



BOARD OF HEALTH

Monthly Meeting: January 27, 2023, 10:00 a.m.

521 Cobb St, Cadillac, MI

A G E N D A

- I. Call to Order..... Kevin Hughes, Health Officer
- II. Roll Call
- III. Review and Approval of the Agenda
- IV. Election of Chair (in accordance with the Bylaws as attached) Kevin Hughes, Health Officer
- V. Election of Vice-Chair and Secretary New Chair
- VI. Review and Approval of Board of Health Meeting Minutes.....December 16, 2022
- VII. Appointments – Standing Committees New Chair
Bylaws requirements: 1) No two members shall be from the same county. The Personnel & Finance Committees will have ten members each. 2) Election of Personnel Committee Chairperson shall occur first in even years, and the Election of the Finance Committee Chairperson shall occur first in odd years.
- VIII. Call Committee Conferences New Chair
Selection of Chairs and Vice Chairs for Finance and Personnel Committees
- IX. Reconvene
 - A. Finance Committee Chair (and members as appropriate)
 - B. Personnel Committee Chair (and members as appropriate)
 - C. Executive Committee Chair (as defined in Bylaws)
 - D. Bylaws Committee (Chair appointed)
 - E. Legislative Committee (Chair appointed)
 - F. MALPH Board (Chair appointed)
- X. Public Comment
- XI. Committee Reports
 - A. Executive Committee.....New Chair
1. Election of Officers..... Action Item

B. Finance Committee.....Christine Lopez

 1. *Finance Report*

 2. *Approve Accounts Payable and Payroll*.....Action Item

C. Personnel Committee..... Kevin Hughes

D. Legislative Committee..... Kevin Hughes

XII. Board of Health Presentation – no presentation this month

XIII. Division Reports

 A. Community Health Division Report.....Christy Rivette

 B. Environmental Health Division Report.....Mick Kramer

 C. Family Health Clinical Division Report.....Lisa Morrill

 D. Family Health Division Home Visiting.....Anne Young

 E. Family Health Division WIC Report.....Anne Bianchi

 F. School HealthKaty Bies

XIV. Administration Reports

 G. Medical Director.....Dr. Jennifer Morse, MD

 H. Deputy Health OfficerSarah Oleniczak

 1. *Community Health Needs Assessment Report*.....Action Item

 I. Health Officer.....Kevin Hughes

XV. Public Comments

XVI. Other Business

XVII. Next Board of Health Meeting: Friday, February 24, 2022, at 10:00 a.m.

XVIII. Adjournment

ARTICLE IV OFFICERS

Section 1. The officers of the Board of Health shall be a Chairperson, Vice-Chairperson and Secretary. Their term of office shall be for one (1) year and they shall serve until their successors have been elected. Their duties shall be those usually devolving upon such officers.

Section 2. The officers must be from separate counties.

Section 3. The officers shall be elected by the majority of the membership (11 or more affirmative votes) at the annual meeting held in January of each year. Nominations for officers will be taken from the floor.

Section 4. The officers may be re-elected to serve up to three (3) consecutive years in the same position upon majority vote (11 or more affirmative votes) of the Board of Health.

ARTICLE V COMMITTEE REPRESENTATION

Section 1. The Board of Health shall maintain three standing committees: Executive, Personnel and Finance. The Chairperson of the Board of Health shall appoint members to the committees except as provided below. Each member of the Board of Health shall serve on at least one committee.

Section 2. Executive Committee: Shall be composed of the Chairperson, Vice-Chairperson, Secretary and Chairpersons of the Personnel Committee and Finance Committee. The Chairperson of the Board of Health is Chairperson of Executive Committee. The past Chairperson shall serve as an ex-officio member of the Executive Committee for one year following the election of a new Chairperson providing he/she remains a Board of Health member.

Section 3. Personnel Committee: The Board of Health Chairperson shall appoint ten (10) members to the Personnel Committee. No two members shall be from the same county. The Personnel Committee shall elect, by majority vote, a chairperson and vice-chairperson, provided however that the Chairperson of the Personnel Committee shall be from a county other than the counties represented by the Chairperson, Vice-Chairperson, and Secretary of the Board of Health and the Finance Committee Chairperson.

Section 4. Finance Committee: The Board of Health Chairperson shall appoint

ten (10) members to the Finance Committee. No two members shall be from the same county. The Finance Committee shall elect, by majority vote, a chairperson and vice-chairperson, provided however that the Chairperson of the Finance Committee shall be from a county other than the counties represented by the Chairperson, Vice-Chairperson, and Secretary of the Board of Health and the Chairperson of the Personnel Committee.

Section 5. Election of Personnel Committee Chairperson shall occur first in even years and the election of the Finance Committee Chairperson shall occur first in odd years.

Section 6. The Board of Health Chairperson shall appoint a five (5) member bylaws committee on a yearly basis. No two members shall be from the same county. The bylaws committee shall elect, by majority vote, a chairperson, vice-chairperson and secretary.

Section 7. Other committees may be appointed by the Chairperson as and when the need may arise.

Section 8. Powers of the Executive Committee: The Executive Committee shall have the power, authority and discretion to deal with the following items at the committee level:

- A. Approve expenditure of budgeted agency funds up to a maximum of \$10,000.
- B. Take such actions as are pre-authorized by the full Board of Health.
- C. To submit grants and approve grant awards.
- D. To address specific issues or take required action as specifically authorized by quorum of the Board of Health.
- E. To resolve extraordinary personnel issues that are deemed urgent and require immediate attention.
- F. Function as Tencon Board.
- G. Any other duties or responsibilities assigned by a quorum of the Board of Health.

Section 9. Action taken by the Executive Committee shall be reported back at the next full Board of Health meeting. Any other action contemplated by the Executive Committee shall be by recommendation to and formal action of the Board of Health.

BOARD OF HEALTH**Meeting Minutes***December 16, 2022*

- I. **Call to Order:** Jim Maike, Chair, called the meeting to order at 10:00 a.m.
- II. **Roll Call**
Members Present – In Person: Robert Baldwin, James Sweet, Betty Dermeyer, Pauline Jaquish, Ron Bacon, Nick Krieger, Tom O’Neil, Ray Steinke, Star Hughston, Gary Gladu, Bryan Kolk, Jim Maike, Martha Meyette, Julie Theobald, Gary Taylor
Staff In Person - Kevin Hughes, Sarah Oleniczak, Christine Lopez, Dr. Jennifer Morse,
Members Online:
Members Excused: Shelly Pinkelman, Phil Lewis, Dawn Martin, Richard Schmdit, Roger Ouwinga Paul Erickson
Guests: Senator Rick Outman
- III. **Approval of the Agenda.** Motion by Bryan Kolk, seconded by Betty Dermeyer to approve the meeting agenda.

Motion carried.
- IV. **Approval of the Meeting Minutes.** Motion by Betty Dermeyer, seconded by Pauline Jaquish to approve the minutes of the November 18, 2022, meeting.

Motion carried.
- V. **Public Comment:** No Public Comment
- VI. **Committee Reports**
A. Executive Committee
- Certificates were presented to outgoing Board of Health members; Betty Dermeyer, Pauline Jaquish, Martha Meyette, and Shelly Pinkelman
 - Introduction of Senator Rick Outman and questions presented
 - Public Health (PH) Funding – Senator Outman did not have a definitive answer on funding for PH but feels that more money will be coming to PH.
 - Point of Sale Program – Senator Outman is not in favor of the program as it is written, feels it would be too expensive for constituents. There is a problem around lakes and maybe municipal systems need to be put in. Needs a more reasonable inspection time, 2 years is too much.
- B. Finance Committee: Christine Lopez, Administrative Services Director, update FY 22, 315k fund balance will be used, better than the projection of 703k. Review of the financial report for October, reports are a little delayed due to the early meeting. Total Assets \$14.7 million, cash balance, \$12.5 million. 110k fund balance, the report looks different because we are using a new

program. Revenues were presented. First month \$1,993,016.22, 91.85% of budget remaining. Expenses reviewed \$1,882,814.06. Accounts payable \$582,628.18

Approve Accounts Payable and Payroll. Motion by Ray Steinke, seconded by Ron Bacon, to approve the October accounts payable and payroll.

Roll Call

Robert Baldwin	Yes	Star Hughston	Yes
James Sweet	Yes	Gary Gladu	Yes
Betty Dermyer	Yes	Bryan Kolk	Yes
Pauline Jaquish	Yes	Jim Maike	Yes
Ron Bacon	Yes	Martha Meyette	Yes
Nick Krieger	Yes	Julie Theobald	Yes
Tom O'Neil	Yes	Gary Taylor	Yes
Ray Steinke	Yes		

Motion Carried

Approve payment to MERS. Motion by Ray Steinke, seconded by Betty Dermyer, to approve \$500k payment to MERS

Roll Call Vote

Robert Baldwin	Yes	Star Hughston	Yes
James Sweet	Yes	Gary Gladu	Yes
Betty Dermyer	Yes	Bryan Kolk	Yes
Pauline Jaquish	Yes	Jim Maike	Yes
Ron Bacon	Yes	Martha Meyette	Yes
Nick Krieger	Yes	Julie Theobald	Yes
Tom O'Neil	Yes	Gary Taylor	Yes
Ray Steinke	Yes		

Motion Carried

C. Personnel Committee

- Staff longevity awards recipients was shared

D. Legislative Committee

- Tentative date for Day at the Capital is 4/12/2023. Meet and greet recommended before this date. More to come.
- Kevin Hughes and Sarah Oleniczak, along with Steve Hall from CMDHD, met with Senator Vanderwall on funding to support the successful impact of the Northwest Michigan Community Health Innovation Region (NMCHIR) and support the expansion to cover the 31 counties of the Northern Michigan Public Health Alliance. Senator Vanderwall stated that he trusted us and is comfortable taking the information that was presented to him back to work on funding.

VII. Administration Reports

- A. Medical Director Dr. Jennifer Morse shared updates on pneumococcal vaccinations. 2 new vaccines were developed. Report presented to the board

Recommendations on which vaccine to receive based on age or if you had a previous vaccine, and to talk to your healthcare provider on receiving the vaccination

Approve recommendations by Dr. Morse on pneumococcal vaccines. Motion by Ray Steinke, seconded by Nick Krieger to approve Dr. Morse's recommendations

Motion Carried

- B. Deputy Health Officer Sarah Oleniczak report:

- Copy of NMCHIR overview presented to Senator Vanderwall was given to the BOH
- Presentation of the Draft 2021 Community Health Needs Assessment report was reviewed. There are formatting edits that are being made and the Final report will be presented for the January meeting and sent via email to the Board of Health once completed. The process to collect the CHNA data was shared as well as the priorities determined by each of the three regions covering the DHD#10 counties. Most of the priorities were the same throughout the 31 counties of Northern Michigan. The final targeted priorities listed for our jurisdiction include access to healthcare, chronic disease & economic security, and safe & affordable housing.

- C. Health Officer Kevin Hughes report

- EPI Team Update
 - COVID numbers are staying consistent
 - Focusing on Influenza and RSV. A call with Spectrum health partners earlier this week indicated that the ER was full at the time of the call with individuals waiting for rooms.
 - Ebola – first person in our jurisdiction has been identified as being in Uganda, we are following up with the individual and staying in touch
 - Monkeypox numbers are low, nothing in our jurisdiction
- PFAS Update

- No new numbers. Re-sampling was done to homes around Wexford-Missaukee. Information on the re-sampling results will be shared with the Board when available.
- Enforcement action – no new action. EGLE is following up on a construction site in Cadillac, Power was cut to a lift station, a private septic hauler was called in to pump the system, it was not pumped to a wastewater treatment but into the storm drain system which flowed into Lake Cadillac. No sampling of Lake Cadillac was done since there is no one currently swimming in the lake.
- Other Business
 - 2023 Proposed meeting dates.

Approve 2023 meeting dates and times. Motion by Betty Dermeyer, seconded by Nick Krieger to approve the 2023 meeting dates and times

Motion Carried

- Compensation Study update – 2 virtual orientation sessions were held for the staff. Staff will be completing questionnaires on their job descriptions. Questionnaires are due by the end of the day today for review by the consultant and will be turned into Hughes by the end of the month
- 2023 Health Officer goals shared

Approve 2023 Health Officer goals. Motion by Ron Bacon, seconded by Robert Baldwin to approve the 2023 Health Officer goals

Motion Carried

- January will be the Board of Health annual meeting. There will be new members, please let Hughes know who they will be, and he will try to meet with them before the next BOH meeting. New officers will be elected during the meeting

VIII. **Public Comment** – No public comment

IX. **Other Business** No other business

X. **Next Meeting** The next regular meeting of the Board of Health is scheduled for Friday, January 27th, at 10:00 a.m. at the Cadillac Office.

XI. **Adjournment** –Jim Maike adjourned the meeting

Michigan Association for Local Public Health

SAVE THE DATE!

2023 DAY AT THE CAPITOL & COUNTY HEALTH RANKINGS

TUESDAY, APRIL 11TH

8 am — COUNTY HEALTH RANKINGS PRESENTATION

9:30 am — LEGISLATIVE VISITS

11 am — HOMETOWN HEALTH HERO AWARD CEREMONY

11:30 am — LUNCHEON

12:30 am — LEGISLATIVE VISITS

If you are planning to come into town for this event, please
schedule your legislative visit for April 10th - 11th.



District Health Department #10
Balance Sheet
December 31, 2022

Prepared by:
Christine Lopez, MBA
Administrative Services Director

ASSETS

Current Assets

Cash	11,976,640.48
Due from State	1,203,165.66
Due From Others	<u>803,600.96</u>
Total Current Assets	13,983,407.10

Other Assets

Inventory	232,613.00
Prepaid Expense	<u>683,813.15</u>
Total Other Assets	<u>916,426.15</u>

Total ASSETS	<u>14,899,833.25</u>
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LIABILITIES

Current Liabilities

Accounts Payable	1,912,955.61
Payroll Taxes/Deductions Due	517,872.53
Accrued Wages	<u>343,619.78</u>
Total Current Liabilities	2,774,447.92

Other Liabilities

Deferred Revenue	<u>4,066,062.04</u>
Total LIABILITIES	6,840,509.96

FUND BALANCE

Fund Balance	7,875,227.12
Increase in Fund Balance	<u>184,096.17</u>
Total FUND BALANCE	<u>8,059,323.29</u>

LIABILITIES AND FUND BALANCE	<u>14,899,833.25</u>
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District Health Department #10
Statement of Revenues and Expenditures
From 12/01/2022 Through 12/31/2022

	Current Month	YTD Actual	Budget	Total Budget Variance	Percent Budget Remaining
Revenues					
State, Federal, Other Funding					
Adolescent Health Center - Cadillac	25,632.46	93,361.52	248,000	(154,638.48)	(62.35)%
Adolescent Health Center - Chippewa Hills Full	29,511.79	60,880.07	278,000	(217,119.93)	(78.10)%
Adolescent Health Center - Lake City Clinical	16,274.69	56,604.88	155,000	(98,395.12)	(63.48)%
Adolescent Health Center - Mason County Eastern	15,582.93	47,281.83	155,000	(107,718.17)	(69.50)%
Adolescent Health Center - Shelby	16,898.35	57,635.11	248,000	(190,364.89)	(76.76)%
Adolescent Health Center - Viking Wellness Center	12,718.79	52,160.65	175,000	(122,839.35)	(70.19)%
Agnes Taylor Fund	643.96	643.96	4,004	(3,360.04)	(83.92)%
AHC COVID Immunization	-	-	11,389	(11,389.00)	(100.00)%
AHC Lake City MH Expansion	-	497.00	16,600	(16,103.00)	(97.01)%
Beach Monitoring	-	-	15,829	(15,829.00)	(100.00)%
Beach Monitoring - Other	-	-	11,879	(11,879.00)	(100.00)%
Breast Cervical Cancer Control Program	4,423.34	13,386.77	53,550	(40,163.23)	(75.00)%
Brethren High School Mental Health Grant	13,860.47	40,490.70	130,000	(89,509.30)	(68.85)%
Building Lease Cadillac	-	-	103,200	(103,200.00)	(100.00)%
Building Lease Hart	5,300.00	15,900.00	63,600	(47,700.00)	(75.00)%
CC HUB NW	29,442.00	44,353.00	244,097	(199,744.00)	(81.83)%
CCL HUB	31,513.00	61,913.00	218,543	(156,630.00)	(71.67)%
CD Billing Counties	-	-	3,000	(3,000.00)	(100.00)%
CHA Needs Assessment	9,863.23	13,969.26	30,989	(17,019.74)	(54.92)%
Children's Special Health Care Services	37,118.99	101,993.94	297,021	(195,027.06)	(65.66)%
CHIR - Communications	-	-	21,839	(21,839.00)	(100.00)%
CHIR BBO	4,090.23	10,485.45	12,343	(1,857.55)	(15.05)%
Chronic Disease Prevention	-	-	37,160	(37,160.00)	(100.00)%
CJS Alliance	-	-	23,466	(23,466.00)	(100.00)%
Coalition Capacity Building Lake	7,608.47	15,951.19	35,967	(20,015.81)	(55.65)%
Coalition Capacity Building Manistee	2,169.76	8,912.77	22,000	(13,087.23)	(59.49)%
Coalition Capacity Building Mason	10,561.63	20,860.55	40,000	(19,139.45)	(47.85)%
Communicable Disease	48,637.29	118,108.06	259,030	(140,921.94)	(54.40)%
Community Health	3,480.00	8,480.00	10,000	(1,520.00)	(15.20)%
COVID Health Disparities - Rural Health	38,324.00	105,430.46	320,000	(214,569.54)	(67.05)%
COVID MI Supplemental Funding	(5,652.89)	16,941.20	497,392	(480,450.80)	(96.59)%
COVID Prevention Missaukee	840.03	1,437.84	8,768	(7,330.16)	(83.60)%
COVID Prevention Wexford	1,075.18	2,215.95	17,389	(15,173.05)	(87.26)%
Cross Jurisdictional Sharing Admin	(22.57)	-	44,500	(44,500.00)	(100.00)%
CSHCS Care Coordination Case Mgmt	19,961.10	19,961.10	110,000	(90,038.90)	(81.85)%
CSHCS Thorton Fund Kalkaska	87.98	579.82	2,400	(1,820.18)	(75.84)%
CSHCS Vaccine Initiative	383.91	2,027.74	21,321	(19,293.26)	(90.49)%
Dental Outreach	-	-	14,911	(14,911.00)	(100.00)%
Dental Sealants	5,759.54	16,893.61	26,000	(9,106.39)	(35.02)%
Deterra Disposal & Medication Lock Box Project	(0.16)	8,757.84	-	8,757.84	0.00%
Drinking Water	19,183.75	116,815.87	448,757	(331,941.13)	(73.97)%
Early On Oceana	-	-	500	(500.00)	(100.00)%
ELC Contact Tracing and Wraparound	31,438.83	76,280.35	845,142	(768,861.65)	(90.97)%
Emergency Preparedness	16,833.00	45,337.09	162,476	(117,138.91)	(72.10)%
Family Planning	52,741.45	175,535.24	296,632	(121,096.76)	(40.82)%
Finance	13,600.00	40,800.00	113,000	(72,200.00)	(63.89)%
Food Service	89,878.12	245,857.19	270,791	(24,933.81)	(9.21)%
Gambling Disorder Prevention Project Grant	326.56	2,533.35	24,300	(21,766.65)	(89.57)%
General EH - Campgrounds	-	-	6,400	(6,400.00)	(100.00)%
General EH - Medical Waste	-	-	5,000	(5,000.00)	(100.00)%
General EH - Pools & Spas	-	-	5,400	(5,400.00)	(100.00)%
Grayling School Mental Health	602.63	2,145.35	15,000	(12,854.65)	(85.70)%
Harm Reduction Support	5,578.78	13,482.95	50,000	(36,517.05)	(73.03)%
Hart High School Mental Health Grant	10,497.81	32,606.78	130,000	(97,393.22)	(74.92)%
Healthy Families America - Manistee/Missaukee	17,153.89	46,222.20	150,749	(104,526.80)	(69.34)%
Healthy Families America Grand Traverse	1,233.64	4,341.88	200,142	(195,800.12)	(97.83)%
Hearing	10,654.73	36,104.19	70,808	(34,703.81)	(49.01)%
HFA FFPSA Lake County	3,401.90	19,453.32	130,000	(110,546.68)	(85.04)%
HIV Prevention	4,722.99	10,446.65	45,000	(34,553.35)	(76.79)%

District Health Department #10
Statement of Revenues and Expenditures
From 12/01/2022 Through 12/31/2022

	Current Month	YTD Actual	Budget	Total Budget Variance	Percent Budget Remaining
Imms VFC/INE	4,200.00	4,200.00	15,000	(10,800.00)	(72.00)%
Immunizations	21,936.07	105,457.05	509,484	(404,026.95)	(79.30)%
Immunizations IAP	12,327.40	33,234.72	108,280	(75,045.28)	(69.31)%
Immunizations Vaccine Quality Assurance	6,327.76	24,782.33	54,660	(29,877.67)	(54.66)%
Interconnected MH System-Mason	20,814.24	33,788.24	281,295	(247,506.76)	(87.99)%
Lead Home Visiting	604.74	604.74	1,000	(395.26)	(39.53)%
LiveWell for your Heart	24,888.85	28,966.85	20,000	8,966.85	44.83%
LRE ARPA Prevention	-	-	14,766	(14,766.00)	(100.00)%
Ludington Schools Mental Health Grant	10,706.25	44,538.01	130,000	(85,461.99)	(65.74)%
Maternal Infant Health Program	729.72	729.72	-	729.72	0.00%
MCDC	15,210.00	45,630.00	400,000	(354,370.00)	(88.59)%
MCH Women	7,201.02	21,452.22	97,000	(75,547.78)	(77.88)%
MCIR	21,771.35	52,145.53	175,000	(122,854.47)	(70.20)%
Medicaid Outreach	14,698.47	42,455.32	290,410	(247,954.68)	(85.38)%
MI Home Visiting IRE (HFA)	54,905.11	145,005.65	569,651	(424,645.35)	(74.54)%
MI Safer Schools HRA	78,526.39	230,946.44	1,144,483	(913,536.56)	(79.82)%
MiKids Now Lake City	1,600.39	4,766.01	25,000	(20,233.99)	(80.94)%
MiKids Now MCE	2,885.25	8,644.09	25,000	(16,355.91)	(65.42)%
MiKids Now Shelby	246.91	2,688.07	50,000	(47,311.93)	(94.62)%
MiKids Now Viking Wellness Center	1,635.59	6,610.88	25,000	(18,389.12)	(73.56)%
MiKids Now Wexford	6,921.55	20,995.96	50,000	(29,004.04)	(58.01)%
Monkeypox	612.24	612.24	-	612.24	0.00%
Non Community Water	36,604.00	109,811.00	205,153	(95,342.00)	(46.47)%
North Central Network Expanding Capacity for	7,768.04	13,674.04	122,495	(108,820.96)	(88.84)%
Oceana LEADS DFC	10,314.46	45,134.25	100,000	(54,865.75)	(54.87)%
On-Site Sewage - Septic Systems	88,310.78	192,194.37	387,374	(195,179.63)	(50.39)%
Oral Health Kindergarten Screening	3,074.59	8,645.47	92,308	(83,662.53)	(90.63)%
Pentwater Schools Mental Health Grant	10,107.31	37,063.71	130,000	(92,936.29)	(71.49)%
PFAS Eagle Ottawa Farm	62.79	420.78	15,326	(14,905.22)	(97.25)%
PFAS Grayling Water Recovery	1,152.29	3,334.59	83,210	(79,875.41)	(95.99)%
PFAS Ludington WWTP	337.55	337.55	-	337.55	0.00%
PFAS Rothbury	502.24	1,835.04	26,574	(24,738.96)	(93.09)%
PFAS Wexford Missaukee CTC	463.34	1,311.05	40,004	(38,692.95)	(96.72)%
Prevention	-	-	108,540	(108,540.00)	(100.00)%
Prevention Grant Missaukee	1,485.07	4,864.49	17,612	(12,747.51)	(72.38)%
Prevention Grant Wexford	3,507.02	11,716.42	41,818	(30,101.58)	(71.98)%
Prevention Lake	686.95	2,621.43	-	2,621.43	0.00%
Prevention Mason	1,574.70	5,938.25	-	5,938.25	0.00%
Prevention Oceana	1,448.67	6,739.91	-	6,739.91	0.00%
Prosperity Grant/CLPP	4,765.00	13,219.64	40,000	(26,780.36)	(66.95)%
Public Health Workforce	3,668.54	76,772.32	198,134	(121,361.68)	(61.25)%
Regional Perinatal Care System	1,480.39	6,389.43	100,000	(93,610.57)	(93.61)%
School Wellness - McBain	18,448.20	65,152.45	200,000	(134,847.55)	(67.42)%
School Wellness Center - Manton/Mesick	20,532.35	67,001.87	220,000	(152,998.13)	(69.54)%
SDOH Accelerator Grant	-	-	125,000	(125,000.00)	(100.00)%
Snap Ed Full-Year	9,498.28	29,576.32	100,000	(70,423.68)	(70.42)%
State Opioid Response (SOR)	1,562.61	9,191.81	21,000	(11,808.19)	(56.23)%
State Opioid Response (SOR) Lake	-	-	10,908	(10,908.00)	(100.00)%
State Opioid Response (SOR) Oceana	-	-	15,000	(15,000.00)	(100.00)%
STI Clinics	10,417.92	24,507.67	45,000	(20,492.33)	(45.54)%
Substance Use Stigma Assessment and Response	8,032.96	28,464.62	200,000	(171,535.38)	(85.77)%
Tobacco Checks LSRE	32.11	1,337.61	-	1,337.61	0.00%
Tobacco Grant	3,674.13	9,178.20	40,000	(30,821.80)	(77.05)%
Tobacco/ENDS Education	-	-	1,000	(1,000.00)	(100.00)%
Vision	15,340.95	40,332.81	70,808	(30,475.19)	(43.04)%
WIC Migrant	12,866.63	37,213.42	98,000	(60,786.58)	(62.03)%
WIC Peer Counselor	31,760.66	90,684.96	297,969	(207,284.04)	(69.57)%
WIC Resident	168,566.20	474,975.27	1,570,945	(1,095,969.73)	(69.76)%
Wisewoman Coordination	3,642.80	8,568.54	25,000	(16,431.46)	(65.73)%
Total State, Federal, Other Funding	1,454,374.41	4,172,541.04	15,692,491	(11,519,949.96)	(73.41)%

District Health Department #10
Statement of Revenues and Expenditures
From 12/01/2022 Through 12/31/2022

	Current Month	YTD Actual	Budget	Total Budget Variance	Percent Budget Remaining
Billing Revenue					
Adolescent Health Center - Cadillac	5,699.50	9,656.77	90,000	(80,343.23)	(89.27)%
Adolescent Health Center - Chippewa Hills Full	3,750.53	11,136.15	70,000	(58,863.85)	(84.09)%
Adolescent Health Center - Lake City Clinical	3,660.76	6,620.83	35,000	(28,379.17)	(81.08)%
Adolescent Health Center - Mason County Eastern	1,432.43	1,615.53	35,000	(33,384.47)	(95.38)%
Adolescent Health Center - Shelby	3,569.33	7,833.28	90,000	(82,166.72)	(91.30)%
Adolescent Health Center - Viking Wellness Center	9,262.29	12,194.29	35,381	(23,186.71)	(65.53)%
BCCCP Direct	886.34	1,848.69	7,500	(5,651.31)	(75.35)%
Breast Cervical Cancer Control Program	-	72.85	-	72.85	0.00%
Brethren High School Mental Health Grant	207.74	1,148.45	35,000	(33,851.55)	(96.72)%
CC HUB NW	13,619.00	44,763.25	177,600	(132,836.75)	(74.80)%
CCL HUB	-	3,488.75	34,000	(30,511.25)	(89.74)%
Community Health	98.00	148.00	4,000	(3,852.00)	(96.30)%
COVID MI Supplemental Funding	41,673.34	137,207.35	200,000	(62,792.65)	(31.40)%
Dental Sealants	-	-	2,000	(2,000.00)	(100.00)%
Dental Varnish	82.00	82.00	5,000	(4,918.00)	(98.36)%
Family Planning	14,643.46	30,057.26	101,232	(71,174.74)	(70.31)%
Hart High School Mental Health Grant	4,466.83	9,844.59	20,000	(10,155.41)	(50.78)%
Hearing	1,324.80	2,870.40	15,000	(12,129.60)	(80.86)%
Immunizations	71,185.34	270,924.52	580,000	(309,075.48)	(53.29)%
Lead Hemoglobin	170.23	418.68	9,000	(8,581.32)	(95.35)%
Ludington Schools Mental Health Grant	1,555.25	1,841.91	20,000	(18,158.09)	(90.79)%
Maternal Infant Health Program	62,472.31	110,723.82	700,000	(589,276.18)	(84.18)%
MCH Women	867.22	1,029.17	4,231	(3,201.83)	(75.68)%
Oral Health Kindergarten Screening	-	-	5,000	(5,000.00)	(100.00)%
Pentwater Schools Mental Health Grant	2,352.04	2,815.61	20,000	(17,184.39)	(85.92)%
School Wellness - McBain	997.43	1,395.08	-	1,395.08	0.00%
School Wellness Center - Manton/Mesick	4,521.55	8,910.24	35,000	(26,089.76)	(74.54)%
STI Clinics	1,843.91	3,558.87	6,000	(2,441.13)	(40.69)%
Vision	1,190.40	2,653.20	20,000	(17,346.80)	(86.73)%
Wisewoman Coordination	150.00	925.00	13,000	(12,075.00)	(92.88)%
Total Billing Revenue	251,682.03	685,784.54	2,368,944	(1,683,159.46)	(71.05)%
Medicaid Cost Settlement					
Medicaid Cost Report	-	-	1,500,000	(1,500,000.00)	(100.00)%
Total Medicaid Cost Settlement	-	-	1,500,000	(1,500,000.00)	(100.00)%
Environmental Health Revenue	36,258.42	191,186.42	1,773,950	(1,582,763.58)	(89.22)%
Appropriations	247,873.30	743,619.90	2,974,479	(2,230,859.10)	(75.00)%
Other Revenue					
Insurance Company Distributions Dividends	-	47,724.00	32,291	15,433.00	47.79%
Workers Compensation Dividends	-	25,862.00	24,973	889.00	3.56%
Other	9,446.50	57,522.49	91,000	(33,477.51)	(36.79)%
Total Other Revenue	9,446.50	131,108.49	148,264	(17,155.51)	(11.57)%
Total Revenues	1,999,634.66	5,924,240.39	24,458,128	(18,533,887.61)	(75.78)%

District Health Department #10
Statement of Revenues and Expenditures
From 12/01/2022 Through 12/31/2022

	Current Month	YTD Actual	Budget	Total Budget Variance	Percent Budget Remaining
Expenses					
Wages	976,408.95	2,877,362.15	12,434,741	9,557,378.85	76.86%
Fringes	491,195.43	1,368,842.86	5,651,531	4,282,688.14	75.78%
Travel	31,891.82	140,692.30	640,223	499,530.70	78.02%
Supplies	107,455.48	389,732.09	1,621,129	1,231,396.91	75.96%
Contractual	86,697.89	192,616.73	1,021,595	828,978.27	81.15%
Communications	27,927.96	72,840.29	360,224	287,383.71	79.78%
Printing/Publishing	8,956.71	13,058.64	235,905	222,846.36	94.46%
Education/Training	3,462.40	25,965.90	96,917	70,951.10	73.21%
Liability Insurance	9,048.83	27,146.52	99,758	72,611.48	72.79%
Maintenance	21,045.78	87,490.34	501,144	413,653.66	82.54%
Space	133,423.92	404,438.55	1,478,129	1,073,690.45	72.64%
Capital Outlay	11,895.88	78,427.85	140,000	61,572.15	43.98%
County DSH/Dental	<u>20,510.00</u>	<u>61,530.00</u>	<u>566,800</u>	<u>505,270.00</u>	<u>89.14%</u>
 Total Expenses	 <u>1,929,921.05</u>	 <u>5,740,144.22</u>	 <u>24,848,096</u>	 <u>19,107,951.78</u>	 <u>76.90%</u>
 Increase (Decrease) Fund Balance	 <u>69,713.61</u>	 <u>184,096.17</u>	 <u>(389,968)</u>		

District Health Department #10
Aged Receivable Report 12/01/2022 - 12/31/2022

	Balance	Current	31-60 Days	61-90 Days	91+ Days
Due From County	40,834.95	25,641.21	6,948.75	6,948.75	1,296.24
Due From Other					
Due From Adolescent Health Center Grant	85,111.52	22,882.46	32,006.06	30,223.00	-
Due From Adolescent Health Center Grayling Grant	47,160.65	11,052.13	17,346.52	18,762.00	-
Due From Adolescent Health Center Shelby Grant	49,385.11	14,148.35	14,936.76	20,300.00	-
Due From AHC - Lake City Clinical	11,605.48	1,274.63	5,308.85	5,022.00	-
Due From AHC - Mason County Eastern	2,282.43	582.87	1,699.56	-	-
Due From Basic Flex	73,586.78	-	-	-	73,586.78
Due From CCL Hub	22,366.00	7,455.00	7,456.00	7,455.00	-
Due From CHA Needs Assessment	10,153.26	6,047.23	4,106.03	-	-
Due From CHIR	10,485.45	4,090.23	3,558.22	2,837.00	-
Due From CHW Project	40,772.00	13,619.00	13,582.00	13,571.00	-
Due From Coalition Capacity Building	28,591.93	20,339.86	8,252.07	-	-
Due From COVID Prevention	1,915.21	1,915.21	-	-	-
Due From DFC Oceana LEADS	44,684.25	9,864.46	12,608.79	22,211.00	-
Due From Gambling Disorder Grant	2,533.35	326.56	1,393.79	813.00	-
Due From Grayling Mental Health Grant	1,181.15	602.63	578.52	-	-
Due From Healthy Families Manistee/Missaukee	46,571.20	17,153.89	16,232.31	-	13,185.00
Due From MMOOG	719.55	-	-	-	719.55
Due From Others	19,640.44	146.44	-	19,494.00	-
Due From Prevention	3,347.47	3,347.47	-	-	-
Due From Prevention Grant Miss/Wex	8,428.09	4,992.09	-	3,436.00	-
Due from School Wellness Grant	59,501.87	18,032.35	20,647.52	20,822.00	-
Due From Snap	29,576.32	9,498.28	10,984.76	9,093.28	-
Due From Tobacco Checks LSRE	31.11	31.11	-	-	-
Due From Other Sum	599,630.62	167,402.25	170,697.76	174,039.28	87,491.33
Due From State	1,366,301.05	1,353,561.55	5,199.09	7,502.98	37.43
Grand Total	2,006,766.62	1,546,605.01	182,845.60	188,491.01	88,825.00
		77.07%	9.11%	9.39%	4.43%

District Health Department #10
Cash Flow Analysis
January 20, 2023

	<u>January</u>	<u>February</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>June</u>
Beginning Cash Balance	11,363,836	10,615,538	10,283,270	10,011,002	10,057,669	9,785,401
Receipts:						
State Funding	-	961,000	961,000	961,000	961,000	961,000
Billing Revenue	50,000	171,000	171,000	171,000	171,000	171,000
EH Fees	30,000	65,000	125,000	125,000	125,000	125,000
Appropriations	85,336	-	-	318,935	-	-
Other	<u>50,000</u>	<u>398,000</u>	<u>398,000</u>	<u>398,000</u>	<u>398,000</u>	<u>398,000</u>
Total	215,336	1,595,000	1,655,000	1,973,935	1,655,000	1,655,000
Expenses:						
Wages	493,778	987,555	987,555	987,555	987,555	987,555
Benefits	245,851	491,702	491,702	491,702	491,702	491,702
Other	<u>224,006</u>	<u>448,011</u>	<u>448,011</u>	<u>448,011</u>	<u>448,011</u>	<u>448,011</u>
Total	963,634	1,927,268	1,927,268	1,927,268	1,927,268	1,927,268
 Total Cash & Investments	 <u>10,615,538</u>	 <u>10,283,270</u>	 <u>10,011,002</u>	 <u>10,057,669</u>	 <u>9,785,401</u>	 <u>9,513,133</u>

District Health Department #10
Balance Sheet
November 30, 2022

Prepared by:
Christine Lopez, MBA
Administrative Services Director

ASSETS

Current Assets

Cash	12,420,697.62
Due from State	1,331,646.17
Due From Others	<u>763,599.60</u>
Total Current Assets	14,515,943.39

Other Assets

Inventory	232,613.00
Prepaid Expense	<u>214,594.85</u>
Total Other Assets	<u>447,207.85</u>

Total ASSETS	<u>14,963,151.24</u>
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LIABILITIES

Current Liabilities

Accounts Payable	2,190,131.93
Payroll Taxes/Deductions Due	250,571.83
Accrued Wages	<u>628,222.89</u>
Total Current Liabilities	3,068,926.65

Other Liabilities

Deferred Revenue	<u>3,904,614.91</u>
Total LIABILITIES	6,973,541.56

FUND BALANCE

Fund Balance	7,875,227.12
Increase in Fund Balance	<u>114,382.56</u>
Total FUND BALANCE	<u>7,989,609.68</u>

LIABILITIES AND FUND BALANCE	<u>14,963,151.24</u>
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District Health Department #10
Statement of Revenues and Expenditures
From 11/01/2022 Through 11/30/2022

	Current Month	YTD Actual	Budget	Total Budget Variance	Percent Budget Remaining
Revenues					
State, Federal, Other Funding					
Adolescent Health Center - Cadillac	34,756.06	67,729.06	248,000	(180,270.94)	(72.69)%
Adolescent Health Center - Chippewa Hills Full	17,036.28	31,368.28	278,000	(246,631.72)	(88.72)%
Adolescent Health Center - Lake City Clinical	20,308.52	40,330.19	155,000	(114,669.81)	(73.98)%
Adolescent Health Center - Mason County Eastern	19,058.23	31,698.90	155,000	(123,301.10)	(79.55)%
Adolescent Health Center - Shelby	17,686.76	40,736.76	248,000	(207,263.24)	(83.57)%
Adolescent Health Center - Viking Wellness Center	19,013.19	39,441.86	175,000	(135,558.14)	(77.46)%
Agnes Taylor Fund	-	-	4,004	(4,004.00)	(100.00)%
AHC COVID Immunization	-	-	11,389	(11,389.00)	(100.00)%
AHC Lake City MH Expansion	197.00	497.00	16,600	(16,103.00)	(97.01)%
Beach Monitoring	-	-	15,829	(15,829.00)	(100.00)%
Beach Monitoring - Other	-	-	11,879	(11,879.00)	(100.00)%
Breast Cervical Cancer Control Program	4,704.43	8,963.43	53,550	(44,586.57)	(83.26)%
Brethren High School Mental Health Grant	13,122.56	26,630.23	130,000	(103,369.77)	(79.52)%
Building Lease Cadillac	-	-	103,200	(103,200.00)	(100.00)%
Building Lease Hart	5,300.00	10,600.00	63,600	(53,000.00)	(83.33)%
CC HUB NW	7,456.00	14,911.00	244,097	(229,186.00)	(93.89)%
CCL HUB	30,400.00	30,400.00	218,543	(188,143.00)	(86.09)%
CD Billing Counties	-	-	3,000	(3,000.00)	(100.00)%
CHA Needs Assessment	4,106.03	4,106.03	30,989	(26,882.97)	(86.75)%
Children's Special Health Care Services	33,873.95	64,874.95	297,021	(232,146.05)	(78.16)%
CHIR - Communications	-	-	21,839	(21,839.00)	(100.00)%
CHIR BBO	3,558.22	6,395.22	12,343	(5,947.78)	(48.19)%
Chronic Disease Prevention	-	-	37,160	(37,160.00)	(100.00)%
CJS Alliance	-	-	23,466	(23,466.00)	(100.00)%
Coalition Capacity Building Lake	5,801.72	8,342.72	35,967	(27,624.28)	(76.80)%
Coalition Capacity Building Manistee	3,045.01	6,743.01	22,000	(15,256.99)	(69.35)%
Coalition Capacity Building Mason	5,581.92	10,298.92	40,000	(29,701.08)	(74.25)%
Communicable Disease	38,026.77	69,470.77	259,030	(189,559.23)	(73.18)%
Community Health	1,500.00	5,000.00	10,000	(5,000.00)	(50.00)%
COVID Health Disparities - Rural Health	34,164.46	67,106.46	320,000	(252,893.54)	(79.03)%
COVID MI Supplemental Funding	(24,434.91)	22,594.09	497,392	(474,797.91)	(95.46)%
COVID Prevention Missaukee	345.81	597.81	8,768	(8,170.19)	(93.18)%
COVID Prevention Wexford	443.77	1,140.77	17,389	(16,248.23)	(93.44)%
Cross Jurisdictional Sharing Admin	-	22.57	44,500	(44,477.43)	(99.95)%
CSHCS Care Coordination Case Mgmt	-	-	110,000	(110,000.00)	(100.00)%
CSHCS Thorton Fund Kalkaska	-	491.84	2,400	(1,908.16)	(79.51)%
CSHCS Vaccine Initiative	618.83	1,643.83	21,321	(19,677.17)	(92.29)%
Dental Outreach	-	-	14,911	(14,911.00)	(100.00)%
Dental Sealants	4,351.07	11,134.07	26,000	(14,865.93)	(57.18)%
Deterra Disposal & Medication Lock Box Project	-	8,758.00	0	8,758.00	0.00%
Drinking Water	44,552.12	97,632.12	448,757	(351,124.88)	(78.24)%
Early On Oceana	-	-	500	(500.00)	(100.00)%
ELC Contact Tracing and Wraparound	22,164.52	44,841.52	845,142	(800,300.48)	(94.69)%
Emergency Preparedness	14,645.09	28,504.09	162,476	(133,971.91)	(82.46)%
Family Planning	52,100.79	122,793.79	296,632	(173,838.21)	(58.60)%
Finance	13,600.00	27,200.00	113,000	(85,800.00)	(75.93)%
Food Service	82,290.07	155,979.07	270,791	(114,811.93)	(42.40)%
Gambling Disorder Prevention Project Grant	1,393.79	2,206.79	24,300	(22,093.21)	(90.92)%
General EH - Campgrounds	-	-	6,400	(6,400.00)	(100.00)%
General EH - Medical Waste	-	-	5,000	(5,000.00)	(100.00)%
General EH - Pools & Spas	-	-	5,400	(5,400.00)	(100.00)%
Grayling School Mental Health	578.52	1,542.72	15,000	(13,457.28)	(89.72)%
Harm Reduction Support	3,194.17	7,904.17	50,000	(42,095.83)	(84.19)%
Hart High School Mental Health Grant	9,586.30	22,108.97	130,000	(107,891.03)	(82.99)%
Healthy Families America - Manistee/Missaukee	16,323.31	29,068.31	150,749	(121,680.69)	(80.72)%
Healthy Families America Grand Traverse	1,039.24	3,108.24	200,142	(197,033.76)	(98.45)%
Hearing	11,767.46	25,449.46	70,808	(45,358.54)	(64.06)%
HFA FFPSA Lake County	4,154.42	16,051.42	130,000	(113,948.58)	(87.65)%
HIV Prevention	3,567.66	5,723.66	45,000	(39,276.34)	(87.28)%

District Health Department #10
Statement of Revenues and Expenditures
From 11/01/2022 Through 11/30/2022

	Current Month	YTD Actual	Budget	Total Budget Variance	Percent Budget Remaining
Imms VFC/INE	-	-	15,000	(15,000.00)	(100.00)%
Immunizations	(29,550.02)	83,520.98	509,484	(425,963.02)	(83.61)%
Immunizations IAP	12,070.32	20,907.32	108,280	(87,372.68)	(80.69)%
Immunizations Vaccine Quality Assurance	11,082.57	18,454.57	54,660	(36,205.43)	(66.24)%
Interconnected MH System-Mason	-	12,974.00	281,295	(268,321.00)	(95.39)%
Lead Home Visiting	-	-	1,000	(1,000.00)	(100.00)%
LiveWell for your Heart	-	4,078.00	20,000	(15,922.00)	(79.61)%
LRE ARPA Prevention	-	-	14,766	(14,766.00)	(100.00)%
Ludington Schools Mental Health Grant	16,966.76	33,831.76	130,000	(96,168.24)	(73.98)%
MCDC	15,210.00	30,420.00	400,000	(369,580.00)	(92.39)%
MCH Women	7,485.20	14,251.20	97,000	(82,748.80)	(85.31)%
MCIR	15,698.18	30,374.18	175,000	(144,625.82)	(82.64)%
Medicaid Outreach	15,015.85	27,756.85	290,410	(262,653.15)	(90.44)%
MI Home Visiting IRE (HFA)	49,966.54	90,100.54	569,651	(479,550.46)	(84.18)%
MI Safer Schools HRA	83,811.05	152,420.05	1,144,483	(992,062.95)	(86.68)%
MiKids Now Lake City	1,806.62	3,165.62	25,000	(21,834.38)	(87.34)%
MiKids Now MCE	3,675.84	5,758.84	25,000	(19,241.16)	(76.96)%
MiKids Now Shelby	2,441.16	2,441.16	50,000	(47,558.84)	(95.12)%
MiKids Now Viking Wellness Center	4,975.29	4,975.29	25,000	(20,024.71)	(80.10)%
MiKids Now Wexford	14,074.41	14,074.41	50,000	(35,925.59)	(71.85)%
Non Community Water	36,603.00	73,207.00	205,153	(131,946.00)	(64.32)%
North Central Network Expanding Capacity for	-	5,906.00	122,495	(116,589.00)	(95.18)%
Oceana LEADS DFC	12,608.79	34,819.79	100,000	(65,180.21)	(65.18)%
On-Site Sewage - Septic Systems	63,712.59	103,883.59	387,374	(283,490.41)	(73.18)%
Oral Health Kindergarten Screening	3,625.88	5,570.88	92,308	(86,737.12)	(93.96)%
Pentwater Schools Mental Health Grant	16,024.40	26,956.40	130,000	(103,043.60)	(79.26)%
PFAS Eagle Ottawa Farm	357.99	357.99	15,326	(14,968.01)	(97.66)%
PFAS Grayling Water Recovery	742.30	2,182.30	83,210	(81,027.70)	(97.38)%
PFAS Rothbury	230.80	1,332.80	26,574	(25,241.20)	(94.98)%
PFAS Wexford Missaukee CTC	154.71	847.71	40,004	(39,156.29)	(97.88)%
Prevention	-	-	108,540	(108,540.00)	(100.00)%
Prevention Grant Missaukee	1,624.42	3,379.42	17,612	(14,232.58)	(80.81)%
Prevention Grant Wexford	4,409.40	8,209.40	41,818	(33,608.60)	(80.37)%
Prevention Lake	657.48	1,934.48	0	1,934.48	0.00%
Prevention Mason	1,961.55	4,363.55	0	4,363.55	0.00%
Prevention Oceana	1,800.24	5,291.24	0	5,291.24	0.00%
Prosperity Grant/CLPP	5,603.64	8,454.64	40,000	(31,545.36)	(78.86)%
Public Health Workforce	7,802.78	73,103.78	198,134	(125,030.22)	(63.10)%
Regional Perinatal Care System	1,385.04	4,909.04	100,000	(95,090.96)	(95.09)%
School Wellness - McBain	22,622.25	46,704.25	200,000	(153,295.75)	(76.65)%
School Wellness Center - Manton/Mesick	23,147.52	46,469.52	220,000	(173,530.48)	(78.88)%
SDOH Accelerator Grant	-	-	125,000	(125,000.00)	(100.00)%
Snap Ed Full-Year	10,984.76	20,078.04	100,000	(79,921.96)	(79.92)%
State Opioid Response (SOR)	2,909.20	7,629.20	21,000	(13,370.80)	(63.67)%
State Opioid Response (SOR) Lake	-	-	10,908	(10,908.00)	(100.00)%
State Opioid Response (SOR) Oceana	-	-	15,000	(15,000.00)	(100.00)%
STI Clinics	7,475.75	14,089.75	45,000	(30,910.25)	(68.69)%
Substance Use Stigma Assessment and Response	10,128.66	20,431.66	200,000	(179,568.34)	(89.78)%
Tobacco Checks LSRE	820.50	1,305.50	0	1,305.50	0.00%
Tobacco Grant	2,228.07	5,504.07	40,000	(34,495.93)	(86.24)%
Tobacco/ENDS Education	-	-	1,000	(1,000.00)	(100.00)%
Vision	13,864.86	24,991.86	70,808	(45,816.14)	(64.70)%
WIC Migrant	11,069.79	24,346.79	98,000	(73,653.21)	(75.16)%
WIC Peer Counselor	30,470.30	58,924.30	297,969	(239,044.70)	(80.22)%
WIC Resident	157,978.07	306,409.07	1,570,945	(1,264,535.93)	(80.50)%
Wisewoman Coordination	1,713.74	4,925.74	25,000	(20,074.26)	(80.30)%
Total State, Federal, Other Funding	1,260,427.39	2,718,166.63	15,692,491	(12,974,324.37)	(82.68)%

District Health Department #10
Statement of Revenues and Expenditures
From 11/01/2022 Through 11/30/2022

	Current Month	YTD Actual	Budget	Total Budget Variance	Percent Budget Remaining
Billing Revenue					
Adolescent Health Center - Cadillac	3,676.24	3,957.27	90,000	(86,042.73)	(95.60)%
Adolescent Health Center - Chippewa Hills Full	6,181.57	7,385.62	70,000	(62,614.38)	(89.45)%
Adolescent Health Center - Lake City Clinical	2,695.06	2,960.07	35,000	(32,039.93)	(91.54)%
Adolescent Health Center - Mason County Eastern	(139.40)	183.10	35,000	(34,816.90)	(99.48)%
Adolescent Health Center - Shelby	2,618.62	4,263.95	90,000	(85,736.05)	(95.26)%
Adolescent Health Center - Viking Wellness Center	2,787.73	2,932.00	35,381	(32,449.00)	(91.71)%
BCCCP Direct	962.35	962.35	7,500	(6,537.65)	(87.17)%
Breast Cervical Cancer Control Program	72.85	72.85	0	72.85	0.00%
Brethren High School Mental Health Grant	844.53	940.71	35,000	(34,059.29)	(97.31)%
CC HUB NW	15,967.00	31,144.25	177,600	(146,455.75)	(82.46)%
CCL HUB	3,135.00	3,488.75	34,000	(30,511.25)	(89.74)%
Community Health	-	-	4,000	(4,000.00)	(100.00)%
COVID MI Supplemental Funding	72,570.86	95,534.01	200,000	(104,465.99)	(52.23)%
Dental Sealants	-	-	2,000	(2,000.00)	(100.00)%
Dental Varnish	-	-	5,000	(5,000.00)	(100.00)%
Family Planning	13,647.52	15,413.80	101,232	(85,818.20)	(84.77)%
Hart High School Mental Health Grant	4,259.50	5,377.76	20,000	(14,622.24)	(73.11)%
Hearing	1,002.80	1,545.60	15,000	(13,454.40)	(89.70)%
Immunizations	148,922.52	199,739.18	580,000	(380,260.82)	(65.56)%
Lead Hemoglobin	182.72	248.45	9,000	(8,751.55)	(97.24)%
Ludington Schools Mental Health Grant	286.66	286.66	20,000	(19,713.34)	(98.57)%
Maternal Infant Health Program	31,370.34	48,251.51	700,000	(651,748.49)	(93.11)%
MCH Women	161.95	161.95	4,231	(4,069.05)	(96.17)%
National Diabetes Prevention Program	-	50.00	0	50.00	0.00%
Oral Health Kindergarten Screening	-	-	5,000	(5,000.00)	(100.00)%
Pentwater Schools Mental Health Grant	367.39	463.57	20,000	(19,536.43)	(97.68)%
School Wellness - McBain	397.65	397.65	0	397.65	0.00%
School Wellness Center - Manton/Mesick	4,052.40	4,388.69	35,000	(30,611.31)	(87.46)%
STI Clinics	1,566.07	1,714.96	6,000	(4,285.04)	(71.42)%
Vision	938.40	1,462.80	20,000	(18,537.20)	(92.69)%
Wisewoman Coordination	775.00	775.00	13,000	(12,225.00)	(94.04)%
Total Billing Revenue	319,303.33	434,102.51	2,368,944	(1,934,841.49)	(81.68)%
Medicaid Cost Settlement					
Medicaid Cost Report	-	-	1,500,000	(1,500,000.00)	(100.00)%
Total Medicaid Cost Settlement	-	-	1,500,000	(1,500,000.00)	(100.00)%
Environmental Health Revenue	61,146.00	154,928.00	1,773,950	(1,619,022.00)	(91.27)%
Appropriations	247,873.30	495,746.60	2,974,479	(2,478,732.40)	(83.33)%
Other Revenue					
Insurance Company Distributions Dividends	-	47,724.00	32,291	15,433.00	47.79%
Workers Compensation Dividends	-	25,862.00	24,973	889.00	3.56%
Other	42,769.49	48,075.99	91,000	(42,924.01)	(47.17)%
Total Other Revenue	42,769.49	121,661.99	148,264	(26,602.01)	(17.94)%
Total Revenues	1,931,519.51	3,924,605.73	24,458,128	(20,533,522.27)	(83.95)%

District Health Department #10
Statement of Revenues and Expenditures
From 11/01/2022 Through 11/30/2022

	Current Month	YTD Actual	Budget	Total Budget Variance	Percent Budget Remaining
Expenses					
Wages	971,394.33	1,900,953.20	12,434,741	10,533,787.80	84.71%
Fringes	434,201.61	877,647.43	5,651,531	4,773,883.57	84.47%
Travel	44,970.08	108,800.48	640,223	531,422.52	83.01%
Supplies	120,153.69	282,276.61	1,621,129	1,338,852.39	82.59%
Contractual	32,063.78	105,918.84	1,021,595	915,676.16	89.63%
Communications	27,626.65	44,912.33	360,224	315,311.67	87.53%
Printing/Publishing	1,542.67	4,101.93	235,905	231,803.07	98.26%
Education/Training	9,270.49	22,503.50	96,917	74,413.50	76.78%
Liability Insurance	9,048.83	18,097.69	99,758	81,660.31	81.86%
Maintenance	49,712.45	66,444.56	501,144	434,699.44	86.74%
Space	142,912.65	271,014.63	1,478,129	1,207,114.37	81.67%
Capital Outlay	64,001.88	66,531.97	140,000	73,468.03	52.48%
County DSH/Dental	20,510.00	41,020.00	566,800	525,780.00	92.76%
Total Expenses	<u>1,927,409.11</u>	<u>3,810,223.17</u>	<u>24,848,096</u>	<u>21,037,872.83</u>	<u>84.67%</u>
 Increase (Decrease) Fund Balance	 <u>4,110.40</u>	 <u>114,382.56</u>	 <u>(389,968)</u>		

District Health Department #10
Aged Receivable Report 11/01/2022 - 11/30/2022

	Balance	Current	31-60 Days	61-90 Days	91+ Days
Due From County	15,554.91	6,948.75	6,948.75	1,657.41	-
Due From Other					
Due From Adolescent Health Center Grant	62,229.06	32,006.06	30,223.00	-	-
Due From Adolescent Health Center Grayling Grant	36,108.52	17,346.52	18,762.00	-	-
Due From Adolescent Health Center Shelby Grant	35,236.76	14,936.76	20,300.00	-	-
Due From AHC - Lake City Clinical	10,330.85	5,308.85	5,022.00	-	-
Due From AHC - Mason County Eastern	1,699.56	1,699.56	-	-	-
Due From AHC COVID Immunization	29,245.00	-	178.00	1,296.78	27,770.22
Due From ARPA	14,766.00	-	-	14,766.00	-
Due From Basic Flex	73,586.78	-	-	-	73,586.78
Due From CCL Hub	28,950.00	7,456.00	7,455.00	6,583.00	7,456.00
Due From CHA Needs Assessment	4,106.03	4,106.03	-	-	-
Due From CHIR	6,649.22	3,558.22	2,837.00	-	254.00
Due From CHW Project	40,741.00	13,582.00	13,571.00	13,588.00	-
Due From Coalition Capacity Building	19,788.07	10,956.00	2,116.42	-	6,715.65
Due From COVID Health Disparities	34,164.46	34,164.46	-	-	-
Due From COVID Prevention	1,738.58	789.58	949.00	-	-
Due From Deterra Disposal & Medication Lock Box Project	8,758.00	-	8,758.00	-	-
Due From DFC Oceana LEADS	35,053.79	12,608.79	22,211.00	234.00	-
Due From Gambling Disorder Grant	11,545.79	1,393.79	813.00	4,874.01	4,464.99
Due From Grayling Mental Health Grant	1,542.72	578.52	964.20	-	-
Due From Healthy Families Manistee/Missaukee	42,253.31	16,323.31	12,745.00	13,185.00	-
Due From MMOOG	719.55	-	-	-	719.55
Due From Others	19,494.00	-	19,494.00	-	-
Due From Prevention	11,226.42	4,419.27	6,807.15	-	-
Due From Prevention Grant Miss/Wex	15,024.82	6,033.82	5,555.00	3,436.00	-
Due From SA COVID Supplemental	9,439.00	-	-	9,439.00	-
Due from School Wellness Grant	41,469.52	20,647.52	20,822.00	-	-
Due From Snap	25,457.39	10,984.76	9,093.28	-	5,379.35
Due From Tobacco Checks LSRE	1,305.50	820.50	485.00	-	-
Due from Tobacco/ENDS Education	1,000.00	-	-	1,000.00	-
Due From Other Sum	623,629.70	219,720.32	209,161.05	68,401.79	126,346.54
Due From State	1,456,061.16	1,444,901.73	9,085.00	1,308.43	766.00
Grand Total	2,095,245.77	1,671,570.80	225,194.80	71,367.63	127,112.54
		79.78%	10.75%	3.41%	6.07%



Board of Health Community Health Division Report

First Quarter Report, January 27, 2023

Community Connections

The table below represents Q1 data for FY23, including number of program referrals, number of clients who accepted services, and number of assistance pathways opened. Some assistance pathways and contact attempts are still in progress.

County	Referrals	Accepted Clients	Assistance Pathways
Crawford	19	8	16
Kalkaska	35	16	18
Lake	26	5	4
Manistee	67	34	47
Mason	19	4	14
Mecosta	37	9	7
Missaukee	27	10	7
Newaygo	25	7	6
Oceana	17	4	12
Wexford	106	41	44
TOTAL	378	138	175

- Most frequent navigation needs are utilities payment assistance and food insecurity.
- Staff have worked hard to meet ongoing program demands. Community Connections moved from 190% capacity in Q4 FY22 to 135% capacity in Q1 FY23. We have filled all gaps/vacancies in staffing as of this month. In the last two years this program has grown from 6 (5.2FTE) to 12 (11.3FTE) CHWs.
- DHD#10 staff trained 22 CHWs from across the state using the Michigan Community Health Worker Alliance curriculum in support of Center for Rural Health funds.
- Community Connections via the Northwest CHIR region has launched a project funded by a Michigan Health Endowment Fund Behavioral Health grant to develop a referral relationship to meet the social determinant of health needs of families in the Mesick School District. A trained CHW will be co-located at the school and work in partnership with the Adolescent Wellness Center and the school success worker.
- Initiating a partnership with Kalkaska Memorial Health Center to co-locate a full-time CHW in their Emergency Department.

Chronic Disease Prevention

- WISEWOMAN Q1 enrollments by county; State Caseload Allotment: 125

County	Enrollments
Mason	1
Wexford	8
TOTAL	9

- National Diabetes Prevention Program (NDPP)
 - Two in-person cohorts in Oceana County with 16 participants across the two cohorts. Total weight loss from both cohorts is 64 lbs. and average weekly physical activity is 235 minutes.
 - 118,323 residents were reached with social media posts encouraging residents to take the diabetes risk test learn more about the NDPP.
- Tobacco Programming
 - 6 referrals for tobacco treatment; 2 enrollments.
 - Recognized and promoted the Great American Smokeout on November 17 with a press release and social media posts – 963 people were reached.
 - The Legislative report is provided at the end of the Community Health division report.



Behavioral Health – Mason County Interconnected Systems Framework



- The ISF co-leads and partners hosted a ISF model program training on October 21 for 17 school-based mental health providers and school district leaders.
- DHD#10 staff and 16 community partners from Lake, Mason, and Oceana Counties attended the national Positive Behavior Intervention and Supports (PBIS) conference in Chicago in October. The ISF co-lead team presented a poster session at the conference (left)

Substance Use Prevention – Lake, Manistee, Mason, Missaukee, Oceana, Wexford Counties

- Drug takeback events were held in Lake, Mason, Oceana, and Wexford counties, with 295 households participating.
- 592 parents and caregivers were reached in Lake, Mason, Missaukee, Oceana, and Wexford counties with messaging through community events and materials distribution to bring awareness and address youth substance use.
- 176 students were reached with school-based programming in Lake and Oceana Counties.
- Harm Reduction Program:
 - 122 sharps containers were returned for safe disposal.
 - 113 new sharps containers were provided to the public.
 - Safe use kit project in prepared to launch in Q2. This initiative allows for residents to receive items for safe use- sterile syringes, alcohol swabs, fentanyl test strips and other items along with educational material to promote safe drug use- and information on health department services such as sharps takeback, HIV/STI testing, and immunizations.

Gambling Prevention

- 433 people reached in Lake, Mason, and Oceana counties with information about problem gambling prevention. This includes 78 youth through school-based programming and an additional 355 adults reached through outreach and engagement at various community events.

Oral Health

- 50 Oceana County students received sealants.
- Planning and program promotion continues to prepare for kindergarten oral health assessments – a new state funded program to screen incoming kindergarteners for oral health.

Worksite and Employee Wellness

- Health Ed staff completed health screenings for Centra Wellness staff in November- 64 employees screened, bringing \$2,880 in revenue to the agency.
- The DHD#10 Employee Wellness Committee (EWC) was re-established after a hiatus during the COVID-19 pandemic. The EWC consists of 6 DHD#10 staff, representing different counties and divisions within the agency. The EWC's theme for 2023 is "Social and Emotional Health in the Workplace: Building Relationships and Restoring Trust Among Co-Workers".

Respectfully Submitted,

*Christy Rivette, MS, CHES
Community Health Director*



**District Health
Department #10**
Healthy People, Healthy Communities

Tobacco Prevention & Control Quarterly Update

October, November, December 2022

District Health Department #10 (DHD#10) receives funding from the Michigan Department of Health and Human Services under the Michigan Tobacco Control Grant Program to implement activities in the 10 counties of the jurisdiction to prevent and reduce tobacco use.

TOBACCO PREVENTION & CONTROL

A focus of the Tobacco Control and Prevention project at DHD#10 this fiscal year will be on educating youth and parents- through collaboration with schools, healthcare providers, and community groups. The Tobacco Grant team initiated the project by distributing information to Adolescent Wellness Centers within the jurisdiction, and started working with Youth Advisory Committees to develop social media posts on vaping-related topics.



CALL TO ACTION- RESOURCES FOR SCHOOLS

You can support the work of DHD#10 by encouraging schools in your community to utilize an alternative-to-suspension approach when handling youth tobacco and vaping issues. The following is a list of resources that can help schools get started with a vaping education plan:

- [American Academy for Pediatrics' Training for School Health Personnel on Youth Tobacco Cessation](#)
- [Tobacco Education Resource Library](#)
- [Stanford Medicine's Tobacco Prevention Toolkit](#)
- [INDEPTH Alternative to Suspension or Citation](#)
- [CATCH My Breath Vaping Education Program](#)
- [Vape Educate Online Prevention Program](#)
- [MDHHS Tobacco Resource Library](#)
- [My Life, My Quit](#)

TOBACCO CESSATION AT DHD#10

During this quarter, DHD#10 received 6 referrals for tobacco treatment, of which 2 residents enrolled in the program. Though these numbers are down from last year's averages for the first quarter of the year, DHD#10 continues to promote the program through boosted social media posts, press releases, and provider referrals. In 2023, DHD#10 plans to launch e-referrals through the Patagonia platform internally with the WIC, MIHP, and Community Connections programs.

DHD#10 recognized November 17th as the "Great American Smokeout" and encouraged tobacco users to start their quitting journey with "day one."



In the New Year, DHD#10 will promote the Tobacco Treatment Specialists (TTS) who provide free, individualized counseling for those seeking support with quitting tobacco in the DHD#10 jurisdiction.

The Michigan Tobacco Quitline has been re-branded as the Michigan Tobacco Quitlink. It is still the same great (free!) resource for supporting tobacco users with quitting.

Check it out today:



**MI TOBACCO
Quitlink**
We can help you live tobacco-free.

**Board of Health
Environmental Health**

1st Quarter Report – January 27, 2023

QUALITY ASSURANCE REPORT: Septic and Well Program.

- There are a number of performance metrics EH evaluates for customer support. The permit timeline accounts for the time a permit application is submitted to the time the permit is mailed. Over the course of the last year the timeline for the well and septic program was experiencing some challenges. One of the main issues we faced was maintaining consistent staffing levels. Thus, we brought on many new clerical staff as well as some new sanitarians. In general, EH activities pick up during October and November to finish the last work of the season before the frost arrives. December through March are usually the least busy period of the year.

Number of days from receipt of permit application to completed permit

County	October	November	December
Crawford	21	11	N/A
Kalkaska	6	7	9
Lake	7	13	N/A
Manistee	10	12	8
Mason	10	7	5
Mecosta	6	5	2
Missaukee	4	5	7
Newaygo	10	11	6
Oceana	9	3	3
Wexford	4	5	N/A

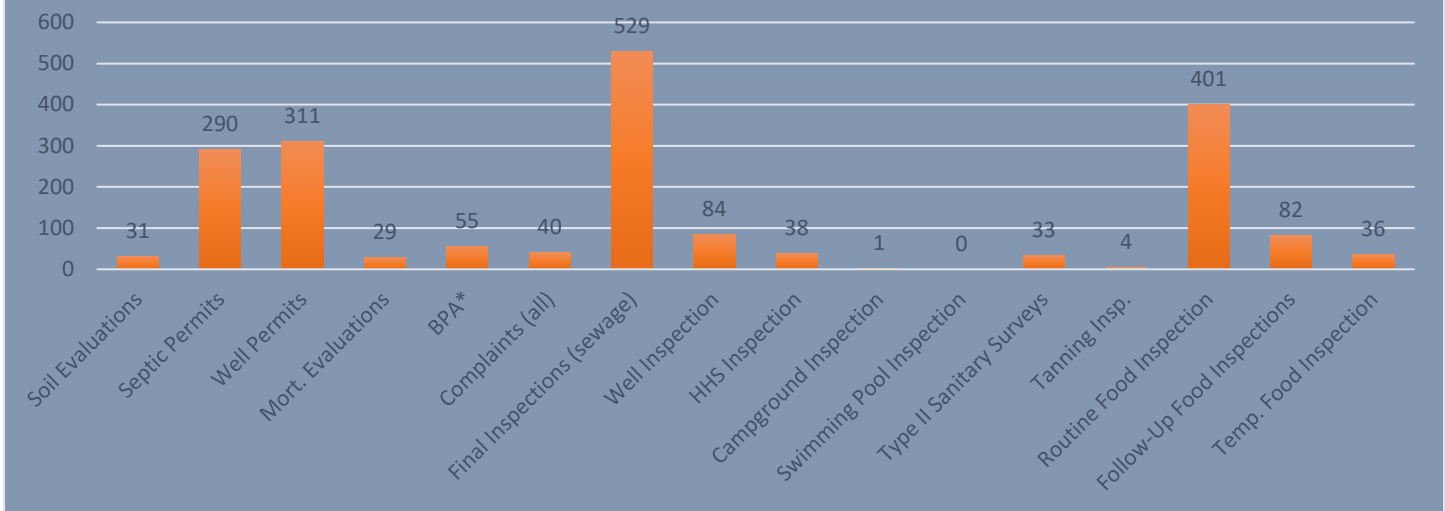
N/A= Too small of permit numbers to calculate median (5 minimum)

Goal: No more than 7 days from date of receipt to issue

GENERAL ENVIRONMENTAL HEALTH.

- Overall, the EH activities are down slightly compared to this time a year ago in 2022. Total number of septic and well permits in January 2022 were 379 and 427 respectively compared to January 2023 of 290 septic and 311 well permits. This represents a 23% decrease in septic and 27% well permits. Total activities in January 2022 were 2,160 compared to 1,964 in 2024. Although a decrease it was almost without a question that the pace at which permit applications were coming in was just not sustainable. The market settled down and inflation grew considerably. A further breakdown of the types of activities is provided in the graphs below.

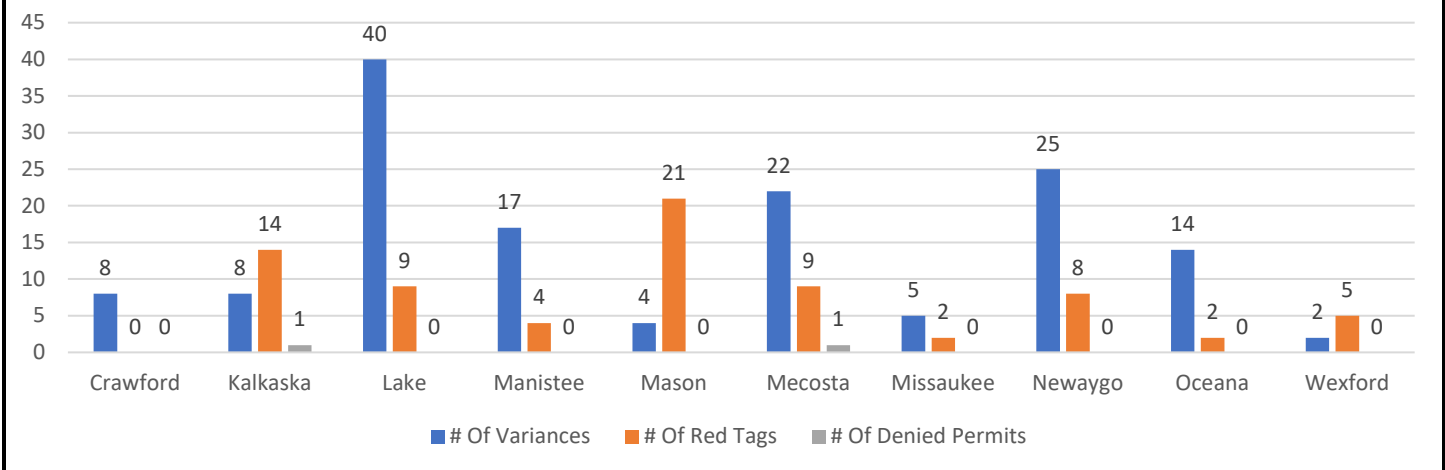
DHD#10 ENVIRONMENTAL HEALTH ACTIVITIES 1ST QUARTER



ENFORCEMENT IN THE SEPTIC & WELL PROGRAM – Calendar Year 2022

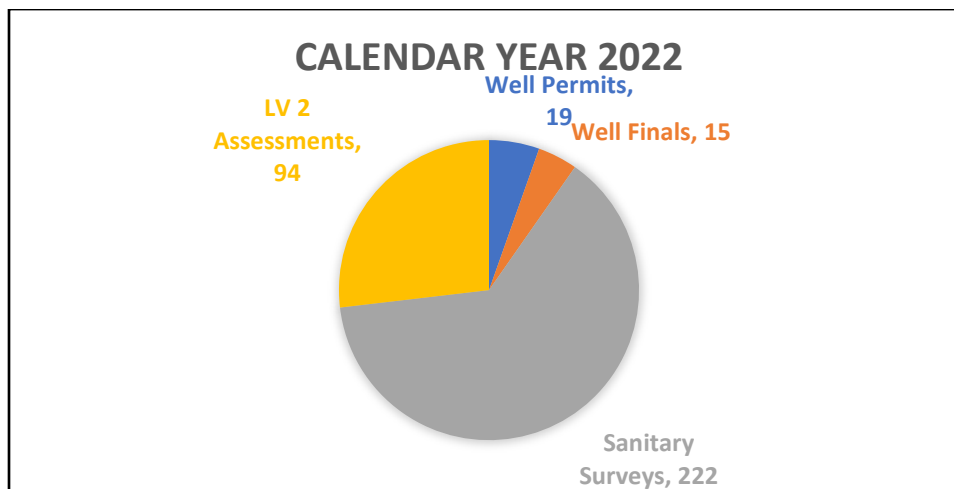
- Variances are issued by the county sanitarian when conditions exist that do not comply with the Sanitary Code, but a reduction in the standard would likely not result in a public health concern. Usually, this will consist of a reduction of isolation distances due to a lack of space.
- Red tags are issued by the county sanitarian when the installation of the septic system or water well does not comply with the permit requirements. Permit denials are given when the proposed new construction of a property cannot meet the requirements of the Sanitary Code

DHD#10 Well & Septic Enforcement Log County Totals CY2022



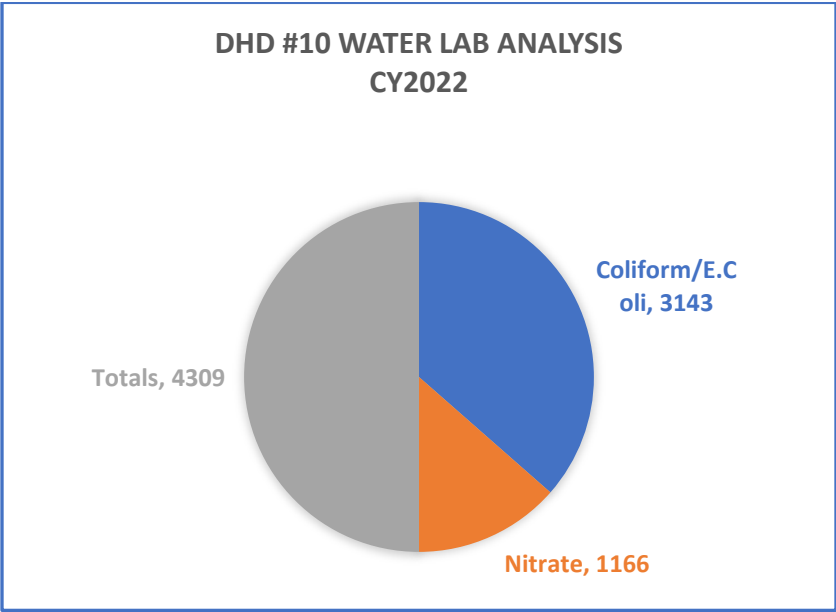
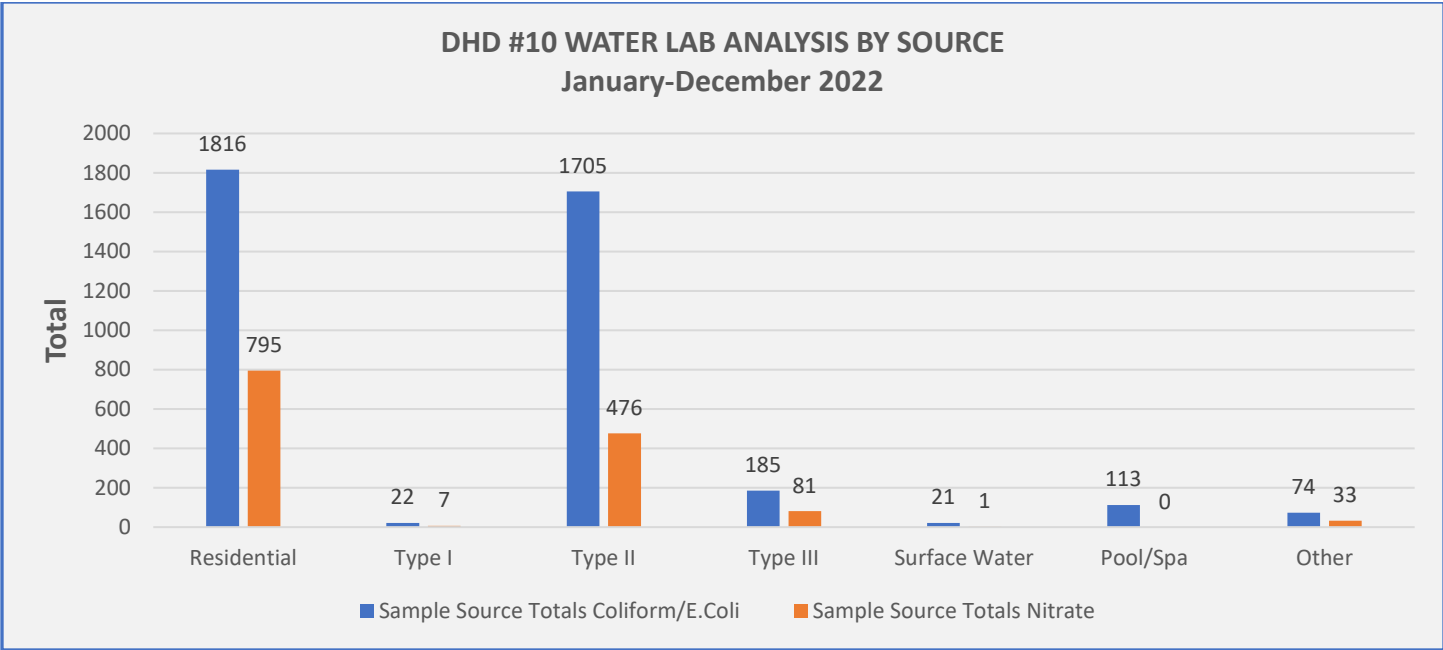
TYPE II PROGRAM.

- Local Health Departments for decades have been historically underfunded and supported within the Non-Community program. Contributing factors such as funding and dedicated personnel have greatly impacted our ability to carry out the requirements of the program to meet the intent of the Safe Drinking Water Act, 1976 PA 399. At one point we did not have any dedicated personnel to the program or a designated program coordinator.
- DHD #10 now has two (2) designated field sanitarians, one (1) designated EH administrative assistant and a supervisor dedicated to manage the program. In addition, starting this fiscal year we are going to see a drastic increase in funding to support the program in excess of over \$330,000. Because we have added additional dedicated staff to the Type II program we will be evaluating the effectiveness of our current staffing plan first before we make any additional adjustments. The state of Michigan will be decommissioning the current and antiquated software platform WaterTrack with SDWIS. The pie chart below summarizes the work for the Type II staff over the course of 2022. Sanitary surveys are done on all facilities every five (5) years. This represents about 20% of our current inventory every year.



WATER LABORATORY.

- Staffing challenges have been a concern to maintain qualified candidates within many local health departments. DHD#10 is not exempt in this challenge as we have had three (3) laboratory sanitarians in the laboratory over the last 2 ½ years. Historically only sanitarians having a bachelor's degree filled the position. After careful consideration we have decided to rewrite the position to reduce the minimum education requirement to a high school diploma (Associates degree preferred). We anticipate that the revised position description will attract a larger applicant pool of candidates that have an interest in performing the work while maintaining some level of consistency within the laboratory position. Currently, the position itself is vacant and we hope to fill the position at the end of January. Earlier within FY2021 we anticipated potentially expanding the testing ability of the laboratory to include lead and partial chemistry. The expansion of the lab is going to have to be put on the back burner for a period of time at least until we are able to maintain some consistency in the position. Here is a snapshot of the past year's laboratory analysis.



Respectfully Submitted,

Michael Kramer, MPH, REHS/RS
Environmental Health Director

Board of Health

Family Health Clinical Division

1st Quarter Report – 01/27/2023

Family Planning

- The Family Planning Annual Report (FPAR) for calendar year 2022 was submitted to MDHHS this month as required. The report provides a data snapshot of the DHD#10 FP program including unduplicated client county by demographics including gender, age, income, etc.
- Analysis of our service data indicates a slight increase this past quarter in comparison to FY 21 and we are hopeful this is an indication that services are growing long term and are adjusting clinic schedules as appropriate to meet local needs. In the 1st Quarter of 2023, we saw an increase in male client visits by nearly 50% with the most prominent age categories being 25-29 years of age and over 44 years.

1st Quarter FY22

Age Group	Female Users	Male Users	Total Users
Under 15	5	0	5
15 - 17	31	1	32
18 - 19	28	1	29
20 - 24	85	7	92
25 - 29	44	7	51
30 - 34	48	2	50
35 - 39	44	5	49
40 - 44	31	3	34
Over 44	36	6	42
Total Users	352	32	384

1st Quarter FY23

Age Group	Female Users	Male Users	Total Users
Under 15	8	1	9
15 - 17	44	0	44
18 - 19	35	0	35
20 - 24	68	8	76
25 - 29	40	14	54
30 - 34	41	3	44
35 - 39	47	2	49
40 - 44	31	6	37
Over 44	43	10	53
Total Users	357	44	401

- Changes in state law this past fall resulted in the ability for pharmacies to provide clients direct access to birth control without a prescription from a clinical provider. We will be monitoring if this will impact services under our Reproductive Health services available through the Title X Family Planning program and our Sexually Transmitted Infection clinics.
- High Touch, High Tech (HT2) project – this project launched just prior to COVID and was set aside when our clinic programs shut down. Project planning was a partnership between Family Planning, our Community Connections Program and the Regional Perinatal Collaborative. HT2 is a risk assessment intended to be used for people who are pregnant or could become pregnant in the future. It is a Michigan State University initiative used mostly in OB clinics across Michigan. DHD#10 is one of the few local public health departments to pilot tool in Family Planning clinics. MSU uses collected aggregate data for their research uses around preventing substance use related impact on perinatal health. DHD#10 uses the assessment data for immediate referral of patients to our Community Connections program when a basic need is identified for navigating resources. The project launched in Wexford County and expanded last fall to Crawford and Missaukee Counties for an additional \$20,000 in funding.
- Family Planning is in the process of collecting client satisfaction surveys as required by MDHHS annually. The survey is a state tool and we are required to collect a minimum of 30 surveys

targeting 20 adult clients, and 10 teen clients. Survey results are due to the state by mid-April and we are currently close to meeting our collection targets.

- We continue to advocate with MDHHS to expand our ability to provide services in non-traditional clinic settings as required under Title X to allow use of the mobile unit in reaching out to communities with access to health care needs.

Sexually Transmitted Infections/HIV Clinics

- Based on CDC's recommendations on retesting clients with chlamydia, gonorrhea, trichomoniasis, we have initiated a performance improvement project where we will retest treated clients after 12 weeks to ensure treatment was effective. Our goal is to lower STD transmission and reinfection rates for our clients and their partners.
- Planning around adding pharmaceuticals to our HIV prevention programming are underway including the development of protocols & policies. The goal is to pilot the project in one county by spring 2023. This is an evidenced based strategy to reducing HIV transmission.
- STI & Family Planning programs are collaborating with the HIV Prevention Health Education Team to expand access to HIV testing. The HIV Prevention team launched “home test kits” in 2020 through a mail-order process and launched a marketing campaign in collaboration with MDHHS. The campaign has increased the interest and we have been successful in a steady stream of requests for kits. The program’s first positive case through the home test initiative was identified late last summer. Similar to messaging around “early detection is the best protection” for cancer screening, the message is equally important to preventing transmission of HIV.

Communicable Disease

- This last quarter the jurisdiction experienced high numbers of respiratory illnesses that included RSV, Influenza, and COVID 19 and resulted in many secondary illnesses. Pediatric cases of RSV and influenza resulted in an increase in hospitalizations. PCPs' experienced difficulty in obtaining the medications needed for these cases. Staff continue to offer vaccines for flu and COVID 19.
- While data shows COVID 19 numbers are falling, data doesn't include the large number of home testing that are being conducted.
- Home tests and masks are still available in our offices along with distribution to community partner locations.
- Local PHNs continue to work with schools, daycares, and LTCs' to assist with outbreaks, answer questions and address other needs related to COVID 19.
- Ebola – DHD#10 did have their first traveler for investigation and tracking from a high-risk country for Ebola—the visitor remained healthy and has returned to Uganda.
- PHNs now take part in a weekly TB call led by Dr. Morse to share cases and discuss care of those with LTBI and/or TB, which has been a great learning experience for staff.

CLIA

- Work has been focused on standardization of reporting and creating a central repository for all documents. All programs have moved to sharing documents via SharePoint.
- Work continues to complete competency and proficiency assessments within the defined limits and a return to conducting chart audits.
- All 3 Nurse Practitioners completed the second round of bi-annual Michigan Regional Laboratory Wet Mount Proficiency at 100%.
- External proficiency testing: in 2022, we had 4 non-acceptable outcomes. Corrective action has been completed on 2 occurrences and are in process for the remaining 2.

Immunizations

- Each office received new refrigerators and freezers that can retain temperature settings for 4-6 days during power outages. This will decrease the vaccine loss and well as the need for staff to respond to the notification due to outages.

COVID Vaccination Update:

- December marked the second anniversary of administering COVID 19 vaccine.
- Bivalent COVID boosters are now available for individuals 6 months and older. Bivalent boosters for individuals aged 5-11 years were authorized in October and in December for individuals 6 months – 4/5 years. Staff started administering pediatric bivalent boosters mid-December.
- 4,861 COVID vaccines were administered during the 1st quarter.

Monkey Pox:

- As of January 1st, there are no active cases for our district. During the first quarter we administered 19 doses but the demand for the vaccine has decreased. We will continue to promote the vaccine.

Site Visits:

- Annual site visits required of our Vaccines for Children (VFC) program are back in full swing. The Public Health Nurse/Site Visitors are conducting the annual visits and follow up visits with the local provider offices.
- MDHHS conducted its annual site visit of our DHD#10 offices. All sites passed and had a great review from the MDHHS immunization field representative.

Education/Training:

- Immunization nurses have completed the required 6 immunization continuing education credits for the year.
- Staff attended the 2022 MDHHS Fall Immunization Conference which was held in person for the first time since the pandemic.

Recall and Reminder for overdue immunizations:

- In December, the CD-F staff began calling the adolescent population for due or overdue vaccines. This project will involve approximately 1700 calls being made.

School/Childcare Immunization Reporting:

- Childcare facilities are required to report vaccine status to ensure that children enrolled are up to date on vaccines or have a waiver on file. All childcare facilities in our district met the 90% goal.
- Schools are required to report on vaccine status for all students in kindergarten, 7th grade or newly enrolled students. This report is completed twice a year - November 1st and February 1st. The schools must reach a 90% report rate by November 1st and a 95% rate by February 1st. All schools in our district reached a successful final reporting rate of 95%.

Respectfully Submitted,

*Lisa Morrill MSN, RN
Family Health Clinical Director*

DISTRICT HEALTH DEPARTMENT #10

IMMUNIZATION COVERAGE LEVELS

IMMS	DTaP/DT/TD:4 IPV:3 MMR:1 HIB:3 HepB:3 Varicella: 1 PCV13: 4			With 2 Hep A added		Tdap:1 IPV:3 MMR:2 Hep B: 3 Varicella: 2 Meningococcal:1			With HPV complete added		HPV complete					
Age Range	19 through 36 months 4:3:1:3:3:1:4			4:3:1:3:3:1:4:2		13 - 17 years 1:3:2:3:2:1			1:3:2:3:2:1:3		ALL 13 - 17 years			Female 13 - 17 years		
County	<i>Records Assessed</i>	<i># Complete</i>	<i>%</i>	<i># Complete</i>	<i>%</i>	<i>Records Assessed</i>	<i># Complete</i>	<i>%</i>	<i># Complete</i>	<i>%</i>	<i>Records Assessed</i>	<i># Complete</i>	<i>%</i>	<i>Records Assessed</i>	<i># Complete</i>	<i>%</i>
Crawford	117	82	70	67	57	795	613	77	344	43	795	351	44	357	161	45
Kalkaska	243	158	65	130	53	1,198	925	77	538	45	1,198	542	45	588	271	46
Lake	106	56	53	42	40	603	474	79	271	45	603	274	45	289	131	45
Manistee	294	182	62	146	50	1,446	1,099	76	732	51	1,446	740	51	710	373	53
Mason	336	242	72	202	60	1,971	1,576	80	924	47	1,971	932	47	988	480	49
Mecosta	573	383	67	316	55	2,504	1,913	76	1,192	48	2,504	1,200	48	1,266	602	48
Missaukee	212	138	65	116	55	1,022	806	79	488	48	1,022	492	48	500	245	49
Newaygo	700	443	63	323	46	3,385	2,592	77	1,446	43	3,385	1,466	43	1,647	752	46
Oceana	424	289	68	217	51	2,177	1,597	73	949	44	2,177	963	44	1,051	468	45
Wexford	544	362	67	298	55	2,641	2,113	80	1,315	50	2,641	1,326	50	1,287	646	50
TOTALS	3,549	2,335		1,857		17,742	13,708		8,199		17,742	8,286		8,683	4,129	
% Compliant DHD#10	66%			52%		77%			46%		47%			48%		
% Compliant State of MI	67.7%			55.4%		72.5%			42.8%		Not available			09/30/2022 Report card		

Date: 01/09/2023

ADDENDUM: 24-36 Month Coverage Levels

DISTRICT HEALTH DEPARTMENT #10
IMMUNIZATION COVERAGE LEVELS

COUNTY	# of Records Assessed	DTaP/DT/TD:4 IPV:3 MMR:1 HIB:3 HepB:3 Varicella:1 PCV13:4		With 2 Hep A Added	
		4:3:1:3:3:1:4		4:3:1:3:3:1:4:2	
		# Complete	%	# Complete	%
Crawford	91	67	74	59	65
Kalkaska	180	127	71	114	63
Lake	79	43	54	36	46
Manistee	209	134	64	119	57
Mason	251	185	74	162	65
Mecosta	398	284	71	254	64
Missaukee	148	103	70	89	60
Newaygo	514	335	65	270	53
Oceana	310	227	73	186	60
Wexford	388	269	69	233	60
TOTALS	2,568	1,774		#	
% Compliant DHD#10	_____	69.1%		59.3%	
% Compliant State of MI	_____	Unavailable at this time		Unavailable at this time	

Date: 01/09/2023

DISTRICT HEALTH DEPARTMENT #10

Total Vaccines Given – Fiscal Year 2022-2023
(Includes Flu) (does not include COVID or Monkey Pox Vaccines administered)

COUNTY	1 st Quarter		2 nd Quarter		3 rd Quarter		4 th Quarter		YTD Totals
	Oct-Dec 2022	Totals YTD	Jan-Mar 2023	Totals YTD	Apr-Jun 2023	Totals YTD	Jul-Sep 2023	Totals YTD	
Crawford	328	328							328
Kalkaska	423	423							423
Lake	254	254							254
Manistee	639	639							639
Mason	783	783							783
Mecosta	602	602							602
Missaukee	334	334							334
Newaygo	437	437							437
Oceana	705	705							705
Wexford	685	685							685
WAWC	48	48							48
SAHC	87	87							87
LC WC	47	47							47
MCE WC	11	11							11
Viking WC	27	27							27
TOTALS	5,410	5,410	0	0	0	0	0	0	5,410

TST Administered	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	YTD Totals
Crawford	21				21
Kalkaska	31				31
Lake	4				4
Manistee	22				22
Mason	98				98
Mecosta	66				66
Missaukee	16				16
Newaygo	26				26
Oceana	19				19
Wexford	67				67
Total	370	0	0	0	370

District Health Department #10 2022-2023 Flu Season

Flu Administered 09/01/2022 - 01/08/2023

	VFC / MI-AVP				Private				Grand Total
	Multi vial	PF .5 syr or vial	Flu Mist	Total	Multi vial	PF .5 syr	High Dose	Total	
Crawford	0	9	0	9	202	27	232	461	470
Kalkaska	0	13	0	13	183	48	198	429	442
Lake	0	4	0	4	122	37	155	314	318
Manistee	0	22	0	22	318	23	375	716	738
Mason	0	46	0	46	285	61	416	762	808
Mecosta	2	17	0	19	260	59	282	601	620
Missaukee	0	15	0	15	180	11	206	397	412
Newaygo	2	18	0	20	205	91	197	493	513
Oceana	1	25	0	26	415	54	370	839	865
Wexford	0	47	0	47	316	40	208	564	611
WAWC	0	6	0	6	0	22	0	22	28
SAHC	0	11	19	30	10	38	0	48	78
LC WC	0	3	0	3	0	3	0	3	6
MCE WC	0	2	0	2	0	4	0	4	6
Viking WC	0	8	0	8	0	2	0	2	10
TOTALS	5	246	19	270	2,496	520	2,639	5,655	5,925
								236 doses since 12/11/2022	

DISTRICT HEALTH DEPARTMENT #10

Total Outbreak Vaccines Given – Fiscal Year 2022-2023

COVID and Monkey Pox Vaccines

COVID Vaccine

COUNTY	1 st Quarter		2 nd Quarter		3 rd Quarter		4 th Quarter	
	Oct-Dec 2022	Totals YTD	Jan-Mar 2023	Totals YTD	Apr-Jun 2023	Totals YTD	Jul-Sep 2023	Totals YTD
Crawford	336	336						
Kalkaska	373	373						
Lake	253	253						
Manistee	658	658						
Mason	612	612						
Mecosta	602	602						
Missaukee	341	341						
Newaygo	378	378						
Oceana	772	772						
Wexford	491	491						
WAWC	9	9						
SAHC	33	33						
LC WC	2	2						
MCE WC	1	1						
Viking WC	0	0						
TOTALS	#	4,861	0	0	0	0	0	0

Monkey Pox Vaccine

COUNTY	1 st Quarter		2 nd Quarter		3 rd Quarter		4 th Quarter	
	Oct-Dec 2022	Totals YTD	Jan-Mar 2023	Totals YTD	Apr-Jun 2023	Totals YTD	Jul-Sep 2023	Totals YTD
Crawford	2	2						2
Kalkaska	1	1						1
Lake	0	0						0
Manistee	2	2						2
Mason	2	2						2
Mecosta	10	10						10
Missaukee	0	0						0
Newaygo	0	0						0
Oceana	0	0						0
Wexford	2	2						2
TOTALS	19	19	0	0	0	0	0	19



Board of Health Family Health Home Visiting

1st Quarter Report – 1/27/2023

Maternal Infant Health Program (MIHP)

- MIHP provides in home support to pregnant women and infants who have Medicaid insurance. They will see clients throughout their pregnancies and follow infants to the age of 18 months. MIHP staff will help pregnant women and infants with:
 - Making sure pregnant women and infants have proper health care
 - Support from a RN, lactation specialist/consultant, social worker, or registered dietician
 - Answer questions in-between doctor visits
 - Helping with referrals to quit smoking, drug misuse, housing, finding a counselor, childcare, baby supplies, parenting classes, & playgroups
- The MIHP caseload continues to increase, even with multiple discharges that occurred in December. At the start of the fiscal year, the caseload was 610. As of 1/1/23, it is now 637. We continue to monitor this progress. 1,610 MIHP visits were completed with families this first quarter along with 17 extra discharge visits.

Healthy Families America (HFA)

- HFA shares child growth and development information and activities with families, along with personalized support in the comfort and convenience of their homes. A family support coach can share information on the resources available in their community and will service families from prenatal to the child's 4th birthday. HFA is available in Crawford, Kalkaska, Manistee, Missaukee, Wexford, Lake, and Grand Traverse Counties and has no income requirements.
- The HFA program has hired and trained a new home visitor for Crawford County. She will begin to see families this month. We have also interviewed and hired two other new home visitors (1 for Lake County and 1 for Wexford County). We are continuing to advertise for the HFA home visitor for Grand Traverse County and hope to interview for that position soon.
- We have braided our Families First Preventative Service Act funding to expand programming. This allows us to service referrals from DHHS/Child Protective Services for Lake and Wexford Counties moving forward. Funding supports additional families with children under 24 months including 8 from Lake and 4 from Wexford. We are able to support those families for 3 years.
- All staff were able to attend a 3-day virtual Healthy Families America National office conference in December. This was wonderful training and a way to stay connected to the HFA model.
- The Program Manager completed her first Peer Review for another HFA site in November. She hopes to do more peer reviews for the HFA National Office in the coming years. She was able to learn how other programs implement the HFA model and was able to gather some ideas of ways to improve DHD #10 HFA program implementation.
- We look forward to Samantha Brado becoming a full-time reflective supervisor for our expanding program. She will also fill the new role of Coordinator/Data Analyst. We anticipate this transition for Samantha occurring in February 2023.

Children's Special Health Care Services (CSHCS)

- CSHCS helps individuals (0-21 years old) that have special needs and health concerns to improve their health and enhance their quality of life. This program can help cover financial costs related to chronic conditions, provide support, care plans, and connect families with the latest resources and have no income guidelines. This program will help families:
 - Receive a range of appropriate medical care, health education, and support
 - Help parents and professionals work together and access services and supports that are family centered, culturally competent, and community-based
 - Reduce common barriers individuals with special health care needs.
- Our CSHCS team has been working with Pediatric Endocrinology at Helen Devos Children's Hospital (HDVCH) to provide additional diabetic education for clients and their families. Our staff RN has been working with a client in collaboration with his parents and Manton schools. The RN provides weekly visits to the school to do diabetic education with the client. When the RN first started, the client was coming to school with his blood sugar in the 300-400 range and is now down to the 170-180 range. Staff was able to secure a donated cell phone for the client that will allow the student to use their insulin pump (the family did not have the income to purchase one). Staff are setting up training through Devos on using the pump for the family and the school staff. This collaboration will ensure that clients and their families have additional education on managing type I Diabetes Mellitus (DM) and are working with HDVCH to get all staff trained.
- The program supplied memory boxes to families that have lost a child over the last 12 months. The feedback on the boxes from the families has all been positive and a "blessing" to the families.
- Quality Improvement activities:
 - Surveys continue to be promoted with the intent to improve our services and family access to the program. We have revamped the survey to include an electronic component in increase participation. Our CSHCS Coordinator will then complete a comprehensive report to share with the team and work on any issues that were identified by the families.
 - We have developed a new referral form for both internal and external partners.
- There are currently 1,347 families enrolled in this program.

Hearing and Vision

- Vision screening of pre-school children is conducted at least once between the ages of 3 and 5 years, and school-age children are screened in grades 1, 3, 5, 7 and 9, or in conjunction with driver training classes.
- The hearing program conducts hearing screenings at least once between the ages of 3 and 5 years, and every other year between the ages of 5 and 10 years.
- DHD#10 has 3 Hearing & Vision Techs that serve all schools and preschools in our region.
 - Preschool screenings this quarter: Hearing: 288 Vision: 319
 - School age screenings this quarter: Hearing: 1,676 Vision: 1,461

Respectfully Submitted,

*Anne Young MA, BSN, RN
Family Health Home Visiting Director*



Board of Health

Family Health: WIC

1st Quarter Report – January 27, 2023

DHD #10 WIC Receives Final “Accreditation” Approval

- This month, we received a letter of final approval and completed the Corrective Action Plan for our WIC Management Evaluation performed in April of 2022. Our next MDHHS WIC review will take place in the spring or summer of 2024 as required by the USDA.

Abbott Recall and Infant Formula Shortages

Temporary Choices for Powder Formula Transition Plan

- Michigan WIC has been notified by USDA of their transition plan related to eventual discontinuation of current infant formula waivers. February 28, 2023, is expected to be the final extension of USDA formula waivers. This means that effective March 1st, only the contract Similac brand formulas, alternate can sizes, and imported Similac products will be available to Michigan WIC clients. All competitor formula brands will be discontinued on the Michigan WIC formulary. On May 1st, the Michigan WIC Similac contract will be in full effect transitioning to the standard 12.4-12.6 oz Similac can sizes. This will be a major transition for our clients, staff, and WIC vendors. We continue to educate and prepare our families for these formula changes, encouraging them to use Similac products whenever possible. Additionally, our staff continue to report local Similac shortages to the State WIC Vendor Unit for resolution.

National Public Health Emergency and WIC Waivers Extensions

- Secretary of Health and Human Services Xavier Becerra renewed the public health emergency declaration for COVID-19, effective October 13, 2022. **This allows for approved WIC waivers (which includes the physical presence waiver) to continue at least through April 2023.** DHD #10 will continue its modified approach to WIC service delivery by offering in-person WIC clinic services to clients who need and prefer such. WIC families opting for in-person visits are benefiting from important lab and growth measurement services.

Customer Service

- Our WIC staff served four WIC clients and five WIC breastfeeding clients presenting with urgent formula, food and/or lactation issues during the holiday week between Christmas and New Year's Day.

WIC Fruit and Vegetable Bump Extended Through December 31st

- On December 29, 2022, President Biden signed the fiscal year 2023 omnibus package into law. This legislation extends the WIC fruit and vegetable bump/increase through September 30, 2023. MDHHS WIC received official notice/authorization from USDA and implemented the

extension of increased Cash Value Benefit (CVB) for all eligible women and children clients on 1/5/23. The CVB amounts (which were adjusted for inflation in 2022) will continue to provide \$25/month for children, \$44/month for pregnant and postpartum participants, and \$49/month for breastfeeding participants. In Michigan, WIC clients can redeem their monthly CVB for a variety of fresh, canned and/or frozen fruit and vegetables.

Breastfeeding Program Updates

- Our WIC Program executed a Memorandum of Understanding with Spectrum Ludington (Corewell) hospital to provide Breastfeeding Peer Counselor services to patients in the OB unit, which we expect to implement sometime this month. We held a planning meeting with Danielle Trim, OB manager, followed by an in-service for OB staff. Our Senior Breastfeeding Peer Counselor (BFPC), Colleen Unsal was selected as a trainer/mentor for a statewide Breastfeeding Peer Counselor Training in March. In November, we established a breastfeeding support group in Crawford County which brings our breastfeeding support groups to three within the district (Kalkaska and Newaygo) and two others in the planning stage.

Diaper Assistance Grants

- DHD #10 received two diaper grants to provide diapers and supplies to families with children three (3) years old and younger. The families must qualify financially (income 200% or less of the poverty index) and will be able to receive one issuance per child per month. In the northern counties this grant was given from Northern Michigan Community Action Agency and in the southern and lakeshore counties it was provided by Mid-Michigan Community Action Agency. The grants will be in place until September 30, 2023.

Regional Childhood Lead Poisoning Prevention Program (CLPPP) and Nurse Case Management

- The Week of October 23rd-29th staff displayed lead education and materials in all DHD#10 lobbies in honor of National Lead Poisoning Prevention week. The same week, our new Social Media Campaign kicked off and our new lead staff introduction video was released. On December 8th, we hosted our annual regional grant meeting with MDHHS Nurse Case Manager Karen Lishinski and Michelle Twitchell, CLPPP Manager, and representatives from local health departments. On December 12th staff attended an ice-skating event at the WEX in Cadillac providing education, engaging nine families. CLPPP grant staff provided education materials and spoke with 19 families of children with elevated blood lead levels (EBLLs) and were referred for nurse case management services. Staff also distributed several communications from MDHHS to our LHD CLPPP liaisons in the region about future training and education opportunities. This lead prevention grant is funded by MDHHS and serves 21 +5 counties in northern-lower Michigan in Prosperity Regions 2 and 3. Jessica Miller, RN leads project activities and outreach working with six other local health departments in the region and our local Nurse Case Manager, Tawnya Ebels, RN.

Community Outreach

- **Christmas Posada** for Migrant School aged children at Grant Community Building on the evening of December 16, 2022. There were approximately 500-700 attendees. Over 300 school aged children received new winter coats through a Grant from the Hispanic Center of Western Michigan. Each child also received Christmas stockings filled with goodies and Spanish and

English books donated by the Kent District Library. Activities included visits with Santa Claus, pinatas, and arts and crafts. In addition, many boxes of new women's sweaters were donated to the event by a local Latino radio station. Authentic dinner, desserts, and treats were provided to attendees as well. Funding for dinner was from the Sparta Area Migrant Resource Council and Choice One Bank. DHD #10 offered COVID, influenza and monkeypox vaccines and provided each family with COVID test kits and Spanish printed information about COVID. A huge thanks to Mary Rangel, other DHD #10 staff, and the multiple community partners and funders who made this outreach event possible! **Insight Pregnancy Services:** 11/14/22: Our Newaygo County Breastfeeding (BF) Peer Counselor, Tina McDonald provided a presentation to staff on our WIC and lactation services, including how to access breast pumps through WIC, Medicaid, and private health insurances. **Families Helping Families event, Kalkaska County:** 10/5/2022; Several young mothers and their children attended along with other community agencies. Program sharing and family/community needs discussions.

Caseload Performance:

FINAL FY 2022 WIC Client Participation by County/Clinic

County/Clinic	FY 2022	FY 2021	# Clients change	% Change
Crawford	394	386	+8	-+2.1%
Kalkaska	413	468	-55	-11.8%
Lake	254	266	-12	-4.5%
Manistee	447	480	-33	-6.9%
Mason	574	603	-29	-8.4%
Mecosta	1170	1095	+75	+6.8%
Missaukee	357	324	+33	+10.2%
White Cloud	824	872	-48	-5.5%
Grant	967	966	+1	stable
Newaygo Total	(1791)	(1838)	-47	-2.5%
Oceana- Hart	740	772	-32	-4.1%
Wexford	1030	1120	+10	+1/0%
TOTAL	7170	7352	-182	-2.5%

FY 2022 WIC Participation Trends

- 4 clinics w/ Increases: Crawford (2.1%), Mecosta (6.8%), Missaukee (10.8%), and Wexford (1.0%)
- 7 WIC clinics with participation declines
- Overall DHD #10 decrease of an average of 182 clients per month (-2.5%)

FY 2023 Caseload

WIC Measure	Current Mo/Yr	Total Clients	Comparison Mo/Yr	Difference	
				#	%
Resident Enrollment	Dec 22	7,332	Dec 21	+ 70	+1.0%
Resident Participation	Nov 22	7,048	Nov 21	+138	+2.0%
Migrant Participation	Nov 22	203	Nov 21	-2	stable

Food Dollars Spent by WIC Participants FY 2022

- The attached graphs detail the food dollars spent by DHD #10 WIC participants for FY 2022 as compared to FY 2021. A total of \$4,278,916.26 in food and formula benefits were redeemed by our WIC clients last FY which is a 13.5% increase from FY 21. This increase reflects the higher food costs related to inflation, the increase in the fruit and vegetable cash value benefit (CVB) and the infant formula flexibilities. This data demonstrates the significant economic impact the WIC Program has on our local businesses and communities.

Respectfully Submitted,

Anne M. Bianchi, MS, RD

Family Health WIC Director

WIC Participation and Food Costs: DHD #10

■ 2021 ■ 2022

Local Agency

- Berrien
- Branch-...
- CAA
- Calhoun
- Central ...
- Chippewa
- City of D...
- Commun...
- Delta-M...
- Detroit U...
- DHD #10**
- DHD #2

Fiscal Y...

- 2020
- 2021**
- 2022

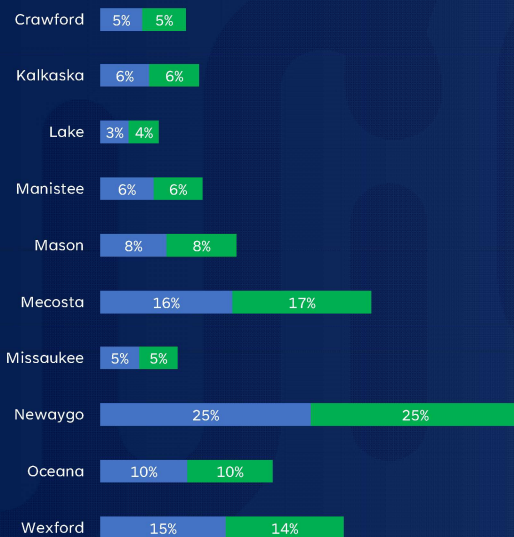


County

Clinic



Closeout Participation

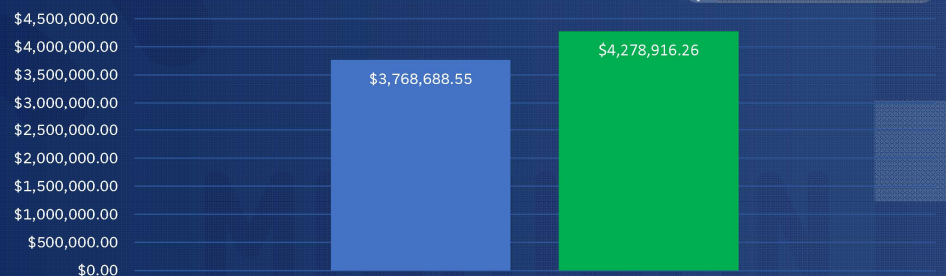


Annual

Monthly



Agency Total Food Dollars

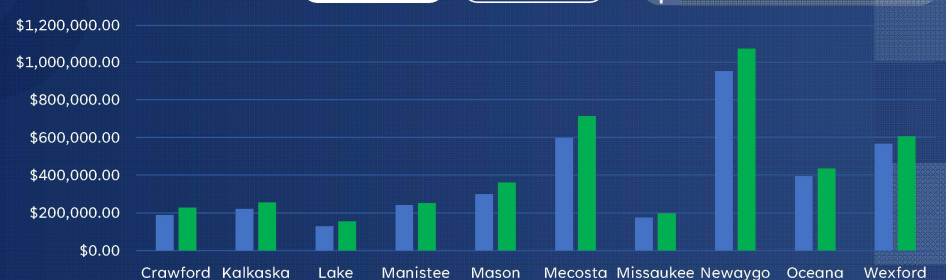


County

Clinic



Total Food Dollars Breakdown





Board of Health
School Health Division
1st Quarter Report – FY 2023

MDHHS Child & Adolescent Health Center (CAHC) Clinics

- As you will see in the data table that 3 of the 4 newly funded MDHHS CAHC clinics are providing services, McBain Schools, Pentwater Schools and Ludington Schools.
- Chippewa Hills Wellness Center is still in the renovation process, with a projected completion date in February 2023.
 - On November 7th DHD #10 hired a Family Nurse Practitioner to the Chippewa Hills Wellness Center.
 - The mental health clinician has been very busy providing mental health counseling services, and with the new grant dollars, and upon completion of the clinic, we will soon also be providing medical services.

Health Resource Advocate Team

- The Health Resource Advocate team of nurses and health educators continues to assist in many of the local school districts across the jurisdiction. While the funding requires a COVID focus, the team is able to not only support COVID tracing and testing for the schools, but also assisting with nursing needs in those clinics with a designated nurse. and/or health education support in the other districts. In addition to the dedicated HRA staff, Public Health Nurses are supporting school districts in their individual communities. These nurses are assessing the needs of the school districts in their county and developing their plan to provide education sessions based upon the needs of the school.

Funding Support

- We have been notified by MDHHS that the CAHC programs will see an increase in their allocations for FY23 - this is the first increase in funding for the base rates. The Full Clinical Model clinics (3) will receive an additional \$30,000, the Alternative Clinical Models (3) will receive an additional \$20,000 of funding. Funding is expected sometime this month and it comes with no additional required services. It will be used to support the existing staffing structure and services.

Respectfully Submitted,

*Katy Bies, BS
School Health Director*

Report to the Boards of Health
Jennifer Morse, MD, MPH, FAAFP, Medical Director

Mid-Michigan District Health Department, Wednesday, January 25, 2023
Central Michigan District Health Department, Wednesday, January 25, 2023
District Health Department 10, Friday, January 27, 2023



Viral Mutations and Vaccine Effectiveness

Below is a brief overview of viral mutation and how to determine if vaccines will still work against variants. The following [video](https://youtu.be/bXgqZt9q6J4) (<https://youtu.be/bXgqZt9q6J4>) from the Journal of the American Medical Association (JAMA) titled [Coronavirus Variants and Vaccines](#) gives an excellent overview regarding COVID-19 variants and determining vaccine effectiveness against these new variants. Note that the video is from April 2021 and focuses on earlier variants and vaccine considerations, yet the same ideas apply to our current variants and vaccine concerns. The [video](#), coupled with the point below, will hopefully aid in your understanding of this complicated topic.

Viruses and Mutations

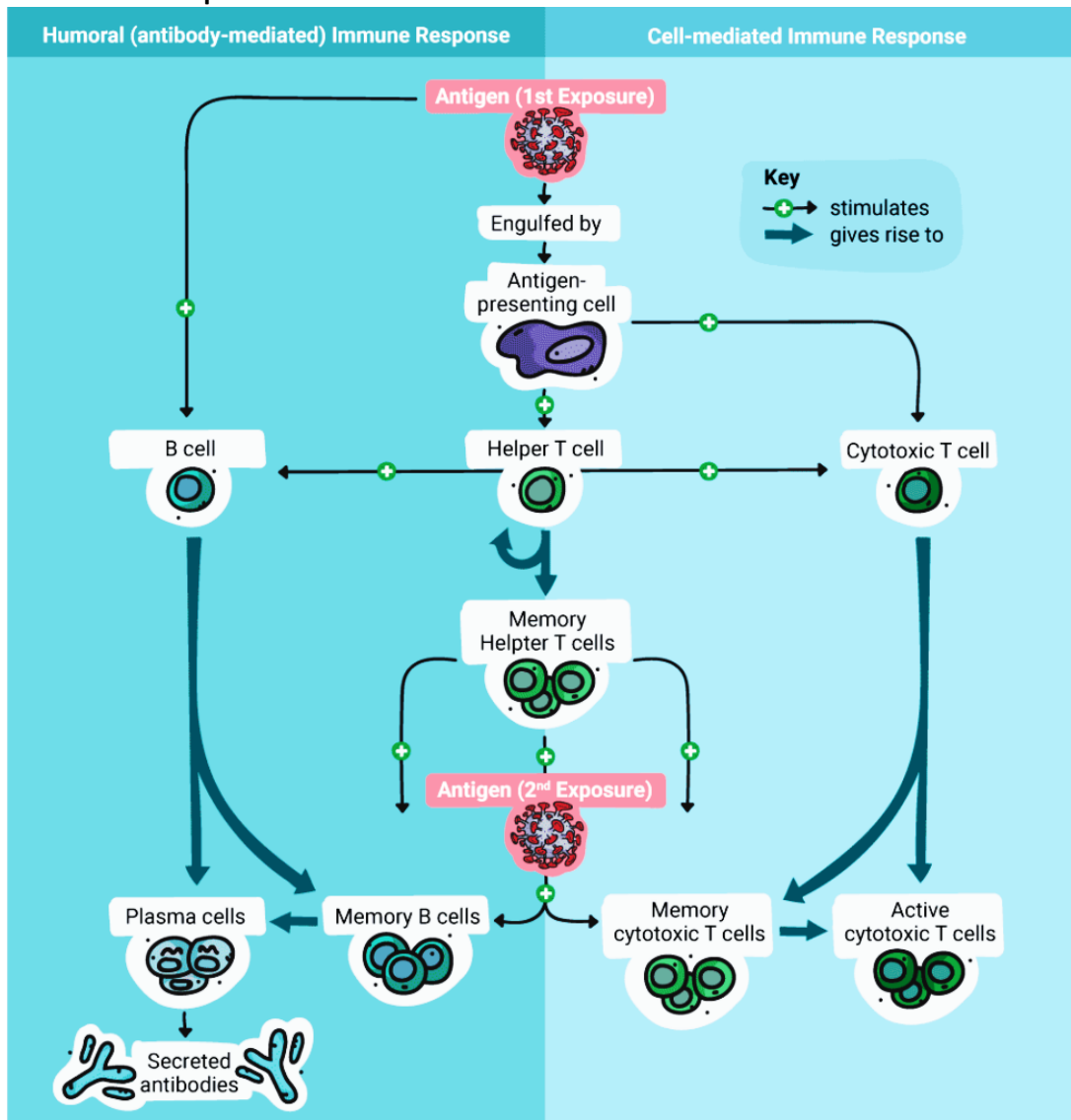
- Viruses are not living organisms. They take over the cells of living organisms, commandeering their resources to make them virus production facilities.
- In the case of COVID-19 and humans, it is estimated that between 300,000 to 300,000,000 infectious viral particles are made during the infection of *one* person.
- As a virus makes millions of copies of themselves, there will be mistakes. These mistakes make mutations. It is normal for all viruses to change through mutations and make new variants.
- In the case of COVID-19, it is estimated that out of every two or three people infected, one new mutation will happen. Currently, there are about 3 million cases per day globally - that's about 1 million new mutations occurring every day.
 - *The more COVID-19 infections, the more mutations that will occur.*
- Most of these mutations won't matter since they won't give the virus any survival benefit and may even make the virus worse at causing infection or reproducing. Plus, not every mutated virus will go on to infect someone new and continue to spread to others.
- Viruses follow the same process of evolution as other organisms. Mutations that allow a particular mutation in the virus to make more copies of itself, to stick better to cells, to hide from our immune system, or to otherwise do better than others will give it the advantage to survive and become dominate.
- The best prevention against newer variants is to reduce the number of infections.
 - The best prevention against COVID-19 infection is vaccination.
 - With new variants there are understandable concerns about how effective our vaccines will be.

Mutations and Vaccination

- Multiple studies have found that, over time, vaccine protection against COVID-19 infection wanes (decreases). Protection against hospitalization and death wanes somewhat, but less than protection against infection.
- The best way to know if a vaccine is working is to study the number of infections, hospitalizations, and deaths in people that have and have not been fully vaccinated. In other words, study if the vaccine prevents illness and complications in real people.

- Studies have found that the primary mRNA vaccines and primary (monovalent) booster continued to do well against the earlier variants of COVID-19 at preventing hospitalization and death (as discussed in the [2021 JAMA video](#)).
- Against the Omicron variant and all its sublineages (BA.1, BA.2, BA.4, BA.5, etc.), effectiveness of the primary (monovalent) boosted against illness dropped after a few months and it was also lower against severe infections.
 - Because of the waning immunity and the drop in effectiveness against newer variants, a new bivalent mRNA booster was recommended, based on the BA.4 and BA.5 subvariants.
- Early when there is a brand-new variant, like XBB or XBB.1.5, there usually isn't enough information about infection rates to accurately know how effective the vaccines are.
- To try to get some ideas, scientists may look at antibodies in people who were vaccinated to try to determine if the vaccine will still work as well. Most often they study neutralizing antibodies, which are antibodies that bind to the virus in a way that would keep it from binding to our cells, blocking it from causing illnesses (see figure 1 for explanation of antibodies).
- The antibodies can be removed from the blood of someone that has been fully vaccinated, or even previously infected, and then combined with samples of the variant virus in the lab.
- There have been some early studies showing lower neutralizing antibodies to BQ.1, BQ.1.1, XBB, and XBB.1 subvariants in those fully vaccinated, including the bivalent vaccine, as well as those previously infected with other subvariants.
- However, there have already been several studies of past COVID-19 variants both after natural infection and after vaccination showing that having lower levels of neutralizing antibodies doesn't mean you will necessarily have a higher risk of illness, hospitalization, or death.
 - This is because antibodies are only one part of our immune response and neutralizing antibodies are not the only measure of vaccine protection.
- Vaccines and infections create different kinds of antibodies that do more than just neutralize viruses. They also activate cells and other processes to help fight infection. A simplified explanation is provided in figure 1, below. There are still more processes of our immune system than included in this figure.
 - Notice how much faster the response is after the second exposure to antigen. This is why you don't get sick or as severely sick if you've been vaccinated, as your immune system is ready to respond right away.

Figure 1: Adaptive Immune Response



- **Antigen:** any foreign substance that causes the body to make an immune response; in the case of COVID-19, it is either infection or vaccine
- **Antigen-presenting cell:** (may be called a phagocyte or “cell that eats”) engulf invading particles and cells and break them up into small pieces called antigens and then transport the pieces to the lymph nodes and present them on their surface, starting the process of identifying specific antigens
- **B cell:** in charge of humoral immunity, which is immunity through antigen-specific antibodies. When a B cell is activated by an antigen, the B cell proliferates and produces two types of cells: antibody-secreting plasma cells and memory B cells.
- **Helper T cell:** recognize the antigens presented by antigen-presenting cells and activate the other cells of the adaptive immune system, including the Killer T, B cells, and macrophages (a phagocyte)
- **Cytotoxic (Killer) T cell:** can directly target and destroy both invading microorganisms and cells that have already been infected by viruses/microorganisms
- **Memory Cytotoxic (Killer) and Helper T cells:** Once the infection is cleared, most T cells triggered for that infection die; however, a few will remain as memory T cells that become activated again if they encounter the same antigen
- **Plasma cells:** B cells that produce antibodies; each plasma produces only one specific antibody to one specific site (epitope) on an antigen
- **Memory B cells:** “remember” pathogens you’ve encountered before. These cells live a very long time and quietly circulate in the body. If they encounter the pathogen that caused their production in the first place, they will quickly trigger the adaptive immune response to the invader, and antibody production will begin much more quickly than it did the first time.
- **Secreted antibodies:** proteins that can target and bind to specific antigens. There are different types of antibodies that have different functions. Some swarm and block the ability of pathogens to interact with cells (called neutralizing antibodies). Others will flag the pathogens or infected cells for destruction by other immune cells and proteins (called opsonization).

For more detailed information about the immune system, see “BiteSized Immunology” at the British Society for Immunology at <https://www.immunology.org/public-information/bitesized-immunology>

- For comparison, influenza is another RNA virus, like COVID-19, that mutates often. Every year, scientists around the world study the virus to decide the best four strains of virus to use for the yearly influenza vaccine. They look at several things, including:
 - Which viruses were circulating the last season and in different parts of the world, studying the genetics of the viruses for any changes.
 - Vaccine effectiveness studies performed in the prior season to see how well that vaccine worked to protect against multiple things such as illness, hospitalization, ICU admission, death, and how the vaccine worked in people of different ages and risk factors.
 - Predictions of which flu viruses will circulate the next season based on prior data.
 - What parts of the virus (which antigens) create the best antibody response.
 - How well do the antibodies produced work against the virus.

References

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- Wang, Qian, et al. "Alarming antibody evasion properties of rising SARS-CoV-2 BQ and XBB subvariants." *Cell* (2022).
- Ardeuengo, M. 2020. Antibodies, Immunity and Vaccines: A Short Primer on the Adaptive Immune Response. Promega Connections. <https://www.promegaconnections.com/antibodies-immunity-and-vaccines-a-short-primer-on-the-adaptive-immune-response/>
- CDC. Selecting Viruses for the Seasonal Influenza Vaccine. <https://www.cdc.gov/flu/prevent/vaccine-selection.htm>

**Board of Health
Deputy Health Officer
January 2023**

1. DHD#10 Community Health Needs Assessment (CHNA) Report Update – Finalized Report

The final CHNA report specific to the DHD#10 jurisdiction will be shared at the upcoming meeting. As a reminder from last month's draft presentation, each of the three MiThrive/CHIR regions will have a CHNA report created over the next 2 months.

With DHD#10 being part of all 3 regions, there was value in pulling the data for our 10 counties into one report. The DHD#10 CHNA Report is not new information but rather the MiThrive data gathered together into one report for clarity.



Next steps of the Regional Planning Department will be to finalize the **DHD#10 Community Health Improvement Plan (CHIP)**. Building off of the priorities set by the MiThrive process, the DHD#10 CHIP will include public health strategies that align with the CHNA priorities set by the community. The Regional Planning team will be working through the Northern Michigan Community Health Innovation Regions (NMCHIRs) and the DHD#10 leadership team to draft the CHIP and present to the Board of Health at a future meeting for approval. Projected timeline is by the March meeting.

2. DHD#10 2023 Performance Management System

Over the last quarter, our division leadership teams have been working hard on developing their program priorities and corresponding performance measures in collaboration with our epidemiologist, and myself. The Performance Management System will be presented at the January Board meeting. The PM system will drive future organizational and divisional quality improvement efforts to assure we grow our culture of quality and focus on maintaining DHD#10 as a high performing agency.

3. Communications Team Updates:

- **DHD#10 2022 Annual Report** - Development of the annual report for fiscal year 2022 is underway with a goal of completion by the end of February/early March.
- **Public Health Outreach & Communications** - The Communications Team continues to promote public health programming and messaging to the community and key stakeholder groups. The team supports updating our website, maintaining social media venues, submitting traditional press releases and developing and implementing targeted marketing campaigns. For fiscal year 2022, this included 261 social posts, 116 Press Releases, and responding to 105 employee requests for marketing support of DHD#10 programs and/or public health messages specific to emerging public health threats, public health priorities, prevention messages, etc.

4. Grant Writing Efforts - Update

- We received notification earlier this month that the SAMHSA Grant application to support Project Aware (Advancing Wellness and Resiliency in Education) across the 10 counties of the Northwest Michigan CHIR submitted last October was not funded. We are looking forward to

the feedback from SAMHSA to inform our next application to support expansion of the Interconnected Systems Framework (ISF) model currently being implemented in Mason County through our Michigan Health Endowment Fund grant award.

- A grant was submitted this month to NACCHO to support a Disability Inclusion Project to improve DHD#10's ability to meet the needs of persons living with disabilities accessing our services. The proposal was developed based on the assessment completed last summer and is being developed collaboratively by our leadership development initiative members and led by one of our Public Health Planning Coordinators.
- The Regional Planning team collaborated with division leadership to submit 13 new grant initiatives to support FY 2022 this past year. Of those submitted, 8 grants were funded, securing over \$1.5 million to support improving the health of our communities. We continue to support initiatives that align with our CHIP and Strategic Plan, as well as addressing emerging public health priorities.

Respectfully Submitted,

*Sarah Oleniczak, MPH, MCHES,
Deputy Health Officer*

2021 Community Health Assessment



Crawford, Kalkaska, Lake, Manistee, Mason, Mecosta, Missaukee, Newaygo, Oceana, Wexford Counties

DECEMBER 2022



BOARD OF HEALTH

Health Officer Report

January 27, 2023

1. **Epi Team Update:** Information on current case counts, vaccination efforts, outbreaks and other CD related issues will be shared at the meeting.
2. **PFAS Update:** Site specific updates will be shared at the Board meeting based upon recent and ongoing developments.
3. **Enforcement Actions:** Updates on recent enforcement actions taken by DHD#10 will be shared at the meeting.
4. **Wexford County Building:** We were notified by representatives of the Northern Health Foundation that the mortgage on the Wexford County building has been paid off. Currently, we are in the process of getting all the paperwork together to transfer ownership of the building to the County.
5. **Annual Review of Local Public Health Authority and Responsibilities:** An annual review of the material included in the Board Packet on the Board of Health responsibilities, DHD#10 responsibilities and Health Officer responsibilities will be provided during the meeting.

Respectfully submitted:

Kevin Hughes, MA
Health Officer

Key Local Governing Entity Public Health Responsibilities

The following table represents a partial listing of key public health responsibilities of a local governing entity as quoted directly from the original source cited in the right-hand column.

Figure 6. Key Public Health Responsibilities of a Local Governing Entity

Local Governing Entity Authority/Action	Reference ^{8,9}
Except if a district health department is created pursuant to section 2415, the LGE of a county shall provide for a county health department which meets the requirements of this part and may appoint a county board of health.	MCL 333.2413 code
It should be noted that the appointment of a county board of health (except where there is a district health department) has been made optional. Multiple single county boards of health are a hybrid of advisory with minimal decision autonomy delegated by the BOC.	MCL 333.2413 commentary
Administration and governance of public health at the local level.	MCL 333.2413 commentary
Provide the funds and approve the budget for operation of the LHD.	MCL 333.2413 & MCL 333.2483 commentary
Composition of district health board, if applicable.	MCL 333.2415 code
Appoint a full-time local health officer who meets requirements set by SHD.	MCL 333.2428 commentary
Concurrence or disapproval authorizing LHD to adopt regulations.	MCL 333.2441 & 333.2442 commentary
Fix and require payment of fees for services authorized or required to be performed by the local health department.	MCL 333.2444 code
[An LHD and its] local governing entity shall provide or demonstrate the provision of each required service which the local health department is designated to provide.	MCL 333.2473 (2) code

Figure 8. Key Public Health Responsibilities

Local Governing Entity Authority/Action	Reference ^{8,9}
Have a plan of organization approved by SHD.	MCL 333.2431 (1) (a)
Demonstrate ability to provide required services.	MCL 333.2431 (1) (b)
Demonstrate ability to defend and indemnify employee for civil liability sustained in the performance of official duties except for wanton and willful misconduct.	MCL 333.2431 (1) (c)
Report to the SHD at least annually on its activities, including information required by the department.	MCL 333.2431 (2)
<p>Shall continually and diligently endeavor to prevent disease, prolong life, and promote the public health through organized programs;</p> <p>Required services designated pursuant to part 23 shall be directed at the following specific objectives:</p> <ul style="list-style-type: none"> • Prevention and control of environmental health hazards. • Prevention and control of diseases. • Prevention and control of health problems of particularly vulnerable population groups. • Development of health care facilities and agencies and health services delivery systems. • Regulation of health care facilities and agencies and health services delivery systems to the extent provided by state law. 	MCL 333.2433 (1) and MCL 333.2473 (1)
Implement and enforce laws for which responsibility is vested in the local health department.	MCL 333.2433 (2) (a)

Local Governing Entity Authority/Action	Reference ^{8,9}
Utilize vital and health statistics and provide for epidemiological and other research studies for the purpose of protecting the public health.	MCL 333.2433 (2) (b)
<p>Make investigations and inquiries as to:</p> <ul style="list-style-type: none"> • The causes of disease and especially of epidemics. • The causes of morbidity and mortality. • The causes, prevention, and control of environmental health hazards, nuisances, and sources of illness. 	MCL 333.2433 (2) (c)
Plan, implement, and evaluate health education through the provision of expert technical assistance, or financial support, or both.	MCL 333.2433 (2) (d)
Provide or demonstrate the provision of required services as set forth in section 2473(2).	MCL 333.2433 (2) (e)
Plan, implement, and evaluate nutrition services by provision of expert technical assistance or financial support, or both.	MCL 333.2433 (2) (g)
May adopt regulations necessary or appropriate to implement or carry out the duties or functions vested by law in the local health department.	MCL 333.2441 (1)
A local health department and its local governing entity shall provide or demonstrate the provision of each required service which the local health department is designated to provide.	MCL 333.2473 (2)
Submit annually to the SHD a program statement approved by the local governing entity defining the status of the current required and allowable services the local health department provides.	MCL 333.2484 code
Participate in the Michigan Local Public Health Accreditation Program.	Contract with MDHHS

Key Health Officer Responsibilities

The following table represents a partial listing of key public health responsibilities of health officers as quoted directly from the original source and cited in the right-hand column.

Figure 9. Key Health Officer Responsibilities

Local Governing Entity Authority/Action	Reference ^{8,9}
Responsible for the planning, implementation, and evaluation of a public health program designed to prevent disease and disability and promote health.	MDHHS Administrative Rule R325.13001
Administrator responsible for performing the duties assigned or delegated to the local health department.	MCL 333.2428 commentary
Have powers necessary or appropriate to perform the duties and exercise the powers given by law to the LHD and which are not otherwise prohibited by law.	MCL 333.2433 (2) (f) code
Issues an emergency order to control an epidemic.	MCL 333.2453 code
Order to abate a nuisance.	MCL 333.2455 code
May order an autopsy where necessary to carry out the functions vested in a local health department by this code.	MCL 333.2855 code
Inform a marriage license applicant of a potential spouse's positive HIV test result; partner notification.	MCL 333.5119 and MCL 333.5131 code
Issue a warning to an individual deemed a health threat to others.	MCL 333.5203 code
Protect public health in an emergency.	MCL 333.5207 code



SUMMARY OF AUTHORITY AND ACTIONS REGARDING PUBLIC HEALTH EMERGENCIES

Issue Brief

Michigan Public Health Code

Michigan's Public Health Code and Communicable Disease Rules provide an array of actions that state and local health officers can use to respond to a public health emergency. This document is intended to assist health officers and their attorneys by identifying potential actions and linking to the applicable law. Though the details of this document apply only in Michigan, the legal provisions likely have similar counterparts in all other states. Lawyers in other states may have developed, or could develop, comparable summaries for their states. You may wish to talk with your attorney, or visit the [Public Health Lawyer Directory](#) to find a public health attorney in your state.

	AUTHORITY/ACTION	LAW ¹	COMMENTS
1	Imminent Danger Order	§ 2251 § 2451	<ul style="list-style-type: none"> • Issued by State Health Director or Local Health Officer • Requires determination of "imminent danger", i.e. a condition or practice exists which could reasonably be expected to cause death, disease, or serious physical harm immediately or before the imminence of the danger can be eliminated through enforcement procedures otherwise provided • May require immediate action to avoid, correct, or remove imminent danger • If Director determines that conditions anywhere in state constitute a menace to the public health, Director may take full charge of the administration of applicable state and local health laws, rules, regulations, and ordinances • Petition filed in circuit court for an order to compel compliance
2	Emergency Order to Control Epidemic	§ 2253 § 2453	<ul style="list-style-type: none"> • Issued by State Health Director or Local Health Officer • May prohibit the gathering of people for any purpose and may establish procedures to be followed during the epidemic • Unlike Warning Notice (described below) may be issued to a class of persons • May be used to direct mass immunization (§ 9203) • Petition filed in circuit court for an order to compel compliance
3	Order to Abate a Nuisance	§ 2455	<ul style="list-style-type: none"> • Issued by State Health Director or Local Health Officer against owner of property • If property owner does not comply, may remove nuisance and charge owner • May seek warrant from court for assistance from law enforcement to remove nuisance
4	Procedures for Control of Disease	Rule 175	<ul style="list-style-type: none"> • A physician or other person who attends to a case of communicable disease shall arrange for appropriate barrier precautions, treatment, or isolation if needed to prevent the spread of infection. The physician or other person may request necessary information on appropriate precautionary measures from the Local Health Officer or the department. • A Local Health Officer or the State Health Director may institute appropriate isolation or other barrier precautions for a case or suspected case of disease, infection or other condition as necessary to protect the public health.

	Procedures for Control of Disease, cont.		<ul style="list-style-type: none"> • Upon reasonable suspicion that a student has a communicable disease, a school official may exclude the student for a period sufficient to obtain a determination by a physician or Local Health Officer as to the presence of a communicable disease. • A Local Health Officer may initiate the exclusion from school or group programs of a student or individual who has a communicable disease. A student or individual may be returned when a physician or Local Health Officer indicates that the individual does not represent a risk to others. • When a Local Health Officer confirms or reasonably suspects that a student or individual attending a school or group program has a communicable disease, he/she may exclude from attendance any individuals lacking documentation of immunity or otherwise considered susceptible to the disease until the Health Officer deems there to be no likely further risk of disease spread.
5	Inspection or Investigation Authority	§ 2221(2)(d) § 2241(1) § 2433(2)(c) § 2446 Rule 174	<ul style="list-style-type: none"> • State and local health departments are authorized to inspect or investigate: <ul style="list-style-type: none"> – A suspected outbreak or exposure – Any matter, thing, premises, place, person, record, vehicle, incident, or event • State and local health investigators to be provided with medical and epidemiological pertaining to individuals who have, are suspected of having, or may have been exposed to a disease or condition of public health significance • State and local investigators may obtain human, animal, environmental or other types of specimens, or cause specimens to be obtained by appropriate means, in the course of an investigation of a reported disease, infection, or condition.
6	Inspection or Investigative Warrant	§§ 2241-2247 § 2446	<ul style="list-style-type: none"> • Application for warrant may be filed by State or Local Health Department • Issued by Magistrate based on facts stated in affidavit • May authorize property to be seized • May direct law enforcement to assist health department in inspection or investigation
7	Criminal Prosecution	§ 2261 § 2443	<ul style="list-style-type: none"> • A person who violates a rule or order of the Department or Local Health Officer is guilty of a misdemeanor punishable by imprisonment for not more than 6 months, or a fine of not more than \$200, or both • Individual may be arrested if violation occurs in the presence of a police officer or a police officer has reasonable cause to believe individual has violated rule or order (MCL 764.15(1))
8	Injunction	§ 2255 § 2465	<ul style="list-style-type: none"> • State Health Director or Local Health Director may maintain action • May seek court order to restrain, prevent, or correct: <ul style="list-style-type: none"> – A violation of a law, rule or order that health department has duty to enforce – An activity or condition that health department believes adversely affects the public health
9	Warning Notice (for involuntary detention and treatment of individuals)	§ 2453(2) §§ 5201 - 5205	<ul style="list-style-type: none"> • Shall be issued by state health department representative or Local Health Officer upon a determination that individual: <ul style="list-style-type: none"> – Is or is reasonably believed to be a carrier of a specific infectious agent or serious communicable disease or infection – Has demonstrated inability or unwillingness to act in a manner that does not put others at risk of exposure • Must be in writing (may be verbal in urgent circumstances, followed by a written notice within 3 days) • Must be specific and individual, cannot be issued to a class of persons • Must require individual to cooperate with health department in efforts to control spread of disease • May require individual to participate in education, counseling, or treatment programs, and to undergo medical tests to verify carrier status • Must inform individual that if individual fails to comply with Warning Notice, health department shall seek court order

10 Court Order for Detaining, Transporting, Testing, or Treating Carrier of Infectious Disease	§ 2453(2) §§ 5205 - 5207	<ul style="list-style-type: none"> • If individual fails or refused to comply with Warning Notice (see discussion above), health department must petition Circuit Court (Family Division) for order requiring testing, treatment, education, counseling, commitment, isolation, etc., as appropriate <ul style="list-style-type: none"> – Individual has right to evidentiary hearing – Health department must prove allegations by clear and convincing evidence – Individual has right to appeal and review by Court of Appeals within 30 days – Before committing individual to a facility, court must consider recommendation of a commitment panel, and commitment order must be reviewed periodically • In an emergency, health department may go straight to court (without issuing Warning Notice). Upon filing of affidavit by health department, court may order that individual be taken into custody and transported to an appropriate emergency care or treatment facility for observation, examination, testing diagnosis, treatment, or temporary detention <ul style="list-style-type: none"> – Court must have reasonable cause to believe that individual is a carrier and health threat to others – Emergency order may be issued <i>ex parte</i> – Hearing on temporary detainment order must be held within 72 hours (excluding weekends and holidays) • Individual who is subject of either emergency proceedings or petition on a Warning Notice has right to counsel at all stages of proceedings. Indigent individual is entitled to appointed counsel • For forms approved by the Michigan Supreme Court Administrative Office for use in commitment or testing for infectious disease, go to http://courts.mi.gov/Administration/SCAO/Forms/Pages/Infectious-Disease.aspx.
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SUPPORTERS



Robert Wood Johnson Foundation

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This document was first developed by Denise Chrysler, J.D., Director for the Network for Public Health Law - Mid-States Region at the University of Michigan School of Public Health, while employed by Michigan's state health department (then the Michigan Department of Community Health). Thank you to MDCH for its permission to update and make this tool available. The Network for Public Health Law provides information and technical assistance on issues related to public health. The legal information and assistance provided in this document does not constitute legal advice or legal representation. For legal advice, please consult specific legal counsel.

¹ Refers to section of Public Health Code, [MCL 333.1101 et seq.](#) or communicable disease rules, Michigan Administrative Code, [R 325.171 et seq.](#), promulgated under the Code (§§ [2226\(d\)](#), [2435\(d\)](#), and [5111](#)).