

**BOARD OF HEALTH Meeting**  
**Agenda for September 24, 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 August 27, 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. Health Officer's Report – pg 6
4. Medical Director's Report – pg 8
5. Departmental Reports
  - a. Health Education & Promotion – pg 11
  - b. Environmental Health – pg 14
  - c. Area Agency on Aging – pg 26
  - d. Personal Health & Disease Prevention – pg 29
6. Financial Reports
  - a. Approve Payments\* - pg 37
  - b. Review Financials\* - pg 40
7. Committee Reports – pg 44
  - a. Finance Committee – Did not meet.
  - b. Program, Policy, and Appeals Committee – Approve minutes from the September 16, 2026 meeting.
8. Unfinished Business
  - a. None
9. New Business
  - a. 2026-2031 Community Health Improvement Plan – pg 45
  - b. PA 152 Public Employer Contributions to Medical Benefit Plans – pg 55
  - c. Employer Sponsored Health Insurance – pg 56

- d. Closed Session – Health Officer Annual Evaluation – pg 74  
Pursuant to MCL 15.268(1)(a), to consider the annual personnel evaluation of the Health Officer, at the Health Officer’s request for a closed hearing.
- e. Approval of Closed Session Minutes
- f. Accept Health Officer Evaluation

10. Public Comment

11. Commissioner Comments

12. Adjournment – Next meeting: November 12, 2026

Board of Health Training: AAA Planning Cycle

Upcoming Meeting Dates:

- 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, 2026 – Regional Epidemiologist
- March 27, 2026 – Audit Presentation (during the meeting)
- April 24, 2026 – MMRMA Risk Management
- May 22, 2026 – AAA Multi-Year Plan
- September 25, 2026 – New BHSJ website
- November 13, 2026 – tbd



## August 27, 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: Jon Houtz, Brent Leininger, Rick Shaffer, Tim Stoll, and Kevin Collins. Jared Hoffmaster was absent.

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

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

Mr. Houtz moved to approve the minutes from the July 23, 2026 meeting with support from Mr. Stoll. The motion passed.

Public Comment: No public comment was given.

Rebecca Burns reviewed the monthly Health Officer's Report with the following items included: Health Officer Evaluation, ELPHS & EGLE Funding Cuts, Appropriations, AAA Multi-Year Plan RFP, Asset Disposal Policy, Website Redesign, Community Health Improvement/Strategic Plan, Staffing Update, 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, "Swine Influenza".

### 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 July with support from Mr. Stoll. The motion passed.
- Mr. Houtz moved to place the financials for July on file with support from Mr. Stoll. The motion passed.

### Committee Reports:

- Finance Committee – Mr. Collins moved to approve the minutes from the August 17, 2026 Finance Committee meeting, with support from Mr. Stoll. The motion passed.
- Program, Policy, & Appeals Committee – Mr. Shaffer moved to approve the minutes from the August 19, 2026 Program, Policy, and Appeals Committee meeting, with support from

Mr. Stoll. The motion passed

Unfinished Business:

- There was no unfinished business.

New Business:

- Mr. Stoll moved to approve the increase in county appropriations by 3%, as presented, with support from Mr. Collins. The motion passed.
- Mr. Stoll moved to approve the 2027-2032 Strategic Plan, with support from Mr. Shaffer. The motion passed.
- Mr. Stoll moved to approve all AAA IIIC FY27 Request for Proposal bids, as presented and recommended by the Program, Policy, and Appeals Committee. The motion received support from Mr. Shaffer and passed.
- Mr. Shaffer moved to approve the asset disposal policy as presented with support from Mr. Stoll. The motion passed.
- Rebecca Burns provided an updated on the Mobile Unit. No action was taken.

Public Comment: None

With no further business, Mr. Stoll moved to adjourned the meeting with support from Mr. Collins. The motion passed and the meeting was adjourned at 10:07 AM.

Respectfully Submitted by:

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

# PUBLIC COMMENT

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## **Health Officer's Report to the Board of Health for September 24, 2026**

**Prepared by: Rebecca A. Burns, M.P.H., R.S.**

### **Agency Updates**

**Health Officer Evaluation:** I am requesting that my evaluation during the meeting in September be conducted in closed session. Thank you.

**PA 152 & Agency Employee Health Insurance for 2027:** The program, policy and appeals committee reviewed agency prepared information regarding the agency employee health insurance recommendation for 2027 from management. Additional information was requested by the committee to be presented to the entire board at the board of health meeting. No recommendation was made by the committee.

**Essential Local Public Health Services (ELPHS) Funding Cuts:** The agency is still waiting for notification of funding amounts for ELPHS services. I may have this information prior to the board meeting and will share it at the meeting if this is the case.

**AAA Multi-Year Plan RFP:** The Area Agency on Aging IIIC's multi-year plan 2027-29 and annual implementation plan for 2027 will be before the Commission on Services to the Aging for approval on Friday, September 18<sup>th</sup>.

**Mobile Unit:** I expect to be able to share at the board meeting that the mobile unit has been "asset transferred" to another local health department. As I prepare this report that health officer is seeking approval from the board of health to accept the transfer.

**Website Redesign:** At the September board meeting for the scheduled education; the topic will be the new website. An overview of the new and ADA compliant website will be reviewed and the section for Board of Health members will be demonstrated.

**Community Health Improvement Plan:** The Community Health Improvement Plan (CHIP) was proposed for adoption at the program, policy and appeals committee meeting. The committee has moved it forward for board adoption at the meeting.

**Emergency Response:** The agency received notification about an elemental mercury spill at a residence over the weekend. MDHHS staff were the first on scene to respond and Kris from our team responded. The EPA was brought in for clean-up. We worked in collaboration with MDHHS and the property owners to identify any health concerns and follow-up if any. It was a great example of things that are working well with our agency response to emergencies and things that need improvement. I was extremely proud of our team's response on the weekend and want to recognize not only Kris, but also Joe Frazier and Kyle Moore.

**Seasonal Vaccines:** We are at the beginning of the seasonal vaccine administration recommendations for flu, COVID, RSV, etc. For your convenience, we are able to have a nurse administer your flu vaccine at the meeting. If you would like to take advantage of this, please notify me in advance of the meeting if possible.

**Staffing Update:** The agency is currently seeking a part-time breastfeeding peer counselor for Branch county and part-time clinic clerk for St. Joseph county.

**Coldwater Office:** I have received both estimates for duct cleaning and have a meeting with Administrator Walsh scheduled for September 21<sup>st</sup> to discuss this project. Our agency is participating in a process with other Branch county staff and the new Facilities Maintenance Director to develop a Branch County Capital Improvement Plan 2027-28. The first meeting was held on September 15<sup>th</sup>.

**Hillsdale Office:** We have two planned maintenance items for this next year; a new roof for the original Hillsdale building (excludes the MCDC suite) and repair to the concrete sidewalk in front of the MSUE entrance. We will be preparing a request for bid process for the roof soon.

**Sturgis:** Nothing at this time.

**Three Rivers Office:** The move back to 1110 Hill St went well and the agency reopened at that location on Tuesday, September 8<sup>th</sup>. We are limited to access on the east end as reconstruction of the west end continues. In the west end the drywall is wrapping up and they are preparing for paint. Other finishing items include trim, carpet, window HVAC units, plumbing, replacement of the west exit door, and other small things.

## **MEDICAL DIRECTOR'S REPORT**

**September 2026**

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. Participation in health fair conversations.

## **RABIES**

On 9/14/26, the Centers for Disease Control and Prevention (CDC) issued a health alert after an increase in reports of exposure to rabid or possibly rabid animals in the United States. The alert is a reminder to healthcare providers about the importance of giving people rabies assessments and post-exposure prophylaxis (PEP) with the rabies vaccine as needed.

Rabies is a fatal but preventable viral disease.

Spreads to humans and pets through bites and scratches from an infected animal

The virus is carried in saliva or mucus and spreads through broken skin.

In the US rabies is mostly found in wild animals like bats, raccoons, skunks and foxes.

In many other countries, dogs are still carriers.

It's important to ask about recent contact with wild animals and travel.

### **SIGNS AND SYMPTOMS**

The virus travels to the brain before it can cause any symptoms. The incubation period (time between exposure and appearance of symptoms) may be weeks to months.

Initial symptoms are flu-like with weakness, discomfort, fever and headache. There may be prickling or an itching sensation at the site of the bite. Initial symptoms can last for several days. Severe disease appears within two weeks. This is when the virus causes brain dysfunction (anxiety, confusion, agitation, and hallucinations).

### **ASSESSING A PATIENT**

Most rabies exposures require medical attention, but not necessarily a trip to the emergency room unless the wound needs attention. A patient should be immediately assessed for rabies-related care if:

They had contact with bats (unless a scratch or bite can be ruled out).

They had exposure to high-risk animals – bats, raccoons, skunks, foxes and mongoose.

They had severe exposures, such as multiple bite wounds or exposures to the head and neck.

They are a young child.

When assessing the need for PEP in a patient with a suspected exposure, the following should be considered:

Geographic locations: Bats are a risk for rabies in every state besides Hawaii. Other high-risk animals are found in specific geographic areas. The Centers for Disease Control has maps and information on geographical prevalence.

Type of animal: All mammals are susceptible to rabies, but certain species are at higher risk to transmit the virus to humans (bats, racoons, skunks, foxes and mongoose).

Behavior of the animal: Rabies causes behavioral changes in animals and might not be obvious until several days after they become infectious. Unprovoked bites or scratches and signs of illness in the animal are suspicious.

A risk assessment should always be conducted by a health official familiar with rabies.

### **RABIES POSTEXPOSURE PROPHYLAXIS (PEP)**

For people who have never had a rabies vaccine, rabies PEP consists of wound washing, a dose of human rabies immune globulin (HRIG), and a rabies vaccine given at the time of the first medical visit. Then, it includes a dose of vaccine given again on days 3, 7, and 14 after the first dose.

Pregnancy is not a contraindication for rabies PEP.

# SEPTEMBER - 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 redesigned website is up. We did have a few minor transition issues, but overall it seems to have gone smoothly. Staff have received training for site maintenance. We will share information on the Board of Health access in the educational session today.

Isabella Stycos has left the agency effective September 18, 2026. She has accepted an opportunity with Olivet College. We wish her all the best in her future endeavors. Savannah York, who is currently employed with the agency, will be filling this position. We have also hired Lauren Falkenstein to fill the position vacated by AJ Demond. She joined the agency on September 21, 2026.

We are working to complete our final activities for the Office of Highway Safety Planning grant. Additionally, we will be preparing our final report for this grant cycle.

The Hillsdale County Opioid Committee's asset mapping project for substance use services is continuing. We hope to complete the Recovery Resources webpage soon. The resource guide is prepared for printing. These will go to press once we can put the webpage address on the printed materials. Once complete, we will begin the marketing campaign to increase community awareness.

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 8 media stories in since the last Board of Health meeting that mentioned the agency. We have issued 2 press releases since the August Board of Health meeting. Radio Ads will be wrapping up this month for MI Caregiver Connection and AAA.

### **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 18 face-to-face appointments in August. We have begun a relationship with McLaren Health Plan to reach out to a list of clients to ensure needs are met to support their health. In August we contacted 7 McLaren enrollees.

The greatest needs requested were assistance with MDHHS Services applications (Medicaid, Food Assistance, and State Emergency Relief), Housing or homelessness, low or no cost phone services and Social Security applications for retirement and disability. We have been assisting residents in preparation of the changes coming from MDHHS related to Medicaid eligibility.

# SEPTEMBER - BOARD OF HEALTH REPORT

## HEALTH EDUCATION AND PROMOTION

### 3. Community Events:

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

- 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- Coach Eby Center (Branch County)
- 8/28- VA Resource Fair (Branch County)
- 9/12- Community Baby Shower (Branch County)
- 9/14 – King’s Cupboard (Hillsdale County)
- 9/25 – Friendship Friday (St. Joseph County)
- 9/26- Insight Health Fair (Branch County)
- 9/28 – Coach Eby Dinner (Branch County)
- 10/2 – Project Connect (St. Joseph County)

### Social Media Update

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

- Back to School – Immunizations
- Baby Wearing Class- Coldwater
- Upcoming Baby Wearing Class- Three Rivers/Sturgis
- Breastfeeding Month – Possible Event/Giveaway
- Ready for Kindergarten Clinics
- Beacon Focus Groups- Three Rivers/Sturgis
- Children’s Eye Health & Safety Month – Hearing & Vision Focus
- CHW Appreciation Week (last week in Aug)
- [BHSJ CHA to Return to Hill Street Location | Branch Hillsdale St. Joseph Community Health Agency](#)
- [BHSJ CHA sees Increase in Requests to Test Bats for Rabies | Branch Hillsdale St. Joseph Community Health Agency](#)
- [FOR IMMEDIATE RELEASE: BHSJ Community Health Agency Concludes Mobile WIC Pilot in Waldron and Litchfield | Branch Hillsdale St. Joseph Community Health Agency](#)

Additionally, we support ongoing messaging of the following:

- WIC Monthly Social Media Toolkit
- MDHHS Safe Sleep Toolkit
- Medicaid Navigation Assistance/New HMP Requirements
- Firearm safety/gun locks
- BHSJ Nursing Nest
- Baby Wearing Classes

# SEPTEMBER - BOARD OF HEALTH REPORT

## HEALTH EDUCATION AND PROMOTION

### Social Media Data (As of September 1st, 2026)

|                             | # of Followers<br>Facebook & Instagram | Instagram Reach      | YouTube Views<br>Amount of times content was played or displayed | Next Door Impressions<br>Total count of all views and related interactions. | Facebook Views<br>Amount of times content was played or displayed. | Video # and Topic                                                  | Agency Mentions in Local Media | Boosted Activities # and Topic      |
|-----------------------------|----------------------------------------|----------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------|-------------------------------------|
| July                        | 4,536                                  | 3,300<br>(Down 6.6%) | 1,100                                                            | 4,755                                                                       | 101,000<br>(up 15.8%)                                              | Videos shared (2):<br>Breastfeeding Awareness Giveaway, Safe Sleep | 14                             | 1 – Routine vaccines/back to school |
| TOTAL TO DATE Since 10/1/22 | 71 NEW followers since last report     | 42,055               | 1,467                                                            | 19,146                                                                      | 1,748,720                                                          | 99                                                                 | 592                            | 56                                  |

**Branch-Hillsdale-St. Joseph Community Health Agency**  
**Environmental Public Health Services**  
**Report for the September 24, 2026 Board of Health Meeting**  
**Prepared by Joseph Frazier R.E.H.S. , Director of Environmental Health**

## **Food Program Updates**

It is once again the beginning of the school year across all three counties, and our food staff have started conducting food inspections at all of the schools, as well as concession stands. Many of these concession stands serve food to very large groups during sporting events. Another educational component of these inspections is providing training to the volunteer groups that operate the stands for the schools.

This fall, we will also have staff attending plan review training provided by MDARD. These trainings will provide opportunities for staff to learn the steps involved in evaluating the different types of plans we see across the food program and become familiar with some of the newer methods used in food preparation and cooking processes.

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

- **Midway Lanes** – Change of ownership, Branch County
  - **Uptown Crust Pizza** – Change of ownership, St. Joseph County
  - **Asian Buffet and Sushi** – New facility, 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 August alone, Tri-County staff issued and inspected **97 well permits and 43 septic permits**.

I am excited to report that we have entered into an agreement with Calhoun County to conduct winter tick drags in all three counties. This program will allow us to determine just how active ticks can be during the colder months in our counties. A big thank you to Calhoun County for including us in this opportunity.

Our open St. Joseph County position has been filled by **Sophia Tzavars**. Sophia will be conducting well, septic, campground, and body art inspections in St. Joseph County.

# EH Service Statistics Report

## BRANCH - HILLSDALE - ST. JOSEPH COMMUNITY HEALTH AGENCY

| ENVIRONMENTAL HEALTH SERVICE REPORT |  | 2025/2026 |    |    |       |               |     |     |       |               |     |     |       |
|-------------------------------------|--|-----------|----|----|-------|---------------|-----|-----|-------|---------------|-----|-----|-------|
|                                     |  | AUGUST    |    |    |       | YTD 2025/2026 |     |     |       | YTD 2024/2025 |     |     |       |
|                                     |  | BR        | HD | SJ | TOTAL | BR            | HD  | SJ  | TOTAL | BR            | HD  | SJ  | TOTAL |
| WELL/SEWAGE SYSTEM EVAL.            |  | -         | 2  | -  | 2     | 5             | 9   | 2   | 16    | 2             | 7   | 27  | 36    |
| CHANGE OF USE EVALUATIONS - FIELD   |  | 6         | 5  | 3  | 14    | 40            | 47  | 37  | 124   | 26            | 72  | 57  | 155   |
| CHANGE OF USE EVALUATIONS - OFFICE  |  | 3         | 8  | 10 | 21    | 71            | 40  | 116 | 227   | 65            | 27  | 77  | 169   |
| ON-SITE SEWAGE DISPOSAL             |  |           |    |    |       |               |     |     |       |               |     |     |       |
| PERMITS NEW CONSTRUCTION            |  | 5         | 6  | 6  | 17    | 47            | 65  | 73  | 185   | 67            | 88  | 92  | 247   |
| REPAIR/REPLACEMENT                  |  | 14        | 2  | 10 | 26    | 77            | 46  | 105 | 228   | 56            | 64  | 98  | 218   |
| VACANT LAND EVALUATION              |  | -         | -  | -  | -     | 12            | 19  | 15  | 46    | 12            | 19  | 10  | 41    |
| PERMITS DENIED                      |  | -         | -  | -  | -     | -             | -   | -   | -     | -             | -   | -   | -     |
| TOTAL                               |  | 19        | 8  | 16 | 43    | 134           | 125 | 193 | 459   | 135           | 171 | 200 | 506   |
| SEWAGE PERMITS INSPECTED            |  | 13        | 6  | 25 | 44    | 99            | 88  | 161 | 348   | 87            | 97  | 145 | 329   |
| WELL PERMITS ISSUED                 |  | 26        | 14 | 17 | 57    | 153           | 157 | 187 | 497   | 155           | 143 | 183 | 481   |
| WELL PERMITS INSPECTED              |  | 18        | 14 | 8  | 40    | 134           | 165 | 143 | 442   | 142           | 104 | 176 | 422   |
| FOOD SERVICE INSPECTION             |  |           |    |    |       |               |     |     |       |               |     |     |       |
| PERMANENT                           |  | 18        | 14 | 41 | 73    | 233           | 231 | 364 | 828   | 248           | 241 | 356 | 845   |
| NEW OWNER / NEW ESTABLISHMENT       |  | 2         | -  | 2  | 4     | 15            | 11  | 18  | 44    | 9             | 6   | 21  | 36    |
| FOLLOW-UP INSPECTION                |  | -         | -  | 1  | 1     | 6             | 6   | 7   | 19    | 3             | 6   | 10  | 19    |
| TEMPORARY                           |  | 22        | 10 | 15 | 47    | 62            | 25  | 66  | 153   | 62            | 28  | 70  | 160   |
| MOBILE, STFU                        |  | 5         | 1  | 5  | 11    | 38            | 28  | 98  | 35    | 29            | 35  | 85  | 149   |
| PLAN REVIEW APPLICATIONS            |  | -         | 3  | 1  | 4     | 7             | 12  | 9   | 38    | 12            | 7   | 11  | 21    |
| FOOD RELATED COMPLAINTS             |  | 1         | -  | -  | 1     | 17            | 6   | 12  | 35    | 10            | -   | 7   | 17    |
| FOODBORNE ILLNESS INVESTIGATED      |  | -         | -  | -  | -     | 3             | 1   | 2   | 6     | 3             | 1   | 5   | 9     |
| FOOD CLASSES                        |  |           |    |    |       |               |     |     |       |               |     |     |       |
| MANAGEMENT CERTIFICATION CLASS      |  | -         | -  | -  | -     | -             | -   | -   | 5     | -             | 5   | 5   | 10    |
| CAMPGROUND INSPECTION               |  | 5         | -  | -  | 5     | 22            | 2   | 4   | 28    | 32            | 10  | 19  | 61    |
| NON-COMM WATER SUPPLY INSP.         |  | 3         | 4  | 7  | 14    | 10            | 37  | 40  | 97    | 17            | 19  | 32  | 68    |
| SWIMMING POOL INSPECTION            |  | -         | -  | 4  | 4     | 21            | 12  | 15  | 48    | 21            | 15  | 20  | 56    |
| PROPOSED SUBDIVISION REVIEW         |  | -         | -  | -  | -     | -             | -   | -   | -     | -             | -   | -   | -     |
| SEPTIC TANK CLEANER                 |  | -         | -  | -  | -     | 8             | -   | -   | 8     | 12            | 6   | 19  | 37    |
| DHS LICENSED FACILITY INSP.         |  | -         | -  | 1  | 1     | 4             | 24  | 29  | 57    | 13            | 22  | 31  | 66    |
| COMPLAINT INVESTIGATIONS            |  | 1         | 6  | -  | 7     | 27            | 50  | 14  | 91    | 31            | 49  | 20  | 100   |
| LONG TERM MONITORING                |  | -         | -  | -  | -     | 3             | 1   | 16  | 22    | -             | -   | 11  | 11    |
| BODY ART FACILITY INSPECTIONS       |  | -         | -  | -  | -     | 3             | 1   | 10  | 14    | 5             | 5   | 12  | 22    |



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

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

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

## Inspection Type Count By County

For Date Range: 08/01/2026 - 08/31/2026

| County                   | Inspection Type / Reason                                     | Count     |
|--------------------------|--------------------------------------------------------------|-----------|
| <b>Branch County</b>     |                                                              |           |
|                          | <u>Food Safety</u>                                           |           |
|                          | Non Foodborne Illness Complaint - Initial                    | 1         |
|                          | Pre-Opening - Pre-Opening                                    | 2         |
|                          | Progress Note - New Inspection Reason                        | 2         |
|                          | Risk Based Inspection - Routine                              | 18        |
|                          | STFU Inspection - Routine                                    | 5         |
|                          | Temporary Food Inspection - Routine                          | 22        |
|                          | <b>Total # of Food Safety inspections - Branch County</b>    | <b>50</b> |
| <b>Hillsdale County</b>  |                                                              |           |
|                          | <u>Food Safety</u>                                           |           |
|                          | Progress Note - New Inspection Reason                        | 2         |
|                          | Risk Based Inspection - Routine                              | 12        |
|                          | STFU Pre-Opening - Pre-Opening                               | 1         |
|                          | Temporary Food Inspection - Routine                          | 10        |
|                          | <b>Total # of Food Safety inspections - Hillsdale County</b> | <b>25</b> |
| <b>St. Joseph County</b> |                                                              |           |
|                          | <u>Food Safety</u>                                           |           |
|                          | Consultation - Plan Review Consultation                      | 1         |
|                          | Plan Review Activity - Initial                               | 1         |
|                          | Pre-Opening - Pre-Opening                                    | 2         |
|                          | Progress Note - New Inspection Reason                        | 3         |

## Inspection Type Count By County

For Date Range: 08/01/2026 - 08/31/2026

| County | Inspection Type / Reason                                                            | Count             |
|--------|-------------------------------------------------------------------------------------|-------------------|
|        | Required-Please Select Proper Inspection Type -<br>Please Select an Inspection Type | 1                 |
|        | Risk Based Inspection - Follow-up                                                   | 1                 |
|        | Risk Based Inspection - Routine                                                     | 41                |
|        | STFU Inspection - Routine                                                           | 4                 |
|        | STFU Pre-Opening - Pre-Opening                                                      | 1                 |
|        | Temporary Food Inspection - Routine                                                 | 15                |
|        | <b>Total # of Food Safety inspections - St. Joseph County</b>                       | <b>70</b>         |
|        | <b><u>Total # of inspections - All counties</u></b>                                 | <b><u>145</u></b> |



570 Marshall Road  
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331

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233

## Food Establishment Inspection Report by Facility Name

For Date Range: 08/01/2026 - 08/31/2026 and Food Program

| Name                                     | Location     | Date       | Inspection Type/Reason                  | # of P | # of Pf | CDI | # of C |
|------------------------------------------|--------------|------------|-----------------------------------------|--------|---------|-----|--------|
| Ad Astra Roasters LLC                    | Hillsdale    | 08/24/2026 | Temporary Food Inspection - Routine     | 0      | 0       | 0   | 0      |
| Allen Township Fire Department           | Allen        | 08/14/2026 | Temporary Food Inspection - Routine     | 0      | 0       | 0   | 0      |
| Almond King VHF Inc                      | Allegan      | 08/11/2026 | Temporary Food Inspection - Routine     | 0      | 0       | 0   | 0      |
| AMERICAN LEGION POST 170                 | THREE RIVERS | 08/28/2026 | Risk Based Inspection - Routine         | 0      | 0       | 0   | 0      |
| AMERICAN LEGION POST 454                 | Colon        | 08/05/2026 | Risk Based Inspection - Routine         | 1      | 1       | 2   | 0      |
| ARBY'S #7394                             | HILLSDALE    | 08/26/2026 | Risk Based Inspection - Routine         | 0      | 0       | 0   | 0      |
| Asian Buffet and Sushi                   | Three Rivers | 08/12/2026 | Consultation - Plan Review Consultation | 0      | 0       | 0   | 0      |
| Asian Buffet and Sushi                   | Three Rivers | 08/20/2026 | Pre-Opening - Pre-Opening               | 0      | 0       | 0   | 0      |
| Barnyard Eats                            | Sherwood     | 08/29/2026 | STFU Inspection - Routine               | 0      | 1       | 0   | 1      |
| Bellic River Group DBA Bens Soft Pretzel | Shipshewana  | 08/14/2026 | STFU Inspection - Routine               | 0      | 0       | 0   | 0      |
| Biggby 254                               | Coldwater    | 08/12/2026 | Risk Based Inspection - Routine         | 0      | 0       | 0   | 0      |
| Biggby Coffee #330                       | Three Rivers | 08/18/2026 | Risk Based Inspection - Routine         | 0      | 0       | 0   | 1      |
| Biggby Coffee #494                       | White Pigeon | 08/26/2026 | Risk Based Inspection - Routine         | 0      | 0       | 0   | 2      |
| Bills Steakhouse                         | Bronson      | 08/27/2026 | Risk Based Inspection - Routine         | 0      | 0       | 0   | 0      |

| Name                                              | Location     | Date       | Inspection Type/Reason                | # of P | # of Pf | CDI | # of C |
|---------------------------------------------------|--------------|------------|---------------------------------------|--------|---------|-----|--------|
| Blind Island Brewery                              | Sturgis      | 08/06/2026 | Risk Based Inspection - Routine       | 0      | 0       | 0   | 0      |
| Boy Scout Troop 433                               | Coldwater    | 08/11/2026 | Temporary Food Inspection - Routine   | 0      | 0       | 0   | 0      |
| Boy Scout Troop 469                               | Coldwater    | 08/11/2026 | Temporary Food Inspection - Routine   | 0      | 0       | 0   | 0      |
| Branch County 4-H Leaders Council                 | Coldwater    | 08/14/2026 | Temporary Food Inspection - Routine   | 0      | 0       | 0   | 0      |
| Branch County Coalition Against Domestic Violence | Coldwater    | 08/11/2026 | Temporary Food Inspection - Routine   | 0      | 0       | 0   | 0      |
| Branch County Coalition Against Domestic Violence | Coldwater    | 08/11/2026 | Temporary Food Inspection - Routine   | 0      | 0       | 0   | 0      |
| Branch County Fair Boosters Eat Stand             | Coldwater    | 08/14/2026 | Risk Based Inspection - Routine       | 0      | 0       | 0   | 0      |
| Broadway Bar & Grille                             | Union City   | 08/18/2026 | Risk Based Inspection - Routine       | 1      | 0       | 1   | 2      |
| Bronson KC Club Inc                               | Bronson      | 08/25/2026 | Risk Based Inspection - Routine       | 0      | 0       | 0   | 1      |
| Bronson Kiwanis Club                              | Bronson      | 08/11/2026 | Temporary Food Inspection - Routine   | 0      | 0       | 0   | 0      |
| Burger King #1416                                 | Three Rivers | 08/03/2026 | Risk Based Inspection - Routine       | 0      | 0       | 0   | 0      |
| C & L Concessions LLC                             | Mendon       | 08/14/2026 | Temporary Food Inspection - Routine   | 0      | 0       | 0   | 0      |
| Caddie Cones                                      | Three Rivers | 08/20/2026 | Risk Based Inspection - Routine       | 0      | 0       | 0   | 0      |
| Carolina Bob's BBQ & Corn                         | Fort Wayne   | 08/11/2026 | Temporary Food Inspection - Routine   | 0      | 0       | 0   | 0      |
| Centreville United Methodist Church               | Centreville  | 08/19/2026 | Progress Note - New Inspection Reason | 0      | 0       | 0   | 0      |
| Centreville United Methodist Church               | Centreville  | 08/25/2026 | Risk Based Inspection - Routine       | 0      | 0       | 0   | 0      |
| China 1                                           | Coldwater    | 09/01/2026 | Progress Note - New Inspection Reason | 0      | 0       | 0   | 0      |
| City of Hillsdale - Field of Dreams               | Hillsdale    | 08/21/2026 | Risk Based Inspection - Routine       | 0      | 0       | 0   | 0      |
| CITY OF HILLSDALE - SANDY BEACH                   | HILLSDALE    | 08/18/2026 | Risk Based Inspection - Routine       | 0      | 0       | 0   | 0      |
| Coldwater Board of Public Utilities               | Coldwater    | 08/07/2026 | Temporary Food Inspection - Routine   | 0      | 0       | 0   | 0      |
| Coldwater Hampton Inn - Food                      | Coldwater    | 08/18/2026 | Risk Based Inspection - Routine       | 1      | 0       | 1   | 1      |
| CONEY HUT DRIVE INN                               | JONESVILLE   | 08/13/2026 | Risk Based Inspection - Routine       | 0      | 0       | 0   | 0      |
| Country Loft Creamery                             | Three Rivers | 08/19/2026 | STFU Inspection - Routine             | 0      | 0       | 0   | 0      |
| Creative Dining Services/Abbott Labs              | Sturgis      | 08/07/2026 | Plan Review Activity - Initial        | 0      | 0       | 0   | 0      |
| Crockett's Smoked BBQ and Deli                    | Coldwater    | 08/14/2026 | STFU Inspection - Routine             | 0      | 0       | 0   | 0      |
| Designyer Donut & Coffee LLC DBA Foltz            | Sturgis      | 08/31/2026 | Risk Based Inspection - Routine       | 0      | 1       | 1   | 1      |
| Domino's 1228                                     | Jonesville   | 08/25/2026 | Risk Based Inspection - Routine       | 0      | 0       | 0   | 0      |

| Name                                     | Location     | Date       | Inspection Type/Reason                | # of P | # of Pf | CDI | # of C |
|------------------------------------------|--------------|------------|---------------------------------------|--------|---------|-----|--------|
| El Patron Mexican Restaurant             | Sturgis      | 08/04/2026 | Risk Based Inspection - Follow-up     | 0      | 0       | 0   | 0      |
| El Taco Loco                             | Sturgis      | 08/05/2026 | STFU Pre-Opening - Pre-Opening        | 0      | 0       | 0   | 0      |
| El Taco Loco                             | Sturgis      | 08/20/2026 | Risk Based Inspection - Routine       | 0      | 2       | 2   | 2      |
| El Taco Loco II                          | Coldwater    | 08/28/2026 | Risk Based Inspection - Routine       | 0      | 1       | 1   | 2      |
| Emmanuel Global Methodist Church         | Union City   | 08/18/2026 | Risk Based Inspection - Routine       | 0      | 0       | 0   | 1      |
| Enedina Flores                           | Sturgis      | 08/06/2026 | Temporary Food Inspection - Routine   | 0      | 0       | 0   | 0      |
| Fabius Park Fire Department              | Three Rivers | 08/03/2026 | Temporary Food Inspection - Routine   | 0      | 0       | 0   | 0      |
| First Congregational                     | Bronson      | 08/25/2026 | Risk Based Inspection - Routine       | 0      | 0       | 0   | 0      |
| First Congregational Church              | Union City   | 08/17/2026 | Risk Based Inspection - Routine       | 0      | 0       | 0   | 0      |
| First Congregational Church of Pittsford | Pittsford    | 08/14/2026 | Temporary Food Inspection - Routine   | 0      | 0       | 0   | 0      |
| FIRST UNITED METHODIST CHURCH            | HILLSDALE    | 08/19/2026 | Risk Based Inspection - Routine       | 0      | 0       | 0   | 0      |
| Fiske Concessions - French Fries         | Brooksville  | 08/11/2026 | Temporary Food Inspection - Routine   | 0      | 0       | 0   | 0      |
| Fiske Concessions - Fries #2             | Brooksville  | 08/11/2026 | Temporary Food Inspection - Routine   | 0      | 0       | 0   | 0      |
| Fiske Concessions - Lemonade             | Brookesville | 08/11/2026 | Temporary Food Inspection - Routine   | 0      | 0       | 0   | 0      |
| Fiske Concessions - Lemonade #2          | Brookesville | 08/11/2026 | Temporary Food Inspection - Routine   | 0      | 0       | 0   | 0      |
| Flor de Agave Restaurant                 | Three Rivers | 08/25/2026 | Risk Based Inspection - Routine       | 0      | 1       | 0   | 0      |
| FMC of Bronson                           | Bronson      | 08/27/2026 | Risk Based Inspection - Routine       | 0      | 0       | 0   | 0      |
| Gilbert Harvey House                     | Constantine  | 08/31/2026 | Risk Based Inspection - Routine       | 0      | 3       | 1   | 3      |
| Great Lakes Health & Fitness             | Coldwater    | 08/12/2026 | Risk Based Inspection - Routine       | 0      | 0       | 0   | 0      |
| Great Lakes Shaved Ice Co                | Colon        | 08/20/2026 | STFU Inspection - Routine             | 0      | 0       | 0   | 0      |
| Hillsdale College Halter Center          | Hillsdale    | 08/21/2026 | Progress Note - New Inspection Reason | 0      | 0       | 0   | 0      |
| Hillsdale County Historical Society      | Hillsdale    | 08/03/2026 | Temporary Food Inspection - Routine   | 0      | 0       | 0   | 0      |
| Holiday Inn Express                      | Coldwater    | 08/18/2026 | Risk Based Inspection - Routine       | 1      | 0       | 1   | 0      |
| Hoosier Mama Food Truck                  |              | 08/21/2026 | Temporary Food Inspection - Routine   | 0      | 0       | 0   | 0      |
| Humane Society of Branch County          | Quincy       | 08/31/2026 | Temporary Food Inspection - Routine   | 0      | 0       | 0   | 0      |
| Jaywalker Restaurant                     | White Pigeon | 08/11/2026 | Risk Based Inspection - Routine       | 0      | 0       | 0   | 0      |

| Name                                                       | Location     | Date       | Inspection Type/Reason                | # of P | # of Pf | CDI | # of C |
|------------------------------------------------------------|--------------|------------|---------------------------------------|--------|---------|-----|--------|
| Kentucky Fried Chicken - Coldwater                         | Coldwater    | 08/31/2026 | Progress Note - New Inspection Reason | 0      | 0       | 0   | 0      |
| Kimball Camp Outdoor Center                                | Reading      | 08/12/2026 | Risk Based Inspection - Routine       | 0      | 0       | 0   | 0      |
| KLINES RESORT (Food)                                       | Three Rivers | 08/14/2026 | Risk Based Inspection - Routine       | 0      | 0       | 0   | 0      |
| La Michoacana Ice Cream                                    | Sturgis      | 08/12/2026 | Risk Based Inspection - Routine       | 1      | 0       | 1   | 0      |
| La Palma                                                   | Sturgis      | 08/27/2026 | Risk Based Inspection - Routine       | 2      | 0       | 2   | 2      |
| LAKE LEANN GOLF COURSE                                     | Jerome       | 08/31/2026 | Risk Based Inspection - Routine       | 0      | 0       | 0   | 0      |
| Le Vintage Rose                                            | Allen        | 08/14/2026 | Temporary Food Inspection - Routine   | 0      | 0       | 0   | 0      |
| Litchfield Rotary                                          | Litchfield   | 08/14/2026 | Temporary Food Inspection - Routine   | 0      | 0       | 0   | 0      |
| Little Caesars - Sturgis                                   | Sturgis      | 08/13/2026 | Risk Based Inspection - Routine       | 0      | 1       | 1   | 2      |
| Little Caesars - Three Rivers                              | Three Rivers | 08/25/2026 | Risk Based Inspection - Routine       | 0      | 0       | 0   | 0      |
| Little Red Barn                                            | Bronson      | 08/11/2026 | Temporary Food Inspection - Routine   | 0      | 0       | 0   | 0      |
| Los Tequilas                                               | Coldwater    | 08/31/2026 | Risk Based Inspection - Routine       | 2      | 0       | 1   | 1      |
| LOYAL ORDER OF MOOSE 474                                   | Three Rivers | 08/17/2026 | Risk Based Inspection - Routine       | 0      | 0       | 0   | 1      |
| Magic Capital Community Theater & Arts/Grand Magic Theater | Colon        | 08/03/2026 | Temporary Food Inspection - Routine   | 0      | 0       | 0   | 0      |
| MAMMA MIA'S PIZZA                                          | Burr Oak     | 08/25/2026 | Risk Based Inspection - Routine       | 0      | 0       | 0   | 3      |
| MARIA'S                                                    | Sturgis      | 08/20/2026 | Risk Based Inspection - Routine       | 0      | 0       | 0   | 2      |
| McDonald's - Bronson Store 18846                           | Bronson      | 08/26/2026 | Risk Based Inspection - Routine       | 0      | 0       | 0   | 1      |
| McDONALDS OF THREE RIVERS #2196                            | Three Rivers | 08/03/2026 | Risk Based Inspection - Routine       | 1      | 1       | 1   | 0      |
| McDonald's of White Pigeon                                 | White Pigeon | 08/06/2026 | Risk Based Inspection - Routine       | 0      | 1       | 1   | 4      |
| MCDONALD'S-JONESVILLE                                      | Jonesville   | 08/25/2026 | Risk Based Inspection - Routine       | 0      | 0       | 0   | 2      |
| Mendon Cheerleading                                        | Mendon       | 08/14/2026 | Temporary Food Inspection - Routine   | 0      | 0       | 0   | 0      |
| Mendon Fire Department                                     | Mendon       | 08/14/2026 | Temporary Food Inspection - Routine   | 0      | 0       | 0   | 0      |
| Mendon Masonic Lodge                                       | Mendon       | 08/14/2026 | Temporary Food Inspection - Routine   | 0      | 0       | 0   | 0      |
| Mendon United Methodist Church                             | MENDON       | 08/05/2026 | Progress Note - New Inspection Reason | 0      | 0       | 0   | 0      |
| Mendon United Methodist Church                             | MENDON       | 08/19/2026 | Risk Based Inspection - Routine       | 0      | 0       | 0   | 0      |
| MESSIAH LUTHERAN CHURCH                                    | Constantine  | 08/11/2026 | Risk Based Inspection - Routine       | 0      | 0       | 0   | 0      |

| Name                                          | Location       | Date       | Inspection Type/Reason                    | # of P | # of Pf | CDI | # of C |
|-----------------------------------------------|----------------|------------|-------------------------------------------|--------|---------|-----|--------|
| Midway Lanes II LLC                           | Coldwater      | 08/12/2026 | Pre-Opening - Pre-Opening                 | 0      | 0       | 0   | 0      |
| Midway Lanes II LLC                           | Coldwater      | 08/18/2026 | Pre-Opening - Pre-Opening                 | 0      | 0       | 0   | 0      |
| Montgomery Fire Fighter Association           | Montgomery     | 08/17/2026 | Temporary Food Inspection - Routine       | 0      | 0       | 0   | 0      |
| MR. B'S DAIRY BAR                             | THREE RIVERS   | 08/18/2026 | Risk Based Inspection - Routine           | 1      | 1       | 1   | 1      |
| Mr. Lemon                                     |                | 08/10/2026 | Temporary Food Inspection - Routine       | 0      | 0       | 0   | 0      |
| New Life Assembly Church of God Colon         | Colon          | 08/07/2026 | Temporary Food Inspection - Routine       | 0      | 0       | 0   | 0      |
| North Reading Baptist Church                  | Reading        | 08/03/2026 | Temporary Food Inspection - Routine       | 0      | 0       | 0   | 0      |
| Order of Eastern Star                         | Coldwater      | 08/07/2026 | Temporary Food Inspection - Routine       | 0      | 0       | 0   | 0      |
| Papa Munchies                                 | Bronson        | 08/31/2026 | Risk Based Inspection - Routine           | 0      | 0       | 0   | 0      |
| Patterson Concessions                         | Coldwater      | 08/11/2026 | Temporary Food Inspection - Routine       | 0      | 0       | 0   | 0      |
| Peg's Lemonade - Branch County Fair Temp Food | Coldwater      | 08/11/2026 | Temporary Food Inspection - Routine       | 0      | 0       | 0   | 0      |
| Peg's Lemonade - Branch County Fair Temp Food | Coldwater      | 08/11/2026 | Temporary Food Inspection - Routine       | 0      | 0       | 0   | 0      |
| PREMIERE THEATRE/UNITED ENTERTAINMENT         | Hillsdale      | 08/27/2026 | Progress Note - New Inspection Reason     | 0      | 0       | 0   | 0      |
| Refuge Coffee House LLC                       | Quincy         | 08/14/2026 | Non Foodborne Illness Complaint - Initial | 0      | 0       | 0   | 0      |
| RIVIERA THEATRE BAR                           | THREE RIVERS   | 08/17/2026 | Risk Based Inspection - Routine           | 0      | 0       | 0   | 0      |
| Roots Prairie Lake Tavern LLC                 |                | 08/05/2026 | Risk Based Inspection - Routine           | 0      | 1       | 0   | 2      |
| Sattlers Concessions                          | Bonita Springs | 08/11/2026 | Temporary Food Inspection - Routine       | 0      | 0       | 0   | 0      |
| Sattlers Concessions                          | Bonita Springs | 08/11/2026 | Temporary Food Inspection - Routine       | 0      | 0       | 0   | 0      |
| Sauganash Country Club LLC                    | THREE RIVERS   | 08/28/2026 | Risk Based Inspection - Routine           | 1      | 0       | 0   | 4      |
| Sippin' Sweet by Emily                        | Quincy         | 08/11/2026 | STFU Inspection - Routine                 | 0      | 0       | 0   | 0      |
| SOMERSET CONGREGATIONAL CHURCH                | SOMERSET       | 08/31/2026 | Risk Based Inspection - Routine           | 0      | 0       | 0   | 0      |
| SOUTH LANES                                   | Three Rivers   | 08/06/2026 | Risk Based Inspection - Routine           | 0      | 1       | 0   | 1      |
| SOZO Church                                   | Montpeller     | 08/17/2026 | Temporary Food Inspection - Routine       | 0      | 0       | 0   | 0      |
| Spangler's Family Restaurant                  | Jonesville     | 08/13/2026 | Risk Based Inspection - Routine           | 2      | 0       | 2   | 1      |
| Sparkle                                       | Colon          | 08/07/2026 | Temporary Food Inspection - Routine       | 0      | 0       | 0   | 0      |
| St Joseph County COA @ Kline's Resort         | Three Rivers   | 08/14/2026 | Risk Based Inspection - Routine           | 0      | 0       | 0   | 0      |

| Name                                             | Location     | Date       | Inspection Type/Reason                                                                 | # of P | # of Pf | CDI | # of C |
|--------------------------------------------------|--------------|------------|----------------------------------------------------------------------------------------|--------|---------|-----|--------|
| St. John's Lutheran Church                       | Burr Oak     | 08/25/2026 | Risk Based Inspection - Routine                                                        | 0      | 0       | 0   | 0      |
| Sun and Steam Cafe                               | Howe         | 08/27/2026 | STFU Inspection - Routine                                                              | 0      | 0       | 0   | 0      |
| SUPER 8: Food                                    | Three Rivers | 08/13/2026 | Risk Based Inspection - Routine                                                        | 0      | 1       | 0   | 2      |
| Sweet Elizas Baking Co.                          |              | 08/11/2026 | Temporary Food Inspection - Routine                                                    | 0      | 0       | 0   | 0      |
| Swifts Sips                                      | Quincy       | 08/24/2026 | STFU Inspection - Routine                                                              | 0      | 0       | 0   | 0      |
| Taqueria El Texano LLC                           | Three Rivers | 08/24/2026 | Risk Based Inspection - Routine                                                        | 2      | 0       | 1   | 1      |
| Terry and Velma Cousins                          | Constantine  | 08/07/2026 | Temporary Food Inspection - Routine                                                    | 0      | 0       | 0   | 0      |
| The Finish Line of Hillsdale                     | Hillsdale    | 08/17/2026 | Risk Based Inspection - Routine                                                        | 0      | 0       | 0   | 0      |
| The Ice Cream Shack / Johnson's Homestead Market | Camden       | 08/28/2026 | STFU Pre-Opening - Pre-Opening                                                         | 0      | 0       | 0   | 0      |
| The Patty Wagon LLC                              | Bronson      | 08/14/2026 | STFU Inspection - Routine                                                              | 0      | 0       | 0   | 0      |
| The Tavern                                       | Quincy       | 08/21/2026 | Risk Based Inspection - Routine                                                        | 0      | 0       | 0   | 0      |
| This N That Concessions                          | Pioneer      | 08/11/2026 | Temporary Food Inspection - Routine                                                    | 0      | 0       | 0   | 0      |
| THREE RIVERS 6                                   | Three Rivers | 08/03/2026 | Risk Based Inspection - Routine                                                        | 0      | 0       | 0   | 1      |
| Three Rivers Health (Food)                       | Three Rivers | 08/20/2026 | Risk Based Inspection - Routine                                                        | 0      | 0       | 0   | 2      |
| Three Rivers Promise                             | Three Rivers | 08/17/2026 | Temporary Food Inspection - Routine                                                    | 0      | 0       | 0   | 0      |
| Tokyo Li Inc                                     | Three Rivers | 08/12/2026 | Risk Based Inspection - Routine                                                        | 1      | 2       | 1   | 0      |
| Tortilleria 2 Hermanos                           | Sturgis      | 08/20/2026 | Required-Please Select Proper<br>Inspection Type - Please Select an<br>Inspection Type | 0      | 0       | 0   | 0      |
| Trainwreck Grill & Ale                           | Coldwater    | 08/21/2026 | Risk Based Inspection - Routine                                                        | 0      | 1       | 1   | 1      |
| UNITED METHODIST CHURCH (WP)                     | White Pigeon | 08/20/2026 | Progress Note - New Inspection Reason                                                  | 0      | 0       | 0   | 0      |
| UNITED METHODIST CHURCH (WP)                     | White Pigeon | 08/21/2026 | Risk Based Inspection - Routine                                                        | 0      | 0       | 0   | 0      |
| United Way St. Joseph County                     | Sturgis      | 08/10/2026 | Temporary Food Inspection - Routine                                                    | 0      | 0       | 0   | 0      |
| Uptown Crust Pizza and Bistro                    | Sturgis      | 08/20/2026 | Pre-Opening - Pre-Opening                                                              | 0      | 0       | 0   | 0      |
| Vel's                                            | Three Rivers | 08/07/2026 | Temporary Food Inspection - Routine                                                    | 0      | 0       | 0   | 0      |
| Viking Cafe                                      | Centreville  | 08/19/2026 | Risk Based Inspection - Routine                                                        | 0      | 0       | 0   | 0      |
| Wendy's Properties LLC                           | Three Rivers | 08/24/2026 | Risk Based Inspection - Routine                                                        | 0      | 0       | 0   | 1      |

| Name             | Location | Date       | Inspection Type/Reason          | # of P | # of Pf | CDI | # of C |
|------------------|----------|------------|---------------------------------|--------|---------|-----|--------|
| YOUTH FOR CHRIST | Sturgis  | 08/28/2026 | Risk Based Inspection - Routine | 0      | 0       | 0   | 0      |
|                  |          |            |                                 | 17     | 20      | 23  | 52     |

## 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.



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

September 24, 2026  
**Director's Report**

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**Enclosure:**

1. ACLS Bureau Correspondence: dated 9/14/26, annual onsite assessment feedback report & letter. No findings.
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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.
  - Over 115 individuals have been served this fiscal year – our highest # of people served in this program since 2018!
  - We've been awarded an ACLS Bureau "PREVNT" grant for FY2027! This funding will support an enhancement to the victim assistance program ~ development of temporary housing options for victims of non-intimate partner violence.
  - Elder Justice Symposium was held Thursday, Sept. 17<sup>th</sup> in Centreville. Highlights will be shared at the BOH meeting.
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 absent an allocation for MIOptions statewide. The Bureau is working on contingency plans but none have been shared thus far. We are talking with our project lead agency, CareWell Services, about how to handle the "sunset" of MIOptions by the end of 2026... stay tuned.
3. **Don't forget!** MICaregiver Connection: [www.micaregiverconnection.com](http://www.micaregiverconnection.com) is a great resource for all Michigan families!
4. **FY2027-2029 Provider Contracts - Update** All contracts have been negotiated with providers and documents are out for signature. Branch County COA declined partial (\$2,520) grant funding for transportation due to the reporting requirements of that source. We will look to make shifts at amendment time, once our full-year funding picture is available, to support this service.



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

AMY EPKEY  
ACTING DIRECTOR

September 14, 2026

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

Dear Ms. Burns:

On August 4, 2026, staff from the Michigan Department of Health and Human Services, State Unit on Aging (SUA), conducted a virtual assessment of Branch- St. Joseph Area Agency on Aging (Region IIIC AAA) Areas of operation covered during the assessment included the following: Area Agency on Aging Fiscal Year (FY) 2025 Program Outcome Assessment Guide, FY 2026 Area Agency Assessment Guide, and a review of changes, improvements and/or corrections made since the previous assessment.

The SUA has completed the assessment and there are no findings. However, there are recommendations on the attached Feedback Report that will be reviewed again during next year's assessment.

We appreciate the time and cooperation provided by you and your staff involved in the assessment. If you have questions, please contact your Aging Network Support (ANS) Section Regional Aging Representative, Ashley Ellsworth, at [ellswortha2@michigan.gov](mailto:ellswortha2@michigan.gov) or 517-294-9680.

Sincerely,

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  
Shannon Skowronski, Section Manager, ANS Section  
Ashley Ellsworth, Regional Aging Representative, ANS Section

| P.O. Box 30676<br>400 S. Pine St.<br>Lansing, MI 48909 | <div style="text-align: center;"> <b>MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES</b><br/> <b>State Unit on Aging (SUA)</b><br/> <b>Assessment Feedback Report</b> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            | Agency: Branch St Joseph AAA                                           |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------|
|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            | Assessment Date(s): 8/4/2026                                           |
|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            | Page 1 of 1 Fiscal Year: 2026                                          |
| (1)<br>SUA Guide Reference                             | (2)<br>Compliance Items and Recommendations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (3)<br>Compliance Due Date | (4)<br>Area Agency Response<br>(Attach additional sheets if necessary) |
| I.D. CM Case File Review                               | <p>During the AAA Assessment on August 4, 2026, ACLS Bureau found some documentation discrepancies related to below operating standards. These discrepancies were specifically linked to employee turnover, so the recommendation for onboarding below was provided.</p> <p>Operating Standard: A-1 Care Management</p> <p>6. An in-person reassessment is conducted 90 days after the initial assessment.</p> <p>7. An in-person reassessment (or an in-person, person-centered planning meeting with a redeveloped service plan) is conducted 180 days after the first/previous reassessment.</p> <p>8. An in-person reassessment is conducted 180 days after the previous reassessment or person-centered planning meeting with a redeveloped service plan. A reassessment is conducted sooner when there are significant changes in the individual's health or functional status.</p> <p><b>Recommendation:</b> Update onboarding documents used to provide orientation to Care Consultants on all aspects of Care Management.</p> <p>The guidance should include, but not be limited to, documentation standards as outlined in ACLS Bureau operating standards. (ex. Cadence of assessments/reassessments, timely documentation of all assessments and applicable contacts)</p> |                            |                                                                        |

SUA: Complete columns 1-3.

AAA: Complete column 4. and respond to the SUA within 60 days of date of letter.

DCH-0957 8/00 (W)

## **Personal Health and Disease Prevention: September 24, 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](#). Activity remains low in Michigan but we are starting to see some respiratory illnesses come through. We are still receiving our Influenza and COVID-19 vaccine inventory and will begin promoting soon.

For the 2026-2027 influenza season, all U.S. seasonal influenza vaccines are trivalent, meaning they protect against three influenza viruses: two influenza A strains (H1N1 and H3N2) and one influenza B strain. The 2026-2027 formulation has been updated to better match the viruses currently circulating.

**Measles:** As of September 10<sup>th</sup>, there have been 3,294 confirmed measles cases in the United States for 2026. There have been 16 confirmed cases in Michigan.

**Rabies:** Currently 1 skunk and 50 bats. [2026 Rabies Positive Animals in Michigan](#). On September 10<sup>th</sup>, the CDC issued a Health Alert Network Health Advisory in response to recent reports of increases in human exposures to rabid or possibly rabid animals and rabies post-exposure prophylaxis (RPEP) administration errors. Included in this HAN was an algorithm to use to help determine rabies risk after possible exposure. [PEP risk assessment algorithm](#)

**Ebola:** As of September 12<sup>th</sup>, there have been 7,221 confirmed cases and 3,477 deaths.

**Cyclosporiasis:** This outbreak has ended and the contaminated lettuce linked to this outbreak is no longer available in stores or restaurants. There were 12,883 cases across 21 states, with 570 Hospitalizations and 2 deaths.

### **Immunizations/STD/HIV:**

We are preparing for the upcoming flu season and will have a limited amount of free high-dose and regular dose influenza vaccine available for adults through the MI-AVP program. We are also continuing to work closely with MDHHS to address some ongoing issues with the new MCIR modernization system. We appreciate everyone's patience as we work through these changes and get the new system running as smoothly as possible.

We are in the early planning stages of working with the state on a community HIV/STI testing event. We are exploring opportunities to make the event more comprehensive by offering additional health services and resources, and we are also looking into the possibility of providing flu vaccinations. We are still working through the details, including whether the event will be held at the Health Department or at a community location. We are excited about the potential to bring multiple health services together in one event and increase access to these important services within our community.

### **Women, Infant, and Children (WIC):**

Michigan WIC is preparing for the new infant formula contract beginning November 1, 2026, which will transition the program from Similac to Enfamil. Staff are reviewing the upcoming changes and preparing to assist participants with the transition. We are posting this information to social media as well as the provider newsletter so they are aware.

Staff are also currently working on WIC CAP/ME audits, including reviewing documentation and ensuring program compliance requirements are met.

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

CSHCS: We recently had the opportunity to assist a client with special healthcare needs in obtaining a custom-built, handicap-accessible buggy through Children's Special Health Care's Children's Special Needs Funds. Our funding request was approved, and the specialized buggy has now been completed and delivered to the family.

The buggy was custom designed to meet the client's mobility and accessibility needs while also accommodating the family's transportation needs. Features include:

- **Lower profile:** The wheels were designed to be shorter, making the buggy lower and closer to the ground for easier accessibility.
- **Solar-powered/battery-operated:** The buggy includes a solar-powered battery system to operate its accessibility features.
- **Remote-controlled ramp:** The rear ramp can be raised and lowered using a remote control, making it easier to safely load and unload.
- **Larger interior:** The cabin was built taller and wider than a standard buggy.
- **Lightweight wheels:** Metal wheels with rubber tires were used in place of traditional wooden wheels to reduce the overall weight of the buggy, making it easier for the horses to pull.

**(Please see pictures below)**

Hearing/Vision: The technicians are back for the school year and are working on getting Kindergartners done by November 1<sup>st</sup> and Head Starts within the 45 day protocol.





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

| Confirmed & Probable Case Totals      | Jun-26 |    |    |       | FYTD 2025-2026 (Oct-Sept) |     |     |       | FYTD 2024-2025 (Oct-Sept) |     |     |       |
|---------------------------------------|--------|----|----|-------|---------------------------|-----|-----|-------|---------------------------|-----|-----|-------|
|                                       | BR     | HD | SJ | Total | BR                        | HD  | SJ  | Total | BR                        | HD  | SJ  | Total |
|                                       |        |    |    |       |                           |     |     |       |                           |     |     |       |
| Anaplasmosis                          | 0      | -  | -  | -     | -                         | -   | 3   | 3     | -                         | -   | -   | -     |
| Animal Bite/Rabies potential exposure | 8      | -  | 3  | 11    | 7                         | 31  | 40  | 78    | 5                         | 31  | 4   | 40    |
| Babesiosis                            | -      | -  | -  | -     | -                         | -   | 1   | 1     | -                         | -   | -   | -     |
| Blastomycosis                         | -      | -  | -  | -     | -                         | -   | -   | -     | -                         | -   | -   | -     |
| Brucellosis                           | -      | -  | -  | -     | -                         | -   | -   | -     | -                         | -   | -   | -     |
| Campylobacter                         | 1      | 5  | 2  | 8     | 10                        | 14  | 1   | 25    | 8                         | 8   | 8   | 24    |
| Chicken Pox                           | -      | -  | -  | -     | 4                         | 3   | 4   | 11    | -                         | -   | -   | -     |
| Chlamydia                             | 10     | 4  | 5  | 19    | 55                        | 39  | 133 | 227   | 61                        | 54  | 127 | 242   |
| Coccidioidomycosis                    | -      | -  | -  | -     | -                         | -   | -   | -     | -                         | -   | -   | -     |
| CPO                                   | -      | -  | -  | -     | -                         | -   | -   | -     | -                         | -   | -   | -     |
| CRE Carbapenem Resistant Enterobac.   | -      | -  | -  | -     | 1                         | -   | -   | 1     | -                         | -   | -   | -     |
| Cryptosporidiosis                     | 1      | 2  | -  | 3     | 3                         | 5   | 1   | 9     | 1                         | 3   | -   | 4     |
| Cyclosporiasis                        | -      | 4  | 5  | 9     | 14                        | 44  | 38  | 96    | -                         | -   | -   | -     |
| Giardiasis                            | -      | -  | -  | -     | 1                         | 1   | -   | 2     | 1                         | -   | 1   | 2     |
| Gonorrhea                             | -      | 1  | -  | 1     | 10                        | 5   | 41  | 56    | 6                         | 10  | 40  | 56    |
| H. Influenzae Disease - Inv.          | -      | -  | -  | -     | 1                         | 3   | 1   | 5     | -                         | 1   | 2   | 3     |
| Hepatitis B - Acute                   | -      | -  | -  | -     | -                         | 1   | -   | 1     | -                         | -   | 2   | 2     |
| Hepatitis B - Chronic                 | -      | -  | -  | -     | 2                         | -   | 1   | 3     | 1                         | 1   | 1   | 3     |
| Hepatitis C - Acute                   | -      | -  | -  | -     | -                         | 1   | 1   | 2     | -                         | -   | 1   | 1     |
| Hepatitis C - Chronic                 | -      | -  | -  | -     | 1                         | 6   | 16  | 23    | 1                         | 4   | 8   | 13    |
| Hepatitis C Unknown                   | -      | -  | -  | -     | -                         | -   | -   | -     | 1                         | -   | -   | 1     |
| Histoplasmosis                        | -      | -  | -  | -     | 2                         | -   | 1   | 3     | 1                         | -   | 3   | 4     |
| HIV/AIDS                              | -      | -  | -  | -     | 1                         | 2   | -   | 3     | 1                         | -   | -   | 1     |
| Influenza                             | -      | 2  | -  | 2     | 309                       | 73  | 561 | 943   | 543                       | 114 | 663 | 1,320 |
| Kawasaki                              | -      | -  | -  | -     | 5                         | -   | -   | 5     | -                         | -   | -   | -     |
| Latent Tuberculosis                   | 1      | 1  | -  | 2     | 11                        | 1   | 1   | 13    | 10                        | 2   | 7   | 19    |
| Legionellosis                         | -      | -  | -  | -     | 1                         | -   | -   | 1     | 7                         | 1   | 5   | 13    |
| Listeriosis                           | -      | -  | -  | -     | -                         | -   | -   | -     | -                         | -   | -   | -     |
| Lyme Disease                          | 1      | 4  | 7  | 12    | 1                         | 16  | 19  | 36    | 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                     | -      | 4  | 3  | 7     | 213                       | 383 | 225 | 821   | 334                       | 536 | 279 | 1,149 |
| Pertussis                             | -      | -  | -  | -     | 2                         | 2   | 2   | 6     | 7                         | 14  | 7   | 28    |
| RSV                                   | 1      | -  | -  | 1     | 7                         | 34  | 4   | 45    | 6                         | 34  | 4   | 44    |
| Salmonellosis                         | -      | 1  | 2  | 3     | 9                         | 10  | 7   | 26    | 5                         | 1   | 7   | 13    |
| Shiga Toxin-prod. (STEC)              | -      | -  | -  | -     | 6                         | 34  | 4   | 44    | 6                         | 34  | 4   | 44    |
| Shigellosis                           | -      | -  | -  | -     | 1                         | -   | -   | 1     | -                         | -   | 1   | 1     |
| Shingles                              | -      | -  | -  | -     | -                         | 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                    | -      | -  | -  | -     | 2                         | -   | -   | 2     | 1                         | -   | 10  | 11    |
| Syphilis - Secondary                  | -      | -  | -  | -     | -                         | 2   | 1   | 3     | 1                         | -   | 3   | 4     |
| Syphilis To Be Determined             | -      | -  | -  | -     | 4                         | -   | 2   | 6     | 5                         | 4   | 10  | 19    |
| Trichinosis                           | -      | -  | -  | -     | -                         | -   | -   | -     | -                         | 1   | -   | 1     |
| Tuberculosis                          | -      | -  | -  | -     | 2                         | -   | -   | 2     | 1                         | 2   | -   | 3     |
| Unusual Outbreak/Occurrence           | -      | -  | -  | -     | -                         | 1   | 1   | 2     | -                         | -   | 1   | 1     |
| VZ Infection, Unspecified             | -      | -  | -  | -     | -                         | 7   | 1   | 8     | -                         | 4   | -   | 4     |
| Yersinia Enteritis                    | -      | -  | -  | -     | -                         | 2   | 2   | 4     | -                         | 1   | 1   | 2     |

# Branch - Hillsdale - St. Joseph Community Health Agency

## Personal Health and Disease Prevention

|                                                | Aug-26 |     |     |     |       | YTD 2025-2026 |       |     |       |        | YTD 2024-2025 |       |     |       |        |
|------------------------------------------------|--------|-----|-----|-----|-------|---------------|-------|-----|-------|--------|---------------|-------|-----|-------|--------|
|                                                | BR     | HD  | ST  | TR  | Total | BR            | HD    | ST  | TR    | Total  | BR            | HD    | ST  | TR    | Total  |
| <b>CHILD IMMUNIZATIONS</b>                     |        |     |     |     |       |               |       |     |       |        |               |       |     |       |        |
| # Vaccines Given CHA                           | 26     | 107 | 99  | 111 | 343   | 782           | 1,059 | 682 | 388   | 2,911  | 2,116         | 1,723 | 704 | 1,639 | 6,182  |
| All VFC Doses Given                            |        |     |     |     | -     | 4,655         | 2,303 |     | 4,847 | 11,805 | 6,626         | 3,832 |     | 6,291 | 16,906 |
| Waivers                                        | 69     | 80  | 77  | 44  | 270   | 172           | 266   | 136 | 123   | 697    | 152           | 193   | 78  | 181   | 604    |
| <b>ADULT IMMUNIZATIONS</b>                     |        |     |     |     |       |               |       |     |       |        |               |       |     |       |        |
| # Vaccines Given                               | 4      | 1   | 2   | 3   | 10    | 588           | 125   | 149 | 287   | 1,149  | 535           | 170   | 135 | 257   | 1,097  |
| All AVP Doses Given                            |        |     |     |     | -     | 445           | 99    | -   | 251   | 795    | 998           | 387   | 14  | 688   | 2,087  |
| <b>COMMUNICABLE DISEASE</b>                    |        |     |     |     |       |               |       |     |       |        |               |       |     |       |        |
| TB Tests Done                                  | 5      | 4   | 1   | 11  | 21    | 61            | 50    | 3   | 27    | 141    | 53            | 97    | 2   | 24    | 176    |
| STD treatments                                 | -      | 1   | 3   | 2   | 6     | 6             | 9     | 21  | 47    | 83     | 11            | 15    | -   | 85    | 111    |
| HIV Testing                                    | -      | 5   | 4   | -   | 9     | 3             | 29    | 26  | 55    | 113    | 3             | 22    | -   | 84    | 109    |
| <b>ENROLLMENTS</b>                             |        |     |     |     |       |               |       |     |       |        |               |       |     |       |        |
| Medicaid & Michild                             | 8      | -   | -   | -   | 8     | 12            | 1     | 1   | -     | 14     | 13            | 4     | -   | -     | 17     |
| <b>REFERRAL SERVICE</b>                        |        |     |     |     |       |               |       |     |       |        |               |       |     |       |        |
| MCDC Referrals                                 | 11     | 7   | 23  | 25  | 66    | 67            | 42    | 262 | 265   | 636    | 43            | 57    | 149 | 225   | 474    |
| MIHP referrals                                 | 4      | -   | 24  | 30  | 58    | 19            | -     | 286 | 344   | 649    | 4             | -     | 368 | 463   | 835    |
| <b>Hearing Screens</b>                         |        |     |     |     |       |               |       |     |       |        |               |       |     |       |        |
| Pre-school                                     | -      | -   | -   | 19  | 19    | 713           | 277   | -   | 528   | 1,518  | 623           | 236   | -   | 473   | 1,332  |
| School Age                                     | 57     | 71  | -   | 63  | 191   | 1,135         | 751   | -   | 1,793 | 3,679  | 1,196         | 1,128 | 619 | 1,404 | 4,347  |
| <b>Vision Screens</b>                          |        |     |     |     |       |               |       |     |       |        |               |       |     |       |        |
| Pre-school                                     | -      | -   | -   | 21  | 21    | 865           | 287   | -   | 538   | 1,690  | 657           | 217   | -   | 310   | 1,184  |
| School Age                                     | 59     | 153 | 154 | 154 | 520   | 2,788         | 2,267 | 154 | 3,872 | 9,081  | 2,243         | 1,951 | -   | 3,330 | 7,524  |
| <b>Children's Special Health Care Services</b> |        |     |     |     |       |               |       |     |       |        |               |       |     |       |        |
| Diagnostics                                    | -      | -   | -   | -   | -     | 6             | 10    | -   | -     | 16     | 8             | 3     | -   | -     | 11     |
| Assessments-Renewal                            | 22     | 27  | -   | 10  | 59    | 208           | 247   | -   | 272   | 727    | 213           | 248   | -   | 305   | 766    |
| Assessments-New                                | 4      | 7   | -   | 4   | 15    | 44            | 165   | -   | 81    | 290    | 43            | 84    | -   | 58    | 185    |
|                                                |        |     |     |     | 1,616 |               |       |     |       | 35,994 |               |       |     |       | 43,947 |
| Leads completed                                | 26     | 11  | 9   | 11  | 57    | 207           | 104   | 70  | 98    | 479    |               |       |     |       | 1,653  |
| Leads >3.5                                     | 1      | 1   | 1   | 0   | 3     | 17            | 27    | 12  | 6     | 62     |               |       |     |       |        |

|                                            |                                                    |
|--------------------------------------------|----------------------------------------------------|
| 2025 - 2026 Caseload [1] Management Report | LA #: 12                                           |
|                                            | Name: Branch-Hillsdale-St. Joseph Community Health |

State Participation/Enrollment Ratio [2]:

| Mar-26 | Apr-26 | May-26 | Jun-26 | Jul-26 | Curr Year<br>P/E Ratio<br>(last 12 months) |
|--------|--------|--------|--------|--------|--------------------------------------------|
| 96.0%  | 96.2%  | 96.6%  | 96.2%  | 96.2%  | 96.2%                                      |

| Months     | Enrollment [3] | Initial<br>Participation [4] | Closeout Participation<br>[5] | % Change in<br>Participation [6] | Participation/<br>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 | 4,094          | 3,835                        | 3,863                         | 0.36%                            | 93.67%                                |
| Jul / 2026 | 4,067          | 3,822                        | 3,868                         | 0.13%                            | 93.98%                                |
| Aug / 2026 | 4,105          | 3,835                        | (est[7]) 3,934                |                                  | 93.42%                                |
| Sep / 2026 | 0              | 0                            | (est[7]) 3,979                |                                  |                                       |

|                      |        |        |         |        |        |
|----------------------|--------|--------|---------|--------|--------|
| Total (Year to date) | 45,174 | 42,724 | 39,182  |        |        |
| Curr Year Avg        | 4,107  | 3,884  | 3,918   | -0.48% | 94.23% |
| Months with Count    | 11     | 11     | 10      | 10     | 11     |
| Average to Base %[8] |        | 93.3%  | 94.14%  |        |        |
| 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:

Actual average monthly participation current year to date [10]:

|       |                                            |
|-------|--------------------------------------------|
| 3,925 | <b>Funding Allocation Information</b>      |
| 3,918 | Total Funding Allocation: \$908,156        |
|       | Assigned Funding Participation Count [11]: |
|       | Current Yr Base: 4,162                     |
|       | Previous Yr Base: 3,871                    |

- [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.

**Branch-Hillsdale-St Joseph Community Health Agency**

Check/Voucher Register - Check Register for BOH

00103 - Cash - Accounts Payable

From 8/1/2026 Through 8/31/2026

| Payee                                   | Check Amount | Check Number   | Effective Date |
|-----------------------------------------|--------------|----------------|----------------|
| 4Imprint                                | 3,709.92     | 55259          | 8/21/2026      |
| ACD.NET                                 | 144.85       | 55260          | 8/21/2026      |
| Action Quick Print Plus                 | 833.00       | 26.08.07 A.01  | 8/7/2026       |
| Action Quick Print Plus                 | 209.00       | 26.08.21 A.01  | 8/21/2026      |
| Aflac Group Insurance                   | 1,445.22     | 26.08.28 R.01  | 8/28/2026      |
| Alert Medical Alarms                    | 209.65       | 55261          | 8/21/2026      |
| Amazon Capital Services, Inc            | 770.60       | 26.08.07 P.02  | 8/7/2026       |
| Amazon Capital Services, Inc            | 2,088.52     | 26.08.21 P.02  | 8/21/2026      |
| Angela Shedd                            | 2,038.85     | 26.08.07 A.02  | 8/7/2026       |
| Angela Shedd                            | 2,395.70     | 26.08.21 A.02  | 8/21/2026      |
| Barbara Krzyzanski                      | 192.50       | 26.08.07 A.03  | 8/7/2026       |
| Barbara Krzyzanski                      | 262.50       | 26.08.21 A.03  | 8/21/2026      |
| Barbara P. Foley                        | 46.16        | 55257          | 8/14/2026      |
| Barbara P. Foley                        | 46.16        | 55269          | 8/28/2026      |
| Beacon Properties Administration        | 148.08       | 26.08.31 A.01  | 8/31/2026      |
| Beacon Properties Administration        | 4,533.45     | 26.08.31 A.02  | 8/31/2026      |
| Branch Area Transit Authority           | 2,100.00     | 26.08.07 A.04  | 8/7/2026       |
| Branch Area Transit Authority           | 1,769.17     | 26.08.21 A.04  | 8/21/2026      |
| Branch County Commission                | 27,786.34    | 26.08.21 A.05  | 8/21/2026      |
| Branch County Complex                   | 5,694.28     | 26.08.31 A.03  | 8/31/2026      |
| Center for Information Management, Inc  | 37,900.00    | 26.08.07 A.05  | 8/7/2026       |
| Century Bank - Hillsdale Maintenance    | 2,000.00     | 26.08.31 A.04  | 8/31/2026      |
| Century Bank - Three Rivers Maintenance | 2,000.00     | 26.08.31 A.05  | 8/31/2026      |
| Century EFTPS                           | 29,289.72    | 26.08.14 R.01  | 8/14/2026      |
| Century EFTPS                           | 29,247.54    | 26.08.28 R.02  | 8/28/2026      |
| Century Mastercard                      | 3,774.99     | 26.08.07 P.03  | 8/7/2026       |
| Century MERS                            | 46,143.02    | 26.08.07 A.06  | 8/7/2026       |
| Century State/Michigan State Treasury   | 10,452.21    | 26.08.28 R.03  | 8/28/2026      |
| Charter Communications                  | 150.00       | 26.08.07 P.04  | 8/7/2026       |
| Cintas Corporation Loc 351              | 114.78       | 26.08.07 P.05  | 8/7/2026       |
| Comcast                                 | 227.90       | 26.08.21 P.03  | 8/21/2026      |
| ConnectAmerica                          | 95.00        | 26.08.21 A.06  | 8/21/2026      |
| Control Solutions Inc.                  | 535.36       | 26.08.21 A.07  | 8/21/2026      |
| Crossroads Home Care Inc.               | 1,012.86     | 26.08.21 A.08  | 8/21/2026      |
| CSHCS                                   | 1,885.00     | 55247          | 8/7/2026       |
| DELTA DENTAL                            | 4,332.85     | 26.08.21 A.09  | 8/21/2026      |
| DiningRD                                | 3,834.04     | 26.08.07 A.07  | 8/7/2026       |
| DL Gallivan Office Solutions            | 698.26       | 55248          | 8/7/2026       |
| Dr. Karen M. Luparello                  | 4,606.25     | 26.08.07 A.08  | 8/7/2026       |
| Empower                                 | 4,809.00     | 26.08.14 R.02  | 8/14/2026      |
| Empower                                 | 5,656.82     | 26.08.14 R.03  | 8/14/2026      |
| Empower                                 | 4,959.00     | 26.08.28 R.04  | 8/28/2026      |
| Empower                                 | 7,967.40     | 26.08.28 R.05  | 8/28/2026      |
| Eurotrol U.S.B.V.                       | 481.00       | 55262          | 8/21/2026      |
| FedEx                                   | 41.91        | 26.08.07 P.06  | 8/7/2026       |
| FedEx                                   | 60.81        | 26.08.21 P.04  | 8/21/2026      |
| Frontier                                | 372.28       | 26.08.07 P.07  | 8/7/2026       |
| GDI Services Inc.                       | 3,447.01     | 26.08.31 A.06  | 8/31/2026      |
| GT INDEPENDENCE                         | 13,434.03    | 26.08.21 A.10  | 8/21/2026      |
| Health Equity                           | 3,584.58     | 26.08.14 PR.01 | 8/14/2026      |
| Health Equity                           | 3,584.58     | 26.08.28 PR.01 | 8/28/2026      |
| Helping Angels Home Care LLC            | 4,154.96     | 26.08.21 A.11  | 8/21/2026      |

**Branch-Hillsdale-St Joseph Community Health Agency**

Check/Voucher Register - Check Register for BOH

00103 - Cash - Accounts Payable

From 8/1/2026 Through 8/31/2026

| Payee                                        | Check Amount | Check Number  | Effective Date |
|----------------------------------------------|--------------|---------------|----------------|
| Hillsdale Board Of Public Utilities          | 1,659.31     | 26.08.07 P.08 | 8/7/2026       |
| Hillsdale County Treasurer                   | 1,559.26     | 26.08.07 A.09 | 8/7/2026       |
| Hillsdale County Treasurer                   | 327.32       | 26.08.21 A.12 | 8/21/2026      |
| HomeJoy of Kalamzoo                          | 4,194.47     | 26.08.21 A.13 | 8/21/2026      |
| Hospital Network Healthcare Services         | 164.50       | 26.08.21 A.14 | 8/21/2026      |
| Indiana MI Power Company                     | 1,115.92     | 26.08.07 P.09 | 8/7/2026       |
| Indiana State Tax                            | 212.60       | 26.08.28 R.06 | 8/28/2026      |
| Laboratory Corporation of America            | 295.00       | 26.08.21 A.15 | 8/21/2026      |
| Lajoy FI, LLC                                | 1,785.42     | 26.08.21 A.16 | 8/21/2026      |
| Legal Services Of S.Central MI               | 840.00       | 26.08.21 A.17 | 8/21/2026      |
| MALEHA                                       | 270.00       | 55249         | 8/7/2026       |
| Maplecrest, LLC                              | 1,361.80     | 26.08.31 A.07 | 8/31/2026      |
| McKesson Medical-Surgical Gov. Solutions LLC | 99.44        | 26.08.07 P.10 | 8/7/2026       |
| McKesson Medical-Surgical Gov. Solutions LLC | 550.53       | 26.08.21 P.05 | 8/21/2026      |
| Medical Care Alert                           | 270.01       | 26.08.21 A.18 | 8/21/2026      |
| MI Association for Local Public Health       | 283.50       | 55250         | 8/7/2026       |
| MI Association for Local Public Health       | 189.00       | 55263         | 8/21/2026      |
| Michigan Gas                                 | 44.84        | 26.08.07 P.11 | 8/7/2026       |
| Michigan Graphics Arts, LLC                  | 663.10       | 55251         | 8/7/2026       |
| Michigan Public Health Institute             | 1,869.17     | 26.08.21 A.19 | 8/21/2026      |
| Michigan State Disbursement Unit             | 190.11       | 55258         | 8/14/2026      |
| Michigan State Disbursement Unit             | 190.11       | 55270         | 8/28/2026      |
| Nationwide                                   | 50.00        | 26.08.14 R.04 | 8/14/2026      |
| Nationwide                                   | 50.00        | 26.08.28 R.07 | 8/28/2026      |
| Nottawa Township                             | 896.66       | 55252         | 8/7/2026       |
| Perspective Enterprise                       | 906.00       | 55264         | 8/21/2026      |
| Principal Life Insurance Company             | 1,859.48     | 26.08.21 P.06 | 8/21/2026      |
| Prompt Care Express PC                       | 80.00        | 55265         | 8/21/2026      |
| Purfoods LLC dba Mom's Meals                 | 390.50       | 26.08.21 A.20 | 8/21/2026      |
| Rebecca Morse                                | 4,500.00     | 55253         | 8/7/2026       |
| Republic Waste Services                      | 118.30       | 26.08.07 P.12 | 8/7/2026       |
| Reserve Account                              | 3,000.00     | 26.08.07 A.10 | 8/7/2026       |
| Richard Clark                                | 2,461.85     | 26.08.31 A.08 | 8/31/2026      |
| Riley Pumpkin Farm                           | 4,680.00     | 26.08.11 A.01 | 8/11/2026      |
| Riley Pumpkin Farm                           | 225.00       | 26.08.31 A.09 | 8/31/2026      |
| Rosati Schultz Joppich Amtsbueshler          | 180.00       | 26.08.21 A.21 | 8/21/2026      |
| ROSE PEST SOLUTIONS                          | 89.00        | 26.08.07 A.11 | 8/7/2026       |
| School Health                                | 134.03       | 55266         | 8/21/2026      |
| Semco Energy                                 | 51.49        | 26.08.07 P.13 | 8/7/2026       |
| Shaffmasters U-Stor-n-Lock                   | 720.00       | 26.08.07 A.12 | 8/7/2026       |
| Shred It                                     | 116.67       | 26.08.07 P.14 | 8/7/2026       |
| St Joseph County COA                         | 41,199.17    | 26.08.21 A.22 | 8/21/2026      |
| St Joseph County Transit Authority           | 2,493.15     | 26.08.21 A.23 | 8/21/2026      |
| Staples                                      | 299.00       | 26.08.07 P.15 | 8/7/2026       |
| Staples                                      | 948.31       | 26.08.21 P.07 | 8/21/2026      |
| State Of Michigan                            | 532.00       | 55254         | 8/7/2026       |
| State Of Michigan                            | 530.00       | 55267         | 8/21/2026      |
| State of Michigan-Dept                       | 46.00        | 55255         | 8/7/2026       |
| State of Michigan-Dept                       | 11.50        | 55268         | 8/21/2026      |
| Stephanie Koppel                             | 456.25       | 26.08.21 A.24 | 8/21/2026      |
| Stratus Video, LLC                           | 2,677.35     | 26.08.21 A.25 | 8/21/2026      |

**Branch-Hillsdale-St Joseph Community Health Agency**

Check/Voucher Register - Check Register for BOH

00103 - Cash - Accounts Payable

From 8/1/2026 Through 8/31/2026

| <u>Payee</u>                                    | <u>Check Amount</u> | <u>Check Number</u> | <u>Effective Date</u> |
|-------------------------------------------------|---------------------|---------------------|-----------------------|
| Swick Broadcasting Company                      | 800.00              | 55256               | 8/7/2026              |
| TelNet Worldwide                                | 1,769.31            | 26.08.07 A.13       | 8/7/2026              |
| VanDam & Krusinga, Inc                          | 78,662.40           | 26.08.21 A.26       | 8/21/2026             |
| Verdant Commercial Capital                      | 1,322.75            | 26.08.21 P.08       | 8/21/2026             |
| Verizon                                         | 1,771.44            | 26.08.07 P.16       | 8/7/2026              |
| VRI INC.                                        | 27.00               | 26.08.21 A.27       | 8/21/2026             |
| Western Michigan Health Insurance<br>Pool Trust | 53,588.84           | 26.08.21 P.09       | 8/21/2026             |
| Report Total                                    | 513,055.97          |                     |                       |

Branch-Hillsdale-St Joseph Community Health Agency  
Balance Sheet - Unposted Transactions Included In Report  
As of 8/31/2026

|                                  | <u>Current Period Balance</u> |
|----------------------------------|-------------------------------|
| Assets                           |                               |
| Cash on Hand                     | 11,947.43                     |
| Cash with County Treasurer       | 3,307,520.15                  |
| Community Foundation Grant       | 309,955.94                    |
| Cash HD Building Maintenance     | 78,812.09                     |
| Cash TR Building Maintenance     | 103,534.18                    |
| Accounts Receivable              | 59,746.16                     |
| Due from Dental DAPP             | 1,275.67                      |
| Due from State                   | 315,351.37                    |
| Due from Other Funding Sources   | 213,295.29                    |
| Prepaid Expenses                 | 150,067.53                    |
| Biologic Inventory               | 91,865.93                     |
| Total Assets                     | <u><u>4,643,371.74</u></u>    |
| Liabilities                      |                               |
| Accounts Payable                 | 105,497.11                    |
| Payroll Liabilites               | 99,539.86                     |
| Deferred Revenue                 | 127,318.70                    |
| Deferred Revenue BR              | 19,155.08                     |
| Deferred Revenue HD              | 20,204.50                     |
| Deferred Revenue SJ              | 26,914.67                     |
| Biologics                        | 91,865.93                     |
| Total Liabilities                | <u>490,495.85</u>             |
| Net Assets                       |                               |
| Operation Fund Balance           | 575,003.52                    |
| Restricted Fund Balance          | 447,859.16                    |
| Designated Fund Balance          | 3,130,013.21                  |
| Total Net Assets                 | <u>4,152,875.89</u>           |
| Total Liabilities and Net Assets | <u><u>4,643,371.74</u></u>    |

BHSJ Community Health Agency  
Schedule of Cash Receipts and Disbursements  
October 1, 2025 thru  
August 31, 2026

|                                         |                        |
|-----------------------------------------|------------------------|
| Plus: Cash Receipts                     | \$628,471.27           |
| Less: Cash Disbursements For Payroll/AP | \$ (772,650.24)        |
| <b>10/31/2025 Cash Balance</b>          | <b>\$ 3,970,394.32</b> |
| Plus: Cash Receipts                     | \$633,432.70           |
| Less: Cash Disbursements For Payroll/AP | \$ (663,990.11)        |
| <b>11/30/2025 Cash Balance</b>          | <b>\$ 3,939,836.91</b> |
| Plus: Cash Receipts                     | \$620,491.36           |
| Less: Cash Disbursements For Payroll/AP | \$ (639,361.22)        |
| <b>12/31/2025 Cash Balance</b>          | <b>\$ 3,920,967.05</b> |
| Plus: Cash Receipts                     | \$847,544.81           |
| Less: Cash Disbursements For Payroll/AP | \$ (894,796.16)        |
| <b>1/31/2026 Cash Balance</b>           | <b>\$ 3,873,715.70</b> |
| Plus: Cash Receipts                     | \$572,212.52           |
| Less: Cash Disbursements For Payroll/AP | \$ (635,104.49)        |
| <b>2/28/2026 Cash Balance</b>           | <b>\$ 3,810,823.73</b> |
| Plus: Cash Receipts                     | \$559,290.93           |
| Less: Cash Disbursements For Payroll/AP | \$ (668,377.59)        |
| <b>3/31/2026 Cash Balance</b>           | <b>\$ 3,701,737.07</b> |
| Plus: Cash Receipts                     | \$1,040,050.49         |
| Less: Cash Disbursements For Payroll/AP | \$ (876,171.90)        |
| <b>4/30/2026 Cash Balance</b>           | <b>\$ 3,865,615.66</b> |
| Plus: Cash Receipts                     | \$569,720.22           |
| Less: Cash Disbursements For Payroll/AP | \$ (559,942.49)        |
| <b>5/31/2026 Cash Balance</b>           | <b>\$ 3,875,393.39</b> |
| Plus: Cash Receipts                     | \$515,433.73           |
| Less: Cash Disbursements For Payroll/AP | \$ (744,301.68)        |
| <b>6/30/2026 Cash Balance</b>           | <b>\$ 3,646,525.44</b> |
| Plus: Cash Receipts                     | \$794,164.80           |
| Less: Cash Disbursements For Payroll/AP | \$ (790,551.90)        |
| <b>7/31/2026 Cash Balance</b>           | <b>\$ 3,650,138.34</b> |
| Plus: Cash Receipts                     | \$689,664.34           |
| Less: Cash Disbursements For Payroll/AP | \$ (722,326.59)        |
| <b>7/31/2026 Cash Balance</b>           | <b>\$ 3,617,476.09</b> |

**12 Month Grants should be 91.67% expended.**

|                                                                                                                                                                       | Current<br>Month | Year to Date | Total Budget -<br>Final | % Total<br>Expended |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------|-------------------------|---------------------|
| 024 MERS Pension Underfunded Liability<br>All expenses for this have been completed for the year.                                                                     | -                | 26,088.93    | 26,089.00               | 99.99%              |
| 275 Medical Marijuana SJ<br>Short term grant, must be expended August 31.                                                                                             | 33.63            | 7,386.48     | 7,410.53                | 99.67%              |
| 230 Medical Marijuana HD<br>Short term grant, must be expended August 31.                                                                                             | 133.25           | 10,991.36    | 11,046.72               | 99.49%              |
| 255 Community Health Direction<br>Over budget, will continue to monitor.                                                                                              | 12,209.16        | 157,549.88   | 160,500.00              | 98.16%              |
| 120 PH&DP Special Projects<br>Short term grant. Will fall in line as the year progresses.                                                                             | 482.94           | 14,613.27    | 15,010.60               | 97.35%              |
| 025 PH Workforce & Infrastructure<br>Over budget; should come back in line as the year progresses.                                                                    | 82,037.40        | 226,992.52   | 233,242.23              | 97.32%              |
| 010 Agency Support<br>Over budget, will continue to monitor.                                                                                                          | 13,912.15        | 294,762.92   | 304,955.00              | 96.65%              |
| 212 Medical Marijuana BR<br>Short term grant, must be expended August 31.                                                                                             | 516.29           | 18,193.26    | 18,888.48               | 96.31%              |
| 326 Vision (ELPHS)<br>Within budget - 9 Mth program                                                                                                                   | 14,440.57        | 107,323.04   | 112,087.11              | 95.74%              |
| 332 HIV Prevention<br>Slightly over budget due to allocation expenses. Will monitor.                                                                                  | 2,412.84         | 20,895.24    | 21,905.76               | 95.38%              |
| 101 Workforce Development<br>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. | 2,573.96         | 45,805.05    | 48,541.42               | 94.36%              |
| 341 Infectious Disease<br>Slightly over budget due to one-time equipment purchases. Will level out as the year progresses.                                            | 39,585.44        | 396,692.18   | 427,126.41              | 92.87%              |
| 112 CSHCS Medicaid Outreach<br>Must fully expend budget for 325 before using 112; therefore, they must be evaluated together. They are within budget at 89.03%.       | 25,861.24        | 120,144.73   | 130,103.26              | 92.34%              |
| 329 MCH Enabling Children                                                                                                                                             | 7,867.41         | 86,541.58    | 94,409.00               | 91.66%              |
| 345 Lead Testing                                                                                                                                                      | 3,840.06         | 33,523.42    | 36,653.22               | 91.46%              |
| 032 Emergency Preparedness                                                                                                                                            | 12,431.35        | 161,728.23   | 178,424.61              | 90.64%              |
| 138 Immunization IAP                                                                                                                                                  | 93,388.84        | 1,030,319.30 | 1,140,310.00            | 90.35%              |
| 109 WIC                                                                                                                                                               | 90,612.22        | 1,037,475.81 | 1,150,390.82            | 90.18%              |
| 021 Dental Clinic - Three Rivers                                                                                                                                      | 4,681.53         | 50,016.03    | 55,582.20               | 89.98%              |
| 327 Hearing (ELPHS)                                                                                                                                                   | 10,195.95        | 97,673.57    | 109,545.34              | 89.16%              |
| 704 Food Service                                                                                                                                                      | 44,879.55        | 485,831.92   | 549,764.82              | 88.37%              |
| 717 EGLE Swimming Pools                                                                                                                                               | 798.69           | 16,469.69    | 18,698.36               | 88.08%              |
| 325 CSHCS                                                                                                                                                             | -                | 193,684.02   | 222,409.00              | 87.08%              |

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 8/1/2026 - 8/31/2026

|                                            | Current<br>Month | Year to Date | Total Budget -<br>Final | % Total<br>Expended |
|--------------------------------------------|------------------|--------------|-------------------------|---------------------|
| 012 Area Agency on Aging                   | 132,404.37       | 1,331,021.21 | 1,533,407.13            | 86.80%              |
| 714 Onsite Sewage Disposal                 | 34,656.32        | 457,520.50   | 527,151.25              | 86.79%              |
| 108 WIC Breastfeeding                      | 10,215.17        | 105,881.96   | 122,031.29              | 86.76%              |
| 745 Type II Water                          | 17,910.63        | 192,331.80   | 223,414.33              | 86.08%              |
| 605 General EH Services                    | 2,039.69         | 18,515.58    | 21,552.19               | 85.91%              |
| 014 VOCA                                   | 14,266.78        | 175,667.88   | 205,743.00              | 85.38%              |
| 721 Drinking Water Supply                  | 34,744.53        | 409,365.87   | 480,083.38              | 85.26%              |
| 286 HEP Special Projects                   | -                | 6,143.01     | 7,422.75                | 82.75%              |
| 405 Grant Writing                          | 46.81            | 6,229.58     | 7,548.96                | 82.52%              |
| 029 Dental Clinic - Hillsdale              | 1,197.26         | 9,503.37     | 12,000.00               | 79.19%              |
| 207 MCRH Community Health Workers          | 9,013.76         | 96,933.63    | 122,430.67              | 79.17%              |
| 331 STD                                    | 12,281.57        | 134,048.96   | 171,341.79              | 78.23%              |
| 035 Vector Borne Disease Surveillance      | 4,380.61         | 27,361.10    | 35,971.04               | 76.06%              |
| 107 Medicaid Outreach                      | 1,065.28         | 11,429.10    | 15,157.22               | 75.40%              |
| 202 Oral Health                            | 7,931.99         | 61,722.52    | 83,280.64               | 74.11%              |
| 106 MI Options                             | 9,331.11         | 157,723.31   | 225,082.00              | 70.07%              |
| 338 Immunization Vaccine Handling          | 5,848.82         | 64,374.05    | 92,383.76               | 69.68%              |
| 720 EH- Complaints                         | 857.48           | 9,030.55     | 15,250.13               | 59.21%              |
| 008 Salary & Fringe Payoff                 | 1,047.51         | 46,297.73    | 80,000.00               | 57.87%              |
| 205 OHSP Grant                             | 2,643.82         | 55,643.01    | 107,011.75              | 51.99%              |
| 018 Aging Mastery                          | 817.46           | 7,698.57     | 15,000.00               | 51.32%              |
| 715 EGLE Long-Term Monitoring              | 946.36           | 2,066.49     | 4,061.30                | 50.88%              |
| 723 PFAS Response - White Pigeon           | -                | 1,278.66     | 2,706.20                | 47.24%              |
| 722 PFAS Response                          | -                | 943.05       | 2,157.14                | 43.71%              |
| 015 Local Expenses - Unallowable by Grants | 2,019.70         | 18,870.16    | 50,544.34               | 37.33%              |
| 716 EGLE Campgrounds                       | 2,839.60         | 6,590.52     | 18,092.85               | 36.42%              |
| 719 Body Art                               | 168.95           | 2,162.43     | 6,135.41                | 35.24%              |
| 724 PFAS - Westside Landfill               | -                | 812.64       | 2,820.00                | 28.81%              |
| 096 CSHCS Donations SJ                     | 1,495.09         | 10,031.25    | 41,360.84               | 24.25%              |
| 102 EH San Training Jurisdictional Sharing | 3,554.57         | 5,072.81     | 22,836.07               | 22.21%              |
| 718 EGLE Septage                           | 156.49           | 810.81       | 5,352.73                | 15.14%              |
| 287 HEP Special Projects II                | 1,107.69         | 3,231.53     | 27,989.45               | 11.54%              |
| 097 CSHCS Donations BR HD                  | -                | 1,140.65     | 22,826.00               | 4.99%               |
| 023 Capital Expenditures                   | -                | -            | 53,000.00               | 0.00%               |
| 999 Insurance Claims                       | 8,101.99         | 46,202.71    | -                       | 0.00%               |
| Total Expense                              | 785,985.88       | 8,124,359.43 | 9,436,239.50            | 86.10%              |

**The Agency is currently 5.57% under budget.**



## September 16, 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 8:30 AM. Roll call was completed as follows: Tim Stoll, Brent Leininger, and Rick Shaffer. No members were absent.

Also present from BHSJ were Theresa Fisher, and Kris Dewey.

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

### Public Comment

No public comments were given.

### New Business

- Mr. Leininger moved to recommend that the Board approve the 2026-2031 Community Health Improvement plan, with support from Mr. Shaffer. The motion passed.
- The Committee discussed PA 152, Public Employer Contributions to Medical Plan Benefits, and the renewal of the agency's employer-sponsored health care plan. The Committee requested that additional information be gathered and presented to the full Board for consideration. No recommendation was made.

### Public Comment

No public comments were given.

Mr. Leininger moved to adjourn the meeting, with support from Mr. Shaffer. The motion passed, and the meeting adjourned at 9:41 AM.

Respectfully Submitted by:

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



# **Community Health Improvement Plan**

## **2026–2031**

Approved by the Branch-Hillsdale-St. Joseph Community Health Agency

Board of Health and its Health Officer

September 24, 2026

## Table of Contents

|                                                                                                                          |    |
|--------------------------------------------------------------------------------------------------------------------------|----|
| Executive Summary .....                                                                                                  | 3  |
| 1. Community Health Improvement Planning .....                                                                           | 3  |
| 2. Priority Areas .....                                                                                                  | 4  |
| Priority 1: Access to Care .....                                                                                         | 4  |
| Priority 2: Maternal, Child, and Family Health.....                                                                      | 4  |
| Priority 3: Behavioral Health and Substance Use Prevention.....                                                          | 4  |
| 3. Cross-Cutting Strategies .....                                                                                        | 4  |
| 4. Implementation, Accountability, and Evaluation.....                                                                   | 5  |
| 5. Goals, Objectives, Strategies, and Measures.....                                                                      | 5  |
| Priority Area 1: Access to Care .....                                                                                    | 5  |
| Objective 1.1: Increase the percentage of residents who have an ongoing source of primary care.....                      | 5  |
| Objective 1.2: Improve residents' ability to access needed specialty healthcare services. ....                           | 6  |
| Objective 1.3: Improve residents' ability to obtain transportation needed to access health care.....                     | 6  |
| Objective 1.4: Increase awareness and use of available health and supportive services.....                               | 6  |
| Priority Area 2: Maternal, Child, and Family Health.....                                                                 | 6  |
| Objective 2.1: Increase early connection to prenatal care and maternal support services. ....                            | 6  |
| Objective 2.2: Increase childhood immunization coverage and reduce barriers to vaccination. ....                         | 7  |
| Objective 2.3: Increase awareness and use of maternal, child, and family support services.....                           | 7  |
| Objective 2.4: Increase use of recommended women's preventive health services.....                                       | 7  |
| Priority Area 3: Behavioral Health and Substance Use Prevention .....                                                    | 7  |
| Objective 3.1: Increase community knowledge and implementation of protective factors and trauma-informed practices. .... | 7  |
| Objective 3.2: Increase awareness, access, and successful connection to behavioral health services. ....                 | 8  |
| Objective 3.3: Reduce youth substance use through evidence-based prevention, resilience, and early intervention.....     | 8  |
| 6. Roles and Responsibilities .....                                                                                      | 8  |
| 7. Measurement and Continuous Improvement.....                                                                           | 9  |
| 8. CHIP Review and Revision.....                                                                                         | 9  |
| 9. Conclusion.....                                                                                                       | 9  |
| Appendix A: Recommended Annual CHIP Scorecard.....                                                                       | 10 |

## Executive Summary

The 2026–2031 Community Health Improvement Plan (CHIP) identifies a focused set of community priorities, objectives, and shared strategies intended to improve health across Branch, Hillsdale, and St. Joseph counties. The plan was developed from the 2026 Community Health Needs Assessment (CHNA) process and from discussion with community collaborative networks in each county.

The CHIP is intentionally narrower than an agency strategic plan. It is not a list of everything the local health department or individual organizations do. Instead, it identifies a manageable number of actions that community partners can advance together and monitor over time.

Three priority areas were selected because they were consistently identified across the tri-county area and because there are meaningful opportunities for community partners to influence them:

- Access to Care
- Maternal, Child, and Family Health
- Behavioral Health and Substance Use Prevention

The plan emphasizes measurable improvement while recognizing that community health conditions can change because of funding, workforce availability, policy, economic conditions, and other factors outside the control of local partners. For that reason, progress will be reviewed regularly and strategies may be refined when evidence, community needs, or available resources change.

## 1. Community Health Improvement Planning

The CHIP was developed as part of the Branch, Hillsdale, St. Joseph Community Health Needs Assessment conducted between January and June 2026. The Branch, Hillsdale, St. Joseph Community Health Agency (BHSJCHA) facilitated the process and worked with community partners throughout the tri-county jurisdiction.

The CHNA used a hybrid approach. Branch County had not completed a comprehensive local CHNA in several years, while Hillsdale and St. Joseph counties had completed other needs assessments during the preceding 12–24 months. Rather than duplicate recent work, the BHSJCHA completed a CHNA for Branch County, reviewed available information for all three counties, and engaged local human-service collaborative networks to identify the health needs most consistently affecting their communities.

Community input was an essential part of selecting the final priorities. The process included review and discussion with the Branch County Community Network (BCCN), Hillsdale Human Services Network (HSN), and St. Joseph Human Services Commission (HSC). These partners helped identify areas in which community organizations could build on existing work, strengthen coordination, or develop new collaborative approaches.

### How This CHIP Is Intended to Work

A community health improvement plan is most useful when it leads to action. This plan therefore focuses on shared community strategies rather than creating an additional work plan for BHSJCHA.

- Community partners will assist in identifying the organizations best positioned to support each strategy.
- The county collaboratives will periodically review CHIP objectives and progress as part of their regular work.
- Partners will use available community health data to monitor progress and identify gaps.
- Measures will emphasize meaningful changes in access, participation, connection to services, and health outcomes—not simply the number of activities completed.
- Strategies may be adjusted when circumstances, resources, evidence, or community needs change.

## Terminology

For purposes of this plan, a priority is a major health issue identified through the CHNA; a goal describes the desired direction of change; an objective identifies a specific result the community intends to pursue; and a strategy describes a collaborative action intended to achieve the objective.

## 2. Priority Areas

### Priority 1: Access to Care

**Goal:** Residents in Branch, Hillsdale, and St. Joseph counties have equitable access to affordable, high-quality health care and supportive services.

**Why this priority:** Access to care was consistently identified as a concern across the tri-county area. Community partners identified barriers related to provider availability, transportation, specialty care, behavioral health services, insurance coverage, and navigation of the health system. Changes in local healthcare capacity also have the potential to create additional barriers to care, particularly for specialty and obstetrical services.

### Priority 2: Maternal, Child, and Family Health

**Goal:** Residents in Branch, Hillsdale, and St. Joseph counties have equitable access to programs and services that support healthy pregnancies, healthy children, and healthy families.

**Why this priority:** Community partners identified concerns related to prenatal care, access to obstetrical and gynecological services, childhood immunizations, parenting and family supports, food insecurity, housing, childcare, and preventive health services. Strengthening connections among healthcare providers, families, schools, and community organizations provides opportunities to improve outcomes.

### Priority 3: Behavioral Health and Substance Use Prevention

**Goal:** Communities in Branch, Hillsdale, and St. Joseph counties promote positive mental health, resilience, and prevention of substance misuse.

**Why this priority:** Behavioral health and substance use were identified as significant concerns across the tri-county area. Partners identified needs related to access to behavioral health treatment, suicide prevention, substance use prevention, youth vaping and substance use, and supports that build resilience and protective factors.

## 3. Cross-Cutting Strategies

The following strategies support all three priority areas and should be considered whenever partners develop or implement CHIP activities:

- Expand and strengthen Community Health Worker services to address social needs, care navigation, transportation, food security, housing, and insurance barriers.
- Use culturally responsive, accessible, and multilingual communication to reach residents who experience barriers to information and services.
- Strengthen partnerships among hospitals, federally qualified health centers, behavioral health providers, schools, childcare providers, community organizations, and social service agencies.
- Use shared community health data to identify disparities, guide interventions, and monitor progress.
- Increase health literacy through clear, evidence-based, and actionable communication.

- Reduce barriers related to income, geography, language, disability, transportation, and other social determinants of health.
- Engage residents and people with lived experience, when appropriate, in planning, implementation, and evaluation.
- Share successful practices across the three counties so that effective approaches can be adapted locally.

## 4. Implementation, Accountability, and Evaluation

Implementation of the CHIP is a shared responsibility. BHSJCHA will support coordination, data review, communication, and follow-up, while community partners will support strategies that align with their missions, resources, and areas of expertise.

Each objective should have supporting partners who are willing to contribute resources, expertise, referrals, outreach, data, or other agreed-upon support.

Where a reliable baseline is not currently available, the first year of implementation should establish the baseline and confirm a realistic target. Targets should be reviewed with the organizations responsible for implementation rather than assigned without partner input.

### Annual Review

- Review progress at least annually through the county collaborative networks.
- Document progress, barriers, emerging opportunities, and partner commitments.
- Review available population-level data when updated data are released.
- Adjust strategies when an approach is not producing the intended result or when community conditions change.
- Communicate major accomplishments and challenges to the BHSJCHA Board of Health and participating community partners.

## 5. Goals, Objectives, Strategies, and Measures

### Priority Area 1: Access to Care

**Goal:** Residents in Branch, Hillsdale, and St. Joseph counties have equitable access to affordable, high-quality health care and supportive services.

#### Objective 1.1: Increase the percentage of residents who have an ongoing source of primary care.

|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Strategies</b>           | <ul style="list-style-type: none"> <li>• Expand Community Health Worker referral and care coordination services.</li> <li>• Strengthen referral pathways among community organizations, primary care providers, federally qualified health centers, and health systems.</li> <li>• Connect uninsured and underinsured residents with insurance enrollment and navigation assistance.</li> <li>• Promote preventive care and routine primary care visits.</li> </ul> |
| <b>Measures of Progress</b> | <ul style="list-style-type: none"> <li>• Percentage of residents reporting an ongoing source of primary care.</li> <li>• Number of residents connected to primary care through navigation or referral.</li> <li>• Percentage of tracked referrals successfully completed.</li> <li>• Number of residents receiving insurance navigation or coverage assistance.</li> </ul>                                                                                          |
| <b>Baseline / Target</b>    | Baseline: Establish in Year 1. Target: Set with partners after baseline review.                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Supporting Partners</b>  | Lead: To be identified with the appropriate county collaborative.<br>Supporting partners: To be identified based on strategy ownership and capacity.                                                                                                                                                                                                                                                                                                                |

### Objective 1.2: Improve residents' ability to access needed specialty healthcare services.

|                             |                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Strategies</b>           | <ul style="list-style-type: none"><li>• Identify and strengthen referral pathways for priority specialty services.</li><li>• Increase awareness of regional specialty providers and available services.</li><li>• Promote tele-specialty services when clinically appropriate.</li><li>• Provide navigation for residents experiencing barriers to completing specialty referrals.</li></ul> |
| <b>Measures of Progress</b> | <ul style="list-style-type: none"><li>• Number of priority specialty referral pathways established or strengthened.</li><li>• Number of residents receiving specialty-care navigation.</li><li>• Percentage of tracked specialty referrals successfully completed.</li><li>• Number of tele-specialty options available through participating partners.</li></ul>                            |
| <b>Baseline / Target</b>    | Baseline: Establish in Year 1. Target: Set with participating healthcare partners.                                                                                                                                                                                                                                                                                                           |
| <b>Supporting Partners</b>  | Supporting partners: To be identified based on strategy ownership and capacity.                                                                                                                                                                                                                                                                                                              |

### Objective 1.3: Improve residents' ability to obtain transportation needed to access health care.

|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Strategies</b>           | <ul style="list-style-type: none"><li>• Strengthen partnerships with transportation providers and community organizations.</li><li>• Promote available transportation resources through healthcare, social service, and community partners.</li><li>• Increase awareness of transportation benefits available through insurance providers and other programs.</li><li>• Integrate transportation screening and referral into care navigation and CHW workflows.</li></ul> |
| <b>Measures of Progress</b> | <ul style="list-style-type: none"><li>• Number of transportation referrals.</li><li>• Percentage of tracked referrals successfully connected to transportation.</li><li>• Community awareness of available transportation resources.</li><li>• Number of organizations actively providing or promoting transportation information.</li></ul>                                                                                                                              |
| <b>Baseline / Target</b>    | Baseline: Establish in Year 1. Target: Set with partners after baseline review.                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Supporting Partners</b>  | Supporting partners: To be identified based on strategy ownership and capacity.                                                                                                                                                                                                                                                                                                                                                                                           |

### Objective 1.4: Increase awareness and use of available health and supportive services.

|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Strategies</b>           | <ul style="list-style-type: none"><li>• Develop and distribute culturally responsive and multilingual health resource information.</li><li>• Promote community resource directories and coordinated referral systems.</li><li>• Use schools, employers, libraries, faith communities, healthcare organizations, and community events to share information.</li><li>• Promote telehealth and other appropriate service-access options.</li></ul> |
| <b>Measures of Progress</b> | <ul style="list-style-type: none"><li>• Community awareness of available health services.</li><li>• Use of community resource directories or referral systems.</li><li>• Number of community outreach locations/partners.</li><li>• Use of telehealth or other access options where reliable data are available.</li></ul>                                                                                                                      |
| <b>Baseline / Target</b>    | Baseline: Establish in Year 1. Target: Set with partners.                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Supporting Partners</b>  | Supporting partners: To be identified based on strategy ownership and capacity.                                                                                                                                                                                                                                                                                                                                                                 |

## Priority Area 2: Maternal, Child, and Family Health

**Goal:** Residents in Branch, Hillsdale, and St. Joseph counties have equitable access to programs and services that support healthy pregnancies, healthy children, and healthy families.

### Objective 2.1: Increase early connection to prenatal care and maternal support services.

|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Strategies</b>           | <ul style="list-style-type: none"><li>• Strengthen referral partnerships among obstetric providers, hospitals, WIC, home visiting programs, and community organizations.</li><li>• Increase early referrals to prenatal care and supportive services.</li><li>• Promote WIC eligibility, benefits, breastfeeding support, and other maternal resources.</li><li>• Provide navigation to address transportation, food, housing, childcare, and other barriers that may affect healthy pregnancy.</li></ul> |
| <b>Measures of Progress</b> | <ul style="list-style-type: none"><li>• Percentage of pregnant people entering prenatal care during the first trimester, when reliable data are available.</li><li>• First-trimester WIC enrollment.</li><li>• Number of referrals to prenatal care and maternal support services.</li><li>• Number/percentage of clients successfully connected to requested support.</li></ul>                                                                                                                          |
| <b>Baseline / Target</b>    | Baseline: Establish in Year 1. Target: Set with partners.                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

|                            |                                                                                 |
|----------------------------|---------------------------------------------------------------------------------|
| <b>Supporting Partners</b> | Supporting partners: To be identified based on strategy ownership and capacity. |
|----------------------------|---------------------------------------------------------------------------------|

### Objective 2.2: Increase childhood immunization coverage and reduce barriers to vaccination.

|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Strategies</b>           | <ul style="list-style-type: none"> <li>• Provide evidence-based, accessible immunization education for parents and caregivers.</li> <li>• Use reminder and recall systems and other proven approaches to reduce missed vaccinations.</li> <li>• Strengthen coordination among healthcare providers, schools, and childcare providers.</li> <li>• Promote timely immunization and assistance for families experiencing access or scheduling barriers.</li> </ul> |
| <b>Measures of Progress</b> | <ul style="list-style-type: none"> <li>• Childhood immunization coverage for selected age groups.</li> <li>• Number of reminder/recall contacts or outreach efforts.</li> <li>• Number of families connected to vaccination services through navigation or referral.</li> </ul>                                                                                                                                                                                 |
| <b>Baseline / Target</b>    | Baseline: Establish using the most reliable available immunization data. Target: Set with partners.                                                                                                                                                                                                                                                                                                                                                             |
| <b>Supporting Partners</b>  | Supporting partners: To be identified based on strategy ownership and capacity.                                                                                                                                                                                                                                                                                                                                                                                 |

### Objective 2.3: Increase awareness and use of maternal, child, and family support services.

|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Strategies</b>           | <ul style="list-style-type: none"> <li>• Expand community outreach about parenting, home visiting, early childhood, and family support resources.</li> <li>• Develop culturally and linguistically appropriate materials.</li> <li>• Strengthen referral relationships among pediatric providers, schools, childcare providers, and family resource organizations.</li> <li>• Promote developmental screening and early intervention services.</li> </ul> |
| <b>Measures of Progress</b> | <ul style="list-style-type: none"> <li>• Participation in parenting education and family support programs.</li> <li>• Number of referrals to home visiting and family support services.</li> <li>• Percentage of tracked referrals successfully connected.</li> <li>• Community awareness of available family support resources.</li> </ul>                                                                                                               |
| <b>Baseline / Target</b>    | Baseline: Establish in Year 1. Target: Set with participating programs.                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Supporting Partners</b>  | Supporting partners: To be identified based on strategy ownership and capacity.                                                                                                                                                                                                                                                                                                                                                                           |

### Objective 2.4: Increase use of recommended women's preventive health services.

|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Strategies</b>           | <ul style="list-style-type: none"> <li>• Promote recommended cervical and breast cancer screening.</li> <li>• Increase awareness of BC3NP and other available women's health services.</li> <li>• Partner with healthcare providers and community organizations to reduce financial, transportation, scheduling, and information barriers.</li> <li>• Promote preventive health services through culturally responsive community outreach.</li> </ul> |
| <b>Measures of Progress</b> | <ul style="list-style-type: none"> <li>• Cervical cancer screening rate.</li> <li>• Breast cancer screening rate.</li> <li>• Number of residents connected to BC3NP or other preventive health resources.</li> <li>• Number of outreach/referral partnerships supporting women's preventive health.</li> </ul>                                                                                                                                        |
| <b>Baseline / Target</b>    | Baseline: Establish from the most reliable available population or program data. Target: Set with partners.                                                                                                                                                                                                                                                                                                                                           |
| <b>Supporting Partners</b>  | Supporting partners: To be identified based on strategy ownership and capacity.                                                                                                                                                                                                                                                                                                                                                                       |

## Priority Area 3: Behavioral Health and Substance Use Prevention

**Goal:** Communities in Branch, Hillsdale, and St. Joseph counties promote positive mental health, resilience, and prevention of substance misuse.

### Objective 3.1: Increase community knowledge and implementation of protective factors and trauma-informed practices.

|                   |                                                                                                                                                                                                                                                                                                                     |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Strategies</b> | <ul style="list-style-type: none"> <li>• Provide ACEs, resilience, and protective-factor education for parents, caregivers, educators, and community partners.</li> <li>• Expand trauma-informed care education and resources.</li> <li>• Promote positive childhood experiences and protective factors.</li> </ul> |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                             |                                                                                                                                                                                                                                                                                       |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Measures of Progress</b> | <ul style="list-style-type: none"> <li>• Number of participants completing ACEs/resilience or trauma-informed training.</li> <li>• Pre/post measures of knowledge when available.</li> <li>• Number of participating organizations implementing trauma-informed practices.</li> </ul> |
| <b>Baseline / Target</b>    | Baseline: Establish in Year 1. Target: Set with training and community partners.                                                                                                                                                                                                      |
| <b>Supporting Partners</b>  | Supporting partners: To be identified based on strategy ownership and capacity.                                                                                                                                                                                                       |

### Objective 3.2: Increase awareness, access, and successful connection to behavioral health services.

|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Strategies</b>           | <ul style="list-style-type: none"> <li>• Promote available behavioral health, crisis, and suicide prevention resources.</li> <li>• Strengthen behavioral health referral and care coordination among healthcare, behavioral health, and community organizations.</li> <li>• Integrate behavioral health navigation into CHW and other care-navigation services where appropriate.</li> <li>• Promote tele-mental health and other access options when appropriate.</li> </ul> |
| <b>Measures of Progress</b> | <ul style="list-style-type: none"> <li>• Rate of suicides and suicide attempts within the jurisdiction.</li> <li>• Number of behavioral health referrals or navigation contacts.</li> <li>• Percentage of tracked referrals successfully connected.</li> </ul>                                                                                                                                                                                                                |
| <b>Baseline / Target</b>    | Baseline: Establish in Year 1. Target: Set with behavioral health partners.                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Supporting Partners</b>  | Supporting partners: To be identified based on strategy ownership and capacity.                                                                                                                                                                                                                                                                                                                                                                                               |

### Objective 3.3: Reduce youth substance use through evidence-based prevention, resilience, and early intervention.

|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Strategies</b>           | <ul style="list-style-type: none"> <li>• Promote evidence-based prevention programming for youth and families.</li> <li>• Strengthen parent and caregiver education related to vaping, cannabis, alcohol, opioids, and other substances.</li> <li>• Expand youth resiliency, mentoring, and protective-factor opportunities.</li> <li>• Promote safe medication storage and disposal and youth cessation resources.</li> <li>• Coordinate prevention messaging among schools, prevention coalitions, healthcare providers, and other community partners.</li> </ul> |
| <b>Measures of Progress</b> | <ul style="list-style-type: none"> <li>• Youth substance use prevalence and/or perception-of-harm measures from available surveys.</li> <li>• Participation in evidence-based prevention programming.</li> <li>• Parent/caregiver knowledge of youth substance use prevention.</li> <li>• Participation or reach of safe medication storage/disposal initiatives.</li> <li>• Number of youth connected to cessation or early-intervention resources.</li> </ul>                                                                                                     |
| <b>Baseline / Target</b>    | Baseline: Establish using the most reliable youth survey/program data. Target: Set with prevention partners.                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Supporting Partners</b>  | Supporting partners: To be identified based on strategy ownership and capacity.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

## 6. Roles and Responsibilities

| <b>Partner</b>                  | <b>Role</b>                                                                                                                                                                                                                                                                                                    |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>BHSJCHA</b>                  | Facilitate CHIP implementation and coordination; support data collection, monitor measures, and provide interpretation; communicate progress and barriers; connect and engage supporting partners when appropriate; and help maintain alignment between the CHIP, CHNA findings, and public health priorities. |
| <b>County Collaboratives</b>    | Provide a forum for shared accountability; review progress; identify barriers and opportunities; and elevate issues requiring broader community action.                                                                                                                                                        |
| <b>Supporting Organizations</b> | Contribute agreed-upon services, outreach, referrals, expertise, data, funding, or other resources necessary to implement strategies.                                                                                                                                                                          |
| <b>Community Members</b>        | Provide input on priorities, barriers, communication needs, and the effectiveness of strategies, particularly when lived experience can improve implementation.                                                                                                                                                |

## 7. Measurement and Continuous Improvement

The CHIP will use a combination of population-level indicators, program-level measures, and implementation measures. Population indicators are preferred when reliable and timely data are available, but program and process measures are important for understanding whether community strategies are reaching residents.

- Population measures: changes in health outcomes, service utilization, screening rates, immunization rates, or other community indicators.
- Reach measures: number or percentage of residents, families, providers, or organizations reached.
- Connection measures: referrals made, referrals completed, and residents successfully connected to services.
- Implementation measures: organizations participating, strategies implemented, trainings completed, or systems changed.
- Equity measures: differences in access, participation, or outcomes among populations experiencing greater barriers, when data are available.

No single organization is expected to control every outcome in this plan. The purpose of measurement is to determine whether collective action is moving the community in the intended direction and to identify where strategies need to change.

## 8. CHIP Review and Revision

This plan covers 2026–2031, but it is not intended to remain unchanged for five years. Community health improvement requires ongoing assessment and adaptation. Partners should review the plan at least annually and consider revisions when new data, changes in healthcare capacity, funding changes, emerging health concerns, or community feedback indicate that a strategy should be strengthened, replaced, or discontinued.

At the end of the CHIP period, BHSJCHA and community partners should evaluate progress, document lessons learned, and use the findings to inform the next CHNA and CHIP cycle.

## 9. Conclusion

The 2026–2031 CHIP provides a focused framework for collective action across Branch, Hillsdale, and St. Joseph counties. Its success will depend not on the number of activities listed, but on whether community partners work together on a small number of meaningful strategies, monitor progress, listen to residents, and adapt when circumstances change.

BHSJCHA is committed to supporting this collaborative process and to working with community partners to improve access to care, strengthen maternal and family health, promote behavioral health and resilience, and prevent substance misuse.

## Appendix A: Recommended Annual CHIP Scorecard

The following one-page scorecard format can be used for annual reporting to the county collaboratives and Board of Health.

| Priority / Objective  | Baseline | Current Value | Target | Status           | Key Update / Barrier |
|-----------------------|----------|---------------|--------|------------------|----------------------|
| Access to Care 1.1    | TBD      | TBD           | TBD    | Not yet measured |                      |
| Access to Care 1.2    | TBD      | TBD           | TBD    | Not yet measured |                      |
| Access to Care 1.3    | TBD      | TBD           | TBD    | Not yet measured |                      |
| Access to Care 1.4    | TBD      | TBD           | TBD    | Not yet measured |                      |
| Maternal/Child 2.1    | TBD      | TBD           | TBD    | Not yet measured |                      |
| Maternal/Child 2.2    | TBD      | TBD           | TBD    | Not yet measured |                      |
| Maternal/Child 2.3    | TBD      | TBD           | TBD    | Not yet measured |                      |
| Maternal/Child 2.4    | TBD      | TBD           | TBD    | Not yet measured |                      |
| Behavioral Health 3.1 | TBD      | TBD           | TBD    | Not yet measured |                      |
| Behavioral Health 3.2 | TBD      | TBD           | TBD    | Not yet measured |                      |
| Behavioral Health 3.3 | TBD      | TBD           | TBD    | Not yet measured |                      |



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF TREASURY

RACHAEL EUBANKS  
STATE TREASURER

**March 27, 2026 – (Updated March 30, 2026)**

**PUBLIC EMPLOYER CONTRIBUTIONS TO MEDICAL BENEFIT PLANS  
ANNUAL COST LIMITATIONS – CALENDAR YEAR 2027**

For a medical benefit plan coverage year beginning on or after January 1, 2012, MCL 15.563, as last amended by 2018 Public Act 477, sets a limit on the amount that a public employer may contribute to a medical benefit plan.

For medical benefit plan coverage years beginning on or after January 1, 2013, MCL 15.563 provides that the dollar amounts that are multiplied by the number of employees with each coverage type be adjusted annually. Specifically, the dollar amounts shall be adjusted, by October 1 of each year after 2011 and before 2019, by the change in the medical care component of the United States consumer price index for the most recent 12-month period for which data are available. By April 1 of each year after 2018, the dollar amounts shall be adjusted by the change in the medical care component of the U.S. consumer price index for the most recent 12-month period for which data are available. For calendar year 2026, the limit on the amount that a public employer may contribute to a medical benefit plan was set to the sum of the following:

- \$7,942.09 times the number of employees and elected public officials with single-person coverage
- \$16,609.38 times the number of employees and elected public officials with individual -and-spouse coverage or individual-plus-1-nonspouse-dependent coverage
- \$21,660.30 times the number of employees and elected public officials with family coverage.

The limits for 2027 equal the 2026 limits increased by **3.0 percent**. The 3.0 percent is the percentage change in the medical care component from the period March 2024-February 2025 to the period March 2025-February 2026.

Thus, for medical benefit plan coverage years beginning on or after January 1, 2027, the limit on the amount that a public employer may contribute to a medical benefit plan equals the sum of the following:

- \$8,180.35\* times the number of employees and elected public officials with single-person coverage
- \$17,107.66 times the number of employees and elected public officials with individual -and-spouse coverage or individual-plus-1-nonspouse-dependent coverage
- \$22,310.11 times the number of employees and elected public officials with family coverage.

Rachael Eubanks  
State Treasurer

\* There was a typo in the original notice for single-person coverage which listed \$8,108.35 instead of \$8,180.35.



## 2027 Health Insurance Renewal Summary

The agency's medical, dental, and vision benefits renew for the 2027 plan year on January 1, 2027. To ensure the online portal is ready for open enrollment, a decision must be made on which plans the agency will offer. Medical coverage continues to be offered through three BCBS high-deductible health plan (HDHP/HSA) options, and the agency's long-standing practice has been to contribute 80% of the cost of Plan Option 1 toward whichever plan an employee selects. In 2026 the agency also made a one-time deposit to each employee's Health Savings Account (HSA). Four contribution strategies for 2027 were modeled and are compared below.

The agency recommends Scenario 2: keep the agency's premium contribution at 80% of Plan Option 1 (unchanged from current practice) and set the agency's HSA contribution at half of the current amount — \$1,000 (single), \$1,700 (couple), and \$2,000 (family). This approach holds the employee's premium increase to the same modest level as the plans that preserve full 80% premium support, continues meaningful (if reduced) HSA assistance toward the plans' deductibles, keeps the year-over-year cost increase to a modest 2.5%, and leaves the agency comfortably under the PA 152 hard cap in every tier for future flexibility.

## Background

- The agency currently pays 80% of the cost of Plan Option 1 (BCBS HSA 80% \$2,000/\$4,000) toward whichever medical plan an employee chooses — not 80% of the plan the employee actually picks — in 2026 the agency made a one-time HSA deposit of \$2,000 (single), \$3,400 (couple), and \$4,000 (family).
- Three medical plan options are again available for 2027 (renewal premiums below); two additional plan options were explored but are not part of this recommendation.
- Michigan's Publicly Funded Health Insurance Contribution Act (PA 152) caps the total amount — premium contribution plus any HSA/HRA deposit — a public employer may contribute per employee per year. The applicable 2027 hard caps are \$8,180.35 (single), \$17,107.66 (couple), and \$22,310.11 (family).

## 2027 Renewal Premiums (Monthly)

| Plan Option                                 | Single   | Couple     | Family     |
|---------------------------------------------|----------|------------|------------|
| Option 1 — BCBS HSA 80% \$2,000 / \$4,000   | \$696.45 | \$1,567.01 | \$1,950.06 |
| Option 2 — BCBS HSA 80% \$3,500 / \$7,000   | \$660.26 | \$1,485.57 | \$1,848.71 |
| Option 3 — BCBS HSA 100% \$6,350 / \$12,000 | \$587.75 | \$1,322.42 | \$1,645.70 |

## Scenarios Modeled

**Scenario 1:** 80% of Plan Option 1 premium; no agency HSA contribution.

**Scenario 2 (Recommended):** 80% of Plan Option 1 premium; agency HSA contribution reduced to half of the current amount (\$1,000 / \$1,700 / \$2,000).

**Scenario 3:** 80% of Plan Option 1 premium; agency HSA contribution increased to the maximum allowed under the PA 152 hard cap (\$1,488 / \$2,064 / \$3,588).

**Scenario 4:** Agency premium share reduced to 70% of Plan Option 1; agency HSA contribution held at the current amount (\$2,000 / \$3,400 / \$4,000).

**Scenario 5:** 80% of Plan premium; no agency HSA contribution.

**Scenario 6:** 80% of Plan premium plus HSA contribution; agency HSA contribution reduced to half of the current amount (\$1,000 / \$1,700 / \$2,000).

**Scenario 7:** 80% of Plan premium plus HSA contribution; agency HSA contribution for full amount of deductible (\$2,000 / \$4,000 / \$4,000).

*All figures are per employee, annually, and are added on top of the agency's 80% (or 70%, in Scenario 4) premium contribution.*

## Financial Comparison — Total Annual Agency Cost

Figures reflect Medical plus Dental & Vision combined, based on current enrollment.

|                                 | Medical          | Dental & Vision | Grand Total      | \$ Change        | % Change     |
|---------------------------------|------------------|-----------------|------------------|------------------|--------------|
| <b>Current (2026, Actual)</b>   | \$703,889        | \$49,543        | <b>\$753,432</b> | —                | —            |
| Scenario 1                      | \$646,862        | \$50,398        | \$697,261        | -\$56,171        | -7.5%        |
| <b>Scenario 2 (Recommended)</b> | <b>\$721,562</b> | <b>\$50,398</b> | <b>\$771,961</b> | <b>+\$18,529</b> | <b>+2.5%</b> |
| Scenario 3                      | \$765,134        | \$50,398        | \$815,533        | +\$62,101        | +8.2%        |
| Scenario 4                      | \$715,405        | \$50,398        | \$765,803        | +\$12,371        | +1.6%        |
| Scenario 5                      | \$633,389        | \$50,398        | \$683,787        | -\$69,645        | -9.2%        |
| Scenario 6                      | \$693,149        | \$50,398        | \$743,547        | -\$9,885         | -1.3%        |
| Scenario 7                      | \$758,189        | \$50,398        | \$808,587        | +\$55,155        | +7.3%        |

## Medical Agency Cost by Tier

|            | Single    | Couple    | Family    | Total            |
|------------|-----------|-----------|-----------|------------------|
| Current    | \$149,530 | \$166,075 | \$388,283 | <b>\$703,889</b> |
| Scenario 1 | \$106,975 | \$165,476 | \$374,412 | <b>\$646,862</b> |
| Scenario 2 | \$122,975 | \$184,176 | \$414,412 | <b>\$721,562</b> |
| Scenario 3 | \$130,783 | \$188,180 | \$446,172 | <b>\$765,134</b> |
| Scenario 4 | \$125,603 | \$182,192 | \$407,610 | <b>\$715,405</b> |
| Scenario 5 | \$103,844 | \$160,001 | \$369,544 | <b>\$633,389</b> |
| Scenario 6 | \$116,644 | \$174,961 | \$401,544 | <b>\$693,149</b> |
| Scenario 7 | \$129,444 | \$195,201 | \$433,544 | <b>\$758,189</b> |

## Impact on Employees — Bi-Weekly Premium

Because Scenarios 1, 2, and 3 all keep the agency's premium share at 80%, the employee's share of the premium is identical across those three scenarios — they differ only in the HSA deposit. Scenario 4's lower 70% agency share results in a substantially larger employee premium increase. Figures below use Plan Option 1 as the representative example; the percentage change is the same for employees enrolled in Options 2 or 3.

| Tier   | Current (2026) | Scenarios 1–3 (2027, 80%) | Increase          | Scenario 4 (2027, 70%)       |
|--------|----------------|---------------------------|-------------------|------------------------------|
| Single | \$56.44        | \$64.29                   | +\$7.85 (+13.9%)  | \$96.43 (+\$39.99, +70.9%)   |
| Couple | \$127.00       | \$144.65                  | +\$17.65 (+13.9%) | \$216.97 (+\$89.97, +70.8%)  |
| Family | \$158.04       | \$180.01                  | +\$21.97 (+13.9%) | \$270.01 (+\$111.97, +70.9%) |

*Under Scenario 4, an employee's out-of-pocket premium cost roughly increases 5x more than under Scenarios 1–3, even though the agency's HSA deposit is unchanged from today.*

Scenarios 5-7 change the methodology and the agency pays 80% (premium plus the HSA contribution). As these scenarios are no longer using a base plan, the employee premium changes based on the plan the employee picks. Scenarios 5-7 are each shown below in their own table.

### Scenario 5

| Plan/Tier        | Current (2026) | Scenarios 5 (2027, 80%) | Increase  | Percentage |
|------------------|----------------|-------------------------|-----------|------------|
| Single 2000/4000 | \$56.44        | \$64.29                 | +\$7.85   | 13.9%      |
| Couple 2000/4000 | \$127.00       | \$144.65                | +\$17.65  | 13.9%      |
| Family 2000/4000 | \$158.04       | \$180.01                | +\$21.97  | 13.9%      |
| Single 3500/7000 | \$41.77        | \$60.95                 | +\$19.17  | 45.9%      |
| Couple 3500/7000 | \$94.00        | \$137.13                | +\$43.13  | 45.9%      |
| Family 3500/7000 | \$116.97       | \$170.65                | +\$53.68  | 45.9%      |
| Single 6350      | \$12.39        | \$54.25                 | +\$41.86  | 337.8%     |
| Couple 6350      | \$27.88        | \$122.07                | +\$94.19  | 337.8%     |
| Family 6350      | \$34.71        | \$151.91                | +\$117.20 | 337.7%     |

## Scenario 6

| Tier             | Current (2026) | Scenarios 6 (2027, 80%) | Increase | Percentage |
|------------------|----------------|-------------------------|----------|------------|
| Single 2000/4000 | \$56.44        | \$71.98                 | +\$15.54 | 27.5%      |
| Couple 2000/4000 | \$127.00       | \$157.72                | +\$30.73 | 24.2%      |
| Family 2000/4000 | \$158.04       | \$195.39                | +\$37.35 | 23.6%      |
| Single 3500/7000 | \$41.77        | \$68.64                 | +26.86   | 64.3%      |
| Couple 3500/7000 | \$94.00        | \$150.21                | +56.21   | 59.8%      |
| Family 3500/7000 | \$116.97       | \$186.03                | +69.06   | 59.0%      |
| Single 6350      | \$12.39        | \$61.95                 | +49.55   | 399.8%     |
| Couple 6350      | \$27.88        | \$135.15                | +107.26  | 384.7%     |
| Family 6350      | \$34.71        | \$167.30                | +132.59  | 382.0%     |

## Scenario 7

| Tier             | Current (2026) | Scenarios 7 (2027, 80%) | Increase | Percentage |
|------------------|----------------|-------------------------|----------|------------|
| Single 2000/4000 | \$56.44        | \$79.67                 | +\$23.23 | 41.2%      |
| Couple 2000/4000 | \$127.00       | \$175.42                | +\$48.42 | 38.1%      |
| Family 2000/4000 | \$158.04       | \$210.77                | +\$52.74 | 33.4%      |
| Single 3500/7000 | \$41.77        | \$76.33                 | +34.56   | 82.7%      |
| Couple 3500/7000 | \$94.00        | \$167.90                | +73.90   | 78.6%      |
| Family 3500/7000 | \$116.97       | \$201.42                | +84.45   | 72.2%      |
| Single 6350      | \$12.39        | \$69.64                 | +57.25   | 461.9%     |
| Couple 6350      | \$27.88        | \$152.84                | +124.95  | 448.1%     |
| Family 6350      | \$34.71        | \$182.68                | +147.97  | 426.4%     |

## PA 152 Compliance — Scenario 2

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Scenario 2 keeps the agency's total per-employee contribution (premium share plus HSA deposit) comfortably below the PA 152 statutory hard cap in every tier, preserving room for future increases:

| Tier   | Total Agency Cost (2027) | PA 152 Hard Cap | Margin           | Status |
|--------|--------------------------|-----------------|------------------|--------|
| Single | \$7,685.92               | \$8,180.35      | \$494.43 under   | OK     |
| Couple | \$16,743.30              | \$17,107.66     | \$364.36 under   | OK     |
| Family | \$20,720.58              | \$22,310.11     | \$1,589.53 under | OK     |

*No plan, tier, or year combination under Scenario 2 comes close to the applicable PA 152 hard cap, leaving the Board room to revisit the HSA contribution upward in a future year without an immediate compliance concern.*

## Recommendation

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The agency recommends the Board adopt Scenario 2 for the 2027 plan year, for the following reasons:

- Employee affordability: Employees' premium contribution rises by the same modest ~13.9%
- Balanced cost control: The total agency cost increase is a modest 2.5% (\$18,529) — while still providing meaningful HSA support.
- Continues meaningful HSA support: Employees still receive an agency deposit toward their HSA — half of the current amount — which continues to help offset the plan deductibles, rather than shifting that full burden onto employees.
- Preserves future flexibility: Scenario 2's total per-employee cost remains below the PA 152 hard cap in every tier.
- Predictable, unchanged cost-sharing formula: The 80%/20% premium split does not change from current practice, so the change is limited to a reduction in the HSA line rather than a structural change to how premiums are shared.

## Requested Action

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The agency requests the Board approve Scenario 2 — an 80% agency premium contribution toward Plan Option 1, applied to whichever plan an employee selects, together with HSA contributions of \$1,000 (single), \$1,700 (couple), and \$2,000 (family) — as the agency's health insurance contribution strategy for the 2027 plan year.

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*Source: Agency 2027 health insurance renewal quotes (BCBS) and internal contribution-scenario modeling workbook; PA 152 hard-cap figures per the agency's current PA 152 Limits schedule.*

## Health Insurance Benefits — Annual Agency Cost Summary (Scenario 1)

Description: Agency pays 80% of the cost of Plan Option 1 (BCBS 80% HSA \$2000/\$4000), regardless of which plan the employee chooses.  
No contribution to employee HSA accounts.

### Medical Insurance — Agency Cost by Tier

| Tier                 | Current Year Premium (ER) Cost | Current Year HSA Cost | Current Year Total | New Year Premium (ER) Cost | New Year HSA Cost | New Year Total   | \$ Change        | % Change     |
|----------------------|--------------------------------|-----------------------|--------------------|----------------------------|-------------------|------------------|------------------|--------------|
| Single               | \$111,530                      | \$38,000              | \$149,530          | \$106,975                  | \$0               | \$106,975        | -\$42,556        | -28.5%       |
| Couple               | \$132,075                      | \$34,000              | \$166,075          | \$165,476                  | \$0               | \$165,476        | -\$599           | -0.4%        |
| Family               | \$312,283                      | \$76,000              | \$388,283          | \$374,412                  | \$0               | \$374,412        | -\$13,872        | -3.6%        |
| <b>Medical Total</b> | <b>\$555,889</b>               | <b>\$148,000</b>      | <b>\$703,889</b>   | <b>\$646,862</b>           | <b>\$0</b>        | <b>\$646,862</b> | <b>-\$57,026</b> | <b>-8.1%</b> |

### Dental & Vision — Agency Cost by Tier

| Tier                          | Current Year Agency Cost |  | Current Year Total | New Year Agency Cost |  | New Year Total  | \$ Change    | % Change    |
|-------------------------------|--------------------------|--|--------------------|----------------------|--|-----------------|--------------|-------------|
| Single                        | \$7,662                  |  | \$7,662            | \$8,113              |  | \$8,113         | \$451        | 5.9%        |
| Couple                        | \$10,996                 |  | \$10,996           | \$8,459              |  | \$8,459         | -\$2,538     | -23.1%      |
| Family                        | \$30,885                 |  | \$30,885           | \$33,827             |  | \$33,827        | \$2,941      | 9.5%        |
| <b>Dental &amp; Vision To</b> | <b>\$49,543</b>          |  | <b>\$49,543</b>    | <b>\$50,398</b>      |  | <b>\$50,398</b> | <b>\$855</b> | <b>1.7%</b> |

### Grand Total — All Benefits

| Category                      | Current Year Total |                  |  | New Year Total |                  |  | \$ Change        | % Change     |
|-------------------------------|--------------------|------------------|--|----------------|------------------|--|------------------|--------------|
| <b>Medical + Dental &amp;</b> |                    | <b>\$753,432</b> |  |                | <b>\$697,261</b> |  | <b>-\$56,171</b> | <b>-7.5%</b> |

### PA 152 Compliance Check

Current Year — plan/tier rows over the PA 152 hard cap:

0

New Year — plan/tier rows over the PA 152 hard cap:

0

See the "PA 152 Status" column on the Medical Plans tab to identify exactly which plan/tier/year combinations are over the cap.

## Medical Insurance Plan Comparison — Options 1-5 (Scenario 1)

|                                  |                               |
|----------------------------------|-------------------------------|
| Agency (ER) Contribution Method: | Percent of Plan 1 (Reference) |
|----------------------------------|-------------------------------|

**Global Agency Contribution %:** 80.0%

Percent of Own Plan – the % below applies to whichever plan the employee selects. Percent of Plan 1 (Reference) = the agency always pays that % of BL AN 1's premium for the tier, no matter which plan is chosen (Change to 1.00 for 100%, or any other %). Each plan row below defaults to this value but can be overridden individually (type over column F on any row)

[illegible]

*Note: The premiums supplied for Options 1-3 are entered as the "New" plan-year rates. Enter last plan year's actual premiums in the "Current" rows above to compare. HSA amounts are the agency's annual deposit to the employee's HSA — enter separately for Current vs. New since these often change year to year. Options 4 & 5 are ready for future plans.*

## Health Insurance Benefits — Annual Agency Cost Summary (Scenario 2)

Description: Agency pays 80% of the cost of Plan Option 1 (BCBS 80% HSA \$2000/\$4000), regardless of which plan the employee chooses.  
Agency contributes \$1,000 for single, \$1,700 for couple, or \$2,000 for family (half of what it did last year)

### Medical Insurance — Agency Cost by Tier

| Tier                 | Current Year<br>Premium (ER)<br>Cost | Current Year<br>HSA Cost | Current Year<br>Total | New Year<br>Premium (ER)<br>Cost | New Year<br>HSA Cost | New Year<br>Total | \$ Change       | % Change    |
|----------------------|--------------------------------------|--------------------------|-----------------------|----------------------------------|----------------------|-------------------|-----------------|-------------|
| Single               | \$111,530                            | \$38,000                 | \$149,530             | \$106,975                        | \$16,000             | \$122,975         | -\$26,556       | -17.8%      |
| Couple               | \$132,075                            | \$34,000                 | \$166,075             | \$165,476                        | \$18,700             | \$184,176         | \$18,101        | 10.9%       |
| Family               | \$312,283                            | \$76,000                 | \$388,283             | \$374,412                        | \$40,000             | \$414,412         | \$26,128        | 6.7%        |
| <b>Medical Total</b> | <b>\$555,889</b>                     | <b>\$148,000</b>         | <b>\$703,889</b>      | <b>\$646,862</b>                 | <b>\$74,700</b>      | <b>\$721,562</b>  | <b>\$17,674</b> | <b>2.5%</b> |

### Dental & Vision — Agency Cost by Tier

| Tier                          | Current Year<br>Agency Cost |  | Current Year<br>Total | New Year<br>Agency Cost |  | New Year<br>Total | \$ Change    | % Change    |
|-------------------------------|-----------------------------|--|-----------------------|-------------------------|--|-------------------|--------------|-------------|
| Single                        | \$7,662                     |  | \$7,662               | \$8,113                 |  | \$8,113           | \$451        | 5.9%        |
| Couple                        | \$10,996                    |  | \$10,996              | \$8,459                 |  | \$8,459           | -\$2,538     | -23.1%      |
| Family                        | \$30,885                    |  | \$30,885              | \$33,827                |  | \$33,827          | \$2,941      | 9.5%        |
| <b>Dental &amp; Vision To</b> | <b>\$49,543</b>             |  | <b>\$49,543</b>       | <b>\$50,398</b>         |  | <b>\$50,398</b>   | <b>\$855</b> | <b>1.7%</b> |

### Grand Total — All Benefits

| Category                      | Current Year<br>Total |                  |  | New Year<br>Total |                  |  | \$ Change       | % Change    |
|-------------------------------|-----------------------|------------------|--|-------------------|------------------|--|-----------------|-------------|
| <b>Medical + Dental &amp;</b> |                       | <b>\$753,432</b> |  |                   | <b>\$771,961</b> |  | <b>\$18,529</b> | <b>2.5%</b> |

### PA 152 Compliance Check

Current Year — plan/tier rows over the PA 152 hard cap:

0

New Year — plan/tier rows over the PA 152 hard cap:

0

See the "PA 152 Status" column on the Medical Plans tab to identify exactly which plan/tier/year combinations are over the cap.

## Medical Insurance Plan Comparison — Options 1-5 (Scenario 2)

|                                  |                               |
|----------------------------------|-------------------------------|
| Agency (ER) Contribution Method: | Percent of Plan 1 (Reference) |
|----------------------------------|-------------------------------|

**Global Agency Contribution %:** 80.0%

Percent of Own Plan – the % below applies to whichever plan the employee selects. Percent of Plan 1 (Reference) = the agency always pays that % of BL AN 1's premium for the tier, no matter which plan is chosen (Change to 1.00 for 100%, or any other %). Each plan row below defaults to this value but can be overridden individually (type over column F on any row)

[illegible]

*Note: The premiums supplied for Options 1-3 are entered as the "New" plan-year rates. Enter last plan year's actual premiums in the "Current" rows above to compare. HSA amounts are the agency's annual deposit to the employee's HSA — enter separately for Current vs. New since these often change year to year. Options 4 & 5 are ready for future plans.*

## Health Insurance Benefits — Annual Agency Cost Summary (Scenario 3)

Description: Agency pays 80% of the cost of Plan Option 1 (BCBS 80% HSA \$2000/\$4000), regardless of which plan the employee chooses.  
Agency contributes \$1,488 for single, \$2,064 for couple, or \$3,588 for family (max amount to stay under PA 152)

### Medical Insurance — Agency Cost by Tier

| Tier                 | Current Year Premium (ER) Cost | Current Year HSA Cost | Current Year Total | New Year Premium (ER) Cost | New Year HSA Cost | New Year Total   | \$ Change       | % Change    |
|----------------------|--------------------------------|-----------------------|--------------------|----------------------------|-------------------|------------------|-----------------|-------------|
| Single               | \$111,530                      | \$38,000              | \$149,530          | \$106,975                  | \$23,808          | \$130,783        | -\$18,748       | -12.5%      |
| Couple               | \$132,075                      | \$34,000              | \$166,075          | \$165,476                  | \$22,704          | \$188,180        | \$22,105        | 13.3%       |
| Family               | \$312,283                      | \$76,000              | \$388,283          | \$374,412                  | \$71,760          | \$446,172        | \$57,888        | 14.9%       |
| <b>Medical Total</b> | <b>\$555,889</b>               | <b>\$148,000</b>      | <b>\$703,889</b>   | <b>\$646,862</b>           | <b>\$118,272</b>  | <b>\$765,134</b> | <b>\$61,246</b> | <b>8.7%</b> |

### Dental & Vision — Agency Cost by Tier

| Tier                          | Current Year Agency Cost |  | Current Year Total | New Year Agency Cost |  | New Year Total  | \$ Change    | % Change    |
|-------------------------------|--------------------------|--|--------------------|----------------------|--|-----------------|--------------|-------------|
| Single                        | \$7,662                  |  | \$7,662            | \$8,113              |  | \$8,113         | \$451        | 5.9%        |
| Couple                        | \$10,996                 |  | \$10,996           | \$8,459              |  | \$8,459         | -\$2,538     | -23.1%      |
| Family                        | \$30,885                 |  | \$30,885           | \$33,827             |  | \$33,827        | \$2,941      | 9.5%        |
| <b>Dental &amp; Vision To</b> | <b>\$49,543</b>          |  | <b>\$49,543</b>    | <b>\$50,398</b>      |  | <b>\$50,398</b> | <b>\$855</b> | <b>1.7%</b> |

### Grand Total — All Benefits

| Category                      | Current Year Total |                  |  | New Year Total |                  |  | \$ Change       | % Change    |
|-------------------------------|--------------------|------------------|--|----------------|------------------|--|-----------------|-------------|
| <b>Medical + Dental &amp;</b> |                    | <b>\$753,432</b> |  |                | <b>\$815,533</b> |  | <b>\$62,101</b> | <b>8.2%</b> |

### PA 152 Compliance Check

Current Year — plan/tier rows over the PA 152 hard cap:

0

New Year — plan/tier rows over the PA 152 hard cap:

0

See the "PA 152 Status" column on the Medical Plans tab to identify exactly which plan/tier/year combinations are over the cap.

### Medical Insurance Plan Comparison — Options 1-5 (Scenario 3)

|                                  |                               |
|----------------------------------|-------------------------------|
| Agency (ER) Contribution Method: | Percent of Plan 1 (Reference) |
|----------------------------------|-------------------------------|

**Global Agency Contribution %:** 80.0%

*(Reference) "1.00 for 100% of any other %." Each plan row below defaults to this value but can be overridden individually (type over column F on any row).*

[illegible]

*Note: The premiums supplied for Options 1-3 are entered as the "New" plan-year rates. Enter last plan year's actual premiums in the "Current" rows above to compare. HSA amounts are the agency's annual deposit to the employee's HSA — enter separately for Current vs. New since these often change year to year. Options 4 & 5 are ready for future plans.*

## Health Insurance Benefits — Annual Agency Cost Summary (Scenario 4)

Description: Agency pays 70% of the cost of Plan Option 1 (BCBS 80% HSA \$2000/\$4000), regardless of which plan the employee chooses.  
Agency contributes \$2,000 for single, \$3,400 for couple, or \$4,000 for family (employee pays more premium)

### Medical Insurance — Agency Cost by Tier

| Tier                 | Current Year<br>Premium (ER)<br>Cost | Current Year<br>HSA Cost | Current Year<br>Total | New Year<br>Premium (ER)<br>Cost | New Year<br>HSA Cost | New Year<br>Total | \$ Change       | % Change    |
|----------------------|--------------------------------------|--------------------------|-----------------------|----------------------------------|----------------------|-------------------|-----------------|-------------|
| Single               | \$111,530                            | \$38,000                 | \$149,530             | \$93,603                         | \$32,000             | \$125,603         | -\$23,927       | -16.0%      |
| Couple               | \$132,075                            | \$34,000                 | \$166,075             | \$144,792                        | \$37,400             | \$182,192         | \$16,117        | 9.7%        |
| Family               | \$312,283                            | \$76,000                 | \$388,283             | \$327,610                        | \$80,000             | \$407,610         | \$19,327        | 5.0%        |
| <b>Medical Total</b> | <b>\$555,889</b>                     | <b>\$148,000</b>         | <b>\$703,889</b>      | <b>\$566,005</b>                 | <b>\$149,400</b>     | <b>\$715,405</b>  | <b>\$11,516</b> | <b>1.6%</b> |

### Dental & Vision — Agency Cost by Tier

| Tier                          | Current Year<br>Agency Cost |  | Current Year<br>Total | New Year<br>Agency Cost |  | New Year<br>Total | \$ Change    | % Change    |
|-------------------------------|-----------------------------|--|-----------------------|-------------------------|--|-------------------|--------------|-------------|
| Single                        | \$7,662                     |  | \$7,662               | \$8,113                 |  | \$8,113           | \$451        | 5.9%        |
| Couple                        | \$10,996                    |  | \$10,996              | \$8,459                 |  | \$8,459           | -\$2,538     | -23.1%      |
| Family                        | \$30,885                    |  | \$30,885              | \$33,827                |  | \$33,827          | \$2,941      | 9.5%        |
| <b>Dental &amp; Vision To</b> | <b>\$49,543</b>             |  | <b>\$49,543</b>       | <b>\$50,398</b>         |  | <b>\$50,398</b>   | <b>\$855</b> | <b>1.7%</b> |

### Grand Total — All Benefits

| Category                      | Current Year<br>Total |                  |  | New Year<br>Total |                  |  | \$ Change       | % Change    |
|-------------------------------|-----------------------|------------------|--|-------------------|------------------|--|-----------------|-------------|
| <b>Medical + Dental &amp;</b> |                       | <b>\$753,432</b> |  |                   | <b>\$765,803</b> |  | <b>\$12,371</b> | <b>1.6%</b> |

### PA 152 Compliance Check

Current Year — plan/tier rows over the PA 152 hard cap:

0

New Year — plan/tier rows over the PA 152 hard cap:

0

See the "PA 152 Status" column on the Medical Plans tab to identify exactly which plan/tier/year combinations are over the cap.

## Medical Insurance Plan Comparison — Options 1-5 (Scenario 4)

|                                  |                               |
|----------------------------------|-------------------------------|
| Agency (ER) Contribution Method: | Percent of Plan 1 (Reference) |
|----------------------------------|-------------------------------|

|                               |       |       |
|-------------------------------|-------|-------|
| Global Agency Contribution %: | 70.0% | 80.0% |
|-------------------------------|-------|-------|

Percent of Own Plan – the % below applies to whichever plan the employee selects. Percent of Plan 1 (Reference) = the agency always pays that % of BL AN 1's premium for the tier, no matter which plan is chosen (Change to 1.00 for 100%, or any other %). Each plan row below defaults to this value but can be overridden individually (type over column F on any row)

[illegible]

*Note: The premiums supplied for Options 1-3 are entered as the "New" plan-year rates. Enter last plan year's actual premiums in the "Current" rows above to compare. HSA amounts are the agency's annual deposit to the employee's HSA — enter separately for Current vs. New since these often change year to year. Options 4 & 5 are ready for future plans.*

## Health Insurance Benefits — Annual Agency Cost Summary (Scenario 5)

Description: Current year: Agency pays 80% of the cost of Plan Option 1 (BCBS 80% HSA \$2000/\$4000), regardless of which plan the employee chooses, plus the HSA deposit.

New year (proposed method): the HSA amount is added to the premium of the plan the employee chooses; the agency pays 80% of that total and the employee pays the remaining 20%.

NO HSA Contribution

### Medical Insurance — Agency Cost by Tier

| Tier                 | Current Year Premium (ER) Cost | Current Year HSA Cost | Current Year Total | New Year Premium (ER Share) | New Year HSA (ER Share) | New Year Total   | \$ Change        | % Change      |
|----------------------|--------------------------------|-----------------------|--------------------|-----------------------------|-------------------------|------------------|------------------|---------------|
| Single               | \$111,530                      | \$38,000              | \$149,530          | \$103,844                   | \$0                     | \$103,844        | -\$45,686        | -30.6%        |
| Couple               | \$132,075                      | \$34,000              | \$166,075          | \$160,001                   | \$0                     | \$160,001        | -\$6,074         | -3.7%         |
| Family               | \$312,283                      | \$76,000              | \$388,283          | \$369,544                   | \$0                     | \$369,544        | -\$18,740        | -4.8%         |
| <b>Medical Total</b> | <b>\$555,889</b>               | <b>\$148,000</b>      | <b>\$703,889</b>   | <b>\$633,389</b>            | <b>\$0</b>              | <b>\$633,389</b> | <b>-\$70,500</b> | <b>-10.0%</b> |

### Dental & Vision — Agency Cost by Tier

| Tier                          | Current Year Agency Cost |  | Current Year Total | New Year Agency Cost |  | New Year Total  | \$ Change    | % Change    |
|-------------------------------|--------------------------|--|--------------------|----------------------|--|-----------------|--------------|-------------|
| Single                        | \$7,662                  |  | \$7,662            | \$8,113              |  | \$8,113         | \$451        | 5.9%        |
| Couple                        | \$10,996                 |  | \$10,996           | \$8,459              |  | \$8,459         | -\$2,538     | -23.1%      |
| Family                        | \$30,885                 |  | \$30,885           | \$33,827             |  | \$33,827        | \$2,941      | 9.5%        |
| <b>Dental &amp; Vision To</b> | <b>\$49,543</b>          |  | <b>\$49,543</b>    | <b>\$50,398</b>      |  | <b>\$50,398</b> | <b>\$855</b> | <b>1.7%</b> |

### Grand Total — All Benefits

| Category                      | Current Year Total |                  |  | New Year Total |                  |  | \$ Change        | % Change     |
|-------------------------------|--------------------|------------------|--|----------------|------------------|--|------------------|--------------|
| <b>Medical + Dental &amp;</b> |                    | <b>\$753,432</b> |  |                | <b>\$683,787</b> |  | <b>-\$69,645</b> | <b>-9.2%</b> |

## Medical Insurance Plan Comparison — Options 1-5 (Scenario 5)

Percent of Own Plan – the % below applies to whichever plan the employee selects. Percent of Plan 1 (Reference) 1.0 for 100%, always over % Each of Plan A1's new defaults for this value matter which over is chosen individually (type over column F on any row).

80.0%

[illegible]

*Note: The premiums supplied for Options 1-3 are entered as the "New" plan-year rates. Enter last plan year's actual premiums in the "Current" rows above to compare. HSA amounts are the agency's annual deposit to the employee's HSA — enter separately for Current vs. New since these often change year to year. Options 4 & 5 are ready for future plans.*

*New plan-year method: the annual HSA (col K) is added to the annual premium (col E) of the plan the employee picks = column O. ER cost = Agency Contribution % (col F) x column O; the EE pays the remainder. The HSA is already inside the ER cost, so Total Annual Agency (ER) Cost (col L) for New rows = ER Annual Cost (col H). Current rows are unchanged: ER % of Plan 1 premium, plus HSA on top.*

## Health Insurance Benefits — Annual Agency Cost Summary (Scenario 6)

Description: Current year: Agency pays 80% of the cost of Plan Option 1 (BCBS 80% HSA \$2000/\$4000), regardless of which plan the employee chooses, plus the HSA deposit.  
 Agency HSA amounts (new year): \$1,000 for single, \$1,700 for couple, or \$2,000 for family (half of what it did last year).  
 New year (proposed method): the HSA amount is added to the premium of the plan the employee chooses; the agency pays 80% of that total and the employee pays the remaining 20%.

### Medical Insurance — Agency Cost by Tier

| Tier                 | Current Year Premium (ER) Cost | Current Year HSA Cost | Current Year Total | New Year Premium (ER Share) | New Year HSA (ER Share) | New Year Total   | \$ Change        | % Change     |
|----------------------|--------------------------------|-----------------------|--------------------|-----------------------------|-------------------------|------------------|------------------|--------------|
| Single               | \$111,530                      | \$38,000              | \$149,530          | \$103,844                   | \$12,800                | \$116,644        | -\$32,886        | -22.0%       |
| Couple               | \$132,075                      | \$34,000              | \$166,075          | \$160,001                   | \$14,960                | \$174,961        | \$8,886          | 5.4%         |
| Family               | \$312,283                      | \$76,000              | \$388,283          | \$369,544                   | \$32,000                | \$401,544        | \$13,260         | 3.4%         |
| <b>Medical Total</b> | <b>\$555,889</b>               | <b>\$148,000</b>      | <b>\$703,889</b>   | <b>\$633,389</b>            | <b>\$59,760</b>         | <b>\$693,149</b> | <b>-\$10,740</b> | <b>-1.5%</b> |

### Dental & Vision — Agency Cost by Tier

| Tier                          | Current Year Agency Cost |  | Current Year Total | New Year Agency Cost |  | New Year Total  | \$ Change    | % Change    |
|-------------------------------|--------------------------|--|--------------------|----------------------|--|-----------------|--------------|-------------|
| Single                        | \$7,662                  |  | \$7,662            | \$8,113              |  | \$8,113         | \$451        | 5.9%        |
| Couple                        | \$10,996                 |  | \$10,996           | \$8,459              |  | \$8,459         | -\$2,538     | -23.1%      |
| Family                        | \$30,885                 |  | \$30,885           | \$33,827             |  | \$33,827        | \$2,941      | 9.5%        |
| <b>Dental &amp; Vision To</b> | <b>\$49,543</b>          |  | <b>\$49,543</b>    | <b>\$50,398</b>      |  | <b>\$50,398</b> | <b>\$855</b> | <b>1.7%</b> |

### Grand Total — All Benefits

| Category                      | Current Year Total |                  |  | New Year Total |                  |  | \$ Change       | % Change     |
|-------------------------------|--------------------|------------------|--|----------------|------------------|--|-----------------|--------------|
| <b>Medical + Dental &amp;</b> |                    | <b>\$753,432</b> |  |                | <b>\$743,547</b> |  | <b>-\$9,885</b> | <b>-1.3%</b> |

### Medical Insurance Plan Comparison — Options 1-5 (Scenario 6)

Percent of Own Plan – the % below applies to whichever plan the employee selects. Percent of Plan 1 (Reference) 1.0 for 100%, always over % Each of Plan A1 is now default for this value matter which over is chosen individually (type over column F on any row).

80.0%

[illegible]

*Note: The premiums supplied for Options 1-3 are entered as the "New" plan-year rates. Enter last plan year's actual premiums in the "Current" rows above to compare. HSA amounts are the agency's annual deposit to the employee's HSA — enter separately for Current vs. New since these often change year to year. Options 4 & 5 are ready for future plans.*

*New plan-year method: the annual HSA (col K) is added to the annual premium (col E) of the plan the employee picks = column O. ER cost = Agency Contribution % (col F) x column O; the EE pays the remainder. The HSA is already inside the ER cost, so Total Annual Agency (ER) Cost (col L) for New rows = ER Annual Cost (col H). Current rows are unchanged: ER % of Plan 1 premium, plus HSA on top.*

## Health Insurance Benefits — Annual Agency Cost Summary (Scenario 7)

Description: Current year: Agency pays 80% of the cost of Plan Option 1 (BCBS 80% HSA \$2000/\$4000), regardless of which plan the employee chooses, plus the HSA deposit.  
 Agency HSA amounts (new year): \$2,000 for single, \$4,000 for couple, or \$4,000 for family.  
 New year (proposed method): the HSA amount is added to the premium of the plan the employee chooses; the agency pays 80% of that total and the employee pays the remaining 20%.

### Medical Insurance — Agency Cost by Tier

| Tier                 | Current Year Premium (ER) Cost | Current Year HSA Cost | Current Year Total | New Year Premium (ER Share) | New Year HSA (ER Share) | New Year Total   | \$ Change       | % Change    |
|----------------------|--------------------------------|-----------------------|--------------------|-----------------------------|-------------------------|------------------|-----------------|-------------|
| Single               | \$111,530                      | \$38,000              | \$149,530          | \$103,844                   | \$25,600                | \$129,444        | -\$20,086       | -13.4%      |
| Couple               | \$132,075                      | \$34,000              | \$166,075          | \$160,001                   | \$35,200                | \$195,201        | \$29,126        | 17.5%       |
| Family               | \$312,283                      | \$76,000              | \$388,283          | \$369,544                   | \$64,000                | \$433,544        | \$45,260        | 11.7%       |
| <b>Medical Total</b> | <b>\$555,889</b>               | <b>\$148,000</b>      | <b>\$703,889</b>   | <b>\$633,389</b>            | <b>\$124,800</b>        | <b>\$758,189</b> | <b>\$54,300</b> | <b>7.7%</b> |

### Dental & Vision — Agency Cost by Tier

| Tier                          | Current Year Agency Cost |  | Current Year Total | New Year Agency Cost |  | New Year Total  | \$ Change    | % Change    |
|-------------------------------|--------------------------|--|--------------------|----------------------|--|-----------------|--------------|-------------|
| Single                        | \$7,662                  |  | \$7,662            | \$8,113              |  | \$8,113         | \$451        | 5.9%        |
| Couple                        | \$10,996                 |  | \$10,996           | \$8,459              |  | \$8,459         | -\$2,538     | -23.1%      |
| Family                        | \$30,885                 |  | \$30,885           | \$33,827             |  | \$33,827        | \$2,941      | 9.5%        |
| <b>Dental &amp; Vision To</b> | <b>\$49,543</b>          |  | <b>\$49,543</b>    | <b>\$50,398</b>      |  | <b>\$50,398</b> | <b>\$855</b> | <b>1.7%</b> |

### Grand Total — All Benefits

| Category                      | Current Year Total |                  |  | New Year Total |                  |  | \$ Change       | % Change    |
|-------------------------------|--------------------|------------------|--|----------------|------------------|--|-----------------|-------------|
| <b>Medical + Dental &amp;</b> |                    | <b>\$753,432</b> |  |                | <b>\$808,587</b> |  | <b>\$55,155</b> | <b>7.3%</b> |

### Medical Insurance Plan Comparison — Options 1-5 (Scenario 7)

Percent of Own Plan – the % below applies to whichever plan the employee selects. Percent of Plan 1 (Reference) 1.0 for 100%, always over % Each of Plan A1's new defaults for this value matter which over is chosen individually (type over column F on any row).

individually (type over column F on any row).

[illegible]

*Note: The premiums supplied for Options 1-3 are entered as the "New" plan-year rates. Enter last plan year's actual premiums in the "Current" rows above to compare. HSA amounts are the agency's annual deposit to the employee's HSA — enter separately for Current vs. New since these often change year to year. Options 4 & 5 are ready for future plans.*

*New plan-year method: the annual HSA (col K) is added to the annual premium (col E) of the plan the employee picks = column O. ER cost = Agency Contribution % (col F) x column O; the EE pays the remainder. The HSA is already inside the ER cost, so Total Annual Agency (ER) Cost (col L) for New rows = ER Annual Cost (col H). Current rows are unchanged: ER % of Plan 1 premium, plus HSA on top.*



## 2027 Ancillary Insurance Renewal

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The Agency's ancillary benefit plans were reviewed as part of the January 1, 2027 renewal process. The renewal reflects relatively modest changes to the Agency's ancillary coverage costs. The following summarizes the changes for Board consideration.

### Group Term Life Insurance

The monthly premium for Group Term Life Insurance will increase from approximately \$144 to \$152, an increase of \$8 per month, or 5.0%.

The current and renewal life insurance rate will change from 0.179 to 0.188. The total life insurance volume remains \$850,000.

**Annualized premium increase: approximately \$96.**

### Accidental Death & Dismemberment (AD&D)

There will be **no rate increase** for AD&D coverage for 2027.

- Current monthly premium: **\$21**
- Renewal monthly premium: **\$21**
- Rate change: **0.0%**
- Current and renewal rate: **0.025**
- Covered volume: **\$850,000**

The carrier is providing a rate hold for AD&D for the upcoming renewal year.

### Short-Term Disability

The monthly premium for Short-Term Disability coverage will increase from approximately \$1,230 to \$1,307, an increase of \$77 per month, or 5.9%.

The STD composite rate will increase from 0.34 to 0.36. The covered salary volume is approximately \$38,438, with 57 covered employees.

**Annualized premium increase: approximately \$924.**

### Vision

There will be no rate increase for Vision coverage for 2027.

The monthly premium will remain approximately \$532, representing a 0.0% rate change.

The current and renewal employee rates remain:

| <b>Coverage Level</b> | <b>Current</b> | <b>2027 Renewal</b> |
|-----------------------|----------------|---------------------|
| Employee Only         | \$4.84         | \$4.84              |
| Employee & Spouse     | \$9.66         | \$9.66              |
| Employee & Child(ren) | \$9.66         | \$9.66              |
| Family                | \$16.04        | \$16.04             |

The carrier has confirmed that the Agency is receiving a rate hold for 2027, meaning there will be no rate changes to the Vision plan.

### **Overall Financial Impact**

The ancillary coverage renewal results in the following approximate monthly premium changes:

| <b>Coverage</b>       | <b>Monthly Change</b> | <b>Percent Change</b> |
|-----------------------|-----------------------|-----------------------|
| Group Term Life       | +\$8                  | +5.0%                 |
| AD&D                  | \$0                   | 0.0%                  |
| Short-Term Disability | +\$77                 | +5.9%                 |
| Vision                | \$0                   | 0.0%                  |
| <b>Total</b>          | <b>+\$85/month</b>    | —                     |

The renewal therefore represents an estimated \$85 per month, or approximately \$1,020 annually, increase in total ancillary insurance premiums, based on the renewal figures provided.

### **Recommendation for Board Consideration**

The Board is asked to review the January 1, 2027 ancillary insurance renewal and authorize continuation of the Group Term Life, AD&D, Short-Term Disability, and Vision coverage at the renewal rates described above.

## Closed Session for Health Officer Evaluation

### **PROPOSED MOTION**

I move that the Board of Health enter into closed session pursuant to **Section 8(1)(a) of the Michigan Open Meetings Act, MCL 15.268(1)(a), to consider the periodic personnel evaluation of the Health Officer, at the Health Officer's request for a closed hearing.**

# PUBLIC COMMENT

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