



"Your Local
Health Department"

Branch - Hillsdale - St. Joseph Community Health Agency

BOARD OF HEALTH

Agenda

September 27, 2018 at 9:00 AM

1. Call to Order
 - a. Opening ceremonies – Pledge Allegiance to the Flag of the United States of America
 - b. Roll Call
 - c. Approval of the Agenda*
 - d. Approval of the Minutes*
2. Public Comment
3. Health Officer's Report
4. Medical Director's Report
5. Committee Reports
 - a. Finance Committee – approval of minutes from 9/27/18*
 - b. Program, Policies, and Appeals – approval of minutes from 8/23/18*
6. Financial Reports
 - a. Approve Payments*
 - b. Review Financials
7. Unfinished Business
 - a.
8. New Business
 - a. John Shilling Permit Fee Waiver Appeal*
 - b. Wireless Network*
9. Departmental Reports
 - a. Personal Health & Disease Prevention
 - b. Environmental Health
 - c. Area Agency on Aging
10. Adjournment

Next meeting:

October 25, 2018 at the Coldwater office



"Your Local
Health Department"

Branch - Hillsdale - St. Joseph Community Health Agency

BOARD OF HEALTH

Minutes
August 23, 2018 at 9:00 AM

The Branch-Hillsdale-St. Joseph Community Health Agency Board of Health meeting was called to order at 9:02 a.m. by Chairman, Allan Balog, with the Pledge of Allegiance to the Flag of the United States and roll call as follows: Allan Balog, Don Vrablic, Kathy Pangle, Terri Norris, Mark Wiley, and Bruce Caswell.

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

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

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

Public comment:

- None at this time.

Rebecca Burns, Health Officer, reviewed her monthly report. Items discussed: Accreditation, Local Appropriations for FY19, Request for Proposal Updates, Meridian Health Plan, PFAS Testing, USALEEP, Health Promotion & Education Updates, Pertussis, Agency Branding, and the Hepatitis A Outbreak.

Dr. Vogel, Medical Director, reviewed his monthly report. This month's report covered hearing loss.

Committee Reports:

- Program, Policy, and Appeals Committee –
 - Did not meet.
- Finance Committee –
 - Ms. Norris moved to approve the minutes from the 8/23/18 meeting with support from Ms. Pangle. The motion carried.

Financial Reports/Expenditures

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

Unfinished Business

- There was no unfinished business to discuss.

New Business:

- a. Ms. Pangle moved to approve the Area Agency on Aging's FY2019 Provider Allocations with support by Ms. Norris. The motion carried.

- b. Ms. Norris moved to enter into an agreement with Healthspace USA Inc. from Bellingham, Washington for their hosted product called Healthspace CS Pro Inspection Management Software for use in EH, with support from Ms. Pangle. The motion carried.
- c. Ms. Norris moved to enter into an agreement with Champ Software from North Mankato, Minnesota for their hosted EHR product called Nightingale Notes with support from Ms. Pangle. The motion carried.

Mr. Wiley moved to adjourn the meeting with support from Mr. Vrablic. The motion carried. With no further business the meeting was adjourned at 10:11 AM.

Respectfully Submitted by:

Theresa Fisher, BS





Health Officer's Report to the Board of Health for September 27, 2018

Prepared by: **Rebecca A. Burns, M.P.H., R.S.**

Agency Updates

Request for Proposals Update – Last month I mentioned that the Agency would be needing to invest in WIFI for our facilities during our conversations about the EMR and EH Software. The bids have been reviewed and the Agency's committee tasked with reviewing the proposals has suggested one bid to the Finance Committee.

Meridian Health Plan – We are still working on understanding the details regarding why we received the payment for PCP-IPP. I have learned that payments were approved for some excluded providers in error during this time period. We may fit into that category. I will continue to keep you informed.

PFAS Testing – Drinking water sample collection for analysis of PFAS has begun for the Type I (municipal) and Type II School water supplies. Sample results are not back yet. The PFAS discharge from the Bronson Wastewater Treatment Plant that is higher than the allowable level was shared with local media in Branch and St. Joseph Counties, all of you, and local state legislators. The surface water sample results that were collected from waterways downstream of the WWTP are not back. Some fish sample data is back and although PFAS was found in the fish, other legacy contaminants, i.e. mercury, are still likely to drive the "Eat Safe Fish" guidelines. I am waiting for a full report from DHHS and DEQ.

Accreditation Certificate Presentation – We are scheduled for a formal presentation of the certificate of Accreditation with Commendation by Orlando Todd from MDHHS at the October Board of Health meeting.

CPR & First Aid Certification – For a number of years the Agency's Emergency Preparedness Coordinator and the Clinic Clerk Manager in the Coldwater office (Jim Cook and Candy Cox) have provided CPR and First Aid Certification classes to those in our district. A recent class was held for Southern Michigan Bank and Trust. The bank was so appreciative of the training by our staff they asked to make a donation (the Agency does not charge for these classes). SMB-T ended up making a purchase of 14 Adult Manikins, 1 Child Manikin, and 2 Infant Manikins to give to our Agency for this work. The Manikins are American Heart Association approved and will show correct depth and rate of compressions. The gift of manikins is approximately \$2,000. We are planning a photo with representatives of SMB-T at the October Board of Health meeting.

Mosquito Borne Diseases – Last week we received notification about a human case of Eastern equine encephalitis (EEE) in Allegan County. EEE is one of the most dangerous mosquito-borne diseases in the US with a 33% fatality rate. This is the first human case in Michigan since 2016. West Nile Virus (WNV) is continuing to cause illness in people in Michigan. As of September 19, 2018, there are 54 human cases of WNV and 2 fatalities. August and September are the months with peak WNV activity in Michigan. Residents in Branch, Hillsdale, and St. Joseph Counties can protect themselves and their families from these and other mosquito-borne diseases by using insect repellent and avoiding those times of the day when mosquitos are most active (dusk and dawn). Other effect measures include removing mosquito breeding areas such as bird baths

and fountains, discarding old tires, keeping grass short, cleaning clogged gutters, and changing the water in pet bowls frequently.

Health Promotion & Education Updates – The Agency’s HPE team has written 7 news releases for local media and posting on our website since the last Board of Health meeting. These include:

- New Medicare Card, Same Old Scammers (posted on 8-27-18)
- West Nile in Michigan (posted on 8-31-18)
- Tobacco Usage Rates High in Michigan High School Students (posted on 8-31-18)
- Celebrate Family Dinner Month (posted on 9-6-18)
- Public Notice (posted on 9-6-18)
- Septic Smart Week, September 17-21 (posted on 9-14-18)
- Safe Sleep Awareness Month (posted on 9-14-18)

The Agency also attended local events; including the St. Joseph County Fair.

Position Evaluation – Recently I evaluated the Area Agency on Aging Coordinator position using the Agency’s tool. This position has changed since the inception of our AAA3C. The current job duties rank at the Director level. I have attached the evaluation for your review.

Staff Vacancies/New Staff – The Agency has the following positions posted: Environmental Health Sanitarian in Three Rivers, Clinic Coordinator in Hillsdale, Part-time Clinic Clerk Technician in Hillsdale, Part-time Breastfeeding Peer Support in Hillsdale, and Part-time Children’s Special Health Care Services Representative in Three Rivers. Recently filled positions in the new VOCA Elder Abuse program starting October 1st are the VOCA Advocate in Branch County starting October 1st and VOCA Advocate in St. Joseph County starting October 5th.

Hepatitis A Outbreak – As I have been reporting, Michigan is in the midst of a serious Hepatitis A outbreak. Current case count as of September 19, 2018 is 895 with 719 hospitalizations and 28 deaths. The case count continues to climb. There was a call for vaccination of individuals that attended the Michigan Renaissance Fair early in September as a person with the disease was in attendance and contagious. We did vaccinate some of the attendees of that event to protect them from potential infection with Hepatitis A. The Agency continues to work to increase our vaccination rates for adult Hep. A, especially of the high-risk individuals.

Hepatitis A vaccination is safe and effective. The following individuals should get the HAV vaccine:

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

Confirmed Cases Referred August 1, 2016 - September 19, 2018 Meeting the MI Hepatitis A Outbreak Case Definition			
County (or city)	Total Cases	County (or city)	Total Cases
Macomb	222	Saginaw†	4
City of Detroit	173	Gratiot†	4
Wayne	157	Kent	3
Oakland	120	Midland†	3
Genesee	28	Mecosta†	2
Ingham	28	Allegan†	2
Shiawassee	20	Bay†	1
Clinton	6	Clare†	1
St. Clair†	33	Hillsdale†	1
Monroe†	18	Huron†	1
Washtenaw†	18	Ionia†	1
Isabella†	8	Leelanau†	1
Calhoun†	7	Lenawee†	1
Lapeer†	7	Newaygo†	1
Livingston†	6	Schoolcraft†	1
Sanilac†	6	Van Buren†	1
Eaton†	5	Other*†	1
Grand Traverse†	4		

† Indicates no confirmed case in the past 100 days

*Jackson Michigan Department of Corrections

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

Legislative Updates – Nothing at this time.

The Agency utilizes a Classification and Compensation tool that was created in 1984. The tool utilizes a point factor evaluation plan that attempts to objectify the reasons that some jobs are paid differently than other jobs. There are four basic factors that are important in determining compensation; skills required, responsibility, working conditions, and physical effort. Eight factors, which are subdivisions of the four general factors, were then divided into gradations and a scale of points affixed. Thus creating, an objective framework for the evaluation and internal ranking of jobs based on relative worth. Relative worth is, essentially, a matter of perspective, of seeing all jobs in a system as parts of the same universe to be evaluated in relation to one another.

The AAA Coordinator job has been re-evaluated based on the substantial change in demands and increased responsibility; some of which are a result of receiving the VOCA grant. The re-evaluated job received a combine score of 710 points. Per our current classification and compensation tool, any job which scores between 700 and 750 should be a Director level position. As a result, we recommend that the AAA Coordinator position be reclassified as a Director level position and the title changed to AAA Director effective October 1, 2018.

Factor 1 : Preparation and Training

Preparation and Training measures the minimum level of knowledge required by the job. This knowledge is normally (but not necessarily) acquired through formal schooling, as distinguished from work experience.

- Work requires a professional level of knowledge in a specialized field, which is equivalent to that which is acquired through the completion of two years of post-bachelor's degree work.
- 110 Points

Factor 2: Experience Required

The degree of this factor is determined by the amount of time that an average supervisory or managerial employee would require to be able to assume full responsibility for the work and perform it effectively. This experience will almost always be a combination of (a) experience in the job being evaluated and (b) experience on related jobs. Such experience may normally be acquired with the organization or elsewhere. Under this factor do not consider the preparation and training required to provide the individual with the knowledge necessary to qualify for the job.

- Between three and five years of progressively more responsible experience is required.
- 115 Points

Factor 3: Decision Making

Decision making is an inherent part of all supervisory and managerial jobs, in Health Departments and elsewhere. Such jobs differ, however, both in terms of (a) the level of discretion of the individual exercises in making decisions, and (b) the potential impact of such decisions on the overall success of the organization. This factor is intended to take both of these dimensions into consideration.

- Level of Discretion: High level of discretion. Decisions frequently restricted only by broad Department wide policies. Little direct guidance from superiors.
- Potential Impact of Erroneous Decisions: Very Serious. Critical goals and objectives would not be achieved. The interest of Health Department would be adversely and very seriously affected.
- 180 Points

Factor 4: Responsibility for Policy Development

The degree of this factor is determined by the extent to which the job requires the employee to participate in the development of policies at both the intra-departmental and inter-departmental levels.

- Jobs which involve the establishment of policies and/or procedures for a recognized unit within a large organizational component as well as the interpretation, execution, and recommendation of changes to departmental policies.
- 40 Points

Factor 5: Analytical Ability

Consider the extent to which the work requires the ability to gather and interpret complex data and to find solutions to difficult problems. This factor does not necessarily correlate with Factor #3. A high level of analytical ability may be required for jobs which involve no responsibility for independent judgment or decision.

- A high level of analytical ability is required in order to gather and interpret complex data and to find solutions to unusual and difficult problems.
- 100 Points

Factor 6: Contacts with Others

Consider the extent to which the work requires meeting, dealing with, and influencing other persons as well as making commitments on behalf of the Department. Such contacts may be made in person or otherwise and may be with other County employees as well as outsiders, such as contractors, suppliers, professional associations, other governmental agencies, and members of the general public.

- Frequent internal and external contacts in which the employee may act as a principal spokesperson for the Department and/or be authorized to make commitments on behalf of the Department in important matters.
- 90 Points

Factor 7: Characteristics of Subordinate Population

Managers and supervisors accomplish objectives by working with and through other people, their organizational subordinates. The level of responsibility and worth of managerial jobs increases (a) as the size of the total subordinate population (not just those reporting directly to the manager but all of those under his or her direction) increases and (b) as the level of complexity and responsibility of the work of the organizational subordinates increases.

- Subordinate Population – Technical, Para-Professional Staff. Not Predominately Professional (6-15 members).
- Manager or Supervisor Working Through – No Leaders or Supervisory Employees
- 55 Points

Factor 8: Adverse Working Conditions

Consider those physical conditions surrounding the job that are beyond the employee's control, but which may be unpleasant and/or hazardous and thus affect the employee's physical or mental well-being.

- Job involves occasional exposure to hazardous and/or unpleasant working conditions.
- 20 Points

Medical Director's Report to the Board of Health
H. Lauren Vogel, D.O., M.P.H.
September 2018 - World Health Care Summary 2018

How does the US health care system compare to other nations? How does medical care costs translate into care quality as measured by WHO standards?

In an article published by Frontline in 2009, TR Reid discussed the four major health care systems in use today on our planet.¹ Although each country has its own system, the basic goals are keeping people healthy, treating the sick and controlling the costs for medical care. There are four basic models of health care systems discussed. In all of the models discussed it should be noted that co-pays for prescription drugs, optical, hearing and dental care do exist. Although costs vary by program and country, there is no universal coverage for dental, optical or hearing services.

The Beveridge Model

Named after the designer of Britain's National Health Service. In this system, health care is provided and financed by the government through tax payments, just like the police force or the public library. Most hospitals and clinics are owned by the government; some doctors are government employees, but there are also private doctors who collect their fees from the government. In Britain, patients never get a doctor bill for routine office or hospital care. These systems tend to have low costs per capita, because the government, as the sole payer, controls what doctors can do and what they can charge.

Countries using the Beveridge plan or variations on it include Great Britain, Spain, most of Scandinavia, New Zealand and Hong Kong. Cuba represents the world's purest example of total government control.

The Bismarck Model

Named for the inventor of the welfare state as part of the unification of Germany in the 19th century. It uses an insurance system -- the insurers are called "sickness funds" -- usually financed jointly by employers and employees through payroll deduction. The plans cover everyone and they do not make a profit. Doctors and hospitals are private in Bismarck countries. Tight regulation gives government much of the cost-control similar to the single-payer Beveridge Model.

This model is found in Germany, France, Belgium, the Netherlands, Japan, Switzerland, and, to some degree, Latin America.

The National Health Insurance Model

This system uses private-sector providers, with payment coming from a government-run insurance program that every citizen pays into. The universal insurance programs tend to be cheaper and much simpler administratively than American-style for-profit insurance.

The single payer system has considerable market power to negotiate for lower prices. National Health Insurance plans control costs by rationing medical services that are funded. The classic NHI system is found in Canada, and Taiwan and South Korea have also adopted the NHI model.

The Out-Of-Pocket Model

Only the developed, industrialized countries, some 40 of the world's 200 countries, have established health care systems. Most of the nations on the planet are too poor and too disorganized to provide any kind of mass medical care. The basic rule in such countries is that the rich get medical care; the poor stay sick or die.

In rural regions of Africa, India, China and South America, hundreds of millions of people go their whole lives without ever seeing a doctor. In the poor world, patients can sometimes scratch together enough money to pay a doctor bill; otherwise, they pay in potatoes or goat's milk or child care or whatever else they may have to give. If they have nothing, they don't get medical care.

The current US system has elements of all examples of the various systems in our fragmented national health care apparatus. When it comes to treating veterans, we're Britain or Cuba. For Americans over the age of 65 on Medicare, we're Canada. For working Americans who get insurance on the job, we're Germany. For the 15 percent of the population who have no health insurance, the United States is Cambodia or rural India, with access to a doctor available if they can pay the bill out-of-pocket at the time of treatment. For this population we over utilize the emergency facilities which inversely affects on economic health.

The United States is unlike every other country because it maintains so many separate systems for separate classes of people. All the other countries discussed have settled on one model for everybody. There's is much simpler than the US system; it's fairer and cheaper, too. Medical care in the US, unlike the other care models, generates a significant profit for the insurance providers. Health insurance is treated like a commodity and not as a service system with the focus on keeping people healthy, treating the sick and controlling the costs for medical care. Medical care for the wealthy, although the most expensive on the planet, is scored as excellent. For those without health insurance, medical care in the US resembles care similar to that available in a rural third world nation.

REFERENCE

1. Reid TR. Health Care Systems – The Four Basic Models. Frontline. 2009.<http://www.pbs.org/wgbh/pages/frontline/sickaroundtheworld/countries/models.html>. Accessed April 2017.

Healthcare Comparison Source: https://en.wikipedia.org/wiki/Health_system

This resource compares statistics, costs and benefits for various health care programs.

Country	Life expectancy ^[42]	Infant mortality rate ^[43]	Preventable deaths per 100,000 people in 2007 ^[44]	Physicians per 1000 people	Nurses per 1000 people	Per capita expenditure on health (USD PPP)	Healthcare costs as a percent of GDP	% of government revenue spent on health	% of health costs paid by government
US	78.74	5.9	96	2.4	10.6	7,437	16.0	18.5	45.1
Canada	82.0	4.78	77 ^[45]	2.2	9.0	3,844	10.0	16.7	70.2
UK	81.6	4.5	83	2.5	9.5	3,051	8.4	15.8	81.3
Australia	83.0	4.49	57	2.8	10.1	3,353	8.5	17.7	67.5
Germany	81.0	3.48	76	3.5	10.5	3,724	10.4	17.6	76.4
Norway	83.0	3.47	64	3.8	16.2	4,885	8.9	17.9	84.1
France	82.0	3.34	55	3.3	7.7	3,679	11.6	14.2	78.3
Italy	83.0	3.33	60	4.2	6.1	2,771	8.7	14.1	76.6
Sweden	82.0	2.73	61	3.6	10.8	3,432	8.9	13.6	81.4
Japan	84.0	2.17	61	2.1	9.4	2,750	8.2	16.8	80.4



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BOARD OF HEALTH – FINANCE COMMITTEE

Minutes

September 27, 2018 at 8:30 AM

The Branch-Hillsdale-St. Joseph Community Health Agency Board of Health: Finance Committee meeting was called to order at 8:30 a.m. with roll call as follows: Bruce Caswell, Don Vrablic, and Al Balog.

Also present: Rebecca Burns, Theresa Fisher, and Jeff Macklin.

Public comment: None at this time.

Business:

- a) Mr. Vrablic moved to recommend that the full Board approve the Agency to enter into an agreement with Absolute Business Technology Solutions from Portage, Michigan to install and configure a wireless network in the Coldwater, Hillsdale, and Three Rivers locations, with support from Mr. Caswell. The motion carried.
- b) Mr. Caswell recommend to bring forth the cost allocation plan to the full board for approval with support from Mr. Vrablic. The motion carried.

With no further business the meeting was adjourned at 8:59 a.m.

Respectfully submitted,
Theresa Fisher, BS



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BOARD OF HEALTH PROGRAM, POLICY, & APPEALS COMMITTEE

Minutes

August 23, 2018 at 10:00 AM

The Branch-Hillsdale-St. Joseph Community Health Agency Board of Health: Program, Policy, and Appeals Committee meeting was called to order at 10:21 a.m. with roll call as follows: Don Vrablic, Mark Wiley, and Kathy Pangle.

Also present: Rebecca Burns, Theresa Fisher, Paul Andriacchi, and John Shilling.

Public comment: Mr. Shilling explained why he was requesting a waiver for sewage and well permit fees.

Business:

- a) Ms. Pangle moved to recommend that the full Board deny the appeal for waiving permit fees with support from Mr. Wiley. The motion carried.

With no further business, the meeting was adjourned at 10:52 a.m.

Respectfully submitted,

Theresa Fisher, BS

August 1 through 31, 2018

Abila	Quarterly Subscription	4,886.25
ACD.Net	Telephones 3 offices	2,620.76
AFLAC	Payroll Deduction	1,285.50
Alerus Financial (Retirement)	Payroll Deduction	590.00
Armstrong Health Care	WIC / AAA Contractual Consultant	2,519.41
AT&T	Cell Phones	1,124.02
Beth Ann Embroidery	EH Hats	54.00
Blue Cross Blue Shield	Health Insurance	50,477.87
Branch Area Transit Authority	Elderly Transportation Service	1,918.26
Branch County Commission COA	Home & Community Based Services	6,611.02
Branch County Complex	Rent	5,694.28
CAA of South Central	Home & Community Based Services	17,938.58
Care-N-Assist	Care Management	1,369.68
Center Medical Supply	Clinic Equipment Calibration/Oxygen Tank Refill	29.34
Century Bank Basic Flex Health Plan	Payroll Deduction	1,216.62
Century Bank EFPTS	Federal & Fica Taxes	36,698.62
Century Bank Master Card	V&H Supplies	44.71
Century Bank Master Card	Air Cards	45.00
Century Bank Master Card	Training - 1 Employee	140.00
Century Bank Master Card	Survey Monkey Renewal	360.00
Century Bank Master Card	CSHCS Client - Air Conditioner	457.74
Century Bank Master Card	Logo Contest Launch	589.00
Century Bank Mers	MERS DB /Retirement	29,104.12
Century Bank State	Michigan Tax	6,100.42
Charter Communications	Sturgis Internet & Phone Line	219.94
Cintas	Lab Coats - Cleaning	69.25
City of Coldwater	Water Lab Test	40.00
Coldwater Petty Cash	Petty Cash	51.88
Comfort Inn	Training - Macklin - Acct. Seminar	153.00
Companion Life Insurance Co.	Life Insurance Premiums 2 Months	1,940.88
CPS Supply	Cleaning Supplies	28.95
Crossroads Health & Home Services Ulmtd	Care Management	894.88
Current Office Solutions	Office Supplies/Copier Charges	643.51
Dell Computers	Computer Equipment	3,215.00

August 1 through 31, 2018

DJC Property/Consultant	Consultant	300.00
Dr. Vogel	Medical Director - Contractual	4,333.82
Frontier	Sensaphone & Fax Line Service 2 Months	561.08
GDI	Building Supplies Expense - TR	190.30
GDI	Building Supplies Expense - TR	1,749.00
GlaxoSmithKline	Medical Supplies 6 Invoices	17,479.50
Hillsdale Board Of Utilities	Building Expense	3,069.01
Hillsdale Community Health	TB Lab Test	44.92
Hillsdale County Treasurer	Building Refuse Expense - HD	150.00
Hillsdale County Treasurer	Building Snow/Mow Expense - HD	300.00
Hillsdale County Treasurer	Special Project - Pest Control & AC Maintenance	381.64
Hillsdale County Treasurer	Building Supplies Expense - HD	397.25
Hillsdale County Treasurer	Monthly Cleaning of Dental Clinic	806.93
Hillsdale County Treasurer	Building Cleaning Expense - HD	2,740.44
Hillsdale Daily News	18/19 Renewal & Public Notice (Cleaning)	361.60
Hillsdale Market	BOH Supplies	5.00
Hillsdale Public Health	Rent - Hillsdale Office	7,375.00
Home Care Wellness	Care Management	192.00
Home Depot	Building Expense - Blind's Immunization Window	55.97
Hospital Network Health	Medical Waste Removal	55.00
Indiana Michigan Power	Building Expense - TR	892.54
Indiana State	State Tax	102.74
Johnson Rosati Schultz Joppich	Attorney	75.00
Lab Corp	Lab Fees	141.66
Lake Michigan Mailers	Postage Pick Up Service	270.00
Legal Service Of South Central Mi.	Older Adult Legal Assistance	390.00
Maplecrest	Rent - Sturgis Office	567.00
Marc Gabrielson	Refund - Site Evaluations	125.00
Maria Ansett	Reimbursement - Breastfeeding Supplies 3 Classes	107.05
Maria Ansett	Reimbursement - Brochures	190.00
McKesson	Medical Supplies	933.55
MDHHS Bureau of Laboratories	Lead Testing	53.01
Merck & Company	Medical Supplies 3 invoices	5,406.58
Mers 5% Alerus Financial DC	Defined Contributions 5% EES	3,653.73

August 1 through 31, 2018

Michigan Public Health	Workforce Contract	3,309.27
Michigan State Disbursement Unit	Payroll Deduction	617.00
MSU ANR	Training - AAA 2 Employees	60.00
Nationwide	Payroll Deduction	4,260.00
Optum Insight (Netwerkes.Com)	Billing Service 2 Months	106.03
Pfizer Pharmaceutical	Medical Supplies	3,529.24
Prompt Care	Drug Testing - 2 Employee's	167.00
Reserve Account	Postage	3,000.00
Richard Clark	Building Expense - CW	1,800.00
Ronald Ankney	Refund - Sewage Permit	170.00
Rose Exterminator	Building Maintenance - TR Quarterly	195.00
Sanofi Pasture	Medical Supplies 2 Invoices	4,019.22
Schindler Elevator	Building Maintenance - HD	1,714.68
SEMCO Energy	Building Expense - TR	42.94
Shred It	Document Destruction	90.00
Smile Makers	Band-Aids & Stickers	728.91
St. Joseph Community Co-op	Care Management	94.50
St. Joseph County COA	Home & Community Based Services	53,528.87
St. Joseph Trans Authority	Older Adult Transportation	1,966.22
Staples	Office Supplies	1,195.46
State Of Michigan	Water Lab Test	54.00
State Of Michigan	Food Licenses	9,391.00
State Of Michigan	Unemployment Quarterly Filing Fine	10.00
Sturgis Journal	2018/19 Renewal	205.25
Three Rivers Health	Rent - Dental Clinic	2,775.00
Three Rivers Petty Cash	Petty Cash	38.27
Thurston Woods	Home & Community Based Services	2,350.00
VRI Lifeline Of Michigan	Care Management	508.00
Wal Mart Misc.	Misc. Expense	61.68
Xmission	Email Provider	218.30
Total Of Invoice List		328,794.65

Branch-Hillsdale-St Joseph Community Health Agency

Balance Sheet

As of 8/31/2018

Current Period Balance

Assets

Cash on Hand	9,676.54
Cash with County Treasurer	1,026,498.90
Community Foundation Grant	347,032.83
Accounts Receivable	19,968.86
Due from State	136,152.80
Due from Other Funding Sources	122,423.39
Prepaid Expenses	95,089.16
Biologic Inventory	73,968.41
Total Assets	<u>1,830,810.89</u>

Liabilities

Accounts Payable	222,455.82
Payroll Liabilites	110,259.25
Capital Improvements	25,000.00
Deferred Revenue	39,958.81
Deferred Revenue BR	17,295.83
Deferred Revenue HD	19,000.00
Deferred Revenue SJ	24,875.50
Biologics	73,968.41
Total Liabilities	<u>532,813.62</u>

Net Assets

Operation Fund Balance	486,844.32
Restricted Fund Balance	358,419.78
Designated Fund Balance	452,733.17
Total Net Assets	<u>1,297,997.27</u>

Total Liabilities and Net Assets 1,830,810.89

Prior Year Fund Balance Comparison at 8/31/2018:

Operation Fund Balance	\$	316,961.18
Restricted Fund Balance	\$	354,040.84
Total Fund Balance	\$	671,002.02

Branch-Hillsdale-St Joseph Community Health Agency
Statement of Revenues and Expenditures - Amend 1 - Expense By Program - Summary
From 8/1/2018 Through 8/31/2018

RU Code	RU Title	Current Month	Year to Date	Total Budget - Amendment1	Percent Total Expended Amend1
**	017 Senior Reach	0.00	17,682.79	17,545.00	100.78%
**	324 Sturgis Hospital	0.00	3,930.41	3,930.00	100.01%
*	345 Lead Testing	769.57	7,002.19	7,155.00	97.86%
*	335 MCH Public Health Functions & Infr	1,908.82	38,845.58	41,022.00	94.69%
*	332 HIV Prevention	3,747.13	23,038.59	24,837.00	92.75%
*	745 Type II Water	6,729.93	75,818.36	81,812.00	92.67%
*	108 WIC Breastfeeding	9,487.14	72,312.44	78,535.00	92.07%
*	010 Agency Support	13,325.72	176,855.87	192,520.00	91.86%
	021 Dental Clinic - Three Rivers	2,775.00	30,525.00	33,300.00	91.66%
	029 Dental Clinic - Hillsdale	806.93	8,876.23	9,683.00	91.66%
	325 CSHCS	10,719.43	169,125.00	184,500.00	91.66%
	012 Area Agency on Aging	108,777.62	1,153,280.90	1,268,998.00	90.88%
	109 WIC	99,407.79	825,457.25	911,664.00	90.54%
	101 Workforce Development	3,721.43	45,192.54	50,070.00	90.25%
	112 CSHCS Medicaid Outreach	11,751.15	69,866.40	77,487.00	90.16%
	704 Food Service	41,085.71	355,458.26	397,331.00	89.46%
	326 Vision (ELPHS)	4,542.74	68,304.65	76,749.00	88.99%
	605 General EH Services	5,259.93	54,896.56	61,828.00	88.78%
	714 Onsite Sewage Disposal	25,053.87	261,480.71	294,494.00	88.78%
	721 Drinking Water Supply	25,053.87	261,480.70	294,494.00	88.78%
	032 Emergency Preparedness	11,894.38	134,633.88	151,959.00	88.59%
	327 Hearing (ELPHS)	4,586.91	59,765.17	67,541.00	88.48%
	331 STD	11,310.78	107,541.89	121,814.00	88.28%
	321 CHC Tele-A-Health	3,055.84	38,314.53	43,777.00	87.52%
	338 Immunization Vaccine Handling	47,926.61	435,402.14	503,926.00	86.40%
	022 Coalition for Tobacco Control	3,577.52	31,964.74	37,337.00	85.61%
	115 MCH Enabling Women	8,439.17	45,380.06	53,387.00	85.00%
	138 Immunization IAP	68,064.35	558,850.49	669,811.00	83.43%
	008 Salary/Fringe Payoff	<u>0.00</u>	<u>56,620.54</u>	<u>70,000.00</u>	80.89%
	107 Medicaid Outreach	6,350.21	84,843.25	104,908.00	80.87%
	341 Infectious Disease	23,679.93	173,132.51	220,343.00	78.57%
	034 Outbreak Investigation	2,155.60	12,638.27	20,000.00	63.19%
	018 Aging Mastery	4.15	1,315.46	2,338.00	56.26%
	023 Capital Expenditures	0.00	0.00	100,000.00	0.00%
	852 Forensic Fluids	226.73	416.54	0.00	0.00%
Total Expense		566,195.96	5,460,249.90	6,275,095.00	87.01%

The Agency is currently 4.66% under budget.

*At 11/12 Months, the agency should be no more than 91.67% expended.

**Completed Program

- **RU 345 (Lead Testing):** Excess overhead allocation hit this program earlier in the year. Will be rectified and brought in line with budget at year end close.
- **RU 335 (MCH Public Health and Infra.):** Pack and plays/sleep sacks (which were written into this grant and an anticipated expense) were purchased in May/June. Program should continue to fall back in line with budget as the year closes out.
- **RU 332 (HIV Prevention):** Increased Activity in Program
- **RU 745 (Type II Water):** Additional time worked in this program toward beginning of year. Will continue to fall back in line with budget as year progresses.
- **RU 108 (WIC Breastfeeding):** Program fully staffed and being reported correctly in August.
- **RU 010 (Agency Support):** Quarterly expenses hit in July, program should continue to fall back in line with budget as the year closes out.

COMPLETED PROGRAMS

- **RU 017 (Senior Reach):** Program ended June 30th.
- **RU 324 (Sturgis Hospital):** Program ended in November.

BHSJ Community Health Department
 Schedule of Cash Receipts and Disbursements
 March 31st thru August 31st, 2018

3/31/2018 Cash Balance	\$ 959,569.42
Plus: Cash Receipts	\$ 699,875.74
Less: Cash Disbursements For:	
Payroll:	\$ (148,511.80)
Accounts Payable:	\$ (286,350.56)
4/30/2018 Cash Balance	\$ 1,224,582.80
Plus: Cash Receipts	\$ 533,801.17
Less: Cash Disbursements For:	
Payroll:	\$ (133,728.27)
Accounts Payable:	\$ (266,743.78)
5/31/2018 Cash Balance	\$ 1,357,911.92
Plus: Cash Receipts	\$ 498,562.74
Less: Cash Disbursements For:	
Payroll:	\$ (190,844.06)
Accounts Payable:	\$ (542,028.75)
6/30/2018 Cash Balance	\$ 1,123,601.85
Plus: Cash Receipts	\$ 590,128.88
Less: Cash Disbursements For:	
Payroll:	\$ (135,496.10)
Accounts Payable:	\$ (308,180.62)
7/31/2018 Cash Balance	\$ 1,270,054.01
Plus: Cash Receipts	\$ 564,232.48
Less: Cash Disbursements For:	
Payroll:	\$ (131,909.99)
Accounts Payable:	\$ (328,844.77)
8/31/2018 Cash Balance	\$ 1,373,531.73



"Your Local
Health Department"

Branch - Hillsdale - St. Joseph Community Health Agency

570 N. Marshall Road
Coldwater, MI 49036
(517) 279-9561
Fax (517) 278-2923

20 Care Drive
Hillsdale, MI 49242
(517) 437-7395
Fax (517) 437-0166

1110 Hill Street
Three Rivers, MI 49093
(269) 273-2161
Fax (269) 273-2452

www.bhsj.org

To: Board of Health

From: EMR Software Selection Committee

Date: September 6, 2018

Re: Recommendation

The Agency committee for selection of EMR software recommends to the Board of Health that the Agency enter into agreement with Absolute Business Technology Solutions from Portage, Michigan to install and configure a wireless network in the Coldwater, Hillsdale, and Three Rivers locations. The wireless network is necessary to allow the Agency to completely utilize all the functions of the new EMR software.

Thank you.

PROCESS NARRATIVE

Section Title and Number: Others - IV

Process Narrative Title: 9 - Cost Allocation Plan

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

Purpose: To allocate various costs to programs in a consistent manner based upon certain methods, detailed below.

Scope: Any cost that's incurred by the agency.

Responsible: Finance Department

Procedure:

- 1.) **Salaries and Fringes:**
 - a. Employees enter time into an electronic time entry system, which is then approved by their supervisor. It is allocated based on the time each associate spent working in each program. If an employee takes leave time (sick/vacation), that time is distributed based on the other days worked during that payroll. If an employee uses leave time for an entire payroll, that time is distributed based on the prior payroll's spread.
 - b. *The exception to this is the LSA expense. This monthly bill is allocated based on the most recent budgeted FTE allocation that's in effect at that point in time.
- 2.) **Supplies and Materials:**
 - a. Supplies are allocated either by where they're charged on the purchase requisition (if they directly benefit the program(s)) or they're based on a spread derived on past usage of those supplies/materials.
 - b. Items such as postage, copy expenses and computer supplies are spread to the appropriate programs based on usage for that month.
- 3.) **Travel**
All travel is entered into the electronic entry system and is directly charged to the program in which it was incurred.
- 4.) **Communications**
*Distributed based on the current budgeted FTE allocation for that point in time.
- 5.) **Space/Facility Costs**
*Allocated based on the square footage of the room and the FTE(s) who occupy it. If the room is used by only one program, the entire cost is allocated to said program. Common areas (lunchroom, conference rooms) that can't be tied to a program or FTE are distributed as indirect.
- 6.) **All Others**
 - a. (Miscellaneous supplies, audit/legal expense, insurances, training expense etc.) Items/services that directly benefit a program are charged to that program.
 - b. Professional liability insurance costs are allocated based on the spread the Medical Director's costs are allocated to.
 - c. Copy expense is allocated to appropriate programs based on usage for that month.
 - d. Prevention Services costs are allocated based on the percentage of total salary/fringe each program in the spread consists of. Environmental Health (EH) costs are distributed 45.25% each to Onsite Sewage Disposal and Drinking Water Supply.
 - e. Any cost that can't be directly tracked to a program, associate or spread will be coded under the correct account number in administration and distributed as indirect.
- 7.) **Indirect Costs**
Distributed across all programs based on percentage of salaries/fringes in each program.

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

Prepared By: Jeff Macklin

Date: 7-Aug-2018

Approved By: _____

Date: _____

Revision Number: 1

Personal Health and Disease Prevention Update

September 27th, 2018

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

- ❖ Another round of Hepatitis A hit close to home when a confirmed case was ill while attending the Renaissance Festival in Holly, Michigan. Hillsdale received quite a few calls and between Branch and Hillsdale, we vaccinated 10 people that attended the festival. We are still having ongoing clinics.
- ❖ West Nile Virus: As of September 11, there have been 37 confirmed human cases, including two deaths. August and September are the peak WNV activity months in Michigan.
- ❖ Rabies: As of September 10, 64 bats and two skunks have tested positive for rabies. No new positive specimens have been found since the last meeting.
- ❖ Influenza has started in Hillsdale county so far. Get your flu shots ASAP!
- ❖ STD's are out of control all over the state. We are seeing a very high rate of clients in our clinics. Gonorrhea has practically doubled in all of the counties. Syphilis is making a come back as well, particularly in the 14-17 age group. Chlamydia is consistently high. See the graphs below, shared by MDHHS.

Immunizations:

- ❖ FERPA (Family Educational Rights and Privacy Act) is creating a lot of chaos with the school immunization reporting efforts. An aggressive letter was sent to all the Michigan schools stating that MDHHS and LHD's are forcing schools to break FERPA laws. MDHHS is working on a legal reply to send out to the schools.

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

- ❖ WIC participation is about the same.
- ❖ Staffing is our biggest problem at the moment. Once we get our positions filled, things will return to normal. Starting October 1st, the Sturgis office will hold clinics on Wednesday and Thursday each week instead of Thursday and Friday. We are hoping this will increase the rate of walk ins.

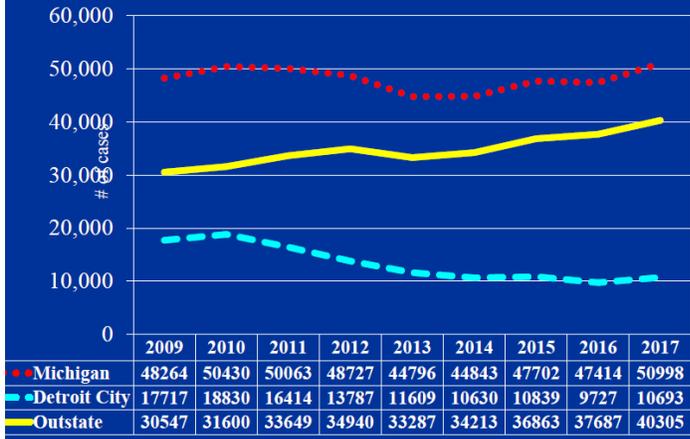
Children's Special Health Care Services (CSHCS), Lead, and Hearing and Vision:

- ❖ We need a part time representative in the St. Joseph County office.
- ❖ Two related Amish families in Hillsdale County, with a total of 7 children, all with vision problems, were tested and referred to the Kellogg Eye Center.
- ❖ The Children's Special Needs fund paid for a special ceiling lift for a St. Joseph child that was getting too big for the parents to handle.

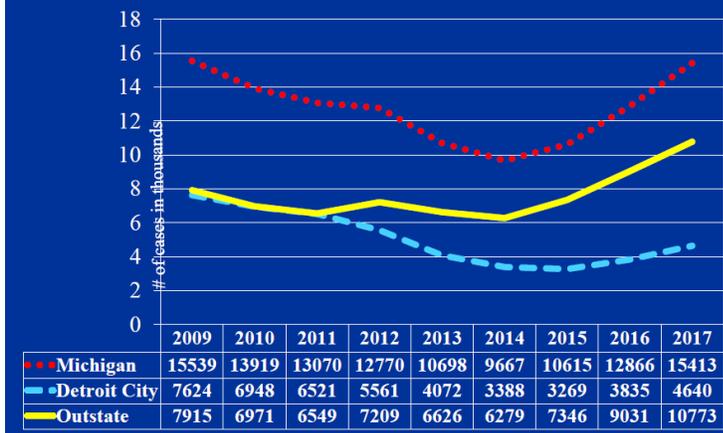
Yvonne Atwood R.N., B.S.N.

Director of Personal Health and Disease Prevention

Chlamydia Cases in Michigan, 2010-17



Gonorrhea Cases in Michigan, 2010-2017



Primary & Secondary Syphilis in Michigan, 2009- 2017



Health Trends

Communicable Disease Reporting Branch County

Disease Category	August 2018	July 2018	June 2018	May 2018	April 2018	FY2018 YTD	FY2017 YTD	FY2016 Total
HIV/AIDS	-	-	-	-	-	-	-	-
Amebiasis	-	-	-	-	-	-	-	-
Animal Bite	2	4	6	2	3	22	29	42
Babesiosis	-	-	-	-	-	-	-	-
Blastomycosis	-	-	-	-	-	-	-	-
Brucellosis	-	-	-	-	-	-	-	-
Campylobacter	1	2	2	-	1	9	10	7
Chicken Pox	-	-	-	-	1	1	2	-
Chlamydia	8	8	2	7	10	81	112	93
Coccidioidomycosis	-	-	-	-	-	-	-	-
Colds W/O Fever	-	-	12	103	88	773	1,465	1,112
CRE Carbapenem Resistant Enterobac.	-	-	1	-	-	2	-	-
Creutzfeldt-Jakob Disease	-	-	-	-	-	-	-	-
Cryptococcosis	-	-	-	-	-	-	-	-
Cryptosporidiosis	-	-	-	1	-	1	3	1
Encephalitis - Primary	-	-	-	-	-	-	-	-
Encephalitis - St. Louis	-	-	-	-	-	-	-	-
E Coli 0157	-	-	-	-	-	-	-	-
Flu Like Disease	-	-	17	134	148	1,353	1,832	1,295
GI Illness	-	-	34	280	445	2,794	5,329	3,418
Giardiasis	-	-	-	1	-	1	2	-
Gonorrhea	4	2	1	1	3	13	12	10
Granuloma Inguinale	-	-	-	-	-	-	-	-
Guillain Bar Syndrome	-	-	-	-	-	-	-	-
Hemolytic Uremic Syndrome	-	-	-	-	-	-	-	-
Head Lice	-	-	8	26	41	206	421	362
Hepatitis A	-	-	-	-	1	1	1	-
Hepatitis C - Chronic	1	4	1	1	1	18	38	31
Hepatitis C - Unknown	-	-	-	-	-	-	-	1
Hepatitis B - Acute	-	-	-	1	-	1	-	-
Hepatitis B - Chronic	-	-	-	-	-	-	-	3
Hepatitis C Acute	-	-	-	-	-	-	-	-
Histoplasmosis	-	-	-	-	-	-	1	1
H. Influenzae Disease - Inv.	-	-	-	-	-	1	1	-
Impetigo	-	-	1	2	3	15	24	32
Influenza	-	-	-	-	3	22	8	12
Influenza, Novel	-	-	-	-	-	-	-	-
Kawasaki	-	-	-	-	-	-	-	-
Legionellosis	-	-	-	-	-	-	1	1
Listeriosis	-	-	-	-	-	-	-	-
Lyme Disease	-	-	-	-	-	-	-	1
Malaria	-	-	-	-	-	-	-	-
Menengitis - Aseptic	-	-	-	-	-	-	-	-
Menengitis - Bacterial	-	-	-	-	-	-	1	-
Meningococcal Disease	-	-	-	-	-	-	-	-
Mononucleosis	-	-	-	1	-	12	64	56
Mumps	-	-	-	-	-	-	-	-
Mycobacterium - Other	1	1	1	1	-	5	3	7
Norovirus	-	-	-	-	-	-	3	-
Pertussis	-	-	-	-	-	-	2	-
Pink Eye	-	-	2	19	12	87	174	530
Q Fever	-	-	-	-	-	-	-	-
Rabies - Animal	-	-	-	-	-	-	-	-
Rickettsial Disease	-	-	-	-	-	-	-	-
Salmonellosis	1	1	1	1	1	5	7	3
Scabies	-	-	-	-	1	1	6	10
Shiga toxin-producing (STEC)	-	-	-	-	-	-	-	1
Shigellosis	-	-	-	-	-	-	-	-
Shingles	-	-	-	-	-	-	1	-
Strep pneumoniae, Drug	-	-	-	-	-	-	-	1
Strep Pneumonia Inv Ds.	-	-	-	-	-	-	3	2
Strep Invasive Gp A	-	-	-	-	-	1	1	3
Strep Throat	-	-	12	36	31	400	1,102	515
Syphilis - Primary	-	1	-	1	-	2	2	-
Syphilis - Secondary	-	-	-	1	-	1	-	1
Syphilis To Be Determined	-	-	-	-	-	-	-	-
Trachoma	-	-	-	-	-	-	-	-
Trichinosis	-	-	-	-	-	-	-	-
Tuberculosis	-	-	-	-	-	-	-	-
Unusual Outbreak/Occurrence	-	-	-	-	-	-	-	-
Vibriosis	-	-	-	-	-	-	-	-
VZ Infection, Unspecified	-	-	-	-	-	-	-	-
West Nile Virus	-	-	-	-	-	-	-	-
Yersinia Enteritis	-	-	-	-	-	-	-	-
Zika	-	-	-	-	-	-	-	-
Total Reportable	18	23	101	619	793	5,828	10,666	7,551
Reported in the last 5 months				Schools	STD's			

Communicable Disease Reporting
Hillsdale County

Disease Category	August 2018	July 2018	June 2018	May 2018	April 2018	2018 YTD	2017 YTD	2016 Total
HIV/AIDS	-	-	-	-	-	-	-	-
Amebiasis	-	-	-	-	-	-	-	-
Animal Bite	5	6	8	10	1	40	54	51
Babesiosis	-	-	-	-	-	-	-	-
Blastomycosis	-	-	-	-	-	-	1	-
Brucellosis	-	-	-	-	-	-	-	-
Campylobacter	1	1	1	1	-	4	10	6
Chicken Pox	-	1	-	1	-	3	2	17
Chlamydia	8	12	13	4	5	72	97	102
Coccidioidomycosis	-	-	-	-	-	-	-	-
Colds W/O Fever	-	-	9	67	60	544	989	936
CRE Carbpenem Resistant Enterobac.	1	-	-	-	-	1	-	-
Creutzfeldt-Jakob Disease	-	-	-	-	-	-	-	-
Cryptococcosis	-	-	-	-	-	-	-	1
Cryptosporidiosis	-	-	-	-	-	1	7	3
Encephalitis - Primary	-	1	-	-	-	1	-	-
Encephalitis - St. Louis	-	-	-	-	-	-	-	-
E Coli 0157	-	-	-	-	-	-	-	-
Flu like disease	-	-	3	43	122	1,311	1,506	709
GI Illness	-	-	51	240	226	1,339	2,126	1,895
Giardiasis	-	-	-	-	-	-	-	1
Gonorrhea	1	3	-	1	3	12	10	5
Granuloma Inguinale	-	-	-	-	-	-	-	-
Guillain Bar Syndrome	-	-	-	-	-	-	-	-
H. Influenza Disease, Inv.	-	-	-	-	-	-	-	-
Head lice	-	-	5	11	2	90	171	191
Hemolytic Uremic Syndrome	-	-	-	-	-	-	1	-
Hepatitis A	-	-	-	-	-	-	3	-
Hepatitis B - Acute	-	-	-	-	-	-	1	-
Hepatitis B - Chronic	-	-	-	-	-	-	1	2
Hepatitis C Chronic	4	2	3	3	5	27	45	32
Hepatitis C Unknown	-	-	-	-	-	-	-	-
Hepatitis C Acute	-	-	-	-	-	-	-	-
Histoplasmosis	-	-	-	-	-	-	1	1
Impetigo	-	-	-	1	-	4	18	17
Influenza	-	-	-	-	12	57	19	15
Influenza, Novel	-	-	-	-	-	-	-	-
Kawasaki	-	-	-	-	-	-	1	-
Legionellosis	-	-	-	-	-	-	2	-
Listeriosis	-	-	-	-	-	-	-	-
Lyme Disease	-	-	-	-	-	-	-	1
Malaria	-	-	-	-	-	-	-	-
Menengitis - Aseptic	-	-	-	-	-	-	1	3
Menengitis - Bacterial	-	-	-	-	-	-	-	-
Meningococcal	-	-	-	-	-	-	-	-
Mononucleosis	-	-	-	2	2	10	14	15
Myobacterium - Other	-	1	1	-	-	4	3	3
Norovirus	-	-	-	-	-	-	-	-
Pertussis	3	-	-	-	-	3	3	2
Pink Eye	-	-	3	15	23	90	191	316
Q Fever	-	-	-	-	-	1	-	-
Rabies - Animal	-	-	-	-	-	-	-	-
Salmonellosis	3	1	1	2	1	8	6	13
Scabies	-	-	-	-	-	6	10	2
Shiga toxin-producing (STEC)	-	-	1	-	-	1	-	-
Shigellosis	-	-	-	-	-	-	1	-
Shingles	-	-	-	-	-	-	1	-
Strep throat	-	-	9	63	67	377	588	264
Strp Inv GP A	1	-	-	-	-	2	1	1
Strep Pneumoniae, Inv	-	-	1	2	-	6	7	5
Strep Pneumoniae, Drug Res.	-	-	-	-	-	-	-	-
Syphilis Primary	-	-	-	-	-	1	2	-
Syphilis Secondary	-	-	-	-	-	-	1	-
Syphilis To Be Determined	-	-	-	-	-	-	-	-
Tetanus	-	1	-	-	-	1	-	-
Trachoma	-	-	-	-	-	-	-	-
Trichinosis	-	-	-	-	-	-	-	-
Tuberculosis	-	-	-	-	-	-	-	-
Unusual Outbreak or Occurrence	-	-	-	-	-	-	-	-
Vibriosis - Non Cholera	-	-	-	-	-	-	-	-
VZ Infection - unspecified	-	-	-	1	-	1	5	2
West Nile Virus	-	-	-	-	-	-	-	-
Yersinia	-	-	-	-	1	1	-	-
Zika	-	-	-	-	-	-	-	1
Total Reportable	27	29	109	467	530	4018	5899	4612

Reported in the last 5 months

School Data STDs

Health Trends

Communicable Disease Reporting St. Joseph County

Disease Category	August 2018	July 2018	June 2018	May 2018	April 2018	FYTD 2018	FY2017 YTD	FY2016 Total
HIV/AIDS	-	-	-	-	-	1	-	-
Amebiasis	-	-	-	-	-	-	-	-
Animal Bite	-	-	-	-	1	6	7	-
Babesiosis	-	-	-	-	-	-	-	-
Blastomycosis	-	-	-	-	-	-	-	-
Brucellosis	-	-	-	-	-	-	-	-
Campylobacter	1	2	1	4	-	13	12	17
Chicken Pox	-	-	-	-	-	-	22	8
Chlamydia	27	16	14	21	19	143	199	176
Colds W/O Fever	-	-	100	152	129	870	2,014	1,665
Coccidioidomycosis	1	-	-	-	-	1	-	-
CRE Carpenum Resistant Enterobac.	-	-	-	-	-	-	-	-
Creutzfeldt-Jakob Disease	-	-	-	-	-	-	-	-
Cryptococcosis	-	-	-	-	-	-	-	-
Cryptosporidiosis	-	-	-	2	-	2	2	2
Encephalitis - Primary	-	-	-	-	-	-	-	-
Encephalitis - Post Other	-	-	-	-	-	-	-	-
E Coli 0157	-	-	-	-	-	-	-	-
Flu like disease	-	-	72	195	290	3,168	2,713	1,538
GI Illness	-	-	159	246	241	1,882	3,764	3,039
Giardiasis	-	-	-	-	-	-	5	3
Gonorrhea	10	9	9	7	1	44	28	19
Granuloma Inguinale	-	-	-	-	-	-	-	-
Guillian-Barre Syndrome	-	-	-	-	-	-	-	-
H. Influenzae Disease Inv.	-	-	-	-	-	1	1	1
Head lice	-	-	57	58	40	294	651	668
Hemolytic Uremic Syndrome	-	1	-	-	-	1	-	-
Hepatitis A	1	-	-	-	-	1	1	2
Hepatitis B - Acute	-	-	-	-	-	-	-	-
Hepatitis B - Chronic	-	-	-	-	-	1	2	2
Hepatitis C Chronic	6	3	2	9	6	42	56	38
Hepatitis C Unknown	-	-	-	-	-	-	-	-
Hepatitis C Acute	1	-	-	-	-	1	-	1
Histoplasmosis	-	-	-	-	-	1	3	4
Impetigo	-	-	1	-	-	6	33	41
Influenza	-	-	-	-	5	94	53	28
Influenza, Novel	-	-	-	-	-	-	-	1
Kawasaki	-	-	-	-	-	-	-	-
Legionellosis	-	-	-	-	-	-	-	-
Listeriosis	-	-	-	-	-	-	-	-
Lyme Disease	-	-	-	-	-	-	-	3
Malaria	-	-	-	-	-	-	-	-
Menengitis - Aseptic	-	-	-	-	-	1	2	2
Menengitis - Bacterial	-	-	-	-	-	-	-	2
Meningococcal Disease	-	-	-	-	-	-	-	-
Mononucleosis	-	-	-	1	-	6	32	23
Mumps	-	-	-	-	-	-	-	1
Mycobacterium - Other	-	-	-	-	-	-	1	-
Norovirus	-	-	-	-	-	-	2	-
Pertussis	1	-	-	-	-	1	5	-
Pink Eye	-	-	31	31	18	149	437	515
Q Fever	-	-	-	-	-	-	1	-
Rabies- Animal	1	1	-	-	-	2	-	-
Rickettsial Dis. - Spotted	-	-	-	-	-	-	1	-
Salmonellosis	5	1	-	1	-	8	10	9
Scabies	-	-	1	1	-	5	11	11
Shiga Toxin-prod. (STEC)	1	-	1	-	-	2	-	-
Shingles	-	-	-	-	-	-	-	-
Shigellosis	-	-	-	-	-	-	1	-
Strep Pneumo, Drug Resistant	-	-	-	-	-	-	-	-
Strep Pneumonia Inv. Dis.	-	-	-	1	1	4	7	13
Strep disorder Inv. Grp. A	-	-	-	-	-	1	2	1
Strep throat	-	-	22	44	55	409	1,139	809
Syphilis- Primary	-	-	-	-	-	-	3	2
Syphilis - Secondary	-	-	-	-	-	1	2	1
Syphilis - To be determined	-	-	-	-	-	-	-	-
Trachoma	-	-	-	-	-	-	-	-
Trichinosis	-	-	-	-	-	-	-	-
Tuberculosis	-	-	-	-	-	-	-	1
Unusual Outbreak/Occurrence	-	-	-	-	1	2	-	4
Vibriosis	-	-	-	-	-	-	-	-
West Nile Virus	-	-	-	-	-	-	-	-
VZ Infection, Unspecified	-	-	-	-	-	1	1	1
Yersinia Enteritis	-	-	-	-	-	1	-	-
Zika	-	-	-	-	-	-	-	1
Monthly total	55	33	470	773	807	7,165	11,223	8,652
Reported in the last 5 months				School Data	STD's			

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

	2017/18					YTD 2017/2018					YTD 2016/2017			
	BR	HD	ST	TR	Total	BR	HD	ST	TR	Total	BR	HD	TR	Total
WIC Participation/Ave.	1,337	1,098	763	996	4,194	1,324	1,122	767	1,032	8,444	1,513	1,282	2,075	4,871
						AVERAGE FOR WIC 17/18					AVERAGE FOR WIC 16/17			
CHILD IMMUNIZATIONS														
# Vaccines Given BHSJ	200	264	-	162	626	1,997	1,623	-	1,080	4,700	2,808	1,914	1,536	6,258
All Cty VFC Doses	781	741	-	1,074	2,596	7,518	6,251	-	10,591	24,360	18,190	17,732	26,383	62,305
ADULT IMMUNIZATIONS														
# Vaccines Given BHSJ	139	50	-	28	217	2,068	685	-	915	3,668	1,821	457	483	2,761
All Cty MI-AVP Doses	20	7	-	11	38	590	233	-	370	1,193				-
TRAVEL VACCINATIONS														
Branch Office	8	-	-	-	8	290	-	-	-	290	260	-	-	260
COMMUNICABLE DISEASE														
STD treatments	5	6	-	11	22	33	39	-	62	134	49	19	74	142
STD Investigations	13	12	-	27	52	123	120	-	236	479	125	100	215	440
CD Treatments	-	4	-	13	17	-	6	-	13	19	-	6	268	274
TB Tests Done	17	10	-	2	29	166	108	-	35	309	179	111	43	333
New LTBI on Rx	-	-	-	-	-	1	1	-	-	2				-
HIV Testing	2	-	-	4	6	9	17	-	28	54	14	34	36	84
ENROLLMENTS														
All Medicaid & Michild	-	1	-	1	2	21	1	-	35	57	19	-	55	74
REFERRAL SERVICE														
Pregnant Referrals	6	79	13	6	104	74	462	93	123	752	136	319	293	748
MIHP referrals	17	-	8	18	43	136	-	142	258	536	200	9	341	550
Family Success BR Co.	24	-	-	-	24	165	-	-	-	165	252	-	-	252
Free Clinic Referrals	-	-	-	-	-	7	1	-	-	8	20	5	25	50
Hearing Screens														
Pre-school	199	-	-	-	199	1,423	1,022	-	2,233	4,678	896	598	985	2,479
School Age	-	-	-	-	-	-	-	-	-	-	1,328	1,034	2,509	4,871
Vision Screens														
Pre-school	236	-	-	-	236	3,302	2,533	-	5,291	11,126	1,009	568	942	2,519
School Age	-	-	-	-	-	-	-	-	-	-	3,013	2,626	4,604	10,243
Children's Special Health Care Services														
Diagnostics	-	2	-	-	2	2	2	-	5	9	8	8	17	33
Assessments-Renewal	16	17	-	29	62	191	191	-	304	686	249	274	267	790
Assessments-New	5	4	-	3	12	67	60	-	63	190	125	119	81	325

**Branch-Hillsdale-St. Joseph Community Health Agency
Environmental Public Health Services
Report for the September 27, 2018 Board of Health Meeting
Prepared by Paul Andriacchi R.E.H.S, Director of Environmental Health**

Food Service Sanitation

Hannah Warner, our food sanitarian for St. Joseph County resigned effective on September 7, leaving a vacancy in our food inspection staff. This loss of staff has made it necessary to institute a reduced frequency of inspections and to redistribute the inspection load among our remaining staff. The reduced frequency protocol allows us to inspect establishments with lower risk menus and food handling practices on a schedule that is less than 2 times per year, dependent upon the risk category assigned to that establishment. The full-service restaurants that deal with high risk foods and practices will still be inspected a minimum of twice a year. Conversely, a low risk establishment like a coffee shop would only have to be inspected 1 time per year. When the new food sanitarian is fully trained and ready to assume the duties required for the vacant position, we will return to our normal frequency of inspection for all facilities. The search is currently underway to fill the vacancy so that it can be filled as soon as possible.



Well & On-Site Sewage

Our agency participated in promoting “Septic Smart Week” (September 17-21) with a news release sent out on September 13. Septic Smart Week is a promotion spearheaded by the U.S. EPA in an effort to encourage homeowners and communities to properly maintain their septic systems. As part of our news release we included tips for homeowners that will help to prolong the life of a septic system. These tips included: Having regular maintenance of the septic tanks (pumping tanks every 3-5 years), avoid dumping fats, grease and solids down your drains, emphasizing the importance of water efficiency (spreading out laundry and dishwasher loads, using water efficient fixtures and fixing water leaks promptly), reminding people not to park or drive over a septic tank or field and not putting unnecessary items down your commode. In Michigan there are more than 1.3 million homes and businesses that depend on septic systems to treat wastewater. If these systems are not maintained they can contribute to groundwater contamination as well as releasing bacteria, viruses and household toxins to local waterways. The promotion also encourages homeowners to have their private well water tested routinely.

General Programs

The seasonal inspections of campgrounds, children’s camps, septic haulers, septage dump sites and outdoor swimming pools have all been completed for the year. Our field staff is now concentrating on getting caught up on septic and well permits and inspections.

EH Service Statistics Report

BRANCH - HILLSDALE - ST. JOSEPH COMMUNITY HEALTH AGENCY

ENVIRONMENTAL HEALTH SERVICE REPORT 2017/2018

	AUGUST				YTD 2017/2018				YTD 2016/2017			
	BR	HD	SJ	TOTAL	BR	HD	SJ	TOTAL	BR	HD	SJ	TOTAL
WELL/SEWAGE SYSTEM EVAL.	1	-	1	2	8	1	8	17	21	1	8	30
CHANGE OF USE EVALUATIONS - FIELD	3	8	8	19	21	33	60	114	13	39	38	90
CHANGE OF USE EVALUATIONS - OFFICE	7	-	8	15	41	-	48	89	42	-	63	105
ON-SITE SEWAGE DISPOSAL												
PERMITS NEW CONSTRUCTION	5	6	12	23	36	52	70	158	38	49	82	169
REPAIR/REPLACEMENT	5	10	11	26	55	56	93	204	66	66	95	227
VACANT LAND EVALUATION	-	2	5	7	3	6	29	38	2	11	16	29
PERMITS DENIED	-	-	-	-	-	-	-	-	-	-	2	2
TOTAL	10	18	28	56	94	114	192	400	106	126	195	427
SEWAGE PERMITS INSPECTED	15	15	12	42	83	111	122	314	92	103	119	314
WELL PERMITS ISSUED	13	20	32	65	138	132	226	496	144	123	216	483
WELL PERMITS INSPECTED	13	14	9	36	125	125	132	382	134	111	95	326
FOOD SERVICE INSPECTION												
PERMANENT	24	19	16	59	235	243	323	801	252	258	347	857
NEW OWNER / NEW ESTABLISHMENT	-	-	-	-	7	12	7	26	8	7	14	29
FOLLOW-UP INSPECTION	3	6	5	14	19	30	33	82	39	10	34	83
TEMPORARY	4	29	9	42	30	74	91	195	42	53	96	191
MOBILE, STFU	-	3	-	3	6	26	9	21	3	16	16	22
PLAN REVIEW APPLICATIONS	-	1	1	2	3	7	10	19	8	3	5	19
FOOD RELATED COMPLAINTS	-	-	5	5	7	4	11	22	9	2	12	23
FOODBORNE ILLNESS INVESTIGATED	-	-	-	-	-	-	1	1	-	-	-	-
FOOD CLASSES												
MANAGEMENT CERTIFICATION CLASS	n/a	n/a	n/a	21	n/a	n/a	n/a	212	n/a	n/a	n/a	112
FOOD HANDLERS CLASS	n/a	n/a	n/a	-	n/a	n/a	n/a	-	n/a	n/a	n/a	-
METH LAB REFERRALS	-	-	-	-	-	2	2	4	8	-	13	21
METH LAB LETTERS SENT	-	-	-	-	-	2	-	2	4	-	4	8
CAMPGROUND INSPECTION	4	4	-	8	34	15	12	61	35	11	13	59
NON-COMM WATER SUPPLY INSP.	1	1	-	2	13	5	12	30	17	15	15	47
SWIMMING POOL INSPECTION	-	-	2	2	24	15	15	54	19	15	17	51
PROPOSED SUBDIVISION REVIEW	-	-	-	-	-	-	-	-	-	-	-	-
SEPTIC TANK CLEANER	6	-	5	11	10	2	6	18	10	7	28	45
DHS LICENSED FACILITY INSP.	3	4	8	15	21	45	52	118	21	49	25	95
COMPLAINT INVESTIGATIONS	2	1	2	5	19	23	22	64	15	23	19	57
LONG TERM MONITORING	-	-	-	-	2	9	5	16	3	9	8	20
BODY ART FACILITY INSPECTIONS	-	-	-	-	2	4	1	8	2	4	1	7

Branch-Hillsdale-St Joseph

Food Establishment Inspection Report

For Date Range: 08/01/2018 - 08/31/2018

Name	Location	Date	Inspection Type	# P / Pf	# P/Pf Fixed During Inspection	# Core
BURGER KING #2728	STURGIS	08/03/18	COMPLAINTS		0	
DAIRY QUEEN	STURGIS	08/03/18	COMPLAINTS		0	
DAVINCI'S	STURGIS	08/27/18	COMPLAINTS		0	
MCDONALDS OF THREE RIVERS #2196	THREE RIVERS	08/13/18	COMPLAINTS		0	
WENDY'S	THREE RIVERS	08/29/18	COMPLAINTS		0	
4-H BOOSTER'S CLUB EAT STAND	COLDWATER	08/03/18	ROUTINE/FULL	0 0	0	0
AMERICAN LEGION POST 360	READING	08/08/18	ROUTINE/FULL	0 0	0	1
CHARLIES PRIDE BBQ	COLDWATER	08/10/18	ROUTINE/FULL	0 0	0	2
CHARLIES PRIDE BBQ POP'S PLACE	COLDWATER	08/10/18	ROUTINE/FULL	0 0	0	1
COLDWATER BURGER KING #4652	COLDWATER	08/22/18	ROUTINE/FULL	0 0	0	0
COLDWATER FREE METHODIST CHURCH	COLDWATER	08/22/18	ROUTINE/FULL	0 0	0	0
COLDWATER UNITED METHODIST CHURCH	COLDWATER	08/22/18	ROUTINE/FULL	0 0	0	0
CONSTANTINE COMMUNITY SOUP KITCH	CONSTANTINE	08/13/18	ROUTINE/FULL	0 0	0	0
DEARTH COMMUNITY CENTER	COLDWATER	08/09/18	ROUTINE/FULL	0 0	0	1
FIRST UNITED METHODIST CHURCH OF E	BRONSON	08/29/18	ROUTINE/FULL	0 0	0	0
GIRARD UNITED METHODIST CHURCH	COLDWATER	08/02/18	ROUTINE/FULL	0 0	0	0
HOT 'N NOW	STURGIS	08/21/18	ROUTINE/FULL	0 0	0	0
LIL PEPPI'S PIZZA	SOMERSET CENTER	08/09/18	ROUTINE/FULL	0 0	0	2
LITCHFIELD-JONESVILLE LANES INC	JONESVILLE	08/23/18	ROUTINE/FULL	0 0	0	0
NORTH ADAMS UNITED METHODIST CHU	NORTH ADAMS	08/14/18	ROUTINE/FULL	0 0	0	0
OUR SAVIOR LUTHERAN CHURCH	UNION CITY	08/20/18	ROUTINE/FULL	0 0	0	0
PAPA MUNCHIES	BRONSON	08/11/18	ROUTINE/FULL	0 0	0	0
PIPER'S GRINDERS GALORE	CONSTANTINE	08/24/18	ROUTINE/FULL	0 0	0	0
RED FOX SPORTSMAN CLUB	JONESVILLE	08/18/18	ROUTINE/FULL	0 0	0	0
SPORTMAN'S BAR & GRILL	COLDWATER	08/06/18	ROUTINE/FULL	0 0	0	0
WHITE PIGEON HIGH SCHOOL	WHITE PIGEON	08/29/18	ROUTINE/FULL	0 0	0	0
WHITE STAR AUCTION INC	BRONSON	08/29/18	ROUTINE/FULL	0 0	0	0
AMERICAN LEGION REC CLUB	QUINCY	08/31/18	ROUTINE/FULL	0 1	0	2
BROADWAY GRILLE	UNION CITY	08/20/18	ROUTINE/FULL	0 1	0	2
KLINGER LAKE COUNTRY CLUB	STURGIS	08/01/18	ROUTINE/FULL	0 1	0	0
ST PAUL'S LUTHERAN CHURCH	HILLSDALE	08/02/18	ROUTINE/FULL	0 1	0	0
SUBWAY # 19719	COLDWATER	08/29/18	ROUTINE/FULL	0 1	0	0
THE CLUBHOUSE	CAMDEN	08/30/18	ROUTINE/FULL	0 1	0	2
BREWSTER'S	THREE RIVERS	08/24/18	ROUTINE/FULL	1 0	1	4

Branch-Hillsdale-St Joseph Food Establishment Inspection Report

For Date Range: 08/01/2018 - 08/31/2018

Name	Location	Date	Inspection Type	# P / Pf	# P/Pf Fixed During Inspection	# Core
FIRST BAPTIST CHURCH	COLDWATER	08/08/18	ROUTINE/FULL	1 0	0	0
HOLIDAY INN EXPRESS & SUITES	COLDWATER	08/24/18	ROUTINE/FULL	1 0	1	0
ROSALIES ROADHOUSE	JONESVILLE	08/22/18	ROUTINE/FULL	1 0	1	1
TACO BELL #32990	STURGIS	08/09/18	ROUTINE/FULL	1 0	1	0
THE SALVATION ARMY	HILLSDALE	08/02/18	ROUTINE/FULL	1 0	0	0
THREE RIVERS HEALTH	THREE RIVERS	08/21/18	ROUTINE/FULL	1 0	1	0
COLDWATER HAMPTON INN	COLDWATER	08/24/18	ROUTINE/FULL	2 0	0	0
COWBOY UP	MENDON	08/09/18	ROUTINE/FULL	0 2	0	0
CULVER'S OF COLDWATER	COLDWATER	08/06/18	ROUTINE/FULL	0 2	0	2
JT'S BILLIARDS BAR & GRILL LLC	COLDWATER	08/23/18	ROUTINE/FULL	0 2	0	3
READING PIZZA BARN	READING	08/08/18	ROUTINE/FULL	0 2	0	0
SOMERSET BEACH CAMPGROUND	SOMERSET CENTER	08/09/18	ROUTINE/FULL	0 2	0	1
WENDY'S #762	HILLSDALE	08/13/18	ROUTINE/FULL	0 2	0	1
BIGGBY COFFEE	HILLSDALE	08/02/18	ROUTINE/FULL	1 0	1	1
D & S LOUNGE	PITTSFORD	08/28/18	ROUTINE/FULL	1 1	1	1
YMCA CAMP EBERHART	THREE RIVERS	08/03/18	ROUTINE/FULL	1 1	1	1
ZHENG'S SUPER GRAND BUFFET	COLDWATER	08/08/18	ROUTINE/FULL	1 1	1	2
MCDONALDS OF THREE RIVERS #2196	THREE RIVERS	08/01/18	ROUTINE/FULL	2 0	2	0
SOMERSET CAFE	JEROME	08/09/18	ROUTINE/FULL	1 1	1	2
HERE'S TO YOU PUB AND GRUB	HILLSDALE	08/29/18	ROUTINE/FULL	2 1	2	1
MADIGAN'S	ALLEN	08/30/18	ROUTINE/FULL	2 1	2	1
ROOSTER'S WING SHACK	THREE RIVERS	08/03/18	ROUTINE/FULL	3 0	3	0
MR. B'S DAIRY BAR	THREE RIVERS	08/07/18	ROUTINE/FULL	1 3	1	1
EL CERRITO MEXICAN RESTAURANT	COLDWATER	08/09/18	ROUTINE/FULL	2 5	2	1
CITY LIMITS DELI	LITCHFIELD	08/02/18	ROUTINE/FULL	3 4	3	2
OASIS RESTAURANT	THREE RIVERS	08/23/18	ROUTINE/FULL	3 4	3	2
EL CERRITO	HILLSDALE	08/15/18	ROUTINE/FULL	4 3	3	2
EL SEMBRADOR LLC	STURGIS	08/01/18	ROUTINE/FULL	4 3	4	1
FIESTA MEXICANA	STURGIS	08/28/18	ROUTINE/FULL	3 6	2	3
ELKS LODGE	COLDWATER	08/21/18	ROUTINE/FULL	3 8	2	3
MAJOORS CONCESSIONS UNIT #2	COMSTOCK PARK	08/16/18	STFU/MOBILE		0	
ZIGGY'S CONCESSIONS LLC	HOWARD CITY	08/16/18	STFU/MOBILE		0	
B-S FROG POND / YE OLD TREATS	JONESVILLE	08/18/18	STFU/MOBILE	0 0	0	0
BUTLER'S HOT DOGS	ALLEN	08/17/18	STFU/MOBILE	0 0	0	0

Branch-Hillsdale-St Joseph Food Establishment Inspection Report

For Date Range: 08/01/2018 - 08/31/2018

Name	Location	Date	Inspection Type	# P / Pf	# P/Pf Fixed During Inspection	# Core
GLEN COREY SALES	UNION CITY	08/17/18	STFU/MOBILE	0 0	0	1
KONA ICE OF STEUBEN COUNTY	PLEASENT LAKE	08/06/18	STFU/MOBILE	0 0	0	0
STREET DOGS	HILLSDALE	08/24/18	STFU/MOBILE	0 0	0	0
BROADWAY GRILLE	UNION CITY	08/31/18	FOLLOW UP		1	
SUBWAY	HILLSDALE	08/01/18	FOLLOW UP		0	
SOUTH LANES	THREE RIVERS	08/07/18	FOLLOW UP		2	
ROOSTER'S WING SHACK	THREE RIVERS	08/22/18	FOLLOW UP		0	
SOMERSET CAFE	JEROME	08/27/18	FOLLOW UP		0	
MADIGAN'S OF LITCHFIELD	LITCHFIELD	08/08/18	FOLLOW UP		1	
LONE RANGER CAFE	READING	08/06/18	FOLLOW UP		0	
LONE RANGER CAFE	READING	08/16/18	FOLLOW UP		1	
MR. B'S DAIRY BAR	THREE RIVERS	08/23/18	FOLLOW UP		1	
BROADWAY GRILLE	UNION CITY	08/20/18	FOLLOW UP		4	
BROADWAY GRILLE	UNION CITY	08/31/18	FOLLOW UP		1	
EL SEMBRADOR LLC	STURGIS	08/28/18	FOLLOW UP		3	
CITY LIMITS DELI	LITCHFIELD	08/17/18	FOLLOW UP		1	
KING DRAGON BUFFET	STURGIS	08/01/18	FOLLOW UP		7	

COMPLAINTS 5
 ROUTINE/FULL 59
 STFU/MOBILE 7
 FOLLOW UP 14
 TOTAL NUMBER OF INSPECTIONS: 85

Food Inspection Codes:

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

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

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



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

September 27, 2018

Coordinator's Report

Enclosure:

1. *"Aging in Michigan: What Michigan's Next Governor Needs to Know"*: an advocacy & education piece developed to inform gubernatorial candidates about the aging network and the current issues we are facing.
-

Updates:

1. Branch County Restaurant Voucher Meal Program Update: Broadway Grill in Union City has been accepting a growing number of vouchers from community members each week since they "opened" in August. Quincy Diner just began accepting vouchers. Coldwater Broadway Grill is "in the works"!!
2. We are (still) amidst contract negotiations for the "Services to Victims of Elder Abuse – Victims of Crime Act (VOCA)" grant. We anticipate a contract any day... Two highly qualified, motivated and experienced candidates have accepted the "Elder Abuse Victim Specialist" positions in Branch & St. Joseph counties and we are awaiting their completion of the necessary pre-employment tasks. We hope to introduce you to them at the October Board meeting.

We had a great meeting with Branch County's Administrator and maintenance staff to begin working on adequate, private office spaces in Coldwater to host the new VOCA staff. We look forward to working with them to improve and expand our current space.

3. The FY2019 Annual Implementation Plan was presented to the Michigan Commission on Services to the Aging at their September 21, 2018 meeting. I will share updates at the Board meeting!
4. September is a very busy month for us in terms of outreach and education. We were at the St. Joseph County Fair on Wednesday/19th for Senior Day and we were there for a period of time on Veteran's Day as well. We reached over 200 attendees this year!
5. FY19 Provider budgets have been received and are "in process"... Once approved through our internal review, we can issue contract renewal documents for a successful start to the new fiscal year!

Aging in Michigan: What Michigan's Next Governor Needs to Know

Respond to Unmet Needs • Rebalance Medicaid to Support Choice • Strengthen Direct Care Workforce

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AASA In-Home Services

Ensuring funding for senior in-home services is responsive to unmet needs.

In-home services funded by the Michigan Aging and Adult Services Agency (AASA), such as home delivered meals and personal care, help non-Medicaid, and near-Medicaid eligible older Michiganians to remain in the communities they call home and out of more costly state supported long-term care programs, such as Medicaid funded nursing homes. As the growth in senior population drives increased demand for these programs, increased investment is essential to prevent growing wait-lists and unmet needs for care.

At the end of FY 2017 there were **6,043 seniors** on waiting lists for AASA in-home services

The Silver Key Coalition and its 40+ member organizations have been advocating since 2014 to increase access to key in-home service programs. As a result of the Coalition's efforts, we are serving a half a million more home delivered meals each year to homebound older Michiganians, but demand for in-home services continues to grow.

Value of Investing in In-Home Services:

An AAA 1-B study of those on wait lists for AASA in-home services found dire consequences for individuals, family caregivers and taxpayer supported state services when in-home services are not available. Within two years of being placed on a waitlist, those who received no help were:

- 5x more likely to be living in a nursing home, and
- 2x as likely to have received treatment from a hospital emergency room in the past 90 days.



Silver Key Coalition

Working to Make Michigan a No Wait State for Senior In-Home Services

Recommendation:

Ensure funding for senior in-home services is responsive to unmet needs: Michigan's Aging Network has demonstrated that they are able to provide these needed services efficiently, providing exceptional value to the state. The AAA 1-B, along with the statewide Silver Key Coalition, urges the Gubernatorial candidates to commit to responding to senior unmet needs and increased demand for services by recommending increased appropriations for AASA services in your budget recommendation.

Relieve the pressure on state General Fund by identifying a new dedicated source of revenue for aging services: A new revenue source for aging service programs is essential to support the growing demand for services by Michigan's growing senior population.

Long Term Care

Rebalance Michigan's Long Term Care system to promote independent living and control state spending.

Michigan lags behind the rest of the country in helping vulnerable older adults and adults with disabilities to stay in their homes and communities rather than institutional settings. A recent report by Truven Health Analytics, an IBM Company, showed that there are only five other states that invest a smaller percentage of their Medicaid Long Term Support Services (LTSS) dollars on home and community-based services. Michigan spent 60% of Medicaid LTSS on institutional care, while the national average of institutional spending was 45% (FY 2015), and the nation's most progressive state, Oregon, spent 18%.

Michigan's MI Choice Medicaid Waiver program assists approximately 15,000 older adults and adults with a disability who need a nursing facility level of care to live independently in their homes and prevent or delay nursing facility institutionalization, producing significant savings to the state.

Michigan's Area Agencies on Aging have played a leading role in the success of the MI Choice program since its inception in 1992, serving nursing facility-eligible participants at a cost of \$78.20 per day in FY 2016; 58% less than the Medicaid nursing home daily rate of \$187 per day, allowing 2.4 participants to be served for the cost of one nursing home resident. Area Agencies on Aging work closely with nursing home partners to identify and transition individuals from facilities to community-based programs such as MI Choice that meet their needs. MI Choice participants have high levels of satisfaction with this program, with over 90% of participants reporting that they are satisfied with their MI Choice Supports Coordinator in a 2017 state survey.

Recommendations:

Rebalance Michigan's Long Term Care System by increasing

access to in-home programs: As of August 2018, there were 3,255 people on the statewide wait list for the MI Choice waiver

program. Eliminate wait lists and control Medicaid LTSS spending by increasing the enrollment cap of the MI Choice MI Choice Waiver program.

Build on existing success: Area Agencies on Aging provide a cost effective, high quality alternative to Medicaid Nursing Home Care. Plans, demonstration programs or future pilot programs of MDHSS for the delivery of Medicaid managed LTSS should build on the success of Area Agencies on Aging and maintain their role in the administration of the MI Choice program.

Michigan spent **40%** of Medicaid LTSS funds on Home and Community-Based Services (HCBS), **far below** the national average of HCBS spending of **55%**

The MI Choice Waiver Program can serve 2.4 nursing facility eligible individuals at home for the same cost of 1 Medicaid nursing home resident



Direct Care Workforce

Encourage growth in this high-need workforce.

Direct care workers, also known as personal care assistants, paid caregivers or home health aides, provide essential in-home care to Michigan residents who require assistance to live safely in their communities. Direct care workers provide a range of services including help with bathing, dressing, and housekeeping, providing safety and companionship to those they serve.

Between 2016 and 2026 Michigan will need **34,090** more direct care workers; a **28% increase** in this essential workforce

A 2016 PHI International report produced a profile of Michigan's direct care workforce, stating that nearly nine in 10 of Michigan's direct care workers are female, and almost one third are African American.

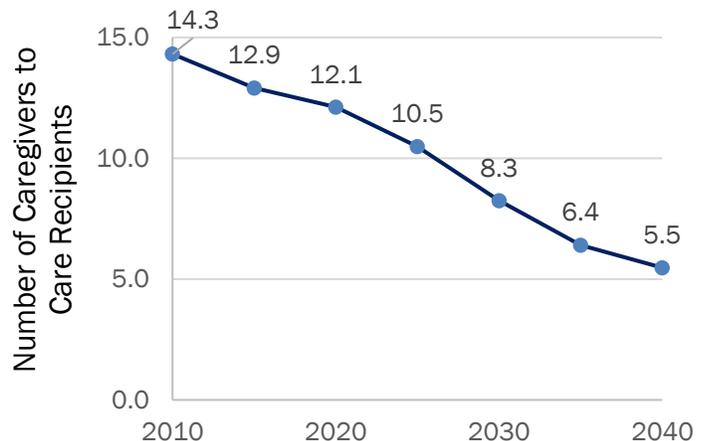
Home care companies in Michigan are struggling to recruit and retain the workers they need to meet the demand for their services, which include state funded programs. Low wages and benefits, strenuous workloads and limited career advancement opportunities along with the rapid growth of the older adult population have led to a critical shortage of direct care workers in Michigan and throughout the country.

As home care companies are struggling to recruit and retain paid workers to provide essential care for older adults and people with disabilities, the availability of family caregivers is also declining, increasing the pressure on the direct care workforce.

Recommendation:

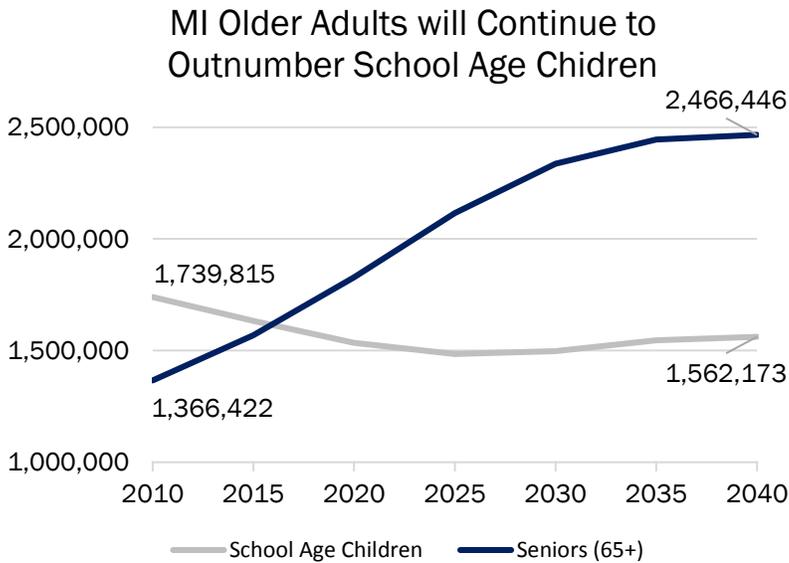
Addressing the shortage of direct care workers will require ongoing collaboration between the state leaders and Michigan's Aging network to **identify strategies to recruit, train, retain and provide adequate wages to direct care workers.**

The Ratio of MI Residents of Caregiving Age (45-64) to Care Recipient Age (85+) is Declining



Michigan's Aging Network

As Michiganians live longer and healthier lives, Michigan's leaders will need to find creative solutions to ensure we can all thrive as we age. Our state's demographics are changing, with older adults outnumbering school age children, and fewer family caregivers available to provide essential care.



From 2019 to 2025 the 65+ population will increase by **19.5%**
That's almost **345,000** more seniors; enough to fill Little Caesars Arena, Comerica Park and Ford Field **2.5 times**

Michigan's 16 Area Agencies on Aging (AAAs) are federally and state mandated to provide home and community-based services (HCBS) to older adults and persons with disabilities. Michigan's AAAs are mission driven, locally controlled, private nonprofit and/or public organizations accountable to local elected officials, their constituents and consumers.

Area Agencies on Aging successfully administer and coordinate a broad array of Medicaid and non-Medicaid long term care supports and services programs for older adults and adults with a disability under agreements with multiple entities, while leveraging local funds to support essential programs. AAA partners include the Michigan Aging and Adult Services Agency (AASA), Michigan Department of Health and Human Services Medicaid Office, the Veterans Health Administration, MI Health Link Integrated Care Organizations, Medicare Advantage Health Plans, Medicaid Health Plans, county general funds, senior millage funds, assisted living facilities, hospital-based health systems, and individuals who pay privately for the full cost of care.