

BOARD OF HEALTH Meeting

Agenda for April 24, 2025 at 9:00 AM

1. Call to Order
 - a. Opening ceremonies – Pledge Allegiance to the Flag of the United States of America
 - b. Roll Call
 - c. Approval of the Agenda*
 - d. Approval of the Minutes from March 27, 2025* - pg 3
2. Public Comment
3. Accreditation Presentation –
Laura de la Rambelje, Director Division of Local Health Services
4. Audit Presentation –
Dane Porter, CPA, CGFM, Senior Manager
5. Health Officer's Report – pg 6
6. Medical Director's Report – pg 12
7. Departmental Reports
 - a. Area Agency on Aging – pg 14
 - b. Personal Health & Disease Prevention – pg 15
 - c. Health Education & Promotion – pg 21
 - d. Environmental Health – pg 24
8. Financial Reports
 - a. Approve Payments* - pg 34
 - b. Review Financials* - pg 37
9. Committee Reports – pg 42
 - a. Finance Committee – Approval of the April 21, 2025 Finance Committee meeting
 - b. Program, Policies, and Appeals – Approval of the April 16, 2025 Program, Policy, and Appeals meeting.
10. New Business
 - a. Annual Report – pg 44
 - b. Social Media Policy – pg 56
 - c. Procurement and Purchasing Policies – pg 60
 - d. Audit Report – pg 67
 - e. Form 5572 – pg 122
 - f. Three Rivers Carpet Replacement – pg 124

Public Comment:

For the purpose of public participation during public hearings or during the public comment portion of a meeting, every speaker prior to the beginning of the meeting is requested but not required to provide the Board with his or her name, address and subject to be discussed. Speakers are requested to provide comments that are civil and respectful. Each speaker will be allowed to speak for no more than three (3) minutes at each public comment opportunity.

Continued on next page

- g. IPHAI Grant Pull Back
- h. Board of Health Meeting Materials

11. Public Comment

12. Commissioner Comments

13. Adjournment - Next meeting: May 22, 2025

Upcoming Meeting Dates:

- May 19, 2025 @ 9:00 AM - Finance Committee (Hoffmaster, Houtz, & Collins)
- May 21, 2025 @ 8:30 AM - PPA Committee (Leininger, Stoll, & Shaffer)
- May 22, 2025 @ 9:00 AM – Full Board Meeting
- June 16, 2025 @ 9:00 AM - Finance Committee (Hoffmaster, Houtz, & Collins)
- June 18, 2025 @ 8:30 AM - PPA Committee (Leininger, Stoll, & Shaffer)
- June 26, 2025 @ 9:00 AM – Full Board Meeting
- July 21, 2025 @ 9:00 AM - Finance Committee (Hoffmaster, Houtz, & Collins)
- July 16, 2025 @ 8:30 AM - PPA Committee (Leininger, Stoll, & Shaffer)
- July 24, 2025 @ 9:00 AM – Full Board Meeting
- August 18, 2025 @ 9:00 AM - Finance Committee (Hoffmaster, Houtz, & Collins)
- August 20, 2025 @ 8:30 AM - PPA Committee (Leininger, Stoll, & Shaffer)
- August 28, 2025 @ 9:00 AM – Full Board Meeting
- September 15, 2025 @ 9:00 AM - Finance Committee (Hoffmaster, Houtz, & Collins)
- September 17, 2025 @ 8:30 AM - PPA Committee (Leininger, Stoll, & Shaffer)
- September 25, 2025 @ 9:00 AM – Full Board Meeting
- November 3, 2025 @ 9:00 AM - Finance Committee (Hoffmaster, Houtz, & Collins)
- November 5, 2025 @ 8:30 AM - PPA Committee (Leininger, Stoll, & Shaffer)
- November 13, 2025 @ 9:00 AM – Full Board Meeting
- December 1, 2025 @ 9:00 AM - Finance Committee (Hoffmaster, Houtz, & Collins)
- December 3, 2025 @ 8:30 AM - PPA Committee (Leininger, Stoll, & Shaffer)
- December 11, 2025 @ 9:00 AM – Full Board Meeting
- January 16, 2026 @ 9:00 AM – Finance Committee (Hoffmaster, Houtz, & Collins)
- January 21, 2026 @ 8:30 AM - PPA Committee (Leininger, Stoll, & Shaffer)
- January 22, 2026 @ 9:00 AM – Full Board Meeting

Board Education Schedule & Topics:

- February 27, 2025 – Health Department Overview
- March 27, 2025 – Open Meetings Act and Conflict of Interest (during the meeting)
- April 24, 2025 – Audit Presentation (during the meeting)
- May 22, 2025 – Finance
- September 25, 2025 – KOHA
- November 13, 2025 – to be determined

March 27, 2025 – Board of Health Meeting Minutes

The Branch-Hillsdale-St. Joseph Community Health Agency Board of Health meeting was called to order by Chairman, Tim Stoll at 9:00 AM with the Pledge of Allegiance to the Flag of the United States. Roll call was completed as follows: Jared Hoffmaster, Tim Shaffer, Brent Leininger, Rick Shaffer, and Kevin Collins. Jon Houtz was absent.

Also present from BHSJ: Rebecca Burns, Theresa Fisher, Laura Sutter, Heidi Hazel, Joe Frazier, and Kris Dewey.

Mr. Hoffmaster moved to approve the agenda with support from Mr. Collins. The motion passed unopposed.

Mr. Leininger moved to approve the minutes from the February 27, 2025 meeting with support from Mr. Shaffer. The motion passed unopposed.

The agency's attorney, Andrew Brege, provided a presentation on the Open Meetings Act and Conflict of Interest. The presentation covered key aspects of compliance and legal considerations related to both topics. No specific issues or challenges were discussed.

Public Comment: Public comments were provided by 1 individual.

Rebecca Burns, Health Officer, reviewed the monthly Health Officer's Report with the following items included: County Health Rankings, Emergency Preparedness, Staffing Update, Respiratory Virus Season, Public Health Concerns, and Office Updates.

Dr. Luparello's report was provided via a prerecorded video. This month's educational report was titled, "Measles (Rubeola)".

Mr. Shaffer left the meeting.

Departmental Reports:

- Area Agency on Aging
- Personal Health & Disease Prevention
- Health Education & Promotion
- Environmental Health

Financial Reports/Expenditures

- Mr. Hoffmaster moved to approve the expenditures for February with support from Mr. Leininger. The motion passed unopposed.
- Mr. Leininger moved to place the financials for February on file with support from Mr. Hoffmaster. The motion passed unopposed.

Committee Reports:

- Finance Committee – Mr. Hoffmaster moved to approve the minutes from the March 17, 2025 Board of Health Finance Committee meeting with support from Mr. Leininger. The motion passed unopposed.
- Program, Policy, & Appeals Committee – Did not meet.

Unfinished Business:

- Wallet cards containing contact information were distributed.

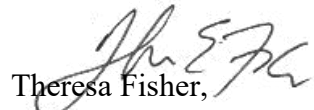
New Business:

- Mr. Hoffmaster moved to accept the quote from STP Painting for the Three Rivers interior paint project in the amount of \$34,900. The motion was supported by Mr. Collins and passed unopposed.
- A report detailing the progress on the Strategic Plan was presented. No action was taken.

Public Comment: No public comments were given.

With no further business, Mr. Leininger moved to adjourn the meeting with support from Mr. Hoffmaster. The motion passed unopposed and the meeting was adjourned at 11:16 AM.

Respectfully Submitted by:



Theresa Fisher,
Administrative Services Director
Secretary to the Board of Health

PUBLIC COMMENT

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Health Officer's Report to the Board of Health for April 24, 2025
Prepared by: Rebecca A. Burns, M.P.H., R.S.

Agency Updates

Day at the Capitol & Public Health Week in Michigan: The annual Day at the Capitol was held on April 9, while I was on vacation. Our agency was proudly represented by Dr. Luparello and Kris Dewey. During their visit to Lansing, they attended the Public Health Week Hometown Health Hero Award ceremony, where our nominee, the Coldwater Township Sunrise Rotary, was honored.

Candy Cox, a team member from our Coldwater office and a member of the Rotary, was present for the event. I've attached the MDHHS press release regarding the awards for your reference.



Federal Grant Pull-back: On April 1, our agency was notified by MDHHS to cease spending on the FY25 grant titled *Infection Prevention and Healthcare-Associated Infections Response Support*, effective March 31. This grant was originally funded at \$400,000, of which approximately \$40,000 has been spent. While the loss of funding is unfortunate, we had proactively made the difficult decision in FY24 to reduce staffing supported solely by this and other pandemic-related grants. Our mobile nurse position, which was funded through this grant and others, has been removed from active posting and will not be filled.

Staff time previously allocated to this grant—primarily for capacity-building activities—has been successfully reassigned to other funding sources. Due to careful long-term planning, we are confident that no staff layoffs will be necessary.

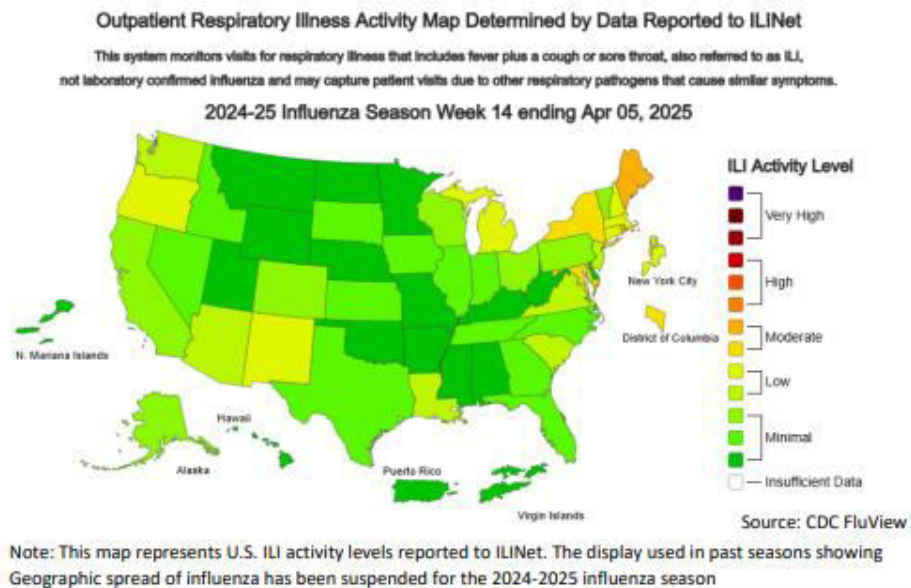
Staffing Update: We are currently recruiting for an Outreach Specialist position within the Area Agency on Aging, funded through the No Wrong Door Grant.

Measles Outbreak in Michigan: Michigan is experiencing its first measles outbreak since 2019, currently with 7 confirmed cases as of April 17, 2025. An outbreak is defined as three or more related cases. This resurgence reflects national trends and extends into nearby areas in Canada. Although measles was declared eliminated in the U.S. in 2000 thanks to widespread vaccination, misinformation continues to affect immunization rates. A fraudulent 1998 study falsely linking the MMR vaccine to autism contributed to vaccine hesitancy. There is no link between the MMR vaccine and autism. Two doses of the MMR vaccine provide 97% protection against measles. For more information, view this brief video from Michigan's Chief Medical Executive, Dr. Natasha Bagdasarian, explaining the disease and vaccine. [Measles](#).

Respiratory Virus

Season: The influenza like activity map has changed greatly from my last report which still showed Michigan at High/Very High. It was a particularly bad influenza season with 7 pediatric flu deaths in Michigan one of which was from our area.

Accreditation: Attending our meeting this month is Laura de la Rambelje, Director of the Division of Local Health Services at MDHHS and others from her department. Laura will be presenting our accreditation certificate from the review conducted in March 2023. Laura is a supporter of local public health and resource for all 45 local health departments.



Our agency continues final preparations for the upcoming Michigan Local Public Health Accreditation Review, scheduled for the week of March 2, 2026. Michigan's accreditation program is recognized nationally for advancing public health performance. Launched in 1998 by MDHHS, MPHIL, and other partners, it assesses performance and ensures accountability.

Most program staff (MDHHS, MDARD, & EGLE) will be onsite in March 2026 to meet with our team, but some programs are reviewed remotely. If any standards are not met, a Corrective Plan of Action (CPA) must be submitted and followed up. I serve on the Standards Review Committee, which evaluates and approves the criteria used by the reviewers in their review. The EGLE onsite wastewater team is still finalizing standards, and proposed changes are causing concern among local health departments, potentially delaying standard finalization for this cycle.

Public Health Concerns:

Blood Lead Universal Testing Rules: We are continuing to wait for JCARR to publish the expected rules.

Highly Pathogenic Avian Influenza "Bird Flu": This continues as a concern with the most recent detection of HPAI in a backyard poultry flock in Ingham County on March 20th.

Coldwater Office: A group of bidders were in our office 2 weeks ago to look at the project of repairing our restrooms and replacing the counter top in the clinic intake area. The HVAC upgrade project is ongoing.

Hillsdale Office: The contractor that visited our Hillsdale location to develop a specifications sheet to be used by bidders of the proposed project is working to finish up that information. Our next step will be to request bids.

Sturgis: Nothing at this time.

Three Rivers Office: The Finance Committee will be reviewing bids for new carpet in the Three Rivers location and I expect will move forward one to suggest acceptance at the board meeting. The painting project has been completed and staff have commented on how good everything looks.



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

FOR IMMEDIATE RELEASE
April 9, 2025

CONTACT: Laina Stebbins
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StebbinsL@michigan.gov

Hometown Health Heroes and Jean Chabut Policy Champions honored by Michigan Public Health Week Partnership

LANSING, Mich. - As part of Public Health Week in Michigan, 10 individuals and organizations were presented with the 2025 Hometown Health Hero and Jean Chabut Health Policy Champion awards for their contributions to protecting and improving the health of Michigan residents. The Michigan Public Health Week Partnership, a collaboration of state and local health agencies, universities and organizations dedicated to advancing public health, presents the awards each spring. The Michigan Department of Health and Human Services (MDHHS) is a founding member of this partnership.

"Public health is built on the dedication of individuals and organizations working tirelessly to improve the well-being of their communities," said Elizabeth Hertel, MDHHS director. "These annual public health awards recognize those who go above and beyond to create a healthier Michigan for all. Their passion and commitment inspire us to continue striving for a future where every Michigan resident has the opportunity to thrive."

2025 Jean Chabut Health Policy Champion Award

Four recipients were honored this year with the Jean Chabut Health Policy Champion Award. These organizations and individuals have demonstrated an untiring commitment to the health and safety of their communities.

Barry-Eaton District Public Health Department and Oakland County Health Division

To achieve the Project Public Health Ready (PPHR) national recognition, organizations must demonstrate preparedness and response capability by meeting a comprehensive set of nationally recognized standards by the National Association of County and City Health Officials. This recognition is valid for five years. These health departments first achieved PPHR recognition in 2019 and have successfully completed the recognition process again in 2024.

Adeline Hambley, Ottawa County Department of Public Health

As Ottawa County's Administrative Health Officer, Adeline Hambley demonstrated unwavering commitment to protecting public health amid significant political and financial challenges. When essential public health programs faced difficulties due to funding uncertainties, she took decisive action to ensure continued services, including immunization programs and disease prevention efforts. Her leadership helped maintain

public trust, supported staff retention during a difficult period and reinforced the importance of evidence-based public health practices. Through her resilience and dedication, Hambley has set a lasting example for public health leadership in Michigan.

Dr. Brittany Tayler, MSU Pediatric Public Health Initiative

As an active member of Michigan State University, the City of Flint and surrounding communities, Tayler leads efforts addressing tobacco and cannabis prevention throughout Genesee County. At the state level, she works in partnership with legislators, impacting policies and laws to influence change. Tayler works tirelessly and collaboratively with a variety of academic and community partners to improve quality of life and health outcomes for Flint children, families and even neighboring cities.

2025 Hometown Health Heroes Award Winners

Six recipients were honored this year with the Hometown Health Hero Award. These individuals and organizations have gone above and beyond to improve the health and well-being of their communities through dedication, innovation and service.

Dr. Nicole Jones, MSU Pediatric Public Health Initiative

For more than eight years, Dr. Nicole Jones has played a key role in the Flint Registry, connecting more than 24,000 Flint residents affected by lead exposure to essential health, housing, and support services. Under her leadership, the registry has facilitated more than 34,000 referrals, ensuring families receive critical resources to improve their well-being. Beyond her work as an epidemiologist, Jones has been a champion for community engagement, collaborating with local organizations, advisory boards and residents to shape public health initiatives. Her dedication has helped strengthen public trust, expand access to care and improve health outcomes for Flint families.

Coldwater Township Sunrise Rotary Club

Heavily involved in improving the health of their community, the rotary club has supported efforts to increase vaccination, address child abuse and ensure families have food on the table. The Coldwater Township Sunrise Rotary Club has:

- Contributed \$25,000 to increase awareness of polio and the polio vaccine.
- Raised \$36,000 in 2022 to support of the opening of the Branch County Child Advocacy Center, which supports children who are the victims of abuse.
- Supported social determinants of health through support of Habitat for Humanity construction projects, local food pantries and English as a Second Language classes for new immigrants moving to the area for employment opportunities.
- Participated in the C-19 Task Force, a partnership of community organizations and businesses during the COVID-19 pandemic and provided \$16,275 to the Branch Area Food Pantry.

Paul Bock, Munson Healthcare

As a Peer Recovery Coach, Bock has been a trailblazer in integrating recovery coaching into medical settings across northern Michigan. Serving a vast 31-county region, he provides critical one-on-one support to individuals seeking recovery, helping them navigate treatment options, access essential resources and overcome barriers like legal issues and employment challenges. His work has influenced the expansion of substance use disorder services, reduced stigma through education and storytelling, and fostered a recovery-oriented system of care. As a mentor, advocate and leader,

Bock's unwavering commitment to supporting those in recovery has transformed lives and strengthened communities.

Ingham County Health Department Neighborhood Wellness Center at Epicenter of Worship

Since opening in August 2024, the Ingham County Health Department Neighborhood Wellness Center (NWC) at Epicenter of Worship has provided critical health services to vulnerable residents in Lansing, focusing on preventive care and addressing social determinants of health (SDOH). The center has already conducted more than 70 client engagements, including diabetes screenings, cholesterol screenings, hypertension screenings and the distribution of more than 150 over-the-counter test kits at no cost. This NWC has gone beyond standard care to save lives and remove barriers to health, offering more than 56 SDOH consultations and 68 assists to help residents with health care navigation, housing and financial assistance. Through compassionate, hands-on support, the center ensures Lansing residents get not just screenings but the resources to truly improve their lives.

The Office of Community Outreach and Engagement, Barbara Ann Karmanos Cancer Institute

Dedicated to improving cancer outcomes and reducing health disparities across Michigan's diverse communities, the Office of Community Outreach and Engagement serves 46 counties. It leads the Michigan Cancer HealthLink, a statewide network that empowers cancer survivors, caregivers and advocates to engage in local cancer research. The network includes 11 Cancer Action Councils, fostering community involvement in cancer care. Additional programs, such as Community Conversations on Cancer and Michigan Community Outreach to Address Financial Toxicity, facilitate crucial dialogue between scientists and the community. Through these efforts, the office spreads awareness of cancer care, clinical trials and research resources, driving change and promoting equitable cancer care throughout the state.

St. Clair County Community Mental Health

Committed to providing accessible, coordinated care for mental health and substance use disorders, St. Clair County Community Mental Health recognizes that healing involves both mind and body. This community mental health service provider has:

- Ensured integrated health care by coordinating care for more than 4,000 individuals with primary care physicians.
- Partnered with 67 physicians for cooperative care agreements.
- Embedded a clinician with the Port Huron Police Department, providing more than 1,900 service hours.
- Trained 271 law enforcement officers on behavioral health topics.
- Supported 295 individuals through mental health court and 38 through recovery court.
- Conducted 17 school presentations to educate students and staff on various mental health and wellness topics.
- Provided 40 hours of behavioral health care training to more than 300 nursing students at St. Clair County Community College.
- Trained 192 community members in Mental Health First Aid last year, totaling 1,623 trained since 2015.

The awardees were honored by the Michigan Public Health Week Partnership at a ceremony in the State House Office Building Wednesday, April 9. More information about the awards can be found [here](#).

In addition to MDHHS, the Michigan Public Health Week Partnership consists of the following organizations: Eastern Michigan University, Michigan Association of Medical Examiners, Michigan Health and Hospital Association, Grand Valley State University, Michigan Association of Counties, Michigan Association for Local Public Health, Michigan Public Health Association, Michigan Public Health Institute, Michigan State University, University of Michigan School of Public Health and Wayne State University.

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MEDICAL DIRECTOR'S REPORT

April 2025

1. Watching numbers of communicable diseases.
2. We worked on measles plan. Continue discussion.
3. Director and Administrator meetings, in person and zoom.
4. Meetings via zoom and teleconference with several associations.
5. Continuing treatment of multiple latent TB patients and several active TB patients. St. Joseph county afternoon of Board meeting for a patient consultation.
6. Attended Day at the Capital in Lansing on April 9, 2025.
7. Continued telephone conversations with area providers.

Mosquito-Borne Illnesses

As we approach warmer weather, it's important to discuss mosquitoes and mosquito-borne illnesses in the United States.

There are over 200 types of mosquitoes in the continental US. About 12 types spread germs that can make people sick.

Mosquito borne illnesses in the United States include:

West Nile - one of the most common mosquito-borne diseases in the US

Eastern equine encephalitis

Cache Valle, Jamestown Canyon, La Crosse encephalitis, St. Louis encephalitis

Dengue, chikungunya and Zika outbreaks have occurred in the US (Florida, Hawaii, Texas, Puerto Rico, the US Virgin Islands and American Samoa.

Malaria was common the US into the 20th century. Most of the US has Anopheles mosquitoes which can spread malaria.

West Nile Virus

West Nile virus (WNV) is caused by a virus primarily spread to people through the bite of infected mosquitoes.

West Nile is maintained in the environment between mosquitoes and birds.

People do not spread the infection other than rarely through blood transfusions, organ transplantation, and mother to baby.

Mosquitoes feed on infected birds and then bite people and pass on the virus. People are considered dead-end hosts because unlike birds, they do not develop high enough levels of virus in their bloodstream and cannot pass the virus on to other biting mosquitoes.

The incubation period ranges from 2-14 days but can be longer in immunocompromised persons.

An estimated 70-80% of human WNV infections are subclinical or asymptomatic. Most symptomatic persons experience an acute systemic febrile illness that often includes headache, weakness, myalgia, or arthralgia; gastrointestinal symptoms and a transient maculopapular rash also are commonly reported.

Less than 1% of infected persons develop neuroinvasive disease, which typically manifests as meningitis, encephalitis, or acute flaccid myelitis.

The overall fatality in people with neuroinvasive WNV (1% of WMV) is approximately 10%, and long-term neurologic sequelae are common.

Treatment: Mosquito control

Director's Report

Updates:

1. Services to Victims of Elder Abuse Program Updates
 - The team continues to advocate for vulnerable adults. Since our last BOH meeting, there has been much ado at a large, subsidized apartment complex in Sturgis whose owner is selling the property. Housing changes when it's a subsidized property – becomes a tedious process that is very complex and detailed for each and every resident. It puts people/residents at risk of losing their housing because they find challenges in understanding the process due to disability(ies), education level or other barriers. The team is supporting residents with information, space accommodations, and offering to coordinate support with the Disability Network of SW Michigan for additional assistance.
 - The team spoke with Coldwater (WTVB) and Sturgis (WBET) radio stations earlier this month to discuss “National Crime Victims Awareness Week” and the Victim Assistance Program.
 - IDT meetings continue with case review, collaboration, and resource sharing.
2. We are still awaiting the full-year Statement of Grant Award from the ACLS Bureau who is awaiting their Notice of Award from the federal government. We've alerted providers they may need to hold requests for April services if awards continue to be delayed. This could cause delays in service delivery – it could affect our programs/services that are federally grant funded in Region IIIC – congregate & home delivered meals, in home services like personal care and homemaking, transportation, health/wellness programming, caregiver services, and more.
3. No Wrong Door 2025 Updates:
Our NWD contract is now signed. Person-Centered Options Counseling continues to develop, staff and volunteer training in “full swing” for health insurance counseling, and alllllll the reporting mechanisms are being developed.... Moving forward!
4. FY2026 Annual Implementation Plan DRAFT is available on our [website](#). We've discussed each section of the AIP draft with the Advisory Committee on April 15th. There are a few omissions in narrative due to technology glitches experienced with the state's data system, so those program development objectives, for example, were shared verbally.

You should have received the press release announcing the upcoming Public Hearing for the FY26 AIP being held on Monday, April 28th at 10:00am at our Three Rivers office. All are welcome!

Next steps: Feedback & comments (written or verbal) will be included in the Public Hearing section. From there, the Final Draft AIP will be updated and reloaded online. Then, we will take the Final Draft to the BOH Finance Committee at their May 19th meeting followed by a presentation to the full Board at the May 22nd meeting. Once Board supported, we will share the FY26 AIP with both County Administrators and respond to any requests they may have for update presentations at early June County Commission meetings. We appreciate your time and review of our FY2026 Annual Implementation Plan document!

Personal Health and Disease Prevention: April 24th, 2025

Heidi Hazel, BSN, RN

Communicable Disease:

Data from our regional epi's.

Here is a link to the Seasonal Respiratory Viruses dashboard. [MDHHS Seasonal Respiratory Viruses Dashboard](#).

Influenza: Influenza -like illness activity reported by healthcare providers, schools, and laboratories have decreased since late February. Michigan is currently listed as low.

Pediatric deaths: Nationally, there have been 188 influenza associated deaths and seven for Michigan.

Interim Estimates of 2024-2025 Seasonal Influenza Vaccine Effectiveness:

[CDC MMWR Seasonal Influenza Vaccine Effectiveness](#)

Interim Estimates of 2024-2025 COVID-19 Vaccine Effectiveness Among Adults 18 years and older:

[CDC MMWR 2024-2025 COVID-19 Vaccine Effectiveness](#)

Measles: There have been 6 confirmed measles cases in Michigan this year. Oakland (1), Kent (1), Macomb (1), Montcalm (2), Ingham (1). Link to Measles updates [Measles Updates MDHHS](#).

Between January 1 and April 4, 2025, the CDC received 607 reports of confirmed cases over 22 jurisdictions. The largest U.S. outbreaks are currently in New Mexico and Texas. From April 3 to April 9, 2025, 155 new cases were reported in Ontario (14 of those cases in Windsor). Several U.S. measles cases have been linked to the Ontario outbreak, including three confirmed cases in Michigan.

The Chief Medical Executive, Dr. Bagdasarian did reach out to schedule a meeting to discuss measles outbreak for our Amish and Mennonite Communities.

Rabies: One bat in the UP as of January 8, 2025. [Map of Rabies Positive Animals in Michigan](#)

TB/LTBI: We currently have a few cases that our nurses are following closely:

- Hillsdale: 2 TB and 1 LTBI
- Branch: 7 LTBI
- St. Joseph: 3 LTBI

Immunizations/STD/HIV:

Sexually Transmitted Infections (STIs) Awareness Week is April 13-19. The Michigan Department of Health and Human Services is urging Michiganders to advocate for their sexual health and to get tested for STI's regularly. These services have been advertised, and contraceptive supplies remain available in all locations.

We met with a representative from CARES, a Sexual Wellness Agency serving the Southwest Michigan community. In response to the recent increase in STI cases within our jurisdiction, we discussed testing options and are working with them to develop a collaborative plan to better address the community's STI-related needs.

Women, Infant, and Children (WIC):

The upcoming WIC Conference is scheduled for May 8-9. I also wanted to highlight some encouraging trends in our caseload. Since September, our participation and benefit utilization numbers have consistently remained above 4,100. To put that in perspective, during fiscal year 2022, our caseload typically ranged between 3,500 and 3,800. This marks a significant improvement, and importantly, we are now exceeding our state-assigned caseload target of 3,871.

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

CSHCS:

We're proud to have helped four families successfully access TEFRA (Tax Equity and Fiscal Responsibility Act of 1982), also known in Michigan as the Home Care Children's Program. This is a huge milestone for these families, as TEFRA provides a critical pathway to Medicaid for children with disabilities. It allows children with certain physical or mental health needs to receive Medicaid coverage—even when their family's income is too high to normally qualify—so they can get the care, treatment, and supplies they need without the financial burden falling entirely on the family.

HEARING AND VISION/KOHA:

Our technicians and Dental Hygienist are currently in the midst of Kindergarten Round-Up season while also wrapping up the end of the school year. It's a busy but productive time as they support families and schools through important health screenings and preparations for incoming students.

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

Confirmed & Probable Case Totals	Mar-25				FYTD 2024-2025 (Oct-Sept)				FYTD 2023-2024 (Oct-Sept)			
	BR	HD	SJ	Total	BR	HD	SJ	Total	BR	HD	SJ	Total
Animal Bite/Rabies potential exposure	1	5	-	6	3	17	-	20	3	21	5	29
Blastomycosis	-	-	-	-	-	-	-	-	-	-	-	-
Brucellosis	-	-	-	-	-	-	-	-	-	-	-	-
Campylobacter	2	1	-	3	7	3	7	17	4	4	3	11
Chicken Pox	-	-	-	-	-	-	-	-	-	-	-	-
Chlamydia	7	-	16	23	37	37	102	176	44	38	79	161
Coccidioidomycosis	-	-	-	-	-	-	-	-	-	-	-	-
CRE Carbapenem Resistant Enterobac.	-	-	-	-	-	-	-	-	2	2	1	5
Cryptosporidiosis	1	2	-	3	1	2	-	3	1	1	1	3
Giardiasis	-	-	-	-	-	-	1	1	-	3	1	4
Gonorrhea	3	-	5	8	5	6	28	39	14	14	16	44
H. Influenzae Disease - Inv.	-	-	-	-	-	1	2	3	1	-	-	1
Hepatitis B - Acute	-	-	-	-	-	-	2	2	1	-	1	2
Hepatitis B - Chronic	-	-	1	1	1	1	1	3	3	-	3	6
Hepatitis C - Acute	-	-	-	-	-	-	-	-	1	-	1	2
Hepatitis C - Chronic	1	-	1	2	1	4	6	11	2	5	5	12
Hepatitis C Unknown	-	-	-	-	1	-	-	1	-	-	-	-
Histoplasmosis	-	-	1	1	1	-	1	2	2	-	1	3
HIV/AIDS	-	-	-	-	1	-	-	1	1	-	1	2
Influenza	91	17	125	233	532	110	614	1,256	385	58	250	693
Kawasaki	-	-	-	-	-	-	-	-	-	-	-	-
Latent Tuberculosis	1	-	1	2	1	1	1	3				
Legionellosis	-	-	-	-	-	1	-	1	-	-	1	1
Listeriosis	-	-	-	-	-	-	-	-	-	-	-	-
Lyme Disease	-	-	1	1	3	2	4	9	-	1	5	6
Measles	-	-	-	-	-	-	-	-	-	-	-	-
Menengitis - Aseptic	-	-	-	-	-	1	-	1	1	-	2	3
Menengitis - Bacterial	-	-	-	-	1	-	-	1	-	-	1	1
Meningococcal Disease	-	-	-	-	-	-	-	-	-	-	-	-
Mumps	-	-	-	-	-	-	-	-	-	-	-	-
Mycobacterium - Other	1	1	-	2	5	3	1	9	1	1	3	5
Norovirus	-	-	-	-	16	1	-	17	-	-	-	-
Novel Coronavirus	31	20	29	80	312	510	257	1079	610	666	468	1744
Pertussis	-	3	4	7	7	14	7	28	-	1	-	1
RSV	-	8	1	9	-	8	1	9				
Salmonellosis	1	-	-	1	3	-	3	6	3	-	-	3
Shiga Toxin-prod. (STEC)	-	-	-	-	-	1	1	2	-	1	-	1
Shigellosis	-	-	-	-	-	-	-	-	-	-	-	-
Shingles	-	-	-	-	-	-	1	1	1	1	-	2
Staphylococcus Aureus Infect.	-	-	-	-	-	-	-	-	-	-	-	-
Strep Invasive Gp A	-	-	1	1	3	-	4	7	4	5	3	12
Strep Pneumonia Inv Ds.	-	1	1	2	-	3	1	4	3	7	6	16
Syphilis - Primary	1	-	2	3	1	-	8	9	-	-	-	-
Syphilis - Secondary	-	-	-	-	1	-	3	4	-	2	-	2
Syphilis To Be Determined	2	-	-	2	2	3	7	12	1	1	3	5
Trichinosis	-	-	-	-	-	1	-	1	-	-	-	-
Tuberculosis	-	-	-	-	-	2	-	2	-	-	1	1
Unusual Outbreak/Occurrence	-	-	-	-	-	-	-	-	-	-	1	1
VZ Infection, Unspecified	-	-	-	-	-	1	-	1	1	2	1	4
Yersinia Enteritis	-	-	-	-	-	1	1	2	-	1	1	2

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

	Mar-25					YTD 2024-2025					YTD 2023-2024				
	BR	HD	ST	TR	Total	BR	HD	ST	TR	Total	BR	HD	ST	TR	Total
CHILD IMMUNIZATIONS															
# Vaccines Given CHA	106	133	45	32	316	1,583	1,054	339	1,293	4,269	884	740	369	355	2,348
All VFC Doses Given	612	300	-	491	1,403	3,554	1,849	157	3,022	8,582	4,693	2,212	-	3,888	10,793
Waivers	13	7	4	8	32	81	68	16	69	234	81	71	4	64	220
ADULT IMMUNIZATIONS															
# Vaccines Given CHA	70	15	10	24	119	356	131	108	90	685	595	120	43	158	916
All AVP Doses Given	29	3	-	13	45	367	114	14	121	616	167	111	-	45	323
COMMUNICABLE DISEASE															
TB Tests Done	3	9	-	2	14	25	49	2	14	90	32	41	4	11	88
STD treatments	2	-	-	10	12	5	4	-	56	65	2	17	-	65	84
HIV Testing	-	-	-	8	8	2	8	-	48	58	1	6	1	48	56
ENROLLMENTS															
Medicaid & Michild	1	1	-	-	2	10	4	-	-	14	9	7	2	3	21
REFERRAL SERVICE															
MCDC Referrals	2	12	6	7	27	20	21	82	78	201	33	57	76	61	227
MIHP referrals	1	-	14	16	31	2	-	278	265	545	8	1	127	138	274
Hearing Screens															
Pre-school	24	63	-	180	267	223	170	-	246	639	35	75	-	192	302
School Age	46	1	-	148	195	853	715	619	1,025	3,212	870	883	-	1,708	3,461
Vision Screens															
Pre-school	64	64	-	-	128	253	155	-	54	462	75	20	-	190	285
School Age	101	-	-	27	128	1,571	1,555	-	2,822	5,948	2,895	2,044	-	3,907	8,846
Children's Special Health Care Services															
Diagnostics	-	-	-	-	-	3	1	-	-	4	11	1	-	-	12
Assessments-Renewal	16	21	-	27	64	115	125	-	167	407	100	118	-	155	373
Assessments-New	8	10	-	6	24	8	47	-	24	79	4	29	-	20	53

2024 - 2025 Caseload [1] Management Report	LA #: 12
	Name: Branch-Hillsdale-St. Joseph Community Health

State Participation/Enrollment Ratio [2]:					
Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Curr Year P/E Ratio (last 12 months)
96.0%	96.2%	96.2%	96.1%	95.8%	95.3%

Months	Enrollment [3]	Initial Participation [4]	Closeout Participation [5]	% Change in Participation [6]	Participation/ Enrollment Ratio[2]
Oct / 2023	4,263	3,999	4,039		93.81%
Nov / 2023	4,252	3,953	4,007	-0.79%	92.97%
Dec / 2023	4,201	3,849	3,931	-1.90%	91.62%
Jan / 2024	4,262	3,916	3,989	1.48%	91.88%
Feb / 2024	4,269	3,953	3,997	0.20%	92.60%
Mar / 2024	4,271	3,941	3,997	0.00%	92.27%
Apr / 2024	4,305	3,984	4,024	0.68%	92.54%
May / 2024	4,316	3,959	3,992	-0.80%	91.73%
Jun / 2024	4,333	3,929	4,006	0.35%	90.68%
Jul / 2024	4,390	4,029	4,075	1.72%	91.78%
Aug / 2024	4,412	4,054	4,096	0.52%	91.89%
Sep / 2024	4,389	4,067	4,110	0.34%	92.66%
Oct / 2024	4,449	4,160	4,195	2.07%	93.50%
Nov / 2024	4,450	4,161	4,211	0.38%	93.51%
Dec / 2024	4,441	4,138	4,191	-0.47%	93.18%
Jan / 2025	4,461	4,153	4,198	0.17%	93.10%
Feb / 2025	4,373	4,079	4,127	-1.69%	93.28%
Mar / 2025	4,326	4,060	(est[7]) 4,181		93.85%
Apr / 2025	0	0	(est[7]) 4,114		
May / 2025	0	0	0		
Jun / 2025	0	0	0		
Jul / 2025	0	0	0		
Aug / 2025	0	0	0		
Sep / 2025	0	0	0		

Total (Year to date)	26,500	24,751	20,922		
Curr Year Avg	4,417	4,125	4,184	597.30%	92.61%
Months with Count	6	6	5	5	6
Average to Base % [8]		106.6%	108.10%		
Last yrs Base % [9]		106.7%	108.12%		
Last yrs Average	4,305	3,969	4,022		92.20%

Estimated average participation for current year to date:	4,174	Funding Allocation Information Total Funding Allocation: \$908,156 Assigned Funding Participation Count [11]: Current Yr Base: 3,871 Previous Yr Base: 3,720
Actual average monthly participation current year to date [10]:	4,184	

- [1] **Caseload:** The term used to refer to the number of clients being served in a given time. This is comprised of both enrollment and participation.
- [2] **Participation/Enrollment Ratio:** The number of clients participating divided by the number enrolled.
- [3] **Enrollment:** Number of clients certified to receive benefits in the given month. Final counts available for the month that just ended.
- [4] **Initial Participation:** Number of clients receiving benefits at the beginning of the month. Comparison between this and the closeout participation is indicative of the number of participants added over the course of the month. This can be used to inform staff of participation numbers at the start of the month and enable them to proactively improve participation before it is finalized.
- [5] **Closeout Participation:** Final number of clients who received benefits for the given month. Finalized approx. 5 weeks after the month ends.
- [6] **% Change in Participation:** The % difference in closeout participation when compared to the previous month.
- [7] **est:** It is the estimated participation for the given month. This is available prior to the closeout participation being available. It is a calculated value based on prior months' participation. **NOTE: Last two non 0 values are "Estimates"**
- [8] **Average to Base %:** Compares the current year average participation to the current year base.
- [9] **Last yrs Base %:** Compares last year's average participation to the last year base.
- [10] **Actual Avg. Part. For current year to date:** It is an average that includes the participation counts for all months in the current year where participation has been finalized.
- [11] **Assigned Funding Participant Count:** The value used in the calculation to determine the funding allocated to the local agency for the fiscal year. For additional details, refer to your agency's annual funding allocation letter.

Included in This Month's Report:

1. HEP Update
2. Community Health Worker (CHW) Program Update
3. Car Seat Program
4. Community Events
5. Social Media Update

1. Health Education & Promotion Department Update:

The Michigan Office of Highway Safety and Planning grant continues to be on target with the deliverables for the grant. We have received 348 surveys as of this writing. We shared the data that was available at the last Advisory Committee meeting on April 11, 2025. At that meeting we welcomed staff from the Michigan Department of Transportation to the group. Our subgroups continue working on enhancing the vulnerable population module of Drivers' Education and developing a community education booklet on road safety. We have submitted the FY 2026 grant application. We are awaiting a response to our preliminary in order to submit a full application.

We are working on the Lock It Up Campaign for 2025. We have identified topics for our online video educations, received the quote for secure storage devices, and are planning the social media campaign.

We participated in the Day at the Capital on April 9, 2025. Coldwater Township Sunrise Rotary received a Hometown Healthcare Hero award from the Michigan Public Health Week Partnership. We met with Senator Joe Bellino and staff from Senator Lindsay's office. Meetings in district have been held with Representative Carra and Representative Wortz.

The agency's All Staff Meeting will be held on April 25, 2025. Our offices will be closed that day.

We have completed the 2024 Annual Report.

The opioid awareness program in Hillsdale County has been scheduled for October 16, 2025 at the Searle Center on the campus of Hillsdale College. The planning committee working to finalize the agenda and continuing education credits for professional disciplines. Senator Bellino will be offering opening remarks.

The agency distributed 1 press release in March. There were 15 media stories in March that mentioned the agency.

Social Media continues to spread our message to the community. In March we covered the following topics:

- | | |
|---|--|
| <ul style="list-style-type: none"> • Nutrition Month- My Plate nutrition tips and recipes • Doula Appreciation Week- What is a Doula and how to I find one? resource shared- Branch Hillsdale St. Joseph Community Health Agency • Take Control- Take Control of Your Birth Control • County Health Rankings- County Health Rankings and Roadmaps - 2025 Data Release! Branch Hillsdale St. Joseph Community Health Agency • New Car Seat Law information- Child Passenger Safety • Emergency Preparedness- Make A Plan Ready.gov | <ul style="list-style-type: none"> • March WIC toolkit • Narcan- Request Naloxone - Michigan — NEXT Distro <p>Recalls:</p> <ul style="list-style-type: none"> • Nestlé USA Announces Voluntary Recall of a Limited Quantity of Lean Cuisine® and STOUFFER'S® Frozen Meals Due to Potential Presence of Foreign Material FDA • Idaho Smokehouse Partners Recalls Ready-To-Eat Beef Stick Products Due to Possible Foreign Matter Contamination Food Safety and Inspection Service |
|---|--|

2. The Michigan Center for Rural Health (MCRH) – Embedding a Community Health Worker Program within the Local Public Health Department Grant:

We continue working with insurance providers to receive allowable reimbursement for services provided by the program. We continue to support Covered Bridge Healthcare with services offered in their offices two days per week. We are working with WellWise on a sub-contract for the No Wrong Door program to help clients with issues related to insurance and care options in Hillsdale County. The CHW attended Point of Care Options training as required for this contract in March.

The greatest needs requested were assistance with Medicaid applications, insurance options, homelessness/risk of homelessness, and finding financial resources through MDHHS.

3. Car Seat Program: The program distributed 34 car seats during January, February, and March. This quarter is typically slow due to the weather.

4. Community Events: We have supported, participated, or will be participating in the following events:

Date	Event
3/12	White Pigeon Kindergarten Round Up – St. Joseph County
3/13	Diaper Bank – St. Joseph County
3/14	Friendship Friday – St. Joseph County
3/18	Sturgis School's Kindergarten Round-Up – St. Joseph County
3/24	Coach Eby Dinner – Branch County
4/5	Wonderland Hunt – Branch County
4/9	Roundtable Presentations - St. Joseph County
4/9	Day at the Capital
4/12	Community Baby Shower – Hillsdale County
4/14	Coach Eby Center – Branch County
4/17	Spring Fling – Hillsdale County
4/17	Parent's Night at Coldwater High School – Branch County
4/23	Jonesville Mission/Great Start Collaborative Outreach – Hillsdale County
4/24	Car Seat Checks at Branch County Sheriff's Department– Branch County
4/28	Coach Eby Center – Branch County
4/28	Presentation on the OHSP Grant to the Traffic Safety Network of SW Michigan
5/1	Car Seat Checks at the Market House – Hillsdale County
5/8	Diaper Bank – St. Joseph County
5/17	CAPA Color Run – Hillsdale County
5/23	Friendship Friday – St. Joseph County

Social Media Data (As of April 1st, 2025)

	# of Followers (Facebook & Instagram)	Instagram Reach (Amount a post is viewed, commented on, shared, etc.)	Facebook Reach (Amount a post is viewed, commented on, shared, etc.)	Video (# and Topic)	Agency Mentions in Local Media (radio stations, local newspaper/digital articles, etc.)	Boosted Activities (# and Topic)
March	4,385	206 (Up 21.9% from Feb.)	28,000 (Up 91.8% from Feb.)	Videos shared: WIC- Macronutrients, Hillsdale Hospital Postpartum, Car Seat Laws, "Team Behind the Scenes" Public Health video.	15	3/24- Beacon Feeding/Postpartum Support Group: Campaigns running for Facebook, Instagram, Pandora and Spotify.
TOTAL TO DATE (Since 10/1/2022)	1 NEW followers since last report	6,943	732,464	25	415	22

**Branch-Hillsdale-St. Joseph Community Health Agency
Environmental Public Health Services
Report for the April 24, 2025 Board of Health Meeting
Prepared by Joseph Frazier R.E.H.S. , Director of Environmental Health**

Food Service Program Update

We are currently in the midst of food licensing season. As we approach the end of the licensing year, we are receiving a growing number of food license renewals in the mail each day.

Across the Tri-County area, there have been several updates involving local food facilities:

- Corner Café in downtown Sturgis has undergone a change in ownership.
- Mocha Town, a new coffee house, has opened in Coldwater.
- The Three Rivers Lions Club has been issued a new limited non-profit food license.

To support temporary food inspections for non-profit organizations, Dee Anderson has assembled kits containing many of the essential items needed to operate safely and in compliance with food safety regulations.

Well, Septic, and Pools

As the weather warms, general staff continue to see an increase in well and septic applications. Our Type II coordinators are also receiving more seasonal start-up reports as Tri-County campgrounds prepare for the 2025 season.

Additionally, our General Supervisor is in the final stages of completing the on-site program evaluation. This assessment will help us evaluate our progress in meeting Minimum Program Requirements (MPRs) and identify areas that may require improvement.

EH Service Statistics Report

BRANCH - HILLSDALE - ST. JOSEPH COMMUNITY HEALTH AGENCY

ENVIRONMENTAL HEALTH SERVICE REPORT 2024/2025

	MARCH				YTD 2024/2025				YTD 2023/2024			
	BR	HD	SJ	TOTAL	BR	HD	SJ	TOTAL	BR	HD	SJ	TOTAL
WELL/SEWAGE SYSTEM EVAL.	-	-	7	7	-	5	16	21	1	-	3	4
CHANGE OF USE EVALUATIONS - FIELD	2	4	3	9	13	20	24	57	15	27	35	77
CHANGE OF USE EVALUATIONS - OFFICE	9	5	3	17	26	15	33	74	25	7	41	73
ON-SITE SEWAGE DISPOSAL												
PERMITS NEW CONSTRUCTION	9	5	8	22	37	41	50	128	27	37	37	101
REPAIR/REPLACEMENT	7	5	6	18	25	22	43	90	24	23	40	87
VACANT LAND EVALUATION	-	2	2	4	4	9	5	18	6	12	3	21
PERMITS DENIED	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	16	12	16	44	66	72	98	236	59	72	80	209
SEWAGE PERMITS INSPECTED	3	4	9	16	33	35	68	136	39	53	78	170
WELL PERMITS ISSUED	12	7	12	31	73	62	94	229	66	64	90	220
WELL PERMITS INSPECTED	4	9	25	38	77	65	114	256	82	85	121	288
FOOD SERVICE INSPECTION												
PERMANENT	25	8	34	67	136	131	196	463	135	131	189	455
NEW OWNER / NEW ESTABLISHMENT	2	-	2	4	6	2	12	20	4	7	15	26
FOLLOW-UP INSPECTION	-	-	1	1	2	4	7	13	7	6	5	18
TEMPORARY	-	1	2	3	8	5	13	26	7	6	23	36
MOBILE/STFU	3	3	7	13	8	10	25	43	9	9	17	35
PLAN REVIEW APPLICATIONS	2	-	3	5	5	2	5	12	5	-	10	15
FOOD RELATED COMPLAINTS	4	-	-	4	7	-	6	13	1	5	6	12
FOODBORNE ILLNESS INVESTIGATED	-	-	-	-	-	-	1	1	1	3	1	5
FOOD CLASSES												
MANAGEMENT CERTIFICATION CLASS	-	-	-	-	-	-	-	10	10	-	-	10
CAMPGROUND INSPECTION	-	-	-	-	-	-	-	-	-	-	-	-
NON-COMM WATER SUPPLY INSP.	1	-	2	3	5	9	17	31	9	4	19	32
SWIMMING POOL INSPECTION	-	-	-	-	9	5	4	18	-	6	1	7
PROPOSED SUBDIVISION REVIEW	-	-	-	-	-	-	-	-	-	-	-	-
SEPTIC TANK CLEANER	2	1	-	3	8	1	-	9	2	1	5	8
DHS LICENSED FACILITY INSP.	1	-	4	5	7	12	16	35	9	9	9	27
COMPLAINT INVESTIGATIONS	-	6	1	7	7	12	8	27	4	14	3	21
LONG TERM MONITORING	-	-	-	-	-	-	-	-	-	-	-	14
BODY ART FACILITY INSPECTIONS	2	-	-	2	2	5	3	10	5	3	8	16



570 Marshall Road
Coldwater, MI 49036
(517) 279 - 9561 ext. 106

20 Care Drive
Hillsdale, MI 49242
(517) 437 - 7395 ext. 311

1110 Hill Street
Three Rivers, MI 49093
(269) 273 - 2161 ext. 233

Inspection Type Count By County

For Date Range: 03/01/2025 - 03/31/2025

County	Inspection Type / Reason	Count
Branch County		
	<u>Food Safety</u>	
	Non Foodborne Illness Complaint - Initial	4
	Plan Review Activity - Initial	1
	Pre-Opening - Pre-Opening	2
	Risk Based Inspection - Routine	25
	STFU Inspection - Routine	3
	Total # of Food Safety inspections - Branch County	35
Hillsdale County		
	<u>Food Safety</u>	
	Progress Note - New Inspection Reason	2
	Risk Based Inspection - Routine	8
	STFU Inspection - Routine	3
	Temporary Food Inspection - Routine	1
	Total # of Food Safety inspections - Hillsdale County	14
St. Joseph County		
	<u>Food Safety</u>	
	Non Foodborne Illness Complaint - Initial	2
	Pre-Opening - Pre-Opening	2
	Progress Note - New Inspection Reason	2
	Risk Based Inspection - Follow-up	1
	Risk Based Inspection - Routine	34

Inspection Type Count By County

For Date Range: 03/01/2025 - 03/31/2025

County	Inspection Type / Reason	Count
	STFU Inspection - Routine	7
	Temporary Food Inspection - Routine	2
	Total # of Food Safety inspections - St. Joseph County	50
	<u>Total # of inspections - All counties</u>	<u>99</u>



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(269) 273 - 2161 ext. 233

Food Establishment Inspection Report by Facility Name

For Date Range: 03/01/2025 - 03/31/2025 and Food Program

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
9th Street Methodist Church	Three Rivers	03/14/2025	Risk Based Inspection - Routine	0	0	0	0
Amish Goodie Shop	Quincy	03/12/2025	STFU Inspection - Routine	0	0	0	0
Andrews Elementary School	Three Rivers	03/24/2025	Temporary Food Inspection - Routine	0	0	0	0
Angel's Concessions	Sturgis	03/13/2025	STFU Inspection - Routine	0	0	0	0
BIGGBY COFFEE #254 V&K CAFE DBA	COLDWATER	03/17/2025	Risk Based Inspection - Routine	0	0	0	0
Blind Island Brewery	Sturgis	03/07/2025	Risk Based Inspection - Routine	0	0	0	0
BOB EVANS RESTAURANTS LLC #2035	COLDWATER	03/26/2025	Non Foodborne Illness Complaint - Initial	0	0	0	0
BPOE 1381 (ELKS LODGE)	STURGIS	03/06/2025	Risk Based Inspection - Routine	0	1	1	1
BRANCH INTER. SCHOOL DISTRICT	COLDWATER	03/10/2025	Risk Based Inspection - Routine	0	0	0	0
Bread and Butter Kitchen	Sturgis	03/13/2025	Risk Based Inspection - Routine	1	0	1	1
BRONSON DISTRICT - Chicago St School	BRONSON	03/03/2025	Risk Based Inspection - Routine	0	0	0	0
BUFFALO WILD WINGS	COLDWATER	03/17/2025	Non Foodborne Illness Complaint - Initial	0	0	0	0
Bull's Holy Smoke	Sturgis	03/03/2025	STFU Inspection - Routine	0	0	0	0
Bull's Holy Smoke	Sturgis	03/24/2025	STFU Inspection - Routine	0	0	0	0

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
Burr Oak United Methodist Kitchen	Burr Oak	03/24/2025	Risk Based Inspection - Routine	0	0	0	0
Castaway Lounge LLC	Coldwater	03/21/2025	Risk Based Inspection - Routine	0	0	0	1
Charlies Pride Barbecue	East Leroy	03/17/2025	Pre-Opening - Pre-Opening	0	0	0	0
COLDWATER BURGER KING #4652	COLDWATER	03/06/2025	Non Foodborne Illness Complaint - Initial	0	0	0	0
Country Table Restaurant	White Pigeon	03/21/2025	Progress Note - New Inspection Reason	0	0	0	0
Country Table Restaurant	White Pigeon	03/31/2025	Risk Based Inspection - Routine	1	0	1	1
D & S Lounge	Pittsford	03/28/2025	Risk Based Inspection - Routine	0	1	0	0
DQ Grill & Chill	Coldwater	03/04/2025	Risk Based Inspection - Routine	0	0	0	2
Eicher's Subs	Montpelier	03/17/2025	STFU Inspection - Routine	0	0	0	0
El Camino Real	Three Rivers	03/05/2025	Risk Based Inspection - Routine	0	1	1	1
El Sabor de Mi Pueblo	Sturgis	03/17/2025	STFU Inspection - Routine	0	0	0	0
Elotes Don Martin	Sturgis	03/21/2025	STFU Inspection - Routine	0	0	0	0
Factoryville Bible Church	Athens	03/17/2025	Temporary Food Inspection - Routine	0	0	0	0
FIRM FOUNDATION MINISTRIES	CENTREVILLE	03/26/2025	Risk Based Inspection - Routine	0	0	0	0
FIRST CHURCH OF GOD	Three Rivers	03/10/2025	Risk Based Inspection - Routine	0	0	0	0
Freakin Pizza Parlor	Sturgis	03/06/2025	Risk Based Inspection - Routine	0	0	0	1
GIRARD HEAD START BISD	COLDWATER	03/18/2025	Risk Based Inspection - Routine	0	0	0	1
HANDMADE SANDWICHES & BEVERAGES	HILLSDALE	03/21/2025	Risk Based Inspection - Routine	0	0	0	0
Hank's Tavern On The River	Three Rivers	03/25/2025	Risk Based Inspection - Routine	0	0	0	3
HILLSDALE LODGE BPO ELKS #1575	HILLSDALE	03/14/2025	Risk Based Inspection - Routine	0	0	0	0
JIMMY JOHN'S	COLDWATER	03/07/2025	Risk Based Inspection - Routine	0	0	0	1
Johnny T's Bistro	Hillsdale	03/21/2025	Risk Based Inspection - Routine	0	0	0	0
Just Dranks LLC	Hillsdale	03/07/2025	STFU Inspection - Routine	0	0	0	0
Kentucky Fried Chicken Coldwater	COLDWATER	03/05/2025	Risk Based Inspection - Routine	0	0	0	1
LAKE AREA CHRISTIAN SCHOOL--fixed	STURGIS	03/21/2025	Risk Based Inspection - Routine	0	0	0	0
Lakeland Elementary	Coldwater	03/10/2025	Risk Based Inspection - Routine	0	0	0	1

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
LINCOLN ELEMENTARY SCHOOL	COLDWATER	03/19/2025	Risk Based Inspection - Routine	0	0	0	1
LINCOLN LEARNING CENTER (BRANCH ISD)	COLDWATER	03/19/2025	Risk Based Inspection - Routine	0	0	0	0
Little Caesars - Sturgis	Sturgis	03/14/2025	Non Foodborne Illness Complaint - Initial	0	0	0	1
LITTLE CAESARS PIZZA	Coldwater	03/14/2025	Risk Based Inspection - Routine	0	0	0	1
LOYAL ORDER OF MOOSE 474	Three Rivers	03/27/2025	Non Foodborne Illness Complaint - Initial	0	0	0	0
LUIGI'S PIZZA	LITCHFIELD	03/10/2025	Progress Note - New Inspection Reason	0	0	0	0
Mancino's of Sturgis	Sturgis	03/06/2025	Risk Based Inspection - Routine	1	0	1	0
Mavericks Pizza Hangar	Cement City	03/07/2025	Risk Based Inspection - Routine	0	0	0	0
McComb's Street Eats	Osseo	03/13/2025	STFU Inspection - Routine	0	0	0	0
MIDWAY LANES LLC	COLDWATER	03/18/2025	Risk Based Inspection - Routine	0	1	1	1
Mocha Town		03/04/2025	Plan Review Activity - Initial	0	0	0	0
Mocha Town		03/04/2025	Pre-Opening - Pre-Opening	0	1	1	0
Morgan's Mexican Restaurant	White Pigeon	03/31/2025	Risk Based Inspection - Routine	0	0	0	0
NEW DRAGON EXPRESS	STURGIS	03/06/2025	Risk Based Inspection - Routine	0	0	0	2
OSCAR BROWN'S TAVERN	COLDWATER	03/21/2025	Risk Based Inspection - Routine	1	1	2	1
PIZZA HUT	COLDWATER	03/14/2025	Risk Based Inspection - Routine	0	0	0	0
Pleasant Street 2025 LLC (Corner Cafe)	Sturgis	03/04/2025	Pre-Opening - Pre-Opening	0	0	0	0
Ponderosa Steakhouse	Coldwater	03/12/2025	Risk Based Inspection - Routine	1	0	1	2
Popeyes	Sturgis	03/04/2025	Risk Based Inspection - Routine	0	0	0	1
READING UNITED METHODIST CHURCH	READING	03/13/2025	Risk Based Inspection - Routine	0	0	0	0
RED FOX SPORTSMAN CLUB	JONESVILLE	03/31/2025	Risk Based Inspection - Routine	0	0	0	0
Refuge Coffee House LLC	Quincy	03/04/2025	Risk Based Inspection - Routine	0	0	0	0
Roasted	Reading	03/13/2025	Risk Based Inspection - Routine	0	0	0	1
Rootin & Tootin	Mendon	03/15/2025	STFU Inspection - Routine	0	0	0	0
Royal Cafe	CENTREVILLE	03/26/2025	Risk Based Inspection - Routine	0	0	0	0
RYAN ELEMENTARY SCHOOL	BRONSON	03/03/2025	Risk Based Inspection - Routine	0	0	0	0

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
Saint Paul's Lutheran Church	Centreville	03/05/2025	Risk Based Inspection - Routine	0	1	0	0
Samuel Mancino's Restaurant	White Pigeon	03/31/2025	Risk Based Inspection - Routine	0	0	0	0
SHORT'S LAMPLIGHTER, LLC	COLDWATER	03/13/2025	Risk Based Inspection - Routine	0	0	0	2
Sozo Church of Hillsdale	Hillsdale	03/07/2025	Progress Note - New Inspection Reason	0	0	0	0
ST. JOE. K OF C COUNCIL 13749	WHITE PIGEON	03/06/2025	Progress Note - New Inspection Reason	0	0	0	0
ST. JOE. K OF C COUNCIL 13749	WHITE PIGEON	03/10/2025	Risk Based Inspection - Routine	0	1	0	0
Starbucks Coffee Sturgis	Sturgis	03/14/2025	Risk Based Inspection - Routine	0	1	1	0
STURGES-YOUNG CENTER FOR THE ARTS	Sturgis	03/06/2025	Risk Based Inspection - Routine	0	0	0	1
Sturgis Biggby Coffee #484	Sturgis	03/14/2025	Risk Based Inspection - Routine	0	0	0	0
Sturgis Central Commons	Sturgis	03/26/2025	Risk Based Inspection - Routine	0	0	0	0
STURGIS HIGH SCHOOL	Sturgis	03/26/2025	Risk Based Inspection - Routine	0	0	0	0
Taco Bell #32989	COLDWATER	03/04/2025	Non Foodborne Illness Complaint - Initial	0	0	0	0
Taco Bell #32989	COLDWATER	03/05/2025	Risk Based Inspection - Routine	0	0	0	0
Taco Bell #33023	Three Rivers	03/28/2025	Risk Based Inspection - Routine	0	0	0	0
Taqueria El Cunado	Constantine	03/26/2025	STFU Inspection - Routine	0	0	0	0
Taqueria El Tejano	Three Rivers	03/12/2025	Risk Based Inspection - Follow-up	1	0	1	0
The Kent Eatery and Spirits LLC	Three Rivers	03/18/2025	Risk Based Inspection - Routine	0	0	0	0
Three Rivers Lions Club	Three Rivers	03/17/2025	Pre-Opening - Pre-Opening	0	0	0	0
THREE RIVERS PIZZA HUT	THREE RIVERS	03/28/2025	Risk Based Inspection - Routine	0	0	0	3
TOMAHAWK TAVERN	White Pigeon	03/06/2025	Risk Based Inspection - Routine	0	0	0	0
Tony's Hotdog Cart	Coldwater	03/10/2025	STFU Inspection - Routine	0	0	0	0
Tony's Hotdog Cart	Coldwater	03/14/2025	STFU Inspection - Routine	0	0	0	0
TRINITY EPISCOPAL CHURCH	Three Rivers	03/25/2025	Risk Based Inspection - Routine	0	0	0	0
Tropical Smoothie Cafe	Coldwater	03/07/2025	Risk Based Inspection - Routine	0	0	0	1
Twin County Community Probation Center	Three Rivers	03/24/2025	Risk Based Inspection - Routine	0	0	0	1

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
UNION CHURCH OF QUINCY	QUINCY	03/12/2025	Risk Based Inspection - Routine	0	0	0	0
UNION CITY ELEMENTARY SCHOOL	UNION CITY	03/11/2025	Risk Based Inspection - Routine	0	0	0	0
UNION CITY HIGH SCHOOL	UNION CITY-PT	03/12/2025	Risk Based Inspection - Routine	0	0	0	1
UNION CITY MIDDLE SCHOOL	UNION CITY	03/12/2025	Risk Based Inspection - Routine	0	0	0	1
WALL SCHOOL	STURGIS	03/26/2025	Risk Based Inspection - Routine	0	0	0	1
WENDY'S--STURGIS	Sturgis	03/24/2025	Risk Based Inspection - Routine	0	1	1	1
Wright-Waldron Fire & Ambulance	Waldron	03/18/2025	Temporary Food Inspection - Routine	0	0	0	0
YOUTH FOR CHRIST	Sturgis	03/06/2025	Risk Based Inspection - Routine	0	0	0	0
				6	10	13	38

Food Inspection Codes

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

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

C- This is a core violation. This is an item that usually relates to general sanitation, operation controls and maintenance of facilities and equipment. Not cleaning floors is an example of a core violation.

CDI- This indicates a violation was observed during the inspection and was brought to the attention of the person in charge. At that time, the violation was corrected while the inspector was present at the facility.

Branch-Hillsdale-St Joseph Community Health Agency

Check/Voucher Register - Check Register for BOH

00103 - Cash - Accounts Payable

From 3/1/2025 Through 3/31/2025

Payee	Check Amount	Check Number	Effective Date
Abila	2,100.23	25-03-07 A.01	3/7/2025
Accident Fund	3,307.00	25-03-21 P.01	3/21/2025
ACD.NET	1,905.92	54747	3/21/2025
Action Quick Print Plus	687.00	25-03-07 A.02	3/7/2025
Action Quick Print Plus	488.00	25-03-21 A.01	3/21/2025
Aflac District Office	450.53	25-03-14 PR.01	3/14/2025
Aflac District Office	450.53	25-03-28 PR.01	3/28/2025
Alert Medical Alarms	224.60	54748	3/21/2025
Alerus Retirement Solutions	3,636.00	25-03-14 R.01	3/14/2025
Alerus Retirement Solutions	3,686.00	25-03-28 R.01	3/28/2025
Amazon Capital Services, Inc	808.49	25-03-07 P.01	3/7/2025
Amazon Capital Services, Inc	2,662.20	25-03-21 P.02	3/21/2025
Angela Shedd	1,757.20	25-03-07 A.03	3/7/2025
Angela Shedd	1,617.80	25-03-21 A.02	3/21/2025
Barbara P. Foley	46.16	54745	3/14/2025
Barbara P. Foley	46.16	54766	3/28/2025
Beacon Properties Administration	4,631.85	25-03-31 A.01	3/31/2025
Blue Cross Blue Shield	65,736.29	25-03-21 P.03	3/21/2025
Branch Area Transit Authority	1,566.48	25-03-21 A.03	3/21/2025
Branch County Commission	23,604.74	25-03-21 A.04	3/21/2025
Branch County Complex	5,694.28	25-03-31 A.02	3/31/2025
Butler Body Shop	3,000.00	54749	3/21/2025
Butler Body Shop	3,013.00	54768	3/31/2025
Card Services Center	565.86	25-03-31 P.02	3/31/2025
Center for Information Mgmt	1,425.00	25-03-21 A.05	3/21/2025
Century Bank - Hillsdale Maintenance	2,000.00	25-03-31 A.03	3/31/2025
Century Bank - Three Rivers Maintenance	2,000.00	25-03-31 A.04	3/31/2025
Century Basic	1,006.59	25-03-14 R.02	3/14/2025
Century Basic	1,006.59	25-03-28 R.02	3/28/2025
Century EFTPS	28,028.51	25-03-14 R.03	3/14/2025
Century EFTPS	28,423.71	25-03-28 R.03	3/28/2025
Century Mastercard	7,788.85	25-03-07 P.03	3/7/2025
Century MERS	55,931.79	25-03-07 A.04	3/7/2025
Century State/Michigan State Treasury	5,050.14	25-03-28 R.04	3/28/2025
Century State/Michigan State Treasury	5,088.99	25-03-28 R.05	3/28/2025
Charter Communications	149.98	25-03-07 P.04	3/7/2025
Cintas Corporation Loc 351	141.08	25-03-07 P.05	3/7/2025
City Of Coldwater	160.00	25-03-21 A.06	3/21/2025
City of Jonesville	80.00	25-03-21 A.07	3/21/2025
City of Sturgis	100.00	54750	3/21/2025
City Of Three Rivers	144.64	54733	3/7/2025
Clean Earth Environmental Contracting Services	777.00	54751	3/21/2025
ConnectAmerica	95.00	25-03-21 A.08	3/21/2025
Crossroads Home Care Inc.	1,062.81	25-03-21 A.09	3/21/2025
DAI Scientific Equipment	4,274.00	25-03-21 A.10	3/21/2025
DELTA DENTAL	4,515.05	25-03-21 A.11	3/21/2025
Denny Sturgis Construction, Inc	35.00	54752	3/21/2025
DiningRD	4,551.82	25-03-21 A.12	3/21/2025
DL Gallivan Office Solutions	679.38	54734	3/7/2025
Dow Hotel	0.00	25-03-21 P.04	3/21/2025
Dr. Karen M. Luparello	4,480.40	25-03-31 A.05	3/31/2025

Branch-Hillsdale-St Joseph Community Health Agency

Check/Voucher Register - Check Register for BOH

00103 - Cash - Accounts Payable

From 3/1/2025 Through 3/31/2025

<u>Payee</u>	<u>Check Amount</u>	<u>Check Number</u>	<u>Effective Date</u>
Fawn River Apartments	94.00	54753	3/21/2025
Fawn River Apartments	670.00	54754	3/21/2025
FedEx	5.67	25-03-07 P.06	3/7/2025
FedEx	12.22	25-03-21 P.05	3/21/2025
Frontier	293.41	25-03-07 P.07	3/7/2025
GDI Services Inc.	4,398.00	25-03-31 A.06	3/31/2025
Health Equity	2,327.48	25-03-14 PR.02	3/14/2025
Health Equity	2,377.18	25-03-28 PR.02	3/28/2025
Hedgerow Software US, Inc.	13,000.00	25-03-21 A.13	3/21/2025
Helping Angels Home Care LLC	694.72	25-03-21 A.14	3/21/2025
Hillsdale Board Of Public Utilities	2,352.80	25-03-07 P.08	3/7/2025
Hillsdale County Treasurer	2,982.19	25-03-21 A.15	3/21/2025
Home Roots Companion & Home Care Services LLC	126.92	25-03-21 A.16	3/21/2025
HomeJoy of Kalamzoo	2,407.88	25-03-21 A.17	3/21/2025
Hospital Network Healthcare Services	129.50	25-03-21 A.18	3/21/2025
Indiana MI Power Company	1,557.10	25-03-07 P.09	3/7/2025
Indiana Youth Services Association Inc	1,200.00	54735	3/7/2025
iSolved Inc	742.73	54755	3/21/2025
John Senese	210.00	54736	3/7/2025
Laboratory Corporation of America	16.15	25-03-21 A.19	3/21/2025
Legal Services Of S.Central MI	800.00	25-03-21 A.20	3/21/2025
Macquarie Equipment Capital Inc.	1,322.75	25-03-21 A.21	3/21/2025
Maplecrest, LLC	1,265.08	25-03-31 A.07	3/31/2025
Mary Grace Carreon	122.85	54737	3/7/2025
McKesson Medical-Surgical Gov. Solutions LLC	197.50	25-03-07 P.10	3/7/2025
McKesson Medical-Surgical Gov. Solutions LLC	211.64	25-03-21 P.06	3/21/2025
Medical Care Alert	412.60	25-03-21 A.22	3/21/2025
Merck Sharp & Dohme LLC	933.42	54756	3/21/2025
MERS 5% EMPLOYEES	14,995.88	25-03-07 A.05	3/7/2025
MI Municipal Risk Management Authority	10,811.00	25-03-07 A.06	3/7/2025
MI Security & Lock, LLC	3,274.50	54738	3/7/2025
Michigan Gas	80.77	25-03-07 P.11	3/7/2025
Michigan Public Health Institute	3,805.93	25-03-21 A.23	3/21/2025
Michigan State Disbursement Unit	190.11	54746	3/14/2025
Michigan State Disbursement Unit	190.11	54767	3/28/2025
Michigan State University	300.00	54757	3/21/2025
Midwest Communications	80.00	54758	3/21/2025
Mistel de Varona	607.50	54739	3/7/2025
Mistel de Varona	675.00	54759	3/21/2025
NACCHO	1,020.00	54740	3/7/2025
National Registry of Food Safety Professionals	250.94	54760	3/21/2025
Nationwide	620.00	25-03-14 R.04	3/14/2025
Nationwide	620.00	25-03-28 R.06	3/28/2025
Nurse Administrator's Forum	190.00	54741	3/7/2025
Pitney Bowes Inc.	547.74	25-03-07 P.12	3/7/2025
Pitney Bowes Inc.	483.30	25-03-21 P.07	3/21/2025
POCKETALK	394.00	54742	3/7/2025
Principal Life Insurance Company	2,150.47	25-03-21 P.08	3/21/2025
ProAssurance Indemnity Company, Inc	431.00	25-03-21 P.09	3/21/2025

Branch-Hillsdale-St Joseph Community Health Agency

Check/Voucher Register - Check Register for BOH

00103 - Cash - Accounts Payable

From 3/1/2025 Through 3/31/2025

<u>Payee</u>	<u>Check Amount</u>	<u>Check Number</u>	<u>Effective Date</u>
Prompt Care Express PC	213.00	54761	3/21/2025
Reserve Account	3,000.00	25-03-21 A.24	3/21/2025
Richard Clark	2,494.80	25-03-31 A.08	3/31/2025
Riley Pumpkin Farm	660.00	25-03-31 A.09	3/31/2025
ROSE PEST SOLUTIONS	83.00	25-03-21 A.25	3/21/2025
Sanofi Pasteur Inc.	1,147.91	25-03-21 P.10	3/21/2025
Semco Energy	204.90	25-03-07 P.13	3/7/2025
Shred It	90.00	25-03-07 P.14	3/7/2025
St Joseph County COA	27,662.34	25-03-21 A.26	3/21/2025
St Joseph County Transit Authority	2,175.84	25-03-21 A.27	3/21/2025
State of MI - EGLE	18.00	54762	3/21/2025
State Of Michigan	90.00	54743	3/7/2025
State of Michigan-Dept	92.60	54744	3/7/2025
Stratus Video, LLC	2,596.71	54763	3/21/2025
TMK Worldwide, LLC	23.09	25-03-07 A.07	3/7/2025
Toledo Radiological	33.00	54764	3/21/2025
Tom Scheetz	425.00	54765	3/21/2025
Upper Peninsula Health Care Solutions, Inc.	150.00	25-03-21 A.28	3/21/2025
Verizon	1,680.32	25-03-07 P.15	3/7/2025
VRI INC.	108.00	25-03-21 A.29	3/21/2025
Wal-Mart Community	97.68	25-03-07 P.16	3/7/2025
Report Total	416,310.88		

Branch-Hillsdale-St Joseph Community Health Agency
Balance Sheet - Unposted Transactions Included In Report
As of 3/31/2025

	<u>Current Period Balance</u>
Assets	
Cash on Hand	16,390.43
Cash with County Treasurer	3,684,792.20
Community Foundation Grant	309,955.94
Cash HD Building Maintenance	44,450.00
Cash TR Building Maintenance	69,049.40
Accounts Receivable	87,116.43
Due from Dental DAPP	1,275.67
Due from State	(220,225.73)
Due from Other Funding Sources	107,252.55
Prepaid Expenses	174,688.94
Biologic Inventory	162,764.15
Total Assets	<u><u>4,437,509.98</u></u>
Liabilities	
Accounts Payable	194,798.50
Payroll Liabilites	111,203.15
Deferred Revenue	420,464.61
Biologics	162,764.15
Total Liabilities	<u>889,230.41</u>
Net Assets	
Operation Fund Balance	403,380.87
Restricted Fund Balance	383,973.86
Designated Fund Balance	2,760,924.84
Total Net Assets	<u>3,548,279.57</u>
Total Liabilities and Net Assets	<u><u>4,437,509.98</u></u>

BHSJ Community Health Agency
Schedule of Cash Receipts and Disbursements
October 31, 2024 thru

Plus: Cash Receipts	March 31, 2025	\$662,795.09
Less: Cash Disbursements For Payroll/AP		\$ (822,130.30)
10/31/2024 Cash Balance		\$ 4,686,183.48
Plus: Cash Receipts		\$815,038.10
Less: Cash Disbursements For Payroll/AP		\$ (653,168.03)
11/30/2024 Cash Balance		\$ 4,848,053.55
Plus: Cash Receipts		\$571,613.15
Less: Cash Disbursements For Payroll/AP		\$ (1,018,660.01)
12/31/2024 Cash Balance		\$ 4,401,006.69
Plus: Cash Receipts		\$821,312.23
Less: Cash Disbursements For Payroll/AP		\$ (768,005.46)
1/31/2025 Cash Balance		\$ 4,454,313.46
Plus: Cash Receipts		\$208,213.14
Less: Cash Disbursements For Payroll/AP		\$ (616,845.56)
2/28/2025 Cash Balance		\$ 4,045,681.04
Plus: Cash Receipts		\$570,058.30
Less: Cash Disbursements For Payroll/AP		\$ (620,991.20)
3/31/2025 Cash Balance		\$ 3,994,748.14

12 Month Grants Should be 50% Expended, 9 Month Grants Should be 66.66% Expended

	Current Month	Year to Date	Total Budget · Amendment1	% Total Expended
024 MERS Pension Underfunded Liability Over budget due to one time payment of \$22,590 already completed for the year. Will fall back in line as the year progresses, but will also be adjusted at next amendment.	6,374.75	38,045.05	44,590.00	85.32%
720 EH- Complaints Increased activity. We will continue to monitor and will adjust at the next budget amendment.	336.57	4,400.77	6,109.89	72.02%
325 CSHCS Slightly over budget - RU 325 must be fully expended before RU 112 can be used. When looking at these 2 budgets together they are currently at 52.84%. Will continue to monitor.	27,350.12	158,995.05	222,409.00	71.48%
717 EGLE Swimming Pools Over budget due to extra staff time for training. We will continue to monitor and adjust at the next amendment.	142.59	11,503.01	16,652.59	69.07%
210 Beacon Health Grant ends in May 2025, this will fall back in line as the year progresses.	150.00	13,584.75	20,000.00	67.92%
255 Community Health Direction Over budget due to grant cycles. This should come back in line as the year progresses and staff spend more time in partial year grants.	21,023.08	92,682.15	150,000.00	61.78%
008 Salary & Fringe Payoff Over budget due to yearly pay out of sick time. This will fall in line as the year progresses.	0.00	49,344.20	80,000.00	61.68%
010 Agency Support Over budget due to one time expenditure for audit fees and prepaid postage. Legal fees are also running higher than expected. Will monitor and adjust in next amendment.	7,504.08	72,742.83	126,220.00	57.63%
605 General EH Services Over budget, will monitor and adjust in next amendment.	3,039.68	18,522.29	32,660.38	56.71%
719 Body Art Over budget due to increased staff time. We will continue to monitor and adjust at the next budget amendment.	112.35	3,367.52	6,259.47	53.79%
332 HIV Prevention Over budget due to change in Medical Director's allocation. Will adjust in next budget amendment.	1,783.12	13,348.23	25,498.93	52.34%
341 Infectious Disease Over budget due to increased staff time and a change in the Medical Director's allocation. Will adjust in next budget amendment.	35,055.00	192,154.34	376,327.24	51.06%

	Current Month	Year to Date	Total Budget Amendment1	% Total Expended
714 Onsite Sewage Disposal	40,260.86	239,905.41	477,364.15	50.25%
Slightly over budget. This should come back in line as the year progresses.				
329 MCH Enabling Children	7,810.72	47,204.50	99,409.00	47.48%
138 Immunization IAP	72,808.46	612,663.69	1,300,401.52	47.11%
327 Hearing (ELPHS)	8,229.32	57,602.90	123,035.71	46.81%
326 Vision (ELPHS)	10,284.16	58,353.11	124,893.05	46.72%
032 Emergency Preparedness	6,746.57	85,352.33	182,953.96	46.65%
704 Food Service	48,871.86	286,116.57	616,146.78	46.43%
021 Dental Clinic - Three Rivers	4,631.85	27,791.10	60,000.00	46.31%
109 WIC	80,698.83	538,027.29	1,166,245.37	46.13%
721 Drinking Water Supply	37,921.13	207,536.47	453,011.68	45.81%
014 VOCA	14,118.06	91,826.10	205,743.40	44.63%
107 Medicaid Outreach	808.34	6,415.26	14,928.97	42.97%
029 Dental Clinic - Hillsdale	715.84	5,057.96	12,000.00	42.14%
207 MCRH Community Health Workers	7,964.05	48,256.81	115,599.08	41.74%
331 STD	11,076.90	72,510.72	176,115.32	41.17%
108 WIC Breastfeeding	1,287.40	56,966.75	140,989.60	40.40%
202 Oral Health	7,065.50	33,590.11	84,585.50	39.71%
205 OHSP Grant	6,958.03	32,799.02	82,583.69	39.71%
338 Immunization Vaccine Handling	4,319.92	34,866.68	89,356.68	39.01%
201 CSF Carseats	2,092.19	11,969.31	30,779.56	38.88%
012 Area Agency on Aging	101,885.89	588,448.75	1,582,916.42	37.17%
096 CSHCS Donations SJ	2,662.20	7,508.28	20,574.31	36.49%
286 HEP Special Projects	1,964.72	5,249.55	15,565.22	33.72%
745 Type II Water	16,347.92	71,685.19	220,763.05	32.47%
405 Grant Writing	77.87	1,046.65	3,246.50	32.23%
101 Workforce Development	4,107.58	16,249.73	51,027.54	31.84%
345 Lead Testing	4,983.76	14,250.51	48,328.50	29.48%
025 PH Workforce & Infrastructure	31,457.78	31,591.79	135,967.06	23.23%
015 Local Expenses - Unallowable by Grants	8,329.66	8,609.18	37,956.74	22.68%
363 363 CVDIMS Covid Immz Supplemental	9,516.04	28,555.92	135,349.60	21.09%
722 PFAS Response	6.55	484.83	3,000.09	16.16%
097 CSHCS Donations BR HD	0.00	3,299.60	20,640.49	15.98%
724 PFAS - Westside Landfill	5.09	1,111.48	7,675.09	14.48%
351 CELC Infection Prevention	16,012.44	39,926.72	400,000.00	9.98%
718 EGLE Septage	63.12	455.42	6,309.81	7.21%
723 PFAS Response - White Pigeon	4.59	279.47	9,700.09	2.88%
035 Vector Borne Disease Surveillance	1,397.70	1,474.80	61,338.75	2.40%
716 EGLE Campgrounds	(28.22)	411.98	18,377.23	2.24%

355 COVID-19 PH Workforce Supplemental

	(10.35)	396.97	66,263.00	0.59%
	Current		Total Budget	% Total
	Month	Year to Date	Amendment 1	Expended
212 Medical Marijuana BR	85.69	85.69	17,732.37	0.48%
023 Capital Expenditures	0.00	0.00	78,000.00	0.00%
102 EH San Training Jurisdictional Sharing	300.00	300.00	0.00	0.00%
112 CSHCS Medicaid Outreach	0.00	0.00	78,501.57	0.00%
230 Medical Marijuana HD	0.00	0.00	9,666.18	0.00%
275 Medical Marijuana SJ	0.00	0.00	7,466.18	0.00%
<u>715 EGLE Long-Term Monitoring</u>	<u>0.00</u>	<u>0.00</u>	<u>3,958.10</u>	<u>0.00%</u>
Total Total Expense	676,711.36	4,044,924.79	9,703,194.41	41.69%

April 21, 2025 – Board of Health Finance Committee Meeting Minutes

The Branch-Hillsdale-St. Joseph Community Health Agency Board of Health, Finance Committee meeting was called to order by Jon Houtz at 9:04 AM. Roll call was completed as follows: Jon Houtz, and Kevin Collins. Jared Hoffmaster was absent.

Also present from BHSJ: Rebecca Burns, and Theresa Fisher

Mr. Collins moved to approve the agenda with support from Mr. Houtz. The motion passed unopposed.

Public Comment: No public comments were given.

New Business:

- Mr. Collins moved to recommend that the full board accept Bid #5553 from Constantine Flooring in the amount of \$33,763.59 for carpet replacement in the Three Rivers building. The motion was supported by Mr. Collins and passed unopposed.
- Mr. Houtz moved to recommend the full board accept the FY23-24 Audit as presented. The motion received support from Mr. Collins and passed unopposed.
- Form 5572 was discussed but no action was taken.
- Rebecca Burns provided an update on the grant pullbacks announced on April 1, 2025.

Public Comment: No public comments were given.

With no further business, Mr. Houtz moved to adjourn the meeting with support from Mr. Collins. The motion passed unopposed and the meeting was adjourned at 9:18 AM.

Respectfully Submitted by:



Theresa Fisher,
Administrative Services Director
Secretary to the Board of Health

April 16, 2025 – Board of Health Program, Policy, & Appeals Committee Meeting Minutes

The Branch-Hillsdale-St. Joseph Community Health Agency Board of Health, Program, Policy, & Appeals Committee meeting was called to order by Committee-Chair, Brent Leininger, at 8:31 AM. Roll call was completed as follows: Brent Leininger, Rick Shaffer, and Tim Stoll.

Also present from BHSJ: Rebecca Burns, Theresa Fisher, and Kris Dewey.

Mr. Stoll moved to approve the agenda as presented, with support from Mr. Shaffer. The motion passed unopposed.

Public Comment: No public comments were given.

Unfinished Business:

- The Health Officer Evaluation Policy and tool were discussed. No action was taken.

New Business:

- Mr. Shaffer moved to recommend that the full Board approve the Annual Report as presented, with support from Mr. Stoll. The motion passed unopposed.
- Mr. Stoll moved to recommend that the full Board approve the updated Social Media policy as presented, with support from Mr. Shaffer. The motion passed unopposed.
- Mr. Stoll moved to recommend that the full Board approve both the Procurement and Purchasing policies as presented, with support from Mr. Shaffer. The motion passed unopposed.
- Board of Health meeting materials were discussed, but no action was taken. This item will be placed on the agenda for full Board discussion.

Public Comment: No public comments were given.

Mr. Shaffer moved to adjourn the meeting with support from Mr. Stoll. The motion passed unopposed and the meeting adjourned at 9:20 AM.

Respectfully Submitted by:



Theresa Fisher,
Administrative Services Director
Secretary to the Board of Health

2024

Annual Report



*Helping People
Live Healthier*



Contents

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Investing in Families	6
Working with Neighbors	7
Magnifying Efficiencies	8
How We are Structured	9

OUR MISSION:

Helping People Live Healthier

OUR VISION:

*To be the trusted health resource
for all people.*

🌐 Website: bhsj.org
📘 Facebook: [branch-hillsdale-stjoseph
community health agency](https://www.facebook.com/branch-hillsdale-stjoseph-community-health-agency)
📷 Instagram: [bhsj_healthagency](https://www.instagram.com/bhsj_healthagency)
📺 YouTube: [@bhsjchamedia](https://www.youtube.com/@bhsjchamedia)
🚪 Nextdoor: [branch-hillsdale-
stjosephcommunityhealthagency](https://www.nextdoor.com/branch-hillsdale-stjosephcommunityhealthagency)

BOARD OF HEALTH



Jared Hoffmaster
Commissioner
St. Joseph County
Chair



Tom Matthew
Commissioner
Branch County
Vice-Chair



Brent Leininger
Commissioner
Hillsdale County



Randy Baker
Commissioner
St. Joseph County



Jon Houtz
Commissioner
Branch County



Steve Lanius
Commissioner
Hillsdale County

AGENCY DIRECTORS



Rebecca A. Burns, MPH, RS
Health Officer



Karen Luparello, DO, MPH
Medical Director



Theresa Fisher, BS
Director of
Administrative Services



Heidi Hazel, BSN, RN
Director of Personal
Health and Disease
Prevention



Laura Sutter, BS
Director of Area Agency
on Aging Region IIIC



Paul Andriacchi, REHS
Director of
Environmental Health

*"Do not follow where the path may lead. Go instead where
there is no path and leave a trail."
-Ralph Waldo Emerson*

Dear Community:

To the Residents of Branch, Hillsdale, and St. Joseph Counties,
On behalf of the Board of Health and staff of the agency, it is my pleasure to share with you this fiscal year (FY) 2024 Annual Report.

In fiscal year 2024, the agency monitored and responded to public health concerns; including protecting residents from the risks of lead, radon, tick and mosquito carried diseases, and providing information on "bird flu". Our Health Education & Promotion team provided timely information on prevention strategies related to these issues, as well as supporting the safe storage of marijuana products to keep them out of the hands of children.

The Personal Health & Disease Prevention team provided seasonal and routine vaccines, nutrition education through WIC, breastfeeding support, hearing and vision screening for children, and support to families of children with chronic conditions. Our nurses investigated incidents of communicable disease, provide testing and follow-up for STI/HIV, and responded to human encounters with animals to prevent rabies.

We implemented a planning process for the Kindergarten Oral Health Assessment (KOHA) program during the fiscal year. Actual implementation is planned for next fiscal year. KOHA requires the services of a dental professional to provide a screening to children entering and in kindergarten. Good oral health promotes better learning, nutrition, and socialization.

The Environmental Health team supported residents by ensuring safe drinking water, sanitary sewage disposal, and safe food service. Seasonally, they evaluate campgrounds, public swimming pools, septage hauling trucks, distribute radon test kits, and have worked hard to prevent disease.

The Area Agency on Aging IIC continued to support adults who want to age in their home and help those that are victims of abuse and exploitation.

To ensure we are maintaining our facilities, we replaced carpet in Hillsdale, and painted our Hillsdale and Coldwater facilities. All offices received new water bottle fill stations that provide filtered water.

The team at Your Local Health Department is proud of our public health work and we look forward to continuing to serve you and your family into 2025.

Yours in Good Health,
Rebecca A. Burns, MPH, RS
Health Officer

DID YOU KNOW?



We focus on these...



- Protecting food & water
- Ensuring proper sewage disposal
- Providing hearing, vision & dental screenings
- Preventing sexually transmitted infections
- Offering immunizations
- Controlling infectious diseases

so you can focus on these...



Credit to: HDNW 2023 Annual Report

LOCATIONS

Branch County

570 Marshall Road
Coldwater, MI
517-279-9561

Hillsdale County

20 Care Drive
Hillsdale, MI
517-437-7395

St. Joseph County

1110 Hill Street
Three Rivers, MI
269-273-2161
1555 E. Chicago Road
Suite C
Sturgis, MI
269-273-2161

PROTECTING THE ENVIRONMENT

Protecting Families

Keeping Our Water Clean

Our communities are blessed with many lakes, rivers, and streams. Additionally, we have aquifers and underground water sources to protect for the benefit of all.

Our well program ensures that residents have safe and clean water sources from which to drink, recreate, and irrigate.

Another way to ensure we have clean water is to ensure we are handling sewage in a safe and sanitary manner. Septic systems are used to treat wastewater for more than 1.3 million homes and businesses in Michigan. These systems are prominent in our area because many residents and businesses cannot connect to municipal systems.

Our Sanitarians work with homeowners, contractors, and business owners to evaluate the site and issue a permit. The final review process provides assurance that the systems will operate as intended.

In 2024, the entire agency supported the City of Three Rivers to address elevated lead levels in community water supplies by distributing filtration systems, providing professional education, and distributing educational materials to residents.

We work with residents who have had their wells impacted by PFAS contamination, providing filtration systems and advocating for long term solutions.

In 2024 the agency transitioned to a new online platform that will provide residents with additional information on well and septic sites for which we have record. Residents and contractors are able to review recorded site plans without making a trip to the local office.

Additional features such as online application and permit payment options are planned for 2025.

By the Numbers:



Well Permits
Issued & Wells
Inspected
1,037



On-Site Sewage
Evaluated, Permits
Issued, & Inspected
1,010



Food Establishment
Inspections
1,276



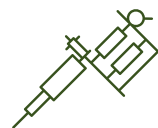
Campground
Inspections
59



Public Swimming
Pool Inspections
59



Daycare & Foster
Care Inspections
60



Body Art Inspections
18



Septage Hauler Inspections
48

Ensuring Safe Food Supply

Our Sanitarians ensure restaurants, schools, food trucks, community fairs, and festivals follow safe food handling practices and sanitation standards.

Public Health's role is not just a regulatory function, but an educational one as well. Our agency provides Food Manager Certification classes to support food service operators in their efforts to provide a pleasant and healthy dining experience.

Watching for Vectors of Disease

Each summer the agency has Vector Surveillance Technicians in each county monitoring the population of mosquitos and ticks.

The technicians trap and identify mosquitos throughout the three counties looking for the species that transmit diseases such as Eastern Equine Encephalitis, Zika Virus, and Jackson Canyon Virus.

They also drag tall grass and wood lines looking for the species of tick that transmit Lyme's disease and Rocky Mountain Spotted Fever.

SUPPORTING THE COMMUNITY

Supporting Families

Helping the Most Vulnerable

In 2024, the agency continued to focus efforts on the Community Health Worker program. Community Health Workers are trained and certified to address the social determinants of health which include economic stability, education access, healthcare access, and community supports.

Community Health Workers have assisted individuals to enroll in health insurance, find resources for food, locate safe housing, complete their education, access rehabilitative services, access medical care, secure transportation, and address urgent financial needs.

The agency partners with additional community agencies and services to ensure needs of residents in our communities are met. Together, we strive to ensure residents with the greatest needs are connected to the resources that can assist them to become healthier by stabilizing their social situation.

Our Community Health Worker and Health Education and Promotion staff participate in monthly outreach activities in all three counties. Outreach events allow us to share information on the services the agency provides to support families and the community.

The agency provides car seats to families who participate in the WIC program or who are unable to afford a car seat. This program is funded with local dollars to ensure our youngest residents are safe when traveling in a car.

Our Emergency Preparedness program works with county Emergency Managers and the Michigan Department of Health and Human Services to ensure a coordinated response to emergency situations that could impact public health. We also provide community education to help residents be prepared to respond to and recover from an emergency.

By the Numbers:



Community Events
Attended

60



Coalitions We
Participate With

28



Community Health
Worker Clients

51



News Stories

93



Social Media
Followers

4,300



Car Seats
Distributed

247

In 2024, we supported the response to the BP Gas Line rupture in Girard Township, sewage spilled into the St. Joseph River, Harmful Algal Bloom public access notifications, and the Quincy Community Schools student health concerns.

Communications is Key

The Health Education and Promotions team is responsible for communicating information with the public. This includes management of our social media platforms, maintaining relationships with local media, press releases, updating website information, developing newsletters, and preparing for crisis communications.

Our digital platforms are the primary vehicle for ensuring the community has information that is timely, relevant, and credible.



INVESTING IN FAMILIES

Investing in You

Starting off Strong

Our clinical services are designed to support individuals of all ages. From the cradle to the rocking chair, and everywhere in between, Your Local Health Department is here to serve your needs.

Women, Infants, and Children (WIC) services are designed to support healthy pregnancy and thriving children. Education for parents on child development milestones, nutritional support for children up to age 5, and breastfeeding support are the cornerstones of this program.

Children's Special Healthcare Services (CSHCS) provides case management support to families of children with chronic health conditions. This includes assistance with referrals and transportation to specialists, coverage of medical supplies, and specialized equipment.

Immunizations are provided for residents of all ages to prevent severe illness from the fourteen vaccine preventable diseases of childhood as well as respiratory illnesses, meningitis, HPV, and shingles. The Vaccines for Children and Adult Vaccine Program offer certain immunizations at no cost for those without insurance or low income.

Our public health nurses investigate communicable diseases to protect the community at large. Providing education to patients and close contacts can reduce disease spread because individuals and families know the steps to take to protect others.

Hearing and Vision technicians provide valuable screening services to school-aged and preschool children. Hearing and vision problems can negatively impact a child's performance in the classroom and hinder social development. Children who are identified with concerns are referred to local physicians for diagnostic testing and treatment.

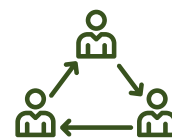
By the Numbers:



WIC Participants
8,218



Maternal Child
Health: Safe Sleep
1,648



Community
Referrals Offered
16,877



Children Enrolled
in CSHCS
953



Vision Screenings
13,519



Hearing
Screenings
6,511



Communicable
Disease Cases
2,022



Immunizations
Administered
6,390



Clients Served at
MCDC Clinics
10,862

Partnering for Oral Health

Your oral health is more important than you may realize. Good oral health contributes to your overall health since the mouth can be a gateway for germs.

Your Local Health Department and My Community Dental Centers have partnered together to ensure residents have access to low cost and Medicaid dental services. These clinics offer preventative and restorative services. My Community Dental Center has offices in Coldwater, Hillsdale, Sturgis, and Three Rivers. To schedule an appointment call (877) 313-6232

WORKING WITH NEIGHBORS

Working with You



Area Agency on Aging

The Area Agency on Aging III C team continued working to address community needs, provide comprehensive information & assistance, and develop stronger community partnerships. Our programs & providers work to meet unique needs across our two-county planning & service area.

The Services to Victims of Elder Abuse (SVEA) project served 50 individuals this year. This program supports victims in our communities like "William"*.

"William" was referred by our local interdisciplinary team. He was a victim of domestic abuse. At the time, William was living in a neglected, foreclosed home with inadequate plumbing. He was severely underweight and unable to live independently.

Our Elder Abuse Victim Specialist provided case management services and worked with William to establish goals for regaining his independence. We assisted him in securing medical care, insurance, mental health services, and establishing a medical and financial Power of Attorney. Additionally, we helped him secure housing and community-based services such as home-delivered meals to support his recovery. William has gained 30 pounds, receives regular medical care, has made new friends, and participates in community programs. He shared with us, "I now have a positive outlook on life!"

The Community Living Program's Care Consultants work with individuals and families to develop a person-centered support plan. Nearly 80 individuals were served over the past year.

"John" is 62 years old and lives with his brother in their family home. Through the Community Living Program, we have supported his goal of living as independently as possible. John has developmental and physical disabilities, which make navigating everyday life challenging for him.

His care plan highlights his desire to move around town in his wheelchair and receive in-home support, including personal care, light housekeeping, and

By the Numbers:



Meals Provided
187,330



Hours of In-Home
Services
31,880



Community
Services
2,054



Access to
Services
21,969



Legal Services
4,044



Individuals Served
15,771

Meals on Wheels. He and his brother support each other, such as managing medications, and ensuring their home is safe. Recently, they worked with a neighbor to repair the entryway to their home, ensuring safe access not only for themselves, but also for their care providers.

The Area Agency on Aging Care Consultants collaborate with participants, their friends and family, and diverse community partners to develop goals, monitor care, and address both successes and challenges.

For more information on any of our programs contact our office at 517-278-2538, toll free 888-615-8009, or visit our website www.bhsj.org/aaa.

Services/Project	Funding
Operations	\$69,637.00
Nutrition	\$463,980.00
In-Home Services	\$302,158.00
Community	\$58,717.00
Access	\$228,848.00
Legal	\$12,000.00
Traditional Federal & State (OAA/OMA) funding sources only	
Services to Victims of Elder Abuse	\$185,644.00
American Rescue Plan Act	\$88,168.00
Direct Care Worker Pay	\$67,200.00

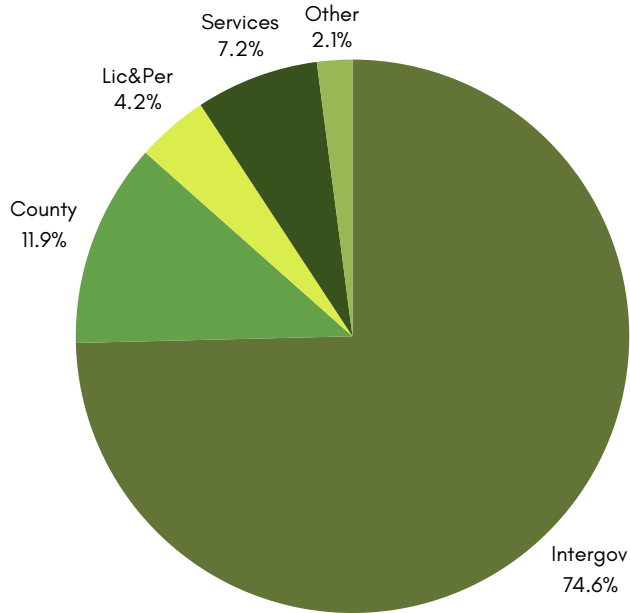
*Note: Names have been changed to honor the individuals' privacy.

MAGNIFYING EFFICIENCIES

Stewarding Your Tax Dollars

2024 Revenue

\$8,395,381



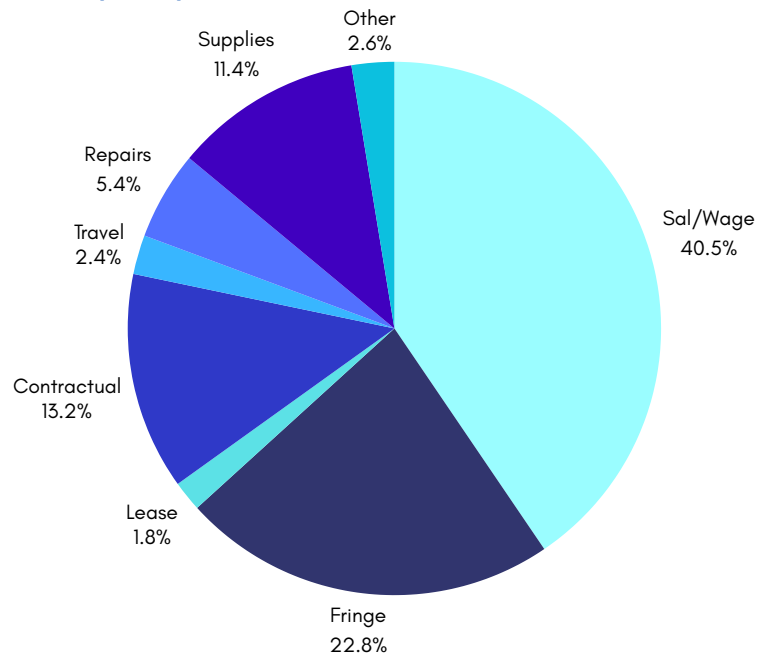
Category	FY24	FY23
Licenses & Permits	\$353,057	\$333,613
Intergovernmental	\$6,264,198	\$6,493,566
County Appropriations & Other Local	\$1,001,853*	\$790,027
Charges for Services	\$602,840	\$513,707
Other	\$173,433	\$226,761
Total	\$8,395,381	\$8,357,674

*Not comparable to FY 2023 as agency reporting of fund category changed .

Category	FY24	FY23
Salaries/Wages	\$3,514,343	\$3,186,375
Fringe Benefits	\$1,974,397	\$1,604,257
Supplies & Materials	\$988,075	\$716,565
Contractual	\$1,144,167	\$1,348,718
Travel & Training	\$206,646	\$192,573
Repairs& Maintenance	\$465,930	\$578,604
Bldg & Equip Lease	\$159,571	\$136,468
Other	\$224,002	\$222,541

2024 Expenses

\$8,677,131



HOW WE ARE STRUCTURED

Maximizing Human Resources

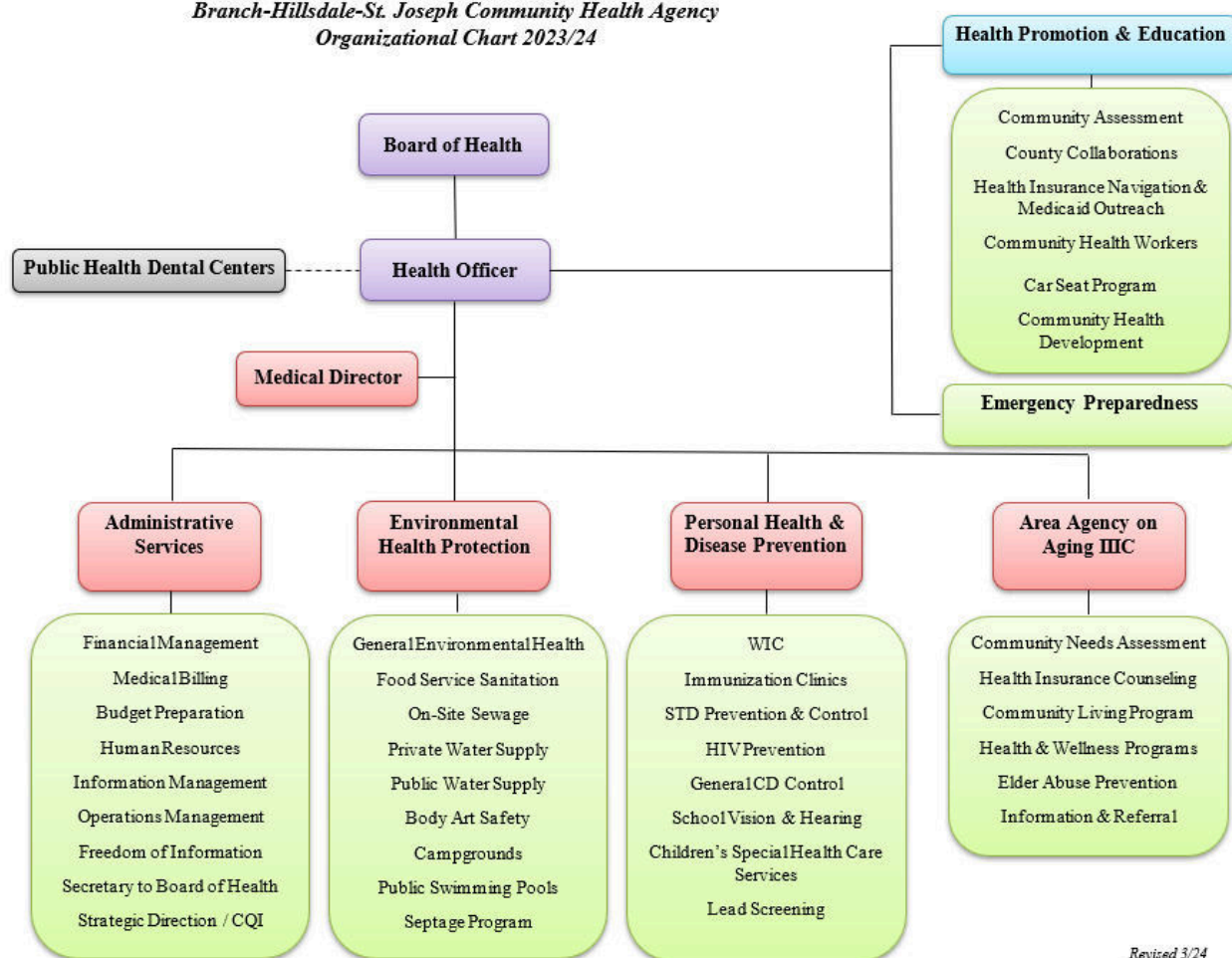
Committed to Excellence

Our agency serves three counties, 1604 square miles, 31 communities, and 151,670 residents with approximately 77 full and part-time staff in 2023-24. The agency is lead by the Board of Health, comprised of two county commissioners from each county. The Health Officer is responsible for the operation of the agency. The Health Officer is supported by the Medical Director, a local physician, who advises the agency regarding issues of public health and disease prevention.

Four Division Directors are responsible for program planning, policy development, and staff training. Seven Supervisors ensure that staff are supported in carrying out the requirements of the programs and services we provide. Sixty-four talented team members ensure that each individual receives the high quality services that are expected.

Our staff is committed to our mission and vision, desiring to make our communities safe and providing services to support optimal community health.

*Branch-Hillsdale-St. Joseph Community Health Agency
Organizational Chart 2023/24*



We hope that you have found the 2023-24 Annual Report informative. We appreciate the community's support and take seriously the trust and financial resources invested in our agency's programs and employees. Your Local Health Department is here to serve you, contact us with any concerns or needs you may have. Thank you!



570 Marshall Road
Coldwater, Michigan, 49036

Phone: 517-279-9561



Program: Health Education & Promotion

Effective Date: 4/30/2016

Subject: Social Media Policy

Last Update Date: 2/22/20244/24/2025

Purpose:

To communicate reliable public health information and events to clients and the community through social media. While many social media platforms provide for interaction, it is not the intent of Branch-Hillsdale-St. Joseph Community Health Agency to create limited public forums on all social media platforms, and some platforms may be utilized solely for providing information and not public interaction.

Policy Statement:

Branch-Hillsdale St. Joseph Community Health Agency will use social media to promote our mission, vision, services, events, and general health and wellness information to our clients and the community.

Definitions:

None

Implementing Procedure:

Policy Standards

Social Media platforms will allow Branch-Hillsdale-St. Joseph Community Health Agency to stay connected with people throughout their day whether they are on their computers or mobile devices, at home or at work, watching TV or shopping. This creates rich social experiences, builds lasting relationships and amplifies the most powerful type of marketing – word of mouth. The goal is to drive people to the organization’s web site for additional information or appointment scheduling.

A. Procedure:

- a. Social Media platforms will be selected by the Health Education and Promotion Supervisor (~~Data Analyst~~) (~~HPES~~) with approval of the Health Officer. The ~~HPES~~ HEPS will assign no less ~~that than~~ three (3) moderators who will have responsibility to post on the selected social media platforms.
- b. Moderators will only include staff of the BHSJ CHA. Moderators will be representative of Health Education and Promotion and Personal Health & Disease Prevention. Moderators will be selected by the director and supervisor of the departments.
- c. When desired, m~~M~~oderators will form a subcommittee to the Marketing/Web Committee and work together to develop a list of posts for a quarterly period which will be shared with Marketing /Web Committee.

- d. Moderators are to use Social Media at work as has been approved by the Health Officer, Health Education and Promotion Supervisor, Division Director and/or his/her designee and only for accomplishing work goals.
 - i. Branch-Hillsdale-St. Joseph Community Health Agency staff or other related organizations who would like to have a status update on the BHSJ CHA Social Media page(s) will submit it to the moderators assigned to posting on the page.
 - ii. Requests for status updates should be given with as much advance notice as possible.
- e. Requests for live stream events should be made to the Health Officer, Health Education and Promotion Supervisor, Division Director and/or his/her designee with as much advanced notice as possible.
 - i. Live stream events should be scripted when possible.
 - ii. In the event of a community remote, every effort should be made to ensure HIPAA compliance by avoiding showing people who are not agency staff, showing personal vehicles or license plates, youth under the age of 18, or people getting services from the agency.
 - iii. Interviews of persons from outside the agency can be done during a live stream with their verbal consent.
- f. YouTube. The YouTube platform shall be used for information purposes, only, and not for public interaction. Therefore, any videos posted to YouTube, live stream or otherwise, will have message, chat, live chat, and/or comment capabilities disabled. This includes the live stream of the Branch-Hillsdale-St. Joseph Community Health Agency Board of Health meetings that may be posted on YouTube.

B. Frequency

- a. Moderators will update the status at least once per week. Pre-posting of pre-approved messages is acceptable for a multi-month period of time.
- b. Multiple daily posts are ~~accepted~~acceptable.

C. Content

a. General

- i. Use neutral, accurate statements
 - ii. Keep the media in mind when posting
 - iii. Provide resource links
 - iv. The public will not be able to post anything on the BHSJ CHA wall. They will, however, be able to comment on, like, or share any status update from the Branch-Hillsdale-St. Joseph Community Health Agency Page(s), with the exception of the BHSJ YouTube page, as referenced above in Sec. A.f. Moderators will be notified via Agency email as soon as there is a comment made on the page and the lead moderator will monitor and review all comments. To assist with the process, IT may help the staff set up agency phones to receive email messages.
- b. Status Updates
- i. Status updates should be brief and to the point
 - ii. Status updates should, on average, not exceed 250 characters
 - iii. Status updates should pick out important information for the user
 - iv. Links in a status update:
 - 1. Try to summarize site content directly in the post rather than linking to external sites if possible.
 - 2. When linking to external sites, avoid dropping users off on the homepage. Instead, link to a particular article, photo, or video. Be as specific as possible.
 - 3. We may link to CDC, ~~MDCH~~MDHHS, EGLE, WHO, and other trustworthy websites, as determined by the moderator. Locally, we may link to Great Start

Collaborative, Early On, Early Head Start, Head Start, MSU Extension, local hospitals, and other partnering health and human service agencies' Social Media pages.

4. Linking individual Social Media pages to Branch-Hillsdale-St. Joseph Community Health Agency Social Media page is prohibited without consent from the Health Officer. Other organizational Social Media pages and/or group pages will need to meet the following conditions:

- The proposed page must contain accurate information
- The proposed page must be educational in its purpose
- The proposed page must contain information that clearly provides information about their organization and identifies their purpose.

5. The Branch-Hillsdale--St. Joseph Community Health Agency reserves the right to refuse any request made to include a proposed link on our Social Media page or to remove a link from our Social Media page if it is determined by the Agency that the link does not provide accurate or beneficial information. The Health Officer for the Branch-Hillsdale-St. Joseph Community Health Agency will make all decisions about whether a link is accepted for posting on our webpage.

- c. Be Aware of Legal Considerations: In order to avoid liability, do not make status updates or comments that:

- i. Discriminate on the basis of race, creed, color, age, religion, sex, marital status, sexual orientation, national origin, weight, height, genetic information, gender identity, or gender orientation;
- ii. Are sexual in nature;
- iii. Compromise the safety or security of the Agency or individuals;
- iv. Support or oppose a political candidate or ballot measure;
- v. Promote illegal activity;
- vi. Violate another party's copyright, trademark or other protected property;
- vii. Are obscene or profane, or contain swear words, use expletives, or make derogatory or disparaging comments about any one person or group;
- viii. Infringe on a person's personal ~~protected~~ or protected health information (e.g. HIPAA);

- d. Photos

- i. Photos may include BHSJ CHA promotional pieces, events, posters, flyers, etc. or promotional pieces from reputable sources (such as CDC, MALPH, MDHHS, EGLE etc.) If members of the school or public are in the photo, use only photos when an agency consent form has been obtained.
- ii. Only moderators will be allowed to post photos to the page. They will be able to comment on, like, or share any photo from the Branch-Hillsdale-St. Joseph Community Health Agency. Moderators will be notified via email as soon as there is a comment made on a photo and will monitor and review all comments immediately.
- iii. The public will not be able to "tag" themselves or others in posted photos.

- e. Video

- i. Videos may be uploaded to Social Media in two ways: (1) using the "upload video" option to post videos and (2) sharing the video to Social Media from YouTube, Vimeo, etc. Videos uploaded to YouTube are subject to Sec. A.f., above.

E. Security

a. Login and Passwords

- i. Login and passwords will be stored and retained by IT-HEP division.
- ii. Login and passwords will be subject to Agency IT policies.
- iii. Login and passwords should not be shared with other staff ~~media~~ that are identified as moderators.

F. Record retention

- a. Copies of most materials that involved an event or documents that are associated with Agency programs must be kept until the event has passed or project is completed.
- b. If a posting is the only record of a component of a project, operation or event, a copy of the post (i.e., Archive Social, screen shot, ~~and~~/or uploaded file) must be kept in compliance with the Agency's record retention schedule.

G. Evaluation

- a. Agency customer satisfaction surveys will be modified to include questions concerning knowledge of and/or utilization of Agency's Social Media page(s). This information will be used to help evaluate Agency's social media utilization and outcomes.
- b. Metrics related to reach will be collected on a quarterly basis by the lead moderator and shared with the Agency Marketing/Web Committee. Once benchmarks are established, the agency will set performance indicators related to reach. Performance indicators and measures will be included in Agency's performance indicator report.

Monitoring the Site

Branch-Hillsdale-St. Joseph Community Health Agency social media moderators will monitor the site frequently, with email alerts set for when anyone posts, "likes," or comments on the social media pages. Profanity filters will be set to strong.

Please note that comments that contain the following may be removed:

- i. Discriminate on the basis of race, creed, color, age, religion, sex, marital status, sexual orientation, national origin, weight, height, genetic information, gender identity, or gender orientation;
- ii. Are sexual in nature;
- iii. Compromise the safety or security of the Agency or individuals;
- iv. Support or oppose a political candidate or ballot measure;
- v. Promote illegal activity;
- vi. Violate another party's copyright, trademark or other protected property;
- vii. Are obscene or profane, or contain swear words, use expletives, or make derogatory or disparaging comments about any one person or group;
- viii. Infringe on a person's personal protected or protected health information (e.g. HIPAA);
- ix. Contain solicitation
- x. Are irrelevant to the limited subject matter of the specific post.

Individuals or organizations who make repetitive inappropriate comments may be blocked, per the Health Officer's directive.

This policy will be reviewed February 22, 2024 and then annually from the effective date.

Approved:



Rebecca Burns, RS, MPH
Health Officer/Administrator

Date: 02/22/2024 04/24/2025

Program: Administration

Subject: Procurement Policy

Effective Date: 10/4/2018

Purpose: To ensure all supplies, equipment, construction, and services are obtained in an open and effective manner and in full compliance with the provisions of applicable federal statutes and executive orders.

Policy Statement: Prior to starting a procurement process, Branch-Hillsdale-St. Joseph Community Health Agency (Referred to as “The Agency” going forward) must review the procurement to ensure that it complies with all parts of **2 CFR 200-317-326**.

Implementing Procedure:

GENERAL PROCUREMENT STANDARDS (Sec. 200.318):

The Agency:

- Must maintain oversight to ensure that contractors perform in accordance with the terms, conditions, and specifications of their contracts or purchase orders.
- Must maintain written standards of conduct covering conflicts of interest and governing the actions of its employees engaged in the selection, award and administration of contracts.
- Must avoid acquisition of unnecessary or duplicative items.
- Will seek to enter into state and local intergovernmental agreements or inter-entity agreements where appropriate for procurement or use of common or shared goods and services.
- Will seek to use Federal excess and surplus property in lieu of purchasing new equipment and property whenever such use is feasible and reduces project costs.
- Will use value engineering clauses in contracts for construction projects of sufficient size to offer reasonable opportunities for cost reductions. Value engineering is a systematic and creative analysis of each contract item or task to ensure that its essential function is provided at the overall lower cost.
- Must award contracts only to responsible contractors possessing the ability to perform successfully under the terms and conditions of the proposed procurement. Consideration must be given to contractor integrity, compliance with public policy, record of past performance, and financial and technical resources. Awards, subawards and contracts with parties that are debarred, suspended, or otherwise excluded from or ineligible for participation in Federal assistance programs or activities are not allowed.
- Must maintain records sufficient to detail the history of procurement. These records will include, but are not limited to the following: rationale for the method of procurement, selection of contract type, contractor selection or rejection, and the basis for the contract price.
- May use a time and materials type contract only after a determination that no other contract is suitable and if the contract includes a **ceiling price that the contractor exceeds at its own risk**.

Reviewed Date: 10/1/2023

A time and materials type of contract means that a contract whose cost to the grantee is the sum of the actual cost of materials and direct labor hours charged at fixed hourly rates that reflect wages, general and administrative expenses, and profit.

- Accepts sole responsibility, in accordance with good administrative practice and sound business judgement, for the settlement of all contractual and administrative issues arising out of procurement.

METHODS OF PROCUREMENT (Sec 200.320):

1. Procurement by small purchase procedures: For purchases up to \$149,249,999 – (“Simple Acquisition Threshold” defined in 41 U.S.C. 403(11) set at \$150,250,000):

Small purchases are those that are relatively simple and informal for items such as supplies, services or other property. If small purchase procedures are used, price or rate quotations shall be obtained from an adequate number of qualified sources to ensure that the selection process is competitive in accordance with these policies. “Adequate Number” as well as specific rules governing small purchases are further defined in The Agency’s Purchasing Policy.

2. Procurement by sealed bids:

Bids are publicly solicited and a firm-fixed-price contract (lump sum or unit price) is awarded to the responsible bidder whose bid, conforming to all the material items and conditions of the invitation for bids, is the lowest price. *This method is preferred for procuring construction, if the following are present,*

- A complete, adequate, and realistic specification or purchase description is available
- **Two or more** responsible bidders are willing and able to compete effectively for the business, and
- The procurement lends itself to a firm fixed price contract and the selection of the successful bidder can be made principally on the basis of price.

If sealed bids are used, the following requirements apply:

- Bids must be solicited from an adequate number of known suppliers, providing them sufficient response time prior to the date set for opening the bids. The invitation for bids must be publicly advertised.
- The invitation for bids, which will include any specifications and pertinent attachments, must define the items or services in order for the bidder to properly respond.
- All bids will be opened at the time and place prescribed in the invitation for bids.
- A firm fixed price contract award will be made in writing to the lowest responsive and responsible bidder. Where specified in bidding documents, factors such as discounts, transportation cost, and life cycle costs must be considered in determining which bid is lowest. Payment discounts will only be used to determine the low bid when prior experience indicates that such discounts are usually taken advantage of.
- Any or all bids may be rejected if there is a sound documented reason.

3. Procurement by competitive proposals, i.e. Requests for Proposals (RFPs):

Competitive proposals are normally conducted with more than one source (supplier) submitting an offer and either a fixed-price or cost-reimbursement type contract is awarded. This is generally used when conditions are not appropriate for the use of small, large or sealed bids - *architectural, audit and third-party administration must use the competitive proposal method.* The following requirements apply:

- Requests for proposals (RFP) must be publicized and identify all evaluation factors and their relative importance. In most cases, solicitation by mail or newspaper or professional journals is appropriate. A telephone call is not sufficient.
- Any response to publicized RFPs must be considered to the maximum extent practical.
- Proposals must be solicited from an adequate number of qualified sources.
- The non-Federal entity must have a written method for conducting technical evaluations of the proposals received and for selecting recipients.
- Contracts must be awarded to the responsible firm whose proposal is most advantageous to the program, with price and other factors considered.
- The grantee may use competitive proposal procedures for qualifications-based procurement of architectural/engineering A/E professional services. This method, where price is not used as a selection factor can only be used in the procurement of A/E professional services.

Procuring audit services (Sec. 200.509). The grantee must follow the procurement standards in sections 200.317-326, as applicable.

In requesting proposals for audit services:

- 1) Objectives and scope of the audit should be made clear, and
- 2) Grantee must request a copy of the audit organization's peer review report which the auditor is required to provide under GAGAS (Generally Accepted Government Auditing Standards).

Factors to be considered in evaluating each proposal for audit services include:

- 1) Responsiveness to the request for proposal,
- 2) Relevant experience,
- 3) Availability of staff with professional qualifications and technical abilities,
- 4) Results of external quality control reviews, and
- 5) Price.

4. Procurement by noncompetitive proposals:

Procurement through solicitation of a proposal from only one source. The grants reform clarified that this may be used only when one or more of the following circumstances apply:

- The item is available only from a single source.
- The public demand or emergency for the requirement will not permit a delay resulting from competitive solicitation (emergency situations).
- The federal awarding agency or pass-through entity expressly authorizes noncompetitive proposals in response to a written request from The Agency.
- After solicitation of a number of sources, competition is determined inadequate.

COMPETITION (Sec. 200.319):

All procurement transactions must be conducted in a manner providing full and open competition constituent with the standards for Part 200. In order to ensure objective contractor performance and eliminate unfair competitive advantage, contractors that develop or draft specifications, requirements, statements of work, or invitations for bids or requests for proposals must be excluded from competing for such procurement. Some situations that could be restrictive of competition include, but are not limited to:

- Placing unreasonable requirement(s) on firms in order for them to qualify.
- Requiring unnecessary experience and excessive bonding (insured in the event of a loss).
- Noncompetitive pricing practices between firms or between affiliated companies.

- Noncompetitive contracts to consultants that are on retainer contracts.
- Organizational conflicts of interest.
- Specifying only a “brand name” product instead of allowing “an equal” product.
- Any arbitrary action in the procurement process.

The Agency must conduct procurements in a manner that prohibits the use of statutorily or administratively imposed state, local or tribal geographic preferences, except where expressly mandated or encouraged.

The Agency must maintain written procedures for procurement transactions which Maintained in RFPs:

- Incorporate clear and accurate description of the technical requirements for materials, products or services to be procured.
- Identify all requirements that must be fulfilled by the offeror and all factors to be used in evaluating the bids or proposals.
- Ensure that all prequalified lists of offerors/products used for acquiring goods and services are current and include enough qualified sources to ensure maximum open and free competition.

CONTRACTING WITH SMALL AND MINORITY BUSINESSES, WOMEN’S BUSINESS ENTERPRISES AND LABOR SURPLUS AREA FIRMS (Sec. 200.321):

The Agency must take all necessary steps to assure that minority businesses, women’s business enterprises and labor surplus firms are used when possible. These steps include:

- Placing qualified small and minority businesses (SMBs) and women’s business enterprises (WBEs) on solicitation lists.
- Assuring that SMBs and WBEs are solicited whenever they are potential sources.
- Dividing total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by SMBs and WBEs.
- Establishing delivery schedules, where the requirement permits, which encourage participation by SMBs and WBEs.
- Using the services and assistance, as appropriate, of such organizations as the Small Business Administration and the Minority Business Development Agency of the Department of Commerce.
- Requiring the prime contractor, if subcontracts are allowed, to take the affirmative steps listed in the above statements.

CONTRACT COST AND PRICE (Sec. 200.323):

The Agency must perform some form of cost or price analysis in connection with each procurement, which are further explained below.

COST ANALYSIS is used:

- When the bidder is required to submit the elements that make up the estimated cost.
- When sufficient price competition is lacking
- For all single-source procurements.

PRICE ANALYSIS is used when price reasonableness can be established on the basis of a catalog or the market price of a product on processes set by law or regulation.

BONDING REQUIREMENTS (Sec. 200.325):

For construction or facility improvement contracts/subcontracts exceeding the Simple Acquisition Threshold (currently set at \$~~150~~²⁵⁰,000), the Federal awarding agency or pass-through entity may accept the bonding policy and requirements of the non-Federal entity provided that the Federal awarding agency or pass-through entity has made a determination that the Federal interest is adequately protected. If such a determination has not been made, the minimum requirements must be as follows:

- A bid guarantee from each bidder equivalent to five percent of the bid price. The bid guarantee must consist of a firm commitment such as a bid bond, certified check or other negotiable instrument accompanying a bid as assurance that the bidder will, upon acceptance of the bid, execute such contractual documents as may be required within the time specified.
- A performance bond on the part of the contractor for 100 percent of the contract price. This is so the obligations of the contract are completely fulfilled.
- A payment bond on the part of the contractor for 100 percent of the contract price. A payment bond is one executed in connection with a contract to assure payment as required by law of all persons supplying labor and material in the execution of the work provided for in the contract.

Last Reviewed: 10/01/2023 TEF

Program: Administration	Effective Date: 7/1/2022
Subject: Purchasing Policy	

Purpose: To ensure all purchases are conducted in full compliance with applicable laws and in a manner that promotes transparency, fairness, and competition.

Policy Statement: Purchases falling under the Simplified Acquisition Threshold of \$250,000 will be conducted openly and effectively, in full compliance with the provisions outlined under 41 U.S.C. § 403(11).

Implementing Procedure:

For the purchase of supplies, materials, equipment, capital expenditures, or other items costing \$5,000 per item or more:

1. Any single item purchase costing \$5,000 or more must receive prior approval from the Board.
2. **Competitive Bidding:**
Staff are required to obtain quotes or bids from a minimum of three (3) qualified sources to ensure a competitive selection process.
 - If three quotes/bids cannot be obtained due to a lack of responsive or qualified vendors, the purchase may still proceed only if the agency documents all reasonable attempts made to obtain the required number of quotes/bids.

General Purchasing Procedures

1. All supplies, materials, and equipment used in the performance of job duties that are not stocked as general supplies within each location, shall be requested by completing a Material Requisition form. Inform all vendors that we are a tax-exempt organization and do not pay sales tax. If a tax-exempt form is required, note on the Material Requisition form.
2. Submitted Material Requisition forms must contain at least the following information: Vendor (from where you are ordering), name of staff to deliver to, RU and account numbers, date requisition completed, quantity, part number, description, cost, date needed, and Department Director signature.
3. Upon Director approval, the Requisition shall be forwarded to the Administrative Support Clerk.

Reviewed Date:

4. The Administrative Support Clerk shall data enter the Purchase Order information (vendor, brief description, and part number) on the “po list” tab in the yyyy Office Supplies Inventory Worksheet (Share-CW (M:) > Operations > Office Supply Management > PO File > PO List). This keeps track of the PO numbers.
5. The Administrative Support Clerk shall process orders to be delivered directly to the appropriate sites whenever practical, according to quantities and purchase units.
6. The Administrative Support Clerk shall enter all data into Abila purchasing program and generate a PO.
7. Upon initial receipt of the supplies, materials, or equipment, person receiving will sign, date, verify contents, counts, and accuracy. Then they will scan and email packing slip or if no packing slip was received notify the Administrative Support Clerk so items can be received in the Abila system. This must be completed upon receipt of goods.
8. As supplier invoices are received in the mail, those resulting from a PO go to the Administrative Support Clerk for processing. All others go directly to Accounts Payable.
9. If an invoiced price does not agree with the quoted or contracted price, the Administrative Support Clerk must contact the supplier to re-issue a corrected invoice. If any changes need to be made, the Administrative Support Clerk can do so BEFORE receiving the product in the Abila system.
10. If the invoiced price is different than the requisition/PO price, the Administrative Support Clerk will need to correct the copy of the PO and inform the employee who made the requisition and the Director. The director will need to sign off on the corrected copy of the PO as their acknowledgement of the price change for budget purposes.
11. After the invoice is received in Abila, it will be given to accounts payable along with the PO, proof merchandise was received, and any other documentation included in the ordering process.
12. Failure to gain pre-approval releases the Agency from any obligation to reimburse said individual. Fuel for mobile unit can be obtained, as needed, without prior approval and shall be noted on the trip log.
13. In order to use any Agency Credit card, the director must sign a material requisition form prior to the purchase. The requisition and the receipt will be turned into the Administrative Support Clerk. A purchase order will be created and the requisition with the receipt will be attached to the PO and then recorded in the V CC files (Share-CW (M:) > Operations > Office Supply Management > V CC - (Mastercard (VISA) – 1163 or SMB&T Mastercard (P-Card) or Wal-Mart Community). Once all steps are completed, then it is sent to accounts payable.
14. Unexpected and/or minor purchases (\$20.00 and under) utilizing Petty Cash funds must also be authorized by Directors. See Petty Cash Policy.

Last Reviewed:

**BRANCH-HILLSDALE-ST. JOSEPH
COMMUNITY HEALTH AGENCY
COLDWATER, MICHIGAN**

**REPORT ON FINANCIAL STATEMENTS
(with required and other
supplementary information)**

YEAR ENDED SEPTEMBER 30, 2024



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INDEPENDENT AUDITOR'S REPORT

To the Board of Public Health of the
Branch-Hillsdale-St. Joseph Community Health Agency
Coldwater, Michigan

Report on the Audit of the Financial Statements

Opinions

We have audited the accompanying financial statements of the governmental activities and the major fund of the Branch-Hillsdale-St. Joseph Community Health Agency (the Agency), as of and for the year ended September 30, 2024, and the related notes to the financial statements, which collectively comprise the Agency's basic financial statements as listed in the table of contents.

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities and the major fund of the Branch-Hillsdale-St. Joseph Community Health Agency, as of September 30, 2024, and the changes in financial position thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinions

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Branch-Hillsdale-St. Joseph Community Health Agency and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Agency's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibility for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinions. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Agency's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Agency's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis, budgetary comparison information, and defined benefit pension plan schedules, as identified in the table of contents, be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Supplementary Information

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the Agency's basic financial statements. The accompanying other supplementary information, as listed in the table of contents, including the schedule of expenditures of federal awards, as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the other supplementary information, including the schedule of expenditures of federal awards, is fairly stated, in all material respects, in relation to the basic financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated March 7, 2025, on our consideration of the Agency's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Agency's internal control over financial reporting and compliance.

Maney Costeiran PC

March 7, 2025

Management's Discussion and Analysis For Fiscal Year Ended September 30, 2024

This section of the annual financial statements, titled Management's Discussion and Analysis, represents the administration's review of the Branch-Hillsdale-St. Joseph Community Health Agency's (the Agency's) financial performance during the fiscal year ended September 30, 2024. The Management's Discussion and Analysis is intended to be read in conjunction with the Agency's financial statements.

Generally accepted accounting principles (GAAP) according to GASB Statement No. 34 require the reporting of two types of financial statements: government-wide financial statements and fund level financial statements.

Financial Highlights

- The assets and deferred outflows of resources of the Agency exceeded its liabilities at September 30, 2024, by \$2,715,722 at the government-wide level. Unrestricted net position was \$2,214,409 at September 30, 2024.
- The Agency's total net position decreased \$158,018 as a result of this year's operations.
- As of September 30, 2024, the Agency's governmental fund reported an ending fund balance of \$3,599,659, a decrease of \$281,750.
- As of September 30, 2024, the assigned and unassigned fund balance was \$3,139,770 and \$323,126, respectively, or approximately 40% of total fund expenditures.

Overview of the Financial Statements

The Branch-Hillsdale-St. Joseph Community Health Agency's basic financial statements comprise three components: 1) government-wide financial statements, 2) fund financial statements, and 3) notes to the financial statements. This report also contains other supplementary information in addition to the basic financial statements themselves.

Government-wide Financial Statements: The government-wide financial statements provide information about the activities of the entire Agency. They present an overall view of the Agency's finances, reporting the assets and liabilities on fiscal year ended September 30, 2024.

The statement of net position presents information on all of the Branch-Hillsdale-St. Joseph Community Health Agency's assets, deferred outflows of resources, liabilities, and deferred inflows of resources, with the difference between them reported as net position. Over time, increases or decreases in net position may serve as a useful indicator of whether the financial position of the Agency is improving or deteriorating.

The statement of activities presents information showing how the government's net position changed during fiscal year 2023/2024. All changes in net position are reported as soon as the change occurs, regardless of the timing of related cash flows.

All of the Branch-Hillsdale-St. Joseph Community Health Agency's activities are supported by intergovernmental revenues, governmental grants, fees and charges for services, interest and rents, local revenues, and contributions. The governmental activities of the Agency are all considered health and welfare programs. The Area Agency on Aging (AAA) is an autonomous department within CHA responsible for administering Federal and State funds to local aging programs and organizations within our two-county planning and service area (Branch and St. Joseph Counties only). We are designated by the Michigan Aging and Adult Services Agency (AASA) to carry out this function. The Agency does not operate any programs that are intended to recover all or a significant portion of their costs through user fees and charges.

The government-wide financial statements include only financial information related to the Branch-Hillsdale-St. Joseph Community Health Agency.

Fund Financial Statements: A fund is a grouping of related accounts that is used to maintain control over resources that have been segregated for specific activities or objectives. The Branch-Hillsdale-St. Joseph Community Health Agency uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements. The Agency operates with one fund, which is considered a governmental fund.

Governmental funds: Governmental funds are used to account for essentially the same functions reported as governmental activities in the government-wide financial statements. However, unlike the government-wide financial statements, governmental fund financial statements focus on near-term inflows and outflows of spendable resources, as well as on balances of spendable resources available at the end of the fiscal year. Such information may be useful in evaluating a government's near-term financing requirements.

Because the focus of governmental funds is narrower than that of the government-wide financial statements, it is useful to compare the information presented for governmental funds with similar information presented for governmental activities in the government-wide financial statements. By doing so, readers may better understand the long-term impact of the government's near-term financing decisions. Both the governmental fund balance sheet and governmental fund statement of revenues, expenditures, and changes in fund balance provide a reconciliation to facilitate this comparison between governmental funds and governmental activities.

The Branch-Hillsdale-St. Joseph Community Health Agency adopts an annual appropriated budget for its Health Fund. A budgetary comparison statement has been provided for this fund to demonstrate compliance with this budget.

The basic financial statements can be found on pages 9-15 of this report.

Notes to the Financial Statements: The notes provide additional information that is essential to a full understanding of the data provided in the government-wide and fund financial statements. The notes to the financial statements can be found on pages 16-31 of this report.

Other Information: In addition to the basic financial statements and accompanying notes, this report also presents certain required supplementary information concerning budgeted revenues and expenditures, schedule of changes in net pension liability and related ratios, and schedule of employer contributions on pages 32-36. Other supplementary information concerning support services and expenditures of federal awards can be found on pages 37-46 of this report.

Government-wide Financial Analysis:

As noted earlier, net position may serve over time as a useful indicator of a government's financial position. In the case of Branch-Hillsdale-St. Joseph Community Health Agency, assets and deferred outflows of resources exceeded liabilities by \$2,715,722. A comparative analysis of net position as of September 30, 2024 and 2023, are presented below:

	2024	2023
ASSETS		
Current assets	\$ 5,573,841	\$ 5,245,686
Capital assets	501,313	454,555
TOTAL ASSETS	6,075,154	5,700,241
DEFERRED OUTFLOWS OF RESOURCES	1,670,570	2,047,199
LIABILITIES		
Current liabilities	2,245,442	1,611,232
Noncurrent liabilities	2,784,560	3,262,468
TOTAL LIABILITIES	5,030,002	4,873,700
NET POSITION		
Investment in capital assets	501,313	454,555
Unrestricted	2,214,409	2,419,185
TOTAL NET POSITION	\$ 2,715,722	\$ 2,873,740

Unrestricted net position (the part of net position that can be used to finance day to day operations) decreased by \$204,776.

The following table shows the changes in net position as of September 30, 2024 and 2023.

	2024	2023
PROGRAM REVENUES		
Charges for services	\$ 955,897	\$ 888,506
Grants and contributions	6,264,198	6,502,323
General revenues		
County appropriations	1,001,853	790,027
Miscellaneous	63,051	87,784
Interest	110,382	89,034
TOTAL REVENUES	8,395,381	8,357,674
PROGRAM EXPENSES	8,553,399	7,522,033
Change in net position	\$ (158,018)	\$ 835,641

During the year grants and contributions decreased \$238,125 due primarily to less Medicaid cost based reimbursements in the current year. We will continue to collaborate with local health providers and using them as a resource to find new funding.

Total expenses increased \$1,031,366 or approximately 13.71% from last year, primarily related to increases in salaries and related fringe benefits, as well as supplies and materials purchased.

Financial Analysis of the Government's Fund

As noted earlier, the Branch-Hillsdale-St. Joseph Community Health Agency uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements.

Governmental Fund: The focus of the Branch-Hillsdale-St. Joseph Community Health Agency's governmental fund is to provide information on near-term inflows, outflows, and balances of spendable resources. Such information is useful in assessing the Branch-Hillsdale-St. Joseph Community Health Agency's financing requirements. In particular, unassigned fund balance may serve as a useful measure of a government's net resources available for spending at the end of the fiscal year.

As of the end of the current fiscal year, the Branch-Hillsdale-St. Joseph Community Health Agency's governmental fund reported an ending fund balance of \$3,599,659, a decrease of \$281,750 in comparison with the prior year. Of this total, \$136,763 is considered nonspendable as it is for prepaid expenditures. There has been \$3,139,770 assigned for various future year expenditures. The unassigned fund balance at September 30, 2024, was \$323,126.

As a measure of the governmental fund's liquidity, it may be useful to compare assigned and unassigned fund balance to total fund expenditures. Assigned and unassigned fund balance represents approximately 40% of total fund expenditures.

Governmental Fund Budgetary Highlights

Over the course of the year, the Branch-Hillsdale-St. Joseph Community Health Agency's Board of Public Health amended the budget to take into account events that occurred during the year. Total revenue budget was increased \$1,047,367, or approximately 12%, primarily due to increases in grant revenue and county appropriations. Actual revenue was \$1,219,497 under the final amended budget due to lower than anticipated State revenue through the CPBC grant programs and Medicaid cost based reimbursements. Total expenditures budget was increased by \$1,047,867, or approximately 12%, primarily due to contractual services for consulting fees, repairs and maintenance, and supplies and materials. Actual expenditures were \$938,247 under the final amended budget.

Capital Asset and Debt Administration

Capital Assets: The Branch-Hillsdale-St. Joseph Community Health Agency's investment in capital assets as of September 30, 2024, amounts to \$501,313 (net of accumulated depreciation). During the year, the Agency made investments in capital assets in the amount of \$100,014, including office space improvements, and recognized \$53,256 in annual depreciation. Additional details related to capital assets are presented in Note 3 to the financial statements.

Long-term Obligations: The Branch-Hillsdale-St. Joseph Community Health Agency has a long-term obligation related to compensated absences (e.g., unused vacation and sick leave). The long-term obligation at September 30, 2024, amounted to \$378,845 for compensated absences. Additional details related to long-term obligations are presented in Note 4 to the financial statements.

Economic Factors and Next Year's Budget and Rates

For the fiscal year ending September 30, 2025, close monitoring of State budget actions will continue to be important related to further possible cuts in funding provided through State grant agreements and other State funding mechanisms such as Medicaid Cost-Based and Rate-Based Reimbursement supplements. Because these funding sources represent such a substantial portion of the Agency's operating budget, changes in the levels of funding have a significant impact on the types and levels of services that the Agency is able to provide.

Because the services of the Agency are provided based on need and not the ability to pay, and the financial condition of the Agency is generally sound, the budget for the fiscal year ending September 30, 2025, included only normal economic increases in fees charged for services to the general public related to the corresponding increased operating costs to provide them and related to the levels of county funds appropriated.

Requests for Information

This financial report is designed to provide a general overview of the Branch-Hillsdale-St. Joseph Community Health Agency's finances for all those with an interest in the government's finances. Questions concerning any of the information provided in this report or requests for additional financial information should be addressed to:

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Branch-Hillsdale-St. Joseph Community Health Agency
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BASIC FINANCIAL STATEMENTS

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
STATEMENT OF NET POSITION
SEPTEMBER 30, 2024

	<u>Governmental Activities</u>
ASSETS	
Current assets	
Cash	\$ 4,963,218
Accounts receivable	92,860
Due from other governmental units - Federal/State	215,271
Prepays	136,763
Inventories	<u>165,729</u>
Total current assets	<u>5,573,841</u>
Noncurrent assets	
Capital assets, net of accumulated depreciation	<u>501,313</u>
TOTAL ASSETS	<u>6,075,154</u>
DEFERRED OUTFLOWS OF RESOURCES	
Deferred outflows of resources related to pension	<u>1,670,570</u>
LIABILITIES	
Current liabilities	
Accounts payable	282,785
Accrued wages	112,330
Due to other governmental units - Federal/State	1,049,731
Other accrued liabilities	68,248
Unearned revenue	461,088
Current portion of compensated absences	<u>271,260</u>
Total current liabilities	<u>2,245,442</u>
Noncurrent liabilities	
Net pension liability	2,676,975
Noncurrent portion of compensated absences	<u>107,585</u>
Total noncurrent liabilities	<u>2,784,560</u>
TOTAL LIABILITIES	<u>5,030,002</u>
NET POSITION	
Investment in capital assets	501,313
Unrestricted	<u>2,214,409</u>
TOTAL NET POSITION	<u><u>\$ 2,715,722</u></u>

See accompanying notes to financial statements.

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
STATEMENT OF ACTIVITIES
YEAR ENDED SEPTEMBER 30, 2024

Functions/Programs	Expenses	Program Revenues		Net (Expense) Revenues and Changes in Net Position
		Charges for Services	Operating Grants and Contributions	
Governmental activities				
Personal health	\$ 3,961,786	\$ 319,690	\$ 3,295,515	\$ (346,581)
Environmental health	1,619,797	563,767	687,108	(368,922)
Community health	385,003	68,623	291,913	(24,467)
Aging services	1,614,194	-	1,585,054	(29,140)
Administration	972,619	3,817	404,608	(564,194)
Total governmental activities	<u>\$ 8,553,399</u>	<u>\$ 955,897</u>	<u>\$ 6,264,198</u>	<u>(1,333,304)</u>
General revenues				
County appropriations - regular				1,001,853
Miscellaneous				63,051
Interest				<u>110,382</u>
Total general revenues				<u>1,175,286</u>
Change in net position				(158,018)
Net position, beginning of the year				<u>2,873,740</u>
Net position, end of the year				<u>\$ 2,715,722</u>

See accompanying notes to financial statements.

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
GOVERNMENTAL FUND
BALANCE SHEET
SEPTEMBER 30, 2024**

ASSETS

Cash	\$ 4,963,218
Accounts receivable	92,860
Due from other governmental units - Federal/State	215,271
Prepays	136,763
Inventories	<u>165,729</u>

TOTAL ASSETS	<u><u>\$ 5,573,841</u></u>
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LIABILITIES AND FUND BALANCE

LIABILITIES

Accounts payable	\$ 282,785
Accrued wages	112,330
Due to other governmental units - Federal/State	1,049,731
Other accrued liabilities	68,248
Unearned revenue	<u>461,088</u>

TOTAL LIABILITIES	<u>1,974,182</u>
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FUND BALANCE

Nonspendable	136,763
Assigned	3,139,770
Unassigned	<u>323,126</u>

TOTAL FUND BALANCE	<u>3,599,659</u>
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TOTAL LIABILITIES AND FUND BALANCE	<u><u>\$ 5,573,841</u></u>
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See accompanying notes to financial statements.

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
RECONCILIATION OF THE GOVERNMENTAL FUND BALANCE
SHEET TO THE STATEMENT OF NET POSITION
SEPTEMBER 30, 2024**

Total fund balance - governmental fund \$ 3,599,659

Amounts reported for the governmental activities in the statement of net position are different because:

Capital assets used in governmental activities are not current financial resources and therefore are not reported as assets in the governmental fund.

The cost of capital assets is	\$ 1,622,889	
Accumulated depreciation is	<u>(1,121,576)</u>	
Capital assets, net		501,313

Governmental funds report actual pension expenditures for the fiscal year, whereas the governmental activities will recognize the net pension liability as of the measurement date. Pension contributions subsequent to the measurement date will be deferred in the statement of net position. In addition, resources related to changes of assumptions, differences between expected and actual experience, and differences between projected and actual pension plan investment earnings will be deferred over time in the government-wide financial statements. These amounts consist of:

Deferred outflows of resources related to pension	1,670,570
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Long-term liabilities are not due and payable in the current period and therefore are not reported as liabilities in the governmental fund balance sheet. Long-term liabilities at year-end consist of:

Net pension liability	(2,676,975)	
Compensated absences	<u>(378,845)</u>	
		<u>(3,055,820)</u>

Net position of governmental activities	<u>\$ 2,715,722</u>
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**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
GOVERNMENTAL FUND
STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN FUND BALANCE
YEAR ENDED SEPTEMBER 30, 2024**

REVENUES	
Licenses and permits	\$ 353,057
Intergovernmental	
Federal/State	6,114,359
Local	149,839
County appropriations	1,001,853
Charges for services	602,840
Interest and rents	110,382
Other	<u>63,051</u>
TOTAL REVENUES	<u>8,395,381</u>
EXPENDITURES	
Current	
Salaries and wages	3,514,343
Fringe benefits	1,974,397
Supplies and materials	988,075
Contractual	1,144,167
Communications	80,431
Travel and training	206,646
Insurance	45,026
Repairs and maintenance	465,930
Building and equipment rentals	159,571
Printing and advertising	32,756
Postage	23,628
Other	<u>42,161</u>
TOTAL EXPENDITURES	<u>8,677,131</u>
NET CHANGE IN FUND BALANCE	(281,750)
Fund balance, beginning of year	<u>3,881,409</u>
Fund balance, end of year	<u><u>\$ 3,599,659</u></u>

See accompanying notes to financial statements.

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
RECONCILIATION OF THE STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN
FUND BALANCE OF THE GOVERNMENTAL FUND TO THE STATEMENT OF ACTIVITIES
YEAR ENDED SEPTEMBER 30, 2024**

Net change in fund balance - governmental fund \$ (281,750)

Amounts reported for governmental activities in the statement of activities are different because:

Capital outlays are reported as expenditures in governmental funds. However, in the statement of activities, the cost of capital assets is allocated over their estimated useful lives as depreciation expense. In the current period, these amounts are:

Capital outlay	\$	100,014
Depreciation expense		<u>(53,256)</u>

Excess of capital outlay over depreciation expense		46,758
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Some items reported in the statement of activities do not require the use of current financial resources and therefore are not reported as expenditures in the governmental fund. These activities consist of:

Decrease in net pension liability		465,788
(Increase) in accrued compensated absences		(12,185)
(Decrease) in deferred outflows of resources related to pensions		<u>(376,629)</u>

76,974

Change in net position of governmental activities		<u><u>\$ (158,018)</u></u>
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BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The Branch-Hillsdale-St. Joseph Community Health Agency (the Agency) is a joint venture between Branch, Hillsdale, and St. Joseph Counties, and was established to provide public health services. The Community Health Agency Board has representation and provides services to Branch, Hillsdale, and St. Joseph Counties. Each County provides annual appropriations and passes through the statutory amounts of cigarette tax funding to subsidize operations. The current funding formula approved by the Community Health Agency requires Branch, Hillsdale, and St. Joseph Counties to provide approximately 28%, 31%, and 41%, respectively.

The financial statements of the Agency have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP) as applied to governmental units. The Governmental Accounting Standards Board (GASB) is the accepted standard-setting body for establishing governmental accounting and financial reporting principles. The Agency's more significant accounting policies are discussed below.

The primary revenues of the Branch-Hillsdale-St. Joseph Community Health Agency are charges for services, Federal and State grants, and County appropriations.

Reporting Entity

As required by accounting principles generally accepted in the United States of America, these financial statements are exclusive presentations of the financial condition and results of operations of the Branch-Hillsdale-St. Joseph Community Health Agency.

Basis of Presentation

GOVERNMENT-WIDE FINANCIAL STATEMENTS

The statement of net position and the statement of activities (the government-wide financial statements) present information for the Agency as a whole.

The government-wide financial statements are presented using the economic resources measurement focus, similar to that used by business enterprises or not-for-profit organizations. Because another measurement focus is used in the governmental fund financial statements, reconciliations to the government-wide financial statements are provided that explain the differences in detail.

The statement of activities presents the direct functional expenses of the Agency and the program revenues that support them. Direct expenses are specifically associated with a service, program, or department and are therefore clearly identifiable to a particular function. Program revenues are associated with specific functions and include charges to recipients for goods or services and grants and contributions that are restricted to meeting the operational or capital requirements of that function. Revenues that are not required to be presented as program revenues are general revenues. This includes interest and all County appropriations and shows how governmental functions are either self-financing or supported by the general revenues of the Agency.

FUND FINANCIAL STATEMENTS

The Agency uses a single fund to maintain its financial records during the year. A fund is defined as a fiscal and accounting entity with a self-balancing set of accounts. The governmental fund financial statements present the Agency's individual major fund.

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(continued)

Basis of Presentation (continued)

FUND FINANCIAL STATEMENTS (continued)

The governmental fund financial statements are presented using the current financial resources measurement focus. With this measurement focus, only current assets, deferred outflows of resources, current liabilities, and deferred inflows of resources generally are included on the balance sheet. Operating statements of these funds present increases (i.e., revenues and other financing sources) and decreases (i.e., expenditures and other financing uses) in fund balance.

Basis of Accounting

Basis of accounting refers to the timing under which transactions are recognized for financial reporting purposes. Governmental fund financial statements use the modified accrual basis of accounting. The government-wide financial statements are prepared using the accrual basis of accounting.

Under the accrual basis of accounting, revenue is recorded in the period in which it is earned, and expenses are recorded when incurred, regardless of the timing of related cash flows. Revenues for grants and contributions are recognized when all eligibility requirements imposed by the provider have been met. Unearned revenue is recorded when resources are received by the Agency before it has legal claim to them, such as when grant monies are received prior to the incurrence of qualified expenses.

Under the modified accrual basis of accounting, revenues are recognized when susceptible to accrual (i.e., when they become both measurable and available). "Measurable" means the amount of the transaction can be determined and "available" means collectible within the current period or soon enough thereafter to be used to pay liabilities of the current period. For this purpose, the Agency considers revenues to be available if they are collected within 60 days of the end of the current period. Revenues susceptible to accrual include state and federal grants and interest revenue. Other revenues are not susceptible to accrual because generally they are not measurable until received in cash. Expenditures are recorded when the related fund liability is incurred, except for principal and interest on general long-term debt which are recorded when due.

If/when both restricted and unrestricted resources are available for use, it is the Agency's policy to use restricted resources first, then unrestricted resources as they are needed.

Budgets and Budgetary Accounting

The annual budget of the Agency is prepared by Agency management and approved by the Board at the total expenditure level. Any revisions to the original budget are approved by the Board before the end of the fiscal year.

Cash

Cash consists of the Agency's payroll and accounts payable checking accounts, branch office depository accounts, imprest cash, and cash on deposit with the Branch County Treasurer.

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
NOTES TO FINANCIAL STATEMENTS**

**NOTE 1 - DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(continued)**

Cash (continued)

In accordance with Michigan Compiled Laws, the Agency is authorized to invest in the following investment vehicles:

- a. Bonds, securities, and other obligations of the United States or an agency or instrumentality of the United States.
- b. Certificates of deposit, savings accounts, deposit accounts, or depository receipts of a State or nationally chartered bank or a State or Federally chartered savings and loan association, savings bank, or credit union whose deposits are insured by an agency of the United States government and which maintains a principal office or branch office located in this State under the laws of this State or the United States, but only if the bank, savings and loan association, savings bank or credit union is eligible to be a depository of surplus funds belonging to the State under Section 6 of 1855 PA 105, MCL 21.146.
- c. Commercial paper rated at the time of purchase within the three highest classifications established by not less than two standard rating services, and which matures not more than 270 days after the date of purchase.
- d. The United States government or Federal agency obligations repurchase agreements.
- e. Bankers acceptances of United States Banks.
- f. Mutual funds composed of investment vehicles, which are legal for direct investment by local units of government in Michigan.

Receivables and Unearned Revenue

Receivables consist of amounts due from governmental units for various grant programs and accounts receivable for charges for services to clients and other organizations.

The Agency has recognized the revenue related to charges for services at the time the services are performed and billed to the extent such amounts are estimated to be received. Contractual adjustments by third-party payers are treated as a reduction to revenues.

In addition to grant funding received prior to meeting the revenue recognition criteria, the Agency has also recorded unearned revenue of \$165,729 in the government-wide and fund financial statements, respectively, equaling the amount of vaccine inventory received from the State of Michigan that is on hand at year-end. Unearned revenues arise when the Agency receives resources before it has a legal claim to them. In subsequent periods, when the revenue meets both the "measurable" and "available" criteria for recognition, the liability for unearned revenue is removed from the statement of net position and balance sheet, respectively, and revenue is recognized.

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(continued)

Inventories

Inventories are stated at cost on a first in/first out basis. Donated vaccines inventory is stated at fair value as of the date of the donation. Inventory consists of vaccines received from the State of Michigan. They are recorded as expenditures at the time individual inventory items are used.

Prepays

Payments made to vendors for services that will benefit future periods are recorded as prepaid expenditures/expenses. Reported prepaid expenditures are equally offset by nonspendable fund balance which indicates they do not constitute "available spendable resources" even though they are a component of equity.

Capital Assets

Capital assets are recorded (net of accumulated depreciation, if applicable) in the government-wide financial statements. Capital assets are those with an initial individual cost of \$5,000 or more, with estimated useful lives of more than one year. Capital assets are not recorded in the governmental fund. Instead, capital acquisitions are reflected as expenditures in the governmental fund, and the related assets are reported in the government-wide financial statements. All purchased capital assets are valued at cost where historical records are available and at an estimated historical cost where no historical records exist. Donated capital assets are valued at their estimated acquisition cost on the date received.

The cost of normal maintenance and repairs that do not add to the value of the asset or materially extend asset lives are not capitalized. Depreciation is computed using the straight-line method over the following useful lives:

Land improvements	7-20 years
Equipment	4-10 years

Compensated Absences

The Agency employees are granted vacation and sick leave in varying amounts. In the event of termination, an employee is paid for certain portions of unused accumulated vacation and sick time. This amount, along with related payroll taxes has been recorded in the government-wide financial statements.

Net Pension Liability

The Agency offers a defined benefit pension plan to its employees. The Agency records a net pension liability for the difference between the total pension liability calculated by the actuary and the pension plan's fiduciary net position. For the purpose of measuring the net pension liability, deferred outflows of resources, and pension expense, information about the fiduciary net position have been determined on the same basis as they are reported by the pension plan. For this purpose, benefit payments (including refunds of employee contributions) are recognized when due and payable in accordance with the benefit terms.

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(continued)

Deferred Outflows of Resources

In addition to assets, the statement of net position will sometimes report a separate section for deferred outflows of resources. This separate financial statement element, *deferred outflows of resources*, represents a consumption of net position/fund balance that applies to a future period and so will not be recognized as an outflow of resources (expense/expenditure) until that time.

In addition to liabilities, the statement of net position and balance sheet will sometimes report a separate section for deferred inflows of resources. This separate financial statement element, *deferred inflows of resources*, represents an acquisition of net position/fund balance that applies to a future period and so will not be recognized as an inflow of resources (revenue) until that time.

The Agency will sometimes report deferred inflows of resources on the balance sheet in connection with long-term receivables that are not considered available to liquidate liabilities of the current period. The Agency also reports deferred outflows of resources and deferred inflows of resources on the statement of net position which correspond to the Agency's net pension liability and are related to differences in experience, differences in assumptions, differences between projected and actual pension plan investment earnings and contributions made subsequent to the measurement date. these amounts are deferred and recognized as an outflow of resources or an inflow of resources in the period to which they apply.

Fund Balance Classification Policies and Procedures

Fund balance classifications comprise a hierarchy based primarily on the extent to which a government is bound to observe constraints imposed upon the use of the resources reported in governmental funds. The following are the five fund balance classifications:

Nonspendable - assets that are not available in a spendable form such as inventory, prepaid expenditures, and long-term receivables not expected to be converted to cash in the near term. It also includes funds that are legally or contractually required to be maintained intact such as the corpus of a permanent fund or foundation.

Restricted - amounts that are required by external parties to be used for a specific purpose. Constraints are externally imposed by creditors, grantors, contributors or laws, regulations or enabling legislation.

Committed - amounts constrained on use imposed by formal action of the government's highest level of decision-making authority (i.e., Board, Council, etc.).

Assigned - amounts intended to be used for specific purposes. This is determined by the governing body, the budget or finance committee or a delegated municipality official.

Unassigned - all other resources; the remaining fund balance after nonspendable, restrictions, commitments, and assignments. This class only occurs in the General Fund, except for cases of negative fund balances. Negative fund balances are always reported as unassigned, no matter which fund the deficit occurs in.

For committed fund balance, the Agency's highest level of decision-making authority is the Board of Public Health. The formal action that is required to be taken to establish a fund balance commitment is the adoption of a Board resolution.

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
NOTES TO FINANCIAL STATEMENTS**

**NOTE 1 - DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(continued)**

Fund Balance Classification Policies and Procedures (continued)

For assigned fund balance, the Branch-Hillsdale-St. Joseph Community Health Agency has not approved a policy indicating who is authorized to assign amounts to a specific purpose, therefore the authority for assigning fund balance remains with the Agency's Board of Public Health.

For the classification of fund balances, the Branch-Hillsdale-St. Joseph Community Health Agency considers restricted amounts to have been spent when an expenditure is incurred for the purposes for which both restricted and unrestricted fund balance is available. Also, for the classification of fund balances, the Branch-Hillsdale-St. Joseph Community Health Agency considers committed, assigned, or unassigned amounts to have been spent when an expenditure is incurred for purposes for which amounts in any of those unrestricted fund balance classifications could be used.

Use of Estimates

The preparation of basic financial statements, in conformity with GAAP, requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, deferred inflows and outflows of resources and disclosure of contingent assets and liabilities at the date of the basic financial statements and reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

NOTE 2 - DEPOSITS

As of September 30, 2024, the Agency had deposits subject to the following risks:

Custodial Credit Risk - Deposits

In the case of deposits, this is the risk that in the event of a bank failure, the Agency's deposits may not be returned to it. As of September 30, 2024, \$348,557 of the Agency's bank balance of \$800,492 was exposed to custodial credit risk because it was all covered by federal depository insurance. The Agency's carrying value on the books for deposits at the end of the year was \$117,376.

The cash balances reported in the basic financial statements include \$323 in imprest cash and \$4,845,519 in cash that is on deposit with the Branch County Treasurer. The cash on deposit with the Branch County Treasurer is part of the County pooled cash and investments. As a result, the insured and uninsured amounts related to these amounts cannot be determined.

Credit Risk

State law limits investments in certain types of investments to a prime or better rating issued by nationally recognized statistical rating organizations (NRSRO's). Obligations of the U.S. government or obligations explicitly guaranteed by the U.S. government are not considered to have credit risk and do not require disclosure of credit quality. As of September 30, 2024, the Agency did not have any investments that would be subject to rating.

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
NOTES TO FINANCIAL STATEMENTS

NOTE 2 - DEPOSITS (continued)

Interest Rate Risk

The Agency will minimize interest rate risk, which is the risk that the market value of securities in the portfolio will fall due to changes in market interest rates, by structuring the investment portfolio so that securities mature to meet cash requirements for ongoing operations, thereby avoiding the need to sell securities in the open market and investing operating funds primarily in shorter-term securities, liquid asset funds, money market mutual funds, or similar investment pools and limiting the average maturity in accordance with the Agency's cash requirements.

Concentration of Credit Risk

The Agency will minimize concentration of credit risk, which is the risk of loss attributed to the magnitude of the Agency's investment in a single issuer, by diversifying the investment portfolio so that the impact of potential losses from any one type of security or issuer will be minimized.

Foreign Currency Risk

The Agency is not authorized to invest in investments which have this type of risk.

NOTE 3 - CAPITAL ASSETS

The following provides a summary of the changes in capital assets for the year ended September 30, 2024:

	Balance Oct. 1, 2023	Additions	Disposals	Balance Sept. 30, 2024
Capital assets, being depreciated				
Equipment	\$ 1,057,086	\$ -	\$ -	\$ 1,057,086
Land improvements	465,789	100,014	-	565,803
Total capital assets, being depreciated	1,522,875	100,014	-	1,622,889
Less accumulated depreciation for:				
Equipment	(1,007,240)	(40,180)	-	(1,047,420)
Land improvements	(61,080)	(13,076)	-	(74,156)
Total accumulated depreciation	(1,068,320)	(53,256)	-	(1,121,576)
Net capital assets being depreciated	454,555	46,758	-	501,313
Capital assets, net	\$ 454,555	\$ 46,758	\$ -	\$ 501,313

Depreciation expense appears on the statement of activities in these governmental functions: Personal Health \$24,498; Environmental Health \$10,119; Community Health \$2,663; Aging Services \$10,118; and Administration \$5,858.

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
NOTES TO FINANCIAL STATEMENTS

NOTE 4 - LONG-TERM OBLIGATIONS

The following is a summary of changes in long-term obligations (including current portion) of the Agency for the year ended September 30, 2024:

	Balance Oct. 1, 2023	Additions	Deletions	Balance Sept. 30, 2024	Amount Due within One Year
Compensated absences	\$ 366,660	\$ 262,536	\$ (250,351)	\$ 378,845	\$ 271,260

Employees of the Branch-Hillsdale-St. Joseph Community Health Agency are granted vacation and sick leave in varying amounts based on length of service. Upon termination of employment, employees are paid accumulated sick time at full current rate of pay up to a maximum of 260 hours and accumulated vacation at full current rate of pay up to a maximum of 420 hours.

Accumulated sick and vacation leave represents a liability to the Agency, which is presented in a current and long-term portion of the liability. For this reason, the total liability is reported in the government-wide financial statements and represents a current liability of \$271,260 and a long-term liability of \$107,585 at September 30, 2024. Payments to employees for sick and vacation leave are recorded as expenditures when they are used, and payments are actually made to the employees.

NOTE 5 - RETIREMENT PLANS

Defined Benefit Pension Plan

Plan Description

The Agency participates in the Municipal Employees' Retirement System (MERS) of Michigan. MERS is an agent multiple-employer, statewide public employee pension plan established by the Michigan's Legislature under Public Act 135 of 1945 and administered by a nine-member Retirement Board. MERS issues a publicly available financial report that includes financial statements and required supplementary information. This report may be obtained by accessing MERS website at www.mersofmich.com.

Summary of Significant Accounting Policies

For the purposes of measuring the net pension liability, deferred outflows of resources and deferred inflows of resources related to pensions, and pension expense, information about the fiduciary net position of the Municipal Employees' Retirement System of Michigan and additions to/deductions from MERS' fiduciary net position have been determined on the same basis as they are reported by MERS. For this purpose, benefit payments (including refunds of employee contributions) are recognized when due and payable in accordance with the benefit terms. Investments are reported at fair value.

Benefits Provided

Benefits provided include a plan with a multiplier of 2.00%

Vesting period of 6 years

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
NOTES TO FINANCIAL STATEMENTS**

NOTE 5 - RETIREMENT PLANS (Continued)

Defined Benefit Pension Plan (continued)

Benefits Provided (continued)

Normal retirement age is 60 with early retirement of 55 with 25 years of service or reduced early retirement at 50 with 25 years of service or 55 with 15 years of service.

Final average compensation is calculated based on five years. Member contributions are 3.00%.

The plan provides certain retirement, disability, and death benefits to plan members and beneficiaries. Public Act 427 of 1984, as amended, established and amends the benefit provisions of the participants in MERS. The MERS plan covers all eligible full-time general employees (closed to new hires after August 1, 2015) at the Agency. An employee who leaves service may withdraw his or her contributions, plus any accrued interest.

Benefit terms, within the parameters established by MERS, are generally established and amended by authority of the Board of Health.

At the December 31, 2023, valuation date, the following employees were covered by the benefit terms:

Inactive employees or beneficiaries receiving benefits	79
Inactive employees entitled to but not yet receiving benefits	37
Active employees	<u>17</u>
	<u><u>133</u></u>

Contributions

Article 9, Section 24 of the State of Michigan constitution requires that financial benefits arising on account of employee service rendered in each year be funded during that year. Accordingly, MERS retains an independent actuary to determine the annual contribution. The Agency is required to contribute amounts at least equal to the actuarially determined rate, as established by the MERS Retirement Board. The actuarially determined rate is the estimated amount necessary to finance the cost of benefits earned by employees during the year, with an additional amount to finance any unfunded accrued liability. The employer may establish contribution rates to be paid by its covered employees.

For the year ended September 30, 2024, the Agency's required contribution rate was 50% of annual payroll. Employees are required to contribute 3.00%.

Payable to the Pension Plan

At September 30, 2024, there were no amounts outstanding by the Agency for contributions to the pension plan required for the year ended September 30, 2024.

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
NOTES TO FINANCIAL STATEMENTS**

NOTE 5 - RETIREMENT PLANS (continued)

Defined Benefit Pension Plan (continued)

Net Pension Liability

The net pension liability reported at September 30, 2024 was determined using a measure of the total pension liability and the pension net position as of December 31, 2023. The December 31, 2023 total pension liability was determined by an annual actuarial valuation as of that date.

Actuarial Assumptions

The total pension liability in the December 31, 2023, annual actuarial valuation was determined using the following actuarial assumptions, applied to all periods included in the measurement:

Inflation: 2.50%

Salary increases: 3.00% in the long-term plus a percentage based on age related scale to reflect merit, longevity, and promotional pay increases.

Investment rate of return: 7.18%, net of investment and administrative expense including inflation.

Although no specific price inflation assumptions are needed for the valuation, the 3.00% long-term wage inflation assumption would be consistent with a price inflation of 3.00 - 4.00%.

Mortality rates used were based on a version of Pub-2010 and fully generational MP-2019.

The actuarial assumptions used in the valuation were based on the results of the most recent actuarial experience study of 2014-2018.

Projected Cash Flows

Based on these assumptions, the pension plan's fiduciary net position was projected to be available to pay all projected future benefit payments of current active and inactive employees. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability.

The long-term expected rate of return on pension plan investments was determined using a model method in which the best-estimate ranges of expected future real rates of return (expected returns, net of investment and administrative expenses and inflation) are developed for each major asset class. These ranges are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage and by adding expected inflation.

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
NOTES TO FINANCIAL STATEMENTS

NOTE 5 - RETIREMENT PLANS (continued)

Defined Benefit Pension Plan (continued)

Projected Cash Flows (continued)

The target allocation and best estimates of arithmetic real rates of return for each major asset class are summarized in the following table:

Asset Class	Target Allocation	Total Allocation Gross Rate of Return	Long-Term Expected Real Rate of Return
Global Equity	60.00%	4.38%	2.63%
Global Fixed Income	20.00%	2.00%	0.40%
Private Investments	20.00%	7.00%	1.40%
	<u>100.00%</u>		<u>4.43%</u>
Inflation			2.50%
Administration expenses netted above			<u>0.25%</u>
Investment rate of return (discount rate)			<u>7.18%</u>

Discount Rate

The discount rate used to measure the total pension liability is 7.18%. The current discount rate shown for GASB 68 purposes is higher than the MERS assumed rate of return. This is because, for GASB 68 purposes, the discount rate must be gross of administrative expenses, whereas for funding purposes, it is net of administrative expenses. The projection of cash flows used to determine the discount rate assumes that employer and employee contributions will be made at the rates agreed upon for employees and the actuarially determined rates for employers. Based on these assumptions, the pension plan's fiduciary net position was projected to be available to pay all projected future benefit payments of current active and inactive employees. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability.

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
NOTES TO FINANCIAL STATEMENTS

NOTE 5 - RETIREMENT PLANS (continued)

Defined Benefit Pension Plan (continued)

Discount Rate (continued)

Changes in the net pension liability during the measurement year were as follows:

	Increase (Decrease)		
	Total Pension Liability	Plan Fiduciary Net Position	Net Pension Liability
<u>Changes in Net Pension Liability</u>	<u>(a)</u>	<u>(b)</u>	<u>(a)-(b)</u>
Balances at December 31, 2022	\$ 18,925,572	\$ 15,782,809	\$ 3,142,763
Changes for the year			
Service cost	121,515	-	121,515
Interest on total pension liability	1,333,692	-	1,333,692
Difference between expected and actual experience	352,701	-	352,701
Changes in assumptions	136,880	-	136,880
Employer contributions	-	643,544	(643,544)
Employee contributions	-	30,777	(30,777)
Net investment income	-	1,773,051	(1,773,051)
Benefit payments, including employee refunds	(1,181,153)	(1,181,153)	-
Administrative expense	-	(36,796)	36,796
Net changes	763,635	1,229,423	(465,788)
Balances at December 31, 2023	\$ 19,689,207	\$ 17,012,232	\$ 2,676,975

Sensitivity of the Net Pension Liability to Changes in the Discount Rate

The following presents the net pension liability of the Agency, calculated using the discount rates of 7.18%, as well as what the Agency's net pension liability would be using a discount rate that is 1% lower or 1% higher than the current rate.

	<u>1% Decrease</u>	<u>Current Discount Rate</u>	<u>1% Increase</u>
Net pension liability	\$ 4,820,641	\$ 2,676,975	\$ 864,132

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
NOTES TO FINANCIAL STATEMENTS

NOTE 5 - RETIREMENT PLANS (continued)

Defined Benefit Pension Plan (continued)

Pension Expenses and Deferred Outflows of Resources and Deferred Inflows of Resources Related to Pensions

For the year ended September 30, 2024, the Agency recognized pension expense of \$836,454. The Agency reported deferred outflows and inflows of resources related to pensions from the following sources:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Net difference between projected and actual earnings on pension plan investments	\$ 876,648	\$ -
Contributions subsequent to the measurement date*	793,922	-
Total	<u>\$ 1,670,570</u>	<u>\$ -</u>

* The amount reported as deferred outflows of resources resulting from contributions subsequent to the measurement date will be recognized as a reduction in the net pension liability for the year ending September 30, 2025.

Amounts reported as deferred outflows and inflows of resources related to pensions will be recognized in pension expense as follows:

<u>Year Ending September 30,</u>	<u>Pension Expense</u>
2025	\$ 143,964
2026	337,905
2027	524,479
2028	<u>(129,700)</u>
	<u>\$ 876,648</u>

Change in Assumptions

Change in discount rate from 7.25% to 7.18%.

Changes in Benefits

There were no changes of benefit terms during plan year 2023.

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
NOTES TO FINANCIAL STATEMENTS

NOTE 5 - RETIREMENT PLANS (continued)

Defined Contribution Pension Plan

As of August 1, 2015, the Agency established a defined contribution pension plan through the Michigan Municipal Employees' Retirement System. All employees hired after August 1, 2015, are covered under the defined contribution plan.

The plan is administered by the Michigan Municipal Employees' Retirement System. Contributions are determined, and may be amended, by an employment agreement requiring employer and employee contributions of 5% and 3% of covered payroll, respectively.

The Agency's contributions to the plan were \$113,544 for the year ended September 30, 2024.

NOTE 6 - RISK MANAGEMENT

The Agency carries commercial insurance for the risk of loss due to workers' compensation claims. Settled claims relating to workers' compensation and professional liability have not exceeded the amount of insurance coverage in any of the past three fiscal years.

The Agency also participates in a State pool, the Michigan Municipal Risk Management Authority, with other municipalities for property and casualty losses. The pool is organized under Public Act 138 of 1982, as amended. The Agency has no liability for additional assessments based on the claims filed against the pool nor do they have any rights to dividends. In the event the pool's claims and expenses for a policy year exceed the total normal annual premiums for said years, all members of the specific pool's policy year may be subject to special assessment to make up the deficiency. The Agency has not been informed of any special assessments being required.

NOTE 7 - CONTINGENT LIABILITIES

The Agency participates in a number of Federal and State assisted grant programs which are subject to compliance audits. The periodic program compliance audits of many of the programs have not yet been completed or final resolution has not been received. Accordingly, the Agency's compliance with applicable grant requirements will be established at some future date. The amount, if any, of expenditures which may be disallowed by the granting agencies cannot be determined at this time although the Agency expects such amounts, if any, to be immaterial.

Significant patient service revenue and account receivable balances for service fees were derived from reimbursements for providing medical services to Medicare and Medicaid recipients. Payments for these services are based upon allowable costs incurred and are subject to final audit by the intermediaries. Possible changes in the health care financing systems may have an effect on the Agency's future revenues.

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
NOTES TO FINANCIAL STATEMENTS

NOTE 8 - DETAILS OF FUND BALANCE CLASSIFICATIONS

For the classification of fund balances, the Agency considers restricted amounts to have been spent when an expenditure is incurred for the purposes for which both restricted and unrestricted fund balance is available. Also, for the classification of fund balances, the Agency considers committed, assigned, or unassigned amounts to have been spent when an expenditure is incurred for purposes for which amounts in any of those unrestricted fund balance classifications could be used.

As of September 30, 2024, the fund balance classifications were as follows:

Nonspendable	
Prepays	\$ 136,763
Assigned	
Vacation and sick leave	378,845
BCCF funds	309,956
Dental revenue	453,443
Aging services	23,919
Medicaid cost base reimbursement	1,447,535
Community stabilization	459,573
Capital improvement	66,499
Unassigned	<u>323,126</u>
	<u><u>\$ 3,599,659</u></u>

NOTE 9 - UPCOMING ACCOUNTING PRONOUNCEMENTS

In June 2022, the GASB issued Statement No. 101, *Compensated Absences*. This Statement requires that liabilities for compensated absences be recognized for (1) leave that has not been used and (2) leave that has been used but not yet paid in cash or settled through noncash means. A liability should be recognized for leave that has not been used if (a) the leave is attributable to services already rendered, (b) the leave accumulates, and (c) the leave is more likely than not to be used for time off or otherwise paid in cash or settled through noncash means. This Statement also establishes guidance for measuring a liability for leave that has not been used, generally using an employee's pay rate as of the date of the financial statements. The Agency is currently evaluating the impact this standard will have on the financial statements when adopted during the 2024-2025 fiscal year.

In December 2023, the GASB issued Statement No. 102, *Certain Risk Disclosures*. This Statement requires a government to assess whether a concentration or constraint makes the government vulnerable to the risk of a substantial impact. Additionally, this Statement requires a government to assess whether an event or events associated with a concentration or constraint that could cause the substantial impact have occurred, have begun to occur, or are more likely than not to begin to occur within 12 months of the date the financial statements are issued. If a government determines that those criteria for disclosure have been met for a concentration or constraint, it should disclose information in notes to financial statements in sufficient detail to enable users of financial statements to understand the nature of circumstances disclosed and the government's vulnerability to the risk of substantial impact. The Agency is currently evaluating the impact this standard will have on the financial statements when adopted during the 2024-2025 fiscal year.

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
NOTES TO FINANCIAL STATEMENTS

NOTE 9 - UPCOMING ACCOUNTING PRONOUNCEMENTS (continued)

In April 2024, the GASB issued Statement No. 103, *Financial Reporting Model Improvements*. This Statement establishes new accounting and financial reporting requirements - or modifies existing requirements - related to the following:

- a. Management's discussion and analysis (MD&A);
 - i. Requires that the information presented in MD&A be limited to the related topics discussed in five specific sections:
 - 1) Overview of the Financial Statements,
 - 2) Financial Summary,
 - 3) Detailed Analyses,
 - 4) Significant Capital Asset and Long-Term Financing Activity,
 - 5) Currently Known Facts, Decisions, or Conditions;
 - ii. Stresses detailed analyses should explain why balances and results of operations changed rather than simply presenting the amounts or percentages by which they changed;
 - iii. Removes the requirement for discussion of significant variations between original and final budget amounts and between final budget amounts and actual results;
- b. Unusual or infrequent items;
- c. Presentation of the proprietary fund statement of revenues, expenses, and changes in fund net position;
 - i. Requires that the proprietary fund statement of revenues, expenses, and changes in fund net position continue to distinguish between operating and nonoperating revenues and expenses and clarifies the definition of operating and nonoperating revenues and expenses;
 - ii. Requires that a subtotal for *operating income (loss) and noncapital subsidies* be presented before reporting other nonoperating revenues and expenses and defines subsidies;
- d. Information about major component units in basic financial statements should be presented separately in the statement of net position and statement of activities unless it reduces the readability of the statements in which case combining statements of should be presented after the fund financial statements;
- e. Budgetary comparison information should include variances between original and final budget amounts and variances between final budget and actual amounts with explanations of significant variances required to be presented in the notes to RSI.

The Agency is currently evaluating the impact this standard will have on the financial statements when adopted during the 2025-2026 fiscal year.

In September 2024, the GASB issued Statement No. 104, *Disclosure of Certain Capital Assets*. This Statement requires certain types of capital assets to be disclosed separately in the capital assets note disclosures required by Statement No. 34. Lease assets recognized in accordance with Statement No. 87, *Leases*, and intangible right-to-use assets recognized in accordance with Statement No. 94, *Public-Private and Public-Public Partnerships and Availability Payment Arrangements*, should be disclosed separately by major class of underlying asset in the capital assets note disclosures. Subscription assets recognized in accordance with Statement No. 96, *Subscription-based Information Technology Arrangements*, also should be separately disclosed. In addition, this Statement requires intangible assets other than those three types to be disclosed separately by major class. This Statement also requires additional disclosures for capital assets held for sale. The Agency is currently evaluating the impact this standard will have on the financial statements when adopted during the 2025-2026 fiscal year.

REQUIRED SUPPLEMENTARY INFORMATION

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
GENERAL OPERATING FUND
BUDGETARY COMPARISON SCHEDULE
YEAR ENDED SEPTEMBER 30, 2024

	Original Budget	Final Amended Budget	Actual	Variance with Final Budget Positive (Negative)
REVENUES				
Licenses and permits	\$ 370,240	\$ 375,240	\$ 353,057	\$ (22,183)
Intergovernmental				
Federal/State	6,454,491	6,998,207	6,114,359	(883,848)
Local	150,438	200,628	149,839	(50,789)
County appropriations	723,858	1,146,595	1,001,853	(144,742)
Charges for services	597,223	618,167	602,840	(15,327)
Interest and rents	80,000	90,000	110,382	20,382
Other	191,261	186,041	63,051	(122,990)
TOTAL REVENUES	8,567,511	9,614,878	8,395,381	(1,219,497)
EXPENDITURES				
Current				
Salaries and wages	3,469,385	3,565,674	3,514,343	51,331
Fringe benefits	1,714,006	2,019,628	1,974,397	45,231
Supplies and materials	820,282	1,114,144	988,075	126,069
Contractual	1,324,238	1,358,366	1,144,167	214,199
Communications	96,761	119,485	80,431	39,054
Travel and training	230,223	315,255	206,646	108,609
Insurance	50,000	50,000	45,026	4,974
Repairs and maintenance	535,045	673,198	465,930	207,268
Building and equipment rentals	144,915	165,103	159,571	5,532
Printing and advertising	33,980	44,795	32,756	12,039
Postage	44,255	36,100	23,628	12,472
Other	104,421	153,630	42,161	111,469
TOTAL EXPENDITURES	8,567,511	9,615,378	8,677,131	938,247
NET CHANGE IN FUND BALANCE	-	(500)	(281,750)	(281,250)
Fund balance, beginning of year	3,881,409	3,881,409	3,881,409	-
Fund balance, end of year	<u>\$ 3,881,409</u>	<u>\$ 3,880,909</u>	<u>\$ 3,599,659</u>	<u>\$ (281,250)</u>

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
SCHEDULE OF CHANGES IN EMPLOYER'S NET PENSION LIABILITY AND RELATED RATIOS
LAST TEN MEASUREMENT YEARS
(AMOUNTS WERE DETERMINED AS OF 12/31 OF EACH FISCAL YEAR)

	2023	2022	2021	2020	2019	2018	2017	2016	2015	2014
Total Pension Liability										
Service cost	\$ 121,515	\$ 144,261	\$ 165,771	\$ 184,846	\$ 162,697	\$ 188,936	\$ 194,225	\$ 221,881	\$ 260,139	\$ 257,464
Interest	1,333,692	1,322,608	1,302,936	1,174,321	1,161,744	1,155,643	1,122,384	1,096,376	1,008,655	958,052
Difference between expected and actual experience	352,701	(174,176)	36,501	423,704	24,243	(366,923)	(79,298)	(233,076)	80,642	-
Changes of assumptions	136,880	-	664,119	921,539	508,776	-	-	-	814,056	-
Benefit payments, including employee refunds	<u>(1,181,153)</u>	<u>(1,075,707)</u>	<u>(1,043,494)</u>	<u>(961,641)</u>	<u>(915,864)</u>	<u>(860,670)</u>	<u>(777,188)</u>	<u>(715,313)</u>	<u>(616,270)</u>	<u>(590,701)</u>
Net Change in Total Pension Liability	763,635	216,986	1,125,833	1,742,769	941,596	116,986	460,123	369,868	1,547,222	624,815
Total Pension Liability, beginning	<u>18,925,572</u>	<u>18,708,586</u>	<u>17,582,753</u>	<u>15,839,984</u>	<u>14,898,388</u>	<u>14,781,402</u>	<u>14,321,279</u>	<u>13,951,411</u>	<u>12,404,189</u>	<u>11,779,374</u>
Total Pension Liability, ending	<u>\$ 19,689,207</u>	<u>\$ 18,925,572</u>	<u>\$ 18,708,586</u>	<u>\$ 17,582,753</u>	<u>\$ 15,839,984</u>	<u>\$ 14,898,388</u>	<u>\$ 14,781,402</u>	<u>\$ 14,321,279</u>	<u>\$ 13,951,411</u>	<u>\$ 12,404,189</u>
Plan Fiduciary Net Position										
Contributions - employer	\$ 643,544	\$ 811,184	\$ 1,275,772	\$ 1,264,662	\$ 637,262	\$ 304,525	\$ 266,448	\$ 226,464	\$ 219,053	\$ 181,018
Contributions - employee	30,777	36,767	44,476	48,270	47,927	50,404	55,364	64,400	85,602	71,723
Net investment income (loss)	1,773,051	(1,974,073)	2,130,706	1,994,138	1,615,364	(497,015)	1,559,362	1,251,034	(173,001)	708,740
Benefit payments, including employee refunds	(1,181,153)	(1,075,707)	(1,043,494)	(961,641)	(915,864)	(860,670)	(777,188)	(715,313)	(616,270)	(590,701)
Administrative expense	<u>(36,796)</u>	<u>(32,919)</u>	<u>(25,220)</u>	<u>(27,686)</u>	<u>(27,776)</u>	<u>(24,912)</u>	<u>(24,713)</u>	<u>(24,706)</u>	<u>(25,331)</u>	<u>(25,997)</u>
Net Change in Plan Fiduciary Net Position	1,229,423	(2,234,748)	2,382,240	2,317,743	1,356,913	(1,027,668)	1,079,273	801,879	(509,947)	344,783
Plan Fiduciary Net Position, beginning	<u>15,782,809</u>	<u>18,017,557</u>	<u>15,635,317</u>	<u>13,317,574</u>	<u>11,960,661</u>	<u>12,988,329</u>	<u>11,909,056</u>	<u>11,107,177</u>	<u>11,617,124</u>	<u>11,272,341</u>
Plan Fiduciary Net Position, ending	<u>\$ 17,012,232</u>	<u>\$ 15,782,809</u>	<u>\$ 18,017,557</u>	<u>\$ 15,635,317</u>	<u>\$ 13,317,574</u>	<u>\$ 11,960,661</u>	<u>\$ 12,988,329</u>	<u>\$ 11,909,056</u>	<u>\$ 11,107,177</u>	<u>\$ 11,617,124</u>
Agency's Net Pension Liability	<u>\$ 2,676,975</u>	<u>\$ 3,142,763</u>	<u>\$ 691,029</u>	<u>\$ 1,947,436</u>	<u>\$ 2,522,410</u>	<u>\$ 2,937,727</u>	<u>\$ 1,793,073</u>	<u>\$ 2,412,223</u>	<u>\$ 2,844,234</u>	<u>\$ 787,065</u>
Plan Fiduciary Net Position as a percentage of the Total Pension Liability	86%	83%	96%	89%	84%	80%	88%	83%	80%	94%
Covered payroll	\$ 961,350	\$ 1,127,922	\$ 1,366,616	\$ 1,590,755	\$ 1,439,800	\$ 1,673,482	\$ 1,727,981	\$ 1,974,029	\$ 2,408,692	\$ 2,383,929
Agency's Net Pension Liability as a percentage of covered payroll	278%	279%	51%	122%	175%	176%	104%	122%	118%	33%

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
SCHEDULE OF EMPLOYER CONTRIBUTIONS
LAST TEN FISCAL YEARS
(AMOUNTS WERE DETERMINED AS OF 9/30 OF EACH FISCAL YEAR)

	<u>2024</u>	<u>2023</u>	<u>2022</u>	<u>2021</u>	<u>2020</u>	<u>2019</u>	<u>2018</u>	<u>2017</u>	<u>2016</u>	<u>2015</u>
Actuarially determined contributions	\$ 541,551	\$ 537,855	\$ 548,940	\$ 397,479	\$ 325,829	\$ 306,612	\$ 295,032	\$ 256,452	\$ 221,994	\$ 209,441
Contributions in relation to the actuarially determined contribution	<u>925,613</u>	<u>660,537</u>	<u>699,598</u>	<u>1,180,620</u>	<u>1,259,227</u>	<u>631,891</u>	<u>295,032</u>	<u>256,452</u>	<u>221,994</u>	<u>209,441</u>
Contribution deficiency (excess)	<u>\$ (384,062)</u>	<u>\$ (122,682)</u>	<u>\$ (150,658)</u>	<u>\$ (783,141)</u>	<u>\$ (933,398)</u>	<u>\$ (325,279)</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Covered payroll	\$ 987,132	\$ 1,075,792	\$ 1,300,578	\$ 1,573,681	\$ 1,559,148	\$ 1,634,619	\$ 1,688,177	\$ 1,918,244	\$ 2,204,494	\$ 2,413,420
Contributions as a percentage of covered payroll	94%	61%	54%	75%	81%	39%	17%	13%	10%	9%

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
NOTE TO REQUIRED SUPPLEMENTARY INFORMATION
YEAR ENDED SEPTEMBER 30, 2024**

NOTE 1 - DEFINED BENEFIT RETIREMENT PLAN

Actuarial Assumptions

Actuarial valuation information relative to the determination of contributions:

Valuation date:	December 31, 2023
Measurment date:	December 31, 2023

Methods and assumptions used to determine contribution rates:

Actuarial cost method	Entry Age Normal
Amortization method	Level percentage of pay
Asset valuation method	5 year smoothing
Remaining amortization period	10 years
Investment rates of return	7.18% (net of investment expenses, including inflation)
Discount rate	7.18%
Salary rate increase	3.00% in the long-term plus merit and longevity
Inflation rate	2.50%
Mortality	Pub-2010 and fully generational MP-2019

Changes in assumptions: Change in discount rate from 7.25% to 7.18%.

Changes of benefits terms: There were no changes of benefit terms for the plan year 2023.

OTHER SUPPLEMENTARY INFORMATION

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
SUPPLEMENTAL SCHEDULE: FUNDED SERVICE CATEGORIES BY SOURCE (a)
AGING AND ADULT SERVICES AGENCY
YEAR ENDED SEPTEMBER 30, 2024

	Title III-B	Title III-C1	Title III-C2	Title III-D
EXPENDITURES				
Personal care	\$ 5,354	\$ -	\$ -	\$ -
Homemaker	13,071	-	-	-
Chore services	6,500	-	-	-
Home delivered meals	-	-	135,165	-
Adult day care	-	-	-	-
Care management	30,218	-	-	-
Respite care	-	-	-	-
Case coordination and support	-	-	-	-
Congregate meals	-	102,852	-	-
Transportation	36,495	-	-	-
Legal assistance	12,000	-	-	-
Caregiver Support Group	-	-	-	-
Caregiver Training	-	-	-	-
Assistive devices and technologies	-	-	-	-
Friendly Reassurance	8,000	-	-	-
Information and assistance	23,700	-	-	-
Disease prevention and health promotion	-	-	-	7,647
Program development	21,470	-	-	-
Caregiver transportation	-	-	-	-
Ombudsman	2,000	-	-	-
Medication management	-	-	-	-
Administration	-	-	-	-
Community living support services - RSD	782	-	-	-
Gap Filing/Special Needs (RSD)	5,500	-	-	-
Other	-	-	-	-
TOTAL EXPENDITURES	<u>\$ 165,090</u>	<u>\$ 102,852</u>	<u>\$ 135,165</u>	<u>\$ 7,647</u>

(a) This schedule only includes
Aging Services programs.

Title III-E	Title III Administration	NSIP	Targeted Care Management	State Access	State In-Home	State Congregate Meals
\$ -	\$ -	\$ -	\$ -	\$ -	\$ 35,721	\$ -
-	-	-	-	-	144,032	-
-	-	-	-	-	-	-
-	-	54,255	-	-	-	-
-	-	-	-	-	-	-
11,661	-	-	-	-	-	-
14,500	-	-	-	-	12,048	-
10,000	-	-	-	8,078	-	-
-	-	14,133	-	-	-	2,611
-	-	-	-	-	-	-
-	-	-	-	-	-	-
7,323	-	-	-	-	-	-
7,322	-	-	-	-	-	-
-	-	-	-	-	10,129	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
7,040	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	9,300	-
-	50,264	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	50,134	-	-	-
<u>\$ 57,846</u>	<u>\$ 50,264</u>	<u>\$ 68,388</u>	<u>\$ 50,134</u>	<u>\$ 8,078</u>	<u>\$ 211,230</u>	<u>\$ 2,611</u>

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
SUPPLEMENTAL SCHEDULE: FUNDED SERVICE CATEGORIES BY SOURCE (continued)
AGING AND ADULT SERVICES AGENCY
YEAR ENDED SEPTEMBER 30, 2024

	State Home Delivered Meals	State Alternative Care	Merit Award Trust Fund Respite	State Respite Care
EXPENDITURES				
Personal care	\$ -	\$ 5,435	\$ -	\$ -
Homemaker	-	26,252	-	-
Chore services	-	-	-	-
Home delivered meals	140,464	-	-	-
Adult day care	-	-	19,281	15,144
Care management	-	-	-	-
Respite care	-	-	4,475	11,537
Case coordination and support	-	-	-	-
Congregate meals	-	-	-	-
Transportation	-	-	8,860	-
Legal assistance	-	-	-	-
Caregiver Support Group	-	-	-	-
Caregiver Training	-	-	-	-
Assistive devices and technologies	-	-	-	-
Friendly Reassurance	-	-	-	-
Information and assistance	-	-	-	-
Disease prevention and health promotion	-	-	-	-
Program development	-	-	-	-
Caregiver transportation	-	-	-	-
Ombudsman	-	-	-	-
Medication management	-	-	-	-
Administration	-	-	-	-
Community living support services - RSD	-	-	-	-
Gap Filing/Special Needs (RSD)	-	-	-	-
Other	-	-	-	-
TOTAL EXPENDITURES	<u>\$ 140,464</u>	<u>\$ 31,687</u>	<u>\$ 32,616</u>	<u>\$ 26,681</u>

[illegible]

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
SUPPLEMENTAL SCHEDULE: FUNDED SERVICE CATEGORIES BY SOURCE (continued)
AGING AND ADULT SERVICES AGENCY
YEAR ENDED SEPTEMBER 30, 2024

	Cash Match	In-kind Match	Total
EXPENDITURES			
Personal care	\$ 2,175	\$ -	\$ 52,353
Homemaker	7,391	819	223,262
Chore services	802	-	7,628
Home delivered meals	24,965	11,054	447,073
Adult day care	1,780	-	40,705
Care management	11,000	13,400	159,105
Respite care	2,410	1,075	53,571
Case coordination and support	2,344	-	20,473
Congregate meals	8,229	114	172,590
Transportation	244,138	-	307,526
Legal assistance	1,793	-	13,984
Caregiver Support Group	835	-	8,158
Caregiver Training	835	-	8,157
Assistive devices and technologies	-	-	10,129
Friendly Reassurance	520	1,500	10,020
Information and assistance	-	5,000	28,700
Disease prevention and health promotion	756	94	8,497
Program development	-	-	21,470
Caregiver transportation	-	-	7,040
Ombudsman	28,929	-	30,929
Medication management	-	-	9,300
Administration	-	-	62,612
Community living support services - RSD	-	-	782
Gap Filing/Special Needs (RSD)	390	-	5,890
Other	-	-	50,134
TOTAL EXPENDITURES	\$ 339,292	\$ 33,056	\$ 1,760,088

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
YEAR ENDED SEPTEMBER 30, 2024

Federal Grantor/Pass Through Grantor/Program Title	Assistance Listing Number	Pass-Through Grantor Number	Expenditures
U.S. DEPARTMENT OF AGRICULTURE			
Passed through Michigan Department of Health and Human Services Special Supplemental Nutrition Program for Women, Infants, and Children	10.557 ^(a)		
FY 23-24 Resident Services		242MI003W1003	\$ 908,156
FY 23-24 Breastfeeding		222MI013W5003	31,548
FY 23-24 Breastfeeding		242MI003W1003	57,466
TOTAL U.S. DEPARTMENT OF AGRICULTURE			997,170
U.S. DEPARTMENT OF JUSTICE			
Passed through Michigan Department of Health and Human Services Crime Victim Assistance	16.575		
FY 23-24 VOCA		2020V2GX0044	41,937
FY 23-24 VOCA		15POVC22GG00762ASSI	120,040
TOTAL U.S. DEPARTMENT OF JUSTICE			161,977
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			
Passed through Michigan Aging and Adult Services Agency Aging Cluster			
Title III-B Special Programs for the Aging (Grants for Supportive Services and Senior Centers)	93.044 ^(b)		
FY 23-24 Administration		N/A	13,067
FY 23-24 Regular		N/A	165,090
COVID-19 ARP for Supportive Services Title III-B		N/A	43,764
			221,921
Title III-C Special Programs for the Aging (Nutrition Services)	93.045 ^(b)		
FY 23-24 Administration		N/A	30,821
FY 23-24 Nutrition Congregate		N/A	102,852
FY 23-24 Nutrition Home Delivered Meals		N/A	135,165
COVID-19 ARP for Congregate Meals Title III		N/A	13,633
COVID-19 ARP for Home Delivered Meals Title III		N/A	21,556
			304,027
Nutrition Services Incentive Program	93.053 ^(b)		
FY 23-24 Nutrition Services Incentive Program		N/A	68,388
Total Aging Cluster			594,336
Title III-D Special Programs for the Aging (Disease Prevention and Health Promotion Services)	93.043		
FY 23-24		N/A	7,647
COVID-19 ARP for Preventative Health		N/A	1,637
Total Special Services			9,284
National Family Caregiver Support	93.052		
FY 23-24 Administration		N/A	6,376
FY 23-24 Regular		N/A	57,846
COVID-19 ARP for Family Caregivers		N/A	7,578
			71,800

The accompanying notes are an integral part of this schedule.

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (continued)
YEAR ENDED SEPTEMBER 30, 2024

Federal Grantor/Pass Through Grantor/Program Title	Assistance Listing Number	Pass-Through Grantor Number	Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (continued)			
Passed through Michigan Department of Health and Human Services			
Public Health Emergency Preparedness	93.069		
FY 23-24 Public Health Emergency Preparedness		NU90TU000003	\$ 32,733
FY 23-24 Public Health Emergency Preparedness		U3REP190584	116,471
			<u>149,204</u>
Tuberculosis Control Program	93.116		
FY 23-24 Tuberculosis Control		NU52PS910173	112
FY 23-24 Tuberculosis Control		NU52PS910173	334
			<u>446</u>
Immunization Cooperative Agreements	93.268		
FY 23-24 Vaccine Supply		NH23IP922635	459,654
FY 23-24 Bridge Access Program		NH23IP922635	2,718
FY 23-24 Vaccine Initiative		NH23IP922635	7,520
FY 23-24 Immunization Action Plan		NH23IP922635	75,378
FY 23-24 Immunization Fixed Fees		NH23IP922635	3,800
FY 23-24 COVID-19 COVID Immunization		NH23IP922635	46,710
			<u>595,780</u>
COVID-19 Epidemiology and Laboratory Capacity for Infectious Diseases	93.323		
COVID-19 Contact Tracing Testing Coordination		NU50CK000510	87,834
COVID-19 Public Health Crisis Response - Coronavirus	93.354		
FY 23-24 COVID-19 Workforce Development		NU90TP922186	32,421
Medicaid Cluster			
Medical Assistance Program	93.778 ^(c)		
FY 22-23 Medicaid Outreach		2505MI5ADM	7,140
FY 23-24 CSHCS Medicaid Outreach		2405MI5ADM	21,985
FY 23-24 CSHCS Care Coordination (d)		2405MI5ADM	3,431
FY 23-24 CSHCS Care Coordination (d)		2505MI5ADM	1,500
FY 23-24 CSHCS Care Coordination (d)		2505MI5MAP	2,029
FY 23-24 CSHCS Care Coordination (e)		2405MI5MAP	4,575
FY 23-24 CSHCS Medicaid Elevated Blood Lead Case Management		2405MI5MAP	654
FY 23-24 CSHCS Medicaid Elevated Blood Lead Case Management		2505MI5MAP	2,379
FY 23-24 CSHCS Outreach and Advocacy (d)		2405MI5ADM	71,205
Total Medicaid Cluster			<u>114,898</u>
Primary Care Medicine and Dentistry Clinician Educator Career Development	93.967		
FY 23-24 Public Health Infrastructure		NE110E000025	107,238
Preventative Health Services	93.991		
Local Health Department (LHD) Sharing Support		NB01TO000043	48,037
Maternal and Child Health Services Block Grant	93.994		
FY 23-24 CSHCS Care Coordination		B0452932	79,379
FY 23-24 MCH - Children		B0452932	47,609
FY 23-24 MCH - All other		B0452932	46,086
			<u>173,074</u>
Passed through Michigan Department of Health and Human Services and MMAP, Inc.			
State Health Insurance Assistance Program	93.324	90SAPG0090	18,380
TOTAL U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			<u>2,002,732</u>
TOTAL FEDERAL AWARD EXPENDITURES			<u>\$ 3,161,879</u>

(f)

The accompanying notes are an integral part of this schedule.

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
YEAR ENDED SEPTEMBER 30, 2024**

NOTE 1 - BASIS OF PRESENTATION

The accompanying Schedule of Expenditures of Federal Awards (the "Schedule" includes the federal grant activity of the Branch-Hillsdale-St. Joseph Community Health Agency (the Agency) under programs of the federal government for the year ended September 30, 2024. The information in this schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the Agency, it is not intended to and does not present the financial position or changes in net position of the Branch-Hillsdale-St. Joseph Community Health Agency.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Expenditures reported on the Schedule are reported on the modified accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. Negative amounts (if any) shown on the Schedule represent adjustments or credits made in the normal course of business to amounts reported as expenditures in prior years. Pass-through entity identifying numbers are presented where available. The Agency has elected to not use the 10-percent de minimis indirect cost rate allowed under the Uniform Guidance.

NOTE 3 - SUBRECIPIENTS

No Federal Awards were passed through by the Agency to any subrecipients during the year.

NOTE 4 - SUMMARY OF SIGNIFICANT EXPLANATIONS OF SCHEDULE

The following descriptions identified below as (a) - (f) represent explanations that cross reference to amounts on the Schedule of Expenditures of Federal Awards:

- (a) Denotes program tested as "major program".
- (b) Denotes programs required to be clustered by United States Department of Health and Human Services.
- (c) Denotes programs required to be clustered by United States Department of Health and Human Services.
- (d) Reimbursements of this contract are passed through the State. The amount reported on the Schedule of Expenditures of Federal Awards represents the portion of the grant that is considered federal. Federal participation in this program is 50%.
- (e) Reimbursements of this contract are passed through the State. The amount reported on the Schedule of Expenditures of Federal Awards represents the portion of the grant that is considered federal. Federal participation in this program is 65.13%.

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
YEAR ENDED SEPTEMBER 30, 2024**

NOTE 4 - SUMMARY OF SIGNIFICANT EXPLANATIONS OF SCHEDULE (continued)

- (f) The following reconciles the federal revenues reported in the September 30, 2024, financial statements to the expenditures of the Agency administered federal programs reported on the Schedule of Expenditures of Federal Awards (SEFA):

Federal/State Revenue (per fund financial statements)	\$ 6,114,359
Plus: Difference between vaccines administered (revenue per financial statements) and vaccines received (expenditures per SEFA and instructions from grantor agency)	37,545
Less: Portions of grant funding considered "State" funding	<u>(2,990,025)</u>
Federal award expenditures	<u><u>\$ 3,161,879</u></u>



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**INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND
ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS
PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS***

To the Board of Public Health of the
Branch-Hillsdale-St. Joseph Community Health Agency
Coldwater, Michigan

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the governmental activities and the major fund of the Branch-Hillsdale-St. Joseph Community Health Agency (the Agency), as of and for the year ended September 30, 2024, and the related notes to the financial statements, which collectively comprise the Agency's basic financial statements and have issued our report thereon dated March 7, 2025.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Agency's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Agency's internal control. Accordingly, we do not express an opinion on the effectiveness of the Agency's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. *A material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented or detected and corrected on a timely basis. *A significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. Given the limitations, during the audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Agency's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Maney Costeiran PC

March 7, 2025



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INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

To the Board of Public Health of the
Branch-Hillsdale-St. Joseph Community Health Agency
Coldwater, Michigan

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited the Branch-Hillsdale-St. Joseph Community Health Agency's (the Agency) compliance with the types of compliance requirements described in the OMB *Compliance Supplement* that could have a direct and material effect on the Agency's major federal program for the year ended September 30, 2024. The Agency's major federal program is identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the Branch-Hillsdale-St. Joseph Community Health Agency complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2024.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the Agency and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of the Agency's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to the Agency's federal programs.

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the Agency's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the Agency's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the Agency's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the Agency's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the Agency's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control Over Compliance

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Maney Costeiran PC

March 7, 2025

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
YEAR ENDED SEPTEMBER 30, 2024

Section I - Summary of Auditor's Results

Financial Statements

Type of auditor's report issued based on financial statements prepared in accordance with generally accepted accounting principles:

Unmodified

Internal control over financial reporting:

- Material weakness(es) identified? _____ Yes X No
- Significant deficiency(ies) identified? _____ Yes X None reported

Noncompliance material to financial statements noted? _____ Yes X No

Federal Awards

Internal control over major programs:

- Material weakness(es) identified? _____ Yes X No
- Significant deficiency(ies) identified? _____ Yes X 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)? _____ Yes X No

Identification of major programs:

<u>Assistance Listing Number(s)</u>	<u>Name of Federal Program or Cluster</u>
10.557	Special Supplemental Nutrition Program For Women, Infants, and Children

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

Auditee qualified as low-risk auditee? X Yes _____ No

Section II - Financial Statement Findings

None noted.

Section III - Federal Award Findings and Questioned Costs

None noted.

**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
SUMMARY SCHEDULE OF PRIOR YEAR AUDIT FINDINGS
YEAR ENDED SEPTEMBER 30, 2024**

FINDINGS/COMPLIANCE

Control Deficiencies and Material Weaknesses Related to Internal Controls Over the Financial Statements.

No prior audit findings noted.

Findings Related to Compliance with Requirements Applicable to the Financial Statements.

No prior audit findings noted.

Findings Related to Compliance with Requirements Applicable to Federal Awards and Internal Control Over Compliance in Accordance with the Uniform Guidance.

No prior audit findings noted.

The Protecting Local Government Retirement and Benefits Act (PA 202 of 2017) & Public Act 530 of 2016 Pension Report

Enter Local Government Name	Branch-Hillsdale-St. Joseph Community Health Agency	Instructions: For a list of detailed instructions on how to complete and submit this form, visit michigan.gov/LocalRetirementReporting .
Enter Six-Digit Municode	127505	
Unit Type	Authority	
Fiscal Year End Month	September	
Fiscal Year (four-digit year only, e.g. 2019)	2024	
Contact Name (Chief Administrative Officer)	Theresa Fisher	Questions: For questions, please email LocalRetirementReporting@michigan.gov . Return this original Excel file. Do not submit a scanned image or PDF.
Title if not CAO	Administrative Services Director	
CAO (or designee) Email Address	fishert@bhsj.org	
Contact Telephone Number	517-279-9561, ext. 107	
Pension System Name (not division) 1	Municipal Employees Retirement System	If your pension system is separated by divisions, you would only enter one system. For example, one could have different divisions of the same system for union and non-union employees. However, these would be only one system and should be reported as such on this form.
Pension System Name (not division) 2		
Pension System Name (not division) 3		
Pension System Name (not division) 4		
Pension System Name (not division) 5		

Requirements [For your information, the following are requirements of P.A. 202 of 2017]	
Local governments must post the current year report on their website or in a public place.	
The local government must electronically submit the form to its governing body.	
Local governments must have had an actuarial experience study conducted by the plan actuary for each retirement system at least every 5 years.	
Local governments must have had a peer actuarial audit conducted by an actuary that is not the plan actuary OR replace the plan actuary at least every 8 years.	
By emailing this report to the Michigan Department of Treasury, the local government acknowledges that this report is complete and accurate in all known respects.	

Line	Descriptive Information	Source of Data	System 1
1	Is this unit a primary government (County, Township, City, Village)?	Calculated	NO
2	Provide the name of your retirement pension system	Calculated from above	Municipal Employees Retirement System
3	Financial Information		
4	Enter retirement pension system's assets (system fiduciary net position ending)	Most Recent Audit Report	17,012,232
5	Enter retirement pension system's liabilities (total pension liability ending)	Most Recent Audit Report	19,689,207
6	Funded ratio	Calculated	86.4%
7	Actuarially Determined Contribution (ADC)	Most Recent Audit Report	541,551
8	Governmental Fund Revenues	Most Recent Audit Report	8,395,381
9	All systems combined ADC/Governmental fund revenues	Calculated	6.5%
10	Membership		
11	Indicate number of active members	Actuarial Funding Valuation used in Most Recent Audit Report	17
12	Indicate number of inactive members	Actuarial Funding Valuation used in Most Recent Audit Report	21
13	Indicate number of retirees and beneficiaries	Actuarial Funding Valuation used in Most Recent Audit Report	79
14	Investment Performance		
15	Enter actual rate of return - prior 1-year period	Actuarial Funding Valuation used in Most Recent Audit Report or System Investment Provider	11.60%
16	Enter actual rate of return - prior 5-year period	Actuarial Funding Valuation used in Most Recent Audit Report or System Investment Provider	8.07%
17	Enter actual rate of return - prior 10-year period	Actuarial Funding Valuation used in Most Recent Audit Report or System Investment Provider	6.49%
18	Actuarial Assumptions		
19	Actuarial assumed rate of investment return	Actuarial Funding Valuation used in Most Recent Audit Report	6.93%
20	Amortization method utilized for funding the system's unfunded actuarial accrued liability, if any	Actuarial Funding Valuation used in Most Recent Audit Report	Level Percent
21	Amortization period utilized for funding the system's unfunded actuarial accrued liability, if any	Actuarial Funding Valuation used in Most Recent Audit Report	10
22	Is each division within the system closed to new employees?	Actuarial Funding Valuation used in Most Recent Audit Report	Yes
23	Uniform Assumptions		
24	Enter retirement pension system's actuarial value of assets using uniform assumptions	Actuarial Funding Valuation used in Most Recent Audit Report	17,689,903
25	Enter retirement pension system's actuarial accrued liabilities using uniform assumptions	Actuarial Funding Valuation used in Most Recent Audit Report	20,252,892
26	Funded ratio using uniform assumptions	Calculated	87.3%
27	Actuarially Determined Contribution (ADC) using uniform assumptions	Actuarial Funding Valuation used in Most Recent Audit Report	688,200
28	All systems combined ADC/Governmental fund revenues	Calculated	8.2%
29	Pension Trigger Summary		
30	Does this system trigger "underfunded status" as defined by PA 202 of 2017?	Primary government triggers: Less than 60% funded AND greater than 10% ADC/Governmental fund revenues. Non-Primary government triggers: Less than 60% funded	NO

Constantine Flooring Center

PO Box 37

Constantine, MI 49042

(269) 435-8436

constantineflooring@gmail.com

Estimate

Date	Estimate #
3/27/2025	5553

Name / Address
BHSJ Community Health Agency 570 Marshall Road Coldwater, MI 49036

Job Site (if different)
Three Rivers location 1110 Hill Street Three Rivers, MI 49093

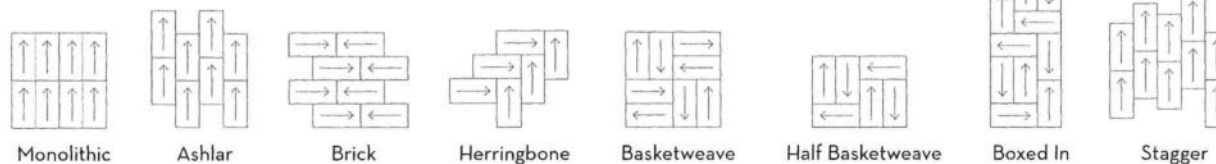
TERMS: 50% DEPOSIT REQUIRED, NET DUE UPON COMPLETION

Description	Qty	Cost	Total
Shaw Carpet - Terrena/Color TBD	7,980	2.34	18,673.20T
Pressure sensitive adhesive-Mapei 399	13	164.00	2,132.00
Install Carpet Tile	7,980	0.85	6,783.00
Tear Out & Disposal - Glued Down Carpet	7,900	0.45	3,555.00
Moving furniture/appliances	1	1,500.00	1,500.00
1-Philadelphiha Carpet Tile, Nylon Fiber, Density 5859 oz/yd³ 2-No Prep Work Quoted. Once carpet is removed we will know if prep work is needed. Based on the walk through there should be minimal prep work needed. 3- Pressure Sensitive Adhesive-Mapei 399 4-Job will take around 8-11 working days 5-Jody Alger-269-599-7331. Email-algerj@stjosephcountymi.org Ryan Lucas- 269-858-8191. Email-ryan.rhinocs@gmail.com(Local Contractor) 6-Moving Furniture would cost \$1,500.00 *CFC will move furniture but will not be responsible for moving personal items, Computers or any other electronics. Offices should be clear of obstacles that could cause damage to furniture or be broken when working in the office *No Base Figured Sales Tax		6.00%	1,120.39
Total			\$33,763.59

PLEASE READ: Buyer understands there may be a dye-lot variation from sample. Room must be clear of obstacles at time of installation. Seller is not responsible for customer's measurements or manufacturer or shipper delays. Unforeseen structural problems upon installation may change the amount due. No returns on special order products. Deposit on and scheduling of job constitutes acceptance of the estimate as written.
ESTIMATE GOOD FOR 30 DAYS.

Style Name	Terrena	
Style Number	55010	
Product Type	Soft Surface - Philadelphia	
Construction	Multi-Level Pattern Loop	
Fiber	EcoSolution Q100® Nylon	
Dye Method	Solution Dyed	
Primary Backing	Non Woven	
Secondary Backing	EcoWorx® Tile	
Traffic Rating	Heavy	
	U.S.	Metric
Product Size	18 in x 36 in	45.72 cm x 91.44 cm
Area Per Carton	45 ft ²	4.18 m ²
Pieces Per Carton	10	
Gauge	1/10 in	39.37 per 10 cm
Stitches	9 per in	37 per 10 cm
Finished Pile Thickness	0.102 in	2.59 mm
Average Density	5859 oz/yd ³	
Total Thickness	0.237 in	6.02 mm
Tufted Weight	17 oz/yd ²	576.4 g/m ²

Recommended Installation Methods



Performance Testing

Pill Test	Pass
Radiant Panel	Class I
NBS Smoke	Less than 450
Electrostatic Propensity	Less than 3.5 kv
CRI® Greenlabel Plus	GLP9968
ADA Compliance	>0.6, meets the recommended static coefficient of friction for ADA walking surfaces and accessible routes

Test Reports may be included or listed by the manufacturing/inventory style number as opposed to the noted selling style number.

Environmental

Environmental Product Declaration (EPD)	3rd Party Certified in Accordance with ISO14044, ISO14025 & EN15804
Health Product Declaration (HPD)	Disclosed to 1,000 ppm
Cradle to Cradle Certified®	Certified Silver Level (Version 4.0)
Declare	Living Building Challenge: Compliant
NSF 140	Conforms to the NSF/ANSI 140 - 2019 Sustainability Assessment for Carpet
Indoor Air Quality	CRI® Green Label Plus (GLP9968)

Specifications are subject to nominal manufacturing variance

PUBLIC COMMENT

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