection - Routine	1	0	1	1
COLDWATER LAKE ASSOCIATION	COLDWATER	07/05/2024	Risk Based Inspection - Routine	0	0	0	0
CONEY & SWIRLS	HILLSDALE	07/16/2024	Risk Based Inspection - Routine	0	0	0	0
CONEY HUT DRIVE INN	JONESVILLE	07/17/2024	Risk Based Inspection - Routine	0	0	0	0
Creative Dining Services/Abbott Labs	Sturgis	07/22/2024	Non Foodborne Illness Complaint - Initial	0	0	0	0
Creator's Praise Ministries	Mendon	07/26/2024	Temporary Food Inspection - Routine	0	0	0	0

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
D & S Restaurant & Lounge	Pittsford	07/30/2024	Risk Based Inspection - Routine	1	0	1	2
DAD'S PLACE	Three Rivers	07/11/2024	Risk Based Inspection - Routine	0	0	0	1
Dine and Dash Specialty Meats STFU	White Pigeon	07/15/2024	STFU Inspection - Routine	0	0	0	0
Domestic Harmony	Hillsdale	07/17/2024	Temporary Food Inspection - Routine	0	0	0	0
Drop It Like Its Tot	Huntertown	07/26/2024	Temporary Food Inspection - Routine	0	0	0	0
EAGLES LODGE 1314	Sturgis	07/30/2024	Risk Based Inspection - Routine	1	0	1	1
EL CERRITO MEXICAN RESTAURANT	COLDWATER	07/11/2024	Risk Based Inspection - Routine	1	0	1	3
El Taco Loco	Sturgis	07/24/2024	Risk Based Inspection - Routine	1	1	2	4
EL TACO LOCO II	Coldwater	07/12/2024	Plan Review Activity - Initial	0	0	0	0
EL TACO LOCO II	Coldwater	07/22/2024	Temporary Food Inspection - Routine	0	0	0	0
Fabius Park Fire Department	Three Rivers	07/13/2024	Temporary Food Inspection - Routine	0	0	0	0
Firm Foundation Ministries	CENTREVILLE	07/12/2024	Temporary Food Inspection - Routine	0	0	0	0
Fisher's Ice Cream	Goshen	07/29/2024	Temporary Food Inspection - Routine	0	0	0	0
Fiske Concessions - Cheese Curds	Brooksville	07/03/2024	Temporary Food Inspection - Routine	0	0	0	0
Fiske Concessions - French Fries	Brooksville	07/03/2024	Temporary Food Inspection - Routine	0	0	0	0
Fiske Concessions - Fries #2	Brooksville	07/03/2024	Temporary Food Inspection - Routine	0	0	0	0
Fiske Concessions - Lemonade	Brookesville	07/03/2024	Temporary Food Inspection - Routine	0	0	0	0
Five Lakes Coffee INC	STURGIS	07/30/2024	Risk Based Inspection - Routine	0	0	0	0
Fork & Fiddle	Auburn	07/12/2024	Temporary Food Inspection - Routine	0	0	0	0
Frazee Concessions	Comstock Park	07/19/2024	Temporary Food Inspection - Routine	0	0	0	0
Frazee Concessions	Comstock Park	07/19/2024	Temporary Food Inspection - Routine	0	0	0	0
Good Eats Oxender Ent.	Lagrange	07/26/2024	Temporary Food Inspection - Routine	0	0	0	0
GREEN VALLEY GOLF & RACQUET	Sturgis	07/23/2024	Risk Based Inspection - Routine	0	0	0	0
Hillsdale Lunchbox	Hillsdale	07/12/2024	Risk Based Inspection - Routine	0	0	0	0
Jaspere's Pizza	Mendon	07/01/2024	Progress Note - New Inspection Reason	0	0	0	0
Jay'z BBQ	STURGIS	07/23/2024	STFU Inspection - Routine	0	0	0	1
Jay'z BBQ	STURGIS	07/30/2024	STFU Inspection - Routine	0	0	0	0

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
JILLY BEANS	Hillsdale	07/18/2024	Risk Based Inspection - Routine	0	0	0	0
Kernal Poppers	White Pigeon	07/15/2024	STFU Inspection - Routine	0	0	0	0
Kick'n Kountry	Coldwater	07/19/2024	Pre-Opening - Pre-Opening	0	0	0	0
La Palma	Sturgis	07/24/2024	Risk Based Inspection - Routine	1	0	1	4
LAKEHOUSE COLDWATER	COLDWATER	07/18/2024	Risk Based Inspection - Routine	0	0	0	0
LIL PEPPI'S PIZZA	SOMERSET CENTER	07/31/2024	Risk Based Inspection - Routine	0	0	0	0
Litchfield Historical Society	Litchfield	07/08/2024	Temporary Food Inspection - Routine	0	0	0	0
LITCHFIELD-JONESVILLE LANES INC	Jonesville	07/11/2024	Risk Based Inspection - Routine	0	0	0	0
LITTLE CAESARS PIZZA	HILLSDALE	08/01/2024	Risk Based Inspection - Routine	0	0	0	1
Los Tequilas	Coldwater	07/12/2024	Risk Based Inspection - Routine	1	0	1	1
Magic Capital Community Theater & Arts/Grand Magic Theater	Colon	07/30/2024	Temporary Food Inspection - Routine	0	0	0	0
Mary's Gourmet Elephant Ears	Morenci	07/03/2024	Temporary Food Inspection - Routine	0	0	0	0
McDONALDS OF THREE RIVERS #2196	Three Rivers	07/29/2024	Risk Based Inspection - Routine	1	0	1	3
MCDONALD'S-HILLSDALE	Hillsdale	07/08/2024	Risk Based Inspection - Routine	0	0	0	0
MCDONALD'S-JONESVILLE	Jonesville	07/17/2024	Risk Based Inspection - Routine	0	0	0	1
Mema Kitchen - STFU	Three Rivers	07/19/2024	STFU Inspection - Routine	0	0	0	0
MR GYROS	COLDWATER	08/01/2024	Risk Based Inspection - Routine	0	0	0	0
My Guys Frys	Sturgis	07/04/2024	STFU Inspection - Routine	0	0	0	0
Olde Time Waffle cone	Constantine	07/15/2024	STFU Inspection - Routine	0	0	0	0
Pam's Sugar Shack	Mendon	07/18/2024	Consultation - Plan Review Consultation	0	0	0	0
Prop Blast Cafe	COLDWATER	07/17/2024	Risk Based Inspection - Follow-up	0	0	0	0
Prowant Specialty Company	Dupont	07/03/2024	Temporary Food Inspection - Routine	0	0	0	0
Quality Inn & Suites	Coldwater	07/23/2024	Risk Based Inspection - Routine	1	3	1	1
RACHAEL'S	White Pigeon	07/25/2024	Risk Based Inspection - Routine	0	0	0	2
READING PIZZA BARN	READING	07/31/2024	Risk Based Inspection - Routine	1	0	1	1

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
ROUGH DRAFT	HILLSDALE	07/12/2024	Risk Based Inspection - Routine	0	0	0	1
Sabor A Mexico	Three Rivers	07/08/2024	Temporary Food Inspection - Routine	0	0	0	0
Sabor A Mexico	Three Rivers	07/29/2024	Temporary Food Inspection - Routine	0	0	0	0
Sauganash Country Club LLC	THREE RIVERS	07/19/2024	Progress Note - New Inspection Reason	0	0	0	0
Shawarma Station	Coldwater	07/12/2024	Risk Based Inspection - Routine	1	3	3	3
Shawarma Station	Coldwater	07/25/2024	Risk Based Inspection - Follow-up	0	0	0	0
Shigs In Pit BBQ	Fort Wyane	07/22/2024	Temporary Food Inspection - Routine	0	0	0	0
SHORT'S ROOT BEER DRIVE-IN	COLDWATER	07/16/2024	Risk Based Inspection - Routine	1	1	2	3
Small Town Girl Concessions	Coldwater	07/15/2024	STFU Inspection - Routine	0	0	0	0
Smokin' Steve's BBQ & Fried Pies 2	North Adams	07/22/2024	STFU Pre-Opening - Pre-Opening	0	0	0	0
Somerset Beach Campground	Somerset Center	08/01/2024	Risk Based Inspection - Routine	0	0	0	1
Sparkle	Colon	07/08/2024	Temporary Food Inspection - Routine	0	0	0	0
St Anthony's Catholic Church	HILLSDALE	07/16/2024	Risk Based Inspection - Routine	0	1	0	0
STOAGIES FAMILY ROOM CAFE	COLDWATER	07/25/2024	Risk Based Inspection - Routine	0	0	0	1
STREET DOGS	Hillsdale	07/11/2024	STFU Inspection - Routine	0	0	0	0
SUBWAY # 19719	COLDWATER	07/25/2024	Risk Based Inspection - Routine	1	0	1	0
Subway 34903	STURGIS	07/23/2024	Risk Based Inspection - Routine	0	0	0	1
SUPER 8: Food	Three Rivers	07/16/2024	Risk Based Inspection - Routine	0	0	0	1
Sweets On The Street	Wayne	07/22/2024	Temporary Food Inspection - Routine	0	0	0	0
Sweets On The Street	Wayne	07/22/2024	Temporary Food Inspection - Routine	0	0	0	0
Swift's Sips	Quincy	07/15/2024	STFU Pre-Opening - Pre-Opening	0	0	0	0
Tacos Guerrerenses 2	Constantine	07/03/2024	STFU Pre-Opening - Pre-Opening	0	0	0	0
THE FINISH LINE	HILLSDALE	07/19/2024	Risk Based Inspection - Routine	0	0	0	0
The Goodie Shop	COLDWATER	07/16/2024	Risk Based Inspection - Routine	1	0	0	1
The Great Pages Circus	Myakka City	07/29/2024	Temporary Food Inspection - Routine	0	0	0	0
The Great Pages Circus	Myakka City	08/01/2024	Temporary Food Inspection - Routine	0	0	0	0
The Panini Grille LLC	Centreville	07/15/2024	STFU Inspection - Routine	0	0	0	0

<b>Name</b>	<b>Location</b>	<b>Date</b>	<b>Inspection Type/Reason</b>	<b># of P</b>	<b># of Pf</b>	<b>CDI</b>	<b># of C</b>
The Pretzel Wagon (unlicensed)	Constantine	07/15/2024	Temporary Food Inspection - Routine	0	0	0	0
The Remedy Church	Reading	07/29/2024	Temporary Food Inspection - Routine	0	0	0	0
Tokyo Li Inc	Three Rivers	07/16/2024	Risk Based Inspection - Routine	0	0	0	3
Trainwreck Grill & Ale	Coldwater	07/25/2024	Foodborne Illness Complaint - Initial	0	0	0	0
Two Bandits Brewing Co.	Coldwater	07/26/2024	Risk Based Inspection - Routine	3	0	2	1
WENDY'S #4405	Hillsdale	07/18/2024	Risk Based Inspection - Routine	0	0	0	1
Wendy's #4574	Three Rivers	07/01/2024	Risk Based Inspection - Routine	0	0	0	1
White Oaks Golf Club	Hillsdale	07/24/2024	Risk Based Inspection - Routine	0	1	1	0
White Pigeon Fireman's Asso	White Pigeon	07/15/2024	Temporary Food Inspection - Routine	0	0	0	0
YMCA CAMP EBERHART (Food)	Three Rivers	07/02/2024	Risk Based Inspection - Routine	0	0	0	0
				<b>25</b>	<b>16</b>	<b>33</b>	<b>55</b>

## **FOOD INSPECTION CODES**

**P**-This indicates a priority violation which is a violation that 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 a foodborne 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 that usually relates to general sanitation, operation controls and maintenance of facilities and equipment. Not cleaning floors is an example of a core violation.



August 22, 2024

## Director's Report

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### Enclosure:

1. ACLS Bureau correspondence dated 7/31/24: FY2024 financial assessment close out letter. No findings, no recommendations.
  2. FY2025 Provider Allocations \*
  3. Services to Victims of Elder Abuse brochure "*Services Available to Vulnerable Adults Who are Victims of Crime*"
- 

### Updates:

#### 1. Services to Victims of Elder Abuse Program

Victim Specialists and the admin team continue to work on DVS-suggested policy reviews - we are nearly complete! Some remaining Division of Victim Services-specific items shall come through in the BHSJ CHA Personnel Policy review process as an addendum.

The Victim Specialists worked with Health Education & Promotion to develop the attached brochure to assist law enforcement as they work cases. The training provided to Branch County Sheriff's Office at the end of July was received very well. They're hoping to offer it widely over the coming months as new leadership takes shape.

#### 2. Assessment Updates:

- ACLS Financial Assessment: (Attachment #1) No findings or recommendations. I'm grateful for a great team and great policies & processes!
- AAA Provider Assessments – One more to go! A summary of assessments will be shared at September BOH meeting. (Please note: There've been no findings/recommendations to date among any providers!)

#### 3. Staffing updates:

We hope to introduce our new staff to you, in person, at the September BOH meeting. We are in the process of re-hiring for the Outreach Specialist position and will share more about Shelly, our new Social Work Care Consultant, in September. Exciting changes ahead!

#### 4. FY2025 Provider Allocations – Attachment #2 was shared with the BOH Finance Committee at their August 19<sup>th</sup> meeting. Because of the severe cuts made to the aging network in FY2024 and ACLS guidance provided to date, we approached these initial allocations very carefully. The initial FY24 federal awards that guided our allocations were 11% higher than what actually came through on the full year award. We had to look at these trends, reflect on priority service categories, and consider provider input. We based the allocations on our full year FY24 award (which didn't arrive until mid-June) and then subtracted ~10% from the following funding categories: Title IIIB, Title IIIC-1, Title IIIC-2, NSIP, Title IIID, Title IIIE, and State Respite. These categories were the most affected in FY2024 resulting in the following services being affected: care management, meals, caregiver services, chore, friendly reassurance, home making, personal care, gap filling, adult day service and transportation. As shared with Finance, adjustments for FY25 are a given but we are very uncertain on whether they will come through as increases or decreases. These precautions and leadership discussions are happening throughout the AAA network across the state.



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ELIZABETH HERTEL  
DIRECTOR

July 31, 2024

Rebecca Burns  
Health Officer  
Branch-St. Joseph Area Agency on Aging  
570 N. Marshall Road  
Coldwater, MI 49036

RE: Fiscal Year (FY) 2024 Area Agency on Aging (AAA) Financial Assessment

Dear Ms. Burns:

The Behavioral and Physical Health and Aging Services Administration, Bureau of Aging, Community Living, and Supports (ACLS Bureau), has conducted the FY 2024 financial assessment for Branch-St. Joseph AAA (Region IIIC AAA). We reviewed materials included in Region IIIC AAA's Financial Policy and Procedure Manual including additional processes that directly affect the operation of your agency. Some of the items reviewed and/or tested included but were not limited to the following:

- Single Audit FY 2023
- Financial Assessment Questionnaire
- Financial Expenditure Reports
- Timekeeping studies and process; payroll samples
- Internal controls; procedures, process, and examples

The ACLS Bureau has completed the assessment and there are no findings or recommendations. The financial assessment is considered concluded.

We appreciate the time and cooperation provided by you and your staff involved in the financial assessment. If you have questions, please contact the ACLS Bureau's Financial Quality & Grant Support Section Manager, Amy Colletti, at CollettiA@michigan.gov or 517-230-6362.

Sincerely,

Cindy Masterson, Director  
Operations & Aging Network Support Division

CM:ac

- c: Laura Sutter, Director, Region IIIC AAA
- Theresa Fisher, Admin Services Director, Region IIIC AAA
- Scott Wamsley, Director, ACLS Bureau
- Financial Quality & Grant Support Section
- Jen Hunt, Manager, Aging Network Support (ANS) Section
- Ashley Ellsworth, Regional Aging Representative, ANS Section



### COMMON SCAMS:

- Grandparent Scam
- Romance Scams
- Debt Collection
- Tech Support
- Home Repairs
- Phishing
- IRS or Government Imposter

### SCAM ASSISTANCE SERVICES:

- Education about reoccurring scams
- If appropriate, assistance in reporting scams to Authorities.
- Help victims secure or change personal information (ex: mailing address, phone number, email, social media)
- Assist in changing bank accounts and activating financial monitoring tools
- Assist the individual to register for the Do Not Call List.
- Assist the individual in establishing a representative payee, if needed.
- Providing emotional support to regain trust.

## BEYOND 9-1-1

Report suspected abuse or neglect in the community setting:



**Adult Protective Services**  
1-855-444-3911

Report suspected abuse or neglect in a long-term care facility:



**Long-Term Care Ombudsman**  
1-866-485-9393

To file a complaint for financial abuse:



**Michigan Attorney General**  
1-877-765-8383

### CONTACT US:

Our offices are located within the Branch-Hillsdale-St. Joseph Community Health Agency



**Branch County**  
570 Marshall Rd.  
Coldwater, Mi



**St. Joseph County**  
1110 Hill St.  
Three Rivers, MI

Phone: (517) 278-2538

Toll Free: (888) 615-8009



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

Supporting Seniors, Promoting Independence



# SERVICES AVAILABLE TO VULNERABLE ADULTS WHO ARE VICTIMS OF CRIME

## SERVICES PROVIDED BY VOCA

### Safety

- Changing door locks
- Installation of Window/door alarms
- Eviction proceedings
- Establishing or changing of a Power of Attorney (POA)
- Requesting a Personal Protection Order (PPO)
- Phone and mail changes
- Email and social media safety

### Financial

- Financial account changes
- Navigation of Michigan Department of Human Services assistance programs
- Navigation of the Social Security Administration
- Emergency need assistance and referrals

### Personal

- Connect to Medical care
- Accompaniment of Forensic exam
- Advocacy
- Emotional support
- Safety Planning
- Referral to food and nutrition services, like Meals on Wheels



## WHO TO REFER TO AAA VOCA?

- Any vulnerable adult who mentions/ experienced a recent victimization
- Anyone calling on behalf of a vulnerable adult with recent victimization

## HOW TO REFER TO AAA VOCA TEAM?

Our services are **FREE OF CHARGE**

Obtain permission from the victim to make a referral.

Referrals can be made by:

- Referral Form
- Phone Call
- Email
- Fax
- Walk into your local office ( 8am - 4pm, M-F)

## HOW CAN THE AAA VOCA TEAM HELP LAW ENFORCEMENT?

- Assist Victim in collection of evidence
- Assist in financial security and safety
- Referral to community agencies
- Legal advocacy and support
- Emotional support for victims
- Help explain to victims that the case may not result in criminal prosecution.

## WHAT IS ELDER ABUSE?

- Physical abuse
- Emotional/Psychological/Verbal abuse
- Sexual abuse
- Neglect
- Financial abuse and/or exploitation



**Elder Abuse is widely under-detected and under-reported.**

## WHO QUALIFIES AS A VULNERABLE ADULT?

For purposes of the Victims of Crime Act (VOCA) grant:

- Any individual aged 60 or older
- Any vulnerable adult aged 18 or older who are dependent on family/others to assist in meeting daily needs.

### Who does not qualify?

- Individuals who rely on someone else for financial support only.
- Adult children who live with parents but can take care of their own needs.
- Crime is not a direct cause of the concerns expressed by individual.

## **Personal Health and Disease Prevention: August 22, 2024**

**Heidi Hazel, BSN, RN**

### **Communicable Disease:**

Highly Pathogenic Avian Influenza (HPAI): MDARD continues to work with partners to respond quickly to any and all reports of HPAI. The latest detection was a dairy farm in Van Buren County on July 26<sup>th</sup>. No additional human cases have been detected in Michigan.

MDHHS confirmed detection of Influenza A H3N2 variant (Swine flu) in a resident of Ingham County. The source of exposure is still under investigation.

Michigan did have the first human West Nile virus case of the year and that was in Livingston County. According to the Arbovirus Activity which is a weekly summary produced by MDHHS, there have been 60 mosquito pools testing positive for arbovirus infection and 12 animals testing positive for West Nile virus infection. MDARD also confirmed the first case of Eastern Equine Encephalitis (EEE) this year in a horse from Van Buren County.

Measles: Two measles cases have recently been reported in Michigan.

-On July 3<sup>rd</sup> – A child in Macomb County.

-On August 2<sup>nd</sup> – A confirmed case from Wayne County that is associated with international travel.

COVID-19: Activity is on the rise in Michigan. We have been working with a Long-Term Care Facility in Branch County as they navigate an outbreak (12 positive residents and 15 positive staff). We are awaiting release of the 24-25 Covid vaccines which should be the first week of September.

Whooping Cough: As of June 1<sup>st</sup>, cases are more than doubled what they were reported in 2023. Protection from vaccination does decrease over time and the CDC is expecting cases to increase in vaccinated and unvaccinated populations.

Whooping Cough (Pertussis) is a very contagious respiratory disease. This disease can be spread by coughing, sneezing, or having close contact. People are most contagious in the first two weeks after start of a cough. This can be treated early with antibiotics and can help prevent the spread.

### **HIV/STI's**

We have recently seen an uptick in patients coming to be tested in the Three River's office. There were 28 people who came for testing and/or treatment this past month. Overall, we have seen an increase in the number of cases of Trichomoniasis. This is an STD spread by a parasite. This month we sent some employees to the HIV/STI conference in Kalamazoo.

### **Immunizations:**

The CDC is requiring that all Universal Hepatitis B sites (ex. birthing hospitals) carry Nirsevimab. Nirsevimab is a monoclonal antibody that is recommended for newborns and babies under 1 years old that are born during or entering their first RSV season. It gives long lasting protection from RSV (at least 5 months) and is part of the Vaccines for Children program. The MDHHS team is working to

verify if a site's enrollment information is complete. If everything is complete, guidance to add Nirsevimab will be made available to the facility. These sites will be designated as a Specialty/Universal Hepatitis B site in MCIR and can receive VFC Nirsevimab.

Our 24-25 Flu vaccine should start shipping soon. This year's formula will be Trivalent and will protect against H1N1, H3N2 and a B/Victoria lineage virus.

Staffing update: We have a new WIC clerk in Three Rivers and he will start August 26th. We are still searching for a part time Mobile Unit Clerk for Coldwater.

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

Michigan WIC Produce Connection (formerly "Project Fresh") is still working to recruit farmers. There are no authorized growers in the tri-county area but the list has been growing with farmers in Michigan. The state is hoping that next year will go much smoother. There was successful implementation of increased CVB (cash value benefits) for clients. We have been working with our counties on a QI project to help increase the show rates for their certification/recertification appointment.

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

CSHCS:

Last October, CSHCS purchased a license to a program called Virtual Integrated Patient Record (VIPR). It is used for obtaining Medical Records to support eligibility and renewals. Our CSHCS staff have found that this program is making it so much easier for them to support clients. This allows clients to receive coverage sooner and decreases lapses in coverage.

HEARING AND VISION:

The hearing and vision technicians returned on August 19<sup>th</sup>.

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

Confirmed & Probable Case Totals	Jul-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	-	5	1	6	7	35	8	50	15	53	-	68
Blastomycosis	-	-	-	-	-	-	-	-	-	-	-	-
Brucellosis	-	-	-	-	-	-	1	1	-	-	-	-
Campylobacter	-	2	-	2	5	8	5	18	12	10	5	27
Chicken Pox	-	-	-	-	-	4	-	4	-	-	-	-
Chlamydia	4	5	4	13	75	68	129	272	92	74	129	295
Coccidioidomycosis	-	-	-	-	-	-	-	-	-	-	1	1
CRE Carbapenem Resistant Enterobac.	-	-	-	-	2	2	1	5	2	-	-	2
Cryptosporidiosis	-	-	-	-	1	1	1	3	3	-	1	4
Giardiasis	1	-	1	2	1	3	2	6	-	5	4	9
Gonorrhea	1	1	1	3	18	27	27	72	28	26	72	126
H. Influenzae Disease - Inv.	-	-	-	-	1	-	-	1	3	1	-	4
Hepatitis B - Acute	-	1	-	1	2	1	1	4	4	-	-	4
Hepatitis B - Chronic	-	-	-	-	3	-	3	6	3	-	1	4
Hepatitis C - Acute	-	-	-	-	2	-	2	4	2	1	-	3
Hepatitis C - Chronic	2	-	2	4	5	6	8	19	16	1	5	22
Hepatitis C Unknown	-	-	-	-	-	1	-	1	-	-	-	-
Histoplasmosis	-	-	-	-	2	-	1	3	1	-	1	2
HIV/AIDS	-	-	-	-	1	-	2	3	2	-	2	4
Influenza	-	-	-	-	434	60	273	767	116	152	124	392
Kawasaki	-	-	-	-	-	-	-	-	-	-	-	-
Legionellosis	-	-	-	-	-	-	2	2	-	1	-	1
Listeriosis	-	-	-	-	-	-	-	-	-	-	-	-
Lyme Disease	1	-	1	2	4	4	19	27	-	3	1	4
Measles	-	-	-	-	-	-	-	-	-	1	-	1
Menengitis - Aseptic	1	-	1	2	2	-	4	6	-	3	1	4
Menengitis - Bacterial	-	-	-	-	-	-	2	2	1	-	-	1
Meningococcal Disease	-	-	-	-	-	-	-	-	-	-	-	-
Mumps	-	-	-	-	-	-	-	-	-	-	-	-
Mycobacterium - Other	-	1	-	1	1	3	5	9	3	7	2	12
Norovirus	-	-	-	-	-	-	-	-	1	2	2	5
Novel Coronavirus	26	41	26	93	658	737	515	1,910	6,061	5,760	6,878	18,699
Pertussis	-	2	-	2	-	4	1	5	-	10	-	10
Salmonellosis	-	1	-	1	5	5	1	11	4	3	3	10
Shiga Toxin-prod. (STEC)	-	1	-	1	-	3	-	3	2	1	1	4
Shigellosis	-	-	-	-	-	-	-	-	-	-	-	-
Shingles	1	-	1	2	2	1	1	4	1	-	-	1
Staphylococcus Aureus Infect.	-	-	-	-	-	-	1	1	-	-	-	-
Strep Invasive Gp A	-	1	-	1	4	7	3	14	-	2	-	2
Strep Pneumonia Inv Ds.	-	-	-	-	6	7	8	21	2	7	3	12
Syphilis - Primary	-	-	-	-	2	2	-	4	1	-	-	1
Syphilis - Secondary	-	-	-	-	-	3	-	3	-	1	3	4
Syphilis To Be Determined	2	-	2	4	3	4	7	14	4	1	1	6

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

	Jul-24					YTD 2023-2024					YTD 2022-2023				
	BR	HD	ST	TR	Total	BR	HD	ST	TR	Total	BR	HD	ST	TR	Total
<b>CHILD IMMUNIZATIONS</b>															
# Vaccines Given CHA	110	116	66	51	343	1,314	1,181	600	509	3,604	1,146	1,268	262	721	3,397
All VFC Doses Given	729	439	-	611	1,779	7,187	3,638	-	6,117	16,942	7,346	3,672	-	6,818	17,836
Waivers	16	15	4	9	44	116	137	19	95	367	92	129	26	58	305
<b>ADULT IMMUNIZATIONS</b>															
# Vaccines Given	69	12	3	20	104	835	190	65	196	1,286	1,047	551	15	364	1,977
All AVP Doses Given	46	5	-	3	54	343	161	-	59	563	141	128	-	198	467
<b>COMMUNICABLE DISEASE</b>															
TB Tests Done	14	6	1	4	25	65	77	5	20	167	74	72	-	11	157
STD treatments	-	1	-	12	13	4	26	2	104	136	2	10	2	62	76
HIV Testing	-	-	-	10	10	5	10	1	76	92	1	10	1	47	59
<b>ENROLLMENTS</b>															
Medicaid & Michild	1	2	-	1	4	12	10	2	8	32	11	5	1	15	32
<b>REFERRAL SERVICE</b>															
MCDC Referrals	13	6	7	16	42	63	87	101	138	389	92	104	206	321	723
MIHP referrals	-	-	54	77	131	8	1	280	314	603	34	20	137	174	365
<b>Program</b>															
Pre-school	30	-	-	-	30	342	136	-	645	1,123	361	517	-	768	1,646
School Age	-	-	-	-	-	1,086	1,034	-	1,805	3,925	1,101	1,058	-	1,680	3,839
<b>Vision Screens</b>															
Pre-school	33	-	-	-	33	424	82	-	654	1,160	361	574	-	646	1,581
School Age	-	-	-	-	-	3,183	2,241	-	4,590	10,014	2,812	2,187	-	4,481	9,480
<b>Children's Special Health Care Services</b>															
Diagnostics	3	3	-	-	6	21	5	-	-	26	36	5	-	1	42
Assessments-Renewal	19	17	-	27	63	178	199	-	270	647	163	192	-	248	603
Assessments-New	7	17	-	5	29	52	72	-	39	163	37	50	-	64	151

State Participation/Enrollment Ratio [2]:

Feb-24	Mar-24	Apr-24	May-24	Jun-24	Curr Year P/E Ratio (last 12 months)
93.8%	94.2%	94.4%	94.6%	94.9%	94.2%

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	4,024	0.68%	92.54%
May / 2024	4,316	3,959	3,992	-0.80%	91.73%
Jun / 2024	4,333	3,929	4,006	0.35%	90.68%
Jul / 2024	4,390	4,029	(est[7]) 4,142		91.78%
Aug / 2024	0	0	(est[7]) 4,187		
Sep / 2024	0	0	0		

Total (Year to date)	42,862	39,512	35,982		
Curr Year Avg	4,286	3,951	3,998	1000.07%	92.49%
Months with Count	10	10	9	9	10
Average to Base % [8]		106.2%	107.47%		
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]:

4,028
3,998

**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**

Check/Voucher Register - Check Register for BOH

00103 - Cash - Accounts Payable

From 7/1/2024 Through 7/31/2024

<u>Payee</u>	<u>Check Amount</u>	<u>Check Number</u>	<u>Effective Date</u>
ACD.NET	1,929.45	54432	7/12/2024
Action Quick Print Plus	420.00	24-07-12 A.01	7/12/2024
Action Quick Print Plus	420.00	24-07-26 A.01	7/26/2024
Aflac District Office	533.99	24-07-05 PR.01	7/5/2024
Aflac District Office	533.99	24-07-19 PR.01	7/19/2024
Alert Medical Alarms	169.70	54433	7/12/2024
Alerus Retirement Solutions	3,386.00	24-07-05 R.01	7/5/2024
Alerus Retirement Solutions	3,421.00	24-07-19 R.01	7/19/2024
Amazon Capital Services, Inc	736.61	24-07-12 A.02	7/12/2024
Amazon Capital Services, Inc	127.61	24-07-26 A.02	7/26/2024
Area Agencies On Aging Mich.	562.50	24-07-26 A.03	7/26/2024
BankSupplies	1,753.48	24-07-31 A.01	7/31/2024
Barbara P. Foley	46.16	54429	7/5/2024
Barbara P. Foley	46.16	54446	7/19/2024
Beacon Properties Administration	4,631.85	24-07-31 A.02	7/31/2024
Blue Cross Blue Shield	65,422.64	24-07-12 P.01	7/12/2024
Branch Area Transit Authority	1,573.80	24-07-12 A.03	7/12/2024
Branch County Commission	24,744.77	24-07-12 A.04	7/12/2024
Branch County Complex	5,694.28	24-07-31 A.03	7/31/2024
Card Services Center	610.00	24-07-31 P.01	7/31/2024
CDW GOVERNMENT INC.	210.43	24-07-12 A.05	7/12/2024
Century Bank - Hillsdale Maintenance	2,000.00	24-07-31 A.04	7/31/2024
Century Bank - Three Rivers Maintenance	2,000.00	24-07-31 A.05	7/31/2024
Century Basic	957.53	24-07-05 R.02	7/5/2024
Century Basic	957.53	24-07-19 R.02	7/19/2024
Century EFPTS	2,003.96	24-07-05 C.01	7/5/2024
Century EFPTS	68.86	24-07-05 L.01	7/5/2024
Century EFPTS	26,165.55	24-07-05 R.03	7/5/2024
Century EFPTS	616.31	24-07-12 A.06	7/12/2024
Century EFPTS	26,819.48	24-07-19 R.03	7/19/2024
Century Mastercard	4,106.99	24-07-12 P.02	7/12/2024
Century MERS	48,052.66	24-07-12 A.07	7/12/2024
Century MERS	22,590.00	24-07-26 A.04	7/26/2024
Century State/Michigan State Treasury	357.96	24-07-05 C.02	7/5/2024
Century State/Michigan State Treasury	18.55	24-07-05 L.02	7/5/2024
Century State/Michigan State Treasury	4,680.20	24-07-05 R.04	7/5/2024
Century State/Michigan State Treasury	4,773.05	24-07-19 R.04	7/19/2024
Champ Software, Inc.	3,000.00	54449	7/26/2024
Charter Communications	149.98	24-07-12 P.03	7/12/2024
Cintas Corporation Loc 351	141.08	24-07-12 P.04	7/12/2024
City of Jonesville	40.00	24-07-26 A.05	7/26/2024
City of Sturgis	100.00	54450	7/26/2024
City Of Three Rivers	142.70	24-07-12 A.08	7/12/2024
ConnectAmerica	114.00	24-07-12 A.09	7/12/2024
ConnectAmerica	114.00	24-07-12 A.10	7/12/2024
Crossroads Home Care Inc.	1,483.86	24-07-12 A.11	7/12/2024
Current Office Solutions	2,304.65	24-07-12 A.12	7/12/2024
Current Office Solutions	3,093.13	24-07-26 A.06	7/26/2024
DELTA DENTAL	3,757.44	24-07-26 A.07	7/26/2024
DiningRD	5,169.44	24-07-12 A.13	7/12/2024
Dr. Karen M. Luparello	2,104.21	24-07-12 A.14	7/12/2024
Dr. Karen M. Luparello	4,337.55	24-07-12 A.15	7/12/2024

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

Check/Voucher Register - Check Register for BOH

00103 - Cash - Accounts Payable

From 7/1/2024 Through 7/31/2024

<u>Payee</u>	<u>Check Amount</u>	<u>Check Number</u>	<u>Effective Date</u>
Dr. Karen M. Luparello	4,186.67	24-07-31 A.06	7/31/2024
Fawn River Apartments	0.00	54451	7/26/2024
Fawn River Apartments	186.00	54460	7/26/2024
Fawn River Apartments	630.00	54461	7/26/2024
GDI Services Inc.	4,627.08	24-07-31 A.07	7/31/2024
Glaxo-Smithkline Financial Inc.	1,976.97	24-07-26 A.08	7/26/2024
GT INDEPENDENCE	1,570.44	24-07-12 A.16	7/12/2024
Health Equity	1,103.24	24-07-05 PR.02	7/5/2024
Health Equity	1,219.00	24-07-19 PR.02	7/19/2024
Helping Angels Home Care LLC	635.52	24-07-12 A.17	7/12/2024
Hillsdale County Treasurer	2,286.70	24-07-12 A.18	7/12/2024
HomeJoy of Kalamazoo	2,225.84	24-07-12 A.19	7/12/2024
Hospital Network Healthcare Services	194.25	24-07-12 A.20	7/12/2024
Indiana MI Power Company	867.26	24-07-12 P.05	7/12/2024
Indiana State Tax	57.28	24-07-05 R.05	7/5/2024
Indiana State Tax	146.54	24-07-19 R.05	7/19/2024
INTERSTATE ALL BATTERY CENTER	274.80	54434	7/12/2024
Joshua Englehart	51.04	24-07-31 A.08	7/31/2024
KALAMAZOO CHD	500.00	24-07-12 A.21	7/12/2024
Laboratory Corporation of America	295.00	24-07-26 A.09	7/26/2024
Leading Lady Sample Account	26.73	54452	7/26/2024
Legal Services Of S.Central MI	960.00	24-07-12 A.22	7/12/2024
Linda Garcia	92.00	54453	7/26/2024
Macquarie Equipment Capital Inc.	1,322.75	24-07-26 A.10	7/26/2024
MALPH	60.00	54435	7/12/2024
Maplecrest, LLC	1,265.08	24-07-31 A.09	7/31/2024
McKesson Medical-Surgical Gov. Solutions LLC	276.11	24-07-12 P.06	7/12/2024
Medical Care Alert	674.15	24-07-12 A.23	7/12/2024
Merck Sharp & Dohme LLC	6,344.03	54454	7/26/2024
MERS 5% EMPLOYEES	13,591.49	24-07-12 A.24	7/12/2024
Michigan Association for Local Public Health	169.00	54455	7/26/2024
Michigan Public Health Institute	3,832.66	24-07-12 A.25	7/12/2024
Michigan State Disbursement Unit	190.11	54430	7/5/2024
Michigan State Disbursement Unit	190.11	54447	7/19/2024
Mistel de Varona	607.50	54436	7/12/2024
Mistel de Varona	675.00	54456	7/26/2024
Mitchille Vroman	149.97	54437	7/12/2024
National Registry of Food Safety Professionals	287.92	54438	7/12/2024
Nationwide	620.00	24-07-05 R.06	7/5/2024
Nationwide	620.00	24-07-19 R.06	7/19/2024
Nurse Administrator's Forum	190.00	54439	7/12/2024
Ohio State Tax	22.08	24-07-05 R.07	7/5/2024
Ohio State Tax	3.24	24-07-19 R.07	7/19/2024
Pitney Bowes Inc.	356.86	24-07-12 P.07	7/12/2024
Pitney Bowes Inc.	76.32	24-07-31 P.02	7/31/2024
Principal Life Insurance Company	1,944.62	24-07-26 P.01	7/26/2024
ProAssurance Indemnity Company, Inc	1,007.00	24-07-12 P.08	7/12/2024
Prompt Care Express PC	369.00	54440	7/12/2024
Republic Waste Services	273.00	24-07-12 P.09	7/12/2024
Reserve Account	3,000.00	24-07-26 A.11	7/26/2024

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

Check/Voucher Register - Check Register for BOH

00103 - Cash - Accounts Payable

From 7/1/2024 Through 7/31/2024

<u>Payee</u>	<u>Check Amount</u>	<u>Check Number</u>	<u>Effective Date</u>
Richard Clark	2,432.90	24-07-31 A.10	7/31/2024
Riley Pumpkin Farm	300.00	24-07-31 A.11	7/31/2024
Riverwood Apartments	25.00	54441	7/12/2024
Robert C. Khoenie, PLLC	498.36	54431	7/5/2024
Robert C. Khoenie, PLLC	187.61	54448	7/19/2024
Rosati Schultz Joppich Amtsbueshler	1,155.00	24-07-26 A.12	7/26/2024
Samantha Keeney	52.52	24-07-31 A.12	7/31/2024
Sanofi Pasteur Inc.	5,956.14	24-07-26 P.02	7/26/2024
Semco Energy	49.62	24-07-12 P.10	7/12/2024
Shaffmasters U-Stor-n-Lock	150.00	24-07-12 A.26	7/12/2024
Shred It	90.00	24-07-12 P.11	7/12/2024
St Joseph County COA	28,845.95	24-07-12 A.27	7/12/2024
Staples	130.23	24-07-12 P.12	7/12/2024
State of Mich EGLE	54.00	54457	7/26/2024
State Of Michigan	3,647.00	54442	7/12/2024
State of Michigan	75.00	54443	7/12/2024
State of Michigan	150.00	54458	7/26/2024
Steven Smith	200.00	54444	7/12/2024
Stratus Video, LLC	3,012.45	054462	7/31/2024
THERMOWORKS	412.50	54459	7/26/2024
Thurston Woods Village	1,368.56	54445	7/12/2024
Verizon	1,041.43	24-07-12 P.13	7/12/2024
VRI INC.	162.00	24-07-12 A.28	7/12/2024
Wal-Mart Community	36.82	24-07-12 P.14	7/12/2024
Report Total	401,458.54		

Branch-Hillsdale-St Joseph Community Health Agency  
 Balance Sheet - Unposted Transactions Included In Report  
 As of 7/31/2024

Current Period Balance

Assets

Cash on Hand	26,393.62
Cash with County Treasurer	4,586,200.76
Community Foundation Grant	309,955.94
Cash HD Building Maintenance	28,450.00
Cash TR Building Maintenance	53,049.40
Accounts Receivable	52,388.22
Due from Dental DAPP	1,275.67
Due from State	(842,981.68)
Due from Other Funding Sources	237,926.34
Prepaid Expenses	140,542.93
Biologic Inventory	<u>138,600.84</u>
Total Assets	<u><u>4,731,802.04</u></u>

Liabilities

Accounts Payable	146,514.60
Payroll Liabilites	230,837.47
Deferred Revenue	511,953.82
Biologics	<u>138,600.84</u>
Total Liabilities	<u><u>1,027,906.73</u></u>

Net Assets

Operation Fund Balance	501,139.15
Restricted Fund Balance	418,425.96
Designated Fund Balance	<u>2,784,330.20</u>
Total Net Assets	<u><u>3,703,895.31</u></u>

Total Liabilities and Net Assets	<u><u>4,731,802.04</u></u>
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Branch-Hillsdale-St Joseph Community Health Agency  
Statement of Revenues and Expenditures - Final - Expense By Program - Summary New BOH - Unposted Transactions  
Included In Report  
From 7/1/202

**12 Month Grants Should be 83.33% Expended**

	Current Month	Year to Date	Total Budget - Final	% Total Expended Final
10 Agency Support Current revenue for this program is higher than expected, causing expenses to stay in RU010 instead of being spread to the programs through indirect.	24,405.55	122,814.74	116,220.00	105.67%
325 CSHCS Within budget - RU 325 must be fully expended before RU 112 can be used. When looking at these 2 budgets together they are currently at 76.5%.	0.00	214,644.88	222,409.01	96.50%
024 MERS Pension Underfunded Liability Program should fall in line as year progresses. There were two large one-time payments made. The only thing left to hit this program will be any forfeited funds.	22,590.00	331,759.97	347,085.00	95.58%
021 Dental Clinic - Three Rivers Program is over due to increase in rent costs. All overages are covered by the subleasee.	9,955.61	48,951.98	53,591.00	91.34%
371 CSHCS Vaccine Initiative Program has ended. No more expenses will hit.	0.00	8,111.43	9,050.74	89.62%
720 EH- Complaints Over budget - will continue to monitor.	293.82	4,459.74	5,099.42	87.45%
605 General EH Services	4,998.22	33,665.07	40,814.06	82.48%
008 Salary & Fringe Payoff	19,975.13	65,204.67	80,000.00	81.50%
108 WIC Breastfeeding	11,922.46	105,413.52	129,344.03	81.49%
255 Community Health Direction	(11,921.36)	118,562.66	150,000.00	79.04%
109 WIC	87,760.10	878,343.05	1,116,823.16	78.64%
212 Medical Marijuana BR	3,338.52	14,327.06	18,356.83	78.04%
032 Emergency Preparedness	12,360.06	157,160.72	203,423.10	77.25%
115 MCH Enabling Women	4,955.82	36,147.65	47,383.66	76.28%
012 Area Agency on Aging	141,314.33	1,151,600.34	1,511,136.00	76.20%
107 Medicaid Outreach	2,358.54	11,808.20	15,639.38	75.50%
014 VOCA	15,116.29	149,689.42	199,460.76	75.04%
714 Onsite Sewage Disposal	34,886.57	349,497.71	469,151.00	74.49%
138 Immunization IAP	87,442.92	1,009,810.19	1,359,448.08	74.28%
035 Vector Borne Disease Surveillance	8,460.76	26,319.43	35,705.16	73.71%
345 Lead Testing	3,832.58	52,820.88	72,320.50	73.03%
704 Food Service	46,841.13	447,874.82	618,662.46	72.39%
721 Drinking Water Supply	32,875.08	320,227.07	447,090.34	71.62%
329 MCH Enabling Children	4,610.30	34,362.27	48,196.88	71.29%

Branch-Hillsdale-St Joseph Community Health Agency  
Statement of Revenues and Expenditures - Final - Expense By Program - Summary New BOH - Unposted Transactions  
Included In Report  
From 7/1/202

	Current Month	Year to Date	Total Budget - Final	% Total Expended Final
332 HIV Prevention	3,409.17	21,553.42	30,490.87	70.68%
745 Type II Water	12,081.04	125,495.29	177,969.15	70.51%
338 Immunization Vaccine Handling	7,155.78	59,088.19	83,879.74	70.44%
331 STD	12,204.69	120,238.75	173,376.15	69.35%
341 Infectious Disease	30,393.41	256,202.15	372,777.29	68.72%
207 MCRH Community Health Workers	13,326.41	77,776.69	117,796.10	66.02%
327 Hearing (ELPHS)	5,133.92	84,527.32	129,508.11	65.26%
201 CSF Carseats	1,705.21	17,218.88	26,478.58	65.02%
326 Vision (ELPHS)	5,169.48	82,863.27	130,116.28	63.68%
230 Medical Marijuana HD	1,416.90	6,148.42	9,859.21	62.36%
025 PH Workforce & Infrastructure	0.00	83,191.85	136,948.44	60.74%
717 EGLE Swimming Pools	730.83	10,913.26	18,562.10	58.79%
101 Workforce Development	(56.81)	29,752.69	53,621.21	55.48%
716 EGLE Campgrounds	3,616.66	8,912.83	16,397.69	54.35%
352 ELCCT Contact Tracing,	1,467.79	85,638.52	168,377.06	50.86%
275 Medical Marijuana SJ	782.14	3,582.64	7,759.53	46.17%
719 Body Art	131.58	3,171.09	7,397.06	42.86%
029 Dental Clinic - Hillsdale	812.91	7,886.07	22,000.00	35.84%
718 EGLE Septage	586.83	2,541.86	7,450.82	34.11%
096 CSHCS Donations SJ	0.00	11,844.07	35,004.91	33.83%
355 COVID-19 PH Workforce Supplemental	978.72	31,106.20	101,165.60	30.74%
112 CSHCS Medicaid Outreach	25,158.00	29,519.71	96,663.10	30.53%
363 363 CVDIMS Covid Immz	4,832.52	38,110.75	127,821.89	29.81%
015 Local Expenses - Unallowable by Grants	1,574.75	10,726.59	36,812.91	29.13%
723 PFAS Response - White Pigeon	539.38	1,533.29	8,812.92	17.39%
722 PFAS Response	109.78	284.30	2,106.78	13.49%
202 Oral Health	4,129.08	7,656.60	63,059.00	12.14%
097 CSHCS Donations BR HD	0.00	1,825.87	22,826.36	7.99%
715 EGLE Long-Term Monitoring	346.60	346.60	5,962.86	5.81%
405 Grant Writing	0.00	60.27	1,190.30	5.06%
023 Capital Expenditures	0.00	2,700.00	78,000.00	3.46%
380 Measles Readiness and Response	461.39	461.39	21,204.66	2.17%
321 CHC Tele-A-Health	0.00	0.00	500.00	0.00%
724 PFAS - Westside Landfill	0.00	0.00	7,071.05	0.00%
<b>Total Total Expense</b>	<b>706,570.59</b>	<b>6,916,456.30</b>	<b>9,615,378.30</b>	<b>71.93%</b>

**The Agency is currently 11.40% under budget.**

## August 19, 2024 – Board of Health Finance Committee Meeting Minutes

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

Also present from BHSJ: Rebecca Burns, Laura Sutter, Theresa Fisher, Heidi Haze, Kris Dewey, and Terri Penney.

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

Public Comment: No public comments were given.

### New Business:

- Mr. Lanius moved to recommend the full Board approve the Kindergarten Oral Health Assessment Program as presented, with support from Mr. Houtz. The motion passed unopposed.
- Mr. Houtz moved to recommend the full Board approved the Medical Director's contract as presented, with support from Mr. Lanius. The motion passed unopposed.
- Mr. Houtz moved to recommend that the full Board approve the proposed building security project, with support from Mr. Lanius. The motion passed unopposed.
- Mr. Lanius moved to recommend that the full Board approve the FY25 AAA Provider allocations as presented, with support from Mr. Houtz. The motion passed unopposed.

Public Comment: No public comments were given.

The schedule for the September Board of Health meeting was discussed but no action was taken. The item will be added to the agenda for the full Board meeting on Thursday, August 22, 2024.

With no further business the meeting was adjourned at 9:54 AM.

Respectfully Submitted by:



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

## August 21, 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, and Jon Houtz. Rusty Baker was absent. Tom Matthew was absent and Jon Houtz attended in his place.

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

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

Public Comment: No public comments were given.

### Unfinished Business:

- Mr. Houtz moved to recommend the full Board approve the Fiscal Controls Policy as amended, with support from Mr. Leininger. The motion passed unopposed.

### New Business:

- The Health Officer Evaluation Policy was reviewed and no action was taken.
- Mr. Houtz move to recommend the full Board approve the he Quality Improvement Policy and Plan, with support from Mr. Leininger. The motion passed unopposed.

Public Comment: No public comments were given.

With no further business, Mr. Leininger moved to adjourn the meeting with support from Mr. Houtz. The motion passed unopposed and the meeting was adjourned at 8:55 AM.

Respectfully Submitted by:



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

## Kindergarten Oral Health Assessments (KOHA)

### What is KOHA?

Dental problems can prevent children from reaching their full learning potential. To improve school readiness, Michigan created the Kindergarten Oral Health Assessment Program (KOHA). The Michigan Department of Health and Human Services administers the program, and it is carried out through [local health departments](#). Local health departments provide free dental assessments (screenings) to children getting ready to enter kindergarten at places like preschools, Head Start programs, school enrollment events, and community screening events before the start of kindergarten.

Dental problems can cause distracting pain and make it difficult for children to concentrate, can prevent them from eating and sleeping well, and can affect their socialization, sense of self-esteem, and behavior. All of this can prevent children from reaching their full learning potential and succeeding in school. Students will benefit from having a dental assessment because it will identify those who may have issues requiring dental care and connect them to that care.

### Why are Dental Assessments important in Michigan?

BHSJCHA has recognized the importance of dental health in children for a number of years. We were instrumental in bringing public health dental services by MCDC to the jurisdiction and implementing a fluoride varnish program in WIC. We know that there are families eligible for WIC in our communities that chose not to participate, or don't understand they are eligible, and those children miss out on these early dental health opportunities. Making children's oral health a priority is needed for the following reasons:

- **Cavities are common.** Tooth decay (cavities) is the most common chronic disease in children. Almost half of Michigan Head Start children have tooth decay, and close to one-third have tooth decay that hasn't been treated.
- **Cavities can cause pain.** Pain can make it hard for children to pay attention in school, prevent them from eating well, and keep them awake at night. All of this can affect their ability to learn and perform well in school.
- **Poor dental health affects physical health, behavior, and academic and social development.** Dental problems can affect a child's ability to learn and their attendance and performance in school. In fact, children with poor dental health are three times more likely to miss school because of dental problems. Poor oral health can also affect socialization, self-esteem, and behavior.
- **Children's oral health is a key public health priority.** Ensuring that children have access to dental care will help them grow, develop, and succeed. The KOHA dental assessments identify untreated dental disease and refer children for needed care, connect children and their families to dental homes, raise awareness of the importance of good oral health among children and families, and are an opportunity for oral health education.

### What steps were taken by the Agency to reach this recommendation?

The planning committee was comprised of the Health Officer, Administrative Services Director, Accountant, Director of Personal Health and Disease Prevention, Supervisor of Children's Special Health Care Services, Hearing and Vision, and Supervisor of Health Education and Promotion.

The committee contacted other health departments across that state who are already providing dental services including the Kindergarten Oral Health Assessment to understand the process, policies, procedures, and billing practices used for their services. The committee also contacted organizations who are providing third-party services to other local health departments that meet the requirements of the KOHA program.

The committee met with My Community Dental Centers to discuss partnership in provision of dental services overseen by a licensed Dentist as required for the PA 161 program required for the provision of mobile clinic dental services. My Community Dental Center's Dental Director, Dr. Brown is willing to support our program with her oversight.

The committee reviewed the requirements of the PA 161 application, evaluated initial costs in purchasing equipment and supplies, billing of Medicaid and Medicaid dental insurances, and reviewed policies, procedures, and operational frameworks from other health departments to develop the information in the attachments provided with this document.

#### **How will BHSJCHA fund this program?**

BHSJCHA has a planning grant for FY24 for \$63,059.00 from MDHHS. The grant funds were utilized for staff wages to study program start up and implementation with some being used for program start-up materials. Most of the grant funds will be returned as they were unspent.

BHSJCHA was granted for FY25 \$63,059.00 by MDHHS as an initial placeholder. The legislature approved and the Governor signed the budget that provides additional funding for KOHA. The total actual amount BHSJCHA will receive for FY25 should be known before the start of FY25.

BHSJCHA has funds in the Designated Fund Balance for use in dental outreach and education, received through previous cooperative agreements with MCDC, that are available to spend in this program if needed.

#### **Can a Kindergarten student have a dental assessment from their dentist?**

Yes, a parent can request that their dentist conduct the assessment and dentist's in Michigan are encouraged to take part by completing the KOHA Assessment Form.

#### **Additional Documents Attached**

- Job Description
- Budget

#### **Action Requested**

The Agency requests Board of Health approval to engage a Dental Hygienist to conduct the KOHA program in Branch, Hillsdale, and St. Joseph counties.

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

**Kindergarten Oral Health Assessment  
Dental Hygienist**

**Reports to:** Community Health Services Supervisor

**FLSA Status:** Non-exempt/Independent Contractor

**Position Summary:**

The Kindergarten Oral Health Assessment Dental Hygienist (KOHA-DH) performs the duties as outlined in the job description and in compliance with State of Michigan program requirements for KOHA. The KOHA-DH maintains routine and thorough communication with the Community Health Services Supervisor and operates under a dental directive that the Agency maintains with a Michigan Licensed Dentist. Performs oral assessments, records and maintains screening information, makes referrals to appropriate professionals, and submits billing information to insurance providers.

**Essential Job Functions:**

An employee in this position may be called upon to do any or all of the following essential functions. These examples do not include all of the duties which the employee may be expected to perform. To perform this job successfully, an individual must be able to perform each essential function satisfactorily.

1. Schedules dates and times for screenings at schools and community-based locations within the Agency's jurisdiction, targeting children in kindergarten or within 6 months of starting kindergarten.
2. Observes agency Universal Precautions, OSHA, and HIPAA guidelines appropriately.
3. Performs thorough oral assessment on children, adhering to all applicable safety and infection control standards.
4. Prepares clients for screening activities. Instructs preschool, grade school and special needs children through demonstrations and practice to prepare them for the assessment, ensuring the child is at ease before and during the assessment.
5. Educate clients on proper oral hygiene practices and preventative care techniques.
6. Interprets screening results. Identifies individuals with actual or potential deficiencies and provides notification to the parent/guardian and school administration. Makes referrals for comprehensive professional follow-up.
7. Maintains accurate client records and documentation of assessment in electronic and non-

- electronic formats.
8. Compiles monthly statistics and billing logs.
  9. Prepares mailings and files records as required by both the state and local agency.
  10. Distributes informational materials and resources as needed.
  11. Monitors and maintains screening supplies, reporting restocking needs to Community Health Services Supervisor.
  12. Attends required training seminars, meetings, or events as assigned and approved by the Agency.
  13. Performs other duties as directed.

**Required Knowledge, Skills, Abilities, and Minimum Qualifications:**

The requirements listed below are representative of the knowledge, skills, abilities, and minimum qualifications necessary to perform the essential functions of the position. Reasonable accommodations may be made to enable individuals with disabilities to perform the job.

Requirements include the following:

- Valid Michigan license to practice as a Registered Dental Hygienist.
- One or more years of experience as a dental hygienist is preferred, but not required.
- Michigan Vehicle Operator's License.
- Knowledge of oral screening techniques for children, interpreting results, and public health care principles and practices.
- Sensitivity in working with children.
- Ability in preparing correspondence, referrals, and maintaining records.
- Skill in assembling and analyzing data and preparing comprehensive and accurate reports.
- Skill in effectively communicating ideas and concepts orally and in writing.
- Ability to critically assess situations and solve problems, and to work effectively under stress, within deadlines, changes in work priorities, and in emergency situations.
- Ability to establish effective working relationships and use good judgment, initiative, and resourcefulness when dealing with others.

- Skill in the use of office equipment and technology, including Microsoft Suite applications, software programs utilized by the Community Health Agency, applicable technical devices, and the ability to learn new software programs applicable to the position.

**Physical Demands and Work Environment:**

The physical demands and work environment characteristics described here are representative of those an employee encounters while performing the essential functions of the job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to communicate in person and by telephone, read regular and small print, view and produce written and electronic documents, and enter data on a computer keyboard with repetitive keystrokes. The employee must be mobile in an office/community setting, stand, sit, stoop, and kneel, use hands to finger, handle, or feel and reach with hands and arms. The employee must lift or push/pull objects of up to 20 lbs. without assistance. Accommodation will be made, as needed, for employees required to lift or move objects that exceed this weight.

The typical work environment of this job is an office or school setting where the noise level is quiet and sometimes moderate. Though applicable safety procedures are documented and utilized, the incumbent may be exposed to unsanitary or unhygienic materials, individuals, and situations in the course of performing required duties. Travel is also required of the position.

\* \* \* \* \*

*The Branch-Hillsdale-St. Joseph Community Health Agency provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.*

*This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.*

**Budget**

FOR OFFICE USE ONLY:		Version # _____		APP # 754625			
Line Item	Qty	Rate	Units	UOM	Total	Amount	
<b>DIRECT EXPENSES</b>							
<b>Program Expenses</b>							
<b>1 Salary &amp; Wages</b>							
Supervisor	0.1000	73712.000	0.000	FTE	7,371.00	7,371.00	
<b>2 Fringe Benefits</b>							
All Composite Rate	0.0000	22.629	7371.000		1,668.00	1,668.00	
<b>3 Cap. Exp. for Equip &amp; Fac.</b>							
<b>4 Contractual</b>							
<b>5 Supplies and Materials</b>							
Postage	0.0000	0.000	0.000		100.00	100.00	
Office Supplies	0.0000	0.000	0.000		100.00	100.00	
Computer Supplies	0.0000	0.000	0.000		2,500.00	2,500.00	
Printing	0.0000	0.000	0.000		1,000.00	1,000.00	
<b>Total for Supplies and Materials</b>					<b>3,700.00</b>	<b>3,700.00</b>	
<b>6 Travel</b>							
Mileage	0.0000	0.000	0.000		4,000.00	4,000.00	
<b>7 Communication</b>							
Telecommunicaiton	0.0000	0.000	0.000		500.00	500.00	

Budget Detail for Local Health Department - 2025  
 Agency: Branch/Hillsdale/St. Joseph Community Health Agency  
 Application: Oral Health- Kindergarten Assessment

8/16/2024

	Line Item	Qty	Rate	Units	UOM	Total	Amount
8	<b>County-City Central Services</b>						
9	<b>Space Costs</b>						
	space	0.0000	0.000	0.000		50.00	50.00
10	<b>All Others (ADP, Con. Employees, Misc.)</b>						
	Consultant Services-Dental Hygienist	0.0000	0.000	0.000		49,000.00	49,000.00
	Outreach Assessment efforts	0.0000	0.000	0.000		5,000.00	5,000.00
<b>Total for All Others (ADP, Con. Employees, Misc.)</b>						54,000.00	54,000.00
<b>Total Program Expenses</b>						71,289.00	71,289.00
<b>TOTAL DIRECT EXPENSES</b>						71,289.00	71,289.00
<b>INDIRECT EXPENSES</b>							
<b>Indirect Costs</b>							
1	<b>Indirect Costs</b>						
2	<b>Cost Allocation Plan / Other</b>						
	Cost Allocation Plan	0.0000	0.000	0.000		22,000.00	22,000.00
<b>Total Indirect Costs</b>						22,000.00	22,000.00
<b>TOTAL INDIRECT EXPENSES</b>						22,000.00	22,000.00
<b>TOTAL EXPENDITURES</b>						<b>93,289.00</b>	<b>93,289.00</b>

Budget Summary for Local Health Department - 2025  
 Agency: Branch/Hillsdale/St. Joseph Community Health Agency  
 Application: Oral Health- Kindergarten Assessment

8/16/2024

	Category	Total	Amount	Narrative
<b>DIRECT EXPENSES</b>				
<b>Program Expenses</b>				
1	Salary & Wages	7,371.00	7,371.00	
2	Fringe Benefits	1,668.00	1,668.00	
3	Cap. Exp. for Equip & Fac.	0.00	0.00	
4	Contractual	0.00	0.00	
5	Supplies and Materials	3,700.00	3,700.00	
6	Travel	4,000.00	4,000.00	
7	Communication	500.00	500.00	
8	County-City Central Services	0.00	0.00	
9	Space Costs	50.00	50.00	
10	All Others (ADP, Con. Employees, Misc.)	54,000.00	54,000.00	
<b>Total Program Expenses</b>		71,289.00	71,289.00	
<b>TOTAL DIRECT EXPENSES</b>		71,289.00	71,289.00	
<b>INDIRECT EXPENSES</b>				
<b>Indirect Costs</b>				
1	Indirect Costs	0.00	0.00	
2	Cost Allocation Plan / Other	22,000.00	22,000.00	
<b>Total Indirect Costs</b>		22,000.00	22,000.00	
<b>TOTAL INDIRECT EXPENSES</b>		22,000.00	22,000.00	
<b>TOTAL EXPENDITURES</b>		<b>93,289.00</b>	<b>93,289.00</b>	

**Source of Funds**

	Category	Total	Amount	Cash	Inkind	Narrative
<b>1</b>	<b>Source of Funds</b>					
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00	
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00	
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00	
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00	
	Federally Provided Vaccines	0.00	0.00	0.00	0.00	
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00	
	Required Match - Local	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Other Non-ELPHS	0.00	0.00	0.00	0.00	
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00	
	MDHHS Comprehensive	63,059.00	63,059.00	0.00	0.00	
	MCH Funding	0.00	0.00	0.00	0.00	
	Local Funds - Other	30,230.00	0.00	30,230.00	0.00	
	Inkind Match	0.00	0.00	0.00	0.00	
	<b>MDHHS Fixed Unit Rate</b>					

Budget Summary for Local Health Department - 2025  
Agency: Branch/Hillsdale/St. Joseph Community Health Agency  
Application: Oral Health- Kindergarten Assessment

8/16/2024

	<b>Totals</b>	93,289.00	63,059.00	30,230.00	0.00	
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Contractual Agreement for Public Health Medical Direction  
between the  
Branch-Hillsdale-St. Joseph Community Health Agency  
and  
Dr. Karen Luparello, D.O.

I. Purpose

This contract is executed by and between the Branch-Hillsdale-St. Joseph Community Health Agency (Agency) and Dr. Karen Luparello (Medical Director) for the purpose of providing qualified Public Health Medical Direction to the Agency as required by the Public Health Code (Act 368 of Public Acts of 1978). The term of this Agreement shall be for three (3) years ~~and 3 months~~ beginning ~~July~~ October 1, 2024 through September 30, 20274.

II. Responsibilities of the Branch-Hillsdale-St. Joseph Community Health Agency

The Agency shall supply the following accommodations and personnel for the Medical Director.

- a. Access to office space in the Agency's buildings;
- b. Office supplies and materials necessary to discharge responsibilities as the Agency's Medical Director;
- c. Technical assistance in the form of data collection, research, and report preparation.

III. Responsibilities of the Medical Director

The Medical Director is responsible for developing and reviewing policies, providing advice, and issuing medical orders to Agency's personnel with reference to public health medical concerns.

The Medical Director will serve as the medical consultant for the Board of Health and the Agency's Administrative team and the direct service personnel. The Medical Director will also be a resource for communication with other health care providers.

Specifically, the Medical Director shall:

- a. Function as part of the administrative team by providing appropriate medical input to the administrative decision-making process as it relates to the health of the community and the functioning of the Agency. Collaborate with and be responsible to the Health Officer.
- b. Review, revise and update medical policies and procedures and sign guidelines, protocols, and standing orders for services provided by the Agency; including Communicable Disease Control, Immunizations, etc.
- c. Evaluate medical components of clinical programs and make recommendations to Health Officer.
- d. Will be a medical liaison for the Agency with the physician community; provide advice and consultation on public health issues, respond to inquiries from physicians on medical matters.
- e. Assist administrative personnel in assessing continuing education needs of professional staff; provide necessary training and/or make recommendations for meeting continuing education needs.
- f. Serve in the capacity as Lab Director for Agency for CLIA/Accreditation purposes.

- g. Assist the Agency personnel in determining public health trend analysis.
- h. Maintain reliable contact methods such that the Agency personnel are able to establish contact at all times.
- i. Provide for a qualified back-up in the event that reliable contact is not possible.
- j. Pursue continuing medical education to maintain licensure.
- k. Maintain current Drug Control licenses for each the Agency's sites.
- l. Function as an integral member of the Agency's Emergency Preparedness Team addressing the medical and health components of an All Hazards plan, which includes, but is not limited to, WMD, CBRNE and other public health threats.

The above list of job areas is intended to describe the general nature and level of work performed by the Medical Director and is not intended to be an exclusive list of responsibilities.

#### IV. Time Commitment of Medical Director to Agency

The Medical Director shall commit such time and effort as may be required to discharge medical director duties as described above in a professional and competent manner.

It is understood by the parties to this Agreement that the average documented direct and indirect medical direction time committed to the Agency shall be no less than sixteen (16) hours per week. Indirect time refers to those medical direction activities which apply to development of a communicable disease control policy, attending Public Health related meeting, attending the Board of Health meeting, and completing and maintaining educational courses necessary to comply with the requirements of a local public health Medical Director. It is specifically understood and agreed that a minimum of four hours per week will be performed on-site at one of the Agency's facilities.

#### V. Professional Liability Insurance

The Medical Director shall be covered by the Agency's malpractice liability insurance while performing duties & activities as the Agency's Medical Director. The insurance coverage shall be in effect for the term of this Agreement.

#### VI. Compensation

Compensation to the Medical Director shall be \$50,000 per fiscal year. During the terms of this contract the Medical Director shall be granted any percentage increase in pay as approved by the Board of Health for employees of this agency. ~~The first 3 months of the contract (July 1, 2021 through September 30, 2021) will be compensated at \$4166.00 per month.~~ The Agency shall process payment on a monthly basis. Reimbursement for travel that is necessary to perform the duties as the Agency's Medical Director shall be paid at the Agency's mileage rate as set by the Agency's Board of Health. Mileage will be calculated from the Medical Director's residence. The amount of the mileage reimbursement paid to the Medical Director may not exceed \$6,000 in any fiscal year ~~and for the first three months of the contract (July 1, 2021 through September 30, 2021) not exceed \$500 per month.~~ A cell phone allowance of \$20.00 per month will be paid to the Medical Director.

**Commented [RB1]:** Dr. Luparello is requesting a cost of living adjustment to the annual amount. I suggested that going forward we could suggest in her contract that she receive any percentage increases in pay as approved by the Board of Health for employees of the Agency. She agreed to the addition. Dr. Luparello is also requesting that in the first year the \$50,000 be increased.

#### ~~VII. Educational Reimbursement~~

~~In order for the Medical Director to obtain the required Master of Public Health degree (as outlined in P.A. 368 of 1978 as amended), a tuition reimbursement program is offered by the Agency as follows:~~

- ~~• Medical Director must maintain employment throughout the degree program.~~
- ~~• The Medical Director is eligible for reimbursement of courses taken, not to exceed \$12,000 in any academic year (including the Fall, Winter, and Summer semesters). Maximum reimbursement is \$36,000.~~
- ~~• Pre-approval from the Health Officer for expenses must be obtained prior to the beginning of the school term.~~
- ~~• Covered course expenses are tuition and books.~~
- ~~• All courses must be through an accredited institution.~~
- ~~• Reimbursement for all courses is to be submitted to accounting with a copy of the receipt showing that the fee had been paid by the employee along with the following:~~
  - ~~○ The Medical Director must obtain a grade of "B" or better.~~
  - ~~○ Upon the completion of the course(s) and the posting of grades the employee must present the grades to the Health Officer.~~
- ~~• Should the Medical Director leave before one year's time after the last staff development reimbursement payment is received, the Medical Director must reimburse the agency a pro-rate share of that last payment.~~

#### ~~VIII.~~ Changes in the Agreement

Any changes which will significantly affect the provision of medical direction services shall be agreed upon, in writing, by the parties prior to implementation of the changes with an appropriate addendum attached to this Agreement.

#### ~~VIII~~X. Independent Contractor Status.

The parties agree that Medical Director is an independent contractor. In her capacity as an independent contractor, Medical Director agrees to and represents the following:

- Medical Director has the right and does fully intend to perform services for third parties during the term of this Agreement.
- Medical Director has the sole right to control and direct the means, manner, and method by which the services required by this Agreement will be performed.
- Subject to the limitations set forth in this agreement, Medical Director has the right to perform the services required by this Agreement at any place or location and at such times as she may determine.

The parties acknowledge and agree that Health Department is entering into this Agreement with reliance on the representations made by the Medical Director relative to its independent contractor status.

#### ~~IX.~~ With Holding of State and Federal Taxes.

Health Department will not withhold FICA (Social Security and Medicare taxes) from Medical Director's payments or make FICA payments on his behalf, or make state or federal unemployment compensation contributions on Medical Director's behalf, or withhold state or federal income tax from

his payments. Medical Director shall pay all taxes incurred while performing services under this Agreement.

~~XI.~~ Fringe Benefits.

Medical Director is not eligible to participate in the Agency's employee pension, health, vacation pay, sick pay, or other fringe benefit plan the Agency may offer.

~~XII.~~ Insurance.

Medical Director, as an independent contractor, agrees to indemnify, defend, and hold harmless Health Department from any and all liability arising out of or in any way related to Medical Director's performance of services during the term of this Agreement.

~~XIII.~~ Termination

It is agreed upon by both parties that the Medical Director shall meet all Federal, State and local license authorization requirements to practice medicine. Failure to obtain and or maintain said license and authorization requirements to practice medicine and or loss of the same shall result in the immediate termination of this agreement.

It is agreed upon by both parties that the Medical Director shall be approved by the Michigan Department of Health & Human Services to serve as the Medical Director for this agency.

This Agreement may be terminated by either party by giving sixty (60) days written notice of the intention to terminate.

The individual or officer signing this Agreement certifies by his/her signature that he/she is authorized to sign on behalf of the responsible governing board, individual, official, or agency.

\_\_\_\_\_  
Agency  
Rebecca A. Burns, MPH, RS, Health Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Director  
Karen Luparello, D.O., MPH

\_\_\_\_\_  
Date



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ELIZABETH HERTEL  
DIRECTOR

July 29, 2024

Ms. Rebecca Burns  
Health Officer  
Branch-Hillsdale-St. Joseph Community Health Agency  
570 Marshall Rd.  
Coldwater, MI 49036

Dear Ms. Burns:

We received communication requesting approval of Dr. Karen Luparello to serve as the fully appointed Medical Director for the Branch-Hillsdale-St. Joseph Community Health Agency.

After reviewing their credentials and based on the requirements of the Michigan Public Health Code (PA 368 of 1978, as amended), I have determined that Dr. Luparello meets the requirements for a fully appointed Medical Director, and therefore I approve this appointment request effective, July 15, 2024.

We look forward to working with Dr. Luparello, and all our colleagues at Branch-Hillsdale-St. Joseph Community Health Agency. If you have questions or need assistance, please contact Ms. Laura de la Rambelje, Director of Local Health Services, at 517-388-7302 or by email at [delarambeljeL@michigan.gov](mailto:delarambeljeL@michigan.gov).

Sincerely,

A handwritten signature in black ink that reads 'Sarah Lyon-Callo'.

Sarah Lyon-Callo, M.S., Ph.D.  
Senior Deputy Director / State Epidemiologist  
Public Health Administration

SL:hb

c: Local Health Services  
Dr. Karen Luparello

## **Scope of Work: Access Control System Upgrade**

### **Project Overview**

Michigan Security and Lock (MSL) will provide and install an access control system upgrade for three interior doors at the Branch District Health Department, Coldwater location. The upgrade will incorporate the existing SMS software for system management.

### **Scope of Work**

- **Hardware Installation:**
  - Install Vanderbilt SMS security card reader systems on three (3) interior doors.
  - Install HID multi-tech card readers on all three (3) doors.
  - Install HES electric strikes on all three (3) doors.
  - Install standard door closers on all three (3) doors.
- **System Integration:**
  - Integrate the new access control system with the existing Branch District Health Department SMS software.
- **Testing and Commissioning:**
  - Thoroughly test the system to ensure proper functionality of all components.
  - Commission the system upon successful testing.

### **Exclusions**

- Any modifications to door frames, hardware, or electrical systems beyond those required for the installation of the specified equipment.
- Network cabling or IT infrastructure modifications.
- Programming and configuration of the SMS software beyond initial integration.

- Ongoing maintenance or support after system commissioning.

## **Assumptions**

- The existing SMS software is compatible with the Vanderbilt SMS security card reader system and HID multi-tech card readers.
- Necessary power and data connections are available at each door location.
- Door frames and hardware are in good condition and suitable for the installation of the specified equipment.

**Note:** This scope of work is a basic outline and may require additional details and specifications based on site-specific conditions and requirements. MSL is responsible for verifying all site conditions prior to commencing work and for providing any necessary modifications to this scope of work.

**Would you like to add any additional requirements or specifications to the scope of work?** For example, you may want to include details about card types, reader types, access levels, or system reporting capabilities.



226 Gladys St  
 Portage, MI 49002  
 (269) 290-6449  
 sales@michigansecurityandlock.com

# Estimate

<b>ESTIMATE#</b>	1047003758
<b>DATE</b>	07/05/2024
<b>PO#</b>	

<b>CUSTOMER</b>
Branch District Health Dept 570 Marshall Road Coldwater, MI 49036 (517) 317-7055

<b>SERVICE LOCATION</b>
Branch District Health Dept Coldwater 570 Marshall Road Coldwater, MI 49036 (517) 317-7055

<b>DESCRIPTION</b>	Scope of work for Michigan security and lock to update 3 doors with access control at the Branch District Health Dept Coldwater location
	MSL shall provide and install on 3 interior doors the Vanderbilt SMS security card reader system that shall be controlled with the current Branch District Health Dept SMS software. MSL shall provide and install the HID multi tech card readers, HES electric strikes, and a standard door closer.

## Coldwater

Description	Qty	Rate	Total
Vanderbilt VRINX Reader Interface_x000D_ Includes: (1) NEMA 1 rated enclosure 8.25" x 7.5" x 3.5", (1) VRINX Reader_x000D_ Interface Board - Connects to 1 credential reader with (4) unsupervised contact_x000D_ inputs and (2) 1A output relay, on-board tamper switch connection. Power_x000D_ Requirements: 1A @ 24 VDC minimum power supply (sold separately). Can be_x000D_ power locally with the SMS-3APS or via the VRCNX-R via RS-485 protocol. UL_x000D_ 294 Listed.	3.00		
HES   5200C-12/24D-630   10590404 Door Electric Strike, 12/24 VDC, 0.24/0.12A, 1500 Lb Static Load, Satin Stainless Steel, With Faceplate	3.00		
HID GLOBAL CORPORATION   920PTNNEK00000 _x000D_ MultiClass Reader, RP40, Wall Switch, HID/AWID/EM4102 Prox, SIO/SEOS + Legacy, Std Ver. 1 Keypad, Wiegand, Pigtail Cable: 18" (0.45m), Idel LED: Red, Response: Green LED, 1 Beep, Black	3.00		
Connectors	3.00		
Hours Labor to install	1.00		
Vanderbilt VSRC-A dual reader controller	2.00		
DOOR CLOSER ADA COMPLIANT REGULAR (NON-HOLD-OPEN) ANSI GRADE 1 ALUMINUM ADJUSTABLE 1 THROUGH 6 DARK BRONZE PAINTED HINGE SIDE, TOP JAMB, OR PARALLEL	3.00		

Description	Qty	Rate	Total
UL LISTED Warranty 5 YEAR LIMITED			
Exempt		0.00%	0.00

**CUSTOMER MESSAGE**

This quote is valid for the next 30 days, after which values may be subject to change. This signed proposal or purchase order shall be required for all work. The signed proposal shall become the Contract between all parties. Specific fees and payment terms will be included in each proposal with previous credit approval and credit verification. A 50% deposit shall be required when proposal is accepted. Balance due upon completion of services.

**Estimate Total:**

**\$9,401.85**

**PRE-WORK SIGNATURE**

Signed By:

## **Scope of Work: Access Control System Upgrade**

### **Project Overview**

Michigan Security and Lock (MSL) will upgrade the access control system at Branch District Health Dept, Hillsdale location by installing new card readers, electric strikes, and door hardware on three specified doors. The system will integrate with the existing Branch District Health Dept SMS software.

### **Scope of Work**

#### **1. Interior Doors (2):**

- Install Vanderbilt SMS security card reader system on both doors.
- Integrate the new system with the existing Branch District Health Dept SMS software.
- Install HID multi-tech card readers.
- Install HES electric strikes.
- Install standard door closers.

#### **2. Exterior Door (Lower Level):**

- Install a HID multi-tech card reader.
- Replace the existing old-style crossbar with a modern style touch bar exit device (Falcon 1700).
- Install an electronically released Falcon 1700 exit device using ACSI-FALCON 1690 1790 MOTOR DRIVEN latch retraction device.

### **Deliverables**

- Installation of all specified hardware and equipment.
- Integration of the new system with the existing SMS software.
- System testing and verification of functionality.
- Operation and maintenance manuals for the new system.

- Training for Branch District Health Dept personnel on system operation and management.

## **Exclusions**

- Any modifications to the building structure or electrical system not specifically mentioned in this scope of work.
- Ongoing maintenance and support for the system after project completion (unless otherwise specified in a separate agreement).

**Note:** This scope of work is a general outline and may require additional details and specifications. MSL is responsible for providing detailed project plans, timelines, and cost estimates upon request.

## **Additional Considerations:**

- **Power Supply:** Verify the availability of power sources for the new equipment.
- **Networking:** Determine the network infrastructure requirements for the card readers and system integration.
- **Key Management:** Develop a key management plan for the new access cards.
- **Emergency Access:** Plan for emergency access procedures and equipment.

**Would you like to add any additional details or requirements to the scope of work?**



226 Gladys St  
 Portage, MI 49002  
 (269) 290-6449  
 sales@michigansecurityandlock.com

# Estimate

<b>ESTIMATE#</b>	1048889193
<b>DATE</b>	08/02/2024
<b>PO#</b>	

<b>CUSTOMER</b>
Branch District Health Dept 570 Marshall Road Coldwater, MI 49036 (517) 317-7055

<b>SERVICE LOCATION</b>
Branch District Health Dept Coldwater 570 Marshall Road Coldwater, MI 49036 (517) 317-7055

<b>DESCRIPTION</b>	<p>Hillsdale          2 interior doors and 1 exterior door at hillsdale building          Add reader to exterior door on the lower level where entry to MSUE and CAPA</p> <p>Scope of work for Michigan security and lock to update 3 doors with access control at the Branch District Health Dept Hillsdale location          MSL shall provide and install on 2 interior doors the Vanderbilt SMS security card reader system that shall be controlled with the current Branch District Health Dept SMS software. MSL shall provide and install the HID multi tech card readers, HES electric strikes, and a standard door closer.          MSL shall add a card reader to exterior door on the lower level where entry to MSUE and CAPA. This shall include the replacement of the existing old-style crossbar with a modern style touch bar exit device.          The new Falcon 1700 exit device shall be electronically released with the ACSI-FALCON 1690 1790 MOTOR DRIVEN latch retraction device</p>
--------------------	--

## Hillsdale

Description	Qty	Rate	Total
Vanderbilt VRINX Reader Interface_x000D_ Includes: (1) NEMA 1 rated enclosure 8.25" x 7.5" x 3.5", (1) VRINX Reader_x000D_ Interface Board - Connects to 1 credential reader with (4) unsupervised contact_x000D_ inputs and (2) 1A output relay, on-board tamper switch connection. Power_x000D_ Requirements: 1A @ 24 VDC minimum power supply (sold separately). Can be_x000D_ power locally with the SMS-3APS or via the VRCNX-R via RS-485 protocol. UL_x000D_ 294 Listed.	3.00		
HES   5200C-12/24D-630   10590404 Door Electric Strike, 12/24 VDC, 0.24/0.12A, 1500 Lb Static Load, Satin Stainless Steel, With Faceplate	3.00		
HID GLOBAL CORPORATION   920PTNNEK00000_x000D_ MultiClass Reader, RP40, Wall Switch, HID/AWID/EM4102 Prox, SIO/SEOS + Legacy, Std Ver. 1 Keypad, Wiegand, Pigtail Cable: 18" (0.45m), Idel LED: Red, Response: Green LED, 1 Beep, Black	3.00		
Connectors	3.00		
Hours Labor to install		16.00	

Description	Qty	Rate	Total
Vanderbilt VSRC-A dual reader controller	1.00		
FALCON LOCK   1790EO DC13 36   D1790.10082	1.00		
FALCON LOCK   179CA Exit Device Cylinder Assembly, For 1790 Series Door Exit Device	1.00		
ARCHITECTURAL CONTROL SYSTEMS   1550K-MDO ACSI-FALCON 1690 1790 MOTOR DRIVEN LATCH RET. Zoom Share Brand: ACSI Category: PARTS AND ACCESSORIES Design: RETRACTION KIT Function: FALCON	1.00		
DOOR CLOSER ADA COMPLIANT REGULAR (NON-HOLD-OPEN) ANSI GRADE 1 ALUMINUM ADJUSTABLE 1 THROUGH 6 DARK BRONZE PAINTED HINGE SIDE, TOP JAMB, OR PARALLEL UL LISTED Warranty 5 YEAR LIMITED	2.00		
Exempt		0.00%	0.00
Michigan Sales Tax		6.00%	42.00

**CUSTOMER MESSAGE**

This quote is valid for the next 30 days, after which values may be subject to change. This signed proposal or purchase order shall be required for all work. The signed proposal shall become the Contract between all parties. Specific fees and payment terms will be included in each proposal with previous credit approval and credit verification. A 50% deposit shall be required when proposal is accepted. Balance due upon completion of services.

**Estimate Total:**

**\$9,371.85**

**PRE-WORK SIGNATURE**

Signed By:

## **Scope of Work: Access Control System Upgrade**

### **Project Overview**

Michigan Security and Lock (MSL) will provide and install an access control system upgrade for three doors at the Branch District Health Department, Three Rivers location. The upgrade will incorporate the existing SMS software for system management.

### **Scope of Work**

- **Hardware Installation:**
  - Install Vanderbilt SMS security card reader systems on two (2) interior doors.
  - Install HID multi-tech card readers.
  - Install HES electric strikes.
  - Install standard door closers.
- **System Integration:**
  - Integrate the new access control system with the existing Branch District Health Department SMS software.
- **Testing and Commissioning:**
  - Thoroughly test the system to ensure proper functionality of all components.
  - Commission the system upon successful testing.

### **Exclusions**

- Any modifications to door frames, hardware, or electrical systems beyond those required for the installation of the specified equipment.
- Network cabling or IT infrastructure modifications.
- Programming and configuration of the SMS software beyond initial integration.
- Ongoing maintenance or support after system commissioning.

## **Assumptions**

- The existing SMS software is compatible with the Vanderbilt SMS security card reader system and HID multi-tech card readers.
- Necessary power and data connections are available at each door location.
- Door frames and hardware are in good condition and suitable for the installation of the specified equipment.

**Note:** This scope of work is a basic outline and may require additional details and specifications based on site-specific conditions and requirements. MSL is responsible for verifying all site conditions prior to commencing work and for providing any necessary modifications to this scope of work.



226 Gladys St  
 Portage, MI 49002  
 (269) 290-6449  
 sales@michigansecurityandlock.com

# Estimate

<b>ESTIMATE#</b>	1048889707
<b>DATE</b>	08/02/2024
<b>PO#</b>	

<b>CUSTOMER</b>
Branch District Health Dept 570 Marshall Road Coldwater, MI 49036 (517) 317-7055

<b>SERVICE LOCATION</b>
Branch District Health Dept Coldwater 570 Marshall Road Coldwater, MI 49036 (517) 317-7055

<b>DESCRIPTION</b>	<p>Three Rivers          Scope of work for Michigan security and lock to update 3 doors with access control at the Branch District Health Dept Three Rivers location</p> <p>MSL shall provide and install on 2 interior doors the Vanderbilt SMS security card reader system that shall be controlled with the current Branch District Health Dept SMS software. MSL shall provide and install the HID multi tech card readers, HES electric strikes, and a standard door closer.</p>
--------------------	---

## Three Rivers

Description	Qty	Rate	Total
Vanderbilt VRINX Reader Interface_x000D_ Includes: (1) NEMA 1 rated enclosure 8.25" x 7.5" x 3.5", (1) VRINX Reader_x000D_ Interface Board - Connects to 1 credential reader with (4) unsupervised contact_x000D_ inputs and (2) 1A output relay, on-board tamper switch connection. Power_x000D_ Requirements: 1A @ 24 VDC minimum power supply (sold separately). Can be_x000D_ power locally with the SMS-3APS or via the VRCNX-R via RS-485 protocol. UL_x000D_ 294 Listed.	2.00		
HES   5200C-12/24D-630   10590404 Door Electric Strike, 12/24 VDC, 0.24/0.12A, 1500 Lb Static Load, Satin Stainless Steel, With Faceplate	2.00		
HID GLOBAL CORPORATION   920PTNNEK00000 _x000D_ MultiClass Reader, RP40, Wall Switch, HID/AWID/EM4102 Prox, SIO/SEOS + Legacy, Std Ver. 1 Keyset, Wiegand, Pigtail Cable: 18" (0.45m), Idel LED: Red, Response: Green LED, 1 Beep, Black	2.00		
Connectors	2.00		
Hours Labor to install	1.00		
Vanderbilt VSRC-A dual reader controller	1.00		
DOOR CLOSER ADA COMPLIANT REGULAR (NON-HOLD-OPEN) ANSI GRADE 1 ALUMINUM ADJUSTABLE 1 THROUGH 6 DARK BRONZE PAINTED HINGE SIDE, TOP	2.00		

Description	Qty	Rate	Total
JAMB, OR PARALLEL UL LISTED Warranty 5 YEAR LIMITED			
Exempt		0.00%	0.00

**CUSTOMER MESSAGE**

This quote is valid for the next 30 days, after which values may be subject to change. This signed proposal or purchase order shall be required for all work. The signed proposal shall become the Contract between all parties. Specific fees and payment terms will be included in each proposal with previous credit approval and credit verification. A 50% deposit shall be required when proposal is accepted. Balance due upon completion of services.

**Estimate Total:**

**\$5,808.90**

**PRE-WORK SIGNATURE**

Signed By:



PROVIDER NAME	FY23-24 <sup>3</sup>	PROPOSED FY24- 25 <sup>4</sup>	% Difference
<b>Branch Area Transit Authority</b>			
Transportation	\$ 18,900	\$ 17,340	-8%
<b>Thurston Cares Adult Day Services</b>			
Adult Day Services	\$ 42,081	\$ 37,216	-12%
<b>Branch County Commission On Aging</b>			
Case Coordination & Support	\$ 6,295	\$ 6,039	
Caregiver Education	7,410	3,175	
Caregiver Support	-	3,024	
Caregiver Training	-	210	
Chore Services	3,360	3,024	
Congregate Meals	43,264	38,990	
Disease Prevention/Health Promotion	3,898	3,406	
Friendly Reassurance	1,680	1,512	
Personal Care	5,000	4,800	
Home Delivered Meals	163,042	135,476	
Homemaking	41,158	41,036	
In-Home Respite	11,005	8,337	
Medicare/Medicaid Assistance Program	8,824	8,824	
Gap Filling	1,260	1,134	
Transportation	3,000	2,700	
TOTAL	\$ 299,196	\$ 261,687	-13%
<b>Kalamazoo Human Services Dept. - AAA Region 3A</b>			
Long Term Care Ombudsman Program	\$ 2,000	\$ 2,000	0%
<b>Legal Services of South Central MI</b>			
Legal Services	\$ 12,000	\$ 11,500	-4%
<b>St. Joseph County Commission On Aging</b>			
Caregiver Education	\$ 10,235	\$ 4,385	
Caregiver Support	-	\$ 4,176	
Caregiver Training	-	\$ 290	
Case Coordination & Support	8,694	8,339	
Chore	4,640	4,176	
Congregate Meals	80,877	64,824	
Disease Prevention/Health Promotion	5,384	4,702	
Friendly Reassurance	2,320	2,088	
Homemaking	42,440	41,931	
Home Delivered Meals	204,012	176,094	
Home Repair	5,000	4,500	
In-Home Respite	14,926	11,251	
Medicare/Medicaid Assistance Program	9,224	9,224	
Personal Care	18,835	18,600	
Gap Filling	1,740	1,566	
TOTAL	\$ 408,327	\$ 356,146	-13%
<b>St. Joseph County Transportation Authority</b>			
Transportation	\$ 26,100	\$ 23,570	-10%

**NOTES:**

- 1 - Presented to the Board of Health Finance Committee on August 19, 2024
- 2 - Contracts will be renewed pending providers submission of accurate budget(s)
- 3 - FY23-24 award amounts reflected are Original (does not include amendments)
- 4 - FY24-25 Proposed amounts reflect full-year federal & state funding anticipated based on full year FY24 award, ( -10% in federal and state respite fund sources). Carry forward not included.

**BOH Finance Committee  
Funding Review**

8/19/2024

<b>FY2024</b>					
Funding Source	Initial (no c/o)	Final (no c/o)	FY24 Awarded (incl c/o)	FY24 c/o	Services funded:
Title IIIB	156,970	150,018	168,634	18,616	care management, chore, friendly reassurance, gap filling, homemaking, personal care, transportation
Title IIIC-1	101,282	101,187	102,852	1,665	congregate meals
Title IIIC-2	133,956	134,723	135,165	442	home delivered meals
Title IIID	9,282	9,009	10,375	1,366	disease prevention/health promotion
Title IIIE	57,653	55,548	57,152	1,604	caregiver educ., support, training, Case coord. & support, transportation
NSIP	121,446	67,604	68,388	784	Home delivered & Congregate Meals
<b>TOTAL (federal only)</b>	<b>580,589</b>	<b>518,089</b>	<b>542,566</b>	<b>24,477</b>	

(difference) 11%

NSIP cut: 44%

State Respite Escheats	39,334	31,738	34,980	3,242	Adult day services, in-home respite
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(difference) 19%

<b>FY2025</b>		
Funding Source	Initial (no c/o)	Reduced Award (no c/o)
Title IIIB	150,018	145,579
Title IIIC-1	101,187	91,163
Title IIIC-2	134,723	121,251
Title IIID	9,009	8,108
Title IIIE	55,548	50,451
NSIP	67,604	60,845
<b>TOTAL (federal only)</b>	<b>518,089</b>	<b>477,397</b>

(difference) 8%

State Respite Escheats	31,738	28,564
------------------------	--------	--------

(difference) 10%

**NOTES:**

- Federal \$ are most vulnerable
- We anticipate carry forward from FY24, but don't have a way to predict this
- We will always mitigate decreases and utilize flexibility as much as possible
- c/o = carry forward from previous fy

## FY2025 Allocations - Update

**ME** Me <sutterl@bhsj.org>  
Thu, 15 Aug 2024 11:03:48 AM -0400

To "Pamela Riley" <priley@sjcoa.com>, "Allen Balog" <director@sjcta.info>, "Kara Derrickson" <branchtransit2020@gmail.com>, "Anna Moss" <amoss@lsscm.org>, "Karen Braasch" <kbraasch@lsscm.org>, "Tami Smith" <tsmith@thurstonwoods.org>, "Amy Duff" <aduff@burnsidecenter.com>, "Tim Stoll" <tstoll@thurstonwoods.org>

Cc "Rebecca Burns" <burnsr@bhsj.org>, "Theresa Fisher" <fishert@bhsj.org>, "Nichole Simon" <simonn@bhsj.org>

---

Good Morning Providers,

We wanted to take a moment and share an update about our approach with FY2025 allocations this year, as it is a bit different than in the past number of years. Each year the ACLS Bureau issues an estimate of funding (called "cost allocation plan") we're to use as we develop our annual planning document (Annual Implementation Plan). Then, we use the same cost allocation plan to base our allocations for the coming fiscal year provider allocations. Because of our experience in FY2024, we find it necessary and it's been advised that we take a different approach, a more conservative approach.

This year (FY2024) we experienced many cuts -we knew some were coming but didn't realize how significant until they came - some as significant as 44%. The full-year Statement of Grant Award from the Bureau arrived very late - mid-June. State sources made up for some of the cuts, as did some ARPA carry forward.

My discussions with ACLS Bureau and indications from the national level/federal agencies are indicating we should use the FY24 full year SGA as the basis for how we approach FY25 rather than the cost allocation plan. Further impacting this approach is the fact that we're not planning to have ARPA funds in FY25. Further, it's an election year. Further, the federal budget process is projected to be the same as it was this year... agonizing.

So, we are proposing to "hold back" funding at this stage in our budget/allocations process. It's something we've not done in many years, but we feel is the most conservative approach. This is a conversation that is ongoing across the state, as some of our surrounding AAA's are planning the same approach with their providers. They're using the same data and information sources.

Here's how we are communicating this with our Board of Health and Finance Committee at their upcoming meetings:

*Because of the severe cuts made to the aging network in FY2024 and ACLS guidance provided to date, we approached these initial allocations very carefully. The initial FY24 federal awards that guided our allocations were 11% higher than what actually came through on the full year award. We had to look at these trends, reflect on priority service categories, and consider provider input. We based the allocations on our full year FY24 award (which didn't arrive until mid-June) and then subtracted ~10% from the following funding categories: Title IIIB, Title IIIC-1, Title IIIC-2, NSIP, Title IIID, Title IIIE, and State Respite. These categories were the most affected in FY2024 resulting in the following services being affected: care management, meals, caregiver services, chore, friendly reassurance, home making, personal care, gap filling, adult day service and transportation. As shared with Finance, adjustments for FY25 are a given but*

*we are very uncertain on whether they will come through as increases or decreases.*

Once we have a better picture, we will communicate that with you. We will also plan for amendments to (hopefully) restore these 'hold backs' in the sources above and make as many adjustments as possible. We hope that with this approach there will be minimal disruptions to service levels. We are grateful for your commitment and patience as we navigate these difficult budget times.

As always, please let me know if you'd like to discuss this in greater detail.

Best,

**Laura Sutter**

Director

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

570 N. Marshall Road

Coldwater, MI 49036

Phone: 517-278-2538 Ext. 137

Fax: 517-278-2494

Email: [sutterl@bhsj.org](mailto:sutterl@bhsj.org)



Supporting Seniors, Promoting Independence

**NOTICE:** *This e-mail, including attachments, is intended for the exclusive use of the addressee and may contain proprietary, confidential or privileged information. If you are not the intended recipient, any dissemination, use, distribution or copying is strictly prohibited. If you have received this e-mail in error, please notify me via e-mail and permanently delete the original and destroy all copies. Thank you.*

<b>Program:</b> Administration	<b>Effective Date:</b> 5/23/2024
<b>Subject:</b> Financial Controls Policy	Last Updated:

**Purpose:** To establish controls to mitigate key areas of risk.

**Policy Statement:** The Branch-Hillsdale-St. Joseph Community Health Agency will maintain accounting controls with segregation of duties, where feasible with current staffing levels, to mitigate key areas of risk. When duties cannot be segregated, compensating controls will be used.

**Implementing Procedure:**

**I. Introduction**

This document describes all accounting policies and procedures currently in use at Branch-Hillsdale-St. Joseph Community Health Agency and to ensure that the financial statements conform to generally accepted accounting principles; assets are safeguarded; guidelines of grantors and donors are complied with; and finances are managed with accuracy, efficiency, and transparency.

All Branch-Hillsdale-St. Joseph Community Health Agency’s staff with a role in the management of fiscal and accounting operations are expected to comply with the policies and procedures detailed herein.

These policies will be reviewed annually and revised as needed by the staff and approved by the Admin Service Director, the Health Officer, and the Board of ~~Directors~~Health.

**II. Division of Responsibilities**

The following is a list of personnel who have fiscal and accounting responsibilities:

A. Board of Health

1. Reviews and approves the annual budget
2. Reviews annual and periodic financial statements and information
3. ~~Reviews and e~~Establishes the salary scale and then reviews
4. Reviews the Health Officers performance annually and establishes the salary
- ~~5.~~ Reviews and approves all non-budgeted expenditures over \$5,000
- ~~5.6.~~ Reviews and approves all capital expenditures

B. Health Officer

1. Signs all issued checks

Reviewed Date:

2. Reviews and approves all grant submissions
3. Is on-site signatory for all bank accounts
4. Reviews and approves all [non-capital](#) contracts and leases
- 4.5. Sees that an appropriate budget is developed annually

C. Administrative Services Director

1. Reviews and approves all financial reports
2. Sees that an appropriate budget is developed annuallyAssists the Health Officer in developing an annual budget
3. Reviews and signs all issued checks
4. Approves all program expenditures
5. Reviews and approves all journal entries and bank statements
6. Reviews and approves all monthly/quarterly grant expenditure reports in Egrams
7. Reviews and maintains internal accounting controls and procedures
8. Oversees expense allocations
9. Monitors grant reporting and appropriate release of temporarily restricted funds
10. Monitors and makes recommendations for asset retirement and replacement
11. Handles all FOIA requestServes as the FOIA Coordinator
12. Reviews and monitors all building maintenance request

D. Accountant

1. Overall responsibility for data entry into accounting system and integrity of accounting data
2. Monitors program budgets
3. Reviews payroll
4. Reviews and manages cash flow
5. Develops the annual and amended program budgets
6. Receives and opens accounting department mail
7. Monitors grant reporting
8. Oversees expense allocation
9. Prepares monthly and year-end financial reporting
10. Enters grant budgets in Egrams
11. Enters grant expenditure reporting in Egrams
12. Reconcile bank accounts
- 12.13. Is an authorized signer for all checks

E. HR Specialist

1. Reviews payroll and is responsible for all personnel files

F. Fiscal Support Specialist

1. Processes payroll
2. Enters accounts payable invoices
3. Prints & mails checks
4. Receipts cash & checks

G. Administrative Support Clerk

1. Creates purchase orders
2. Makes bank deposits

### III. Chart of Accounts and General Ledger

Branch Hillsdale St Joseph Community Health Agency has designated a Chart of Accounts specific to its operational needs and the needs of its financial statements. The Chart of Accounts is structured so that financial statements can be shown by natural classification (expense type) as well as by functional classification (program vs. fundraising vs. administration). The Admin Service Director is responsible for maintaining the Chart of Accounts and revising as necessary. The Chart of Accounts is attached to this [policy manual](#) as ~~an~~ addendum A. The general ledger is automated and maintained using our accounting software. All input and balancing is the responsibility of the accountant with final approval by the Admin Service Director. The Admin Service Director should review the general ledger on a periodic basis for any unusual transactions.

### IV. Cash Receipts

Cash receipts generally arise from

1. Contracts and grants
2. Fee for service
3. Immunization billing
4. Intergovernmental transfer

The principal steps in the cash receipts process are detailed in the agency's Collection of Money Policy [which is attached as addendum B](#).

### V. Inter-Account Bank Transfers

The Accountant monitors the balances in the bank accounts to determine when there is a shortage or excess in the account. The Accountant recommends to the Administrative Services Director when a transfer should be made to maximize the potential for earning interest. The Accountant is directed in writing when to make a transfer and in what amount. A copy of the transfer is given to the Administrative Services Director.

### VI. ~~Funds~~Cash Disbursements & Expense Allocations

~~Funds~~Cash disbursements are generally made for:

1. Payments to vendors for goods or services
2. Staff training and development
3. Memberships and subscriptions
4. Meeting expenses
5. Employee reimbursements
6. Marketing/promotional materials

Checks are processed bi-weekly. Invoices submitted to the Fiscal Support Specialist by Wednesday of the payable week will be processed and paid that Friday. Checks can be prepared manually within one day, but this should be limited to emergency situations.

Requests for cash disbursements are generally submitted in the following ways:

1. Original Invoice
2. Purchase request (submitted on approved form and signed by Director)
3. Employee training request form (submitted on approved training form and signed by the Director)

All invoices must have the account and program codes written on them, and be approved by the division Director, the Administrative Services Director, or the Health Officer.

Every employee reimbursement or purchase request must be documented on the approved training form with itemized receipts attached.

Other expenditures must include a receipt from the vendor detailing all goods or services purchased/provided.

The Accountant reviews all requests for payment and:

1. Verifies expenditures and amounts
2. Approves for payment if in accordance with budget
3. Provides or verifies appropriate allocation information, including general ledger account code, program code, or distribution code
4. Provides date of payment, taking into account cash flow projections
5. Returns to the Fiscal Support Specialist for completion

The Fiscal Support Specialist processes all payments and:

1. Enters them into the Accounts Payable module of the accounting system
2. Prints checks according to allocation and payment date provided by the Accountant
3. Submits check listing, voucher, and documentation to Administrative Services Director for approval
4. Stamps invoice paid
5. Mails checks and/or processes bank transfers
6. Scans all invoices and backup documentation into Docuphase
7. Runs accounts payable aging report at the end of each month to assure timely payment of all invoices.

Expense Allocations

Expenses that benefit more than one cost center will be distributed following the agency's Cost Allocation Plan [which is attached as addendum C](#).

## **VII. Credit Card Policy and Charges**

All staff members who are authorized to carry/use an organization credit card will be held personally responsible in the event that any charge is deemed personal or unauthorized. Unauthorized use of the credit card includes: personal expenditures of any kind; expenditures which have not been properly authorized; meals, entertainment, gifts, or other expenditures which are prohibited by budgets, laws, and regulations, and the entities from which Branch-Hillsdale-St. Joseph Community Health Agency receives funds.

The receipts for all credit card charges will be given to the Fiscal Support Specialist within (2) weeks of the purchase along with proper documentation. The Fiscal Support Specialist will verify all credit card charges with the monthly statements. A copy of all charges will be attached to the monthly credit card statement and submitted to the Accountant for review and approval.

Additional information can be found in the agency's P-Card and Wal-Mart Card Policy [which are attached as addendum CD](#).

## **VIII. Accruals**

To ensure a timely close of the general ledger to produce financial statements, the Branch-Hillsdale-St. Joseph Community Health Agency may book accrual entries. Some accrual

entries will be made as recurring or reversing entries.

## IX. Bank Account Reconciliations

### Accountant

1. Receives all bank statements
2. Reviews all bank statements for unusual balances and/or transactions
3. Reconciles the statement ensuring that the dates and amounts shown in the accounting system match the bank statement.
4. Investigates any rejected items
5. Compares cleared checks with the accounting record, including amount, payee, and sequential check numbers
6. Verify that voided checks, if returned, are appropriately defaced and filed
7. Investigate any checks that have been outstanding for more than 6 months
8. Attach the completed bank statement to the reconciliation report, along with any other documentation and provide it to the Administrative Services Director.

### Administrative Services Director

1. Reviews, approves, and signs bank reconciliation reports

## X. Petty Cash Fund

Petty cash funds are maintained by the organization for miscellaneous or unexpected purchases that do not exceed \$20.

1. There is a petty cash fund located in the Coldwater, Three Rivers, and Hillsdale offices.
2. Each petty cash fund will not exceed \$100 and is to be kept in a locked cabinet at all times.
3. The Accountant oversees the petty cash fund
4. All disbursements made from the petty cash fund are acknowledged in writing by the receiving party
5. Receipts for items purchased with petty cash must be included with the petty cash reconciliation form when funds are replenished
6. No checks will be cashed by the petty cash fund

Additional information can be found in the Petty Cash Policy [which is addendum DE](#).

## XI. Property and Equipment

Property and equipment include items such as office furniture, computer hardware and software, and leasehold improvements. It is the Branch-Hillsdale-St. Joseph Community Health Agency's policy to capitalize items which have a unit cost greater than \$5,000. Items purchased with a value or cost less than \$5,000 will be expensed in the period purchased.

~~The depreciation period for capitalized assets is as follows:~~

- ~~• Computer hardware, 36 months~~
- ~~• Computer software, 36 months~~
- ~~• Office equipment, 60 months~~
- ~~• Office furniture, 60 months~~
- ~~• Leasehold improvements, length of lease~~

A fixed asset log will be maintained by the Accountant, including date of purchase, asset description, purchase/donation information, cost/fair market value, donor/funding source, identification number, and life of asset.

1. The log will be reviewed by the Administrative Services Director
2. Annually, a physical inspection and inventory will be taken of all fixed assets and reconciled to the general ledger balances
3. The Admin Services Director shall be informed in writing of any change in status or condition of any property or equipment
4. Depreciation is recorded annually. Depreciation is computed ~~using the straight line following IRS guidelines method~~ over the estimated useful life of the related asset. Any impaired assets discovered during the inventory will be written down to their actual value.

## **XII. Personnel Records**

All personnel files contain the following documents:

1. An application and resume
2. Status change form that indicates date of hire, position, and pay rate.
3. Authorization for payroll deductions
4. W-4 withholding authorizations
5. Termination data where applicable
6. Signed confidentiality agreement collected annually
7. Signed acknowledgement of receipt of Personnel Policy Manual at every change to the manual
8. Emergency Contact Card
9. I-9 form with allowable forms of identification
- ~~9~~10. Signed receipt of Financial Controls Policy collected annually
- ~~10~~11. Other forms deemed appropriate by the Administrative Services Director

Personnel files will be kept in a secure, locked room and accessed only by authorized personnel.

## **XIII. Payroll Processing**

Staff Members:

1. Timesheets are to be completed by all staff using the EWS system, and submitted bi-weekly.
2. Timesheets are to be kept on a daily basis and should accurately reflect the amount of time an employee actually worked in each cost center.

Supervisors:

1. Review and approve submitted timesheets in the EWS system. Supervisors should be looking for accuracy in the following:
  - a) Ensure correct number of hours claimed in payroll
  - b) Any requested paid-time off is entered correctly
  - c) All mileage has description, and that mileage cost center matches cost centers in hours worked
  - d) Holidays are entered correctly
  - e) Emergency preparedness meetings are coded correctly
  - f) Training reimbursements are entered correctly & documentation matches
  - g) Any utility time off is entered correctly
  - h) Staff are reporting in the cost centers they are working in

2. Email Fiscal Support Specialist if an employee works an amount of hours that differs from the amount they are budgeted to work.

#### Fiscal Support Specialist

1. Review timesheets for errors including: incorrect amount of hours, cost centers not matching, etc.
2. Process payroll
3. The payroll will be compared to the previous payroll for accuracy. Any changes to add/remove employees, change employee benefits/deductions, or wage increases must have a copy of the official documentation and approval of the changes.
4. Prior to the payroll checks being finalized, the payroll is reviewed and approved by the Accountant or the Administrative Services Director.
5. Payroll checks are distributed on the Friday following the end of the pay period, by direct deposit. If the designated pay date is a holiday, the deposit will happen the day before.
6. All employees will receive an email which includes their pay stub
7. Prepare all payroll accounts payable
8. Prepare and File all federal and state payroll reports
9. Prepare all W-2 statements (issued to employees prior to January 31st of the following calendar year).

#### Accountant

1. Review payroll to ensure accuracy before the payroll is finalized and checks run
2. Review payroll expenditures and allocations monthly
3. Reconcile payroll account

#### Administrative Services Director

1. Review payroll to ensure accuracy before the payroll is finalized and checks run if Accountant is not available
2. Review payroll expenditures and allocations monthly
3. Review and sign all federal and state payroll reports

### XIV. Accounts Payable

#### Administrative Support Clerk

1. Collects and keeps all W-9 forms and liability insurance information.
2. Reaches out to vendors to collect updated information when needed, to ensure documentation is kept current
3. Collects packing slips and verifies orders have been received, before forwarding information to Fiscal Support Specialist for payment.

#### Fiscal Support Specialist

1. Reviews all invoices to ensure proper documentation is attached.
2. Prior to the accounts payable checks being finalized, the invoices are reviewed and approved by the Accountant or the Administrative Services Director.
3. Accounts Payable invoices are processed every other Friday and on the last day of the month. Direct deposit is the preferred method of payment, but some accounts are set up requiring checks to be written, direct pull from account, and payable online. If the designated pay date is a holiday, the transfers/checks will happen the day before.

4. Prepare all payroll accounts payable
5. Prepare and File all federal and state payroll reports
6. Prepare all 1099 statements (issued to vendors prior to January 31st of the following calendar year).

#### Accountant

1. Review accounts payable invoices to ensure accuracy in amounts and account numbers before the accounts payable run is finalized and checks run
2. Reconcile accounts payable account
3. Reconcile all liability accounts

#### Administrative Services Director

4. Review accounts payable invoices to ensure accuracy before the accounts payable run is finalized and checks run if Accountant is not available
5. Review expenditures and allocations monthly
6. Review and sign all reports

### ~~XIV~~XV. End of Month and Fiscal Year-End Close

1. The Administrative Services Director will review and sign off on all month- and year-end journal entries. They will be printed, filed, and scanned for audit trail purposes.
2. At the end of each month and fiscal year end, the Administrative Services Director will review all balance sheet accounts including verification of the following balances: cash accounts match the bank reconciliations, fixed assets accounts reflect all purchases, write-downs and retirements, accounts receivable and payable accounts match outstanding amounts due and owed.
3. The income and expense accounts review will include reconciliation to amounts received and expended and verification that payroll expenses match the payroll reports including federal and state payroll tax filings.
4. Once the final monthly and fiscal year-end financial statements are run, reviewed, and approved by the Administrative Services Director, no more entries or adjustments will be made into that month or year's ledgers.
5. All other appropriate government filings including those required by the state tax board and attorney general's office will be completed and filed with the appropriate agency.

### ~~XV~~XVI. Financial Reports

The Accountant will prepare the monthly and annual financial reports for distribution to the Administrative Service Director. The reports will include:

- Balance sheet
- Cash receipts and disbursements report
- Statement of income and expenses report that include budget versus actual expenses broken out by each program with an established budget
- An expense by summary for each program, along with an explanation for any grant program that is over budget
- Any other requested reports

Periodic and annual financial reports will be submitted to the Board of Health Directors for review and approval.

~~XVI.~~XVII. **Fiscal Policy Statements**

1. All capital expenditures which exceed five thousand dollars (\$5,000) will be capitalized.
2. Employee or public personal checks will not be cashed through the petty cash fund.
3. No salary advances will be made under any circumstances.
4. Reimbursements will be paid upon complete expense reporting and approval using the official Branch-Hillsdale-St. Joseph Community Health Agency form.
5. Any donated item with a value exceeding (\$50) will be recorded and a letter acknowledging the donation will be sent to the donor within two weeks of the receipt of the donation.
6. All volunteer time shall be recorded as in-kind donations.
7. The Health Officer, ~~and~~ the Administrative Services Director, and Accountant are authorized to exercise all banking function for the Branch-Hillsdale-St. Joseph Community Health Agency, including, but not limited to, opening/closing accounts, endorsing checks and orders for the payment of money or otherwise withdraw or transfer funds, enter into written lease for the purpose of renting, maintaining, accessing, and terminating a safe deposit box, assigning/removing staff access to and from bank accounts.
8. The Health Officer, ~~and~~ the Administrative Services Director, and Accountant are signatories on Branch-Hillsdale-St. Joseph Community Health Agency's bank accounts.
9. Bank statements will be reconciled monthly by the Accountant and reviewed by the Administrative Services Director
10. Accounting and personnel records will be kept in locked locations in the finance or HR office and only parties with financial and/or HR responsibility will have access to them.
11. As needed, the Board of Health has access to these may review accounting and personnel records.

**Financial Controls Policy Sign Off sheet**

By signing below, I attest that I have read and understand the Fiscal Controls Policy, the Petty Cash Policy, the Collection of Money policy, and the P-Card and Wal-Mart Card procedures dated August 22, 2024. I have been provided a copy of the policies and agree to the terms of said policies.

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Signature

Date

Printed Name

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## *Addendum A*

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### Chart of Accounts

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

Chart Of Accounts List - Active GL Codes

GL - 1

Account Code	Account Title	Status	Account Type
00100	Cash on Hand	A	CSH
00101	Cash with County treasurer	A	CSH
00103	Cash - Accounts Payable	A	CSH
00104	Community Foundation Grant	A	CSH
00105	Cash - Basic Flex Plan 7151	A	CSH
00106	Cash - Flagstar Savings 1420	A	CSH
00107	Cash - Fed Tax Payable 6337	A	CSH
00108	MERS 9060	A	CSH
00109	Cash - MI Tax Ck 3637	A	CSH
00110	Cash on Hand from Interest	A	CSH
00120	HD Maint 0190	A	CSH
00121	TR Maint 0204	A	CSH
00130	Depository HD 6817	A	CSH
00175	Sturgis Bank 6513	A	CSH
00199	Capital Improvements	A	CSH
00400	Petty Cash	A	CSH
00412	Imprest Cash - BR, HD, SJ	A	CSH
00430	Imprest Cash - HD	A	CSH
00475	Imprest Cash - SJ	A	CSH
00700	Cash - Payroll	A	CSH
04001	A/R Lead Medicaid	A	ARO
04002	A/R Medicaid (Straight)	A	ARO
04003	A/R Medicare	A	ARO
04004	A/R Branch Co	A	ARO
04006	A/R Blue Cross Medicaid	A	ARO
04007	A/R WIC Varnish	A	ARO
04008	A/R WIC Varnish Adj	A	ARO
04009	A/R McLaren - Medicaid	A	ARO
04010	A/R Meridian - Medicaid	A	ARO
04011	A/R Priority Health - Medicaid	A	ARO
04012	A/R Aetna - Medicaid	A	ARO
04013	A/R United Health Care - Medicaid	A	ARO
04014	A/R Molina - Medicaid	A	ARO
04015	Upper Peninsula Health Plan - Medicaid	A	ARO
05002	A/R Aetna - Commercial	A	ARO
05006	A/R Aetna Affordable Health - Commercial	A	ARO
05010	A/R ASR Health Benefits - Commercial	A	ARO
05014	A/R BCBS - Commercial	A	ARO
05018	Blue Care Network - Commercial	A	ARO
05022	A/R Blue Cross Federal - Commercial	A	ARO
05026	A/R Cigna - Commercial	A	ARO
05030	A/R Cofinity - Commercial	A	ARO
05034	A/R Health Alliance Plan - Commercial	A	ARO
05038	Humana - Commercial	A	ARO
05042	McLaren Health Plan - Commercial	A	ARO
05046	Medicare Plus Blue	A	ARO
05050	Priority Health - Commercial	A	ARO
05054	Priority Health Medicare - Commercial	A	ARO
05058	Professional Benefits Admin - Commercial	A	ARO
05060	Private Pay - Voucher Billing	A	ARO
05062	Tricare for Life - Commercial	A	ARO
05066	United Health Care - Commercial	A	ARO
05068	UMR - Commercial	A	ARO
07800	Due from State	A	ARO

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

Chart Of Accounts List - Active GL Codes

GL - 1

Account Code	Account Title	Status	Account Type
08104	Due from Other Funding Sources	A	ARO
08112	Due from County - BR	A	ARO
08130	Due from County - HD	A	ARO
08175	Due from County - SJ	A	ARO
08510	Due from Dental DAPP	A	ARO
12800	Prepaid Expenses	A	OA
12960	Biologic Inventory	A	OA
20200	Accounts Payable - Vendors	A	AP
20202	Accts Payable - Inv File	A	OL
22801	FICA Withholding	A	OL
22802	State MI Withholding	A	OL
22803	MERS Withholding	A	OL
22804	MERS Withholding Non-Taxed	A	OL
22808	State IN Withholding	A	OL
22809	OH State Tax Withholding	A	OL
22901	Federal Withholding	A	OL
23101	Roth 457	A	OL
23102	Deferred Comp (MERS)	A	OL
23103	Deferred Comp (Nationwide)	A	OL
23104	Health Care Savings Acct	A	OL
23105	Aflac-NonTaxed	A	OL
23106	Aflac-Taxed	A	OL
23107	Basic Flex Plan	A	OL
23108	Health Insurance OL for AP	A	OL
23109	HSA Liability	A	OL
23180	Misc Deduction	A	OL
24100	State Surcharge Food	A	OL
25700	Accrued Salaries	A	OL
25705	Accrued FICA	A	OL
25710	Accrued Mileage	A	OL
33900	Deferred Rev	A	OL
33901	Inventory	A	OL
33904	Deferred Revenue - Vouchers in Transit	A	OL
33912	Deferred Revenue-BR	A	OL
33930	Deferred Revenue-HD	A	OL
33975	Deferred Revenue-SJ	A	OL
33999	Unavailable Revenue	A	OL
34000	Unearned Revenue	A	OL
38300	Restricted Fund Balance	A	NAE
38400	Designated Fund Balance	A	NAE
39000	Operating Fund Balance	A	NAE
39001	Adjustments to Fund Balance	A	NAE
45100	Food Surcharge Rev	A	REV
45101	Food Service License Fee Rev	A	REV
45102	Food Citations Rev	A	REV
45200	Septic & Lot Eval Rev	A	REV
45201	Septic Haulers Fee Rev	A	REV
45210	Comm Sewage Permit Revenue	A	REV
45300	Campground Fee Rev	A	REV
45301	MDEQ Campground Inspection Rev	A	REV
45400	Public Well/Pump Fee Rev	A	REV
45401	Private Well/Pump Rev	A	REV
45500	Pool Inspection Fee Rev	A	REV
45501	MDEQ Pool Inspection Rev	A	REV
45600	Loan Evaluations Rev	A	REV
45710	Body Art Fee Rev	A	REV

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

Chart Of Accounts List - Active GL Codes

GL - 1

Account Code	Account Title	Status	Account Type
45711	MDEQ Body Art Rev	A	REV
45720	MDEQ Medical Waste Rev	A	REV
45730	Disint/Reint Permit Rev	A	REV
45800	Fees Rev	A	REV
51619	Fed-Title XIX Rev	A	REV
51700	AASA Rev	A	REV
51705	ARP Revenue	A	REV
51710	AASA TCM	A	REV
51750	VOCA Grant Rev	A	REV
51751	Crime Victim Sustainability Revenue	A	REV
55505	ELPHS (Essential LPHS) Rev	A	REV
55510	LBS Care Coord Rev	A	REV
55515	Lead Rev	A	REV
55520	MCH Block Grant Rev	A	REV
55525	MCH Needs Assessment	A	REV
55530	Non Community Source Water Assessment	A	REV
55535	Mich. Health Endowment Fund	A	REV
55540	MDEQ Noncommunity Water Supply	A	REV
55541	RTCR Revenue	A	REV
55542	Op Assist Rev	A	REV
55543	Local Assistance	A	REV
55545	Nurse Education Rev	A	REV
55550	State Agreement Rev	A	REV
55551	State General Fund	A	REV
55553	State NWD	A	REV
55555	State Immunizations rev	A	REV
55556	Tuberculosis Control	A	REV
55557	Medicaid Cost Based Reimbursement	A	REV
55558	CARES DCW Rev.	A	REV
55559	State Agreement CARES Rev	A	REV
55560	Off-Set for Biologics Inventory	A	REV
55561	CRF Funding	A	REV
55565	PH Workforce & Infrastructure	A	REV
55566	DCW Hazard Pay	A	REV
55567	AASA Covid Immz Support	A	REV
55568	Region 2 Prevent Revenue	A	REV
55569	EOACV Rev	A	REV
55570	Zika Rev	A	REV
55580	Emerging Threats Rev	A	REV
55590	Medical Marijuana Rev	A	REV
55594	Mich Center for Rural Health Rev	A	REV
55600	PC/EC Packages Rev	A	REV
55610	AAA Suppl Nut 3c2	A	REV
55620	Age Friendly PH Rev	A	REV
55775	MMAF Rev	A	REV
55776	MMC-Medicaid/Medicare Counseling	A	REV
55777	Caregiver Resource Center	A	REV
55780	Home Help Respite Revenue	A	REV
55800	Fed HRSA Grant Rev	A	REV
58501	Grant Matching Requirement	A	REV
58502	Matching GL Offset Rev	A	REV
58520	Reg Appropriations	A	REV
58521	Local Appr Rev - BR	A	REV
58523	Local Appr Rev - HD	A	REV
58524	Local Appr Rev - SJ	A	REV

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

Chart Of Accounts List - Active GL Codes

GL - 1

Account Code	Account Title	Status	Account Type
58525	Local Appr Rev - All	A	REV
58526	Local Appr-Designated Fund	A	REV
58580	Use of Fund Balance Rev	A	REV
58590	AAA Local Appr	A	REV
58610	CHC Tele-A-Health Rev	A	REV
58620	Navigator Rev	A	REV
58630	Safe Kids Rev	A	REV
62602	Aetna Medicaid	A	REV
62603	Aetna Better Health Medicaid - Rev Adj	A	REV
62604	BCBS Medicaid	A	REV
62605	BCBS Medicaid Rev Adj	A	REV
62606	Coventry Care Medicaid Rev	A	REV
62607	Coventry Care Medicaid Rev Adj	A	REV
62608	Medicaid Revenue	A	REV
62609	Medicaid Rev Adj	A	REV
62610	Molina Medicaid	A	REV
62611	Molina Medicaid Rev Adj	A	REV
62612	Priority Medicaid	A	REV
62613	Priority Health Medicaid Rev Adj	A	REV
62614	United Medicaid	A	REV
62615	United Health Medicaid Rev Adj	A	REV
62616	McLaren Medicaid	A	REV
62617	Meridian Medicaid	A	REV
62620	BC Medicare Rev	A	REV
62621	BC Medicare Rev Adj	A	REV
62622	Flu Shots Medicare Rev	A	REV
62624	Medicare Revenue	A	REV
62625	Medicare Rev Adj	A	REV
62626	Flu Blue Cross Blue Shield Rev	A	REV
62628	Flu Immz Revenue	A	REV
62629	COVID Immz Revenue	A	REV
62630	BCBS Revenue	A	REV
62631	BCBS Rev Adj	A	REV
62632	Cigna Revenue	A	REV
62633	Cigna Rev Adj	A	REV
62634	Humana Revenue	A	REV
62635	Humana Rev Adj	A	REV
62636	Mclaren Health Revenue	A	REV
62637	Mclaren Health Plan Rev Adj	A	REV
62638	Meridian Health Revenue	A	REV
62639	Meridian Health Rev Adj	A	REV
62640	Priority Health Rev	A	REV
62641	Priority Health Rev Adj	A	REV
62642	TriCare Rev	A	REV
62643	TriCare Rev Adj	A	REV
62644	Cofinity Rev	A	REV
62645	Immz Rev Other Insurance	A	REV
62646	United Health Revenue	A	REV
62647	United Health Care Rev Adj	A	REV
62648	Vaccines-International Travel	A	REV
62690	Offset A/R Adjustment	A	REV
62710	FIA Lic Insp Fee Rev	A	REV
62720	Food Classes Fee Rev	A	REV
62730	MDEQ Long Term Monitoring Rev	A	REV
62740	MDEQ Septage Insp Rev	A	REV
62810	HIV Testing Rev	A	REV

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

Chart Of Accounts List - Active GL Codes

GL - 1

Account Code	Account Title	Status	Account Type
62820	Lead Medicaid Rev	A	REV
62821	Lead Medicaid Rev Adj	A	REV
62830	VFC Visits Rev	A	REV
62840	WIC Varnish	A	REV
62850	TB Skin Test Rev	A	REV
62856	Collector Fee Revenue	A	REV
66410	Interest Rev	A	REV
66420	Misc Checking Rev	A	REV
66710	Rent - CAPA Rev	A	REV
66720	Rent - MSUE Rev	A	REV
66730	VA Rev	A	REV
67110	Misc Rev	A	REV
67130	Misc Revenue - Billing (needs coded)	A	REV
67150	Misc Rev - Dental	A	REV
67160	MMRMA Excess Dist Rev	A	REV
67510	Donations Rev	A	REV
67512	CSHCS Donations	A	REV
67520	Community Foundation Revenue	A	REV
67530	Community Stabilization Fund	A	REV
67550	Wellbeing Grant MALPH	A	REV
69600	Off-Set for Sal/Fringe Rev	A	REV
69602	Salary/Fringe Payoff Offset Rev	A	REV
69701	Prior Year A/R Rev	A	REV
69750	Prior Year Rev	A	REV
70200	Salaries Regular Exp	A	EXP
70201	Salaries Exp Adj	A	EXP
70202	Salaries OT Exp	A	EXP
70210	Salaries Sick Exp	A	EXP
70212	Salaries Vac/Per Exp	A	EXP
70214	Salaries Holiday Exp	A	EXP
70216	Salaries in Lieu of Benefits Exp	A	EXP
70218	Longevity Exp	A	EXP
70220	Sick/Vac Payout Exp	A	EXP
71440	FICA Exp	A	EXP
71442	Retirement Exp	A	EXP
71444	Health Ins Exp from payroll	A	EXP
71450	Worker's Comp Exp	A	EXP
71452	LSA Insurance Exp	A	EXP
71454	Unemployment Exp	A	EXP
71456	Third Party Disability	A	EXP
71702	BCBS Claim Tax Exp	A	EXP
72600	Postage and Freight	A	EXP
72602	Office Supplies Exp	A	EXP
72606	Immunizations Disbursed	A	EXP
74502	Computer Supplies Exp	A	EXP
79000	Lab Fees Patients Exp	A	EXP
79002	Medical Supplies Exp	A	EXP
79004	Drugs Exp	A	EXP
79901	Other Supplies Exp	A	EXP
79905	Safe Kids Projects Exp	A	EXP
80110	MDPH Food Surcharge Exp	A	EXP
80120	IGT Payment DAPP Exp	A	EXP
80130	Legal Fee Exp	A	EXP
80200	Medical Waste Disposal Exp	A	EXP
80202	Electronic Fee Exp	A	EXP
80300	Audit Exp	A	EXP

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

Chart Of Accounts List - Active GL Codes

GL - 1

Account Code	Account Title	Status	Account Type
80400	MD Contracts Exp	A	EXP
80500	Consulting Fee Exp	A	EXP
82501	Dental Cleaning Exp	A	EXP
83008	MMAP SMP Exp	A	EXP
83010	St. ANS-Pers Exp	A	EXP
83012	State Access-Case Coord Exp	A	EXP
83014	State Alter Homemaking	A	EXP
83015	State Alter Personal Care	A	EXP
83016	Care Mgmt Med/Mgmt POS Exp	A	EXP
83018	VA HCBS CM-POS Exp	A	EXP
83020	State Ans Med Mgmt Exp	A	EXP
83022	State CG Support Respite Exp	A	EXP
83023	State CG Support - Transportation	A	EXP
83024	State Congregate Meals Exp	A	EXP
83025	State IH POS/PC	A	EXP
83026	State Home Delivered Meals Exp	A	EXP
83027	State-IH POS/HM	A	EXP
83028	State In-Home Homemaking	A	EXP
83029	State-IH - Respite	A	EXP
83030	State Merit Adult Day Exp	A	EXP
83031	State In-Home Personal Care	A	EXP
83032	State Merit Respite In Home Exp	A	EXP
83034	State Respite Adult Day Care Exp	A	EXP
83036	State Respite - IH Exp	A	EXP
83038	Title 3B Med Mgmt POS Exp	A	EXP
83040	Title III C-1 Congregate Meals	A	EXP
83042	Title III C-2 Home Delivered Meals Exp	A	EXP
83044	Title III E Disease Prev Exp	A	EXP
83046	Title III B In Home Repair Exp	A	EXP
83048	Title III B Case Coord Exp	A	EXP
83050	Title III B Chore Service Exp	A	EXP
83051	Title III B Counseling Exp	A	EXP
83052	Title III B CLPS POS Exp	A	EXP
83053	Title IIIB-Gap Filling	A	EXP
83054	Title IIIB Homemaking	A	EXP
83055	Title IIIB Personal Care	A	EXP
83056	Title III B In Home Respite Exp	A	EXP
83057	Title IIIB POS/PC	A	EXP
83058	Title III B Legal Services Exp	A	EXP
83059	Title IIIB POS/HM	A	EXP
83060	Title III B LT Ombudsman Exp	A	EXP
83062	Title III B Transportation Exp	A	EXP
83064	Title III D Disease Prev and Pro Exp	A	EXP
83065	Title III E Caregiver Support	A	EXP
83066	Title III E Caregiver Est Exp	A	EXP
83067	Title III E Caregiver Training	A	EXP
83068	Title III E Caregiver IH Resp Exp	A	EXP
83070	Title III E Case Coord & Supp Exp	A	EXP
83072	Title III E Transportation Exp	A	EXP
83074	Title III B PERS (POS)	A	EXP
83075	Title IIIB HDM	A	EXP
83076	Merit Award In-Home Respite Exp	A	EXP
83078	NSIP Congregate Meals Exp	A	EXP
83080	NSIP Home Delivered Meals Exp	A	EXP
83082	Care Mgmt POS HM/PC Exp	A	EXP
83084	Care Mgmt POS Respite Exp	A	EXP

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

Chart Of Accounts List - Active GL Codes

GL - 1

Account Code	Account Title	Status	Account Type
83086	CMS Core Exp	A	EXP
83087	St In Home Med Mgmt (POS)	A	EXP
83088	St CG Support Adult Day Exp	A	EXP
83089	St In Home PERS (POS)	A	EXP
83090	State Resp Merit Transportation	A	EXP
83092	Title III B Disease Prev/Health Exp	A	EXP
83094	Title III B Friendly Reassurance Exp	A	EXP
83096	Title III E Kinship Support Exp	A	EXP
83097	Title III E Home Del Meals	A	EXP
83098	MMAP-SMP Ii Expense	A	EXP
83100	FFCRA - Title III - Cong	A	EXP
83102	FFCRA - Title III - HDM	A	EXP
83104	CARES - Title III B - PC/HD	A	EXP
83106	CARES - Title III B - Transport	A	EXP
83108	CARES - Title III B - HDM	A	EXP
83110	CARES - Title III B FriendlyR	A	EXP
83112	CARES - Title III B - GapFill	A	EXP
83113	CARES - Title III B Legal	A	EXP
83114	CARES - Title III C - HDM	A	EXP
83116	CARES - Title III E - I&A	A	EXP
83118	CARES - Title III E PERS	A	EXP
83120	CARES - Title III E Respite	A	EXP
83122	CARES - Title III E CC&S	A	EXP
83126	St in Home Services DCW	A	EXP
83127	Home Help Respite	A	EXP
83130	DCW Premium Pay	A	EXP
83131	DCW Hazard Pay	A	EXP
83133	AAA NWD Exp	A	EXP
83135	PC/EC Packages Exp	A	EXP
83140	CRF Personal Care Essential Care	A	EXP
83142	AASA Covid Immz Support	A	EXP
83143	AAA Suppl Nutr 3c2 Exp	A	EXP
83144	Age Friendly PH Exp	A	EXP
83145	Region 2 Prevent	A	EXP
83146	Caregiver Resources	A	EXP
83159	ARP - Title III B Home Delivered Meals	A	EXP
83160	ARP Title III B DCW	A	EXP
83161	ARP Title III B Chore	A	EXP
83162	ARP Title III B Homemaking	A	EXP
83163	ARP Title III B Legal Assist	A	EXP
83164	ARP Title III B In Home Repair	A	EXP
83165	ARP Title III B Friendly Reassurance	A	EXP
83166	ARP Title III B Respite-In Home	A	EXP
83167	ARP Title III B Transport(Access)	A	EXP
83168	ARP Title III B Gap Filling	A	EXP
83169	ARP Title III C1 Cong	A	EXP
83170	ARP Title III C2 HDM	A	EXP
83171	ARP Title III D DP/HP	A	EXP
83172	ARP Title III E Caregiver EST	A	EXP
83173	ARP Title III E Kinship Support	A	EXP
83174	ARP Title III E Transportation	A	EXP
83175	ARP Title III E Case Coord	A	EXP
83176	ARP Title III E Adult Day Services	A	EXP
83177	ARP Title III E Respite-In Home	A	EXP
84900	Telecommunications Exp	A	EXP
84950	Translation Services	A	EXP

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

Chart Of Accounts List - Active GL Codes

GL - 1

<u>Account Code</u>	<u>Account Title</u>	<u>Status</u>	<u>Account Type</u>
85900	Travel Exp	A	EXP
85905	Gas/Fuel/Maintenance	A	EXP
89900	Printing and Binding Exp	A	EXP
90100	Advertising Exp	A	EXP
91001	Prof Liability Insurance Exp	A	EXP
93100	Hardware/Software Maintenance Exp	A	EXP
93120	Computer/Hardware Expense	A	EXP
93700	Repair & Maitenance Exp	A	EXP
93812	Bldg Exp - BR	A	EXP
93830	Bldg Exp - HD	A	EXP
93875	Bldg Exp - TR	A	EXP
93897	Bldg Exp - Sturgis	A	EXP
93902	Rent Exp	A	EXP
93912	Rent Exp BR	A	EXP
93930	Rent Exp HD	A	EXP
93975	Rent Exp Sturgis	A	EXP
94000	Equip Rent and Lease Exp	A	EXP
94020	Employee Training Exp	A	EXP
94025	Food Class Exp.	A	EXP
94030	Lic and Membership, Subscription Exp	A	EXP
94040	Checking Exp	A	EXP
94050	Other Exp	A	EXP
94054	Other Supplies Local	A	EXP
94056	Client Assist - Other	A	EXP
94057	Client Assist - Rent	A	EXP
94058	CSHCS Donation Expenses	A	EXP
95402	Space Costs Exp	A	EXP
95404	Indirect Exp	A	EXP
95406	Community Health Services Exp	A	EXP
95407	Marketing ELPHS Allocation Exp	A	EXP
95408	Prevention Services Exp	A	EXP
95409	Allocation Unallowable Expenses	A	EXP
95410	Allocation Exp	A	EXP

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## *Addendum B*

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### Collection of Money Policy

<b>Program:</b> Administration	<b>Effective Date:</b> 7/1/2012
<b>Subject:</b> Collection of Money	Last Updated: 8/22/2024

**Purpose:** To control the amounts of funds on hand in all offices, and provide a procedure to assure all cash and check are properly safeguarded and deposited on a timely basis.

**Policy Statement:** The Branch-Hillsdale-St. Joseph Community Health Agency will properly safeguard and deposit all cash and checks to have all monthly revenues recognized in the month they were received.

**Implementing Procedure:**

1. Each employee collecting monies on behalf of the Branch-Hillsdale-St. Joseph Community Health Agency is responsible for recording all cash collected and receipts issued on the Cash Receipt Log (CRL). All receipts used must be accounted for. CRLs are county and division specific. If an employee leaves work before the end of the day, they must complete the entire process as outlined below. The employee collecting cash for the rest of the day must start a new CRL.

The employee is responsible for maintaining a copy of all verified CRLs with a copy of the receipt after the money has been given to the designated office personnel within the Agency for deposit.

2. For each day monies are collected and receipts issued, a CRL must be prepared and placed in a secured/locked place until given to the designated office personnel (Coldwater, Fiscal Support Specialist; Hillsdale, Clinic Administrative Assistant; Three Rivers, Clinic Administrative Assistant). There will be a note on the CRL if the date of service is different than the day payment was received. This should be an exception since payment is required on day of service.

- a. Immunizations & Other Services - Clerk Technician

Client activities are created by the Public Health Nurse in Nightingale Notes at the time of the service. After the client receives the service, the Clerk Technician will use Nightingale Notes to create a receipt and post the payment to the system. Two copies of the receipt are printed, one for the client, and one to put with the CRL.

At the end of the employees shift, a CRL should be filled out. The CRL must include client ID, client name, and the receipt number. All receipts should be accounted for. The Clerk Tech will print a report from Nightingale Note to verify all receipts are listed on the

Reviewed Date: 4/2/2024 tef

CRL.

All private pay clients are to pay the day of service. If a donation is received on a different day, a notation of the date of service will be made in the “other” column. Separate receipts will be issued for every client, even if they are in the same family, or if one person is paying for multiple client services.

b. Clinic Administrative Assistants

Clinic CRLs should be provided to the Clinic Administrative Assistant and reviewed together to ensure the correct amount of money is included. Funds should be deposited weekly. If less than \$100 in total has been collected, the funds may be held until the next weekly deposit. A deposit must be done at the end of each month, regardless of the amount of funds collected.

Three Rivers and Hillsdale Clinic Administrative Assistants will take their funds directly to the bank and deposit them, then send a copy of the deposit slip and the CRL to accounting.

Coldwater Clinic Administrative Assistant will take the funds directly to the Fiscal Support Specialist, and review them together to ensure the correct amount of money is included. The Fiscal Support Specialist will include the funds in the weekly deposit.

c. Environmental Health Administrative Assistants

All receipts will be created in the EH Hedgerow software at the time of receipt. Each week, a CRL report must be run from the EH Hedgerow software, and reconciled with the cash/checks. Funds should be deposited weekly. If less than \$100 in total has been collected, the funds may be held until the next weekly deposit. A deposit must be done at the end of each month, regardless of the amount of funds collected.

Three Rivers and Hillsdale EH Administrative Assistants will take their funds directly to the bank and deposit them, then send a copy of the deposit slip and the CRL to accounting.

Coldwater EH Administrative Assistant will take the funds directly to the Fiscal Support Specialist. The CRL must be review together with the Fiscal Support Specialist to ensure the correct amount of money is included. The Fiscal Support Specialist will include the funds in the weekly deposit.

d. Fiscal Support Specialist / Biller

All money collected through medical billing will be coded and received in by the Fiscal Support Specialist/Biller. Posting reports will be pulled from Nightingale Notes and attached to the check. This information will be placed in the safe for the Fiscal Support Specialist to receipt in and will be included in the next weekly deposit.

e. Fiscal Support Specialist

The Fiscal Support Specialist will review all incoming CRLs with the staff member delivering the CRL, to ensure the correct amount of money is included.

Receipts for all monies collected/deposited will be created and returned to the staff member who provided the funds to accounting. A deposit will be compiled weekly, consisting of all monies collected during the week.

f. Administrative Support Clerk

The Fiscal Support Specialist will provide the funds to be deposited to the Administrative Support Clerk. They will review the amount enclosed together, to ensure the correct amount of money is included. The Support Specialist will take the deposit to the courthouse to be deposited and return the deposit receipt to the Fiscal Support Specialist.

General Rules for Collection of Money:

1. Whenever a CRL changes hands, it must be reviewed by both the provider and the receiver together. This will ensure that there are no questions regarding the amount of money being transferred/deposited is the same as the amount of money received.
2. DO NOT use white out or erase when you make a mistake. Draw a line through the error and put the correct information above/next to the lined out area, or line out the entire row and re-enter the information on the next line.
3. If a receipt is VOIDed, put the receipt # on the CRL and write VOID in the Name column and include the receipt with the rest of the receipts.
4. Total each column on the CRL
5. Complete the Grand Totals for the day at the top of the page for “one sheet” day, or summarize all the information for “multiple sheets” day.
6. Keep receipts in order by number.

**Procedure for Collection of Money Sign Off sheet**

By signing below, I attest that I have read and understand the Collection of Money policy dated August 22, 2024. I have been provided a copy of the policy and agree to the terms of said policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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## *Addendum C*

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### Cost Allocation Plan

<p><b>Program:</b> Administrative Services</p> <p><b>Subject:</b> Cost Allocation Plan</p>	<p><b>Effective Date:</b> 8/24/2023</p>
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**Purpose:** To allocate various costs to programs in a consistent manner based upon certain methods, detailed below.

**Policy Statement:** The agency incurs many different costs for operation. Some of these can be directly traced to a program or employee, sometimes they cannot. The costs that aren't directly traceable to specific programs /employees need to be allocated in a reasonable, allowable and consistent manner.

**Scope:** Any cost that is incurred by the agency.

**Responsible Party:** Administrative Services

**Implementing Procedure:**

**1. Salaries and Fringes:**

- a. Employees enter time into an electronic time entry system, which is then approved by their supervisor. It is allocated based on the time each associate spent working in each program. If an employee takes leave time (sick/vacation), that time is distributed based on the other days worked during that payroll. If an employee uses leave time for an entire payroll, that time is distributed based on the prior payroll's spread.
- b. \*The exception to this is the LSA expense. This monthly bill is allocated based on the most recent budgeted FTE allocation that's in effect at that point in time.

**2. Supplies and Materials:**

- a. Supplies are allocated either by where they're charged on the purchase requisition (if they directly benefit the program(s) or they're based on a spread derived on past usage of those supplies/materials.
- b. Items such as printing and copy expenses are distributed through indirect.
- c. Postage is allocated based on actual usage reports generated from the postage meters.

**3. Travel**

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

**4. Communications**

Reviewed Date:

- a. \*Distributed based on the current budgeted FTE allocation for that point in time.

## **5. Space/Facility Costs**

- a. \*Allocated based on the square footage of the room and the FTE(s) who occupy it. If the room is used by only one program, the entire cost is allocated to said program. Common areas (lunchroom, conference rooms) that can't be tied to a program or FTE are distributed as indirect.

## **6. All Others**

- a. Items/services (supplies, training expenses, etc.) that directly benefit a program are charged to that program.
- b. Miscellaneous supplies, audit/legal expense, and insurance costs are distributed through indirect. Prevention Services costs are allocated based on the percentage of total salary/fringe each program in the spread consists of. Health Education Service costs are allocated based on the percentage of total salary/fringe each program in the spread consists of. Environmental Health (EH) costs are allocated based on the percentage of total salary/fringe each program in the spread consists of.
- c. Any cost that can't be directly tracked to a program, associate or spread will be coded under the correct account number in administration and distributed as indirect.

## **7. Indirect Costs**

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

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

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Prepared By: Theresa Fisher  
Approved By: Board of Health  
Approval Date: 8/24/2023  
Revision Number: 2023.08.24

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## *Addendum D*

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### P-Card and Wal-Mart Card Procedure

<b>Program:</b> Administrative Services	<b>Effective Date:</b> 03/06/2013
<b>Subject:</b> P-Card & Wal-Mart Card Policy	<b>Update:</b> 08/22/2024

**Purpose:** To allow for approved purchases with a charge card at Wal-Mart, or other approved locations.

**Policy Statement:** Employees who present a completed material requisition, with supervisor’s signature, RU, account number, and completed tax-exempt form may utilize the P-Card or Wal-Mart card to complete the transaction.

**Scope:** Costs that cannot be easily purchased in another way.

**Responsible Party:** Administrative Services & Clerks

**Implementing Procedure:**

Source Documentation: Completed Material Requisition (with supervisor’s approval, RU and Account number to be charged), and a completed tax-exempt form.

The P-Card and Wal-Mart card will be kept in the safe until signed out and returned to the safe when card is returned.

The sign out sheet should be filled out with the initials of the employee handing out the card, the date the card is signed out, and the signature of the employee using the card. When the card is returned the amount of the purchase, the date the card is returned and the employee’s initials who received the card back should complete the line item.

Right after a purchase has been made; scan the receipt and Material Requisition form and email to the Accounts Payable department. This will be needed to meet the invoice deadline. Send the original Material Requisition and receipt to the Administrative Support Clerk who will create a purchase order and will return to Accounts Payable for payment.

At the beginning of each month, the Administrative Assistants in Three Rivers and Hillsdale will be required to scan the credit card sign-out sheet and email it to Accounts payable to confirm all items have been accounted for.

**If the card should become lost or stolen report this to the Administrative Services Director and Fiscal Support Specialist as soon as possible.**

Reviewed Date:

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## *Addendum E*

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### Petty Cash Policy

<b>Program:</b> Administration	<b>Effective Date:</b> 10/3/2018
<b>Subject:</b> Petty Cash	Last Updated: 8/22/2024

**Purpose:** To provide staff with a way to make small purchases when the requisition system or credit card isn't a viable option

**Policy Statement:** The purchase requisition process should always be used when purchasing supplies if possible. Sometimes various situations occur throughout the course of operations and the need for supplies cannot wait for the purchase requisition process to be completed. When the purchase requisition process cannot be completed, purchases totaling less than \$20 may be completed using the petty cash procedures.

**Implementing Procedure:**

1. Employees who need to utilize the petty cash procedure should first obtain approval from their division director to make a purchase. Once the purchase has been made, the receipt must be signed and coded (with general ledger and program codes) by the division director as documentation that the purchase was approved.
2. The employee should then bring the signed and coded receipt to the petty cash clerk for reimbursement (clerks listed below):
  - a. Coldwater – Candy Cox, Clinic Administrative Assistant
  - b. Hillsdale – Jolene Hurst, Clinic Administrative Assistant
  - c. Three Rivers – Dale Cross, Clinic Administrative Assistant
3. The petty cash clerk will complete a petty cash request form with the following information:
  - a. Date of reimbursement
  - b. General ledger & program code (account / RU)
  - c. Amount of reimbursement
  - d. Description of supplies that were purchased
  - e. Who approved, issued and received the payment
4. The clerk and person receiving the reimbursement must both sign and date that the payment was both issued and received. The per-transaction limit for petty cash is \$20 (unless approval is obtained from the Director of Administrative Services to exceed that limit).
5. The petty cash clerks should routinely complete a reconciliation form and submit to accounting to replenish disbursed funds.

Reviewed Date:

<p><b>Program: Administration</b></p> <p><b>Subject: Quality Improvement Policy</b></p>	<p><b>Effective Date: 08/22/2024</b></p>
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**Purpose:** To establish a policy and procedure to ensure continuous quality improvement (CQI) activities throughout the divisions of the Branch-Hillsdale-St. Joseph Community Health Agency.

**Policy Statement:**

The Branch-Hillsdale-St. Joseph Community Health Agency (BHSJ CHA) is committed to continuous quality improvement (CQI) while promoting organizational excellence and helping people live healthier. BHSJ CHA will systematically and continuously monitor, evaluate, and improve the quality of activities, programs, and services provided to the community. To execute this policy, the Quality Improvement & Accreditation Program will establish and implement an agency-wide QI Plan that will receive regular review and revision. The BHSJ CHA QI plan will include, but not be limited to:

- Designation of a QI Advisory Council and their responsibilities
- Methods to evaluate processes, programs, and services to identify opportunities for improvement using a recognized QI method like Plan-Do-Check-Act
- Methods to mobilize both data and team knowledge to improve decision making
- Provisions for training staff in QI methods

**Definitions:**

**Continuous Quality Improvement (CQI)** - CQI is an approach to quality management that builds upon traditional quality assurance methods by emphasizing the organization and systems. It focuses on the "process" rather than the individual, recognizes both internal and external "customers" and promotes the need for objective data to analyze and improve processes.

**Plan-Do-Check-Act (PDCA):** is a continuous quality improvement model consisting of a logical sequence of four repetitive steps for continuous improvement and learning. Also known as the Deming Cycle. Also known as Plan, Do, Study, Act (PDSA).

- Plan the process improvement
- Do the improvement, data collection and data analysis
- Check the results and lessons learned
- Act by adopting, adjusting or abandoning the change.

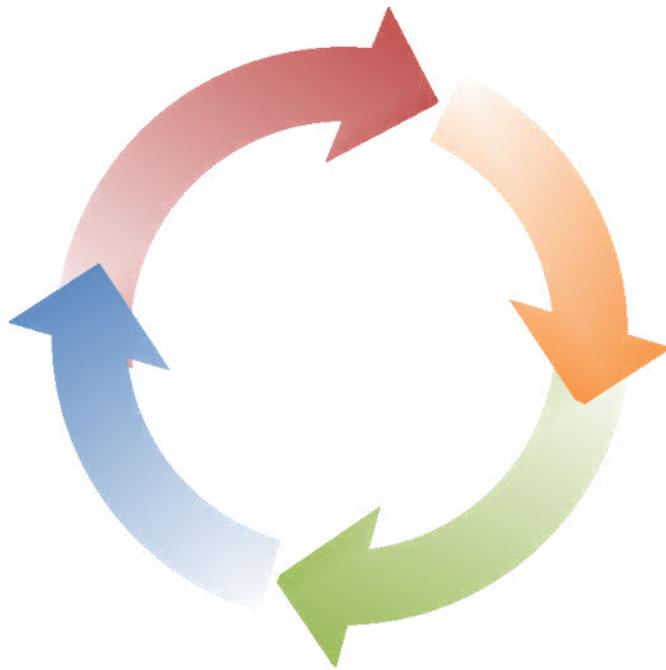
**Quality:** Refers to "fitness for purpose"—meeting or conforming to generally accepted standards as defined by an accrediting or quality assurance body.

**Quality Improvement:** The expectation that an organization will have in place a plan to monitor and improve the quality of its programs. In most cases, quality assurance and accrediting agencies require that established procedures ensure that this is an ongoing process.

Branch-Hillsdale-St. Joseph Community Health Agency

# Quality Improvement Plan

2024-2025





Updates to the BHSJ CHA Quality Improvement Plan

Revision Date	Update	Page #s	Approved by

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# Branch-Hillsdale-St. Joseph Community Health Agency Quality Improvement Plan

## Section I: Purpose

The purpose of the Branch-Hillsdale-St. Joseph Community Health Agency (BHSJ CHA) Quality Improvement Plan is to provide guidance for BHSJ CHA's Quality Improvement (QI) efforts. The plan provides a framework for QI processes and activities as well as a plan to measure and monitor the Agency's progress towards QI goals.

## Section II: Overview of Quality

Quality in public health is the result of worthy work well-done. Quality is achieved when the work of the Agency is based on science and the best available evidence (worthy); is linked with the health outcomes that are most important to the agency and the communities served (work); and is performed in an acceptable manner, often defined by specific standards (well-done).

BHSJ CHA has an interest in systematically evaluating and improving the quality of programs, processes, and services to achieve a high level of efficiency, effectiveness, and customer satisfaction. Thus, implementation of a Quality Improvement culture throughout BHSJ CHA will contribute to the Agency's overall goal to protect and improve the health of the population. Our vision for the future state of quality is "An agency that utilizes continuous quality improvement at all levels to achieve our mission of helping people live healthier."

## Section III: QI Governance Structure

### A. Organization Structure

#### 1. Quality Improvement & Accreditation Program (QIAP)

The Quality Improvement & Accreditation Program serves as the overarching leader for quality improvement and performance improvement activities throughout the Department. QIAP provides oversight, coordination, training, technical assistance, and data management for all BHSJ CHA programs.

#### 2. Quality Improvement (QI) Advisory Committee

The QI Advisory Committee was established to assist QIAP in managing QI efforts across BHSJ CHA. The QI Advisory Committee is made up of representatives from all programs or divisions within the agency, including Administration, Area Agency on Aging, Environmental Health, Health Education and Promotion, and Personal Health & Disease Prevention. Every effort will be made to have representation from all levels of employment. They meet no less than quarterly to discuss QI initiatives, projects, and to learn about QI tools. (See Appendix A for the QI Advisory Committee.)

### B. Roles and Responsibilities

#### 1. Health Officer and Board of Health

- a. Provide leadership to achieve the BHSJ CHA's vision, mission, strategic plan, and direction related to QI efforts.
- b. Promote and support a culture of QI in BHSJ CHA.
- c. Promote and support QI efforts and initiatives.

## 2. Quality Improvement & Accreditation Program

- a. Provide direction for QI efforts throughout the Agency, including the facilitation of a Agency-wide QI Advisory Committee to coordinate QI efforts.
- b. Oversee the development and implementation of the QI Plan.
- c. Provide training, consultation, and technical assistance for QI efforts
- d. Ensure communication of QI activities and QI project results to the Executive Team and Health Officer.
- e. Promote and support a culture of QI in BHSJ CHA.

## 3. Division Directors

- a. Support the implementation of QI projects:
  - Identify QIAC members to lead QI projects within the divisions or programs.
  - Assist in identifying resources for QI projects and public health measures for tracking.
  - Assure that QI projects advance the Program, Division, and Department goals, objectives, and strategic plans.
- b. Provide the QIAC members and project teams with opportunities to share their findings through staff meetings.
- c. Promote and support a culture of QI in BHSJ CHA.

## 4. Managers/Supervisors

- a. Develop an understanding of QI principles & tools.
- b. Assure and support staff participation in QI activities as needed.
- c. Promote and support a culture of QI in BHSJ CHA.

## 5. Quality Improvement Advisory Committee (QIAC)

- a. Participate in Department-wide QI activities.
- b. Assist in the development and refinement of the program's population indicators and performance measures.
- c. Lead division- or program-level QI projects.
- d. Monitor performance of division- or program-level QI projects.
- e. Provide recommendations, expertise, and guidance to QI project teams.
- f. Serve as a liaison between the QIAC and their program.
- g. Advocate for QI practices and support a culture of QI in BHSJ CHA.

## 6. All Staff

- a. Develop an understanding of basic QI principles and tools.
- b. Become familiar with their program's public health measures.
- c. Identify program areas for improvement and suggest improvement actions to the QIAC members.
- d. Participate in QI activities as needed.

# Section IV: Staff Training and Resources

## A. New Staff

New departmental staff will receive an orientation and training in QI processes at BHSJ CHA within the first 6 months of employment. During this orientation, new employees will learn basic QI terminology and principles as well as receive an overview of the Department's QI infrastructure, including their role in QI projects. Quality Improvement is also covered in the required [Public Health 101](#) training.

New supervisors will be required to take an additional 4-hours of Quality Improvement training after completion of their ICS courses.

## B. Current Staff

There are links to four introductory QI trainings available to all staff in BHSJ CHA on the MITrain website. These trainings include:

1. [Introduction to Quality Improvement in Public Health](#), by the Public Health Foundation (30 minutes)
2. [CQI for Public Health: The Fundamentals](#), by The Ohio State University College of Public Health (2 hours)
3. [Quality Improvement Quick Guide Tutorial](#), by the Public Health Foundation (45 minutes)
4. [IS-45: Continuous Improvement Overview](#), by FEMA Independent Study Program (1 hour)

In addition to the web-based courses, education on QI tools and principles will be added to existing BHSJ CHA trainings sponsored by the agency.

## C. QI Advisory Committee

In addition to the educational opportunities listed above, QIAC members will receive ongoing specialized training in various QI methods and tools at quarterly QIAC meetings. The QIAC members also have an opportunity to enroll in additional QI trainings approved by their Division Director and paid for by BHSJ CHA.

## D. QI Support

QIAP provides support to programs to carry out QI activities (i.e., develop and manage public health measures as well as implement QI projects). Programs can request guidance or technical assistance. The following examples represent common support request topics: designing meaningful public health measures using Results-Based Accountability, using QI tools, updating public health measures, prioritizing and selecting a Quality improvement project, implementing a QI project plan using the PDCA process, and designing PDCA test cycles and completing storyboards.

## E. Tools and Resources

QIAP maintains a library of QI templates, forms, and reference materials that are available to QIAC members and program staff on the agency shared drive: M:\Operations\Quality Improvement.

# Section V: BHSJ CHA Quality Management System and Activities

## A. Quality Management System Overview

In 2002, the Turning Point Performance Management National Excellence Collaborative developed a Performance Management System Framework (Figure 1). This framework serves as the basis for BHSJ CHA's QI efforts and is referred to as the Quality Management System in BHSJ CHA.

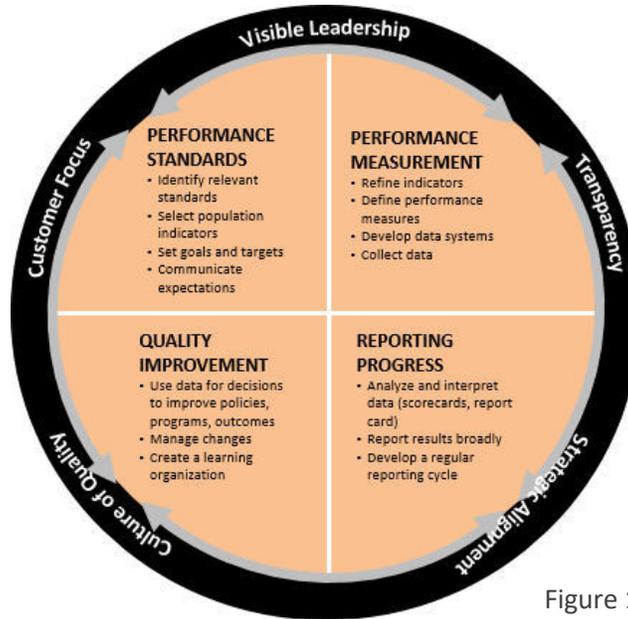


Figure 1. Performance Management System Framework

BHSJ CHA’s QI activities are organized by the four components of the Quality Management System (QMS).<sup>[1]</sup> Within each component, BHSJ CHA follows a structure and timeframe to guide the implementation of the Department’s QI efforts:

**1) Performance Standards & 2) Performance Measurement**

BHSJ CHA follows the Results-Based Accountability Framework to develop a set of Public Health Measures. These measures are reviewed and **updated annually**. Public Health Measures are tracked through the County Health Rankings.

**3) Reporting Progress**

BHSJ CHA programs collect data for all Public Health Measures **annually**. Reports from our performance management system are generated and shared among BHSJ CHA leaders.

**4) Quality Improvement**

BHSJ CHA uses the **Plan-Do-Check-Act** Cycle to guide QI projects as needed (**ongoing basis**).

## B. Description of QI Activities



**1) Performance Standards** are organizational or system goals, standards, and targets to improve public health practices.

**2) Performance Measurement** is used to assess achievement of performance standards.

Each program or division in BHSJ CHA has a set of **Public Health Measures**, which includes both performance standards and performance measures.

- Public Health Measures are structured according to the accreditation standards.
- QIAC members work with their programs to update their Public Health Measures are annually.
- The Public Health Measures and data are tracked our performance management system.

There are two categories of measures: population health and program performance. Thus, BHSJ CHA's Public Health Measures includes two levels of measures: Population Indicators **and** Performance Measures. [2]

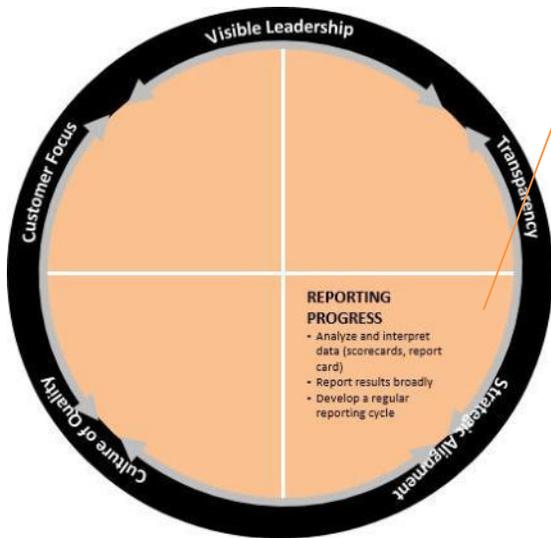
1. **Population Indicators** reflect a measurement of the population's condition or well-being. The indicators are influenced by many factors outside the direct control of our Agency, thus accountability for these measures is often shared by a group of partners.
2. **Performance Measures** measure how well a program, agency or system is working. It focuses on the work performed by the agency and are collected at the program-level.

### Other Definitions

**Public Health Measures also include targets and goals:**

**Targets** are chosen by each program as measurement goalposts in the progress towards reaching standards. Targets are based on realistic expectations of how far a program is able to move each year or they may be based on national, state, scientific guidelines or other benchmarks.

**Goals** are identified by each program to identify a unified purpose that embodies the priorities each program will work on for that strategic planning cycle.



**3) Reporting Progress** is the documentation and reporting of how targets are met through appropriate feedback channels.

Each BHSJ CHA program collects data for their Public Health Measures annually and enters the information in our performance management system.

The data is compared against the program’s target and data from previous years. The results are provided in our performance management system’s reports and discussed quarterly by the QIAC.

Currently, data is reported either annually or quarterly, depending on the measure.

**4) Quality Improvement** is a process to manage improvement efforts.

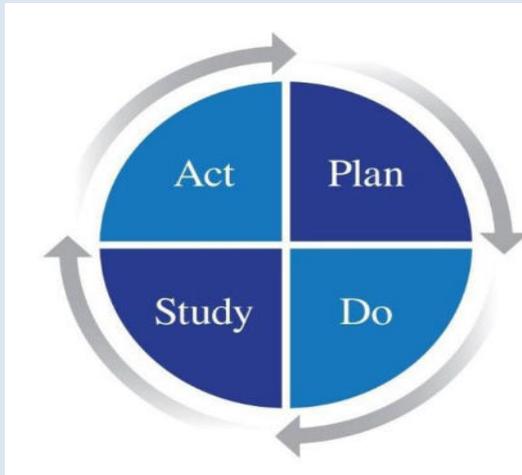
In this component, QIAP encourages programs to conduct QI projects to address areas or opportunities for improvement as needed.

To guide QI projects, QIAP encourages programs to follow the **Plan-Do-Check-Act** Cycle, a process for testing changes that can lead to improvements (Figure 2).

Through the QI Team, QIAP also creates opportunities for QIAC members to learn from one another. Additionally, an annual QI Summit is convened by QIAP to bring together the Department’s leaders and QIAC members to discuss QI efforts across the BHSJ CHA.



## Plan-Do-Check-Act (PDCA) Cycle



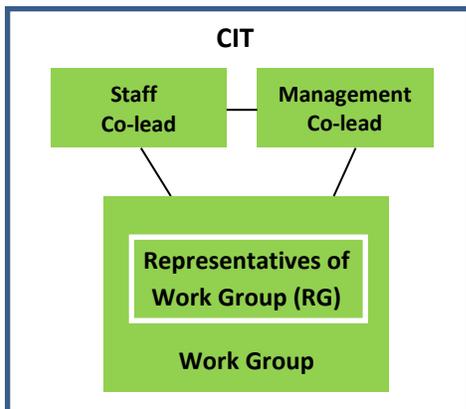
The PDCA Cycle (also known as the PDSA or Deming Cycle) is a systematic process for continuous learning and improvement.

A “**Plan**” for testing changes or new strategies is developed, followed by completing the activities as planned (“**Do**”). Outcomes are monitored for signs of progress (“**Check**”) and based on what is learned, the next steps are planned (“**Act**”). These steps can be completed in a rapid cycle and repeated over and over for continuous learning and improvement. (<https://deming.org>)

All Programs within BSHJ CHA are encouraged to implement rapid-cycle PDCA projects to continuously assess and improve the quality of the Department’s programs and services.

## Continuous Improvement Teams

A CIT is a team that brings frontline workers and managers together to make program or system changes to improve day-to-day operations in the work environment. CITs strive to empower staff to help make improvements so that all clients can have a better experience. The CIT structure is based on a Partnership Model.



A pair of co-leads (one representing staff and one representing management) leads the CIT through a **collaborative** process where every member has a voice and an opportunity to contribute their ideas. (This CIT structure is supported by Staff and Management sponsors. A coach also supports the team’s development.)

The team works together using quality and performance improvement methods and tools to set goals, establish metrics, identify problems, and make system changes, improvements and recommendations.

The following are benefits of CITs:

- Program or system changes that will lead to a better customer experience
- Cultural and relationship transformation – CITs give staff more opportunities to play a leadership role and contribute to changes in the workplace in a collaborative way
- Staff have opportunities to build leadership and team-building skills and quality and performance improvement expertise.

## C. Culture of Quality Improvement

### NACCHO's Roadmap to a Culture of Sustainable Quality Improvement

NACCHO's QI Culture Roadmap includes a self-assessment tool (SAT) to determine in which phase public health departments are in towards reaching a level of sustainable quality improvement implementation. As part of the QI Roadmap tool, NACCHO offers improvement strategies tailored to move health departments' scores from one level to the next higher level.

Branch-Hillsdale-St. Joseph Community Health Agency is at the beginning stage with some staff trained in QI tools and techniques; the department follows the PDCA cycle, and we have completed six "little qi" projects. For 2024-2025 we want to give every member of the health department an introduction to QI, train directors, supervisors, and members of QIAC in the details of QI, and complete a QI project in each division.

More work is needed in the Continuous Process and Leadership foundational areas. Proposed strategies for each are listed in the table below.

Foundational Area	Proposed Strategies
Leadership	Routinely communicates the organization's QI vision and goals to staff
	Provides structure for staff to receive QI training and get involved in QI
	Provides the resources, training and staff time to effectively run improvement activities & projects
Continuous Process	Develop and document standardized work for key work processes
	Make developing/updating standardized work a required output of all process improvement efforts
Teamwork & Collaboration	Create teams that cut across all locations to spur innovation
	Make more visible QI projects completed, post in program/division offices
Employee Empowerment	Clearly define QI expectations of staff
	Make readily available beginner and advanced-level trainings & resources to accommodate both new and experienced staff
QI Infrastructure	Form a QI Leadership Committee
	–Representation from each division
	–Selects annual improvement areas
Customer Focus	Maintain the tracking of accreditation performance standards
	Analyze and use data from customer surveys for improvement in services
	Track improvements for the entire organization
	Share progress with staff

## Section VI: BHSJ CHA QI Goals and Objectives (updated annually)

### QIAP Public Health Measures

<b>Performance Goal 1: Building organizational capacity to apply QI processes and tools</b>			
1.1	Percent of QIAC members who completed QI process training activities offered by the agency.		80%
1.2	Percent of CITs with a performance management report regarding their QI project.		90%
1.3	Percent of employees who complete QI orientation training on time.		80%

<b>Performance Goal 2: Supporting the implementation of QI projects</b>			
2.1	QIAP will provide 4 QI roundtable sessions to all staff by September 30, 2025		4
2.2	Percent of CITs that complete a QI Project		80%

[Placeholder for PMs that link the Strategic Plan, Community Health Improvement Plan, Workforce Development Plan to the QI Plan.]

## Section VII: Communication Strategies

The following communication strategies will be implemented to ensure clear and concise internal communication about the Agency’s QI Plan.

A. Utilize existing communication venues such as the Health Officer’s monthly meeting, Director & Supervisor meetings, BHSJ Insider, and the annual all staff meeting to:

1. Present the QI Plan to senior leaders with the expectation that they will share in their organizational units
2. Share findings from QI initiatives
3. Share successes and lessons learned

B. Utilize the performance management system to:

1. Post the QI Plan and revisions
2. Post QI tools and examples of tool application
3. Report out results at the annual all staff meeting

C. Utilize QIAC members

1. Report on QI Team activity at their program-level staff meetings
2. Teach QI tools to staff in their program
3. Report out results at the annual staff meeting

## Section VIII: QI Plan Progress Evaluation

**A. Quarterly**

1. QIAP logs and tracks requests for technical assistance and QI training activities quarterly.
2. QIAC members submit quarterly updates on their QI projects using the performance management system.

**B. Annually**

1. The QI Plan will be evaluated by the QIAP Team in October of every year to determine if any targets were met, as well as to provide input on new goals.
2. The QI Annual Report evaluates the QI activities in the prior year, such as actions taken based on public health measure results or customer satisfaction survey results, with results being shared with Stakeholders.

## Section IX: Definitions

**Continuous Quality Improvement (CQI):** is an ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities, and outcomes. [3]

**Plan-Do-Check-Act (PDCA):** is an iterative four-stage problem-solving model for improving a process or carrying out change. PDCA stems from the scientific method (hypothesize, experiment, evaluate). A fundamental principle of PDCA is iteration. Once a hypothesis is supported or negated, executing the cycle again will extend what one has learned. [6]

**Quality:** Quality in public health is the result of worthy work well-done. Quality is achieved when the work of the agency is based on science and the best available evidence; is linked with the health outcomes that are most important to the agency and the communities served; and is performed in an acceptable manner, often defined by specific standards. [4]

**Quality Improvement (QI):** is an integrative process that links knowledge, structures, processes and outcomes to enhance quality throughout an organization. The intent is to improve the level of performance of key processes and outcomes within an organization. [3]

**Quality Improvement Plan (QIP):** identifies specific areas of current operational performance for improvement within the agency. The QIP and the Strategic Plan can and should cross-reference one another.

**Quality Improvement Project Teams:** program-level teams, organized to carry out QI activities, namely PDSA cycles. QI Project Teams, with assistance from the Quality Improvement & Accreditation Program, are charged with developing, implementing, evaluating and reporting on formal QI projects.

**Quality Management:** the strategic use of performance standards, measures, progress reports, and ongoing quality improvement efforts to ensure an agency achieves desired results. [3]

**Quality Management System:** the continuous use of quality management practices so that they are integrated into an agency's core operations. [1]

**Quality methods:** builds on an assessment component in which a group of selected indicators are regularly tracked and reported. The data should be regularly analyzed. The indicators show whether agency goals and objectives are being achieved and can be used to identify opportunities for improvement. Once selected for improvement, the agency develops and implements interventions, and re-measures to determine if interventions were effective. [3]

**Quality Tools:** are designed to assist a team when solving a defined problem or project. Tools will help the team get a better understanding of a problem or process they are investigating or analyzing. [6]

**Strategic planning and Program planning and evaluation:** Generally, the Department’s Strategic Plan and QI Plan encompass strategic planning and QI activities that occur at the level of the overall organization, while Program planning and evaluation are program-specific activities that feed into the Department’s Strategic Plan and QI Plan. Program evaluation alone does not equate with QI unless program evaluation data are used to design program improvements and to measure the results of the improvements as implemented. [3]

## Section X: References

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## Section XI: Appendices

### Appendix A: QI ADVISORY COMMITTEE Charter



#### Branch-Hillsdale-St. Joseph Community Health Agency QI ADVISORY COMMITTEE CHARTER

##### **Vision**

A public health department where: 1) Staff are empowered to identify areas of improvement and find solutions through the application of Quality Improvement tools; and 2) leaders use public health measures for decision-making.

##### **Mission**

To train & assist staff to measure and improve the implementation and impact of their program activities.

##### **Goals**

- 1) To build organizational capacity for the application of QI processes and tools
- 2) To support the implementation of QI projects
- 3) To lead BHSJ CHA's efforts to obtain and maintain public health accreditation

##### **Role of QI Accreditation Program (QIAP)**

- Convenes and facilitates meetings for the Agency-wide QIAC
- Provides access to beginning and intermediate QI training
- Facilitates the development, implementation, and revision of the Agency's QI Plan
- Orients QIAC members to the performance management system
- Provides consultation & technical assistance to QIAC
- Plans and facilitates Agency Roundtable discussions

##### **Role of QI Advisory Committee<sup>2</sup>**

- Serve as liaisons between CITs and their respective programs
- Attend and participate in QIAC meetings
- Provides consultation & technical assistance to CITs and Directors
- Plan, implement and report on program or department-level QI projects
- Share successes and lessons learned with staff members
- Share QI tools learned with staff in their respective programs
- Create program/division-level reports using VMSG and identify program successes and measures/indicators in need of improvement
- With Program Director input, enter program goals, metrics, baseline stories, strategies, evidence and partners in VMSG
- Review customer satisfaction surveys for areas for improvement annually

- Annually review and provide input on the BHSJ CHA QI Plan

### **Role of Program Supervisors and Division Directors**

- Review and provide input on the development/revision of public health measures to be used in programmatic decision-making
- Allow the QIAC to schedule meetings with you as needed
- Include QIAC updates on your staff meeting agendas
- Support the QIAC and their team members when implementing QI projects

QI Team: Agency-wide team consisting of representatives from BHSJ CHA's programs, divisions, or offices

1. QIAC: are QI Advisory Committee members; they are designated quality and performance improvement experts for each of the Department's programs.
2. Program refers to programs or divisions, or offices within BHSJ CHA

## Appendix B: QI Annual Calendar

Activity	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
QI Team Reviews & Updates BHSJ CHA QI Plan									X			
QI Round Tables		X			X			X			X	
Programs Complete Customer Satisfaction Initiative	X	X			X	X	X					
Programs start new QI Projects			X	X	X	X	X	X	X			
Programs Update Goals, PH Measures, Strategies, and VMSG									X			
QIAC Reviews & Approves Programs' Goals, PH Measures & Strategies			X			X			X			X
Programs finalize reports in VMSG and Submits them for review & approval								X	X			
Following year's Measures Due**							X	X				
QIAP approves Reports & archives data									X	X		

# PUBLIC COMMENT

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