

1. Legal Responsibility

A. Authority

i. State Statutory Authority:

The Public Health Code Act 368 of 1978 established the legal foundations of the state and local health departments as reflected in [Exhibit 1A-1](#) (Laws Applicable to Local Public Health). The Public Health Code MCL 333.2235 allows the state health department to grant local health departments authority to act on its behalf with primary responsibility in delivery of public health prevention and control. The Code further sets forth the specific authorities given to local health departments, health officers and medical directors and describes their specific powers and duties to protect the public health.

Under the Public Health Code Act 368 of 1978, MCL 333. 2433 (1) Local health department; powers and duties generally. “A local health department shall continually and diligently endeavor to prevent disease, prolong life, and promote the public health through organized programs, including prevention and control of environmental health hazards; prevention and control of diseases; prevention and control of health problems of particularly vulnerable population groups; development of health care facilities and health services delivery systems; and regulation of health care facilities and health services delivery systems to the extent provided by law.

Part (f) of this MCL says in addition “A local health department shall have powers necessary or appropriate to perform the duties and exercise the powers given by law to the local health officer and which are not otherwise prohibited by law.”

Health officers have broad powers to respond to local emergencies and protect the public health. For example, MCL 333.2451 authorizes the local health officer to issue an imminent danger order within the local health department jurisdiction. Section 2455 says they may order the correction of a condition violating health laws.

In order to carry out specific emergency orders and/or other powers and duties, the Branch-Hillsdale-St. Joseph Community Health Agency has legal counsel, access to the Prosecutors Office, Circuit Court and District Courts within our jurisdiction for the issuance of warrants etc. and the support of state and local law enforcement.

The law firm of Rosati, Schultz, Joppich, & Amtsbuechler acts as our legal counsel to provide guidance with legal matters within Public Health Law.

ii. Programs and Services

Part 2235 of the Public Health Code gives broad delegator power to the Michigan Department of Health and Human Services (MDHHS) to assign primary responsibility for the delivery of services to Local Health Departments (LHDs) who meet the requirements set forth in Part 24 of the Public Health Code.

The MDHHS director, in determining the organization of services and programs which the department may establish or require under this code, shall consider a local health department which meets the requirements of part 24 to be the primary organization responsible for the organization, coordination, and delivery of those services and programs in the area ([Exhibit 1A-2](#)) served by the local health department.

The Branch-Hillsdale-St. Joseph Community Health Agency (BHSJCHA) provides programs and services under the Comprehensive Planning, Budgeting and Contracting Agreement which includes contractual terms on behalf of MDHHS, Department of Environmental Great Lakes and Energy (EGLE) and the Michigan Department of Agriculture and Rural Development (MDARD), as well as the Local Health Department Grant Agreement with EGLE. Through these agreements BHSJCHA complies with all program and reporting requirements provided in state and federal mandates.

iii. Local Statutory Authority

Section 2435 (d) of the Michigan Public Health Code allows governing boards of local health departments to “adopt regulations to properly safeguard the public health and to prevent the spread of diseases and sources of contamination.” Under this authority Boards of Health may create proposed regulations which must be approved by the Boards of Commissioners of constituent counties. The Board of Health and the County Boards of Commissioners (for Branch, Hillsdale, & St. Joseph Counties) have established the Branch-Hillsdale-St. Joseph Community Health Agency Environmental Health Code as reflected in [Exhibit 1A-3](#) (Environmental Health Code), which went into effect on April 1, 1991.

B. Governing Entity Relationship

The BHSJCHA can trace its roots back to the 1930s but it was organized as an ‘association’ relationship in 1966. On January 1, 1972, the health district was formalized by Branch, Hillsdale, and St. Joseph Counties and has continued as a three-county district health department under the authority of Section 2415 of the Michigan Public Health Code. The local public health relationship between Branch, Hillsdale, and St. Joseph Counties was further defined in [Exhibit 1B-1](#), an intergovernmental agreement creating the Branch-Hillsdale-St. Joseph Community Health Agency on January 1, 1998, updated in 2012, and updated again in 2023. The newly signed agreement became effective on January 1, 2025 and received both MDHHS’s approval and the Governor’s approval in August of 2024.

Accordingly, BHSJCHA has a six-member Board of Health (two commissioners from each county), which is the Local Governing Entity for the BHSJCHA. The relationship between the three counties is defined in the Intergovernmental Agreement which was approved by all three counties, as provided for in section 2448 of the Public Health Code.

C. Civil Liability

The BHSJCHA has an intergovernmental arrangement and has been a member of the Michigan Municipal Risk Management Authority (MMRMA) since September of 1985. This arrangement provides: 1) cooperative and comprehensive risk management and loss control services; 2) provision for reinsurance, excess insurance and other provisions for payment of losses, risk financing, and related expenses; and 3) provision of administrative claims, legal defense and related general administrative services to members. This agreement indemnifies employees for civil liability sustained in the performance of official duties except for wanton and willful misconduct. This MMRMA coverage is facilitated through a regional risk manager, Lighthouse Insurance Group, as reflected in [Exhibit 1C-1](#) (MMRMA Coverage Overview).

D. Delegation of Food Service Sanitation Program

All BHSJCHA Food Services Sanitation Program responsibilities are fulfilled solely by BHSJCHA Environmental Health Sanitarians.

2. LHD Organization

A. Organizational Chart

The BHSJCHA's Organizational Chart, approved as part of the Plan of Organization, by the Board of Health on September 25, 2025, is reflected in [Exhibit 2A-1](#).

B. Budget

Budgets for the Branch-Hillsdale-St. Joseph Community Health Agency (BHSJCHA) are initially prepared by agency staff and are subject to approval by the BHSJCHA Board of Health. The original budget is developed prior to the start of each fiscal year to guide the agency's financial planning and operations. During the fiscal year, the agency typically completes at least two budget amendments, with additional amendments conducted as necessary to address operational or financial changes. [Exhibit 2B-1](#) provides an example of an original budget, while [Exhibit 2B-2](#) illustrates the Board of Health's formal approval process.

The BHSJCHA currently has 70.6 Full-Time Equivalent (FTE) positions organized as shown on [Exhibit 2B-3](#) (Agency Staffing Plan). The agency has 60 Full-Time Staff and 17 Part-Time or seasonal staff.

C. Audit Findings

The Agency has had no audit findings in the past three years. This is reflected in the Audit reports in [Exhibits 2C-1, 2C-2, & 2C-3](#).

D. Information Technology

The Branch-Hillsdale-St. Joseph Community Health Agency maintains two full-time staff to assure the ability and technical capacity to store, access, and distribute current public health information. BHSJCHA utilizes cloud-based software platforms to assure access, privacy, and security concerns. The major cloud-based software in use are: Abila's MIP for finance, CHAMP Nightingale Notes for Clinical Services, and Hedgehog for Environmental services. BHSJ also participates and utilizes the HAN, MCIR, and MDSS systems. The Agency is still in the process of digitizing its records, which are stored using Docuphase.

In addition to the cloud-based software, BHSJCHA maintains a robust information technology infrastructure. This technology includes servers, firewalls, internet access, video conferencing capabilities, phone systems, and a host of other programs and systems that are utilized to ensure BHSJCHA can provide public health services.

BHSJCHA communicates critical health alert information to the public, community partners, and local media outlets. Public health information is disseminated via email lists and the internet via the State of Michigan's Health Alert Network (MiHAN). Other important information is distributed by website postings (www.bhsj.org), social media (FaceBook, Instagram, YouTube, NextDoor, Hulu, and Spotify), phone, and press releases. This multi-distribution approach enables BHSJCHA to distribute both critical and noncritical information regarding public health in an accurate, timely fashion.

3. Mission, Vision, and Values

A. Agency Mission & Vision

- **Mission Statement** – "Helping People Live Healthier."
- **Vision Statement** – "To be the trusted health resource for all people."
- **Values**—BHSJCHA's values of Inclusion, Innovation, and Integrity guide its interactions with staff and the public.

These statements are published and shared with those that the agency serves, community partners, and others via the agency's website (www.bhsj.org), social media pages, the Strategic Plan, the Annual Report ([Exhibits 3A-1](#), [3A-2](#), [3A-3](#)) and in other public communications.

4. Local Planning and Collaboration Initiatives

A. Outline of Priorities

Strategic Planning at BHSJCHA was initiated by the agency's executive team, and coordinated by an external consultant who facilitated meetings and drafted the initial plan. The process included the agency's front-line staff, community partners, county officials, and board of health members who were invited to participate in the initial planning survey. Additionally, front-line staff with representation from all levels and divisions within the department participated in meetings during the planning process.

The current Strategic Plan ([Exhibit 4A-1](#)) will guide the progress toward the strategic priorities through 2026, when a new plan will be developed. The Agency will monitor and report progress of the plan execution using the VMSG dashboard software, which

will hold the entire organization accountable and track the advancement of the identified priorities.

The Strategic Priorities Identified in the 2022-2026 Strategic Plan are:

- I. Employee Investment. Ensure retention of a competent and satisfied workforce.
 - Create a wage equity plan and continue to present to BOH annually
 - Review and update the agency workforce development plan
 - Evaluate hiring strategies and opportunities for advancement
 - Develop and enhance employee satisfaction
- II. Communication and Advocacy. Assure a strong internal and external communication strategy to promote public health advocacy and to extend the reach of public health.
 - Develop and implement an internal communications plan
 - Develop and foster relationship with stakeholders to support agency mission and vision
 - Develop and implement an external communications plan
 - Expand the behavioral health collaboration
- III. Programming and Policy. Ensure programming policies and procedures are meeting the requirements and needs of the organization.
 - Review all existing policies for relevance
 - Conduct a CHNA and use this to assess the need for additional programs and service delivery methods to meet community needs
 - Implement the VMSG dashboard to track program compliance
 - Implement the VMSG dashboard to track policy compliance

B. LHD Planning Activities for Priority Projects with Available Resources

Here are some examples of BHSJCHA's current agency-specific priorities and initiatives:

Community Health Needs Assessment – Due to a special funding grant from MDHHS for Workforce Development, BHSJCHA completed a Community Health Needs Assessment (CHNA) in 2023 for the tri-county area (**Exhibits 4B-1, 4B-2, and 4B-3**). In 2022, BHSJCHA participating in ProMedica Coldwater Hospitals CHNA. In 2025, BHSJCHA participated as a partner organization in the CHNA's for Hillsdale Hospital, Beacon Three Rivers Health, and Pivotal.

- **Community Health Improvement Plan** – BHSJCHA developed a Community Health Improvement Plan (CHIP) (**Exhibit 4B-4**) utilizing the data obtained from the CHNA in 2023. Areas of focus include maternal infant health, mental health access and advocacy.

- **Performance Management by implementing VMSG Dashboard** BHSJCHA has undertaken an ambitious project to implement the performance management software VMSG Dashboard. Already in use to track the Maternal Child Health grant, Quality Improvement, Office of Highway Safety Planning project, and Lock It Up campaign. BHSJCHA has also worked with the software developer to build-out Michigan Public Health Accreditation. BHSJCHA's current projects in VMSG include; the MCH grant, building out tracking the strategic plan, and implementing tracking of Michigan Public Health Accreditation. Development is slow due to the many constraints on staff time.
- **Emerging Threats; PFAS, vectorborne**, BHSJCHA sees emerging threats as an **important** focus area for staff time and program resources. These special projects include working with state partners from EGLE and MDHHS. Environmental Health collaborates on local areas of PFAS contamination as well as working during the summer months on mosquito and tick collection and identification. Beginning in the 2023 vectorborne season BHSJCHA has worked with MDHHS to add surveillance for Eastern Equine Encephalitis. Personal Health and Disease Prevention have been focused on tuberculosis and latent tuberculosis. Emerging Diseases hold an important place in public health work in Branch, Hillsdale, and St. Joseph counties. These special projects that BHSJCHA invests staff time and resources in include Tuberculosis, Latent Tuberculosis, Harmful Algal Blooms (HAB), vectorborne diseases surveillance including ticks and mosquitos.
- **Community Health Worker Program** In 2022, BHSJCHA was awarded grant funding to launch a Community Health Worker (CHW) Program. CHWs help residents address social determinants of health such as housing, access to care, food security, and overall health outcomes. Since its start, the program has made a meaningful difference by connecting individuals and families to insurance coverage, medication assistance, food benefits, housing, job training, and other vital supports. As a result, the CHW program has become a trusted referral resource for both community organizations and healthcare providers.

BHSJCHA also partners with Covered Bridge Healthcare, a Federally Qualified Health Center (FQHC), to provide certified CHW services directly to FQHC patients and clients. This partnership expands access to care while supporting a sustainable model for continuing the program into the future.

Most recently, BHSJCHA received a Community Impact Grant from Beacon Health Systems to provide CHW services in St. Joseph County during the last half of 2025. This new support will allow the agency to expand its reach and add additional CHW resources within the district, further strengthening its impact in the community.

- **Office of Highway Safety Project** In FY 2024-2025 BHSJCHA was awarded a grant to improve safety of roadways for horse and buggy transportation.

C. **Community Partnerships and Collaborative Efforts**

BHSJCHA's capacity to assess community health needs and address priority areas—play the role of “Chief Health Strategist”—is severely restricted due to economic struggles of rural Michigan and underfunding of local public health. However, the agency believes strongly that its partnerships with community organizations, nonprofits, and schools is essential to build up our community members, bring visibility to needs, and work collaboratively to find new solutions.

The agency continues to provide technical assistance and data specialty support for a variety of community initiatives such as Child Death Reviews, Adult Services Networks, Overdose Fatality Review, Human Services Networks, Child Abuse Prevention and Awareness committees, Great Start Collaboratives, Substance Abuse Task Forces, local emergency management and planning bodies, Medical Control Authorities, Hospital Infection Control committees, non-community water supplies, and solid waste authorities.

BHSJCHA is the fiduciary for a Cross Jurisdictional Sharing grant that pulls together key leaders from local health departments in southwest Michigan to improve Workforce Development. The deliverables from this project are available to not only the local health departments in southwest Michigan but to all in Michigan. Even during the pandemic, this group continued to meet and collaborate on projects to improve the public health workforce and improve readiness for PHAB accreditation.

BHSJCHA is serving as the fiduciary for a Cross-Jurisdictional Sharing (CJS) grant dedicated to re-establishing the Southwest Michigan Environmental Health Association (SWMEHA). SWMEHA, an affiliate of the Michigan Environmental Health Association (MEHA), includes all Sanitarians across its 16-county region as members. Prior to the pandemic, SWMEHA was an active organization that regularly hosted two regional, one-day training events each year. However, the group has been inactive since that time. Revitalizing SWMEHA will restore valuable opportunities for professional networking, leadership development, and environmental health training. In particular, the effort will help strengthen the pipeline of new Sanitarians by offering practical training and leadership experience within a supportive regional network.

Our Organizational Liaison List demonstrates the collaborative approach with our community and stakeholders ([Exhibit 4C-1](#)).

5. **Service Delivery**

A. **Outline of Locations, Services and Hours of Operation**

The BHSJCHA's locations, services and phone numbers are noted on the agency's website (www.bhsj.org/locations), Services Brochure ([Exhibit 5A-1](#)), on the Annual Report ([Exhibit 3A-1](#), [Exhibit 3A-2](#), and [Exhibit 3A-3](#)), and on various other flyers and materials distributed by the agency. Hours of operation are typically 8:00 a.m. to 4:00

p.m., Monday through Friday, although certain programs (e.g., WIC and Immunizations) have expanded hours to meet client needs.

- 570 Marshall Rd., Coldwater, MI 49036
517-279-9561
Monday through Friday, 8:00 AM to 4:00 PM
- 20 Care Drive, Hillsdale, MI 49242
517-437-7395
Monday through Friday, 8:00 AM to 4:00 PM
- 1110 Hill Street, Three Rivers, MI 49093
269-273-2161
Monday through Friday, 8:00 AM to 4:00 PM
- 1555 East Chicago Road, Suite C, Sturgis, MI 49091
269-273-2161
Wednesday and Thursday, 8:00 AM to 4:00 PM, Other Times By Appointment

6. Reporting and Evaluation

A. Efforts to Evaluate its Activities

The BHSJCHA maintains several in-house programs and financial monitoring systems including monthly program service reports, monthly financial status reports, program data reports generated from the agency's Abila (accounting and payroll) system, Champ Software's Nightingale Notes and HedgeHog databases, reports from various State data systems (e.g., WIC system, MCIR, and MDSS), and also uses various State program management evaluation reports and independent audits to evaluate program and financial operations. Agency management performs self-assessment activities to evaluate program operations for compliance with Minimum Program Requirements and grant deliverables.

B. Mechanisms to Report on its Activities to the Community and its Governing Entity

The Board of Health receives monthly updates on the agency's programs and financial operations ([Exhibit 6B-1](#)). These updates are publicly accessible on the agency's website. Monthly Board of Health meetings are video recorded and made available on both the agency's website and YouTube channel for viewing at any time.

In addition, the Health Officer provides an annual presentation to the Boards of Commissioners of each of the three counties, which includes a review of the agency's Annual Report ([Exhibit 3A-3](#)). The Annual Report is also distributed widely within the community, posted on the agency's website, and shared with legislative representatives.

The agency leverages social media platforms, FaceBook, Instagram, YouTube, NextDoor, Hulu, and Spotify as a method of communicating with the community. These social media platforms along with our agency website provide up to date messaging to community members and groups. Communication with local medical professionals is accomplished by quarterly publication of "Public Health News & Views" which contains a headline article from the Medical Director and when appropriate direct email messaging on urgent matters affecting public health.

Agency staff members participate in various collaboratives and partner with community organizations within our district to engage with the community to showcase what our agency is doing and to learn what is occurring that may impact the health and wellbeing of our residents. We often attend outreach events to promote our services to the public, and maintain communication with local leaders (superintendents, elected officials, etc.) to help ensure visibility throughout the community we serve

7. Health Officer and Medical Director

A. Procedure for Appointment of a Health Officer and Medical Director

- **Health Officer** - As indicated in the agency's Intergovernmental Agreement ([Exhibit 1B-1](#)), the Board of Health has responsibility for selecting and appointing the Health Officer, who shall meet the standards of training and experience established by the agency for this position. These standards are consistent with provisions in Section 2428 of the Michigan Public Health Code (including related Administrative Rules R325.13001) and as prescribed by the MDHHS.

With the immediate or impending health officer vacancy, the Board of Health shall appoint an interim health officer that will serve as the chief executive officer of the Community Health Agency until the appointment of a permanent health officer is made. The interim appointment shall be either a member of the top management staff from the Community Health Agency or a MDHHS-approved health officer from another neighboring health jurisdiction.

The Board of Health shall conduct the search for a replacement health officer using the Public Health Code and its administrative rules as guidance regarding the statutory requirements of the health officer's job scope, prior training, and experience.

The Board of Health shall conduct its job interviews in compliance with Michigan's Open Meetings Act. Information on candidates will be forwarded to MDHHS for review.

The Board of Health shall offer an individual the position of health officer, **only after obtaining written confirmation from MDHHS** that the selected health officer candidate possesses the prior training and experience as required by the Public Health Code. Written confirmation from MDHHS is defined as a letter, memorandum, or written statement approving the qualifications of the health officer candidate.

- **Medical Director** – As indicated in the agency's Intergovernmental Agreement ([Exhibit 1B-1](#)), the Board of Health has responsibility for selecting and appointing the Medical Director, who shall meet the agency's employment standards consistent with provisions in the Michigan Public Health Code (Administrative Rules R325.13001, R325.13002 and R325.13004) and as prescribed by the MDHHS.

Upon the notification of an immediate or impending medical director vacancy, the Board of Health shall notify the Michigan Department of Community Health

(MDHHS) of such event. The Board of Health shall request that MDHHS provide consultation and guidance regarding the statutory requirements of the medical director's prior training and experience.

With the immediate or impending medical director's vacancy, the Board of Health shall appoint an interim medical director that will serve as the medical director of the Community Health Agency until the appointment of a permanent medical director is made. The interim appointment shall be a MDHHS-approved medical director from another neighboring health jurisdiction.

The Board of Health shall conduct the search for a replacement medical director using the Public Health Code and its administrative rules as guidance regarding the statutory requirements of the medical director's job scope, prior training, and experience.

The Board of Health shall conduct its job interviews in compliance with Michigan's Open Meetings Act.

The Board of Health shall offer an individual the position of medical director, **only after obtaining written confirmation from MDHHS** that the selected medical candidate possesses the prior training and experience as required by the Public Health Code and its administrative rules. Written confirmation from MDHHS is defined as a letter, memorandum, or written statement approving the qualifications of the medical director candidate.

B. MDHHS Health Officer Approval

On December 21, 2015 MDHHS approved Rebecca Burns, MPH, RS as the Health Officer for the Branch-Hillsdale-St. Joseph Community Health Agency, effective January 16, 2016 ([Exhibit 7B-1](#)).

C. MDHHS Medical Director Approval

On August 17, 2021, the Michigan Department of Health and Human Services (MDHHS) approved Dr. Karen Luparello to serve as the Provisional Medical Director for the Branch-Hillsdale-St. Joseph Community Health Agency, effective September 30, 2021. She was formally appointed as the agency's Medical Director on July 15, 2024 ([Exhibit 7C-1](#))

8. LHD Plan of Organization Approval Form

The approval form ([Exhibit 8-1](#)) and LHD Plan of Organization Checklist ([Exhibit 8-2](#)) verify the completion of all required plan components.