

BOARD OF HEALTH
Agenda for December 12, 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* October
2. Public Comment
3. Health Officer’s Report
4. Medical Director’s Report
5. Committee Reports
 - a. Finance Committee – Did not meet.
 - b. Program, Policies, and Appeals – Did not meet.
 - c. Committee of the whole – Approval of minutes from November 19, 2019.
6. Financial Reports
 - a. Approve Payments*
7. Unfinished Business
 - a.
8. New Business
 - a. Personnel Policy Updates*
 - b. Budget Amendment*
 - c. Employee Classification and Compensation Study
 - d.
9. Departmental Reports
 - a. Environmental Health
 - b. Area Agency on Aging
 - c. Personal Health & Disease Prevention
10. Health Officer Evaluation – Closed Session*
11. Adjournment - Next meeting: January 23, 2020 at the Coldwater office

October 24, 2019 – Board of Health Meeting Minutes

The Branch-Hillsdale-St. Joseph Community Health Agency Board of Health meeting was called to order at 9:02 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, Kathy Pangle, and Al Balog. Mark Wiley joined the meeting at 9:05 during the Health Officer's report.

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

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

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

Public comment:

- None

Rebecca Burns, Health Officer, reviewed her monthly report. Items discussed: Eastern Equine Encephalitis (EEE), October financials, New Software Updates, Health Promotion & Education Updates, Staff Vacancies/New Staff, Comprehensive Compensation Study, MERS Information review, Health Officer's Annual Evaluation, Health Officer Jury Duty, Medicaid Cost Based Reimbursement, and the Hepatitis A Outbreak.

Dr. Vogel, Medical Director reviewed his monthly report. This month's report is on Skin Cancer.

Committee Reports:

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

Financial Reports/Expenditures

- Ms. Norris moved to approve the expenditures with support from Ms. Pangle. The motion carried.
- Mr. Caswell moved to place the financials on file with support from Ms. Norris. The motion carried.

Unfinished Business

- None at this time.

New Business:

- None

Departmental Reports

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

Ms. Norris moved to adjourn the meeting with support from Mr. Wiley. The motion passed and the meeting was adjourned at 10:16 AM.

Respectfully Submitted by:
Theresa Fisher, BS

A handwritten signature in black ink, appearing to read "Theresa Fisher", written over the printed name.

Health Officer's Report to the Board of Health for December 12, 2019
Prepared by: Rebecca A. Burns, M.P.H., R.S.

Agency Updates

Budget Amendment #1 – Today we have provided the first budget amendment for FY20. The amendment does demonstrate a balanced budget using the proposed updated employee salary schedule as was discussed at the work meeting in November.

Comprehensive Compensation Study – As a result of the work meeting, the staff members that have had their job classification changed due to adoption of the Classification and Compensation study have been notified. Once that was accomplished, the entire Agency team received a copy of the report produced by Municipal Consulting Services and were informed of the consideration at the December meeting of an updated pay scale.

Personnel Policy Updates – In your packet are recommended changes to the Personnel Policies. Some of the proposed changes are precipitated by adopting the Classification & Compensation Study and moving to a one-year probationary period. Proposed changes are as follows and appear within the document as either strikeout for language to be deleted or new language in red:

- Page 4: Updates the definition of *Probationary Period* to one-year
- Page 4: Changes *Performance Evaluations* from 3 months, 6 months, and then annually thereafter to 3 months, 6 months, one year, and then annually thereafter.
- Page 17: *Start of Accrual*, Changes the work requirement to begin using earned vacation time from 6 months to 2 months. Because the probationary period is being extended to one-year and we have longer to work with and observe a new employee, the necessity of keeping them at work and denying vacation time for the first 6 months of employment is no longer needed. Vacation time must still be supervisor approved and because it is earned every payroll, a new employee will not be able to request a large period of time off after working only 2 months.
- Page 17: *Upon Termination*, We ended the Health Care Savings Plan (HCSP) option for staff on January 1, 2018 to be in compliance with federal rules.
- Page 18: *Maximum Accrual*, removed option for the HCSP.
- Page 19: *Limitation on Payout of Accrued Sick Time*, removed option for the HCSP.
- Page 28: *Group II Offenses & Group III Offenses*, previously HIPAA offense categories were placed within the HIPAA section of the Personnel Policies and not in the Disciplinary Procedures section where they belong. This moves those to the proper location in the document and deletes them from page 38.
- Pages 38-40: Removes the group offenses language from this area of the policies and also removes language that speaks to protections of the Agency which is of no value to the Agency employees. Therefore, it does not belong in the Personnel Policies.
- Pages 40-44: This removes the old Confidentiality and Sanction policy section and replaces it with an updated and Agency Attorney approved policy. This process came out of Clinic Supervisor observations that the Agency's HIPAA Confidentiality and Sanction policy was not robust enough.

I have also provided the updated Confidentiality Statement as an attachment to my report that is consistent with the updated language in the proposed changes.

Area Agency on Aging IIC County Appropriations – I have been notified by St. Joseph County Administrator Teresa Doehring that in the proposed FY20 St. Joseph County budget that the appropriation for AAA does not include the requested increase. Should the budget pass with this amount the allocation will match what was provided for FY19.

Strategic Plan – The Agency’s Strategic Plan has expired and we have begun the process of updating this plan. We hope that all of you can participate in a one-day work session that is scheduled for Friday, January 31st from 9 a.m. to 3:30 p.m., please save the date. You will also be receiving a survey tool that will help to inform the work that we do on the 31st, within the next couple of weeks. We will have team members at all levels participate in the process with all Agency employees requested to answer the survey tool.

New Database Updates –

- **HealthSpace:** The Environmental Health team continues to work with the software developer on configuring. You may notice a change in the food report today which contains more complete information.
- **Nightingale Notes:** The Agency is now using the software for lead testing, fluoride varnish, immunizations and billing. Although we are experiencing some growing pains with this new system, these are to be expected and our team gets better with every use and correction.

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:

- MDHHS Encourages Communities to Consult Local Weather Forecasts when Scheduling Evening Activities 10-25-2019
- Open Enrollment Begins; BHSJ Community Health Agency Encourages Consumer to Save Money and Exercise Caution 10-30-2019
- Thanksgiving Turkey Safety 11-22-2019
- Hunting Health and Safety 11-22-2019
- Thanksgiving Weekend Driving 11-25-2019
- BHSJCHA Celebrates National Influenza Vaccination Week 12-2-2019
- Christmas Tree Safety 12-3-2019

The HPE Team was at Reading Fest this past weekend distributing reindeer food is our speciality.

Staff Vacancies/New Staff – New staff that have joined BHSJCHA include; Lisa Palmer (Public Health Nurse in Hillsdale) and Kali Nichols (Director of Personal Health & Disease Prevention) who is here today and will introduce herself to you. We are very close to completing the hiring process for the Public Health Nurse in Coldwater who will replace retiring nurse, Becky Podell. One position opening is currently posted for the Immunization Clerk in Coldwater.

Hepatitis A Outbreak – The case count as of November 27, 2019 is 920 with 738 hospitalizations and 30 deaths. This the same case count as I reported in October and it was also identical to what was reported in September. The Agency will continue 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. I do not plan to continue to report on this monthly from now on.

Confidentiality Statement

As an employee (regular or temporary), contractor, volunteer, student, or other observer with the Branch-Hillsdale-St. Joseph Community Health Agency (BHSJCHA), I have the responsibility of maintaining the confidentiality of all client information, whether in written, electronic, or verbal form. I acknowledge that during the course of performing my assigned duties or observation that I may have access to, use, or disclose confidential health information. I understand that the uses and disclosures of client information are governed by the rules and regulations established under HIPAA and I will abide by the policies and procedures in accordance with these rules.

By signing this statement, I agree to the following:

- ✓ I understand that all client Protected Health Information that is compiled, obtained, maintained, overheard, or reviewed by me in the course of my duties or observation is confidential, whether written, oral, electronic, see or overheard. I agree not to disclose Protected Health Information to unauthorized persons inside or outside of the BHSJCHA, including family members or friends.
- ✓ I understand that I am not to read client information, medical records, case reports, or any other confidential documents for my own personal information, but only for the purpose of enabling me to perform my assigned duties. I will not make copies of or change Protected Health Information in a medical record unless it pertains to my assigned duties.
- ✓ Discussions with/or regarding clients will be held in clinic rooms or other areas where privacy is assured. I will not discuss identifying client information in our hallways, waiting areas, public bathrooms, or other public areas.
- ✓ I recognize that HIV/AIDS, mental health, developmental disability, alcohol or drug use, communicable disease, and sexually transmitted disease information is particularly sensitive, and I will treat this information with utmost confidentiality.
- ✓ All charts, notes, and other written material concerning a client will be filed or stored in a secure location when I am not using the information. Written material that is no longer needed that contains Protected Health Information will be placed in the secure shredding box or be shredded.
- ✓ When working on a desktop computer, laptop or other portable electronic device like a smart phone or tablet computer that has access to Protected Health Information, I will make sure that unauthorized persons cannot see the screen. I will log off (⏏ + L) when I leave my workstation or the device is unattended to prevent access to confidential information by unauthorized persons. I will not leave portable electronic devices unattended in unsecure locations to prevent theft or unauthorized access. These devices will be password protected.

Confidentiality Statement page 2

- ✓ If I am assigned a BHSJCHA cell phone, I will make sure that it is set to lock automatically with a pattern or passcode when not in use (smart phone), or set it to lock with a PIN in the security menu (regular cell).

- ✓ I will not save client Protected Health Information in electronic form on any portable device (smart phone, tablet, laptop, flash drive) without the authorization of my Supervisor or Director.
- ✓ I will not disclose my computer password or voice mail security code to unauthorized persons. I will guard against others overhearing voice mail messages by using hand held, rather than speakerphones when retrieving messages.
- ✓ I understand that a breach of privacy, security, confidentiality or failure to cooperate in an investigation of a breach may be grounds for disciplinary action, which may include termination of employment, as well as criminal prosecution.
- ✓ I have read the Branch-Hillsdale-St. Joseph Community Health Agency Confidentiality/Sanction Policy. I have had a chance to review it and have my questions answered. I agree to abide by this policy.

Employee/Contractor/Volunteer Printed Name

Employee/Contractor/Volunteer Signature

Date

Witness Signature

Date

Copy to Employee/Contractor/Volunteer/Student/Observer
Copy to Supervisor/Director
Original to Administration

Health Officer's Report to the Board of Health for December 12, 2019 (Supplemental)
Prepared by: Rebecca A. Burns, M.P.H., R.S.

Agency Updates

Health Department Leases

20 Care Drive, Hillsdale, MI The final payment for the mortgage on the building we occupy in Hillsdale will be made in August 2020. The building at 20 Care Drive, was built with funding from the Northern Health Alliance who established the Hillsdale Public Health Building Corporation. The agreements made at the time that building was constructed were that the health department was responsible for paying the monthly "mortgage" payment until the building was paid-off. Ownership during the term when the mortgage was being paid-off was with the Hillsdale Public Health Building Corporation, but once the building was paid in full, the ownership reverts to the County of Hillsdale. The building we occupy in Three Rivers was built using the same program and that mortgage was retired in 2015. At that time the County of St. Joseph agreed to lease the building to the health department for \$1 per year and the health department agreed to be responsible for all maintenance, insurance, etc. with a 20-year initial term. I have begun the discussion with the County of Hillsdale about this and requested an agreement similar to the one we have with the County of St. Joseph. I understand that this was discussed at the Commissioner Board meeting this week and the Commissioners are open to the idea of a lease similar to what was done in Three Rivers.

570 Marshall Road, Coldwater MI – The lease for our space at 570 Marshall Road, Coldwater expires in April 2020. The amount of the lease was predicated on a remodel of the building that occurred at the time DHHS staff moved out and into their new building; therefore, the mortgage on that remodel should be retired in April. The health department buildings in Three Rivers and Hillsdale were constructed with assistance of the Northern Health Foundation with the property reverting to the county when the mortgage was retired. The Three Rivers building has no mortgage and the agreement we have with St. Joseph county is to pay \$1 per year rent and maintain the building, keep insurance, etc. Although circumstances are slightly different in Branch county, I will certainly be looking for a lower lease payment for our space.

1555 E. Chicago Road, Ste. C, Sturgis, MI – I have been approached by our landlord for the satellite clinic we occupy in Sturgis about the opportunity to expand our current space by an addition 600 square feet. I am working to set-up a meeting to discuss further. Our clinic space in Sturgis is now being used 3 days per week; 2 days for WIC and 1 day for Immunizations and we are cramped there. I want you to know I'm investigating the opportunity, as the demand for our services in Sturgis is high and we are striving to meet the need.

Medical Director's Report to the Board of Health
H. Lauren Vogel, D.O., M.P.H.
December 2019 - Vitamin D Deficiency

Vitamins are necessary chemicals that modulate, stabilize and support body functions. In the US it is estimated that overall some 40 percent of our population is vitamin D deficient.¹ For kids ages 1-5 years, 50 percent are deficient for vitamin D. This deficiency increases to 70 percent for preadolescents and about 95 percent of the elderly are vitamin D deficient. Vitamin D deficiency is a public health issue.

Vitamin D helps regulate calcium and phosphate and is necessary for normal bone growth in children and bone repair. In addition, and more importantly, vitamin D modulates cell growth, neuromuscular and immune function, and reduction of inflammation. Many genes encoding proteins that regulate cell proliferation and differentiation are modulated in part by vitamin D.³ Most foods do not contain sufficient amounts of vitamin D to prevent deficiency. Children require 400-1000 u/day and adults require 1000-2000 u daily. Vitamin D is primarily obtained by cutaneous production from sun exposure but for many the amount of sun exposure is insufficient. Clothing acts as a sunblock and the risk for skin cancer associated with prolonged sun exposure is problematic.

For an adult wearing a bathing suit and exposed to sufficient UV exposure measured as slight pinkness of the skin at 24 hours post exposure the vitamin D produced is equivalent to ingestion of 10-20,000 IU. Use of sunscreen of factor 30 reduces the amount of vitamin D produced in the skin by 95 percent. Persons with dark skin require up to 5 times the amount of sun exposure as do persons with light skin to generate equal amounts of vitamin D. Obesity reduces vitamin D production significantly.

The symptoms for vitamin D deficiency are often silent. For children, late walking, preference for sitting and bowing legs may be present. In the adult population chronic muscle aches, bone pain chronic GI disturbance and obesity are associated findings. With a high index of suspicion, blood testing can identify those with vitamin D deficiency. 25(OH)D levels below 20 ng% identify those deficient. Levels of 20-30 ng% are associated with insufficient vitamin D and levels above 30 ng% are deemed acceptable.⁵

Vitamin D deficiency is associated with significant chronic disease. The risk for dementia is doubled or greater. For blacks, prostate cancer has a strong association with vitamin D deficiency. Erectile deficiency and schizophrenia are associated with mild to moderate deficiency.⁴ There is a 70 percent association for coronary artery disease. Breast and colon cancer are associated with a 50-70 percent increased risk when vitamin D deficiency is present. Several autoimmune diseases are associated with the deficiency. These include rheumatoid arthritis, fibromyalgia, multiple sclerosis and psoriasis. Cognitive decline and impairment of executive function in the elderly are associated with vitamin D deficiency. Age-related macular regeneration appears to be associated with low vitamin D levels.

Because Vitamin D deficiency is prevalent and has a strong association with serious medical illnesses screening of at risk populations and appropriate treatment are important. Screening of asymptomatic individuals is not currently recommended by the USPSTF. But, all patients with diabetes, obesity or autoimmune disease should be tested. All patients at risk for cancer, specifically breast and colon cancer, should be tested for vitamin D deficiency. Patients with chronic fatigue, chronic muscle pain and chronic GI or renal disease should be considered for testing for vitamin D deficiency. Elderly patients with cognitive decline and those with age related macular disease should be tested for vitamin D deficiency.

For patients with vitamin D deficiency a management program should be followed and retesting completed to confirm resolution of the deficiency. Because very few foods supply adequate vitamin D and prolonged exposure to sunlight may increase risk for skin cancer vitamin D supplementation is indicated for all those persons found to be vitamin D deficient. Initial dosing of 50,000 IU weekly is appropriate for 4-6 weeks for patients with measured vitamin D levels below 20 ng%. Maintenance dosing should continue at 1500-2000 IU daily for adults with serial measurement of 25(OH)D levels and dose titration.⁶

The need for screening of at risk individuals and treatment of those patients found to be deficient is not without controversy. More investigation about the importance of vitamin D in the prevention of disease is required.

REFERENCE

1. Forrest KY, Stuhldreher WL. Prevalence and correlates of vitamin D deficiency in US adults. *Nutr Res*. 2011 Jan;31(1):48-54. doi: 10.1016/j.nutres.2010.12.001. Accessed December 2016.
2. Neurology. Thomas J. Littlejohns, William E. Henley, Iain A. Lang, et al. published online August 6, 2014. DOI 10.1212/WNL.0000000000000755. Accessed December 2016.
3. Vitamin D. NIH. February 2016. <https://ods.od.nih.gov/factsheets/VitaminD-HealthProfessional/>. Accessed December 2016.
4. Valipour G. et.al. *J Clin Endocrinol Metab*. 2014 Oct;99(10):3863-72. doi: 10.1210/jc.2014-1887. Epub 2014 Jul 22. Accessed December 2016.
5. Holick MF, Binkley NC, Bischoff-Ferrari HA, et al. Evaluation, Treatment, and Prevention of Vitamin D Deficiency: an Endocrine Society Clinical Practice Guideline. *J Clin Endocrinol Metab*. 2011 Jun 6. Accessed December 2016.
6. Nair R, Maseeh A. Vitamin D: The “sunshine” Vitamin. *J Pharmacol Pharmacother*. 2012 Apr-Jun; 3(2): 118–126. doi: [10.4103/0976-500X.95506](https://doi.org/10.4103/0976-500X.95506). PMID: 22629085. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3356951/>. Accessed November 2019.

December 2019 – Vitamin D Importance

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



Important Facts

- 50% of children are vitamin D deficient.
- 95% of the US elderly are vitamin D deficient.
- Vitamin D promotes bone growth and bone repair.
- Vitamin D modulates immune function and cell growth.
- Sun exposure to mild erythema produces up to 20,000 IU of vitamin D in the skin. Risk for skin cancer is problematic.
- Obesity is a risk factor for developing vitamin D deficiency.
- Dark skin requires 5x sun exposure for equal affect.
- Sun screen blocks 95% of vitamin D production in the skin.

Physicians must:

- Maintain higher level of suspicion for vitamin D deficiency.
- Obtain blood testing for high risk persons.
- Follow a management program and serial documentation of treatment.

Diseases associated with vitamin D deficiency

- Dementia – Prostate cancer – Coronary artery disease
- Breast cancer – Colon cancer – Schizophrenia – Cognitive decline
- Autoimmune disease – Osteoporosis – Parkinson's disease

Clinical Facts

- Symptoms of vitamin D deficiency are often subtle. For children: Late walking, bowing legs are late findings.
- For adults: Chronic muscle aches and bone pain, chronic GI disturbance and malaise are typical of deficiency.
- Vitamin D deficiency is associated with serious chronic disease and cancer.
- Risk for dementia doubled; Prostate cancer increased in the black population; Erectile deficiency increased.
- 70% association with coronary artery disease associated with vitamin D deficiency.
- 70% increased risk for colon and breast cancer with D deficiency.
- Autoimmune disease (fibromyalgia, multiple sclerosis, rheumatoid arthritis, psoriasis) have increased risk.

Diagnosis

- Blood tests for 25(OH)D required: Levels < 20 ng% are deficient; Levels 30-50 ng% are normal;
- USPSTF does not recommend screening for vitamin D deficiency in low risk persons.
- With diagnosis vitamin D oral supplementation is effective.

References

[1] Vitamin D. NIH. February 2016. <https://ods.od.nih.gov/factsheets/VitaminD-HealthProfessional/>

[2] Valipour G. et.al. J Clin Endocrinol Metam. 2014 Oct;99(10):3863-72. Doi: 10.1210/jc.2014-1887. Epub 2014 Jul 22.

[3] Nair R. Maseeh A. Vitamin D: The “sunshine” Vitamin. J Paharmacol Pharmacother. 2012 Apr-Jun; 3(2): 118-126. doi: 10.4103/0976-500X.95506.

BOARD OF HEALTH – Entire BOH Work Meeting
November 19, 2019 at 1:00 PM

The Branch-Hillsdale-St. Joseph Community Health Agency Board of Health Work Meeting was called to order at 1:00 p.m. with roll call as follows: Al Balog, Bruce Caswell, Kathy Pangle, and Mark Wiley. Terri Norris joined the meeting at 1:02 p.m.

Also present: Rebecca Burns, Theresa Fisher, and Brenae Corbiel

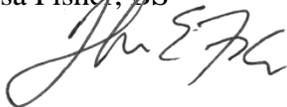
Public comment: None at this time.

Business:

- a) Ms. Norris moved to adopt the Option 3 proposed pay scale in conjunction with Classification and Compensation Study prepared by Municipal Consulting Services LLC predicated on a balanced budget being presented, with support from Ms. Pangle. The motion carried unanimously.

Ms. Norris moved to adjourn the meeting with support from Mr. Balog . The motion passed and with no further business the meeting was adjourned.

Respectfully submitted,
Theresa Fisher, BS



October 1 through October 30, 2019

2nd Story Marketing, LLC.	Elder Abuse Brochures	1,711.80
ACD.Net	Telephones 3 offices	2,237.93
AFLAC	Payroll Deduction	1,608.64
Age Options	Training - AAA - Sutter	40.00
Alerus Financial (Retirement)	Payroll Deduction	590.00
Ann Arbor Marriott	Training - Burns & Fisher	378.00
Area Agencies On Aging	AAA Meet & Greet	100.00
Armstrong Health Care	WIC / AAA Contractual Consultant	3,057.68
Availity	Eligibility Software - EMR	55.00
Basic Flex Health Plan	Monthly Fee/Renewal	1,398.48
Blue Cross Blue Shield	Health Insurance	53,936.64
Branch Area Transit Authority	Elderly Transportation Service	1,011.00
Branch County Commission COA	Home & Community Based Services	17,018.21
Branch County Complex	Rent - Coldwater Office	5,694.28
Branch County Complex Quarterly	Building Repair & Maintenance	395.25
Branch County Complex Quarterly	Internet	997.50
Branch County Complex Quarterly	Maintenance (Work orders & Grounds)	193.50
Branch County Complex Quarterly	Utilities (Gas, Electric, Trash Pickup & Pest)	4,195.47
CAA of South Central	Home & Community Based Services	3,910.00
Care-N-Assist	Care Management	1,211.08
CDW Government Inc.	Computer Supplies 2 Invoice	1,135.54
Center Medical Supply	Medical Supplies	23.57
Century Bank - Master Card	AAA Furniture & Zappbug Ovens	1,444.35
Century Bank - Master Card	BHSJ Banner	58.01
Century Bank - Master Card	CSHCS Supplies	111.76
Century Bank - Master Card	Flu Sticker	54.00
Century Bank - Master Card	Printing Business Cards-Cody, Joe & Carrie	73.76
Century Bank - Master Card	Thermo Pens & Thermometers	388.99
Century Bank EFPTS	Federal & Fica Taxes	39,429.14
Century Bank Mers	Forfeiture/Underfunded Pmt.	2,584.60
Century Bank Mers	MERS DB /Retirement	29,113.06
Century Bank State	Michigan Tax	6,761.80
Charter Communications	Sturgis Internet & Phone Line	114.97
Cintas	Lab Coats - Cleaning	95.92
City of Coldwater	Water Lab Test	320.00
City Of Three Rivers	Water / Sewage & Lab Testing	36.00
Coldwater Petty Cash	Petty Cash	68.26

October 1 through October 30, 2019

Companion Life Insurance Co.	Life Insurance Premiums	931.26
Connect America	Care Management	54.50
Crossroads Health & Home Services	Care Management	1,484.48
Current Office Solutions	Office Supplies/Copier Charges -3 Invoices	3,015.06
Dr. Vogel	Medical Director - Contractual	4,375.68
FedEx	Bat Head & V&H Mailing	61.93
GDI	Building Cleaning Expense - HD	2,649.00
GDI	Building Cleaning Expense - TR	1,749.00
GDI	Building Supplies Expense - HD	64.00
GlaxoSmithKline	Medical Supplies 1 Invoice	1,205.50
Graphics 3	Printing - Sutter, Parshall & Englehart	151.45
Healthspace	EH Data Base	12,480.00
Hemocue	Medical Supplies	432.00
Hillsdale Board Of Utilities	Building Expense - HD	1,425.16
Hillsdale Board Of Utilities	Water Lab Test	60.00
Hillsdale Cnty Community Foundation	Membership-Dues	250.00
Hillsdale County Treasurer	Building Labor Expense - HD	50.00
Hillsdale County Treasurer	Building Refuse Expense - HD Months	150.00
Hillsdale County Treasurer	Building Snow/Mow Expense - HD	345.00
Hillsdale County Treasurer	Building Supplies Expense - HD	175.00
Hillsdale County Treasurer	Building Supplies Expense - HD - Gas	88.75
Hillsdale Market	School Meeting Supplies	27.15
Hillsdale Public Health	Rent - Hillsdale Office	7,375.00
Holiday Inn	Training - Ewers 2 Weeks	926.50
Home Care Wellness	Care Management	288.00
IBH Psychological Services	CSHCS Client	214.85
Indiana Michigan Power	Building Expense - TR	746.16
James McHaney	Refund - Evaluation	69.00
Jean Howatt	Contractual	2,267.49
Kalamazoo County Human Service	Ombudsman	500.00
Lab Corp	Lab Fees	39.20
Legal Service Of South Central Mi.	Older Adult Legal Assistance	810.00
Maplecrest	Rent - Sturgis Office	590.00
Marana Group	Postage Pick Up Service	142.00
McKesson	Medical Supplies 3 Invoices	720.09
MDHHS Bureau of Laboratories	Lead Testing	2,994.39
Merck & Company	Medical Supplies 2 Invoices	5,522.98

October 1 through October 30, 2019

Mers 5% Alerus Financial DC	Defined Contributions 5% EES	1,550.76
Michigan Medicine	CSHCS Client	187.00
Michigan Municipal Risk	Professional Liability - Agency	17,879.00
Michigan Public Health	Training - Esterline & Beegle	90.00
Michigan State Disbursement Unit	Payroll Deduction	380.22
Municipal Consulting Services	Compensation Study	13,600.00
N4A	FY 2020 Membership Dues	1,385.00
National Recoveries Inc.	Payroll Deduction	436.16
Nationwide	Payroll Deduction	4,230.00
Next IT	Quarterly Data Storage	900.00
Older Americans Health Fair	Health Fair Registration AAA	25.00
Pfizer Pharmaceutical	Medical Supplies 2 Invoices	7,409.90
Pitney Bowes	Quarterly Postage Machine Rental/Supplies	539.10
POC Transact Rx	Billing Service Renewal	18.00
Prometric	Food Safety Exams	500.00
Prompt Care	Drug Testing - 3 Employees	236.00
Reserve Account	Postage	3,000.00
Richard Clark	Building Cleaning Expense - CW	1,800.00
Richard Clark	Building Cleaning Expense - Sturgis	325.00
Riley Pumpkin Farm	TR Building Expense - Lawn Care	400.00
Sanofi Pasture	Medical Supplies 5 Invoices	2,958.40
Shred It	Document Destruction	262.12
Sonit	Internet Consultant & Firewalls	10,755.06
St Joseph County COA	Home & Community Based Services	31,090.41
St Joseph Trans Authority	Older Adult Transportation	3,432.65
St. Joseph Community Co-op	Care Management	2,011.50
Staples	Office Supplies -3 Invoices	820.79
State Of Michigan	Food Licenses Surcharge	751.00
State Of Michigan EGLE	Water Lab Test	126.00
Three Rivers Health	Rent - Dental Clinic	2,775.00
Three Rivers Petty Cash	Petty Cash	5.52
Thurston Woods	Home & Community Based Services	6,490.48
Verizon	Cell Phones	565.99
VRI Lifeline Of Michigan	Care Management	681.95
Xmission	Email Provider	221.45
Total Of Invoice List		353,824.23

November 1 through November 30, 2019

ACD.Net	Telephones 3 offices	2,502.13
Adolescent Health Intuitive	Training - Agar	50.00
AFLAC	Payroll Deduction	2,524.11
Alerus Financial (Retirement)	Payroll Deduction	885.00
Andrejs Rozentals	AAA Volunteer Reimbursement	139.39
Arcadia Health Services	Care Management	43.24
Area Agencies On Aging	2019-2020 Dues	1,619.94
Armstrong Health Care	WIC / AAA Contractual Consultant	2,483.76
Auditory Instruments	Vison & Hearing Equipment Maintenance	102.81
Availity	Eligibility Software - EMR 2 Months	55.00
Blue Cross Blue Shield	Health Insurance	66,758.29
Branch Area Transit Authority	Elderly Transportation Service	3,612.42
Branch County Commission COA	Home & Community Based Services	18,297.21
Branch County Complex	Rent - Coldwater Office	5,694.28
CAA of South Central	Home & Community Based Services	21,680.27
Care-N-Assist	Care Management	1,282.14
CDW Government Inc.	Computer Supplies 2 Invoice	849.94
Century Bank - Master Card	Training - Esterline	89.25
Century Bank - Master Card	Training - Sutter	210.94
Century Bank - Master Card	Training - 8 Employees -Imms Conference	400.00
Century Bank - Master Card	Office Furniture - AAA	680.12
Century Bank - Master Card	Computer Supplies	2,247.00
Century Bank Basic Flex Health Plan	Payroll Deduction	2,037.72
Century Bank EFPTS	Federal & Fica Taxes	57,856.39
Century Bank Mers	Forfeiture/Underfunded Pmt.	291,017.13
Century Bank State	Michigan Tax	9,878.65
Charter Communications	Sturgis Internet & Phone Line 2 Months	114.97
Cintas	Lab Coats - Cleaning	97.68
City of Coldwater	Water Lab Test	40.00
City Of Three Rivers	Water / Sewage & Lab Testing	173.24
Companion Life Insurance Co.	Life Insurance Premiums 2 Months	984.95
Connect America	Care Management	54.50
Cribs for Kids	Safe Sleep Grant 3 invoices	9,497.50
Crossroads Health & Home Services	Care Management	1,352.34
Current Office Solutions	Office Supplies/Copier Charges -5 Invoices	2,075.34
DJC Property/Consultant	Consultant	200.00
Dr. Vogel	Medical Director - Contractual	4,786.06
Frontier	Sensaphone & Fax Line Service 2 months	278.97
GDI	Building Supplies Expense - TR	1,749.00
GDI	Building Cleaning Expense - HD 2 months	2,649.00
GlaxoSmithKline	Medical Supplies 2 Invoices	3,589.60
Hillsdale County Treasurer	Building Supplies Expense - HD	69.57
Hillsdale County Treasurer	Building Snow/Mow Expense - HD	115.00
Hillsdale County Treasurer	Building Labor Expense - HD	160.00
Hillsdale County Treasurer	Building Refuse Expense - HD Months	170.00

November 1 through November 30, 2019		
Hillsdale Public Health	Rent - Hillsdale Office	7,375.00
Indiana Michigan Power	Building Expense - TR	662.34
Jean Howatt	Contractual	1,774.56
Kalamazoo County Human Service	CD Reporting 1/19-12/19	900.00
Lab Corp	Lab Fees	120.00
Legal Service Of South Central Mi.	Older Adult Legal Assistance	930.00
Maner Costerisan	Training - Corbeil	75.00
Maplecrest	Rent - Sturgis Office	590.00
Marana Group	Postage Pick Up Service	142.00
McKesson	Medical Supplies 5 Invoices	787.87
MDHHS Bureau of Laboratories	Lead Testing	149.50
Merck & Company	Medical Supplies 3 Invoices	9,133.22
Michigan Public Health	Training - Palmer	45.00
Michigan Public Health	Workforce Contract	6,708.74
Michigan State Disbursement Unit	Payroll Deduction	570.33
National Recoveries Inc.	Payroll Deduction	654.24
Nationwide	Payroll Deduction	6,315.00
Optum Insight (Netwerkes.Com)	Billing Service	40.48
Prompt Care	Drug Testing - 2 Employees	138.00
Republic Waste Services	Building Expense - TR Quarterly	150.00
Richard Clark	Building Cleaning Expense - Sturgis	250.00
Richard Clark	Building Cleaning Expense - CW	1,800.00
Riley Pumpkin Farm	TR Building Expense - Lawn Care	575.00
Rosati Schultz Joppich Amtsbueshler	Attorney	165.00
Rose Exterminator	Building Maintenance - TR Quarterly	201.00
Sanofi Pasture	Medical Supplies	4,138.65
School of Dentistry	CSHCS Client	860.00
SEMCO Energy	Building Expense - TR	62.77
Shell Spee-D Mart	Gas Gift Cards Children Special Health	300.00
Shred It	Document Destruction	60.00
St Joseph County COA	Home & Community Based Services	31,671.86
St Joseph Trans Authority	Older Adult Transportation	2,415.73
St. Joseph Community Co-op	Care Management	220.80
Staples	Office Supplies	59.97
State Of Michigan	Food Licenses Surcharge	613.00
State Of Michigan	Approp. Match Dental Clinic	28,289.29
Three Rivers Health	Rent - Dental Clinic	2,775.00
Three Rivers Petty Cash	Petty Cash	27.82
Thurston Woods	Home & Community Based Services	5,732.08
Verizon	Cell Phones	747.42
VRI Lifeline Of Michigan	Care Management	870.00
Xmission	Email Provider	234.13
Total Of Invoice List		640,485.65

Balance Sheet: BHSJ-CHA

10/1/2019 - 10/31/2019

Assets

Cash on Hand	5,920.65
Cash with County Treasurer	2,463,397.62
Community Foundation Grant	309,955.94
Accounts Receivable	134,485.51
Due from Dental DAPP	28,289.29
Due from State	649,763.95
Due from Other Funding Sources	324,102.99
Prepaid Expenses	84,302.28
Biologic Inventory	<u>112,845.25</u>
Total Assets	<u>4,113,063.48</u>

Liabilities

Accounts Payable	487,861.60
Payroll Liabilites	160,649.90
Capital Improvements	25,000.00
Deferred Revenue	224,813.40
Unavailable Revenue	639,278.43
Biologics	<u>112,845.25</u>
Total Liabilities	<u>1,650,448.58</u>

Net Assets

Operation Fund Balance	573,939.33
Restricted Fund Balance	389,565.87
Designated Fund Balance	<u>1,499,109.70</u>
Total Net Assets	<u>2,462,614.90</u>
Total Liabilities and Net Assets	<u>4,113,063.48</u>

Prior Year Fund Balance Comparison at 10/31/2018:

Operation Fund Balance	\$	372,021.19
Restricted Fund Balance	\$	371,884.64
Designated Fund Balance	\$	417,963.37
Total Fund Balance	\$	1,161,869.20

BHSJ Community Health Agency
 Schedule of Cash Receipts and Disbursements
 April 30th 2019 thru
 October 31st 2019

Plus: Cash Receipts	\$	648,921.72
Less: Cash Disbursements For Payroll/AP	\$	(439,606.35)
4/30/2019 Cash Balance	\$	1,329,763.47
Plus: Cash Receipts	\$	587,856.45
Less: Cash Disbursements For Payroll/AP	\$	(565,701.63)
5/31/2019 Cash Balance	\$	1,351,918.29
Plus: Cash Receipts	\$	1,064,621.53
Less: Cash Disbursements For Payroll/AP	\$	(489,196.87)
6/30/2019 Cash Balance	\$	1,927,342.95
Plus: Cash Receipts	\$	1,223,258.76
Less: Cash Disbursements For Payroll/AP	\$	(502,112.57)
7/31/2019 Cash Balance	\$	2,648,489.14
Plus: Cash Receipts	\$	463,313.80
Less: Cash Disbursements For Payroll/AP	\$	(544,913.77)
8/31/2019 Cash Balance	\$	2,566,889.17
Plus: Cash Receipts	\$	566,895.86
Less: Cash Disbursements For Payroll/AP	\$	(489,215.25)
9/30/2019 Cash Balance	\$	2,644,569.78
Plus: Cash Receipts	\$	626,443.53
Less: Cash Disbursements For Payroll/AP	\$	(497,659.75)
10/31/2019 Cash Balance	\$	2,773,353.56

Branch-Hillsdale-St Joseph Community Health Agency
Statement of Revenues and Expenditures

Expense by Program - 10/1/2019 - 10/31/2019

RU Code	RU Title	Current Month	Year to Date	Total Budget - Amend 1	Percent Expended Amend 1
*	010 Agency Support	35,298.08	35,298.08	59,416.00	59.40%
*	115 MCH Enabling Women	11,864.72	11,864.72	58,033.00	20.44%
*	345 Lead Testing	3,130.67	3,130.67	18,302.00	17.10%
**	327 Hearing (ELPHS)	10,253.96	10,253.96	82,437.00	12.43%
**	032 Emergency Preparedness	13,375.06	13,375.06	116,187.00	11.51%
**	326 Vision (ELPHS)	8,369.22	8,369.22	80,384.00	10.41%
*	012 Area Agency on Aging	118,489.71	118,489.71	1,236,679.00	9.58%
*	138 Immunization IAP	63,573.85	63,573.85	700,193.00	9.07%
*	714 Onsite Sewage Disposal	29,616.04	29,616.04	327,018.00	9.05%
*	721 Drinking Water Supply	29,616.04	29,616.04	327,018.00	9.05%
*	745 Type II Water	7,099.82	7,099.82	80,249.00	8.84%
*	325 CSHCS	16,031.60	16,031.60	183,879.00	8.71%
*	029 Dental Clinic - Hillsdale	607.34	607.34	7,000.00	8.67%
	021 Dental Clinic - Three Rivers	2,775.00	2,775.00	33,300.00	8.33%
	341 Infectious Disease	21,383.54	21,383.54	256,554.00	8.33%
	704 Food Service	36,473.47	36,473.47	447,730.00	8.14%
	338 Immunization Vaccine Handling	33,419.21	33,419.21	416,808.00	8.01%
	321 CHC Tele-A-Health	3,229.50	3,229.50	40,545.00	7.96%
	605 General EH Services	2,468.01	2,468.01	31,756.00	7.77%
	331 STD	10,204.09	10,204.09	133,147.00	7.66%
	109 WIC	70,835.44	70,835.44	927,872.00	7.63%
	108 WIC Breastfeeding	7,336.60	7,336.60	96,895.00	7.57%
	332 HIV Prevention	2,118.92	2,118.92	32,668.00	6.48%
	014 VOCA	12,468.86	12,468.86	199,750.00	6.24%
	107 Medicaid Outreach	9,309.91	9,309.91	180,270.00	5.16%
	329 MCH Enabling Children	1,227.33	1,227.33	47,540.00	2.58%
	101 Workforce Development	409.18	409.18	44,515.00	0.91%
	008 Salary & Fringe Payoff	0.00	0.00	70,000.00	0.00%
	024 MERS Pension Underfunded	0.00	0.00	22,590.00	0.00%
		<u>560,985.17</u>	<u>560,985.17</u>	<u>6,258,735.00</u>	<u>8.96%</u>

The Agency is currently .63% over budget.

*1/12 Months = 8.33%

**1/9 Months = 11.11%

**9-Month Program

Programs Over Budget as of 10/31/2019

RU 010: 59.40%	Quarterly software fees expensed, 50% payment for casualty insurance payment, postage machine refill, spread as postaged used. Program will fall back in line with budget as FY progresses
RU 115: 20.44%	Purchased safe sleep materials (written into the grant) program will fall back in line with budget as FY progresses
RU 345: 17.10%	Over budget due to increase in staff time in program - will monitor and adjust if needed
RU 327: 12.43%	9 Month Program
RU 032: 11.51%	9 Month Program - slightly over due to employee added to insurance plan not in original budget
RU 326: 10.41%	9 Month Program - within budget 11.11%
RU 012: 9.58%	Over budget due to increase in AAA annual membership dues - will adjust in amended budget
RU 138: 9.07%	Large quantity of vaccines purchased. Will adjust in amended budget
RU 714: 9.05%	Slightly over budget - will monitor and adjust if needed
RU 721: 9.05%	Slightly over budget - will monitor and adjust if needed
RU 745: 8.84%	Over budget due to increase in staff time in program - will monitor and adjust if needed
RU 325: 8.71%	Increased activity in program due to receiving Family Center Grant. Will adjust in amended budget
RU 029: 8.67%	Slightly over budget due to increase in cleaning and maintenance - will adjust in amended budget

PURPOSE OF THE PERSONNEL POLICY MANUAL

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

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

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

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

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

SECTION 1: DEVELOPMENT OF PERSONNEL POLICIES

A. COMPOSITION OF THE PERSONNEL POLICY MANUAL COMMITTEE

There shall be a committee composed of the Health Officer, a designee of the Health Officer, a representative and alternate from each of three counties - Branch, Hillsdale, and St. Joseph.

B. SELECTION OF OFFICE REPRESENTATIVES AND ALTERNATES

A request for volunteers as representatives shall be conducted at the beginning of each calendar year. Representatives shall serve for a two-year term from their respective offices. Employees elected shall serve the first year as the alternate representative and the second year as the representative. In the event the office of representative or alternate representative is vacated during the elected term, a request for a volunteer to replace the alternate will be conducted in the office involved. If the representative vacates, the current alternate representative shall move into that position. These names will be posted annually in the mail room of each office.

C. MEETING SCHEDULE OF THE COMMITTEE

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

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

D. IMPLEMENTATION AND INTERPRETATION OF THE PERSONNEL POLICIES

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

SECTION 2: EMPLOYMENT POLICIES, PROCEDURES AND REQUIREMENTS

A. EMPLOYMENT POLICIES

1. Employment Relations. The Board of Health believes that the work conditions, wages, and benefits it offers to its employees are competitive with those offered by other employers in this area and in this industry. If employees have concerns about work conditions or compensation, they are strongly encouraged to voice these concerns openly and directly with their immediate supervisors.

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

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

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

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

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

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

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

9. Background Check. When an offer has been made to an applicant entering agency employment, the new hire shall undergo a background check. The offer and assignment to duties is contingent upon satisfactory completion of this background check. The Agency reserves the right to conduct annual background checks on all employees.

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

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

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

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

14. Probationary Period. All new and rehired employees will be on a ~~one-year six-month~~ probationary period following their date of hire or rehire. At any time during the ~~one-year six-month~~ probationary period, the agency or the employee for any reason may terminate employment.

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

16. Performance Evaluations. Immediate supervisors and employees are encouraged to discuss job performance and goals on an informal, day-to-day basis. The immediate supervisor shall prepare the formal evaluations at three months, ~~at six-months~~ and at the ~~one-year six-month~~ probationary period and then every subsequent year following the hire or reassignment of employees.

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

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

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

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

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

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

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

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

B. PERSONNEL FILE PROCEDURE

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

2. Review of the Personnel File. Personnel Files are the property of the agency and access to the information they contain is restricted. Generally, only the immediate supervisor, division director, and other agency personnel who have a legitimate reason, as determined by the Health Officer to review the information in a personnel file, are allowed to do so. Employees are entitled to inspect the contents of their personnel files. Employees who wish to inspect their own personnel file should contact the Administrative Services Director. With reasonable advance notice, employees can review the content of their personnel files in the presence of the Administrative Services Director.

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

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

C. PERSONAL CONDUCT REQUIREMENTS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

D. EMPLOYEE CLASSIFICATIONS

1. Full Time. An employee who is regularly scheduled to work at least 37.5 hours per workweek.
2. Minimum Full Time. An employee who is regularly scheduled to work less than 37.5 hour per workweek but a minimum of 30 hours per workweek.
3. Part Time. An employee who is regularly scheduled to work at least 20 hours per workweek.
4. Casual. An employee who works irregular hours.
5. Contractual Employees. An individual performing a service, job or duty as outlined in the terms of a contract are not subject to the Agency's travel reimbursement, pay schedule, vacation or sick time schedule or other benefits unless stated in their contract, but are subject to portions of the Personnel Policy that relate to personal conduct.
6. Seasonal Employees. An employee that has been hired to work in a specific program which is suspended each year and the program is scheduled to begin again within 12 months. Employee on seasonal layoff will not earn vacation, sick time, or cash-in-lieu while on layoff. The employee while on seasonal layoff will not be covered by the Health Insurance Policy offered by the Agency and will be transferred to COBRA. The Agency will not issue payments for any benefits which come due while the employee is on seasonal layoff. Such benefits include cash-in-lieu or longevity payments. Any longevity payments normally paid or the cash-in-lieu benefit earned by the employee prior to being placed on seasonal payoff will be paid once the employee returns to work or at the end of our current fiscal year or if the employment is terminated during the seasonal layoff period.

E. EMPLOYEE PROMOTION OR RECLASSIFICATION

The rate of pay, for employees who have been promoted to a higher level position, will be adjusted to the minimum rate of pay of the higher level or to that salary step on the higher level above their current rate of pay, whichever is higher.

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

The health officer shall authorize all reclassifications.

F. EMPLOYEE TRANSFER

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

G. WORK RELATED TRAVEL

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

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

- Every employee is assigned a home base office
- Any employee or contractual employee of this Agency who drives a vehicle for business related activities or receives mileage reimbursement from this Agency must possess at all times, a valid driver's license that does not restrict their driving for Agency related business.
- Within the health district, employees are paid mileage from their home base to the place of work assignment and back to their home base. If an employee leaves from their residence to a work assignment other than their home base, the mileage is paid from their residence if the distance is less than from their home base.
- Employees who request to work at an agency office that is not their home base shall not be reimbursed for travel time and mileage from the home base to the office where they have chosen to work.
- Employees assigned by their immediate supervisor to job responsibilities at an agency office that is not their home base shall be reimbursed for mileage.
- Meal expenses incurred within a work day are reimbursed only if they are pre-approved by an immediate supervisor. Supervisors shall use discretion approving meal expenses for offsite training, hosting visiting officials, etc.

- Reimbursement for travel outside the health district must be pre-approved by the division director.
- Travel time that occurs outside of assigned business hours will be reimbursed in accordance with the adjusted time policy.
- Reimbursement for training and related expenses (tuition, meals, etc.) must be pre-approved by the division director. To begin the pre-approval process, employees shall submit an agency Training form, detailing the anticipated training expenses, to their supervisors.
- Travel mileage between offices shall be calculated as follows:
 - Coldwater to Hillsdale, 25 miles
 - Coldwater to Three Rivers, 40 miles
 - Coldwater to Sturgis, 26 miles
 - Three Rivers to Sturgis, 23 miles

H.. STAFF DEVELOPMENT

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

1. Staff Development Procedure. Pursuant to Section 2, Part H of the Branch-Hillsdale-St. Joseph Community Health Agency’s Personnel Policies the following procedure has been developed and approved for implementation regarding employee requested training.
 - All regular full-time, minimum full-time, and regular part-time employees are eligible to apply in writing for staff development assistance.
 - Applications for staff development assistance shall be endorsed by the appropriate division director, then reviewed and approved by the health officer for being in the “best interest of the agency”.
 - Approved applicants must maintain employment throughout the training period.
 - Approved applicants are eligible for reimbursement of courses taken, not to exceed \$3,000 in four consecutive quarters, three consecutive trimesters, or two consecutive semesters.
 - Pre-approval of expenses must be obtained prior to the beginning of the school term.
 - Covered course expenses are tuition and books.
 - All courses must be through an accredited institution.
 - All courses must be part of an educational program that relates to the employee’s current position or a future position with the agency.
 - An employee may request reimbursement for the course or training by submitting a copy of the receipt showing that the fee had been paid by the employee along with the following:

- An employee must obtain a grade of “C” or better at the undergraduate level and “B” or better at the graduate level.
- Upon the completion of the course(s) and the posting of grades the employee must present the grades to the health officer.
- Employees who leave before one year’s time after the last staff development reimbursement payment must reimburse the agency a pro-rate share of that last payment. This requirement may be waived by the health officer upon appeal.

SECTION 3: COMPENSATION POLICIES

A. MONETARY COMPENSATION

1. Rate Determination. The Board of Health shall approve an employee salary scale that seeks to assure that covered salaries are externally competitive and are internally comparable in terms of job difficulty and responsibility. A copy of the approved salary scale shall be available in each office.

2. Starting Wage. A newly hired employee will start at the minimum of the approved salary range for the position for which they were hired. The Health Officer may approve that an employee be started above the starting wage but not at a wage exceeding the maximum of the salary range. The Health Officer shall seek approval from the Board of Health of any new hire that is started above the first-year step on the employee salary scale.

3. Credit Transfer. A division director may recommend to the Health Officer that an employee transferring from a full time or minimum full-time position to another full-time position or minimum full-time position at the same salary range be credited with their prior service for salary.

B. PAY PERIODS

1. Schedule. All employees are paid on two-week cycles beginning on Saturday at 0:01 a.m. and ending on Friday at midnight. Payday is on the Friday one week following the close of the pay period. If the regular payday falls on a federal banking holiday, employees can receive their paychecks the last day of work prior to the federal banking holiday.

2. Payroll Reporting Responsibility. All employees are responsible for submitting a completed time sheet to their immediate supervisor for approval and processing no later than 9 a.m. of the first work day following the end of the payroll period. The immediate supervisors are responsible for seeing that all submitted and approved time sheets are electronically processed to the agency accounting office no later than 10 a.m. of the first work day following the end of the payroll period.

C. ADDITIONAL TIME POLICY

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

1. Adjusted Time Schedule

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

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

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

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

Procedure:

- A.** Employees who have work commitments which fall outside of the Agency's regular work hours of Monday through Friday, will submit an adjusted time schedule form to their director for the pay period prior to the time being adjusted.
- B.** The form will indicate the Employee's name, Employee Number, and the pay period being adjusted.
- C.** Employees will identify the number of hours they are working each day, and include the start and end times for each day.
- D.** Employees will identify the reason for the adjustment for those days where they are working outside their normal 7.5 hours per day.
- E.** Employees will document that for those days in which they are working more than 7.5 hours, they have made an appropriate adjustment on a subsequent day. Employees will do their best to work with their directors to assure that these adjustments are not made on days which will result in unnecessary work assignment shifts or undue hardship for their co-workers or to the Agency. Scheduled adjustments to offset time in excess of a 7.5-hour day should occur on days that are low volume or with limited commitments.

- F. Employees will certify that they will not deviate from the schedule or work in excess to the schedule by signature without prior notification and approval. In addition, they will also certify they will not work in excess of budgeted hours without written approval of their director and the health officer. An employee cannot use paid time off to exceed their budgeted hours.
- G. Once received, the director will provide written approval in a timely manner, but no later than 24 hours prior to the start of the adjustment.
- H. Written requests and approvals can be submitted in-paper form, fax or electronically, as the director prefers.
- I. The director will keep documentation of adjusted work schedules as required by document retention policies.
- J. Failure to submit adjusted work schedule forms and to comply with the adjusted policy and procedures will result in progressive disciplinary action.

2. Compensation for Overtime. Hourly/Professional/Technical – When the Agency’s budget permits, staff that work in excess of eighty (80) hours in a single pay period may be compensated at one and one-half their regular rate of pay for the time in excess of 80 hours. Staff may only work in excess of their budgeted schedule with prior division Director and Health Officer written approval.

D. LONGEVITY COMPENSATION

1. Purpose and Eligibility. Longevity Compensation is granted to full time and minimum full-time employees based on their consecutive years of full time and/or minimum full-time service. Part time and casual employees are not granted longevity compensation.

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

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

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

E. JURY SERVICE

1. Purpose and Eligibility. Jury Service Compensation is available to eligible employees to encourage employees to fulfill their civic responsibility by serving jury duty when required. If an employee of the Branch-Hillsdale-St. Joseph Community Health Agency has been called to serve,

notification to the employee's immediate supervisor and the Administrative Services Director is required for jury service compensation.

2. Amount Compensated. Employees will be compensated at their normal rate of pay, provided they surrender all compensation received from other sources associated with their jury duty services.

3. Giving Notice. Employees must give reasonable advance notice to their immediate supervisor and the Administrative Services Director of their summons to serve as a possible juror. Employees must also give periodic updates in respect to anticipated jury service completion time.

4. Maintenance of Benefits. All paid leave benefits: vacation leave, sick leave, and holidays will continue to accrue during jury service. All insurance plans the employee participated in prior to the jury service will continue during the jury service.

F. 457 DEFERRED COMPENSATION ACCOUNTS

The agency offers two "457" or deferred compensation plans that allow employees to put pre-tax or post-tax dollars away for future retirement needs. All employees are eligible for benefits that are subject to state and federal regulations. Employee participation is voluntary.

G. MERS RETIREMENT PROGRAM

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

H. HEALTH CARE SAVINGS PLAN (MERS)

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

I. BASIC FLEX

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

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

J. AFLAC

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

K. REIMBURSEMENT FROM SOURCES OTHER THAN THE AGENCY

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

SECTION 4: INSURANCE BENEFITS

1. HEALTH INSURANCE

1. Purpose and Eligibility. The agency provides access to health (medical, dental, and vision) insurance for eligible employees and their families. Full time and minimum full-time employees and their dependents until age 26 are eligible for access to health insurance coverage under the agency's plan. Part time and casual employees are not eligible for access to health insurance coverage through the agency's plan.

2. Start of Coverage. Application for health insurance coverage must be made with the Administrative Division upon hiring. Coverage for eligible employees should become effective the first day of employment.

3. Cash-in-Lieu of Health Insurance. Those employees that meet the following eligibility requirements:

- a. are full time or minimum full time as outlined in (1.) above, and
- b. provide proof of health insurance from another provider on an annual basis to the Agency,

Eligible employees may elect to receive a cash-in-lieu payment. This payment is made after the conclusion of each fiscal quarter. An eligible employee as defined above, may elect to take the dental and vision plan and receive a cash-in-lieu payment that is reduced.

4. Insurance Benefit During an Unpaid Leave.

- a. FMLA qualifying event: Employees on an unpaid leave who are eligible for FMLA are charged their regular cost of the health care plan premium during the qualifying FMLA period. Employees are asked to write a check for this cost while on FMLA.
- b. Non-qualifying FMLA leave: If an employee is taking unpaid leave, the employee is responsible for the entire cost of the health care plan premium. This rate will be figured on a daily basis of the monthly premium. Contact the Administration Division regarding what the daily charge would be based on the health care plan selected. Any cost owed to the Agency by the employee will be subtracted from the next pay check issued to the employee.

2. LIFE INSURANCE

1. Purpose and Eligibility. The Agency provides term life insurance in the amount of \$15,000 for eligible employees. Full time and minimum full-time employees are eligible for life insurance coverage. Part time and casual employees are not eligible for life insurance. Group life insurance coverage will decrease to \$11,000.00 on the first day of the month after an employee's 65th birthday and further shall decrease to \$8,000.00 on the first day of the month after an employee's 70th birthday.

2. Accidental Death and Dismemberment Coverage. As part of the agency's life insurance plan, each full time and minimum full-time employee is also covered up to \$15,000 for accidental death and dismemberment. Employees who are on layoff may purchase continuation life insurance coverage.

3. SHORT TERM DISABILITY INSURANCE

1. Purpose and Eligibility. The agency provides short-term (up to twenty-six weeks) disability insurance for eligible employees who are unable to work because of a qualifying disability due to injury or illness. Full time and minimum full-time employees are eligible under the agency's short-term disability plan. Part time and casual employees are not eligible for short-term disability insurance.

2. Scope of the Plan. Eligible employees are provided with disability insurance that becomes effective 30 days after the disability and pays 70% of an employee's weekly earnings up \$400.00 during the eligibility period.

3. Restrictions. Eligible employees may not collect disability payments in addition to accrued leave time. Only one source of payment either from disability insurance payments or accrued leave time can be collected during any one-time period. Employees who are on layoff are not covered by the short-term disability insurance.

4. Relationship to Worker's Compensation. Disabilities covered by worker's compensation are excluded from agency's short-term disability plan coverage. The employee is responsible for their bi-weekly payment of the health care plan they have selected.

4. UNEMPLOYMENT INSURANCE

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

5. WORKER'S COMPENSATION

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

F. PROFESSIONAL LIABILITY INSURANCE

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

G. SOCIAL SECURITY

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

H. COBRA REQUIREMENT

1. Purpose and Eligibility. The federal Consolidated Omnibus Budget Reconciliation Act (COBRA) gives regular full-time employees and minimum full-time employees (who have participated in the health insurance plan) the opportunity to continue health insurance coverage when a “qualifying event” would normally result in the loss of health insurance eligibility.

2. Qualifying Event Defined. Under COBRA, qualifying event is defined as resignation, termination of employment, or death of an employee; reduction of employee’s work hours or a leave of absence; an employee’s divorce or legal separation; and a dependent child no longer meeting eligibility requirements.

3. Payment of Costs. Under COBRA, the employee or beneficiary pays the full cost of coverage at the agency’s health insurance premium rates plus an administration fee.

SECTION 5: EMPLOYEE LEAVE POLICIES

A. VACATION LEAVE

1. Purpose & Eligibility. Vacation Leave with pay is available to eligible employees. Full time employees are eligible for vacation leave and minimum full-time employees are eligible for vacation leave on a pro-rata basis. Part time and casual employees do not accrue vacation leave.

2. Amount Accrued. The amount of vacation leave employees accrue each year varies with the length of consecutive years of employment. The following accrual schedule assumes a thirty-seven and one-half hour workweek:

First 5 years of service = Sixteen (16) days or 4.61 hours per pay period
After 5 years of service = Twenty-Two (22) days or 6.34 hours per pay period
After 10 years of service = Twenty-Eight (28) days or 8.07 hours per pay period

The following accrual schedule assumes a thirty-hour workweek:

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

3. Start of Accrual. Employees begin to accrue vacation leave from the date of employment. Earned vacation leave is available for use at the end of the first 2 months of employment. ~~6-month probationary period.~~

4. Vacation Leave and Leaves without Pay. Employees who are on a leave without pay do not accrue any additional vacation leave until their return to service.

5. Requesting a Vacation Leave. Employees must request advanced approval from their immediate supervisor to utilize accrued vacation leave. Requests will be reviewed based on a number of factors, including department operational needs and staffing requirements.

6. Rate of Payout. Vacation leave will be paid out at the employee's pay rate at the time of vacation leave.

7. Maximum Accrual. Employee may accrue vacation leave up to twice the maximum annual accrual allowance schedule. Once an employee has accrued the maximum, no additional vacation leave will be accrued until the employee has used vacation leave to reduce their total below the maximum. The following accrual is for full-time employees:

First 5 years of service = 240.00 hours maximum
After 5 years of service = 330.00 hours maximum
After 10 years of service = 420.00 hours maximum

Minimum full-time maximum accrual is:
First 5 years of service = 210 hours maximum
After 5 years of service = 270 hours maximum
After 10 years of service = 360 hours maximum

8. Upon Termination. Upon termination of employment, employees will be paid for all unused accrued vacation leave that has been earned through the last day of work. Payment ~~will be~~ received as a by two methods: (1) Lump sum pay off of the accrued vacation leave. (2) With a two-week notice to the payroll department, the employee may elect to contribute part or all of your remaining vacation hours into the MERS HCSP.

~~9. Bi annually on January 1st and July 1st, any eligible vacation days can be deposited into the MERS Health Care Savings Plan (HCSP) up to 75 hours (10 days) in one calendar year. (The eligibility description of the HCSP also is stated in Section 3: Compensation Policies)~~

B. SICK LEAVE

1. Purpose & Eligibility. Sick Leave with pay is available to eligible employees for periods of temporary absences for the following purposes:

- a. a personal mental or physical illness or injury or to seek treatment for such illness or injury, including a Medical/Dental or preventative care appointment;

- b. a mental or physical illness or injury or to seek treatment for such illness or injury of a family member or any person that the employee is designated as the primary caregiver in accordance with FMLA. A family member includes any child, stepchild, foster child, parent, spouse, grandparent, grandchild, sibling, or any other individual included in the definition of “family member” under Sec. 2(g) of Paid Medical Leave Act (PMLA), MCL 408.962(g).
- c. to permit an employee to work less than their regularly scheduled work hours until full recovery following a prolonged illness, injury or surgery;
- d. for purposes of bereavement for events not covered under the bereavement policy;
- e. due to the closure of the Health Department, the primary Health Department worksite the employee, or to care for the child of the employee due to the closure of the child’s place of care, if such closure is by order of a public official due to a public health emergency;
- f. if the employee or a family member of the employee is the victim of domestic violence or sexual assault, for medical care or counseling, the receipt of victim services, relocation or legal services, or participation in level proceedings related to or resulting from the domestic violence or sexual assault;
- g. for any other purpose not listed above but identified in Section 4 of the PMLA, MCL408.964(1)(a) – (b).

2. Amount Accrued. Each full-time employee shall accrue sick leave at the rate of 3.46 hours per pay period and each minimum full-time employee shall accrue sick leave at the rate of 2.76 hours per pay period. Each employee that works a minimum of 25 hours per week on average, but less than 30 hours per week and does not otherwise qualify as a minimum full-time employee, shall accrue sick leave at the rate of 2.31 hours per pay period. Part time and casual employees who work less than 25 hours per week on average do not accrue sick leave

3. Start of Accrual. Employees begin to accrue sick leave from the date of employment. Earned sick leave is available for use at the beginning of the third month of employment.

4. Sick Leave and Leaves without Pay. Employees who are on a leave without pay do not accrue any additional sick leave until their return to service.

5. Notification of Supervisor. An employee requesting to use sick leave must notify their immediate supervisor as soon as possible, preferably before the scheduled start of their next workday. The immediate supervisor must also be contacted on each additional day of absence.

6. Extended Absences. An employee who is off on sick leave three or more consecutive workdays may be required by their immediate supervisor to submit a physician’s verification of illness prior to returning to service. Such verification must include the reason for the absence and any job restrictions that may exist prior to returning to work.

7. Rate of Payout. Sick leave is paid at the employee’s pay rate at the time of illness or injury.

8. Maximum Accrual. Employees will be allowed to accrue sick leave up to a maximum of 263 hours. Once an employee has accrued the maximum, no additional sick leave will be accrued until the employee has used sick leave to reduce their total below the maximum. Once a year in December, an employee that has accrued sick leave over 200 hours ~~may request that their sick time over 200 hours be paid to them and/or placed in their Health Care Saving Plan (HCSP). If the employee does not request payment of their sick hours over 200 into their HCSP, then those hours will automatically be paid for those hours to them.~~ All ~~such~~ payments will be made in the last payroll of the calendar year.

9. Limitation on Payment of Accrued Sick Time. Upon resignation of employment, in good standing, employees who have accrued sick leave on the date that they tender their resignation will be paid their accrued and unused hours of their sick leave up to, but not to exceed, a total of 200 hours. Payment may be made ~~either: (1) in a lump sum, (2) in the form of a contribution to the employees MERS Health Care Savings Plan. The employee must elect one of these two options at least two weeks prior to their last scheduled work day.~~ The purpose of this payment is to encourage employee who intend to resign their employment to continue working through the effective date of their resignation.

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

C. BEREAVEMENT LEAVE

1. Purpose & Eligibility. Bereavement Leave with pay is available to eligible employees who need immediate time off to deal with a death in the immediate family. Immediate family shall be defined as spouse, son, daughter, parent, brother, or sister. Full time and minimum full-time employees are eligible for bereavement leave. Part time and casual employees are not eligible for paid bereavement leave.

2. Amount Available. Eligible employees may utilize up to three (3) days of bereavement leave per event.

3. Requesting Bereavement Leave. Employees should request approval from their immediate supervisor for needed bereavement leave.

4. Rate of Payout. Bereavement leave is paid at the employee's rate of pay at the time of the emergency leave.

5. Use of Bereavement Leave. Bereavement leave is set up to assist employees with the death of an immediate family member. Bereavement leave cannot be carried from one calendar year to the next.

6. Upon Termination. There is no accrued bereavement leave for employees upon termination.

D. FAMILY AND MEDICAL LEAVE

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

FAMILY AND MEDICAL LEAVE POLICY

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

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

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

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

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

If the leave is required because of the serious health condition of an employee's child, parent or spouse, a statement that the eligible employee is needed to care for the covered individual and the amount of time necessary for such care.

If the leave is needed because of the employee's own serious health condition, a statement that the employee is unable to perform the function of his/her position.

For an intermittent leave or a reduced leave schedule for planned medical treatment for the employee, the dates that such treatment is expected to be given and the duration of such treatment; or if not for planned treatment but for rehabilitation, a statement of the medical necessity for and duration of such intermittent leave or reduced leave schedule.

For an intermittent leave or leave on a reduced schedule for a child, spouse or parent, a statement that the employee's leave is necessary for the care of such individual or will assist in their recovery, and the expected duration and schedule of the intermittent leave or reduced leave schedule.

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

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

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

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

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

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

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

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

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

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

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

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

X To care for a spouse, child or parent who has a serious health condition.

X To allow you to recover from or receive treatment for a serious health condition which makes you unable to perform the functions of your position.

DEFINITIONS

For purposes of this policy the following definitions apply:

Calendar Year—the employer has elected to use the “rolling year” method for determining the “12-month period” in which the 12 weeks of leave entitlement occurs. The calendar year is measured backward from the date an employee uses any FMLA leave. Each time an employee takes leave under this policy the remaining leave entitlement would be any balance of the 12 weeks, which has not been used during the immediately preceding 12 months.

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

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

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

PROCEDURES FOR REQUESTING AND MAINTAINING LEAVE

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

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

REINSTATEMENT AFTER LEAVE

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

The Branch-Hillsdale-St. Joseph Community Health Agency also reserves the right, however, to deny leave reinstatement to "key employees," where such denial is necessary to prevent substantial economic injury to the Agency's operations. Key employees will be notified of the Agency's intention as soon as a determination is made. In the event such notice is given to a key employee already on leave, the employee will be offered the opportunity to terminate his/her leave and immediately return to work. Key employees notified while on leave, who decide not to return to work, will remain on leave. Key employees are defined as the highest paid 10 percent of the employees employed by the Agency, within 75 miles of the facility at which the employee is employed.

E. EDUCATIONAL LEAVE

1. Purpose & Eligibility. Educational Leave without pay is available to eligible employees who wish to take time off from work duties to pursue professional educational goals. The department head determines eligibility for educational leave with concurrence from the Health Officer.

2. Amount Received. Eligible employees may request educational leave for a defined period of length. Requests will be evaluated based on a number of factors, including department operational needs and staffing requirements.

3. Requesting an Educational Leave. Employees must request an educational leave from their immediate supervisor. Each request for educational leave must be in writing.

4. Rate of Payout. Educational leave will be unpaid unless the employee has accrued vacation leave to utilize.

5. Suspension of Benefits. All paid leave benefits: vacation leave and sick leave will be suspended during the unpaid educational leave. Health insurance benefits may continue during the unpaid educational leave. If an employee is taking unpaid leave, the employee is responsible for the entire cost of the Health Insurance premium. This rate will be figured on a daily basis of the monthly premium.

F. MILITARY LEAVE

1. Purpose & Eligibility. Military Leave without pay is granted to employees who are absent from work because of short term and long-term service in U.S. uniformed services in accordance with the Uniformed Services Employment and Reemployment Rights Act (USERRA) and applicable state laws.

2. Amount Received. Employees may request up to ten (10) days per calendar year for use as short term military leave. Employees may request an indefinite period of time for use as long term military leave.

3. Requesting Military Leave. Employee must give advance notice to their immediate supervisor, unless military necessity prevents such notice or it is otherwise impossible or unreasonable.

4. Rate of Payout. Military Leave will be unpaid unless the employee has accrued vacation leave time to utilize.

5. Continuation of Benefits. Continuation of health insurance is available as required by USERRA based on the length of the leave and subject to the terms, conditions and limitations of the health insurance plan for which the employee is eligible.

6. Termination of Benefits. The military leave and the right to restoration of his/her former position shall automatically terminate if the employee voluntarily remains in the military service beyond the requirement of minimum service.

G. LIFE ENRICHMENT LEAVE

1. Purpose & Eligibility. Life Enrichment Leave without pay is available to employees wishing to take time off from work duties to pursue personal enrichment activities. Full time and minimum

full-time employees are eligible for sabbatical leave. Part time and casual employees are not eligible for sabbatical leave.

2. Amount Received. Eligible employees may request to take up to two months of life enrichment leave each calendar year. Requests will be evaluated based in a number of factors, including department operational needs and staffing requirements.

3. Requesting Life Enrichment Leave. Employees must request life enrichment leave from their immediate supervisor. Each request for life enrichment leave shall be in writing.

4. Rate of Payout: Life enrichment leave will be unpaid unless the employee has accrued vacation leave time to utilize.

5. Suspension of Benefits: All paid leave benefits: vacation and sick leave will be suspended during the unpaid life enrichment leave. Employees will be responsible for the cost of health insurance benefits.

SECTION 6: HOLIDAY POLICY

HOLIDAY PAY

1. Purpose & Eligibility. The agency has designated 11 days for observance of holidays. These holidays are granted with pay for eligible employees. Full time employees are eligible for holiday pay at a rate of 7.5 hours per holiday. Minimum full time employees are eligible for holiday pay only if the holiday falls on a day that they are scheduled to work. Part time & casual employees are not eligible for holiday pay.

2. Designated Holidays. The following days are designated as holidays:

- New Year's Day
- Martin Luther King, Jr. Day
- President's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving
- Day after Thanksgiving
- Christmas Eve Day
- Christmas Day
- New Year's Eve Day

3. Scheduling. In the event Christmas Eve, Christmas Day, New Year's Eve Day, New Year's Day and/or Independence Day fall on Sunday the following Monday is recognized as an agency holiday. If an aforementioned holiday falls on Saturday, the preceding Friday is recognized as an agency holiday.

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

5. Compensation for a Holiday Worked: Employees required to work during an agency designated holiday shall be compensated at one and one-half times the current rate of pay for the time worked

in accordance with the additional time policy. Eligible employees will also receive holiday pay. Employees must receive prior approval from their division director before working on a holiday.

SECTION 7: TERMINATION PROCEDURES

A. RESIGNATION

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

B. DISCHARGE

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

C. LAYOFF

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

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

D. FURLOUGH DAYS

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

E. JOB ELIMINATION

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

F. RETURN OF AGENCY PROPERTY

Employees are responsible for all agency property and materials issued to them or in their possession or control. Employees must return all agency property and materials immediately upon

request or termination. Where permitted by applicable laws, the agency may withhold from the employee's check or final paycheck the cost of any items that are not returned when required.

G. RESIGNATION IN GOOD STANDING

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

- (1) Meet with their immediate supervisor and agree to a written plan, acceptable to the Agency for transitional staffing of their position.
- (2) Submit a letter of resignation in accordance with "A" above
- (3) Be eligible for re-hire, or retirement, and have no pending or unresolved disciplinary or grievance issues.

SECTION 8: PROGRESSIVE DISCIPLINE, AND GRIEVANCE AND APPEAL PROCEDURES

A. PROBLEM RESOLUTION STATEMENT

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

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

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

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

B. PROGRESSIVE DISCIPLINE

1. Purpose. The purpose of this policy is to promote the equitable and consistent administration of discipline for unsatisfactory work performance and behavior in the workplace.

2. Types of Disciplinary Action. Disciplinary action may call for any five steps – oral reprimand, written warning, suspension without pay, demotion or dismissal. Disciplinary action taken will be dependent on the severity of the problem and the number of occurrences.

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

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

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

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

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

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

GROUP I OFFENSES include,

- Habitual tardiness at the beginning of a work day or after lunch (Habitual shall be interpreted to mean two instances in one month without sufficient reason, as determined by the immediate supervisor.)
- Absenteeism without sufficient reason or proper notification
- Disregard of safety rules or common safety practices
- Abuse of break time

- Use of profanity or obscene language in the presence of fellow employees or the public
- Quarreling with fellow staff members on the premises.
- Inefficient use of work time
- Any other offenses of like consequences

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

GROUP II OFFENSES, include

- Injurious or dangerous pranks
- Physical fighting on the premises
- Faulty work and/or covering up faulty work
- Making or publishing of false and vicious and/or malicious statements concerning a fellow employee
- Abuse of the public, either verbal or physical
- Sexual harassment
- Willful disobedience to the proper directive of a supervisor, or other acts of insubordination
- Consumption of any alcoholic beverages during work hours
- Intentionally accessing or discussing patient information for purposes other than the care of the patient or other authorized purposes but for reasons unrelated to personal gain or other breaches of privacy by negligence
- Any other offenses of like consequences

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

GROUP III OFFENSES, include

- The misuse or removal from the premises, without prior authorization, of any agency records, confidential information, or of any agency property, except as necessary in the performance of the employee's job duties and responsibilities
- Theft of any property belonging to a fellow employee, a customer, or the agency
- Knowingly falsifying any time slip or other payment voucher, or intentionally giving false information to anyone whose duty it is to make such records
- Absence of three consecutive work days without notice and without justifiable reason for the failure to report
- Using delegated job responsibilities in an unlawful manner to gain unfair advantage against a fellow employee or the public
- Intentionally accessing or discussing patient information for personal gain or with malicious intent
- Any other offenses of like consequences.

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

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

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

C. GRIEVANCE AND APPEAL PROCEDURES

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

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

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

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

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

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

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

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

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

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

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

5. Time Limitations. Time for this grievance and appeal procedure shall be computed in terms of workdays, which are defined as Monday through Friday, excluding holidays. In the absence of a timely appeal by a grievant, the last decision at any step of the procedure becomes final. In the absence of a timely answer by any level of management, the grievant may appeal to the next step of the procedure within ten (10) workdays from the expiration of management's time for a decision. Time limits may be extended by mutual agreement in writing. Late appeals at any step may be filed upon showing a good cause for the delay.
6. Appeal Hearing Procedure. The appeal hearing is conducted so that the Board of Health's Program, Policy, and Appeals Committee can review pertinent facts and documents. Some guiding principles apply to the appeal hearing, including:
 - Prior to the appeal hearing, the entire appeal file shall be made available to the Committee and the grievant. The appeal file shall include the initial written grievance and all subsequent management written decisions.
 - Attendance at an appeal hearing is limited to persons determined by the Committee to have a direct connection with the grievance. When requested by the grievant, and the Committee does not object, the hearing may be open to the public.
 - As far as it is operationally possible, the agency must make its employees available as witnesses when requested.
 - The order in which the parties are heard is at the discretion of the Committee.
 - Testimony shall be under oath or by affirmation; both the grievant and their representatives shall be given the opportunity to cross-examine all witnesses who appear to testify.
 - A written record of the hearing shall be kept.
 - Each member of the Committee shall have an equal vote. Decision shall be by majority vote.
7. Freedom from Reprisal. This procedure shall be available to employees and their representatives without restraint, interference, coercion, discrimination or reprisal. No employee of the agency, whether acting in an official capacity for the agency or any other basis, shall interfere with another employee's exercise of their rights under this procedure. No employee of the agency, whether acting in an official capacity employee or any other basis, shall take or threaten to take, any act of reprisal against another staff member because they have exercised, or expressed an intention to exercise any of these rights under this procedure.

8. Group Grievances. Employees having a common complaint may file a group grievance. The grievance shall be filed at the lowest step of the procedure involving a common level of supervision. Employees must choose one spokesperson and one representative of their choice.
9. Appeal by External Applicant for Employment. An external applicant for employment who is not selected may appeal the selection decision if they believe they were discriminated against because of political opinion or affiliation, religious opinion or affiliation, gender, race, color, national origin, age, or physical disability.

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

Section 8: Emergency-Weather-Disaster Policies

A. Bad Weather Policy

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

1. It is announced on the Coldwater, Hillsdale, Sturgis, or Three Rivers local radio station that an office is closed. This should occur by 7:30 A.M.
2. The immediate supervisor informs employees that the local agency office is closed for the day due to weather.

The Administrative Services Director is responsible for conferring with the Health Officer prior to 7 a.m. to determine whether an office shall be closed. When a determination is made to close an office, the Health Officer and Administrative Services Director utilize the Emergency Call List to notify staff of the decision. In the event an agency office is closed due to the weather, staff will be compensated at their normal pay rate unless they have already been granted approved leave time, either calling in sick or approved vacation time. Staff that have approved time off will be required to utilize their paid time off.

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

B. Bomb Threat Procedure

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

The person receiving the call should do the following:

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

The second person should then do the following:

- a. Notify local law enforcement authorities by calling 911.
- b. Notify the person in charge:
Health Officer, Administrative Services Director, or immediate supervisor

3. Keep the caller talking as long as possible. Do not hang up on the caller.
4. Try to find out where the bomb is supposed to be located. Try to pinpoint the area and time it is set to go off.
5. Try to find out something about the bomb, (size, type of explosives).
6. Record the time that the caller hangs up.
7. Try to write down or communicate as many specifics and facts that you can immediately after the call.
8. If you are alone when the call is received, follow the procedure outlined in 2 above as soon as possible after the caller hangs up. If evacuation becomes necessary, this will be a joint decision of the Health Officer, Administrative Services Director, and other Administrative staff present.

C. Dr. Strong Policy

Any employee who feels that he/she is being threatened or is in harm's way shall page on the overhead paging system: Example: "Dr. Strong to Environmental Health" Employees hearing this page should immediately pick up the phone and dial 911. Employees hearing this page should **not** report to that specific location.

D. Emergency Contact List Procedures

In the event of an emergency or bio-terrorism event the contact tree is in place so that each director and supervisor know who they are in charge of contacting. Contacts may be made by voice or text. Documentation of contacts is made on the Emergency Contact List Documentation Log by the supervisor and forwarded to the Administrative Services Director. The log sheets are filed by the Emergency Preparedness Coordinator. Instructions will be given and employees are to follow them in the case of any emergency situation.

E. Fire Alarm Emergency Plan

When the fire alarm is activated by pulling the fire alarm box everyone will leave the building and go at least 100 feet from the building. People with disabilities will be assisted by staff. If there is an elevator located in the office, no one will be authorized to use it.

The clinic personnel will be responsible for seeing that all clients have left the clinic. No one will re-enter the building until they are notified to enter. All cars parked near the entrance should be moved as soon as possible.

F. Lock Down Policy

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

Lock Down Initiation

The decision to lock down a clinic or building will rest with the Health Officer or any other management level staff person. Any employee who notices an incident or is aware of a threat to another employee or client shall immediately make that information available to one of the above persons. Appropriate action

will be taken and the doors to the building will be secured with staff posted to monitor the doors. If the decision is made by the Clinic Coordinator it shall be reported as soon as possible to the Health Officer or Administrative Services Director. These actions will be in effect until such time as the Health Officer or Administrative Services Director shall determine they are no longer appropriate. Circumstances that may initiate a lock down may consist of:

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

Lock Down Procedure (during business hours)

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

After Business Hours Lock Down

Our Agency is normally secured during our non-service hours; however, circumstances may present themselves which necessitate the Health Officer or Administrative Services Director to designate the building “locked down” until further notice. The normal procedure will be to initiate use of the Emergency Call List process as soon as practical. In the event that staff are already en route to work or did not receive their call they may find that one of the above lock down conditions exists. Either the Health Officer or Administrative Services Director (or their designee – possibly Public Safety) should already be present and will direct the staff accordingly. It is important that staff maintain their Agency identification badge with them at all times so that they may be positively identified by whoever may be monitoring the entrance. If admitted to the building staff will be directed to a conference room where a briefing will take place to advise them of the situation

G. **Master Disaster Checklist** - Approved 1/31/07

Notification

- Receive notification of situation from HAN; Phone; or other

- If you have interagency call list responsibilities – call those on your list and report back to your designated person as to the success of those calls
- Advise family members of situation and make any arrangements necessary to cover the time you may be absent
- Advise family members of the Family Emergency Contact number which is 517-279-9561 pick option #7 (this extension will be manned by an employee or a recorded message will be available advising the family member where to go for further information) **Remember: This number is for Health Department staff and families only, do not disseminate this to the general public.**
- Report for assignment to your designated location

Assignment

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

H. Office Closure Procedure

In the event of circumstances that shall warrant closure of any Agency office(s), the employees assigned to that office will be notified. All other agency offices shall be notified of the situation as well.

I. Robbery Policy

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

1. If another staff person is nearby, notify them by the “code” established within the agency that an emergency is happening and they should immediately contact 911 and the immediate supervisor within the building.
2. Follow the instructions of the robber and do not try to intervene. Give them whatever they demand.
3. Stay calm, and listen carefully and try to remember everything about the individual for future use.

J. Tornado Emergency Plan

In the event of a Tornado Warning the entire staff will evacuate to the inner corridor or the restrooms. Avoiding the West and South walls. All persons will remain there until the warning is over. People with disabilities will be assisted by assigned staff. The Clinic Clerk/Manager or EH Clerk/Manager will collect the sign-in/sign-out log and bring it to the evacuation location.

In the event of a Tornado Watch the radio will be monitored and regular routine will be maintained until a warning is issued. We have an alert system with the Sheriff's Department to notify of a warning.

The sign-in/sign-out sheet will be evaluated to determine which staff are out working in the field. These staff will be called to inform them of the Warning.

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

K. Utility Shut Off Procedures

Any employee who is notified that any utility in the area is going to shut down their services at any time of the work day at the Agency, must contact the Administrative Services Director so that a judgment of necessity will be taken into consideration before the shutdown occurs. We do not want services interrupted if it is not necessary and the utility company cannot fix the problem after Agency hours.

L. Burglary or Vandalism to the Agency

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

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

Section 9: Information Technology Policies

A. Electronic Mail Policy

The purpose of this policy is to assure that the Branch-Hillsdale-St. Joseph Community Health Agency electronic mail (E-Mail) users are aware of the Agency's policies and laws concerning E-Mail services and that these services are used in compliance with these policies and laws.

Any e-mail address or account associated with the Branch-Hillsdale-St. Joseph Community Health Agency or assigned by the Agency to individuals, is the property of the Branch-Hillsdale-St. Joseph Community Health Agency. As property of the Agency, E-mail accounts can and will be monitored for content by the IT staff. Individuals that use the Agency's E-mail systems are expected to do so responsibly. (i.e. To comply with the state and federal laws and other policies and procedures of the Agency.)

Access to E-mail services, when provided, is a privilege that may be wholly or partially restricted by the Agency when there is substantial reason to believe that violations of policy or law have taken place.

Use of free e-mail services including, but not limited to the following is strictly prohibited while using the Agency's property: Hot mail, Excite mail, Bigfoot mail.

No staff member shall use E-mail for the personal amusement if it (1) directly or indirectly interferes with the Agency's operation of computing facilities or electronic mail services; (2) burdens the Agency with incremental cost, or (3) interferes with the individual's employment or other obligations to the Agency. Furthermore, no employee shall use the Agency's E-mail systems or services for the purpose of

transmitting copyright infringement, libel, fraudulent, defamatory, harassing, obscene, or threatening messages, or any other communications that are prohibited by law.

No staff member shall use e-mail to (1) disclose confidential information, (2) promote personal political beliefs, (3) promote personal business interests, (4) promote discrimination, (5) promote sexual harassment, (6) view or download obscenities, (7) or any other communication prohibited by law.

Since E-mail is not a totally secure medium, employees should consider E-mail as an inappropriate vehicle for the transmission of extremely personal and/or confidential medical records.

Failure to comply with this policy may result in suspension of e-mail privileges and/or commencement of disciplinary actions against the employee.

B. Computer Usage Policy

Legal Use of Computer Systems

These guidelines apply to all users of computing resources and computing equipment owned, leased or rented by the Branch-Hillsdale-St. Joseph Community Health Agency (hereinafter BHSJCHA). Computing equipment includes, but is not limited to, modems, printers, microcomputers, file servers, and networking equipment used to link these components and to the Internet. The user is responsible for the content of any material the user prepares, receives or transmits. It is the user's responsibility to make sure they comply with all Local, State, Federal and International laws governing computer usage, including but not limited to, the following:

- Destruction or damage to equipment, software, or data belonging to BHSJCHA
- Harassment of others
- Unauthorized copying of copyright-protected material

Ethical Use of Computer Systems

Computing resources should be used in accordance with the ethical standards of the BHSJCHA. Examples of unacceptable use (some of which may also have legal consequences) include, but are not limited to, the following:

- Violation of computer system security, including but not limited to: Use of computer accounts, access codes, or network identification numbers not assigned to you
- Use of computing facilities for private business purposes unrelated to the mission of the BHSJCHA.
- Screen savers/desktop wallpaper that does not reflect the mission and ethics of the BHSJCHA.
- Violation of software license agreements (Installation of any software that is not owned by the BHSJCHA, including files downloaded from the internet or brought from the users home.)

Cooperative Use of Computer Systems

Day to day operation of BHSJCHA demands the practice of cooperative computing. It includes, but not limited to, the following examples:

- Regular deletion of unneeded files from one's accounts on shared computing resources
- Refraining from unnecessary connect time, information storage space, printing facilities or processing capacity
- Refraining from use of sounds and visuals which might be disruptive to others
- Refraining from unauthorized use of departmental or individual computing resources

Sanctions

Violators of the computer usage policy will be subject to the normal disciplinary procedures of the BHSJCHA. Violations of the policies described above for legal and ethical use of computing resources will be dealt with in a serious and appropriate manner. Illegal acts involving BHSJCHA computing resources may also be subject to prosecution by local, state, and/or federal authorities.

C. Internet Policy

The purpose of this policy is to assure that the Branch-Hillsdale-St. Joseph Community Health Agency (hereinafter BHSJCHA) internet users are aware of the BHSJCHA's policies and laws concerning internet services and to ensure that this access does not impair network security or result in inappropriate use.

The BHSJCHA's internal network is connected to the Internet and utilizes the same data lines we use for our CMHC system. While the Internet is a great resource for our organization, it is the responsibility of each employee to use this resource responsibly and respectfully. Since use of the Internet will slow down the entire network including CMHC, no staff member shall use the Internet for personal amusement.

Access to internet services, when provided, is a privilege that may be wholly or partially restricted by the BHSJCHA when there is substantial reason to believe that violations of policy or law have taken place.

It is against federal law and the BHSJCHA's policy to violate the copyrights or patents of others on or through the Internet. Staff may not download or use copyrighted material without obtaining written authorization.

No file should be downloaded from the Internet without permission. Such files may contain viruses that could infect one PC or the entire network. Please check with the MIS department if you need any software or files from the Internet.

Every connection made on the Internet can be traced back to the originator, leaving a trail or log easily tracked by others. The MIS staff can and will be monitoring these logs. Do not use the Internet for tasks that you would not want logged. Internet access is provided for business purposes only.

No staff member shall use the internet to (1) disclose confidential information, (2) promote personal political beliefs, (3) promote personal business interests, (4) promote discrimination, (5) promote sexual harassment, (6) view or download obscenities, (7) or any other communication prohibited by law.

The truth or accuracy of information on the Internet should be considered suspect unless it is from an official government site. Make sure you confirm information from the Internet from a separate and reliable source.

Failure to comply with this policy may result in suspension of Internet privileges and/or commencement of disciplinary actions against the employee.

Section 10: Information Requests-HIPAA-Confidentiality

A. Freedom Of Information Request Procedure

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

B. Medical Release Procedure

Any questions regarding who a Medical Release form goes to, should always be directed to the

Administrative Services Director. He/she will then send it on to have copies made and sent to the proper place and a copy of the release form will be made and put in to the clients file for future reference.

~~Level 1 Disciplinary Sanctions shall be administered in a progressive manner. Disciplinary sanctions shall be reported to the applicable professional licensing board as appropriate.~~

~~Level 2 Curiosity or Concern (no personal gain) — This level of violation occurs when an employee intentionally accesses or discusses patient information for purposes other than the care of the patient or other authorized purposes but for reasons unrelated to personal gain. Examples include, but are not limited to: an employee looks up birth dates, address of friends or relatives; an employee accesses and reviews a record of a patient out of concern or curiosity; an employee reviews a public personality's record.~~

~~Disciplinary Sanctions:~~

~~First offense: Depending upon the facts, oral or written warning documented and maintained in the employee's personnel record.~~

~~Second offense: Depending upon the facts, a final written warning and suspension for 3-30 days without pay, documented and maintained in the employee's personnel record, or termination.~~

~~Third Offense: Termination~~

~~Except in the case of termination, the employee shall be required to review the Confidentiality Policy and sign a new Confidentiality Agreement. Disciplinary sanctions shall be reported to the applicable professional licensing board as appropriate.~~

~~Level 3: Personal Gain or Malice — This level of violation occurs when an employee accesses, reviews or discusses patient information for personal gain or with malicious intent. Examples include but are not limited to: an employee reviews a patient record to use information in a personal relationship; an employee compiles a mailing list for personal use or to be sold.~~

~~Disciplinary Sanctions: Termination. Report to applicable professional licensing board. Reporting and filing requirements:~~

~~For all levels of violation, all written documentation relating to the violation and subsequent actions will be kept on file in appropriate administrative files for no less than six years after the date of the final resolution of the violation, or for a period of time specified by our practices document retention policies or applicable state or federal laws, whichever is longer. The disciplinary action and appropriate documentation shall also be placed in the employee's personnel file.~~

~~Mitigation:~~

~~Our practice is required to mitigate to the extent practicable, any harmful effect that is known by our practice of a use or disclosure of Protected Health Information that is in violation of its policies and procedures or the requirements of HIPAA or its business associate.~~

~~Refraining from Intimidating or Retaliatory Acts~~

~~Our practice may not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against any individual for the exercise of any right under granted under HIPAA, or for participation by the individual in any process established by HIPAA this includes:~~

~~Any individual or other person for:~~

~~Filing of a complaint with the Secretary;~~

~~Testifying, assisting, or participating in an investigation, compliance review, proceeding, or hearing; or~~

~~Opposing any act or practice made unlawful by HIPAA, provided the individual or person has a good faith belief that the practice opposed is unlawful, and the manner of the opposition is reasonable and does not involve a disclosure of Protected Health Information in violation of HIPAA.~~

~~Disclosures by Whistleblowers and Workforce Member Crime Victims~~

~~Disclosures by Whistleblowers:—A covered entity is not considered to be violation of the HIPAA requirements if a member of your workforce or a business associate discloses Protected Health Information, provided that: The workforce member or business associate who believes in good faith that your practice has engaged in conduct that is unlawful or otherwise violates professional or clinical standards, or that the care, services, or conditions provided potentially endangers one or more patients, workers, or the public; and~~

~~The disclosure is to:~~

- ~~—— I. — A health oversight agency or public health authority~~
 - ~~—— authorized by law to investigate or otherwise oversee the~~
 - ~~—— relevant conduct or conditions of a practice or to an~~
 - ~~—— appropriate health care accreditation organization for~~
 - ~~—— the purpose of reporting the allegation of failure to meet~~
 - ~~—— professional standards or misconduct by the covered~~
 - ~~—— entity; or~~
- ~~—— II. — An attorney retained by or on behalf of the workforce~~
 - ~~—— member or business associate for the purpose of~~
 - ~~—— determining the legal options of the workforce member~~
 - ~~—— or business associate with regard to the conduct that is~~
 - ~~—— unlawful or violates professional or clinical standards,~~
 - ~~—— or that the core services or conditions provided by your~~
 - ~~—— entity potentially endangers one or more patients,~~
 - ~~—— workers, or the public.~~

~~Disclosures by workforce members who are victims of a crime:~~

~~A covered entity is not considered to be a violation of HIPAA if a member of your workforce who is the victim of a criminal act discloses Protected Health Information to a law enforcement official, provided:~~

~~———— A. The Protected Health Information disclosed is about the
———— suspected perpetrator of the criminal act; and~~

~~———— B. The individual agrees to the disclosure The Protected Health Information disclosed is limited to the Following Information:~~

~~———— Name and Address~~

~~———— Date and place of birth~~

~~———— Social Security Number~~

~~———— ABO Blood types and rh factor~~

~~———— Type of Injury~~

~~———— Date and time of treatment~~

~~———— Date and time of death, if applicable~~

~~———— Description of distinguishing characteristics, including height
———— weight, gender, race,~~

~~———— Hair and eye color, presence or absence of facial hair, scars~~

~~———— And tattoos.~~

C. Subpoena Procedure

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

D. ~~Sanctions for Violations of Confidentiality~~ Confidentiality/Sanction Policy

~~POLICY:~~

~~Our practice must have and apply appropriate sanctions against members of the workforce who fail to comply with the appropriate laws protecting the privacy and confidentiality of Protected Health Information. This statement does not apply to disclosures made by Whistleblowers and workforce member crime victims or individuals filing a complaint with the secretary; testifying, assisting or participating in an investigation, compliance review, or hearing under Part C or Title 11; or opposing a practice or act made unlawful, provided the individual has a good faith belief that the practice is unlawful and the manner of opposition is reasonable and does not involve a disclosure of Protected Health Information in violation of HIPAA.~~

~~PROCEDURE:~~

~~Violations of patient confidentiality have been divided into the following three levels with the corresponding disciplinary action for each level of violation.~~

~~Level 1. Carelessness—This level of violation occurs when an employee unintentionally or carelessly accesses, reviews or reveals patient information to him/herself or others without a legitimate need to know the patient information. Examples include, but are not limited to: employees discuss patient information in a public area; employee leaves a copy of patient medical information in a public area; employee leaves a computer unattended in an accessible area with a medical record unsecured.~~

~~Disciplinary Sanctions:~~

~~Depending upon the facts, counseling, oral warning, written warning, final written warning or suspension, documented in writing and maintained in the employee's personnel record, or termination. Except in the case of termination, the employee shall be required to review the Confidentiality Policy and sign a new Confidentiality Agreement.~~

Purpose

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

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

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

Assumptions

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

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

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

Security

Employees will make every effort to maintain confidentiality of written and electronic records by ensuring that only authorized staff will have access to this information during the workday. Protected Health Information will not be left unattended in areas where visitors or other clients may see it. Charts will be placed face down on counter areas and facing the wall in bins so names are not visible, and

computer screens will be turned so clients cannot see them. Schedules should not be located where clients or unauthorized persons may view them. Sign in sheets can be used, but should contain names only. All confidential records will be stored in locked areas when unattended. Records will be destroyed by shredding, in accordance with BHSJCHA record retention rules. Any confidential information that is not a part of a permanent record (and is no longer needed) will be shredded, not thrown away in the regular trash.

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

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

Privacy

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

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

Minimum Necessary

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

Receiving Confidential Information

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

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

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

Uses and Disclosures of Protected Health Information

The HIPAA Privacy Act allows the BHSJCHA to use and disclose Protected Health Information for purposes of treatment, payment and health care operations without authorization. Even without

specific client consent, we are required to limit such uses or disclosures to the minimal amount of PHI that is reasonably required to provide these services.

Disclosures also permitted without client authorization include the following:

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

Clients must give authorization to disclose their Protected Health Information for specific purposes, which are generally other than treatment, payment or health care operations, or to disclose their confidential information to a third party specified by a client. Client authorization is also required to disclose psychotherapy notes to another entity. Psychotherapy notes are those notes of a health professional used to analyze contents of a conversation during private, joint, or group counseling session. Psychotherapy notes do not include any information that is kept in a patient medical record. For further clarification of psychotherapy notes please consult HHS.gov HIPAA for professionals special topics .

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

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

Sanctions

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

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

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

- Verbal warning
- Written warning
- Suspension
- Termination of employment

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

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

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

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

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

Section 11: **SUBSTANCE ABUSE POLICY**

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

POLICY:

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

DEFINITIONS:

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

VIOLATION OF THE POLICY:

1. Employees who violate the Anti-Substance Abuse Policy will be subject to disciplinary action, including termination.
2. After a positive drug test, or upon reasonable suspicion that an employee has violated this policy, a pre-disciplinary hearing will be scheduled, in accordance with the Employer's Personnel Policies.
3. Any employees who suffer from drug or alcohol abuse, may request employer assistance, before the occurrence of any misconduct or the commencement of disciplinary action. You may be eligible for referral to the Employee Assistance Program (EAP) or for a medical leave of absence. We encourage any employee with a problem to contact the Human Resources Representative for details. Such requests are considered confidential. An employee referred to the EAP is not relieved from job expectation requirements.

DRUG TESTING:

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

1. All employees who are offered employment;
2. Where there are reasonable grounds for believing an employee is under the influence of alcohol or drugs;
3. As part of an investigation of any accident in the workplace in which there are reasonable grounds to suspect alcohol and/or drugs contributed to the accident;
4. As a follow-up to a rehabilitation program;
5. As necessary for the safety of employees, patients, clients or the public at large, where allowed by statute;

6. When an employee returns to duty after an absence other than from accrued time off such as vacation or sick leave.

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

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

FISCAL YEAR 2019-2020

Amendment #1

December 12, 2019

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

TOTAL REVENUES:

	TOTAL REVENUES	State/Federal	ELPHS	COUNTY APPROP.	FEEES OTHER	Difference
OCTOBER 2019 - SEPTEMBER 2020	\$ 7,250,202.00	\$ 3,498,873	\$ 1,050,032	\$ 710,527	\$ 1,990,770	
		48.3%	14.5%	9.8%	27.5%	
Amendment #1 - 12/12/2019	TOTAL REVENUES:					
	\$ 7,250,202				Fund Balance Used for Operations	\$ 904,846.00
						\$ -
OTHER:						
Salary/Fringe Payoff 008	\$ 70,000				\$ 70,000	\$0.00
Capital Improvements 023	\$ 25,000	\$ -	\$ -	\$ 25,000		\$25,000.00
MERS Pension Underfunderc 024	\$ 610,000			\$ 22,590	\$ 587,410	\$587,410.00
Dental Clinic - St. Joseph Co 021	\$ 33,300	\$ -	\$ -	\$ -	\$ 33,300	\$0.00
Dental Clinic - Hillsdale Co. 029	\$ 8,000	\$ -	\$ -	\$ -	\$ 8,000	\$1,000.00
TOTAL	\$ 746,300	\$ -	\$ -	\$ 47,590	\$ 698,710	\$613,410.00
CORE SUPPORT SERVICES:						
General Administration 010	\$ 69,916	\$ -	\$ -	\$ -	\$ 69,916	\$10,500.00
Area Agency on Aging 012	\$ 1,200,801	\$ 1,168,297	\$ -	\$ -	\$ 32,504	(\$35,878.00)
VOCA 014	\$ 205,743	\$ 205,743	\$ -	\$ -	\$ -	\$5,992.00
Emergency Preparedness 032	\$ 181,251	\$ 129,463	\$ -	\$ 51,788		\$23,561.00
TOTAL CORE SUPPORT	\$ 1,657,711	\$ 1,503,503	\$ -	\$ 51,788	\$ 102,420	\$4,175.00
PREVENTION SERVICES:						
Outbreak Response - Hep A 034	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
Vector Borne Disease Surve 035	\$ 24,386	\$ 24,375	\$ -	\$ 11		\$24,386.00
Medicaid Enrollment (OR) 107	\$ 171,920	\$ 85,960	\$ -	\$ 85,960		(\$8,350.00)
WIC Breastfeeding 108	\$ 95,825	\$ 78,535	\$ -	\$ 17,290	\$ -	(\$1,070.00)
WIC - Women, Infants, & Ch 109	\$ 996,126	\$ 908,156	\$ -	\$ 79,522	\$ 8,448	\$68,254.00
CSHCS Medicaid Outreach 112	\$ 55,119	\$ 20,248	\$ -	\$ 34,871		\$10,003.00
MCH Enabling Women 115	\$ 60,081	\$ 55,375	\$ -	\$ 4,706	\$ -	\$2,048.00
Immunization IAP (Private) 138	\$ 739,402	\$ 396,796	\$ -	\$ -	\$ 342,606	\$39,209.00
Children's Special Health Ca 325	\$ 196,729	\$ 186,729	\$ -	\$ -	\$ 10,000	\$12,850.00
School Vision 326	\$ 95,098	\$ -	\$ 48,509	\$ 10,000	\$ 36,589	\$14,714.00
School Hearing 327	\$ 82,851	\$ -	\$ 48,509	\$ 6,500	\$ 27,842	\$414.00
MCH Enabling Children 329	\$ 39,034	\$ 39,034	\$ -	\$ -	\$ -	(\$8,507.00)
STD Prevention & Control 331	\$ 149,117	\$ -	\$ 98,026	\$ 50,291	\$ 800	\$15,970.00
HIV Prevention & Control 332	\$ 35,154	\$ 20,000	\$ -	\$ 15,154	\$ -	\$2,486.00
MCH Public Hlt Function & Infra	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
Immunization Vaccine Handl 338	\$ 416,027	\$ 38,415	\$ 165,117	\$ 21,385	\$ 191,110	(\$781.00)
EPI Lab Capacity 350	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
Infectious Disease 341	\$ 272,814	\$ -	\$ 196,832	\$ 3,832	\$ 72,150	\$16,260.00
Lead Testing 345	\$ 20,895	\$ 5,500	\$ -	\$ 15,395	\$ -	\$2,593.00
Forensic Fluids	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
TOTAL PREVENTION	\$ 3,450,578	\$ 1,859,123	\$ 556,993	\$ 344,917	\$ 689,545	\$190,479.00
HEALTH PROMOTION:						
Tobacco Reduction 022						\$0.00
Workforce Development 101	\$ 50,182	\$ 44,135	\$ -	\$ 6,047	\$ -	\$5,667.00
Medical Marihuana BR 212						\$0.00
Medical Marihuana HD 230						\$0.00
Medical Marihuana SJ 275						\$0.00
Tel-A-Health, Coldwater 321	\$ 41,424	\$ -	\$ -	\$ 16,374	\$ 25,050	\$879.00
TOTAL HEALTH PROMOTION	\$ 91,606	\$ 44,135	\$ -	\$ 22,421	\$ 25,050	\$6,546.00
ENVIRONMENTAL HEALTH PROTECTION						
General Environmental Heal 605	\$ 29,289	\$ 8,892	\$ -	\$ 3,152	\$ 17,245	(\$2,467.00)
Food Protection 704	\$ 488,288	\$ -	\$ 147,783	\$ 94,505	\$ 246,000	\$40,558.00
Onsite Sewage 714	\$ 351,469	\$ 22,500	\$ 182,499	\$ 48,170	\$ 98,300	\$24,451.00
Drinking Water Supply 721	\$ 351,469	\$ 1,400	\$ 162,757	\$ 73,812	\$ 113,500	\$24,451.00
Type II Water 745	\$ 83,492	\$ 59,320	\$ -	\$ 24,172	\$ -	\$3,243.00
TOTAL ENVIRONMENTAL HEALTH	\$ 1,304,007	\$ 92,112	\$ 493,039	\$ 243,811	\$ 475,045	\$90,236.00

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

OCTOBER 2019- SEPTEMBER 2020

TOTAL EXPENSES

Amendment #1 12/12/2019	Original Budget 2019-20	Amendment 1 Budget 2019-20	DIFFERENCE
	\$ 6,345,356	\$ 7,250,202	904,846
	\$ -	\$ -	
<u>OTHER:</u>			
Salary/Fringe Payoff	\$ 70,000	\$ 70,000	0
Capital Improvements	\$ -	\$ 25,000	25,000
MERS Pension Underfunded	\$ 22,590	\$ 610,000	587,410
Dental Clinic - St. Joseph Co.	\$ 33,300	\$ 33,300	0
Dental Clinic - Hillsdale Co.	\$ 7,000	\$ 8,000	1,000
TOTAL	\$ 132,890	\$ 746,300	613,410
<u>CORE SUPPORT SERVICES:</u>			
General Administration	\$ 59,416	\$ 69,914	10,498
Area Agency on Aging	\$ 1,236,679	\$ 1,200,801	(35,878)
VOCA	\$ 199,751	\$ 205,743	5,992
Emergency Preparedness	\$ 157,690	\$ 181,251	23,561
TOTAL CORE SUPPORT	\$ 1,653,536	\$ 1,657,709	4,173
<u>PREVENTION SERVICES:</u>			
Outbreak Response - Hep A	\$ -	\$ -	0
Medicaid Outreach	\$ 180,270	\$ 171,920	(8,350)
WIC - Breastfeeding	\$ 96,895	\$ 95,825	(1,070)
WIC - Women, Infants, & Children	\$ 927,872	\$ 996,127	68,255
CSHCS Medicaid Outreach	\$ 45,116	\$ 55,119	10,003
MCH Enabling Women	\$ 58,033	\$ 60,081	2,048
Immunization Clinics	\$ 700,193	\$ 739,402	39,209
Immuization/Vaccine Handling	\$ 416,808	\$ 416,027	(781)
Children's Special Health Care Services	\$ 183,879	\$ 196,729	12,850
School Vision & Hearing Clinics	\$ 162,821	\$ 177,949	15,128
MCH Enabling Children	\$ 47,541	\$ 39,034	(8,507)
STD Prevention & Control	\$ 133,147	\$ 149,117	15,970
HIV Prevention & Control	\$ 32,668	\$ 35,154	2,486
MCH Public Hlt Function & Infra	\$ -	\$ -	0
EPI Lab Capacity	\$ -	\$ -	0
Infectious Disease	\$ 256,554	\$ 272,814	16,260
Lead Testing	\$ 18,302	\$ 20,895	2,593
Forensic Fluids	\$ -	\$ -	0
TOTAL PREVENTION	\$ 3,260,099	\$ 3,426,193	166,094
<u>HEALTH PROMOTION:</u>			
Tobacco Control	\$ -	\$ -	0
Medical Marihuana BR	\$ -	\$ -	0
Medical Marihuana HD	\$ -	\$ -	0
Medical Marihuana SJ	\$ -	\$ -	0
Workforce Development	\$ 44,515	\$ 50,182	5,667
Tel-A-Health	\$ 40,545	\$ 41,424	879
TOTAL HEALTH PROMOTION	\$ 85,060	\$ 91,606	6,546
<u>ENVIRONMENTAL HEALTH PROTECTION</u>			
General Environmental Health	\$ 31,756	\$ 29,289	(2,467)
Food Protection	\$ 447,730	\$ 488,289	40,559
Onsite Sewage	\$ 327,018	\$ 351,469	24,451
Drinking Water Supply	\$ 327,018	\$ 351,469	24,451
Type II Water	\$ 80,249	\$ 83,492	3,243
Vector Borne	\$ -	\$ 24,386	24,386
TOTAL ENVIRONMENTAL HEALTH	\$ 1,213,771	\$ 1,328,394	114,623

Annual Budget for Comprehensive Local Health Services

Local Agency Branch-Hillsdale-St. Joseph CHA	Prepared By: Brenae Corbeil & Theresa Fisher				
Agreement Period 10/01/19 to 09/30/20	Approved By: Board of Health				
Amendment #1	008	009	010	012	014
EXPENDITURE CATEGORY:	SALARYFRINGE PAYOFF	SPACE ALLOCATION	GENERAL ADMINISTRATION	AREA AGENCY ON AGING	VOCA
1. SALARIES & WAGES	70,000		355,239	194,552	92,467
2. FRINGE BENEFITS		-	169,673	62,639	46,202
3. CAP EXP FOR EQUIP & FAC		-	-	-	
4. CONTRACTUAL (SUBCONTRACTS)		-	-	848,890	1,500
5. OTHER EXPENSES:		-	-	-	
6. SUPPLIES		-	17,225	1,200	6,960
7. TRAVEL		-	10,000	15,000	13,780
8. COMMUNICATIONS		-	21,000	2,000	1,000
9. COUNTY/CITY CENTRAL SERVICES		-	-	-	
10. SPACE COSTS		348,686	-	-	
11 .ALL OTHERS (ADP & MISC.)			113,113	16,410	11,144
12. TOTAL DIRECT EXPENDITURES	70,000	348,686	686,250	1,140,691	173,053
13. ADMINISTRATIVE INDIRECT EXP		-	(764,135)	57,655	31,086
22.41726%					
15. TOTAL DIRECT & ADM EXP	70,000	348,686	(77,885)	1,198,346	204,139
16. OTHER COST DISTRIBUTIONS:					
Prevention Serv. Administration					
Community Health Services					
Immunization Distribution					
CSHCS Distribution					
General Environmental Distribution					
Space Allocation		(348,686)	147,801	2,455	1,604
17. TOTAL EXPENDITURES	70,000	-	69,916	1,200,801	205,743
			834,051		
Exclusion Items:					
18. FEES 1ST & 2ND PARTY		-	20	-	
19. FEES & COLLECTIONS 3RD PARTY		-	-	-	
20. FED/STATE FUNDING (NON-MDCH)		-	-	1,168,297	205,743
21. LOCAL (NON-LPHO)		-	-	-	
MATCH FOR FULL COST REIMB.		-	-	-	
FULL COST REIMB.					
OTHER	70,000	-	69,896	32,504	
BCCF Funds		-	-	-	
MCDC Excess Dental Revenue		-	-	-	
		-	-	-	
22. OTHER NON-LPHO		-	-	-	
23. MDCH - NON-CPBC		-	-	-	
24. MDCH - CPBC HIV Testing		-	-	-	
VFC Visits		-	-	-	
Care Coordination		-	-	-	
Nurse Ed		-	-	-	
MCH Block Grant		-	-	-	
State Allocation		-	-	-	
		-	-	-	
25. TOTAL MDCH - CPBC	-	-	-	-	-
26. TOTAL EXCLUSIONS:	70,000	-	69,916	1,200,801	205,743
Net Allowable Expenditures					
27. NET ALLOWABLE EXPENDITURES	-	-	-	0	(0)
27. STATE ELPHS		-	-	-	
28. COUNTY APPROPRIATIONS	-	-	-	0	(0)
29. USE OF FUND BALANCE					

Annual Budget for Comprehensive Local Health Services

Local Agency Branch-Hillsdale-St. Joseph CHA Agreement Period 10/01/19 to 09/30/20	021	023	024	029	032 - 9 Mth
	DENTAL CLINIC THREE RIVERS	CAPITAL IMPROVEMENTS	MERS PENSION UNDERFUNDED	DENTAL CLINIC HILLSDALE	PUBLIC HEALTH EMERG. PREP.
Amendment #1 EXPENDITURE CATEGORY:					
1. SALARIES & WAGES					52,371
2. FRINGE BENEFITS			610,000		30,271
3. CAP EXP FOR EQUIP & FAC	-	-	-	-	
4. CONTRACTUAL (SUBCONTRACTS)	-	-	-	-	
5. OTHER EXPENSES:	-	-	-	-	
6. SUPPLIES	-	-	-	-	3,080
7. TRAVEL	-	-	-	-	5,000
8. COMMUNICATIONS	-	-	-	-	19,000
9. COUNTY/CITY CENTRAL SERVICES	-	-	-	-	
10. SPACE COSTS	-	-	-	-	
11 .ALL OTHERS (ADP & MISC.)	33,300	25,000	-	8,000	4,692
12. TOTAL DIRECT EXPENDITURES	33,300	25,000	610,000	8,000	114,414
13. ADMINISTRATIVE INDIRECT EXP	-	-	-	-	18,526
22.41726%					
15. TOTAL DIRECT & ADM EXP	33,300	25,000	610,000	8,000	132,940
16. OTHER COST DISTRIBUTIONS:					
Prevention Serv. Administration					
Community Health Services					
Immunization Distribution					
CSHCS Distribution					
General Environmental Distribution					
Space Allocation	-	-	-	-	934
17. TOTAL EXPENDITURES	33,300	25,000	610,000	8,000	133,874
Exclusion Items:					
18. FEES 1ST & 2ND PARTY	-	-	-	-	
19. FEES & COLLECTIONS 3RD PARTY	-	-	-	-	
20. FED/STATE FUNDING (NON-MDCH)					
21. LOCAL (NON-LPHO)	-	-	-	-	
MATCH FOR FULL COST REIMB.	-	-	-	-	9,722
FULL COST REIMB.			587,410		
OTHER	33,300	-		8,000	
BCCF Funds	-	-	-	-	
MCDC Excess Dental Revenue	-	-	-	-	
22. OTHER NON-LPHO	-	-	-	-	
23. MDCH - NON-CPBC	-	-	-	-	
24. MDCH - CPBC HIV Testing	-	-	-	-	
VFC Visits	-	-	-	-	
Care Coordination					
Nurse Ed					
MCH Block Grant	-	-	-	-	
State Allocation	-	-	-	-	97,222
25. TOTAL MDCH - CPBC	-	-	-	-	97,222
26. TOTAL EXCLUSIONS:	33,300	-	587,410	8,000	106,944
Net Allowable Expenditures					
27. NET ALLOWABLE EXPENDITURES	-	25,000	22,590	-	26,930
27. STATE ELPHS	-	-	-	-	
28. COUNTY APPROPRIATIONS	-	25,000	22,590	-	26,930
29. USE OF FUND BALANCE					

Annual Budget for Comprehensive Local Health Services

Local Agency Branch-Hillsdale-St. Joseph CHA Agreement Period 10/01/19 to 09/30/20	32 - 3 Mth	35	101	107	108
	PUBLIC HEALTH	VECTOR BORNE	WORKFORCE	MEDICAID	WIC
	EMERG. PREP.	DISEASE	10/1/17-9/30/18	OUTREACH	BREASTFEEDING
Amendment #1					
EXPENDITURE CATEGORY:					
1. SALARIES & WAGES	17,910	979	5,731	82,427	51,071
2. FRINGE BENEFITS	10,367	415	2,560	39,332	7,056
3. CAP EXP FOR EQUIP & FAC			-	-	-
4. CONTRACTUAL (SUBCONTRACTS)			-	-	-
5. OTHER EXPENSES:			-	-	-
6. SUPPLIES	1,000	200	50	575	1,350
7. TRAVEL	1,000	5,500	250	1,500	2,000
8. COMMUNICATIONS	8,100	30	50	100	300
9. COUNTY/CITY CENTRAL SERVICES			-	-	-
10. SPACE COSTS			-	-	-
11 .ALL OTHERS (ADP & MISC.)	2,350	16,920	39,550	3,371	3,670
12. TOTAL DIRECT EXPENDITURES	40,727	24,044	48,191	127,305	65,447
13. ADMINISTRATIVE INDIRECT EXP	6,339	312	1,859	27,295	13,030
22.41726%					
15. TOTAL DIRECT & ADM EXP	47,066	24,356	50,050	154,600	78,477
16. OTHER COST DISTRIBUTIONS:					
Prevention Serv. Administration				12,033	5,744
Community Health Services				3,448	3,448
Immunization Distribution				-	-
CSHCS Distribution					
General Environmental Distribution					
Space Allocation	311	30	132	1,839	8,156
17. TOTAL EXPENDITURES	47,377	24,386	50,182	171,920	95,825
Exclusion Items:					
18. FEES 1ST & 2ND PARTY			-	-	-
19. FEES & COLLECTIONS 3RD PARTY			-	-	-
20. FED/STATE FUNDING (NON-MDCH)			-	85,960	-
21. LOCAL (NON-LPHO)			-	-	-
MATCH FOR FULL COST REIMB.	3,224		-	85,960	-
FULL COST REIMB.					
OTHER				-	-
BCCF Funds			-	-	-
MDCD Excess Dental Revenue			-	-	-
			-	-	-
22. OTHER NON-LPHO			-	-	-
23. MDCH - NON-CPBC			-	-	-
24. MDCH - CPBC HIV Testing			-	-	-
VFC Visits			-	-	-
Care Coordination					
Nurse Ed					
MCH Block Grant			-	-	-
State Allocation	32,241	24,375	44,135	-	78,535
25. TOTAL MDCH - CPBC	32,241	24,375	44,135	-	78,535
26. TOTAL EXCLUSIONS:	35,465	24,375	44,135	171,920	78,535
Net Allowable Expenditures					
27. NET ALLOWABLE EXPENDITURES	11,912	11	6,047	-	17,290
27. STATE ELPHS			-	-	-
28. COUNTY APPROPRIATIONS	11,912	11	6,047	-	17,290
29. USE OF FUND BALANCE			-	-	-

Annual Budget for Comprehensive Local Health Services

Local Agency Branch-Hillsdale-St. Joseph CHA Agreement Period 10/01/19 to 09/30/20	109	112	115	138	199
	WIC RESIDENTIAL	CSHCS MEDICAID OUTREACH	MCH ENABLING WOMEN	IMMUNIZATION/ IAP	PREVENTION SERV ADM.
Amendment #1 EXPENDITURE CATEGORY:					
1. SALARIES & WAGES	440,584		17,987	199,364	55,673
2. FRINGE BENEFITS	227,566		8,083	88,766	29,101
3. CAP EXP FOR EQUIP & FAC	-	-	-	-	-
4. CONTRACTUAL (SUBCONTRACTS)		-	-	-	-
5. OTHER EXPENSES:	-	-	-	-	-
6. SUPPLIES	10,800	-	310	274,100	365
7. TRAVEL	11,000	-	200	3,000	1,300
8. COMMUNICATIONS	4,000	-	50	600	500
9. COUNTY/CITY CENTRAL SERVICES	-	-	-	-	-
10. SPACE COSTS	-	-	-	-	-
11. ALL OTHERS (ADP & MISC.)	44,275	-	21,065	360,938	4,358
12. TOTAL DIRECT EXPENDITURES	738,225	-	47,695	926,768	91,297
13. ADMINISTRATIVE INDIRECT EXP	149,781	-	5,844	64,591	19,004
22.41726%			-		
15. TOTAL DIRECT & ADM EXP	888,006	-	53,539	991,359	110,301
16. OTHER COST DISTRIBUTIONS:					
Prevention Serv. Administration	66,029		2,576	28,474.00	(178,840)
Community Health Services	3,448		3,448		
Immunization Distribution				(300,000)	-
CSHCS Distribution		55,119		-	
General Environmental Distribution				-	
Space Allocation	38,644	-	518	16,121	68,539
17. TOTAL EXPENDITURES	996,127	55,119	60,081	739,402	0
Exclusion Items:					
18. FEES 1ST & 2ND PARTY	-	-	-	16,000	-
19. FEES & COLLECTIONS 3RD PARTY	8,448	-	-	156,750	-
20. FED/STATE FUNDING (NON-MDCH)		20,248		325,000	
21. LOCAL (NON-LPHO)	-	-	-	-	-
MATCH FOR FULL COST REIMB.	-	20,248	-	-	-
FULL COST REIMB.				167,356	
OTHER				2,500	
BCCF Funds	-	-	-	-	-
MCDC Excess Dental Revenue	-	-	-	-	-
22. OTHER NON-LPHO	-	-	-	-	-
23. MDCH - NON-CPBC	-	-	-	-	-
24. MDCH - CPBC HIV Testing	-	-	-	-	-
VFC Visits	-	-	-	-	-
Care Coordination					
Nurse Ed					
MCH Block Grant	-	-	55,375		-
State Allocation	908,156	-	-	71,796	-
25. TOTAL MDCH - CPBC	908,156	-	55,375	71,796	-
26. TOTAL EXCLUSIONS:	916,604	40,496	55,375	739,402	-
Net Allowable Expenditures					
27. NET ALLOWABLE EXPENDITURES	79,523	14,623	4,706	(0)	0
27. STATE ELPHS	-	-	-	-	-
28. COUNTY APPROPRIATIONS	79,523	14,623	4,706	(0)	0
29. USE OF FUND BALANCE	-	-	-	-	-

Annual Budget for Comprehensive Local Health Services

Local Agency Branch-Hillsdale-St. Joseph CHA Agreement Period 10/01/19 to 09/30/20	255	321	325	326	327
	COMMUNITY HEALTH SERVICES	CHC-TELE A HEALTH	CSHCS OR & ADVOCACY	VISION	HEARING
Amendment #1 EXPENDITURE CATEGORY:					
1. SALARIES & WAGES	25,049	25,368	132,503	34,597	34,597
2. FRINGE BENEFITS	14,090	7,016	34,517	19,523	19,523
3. CAP EXP FOR EQUIP & FAC		-	-	-	-
4. CONTRACTUAL (SUBCONTRACTS)		-	-	-	-
5. OTHER EXPENSES:		-	-	-	-
6. SUPPLIES	500	160	1,900	1,400	600
7. TRAVEL	1,200	800	5,000	2,500	2,800
8. COMMUNICATIONS	250	20	350	250	200
9. COUNTY/CITY CENTRAL SERVICES		-	-	-	-
10. SPACE COSTS		-	-	-	-
11 .ALL OTHERS (ADP & MISC.)	1,277	250	15,446	14,890	3,200
12. TOTAL DIRECT EXPENDITURES	42,366	33,614	189,716	73,160	60,920
13. ADMINISTRATIVE INDIRECT EXP	8,774	7,260	37,441	12,132	12,132
22.41726%					
15. TOTAL DIRECT & ADM EXP	51,140	40,874	227,157	85,292	73,052
16. OTHER COST DISTRIBUTIONS:					
Prevention Serv. Administration			16,506	5,348	5,348
Community Health Services	(51,690)		3,448	3,448	3,448
Immunization Distribution					
CSHCS Distribution			(55,119)		
General Environmental Distribution			-		
Space Allocation	550	550	4,737	1,010	1,003
17. TOTAL EXPENDITURES	(0)	41,424	196,729	95,098	82,851
Exclusion Items:					
18. FEES 1ST & 2ND PARTY		-	-	14,000	11,000
19. FEES & COLLECTIONS 3RD PARTY		-	-	-	-
20. FED/STATE FUNDING (NON-MDCH)					
21. LOCAL (NON-LPHO)		-	-	-	-
MATCH FOR FULL COST REIMB.		-	-		-
FULL COST REIMB.				22,589	16,842
OTHER		25,050	10,000		
BCCF Funds		-	-	-	-
MCDC Excess Dental Revenue		-	-	-	-
22. OTHER NON-LPHO		-	-	-	-
23. MDCH - NON-CPBC		-	-	-	-
24. MDCH - CPBC HIV Testing		-	-	-	-
VFC Visits		-	-	-	-
Care Coordination			70,000		
Nurse Ed					
MCH Block Grant		-	-	-	-
State Allocation		-	116,729	-	-
25. TOTAL MDCH - CPBC		-	186,729	-	-
26. TOTAL EXCLUSIONS:		25,050	196,729	36,589	27,842
Net Allowable Expenditures					
27. NET ALLOWABLE EXPENDITURES		16,374	-	58,509	55,009
27. STATE ELPHS		-	-	48,509	48,509
28. COUNTY APPROPRIATIONS		16,374	-	10,000	6,500
29. USE OF FUND BALANCE		-	-	-	-

Annual Budget for Comprehensive Local Health Services

Local Agency Branch-Hillsdale-St. Joseph CHA Agreement Period 10/01/19 to 09/30/20	329	331	332	338	341
	MCH - ENABLING	SEXUAL TRANS.	HIV	IMMUNIZATION/	INFECTIOUS
	SERVICES CHILDREN	DISEASES	PREVENTION	VACCINE HANDLING	DISEASE
Amendment #1 EXPENDITURE CATEGORY:					
1. SALARIES & WAGES	11,371	61,987	14,509	46,187	104,795
2. FRINGE BENEFITS	5,995	29,893	7,897	27,418	47,576
3. CAP EXP FOR EQUIP & FAC		-	-	-	-
4. CONTRACTUAL (SUBCONTRACTS)		-	-	-	-
5. OTHER EXPENSES:		-	-	-	-
6. SUPPLIES	11,100	2,725	345	425	32,555
7. TRAVEL	25	850	150	400	1,600
8. COMMUNICATIONS	25	100	50	1,800	400
9. COUNTY/CITY CENTRAL SERVICES		-	-	-	-
10. SPACE COSTS		-	-	-	-
11 .ALL OTHERS (ADP & MISC.)	1,063	16,192	1,150	10,807	30,120
12. TOTAL DIRECT EXPENDITURES	29,579	111,747	24,101	87,037	217,046
13. ADMINISTRATIVE INDIRECT EXP	3,893	20,597	5,023	16,500	34,157
22.41726%					
15. TOTAL DIRECT & ADM EXP	33,472	132,344	29,124	103,537	251,203
16. OTHER COST DISTRIBUTIONS:					
Prevention Serv. Administration	1,716	9,080	2,214.00	7,274	15,058
Community Health Services	3,448	3,448	3,442	3,442	3,442
Immunization Distribution				300,000	
CSHCS Distribution				-	
General Environmental Distribution				-	
Space Allocation	398	4,245	374	1,774	3,111
17. TOTAL EXPENDITURES	39,034	149,117	35,154	416,027	272,814
Exclusion Items:					
18. FEES 1ST & 2ND PARTY		800	-	-	1,000
19. FEES & COLLECTIONS 3RD PARTY		-	-	49,110	71,150
20. FED/STATE FUNDING (NON-MDCH)					
21. LOCAL (NON-LPHO)					
MATCH FOR FULL COST REIMB.					
FULL COST REIMB.				142,000	
OTHER				-	-
BCCF Funds				-	-
MCDC Excess Dental Revenue				-	-
				-	-
22. OTHER NON-LPHO					
23. MDCH - NON-CPBC					
24. MDCH - CPBC HIV Testing					
VFC Visits				9,000	
Care Coordination					
Nurse Ed				800	
MCH Block Grant	39,034	-	-	-	-
State Allocation			20,000	28,615	180
25. TOTAL MDCH - CPBC	39,034	-	20,000	38,415	180
26. TOTAL EXCLUSIONS:	39,034	800	20,000	229,525	72,330
Net Allowable Expenditures					
27. NET ALLOWABLE EXPENDITURES	(0)	148,317	15,154	186,502	200,484
27. STATE ELPHS		98,026	-	165,117	196,652
28. COUNTY APPROPRIATIONS	(0)	50,291	15,154	21,385	3,832
29. USE OF FUND BALANCE	-	-	-	-	-

Annual Budget for Comprehensive Local Health Services

Local Agency Branch-Hillsdale-St. Joseph CHA Agreement Period 10/01/19 to 09/30/20	345	605	704	714	721
	LEAD	GENERAL	FOOD	ONSITE SEWAGE	DRINKING
	TESTING	ENVIRO. HEALTH	PROTECTION	DISPOSAL	WATER SUPPLY
Amendment #1					
EXPENDITURE CATEGORY:					
1. SALARIES & WAGES	11,339	373,824	245,521		
2. FRINGE BENEFITS	3,228	153,895	88,667		
3. CAP EXP FOR EQUIP & FAC	-	-	-	-	-
4. CONTRACTUAL (SUBCONTRACTS)	-	-	-	-	-
5. OTHER EXPENSES:	-	-	-	-	-
6. SUPPLIES	285	5,470	2,450	-	-
7. TRAVEL	700	27,000	15,000	-	-
8. COMMUNICATIONS	25	1,750	1,500	-	-
9. COUNTY/CITY CENTRAL SERVICES	-	-	-	-	-
10. SPACE COSTS	-	-	-	-	-
11 .ALL OTHERS (ADP & MISC.)	360	23,090	39,480	-	-
12. TOTAL DIRECT EXPENDITURES	15,937	585,029	392,618	-	-
13. ADMINISTRATIVE INDIRECT EXP	3,266	118,300	74,916	-	-
22.41726%					
15. TOTAL DIRECT & ADM EXP	19,203	703,329	467,534	-	-
16. OTHER COST DISTRIBUTIONS:					
Prevention Serv. Administration	1,440				
Community Health Services		3,442	3,442		
Immunization Distribution		-			
CSHCS Distribution					
General Environmental Distribution		(702,938)		351,469	351,469
Space Allocation	252	25,456	17,313	-	-
17. TOTAL EXPENDITURES	20,895	29,289	488,289	351,469	351,469
Exclusion Items:					
18. FEES 1ST & 2ND PARTY	-	11,575	246,000	92,300	113,500
19. FEES & COLLECTIONS 3RD PARTY	-	-	-	-	-
20. FED/STATE FUNDING (NON-MDCH)	5,500	8,892		22,500	1,400
21. LOCAL (NON-LPHO)	-	-	-	-	-
MATCH FOR FULL COST REIMB.	-	-	-	-	-
FULL COST REIMB.					
OTHER		5,670		6,000	-
BCCF Funds	-	-	-	-	-
MDCD Excess Dental Revenue	-	-	-	-	-
22. OTHER NON-LPHO	-	-	-	-	-
23. MDCH - NON-CPBC	-	-	-	-	-
24. MDCH - CPBC	-	-	-	-	-
HIV Testing	-	-	-	-	-
VFC Visits	-	-	-	-	-
Care Coordination					
Nurse Ed					
MCH Block Grant	-	-	-	-	-
State Allocation	-	-	-	-	-
25. TOTAL MDCH - CPBC	-	-	-	-	-
26. TOTAL EXCLUSIONS:	5,500	26,137	246,000	120,800	114,900
Net Allowable Expenditures					
27. NET ALLOWABLE EXPENDITURES	15,395	3,152	242,289	230,669	236,569
27. STATE ELPHS	-	-	147,783	182,499	162,757
28. COUNTY APPROPRIATIONS	15,395	3,152	94,506	48,170	73,812
29. USE OF FUND BALANCE	-	-	-	-	-

Annual Budget

for

Comprehensive Local Health Services

Local Agency Branch-Hillsdale-St. Joseph CHA Agreement Period 10/01/19 to 09/30/20			
	745		
Amendment #1 EXPENDITURE CATEGORY:	TYPE II WATER	GRAND TOTAL	GRAND TOTAL
1. SALARIES & WAGES	39,332	2,797,334	2,797,334
2. FRINGE BENEFITS	25,016	1,816,285	1,816,285
3. CAP EXP FOR EQUIP & FAC	-	-	-
4. CONTRACTUAL (SUBCONTRACTS)	-	850,390	850,390
5. OTHER EXPENSES:	-	-	-
6. SUPPLIES	1,040	378,170	378,170
7. TRAVEL	2,200	129,755	129,755
8. COMMUNICATIONS	350	63,800	63,800
9. COUNTY/CITY CENTRAL SERVICES	-	-	-
10. SPACE COSTS	-	348,686	348,686
11 .ALL OTHERS (ADP & MISC.)	300	865,781	865,781
12. TOTAL DIRECT EXPENDITURES	68,238	7,250,201	7,250,201
13. ADMINISTRATIVE INDIRECT EXP	14,425	4	4
22.41726%		-	-
15. TOTAL DIRECT & ADM EXP	82,663	7,250,205	7,250,205
16. OTHER COST DISTRIBUTIONS:		-	-
Prevention Serv. Administration		-	-
Community Health Services		-	-
Immunization Distribution		-	-
CSHCS Distribution		(0)	(0)
General Environmental Distribution		-	-
Space Allocation	829	-	-
17. TOTAL EXPENDITURES	83,492	7,250,204	7,250,204
			-
			-
Exclusion Items:		-	-
18. FEES 1ST & 2ND PARTY	-	506,195	506,195
19. FEES & COLLECTIONS 3RD PARTY	-	285,458	285,458
20. FED/STATE FUNDING (NON-MDCH)	59,320	1,902,860	1,902,860
21. LOCAL (NON-LPHO)	-	-	-
MATCH FOR FULL COST REIMB.	-	119,154	119,154
FULL COST REIMB.	-	936,197	936,197
OTHER	-	262,920	262,920
BCCF Funds	-	-	-
MDCD Excess Dental Revenue	-	-	-
	-	-	-
22. OTHER NON-LPHO	-	-	-
23. MDCH - NON-CPBC	-	-	-
24. MDCH - CPBC HIV Testing	-	-	-
VFC Visits	-	9,000	9,000
Care Coordination	-	70,000	70,000
Nurse Ed	-	800	800
MCH Block Grant	-	94,409	94,409
State Allocation	-	1,421,984	1,421,984
	-	-	-
25. TOTAL MDCH - CPBC	-	1,596,193	1,596,193
26. TOTAL EXCLUSIONS:	59,320	5,608,977	5,608,977
Net Allowable Expenditures		-	-
		-	-
27. NET ALLOWABLE EXPENDITURES	24,172	1,641,227	1,641,227
27. STATE ELPHS	-	1,049,852	1,049,852
28. COUNTY APPROPRIATIONS	24,172	591,375	591,375
29. USE OF FUND BALANCE	-	-	-

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY



CLASSIFICATION AND COMPENSATION STUDY

MUNICIPAL CONSULTING SERVICES LLC

MUNICIPAL CONSULTING SERVICES LLC

October 25, 2019

Rebecca A. Burns, M.P.H., R.S.
Health Officer
Branch-Hillsdale-St. Joseph Community Health Agency
570 Marshall Rd.
Coldwater, MI 49036

Dear Ms. Burns,

We have completed the classification and compensation study for Branch-Hillsdale-St. Joseph Community Health Agency. This final report presents the results of the study as well as the documentation required to implement and maintain a classification and compensation system on an ongoing basis.

The report is organized in a series of sections and appendices as follows:

- Section I: Overview of the classification and compensation study;
- Section II: Results of the study and suggestions for implementation;
- Section III: Classification and compensation system maintenance;
- Section IV: Employee benefits comparison;
- Appendix A: Job analysis questionnaire;
- Appendix B: Job evaluation plan and rankings;
- Appendix C: Market survey results;
- Appendix D: Suggested grade and salary structure with additional information;
- Appendix E: Summary of employee benefits comparison.

In summary, the study has resulted in a comprehensive pay system analysis based on fundamental principles of wage and salary administration. Major tasks in the study process have included:

- Development of a list of comparable employers;
- Interviews with department heads;
- Establishment of internal positional ranking;
- Development of a market survey and analysis of the resulting survey data;
- Development of a pay grade structure and corresponding suggestions for implementation of a new compensation system.

Primary components of the completed pay system include:

- The development of a pay grade structure based on an evaluation of internal position requirements;
- Pay ranges that provide a basis for evaluating the current pay levels of employees;
- A sample progression schedule for moving employees through pay ranges;

- Comparative summary analysis of employee benefits;
- The data and information necessary for informed decision-making regarding pay and benefit levels for affected employees;
- A final report developed as a system that can be used for ongoing pay system administration.

We have appreciated the opportunity to assist Branch-Hillsdale-St. Joseph Community Health Agency in this important study. Should you have any questions related to this report please contact me at 734.904.4632.

Very truly yours,

A handwritten signature in black ink that reads "Mark Nottley". The signature is written in a cursive, flowing style.

Mark W. Nottley, Principal
Municipal Consulting Services LLC

SECTION I

**OVERVIEW OF THE CLASSIFICATION AND
COMPENSATION STUDY**

SECTION I

OVERVIEW OF THE CLASSIFICATION AND COMPENSATION STUDY

The classification and compensation analysis contained in this report has been designed specifically for job classifications in Branch-Hillsdale-St. Joseph Community Health Agency (BHSJ). It encompasses fundamental principles related to wage and salary administration and the proper evaluation of internal and external pay factors.

In the following subsections we provide information concerning the project approach, the results of the study and the components of the classification and compensation system that we are suggesting for employees.

JOB ANALYSIS AND JOB DESCRIPTION DEVELOPMENT: THE FIRST MAJOR TASK

To accurately evaluate compensation, it is necessary to gain a strong working knowledge of each affected position. To accomplish this, we performed the following tasks:

- A variety of data was requested and reviewed including job descriptions, the current pay schedule, personnel policies pertaining to pay and other information related to compensation and pay practices.
- Employees completed a job analysis questionnaire concerning their respective duties and positional requirements (see Appendix A).
- Following review of the above information, interviews were conducted with department heads to gain additional insight into each job.
- Comprehensive job descriptions were then developed for each position utilizing the assembled information. The findings, conclusions and recommendations in the report are based on the duties and responsibilities specified in the job descriptions. The job descriptions have been submitted electronically to BHSJ in a Word format to allow for any future changes to job duties or requirements.

BHSJ should retain the job analysis questionnaire for future reference purposes, and as a tool to be used to maintain accurate job descriptions.

If modifying or creating new classifications, BHSJ should employ a similar job analysis methodology (i.e. questionnaire completion, department head interview, job description development or modification).

JOB EVALUATION: ESTABLISHING INTERNAL RANKING

Following the job analysis process, we proceeded to determine the relative internal value of the studied positions. This process involved:

- Development and weighting of a job evaluation plan (see Appendix B).
- The evaluation of each position as measured against specific job evaluation factors including:
 - Education and relevant experience
 - Judgment and independence of action
 - Internal and external relations
 - Supervisory or managerial responsibility
 - Job complexity
 - Responsibility for the welfare and safety of others
 - Technology use
 - Impact on programs, services and operations
 - Document concentration
 - Work environment.
- The ranking of each position based on the resulting point totals (the ranking results are also included in Appendix B).

MARKET SURVEY: DETERMINING PAY COMPARABILITY

As a next step in the process, we proceeded to design and conduct a salary and employee benefits survey. This included the following tasks:

- A list of comparable employers was developed based on discussion with BHSJ's Health Officer and Director of Administration as well as our knowledge of health departments in Michigan. This list included similarly-sized health agencies or others that are in geographic proximity and/or share attributes held by BHSJ. (The list of surveyed health agencies is presented in Appendix C with supporting demographic data.)
- A survey instrument was then developed which provided a description of each studied position and elicited information concerning wage levels and employee benefits.
- Completed surveys were received from eleven health agencies including:
 - Barry/Eaton District Health Department
 - Berrien County Health Department
 - Calhoun County Health Department
 - Central Michigan District Health Department
 - District Health Department #10

- Jackson County Health Department
- Kalamazoo County Health and Human Services
- Lenawee County Health Department
- Mid-Michigan District Health Department
- Monroe County Health Department
- Van Buren/Cass County District Health Department.

Additionally, wage data was collected for select positions (including registered nurses) from local area community mental health agencies as well as state-wide area agencies on aging.

It should be mentioned that each organization surveyed in this study is unique in its own regard, with different organizational structures and alternative allocations of duties among employees. Further, not every employer delivers the same mix of services found in BHSJ. Consequently, we have carefully scrutinized the assembled data and used only the information that is applicable to BHSJ's positional pool.

Essentially, the focus of our market analysis was to determine the likely job market for each of BHSJ's positions. Our objective was to identify positions with similar responsibilities, requiring similar knowledge, skill and expertise. (See Appendix C for the wage survey results and all related materials.)

PAY STRUCTURE: DEVELOPING PAY GRADES AND SALARY RANGES

The job evaluation results (contained in Appendix B) and the market survey data (contained in Appendix C) provided the basis for developing a suggested grade structure and corresponding pay ranges (contained in Appendix D and discussed in Section II). Related to this:

- The grade structure organizes the classifications into nine pay grades, based on the job evaluation rating results. (The job evaluation point range parameters established for each pay grade should remain constant for ongoing program integrity.)
- Proposed salary ranges were then developed from an analysis of the salary survey. The ranges are designed to have maximum values that approximate the reported average market levels for range maximums. The widths of the pay ranges (i.e. 20%) were determined based on discussion with BHSJ and are very close to what is currently used.

OVERVIEW OF THE FOLLOWING SECTIONS OF THE REPORT

The suggested pay ranges are discussed in greater detail in the following Section II of the report along with approaches for implementation of the pay/grade structure and related pay system.

Section III of the report focuses on techniques for maintaining the pay system for ongoing use in the event that BHSJ elects to adopt the pay system.

Lastly, Section IV provides discussion regarding the comparison of employee benefits. BHSJ may find this information to be useful in evaluating the impact of employee benefits on total compensation or in comparing particular benefit levels. All employee benefit survey results are summarized in a matrix in Appendix E of the report.

SECTION II

RESULTS OF THE STUDY AND SUGGESTIONS FOR IMPLEMENTATION

SECTION II

RESULTS OF THE STUDY AND SUGGESTIONS FOR IMPLEMENTATION

In regard to implementing the compensation study results, it is our policy to provide suggestions and supporting data for consideration, but not attempt to establish compensation policies for our clients. Adoption of the study's findings is a policy matter to be decided by the Board of Health who must consider financial and other policy constraints. Within this context we offer the following.

SUGGESTED PAY GRADES AND RANGES

As discussed in Section I, job analysis and market survey provide the basis for the suggested pay grades and ranges contained in Exhibit 1 below. Midpoints are structured to reflect market averages, as determined by the market survey. The suggested grade and salary structure is also illustrated in Appendix D with information pertaining to point parameters and market averages.

*Exhibit 1
Branch-Hillsdale-St. Joseph Community Health Agency
Classification and Compensation Study
Suggested Pay Grades and Ranges*

Pay Grade	Title	Minimum of New Range	Midpoint of New Range	Maximum of New Range
1	Environmental Health Assistant Clerk	\$12.29	\$13.52	\$14.75
2	WIC Breastfeeding Peer Counselor	\$13.83	\$15.22	\$16.60
2	Administrative Support Clerk			
2	CSHCS-Representative			
2	Vision and Hearing Technician			
2	Immunization Clerk			
2	Clinic Clerk Technician			
3	Area Agency on Aging Program Specialist	\$15.63	\$17.19	\$18.76
3	Area Agency on Aging Outreach Specialist			
3	Environmental Health Administrative Assistant			
3	Clinic Administrative Assistant			
4	Area Agency on Aging - VOCA Elder Abuse Victim Specialist	\$17.66	\$19.43	\$21.20
4	Fiscal Support Specialist			
5	OPEN GRADE	\$19.96	\$21.96	\$23.95
6	Health Educator	\$22.55	\$24.81	\$27.07
6	Environmental Health Sanitarian I			
6	Area Agency on Aging Social Work Care Consultant			

Exhibit 1
Branch-Hillsdale-St. Joseph Community Health Agency
Classification and Compensation Study
Suggested Pay Grades and Ranges (cont'd)

Pay Grade	Title	Minimum of New Range	Midpoint of New Range	Maximum of New Range
7	Environmental Health Sanitarian II	\$25.49	\$28.04	\$30.58
7	Finance and IT Support Specialist			
7	Area Agency on Aging RN Care Consultant			
7	Community Health Services Registered Nurse			
7	Public Health Registered Nurse			
7	Accountant			
7	Emergency Preparedness Coordinator			
7	IT Network Manager			
8	Clinic Supervisor			
8	Community Health Services Supervisor			
8	Environmental Health Supervisor			
9	Area Agency on Aging Director	\$33.50	\$36.85	\$40.20
9	Environmental Health Director			
9	Personal Health and Disease Prevention Director			
9	Administrative Services Director			

In regard to the above, incumbent employees have salaries that are below or within the suggested salary ranges. These situations are discussed separately below.

Employees with wage level below the range minimum

An employee with a current wage level below the minimum of the suggested range is referred to as a “green circle.” in human resources’ terminology. For BHSJ, there are 22 positions with 40 employees with green circle status. The following Exhibit 2 specifies incumbents with current wage levels below the minimum of the suggested ranges as well as the hourly cost impact required to move each employee to the range minimum.

Exhibit 2
Branch-Hillsdale-St. Joseph Community Health Agency
Classification and Compensation Study
Cost to Move Green-Circled Positions to Range Minimum

Position	Current Salary	Range Minimum	Cost to Achieve Range Minimum Hourly	Estimated # of Hours per Year	Cost to Achieve Range Minimum Annualized
WIC Breastfeeding Peer Counselor (BC)	\$13.04	\$13.83	\$0.79	1,040	\$821.60
WIC Breastfeeding Peer Counselor (AE)	\$13.04	\$13.83	\$0.79	1,040	\$821.60
WIC Breastfeeding Peer Counselor (KL)	\$12.36	\$13.83	\$1.47	1,170	\$1,719.90
Administrative Support Clerk	\$12.72	\$13.83	\$1.11	1,170	\$1,298.70
CSHCS-Representative (NE)	\$13.45	\$13.83	\$0.38	1,950	\$741.00
CSHCS-Representative (TL)	\$13.04	\$13.83	\$0.79	1,170	\$924.30
Vision and Hearing Technician (EY)	\$13.04	\$13.83	\$0.79	1,170	\$924.30
Clinic Clerk Technician (AB)	\$12.36	\$13.83	\$1.47	1,950	\$2,866.50
Clinic Clerk Technician (BE)	\$12.36	\$13.83	\$1.47	1,950	\$2,866.50
Clinic Clerk Technician (RF)	\$13.04	\$13.83	\$0.79	1,950	\$1,540.50
Clinic Clerk Technician (LH)	\$13.04	\$13.83	\$0.79	1,950	\$1,540.50
Clinic Clerk Technician (CK)	\$12.36	\$13.83	\$1.47	1,950	\$2,866.50
Area Agency on Aging Outreach Specialist	\$13.74	\$15.63	\$1.89	1,170	\$2,211.30
Environmental Health Administrative Assistant (EH)	\$14.96	\$15.63	\$0.67	1,950	\$1,306.50
Area Agency on Aging - VOCA Elder Abuse Victim Specialist (JE)	\$16.56	\$17.66	\$1.10	1,950	\$2,145.00
Area Agency on Aging - VOCA Elder Abuse Victim Specialist (DN)	\$16.12	\$17.66	\$1.54	1,950	\$3,003.00
Environmental Health Sanitarian I (BA)	\$20.82	\$22.55	\$1.73	1,950	\$3,373.50
Environmental Health Sanitarian I (BK)	\$21.44	\$22.55	\$1.11	1,950	\$2,164.50
Environmental Health Sanitarian I (BP)	\$20.24	\$22.55	\$2.31	1,950	\$4,504.50
Environmental Health Sanitarian I (AR)	\$20.24	\$22.55	\$2.31	1,950	\$4,504.50
Area Agency on Aging Social Work Care Consultant (KP)	\$20.24	\$22.55	\$2.31	1,170	\$2,702.70
Area Agency on Aging Social Work Care Consultant (AR)	\$20.24	\$22.55	\$2.31	1,950	\$4,504.50
Finance and IT Support Specialist	\$24.07	\$25.49	\$1.42	1,950	\$2,769.00

Exhibit 2
Branch-Hillsdale-St. Joseph Community Health Agency
Classification and Compensation Study
Cost to Move Green-Circled Positions to Range Minimum (cont'd)

Position	Current Salary	Range Minimum	Cost to Achieve Range Minimum Hourly	Estimated # of Hours per Year	Cost to Achieve Range Minimum Annualized
Community Health Services Registered Nurse	\$24.07	\$25.49	\$1.42	1,950	\$2,769.00
Public Health Registered Nurse (MA)*	\$24.07	\$25.49	\$1.42	520	\$738.40
Public Health Registered Nurse (RD)	\$24.07	\$25.49	\$1.42	1,950	\$2,769.00
Public Health Registered Nurse (CJ)	\$24.07	\$25.49	\$1.42	1,560	\$2,215.20
Public Health Registered Nurse (RP)	\$24.07	\$25.49	\$1.42	1,560	\$2,215.20
Public Health Registered Nurse (TS)	\$24.07	\$25.49	\$1.42	1,950	\$2,769.00
Public Health Registered Nurse (CS)	\$24.07	\$25.49	\$1.42	1,950	\$2,769.00
Accountant	\$23.09	\$25.49	\$2.40	1,950	\$4,680.00
IT Network Manager	\$21.44	\$25.49	\$4.05	1,950	\$7,897.50
Clinic Supervisor (DF)	\$28.03	\$28.80	\$0.77	1,950	\$1,501.50
Clinic Supervisor (YA)	\$28.03	\$28.80	\$0.77	1,950	\$1,501.50
Clinic Supervisor (AM)	\$28.03	\$28.80	\$0.77	1,950	\$1,501.50
Community Health Services Supervisor	\$26.44	\$28.80	\$2.36	1,950	\$4,602.00
Environmental Health Supervisor	\$28.03	\$28.80	\$0.77	1,950	\$1,501.50
Area Agency on Aging Director	\$30.99	\$33.50	\$2.51	1,950	\$4,894.50
Environmental Health Director	\$32.70	\$33.50	\$0.80	1,950	\$1,560.00
Administrative Services Director	\$31.93	\$33.50	\$1.57	1,950	\$3,061.50
TOTAL COST TO ACHIEVE			\$57.52		\$101,067.20

*Employee's annual hours were reported as casual. For calculation purposes the estimated number of hours per year is based on 10 hours per week.

It is suggested that the green-circled positions be moved to the minimum of the range, thereby assuring consistent application of the developed pay system. This could be a one-time adjustment or realized over a period of time. Summarily, the timing of these pay adjustments (if at all) will be a Board decision considered within the context of the Board's compensation philosophy and BHSJ's ability-to-pay.

Employees with salaries falling within the range

The salaries of the other employees fall within the suggested salary ranges. Whether the wages of these employees should, or should not be adjusted, is an issue that BHSJ must consider within the larger context of compensation philosophy. In our experience, organizations have widely differing philosophies concerning pay levels. As examples:

Exhibit 3
Branch-Hillsdale-St. Joseph Community Health Agency
Classification and Compensation Study
Compa-Ratio Analysis

Position	Current Wage	Recommended Mid-Point	Compa-Ratio
Environmental Health Assistant Clerk	\$13.45	\$13.52	0.99
WIC Breastfeeding Peer Counselor (BC)	\$13.04	\$15.22	0.86
WIC Breastfeeding Peer Counselor (AE)	\$13.04	\$15.22	0.86
WIC Breastfeeding Peer Counselor (KL)	\$12.36	\$15.22	0.81
Administrative Support Clerk	\$12.72	\$15.22	0.84
CSHCS-Representative (NE)	\$13.45	\$15.22	0.88
CSHCS-Representative (TL)	\$13.04	\$15.22	0.86
Vision and Hearing Technician (CA)	\$14.63	\$15.22	0.96
Vision and Hearing Technician (KS)	\$14.63	\$15.22	0.96
Vision and Hearing Technician (EY)	\$13.04	\$15.22	0.86
Immunization Clerk (MG)	\$16.30	\$15.22	1.07
Immunization Clerk (HS)	\$16.30	\$15.22	1.07
Immunization Clerk (JV)	\$14.96	\$15.22	0.98
Clinic Clerk Technician (AB)	\$12.36	\$15.22	0.81
Clinic Clerk Technician (BE)	\$12.36	\$15.22	0.81
Clinic Clerk Technician (RF)	\$13.04	\$15.22	0.86
Clinic Clerk Technician (JF)	\$14.63	\$15.22	0.96
Clinic Clerk Technician (LH)	\$13.04	\$15.22	0.86
Clinic Clerk Technician (SJ)	\$14.23	\$15.22	0.93
Clinic Clerk Technician (MT)	\$14.63	\$15.22	0.96
Clinic Clerk Technician (CK)	\$12.36	\$15.22	0.81
Area Agency on Aging Outreach Specialist	\$13.74	\$17.19	0.80
Environmental Health Administrative Assistant (SH)	\$16.30	\$17.19	0.95
Environmental Health Administrative Assistant (EH)	\$14.96	\$17.19	0.87
Environmental Health Administrative Assistant (BL)	\$16.30	\$17.19	0.95
Clinic Administrative Assistant (CC)	\$16.30	\$17.19	0.95
Clinic Administrative Assistant (DC)	\$16.30	\$17.19	0.95
Clinic Administrative Assistant (JH)	\$16.30	\$17.19	0.95
Area Agency on Aging - VOCA Elder Abuse Victim Specialist (JE)	\$16.56	\$19.43	0.85
Area Agency on Aging - VOCA Elder Abuse Victim Specialist (DN)	\$16.12	\$19.43	0.83
Fiscal Support Specialist (RC)	\$17.99	\$19.43	0.93
Fiscal Support Specialist (KM)	\$19.02	\$19.43	0.98
Health Educator (RA)	\$23.38	\$24.81	0.94

Exhibit 3
Branch-Hillsdale-St. Joseph Community Health Agency
Classification and Compensation Study
Compa-Ratio Analysis (cont'd)

Position	Current Wage	Recommended Mid-Point	Compa-Ratio
Health Educator (KM)	\$24.07	\$24.81	0.97
Environmental Health Sanitarian I (BA)	\$20.82	\$24.81	0.84
Environmental Health Sanitarian I (CJ)	\$22.70	\$24.81	0.91
Environmental Health Sanitarian I (BK)	\$21.44	\$24.81	0.86
Environmental Health Sanitarian I (BP)	\$20.24	\$24.81	0.82
Environmental Health Sanitarian I (DW)	\$24.07	\$24.81	0.97
Environmental Health Sanitarian I (JY)	\$24.07	\$24.81	0.97
Environmental Health Sanitarian I (RZ)	\$24.07	\$24.81	0.97
Environmental Health Sanitarian I (AR)	\$20.24	\$24.81	0.82
Area Agency on Aging Social Work Care Consultant (KP)	\$20.24	\$24.81	0.82
Area Agency on Aging Social Work Care Consultant (AR)	\$20.24	\$24.81	0.82
Environmental Health Sanitarian II	\$26.71	\$28.04	0.95
Finance and IT Support Specialist	\$24.07	\$28.04	0.86
Community Health Services Registered Nurse	\$24.07	\$28.04	0.86
Public Health Registered Nurse (MA)	\$24.07	\$28.04	0.86
Public Health Registered Nurse (RD)	\$24.07	\$28.04	0.86
Public Health Registered Nurse (CJ)	\$24.07	\$28.04	0.86
Public Health Registered Nurse (RP)	\$24.07	\$28.04	0.86
Public Health Registered Nurse (TS)	\$24.07	\$28.04	0.86
Public Health Registered Nurse (CS)	\$24.07	\$28.04	0.86
Accountant	\$23.09	\$28.04	0.82
Emergency Preparedness Coordinator	\$26.71	\$28.04	0.95
IT Network Manager	\$21.44	\$28.04	0.76
Clinic Supervisor (DF)	\$28.03	\$31.68	0.88
Clinic Supervisor (YA)	\$28.03	\$31.68	0.88
Clinic Supervisor (AM)	\$28.03	\$31.68	0.88
Community Health Services Supervisor	\$26.44	\$31.68	0.83
Environmental Health Supervisor	\$28.03	\$31.68	0.88
Area Agency on Aging Director	\$30.99	\$36.85	0.84
Environmental Health Director	\$32.70	\$36.85	0.89
Administrative Services Director	\$31.93	\$36.85	0.87
OVERALL COMPA-RATIO AVERAGE			0.89

A compa-ratio of less than one is below the range midpoint, or market average, and a number greater than one indicates a salary exceeding the midpoint. Exhibit 3 shows that BHSJ's

employees are paid (based on our assumed midpoint), on average, 0.89 of what their counterparts in comparable communities earn, or roughly 11% below the market average.

MOVING EMPLOYEES THROUGH THE RANGES OVER TIME

As previously discussed, with market competitive pay ranges in place, BHSJ will need to establish a plan for moving employees through the pay ranges over time. BHSJ has historically used a traditional step system. This type of system provides a rational basis for determining salary adjustments and moving employees through the ranges, thereby acknowledging time on the job and increased proficiency (as previously illustrated in Chart 1).

To facilitate implementation of the new pay system, the following Exhibit 4 illustrates a step-system option for Branch-Hillsdale-St. Joseph Community Health Agency.

The example step system shown in Exhibit 4 contains seven steps. As discussed earlier in the report, the pay ranges are 20% in width. In actuality, BHSJ could use any number of steps; the step system below is only an example based on what is currently used.

Exhibit 4
Branch-Hillsdale-St. Joseph Community Health Agency
Classification and Compensation Study
Traditional Step System – 7 Step Example (20% Width)

Grade	Minimum			Midpoint			Maximum
	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7
1	\$12.29	\$12.70	\$13.11	\$13.52	\$13.93	\$14.34	\$14.75
2	\$13.83	\$14.29	\$14.75	\$15.22	\$15.68	\$16.14	\$16.60
3	\$15.63	\$16.15	\$16.67	\$17.19	\$17.71	\$18.23	\$18.76
4	\$17.66	\$18.25	\$18.84	\$19.43	\$20.02	\$20.61	\$21.20
5	\$19.96	\$20.63	\$21.29	\$21.96	\$22.63	\$23.29	\$23.95
6	\$22.55	\$23.30	\$24.06	\$24.81	\$25.56	\$26.32	\$27.07
7	\$25.49	\$26.34	\$27.19	\$28.04	\$28.89	\$29.74	\$30.58
8	\$28.80	\$29.76	\$30.72	\$31.68	\$32.64	\$33.60	\$34.56
9	\$33.50	\$34.62	\$35.73	\$36.85	\$37.97	\$39.08	\$40.20

As noted above, the example step system shown in Exhibit 4 contains seven steps within a 20% wide range. This seven step example allows for the reflection of range midpoints at Step 4 and provides a logical pattern of increases based on the suggested range width. BHSJ provides the first step increase at six months following performance review. The employee is then awarded a step increase after each subsequent year of employment.

When considering a step system, it may be helpful to think of it as a way to join job performance and competency in a position with the appropriate pay levels or step placement (as depicted previously in the continuum shown in Chart 1). For example, new employees at BHSJ are hired at the range minimum (Step 1), in cases in which labor market conditions permit. New hires will

typically need time to become familiar with the organization and learn the nuances of the position. During this period a salary at or near the range minimum is appropriate (Steps 1 and Step 2 at six months). Ideally, employees would then move one step higher each year (presuming adequate performance and budgetary wherewithal) until midpoint is achieved. As illustrated in the previous Chart 1, at this point in the employment cycle, the employee will presumably have gained competence in the job and related duties. In following years the employee is awarded for the higher experience and expertise that has accumulated – moving one step higher each year until range maximum is achieved.

PLACEMENT OF EXISTING EMPLOYEES WITHIN THE NEW PAY GRADE STRUCTURE VIA THE STEP SYSTEM

Implementation of the new pay grade structure will be subject to the Board of Health's acceptance. Should the Board also decide to implement our suggested step system, it will be necessary to place employees on a step within the new pay structure. For employees, some salary adjustment will need to be done to align them on a step within the new system.

One common method would be to move each employee to the next highest step in his/her respective salary range. This will result in an initial pay increase that will vary from employee to employee depending on their current distance from the next highest step. However, the primary purpose of this approach is to establish the pay system and the relative positioning of each employee within a suggested step level within the new pay ranges.

While recognizing that conditions will change before actual implementation, it is our intention to provide some preliminary cost estimate for the above adjustment. A later update will be needed; our objective is to provide only a starting point.

Related to this, the following Exhibit 5 contains cost estimation for system implementation consistent with the Exhibit 4 step system illustrated above. Key features include the following:

- Green-circled employees are placed at range minimum.
- All other employees are moved to the next highest step above current wage.

As seen below, moving employees to the next highest step would result in a cost of \$118,761.50. This is the total estimated initial cost for implementation of the step system as presented.

Exhibit 5
Branch-Hillsdale-St. Joseph Community Health Agency
Classification and Compensation Study
Costing Analysis – Move All Employees to Next Highest Step

Position	Current Wage	Grade	Next Step	Amount	Cost to Move to Next Step Hourly	Estimated # of Hours per Year	Cost to Move to Next Step Annualized
Environmental Health Assistant Clerk	\$13.45	1	4	\$13.52	\$0.07	1,170	\$81.90
WIC Breastfeeding Peer Counselor (BC)	\$13.04	2	1	\$13.83	\$0.79	1,040	\$821.60
WIC Breastfeeding Peer Counselor (AE)	\$13.04	2	1	\$13.83	\$0.79	1,040	\$821.60
WIC Breastfeeding Peer Counselor (KL)	\$12.36	2	1	\$13.83	\$1.47	1,170	\$1,719.90
Administrative Support Clerk	\$12.72	2	1	\$13.83	\$1.11	1,170	\$1,298.70
CSHCS-Representative (NE)	\$13.45	2	1	\$13.83	\$0.38	1,950	\$741.00
CSHCS-Representative (TL)	\$13.04	2	1	\$13.83	\$0.79	1,170	\$924.30
Vision and Hearing Technician (CA)	\$14.63	2	3	\$14.75	\$0.12	1,950	\$234.00
Vision and Hearing Technician (KS)	\$14.63	2	3	\$14.75	\$0.12	1,950	\$234.00
Vision and Hearing Technician (EY)	\$13.04	2	1	\$13.83	\$0.79	1,170	\$924.30
Immunization Clerk (MG)	\$16.30	2	7	\$16.60	\$0.30	1,950	\$585.00
Immunization Clerk (HS)	\$16.30	2	7	\$16.60	\$0.30	1,950	\$585.00
Immunization Clerk (JV)	\$14.96	2	4	\$15.22	\$0.26	1,950	\$507.00
Clinic Clerk Technician (AB)	\$12.36	2	1	\$13.83	\$1.47	1,950	\$2,866.50
Clinic Clerk Technician (BE)	\$12.36	2	1	\$13.83	\$1.47	1,950	\$2,866.50
Clinic Clerk Technician (RF)	\$13.04	2	1	\$13.83	\$0.79	1,950	\$1,540.50
Clinic Clerk Technician (JF)*	\$14.63	2	3	\$14.75	\$0.12	520	\$62.40
Clinic Clerk Technician (LH)	\$13.04	2	1	\$13.83	\$0.79	1,950	\$1,540.50
Clinic Clerk Technician (SJ)	\$14.23	2	2	\$14.29	\$0.06	1,950	\$117.00
Clinic Clerk Technician (MT)	\$14.63	2	3	\$14.75	\$0.12	1,950	\$234.00
Clinic Clerk Technician (CK)	\$12.36	2	1	\$13.83	\$1.47	1,950	\$2,866.50
Area Agency on Aging Outreach Specialist	\$13.74	3	1	\$15.63	\$1.89	1,170	\$2,211.30
Environmental Health Administrative Assistant (SH)	\$16.30	3	3	\$16.67	\$0.37	1,950	\$721.50
Environmental Health Administrative Assistant (EH)	\$14.96	3	1	\$15.63	\$0.67	1,950	\$1,306.50
Environmental Health Administrative Assistant (BL)	\$16.30	3	3	\$16.67	\$0.37	1,950	\$721.50
Clinic Administrative Assistant (CC)	\$16.30	3	3	\$16.67	\$0.37	1,950	\$721.50

Exhibit 5
Branch-Hillsdale-St. Joseph Community Health Agency
Classification and Compensation Study
Costing Analysis – Move All Employees to Next Highest Step (cont'd)

Position	Current Wage	Grade	Next Step	Amount	Cost to Move to Next Step Hourly	Estimated # of Hours per Year	Cost to Move to Next Step Annualized
Clinic Administrative Assistant (DC)	\$16.30	3	3	\$16.67	\$0.37	1,950	\$721.50
Clinic Administrative Assistant (JH)	\$16.30	3	3	\$16.67	\$0.37	1,950	\$721.50
Area Agency on Aging - VOCA Elder Abuse Victim Specialist (JE)	\$16.56	4	1	\$17.66	\$1.10	1,950	\$2,145.00
Area Agency on Aging - VOCA Elder Abuse Victim Specialist (DN)	\$16.12	4	1	\$17.66	\$1.54	1,950	\$3,003.00
Fiscal Support Specialist (RC)	\$17.99	4	2	\$18.25	\$0.26	1,950	\$507.00
Fiscal Support Specialist (KM)	\$19.02	4	4	\$19.43	\$0.41	1,950	\$799.50
Health Educator (RA)	\$23.38	6	3	\$24.06	\$0.68	1,950	\$1,326.00
Health Educator (KM)	\$24.07	6	4	\$24.81	\$0.74	1,950	\$1,443.00
Environmental Health Sanitarian I (BA)	\$20.82	6	1	\$22.55	\$1.73	1,950	\$3,373.50
Environmental Health Sanitarian I (CJ)	\$22.70	6	2	\$23.30	\$0.60	1,950	\$1,170.00
Environmental Health Sanitarian I (BK)	\$21.44	6	1	\$22.55	\$1.11	1,950	\$2,164.50
Environmental Health Sanitarian I (BP)	\$20.24	6	1	\$22.55	\$2.31	1,950	\$4,504.50
Environmental Health Sanitarian I (DW)	\$24.07	6	4	\$24.81	\$0.74	1,950	\$1,443.00
Environmental Health Sanitarian I (JY)	\$24.07	6	4	\$24.81	\$0.74	1,950	\$1,443.00
Environmental Health Sanitarian I (RZ)	\$24.07	6	4	\$24.81	\$0.74	1,950	\$1,443.00
Environmental Health Sanitarian I (AR)	\$20.24	6	1	\$22.55	\$2.31	1,950	\$4,504.50
Area Agency on Aging Social Work Care Consultant (KP)	\$20.24	6	1	\$22.55	\$2.31	1,170	\$2,702.70
Area Agency on Aging Social Work Care Consultant (AR)	\$20.24	6	1	\$22.55	\$2.31	1,950	\$4,504.50
Environmental Health Sanitarian II	\$26.71	7	3	\$27.19	\$0.48	1,950	\$936.00
Finance and IT Support Specialist	\$24.07	7	1	\$25.49	\$1.42	1,950	\$2,769.00
Community Health Services Registered Nurse	\$24.07	7	1	\$25.49	\$1.42	1,950	\$2,769.00
Public Health Registered Nurse (MA)*	\$24.07	7	1	\$25.49	\$1.42	520	\$738.40

Exhibit 5
Branch-Hillsdale-St. Joseph Community Health Agency
Classification and Compensation Study
Costing Analysis – Move All Employees to Next Highest Step (cont'd)

Position	Current Wage	Grade	Next Step	Amount	Cost to Move to Next Step Hourly	Estimated # of Hours per Year	Cost to Move to Next Step Annualized
Public Health Registered Nurse (RD)	\$24.07	7	1	\$25.49	\$1.42	1,950	\$2,769.00
Public Health Registered Nurse (CJ)	\$24.07	7	1	\$25.49	\$1.42	1,560	\$2,215.20
Public Health Registered Nurse (RP)	\$24.07	7	1	\$25.49	\$1.42	1,560	\$2,215.20
Public Health Registered Nurse (TS)	\$24.07	7	1	\$25.49	\$1.42	1,950	\$2,769.00
Public Health Registered Nurse (CS)	\$24.07	7	1	\$25.49	\$1.42	1,950	\$2,769.00
Accountant	\$23.09	7	1	\$25.49	\$2.40	1,950	\$4,680.00
Emergency Preparedness Coordinator	\$26.71	7	3	\$27.19	\$0.48	1,950	\$936.00
IT Network Manager	\$21.44	7	1	\$25.49	\$4.05	1,950	\$7,897.50
Clinic Supervisor (DF)	\$28.03	8	1	\$28.80	\$0.77	1,950	\$1,501.50
Clinic Supervisor (YA)	\$28.03	8	1	\$28.80	\$0.77	1,950	\$1,501.50
Clinic Supervisor (AM)	\$28.03	8	1	\$28.80	\$0.77	1,950	\$1,501.50
Community Health Services Supervisor	\$26.44	8	1	\$28.80	\$2.36	1,950	\$4,602.00
Environmental Health Supervisor	\$28.03	8	1	\$28.80	\$0.77	1,950	\$1,501.50
Area Agency on Aging Director	\$30.99	9	1	\$33.50	\$2.51	1,950	\$4,894.50
Environmental Health Director	\$32.70	9	1	\$33.50	\$0.80	1,950	\$1,560.00
Administrative Services Director	\$31.93	9	1	\$33.50	\$1.57	1,950	\$3,061.50
TOTAL COST OF IMPLEMENTATION					\$66.71		\$118,761.50

*Employee's annual hours were reported as casual. For calculation purposes the estimated number of hours per year is based on 10 hours per week.

As noted above, the total cost to move all employees to the next highest step would be \$118,761.50. This would be done as a means of correlating the wages of employees to the steps included in the new pay system. The above is only an example.

PLACING NEW EMPLOYEES IN THE STEP SYSTEM

As discussed above, original appointment to any position will ideally be made at the minimum rate of the suggested pay range. Advancement can then proceed through successive increases. However, each new hire will inevitably be unique, and may in fact represent a situation in which greater experience and expertise are objectives in recruitment. Moreover, a shortage may exist in

the labor pool for some positions, thus dictating the need to offer a higher salary. Therefore, each new hire should be assessed individually and placed at a range level consistent with BHSJ’s needs and market demands. In light of the competitive environment for some professional positions, we would suggest that BHSJ retain a high level of latitude in assessing individual situations and new hires.

HEALTH OFFICER COMPENSATION

The Health Officer has an employment contract with the Branch-Hillsdale-St. Joseph Community Health Agency and, as such, is not included in the suggested pay grade structure for administrative employees presented in Exhibit 1. However, wage data has been collected for the position (as summarized in Appendix C-2). Related to this:

- All eleven of the health departments surveyed for the study have an incumbent health officer. A comparison of base wages for the incumbents indicates the following:
 - BHSJ’s Health Officer has an hourly rate of \$38.75 based on BHSJ’s 37.5 hour workweek. The average of the eleven surveyed health departments is \$54.24 (again based on the respective agencies’ workweek). In comparison to the market average, BHSJ’s Health Officer is 30% lower on hourly wage.
 - If computed from an annual wage (as also reported by many of the survey participants) rather than being computed hourly from the general workforce weekly hours, the market average is \$112,362 as opposed to \$75,562 for BHSJ’s Health Officer or roughly 33% lower for BHSJ.

Summarily, BHSJ’s Health Officer is significantly lower on base salary than the survey sample: roughly 30%. To provide additional illustration of a competitive pay level, we have developed a pay range using the same range width as was used in Exhibit 1 for the suggested pay grade structure for other BHSJ employees. The average salary of the eleven health departments is used for the range maximum in this example; it could also be credibly argued that this number would more appropriately indicate the midpoint of the market since six of the eleven reported market salaries exceed this number. However, a significant pay disparity can still be seen using the more conservative approach.

Exhibit 6
Model Pay Range for the Health Officer Using the Market Average
As the Range Maximum (a conservative estimate)

<u>Minimum of Range</u>	<u>Midpoint of Range</u>	<u>Maximum of Range</u>
\$88,294	\$99,331	\$110,368

Summarily, even using a conservatively designed salary range, BHSJ's Health Officer still has an annual salary that is \$12,732 below what would be the range minimum. Presuming satisfaction with the Health Officer's performance, this level of pay disparity could be cause for concern.

SECTION III

**CLASSIFICATION AND COMPENSATION SYSTEM
MAINTENANCE**

SECTION III

CLASSIFICATION AND COMPENSATION SYSTEM MAINTENANCE

A classification and compensation program, once designed and implemented, is not self-sustaining. It needs proper maintenance to continue to serve its purpose. Maintaining the program requires reviewing, adjusting and controlling salary structures so they continue to be effective. Key points are discussed below.

MAINTAINING THE PAY GRADE STRUCTURE

As a result of reorganization, new programs or changes in management procedures, new jobs may be established and the complexity of existing jobs may change.

For new positions, BHSJ should define the particular duties of the position and create an accurate job description (Appendix A can be used to document new duties). For altered positions, differences like increased requirements for education and/or experience, an increase in the technical nature of the job, new requirements for a specialized skill, additional supervisory responsibilities or other significant changes could warrant a reevaluation of the grade assignment. The job evaluation plan contained in Appendix B can be used to evaluate both new and altered positions for reclassification.

UPDATING THE COMPENSATION PLAN'S PAY RANGES

Economic conditions, the availability of people, and the prevailing labor market rates will all impact salary structures. To accurately reflect the labor market, the compensation plan must be reviewed and adjusted annually.

In this sense, pay adjustments will be a two-step process:

1. A general "across the " adjustment to each pay range should be made to reflect inflationary or cost of living increases;
2. Individual-level adjustments based on steps (and satisfactory performance) should then be considered.

To adjust the pay plan, BHSJ could consider utilizing the Consumer Price Index (CPI). Related, there are a number of CPI indices that are reported. If this approach is taken, BHSJ should consider the CPI-U for the Midwest Region for the annual update.

However, by all indications, the wage market is tightening and wages are increasing at a faster rate than CPI or other inflation indicators. Until such time that balance is restored to these economic indicators, BHSJ may be better served to use another metric. As one option, BHSJ

could consult the Bureau of Labor Statistics' Employment Cost Index or another reliable labor costs' metric.

Whichever approach is used, the first adjustment to the salary ranges should be made at the beginning of fiscal year (FY) 2020. It should be noted that range increases do not necessarily equate to pay increases; this latter point is a matter to be decided by BHSJ's Board of Health.

As the system ages and operations and duties continue to evolve, the pay system will eventually need major update and revision. When this becomes apparent, a full study should be conducted to check the adequacy of pay rates and the appropriateness of job descriptions. The typical life cycle of a pay plan is ten years if properly maintained.

SECTION IV
EMPLOYEE BENEFITS COMPARISON

SECTION IV

EMPLOYEE BENEFITS COMPARISON

In addition to pay data, employee benefit information was also solicited from the eleven health agencies included in our survey grouping. Ten of the eleven health agencies responded to the request for benefit data – District Health Department #10 provided limited information that was insufficient for our comparison.

The collected information (summarized in Appendix E) has not been utilized in developing the pay structure. Essentially, it is provided as supplementary information, which may assist BHSJ in determining relative comparability. Benefits can generally be viewed as a compliment to the base salary. If benefit levels are generous, an organization may choose to maintain employees at a lower level of the pay range. In contrast, lower benefit levels may be offset by higher salaries.

For the benefits comparison, we have requested the surveyed health agencies' administrative non-union offerings. In reviewing the benefits data (contained in Appendix E), we have noted the following:

PAID TIME OFF

"Paid time off" typically includes holidays, vacation leave, personal days and sick time. Findings include the following:

- A five-year employee at BHSJ receives 44 combined (potential) off-days per annum while the average five-year employee in the ten health agencies receives approximately 37 days. Much of this differential appears to be the result of the elimination of sick-time and conversion to all purpose time off (PTO) by some of the agencies.
- BHSJ allows a maximum sick-time bank of 260 hours with a buy-back provision at retirement of 100% of value, or annual buy-back of any time exceeding 260 hours. Among the surveyed health agencies, conditions and buy-backs vary significantly. Five report buy-backs at retirement at levels similar to BHSJ, but three of the five are only at 50% of value.
- For four health agencies, sick-time has been converted to all purpose time off (PTO). This is a growing practice often intended to simplify off-time and minimize or eliminate banked payouts and related future liabilities.

INSURANCE BENEFITS

Health, life and disability insurance offerings are addressed below. The specifics of health care coverage differ widely among employers making comparison of health plans a difficult task.

However, there are cost and program features that can be readily summarized or quantified and may be of interest to BHSJ. These are summarized below:

- In the past, health agencies commonly provided full-family health coverage to employees at little or nominal cost. Rising costs have since made health care cost containment a priority. With the passage of PA 152, public sector employees that have not opted out are now required to share costs either through an 80/20 cost split or the institution of premium caps. All ten of the surveyed health agencies have adopted PA 152, as has BHSJ.
- In regard to the total cost for single/family coverage for the core plan (most prevalent), BHSJ expends \$599 per annum for a single plan and \$1,812 for a family plan. The survey data contained in Appendix E illustrates the per policy cost (single/family) for all ten respondents. The average of these is \$538 for single coverage and \$1,594 for family. Related, in regard to gross cost, BHSJ is higher than the average of our sample for both single and family coverage (i.e. 11% and 13%). This information may be useful to BHSJ by providing a “snapshot” of costs among comparable employers. It should be noted that this cost comparison represents cost to the health agencies before any employee premium cost sharing, an area of cost recovery discussed in the next bullet.
- BHSJ requires employee cost sharing for health care premiums at 20% of total premium cost as do five of the ten agencies. One other is at 10% while four others have no cost sharing. While there are other factors to consider, the rough calculation of removing employee costs from the gross health care cost listed above yields a net cost estimate of \$479 single plan and \$1,449 family plan for BHSJ as compared to \$472 single and \$1,399 family for the ten surveyed health agencies. Summarily, net health care cost is much more comparable when employee cost sharing is included.
- BHSJ provides dental coverage for employees at 80% of cost borne by the employer. Seven of the ten surveyed health agencies also provide this benefit to employees with percent of cost ranging from 100% to 80% of premium cost paid by the employer. One other employer provides a flat \$1,000 maximum for dental and optical coverage and two others provide no dental coverage.
- BHSJ and five of the agencies provide optical coverage ranging from 80% to 100% of premium cost paid by the employer. Four others provide no coverage and one other employer provides a flat \$1,000 maximum for dental and optical coverage.
- BHSJ provides a \$208 monthly payment for employees opting out of BHSJ’s coverage. Nine of the responding communities also have this benefit option at levels lower than the typical premium cost. In this situation, the payment in lieu of provision can provide a cost advantage to any of these health agencies in an area of rising costs – should any employee be eligible for, and choose this option.
- BHSJ offers an IRS Section 125 Flex Benefit Plan – seven of the ten surveyed health agencies also extend this benefit. It is an innovative device for securing an employee

benefit at minimal (i.e. administrative) cost to the employer. Benefits include pre-tax treatment for dependent care and medical expenses within specified limitations.

- BHSJ provides short-term disability insurance (STD) but does not provide employer-paid long-term disability coverage (LTD). Among the surveyed health agencies, six of the ten provide STD, and four provide LTD. In some public institutions, STD is used progressively as an option to sick-time accruals and banks. Typically, this would involve conversion to a system of (all purpose) personal time off and the elimination of sick-time and related banks (as discussed earlier). The disability coverage would then serve as the compensatory method for extended sick-time occurrence. This is becoming an increasingly popular option in the public sector.
- In regard to life insurance, public sector employers often cover employees at dollar amounts lower than their private sector counterparts. This is not readily explainable since term life insurance is a relatively modest cost portion of any benefit package. BHSJ provides term life insurance of \$15,000. Some of the health agencies used in the comparison link life insurance amount to annual salary while others offer a flat dollar amount. Due to the variances in how the benefit is computed it is not possible to calculate an accurate average, but BHSJ is lower on this benefit amount than any of the nine surveyed agencies that provide life insurance.

RETIREMENT BENEFITS

Retirement plans are classified as either defined contribution (investment-based, variable) or defined benefit (traditional pension, fixed). Key findings pertaining to retirement benefits include the following:

- Three of the ten health agencies as well as BHSJ have defined contribution retirement plans for newer employees. The DC plan is a “pay as you go” approach in which accrued liability and future pension obligations are avoided. As such, it represents a transparent and portable retirement option. BHSJ provides a maximum 5% employer contribution in the DC plan. The average employer contribution for the three surveyed agencies providing this type of plan is 6.7%.
- Seven of the ten surveyed health agencies report defined benefit (DB) retirement programs for employees that are still open. These traditional plans pay a fixed pension to eligible retirees. Consistent with BHSC’s approach, the larger trend is away from DB plans as health agencies attempt to reduce future liabilities and increase financial transparency.
- Retiree health care coverage is a significant benefit offering due to the uncertainty surrounding future health care costs. With these costs increasing at double-digit rates, many communities have eliminated this benefit. BHSJ no longer provides retiree health care. Four of the ten health agencies provide this benefit though one of the four has eliminated it for new hires.

- An emerging trend involves replacing retiree health care with a Health Savings Plan (HSP). Only one of the health agencies provides HSP with a \$1,850 annual employer contribution.

LONGEVITY AND OTHER BENEFIT ISSUES

Longevity payments are found primarily in the public, as opposed to the private sector. The rationale for this compensation component is simply that tenure in the job increases job knowledge and capability and should be compensated. In this sense, longevity is closely linked to organized labor's philosophical position that pay should be based on seniority as opposed to the more discretionary notion of merit. As health agencies have become more budget conscious over the prior two decades, elimination of longevity payments has been a frequent management objective.

BHSJ provides this benefit at a maximum of \$600 per annum. Only two of the ten surveyed health agencies provide longevity pay, with the maximum benefit as high as \$1,000. Both agencies have eliminated the benefit for new hires.

OTHER BENEFIT ISSUES

Appendix E also summarizes other items that may be of interest to BHSJ including specific questions pertaining to benefit detail not discussed above. Many benefit offerings are relatively uniform between the health agencies. However, there are differences. In considering total compensation or possible areas for change, BHSJ may wish to consider focusing on those areas of greatest interest.

CLOSING AND SUMMARY

As discussed in Section II of the report, BHSJ's wage levels are below market for many positions. However, in the area of employee benefits there are areas where BHSJ is higher than the selected labor market or could potentially benefit from changes. More specifically:

- Off-time is at a higher level in BHSJ with employees receiving 44 combined (potential) off-days per annum for a five-year employee while the average five-year employee in the ten surveyed health agencies is 37. One reason for the differential is the conversion to PTO days (with elimination of sick-time) in four of the ten agencies. PTO is a growing concept in the public sector. An additional possible benefit is the elimination or reduction of the liability associated with booked sick-time. As such, PTO conversion might warrant future consideration for BHSJ.
- BHSJ provides longevity pay unlike many of the surveyed agencies. As discussed, the rationale for longevity is the value added by increased seniority. However, if BHSJ

continues to use a step system (as suggested), the concept of longevity pay may be seen as redundant since the step system is based on the same premise.

Here are also efficiencies in BHSJ's benefit package that should be noted. Specifically:

- Health care costs are contained and the 20% employee premium cost sharing ensures that both employees and the employer have a stake in maintaining affordable coverage.
- BHSJ does not offer retiree health care coverage for employees; a huge liability to carry.
- BHSJ has converted to a defined contribution plan with a relatively modest 5% employer contribution. This pay-as-you-go plan avoids the future liability of continuing with a DB plan. Further, BHSJ is comparatively low on DC contribution level by the employer in comparison to the surveyed agencies.

Summarily, over time, BHSJ's management and Board of Health, appear to have incrementally modified benefits to ensure a competitive benefit package that is also cost-sustainable. BHSJ is to be commended for its efforts in this area. The additional suggestions that we have made could be future considerations to further these efforts.

As noted, benefits can generally be viewed as a compliment to the base salary. If benefit levels are generous, an organization may choose to maintain employees at a lower level of the pay range. In contrast, lower benefit levels may be offset by higher salaries. For BHSJ, in comparison to the survey group, there does not appear (on average) a level of difference that should significantly influence management decisions on base wage levels either negatively or positively. However, there are always continuing opportunities to tailor a benefit package to achieve cost savings. BHSJ has taken advantage of some and will undoubtedly continue on this path. Related to this, the comparative data may be useful in revealing some trends that are of interest to BHSJ.

APPENDIX A

JOB ANALYSIS QUESTIONNAIRE

APPENDIX A
BRANCH-HILLSDALE-ST. JOSEPH
COMMUNITY HEALTH AGENCY

JOB ANALYSIS QUESTIONNAIRE

The purpose of this questionnaire is to obtain accurate information concerning the duties and responsibilities associated with your job. The information will be used to assist us in understanding your position for purposes of compensation analysis.

Computer Form Instructions:

1. This program will allow you to type in the gray fields only when they are selected or chosen. (When a field is chosen, it will turn dark gray.)
2. The {Tab} key allows you to move from one gray field to the next. Pressing {Shift} and {Tab} together will take you to the previous field. You may also select a field by clicking on it with your mouse.
3. If you are asked to comment on a particular topic, the gray field provided for your response will allow unlimited comment. When you reach the end of a line, text will automatically wrap onto the next line. If you wish to make a paragraph break within these comment fields, simply press {Return} or {Enter} as you normally would. {Backspace}, {Delete} and other commands also work in the gray fields the same as they would in any other situation.
4. To place an X in one of the check boxes, simply click on the appropriate box with your mouse or press the space bar while the box is selected. To remove an X, click on the marked box, or press the space bar while a marked box is selected.

Name: _____ Date: _____
Job Title: _____ Department: _____
Supervisor's Name/Title: _____
With this employer: _____

INSTRUCTIONS

This questionnaire covers many aspects of your job. Each of the following sections contains instructions specific to the questions being asked in that section. Some questions require a written response, others only a checkmark next to a printed answer. If no answer is exactly accurate, please check the answer that you feel is closest to being correct for your position.

Your responses are important in helping us to better understand your position. Please answer all questions to the best of your ability. **When completed, return the questionnaire to your department head. This should be done by July 19, 2019.** Thank you!

Section 1: Position Summary

Briefly describe the major purpose and primary function of your position in several sentences.

Section 2: Position Duties and Responsibilities

List the essential duties and responsibilities of your job in the spaces provided. **PLEASE LIST ONLY THOSE THAT ARE NOT INCLUDED ON YOUR JOB DESCRIPTION.** An essential duty or responsibility is fundamental to the job. The individual who holds the job must be able to perform the required task(s) unaided if so specified, or with reasonable accommodation that does not place a disproportionate or undue burden on the employer.

ESSENTIAL DUTIES AND RESPONSIBILITIES

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.

Section 3: Knowledge and Education

Consider the extent to which your job requires knowledge normally gained through formal education. In the box below, choose the minimum education level required for your job. **Once the field is selected, an arrow will appear at the right of the box.** Clicking on this arrow will allow you to view a list of options. Simply click on the appropriate choice.

- Select from List -

*Provide the curriculum or program of study (e.g., accounting, construction management, law, business education, communications, etc.).

Section 4: Work Experience

Consider the extent to which your job requires related experience and training in addition to any formal education that might be required for the job. In the box below, choose the minimum experience required for your position.

- Select from List -

Is previous supervisory or management experience required of this position? Yes No

If yes, please describe:

Describe the nature and specific type of work experience required for your job. (e.g. law, accounting, general labor, secretarial, etc.)

Section 5: Special Employment Requirements

Please list any licensure or certifications that are required before you can be employed in this position? (i.e. state certifications or licenses required by either the governing agency or your employer.)

Section 6: Supervisory or Management Responsibility

List below the titles and number of positions you manage, supervise, or serve as a working supervise for. Please indicate if you supervise these individuals directly or through subordinate supervisors. Specify how many positions are full-time and how many are part-time.

<u>Position Title</u>	<u>Number Supervised</u>		<u>Number in position who are:</u>	
	<u>Directly</u>	<u>Indirectly</u>	<u>Full-Time</u>	<u>Part-Time</u>

Section 7: Internal/External Contacts

Your job requires that you have contact with persons outside your department or work unit; possibly both inside and outside the organization. Please list the most significant contacts below. This might include contacts with other departments, other governmental agencies, contractors, volunteers, professional firms, the general public or others. Very briefly describe the nature and purpose of the interactions.

Section 8: Work Related Stress or Pressures

Does the position involve a lot of stress or pressure on a regular basis? If so, please give an example of the kind of situation that causes stress or pressure.

Section 9: Equipment Use and Knowledge

Please indicate which of the following types of automated equipment you are required to use in performing the essential functions of your job:

- Basic office equipment such as telephones, calculators, photocopiers, fax and similar equipment
- Computer programs:
 - word processing
 - spreadsheet
 - database (basic data entry and report generation)
 - database (data manipulation, research, report creation)
 - financial applications (general data entry at department level)
 - financial applications (sophisticated usage as in accounting)
 - computer aided design
 - GIS/mapping
 - audio/visual/technical equipment (advanced)
 - other specialized computer programs or specialized electronics

If the last box is checked, please specify the type of program or specialized equipment.

Automobile or motorized equipment.

If yes, please specify the type of motorized equipment and special licenses required (such as CDL).

Does your position involve training others on a regular basis in the use of any of the above software?

Does your job require troubleshooting particular software applications or computer hardware, beyond the level expected of an average user? If yes, please explain.

Section 10: Additional Employee Comments

Please provide any additional comments you feel would be useful in helping us better understand your job. Feel free to expand on any of the areas covered in the preceding sections.

Section 11: Department Head Comments

Please read the employee's responses to this questionnaire before completing this section. Do not alter the employee's comments or answers. Use this section for making additional comments. Please return all questionnaires, including your own, to Theresa Fisher by **July 26, 2019.**

Are there any responses that you consider inaccurate? If so, please discuss them below.

List any job duties/responsibilities required of this position which were omitted by the employee.

Additional comments:

Name of person completing this form:

Date completed:

APPENDIX B

JOB EVALUATION PLAN AND RANKINGS

Appendix B-1
Branch-Hillsdale-St. Joseph Community Health Agency
Classification and Compensation Study
Job Evaluation Plan

FACTOR 1: EDUCATION AND RELEVANT EXPERIENCE

In using this factor, two separate yet related judgments must be made. First, identify the minimum level of education required to be adequately prepared for the duties and responsibilities of the position. Second, determine the minimum years of relevant experience necessary to adequately perform the job. (Typically found on the position’s job description.) **NOTE:** Rate the MINIMUM requirements of the *position*, not the attainment of the position incumbent; these may differ.

Special Circumstances:

- In some cases experience may substitute for formal education and vice versa. Rate the minimum qualifications of the position, or a combination thereof.
- Positions requiring professional certifications or licensure may be rated at “somewhat more than” the minimum educational and experience level required or this training can be reflected in the minimum requirements by increasing educational attainment to a commensurate amount.

MINIMUM EDUCATION REQUIRED	MINIMUM RELATED WORK EXPERIENCE REQUIRED				
	1	2	3	4	5
	<u>Less than 2 years</u>	2 yrs.	3 to 4 yrs.	5 to 6 yrs.	Over 6 years
A. High school diploma or equivalent.	173	197	220	243	267
B. Vocational or trade school, or some college, business school or other specialized training beyond typical high school curriculum.	220	243	267	295	313
C. Associate’s degree or equivalent.	267	295	313	337	360
D. Bachelor’s degree or equivalent.	313	337	360	383	404
E. Master’s degree	360	383	404	435	453
F. Juris Doctorate	404	435	453	471	500

Appendix B-1
Branch-Hillsdale-St. Joseph Community Health Agency
Classification and Compensation Study
Job Evaluation Plan (cont'd)

FACTOR 2: JUDGMENT AND INDEPENDENCE OF ACTION

This factor describes the level of judgment and independence of action exercised in determining proper courses of action. In evaluating a position against this factor, think about the extent to which policies, procedures, rules and so forth either guide or restrict judgment and independence of the position. Consider also whether peers and/or supervisors are available for collaboration in decision making, and the degree to which the employee is empowered to use discretion.

LEVEL OF JUDGMENT AND INDEPENDENCE REQUIRED	DEGREE	POINT VALUE
A. Duties and responsibilities of the position are carried out according to straightforward and standardized policies, procedures, rules, etc. There is a need for the employee to exercise judgment, but others are available to assist and discretion is thereby limited. Work is closely monitored and regularly reviewed, often as part of a hierarchal process.	Almost exactly like = Somewhat more than = Highest of category =	90 120 150
B. Duties and responsibilities of the position require that the employee to exercise greater discretion in performing position-related tasks and determining appropriate courses of action. The position does require some technical or professional training to effectively interpret standards and guidelines. Basic decisions are made independently while more complex or unique issues are solved by supervisory personnel. Discretion has limitations, with work monitored on a “spot check” basis.	Almost exactly like = Somewhat more than = Highest of category =	180 210 240
C. Duties and responsibilities of the position require the employee to interpret a wider assortment of policies, procedures and rules to determine appropriate courses of action. Technical or professional training is required to effectively interpret standards and guidelines. Basic operating decisions are made independently while more complex or unique issues are solved collaboratively with supervisory personnel. Discretion is higher and work is monitored as one important step of a larger procedural and operating system.	Almost exactly like = Somewhat more than = Highest of category =	270 300 330
D. Duties and responsibilities of the position require that the employee regularly interpret policies, procedures and rules to determine appropriate courses of action. The employee has information available to guide him/her in effective interpretation of standards and guidelines, but significant discretion is exercised. Most decisions are made independently, and technical or professional training is required. Higher level managers are available to assist with especially unique situations but independent judgment is expected in routine matters. Work is monitored on a longer-term, periodic basis with the expectation that closer scrutiny is not required.	Almost exactly like = Somewhat more than = Highest of category =	360 390 420
E. Duties and responsibilities of the position are governed by broad and complex technical, administrative, or professional standards and guidelines. The employee must regularly exercise independent judgment in decision-making, and exercise considerable discretion. The employee performs with a high degree of latitude, and work is monitored only on a periodic or exception basis. The employee regularly participates in the development of professional standards and guidelines.	Almost exactly like = Somewhat more than = Highest of category =	450 480 510

Appendix B-1
Branch-Hillsdale-St. Joseph Community Health Agency
Classification and Compensation Study
Job Evaluation Plan (cont'd)

FACTOR 3: INTERNAL AND EXTERNAL RELATIONS

This factor examines the types and frequency of internal and external contacts a position encounters, and the communication skills needed to successfully handle these contacts.

First, examine the hierarchy of communication skills listed and select the category which reflects the *highest requirement* of the position. Although a job may entail a variety of levels of contacts, use the highest requirement to determine the point award.

Second, after selecting the highest requirement, determine the frequency with which that activity occurs.

COMMUNICATION SKILLS REQUIRED	FREQUENCY		
	1. Normal Frequency	2. High Intensity	3. Maximum Intensity
A. Internal or external contacts are experienced in the position. Skill in exchanging meaningful service or statistical information through prescribed procedural systems is required.	60	80	100
B. Greater levels of internal and external contacts are experienced in the position. Skill in responding to more varied and substantive questions, providing explanation of more substantive procedures, and engaging in more complex information exchange is required.	120	140	160
C. Increasingly more complex internal and external contacts are experienced in the position. Skill in interpreting and translating facts and information, defining situations and issues, advising others of more complex alternatives and options, and interviewing and developing information from others is required. Unusual or difficult situations are addressed to the extent possible.	180	200	220
D. Complex internal and external contacts are experienced in the position. Skill in giving instructions, resolving disagreements, and/or leading meetings and consultations is required. This position is responsible for the resolution of unusual or difficult situations with a relatively high level of discretion.	240	260	280
E. Extremely complex internal and external contacts are experienced in this position. Skill in leading and organizing others, negotiating agreements and mediating and resolving disputes is required at an extremely high level in the organization.	300	320	340
F. Internal and external contacts and interactions are at the highest management /professional level and involve the latitude to make significant management distinctions and decisions as well unilaterally formulate alternative approaches to policies and procedures pertaining to both internal and external interactions.	360	380	400

Appendix B-1
Branch-Hillsdale-St. Joseph Community Health Agency
Classification and Compensation Study
Job Evaluation Plan (cont'd)

FACTOR 4: SUPERVISORY OR MANAGERIAL RESPONSIBILITY

This factor reflects the supervision exercised and management or leadership role assigned to a position. Select first the level of authority exercised, then the span of control as determined by the size of the supervisor's staff.

Special Circumstances:

- Count part-time or seasonal staff proportional to full-time equivalent. .
- Assure that supervision involves more than informal leadership.

LEVEL OF SUPERVISORY AND MANAGEMENT AUTHORITY EXERCISED (ONE FTE MINIMUM)	STAFF SIZE (Both direct and indirect reporting relationships)				
	1. 1-5	2. 6-15	3. 16-20	4. 21-35	5. Over 35
A. No formal supervisory responsibility or oversees less than one full-time equivalent (FTE) employee but does have responsibility for coordinating the work of others on a periodic basis while performing similar work.	10	20	30	40	50
B. <u>Crew Leader/Office Manager</u> : Formally recognized as a crew or office leader in performing tasks of a more complex nature while coordinating the workload of others to achieve the desired outcome. Though not an FLSA supervisory position, does have responsibility for planning and coordinating work assignments and overseeing the work of others. Points may also be awarded at this level for higher level professional positions that operate at a high level but have limited supervisory responsibility due to the technical or professional nature of their jobs.	30	40	50	60	70
C. <u>Working Supervisor</u> : Functions as a line supervisor with a high level of autonomy in assigning, evaluating and determining work assignments. Generally, but not always, performs similar tasks. Is responsible for work scheduling, formal oversight and recommendations for hire, termination or discipline.	50	60	70	80	90
D. <u>Department Director</u> : Responsible for planning, directing, staffing and controlling employees of a major department or service area; possibly works through one or more subordinate supervisors, including working supervisors.	70	80	90	110	120
E. <u>2nd Level Manager</u> : Executive level, similar to a 1 st Level Manager, with a greater depth of responsibility due to the use of multiple subordinate 1 st Level Managers.	90	100	110	120	130

Appendix B-1
Branch-Hillsdale-St. Joseph Community Health Agency
Classification and Compensation Study
Job Evaluation Plan (cont'd)

FACTOR 5: JOB COMPLEXITY

This factor measures the degree of complexity which is characteristic of a position's duties and responsibilities. Complexity is defined as the level of "thinking process" or analytic ability required of a position. In determining the appropriate point assignment, consider *overall* complexity, not unique projects or activities which are rare and impermanent to the position.

LEVEL OF COMPLEXITY ENCOUNTERED	DEGREE	POINT VALUE
A. Position primarily involves the use of factual information and data that does not present significant variables or ambiguities. Redundant steps, methods and processes are typically well defined, choices involve a manageable set of options and information is readily available to ascertain correct approach. More complex situations can arise that require more complex thinking processes but these are limited by the scope of responsibilities.	Almost exactly like = Somewhat more than = Highest of category =	90 120 150
B. Position primarily involves the use of factual information and data, but also encounters a higher level of variables or ambiguities which require analytic or basic problem solving ability to select correct actions from a set of options. Redundant steps, methods and processes are typically well defined, but the employee must sometimes modify or adapt them to address a situation.	Almost exactly like = Somewhat more than = Highest of category =	180 210 240
C. Position involves both the use of factual information and data, and the modification and continuous improvement of processes. At this level, the position regularly addresses variables or ambiguities and requires analytic and problem solving ability to select correct action from an more expansive set of options. Steps, methods and processes are a mix of redundant and original tasks, and processes must be occasionally reassessed, modified or adapted to address unique situations.	Almost exactly like = Somewhat more than = Highest of category =	270 300 330
D. Position involves the extensive use of analytic and problem solving ability to select correct actions from a wide range of options. Steps, methods and processes are sometimes original and must be continuously reassessed, modified or adapted to address unique situations or realize improvements in process. Among others, this level is appropriate for multi-faceted positions with program or service planning responsibilities.	Almost exactly like = Somewhat more than = Highest of category =	360 390 420
E. Position is focused on projects involving the dedication of substantial time and effort to researching, organizing and assessing information which contains substantial variables and ambiguities. As a result, steps, methods and processes are often original, and the incumbent may be required to develop new and original procedures and processes. An advanced analytic and problem solving ability is required for the position.	Almost exactly like = Somewhat more than = Highest of category =	450 480 510

Appendix B-1
Branch-Hillsdale-St. Joseph Community Health Agency
Classification and Compensation Study
Job Evaluation Plan (cont'd)

FACTOR 6: RESPONSIBILITY FOR THE RIGHTS OF OTHERS

This factor is concerned with the impact the position's duties have on the rights of others. In considering the potential impact of a position, consider probable and typical errors which may occur in the regular course of performing a job, not the most extreme consequences.

Second, after selecting the highest, but still probable consequences, determine the frequency with which opportunity for error presents itself.

PROBABLE CONSEQUENCES OF ERRORS	FREQUENCY		
	1. Accurate as Stated	2. Higher Impact	3. Significantly Higher than Stated
A. Errors in the position could cause manageable inconvenience but would not heavily correlate to significantly infringing on rights. Effect of errors would impact a single or limited set of individuals or customers.	30	40	50
B. Errors in the position could cause inconveniences or legalities that are more difficult to resolve at the basic service level, but would not have a long-term impact on rights. Effect of errors would impact a limited set of individuals or customers.	60	70	80
C. Errors in the position in performing duties present the potential for legal or service issues that could be difficult to resolve and/or have financial or welfare impacts. Effect of errors would be more widespread across multiple individuals or customers.	90	100	110
D. Errors in the position are further up the chain of command or decision-making chain and by definition would impact multiple work processes, customer areas or legal or service issues. Resolution would require input from superiors at a more complex and sustained level in resolving legal and/or financial impacts.	120	130	140
E. Errors in the position could cause significant inconvenience or legal issues that are extremely difficult to resolve, or may temporarily pose a significant problem for the general public.	150	160	170
F. Errors in the position could cause a major, long-term inconvenience to the public that would have the realistic potential to cause long-term service issues or impacts on the rights of the public.	180	190	200

Appendix B-1
Branch-Hillsdale-St. Joseph Community Health Agency
Classification and Compensation Study
Job Evaluation Plan (cont'd)

FACTOR 7: TECHNOLOGY USE

This factor measures the level of knowledge and expertise required in a position with respect to utilizing, developing, and implementing various technologies. Determine first the level of knowledge and skill required of the position (not the level of the position incumbent) and then determine the degree most appropriate for the position.

LEVEL OF TECHNOLOGICAL KNOWLEDGE AND SKILL REQUIRED	DEGREE	POINT VALUE
A. Job duties require the ability to use of computer software including Microsoft Suite applications such as word processing, spreadsheet, PowerPoint and data bases as well as department-specific software or financial applications requiring a moderate level of training.	Somewhat less than =	50
	Almost exactly like =	60
	Somewhat more than =	70
	Highest of category =	80
B. Job duties require utilization of, and a greater knowledge of specialized software such as complex use of financial applications, CAD, GIS, database manipulation and other complex and specialized programs. The lower level of this grading is also appropriate for the individual that <u>regularly</u> provides computer assistance or training for a particular unit or office setting.	Almost exactly like =	90
	Somewhat more than =	100
	Highest of category =	110
C. Job duties require more advanced use of computer software, including specialized applications, which constitute a primary portion of the job (such as GIS). Employees at this level may also serve as information technology and network specialists with responsibility for computer system installation, maintenance, troubleshooting, security and employee training.	Almost exactly like =	120
	Somewhat more than =	130
	Highest of category =	140
D. Job duties require the development, programming, maintenance, repair and oversight of contracted services for computer systems, databases, networks, telecommunications, security or other complex systems and possibly an intermediary level of supervision.	Almost exactly like =	150
	Somewhat more than =	160
	Highest of category =	170
E. Job duties require leadership and administrative activities associated with the research, development, purchase and implementation of computer systems, system coordination and related technological advances up to and including executive and administrative leadership.	Almost exactly like =	180
	Somewhat more than =	190
	Highest of category =	200

Appendix B-1
Branch-Hillsdale-St. Joseph Community Health Agency
Classification and Compensation Study
Job Evaluation Plan (cont'd)

FACTOR 8: IMPACT ON PROGRAMS, SERVICES AND OPERATIONS

This factor measures direct or indirect impact on the programs, services or operations carried out or provided by units of the organization. The nature of such impact is defined as the extent to which effective or ineffective performance of a classification's duties or responsibilities contribute to assure, interfere with, or prevent the achievement of goals, objectives, plans, or other established performance criteria. Rate the classification in terms of its probable consequences, as opposed to potential consequences which rarely, if ever, occur.

NATURE OF IMPACT	DEGREE	POINT VALUE
A. The work product, though important to the organization, is directly tied to other work processes. Errors are detected or apparent in succeeding steps and thus can be detected and corrected at an early stage.	Almost exactly like = Somewhat more than = Highest of category =	125 150 175
B. The work products and purpose of the job directly affect the accuracy, reliability, or acceptability of other work processes. Completed work has a direct relationship to other important activities or related work within one or more organization units. Errors are normally detected in succeeding operations but involve expenditure of time to trace and correct. Consequences affect the work of others or cause inconvenience to the public. There also may be measurable monetary consequences related to the handling of financial transactions, equipment, supplies or other materials.	Almost exactly like = Somewhat more than = Highest of category =	200 225 250
C. The work products and purpose of the job contribute to the attainment of both immediate and on-going goals and objectives. The job may materially influence or impact long-range direction, planning or control. The job affects the design or operation of systems, programs or equipment. Errors are difficult to detect and would result in inaccurate reports, incomplete or misleading information, invalid test results, unsound recommendations, or incorrect decisions.	Almost exactly like = Somewhat more than = Highest of category =	275 300 325
D. The work products and purpose of the job have a significant impact on major aspects of programs, services and operations. Responsibilities may be shared among individuals or may be a direct responsibility. Influence extends to both short- and long-term matters affecting an organizational component. Errors would not be detected through normal means, but would become apparent later through subsequent activities or events.	Almost exactly like = Somewhat more than = Highest of category =	350 375 400
E. The work products and purpose of the job have a major impact on all aspects and phases of program, service or operations management. Decisions and overall influence contribute directly to the image of success and future of programs, services or operations and have a major long-term impact.	Almost exactly like = Somewhat more than = Highest of category =	425 450 475
F. The purpose of the job is focused on the coordination on all of programs, services and operations and the establishment and ongoing review and modification of organizational goals, objectives and action plans. The level of organizational impact exhibited is of a direct controlling nature as is usually associated with the highest levels of management.	Almost exactly like = Somewhat more than = Highest of category =	500 525 550

Appendix B-1
Branch-Hillsdale-St. Joseph Community Health Agency
Classification and Compensation Study
Job Evaluation Plan (cont'd)

FACTOR 9: DOCUMENT CONCENTRATION

This factor measures the extent to which the position requires mental concentration and focus on the job of the type that is frequently associated with ongoing work involving numbers, figures and automated document review and development. Determine the frequency that this occurs, while excluding time devoted to customer service, meetings, phone work and other duties.

APPLICABLE FACTORS	FREQUENCY		
	1. Normal (25%-50%)	2. Higher Portion of Job (51%-75%)	3. Primary Job Function (Over 75%)
<u>Mental Concentration:</u> The task detail regularly required of the position (i.e. working with figures, paperwork, fine motor skills)	20	40	60

Appendix B-1
Branch-Hillsdale-St. Joseph Community Health Agency
Classification and Compensation Study
Job Evaluation Plan (cont'd)

FACTOR 10: WORK ENVIRONMENT

This factor measures the degree to which a position is subjected to unpleasant or adverse working conditions as a function of the job. Office “climate control” issues are not considered an unpleasant or adverse condition.

Determine first the highest condition or demand encountered *as a function of the position* (A, B, C or D) then the approximate frequency with which that condition is experienced.

WORKING CONDITIONS	FREQUENCY		
	1. Occasionally (25%-50%)	2. Periodically (51%-75%)	3. Frequently (Over 75%)
A. Work is carried on in a normal office setting or with limited exposure to truly disagreeable working conditions. Some less than ideal situations might exist, including rude or disagreeable customers but the work environment is not unhealthy by generally accepted health standards. Any health-related or disagreeable conditions are manageable and can be tolerated without special accommodation. This level is also appropriate for the individual that must travel to other sites for administrative or clerical work. Points may be awarded based on a higher frequency of disagreeable factors in the work and the service environment more generally.	5	10	15
B. Work requires office and field work which may expose the employee to dust and dirt, unsanitary or unhealthy conditions and other negative conditions present in the work environment. This level is appropriate for the employee with frequent field work requiring nominal levels of physical exertion (without accommodation) such as code inspectors, nurses, social workers and others exposed to unhealthy home or environmental conditions would also be rated in this category as would some animal control personnel.	20	25	30
C. Work environment is disagreeable due to discomfort from heavy manual activities (repeated lifting, pushing, digging etc.) extreme weather conditions, situations that require high levels of caution and safety awareness, or other factors which require adjusting to or procedurally accommodating these uncomfortable situations as a primary condition of the job. Jobs rated at this level are typically those focused on heavy manual labor.	35	40	45
D. Work environment is very disagreeable due to extreme manual labor and adverse environmental conditions, with exposure to hazardous materials or dangerous chemicals, confined or precarious work sites and other conditions which require the use of special safety equipment and substantial physical or mental accommodation to perform the job. This factor level is appropriate for the most extreme circumstances in which compensation is directly correlated to working conditions.	50	55	60

Appendix B-2
Branch-Hillsdale-St. Joseph Community Health Agency
Classification and Compensation Study
Point Factor Analysis and Grade Ranking

Suggested Grade	Position Title	Education and Experience	Ed/Ex #	Judgment and Independence	Internal and External Relations	Supervision	Sup #	Job Complexity	Responsibility for the Rights of Others	Technology	Impact on Operations	Document Concentration	Work Environment	Total Points	Point/Grade Parameters
1	Environmental Health Assistant Clerk	173	a1	120	60	0	-	120	40	60	150	60	15	798	700-901
2	WIC Breastfeeding Peer Counselor	173	a1	150	100	0	-	150	60	50	175	20	25	903	901-1100
2	Administrative Support Clerk	173	a1	150	60	0	-	150	50	70	175	60	15	903	
2	CSHCS-Representative	173	a1	150	80	0	-	150	50	70	175	60	20	928	
2	Vision and Hearing Technician	173	a1	150	80	0	-	150	60	80	175	60	25	953	
2	Immunization Clerk	197	a2	150	80	0	-	150	60	70	175	60	25	967	
2	Clinic Clerk Technician	220	b1	150	80	0	-	150	60	70	175	60	25	990	
3	Area Agency on Aging Program Specialist	197	a2	180	100	0	-	240	50	80	200	60	15	1122	1101-1300
3	Area Agency on Aging Outreach Specialist	220	b1	180	120	0	-	240	70	80	200	40	20	1170	
3	Environmental Health Administrative Assistant	243	b2	180	100	0	-	240	80	80	200	60	25	1208	
3	Clinic Administrative Assistant	243	b2	180	120	10	a1	240	80	80	200	60	25	1238	
4	Area Agency on Aging - VOCA Elder Abuse Victim Specialist	243	b2	210	160	0	-	270	120	80	250	40	30	1403	1301-1500
4	Fiscal Support Specialist	295	c2	210	140	0	-	270	80	90	250	60	15	1410	
5	OPEN GRADE	-	-	-	-	-	-	-	-	-	-	-	-	-	1501-1700
6	Health Educator	313	d1	300	180	0	-	330	90	80	350	40	20	1703	1701-1900
6	Environmental Health Sanitarian I	313	d1	300	180	0	-	330	120	80	350	40	30	1743	

Appendix B-2
Branch-Hillsdale-St. Joseph Community Health Agency
Classification and Compensation Study
Point Factor Analysis and Grade Ranking (cont'd)

Suggested Grade	Position Title	Education and Experience	Ed/Ex #	Judgment and Independence	Internal and External Relations	Supervision	Sup #	Job Complexity	Responsibility for the Rights of Others	Technology	Impact on Operations	Document Concentration	Work Environment	Total Points	Point/Grade Parameters
6	Area Agency on Aging Social Work Care Consultant	313	d1	300	180	0	-	330	120	80	350	40	30	1743	1701-1900
7	Environmental Health Sanitarian II	360	d3	330	200	0	-	360	130	80	375	40	30	1905	1901-2100
7	Finance and IT Support Specialist	313	c3	330	220	30	b1	360	120	120	375	60	15	1943	
7	Area Agency on Aging RN Care Consultant	337	d2	330	220	30	b1	360	140	90	375	40	30	1952	
7	Community Health Services Registered Nurse	337	d2	330	220	30	b1	360	140	90	375	40	30	1952	
7	Public Health Registered Nurse	337	d2	330	220	30	b1	360	140	90	375	40	30	1952	
7	Accountant	337	d2	330	260	10	a1	360	140	100	375	60	15	1987	
7	Emergency Preparedness Coordinator	360	d3	330	280	0	-	360	160	80	375	40	15	2000	
7	IT Network Manager	337	d2	330	260	0	-	360	160	150	375	60	15	2047	
8	Clinic Supervisor	337	d2	360	320	60	c2	390	170	80	400	40	30	2187	
8	Community Health Services Supervisor	383	d4	360	320	50	c1	390	170	80	400	40	30	2223	
8	Environmental Health Supervisor	383	d4	360	320	60	c2	390	170	80	400	40	30	2233	
9	Area Agency on Aging Director	383	d4	390	360	100	d2	420	170	80	450	40	25	2418	2301-2500
9	Environmental Health Director	404	d5	390	360	80	d2	420	180	80	450	40	25	2429	
9	Personal Health and Disease Prevention Director	404	d5	390	360	110	d4	420	180	80	450	40	25	2459	
9	Administrative Services Director	404	d5	390	360	100	d2	420	170	130	450	60	15	2499	

APPENDIX C
MARKET SURVEY RESULTS

Appendix C-1
Branch-Hillsdale-St. Joseph Community Health Agency
Classification and Compensation Study
Listing of Market Comparables Used for the Study

Health Department	2017-18 Estimated Potential Population Served
Branch/Hillsdale St. Joseph Community Health Agency	150,414
Barry/Eaton District Health Department	170,983
Berrien County Health Department	151,141
Calhoun County Health Department	134,487
Central Michigan District Health Department	188,922
District Health Department #10	250,974
Jackson County Health Department	158,823
Kalamazoo County Health and Human Services	264,870
Lenawee County Health Department	98,266
Mid-Michigan District Health Department	183,899
Monroe County Health Department	150,439
Van Buren/Cass County District Health Department	127,101
AVERAGE OF OTHERS	170,900

Sources: US Census' American Community Survey 2017 five-year estimates and the Census' 2018 population estimates.

Appendix C-2
Branch-Hillsdale-St. Joseph Community Health Agency
Classification and Compensation Study
Comparison of Labor Market Wage Data

Position Title	BHSJ Range Max or Highest Wage	Average of Market	Percent BHSJ to Market	Barry/ Eaton District Health Dept.	Berrien County Health Dept.	Calhoun County Public Health Dept.	Central Michigan District Health Dept.	District Health Dept. #10	Jackson County Health Dept.	Kalamazoo County Health & Community Services Dept.	Lenawee County Health Dept.	Mid- Michigan District Health Dept.	Monroe County Health Dept.	Van Buren/ Cass County District Health Dept.	Life Ways CMH	St. Joseph County CMH
Health Officer	\$38.75	\$54.24	71%	\$51.06	\$62.68	\$57.81	\$50.94	\$46.39	\$56.24	\$55.67	\$42.50	\$54.02	\$47.19	\$72.12	-	-
Administrative and Finance Services Director	\$34.94	\$42.26	83%	-	\$44.95	-	\$41.77	\$40.70	\$43.57	-	\$36.94	\$40.77	\$36.52	\$52.88	-	-
Administrative Support Clerk	\$14.63	\$16.47	89%	\$15.93	\$15.37	-	\$19.72	\$16.40	\$16.05	\$18.24	-	-	\$15.39	-	\$14.84	\$16.28
Information Technology Manager	\$24.07	\$31.33	77%	-	-	\$31.73	\$34.63	-	-	-	-	\$27.72	-	\$31.25	-	-
Information Technology Software Specialist	\$24.07	\$29.34	82%	-	\$35.22	-	-	-	-	-	\$28.04	\$25.92	\$28.20	-	-	-
Accountant	\$26.71	\$29.94	89%	\$31.71	\$33.77	\$33.26	\$30.13	\$28.75	\$33.78	\$29.17	-	\$23.53	-	\$29.81	\$32.06	\$23.34
Accounts Payable Clerk	\$19.02	\$21.14	90%	\$20.57	\$24.10	\$24.30	\$18.70	\$20.15	\$19.92	\$22.80	\$19.43	\$20.99	\$19.37	\$22.12	-	\$21.25
Payroll Clerk	\$19.02	\$20.41	93%	\$20.57	\$24.10	-	\$20.43	\$20.15	\$19.92	-	\$22.37	\$17.71	\$19.37	\$18.27	-	\$21.25
Emergency Preparedness Coordinator	\$26.71	\$30.73	87%	\$28.62	\$30.70	\$32.05	\$34.63	\$28.75	\$33.10	\$29.24	\$30.73	\$27.72	-	\$31.73	-	-
Health Educator	\$24.07	\$26.55	91%	\$26.48	\$26.51	\$25.78	\$24.89	\$24.59	\$29.48	\$32.05	\$26.54	\$24.82	\$25.86	\$25.00	-	-
Director of Clinical Community Health	\$34.94	\$39.61	88%	\$38.24	\$40.87	\$42.16	\$41.77	\$40.70	\$40.24	\$40.05	\$36.94	\$40.77	\$36.52	\$37.50	-	-
Clinical Services Supervisor	\$28.03	\$32.94	85%	\$30.80	\$33.77	\$34.88	\$34.63	\$31.36	\$33.78	\$31.87	\$30.73	\$32.40	\$33.50	\$34.62	-	-
Hearing and Vision Manager	\$28.03	\$34.36	82%	-	\$33.77	-	-	-	-	\$34.95	-	-	-	-	-	-
Public Health Nurse RN	\$24.07	\$29.16	83%	\$28.62	\$29.16	\$30.25	\$28.62	\$26.79	\$30.13	\$29.17	\$27.57	\$30.31	\$27.64	\$25.48	\$34.26	\$31.07
Hearing/Vision Technician	\$14.63	\$17.86	82%	\$15.93	\$17.58	\$20.56	\$17.13	\$17.98	\$17.06	\$18.63	\$18.54	\$17.91	-	\$17.31	-	-
Clinic Administrative Clerk I	\$16.30	\$15.91	102%	\$15.93	\$16.46	\$18.12	\$15.75	\$15.06	\$16.05	-	\$15.35	\$15.09	\$15.39	\$16.59	\$14.84	\$16.28

Appendix C-2
Branch-Hillsdale-St. Joseph Community Health Agency
Classification and Compensation Study
Comparison of Labor Market Wage Data (cont'd)

Position Title	BHSJ Range Max or Highest Wage	Average of Market	Percent BHSJ to Market	Barry/ Eaton District Health Dept.	Berrien County Health Dept.	Calhoun County Public Health Dept.	Central Michigan District Health Dept.	District Health Dept. #10	Jackson County Health Dept.	Kalamazoo County Health & Community Services Dept.	Lenawee County Health Dept.	Mid- Michigan District Health Dept.	Monroe County Health Dept.	Van Buren/ Cass County District Health Dept.	Life Ways CMH	St. Joseph County CMH
Clinic Administrative Clerk II	\$16.30	\$18.25	89%	\$18.41	\$18.11	\$20.56	\$17.13	\$16.40	\$17.06	\$18.24	-	\$17.08	\$16.49	\$17.31	\$20.93	\$21.25
CSHCS LBS Representative	\$14.63	\$16.70	88%	-	\$16.46	-	-	\$17.98	-	\$18.63	\$13.74	-	-	-	-	-
Breastfeeding Peer	\$14.63	\$16.07	91%	\$15.93	\$15.72	\$12.00	\$17.13	\$16.40	\$20.08	\$17.51	-	\$15.09	-	-	-	\$14.78
Director of Environmental Health	\$34.94	\$38.72	90%	\$38.24	\$40.87	\$42.15	\$41.77	\$40.70	\$38.13	\$39.57	\$36.94	\$40.77	\$36.52	\$30.29	-	-
Supervisor of Environmental Health	\$28.03	\$31.86	88%	\$31.71	\$33.77	-	\$34.63	\$31.36	\$32.41	\$31.87	\$30.73	\$32.40	-	\$27.88	-	-
Sanitarian 2 (registered)	\$26.71	\$27.59	97%	\$28.62	\$26.51	\$29.96	\$27.44	\$26.79	\$29.48	\$29.17	\$25.03	\$27.06	\$25.86	-	-	-
Sanitarian 1 (not registered)	\$24.07	\$25.04	96%	\$26.48	\$24.10	\$27.97	\$24.89	\$24.59	\$26.56	\$25.25	\$23.41	\$24.85	\$24.00	\$23.32	-	-
Environmental Health Office Leader/Clerk	\$16.30	\$18.90	86%	\$18.41	\$18.11	\$24.30	\$17.13	\$17.98	\$18.10	\$18.63	\$17.68	\$17.08	\$20.82	\$17.31	-	\$21.25
Part-Time Clerk Receptionist	\$14.63	\$14.45	101%	\$15.93	\$12.63	-	-	-	-	-	-	-	-	-	-	\$14.78
WEEKLY HOURS (FOR WAGE CONVERSION)	37.5	-	-	40.0	37.5	40.0	35.0	40.0	40.0	40.0	37.5	40.0	40.0	40.0	40.0	40.0

Methodology:

Annual survey data has been converted to hourly based on the number of hours worked per week.

Wage data for BHSJ are all range maximums with the exception of the Health Officer.

Collected wage data is mostly range maximums, again with the exception of the Health Officer.

Dash indicates no comparable position reported for that particular job.

In a number of cases surveyed title differs from actual BHSJ title. This has been done to make the title more recognizable to survey respondents.

Some data have been eliminated due to differences in job complexity and scope of responsibilities.

Notes:

Other Health Officers, with the exception of Kalamazoo do not have responsibility for Area Agency on Aging.

Comparisons used for Administrative and Finance Services Director do not always include all duties of the position (i.e. Finance, IT, HR, Maintenance).

Other entities do not have the same division of responsibilities for information technology. Some use the larger county departments. Data has been carefully scrutinized to provide the most accurate

Appendix C-2
Branch-Hillsdale-St. Joseph Community Health Agency
Classification and Compensation Study
Comparison of Labor Market Wage Data (cont'd)

IT comparisons. For example, the Finance and IT Specialist is surveyed as a mid-range IT professional. The IT Manager is compared to other IT Managers with consideration for the fact that the position has no supervisory responsibility and shares technology duties with the Finance and IT Specialist. BHSJ has a unique organizational alignment in this regard.

Fiscal Support Specialists have been surveyed for both accounts payable and payroll responsibility.

Clinic Coordinators are surveyed as Clinic Managers which is more consistent with duties.

Hearing and Vision Services Manager data was collected for Community Health Services Coordinator recognizing that the latter has more expansive duties. This data has limited applicability.

Clinic Clerk Technicians and Clinic Clerk Managers are surveyed as Clinic Administrative Clerk I and II. Immunization Technicians are presumed as Clinic Admin. Clerk I. These titles are more recognizable to the surveyed agencies.

Barry/Eaton District Health Department: Clinic Clerk prior 2010 used for Clinic Administrative Clerk II. Post 2010 used for Clinic Administrative Clerk I.

Data collected for Public Health Nurse is presumed to be applicable to all nurse classifications and assignments in BHSJ.

Environmental Health Office Manager/Clerk was surveyed separately as this is a common division of responsibility.

Source: Survey of listed agencies, effective September 15, 2019.

Appendix C-3
Branch-Hillsdale-St. Joseph Community Health Agency
Classification and Compensation Study
Comparison of Labor Market Wage Data for Area Agencies on Aging

Position Title	BHSJ Range Max or Highest Wage	Average of Market	Percent BHSJ to Market	Region 9 - Northeast Michigan Community Services Agency, Inc.	Senior Resources of West Michigan (Region 14)	Region 3B Area Agency on Aging - CareWell Services Southwest	Region 2 Area Agency on Aging	Region IV Area Agency on Aging	Region 5 - Valley Area Agency on Aging	DASAS	LIFEWAYS	St. Joseph County CMH
Outreach Worker	\$16.30	\$19.42	84%	-	\$15.23	\$18.50	\$21.96	-	\$22.00	-	-	-
Area on Aging Program Specialist (Clerical)	\$16.30	\$18.29	89%	\$23.24	-	\$15.52	\$16.40	\$18.00	-	-	-	-
Social Work Care Consultant	\$24.07	\$25.72	94%	-	-	\$27.48	-	\$26.39	\$22.00	-	\$29.87	\$22.84
VOCA Elder Abuse Victim Specialist	\$19.02	\$20.60	92%	-	-	\$22.11	\$24.70	-	-	\$15.00	-	-
Area Agency on Aging RN Care Consultant	\$24.07	\$29.10	83%	\$32.69	\$27.88	\$27.53	\$27.00	\$26.39	\$26.00	-	\$34.26	\$31.07
WEEKLY HOURS	37.5	-	-	40	40	40	37.5	40	40			
NUMBER OF FTE EMPLOYEES	8	-	-	49	84	59	51	70	58			

Methodology:

Annual survey data has been converted to hourly based on the number of hours worked per week.

Wage data for BHSJ are all range maximums with the exception of the Health Officer.

Collected wage data is mostly range maximums, again with the exception of the Health Officer.

Dash indicates no comparable position reported for that particular job.

In a number of cases surveyed title differs from actual BHSJ title. This has been done to make the title more recognizable to survey respondents.

Some data have been eliminated due to differences in job complexity and scope of responsibilities.

Survey data is effective September 15, 2019.

Notes:

Due to relative size of the agencies, there are no credible comparables for BHSJ's Area Agency on Aging Director.

DASAS VOCA Elder Abuse Victim Specialist reported comparable is residential DV/SA Advocate.

Region 3B VOCA Elder Abuse Victim Specialist is a CHW that does EAP case coordination.

Source: Survey of listed agencies, effective September 15, 2019.

APPENDIX D

SUGGESTED GRADE AND SALARY STRUCTURE

Appendix D
Branch-Hillsdale-St. Joseph Community Health Agency
Classification and Compensation Study
Suggested Pay Grade Structure

Pay Grade	Point Value Parameters	Title	BHSJ Range Maximums	Market Average Maximum of Range	Minimum of New Range	Midpoint of New Range	Maximum of New Range
1	700-901	Environmental Health Assistant Clerk	\$14.63	\$14.45	12.29	13.52	14.75
2	901-1100	WIC Breastfeeding Peer Counselor	\$14.63	\$16.07	13.83	15.22	16.60
2		Administrative Support Clerk	\$14.63	\$16.47			
2		CSHCS-Representative	\$14.63	\$16.70			
2		Vision and Hearing Technician	\$14.63	\$17.86			
2		Immunization Clerk	\$16.30	\$15.91			
2		Clinic Clerk Technician	\$14.63	\$15.91			
3	1101-1300	Area Agency on Aging Program Specialist	\$16.30	\$18.29	15.63	17.19	18.76
3		Area Agency on Aging Outreach Specialist	\$16.30	\$19.42			
3		Environmental Health Administrative Assistant	\$16.30	\$18.90			
3		Clinic Administrative Assistant	\$16.30	\$18.25			
4	1301-1500	Area Agency on Aging - VOCA Elder Abuse Victim Specialist	\$19.02	\$20.60	17.66	19.43	21.20
4		Fiscal Support Specialist	\$19.02	\$20.78			
5	1501-1700	OPEN GRADE			19.96	21.96	23.95
6	1701-1900	Health Educator	\$24.07	\$26.55	22.55	24.81	27.07
6		Environmental Health Sanitarian I	\$24.07	\$25.04			
6		Area Agency on Aging Social Work Care Consultant	\$24.07	\$25.72			
7	1901-2100	Environmental Health Sanitarian II	\$26.71	\$27.59			
7		Finance and IT Support Specialist	\$24.07	\$29.34	25.49	28.04	30.58
7		Area Agency on Aging RN Care Consultant	\$24.07	\$29.10			
7		Community Health Services Registered Nurse	\$24.07	\$29.16			
7		Public Health Registered Nurse	\$24.07	\$29.16			
7		Accountant	\$26.71	\$29.94			
7		Emergency Preparedness Coordinator	\$26.71	\$30.73			
7		IT Network Manager	\$24.07	\$31.33			
8	2101-2300	Clinic Supervisor	\$28.03	\$32.94	28.80	31.68	34.56
8		Community Health Services Supervisor	\$28.03	\$34.36			
8		Environmental Health Supervisor	\$28.03	\$31.86			
9	2301-2500	Area Agency on Aging Director	\$34.94	-	33.50	36.85	40.20
9		Environmental Health Director	\$34.94	\$38.72			
9		Personal Health and Disease Prevention Director	\$34.94	\$39.61			
9		Administrative Services Director	\$34.94	\$42.26			

Appendix D
Branch-Hillsdale-St. Joseph Community Health Agency
Classification and Compensation Study
Suggested Pay Grade Structure (cont'd)

Methodology:

BHSJ listed salaries are range maximums.

Green indicates at least one incumbent is a green circle.

The market data are also primarily salary range maximums. There are very few exceptions, the vast majority are range maximums.

Since the maximum for the labor market is the highest amount paid, it is used to develop the new recommended ranges for BHSJ, with a small added increment to allow for proper spacing between grades.

The range width is set at 20%, which is very close to the current range width.

The salary ranges should be implemented consistent with the discussion in Section II of the report. Typically, employees will move through the ranges over time as expertise and experience are acquired. Range movement may be attainable through seniority, performance or some combination depending on the particulars of BHSJ's system at any point-in-time.

Note:

Please consult Appendix C-2 notes for comparative explanations and qualifiers for the market data and application to particular jobs.

APPENDIX E

SUMMARY OF EMPLOYEE BENEFITS COMPARISON

Appendix E-1
Branch-Hillsdale-St. Joseph Community Health Agency
Classification and Compensation Study
Comparison of Employee Benefits

Category of Benefits	Branch-Hillsdale-St. Joseph CHA	Barry/Eaton District Health Dept.	Berrien County Health Dept.	Calhoun County Public Health Dept.	Central Michigan District Health Dept.	Jackson County Health Dept.	Kalamazoo County Health and Community Services Dept.	Lenawee County Health Dept.	Mid-Michigan District Health Dept.	Monroe County Health Dept.	Van Buren / Cass County District Health Dept.
Paid Time Off and Longevity											
Number of annual holidays	11	12	12	12.5	11	11	8	12	18.5	12.5	9
Annual personal days	0	0	2	0	24.5	0	0	0	2.5	4	0
Annual sick time (days)	11.2	15	13	PTO	12	PTO	5	PTO	12	6	PTO
Maximum sick-time accrual (days)	260 hours	90	150	-	12	-	100	-	30	6	37
Is there a sick-time buyback option annually or at retirement?	Yes	Yes	Yes	-	No	-	Yes	-	Yes	No	Yes
If yes, max time that can be sold back and value awarded to each day:											
annually?	Any over 260 hours at 100%	50% of value to 15 days	No	-	-	-	No	-	3 days at 50%	-	5 days at 100%
at retirement?	200 hours at 100% of value	90 days at 50% of value	900 hrs. for 7.5, 960 hrs. for 8 hr. at 100% of value	-	-	-	100 days at 50% of value	-	30 days at 50% of value	-	37 days at 100% of value
Do you use PTO days rather than sick time?	No	No	No	Yes	No	Yes	No	Yes	No	No	Yes
Total vacation days earned (including PTO if applicable and not listed above):											
at 1 year	16	12	15	18	4	20	18	16	6	8.25	29
at 5 years	22	17	20	23	4	20	21	21	15	12.75	30
at 10 years	28	22	20	28	4	25	23	24	18	15	34
at 20 years	28	22	25	33	4	30	27	26	21	25.5	37
Longevity payment?	Yes	No	No	Yes	No	No	No	No	No	Yes	No
at 5 years	\$150	-	-	\$250	-	-	-	-	-	\$125	-
at 10 years	\$300	-	-	\$500	-	-	-	-	-	\$250	-
at 20 years	\$600	-	-	\$1,000	-	-	-	-	-	\$500	-

Appendix E-1
Branch-Hillsdale-St. Joseph Community Health Agency
Classification and Compensation Study
Comparison of Employee Benefits (cont'd)

Category of Benefits	Branch-Hillsdale-St. Joseph CHA	Barry/Eaton District Health Dept.	Berrien County Health Dept.	Calhoun County Public Health Dept.	Central Michigan District Health Dept.	Jackson County Health Dept.	Kalamazoo County Health and Community Services Dept.	Lenawee County Health Dept.	Mid-Michigan District Health Dept.	Monroe County Health Dept.	Van Buren / Cass County District Health Dept.
If have longevity, has it been eliminated for new employees?	No	-	-	Yes	-	-	-	-	-	Yes	-
Insurance											
Adopted PA 152 caps or 80/20?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Total monthly cost for the core/base health care plan (Single/Family) for administrative employees	Single: \$599 Family: \$1,812	Single: \$458 Family: \$1,373	Single: \$640 Family: \$1,900	Single: \$719 Family: \$1,963	Single: \$448 Family: \$1,344	Single: \$658 Family: \$1,973	Single: \$532 Family: \$1,595	Single: \$500 Family: \$1,563	Single: \$458 Family: \$1,374	Single: \$410 Family: \$1,187	Single: \$561 Family: \$1,671
Do employees contribute to health care premium on the core/base plan in 2019?	Yes	Yes	Yes	Yes	No	Yes	Yes	No	No	No	Yes
If yes, per pay amount or % (single and family)	20%	10%	20%	20%	-	20%	20%	-	-	-	20%
Monthly payment in lieu of health care coverage ?	\$208	Single: \$150 Family: \$375	No option	\$100	\$243	\$250	Single: \$43 Family: \$108	Single: \$43 Family: \$58	\$130/ \$170	\$83	\$300
Employer-paid dental coverage (premium percentage)?	80%	100%	\$1,000 maximum family reimbursement for dental/optical	100%	No	100%	80%	No	85%	95%	100%
Employer-paid optical coverage (premium percentage)?	80%	100%		100%	No	100%	80%	No	No	95%	No
Health Savings Account provided?	No	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No

Appendix E-1
Branch-Hillsdale-St. Joseph Community Health Agency
Classification and Compensation Study
Comparison of Employee Benefits (cont'd)

Category of Benefits	Branch-Hillsdale-St. Joseph CHA	Barry/Eaton District Health Dept.	Berrien County Health Dept.	Calhoun County Public Health Dept.	Central Michigan District Health Dept.	Jackson County Health Dept.	Kalamazoo County Health and Community Services Dept.	Lenawee County Health Dept.	Mid-Michigan District Health Dept.	Monroe County Health Dept.	Van Buren / Cass County District Health Dept.
If yes, annual amount that is employer-paid	-	\$2,000/yr	-	Single: \$750 or \$1,500 Family: \$1,500 or \$3,000	\$1,600	Single: \$400 Family: \$800	-	\$3,200	Difference between hard cap and insurance cost	Single: \$500 Family: \$1,000	-
Is a Flex Benefit Plan available for pre-tax reimbursement?	Yes	No	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No
Short-term disability insurance provided?	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	Yes	No
Long term-disability insurance provided?	No	No	No	No	No	Yes	Yes	Yes	No	Yes	No
Employee life insurance amount	\$15,000 reduced after age 65	\$20,000	\$50,000	Up to \$50,000	\$30	\$30,000	1x salary to \$250,000 maximum	\$50,000	Not provided	\$20,000 to \$50,000	\$25,000
Employer-paid retiree health insurance?	No	No	Yes	No	No	Yes	Yes	No	No	Yes	No
If yes, % or amount premium paid by employer	-	-	50%	-	-	80%	80%	-	-	100%	-
Is spouse also covered at employer cost?	-	-	No	-	-	Yes	No	-	-	Yes	-
Supplement after 65 paid by employer?	-	-	Yes	-	-	Yes	Yes	-	-	Yes	-
Prescriptions after 65 paid by employer?	-	-	Yes	-	-	Yes	Yes	-	-	Yes	-
Has the public entity eliminated retiree health care for new employees ?	-	-	No	-	-	Yes	No	-	-	Yes	-

Appendix E-1
Branch-Hillsdale-St. Joseph Community Health Agency
Classification and Compensation Study
Comparison of Employee Benefits (cont'd)

Category of Benefits	Branch-Hillsdale-St. Joseph CHA	Barry/Eaton District Health Dept.	Berrien County Health Dept.	Calhoun County Public Health Dept.	Central Michigan District Health Dept.	Jackson County Health Dept.	Kalamazoo County Health and Community Services Dept.	Lenawee County Health Dept.	Mid-Michigan District Health Dept.	Monroe County Health Dept.	Van Buren / Cass County District Health Dept.
Is there a Retiree Health Savings Plan provided (or similar health care funding mechanism)?	No (eliminated in 2018)	No	No	No	No	Yes	No	No	No	No	No
If yes, what is annual employer contribution?	-	-	-	-	-	\$1,850/yr	-	-	-	-	-
Is the Retiree Health Savings Plan just for new hires?	-	-	-	-	-	Yes	-	-	-	-	-
Primary Pension Retirement Plan											
Defined Contribution Plan?	Yes	No	No	No	Yes	Yes	No	Yes	No	No	No
Employer maximum contribution	5%	-	-	-	10%	5%	-	5%	-	-	-
Is plan for new hires only?	Yes	-	-	-	Yes	Yes	-	Yes	-	-	-
Defined Benefit Plan?	Yes - closed to new hires	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Current employee required contribution	3.30%	2%	5%	8.25%	2%	Varies	0%	5%	2.68% and 3%	2%	7% to 10%
Multiplier	2.00%	2.50%	2.20%	2.00%	Not provided	2% to 2.5%	Varies	Not provided	2% or 2.25%	1.5 to 2.5%	Not provided
Hybrid Plan?	No	No	No	No	No	No	No	No	No	No	No
Employee required match/contribution	-	-	-	-	-	-	-	-	-	-	-
Multiplier used in pension calculation	-	-	-	-	-	-	-	-	-	-	-
Maximum employer match/contribution	-	-	-	-	-	-	-	-	-	-	-
Is plan for new hires only?	-	-	-	-	-	-	-	-	-	-	-
Additional employer contribution to 457 or 401a for non-union employees?	No	No	No	No	Yes	No	No	No	No	No	Yes

Appendix E-1
Branch-Hillsdale-St. Joseph Community Health Agency
Classification and Compensation Study
Comparison of Employee Benefits (cont'd)

Category of Benefits	Branch-Hillsdale-St. Joseph CHA	Barry/Eaton District Health Dept.	Berrien County Health Dept.	Calhoun County Public Health Dept.	Central Michigan District Health Dept.	Jackson County Health Dept.	Kalamazoo County Health and Community Services Dept.	Lenawee County Health Dept.	Mid-Michigan District Health Dept.	Monroe County Health Dept.	Van Buren / Cass County District Health Dept.
If yes, amount that is employer paid	-	-	-	-	5%	-	-	-	-	-	\$2,500/yr
Miscellaneous											
Base hours worked per week for full-time non-exempt?	37.5	40	37.5, Roads, Parks, Sheriff's Deputies and Bailiffs are 40	40	35	40	40	37.5	40	40	40
How many steps in your non-union pay system?	6	7	7	7	8	5	6	7	6	9	0
Do part-time employees <u>under 30 hours</u> receive benefits?	Employees working 30 - 37 hours receive full benefits except possibly holiday pay. Benefits are pro rata where applicable. Under 30 hr. see below.	Only if .8 or above	Yes	No	No	Limited	Yes	No	Yes	No	No
If yes, is health care provided?	No	Yes	Yes	Yes	-	-	No	-	No	-	-
If yes, is retirement provided?	No	Yes, .8 FTE or above	Yes	Yes	-	-	Yes	-	Yes	-	-

Appendix E-1
Branch-Hillsdale-St. Joseph Community Health Agency
Classification and Compensation Study
Comparison of Employee Benefits (cont'd)

Category of Benefits	Branch-Hillsdale-St. Joseph CHA	Barry/Eaton District Health Dept.	Berrien County Health Dept.	Calhoun County Public Health Dept.	Central Michigan District Health Dept.	Jackson County Health Dept.	Kalamazoo County Health and Community Services Dept.	Lenawee County Health Dept.	Mid-Michigan District Health Dept.	Monroe County Health Dept.	Van Buren / Cass County District Health Dept.
For part-time benefits received specify type of benefit and formula used determine amount	Under 30 hrs. but at least 25 hr. receive sick time pro rata and related accrual bank provisions	.8 FTE get fringe benefits	Based on hours worked	Receive pension and pro rata PTO	-	-	Health care only if .50 FTE	-	Over 20 hours receive pro rata retirement - also pro rata off-time	-	-

Source: Survey of listed agencies, effective September 15, 2019.

2019/2020 PROPOSED SALARY SCHEDULE (BHSJ PROPOSED OPTION 3)

<u>LEVEL</u>	<u>CLASSIFICATION</u>	<u>Hire in Rate</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Year 5</u>	<u>Year 6</u>
1	EH ASSISTANT CLERK	11.61	11.99	12.38	12.77	13.16	13.54	13.93
2	WIC BF PEER COUNSELOR	13.06	13.50	13.94	14.37	14.81	15.24	15.68
2	CSHCS REPRESENTATIVE	13.06	13.50	13.94	14.37	14.81	15.24	15.68
2	ADMIN SUPPORT CLERK	13.06	13.50	13.94	14.37	14.81	15.24	15.68
2	VISION/HEARING TECH	13.06	13.50	13.94	14.37	14.81	15.24	15.68
2	IMMZ CLERK	13.06	13.50	13.94	14.37	14.81	15.24	15.68
2	CLINIC CLERK TECH	13.06	13.50	13.94	14.37	14.81	15.24	15.68
3	EH ADMIN ASSISTANT	14.76	15.25	15.74	16.23	16.73	17.22	17.71
3	CLINIC ADMIN ASST	14.76	15.25	15.74	16.23	16.73	17.22	17.71
3	AAA Program Specialist	14.76	15.25	15.74	16.23	16.73	17.22	17.71
3	AAA OUTREACH SPECIALIST	14.76	15.25	15.74	16.23	16.73	17.22	17.71
4	AAA VOCA SPECIALIST	16.68	17.24	17.79	18.35	18.91	19.46	20.02
4	FISCAL SUPPORT SPECIALIST	16.68	17.24	17.79	18.35	18.91	19.46	20.02
5	OPEN GRADE	18.86	19.48	20.11	20.74	21.37	22.00	22.63
6	EH SANITARIAN	21.30	22.01	22.72	23.43	24.14	24.85	25.56
6	AAA SW CARE CONSULTANT	21.30	22.01	22.72	23.43	24.14	24.85	25.56
6	HEALTH EDUCATOR	21.30	22.01	22.72	23.43	24.14	24.85	25.56
7	SENIOR EH SANITARIAN	24.07	24.87	25.68	26.48	27.28	28.09	28.89
7	FINANCE AND IT SUPPORT SPECIALIST	24.07	24.87	25.68	26.48	27.28	28.09	28.89
7	COMM HEALTH SERV RN	24.07	24.87	25.68	26.48	27.28	28.09	28.89
7	PUBLIC HEALTH RN	24.07	24.87	25.68	26.48	27.28	28.09	28.89
7	ACCOUNTANT	24.07	24.87	25.68	26.48	27.28	28.09	28.89
7	EMERGENCY PREP COORD	24.07	24.87	25.68	26.48	27.28	28.09	28.89
7	IT NETWORK MANAGER	24.07	24.87	25.68	26.48	27.28	28.09	28.89
8	CLINIC SUPERVISOR	27.20	28.10	29.01	29.92	30.83	31.73	32.64
8	COMM HEALTH SERV SUPERVISOR	27.20	28.10	29.01	29.92	30.83	31.73	32.64
8	EH SUPERVISOR	27.20	28.10	29.01	29.92	30.83	31.73	32.64
9	ENVIRONMENTAL HEALTH DIR.	31.64	32.69	33.75	34.80	35.86	36.91	37.97
9	PREV.HEALTH/DISEASE PREV. DIR.	31.64	32.69	33.75	34.80	35.86	36.91	37.97
9	ADMINISTRATIVE SERVICES DIR.	31.64	32.69	33.75	34.80	35.86	36.91	37.97
9	AAA DIRECTOR	31.64	32.69	33.75	34.80	35.86	36.91	37.97

Branch-Hillsdale-St. Joseph Community Health Agency
Environmental Public Health Services
Report for the December 12, 2019 Board of Health Meeting
Prepared by Paul Andriacchi R.E.H.S, Director of Environmental Health

Food Service Sanitation

Our food program supervisor (Joe Frazier) has been working with our two new food sanitarians in Hillsdale as they work through the training process. Bethany Pirman (who splits time in the food and the field program) and Annalisa Rice (who is our full-time food sanitarian), have both successfully completed their 25 joint inspections with our standardized trainer. Both of them are working towards completing their training with Joe and have been doing a great job!

We have a couple of new chain restaurants that have submitted plans and will be opening soon. Dairy Queen is opening up a new facility in Coldwater where the old bowling alley was located on U.S. 12 and they hope to open on December 11. Culver's is in the construction phase for a new location in Three Rivers, located on U.S. 131. They have just begun groundbreaking and have not set a date for opening.



General Programs

The Michigan Department of Health and Human Services (MDHHS) and the Department of Energy, Great Lakes and Environment (EGLE) have begun a PFAS investigation in the Village of Mendon. A number of monitoring wells that were put in place as a response to a contamination site in the village were tested for PFAS and some high results came from those wells. When the contamination site was first discovered a number of years ago, the village constructed a municipal water system. When the PFAS results were reported, further investigation revealed that there were a number of homes within the village that still had private wells. MDHHS and EGLE have identified those remaining private wells and are in the process of sampling them for PFAS. To date only 2 wells have been sampled and 10 more have been identified for sampling. There have been a couple of homeowners that have refused sampling at this point but we remain hopeful that they may change their minds in the future. To date we do not have any results back but if we do have homes with elevated levels of PFAS we will be working with MDHHS and EGLE in providing bottled water and water filters until an acceptable water source is obtained. We are hopeful that the remaining wells can be tested within the next couple of weeks. There were 3 wells that were identified as a priority based on their proximity to the contamination site and the direction of groundwater flow. Those three wells will have the samples expedited so we could have results within a week to 10 days. The remaining samples will be processed normally and will take 3-4 weeks for results.

This year we will again be participating in the pilot program for Medical Waste inspections. We have received a grant for \$5000 to conduct inspections throughout the 3 counties. The inspections involve a review of required paperwork for the proper disposal of medical waste products in facilities such as doctor's offices, dentist offices, body art facilities and any other facility that generate medical waste. We are reimbursed at the rate of \$100/inspection for small facilities and \$250 for large facilities. Our field staff will be completing these inspections over the course of the next 4 months.

EH Service Statistics Report

BRANCH - HILLSDALE - ST. JOSEPH COMMUNITY HEALTH AGENCY

ENVIRONMENTAL HEALTH SERVICE REPORT 2019/2020

	OCTOBER				YTD 2019/2020				YTD 2018/2019			
	BR	HD	SJ	TOTAL	BR	HD	SJ	TOTAL	BR	HD	SJ	TOTAL
WELL/SEWAGE SYSTEM EVAL.	-	-	1	1	-	-	1	1	6	2	6	14
CHANGE OF USE EVALUATIONS	2	5	2	9	2	5	2	9	1	9	7	17
CHANGE OF USE EVALUATIONS - OFFICE	6	1	1	8	6	1	1	8	5	3	11	19
ON-SITE SEWAGE DISPOSAL												
PERMITS NEW CONSTRUCTION	5	6	9	20	5	6	9	20	15	9	10	34
REPAIR/REPLACEMENT	7	7	12	26	7	7	12	26	8	10	30	48
VACANT LAND EVALUATION	-	2	1	3	-	2	1	3	1	1	1	3
PERMITS DENIED	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	12	15	22	49	12	15	22	49	24	20	41	85
SEWAGE PERMITS INSPECTED	11	15	9	35	11	15	9	35	18	23	34	75
WELL PERMITS ISSUED	17	10	32	59	17	10	32	59	27	18	47	92
WELL PERMITS INSPECTED	17	22	45	84	17	22	45	84	17	28	28	73
FOOD SERVICE INSPECTION												
ROUTINE	23	34	31	88	23	34	31	88	37	42	59	138
NEW OWNER / NEW ESTABLISHMENT	2	-	1	3	2	-	1	3	-	1	3	4
FOLLOW-UP INSPECTION	1	-	1	2	1	-	1	2	2	11	6	19
TEMPORARY	1	8	6	15	1	8	6	15	4	8	11	23
STFU/Mobile	3	1	-	4	3	1	-	4	-	2	4	6
PLAN REVIEW APPLICATIONS	-	1	2	3	-	1	2	3	-	1	-	1
FOOD COMPLAINTS RECEIVED	3	2	2	7	3	2	2	7	1	1	3	5
FOODBORNE ILLNESS INVESTIGATED	1	-	1	2	1	-	1	2	-	-	-	-
FOOD CLASSES												
MANAGEMENT CERTIFICATION CLASS	n/a	n/a	n/a	12	n/a	n/a	n/a	-	n/a	n/a	n/a	36
FOOD HANDLERS CLASS	n/a	n/a	n/a	-	n/a	n/a	n/a	-	n/a	n/a	n/a	-
METH LAB REFERRALS	-	-	-	-	-	-	-	-	-	-	-	-
METH LAB LETTERS SENT	-	-	-	-	-	-	-	-	-	-	-	-
CAMPGROUND INSPECTION	-	-	-	-	-	-	-	-	-	-	-	-
NON-COMM WATER SUPPLY INSP.	1	4	2	7	1	4	2	7	-	2	4	6
SWIMMING POOL INSPECTION	-	-	-	-	-	-	-	-	-	4	-	4
PROPOSED SUBDIVISION REVIEW	-	-	-	-	-	-	-	-	-	-	-	-
SEPTIC TANK CLEANER	-	-	-	-	-	-	-	-	-	-	-	-
DHS LICENSED FACILITY INSP.	1	3	2	6	1	3	2	6	4	5	6	15
COMPLAINTS INVESTIGATIONS	2	3	1	6	2	3	1	6	13	3	3	19
LONG TERM MONITORING	-	-	-	-	-	-	-	-	-	-	5	5
BODY ART FACILITY INSPECTIONS	-	-	-	-	-	-	-	-	-	-	-	-

Inspection Type Count by County

For Date Range: 10/1/2019 - 10/31/2019 and Program: Food Service

County	Inspection Type	Count
Branch	Complaint	3
	Consult	2
	Follow-Up	1
	Pre-opening/New	2
	Routine	23
	STFU/Mobile	3
	Temporary	1
Hillsdale	Complaint	2
	Routine	34
	STFU/Mobile	1
	Temporary	8
St. Joseph	Complaint	2
	Follow-Up	1
	Pre-opening/New	1
	Progress Note	1
	Routine	31
	Temporary	6
	Total number of inspections	126

Establishment Inspection Report

For Date Range: 10/1/2019 - 10/31/2019 and Program: Food Service

Name	Location	Date	Inspection Type	# P	# Pf	# P/Pf Fixed During Inspection	# Core
ANDREWS ELEM SCHOOL	Three Rivers	10/17/2019	Routine	0	0	0	0
ARBY'S	COLDWATER	10/31/2019	Routine	1	0	1	3
ARBY'S	THREE RIVERS	10/31/2019	Routine	0	1	1	0
Betzer Community Church	Pittsford	10/19/2019	Temporary	0	0	0	0
Big King Buffet of Dong INC	Three Rivers	10/22/2019	Routine	1	1	0	2
BIGGBY COFFEE	HILLSDALE	10/8/2019	Routine	0	0	0	0
BILL'S GRILL HOUSE	COLDWATER	10/1/2019	Routine	0	2	2	0
BILL'S STEAKHOUSE	BETHEL TWP	10/3/2019	Routine	1	1	2	0
BRONSON DISTRICT - Chicago St School	BRONSON	10/3/2019	Routine	0	0	0	0
BRONSON KNIGHTS OF COLUMBUS #2924	BRONSON	10/22/2019	Routine	1	2	1	0
BUFFALO WILD WINGS	COLDWATER	10/23/2019	Complaint	0	0	0	4
BUFFALO WILD WINGS	COLDWATER	10/31/2019	Complaint	0	0	0	0
BURGER KING #13790	HILLSDALE	10/25/2019	Routine	0	0	0	1
BUTLER'S HOT DOG #2	Allen	10/13/2019	Routine	0	0	0	0
BUTLER'S HOT DOG #2	Allen	10/20/2019	STFU/Mobile	0	0	0	0
C.J. FISHER LAKE INN	Three Rivers	10/23/2019	Complaint	0	0	0	0
CAMDEN UNITED METHODIST CHURCH	Camden	10/11/2019	Routine	0	0	0	0
CAMDEN-FRONTIER SCHOOL	WOODBRIDGE TWP	10/30/2019	Routine	0	0	0	0
CBPU	Coldwater	10/4/2019	Temporary	0	0	0	0
CHARLIES PRIDE BBQ	COLDWATER	10/2/2019	STFU/Mobile	0	0	0	0
CHARLIES PRIDE BBQ POP'S PLACE	COLDWATER	10/2/2019	STFU/Mobile	0	0	0	0
Chunky Butt's BBQ and Grill	Osseo	10/4/2019	Temporary	0	0	0	0
Chunky Butt's BBQ and Grill	Osseo	10/21/2019	Temporary	0	0	0	0
City of Three Rivers - Halloweenie Roast	Three Rivers	10/31/2019	Temporary	0	0	0	0
COLON ELEM SCHOOL	Colon	10/3/2019	Routine	0	0	0	0
COLON HIGH SCHOOL	COLON	10/3/2019	Routine	0	0	0	0
COMMERICAL SPORTS BAR	COLDWATER	10/8/2019	Routine	0	0	0	4
COMMUNITY ACTION AGENCY (HEAD START)	HILLSDALE	10/22/2019	Routine	0	0	0	0
CONGRESS SCHOOL	STURGIS	10/9/2019	Routine	0	0	0	0

Name	Location	Date	Inspection Type	# P	# Pf	# P/Pf Fixed During Inspection	# Core
CONSTANTINE COMMUNITY SOUP KITCHEN	Constantine	10/14/2019	Routine	0	0	0	0
CONSTANTINE HIGH SCHOOL	Constantine	10/18/2019	Routine	0	0	0	1
CONSTANTINE MIDDLE SCHOOL	Constantine	10/28/2019	Routine	0	0	0	0
CotN/ SCS-2	STURGIS	10/11/2019	Temporary	0	0	0	0
D J'S FAMILY RESTAURANT	PITTSFORD TWP	10/10/2019	Routine	0	0	0	0
Dairy Queen	Sturgis	10/14/2019	Routine	0	0	0	0
DAVIS MIDDLE SCHOOL	HILLSDALE	10/23/2019	Routine	0	0	0	0
DRAFT HORSE DINER	LITCHFIELD	10/21/2019	Routine	0	0	0	0
EASTWOOD SCHOOL	Sturgis	10/17/2019	Routine	0	0	0	0
ELKS LODGE	COLDWATER	10/10/2019	Follow-Up	0	6	1	4
ELKS LODGE	COLDWATER	10/22/2019	Routine	0	6	4	2
FIVE STAR PIZZA	UNION CITY	10/15/2019	Routine	1	0	0	1
FIVE STAR PIZZA	BRONSON	10/22/2019	Routine	0	0	0	2
FOE JONESVILLE 4290	JONESVILLE	10/17/2019	Routine	1	0	1	0
Freedom Center	Centreville	10/10/2019	Progress Note	0	0	0	0
GIRARD HEAD START BISD	COLDWATER	10/23/2019	Routine	0	0	0	0
Go Cafe	Centreville	10/14/2019	Routine	0	0	0	0
Hampton Inn--Food	Sturgis	10/10/2019	Routine	0	0	0	0
Hillbilly Bone BBQ	Cement City	10/13/2019	Temporary	0	0	0	0
Hillbilly Bone BBQ	Cement City	10/25/2019	Temporary	0	0	0	0
HILLSDALE COLLEGE BIERMANN ATHLETIC CENT	HILLSDALE	10/10/2019	Routine	0	0	0	0
Hillsdale County ISD	Hillsdale	10/24/2019	Temporary	0	0	0	0
HILLSDALE FILLING STATION DELI	HILLSDALE	10/29/2019	Routine	0	0	0	0
HILLSDALE HIGH SCHOOL	HILLSDALE	10/31/2019	Routine	0	0	0	0
HILLTOP CREAMERY & GOODIES	JONESVILLE	10/28/2019	Routine	0	0	0	0
HIP PADDR'S CATERING	STURGIS	10/17/2019	Routine	0	0	0	0
HOPPIN ELEM	THREE RIVERS	10/22/2019	Routine	0	0	0	0
Howardsville Christian School--Temp	MARCELLUS	10/25/2019	Temporary	0	0	0	0
Jerolene Elementary	Sturgis	10/9/2019	Routine	0	0	0	0
Jonesville Fire Department	Jonesville	10/31/2019	Temporary	0	0	0	0
JONESVILLE HIGH SCHOOL	JONESVILLE	10/11/2019	Routine	0	0	0	0

Name	Location	Date	Inspection Type	# P	# Pf	# P/Pf Fixed During Inspection	# Core
JONESVILLE MIDDLE SCHOOL	JONESVILLE	10/17/2019	Routine	0	0	0	0
JONESVILLE MIDDLE SCHOOL	JONESVILLE	10/17/2019	Routine	0	0	0	0
JONESVILLE UNITED METHODIST	JONESVILLE	10/15/2019	Routine	0	0	0	0
LINCOLN ELEMENTARY SCHOOL	COLDWATER	10/10/2019	Routine	0	0	0	0
LINCOLN LEARNING CENTER (BRANCH ISD)	COLDWATER	10/10/2019	Routine	0	0	0	0
LINCOLN LEARNING CENTER (BRANCH ISD)	COLDWATER	10/10/2019	Routine	0	0	0	0
LITCHFIELD COMMUNITY SCHOOL	LITCHFIELD	10/4/2019	Routine	0	0	0	0
LITCHFIELD FIRE DEPARTMENT	LITCHFIELD	10/8/2019	Routine	0	0	0	0
LITTLE CAESARS PIZZA	Coldwater	10/8/2019	Routine	0	0	0	4
LOYAL ORDER OF THE MOOSE	Hillsdale	10/22/2019	Routine	0	0	0	0
MARIA'S	Sturgis	10/15/2019	Follow-Up	0	0	0	0
McDONALDS OF STURGIS 2180	Sturgis	10/23/2019	Complaint	0	0	0	0
MCDONALD'S-JONESVILLE	JONESVILLE	10/30/2019	Complaint	0	0	0	0
Mission Project	Sturgis	10/19/2019	Temporary	0	0	0	0
Nelson's Chicken Fund Raiser	Constantine	10/18/2019	Temporary	0	0	0	0
NEW DRAGON EXPRESS	STURGIS	10/15/2019	Routine	1	0	1	0
NORTH ADAMS PUBLIC SCHOOLS	North Adams	10/14/2019	Routine	0	0	0	0
NORTH ADAMS PUBLIC SCHOOLS	North Adams	10/14/2019	Routine	0	0	0	0
Northwoods Coffee Company	Coldwater	10/8/2019	Pre-opening/New	0	0	0	1
NORTON ELEM	THREE RIVERS	10/17/2019	Routine	0	0	0	0
NUTRITION XTREME	Jonesville	10/28/2019	Routine	0	0	0	0
OUR SAVIOR LUTHERAN CHURCH	UNION CITY	10/24/2019	Routine	0	0	0	0
PAPA MUNCHIES	BETHEL TWP	10/12/2019	Routine	0	0	0	0
PENNY'S	HILLSDALE	10/15/2019	Routine	0	0	0	0
PITTSFORD AREA SCHOOLS	Pittsford	10/16/2019	Routine	0	0	0	0
PITTSFORD AREA SCHOOLS	Pittsford	10/16/2019	Routine	0	0	0	0
Ponderosa Steakhouse	Coldwater	10/14/2019	Consult	0	0	0	0

Name	Location	Date	Inspection Type	# P	# Pf	# P/Pf Fixed During Inspection	# Core
Ponderosa Steakhouse	Coldwater	10/16/2019	Pre-opening/New	0	0	0	4
READING HIGH SCHOOL	READING	10/2/2019	Routine	0	0	0	0
REYNOLDS ELEMENTARY SCHOOL	Reading	10/3/2019	Routine	0	0	0	0
RIVERSIDE ELEM SCHOOL	Constantine	10/28/2019	Routine	0	0	0	1
ROCHE SPORTS COMPLEX	HILLSDALE	10/10/2019	Routine	0	0	0	0
ROUGH DRAFT	HILLSDALE	10/7/2019	Routine	0	1	1	2
SKATE RANCH INC	COLDWATER	10/23/2019	Routine	0	0	0	0
Small Town Girl Concessions	Coldwater	10/11/2019	STFU/Mobile	0	0	0	0
SPECIAL ED'S DONUTS	Somerset Center	10/27/2019	Routine	0	0	0	0
St. Joseph County Commision on Aging	Three Rivers	10/30/2019	Pre-opening/New	0	0	0	0
STOUT-NESBIT AMERICAN LEGION	MONTGOMERY	10/23/2019	Routine	0	0	0	0
STURGIS ADULT ED	Sturgis	10/9/2019	Routine	0	0	0	0
STURGIS HIGH SCHOOL	Sturgis	10/17/2019	Routine	0	0	0	0
STURGIS MIDDLE SCHOOL	STURGIS	10/9/2019	Routine	0	0	0	0
STURGIS YOUNG ADULTS	Sturgis	10/17/2019	Routine	0	0	0	0
Subway	THREE RIVERS	10/31/2019	Routine	1	0	0	0
SUBWAY # 19719	COLDWATER	10/16/2019	Routine	0	0	0	0
Subway #11857	Three Rivers	10/9/2019	Routine	2	0	1	0
TACO BELL #21039	Hillsdale	10/7/2019	Complaint	1	0	0	0
TASTY TWIST	COLDWATER	10/8/2019	Routine	0	0	0	0
Terry's Inc. DBA Piper's Grinders Galore	STURGIS	10/9/2019	Routine	1	1	1	0
THE DECK DOWN UNDER	Jerome	10/1/2019	Routine	0	0	0	0
THE LOCAL	Centreville	10/10/2019	Routine	0	0	0	0
THE OAK'S TAVERN LLC	MOSCOW	10/24/2019	Routine	1	0	0	0
THREE RIVERS HIGH SCHOOL	THREE RIVERS	10/21/2019	Routine	0	0	0	0
THREE RIVERS MIDDLE SCHOOL	Three Rivers	10/21/2019	Routine	0	0	0	0
Trinity Lutheran Church School	Sturgis	10/17/2019	Routine	0	0	0	0
UNION CITY ELEMENTARY SCHOOL	UNION CITY	10/15/2019	Routine	0	0	0	0
UNION CITY HIGH SCHOOL	UNION CITY-PT	10/15/2019	Routine	0	0	0	0

Name	Location	Date	Inspection Type	# P	# Pf	# P/Pf Fixed During Inspection	# Core
UNION CITY MIDDLE SCHOOL	UNION CITY	10/15/2019	Routine	0	0	0	0
Vita's Cafe	Coldwater	10/9/2019	Consult	0	0	0	0
WALDRON AREA SCHOOL	WRIGHT TWP	10/9/2019	Routine	0	0	0	1
WALDRON FRIENDLY TAVERN	WALDRON	10/14/2019	Routine	0	1	1	0
WENDY'S #761	COLDWATER	10/8/2019	Complaint	0	0	0	0
White Pigeon Community Association	White Pigeon	10/2/2019	Temporary	0	0	0	0
WILLIAMS ELEMENTARY SCHOOL	JONESVILLE	10/18/2019	Routine	0	0	0	0
Woodbridge Twp Fire Department	Hillsdale	10/31/2019	Temporary	0	0	0	0
YOUTH FOR CHRIST	Sturgis	10/15/2019	Routine	0	0	0	0
ZHENG'S SUPER GRAND BUFFET	COLDWATER	10/23/2019	Routine	2	0	1	5

Food Inspection Codes:

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

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

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



Director's Report

Updates:

1. As I've mentioned numerous times over the past four months... November has been nothing short of a VERY busy month in our division. I'm grateful every day for the eager team members we have and how we are synergizing! I've very excited to introduce you to our new **AAA Outreach Specialist, Dawn Elliott**. By education, Dawn holds a master's degree in Therapeutic Recreation and has worked in various care settings with people of all ages. She's new to public health and the aging network and we're glad she's here! Dawn has begun learning Medicare & Medicaid and will serve as our region's MMAP Regional Coordinator (as MMAP calls it). Welcome Dawn!
2. Services to Victims of Elder Abuse (SVEA) Update:
 - Staff are busy planning a spring 2020 "Elder Justice Symposium" for each county. Each COA has offered space and we are hoping for 60-100 attendees at each event. Target audience includes: law enforcement, prosecutors, victim rights organizations, adult protective services, and first responders. Topic areas were chosen based upon input from each county's elder abuse prevention groups over the past few months. We will also include specific training on a new tool called "Vulnerable Adult Incident Report" which is being encouraged to be implemented statewide among law enforcement agencies. Invitations will be extended to our State Representatives, State Senators, Attorney General Nessel, and all of our local aging network & community partners (of course the Board of Health!). Stay tuned...
 - We've been awarded a "match waiver" for our FY2020 VOCA-SVEA grant... these waivers, we hear, don't come along often - so we were sure to apply! These VOCA funds have a 25% cash match requirement (or 20% if an organization uses volunteer time as match). As the Board is aware, our budget is so tight that meeting that match would be extremely difficult, ongoing. In addition, because we are still in a developmental phase, we've not yet developed a cadre of volunteers... it's a goal but we've only got so much time in the day!
 - Danielle, one of our Elder Abuse Victim Specialists, applied for a mini-grant (her first grant!) to support community awareness for "National Crime Victims' Rights Week" in April 2020. It is basically "free" federal funding if we are awarded. The mini-grant would support our collaboration with the County Prosecutor's offices and other victim rights organizations (such as Domestic & Sexual Abuse Services & Branch County Coalition Against Domestic & Sexual Violence) to promote the weeklong events in each county, print promotional items, and get resources to community members/victims about services available to support them. Please keep your fingers crossed that we are awarded!!
3. FY2019 year-end & FY2020 beginning: FY2019 ended well & we were as efficient as ever. FY2020 funding is *STILL* up in the air. The AAA (RU12) budget before you today is based upon our 3-month Statement of Grant Award, as that's all we have! We will certainly keep the Board updated as we receive additional awards. We hope it doesn't disrupt our budgeting & spending targets too much...

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

October-19	2019/20					YTD 2019/2020					YTD 2018-2019				
	BR	HD	ST	TR	Total	BR	HD	ST	TR	Total	BR	HD	ST	TR	Total
CHILD IMMUNIZATIONS															
# Vaccines Given CHA	316	302	73	166	857	316	302	73	166	857	345	298	-	203	846
All VFC Doses Given	1,400	1,060		1,709	4,169	1,400	1,060	-	1,709	4,169	1,258	1,021	-	2,013	4,292
Waivers	14	28	-	29	71	14	28	-	29	71	22	24	-	13	59
ADULT IMMUNIZATIONS															
# Vaccines Given	440	118	25	160	743	440	118	25	160	743	511	175	-	588	1,274
All AVP Doses Given	49	18		53	120	49	18	-	53	120	58	44	-	85	187
TRAVEL VACCINATIONS															
Branch Office	-				-	-	-	-	-	-	3	-	-	-	3
COMMUNICABLE DISEASE															
STD treatments	2	1	-	7	10	2	1	-	7	10	2	5	-	24	31
New STD Investigations	18	7	-	30	55	18	7	-	30	55	11	9	-	35	55
TB Tests Done	23	15	-	3	41	23	15	-	3	41	15	20	-	3	38
LTBI on Rx	1	-	-	-	1	1	-	-	-	1	-	-	-	1	1
HIV Testing	-	2	-	4	6	-	2	-	4	6	1	4	-	10	15
ENROLLMENTS															
Medicaid & Michild	3	-	-	4	7	3	-	-	4	7	-	-	-	3	3
REFERRAL SERVICE															
MCDC Referrals	15	39	1	11	66	15	39	1	11	66	14	32	1	1	48
MIHP referrals	16	1	23	28	68	16	1	23	28	68	13	-	6	8	27
Hearing Screens															
Pre-school	-	-	-	138	138	-	-	-	138	138	-	-	-	148	148
School Age	403	169	-	551	1,123	403	169	-	551	1,123	237	396	-	631	1,264
Vision Screens															
Pre-school	-	-	-	157	157	-	-	-	157	157	-	-	-	160	160
School Age	923	606	-	1,069	2,598	923	606	-	1,069	2,598	493	397	-	922	1,812
Children's Special Health Care Services															
Diagnostics	4	6	-	-	10	4	6	-	-	10	4	5	-	-	9
Assessments-Renewal	24	25	-	33	82	24	25	-	33	82	16	14	-	34	64
Assessments-New	8	5	-	13	26	8	5	-	13	26	8	20	-	5	33

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Personal Health and Disease Prevention**

October-19	2019-2020				FYTD 2019-2020				2018-19 FYTD			
	BR	HD	SJ	Total	BR	HD	SJ	Total	BR	HD	SJ	Total
Amebiasis				-	-	-	-	-	-	-	-	-
Animal Bite/Rabies potential exposure	3	3	1	7	3	3	1	7	2	7	1	10
Babesiosis				-	-	-	-	-	-	-	-	-
Blastomycosis				-	-	-	-	-	-	-	-	-
Brucellosis				-	-	-	-	-	-	-	-	-
Campylobacter		1	1	2	-	1	1	2	-	1	1	2
Chicken Pox		1		1	-	1	-	1	-	-	-	-
Chlamydia	13	5	24	42	13	5	24	42	10	7	26	43
Coccidioidomycosis				-	-	-	-	-	-	-	-	-
Colds W/O Fever	190	75	291	556	190	75	291	556	173	99	180	452
CRE Carbapenem Resistant Enterobac.			1	1	-	-	1	1	-	-	-	-
Creutzfeldt-Jakob Disease				-	-	-	-	-	-	-	-	-
Cryptococcosis				-	-	-	-	-	-	-	-	-
Cryptosporidiosis	1	1		2	1	1	-	2	-	-	1	1
Cyclosporiasis				-	-	-	-	-	-	-	-	-
Dengue Fever				-	-	-	-	-	-	-	-	-
E Coli 0157				-	-	-	-	-	-	-	-	-
Encephalitis - Primary				-	-	-	-	-	-	-	-	-
Encephalitis - St. Louis				-	-	-	-	-	-	-	-	-
Flu Like Disease	133	53	154	340	133	53	154	340	257	55	162	474
GI Illness	370	129	157	656	370	129	157	656	460	149	237	846
Giardiasis				-	-	-	-	-	-	1	-	1
Gonorrhea	4	2	6	12	4	2	6	12	1	2	9	12
Granuloma Inguinale				-	-	-	-	-	-	-	-	-
Guillian-Barre Syndrome	1			1	1	-	-	1	-	-	-	-
H. Influenzae Disease - Inv.		1		1	-	1	-	1	-	-	-	-
Head Lice	84	39	51	174	84	39	51	174	26	24	64	114
Hemolytic Uremic Syndrome				-	-	-	-	-	-	-	-	-
Hepatitis A	1			1	1	-	-	1	-	-	-	-
Hepatitis B - Acute			1	1	-	-	1	1	-	-	-	-
Hepatitis B - Chronic				-	-	-	-	-	-	1	-	1
Hepatitis C - Acute	1		2	3	1	-	2	3	-	-	-	-
Hepatitis C - Chronic	1	1	5	7	1	1	5	7	1	7	7	15
Hepatitis C Unknown				-	-	-	-	-	-	-	-	-
Histoplasmosis				-	-	-	-	-	-	-	-	-
HIV Infection				-	-	-	-	-	-	-	-	-
HIV/AIDS				-	-	-	-	-	-	-	-	-
Impetigo	2	1	5	8	2	1	5	8	6	2	3	11
Influenza				-	-	-	-	-	-	-	-	-
Influenza, Novel				-	-	-	-	-	-	-	-	-
Kawasaki				-	-	-	-	-	-	-	-	-

**Branch - Hillsdale - St. Joseph Community Health Agency
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October-19	2019-2020				FYTD 2019-2020				2018-19 FYTD			
	BR	HD	SJ	Total	BR	HD	SJ	Total	BR	HD	SJ	Total
Legionellosis				-	-	-	-	-	-	-	-	-
Listeriosis				-	-	-	-	-	-	-	-	-
Lyme Disease	1		5	6	1	-	5	6	-	-	1	1
Measles				-	-	-	-	-	-	-	-	-
Malaria				-	-	-	-	-	-	-	-	-
Menengitis - Aseptic				-	-	-	-	-	-	-	-	-
Menengitis - Bacterial				-	-	-	-	-	-	-	-	-
Meningococcal Disease				-	-	-	-	-	-	-	-	-
Mononucleosis	1	2	1	4	1	2	1	4	15	1	1	17
Mumps				-	-	-	-	-	-	-	-	-
Mycobacterium - Other		1		1	-	1	-	1	1	1	-	2
Norovirus				-	-	-	-	-	-	-	-	-
Pertussis		1		1	-	1	-	1	-	-	-	-
Pink Eye	13	6	15	34	13	6	15	34	12	8	6	26
Q Fever			1	1	-	-	1	1	-	-	-	-
Rabies - Animal				-	-	-	-	-	-	-	-	-
Rickettsial Disease				-	-	-	-	-	-	-	-	-
Rubella				-	-	-	-	-	-	-	-	-
Salmonellosis		1	1	2	-	1	1	2	2	2	-	4
Scabies	1	-	4	5	1	-	4	5	1	2	2	5
Shiga Toxin-prod. (STEC)	1	1		2	1	1	-	2	-	-	-	-
Shigellosis				-	-	-	-	-	-	-	-	-
Shingles				-	-	-	-	-	-	-	-	-
Strep Invasive Gp A				-	-	-	-	-	-	-	-	-
Strep Pneumonia Inv Ds.			1	1	-	-	1	1	-	1	-	1
Strep Pneumoniae, Drug Res.				-	-	-	-	-	-	-	-	-
Strep Throat	31	37	46	114	31	37	46	114	68	57	61	186
Syphilis - Primary				-	-	-	-	-	-	-	-	-
Syphilis - Secondary				-	-	-	-	-	-	-	-	-
Syphilis To Be Determined	1			1	1	-	-	1	-	-	-	-
Tetanus				-	-	-	-	-	-	-	-	-
Trachoma				-	-	-	-	-	-	-	-	-
Trichinosis				-	-	-	-	-	-	-	-	-
Tuberculosis				-	-	-	-	-	-	-	-	-
Unusual Outbreak/Occurrence	2		1	3	2	-	1	3	-	-	-	-
Vibriosis				-	-	-	-	-	-	-	-	-
VZ Infection, Unspecified		1	2	3	-	1	2	3	-	-	1	1
West Nile Virus				-	-	-	-	-	-	-	-	-
Yersinia Enteritis				-	-	-	-	-	-	-	-	-
Zika				-	-	-	-	-	-	-	-	-

WIC CLINIC CASELOAD STATISTICS PER CLINIC

	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	18-19 YTD	18-19 Avg	17-18 avg	16-17 avg	15-16 avg
BRANCH	1,295	1,278	1,254	1,229	1,223	1,194	1,201	1,196	1,230	1,287	1,296	1,276	14,959	1,247	1,315	1,409	1,504
HILLSDALE	1,045	1,026	980	959	939	945	998	1,004	993	974	991	999	11,853	988	1,115	1,192	1,270
STURGIS	772	767	772	765	759	745	735	755	739	795	799	788	9,191	766	768	799	742
THREE RIVERS	1,028	1,010	940	951	937	947	962	982	976	1,025	1,042	984	11,784	982	1,024	1,128	1,358
Totals	4,140	4081	3946	3904	3858	3831	3896	3937	3938	4077	4128	4124	47860	3,988	4,223	4,528	4,875

This reflects WIC clients who have enrolled and are using their WIC benefits. These are the numbers that our funding is dependent upon. We need to maintain a caseload at 97% or greater than our assigned caseload of 5,700 participants. This means that we need to have a caseload of at least 5,529 clients each month that are using their WIC benefits to remain funded at our current level. This report runs two

