

Benzie-Leelanau District Health Department

Summary of Services

October 1, 2011 - September 30, 2012

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Table of Contents

Personal Health Non-Mandated Services	1
Children’s Special Health Care Services	1
Medicaid Outreach and Advocacy	1
Healthy Futures	2
Maternal and Infant Health Program (MIHP).....	3
WIC/Migrant WIC/WIC Peer Counselor.....	4
Immunization Action Plan	5
Traverse Health Clinic Outreach	5
Family Planning	6
Breast and Cervical Cancer Screening (BCCS).....	7
Dental Outreach	8
HIV Counseling and Testing	9
Public Health Preparedness.....	9
Personal Health Mandated Services	10
Communicable Diseases/STD Surveillance	10
Vision and Hearing Program	10
Immunization	11
Environmental Health Mon-Mandated Services.....	12
Type II Non-Community Water Supplies.....	12
Property Transfer Septic/Well Evaluation Program	12
Vacant Property Evaluations.....	13
Department of Human Services Facility Inspections.....	14
Campground Licensing and Inspections	14
Public Swimming Pool Licensing and Inspections.....	14
Septic Pumper Truck and Disposal Site/Storage Site Inspections.....	15
Additional Environmental Health Responsibilities.....	15
Rabies Testing	
Radon Testing	
Mold in Housing	
Public Swimming Beach Monitoring	
West Nile Testing	
Nuisance Monitoring	
Clean Air Regulation	
Environmental Health Mandated Services	16
On-Site Sewage Treatment	16
Private and Type III Water Supplies.....	17
Food Service	18
Financial Information Summary Detail.....	19

Personal Health Non-Mandated Programs

Children's Special Health Care Services

Program Description: Children's Special Health Care Services (CSHCS) is a program for children and some adults with special health care needs and their families. CSHCS helps children and some adults who need specialty medical care. Specialty medical care is care that cannot be managed only by pediatricians, family doctors or internists. CSHCS helps persons with chronic health problems by providing:

- **Coverage and referral** for specialty services based on the person's health problems.
- **Family centered services** to support families in their role as primary caretaker of their child.
- **Community based services** to help families care for their child at home and maintain normal routines.
- **Culturally competent services** which demonstrate awareness of cultural differences.
- **Coordinated services** to pull together the services of many different providers who work within different agencies.

Number of persons served in FY 2011-12: 135

Financial Information:

Expenses:	\$50,225	
Revenue:		% of Revenue
FFP (Federal Match)	\$ 5,702	11%
CPBC (State)	\$28,000	56%
Other State:	\$ 3,360	7%
Local (Local Appropriation)	\$13,163	26%

Impact if program was eliminated:

Financial Impact

- Savings of \$13,163 in local dollars, but a loss of \$31,360 in State funding and \$5,702 in FFP funding. For every dollar the county puts in, we get approx. \$3 dollars in State/Federal funding.
- Loss of .130 FTE secretary and .120 FTE Public Health Nurse in staffing.
- Savings of \$3,830 in space costs, but these "empty" space costs shifted to other programs. More unused space in the buildings.

Health Care Impact

- 135 families with children who have disabilities would go without case management services. Health Care Providers in the area would have to pick up the slack of uncoordinated care for these children.

Medicaid Outreach and Advocacy

Program Description: The Medicaid Outreach and Advocacy program provides a variety of outreach activities to individuals, schools, doctor offices, groups, and organizations in the community to increase awareness of Medicaid and Health Department services. Services include:

- Public Awareness about Medicaid and Health Department Services. Examples include: informing families about Medicaid services, encouraging families to access Medicaid managed care programs, assisting families with filling out Medicaid application forms, conducting health fairs and other outreach campaigns that provide information about services provided by health depts. and Medicaid
- Facilitating Medicaid Eligibility Determination. Examples include: Verifying an individual's current Medicaid eligibility status, referring an individual or family to the local DHS office, providing necessary forms in preparation for the Medicaid eligibility determination.

- Referral, Coordination and Monitoring of Medicaid Services. Examples include: making referrals for medical and dental services covered by Medicaid, identifying and referring individuals who may be in need of Medicaid family planning services, coordinating medical/mental health services with managed care plans.
- Arranging for Medicaid related transportation
- Arranging for Medicaid related translation services.

Numbers served in FY 2011-12: Over 3000 persons

Financial Information:

Expenses:	\$142,584	
Revenue:		% of Revenue
FFP (Federal Match)	\$84,673	59%
Local (Local Appropriation)	\$57,911	41%

Impact if program was eliminated:

Financial Impact

- Savings of \$57,911 in local dollars, but loss of \$84,673 in Federal Match. For every dollar that the county puts in, we get at approximately \$1.50 in Federal dollars.
- Staffing Loss would be significant:

* .05 FTE Acct Clerk Specialist, .11 FTE Health Officer, .40 FTE PHN, .376 FTE PHT, .16 Secretary, and .07 RD

Health Care Impact

- Over 3000 persons without knowledge of Medicaid programming, without referral to health care providers, without translation/interpretation services, without transportation assistance for health related appointments. Area health care providers would have more missed appointments. People will have lack of access to health care.

Healthy Futures

Program Description: Home visits, phone calls and periodic developmental newsletter to any family who delivers their baby at Munson Medical Center. Here are some facts about Healthy Futures:

- 55% of MMC births enroll in the Healthy Futures Program
- 69% of those enrolled in the Healthy Futures program are still breastfeeding at 2 months. That is compared to 45% of postpartum moms in the State of Michigan.
- Immunization rates for those enrolled in the Healthy Futures program area continues to be significantly higher than those not enrolled.
- 99% of enrollees have a regular health care provider. 82% of pregnant women have an OB provider within the first trimester of their pregnancy.

Numbers of families served in FY 2011-12: 1008 children (442 Leelanau, 556 Benzie)

Financial Information:

Expenses:	\$10,761	
Revenue:		% of Revenue
Other Local	\$ 5,750	53%
Local (Local Appropriation)	\$ 5,010	47%

Impact if program were eliminated

Financial Impact

- Savings of \$5,011 local dollars, loss of \$5,750 in other funding from Munson Medical Center.
- Elimination of .08 FTE in PHN staff
- No savings in space costs.

Health Care Impact

- If this program were eliminated there would be a huge loss to health department program outreach. This program allows us to refer clients to all the other health department programs.
- 1000+ women and families that would not get timely prenatal care, immunization rates would decrease, breastfeeding duration would decrease. With the ACA and Health Care Reform, programs like Healthy Futures will become more important to assuring access to care and assuring good health outcomes. Eliminating this program now would now be consistent with the Health Department mission to assure access to health care.

Maternal and Infant Health Program (Maternal and Infant Support Services)

Program Description: MIHP is a program for all Michigan women with Medicaid health insurance who are pregnant and all infants with Medicaid. It is a benefit of their insurance. MIHP provides support to promote healthy pregnancies, good birth outcomes, and healthy infants. Services include:

- Maternal and infant health, psychosocial and nutrition assessment completed by nurse, social worker, or nutritionist
- Registered Nurse, Licensed Social Worker and Registered Dietician team development of beneficiary care plans
- Coordination of MIHP services with the beneficiary's medical care provider and Medicaid Health Plan (who assist and supplement that care)
- Registered Nurse, Licensed Social Worker and Registered Dietitian home or office visits provided with interventions based on the beneficiary's plan of care
- Transportation services arranged if needed
- Referrals are made to local community services (e.g., mental health, substance abuse, domestic violence, basic needs assistance) as needed
- Referral to local childbirth education or parenting classes

Number of women served in FY 2011-12: 145

Number of infants served in FY 2011-12: 88

Financial Information:

Expenses:	\$185,465	
Revenue:		% of Revenue
Medicaid	\$ 98,246	53%
Cost Based Reimbursement	\$ 34,246	18%
Local (Local Appropriation)	\$ 52,973	29%

Impact if program was eliminated:

Financial Impact

- Loss of .59 FTE PHN, .65 in PHT and .20 in RD staffing; with this magnitude of staffing loss, it would impact our ability to also provide services in the other PH programs.
- Savings of \$52,973 in local dollars, loss of \$34,246 in State Revenue and loss of \$98,246 in Medicaid Revenue.
- Savings of \$12,317 in space costs, but this is a false savings as the space costs would be spread to other programs. More empty space would occur in the buildings.

Health Status Impact

- Approximately 233 families with Medicaid Insurance would not receive the needed support services they are entitled to as a part of their Medicaid Insurance. Prenatal smoking rates will increase, domestic violence referrals will not be made, childbirth education and parenting education will not be provided, breastfeeding rates will decrease, linkages to WIC will not be made, and ultimately babies may be born prematurely and of lower birth weight.
- Eliminating this program would not be consistent with the health department's mission to assure access to health care. It would be the LHD's responsibility to find another provider of care for this service for our 2 counties.

WIC/Migrant WIC/WIC Peer Counselor

Program Description: WIC is a health and nutrition program that has demonstrated a positive effect on pregnancy outcomes, child growth and development. Here are some facts about WIC:

- Each month, approximately 660 moms, babies, and children less than age 5 receive nutritious foods from the WIC Program in Benzie and Leelanau Counties. WIC foods are worth \$30-\$112 or more per month for each participant.
- WIC participants receive help with nutrition education and breastfeeding, as well as referrals to other health services.
- One out of every two babies born in Michigan receives WIC benefits.
- The earlier a pregnant woman receives nutritional benefits from WIC, the more likely she is to seek prenatal care and deliver a normal weight infant.
- For every dollar spent by this program, more than three dollars in subsequent health care costs are saved.
- A family of four may earn \$42,643 per year and qualify for WIC.
- WIC foods are selected to meet nutrient needs such as calcium, iron, folic acid, vitamins A & C.
- Participants exchange WIC food benefits at approved retail grocery stores and pharmacies.
- Local communities are supported with more than \$120 million yearly when WIC foods are purchased at grocery stores and pharmacies.

Unduplicated persons served in FY 2011-12: 1063 women, infants and children

Average participants per month for the WIC program in FY 2011-12: 660 women, infants and children

Average participants per month for the Migrant WIC program in FY 2011-12: 35 women, infants and children

WIC Financial Information:

Expenses:	\$126,024	
Revenue:		% of Revenue
Medicaid	\$ 630	<1%
CPBC (State)	\$124,117	98%
Local	\$ 1,277	1%

Migrant WIC Financial Information:

Expenses:	\$24,455	
Revenue:		% of Revenue
CPBC (State)	\$24,171	99%
Local	\$ 284	1%

WIC Peer Counselor Information:

Expenses:	\$36,197	
Revenue:		% of Revenue
CPBC (State)	\$36,140	99%
Local	\$ 57	<1%

Impact if program was eliminated:

Financial Impact

- WIC - Loss of .170 FTE for PH supervisor, loss of .150 FTE for PHN, loss of .49 FTE for PHT and .100 FTE RD,
- Migrant WIC – Loss of .04 FTE PHN and .08 FTE for PHT and .06 FTE for RD Migrant WIC.
- WIC Peer Counselor – Loss of .100 PH supervisor, loss of .04 RD and a loss of .55 FTE contractual consultants.
- With magnitude of staffing loss, it would impact our ability to also provide services in the other PH programs.
- Savings of \$1,619 in local dollars, loss of \$184,428 in State/Federal funding and a loss of \$630 in Medicaid revenue. The WIC and Migrant WIC programs use very little local funding.
- False Savings of \$17,853 in space costs as these expenses would be shifted to other programs. More empty space in the 2 buildings.

Health Care Impact

- Approximately 1100 individuals without access to healthy foods during prenatal and postpartum period and early childhood.
- Eliminating this program would not be consistent with the mission of the Health Department to provide access to health care. It would be our LHD responsibility to find another provider that would provide reasonable access to the WIC program.

Immunization Action Plan

The core elements of the IAP program are:

- Promote high immunization levels for children, adolescents, and adults
- Ensure convenient, accessible clinic hours in the community
- Facilitate the use of Michigan Childhood Immunization Registry
- Coordinate immunizations services with other community partner organizations
- Provide educational services and technical consultation for the public and private health care providers
- Provide educational services and technical consultation for the schools
- Promote the development of private and public partnerships to improve immunization levels within the jurisdiction
- Promote provider and consumer awareness of immunization issues.

Financial Information:

Expenses:	\$70,217	
Revenue:		% of Revenue
MCIR	\$ 2,050	3%
CPBC (State)	\$20,425	29%
VFC Vaccine	\$39,256	56%
Local (Local Appropriation)	\$ 8,486	12%

Although the IAP is not considered mandated funding, Immunizations, which are mandated, could not be provided adequately in our communities without the IAP funding. For all intensive purposes, this should be considered a mandated program.

Traverse Health Clinic Outreach (Grand Traverse Health Care Coalition)

Program Description: The Benzie – Leelanau District Health Department provides outreach and application assistance to persons applying for the Community Health Access Program (CHAP). Furthermore, the health department receives and distributes grant dollars to area health care providers who provide “free” outpatient primary care to Benzie and Leelanau County residents.

Number of Primary Care Provider partners for FY 2011-12: 3

Number of Benzie CHAP participants in FY 2011-12: 180

Number of Leelanau CHAP participants in FY 2011-12: 92

Financial Information:

Expenses:	\$29,068	
Revenue:		% of Revenue
Other Local	\$32,369	100%

Impact if program were eliminated:

Financial Impact:

- Loss of \$32,369 funding from Grand Traverse Health Care Coalition. This program uses very little to no local funds.
- Loss of .100 FTE for PHT.

Health Care Impact:

- 272 persons without local application assistance and referral. With the Affordable Care Act and Health Care Reform, programs like application assistance may become more important to assuring access to care and assuring good health outcomes.

Family Planning

Program Description: The Benzie – Leelanau District Health Department makes available, to persons in Benzie and Leelanau Counties, general reproductive health assessment, related health education and counseling, physical exams and testing, comprehensive contraceptive services, and referrals as needed. The program's strong educational and counseling component helps to reduce health risks and promotes healthy behaviors.

While services are available to anyone, the primary target population is low-income women and men. Individuals with income levels at or below poverty can receive the full array of program services at no cost. No one is denied services because of inability to pay. Here are some facts about the family planning program:

- Services provided include a general health assessment, screening, contraception, pregnancy detection, infertility services, client and community education, and follow-up and referral for problems for both females and males. Sexually Transmitted Disease counseling and testing is also offered. Services DO NOT include abortion.
- At the individual level, family planning reduces the number of times a woman becomes pregnant.
- One of the benefits of the family planning program is saving women's lives. Avoiding unintended pregnancies could prevent about one-fourth of all maternal deaths in developing countries. Especially, using contraception helps avoid unsafe abortions to end unintended pregnancies. It also enables women to limit births to their healthiest childbearing years and to avoid giving birth more times than is good for their health.
- Family Planning saves children's lives. Spacing pregnancies at least two years apart helps women have healthier children and improves the odds of infants' survival. Limiting births to a woman's healthiest childbearing years also improves her children's chances of surviving and remaining healthy.
- Family Planning can stimulate the economy. For many women, controlling their own childbearing, by using effective contraception, can open the door to education, employment, and community involvement.
- Family Planning encourages adoption of safer sexual behavior. All sexually active persons need to protect against sexually transmitted infections, including HIV/AIDS. With enough support, family planning programs—along with parents, schools, and peers—could help more young people make sexual decisions responsibly, avoiding Sexually Transmitted Infections and unintended pregnancies.

- Unwanted pregnancies are far more likely to end in induced abortion, and are far less likely to receive adequate prenatal care than wanted pregnancies.

Number of persons served in FY 2011-12: 451 women and men

Financial Information:

Expenses:	\$95,520	
Revenue:		% of Revenue
Other Local	\$ 53	<1%
Medicaid	\$29,285	31%
CPBC (State)	\$47,675	50%
Cost Based Reimbursement	\$13,141	14%
Local (Local Appropriation)	\$ 2,864	3%

Impact if program were eliminated:

Financial Impact:

- Savings of \$2,864 in local dollars. Loss of \$29,285 in Medicaid revenue, and a loss of \$47,675 in State Revenue. Essentially for every \$1 the county puts into family planning, the health dept. gets approximately an additional \$3 in other funding.
- Loss of the following FTE in staffing:
 - .015 office manager
 - .06 account clerk specialist
 - .175 Nurse practitioner
 - .100 PHN
 - .29 PHT
- Savings of \$9,281 in space costs, although these costs would be spread to other programs. More empty space in the 2 buildings.

Health Care Impact:

- Without access to family planning services, Benzie and Leelanau counties will see an increase in unplanned pregnancies, increase in untreated sexually transmitted infections, increase in cervical cancer, and general decreased access to health care. Research shows that public expenditures for family planning care not only help women to achieve positive birth outcome, but they also save public dollars. Calculations indicate that for every \$1 spent, \$4.02 is saved. (Source: Journal of Health Care for the Poor and Underserved 19 (2008): 778–796)
- Eliminating this program would not be consistent with the mission of the health department to assure access to health care. Our LHD would need to find another provider of care within a reasonable distance for these services if this service were eliminated.

Breast and Cervical Cancer Screening (BCCS)

Program Description: Through the BCCS program, women 40 – 64 years of age who have breast and cervical cancer are identified at earlier stages of these diseases, when treatment is less expensive and the survival rate is more favorable. Working together, participating medical providers, the Health Department of Northwest Michigan and the Benzie - Leelanau District Health Department can ensure that the highest quality breast and cervical cancer control services are available to all women in their communities. Through this program, low-income women now have access to life-saving cancer screening services and follow-up care, including cancer treatment if that should be needed. Here are some facts about BCCS:

- Services include basic screening services, i.e., clinical breast exams, screening mammograms, pelvic exams, Pap smears, and patient education.

- Case management services are provided to assist women who have breast or cervical screening abnormalities.
- Women diagnosed with breast or cervical cancers through the BCCS are eligible to apply for Medicaid coverage that provides all medical care for them through the entire course of their treatment.

Number of Women served in FY 2011-12: 105 women

Financial Information:

Expenses:	\$27,811	
Revenue:		% of Revenue
Medicaid	\$23,016	83%
Other Local	\$ 233	1%
Local (Local Appropriation)	\$ 4,563	16%

If this program were eliminated:

Financial Impact

- Savings of \$4,563 in local appropriations, loss of \$23,016 in Medicaid revenue.
- Loss of .02 FTE Account Clerk,.08 FTE PHN and .03 FTE PHT
- Savings of \$2,508 in space costs, but this would be shifted to other programs.

Health Care Impact

- Approximately 105 women would not receive basic women’s health screening services or referral for treatment services/case management.
- Eliminating this program conflicts with the mission of our health department to assure access to care. We would need to find another provider of services within a reasonable distance to offer these services.

Dental Outreach

Program Description: The Dental Outreach program provides a variety of outreach activities to individuals, schools, doctor offices, groups, and organizations in the community to increase awareness of Dental Services, including Medicaid Dental services. Services are similar to those listed above in Medicaid Outreach and Advocacy, but strictly focus on Dental Outreach services.

Numbers served: Over 3000 persons

Financial Information:

Expenses:	\$28,870	
Revenue:		% of Revenue
Other Local	\$24,888	86%
Local (Local Appropriation)	\$ 3,982	14%

If program were eliminated:

Financial Impact

- Savings of \$3,982 in local revenue, but loss of \$24,888 in other revenue.
- Shifting program to Medicaid Outreach will maximize Federal Match Dollars
- Loss of staffing as follows:
 - . 02 FTE Health Officer/Dir. of PHS
 - . 06 PHN
 - .105 PHT
 - . 03 RD

Health Care Impact

- Over 3000 persons without knowledge of Medicaid Dental programming and without referral to dental care providers. People will have lack of access to dental care.

HIV Counseling and Testing

Counselors provide confidential and anonymous counseling and testing for the HIV antibody.

Number of HIV tests completed in FY 2011-12: 12

Financial Information:

Expenses:	\$1553	
Revenue:		% of Revenue
CPBC	\$ 99	6%
Donation	\$ 40	3%
Local (Local Appropriation)	\$1,414	91%

If program were eliminated:

Financial Impact

- Savings of \$1414 in local dollars

Health Care impact

- Loss of confidential and anonymous HIV testing in Benzie and Leelanau County.

Public Health Preparedness

The Public Health Preparedness program of the Benzie – Leelanau District Health Department coordinates the development and implementation of public and medical health services for preparedness and response to acts of bioterrorism, infectious disease outbreak and other public health emergencies. The program has expanded to encompass "all hazards" preparedness and response.

The varied activities of the program focus on strengthening existing partnerships among the public health, healthcare and emergency management planning communities. Efforts concentrate on building and sustaining aggressive collaborative response to public health emergencies focusing on an effective and efficient utilization of all resources.

Financial Information:

Expenses:	\$122,929	
Revenue:		% of Revenue
CPBC	\$119,200	97%
Local (Local Appropriation)	\$ 3,729	3%

If program were eliminated:

Financial impact:

- Savings of \$3,729 in local dollars, loss of \$119,200 in State funding.
- Loss in staffing of .7 FTE PHN. This PHN also provides services in other health department program as needed. She is our back up for PH services. This back up would be lost.

- Savings of \$11,288.48 in space costs, but this would then be spread to other programs. More empty space in the buildings.

Health Care Impact:

- There would not be a public health preparedness program. Benzie and Leelanau Counties would be without public health preparedness plans. This program would need to be provided by another organization if we did not provide this program.

Personal Health Mandated Services

Communicable Disease/ STD Surveillance

Program Description: The Health Department conducts surveillance to prevent the occurrence of communicable disease, control the spread of diseases that have already occurred, and educate individuals and groups about effective measures for disease prevention.

Number of Communicable Disease Follow Up cases in FY 2011-12: 188 persons

Financial Information:

Expenses:	\$24,914	
Revenue:		% of Revenue
Donations	\$ 1,082	4%
LPHO (State)	\$ 3,666	15%
Local (Local Appropriation)	\$20,166	81%

Vision and Hearing Program

Program Description: Hearing and Vision Screening is intended to identify children who are in need of further evaluation, diagnosis and treatment. Because learning is mostly accomplished through the senses of vision and hearing, screenings help to identify any barriers that would impair a child’s ability to learn. Early identification and treatment can prevent or at least alleviate many of the problems that result from impaired hearing or vision. Screening is the most practical approach to identifying children in need of professional services.

The health department employs a certified technician to provide hearing and vision screening and follow up services for all school age children in Benzie and Leelanau Counties. This is a required service of health departments. Here are some facts about Hearing and Vision screening:

- Hearing screening is provided to children in grades: K, 2, 4, 6
- Vision screening is provided to children in grades: 1, 3, 5, 7, drivers ed.
- Approximately 9% of children are referred for follow up from the vision screenings.
- Approximately 4% of children are referred for follow up from the hearing screenings.

Numbers vision screened in school year 2011/12: 1812 children
 Number referred for follow up: 156 children

Numbers hearing screened in school year 2011/12: 1332 children
 Number referred for follow up: 56 children

Financial Information:

Expenses:	\$44,370
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Revenue:		% of Revenue
Medicaid	\$ 3,487	8%
LPHO (State)	\$23,690	53%
Local (Local Appropriation)	\$17,194	39%

Immunizations

Program Description: Childhood and Adult vaccines are available through the Health Department clinics. Immunizations include: diphtheria, tetanus, Pertussis, poliomyelitis, Haemophilus influenza, mumps, rubella, measles, hepatitis B, varicella, meningitis, HPV, seasonal flu, H1N1 flu, pneumonia, shingles. Immunization is a required health service of health departments. Here are some facts about immunizations:

- Diseases are becoming rare due to vaccinations.
- We keep immunizing until disease is eliminated.
- If we stopped vaccinating, diseases that are almost unknown would stage a comeback. Before long we would see epidemics of diseases that are nearly under control today. More children would get sick and more would die.
- We vaccinate to protect our future. We don't vaccinate just to protect our children. We also vaccinate to protect our grandchildren and their grandchildren.

Total number vaccines administered to adults and children in FY 2011-12: 1352 vaccines

Seasonal Flu vaccines administered FY 2011-12: 524

Financial Information:

Expenses: \$75,024

Revenue:		% of Revenue
Miscellaneous	\$ 2,557	3%
Medicaid	\$ 2,625	3%
Fees	\$ 8,012	11%
Cost Based Reimbursement	\$ 9,982	13%
CPBC (State)	\$ 14,739	20%
Flu Clinics	\$ 7,201	10%
Local (Local Appropriation)	\$ 29,908	40%

Environmental Health Non-Mandated Services

Type II Non-Community Water Supplies

Program Description: This program is carried to monitor the safety of medium sized community well water supplies that serve the public. Examples of these types of facilities would be schools, restaurants, campgrounds, motels and medium size employers to name a few. The local health department contracts with the MDEQ based on requirements from the 1974 Safe Drinking Water Act.

Annual or quarterly water quality monitoring is an important part of this program. Every five years, each supply must have a complete system survey that assesses the potential of that system to provide safe water. Depending on the use at the supply a number of different construction and sampling parameters are mandated by the local health department. Quarterly reports are sent to the MDEQ to update them on the status of the program and an annual evaluation is carried out by that department.

Number of Type II Well Water Supplies: 209

Number of Annual Sanitary Surveys Conducted: 44

Financial Information:

Expenses: \$53,804

Revenue:		% of Revenue
MDEQ (State)	\$38,062	71%
Local (Local Appropriation)	\$13,408	25%
Permits	\$ 2,334	4%

Total FTE for Program: 0.5

Impact if Program was eliminated:

Financial Impact:

Savings of \$13,408 in local dollars but a loss of \$38,062 in MDEQ funding would occur. For every dollar the counties put in, we receive approximately \$3 dollars of State Funding. Loss of .5 in Environmental Health Sanitarian staffing would occur.

Environmental Health Impact:

Two hundred nine facilities in the two counties would not be inspected or monitored for water quality by local staff. All other Local Health Department in the state do carry out this program, so it is unclear if the MDEQ is capable of picking up this inspection/monitoring program. Talks would be necessary with the State to determine if the program can be dropped.

Property Transfer Septic/Well Evaluation Program

Program Description: This program is only carried out in Benzie County, based on local environmental health regulations. The purpose of this activity is to assure that existing septic systems and well water supplies are functioning properly and providing the public with safe water quality.

Each parcel of property that has a septic system and/or water well is evaluated by BLDHD staff to verify that it is operating in a proper manner prior to property transfer. The sewage portion includes locating and mapping the placement of the existing system. In addition, borings into the disposal system are carried out to assure that the drainfield/drywell is functioning appropriately. These systems are then evaluated as to their conformance with the current environmental health regulations. Upgrading is required if the system is not in substantial conformance with those regulations.

The water supply is evaluated as to its construction as it compares to the current state law. Water samples are taken to verify that the well provides a safe drinking water supply.

Number of Septic System Evaluations: 261

Number of Water Well Evaluations: 269

Total FTE for Program: 0.50

Impact if Program was eliminated:

Financial Impact:

A savings of \$20,548 in local dollars, but a loss of \$68,843 in local fees. There will also be a loss of some septic permit fees due to the fact that the Evaluation program causes an increase in septic permit fees from required upgrades at the time of sale. This amount would be estimated at approximately \$6,000 per year.

A loss of a 0.5 FTE in Environmental Health Sanitarian would occur.

Environmental Health Impact:

The continuing upgrade of substandard on-site septic systems and wells would cease for roughly 250 residences and businesses in Benzie County. In addition, there would be no verification to new owners that the water quality of their newly purchased homes would not occur.

A change in the Benzie County EH regulations would be necessary to implement this elimination.

Vacant Property Evaluations

Program Description: This service is carried out to assess the suitability of vacant property for onsite sewage system installation. This allows purchasers of property to evaluate whether that property can be developed as they wish. Soil borings and a site drawing are a part of this activity. This service is based on provisions in the local environmental health regulations.

BLDHD also is authorized by the MDEQ to carry out the Subdivision Program based on provisions of the Land Division Act. This activity evaluates the suitability of on-site sewage and on-site well water supplies. Our department gives final approval in cases where the Act and Rules of the Act are being followed.

Number of Vacant Property Evaluations: 104

Number of Subdivisions and Site Condos Reviewed: 0

Total FTE for Program: 0.25

Impact if Program was eliminated:

Financial Impact:

A savings of \$10,055 of local appropriations, but a loss of \$29,222 in local fees from the program would occur. A loss of a 0.25 FTE in Environmental Health Sanitarian

Environmental Health Impact:

Prospective vacant property purchasers would not be able to determine the suitability of property for on-site sewage disposal.

Department of Human Services Facility Inspections

Program Description: This program is carried out in conjunction with the Department of Human Services to assure the safety of Adult and Children's Foster Homes as well as Children's Camps and Nursery Schools. Facility safety inspections as well as water sampling food service evaluation and sewage system inspections are a part of this inspection.

Number of DHS Facility Inspections: 36

Total FTE for Program: 0.080

Impact if Program was eliminated:

Financial Impact:

A savings of \$3,498 in local appropriations, but a loss of \$6,292 in local fees would occur.
A loss of a 0.08 FTE in an Environmental Health Sanitarian

Environmental Health Impact:

Thirty-six Child Foster care, Adult Foster Care, Nursery Homes and Children's Camps would not have any regulatory inspections to verify safe conditions.

Campground Licensing and Inspection

Program Description: The purpose of this activity is to carry out an annual inspection of all recreational facilities that offer more than four campsites for rental to the public. These campsites can be either permanent or temporary in nature. Public complaints are investigated on site. The basis for this inspection is state statute (Part 125 of Act 368 of 1978). The BLDHD contracts with the MDEQ to carry out this program.

Number of Permanent Campground Inspections: 26

Number of Temporary Campground Inspections: 3

Total FTE for Program: 0.10

Impact if Program was eliminated:

Financial Impacts:

A savings of \$3,935 in local appropriations, with an accompanying loss of \$5,214 in local and State fees would occur.
A loss of a 0.10 FTE in an Environmental Health Sanitarian

Environmental Health Impact:

Twenty-nine campgrounds would not be inspected to assure safe water, sewage disposal and proper safety equipment.

Public Swimming Pool Licensing and Inspections

Program Description: This program verifies that the water quality and safety requirements are being met in public swimming pools. Annual inspections and complaint investigation are the main components of the program. Part 125 of Act 368 of 1978 is the applicable statute. The BLDHD contracts with the MDEQ to accomplish this program.

Number of Public Swimming Pool Inspections: 45

Total FTE for Program: 0.060

Impact if Program was eliminated:

Financial Impact:

A savings of \$2,623 in local appropriations, with an accompanying loss of \$3,686 in local and State fees would occur.

A loss of a 0.060 FTE in an Environmental Health Sanitarian

Environmental Health Impact:

The end of annual inspections and ongoing monitoring of 45 public swimming pools in our district would occur.

Septic Pumper Truck and Disposal Site Inspections

Program Description: The BLDHD inspects the septic tank pumper trucks to make sure they have the proper equipment so there is no leakage or potential spilling of truck contents. Each land disposal site is also inspected to assure the proper volumes, isolations, and waste incorporation is occurring. All sewage facilities that accept septic or holding tank wastes are inspected annually. The investigation of complaints by the public is also our responsibility. Our Department contracts with the MDEQ to complete these inspections based on Act 381 of 2004.

<u>Number of Septic Truck Inspections:</u>	20
<u>Number of Septage Waste Disposal Site Inspections</u>	7
<u>Number of Sewage Facility Inspections</u>	4
<u>Number of Storage Facilities</u>	2

Total FTE for Program: 0.080

Impact if Program was eliminated:

Financial Impact:

A savings of \$3,060 in local appropriations, with an accompanying loss of \$4,310 in State reimbursement would occur.

A loss of a 0.080 FTE in an Environmental Health Sanitarian

Additional Environmental Health Responsibilities

There are numerous Environmental Health activities that often do not have revenue sources, but have public health significance for the community.

- Rabies Testing: The staff consults with individuals who may have had contact with animals that could be carriers of Rabies. Recommendation as to testing of the animal and consultation with the medical community is a part of this activity.
- Radon Testing: Test kits for residential Radon monitoring are available at the Health Department. The test results are reviewed by the EH staff with the home owner.
- Mold in Housing: Over the last several years, there has been a greater interest in the effects of mold in local housing. We make information available and may do a site visit to the housing in question to see if there is evidence of mold. We do not do mold testing and recommend that to be done by mold remediation firms.
- Swimming Beach Monitoring: Each summer four beaches in the two counties are sampled by the Grand Traverse Watershed. Our Health Department reviews the e. coli counts and sees the beaches are posted if counts dictate that. The staff fields questions regarding these beaches.
- West Nile Testing: Although the incidence of West Nile has reduced over the last several years, the EH staff still fields questions and enters in data to the Michigan West Nile Bird registry.

- Nuisance Monitoring: The Environmental Health Regulations give responsibility to the Health Department to field complaints dealing with sanitation in homes and businesses in the two counties. Typically garbage or other debris may be determined to be excessive to the point of harboring vermin and EH staff will require clean up where necessary.
- Clean Air Regulation: Effective in November of 2009 and subsequently in May of 2010, a State law implementation gives the Health Department the responsibility to follow up on complaints that deal with smoking in regulated businesses.

Financial Information for General Environmental Health:

Expenses:	\$162,619	
Revenue:		% of Revenue
Property Eval. Permit Fees	\$29,222	25%
Mortgage Eval. Permit Fees	\$68,825	58%
DSS Inspection Fees	\$ 6,292	5%
Campground Fees	\$ 5,214	4%
Septage Inspection Fees	\$ 4,310	4%
Swimming Pool Fees	\$ <u>3,686</u>	3%
Other Revenue	\$ 1,351	1%
	\$118,900	

The balance of expenses (\$43,719) is distributed to the other EH programs and is reflective in their expense totals. This results in zero local appropriation dollars in the General EH programs.

**The "non-mandated" programs are statutorily required to be carried out by State or Federal law, but it is not specifically required that the local health department do those programs. Historically, throughout the state, those departments have done so. The exceptions are the Benzie Septic and Well Evaluation program which is by local regulation and the Vacant Property Evaluations which determine property suitability to buyer prior to the sale of vacant property.

Environmental Health Mandated Services

On-Site Sewage Treatment*

Program Description: The purpose of this program is to assure properly located and constructed septic systems that will protect the health of the public. The BLDHD contracts with the MDEQ to administer this program.

The Health Department is required to field evaluate (soil borings and appropriate measurements) all residential parcels of land where septic systems are proposed. Septic permits are to be issued where the local regulation can be met.

Health Department staff is also required to field evaluate all commercial parcel of land where septic systems are proposed based on the Michigan Criteria for Subsurface Sewage Disposal. Permits are issued where the Criteria can be met.

Both residential and commercial systems must also be inspected upon completion and said inspection shall be documented by a concise as built drawing of the completed system. Numerous reasons for health department staff visits to parcels dictate a review of the existing on-site system

Complaint follow-up is required where information is received that there is a system failure for commercial or residential systems.

The Health Department employs Registered Sanitarians to carry out this program.

<u>Number of Residential Septic Permits Issued:</u>	201
<u>Number of Commercial Septic Permits Issued:</u>	27
<u>Number of Final Septic Permit Inspections:</u>	181
<u>Number of Parcels Evaluated for On-site Sewage:</u>	612
<u>Number of Complaint Investigations:</u>	19

Financial Information:

Expenses: \$229,121

Revenue:		% of Revenue
Permit Fees	\$78,243	34%
LPHO (State)	\$86,683	38%
Local (Local Appropriation)	\$64,195	28%

FTEs: 2.14

Private and Type III Water Supply**

Program Description: The purpose of this program is to assure that safe well water is provided to the public of our two counties.

The issuance of a Water Well Permit requires that the Environmental Health staff, upon receiving an application, carry out a field visit to the well site to assure that the location meets the Ground Water Quality Control Act (Part 127 - Act 386 of 1978).

Once the permit is issued, inspections can occur during well construction and/or after the well equipment has been installed. Verification that the well log, water samples and field inspection are documented allows a final approval to be given on the well. If the site has an existing well that is no longer in use, we verify that it has been properly abandoned.

The Water Supply Program also requires the local health department to follow up and advise individuals as to water quality concerns they might have on their supplies. Site visits are carried out on locations that are producing unacceptable water quality, whether it is a chemical or a bacterial concern.

<u>Number of Residential Well Permits Issued:</u>	214
<u>Number of Well Inspections:</u>	77
<u>Number of Existing Wells Abandoned:</u>	47

Financial Information:

Expenses: \$181,790

Revenue:		% of Revenue
Permit Fees	\$51,798	28%
LPHO (State)	\$68,108	37%
Local (Local Appropriation)	\$61,884	35%

FTEs: 1.74

Food Service*

Program Description: The Food Service Program's goal is to assure the public receives safe and unadulterated food at MDA licensed facilities in Benzie and Leelanau Counties.

The Michigan Department of Agriculture, based on the requirements of Michigan's Food Law of 2000, and recommendation from the Benzie-Leelanau District Health Department, issues businesses a Food Establishment License. That recommendation is drawn from twice annual regular inspections carried out by our staff. Follow up inspections are carried out in cases where certain —critical items—are not being met. These follow up inspections must be done within 30 days of the original inspection. Health Department staff is required to be certified in the Michigan Food Law.

Plan reviews for all major remodeling or new business construction is also required in the Food Law. A substantial amount of staff time for this technical part of the program is dedicated to this activity each year.

Other types of MDA food licenses are done of BLDHD staff. These include Temporary Food Licenses as well as Mobile, Vending and Special Transitory Food Units (STFUs). Each of these MDA licenses has particular requirements that must be verified by way of on location inspections. These special licenses often require weekend and evening work be carried out.

Finally, Food Complaints and Foodborne Illness investigations are required under the Food Law. Certain quick timelines (<24 hours) are mandated.

<u>Number of Fixed Food Service Inspections:</u>	302
<u>Number of STFU/Mobile Inspections:</u>	15
<u>Number of Follow up Inspection:</u>	22
<u>Number of Fixed Food Service Licenses Issued:</u>	193
<u>Number of STFU/Mobile Licenses Issued:</u>	12
<u>Number of Vending Licenses Issued:</u>	1
<u>Number of Temporary Food Service Licenses:</u>	93
<u>Number of Plan Reviews Carried Out:</u>	10
<u>Number of Food Complaint Location Visits:</u>	11

Financial Information:

Expenses:	\$147,271.39	
Revenue:		% of Revenue
Permit Fees	\$85,270	58%
LPHO (State)	\$38,634	26%
Other Local/Misc.	\$ 4,115	3%
Local (Local Appropriation)	\$19,252	13%

FTEs: 1.41

*The On Site Sewage and Food Service Programs are required to go through a week long accreditation site visit every three years.

**The Water Supply Program has an annual evaluation that verifies compliance with MDEQ minimum program requirements.

Financial Information Summary Detail

Below is a listing of funding sources and what they mean in the Financial Information Section for each Health Department Program. Figures are reflective of the Fiscal Year 2010-2011 general ledger. It is important to note that funding sources and amounts fluctuate year-to-year. What is reported during this fiscal year period can, and usually does, change for the following fiscal year.

Client Donations: While clients incur charges for certain services, they are not required to pay. Client donations include revenue from clients who do not incur charges to those who pay for services they used.

Comprehensive Planning, Budgeting and Contract Agreement (CPBC): This is an agreement with the State of Michigan to provide public health services to the residents of Michigan. Most Personal Health non-mandated services receive their State funding through this Agreement. This Agreement is typically amended throughout the fiscal year three or four times.

Cost Based Reimbursement (CBR): Is a Federal match program for Medicaid provided services. The intent of CBR is to reimburse the Health Department our actual costs to provide a service to Medicaid clients, less what the Health Department actually receives in Medicaid revenue. Local dollars are used as a match for this funding.

Michigan Department of Environmental Quality (MDEQ): The Health Department contracts with the MDEQ to provide services at the local level. Services include campground inspections, swimming pool inspections and septage hauling inspections.

Federal Financial Participation (FFP): Federal Financial Participation was created as a part of Title XIX, Social Security Act of 1965. The program's intention is to provide local services in support of Medicare by providing a cost match for personnel. At a later point, Medicaid was also added. There are two objectives that permit claims under FFP. They are: 1) to assist individuals eligible for Medicaid to enroll in the Medicaid program and/or 2) to assist individuals on Medicaid to access Medicaid providers and services. The first involves outreach, assistance in enrollment and navigating through the various programs. The second involves ongoing case management to ensure the individual's service needs are being addressed. For the Benzie-Leelanau District Health Department, the Children's Special Health Care Services program receives FFP funding for ongoing case management services to ensure clients of this program get the needed specialized care. The formula for this funding is calculated by taking the cost of the program times the Medicaid Eligibility Rate (as set by Medicaid) and then multiplying that by the 50% match of the program expenses. The local health department must also make a 50% match of the program expenses.

Flu clinics: This is separate funding revenue for the seasonal flu clinics the Health Department holds annually. Funding is made up of private pay charges as well as Medicare or Medicaid.

Local Appropriations: This is funding that is received from Benzie and Leelanau Counties in their appropriation to the Health Department. It is used to make up the difference between revenue and expense in each program. In years when there is not enough appropriation, there is a deficit to the Health Departments fund balance. When there is a surplus, then there is an increase to the fund balance.

Local Public Health Operations (LPHO): These are the State mandated services funding. Per the Public Health Code (Act 368 of P.A. 1978), LPHO funding is to be a 50% match of expenses with the local entity. This has happened only once (in the mid-1990s) and the current rate of State reimbursement is approximately 35% while the local portion is near 65%. The State has recently changed the name of this funding source to Essential Public Health Services.

Medicaid: This is a funding reimbursement for service provided by the Health Department. The reimbursement rate is set by the State. Over the past few years we have seen this reimbursement rate reduced while our costs continue to increase.