



BOARD OF HEALTH
Agenda for May 23, 2019 at 9:00 AM

1. Call to Order
 - a. Opening ceremonies – Pledge Allegiance to the Flag of the United States of America
 - b. Roll Call
 - c. Approval of the Agenda*
 - d. Approval of the Minutes*
2. Public Comment
3. Health Officer’s Report
4. Medical Director’s Report
5. Committee Reports
 - a. Finance Committee – Approval of minutes from 5/20/19 meeting
 - b. Program, Policies, and Appeals – Approval of minutes from 5/6/19 meeting
6. Financial Reports
 - a. Approve Payments*
 - b. Review Financials
7. Unfinished Business
 - a.
8. New Business
 - a. FY19 AAA Provider Budget Amendments*
 - b. AAA Branch-St. Joseph Interlocal Agreement*
9. Departmental Reports
 - a. Personal Health & Disease Prevention
 - b. Environmental Health
 - c. Area Agency on Aging
10. Adjournment - Next meeting: June 27, 2019 at the Three Rivers office



April 25, 2019 – Board of Health Meeting Minutes

The Branch-Hillsdale-St. Joseph Community Health Agency Board of Health meeting was called to order at 9:04 a.m. by Chairman, Don Vrablic, with the Pledge of Allegiance to the Flag of the United States and roll call as follows: Don Vrablic, Bruce Caswell, Terri Norris, Al Balog, Kathy Pangle, and Mark Wiley.

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

Ms. Norris moved to approve the agenda with support from Mr. Balog. The motion carried.

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

Public comment:

- None

Rebecca Burns, Health Officer, reviewed her monthly report. Items discussed: Day at the Capital, County Health Rankings, Medical Marihuana Education Grant, AAA3c, Personnel Policy Manual, New Software Updates, Health Promotion & Education Updates, Staff Vacancies/New Staff, Comprehensive Compensation Study, Measles, Legislative Updates, and the Hepatitis A Outbreak.

Rebecca Burns, Health Officer, reviewed the Medical Director's monthly report. This month's reports covered Respiratory Protection.

Committee Reports:

- Finance Committee – Did not meet.
- Program, Policy, and Appeals Committee – Did not meet.

Financial Reports/Expenditures

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

Unfinished Business

- There was no unfinished business to discuss.

New Business:

- a. Ms. Pangle moved to approve the updated Personnel Policy Manual as presented with support from Ms. Norris. The motion carried.

5/29/19 BdH Meeting Packet Pg. # 3
Mr. Balog moved to adjourn the meeting with support from Ms. Norris. The motion passed and the meeting was adjourned at 10:19 AM.

Respectfully Submitted by:
Theresa Fisher, BS

A handwritten signature in black ink, appearing to read 'Theresa Fisher', written in a cursive style.

Health Officer's Report to the Board of Health for May 23, 2019
Prepared by: Rebecca A. Burns, M.P.H., R.S.

Agency Updates

Area Agency on Aging 3C 2020 Multi-Year Plan – Laura and her team have been very hard at work gathering the opinions of county residents and key leaders in Branch and St. Joseph counties and holding listening sessions with seniors and their families and caregivers to gather data necessary to determine focus for grant funding in the next multi-year plan. Public hearings are coming up and then once we have a multi-year plan, bidders will be sought to expend the grant funding. The Program, Policy, and Appeals Committee will be busy reviewing the bids and making awards yet this summer. The Multi-Year Plan is an every 3 year cycle that the AAA 3C is mandated to conduct.

Area Agency on Aging 3C Interlocal Agreement Draft – Laura and I met with the Program, Policy, and Appeals Committee this month to review a draft agreement. The agreement is intended to formalize the relationship between the AAA3C and St. Joseph County and Branch County governments. AAA3C was formed under direction of the county commissions in 1996 with the intention of keeping local control over the precious state and federal dollars that are available to assist seniors. The agreement seeks to put in place the history, intentions, and local promises made by recognizing the relationship and providing for annual funding. The Program, Policy and Appeals Committee agreed to move the document to the full board for consideration. I'm looking for the Board of Health to determine if the agreement will be something that their county commissions can approve at today's meeting.

Medical Marihuana Education Grant – Lock boxes and keys have been ordered and our marketing materials are starting to be produced. Within a few weeks we will have complete Medical Marihuana lock boxes ready to give to other county service providers to give out to their clients and for us to give out directly to our clients too. Our main theme is "Lock It Up", and we are encouraging Medical Marihuana users to keep their marijuana locked up and away from kids. Hopefully I will have a box to show at the Board of Health meeting in June.

Epi-Lab Capacity Grant – We were able to obtain grant funds that can be used to specifically improve the Agency's ability to respond to Epi events. Our proposal included purchasing new TB arm test kits for our TB Test trainings, replacing a vaccine refrigerator, replacing outdated computers for our clinic coordinators and Director of Personal Health & Disease Prevention, replacing the Agency's aging video conferencing displays, and installing a ceiling mount projector in our Three Rivers conference room. These are much needed and very appreciated one-time funds.

New Database Updates –

- **HealthSpace:** The Environmental Health section is planning to "go live" with the food program first and continue to work toward integration of all EH programs into HealthSpace.
- **Nightingale Notes:** Nightingale Notes training is complete and we are sending test data for MICR (immunization registry system) up weekly from all 4 of our locations. The test data is

necessary for the integration of MICR with Nightingale Notes. We will “go live” with the software in our STD and Lead testing programs by June 1st.

Health Promotion & Education Updates – The Agency’s HPE team has written 5 news releases for local media and posting on our website since the last Board of Health meeting. These include:

- Medical ID Provides Vital Information to First Responders (5-3-2019)
- AAA Assessment Underway-What’s needed in your Community (5-7-2019)
- BHSJ Urges Families to Immunize Infants and Children (5-14-2019)
- Talk. Test. Treat (5-15-2019)
- Hepatitis Awareness Month (5-21-2019)

The WIC Facebook page has had a number of posts; including recipes, maternal health, foster families, chronic diseases and many other informative and helpful information items.

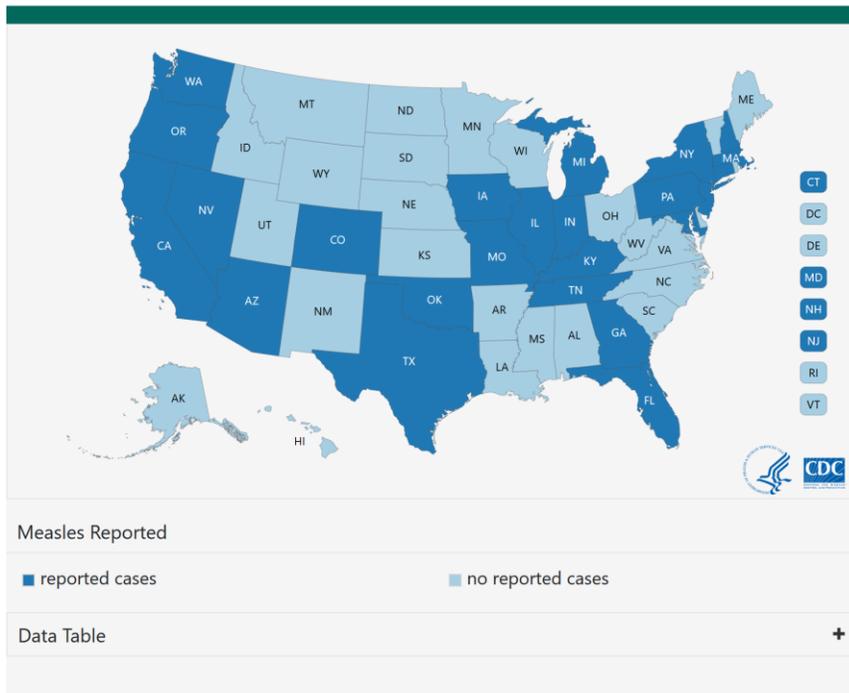
Staff Vacancies/New Staff – The Agency currently has the Hillsdale Clinic Coordinator (RN position) an EH Sanitarian also in Hillsdale, and a Clinic Clerk Tech in St. Joseph County positions open.

Comprehensive Compensation Study – The company we have engaged, Municipal Consulting Services, LLC, will begin the study on June 1st with a final report due by no later than September 30th. I will keep you informed as this process starts.

Measles – We have now been notified of a measles case in Chicago. It seems that we are surrounded on the both East and West sides with cases. I can’t stress enough how important it is receive the MMR vaccine or have your kids immunized to keep them safe. Measles was once thought to be eradicated in the United States, as soon ago as 2000. The vaccine for this vaccine preventable disease is safe and effective and everyone who can should receive it.

States with Reported Measles Cases

2019 ** (as of May 17, 2019)



The states that have reported cases to CDC are Arizona, California, Colorado, Connecticut, Florida, Georgia, Illinois, Indiana, Iowa, Kentucky, Maryland, Massachusetts, Michigan, Missouri, Nevada, New Hampshire, New Jersey, New York, Oklahoma, Oregon, Pennsylvania, Texas, Tennessee, and Washington.

VOCA Federal Award Desk Review – We have been notified by the state office that they will be conducting a ‘desk review’ to ensure that we are meeting our obligations for monitoring of the federal award. It is essentially a mini-audit that will occur in the desk couple of weeks.

Essential Local Public Health Services Grant – MDHHS Office for Local Public Health Services started discussions last year with MALPH regarding the funding formulary for local public health departments. A workgroup was formed to work on this issue and as a result the legislature appropriated an addition 10 million dollars to go toward ELPHS to make up for a shortfall in the new formulary. The state is working on getting this additional public health funding to us and we have been informed that it will be coming through PA616, Local Community Stabilization Authority. We do not know how much of the 10 million appropriation will come to BHSJCHA or when we will receive it. We have been told that the money will come to the county with earmarks for Public Health. As we are a district health department, we have asked if the money will come to our fiduciary (Branch County) or to each county, and they have not been able to tell us yet. When we know more, I’ll keep you informed.

Updated PFAS Messaging from MDHHS – Using what we know about the science of PFAS, the state has updated the recommendations for individuals who come into contact with PFAS Foam. The new guidance is more protective, encouraging that residents do not come into contact with the foam and if they do to rinse it off right away. I have included PFAS Foam Q&A information at the end of my report today.

Legislative Updates – None at this time.

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

As I have been reporting, Michigan is in the midst of a serious Hepatitis A outbreak. Current case count as of April 17, 2019 is 913 with 733 hospitalizations and 28 deaths. The case county increased by one from last month. None of the counties in Michigan are considered to be an outbreak county, as you can see from the graphic below. The Agency continues to put special emphasis on increasing our vaccination rates for adult Hep. A, especially of the high-risk individuals. Hepatitis A vaccination is safe and effective. The following individuals should get the HAV vaccine:

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

**Confirmed Cases Referred August 1, 2016 - May 15, 2019
Meeting the MI Hepatitis A Outbreak Case Definition**

County (or city)	Total Cases		County (or city)	Total Cases
Macomb†	223		Saginaw†	4
City of Detroit†	173		Gratiot	3
Wayne†	164		Midland†	3
Oakland†	120		Allegan†	2
St. Clair†	33		Mecosta†	2
Ingham†	29		Bay†	1
Genesee†	27		Charlevoix	1
Shiawassee†	22		Clare†	1
Washtenaw†	20		Hillsdale†	1
Monroe†	18		Huron†	1
Calhoun	10		Ionia†	1
Isabella†	8		Leelanau†	1
Lapeer†	7		Lenawee†	1
Clinton†	6		Missaukee	1
Livingston†	6		Newaygo†	1
Sanilac†	6		Schoolcraft†	1
Eaton†	5		Van Buren†	1
Grand Traverse†	4		Other*†	2
Kent†	4			

† Indicates no confirmed case in the past 100 days

*Jackson Michigan Department of Corrections

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

PFAS Foam Questions and Answers

What should I know about foam on lakes and rivers?

Foam can often be found on Michigan's lakes and rivers year round. Foam can occur naturally or because of pollution in the water. Natural foam can form from decomposing plants and algae and could contain bacteria. Chemicals, like surfactants or detergents, in the water also cause foam on lakes and rivers. To best protect your health, the Michigan Department of Health and Human Services (MDHHS) recommends rinsing any lake or river foam off your skin.

What does naturally occurring foam look like?

Naturally occurring foam:

- Is off-white and/or brown
- Often piles up in bays, eddies, or river barriers such as dams
- May have an earthy or fishy smell

What should I know about foam with per and poly-fluoroalkyl substances, or PFAS, in it?

MDHHS recommends you avoid foam on lakes and rivers impacted by a PFAS contamination site. Foam on these lakes and rivers can have much higher amounts of PFAS than the water. Swallowing foam with PFAS could be a risk to your health. To locate known PFAS sites, visit [Michigan.gov/PFASResponse](https://www.michigan.gov/PFASResponse).

PFAS do not move easily through the skin, but it's always best to rinse off after contact with foam and to bathe or shower after the day's outdoor activities. There is no new scientific information on how PFAS moves through the skin. However, MDHHS evaluation of how young children might get foam on them at the beach finds a health risk could exist from repeated, prolonged whole-body contact with foam containing high amounts of PFAS. Repeated prolonged contact is 3 hours per day, 5 days per week, 3 months of a year, representing a summer season. MDHHS' recommendation to avoid foam with PFAS is protective of everyone, including young children.

What does PFAS foam look like?

PFAS foam:

- Can be bright white
- Is usually lightweight
- Can be sticky
- Tends to pile up like shaving cream
- Can blow onto the beach

What about swimming or bathing in water that has PFAS?

Swimming or bathing in water that has PFAS in it is not a health concern. The amount of PFAS in lake or river water is typically much less than the amount in foam. Although swallowing PFAS is the main way to get it in your body, an occasional swallow of lake or river water is not a health concern. None of this information changes recommendations for people's water used at home.

The amount of PFAS in lake and river water and in foam matters in determining if a health concern exists. MDHHS will continue to evaluate surface water and foam data and will issue further recommendations if necessary.

Has MDHHS changed its recommendation about PFAS-containing Lake or River foam?

No, MDHHS has previously recommended if you get PFAS lake or river foam on your skin, rinse it off. MDHHS has given this advice about lakes and rivers impacted by PFAS contamination sites.

What scientific information does MDHHS use to make recommendations about foam?

ATSDR released new science during 2018, when combined with the PFAS foam levels seen in Michigan, supports the MDHHS recommendation to avoid PFAS-containing lake or river foam, and rinse it off if it gets on your skin. MDHHS now has more foam data from waterbodies near multiple PFAS sites around the state. The amount of PFAS in foam can change and is sometimes very high.

ATSDR has released new information on the amount of PFAS that could be a risk to human health. The CDC's information is draft, but recommended for use by ATSDR when following the ATSDR health assessment process. MDHHS reviewed these values and used them to evaluate the amount of PFAS in foam and whether it could be a health risk. MDHHS along with state and federal partners are continuing to review the best available science on PFAS. MDHHS will update recommendations if necessary.

Is MDHHS issuing this advice statewide?

MDHHS is issuing this advice for waterbodies that are known or expected to be impacted by PFAS contamination sites. More information is available on the Michigan.gov/PFASResponse website.

Will you be posting signs about foam on rivers or lakes that have PFAS?

MDHHS is working with the local health departments that have PFAS sites within their jurisdictions. Based on the PFAS levels in foam on local lakes and rivers, the health departments may issue advisories and post signs about the advisories along rivers or lakes.

There are existing health advisories for PFAS foam for these waterbodies:

- Van Etten Lake, Oscoda
- Lake Margrethe, Grayling
- Rogue River, Rockford
- Thornapple River, Grand Rapids
- Huron River, Southeast Michigan

Where can I find more information about PFAS and foam?

For more information, visit Michigan.gov/PFASResponse and go to the PFAS Foam button or call MDHHS at 800-648-6942.

Medical Director's Report to the Board of Health
H. Lauren Vogel, D.O., M.P.H.
May 2019 - Kidney Disease

Humans have a pair of kidneys located in the back of the abdominal cavity. Each are the size of a human fist and together they filter all the blood in a body every 30 minutes, some 200 quarts daily. Kidneys remove metabolic waste, control blood pressure, release chemicals to stimulate the bone marrow to produce red blood cells and regulate electrolytes that are necessary for well being.¹ Kidney disease is the ninth leading cause of death in the US and about 50 percent of persons with kidney disease are unaware of their affliction. Diabetes, hypertension and genetics are the most common causes for chronic kidney disease. Obesity is associated with development of chronic kidney disease. Until the kidneys are damaged there are usually no symptoms.

Once function is impaired, kidneys lose their ability to effectively filter the blood. Because of this metabolic waste products build up and fluid is retained within the body. Heart disease and stroke are consequences of failing renal function. Symptoms associated with failing renal function may include unexpected weight gain with peripheral edema, anemia, electrolyte imbalance with low calcium and elevated potassium and phosphorus levels. Malaise, loss of appetite and a sense of not feeling well leading to depression are not uncommon.

Clinicians should maintain a higher level of suspicion for advancing renal disease and perform periodic routine screening as necessary to diagnose renal impairment. In spite of the risk and outcome for failing to diagnose renal disease early, the US Preventive Services Task Force has not recommended routine screening for renal disease in patients without diabetes, obesity, hypertension or cardiac risk.² The CDC also recommends routine screening for patients at risk.

Simple blood and urine tests will effectively evaluate renal function. A BUN and creatinine (measure of metabolic waste products) are elevated in patients with abnormal renal function. A urinalysis for protein (microalbumin) is an important and early indicator of failing filter function in the renal system. This test is usually elevated before the BUN or creatinine values change and is probably the best screening test to be considered in the asymptomatic patient. A ratio of albumin to creatinine should be less than 30. Levels above this indicate potential renal damage. Serial values can be measured to assess changing renal function.

Prevention of damage to the kidney is a cost effective goal. For the older patient, NSAIDs such as ibuprofen, naproxen and high dose aspirin, should be avoided. Herbal supplements should be evaluated by a clinical specialist before starting these supplements. Healthy eating, weight loss, regular exercise and control of elevated blood pressure are important lifestyle goals. Smoking is particularly dangerous to the kidney and cessation programs are important for patient education.

In many cases failing renal function can be treated effectively. This requires close monitoring, specific medications and blood pressure control. Dialysis to cleanse the blood artificially may become necessary. Renal transplantation may become necessary. Patients with chronic renal impairment must be under the close observation of a clinical specialist. Early diagnosis and screening for renal impairment is the clinical challenge.

Patients with risk symptoms should have a urinalysis and lab testing to rule out renal impairment. Annual screening for all patients with obesity, hypertension, cardiac disease or diabetes is indicated. Initiation of medications protective to the impaired kidney are indicated.

REFERENCE

1. Chronic Kidney Disease Basics. CDC. December 2018.
<https://www.cdc.gov/kidneydisease/basics.html>. Accessed February 2019.
2. Screening for Chronic Kidney Disease: Recommendation Statement. US Preventive Services Task Force. February 2014. <https://www.aafp.org/afp/2014/0215/od1.html>. Accessed February 2019.
3. Estimated Glomerular Filtration Rate (eGFR). National Kidney Foundation. 2017.
<https://www.kidney.org/atoz/content/gfr>. Accessed February 2019.

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(eGFR).
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<https://www.kidney.org/atoz/content/gfr>.

What are the Stages of Chronic Kidney Disease (CKD)?

STAGES OF CHRONIC KIDNEY DISEASE		GFR*	% OF KIDNEY FUNCTION
Stage 1	Kidney damage with normal kidney function	90 or higher	 90-100%
Stage 2	Kidney damage with mild loss of kidney function	89 to 60	 89-60%
Stage 3a	Mild to moderate loss of kidney function	59 to 45	 59-45%
Stage 3b	Moderate to severe loss of kidney function	44 to 30	 44-30%
Stage 4	Severe loss of kidney function	29 to 15	 29-15%
Stage 5	Kidney failure	Less than 15	 Less than 15%

May 2019 – Kidney Impairment

H. Lauren Vogel, D.O., M.P.H.



Important Facts

- Kidney disease - 9th leading cause of death in the US.
- 50% of persons with kidney disease are unaware of their illness.
- Diabetes, hypertension and genetics are the most common causes for kidney disease.
- Until the kidneys are damaged there are usually no symptoms.

Physicians must:

- Maintain higher level of suspicion for silent renal disease.
- Obtain urinalysis with annual and sports physicals.
- Counsel patient on risk and prevention goals.

Clinical Facts

- Symptoms of kidney disease include weight gain, peripheral edema, malaise, loss of appetite and a feeling of unwell.
- Abnormal laboratory findings include anemia, electrolyte disturbance and abnormal renal function tests.
- Urinalysis screening for protein is the most effective early screening test.
- Obesity is a risk factor for developing kidney disease
- Stroke and heart attack are complications of advancing renal disease.
- USPSTF and CDC only recommend periodic screening for renal disease in the obese, those with hypertension, cardiac disease or specific renal symptoms (edema, chronic back pain).

Prevention Considerations

- Limit use of NSAIDs (aspirin, ibuprofen, naproxen). Control blood pressure aggressively.
- Stop smoking
- Eat healthy, exercise regularly and drink adequate water daily

References

- [1] Chronic Kidney Disease Basics. CDC. December 2018. <https://www.cdc.gov/kidneydisease/basics.html>
- [2] Screening for Chronic Kidney Disease: Recommendation Statement. US Preventive Services Task Force. February 2014. <https://www.aafp.org/afp/2014/0215/od1.html>.
- [3] Estimated Glomerular Filtration Rate (eGFR). National Kidney Foundation. 2017. <https://www.kidney.org/atoz/content/qfr>. Assessed February 2019.



**BOARD OF HEALTH – Finance Committee
May 20, 2019 at 2:30 PM**

The Branch-Hillsdale-St. Joseph Community Health Agency Board of Health: Finance Committee meeting was called to order at 2:31 p.m. with roll call as follows: Bruce Caswell, and Al Balog. Terri Norris joined the meeting at 2:56 p.m.

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

Public comment: None at this time.

Business:

- a) Mr. Caswell moved to bring the proposed AAA Provider Funding Adjustments as presented to the full Board with a recommendation it be approved. The motion was supported by Mr. Balog and the motion carried.

With no further business the meeting was adjourned at 3:01 p.m.

Respectfully submitted,
Theresa Fisher, BS



BOARD OF HEALTH – Program, Policy, & Appeals Committee
May 6, 2019 at 9:30 AM

The Branch-Hillsdale-St. Joseph Community Health Agency Board of Health: Program, Policy, and Appeals Committee meeting was called to order at 9:30 a.m. with roll call as follows: Don Vrablic, Kathy Pangle, and Mark Wiley.

Also present: Rebecca Burns, Laura Sutter, and Sarah Watson.

Public comment: None at this time.

Business:

- a) By a consensus vote the Committee agreed to bring the proposed document with revisions to the full Board for approval.

With no further business the meeting was adjourned at 10:25 a.m.

Respectfully submitted,
Sarah Watson

ACD.Net	Telephones 3 offices	2,678.69
Action Quick Print Plus	Printing - Well & Water Permits	37.25
AFLAC	Payroll Deduction	1,469.86
Alerus Financial (Retirement)	Payroll Deduction	590.00
Area Agencies On Aging	2nd Half AAA Annual Dues 18-19	1,619.94
Armstrong Health Care	WIC / AAA Contractual Consultant	2,581.92
Blue Cross Blue Shield	Health Insurance	56,693.59
Branch Area Transit Authority	Elderly Transportation Service	2,696.37
Branch County Commission COA	Home & Community Based Services	5,841.15
Branch County Complex	Rent - Coldwater Office	5,694.28
CAA of South Central	Home & Community Based Services	20,865.14
Care-N-Assist	Care Management	878.28
Center Medical Supply	Infant Scale Repair	159.00
Century Bank	CSHCS Client-1	83.00
Century Bank - Master Card	Clinic Supplies - Gates	79.98
Century Bank - Master Card	CSHCS Supplies	34.38
Century Bank - Master Card	Domain Name 5 Yr. Renewal	175.00
Century Bank - Master Card	Kick Butts T- Shirts	411.90
Century Bank - Master Card	VOCA Supplies	145.63
Century Bank Basic Flex Health Plan	Payroll Deduction	1,658.48
Century Bank EFPTS	Federal & Fica Taxes	47,602.93
Century Bank Mers	Forfeiture/Underfunded Pmt.	2,102.96
Century Bank Mers	MERS DB /Retirement	29,553.68
Century Bank State	Michigan Tax	7,755.56
Choice Hotel	Training - Clinic - Atwood	128.52
Cintas	Lab Coats - Cleaning	108.24
City of Coldwater	Water Lab Test	140.00
City Of Three Rivers	Water / Sewage & Lab Testing	36.00
Connect America	Care Management	54.50
Crossroads Health & Home Services	Care Management	1,414.44
Crown Plaza Hotel	Training - Clinic - Flynn	75.00
Current Office Solutions	Office Supplies/Copier Charges -5 Invoices	2,722.04

DJC Property/Consultant	Consultant 2 Months	860.00
Double Tree Hotel	Training - Clinic Flynn-Hibb 2 nights	285.58
Dr. Vogel	Medical Director - Contractual (+Training)	4,613.94
Embrace Your Health	Care Management	352.00
GlaxoSmithKline	Medical Supplies 4 Invoices	5,745.60
Hemocue	Medical Supplies	432.00
Hillsdale Board Of Utilities	Building Expense - HD	1,598.20
Hillsdale Board Of Utilities	Water Lab Test	150.00
Hillsdale County Treasurer	Building Supplies Expense - HD - Gas	80.03
Hillsdale Public Health	Rent - Hillsdale Office	7,375.00
Holiday Inn	Training - Dr. Vogel	270.30
Home Care Wellness	Care Management	616.00
Hospital Network Health	Medical Waste Removal	110.00
Indiana Michigan Power	Building Expense - TR	1,130.27
Infinisource Cobra Compliance	Cobra Notices Admin. Yearly Fee	581.95
Jean Howatt	Contractual	510.56
Kalamazoo County Human Service	Ombudsman	500.00
Lab Corp	Lab Fees	60.00
Legal Service Of South Central Mi.	Older Adult Legal Assistance	910.00
Maplecrest	Rent - Sturgis Office	567.00
McKesson	Medical Supplies 3 Invoices	301.17
Merck & Company	Medical Supplies 3 Invoices	3,399.34
Mers 5% Alerus Financial DC	Defined Contributions 5% EES	1,974.34
MI Assisted Living Association	Training - AAA Englehart - Reardon	158.00
Michigan Public Health	Training - Flynn x 2 - Hibb x 2 & Allwardt	165.00
Michigan Public Health	Workforce Contract	2,365.94
Michigan State Disbursement Unit	Payroll Deduction	617.00
Nationwide	Payroll Deduction	4,600.00
Next IT	Quarterly Data Storage	830.79
Next IT	HP Care Pack	856.26
Nurse Administrators' Forum	Training - Atwood	160.00
Optum Insight (Netwerkes.Com)	Billing Service 2 Months	122.13

Pitney Bowes	Quarterly Postage Machine Rental/Supplies	539.10
Prompt Care	Drug Testing - 1 Employees	69.00
Republic Waste Services	Building Expense - TR Quarterly	150.00
Richard Clark	Building Cleaning Expense - CW	1,800.00
Rosati Schultz Joppich Amtsbueshler	Attorney	615.00
Sandy's Interiors	Building Expense - TR Painting	50.00
Sanofi Pasture	Medical Supplies 2 Invoices	3,216.42
Schindler Elevator	Building Maintenance - HD	1,388.64
SEMCO Energy	Building Expense - TR	87.38
Shred It	Document Destruction	90.00
St Joseph County COA	Home & Community Based Services	26,162.12
St Joseph Trans Authority	Older Adult Transportation	1,732.31
St. Joseph Community Co-op	Care Management	904.50
St. Joseph County Dept. Human Service	2019 Fair Table	80.00
Staples	Office Supplies	91.39
State Of Michigan	Food Licenses	155.00
State Of Michigan	Notary Renewal - Hough	10.00
State Of Michigan	Temporary Campgrounds Licenses	511.00
State Of Michigan	Water Lab Test	74.00
Three Rivers Health	Rent - Dental Clinic	2,775.00
Three Rivers Petty Cash	Petty Cash	62.05
Thurston Woods	Home & Community Based Services	2,176.96
Upper Peninsula Health	1/19 -12/19 UPHIE Basic Service Fee	150.00
Verizon	Cell Phones	873.21
Wal Mart	AAA AMP Class Supplies	7.83
Wal Mart	Flash Drives	39.94
Wal Mart	Kick Butts Supplies & Gift Cards	251.55
West Bend Mutual Insurance Co.	Notary Renewal - Hough & Lennox	110.00
WMALC	Training - Podell, Schneidmiller & Smith	285.00
Xmission	Email Provider	282.05
Total Of Invoice List		283,125.56

Assets

Cash on Hand	4,047.72
Cash with County Treasurer	1,019,807.53
Community Foundation Grant	309,955.94
Accounts Receivable	27,970.56
Due from Dental DAPP	58,364.86
Due from State	26,831.14
Due from Other Funding Sources	272,774.20
Prepaid Expenses	109,602.98
Biologic Inventory	<u>112,385.96</u>
Total Assets	<u>1,941,740.89</u>

Liabilities

Accounts Payable	180,647.26
Payroll Liabilites	137,290.38
Capital Improvements	25,000.00
Deferred Revenue	80,026.73
Deferred Revenue BR	35,657.17
Deferred Revenue HD	39,062.33
Deferred Revenue SJ	51,283.33
Biologics	<u>112,385.96</u>
Total Liabilities	<u>661,353.16</u>

Net Assets

Operation Fund Balance	479,518.62
Restricted Fund Balance	366,385.30
Designated Fund Balance	<u>434,483.81</u>
Total Net Assets	<u>1,280,387.73</u>

Total Liabilities and Net Assets	<u>1,941,740.89</u>
Designated Fund Balance	<u>434,483.81</u>
Total Net Assets	<u>1,507,257.08</u>

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

Operation Fund Balance	\$	335,992.92
Restricted Fund Balance	\$	353,726.20
Designated Fund Balance	\$	465,686.88
Total Fund Balance	\$	1,155,406.00

BHSJ Community Health Agency 5/23/19 BoH Meeting Packet Pg. # 13
 Schedule of Cash Receipts and Disbursements
 November 30th 2018 thru April 30th 2019

11/30/2018 Cash Balance	\$ 955,175.85
Plus: Cash Receipts	\$ 541,344.15
Less: Cash Disbursements For Payroll/AP	\$ (517,013.68)
<hr/>	
12/31/2018 Cash Balance	\$ 979,506.32
Plus: Cash Receipts	\$ 678,174.64
Less: Cash Disbursements For Payroll/AP	\$ (469,114.45)
<hr/>	
1/31/2019 Cash Balance	\$ 1,188,566.51
Plus: Cash Receipts	\$ 393,866.20
Less: Cash Disbursements For Payroll/AP	\$ (425,183.21)
<hr/>	
2/28/2019 Cash Balance	\$ 1,157,249.50
Plus: Cash Receipts	\$ 515,117.40
Less: Cash Disbursements For Payroll/AP	\$ (551,918.80)
<hr/>	
3/31/2019 Cash Balance	\$ 1,120,448.10
Plus: Cash Receipts	\$ 648,921.72
Less: Cash Disbursements For Payroll/AP	\$ (439,606.35)
<hr/>	
4/30/2019 Cash Balance	\$ 1,329,763.47

Expense by Program - 4/1/2019 - 4/30/2019

RU Code	RU Title	Current Month	Year to Date	Total Budget - Amend 1	Percent Expended Amend 1
* 010	Agency Support	7,788.27	70,929.05	58,013.00	122.26%
* 345	Lead Testing	2,686.05	11,052.47	13,422.00	82.34%
* 022	Coalition for Tobacco Control	2,309.69	20,162.50	26,004.00	77.53%
* 115	MCH Enabling Women	3,296.45	43,734.56	58,951.00	74.18%
** 032	Emergency Preparedness	14,527.61	83,523.92	112,710.00	74.10%
** 326	Vision (ELPHS)	8,140.14	64,077.76	88,398.00	72.48%
* 325	CSHCS	18,524.40	121,267.14	183,879.00	65.94%
* 338	Immunization Vaccine Handling	37,386.28	250,120.43	403,313.00	62.01%
* 008	Salary & Fringe Payoff	2,313.94	45,374.83	70,000.00	64.82%
** 327	Hearing (ELPHS)	7,173.36	46,638.16	78,338.00	59.53%
* 745	Type II Water	6,353.02	46,307.83	78,025.00	59.34%
021	Dental Clinic - Three Rivers	2,775.00	19,425.00	33,300.00	58.33%
335	MCH Public Health Functions & Infr	2,410.17	14,916.42	25,569.00	58.33%
012	Area Agency on Aging	103,060.93	715,484.09	1,233,813.00	57.98%
321	CHC Tele-A-Health	3,013.90	22,321.93	38,685.00	57.70%
108	WIC Breastfeeding	6,986.44	47,454.46	84,999.00	55.82%
109	WIC	74,025.61	507,095.13	910,907.00	55.66%
331	STD	12,367.63	75,198.49	136,347.00	55.15%
341	Infectious Disease	22,955.97	141,307.87	256,265.00	55.14%
605	General EH Services	5,063.48	36,542.02	66,465.00	54.97%
714	Onsite Sewage Disposal	24,118.73	174,056.02	316,582.00	54.97%
721	Drinking Water Supply	24,118.17	174,055.46	316,582.00	54.97%
138	Immunization IAP	61,470.13	364,182.37	665,510.00	54.72%
332	HIV Prevention	2,109.29	16,148.40	31,763.00	50.84%
014	VOCA	14,725.89	98,047.28	199,750.00	49.08%
101	Workforce Development	2,519.93	24,092.32	50,257.00	47.93%
704	Food Service	32,629.11	232,115.65	494,016.00	46.98%
329	MCH Enabling Children	1,081.69	15,808.01	34,976.00	45.19%
029	Dental Clinic - Hillsdale	498.51	4,359.89	9,683.00	45.02%
107	Medicaid Outreach	7,998.86	55,576.32	131,388.00	42.29%
+ 034	Outbreak Investigation	308.19	4,511.09	25,127.00	17.95%
+ 230	Medical Marijuana HD	864.35	1,020.44	22,034.00	4.63%
+ 275	Medical Marijuana SJ	679.23	870.37	18,772.00	4.63%
+ 212	Medical Marijuana BR	544.04	690.03	16,733.00	4.12%
023	Capital Expenditures	(20,873.54)	0.00	44,440.00	0.00%
+ 036	Zika Virus Comm Support	0.00	0.00	24,390.00	0.00%
112	CSHCS Medicaid Outreach	0.00	0.00	36,467.00	0.00%
324	Sturgis Hospital	0.00	1.00	0.00	0.00%
852	Forensic Fluids	323.44	1,343.02	0.00	0.00%
Total Expense		496,274.36	3,549,811.73	6,395,873.00	55.50%

The Agency is currently 2.83% under budget.

*7/12 Months = 58.33%

**7/9 Months = 77.77%

**9-Month Program

Programs Over Budget as of 4/30/2019

- RU 010:** Professional Liability quarterly payment hit in April. Audit expense has been at 71%. One time purchases of computer supplies. Program will end FY at 100% as final indirect rate is charged out to programs (based on salary/fringe).
- RU 345:** Increased activity in program. This budget will be amended at amendment #2.
- RU 022:** Increased activity in program at this time of year. Should fall in line with budget within the next few months.
- RU 115:** Purchased safe sleep materials in October (written into the grant), program will fall back in line with budget as FY progresses.
- RU 032:** Within budget - 9 Month program
- RU 326:** Within budget - 9 Month program
- RU 325:** Once program is 100% expended, will allocate additional costs to RU 112 to take advantage of federal matching funds.
- RU 338:** Meridian takeback payment (not in current budget). Will be added at amendment #2)
- RU 008:** Over due to recent retirement. Should fall in line with budget as the year progresses.
- RU 327:** Within budget - 9 Month program
- RU 745:** Slightly over budget due to increased activity, will monitor program.

Special Notes:

- RU 034:** We received an increase in funding after the current budget was completed. For management purposes, this report reflects the budget increase, not the current approved budget.
- RU 036:** We received this grant funding after the current budget was completed. For management purposes, this report reflects the proposed working budget for this grant.
- RU 212:** We received this grant funding after the current budget was completed. For management purposes, this report reflects the proposed working budget for this grant.
- RU 230:** We received this grant funding after the current budget was completed. For management purposes, this report reflects the proposed working budget for this grant.
- RU 275:** We received this grant funding after the current budget was completed. For management purposes, this report reflects the proposed working budget for this grant.

Branch-St. Joseph Area Agency on Aging ~ FY 2018-2019 Funding Adjustments ~ Effective June 1, 2019 **

Based on full year SGA dated 04/24/2019, does not include final transfers and no carryover expected

Provider	Service	Funding Source	Original Award	Increase/ (Decrease)	Adjusted Award	Rationale
AAA Operations / Comm. Living Program	Title III Administration	Title III-Admin	\$ 46,119	\$ (557)	\$ 45,562	reduction of award
	State Administration	State Admin	7,955	(86)	7,869	reduction of award
	Community Living Program	Title III-B	24,775	1,000	25,775	additional need, waiting list
	Program Development	Title III-B	23,700	(600)	23,100	additional need, transfer to other service
	Community Living Program Services	Title III-B	1,000	600	1,600	additional need
	Disease Prev/Health Promo	Title III-D	2,000	(2,000)	-	re-allocate to providers
	Community Living Program	Title III-E	24,094	3,000	27,094	additional need, waiting list
	Caregiver EST	Title III-E	3,000	(3,000)	-	additional need, transfer to other service
	Admin	State Respite Merit	3,439	(54)	3,385	reduction of award
	Homemaking/Personal Care	State In-Home	22,005	11,625	33,630	additional need, waiting list
	In-Home Respite	State In-Home	4,000	2,005	6,005	additional need, waiting list
	Community Living Program	State ANS	12,966	(202)	12,764	reduction of award
TOTAL			\$ 175,053	\$ 11,731	\$ 186,784	<i>(amended sources only)</i>
Branch Area Transit Authority	Transportation	State Respite Merit	\$ 4,008	\$ (546)	\$ 3,462	reduction of award, provider request this portion of grant funds for regular rides vs. commodity distribution as originally awarded
		TOTAL	\$ 4,008	\$ (546)	\$ 3,462	<i>(amended sources only)</i>
Branch County Commission on Aging	Chore	Title III-B	\$ 1,930	\$ 500	\$ 2,430	additional need, provider request
	Home Care Assistance	Title III-B	9,800	(2,545)	7,255	reduction of award
	Disease Prev/ Health Promotion	Title III-D	3937	1223	5160	additional funds available, additional need
	In-Home Respite	Title III-E	7,000	(2,135)	4,865	reduction of award, adjusted w/ other funds
	Case Coordination	State Access	3,492	(131)	3,361	adjustment
	Home Care Assistance	State Alternative	16,257	(521)	15,736	reduction of award
	In-Home Respite	State CG Support	1,802	(69)	1,733	adjustment
	Home Care Assistance	State In-Home	33,500	(10,000)	23,500	provider requested
	Respite (POS)	State In-Home	-	10,000	10,000	provider requested
	In-Home Respite	State Respite Escheats	9,000	1,096	10,096	additional funds available, add'l need
TOTAL			\$ 86,718	\$ (2,582)	\$ 84,136	<i>(amended sources only)</i>

Branch-St. Joseph Area Agency on Aging ~ FY 2018-2019 Funding Adjustments ~ Effective June 1, 2019 **

Based on full year SGA dated 04/24/2019, does not include final transfers and no carryover expected

Provider	Service	Funding Source	Original Award	Increase/ (Decrease)	Adjusted Award	Rationale
Community Action	Home Delivered Meals	State HDM	\$ 53,000	\$ (928)	\$ 52,072	reduction of award
		TOTAL	\$ 53,000	\$ (928)	\$ 52,072	<i>(amended sources only)</i>
St Joseph County Commission on Aging	Home Care Assistance	Title IIIB	\$ 10,000	\$ (1,000)	\$ 9,000	reduction of award, adjusted w/ other funds
	Congregate Meals	Title III-C1	76,893	(1,596)	75,297	reduction of award
	Home Delivered Meals	Title III-C2	48,580	(61)	48,519	adjustment
	Disease Prev/ Health Promotion	Title IIID	3,250	600	3,850	additional funds available, additional need
	In-Home Respite	Title IIIE	3,000	(1,000)	2,000	reduction of award
	Congregate Meals	NSIP	35,422	(13,293)	22,129	reduction of award, provider request specific service
	Home Care Assistance	State In-Home	43,986	13,512	57,498	additional funds available, additional need
	Congregate Meals	State Congregate	1,616	(44)	1,572	adjustment
	Home Delivered Meals	State HDM	86,264	(1,290)	84,974	reduction of award
	In-Home Respite	State Respite Escheats	18,605	1,500	20,105	additional funds available, additional need
		TOTAL	\$ 327,616	\$ (2,672)	\$ 324,944	<i>(amended sources only)</i>

** All amendments are pending accurate & reasonable provider budget submissions

Presented to the BOH at their May 23, 2019 meeting

INTERLOCAL AGREEMENT BETWEEN
BRANCH-ST. JOSEPH AREA AGENCY ON AGING (IIIC)
AND
BRANCH COUNTY, MICHIGAN

THIS AGREEMENT, is entered into on _____, 2019 by the Branch-St. Joseph Area Agency on Aging (IIIC), an autonomous department of the Branch-Hillsdale-St. Joseph Community Health Agency, located at 570 Marshall Road, Coldwater, MI 49036 and Branch County, located at 31 Division Street, Coldwater, Michigan 49036.

WHEREAS, the Branch County Board of Commissioners desires the Branch-St. Joseph Area Agency on Aging (IIIC) to serve as the regional planning, administrative and advocacy entity focused upon the independence and dignity of older adults, people with disabilities and those who care for them.

WHEREAS, beginning in 1996, the Branch-St. Joseph Area Agency on Aging (IIIC) has been designated as the Area Agency on Aging, by the Michigan Office of Services to the Aging (OSA) now called Michigan Aging & Adult Services Agency (AASA), to serve Branch and St. Joseph Counties under the Federal Older Americans Act (OAA) (Public Law 89-73, and subsequent amendments), and the State Older Michigianians Act (OMA) (Public Act 180, and subsequent amendments); and

WHEREAS, Branch-St. Joseph Area Agency on Aging (IIIC) is responsible for the development of a system of coordinated and comprehensive services for older persons/people with disabilities/caregivers within the counties of Branch and St. Joseph, pursuant to the Older Americans Act of 1963 and all subsequent amendments; and

WHEREAS, Branch County and their respective Board of Commissioners believe it is prudent to formalize the obligations of each county and their financial and administrative relationships to the Branch-St. Joseph Area Agency on Aging (IIIC).

NOW, THEREFORE, the parties do mutually agree as follows:

SCOPE OF SERVICES

1. The Branch-Hillsdale-St. Joseph Community Health Agency Board of Health has been designated and approved as the Policy Board for the Branch-St. Joseph Area Agency on Aging (IIIC) and will carry out all AASA/OAA/OMA grant contract responsibilities.
2. An appointed designee from the Branch County Board of Commissioners will also participate in the AAA IIIC Advisory Committee.

3. The Branch-St. Joseph Area Agency on Aging (IIIC) is required to match critical federal and state administrative grant funding as awarded by AASA. Cash match is required to come from local, non-grant sources.
4. Branch County shall contribute to the Branch-Hillsdale-St. Joseph Community Health Agency an annual allocation to support the administrative and planning/contract functions of the Branch-St. Joseph Area Agency on Aging (IIIC). The annual allocation shall be not less than \$15,515 and is reflected in the Annual Implementation Plan Budget, as approved by the Board of Health annually. This annual allocation is based upon AASA required match (AASA Transmittal Letter #2016-320 and any/all subsequent amendments) and the most recent US Census data related to the number of adults aged 60 and over in Branch and St. Joseph Counties.
5. If the Policy Board for the Branch-St. Joseph Area Agency on Aging (IIIC) determines that the Branch-Hillsdale-St. Joseph Community Health Agency requires an increase in the annual allocation to support administrative and planning/contract functions, it shall submit a request to the Branch County Board of Commissioners by June of the current fiscal year. Such need for an increase may include, but not be limited to: federal/state grant award increases requiring more match, and/or the need for additional administrative/operational funds to support Annual Implementation Plan/Multi Year Area Plan activities throughout the planning and service area.
6. The Branch-St. Joseph Area Agency on Aging (IIIC) staff will engage St. Joseph County in annual and multi-year planning document development, local aging network events/forums, etc. by and through its designee on the BHSJ CHA Policy Board, AAA3C Advisory Committee and various County Commission Meetings.

As an autonomous department within the Branch-Hillsdale-St. Joseph Community Health Agency, this “Interlocal Agreement” with each County in the planning and service area, shall also acknowledge and adhere to the following sections of the current and longstanding “AGREEMENT FOR THE CREATION OF THE BRANCH, HILLSDALE, AND ST. JOSEPH COMMUNITY HEALTH AGENCY FOR BRANCH, HILLSDALE, AND ST. JOSEPH COUNTIES” InterAgency Agreement:

- Section XVI(a). Duration
- Section XVIII. Amendment
- Section XX. Continuity

The intent of this Interlocal Agreement shall be to uphold the unique history, role and function of the Branch-St. Joseph Area Agency on Aging (IIIC). This Agreement shall not be dissolved except by mutual consent of both counties, and must adhere to all related Michigan Department of Health and Human Services (MDHHS)/Aging & Adult Services Agency, policies and federal/state statues related to Area Agency on Aging designation. Any such discussion of dissolution shall be addressed promptly and directly with the Health Officer, AAA Director, County Administrators, County Boards of Commissioners, AAA 3C Advisory Committee, and MHDHHS/AASA.

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

IN THE PRESENCE OF:

ST. JOSEPH COUNTY

BY: Chairperson, Board of Commissioners

ATTEST: County Clerk, St. Joseph County

BRANCH COUNTY

BY: Chairperson, Board of Commissioners

ATTEST: County Clerk, Branch County

INTERLOCAL AGREEMENT BETWEEN
BRANCH-ST. JOSEPH AREA AGENCY ON AGING (IIIC)
AND
ST. JOSEPH COUNTY, MICHIGAN

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2. An appointed designee from the St. Joseph County Board of Commissioners will also participate in the AAA IIIC Advisory Committee.

3. The Branch-St. Joseph Area Agency on Aging (IIIC) is required to match critical federal and state administrative grant funding as awarded by AASA. Cash match is required to come from local, non-grant sources.
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The persons signing this agreement hereby verify by their signatures that they are authorized to execute this agreement pursuant to appropriate County Board of Commission resolution.

IN THE PRESENCE OF:

ST. JOSEPH COUNTY

BY: Chairperson, Board of Commissioners

ATTEST: County Clerk, St. Joseph County

BRANCH COUNTY

BY: Chairperson, Board of Commissioners

ATTEST: County Clerk, Branch County

Personal Health & Disease Prevention May Meeting 2019

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

- ❖ There are two adults with probable Pertussis in Hillsdale county. Not related in any way. No known source of infection.
- ❖ Measles in Michigan currently has 44 cases and there are 839 in 23 of the United States.
- ❖ Influenza Summary

CDC estimates that, from October 1, 2018, through April 20, 2019, there have been:

<p>36.9 million – 42.4 million flu illnesses</p> 	<p>17 million – 19.9 million flu medical visits</p> 
<p>518,000 – 630,000 flu hospitalizations</p> 	<p>35,600 – 59,500 flu deaths</p> 

*These estimates are preliminary and based on data from CDC's [weekly influenza surveillance](#) reports summarizing key influenza activity indicators.

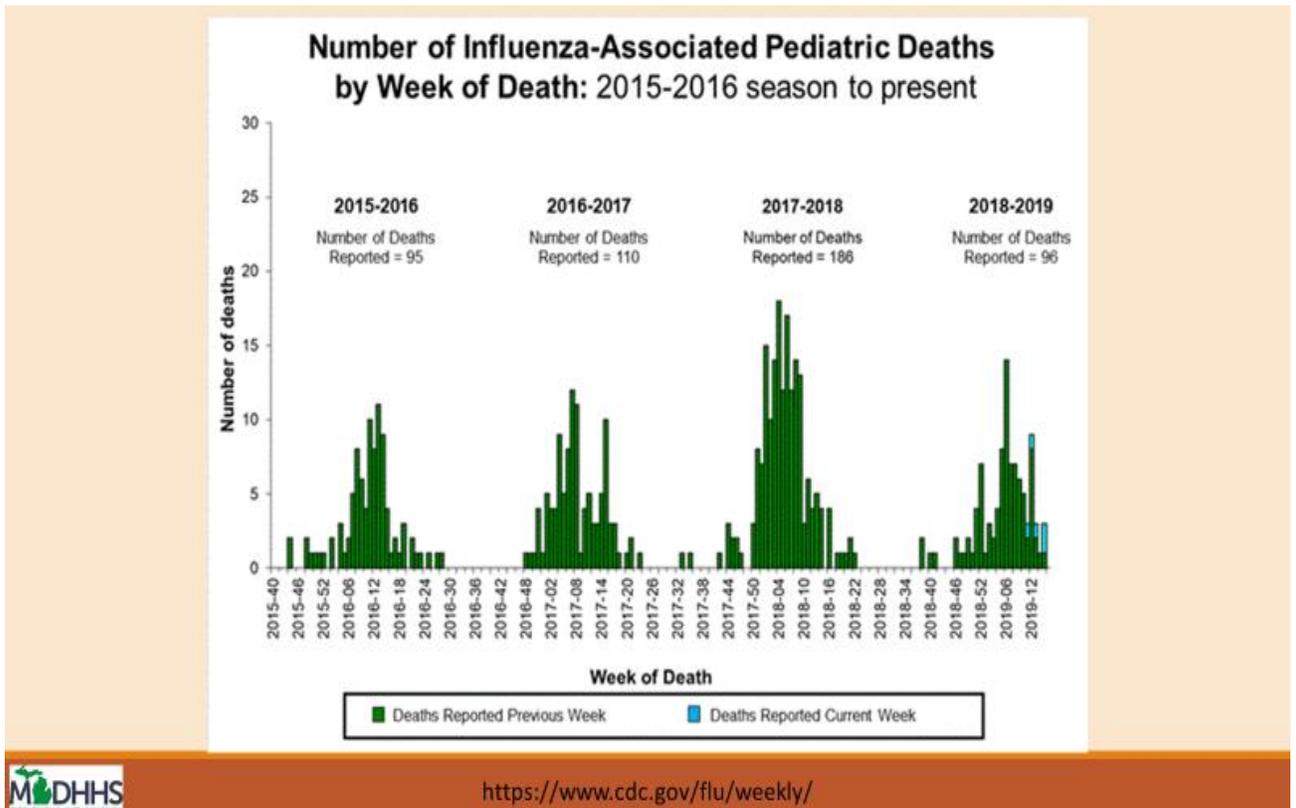
This web page provides weekly preliminary estimates of the cumulative in-season numbers of flu illnesses, medical visits, hospitalizations, and deaths in the United States. CDC has estimated the burden of flu since 2010 using a mathematical model that is based on observed rates of laboratory-confirmed influenza-associated hospitalizations collected through a surveillance

On This Page

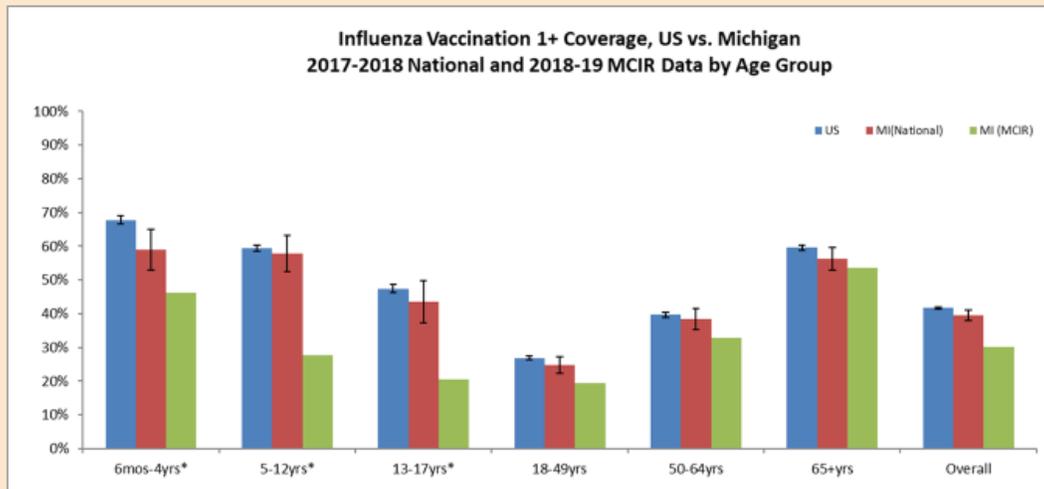
[Limitations](#)

[Frequently Asked Questions](#)





2017-18 National vs. 2018-19 Michigan Coverage Estimates



Immunizations:

Hepatitis A: Jean continues to schedule Hepatitis A clinics. Sturgis Clinic is providing more vaccinations. Jean will do the Sturgis Immunization clinics that are being scheduled at least twice a month.

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

- ❖ WIC numbers continued to go up in April. We are hoping to continue on this path. Still looking for a Coordinator in Hillsdale.

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

Since August CSHCS has been working hard to get funding for a very expensive gene treatment for a client. The FDA approved the LUXTURNA RPE65 virus-vector based gene therapy. The RPE65 is a protein that is necessary for normal vision. Not having this gene causes "tunnel vision" and lack of vision in the dark. The symptoms progress as the person gets older. They have finally gotten approval for the go ahead with the treatment. They are very excited for this client and their family.

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

Branch - Hillsdale - St. Joseph Community Health Agency 6/24/2019 CH Meeting Packet Pg. # 26
Personal Health and Disease Prevention

April-19

	2018-2019				FYTD				2017-18 FYTD			
	BR	HD	SJ	Total	BR	HD	SJ	Total	BR	HD	SJ	Total
Amebiasis				-	-	-	-	-	-	-	-	-
Animal Bite	2	9	1	12	13	42	2	57	13	18	6	37
Babesiosis				-	-	-	-	-	-	-	-	-
Blastomycosis				-	-	1	-	1	-	-	-	-
Brucellosis				-	-	-	-	-	-	-	-	-
Campylobacter		1	1	2	4	5	4	13	6	3	12	21
Chicken Pox				-	-	4	5	9	1	3	-	4
Chlamydia	8	10	16	34	74	59	133	266	87	61	110	258
Coccidioidomycosis				-	-	-	1	1	-	-	-	-
Colds W/O Fever	135	49	172	356	1,139	746	1,410	3,295	1,178	825	1,410	3,413
CRE Carbapenem Resistant Enterobac.				-	-	3	-	3	1	-	-	1
Creutzfeldt-Jakob Disease				-	-	-	-	-	-	-	-	-
Cryptococcosis				-	-	-	-	-	-	-	-	-
Cryptosporidiosis	1	1	1	3	5	2	2	9	-	1	3	4
Cyclosporiasis				-	-	-	-	-	-	-	-	-
Dengue Fever				-	-	-	-	-	-	-	-	-
E Coli 0157				-	-	-	-	-	-	-	-	-
Encephalitis - Primary				-	-	-	-	-	-	-	-	-
Encephalitis - St. Louis				-	-	-	-	-	-	-	-	-
Flu Like Disease	61	58	180	299	1,434	1,173	1,946	4,553	1,632	1,442	3,503	6,577
GI Illness	294	197	245	736	3,877	2,193	2,301	8,371	3,998	1,677	2,580	8,255
Giardiasis				-	-	1	2	3	2	-	-	2
Gonorrhea	1	4	6	11	14	19	54	87	8	7	23	38
Granuloma Inguinale				-	-	-	-	-	-	-	-	-
Guillian-Barre Syndrome				-	-	-	-	-	-	-	-	-
H. Influenzae Disease - Inv.				-	-	-	-	-	1	-	2	3
Head Lice	17	14	62	93	223	147	472	842	310	135	415	860
Hemolytic Uremic Syndrome				-	-	-	-	-	-	-	-	-
Hepatitis A				-	1	-	-	1	1	-	-	1
Hepatitis B - Acute				-	-	1	-	1	-	-	1	1
Hepatitis B - Chronic			2	2	-	1	5	6	1	2	2	5
Hepatitis C - Acute				-	-	-	-	-	-	-	-	-
Hepatitis C - Chronic	1	2	1	4	17	20	24	61	22	24	34	80
Hepatitis C Unknown				-	-	-	-	-	-	-	-	-
Histoplasmosis			1	1	-	-	3	3	-	-	2	2
HIV Infection				-	-	-	-	-	-	-	-	-
HIV/AIDS				-	-	-	-	-	-	-	2	2
Impetigo	1	3	5	9	26	19	35	80	19	9	17	45
Influenza	3	7	4	14	77	118	56	251	24	58	102	184
Influenza, Novel				-	-	-	-	-	-	-	-	-
Kawasaki				-	-	-	-	-	-	-	-	-
Legionellosis				-	-	-	-	-	-	1	-	1

Personal Health and Disease Prevention

April-19	2018/19					YTD 2018/2019					YTD 2017/2018				
	BR	HD	ST	TR	Total	BR	HD	ST	TR	Total	BR	HD	ST	TR	Total
						AVERAGE FOR WIC 18/19					AVERAGE FOR WIC 17/18				
WIC Participation/Ave.	1,201	998	735	962	3,896	1,238	977	750	969	3,934	1,304	1,133	759	1,047	4,243
CHILD IMMUNIZATIONS															
# Vaccines Given CHA	131	123	16	165	435	1,154	1,084	16	826	3,080	1,364	1,011	-	670	3,045
All VFC Doses Given	634	501		1,026	2,161	5,462	4,079	-	7,928	17,469	5,063	4,065	-	7,291	16,419
Waivers	4	2		5	11	39	41	-	43	123					
ADULT IMMUNIZATIONS															
# Vaccines Given	123	89	30	73	315	1,240	678	30	881	2,829	1,463	422	-	714	2,599
All VRP Doses Given	34	43		40	117	294	283	-	135	712	414	128	-	310	852
TRAVEL VACCINATIONS															
Branch Office	2				2	25	-	-	-	25	244	-	-	-	244
COMMUNICABLE DISEASE															
STD treatments	5	4		12	21	16	16	-	88	120	18	18	-	26	62
New STD Investigations	9	14		22	45	88	78	-	180	346	92	76	-	123	291
TB Tests Done	19	8		8	35	81	106	-	28	215	84	74	-	23	181
LTBI on Rx	-	-		-	-	-	-	-	1	1	1	-	-	-	1
HIV Testing	2	-	-	3	5	8	9	-	54	71	6	12	-	14	32
ENROLLMENTS															
Medicaid & Michild	-	-	-	5	5	3	-	-	22	25	14	-	-	30	44
REFERRAL SERVICE															
MCDC Referrals	34	52	3	2	91	115	193	15	20	343					
MIHP referrals	5	-	16	19	40	90	-	89	139	318	88	-	116	176	380
Hearing Screens															
Pre-school	117	86	-	239	442	228	249	-	741	1,218	196	321	-	743	1,260
School Age	54	77	-	87	218	1,132	1,133	-	1,963	4,228	1,224	974	-	2,161	4,359
Vision Screens															
Pre-school	126	92	-	262	480	233	240	-	777	1,250	202	302	-	821	1,325
School Age	133	195	-	574	902	2,857	2,517	-	5,360	10,734	3,066	2,533	-	5,050	10,649
Children's Special Health Care Services															
Diagnostics	5	6	-	1	12	21	46	-	1	68	2	-	-	3	5
Assessments-Renewal	17	25	-	23	65	125	138	-	197	460	117	127	-	193	437
Assessments-New	6	24	-	3	33	54	104	-	33	191	44	36	-	48	128

**Branch-Hillsdale-St. Joseph Community Health Agency
Environmental Public Health Services
Report for the May 23, 2019 Board of Health Meeting
Prepared by Paul Andriacchi R.E.H.S, Director of Environmental Health**

Food Service Sanitation

Our food inspection staff continues to work on a reduced frequency of inspections due to the loss of our Hillsdale County food inspector last month. The vacant position has put a huge burden on our food staff but they have all stepped up to the task and have been working extremely hard to keep our inspections and program responsibilities current. We had to bring staff from St. Joseph and Branch Counties over to Hillsdale to help get inspections covered this month. We did interview for the open food sanitarian position and as of this writing we have identified a qualified candidate and are going through the reference and background checks. If the reference and background checks come back in a positive light we will be making an offer of employment contingent on the required drug test. We also interviewed for the new sanitarian position in Hillsdale this week, which would be a split position (50% food and 50% field). Unfortunately, we did not find a person for that position and have reposted that vacancy.



Well & On-Site Sewage

The former DEQ, now EGLE has reported follow-up PFAS results for water supplies that fell into the middle range during the initial sampling. When the initial sampling was done, the results fell into three categories: 1.) 1-9 ppt which was considered a non-priority. 2.) 10-69 ppt which is the middle range and these facilities were scheduled for quarterly sampling. 3.) 70 ppt and above, which exceeds the health advisory level. The results of the follow-up samples did not see any significant changes in the reportable levels and saw no results moved up into the 70 ppt or above. Beginning the week of May 13, EGLE has started an expanded sampling of Type II water supplies. As part of the initial round of sampling, the only Type II supplies included were schools. One of the focus areas in the expanded sampling includes children's camps. The expanded sampling is going to include a total of 750 facilities throughout the state.

General Programs

I reported a couple of months ago that the agency was going to participate in a Vector-Borne Surveillance Grant (offered by MDHHS) this year and we have begun on work on that grant this week. This year's grant program includes a mosquito trapping and identification component as we did two years ago but it also includes a tick collection and identification component. As in the past, the mosquito trapping/identification efforts are geared toward monitoring for the mosquitoes associated with Zika Virus. The tick collection/identification efforts are focused on ticks associated with Lyme disease. Our interns will be collecting and identifying ticks and sending them to the State for testing.

BRANCH - HILLSDALE - ST. JOSEPH COMMUNITY HEALTH AGENCY

ENVIRONMENTAL HEALTH SERVICE REPORT 2018/2019

	APRIL				YTD 2018/2019				YTD 2017/2018			
	BR	HD	SJ	TOTAL	BR	HD	SJ	TOTAL	BR	HD	SJ	TOTAL
WELL/SEWAGE SYSTEM EVAL.	-	1	-	1	9	4	10	23	3	1	7	11
CHANGE OF USE EVALUATIONS - FIELD	1	4	8	13	5	20	27	52	11	12	32	55
CHANGE OF USE EVALUATIONS - OFFICE	5	1	1	7	14	5	26	45	19	-	18	37
ON-SITE SEWAGE DISPOSAL												
PERMITS NEW CONSTRUCTION	4	2	13	19	30	21	43	94	20	25	36	81
REPAIR/REPLACEMENT	3	6	16	25	21	27	68	116	34	23	39	96
VACANT LAND EVALUATION	-	-	1	1	4	4	5	13	2	2	19	23
PERMITS DENIED	-	-	-	-	-	-	1	1	-	-	-	-
TOTAL	7	8	30	45	55	52	117	224	56	50	94	200
SEWAGE PERMITS INSPECTED	9	9	11	29	34	47	77	157	43	53	64	158
WELL PERMITS ISSUED	11	14	23	48	56	66	97	219	80	76	119	275
WELL PERMITS INSPECTED	11	8	1	20	81	64	78	223	78	65	94	237
FOOD SERVICE INSPECTION												
PERMANENT	20	23	35	78	129	127	189	445	153	166	210	529
NEW OWNER / NEW ESTABLISHMENT	-	-	2	2	1	5	10	16	7	7	6	20
FOLLOW-UP INSPECTION	2	2	1	5	13	24	11	48	10	14	18	42
TEMPORARY	2	-	4	6	6	9	22	37	7	13	21	41
MOBILE/STFU	-	3	9	12	-	5	13	18	2	12	2	16
PLAN REVIEW APPLICATIONS	1	-	1	2	6	3	3	12	1	5	6	12
FOOD RELATED COMPLAINTS	-	1	-	1	3	8	3	14	6	3	2	11
FOODBORNE ILLNESS INVESTIGATED	-	1	-	1	-	1	-	1	-	-	1	1
FOOD CLASSES												
MANAGEMENT CERTIFICATION CLASS	na/	n/a	n/a	-	n/a	n/a	n/a	83	n/a	n/a	n/a	125
FOOD HANDLERS CLASS	n/a	n/a	n/a	-	n/a	n/a	n/a	-	n/a	n/a	n/a	-
METH LAB REFERRALS	-	-	-	-	-	-	-	-	-	1	2	3
METH LAB LETTERS SENT	-	-	-	-	-	-	-	-	-	1	-	1
CAMPGROUND INSPECTION	-	-	-	-	-	-	-	-	-	-	-	-
NON-COMM WATER SUPPLY INSP.	-	-	4	4	3	10	24	37	2	1	3	6
SWIMMING POOL INSPECTION	-	-	-	-	10	4	-	14	10	4	-	14
PROPOSED SUBDIVISION REVIEW	-	-	-	-	-	-	-	-	-	-	-	-
SEPTIC TANK CLEANER	2	-	-	2	2	-	-	2	1	-	1	2
DHS LICENSED FACILITY INSP.	1	5	-	6	15	22	18	55	17	28	35	80
COMPLAINT INVESTIGATIONS	10	1	3	14	34	11	10	55	7	13	16	36
LONG TERM MONITORING	-	-	-	-	-	-	-	5	-	-	4	4
BODY ART FACILITY INSPECTIONS	-	-	-	-	-	3	5	8	2	3	1	7

Food Establishment Inspection Report

For Date Range: 04/01/2019 - 04/30/2019

Name	Location	Date	Inspection Type	# P / Pf	# P/Pf Fixed During Inspection	# Core
SAUGANASH COUNTRY CLUB LLC	THREE RIVERS	04/29/19	CONSULT		0	
BON APPETIT MGT. CO.	HILLSDALE	04/15/19	FOOD BORNE INVI		0	
COLDWATER BROADWAY GRILLE	COLDWATER	04/29/19	OTHER		0	
HANK'S TAVERN ON THE RIVER	THREE RIVERS	04/04/19	PREOPENING/NEV	0 0	0	0
HARVEY HOUSE	CONSTANTINE	04/25/19	PREOPENING/NEV	0 0	0	1
SUPER 8	THREE RIVERS	04/25/19	PREOPENING/NEV	0 0	0	0
BRONSON DISTRICT - CHICAGO ST SCHC	BRONSON	04/16/19	ROUTINE/FULL	0 0	0	0
CENTREVILLE ELEMENTARY	CENTREVILLE	04/10/19	ROUTINE/FULL	0 0	0	0
CENTREVILLE HIGH SCHOOL	CENTREVILLE	04/10/19	ROUTINE/FULL	0 0	0	0
COLON ELEM SCHOOL	COLON	04/30/19	ROUTINE/FULL	0 0	0	1
COLON HIGH SCHOOL	COLON	04/30/19	ROUTINE/FULL	0 0	0	0
COMMUNITY ACTION AGENCY (HEAD ST/	HILLSDALE	04/10/19	ROUTINE/FULL	0 0	0	0
CONGRESS SCHOOL	STURGIS	04/10/19	ROUTINE/FULL	0 0	0	0
CONSTANTINE HIGH SCHOOL	CONSTANTINE	04/24/19	ROUTINE/FULL	0 0	0	0
CONSTANTINE MIDDLE SCHOOL	CONSTANTINE	04/24/19	ROUTINE/FULL	0 0	0	0
DAVIS MIDDLE SCHOOL	HILLSDALE	04/29/19	ROUTINE/FULL	0 0	0	0
EASTSIDE ELEM SCHOOL	CONSTANTINE	04/24/19	ROUTINE/FULL	0 0	0	0
EASTWOOD SCHOOL	STURGIS	04/17/19	ROUTINE/FULL	0 0	0	0
FIRST CONGREGATIONAL CHURCH	BRONSON	04/24/19	ROUTINE/FULL	0 0	0	0
FIRST UNITED METHODIST CHURCH OF S	STURGIS	04/03/19	ROUTINE/FULL	0 0	0	0
HILLSDALE FILLING STATION DELI	HILLSDALE	04/30/19	ROUTINE/FULL	0 0	0	0
HILLSDALE FILLING STATION DELI	HILLSDALE	04/30/19	ROUTINE/FULL	0 0	0	0
HILLSDALE HIGH SCHOOL	HILLSDALE	04/29/19	ROUTINE/FULL	0 0	0	0
JEROLENE ELEMENTARY	STURGIS	04/17/19	ROUTINE/FULL	0 0	0	0
JONESVILLE HIGH SCHOOL	JONESVILLE	04/08/19	ROUTINE/FULL	0 0	0	0
JONESVILLE MIDDLE SCHOOL	JONESVILLE	04/17/19	ROUTINE/FULL	0 0	0	0
KLINES RESORT	THREE RIVERS	04/26/19	ROUTINE/FULL	0 0	0	0
LEGG MIDDLE SCHOOL	COLDWATER	04/11/19	ROUTINE/FULL	0 0	0	0
LINCOLN ELEMENTARY SCHOOL	COLDWATER	04/11/19	ROUTINE/FULL	0 0	0	0
LINCOLN LEARNING CENTER (BRANCH IS	COLDWATER	04/11/19	ROUTINE/FULL	0 0	0	0
LITCHFIELD UNITED METHODIST CHURCH	LITCHFIELD	04/15/19	ROUTINE/FULL	0 0	0	0

4/19 BoH Meeting Packet Pg. # 32

Branch-Hillsdale-St Joseph Food Establishment Inspection Report

For Date Range: 04/01/2019 - 04/30/2019

Name	Location	Date	Inspection Type	# P / Pf	# P/Pf Fixed During Inspection	# Core
MENDON GRADE SCHOOL	MENDON	04/16/19	ROUTINE/FULL	0 0	0	0
MENDON JR & SR HIGH SCHOOL	MENDON	04/22/19	ROUTINE/FULL	0 0	0	1
OMARS BAR INC	COLDWATER	04/02/19	ROUTINE/FULL	0 0	0	0
PIPER'S GRINDERS GALORE	CONSTANTINE	04/22/19	ROUTINE/FULL	0 0	0	0
PITTSFORD AREA SCHOOLS	PITTSFORD	04/26/19	ROUTINE/FULL	0 0	0	0
RIVERSIDE ELEM SCHOOL	CONSTANTINE	04/24/19	ROUTINE/FULL	0 0	0	0
ROUGH DRAFT	HILLSDALE	04/08/19	ROUTINE/FULL	0 0	0	0
SALVATION ARMY	STURGIS	04/03/19	ROUTINE/FULL	0 0	0	0
SAM'S PLACE	THREE RIVERS	04/15/19	ROUTINE/FULL	0 0	0	0
SKATE RANCH INC	COLDWATER	04/29/19	ROUTINE/FULL	0 0	0	0
ST. JOSEPH COUNTY COA @ KLINE'S RE	THREE RIVERS	04/26/19	ROUTINE/FULL	0 0	0	0
STURGIS ADULT ED	STURGIS	04/17/19	ROUTINE/FULL	0 0	0	0
STURGIS HIGH SCHOOL	STURGIS	04/24/19	ROUTINE/FULL	0 0	0	0
STURGIS HIGH SCHOOL	STURGIS	04/24/19	ROUTINE/FULL	0 0	0	0
STURGIS MIDDLE SCHOOL	STURGIS	04/10/19	ROUTINE/FULL	0 0	0	0
SUBWAY	JONESVILLE	04/11/19	ROUTINE/FULL	0 0	0	2
SUBWAY # 19719	COLDWATER	04/22/19	ROUTINE/FULL	0 0	0	0
SUBWAY #11857	THREE RIVERS	04/08/19	ROUTINE/FULL	0 0	0	0
TASTY TWIST	COLDWATER	04/08/19	ROUTINE/FULL	0 0	0	0
TERRY'S INC. DBA PIPER'S GRINDERS GA	STURGIS	04/17/19	ROUTINE/FULL	0 0	0	0
THE GOSPEL BARN	HILLSDALE	04/10/19	ROUTINE/FULL	0 0	0	0
TOWN FRYER	CONSTANTINE	04/03/19	ROUTINE/FULL	0 0	0	3
UNION CITY ELEMENTARY SCHOOL	UNION CITY	04/26/19	ROUTINE/FULL	0 0	0	0
UNION CITY HIGH SCHOOL	UNION CITY	04/26/19	ROUTINE/FULL	0 0	0	0
UNION CITY MIDDLE SCHOOL	UNION CITY	04/26/19	ROUTINE/FULL	0 0	0	1
WALDRON AREA SCHOOL	WALDRON	04/09/19	ROUTINE/FULL	0 0	0	0
WALDRON FRIENDLY TAVERN	WALDRON	04/09/19	ROUTINE/FULL	0 0	0	0
WALL SCHOOL	STURGIS	04/10/19	ROUTINE/FULL	0 0	0	0
WENZEL SCHOOL	STURGIS	04/10/19	ROUTINE/FULL	0 0	0	0
WHITE PIGEON HIGH SCHOOL	WHITE PIGEON	04/12/19	ROUTINE/FULL	0 0	0	0
WILLIAMS ELEMENTARY SCHOOL	JONESVILLE	04/17/19	ROUTINE/FULL	0 0	0	0
ADVENTURE ZONE, INC	COLDWATER	04/08/19	ROUTINE/FULL	0 1	0	0
AMERICAN LEGION POST #52	COLDWATER	04/22/19	ROUTINE/FULL	0 1	0	0
BIGGBY COFFEE	HILLSDALE	04/16/19	ROUTINE/FULL	0 1	0	2
D J'S FAMILY RESTAURANT	PITTSFORD	04/09/19	ROUTINE/FULL	0 1	0	0

4/19 BoH Meeting Packet Pg. # 33

Branch-Hillsdale-St Joseph Food Establishment Inspection Report

For Date Range: 04/01/2019 - 04/30/2019

Name	Location	Date	Inspection Type	# P / Pf	# P/Pf Fixed During Inspection	# Core
FOE JONESVILLE 4290	JONESVILLE	04/12/19	ROUTINE/FULL	0 1	0	1
LOYAL ORDER OF THE MOOSE	HILLSDALE	04/10/19	ROUTINE/FULL	0 1	0	1
PENNY'S	HILLSDALE	04/10/19	ROUTINE/FULL	0 1	0	1
SUBWAY	THREE RIVERS	04/08/19	ROUTINE/FULL	0 1	0	0
ARBY'S	THREE RIVERS	04/15/19	ROUTINE/FULL	0 2	0	0
CENTRAL ELEMENTARY SCHOOL	WHITE PIGEON	04/12/19	ROUTINE/FULL	1 0	1	0
EL CAMINO REAL	THREE RIVERS	04/23/19	ROUTINE/FULL	1 0	1	1
LOS TEQUILAS MEXICAN RESTAURANT	COLDWATER	04/11/19	ROUTINE/FULL	1 0	0	5
NORTH ADAMS PUBLIC SCHOOLS	NORTH ADAMS	04/17/19	ROUTINE/FULL	0 1	0	1
BROADWAY GRILLE	UNION CITY	04/15/19	ROUTINE/FULL	1 1	1	0
ELIJAH CAFE	THREE RIVERS	04/25/19	ROUTINE/FULL	1 1	1	0
ST MARY'S ASSUMPTION CHURCH & SCH	BRONSON	04/16/19	ROUTINE/FULL	1 1	1	0
BEN'S SOFT PRETZELS	JONESVILLE	04/11/19	ROUTINE/FULL	1 1	0	2
EL TACO LOCO II	COLDWATER	04/30/19	ROUTINE/FULL	1 2	0	5
BILL'S GRILL HOUSE	COLDWATER	04/02/19	ROUTINE/FULL	2 1	2	3
CHINA I	COLDWATER	04/09/19	ROUTINE/FULL	2 1	2	4
DRAFT HORSE DINER	LITCHFIELD	04/15/19	ROUTINE/FULL	1 4	1	0
BOUNDARY WATERS	STURGIS	04/03/19	ROUTINE/FULL	3 4	2	2
BIG WHEELS BBQ	CONSTANTINE	04/12/19	STFU/MOBILE	0 0	0	0
BULL DOGGS	JONESVILLE	04/25/19	STFU/MOBILE	0 0	0	0
KATE'S DINER I	CENTREVILLE	04/29/19	STFU/MOBILE	0 0	0	0
KATE'S ELEPHANT EAR	CENTREVILLE	04/29/19	STFU/MOBILE	0 0	0	0
KATE'S PIZZA	CENTREVILLE	04/29/19	STFU/MOBILE	0 0	0	0
OHANA KALEA SHAVE ICE LLC	HOWE	04/24/19	STFU/MOBILE	0 0	0	0
PIGHEADED BBQ	LEONIDAS	04/20/19	STFU/MOBILE	0 0	0	0
SUSIE'S LUNCH	BRYAN	04/30/19	STFU/MOBILE	0 0	0	0
SUSIE'S LUNCH	BRYAN	04/30/19	STFU/MOBILE	0 0	0	0
WEDDING DREAMS / GRANT'S CATERING	ANTWERP	04/13/19	STFU/MOBILE	0 0	0	0
WEENIE KINGS	THREE RIVERS	04/16/19	STFU/MOBILE	0 0	0	0
WELTON FOODS DONUT TRAILER	CENTREVILLE	04/29/19	STFU/MOBILE	0 0	0	0
WELTON FOODS PIZZA TRAILER	CENTREVILLE	04/29/19	STFU/MOBILE	0 0	0	0
THE OAK'S TAVERN LLC	MOSCOW	04/12/19	FOLLOW UP		0	
CAMDEN-FRONTIER SCHOOL	CAMDEN	04/09/19	FOLLOW UP		0	

Food Establishment Inspection Report

For Date Range: 04/01/2019 - 04/30/2019

Name	Location	Date	inspection Type	# P / Pf	# P/Pf Fixed During Inspection	# Core
FIESTA MEXICANA	STURGIS	04/10/19	FOLLOW UP		1	
BROADWAY GRILLE	UNION CITY	04/15/19	FOLLOW UP		4	
EL CERRITO MEXICAN RESTAURANT	COLDWATER	04/30/19	FOLLOW UP		0	

CONSULT 1
 FOOD BORNE INVEST. 1
 OTHER 1
 PREOPENING/NEW 3
 ROUTINE/FULL 78
 STFU/MOBILE 13
 FOLLOW UP 5
 TOTAL NUMBER OF INSPECTIONS: 102

Food Inspection Codes:

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

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

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



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

May 23, 2019

Director's Report

Enclosures:

1. DRAFT FY2020-2022 Multi Year Area Plan/FY2020 Annual Implementation Plan
 2. FY2019 Provider Budget Amendments *
 3. DRAFT InterLocal Agreements *
-

Updates:

1. Older Michiganian's Day 2019
I had the pleasure of serving as emcee for this year's OMD, the rally on the capital lawn 5/15/19... A great day of weather, great messages from MDHHS Director Gordon and a new plan presented by the Michigan Dementia Coalition! We had a small contingent representing Branch & St. Joseph counties but we had great conversations with both of our House members.
2. The DRAFT FY2020-2022 MYP/FY2020 AIP document is enclosed for your review and comment. Please feel free to email me to share any thoughts or other input related to the upcoming 3-year planning cycle. Priorities have not been derived from the Community Needs Assessments, therefore, those sections are incomplete at this time. We will have more tabulation completed by the time our Public Hearings occur at the end of May. Highlights include: budget is built on same allocations as FY19; program development objectives will continue to focus on Branch Co adult day program, Community for a Lifetime designation for Branch Co, and elder abuse prevention efforts; population demographics are almost identical to data included in our previous 3-year plan. Enhancements, as required by AASA, for these Plans include: enhanced targeting of services to those greatest in need, broader discussion about the Community Living Program and the continuum of services in the region, and more detail about partnerships and special projects.
3. FY2019 Provider Funding Amendments were presented at the May 20th Finance Committee Meeting. We reviewed the amendment process and priorities for funding for all services in our planning & service area. The enclosed spreadsheet takes into account all discussions with providers, grant performance, service trends & needs, and the 'rules' for funding/allocations. Thank you for your time and review.
4. Draft Interlocal Agreements
The attached DRAFT InterLocal Agreement was discussed by the Program, Policy & Appeals Committee on May 6th. We have drafted this agreement to put into writing the agreement that was made 20+ years ago when the St. Joseph County and Branch County Board of Commissioners worked with previous state and local leaders to designate Region 3C as its own distinct planning & service area, housed within public health. It honors the history, federal and state legislative premise, formalizes a scope of services, and establishes a minimum amount of allocation for each county to contribute to the AAA3C to meet its matching requirement and for administrative/operational expenses. We appreciate the Board of Health's review of the DRAFT InterLocal Agreements, and, we appreciate your support to bring the Agreements before each County's Board of Commissioners.

FY 2020 ANNUAL IMPLEMENTATION PLAN

Branch-St. Joseph Area Agency on Aging

FY 2020

Table of Contents

Plan Highlights

Scope of Services

Planned Service Array

Access Services

Program Development Objectives

Advocacy Strategy

Leveraged Partnerships

Other Grants and Initiatives

FY 2020 ANNUAL IMPLEMENTATION PLAN

Branch-St. Joseph Area Agency on Aging

FY 2020

Plan Highlights

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

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

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

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

Our Values include:

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

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

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

FY 2020 ANNUAL IMPLEMENTATION PLAN

Branch-St. Joseph Area Agency on Aging

FY 2020

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

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

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

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

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

Home Delivered Meals: \$_____ serving over _____ participants

Home Care Assistance: \$_____ serving over _____ participants

Congregate Meals: \$_____ serving over _____ participants

Transportation: \$_____ serving over _____ participants

Respite Care: \$_____ serving over _____ participants

A close "sixth" prioritized and funded service is Care Management (called Community Living Program in PSA 3C), which is easily coupled with Case Coordination & Support. Both programs are aimed to offer independent living support so participants can remain in the setting of their choice for as long as possible. The AAA administers the Community Living Program with over 100 families/individuals each year. The Community Living Program focuses on those who have complex needs and/or are at risk for needing a more formal care setting. Case Coordination and Support is contracted (currently) with both County Commission on Aging offices to support their in-home service participants with monitoring, care planning and referral making. These programs are funded at approximately \$_____ (combined) and serve over _____ individuals each year

4. Highlights of planned Program Development Objectives.

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

FY 2020 ANNUAL IMPLEMENTATION PLAN

Branch-St. Joseph Area Agency on Aging

FY 2020

5. A description of planned special projects and partnerships.

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

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

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

FY 2020 ANNUAL IMPLEMENTATION PLAN

Branch-St. Joseph Area Agency on Aging

FY 2020

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

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

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

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

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

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

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

FY 2020 ANNUAL IMPLEMENTATION PLAN

Branch-St. Joseph Area Agency on Aging

FY 2020

8. Highlights of strategic planning activities.

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

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

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

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

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

FY 2020 ANNUAL IMPLEMENTATION PLAN

Branch-St. Joseph Area Agency on Aging

FY 2020

Scope of Services

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

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

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

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

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

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

FY 2020 ANNUAL IMPLEMENTATION PLAN

Branch-St. Joseph Area Agency on Aging

FY 2020

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

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

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

Feedback was captured from _____ respondents via the "Community Needs Assessment" tool. We offered the survey in two different methods: an online "Survey Monkey" as well as a traditional hardcopy questionnaire.

FY 2020 ANNUAL IMPLEMENTATION PLAN

Branch-St. Joseph Area Agency on Aging

FY 2020

Key Leader Assessment had 7 questions and Older Adult/Caregiver Assessment had 20 questions - Each version contained the same question related to the list of 25 service options to rank in order of priority as "high, medium, low, or should not be publicly funded". Our provider network assisted us in distribution of the hard copy surveys to Senior Center participants, transportation authority riders, Congregate meal site participants, In-Home Service participants (Home Care Assistance, Respite Care), and Home Delivered Meal participants. The survey was open for five weeks (April 29th to May 27th). It was promoted through the Community Health Agency's website, a news media release and through multiple group email lists. Respondents were assured that their responses were anonymous and they could call our office to complete the survey verbally if they preferred as well (_____ # of phone surveys). Feedback from the surveys represented the race/ethnicity and gender make up of our population base. We noted an increase in respondents indicating they had a disability (21% more than in 2013) and percentage of those age 75 and older completing the survey grew by nearly 10% (64.4% of respondents are 75+ years). A list of 25 'fundable' AASA services was utilized to gauge priority areas, and respondents were asked to rank them on a three-point scale ranging from little need (1 point) to moderate need (2 points) to great need (3 points). _____ INSERT NEW DATA WHEN AVAILABLE / TABULATED _____ A natural breaking point was observed between those that were ranked highest need and those that were considered lower needs. Highest overall needs among **all respondents** ranged between 2.11 and 1.81 and include: Home Delivered Meals, Homemaking, Personal Emergency Response, Chore Services, and Personal Care (Respite Care was within 1/10th of a percentage point as the fifth highest ranked service). Interestingly, the Medicare/Medicaid Assistance Program and Home Repair did not rank as high as they did 3 years ago.

The online "Survey Monkey" Needs Assessment introduction and direct link was emailed to multiple key community leaders including; Faith-based organizations, Health care providers (including physicians, specialty clinics, home health agencies, rural health clinics, and hospital discharge planners/social workers), aging network providers, AAA Advisory Committee, CHA/AAA Policy Board, other local elected officials, human service agencies (including multi-purpose collaborative bodies Department of Health & Human Services and Community Mental Health), service clubs and organizations (including hospital auxiliaries, United Way, Lions, Elks, and Chambers of Commerce). We more than doubled the number of key leader respondents as compared to 2013 - and were very pleased! _____ INSERT NEW DATA WHEN AVAILABLE / TABULATED _____

Our discussions with local providers, key leaders and our community partners is ongoing as it relates to services/support needs in the PSA. Interestingly, key leaders ranked Care Management/InHome Assessment as the highest needed service with caregiver supports & services as second highest... Then homemaking, meals and transportation. Respite care & adult day services were also ranked high by key leaders. In collaboration with the Community Health Agency Health Promotion division, staff was able to tabulate results using the survey monkey tool. We would like to acknowledge their expertise and guidance in preparing, implementing, tabulating, and summarizing the data set from the surveys. We have included the actual survey tools used for gathering data as an appendix, as well as the powerpoint that was developed to share results in an organized, meaningful way!

FY 2020 ANNUAL IMPLEMENTATION PLAN

Branch-St. Joseph Area Agency on Aging

FY 2020

There seem to be a few themes that are consistent throughout the data, between both older adults and key community leaders, which are (in order of importance):

1. Need to increase awareness of services
2. Need for in-home services
3. Need for continued caregiver supports and services

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

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

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

FY 2020 ANNUAL IMPLEMENTATION PLAN

Branch-St. Joseph Area Agency on Aging

FY 2020

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

In regard to preferences and trends in service delivery we can reference our 2019 AAA Community Needs Assessment results. _____ ADD DATA/TABULATED RESULTS HERE

_____ Respondents who sought & received services stated that they were provided in an accessible location, in a timely manner, according to their preferences, and they were overall satisfied with the quality of service they received. We also asked older adult/caregiver respondents for feedback on service enhancement, expansion and improvement needs. Overwhelmingly, being made more aware of what services and supports are available ranked the highest. Medicaid/Medicare information, additional educational programs (such as Creating Confident Caregivers), and veteran's benefit information ranked within a few percentage points below. Again, we much remain dedicated to outreach, education as a way to inform residents and families near and far about the aging network!

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

As stated in our Request for Proposal documents, and as prescribed by the federal Older American's Act: All individuals aged 60 years and older are eligible to receive federal and state funded service, substantial emphasis must be given to serving elder persons with the greatest social or economic need. "Substantial emphasis" is regarded as an effort to service a greater percentage of older persons with economic and/or social needs than their relative percentage to the total elderly population within the geographic service area. We utilize the 2016 (current year, as applicable) Federal Poverty Guidelines, as established by the US Department of Health and Human Services to place definition to "low income" (or a person in economic need). In 2016, for an (one) individual the annual income level is \$11,770 for two people it is \$15,930.

For our regional planning purposes, individuals who are members of the following racial/ethnic categories are to be considered as belonging to a minority group: African American, Native American, Asian/Pacific Islander, Multi-Racial and Other. The "Other" category consists of persons whose response to the race item on the Census could not be categorized into a specific race, e.g. "Native-American," or "Hispanic." Most persons in the "Other" category are White Hispanics/Latin American.

As such, these definitions are embeded within our Request for Proposal process and are addressed in each agency/business responses to the RFP. The definitions serve as guidance and also infiltrate agencies' administrative policies/procedures for targeting. Our agency also monitors providers' compliance with targeting and prioritization of targeted populations as we visit all contract providers annually for compliance with AASA Operating Standards for Service Provision. Use and implementation of these definitions, as outlined, set our clear expectations with all of our providers.

Our outreach efforts with underserved populations consists of collaborative messaging, regular meetings and contact with aging network partners, and direct contact with people in our two-county planning and service area. We participate in multiple outreach events throughout the year including; County 4-H Fair, Older

FY 2020 ANNUAL IMPLEMENTATION PLAN

Branch-St. Joseph Area Agency on Aging

FY 2020

Americans Health Fair, Project Connect/Homelessness Events, VA "Stand Down" events, and COA-sponsored events at all of the local senior centers.

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

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

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

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

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

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

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

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

As discussed in other sections of the Multi-Year Plan, our largest unmet need is adult day services in Branch

FY 2020 ANNUAL IMPLEMENTATION PLAN

Branch-St. Joseph Area Agency on Aging

FY 2020

County. Development of a provider to offer that service, in any capacity, is our priority for addressing the need in 2017. The loss of the program occurred in 2014, and we have not been successful to date in development of another potential service provider. Families have had to place loved one's in more formal (and costly) care settings, as well as quit their jobs in order to care for their loved one. It is our goal, and is outlined as a program development objective, to entertain a proposal(s) from potential bidders during our 2016 RFP. Should we be unsuccessful, we'll continue our outreach and work more intensely with community partners to develop capacity for a new program. Once a potential bidder(s) is identified, we will open up a Request for Proposal for the service.

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

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

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

As we assess the need for services, taking into account the input from the community, barriers do exist that have significant impact on service delivery. The first and foremost is funding. As we are directly associated with and impacted by the legislative process, each funding cycle has its ups and downs. Providers of aging services are constantly assessing local impact of the state and federal budget and how it will “trickle down”. One advantage in our region however, is the longevity of our provider network. Combined, our existing providers have over 80 years of experience, so they are well versed at handling these hills and valleys. In addition to this experience, each county has a substantial millage to support service delivery in conjunction with

OMA/OAA funds. In order to expand and diversify our scope of services, however, we will need to address public/private partnerships to accomplish larger goals in service delivery.

The AAA Advisory Committee and Policy Board are updated monthly as to the progress and on going efforts

FY 2020 ANNUAL IMPLEMENTATION PLAN

Branch-St. Joseph Area Agency on Aging

FY 2020

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

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

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

FY 2020 ANNUAL IMPLEMENTATION PLAN

Branch-St. Joseph Area Agency on Aging

FY 2020

Planned Service Array

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

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

FY 2020 ANNUAL IMPLEMENTATION PLAN

Branch-St. Joseph Area Agency on Aging

FY 2020

<p>Local Millage Funded</p>	<ul style="list-style-type: none"> • Case Coordination and Support • Information and Assistance • Transportation 	<ul style="list-style-type: none"> • Chore • Home Care Assistance • Home Delivered Meals * • Assistive Devices & Technologies * • Respite Care • Friendly Reassurance 	<ul style="list-style-type: none"> • Congregate Meals * • Disease Prevention/Health Promotion • Home Repair • Counseling Services • Kinship Support Services • Caregiver Education, Support and Training
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* Not PSA-wide

FY 2020 ANNUAL IMPLEMENTATION PLAN

Branch-St. Joseph Area Agency on Aging

FY 2020

Access Services

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

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

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

Care Management

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

Total of Federal Dollars Total of State Dollars

Geographic area to be served

Branch & St. Joseph Counties

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

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

Activities:

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

Expected Outcomes:

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

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

Activities:

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

FY 2020 ANNUAL IMPLEMENTATION PLAN

Branch-St. Joseph Area Agency on Aging

FY 2020

and/or exploitation

Expected Outcomes:

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

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

Activities:

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

Expected Outcomes:

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

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

Information and Assistance

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

Total of Federal Dollars Total of State Dollars

Geographic area to be served

Branch & St. Joseph Counties

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

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

Activities:

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

Expected Outcomes:

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

FY 2020 ANNUAL IMPLEMENTATION PLAN

Branch-St. Joseph Area Agency on Aging

FY 2020

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

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

Activities:

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

Expected Outcome:

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

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

Activities:

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

Expected Outcome:

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

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

Activities:

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

Expected Outcomes:

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

FY 2020 ANNUAL IMPLEMENTATION PLAN

Branch-St. Joseph Area Agency on Aging

FY 2020

Program Development Objectives

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

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

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

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

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

Area Agency on Aging Goal

A.

State Goal Match:

Narrative

Objectives

FY 2020 ANNUAL IMPLEMENTATION PLAN

Branch-St. Joseph Area Agency on Aging

FY 2020

1.

Timeline: to

Activities

Expected Outcome

FY 2020 ANNUAL IMPLEMENTATION PLAN

Branch-St. Joseph Area Agency on Aging

FY 2020

Advocacy Strategy

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

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

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

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

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

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

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

FY 2020 ANNUAL IMPLEMENTATION PLAN

Branch-St. Joseph Area Agency on Aging

FY 2020

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

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

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

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

FY 2020 ANNUAL IMPLEMENTATION PLAN

Branch-St. Joseph Area Agency on Aging

FY 2020

Leveraged Partnerships

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

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

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

FY 2020 ANNUAL IMPLEMENTATION PLAN

Branch-St. Joseph Area Agency on Aging

FY 2020

Other Grants and Initiatives

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

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

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

VOCA-SVEA
4am - Connected2Care
MMAP, MHL outreach education enrollment

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

VOCA-SVEA - resource advocate, direct assistance in recovery from trauma, community collaboration & outreach, development/enhancement of Vulnerable Adult Protocols, actively engaged law enforcement agencies more sensitive to assist elder/dependent adults

Connected2Care - improved communication among care coordinators within home & community based providers/agencies, health care facilities/hospitals, and speciality offices will result in better communication with older adults. Care plan adjustments can be made in a more timely fashion, with quicker informed decision making as well.

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

Provision of high quality services, programs and opportunities which promote the independence and dignity of older adults while supporting those who care for them -- SVEA directly serves and honors victims' dignity by supporting and advocating alongside them through their experiences. Referrals to community supports and finding resources to support individuals care needs are a priority of the SVEA grant initiative. Coalition building and supporting/collaborating with community partners are also goals of the project. Connected2Care

FY 2020 ANNUAL IMPLEMENTATION PLAN

Branch-St. Joseph Area Agency on Aging

FY 2020

will support the technology-side of supporting individuals and families, especially family members who are out of town/area. With increased communication, supports can be changed and notifications made in a more timely manner to assist individuals and families.

FY 2020 AREA PLAN GRANT BUDGET

Rev. 03/25/2019

Agency: Branch-St. Joseph Area Agency on Aging

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

PSA: 3C

Date: 05/13/19

Rev. No.: DRAFT ORIG Page 1of 3

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

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

Expenditures		
	FTEs	
1. Salaries/Wages	5.35	162,866
2. Fringe Benefits		31,200
3. Office Operations		10,500
Total:		204,566

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

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


Signature


Title


Date

FY 2020 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL

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

Budget Period: 10/01/19 to 09/30/20
 Date: 05/13/19 Rev. No.: DRAFT ORIG
 Rev. 03/25/2019 page 2 of 3

*Operating Standards For AAA's

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

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

5/23/19 BgH Meeting Packet Pg. # 64
Rev. 03/25/2019

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

page 3 of 3

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

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

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

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

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

FY 2020 AREA PLAN GRANT BUDGET- RESPITE SERVICE DETAIL

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

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

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

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

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

FY 2020 BUDGET REVIEW SPREADSHEET

Rev. 03/25/2019

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

PRIORITY SERVICE SECTION

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

(AAA Regional Access Service)

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

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

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

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

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

(Use ONLY If SGA Reflects Transfers)

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

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

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

AAA: Branch-St. Joseph Area Agency on Aging

FISCAL YEAR: FY 2020

SERVICE: Care Management

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

SERVICE AREA: Branch & St. Joseph Counties

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

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

If yes, please describe:

SCHEDULE OF MATCH & OTHER RESOURCES #1

FY 2020

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

Difference 0 0 0 0
OK OK OK

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

AAA: Branch-St. Joseph Area Agency on Aging

FISCAL YEAR: FY 2020

SERVICE: Information & Assistance

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

SERVICE AREA: Branch & St. Joseph Counties

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

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

If yes, please describe:

Explanation for Other Expenses:

SCHEDULE OF MATCH & OTHER RESOURCES #2

FY 2020

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

Difference

OK

OK

OK

COMMUNITY SERVICES

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

NUTRITION SERVICES

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

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

Rev Date 7/26/17

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

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

Full Program Title Name**Program Title on SGA**

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

MATCHING REQUIREMENTS

Revision date 1/26/2016

Revision to Transmittal Letter #2016-320

FEDERAL ADMINISTRATION TOTAL - MATCH REQUIRED: 25%STATE 15%^[2] (AASA)

LOCAL 10% (AAAs)

FEDERAL & STATE SERVICES TOTAL - MATCH REQUIRED: 15%

STATE 5% (AASA)

LOCAL 10% (AAAs)

Table 1 below describes these requirements by source of funds.

Table 1 AAA Local Matching Requirement by Fund Source

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

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

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

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

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

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

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

ACCESS AND SERVICE COORDINATION CONTINUUM

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

Instructions

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

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