BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY | YOUR LOCAL HEALTH DEPARTMENT

2026 Board Officers:
Commissioner Leininger (Chair)
Commissioner Shaffer (Vice-Chair)

BOARD OF HEALTH Meeting
Agenda for July 23, 2026 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 June 25, 2026*

2. 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.

3. MERS Defined Benefit Actuarial Study presented by Marne Daggett, Regional Manager

4. Health Officer's Report – pg 35

5. Medical Director's Report – pg pg 38

6. Departmental Reports
    a. Area Agency on Aging – pg 40
    b. Personal Health & Disease Prevention – pg 49
    c. Health Education & Promotion – pg 55
    d. Environmental Health – pg 58

7. Financial Reports
    a. Approve Payments* - pg 69
    b. Review Financials* - pg 72

8. Committee Reports – pg 77
    a. Finance Committee – Approve minutes from July 20, 2026 meeting.
    b. Program, Policy, and Appeals Committee – Approve minutes from the July 15, 2026 meeting.

9. Unfinished Business
    a. Procurement Policy – pg 79

10. New Business
    a. Immunization Fee Schedule Update – pg 84
    b. KOHA billing – pg 86

c. Mobile Unit – pg 87
d. Compass Data System Enhancement – pg 91
e. Medical Director Contract – pg 92
f. Community Health Needs Assessment – pg 98
g. Health Officer Evaluation Policy – pg 143
h. Employee Satisfaction Survey Results – pg 144
i. Fund Balance Overview – pg 161

11. Public Comment

12. Commissioner Comments

13. Adjournment – Next meeting: August 27, 2026

Board of Health Training: AAA Planning Cycle

Upcoming Meeting Dates:

- August 17, 2026 @ 9:00 AM – Finance Committee (Hoffmaster, Houtz, & Collins)
- August 19, 2026 @ 8:30 AM - PPA Committee (Leininger, Stoll, & Shaffer)
- August 27, 2026 @ 9:00 AM – Full Board Meeting
- September 16, 2026 @ 8:30 AM - PPA Committee (Leininger, Stoll, & Shaffer)
- September 21, 2026 @ 9:00 AM – Finance Committee (Hoffmaster, Houtz, & Collins)
- September 24, 2026 @ 9:00 AM – Full Board Meeting
- November 2, 2026 @ 9:00 AM – Finance Committee (Hoffmaster, Houtz, & Collins)
- November 4, 2026 @ 8:30 AM - PPA Committee (Leininger, Stoll, & Shaffer)
- November 12, 2026 @ 9:00 AM – Full Board Meeting
- December 2, 2026 @ 8:30 AM - PPA Committee (Leininger, Stoll, & Shaffer)
- December 7, 2026 @ 9:00 AM – Finance Committee (Hoffmaster, Houtz, & Collins)
- December 10, 2026 @ 9:00 AM – Full Board Meeting
- January 28, 2027 @ 9:00 AM – Full Board Meeting

2026 Board Education Schedule:

- February 27, 2025 – Regional Epidemiologist
- March 27, 2025 – Audit Presentation (during the meeting)
- April 24, 2025 – MMRMA Risk Management
- May 22, 2025 – AAA Multi-Year Plan
- September 25, 2025 – tbd
- November 13, 2025 – tbd

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY | YOUR LOCAL HEALTH DEPARTMENT

June 25, 2026 – Board of Health Meeting Minutes

The Branch-Hillsdale-St. Joseph Community Health Agency Board of Health meeting was called to order by Chair, Brent Leininger at 9:00 AM with the Pledge of Allegiance to the Flag of the United States. Roll call was completed as follows: Jared Hoffmaster, Jon Houtz, Brent Leininger, Rick Shaffer, Tim Stoll, and Kevin Collins. No members were absent.
Also present from BHSJ: Rebecca Burns, Theresa Fisher, Karen Luparello, Heidi Hazel, Laura Sutter, Joe Frazier, and Kris Dewey.

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

Mr. Houtz moved to approve the minutes from the May 28, 2026 meeting with support from Mr. Hoffmaster. The motion passed.

Public Comment: No public comment was given.

Rebecca Burns reviewed the monthly Health Officer's Report with the following items included: Website Redesign, Community Health Improvement/Strategic Plan, Original Budget, MERS Annual Actuarial Valuation Report, MMRMA Request, AAA Multi-Year Plan, Medical Director Agreement, Staffing Update, Annual Report Distribution, Coldwater Office, Hillsdale Office, Sturgis Office, and Three Rivers Office.

Dr. Luparello reviewed the Medical Director's monthly report. This month's educational report was titled, "Kratom".

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

Financial Reports/Expenditures
- Mr. Shaffer moved to approve the expenditures for May with support from Mr. Stoll. The motion passed.

- Mr. Hoffmaster moved to place the financials for May on file with support from Mr. Stoll. The motion passed.

Committee Reports:
- Finance Committee – Mr. Houtz moved to approve the minutes from the June 15, 2026 Finance Committee meeting, with support from Mr. Hoffmaster. The motion passed.
- Program, Policy, & Appeals Committee – Did not meet.

New Business:

- Mr. Hoffmaster moved to approve the FY26-27 Original Budget, as presented, with support from Mr. Collins. A roll call vote was taken and passed 6-0 (Mr. Hoffmaster, yes; Mr. Houtz, yes; Mr. Leininger, yes; Mr. Collins, yes; Mr. Shaffer, yes; Mr. Stoll, yes).
- The December 31, 2025 MERS Annual Actuarial Valuation Report was discussed but no action was taken.

Unfinished Business:
- There was no unfinished business to discuss.

Public Comment: None

With no further business, the chair adjourned the meeting at 10:09 AM.

Respectfully Submitted by:
Theresa Fisher,
Administrative Services Director
Secretary to the Board of Health

Public Comment

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Municipal Employees' Retirement System of Michigan

Annual Actuarial Valuation Report
December 31, 2025 - Branch-Hillsdale-St Joseph Comm Hlth Agcy (1202)

800.521.0498 | P: 248.799.9000 | www.grsconsulting.com

Spring 2026

Branch-Hillsdale-St Joseph Comm Hlth Agcy

In care of:
Municipal Employees' Retirement System of Michigan
1134 Municipal Way
Lansing, Michigan 48917

This report presents the results of the Annual Actuarial Valuation, prepared for Branch-Hillsdale-St Joseph Comm Hlth Agcy (1202) as of December 31, 2025. The report includes the determination of liabilities and contribution rates resulting from the participation in the Municipal Employees' Retirement System of Michigan ("MERS"). This report contains the minimum actuarially determined contribution requirement, in alignment with the MERS Plan Document, Actuarial Policy, the Michigan Constitution, and governing statutes. Branch-Hillsdale-St Joseph Comm Hlth Agcy is responsible for the employer contributions needed to provide MERS benefits for its employees and former employees.

The purposes of this valuation are to:

- Measure funding progress as of December 31, 2025,
- Establish contribution requirements for the fiscal year beginning January 1, 2027,
- Provide information regarding the identification and assessment of risk,
- Provide actuarial information in connection with applicable Governmental Accounting Standards Board (GASB) statements, and
- Provide information to assist the local unit of government with State reporting requirements.

This valuation assumed the continuing ability of the plan sponsor to make the contributions necessary to fund this plan. A determination regarding whether or not the plan sponsor is actually able to do so is outside our scope of expertise and was not performed.

The findings in this report are based on data and other information through December 31, 2025. The valuation was based upon information furnished by MERS concerning Retirement System benefits, financial transactions, plan provisions and active members, terminated members, retirees and beneficiaries. We checked for internal reasonability and year-to-year consistency, but did not audit the data. We are not responsible for the accuracy or completeness of the information provided by MERS.

The Municipal Employees' Retirement Act, PA 427 of 1984 and the MERS' Plan Document Article VI Sec. 71 (1)(d), provides the MERS Board with the authority to set actuarial assumptions and methods after consultation with the actuary. As the fiduciary of the plan, the MERS Retirement Board sets certain assumptions for funding and GASB purposes. These assumptions are reviewed regularly through a comprehensive study, most recently in the Spring of 2025.

The Michigan Department of Treasury provides required assumptions to be used for purposes of Public Act 202, of 2017, reporting. These assumptions are for reporting purposes only and do not impact required contributions. Please refer to the State Reporting page found at the end of this report for information for this filing.

For a full list of the assumptions used, please refer to the division-specific assumptions described in table(s) in this report, and to the Appendix on the MERS website at:
https://www.mersofmich.com/Portals/0/Assets/Resources/AAV-Appendix/MERS-2025AnnualActuarialValuation-Appendix.pdf

The actuarial assumptions used for this valuation, including the assumed rate of investment return, are reasonable for purposes of the measurement. The combined effect of the assumptions is expected to have no significant bias (i.e., not significantly optimistic or pessimistic). The asset valuation method is more likely to produce an actuarial value of assets that is greater than the market value of assets until application of the dedicated gains policy achieves an assumed rate of investment return of 6.50% (currently 6.79%).

In December 2021, the Actuarial Standards Board (ASB) adopted a revision to the Actuarial Standard of Practice (ASOP) No. 4, *Measuring Pension Obligations and Determining Pension Plan Costs or Contributions*. The revised ASOP No. 4 requires the calculation and disclosure of a liability referred to by the ASOP as the "Low-Default-Risk Obligation Measure" (LDROM). The LDROM calculation is provided in aggregate, along with aggregate employer results, in a separate report titled "Summary Report of the 80th Annual Actuarial Valuations," and will be available on the MERS website during the fall of 2026.

This report has been prepared by actuaries who have substantial experience valuing public employee retirement systems. To the best of our knowledge, the information contained in this report is accurate and fairly presents the actuarial position of Branch-Hillsdale-St Joseph Comm Hlth Agcy as of the valuation date. All calculations have been made in conformity with generally accepted actuarial principles and practices, the Actuarial Standards of Practice issued by the Actuarial Standards Board, and applicable statutes.

Rebecca L. Stouffer, Mark Buis, Kurt Dosson, and Shana M. Neeson are members of the American Academy of Actuaries. These actuaries meet the Academy's Qualification Standards to render the actuarial opinions contained herein. The signing actuaries are independent of the plan sponsor. GRS maintains independent consulting agreements with certain local units of government for services unrelated to the actuarial consulting services provided in this report.

The Retirement Board of the Municipal Employees' Retirement System of Michigan confirms that the System provides for payment of the required employer contribution as described in Section 20m of Act No. 314 of 1965 (MCL 38.1140m).

This information is purely actuarial in nature. It is not intended to serve as a substitute for legal, accounting, or investment advice.

This report was prepared at the request of the MERS Retirement Board and may be provided only in its entirety by the municipality to other interested parties. MERS customarily provides the full report on request to associated third parties such as the auditor for the municipality. GRS is not responsible for the consequences of any unauthorized use. This report should not be relied on for any purpose other than the purposes described herein. Determinations of financial results, associated with the benefits described in this report, for purposes other than those identified above may be significantly different.

If you have reason to believe that the plan provisions are incorrectly described, that important plan provisions relevant to this valuation are not described, that conditions have changed since the calculations were made, that the information provided in this report is inaccurate or is in anyway incomplete, or if you need further information in order to make an informed decision on the subject matter in this report, please contact your Regional Manager at 1.800.767.MERS (6377).

Sincerely,
Gabriel, Roeder, Smith & Company

Rebecca L. Stouffer, ASA, FCA, MAAA

Mark Buis, FSA, FCA, EA, MAAA

Kurt Dosson, ASA, FCA, MAAA

Shana M. Neeson, ASA, FCA, MAAA

Table of Contents

Executive Summary

Funded Ratio

The funded ratio of a plan is the percentage of the dollar value of the actuarial accrued liability that is covered by the actuarial value of assets. While the funded ratio may be a useful plan measurement, understanding a plan's funding trend may be more important than a particular point in time. Refer to Table 7 to find a history of this information.

	12/31/2025	12/31/2024
Funded Ratio*	95%	93%

* Reflects assets from Surplus divisions, if any.

Throughout this report are references to valuation results generated prior to the 2018 valuation date. Results prior to 2018 were received directly from the prior actuary or extracted from the previous valuation system by MERS' technology service provider.

Required Employer Contributions

Your required employer contributions are shown in the following table. Employee contributions, if any, are in addition to the employer contributions.

Effective with the December 31, 2021 valuation, the MERS Retirement Board adopted a Dedicated Gains Policy which allows for recognition of asset gains in excess of a set threshold in combination with lowering the assumed rate of investment return. The 2025 valuation reflects an assumed rate of investment return of 6.79%. Effective with the 2024 valuation, the MERS Retirement Board adopted updated demographic and economic assumptions.

	Percentage of Payroll		Monthly $ Based on Projected Payroll	
Valuation Date:	12/31/2025	12/31/2024	12/31/2025	12/31/2024
Fiscal Year Beginning:	January 1, 2027	January 1, 2026	January 1, 2027	January 1, 2026
Division				
01 - Gnrl	-	-	$ 63,176	$ 59,905
Total Municipality - Estimated Monthly Contribution			**$ 63,176**	**$ 59,905**
Total Municipality - Estimated Annual Contribution			**$ 758,112**	**$ 718,860**

Employee contribution rates:

	Employee Contribution Rate	
Valuation Date:	12/31/2025	12/31/2024
Division		
01 - Gnrl	3.00%	3.00%

The employer may contribute more than the minimum required contributions, as these additional contributions will earn investment income and may result in lower future contribution requirements. Employers making contributions in excess of the minimum requirements may elect to apply the excess contribution immediately to a particular division, or segregate the excess into one or more "Surplus" divisions. An election in the first case would immediately reduce any unfunded accrued liability and lower the amortization payments throughout the remaining amortization period. Additional contribution into one or more Surplus divisions would not immediately lower future contributions, however the assets from the Surplus division(s) could be transferred to an unfunded division in the future to reduce the unfunded liability, or to be used to pay all or a portion of the minimum required contribution in a future year. For purposes of this report, the assets in any Surplus division have been included in the municipality's total assets, unfunded accrued liability, and funded status; however, these assets are not used in calculating the minimum required contribution.

MERS strongly encourages employers to contribute more than the minimum contribution shown above. With the implemented dedicated gains policy, market gains and losses will continue to be smoothed over five years; however, excess returns are used to lower the investment assumption. Thus, there will be fewer gains to smooth in down markets. Having additional funds in Surplus divisions will assist plans with navigating potential short-term market volatility.

The required employer contribution rates, or dollars if the division is closed, determined in this report are reasonable under Actuarial Standard of Practice (ASOP) No. 4, Measuring Pension Obligations and Determining Pension Plan Costs or Contributions, based on:

- The use of reasonable actuarial assumptions and cost methods;
- The use of reasonable amortization and asset valuation methods; and

- Application of the MERS funding policy which will accumulate sufficient assets to make benefit payments when due, assuming all assumptions will be realized, and the required employer contributions are made when due.

How and Why Do These Numbers Change?

In a defined benefit plan, contributions vary from one annual actuarial valuation to the next as a result of the following:

- Changes in benefit provisions (see Table 2);
- Changes in actuarial assumptions and methods (see the Appendix); and
- Experience of the plan (investment experience and demographic experience); this is the difference between actual experience of the plan and the actuarial assumptions.

These impacts are reflected in various tables in the report. For more information, please contact your Regional Manager.

Comments on Investment Rate of Return Assumption

A defined benefit plan is funded by employer contributions, participant contributions, and investment earnings. Investment earnings have historically provided a significant portion of the funding. The larger the share of benefits being provided from investment returns, the smaller the required contributions, and vice versa. Determining the contributions required to prefund the promised retirement benefits requires an assumption of what investment earnings are expected to add to the fund over a long period of time. This is called the **Investment Return Assumption**.

The MERS Investment Return Assumption is **6.79%** per year. This, along with all other actuarial assumptions, is reviewed at least every five years in an Experience Study that compares the assumptions used against actual experience and recommends adjustments if necessary. If your municipality would like to explore contributions at lower assumed investment return assumptions, please review the "What If" projection scenarios later in this report.

Assumption and Method Changes in 2025

Effective February 17, 2022 and first implemented in the December 31, 2021 annual actuarial valuation, the MERS Retirement Board adopted a dedicated gains policy that automatically lowers the assumed rate of investment return by using excess asset gains to mitigate large increases in required contributions to the Plan. Full details of this dedicated gains policy are available in the Actuarial Policy found on the MERS website. Some goals of the dedicated gains policy are to:

- Provide a systematic approach to lower the assumed rate of investment return between experience studies; and
- Use excess gains to cover both the increase in normal cost and any increase in UAL payment the first contribution year after application (i.e., minimize the first-year impact (i.e., increase) in employer contributions).

Investment performance measured for the one-year period ending December 31, 2025 resulted in current year excess gains for use in lowering the assumed rate of investment return. As a result, the assumed rate of investment return was lowered from 6.93% to 6.79%. The December 31, 2025 valuation liabilities were developed using this new, lower assumption. Additionally, as a result of recognizing excess market gains, the

valuation assets used to fund these liabilities are 2.7% higher than if there were no dedicated gains policy. The combined impact of these changes will minimize the first-year impact on employer contributions and may result in an increase or a decrease in employer contributions.

There were no other assumption or method changes in 2025.

Comments on Asset Smoothing

To avoid dramatic spikes and dips in annual contribution requirements due to short-term fluctuations in asset markets, MERS applies a technique called **asset smoothing**. This spreads out each year's investment gains or losses over the prior year and the following four years. After initial application of asset smoothing, any remaining excess market gains are used to buy down the assumed rate of investment return and increase the level of valuation assets, to the extent allowed by the dedicated gains policy. This smoothing method is used to determine your actuarial value of assets (valuation assets), which is then used to determine both your funded ratio and your required contributions. **The (smoothed) actuarial rate of return for 2025 was 8.18%, while the actual market rate of return was 15.25%.** To see historical details of the market rate of return compared to the smoothed actuarial rate of return, refer to this report's Appendix or view the "How Smoothing Works" video on the Defined Benefit resource page of the MERS website.

As of December 31, 2025, the actuarial value of assets is just over 100% of market value due to asset smoothing and dedicated gains. This means that there are deferred investment losses, which will put slight upward pressure on contributions in the short term. The level of market value of assets and actuarial value of assets are very similar, resulting in a funded percentage that is not materially different.

Alternate Scenarios to Estimate the Potential Volatility of Results ("What If Scenarios")

The calculations in this report are based on assumptions about long-term economic and demographic behavior. These assumptions will never materialize in a given year, except by coincidence. Therefore, the results will vary from one year to the next. The volatility of the results depends upon the characteristics of the plan. For example:

- Open divisions that have substantial assets compared to their active employee payroll will have more volatile employer contribution rates due to investment return fluctuations.
- Open divisions that have substantial accrued liability compared to their active employee payroll will have more volatile employer contribution rates due to demographic experience fluctuations.
- Small divisions will have more volatile contribution patterns than larger divisions because statistical fluctuations are relatively larger among small populations.
- Shorter amortization periods result in more volatile contribution patterns.

Many assumptions are important in determining the required employer contributions. In the following table, we show the impact of varying the Investment Return assumption. Lower investment returns would generally result in higher required employer contributions, and vice versa. The three economic scenarios below provide a quantitative risk assessment for the impact of investment returns on the plan's projected financial condition for funding purposes.

The relative impact of the economic scenarios below will vary from year to year, as the participant demographics change. The impact of each scenario should be analyzed for a given year, not from year to year. The results in the table are based on the December 31, 2025 valuation and are for the municipality in total, not by division.

It is important to note that calculations in this report are mathematical estimates based upon assumptions regarding future events, which may or may not materialize. Actuarial calculations can and do vary from one valuation to the next, sometimes significantly depending on the group's size. Projections are not predictions. Future valuations will be based on actual future experience.

12/31/2025 Valuation Results	Lower Future Annual Returns	Lower Future Annual Returns	Valuation Assumptions
Investment Return Assumption	**4.79%**	**5.79%**	**6.79%**
Accrued Liability	$ 25,921,509	$ 23,230,344	$ 20,968,234
Valuation Assets[1]	$ 20,002,879	$ 20,002,879	$ 20,002,879
Unfunded Accrued Liability	$ 5,918,630	$ 3,227,465	$ 965,355
Funded Ratio	77%	86%	95%
Monthly Normal Cost	$ 11,737	$ 8,382	$ 5,932
Monthly Amortization Payment	$ 100,047	$ 77,779	$ 57,244
Total Employer Contribution[2]	$ 111,784	$ 86,161	$ 63,176

[1] The Valuation Assets include assets from Surplus divisions, if any.

[2] If assets exceed accrued liabilities for a division, the division may have an overfunding credit to reduce the division's employer contribution requirement. If the overfunding credit is larger than the normal cost, the division's full credit is included in the municipality's amortization payment above but the division's total contribution requirement is zero. This can cause the displayed normal cost and amortization payment to not add up to the displayed total employer contribution.

Projection Scenarios

The next two pages show projections of the plan's funded ratio and computed employer contributions under the actuarial assumptions used in the valuation and alternate economic assumption scenarios. All three projections account for the past investment experience that will continue to affect the actuarial rate of return in the short term.

The 6.79% scenario provides an estimate of computed employer contributions based on current actuarial assumptions, and a projected 6.79% market return. The other two scenarios may be useful if the municipality chooses to budget more conservatively and make contributions in addition to the minimum requirements. The 5.79% and 4.79% projection scenarios provide an indication of the potential required employer contribution if these assumptions were met over the long term.

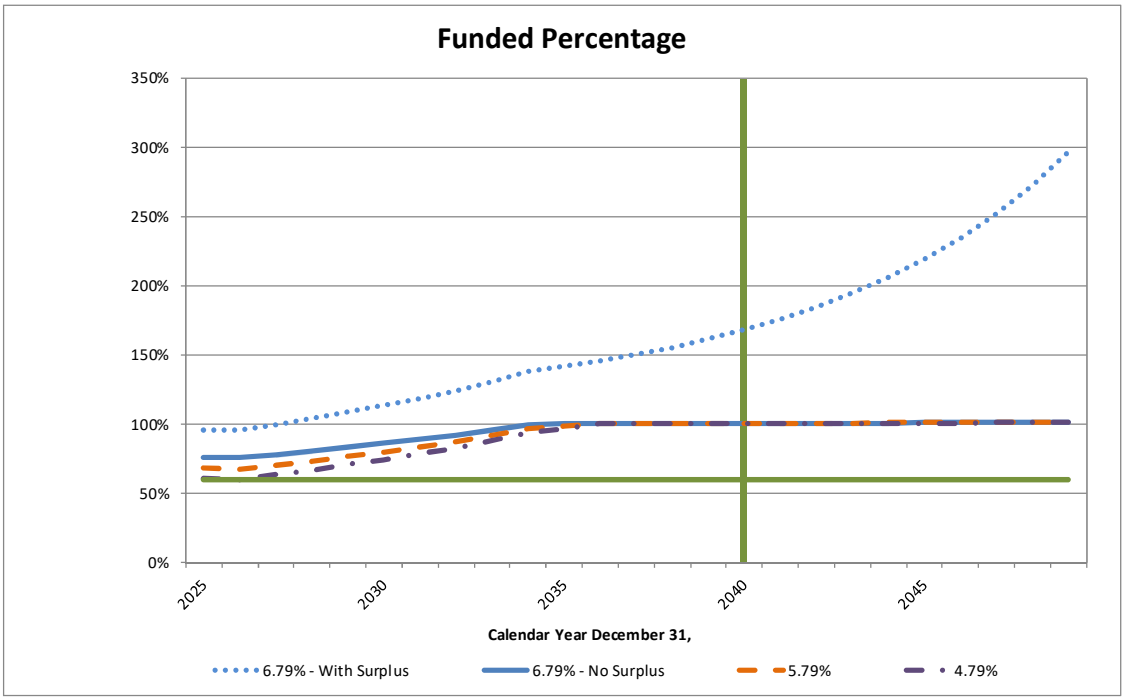
Your municipality includes one or more Surplus divisions. Extra contributions in a Surplus division may be used to reduce future employer contributions or to accelerate the date by which the municipality becomes 100% funded. The timing and use of these Surplus assets within the plan is discretionary. Certain employers have special funding arrangements that may differ from the Actuarial Policy.

The Funded Percentage graph shows projections of funded status under the 6.79% investment return assumption, both including the Surplus assets (contributed as of the valuation date), and without the Surplus assets. The graph including the Surplus assets assumes these Surplus assets grow with interest and are not used to lower future employer contributions. We modeled the projections including the Surplus assets in this fashion because the use of these assets within the plan is discretionary by the employer and we do not know when and how the employer will use them. Once the employer uses these Surplus assets, any future employer contributions are expected to be lower than those shown in the projections.

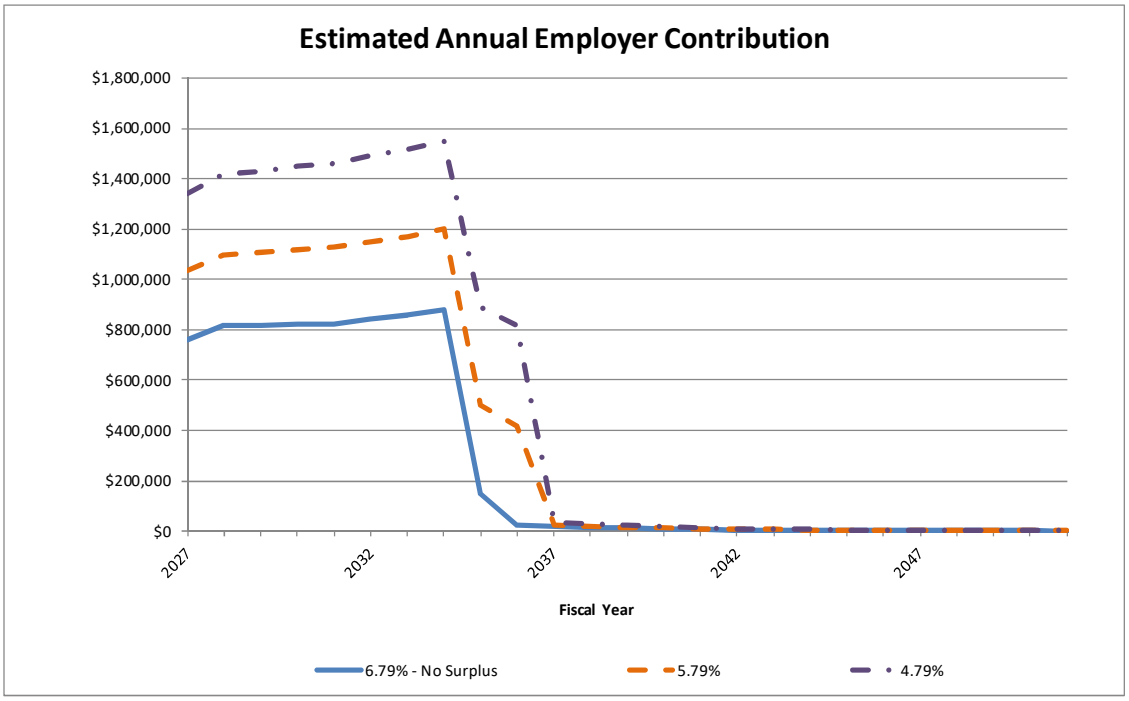
Valuation Year Ending 12/31	Fiscal Year Beginning 1/1	Actuarial Accrued Liability	Valuation Assets[2]	Funded Percentage	Estimated Annual Employer Contribution
6.79%[1]					
2025	2027	$ 20,968,234	$ 15,857,836	76%	$ 758,112
2026	2028	$ 21,100,000	$ 15,900,000	76%	$ 818,000
2027	2029	$ 21,100,000	$ 16,400,000	78%	$ 819,000
2028	2030	$ 21,000,000	$ 17,000,000	81%	$ 822,000
2029	2031	$ 20,900,000	$ 17,500,000	84%	$ 823,000
2030	2032	$ 20,800,000	$ 17,900,000	86%	$ 841,000
5.79%[1]					
2025	2027	$ 23,230,344	$ 15,857,836	68%	$ 1,033,932
2026	2028	$ 23,300,000	$ 15,800,000	68%	$ 1,100,000
2027	2029	$ 23,300,000	$ 16,400,000	70%	$ 1,110,000
2028	2030	$ 23,200,000	$ 17,000,000	74%	$ 1,120,000
2029	2031	$ 23,000,000	$ 17,700,000	77%	$ 1,130,000
2030	2032	$ 22,800,000	$ 18,300,000	80%	$ 1,150,000
4.79%[1]					
2025	2027	$ 25,921,509	$ 15,857,836	61%	$ 1,341,408
2026	2028	$ 25,900,000	$ 15,600,000	60%	$ 1,420,000
2027	2029	$ 25,800,000	$ 16,400,000	63%	$ 1,430,000
2028	2030	$ 25,700,000	$ 17,200,000	67%	$ 1,450,000
2029	2031	$ 25,400,000	$ 18,000,000	71%	$ 1,460,000
2030	2032	$ 25,200,000	$ 18,800,000	75%	$ 1,490,000

[1] Represents both the interest rate for discounting liabilities and the future investment return assumption on the Market Value of assets.

[2] Valuation Assets do not include assets from Surplus divisions, if any.



Notes:
Assumes assets from the Surplus division(s) will grow at the denoted investment return assumption and will not be used to lower employer contributions of non-surplus divisions during the projection period. Also assumes no additional contributions in future years to the surplus division(s). The green indicator lines have been added at 60% funded and 15 years following the valuation date for PA 202 purposes.



Notes:
Projected employer contributions do not reflect the use of any assets from the Surplus division(s).

Table 1: Employer Contribution Details for the Fiscal Year Beginning January 1, 2027

Division	Total Normal Cost	Employee Contribution Rate	Employer Contributions[1]			Blended Employer Rate[5]	Employee Contribution Conversion Factor[2]
			Employer Normal Cost[6]	Payment of the Unfunded Accrued Liability[4]	Computed Employer Contribution		
Percentage of Payroll							
01 - Gnrl	12.83%	3.00%	-	-	-		
Estimated Monthly Contribution[3]							
01 - Gnrl			$ 5,932	$ 57,244	$ 63,176		
Total Municipality			**$ 5,932**	**$ 57,244**	**$ 63,176**		
Estimated Annual Contribution[3]			**$ 71,184**	**$ 686,928**	**$ 758,112**		

[1] The above employer contribution requirements are in addition to the employee contributions, if any.

[2] If employee contributions are increased/decreased by 1.00% of pay, the employer contribution requirement will decrease/increase by the Employee Contribution Conversion Factor. The conversion factor is usually under 1% because employee contributions may be refunded at termination of employment and not used to fund retirement pensions. Employer contributions will all be used to fund pensions.

[3] For divisions that are open to new hires, estimated contributions are based on projected fiscal year payroll. Actual contributions will be based on actual reported monthly pays, and will be different from the above amounts. For divisions that will have no new hires (i.e., closed divisions), invoices will be based on the above dollar amounts which are based on projected fiscal year payroll. See description of Open Divisions and Closed Divisions in the Appendix.

[4] Note that if the overfunding credit is larger than the normal cost, the full credit is shown above but the total contribution requirement is zero. This will cause the displayed normal cost and unfunded accrued liability contributions not to add across.

[5] For linked divisions, the employer will be invoiced the Computed Employer Contribution rate shown above for each linked division (a contribution rate for the open division; a contribution dollar for the closed-but-linked division), unless the employer elects to contribute the Blended Employer Rate shown above, by contacting MERS at 800-767-MERS (6377). Blended Employer Rate(s) exclude divisions with zero active members.

[6] For divisions with a negative employer normal cost, employee contributions cover the normal cost and a portion of the payment of any unfunded accrued liability.

Please see the Comments on Asset Smoothing in the Executive Summary of this report.

Table 2: Benefit Provisions

01 - Gnrl: Closed to new hires

	2025 Valuation	2024 Valuation
Benefit Multiplier:	2.00% Multiplier (no max)	2.00% Multiplier (no max)
Normal Retirement Age:	60	60
Vesting:	6 years	6 years
Early Retirement (Unreduced):	55/25	55/25
Early Retirement (Reduced):	50/25	50/25
	55/15	55/15
Final Average Compensation:	5 years	5 years
COLA for Future Retirees:	2.50% (Non-Compound)	2.50% (Non-Compound)
COLA for Current Retirees:	2.50% (Non-Compound)	2.50% (Non-Compound)
Employee Contributions:	3.00%	3.00%
DC Plan for New Hires:	8/1/2015	8/1/2015
Act 88:	Yes (Adopted 8/16/1963)	Yes (Adopted 8/16/1963)

Table 3: Participant Summary

Division	2025 Valuation Number	2025 Valuation Annual Payroll[1]	2024 Valuation Number	2024 Valuation Annual Payroll[1]	2025 Valuation Average Age	2025 Valuation Average Benefit Service[2]	2025 Valuation Average Eligibility Service[2]
01 - Gnrl							
Active Employees	13	$ 824,460	14	$ 833,496	55.1	23.2	23.2
Vested Former Employees	15	147,665	16	170,216	51.4	11.5	11.7
Retirees and Beneficiaries	82	1,364,974	85	1,333,219	72.9		
Pending Refunds	10		14				
Total Municipality							
Active Employees	**13**	**$ 824,460**	**14**	**$ 833,496**	**55.1**	**23.2**	**23.2**
Vested Former Employees	**15**	**147,665**	**16**	**170,216**	**51.4**	**11.5**	**11.7**
Retirees and Beneficiaries	**82**	**1,364,974**	**85**	**1,333,219**	**72.9**		
Pending Refunds	**10**		**14**				
Total Participants	**120**		**129**				

1 Annual payroll for active employees; annual deferred benefits payable for vested former employees; annual benefits being paid for retirees and beneficiaries.

2 Descriptions can be found under Miscellaneous and Technical Assumptions in the Appendix.

Table 4: Reported Assets (Market Value)

Division	2025 Valuation		2024 Valuation	
	Employer and Retiree[1]	Employee[2]	Employer and Retiree[1]	Employee[2]
01 - Gnrl	$ 15,091,996	$ 757,408	$ 13,569,575	$ 813,080
S1 - Surplus Unassociated	4,142,839	0	3,569,725	0
Municipality Total[3]	**$ 19,234,836**	**$ 757,408**	**$ 17,139,300**	**$ 813,080**
Combined Assets[3]	**$19,992,244**		**$17,952,380**	

1 Reserve for Employer Contributions and Benefit Payments.

2 Reserve for Employee Contributions.

3 Totals may not add due to rounding.

The December 31, 2025 valuation assets (actuarial value of assets) are equal to 1.000532 times the reported market value of assets (compared to 1.065367 as of December 31, 2024). Refer to the Appendix for a description of the valuation asset derivation and a detailed calculation of valuation assets.

Assets in the Surplus division(s) are employer assets that have been reserved separately and may be used within the plan at the employer's discretion at some point in the future. These assets are not used in calculating the employer contribution for the fiscal year beginning January 1, 2027.

Table 5: Flow of Valuation Assets

Year Ended 12/31	Employer Contributions		Employee Contributions	Investment Income (Valuation Assets)	Benefit Payments	Employee Contribution Refunds	Net Transfers	Valuation Asset Balance
	Required	Additional						
2015	$ 219,053	$ 0	$ 85,602	$ 609,083	$ (613,919)	$ (2,351)	$ 0	$ 12,610,889
2016	226,464	0	64,400	640,744	(703,219)	(12,094)	0	12,827,184
2017	266,448	0	55,364	763,561	(767,980)	(9,208)	0	13,135,369
2018	258,445	46,080	50,404	471,387	(854,096)	(6,575)	0	13,101,014
2019	276,576	360,686	47,927	622,746	(910,624)	(5,240)	0	13,493,085
2020	316,727	947,935	48,270	1,173,623	(961,641)	0	0	15,017,999
2021	419,196	856,576	44,476	2,569,385	(1,023,634)	(19,860)	0	17,864,138
2022	592,188	218,996	36,767	639,569	(1,066,392)	(9,315)	0	18,275,951
2023	519,744	123,800	30,777	898,713	(1,181,153)	0	0	18,667,832
2024	548,781	412,928	29,569	715,492	(1,244,831)	(3,898)	0	19,125,873
2025	647,496	22,653	24,793	1,536,633	(1,346,712)	(7,857)	0	20,002,879

Notes:

Transfers in and out are usually related to the transfer of participants between municipalities, and to employer and employee payments for service credit purchases (if any) that the governing body has approved.

The investment income column reflects the recognized investment income based on Valuation Assets. It does not reflect the market value investment return in any given year.

The Valuation Asset balance includes assets from Surplus divisions, if any.

Years where historical information is not available will be displayed with zero values.

Table 6: Actuarial Accrued Liabilities and Valuation Assets as of December 31, 2025

Division	Actuarial Accrued Liability					Valuation Assets	Percent Funded	Unfunded (Overfunded) Accrued Liabilities
	Active Employees	Vested Former Employees	Retirees and Beneficiaries	Pending Refunds	Total			
01 - Gnrl	$ 4,964,613	$ 1,456,096	$ 14,533,143	$ 14,382	$ 20,968,234	$ 15,857,836	75.6%	$ 5,110,398
S1 - Surplus Unassociated	0	0	0	0	0	4,145,043		(4,145,043)
Total	**$ 4,964,613**	**$ 1,456,096**	**$ 14,533,143**	**$ 14,382**	**$ 20,968,234**	**$ 20,002,879**	**95.4%**	**$ 965,355**

Please see the Comments on Asset Smoothing in the Executive Summary of this report.

The December 31, 2025 valuation assets (actuarial value of assets) are equal to 1.000532 times the reported market value of assets. Refer to the Appendix for a description of the valuation asset derivation and a detailed calculation of valuation assets.

Table 7: Actuarial Accrued Liabilities - Comparative Schedule

Valuation Date December 31	Actuarial Accrued Liability	Valuation Assets	Percent Funded	Unfunded (Overfunded) Accrued Liabilities
2011	$ 10,827,507	$ 11,330,296	105%	$ (502,789)
2012	11,406,292	11,592,393	102%	(186,101)
2013	12,163,363	11,969,423	98%	193,940
2014	12,735,860	12,313,421	97%	422,439
2015	14,333,735	12,610,889	88%	1,722,846
2016	14,703,549	12,827,184	87%	1,876,365
2017	15,161,226	13,135,369	87%	2,025,857
2018	15,274,448	13,101,014	86%	2,173,434
2019	16,238,893	13,493,085	83%	2,745,808
2020	18,048,699	15,017,999	83%	3,030,700
2021	19,207,905	17,864,138	93%	1,343,767
2022	19,416,144	18,275,951	94%	1,140,193
2023	20,191,197	18,667,832	92%	1,523,365
2024	20,488,888	19,125,873	93%	1,363,015
2025	20,968,234	20,002,879	95%	965,355

Notes: Actuarial assumptions were revised for the 2011, 2012, 2015, 2019, 2020, 2021, 2023, 2024 and 2025 actuarial valuations.

The Valuation Assets include assets from Surplus divisions, if any.

Years where historical information is not available will be displayed with zero values.

Throughout this report are references to valuation results generated prior to the 2018 valuation date. Results prior to 2018 were received directly from the prior actuary or extracted from the previous valuation system by MERS's technology service provider.

Tables 8 and 9: Division-Based Comparative Schedules

Division 01 - Gnrl

Table 8-01: Actuarial Accrued Liabilities - Comparative Schedule

Valuation Date December 31	Actuarial Accrued Liability	Valuation Assets	Percent Funded	Unfunded (Overfunded) Accrued Liabilities
2015	$ 14,333,735	$ 12,610,889	88%	$ 1,722,846
2016	14,703,549	12,827,184	87%	1,876,365
2017	15,161,226	13,135,369	87%	2,025,857
2018	15,274,448	13,101,014	86%	2,173,434
2019	16,238,893	13,147,917	81%	3,090,976
2020	18,048,699	13,590,913	75%	4,457,786
2021	19,207,905	15,297,229	80%	3,910,676
2022	19,416,144	15,350,651	79%	4,065,493
2023	20,191,197	15,442,416	76%	4,748,781
2024	20,488,888	15,322,806	75%	5,166,082
2025	20,968,234	15,857,836	76%	5,110,398

Notes: Actuarial assumptions were revised for the 2015, 2019, 2020, 2021, 2023, 2024 and 2025 actuarial valuations.
The percent funded does not reflect valuation assets from Surplus divisions, if any.

Table 9-01: Computed Employer Contributions - Comparative Schedule

Valuation Date December 31	Active Employees		Computed Employer Contribution[1]	Employee Contribution Rate[2]
	Number	Annual Payroll		
2015	58	$ 2,408,692	$ 27,324	3.00%
2016	49	1,974,029	$ 25,380	3.00%
2017	42	1,727,981	$ 25,608	3.00%
2018	40	1,673,482	$ 27,694	3.00%
2019	32	1,439,800	$ 34,933	3.00%
2020	31	1,590,755	$ 49,349	3.00%
2021	25	1,366,616	$ 43,312	3.00%
2022	21	1,127,922	$ 45,735	3.00%
2023	17	961,350	$ 53,958	3.00%
2024	14	833,496	$ 59,905	3.00%
2025	13	824,460	$ 63,176	3.00%

[1] For open divisions, a percent of pay contribution is shown. For closed divisions, a monthly dollar contribution is shown.

[2] For each valuation year, the computed employer contribution is based on the employee rate. If the employee rate changes during the applicable fiscal year, the computed employer contribution will be adjusted.

Note: The contributions shown in Table 9 reflect the full employer contribution requirement.

See the Benefit Provision History, later in this report, for past benefit provision changes.

Years where historical information is not available will be displayed with zero values.

Division S1 - Surplus Unassociated

Table 8-S1: Actuarial Accrued Liabilities - Comparative Schedule

Valuation Date December 31	Actuarial Accrued Liability	Valuation Assets	Percent Funded	Unfunded (Overfunded) Accrued Liabilities
2015	$ 0	$ 0		$ 0
2016	0	0		0
2017	0	0		0
2018	0	0		0
2019	0	345,168		(345,168)
2020	0	1,427,086		(1,427,086)
2021	0	2,566,909		(2,566,909)
2022	0	2,925,300		(2,925,300)
2023	0	3,225,416		(3,225,416)
2024	0	3,803,067		(3,803,067)
2025	0	4,145,043		(4,145,043)

Notes: Actuarial assumptions were revised for the 2015, 2019, 2020, 2021, 2023, 2024 and 2025 actuarial valuations.

Years where historical information is not available will be displayed with zero values.

Table 10: Division-Based Layered Amortization Schedule

Division 01 - Gnrl

Table 10-01: Layered Amortization Schedule

Type of UAL	Date Established	Original Balance[1]	Original Amortization Period[2]	Amounts for Fiscal Year Beginning 1/1/2027		
				Outstanding UAL Balance[3]	Remaining Amortization Period[2]	Annual Amortization Payment
Initial	12/31/2015	$ 1,722,846	21	$ 1,374,986	8	$ 200,832
(Gain)/Loss	12/31/2016	35,723	19	28,628	8	4,176
(Gain)/Loss	12/31/2017	138,446	17	111,000	8	16,212
(Gain)/Loss	12/31/2018	137,878	15	111,299	8	16,260
(Gain)/Loss	12/31/2019	391,419	14	319,543	8	46,668
Assumption	12/31/2019	530,789	14	425,829	8	62,196
Experience	12/31/2020	1,339,721	13	1,122,282	8	163,920
Experience	12/31/2021	(580,117)	12	(499,924)	8	(73,020)
Experience	12/31/2022	348,501	11	312,517	8	45,648
Experience	12/31/2023	801,452	10	753,519	8	110,064
Experience	12/31/2024	548,990	10	553,858	9	73,152
Experience	12/31/2025	161,214	10	172,160	10	20,820
Total				**$ 4,785,697**		**$ 686,928**

[1] For each type of UAL (layer), this is the original balance as of the date the layer was established.

[2] According to the MERS amortization policy, each type of UAL (layer) is amortized over a specific period (see Appendix on MERS website).

[3] This is the remaining balance as of the valuation date, projected to the beginning of the fiscal year shown above.

The unfunded accrued liability (UAL) as of December 31, 2025 (see Table 6) is projected to the beginning of the fiscal year for which the contributions are being calculated. This allows the 2025 valuation to take into account the expected future contributions that are based on past valuations. Each type of UAL (layer) is amortized over the appropriate period. Please see the Appendix on the MERS website for a detailed description of the amortization policy.

Note: The original balance and original amortization periods prior to 12/31/2018 were received from the prior actuary.

GASB Statement No. 68 Information

The following information has been prepared to provide some of the information necessary to complete GASB Statement No. 68 disclosures. GASB Statement No. 68 is effective for fiscal years beginning after June 15, 2014. Additional resources, including an Implementation Guide, are available at http://www.mersofmich.com/.

Actuarial Valuation Date:		12/31/2025
Measurement Date of the Total Pension Liability (TPL):		12/31/2025
At 12/31/2025, the following employees were covered by the benefit terms:		
Inactive employees or beneficiaries currently receiving benefits:		82
Inactive employees entitled to but not yet receiving benefits (including refunds):		25
Active employees:		13
		120
Total Pension Liability as of 12/31/2024 measurement date:	$	19,990,967
Total Pension Liability as of 12/31/2025 measurement date:	$	20,459,590
Service Cost for the year ending on the 12/31/2025 measurement date:	$	95,225
Change in the Total Pension Liability due to:		
- Benefit changes[1]:	$	0
- Differences between expected and actual experience[2]:	$	62,090
- Changes in assumptions[2]:	$	275,736
Average expected remaining service lives of all employees (active and inactive)[3]:		1

[1] A change in liability due to benefit changes is immediately recognized when calculating pension expense for the year.

[2] Changes in liability due to differences between actual and expected experience, and changes in assumptions, are recognized in pension expense over the average remaining service lives of all employees.

[3] Average expected remaining service life is the actuarial expectation of the future period of service that members of an employee population are projected to complete from the valuation date, based on assumed decrement rates.

Covered employee payroll (Needed for Required Supplementary Information):	$	824,460

Note: Covered employee payroll may differ from the GASB Statement No. 68 definition.

Sensitivity of the Net Pension Liability to changes in the discount rate:

	1% Decrease (6.04%)	Current Discount Rate (7.04%)	1% Increase (8.04%)
Change in Net Pension Liability as of 12/31/2025:	$ 2,168,616	$ 0	$ (1,840,609)

Note: The current discount rate shown for GASB Statement No. 68 purposes is higher than the MERS assumed rate of return. This is because for GASB Statement No. 68 purposes, the discount rate must be gross of administrative expenses, whereas for funding purposes it is net of administrative expenses.

GASB Statement No. 68 Information

This page is for those municipalities who need to "roll forward" their total pension liability due to the timing of completion of the actuarial valuation in relation to their fiscal year-end.

The following information has been prepared to provide some of the information necessary to complete GASB Statement No. 68 disclosures. GASB Statement No. 68 is effective for fiscal years beginning after June 15, 2014. Additional resources, including an Implementation Guide, are available at www.mersofmich.com.

Actuarial Valuation Date:	12/31/2025
Measurement Date of the Total Pension Liability (TPL):	12/31/2026

At 12/31/2025, the following employees were covered by the benefit terms:

Inactive employees or beneficiaries currently receiving benefits:	82
Inactive employees entitled to but not yet receiving benefits (including refunds):	25
Active employees:	13
	120

Total Pension Liability as of 12/31/2025 measurement date:	$	20,079,823
Total Pension Liability as of 12/31/2026 measurement date:	$	20,554,656
Service Cost for the year ending on the 12/31/2026 measurement date:	$	92,429
Change in the Total Pension Liability due to:		
- Benefit changes[1]:	$	0
- Differences between expected and actual experience[2]:	$	111,501
- Changes in assumptions[2]:	$	271,444
Average expected remaining service lives of all employees (active and inactive)[3]:		1

[1] A change in liability due to benefit changes is immediately recognized when calculating pension expense for the year.

[2] Changes in liability due to differences between actual and expected experience, and changes in assumptions, are recognized in pension expense over the average remaining service lives of all employees.

[3] Average expected remaining service life is the actuarial expectation of the future period of service that members of an employee population are projected to complete from the valuation date, based on assumed decrement rates.

Covered employee payroll (Needed for Required Supplementary Information):	$	824,460

Note: Covered employee payroll may differ from the GASB Statement No. 68 definition.

Sensitivity of the Net Pension Liability to changes in the discount rate:

	1% Decrease (6.04%)	Current Discount Rate (7.04%)	1% Increase (8.04%)
Change in Net Pension Liability as of 12/31/2026:	$ 2,132,391	$ 0	$ (1,813,451)

Note: The current discount rate shown for GASB Statement No. 68 purposes is higher than the MERS assumed rate of return. This is because for GASB Statement No. 68 purposes, the discount rate must be gross of administrative expenses, whereas for funding purposes it is net of administrative expenses.

Benefit Provision History

The following benefit provision history is provided by MERS and reflects provisions in effect as of the end of the valuation year. Any corrections to this history or discrepancies between this information and information displayed elsewhere in the valuation report should be reported to MERS. All provisions are listed by date of adoption.

01 - Gnrl

9/1/2025	Military Leave - Default Absorb to UAL
1/1/2021	Contract Employees - Included
1/1/2021	Custom Wages
1/1/2021	Seasonal Employees - Included
1/1/2021	Service Credit Qualification - 75 hours
12/1/2020	Non-Accelerated Amortization
1/1/2018	Non Standard Compensation Definition: Yes
1/1/2017	Service Credit Purchase Estimates - No
8/1/2015	Accelerated to 15-year Amortization
8/1/2015	DC Adoption Date 08-01-2015
10/1/2012	Exclude Temporary Employees requiring less than 12 months
1/1/2002	2.00% Multiplier
1/1/2002	6 Year Vesting
1/1/1992	E1 2.5% COLA for past retirees (01/01/1992)
1/1/1992	E2 2.5% COLA for future retirees (01/01/1992)
1/1/1990	Benefit F55 (With 25 Years of Service)
1/1/1989	1.70% Multiplier
1/1/1989	Member Contribution Rate 3.00%
1/1/1988	E1 2.5% COLA for past retirees (01/01/1988)
1/1/1967	1.20% Multiplier on FAC < $4,200 and 1.70% Multiplier on FAC > $4,200
8/16/1963	Covered by Act 88
7/1/1958	1.00% Multiplier on FAC < $4,200 and 1.50% Multiplier on FAC > $4,200
7/1/1958	10 Year Vesting
7/1/1958	Benefit FAC-5 (5 Year Final Average Compensation)
7/1/1958	Member Contribution Rate 3.00% Under $4,200.00 - Then 5.00%
	Fiscal Month - January
	Early Reduced (.5%) at Age 50 with 25 Years or Age 55 with 15 Years
	Normal Retirement Age (DB) - 60

S1 - Surplus Unassociated

	Fiscal Month - January

Plan Provisions, Actuarial Assumptions, and Actuarial Funding Method

Details on MERS plan provisions, actuarial assumptions, and actuarial methodology can be found in the Appendix. Some actuarial assumptions are specific to this municipality and its divisions. These are listed below.

Increase in Final Average Compensation

Division	Increase Assumption
All Divisions	2.00%

Miscellaneous and Technical Assumptions

Loads – None.

Amortization Policy for Closed Not Linked Divisions: The default funding policy for closed not linked divisions, including open divisions with zero active members, is to follow a non-accelerated amortization, where each closed period decreases by one year each year until the period is exhausted.

Risk Commentary

Determination of the accrued liability, the employer contribution, and the funded ratio requires the use of assumptions regarding future economic and demographic experience. Risk measures, as illustrated in this report, are intended to aid in the understanding of the effects of future experience differing from the assumptions used in the course of the actuarial valuation. Risk measures may also help with illustrating the potential volatility in the accrued liability, the actuarially determined contribution and the funded ratio that result from the differences between actual experience and the actuarial assumptions.

Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; changes in economic or demographic assumptions due to changing conditions; increases or decreases expected as part of the natural operation of the methodology used for these measurements (such as the end of an amortization period, or additional cost or contribution requirements based on the Plan's funded status); and changes in Plan provisions or applicable law. The scope of an actuarial valuation does not include an analysis of the potential range of such future measurements.

Examples of risk that may reasonably be anticipated to significantly affect the plan's future financial condition include:

- **Investment Risk** – actual investment returns may differ from the expected returns;
- **Asset/Liability Mismatch** – changes in asset values may not match changes in liabilities, thereby altering the gap between the accrued liability and assets and consequently altering the funded status and contribution requirements;
- **Salary and Payroll Risk** – actual salaries and total payroll may differ from expected, resulting in actual future accrued liability and contributions differing from expected;
- **Longevity Risk** – members may live longer or shorter than expected and receive pensions for a period of time other than assumed; and
- **Other Demographic Risks –** members may terminate, retire or become disabled at times or with benefits other than assumed resulting in actual future accrued liability and contributions differing from expected.

  The effects of certain trends in experience can generally be anticipated. For example, if the investment return since the most recent actuarial valuation is less (or more) than the assumed rate, the cost of the plan can be expected to increase (or decrease). Likewise, if longevity is improving (or worsening), increases (or decreases) in cost can be anticipated.

Plan Maturity Measures

Risks facing a pension plan evolve over time. A young plan with virtually no investments and paying few benefits may experience little investment risk. An older plan with a large number of members in pay status and a significant trust may be much more exposed to investment risk. Generally accepted plan maturity measures include the following:

	Ratio of:				
December 31,	Market Value of Assets to Total Payroll	Actuarial Accrued Liability to Payroll	Actives to Retirees and Beneficiaries	Market Value of Assets to Benefit Payments	Net Cash Flow to Market Value of Assets (BOY)
2018	7.1	9.1	0.7	13.9	-3.9%
2019	9.2	11.3	0.5	14.5	-1.9%
2020	9.7	11.3	0.4	16.1	2.6%
2021	13.1	14.1	0.4	17.1	1.8%
2022	14.0	17.2	0.3	14.7	-1.3%
2023	17.7	21.0	0.2	14.4	-3.2%
2024	21.5	24.6	0.2	14.4	-1.5%
2025	24.2	25.4	0.2	14.8	-3.7%

Ratio of Market Value of Assets to Total Payroll

The relationship between assets and payroll is a useful indicator of the potential volatility of contributions. For example, if the market value of assets is 2.0 times the payroll, a return on assets 5% different than assumed would equal 10% of payroll. A higher (lower) or increasing (decreasing) level of this maturity measure generally indicates a higher (lower) or increasing (decreasing) volatility in plan sponsor contributions as a percentage of payroll.

Ratio of Actuarial Accrued Liability to Payroll

The relationship between actuarial accrued liability and payroll is a useful indicator of the potential volatility of contributions for a fully funded plan. A funding policy that targets a funded ratio of 100% is expected to result in the ratio of assets to payroll and the ratio of liability to payroll converging over time.

Ratio of Actives to Retirees and Beneficiaries

A young plan with many active members and few retirees will have a high ratio of actives to retirees. A mature open plan may have close to the same number of actives to retirees resulting in a ratio near 1.0. A super-mature or closed plan may have significantly more retirees than actives resulting in a ratio below 1.0.

Ratio of Market Value of Assets to Benefit Payments

The MERS' Actuarial Policy requires a total minimum contribution equal to the excess (if any) of three times the expected annual benefit payments over the projected market value of assets as of the participating municipality or court's Fiscal Year for which the contribution applies. The ratio of market value of assets to benefit payments as of the valuation date provides an indication of whether the division is at risk for triggering the minimum contribution rule in the near term. If the division triggers this minimum contribution rule, the required employer contributions could increase dramatically relative to previous valuations.

Ratio of Net Cash Flow to Market Value of Assets

A positive net cash flow means contributions exceed benefits and expenses. A negative cash flow means existing funds are being used to make payments. A certain amount of negative net cash flow is generally expected to occur when benefits are prefunded through a qualified trust. Large negative net cash flows as a percent of assets may indicate a super-mature plan or a need for additional contributions.

State Reporting

The following information has been prepared to provide some of the information necessary to complete the Public Act 202 pension reporting requirements for the State of Michigan's Local Government Retirement System Annual Report (Form No. 5572). Additional resources are available at www.mersofmich.com and on the State website.

Form 5572 Line Reference	Description	Result
10	**Membership as of December 31, 2025**	
11	Indicate number of active members	13
12	Indicate number of inactive members (excluding pending refunds)	15
13	Indicate number of retirees and beneficiaries	82
14	**Investment Performance for Calendar Year Ending December 31, 2025**[1]	
15	Enter actual rate of return - prior 1-year period	15.45%
16	Enter actual rate of return - prior 5-year period	7.26%
17	Enter actual rate of return - prior 10-year period	8.28%
18	**Actuarial Assumptions**	
19	Actuarial assumed rate of investment return[2]	6.79%
20	Amortization method utilized for funding the system's unfunded actuarial accrued liability, if any	Level Percent
21	Amortization period utilized for funding the system's unfunded actuarial accrued liability, if any[3]	10
22	Is each division within the system closed to new employees?[4]	Yes
23	**Uniform Assumptions**	
24	Enter retirement pension system's actuarial value of assets using uniform assumptions	$19,205,410
25	Enter retirement pension system's actuarial accrued liabilities using uniform assumptions[5]	$20,968,234
27	Actuarially Determined Contribution (ADC) using uniform assumptions, Fiscal Year Ending December 31, 2026	$735,492

1 The Municipal Employees' Retirement System's investment performance has been provided to GRS from MERS Investment Staff and is included here for reporting purposes. The investment performance figures reported are net of investment expenses on a rolling calendar year basis for the previous 1-, 5-, and 10-year periods as required under PA 530.

2 Net of administrative and investment expenses.

3 Populated with the longest amortization period remaining in the amortization schedule, across all divisions in the plan. This is when each division and the plan in total is expected to reach 100% funded if all assumptions are met.

4 If all divisions within the employer are closed, "yes." If at least one division is open (including shadow divisions), "no."

5 Line 25 actuarial accrued liability is determined under PA 202 uniform assumptions which may differ from the valuation assumptions. In accordance with the April 14, 2026 memo on the selection of Uniform Assumptions, "[f]or retirement systems that utilize an investment rate of return that is less than 7.00% for funding purposes, the local government should use the lower investment rate of return for the uniform assumption as well." In particular, the assumed rate of return for PA 202 purposes is 6.79%.

Health Officer's Report to the Board of Health for July 23, 2026
Prepared by: Rebecca A. Burns, M.P.H., R.S.

Agency Updates

Website Redesign: The creation of the updated website is on track. In order to provide the Board of Health resources page on the new website, there will be a login feature. This will require that we use your preferred email and share that with the web developer. We will share the email we are currently using to send you agency communication, unless you advise that a different email should be used. Please let me know at the meeting.

Community Health Improvement/Strategic Plan: The Program Policy and Appeals committee reviewed the draft Community Health Needs Assessment (CHNA) for Branch County and it has been recommended for Board approval. With that completed we are also nearing completion of the Community Health Improvement Plan (CHIP). The CHIP is developed using the findings from the CHNA's completed with Hillsdale Hospital, Beacon Three Rivers Health, and the Branch County CHNA. That should be ready for the August meeting. Finally, we are also getting close to wrapping up the next 3-year Strategic Plan. While I'm preparing this report the agency staff and Board of Health members have been sent a survey and asked to rank the priorities for the three areas of focus.

MERS Annual Actuarial Valuation Report: Marne Daggett will be attending the meeting to present on the Annual Actuarial Report for the agency's closed defined benefit retirement plan. She will also take your questions about the report.

Fund Balance: At both the St. Joseph County and Hillsdale County Commission meetings while sharing the FY25 Annual Report I was asked about the fund balance. The fund balance for the agency is made up of various funds with only a small portion available for general operating purposes. I asked Theresa to prepare a report that explains the agency's fund balance that will be reviewed by the Finance Committee and I expect then sent on to the full board. It can then be shared with each county commission.

Mobile Unit: I am bringing a recommendation to the Finance Committee to sell the mobile unit. The full justification is in writing in the Finance Committee packet.

Kindergarten Oral Health: In order to supplement the state funding we receive for Kindergarten Oral Health assessments, we are proposing a fee. The recommendation was sent to the Finance Committee.

Vaccine Pricing: As outlined in the agency's policy and procedure, the vaccine price schedule was recently updated. We are sharing the updated price schedule for your information.

Compass Add-on: The agency is proposing to utilize MIOptions roll-over funds from FY25 to purchase the add-on to the Compass program that AAA already uses. The full write-up is in the Finance Committee packet. We hope you will approve this upgrade that will stream-line our work.

Wildfire Smoke & Unhealthy Air: Wildfire smoke from Canada and Minnesota are impacting the air quality in our communities. The particulate matter on July 16 and 17 is in the "hazardous" category, the most concerning level. Wildfire smoke can harm you in multiple ways. The health effects from

breathing in wildfire smoke can range from stinging eyes, wheezing, coughing and shortness of breath. Serious health effects can include triggering of asthma attacks and heart failure that can lead to premature death. Beginning on June 17th our agency provided free N-95 type masks to residents at all of our offices. Only a mask designed to remove fine particulates such as the N-95 type are effective for use in wildfire smoke.

MMRMA Request: Following up on the risk management presentation at the April Board of Health meeting, the Board of Health requested another representative attend a meeting that was able to address questions about our policy. We would like to schedule that but are waiting for your questions so that we can send them to the rep for his preparation. Please send any questions you have to Theresa.

Medical Director Agreement: The draft agreement for Dr. Luparello's services is provided to the Finance committee so that it can be brought to the full board. This draft has been reviewed by our agency attorney, Andrew Brege and Dr. Luparello.

Employee Satisfaction Survey Results: The results of the annual survey are provided for your review.

Staffing Update: The agency is currently seeking an Environmental Health Sanitarian for the St. Joseph County office and one for the Branch County office.

Coldwater Office: We have had one contractor out to provide an estimate on duct cleaning for this office. That estimate has not yet been received.

Hillsdale Office: It has been brought to our attention that the concrete sidewalk at the entrance to the MSUE office is in poor condition and needs to be replaced. I will be arranging for an estimate to determine next steps.

Sturgis: Nothing at this time.

Three Rivers Office: Things continue to move along but not as fast as we might like. The thorough cleaning on the east end has been completed. The electrical and network lines have been reinstalled and this work has been called for inspection. Coming up the week of July 20th, the HVAC contractor will be in to start work. The glass contractor has stuff ordered but is 5 weeks out. They are still waiting for material to come in to do the soffit, fascia, gutters, and gable end, so no date on that yet. We are expecting to be in the rental through August at this point. On our end, our IT has ordered the reconnection with our internet provider.

Resources for Air Quality

Check local air quality at: AirNow.gov

Go to the Air Quality Index Basics page ([AQI Basics | AirNow.gov)](AQI Basics | AirNow.gov) to understand what each level means and how it affects health. The screenshot below was captured from this website.

Air Quality Index (AQI) Basics

What is the U.S. Air Quality Index (AQI)?

The U.S. AQI is EPA's index for reporting air quality.

How does the AQI work?

The U.S. Air Quality Index (AQI) is EPA's tool for communicating about outdoor air quality and health. The AQI includes six color-coded categories, each corresponding to a range of index values. The higher the AQI value, the greater the level of air pollution and the greater the health concern. For example, an AQI value of 50 or below represents good air quality, while an AQI value over 300 represents hazardous air quality.

For each pollutant an AQI value of 100 generally corresponds to an ambient air concentration that equals the level of the short-term national ambient air quality standard for protection of public health. AQI values at or below 100 are generally thought of as satisfactory. When AQI values are above 100, air quality is unhealthy: at first for certain sensitive groups of people, then for everyone as AQI values get higher.

The AQI is divided into six categories. Each category corresponds to a different level of health concern. Each category also has a specific color. The color makes it easy for people to quickly determine whether air quality is reaching unhealthy levels in their communities.

AQI Basics for Ozone and Particle Pollution

Daily AQI Color	Levels of Concern	Values of Index	Description of Air Quality
Green	Good	0 to 50	Air quality is satisfactory, and air pollution poses little or no risk.
Yellow	Moderate	51 to 100	Air quality is acceptable. However, there may be a risk for some people, particularly those who are unusually sensitive to air pollution.
Orange	Unhealthy for Sensitive Groups	101 to 150	Members of sensitive groups may experience health effects. The general public is less likely to be affected.
Red	Unhealthy	151 to 200	Some members of the general public may experience health effects; members of sensitive groups may experience more serious health effects.
Purple	Very Unhealthy	201 to 300	Health alert: The risk of health effects is increased for everyone.
Maroon	Hazardous	301 and higher	Health warning of emergency conditions: everyone is more likely to be affected.

AQI Basics for Ozone and Particle Pollution Table print version (pdf, 163KB, 1p.)

See the Activity Guides to learn ways to protect your health when the AQI reaches unhealthy levels.

Five major pollutants

EPA establishes an AQI for five major air pollutants regulated by the Clean Air Act. Each of these pollutants has a national air quality standard set by EPA to protect public health:

- ground-level ozone
- particle pollution (also known as particulate matter, including PM2.5 and PM10)
- carbon monoxide
- sulfur dioxide
- nitrogen dioxide

Using the Air Quality Index
Technical Assistance Document for the Reporting of Daily Air Quality – the Air Quality Index (AQI)

MEDICAL DIRECTOR'S REPORT

July 2026

This week I am away. I apologize for not being present for the Board Meeting

1. Watching numbers of communicable diseases.
2. Director and Administrator meetings, in person and zoom.
3. Meetings via zoom and teleconference with several associations.
4. Continuing treatment of multiple patients.
5. Continued telephone conversations with area providers.
6. Vaccination and Tuberculosis subcommittees for the Michigan Association of Public Health and Preventive Medicine Physicians.
7. Continuous review of policies.
8. Recording for website – TB and latent TB information

CYCLOSPORIASIS

An intestinal illness caused by a parasite

Individuals can prevent Cyclospora infection by avoiding food or water that may contain feces, especially in tropical or subtropical areas.

People infected with Cyclospora may or may not experience symptoms. It usually infects the small intestine and causes diarrhea with frequent and sometimes explosive bowel movements.

If not treated, the illness may last a few days to over a month. Symptoms may seem to go away and then relapse.

The time between becoming infected and becoming sick is usually one week but can range from 2 days to 2 weeks or more.

People may be at increased risk when living or traveling in tropical or subtropical regions of the world where cyclosporiasis is endemic.

In the United States, cyclosporiasis has been linked to various types of fresh produce.

It spreads when people eat food or drink water contaminated with feces.

Direct person to person transmission is unlikely.

Treatment consists of antibiotics, such as Bactrim. Resting and drinking lots of fluids is also important.

Most people with health immune systems will eventually recover without treatment, However, if not treated, you may be sick for anywhere from a few days to a month or longer.

As of July 9, 2026, there have been 2,640 cases in Michigan. 44 reported hospitalization. The source of the outbreak has not been identified.

Area Agency on Aging (IIIC)
Branch-St. Joseph

July 23, 2026
Director's Report

Enclosures:

1. ACLS Bureau correspondence dated 6/30/26 re: FY26 AIP Budget Mid-year budget approval. No findings/recommendations.
2. ACLS Bureau correspondence dated 7/7/26 re: On-site Assessment re-scheduled for 8/4
3. Services to Victims of Elder Abuse 3rd quarter programmatic report

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Updates:

1. **Services to Victims of Elder Abuse Program Updates:**
   - Victim Specialists continue their work directly serving individuals in our communities, developing community partnerships, and leading monthly IDT meetings.
   - Don't forget to register for the "Elder Justice Symposium" on September 17th. We are (still) awaiting notification from the Sturgis Area Community Foundation on the status of our grant application to support food/refreshments for the day. We are also working with the Sheriff's Office to apply for continuing education credits for officers who attend the training… Exciting progress! Please email our team if you plan to join us: voca@bhsj.org

2. **MI Options Updates:** Our team remains busy with calls, walk-ins and referrals for both Medicare Counseling and Options Counseling. The state budget for FY27 is still absent an allocation for MIOptions statewide… Advocacy is ongoing.

   We are working on translation of our Medicare Counseling and Options Counseling brochures with the health promotion team. In addition, we are making some revisions and re-printing our AAAIIIC main brochure as well.

3. **Don't forget!** MICaregiver Connection: www.micaregiverconnection.com is a great resource for all Michigan families! Radio ads have begun to promote MICaregiver Connection locally. Transit authority bus wrap ads are in process…

4. **FY2027-2029 Multi-Year Area Plan/FY2027 Annual Implementation** was presented to the Branch County Board of Commissioners on July 14th. Thank you for your ongoing support of our agency's efforts! We are scheduled to present to the Michigan Commission on Services to the Aging at their September meeting.

5. **FY2027-2029 Annual Contract Request for Proposals** Grants are due tomorrow - July 24th! We will have a full agenda for the August 19th Program, Policy & Appeals Committee. Proposal Summaries will be coded for competitive bids and full grant narratives will be ready for review! Thank you in advance for your time!

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

June 30, 2026

Rebecca Burns
Health Officer
Branch-St. Joseph Area Agency on Aging
570 N. Marshall Road
Coldwater, MI 49036

Dear Ms. Burns:

Re: Approval of Mid-Year Revised Fiscal Year (FY) 2026 Area Plan Grant Budget

The Michigan State Unit on Aging has reviewed Branch-St. Joseph Area Agency on Aging's (Region IIIC AAA) mid-year Area Plan Grant Budget for FY 2026, dated June 8, 2026, for the following points:

- Mathematical accuracy
- Reasonableness of costs
- Agreement with amounts shown on the most recent Statement of Grant Award
- Match requirements
- Services listed in the approved FY 2026 area plan
- Program requirements

As a result of this review, your budget has been approved and supersedes all previous budgets for FY 2026. If you have questions, please contact Ashley Ellsworth, Regional Aging Representative, Aging Network Support Section, at Ellswortha2@michigan.gov or 517-294-9680.

Sincerely,

Scott Werner, Director
Operations & Aging Network Support Division

SW:ae

c: Brent Leininger, Board Vice-Chair, Region IIIC AAA
Laura Sutter, AAA Director, Region IIIC AAA
Amy Colletti, Manager, Financial Quality & Grant Support Section
Jen Hunt, Manager, Aging Network Support Section
Ashley Ellsworth, Regional Aging Representative, Aging Network Support Section

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

AMY EPKEY
ACTING DIRECTOR

July 7, 2026

Rebecca Burns
Health Officer
Branch-St. Joseph Area Agency on Aging
570 N. Marshall Road
Coldwater, MI 49036

Dear Ms. Burns:

The Michigan Department of Health and Human Services, State Unit on Aging (SUA), has a responsibility to assess the performance of agencies that are awarded funds under the Older Americans Act and from the Michigan Legislature. This letter is to inform you of our intent to conduct an on-site review of information submitted to this office by Branch-St. Joseph Area Agency on Aging (Region IIIC AAA) in the AAA Assessment Guide.

The assessment originally scheduled for July 13, 2026**,** has been rescheduled for August 4, 2026, at the Region IIIC AAA office located at 570 N. Marshall Road, Coldwater, Michigan. The intent of the assessment will be to determine if ongoing management and organizational procedures are established, in use, and in compliance with statewide operating standards. Please have appropriate staff available. Sample documentation will be examined.

Members of the advisory council and/or policy board who wish to observe the assessment are also invited to attend. If you have questions, please contact your Aging Network Support (ANS) Section Regional Aging Representative, Ashley Ellsworth, at ellswortha2@michigan.gov or 517-294-9680.

Sincerely,

Scott Werner

Scott Werner, Director
Operations & Aging Network Support Division

SW:ae

c: Brent Leininger, Board Chair, Region IIIC AAA
Laura Sutter, AAA Director, Region IIIC AAA
Jen Hunt, Manager, ANS Section
Ashley Ellsworth, Regional Aging Representative, ANS Section

Area Agency on Aging (IIIC) Branch-St. Joseph

570 Marshall Road, Coldwater, MI 49036
www.bhsj.org/aaa

Services to Victims of Elder Abuse Grant
FY25-26 3rd Quarter Report (St. Joseph County)

4/1/2026 to 6/30/2026

***Types of Victimization & Services Provided are based on number of occurences**

***Demographic Info is new clients only; all other categories include continuing clients**

Office: (517) 278-2538 **Toll Free (888) 615-8009**

For additional information or questions please contact:

Toni Laughlin Ph: (517) 617-5592 Email: laughlint@bhsj.org
Wendy Nowicke Ph: (269) 501-2869 Email:nowickew@bhsj.org

Demographics - New Clients	Total	Previous Qtr. Totals	YTD
Black/African-American	0	0	0
Hispanic/Latino	0	0	0
Caucasian/Non-Latino	9	18	27
Female	7	12	19
Male	2	6	8
Vulnerable: Age 18-59	1	3	4
Elderly: Age 60 and Older	8	15	23
New Clients Total	**9**	**18**	**27**
Continuing Clients	**7**	**7**	**14**
Total Clients Served	**16**	**25**	**41**

Types of Victimization	Total	Previous Qtr. Totals	YTD
Arson	0	0	0
Bullying (Verbal, Cyber or Physical)	0	6	6
Domestic or Family Violence	2	5	7
Elder Abuse or Neglect	13	24	37
Identity Theft/Fraud/Financial Crime	7	17	24
Physical Assault	0	4	4
Robbery/Burglary	0	0	0
Sexual Assault	1	5	6
Survivors of Homicide	0	0	0
Multiple Victimizations	7	25	32

Special Classification	Total	Previous Qtr. Totals	YTD
Deaf/Hard of Hearing	9	12	21
Disability	15	25	40
Homeless	1	7	8
LGBTQ	0	0	0
Veteran	1	2	3

Direct Services	Total	Previous Qtr. Totals	YTD
Crime Victims Compensation	0	0	0
Information about Criminal Justice	36	65	101
Referral to Other Services	59	64	123
Referral to Other Victim Services	0	5	5
Victim Notification	9	15	24

Services to Victims of Elder Abuse Grant
FY25-26 3rd Quarter Report (St. Joseph County)
Continued

Personal Advocacy	Total	Previous Qtr. Totals	YTD
Child/Dependent Assistance	0	0	0
Emergency Medical Care	1	0	1
Individual Advocacy	75	119	194
Intervention with Person or Institutions	59	103	162
Law Enforcement Interview	2	4	6
Transportation	24	23	47

Emotional Support or Safety Services	Total	Previous Qtr. Totals	YTD
Crisis Intervention	54	83	137
Emergency Financial Assistance	4	0	4

Shelter/Housing Services	Total	Previous Qtr. Totals	YTD
Relocation Assistance	22	22	44
Transitional Housing	0	0	0

Criminal Justice Assistance	Total	Previous Qtr. Totals	YTD
Criminal Advocacy	0	0	0
Law Enforcement Interview	0	4	4
Notification of Criminal Justice Event	1	19	20
Other Emergency Assistance	0	0	0
Personal Protective Order	0	2	2
Prosecution Interview	0	0	0
Restitution Assistance	17	39	56
Victim Impact Statement	0	2	2

Area Agency on Aging (IIIC)
Branch-St. Joseph

570 Marshall Road, Coldwater, MI 49036
www.bhsj.org/aaa

Services to Victims of Elder Abuse Grant
FY25-26 3rd Quarter Report (Branch County)

4/1/2026 to 6/30/2026

***Types of Victimization & Services Provided are based on number of occurences**

***Demographic Info is new clients only; all other categories include continuing clients**

Office: (517) 278-2538 **Toll Free (888) 615-8009**

For additional information or questions please contact:

Toni Laughlin Ph: (517) 617-5592 Email: laughlint@bhsj.org
Wendy Nowicke Ph: (269) 501-2869 Email:nowickew@bhsj.org

Demographics - New Clients	Total	Previous Qtr. Totals	YTD
Black/African-American	0	0	0
Hispanic/Latino	0	0	0
Caucasian/Non-Latino	9	20	29
Female	8	15	23
Male	1	7	8
Vulnerable: Age 18-59	1	2	3
Elderly: Age 60 and Older	8	20	28
New Clients Total	**9**	**22**	**31**
Continuing Clients	**7**	**6**	**13**
Total Clients Served	**16**	**28**	**44**

Types of Victimization	Total	Previous Qtr. Totals	YTD
Arson	0	0	0
Bullying (Verbal, Cyber or Physical)	5	7	12
Domestic or Family Violence	1	7	8
Elder Abuse or Neglect	14	24	38
Identity Theft/Fraud/Financial Crime	10	26	36
Physical Assault	0	1	1
Robbery/Burglary	4	6	10
Sexual Assault	0	0	0
Survivors of Homicide	0	0	0
Multiple Victimizations	13	27	40

Special Classification	Total	Previous Qtr. Totals	YTD
Deaf/Hard of Hearing	10	14	24
Disability	16	28	44
Homeless	2	2	4
LGBTQ	0	1	1
Veteran	3	6	9

Direct Services	Total	Previous Qtr. Totals	YTD
Crime Victims Compensation	1	2	3
Information about Criminal Justice	12	18	30
Referral to Other Services	35	77	112
Referral to Other Victim Services	0	3	3
Victim Notification	3	2	5

Services to Victims of Elder Abuse Grant
FY25-26 3rd Quarter Report (Branch County)
Continued

Personal Advocacy	Total	Previous Qtr. Totals	YTD
Child/Dependent Assistance	0	0	0
Emergency Medical Care	0	0	0
Individual Advocacy	11	75	86
Intervention with Person or Institutions	65	103	168
Law Enforcement Interview	0	8	8
Transportation	12	27	39

Emotional Support or Safety Services	Total	Previous Qtr. Totals	YTD
Crisis Intervention	7	69	76
Emergency Financial Assistance	1	8	9

Shelter/Housing Services	Total	Previous Qtr. Totals	YTD
Relocation Assistance	8	38	46
Transitional Housing	0	0	0

Criminal Justice Assistance	Total	Previous Qtr. Totals	YTD
Criminal Advocacy	2	3	5
Law Enforcement Interview	3	5	8
Notification of Criminal Justice Event	5	1	6
Other Emergency Assistance	1	11	12
Personal Protective Order	0	4	4
Prosecution Interview	2	0	2
Restitution Assistance	3	0	3
Victim Impact Statement	2	0	2

Area Agency on Aging (IIIC) Branch-St. Joseph

570 Marshall Road, Coldwater, MI 49036
www.bhsj.org/aaa

Services to Victims of Elder Abuse Grant
FY25-26 3rd Quarter Report (Both Counties)

4/1/2026 to 6/30/2026

***Types of Victimization & Services Provided are based on number of occurences**

***Demographic Info is new clients only; all other categories include continuing clients**

Office: (517) 278-2538 Toll Free (888) 615-8009

For additional information or questions please contact:

Toni Laughlin PH: (517) 617-5592 Email: laughlint@bhsj.org
Wendy Nowicke Ph: (269) 501-2869 Email:nowickew@bhsj.org

Demographics - New Clients	Total	Previous Qtr. Totals	YTD
Black/African-American	0	0	0
Hispanic/Latino	0	0	0
Caucasian/Non-Latino	18	38	56
Female	15	27	42
Male	3	13	16
Vulnerable: Age 18-59	2	5	7
Elderly: Age 60 and Older	16	35	51
New Clients Total	**18**	**40**	**58**
Continuing Clients	**14**	**13**	**27**
Total Clients Served	**32**	**53**	**85**

Types of Victimization	Total	Previous Qtr. Totals	YTD
Arson	0	0	0
Bullying (Verbal, Cyber or Physical)	5	13	18
Domestic or Family Violence	3	12	15
Elder Abuse or Neglect	27	48	75
Identity Theft/Fraud/Financial Crime	17	43	60
Physical Assault	0	5	5
Robbery/Burglary	4	6	10
Sexual Assault	1	5	6
Survivors of Homicide	0	0	0
Multiple Victimizations	20	52	72

Special Classification	Total	Previous Qtr. Totals	YTD
Deaf/Hard of Hearing	19	25	44
Disability	31	53	84
Homeless	3	9	12
LGBTQ	0	1	1
Veteran	4	8	12

Direct Services	Total	Previous Qtr. Totals	YTD
Crime Victims Compensation	1	2	3
Information about Criminal Justice	48	83	131
Referral to Other Services	94	141	235
Referral to Other Victim Services	0	8	8
Victim Notification	12	17	29

Services to Victims of Elder Abuse Grant
FY25-26 3rd Quarter Report (Both Counties)
Continued

Personal Advocacy	Total	Previous Qtr. Totals	YTD
Child/Dependent Assistance	0	0	0
Emergency Medical Care	1	0	1
Individual Advocacy	86	194	280
Intervention with Person or Institutions	12	206	218
Law Enforcement Interview	2	12	14
Transportation	36	50	86
Emotional Support or Safety Services		**Previous Qtr. Totals**	**YTD**
Crisis Intervention	61	152	213
Emergency Financial Assistance	5	8	13

Shelter/Housing Services	Total	Previous Qtr. Totals	YTD
Relocation Assistance	30	60	90
Transitional Housing	0	0	0

Criminal Justice Assistance	Total	Previous Qtr. Totals	YTD
Criminal Advocacy	2	3	5
Law Enforcement Interview	3	9	12
Notification of Criminal Justice Event	6	20	26
Other Emergency Assistance	1	11	12
Personal Protective Order	0	6	6
Prosecution Interview	2	0	2
Restitution Assistance	20	39	59
Victim Impact Statement	2	2	4

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY | YOUR LOCAL HEALTH DEPARTMENT
www.bhsj.org

Personal Health and Disease Prevention: July 23, 2026
Heidi Hazel, BSN, RN

Communicable Disease:
Data from our regional epi's.

Here is a link to the Respiratory Illness Dashboard: Respiratory Illness Dashboard.

Measles: As of July 9th there have been 2,231 confirmed measles cases in the United States for 2026. There have been 14 confirmed cases in Michigan.

Rabies: Currently 1 skunk and 21 bats. **2026 Rabies Positive Animals in Michigan.** As of July 2026, the Agency has received 65 reports of potential rabies exposures. The majority of these reports involve bats submitted for rabies testing and dog bite incidents.

Each report requires staff to conduct an investigation to assess the risk of rabies exposure, coordinate testing when appropriate, and provide guidance to those involved. In cases involving dog bites, staff verify the animal's rabies vaccination status and ensure the required 10 day quarantine and observation period is completed in accordance with Michigan public health requirements. When necessary, staff also work with healthcare providers and the Michigan Department of Health and Human Services to determine whether rabies post-exposure prophylaxis (PEP) is recommended.

Ebola: To date, no Ebola cases associated with this outbreak have been reported in the United States. As part of routine public health surveillance, staff are currently monitoring 5 travelers in accordance with protocols. At this time, there is no identified risk to the public.

Cyclosporiasis: MDHHS is investigating an outbreak of cyclosporiasis in Michigan. The source has not been identified. As of July 13th, there have been 2,640 cases. 44 reported cases indicate they had been hospitalized. The CDC is reporting that the illness is surging across 31 states.

Immunizations/STD/HIV:
The MCIR Modernization is preparing to launch on August 10th. Staff have been receiving transition updates and are prepared. We do anticipate some bumps along the way, especially when school staff return and prepare for the start of the new school year.

Clinic staff have remained busy conducting communicable disease investigations and follow-up activities. Current efforts include responding to the ongoing Cyclospora outbreak by interviewing cases, identifying potential exposures, providing education, and reporting findings to the Michigan Department of Health and Human Services.

Staff have also been actively managing tuberculosis (TB) cases through contact investigations, coordinating testing for individuals who may have been exposed, providing education, and ensuring appropriate follow-up to help prevent the spread of disease within the community.

Women, Infant, and Children (WIC):
WIC announced the soft launch of the WIC Online Shopping Solution (Beta) with Meijer. Beginning July 6th, a select group of WIC clients will be able to shop online at Meijer.com or use the most recent version of the Meijer mobile app to redeem their WIC benefits. The Sturgis Meijer is one of only 11 Meijer locations participating in this initial pilot. A text message was sent to families that had shopped at that store location within the past three months to notify them of this new shopping option.

Children's Special Health Care Services (CSHCS), Hearing/Vision and KOHA:
CSHCS: Staff have been working with several families to help them apply for the Tax Equity and Fiscal Responsibility Act (TEFRA) Medicaid program. TEFRA allows eligible children with significant physical or mental disabilities to qualify for Medicaid based on the child's eligibility rather than their parents' income and resources.

This program provides access to Medicaid coverage for children who may not otherwise qualify due to family income. It is important to note that TEFRA is not an in-home care provider program. Instead, it is a pathway for eligible children to obtain Medicaid health insurance coverage if they meet the program's requirements.

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

*FYTD=Fiscal Year To Date	Jun-26				FYTD 2025-2026 (Oct-Sept)				FYTD 2024-2025 (Oct-Sept)			
Confirmed & Probable Case Totals	**BR**	**HD**	**SJ**	**Total**	**BR**	**HD**	**SJ**	**Total**	**BR**	**HD**	**SJ**	**Total**
Anaplasmosis	0	-	2	**2**	-	-	3	**3**	-	-	-	**-**
Animal Bite/Rabies potential exposure	-	6	7	**13**		29	34	**63**	5	31	4	**40**
Babesiosis	-	-	1	**1**	-	-	1	**1**	-	-	-	**-**
Blastomycosis	-	-	-	**-**	-	-	-	**-**	-	-	-	**-**
Brucellosis	-	-	-	**-**	-	-	-	**-**	-	-	-	**-**
Campylobacter	1	1	1	**3**	7	5	6	**18**	8	8	8	**24**
Chicken Pox	-	-	-	**-**	4	-	4	**8**	-	-	-	**-**
Chlamydia	7	2	13	**22**	54	31	116	**201**	61	54	127	**242**
Coccidioidomycosis	-	-	-	**-**	-	-	-	**-**	-	-	-	**-**
CPO	-	-	-	**-**	-	-	-	**-**	-	-	-	**-**
CRE Carbapenem Resistant Enterobac.	-	-	-	**-**	1	-	-	**1**	-	-	-	**-**
Cryptosporidiosis	-	-	-	**-**	2	-	1	**3**	1	3	-	**4**
Cyclosporiasis	-	2	-	**2**	-	2	-	**2**	-	-	-	**-**
Giardiasis	-	-	-	**-**	1	-	-	**1**	1	-	1	**2**
Gonorrhea	-	-	3	**3**	10	2	38	**50**	6	10	40	**56**
H. Influenzae Disease - Inv.	-	-	-	**-**	1	3	-	**4**	-	1	2	**3**
Hepatitis B - Acute	-	1	-	**1**	-	1	-	**1**	-	-	2	**2**
Hepatitis B - Chronic	-	-	1	**1**	-	-	2	**2**	1	1	1	**3**
Hepatitis C - Acute	-	-	-	**-**	-	-	1	**1**	-	-	1	**1**
Hepatitis C - Chronic	-	-	1	**1**	1	5	14	**20**	1	4	8	**13**
Hepatitis C Unknown	-	-	-	**-**	-	-	-	**-**	1	-	-	**1**
Histoplasmosis	-	-	-	**-**	2	-	1	**3**	1	-	3	**4**
HIV/AIDS	1	-	-	**1**	2	2	-	**4**	1	-	-	**1**
Influenza	-	-	1	**1**	309	71	562	**942**	543	114	663	**1,320**
Kawasaki	-	-	-	**-**	5	-	-	**5**	-	-	-	**-**
Latent Tuberculosis	2	-	-	**2**	13	3	1	**17**	10	2	7	**19**
Legionellosis	-	-	-	**-**	7	1	4	**12**	7	1	5	**13**
Listeriosis	-	-	-	**-**	-	-	-	**-**	-	-	-	**-**
Lyme Disease	1	7	4	**12**	1	12	6	**19**	6	10	12	**28**
Measles	-	-	-	**-**	-	-	-	**-**	-	-	-	**-**
Menengitis - Aseptic	-	-	-	**-**	-	-	-	**-**	-	2	-	**2**
Menengitis - Bacterial	-	-	-	**-**	-	-	-	**-**	1	1	-	**2**
Meningococcal Disease	-	-	-	**-**	-	-	-	**-**	-	-	-	**-**
Mumps	-	-	-	**-**	-	-	-	**-**	-	-	-	**-**
Mycobacterium - Other	1	-	-	**1**	3	1	2	**6**	5	3	1	**9**
Norovirus	-	-	-	**-**	-	-	1	**1**	16	1	-	**17**
Novel Coronavirus	-	-	2	**2**	213	379	224	**816**	334	536	279	**1,149**
Pertussis	-	-	-	**-**	2	2	2	**6**	7	14	7	**28**
Salmonellosis	1	1	1	**3**	7	6	5	**18**	5	1	7	**13**
Shiga Toxin-prod. (STEC)	1	1	-	**2**	7	35	4	**46**	6	34	4	**44**
Shigellosis	-	-	-	**-**	1	-	-	**1**	-	-	1	**1**
Shingles	-	-	2	**2**	-	1	3	**4**	1	-	1	**2**
Staphylococcus Aureus Infect.	-	-	-	**-**	-	-	-	**-**	-	-	-	**-**
Strep Invasive Gp A	-	-	-	**-**	1	1	1	**3**	8	-	5	**13**
Strep Pneumonia Inv Ds.	-	-	-	**-**	4	3	8	**15**	1	3	2	**6**
Syphilis - Primary	-	1	-	**1**	2	1	-	**3**	1	-	10	**11**
Syphilis - Secondary	-	-	-	**-**	-	2	1	**3**	1	-	3	**4**
Syphilis To Be Determined	-	1	-	**1**	4	1	2	**7**	5	4	10	**19**
Trichinosis	-	-	-	**-**	-	-	-	**-**	-	1	-	**1**
Tuberculosis	1	-	-	**1**	2	-	-	**2**	1	2	-	**3**
Unusual Outbreak/Occurrence	-	-	-	**-**	-	1	1	**2**	-	-	1	**1**
VZ Infection, Unspecified	1	2	-	**3**	1	9	1	**11**	-	4	-	**4**
Yersinia Enteritis	-	-	-	**-**	-	-	-	**-**	-	1	1	**2**

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

	Jun-26					YTD 2025-2026					YTD 2024-2025				
	BR	HD	ST	TR	Total	BR	HD	ST	TR	Total	BR	HD	ST	TR	Total
CHILD IMMUNIZATIONS															
# Vaccines Given CHA	76	87	53	-	**216**	756	952	583	277	**2,568**	1,844	1,414	494	1,477	**5,229**
All VFC Doses Given	514	239	-	427	**1,180**	4,655	2,303	-	4,847	**11,805**	5,174	2,673	157	4,632	**12,636**
Waivers	2	13	5	5	**25**	83	141	45	74	**343**	102	107	27	90	**326**
ADULT IMMUNIZATIONS															
# Vaccines Given	18	9	1	-	**28**	584	124	147	284	**1,139**	443	151	134	137	**865**
All AVP Doses Given	15	9	-	2	**26**	445	99	-	251	**795**	496	136	14	148	**794**
COMMUNICABLE DISEASE															
TB Tests Done	10	1	-	-	**11**	56	46	2	16	**120**	35	81	2	18	**136**
STD treatments	-	-	3	-	**3**	6	8	12	45	**71**	9	9	-	70	**88**
HIV Testing	-	1	5	-	**6**	3	22	18	55	**98**	3	17	-	68	**88**
ENROLLMENTS															
Medicaid & Michild	-	-	-	-	**-**	4	1	1	-	**6**	11	4	-	-	**15**
REFERRAL SERVICE															
MCDC Referrals	8	5	36	13	**62**	46	26	205	220	**497**	30	25	85	144	**284**
MIHP referrals	1	-	33	18	**52**	13	-	232	273	**518**	3	-	307	367	**677**
Hearing Screens															
Pre-school	-	-	-	-	**-**	543	277	-	509	**1,329**	460	236	-	473	**1,169**
School Age	10	-	-	-	**10**	1,078	680	-	1,730	**3,488**	983	862	619	1,266	**3,730**
Vision Screens															
Pre-school	-	-	-	-	**-**	517	287	-	517	**1,321**	481	217	-	310	**1,008**
School Age	10	-	-	-	**10**	2,729	2,114	-	3,718	**8,561**	2,078	1,599	-	3,097	**6,774**
Children's Special Health Care Services															
Diagnostics	2	1	-	-	**3**	6	9	-	-	**15**	6	3	-	-	**9**
Assessments-Renewal	14	30	-	30	**74**	161	206	-	237	**604**	175	204	-	261	**640**
Assessments-New	11	11	-	10	**32**	32	144	-	61	**237**	30	68	-	46	**144**
					1,738					33,515					34,612
Leads completed	21	10	5	6	**42**	158	78	54	86	**376**					-
Leads >3.5	1	2	1	0	4	16	23	9	6	54					

2025 - 2026 Caseload [1] Management Report

LA #: 12

Name: Branch-Hillsdale-St. Joseph Community Health

State Participation/Enrollment Ratio [2]:

Jan-26	Feb-26	Mar-26	Apr-26	May-26	Curr Year P/E Ratio (last 12 months)
96.2%	96.0%	96.0%	96.2%	96.6%	96.3%

Months	Enrollment [3]	Initial Participation [4]	Closeout Participation [5]	% Change in Particiption [6]	Participation/ Enrollment Ratio[2]
Oct / 2024	4,449	4,160	4,195		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	4,106	-0.51%	93.85%
Apr / 2025	4,332	4,099	4,122	0.39%	94.62%
May / 2025	4,304	4,015	4,062	-1.46%	93.29%
Jun / 2025	4,278	4,012	4,044	-0.44%	93.78%
Jul / 2025	4,277	4,073	4,091	1.16%	95.23%
Aug / 2025	4,246	4,027	4,048	-1.05%	94.84%
Sep / 2025	4,238	4,028	4,058	0.25%	95.04%
Oct / 2025	4,223	4,049	4,060	0.05%	95.88%
Nov / 2025	4,176	3,976	4,009	-1.26%	95.21%
Dec / 2025	4,099	3,901	3,930	-1.97%	95.17%
Jan / 2026	4,120	3,899	3,932	0.05%	94.64%
Feb / 2026	4,092	3,862	3,905	-0.69%	94.38%
Mar / 2026	4,112	3,884	3,901	-0.10%	94.46%
Apr / 2026	4,043	3,835	3,865	-0.92%	94.86%
May / 2026	4,043	3,826	3,849	-0.41%	94.63%
Jun / 2026	4,092	3,835	(est[7]) 3,934		93.72%
Jul / 2026	0	0	(est[7]) 3,964		
Aug / 2026	0	0	0		
Sep / 2026	0	0	0		
Total (Year to date)	37,000	35,067	31,451		
Curr Year Avg	4,111	3,896	3,931	894.57%	94.28%
Months with Count	9	9	8	8	9
Average to Base %[8]		93.6%	94.46%		
Last yrs Base % [9]		105.5%	106.46%		
Last yrs Average	4,348	4,084	4,121		93.92%

Estimated average participation for current year to date: **3,935**

Actual average monthly participation current year to date [10]: **3,931**

Funding Allocation Information

Total Funding Allocation: $908,156

Assigned Funding Participation Count [11]:

Current Yr Base: 4,162

Previous Yr Base: 3,871

Date Generated: 07/10/2026

[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.

JULY - BOARD OF HEALTH REPORT

HEALTH EDUCATION AND PROMOTION

Included in This Month's Report:

1. **HEP Update**
2. **Community Health Worker (CHW) Update**
3. **Community Events**
4. **Social Media Update**

1. Health Education & Promotion Department Update:

The Lock It Up campaign has provided 2,200 safe storage devices through events and community partners. The campaign has generated over 214,835 views and 503 click throughs since the launch on April 5, 2026. We continue to promote our messages through our social media platforms. Our safe storage bag supply is exhausted for this year.

The July 11th safety day event at the Community Youth Center in Nottawa was attended by approximately 250 community members. The day was filled with educational opportunities including preparing your horse and buggy for the road, rules of the road, what to do in a crash, CPR, bleeding control, and the opportunity to get hands on with police cruisers, fire trucks, an ambulance, and medical helicopter. The event was well received and the first responders learned right along with the community members.

The Health Education & Promotion team continues work on the Hillsdale County Opioid Committee's asset mapping project for substance use services. We updated the Hillsdale Opioid Committee on July 8th. Our next meeting with the county IT department is July 21st. We have created a first draft of a printable resource guide.

We continue our collaboration work across the three counties including Substance Abuse Task Forces, Child Abuse Prevention, Human Services Networks, Better Birth Outcomes, and Transportation.

There were 13 media stories in since the last Board of Health meeting that mentioned the agency. Half of these stories are related to cyclosporiasis. We have issued 3 press releases since the June Board of Health meeting. We are preparing to run radio ads on WBET now through August 15th for MI Caregiver Connection and AAA. Radio ads will also be placed for this program on WLKM and WTVB.

2. Community Health Worker Program:

The program has been very busy in the past month. We continue to receive referrals from multiple agencies across the jurisdiction. We have 40 active clients and held 27 face-to-face appointments in June. Currently we are serving 10 homeless individuals and 7 dialysis patients. We are making plans to outreach to the dialysis centers in Hillsdale and St. Joseph counties as well. We continue to work on relationships with law enforcement, fire departments, EMS, VA, and our community resource partners. We have been notified that Covered Bridge will not be renewing our contract as they have secured funding for a full time CHW. We are pleased to have been a part of the growth of the CHW's role within their operations.

The greatest needs requested were assistance with Housing or homelessness, MDHHS Services applications (Medicaid, Food Assistance, and State Emergency Relief), Community Partner resources (domestic violence, utility shut off, and housing), and Social Security applications for retirement and disability.

JULY - BOARD OF HEALTH REPORT

HEALTH EDUCATION AND PROMOTION

3. Community Events:

We have supported, participated, or will be participating in the following events:

6/23- Safety Fair (Hillsdale)
7/10- Friendship Friday (St. Joseph County)
7/11- Amish Safety Day (St. Joseph County)
7/13 – Kings Kupboard (Hillsdale County)
7/17- Polish Festival (Branch County)
7/28- MSP Safety Day (Materials shared in Lansing)
8/7- Sturgis Head Start Enrollment Event (St. Joseph County)
8/8- Huss Community Carnival (St. Joseph County)
8/10- Kings Cupboard (Hillsdale County)
8/24- Eby Center (Branch County)
8/28- VA Resource Fair (Branch County)

Social Media Update

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

- Alzheimer's & Brain Awareness Month
- Oral Health Month
- Lock it up campaign
- Grill safety tips
- Teen Mental Health Resources
- STI testing
- WIC mobile clinics
- Tick tips
- Pool Safety Month
- Excessive Heat Month
- Sickle Cell Awareness Day (June 19) – CSHCS
- Mosquito Awareness Week (June 24–30)
- HIV Testing Day (June 27)
- Ready.gov/EP: Pet Preparedness & Summer Heat Safety

Additionally, we support ongoing messaging of the following:

- WIC Monthly Social Media Toolkit
- MDHHS Safe Sleep Toolkit
- Medicaid Navigation Assistance
- BHSJ Nursing Nest
- Breastfeeding Classes
- Ready for Kindergarten Clinics (New Hillsdale/Three Rivers dates added)

JULY - BOARD OF HEALTH REPORT

HEALTH EDUCATION AND PROMOTION

Social Media Data (As of July 1st, 2026)								
	# of Followers Facebook & Instagram	**Instagram Reach**	**YouTube Views Amount of times content was played or displayed**	**Next Door Impressions Total count of all views and related interactions.**	**Facebook Views Amount of times content was played or displayed.**	**Video # and Topic**	**Agency Mentions in Local Media**	**Boosted Activities # and Topic**
June	*4,509*	1,786 ***(Down .3% from May)***	***145***	***3005***	80,100 ***(Down 28.3% from May)***	**Videos shared (4)**: Summer travel vaccinations, Breastfeeding Peer- CLC certification, Vector Tech/tick dragging, Lead testing.	*6*	5- THC/Pregnancy, Driving under the influence of THC, THC/Breastfeeding THC/Developing Brain, Teen mental health resources
TOTAL TO DATE Since 10/1/22	***3 NEW followers since last report***	*37,255*	*145*	*3,005*	*1,539,720*	*93*	*561*	*52*

Branch-Hillsdale-St. Joseph Community Health Agency
Environmental Public Health Services
Report for the July 23, 2026 Board of Health Meeting
Prepared by Joseph Frazier R.E.H.S. , Director of Environmental Health

Food Program Updates

Food staff continue to work with Temporary Food operators throughout the week and on weekends. They are seeing a strong presence of both commercial operators and local groups providing food at small pop-up events across the Tri-County area.

Staff are also working with the Branch County Fairgrounds in preparation for the upcoming fair in August. This is the only fair in the Tri-County area inspected by our Agency and requires staff from all three counties to be on-site to assist with inspections. Last year, staff conducted 18 temporary, risk-based, and STFU inspections during fair week, with the majority taking place on the opening Monday.

Across the Tri-County area, several local food facilities have recently opened to the public:

- Wraps N Go – Change of ownership, Branch County
- Culver's of Three Rivers – Change of ownership, St. Joseph County

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Wells, Septic, Pools, Vector, and Campgrounds

Staff across the well, septic, campground, and pool programs have been very active over the past month. In June alone, Tri-County staff issued and inspected 100 well permits and 45 septic permits.

At the end of July, our Agency will be hosting the Remediation and Redevelopment Division with EGLE. This training will cover PFAS, the RIDE Mapper, and other contamination control topics.

At the time of this report, all three clerks have started and are several weeks into training with Abby. Sandra, Amanda, and Connie have done an excellent job absorbing information and continue to learn while also helping to improve our processes.

EH Service Statistics Report

BRANCH - HILLSDALE - ST. JOSEPH COMMUNITY HEALTH AGENCY

ENVIRONMENTAL HEALTH SERVICE REPORT 2025/2026

	JUNE				YTD 2025/2026				YTD 2024/2025			
	BR	HD	SJ	TOTAL	BR	HD	SJ	TOTAL	BR	HD	SJ	TOTAL
WELL/SEWAGE SYSTEM EVAL.	1	-	-	1	5	7	2	14	2	6	25	33
CHANGE OF USE EVALUATIONS - FIELD	8	2	3	13	28	38	30	96	21	55	44	120
CHANGE OF USE EVALUATIONS - OFFICE	11	7	20	38	52	27	86	165	45	24	62	131
ON-SITE SEWAGE DISPOSAL												
PERMITS NEW CONSTRUCTION	9	12	10	31	38	53	62	153	56	66	71	193
REPAIR/REPLACEMENT	7	2	15	24	56	35	87	178	44	41	77	162
VACANT LAND EVALUATION	3	6	1	10	10	18	14	42	8	14	8	30
PERMITS DENIED	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	17	15	26	65	102	101	163	373	108	121	156	385
SEWAGE PERMITS INSPECTED	11	20	14	45	77	74	117	268	57	73	112	242
WELL PERMITS ISSUED	15	16	27	58	115	124	154	393	118	111	140	369
WELL PERMITS INSPECTED	15	8	19	42	105	139	125	369	110	86	155	351
FOOD SERVICE INSPECTION												
PERMANENT	21	18	18	57	187	201	284	672	189	203	296	688
NEW OWNER / NEW ESTABLISHMENT	1	1	1	3	13	9	16	38	9	4	17	30
FOLLOW-UP INSPECTION	2	-	1	3	6	6	6	18	2	5	7	14
TEMPORARY	9	1	14	24	28	10	42	80	24	13	40	77
MOBILE,STFU	4	1	18	23	32	22	78	132	24	26	76	126
PLAN REVIEW APPLICATIONS	2	1	1	4	7	9	8	24	9	4	9	22
FOOD RELATED COMPLAINTS	2	-	-	2	15	5	9	29	10	-	6	16
FOODBORNE ILLNESS INVESTIGATED	-	-	1	1	2	-	2	4	2	1	5	8
FOOD CLASSES												
MANAGEMENT CERTIFICATION CLASS	-	-	-	-	-	-	-	5	-	5	5	10
CAMPGROUND INSPECTION	6	-	1	7	6	-	1	7	7	5	5	17
NON-COMM WATER SUPPLY INSP.	1	4	3	8	7	25	22	64	13	18	23	54
SWIMMING POOL INSPECTION	6	4	-	10	19	12	11	42	19	14	12	45
PROPOSED SUBDIVISION REVIEW	-	-	-	-	-	-	-	-	-	-	-	-
SEPTIC TANK CLEANER	1	-	-	1	8	-	-	8	9	1	16	26
DHS LICENSED FACILITY INSP.	-	-	5	5	4	21	28	53	11	16	26	53
COMPLAINT INVESTIGATIONS	4	6	1	11	19	41	12	72	22	36	17	75
LONG TERM MONITORING	-	-	-	-	3	1	16	-	-	-	11	11
BODY ART FACILITY INSPECTIONS	1	-	-	1	3	1	10	14	3	5	10	18

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY | YOUR LOCAL HEALTH DEPARTMENT

570 Marshall Road
Coldwater, MI 49036
(517) 279 - 9561ext. 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: 06/01/2026 - 06/30/2026

County	Inspection Type / Reason	Count
Branch County		
Food Safety		
	Consultation - Plan Review Consultation	1
	Non Foodborne Illness Complaint - Initial	2
	Pre-Opening - Pre-Opening	1
	Risk Based Inspection - Follow-up	2
	Risk Based Inspection - Routine	21
	STFU Inspection - Routine	3
	STFU Pre-Opening - Pre-Opening	1
	Temporary Food Inspection - Routine	9
	Total # of Food Safety inspections - Branch County	**40**
Hillsdale County		
Food Safety		
	Pre-Opening - Pre-Opening	1
	Risk Based Inspection - Routine	18
	STFU Pre-Opening - Pre-Opening	1
	Temporary Food Inspection - Routine	1
	Total # of Food Safety inspections - Hillsdale County	**21**
Outside of District		
Food Safety		
	STFU Inspection - Routine	2
	Total # of Food Safety inspections - Outside of District	**2**

Inspection Type Count By County

For Date Range: 06/01/2026 - 06/30/2026

County	Inspection Type / Reason	Count
St. Joseph County		
Food Safety		
	Foodborne Illness Complaint - Initial	1
	Pre-Opening - Pre-Opening	1
	Progress Note - New Inspection Reason	2
	Risk Based Inspection - Follow-up	1
	Risk Based Inspection - Routine	18
	STFU Inspection - Routine	17
	STFU Pre-Opening - Pre-Opening	1
	Temporary Food Emergency Response - Power Outage	1
	Temporary Food Inspection - Routine	13
	Total # of Food Safety inspections - St. Joseph County	**55**
	Total # of inspections - All counties	**118**

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY | YOUR LOCAL HEALTH DEPARTMENT

570 Marshall Road
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20 Care Drive
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(517) 437 – 7395 ext. 331

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

Food Establishment Inspection Report by Facility Name

For Date Range: 06/01/2026 - 06/30/2026 and Food Program

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
Adventure Zone Inc	Coldwater	06/09/2026	Risk Based Inspection - Routine	0	0	0	1
Ambassador's for Christ	Three Rivers	06/19/2026	Temporary Food Inspection - Routine	0	0	0	0
American Axel Manufacturing	Three Rivers	06/08/2026	Risk Based Inspection - Routine	1	0	1	0
AMERICAN LEGION 73	Sturgis	06/25/2026	Risk Based Inspection - Routine	0	0	0	0
American Legion Post #52	Coldwater	06/24/2026	Risk Based Inspection - Routine	0	0	0	0
American Legion Post 53	Hillsdale	06/26/2026	Risk Based Inspection - Routine	0	0	0	0
American Legion Rec Club	Quincy	06/24/2026	Risk Based Inspection - Routine	0	1	0	0
AMIGO CENTRE (Food)	Sturgis	06/26/2026	Risk Based Inspection - Routine	0	0	0	1
Anderson Expo Lemonade	Standish	06/22/2026	STFU Inspection - Routine	0	0	0	0
Anderson Expo Slushies	Standish	06/22/2026	STFU Inspection - Routine	0	0	0	0
Anderson Foods Hot Dogs	Standish	06/19/2026	STFU Inspection - Routine	0	0	0	0
Anderson Foods Popcorn	Standish	06/19/2026	STFU Inspection - Routine	0	0	0	0
Applebee's #8399	Three Rivers	06/11/2026	Risk Based Inspection - Routine	1	1	0	1
Arby's 8946	Sturgis	06/01/2026	Risk Based Inspection - Routine	0	0	0	2

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
Arctic Shaved Ice	Coldwater	06/22/2026	Temporary Food Inspection - Routine	0	0	0	0
BCCADSV / Hope Cafe	Coldwater	06/03/2026	Risk Based Inspection - Routine	0	0	0	1
Bellic River Group DBA Bens Soft Pretzel	Shipshewana	06/19/2026	STFU Inspection - Routine	0	0	0	0
Betzer Community Church	Pittsford	06/15/2026	Temporary Food Inspection - Routine	0	0	0	0
Biggby Coffee #254	Coldwater	06/22/2026	Temporary Food Inspection - Routine	0	0	0	0
Biggby Coffee #254	Coldwater	06/26/2026	Temporary Food Inspection - Routine	0	0	0	0
Branch County Coalition Against Domestic Violence & Sexual Assault	Coldwater	06/05/2026	Temporary Food Inspection - Routine	0	0	0	0
Branch County Shriners Club	Coldwater	06/22/2026	Temporary Food Inspection - Routine	0	0	0	0
Brewhouse BBQ	Sturgis	06/25/2026	STFU Inspection - Routine	0	0	0	0
Camp Selah	Reading	06/30/2026	Risk Based Inspection - Routine	0	0	0	0
Capri Drive In Theater Refresh St	Coldwater	06/11/2026	Risk Based Inspection - Routine	0	0	0	0
CC S Diner	Bronson	06/08/2026	Risk Based Inspection - Routine	1	0	1	0
Centreville Lions Club	Centreville	06/30/2026	Temporary Food Inspection - Routine	0	0	0	0
CHURCH OF THE NAZARENE	STURGIS	06/25/2026	Risk Based Inspection - Routine	1	0	1	0
Coldwater Broadway Grille	Coldwater	06/25/2026	Risk Based Inspection - Follow-up	0	0	0	0
Coldwater Burger King #4652	Coldwater	06/02/2026	Non Foodborne Illness Complaint - Initial	0	0	0	2
Coldwater Free Methodist Church	Coldwater	06/30/2026	Risk Based Inspection - Routine	1	0	1	0
Commercial Sports Bar	Coldwater	06/11/2026	Risk Based Inspection - Routine	0	0	0	0
CONSTANTINE LITTLE LEAGUE	Lane Constantine	06/11/2026	Risk Based Inspection - Routine	0	0	0	0
COTTAGE INN PIZZA	Hillsdale	06/30/2026	Risk Based Inspection - Routine	1	0	1	0
Creative Dining Services Satellite Kitchen	Sturgis	06/01/2026	Risk Based Inspection - Routine	1	0	1	0
Culver's of Three Rivers	Three Rivers	06/12/2026	Pre-Opening - Pre-Opening	0	0	0	0
Dairy Queen	Sturgis	06/25/2026	Risk Based Inspection - Routine	0	0	0	1
Dawn's Cafe LLC	Colon	06/15/2026	Risk Based Inspection - Routine	0	0	0	1
Dripping Diesel Coffee LLC	Sturgis	06/12/2026	Temporary Food Inspection - Routine	0	0	0	0
Dripping Diesel Coffee LLC	Sturgis	06/30/2026	Temporary Food Inspection - Routine	0	0	0	0

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
EL Cunado Mexican Cuisine	Coldwater	06/03/2026	Risk Based Inspection - Routine	1	1	2	1
Ethan's Donut Factory	Hillsdale	06/09/2026	Risk Based Inspection - Routine	0	1	1	1
EZ-FREEZ-E'S LLC	Camden	06/10/2026	STFU Pre-Opening - Pre-Opening	0	0	0	0
Farmhouse Kitchen and Ale	Camden	06/19/2026	Risk Based Inspection - Routine	1	0	1	1
Farrand Hall Event Center	Colon	06/15/2026	Risk Based Inspection - Routine	0	0	0	0
First Baptist Church	Coldwater	06/09/2026	Risk Based Inspection - Routine	0	1	1	0
FIRST PRESBYTERIAN CHURCH	HILLSDALE	06/03/2026	Risk Based Inspection - Routine	0	0	0	0
FIRST UNITED METHODIST CHURCH	Three Rivers	06/16/2026	Progress Note - New Inspection Reason	0	0	0	0
Five Star Pizza	Bronson	06/10/2026	Risk Based Inspection - Routine	1	0	1	1
Flying Club of Branch County	Coldwater	06/08/2026	Temporary Food Inspection - Routine	0	0	0	0
FREDDIE'S FREEZE INC	SOMERSET CENTER	06/22/2026	Risk Based Inspection - Routine	0	0	0	0
Frozen Cow	Three Rivers	06/22/2026	STFU Inspection - Routine	0	0	0	0
HILLSDALE BREWING COMPANY	HILLSDALE	06/09/2026	Risk Based Inspection - Routine	0	0	0	1
Hillsdale County Senior Service Center	Hillsdale	06/25/2026	Risk Based Inspection - Routine	0	0	0	0
HILLSDALE FREE METHODIST CHURCH	HILLSDALE	06/03/2026	Risk Based Inspection - Routine	2	0	2	1
Homestead Cinnamon Rolls	Colon	06/18/2026	STFU Inspection - Routine	0	0	0	0
Hope Church	Coldwater	06/22/2026	Risk Based Inspection - Routine	0	0	0	0
Humane Society of Branch County	Quincy	06/02/2026	Temporary Food Inspection - Routine	0	0	0	0
Iglesia Rias de Aqua Viva	Sturgis	06/26/2026	Temporary Food Inspection - Routine	0	0	0	0
Insight Hospital & Medical Center Coldwater	Coldwater	06/08/2026	Non Foodborne Illness Complaint - Initial	0	0	0	0
Island Hills	Centreville	06/24/2026	Risk Based Inspection - Follow-up	0	0	0	0
Jackie's Concessions Elephant Ears	Standish	06/22/2026	STFU Inspection - Routine	0	0	0	0
Jackie's Concessions French Fries	Standish	06/22/2026	STFU Inspection - Routine	0	0	0	0
Jay'z BBQ	STURGIS	06/23/2026	STFU Inspection - Routine	0	0	0	0
Jeannes Diner	Coldwater	06/24/2026	Risk Based Inspection - Routine	0	0	0	2
Jims Place	Coldwater	06/03/2026	Risk Based Inspection - Routine	1	0	1	0

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
Kairos Coffee	Quincy	06/30/2026	STFU Pre-Opening - Pre-Opening	0	0	0	0
Kick' n Kountry Temporary - Kick' n Kountry Temporary	Coldwater	06/22/2026	Temporary Food Inspection - Routine	0	0	0	0
Kiwanis Club of Sturgis	Sturgis	06/25/2026	Temporary Food Inspection - Routine	0	0	0	0
Kra-Tib Thai & Isaan Cuisine - Temporary Food Inspection		06/22/2026	Temporary Food Inspection - Routine	0	0	0	0
La Michoacana House of Sabor	Coldwater	06/26/2026	Risk Based Inspection - Follow-up	0	0	0	0
Lake Templene Garage Sale	Sturgis	06/15/2026	Temporary Food Inspection - Routine	0	0	0	0
Little Caesars	Hillsdale	07/01/2026	Pre-Opening - Pre-Opening	1	0	1	1
Loves 2 Sip	Three Rivers	06/11/2026	STFU Pre-Opening - Pre-Opening	0	0	0	0
Magic Capital Grille LLC	Colon	06/15/2026	Risk Based Inspection - Routine	0	0	0	2
Majoor's Concessions	Comstock Park	06/22/2026	STFU Inspection - Routine	0	0	0	0
McDonalds of Coldwater	Coldwater	06/02/2026	Risk Based Inspection - Routine	0	0	0	0
Michindoh Conference Center	Hillsdale	06/10/2026	Risk Based Inspection - Routine	0	0	0	1
Ohana Kalea Shave Ice	Lagrange	06/26/2026	STFU Inspection - Routine	0	0	0	0
Overflowing Cups & Cones	Hillsdale	06/03/2026	Risk Based Inspection - Routine	0	0	0	0
Quincy Baseball & Softball Association	Quincy	06/05/2026	Risk Based Inspection - Routine	0	0	0	0
Quincy Youth Sports	Quincy	06/09/2026	Temporary Food Inspection - Routine	0	0	0	0
Rollin' Smoke BBQ	Marcellus	06/25/2026	Temporary Food Inspection - Routine	0	0	0	0
Root 12 Bar & Grill	Sturgis	06/10/2026	Foodborne Illness Complaint - Initial	0	0	0	2
S Douglas Concessions - Out of County STFU Inspection	Concord	06/22/2026	STFU Inspection - Routine	0	0	0	0
Side Street Beer Bar	Coldwater	06/23/2026	Risk Based Inspection - Routine	0	0	0	0
Skate Ranch Inc	Coldwater	06/02/2026	Risk Based Inspection - Routine	0	0	0	0
Small Town Girl Concessions	Coldwater	06/26/2026	STFU Inspection - Routine	0	0	0	0
Smittys Pizza & Subs LLC	Bronson	06/08/2026	Risk Based Inspection - Routine	0	0	0	1
Sozo Church of Hillsdale	Hillsdale	06/02/2026	Risk Based Inspection - Routine	0	0	0	0
St. Joe's Cafe	Hillsdale	06/17/2026	Risk Based Inspection - Routine	1	1	2	0

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
Starbucks Coffee #61499	Three Rivers	06/17/2026	Risk Based Inspection - Routine	0	1	1	1
Sturgis Missionary Church	Sturgis	06/15/2026	Temporary Food Inspection - Routine	0	0	0	0
STURGIS PIZZA HUT	STURGIS	06/24/2026	Risk Based Inspection - Routine	0	0	0	0
Sturgis Youth Soccer & Rocket Football	Sturgis	06/27/2026	Risk Based Inspection - Routine	0	0	0	0
Subway @ 131	THREE RIVERS	06/17/2026	Risk Based Inspection - Routine	0	1	0	0
SWAT - Sweets with a Twist	Three Rivers	06/19/2026	STFU Inspection - Routine	0	0	0	0
Sweet Basil	White Pigeon	06/19/2026	STFU Inspection - Routine	0	0	0	0
Sweet Bellies	Three Rivers	06/22/2026	STFU Inspection - Routine	0	0	0	0
Sweets on the Street	Fort Wayne	06/22/2026	STFU Inspection - Routine	0	0	0	0
Taco Trailer & MSS Foods	Standish	06/22/2026	STFU Inspection - Routine	0	0	0	0
Tacos Guerrerenses II	Constantine	06/19/2026	STFU Inspection - Routine	0	0	0	0
Tacos Guerrerenses II	Constantine	06/25/2026	STFU Inspection - Routine	0	0	0	0
The Bronson Strike Zone	Bronson	06/12/2026	Risk Based Inspection - Routine	0	0	0	2
The Chicken Shack of Constantine LLC	Constantine	06/23/2026	Progress Note - New Inspection Reason	0	0	0	0
THE DECK DOWN UNDER	Jerome	06/22/2026	Risk Based Inspection - Routine	0	0	0	0
THE HUNT CLUB OF HILLSDALE	HILLSDALE	06/26/2026	Risk Based Inspection - Routine	0	0	0	0
The Oaks	Jonesville	06/22/2026	Risk Based Inspection - Routine	0	0	0	0
Three Rivers Fire Department	Three Rivers	06/19/2026	Temporary Food Inspection - Routine	0	0	0	0
Three Rivers Fire Department	Three Rivers	06/22/2026	Temporary Food Inspection - Routine	0	0	0	0
United Way St. Joseph County	Sturgis	06/16/2026	Temporary Food Emergency Response - Power Outage	0	0	0	0
Vel's	Three Rivers	06/19/2026	Temporary Food Inspection - Routine	0	0	0	0
WINGS ETC...	Sturgis	06/10/2026	Risk Based Inspection - Routine	0	0	0	2
Wrap N Go	Coldwater	06/16/2026	Consultation - Plan Review Consultation	0	0	0	0
Wrap N Go	Coldwater	06/29/2026	Pre-Opening - Pre-Opening	0	0	0	1
Wright Street Park Concession Stand	Jonesville	06/09/2026	Risk Based Inspection - Routine	0	0	0	0
YMCA CAMP EBERHART (Food)	Three Rivers	06/30/2026	Risk Based Inspection - Routine	0	0	0	0

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
Zheng's Super Grand Buffet	Coldwater	06/17/2026	Risk Based Inspection - Routine	2	0	1	0
				17	**8**	**20**	**31**

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 6/1/2026 Through 6/30/2026

Payee	Check Amount	Check Number	Effective Date
Accident Fund	3,379.25	26.06.12 P.01	6/12/2026
Action Quick Print Plus	239.00	26.06.12 A.01	6/12/2026
Action Quick Print Plus	912.00	26.06.26 A.01	6/26/2026
Aflac Group Insurance	1,456.48	26.06.18 R.01	6/18/2026
Alert Medical Alarms	169.70	55194	6/12/2026
Amazon Capital Services, Inc	76.49	26.06.12 P.02	6/12/2026
Amazon Capital Services, Inc	73.56	26.06.26 P.01	6/26/2026
Angela Shedd	2,618.85	26.06.12 A.02	6/12/2026
Angela Shedd	2,747.35	26.06.26 A.02	6/26/2026
Barbara Krzyzanski	175.00	26.06.12 A.03	6/12/2026
Barbara Krzyzanski	297.50	26.06.26 A.03	6/26/2026
Barbara P. Foley	46.16	55192	6/5/2026
Barbara P. Foley	46.16	55209	6/18/2026
Beacon Properties Administration	4,533.45	26.06.26 A.04	6/26/2026
Bill & Gretta Schermerhorn	235.00	55211	6/26/2026
Branch Area Transit Authority	1,769.17	26.06.12 A.04	6/12/2026
Branch County Commission	26,427.44	26.06.12 A.05	6/12/2026
Branch County Complex	5,694.28	26.06.26 A.05	6/26/2026
Card Services Center	1,929.25	26.06.26 P.04	6/26/2026
Center for Information Mgmnt	1,425.00	26.06.12 A.06	6/12/2026
Century Bank - Hillsdale Maintenance	2,000.00	26.06.26 A.06	6/26/2026
Century Bank - Three Rivers Maintenance	2,000.00	26.06.26 A.07	6/26/2026
Century EFTPS	29,125.39	26.06.05 R.01	6/5/2026
Century EFTPS	31,116.76	26.06.18 R.02	6/18/2026
Century FSA	129.00	26.06.05 R.02	6/5/2026
Century FSA	129.00	26.06.18 R.03	6/18/2026
Century Mastercard	2,703.20	26.06.12 P.03	6/12/2026
Century MERS	45,546.93	26.06.12 A.07	6/12/2026
Century MERS	45,407.25	26.06.26 A.08	6/26/2026
Century State/Michigan State Treasury	10,700.70	26.06.18 R.04	6/18/2026
Charter Communications	150.00	26.06.26 P.05	6/26/2026
Cintas Corporation Loc 351	97.48	26.06.12 P.04	6/12/2026
City Of Coldwater	180.00	26.06.26 A.09	6/26/2026
City Of Three Rivers	270.00	26.06.12 A.08	6/12/2026
Comcast	251.90	26.06.26 P.06	6/26/2026
ConnectAmerica	95.00	26.06.12 A.09	6/12/2026
Crossroads Home Care Inc.	2,068.80	26.06.12 A.10	6/12/2026
DELTA DENTAL	4,228.89	26.06.26 A.10	6/26/2026
DiningRD	3,313.01	26.06.12 A.11	6/12/2026
DL Gallivan Office Solutions	1,594.62	55212	6/26/2026
Docuphase	21,864.50	26.06.12 A.12	6/12/2026
Dr. Karen M. Luparello	4,606.25	26.06.12 A.13	6/12/2026
e3 Diagnostics	1,906.00	26.06.12 A.14	6/12/2026
Empower	4,759.00	26.06.05 R.03	6/5/2026
Empower	7,877.64	26.06.05 R.04	6/5/2026
Empower	4,759.00	26.06.18 R.05	6/18/2026
Empower	7,863.85	26.06.18 R.06	6/18/2026
Erie Street Apartments	245.00	55195	6/12/2026
FedEx	6.00	26.06.12 P.05	6/12/2026
FedEx	12.02	26.06.26 P.07	6/26/2026
Frontier	370.38	26.06.26 P.08	6/26/2026
GDI Services Inc.	5,354.16	26.06.26 A.11	6/26/2026

Payee	Check Amount	Check Number	Effective Date
Glaxo-Smithkline Financial Inc.	11,679.07	26.06.12 A.15	6/12/2026
GT INDEPENDENCE	7,620.87	26.06.12 A.16	6/12/2026
Health Equity	3,396.88	26.06.05 PR.01	6/5/2026
Health Equity	3,449.58	26.06.18 PR.01	6/18/2026
Hedgerow Software US, Inc.	13,000.00	26.06.12 A.17	6/12/2026
Helping Angels Home Care LLC	2,992.64	26.06.12 A.18	6/12/2026
Hillsdale County Treasurer	745.50	26.06.12 A.19	6/12/2026
Home Roots Companion & Home Care Services LLC	3,255.84	26.06.12 A.20	6/12/2026
HomeJoy of Kalamzoo	4,943.58	26.06.12 A.21	6/12/2026
Hospital Network Healthcare Services	129.50	26.06.12 A.22	6/12/2026
Indiana MI Power Company	567.05	26.06.12 P.06	6/12/2026
Indiana State Tax	204.36	26.06.18 R.07	6/18/2026
INTERSTATE ALL BATTERY CENTER	145.23	55196	6/12/2026
JACKSON PUBLISHING CO.	1,211.25	55197	6/12/2026
LA Colonial Properties, LLC	3,421.99	55213	6/26/2026
Laboratory Corporation of America	310.40	26.06.12 A.23	6/12/2026
Lajoy Fl, LLC	2,623.92	26.06.12 A.24	6/12/2026
Legal Services Of S.Central MI	1,620.00	26.06.12 A.25	6/12/2026
Maplecrest, LLC	1,361.80	26.06.26 A.12	6/26/2026
McKesson Medical-Surgical Gov. Solutions LLC	605.48	26.06.12 P.07	6/12/2026
McKibbin Media Group	799.98	55198	6/12/2026
Medical Care Alert	322.90	26.06.12 A.26	6/12/2026
Merck Sharp & Dohme LLC	6,749.78	55199	6/12/2026
MI Security & Lock, LLC	797.90	55214	6/26/2026
Michigan Gas	47.14	55215	6/26/2026
Michigan Public Health Institute	1,383.28	26.06.12 A.27	6/12/2026
Michigan State Disbursement Unit	190.11	55193	6/5/2026
Michigan State Disbursement Unit	190.11	55210	6/18/2026
Midwest Communications	680.00	55200	6/12/2026
Midwest Communications	120.00	55216	6/26/2026
Nationwide	50.00	26.06.05 R.05	6/5/2026
Nationwide	50.00	26.06.18 R.08	6/18/2026
Ohio State Tax	48.61	26.06.18 R.09	6/18/2026
PFIZER INC	2,903.53	55201	6/12/2026
Pitney Bowes Inc.	483.30	26.06.26 P.09	6/26/2026
Principal Life Insurance Company	1,910.43	26.06.26 P.10	6/26/2026
ProAssurance Indemnity Company, Inc	1,114.00	26.06.12 P.08	6/12/2026
Prompt Care Express PC	320.00	55202	6/12/2026
Purfoods LLC dba Mom's Meals	220.10	26.06.12 A.28	6/12/2026
R. Johnson Builders, inc	40,000.00	55203	6/12/2026
Region 3B Area Agency on Aging	114.35	55204	6/12/2026
Reserve Account	3,000.00	26.06.26 A.13	6/26/2026
Richard Clark	2,929.80	26.06.26 A.14	6/26/2026
Riley Pumpkin Farm	425.00	26.06.26 A.15	6/26/2026
Rosati Schultz Joppich Amtsbueshler	2,880.00	26.06.26 A.16	6/26/2026
ROSE PEST SOLUTIONS	89.00	26.06.26 A.17	6/26/2026
Sanofi Pasteur Inc.	3,018.25	26.06.12 P.09	6/12/2026
Semco Energy	60.52	26.06.26 P.11	6/26/2026
Shaffmasters U-Stor-n-Lock	150.00	26.06.26 A.18	6/26/2026
Shred It	112.95	26.06.12 P.10	6/12/2026
Smilemakers	19.98	26.06.12 A.29	6/12/2026

Branch-Hillsdale-St Joseph Community Health Agency
Check/Voucher Register - Check Register for BOH
00103 - Cash - Accounts Payable
From 6/1/2026 Through 6/30/2026

Payee	Check Amount	Check Number	Effective Date
Smilemakers	114.89	26.06.26 A.19	6/26/2026
St Joseph County COA	29,569.80	26.06.12 A.30	6/12/2026
St Joseph County Transit Authority	2,493.15	26.06.12 A.31	6/12/2026
Staples	552.40	26.06.12 P.11	6/12/2026
State of Mich EGLE	18.00	55205	6/12/2026
State Of Michigan	4,998.00	55206	6/12/2026
State of Michigan-Dept	69.00	55207	6/12/2026
Stratus Video, LLC	2,582.34	26.06.12 A.32	6/12/2026
Swick Broadcasting Company	800.00	55208	6/12/2026
Teletask Inc.	600.00	55217	6/26/2026
TelNet Worldwide	2,008.23	26.06.12 A.33	6/12/2026
Verdant Commercial Capital	1,322.75	26.06.26 P.12	6/26/2026
Verizon	1,770.84	26.06.12 P.12	6/12/2026
VRI INC.	54.00	26.06.12 A.34	6/12/2026
Western Michigan Health Insurance Pool Trust	54,827.96	26.06.26 P.13	6/26/2026
Report Total	531,230.14		

Branch-Hillsdale-St Joseph Community Health Agency
Balance Sheet - Unposted Transactions Included In Report
As of 6/30/2026

	Current Period Balance
Assets	
Cash on Hand	8,957.52
Cash with County Treasurer	3,336,768.94
Community Foundation Grant	309,955.94
Cash HD Building Maintenance	74,659.03
Cash TR Building Maintenance	99,331.33
Accounts Receivable	39,847.69
Due from Dental DAPP	1,275.67
Due from State	116,166.86
Due from Other Funding Sources	211,762.39
Prepaid Expenses	193,635.26
Biologic Inventory	104,261.83
Total Assets	4,496,622.46
Liabilities	
Accounts Payable	43,697.84
Payroll Liabilites	201,486.38
Deferred Revenue	165,280.68
Biologics	104,261.83
Total Liabilities	514,726.73
Net Assets	
Operation Fund Balance	403,267.68
Restricted Fund Balance	448,614.84
Designated Fund Balance	3,130,013.21
Total Net Assets	3,981,895.73
Total Liabilities and Net Assets	4,496,622.46

BHSJ Community Health Agency
Schedule of Cash Receipts and Disbursements
October 1, 2025 thru
June 30, 2026

Plus: Cash Receipts		$628,471.27
Less: Cash Disbursements For Payroll/AP	$	(772,650.24)
10/31/2025 Cash Balance	**$**	**3,970,394.32**
Plus: Cash Receipts		$633,432.70
Less: Cash Disbursements For Payroll/AP	$	(663,990.11)
11/30/2025 Cash Balance	**$**	**3,939,836.91**
Plus: Cash Receipts		$620,491.36
Less: Cash Disbursements For Payroll/AP	$	(639,361.22)
12/31/2025 Cash Balance	**$**	**3,920,967.05**
Plus: Cash Receipts		$847,544.81
Less: Cash Disbursements For Payroll/AP	$	(894,796.16)
1/31/2026 Cash Balance	**$**	**3,873,715.70**
Plus: Cash Receipts		$572,212.52
Less: Cash Disbursements For Payroll/AP	$	(635,104.49)
2/28/2026 Cash Balance	**$**	**3,810,823.73**
Plus: Cash Receipts		$559,290.93
Less: Cash Disbursements For Payroll/AP	$	(668,377.59)
3/31/2026 Cash Balance	**$**	**3,701,737.07**
Plus: Cash Receipts		$1,040,050.49
Less: Cash Disbursements For Payroll/AP	$	(876,171.90)
4/30/2026 Cash Balance	**$**	**3,865,615.66**
Plus: Cash Receipts		$569,720.22
Less: Cash Disbursements For Payroll/AP	$	(559,942.49)
5/31/2026 Cash Balance	**$**	**3,875,393.39**
Plus: Cash Receipts		$515,433.73
Less: Cash Disbursements For Payroll/AP	$	(744,301.68)
6/30/2026 Cash Balance	**$**	**3,646,525.44**

12 Month Grants should be 75% expended. 9 Month Grants should be 100% expended.

	Current Month	Year to Date	Total Budget - Final	% Total Expended
024 MERS Pension Underfunded Liability All expenses for this have been completed for the year.	-	26,088.93	26,089.00	99.99%
255 Community Health Direction Over budget; should come back in line as the year progresses and work begins in other grants that do not run the entire year.	9,724.04	140,431.71	160,500.00	87.49%
325 CSHCS Must fully expend budget for 325 before using 112; therefore, they must be evaluated together. They are within budget at 73.82%.	20,838.84	193,684.02	222,409.00	87.08%
010 Agency Support Over budget due to revenue timing. Only 17 % of the expenses in this RU remain in the RU. The remainding expenses are cost allocated out to the other programs as indirect. The majority of the revenue for this RU have already been received, causing this RU to show over. This will fall in line as the year progresses.	13,597.87	264,350.20	304,955.00	86.68%
101 Workforce Development Over budget. The work plan for this grant has the majority of the work early in the year. This will come in line as the year progresses.	1,556.60	40,678.00	48,541.42	83.80%
286 HEP Special Projects Grant ended October 31, 2026.	-	6,143.01	7,422.75	82.75%
230 Medical Marijuana HD Short term grant, must be expended August 31. Will fall in line as the year progresses.	713.69	8,789.57	11,046.72	79.56%
717 EGLE Swiming Pools Slightly over budget due to higher staff time in the summer months; should even out as the year progresses. Will monitor.	2,720.95	14,733.59	18,698.36	78.79%
326 Vision (ELPHS) Within budget - 9 Mth program	5,275.15	87,831.43	112,087.11	78.35%
032 Emergency Preparedness Slightly over budget due to one-time equipment purchases. Will level out as the year progresses.	11,870.25	136,418.39	178,424.61	76.45%
405 Grant Writing Slightly over budget due to higher staff time. Will monitor.	2,419.52	5,755.58	7,548.96	76.24%
138 Immunization IAP Slightly over budget. Will continue to monitor.	104,806.51	865,019.69	1,140,310.00	75.85%

	Current Month	Year to Date	Total Budget - Final	% Total Expended
327 Hearing (ELPHS) Within budget - 9 Mth program	5,644.05	82,826.74	109,545.34	75.60%
332 HIV Prevention Slightly over budget due to allocation expenses. Will monitor.	1,599.93	16,501.26	21,905.76	75.32%
329 MCH Enabling Children	7,867.42	70,806.75	94,409.00	75.00%
345 Lead Testing	5,920.74	27,292.41	36,653.22	74.46%
212 Medical Marijuana BR	2,151.09	13,973.39	18,888.48	73.97%
109 WIC	99,850.97	849,216.40	1,150,390.82	73.81%
021 Dental Clinic - Three Rivers	4,533.45	40,801.05	55,582.20	73.40%
714 Onsite Sewage Disposal	36,657.57	386,449.24	527,151.25	73.30%
341 Infectious Disease	45,344.14	308,541.02	427,126.41	72.23%
704 Food Service	42,478.32	395,324.29	549,764.82	71.90%
014 VOCA	15,114.14	146,085.75	205,743.00	71.00%
721 Drinking Water Supply	34,757.81	339,046.26	480,083.38	70.62%
108 WIC Breastfeeding	9,744.71	85,262.14	122,031.29	69.86%
745 Type II Water	18,642.53	155,876.64	223,414.33	69.77%
012 Area Agency on Aging	153,838.17	1,061,868.49	1,533,407.13	69.24%
605 General EH Services	1,513.71	14,783.11	21,552.19	68.59%
275 Medical Marijuana SJ	801.98	4,963.37	7,410.53	66.97%
331 STD	10,227.02	110,849.13	171,341.79	64.69%
207 MCRH Community Health Workers	9,306.55	77,327.70	122,430.67	63.16%
029 Dental Clinic - Hillsdale	657.55	7,501.26	12,000.00	62.51%
107 Medicaid Outreach	1,210.96	9,436.36	15,157.22	62.25%
338 Immunization Vaccine Handling	5,241.70	53,470.35	92,383.76	57.87%
025 PH Workforce & Infastructure	40,001.59	128,724.59	233,242.23	55.18%
008 Salary & Fringe Payoff	6,043.41	44,057.50	80,000.00	55.07%
202 Oral Health	7,905.40	42,899.93	83,280.64	51.51%
112 CSHCS Medicaid Outreach	6,279.67	66,550.41	130,103.26	51.15%
723 PFAS Response - White Pigeon	50.24	1,278.66	2,706.20	47.24%
720 EH- Complaints	2,278.68	6,800.62	15,250.13	44.59%
106 MI Options	15,007.50	98,634.98	225,082.00	43.82%
722 PFAS Response	-	943.05	2,157.14	43.71%
205 OHSP Grant	6,146.14	46,581.76	107,011.75	43.52%
035 Vector Borne Disease Surveillance	8,894.27	14,874.36	35,971.04	41.35%
018 Aging Mastery	400.65	5,634.87	15,000.00	37.56%
719 Body Art	1.08	1,987.41	6,135.41	32.39%
724 PFAS - Westside Landfill	-	812.64	2,820.00	28.81%
015 Local Expenses - Unallowable by Grants	303.51	14,246.53	50,544.34	28.18%

Branch-Hillsdale-St Joseph Community Health Agency
Statement of Revenues and Expenditures - Final - Expense By Program - Summary FY25-26 Unposted Transactions Included In Report
From 6/1/2026 - 6/30/2026

		Current Month	Year to Date	Total Budget - Final	% Total Expended
715	EGLE Long-Term Monitoring	-	904.54	4,061.30	22.27%
096	CSHCS Donations SJ	-	6,651.16	41,360.84	16.08%
716	EGLE Campgrounds	417.96	1,353.55	18,092.85	7.48%
718	EGLE Septage	30.11	336.73	5,352.73	6.29%
287	HEP Special Projects II	574.85	1,558.30	27,989.45	5.56%
097	CSHCS Donations BR HD	-	988.73	22,826.00	4.33%
102	Cross Jursidictional Sharing Grant	327.83	327.83	22,836.07	1.43%
120	PH&DP Special Projects	45.64	45.64	15,010.60	0.30%
023	Capital Expenditures	-	-	53,000.00	0.00%
999	Insurance Claims	1,592.90	31,264.09	-	0.00%
	Total Expense	782,929.36	6,565,585.11	9,436,239.50	69.58%

The Agency is currently 5.42% under budget.

July 20, 2026 – 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 Jared Hoffmaster at 9:00 AM. Roll call was completed as follows: Jared Hoffmaster, Jon Houtz, and Kevin Collins. No members were absent.

Also present from BHSJ: Rebecca Burns, Theresa Fisher, and Laura Sutter.

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

Public Comment: No public comments were given.

New Business:

- Mr. Houtz moved to recommend that the full Board approve the Medical Director Contract, as presented, with support from Mr. Collins. The motion passed.
- Mr. Collins moved to recommend that the full Board approve the recommendation to sell the mobile unit, with support from Mr. Houtz. The motion passed.
- Mr. Collins moved to recommend that the full Board approve the billing rate for kindergarten oral health screening, with support from Mr. Houtz. The motion passed.
- Rebecca Burns presented on the updated Immunization fee schedule. No action was taken.
- Mr. Collins moved to recommend that the full Board approve the purchase of the Compass Data System add-on for Information & Assistance and Options Counseling, with support from Mr. Houtz. The motion passed.
- Theresa Fisher presented an overview of the current fund balance but no action was taken.

Public Comment: No public comments were given.

Mr. Collins moved to adjourn the meeting with support from Mr. Houtz. The motion passed and the meeting was adjourned at 9:34 AM.

Respectfully Submitted by:

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

July 15, 2026 – 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 Tim Stoll at 8:31 AM. Roll call was completed as follows: Tim Stoll, and Brent Leininger. Rick Shaffer was absent.

Also present from BHSJ were Rebecca Burns, and Theresa Fisher.

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

Public Comment

No public comments were given.

Unfinished Business

- Mr. Leininger moved to recommend the full Board approve the Procurement Policy with support from Mr. Stoll. The motion passed.

New Business

- Mr. Leininger moved to recommend that the Board approve and place on file the Community Health Needs Assessment, with support from Mr. Stoll. The motion passed.
- Mr. Leininger moved to recommend that the Board approve the Health Officer Evaluation Policy with the edits discussed by the committee. The motion received support from Mr. Stoll. The motion passed.
- The Employee Satisfaction Survey Results were discussed but no action was taken.

Public Comment

No public comments were given.

Mr. Leininger moved to adjourn the meeting, with support from Mr. Stoll. The motion passed, and the meeting adjourned at 8:56 AM.

Respectfully Submitted by:

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

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Program: Administration	**Effective Date: 10/4/2018**
Subject: Procurement Policy	**Last Updated: ~~4/24/2025~~7/23/2026**

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 form 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: 4/24/2025

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 $249,999 – ("Simple Acquisition Threshold" defined in 41 U.S.C. 403(11) set at $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-OWNED BUSINESSES, WOMEN'S BUSINESS ENTERPRISES, VETERAN-OWNED BUSINESSES, AND LABOR SURPLUS AREA FIRMS (Sec. 200.321):

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

- Placing qualified small and minority businesses (SMBs), ~~and~~ women's business enterprises (WBEs), and veteran-owned businesses (VOSBs) on solicitation lists.
- Assuring that SMBs, ~~and~~ WBEs, and VOSBs 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, and VOSB.
- Establishing delivery schedules, where the requirement permits, which encourage participation by SMBs, ~~and~~ WBEs, and VOSBs.
- 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 $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. Is 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 in 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: 4/24/205 TEF

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Program: Immunization **Subject: Vaccine Pricing Method**	**Effective Date: 9/28/2023**

Purpose: To establish standards to ensure that private vaccine costs are evaluated and determined with consistent methodology.

- The immunization fee schedule will be updated once annually in the third quarter of the fiscal year unless a significant change requires further update to the schedule. The addition of a new vaccine or replacement of vaccine does not require a change to the entire schedule.
- It is the responsibility of the PHDP director (Personal Health & Disease Prevention Director) to order private vaccine and make any necessary updates to the immunization fee schedule. In the absence of the PHDP director, the immunization coordinator may be used as a back-up for vaccine ordering and pricing updates.
- Private vaccine costs will be calculated using the following formula.
    - Cost per dose + 30% + $23 = total vaccine cost
    - Cost per dose pricing is listed on the company and/or manufacturer website (GSK, Pfizer, Merck, Sanofi, etc.)
    - 30% accounts for any price fluctuation that may occur and no co-pay charge
    - A $23.00 administration fee supplements staff time and covers supplies, Band-Aids, needles, etc.
- Once the PHDP director has updated the immunization fee schedule the information will be distributed to the immunization coordinator for updates to the EMR, immunization staff, and administrative services for billing purposes.
- Immunization fee schedules can be found on the share CW in prevention: immunization: vaccine pricing.

Imms Fee Schedule- July 1, 2026

Vaccines	Company	Cost per dose	Cost + .3 Rounded Up	Admin Fee	New Cost Update: 7/25
DTaP (pediatric) Infanrix	GSK	$23.79	$31.00	$23.00	$54.00
DTaP-Hep B-IPV Pediarix	GSK	$79.00	$103.00	$23.00	$126.00
DTaP-IPV Kinrix, Quadracel	GSK	$57.02	$75.00	$23.00	$98.00
Hep A (adult) Havrix	GSK	$76.63	$100.00	$23.00	$123.00
Hep A(ped/adol Havrix Pediatric	GSK	$32.72	$43.00	$23.00	$66.00
Hep A-Hep B (Twinrix)	GSK	$121.32	$158.00	$23.00	$181.00
Hep B (adult) Engerix	GSK	$52.93	$69.00	$23.00	$92.00
Hep B (ped/adol) Engerix	GSK	$19.45	$26.00	$23.00	$49.00
MenB-4C (Bexsero)	GSK	$221.66	$289.00	$23.00	$312.00
Zoster RZV (Shingrix)	GSK	$242.42	$316.00	$23.00	$339.00
HPV9	Merck	$328.34	$427.00	$23.00	$450.00
MMR	Merck	$95.74	$125.00	$23.00	$148.00
MMRV (ProQuad)	Merck	$286.16	$373.00	$23.00	$396.00
RV5 (Rotateq)	Merck	$101.99	$133.00	$23.00	$156.00
Varicella (Varivax)	Merck	$191.36	$249.00	$23.00	$272.00
PCV20 (Prevnar20)	Pfizer	$295.51	$385.00	$23.00	$408.00
Pfizer Comirnaty 12Y+	Pfizer	$166.44	$217.00	$23.00	$240.00
Pfizer-BioNTech 5Y-12Y	Pfizer	$81.49	$106.00	$23.00	$129.00
Trumenba	Pfizer	$200.39	$261.00	$23.00	$284.00
Abrysvo	Pfizer	$315.88	$411.00	$23.00	$434.00
DTaP-Hib-IPV (Pentacel)	Sanofi	$121.47	$158.00	$23.00	$181.00
Hib (ActHib/Hiberix)	Sanofi	$13.15	$18.00	$23.00	$41.00
Fluzone High-Dose (IIv3-HD)	Sanofi	$61.47	$80.00	$23.00	$103.00
Fluzone (IIV3) -single dose	Sanofi	$19.92	$26.00	$23.00	$49.00
Fluzone (IIV3)-multi-dose	Sanofi	$18.54	$25.00	$23.00	$48.00
IPV (polio) IPOL	Sanofi	$43.98	$58.00	$23.00	$81.00
MCV4 (MenQuadfi)	Sanofi	$164.58	$214.00	$23.00	$237.00
Td PF (adol/adult) Tenivac	Sanofi	$35.60	$47.00	$23.00	$70.00
Tdap (adol/adult) Adacel	Sanofi	$48.34	$63.00	$23.00	$86.00
Beyfortus (Nirsevimab)	Sanofi	$595.06	$774.00	$23.00	$797.00
Vaxelis	Sanofi	$159.81	$208.00	$23.00	$231.00
PPD (Tubersol)	Sanofi	$12.60	$20.00	$0.00	$20.00
Moderna 12Y+	McKesson	$126.72	$165.00	$23.00	$188.00
Moderna Spikevax 6M-11Y	McKesson	$115.28	$150.00	$23.00	$173.00
Jynneos	McKesson	$280.80	$365.00	$23.00	$388.00

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To: Board of Health

From: Heidi Hazel

Date: July 10, 2026

Re: Kindergarten Oral Health Assessment Fee

The Branch-Hillsdale-St. Joseph Community Health Agency provides Kindergarten Oral Health Assessments as part of its oral health services. Historically, no fee has been established for these assessments. Establishing a fee will allow the agency to enroll as a Medicaid provider and bill Medicaid for eligible services, helping offset program costs while maintaining access to care.

Proposed Fee:
It is recommended that the Board of Health establish a fee of $30.00 for a Kindergarten Oral Health Assessment.

The current Michigan Medicaid reimbursement rate for this service is $28.28. Setting the agency's fee at $30.00 allows for Medicaid reimbursement while providing a standard fee that can accommodate future reimbursement changes without requiring frequent revisions to the fee schedule.

Clients without Medicaid will continue to receive services in accordance with agency policies regarding payment, insurance, and any applicable grant-funded services.

Recommendation:
Approve the addition of a Kindergarten Oral Health Assessment fee of $30.00 to the Community Health Agency's approved fee schedule, effective upon Board approval.

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY | YOUR LOCAL HEALTH DEPARTMENT
www.bhsj.org

To: Finance Committee - Board of Health

From: Rebecca Burns

Date: July 10, 2026

Re: Mobile Unit

The agency took delivery of the mobile unit in February 2021. The unit was ordered in 2020, prior to the availability of the COVID-19 vaccine, when the primary public health response focused on expanding community testing. After delivery, the mobile unit played an important role in the agency's COVID-19 response by supporting both testing and vaccination efforts. A dedicated public health nurse was assigned to staff the unit and coordinate its schedule.

Following the end of the pandemic, the agency has made ongoing efforts to identify meaningful opportunities to utilize the mobile unit within the community. In 2025, a new outreach initiative was launched to improve access to the Women, Infants, and Children (WIC) program in Hillsdale County. Because Hillsdale County does not have a countywide public transportation system, transportation was identified as a significant barrier for many residents. To address this need, monthly WIC clinics were established in the Village of Waldron and the City of Litchfield using the mobile unit.

Attached is a report detailing the advertising, marketing, and community outreach efforts undertaken to promote both the mobile unit and the off-site WIC clinics. As the report demonstrates, these efforts have been extensive. In each community, local partners served as "champions" by providing highly visible locations for the mobile unit and assisting with promotion through community networks. The report also includes utilization data for the mobile unit.

Despite these significant outreach efforts, participation has remained consistently low. Staff have routinely asked clients whether they would prefer to schedule appointments at the mobile clinic locations. Most have declined, explaining that they prefer to travel to the Hillsdale office because they combine their WIC appointments with shopping, errands, and other activities in town. After multiple outreach strategies and sustained efforts, the agency has not seen sufficient community utilization to justify continued operation of the mobile unit.

Based on these findings, I recommend that the agency sell the mobile unit for the following reasons:

- **Ongoing operating and maintenance costs.** Between September 2025 and June 2026, the agency spent $1,101.92 on maintenance and operating expenses. This amount does

not include more significant repairs completed prior to September 2025, including body work, backup camera repairs, and generator repairs, all of which added substantially to the total cost of ownership.

- **Loss of staff productivity.** Staff assigned to the mobile unit continue to work a standard 7.5-hour day; however, a significant portion of that time is spent preparing the unit, stocking supplies, traveling to and from remote clinic sites, setting up and breaking down the clinic, and restocking and cleaning the unit upon return. These activities reduce the time available for direct client services.
- **Limited community utilization.** Despite extensive marketing, community partnerships, and convenient monthly clinic schedules, residents have not consistently used the off-site services. Demand has remained too low to support continued operation.
- **Administrative burden.** The agency's Emergency Preparedness Coordinator is responsible for maintaining the mobile unit, scheduling preventive maintenance and repairs, reviewing vehicle logs, and training staff on its operation and safe driving. These responsibilities require a considerable investment of time that could be redirected toward other emergency preparedness priorities that provide greater value to the agency.

Mobile Unit / Off-Site Clinic Report

Reporting Period: September 2025 – June 2026

Advertising and Outreach Efforts

A multi-channel outreach strategy was used throughout the reporting period to promote mobile unit and off-site WIC clinic services.

Print and Mail Distribution

- 100 flyers were distributed at the Coldwater Food Pantry to reach community members utilizing food assistance services.
- Direct mailings were completed in August 2025 targeting selected SE and NW mail routes within the county.
- These mailings extended beyond Hillsdale County and reached additional surrounding households.

Direct Client Communication

- A mass message was sent to all Branch and Hillsdale County clients on 08/25/2025 promoting mobile clinic availability.
- Every client who calls to schedule an appointment is offered mobile/off-site clinic options by staff.

Community Partner Engagement

- Mobile clinic services are promoted at MACES meetings in Hillsdale.
- Monthly updates are provided at Hillsdale GSC meetings with community partners.
- Clinics are consistently listed on the BHSJ public calendar.

Media and Public Outreach

- Press release issued on 07/24/2025: *"BHSJ Mobile Clinic Expanding WIC Services to Waldron and Litchfield."*
- Monthly radio submissions provided to WCSR.
- Monthly social media promotion via Facebook, Instagram, and NextDoor, including scheduled posts.
- Facebook Live conducted by April Pratt showcasing the mobile unit.

Mobile Unit Clinic Activity and Utilization

The mobile unit operated on a bi-weekly rotating schedule between Litchfield and Waldron WIC clinic sites.

Clinic Activity Log

09/18/2025 – Litchfield WIC Clinic – 1 client served – 3 additional appointments no-showed
10/02/2025 – Waldron WIC Clinic – 1 client served
10/16/2025 – Litchfield WIC Clinic – 0 clients served
11/06/2025 – Waldron WIC Clinic – 0 clients served
11/20/2025 – Litchfield WIC Clinic – 0 clients served
12/04/2025 – Waldron WIC Clinic – 0 clients served
12/18/2025 – Litchfield WIC Clinic – 0 clients served
01/15/2026 – Litchfield WIC Clinic – 0 clients served
02/05/2026 – Waldron WIC Clinic – 0 clients served
02/19/2026 – Litchfield WIC Clinic – 0 clients served
03/05/2026 – Waldron WIC Clinic – 1 client served
03/19/2026 – Litchfield WIC Clinic – 0 clients served
04/02/2026 – Waldron WIC Clinic – 0 clients served
04/29/2026 – Litchfield WIC Clinic – 0 clients served
05/07/2026 – Waldron WIC Clinic – 1 client (visit started but not completed due to scheduling constraints on the clients end)
05/21/2026 – Litchfield WIC Clinic – 0 clients served
06/04/2026 – Waldron WIC Clinic – 0 clients served
06/18/2026 – Litchfield WIC Clinic – Cancelled due to strategic planning meeting

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Summary of Activity

- Total scheduled clinic dates: 18
- Total clients fully served: 3
- Incomplete visits: 1
- No-show appointments: 3
- Cancelled clinics: 1

Area Agency on Aging (IIIC) Branch-St. Joseph

Supporting Seniors, Promoting Independence

To: Board of Health, Finance Committee

From: Laura Sutter

Date: July 20, 2026

Re: IT/Data System Enhancement

Our division has been using a data system that was created by and is hosted with the ACLS Bureau. Only 2 AAA's in Michigan use it (IIIC/us and TriCounty Office on Aging/Region 6)… the other 14 regions pay for a completely separate system to track their Information & Assistance calls and Options Counseling data. The Bureau's system has proven to be cumbersome, not user-friendly and is becoming outdated. The state hasn't opted to improve it because only 2 AAA's use it…

Enter in MIOptions in Spring 2025.

In response to the ACLS Bureau's data needs & program components within the MIOptions program, a software developer (CIM) worked to build an "add-on" software function to their main program, COMPASS. The Add-On will host Information & Assistance and Options Counseling (I&A/OC) data.

We use COMPASS already. It's our client tracking data system for all of our case management programs at the AAA. This web-based system functions well, is widely used by AAA's in Michigan, and our entire team is in/out of COMPASS all day long.

The I&A/OC Add-On in COMPASS would streamline our data entry between all programs, fulfill grant reporting requirements and dramatically streamline our processes.

I recommend we move forward with the COMPASS Add-On to replace our existing system. The cost of this "Information Technology Enhancement" is built into our MIOptions program budget and will be paid out of unspent funds from FY2025.

I&A/OC Add-On Total: $37,500 (one-time fee)
Ongoing hosting, software maintenance, tech support: $200/month x 12mo = $2,400 per year

FY2026 Total: $37,900 (37,500 1x fee + 400 2mo host/tech fee)

FY2027 Total: $2,400 (200 per month host/tech fee)

Contractual Agreement for Public Health Medical Direction

between the

Branch-Hillsdale-St. Joseph Community Health Agency

and

Dr. Karen Luparello, D.O., M.P.H.

This agreement is executed by and between the Branch-Hillsdale-St. Joseph Community Health Agency (Agency) located at 570 Marshall Rd, Coldwater, MI 49036 and Dr. Karen Luparello (the "Contractor") for the purpose of providing qualified Public Health Medical Direction for the health jurisdiction that includes the following counties; Branch, Hillsdale, and St. Joseph. Medical direction to the Agency is required by the Public Health Code (Act 368 of Public Acts of 1978, MCL 333.2495), Michigan's Public Health Code, including its administrative regulations and specifically R 325.13002 (this is medical director qualifications) and R 325.13004a (time requirements).

RECITALS:

WHEREAS, Branch-Hillsdale-St. Joseph Community Health Agency is responsible for public health services as defined in PA 368 of 1978 for its health jurisdiction; and

WHEREAS, Branch-Hillsdale-St. Joseph Community Health Agency desires to engage Dr. Karen Luparello, DO, MPH to provide medical director services as defined in PA 368 of 1978; and

WHEREAS, Dr. Karen Luparello, DO, MPH who is duly licensed in the State of Michigan and complies with the medical director qualifications as defined in R 325.13002 and/or R 325.13007 (provisional appointment).

NOW THEREFORE for and in consideration of the mutual covenants hereinafter contained it is agreed as follows:

I. Time Contractor is to Perform Services:

A. The Agency hereby engages and retains Contractor to serve as medical director and provide the services as defined in this Agreement. A copy of the medical director job description is attached hereto as Attachment I and is incorporated into this Agreement by this reference, which provides up to sixteen (16) hours per week portal to portal.

B. The Contractor shall be available at such other times under emergency conditions, as deemed necessary by the Board of Health or the Health Officer.

C. The Contractor shall submit monthly an invoice for the hours worked on a form provided by the Agency.

II. Responsibilities of the Contractor:

A. The Contractor shall act as the medical director for the Agency and shall be responsible for the medical supervision of public health services for the Agency. The duties of the Contractor shall include, but are not limited to, the following:

1. Provide medical leadership to improve health outcomes and protect the environment of the health jurisdiction.
2. Provide medical direction for required disease control and other public health programs.
3. Provide, review, change and sign guidelines, protocols and standing orders for services provided by the Agency (e.g. Sexually Transmitted Diseases, Immunizations).
4. Provide research, planning and networking with the health care community as needed for special projects and emerging public health issues.
5. The Contractor shall provide such additional duties as required by law, the Board of Health or the Health Officer.
6. All other duties and expectations as set forth in the medical director job description, which is attached as Exhibit 1 and incorporated by reference.

It is expressly understood and agreed that the Contractor shall be expected to utilize his/her professional judgment in the performance of the services to be provided under this Agreement consistent with the Agency's policies, the laws, and the standards of his/her profession.

B. Qualifications: The Contractor shall maintain the following qualifications:

1. Michigan physician licensure.
2. Meet the qualifications as set forth in R 325.13002, or R 323.13007;

C. Records and Reports. As part of the services the Contractor shall maintain records and provide reports as defined by the Agency.

D. The Agency shall have sole and exclusive right to the retention of all records pertaining to its patients and services rendered pursuant to this Agreement. The Contractor shall have the right to access any Agency records including patient records required for the performance of services to be provided pursuant to this Agreement. The Contractor agrees to comply with the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) including the amendments made to HIPAA by the Health Information Technology for Economic and Clinical Health Act ("HITECH Act"), part of the American Recovery and Reinvestment Act of 2009 ("ARRA") and the Genetic Information Nondiscrimination Act of 2008 ("GINA"), and its rules and regulations promulgated pursuant thereto, 45 CFR Parts 160 and 164, as amended. Breach of this provision shall constitute a material breach of this Agreement.

E. The Contractor shall render services in complete compliance with the standards and requirements of all applicable federal, state, local, and other laws, rules and regulations professional standards, and all applicable Agency policies and procedures including compliance requirements.

F. It is expressly understood and agreed that the Contractor is an independent private practitioner who has other clients both corporate and individual. The Contractor and/or the employees, servants and agents of the Contractor shall in no way be deemed to be and shall not hold themselves out as the employees, servants or agents of the Agency. The Contractor and/or the Contractor's employees, servants or agents shall not be entitled to any fringe benefits of the Agency such as, but not limited to, health and accident insurance, life insurance, paid vacation leave, paid sick leave or longevity. The Contractor shall be responsible for the withholding and payment of all applicable taxes, including but not limited to, income and Social Security taxes to the proper Federal, State and local governments. The Contractor shall carry workers compensation coverage for its employees, as required by law.

III. Responsibilities of the Branch-Hillsdale-St. Joseph Community Health Agency

A. The Agency shall furnish the Contractor with reasonable and necessary materials, supplies, facilities, and administrative support necessary for the performance of services required under this agreement.

B. The Agency shall reimburse the Contractor for the following professional expense:

1.	Cell Phone	$20/month
2.	Mileage Reimbursement	$6000.00/year maximum
3.	Approved Conference Training	$1000.00/year maximum

C. The Agency shall have sole and exclusive rights to the retention of all records pertaining to patients and the services rendered pursuant to this Agreement.

D. Reimbursement for travel that is necessary to perform the duties as the Agency's Medical Director shall be paid at the Agency's mileage rate as set by the Agency's Board of Health. Mileage will be calculated from the Medical Director's residence.

IV. Mutual Responsibilities:

A. Establish a procedure for public health medical direction if the Contractor is unavailable due to illness and/or vacation.

B. Maintain open lines of collaboration and communication.

C. As required by law, the Contractor and Agency shall not discriminate against a person to be served or an employee or applicant for employment with respect to hire, tenure, terms, conditions or privileges of employment, or matter directly or indirectly related to employment because of race, color, religion, national origin, age, sex, disability that is unrelated to the individual's ability to perform the duties of a particular job or position, height, weight, marital status, political affiliation or beliefs. Both parties shall adhere to all applicable Federal, state and local laws, ordinances, rules and regulations prohibiting discrimination, including, but not limited to, the Elliott-Larson Civil Rights Act, 1967 PA 453 amended; Section 504 of the Federal Rehabilitation Act of 1973 as amended, P.L. 93-112, 87 Stat 355 as amended, the Americans with Disabilities Act of 1990, P.O. 101-336, 104 Stat 327 *(42 USC 12101 et seq), as amended, and regulations promulgated thereunder. Breach of this section shall be regarded as a material breach of the Agreement.

V. Compensation

A. The Agency will compensate the Contractor as follows:

1. The Contractor shall receive payment for services rendered hereunder in the amount of $54,600 per fiscal year. For said fee the Contractor agrees to provide a minimum of 832 hours per year of physician services, including travel time to and from Contractor's home. During the terms of this contract the Medical Director shall be granted any percentage increase in pay as approved by the Board of Health for employees of this agency. The Agency shall process payment on a monthly basis.

VI. Health Department Billing/Managed Care Agreements

A. The Agency shall have the right to bill, collect and retain all fees for medical services billed under the Contractor NPI number for public health services included in this agreement.

B. The Contractor agrees to participate in established/new relationships with third party payers and provide necessary credentialing information.

VII. Insurance

A. The Agency shall pay on behalf of the Contractor the total cost of Professional Liability Insurance Coverage (malpractice) necessary and appropriate for the professional activities being carried out pursuant to the terms of this Contract. The Contractor shall submit to the Health Officer a copy of the policy and terms of coverage along with the invoices therefore in the same manner as any other request for expense reimbursement according to Agency policy. The Agency's obligation for payment of the cost of liability insurance for the services provided under the Agreement shall be in addition to any other consideration set forth under this Agreement. Failure of the Contractor to submit the policy and request for reimbursement in accordance with Agency policy shall constitute a waiver of such reimbursement.

B. The Agency shall include the Contractor as an insured on its liability policy as to the administrative services rendered to the Agency under this Agreement.

C. The Contractor shall maintain valid driver's license and auto insurance coverage and provide proof of both to the Agency.

VIII. Independent Contractor Status.

A. The parties agree that Medical Director is an independent contractor. In her capacity as an independent contractor, Medical Director agrees to and represents the following:

1. Medical Director has the right and does fully intend to perform services for third parties during the term of this Agreement.

2. Medical Director has the sole right to control and direct the means, manner, and method by which the services required by this Agreement will be performed.

3. Subject to the limitations set forth in this agreement, Medical Director has the right to perform the services required by this Agreement at any place or location and at such times as she may determine.

B. The parties acknowledge and agree that Health Department is entering into this Agreement with reliance on the representations made by the Medical Director relative to its independent contractor status.

C. Medical Director is not eligible to participate in the Agency's employee pension, health, vacation pay, sick pay, or other fringe benefit plan the Agency may offer.

D. Medical Director, as an independent contractor, agrees to indemnify, defend, and hold harmless Agency from any and all liability arising out of or in any way related to Medical Director's performance of services during the term of this Agreement.

IX. Term/Termination

A. The term of this Agreement shall be for the period of one year, commencing on the 1st day of October 2026 and terminating on the 30th day of September 2027.

B. Notwithstanding any other provision in this Agreement to the contrary, either party may terminate this Agreement prior to the termination date set forth herein if notice is given in writing to the other party at least sixty (60) days prior to the date such termination as authorized herein.

C. The Contractor shall be compensated for all services performed up to the effective date of termination.

X. Amendments, Completeness, and Invalid Provisions

A. Modifications, amendments, or waivers of any provision of this Agreement may be made only by the written mutual consent of the parties hereto. Such extensions and/or amendments shall be attached to and become part of this contract.

B. This Agreement contains all the terms and conditions agreed upon by the parties hereto, and no other agreements, oral or otherwise, regarding the subject matter of this Agreement or any part thereof shall have any validity or bind any of the parties hereto.

C. If any provisions of the Agreement are held invalid, the remainder of this Agreement shall not be affected thereby.

D. No failure or delay on the part of either of the parties to this Agreement in exercising any right, power or privilege hereunder shall operate as a waiver thereof, nor shall a single or partial exercise of any right, power or privilege preclude any other or further exercise of any right, power or privilege preclude any other or further exercise of any right, power or privilege.

XI. Signatures

In Witness Whereof, the parties hereto have fully executed this instrument on the day and year first above written above.

For the Agency:

_____ _____

Agency Date

Rebecca A. Burns, MPH, RS, Health Officer

For the Contractor:

_____ _____

Medical Director Date

Karen Luparello, D.O., MPH

XII. Attachment – Job Description

Branch County

2026 Community Health Needs Assessment
Branch County, Michigan

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY | YOUR LOCAL HEALTH DEPARTMENT

July 2026

The 2026 Community Health Needs Assessment report was approved by the Branch-Hillsdale-St. Joseph Community Health Agency Board of Health on INSERT DATE.

Table of Contents

Acknowledgements

The 2026 community health needs assessment (CHNA) represents a true collaborative effort to gain a meaningful understanding of the most pressing health needs across Branch County. The Branch-Hillsdale-St. Joseph Community Health Agency, and its community partners composed of members from the Branch County Community Network (BCCN) are exceedingly thankful to the many community organizations and individuals who shared their views, knowledge, expertise, and skills with us. A complete description of community partner contributions is included in this report. We look forward to our continued collaborative work to make this a better, healthier place for all people.

The goal of this report is to offer a meaningful understanding of the most significant health needs across Branch County, as well as to inform planning efforts to address those needs. Special attention has been given to the needs of individuals and communities who are more vulnerable, unmet health needs or gaps in services, and input gathered from the community. Findings from this report can be used to identify, develop, and focus public health, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

We would also like to thank you for reading this report, and your interest and commitment to improving the health of Branch County. We would like to thank the community partners and residents who shared their thoughts and opinions with our agency. Your time, talents, and partnership are greatly appreciated in this endeavor. The Community Health Needs Assessment is a foundational part of the agency's

Community Health Improvement and Strategic Planning process. As we develop these plans, the information contained in this document will be combined with community health needs assessments in Hillsdale and St. Joseph counties to develop jurisdictional priorities. **We value the community's voice and welcome feedback on this report. Please visit our public website https://bhsj.org to submit your comments.**

Branch-Hillsdale-St. Joseph Community Health Agency

Rebecca Burns, MPH, RS Health Officer

Executive Summary

The goal of the 2026 Community Health Needs Assessment (CHNA) report is to offer a meaningful understanding of the most significant health needs across Branch County. Findings from this report can be used to identify, develop, and focus public health, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

Purpose of the CHNA

The purpose of the CHNA is to understand the health needs and priorities of those who live and/or work in the communities served by the public health system, with the goal of addressing those needs through the development of an implementation strategy plan. A list of definitions for the terms used in the CHNA is in Appendix A.

Community Served

For the 2026 CHNA, the community is defined as Branch County. Although the Branch-Hillsdale-St. Joseph Community Health Agency serves three counties, Branch County was selected due to its current need for an updated health needs assessment and its designation as a primary service area for both the Agency and its partners. Additionally, county-level data is readily accessible, making Branch County an appropriate focus for this assessment.

Data Analysis Methodology

The 2026 CHNA was conducted from January 2026 to May 2026 and utilized a process which incorporated quantitative and qualitative data from primary and secondary sources. Primary data sources included information provided by groups/individuals, e.g., community residents, health care consumers, health care professionals, community stakeholders, and multi-sector representatives. Special attention was given to the needs of individuals and communities who are more vulnerable, and to unmet health needs or gaps in services. It was determined that the Branch County Community Network (BCCN) is comprised of members who work on behalf of those who are considered vulnerable within the county and are also community residents. The Agency developed a needs survey that was distributed to the BCCN members. A total of 13 surveys were collected. Secondary data was compiled and reviewed to understand the health status of the community. A total of seven interviews were conducted.

Prioritized Needs

The prioritized needs identified as a result of the assessment are:

- Access to care
- Maternal, Infant and Child Health
- Substance Use

About Branch County CHNA Collaboration

Branch-Hillsdale-St. Joseph Community Health Agency

The agency serves three counties, 1604 square miles, 31 communities, and 152,699 residents with approximately 61 full and 15 part-time staff in 2026. The agency is led 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. Six 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 everyone receives the high-quality services that are expected. The staff is committed to the mission and vision, desiring to make the communities safe and providing services to support optimal community health.

Mission: *The mission of the Branch-Hillsdale-St. Joseph Community Health Agency, Your Local Health Department is helping people live healthier.*

Vision: *The vision of the Branch-Hillsdale-St. Joseph Community Health Agency is to be the trusted health resources for all people.*

Insight Hospital and Medical Center Coldwater

Insight Hospital & Medical Center Coldwater, located in Coldwater, Michigan, is a trusted healthcare provider dedicated to delivering high-quality, compassionate care. Offering a range of medical services and advanced treatments, they are committed to improving the health and well-being of our community.

Branch County Community Network

The Branch County Community Network exists to enhance community development by providing a platform for networking and collaboration. The Network serves as Branch County's community collaborative organization, and its members represent multiple populations in the county. A list of member organizations is found in Appendix B.

Pines Behavioral Health

Pines Behavioral Health Services is a Community Mental Health Services Program (CMHSP) serving those with mental health concerns, substance use disorders, people with an intellectual/developmental disability, and veterans with intensive and complex needs.

The oversight of the Medicaid services across this partnership is managed by Southwest Michigan Behavioral Health (SWMBH). Pines is also recognized by SAMHSA as meeting the certification standards of a Certified Community Behavioral Health Clinic (CCBHC). A CCBHC follows nationally recognized standards of care and provides integrated mental health and physical health services to treat the whole person regardless of residence or ability to pay.

Great Start Collaborative

Community leaders in Branch County who understand the vital importance of investing in young children came together to form the Great Start Collaborative (GSC) and Great Start Parent Coalition (GSPC). The members of the GSC and GSPC worked to identify community needs through comprehensive strengths and needs assessments, community input, parent and family voice, root cause analysis, and quantitative and qualitative data. Unfortunately, the funding for the GSC was discontinued, but the Agency relied on its strategic plan during the data collection and analysis process.

About the Community Health Needs Assessment

A community health needs assessment, or CHNA, is essential for community building and health improvement efforts, and directing resources where they are most needed. CHNAs can be powerful tools that have the potential to be catalysts for immense community change.

Purpose of the CHNA

A CHNA is “a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize, plan, and act upon unmet community health needs.”[1] The process serves as a foundation for promoting the health and well-being of the community by identifying the most pressing needs, leveraging existing assets and resources, developing strategic plans, and mobilizing public health and its community partners to work together. This community-driven approach aligns with the Agency’s commitment to offer programs designed to address the health needs of a community, with special attention to persons who are underserved and vulnerable.

Community Served and Demographics

A first step in the assessment process is clarifying the geography within which the assessment occurs and understanding the community demographics.

[1] Catholic Health Association of the United States (https://www.chausa.org)

Community Served

For the purposes of the Community Health Needs Assessment (CHNA), the community served is defined as Branch County, Michigan. Although healthcare providers and community organizations in the region may serve residents from surrounding counties and northern Indiana, Branch County is used as the primary geographic area for this assessment because most healthcare services, demographic data, and public health statistics are reported at the county level.

Situated on the Michigan - Indiana border in south-central Michigan, Branch County is made up of small villages, rural townships, and the county capital city of Coldwater. Numerous lakes, farmlands, and leisure spaces that enhance the local economy and standard of living are found across the county. The county is connected to neighboring regional hubs in Michigan and Indiana by important transportation lines, which promote business and job possibilities.

Over the past ten years, Branch County's population has gradually changed because of manufacturing, agricultural, and regional economic development. Due to the county's population distribution between rural and small urban areas, there are opportunities and difficulties with regard to access to healthcare, transportation, and economic development.

Figure 1: Map of Community Served

Demographic Data

Branch County is situated adjacent to the Indiana border in south-central Michigan. The median home value, according to housing indicators, is $142,400, indicating reasonably priced property in comparison to many Michigan urban areas.

A mixed housing structure with both homeowners and renters contributing to the local housing market

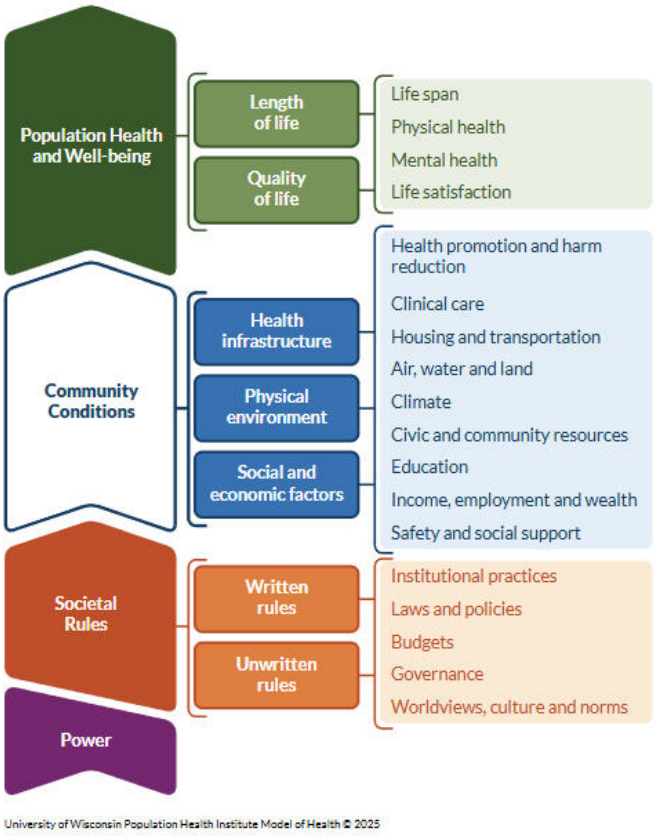
is indicated by the fact that about 26% of occupied dwelling units are renter occupied. 12.1% of dwelling units are unoccupied, which could be due to housing availability, migration trends, or seasonal housing.

Given that 15% of children live in poverty and the median family income is $62,965, socioeconomic statistics point to possible financial difficulties for some households. The percentage of residents without health insurance is 7.1%, which is comparatively consistent. 90.9% of adults have completed high school, indicating a high level of education, yet the unemployment rate is still low at 4.2%. Given the circumstances, Branch County is a rural community with reasonably priced, but not always accessible housing, steady work, and mild socioeconomic issues regarding poverty and access to healthcare.

Indicator	Branch County	Description
Median Value of Owner-Occupied Homes	$142,400	The median home value represents the midpoint value of owner-occupied housing units in the county.
Renters (% of occupied homes)	26%	Percentage of housing units occupied by renters rather than homeowners.
Vacant Housing Units	12.10%	Percentage of housing units that are unoccupied.
Median Household Income	$62,965	Income where half of households earn more and half earn less.
Percent of Children in Poverty	15%	Percentage of individuals under age 18 living below the poverty line.
Percent Uninsured	7.10%	Percentage of population under age 65 without health insurance.
Educational Attainment	90.90%	Percentage of adults age 25+ with a high school diploma or higher.
Unemployment Rate	4.20%	Percentage of the labor force unemployed but actively seeking work.

To view the Branch County Demographic Data in its entirety, see Appendix C.

Process and Methods Used



The Branch County CHNA is committed to using the best national practices in conducting the CHNA. Health needs and assets for Branch County were determined using a combination of data collection and analysis for both secondary and primary data, as well as community input on the identified and significant needs.

The Branch County CHNA relies on the model developed by the County Health Rankings and Roadmaps and the Robert Wood Johnson Foundation, utilizing the determinants of health model as the model for community health improvement.

Collaborators and/or Consultants

With the contracted assistance of Mary Kushion Consulting, LLC, the Branch-Hillsdale-St. Joseph Community Health Agency reached out to the following organizations to complete the 2026 CHNA:

- Beginning's Care for Life
- Branch County Coalition Against Domestic and Sexual Violence
- Branch County Community Foundation
- Branch County District Library

- Branch County Commission
- Branch County Sunrise Rotary
- Childcare Network
- Community Action Agency
- Jacob's Well
- Kiwanis Club
- Insight Coldwater Hospital
- Michigan Department of Health and Human Services: Environmental Health Bureau
- Michigan Department of Health and Human Services -Branch County Service Center
- Pines Behavioral Health
- Presbyterian Free Health Clinic

The consultant facilitated the development and analysis of both the key informant interviews and the survey provided to the Branch County Community Network.

Data Collection Methodology

Branch County CHNA was developed with contracted assistance from Mary Kushion Consulting, LLC, and Central Michigan University Master of Public Health student Ramaprabha Makireddy, who analyzed secondary data of over 50 indicators and gathered community input through community surveys and key informant interviews to identify the needs in Branch County.

Summary of Community Input

Recognizing its vital importance in understanding the health needs and assets of the community, the Agency consulted with a range of health and social service providers that represent the broad interests of Branch County. A concerted effort was made to ensure that the individuals and organizations represented the needs and perspectives of 1) public health practice and research; 2) individuals who are medically underserved, are low-income, or considered among the minority populations served by the hospital; and 3) the broader community at large and those who represent the broad interests and needs of the community served.

Multiple methods were used to gather community input, including key informant interviews, key stakeholders, a community survey, and meetings with the Branch County Community Network. These methods provided additional perspectives on how to select and address top health issues facing Branch County. A summary of the process and results is outlined below.

Key Informant Interviews

The Agency's consultant conducted key informant interviews to learn what they perceive as the main health issues, obstacles, and priorities for Branch County. Seven key stakeholder interviews were conducted with representatives from local government, behavioral health, healthcare, and community foundation. To learn more about social determinants of health, access to care, and community health status, a mixed qualitative method was employed.

Overall, Health Situation

On a scale of 1-to-10, participants ranked Branch County's general health between 5 and 7 in every interview, suggesting a modest state of health with substantial potential for improvement. The county is not currently experiencing a crisis, but there are several persistent problems that have an impact on the wellbeing of the residents. The interconnectedness and influence of both behavioral and structural variables on health issues was a recurring theme across informants.

Key Health Issues Identified During Interview

- Mental Health

In Branch County, mental health was found to be the most urgent health concern. Participants mentioned common issues with trauma, anxiety, sadness, and long-term stress. Worsening results are caused by a lack of early intervention mechanisms, inadequate providers, and restricted access to mental health care. Law enforcement is frequently the initial point of contact for people going through mental health crises due to deficiencies in crisis response and support programs.

- Substance Use

Mental health issues are intimately associated with substance use problems, which are a significant concern. Methamphetamine, alcohol, and marijuana are often the drugs of choice. Informants highlighted the lack of long-term and inpatient treatment alternatives in the county. They also reported rising teenage use, especially vaping. Programs for prevention exist, but they need to be expanded and involve the community more according to the respondents.

- Access to Healthcare Services

Access to healthcare was identified as a significant barrier for residents:

- Primary Care: Available but limited, with long wait times and difficulty finding providers accepting new patients.
- Specialty Care: Largely unavailable locally, requiring travel to nearby cities such as Battle Creek, Marshall, Kalamazoo, Fort Wayne, Lansing, Ann Arbor or Grand Rapids.
- Dental Care: Services exist, but difficulty finding providers accepting new patients, finding providers who accept insurance plans or Medicaid, affordability, and long wait times are major barriers.
- Maternal Health Services: The closure of the local obstetrics (OB) unit has created serious gaps in care for pregnant women, requiring travel for delivery, high risk pregnancy, and emergency services. Additional obstacles include a preference, among certain cultural groups, for female providers, which can be limited in the area.

These challenges highlight systemic gaps in healthcare infrastructure and workforce capacity.

Social determinants of health

Branch County's health outcomes are significantly influenced by social and economic factors:

Transportation: One major barrier mentioned by nearly every person interviewed is access to transportation. They stated public transportation provides limited hours of operation. Access to healthcare and other vital services is hampered by a lack of public transportation options and lengthy wait periods for ride pick-ups.

Education: One of the main concerns was found to be low educational attainment, especially among pregnant women. Long-term economic instability and fewer job prospects were noted and impacted by low levels of education.

Housing: There is a shortage of reasonably priced homes, and unaffordable prices put a pressure on finances that affect mental and physical health. Several interviewees have referenced an employer who brings in employees from many places in and outside the country, and they have a challenging time finding housing.

Most of the stakeholders indicated that the social determinants of health provided above are interrelated and contribute to health disparities within the county.

Populations of Priority
Several vulnerable populations that need focused interventions were identified by the assessment:

- Adolescents and young people, especially with reference to behavioral issues, substance abuse, and mental health
- Pregnant people and lack of health system obstetrics care
- Families in need of affordable and accessible childcare
- Older people and age-related health issues
- Immigrant population who has language hurdles, cultural disparities, and low health literacy
- Families and individuals with low incomes, especially those who could become unhoused.

Obstacles to Care
Important obstacles found in all the interviews are:

- Few choices for transportation
- Expensive medical and dental expenses, especially for those without insurance
- Language and cultural limitations that impact usage and access
- Inadequate local healthcare infrastructure, such as inpatient services and specialty care
- Public health system understaffed and unable to grow programs
- Elimination of the Great Start Collaborative

Strengths of the Community

Branch County offers several advantages despite these difficulties:

- Current community initiatives like health fairs, school-based projects, and preventative campaigns

- Behavioral health organizations that provide walk-in and outreach services
- Strong ties to the community and a readiness to work together
- Accessibility of public areas and facilities for programming and community involvement

These advantages offer a basis for carrying out successful interventions.

Recommendations

Based on the findings, the following recommendations were proposed:

1. Expand Mental Health Services
   Increase the number of providers, improve crisis response systems, and implement early intervention programs in schools and communities.
2. Improve Access to Healthcare
   Enhance access to specialty care through partnerships and telehealth services, and address gaps in maternal healthcare.
3. Strengthen Substance Use Prevention and Treatment
   Expand prevention programs, particularly for youth, and increase availability of treatment services.
4. Enhance Transportation Systems
   Develop local transportation solutions to improve access to healthcare and other essential services.
5. Address Housing and Economic Barriers
   Increase access to affordable housing and provide support services for low-income populations.
6. Improve Health Education and Outreach
   Develop culturally appropriate health education programs, particularly for immigrant populations, and improve overall health literacy.
7. Increase Public Health Capacity
   Invest in staffing and resources for the health department to support program implementation and community outreach.

The Key Informant script is provided in its entirety in Appendix D.

Key Informant Interviews

Key Summary Points

- Mental health, substance abuse, and restricted access to healthcare are the main health issues that Branch County faces.
- Social variables including housing, transportation, and education exacerbate these problems.

● A cooperative, multi-sector strategy involving healthcare providers, public health groups, community organizations, and local government will be necessary to address these issues.	
Populations/Sectors Represented	**Common Themes**
● Branch County Commission/Board of Health ● Branch County Community Foundation ● Branch County Intermediate School District ● City of Coldwater ● Pines Behavioral Health (two interviews) ● Insight Hospital and Medical Center Coldwater	**Behavioral Health (Mental Health and Substance Abuse)**: Participants mentioned common issues with trauma, anxiety, sadness, and long-term stress. Worsening results are caused by a lack of early intervention mechanisms, inadequate providers, and restricted access to mental health care. **Access to healthcare** was identified as a significant barrier for residents: ● Primary Care: Available but limited, with long waiting times and difficulty finding providers accepting new patients. ● Specialty Care: Largely unavailable locally, requiring travel to nearby cities such as Battle Creek, Marshall, Kalamazoo, Fort Wayne, Lansing, Ann Arbor or Grand Rapids. Dental Care: Services exist, but affordability and long waiting times are major barriers.

Community forum

One community forum was conducted with the Branch County Community Network and facilitated by consultant Mary Kushion to gather feedback from its members who represent community members and various populations of focus on the health needs and assets of Branch County. Seventeen community members participated in the forum, held on May 20, 2026. Populations represented by participants included those with mental health challenges, infants, children and adolescents, the faith-based community, low-income, those seeking employment and job skill educational opportunities and victims

of domestic violence. In addition, the healthcare system and community non-profit sectors were represented at the forum.

Community Forum	
Key Summary Points	
● **2026 Community Health Needs Assessment Report is a collaborative effort to produce one report for Branch County** ● **Members were provided with a summary of the quantitative and qualitative data** ● **Members were asked to review identified health issues and determine which were significant and then which of those should be the highest priority**	
Populations/Sectors Represented	**Common Themes**
● Beginning's Care for Life ● Branch County Coalition Against Domestic and Sexual Violence ● Branch County Community Foundation ● Branch County District Library ● Branch County Commission ● Childcare Network ● Community Action Agency ● Jacob's Well ● Kiwanis Club ● Insight Coldwater Hospital ● Michigan Dept. of Health and Human Services: Environmental Bureau ● Michigan Dept. of Health and Human Services: Branch County Service Center ● Pines Behavioral Health ● Presbyterian Free Health Clinic	● The cost and accessibility for both food and housing are making it unattainable for many who work and reside in Branch County ● Access to health services (primary care, specialty care, and dental care) is difficult and expensive ● Need for mental and behavioral health services is increasing in demand - especially for teens who report using alcohol, marijuana and prescription medications that are not prescribed to them. ● Maternal, infant and child health which is related to the low immunization rates in the county, lack of parent education opportunities and the high percentage of teens who have 2+ adverse childhood experiences ● Transportation is an issue related to hours of operation

Surveys

In a coordinated effort with the Branch County Community Network, a survey was disseminated by the health department to the Network membership to gather the perceptions, thoughts, opinions, and concerns of the community regarding health outcomes, health behaviors, social determinants of health, and clinical care for Branch County. 13 individuals participated in the survey held in March and April 2026. The data gathered and analyzed provides valuable insight into issues of importance to the community. The survey contained 12 questions and was distributed via an electronic survey distribution method with confidential results being returned directly to the consultant.

Surveys

Key Summary Points

- Chronic diseases and access to care for the treatment of them ranked high as the most pressing health issue facing the county
- Access to specialty providers within the county is a common concern
- The complexity of the diversity of our county, specifically in the city of Coldwater, creates many health challenges. Language barriers along with differing cultural and social norms exists
- Barriers to health
  - Lack of physicians and dentists
  - Uninsured
  - Costs – varied for food, care, housing, transportation
  - Lack of attraction/ability to reach those who need helpful programs

Populations/Sectors Represented	Common Themes
• Branch County Community Network Members • Branch County Sunrise Rotary Members	**Most pressing health issues identified in survey** • Cancer • Diabetes • Obesity • Access to medical care for chronic diseases • Lack of mental health providers to address the need • Lack of OB/GYN and other specialty providers • Poverty • Homelessness • Literacy

To view community survey questions in their entirety, see Appendix D. Survey results are available upon request.

Summary of Secondary Data

Secondary data is data that has already been collected and published by another party. Both governmental and non-governmental agencies routinely collect secondary data reflective of the health status of the population at the state and county level through surveys and surveillance systems. Secondary data were compiled from various reputable and reliable sources including County Health Rankings and Roadmaps (CHRR), State of Michigan Vital Statistics, U.S. Census, Michigan Kids Count, and the Michigan Profile for Healthy Youth. It is also recognized that the County Health Rankings and Roadmaps utilize most, if not all, the same data sources. As such, because the County Health Rankings and Roadmaps are presented as a county-specific data set, the Agency is using the

CHRR as its primary secondary data source. When an indicator was not present in the County Health Rankings and Roadmaps but important to the assessment, the specific data source is referenced.

The Branch County CHNA secondary data approach relies on the model developed by the County Health Rankings and Roadmaps and the Robert Wood Johnson Foundation, utilizing the determinants of health model as the model for community health improvement. Health indicators in the following categories were reviewed:

- Health Behaviors
- Clinical Care
- Social and Economic Factors
- Physical Environment

The secondary data collected and analyzed through this assessment is referenced and highlighted in the significant needs tables in the Community Needs Section of this report. To view secondary data and sources in its entirety, see Appendix E.

Data Limitations and Information Gaps

Although it is quite comprehensive, this assessment cannot measure all possible aspects of health and cannot represent every possible population within Branch County. This constraint limits the ability to fully assess all the community's needs.

For this assessment, three types of limitations were identified:

- Some groups of individuals may not have been adequately represented through the community input process. Those groups, for example, may include individuals who are transient, who speak a language other than English, or who are members of the lesbian/gay/bisexual/transgender+ community.
- Secondary data is limited in several ways, including timeliness, reach and descriptive ability with groups as identified above.
- Acute community concern may significantly impact the Agency's ability to conduct portions of the CHNA assessment. These events may impact the ability to collect community input, may not be captured in secondary data. For the 2026 CHNA, the following acute community concerns were identified:
    - A severe thunderstorm on March 6, 2026, moved through Cass, St. Joseph, and Branch counties in southern Michigan, spawning at three confirmed tornadoes that resulted in four deaths and twelve injuries.

Despite the data limitations, the Agency is confident of the overarching themes and health needs represented through the assessment data. This is because the data collection included multiple methods, both qualitative and quantitative, and engaged the participants from the community.

Community Needs

In collaboration with various community partners, the Branch-Hillsdale-St. Joseph Community Health Agency collected and analyzed primary and secondary data for Branch County. The following sections describe in detail the data collection efforts.

The Agency, with contracted assistance from the outside consultant, analyzed secondary data of over 50 indicators and gathered community input through community surveys and forums to identify the needs in Branch County. In collaboration with community partners, a phased prioritization approach was used to identify the needs. The first step was to determine the broader set of **identified needs**. Identified needs were then narrowed to a set of **significant needs** which were determined to be most crucial for community stakeholders to address. Following the completion of the significant needs, Agency leadership chose three **prioritized needs.** Figure 2 illustrates the relationship between the needs categories.

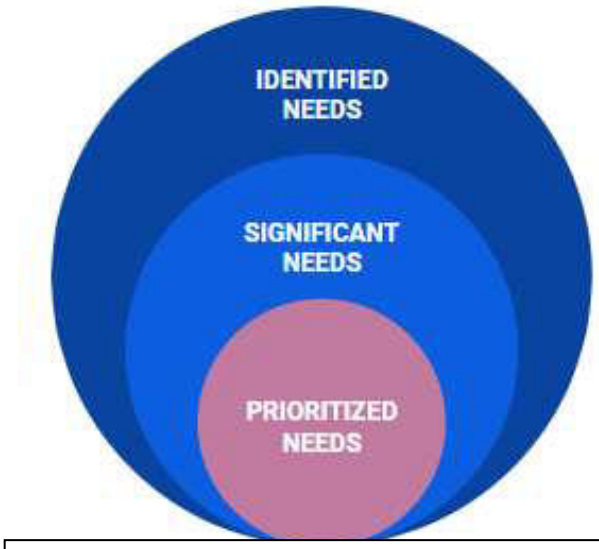


Figure 2: Identification and Prioritization of Needs

Identified Needs

The Agency has defined “identified needs” as the health outcomes or related conditions (e.g., social determinants of health) impacting the health status of Branch County. The identified needs were categorized into groups such as health behaviors, social determinants of health, length of life, quality of life, clinical care, and systemic issues to better develop measures and evidence-based interventions that respond to the determined condition. The agency reviewed the quantitative and qualitative data received create a list of identified needs. Table 1 provides a summary of the health issues identified by the health department, key informants, surveys, and the BCCN.

Table 1: Branch County Health Needs

Issue	Key Informant	Survey	BCCN	BHSJCHA
Food Security			X	X
Substance Use	X	X	X	X
Housing/Unhoused	X	X	X	X
Transportation	X		X	X
ACES			X	X

Immunizations			X	X
Parent Education			X	X
Maternal/Infant Mortality			X	x
Mental Health	X	X		X
OB Care at Hospital		X		X
Chronic Diseases		X		
Access to care (all)	X	X		X
Poverty		X		
Literacy		X		
Child Care	X			
STI Treatment Options				X
Harm Reduction/Needle Exchange Program				X
Culturally Competent healthcare services				X
Teen Pregnancy				X
Teen Use of drugs/alcohol				X
Firearm Risk Reduction				X
Marijuana Dispensaries				X

The identified health needs, based on the data, are as follows:

- Lack of Sexually Transmitted Infection (STI) treatment options
- Need a Harm Reduction/Syringe Exchange program
- Need for How to Parent program
- Culturally competent healthcare services for the Hatian, Yemeni and Amish populations
- High teen pregnancy rate
- Lack of food sources – food insecurity
- Lack of housing- growing unhoused population
- Lack of healthcare providers
- Lack of transportation for older adults and low-income people
- Low immunization rates/vaccine resistant population
- Lack of a county birthing hospital
- Long wait times for specialty care
- Substance use and abuse problem and lack of treatment centers
- Long wait times for in-patient mental health services
- High rental eviction rates
- Teens with two or more adverse childhood experiences
- Increasing number of teens using drugs and alcohol
- Firearm risk reduction program
- The increasing number of marijuana dispensaries

- Maternal and infant mortality rates

Significant Needs

In collaboration with various community partners, the Agency utilized a three-step approach to prioritize which of the identified needs were most significant. The community forum provided the participants with the opportunity to identify ten significant needs that needed to be addressed in Branch County. The identified needs were presented to the forum participants who then ranked each of them to identify the significant needs. Significant needs are defined as the identified needs which have been deemed most significant to address based on established criteria and/or prioritization methods.

Through the prioritization process for the 2026 CHNA, the significant needs are as follows:

- Food Security including access and availability of fresh foods
- Lack of Accessible Housing
- Transportation Services for evening and overnight needs
- Low Immunization Rates
- How to Parent Education Classes
- Behavioral Health, including substance use and treatment options
- Access to healthcare services
- Maternal/Child/Infant Health
- Chronic diseases
- Teens with two or more adverse childhood experiences

Prioritized Needs

Of the significant needs, three health issues were identified as the priority health issues.

- **Access to Care** This need was selected because there is a constant and growing need for multiple types of care in the county. The closure of the OB unit at the hospital has made it difficult for pregnant people to access obstetrical and gynecological care in the county. Specialty care services for chronic diseases such as, but not limited to heart disease, cancer, and diabetes sequalae, especially for those who are older adults, are not readily available in the county. The County has one Medication Assisted Treatment (MAT) service provider for substance use, but in-house treatment services do not exist, and mental health services are limited. Access to care is a priority not only for the Agency, but for Insight Hospital, Medical Center of Coldwater, and Pines Behavioral Health as well.

- **Maternal/Child/Infant Health** This need was selected because, as stated above, the lack of an obstetrics unit at the hospital is preventing pregnant persons from delivering babies in the county and with the potential growing concern that OB/GYN providers will leave the area as a result, it is important to provide services to pregnant persons, their infants and children. Vaccine hesitancy delayed or lack of prenatal care, the need for parenting education courses, food insecurity and lack of adequate housing all contribute to health and well-being of the population.

- **Substance Abuse** This need was selected because the substance use and abuse in the county, especially among teens, is rising. The legalization of cannabis has resulted in the

development of multiple dispensaries in the county. Also, the rates of suicide, those having suicidal thoughts and depression among both adults and adolescents, are above the state and national averages. Teen use of drugs without a prescription, vape products and alcohol are also above state and national averages.

Multiple reasons as to why the remaining significant needs that were not selected as priority needs in this CHNA cycle exist. These include but are not limited to the fact that some of the areas are beyond the scope of control of the agency, others are being addressed by community organizations and groups, and a few will be incorporated into the larger priority needs categories. Although the Agency may not directly address the remaining issues, it will continue to be a collaborating partner and referral resource as appropriate.

Descriptions, including data highlights, community challenges & perceptions, and local assets & resources of the prioritized needs are on the following pages.

Access to Care

Why is it Important?

"Access to health services affects a person's health and well-being. Regular and reliable access to health services can:

- Prevent disease and disability
- Detect and treat illnesses or other health conditions
- Increase quality of life
- Reduce the likelihood of premature (early) death
- Increase life expectancy"

Source: CDC

Data Highlights

- 2,780:1 is the Patient-to-Primary Care Provider Ratio
- 2,150:1 is the Patient-to-Dentists
- 540:1 is the Patient-to-Mental Health Provider Ratio
- 8% of the population under age 65 is uninsured
- Adult diabetes prevalence 11%
- Heart disease mortality 209/100,000
- Lung and bronchus cancer 11.2/100,000
- 36% of adults are obese
- 8.6% of adults were ever told of COPD
- Liver disease mortality 16.8/100,000
- All cancer incidence 461/100,000
- Colorectal cancer incidence 39.4/100,000
- Kidney disease mortality 18.7/100,000

Local Assets & Resources

- Insight Hospital and Medical Center-Coldwater
- BHSJCHA
- Pines Behavioral Health
- Presbyterian Free Health Clinic
- Karim Healthcare
- Oaklawn Family Practice
- Family Practice and Orthopedic Care Center
- Branch Pediatric & Adolescent Medicine
- My Community Dental Center
- Fresenius Dialysis Center
- Prompt Care
- Coldwater Family Medicine

Individuals Who Are More Vulnerable

- All county residents are vulnerable
- Pregnant Persons
- Older Adults
- Persons with no insurance

Community Challenges & Perceptions

- Provider ratios are larger than the state average resulting in longer wait times or increased utilization of urgent care or emergency room services.
- Language barriers between providers and patients create communication and compliance challenges.

• Low/no income people • People with chronic conditions • Immigrant populations	• Preventative services are delayed due to lack of primary care providers, insurance coverage, transportation, and/or cultural barriers. • For conditions that require specialty care, providers and services are not readily available in the county, requiring patients and families to travel distances for definitive care
Maternal, Infant and Child Health	
Why is it Important?	**Data Highlights**
Maternal, infant and child health is a critical foundation for the overall well-being of a community because health during pregnancy, infancy, and childhood strongly influences lifelong physical, emotional, and developmental outcomes. Strong maternal and child health systems also help reduce preventable complications, improve health outcomes, support early development, and lower the risk of chronic disease later in life. Investing in maternal, infant and child health strengthens families, reduces health disparities, contributes to a healthier and more productive population overall.	• 20% of the children in the county live in poverty • 7% of babies had low birth weights (under 5 pounds, 8 ounces) • Infant mortality 8.8/1,000 live births • 42% are enrolled in early child education (ages 3-4) • 69% of toddlers (ages 19-35 months) are fully immunized • 26% Child abuse/neglect rate • 32% Teens with 2 or more adverse childhood experiences • 18% of teens eat 5+ fruits/vegetables per day • Teen obesity rate 18% • Child food insecurity rate 22% • Sexually transmitted infection rate for teens (ages 15-19) 842/100,000 • Teen birth rate 24.1% • Prenatal care in 1st trimester 68% • 12% of teens using prescription drugs without a prescription • 48% HPV vaccine series complete (adolescents)
Local Assets & Resources	
• BHSJCHA • Insight: Coldwater • Pines Behavioral Health • Presbyterian Free Health Clinic • Karim Healthcare • Oaklawn Family Practice • Family Practice and Orthopedic Care Center • Branch Pediatric & Adolescent Medicine • Coldwater Family Medicine	

Individuals Who Are More Vulnerable	**Community Challenges & Perceptions**
• All county residents are vulnerable with a special emphasis on pregnant people, parents, infants, children and adolescents	• Lack of a hospital in county that offers labor and delivery services requires families to travel to other counties to deliver their child. • Cultural groups within the community prefer female providers for obstetrical care, which may not be available. • Pregnant people fear the involvement of authorities if they are using substances and will delay care to avoid pre-delivery screening. • Vaccine hesitancy is seen among the population. For some, their justification is based on unreliable sources. • Families who live in poverty may delay medical care to meet other financial obligations. • Schools are hesitant to provide education in the classroom to discuss STIs, pregnancy/contraception, substance use, or mental health • Food resources outside of Coldwater city are limited to Dollar General Stores or local gas stations/carry outs. Farmer's Markets or farm stands are not participating in SNAP programs.
Substance Abuse	
Why is it Important?	**Data Highlights**
Addressing **substance abuse in adolescents** is crucial because early use of alcohol or drugs can disrupt healthy brain development, increase the risk of addiction later in life, and contribute to serious social, emotional, and academic problems. Adolescents who misuse substances are more likely to experience mental health challenges, engage in risky behaviors, and struggle with	• 21% of teens report having a major depressive episode • Average Health Professional Shortage Area Score: Mental Health 19.3 • 27.4/100,000 drug induced mortality rate • 11.6/100,000 alcohol induced mortality rate • Adult smoking rate 21% • Teen smoking rate 7% • Teens who used marijuana in past 30 days 17% • Teens who vaped in the past 30 days 18% • Mental health emergency department visits 84.6/10,000

school performance or relationships, which can set the stage for long-term difficulties in adulthood. By intervening early—through education, supportive environments, and accessible prevention programs, communities can protect young people during a vulnerable developmental period and promote healthier, safer futures.	● Adults reporting that their mental health was not good on 6.0 of the previous 30 days ● Adults with opioid use disorder 3.8% ● Binge drinking adults 19% ● Suicide mortality rate 18.4/100,000
Local Assets & Resources	
• Pines Behavioral Health • Insight: Coldwater • Insight Family Medicine – Union City	
Individuals Who Are More Vulnerable	**Community Challenges & Perceptions**
● All county residents are vulnerable ● Adolescents	● Limited providers in Branch County requires individuals and families to seek mental health services in surrounding counties or across state lines. ● Limited programming or support for substance use or behavioral health concerns of teens/adolescents outside of the school environment. ● Vaping is prevalent in the teen/adolescent population. ● Cannabis related businesses are prevalent in several communities which contributes to economic and social normalization of cannabis use in all age groups

Approval by Branch-Hillsdale-St. Joseph Board of Health

To ensure the Branch-Hillsdale-St. Joseph Community Health Agency's efforts meet the needs of the community and have a lasting and meaningful impact, the 2026 CHNA was presented to the Board of Health for approval and adoption on INSERT DATE. The adoption of the CHNA also demonstrates that the board is aware of the findings from the community health needs assessment, endorses the priorities identified, and supports the strategy that has been developed to address prioritized needs.

Conclusion

The purpose of the CHNA process is to develop and document key information on the health and wellbeing of the Branch County communities served by the Branch-Hillsdale-St. Joseph Community Health Agency serve. This report will be used by internal stakeholders, non-profit organizations, government agencies, and other community partners of the agency to guide the implementation strategies and community health improvement efforts. The 2026 CHNA will also be made available to the broader community as a useful resource for further health improvement efforts.

The agency hopes this report offers a meaningful and comprehensive understanding of the most significant needs of residents of Branch County. The agency values the community's voice and welcomes feedback on this report. Please visit this public website https://bhsj.org to submit your comments.

Appendices

Appendix A: Definitions and Terms

Acute Community Concern
An event or situation which may be severe and sudden in onset or newly affects a community. This could describe anything from a health crisis (e.g., COVID-19, water poisoning) or environmental events (e.g., hurricane, flood) or other events that suddenly impact a community. The framework is a defined set of procedures to provide guidance on the impact (current or potential) of acute community concern. Source: Ascension Acute Community Concern Assessment Framework

Collaborators
Third-party, external community partners who are working with the hospital to complete the assessment. Collaborators might help shape the process, identify key informants, set the timeline, contribute funds, etc.

Community Focus Groups
Group discussions with selected individuals. A skilled moderator is needed to lead focus group discussions. Members of a focus group can include internal staff, volunteers and the staff of human service and other community organizations, users of health services and members of minority or disadvantaged populations. Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Community Forums
Meetings provide opportunities for community members to provide their thoughts on community problems and service needs. Community forums can be targeted towards priority populations. Community forums require a skilled facilitator.

Community Served
The agency may consider all the relevant facts and circumstances in defining the community it serves. This includes: The geographic area served; Target populations served, such as children, women, or the aged; and Principal functions, such as a focus on a particular social determinant or targeted disease.

Consultants
Third-party external entities paid to complete specific deliverables on behalf of the Agency (or coalition/collaborators); alternatively referred to as vendors.

Demographics
Population characteristics of your community. Sources of information may include population size, age structure, racial and ethnic composition, population growth, and density.

Identified Need
Health outcomes or related conditions (e.g., social determinants of health) impacting the health status of the community served.

Key Stakeholder Interviews
A method of obtaining input from community leaders one-on-one. Interviews can be conducted in person or over the telephone. In structured interviews, questions are prepared and standardized prior to the interview to ensure consistent information is solicited on specific topics. In less structured interviews, open-ended questions are asked to elicit a full range of responses. Key informants may include leaders of community organizations, service providers, and elected officials.

Medically Underserved Populations
Medically Underserved Populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility's service area but not

receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.
Source: https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospitalorganizations-section-501r3

Prioritized Need
Significant needs which have been selected by the Agency to address through the CHNA implementation strategy

Significant Need
Identified needs which have been deemed most significant to address based on established criteria and/or prioritization methods.

Surveys
Used to collect information from community members, stakeholders, and providers for the purpose of understanding community perception of needs. Surveys can be administered in person, over the telephone, or using a web-based program. Surveys can consist of both forced choice and open-ended questions.

Appendix B: Branch County Community Network Membership and Populations Represented

Organization	Population(s) Represented
Beginning's Care for Life Center	Pregnant persons
Branch County Coalition Against Domestic and Sexual Violence	Survivors of domestic violence, sexual assault, and stalking
Branch County Community Foundation	Entire population
Branch County District Library	Entire county; people with no internet access
Branch County Government	Entire population
Branch County Intermediate School District	Entire population
Branch County Literacy Council	Low-literacy adults who want instruction
Branch County United Way	Entire population
Child Abuse and Prevention Awareness of Branch County	Children and families
Coldwater Board of Public Utilities	Entire population
Childcare Network	Childcare providers
City of Coldwater	Coldwater residents
Coach Eby Youth and Family Center	Faith-based community; youth educational opportunities
Coldwater Housing Commission	Income-based rental apartments for low-income people
Coldwater Kiwanis	Children
Community Action Agency	Those in need of assistance (food, transportation, fuel, education)
Country Knoll Apartments	People 62 years and older; disabled of any age
First Presbyterian Health Clinic	Low-income and un/underinsured people
Gryphon Place	People who access 2-1-1- services
Jacob's Well	Individuals with urgent needs (utility and rent payments)
Kiwanis Club	Those in need in community; emphasis on helping children
Insight Coldwater Hospital	Entire population
Judson Center	People impacted by abuse and neglect, autism, developmental, behavioral, and physical health challenges
Meadow View Senior Apartments	People 62 years and older; disabled of any age
Michigan Dept. of Health and Human Services: Environmental Bureau	Outreach provided related to issues such as lead, radon, PFAS, etc. for entire population
Michigan Dept. of Health and Human Services: Branch County Service Center	Population represented would include Those in need of public assistance, including Medicaid, SNAP, TANF, Cash Assistance, and Emergency Relief funds
Michigan Works!	Job seekers
Old Mill Race Apartments	Income-based rental apartments for low-income people
Pines Behavioral Health	Those with mental health concerns, substance use disorders, people with an intellectual/developmental disability, and veterans with intensive and complex needs.
Salvation Army	People with basic needs

South Michigan Food Bank	People facing food insecurity
Tommy's House	Women battling addiction

Appendix C: Community Demographic Data and Sources

The tables below provide a description of the community's demographics. The description of the importance of the data is largely drawn from the U.S. Census Bureau.

Population

Why it is important: The composition of a population, including related trends, is important for understanding the context and informing community planning.

Population	Branch County	Michigan	U.S.
Total	45,993	10,127,884	341,784,857
Male	51.8	49.5%	49.5%
Female	48.2%	50.5%	50.5%
Data source: U.S. Census; July 2025 Estimates			

Population by Race or Ethnicity

Why it is important: The race and ethnicity composition of a population is important in understanding the cultural context of a community. The information can also be used to better identify and understand health disparities.

Race or Ethnicity	Branch County	Michigan	U.S.
Asian	0.8%%	4%	6.7%
Black / African American	2.8%	14.1%	13.7%
Hispanic / Latino	8%	6.2%	20%
Native American	0.6%	0.8%	1.4%
White	86.6%	73%	57.5%
Data source: U.S. Census; July 2025 Estimates			

Population by Age

Why it is important: The age structure of a population is important in planning for the future of a community, particularly for schools, community centers, healthcare, and childcare. A population with more youths will have greater education and childcare needs, while an older population may have greater healthcare needs.

Age	Branch County	Michigan	U.S.
Median Age	40.6	40.1	39.1
Age 0-17	23.2%	21.4%	21.5%
Age 18-64	56.7%	60.4%	60.5%%
Age 65+	20%	18.2%	18%

Data sources:mdch.state.mi.us/osr/chi/fullscreen.asp?MyTarget=https%3A//www.mdch.state.mi.us/osr/chi/pop/Age/PopAgeObject.asp%3FDatasetCopy%3D1%26Dataset%3D3%26Hisp%3DOFF%26Age%3DTOTAL%26ActiveSex%3DT%26ActiveDemo_1%3DT%26ActiveDemo%3DT%26AreaCode%3D12%26AreaType%3DC%26AgeCategory%3DYNGMIDOLD%26ActiveYear%3D2019;

Source: U.S. Census Bureau American Community Survey (ACS) 2019-2023 5-Year Estimates. https://www.bing.com/ck/a?!&&p=35e0a3c959cf0eb928355de664f8d12ac26fe63a0c6a8afb4de6dccff063c6b2JmltdHM9MTc4MTQ4MTYwMA&ptn=3&ver=2&hsh=4&fclid=2baa7b7a-70ed-6ac8-063c-6c0c71c46b1c&psq=U.S.+population+by+age%3f&u=a1aHR0cHM6Ly90aGV3b3JsZGRhdGEuY29tL3VzLXBvcHVsYXRpb24tYnktYWdlLw

Income

Why it is important: Median household income and the percentage of children living in poverty, which can compromise physical and mental health, are well-recognized indicators. People with higher incomes tend to live longer than people with lower incomes. In addition to access to health insurance, income affects access to healthy choices, safe housing, safe neighborhoods, and quality schools. Chronic stress related to not having enough money can have an impact on mental and physical health. ALICE, an acronym for Asset Limited, Income Constrained, Employed, are households that earn more than the U.S. poverty level, but less than the basic cost of living for the county. Combined, the number of poverty and ALICE households equals the total population struggling to afford basic needs.

Income	Branch County	Michigan	U.S.
Median Household Income	$63,724.00	$72,875.00	$80,734.00
Per Capita Income	$31,163.00	$40,73.00	$44,673.00
People with incomes below the federal poverty guideline	13.2%	13.4%	10.6%
ALICE Households	30%	39.7%	29%

Data source: Estimates; Unitedforalice.org

Education

Why is it important: There is a strong relationship between health, lifespan, and education. In general, as income increases, so does lifespan. The relationship between more schooling, higher income, job opportunities (e.g., pay, safe work environment) and social support, help create opportunities for healthier choices.

Education	Branch County	Michigan	U.S.
High School graduate or higher	88.6%	92.1%	89.6%%
Bachelor's degree or higher	17.3%	32.4%	35.7%
Data source: <U.S. Census; July 2025 estimates			

Insured/Uninsured

Why it is important: Lack of health insurance can have serious health consequences due to lack of preventive care and delays in care that can lead to serious illness or other health problems.

Income	Branch County	Michigan	U.S.
Uninsured underage 65	7.6%	6.2%	9.6%
Data source: U.S. Census; July 2025 estimates			

Appendix D: Community Input Data and Sources

Key Informant Interview Script

Thank you for allowing us your time today.

My name is Mary Kushion, and I am a consultant working with the Branch-Hillsdale-St. Joseph Community Health Agency and Health Officer Rebecca Burns to produce a community health needs assessment. As a component of the assessment, we are conducting a series of key informant interviews. You have been identified as a valuable stakeholder and partner with the agency and as such, we would like to interview you to get your input regarding the health needs in Branch County. Before we get started, do you have any initial questions or concerns?

Let's get started:

How would you describe the overall health of Branch County? Also, on a scale of 1 to 10 with 1 being "we are all doomed" and 10 being "we are as healthy as they come!"

- What do you believe are the most pressing health issues that need improvement in your community?
- Of those you mentioned, which is most important to address in your opinion?
- What unhealthy behaviors do you perceive as the most common in the community?
- What factors contribute to these behaviors?
- How do housing, transportation, employment, and education impact health in the community?
- Does your organization/agency do any activities either with your employees or in the county that are health-related?
- If you could change or implement one policy, program, or system improvement to improve health, what would it be?
- Is there a role your organization could play to either assist with or champion the implementation? If so, can you provide some details?
- How difficult is it for Branch County residents to find a primary care provider?
- How difficult is it for Branch County residents to find a specialty care provider?
- How difficult is it for a Branch County resident to find a Dentist?
- Is there anything else you believe is important for us to know about the health of Branch County?

Thank you for your time!

Community Survey Questions

1. In the space provided below, please indicate the name of the organization you represent on the Branch County Community Network
2. What are the most common health concerns you believe exist in Branch County?
3. What unhealthy behaviors do you perceive as the most common in the community?
4. What barriers prevent people in Branch County from staying healthy?
5. What changes or resources do you believe would most improve the overall health of Branch County? This can be in terms of programs and policies.
6. What do you believe is THE MOST pressing health issue in Branch County?
7. What resources does your organization have to address health issues?
8. On a scale of 1-5, with one being impossible and 5 being very accessible, how easy is it to receive health care services from a primary care provider?
9. Using the same scale of 1-5, how easy is it to access specialty care services?
10. Using the same scale of 1-5, how easy is it to access dental care services?
11. Using the same scale of 1-5, how easy is it to access mental health services?
12. Please use the text box below to provide additional feedback related to the health status and health needs in Branch County.

Community Forum Questions

<table>
<tr><td colspan="2">What does the data tell you about the current issues in Branch County? What are the current issues you believe need to be addressed in Branch County</td></tr>
<tr><td>• Food Security
• Substance Use
• Housing
• Transportation</td><td>• ACES
• Immunizations
• Parent Education
• Maternal/Infant Mortality</td></tr>
<tr><td colspan="2">Which Identified Needs are most important to address in Branch County over the next five years? What are the top five needs</td></tr>
<tr><td colspan="2">• Food Security
• Substance Use
• Housing
• Transportation
• ACES</td></tr>
</table>

Appendix E: Secondary Data and Sources

Branch County Indicator Tables

Housing				
Indicator	**Branch County**	**Michigan**	**CDC**	**Data Source**
Median Value of Owner-Occupied Homes	142,400	190,400	231,200	U.S. Census Bureau – ACS 5-Year Estimates
Renters (% of all occupied homes)	26%	28%	34%	U.S. Census Bureau – ACS 5-Year Estimates
Vacant Housing Units	12.1%	10.8%	10.9%	U.S. Census Bureau – ACS 5-Year Estimates
Median Household Income	51,947	64,488	74,580	U.S. Census Bureau – ACS 5-Year Estimates
Gross mortgage is >= 30% of household income	23.4%	22%	24.3%	U.S. Census Bureau – ACS 5-Year Estimates
Severe quality problems with housing	15%	14%	6%	U.S. Census Bureau – ACS 5-Year Estimates
Gross rent is >=30% of household income	44%	45%	48.8%	U.S. Census Bureau – ACS 5-Year Estimates
Eviction Rate	6.3 / 1,000 renter households	6.1 / 1,000 renter households	2.3 /1,000	Princeton University Eviction Lab; Eviction Lab; Eviction Lab (State Data)

Chronic Disease, Cancer, and Risk Behaviors				
Indicator	**Branch County**	**Michigan**	**CDC**	**Data Source**
Liver Disease Mortality	16.8 / 100,000	17.4 /100,000	13.1 /100,000	CDC WONDER – Multiple Cause of Death; CDC WONDER – State Filter
Heart Disease Mortality	209 / 100,000	213 /100,000	167.0 /100,000	CDC WONDER – Multiple Cause of Death; CDC WONDER – State Filter
Heart Disease Incidence	7.1%	7.4%	6.8%	CDC WONDER – Multiple Cause of Death; CDC WONDER – State Filter
Smoking cigarettes in past 30 days (teens)	7%	7%	4.5%	MiPHY (Michigan Profile for Healthy Youth); MiPHY (State Tables)
Oral Cavity and Pharynx Cancer	11.2/100,000	11.6 /100,000	11.7 /100,000	Michigan Cancer Surveillance Program (MCSP)
Lung and Bronchus Cancer	63.9 /100,000	64.8 /100,000	55.7 /100,000	Michigan Cancer Surveillance Program (MCSP)
Asthma (teens)	10.6%	10.4%	8.8%	CDC PLACES
Ever told COPD (adults)	8.6%	9.1%	6.2%	CDC PLACES
Binge drinking (adults)	19%	19%	17%	CDC PLACES
Used prescription drugs without prescription (teens)	12%	13%	9.3%	CDC PLACES
Used marijuana in past 30 days (teens)	17%	18%	14.5%	MiPHY (Michigan Profile for Healthy Youth)
Had drink of alcohol in past 30 days (teens)	21%	22%	19.5%	MiPHY (Michigan Profile for Healthy Youth)
Used chew tobacco in past 30 days (teens)	4%	4%	2.2%	MiPHY (Michigan Profile for Healthy Youth)

Chronic Disease, Cancer, and Risk Behaviors				
Indicator	**Branch County**	**Michigan**	**CDC**	**Data Source**
Vaped in past 30 days (teens)	18%	19%	16.2%	MiPHY (Michigan Profile for Healthy Youth)
Opioid related hospitalizations	15.2 / 10,000	16.3 /10,000	11.4 /10,000	CDC WONDER / MDHHS / MiPHY
Motor vehicle crash involving alcohol fatality	3.1 / 100,000	3.4 /100,000	3.2 /100,000	CDC WONDER – Multiple Cause of Death
Drug-induced mortality	27.4 /100,000	29.1 /100,000	21.6 /100,000	CDC WONDER – Multiple Cause of Death
Alcohol-induced mortality	11.6 / 100,000	12.4 /100,000	10.4 /100,000	CDC WONDER – Multiple Cause of Death
Smoking (adult)	21%	21%	11.5%	CDC PLACES

Mental Health				
Indicator	**Branch County**	**Michigan**	**CDC**	**Data Source**
Alzheimer's/Dementia Mortality	43.1/ 100,000	45.9 /100,000	N/A	CDC WONDER – Multiple Cause of Death
Poor mental health 14+ days (adult)	15%	16%	14.4%	CDC PLACES
Major depressive episode (teen)	21%	22%	17%	HRSA Data Warehouse
Average Health Professional Shortage Area Score: Mental Health	19.3	19.8	N/A	HRSA Data Warehouse
Intentional Self-Harm	16.2 / 100,000	17.1 /100,000	13.0 /100,000	HRSA Data Warehouse

Transportation Access and Safety				
Indicator	**Branch County**	**Michigan**	**CDC**	**Data Source**
Motor vehicle crash mortality	15.1 / 100,000	16.4 /100,000	12.7 /100,000	CDC WONDER – Multiple Cause of Death
No household vehicle	8%	9%	8.7%	U.S. Census Bureau – ACS 5-Year Estimates

Education and Economic Stability				
Indicator	**Branch County**	**Michigan**	**CDC**	**Data Source**
High school graduation percent	90%	91%	87%	MI School Data
High school graduate or higher	89%	90%	89.1%	MI School Data
Bachelor's degree or higher	18%	31%	N/A	MI School Data
Children 0-5 in Special Education	7.9%	7.8%	7.2%	MI School Data
Special Education % Child Find	3.1%	3.2%	2.9%	MI School Data
Students not proficient in Grade 4 English	63%	65%	65%	MI School Data

Education and Economic Stability

Indicator	Branch County	Michigan	CDC	Data Source
ALICE Households	36%	36%	29%	United Way ALICE Report
Households below the federal poverty level	12.6%	13.9%	11.6%	U.S. Census Bureau – ACS 5-Year Estimates
Families living below the federal poverty level	14.2%	14.8%	10.9%	U.S. Census Bureau – ACS 5-Year Estimates
Population below poverty level	13.4%	14%	12.5%	U.S. Census Bureau – ACS 5-Year Estimates
Children below poverty level	17.6%	19.3%	16.3%	U.S. Census Bureau – ACS 5-Year Estimates
Unemployment	4.6%	4.3%	3.7%	Bureau of Labor Statistics (BLS)
Income inequality (Gini Index)	43%	46%	48.9%	U.S. Census Bureau – ACS 5-Year Estimates

Early Childhood Education

Indicator	Branch County	Michigan	CDC	Data Source
Children enrolled in early education	42% (ages 3–4)	45% (ages 3–4)	47% (ages 3–4)	MI School Data

Healthcare Access and Chronic Conditions

Indicator	Branch County	Michigan	CDC	Data Source
Self-reported health fair or poor	17%	18%	15.8%	County Health Rankings / CDC PLACES
All Cancer incidence	461 /100,000	468 /100,000	442.0 /100,000	Michigan Cancer Surveillance Program (MCSP)
Average HPSA Score – Dental Health	18.2	19.1	N/A	HRSA Data Warehouse
Chronic lower respiratory disease mortality	52.7 / 100,000	54.2 /100,000	40.7 /100,000	CDC WONDER – Multiple Cause of Death
Uninsured	6%	6.4%	9.2%	County Health Rankings / U.S. Census Bureau – ACS 5-Year Estimates
No personal health checkup in the past year	16%	17%	15.5%	CDC PLACES
Preventable hospital stays (Medicare enrollees)	4,842 /100,000	4,980 /100,000	4,326 /100,000	County Health Rankings
Average HPSA Score – Primary Care	16.1	16.8	N/A	HRSA Data Warehouse
Fully immunized toddlers (19-35 months)	69%	70%	73.6%	Michigan Care Improvement Registry (MCIR)
Colorectal cancer incidence	39.4/ 100,000	40.6 /100,000	35.3 /100,000	Michigan Cancer Surveillance Program (MCSP)

Mortality and Disease Burden

Indicator	Branch County	Michigan	CDC	Data Source
All cancer mortality	171 / 100,000	174 /100,000	144.1 /100,000	CDC WONDER – Multiple Cause of Death
Diabetes mortality	28.1 / 100,000	29.4 /100,000	22.0 /100,000	CDC WONDER – Multiple Cause of Death

Mortality and Disease Burden				
Indicator	**Branch County**	**Michigan**	**CDC**	**Data Source**
YPLL Pneumonia/Flu	22.4	23.7	18.2	CDC WONDER – Multiple Cause of Death
Pneumonia incidence	864 /100,000	889 /100,000	755.0 /100,000	Michigan Cancer Surveillance Program (MCSP)
Chronic lower respiratory disease mortality	52.7 / 100,000	54.2 /100,000	40.7 /100,000	CDC WONDER – Multiple Cause of Death
Kidney disease mortality	18.7 / 100,000	19.6 /100,000	13.2 /100,000	CDC WONDER – Multiple Cause of Death
Ever told diabetes (adults)	11.2%	11.6%	11.3%	CDC PLACES
All causes of death	931 /100,000	948 /100,000	835.4 /100,000	CDC WONDER – Multiple Cause of Death

Adverse Childhood Experiences and Injury				
Indicator	**Branch County**	**Michigan**	**CDC**	**Data Source**
Teens with 2+ ACES	32%	34%	27%	MiPHY (Michigan Profile for Healthy Youth)
Child abuse/neglect rate	26% confirmed Victims	17% confirmed victims	8.5 /1,000	MiPHY (Michigan Profile for Healthy Youth)
Injury mortality	78.4 /100,000	81.3 /100,000	68.6 /100,000	CDC WONDER – Multiple Cause of Death
Unintentional injury mortality	61.2/ 100,000	64.7 /100,000	53.8 /100,000	CDC WONDER – Multiple Cause of Death
Motor vehicle crash mortality	15.1 / 100,000	16.4 /100,000	12.7 /100,000	CDC WONDER – Multiple Cause of Death

Broadband Access				
Indicator	**Branch County**	**Michigan**	**CDC**	**Data Source**
Homes with broadband internet (25 MBPS or more)	75%	82%	85.2%	U.S. Census Bureau – ACS 5-Year Estimates

Nutrition, Weight Status, and Food Security				
Indicator	**Branch County**	**Michigan**	**CDC**	**Data Source**
Teens with 5+ fruits/vegetables per day	18%	17%	21%	Feeding America – Map the Meal Gap
Obesity (teens)	19%	20%	19.5%	MiPHY (Michigan Profile for Healthy Youth)
Obesity (adults)	34%	36%	33.5%	CDC PLACES
Overweight (teens)	16%	16%	15.8%	MiPHY (Michigan Profile for Healthy Youth)
Overweight (adults)	36%	37%	37.3%	CDC PLACES
Population food insecurity	17.2%	15.9%	17.2%	Feeding America – Map the Meal Gap
Child food insecurity	22%	21%	18.6%	Feeding America – Map the Meal Gap

Sexually Transmitted Infections and Related Conditions				
Indicator	**Branch County**	**Michigan**	**CDC**	**Data Source**
Chlamydia rate	312.4 /100,000	371.2 /100,000	481.3 /100,000	MDHHS / CDC chronic disease and surveillance data
Gonorrhea rate	94.1 /100,000	131.8 /100,000	173.6 /100,000	MDHHS / CDC chronic disease and surveillance data
Syphilis (primary & secondary) rate	8.2 /100,000	12.4 /100,000	17.7 /100,000	MDHHS / CDC chronic disease and surveillance data
Congenital syphilis rate (per 100,000 live births)	28.5 /100,000	38.6 /100,000	77.9 /100,000	MDHHS / CDC chronic disease and surveillance data
HIV diagnosis rate	4.1 /100,000	9.4 /100,000	11.8 /100,000	MDHHS / CDC chronic disease and surveillance data
Hepatitis B incidence	2.1 /100,000	3.2 /100,000	4.0 /100,000	MDHHS / CDC chronic disease and surveillance data
Hepatitis C incidence	14.6 /100,000	17.8 /100,000	20.0 /100,000	MDHHS / CDC chronic disease and surveillance data
Teen (15–19) STI rate	842 /100,000	1,240 /100,000	1,527 /100,000	MDHHS / CDC chronic disease and surveillance data

Firearm-Related Indicators				
Indicator	**Branch County**	**Michigan**	**CDC**	**Data Source**
Firearm mortality rate	17.2 /100,000	14.6 /100,000	13.6 /100,000	CDC WONDER – Multiple Cause of Death / MDHHS
Firearm homicide rate	2.4 /100,000	5.8 /100,000	5.0 /100,000	CDC WONDER – Multiple Cause of Death / MDHHS
Firearm suicide rate	13.1 /100,000	8.1 /100,000	8.0 /100,000	CDC WONDER – Multiple Cause of Death / MDHHS
Firearm injury hospitalizations	24.6 /100,000	28.4 /100,000	25.0 /100,000	CDC WONDER – Multiple Cause of Death / MDHHS
Unintentional firearm injury rate	1.7 /100,000	1.2 /100,000	1.1 /100,000	CDC WONDER – Multiple Cause of Death / MDHHS
Youth firearm death rate (ages 0–19)	4.8 /100,000	4.9 /100,000	5.4 /100,000	CDC WONDER – Multiple Cause of Death / MDHHS
Households reporting firearm ownership	52%	40%	32%	County Health Rankings

Reproductive and Maternal Health				
Indicator	**Branch County**	**Michigan**	**CDC**	**Data Source**
Teen birth rate (per 1,000 females 15–19)	26.4 /1,000	15.6 /1,000	14.2 /1,000	MDHHS vital records and public health data
Unintended pregnancy rate (per 1,000 women 15–44)	48.2 /1,000	36.8 /1,000	36.0 /1,000	MDHHS vital records and public health data
Contraceptive use – modern method	65%	72%	74%	MDHHS vital records and public health data
OB-GYN providers (per 100,000 women)	32.1	52.4	63	MDHHS vital records and public health data

Reproductive and Maternal Health				
Indicator	**Branch County**	**Michigan**	**CDC**	**Data Source**
Prenatal care in 1st trimester	68%	76%	77%	MDHHS vital records and public health data
Low birth weight (< 2,500 g)	8.9%	8.7%	8.5%	MDHHS vital records and public health data
Preterm birth rate	11.2%	10.9%	10.5%	MDHHS vital records and public health data
Women uninsured – reproductive age 18–44	12.4%	7.6%	9%	MDHHS vital records and public health data
Title X family planning clients (per 1,000 women)	18.4	24.6	28	MDHHS vital records and public health data

Mental Health Expanded Indicators				
Indicator	**Branch County**	**Michigan**	**CDC**	**Data Source**
Poor mental health 14+ days – adults	15%	16%	14.4%	CDC PLACES
Major depressive episode – teens	21%	22%	17%	HRSA Data Warehouse
Alzheimer's/Dementia mortality	43.1 /100,000	45.9 /100,000	30.2 /100,000	CDC WONDER – Multiple Cause of Death
Avg HPSA Score – Mental Health	19.3	19.8	N/A	HRSA Data Warehouse
Intentional self-harm	16.2 /100,000	17.1 /100,000	13.0 /100,000	HRSA Data Warehouse
Adults with any mental illness	22.4%	23.1%	22.8%	CDC PLACES / MiPHY / MDHHS
Adults receiving mental health treatment	42%	48%	52%	CDC PLACES / MiPHY / MDHHS
Anxiety or depression diagnosis – adults	28.6%	29.2%	28.8%	CDC PLACES / MiPHY / MDHHS
Mental health ED visits (per 10,000)	84.6 /10,000	91.4 /10,000	86.0 /10,000	CDC PLACES / MiPHY / MDHHS
Youth mental health crisis visits (per 10,000)	42.1 /10,000	48.3 /10,000	52.0 /10,000	CDC PLACES / MiPHY / MDHHS

Substance Use and Opioid-Related Indicators				
Indicator	**Branch County**	**Michigan**	**CDC**	**Data Source**
Drug-induced mortality	27.4 /100,000	29.1 /100,000	21.6 /100,000	CDC WONDER – Multiple Cause of Death
Opioid-related hospitalizations	15.2 /10,000	16.3 /10,000	11.4 /10,000	CDC WONDER / MDHHS / MiPHY
Opioid overdose deaths	22.8 /100,000	24.9 /100,000	14.9 /100,000	CDC WONDER / MDHHS / MiPHY

Substance Use and Opioid-Related Indicators				
Indicator	**Branch County**	**Michigan**	**CDC**	**Data Source**
Naloxone dispensing rate (per 100,000)	312 /100,000	428 /100,000	512 /100,000	CDC WONDER / MDHHS / MiPHY
Prescription opioid dispensing (per 100 persons)	64.2	52.4	42.4	CDC WONDER / MDHHS / MiPHY
Teens using Rx drugs without prescription	12%	13%	9.3%	CDC WONDER / MDHHS / MiPHY
Adults with opioid use disorder	3.8%	3.9%	2.5%	CDC WONDER / MDHHS / MiPHY
MAT providers (per 100,000)	18.4	31.2	44.0	CDC WONDER / MDHHS / MiPHY
Opioid education program participants (est.)	1,240	N/A	N/A	CDC WONDER / MDHHS / MiPHY

Suicide and Crisis Prevention Indicators				
Indicator	**Branch County**	**Michigan**	**CDC**	**Data Source**
Suicide mortality rate	18.4 /100,000	15.2 /100,000	13.9 /100,000	CDC WONDER / MiPHY / MDHHS
Youth suicide rate – ages 10–24	12.6 /100,000	11.9 /100,000	10.7 /100,000	CDC WONDER / MiPHY / MDHHS
Firearm suicide rate	13.1 /100,000	8.1 /100,000	8.0 /100,000	CDC WONDER – Multiple Cause of Death / MDHHS
Suicide attempt hospitalizations	84.2 /100,000	91.8 /100,000	78.0 /100,000	CDC WONDER / MiPHY / MDHHS
Adults with serious suicidal thoughts (past year)	5.2%	4.8%	4.9%	CDC PLACES / MDHHS
Teens seriously considering suicide (past year)	18.4%	19.8%	18.8%	CDC WONDER / MiPHY / MDHHS
Crisis line contacts (per 100,000)	412 /100,000	N/A	N/A	CDC PLACES / MiPHY / MDHHS
988 Lifeline calls – county estimate	2,840	N/A	N/A	MDHHS / CDC chronic disease and surveillance data
Suicide prevention gatekeeper training (est.)	680	N/A	N/A	CDC WONDER / MiPHY / MDHHS

Immunization Indicators				
Indicator	**Branch County**	**Michigan**	**CDC**	**Data Source**
Fully immunized toddlers 19–35 months	69%	70%	73.6%	Michigan Care Improvement Registry (MCIR)
Influenza vaccination – adults	42%	48%	49.9%	Michigan Care Improvement Registry (MCIR) / CDC
Influenza vaccination – children	54%	59%	58.4%	Michigan Care Improvement Registry (MCIR) / CDC
COVID-19 primary series completed – adults	54%	63%	69.5%	Michigan Care Improvement Registry (MCIR) / CDC
HPV vaccine series complete – adolescents	48%	56%	61.7%	Michigan Care Improvement Registry (MCIR) / CDC
Tdap booster – adolescents	74%	80%	90.0%	Michigan Care Improvement Registry (MCIR) / CDC
Meningococcal vaccine – adolescents	71%	78%	88.9%	Michigan Care Improvement Registry (MCIR) / CDC
Pneumococcal vaccine – adults 65+	62%	70%	71.6%	Michigan Care Improvement Registry (MCIR) / CDC
Childhood immunization series (kindergarten)	91%	94%	93.1%	Michigan Care Improvement Registry (MCIR) / CDC
RSV vaccination – adults 60+	24%	31%	33.0%	Michigan Care Improvement Registry (MCIR) / CDC

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Program: Administration	**Effective Date:** 1/27/2022
Subject: Health Officer Evaluation Policy	**Revised Date:** ~~1/23/2025~~7/23/2026

Purpose: The purpose of this policy is to define how the Health Officer will be evaluated.

Authority: Branch-Hillsdale-St. Joseph Community Health Agency Board of Health. Administrative policies shall be subject to revision or termination by the Board of Health at its discretion. This policy replaces and supersedes any prior policy on this subject matter.

Responsibility: The Board of Health or a designee appointed by the Board shall be responsible for the administration and enforcement of this policy.

Policy Statement:
The Board of Health shall evaluate the performance of the Health Officer annually at the September Board of Health meeting using the following process:

- The Secretary to the Board will provide each Commissioner assigned to the Board of Health with a link to the performance evaluation tool, after the Board of Health Meeting proceeding the evaluation.
- To validate responses for the purpose of quality control, each evaluation considered will require the author's name. Responses received with no name, or from anyone other than a current Board of Health member, will be discarded.
- Each evaluation response, in whole, will be provided in the evaluation packet for the Health Officer and the Board of Health Members. A composite of all responses will also be provided.
- The Board will be presented a copy of the annual employee satisfaction survey at least one month prior to the evaluation taking place.

Upon a satisfactory evaluation, the Board of Health may award merit pay per the negotiated contract with the Health Officer. If payable, ~~T~~the merit pay shall be voted on at the September meeting, and paid as a supplemental payroll charged to the fiscal year which the Health Officer was being evaluated on.

	Employee Satisfaction Survey Results Response Rates of active Staff: 2025=79.17, 2026=61.1	**2025**	2025 n#	**2026**	2026 n#
Q1	Please identify the location of your home office.				
	CW	54.39%	57	43.18%	44
	HD	7.02%		6.82%	
	TR	22.81%		20.45%	
	I don't want to anser this question (I'm afraid it may identify my answers)	15.79%		29.55%	
Q2	Which best describes your current position?		57		44
	AAA	3.51%		4.55%	
	EH	21.05%		18.18%	
	PH&DP	24.56%		34.09%	
	HE&P	10.53%		6.82%	
	AS	14.04%		6.82%	
	Don't Want to Identify	26.32%		29.55%	
Q3	How long have you worked for the Agency?		57		44
	Less than 1 year	8.77%		11.36%	
	1-5 years	59.65%		59.09%	
	5-15 years	22.81%		20.45%	
	16+ years	8.77%		9.09%	
	Questions on Evaluation (likert Scale Options: 1 Strongly Disagree, 2 Disagree, 3 Neither Disagree nor Agree, 4 Agree, 5 Strongly Agree)	Weighted Average		Weighted Average	
Q4	The management team and staff maintain respectful relationships.	4.11	56	4.07	44
Q5	I am generally satisfied with my salary and benefits.	3.14	57	2.98	44
Q6	My supervisor is flexible and willing to accomodate my family-related needs.	4.58	57	4.45	44
Q7	The agency has a clearly defined and intentional leadership development strategy.	3.61	56	3.75	44
Q8	The agency's effectiveness is not hampered by adversarial relationships between staff members and their supervisors.	3.75	56	3.79	43
Q9	I trust my supervisor.	4.13	56	4.05	44
Q10	I trust the administrative team and health officer. Question Changed in 2024 to: I trust the agency directors and the health officer.	3.88	57	3.66	44
Q11	Conflict is resolved as quickly and effectively as possible.	3.77	56	3.64	44
Q12	Everyone knows and understands the lines of authority within the organization.	3.88	57	4.00	44
Q13	Established lines of authority are usually followed.	3.82	56	3.84	43
Q14	Systems for quality assessment are in place and functioning effectively.	3.96	55	3.88	40
Q15	Systems for quality improvement are in place and functioning effectively.	3.93	56	3.88	43
	Employee Satisfaction Survey Results - Continued	**2025**	25 n#	**2026**	26 n#

Key:

Indicates improvement compared to the last survey score

Indicates decline compared to the last survey score

Q16	I enjoy working in this organization.	4.30	57	4.20	44	Key:
Q17	The agency is focused on achieving outcomes that fulfill its mission.	4.05	57	4.14	43	Indicates improvement
Q18	My supervisor provides regular feedback about my performance that is objective and motivates me to improve as a professional.	3.98	55	3.91	44	compared to the last survey score
Q19	Job openings within the agency are filled using a well-defined hiring process.	3.79	56	3.75	44	
Q20	Staff members are encouraged to pursue additional education and training.	3.75	56	3.59	44	Indicates decline compared to the last survey score
Q21	My supervisor fosters a culture that celebrates the achievments of subordinates.	3.95	57	3.91	43	
Q22	I am valued by my supervisor.	4.05	57	4.00	44	
Q23	The agency is quick to adapt to the changing circumstances, technologies or public health best practices.	3.68	56	3.95	43	
Q24	My talents, training and expertise are used effectively.	4.07	56	4.00	44	
Q25	The health officer and administrative team do an effective job of leading the agency through change. ---Question changed in 2024 to: The health officer and directors do an effective job of leading the agendy through change.	3.91	54	3.88	43	
Q26	I feel respected by my supervisor.	4.07	56	4.14	44	
Q27	I respect my supervisor.	4.29	56	4.16	44	
Q28	I feel respected by my co-workers.	4.12	57	4.18	44	
Q29	My supervisor seeks and values my opinion about the department's policies and procedures.	3.82	57	3.72	43	
Q30	The agency is managed in an ethical and professional manner.	3.93	57	3.79	43	
Q31	Supervisors/Administration seek advice and feedback from others before making significant decisions. Question changed in 2024 to: Supervisors/Directors seek advice and feedback from others before making significant decisions.	3.36	55	3.35	43	
Q32	I fully support the agency's mission and values as articulated in its official documents.	4.32	57	4.26	43	
Q33	The environment in the workplace is comfortable and safe.	4.18	57	3.95	44	
Q34	I am knowledgeable about program plans for the programs I am assigned to work.	4.20	56	4.26	42	
Q35	The agency's strategic plan is reviewed annually with the staff.	3.95	56	4.05	41	
Q36	Employees are treated fairly and equally.	3.65	57	3.43	44	
Q37	I feel a great deal of stress on my job.	2.98	56	2.82	44	
Q38	My position adds value to the agency and the community.	4.40	57	4.31	42	
Q39	I am trusted to work autonomously.	4.30	57	4.40	43	

	Employee Satisfaction Survey Results - Continued	2025	25 n#	2026	26 n#
Q40	I understand my job responsibilities in the agency and have the tools needed to complete my assignments.	4.22	55	4.02	44
Q41	I would encourage a friend to work for this agency.	3.93	57	3.86	44
Q42	Below is a list of attributes related to our services. A short explanation of what each term means has been provided. Using the following Likert Scale, please rank how well the agency demonstrates these attributes to our clients. For each category identify one of the following ratings: We do: **(likert scale options: 1 Very Well, 2 Well, 3 Fair, 4 Poor or 5 Very Poor)**	Likert Scale Changed. No			
	Accessible Services: How accessible are our service for our clients? This includes: hours, location, explaining eligibility requirements, etc.		54	3.85	40
	Client-Focused Services: Do we deliver services in a way that demonstrates we are sensitive to their preferences and are culturally competent?		54	4.03	40
	Collaboration: Do we work well with other agencies and organizations to assure that the diverse needs of our clients are met?		53	4.13	39
	Coordination: Do we work well internally to assure that clients receive all the services they need?		54	4.10	40
	Effective Services: Do we provide services in the most competent and organized manner?		55	4.03	39
	Equitable Services: Are we fair and impartial as we work with different populations and individuals?		53	4.26	39
	Quality Services: Do we maintain standards of excellence as we provide services?		54	4.21	39
	Timeliness of Services: Do we deliver services within a reasonable timeframe?		55	4.15	39
	Valued-Services: Do the services we deliver add value to our clients' lives and make a difference?		55	4.49	39
	Challenging: Is your job providing opportunities for professional growth?		55	3.50	42

Key:

Indicates improvement

Indicates decline

	Employee Satisfaction Survey Results - Continued	2025	25 n#	2026	26 n#	
Q43	Below is a list of attributes related to your job(changed in 2024). A short explanation of what each term means has been provided. Using the following Likert Scale, please rank how well the agency demonstrates these attributes to our employees. For each category identify one of the following ratings: **(likert scale options: 1 Very Well, 2 Well, 3 Fair, 4 Poor or 5 Very Poor)**					
	Communication: Is the information you need readily available so that you can accomplish your job and do messages flow freely though various channels?		56	3.93	41	Key:
	Coordination: Are team approaches being utilized to accomplished tasks and complete projects?		56	3.98	41	Indicates improvement
	Equitable: Are standards of performance applied fairly to all employees?		55	3.61	41	Indicates decline
	Fiscally Responsible: Is the agency a good steward of the public funds we receive?		56	3.95	43	
	Rewarding: Is your job satisfying and does it add meaning to your life?		56	4.14	42	
	Safety: Is your work environment clean and free of hazards?"		56	3.88	42	
	Technology: Is the electronic equipment and other tools provided adequate to accomplish your job?		56	3.83	42	
Q44	What do you enjoy most about your work experience with this agency?		43			
Q45	What do you least enjoy about your work experience with this agency?		37			
Q46	If you had the authority and resources to solve one internal problem in the agency, what would it be?		34			
Q47	If you could communicate anything to the Health Officer and Directors that would contribute to improving the work of this agency, what would you communicate?		26			
Q48	What do you see as the most significant opportunities for your division/section over the next five years?		22			
Q49	What resources will be needed to take advantage of these opportunities?		23			
Q50	What are the most significant obstacles for your division/section over the next five years?		26			
Q51	Where do you see our agency in five to ten years?		21			
Q52	Where would you want our agency to be in five to ten years?		21			
Q53	Do you have any suggestions you think would help improve internal communication?		21			
Q54	Additional comments:		13			
Q55	Have you answered ALL the questions that you wanted to answer andcompleted the survey?		57			

Q44. What do you enjoy most about your work experience with this agency? Answered 30, Skipped 14

- I really like being able to help families. I enjoy all of my co-workers
- Assisting in the needs of others
- The holidays and schedule allow me to be with my family more.
- Working with the clients
- I enjoy knowing what I do makes a difference in the lives of our clients.
- Helping the aging population
- Co-workers and decent paid time off
- That even if in a small amount, we make a difference in the community. Also, my co-workers.
- The work/life balance and being able to leave my work behind when I go home each night
- I enjoy working with clients daily and seeing the difference we make in their lives. I appreciate the consistent schedule and ability to collaborate with coworkers.
- I enjoy my coworkers and the clients that I help.
- I enjoy the comradery, respect from the supervisor, and the ability to ask questions without fear.
- I value those that I work with and my community so my efforts are prized. I sincerely care about my colleagues; their well being and the I believe these feelings are reciprocated. I have always felt a fulfillment in all our efforts and diligence whether they have been fruitful or not as they have always focused on improvements or for the strengthening of our community and staff.
- What I enjoy most about my work experience with this agency is seeing clients thrive and succeed after receiving services. It is rewarding to know that the support and resources provided can make a positive difference in their lives
- I enjoy the work. The ability to collaborate with community partners to achieve goals and objectives.
- helping people
- I love helping clients receive the care they need.
- Being with kids of all ages
- My Co-workers and clients
- I enjoy the current position I am in and how it positive affects the clients we serve.
- Meeting and interacting with the clients
- Enjoyable Staff, Team Atmosphere, Various Tasks Day To Day
- Being able to help the community in ways that I was unaware of before working in a Health Department. I also enjoy working with coworkers.
- My coworkers
- I enjoy being able to have a life outside of work. The schedule allows me to do this and I am very thankful!
- assisting the public and promoting healthy outcomes
- Working with our clients is fulfilling and fun. Our team is great. Love this place!
- How caring all the co-workers are.
- environment
- Helping others in the Community

Q45 What do you least enjoy about your work experience with this agency? Answered 31, Skipped 13

- Working alongside rude and disrespectful clientele.
- Being overworked and stressed.
- pay, of course.
- Home visits in bug infested homes, smells of cigarette smoke and marijuana,
- Constantly adding on more things and steps to do for appointments or any process here. It's frustrating for us to try to remember and keep up with it all and its frustrating to clients.
- None
- I least enjoy the unfairness. Things are not fair across the board for all employess.
- Some people do not do as much as others
- Policies not being applied consistently among staff, departments, and offices.
- Public complaints.
- The surprising amount of staff turnover and the extra burden that puts on the rest of the team
- The turnover of staff within the clinic has made it very difficult to build relationships with coworkers and ensure services are being provided accurately to clients.
- traveling to other offices for staff shortages
- The pay
- Lack of opportunity to grow and poor wages.
- What I least enjoy about my work experience with this agency is the lack of consideration for how major decisions may affect employees and everyone involved. I believe more communication and input from staff could help create a smoother and more supportive work environment.
- Nothing that I can think of.
- The pay
- working in the office
- It can often be stressful
- Lack of consistent communication from the top down which can cause frustration and harvest feelings of insignificance to the overall agency.
- Drama
- The continuous talk among directors and supervisors about other directors and supervisors as well as the talk among the employees about other employees.
- the pay and the technology is not up to date
- The rate of pay for the job that I do.
- Traveling to other offices to fill in. The work I need to get done in my own office is not getting done during those times so I have to play catch up when returning to my own office.
- unclean bathrooms and office spaces
- N/A
- Do wish we had a biggest budget for pay. Wish all employees could start at least at 18/hr.
- at times the people can be very nit'picky on certain things that do not appear to be the most important at the moment
- N/A

Q46. If you had the authority and resources to solve one internal problem in the agency, what would it be? Answered 31, Skipped 13

- Creation, implementation AND ensuring competency in all policies/ procedures to create uniformity and reduce risk of mistakes.
- That employees, full and part time, all be treated equally. There are certain employees that are allowed to do whatever they basically want and others that if they look at someone crossed eye get in trouble.
- EVERYONE get a raise:)
- Space issues for privacy of phone calls.
- Budget for the translation services. Those pocket talks do not translate correctly and it frustrates our non-English speaking clients quite a bit.
- None
- Cleanliness of the buildings.....for a health department are building are not kept very clean.
- Better onboarding process!
- Communication with personnel prior to decisions being made in order to seek input. Policies are changed in response to one issue and the resulting policies do not take into account the way other agencies or departments function.
- Restructuring of positions.
- Hire more staff
- Pay and flexibility are continual issues that cause us to lose good staff members, I think by offering full time positions rather than part time this would help with turnover. I think flexibility during days when direct public interactions are minimal such as working 4 10 hour days per week or offering more opportunities for remote work would be beneficial as well.
- all employees would be treated equally
- The Health Officer should have the final say on making decisions and not be overrun by others.

  I would also put a time clock in to punch in and out.
- The clients would be given a better explanation about what to expect during the process and communication would be better geared towards the abilities of our clientele.

- Communication within departments. Changes. We as community members are approached many times for updates. If we are not updated we lack the opportunity to assist others and at times appear less credible.
- Creating a consistent and supportive environment would help improve morale, trust, and overall workplace culture.
- To focus on performance measures and relationship development deeper relationships with providers and legislators.
- Better interpreter services
- None
- Make Adjustments to the pay scale increases
- Consistent and fair accountability for individuals involving unprofessional behavior. Some individuals are provided leniency while others receive write ups.
- Having an IT person at every office. Have recognition for employees each month for things going above and beyond,

- Significant raises for everyone, especially the Health Officer.
- Funding
- Finding a way to not need people to travel from their home offices to fill in. Supervisors should be able to complete all clinic tasks to help minimize the need for travel to fill in when possible.
- hire a new person for cleaning services
- I would want to provide better pay for all employees. I understand we have a limited budget, but if it could be attainable I would want that for all team members.
- I would solve on how the part time positions would work, and fix some of the benefits for part timers.
- division between the buildings. Seems to be more unity now that the staff from TR had been traveling in between offices.
- N/A

Q47. If you could communicate anything to the Health Officer and Directors that would contribute to improving the work of this agency, what would you communicate? Answered 27, Skipped 17

- Actually listen to what the staff has to say. A lot of the communication problems result from no one actually listening to what staff has to say.
- Agency specifically? not really but within an actual program maybe. Is there a way to get a Branch Farmer's market that participates with WIC? Also- so respectfully, maybe consider selling that bus.. It can't possibly be getting any revenue. Are there grants again for diaper programs, pack n plays, baby essentials? We used to have them. We can't MAKE Clemmons add on TB testing during their hiring process? Should we try and take on pre-employment stuff? labs, physical, hearing/vision like DOT permits- that may be a leap- I think I'm getting carried away
- Office space and value of all employees.
- N/a
- Everyone needs to be held to the same standards.
- We need better onboarding training for new hires.
- Confidentiality is compromised as staff walk in on phone calls due to lay out of offices. No respect when doors are closed. Many do not have doors to close and thus conversations are open to ears that have no business hearing a clients confidential information.
- Don't punish the entire Agency for a few people's wrong doings.
- Raising pay rates would attract better candidates and retain staff better
- all supervisors would be trained in everything, to pitch in and help when needed.
- Ensure that each office are doing things the same way, every time. Not just when they're called out on it. Follow-up with them, there should be consequences for habitually not following the same procedures, etc. It creates confusion within the agency and for our clients. Same way every time. Everyone should receive the same training by the same person as well to ensure continuity.
- The monthly staff meetings should be newsletters instead.
- I believe that communication has improved significantly and positively for staff. I love and value all Zoom staff meetings to update us.
- it would be the importance of having a clear understanding of what each department does and the resources needed for staff to complete their responsibilities effectively. It is also important to recognize that supervisors often balance multiple departments, meetings, and reporting requirements, which can limit the amount of time they are able to spend directly within their assigned departments. Greater awareness and support in these areas could improve communication, efficiency, and overall staff support.
- N/A
- None
- Unknown
- That all departments are important and should be treated as such. Each department is as valuable as the other and should be consider as such when deciding policies, procedures and every day decisions.
- Regular feedback on how things are going

  Giving Grant opportunities to BFP for more help for new mommas

- My supervisor is always open in their communication in what is changing at the Health Department, but some employees feel their supervisor/directors are not. Communication about changes before they happen would be appreciated.
- Each roll is important. You may not know every responsibility that an employee has and they may not have as much downtime as you think.
- When making big decisions, talk to those who are actually going to be completing the work/task for their input before making those decisions.
- better communication
  ask and include staff in ideas/thoughts
- I would help with my advice on when we have four part time people for one job on how the hours should work and the way I would do it, if I was the one in charge of the scheduling.
- - Add clearer signs and navigation throughout the building. People get lost often in here. Create color system for signange. Like blue equals clinc, red equals EH, etc.
  -Create a cleaner and more welcoming environment. Updated signage on windows in all languages.
  - Expand mental health and wellness resources. We only have one community referral.
  -Create child-friendly areas for families. We need a play table or something else kids can play with in lobby. We only have chairs and books. Books are great, but like a blocks table or activity table.
  - The doors closest to the WIC window should be unlocked for clients. I am not sure why people aren't allowed through them, but it is confusing for clients.
- Unsure
- N/A

Q48. What do you see as the most significant opportunities for your division/section over the next five years? Answered 21, Skipped 23

- maybe TB treatment training? clinics? There seems to be more positives with the influx of immigrants on work visa's
- Continued growth with referrals.
- N/a
- Partnering with new organizations to grow our cliental.
- None
- Staffing
- N/A
- The best opportunities are going to be the utilization and standardization of electronic files and processes.
- I think Public Health has some upcoming ominous opportunities as diseases are augmented and amplified. Public Health plays a robust & vigorous role in keeping our communities informed, educated & properly treated. (hopefully)
- Over the next five years, one of the most significant opportunities for the division/section is to strengthen client-centered service delivery while exploring ways to generate additional revenue through increased direct engagement with clients. This includes prioritizing time spent in the field or in client-facing settings rather than primarily focusing on in-office reporting. By shifting more resources toward hands-on services, the agency can improve outcomes for clients while also identifying potential efficiencies and funding opportunities that come from expanded service delivery and stronger client relationships.
- Finding additional resources to support needs outside of the ELPHS funding.
- N/A
- -
- Unknown
- Continuing to serve our community in the best way we know how.

- To better engage with the public on the resources offered at the agency.
- continue to serve the diverse population and program eligibility
- Reaching more clients that qualify for our services and do not know that they qualify.
- Being able to grow into the company.
- benefits and wages. stay competitive in the market. Make the roles more appealing.
- N/A

Q49. What resources will be needed to take advantage of these opportunities?
Answered 21, Skipped 23

- interpreters!
- Additional employee.
- N/A
- Training
- Increase in compensation
- N/A
- Better training and consistency between counties.
- Updated information shared with Public Health.
- To take advantage of these opportunities, reliable and well-functioning technology will be essential, especially for staff who work off-site. This includes access to secure mobile devices, stable internet connectivity, and updated systems that allow for real-time documentation and communication outside of the office. Ensuring that all staff—not just those who work from home—have equal access to these tools would improve efficiency, reduce delays in reporting, and support more time spent in direct client care.
- Dollars and lots of grant writing.
- N/A
- -
- Unknown
- $$, Grants,
- Set up tables at community gatherings beyond the events for those in need. Some seniors or public members who might be just starting to slip could benefit from assistance before it gets too far. Engage in events for the diverse population to allow interaction and offer any assistance they might need.
- Funding
- kiosk in lobby where clients can check in, wifi for clients to use, computer and printer for clients in lobby,
- We could do more community outreach to make sure we are reaching those untapped clients.
- Show up to work every day, and go the extra milestone.
- money that we sadly do not have to work with.
- N/A

Q50. What are the most significant obstacles for your division/section over the next five years?
Answered 23, Skipped 21

- Deadlines are too short for the amount of work we are expected to complete
- language barriers and I'm sure funding is always sus.
- Possible funding.
- N/a
- Funding
- funding for things like children's bandaids
- Increase in work load but not evenly distributed. Pressure on those carrying more than their share of the responsibilities. If change is not imminent then the pay should increase to compensate for doing the job of 3.
- Staffing
- Job retention
- The decline seen and felt in Scientific trust !!! Underfunded Prevention Services with this administration. We have heard and felt the declining trust in public health and scientists. Misinformation is widespread. Also, the challenges systemically to meet health care needs due to rising costs, safe housing, cost of nutritious foods all encourage rising community needs. SHRINKING resources. UGGH
- Over the next five years, some of the most significant obstacles for the division/section include limited staffing time for direct client services due to increasing administrative and reporting demands, as well as balancing multiple departmental responsibilities. Another challenge is ensuring consistent access to reliable technology and tools for staff who work in the field, which can impact efficiency and timely documentation. Additionally, maintaining clear communication and alignment across leadership and departments can be difficult when priorities shift or when staff input is limited in decision-making processes.
- Sustainable funding for our positions.
- Language barriers
- -
- Communication with the Diverse community we serve
- Communication across the board on everything thats happening
- Language barriers: as our region's diversity continues to grow, our messaging and public interactions will need to adapt.
- Funding
- funding and vaccine hesitancy
- communicating with diverse populations
- Obstacle would be translation needs and clinic updates as far as cleanliness of enviorment and technology ot help clients.
- money and budgeting.
- N/A

Q51. Where do you see our agency in five to ten years? Answered 19, Skipped 25

- specific to my department I imagine it'll be similar to what it is now. There won't ever NOT be a need for what we do.
- N/A
- I see us here still providing all the services we can to the communities we serve.
- Helping our community.
- Still struggling to retain staff if compensation is not increased.
- Staying the course.
- I don't know
- I hope stable and viable.
- With continued improvement, the agency could also expand its impact by increasing efficiency, strengthening community partnerships, and potentially identifying new ways to generate funding through enhanced service delivery. Overall, the goal would be a more supported workforce and improved outcomes for the clients we serve.
- Continuing to provide excellent customer service to the community and addressing community needs related to health and wellness.
- I see us being pretty much where we are currently. Perhaps with new resources to utilize to help our clients.
- -
- Same place it is today
- Thriving
- serving the public
- More service times for clients. Less confusing enviornment.
- Honestly, I hope to see it with more clientele
- progressively moving forward.
- N/A

Q52. Where do you want our agency to be in five to ten years? Answered 22, Skipped 22

- With more staff to divide the work load
- Well I'd hope we be able to offer more- the baby essentials we used to have that I mentioned previously for example
- N/A
- I would love to see us be able to provide more services and resources to our communities.
- Helping more of our community.
- Comparable to compensation of top 10% of Health Agencies in MI.
- N/A
- I don't know

- I want our agency to be stable and viable.
- the goal would be an agency that delivers more effective services, improves client outcomes, and maintains a healthy, sustainable workplace culture for employees.
- Continuing to provide excellent customer service to the community and addressing community needs related to health and wellness.
- Maybe more outreach programs in different languages.
- -
- Thriving
- -Fully staffed
  -Continue to retain happy, hardworking, caring staff

- Thriving in all departments.
- interacting with different community health providers and organizations.
- Same as above.
- More show rate and get the Three Rivers and Sturgis offices fully running all days.
- see above.
- N/A

Q53. Do you have any suggestions you think would help improve internal communications?
Answered 22, Skipped 22

- I think most supervisors and directors ask for open communication but dont listen to what the staff has to say which in turn makes the staff not want to communicate
- I think we communicate fine.
- Consideration of all staff.
- Nobe
- No
- Internal communication is pretty good.
- Communicate with staff and seek input on proposed policies prior to the decision being finalized. Supervisors and directors fail to communicate and then after the fact staff have legitimate issues with how the policy impacts their position. Now we have compromises being made to accommodate a need of a particular position before the ink on the policy has dried and management wonders why staff feel there is no consistency in how policies are applied. Goes back to basic input being requested and reviewed prior to decisions being made. Supervisors and directors do not always understand the details of our jobs well enough to foresee the pit falls in proposed changes.
- Treat everyone with respect.
- I think that changes in anything need to be shared with staff possible in an application on our computers specifically for any changes (even subtle) in divisions. for example~Project Fresh starts and people eligible. Where to pick it up. Any new markets. Changes in eligibility in our services.
- Improving clarity and consistency in how decisions are communicated would help ensure all staff understand not just what is changing, but why it is changing and how it impacts their work. Along with that, providing advance notice whenever possible would allow departments to plan and adjust more effectively.
- None
- Better training. Stricter and more clear policies on cross training and when they should use that training.
- Have direct conversations with someone when not following rules, procedures, instead of blanket emails. People that need the conversation don't believe you are talking about them when they read a blanket email...FACT.
- ??
- Please see question 47.
- I have noticed a great improvement over the past couple of years with communication.
- Delivering updates/messages whether by conversation/email/phone ASAP as to not "forget" informing those who actually need the information.
- less closed door meetings

  meet with your staff share what is being communicated just not your program -
- None
- Give our clients more of an advance notice about their appointments. And maybe make it more forth coming.
- unsure.
- N/A

Q54. Additional comments? Answered 13, Skipped 31

- IT issue - single monitors, whatever the size are not productive. All should have at least 2 bigger monitors.
- None
- pay is still not at living wage
- Individual offices for staff who have confidential conversations with clients
  Equipment needs met for staff who travel between offices
  Committees could send an email update with proposed action to be taken and a response period before changes are finalized similar to how the state makes changes to policies and legislation.

- N/A
- I am more than grateful for my job here at the Agency and feel always fortunate for my positions and those around me.
- be more effective to build this variability directly into their standard scheduling expectations (for example, recognizing that shifts may occasionally change), and rather than requiring repeated administrative adjustments. Reducing redundant documentation could help staff focus more time on direct service delivery and improve overall efficiency.
- More flexible work schedule should be available.
- N/A
- None
- As a health agency the Coldwater office needs floors mopped and swept. The bathrooms need to be cleaned daily. Staff should not be expected to break down boxes and take to the dumpster. What does the janitor do for the pay he receives
- None
- attendance seems to have improved. not seeing a lot of late in/early out and it seems like the divide between the people "watching" has shrank because of it. policies appear to be followed more and there seems to be a better understanding of what is expected.

Fund Balance Overview

Although the Agency reports a total fund balance of approximately $3.97 million, this does not represent discretionary funds available to support day-to-day operations. The Agency's fund balance is categorized into three classifications: Non-spendable, Assigned, and Unassigned. The vast majority of these resources cannot be used for general operating purposes.

Non-spendable Fund Balance ($146,656), or approximately 3% of the Agency's total fund balance, consists of prepaid expenses and other assets that are not in a spendable form. Because these amounts represent payments already made for future goods or services rather than available cash, they cannot be appropriated to fund Agency operations.

Assigned Fund Balance ($3,597,456), or approximately 91% of the Agency's total fund balance, consists of resources that have been designated or restricted for specific programs, grant requirements, capital projects, or other authorized purposes. These funds are committed to their intended purposes and cannot be redirected to support general Agency operations.

Unassigned Fund Balance ($223,549), representing approximately 6% of the Agency's total fund balance, is the only portion available for general operating purposes. For an organization with an annual operating budget of nearly $9.5 million, this amount represents only about 2.4% of annual operating expenditures, providing very limited financial flexibility to address unexpected costs or emergencies.

The Agency's fund balance is summarized below:

Classification	Amount
Non-spendable	$146,656
Assigned	$3,597,456
Unassigned	$223,549
Total Fund Balance	$3,967,661

Assigned Fund Balance $3,597,456

The following sections summarize the purpose and restrictions associated with each category of Assigned Fund Balance.

Branch County Community Foundation ($309,956)
These funds were awarded to the Agency as a grant from the Branch County Community Foundation following the closure of the Agency's health plan. The grant represents the remaining assets from the health plan and is restricted for use "for the purpose of serving the health care needs of low-income or medically underserved residents of Branch, Hillsdale, and St. Joseph Counties." As a result, these funds may only be used for activities that meet the grant's stated purpose.

Dental Outreach and Education ($468,837)
These funds were received through the Agency's partnership with My Community Dental Centers (MCDC) and are restricted to dental outreach and education activities. Due to changes in the federal program, modifications to federal matching requirements, and revisions to the Agency's agreements with MCDC, the Agency no longer receives these outreach and education funds. The existing fund balance will gradually be utilized to supplement eligible WIC program activities, as dental outreach and education are provided during routine WIC appointments.

Area Agency on Aging ($35,781)
The Area Agency on Aging (AAA3C) accumulated these funds through unspent grant dollars that were carried forward from prior years. These funds are restricted and may only be used to support Area Agency on Aging programs and activities.

Medicaid Cost-Based Reimbursement ($1,476,876)
Medicaid Cost-Based Reimbursement (MCBR) funds are restricted to supporting the programs in which they were earned and are subject to strict federal and state matching requirements. These funds may only be used to support eligible services, including immunizations, vaccine quality assurance, lead case management, vision screening, and hearing screening, and only to the extent sufficient matching funds are available within those programs.

Community Stabilization Funding ($676,064)
Community Stabilization Funding was first received in fiscal year 2019-2020 and is restricted to supporting Essential Local Public Health Services, including immunizations, vision screening, hearing screening, sexually transmitted infection services, infectious disease control, food protection, onsite sewage, and drinking water programs. These funds may not be used to supplant local appropriations and must supplement existing funding for these essential public health services.

Capital Improvement and Maintenance Accounts ($162,499)
These funds have been designated for capital improvements and major building maintenance projects. They are restricted for use on capital expenditures related to the Agency's Three Rivers and Hillsdale facilities. In recent years, many capital improvement needs have been funded through infrastructure grants, allowing these reserved funds to remain largely intact.

Accrued Vacation and Sick Leave ($467,443)
These funds are reserved to cover the Agency's liability for employees' accumulated vacation and sick leave benefits. Maintaining this reserve ensures the Agency has sufficient resources to meet its financial obligations for earned leave payouts as employees separate from employment or otherwise become eligible for payment.

Local Appropriations ($795,657)

Local appropriations are the Agency's most valuable source of funding because they are the only revenue source that is completely unrestricted. Unlike grants, reimbursements, and other funding sources that are limited by federal, state, or contractual requirements, local appropriations may be used wherever the need is greatest. At the current funding level, local appropriations account for only 8.4% of the Agency's FY 2026-2027 original budget, yet they provide the flexibility necessary to operate the Agency effectively.

While local appropriations represent a relatively small percentage of the Agency's total budget, they are the funding source that makes all other funding possible. Without adequate local support, the Agency would be unable to meet required grant match obligations, respond to emerging public health needs, maintain facilities and infrastructure, or cover costs that are necessary to operate the Agency but are not allowable under grant funding.

Local Maintenance of Effort Requirement
Michigan's Public Health Code establishes a shared responsibility between the State and local governments for funding public health services. To demonstrate this local commitment, the State established a Maintenance of Effort (MOE) requirement beginning in FY 1992-1993. The Agency must contribute at least $664,834 in local funding each year to remain eligible for state public health funding.

Failure to meet this minimum local contribution would place millions of dollars in state grant funding at risk. Local appropriations therefore serve not only as operating revenue but also as the investment that allows the Agency to leverage substantially greater amounts of state and federal funding for the benefit of our communities.

Why Local Appropriations Are Used Last
The Agency budgets to fully utilize every available funding source. Because many grants require that unspent funds be returned to the funding agency, the Agency strategically prioritizes expenditures to maximize every available dollar.

Funding is generally applied in the following order:

1. Fee revenue
2. Grant funds that must be spent or will otherwise be forfeited.
3. Restricted grant funds, consistent with each grant's allowable uses, matching requirements, and expenditure deadlines.
4. Local appropriations, which are preserved whenever possible because they are the only funding source capable of filling gaps left by restricted funding.

This approach is not intended to avoid spending local dollars. Rather, it ensures that local appropriations remain available for expenses that cannot legally be paid from any other source, including grant shortfalls, emerging public health priorities, required matching funds, technology, facility maintenance, equipment, and other operational costs necessary to keep the Agency functioning.

The Challenge of Managing Restricted Funding
Managing the Agency's budget is extraordinarily complex. The Agency administers dozens of grants and funding sources, each with unique spending restrictions, reporting requirements, matching obligations, and expenditure timelines. Most employees are funded by multiple programs and must carefully track the actual time they spend working within each grant.

Even small differences between projected and actual staff time can have significant financial consequences. If staff spend more time than anticipated responding to client needs in one program, grant funding may be exhausted, requiring local appropriations to cover those costs. At the same time, another grant may end the year with unspent dollars that cannot simply be transferred to another program and instead must be returned to the funding agency.

This balancing act requires continuous monitoring throughout the year and illustrates why unrestricted local funding is indispensable. Local appropriations provide the flexibility needed to absorb these unavoidable fluctuations while allowing the Agency to continue delivering essential public health services without interruption.

Financial Stewardship
The Agency is committed to being a responsible steward of the public funds entrusted to it. Every effort is made to maximize restricted grant funding before utilizing local appropriations, ensuring taxpayers receive the greatest possible return on their local investment.

For FY 2026-2027, the Agency's operating budget totals $9,491,661. To satisfy the State's Maintenance of Effort requirement while remaining within available local funding, the Agency must spend at least $664,834, but no more than the $795,657 in local appropriations it expects to receive. This leaves a margin of only $130,823, or approximately 1.4% of the Agency's total operating budget. Given that personnel costs comprise the majority of Agency expenditures and staffing needs continually shift in response to community demand, maintaining expenditures within such a narrow range requires careful financial management throughout the year.

Although the Agency's audited fund balance may appear substantial, it is not an accumulation of excess unrestricted cash. Approximately 91% of the fund balance has been assigned or restricted for specific purposes, leaving only $223,549 in unrestricted reserves—approximately 2.4% of annual operating expenditures. Local appropriations remain the Agency's only truly flexible funding source and are essential to meeting grant match requirements, responding to emerging public health needs, maintaining facilities and technology, and covering operational costs that cannot legally be paid with restricted funds.

The Agency's fund balance should be evaluated not only by its total amount, but also by the restrictions placed upon those resources. While the overall fund balance provides financial stability, most of those resources are legally or administratively committed to specific purposes. The limited unrestricted balance underscores the importance of careful budgeting and ongoing monitoring throughout the fiscal year.

Public Comment

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