

Allegan County Board of Commissioners



County Services Building
3283 – 122nd Avenue
Allegan, MI 49010
269-673-0203 Main Office
269-686-5331 Main Fax
<http://www.allegancounty.org>

Jim Storey, Chairperson
Gale Dugan, Vice Chairperson

BOARD OF COMMISSIONERS MEETING – AGENDA

***REVISION – 7/16/21**

Thursday, July 22, 2021 – 1PM

County Services Building, Board Room

Virtual Meeting Options – Connectivity Instructions **Attached**

DISTRICT 1

Dean Kapenga
616-218-2599
dkapenga@
allegancounty.org

1PM

CALL TO ORDER:

ROLL CALL:

OPENING PRAYER: Commissioner Dean Kapenga

PLEDGE OF ALLEGIANCE:

COMMUNICATIONS: *Attached

APPROVAL OF MINUTES:

July 8, 2021

PUBLIC PARTICIPATION:

ADDITIONAL AGENDA ITEMS:

APPROVAL OF AGENDA:

PRESENTATIONS:

*[2020 Audit](#)—Gabridge & Company

PROCLAMATIONS:

INFORMATIONAL SESSION:

Allegan County Medical Examiner—Dr. Joyce deJong

ADMINISTRATIVE REPORTS:

DISTRICT 2

Jim Storey
616-848-9767
jstorey@
allegancounty.org

DISTRICT 3

Max R. Thiele
269-673-4514
mthiele@
allegancounty.org

DISTRICT 4

Mark DeYoung
616-318-9612
mdeyoung@
allegancounty.org

CONSENT ITEMS:

1. Motion to approve of claims paid and to incorporate into proceedings of the Board (7/16/21 & 7/23/21)
-

DISTRICT 5

Tom Jessup
269-637-3374
tjessup@
allegancounty.org

ACTION ITEMS:

1. Area Agency on Aging of Western Michigan (AAAWM)—approve Annual Implementation Plan (AIP) FY2022 (202-770)
-

DISTRICT 6

Gale Dugan
269-694-5276
gdugan@
allegancounty.org

DISCUSSION ITEMS:

1. *Law Enforcement Services Agreement
-

DISTRICT 7

Rick Cain
269-744-7918
rcain@
allegancounty.org

NOTICE OF APPOINTMENTS & ELECTIONS:

APPOINTMENTS:

1. Water Study Workgroup:

Mission Statement

“The Allegan County Board of Commissioners shall plan, develop, and evaluate the necessary policies and resources to ensure our county continues to progress and prosper”

- Two County Commissioners Representatives
 - One Manager or Supervisor of a Local Unit of Government. Representative
 - One Municipal Water Supply Supervisor or Technician Representative
 - One Academia (Not directly related to the development of the groundwater study) Representative
 - Agricultural Businesses: Growers & Livestock Representative
 - Allegan County Conservation District (ACCD) Representative
 - Real Estate: Builder, Developer, and Realtor- Representative
 - Industrial Representative
 - Well Driller Representative
 - Restaurant Owner Representative
 - Community Member (owner of a private water supply) Representative
 - Tribal Member Representative
2. Broadband Action Workgroup:
 - One County Commissioner Representative
 - Three City or Township Representatives
 - One Agri-business Representative
 - One Industry/Large Employer Representative
 - One Medical Industry Representative
 - One Economic Development Representative
 - One Holland Board of Public Works (BPW) Representative
 - One Allegan Area Educational Service Agency (AAESA) Representative
 - One Local Public Schools Representative
 3. Brownfield Redevelopment Authority
 - One Representative—term expired 12/31/2019
 4. Solid Waste Planning Committee
 - One Solid Waste Industry Representative—term expired 12/31/19
 - One Solid Waste Industry Representative—term expired 12/31/20
 - One Industrial Waste Generator Representative—term expired 12/31/20
 5. Tourist Council
 - One Representative—term expired 12/31/20

ELECTIONS:

1. Commission on Aging
 - One Member Representative—term expires 12/31/22

PUBLIC PARTICIPATION:

FUTURE AGENDA ITEMS:

REQUEST FOR PER DIEM/MILEAGE:

BOARDS AND COMMISSIONS REPORTS:

ROUND TABLE:

ADJOURNMENT: Next Meeting - Thursday, August 12, 2021, 1:00PM @ COUNTY SERVICES BUILDING, BOARD ROOM



Allegan County Board of Commissioners



Allegan County Board of Commissioners Meeting

July 22, 2021



Allegan County
3283 122nd Ave
Allegan, MI 49010

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STEP 1: Connect to the Meeting

- OPTION 1: Zoom over Telephone

- Call (929) 205-6099 -or- (312) 626-6799 -or- (253) 215-8782
- Type in Meeting ID: 895 1803 3264, then #, then # again
- Type in Meeting Password: 72221, then #

- To raise your hand to speak, press *9
- To Mute and Unmute, press *6
<STOP here>

You do not have to continue reading the rest of the instructions.

- OPTION 2: Youtube

- Open Internet Explorer or Chrome
- Navigate to <https://www.youtube.com/channel/UCQliZQstN2Pa57QAltAWdKA>
- Click on image of “Live” video

<STOP here>

You do not have to continue reading the rest of the instructions.

- OPTION 3: Zoom over Web browser

- Open Internet Explorer or Chrome
- Navigate to <https://zoom.us/j/89518033264>
- Meeting Password: 72221

<Continue with the rest of the instructions>

STEP 2: Enter registration information

The screenshot shows a web browser window with the URL `zoom.us/webinar/register/WN_YneHxuk_SjqfnMwchbtUEg`. The page title is "Webinar Registration".

Registration details:

- Topic: BOC Meeting - 4/9/2020
- Time: Apr 9, 2020 01:00 PM in Eastern Time (US and Canada)

Registration form fields (marked as required information):

- First Name *
- Last Name *
- Email Address *
- Confirm Email Address *

reCAPTCHA section:

- I'm not a robot
- reCAPTCHA Privacy - Terms

Registration button: [Join Webinar in Progress](#)

Challenge question interface (reCAPTCHA v2):

- Select all images with []
- Grid of images showing various street scenes.
- Navigation icons: back, forward, refresh, volume, info.
- VERIFY button

Footer navigation links:

- About: Zoom Blog, Customers, Our Team, Why Zoom, Features, Careers, Integrations, Partners, Investors
- Download: Meetings Client, Zoom Rooms Client, Browser Extension, Outlook Plug-in, Lync Plug-in, iPhone/iPad App, Android App
- Sales: 1.888.799.9666, Contact Sales, Plans & Pricing, Request a Demo, Webinars and Events
- Support: Test Zoom, Account, Support Center, Live Training, Feedback, Contact Us, Accessibility

STEP 3: This Window will appear when connected.



STEP 4: Adjust audio settings (if needed)

The screenshot displays a meeting interface with a 'Settings' window open to the 'Audio' tab. A 'Select a Speaker' dropdown menu is visible at the bottom left, with a blue arrow labeled '1' pointing to it. Another blue arrow labeled '2' points to the 'Audio' tab in the settings window. The background shows a meeting agenda with items like 'Economic Development - Greg King, Director' and 'ADMINISTRATIVE REPORTS: CONSENT ITEMS: 1. Motion to approve of claims paid...'.

Settings - Audio

Speaker Test Speaker Remote Audio

Output Level: _____

Volume:

Microphone Test Mic _____

Input Level: _____

Volume:

Automatically adjust volume

Use separate audio device to play ringtone simultaneously

Automatically join audio by computer when joining a meeting

Mute my microphone when joining a meeting

Press and hold SPACE key to temporarily unmute yourself

Sync buttons on headset

Advanced

Select a Speaker

- ✓ Remote Audio
- Same as System
- Test Speaker & Microphone...
- Leave Computer Audio
- Audio Settings...

Economic Development — Greg King, Director
ADMINISTRATIVE REPORTS:

CONSENT ITEMS:

1. Motion to approve of claims paid and to incorporate into proceedings of the Board (3/20/20 & 3/27/20)

DISTRICT 4
Mark DeYoung
816-318-9612
mdeyoung@allegancounty.org

269-673-4514
mble@allegancounty.org

Audio Settings ^

Chat Raise Hand Q&A

STEP 5: Raise hand to be recognized to speak.

- Once “Raise Hand” is clicked, the Board Chairperson will receive notice and may UNMUTE your microphone when ready and verbally recognize you to speak.

On bottom of screen.

1. Click **Raise Hand** in the Webinar Controls.



2. The host will be notified that you've raised your hand.

3. Click **Lower Hand** to lower it if needed.



STEP 6: To leave the meeting

The screenshot shows a Zoom meeting interface. At the top, a green banner reads "You are viewing Allegan County Administration's screen" with a "View Options" dropdown. In the top right corner, there is an "Enter Full Screen" button. The main content is a document viewer displaying a Microsoft Word document titled "BOC20200409_agenda [Compatibility Mode] - Word". The document header includes the "Allegan County Board of Commissioners" logo and contact information for County Services Building, including phone and fax numbers, and the names of Chairperson Jim Storey and Vice Chairperson Gale Dugan. The document title is "BOARD OF COMMISSIONERS MEETING – AGENDA". The agenda items are listed by district: DISTRICT 1 (Virtual Meeting – Connectivity Instructions Attached), DISTRICT 2 (1PM CALL TO ORDER, ROLL CALL, OPENING PRAYER, PLEDGE OF ALLEGIANCE, COMMUNICATIONS: Attached, APPROVAL OF MINUTES: Attached), DISTRICT 3 (PUBLIC PARTICIPATION, ADDITIONAL AGENDA ITEMS, APPROVAL OF AGENDA, PRESENTATIONS, PROCLAMATIONS, INFORMATIONAL SESSION: Attached, ADMINISTRATIVE REPORTS), and DISTRICT 4 (CONSENT ITEMS:). The document footer shows "PAGE 1 OF 2" and "251 WORDS". At the bottom of the Zoom window, there is a control bar with "Audio Settings", "Chat", "Raise Hand", "Q&A", and a red "Leave Meeting" button. A large blue arrow points to the "Leave Meeting" button.

Minutes of a regular meeting of the Wexford County Board of Commissioners, held at the Wexford County Courthouse, 437 E. Division St., Cadillac, Michigan on the seventh day of July, 2021, at 4:00 p.m.

PRESENT: Hurlburt, Musta, Townsend, Bengelink, Bush, Nichols, Potter & Taylor.

ABSENT: Theobald.

The following preamble and resolution were offered by Commissioner Bengelink and supported by Commissioner Bush.

RESOLUTION 21-22

RESOLUTION OPPOSING MICHIGAN SECRETARY OF STATE "BY APPOINTMENT ONLY"

WHEREAS, Michigan Secretary of State Jocelyn Benson, recently stated Michigan residents will always need an appointment to conduct business at a Secretary of State branch office and suggested making this permanent change, is an improvement in service; and

WHEREAS, the Secretary of State called walk in service at the branches an "antiquated, inefficient, take-a-number system that nobody liked"; the reality is that most people do want the option to walk in to a branch office for service at *their* convenience; and

WHEREAS, not only Wexford County residents but all residents of the State of Michigan should have the ability to renew and make changes to all necessary documentation timely and locally through services provided by the Michigan Secretary of State; that these changes defy common sense in serving the public and is a significant reduction in convenient service; and

WHEREAS, some industry changes were positive during the coronavirus and made sense; this change does not as constituents need to be able to transfer vehicles, renew and update driver's licenses expediently, so that they can prove and provide legal ownership and residency; and

WHEREAS, these changes have been established without input from constituents, who are directly affected by this sweeping change and web-based services do not completely replace the need for walk in service at the branch offices. Many older residents and those without computers or internet will simply be turned away at the Secretary of State door; and

WHEREAS, these changes will only continue to frustrate citizens who just would like their license renewed or to be able to sell a vehicle, without having to wait weeks or even months or drive to a different service area to accomplish these simple tasks.

THEREFORE BE IT RESOLVED, that the Wexford County Board of Commissioners hereby STRONGLY opposes "By Appointment Only" services for the residents not only in Wexford County but for the entire State of Michigan.

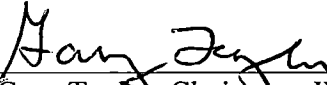
BE IT FURTHER RESOLVED, that a copy of this Resolution be forwarded to Governor Gretchen Whitmer, Secretary of State Jocelyn Benson, Senate and House leaders of Wexford County, and Michigan Association of Counties.

A ROLL CALL VOTE WAS TAKEN AS FOLLOWS:

AYES: Musta, Townsend, Bengelink, Bush, Nichols, Potter, Hurlburt, and Taylor

NAYS: None.

RESOLUTION DECLARED ADOPTED.



Gary Taylor, Chairman, Wexford County Board of Commissioners



Alaina M. Nyma, County Clerk

STATE OF MICHIGAN)
) ss.
COUNTY OF WEXFORD)

I hereby certify that the foregoing is a true and complete copy of Resolution 21-22 adopted by the County Board of Commissioners of Wexford County at a regular meeting held on July 7, 2021, and I further certify that public notice of such meeting was given as provided by law.



Alaina M. Nyma, County Clerk

ALLEGAN COUNTY BOARD OF COMMISSIONERS

INDEX

JULY 8, 2021 SESSION

JOURNAL 69

<u>PAGE</u>	<u>ITEM</u>	<u>SUBJECT MATTER</u>
577	1	JULY 8, 2021 SESSION - PLEDGE OF ALLEGIANCE, ROLL CALL
577	2	PUBLIC PARTICIPATION - NO COMMENTS
577	3	APPROVAL OF AGENDA AS PRESENTED
577	4	AMERICAN RESCUE PLAN ACT (ARPA) REVIEW
577	5	BREAK - 9:55 A.M.
577-578	6	AMERICAN RESCUE PLAN ACT (ARPA) REVIEW CONTINUED
578	7	ADMINISTRATIVE UPDATE
578	8	PUBLIC PARTICIPATION
578	9	ADJOURNMENT UNTIL JULY 22, 2021
578	10	JULY 8, 2021 SESSION - INVOCATION, PLEDGE OF ALLEGIANCE, ROLL CALL
578	11	APPROVAL OF MINUTES JUNE 24, 2021
579	12	PUBLIC PARTICIPATION
579	13	APPROVAL OF AGENDA AS PRESENTED
579-583	14	INFORMATIONAL SESSION - COMMUNITY MENTAL HEALTH
584-585	15	CONSENT ITEMS - JULY 2, 2021 AND JULY 9, 2021
585	16	SENIOR SERVICES - APPROVE IN-HOME SUPPORT SERVICES CONTRACT
586	17	AREA AGENCY ON AGING OF WESTERN MICHIGAN (AAAWM) - APPROVE IMPLEMENTATION PLAN (AIP) FY2022
586	18	BOC - ROCK-TENN SITE DEMOLITION
587	19	PUBLIC PARTICIPATION - NO COMMENTS

576

587	20	FUTURE AGENDA ITEMS
587	21	ROUND TABLE
587	22	ADJOURNMENT UNTIL JULY 22, 2021

DRAFT

MORNING SESSION

JULY 8, 2021 SESSION - PLEDGE OF ALLEGIANCE, ROLL CALL

1/ The Board of Commissioners of the County of Allegan, State of Michigan, met in the Board Room of the County Services Building in the Township of Allegan on July 8, 2021 at 9:04 A.M. in accordance with the motion for adjournment of June 24, 2021, and rules of this board; Chairman Storey presiding.

The Deputy Clerk led the Board in the Pledge of Allegiance to the flag.

Upon roll call the following members answered as Commissioners for the respective Districts:

DIST #1	DEAN KAPENGA - Absent	DIST #5	TOM JESSUP - left at 11:20AM; returned at 11:55AM
DIST #2	JIM STOREY	DIST #6	GALE DUGAN
DIST #3	MAX THIELE	DIST #7	RICK CAIN
DIST #4	MARK DeYOUNG		

PUBLIC PARTICIPATION - NO COMMENTS

2/ Chairman Storey opened the meeting to public participation and as there were no comments from the public, he closed the meeting to public participation.

AGENDA - ADOPTED AS PRESENTED

3/ Moved by Commissioner Thiele, seconded by Commissioner DeYoung to adopt the meeting agenda as presented. Motion carried by roll call vote. Yeas: 6 votes. Nays: 0 votes. Absent: 1 vote.

DISCUSSION ITEMS:**AMERICAN RESCUE PLAN ACT (ARPA) REVIEW**

4/ Administrator Sarro addressed the board on the American Rescue Plan Act (ARPA) and outlined the framework for the development of a plan. The plan shall be subject to Board consideration prior to reimbursement or expenditure of funds being sought.

BREAK - 9:55 A.M.

5/ Upon reconvening at 10:05 A.M., the following Commissioners were present: Commissioner Storey, Thiele, DeYoung, Jessup, Dugan and Cain. Absent: Kapenga.

AMERICAN RESCUE PLAN ACT (ARPA) REVIEW - CONTINUED

6/ Public input was sought before June 30, 2021 for the use of ARPA funds. Those results were compiled and 21 requests were reviewed with the board. Discussion followed on each request.

Dorr Township Supervisor Jeff Milling addressed the board in regards to item #9 from Lakeshore Advantage regarding broadband and the county working with the local units to keep this on the list. He also noted to the board that Dorr Township is working with Kent County on a sustainable business park.

Deputy supervisor at Dorr Township Jim Martin addressed the board regarding the sustainable business park and noted this is a two county plan

- Kent and Allegan. The property will be leased out and will be taxable bringing taxable monies to the local unit and the county.

Moved by Commissioner Dugan, seconded by Commissioner Cain to suspend discussion on the ARPA funds. Motion carried by roll call vote. Yeas: 5 votes. Nays: 0 votes. Absent: 2 votes.

ADMINISTRATIVE UPDATE

7/ Administrator Rob Sarro noted his written report was submitted to Commissioners. Highlights included: employment opportunities; courthouse construction progress; animal shelter project updates; paperless journal entry documents; public defender updates; transportation emergency response; and public health updates.

PUBLIC PARTICIPATION - COMMENTS

8/ Chairman Storey opened the meeting to public participation and the following individuals offered comments:

1. Dorr Township Supervisor Jeff Milling addressed the board regarding broadband

ADJOURNMENT UNTIL JULY 22, 2021 AT 9:00 A.M.

9/ Moved by Commissioner Thiele, seconded by Commissioner Cain to adjourn until July 22, 2021 at 9:00 A.M. The motion carried by voice vote and the meeting was adjourned at 12:07 P.M. Yeas: 6 votes. Nays: 0 votes. Absent: 1 vote.

AFTERNOON SESSION

JULY 8, 2021 SESSION - INVOCATION, PLEDGE OF ALLEGIANCE, ROLL CALL

10/ The Board of Commissioners of the County of Allegan, State of Michigan, met in the Board Room of the County Services Building in the Township of Allegan on July 8, 2021 at 1:09 P.M. in accordance with the motion for adjournment of June 24, 2021, and rules of this Board; Chairman Storey presiding.

The invocation was offered by District #2 Commissioner Storey.

The Deputy County Clerk led the Board in the Pledge of Allegiance to the flag.

Upon roll call the following members answered as Commissioners for the respective Districts:

DIST #1	DEAN KAPENGA - Absent	DIST #5	TOM JESSUP
DIST #2	JIM STOREY	DIST #6	GALE DUGAN
DIST #3	MAX THIELE	DIST #7	RICK CAIN
DIST #4	MARK DeYOUNG		

JUNE 24, 2021 SESSION MINUTES - ADOPTED

11/ Moved by Commissioner Dugan, seconded by Commissioner DeYoung to approve the minutes for the June 24, 2021 session as distributed. Motion carried by voice vote. Yeas: 6 votes. Nays: 0 votes. Absent: 1 vote.

PUBLIC PARTICIPATION - NO COMMENTS

12/ Chairman Storey opened the meeting to public participation and as there were no comments from the public, he closed the meeting to public participation.

AGENDA - ADOPTED AS PRESENTED

13/ Moved by Commissioner Cain, seconded by Commissioner DeYoung to adopt the meeting agenda as presented. Motion carried by voice vote. Yeas: 6 votes. Nays: 0 votes. Absent: 1 vote.

INFORMATIONAL SESSION - COMMUNITY MENTAL HEALTH

14/ Community Mental Health Director Mark Witte presented the annual update for 2021 from Allegan County Community Mental Health Services.

DRAFT



Annual Update to the Allegan County Commission

July 8, 2020

Our Mission

Strengthening our community by improving and advocating for the lives of individuals and families.

Our Vision

Building a community which provides integrated behavioral health care effectively, efficiently, and sustainably for all who require it.

Our Core Values

- Integrity
- Honor
- Equality
- Innovation
- Teamwork
- Cultural Competency

Thank you, Commissioners and Administrator Sorro, for the opportunity to present this annual update for 2021 from Allegan County Community Mental Health Services. As we emerge from the COVID-19 remote work configuration, there are many important developments in the CMH world that I'm eager to share with you today.

GRATITUDE

Above all, we want to take a moment to thank you and all of the County's staff and operations for the service provided to the people of Allegan County, our clients and staff throughout the COVID-19 pandemic.

We have been protected and supported in our work because of the actions that you and county staff have taken to keep us safe and healthy. Led by Administrator Sarro, his staff and this Commission, and for us most notably, Angelique Joynes and Health Department and Scott Corbin and the Emergency Operations Center, we have benefited from the coordination and collaboration of all county resources to assure the health, welfare and safety of everyone throughout the pandemic. It has truly been a remarkable experience. On behalf of the people we serve and their families, and the staff we employ and their families, thank you.

Beyond the COVID-19 context, we appreciate your continued support of our board by dedication of Commissioners Storey, DeYoung, and (our chairperson) Dugan, and we thank them for their excellent service. Special note should be given to the role Commissioner DeYoung has played in his capacity as chairperson of the Lakeshore Regional Entity, the organization through which the majority of our funding is obtained.

Takeaway: We are grateful to you.

COVID-19

Like all county programs and services, we are plotting our course for resumption of normal activities on a gradual basis, taking time to consider whether any of the changes made to respond to COVID-19 should be

retained as service improvements. For example, we have seen success in engaging some clients more effectively with telehealth technology. So long as the state and federal rules regarding these delivery platforms support it, and it is an advantage to our clients, we will continue to offer it as a way of serving the public. It has helped to overcome the barriers of transportation for many. That said, we also know that some of our clients will rejoice in the ability to once again enjoy face-to-face service delivery that has been so limited over the past year and a half. Some of our clients have also not had good access to wireless or broadband technology, or the financial wherewithal to use it. I surely don't want to give you the wrong impression though ... we have been serving some of our clients face-to-face throughout the pandemic as well. Crisis services, injection services, homelessness services, assertive community treatment are all services which we have provided with strong protection of masks and other kinds of personal protective equipment for all people involved and conscientious cleaning protocols before and after these visits. We regret to inform you that a small number of clients with compromising health conditions living in congregate care settings did pass away from COVID-19 since March 2020. However, I am equally proud to tell you that with the support of the County's environmental services staff, we have not yet had one known instance of workplace transmission of the COVID-19 virus, and have only had 14 staff become ill with the virus since it began.

Takeaway: We will safely emerge from this pandemic with resilience and new-found skills and abilities.

PROGRAMMING DIRECTIONS

The agency is awaiting notification of the outcome of what we believe was a strong application for federal funding to become a Certified Community Behavioral Health Clinic (CCBHC). This grant, which would bring \$2,000,000 per year for two years, is more than what it may first appear.

Grants come and go, and the projects they support sometimes do not last much longer than the grant. In this case, there is the intention of state and federal partners to convert much of the public behavioral health system of the state to a CCBHC model. The leading features of the CCBHC model is:

- (1) the expansion of a service array to address a wider range of mental health needs;
- (2) opening the doors of service to individuals who ordinarily would not qualify because their needs are less severe (which leaves them stranded); and,
- (3) integrating substance use disorder treatment and primary physical healthcare services into the delivery model.

The state of Michigan itself is a newly designated "Demonstration State" for CCBHC, which may give all of the agencies which have received expansion grants (such as what we've applied for) the opportunity for sustained funding through the state's Medicaid-funded financing system. We are reaching out to organizations and systems that specialized in general and primary medical care to develop effective partnership models that bring the best possible care to the people we serve. We are also staging our efforts to work with local law enforcement entities to increase or capacity to assist with the behavioral health elements involved in their work through service supports for those in jail, responding to crises in the community which involve persons with behavioral health conditions, and the like.

The primary benefit for the public will be a comprehensive system of care that can address all levels of need. This is particularly important for ACCMHS given the staging we are in with respect to the new facility we are working to establish.

Takeaway: We will become an increasingly relevant healthcare provider for all of Allegan County.

NEW BUILDING

We are awaiting the conclusion of our financing processes for the purchase and remodeling of the former Shopko store on Jenner Drive across from Ascension Allegan Hospital. We have been approved for a loan from the US Department of Agriculture, and have issued an RFP for contractor services. The latest curve ball for us has been the incredible financial impact of COVID-19 on the construction industry which resulted in construction bids much higher than projected.

The significant gap between our available funding and the cost of the project is being addressed by efforts to reduce the costs of construction and/or increase the amount of available revenue so that this project can finally move forward. Our primary source of funding (95%) is Medicaid which may not be able to be used for a large capital outlay to close the gap. Owing to our status as a public entity, unspent funds must be returned to the state; they cannot be retained. Without alternatives (e.g., public millage for mental health as has been established in Ottawa County), ACCMHS has little ability to build a cash reserve of unrestricted funds large enough to deal with situations like this.

Because of the economic impact of COVID-19 on our construction bids, and the priority on responsive mental health services that are prioritized in federal COVID-19 stimulus/recovery funding opportunities, our eyes have been drawn to the recently announced American Rescue Plan Act distributions that is soon to be available to Allegan County, as well as to the townships, cities and villages within the county. We have directly appealed to each of these entities, including the City of Holland, to request their consideration of our need. Thank you, too, for the opportunity to present the County with this need; we hope you can respond.

Takeaway: If we can close the gap, we will be in position to offer expanded access to a much wider array of desperately needed behavioral healthcare for all of Allegan County.

MODERNIZING OUR IDENTITY

Last year we reported that we'd evaluated our strategic needs and revised our mission/vision/values. We noted that ACCMHS started as an effort to bring citizens home from institutional care and integrate them into community life in the 1970's, but that the work had shifted over the years. We now work to help everyone who struggles with chronic mental illness or developmental/ intellectual disabilities achieve a full and rich life in their community. In addition, we do so much more to intervene in mental health crises as they happen. We serve in support of courts and the jail as they deal with individuals with mental illness. We facilitate access to addiction treatment and offer recovery supports. We address childhood trauma and behavioral difficulties that emerge in childhood. We support healthy living and positive development for youth. ACCMHS is also the homelessness go-to agency for Allegan County.

DRAFT

We have completed our evaluation of the need to rebrand/rename the agency, and the board has made a decision to proceed. We are presently developing plans and materials to support a shift from the familiar "Allegan County Community Mental Health Services" to an identity that will become more engaging and relevant as time goes by. It will remove obstacles of misunderstanding and establish the agency as a recognizable resource for a wide array of behavioral and other social services for all of Allegan County's residents. I won't steal the thunder of our planned launch process, but encourage you to look forward to its eventual introduction. I think you'll be very proud of the result it will have.

Takeaway: ACCMHS will change its name in the near future and improve the awareness and accessibility of behavioral health services in Allegan County.

Sincerely,

Mark A. Witte, MSW, LMSW
Executive Director
7/2/2021

FINANCE COMMITTEE - CLAIMS & INTERFUND TRANSFERS

15/ **WHEREAS**, Administration has compiled the following claims for July 2, 2021 and July 9, 2021; and

WHEREAS, the following claims, which are chargeable against the County, were audited in accordance with Section 46.61 to 46.63, inclusive, M.C.L. 1970 as amended and resolutions of the Board; and

WHEREAS, said claims are listed in the 2021 Claims folder of the Commissioners' Record of Claims.

July 2, 2021

	TOTAL AMOUNT CLAIMED	AMOUNT ALLOWED	AMOUNT DISALLOWED
General Fund – 1010	104,517.02	104,517.02	
Friend of the Court Office – 2151	379.31	379.31	
Health Department Fund – 2210	8,642.92	8,642.92	
Transportation Grant – 2300	1,483.76	1,483.76	
Register Of Deeds Automation Fund – 2560	134.70	134.70	
Indigent Defense – 2600	88,571.32	88,571.32	
Palisades Emergency Planning Facility UP – 2630	154.14	154.14	
Local Corrections Officers Training Fund - 2640	716.80	716.80	
CDBG Loan Repayment – 2771	33.00	33.00	
Grants – 2790	12,020.54	12,020.54	
Sheriff Contracts - 2807	310.83	310.83	
Child Care-Circuit/Family - 2921	6,593.78	6,593.78	
Senior Millage – 2950	1,343.80	1,343.80	
Tax Reversion – 6200	13,783.00	13,783.00	
Drain Equip Revolving – 6390	-310.00	-310.00	
Fleet Management - 6612	399.35	399.35	
Self-Insurance Fund - 6770	366,863.21	366,863.21	
Drain Fund - 8010	46,316.28	46,316.28	
TOTAL AMOUNT OF CLAIMS	\$651,953.76	\$651,953.76	

July 9, 2021

	TOTAL AMOUNT CLAIMED	AMOUNT ALLOWED	AMOUNT DISALLOWED
General Fund – 1010	122,703.90	122,703.90	
Park/Recreation Fund - 2080	7,726.18	7,726.18	
Central Dispatch/E911 Fund - 2110	896.00	896.00	
Central Dispatch CIP - 2118	39,160.00	39,160.00	
Friend of the Court Office - 2151	233.59	233.59	
Health Department Fund - 2210	6,898.85	6,898.85	
Solid Waste – 2211	22,742.53	22,742.53	

Transportation Grant – 2300	160.05	160.05	
Capital Improvement Fund - 2450	152,936.06	152,936.06	
Register of Deeds Automation Fund – 2560	195.00	195.00	
Indigent Defense - 2600	1,209.00	1,209.00	
Local Corrections Officers Training Fund – 2640	29.74	29.74	
Law Library Fund – 2690	3,345.27	3,345.27	
Grants – 2790	300.00	300.00	
Victim Rights Grant - 2791	435.40	435.40	
Wayland Township - 2806	32.99	32.99	
Child Care-Circuit/Family - 2921	6,533.39	6,533.39	
Soldiers Relief Fund - 2930	2,342.91	2,342.91	
Senior Millage - 2950	660.00	660.00	
Delinquent Tax Revolving Fund - 6160	617.81	617.81	
Fleet Management - 6612	236.31	236.31	
Self-Insurance Fund - 6770	538.60	538.60	
Drain Fund - 8010	14,616.35	14,616.35	
TOTAL AMOUNT OF CLAIMS	\$384,549.93	\$384,549.93	

THEREFORE BE IT RESOLVED that the Board of Commissioners adopts the report of claims for July 2, 2021 and July 9, 2021.

Moved by Commissioner DeYoung, seconded by Commissioner Cain to adopt the report of claims for July 2, 2021 and July 9, 2021. Motion carried by roll call vote. Yeas: Storey, DeYoung, Jessup, Dugan and Cain. Nays: Thiele. Absent: Kapenga.

DISCUSSION ITEMS:

SENIOR SERVICES – APPROVE IN-HOME SUPPORT SERVICES CONTRACT

16/ BE IT RESOLVED that the Board of Commissioners hereby approves the recommendations of the Commission on Aging to approve as presented the In-Home Support Services contract with Paragon Home Healthcare Inc, 601 E Centre Avenue, Kalamazoo, Michigan 49002, to provide additional services to include Homemaking, Personal Care and In-Home Respite Services, to the seniors of Allegan County for an amount not to exceed \$26.52 per unit for 2021 and \$27.32 per unit for 2022; and

BE IT FURTHER RESOLVED that the County Administrator is authorized to negotiate the contract and execute the necessary documents on behalf of the County and that the Executive Director of Finance is authorized to make the necessary budget adjustments to complete this action.

Moved by Commissioner Dugan, seconded by Commissioner Cain to approve the resolution as presented. Motion carried by roll call vote. Yeas: Storey, DeYoung, Dugan and Cain. Nays: Thiele. Absent: Jessup.

AREA AGENCY ON AGING OF WESTERN MICHIGAN (AAAWM) - APPROVE ANNUAL IMPLEMENTATION PLAN (AIP) FY 2022

17/ Moved by Commissioner DeYoung, seconded by Commissioner Cain to take action on the Area Agency on Aging of Western Michigan Annual Implementation Plan FY2022 during the July 22, 2021 board meeting. Motion carried by roll call vote. Yeas: 6 votes. Nays: 0 votes. Absent: 1 vote.

BOARD OF COMMISSIONERS - ROCK-TENN SITE DEMOLITION

18/ **WHEREAS**, on July 9, 2020, the Board of Commissioners (Board) authorized the County Administrator to prepare a Request for Proposal (RFP) package for the demolition of the remaining buildings inclusive of a bid alternative to add the removal of the foundations; and

WHEREAS, on September 30, 2020, the Allegan County Brownfield Redevelopment Authority met and by motion recommended the County develop a Brownfield Plan which has now been developed and approved; and

WHEREAS, on October 22, 2020, the Board authorized the use of Local Revenue Sharing Fund (Fund 2470) fund balance to pay for the upfront costs of the development of the Brownfield Plan and the RFP for demolition; and

WHEREAS, expenses that are planned to be recovered through Brownfield Tax Increment Financing should be charged to a Brownfield Redevelopment Authority Fund; and

WHEREAS, consistent with the County's Purchasing Policy, an RFP was developed with the assistance of a professional demolition consultant and released to solicit competitive bids for the necessary Rock Tenn Site Abatement and Demolition Services; and

WHEREAS, based on the bids received, it is estimated that the total Rock Tenn Site Abatement and Demolition project will cost up to \$1,500,00 including a reasonable contingency amount of \$100,000; and

WHEREAS, funding for the RockTenn Site Abatement and Demolition project is available through the County's pooled cash accounts; and

WHEREAS, taxes captured through the Brownfield Plan will replenish the pooled cash accounts.

THEREFORE BE IT RESOLVED that the Board approves the creation of the Brownfield Redevelopment Authority Fund (#2430); and

BE IT FURTHER RESOLVED that the Board appropriates funding of up to \$1,500,000 from the Brownfield Redevelopment Authority Fund to fund the project; and

BE IT FURTHER RESOLVED that the Board hereby awards the Rock Tenn Site Abatement and Demolition Services bid (#1543-21A) to Demolition Contractors Inc. DBA Pitsch Companies of 675 Richmond NW Grand Rapids, Michigan, 49504, to include Alternate A for the full demolition and removal of all substructures, basement and floor slabs for a total project cost not to exceed \$1,500,000; and

BE IT FINALLY RESOLVED that the County Administrator is authorized to negotiate the contract and execute the necessary documents on behalf of the County and that the Executive Director of Finance is authorized to make the necessary budget adjustments to complete this action.

Moved by Commissioner Dugan, seconded by Commissioner Thiele to approve the resolution as presented. Motion carried by roll call vote. Yeas: 6 votes. Nays: 0 votes. Absent: 1 vote.

PUBLIC PARTICIPATION - NO COMMENTS

19/ Chairman Storey opened the meeting to public participation and as there were no comments from the public, he closed the meeting to public participation.

FUTURE AGENDA ITEMS

20/ Administrator Sarro requested clarification for presenting the ARPA funds for the next board meeting. Discussion followed on what Commissioners would like to see in the report.

ROUNDTABLE

21/ commissioner Storey congratulated employees who recently retired from Allegan County. Captain Chris Kuhn and Deputy Scott Johanson from the Sheriff's Department; and Chris White assignment clerk from Circuit Court.

ADJOURNMENT UNTIL JULY 22, 2021 AT 1:00 P.M.

22/ Moved by Commissioner Cain, seconded by Commissioner Jessup to adjourn until July 22, 2021 at 1:00 P.M. The motion carried by roll call vote and the meeting was adjourned at 3:17 P.M. Yeas: 6 votes. Nays: 0 votes. Absent: 1 vote.



Deputy Clerk

Board Chairperson

Minutes approved during the 00/00/2021 Session

Allegran County

December 31, 2020 Audit Summary

Gabridge & Company

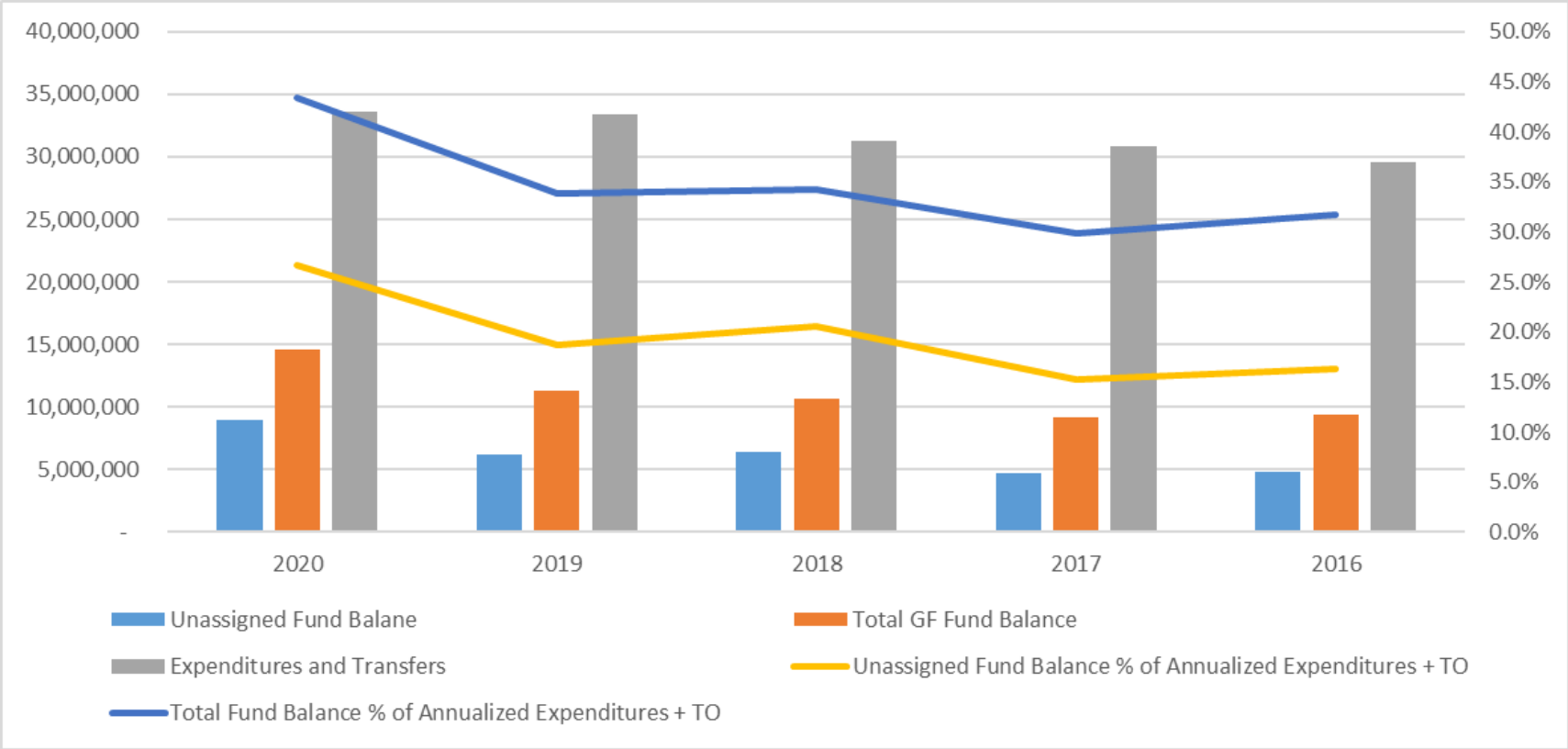
Audit Opinion

- ▶ Issued an unmodified opinion - highest level of assurance
- ▶ Emphasis of Matter GASB 84
- ▶ No internal control deficiencies
- ▶ No deficit fund balances
- ▶ No major budget deficiencies (as defined by state)

Financial Highlights

- ▶ Counties fund balance across all funds as of 12/31/2020 was \$36,397,247
 - ▶ Increase of \$5,751,994
- ▶ General Fund ending fund balance as of 12/31/2020 was \$14,600,737
 - ▶ Increase of \$3,312,517
 - ▶ Unassigned fund balance of \$8,946,505
 - ▶ Approximately 26.7% of annualized expenditures and transfers out

General Fund - Fund Balance



Statement of Net Position

	Governmental Activities		Business-type Activities		Total Primary Government	
	2020	2019	2020	2019	2020	2019
ASSETS						
<i>Current Assets</i>						
Cash and pooled investments	\$ 41,468,851	\$ 33,882,576	\$ 9,984,221	\$ 9,404,589	\$ 51,453,072	\$ 43,287,165
Accounts receivable	1,224,737	1,398,261	1,417,011	1,861,102	2,641,748	3,259,363
Property taxes receivable	3,722,722	3,539,269	4,144,519	3,280,898	7,867,241	6,820,167
Due from other governments	3,120,193	3,114,283	467,489	-	3,587,682	3,114,283
Inventory	29,991	18,673	-	-	29,991	18,673
Prepays	954,122	495,927	22,758	10,826	976,880	506,753
Total Current Assets	50,520,616	42,448,989	16,035,998	14,557,415	66,556,614	57,006,404
<i>Noncurrent Assets</i>						
Capital assets not being depreciated	1,247,080	1,261,202	-	-	1,247,080	1,261,202
Capital assets being depreciated, net	40,074,170	40,777,219	1,890,069	1,971,198	41,964,239	42,748,417
Advance to component unit	250,000	250,000	-	-	250,000	250,000
Total Assets	92,091,866	84,737,410	17,926,067	16,528,613	110,017,933	101,266,023
DEFERRED OUTFLOWS OF RESOURCES						
Pension	2,350,973	5,249,444	60,527	225,758	2,411,500	5,475,202
Total Deferred Outflows of Resources	2,350,973	5,249,444	60,527	225,758	2,411,500	5,475,202
LIABILITIES						
<i>Current Liabilities</i>						
Accounts payable	1,807,587	1,696,384	948,304	296,070	2,755,891	1,992,454
Accrued liabilities	2,839,264	1,121,960	109,212	280,691	2,948,476	1,402,651
Due to other governments	209,360	11,293	1,157	3,181	210,517	14,474
Unearned revenue	467,924	50,406	-	-	467,924	50,406
Accrued interest	146,338	157,274	-	-	146,338	157,274
Current portion of long-term debt	1,915,038	1,835,149	-	-	1,915,038	1,835,149
Total Current Liabilities	7,385,511	4,872,466	1,058,673	579,942	8,444,184	5,452,408
<i>Noncurrent Liabilities</i>						
Long-term debt	22,457,760	24,650,394	-	-	22,457,760	24,650,394
Compensated absences	1,691,413	1,335,044	76,263	83,882	1,767,676	1,418,926
Net pension liability	4,155,490	7,697,956	94,797	257,752	4,250,287	7,955,708
Internal balances	(390,000)	(657,698)	390,000	657,698	-	-
Total Liabilities	35,300,174	37,898,162	1,619,733	1,579,274	36,919,907	39,477,436
DEFERRED INFLOWS OF RESOURCES						
Revenues intended to finance a subsequent year	2,507,963	2,409,906	-	-	2,507,963	2,409,906
Pension	-	-	27,570	44,296	27,570	44,296
Total Deferred Inflows of Resources	2,507,963	2,409,906	27,570	44,296	2,535,533	2,454,202
NET POSITION						
Net investment in capital assets	27,793,452	27,117,878	1,890,069	1,827,000	29,683,521	28,944,878
Restricted	12,080,010	11,072,778	-	-	12,080,010	11,072,778
Unrestricted	16,761,240	11,488,130	14,449,222	13,303,801	31,210,462	24,791,931
Total Net Position	\$ 56,634,702	\$ 49,678,786	\$ 16,339,291	\$ 15,130,801	\$ 72,973,993	\$ 64,809,587

Statement of Activities

	Governmental Activities		Business-type Activities		Total Primary Government	
	2020	2019	2020	2019	2020	2019
Revenue						
Program Revenues						
Charges for services	\$ 11,320,890	\$ 10,922,738	\$ 7,305,562	\$ 8,418,231	\$ 18,626,452	\$ 19,340,969
Operating grants and contributions	19,015,315	16,873,508	1,779,874	881,743	20,795,189	17,755,251
Capital grants and contributions	647,783	345,128	-	-	647,783	345,128
Total Program Revenues	30,983,988	28,141,374	9,085,436	9,299,974	40,069,424	37,441,348
General Revenues						
Taxes	26,191,710	25,258,727	1,300,177	-	27,491,887	25,258,727
Unrestricted intergovernmental revenues	2,042,545	2,714,754	-	-	2,042,545	2,714,754
Interest income	273,210	553,075	64,293	140,039	337,503	693,114
Total General Revenues	28,507,465	28,526,556	1,364,470	140,039	29,871,935	28,666,595
Total Revenues	59,491,453	56,667,930	10,449,906	9,440,013	69,941,359	66,107,943
Expenses						
Legislative	352,887	423,154	-	-	352,887	423,154
Judicial	8,060,693	7,320,213	-	-	8,060,693	7,320,213
General government	13,087,620	11,933,200	-	-	13,087,620	11,933,200
Public safety	17,440,636	19,325,570	-	-	17,440,636	19,325,570
Health and welfare	11,584,595	11,975,926	-	-	11,584,595	11,975,926
Recreation and culture	343,003	548,697	-	-	343,003	548,697
Public works	1,014,778	1,015,074	-	-	1,014,778	1,015,074
Community and economic development	233,246	235,159	-	-	233,246	235,159
Other expenses	408,668	412,030	-	-	408,668	412,030
Interest on long-term debt	781,379	822,960	-	-	781,379	822,960
Delinquent property tax	-	-	243,379	220,480	243,379	220,480
Medical Care Community	-	-	8,226,069	8,471,338	8,226,069	8,471,338
Total Expenses	53,307,505	54,011,983	8,469,448	8,691,818	61,776,953	62,703,801
Changes in Net Position Before Transfers	6,183,948	2,655,947	1,980,458	748,195	8,164,406	3,404,142
Transfers, net*	771,968	736,616	(771,968)	(736,616)	-	-
Change in Net Position	6,955,916	3,392,563	1,208,490	11,579	8,164,406	3,404,142
<i>Net Position at the Beginning of Period</i>	<i>49,678,786</i>	<i>46,286,223</i>	<i>15,130,801</i>	<i>15,119,222</i>	<i>64,809,587</i>	<i>61,405,445</i>
Net Position at the End of Period	\$ 56,634,702	\$ 49,678,786	\$ 16,339,291	\$ 15,130,801	\$ 72,973,993	\$ 64,809,587

Pension

	<u>2019</u>	<u>2018</u>	<u>2017</u>	<u>2016</u>	<u>2015</u>	<u>2014</u>
Total Pension Liability						
Service cost	\$ 547,472	\$ 563,239	\$ 566,872	\$ 575,360	\$ 630,413	\$ 630,185
Interest	5,302,851	5,176,056	5,158,817	5,101,578	4,873,458	4,758,873
Differences between expected and actual experience	632,920	355,330	(1,088,250)	(633,978)	331,814	-
Changes in assumptions	2,424,842	-	-	-	3,070,911	-
Changes in benefits	(3,824,839)	-	-	-	-	-
Benefit payments, including refunds	(4,558,315)	(4,445,235)	(4,395,034)	(4,251,411)	(4,111,028)	(3,889,485)
Other changes	-	-	2,160,970	-	(351)	-
Net Change in Pension Liability	<u>524,931</u>	<u>1,649,390</u>	<u>2,403,375</u>	<u>791,549</u>	<u>4,795,217</u>	<u>1,499,573</u>
<i>Total Pension Liability - Beginning</i>	<u>68,291,092</u>	<u>66,641,702</u>	<u>64,238,327</u>	<u>63,446,778</u>	<u>58,651,561</u>	<u>57,151,988</u>
Total Pension Liability - Ending (a)	<u>\$ 68,816,023</u>	<u>\$ 68,291,092</u>	<u>\$ 66,641,702</u>	<u>\$ 64,238,327</u>	<u>\$ 63,446,778</u>	<u>\$ 58,651,561</u>
Plan Fiduciary Net Position						
Contributions - employer	\$ 587,231	\$ 392,628	\$ 6,727,018	\$ 368,383	\$ 338,220	\$ 19,657,679
Contributions - employee	297,326	281,627	281,302	314,894	323,859	331,471
Net investment income (loss)	8,042,589	(2,507,442)	7,736,509	6,026,562	(846,351)	2,512,269
Benefit payments, including refunds	(4,558,315)	(4,445,235)	(4,395,034)	(4,251,411)	(4,111,028)	(3,889,485)
Administrative expenses	(138,479)	(127,060)	(298,081)	(119,106)	(125,827)	(92,867)
Other changes/transfers	-	(79,216)	176,601	-	-	655,392
Net Change in Plan Fiduciary Net Position	<u>4,230,352</u>	<u>(6,484,698)</u>	<u>10,228,315</u>	<u>2,339,322</u>	<u>(4,421,127)</u>	<u>19,174,459</u>
<i>Plan Fiduciary Net Position - Beginning</i>	<u>60,335,384</u>	<u>66,820,082</u>	<u>56,591,767</u>	<u>54,252,445</u>	<u>58,673,572</u>	<u>39,499,113</u>
Plan Fiduciary Net Position - Ending (b)	<u>\$ 64,565,736</u>	<u>\$ 60,335,384</u>	<u>\$ 66,820,082</u>	<u>\$ 56,591,767</u>	<u>\$ 54,252,445</u>	<u>\$ 58,673,572</u>
Net Pension Liability (Asset) - Ending (a) - (b)	\$ 4,250,287	\$ 7,955,708	\$ (178,380)	\$ 7,646,560	\$ 9,194,333	\$ (22,011)
Plan Fiduciary Net Position as a Percentage of Total Pension Liability	93.8%	88.4%	100.3%	88.1%	85.5%	100.0%

Single Audit

Allegan County
Schedule of Findings and Questioned Costs
For the Year Ended December 31, 2020

SECTION I - SUMMARY OF AUDITOR'S RESULTS

Financial Statements

Type of auditor's report issued	Unmodified
Internal controls over financial reporting	
Material weakness(es) identified?	No
Significant deficiency(ies) identified?	No
Noncompliance material to financial statements noted?	No

Federal Awards

Internal control over major programs	
Material weakness(es) identified?	No
Significant deficiency(ies) identified?	None reported

Type of auditor's report issued on compliance for major programs **Unmodified**

Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)? No

Identification of Major Programs

<u>Name of Federal Program or Cluster</u>	<u>CFDA Number</u>
Coronavirus Relief Fund	21.019

Dollar threshold used to distinguish between Type A and B programs? \$ 750,000

Auditee qualified as a low-risk auditee? Yes

Questions





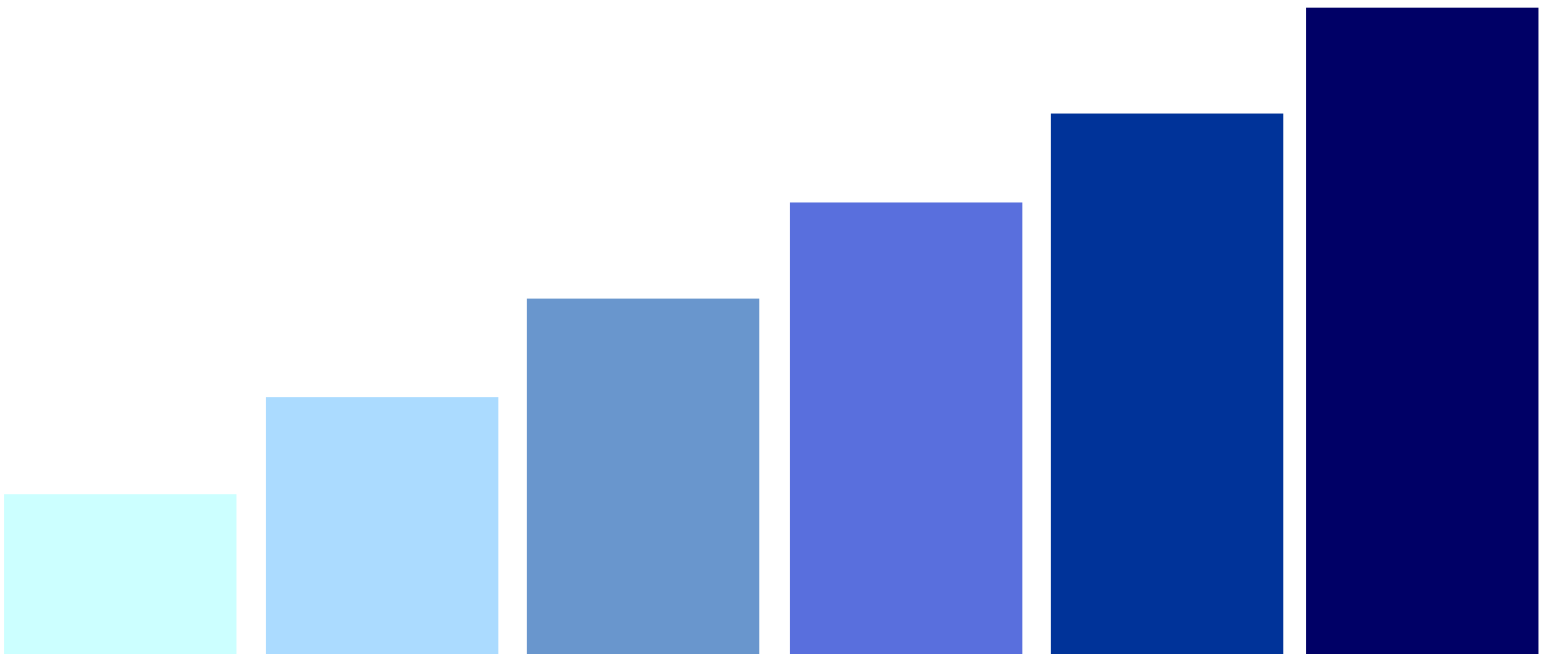
WESTERN MICHIGAN UNIVERSITY
Homer Stryker M.D.
SCHOOL OF MEDICINE

MEDICAL EXAMINER AND
FORENSIC SERVICES

2020 Annual Report

Office of the Medical Examiner

Allegan, Barry, Berrien, Calhoun, Grand Traverse, Kalamazoo, Leelanau,
Mason, Muskegon, Osceola, St. Joseph and Van Buren Counties





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Our office operates 24 hours per day, 7 days per week, 365 days per year.
Our administrative office is open from 8:00 a.m. to 5:00 p.m. Monday through Friday, with holiday exceptions.

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CONTENTS

Department of Pathology Faculty	6
Which Deaths Do We Investigate?	7
Identification of Decedent	7
Indications for Complete Autopsy	8
What is the difference between Cause of Death & Manner of Death?	8
The Death Investigation Process	9
Cremation Permit Authorizations	10
Public Health & Safety	10
Unclaimed Investigations	10
Terms	11
Important note regarding the data in this report:	11
COVID-19	11
ALLEGAN COUNTY	12
Summary of All Allegan County Cases	12
Cremation Permit Authorizations, Allegan County	12
Manners of Death Reported, Allegan County	13
Deaths Reported by Age (in years), Allegan County	14
Pediatric Deaths, Allegan County	14
Accidental Deaths by Mechanism, Allegan County	15
Drug-Related Deaths by Manner, Allegan County	15
Suicides by Sex & Age, Allegan County	16
Suicides by Mechanism, Allegan County	17
BARRY COUNTY	18
Summary of All Barry County Cases	18
Cremation Permit Authorizations, Barry County	18
Manners of Death Reported, Barry County	19
Deaths Reported by Age (in years), Barry County	19
Pediatric Deaths, Barry County	20
Accidental Deaths by Mechanism, Barry County	20
Drug-Related Deaths by Manner, Barry County	20
Suicides by Sex & Age, Barry County	21
Suicides by Mechanism, Barry County	21
BERRIEN COUNTY	22
Summary of All Berrien County Cases	22
Cremation Permit Authorizations, Berrien County	22
Manners of Death Reported, Berrien County	23
Deaths Reported by Age (in years), Berrien County	23

Pediatric Deaths, Berrien County _____	23
Accidental Deaths by Mechanism, Berrien County _____	24
Drug-Related Deaths by Manner, Berrien County _____	24
Suicides by Sex & Age, Berrien County _____	24
Suicides by Mechanism, Berrien County _____	25
CALHOUN COUNTY _____	26
Summary of All Calhoun County Cases _____	26
Cremation Permit Authorizations, Calhoun County _____	26
Manners of Death Reported, Calhoun County _____	27
Deaths Reported by Age (in years), Calhoun County _____	28
Pediatric Deaths, Calhoun County _____	28
Accidental Deaths by Mechanism, Calhoun County _____	29
Drug-Related Deaths by Manner, Calhoun County _____	29
Suicides by Sex & Age, Calhoun County _____	30
Suicides by Mechanism, Calhoun County _____	31
GRAND TRAVERSE COUNTY _____	32
Summary of All Grand Traverse County Cases _____	32
Cremation Permit Authorizations, Grand Traverse County _____	32
Manners of Death Reported, Grand Traverse County _____	33
Deaths Reported by Age (in years), Grand Traverse County _____	33
Pediatric Deaths, Grand Traverse County _____	34
Accidental Deaths by Mechanism, Grand Traverse County _____	34
Drug-Related Deaths by Manner, Grand Traverse County _____	34
Suicides by Sex & Age, Grand Traverse County _____	35
Suicides by Mechanism, Grand Traverse County _____	36
KALAMAZOO COUNTY _____	37
Summary of All Kalamazoo County Cases _____	37
Cremation Permit Authorizations, Kalamazoo County _____	37
Manners of Death Reported, Kalamazoo County _____	38
Deaths Reported by Age (in years), Kalamazoo County _____	39
Pediatric Deaths, Kalamazoo County _____	39
Accidental Deaths by Mechanism, Kalamazoo County _____	40
Drug-Related Deaths by Manner, Kalamazoo County _____	41
Suicides by Sex & Age, Kalamazoo County _____	42
Suicides by Mechanism, Kalamazoo County _____	43
LEELANAU COUNTY _____	44
Summary of All Leelanau County Cases _____	44
Cremation Permit Authorizations, Leelanau County _____	44
Manners of Death Reported, Leelanau County _____	45

Deaths Reported by Age (in years), Leelanau County	45
Accidental Deaths by Mechanism, Leelanau County	46
Drug-Related Deaths by Manner, Leelanau County	46
Suicides by Sex & Age, Leelanau County	46
Suicides by Mechanism, Leelanau County	47
MASON COUNTY	48
Summary of All Mason County Cases	48
Cremation Permit Authorizations, Mason County	48
Manners of Death Reported, Mason County	49
Deaths Reported by Age (in years), Mason County	49
Accidental Deaths by Mechanism, Mason County	49
Drug-Related Deaths by Manner, Mason County	50
Suicides by Sex & Age, Mason County	50
Suicides by Mechanism, Mason County	50
MUSKEGON COUNTY	51
Summary of All Muskegon County Cases	51
Cremation Permit Authorizations, Muskegon County	52
Manners of Death Reported, Muskegon County	52
Deaths Reported by Age (in years), Muskegon County	53
Pediatric Deaths, Muskegon County	53
Accidental Deaths by Mechanism, Muskegon County	54
Drug-Related Deaths by Manner, Muskegon County	54
Suicides by Sex & Age, Muskegon County	55
Suicides by Mechanism, Muskegon County	56
OSCEOLA COUNTY	57
Summary of Osceola County Cases	57
Cremation Permit Authorizations, Osceola County	57
Manners of Death Reported, Osceola County	58
Deaths Reported by Age (in years), Osceola County	58
Accidental Deaths by Mechanism, Osceola County	58
Drug-Related Deaths by Manner, Osceola County	59
Suicides by Sex & Age, Osceola County	59
Suicides by Mechanism, Osceola County	59
ST. JOSEPH COUNTY	60
Summary of St. Joseph County Cases	60
Cremation Permit Authorizations, St. Joseph County	60
Manners of Death Reported, St. Joseph County	61
Deaths Reported by Age (in years), St. Joseph County	61
Pediatric Deaths, St. Joseph County	62

Accidental Deaths by Mechanism, St. Joseph County _____	62
Drug-Related Deaths by Manner, St. Joseph County _____	62
Suicides by Sex & Age, St. Joseph County _____	63
Suicides by Mechanism, St. Joseph County _____	64
VAN BUREN COUNTY _____	65
Summary of Van Buren County Cases _____	65
Cremation Permit Authorizations, Van Buren County _____	65
Manners of Death Reported, Van Buren County _____	66
Deaths Reported by Age (in years), Van Buren County _____	66
Pediatric Deaths, Van Buren County _____	66
Accidental Deaths by Mechanism, Van Buren County _____	67
Drug-Related Deaths by Manner, Van Buren County _____	67
Suicides by Sex & Age, Van Buren County _____	67
Suicides by Mechanism, Van Buren County _____	68
ADDITIONAL SERVICES & STATS _____	69
Division of Neuropathology _____	69
Forensic Anthropology _____	69
Hospital/Private/Consultant Postmortem Examinations _____	70
Referrals to organ procurement organization (Gift of Life Michigan), 2020 _____	70
Comparison of All Medical Examiner Counties, 2020 _____	71
Postmortem Examinations, 2020 _____	72
Manners of Death, All Medical Examiner Counties, 2020 _____	73
Significant Death Statistics, 2020 _____	74
Significant Statistics Related to COVID-19 Pandemic _____	75

Editor's note: Every effort has been made to provide the most accurate data in this report by the Quality and Research Manager within the Department of Pathology: Abigail Grande, MPH.

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Which Deaths Do We Investigate?

The Michigan Compiled Laws (MCL) 52.202 require the county medical examiner or deputy county medical examiner to investigate the cause and manner of death of an individual under each of the following circumstances:

- The individual dies by violence.
- The individual's death is unexpected.
- The individual dies without medical attendance by a physician, or the individual dies while under home hospice care without medical attendance by a physician or a registered nurse during the 48 hours immediately preceding the time of death, unless the attending physician, if any, is able to determine accurately the cause of death.
- The individual dies as the result of an abortion, whether self-induced or otherwise.
- If a prisoner in a county or city jail dies while imprisoned, the county medical examiner or deputy county medical examiner, upon notification of the death of the prisoner, shall examine the body of the deceased prisoner.

We also consider the National Association of Medical Examiners (NAME) standards in deciding which deaths to investigate, which include:

- Deaths due to violence.
- Known or suspected non-natural deaths.
- Unexpected or unexplained deaths when in apparent good health.
- Unexpected or unexplained deaths of infants and children.
- Deaths occurring under unusual or suspicious circumstances.
- Deaths of persons in custody.
- Deaths known or suspected to be caused by diseases constituting a threat to public health.
- Deaths of persons not under the care of a physician.



Identification of Decedent

In Michigan, MCL 52.205 requires a scientific identification in cases where visual identification of a decedent is impossible as a result of burns, decomposition, or other disfiguring injuries or the death is the result of an accident that involved two or more individuals who were approximately the same age, sex, height, weight, hair color, eye color and race. In these cases, the county medical examiner is required to verify the identity of the decedent through fingerprints, dental records, DNA or another definitive identification procedure.

Indications for Complete Autopsy

The decision regarding whether a complete autopsy should be performed is based on the NAME Autopsy Performance Standards. Consequently, an autopsy is performed when the:

1. Death is known or suspected to have been caused by apparent criminal violence.
2. Death is unexpected and unexplained in an infant or child.
3. Death is associated with police action.
4. Death is apparently non-natural and in custody of a local, state, or federal institution.
5. Death is due to acute workplace injury.
6. Death is caused by apparent electrocution.
7. Death is by apparent intoxication by alcohol, drugs, or poison, unless a significant interval has passed, and the medical findings and absence of trauma are well documented.
8. Death is caused by unwitnessed or suspected drowning.
9. Body is unidentified and the autopsy may aid in identification.
10. Body is skeletonized.
11. Body is charred.
12. Forensic pathologist deems a forensic autopsy is necessary to determine cause or manner of death, or document injuries/disease, or collect evidence.
13. Deceased is involved in a motor vehicle incident and an autopsy is necessary to document injuries and/or determine the cause of death.

What is the difference between Cause of Death & Manner of Death?

The cause of death is (a) the disease or injury that initiated the train of morbid events leading directly to death, or (b) the circumstances of the accident or violence that produced fatal injury.

Manner of death determination is something that originated in the United States. Unlike the cause of death, with thousands of possibilities, in Michigan, manner of death is limited to: *Natural, Suicide, Accident, Homicide* and *Indeterminate*. The fundamental purpose for determining the manner of death is for public health surveillance and vital statistics.

“The inference of manner is much like the inference of cause of death. One creates the equivalent of a differential diagnosis, ranks and prunes the possibilities, and comes to a conclusion as to which is most likely. The difference is in the degree to which the determination relies on external information. There is often little about a bullet-hole that tells one who created it; many wounds are equally consistent with homicide, suicide or even accident. It is necessary to consider investigational data, scene data and history.”

- **Natural** deaths are due solely or nearly totally to disease and/or the aging process.
- **Accident** applies when an injury or poisoning (such as a drug overdose) causes death and there is little or no evidence that the injury or poisoning occurred with intent to harm or cause death. In essence, the fatal outcome was unintentional.
- **Suicide** results from an injury or poisoning as a result of an intentional, self-inflicted act.

- **Homicide** occurs when the death results from a volitional act committed by another person to cause fear, harm, or death. Intent to cause death is a common element but is not required for classification as a homicide. It has to be emphasized that the classification of homicide for the purpose of death certification is a "neutral" term and neither indicates nor implies criminal intent, which remains a determination within the province of legal processes.
- **Indeterminate** is a classification used when the information pointing to one manner of death is no more compelling than one or more other competing manners of death, in thorough consideration of all available information.

In general, when death involves a combination of natural processes and external factors, such as injury or poisoning, preference is given to the non-natural manner of death.

The Death Investigation Process

A medical examiner investigator (MEI) responds to nearly all of the death scenes. The medical examiner investigator is trained to recognize the vast majority of the deaths requiring postmortem examinations and, in those cases, immediately arranges for transport to WMed for a postmortem examination. Homicides, infant deaths, and drug overdoses are examples of the deaths that are immediately sent.

If the death does not appear to meet the requirements for a postmortem examination, the MEI contacts the on-call medical examiner to discuss the case before releasing the body to a funeral home. The MEI writes a report documenting their findings and uploads images obtained at the investigation. These reports and photos are reviewed by the medical examiner or deputy medical examiner.

The medical examiner or a deputy medical examiner is assigned to each case and generally uses one of the following approaches in each of the deaths for which our office is responsible:

- **Declined Jurisdiction:** A reported death classified as an attended natural death should be documented as a Declined Jurisdiction case.
- **Direct Release:** The body is released directly from the scene to the funeral home. The MEI at the scene views the body and collects information on the scene, medical history, and social history. This information is provided to the on-call medical examiner who may decide to release a body directly to the funeral home chosen by the family.
- **Storage:** The body will be taken to WMed for temporary storage until a funeral home has been chosen. If family cannot be found or if the family does not take responsibility for the disposition of the remains, an unclaimed remains process ensues.
- **External Examination:** An external examination includes a careful evaluation of the circumstances of the death and an examination of the external surfaces of the body, with possible laboratory/toxicology testing. This includes the production of a written report.
- **Limited Examination:** A limited examination generally is within an anatomic boundary (such as a brain only examination) to recover a foreign body or to answer specific questions. This type of examination may also include

toxicology testing. This type of exam is rare and used in only special circumstances. This includes the production of a written report.

- **Complete Autopsy:** A complete examination includes external and internal examination, with toxicology. This includes the production of a written report.

Cremation Permit Authorizations

MCL 52.210 requires funeral directors and embalmers to obtain a signed permit from the medical examiner for the county in which the death occurred. Our office reviews thousands of cremation permit requests each year. The requests for authorization to cremate involves reviewing the death certificate provided by the funeral director to ascertain that deaths that should have been reported to our office were, in fact, reported. Deaths that were not properly reported are investigated before cremation is authorized. We provide monthly detailed reports to the counties that charge for cremation permits to allow them to send invoices, as needed.

Public Health & Safety

The major purpose of the Medical Examiner's Office is to conduct death investigations. The information obtained from individual death investigations may also be studied collectively to gather information that may be used to address public health and safety issues. Our office participates with the Child Death Review Team in all counties, providing significant information regarding how children died with the goal of preventing future deaths.

With funding from the Michigan Department of Health and Human Services (MDHHS), our team grew to include a public health data analyst specifically to assist with tackling the opioid epidemic. This has involved increased surveillance of all drug-related deaths and more detailed death certification in these types of cases across each county we serve. Our team is now working with MDHHS, the Michigan Public Health Institute (MPHI), and multiple counties to create legislation to create and support Opioid Fatality Review Teams across the state. This opioid-specific review team will identify demographical and geographical trends of drug-related deaths to guide prevention efforts.

In addition to this report, a separate analysis of our office's improved surveillance is available and should be viewed for additional detail of all drug-related deaths reported.

Unclaimed Investigations

When a death occurs, there is not always someone available who is willing and able to claim the decedent and arrange for final disposition with a funeral director. The process varies with whether the decedent had resources to cover the cost of final disposition. If not, our staff members work with the State of Michigan DHHS and area funeral directors to have the decedent cremated. As this process results in an accumulation of unclaimed cremains, we started working with St. Martin of Tours Episcopal Church in Kalamazoo, Michigan in 2019 to bury the cremains. The names of each of the decedents buried in small coffins on the grounds of the church are located on plaques on the outside of the church. This annual event did not occur in 2020 due to the COVID-19 pandemic; however, we hope to resume this respectful disposition of remains as soon as it is safe to do so.

Terms

- “MEI Scene Investigations” are those reported deaths for which an MEI went to the death scene.
- “Deaths Investigated” include MEI Scene Investigations as well as reported deaths that, while may not allow for a scene investigation, involved an investigation beyond the initial report of the death, usually in the form of a records review in response to information provided as part of a cremation request.
- The category “Referrals to Gift of Life” does not include in-hospital deaths reported to the Medical Examiner’s Office, which are referred to Gift of Life by hospital staff rather than the Medical Examiner’s Office.
- For “Accidental Deaths,” the subcategory “Vehicle” consists of deaths that were classified as transportation-related fatalities and includes all forms of transport; drivers/operators, passengers and pedestrians; and types of death that might otherwise fall into a different sub-classification, such as vehicle fires and traumatic asphyxia.

Important note regarding the data in this report:

The data reflects the county where the individual was pronounced dead rather than the county of residence or the county in which the incident leading to death might have occurred. If a motor vehicle collision occurs in County A, and an individual injured in the collision is transported to and eventually reported dead in County B, the death is reported to the Medical Examiner of County B. Consequently, counties with major medical centers typically have a much higher number of deaths with injuries that may have occurred in another county.

COVID-19

In March of 2020, the COVID-19 pandemic changed the way we lived and worked in a moment’s notice. Our investigative and autopsy teams adjusted safety protocols and implemented new testing procedures to adhere to CDC guidelines while continuing to serve our communities as essential healthcare workers.

The end of this report will provide data for the COVID-19-related deaths reported to our office during the pandemic. We will outline the number of decedents tested in both the field and in the autopsy suite and capture the overall increase in deaths with an emphasis on how the surge of deaths affected our office. However, our data does not capture the full burden of the pandemic on the communities and healthcare systems in the counties that we serve, as the majority of COVID-19-related deaths took place in a hospital setting, thus not requiring notification to the Medical Examiner’s Office.

Of significance, the total number of deaths in each county increased, sometimes to record levels. When the number of deaths increase, so do the number of deaths reported to our office, the number of deaths investigated, and the number of postmortem examinations needed. This increase has continued well into 2021 and our sincere hope is that the numbers begin to decline.

ALLEGAN COUNTY

Summary of All Allegan County Cases

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Total Deaths in the County	607	549	602	657	705	753	745	788	772	819 ¹	973 ²
Deaths Reported to the ME	164	172	162	182	193	176	203	188	197	219	291
Deaths Investigated	N/A	N/A	145	164	189	170	192	164	191	199	278
MEI Scene Investigations	147	155	143	160	177	152	174	158	185	179	250
Death Certificates by ME	98	83	78	76	97	77	85	76	88	88	120
Bodies Transported to WMed	80	68	63	58	74	66	62	69	72	69	90
Complete Autopsy	57	51	43	49	63	32	36	45	41	37	54
Limited Autopsy	4	2	6	1	2	2	5	2	2	3	6
External Examination	16	13	11	5	7	18	17	13	24	21	23
Storage Only at WMed	3	2	3	3	2	14	4	9	5	8	7
Total Cases with Toxicology	70	51	54	54	70	47	52	54	59	55	79
Unidentified Remains After Exam	0	0	0	0	2	1	0	0	1	2	0
Referrals to Gift of Life	14	35	38	32	62	64	63	73	61	55	97
Tissue Donations	4	3	4	0	5	8	5	6	4	11	9
Cornea Donations	1	3	5	0	6	7	4	7	4	5	5
Unclaimed Investigations	0	2	2	1	2	3	1	2	2	8	9
Exhumations	0	0	0	0	0	0	0	0	0	0	0

Cremation Permit Authorizations, Allegan County

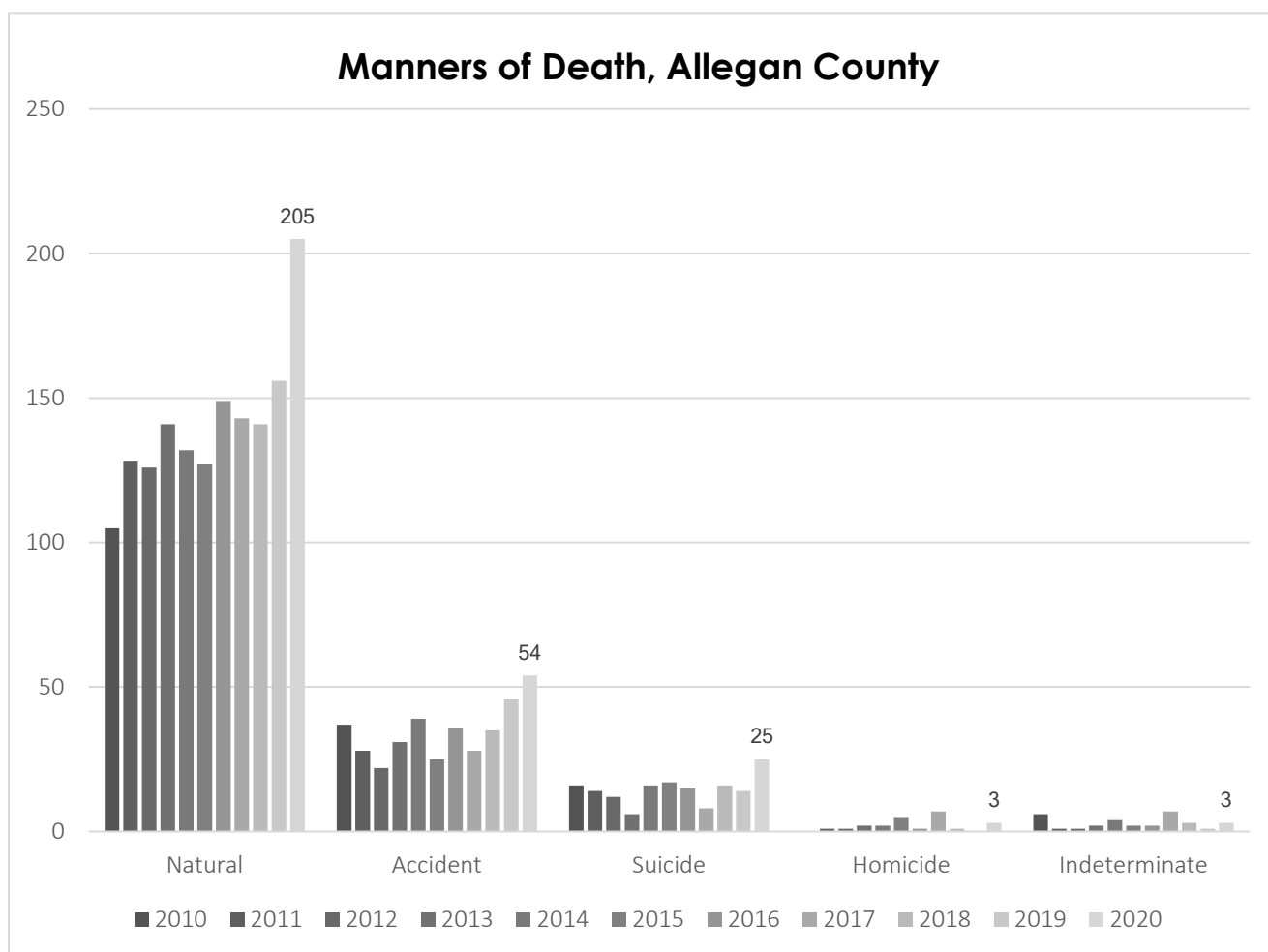
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Cremation Permits	287	300	299	350	409	404	442	469	487	519	650
% of Total Deaths with Cremation	47%	55%	50%	53%	58%	54%	60%	59%	63%	63%	67%

¹ Updated total number of deaths occurring in the county

² Provisional total number of deaths occurring in the county

Manners of Death Reported, Allegan County

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Natural	105	128	126	141	132	127	149	143	141	156	205
Accident	37	28	22	31	39	25	36	28	35	46	54
Suicide	16	14	12	6	16	17	15	8	16	14	25
Homicide	0	1	1	2	2	5	1	2	1	0	3 ¹
Indeterminate	6	1	1	2	4	2	2	7	3	1	3 ²
Total	164	172	162	182	193	176	203	188	196	217	290³



¹ Includes (1) Homicide via unspecified means, missing since 1989

² Includes (1) Mixed drug intoxication; (1) Motor vehicle collision; (1) Excited delirium due to acute drug intoxication

³ Does not include (1) Synthetic tongue

Deaths Reported by Age (in years), Allegan County¹

	< 1	1 - 5	6 - 10	11 - 17	18 - 25	26 - 44	45 - 64	65 +
2010	0	0	1	1	9	21	55	74
2011	0	0	1	3	9	14	49	95
2012	0	0	0	0	5	20	63	74
2013	2	0	0	0	7	17	57	99
2014	3	0	0	1	6	16	73	92
2015	0	1	1	5	7	15	59	87
2016	0	1	0	0	5	26	58	112
2017	3	1	0	2	3	17	54	106
2018	1	3	0	2	4	29	55	102
2019	1	0	0	0	6	22	57	131
2020 ²	0	0	0	4	7	33	99	147

Pediatric Deaths, Allegan County

The four deaths of individuals under 18 years of age include:

1. 11-17 years old
 - a. (1) Homicide by unspecified means, 1989 missing person; homicide
 - b. (1) Hanging; suicide
 - c. (1) Lymphocytic myocarditis; natural
 - d. (1) Shotgun wound of head; suicide

¹ All stillbirths and spontaneous abortions (miscarriages) investigated but not requiring an examination have been removed from this table for a more accurate representation of deaths reported under the age of one year.

² Does not include (1) Synthetic tongue

Accidental Deaths by Mechanism, Allegan County

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Vehicle	15	12	13	9	11	10	9	12	12	9	18
Drug-Related	6	7	3	10	20	7	11	10	9	17	14 ¹
Drowning	1	2	0	1	1	0	1	3	3	1	3 ²
Fall	7	4	2	7	5	5	10	3	10	12	15
Fire	3	2	3	1	0	0	0	0	0	1	0
Environmental Exposure	0	0	0	2	0	2	1	0	0	1	2 ³
Asphyxia	3	2	1	0	0	0	2	0	2	3	2 ⁴
Other	2	0	0	2	2	1	2	0	0	2	0
Total	37	29	22	31	39	25	36	28	35⁵	46	54

Drug-Related Deaths by Manner, Allegan County⁶

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Accident	6	7	3	10	20	7	11	10	9	17	14
Suicide	2	3	0	1	4	0	0	0	2	0	0
Indeterminate	2	0	1	0	0	0	1	2	0	0	2
Total	10	10	4	11	24	7	12	12	11	17	16
Total involving opioid(s)	N/A	N/A	N/A	N/A	N/A	6	8	6	8	13	11
% of Accidental and Indeterminate Deaths Involving Opioids	N/A	N/A	N/A	N/A	N/A	86%	67%	50%	78%	76%	69%

¹ Includes (1) Mixed drug intoxication associated with possible hypothermia

² Includes (1) Drowning associated with mixed drug intoxication

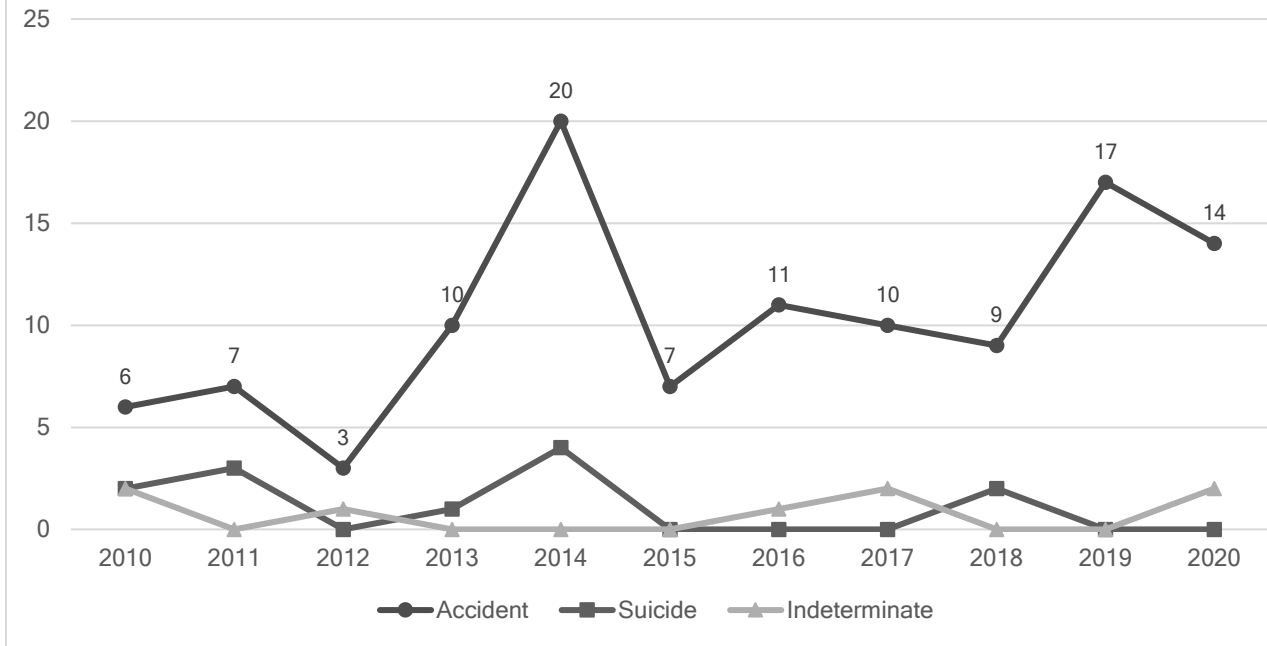
³ Includes (1) Hypothermia associated with acute drug intoxication

⁴ Includes (1) Choking associated with acute alcohol intoxication; (1) Compression asphyxia due to trench collapse

⁵ (1) Death categorized twice (drowning & drug-related)

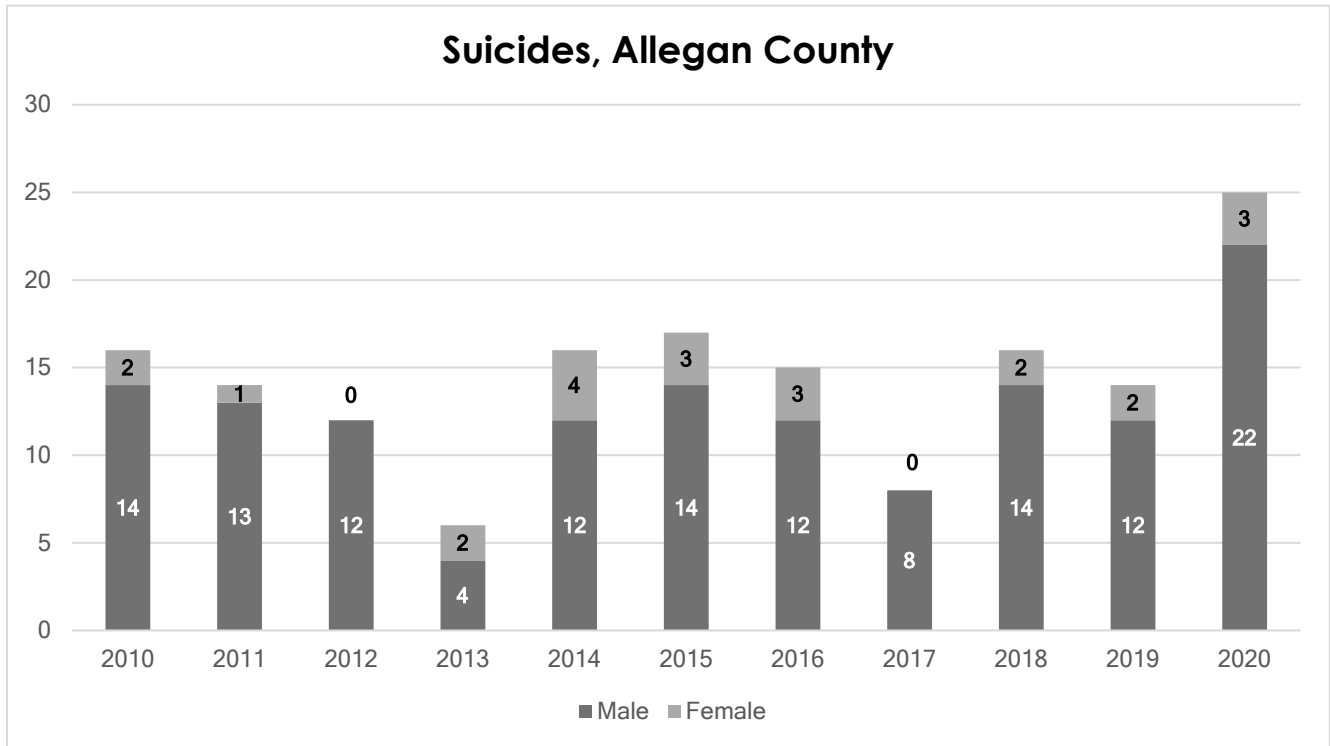
⁶ Acute alcohol intoxications are defined as drug-related deaths and are included in this data.

Drug-Related Deaths, Allegan County



Suicides by Sex & Age, Allegan County

Year	Total	Male	Female	0-17	18-25	26-44	45-64	65+
2010	16	14	2	0	3	8	2	3
2011	14	13	1	0	1	7	4	2
2012	12	12	0	0	1	3	6	2
2013	6	4	2	0	1	2	2	1
2014	16	12	4	0	1	4	8	3
2015	17	14	3	2	4	1	5	5
2016	15	12	3	0	3	6	3	3
2017	8	8	0	0	2	0	3	3
2018	16	14	2	0	0	7	7	2
2019	14	12	2	0	3	4	3	4
2020	25	22	3	2	1	5	14	3



Suicides by Mechanism, Allegan County

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Firearm	6	6	9	3	11	11	10	7	8	6	15
Hanging	6	3	3	0	1	4	4	0	5	6	7
Carbon Monoxide	1	1	0	1	0	0	1	1	0	0	1
Drug Intoxication	2	2	0	1	4	0	0	0	1	0	0
Motor Vehicle	1	2	0	1	0	0	0	0	1	0	1
Sharp Force Trauma	0	0	0	0	0	0	0	0	0	1	0
Asphyxia/Suffocation	0	0	0	0	0	2	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	1	1	1 ¹
Total	16	14	12	6	16	17	15	8	16	14	25

¹ (1) Jump from height

BARRY COUNTY

Summary of All Barry County Cases¹

	2015	2016 ²	2018	2019	2020
Total Deaths in the County	416	399	390	399 ³	453 ⁴
Deaths Reported to the ME	125	130	146	121	161
Deaths Investigated	118	124	131	108	147
MEI Scene Investigations	112	120	128	103	132
Death Certificates by ME	53	57	52	54	52
Bodies Transported to WMed	43	47	41	38	35
Complete Autopsy	35	37	25	28	22
Limited Autopsy	1	0	1	2	2
External Examination	6	8	12	8	7
Storage Only at WMed	1	2	3	0	4
Total cases with Toxicology	N/A	N/A	35	37	28
Unidentified Remains After Exam	N/A	N/A	0	0	0
Referrals to Gift of Life	40	48	44	22	44
Tissue Donations ⁵	6	17	3	3	2
Cornea Donations	N/A	N/A	0	1	1
Unclaimed Investigations	1	0	1	0	4
Exhumations	N/A	N/A	0	0	0

Cremation Permit Authorizations, Barry County

	2018	2019	2020
Cremation Permits	262	251	303
% of Total Deaths with Cremation	67%	63%	67%

¹ Data for 2017 is not available at the time this report is authored

² Data from years 2015-2016 obtained from Sparrow Hospital

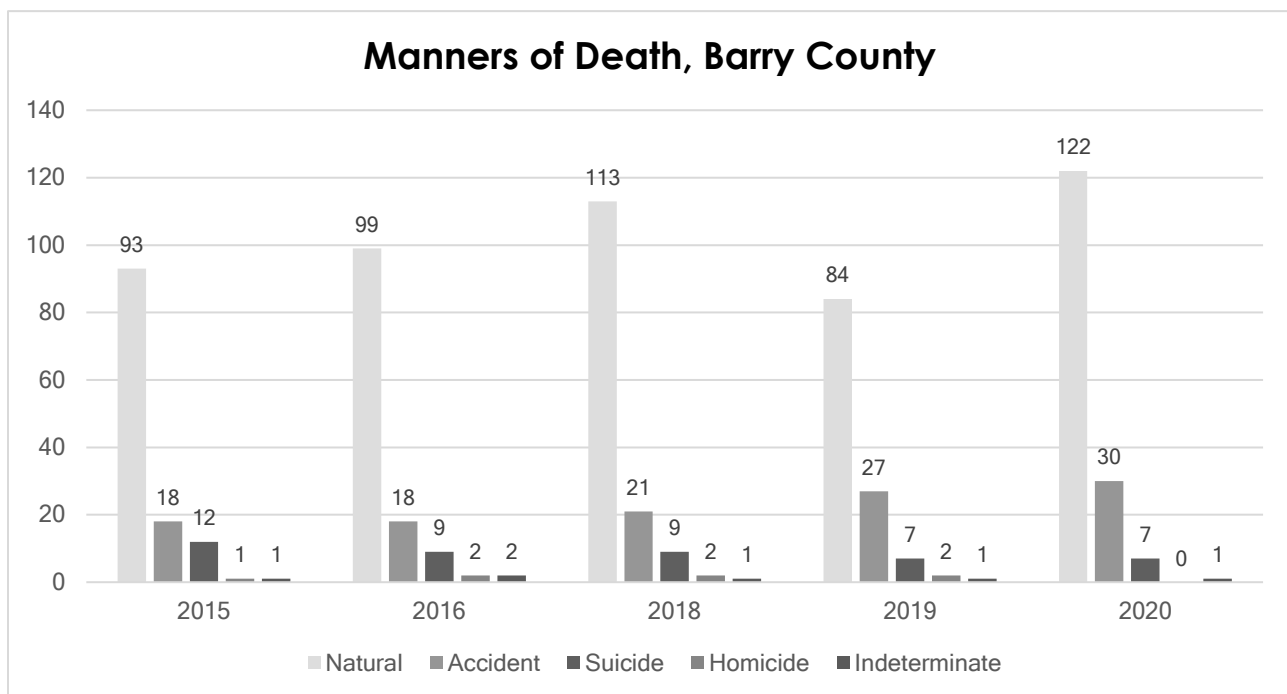
³ Updated total number of deaths occurring in the county

⁴ Provisional total number of deaths occurring in the county

⁵ 2016 and 2017 data include both tissue and cornea donations combined

Manners of Death Reported, Barry County¹

	2015	2016	2018	2019	2020
Natural	93	99	113	84	122
Accident	18	18	21	27	30
Suicide	12	9	9	7	7
Homicide	1	2	2	2	0
Indeterminate	1	2	1	1	1 ²
Total	125	130	146	121	160³



Deaths Reported by Age (in years), Barry County⁴

	< 1	1 - 5	6 - 10	11 - 17	18 - 25	26 - 44	45 - 64	65 +
2018	0	0	0	1	0	8	46	89
2019	1	0	0	2	5	12	30	71
2020	3	0	0	0	4	13	42	98

¹ Data from years 2015-2016 obtained from Sparrow Hospital

² (1) Unexplained sudden death (of infant) associated with illicit drug exposure; indeterminate

³ Does not include (1) Stillbirth investigation (cremation authorization)

⁴ All stillbirths and spontaneous abortions (miscarriages) investigated but not requiring an examination have been removed from this table for a more accurate representation of deaths reported under the age of one year.

Pediatric Deaths, Barry County

The three deaths of individuals under 18 years of age include:

1. <1 year old
 - a. (1) Unexplained sudden death (of infant) associated with illicit drug exposure; indeterminate
 - b. (1) Extreme prematurity; natural
 - c. (1) Congenital cardiac anomaly; natural

Accidental Deaths by Mechanism, Barry County

	2018	2019	2020
Vehicle	7	11	6
Drug-Related	4	5	10
Drowning	0	3	1
Fall	8	4	10
Fire	0	1	0
Environmental Exposure	0	1	0
Asphyxia	1	2	1 ¹
Other	1	0	2 ²
Total	21	27	30

Drug-Related Deaths by Manner, Barry County³

	2018	2019	2020
Accident	4	5	10
Suicide	0	0	0
Indeterminate	1	1	0
Total	5	6	10
Total involving opioid(s)	2	4	8
% of Accidental and Indeterminate Deaths Involving Opioids	40%	67%	80%

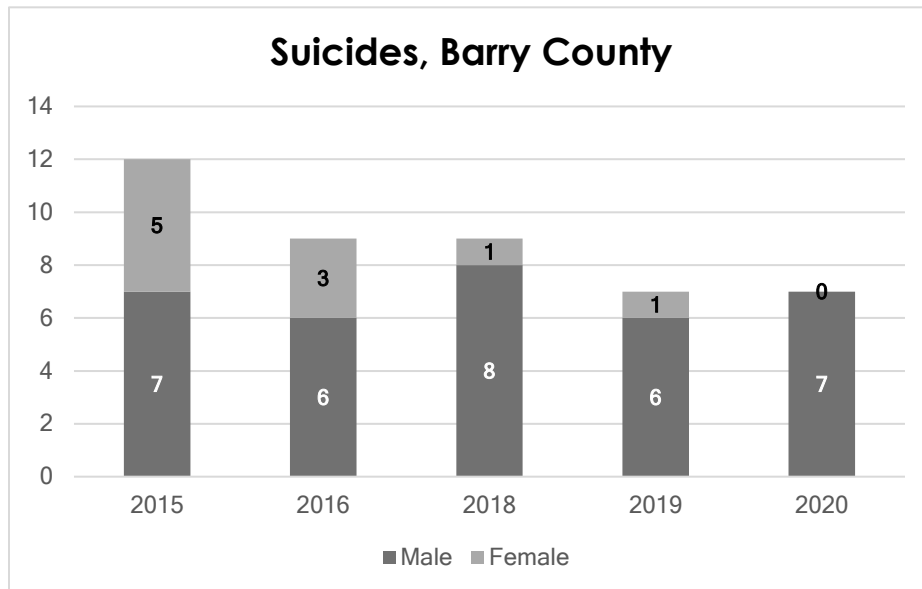
¹ (1) Choking

² Includes (1) Blunt force head injuries due to being struck by falling tree limb; (1) Gunshot wound of chest

³ Acute alcohol intoxications are defined as drug-related deaths and are included in this data.

Suicides by Sex & Age, Barry County

Year	Total	Male	Female	0 - 17	18 - 25	26 - 44	45 - 64	65 +
2015	12	7	5	1	0	7	4	0
2016	9	6	3	1	0	1	5	2
2018	9	8	1	1	0	1	4	3
2019	7	6	1	1	1	0	3	2
2020	7	7	0	0	1	2	3	1



Suicides by Mechanism, Barry County

	2015	2016	2018	2019	2020
Firearm	7	7	7	4	4
Hanging	3	1	1	3	2
Carbon Monoxide	0	0	0	0	1
Drug Intoxication	2	1	0	0	0
Motor Vehicle	0	0	0	0	0
Sharp Force Trauma	0	0	0	0	0
Asphyxia/Suffocation	0	0	0	0	0
Other	0	0	1	0	0
Total	12	9	9	7	7

Summary of All Berrien County Cases

	2019	2020
Total Deaths in the County	1,622	1,867 ¹
Deaths Reported to the ME	430	596
Deaths Investigated	399	540
MEI Scene Investigations	353	461
Death Certificates by ME	152	207
Bodies Transported to WMed	132	152
Complete Autopsy	90	103
Limited Autopsy	5	4
External Examination	26	25
Storage Only at WMed	11	20
Total Cases with Toxicology	110	126
Unidentified Remains After Exam	1	3 ²
Referrals to Gift of Life	80	137
Tissue Donations	7	8
Cornea Donations	4	7
Unclaimed Investigations	10	19
Exhumations	1	0

Cremation Permit Authorizations, Berrien County

	2019	2020
Cremation Permits	1,045	1,218
% of Total Deaths with Cremation	64%	65%

¹ Provisional total number of deaths occurring in the county

² Includes (1) Mandible only, likely historic or prehistoric; (2) Skeletal remains of cold cases taken into our custody from law enforcement archives

Manners of Death Reported, Berrien County

	2019	2020
Natural	321	470
Accident	71	87
Suicide	21	21
Homicide	8	8
Indeterminate	9	6 ¹
Total	430	592²

Deaths Reported by Age (in years), Berrien County³

	< 1	1 - 5	6 - 10	11 - 17	18 - 25	26 - 44	45 - 64	65 +
2019	6	1	1	2	6	58	108	246
2020 ⁴	2	2	0	5	16	55	172	340

Pediatric Deaths, Berrien County

The nine deaths of individuals under 18 years of age include:

1. <1 year old
 - a. (1) Unexplained sudden death associated with maternal diabetes, prematurity; natural
 - b. (1) Unexplained sudden death associated with unsafe sleep; indeterminate
2. 1-5 years old
 - a. (1) Viral myocarditis associated with Mycoplasma pneumoniae co-infection; natural
 - b. (1) Respiratory Syncytial Virus (RSV); natural
3. 11-17 years old
 - a. (2) Inhalation of products of combustion and thermal injuries (house fire); indeterminate
 - b. (1) Multiple gunshot wounds; homicide
 - c. (1) Drowning (lake); accident
 - d. (1) Hanging; suicide

¹ Includes (2) Inhalation of products of combustion associated with thermal injuries (house fire); (1) Gunshot wound of head; (1) Complications due to remote hanging; (1) Carbon monoxide intoxication associated with mixed drug intoxication; (1) Unexplained sudden death (of infant) associated with unsafe sleep

² Does not include (1) Mandible only, likely historic or prehistoric; (2) Skeletal remains of cold cases taken into our custody from law enforcement archives; (1) Stillbirth investigation (cremation authorization)

³ All stillbirths and spontaneous abortions (miscarriages) investigated but not requiring an examination have been removed from this table for a more accurate representation of deaths reported under the age of one year.

⁴ Does not include (1) Mandible only, likely historic or prehistoric; (2) Skeletal remains of cold cases taken into our custody from law enforcement archives

Accidental Deaths by Mechanism, Berrien County

	2019	2020
Vehicle	21	15
Drug-Related	23	37
Drowning	4	9 ¹
Fall	12	15 ²
Fire	2	2 ³
Environmental Exposure	3	4 ⁴
Asphyxia	3	4 ⁵
Other	3	1 ⁶
Total	71	87

Drug-Related Deaths by Manner, Berrien County⁷

	2019	2020
Accident	23	37
Suicide	2	1
Indeterminate	1	0
Total	26	38
Total involving opioid(s)	22	29
% of Accidental and Indeterminate Deaths Involving Opioids	92%	78%

Suicides by Sex & Age, Berrien County

Year	Total	Male	Female	0 - 17	18 - 25	26 - 44	45 - 64	65 +
2019	21	17	4	1	0	9	4	7
2020	21	18	3	1	2	4	8	6

¹ Includes (1) Drowning (bathtub) associated with mixed drug intoxication

² Includes (1) Complications of head injuries with contributing COVID-19 infection

³ Includes (1) Inhalation of smoke containing burning poison ivy (brush fire)

⁴ Includes (1) Hypothermia associated with acute drug intoxication; (1) Chronic alcohol use associated with possible hypothermia

⁵ Includes (2) Asphyxia due to choking; (1) Positional asphyxia; (1) Traumatic asphyxia (pinned beneath vehicle)

⁶ (1) Gunshot wound of chest

⁷ Acute alcohol intoxications are defined as drug-related deaths and are included in this data.

Suicides by Mechanism, Berrien County

	2019	2020
Firearm	16	14
Hanging	3	5
Carbon Monoxide	0	0
Drug Intoxication	2	1
Motor Vehicle	0	0
Sharp Force Trauma	0	0
Asphyxia/Suffocation	0	0
Other	0	1 ¹
Total	21	21

¹ (1) Drowning (lake)

CALHOUN COUNTY

Summary of All Calhoun County Cases

	2014	2015	2016	2017	2018	2019	2020
Total Deaths in the County	1,390	1,378	1,427	1,396	1,495	1,521 ¹	1,783 ²
Deaths Reported to the ME	377	429	411	443	475	508	585
Deaths Investigated	335	392	361	400	415	442	518
MEI Scene Investigations	296	311	307	352	387	381	450
Death Certificates by ME	178	180	186	191	200	176	194
Bodies Transported to WMed	138	164	165	176	170	146	172
Complete Autopsy	103	109	103	102	103	81	112
Limited Autopsy	1	5	4	3	8	8	6
External Examination	20	28	36	46	38	32	27
Storage Only at WMed	14	20	22	25	21	25	27
Total Cases with Toxicology	122	131	113	141	139	112	136
Unidentified Remains After Exam	0	0	0	0	0	0	0
Referrals to Gift of Life	119	115	118	146	107	72	102
Tissue Donations	8	3	11	10	11	6	11
Cornea Donations	8	8	11	8	9	3	5
Unclaimed Investigations	13	8	11	23	24	29	40
Exhumations	1	0	0	0	0	0	0

Cremation Permit Authorizations, Calhoun County

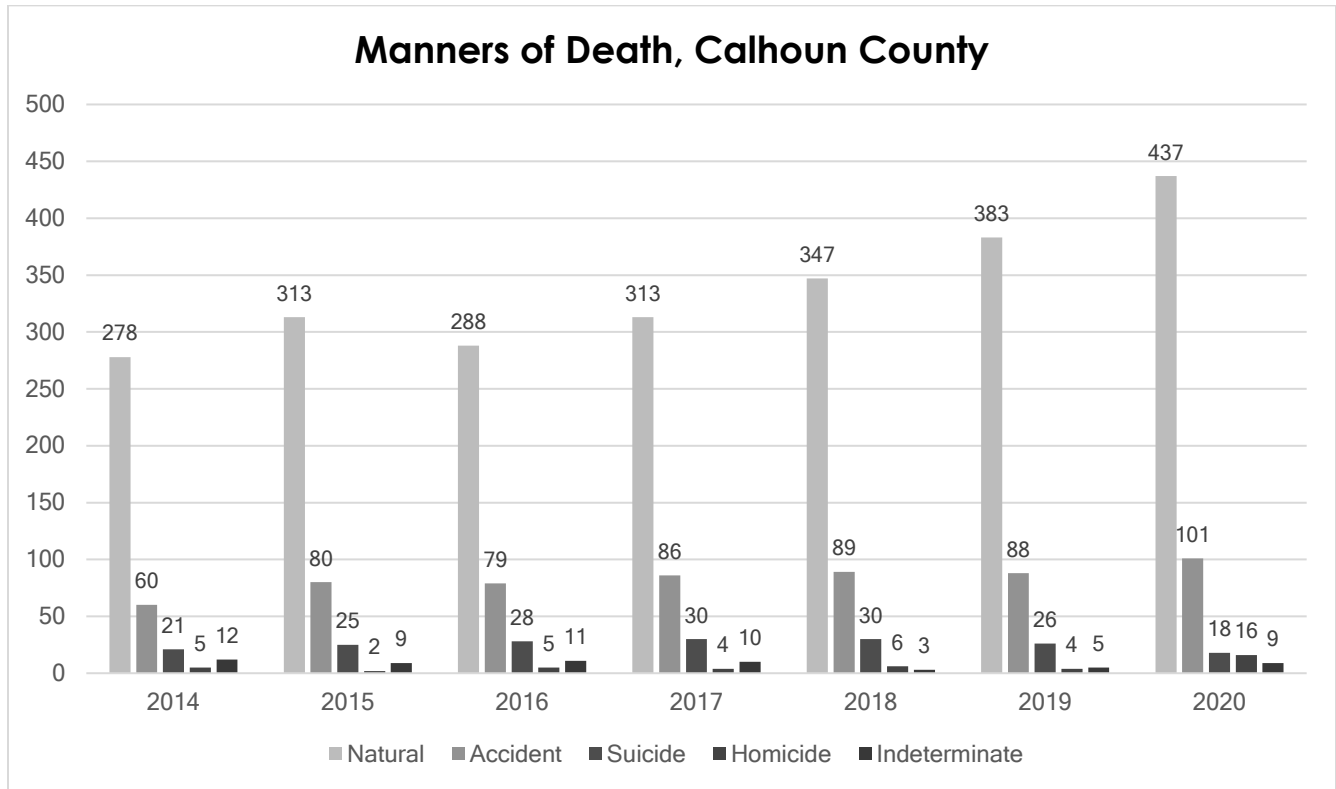
	2014	2015	2016	2017	2018	2019	2020
Cremation Permits	721	742	811	857	901	997	1,176
% of Total Deaths with Cremation	52%	54%	57%	61%	60%	66%	66%

¹ Updated total number of deaths occurring in the county

² Provisional total number of deaths occurring in the county

Manners of Death Reported, Calhoun County

	2014	2015	2016	2017	2018	2019	2020
Natural	278	313	288	313	347	383	437
Accident	60	80	79	86	89	88	101
Suicide	21	25	28	30	30	26	18
Homicide	5	2	5	4	6	4	16
Indeterminate	12	9	11	10	3	5	9 ¹
Total	377	429	411	443	475	506	581²



¹ (1) Unexplained sudden death (of infant) associated with unsafe sleep and viral infection; (1) Unexplained sudden death (of infant) associated with unsafe sleep and Chiari Type I malformation; (1) Unexplained sudden death (of infant) associated with possible unsafe sleep; (1) Unexplained sudden death (of infant) associated with unsafe sleep, prematurity and pulmonary stenosis; (1) Unexplained sudden death (of infant) associated with unsafe sleep, chronic bronchiolitis and viral infection; (1) Cause and manner of death could not be determined; (2) Mixed drug intoxication; (1) Gunshot wound of thigh;

² Does not include (4) Stillbirth investigations (cremation authorizations)

Deaths Reported by Age (in years), Calhoun County¹

	< 1	1 - 5	6 - 10	11 - 17	18 – 25	26 - 44	45 - 64	65 +
2014	6	4	0	3	8	34	148	171
2015	4	0	1	6	11	59	128	215
2016	4	0	2	2	9	53	122	208
2017	3	1	1	1	14	65	140	206
2018	1	0	2	2	9	45	164	241
2019	0	0	1	0	12	53	157	283
2020	6	2	0	0	12	63	184	314

Pediatric Deaths, Calhoun County

The eight deaths of individuals under 18 years of age include:

1. <1 year old
 - a. (1) Craniocerebral trauma; homicide
 - b. (1) Unexplained sudden death (of infant) associated with unsafe sleep and Chiari Type I malformation; indeterminate
 - c. (1) Unexplained sudden death (of infant) associated with unsafe sleep, prematurity and pulmonary stenosis; indeterminate
 - d. (1) Unexplained sudden death (of infant) associated with unsafe sleep, chronic bronchiolitis and viral infection (Rhino/Enterovirus); indeterminate
 - e. (1) Unexplained sudden death (of infant) associated with unsafe sleep and viral infection (Coronavirus HKU1); indeterminate
 - f. (1) Unexplained sudden death (of infant) associated with possible unsafe sleep; indeterminate
2. 1-5 years old
 - a. (1) Multiple injuries; homicide
 - b. (1) Bronchiolitis due to multiple viral respiratory co-infections; natural

¹ All stillbirths and spontaneous abortions (miscarriages) investigated but not requiring an examination have been removed from this table for a more accurate representation of deaths reported under the age of one year.

Accidental Deaths by Mechanism, Calhoun County

	2014	2015	2016	2017	2018	2019	2020
Vehicle	10	21	20	14	15	15	20
Drug-Related	26	44	38	44	49	40	50 ¹
Drowning	0	2	2	3	1	4	2 ²
Fall	16	11	14	19	19	20	19 ³
Fire	5	0	1	0	1	1	0
Environmental Exposure	2	0	0	0	0	3	5 ⁴
Asphyxia	2	0	2	5	3	2	4 ⁵
Other	1	1	2	1	1	3	1 ⁶
Total	62	81	79	86	89	88	101

Drug-Related Deaths by Manner, Calhoun County⁷

	2014	2015	2016	2017	2018	2019	2020
Accident	26	44	37	44	49	40	50
Suicide	3	2	5	3	3	3	2
Indeterminate	2	2	4	5	2	0	2
Total	31	48	46	52	54	43	54
Total involving opioid(s)	N/A	42	40	48	48	36	46
% of Accidental and Indeterminate Deaths Involving Opioids	N/A	91%	88%	94%	92%	88%	87%

¹ Includes (1) Mixed drug intoxication associated with probable mechanical asphyxia

² Includes (1) Drowning (pond), pinned beneath tractor that drove into water

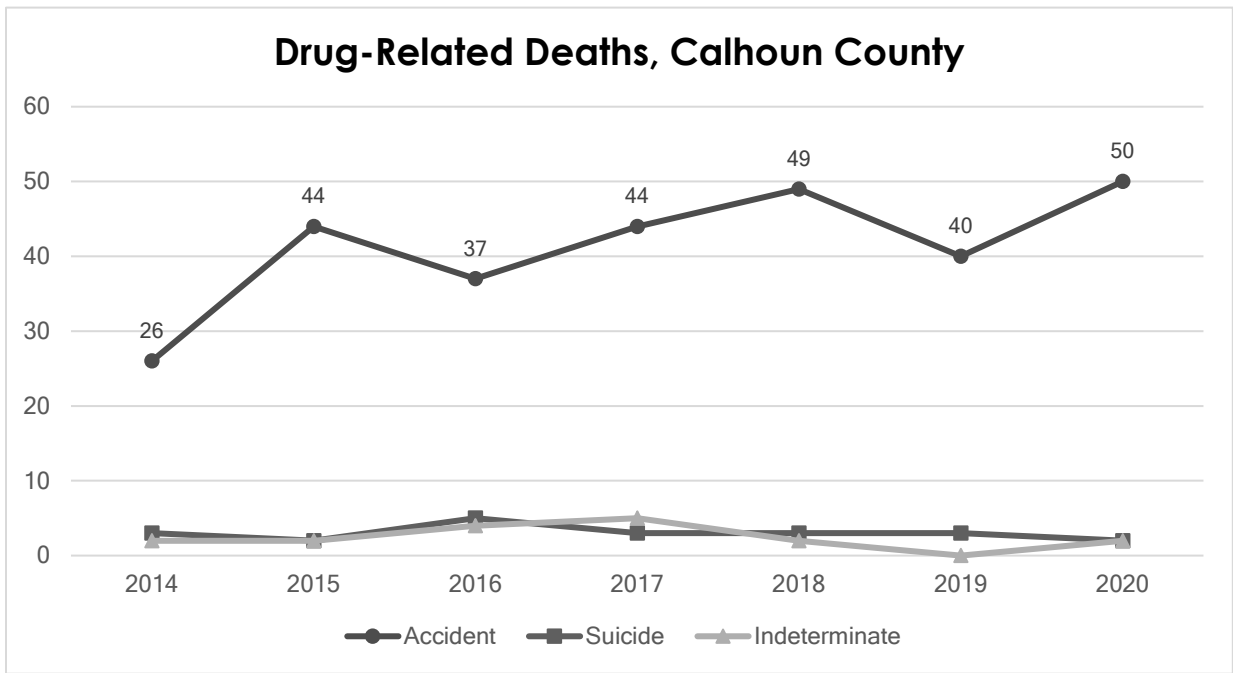
³ Includes (1) Fall associated with possible choking episode

⁴ Includes (1) Probable hypothermia; (1) Hypothermia associated with recent drug use

⁵ (4) Choking

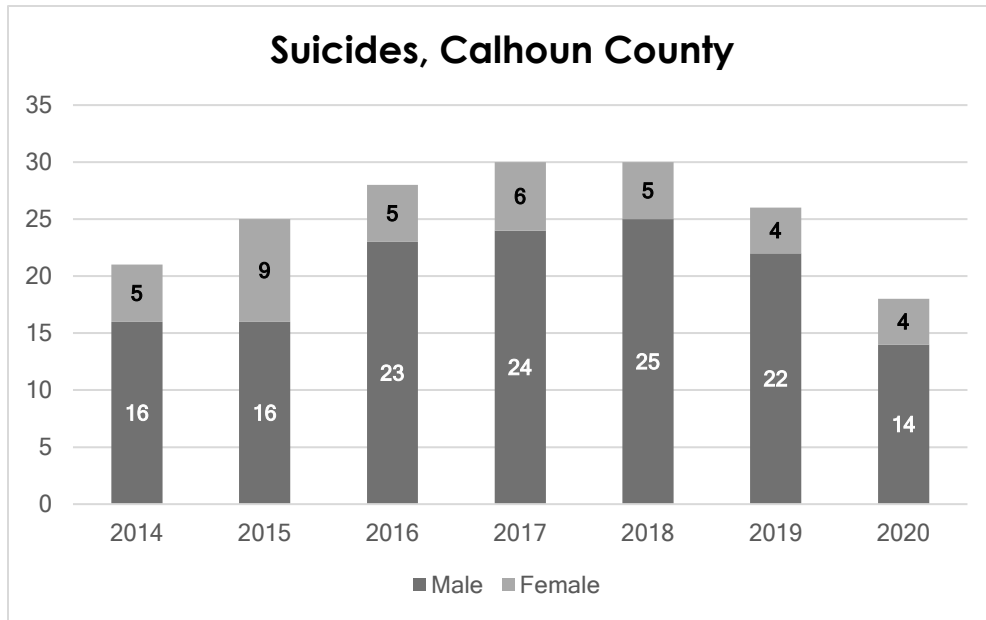
⁶ (1) Craniocerebral trauma due to falling tree limb

⁷ Acute alcohol intoxications are defined as drug-related deaths and are included in this data.



Suicides by Sex & Age, Calhoun County

Year	Total	Male	Female	0 - 17	18 - 25	26 - 44	45 - 64	65 +
2014	21	16	5	1	4	7	8	1
2015	25	16	9	2	2	7	7	7
2016	28	23	5	1	2	8	12	5
2017	30	24	6	0	4	12	7	7
2018	30	25	5	1	2	5	15	7
2019	26	22	4	0	4	9	9	4
2020	18	14	4	0	2	9	7	0



Suicides by Mechanism, Calhoun County

	2014	2015	2016	2017	2018	2019	2020
Firearm	11	14	14	12	17	16	11
Hanging	7	5	6	10	10	5	4
Carbon Monoxide	0	0	2	0	0	0	0
Drug Intoxication	3	2	5	3	3	3	2
Motor Vehicle	0	0	1	2	0	1	1
Sharp Force Trauma	0	0	0	1	0	0	0
Asphyxia/Suffocation	0	2	0	1	0	0	0
Other	0	2	0	1	0	1	0
Total	21	25	28	30	30	26	18

GRAND TRAVERSE COUNTY

Summary of All Grand Traverse County Cases

	2017	2018	2019	2020
Total Deaths in the County	1,306	1,413	1,345 ¹	1,571 ²
Deaths Reported to the ME	380	350	384	495
Deaths Investigated	249	252	278	375
MEI Scene Investigations	122	206	212	211
Death Certificates by ME	153	126	131	158
Bodies Transported to WMed	77	58	65	69
Complete Autopsy	56	45	52	53
Limited Autopsy	2	0	2	3
External Examination	19	13	12 ³	13
Storage Only at WMed	0	0	0	0
Total Cases with Toxicology	73	53	61	64
Unidentified Remains After Exam	1	2	0	1 ⁴
Referrals to Gift of Life	44	37	43	49
Tissue Donations	4	3	1	7
Cornea Donations	4	2	0	2
Unclaimed Investigations	5	7	10	12
Exhumations	0	0	0	0

Cremation Permit Authorizations, Grand Traverse County

	2017	2018	2019	2020
Cremation Permits	1,005	1,108	1,077	1,283
% of Total Deaths with Cremation	76%	78%	80%	82%

¹ Updated total number of deaths occurring in the county

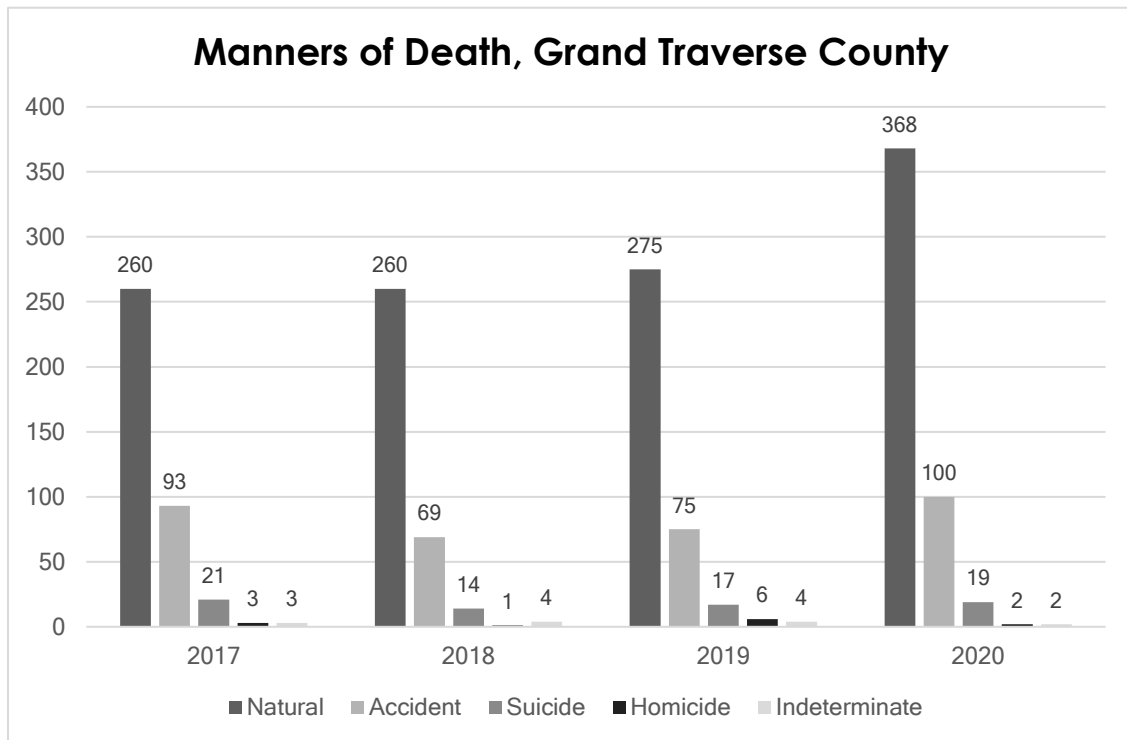
² Provisional total number of deaths occurring in the county

³ Updated to include (1) investigation of death occurring in 2019 but not having examination until 2020.

⁴ (1) Femur only, likely historic

Manners of Death Reported, Grand Traverse County

	2017	2018	2019	2020
Natural	260	260	275	368
Accident	93	69	75	100
Suicide	21	14	17	19
Homicide	3	1	6	2
Indeterminate	3	4	4	2 ¹
Total	380	348	377	491²



Deaths Reported by Age (in years), Grand Traverse County³

	< 1	1 - 5	6 - 10	11 - 17	18 - 25	26 - 44	45 - 64	65 +
2017	0	0	0	0	7	32	94	229
2018	5	0	0	2	7	22	85	216
2019	4	0	0	4	3	34	94	238
2020 ⁴	7	0	0	1	10	37	122	314

¹ (1) Unexplained sudden death (of infant) associated with unsafe sleep; (1) Hanging

² Does not include (3) Stillbirth investigations (cremation authorizations); (1) Femur only, likely historic

³ All stillbirths and spontaneous abortions (miscarriages) investigated but not requiring an examination have been removed from this table for a more accurate representation of deaths reported under the age of one year.

⁴ Does not include (1) Femur only, likely historic

Pediatric Deaths, Grand Traverse County

The eight deaths of individuals under 18 years of age include:

1. <1 year old
 - a. (5) Prematurity; natural
 - b. (1) Unexplained sudden death (of infant) associated with unsafe sleep; indeterminate
 - c. (1) Trisomy 18; natural
2. 11-17 years old
 - a. (1) Hanging; indeterminate

Accidental Deaths by Mechanism, Grand Traverse County

	2017	2018	2019	2020
Vehicle	23	15	22	18 ¹
Drug-Related	19	9	10	19 ²
Drowning	2	2	2	6 ³
Fall	44	35	34	47 ⁴
Fire	2	1	1	1
Environmental Exposure	0	1	0	4
Asphyxia	1	3	4	3 ⁵
Other	2	3	2	2 ⁶
Total	93	69	75	100

Drug-Related Deaths by Manner, Grand Traverse County⁷

	2017	2018	2019	2020
Accident	19	9	10	19
Suicide	4	1	2	3
Indeterminate	0	0	0	0
Total	23	10	12	22
Total involving opioid(s)	18	8	8	15
% of Accidental and Indeterminate Deaths Involving Opioids	84%	89%	70%	68%

¹ Includes (1) Multiple injuries with acute alcohol intoxication, snowmobile collision

² Includes (1) Acute drug intoxication associated with hypothermia; (1) Acute and chronic alcohol use associated with blunt force injuries due to fall

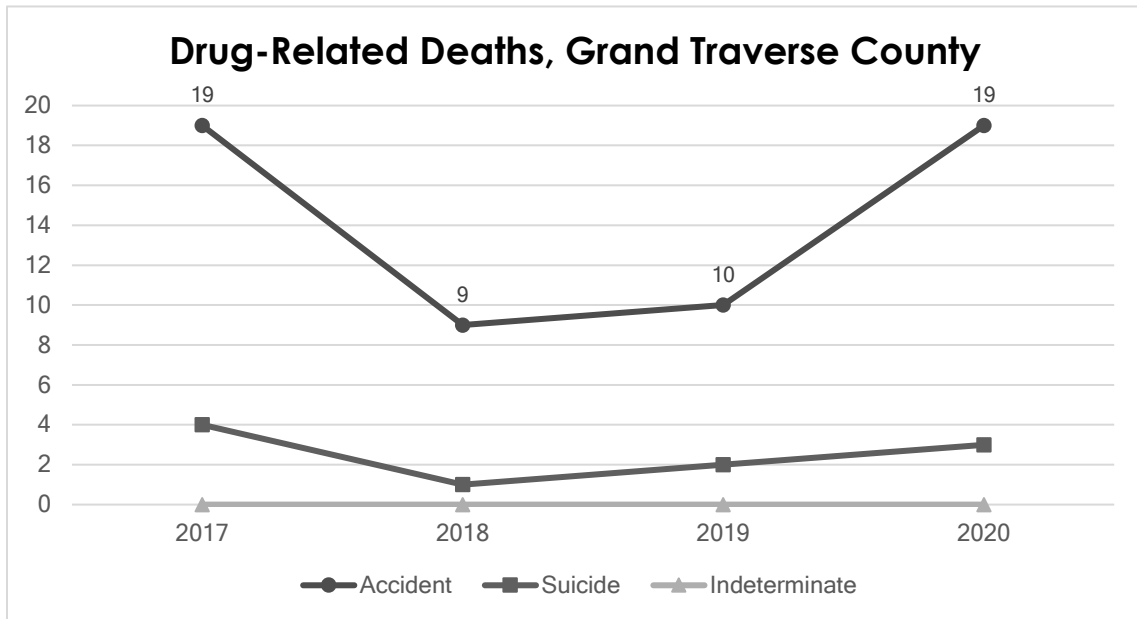
³ Includes (1) Drowning (lake) associated with neck injury due to dive into water

⁴ Includes (1) Fall due to coughing episode associated with COVID-19 infection

⁵ (1) Airway obstruction associated with epilepsy; (1) Probable positional asphyxia; (1) Pinned beneath motor vehicle

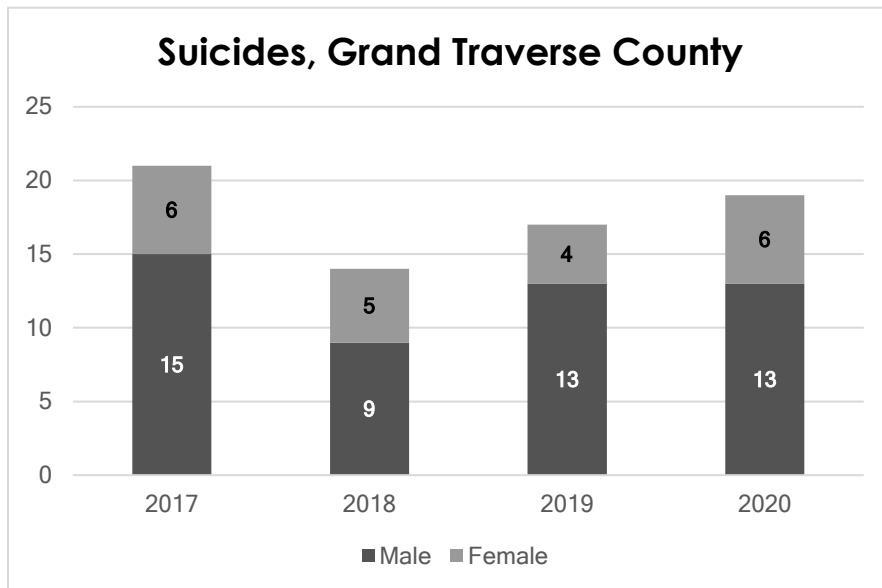
⁶ (2) Blunt force head injuries due to falling tree limb

⁷ Acute alcohol intoxications are defined as drug-related deaths and are included in this data.



Suicides by Sex & Age, Grand Traverse County

Year	Total	Male	Female	0 - 17	18 - 25	26 - 44	45 - 64	65 +
2017	21	15	6	0	3	3	9	6
2018	14	9	5	2	1	6	5	0
2019	17	13	4	3	0	9	3	2
2020	19	13	6	0	3	8	7	1



Suicides by Mechanism, Grand Traverse County

	2017	2018	2019	2020
Firearm	11	5	9	7
Hanging	4	5	4	5
Carbon Monoxide	0	0	1	0
Drug Intoxication	4	1	2	3
Motor Vehicle	1	1	0	1
Sharp Force Trauma	1	1	0	3
Asphyxia/Suffocation	0	0	0	0
Other	0	1	1	0
Total	21	14	17	19

KALAMAZOO COUNTY

Summary of All Kalamazoo County Cases

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Total Deaths in the County	2,582	2,540	2,668	2,684	2,733	2,879	2,840	2,977	2,921 ¹	3,444 ²
Deaths Reported to the ME	828	778	777	750	810	975	991	1,068	1,060	1,242
Deaths Investigated	N/A	556	580	560	646	745	733	782	781	931
MEI Scene Investigations	498	503	549	411	434	560	627	677	650	746
Death Certificates by ME	394	362	358	355	306	390	406	405	401	449
Bodies Transported to WMed	244	233	241	253	247	318	307	330	290	302
Complete Autopsy	178	187	193	174	142	192	189	187	180	188
Limited Autopsy	10	4	4	6	7	7	4	9	7	6
External Examination	50	34	37	37	52	60	64	68	62	60
Storage Only at WMed	6	8	7	36	46	59	50	62	41	44
Total Cases with Toxicology	198	212	222	198	174	222	238	238	224	236
Unidentified Remains After Exam	14	0	0	0	0	0	0	1	0	1 ³
Referrals to Gift of Life	9	46	65	95	113	161	156	129	136	161
Tissue Donations	3	4	4	6	9	22	16	16	17	17
Cornea Donations	2	4	9	9	9	20	10	7	7	10
Unclaimed Investigations	14	9	7	10	10	10	13	41	40	48
Exhumations	0	0	0	0	0	1	0	0	0	0

Cremation Permit Authorizations, Kalamazoo County

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Cremation Permits	1,485	1,467	1,740	1,782	1,672	1,856	1,920	2,101	2,028	2,492
% of Total Deaths with Cremation	58%	58%	65%	66%	61%	64%	68%	71%	70%	72%

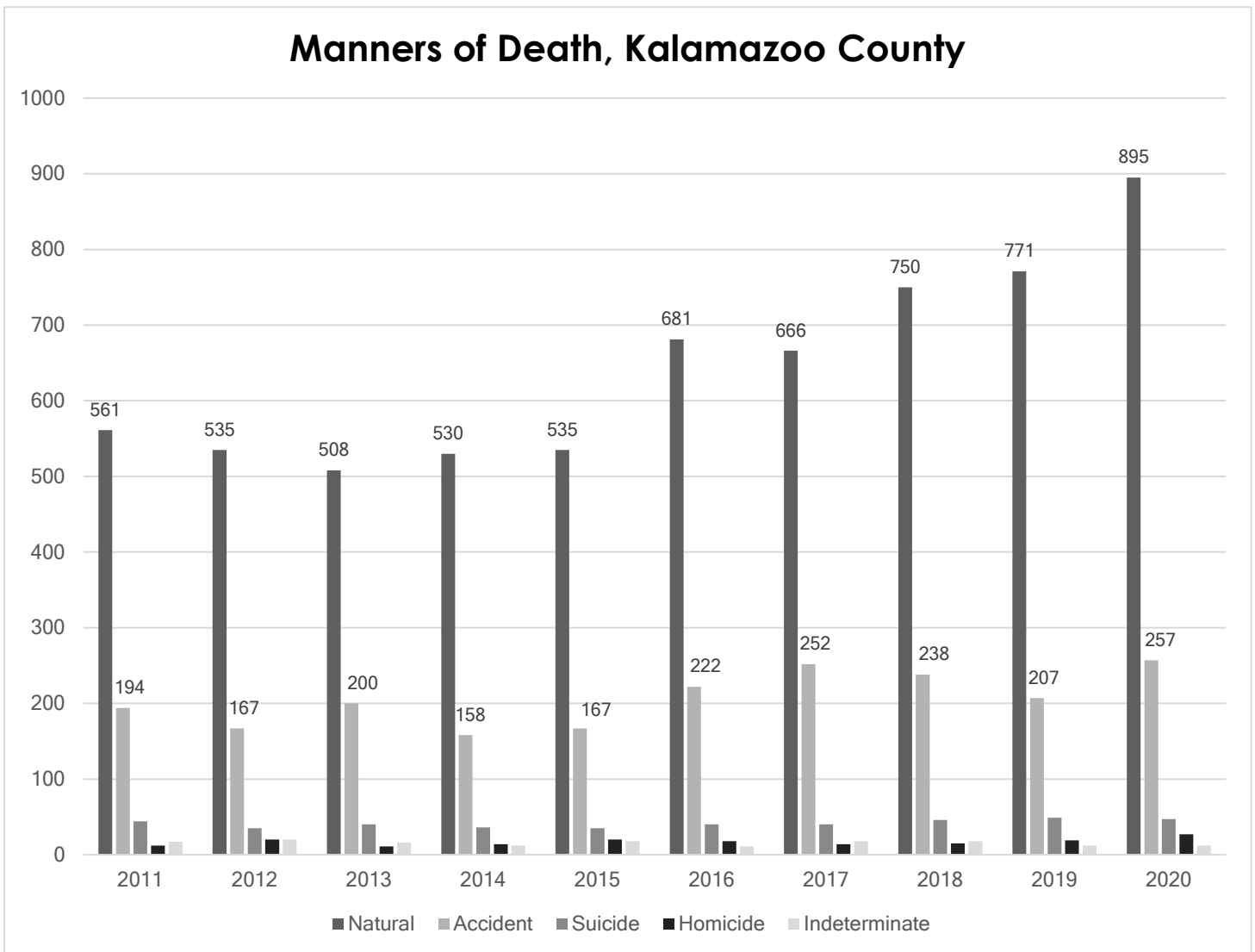
¹ Updated total number of deaths occurring in the county

² Provisional total number of deaths occurring in the county

³ (1) Possible remains, unknown if human

Manners of Death Reported, Kalamazoo County

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Natural	561	535	508	530	588	681	666	750	771	895
Accident	194	167	200	158	151	222	252	238	207	257
Suicide	44	35	40	36	38	40	40	46	49	47
Homicide	12	20	11	14	14	18	14	15	19	27
Indeterminate	17	20	16	12	19	11	18	17	12	12 ¹
Total	828	777	775	750	810	971	990	1066	1058	1238²



¹ (1) Complications of head trauma (unknown etiology) and acute meningitis associated with chronic alcohol use and hypertensive cardiovascular disease; (1) Mixed drug intoxication; (1) Complications of injuries and natural disease due to fall down stairs; (1) Multiple injuries due to fall from height; (1) Gunshot wound of head; (1) Multiple blunt force injuries due to motor vehicle collision; (2) Multiple injuries, pedestrian struck by motor vehicle; (1) Natural disease complicated by blunt head injury (unknown etiology); (1) Unexplained sudden death (of infant) associated with unsafe sleep and illicit drug exposure; (2) Unexplained sudden death (of infant) associated with unsafe sleep

² Does not include (3) Stillbirth investigations (cremation authorizations); (1) Possible cremains, unknown if human

Deaths Reported by Age (in years), Kalamazoo County¹

	< 1	1 - 5	6 - 10	11 - 17	18 - 25	26 - 44	45 - 64	65 +
2011	9	6	2	3	32	74	240	461
2012	12	4	3	7	34	79	235	403
2013	14	8	0	11	29	76	209	429
2014	7	3	5	5	29	61	239	399
2015	14	5	3	7	21	82	220	441
2016	5	5	3	12	37	95	269	494
2017	15	6	3	10	35	103	259	513
2018	13	5	1	9	23	97	297	571
2019	6	6	3	5	37	98	293	610
2020	11	4	4	9	28	130	343	709

Pediatric Deaths, Kalamazoo County

The 28 deaths of individuals under 18 years of age include:

1. <1 year old
 - a. (2) Prematurity; natural
 - b. (2) Unexplained sudden death (of infant) associated with unsafe sleep; indeterminate
 - c. (1) Complications of congenital heart defect; natural
 - d. (1) Complications of multiple congenital anomalies and chromosomal abnormality; natural
 - e. (1) Complications of Hirschsprung's disease; natural
 - f. (1) Asphyxia due to unsafe sleep; accident
 - g. (1) Complications of traumatic brain injury; homicide
 - h. (1) Bacterial pneumonia associated with empyema, pericarditis, sepsis; natural
 - i. (1) Unexplained sudden death (of infant) associated with unsafe sleep and illicit drug exposure; indeterminate
2. 1-5 years old
 - a. (1) Embryonic brain tumor; natural
 - b. (1) Complications of multiple injuries, including asphyxia; homicide
 - c. (1) Complications of multiple injuries, including craniocerebral trauma; homicide
 - d. (1) Multiple injuries; homicide
3. 6-10 years old
 - a. (1) Cerebral palsy associated with seizure disorder; natural
 - b. (1) Cerebral palsy associated with seizure disorder and bronchitis/bronchiolitis; natural
 - c. (1) Blunt force head injury, struck by liftgate of truck; accident
 - d. (1) Multiple injuries, including craniocerebral trauma; homicide
4. 11-17 years old
 - a. (2) Multiple blunt force injuries, passenger in roll-over motor vehicle collision; accident

¹ All stillbirths and spontaneous abortions (miscarriages) investigated but not requiring an examination have been removed from this table for a more accurate representation of deaths reported under the age of one year.

- b. (1) Complications of shunt obstruction; natural
- c. (1) Complications of restraint asphyxia; homicide
- d. (1) Hanging; suicide
- e. (1) Mechanical asphyxia due to trench collapse; accident
- f. (1) Gunshot wound of head; suicide
- g. (1) Intraoral shotgun wound of head; suicide
- h. (1) Acute and chronic asthmatic bronchitis; natural

Accidental Deaths by Mechanism, Kalamazoo County

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Vehicle	46	48	60	35	46	58	72	51	45	40 ¹
Drug-Related	33	34	47	35	33	72	61	63	47	69 ²
Drowning	5	2	2	3	1	4	7	9	5	5 ³
Fall	92	67	76	77	57	80	92	100	85	123 ⁴
Fire	5	2	8	3	3	4	5	4	5	6 ⁵
Environmental Exposure	2	4	1	1	1	1	2	3	5	5 ⁶
Asphyxia	6	3	4	2	7	3	6	6	12	6 ⁷
Other	6	7	3	4	3	1	7	3	3	3 ⁸
Total	195	167	200	160	151	223	252	238⁹	207	257

¹ Includes (1) Pedestrian swimmer struck by watercraft propeller

² Includes (1) Mixed drug intoxication associated with hypothermia

³ Includes (1) Drowning (river) associated with mixed drug intoxication

⁴ Includes (1) Fall down stairs associated with alcohol use; (1) Fall associated with COVID-19 infection

⁵ Includes (1) Smoke and soot inhalation with thermal injuries associated with acute alcohol intoxication

⁶ Includes (1) Hypothermia associated with carbon monoxide intoxication

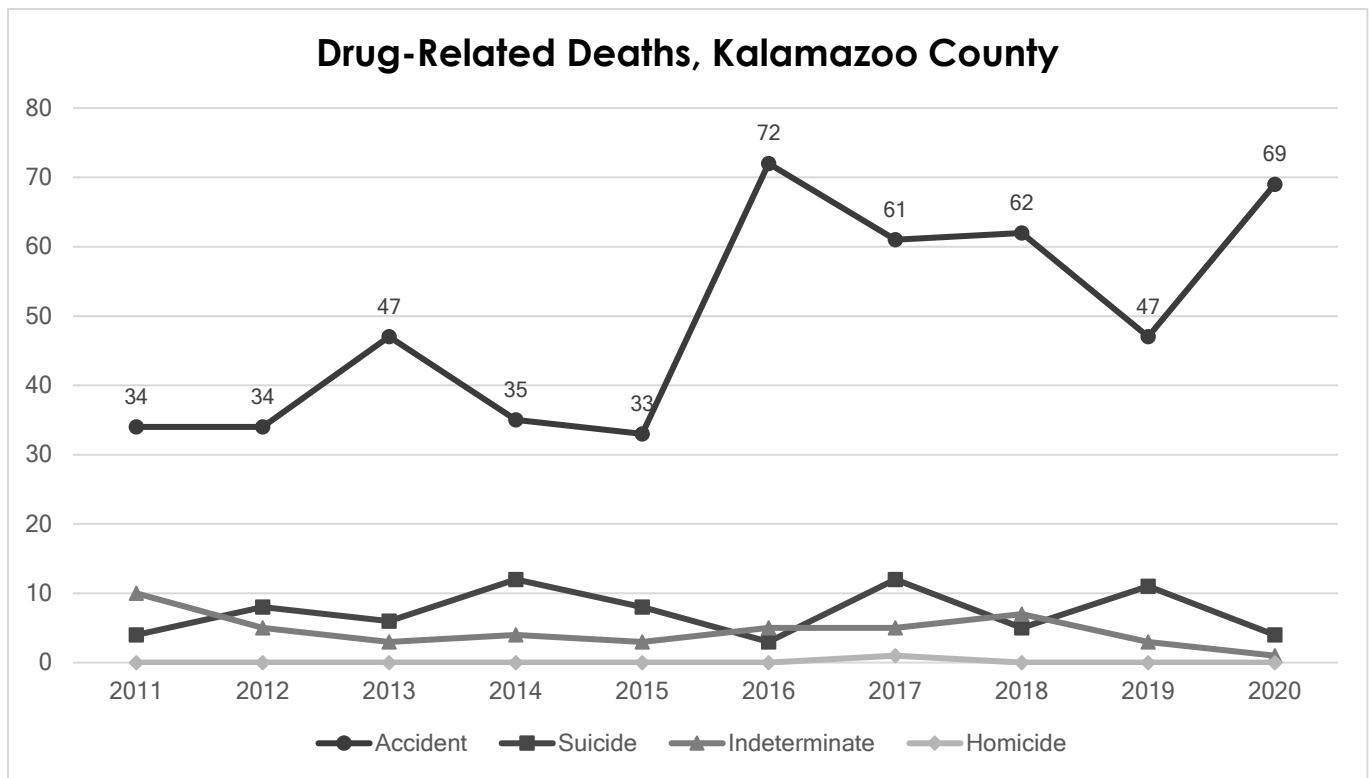
⁷ Includes (1) Positional asphyxia associated with acute and chronic alcohol use; (1) Choking; (1) Positional asphyxia associated with tracheostomy obstruction and acute alcohol intoxication; (1) Unsafe sleep (infant); (1) Probable positional asphyxia associated with acute alcohol intoxication; (1) Mechanical asphyxia due to trench collapse

⁸ (1) Carbon monoxide intoxication; (1) Blunt force head injury, struck by liftgate of truck; (1) Multiple blunt force injuries due to crush injury by metal oil tank

⁹ (1) death is categorized twice (drowning and vehicle-related; vehicle left roadway and entered water)

Drug-Related Deaths by Manner, Kalamazoo County¹

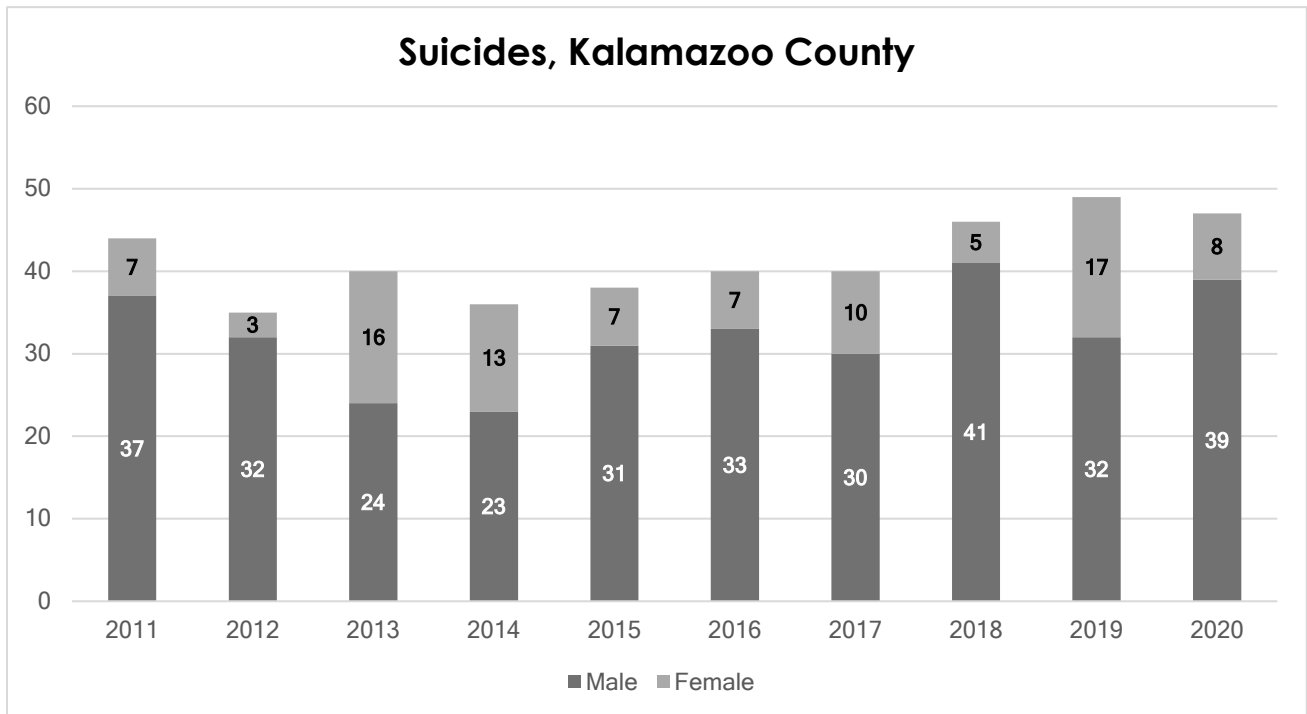
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Accident	34	34	47	35	33	72	61	63	47	69
Suicide	4	8	6	12	8	3	12	5	11	4
Homicide	0	0	0	0	0	0	1	0	0	0
Indeterminate	10	5	3	4	3	5	5	7	3	1
Total	48	47	56	51	44	80	79	75	61	74
Total involving opioid(s)	N/A	N/A	N/A	N/A	30	64	59	51	32	56
% of Accidents and Indeterminate Deaths Involving Opioids	N/A	N/A	N/A	N/A	83%	82%	74%	73%	60%	80%



¹ Acute alcohol intoxications are defined as drug-related deaths and are included in this data.

Suicides by Sex & Age, Kalamazoo County

Year	Total	Male	Female	0 - 17	18 - 25	26 - 44	45 - 64	65 +
2011	44	37	7	0	7	13	16	8
2012	35	32	3	1	3	11	12	8
2013	40	24	16	5	12	4	12	7
2014	36	23	13	0	7	12	10	7
2015	38	31	7	3	6	8	14	7
2016	40	33	7	3	7	13	12	5
2017	40	30	10	1	3	14	14	8
2018	46	41	5	2	9	11	11	13
2019	49	32	17	3	13	14	13	6
2020	47	39	8	3	5	15	19	5



Suicides by Mechanism, Kalamazoo County

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Firearm	20	15	15	14	19	19	14	26	22	21
Hanging	12	8	13	7	9	13	12	13	12	21
Carbon Monoxide	2	1	0	0	1	2	0	0	0	1
Drug Intoxication	4	8	6	12	8	3	12	5	11	4 ¹
Motor Vehicle	0	0	1	1	1	0	0	0	2	0
Sharp Force Trauma	3	1	2	0	0	2	2	0	0	0
Asphyxia/Suffocation	1	1	3	1	0	0	0	1	1	0
Other	1	1	0	1	0	1	0	1	1	0
Total	44	35	40	36	38	40	40	46	49	47

¹ Includes (1) alcohol ingestion, including hand sanitizer

Summary of All Leelanau County Cases

	2017	2018	2019	2020
Total Deaths in the County	148	175	145	187 ¹
Deaths Reported to the ME	39	46	33	45
Deaths Investigated	36	45	33	44
MEI Scene Investigations	24	41	28	31
Death Certificates by ME	21	15	13	11
Bodies Transported to Morgue	10	9	8	7
Complete Autopsy	9	7	6	1
Limited Autopsy	1	0	0	0
External Examination	0	2	2	6
Storage Only	0	0	0	0
Total Cases with Toxicology	10	8	8	6
Unidentified Remains After Exam	0	0	0	0
Referrals to Gift of Life	6	8	6	7
Tissue Donations	0	1	1	1
Cornea Donations	0	0	0	0
Unclaimed Investigations	0	0	0	0
Exhumations	0	0	0	0

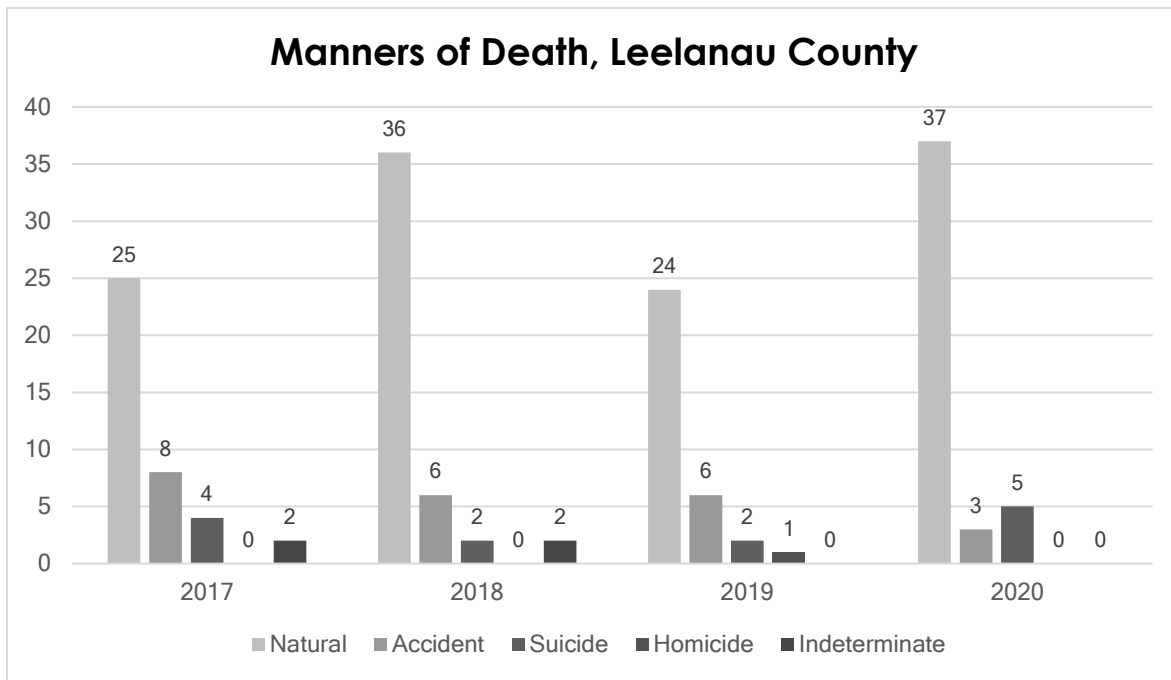
Cremation Permit Authorizations, Leelanau County

	2017	2018	2019	2020
Cremation Permits	105	130	102	132
% of Total Deaths with Cremation	71%	74%	70%	71%

¹ Provisional total number of deaths occurring in the county

Manners of Death Reported, Leelanau County

	2017	2018	2019	2020
Natural	25	36	24	37
Accident	8	6	6	3
Suicide	4	2	2	5
Homicide	0	0	1	0
Indeterminate	2	2	0	0
Total	39	46	33	45



Deaths Reported by Age (in years), Leelanau County¹

	< 1	1 - 5	6 - 10	11 - 17	18 - 25	26 - 44	45 - 64	65 +
2017	0	0	0	1	3	3	7	25
2018	0	0	1	0	1	3	7	34
2019	0	0	0	0	1	2	5	25
2020	0	0	0	0	0	2	10	33

¹ All stillbirths and spontaneous abortions (miscarriages) investigated but not requiring an examination have been removed from this table for a more accurate representation of deaths reported under the age of one year.

Accidental Deaths by Mechanism, Leelanau County

	2017	2018	2019	2020
Vehicle	2	1	3	1
Drug-Related	1	1	0	1
Drowning	0	2	2	0
Fall	0	1	1	0
Fire	0	0	0	0
Environmental Exposure	0	0	0	0
Asphyxia	0	1	0	1 ¹
Other	1	0	0	0
Total	4	6	6	3

Drug-Related Deaths by Manner, Leelanau County²

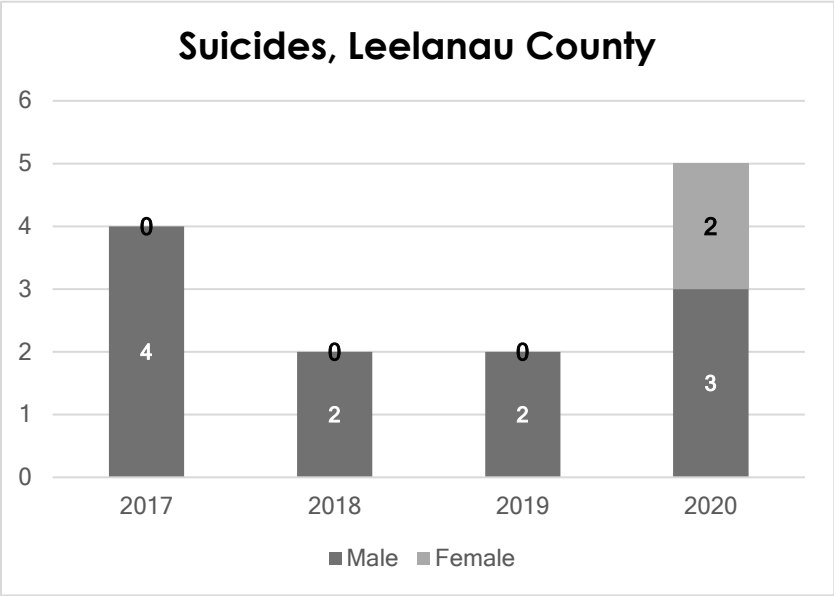
	2017	2018	2019	2020
Accident	1	1	0	1
Suicide	0	0	0	0
Indeterminate	0	0	0	0
Total	1	1	0	1
Total involving opioid(s)	1	0	0	1
% of Accidents and Indeterminate Manners Involving Opioids	100%	0%	0%	100%

Suicides by Sex & Age, Leelanau County

Year	Total	Male	Female	0 - 17	18 - 25	26 - 44	45 - 64	65 +
2017	4	4	0	1	0	0	1	2
2018	2	2	0	0	0	0	0	2
2019	2	2	0	0	0	1	1	0
2020	5	3	2	0	0	1	1	3

¹ (1) Choking

² Acute alcohol intoxications are defined as drug-related deaths and are included in this data.



Suicides by Mechanism, Leelanau County

	2017	2018	2019	2020
Firearm	2	2	2	3
Hanging	1	0	0	2 ¹
Carbon Monoxide	0	0	0	0
Drug Intoxication	0	0	0	0
Motor Vehicle	0	0	0	0
Sharp Force Trauma	0	0	0	0
Asphyxia/Suffocation	0	0	0	0
Other	1	0	0	0
Total	4	2	2	2

¹ Includes (1) Hanging associated with acute drug intoxication

Summary of All Mason County Cases

	2018	2019	2020
Total Deaths in the County	311	287	344 ¹
Deaths Reported to the ME	107	110	111
Deaths Investigated	92	93	97
MEI Scene Investigations	88	84	83
Death Certificates by ME	53	52	34
Bodies Transported to Morgue	37	34	22
Complete Autopsy	29	25	12
Limited Autopsy	0	0	3
External Examination	6	7	7
Storage Only	2	2	0
Total cases with Toxicology	32	31	21
Unidentified Remains After Exam	0	0	1 ²
Referrals to Gift of Life	16	10	19
Tissue Donations	3	2	0
Cornea Donations	0	1	0
Unclaimed Investigations	1	0	0
Exhumations	0	0	0

Cremation Permit Authorizations, Mason County

	2018	2019	2020
Cremation Permits	231	224	288
% of Total Deaths with Cremation	74%	78%	84%

¹ Provisional total number of deaths occurring in the county

² Human skeletal remains recovered from eroding shoreline, multiple decedents (likely historic cemetery)

Manners of Death Reported, Mason County

	2018	2019	2020
Natural	84	82	85
Accident	16	24	17
Suicide	7	2	8
Homicide	0	1	0
Indeterminate	0	1	0
Total	107	110	110¹

Deaths Reported by Age (in years), Mason County²

	< 1	1 - 5	6 - 10	11 - 17	18 - 25	26 - 44	45 - 64	65 +
2018	0	0	0	3	2	13	25	63
2019	0	0	0	1	5	7	30	67
2020 ³	0	0	0	0	1	10	28	71

Accidental Deaths by Mechanism, Mason County

	2018	2019	2020
Vehicle	5	6	4
Drug-Related	7	2	5
Drowning	1	7	2
Fall	3	6	4
Fire	0	0	0
Environmental Exposure	0	3	0
Asphyxia	0	0	1
Other	0	0	1 ⁴
Total	16⁵	24	17

¹ Does not include (1) Human skeletal remains recovered from eroding shoreline, multiple decedents (likely historic cemetery)

² All stillbirths and spontaneous abortions (miscarriages) investigated but not requiring an examination have been removed from this table for a more accurate representation of deaths reported under the age of one year.

³ Does not include (1) Human skeletal remains recovered from eroding shoreline, multiple decedents (likely historic cemetery)

⁴ (1) Carbon monoxide intoxication

⁵ (1) death is categorized twice (drug-related and environmental exposure)

Drug-Related Deaths by Manner, Mason County¹

	2018	2019	2020
Accident	7	2	5
Suicide	1	0	0
Indeterminate	0	1	0
Total	8	3	5
Total involving opioid(s)	4	1	5
% of Accidents and Indeterminate Deaths Involving Opioids	57%	33%	100%

Suicides by Sex & Age, Mason County

Year	Total	Male	Female	0 - 17	18 - 25	26 - 44	45 - 64	65 +
2018	7	4	3	1	0	3	3	0
2019	2	1	1	0	1	1	0	0
2020	8	8	0	0	0	2	4	2

Suicides by Mechanism, Mason County

	2018	2019	2020
Firearm	2	2	6
Hanging	4	0	2
Carbon Monoxide	0	0	0
Drug Intoxication	1	0	0
Motor Vehicle	0	0	0
Sharp Force Trauma	0	0	0
Asphyxia/Suffocation	0	0	0
Other	0	0	0
Total	7	2	8

¹ Acute alcohol intoxications are defined as drug-related deaths and are included in this data.

MUSKEGON COUNTY

Summary of All Muskegon County Cases

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Total Deaths in the County	1,625	1,693	1,600	1,730	1,707	1,784	1,759	1,784	1,841	1,846 ₁	2,220 ₂
Deaths Reported to the ME	544	440	481	527	524	605	585	629	662	670	804
Deaths Investigated	N/A	N/A	412	424	453	530	504	468	504	523	628
MEI Scene Investigations	353	310	384	420	444	501	469	425	463	467	538
Death Certificates by ME	213	201	203	216	228	251	231	234	235	248	255
Bodies Transported to Morgue	163	161	132	148	178	159	167	159	161	177	167
Complete Autopsy	135	122	106	120	144	120	114	108	117	134	125
Limited Autopsy	5	10	2	6	2	4	2	4	4	5	4
External Examination	22	21	22	18	18	35	41	43	35	30	34
Storage Only	1	8	2	4	4	0	10	4	4	8	4
Total Cases with Toxicology	147	153	119	142	152	160	136	140	147	160	158
Unidentified Remains After Exam	0	0	0	0	0	0	0	0	0	0	0
Referrals to Gift of Life	27	70	81	93	156	139	109	122	128	104	137
Tissue Donations	3	7	8	9	14	17	12	9	15	12	9
Cornea Donations	3	8	11	12	16	20	11	7	8	6	4
Unclaimed Investigations	0	4	4	3	6	5	7	12	15	14	19
Exhumations	0	0	0	0	0	0	0	0	0	0	0

¹ Updated total number of deaths occurring in the county

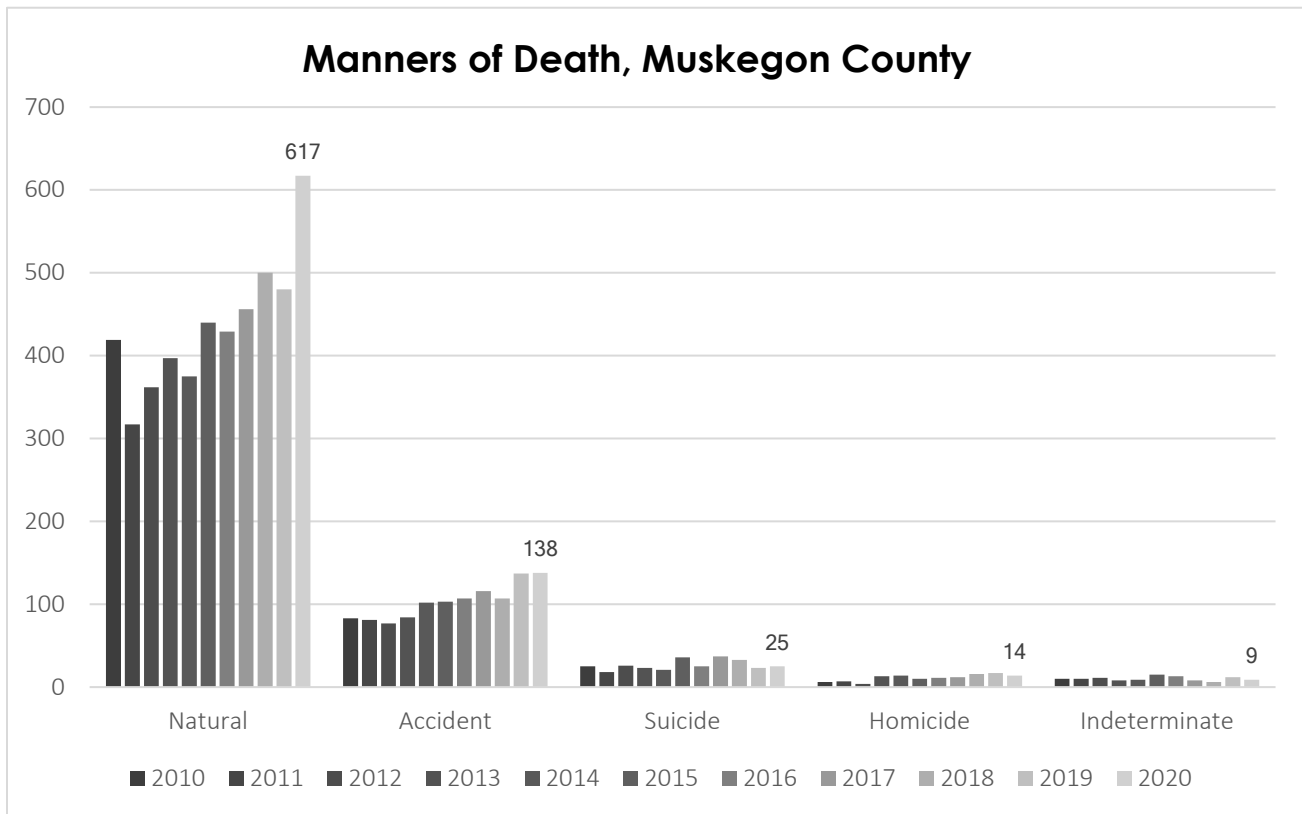
² Provisional total number of deaths occurring in the county

Cremation Permit Authorizations, Muskegon County

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Cremation Permits	893	812	952	986	1,007	1,116	1,138	1,188	1,264	1,383	1,600
% of Total Deaths with Cremation	55%	48%	60%	57%	59%	63%	65%	67%	68%	75%	72%

Manners of Death Reported, Muskegon County

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Natural	419	317	362	397	375	440	429	456	500	480	617
Accident	83	81	77	84	102	103	107	116	107	137	138
Suicide	25	18	26	23	21	36	25	37	33	23	25
Homicide	6	7	4	13	14	10	11	12	16	17	14
Indeterminate	10	10	11	8	9	15	13	8	6	12	9 ¹
Total	544	440	480	525	524	604	585	629	662	669	803²



¹ (1) Hanging; (2) Drowning (lake); (2) Unexplained sudden death (of infant) associated with unsafe sleep; (1) Drowning (sink) associated with natural and psychiatric disease; (1) Multiple blunt force injuries due to motor vehicle collision; (1) Unexplained sudden death (of infant) associated with probable unsafe sleep and illicit drug exposure; (1) Unexplained sudden death (of infant) associated with unsafe sleep and prematurity

² Does not include (1) Stillbirth investigation (cremation authorization)

Deaths Reported by Age (in years), Muskegon County¹

	< 1	1 - 5	6 - 10	11 - 17	18 - 25	26 - 44	45 - 64	65 +
2010	8	0	2	4	11	47	151	306
2011	3	1	1	4	14	59	134	217
2012	4	3	1	3	14	44	144	267
2013	5	0	0	4	13	48	170	286
2014	4	0	0	8	15	66	155	273
2015	9	1	2	2	24	61	199	304
2016	4	2	1	5	18	55	184	303
2017	3	1	0	8	14	81	168	344
2018	1	2	3	1	16	88	190	344
2019	2	0	0	1	22	74	177	393
2020	6	0	1	6	16	87	199	488

Pediatric Deaths, Muskegon County

The 13 deaths of individuals under 18 years of age include:

1. <1 year old
 - a. (2) Unexplained sudden death (of infant) associated with unsafe sleep; indeterminate
 - b. (1) Asphyxia due to unsafe sleep; accident
 - c. (1) Multiple injuries, including head and neck trauma; homicide
 - d. (1) Unexplained sudden death (of infant) associated with probable unsafe sleep and illicit drug exposure; indeterminate
 - e. (1) Unexplained sudden death (of infant) associated with unsafe sleep and prematurity; indeterminate
2. 6-10 years old
 - a. (1) Multiple blunt force injuries, passenger in motor vehicle collision; accident
3. 11-17 years old
 - a. (3) Multiple gunshot wounds; homicide
 - b. (1) Complications of Goldenhar syndrome; natural
 - c. (1) Complications of cerebral palsy; natural
 - d. (1) Multiple blunt force injures, unrestrained driver in motor vehicle collision; accident

¹ All stillbirths and spontaneous abortions (miscarriages) investigated but not requiring an examination have been removed from this table for a more accurate representation of deaths reported under the age of one year.

Accidental Deaths by Mechanism, Muskegon County

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Vehicle	16	25	18	13	18	22	22	22	21	33	27
Drug-Related	31	30	20	37	47	39	40	47	40	46	57 ¹
Drowning	3	4	4	4	4	4	2	4	2	5	4 ²
Fall	21	17	27	26	29	29	32	38	37	43	38
Fire	3	3	0	0	1	3	1	0	0	1	3
Environmental Exposure	0	0	0	0	1	1	4	0	1	2	4 ³
Asphyxia	6	1	4	2	2	3	4	2	5	4	4 ⁴
Other	2	1	3	0	1	2	2	3	2	3	1 ⁵
Total	82	81	76	82	103	103	107	116	107⁶	137	138

Drug-Related Deaths by Manner, Muskegon County⁷

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Accident	31	30	20	37	47	39	39	47	40	46	57
Suicide	9	3	5	1	2	7	3	4	10	4	3
Indeterminate	5	3	2	2	5	4	6	3	1	5	0
Total	45	36	27	40	54	50	48	54	51	55	60
Total involving opioid(s)	N/A	N/A	N/A	N/A	N/A	43	41	43	39	43	50
% of Accidents and Indeterminate Deaths Involving Opioids	N/A	N/A	N/A	N/A	N/A	95%	87%	84%	85%	84%	88%

¹ Includes (1) Mixed drug intoxication associated with probable hypothermia

² Includes (1) Drowning (shower) associated with substance abuse

³ Includes (1) Hypothermia associated with acute and chronic alcohol use and natural disease

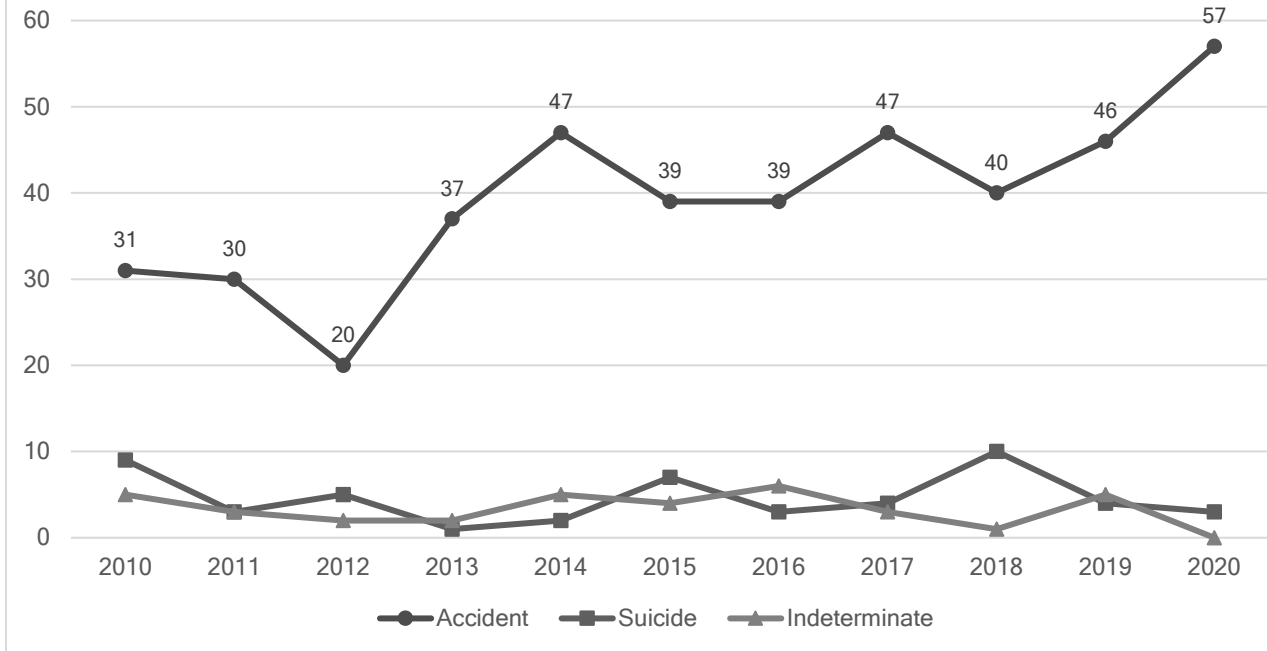
⁴ Includes (1) Overlay (unsafe sleep); (1) Choking; (1) Pinned beneath vehicle; (1) Pinned beneath tractor

⁵ (1) Surgical complication

⁶ (1) Death is categorized twice (drug-related and drowning)

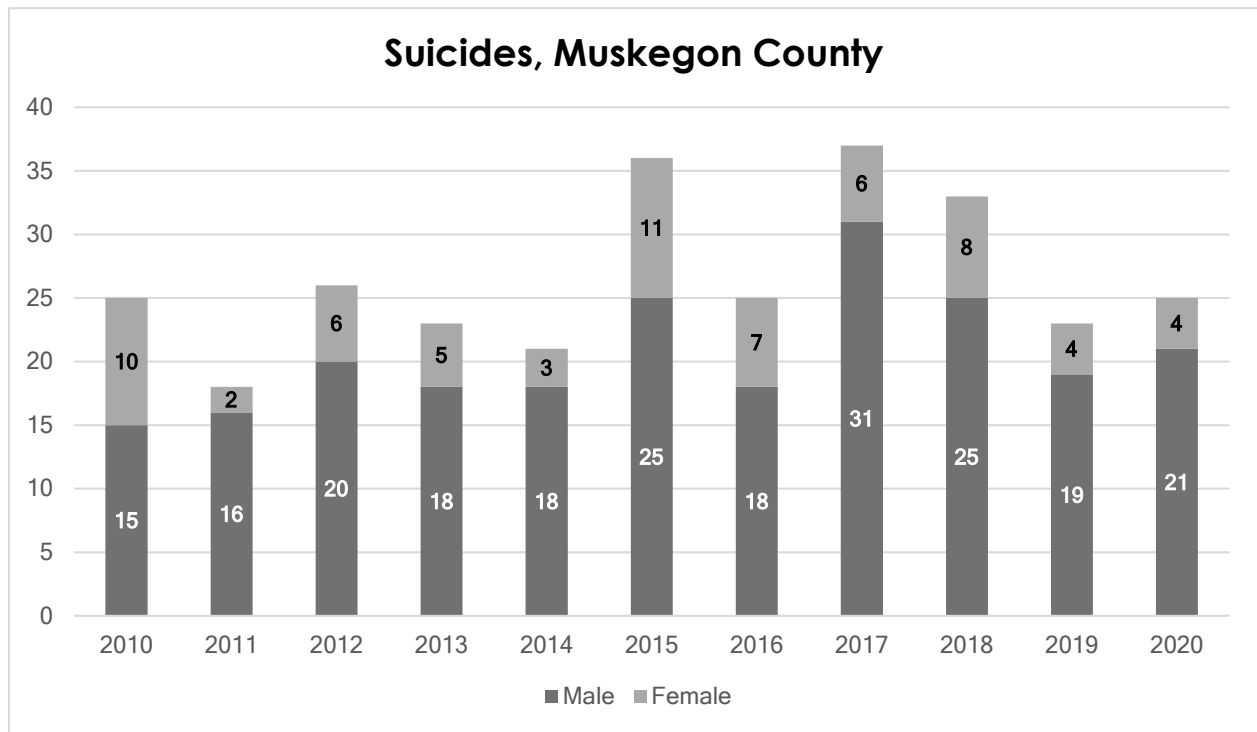
⁷ Acute alcohol intoxications are defined as drug-related deaths and are included in this data.

Drug-Related Deaths, Muskegon County



Suicides by Sex & Age, Muskegon County

Year	Total	Male	Female	0 - 17	18 - 25	26 - 44	45 - 64	65 +
2010	25	15	10	0	1	9	9	6
2011	18	16	2	2	1	7	5	3
2012	26	20	6	1	2	9	8	6
2013	23	18	5	0	2	10	7	4
2014	21	18	3	3	4	3	9	2
2015	36	25	11	0	7	10	8	11
2016	25	18	7	0	2	6	11	6
2017	37	31	6	3	4	10	15	5
2018	33	25	8	0	6	12	9	6
2019	23	19	4	0	3	8	8	4
2020	25	21	4	0	3	9	6	7



Suicides by Mechanism, Muskegon County

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Firearm	9	10	13	9	10	11	15	19	14	13	8
Hanging	5	4	7	7	7	15	5	10	9	5	9
Carbon Monoxide	2	0	0	1	0	1	1	1	0	0	1
Drug Intoxication	9	3	5	1	3	7	2	4	7	4	3
Motor Vehicle	0	0	0	2	1	2	0	0	0	0	0
Sharp Force Trauma	0	0	0	3	0	2	1	0	0	1	0
Asphyxia/Suffocation	0	1	1	0	0	0	1	1	0	0	2 ¹
Other	0	0	0	0	0	0	0	2	3	0	2 ²
Total	25	18	26	23	21	36	25	37	33	23	25

¹ (1) Asphyxia due to plastic bag secured around head; (1) Asphyxia due oxygen displacement by Argon with plastic bag around head

² (1) Drowning (lake); (1) Drowning (pond) with incised wounds of wrists

Summary of Osceola County Cases

	2018 ¹	2019	2020
Total Deaths in the County	187	175	211 ²
Deaths Reported to the ME	62	72	78
Deaths Investigated	58	63	72
MEI Scene Investigations	55	62	66
Death Certificates by ME	31	29	32
Bodies Transported to Morgue	17	23	22
Complete Autopsy	12	12	13
Limited Autopsy	0	2	1
External Examination	4	7	8
Storage Only	1	2	0
Total Cases with Toxicology	16	20	21
Unidentified Remains After Exam	1	1	0
Referrals to Gift of Life	10	16	16
Tissue Donations	1	1	1
Cornea Donations	1	1	1
Unclaimed Investigations	0	1	2
Exhumations	0	0	0

Cremation Permit Authorizations, Osceola County

	2018 ³	2019	2020
Cremation Permits	86	128	151
% of Total Deaths with Cremation	46%	73%	72%

¹ Data provided in this report includes January 1 to December 31, 2018, but WMed served as ME for only April 1 to December 31, 2018.

² Provisional total number of deaths occurring in the county

³ Data includes only those cremation permits reviewed and approved at WMed

Manners of Death Reported, Osceola County

	2018	2019	2020
Natural	44	54	54
Accident	13	12	18
Suicide	3	5	4
Homicide	0	1	1
Indeterminate	1	0	0
Total	61	72	77¹

Deaths Reported by Age (in years), Osceola County²

	< 1	1 - 5	6 - 10	11 - 17	18 - 25	26 - 44	45 - 64	65 +
2018	1	1	0	1	0	4	13	41
2019	0	1	1	3	0	5	20	42
2020	0	0	0	0	4	11	21	41

Accidental Deaths by Mechanism, Osceola County

	2018	2019	2020
Vehicle	4	6	11
Drug-Related	2	3	2
Drowning	0	2	0
Fall	3	0	4
Fire	0	0	0
Environmental Exposure	0	0	1
Asphyxia	2	1	0
Other	2	0	0
Total	13	12	18

¹ Does not include (1) Stillbirth investigation (cremation authorization)

² All stillbirths and spontaneous abortions (miscarriages) investigated but not requiring an examination have been removed from this table for a more accurate representation of deaths reported under the age of one year.

Drug-Related Deaths by Manner, Osceola County¹

	2018	2019	2020
Accident	2	3	2
Suicide	0	0	0
Indeterminate	0	0	0
Total	2	3	2
Total involving opioid(s)	1	2	0
% of Accidents and Indeterminate Deaths Involving Opioids	50%	66%	0%

Suicides by Sex & Age, Osceola County

Year	Total	Male	Female	0 - 17	18 - 25	26 - 44	45 - 64	65 +
2018	3	2	1	1	0	1	1	0
2019	5	5	0	0	0	1	3	1
2020	4	4	0	0	1	0	2	1

Suicides by Mechanism, Osceola County

	2018	2019	2020
Firearm	2	4	3
Hanging	1	1	1
Carbon Monoxide	0	0	0
Drug Intoxication	0	0	0
Motor Vehicle	0	0	0
Sharp Force Trauma	0	0	0
Asphyxia/Suffocation	0	0	0
Other	0	0	0
Total	3	5	4

¹ Acute alcohol intoxications are defined as drug-related deaths and are included in this data.

ST. JOSEPH COUNTY

Summary of St. Joseph County Cases

	2017	2018	2019	2020
Total Deaths in the County	508	530	507 ¹	541 ²
Deaths Reported to the ME	164	157	150	200
Deaths Investigated	155	150	145	196
MEI Scene Investigations	147	141	134	172
Death Certificates by ME	66	69	70	74
Bodies Transported to Morgue	56	67	61	64
Complete Autopsy	34	39	34	42
Limited Autopsy	1	2	3	4
External Examination	14	20	17	11
Storage Only	7	5	7	7
Total Cases with Toxicology	43	55	51	54
Unidentified Remains After Exam	2	0	1	0
Referrals to Gift of Life	53	45	41	71
Tissue Donations	7	6	6	4
Cornea Donations	2	3	4	1
Unclaimed Investigations	1	4	8	6
Exhumations	0	0	0	0

Cremation Permit Authorizations, St. Joseph County

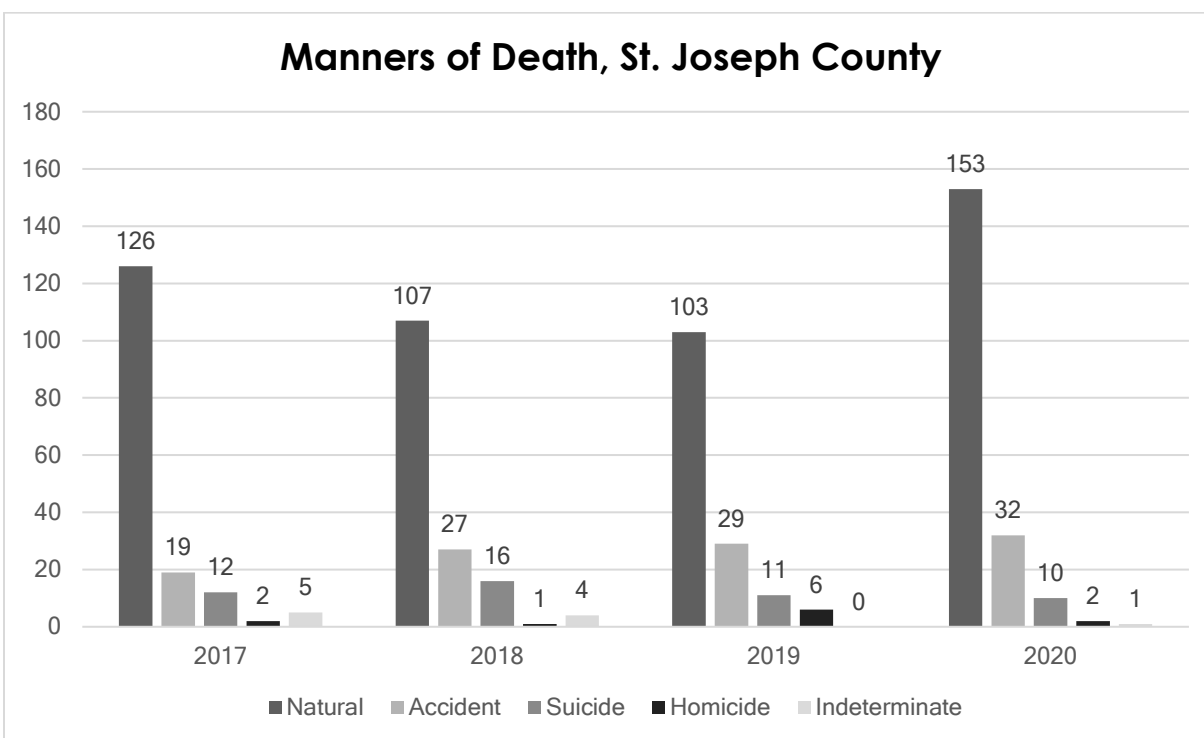
	2017	2018	2019	2020
Cremation Permits	309	306	327	386
% of Total Deaths with Cremation	61%	58%	65%	71%

¹ Updated total number of deaths occurring in the county

² Provisional total number of deaths occurring in the county

Manners of Death Reported, St. Joseph County

	2017	2018	2019	2020
Natural	126	107	103	153
Accident	19	27	29	32
Suicide	12	16	11	10
Homicide	2	1	6	2
Indeterminate	5	4	0	1 ¹
Total	164	155	149	198²



Deaths Reported by Age (in years), St. Joseph County³

	< 1	1 - 5	6 - 10	11 - 17	18 - 25	26 - 44	45 - 64	65 +
2017	1	0	0	1	2	19	60	78
2018	3	2	1	3	9	17	46	70
2019	0	1	0	2	3	23	49	71
2020	2	1	0	1	6	38	66	94

¹ (1) Unexpected sudden death (of infant) associated with unsafe sleep and viral respiratory infection

² Does not include (2) Stillbirth investigations (cremation authorizations)

³ All stillbirths and spontaneous abortions (miscarriages) investigated but not requiring an examination have been removed from this table for a more accurate representation of deaths reported under the age of one year.

Pediatric Deaths, St. Joseph County

The four deaths of individuals under 18 years of age include:

1. <1 year old
 - a. (1) Unexpected sudden death (of infant) associated with unsafe sleep and viral respiratory infection (Coronavirus HKU1); indeterminate
 - b. (1) Positional asphyxia due to wedging associated with unsafe sleep; accident
2. 1-5 years old
 - a. (1) Sepsis due to Group A Streptococcus pyogenes associated with multiple viral respiratory co-infections; natural
3. 11-17 years old
 - a. (1) Inhalation of products of combustion, house fire; accident

Accidental Deaths by Mechanism, St. Joseph County

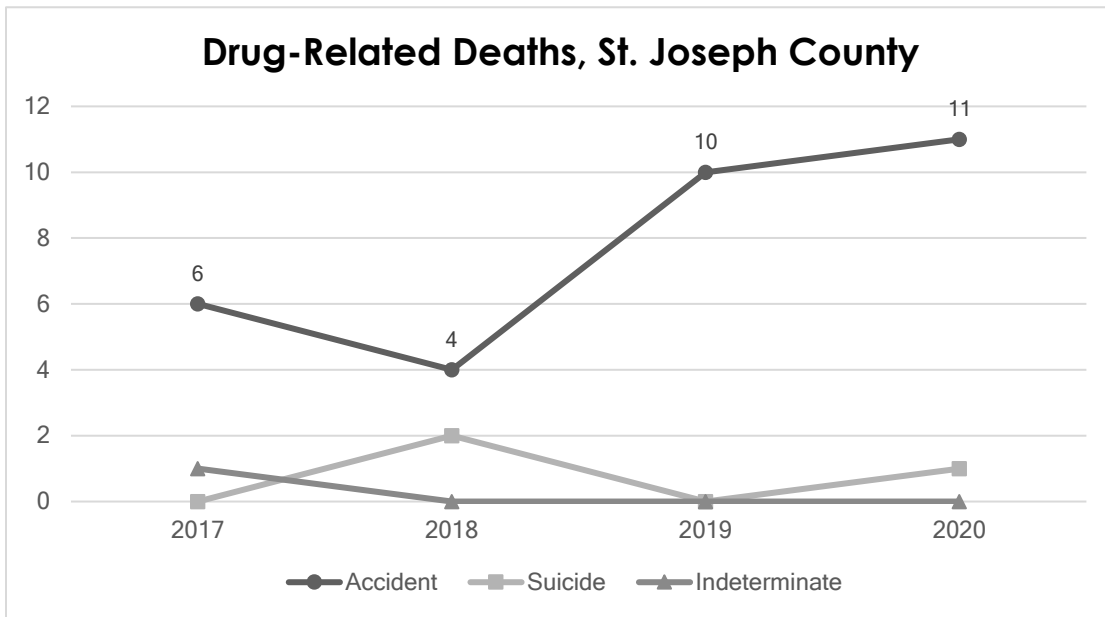
	2017	2018	2019	2020
Vehicle	8	15	11	13 ¹
Drug-Related	6	4	10	11
Drowning	2	1	3	2
Fall	1	3	4	3
Fire	1	4	0	2
Environmental Exposure	0	0	1	0
Asphyxia	1	1	0	1
Other	0	0	0	0
Total	19	27	29	32

Drug-Related Deaths by Manner, St. Joseph County²

	2017	2018	2019	2020
Accident	6	4	10	11
Suicide	0	2	1	1
Indeterminate	1	0	0	0
Total	7	6	11	12
Total involving opioid(s)	6	4	4	11
% of Accidents and Indeterminate Deaths Involving Opioids	86%	75%	40%	91%

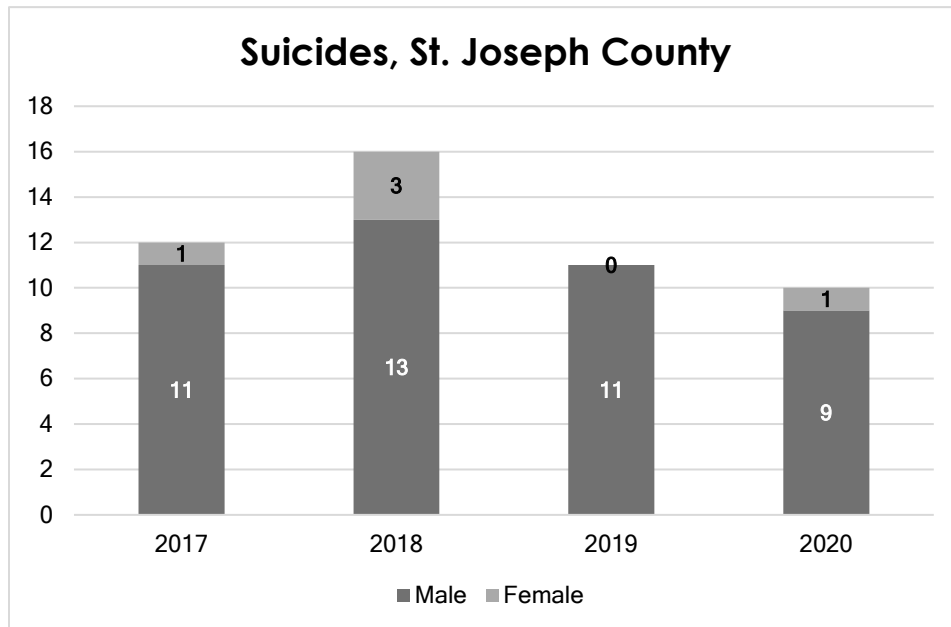
¹ Includes (1) Multiple blunt force injuries with acute drug intoxication

² Acute alcohol intoxications are defined as drug-related deaths and are included in this data.



Suicides by Sex & Age, St. Joseph County

Year	Total	Male	Female	0 - 17	18 - 25	26 - 44	45 - 64	65 +
2017	12	11	1	0	1	6	3	2
2018	16	13	3	3	3	4	4	2
2019	11	11	0	1	1	5	2	2
2020	10	9	1	0	1	3	3	3



Suicides by Mechanism, St. Joseph County

	2017	2018	2019	2020
Firearm	4	7	8	7
Hanging	5	6	1	0
Carbon Monoxide	3	0	1	0
Drug Intoxication	0	2	1	1
Motor Vehicle	0	0	0	0
Sharp Force Trauma	0	0	0	1
Asphyxia/Suffocation	0	1	0	1 ¹
Other	0	0	0	0
Total	12	16	11	10

¹ (1) Self-inflicted strangulation with zip ties secured around neck

VAN BUREN COUNTY

Summary of Van Buren County Cases

	2018	2019	2020
Total Deaths in the County	514	496 ¹	603 ²
Deaths Reported to the ME	162	180	220
Deaths Investigated	146	164	203
MEI Scene Investigations	142	158	188
Death Certificates by ME	61	74	89
Bodies Transported to Morgue	56	62	62
Complete Autopsy	31	40	37
Limited Autopsy	2	2	1
External Examination	20	15	17
Storage Only	3	5	6
Total Cases with Toxicology	44	53	52
Unidentified Remains After Exam	0	0	0
Referrals to Gift of Life	55	45	39
Tissue Donations	8	1	2
Cornea Donations	3	1	2
Unclaimed Investigations	2	3	4
Exhumations	1	0	0

Cremation Permit Authorizations, Van Buren County

	2018	2019	2020
Cremation Permits	322	327	420
% of Total Deaths with Cremation	63%	67%	70%

¹ Updated total number of deaths occurring in the county

² Provisional total number of deaths occurring in the county

Manners of Death Reported, Van Buren County

	2018	2019	2020
Natural	116	127	163
Accident	25	35	44
Suicide	16	9	8
Homicide	5	2	1
Indeterminate	0	6	3 ¹
Total	162	179	219²

Deaths Reported by Age (in years), Van Buren County³

	< 1	1 - 5	6 - 10	11 - 17	18 - 25	26 - 44	45 - 64	65 +
2018	0	2	1	0	4	13	47	95
2019	0	1	0	1	6	20	52	99
2020	0	0	1	1	7	28	55	127

Pediatric Deaths, Van Buren County

The two deaths of individuals under 18 years of age include:

1. 6-10 years old
 - a. (1) Multiple blunt force injuries, restrained passenger in motor vehicle collision; accident
2. 11-17 years old
 - a. (1) Crushing head trauma, pedestrian pinned between utility pole and vehicle; indeterminate

¹ (1) Crushing head trauma due to pedestrian pinned between utility pole and vehicle; (1) Drowning (bathtub); (1) Inhalation of products of combustion and thermal injuries, house fire

² Does not include (1) Stillbirth investigation (cremation authorization)

³ All stillbirths and spontaneous abortions (miscarriages) investigated but not requiring an examination have been removed from this table for a more accurate representation of deaths reported under the age of one year.

Accidental Deaths by Mechanism, Van Buren County

	2018	2019	2020
Vehicle	8	9	11
Drug-Related	10	15	17
Drowning	1	2	4
Fall	4	5	11
Fire	0	0	0
Environmental Exposure	1	2	0
Asphyxia	1	1	1 ¹
Other	0	1	0
Total	25	35	44

Drug-Related Deaths by Manner, Van Buren County²

	2018	2019	2020
Accident	10	15	17
Suicide	1	1	1
Indeterminate	0	0	0
Total	11	16	18
Total involving opioid(s)	9	12	11
% of Accidents and Indeterminate Deaths Involving Opioids	90%	80%	59%

Suicides by Sex & Age, Van Buren County

Year	Total	Male	Female	0 - 17	18 - 25	26 - 44	45 - 64	65 +
2018	16	13	3	0	1	2	7	6
2019	9	6	3	0	0	4	1	4
2020	8	6	2	0	1	2	1	4

¹ (1) Multiple injuries, including traumatic asphyxia, pinned beneath tractor

² Acute alcohol intoxications are defined as drug-related deaths and are included in this data.

Suicides by Mechanism, Van Buren County

	2018	2019	2020
Firearm	11	5	4
Hanging	3	2	2
Carbon Monoxide	0	0	1
Drug Intoxication	1	1	1
Motor Vehicle	0	0	0
Sharp Force Trauma	0	1	0
Asphyxia/Suffocation	1	0	0
Other	0	0	0
Total	16	9	8

ADDITIONAL SERVICES & STATS

Division of Neuropathology

The Division of Neuropathology, led by Division Chief, Dr. Amanda Fisher-Hubbard, performs a wide range of examinations, including those of forensic cases from WMed and outside institutions/medical examiner offices, private examinations for concerned families, hospital consultations, and is involved in several research projects.

	WMed Forensic Cases	Consulting Forensic Cases	Hospital Specimens	Lieber Institute	Private Neuropathological Examinations	Total
2016	43	84	11	276	4	418
2017	79	83	3	404	9	578
2018	63	99	2	492	3	659
2019	41	59	2	530	2	634
2020	53	73	2	380	3	511

Forensic Anthropology

Forensic Anthropology services are provided to all WMed Medical Examiner counties. These services include: human versus non-human bone identification; search and recovery of remains; comparative medical and dental radiography for the positive identification of remains; complete skeletal analyses to determine biological sex, age, ancestry and stature of skeletal remains; skeletal trauma reconstructions and analyses; and input and case management of unidentified individuals in the National Missing and Unidentified Persons System (NamUs).

	Radiographic Positive Identifications	Trauma Analyses	Recoveries	Non-Human	Biological Profile
2016	46	23	2	9	2
2017	79	7	5	8	5
2018	97	15	9	16	8
2019	76	14	11	20	5
2020	83	14	10	17	6

Hospital/Private/Consultant Postmortem Examinations

Our office provides autopsy services to Bronson Healthcare Group and Spectrum Health Lakeland, private examinations to families searching for answers, and forensic autopsies to various counties in Michigan, including the Upper Peninsula, and northern Indiana.

	Hospital	Private	Consultant Counties (Forensic)	Total
2016	10	4	257	271
2017	7	16	201	224
2018	8	9	161	178
2019	10	3	104	117
2020	9	15 ¹	198	222

Referrals to organ procurement organization (Gift of Life Michigan), 2020

	Referrals to Gift of Life	Tissue Donations	Cornea Donations
Allegan	97	9	5
Barry	44	2	1
Berrien	137	8	7
Calhoun	102	11	5
Grand Traverse	49	7	2
Kalamazoo	161	17	10
Leelanau	7	1	0
Mason	19	0	0
Muskegon	137	9	4
Osceola	16	1	1
St. Joseph	71	4	1
Van Buren	39	2	2
Total	879	71	38

¹ Includes (2) Neuropathology only examinations

Comparison of All Medical Examiner Counties, 2020

	Total Population ¹	Total Sq. Miles	Deaths in the County ²	Deaths Reported	Deaths Investigated	MEI Scene Investigations	DCs by ME	Cremation Permits	% Cremated	Unclaimed Investigations
Allegan	118,081	1,833	973	291	278	250	120	650	67%	9
Barry	61,550	577	453	161	147	132	52	303	67%	4
Berrien	153,401	1,581	1,867	596	540	461	207	1,218	65%	19
Calhoun	134,159	718	1,783	585	518	450	194	1,176	66%	40
Grand Traverse	93,088	601	1,571	495	375	211	158	1,283	82%	12
Kalamazoo	265,066	580	3,444	1,242	931	746	449	2,492	72%	48
Leelanau	21,761	2,532	187	45	44	31	11	132	71%	0
Mason	29,144	1,242	344	111	97	83	34	288	84%	0
Muskegon	173,566	1,459	2,220	804	628	538	255	1,600	72%	19
Osceola	23,460	573	211	78	72	66	32	151	72%	2
St. Joseph	60,964	521	541	200	196	172	74	386	71%	6
Van Buren	75,677	1,090	603	220	203	188	89	420	70%	4
2020 Total	1,209,917	13,307	14,197	4,848	4,029	3,328	1,675	10,099	71%	163
2019 Total	1,209,917	13,307	12,055	3,937	3,228	2,811	1,488	8,408	70%	123

For all counties, about 34% of deaths are reported; jurisdiction is accepted, and deaths are investigated in about 27% of the deaths in the counties. Complete autopsies are conducted in about 5% of all deaths within the county and in about 16% of deaths reported. A formal external or limited examination occurs in another 2% of deaths in the county. In total, a postmortem examination occurs in about 17% of deaths reported.

¹ Total county populations based on 2019 estimates by the US Census Bureau.

² Provisional number of deaths occurring in each county.

Postmortem Examinations, 2020

	Complete Autopsies	% Complete Autopsies ¹	Limited Exams	External Exams	Total Postmortem Exams	% Postmortem Exams ²	Cardiovascular Consults
Allegan	54	5.5%	6	23	83	8.5%	0
Barry	22	4.8%	2	7	31	6.8%	0
Berrien	103	5.5%	4	25	132	7.1%	2
Calhoun	112	6.3%	6	27	145	8.1%	0
Grand Traverse	53	3.4%	3	13	69	4.4%	0
Kalamazoo	188	5.5%	6	60	254	7.4%	1
Leelanau	1	0.05%	0	6	7	3.7%	0
Mason	12	3.5%	3	7	22	6.4%	0
Muskegon	125	5.6%	4	34	163	7.3%	0
Osceola	13	6.2%	1	8	22	10.4%	0
St. Joseph	42	7.8%	4	11	57	10.5%	0
Van Buren	37	6.1%	1	17	55	9.1%	0
Consultant Counties	197	N/A	0	1	198	N/A	0
Total	959	5.4%³	40	239	1,040	7.3%⁴	3

¹ Percent of all deaths in county with complete autopsies.

² Percent of all deaths in county with a postmortem examination.

³ Does not include consultant county examinations.

⁴ Does not include consultant county examinations.

Manners of Death, All Medical Examiner Counties, 2020

	Natural	Accident	Suicide	Homicide	Indeterminate	2020 Total	2019 Total
Allegan	205	54	25	3	3	290	217
Barry	122	30	7	0	1	160	121
Berrien	470	87	21	8	6	592	430
Calhoun	437	101	18	16	9	581	506
Grand Traverse	368	100	19	2	2	491	377
Kalamazoo	895	257	47	27	12	1,238	1,058
Leelanau	37	3	5	0	0	45	33
Mason	85	17	8	0	0	110	110
Muskegon	617	138	25	14	9	803	669
Osceola	54	18	4	1	0	77	72
St. Joseph	153	32	10	2	1	198	149
Van Buren	163	44	8	1	3	219	179
2020 Total	3,606	881	197	74	46	4,804	---
% of 2020 Total ¹	74.4%	18.2%	4.1%	1.5%	0.9%	---	---
2019 Total	2,860	757	16	67	51	---	3,921

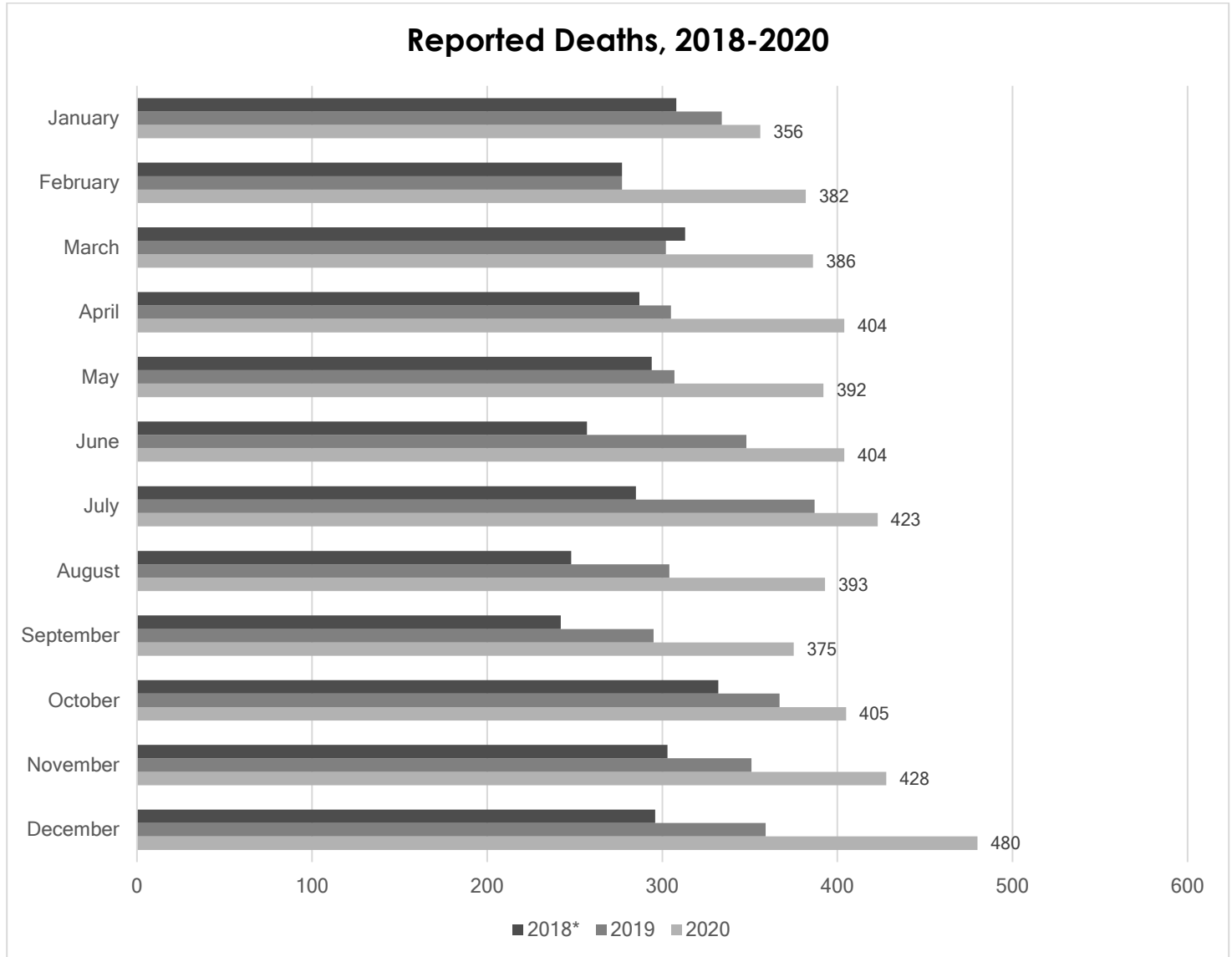
¹ Percent of all deaths reported to our office.

Significant Death Statistics, 2020

	Accidental Drug-Related Deaths	Indeterminate Drug-Related Deaths	Opioid-Related Deaths	Accidental Traffic-Related Deaths	Accidental Fall-Related Deaths
Allegan	14	2	11	18	15
Barry	10	0	8	6	10
Berrien	37	0	28	15	15
Calhoun	50	2	44	20	19
Grand Traverse	19	0	15	19	47
Kalamazoo	69	1	56	40	123
Leelanau	1	0	1	1	0
Mason	5	0	5	4	4
Muskegon	57	0	50	27	38
Osceola	2	0	0	11	4
St. Joseph	11	0	11	13	3
Van Buren	17	0	11	11	11
2020 Total	292	5	240	185	289
2019 Total	218	11	177	191	226

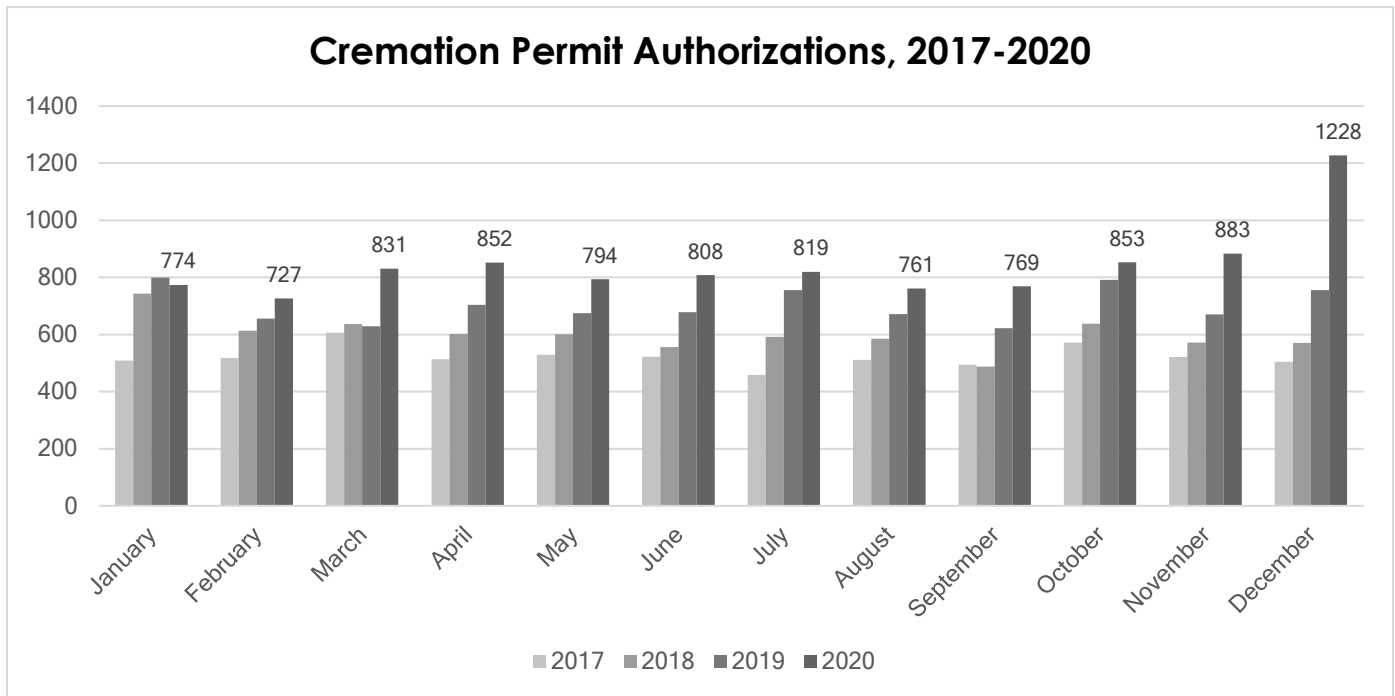
Significant Statistics Related to COVID-19 Pandemic

Shortly after the start of the pandemic, our team recognized an increase in reported deaths with a specific increase in deaths occurring outside of a healthcare setting, thus requiring notification to our office. The number of deaths released directly from the scene to the funeral home increased from 1,511 in 2018 and 1,727 in 2019 to an extraordinary 2,265 in 2020 (31.2% increase from 2019 to 2020). The graph below shows the number of reported deaths to our office broken down by month and includes all 12 counties we serve as the Medical Examiner.



*Does not include total number of reported deaths for Berrien County, as we were not yet the Medical Examiner's Office for the county.

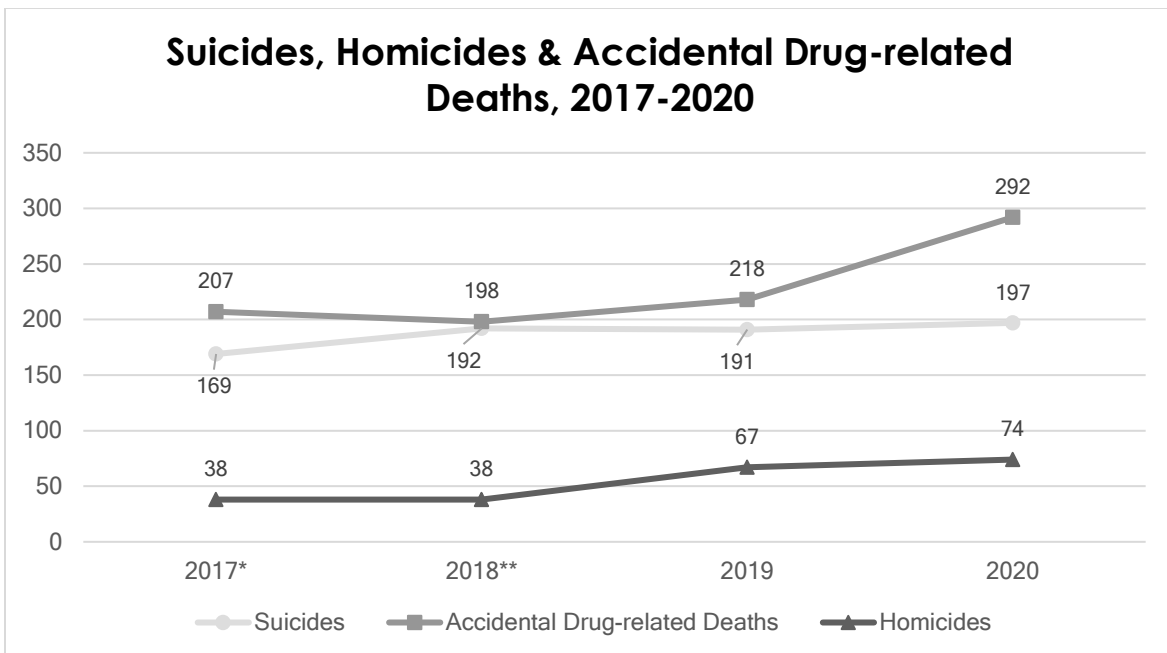
In addition to the increase in reported deaths requiring investigation, our office processed a much larger number of cremation permits than ever before. In December of 2020, nearly 25% of all cremation permits authorized by our office were for decedents whose deaths were due to COVID-19 or COVID-19 was deemed a contributory factor.



*2017 data does not include Barry or Berrien Counties, as we were not yet the Medical Examiner.

**2018 data does not include Berrien County, as we were not yet the Medical Examiner.

The number of deaths classified as homicides, suicides, and accidents increased from recent years in 2020.



*2017 data does not include Barry or Berrien Counties, as we were not yet the Medical Examiner.

**2018 data does not include Berrien County, as we were not yet the Medical Examiner.

At the start of the pandemic, testing supplies for the virus that causes COVID-19 were scarce and rationed for necessary testing. Our team tested decedents based on symptomatic status, exposure to positive cases, or based on public health risk to others (usually in the case of nursing home deaths where the decedent had been in contact with many other elderly and/or immunocompromised individuals). This later expanded as testing supplies became more readily available. The vast majority of our testing was completed through MDHHS at the Bureau of Laboratories located in Lansing, Michigan. Throughout 2020, we tested 304 decedents for SARS-CoV-2 (postmortem). Of these 304 tests, 44 (14.5%) detected SARS-CoV-2. In addition to all counties that we serve as the Medical Examiner, this includes the testing of decedents examined at the request of consultant counties. This, however, does not include testing completed on privately funded examinations.

County of Death	Decedents Tested	% of Total Deaths Reported	Negative (Not detected)	Positive (Detected)	% Positive
Allegan	14	4.8%	10	4	28.6%
Barry	3 ¹	1.9%	1	1	33.3%
Berrien	32	5.4%	30	2	6.3%
Calhoun	34	5.8%	26	8	23.5%
Grand Traverse	16 ²	3.2%	14	1	6.3%
Kalamazoo	70 ³	5.6%	61	8	11.4%
Leelanau	2	4.4%	2	0	0.0%
Mason	1 ⁴	0.9%	0	0	0.0%
Muskegon	42 ⁵	5.2%	33	8	19.0%
Osceola	3	3.8%	3	0	0.0%
St. Joseph	9	4.5%	7	2	22.2%
Van Buren	21	9.5%	17	4	19.0%
Consultant Counties	57 ⁶	N/A	49	6	10.5%
Total	304	5.1%	253	44	14.5%

¹ (1) Test results invalid due to decompositional changes.

² (1) Specimen not tested due to labeling issue.

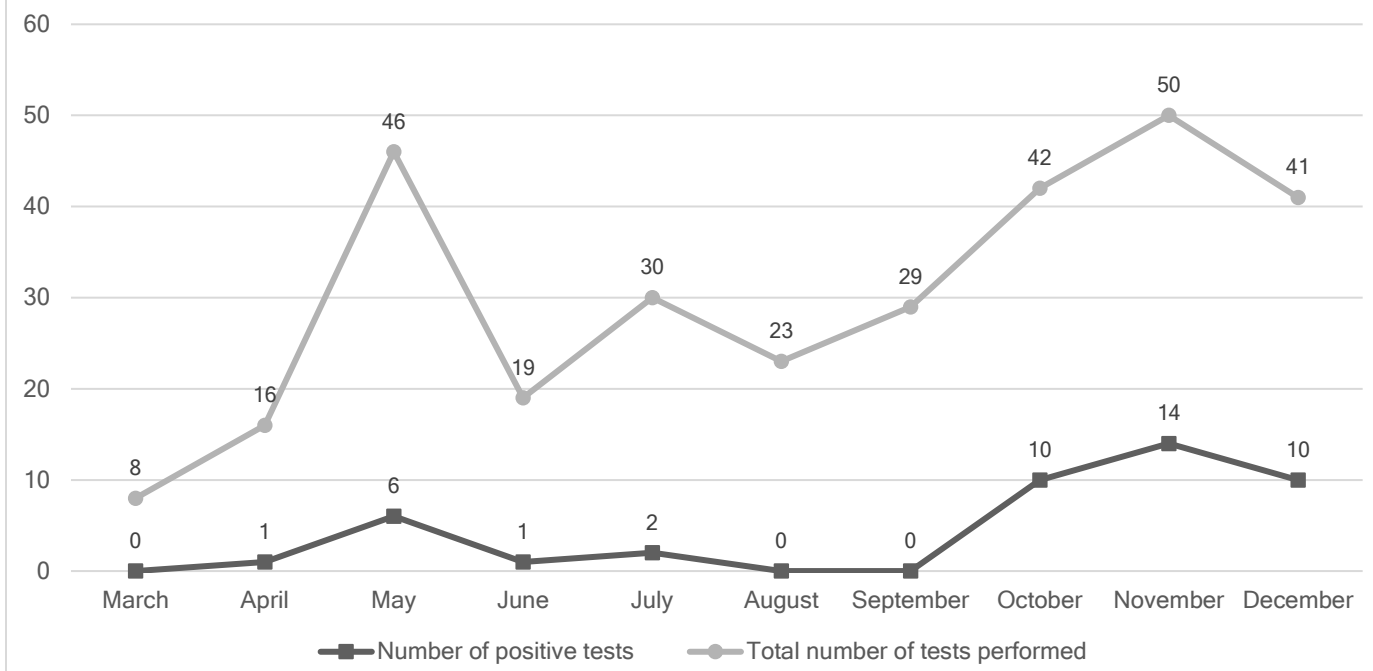
³ (1) Test results invalid due to decompositional changes.

⁴ (1) Test results invalid due to decompositional changes.

⁵ (1) Test results invalid due to decompositional changes.

⁶ (1) Test results invalid due to decompositional changes; (1) Specimen not tested due to leaking specimen at arrival to laboratory.

Positive COVID-19 Tests (Postmortem), 2020



2020 ANNUAL REPORT

Deaths related to opioids and other drugs

Allegan

This report is in memory of those who lost their life or a loved one to substance use. These losses must motivate us all to prevent future deaths.

A few notes...

: Purpose:

: This data was collected by the **Office of the Medical Examiner in the Department of Pathology at WMed**. Unless otherwise noted, data is from 2020 and includes deaths where drugs were the immediate cause of death (Pt. I of the death certificate). This report is meant to provide up to date statistics to those involved in efforts to reduce the number of drug-related deaths.

: **Sections with the following headings are approximations and frequencies may be higher than what is reported:**

: Health Factors, Mental Health Factors, Social Factors, Children and Substance Use History.

: Sources:

: All data was extracted from a Medical Examiner database, law enforcement (LE) and EMS reports, death certificates, obituaries, Swift Toxicology of Overdose-Related Mortalities (STORM) results, medical records, toxicology reports, MDHHS reports, and autopsy reports.

Please email Chloe Bielby for additional information or to set up a time to discuss your county's report: chloe.bielby@med.wmich.edu

Deaths Related to Opioids and Other Drugs

Allegheny

All Drug-Related Deaths

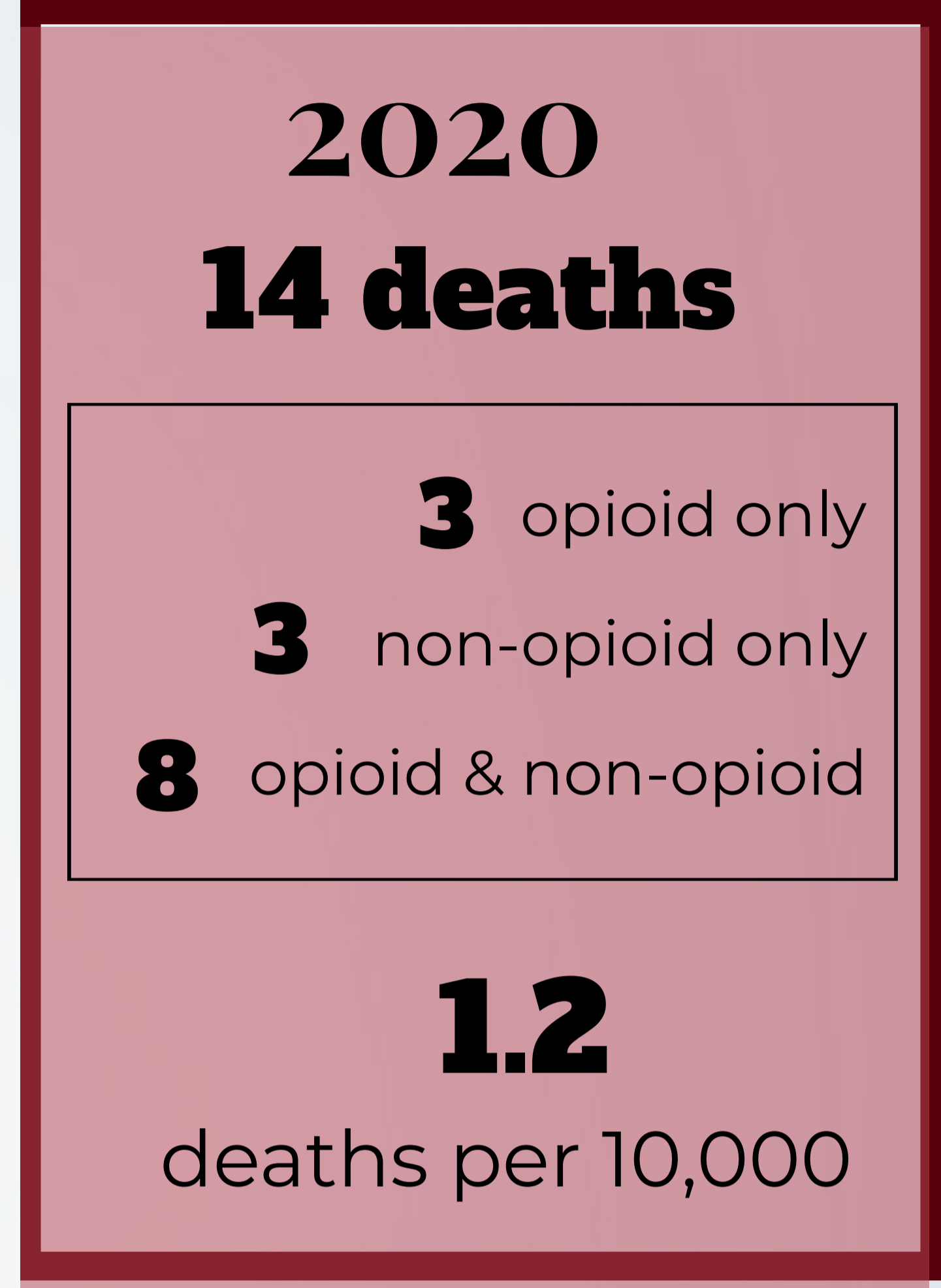
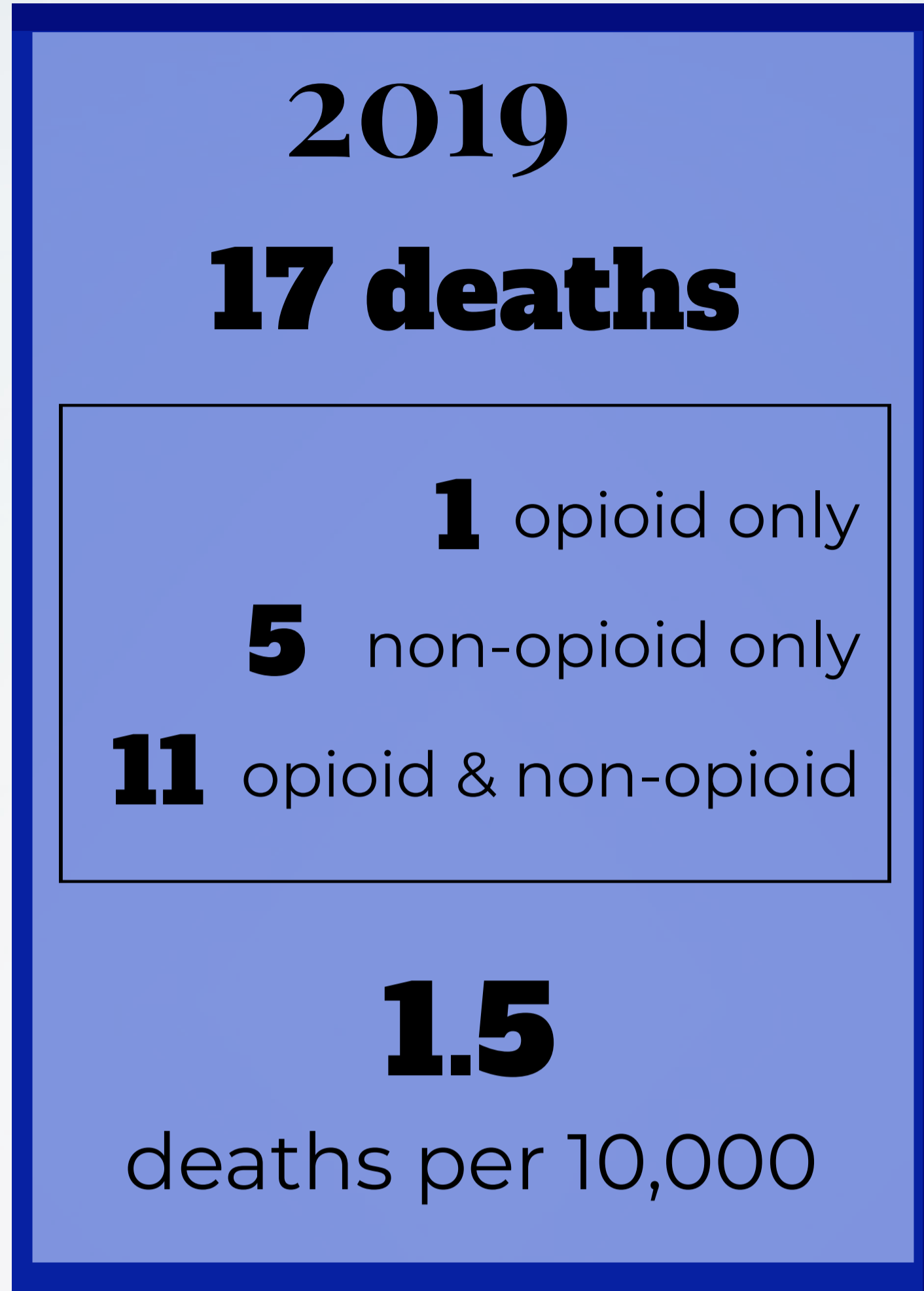
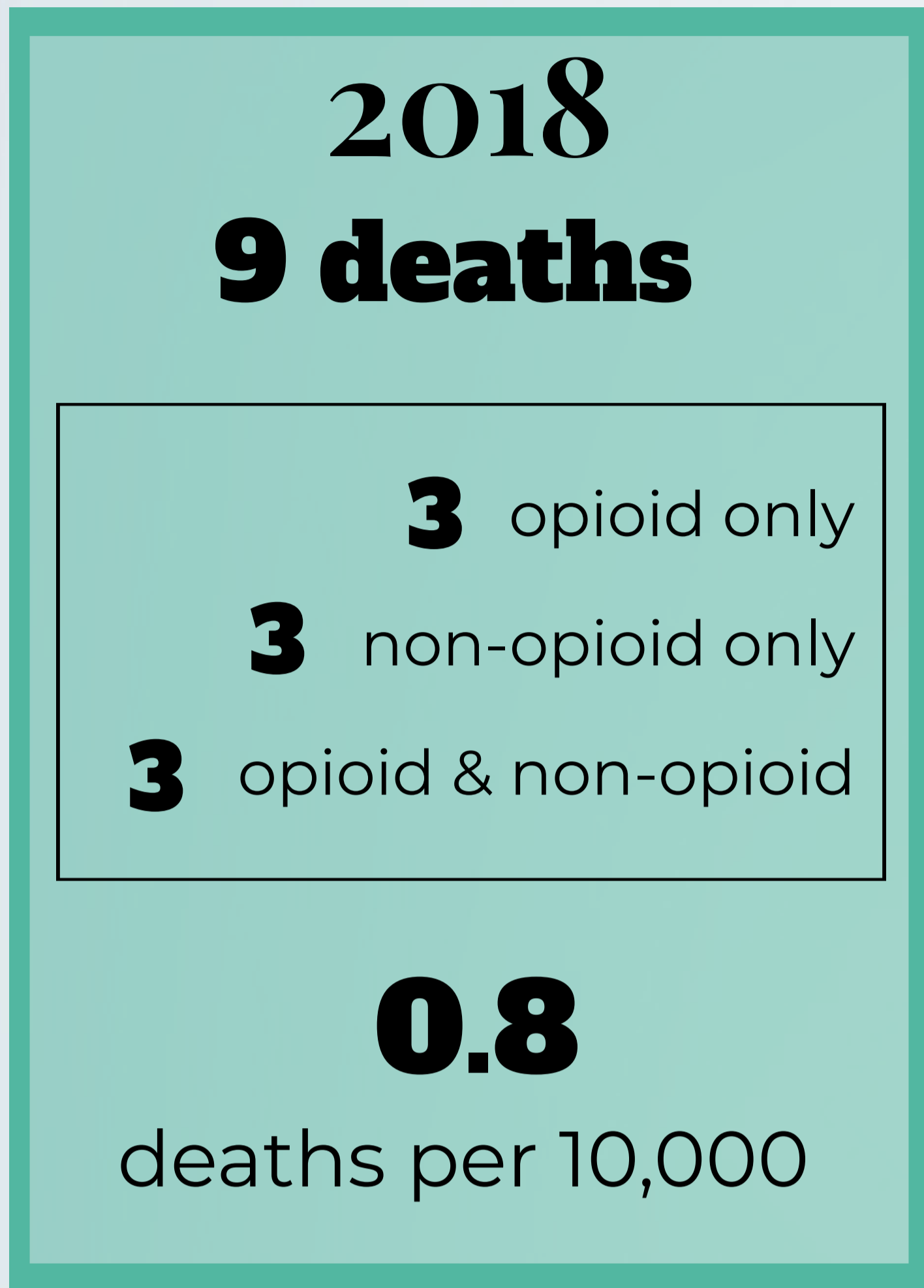
Age	Race	Sex	Death Certificate: Substances Contributing to Death	Injury Zip Code
24	W	M	Pt. I: Fentanyl, methamphetamine	49010
28	W	M	Pt. I: Fentanyl	49078
29	W	M	Pt. I: Clonazepam, doxylamine, fentanyl, trazodone	49078
30	W	M	<i>Pt. II: Methamphetamine*</i>	49419
30	W	M	Pt. I: Methamphetamine	49419
31	W	M	Pt. I: Fentanyl, morphine	49080
36	W	M	Pt. I: Methamphetamine, flualprazolam	49323
36	W	F	Pt. I: Fentanyl, xylazine	49323
39	W	M	Pt. I: Methamphetamine	49450
43	W	M	Pt. I: Alprazolam, fentanyl	49408
43	W	M	Pt. I: Fentanyl	49348
45	W	M	Pt. I: Alprazolam, fentanyl, heroin, hydrocodone, gabapentin	49423
48	W	M	Pt. I: Fentanyl, ethanol	49408
49	W	F	Pt. I: Methadone, gabapentin	49423
52	W	M	<i>Pt. I: Acute and chronic alcoholism*</i>	49423
59	W	M	Pt. I: Fentanyl, diazepam, oxycodone, gabapentin	49328

* Case is not included in the following report

Deaths Related to Opioids and Other Drugs

Allegan

Total deaths due to drugs: 2018, 2019, 2020



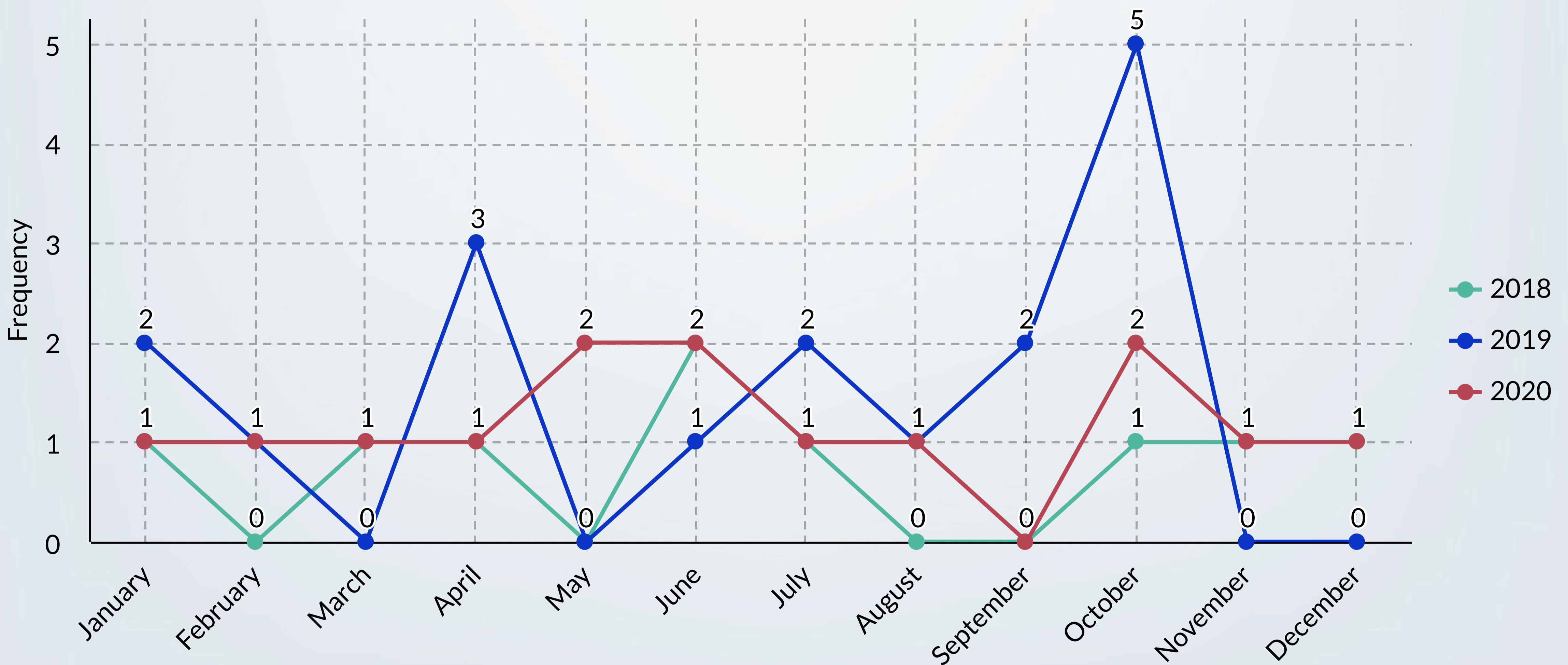
Number of nonfatal overdoses among ED discharges, 2020

229

20.6

Nonfatal overdoses per 10,000

Number of all drug-related deaths by month and year



Percent increase from 2018 to 2019

89%

18%

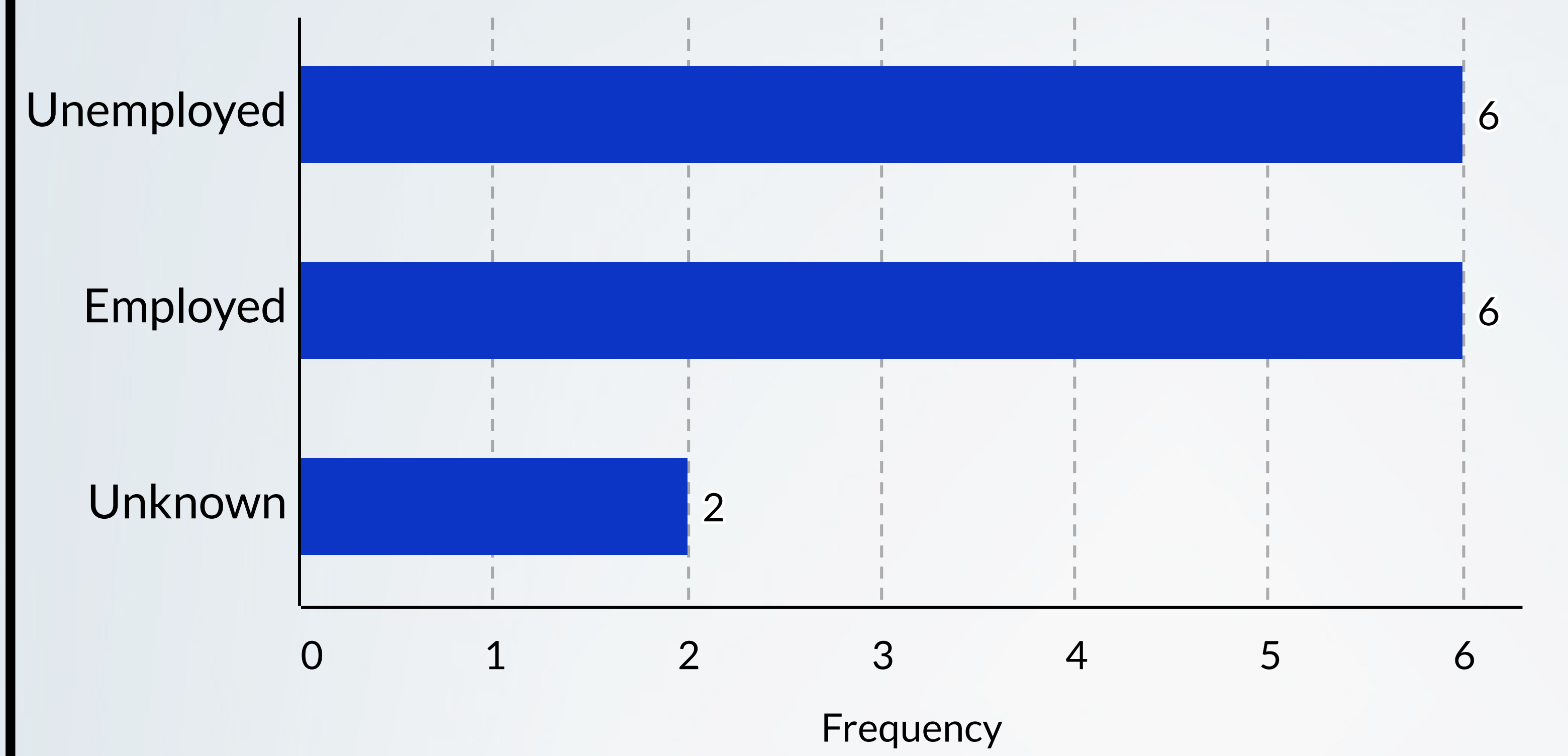
Percent decrease from 2019 to 2020

Deaths Related to Opioids and Other Drugs

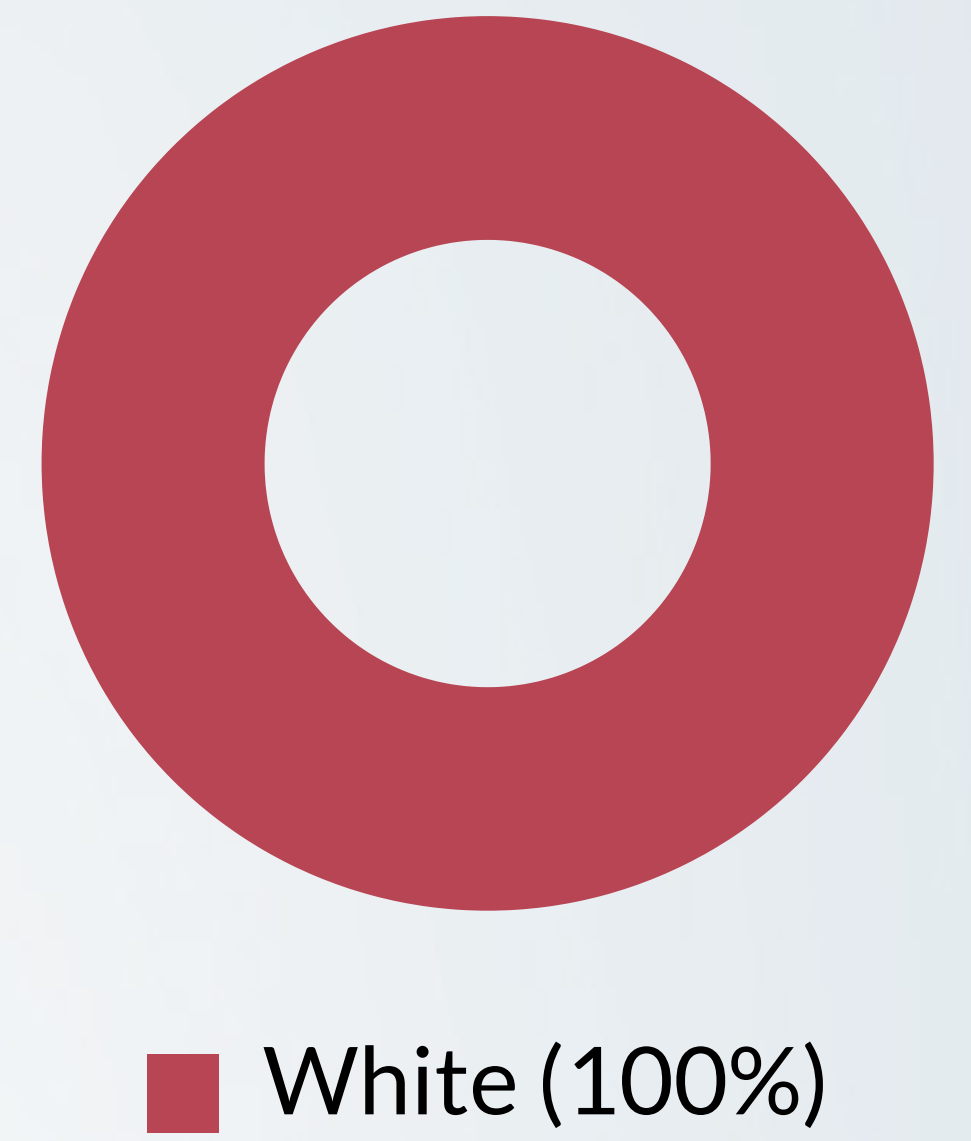
Allegan

Demographics

DECEDENT'S EMPLOYMENT STATUS



RACE



SEX

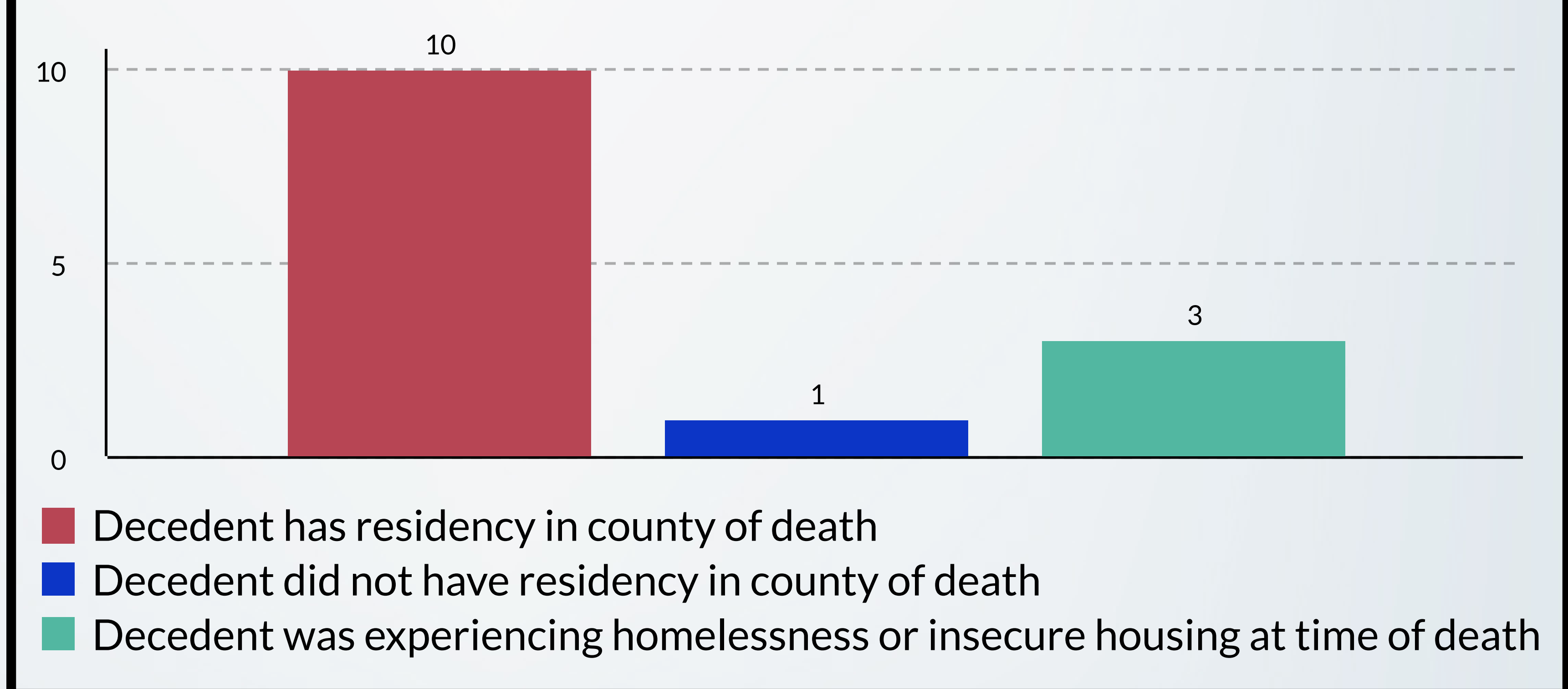


86%

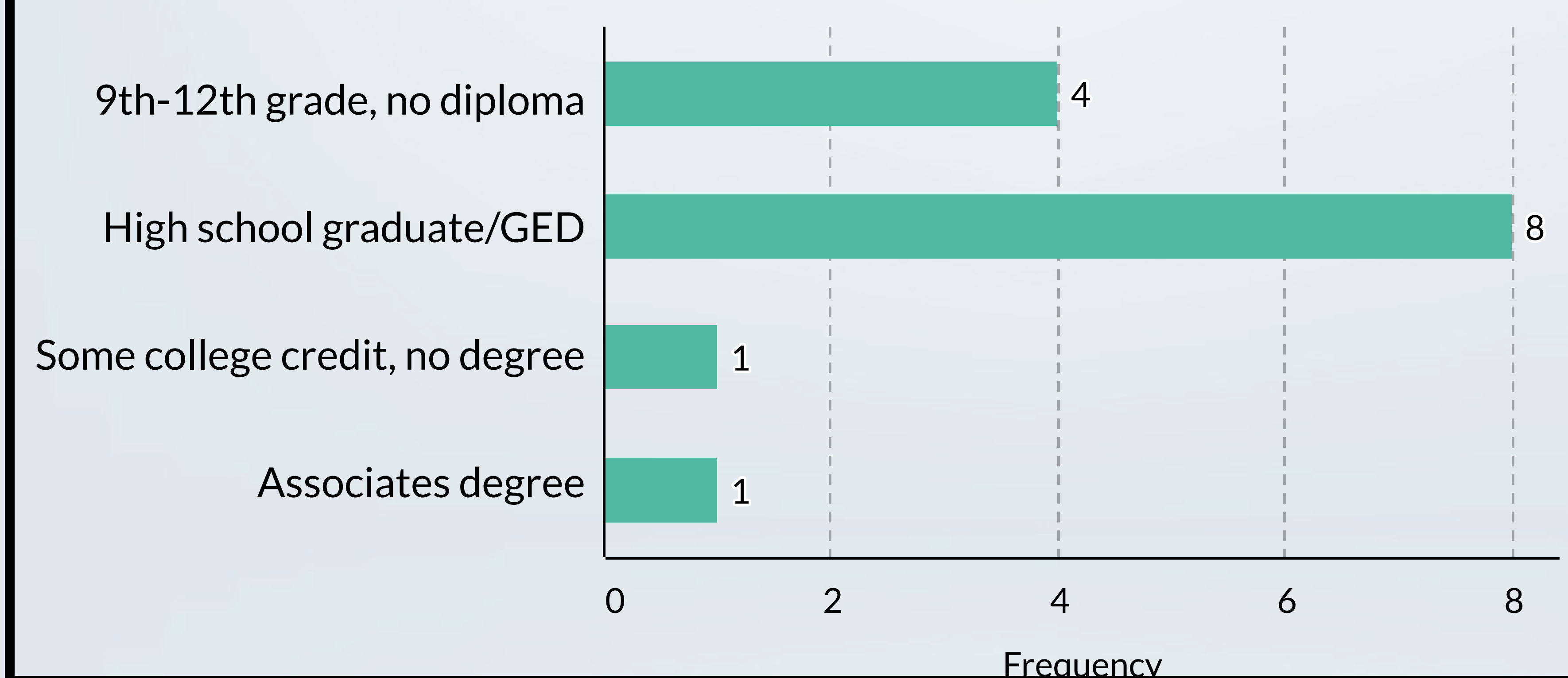


14%

COUNTY OF RESIDENCE BY COUNTY OF DEATH



DECEDENT'S HIGHEST LEVEL OF EDUCATION



AGE

Minimum Age
24 years

Maximum Age
59 years

Average Age
39 years

Deaths Related to Opioids and Other Drugs

Allegan

Health Factors

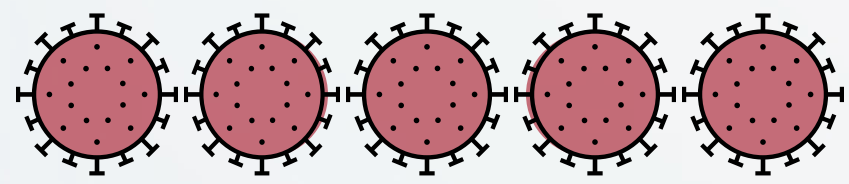
MOST PREVALENT AILMENTS*

Chronic pain (29%)

Hypertension (21%)

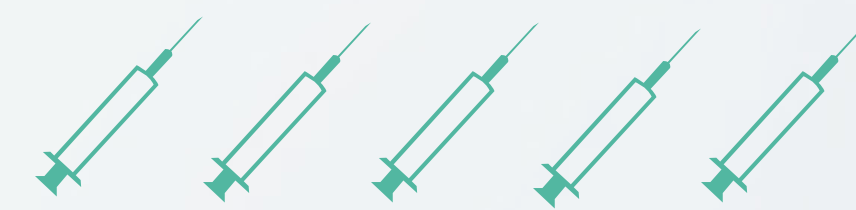
Diabetes (14%)

*Decedents may be represented in more than one category. Only illnesses with official diagnosis are included.



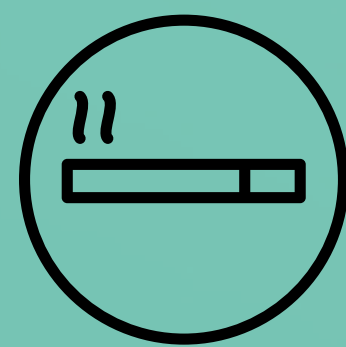
At least **2** decedents were **Hepatitis C** positive

Both of these decedents were known to use **substances intravenously**



Decedent used tobacco

86%+



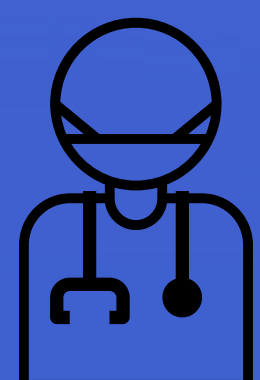
Decedent drank alcohol

50%+

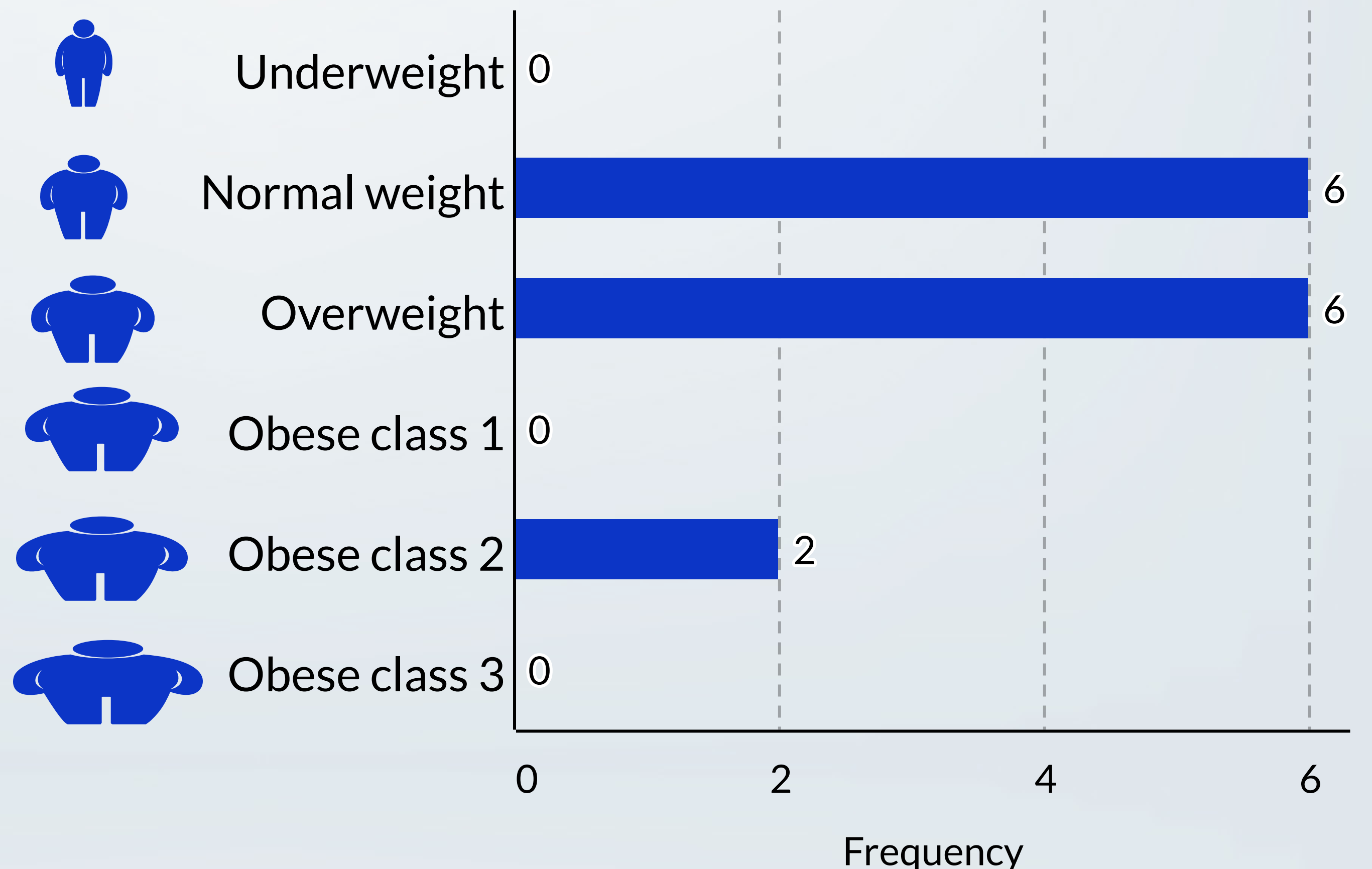


Decedent had a PCP

36%



BODY MASS INDEX (BMI)

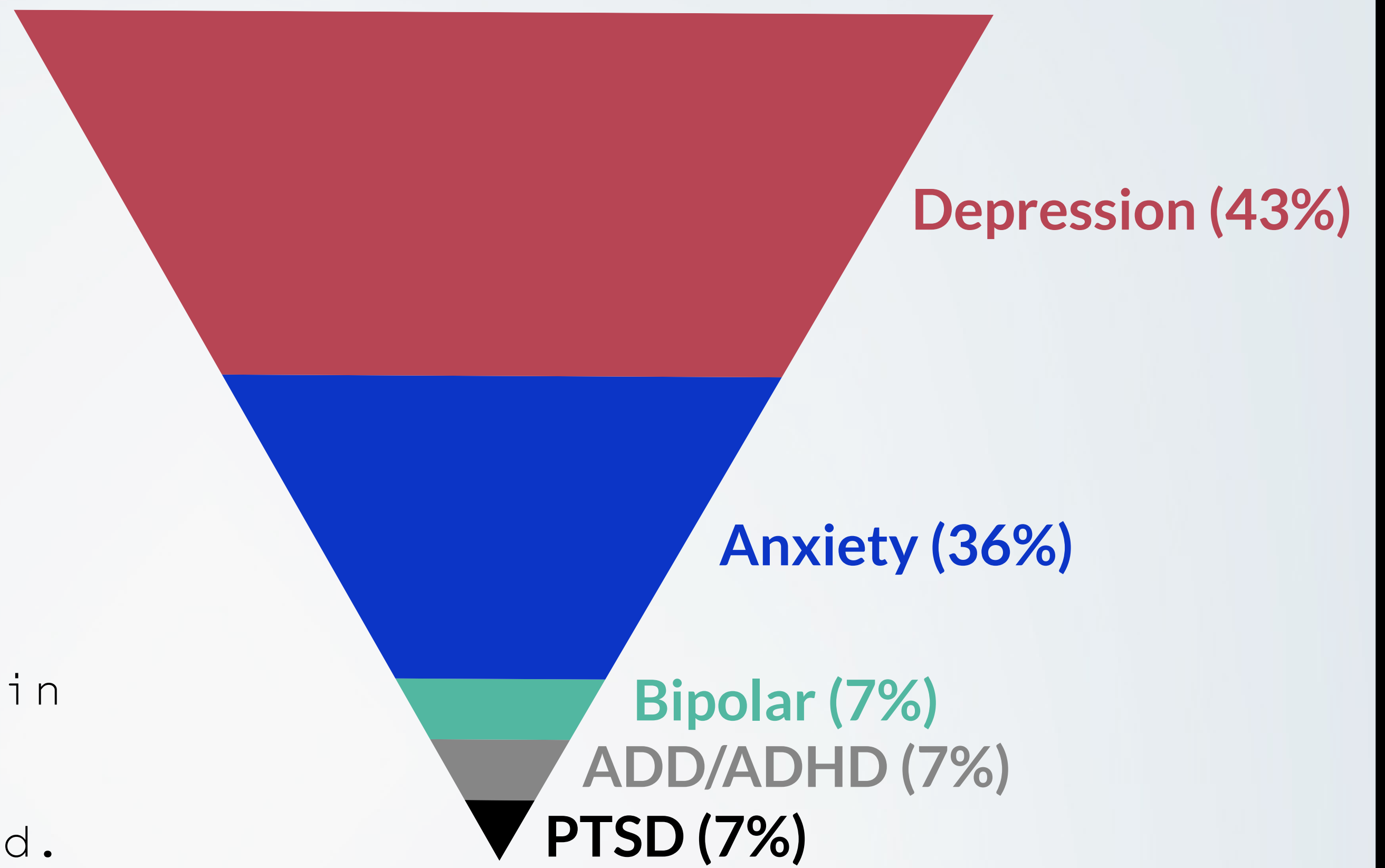


Deaths Related to Opioids and Other Drugs

Allegan

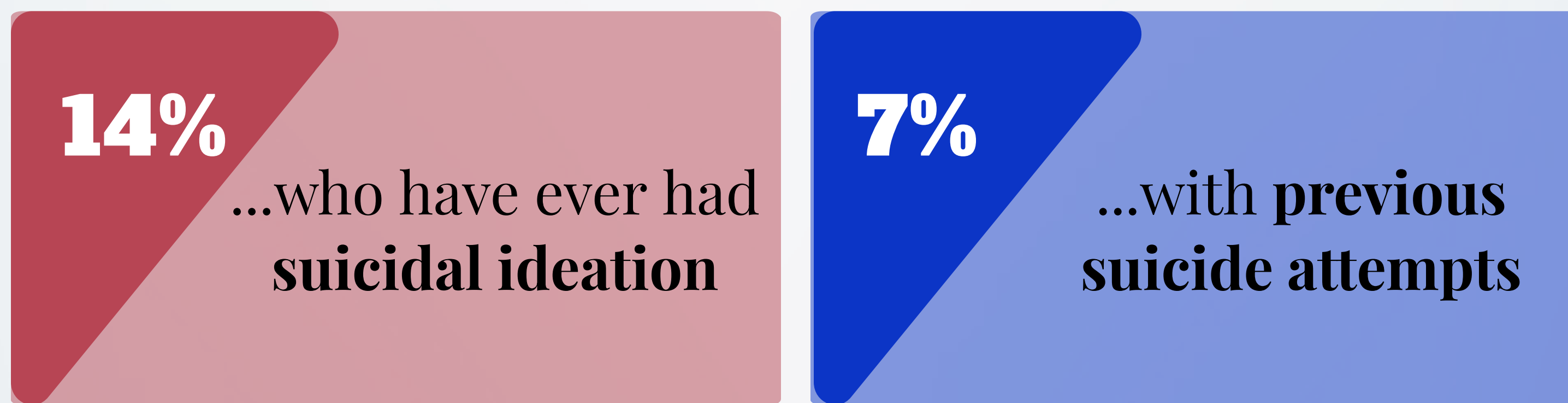
Mental Health Factors

**MOST
PREVALENT
MENTAL ILLNESSES***

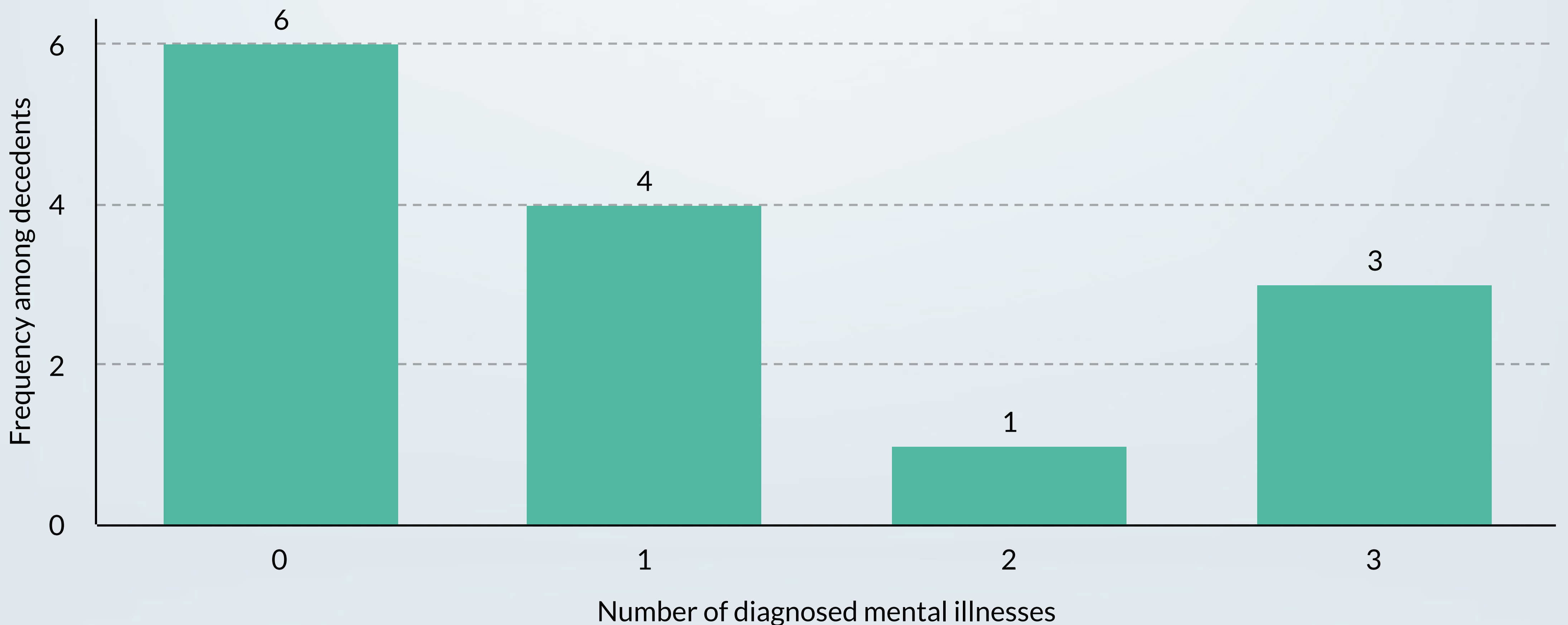


*Decedents may be represented in more than one category. Only mental illnesses with official diagnosis are included.

PERCENTAGE OF DECEDENTS...



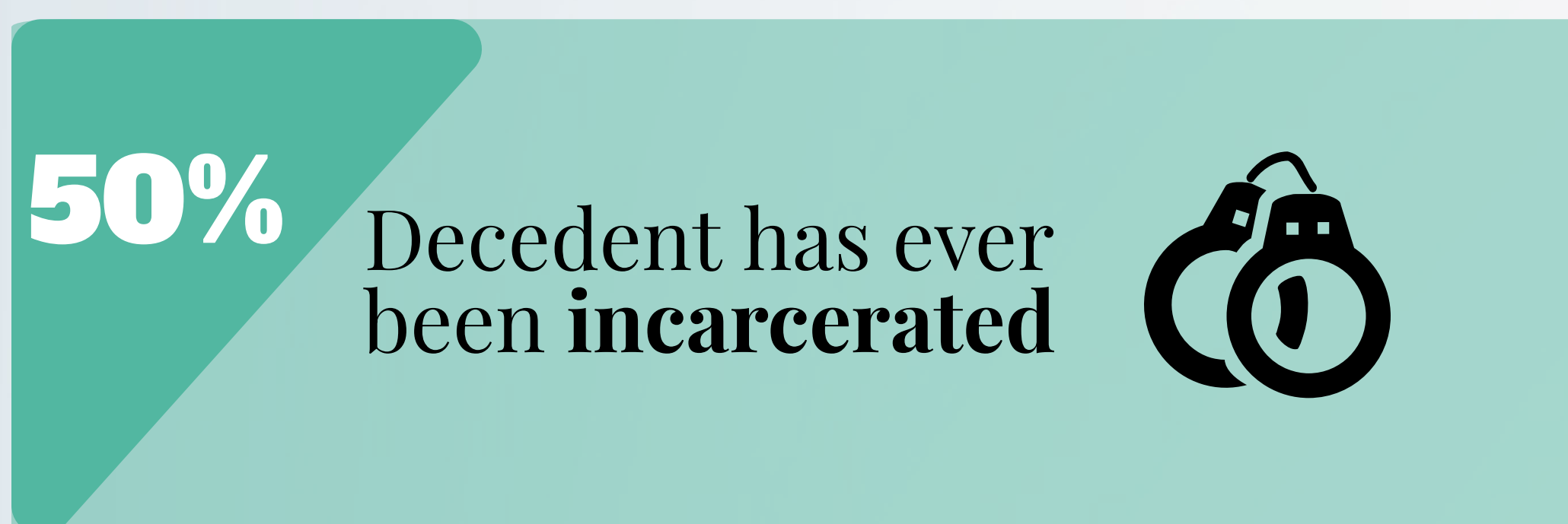
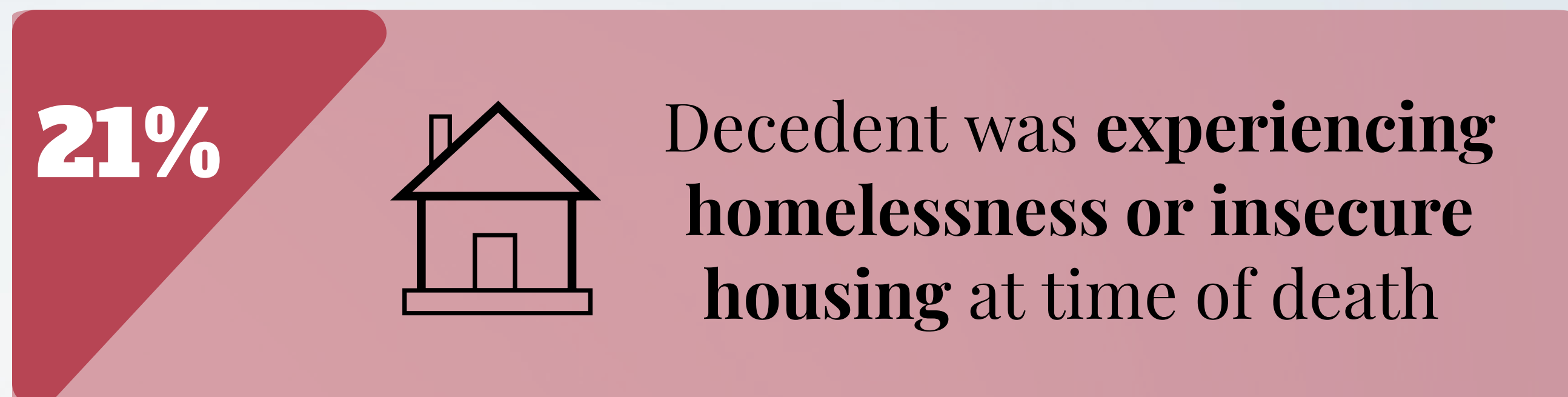
NUMBER DIAGNOSED MENTAL ILLNESSES AMONG DECEDENTS



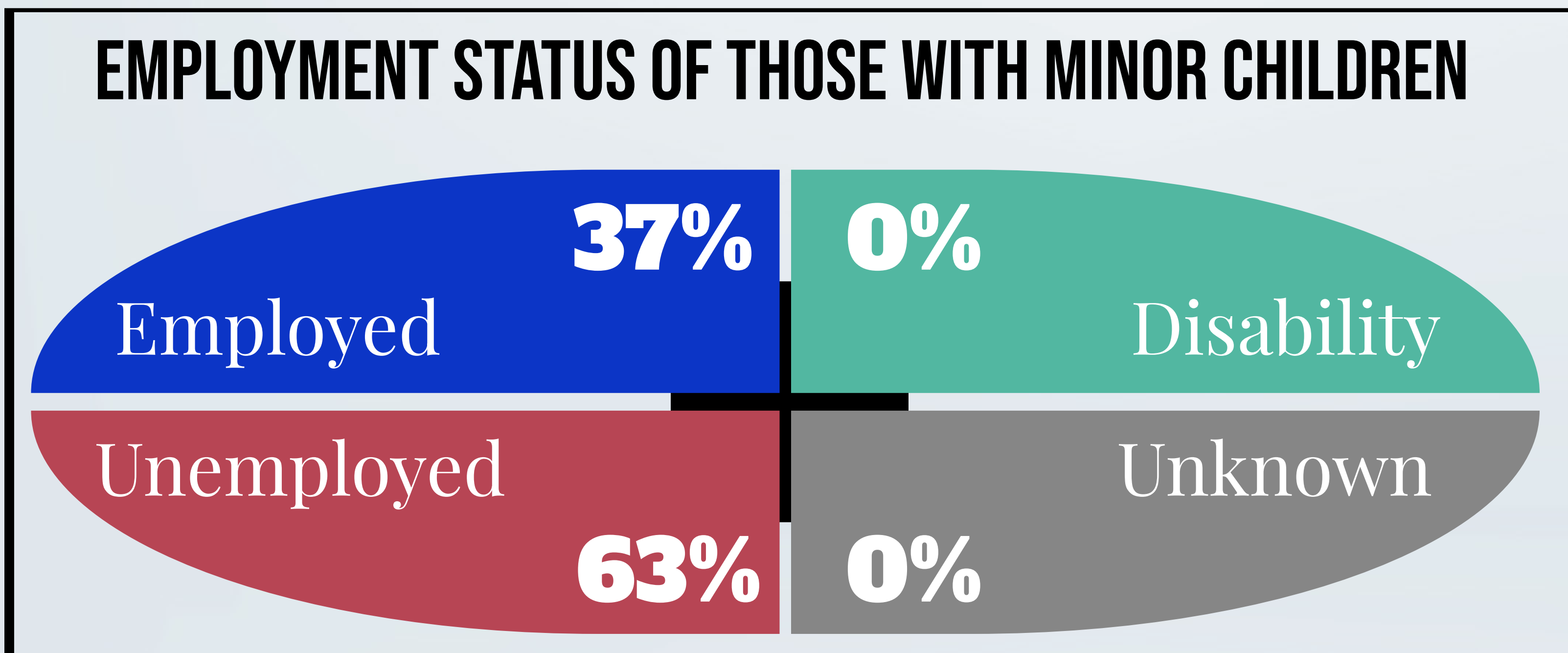
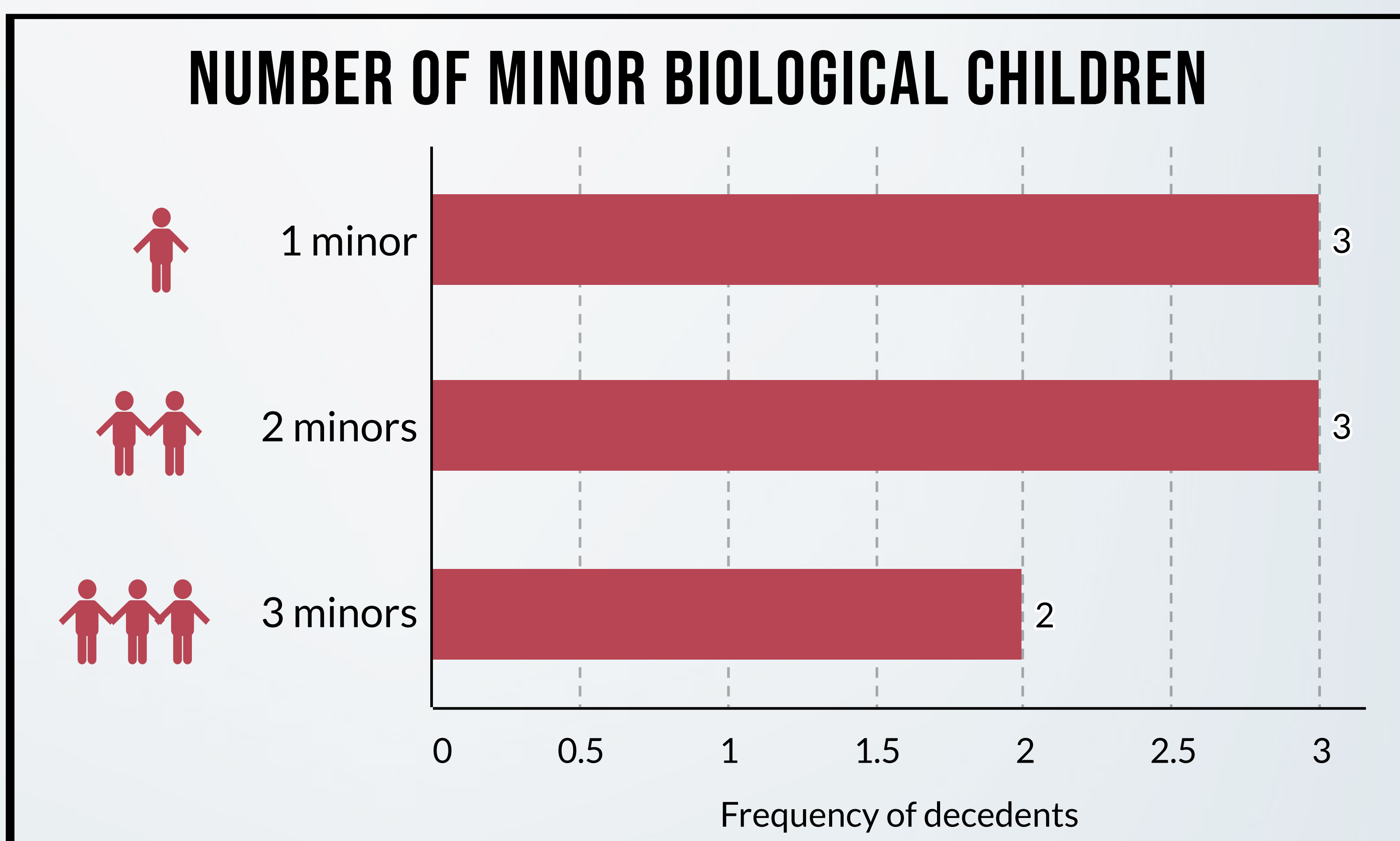
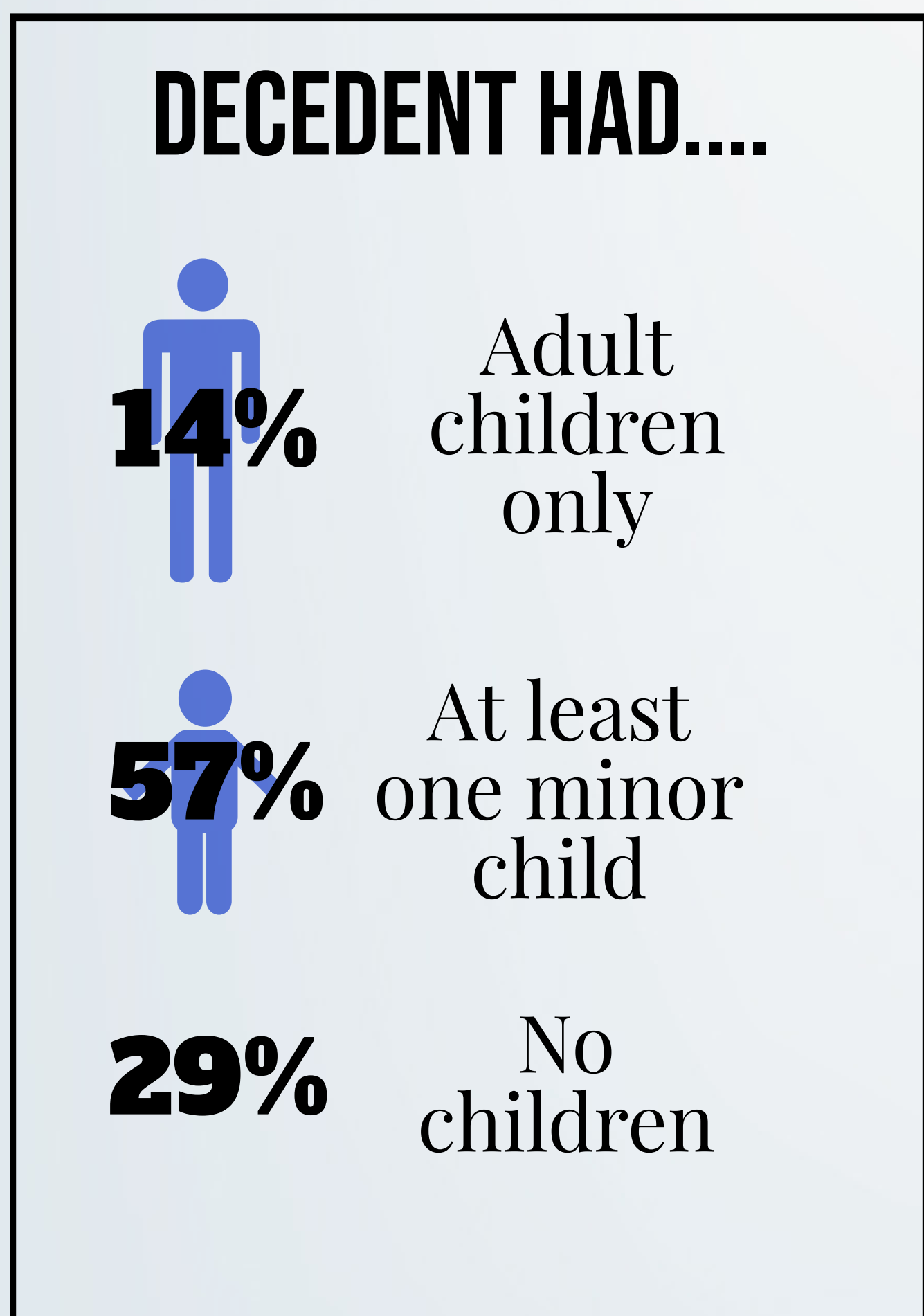
Deaths Related to Opioids and Other Drugs

Allegan

Social Factors



Children

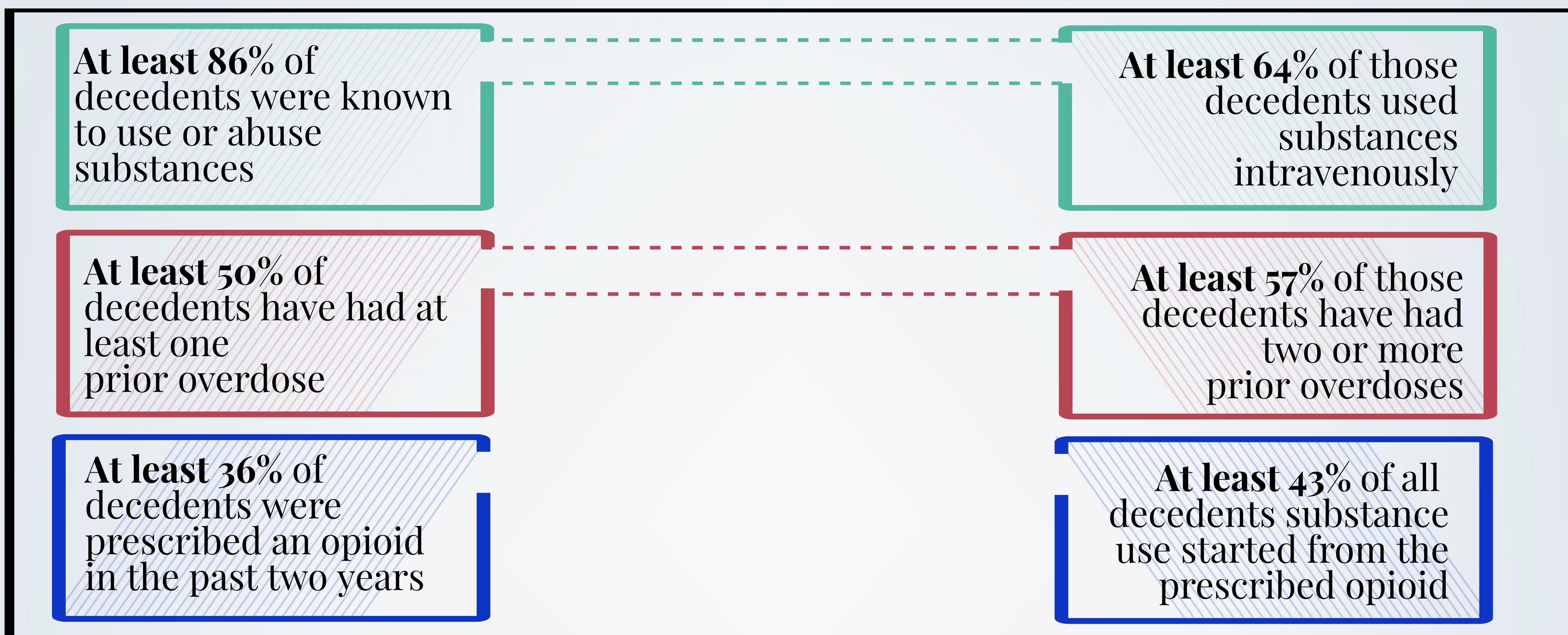


2 decedents lived with their minor child(ren) at time of death

Deaths Related to Opioids and Other Drugs

Allegan

Substance Use History



RECOVERY HISTORY (N=12*)

50% Decedent has been to a **substance rehabilitation clinic** at least one time

7% Decedent was currently receiving or has received a form of medication-assisted treatment (MAT) in the past two years

33% Decedent was recently **substance free** in the past three weeks

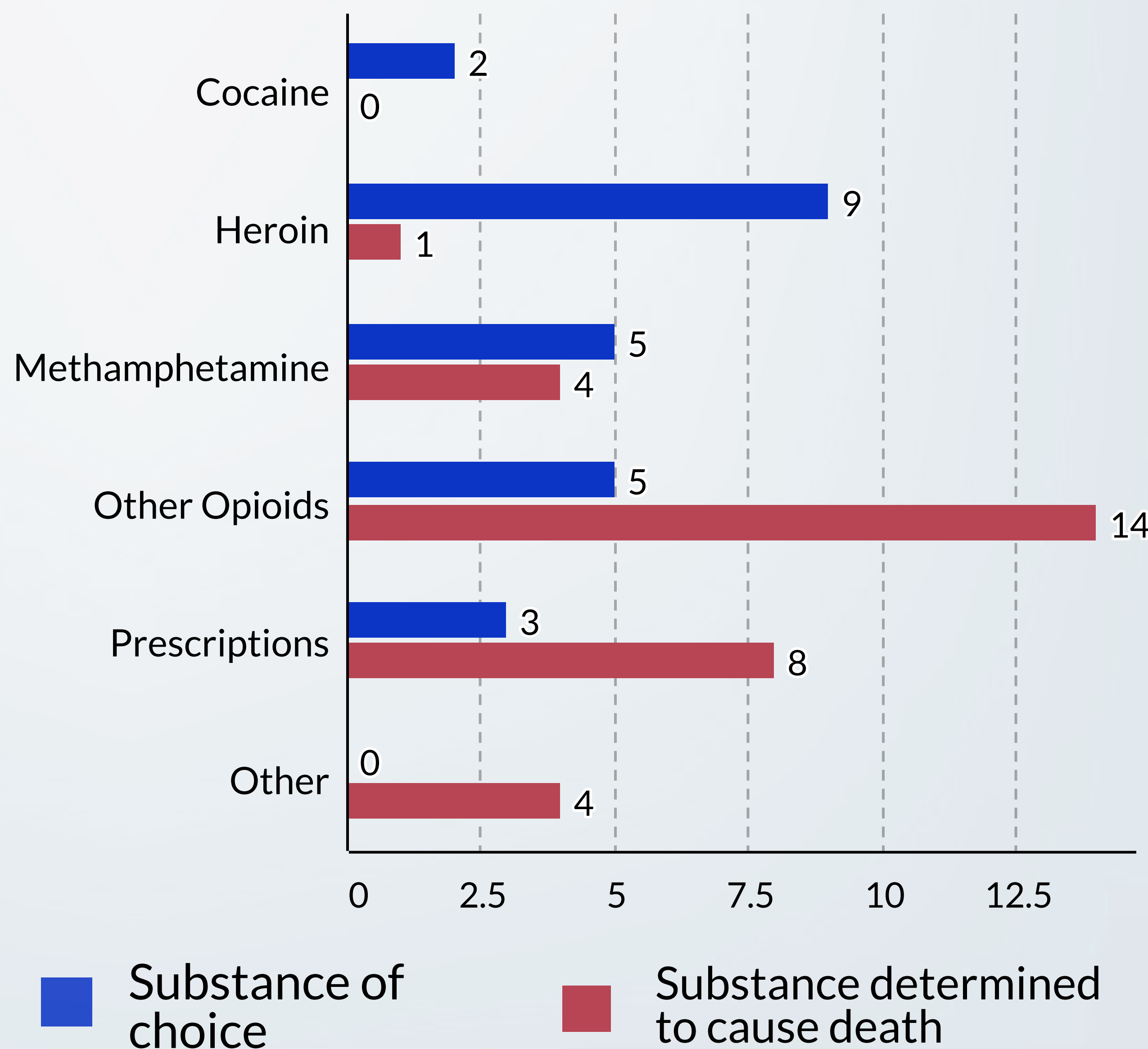
SUSPECTED REASONS FOR RELAPSE**



*ONLY decedents known to use substances are included.

**These factors were mentioned by those close to decedent for why they may have begun to use substances again after a few months to years of living substance free.

DECEDENT'S SUBSTANCE OF CHOICE VS. WHAT WAS DETERMINED TO CAUSE DEATH



*Decedent may have had more than one substance of choice and in their toxicology.

NOTE: 2 decedents were not known to use substances. Prescriptions does not include opioids.

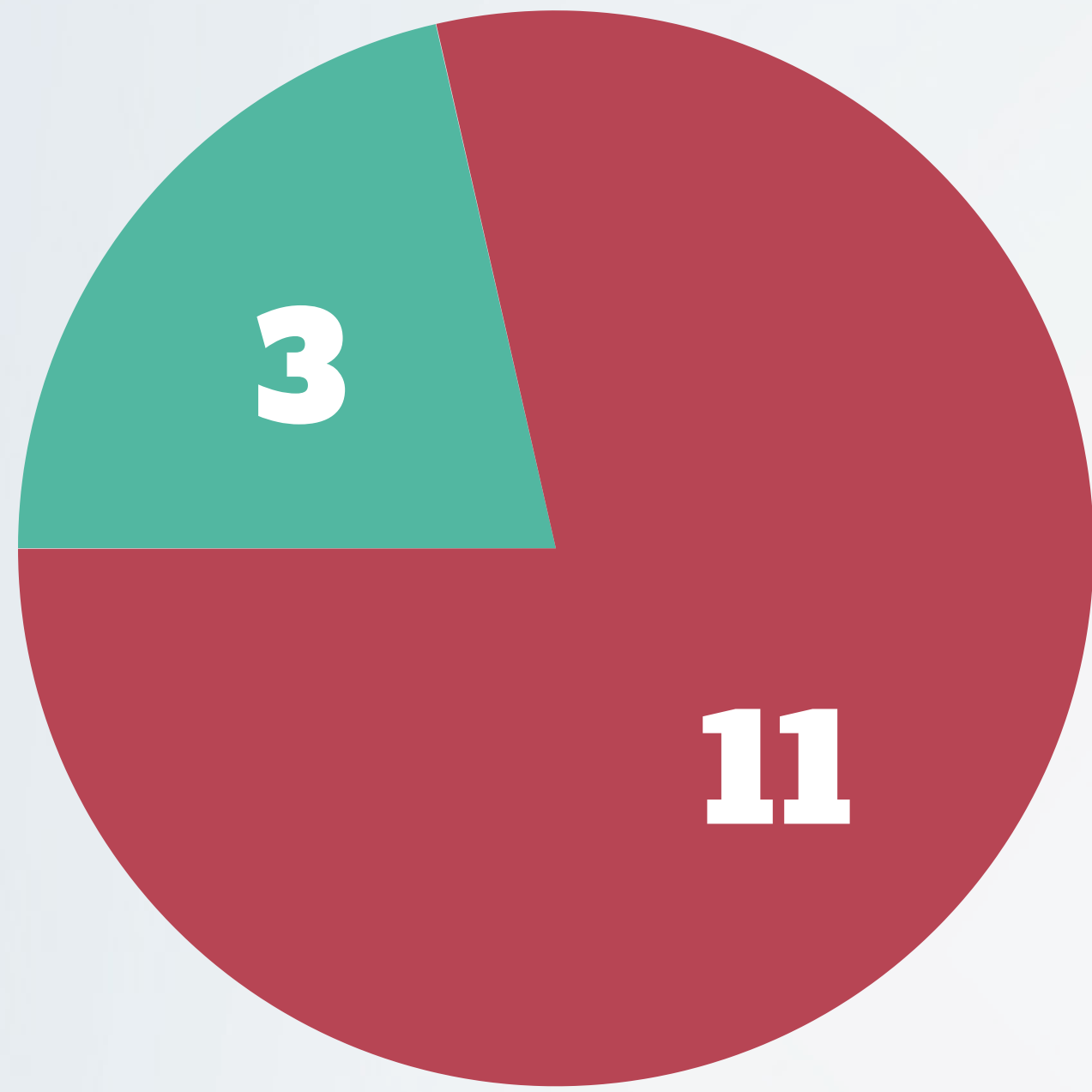
Other includes doxylamine, ethanol, flualprazolam, and xylazine.

Deaths Related to Opioids and Other Drugs

Allegan

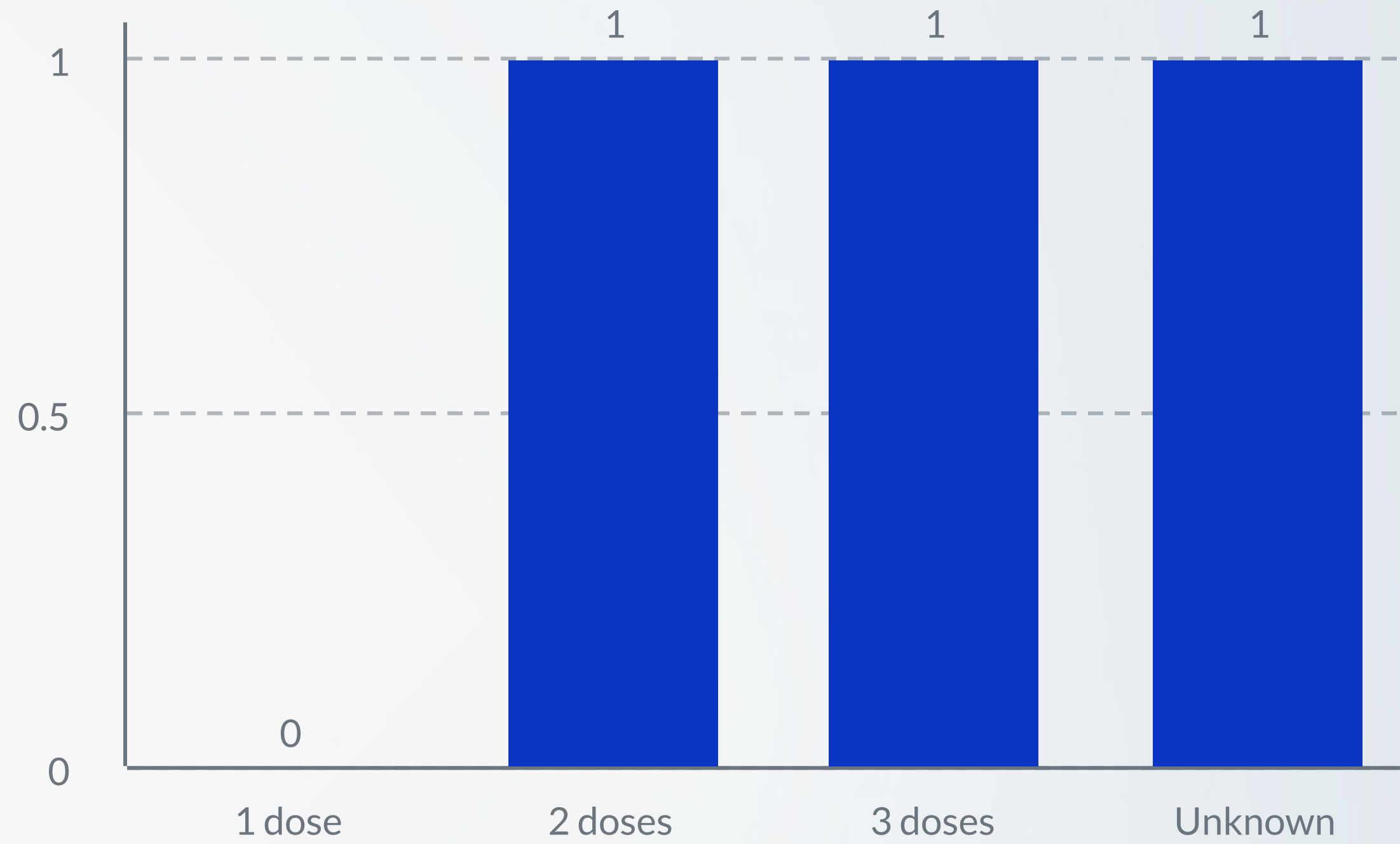
Naloxone Administration

NALOXONE ADMINISTRATION STATUS



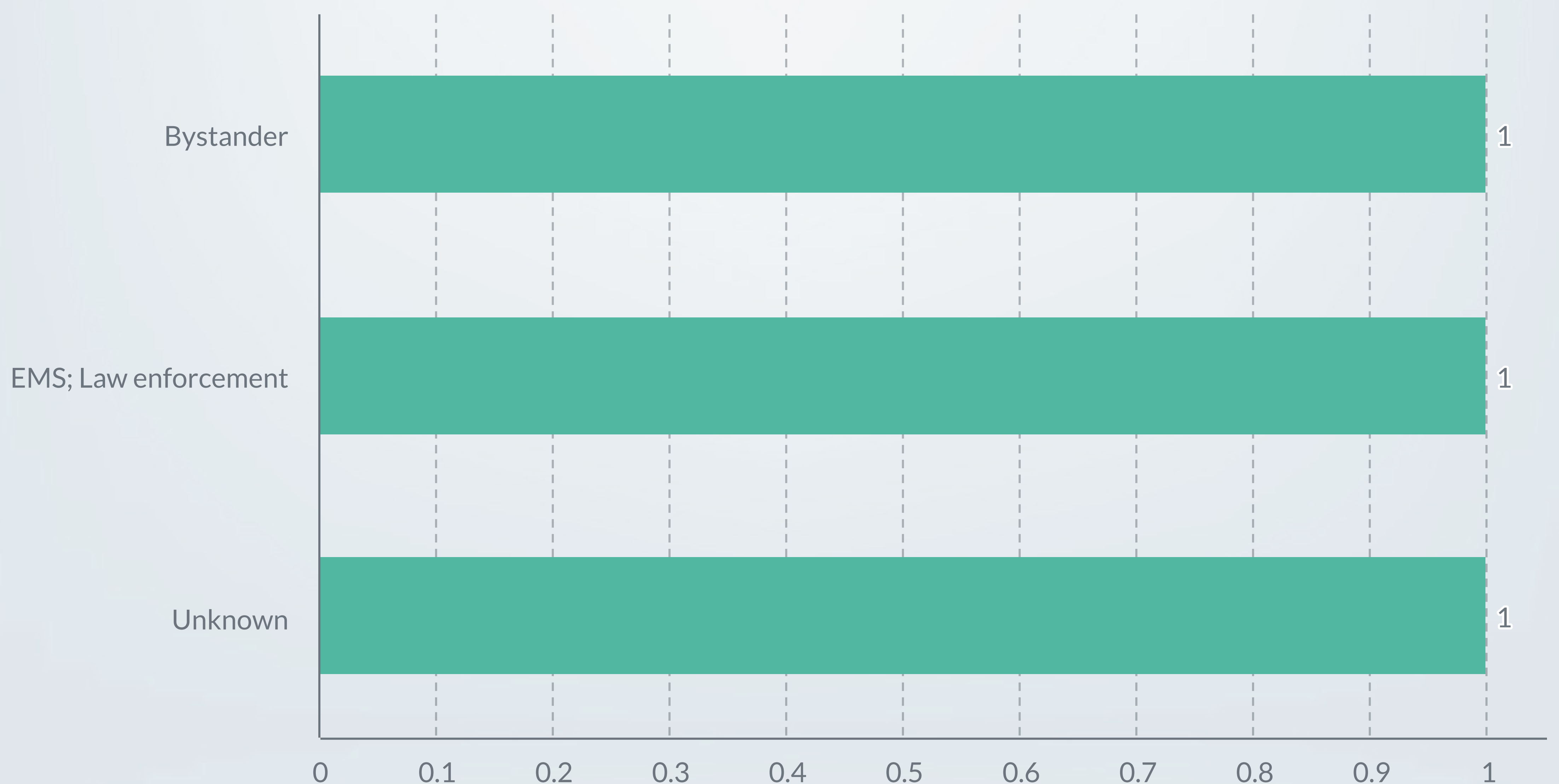
■ Naloxone administered
 ■ No Naloxone administered

HOW MANY DOSES (2 MG) OF NALOXONE WERE ADMINISTERED



2 decedents were given extensive resuscitative efforts (CPR, epinephrine, etc.) but were not given Naloxone.

WHO ADMINISTERED NALOXONE?



Deaths Related to Opioids and Other Drugs

Allegan

Death Scene Findings



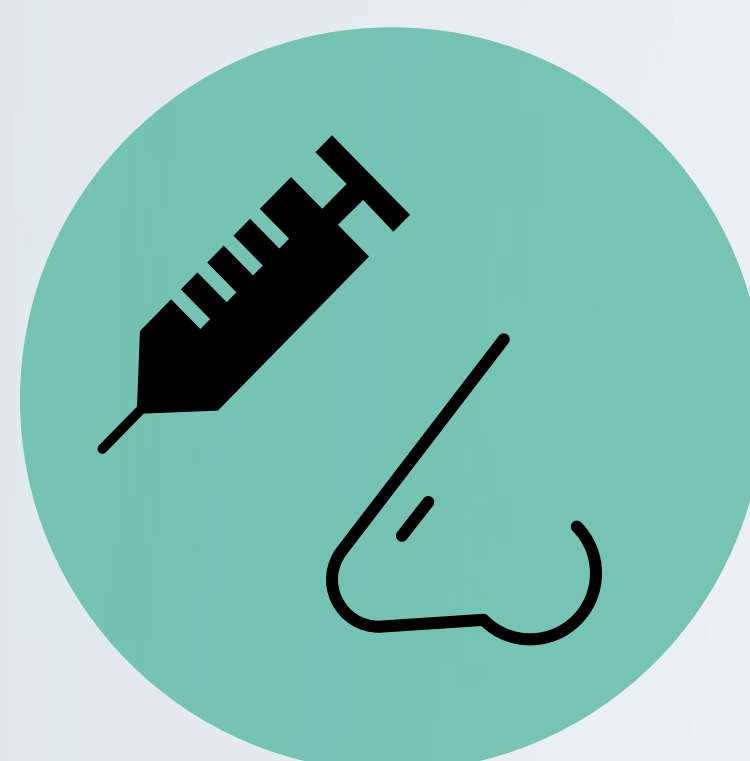
38%
Were found by family



100%
Used the fatal substance(s) alone



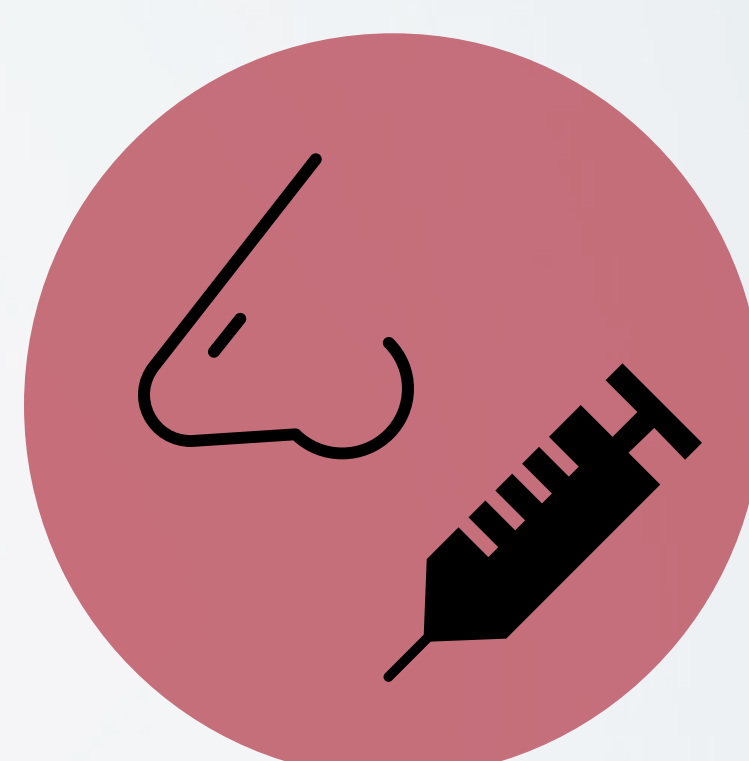
0%
Were found by a minor



21%
Were given Narcan



Syringes, lighters and suspected illicit drugs were the most common paraphernalia found on scene



7%
Had Narcan on scene and/or were prescribed Narcan



64%
Were dead upon EMS arrival



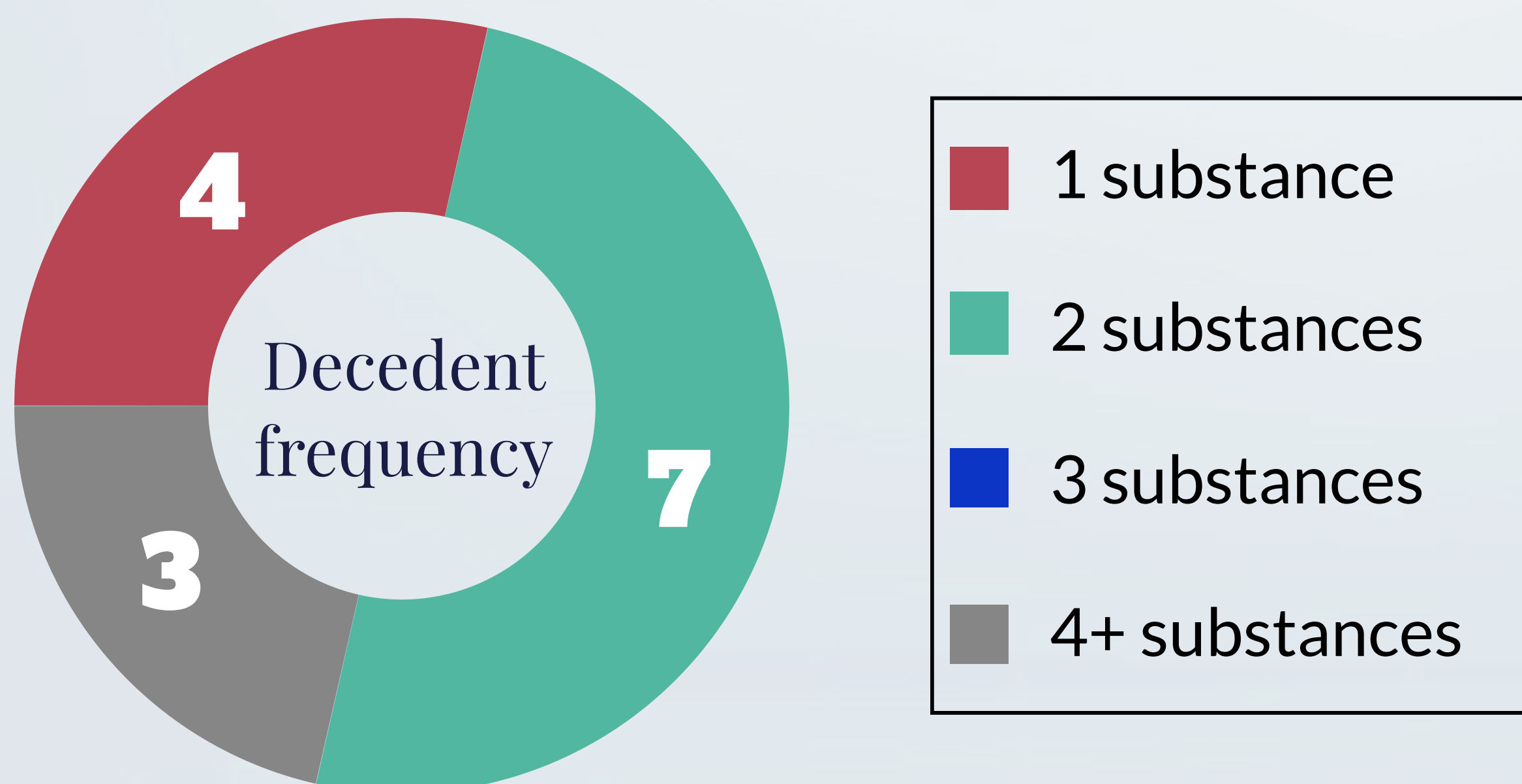
0%
Died at the hospital



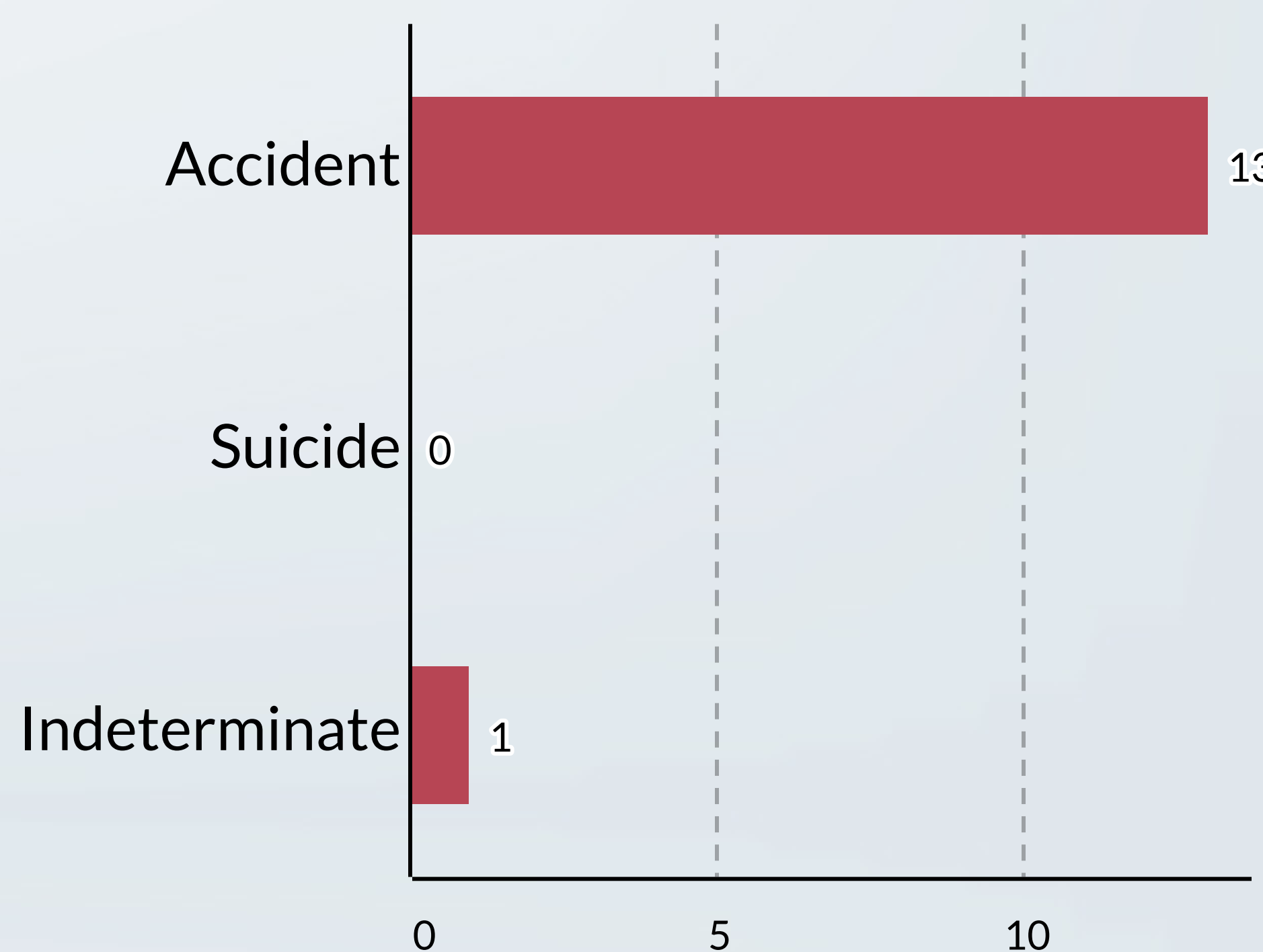
79%
Died at their residence

Autopsy and Toxicology Results

NUMBER OF SUBSTANCES CONTRIBUTING TO DEATH



MANNER OF DEATH

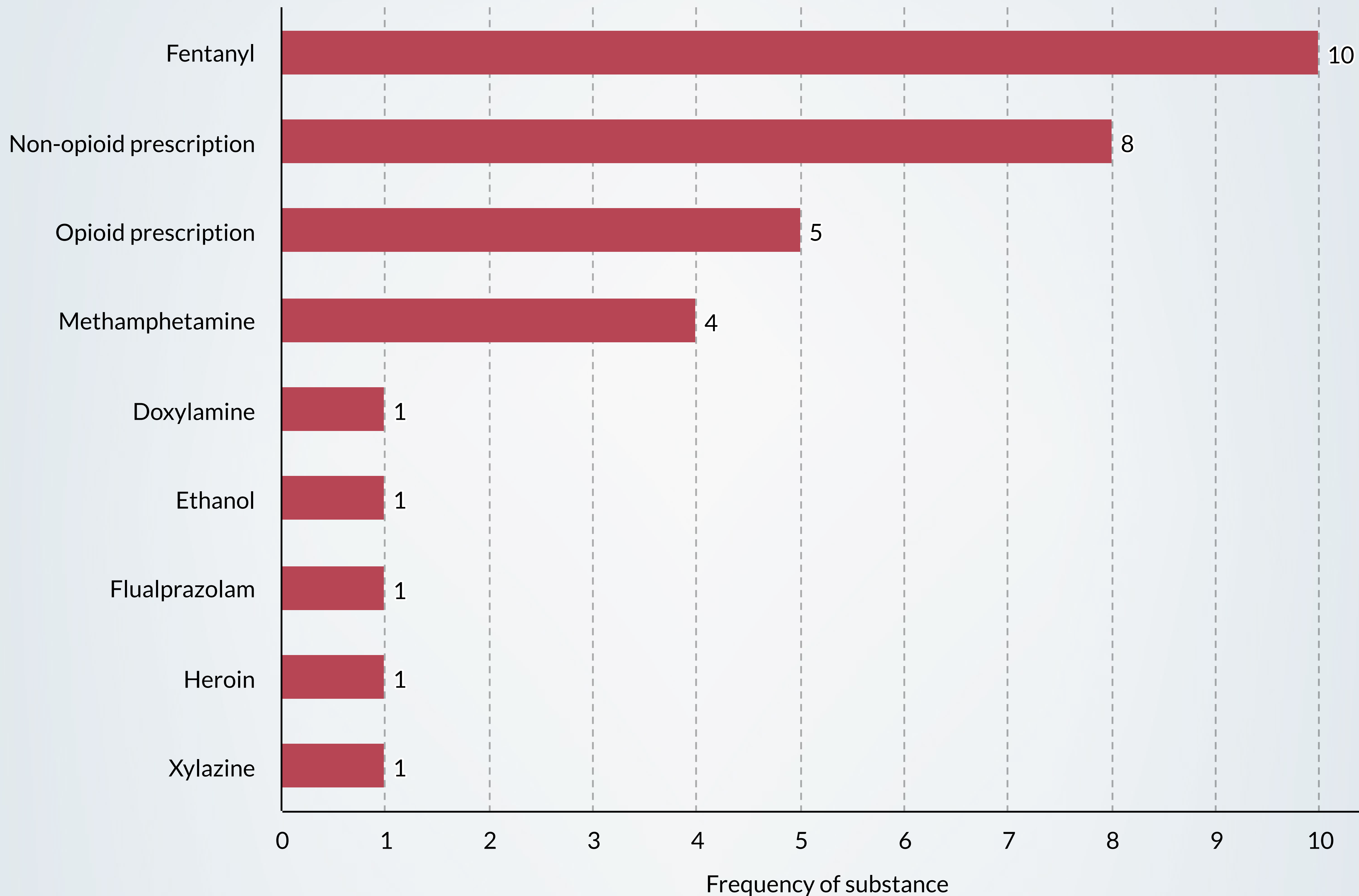


Deaths Related to Opioids and Other Drugs

Allegan

Substance Breakdown

SUBSTANCES CONTRIBUTING TO DEATH



Please see following graphs on the next page for a list of opioid and non-opioid prescriptions.

HEROIN & FENTANYL

- 1 decedent had heroin in their toxicology
- This decedent also had fentanyl in their toxicology

XYLAZINE & FENTANYL

- 1 decedent had xylazine in their toxicology
- This decedent also had fentanyl in their toxicology

BENZODIAZEPINES & OPIOIDS

- 4 decedents had a benzodiazepine and an opioid in their toxicology
- 2 decedents were prescribed that opioid and benzodiazepine

METHAMPHETAMINE & OPIOIDS

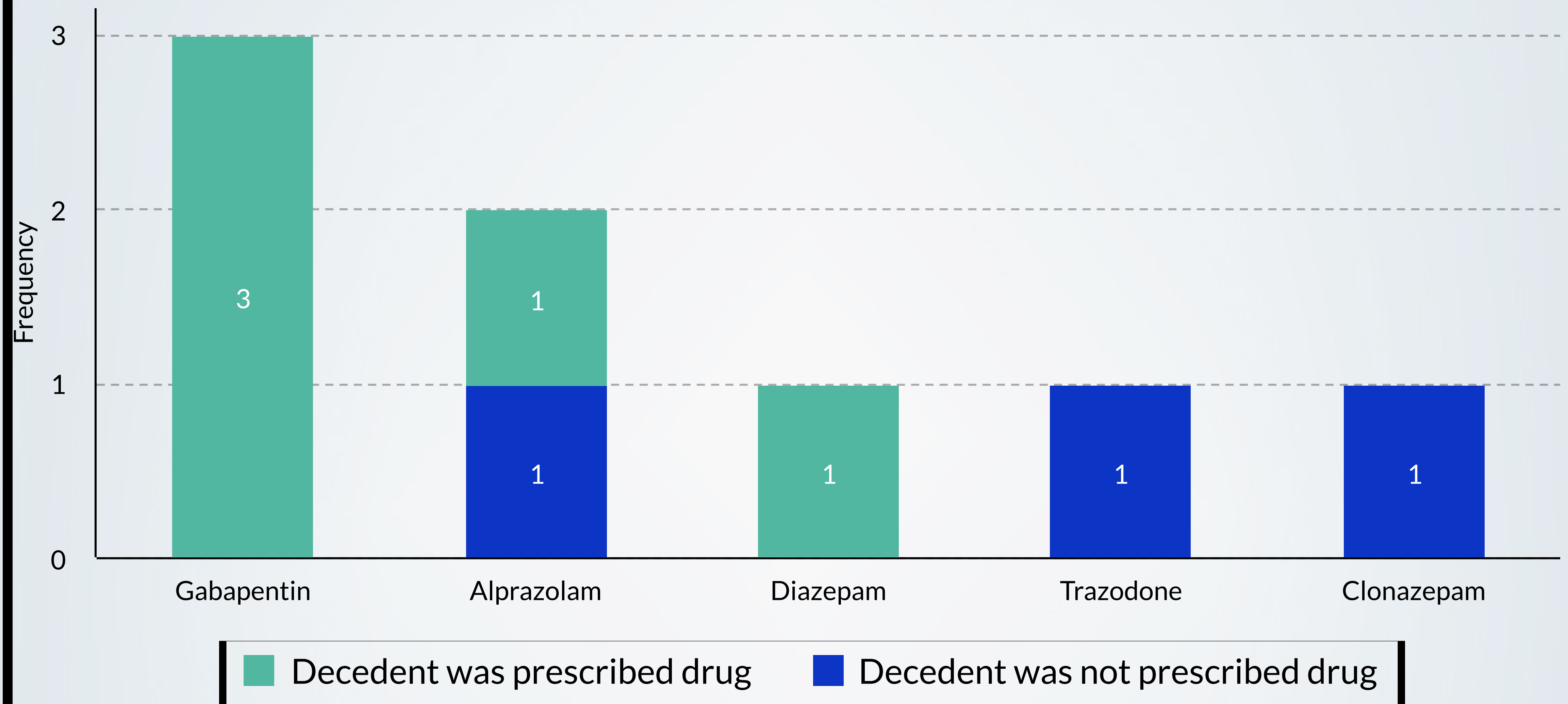
- 1 decedent had methamphetamine and opioid(s) in their toxicology
- 0 decedents had methamphetamine and heroin in their toxicology

Deaths Related to Opioids and Other Drugs

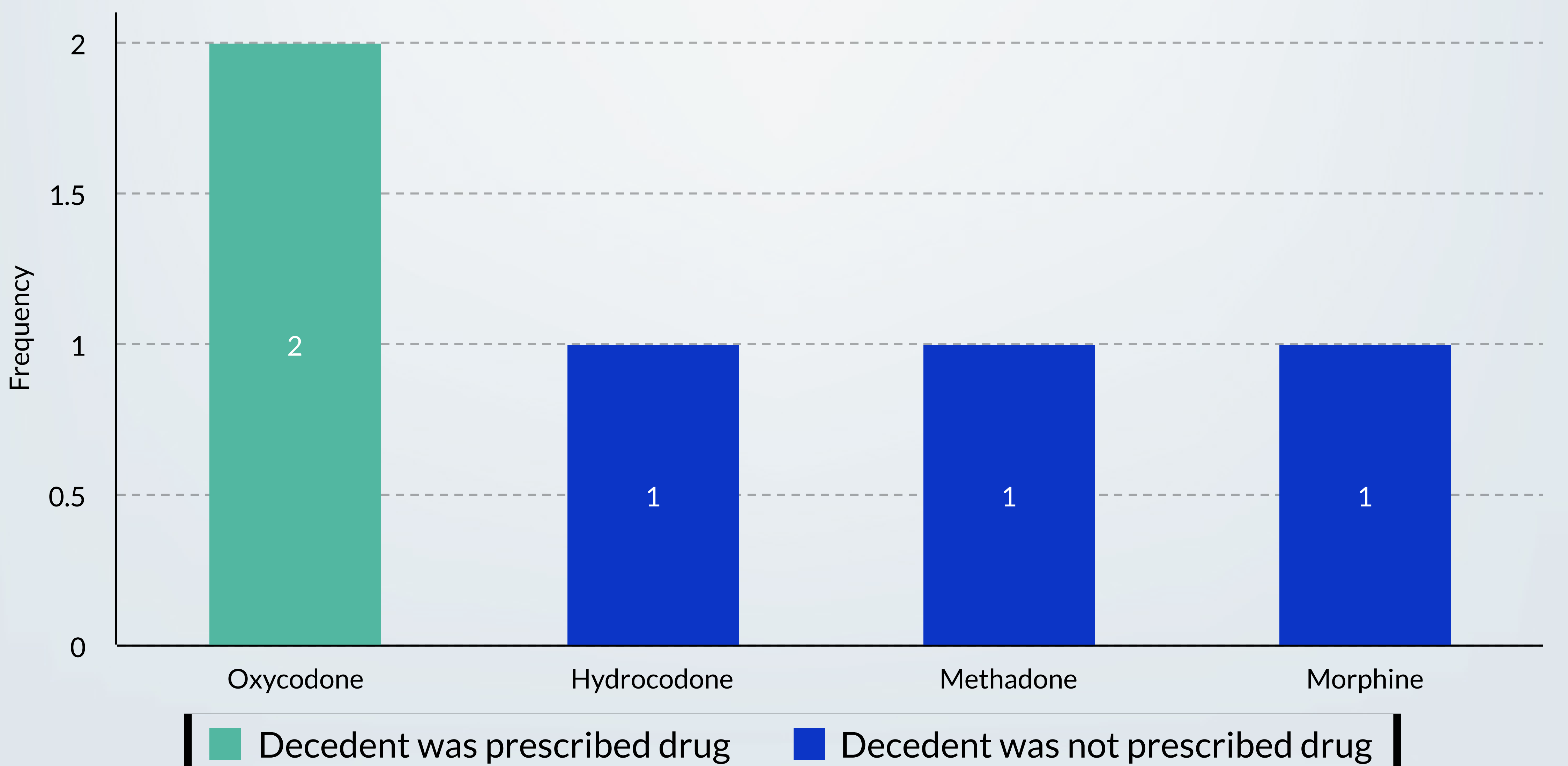
Allegheny

Autopsy and Toxicology Results, cont.

NON-OPIOID PRESCRIPTIONS PRESENT IN TOXICOLOGY



OPIOID PRESCRIPTIONS PRESENT IN TOXICOLOGY



Note: Of the 8 decedents with fentanyl present in their toxicology, 1 was prescribed fentanyl

2020 ANNUAL REPORT

Deaths related to opioids and other drugs

Allegan, Barry, Berrien, Calhoun, Grand Traverse, Kalamazoo, Leelanau, Mason, Muskegon, Osceola, St. Joseph, and Van Buren County

This report is in memory of those who lost their life or a loved one to substance use. These losses must motivate us all to prevent future deaths.

A few notes...

• Purpose:

• This data was collected by the **Office of the Medical Examiner in the Department of Pathology at WMed**. Unless otherwise noted, data is from 2020 and includes deaths where drugs were the immediate cause of death. This report is meant to provide up to date statistics to those involved in efforts to reduce the number of drug-related deaths.

• **Sections with the following headings are approximations and frequencies may be higher than what is reported:**

• Health Factors, Mental Health Factors, Social Factors, Children and Substance Use History.

• Sources:

• All data was extracted from a Medical Examiner database, law enforcement (LE) and EMS reports, death certificates, obituaries, Swift Toxicology of Overdose-Related Mortalities (STORM) results, medical records, toxicology reports, MDHHS Non-Fatal Overdose and 2018 Hepatitis B and C Annual Surveillance Reports, and autopsy reports.

Please email Chloe Bielby to set up a time to discuss the report or to receive a county-specific report:
chloe.bielby@med.wmich.edu

Deaths Related to Opioids and Other Drugs

Allegan, Barry, Berrien, Calhoun, Grand Traverse, Kalamazoo, Leelanau, Mason, Muskegon, Osceola, St. Joseph, and Van Buren County

All Drug-Related Deaths

Allegan

Age	Race	Sex	Death Certificate: Substances Contributing to Death	Injury Zip Code
24	W	M	Pt. I: Fentanyl, methamphetamine	49010
28	W	M	Pt. I: Fentanyl	49078
29	W	M	Pt. I: Clonazepam, doxylamine, fentanyl, trazodone	49078
30	W	M	<i>Pt. II: Methamphetamine*</i>	49419
30	W	M	Pt. I: Methamphetamine	49419
31	W	M	Pt. I: Fentanyl, morphine	49080
36	W	M	Pt. I: Methamphetamine, flualprazolam	49323
36	W	F	Pt. I: Fentanyl, xylazine	49323
39	W	M	Pt. I: Methamphetamine	49450
43	W	M	Pt. I: Alprazolam, fentanyl	49408
43	W	M	Pt. I: Fentanyl	49348
45	W	M	Pt. I: Alprazolam, fentanyl, heroin, hydrocodone, gabapentin	49423
48	W	M	Pt. I: Fentanyl, ethanol	49408
49	W	F	Pt. I: Methadone, gabapentin	49423
52	W	M	<i>Pt. I: Acute and chronic alcoholism*</i>	49423
59	W	M	Pt. I: Fentanyl, diazepam, oxycodone, gabapentin	49328

Barry

Age	Race	Sex	Death Certificate: Substances Contributing to Death	Injury Zip Code
25	W	M	Pt. I: Fentanyl, hydrocodone, alprazolam	49344
27	W	F	Pt. I: Methamphetamine, fentanyl	49058
30	W	M	Pt. I: Heroin, methamphetamine, fentanyl, acetyl-fentanyl	49058
35	W	M	Pt. I: Heroin, fentanyl, mitragynine, ethanol	49017
36	W	F	Pt. I: Fentanyl, flualprazolam, diphenhydramine	49333
40	W	F	Pt. I: Alprazolam, hydrocodone, tramadol, trazodone	49058
41	W	M	Pt. I: Fentanyl	49017
51	W	M	Pt. I: Methamphetamine	Unknown
53	W	M	Pt. I: Methadone	49348
53	W	F	Pt. I: Methamphetamine	49333

Deaths Related to Opioids and Other Drugs

Allagan, Barry, Berrien, Calhoun, Grand Traverse, Kalamazoo, Leelanau, Mason, Muskegon, Osceola, St. Joseph, and Van Buren County

Berrien

Age	Race	Sex	Death Certificate: Substances Contributing to Death	Injury Zip Code
21	W	M	Pt. I: Methadone	49686
22	B	F	Pt. I: Fentanyl	49022
24	W	M	Pt. I: Fentanyl, methamphetamine	49103
25	W	M	Pt. I: Fentanyl, hydrocodone	49120
26	W	F	Pt. I: Fentanyl	49022
28	B	F	Pt. I: Methamphetamine	60409
29	W	F	Pt. I: Fentanyl, acetyl fentanyl, alprazolam, norbuprenorphine	49120
29	W	M	<i>Pt. I: Acute and chronic ethanol use*</i>	49127
29	W	F	Pt. I: Fentanyl, etizolam, cocaine	49085
30	W	F	Pt. I: Methamphetamine, fentanyl	49022
31	W	M	Pt. I: Fentanyl, promethazine, diphenhydramine	49022
31	W	M	Pt. I: Ethanol, fentanyl	49047
32	W	M	Pt. I: Cocaine, ethanol, cocaethylene, fentanyl, morphine, amphetamine	49022
35	W	F	Pt. I: Fentanyl, ethanol, mitragynine, citalopram/escitalopram, clonazepam	49022
36	B	M	Pt. I: Cocaine, ethanol, and fentanyl	49022
37	W	F	Pt. I: Fentanyl	46241
38	B	M	Pt. I: Cocaine, ethanol, cocaethylene	49022
40	W	M	Pt. I: Cocaine, flualprazolam, isotonitazine	49892
40	W	M	Pt. I: Alprazolam, fentanyl, methamphetamine	49098
42	W	M	Pt. I: Fentanyl	49107
43	W	F	Pt. I: Methamphetamine	49120
45	W	M	<i>Pt. II: Fentanyl, morphine*</i>	49120
47	W	M	<i>Pt. II: Methamphetamine*</i>	49107
47	W	M	Pt. I: Methadone, diphenhydramine	49098
48	W	M	Pt. I: Cocaine, fentanyl, acetyl fentanyl, heroin	49085
49	W	F	Pt. I: Ethanol, alprazolam, zolpidem, gabapentin	49107
50	B	F	Pt. I: Fentanyl	49022
52	B	M	Pt. I: Cocaine, ethanol, cocaethylene, fentanyl	49022
53	B	F	Pt. I: Fentanyl	49022
54	W	F	Pt. I: Methamphetamine, chlordiazepoxide, lorazepam, 7-amino clonazepam, fentanyl, heroin	49120
58	W	M	Pt. I: Fentanyl, methamphetamine, alprazolam	49022
59	W	M	Pt. I: Opiate, amphetamine	49120
60	W	M	Pt. I: Fentanyl, diphenhydramine	49098
61	B	M	Pt. I: Cocaine	49022
63	W	M	Pt. I: Fentanyl, heroin, oxycodone, gabapentin, nordiazepam	49022

Deaths Related to Opioids and Other Drugs

Allegan, Barry, Berrien, Calhoun, Grand Traverse, Kalamazoo, Leelanau, Mason, Muskegon, Osceola, St. Joseph, and Van Buren County

Berrien (cont.)

64	W	M	Pt. I: Heroin, methamphetamine, 7-amino clonazepam, fentanyl, gabapentin, zolpidem	49120
64	W	M	<i>Pt. II: Cocaine*</i>	49127
68	W	M	Pt. I: Acetaminophen, lorazepam, hydrocodone	49117

Calhoun

Age	Race	Sex	Death Certificate: Substances Contributing to Death	Injury Zip Code
18	W	F	Pt. I: Fentanyl, tramadol, cocaine, phentermine	49014
18	W	M	Pt. I: Amphetamine, methamphetamine, fentanyl	49068
26	W	M	Pt. I: Acetyl-fentanyl, amphetamine, fentanyl, xylazine	49015
26	W	F	Pt. I: Fentanyl, mitragynine, gabapentin, alprazolam	48917
28	W	M	Pt. I: Diazepam, alprazolam, olanzapine, quetiapine	49014
29	W	M	Pt. I: Fentanyl	49014
29	W	F	Pt. I: Methamphetamine, fentanyl, acetyl-fentanyl	49015
30	W	F	<i>Pt. II: Morphine, buprenorphine, diphenhydramine, fentanyl*</i>	49015
31	W	M	Pt. I: Fentanyl, heroin, ethanol	49015
32	W	M	Pt. I: Fentanyl, methamphetamine	49014
32	W	M	Pt. I: Fentanyl, methamphetamine, diphenhydramine	49037
33	W	M	Pt. I: Fentanyl	49017
33	B	F	Pt. I: Cocaine, ethanol, cocaethylene, methamphetamine, fentanyl, promethazine	49014
35	W	F	Pt. I: Acetyl-fentanyl, diphenhydramine, fentanyl, methamphetamine, morphine, norbuprenorphine, xylazine	49015
35	W	F	<i>Pt. II: Amphetamine, methamphetamine, fentanyl*</i>	49015
35	W	F	Pt. I: Gabapentin, ketamine	49017
36	W	F	Pt. I: Methamphetamine	49015
37	W	M	Pt. I: Methamphetamine, fentanyl	49014
37	W	M	Pt. I: Fentanyl, heroin, methamphetamine	49015
38	W	F	Pt. I: Cocaine, methadone, tramadol, fentanyl	49014
38	W	M	Pt. I: Fentanyl, diphenhydramine	49015
40	W	M	Pt. I: Fentanyl, acetyl-fentanyl	49014
42	W	M	Pt. I: Fentanyl, clonazepam	49224
43	W	F	Pt. I: Cocaine, fentanyl, bupropion, gabapentin, trazodone	49014
43	W	M	Pt. I: Fentanyl, cocaine	49017
44	W	M	Pt. I: Heroin	49016
45	W	M	Pt. I: Dihydrocodeine, fentanyl, hydrocodone	49017
45	B	M	Pt. I: Fentanyl, heroin	49014

Deaths Related to Opioids and Other Drugs

Allegan, Barry, Berrien, Calhoun, Grand Traverse, Kalamazoo, Leelanau, Mason, Muskegon, Osceola, St. Joseph, and Van Buren County

Calhoun (cont.)

45	W	M	Pt. I: Fentanyl, methamphetamine	49015
47	W	F	Pt. I: Alprazolam, gabapentin, promethazine, tramadol	49017
50	W	M	Pt. I: Ethanol, clonazepam, morphine, fentanyl	49014
52	W	M	Pt. I: Heroin, fentanyl, mitragynine, ethanol	49017
52	B	F	Pt. I: Cocaine	Unknown
52	W	M	Pt. I: Methamphetamine, fentanyl, ethanol	49068
52	W	M	Pt. I: Methamphetamine, fentanyl	49014
54	W	M	Pt. I: Heroin, fentanyl, methamphetamine	49014
54	W	M	Pt. I: Fentanyl, clonazepam	49017
54	W	M	Pt. I: Morphine, amphetamine, fentanyl	Unknown
55	B	F	Pt. I: Cocaine, codeine, fentanyl	49037
56	W	F	Pt. I: Fentanyl, heroin, amitriptyline	49037
56	W	M	Pt. I: Fentanyl, oxycodone, trazodone, promethazine	49068
57	W	M	Pt. I: Sertraline, tramadol, gabapentin, trazodone, diphenhydramine	49015
58	W	M	Pt. I: Fentanyl, acetyl-fentanyl, hydroxyzine, quetiapine, risperidone	49015
59	W	F	Pt. I: Fentanyl, oxycodone	49201
60	W	M	Pt. I: Cocaine, fentanyl, heroin, methamphetamine	49015
60	B	M	Pt. I: Cocaine, ethanol, fentanyl	49017
61	W	M	Pt. I: Fentanyl, mirtazapine	49017
62	W	M	Pt. I: Fentanyl, heroin, ethanol	49017
63	B	M	Pt. I: Cocaine, fentanyl, ethanol	49037
63	B	M	Pt. I: Cocaine	49017
65	B	M	Pt. I: Fentanyl, morphine, hydrocodone	49017
69	W	M	Pt. I: Cocaine	49015
70	W	M	Pt. I: Cocaine	49015
75	B	M	Pt. I: Methamphetamine, ethanol	49017

Deaths Related to Opioids and Other Drugs

Allegan, Barry, Berrien, Calhoun, Grand Traverse, Kalamazoo, Leelanau, Mason, Muskegon, Osceola, St. Joseph, and Van Buren County

Grand Traverse

Age	Race	Sex	Death Certificate: Substances Contributing to Death	Injury Zip Code
21	W	F	Pt. I: Fentanyl, alprazolam	49685
28	W	F	Pt. I: Dimethylether	49686
28	W	M	Pt. I: Fentanyl, alprazolam, xylazine, gabapentin	49643
28	W	M	Pt. I: Fentanyl, acetyl-fentanyl, methamphetamine	48624
30	W	M	Pt. I: Acetyl fentanyl, fentanyl, methamphetamine, morphine, norfentanyl	48653
31	W	M	Pt. I: Methadone, alprazolam	49646
31	W	M	<i>Pt. I: Acute and chronic alcohol use*</i>	49684
32	W	M	Pt. I: Methamphetamine	49643
33	W	F	Pt. I: Heroin, fentanyl, ethanol	49686
34	W	M	Pt. I: Fentanyl	49684
34	B	M	Pt. I: Ethanol, heroin, methamphetamine, fentanyl	49696
35	W	M	Pt. I: Fentanyl, heroin, mitragynine, ethanol	49684
41	W	F	<i>Pt. I: Ethanol*</i>	49684
47	W	M	Pt. I: Fentanyl, diphenhydramine	49637
47	W	F	<i>Pt. I: Acute and chronic alcohol use*</i>	49519
49	W	M	Pt. I: Methamphetamine, mitragynine	49637
54	W	F	Pt. I: Fentanyl, mitragynine, alprazolam, oxycodone	49686
54	W	M	Pt. I: Opiates	49659
55	W	F	Pt. I: Bupropion, citalopram / escitalopram, ethanol	49649
57	W	M	Pt. I: Hydrocodone, gabapentin	49685
68	W	M	<i>Pt. I: Acute and chronic alcohol use*</i>	49684
76	W	M	Pt. I: Hydromorphone, zolpidem, gabapentin	49686

Kalamazoo

Age	Race	Sex	Death Certificate: Substances Contributing to Death	Injury Zip Code
26	W	M	Pt. I: Buprenorphine	49007
18	O	M	Pt. I: Fentanyl, tramadol, etizolam	49009
20	W	M	Pt. I: Fentanyl, methamphetamine	49007
20	W	M	Pt. I: Oxycodone, cocaine, flualprazolam, amphetamine, MDMA, norketamine	49001
21	B	M	Pt. I: Hydrocodone, fentanyl, oxycodone	49048
21	W	F	<i>Pt. I: Ethanol*</i>	49008
24	W	M	Pt. I: Fentanyl, hydrocodone, mitragynine, quetiapine, xylazine	49006
24	W	M	<i>Pt. I: Ethanol*</i>	49071

Deaths Related to Opioids and Other Drugs

Allegan, Barry, Berrien, Calhoun, Grand Traverse, Kalamazoo, Leelanau, Mason, Muskegon, Osceola, St. Joseph, and Van Buren County

Kalamazoo (cont.)

28	W	F	Pt. I: Fentanyl, methamphetamine	49017
28	B	M	Pt. I: Methamphetamine, fentanyl	49008
28	W	M	Pt. I: Fentanyl	49009
28	B	M	Pt. I: Heroin, fentanyl, acetyl-fentanyl, methamphetamine	49007
30	W	M	Pt. I: Fentanyl, methamphetamine, ethanol, alprazolam	49048
31	W	M	Pt. I: Heroin, acetyl-fentanyl, fentanyl, methamphetamine	49009
31	W	M	Pt. I: Fentanyl, methamphetamine, diphenhydramine	49097
32	W	M	Pt. I: Cocaine, methamphetamine, fentanyl	49007
32	W	M	Pt. I: Ethanol, methamphetamine, fentanyl	49007
32	W	F	Pt. I: Methamphetamine	49045
32	W	M	Pt. I: Fentanyl, heroin, methamphetamine	49024
32	W	F	Pt. I: Fentanyl	49007
32	W	M	Pt. I: Methamphetamine, fentanyl	49009
32	W	M	Pt. I: Tramadol	49001
33	W	M	Pt. I: Fentanyl, acetyl-fentanyl, methamphetamine	49009
33	W	M	Pt. I: Fentanyl, methadone, ethanol, alprazolam, lorazepam	49037
33	W	M	Pt. I: Fentanyl, acetyl-fentanyl, methamphetamine	49004
33	W	M	Pt. I: Fentanyl, alprazolam, ethanol	49048
34	W	M	Pt. I: Fentanyl, methamphetamine, methadone	49004
35	W	M	Pt. I: Methamphetamine, fentanyl	49082
36	W	M	Pt. I: Buprenorphine, amphetamine, fentanyl	49001
36	W	M	Pt. I: Fentanyl, acetyl-fentanyl, tramadol, gabapentin	49007
37	W	F	Pt. I: Methamphetamine, fentanyl	49001
37	W	M	Pt. I: Amphetamine, methamphetamine, acetyl-fentanyl, fentanyl	49048
37	W	M	Pt. I: Methamphetamine, heroin, fentanyl	49009
37	W	M	<i>Pt. I: Acute and Chronic Alcohol Use*</i>	49024
38	W	M	Pt. I: Heroin, fentanyl	49009
38	W	M	Pt. I: Fentanyl, methamphetamine, hydrocodone, clonazepam	Unknown
39	W	M	Pt. I: Fentanyl, norfentanyl	49004
39	W	M	Pt. I: Fentanyl, ethanol	49037
40	W	M	Pt. I: Thyroid hormone	Unknown
41	W	M	Pt. I: Methamphetamine	49004
42	W	F	Pt. I: Opiates, methadone, buprenorphine, benzodiazepine, amphetamine	49012
42	B	M	Pt. I: Cocaine, cocaethylene, fentanyl	49048
42	W	M	Pt. I: Methamphetamine	49048

Deaths Related to Opioids and Other Drugs

Allegan, Barry, Berrien, Calhoun, Grand Traverse, Kalamazoo, Leelanau, Mason, Muskegon, Osceola, St. Joseph, and Van Buren County

Kalamazoo (cont.)

42	W	M	Pt. I: Fentanyl	49087
43	W	M	Pt. I: Fentanyl, methamphetamine	49002
43	W	M	Pt. I: Methamphetamine, fentanyl, heroin	49048
43	W	F	Pt. I: Buprenorphine, fentanyl, acetyl fentanyl	49048
44	W	F	Pt. I: Heroin, xylazine, fentanyl, acetyl-fentanyl	49008
44	W	M	Pt. I: Fentanyl, acetyl-fentanyl, xylazine, methamphetamine	49007
47	W	M	Pt. I: MDMA	49036
48	B	F	Pt. I: Fentanyl	49006
49	W	M	Pt. I: Methamphetamine, methadone	49001
49	B	M	Pt. I: Fentanyl, tramadol	49024
50	B	M	Pt. I: Fentanyl, acetyl-fentanyl, morphine, ethanol	49007
52	W	M	Pt. I: Methamphetamine, fentanyl	49002
53	B	M	Pt. I: Methamphetamine	49001
55	W	M	Pt. I: Methamphetamine, fentanyl	Unknown
55	W	F	Pt. I: Metoprolol	49008
57	W	M	Pt. I: Clozapine, valproic acid, lurasidone, diazepam	49002
58	B	M	Pt. I: Fentanyl	49007
59	W	M	Pt. I: Quetiapine	49008
59	B	F	Pt. I: Ethanol, fentanyl, acetyl fentanyl	49008
61	W	M	Pt. I: Heroin, fentanyl, trazodone, acetyl-fentanyl	49010
61	B	M	Pt. I: Fentanyl, cocaine	49048
61	W	F	Pt. I: Fentanyl	49037
62	B	M	Pt. I: Cocaine	49007
62	W	M	Pt. I: Methamphetamine	49008
62	W	M	Pt. I: Methamphetamine	49004
62	W	M	Pt. I: Fentanyl, acetyl-fentanyl, heroin, methamphetamine	49007
63	W	M	Pt. I: Fentanyl, methamphetamine	49001
64	B	M	Pt. I: Cocaine, ethanol	49037
64	W	M	Pt. I: Acetyl-fentanyl, amphetamine, fentanyl, flualprazolam, heroin	49001
67	W	M	<i>Pt. II: Methamphetamine, ethanol*</i>	49266
76	W	M	<i>Pt. II: Opioid*</i>	49009

Deaths Related to Opioids and Other Drugs

Allegan, Barry, Berrien, Calhoun, Grand Traverse, Kalamazoo, Leelanau, Mason, Muskegon, Osceola, St. Joseph, and Van Buren County

Leelanau

Age	Race	Sex	Death Certificate: Substances Contributing to Death	Injury Zip Code
49	W	F	Pt. I: Hydromorphone, acetaminophen, tramadol	49664
85	W	F	Pt. I: Morphine	49654

Mason

Age	Race	Sex	Death Certificate: Substances Contributing to Death	Injury Zip Code
30	W	F	Pt. I: Fentanyl, cocaine, diphenhydramine, hydroxyzine, cyclobenzaprine, diazepam	49660
34	W	M	Pt. I: Fentanyl, para-fluorofentanyl, hydrocodone	49431
42	W	F	Pt. I: Fentanyl, heroin, xylazine, methamphetamine	49431
49	W	M	Pt. I: Methamphetamine, fentanyl, tramadol	49660
56	W	F	Pt. I: Fentanyl, tramadol	49431

Osceola

Age	Race	Sex	Death Certificate: Substances Contributing to Death	Injury Zip Code
27	W	F	<i>Pt. II: Methamphetamine*</i>	49663
35	W	F	Pt. I: Methamphetamine	Unknown

Deaths Related to Opioids and Other Drugs

Allegan, Barry, Berrien, Calhoun, Grand Traverse, Kalamazoo, Leelanau, Mason, Muskegon, Osceola, St. Joseph, and Van Buren County

Muskegon

Age	Race	Sex	Death Certificate: Substances Contributing to Death	Injury Zip Code
21	W	M	Pt. I: Fentanyl	49442
23	W	M	Pt. I: Heroin, temazepam, 7-amino clonazepam, amphetamine	49441
26	B	F	Pt. I: Hydrocodone, fentanyl	49444
27	W	M	Pt. I: Amphetamine, cocaine, fentanyl	49442
27	W	M	Pt. I: Fentanyl, morphine, lorazepam	49451
27	W	F	Pt. I: Methamphetamine, fentanyl, para-fluorofentanyl	49444
28	W	M	Pt. I: Cocaine, fentanyl	49444
28	W	F	Pt. I: Para-flourofentanyl, fentanyl, morphine, gabapentin	49442
29	W	M	Pt. I: Flualprazolam, ethanol, hydrocodone, diphenhydramine, fentanyl	49441
29	B	M	<i>Pt. II: Amphetamine</i>	49457
30	W	M	Pt. I: Cocaine, fentanyl	49441
33	W	M	Pt. I: Amphetamine, methamphetamine, fentanyl, xylazine	49442
33	B	F	Pt. I: Cocaine, fentanyl	Unknown
34	B	M	<i>Pt. I: Acute and chronic ethanol use*</i>	49444
35	B	M	Pt. I: Fentanyl, cocaine, dextromethorphan, diphenhydramine	49444
35	W	F	Pt. I: Diazepam, hydrocodone, oxycodone, gabapentin, fentanyl	49444
35	W	F	Pt. I: Fentanyl, heroin	49441
35	W	F	Pt. I: Fentanyl, methamphetamine	49442
37	W	M	Pt. I: Fentanyl, heroin	49442
37	W	M	Pt. I: Fentanyl	49437
37	W	M	Pt. I: Heroin, fentanyl, ethanol	49444
38	B	M	Pt. I: Fentanyl, morphine, gabapentin, diphenhydramine, flualprazolam	49442
38	W	M	Pt. I: Fentanyl	49444
38	W	F	Pt. I: Cocaine, heroin, methamphetamine, fentanyl, buprenorphine	49442
39	W	F	Pt. I: Amphetamine	49415
39	W	M	Pt. I: Cocaine, fentanyl	49441
40	W	M	Pt. I: Fentanyl, diphenhydramine	49442

Deaths Related to Opioids and Other Drugs

Allegan, Barry, Berrien, Calhoun, Grand Traverse, Kalamazoo, Leelanau, Mason, Muskegon, Osceola, St. Joseph, and Van Buren County

Muskegon (cont.)

40	W	M	Pt. I: Fentanyl, heroin, methamphetamine	49442
40	B	F	Pt. I: Amitriptyline, nortriptyline, cyclobenzaprine, clonidine	49442
41	B	M	Pt. I: Fentanyl, cocaine, ethanol, cocaethylene, tramadol	49441
41	W	M	Pt. I: Fentanyl, heroin, methamphetamine	49440
43	W	M	Pt. I: Cocaine, tramadol, xylazine, fentanyl, acetyl-fentanyl	49457
44	W	F	Pt. I: Fentanyl, cocaine, gabapentin	49442
44	W	M	Pt. I: Methamphetamine, fentanyl	49444
45	W	M	Pt. I: Diphenhydramine, doxylamine, dextromethorphan, acetaminophen	49415
49	W	M	Pt. I: Methamphetamine	49441
51	B	M	Pt. I: Cocaine	49441
51	W	M	Pt. I: Fentanyl, heroin, methamphetamine	49442
52	W	F	Pt. I: Methadone, duloxetine, gabapentin, hydroxyzine	49441
53	B	M	Pt. I: Fentanyl, heroin, methadone, alprazolam, clonazepam, diphenhydramine	49442
54	W	M	Pt. I: Para-fluorofentanyl, tramadol, fentanyl	Unknown
55	W	F	Pt. I: Heroin, methamphetamine	Unknown
55	W	F	Pt. I: Fentanyl, cocaine, cocaethylene, ethanol	49442
56	W	M	Pt. I: Cocaine, methamphetamine, fentanyl	49461
57	W	M	Pt. I: Fentanyl, cocaine, ethanol, cocaethylene, gabapentin, diphenhydramine	49444
57	W	F	Pt. I: Fentanyl, heroin, cocaine, mitragynine, gabapentin, diphenhydramine, hydroxyzine, orphenadrine, dextromethorphan	49442
58	W	M	Pt. I: Fentanyl, xylazine, tramadol, lorazepam	49442
58	B	M	Pt. I: Cocaine, ethanol, cocaethylene, heroin, gabapentin, fentanyl	49442
59	W	M	Pt. I: Fentanyl	49444
59	W	F	Pt. I: Methamphetamine, cyclobenzaprine, gabapentin, paroxetine, dextro-levomethorphan	49441
59	W	F	Pt. I: Acetaminophen	49417
60	B	F	Pt. I: Alprazolam, methadone, hydrocodone, acetaminophen, xylazine, clonidine, fentanyl	49444
61	W	F	Pt. I: Fentanyl	49441
62	W	F	Pt. I: Fentanyl, heroin, ethanol, gabapentin, cyclobenzaprine, trazodone	49441
65	W	M	Pt. I: Cocaine, morphine, fentanyl	49442
66	W	M	Pt. I: Fentanyl, acetyl-fentanyl, heroin	49441
66	B	M	Pt. I: Morphine, fentanyl	49444
67	W	M	Pt. I: Cocaine	49444
69	W	M	Pt. I: Fentanyl	49442
70	W	M	Pt. I: Argon*	49445

Deaths Related to Opioids and Other Drugs

Allegan, Barry, Berrien, Calhoun, Grand Traverse, Kalamazoo, Leelanau, Mason, Muskegon, Osceola, St. Joseph, and Van Buren County

St. Joseph

Age	Race	Sex	Death Certificate: Substances Contributing to Death	Injury Zip Code
22	W	M	Pt. I: Fentanyl	49093
23	W	M	Pt. I: Fentanyl, flubromazolam, etizolam	49042
29	W	M	Pt. I: Fentanyl, acetyl-fentanyl, heroin, methamphetamine	49091
33	W	M	Pt. I: Methamphetamine, fentanyl	49042
34	W	M	Pt. I: Methamphetamine, fentanyl	49093
37	W	F	Pt. I: Tramadol, alprazolam	49091
39	B	M	Pt. I: Methamphetamine, fentanyl	49093
39	W	M	Pt. I: Fentanyl	49030
43	W	M	<i>Pt. II: Amphetamine, methamphetamine*</i>	49042
44	W	F	Pt. I: Fentanyl, acetyl-fentanyl, heroin	49091
53	W	M	Pt. I: Fentanyl, heroin, methamphetamine, diazepam	49091
63	W	M	Pt. I: Fentanyl, heroin, methamphetamine	49091

Van Buren

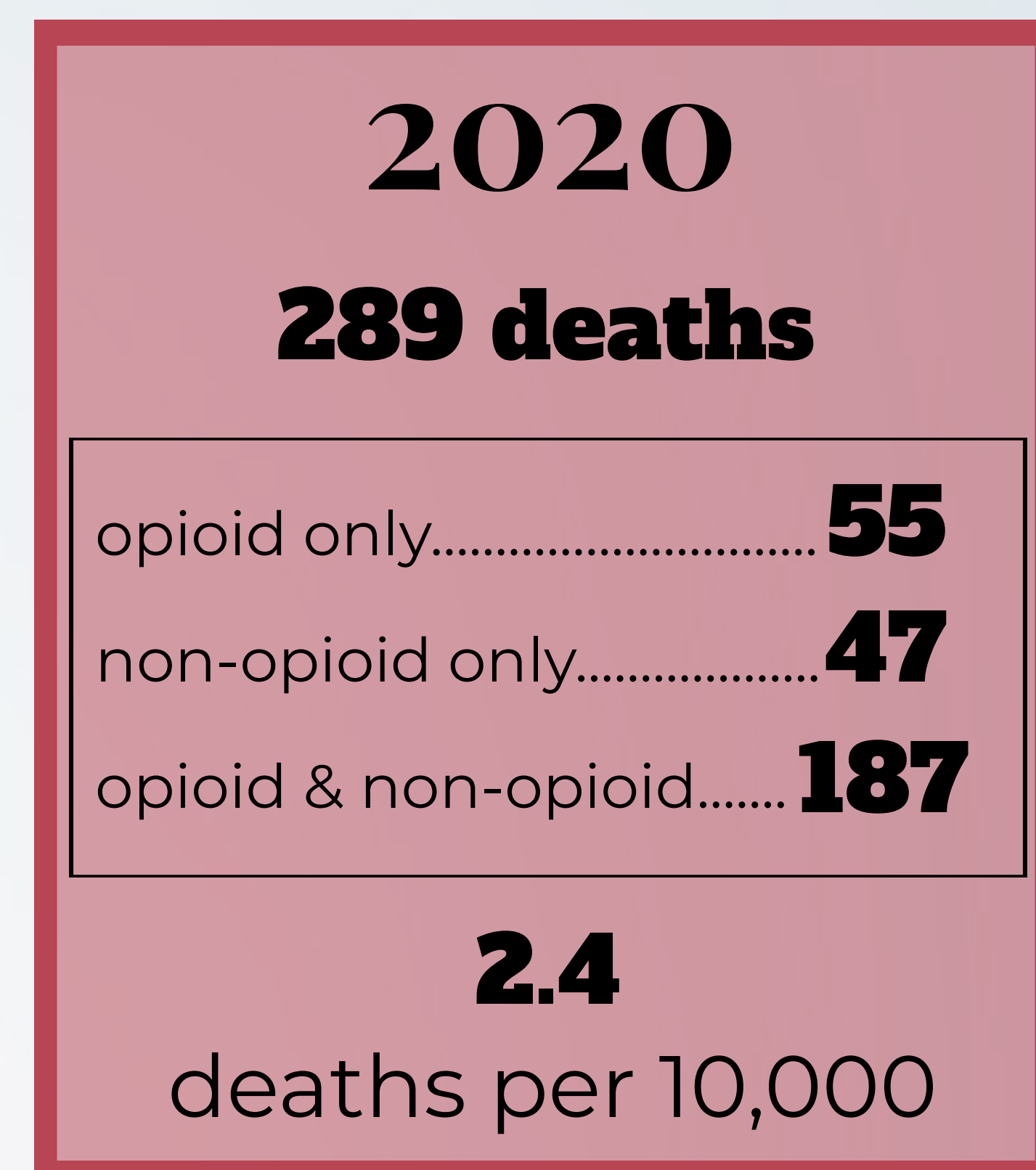
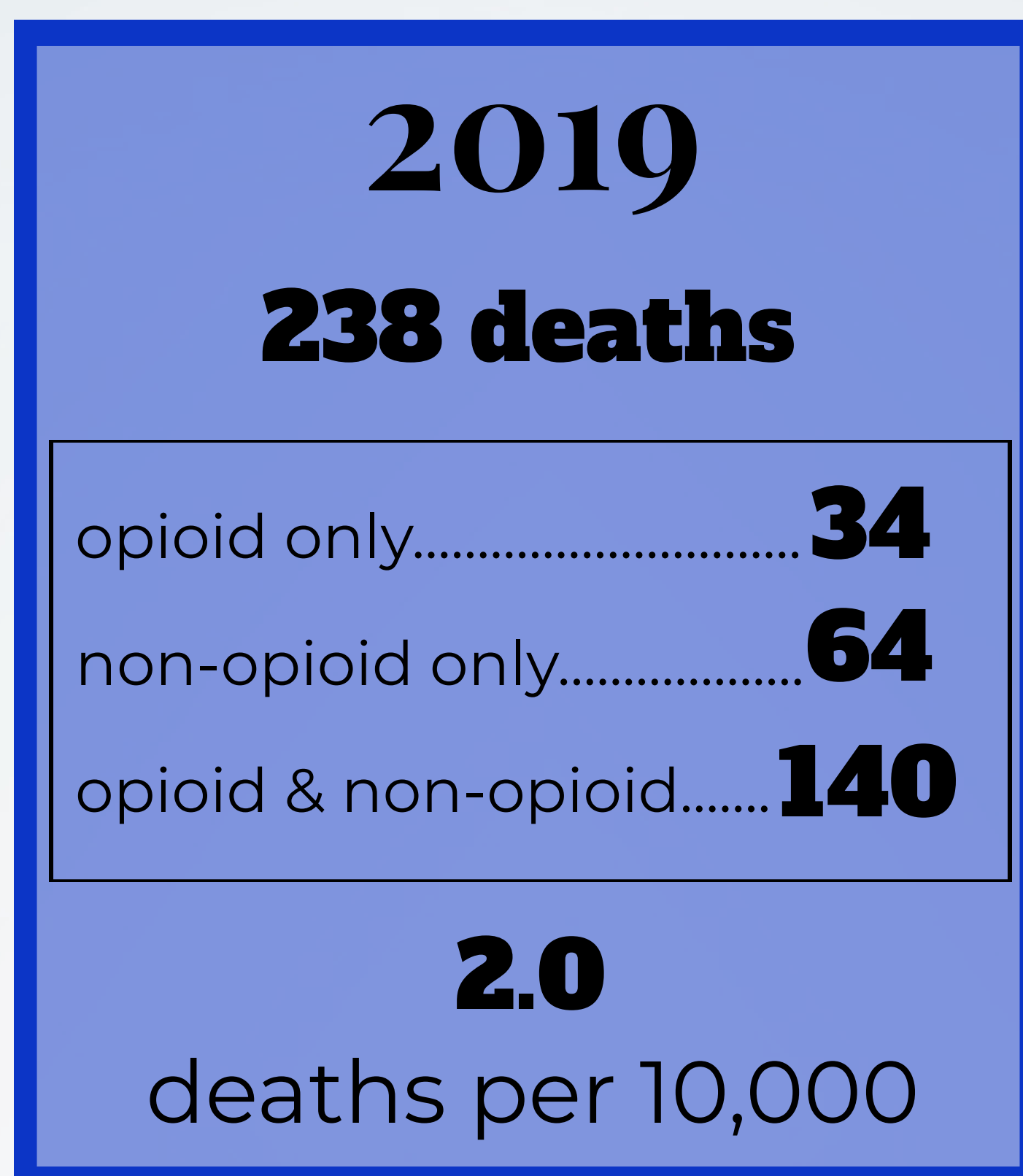
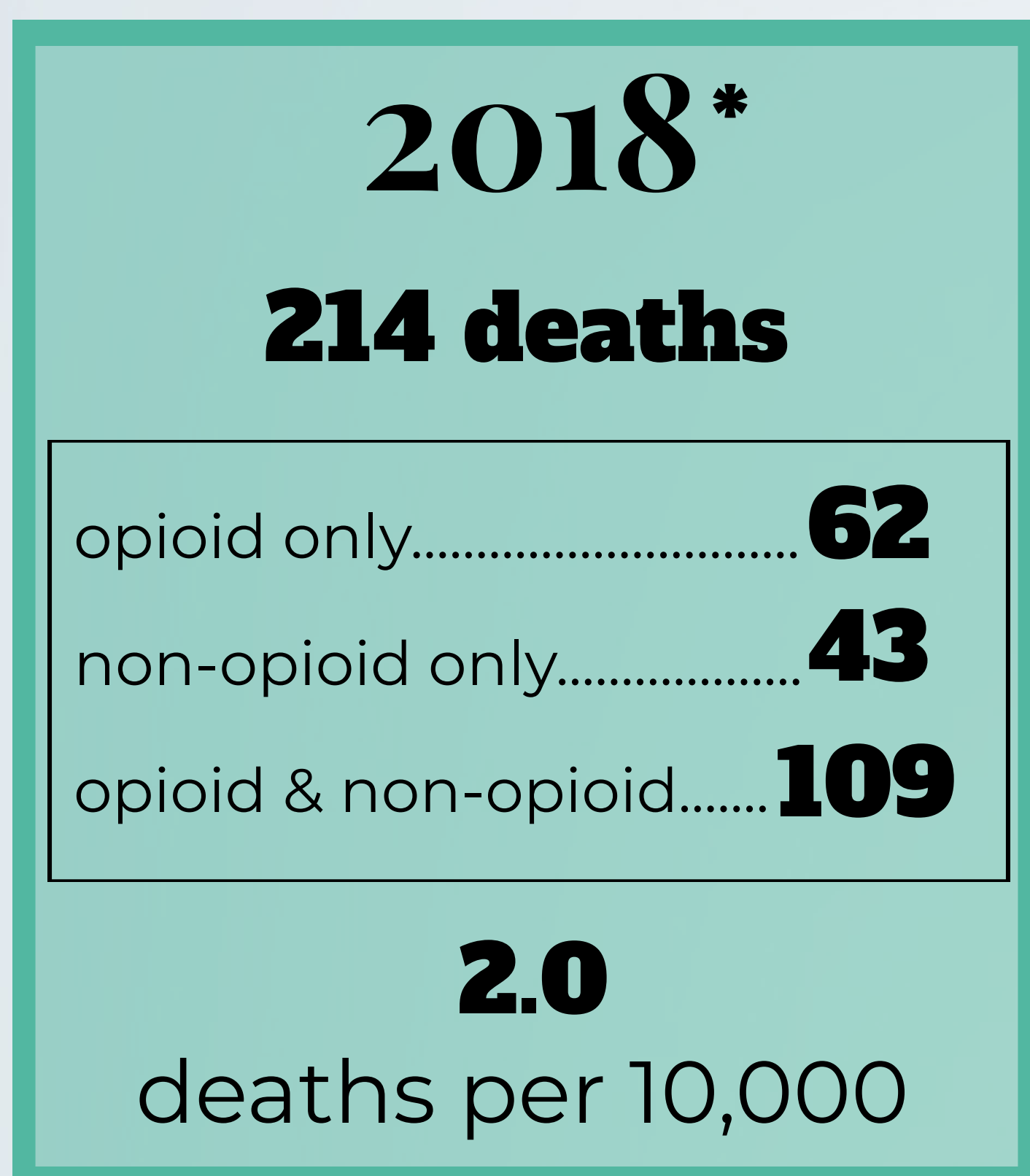
Age	Race	Sex	Death Certificate: Substances Contributing to Death	Injury Zip Code
20	W	F	Pt. I: Alprazolam, fentanyl, heroin	49071
25	W	M	<i>Pt. II: Fentanyl, heroin, xylazine, diphenhydramine*</i>	49013
27	W	F	Pt. I: Methamphetamine, fentanyl	49090
30	W	M	Pt. I: Mitragynine	49079
33	W	M	Pt. I: Methadone, alprazolam	49055
34	W	F	Pt. I: Difluoroethane	Unknown
35	B	M	Pt. I: Fentanyl, ethanol, methamphetamine, lorazepam, diphenhydramine	49045
40	W	F	Pt. I: Ethanol, glipizide	49013
40	W	M	Pt. I: Methamphetamine	49506
41	W	M	<i>Pt. II: Gabapentin, alprazolam, dihydrocodeine, hydrocodone, hydromorphone*</i>	49057
42	W	M	Pt. I: Heroin, ethanol	49057
60	W	M	<i>Pt. I: Acute and Chronic Alcohol Use*</i>	49079
60	W	M	Pt. I: Fentanyl, oxycodone	49056
61	W	M	Pt. I: Methamphetamine	49064
61	W	F	Pt. I: Fentanyl, bupropion	49079
62	W	F	Pt. I: Methamphetamine	49071
63	B	M	Pt. I: Methamphetamine	49090
88	W	M	Pt. I: Hydrocodone, zolpidem, carbon monoxide	49056

* Case is not included in the following report

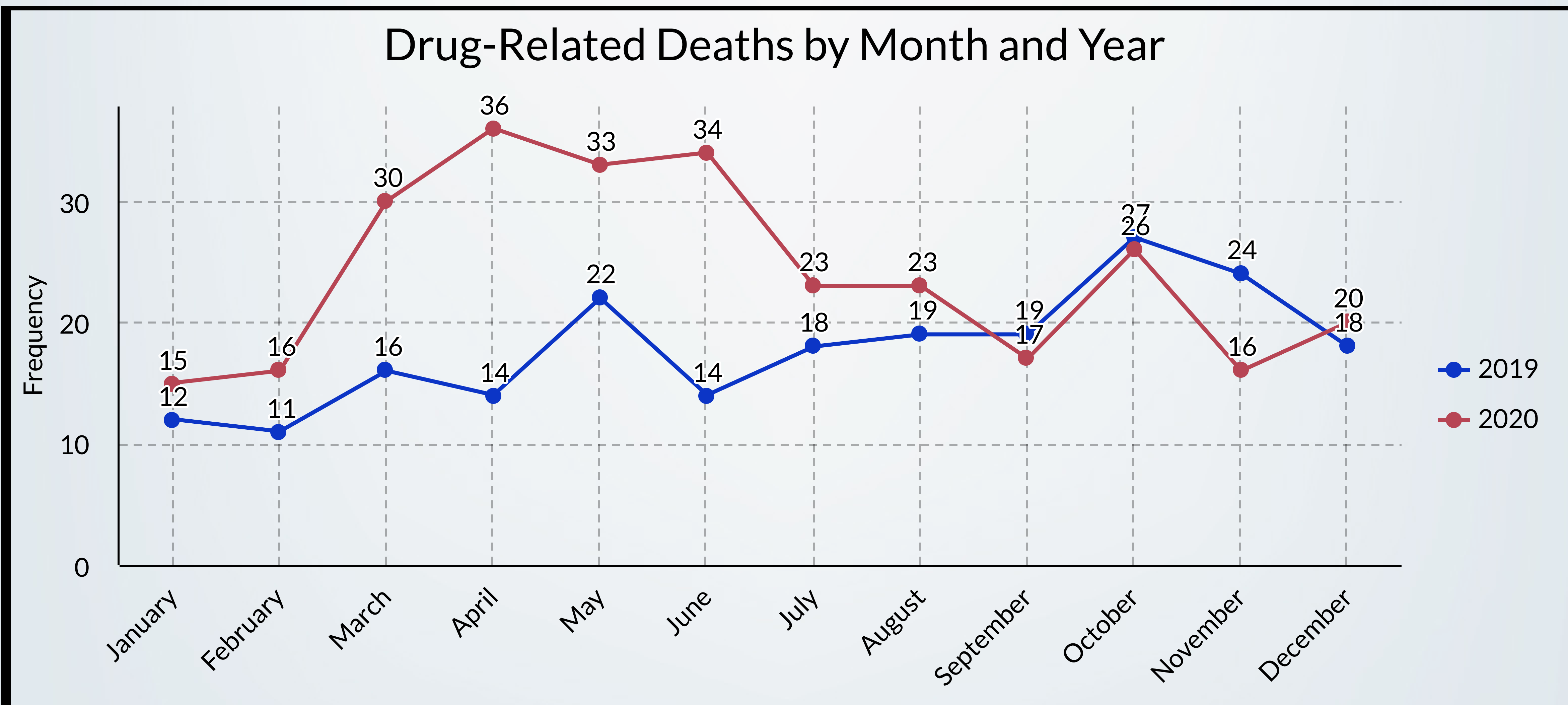
Deaths Related to Opioids and Other Drugs

Allegan, Barry, Berrien, Calhoun, Grand Traverse, Kalamazoo, Leelanau, Mason, Muskegon, Osceola, St. Joseph, and Van Buren County

Total Deaths Due to Drugs: 2018, 2019, 2020



*Berrien county fatal overdose data is not included in 2018



Percent increase from 2019 to 2020

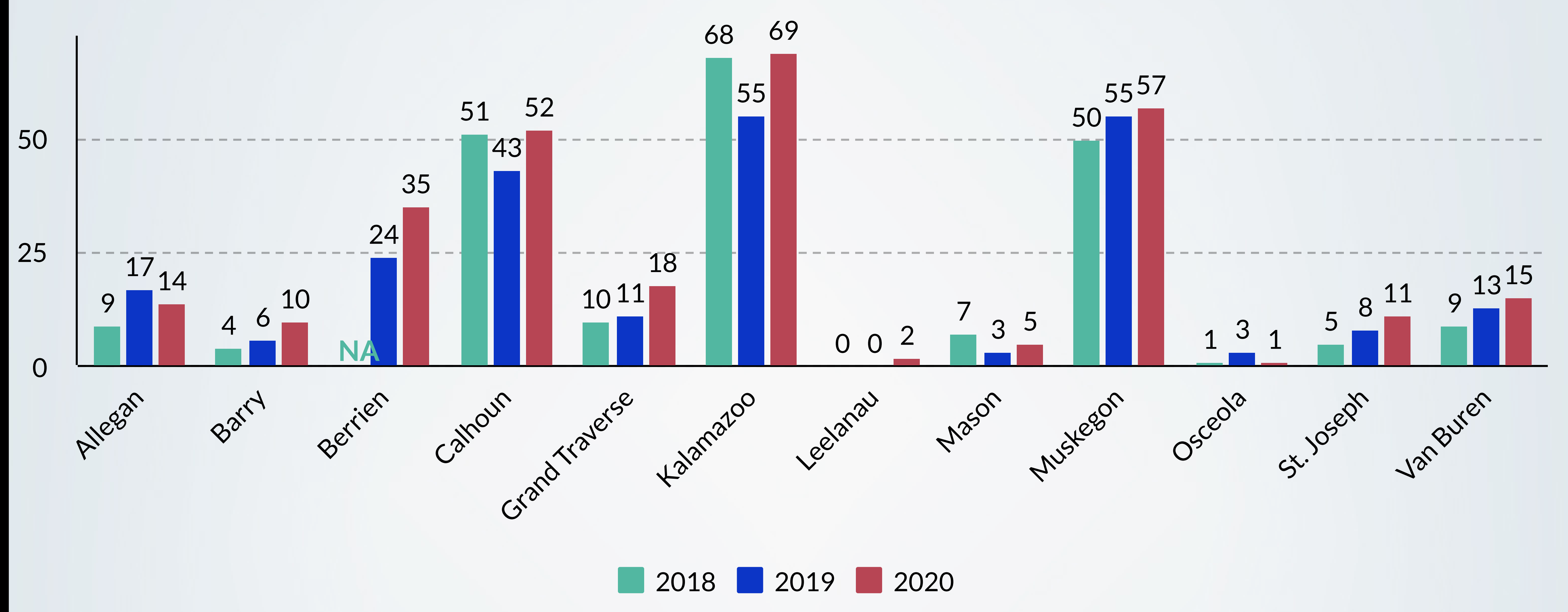
+21%

Deaths Related to Opioids and Other Drugs

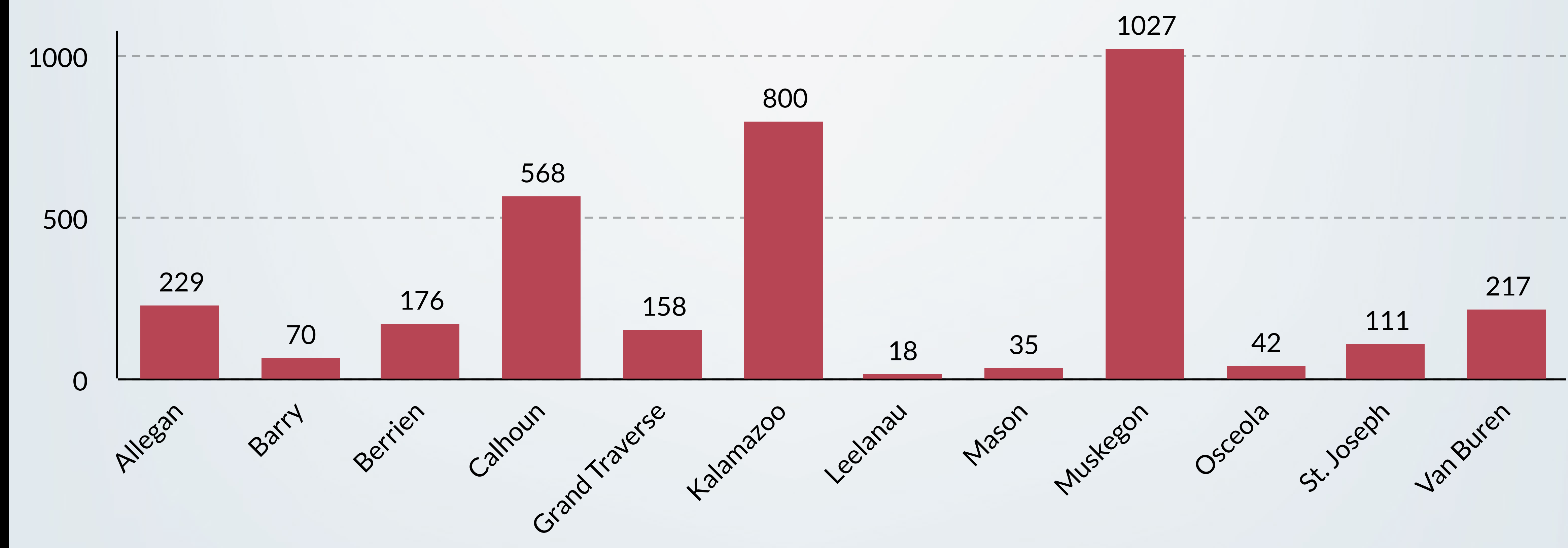
Allegan, Barry, Berrien, Calhoun, Grand Traverse, Kalamazoo, Leelanau, Mason, Muskegon, Osceola, St. Joseph, and Van Buren County

Overdoses: Fatal and Non-Fatal by County

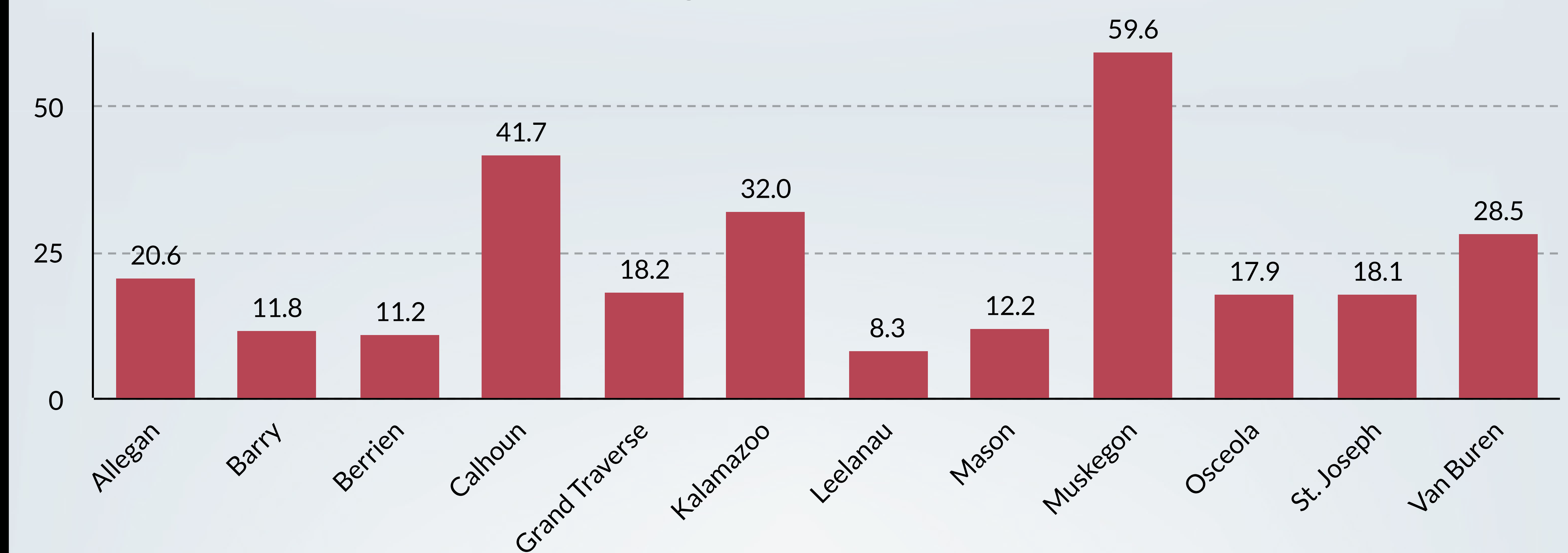
Drug-Related Deaths by County and Year



Nonfatal Drug Overdoses Among Emergency Department Discharges by County, 2020



Nonfatal Drug Overdoses per 10,000* Among Emergency Department Discharges by County, 2020



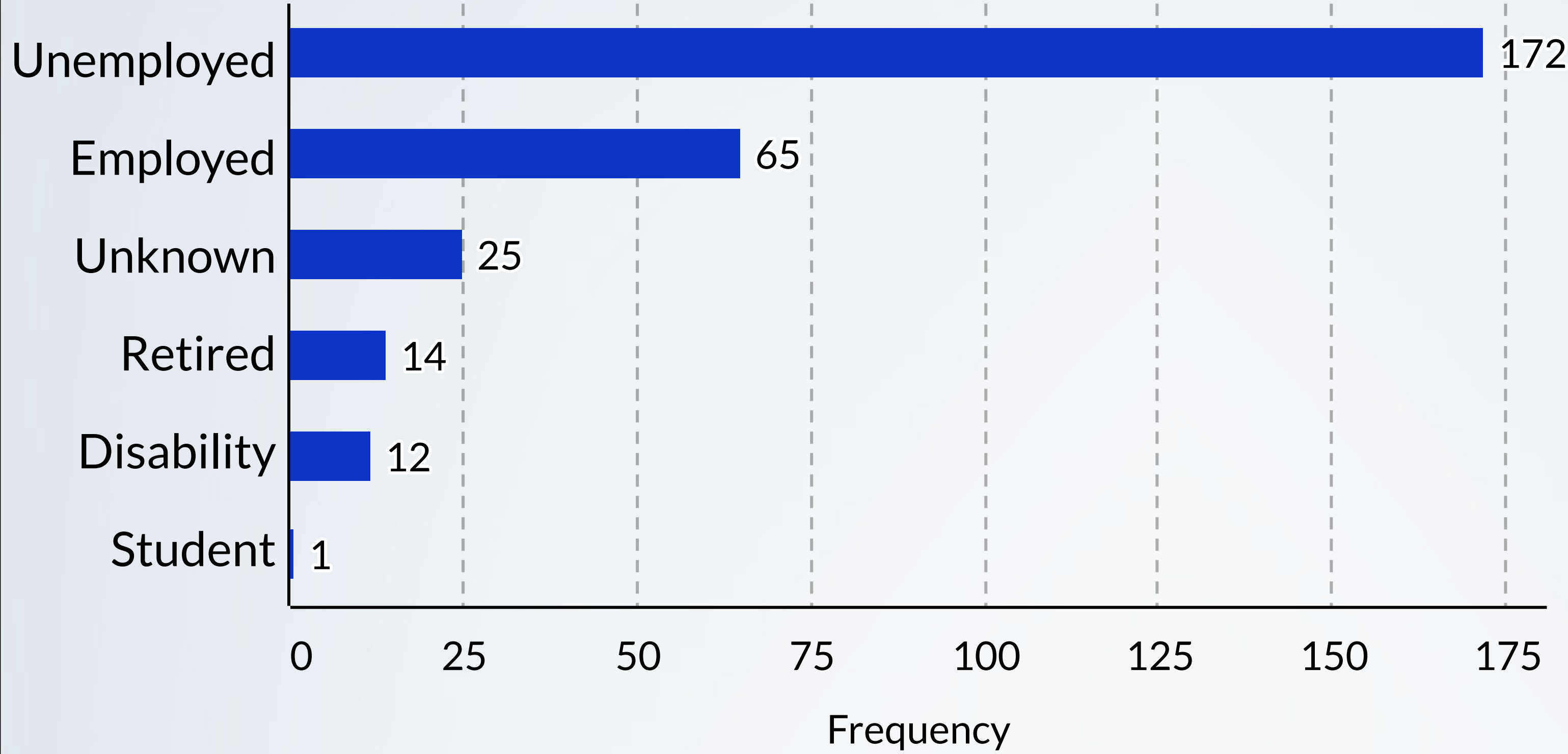
* 2019 population estimates used to determine incidence per 10,000

Deaths Related to Opioids and Other Drugs

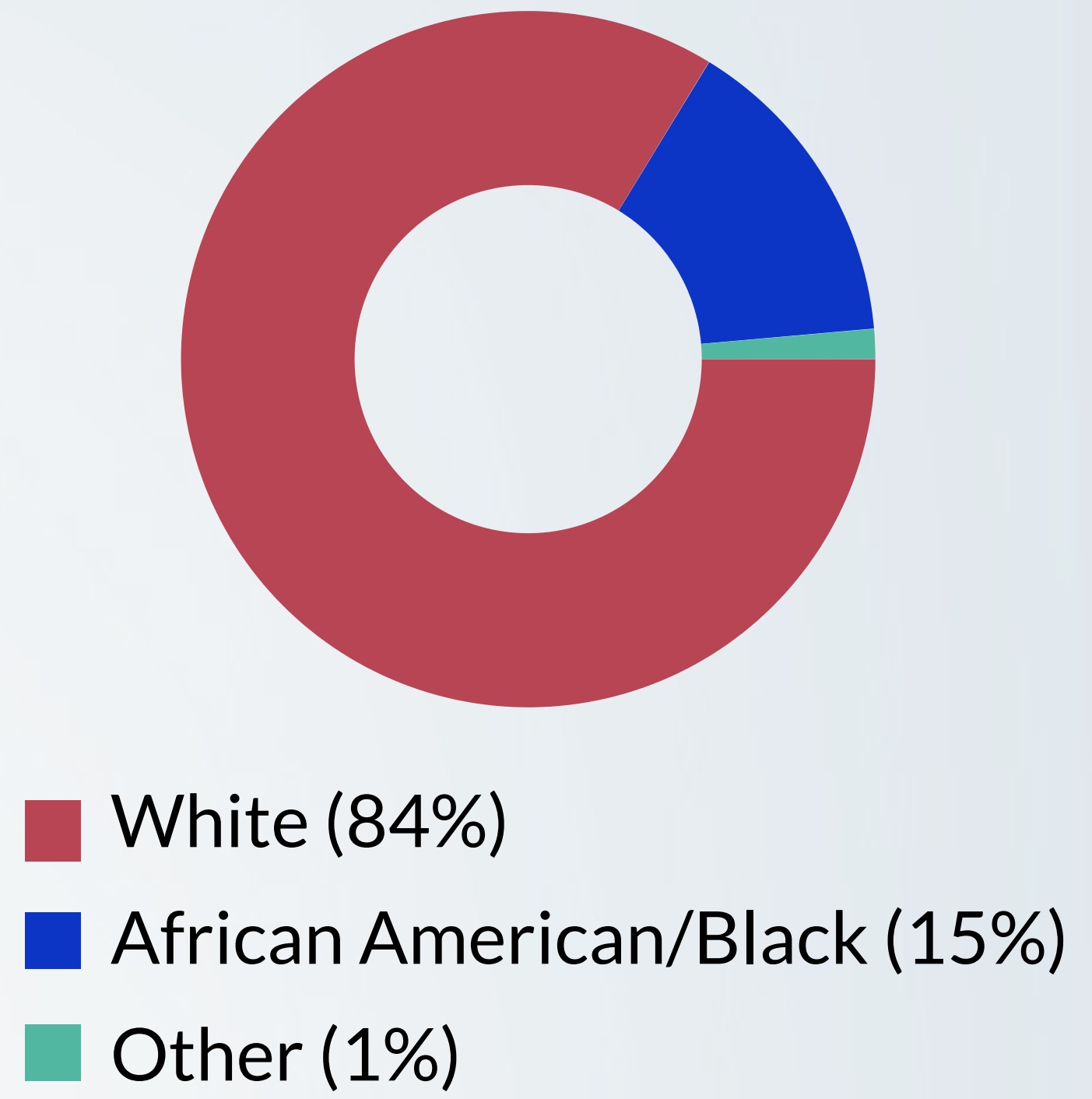
Allegan, Barry, Berrien, Calhoun, Grand Traverse, Kalamazoo, Leelanau, Mason, Muskegon, Osceola, St. Joseph, and Van Buren County

Demographics

DECEDENT'S EMPLOYMENT STATUS



RACE



SEX

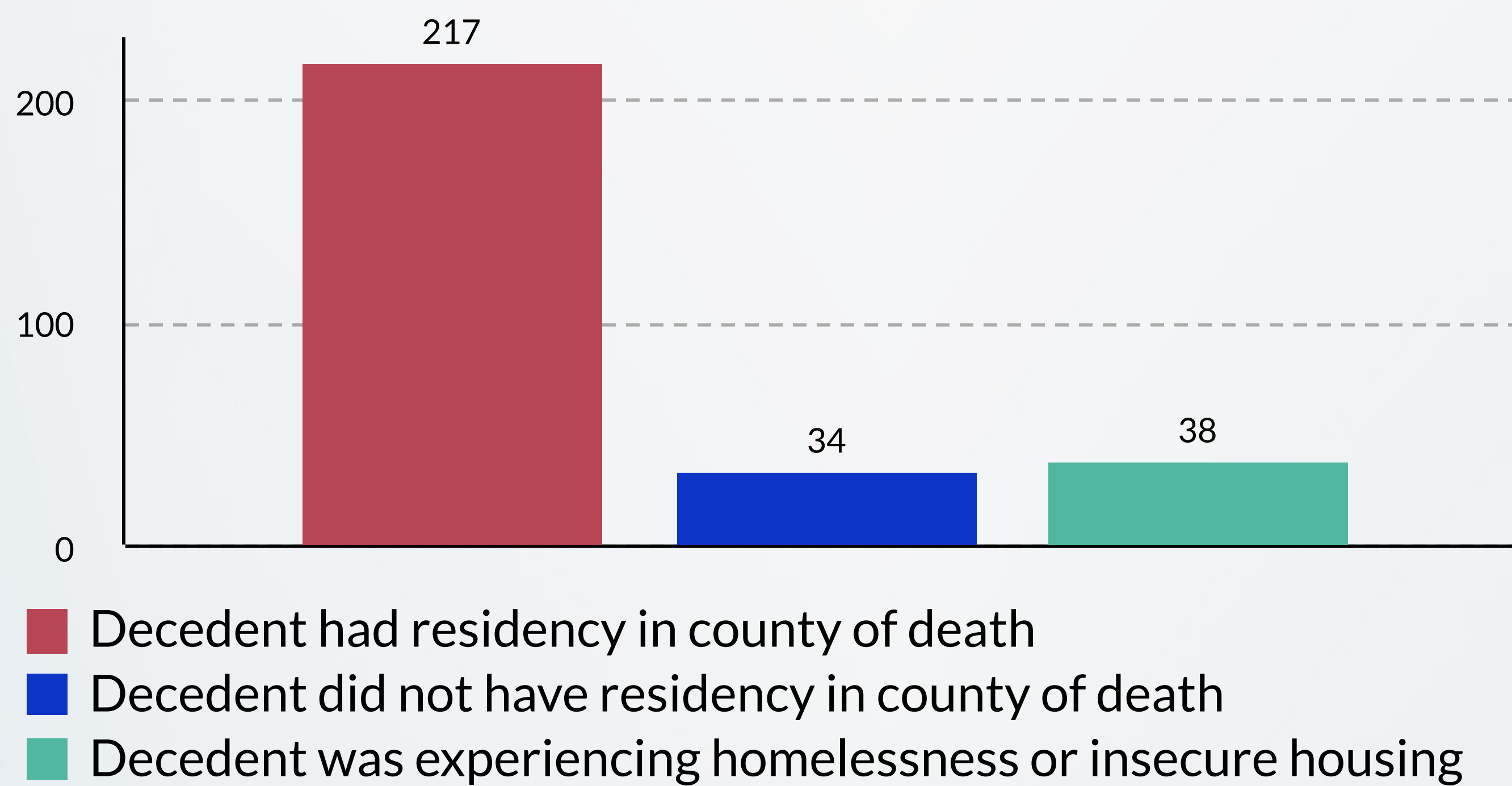


72%



28%

COUNTY OF RESIDENCE BY COUNTY OF DEATH



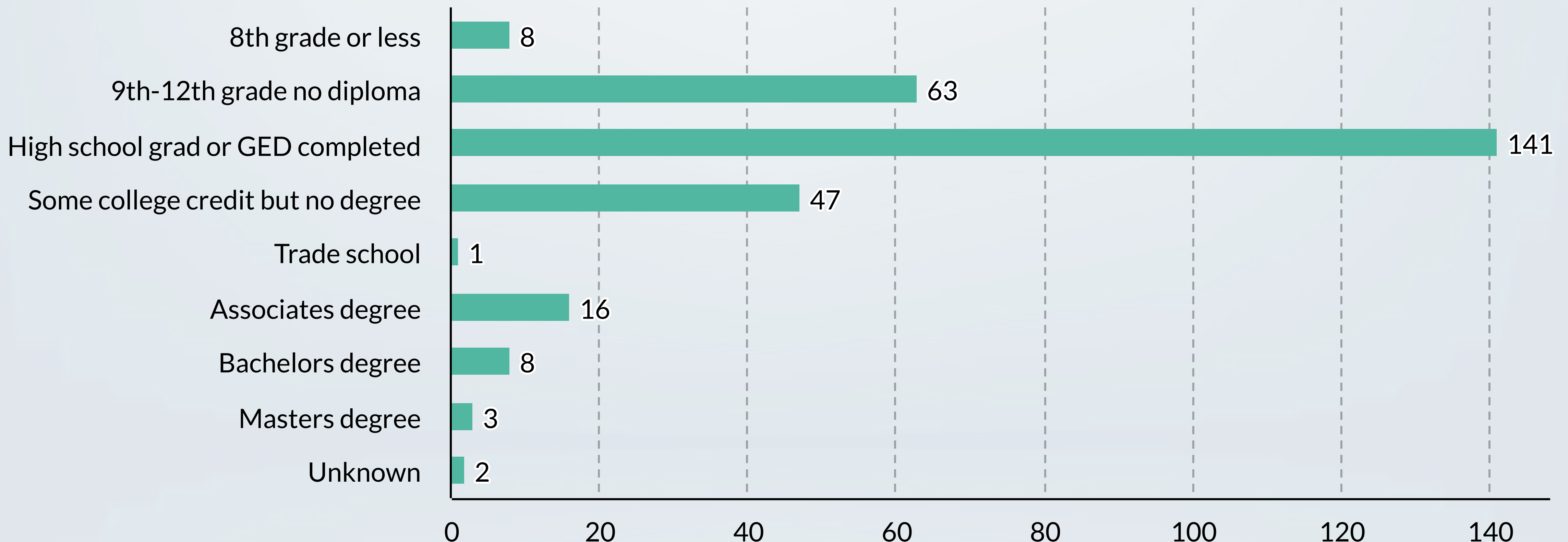
AGE

Minimum Age
18 years

Maximum Age
88 years

Average Age
46 years

DECEDENT'S HIGHEST LEVEL OF EDUCATION

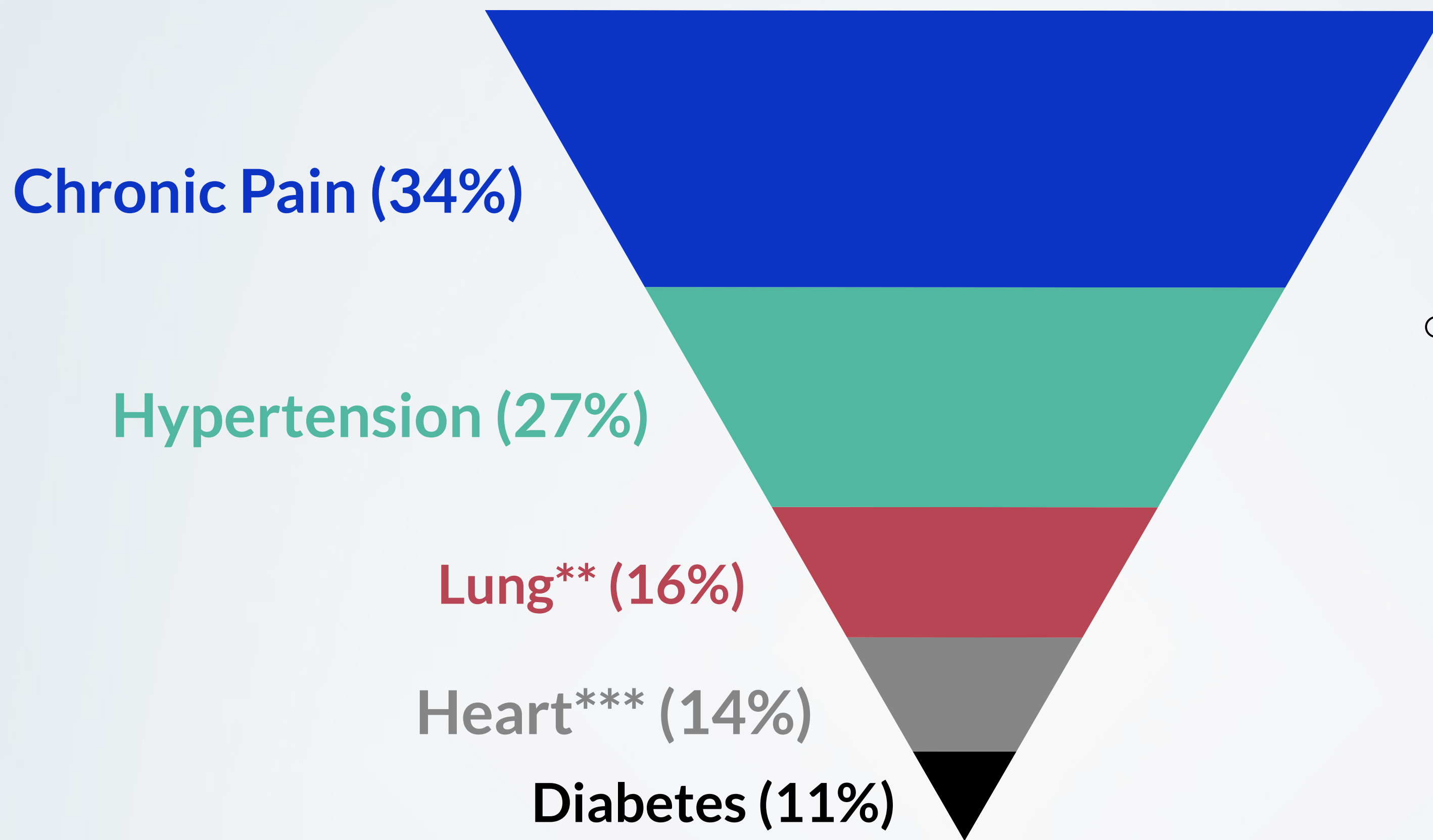


Deaths Related to Opioids and Other Drugs

Allegan, Barry, Berrien, Calhoun, Grand Traverse, Kalamazoo, Leelanau, Mason, Muskegon, Osceola, St. Joseph, and Van Buren County

Health Factors

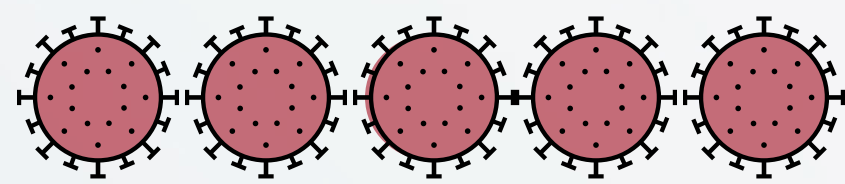
MOST PREVALENT AILMENTS*



*Decedents may be represented in more than one category. Only illnesses with official diagnosis are included.

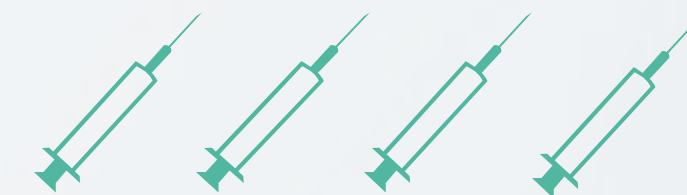
**Lung includes asthma, COPD, and emphysema

***Heart includes MI, CABG, CAD, AFib, and heart failure



At least **53** decedents were **Hepatitis C** positive

38 of these decedents were known to use **drugs intravenously**



Decedent used tobacco

77%+



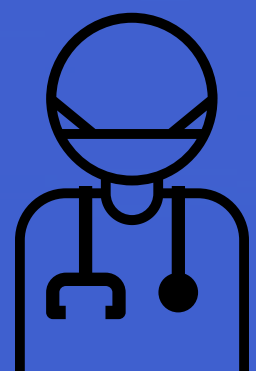
Decedent drank alcohol

57%+

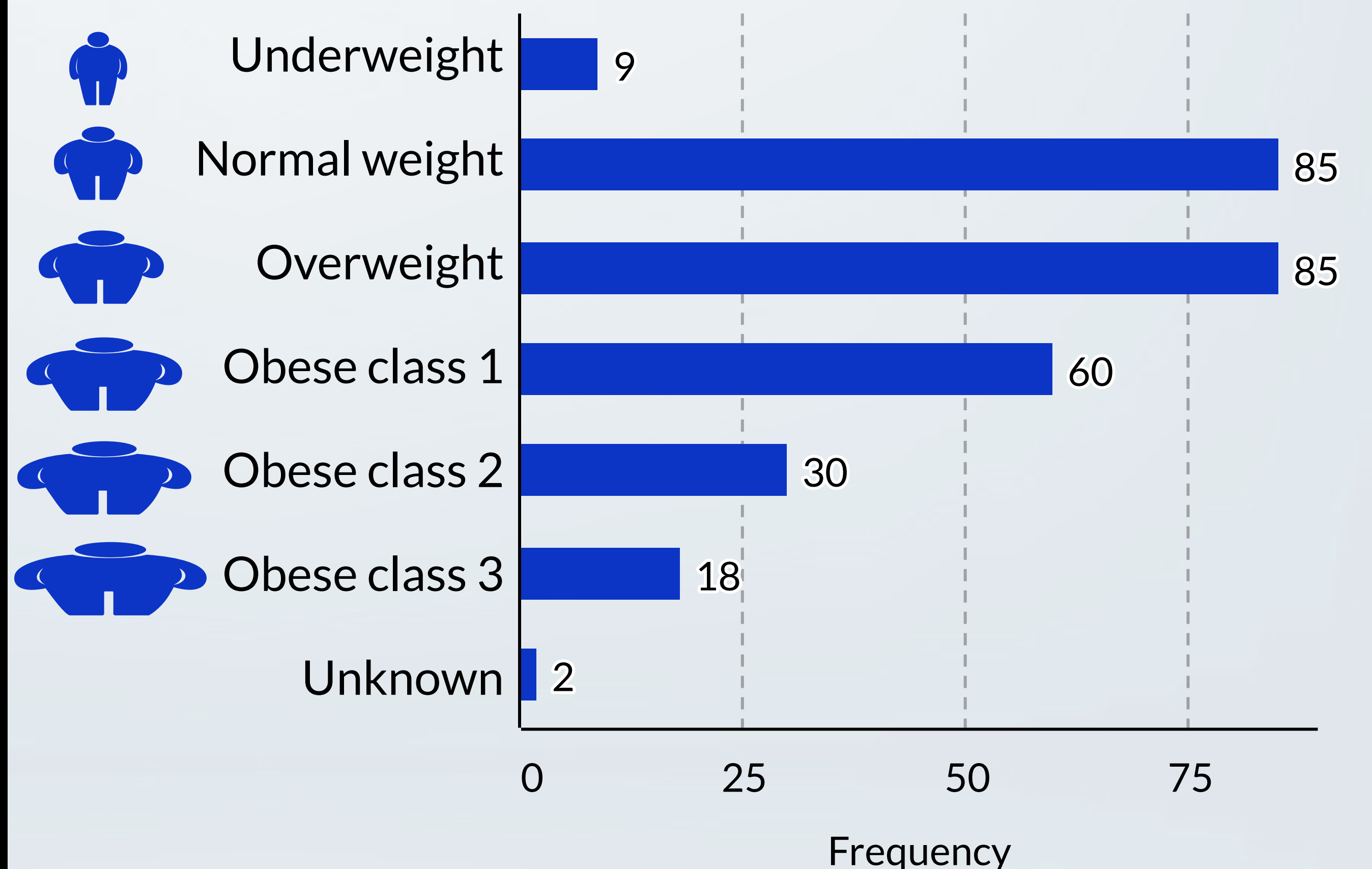


Decedent had a PCP

49%



BODY MASS INDEX (BMI)

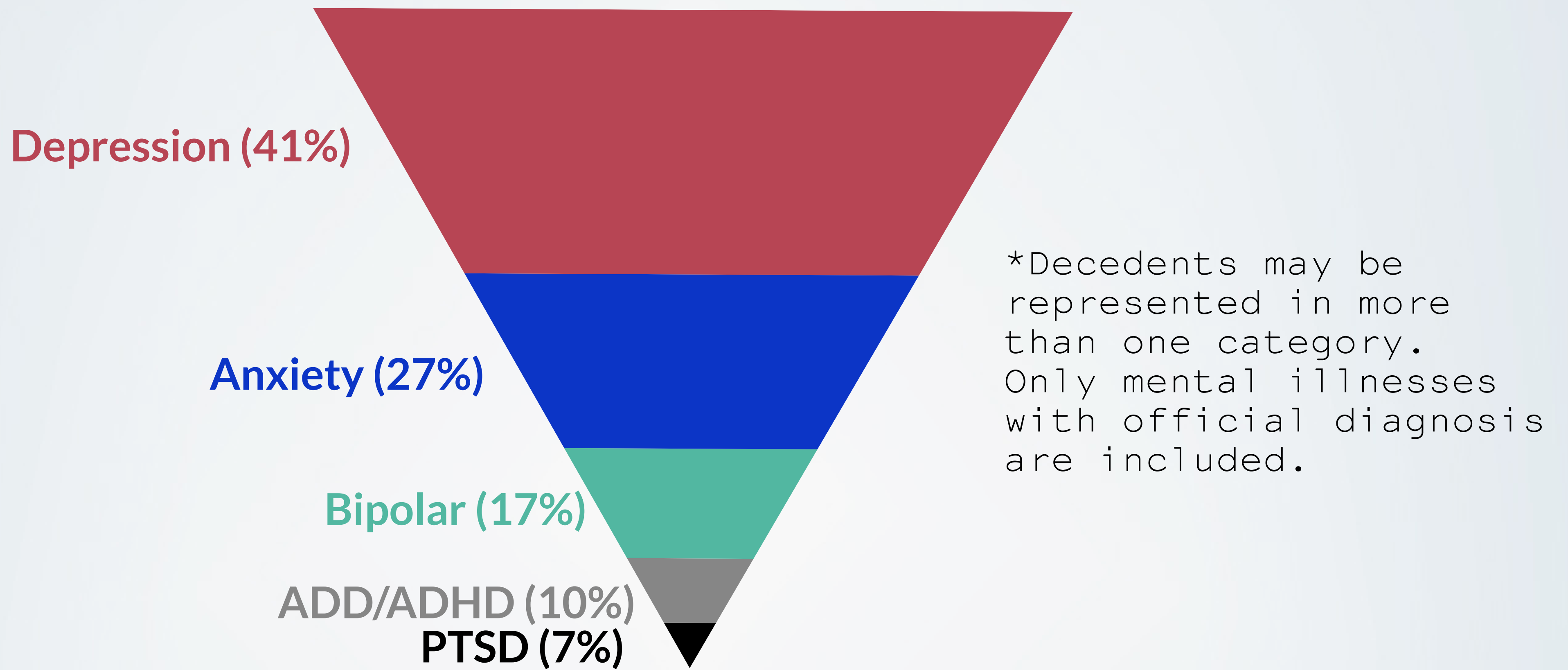


Deaths Related to Opioids and Other Drugs

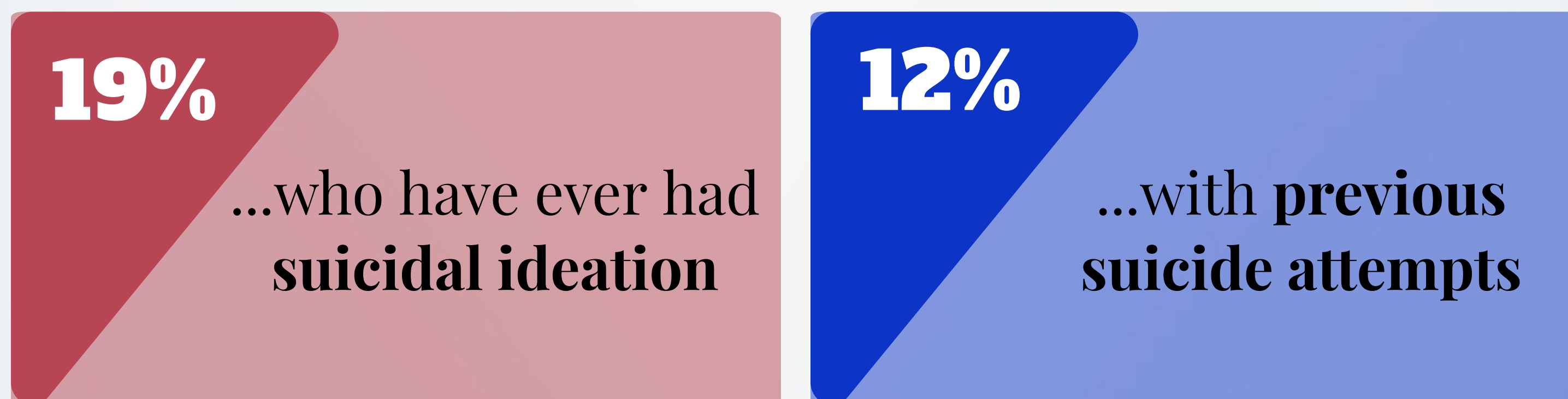
Allegan, Barry, Berrien, Calhoun, Grand Traverse, Kalamazoo, Leelanau, Mason, Muskegon, Osceola, St. Joseph, and Van Buren County

Mental Health Factors

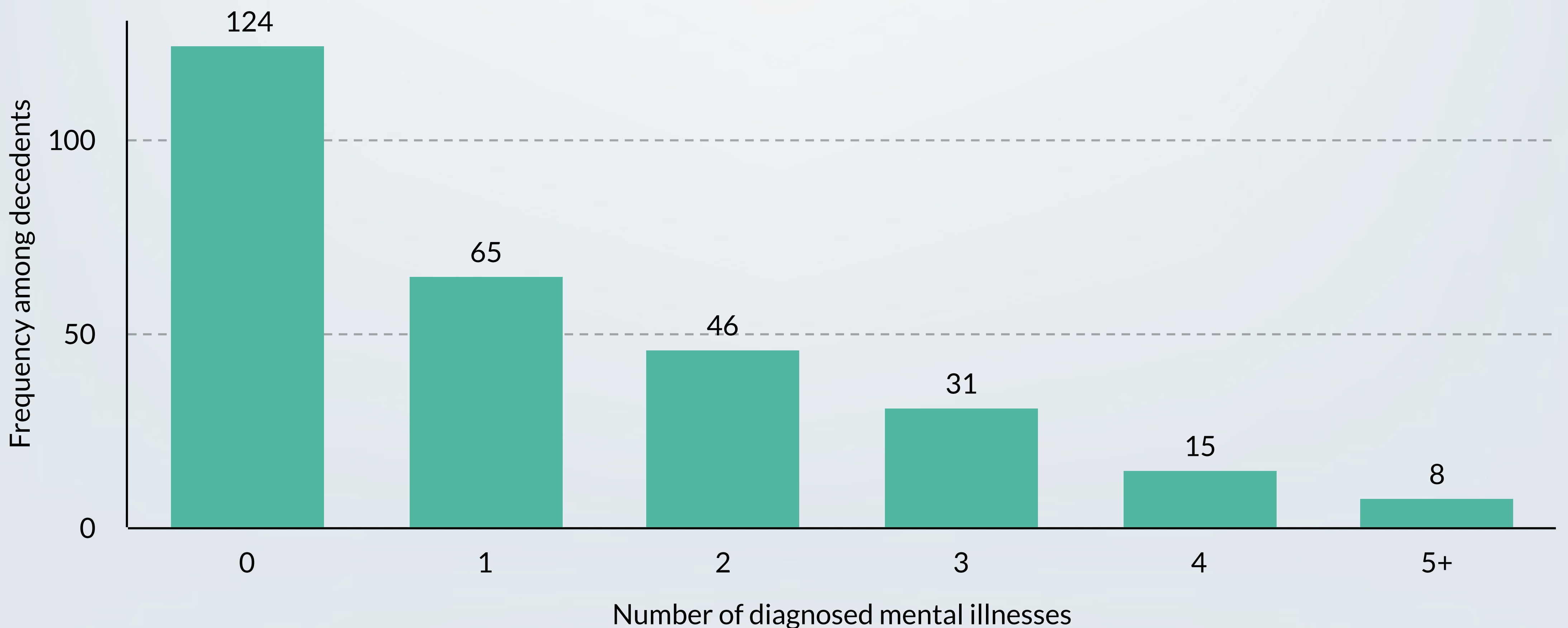
MOST PREVALENT MENTAL ILLNESSES*



PERCENTAGE OF DECEDENTS...



NUMBER OF DIAGNOSED MENTAL ILLNESSES AMONG DECEDENTS



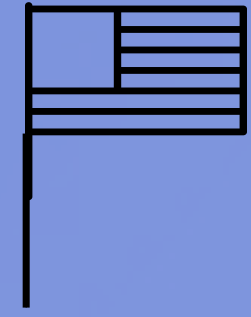
Deaths Related to Opioids and Other Drugs

Allegan, Barry, Berrien, Calhoun, Grand Traverse, Kalamazoo, Leelanau, Mason, Muskegon, Osceola, St. Joseph, and Van Buren County

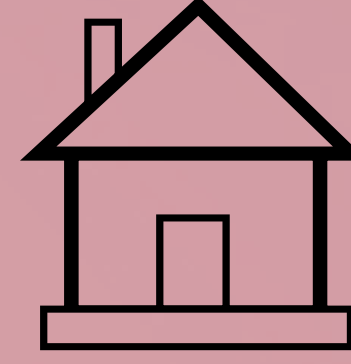
Social Factors

6%

Decedent was a **veteran**



13%



Decedent was **experiencing homelessness or insecure housing** at time of death

29%

Decedent has ever been **incarcerated**



56%



Decedents **ever incarcerated** were released in past 60 days

Children

DECEDENT HAD....

27%

Adult children only

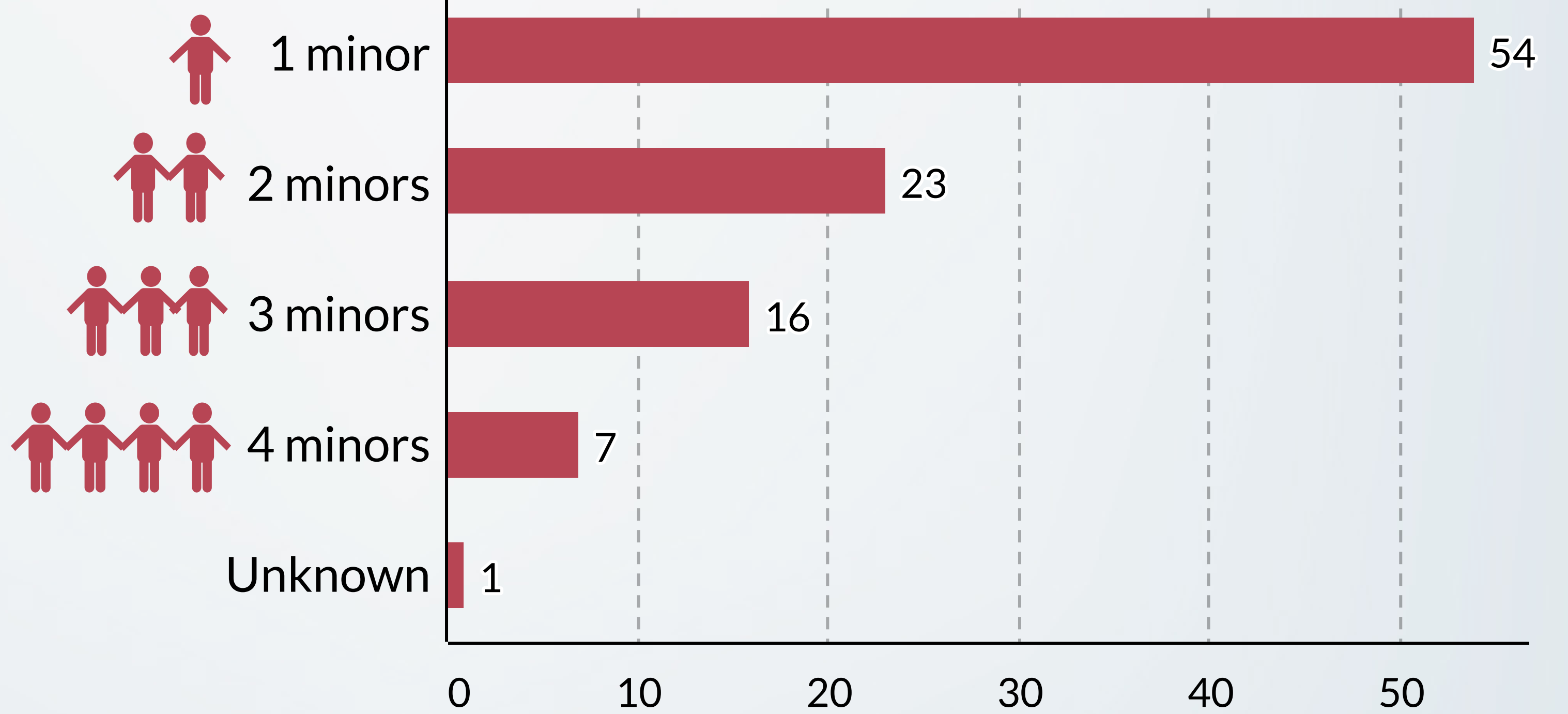
37%

At least one minor child

36%

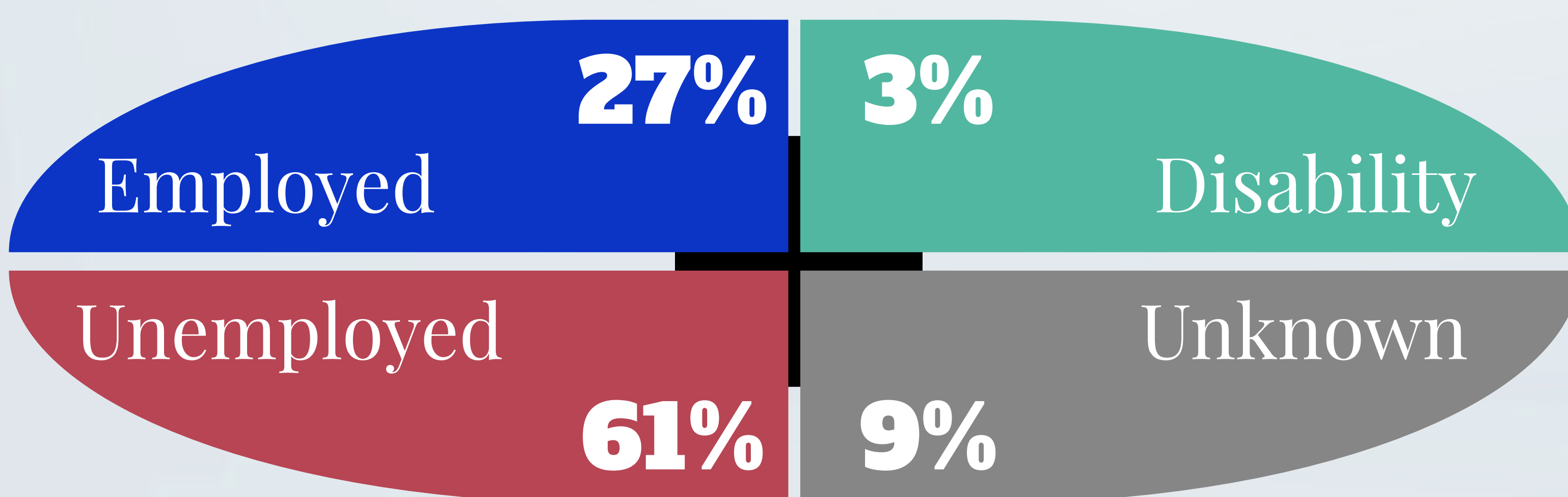
No children

NUMBER OF MINOR BIOLOGICAL CHILDREN



Frequency of decedents

EMPLOYMENT STATUS OF THOSE WITH MINOR CHILDREN



30 decedents lived with their minor child(ren) at time of death

Deaths Related to Opioids and Other Drugs

Allegan, Barry, Berrien, Calhoun, Grand Traverse, Kalamazoo, Leelanau, Mason, Muskegon, Osceola, St. Joseph, and Van Buren County

Substance Use History

At least **90%** of decedents were known to use or abuse substances

At least **47%** of those decedents used substances intravenously

At least **34%** of decedents have had at least one prior overdose

At least **59%** of those decedents have had two or more prior overdoses

At least **45%** of decedents were prescribed an opioid in the past two years

At least **26%** of decedents substance use started from an opioid prescription

RECOVERY HISTORY (N=260)*

36% Decedent has been to a **substance rehabilitation clinic** at least one time

10% Decedent was currently receiving or has received a form of medication-assisted treatment (MAT) in the past two years

36% Decedent was recently **substance free** in the past three weeks

SUSPECTED REASONS FOR RELAPSE**

35% Left jail/rehab **28%** Life stress*** **37%** Unknown

*ONLY Decedents known to use substances are included.

**These factors were mentioned by those close to the decedent for why they may have begun to use substances again after being substances free for at least three weeks.

***Life stress includes the death of someone close to the decedent; depression; fight with a significant other; job loss; lack of MAT; social circle influences; traumatic physical accident.

Deaths Related to Opioids and Other Drugs

Allegan, Barry, Berrien, Calhoun, Grand Traverse, Kalamazoo, Leelanau, Mason, Muskegon, Osceola, St. Joseph, and Van Buren County

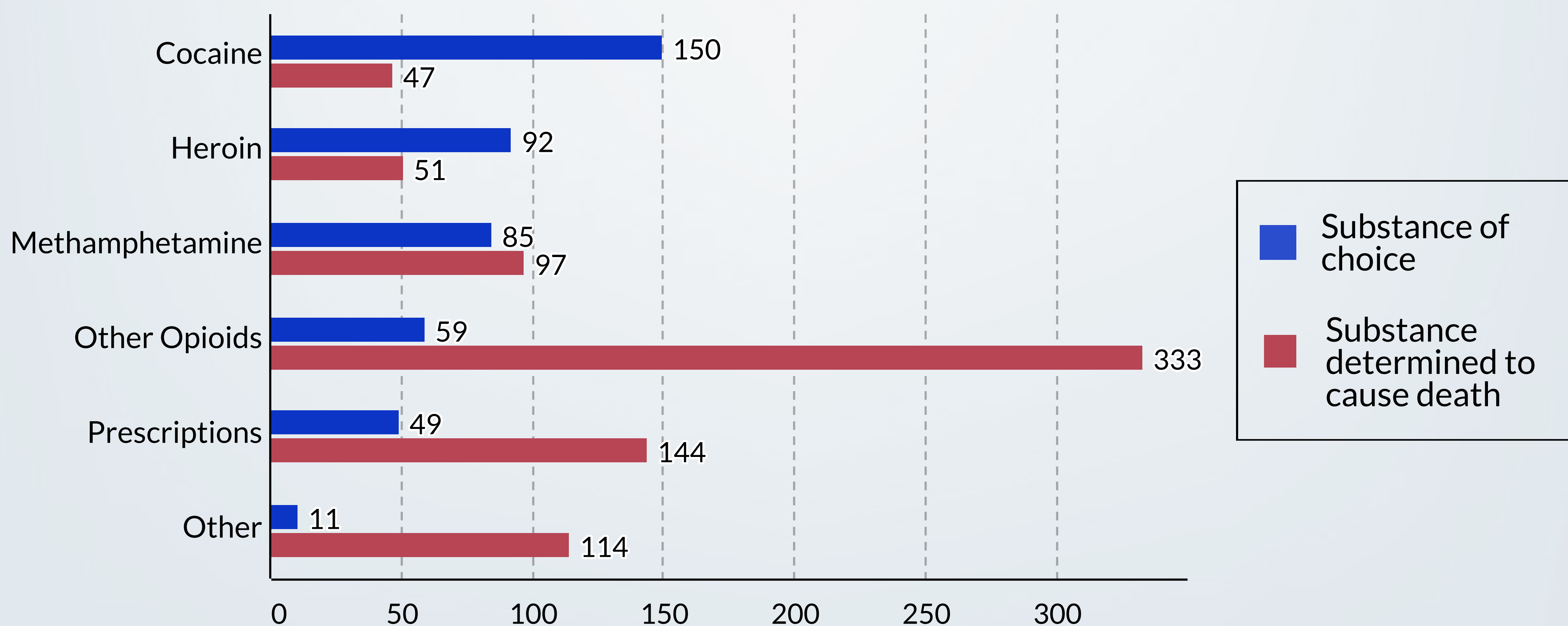
Substance Use History cont.

PREFERRED METHOD OF ADMINISTRATION*

	Male (N=183)	Female (N=77)	White (N=218)	Black (N=39)	Other* (N=3)	Total (N=260)
Intravenous	100/55%	37 /48%	127/58%	9/23%	1/33%	137/53%
Snort	50/27%	29/38%	65/30%	14/36%	0/0%	79/30%
Smoke	42/23%	20/26%	49/22%	12/31%	1/33%	62/24%
Transdermal	2/1%	1/1%	2/1%	1/3%	0/0%	3/1%
Huff	1/1%	2/3%	3/1%	0/0%	0/0%	3/1%
Oral	32/17%	22/29%	49/22%	4/10%	1/33%	54/21%
Unknown	21/11%	6/8%	20/9%	6/15%	1/33%	27/10%

*Decedent may have had more than one preferred method of administration. Only includes decedents with a substance use history.

DECEDENT'S SUBSTANCE(S) OF CHOICE VS. SUBSTANCE(S) THAT CAUSED DEATH*



*Decedent may have had more than one substance of choice and in their toxicology. NOTE: 12 decedents would use any substance available, 29 were not known to use substances, and no information about substance of choice was available for 7 decedents.

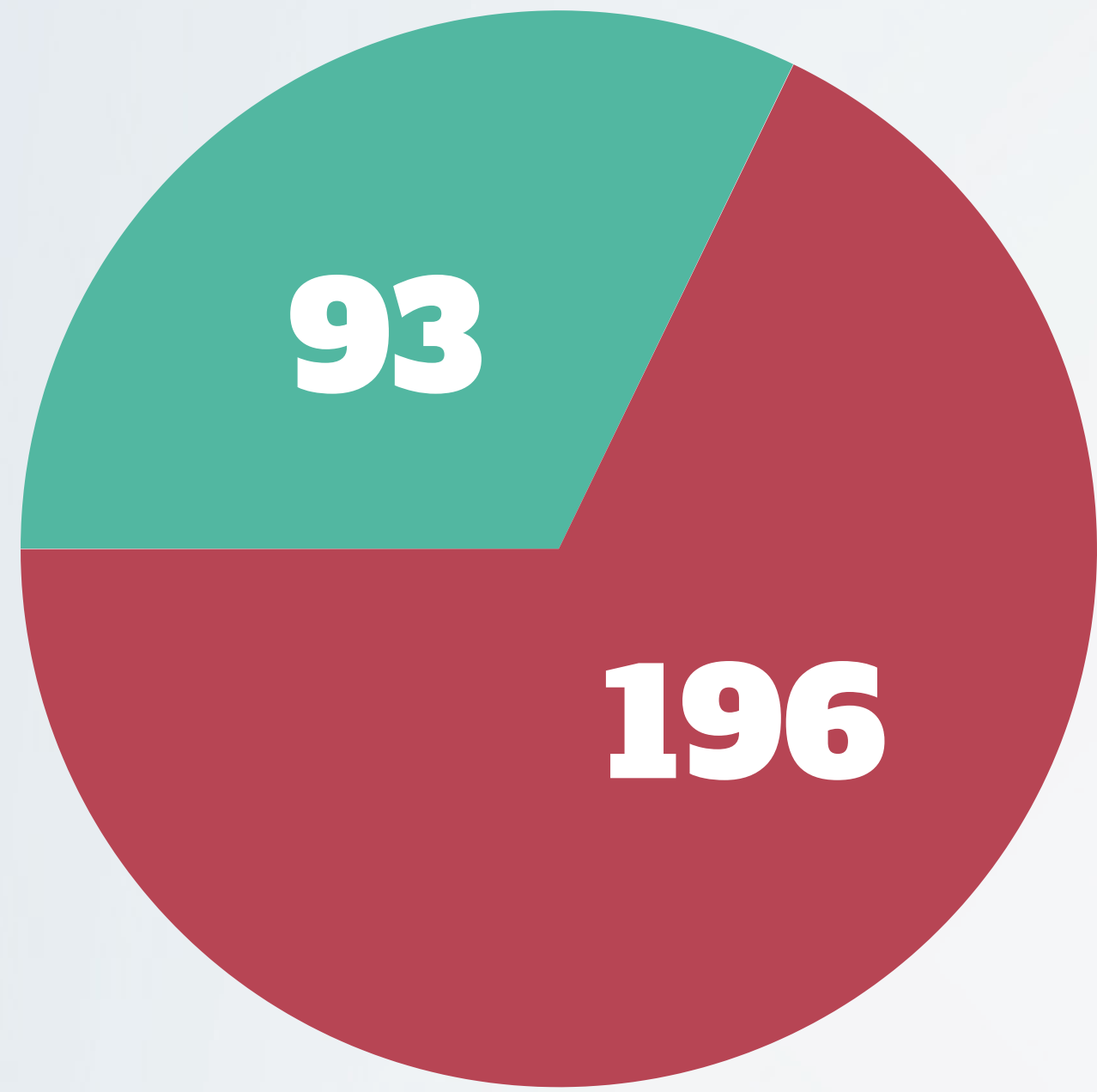
Prescriptions does not include opioids. Other includes antihistamines, cocaethylene, novel benzodiazepines ethanol, inhalants, ketamine, mitragynine, over-the-counter (OTC) drugs, psychedelics, and xylazine.

Deaths Related to Opioids and Other Drugs

Allegan, Barry, Berrien, Calhoun, Grand Traverse, Kalamazoo, Leelanau, Mason, Muskegon, Osceola, St. Joseph, and Van Buren County

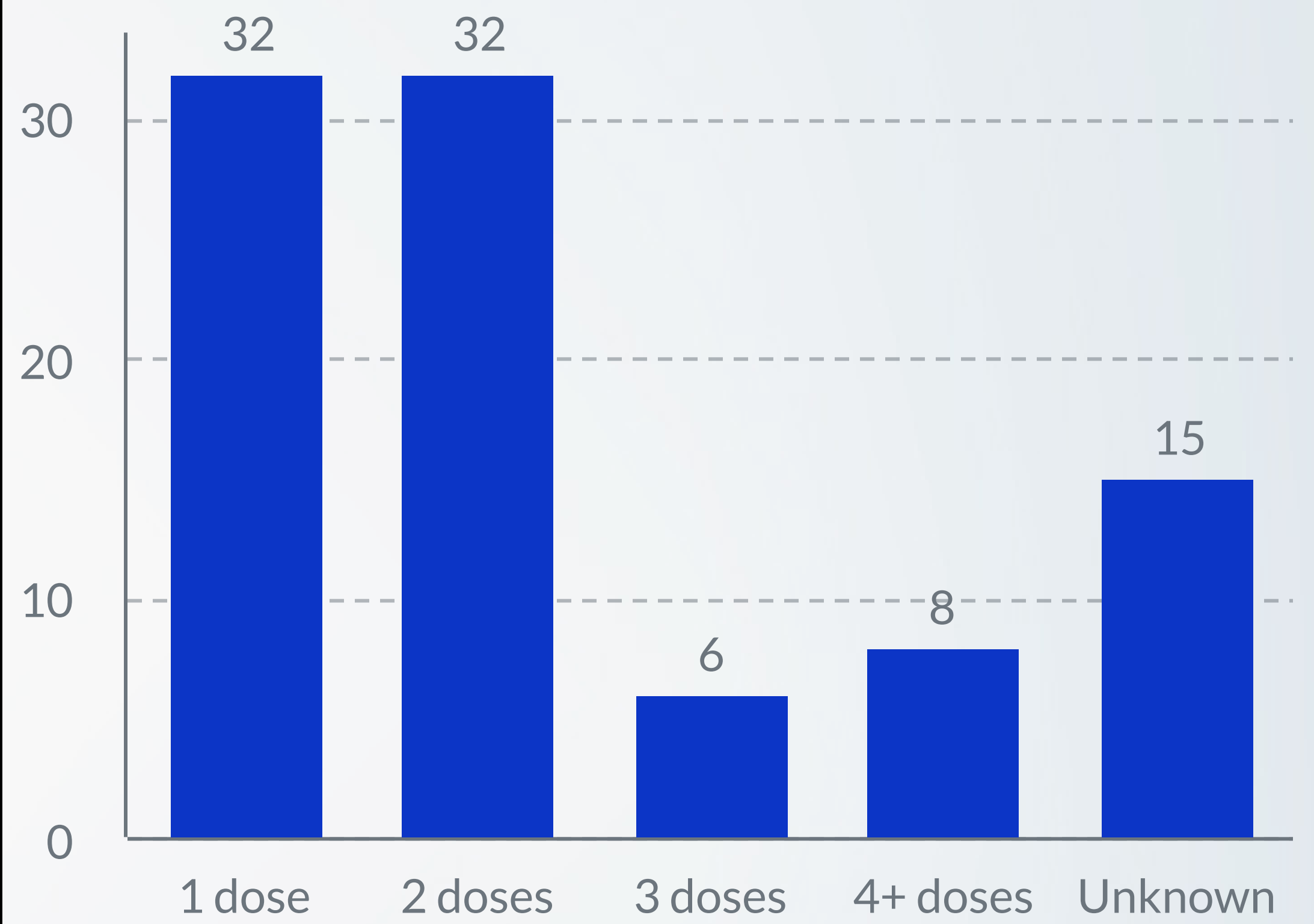
Naloxone Administration

NALOXONE ADMINISTRATION STATUS



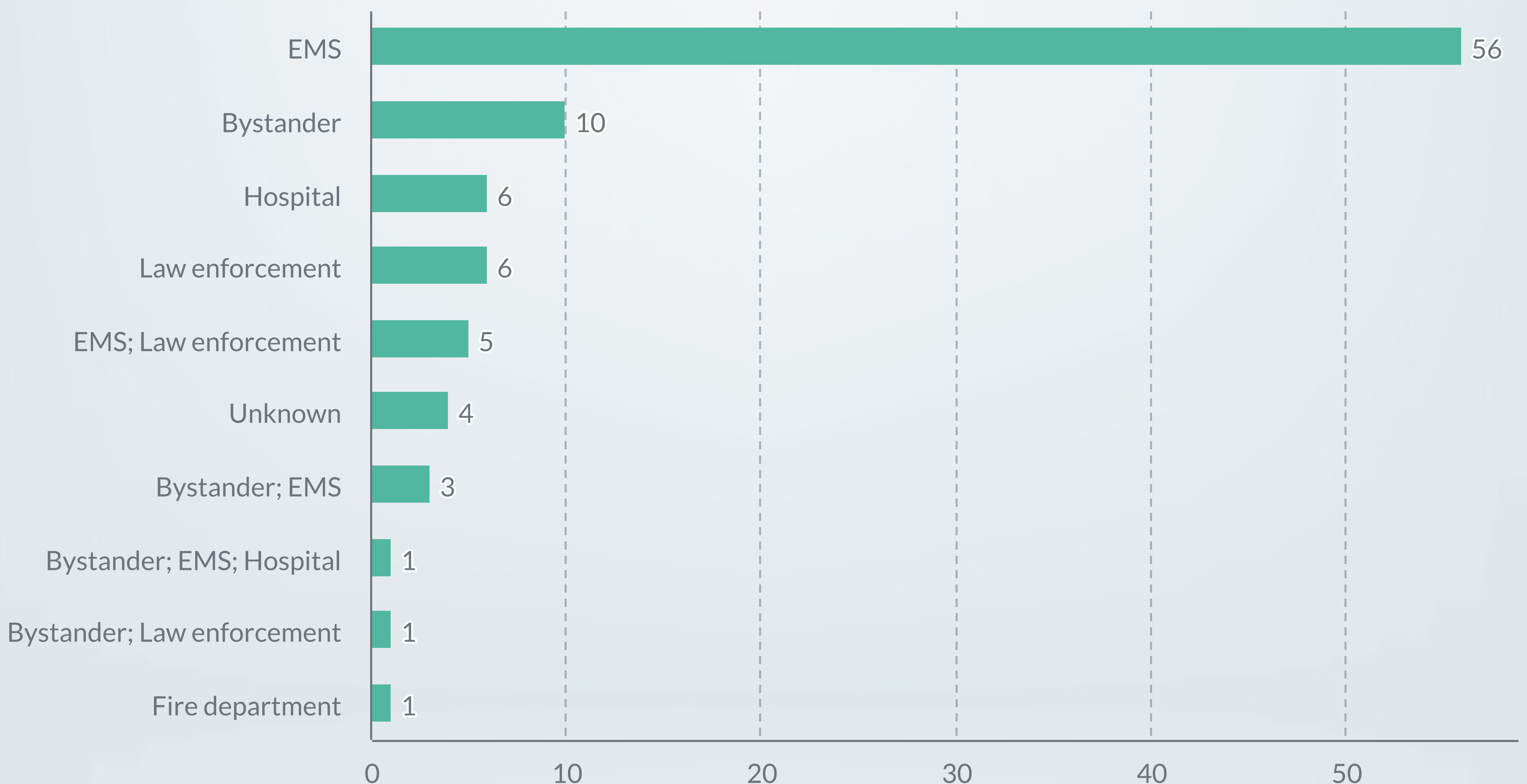
■ Naloxone administered
 ■ No Naloxone administered

HOW MANY DOSES (2 MG) OF NALOXONE WERE ADMINISTERED



19 decedents were given extensive resuscitative efforts (CPR, epinephrine, AED shock) but were not given Naloxone.

WHO ADMINISTERED NALOXONE?



Deaths Related to Opioids and Other Drugs

Allegan, Barry, Berrien, Calhoun, Grand Traverse, Kalamazoo, Leelanau, Mason, Muskegon, Osceola, St. Joseph, and Van Buren County

Death Scene Findings



33%
Were found
by **family**



82%
Used the fatal
substance(s)
alone



3%
Were found
by a **minor**



32%
Were given
Narcan



**Syringes and
suspected illicit
drugs** were the
most common
paraphernalia
found on scene



8%
Had Narcan on
scene and/or
were prescribed
Narcan



55%
Were dead
upon **EMS**
arrival



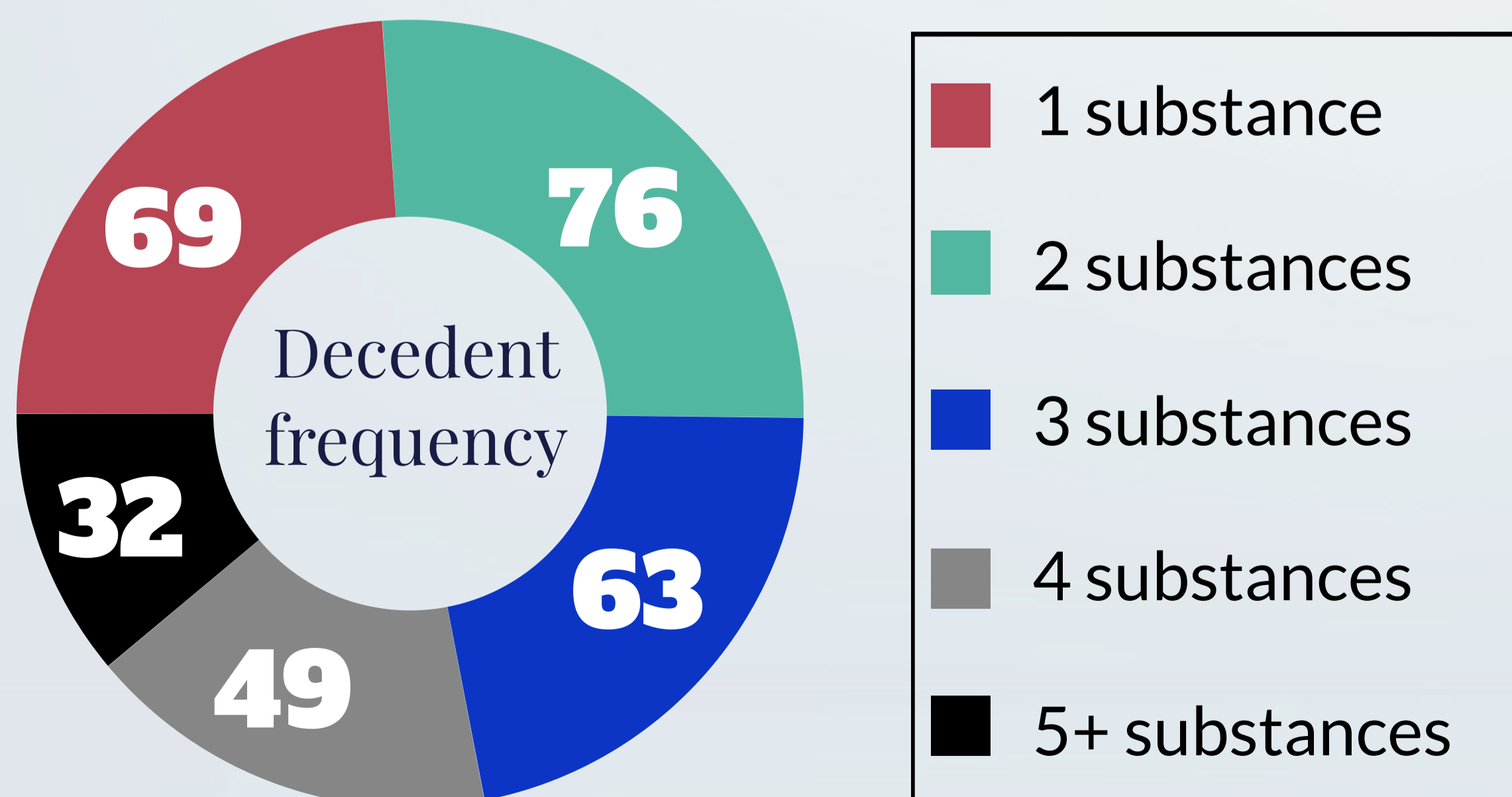
20%
Died at the
hospital



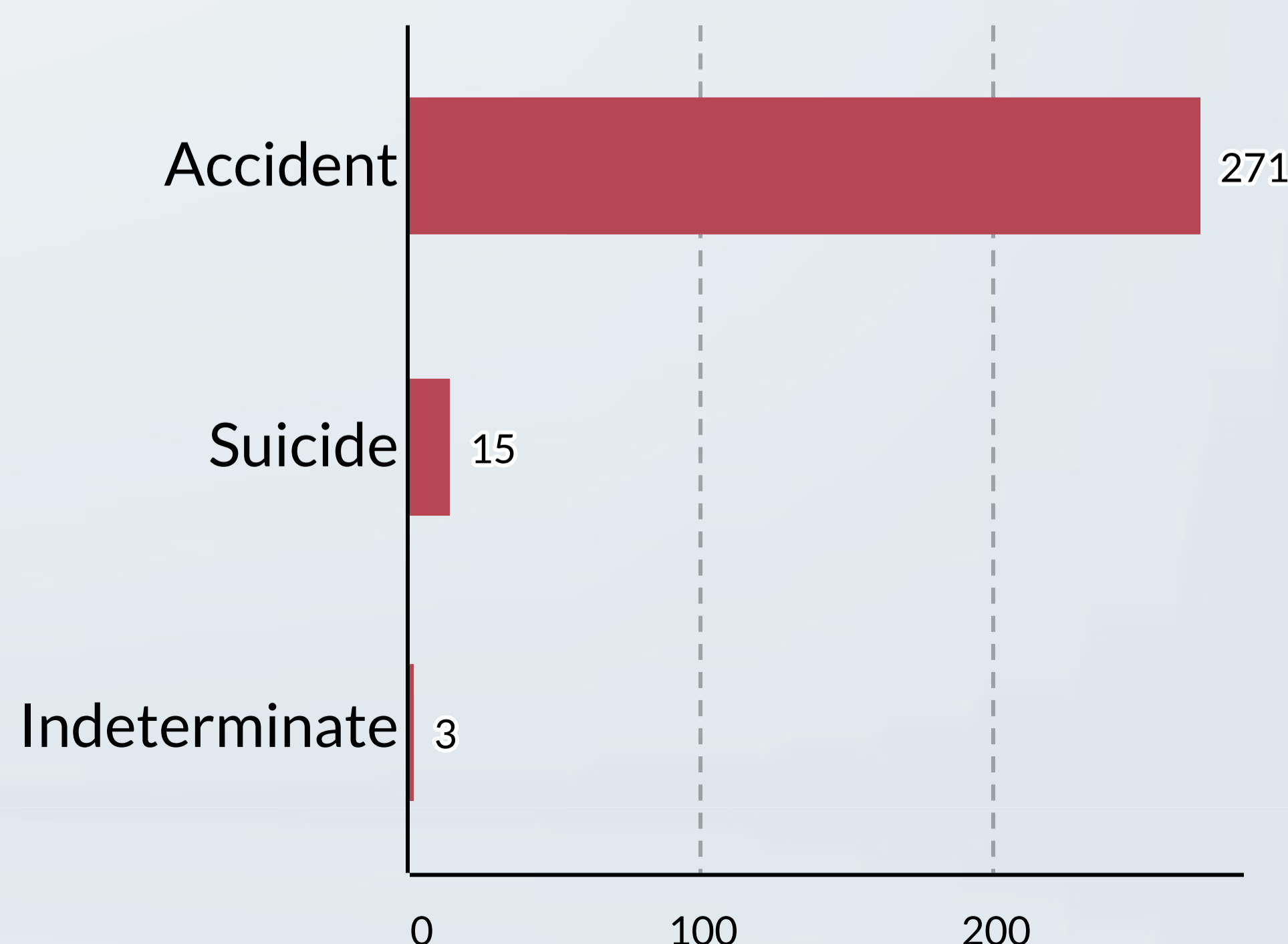
54%
Died at their
residence

Autopsy and Toxicology Results

**NUMBER OF SUBSTANCES
CONTRIBUTING TO DEATH**



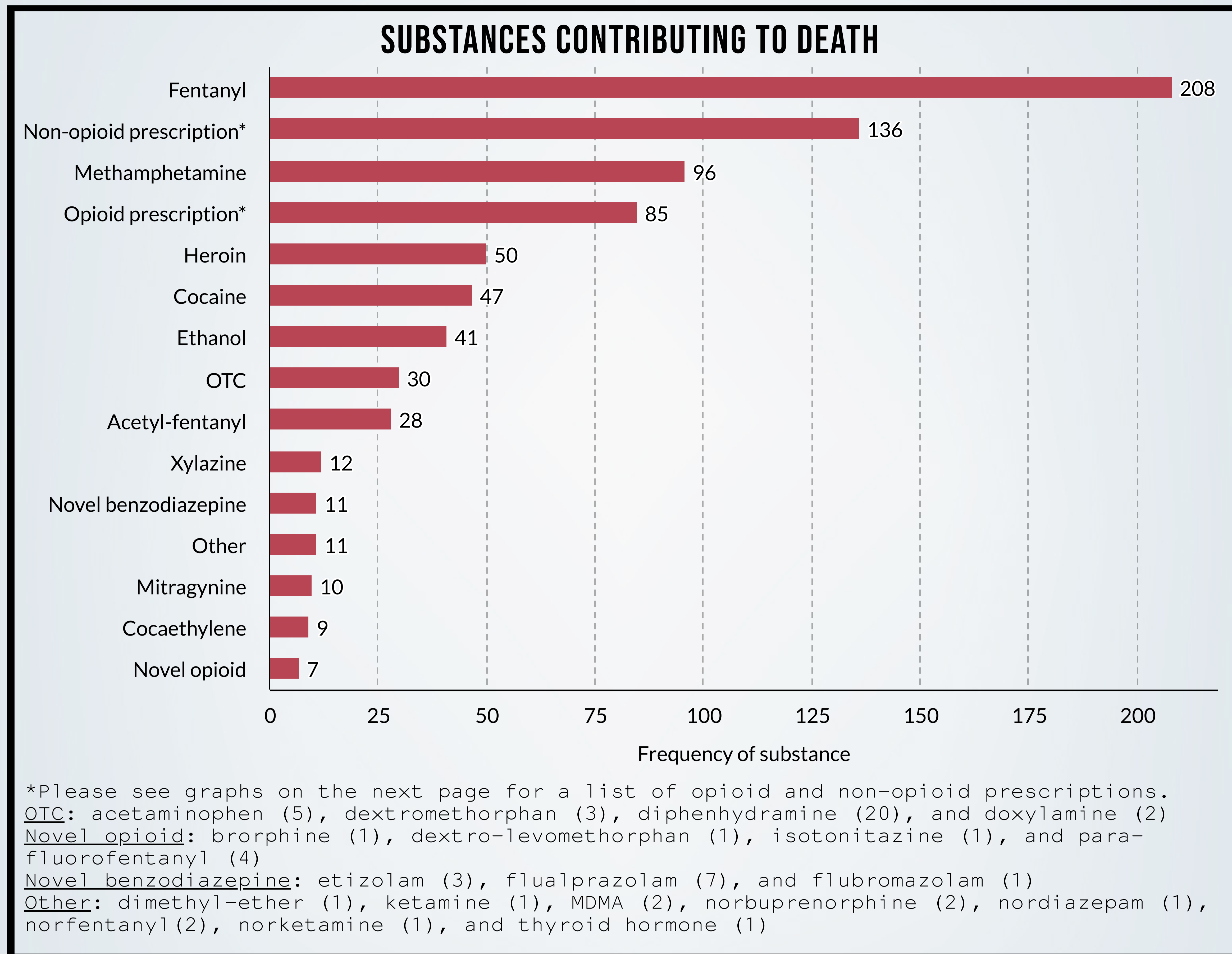
MANNER OF DEATH



Deaths Related to Opioids and Other Drugs

Allegan, Barry, Berrien, Calhoun, Grand Traverse, Kalamazoo, Leelanau, Mason, Muskegon, Osceola, St. Joseph, and Van Buren County

Substance Breakdown



HEROIN & FENTANYL

50 decedents had heroin in their toxicology

46 of these decedents also had fentanyl in their toxicology

XYLAZINE & FENTANYL

12 decedents had xylazine in their toxicology

All 12 of these decedents also had fentanyl in their toxicology

BENZODIAZEPINES & OPIOIDS

35 decedents had a benzodiazepine and an opioid in their toxicology

9 decedents were prescribed the opioid and benzodiazepine

METHAMPHETAMINE & OPIOIDS

75 decedents had methamphetamine and opioid(s) in their toxicology

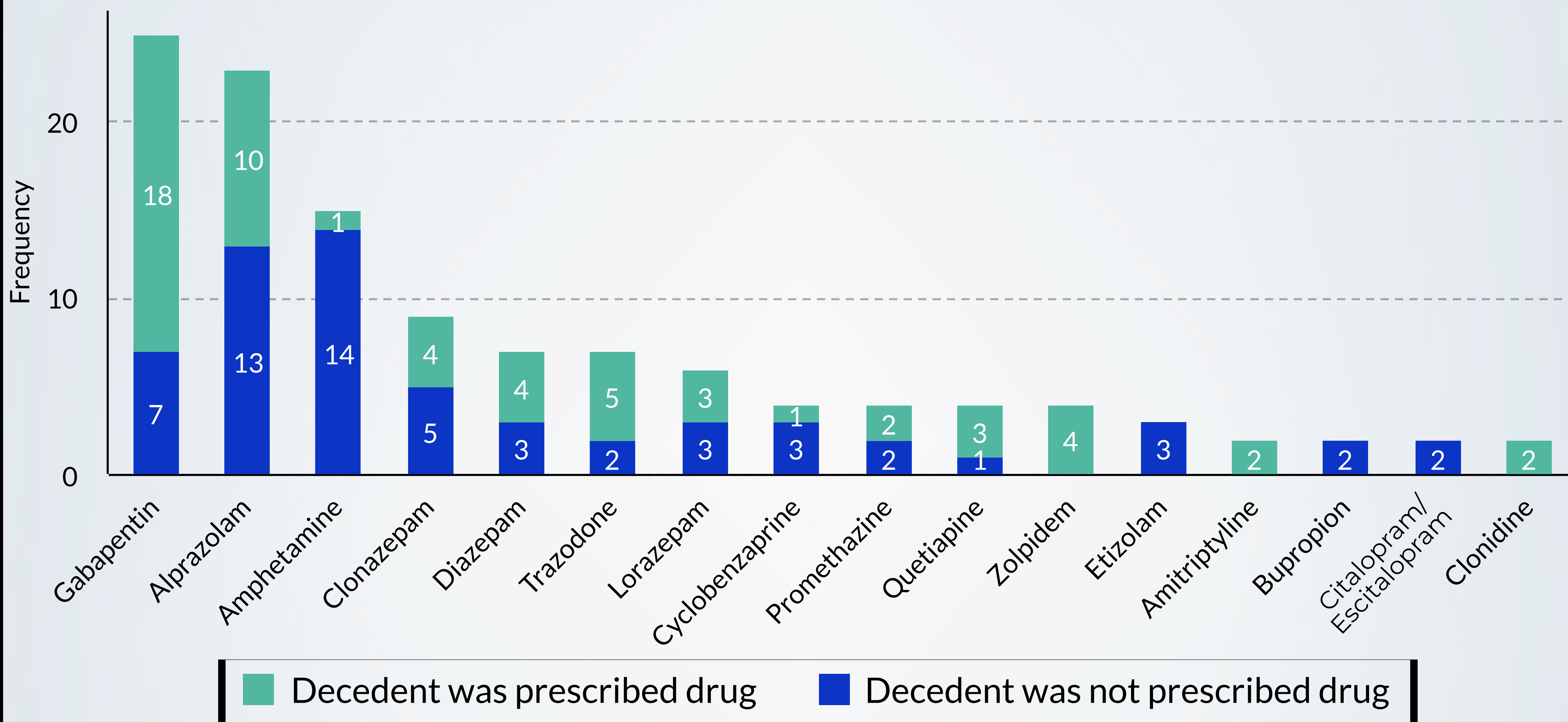
21 decedents had methamphetamine and heroin in their toxicology

Deaths Related to Opioids and Other Drugs

Allegan, Barry, Berrien, Calhoun, Grand Traverse, Kalamazoo, Leelanau, Mason, Muskegon, Osceola, St. Joseph, and Van Buren County

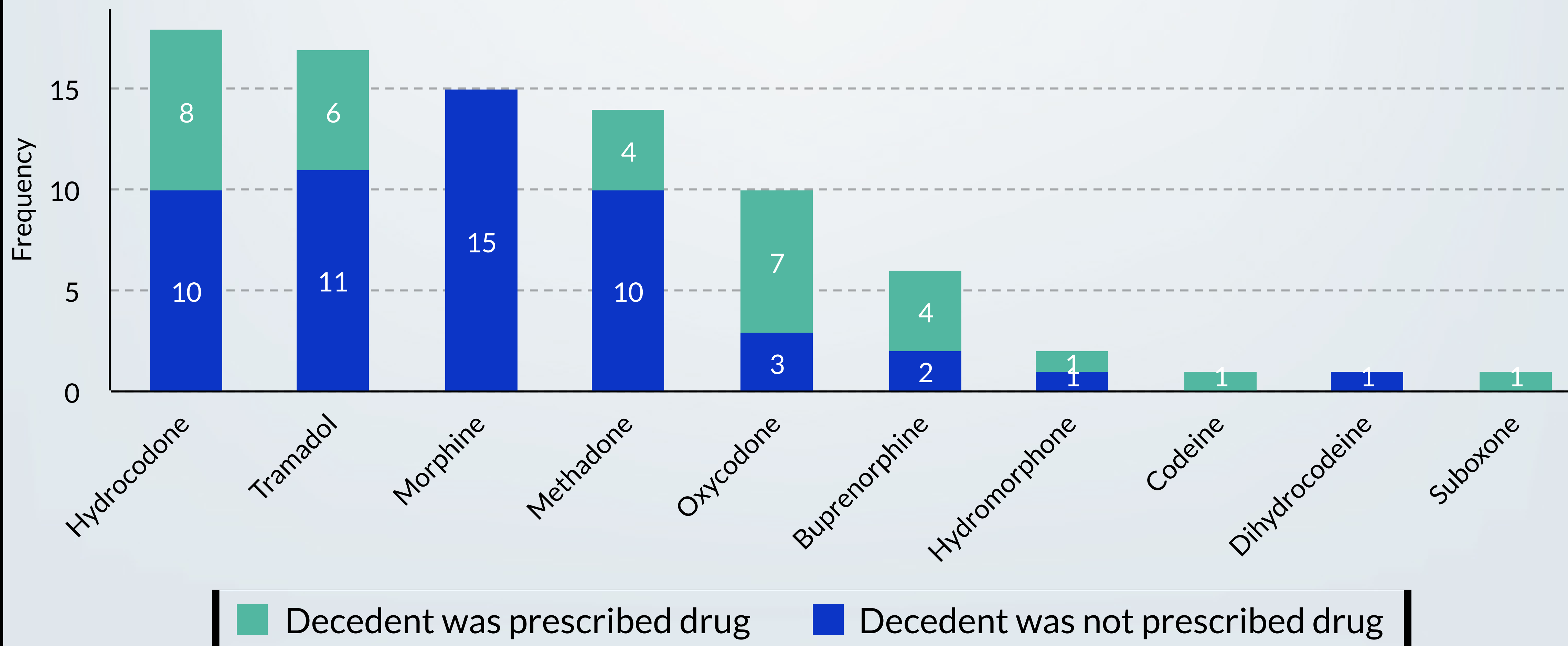
Autopsy and Toxicology Results, cont.

NON-OPIOID PRESCRIPTIONS PRESENT IN TOXICOLOGY



The following drugs were found one time in toxicology results:
Decedent was prescribed: chlordiazepoxide, glipizide, mirtazapine, orphenadrine, paroxetine, phentermine, risperidone, and temazepam
Decedent was not prescribed: benzodiazepine, clozapine, duloxetine, lurasidone, metoprolol, nortriptyline, olanzapine, sertraline, and valproic acid

OPIOID PRESCRIPTIONS PRESENT IN TOXICOLOGY



Note: Of the 208 decedents with fentanyl present in their toxicology, 4 decedents were prescribed fentanyl

Deaths Related to Opioids and Other Drugs

Allegan, Barry, Berrien, Calhoun, Grand Traverse, Kalamazoo, Leelanau, Mason, Muskegon, Osceola, St. Joseph, and Van Buren County

Highlights

OPIOIDS AND POSITIONAL ASPHYXIA

24% (58 of 242) of decedents who died of a combination of opioid and non-opioid substances were originally found in a **potentially airway asphyxiating position**

These positions include decedent drowning or decedent found face down on the floor, their bed, or on another surface

17% (8 of 47) of decedents who died of non-opioid substance(s) were originally found in a **potentially airway asphyxiating position**

Opioids depress the respiratory system and when coupled with positional asphyxia, there may be an increase risk of death. This MEO suggests that those who use substances not use alone and to ensure they are not at risk for slumping forward onto their face.

NOVEL SUBSTANCES

Flualprazolam

7 deaths

- Psychoactive substance similar in structure to alprazolam
- Was originally found in counterfeit alprazolam in Oregon
- Generally abused for sedative/hypnotic effects similar to clonazepam and alprazolam

Brorphine

1 death

- Opioid similar to fentanyl
- Death occurred in September in Van Buren
- Likely snorted indicated by straws found on scene
- Decedent had no known substance use history

Xylazine

12 deaths

- Only approved use is for veterinarian medicine in horses, cattle, etc.
- Used for sedation, anesthesia, muscle relaxation, and analgesia
- Analogue of clonidine (sedative and antihypertensive drug)

Para-Fluorofentanyl

4 deaths

- Analogue of fentanyl that causes similar effects to fentanyl
- No approved medical use in the United States
- This substance is beginning to contribute to more deaths in the United States and should be monitored closely in 2021

IMPACT OF COVID

There was a large increase in overdose deaths in 2020 (21% increase from 2019) but there was a particularly large increase from March-June (101% increase from March-June, 2019).

Current hypotheses:

There was an increase in **fentanyl** causing death: Approximately **50% of deaths in 2018 and 2019** were due to fentanyl and **72% of deaths in 2020** were due to fentanyl.

A large number of people were **released early from jail** from March-June. During these months, there were 133 overdose deaths where **13 decedents fatally overdosed within 3 weeks of being released from jail**.

Compounding effects of the pandemic including **unemployment, stress, and the shift in health care** access likely all contributed.

S T A T E O F M I C H I G A N

BOARD OF COMMISSIONERS OF THE COUNTY OF ALLEGAN

FINANCE - CLAIMS & INTERFUND TRANSFERS

WHEREAS, Administration has compiled the following claims for 7/16/21 and 7/23/21; and

WHEREAS, the following claims, which are chargeable against the County, were audited in accordance with Section 46.61 to 46.63, inclusive, M.C.L. 1970 as amended and resolutions of the Board; and

WHEREAS, said claims are listed in the 2021 Claims folder of the Commissioners' Record of Claims.

July 16, 2021

	TOTAL AMOUNT CLAIMED	AMOUNT ALLOWED	AMOUNT DISALLOWED
General Fund - 1010	181,833.38	181,833.38	
Park/Recreation Fund - 2080	4086.10	4086.10	
Central Dispatch/E911 Fund - 2110	45,583.19	45,583.19	
Central Dispatch CIP - 2118	41,796.39	41,796.39	
Friend of the Court Office - 2151	661.27	661.27	
Health Department Fund - 2210	24,593.91	24,593.91	
Solid Waste - 2211	4,068.56	4,068.56	
Transportation Grant - 2300	73,899.44	73,899.44	
Capital Improvement Fund - 2450	50,502.50	50,502.50	
Register of Deeds Automation Fund - 2560	818.25	818.25	
Indigent Defense - 2600	350,594.06	350,594.06	
Local Corrections Officers Training Fund - 2640	1,052.00	1,052.00	
Justice Training Fund -2660	1,224.66	1,224.66	
Grants - 2790	7,332.55	7,332.55	
Wayland Township - 2806	1,006.89	1,006.89	
Sheriff Contracts - 2807	36.50	36.50	
Child Care-Circuit/Family - 2921	59,198.93	59,198.93	
Senior Millage - 2950	126,604.53	126,604.53	
Fitness Center Fund - 2961	120.00	120.00	
Drain Equip Revolving - 6390	319.71	319.71	
Fleet Management - 6612	234.00	234.00	
Self-Insurance Fund - 6770	21,143.57	21,143.57	
Drain Fund - 8010	57,341.50	57,341.50	
TOTAL AMOUNT OF CLAIMS	\$1,054,051.89	\$1,054,051.89	

July 23, 2021

	TOTAL AMOUNT CLAIMED	AMOUNT ALLOWED	AMOUNT DISALLOWED
General Fund - 1010	83,496.53	83,496.53	
Park/Recreation Fund - 2080	80.00	80.00	
Central Dispatch/E911 Fund - 2110	634.81	634.81	
Friend of the Court Office - 2151	73.49	73.49	
Health Department Fund - 2210	5,679.91	5,679.91	
Solid Waste - 2211	46,315.17	46,315.17	
Transportation Grant - 2300	2,115.07	2,115.07	
Brownfield Redevelopment Auth - 2430	12,575.00	12,575.00	
Capital Improvement Fund - 2450	397,926.79	397,926.79	
Register of Deeds Automation Fund - 2560	199.35	199.35	
Indigent Defense - 2600	29,938.90	29,938.90	
Concealed Pistol Licensing Fund - 2635	115.50	115.50	
Child Care-Circuit/Family - 2921	12,531.23	12,531.23	
Senior Millage - 2950	52,800.47	52,800.47	
Tax Reversion - 6200	769.54	769.54	
Fleet Management - 6612	490.36	490.36	
Self-Insurance Fund - 6770	138,291.26	138,291.26	
TOTAL AMOUNT OF CLAIMS	\$784,033.38	\$784,033.38	

THEREFORE BE IT RESOLVED that the Board of Commissioners adopts the report of claims for 7/16/21, 7/23/21 and interfund transfers.

S T A T E O F M I C H I G A N

BOARD OF COMMISSIONERS OF THE COUNTY OF ALLEGAN

**AREA AGENCY ON AGING OF WESTERN MICHIGAN (AAAWM)—APPROVE
ANNUAL IMPLEMENTATION PLAN (AIP) FY2022**

WHEREAS, in August of 2021 the State Commission on Services to the Aging will be securing funds for services and programs to help older adults within Region 8 (Counties of Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Newaygo, and Osceola) for the period from October 1, 2021 to September 30, 2022; and

WHEREAS, the AAWM Board of Directors accepted the AIP on June 28, 2021, and has submitted it to the Allegan County Board of Commissioners for review and approval before August 2, 2021; and

WHEREAS, on July 21, 2021, the Allegan County's Commission on Aging (COA) reviewed this plan.

THEREFORE BE IT RESOLVED, that in accordance with all statutes and policies governing the AAWM, the Allegan County Board of Commissioners supports the AIP for FY2022 as presented.



ALLEGAN COUNTY
REQUEST FOR ACTION FORM

Completed RFA form must be attached to a work order request through the Track-It System. If you have any questions regarding this process, please contact Administration @ ext. 2633.

RFA#: _____

Date: June 28, 2021

Board Approval: Items historically done on a periodic basis or Proclamations, directly to Board for action; Political positions require Board discussion.

Request Type Routine Items
Department Requesting Senior Services
Submitted By Sherry Owens
Contact Information (269) 686-5144

Description

The Area Agency on Aging of Western Michigan (AAAWM) is requesting Board of Commissioner approval of their Annual Implementation Plan (AIP). The Commission on Aging will review this plan and make recommendation on Wednesday, July 21, 2021; however the AAWM timeline requires this action take place prior to July 28, 2021.

**A R E A
AGENCY
ON AGING
OF WESTERN
MICHIGAN**

The Source for Seniors

**EXECUTIVE
COMMITTEE**

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Bill Routley

VICE CHAIRPERSON
Farilyn Burns

SECRETARY
Carol Hennessy

TREASURER
Synthia LaBelle

MEMBER-AT-LARGE
Ancy Nielsen

**ADVISORY COUNCIL
CHAIRPERSON**
Robert Sundholm

EXECUTIVE DIRECTOR
Debbie O'Connor

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Stacy Weger

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Tom. Ken DeLaat
Synthia LaBelle

OSHTON COUNTY
Tom. Timothy Mitchell
Richard Karns

CITY OF GRAND RAPIDS
Tom. DeVries
Tom. Milinda Ysasi

June 28, 2021

Jim Storey
Allegan County Board of Commissioners
Allegan County Building
113 Chestnut Street
Allegan, MI 49010

Dear Mr. Storey,

Enclosed is a copy of the Area Agency on Aging of Western Michigan's (AAAWM) proposed Annual Implementation Plan for fiscal year 2022. You may access an electronic copy at AAAWM.org "About Us" -> "Plans"

When approved by the State of Michigan Commission on Services to the Aging in August 2021, the AIP secures funding for services and programs to help older adults in Allegan County from October 1, 2021 to September 30, 2022.

The AIP was accepted by our Board of Directors as its June 28th, 2021 meeting. You are represented on that Board by one commissioner and one private citizen from your county.

We respectfully request your County Commission's written approval of this Plan. Responses must be received by AAWM on or before August 2nd, 2021. If we have not been contacted by that date, we will assume the County Commission's implied approval of the FY 2022 AIP.

Please send your response to:

Anne Domanski
AAAWM
3215 Eaglecrest Drive NE
Grand Rapids, MI 49525

Alternatively, you can email a response to: anned@aaawm.org

If the Commission does not support the AIP, please let me know. If there are any questions please feel free to contact me. I can be reached via email at anned@aaawm.org, fax at 616-456-5692, or by phone at 616-222-7015.

Sincerely,



Anne Domanski
Advocacy Coordinator and Grant Writer

Cc: Bob Genetski - County Clerk, ~~Rob Sarro~~ - County Administrator
Director of Allegan Senior and Veteran Services - Sherry Owens
AAAWM Board of Directors - Stuart Peet, Rick Cain,
AAAWM Advisory Council Members - Thomas Peelle, Natalie Van Houten

Mission: Provide older persons and persons with a disability an array of services designed to promote independence and dignity in their homes and their communities.

Allegan County Board of Commissioners

AAAMW FY 2022 AIP Summary

The Annual Implementation Plan (AIP), is quite a collaborative effort. Really touching each department here at AAAMW.

The Plan highlighted some successes from this past year and fiscal year 2021. In particular, concerning the adjustments made due to the Covid-19 Pandemic.

Successes:

From changing how meals are delivered, to transportation, and even remote training for caregivers, it has been an all hands-on-deck experience.

Challenges:

One is simply fatigue from loved ones unable to attend day programs or gather and enjoy congregate meals.

The Pandemic put real stress on caregivers – both family caregivers and home health staff.

The shortage of Direct Care Workers (DCW) created all kinds of havoc. The continued shortage does pose a threat to the home and community-based care model. It is a real crisis, and this is mentioned in the report.

Positives:

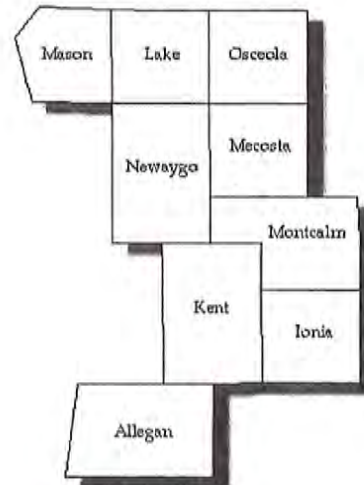
There are a few positives moving forward. The Diversity, Equity, and Inclusion mandate is taken seriously and growing in development. AAAMW created an internal committee to research these issues and make recommendations to the broader staff.

Four (4) staff members will be attending training at the state headquarters in the fall and winter months. The trainings will be 4 half day sessions. Once these staff have completed the training, the remaining AAAMW staff can be trained as well.

One new service that was added last fiscal year, but not fully developed due to the Covid-19 Pandemic, is Options Counseling. There is renewed effort to further develop that service, and funding has been set aside for it.

All in all, getting the Annual Implementation Plan together is a lengthy process. The final full length plan is schedule to be submitted June 28, 2021 after the AAAMW Board gives their approval.

2020-2022 Multi Year Plan
FY 2022 Annual Implementation Plan
Area Agency on Aging of Western Michigan



Planning and Service Area
Allegan, Ionia, Kent, Lake,
Mason, Mecosta, Montcalm,
Newaygo, Osceola

**Area Agency on Aging of Western
Michigan, Inc.**

3215 Eaglecrest Dr., NE
Grand Rapids, MI 49525
616-456-5664 (phone)
888-456-5664 (toll-free)
616-456-5692 (fax)
Jackie O'Connor, Executive Director
www.aaawm.org

Field Representative Laura McMurtry
McMurtryL@michigan.gov
517-284-0174

STATE OF MICHIGAN
Michigan Department of Health & Human Services
AGING AND ADULT SERVICES AGENCY

FY2020-2022 Multi Year Plan

FY 2022 Annual Implementation Plan

Area Agency on Aging of Western MI, Inc.

FY 2022

Table of Contents

Executive Summary	1
County/Local Unit of Government Review	5
Public Hearings	6
Regional Service Definitions	9
Access Services	10
Direct Service Request	13
Regional Direct Service Request	15
Approved MYP Program Development Objectives	17
2022 Program Development Objectives	22
Supplemental Documents	23

STATE OF MICHIGAN
Michigan Department of Health & Human Services
AGING AND ADULT SERVICES AGENCY

FY2020-2022 Multi Year Plan

FY 2022 Annual Implementation Plan

Area Agency on Aging of Western MI, Inc.

FY 2022

Executive Summary

Include a brief description of the planning and service area and any significant changes to the current area plan: (A) Any significant new priorities, plans or objectives set by the area agency for the use of Older Americans Act (OAA) and state funding during FY 2022. If there are no new activities or changes, note that in your response. (B) Include changes, if any, to the access, in-home and community-based services and supports provided within the plan. (C) Address the agency's response to the COVID-19 pandemic emergency, including a description of the challenges and continuing needs brought on by this emergency. (D) Current information about contingency planning for potential reduced federal funding (if plans include the pursuit of alternative funding, identify specific funding sources). (E) A description of progress made through advocacy efforts to date and focus of advocacy efforts in FY 2022.

Include a brief description of the planning and service area and any significant changes to the current area plan:

The mission of the Area Agency on Aging of Western Michigan (AAAWM) is to provide older persons and persons with a disability an array of services designed to promote independence and dignity in their homes and their communities.

AAAWM strives to be recognized as the expert in quality person-centered programs within the West Michigan community by utilizing funding from the Older Americans Act (OAA), Kent County Senior Millage, and other resources. As the leader of older adult service development, we are the ultimate informational source for valued adult services.

The Planning Service Area (PSA) for AAWM Region 8 is made up of the following nine counties: Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Newaygo, and Osceola.

AAAWM has a dedicated and experienced staff with expansive knowledge of the aging process and aging network. Through decades of retention, AAWM staff and Service Partners are committed to providing high quality, innovative and person-centered services to seniors and those with disabilities.

AAAWM has long been a "best-kept secret" in West Michigan. It is common for older adults and their families to seek out information concerning services and supports only after facing a crisis situation. To help navigate this situation and educate the public, we have instituted marketing initiatives that directly tie into increased community awareness and coordinating with partners to optimize service delivery during the ongoing pandemic. This continues to be done through social media posts, email newsletters, articles, virtual events, and media interviews.

As an example, our WZZM 13 On Your Side Sandwich Generation Sponsorship wrapped up in November 2020. This 12-month program was a large success and included a commercial, monthly interview segments, featured branded articles, and display ads. Our 30 second commercial aired 193 times and received 613,000 unique impressions (watched by an individual) throughout the year. As of March 2021, we again are

STATE OF MICHIGAN
Michigan Department of Health & Human Services
AGING AND ADULT SERVICES AGENCY

FY2020-2022 Multi Year Plan

FY 2022 Annual Implementation Plan

Area Agency on Aging of Western MI, Inc.

FY 2022

taking part in a similar sponsorship with WZZM that will run through December 2021. This and other partnerships have expanded outreach to older adults, their caregivers, family and friends who otherwise may not have known about AAAMM or the array of services available.

Fiscal Year 2022

AAAMM's primary focus for FY 2022 may continue to be affected by the Covid[1]19 pandemic. Regardless of the extent or aftermath of the pandemic, services will continue. AAAMM supports its Service Partners as they tirelessly navigate new and innovative ways to ensure older adults can remain safely in their own homes and communities. This also includes addressing pandemic fatigue among Service Partners and AAAMM Staff. Mental health trainings will begin in the summer of 2021.

As such, AAAMM will focus on those services that are most critical to the health and well-being of older adults. Nutrition, Transportation, and In-Home Services, as well as Caregiver Support and Care Management are priority. AAAMM will persist in implementing innovative ideas for service delivery.

Challenges, Changes, and Adaptations

Before the pandemic, the minimal amount of Personal Protective Equipment (PPE) that was needed was readily available for those staff who required the use of such equipment in the home. Although in-home caregivers have always practiced safe and sanitary care, more shielding PPE is now needed than originally required for all tasks. Partners are challenged with a new expense, additional time performing tasks and restrictive movement.

Technology has allowed most staff to work from home. With the addition of new laptops, Microsoft Teams, and ZOOM, many staff have been able to adapt and find a new normal with day-to-day communication, connecting to colleagues and Service Partners. These technologies have made a big difference in allowing staff to stay in touch, "see" each other, and also have group meetings virtually. Teams has allowed AAAMM staff to have their office phones on their computer. Once back to the office, the office phone sitting on a desk will be a thing of the past.

Isolation and loneliness have long been an ongoing issue for older adults. The Covid-19 pandemic has exacerbated the issue, confining many older adults to their homes with little opportunity for interaction with others. Additionally, family caregivers are also facing new challenges. Those living with their loved one may feel extra stress and have less access to respite opportunities creating fatigue. Some who care for loved ones and do not share a home, face the additional stressors of managing care from a distance and navigating a new and changing system of service delivery.

The number of qualified Direct Care Workers who provide a vital service to help our aging and disability community remain at home, has reached a crisis. Due to the overwhelming number of women who work in the field, many have needed to stay home during the pandemic to care for children who might otherwise be in school. With a shortage of workers within this economic bracket community-wide, the resource of direct care workers has been hit especially hard.

STATE OF MICHIGAN
Michigan Department of Health & Human Services
AGING AND ADULT SERVICES AGENCY

FY2020-2022 Multi Year Plan

FY 2022 Annual Implementation Plan

Area Agency on Aging of Western MI, Inc.

FY 2022

AAAWM Service Partners have adjusted quickly to pandemic challenges. Although there are many unknowns regarding when and how some businesses can return to "normal", Service Partners are continually developing plans for how to safely return to providing all services for older adults. In the meantime, Partners are providing many services in new and creative ways. Highlighted below are some examples:

Transportation partners have adapted and are still providing vital rides for those in need. Required face masks, more frequent cleaning and sanitizing along with limits on the number of riders are all the new norm. Essential medical trips or essential shopping trips are being provided by partners, with the limit being three clients to a bus.

Many programs for seniors and family caregivers, including **Disease Prevention/Health Promotion** and Caregiver resources have adapted and are offering on-line or virtual programming to the participant's home.

Service Partners are making daily wellness calls to participants who have requested them. These calls serve to improve the senior's social and emotional well-being.

Ensuring older adults have access to healthy, nutritious food remains a top priority. Meal programs have seen significant changes over this past year. This system was designed to provide food to older adults in need. The system was not funded or intended to provide food to all older adults who live at home. Covid-19 significantly changed this as all older adults were considered "at-4 risk" and were encouraged to stay at home. This has exponentially increased the number of people who qualify for nutrition services.

Home delivered meals previously guaranteed a visual check on clients and social interaction through conversation. Now, food is left at doorsteps and the client is called to make sure they are okay. This helps to keep both the client and the driver safe.

Congregate meals offered social interaction and activities along with a meal. Some Nutrition Partners are now offering grab and go meals or clients have been added to home delivered meal routes. Many congregate hosts are calling clients to provide them with social interaction. Bingo is now virtual.

The system has encountered capacity issues both in procuring food as well as delivering increased amounts of food. This has led to some decrease in client choice; however, meal programs remain committed to providing meals that meet nutritional standards. In 2021 older adults benefited and enjoyed the Quarantine food boxes and the weekly produce boxes through statewide collaborations.

Hopefully this summary has helped to highlight some of the successes, challenges, and changes that have taken place for our Service Partners and AAWM. We are looking forward as we move into fiscal year 2022.

A) Any significant new priorities, plans or objectives set by the area agency for the use of Older Americans Act (OAA) and state funding during FY 2022. If there are no new activities or changes, note that in your response.

No new priorities, plans, or objectives.

STATE OF MICHIGAN
Michigan Department of Health & Human Services
AGING AND ADULT SERVICES AGENCY

FY2020-2022 Multi Year Plan

FY 2022 Annual Implementation Plan

Area Agency on Aging of Western MI, Inc.

FY 2022

(B) Include changes, if any, to the access, in-home and community-based services and supports provided within the plan.

In the FY 2021 Plan, AAAWM added Options Counseling as a new service. Due to the Pandemic, the program was not able to be developed beyond the use of local funding. In FY 2022, the Options Counseling service will be able to grow and expand using OAA funding.

(C) Address the agency's response to the COVID-19 pandemic emergency, including a description of the challenges and continuing needs brought on by this emergency.

***Congregate meals** offered a different type social interaction and activities along with a meal during the Pandemic. Some Nutrition Partners offered grab and go meals or clients were added to home delivered meal routes. Many congregate hosts called clients to provide them with social interaction. Bingo is even virtual.*

The system has encountered capacity issues both in procuring food as well as delivering increased amounts of food. This led to some decrease in client choice; however, meal programs remain committed to providing meals that meet nutritional standards. In 2021 older adults benefited and enjoyed the Quarantine food boxes and the weekly produce boxes through statewide collaborations.

***Home delivered meals** previously guaranteed a visual check on clients and social interaction through conversation. Over the past year, food was left at doorsteps and the client called to make sure they are okay. This helped to keep both the client and the driver safe.*

***Isolation and loneliness** have long been an ongoing issue for older adults. The Covid-19 pandemic has exacerbated the issue, confining many older adults to their homes with little opportunity for interaction with others. Additionally, family caregivers also faced new challenges. Those living with their loved one felt extra stress and had less access to respite opportunities creating fatigue. In addition, some who care for loved ones and do not share a home, faced the additional stressors of managing care from a distance and navigating a new and changing system of service delivery. Through the No Wrong Door Grant funding, isolation was addressed with animatronic pets, special computer tablets, Amazon echo's, and the short term use of TracFones.*

*Many programs for seniors and family caregivers, including **Disease Prevention/Health Promotion** and Caregiver resources adapted and offered on-line or virtual programming to the participant's home.*

***Service Partners** have been making daily wellness calls to participants who have requested them. These calls serve to improve the senior's social and emotional well-being.*

The number of qualified Direct Care Workers who provide a vital service to help our aging and disability community remain at home, has reached a crisis. Due to the overwhelming number of women who work in the field, many needed to stay home during the pandemic to care for children who might otherwise be in

STATE OF MICHIGAN
Michigan Department of Health & Human Services
AGING AND ADULT SERVICES AGENCY

FY2020-2022 Multi Year Plan

FY 2022 Annual Implementation Plan

Area Agency on Aging of Western MI, Inc.

FY 2022

school. With a shortage of workers within this economic bracket community-wide, the resource of direct care workers has been hit especially hard.

***Transportation** partners have adapted and are still providing vital rides for those in need. Required face masks, more frequent cleaning and sanitizing along with limits on the number of riders are all the new norm. Essential medical trips or essential shopping trips are being provided by partners, with the limit being three clients to a bus.*

(D) Current information about contingency planning for potential reduced federal funding (if plans include the pursuit of alternative funding, identify specific funding sources).

If federal funding were to be reduced, Covid – 19 funds to be used for one-time or infra-structural purchases, plus AAAMM would advocate strongly to keep funding. In addition, services would be prioritized as well as working with local senior millages.

STATE OF MICHIGAN
Michigan Department of Health & Human Services
AGING AND ADULT SERVICES AGENCY

FY2020-2022 Multi Year Plan

FY 2022 Annual Implementation Plan

Area Agency on Aging of Western MI, Inc.

FY 2022

County/Local Unit of Government Review

The Area Agency on Aging must send a request to the chairperson of each County Board of Commissioners within the Planning and Service Area (PSA), for approval of the final AIP by August 2, 2021. Notification can be sent via US mail or by electronic means, with delivery and signature confirmation, by no later than June 28, 2021. Describe the efforts made to distribute the AIP to, and gain support from, the appropriate county and/or local units of government.

On June 24, 2021, an email was sent to each County/Grand Rapids Administrator, Clerk and Board Chair indicating that the AAAWM Annual Implementation Plan for FY 2022 would be sent to them by the end of the month. We requested that they review and approve the Plan at a July meeting. The AAAWM Board approved Plan was emailed and mailed to the same individuals on June 30, 2021. Anne Domanski, the writer of this Plan, provided her contact information in the correspondence. The offer was made to have relevant AAAWM staff attend any meeting to help address questions about the Plan.

STATE OF MICHIGAN
Michigan Department of Health & Human Services
AGING AND ADULT SERVICES AGENCY

FY2020-2022 Multi Year Plan

FY 2022 Annual Implementation Plan

Area Agency on Aging of Western MI, Inc.

FY 2022

Public Hearings

Complete the chart below regarding your public hearing(s). Include the date, time, number of attendees and the location and accessibility of each public hearing. Please scan any written testimony (including emails received) as a PDF and upload on this tab. A narrative description of the public input strategy and hearing(s) is also required. Please describe the strategy/approach employed to encourage public attendance and testimony on the AIP. Describe all methods used to gain public input and the resultant impact on the AIP. Indicate whether the meeting complied with the Michigan Open Meetings Act. (See Transmittal Letter 2021-448.)

Date	Location	Time	Barrier Free?	No. of Attendees
06/07/2021	via ZOOM	01:00 PM	Yes	34

The location and accessibility of each public hearing.

Join via Zoom: <https://zoom.us/j/99347874346>

Join via Conference Call: +1(312) 626-6799

Meeting ID: 993 4787 4346

Concerning accessibility, the below notice was included with the information distributed concerning the hearing (please see "Public Hearing Announcement" in the attachments):

"Anyone who requires an accommodation to facilitate participation in the online hearing should contact Anne Domanski at AnneD@aaawm.org or (616) 222-7015 as soon as possible, but no later than 48 hours before the scheduled event."

Please scan any written testimony (including emails received) as a PDF and upload on this tab. A narrative description of the public input strategy and hearing(s) is also required.

Part of the strategy for public input was to include in the advertising materials that public input could be made at the hearing and anytime through June 21, 2021 by contacting Anne Domanski at anned@aaawm.org or calling 616-222-7015.

During the hearing, a pause was made available for comment six times. Three of the six times there were comments. If AAAMM staff were available to answer specific questions, they did. This provided for some lively conversation and opportunities for staff to hear from the public.

For example, there were quite a few attendees from the northern service area counties. A few people spoke up and mentioned that due to the antenna service they receive there, WZZM does not reach them. They mentioned various stations and our Public Relations staff member took notes and thanked them for sharing.

One email communication concerning FY AIP was received prior to the hearing. It has been uploaded.

STATE OF MICHIGAN
Michigan Department of Health & Human Services
AGING AND ADULT SERVICES AGENCY

FY2020-2022 Multi Year Plan

FY 2022 Annual Implementation Plan

Area Agency on Aging of Western MI, Inc.

FY 2022

Please describe the strategy/approach employed to encourage public attendance and testimony on the AIP.

Marketing Department Sent Notices to the following outlets (see attachments), as well as verbal invitations during meetings, and email communication to all AAAWM's partners.

Allegan County News- editor@allegannews.com; rmlewis@allegannews.com

Ionia Sentinel-Standard- news@sentinel-standard.com; lori.kilchermann@sentinel-standard.com

Advance Newspapers (owned by mlive)- advancenewssubmissions@mlive.com

Mlive- skuyt@mlive.com; Mike_wyngarden@mlive.com

Grand Rapids Press- grnews@mlive.com

Grand Rapids Times- staff@grtimes.com

GVSU- centerp@gvsu.edu

Rockford Squire- SquireProof@gmail.com

Lake County Star- <https://www.lakecountystar.com/contact/>

Ludington Daily News- patti@ludingtondailynews.com

The Pioneer (Big Rapids & Osceola)- Julie.Norwood@pioneergroup.com; blosinski@pioneergroup.com;

callan@pioneergroup.com; ddoyle@pioneergroup.com

The Daily News (Greenville)- news@thedailynews.cc

The Times Indicator- tinews@comcast.net

Pride Source- news@pridesource.com

Hispanic Chamber of Commerce- info@westmihcc.org

<http://www.elvoceromi.com/> - elvocero1@me.com

Native News Online (editor out of GR)

<https://www.experiencegr.com/about-grand-rapids/people/native-americans/> - levi@nativenewsonline.net

Holland Sentinel caleb.whitmer@hollandsentinel.com; newsroom@hollandsentinel.com

Allegan Flashes- debra.sloan@flashespublishers.com

Midwest Communications Inc (radio)- g.stevens@mwcradio.com; john.mcneill@mwcradio.com

WQXC 100.9 Allegan Kalamazoo- Newsroom news@wqxc.com

West Michigan Observer- localobserver@aol.com

WZZM- news@wzzm13.com

WOOD TV/Radio- reese@woodradio.com; bill.herbst@woodtv.com

FOX 17- memartin@fox17online.com

Up North Live- newsroom@upnorthlive.com

Mason County Press- editor@masoncountypress.com

9&10 News- news@9and10news.com

WION Radio (i1430)- carlyle@i1430.com

NewsNet Michigan- Newsroom news@minews26.com

WILX- tim.gillette@wilx.com

iheartmedia- Philtower@iheartmedia.com

Big Rapids Radio Network- Julia@BigRapidsradionetwork.com

Weekly Voice- Matt Seward mseward@weeklyvoice.net

Describe all methods used to gain public input and the resultant impact on the AIP.

Please see above concerning methods to gain public input. During the virtual public hearing, the Planner

STATE OF MICHIGAN
Michigan Department of Health & Human Services
AGING AND ADULT SERVICES AGENCY

FY2020-2022 Multi Year Plan

FY 2022 Annual Implementation Plan

Area Agency on Aging of Western MI, Inc.

FY 2022

paused while the summary was read to allow attendees to respond to the respective sections for the AIP .

While the AIP was not changed, the Public Relations Specialist did take notes about suggestions concerning what TV and radio stations people mentioned that they would like to hear AAAWM's advertising .

Indicate whether the meeting complied with the Michigan Open Meetings Act. (See Transmittal Letter 2021-448.)

Yes, the meeting complied with Transmittal Letter 2021-448 in regards to the Michigan Open Meetings Act.

STATE OF MICHIGAN
Michigan Department of Health & Human Services
AGING AND ADULT SERVICES AGENCY

FY2020-2022 Multi Year Plan

FY 2022 Annual Implementation Plan

Area Agency on Aging of Western MI, Inc.

FY 2022

Regional Service Definitions

If the area agency is proposing to fund a new (not previously approved in this multi-year planning cycle) service category that is not included in the Operating Standards for Service Programs, then information about the proposed service category must be included in this section. Enter new regional service name, identify the service category and fund source, include unit or service, minimum standards and why activities cannot be funded under an existing service definition.

Service Name/Definition

Rationale (Explain why activities cannot be funded under an existing service definition.)

Service Category	Fund Source			Unit of Service
Access	Title III PartB	Title III PartD	Title III PartE	
In-Home	Title VII	State Alternative Care	State Access	
Community	State In-home	State Respite		
	Other _____			

Minimum Standards

STATE OF MICHIGAN
Michigan Department of Health & Human Services
AGING AND ADULT SERVICES AGENCY

FY2020-2022 Multi Year Plan

FY 2022 Annual Implementation Plan

Area Agency on Aging of Western MI, Inc.

FY 2022

Access Services

Select from the list of access services those services the area agency plans to provide directly during FY 2022, and provide the information requested. Specify, in the appropriate text box for each service category, the planned goals and activities that will be undertaken to provide the service.

The Area Plan Grant Budget that is uploaded and saved in AMPS must include each access service to be provided directly in the Direct Service Budget details tab. The funding identified in this tab should correspond to the funding (federal OAA Title III or VII and state funds) identified in the Area Plan Grant Budget's Support Services Detail tab. The method of provision must be specified in the Service Summary tab.

Care Management

<u>Starting Date</u>	10/01/2021	<u>Ending Date</u>	09/30/2022
Total of Federal Dollars	\$76,475.00	Total of State Dollars	\$468,825.00

Geographic area to be served
Region 8 - 9 counties

Specify the planned goals and activities that will be undertaken to provide the service.

Goal: To provide support to the frail, elderly, and those with disabilities, to prevent or delay institutional placement.

Timeline: ongoing

Expected Outcome: Serve Care Management (CM) clients and provide Option Counseling through the Community Living Program

Goal: To provide a level of care in concert with the MI Choice Waiver program that results in a continuum of long-term care services.

Timeline: ongoing

Expected Outcome: Allow for easy access to levels of care as people age in place in the community, maximizing federal, state, and local resources.

Goal: Advocate for growth of the MI Choice Waiver Program to ease demand on Care Management and other state and federally funded services.

Timeline: ongoing

Expected Outcome: Assure Medicaid and long-term care eligible individuals are served in the most appropriate program, resulting in a decreasing number of CM clients waiting for Waiver services.

Goal: Provide information, assistance, and support to family caregivers

Timeline: ongoing

Expected Outcome: Assure consumers and family members have information necessary to make informed choices reflected in the enrollment of CM programs.

Goal: Assure high quality services through continual quality improvement activities.

Timeline: ongoing

Expected Outcome: Achieve 95% or above overall compliance rate on program assessments.

Goal: Provide consumers with choice through a broadly based purchase of service provider pool.

Timeline: ongoing

STATE OF MICHIGAN
Michigan Department of Health & Human Services
AGING AND ADULT SERVICES AGENCY

FY2020-2022 Multi Year Plan

FY 2022 Annual Implementation Plan

Area Agency on Aging of Western MI, Inc.

FY 2022

Expected Outcome: Consumers will receive services in a timely manner and person-centered care plans will be honored.

Goal: Transition CM clients to the MI Choice Waiver program as needs of eligibility change.

Timeline: ongoing

Expected Outcome: Assure seamless transition to address changing client needs as people age in place in the community.

Number of client pre-screenings:	Current Year:	23	Planned Next Year:	65
Number of initial client assessments:	Current Year:	23	Planned Next Year:	65
Number of initial client care plans:	Current Year:	23	Planned Next Year:	48
Total number of clients (carry over plus new):	Current Year:	222	Planned Next Year:	242
Staff to client ratio (Active and maintenance per Full time care	Current Year:	1:40	Planned Next Year:	1:40

Information and Assistance

<u>Starting Date</u>	10/01/2021	<u>Ending Date</u>	09/30/2022
Total of Federal Dollars	\$92,000.00	Total of State Dollars	\$28,000.00

Geographic area to be served

Region 8 - 9 counties

Specify the planned goals and activities that will be undertaken to provide the service.

Continue to answer calls in real time and clear voice mail within one business day.

Continue to use Voices For Health interpretation services to assure callers receive information in a manner most useful to them.

Assure all staff maintain AIRS certification

Take a proactive approach in processing all referrals from our wait lists and more assertively removing those who were not returning calls/committing to a referral when offered. This will help with the referral process, by reducing waiting times and connecting individuals to needed services.

Options Counseling

<u>Starting Date</u>	10/01/2021	<u>Ending Date</u>	09/30/2022
Total of Federal Dollars	\$100.00	Total of State Dollars	\$0.00

Geographic area to be served

Region 8 - 9 counties

Specify the planned goals and activities that will be undertaken to provide the service.

Goal:

Provide Options Counseling to 60 individuals during the 2022 fiscal year

Activites:

STATE OF MICHIGAN
Michigan Department of Health & Human Services
AGING AND ADULT SERVICES AGENCY

FY2020-2022 Multi Year Plan

FY 2022 Annual Implementation Plan

Area Agency on Aging of Western MI, Inc.

FY 2022

Work in tandem with Information and Assistance staff to provide in depth Options Counseling to callers whose needs go beyond simple Information and Assistance creating a continuum between Information and Assistance, community resources, and publicly funded Care Management programs

Provide face to face Options Counseling as a Local Contact Agency for persons residing in Skilled Nursing Facilities or Nursing Homes who are seeking information about other long-term care options.

STATE OF MICHIGAN
Michigan Department of Health & Human Services
AGING AND ADULT SERVICES AGENCY

FY2020-2022 Multi Year Plan

FY 2022 Annual Implementation Plan

Area Agency on Aging of Western MI, Inc.

FY 2022

Direct Service Request

Select the service from the list and enter the information requested pertaining to basis, justification and public hearing discussion for any new Direct Service Request for FY 2022. Specify in the appropriate text box for each service category the planned goals and activities that will be undertaken to provide the service. Include any COVID-19 policy waiver-approved direct provision of service that is continuing into FY 2022. Direct service budget details for FY 2022 are to be included under the Direct Service Budget tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and State funds) identified on the Support Services Detail page. Please skip this section if the area agency is not submitting a new request to provide an in-home, community, or nutrition service directly during FY 2022.

Total of Federal Dollars

Total of State Dollars

Geographic Area Served

Planned goals, objectives, and activities that will be undertaken to provide the service in the appropriate text box for each service category.

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions described below. Please select the basis for the direct service provision request (more than one may be selected).

(A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.

(B) Such services are directly related to the Area Agency's administrative functions.

(C) Such services can be provided more economically and with comparable quality by the Area Agency.

Provide a detailed justification for the direct service provision request. The justification should address pertinent factors that may include: a cost analysis; needs assessment; a description of the area agency's efforts to secure services from an available provider of such services; or a description of the area agency's efforts to develop additional capacity among existing providers of such services. If the service is considered part of administrative activity, describe the rationale and authority for such a determination.

Describe the discussion, if any, at the public hearings related to this request. Include the date of the hearing(s).

STATE OF MICHIGAN
Michigan Department of Health & Human Services
AGING AND ADULT SERVICES AGENCY

FY2020-2022 Multi Year Plan

FY 2022 Annual Implementation Plan

Area Agency on Aging of Western MI, Inc.

FY 2022

STATE OF MICHIGAN
Michigan Department of Health & Human Services
AGING AND ADULT SERVICES AGENCY

FY2020-2022 Multi Year Plan

FY 2022 Annual Implementation Plan

Area Agency on Aging of Western MI, Inc.

FY 2022

Regional Direct Service Request

Area agencies that have a new request to provide a regional service directly must complete this tab for each service category. Enter the regional service name in the box and click "Add." The regional service name will appear in the dialog box on left after screen refresh. Select the link for the newly added regional direct service and enter the information requested pertaining to basis, justification and public hearing discussion for any new regional direct service request for FY 2022. Also specify in the appropriate text box for each service category the planned goals and activities that will be undertaken to provide the service. Include any COVID-19 policy waiver-approved regional direct provision of service that is continuing into FY 2022. Address any discussion at the public hearing related to each new regional direct service provision request. Regional Direct Service Budget details for FY 2022 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (federal OAA Title III or VII and state funds) identified in the Area Plan Grant Budget, Support Services Detail page.

Total of Federal Dollars

Total of State Dollars

Geographic Area Served

Planned goals and activities that will be undertaken to provide the service in the appropriate text box for each service category.

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions described below. Please select the basis for the direct service provision request (more than one may be selected).

(A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.

(B) Such services are directly related to the Area Agency's administrative functions.

(C) Such services can be provided more economically and with comparable quality by the Area Agency.

Provide a detailed justification for the direct service provision request. The justification should address pertinent factors that may include: a cost analysis; needs assessment; a description of the area agency's efforts to secure services from an available provider of such services; or a description of the area agency's efforts to develop additional capacity among existing providers of such services. If the service is considered part of administrative activity, describe the rationale and authority for such a determination.

STATE OF MICHIGAN
Michigan Department of Health & Human Services
AGING AND ADULT SERVICES AGENCY

FY2020-2022 Multi Year Plan

FY 2022 Annual Implementation Plan

Area Agency on Aging of Western MI, Inc.

FY 2022

Describe the discussion, if any, at the public hearings related to this request. Include the date of the hearing(s).

Area Agency on Aging of Western MI, Inc.

FY 2022

Approved MYP Program Development Objectives

Program development goals and objectives previously set by the area agency and approved by the CSA in this multi-year planning cycle are included as read-only. For each of these established program development objectives, a text box is included for the area agency to provide information on progress toward the objectives to date. This text box is editable. Please provide information on progress to date for each established objective under the section tab entitled "Progress."

For the Diversity, Equity and Inclusion (DEI) objective, include progress on trainings for staff and subcontractors in DEI and unconscious bias. Discuss efforts to ensure that programming and outreach is culturally sensitive and welcoming to all participants, including non-English speaking persons. Discuss efforts to ensure that providers are trained to adapt to diverse cultural needs.

Area Agency on Aging Goal

A. Advocate Inform, and Empower those we serve.

Objectives

1. Teach older adults how to use technology that can help enhance and make their lives easier .
Timeline: 10/01/2019 to 09/30/2020

Progress

AAAWM has created a technology class called Making IT Easier. This class aims to educate older adults on how to use technology. Making IT Easier provides trainings through online videos and in-person classes. Lessons include how to setup your IPAD or tablet, access the Application Store, use SIRI, navigate FaceTime and Skype, use accessibility features on your phone and how to operate apps like SHIPT and Lyft. Classes can be customized to fit the need of the consumer; custom classes have been given on viruses, online scams and malware. There have been over 200 views for the online training videos which can be found at www.aaawm.org/tech.

Technology presentations have been given at Grand Valley's Conference on Aging, United Methodist Community House, Eaglecrest Healthy Aging, Sheldon House, City of Wyoming Senior Center, Salvation Army, St. Alphonsus, Kent City Study Club and Porter Hills.

The No Wrong Door grant also allowed a few homebound seniors to learn how to operate a computer tablet or an Amazon Echo.

2. Provide resources, education, guidance, training and empowerment to support those caring for older adults, persons with Dementia, Alzheimer's disease or other chronic conditions. The Caregiver Resource Network recognizes that caregivers are a pivotal component of long-term care planning for older adults and that many older adults provide caregiving services to their own families and friends. AARP reports that, "more than 90% of persons 65 and older with disabilities who receive assistance receive informal care; nearly two-thirds rely solely on informal caregivers." As a result, the CRN is a vital part of the aging network in Region Eight, providing education and resources through their meetings as well as through their website,

STATE OF MICHIGAN
Michigan Department of Health & Human Services
AGING AND ADULT SERVICES AGENCY

FY2020-2022 Multi Year Plan

FY 2022 Annual Implementation Plan

Area Agency on Aging of Western MI, Inc.

FY 2022

caregiverresource.net. The CRN has both enhanced existing and developed new public and private partnerships to better serve older adult caregivers.

Timeline: 10/01/2019 to 09/30/2020

Progress

The Caregiver Resource Network conducted its bi-monthly meetings in November, January, March and May. In November we hosted a local therapist who, discussed how we can still connect with our loved ones during the Holidays while facing a pandemic. Our January meeting was the state of the CRN and the efforts of our members. In March we invited a speaker the Grand Rapids Chamber of Commerce to talk about why African American history is important through all the months. In May, we had a leadership consultant talk about how to lead during a time of crisis. Due to the pandemic all meetings were held virtually this past fiscal year. We are pleased to share though that despite being virtual, we had great turn outs to our meetings. We believe that we are still connecting as a group, and therefore improving our service to older adults.

The CRN website continued to be updated. We believe that many people have found our services during the pandemic through our website.

3. Employ a robust advocacy strategy utilizing a wide variety of resources available including but not limited to AAAWM staff, Board, and Advisory Council as well as other partner organizations.

Timeline: 10/01/2019 to 09/30/2020

Progress

This past year has turned our large productive in-person advocacy efforts to virtual events. Efforts are still supported well but by smaller groups because of the limitations or inexperience with virtual meetings.

AAAWM is very proud of the various advocacy efforts that staff and many volunteers provide during the year. Our Advisory Council which is made up of representatives from our nine-county Region. They meet monthly, their main speaker either a Michigan legislator or policy expert. Letters are sent monthly to State and Federal legislator with their opinions on issues and bills. Advisory Council members share the information they learned back to their own county connections.

The Advocates for Senior Issues is one of the largest older adult advocacy groups in the State. The membership is over 200 (?) Kent and surrounding county residents. Monthly two hour meetings involves State and Federal legislators speaking and answering questions and then a speaker on an important issue. Though only one legislator speaks each meeting, their legislative friends often come to support the speaker.

AAAWM staff are involved in MSAC meetings and the planning and coordinating of the Older Michiganians Day functions.

AAAWM also provides pertinent information on issues through our website, Facebook page and monthly newsletters. We also participate in monthly radio shows, request from media reporters and have a commercial presence on tv.

B. Help older adults maintain their health and independence at home and in their community.

Objectives

STATE OF MICHIGAN
Michigan Department of Health & Human Services
AGING AND ADULT SERVICES AGENCY

FY2020-2022 Multi Year Plan

FY 2022 Annual Implementation Plan

Area Agency on Aging of Western MI, Inc.

FY 2022

1. In FY 2020 and beyond AAAMM will continue building and expanding partnerships within the aging network to disseminate healthy aging programs to older adults. Evidence-based, healthy aging programming is a cornerstone of the array of services offered in Region Eight, the number of classes and participants continues to grow beyond expectations.

Timeline: 10/01/2019 to 09/30/2020

Progress

During the pandemic months it was a challenging for our evidence based health promotion programs. Many of our partner agencies were able to use virtual class delivery has a model to reach older adults and help them continue their activity level.

AAAMM's Eaglecrest Healthy Aging offered virtual programming for EnhanceFitness and Tai Chi beginning, April 2020 continuing throughout 2020 and into 2021.

2. Help older adults maintain their dental health and raise awareness of the need for quality dental care for seniors.

Timeline: 10/01/2019 to 09/30/2020

Progress

Senior Dental Days are still not taking place due to the ongoing pandemic. In 2020 dental supply bags were created and distributed to those had signed up for the Dental Day. AAAMM continues to partner with the Kent County Oral Health Coalition (KCOHC) and sit on the steering committee to remain involved in dental advocacy efforts in our county and state. We hope that dental day events will be resuming soon and AAAMM is still in communication with Grand Rapids Community College and the KCOHC to see if we can reschedule this event once it is safe to do so.

C. Promote elder and vulnerable adult rights and justice.

Objectives

1. Members of the Lesbian, Gay, Bisexual, and Transgender (LGBT) older adult community are not as likely to access healthcare services, due to fears of being mistreated and discriminated against. Many come from a generation where society operated under a "don't ask, don't tell" mindset. AAAMM will look to educate older adults on LGBT affirming services available to them, so that they have better access to aging services. Working on a grant funded by the Michigan Health Endowment Fund, AAAMM, in collaboration with the Grand Rapids Pride Center, created a LGBT Resource Guide that lists different organizations who are LGBT affirming. By being a part of the guide, organizations are stating that all older adults who access their services, will be treated the same and members of the LGBT community will not be discriminated against. AAAMM will ensure older adults are aware of the LGBT Resource Guide and the services it can provide to help them age in place.

Timeline: 10/01/2019 to 09/30/2020

Progress

Members of the Lesbian, Gay, Bisexual, and Transgender (LGBT) older adult community are not as likely to access healthcare services, due to fears of being mistreated and discriminated against. Many come from a generation where society operated under a "don't ask, don't tell" mindset. AAAMM will look to educate older adults on LGBT affirming services available to them, so that they have better access to aging services.

STATE OF MICHIGAN
Michigan Department of Health & Human Services
AGING AND ADULT SERVICES AGENCY

FY2020-2022 Multi Year Plan

FY 2022 Annual Implementation Plan

Area Agency on Aging of Western MI, Inc.

FY 2022

Working on a grant funded by the Michigan Health Endowment Fund, AAAWM, in collaboration with the Grand Rapids Pride Center, created a LGBT Resource Guide that lists different organizations who are LGBT affirming. By being a part of the guide, organizations are stating that all older adults who access their services, will be treated the same and members of the LGBT community will not be discriminated against. AAAWM will ensure older adults are aware of the LGBT Resource Guide and the services it can provide to help them age in place.

2. Coordination of the Kent County Elder Abuse Coalition

Timeline: 09/30/2019 to 10/01/2020

Progress

AAAWM coordinates the Kent County Elder Abuse Coalition, which consists of over 100 members representing over 50 local nonprofit, profit, legal, and government agencies. The monthly coalition meetings comprise of a training on an elder abuse-related topic from a community professional and following the training, there is time for coalition updates and collaboration on elder abuse cases. For the 2021 fiscal year the following trainings have been provided to the coalition; Financial Exploitation Investigation, Suicide Prevention, Long-Term Care Facility updates, Mental Health resources, Housing and Evictions for Seniors, Licensing and Regulatory Affairs protocols, and new Elder Abuse Legislation. The coalition has been meeting virtually for FY21 due to the continued pandemic. In early 2021, the coalition created an Elder Abuse Case Review Subcommittee which consists of the Kent County Prosecuting Attorney, Adult Protective Services, Legal Assistance, Long-Term Care Ombudsman, and Licensing and Regulatory Affairs (LARA).

D. Conduct responsible quality management and coordination of West Michigan's aging network.

Objectives

1. Care Management participants reporting social isolation with distress will not exceed 9%

Timeline: 10/01/2019 to 09/30/2020

Progress

13.5% of Care Management clients reported social isolation with distress. The Covid-19 pandemic has had an impact on this population. Care Managers added monthly calls in addition to the requirements in the CM service standard, to ascertain from participants any new issues or needs. AAAWM also embarked, through the No Wrong Door grant, on a project to provide participants with animatronic pets or electronic notebooks to help with feelings of isolation.

2. 95% of Care Management participants will report they either agree or strongly agree to the statement "The services I receive are helping me remain at home".

Timeline: 09/30/2019 to 10/01/2020

Progress

99% of AAAWM Care Management participants reported they agree or strongly agree that service help them remain at home.

3. 90% of Care Management participants will show a higher self-rating of their quality of life after receiving community based services.

Timeline: 09/30/2019 to 10/01/2020

STATE OF MICHIGAN
Michigan Department of Health & Human Services
AGING AND ADULT SERVICES AGENCY

FY2020-2022 Multi Year Plan

FY 2022 Annual Implementation Plan

Area Agency on Aging of Western MI, Inc.

FY 2022

Progress

94% of Care Management participants report a higher quality of life after receiving services (compared to 57% reporting negative or neutral to the question prior to service implementation).

E. Improve the accessibility of services to Michigan's communities and people of color, immigrants and LGBTQ+ individuals

Objectives

1. AAAMW will offer unconscious bias as well as diversity, equity and inclusion training to staff and Older Americans Act Service Partners.

Timeline: 10/01/2020 to 09/30/2021

Progress

- There have been three trainings on Implicit Bias this year. The AAAMW Supervisors, staff and then Service Partners. Additional trainings will be provided to those who were not able to attend the first trainings
- Diversity Equity and Inclusion (DEI) In-House Committee – started meeting in February 2021. They 14 member group meets monthly.
- DEI Committee has compiled a media list of inclusive content and research. This is an ongoing project that is continuously updated and will be shared with staff.
- DEI Committee is starting a media club, which will have monthly meetings focusing the discussion on a specific inclusive topic within media for that month. Source material maybe a book, movie, article, or various other media sources.
- DEI Committee has identified an initial focus area for improvement pertaining to the imagery and inclusivity on our website and within our print material. The Committee has taken action to start gathering updated imagery and posting more diverse and inclusive images and information online and in our print material.
- DEI Committee Chairs researched, analyzed and selected a vendor to perform a DEI assessment of the agency. Once areas of improvement are identified following the assessment, additional DEI training will be offered focusing on those areas that need improvement.

2. AAAMW Outreach Specialist will ensure culturally and linguistically appropriate outreach .

Timeline: 10/01/2020 to 09/30/2021

Progress

o Objective:

? AAAMW Outreach Specialist will ensure culturally and linguistically appropriate outreach .

o Activities: Utilization of interpreter services and employees who are bi-lingual in Spanish.

? AAAMW Outreach Specialist will reach minorities by partnering with local churches, Hispanic and Latinx centers, Pride Centers, Community Mental Health organizations, as well as other organizations who serve minority populations.

o Expected Outcome:

? Communities and people of color, immigrants and LGBTQ+ individuals will have increased knowledge of AAAMW and its available services.

STATE OF MICHIGAN
Michigan Department of Health & Human Services
AGING AND ADULT SERVICES AGENCY

FY2020-2022 Multi Year Plan

FY 2022 Annual Implementation Plan

Area Agency on Aging of Western MI, Inc.

FY 2022

2022 Program Development Objectives

The area agency must enter each new program development goal in the appropriate text box. It is acceptable, though not required, if some of the area agency's program development goals correspond to AASA's State Plan Goals. There is an entry box to identify which, if any, State Plan Goals correlate with the entered goal. A narrative for each program development goal should be entered in the appropriate text box. Enter objectives related to each program development goal in the appropriate text box. Complete the information in the text boxes for the timeline, planned activities and expected outcomes for each objective. (See Document Library for additional instructions on completing the Program Development section.)

Area Agency on Aging Goal

A.

State Goal Match:

Narrative

Objectives

1.

Timeline: to

Activities

Expected Outcome

STATE OF MICHIGAN
Michigan Department of Health & Human Services
AGING AND ADULT SERVICES AGENCY

FY2020-2022 Multi Year Plan

FY 2022 Annual Implementation Plan

Area Agency on Aging of Western MI, Inc.

FY 2022

Supplemental Documents

This year, the completion of the Quality Outcome Measures Reporting Form (six-month report) and the Emergency Management and Preparedness document are required and may be found in the Document Library.

Supplemental Documents A through F are presented in the list below. Select the applicable supplemental document(s) from the list on the left. Provide all requested information for each selected document. Note that older versions of these documents will not be accepted and should not be uploaded as separate documents.

- A. Policy Board Membership - Required
- B. Advisory Council Membership - Required
- C. Proposal Selection Criteria - *should only be completed if there are new or changed criteria*
- D. Cash-In-Lieu-Of-Commodity Agreement - *should only be completed if there are new or changed criteria*
- E. Waiver of Minimum Percentage of a Priority Service Category - *should only be completed if there are new or changed criteria*
- F. Request to Transfer Funds - *should only be completed if there are new or changed criteria*

STATE OF MICHIGAN
Michigan Department of Health & Human Services
AGING AND ADULT SERVICES AGENCY

FY2020-2022 Multi Year Plan

FY 2022 Annual Implementation Plan

Area Agency on Aging of Western MI, Inc.

FY 2022

SUPPLEMENTAL DOCUMENT A

Board of Directors Membership

	Asian/Pacific Islander	African American	Native American/ Alaskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	0	0	1	1	9	20
Aged 60 and Over	0	0	0	0	1	8	20

Board Member Name	Geographic Area	Affiliation	Membership Status
Rick Cain	Allegan County	Allegan County Board of Commissioners	Elected Official
Stuart Peet	Allegan County	Older Adult	Appointed
David Hodges	Ionia County	Ionia County Board of Commissioners	Elected Official
Dennis Sitzer	Ionia County	Older Adult	Appointed
Carol Hennessy	Kent County	Kent County Board of Commissioners	Elected Official
Nancy Nielsen	Kent County	Older Adult	Appointed
Milinda Ysasi	City of Grand Rapids	Grand Rapids City Commission	Elected Official
Jane DeVries	City of Grand Rapids	Older Adult	Appointed
Michael Beach	Montcalm County	Montcalm County Board of Commissioners	Elected Official
Linda Weger	Montcalm County	Older Adult	Appointed
Ken DeLaat	Newaygo County	Newaygo County Board of Commissioners	Elected Official
Cindy LaBelle	Newaygo County	Older Adult	Appointed
Tim Michell	Osceola County	Osceola County Board of Commissioners	Elected Official
Richard Karns	Osceola County	Older Adult	Appointed
Betty Dermyer	Lake County	Lake County Board of Commissioners	Elected Official

STATE OF MICHIGAN
Michigan Department of Health & Human Services
AGING AND ADULT SERVICES AGENCY

FY2020-2022 Multi Year Plan

FY 2022 Annual Implementation Plan

Area Agency on Aging of Western MI, Inc.

FY 2022

Marilyn Burns	Lake County	Older Adult	Appointed
Ron Bacon	Mason County	Mason County Board of Commissioners	Elected Official
Kim Halladay	Mason County	Older Adult	Appointed
Bill Routley	Mecosta County	Mecosta County Board of Commissioners	Elected Official
Sharon Bongard	Mecosta County	Older Adult	Appointed

STATE OF MICHIGAN
Michigan Department of Health & Human Services
AGING AND ADULT SERVICES AGENCY

FY2020-2022 Multi Year Plan

FY 2022 Annual Implementation Plan

Area Agency on Aging of Western MI, Inc.

FY 2022

SUPPLEMENTAL DOCUMENT B
Advisory Board Membership

	Asian/ Pacific Islander	African American	Native American/A laskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	2	0	0	1	11	18
Aged 60 and Over	0	1	0	0	0	0	0

Board Member Name	Geographic Area	Affiliation
Bob Sunholm	Mason County	Older Adult
Harold Mast	Kent County	Older Adult
Barb Hazlet	Osceola County	Older Adult
Priscilla Kimboko	Kent County	Grand Valley State University
Jerilyn Strong	Mecosta County	Mecosta County Board of Commissioners
Mary Bechouz	Mecosta County	Older Adult
Helen Taube	Newaygo County	Older Adult
Tim Reno	Montcalm County	Older Adult
Ben Witbrodt	Montcalm County	Older Adult
Natalie VanHouten	Allegan County	Older Adult
Nellie Blue	Lake County	Older Adult
Martha Burkett	Kent County	Kent County Veterans Department
James Thomas	Mason County	Older Adult
Kenneth Thompson	Ionia County	Older Adult
Mary Lou Proefrock	Osceola County	Older Adult
Melanie Grooters	City of Wyoming	Older Adult
Monica Sparks	Kent County	Kent County Board of Commissioners
Thomas Peelle	Allegan County	Older Adult

STATE OF MICHIGAN
Michigan Department of Health & Human Services
AGING AND ADULT SERVICES AGENCY

FY2020-2022 Multi Year Plan

FY 2022 Annual Implementation Plan

Area Agency on Aging of Western MI, Inc.

FY 2022

SUPPLEMENTAL DOCUMENT D

Agreement for Receipt of Supplemental Cash-In-Lieu of Commodity Payments for the Nutrition Program for the Elderly

The above identified agency, (hereinafter referred to as the GRANTEE), under contract with the Aging and Adult Services Agency (AASA), affirms that its contractor(s) have secured local funding for additional meals for senior citizens which is not included in the current fiscal year (see above) application and contract as approved by the GRANTEE.

Estimated number of meals these funds will be used to produce is:

40,000

These meals are administered by the contractor(s) as part of the Nutrition Program for the Elderly, and the meals served are in compliance with all State and Federal requirements applicable to Title III, Part C of the Older Americans Act of 1965, as amended.

Therefore, the GRANTEE agrees to report monthly on a separate AASA Financial Status Report the number of meals served utilizing the local funds, and in consideration of these meals will receive separate reimbursement at the authorized per meal level cash-in-lieu of United States Department of Agriculture commodities, to the extent that these funds are available to AASA.

The GRANTEE also affirms that the cash-in-lieu reimbursement will be used exclusively to purchase domestic agricultural products, and will provide separate accounting for receipt of these funds.

STATE OF MICHIGAN
Michigan Department of Health & Human Services
AGING AND ADULT SERVICES AGENCY

FY2020-2022 Multi Year Plan

FY 2022 Annual Implementation Plan

Area Agency on Aging of Western MI, Inc.

FY 2022

SUPPLEMENTAL DOCUMENT E

Waiver of Minimum Percentage For a Priority Service Category

Priority Service Category for which Waiver is being requested:		Legal Services
Source of Funds	Amount of Funds	Amount of Title III-B
3E and Kent Co. Senior Millage	83,671	50,000
Rationale Statement: Explain how waiving the respective required minimum percentage will enhance the service delivery system to be implemented under this plan. (For additional context, refer to AASA Transmittal Letter 2005-107, July 27, 2005.)		
<p>The required 3B funding for Legal services will exceed the minimum right now of \$61,671. We are currently proposing to use \$62,000 from 3B, but this will decrease if additional 3B funds are required. We will also use \$8,000 from 3E and allocate \$72,000 from Kent County Senior Millage.</p> <p>This will allow more 3B funding for other services.</p>		

