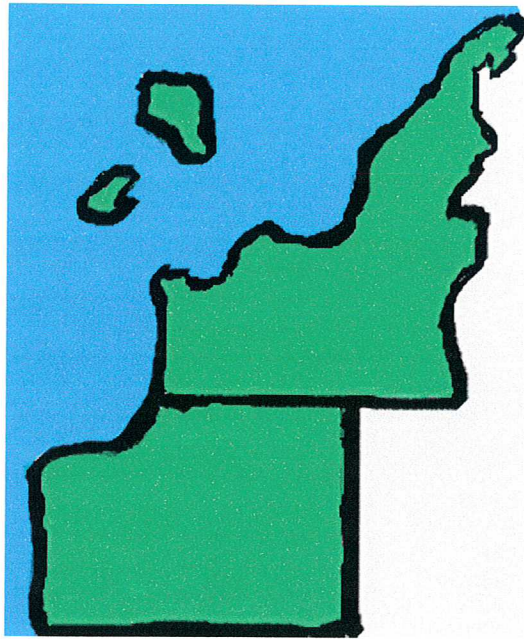


Benzie-Leelanau District Health Department

Summary of Services

October 1, 2013 - September 30, 2014



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Administration would like to thank and recognize the hard working, dedicated staff who made it possible to serve the residents of Benzie and Leelanau counties.

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Administration would also like to thank the 2013/2014 Board of Health for their dedication and support in promoting public health for Benzie and Leelanau county residents.

Roger Griner, Benzie County Commissioner
Melinda Lautner, Leelanau County Commissioner
Marjorie McCulloch, Leelanau County Member-at-Large
Peachy Rentenbach, Leelanau County Commissioner
Glen Rineer, Benzie County Commissioner
Dr. George Ryckman, Benzie County Member-at-Large

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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 2013-14:

- Duplicated CSHCS clients referred for Diagnostic Evaluations: 1
- Unduplicated CSHCS clients assisted with Enrollment: 12
- Unduplicated clients in the CSHCS renewal process: 94

Financial Information:

| | | |
|-----------------------------|----------|--------------|
| Expenses: | \$33,207 | |
| Revenue: | | % of Revenue |
| FFP (Federal Match) | \$ 1,447 | 4% |
| CPBC (State) | \$28,000 | 84% |
| Other State: | \$ 3,760 | 11% |
| Local (Local Appropriation) | \$ 0 | 0% |

Impact if program was eliminated:

Financial Impact

- There would be no savings in local dollars, but a loss of \$31,760 in State funding and \$1,447 in FFP funding.
- Loss of .200 FTE secretary and .90 FTE Public Health Nurse in staffing.
- Savings of \$3,893 in space costs, but these "empty" space costs shifted to other programs. More unused space in the buildings.

Health Care Impact

- Approximately 100 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 departments 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 2013-14: Over 3000 persons

Financial Information:

| | | |
|-----------------------------|-----------|--------------|
| Expenses: | \$133,935 | |
| Revenue: | | % of Revenue |
| FFP (Federal Match) | \$66,732 | 50% |
| Local (Dental Grant) | \$16,218 | 12% |
| Local (Local Appropriation) | \$50,985 | 38% |

Impact if program was eliminated:

Financial Impact

- Savings of \$50,985 in local dollars, but loss of \$66,732 in Federal Match. The local dental grant funding would be shifted to another program.
- For every dollar that the county puts in, we get at approximately \$1.30 in Federal dollars.
- Staffing Loss would be significant: .05 FTE Acct Clerk Specialist, .03 FTE Personal Health Director, .46 FTE PHN/SW, .526 FTE PHT, .13 FTE Secretary, and .17 FTE 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 2013-14: 150 (66 Leelanau, 84 Benzie)

Financial Information:

| | | | |
|-----------|-----------------------------|----------|--------------|
| Expenses: | | \$9698 | |
| Revenue: | | | % of Revenue |
| | Other Local | \$ 9,682 | 99% |
| | Local (Local Appropriation) | \$ 16 | < 1% |

Impact if program was eliminated

Financial Impact

- Savings of \$16 local dollars, loss of \$9,682 in other funding from Munson Medical Center.
- Elimination of .048 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 are more important to assuring access to care and assuring good health outcomes. Eliminating this program would not be consistent with the Health Department mission to assure access to health care.

Maternal and Infant Health Program

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 2013-14: 135 women/797 visits

Number of infants served in FY 2013-14: 110 infants/949 visits

Financial Information:

| | |
|-----------|-----------|
| Expenses: | \$348,548 |
|-----------|-----------|

| Revenue: | | % of Revenue |
|-----------------------------|-----------|--------------|
| Medicaid | \$130,683 | 37% |
| Cost Based Reimbursement | \$ 84,838 | 24% |
| MDCH-CPBC | \$ 5,808 | 2% |
| Local (Local Appropriation) | \$127,220 | 36% |

Impact if program was eliminated:

Financial Impact

- Loss of 1.54 FTE PHN, .69 FTE SW, .39 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 \$127,220 in local dollars, loss of \$90,646 in State Revenue and loss of \$130,683 in Medicaid Revenue.
- Savings of \$10,737 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 245 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 two 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 five 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.

Average participants per month for the WIC program in FY 2013-14: 676

Average participants per month for the Migrant WIC program in FY 2013-14: 37

Total average participants per month for the WIC program (combined): 713

WIC Financial Information:

Expenses: \$181,969

| Revenue: | | % of Revenue |
|----------------------|-----------|--------------|
| Medicaid | \$ 768 | <1% |
| CPBC (State) | \$110,632 | 60% |
| Local Appropriations | \$ 70,176 | 38% |
| Other | \$ 392 | <1% |

Migrant WIC Financial Information:

Expenses: \$19,319

| Revenue: | | % of Revenue |
|--------------|----------|--------------|
| CPBC (State) | \$19,319 | 100% |

WIC Peer Counselor Information:

Expenses: \$22,434

| Revenue: | | % of Revenue |
|--------------|----------|--------------|
| CPBC (State) | \$21,434 | 99% |
| Local Grants | \$ 1,000 | <1% |

Impact if program was eliminated:

Financial Impact

- WIC - Loss of .070 FTE for PH supervisor, loss of .160 FTE for PHN, loss of .53 FTE for PHT and .530 FTE RD.,
- Migrant WIC – Loss of .08 FTE RD and .150 FTE PHT.
- WIC Peer Counselor – Loss of .02 Account Clerk 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 \$70,176 in local dollars, loss of \$151,385 in State/Federal funding and a loss of \$768 in Medicaid revenue.
- False Savings of \$19,898 in space costs as these expenses would be shifted to other programs. More empty space in the two buildings.

Health Care Impact

- Approximately 700 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: \$48,224

| Revenue: | | % of Revenue |
|-----------------------------|----------|--------------|
| MCIR | \$ 1,000 | 2% |
| CPBC (State) | \$19,607 | 41% |
| VFC Vaccine | \$25,220 | 52% |
| Local (Local Appropriation) | \$ 2,397 | 5% |

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.

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 2013-14: 223 people over 782 visits

Financial Information:

Expenses: \$84,625

| Revenue: | | % of Revenue |
|-----------------------------|----------|--------------|
| Other Local | \$ 5,318 | 6% |
| Medicaid | \$18,286 | 22% |
| CPBC (State) | \$27,705 | 33% |
| Cost Based Reimbursement | \$15,643 | 18% |
| Local (Local Appropriation) | \$17,673 | 21% |

Impact if program was eliminated:

Financial Impact:

- Savings of \$17,673 in local dollars. Loss of \$18,286 in Medicaid revenue, and a loss of \$43,348 in State Revenue.
- Loss of the following FTE in staffing: .015 office manager, .010 account clerk specialist, .175 Nurse practitioner, .050 PHN, .320 PHT
- Savings of \$9,719 in space costs, although these costs would be spread to other programs. More empty space in the two 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 2013-14: 41 women; 78 visits

Financial Information:

Expenses: \$7,150

| Revenue: | | % of Revenue |
|-----------------------------|---------|--------------|
| Medicaid | \$2,370 | 33% |
| Other Local | \$ 148 | 2% |
| Local (Local Appropriation) | \$4,632 | 65% |

Impact if program was eliminated:

Financial Impact

- Savings of \$4,632 in local appropriations, loss of \$2,370 in Medicaid revenue.
- Loss of .02 FTE Account Clerk, .014 FTE PHT and a .10 FTE Nurse Practitioner
- Savings of \$2,617 in space costs, but this would be shifted to other programs.

Health Care Impact

- Approximately 41 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

Dental Outreach funding comes from a dental grant through the Health Department of Northwest Michigan. To maximize funding allocation, the money is recognized as a local match in the Medicaid Outreach program.

Impact if program was eliminated:

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 2013-14: 5

Financial Information:

Expenses: \$1,157

| Revenue: | | % of Revenue |
|-----------------------------|---------|--------------|
| CPBC | \$ 44 | 4% |
| Local (Local Appropriation) | \$1,113 | 96% |

Impact if program was eliminated:

Financial Impact

- Savings of \$1,157 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: | \$110,197 | |
| Revenue: | | % of Revenue |
| CPBC | \$ 93,136 | 85% |
| Local (Local Appropriation) | \$ 17,060 | 15% |

Impact if program was eliminated:

Financial impact:

- Savings of \$17,060 in local dollars, loss of \$93,136 in State funding.
- Loss in staffing of .8 FTE contractual employee.
- Savings of \$6,862 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 2013-14: 245 persons

Financial Information:

| | | |
|-----------------------------|----------|--------------|
| Expenses: | \$17,277 | |
| Revenue: | | % of Revenue |
| Local CD Reimbursement | \$ 93 | 1% |
| LPHO (State) | \$ 5,124 | 30% |
| Local (Local Appropriation) | \$12,060 | 69% |

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 2013/14: 2674 children

Number referred for follow up: 287 children

Numbers hearing screened in school year 2013/14: 1385 children

Number referred for follow up: 60 children

Financial Information:

| | | |
|-----------------------------|----------|--------------|
| Expenses: | \$56,837 | |
| Revenue: | | % of Revenue |
| Medicaid | \$ 5,018 | 8% |
| LPHO (State) | \$23,690 | 43% |
| Local (Local Appropriation) | \$28,129 | 49% |

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 2013-14:
143 people/339 visits,
705 doses of vaccine administered.

Financial Information:

| | | |
|-----------------------------|----------|--------------|
| Expenses: | \$36,212 | |
| Revenue: | | % of Revenue |
| Miscellaneous | \$ 1,825 | 5% |
| Medicaid | \$ 2,674 | 7% |
| Fees | \$ 4,566 | 13% |
| Cost Based Reimbursement | \$ 3,526 | 9% |
| CPBC (State) | \$12,737 | 35% |
| Flu Clinics | \$ 849 | 1% |
| Local (Local Appropriation) | \$10,035 | 30% |

Environmental Health Non-Mandated Services

Type II Non-Community Water Supplies

Program Description: This program is performed to monitor the safety and construction of medium sized non-community well water supplies that serves more than 25 people per day. 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. The EPA is implementing new rules which will greatly impact this program beginning in fiscal year 2016.

Number of Type II Well Water Supplies: 215

Number of Annual Sanitary Surveys Conducted: 44

Financial Information:

Expenses: \$56,805

| Revenue: | | % of Revenue |
|-----------------------------|----------|--------------|
| MDEQ (State) | \$46,629 | 82% |
| Local (Local Appropriation) | \$ 8,230 | 14% |
| Permits | \$ 1,946 | 4% |

Total FTE for Program: 0.5

Impact if program was eliminated

Financial Impact

Savings of \$8,230 in local dollars but a loss of \$46,629 in MDEQ funding would occur. For every dollar the counties put in, we receive approximately \$5 dollars of State Funding. Loss of .5 in Environmental Health Sanitarian staffing would occur.

Environmental Health Impact:

Two hundred fifteen facilities in the two counties would not be inspected or monitored for water quality by local staff. All other local health departments in the State do carry out this program, so it is unclear if the MDEQ is capable of picking up this inspection/monitoring program. Program changes mandated by the EPA is requiring quarterly water testing for Type II facilities. This will result in the need to increase staff time in this program while receiving no increase in funding. In further research, while not a mandated program under the ELPHS programs, it is indeed a State mandated program.

Point of Sale (POS) Septic/Well Evaluation Program

Program Description: Until last year, this program was only carried out in Benzie County, based on local environmental health regulations. Some jurisdictions within Leelanau County are looking to mandate their own evaluation program. Glen Arbor Township adopted a POS evaluation program in 2014. The Health Department is designated to perform the inspections for this new ordinance. 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 and not degrading groundwater or surface water. 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 quality. It is important to note that damaged wells are required to be repaired.

Number of Septic System Evaluations: 284

Number of Water Well Evaluations: 293

Total FTE for Program: 0.75

Impact if program was eliminated:

Financial Impact:

- A savings of \$31,292 in local dollars, but a loss of \$82,119 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 \$5,000 per year.
- A loss of a 0.5 FTE in Environmental Health Sanitarian and a .25 FTE secretary would occur.

Environmental Health Impact:

- Substandard on-site septic systems and wells would go undocumented for residences and businesses in Benzie County and Glen Arbor Township. In addition, there would be no verification to new owners that the water quality of their newly purchased homes is satisfactory.
- 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 determine 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 for proposed subdivisions and site condominiums. Our department gives final approval after all preliminary plans have been reviewed and approved.

Number of Vacant Property Evaluations: 94

Number of Subdivisions and Site Condos Reviewed: 0

Total FTE for Program: 0.30

Impact if program was eliminated:

Financial Impact:

- A savings of \$15,313 of local appropriations, but a loss of \$29,611 in local fees from the program would occur.
- A loss of a 0.25 FTE in environmental health sanitarian and a .05 FTE secretary.

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. The inspections include: facility safety, food service evaluation, sewage system inspections, and water supply compliance.

Number of DHS Facility Inspections: 23

Total FTE for Program: 0.08

Impact if program was eliminated:

Financial Impact:

A savings of \$5,326 in local appropriations, but a loss of \$4,954 in local fees would occur. A loss of a 0.08 FTE in an environmental health sanitarian.

Environmental Health Impact:

Twenty-three child foster care, adult foster care, nursing 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 as well. 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: 29

Number of Temporary Campground Inspections: 3

Total FTE for Program: 0.10

Impact if program was eliminated:

Financial Impacts:

- A savings of \$5,992 in local appropriations, with an accompanying loss of \$5,203 in local and State fees would occur.
- A loss of a .10 FTE in an environmental health sanitarian.

Environmental Health Impact:

Twenty-nine campgrounds would not be inspected to assure safe drinking water, sewage disposal sanitation, 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 and spas. 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: 44

Total FTE for Program: 0.060

Impact if program was eliminated:

Financial Impact:

- A savings of \$3,995 in local appropriations, with an accompanying loss of \$3,954 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 44 public swimming pools in our district would occur.

Septage Pumper Truck and Disposal Site Inspections

Program Description: The BLDHD conducts annual inspection of septage hauling vehicles 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.

Number of Septic Truck Inspections: 18

Number of Septage Waste Disposal Site Inspections 7

Number of Sewage Facility Inspections 2

Number of Storage Facilities 1

Total FTE for Program: 0.08

Impact if program was eliminated:

Financial Impact:

A savings of \$4,661 in local appropriations, with an accompanying loss of \$3,880 in State reimbursement would occur with a loss of a 0.08 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 have 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: Coastal beaches and inland lake beaches are monitored weekly for e-coli levels throughout the summer months. The BLDHD collaborates with Grand Traverse County Health Department and The Watershed Center Grand Traverse Bay. Our Health Department reviews the e. coli levels and issues advisories 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. Sewage complaints and water supply complaints are also common.
- 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: **\$196,484**

| Revenue: | | % of Revenue |
|----------------------------|----------|--------------|
| Property Eval. Permit Fees | \$29,611 | 23% |
| Mortgage Eval. Permit Fees | \$82,119 | 63% |
| DSS Inspection Fees | \$ 4,954 | 4% |
| Campground Fees | \$ 5,203 | 4% |
| Septage Inspection Fees | \$ 3,880 | 3% |
| Swimming Pool Fees | \$ 3,954 | 3% |
| Other Revenue | \$ 673 | 1% |

\$130,394

The balance of expenses (\$66,090) 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 (POS) 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 and Disposal*

Program Description: The purpose of this program is to assure properly located and constructed septic systems that will protect the health of the public and protect the environment. 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 issued where the local regulation can be met prior to any construction.

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 and county regulations can be met.

Both residential and commercial systems must also be inspected upon completion and said inspection are documented by a concise as built drawing of the completed system.

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

The Health Department employs registered sanitarians to carry out this program.

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| <u>Number of Residential Septic Permits Issued:</u> | 201 |
| <u>Number of Commercial Septic Permits Issued:</u> | 18 |
| <u>Number of Final Septic Permit Inspections:</u> | 172 |
| <u>Number of Parcels Evaluated for On-site Sewage:</u> | 621 |
| <u>Number of Complaint Investigations:</u> | 5 |

Financial Information:

| | | |
|-----------------------------|-----------|--------------|
| Expenses: | \$178,893 | |
| Revenue: | | % of Revenue |
| Permit Fees | \$78,637 | 44% |
| LPHO (State) | \$91,320 | 50% |
| Local (Local Appropriation) | \$ 8,936 | 5% |

FTEs: 1.56

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, conduct 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) prior to the well being drilled.

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 or nearby property. Site visits are carried out on locations that are producing unacceptable water quality, whether it is a chemical or a bacterial concern.

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| <u>Number of Residential Well Permits Issued:</u> | 229 |
| <u>Number of Well Inspections:</u> | 57 |
| <u>Number of Existing Wells Abandoned:</u> | 42 |

Financial Information:

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|-----------------------------|-----------|--------------|
| Expenses: | \$180,649 | |
| Revenue: | | % of Revenue |
| Permit Fees | \$59,052 | 33% |
| LPHO (State) | \$71,751 | 40% |
| Local (Local Appropriation) | \$49,846 | 28% |

FTEs: 1.550

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. Plans must be approved prior to construction in a licensed food establishment.

Other types of MDA food licenses are issued 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 holiday, weekend, and evening work schedules.

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

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| <u>Number of Fixed Food Service Inspections:</u> | 295 |
| <u>Number of STFU/Mobile Inspections:</u> | 26 |
| <u>Number of Follow up Inspection:</u> | 111 |
| <u>Number of Fixed Food Service Licenses Issued:</u> | 198 |
| <u>Number of STFU/Mobile Licenses Issued:</u> | 26 |
| <u>Number of Vending Licenses Issued:</u> | 1 |

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|---|----|
| <u>Number of Temporary Food Service Licenses:</u> | 83 |
| <u>Number of Plan Reviews Carried Out:</u> | 20 |
| <u>Number of Food Complaint Location Visits:</u> | 8 |

Financial Information:

| | | |
|-----------------------------|-----------|--------------|
| Expenses: | \$160,593 | |
| Revenue: | | % of Revenue |
| Permit Fees | \$96,712 | 61% |
| LPHO (State) | \$40,701 | 26% |
| Other Local/Misc. | \$ 7,002 | 3% |
| Local (Local Appropriation) | \$16,178 | 10% |

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 2013-2014 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.

Essential Local Public Health Services (ELPHS): These are the State mandated services funding. Per the Public Health Code (Act 368 of P.A. 1978), ELPHS 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%.

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.